



2018

Saint Luke's Community Health Needs Assessment

 **Saint Luke's**
CUSHING HOSPITAL

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Section I: Executive Summary

A. Introduction

About Saint Luke's Cushing Hospital

Saint Luke's Cushing Hospital is a 54-bed comprehensive health care facility, located in Leavenworth, Kansas. Harriet Cushing opened the hospital in 1894 as one of the first hospitals in northeast Kansas. The full service hospital boasts Leavenworth's only maternity center and nursery and also features 24-hour emergency services, an intensive care unit with electronic monitoring, private patient rooms, orthopedic services, cardiology services, oncology services, digital mammography, outpatient imaging and rehabilitation, a pain management clinic, diabetes education, and physician offices integrated on campus for optimal patient convenience. In 2013, the hospital expanded its Maternity Center Nursery. In 2014, the hospital remodeled and expanded the Emergency Room and began upgrades to various components of the hospital and outpatient medical offices. Cushing Hospital aligned with the Saint Luke's Health System in 2001. In 2006, the local board authorized the transfer of the hospital's ownership to Saint Luke's. Now, Saint Luke's Cushing Hospital is an integral part of the Saint Luke's Health System based in Kansas City, Missouri and visitors to the emergency room have access to heart and stroke protocols developed by Saint Luke's Mid America Heart Institute and Saint Luke's Neuroscience Institute.

Mission

Saint Luke's Cushing Hospital is a faith-based, not-for-profit, locally owned community hospital committed to the highest levels of excellence in providing health care and health-related services in a caring environment. As a member of Saint Luke's Health System, we are committed to enhancing the physical, mental, and spiritual health of the communities we serve.

Saint Luke's Cushing Hospital Vision

The best place to get care. The best place to give care.

About Saint Luke's Health System

Saint Luke's Cushing Hospital is part of the Saint Luke's Health System in Kansas City. The health system has 16 hospitals throughout the Kansas City region. The health system also includes home health, hospice, and behavioral health care, as well as multiple physician practices.

B. Community Health Needs

Community Health Needs Assessment Objectives

Saint Luke's Cushing Hospital conducted its third Community Health Needs Assessment (CHNA) in order to better understand and serve the needs of the community. As part of the 2010 Affordable Care Act, all tax-exempt hospitals must complete a CHNA every three years. The CHNA addresses the health needs in the community and prioritizes the identified needs. The hospital is then responsible for completing an implementation strategy for the primary health needs identified.

Community Health Needs Assessment Summary

An effort to understand and create a healthier community requires collaboration and input from many community stakeholders. Through data research and key conversations in the Leavenworth County community, this CHNA pulls together community findings and addresses top health priorities to help improve community health over the next three years.

Community Health Needs

Five primary community health needs for Leavenworth County were determined based upon primary and secondary data. These needs were:

Priority 1: Behavioral Health Care

Priority 2: Access to Care

Priority 3: Increased Access to Physical Activity and Nutrition

Section II: Methodology

Assessment Methodology

Saint Luke's Cushing Hospitals' (SLC) approach in conducting the 2018 CHNA included utilizing several primary and secondary data sources, as well as the 2015 CHNA as a foundation. Several community stakeholders were engaged in order to understand and assess existing, new, emerging and escalating community needs. The needs and health issues identified in the report are reflective of the population served by SLC, including the uninsured, low-income, and minority populations. These needs were reconciled against the 2015 CHNA priorities and secondary research was conducted to further assess the identified list of potential community priorities for the 2018 CHNA. A scorecard framework consisting of a set of evaluation criteria was created, by which the team sought to establish and prioritize opportunities.

Primary Data

Primary data was collected through conversations with hospital leadership and community stakeholders regarding the needs of the defined population. Stakeholders were selected to get a variety of perspectives that represent the broad interests of the community, including underserved and diverse populations. Questions within these interviews were selected based on the area of expertise of each stakeholder. These targeted interviews with stakeholders were used to help understand, identify, and prioritize community health needs. Two focus groups were also held to gather data about the community health needs.

Stakeholders were asked to describe the current health care state of Leavenworth County and explain any vulnerability in the health care services provided.

**It is understood that there are implications associated with having a military base (Fort Leavenworth) in the county, but it should be noted that these data are not analyzed separately, but are included in the overall demographic information as it pertains to the county as a whole.

Secondary Data

Secondary data was collected through various hospital and community resources. This data is presented in both the context of Leavenworth County, Kansas, and U.S. to provide scope as it relates to the broader community. The most current data available was collected and analyzed for key population health indicators and health needs.

Secondary Data Sources

- County Health Rankings
- CommunityCommons.org
- American Community Survey, U.S. Census Bureau

- Kansas Department of Health and Environment
- Kansas Health Institute
- Truven Health Analytics, Year 2017
- Hospital Industry Data Institute (HIDI)

Community Analysis

A. Defining the Community

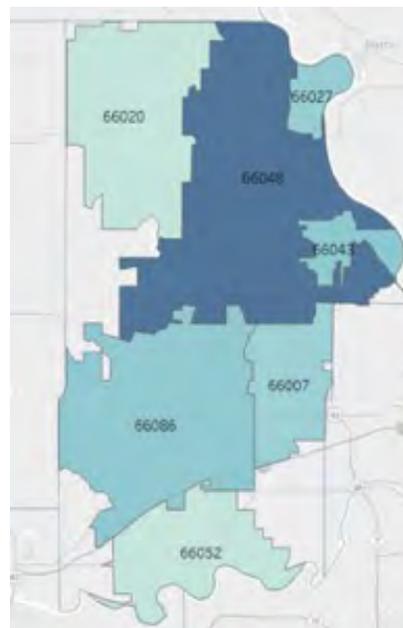
Demographic Profile

This section outlines the demographic profile for the Saint Luke's Cushing Hospital's defined community.

Geography

Saint Luke's Cushing Hospital's community is defined as Leavenworth County, Kansas (see Figure 1). Leavenworth County includes seven zip codes.

Figure 1: Saint Luke's Cushing Hospital's Defined Community, Leavenworth County, Kansas



Source: Truven Health Analytics, 2017 Dataset

B. Population Demographics

Leavenworth County

Leavenworth County is located on the northeastern portion of Kansas with a total land area of 469 square miles. The county seat and largest city in Leavenworth County is Leavenworth, Kansas, which is home to 35,251 people.

Population Characteristics

As of 2017, the Leavenworth County population was 76,360. The 35 to 54 age group made up the largest portion of the population at 27.6 percent or 21,070 people followed by the 0 to 14 age group at 20.2 percent or 15,450 people. The smallest age group was 18 to 24 at 9.0 percent of the population or 6,865 people.

Figure 2: Leavenworth County Age Profile, 2017

Age Group	2017	
	Population	% of Total
0-14	15,450	20.2%
15-17	3,076	4.0%
18-24	6,865	9.0%
25-34	10,008	13.1%
35-54	21,070	27.6%
55-64	9,562	12.5%
65+	10,329	13.5%
Total	76,360	100.0%

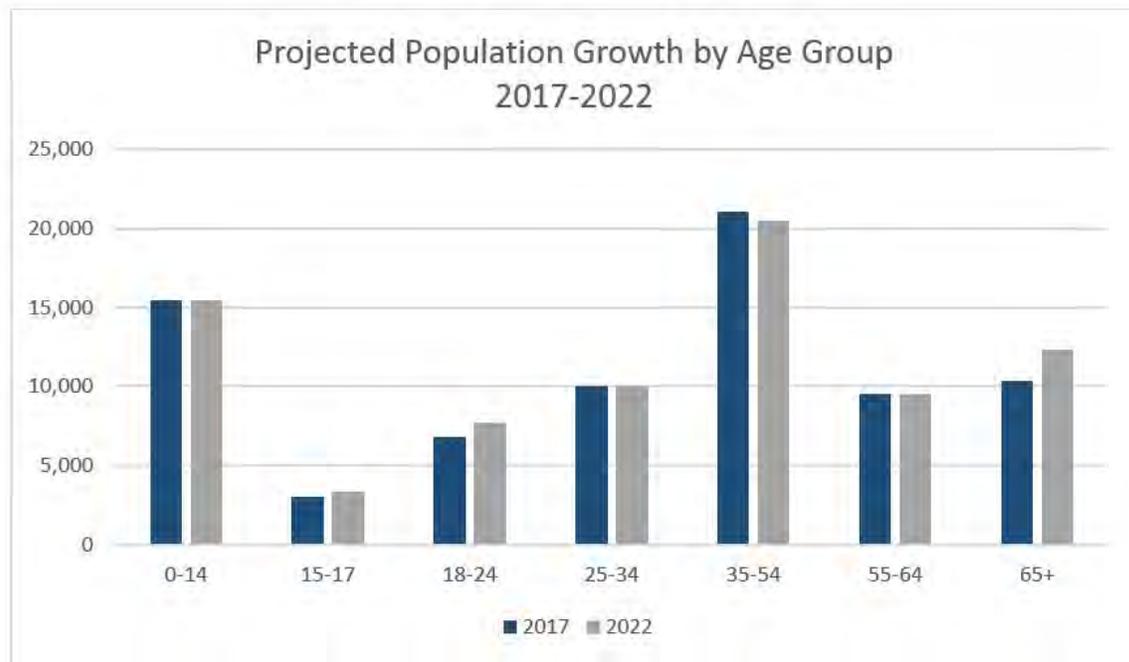
Source: Truven Health Analytics, 2017 Dataset

Population Growth

By 2022, the Leavenworth County population is expected to increase by 3 percent or 2,612 people. The 65 and up age group is expected to have the highest growth and increase by 19 percent or 2,039 people. The 65 and up age group is

expected to account for 16 percent of the population. The 18 to 24 age group is expected to increase by 12 percent or 875 people. The 0 – 17, 25 – 34, and the 55 – 64 age groups are expected to remain consistent.

Figure 3: Projected Population Growth by Age Group, 2017 – 2022



Source: Truven Health Analytics, 2017 Dataset

Gender Characteristics

In 2017, Leavenworth County had a slightly higher percentage of males to females at 53 percent (or 40,562 individuals) to 47 percent (or 35,798 individuals). Based on population estimates, the gender ratio in Leavenworth County will remain steady from 2017 – 2022.

Ethnicity

The majority of the population in Leavenworth County was White (77.7 percent in 2017). The Black Non-Hispanic population is the next largest at 9.5 percent of the population in 2017. The Hispanic population was around 7.9 percent of the population. The Asian and American Indian/Alaskan Native populations together accounted for less than two percent of the population in 2017.

Figure 4: Population Race/Ethnicity (2017)

Single Race	2017	
	Population	% of Total
White Non-Hispanic	59,342	77.7%
Black Non-Hispanic	7,227	9.5%
Hispanic	6,025	7.9%
Asian & Pacific Is. Non-Hispanic	1,196	1.6%
All Others	2,570	3.4%

Source: Truven Health Analytics, 2017 Dataset

Education

In 2017, 92 percent of the Leavenworth County population over 25 years of age had a high school diploma or higher. Of that group, an additional 67 percent had some college education and 33 percent had a bachelor’s degree or higher. Approximately eight percent of the population had not attained a high school diploma.

Employment

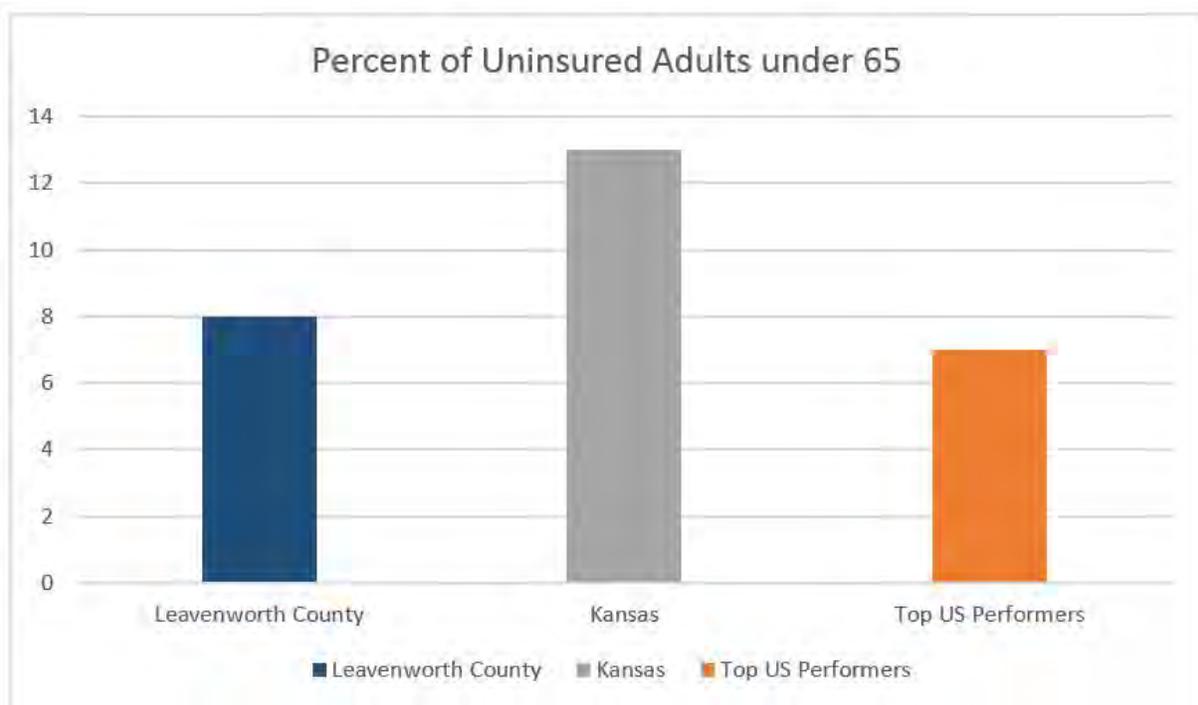
As of 2016, about 58 percent of the population above 16 years of age was employed in Leavenworth County. About 3.6

percent of the population was unemployed. The remainder of the population, aged 16 years or older, was considered to be out of the labor force

Uninsured Population

In 2015, 92 percent of Leavenworth County adults had health insurance and 97 percent of children had health insurance. Leavenworth County was better than the Kansas average in both of these categories.

Figure 5: Percent of Uninsured Leavenworth County Adults under 65 (2015)



Source: countyhealthrankings.org

Section III: Health Status of the Population

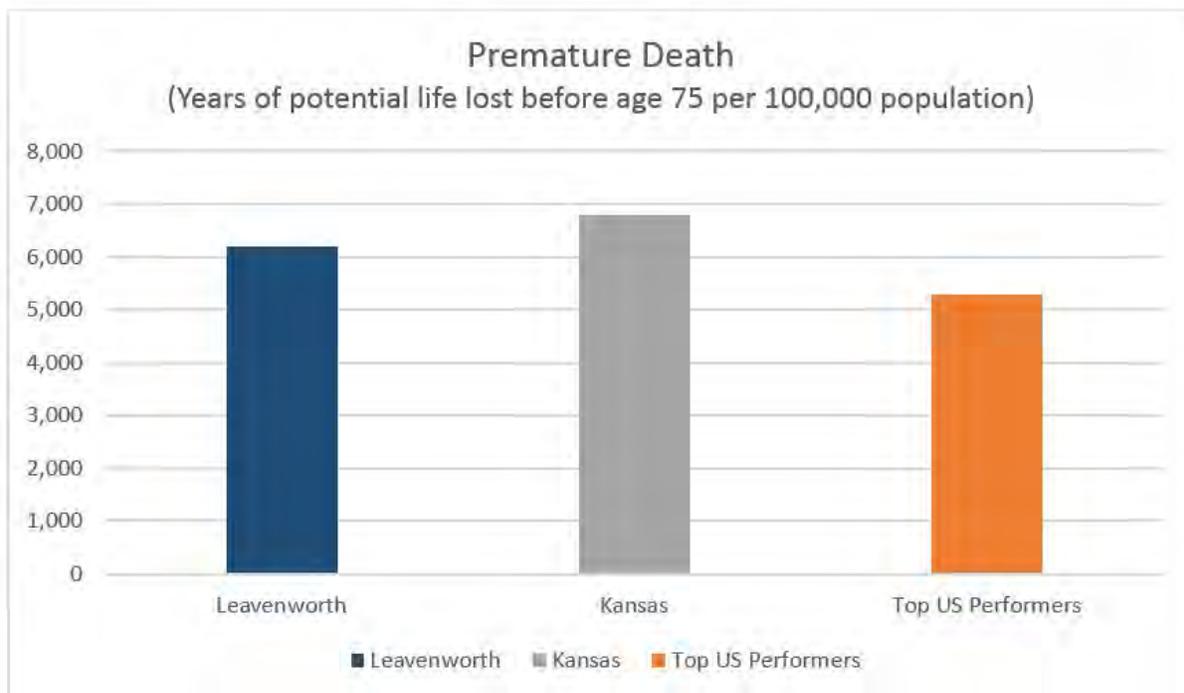
The following section focuses on measures related to the health status of the population that is served by Saint Luke's Cushing Hospital. The measures are specific to Leavenworth County, Kansas. The measures are compared against national and state averages or Healthy People 2020 goals in order to assess the specific health needs of the population of Leavenworth County.

Mortality

Mortality is a measure used to assess the overall health status of the population. Typically, the mortality rate is

age-adjusted, which adequately describes the death rate in a population, but it fails to take into account the population health implications of premature deaths. Figure 6 below shows the premature death rate or years of potential life lost (YPLL) before age 75 per 100,000 population. The advantage of this specific type of mortality measure is that it focuses on the reasons for premature mortality in a population. The premature death measure avoids focusing on causes of death related to age. In 2016, Leavenworth County had a premature death rate well above the U.S. at the 90th percentile of 5,300, but below the state of Kansas rate of 6,800.

Figure 6: Premature Death Rate (2014 – 2016)



Source: countyhealthrankings.org

Leading Causes of Death

It is important to identify the leading causes of death in a population in order to assess the health outcomes in the specific population. Identifying the leading causes of death also allows a community to develop programs or treatment

options that address the needs of the population. The table below shows the top ten leading causes of death in Leavenworth County during years 2006 – 2016.

Figure 7: Leading Causes of Death (2006 – 2016)

Cause of Death per 100,000 population	Leavenworth County	Kansas	USA
Cancer	189.1	162.6	158.5
Heart Disease	159.7	157.4	168.5
Unintentional Injury	49.3	44.2	43.2
Chronic Lower Respiratory Disease	45.3	48.9	41.6
Suicide	17.5	15.9	13.3
Stroke/Other Cerebrovascular Disease	33.0	38.4	37.6
Alzheimer’s Disease	28.2	22.8	29.4
Diabetes	18.3	20.0	21.3
Kidney Disease (Nephritis and Nephrosis)	14.8	16.0	13.4

Source: kansashealthmatters.org

Morbidity

Morbidity measures are purported to measure the quality of life of individuals within a population. The goal of the measures is to focus on the impact that health status has on quality of life. The poor or fair health indicator is a self-reported measure of an individual’s perception of their overall health. The poor physical and mental health days indicators are self-reported measures of days of work lost for health-related reasons and are shown as an average number of days lost per month in the table below. The last indicator is low birth weight. Low birth weight is an important

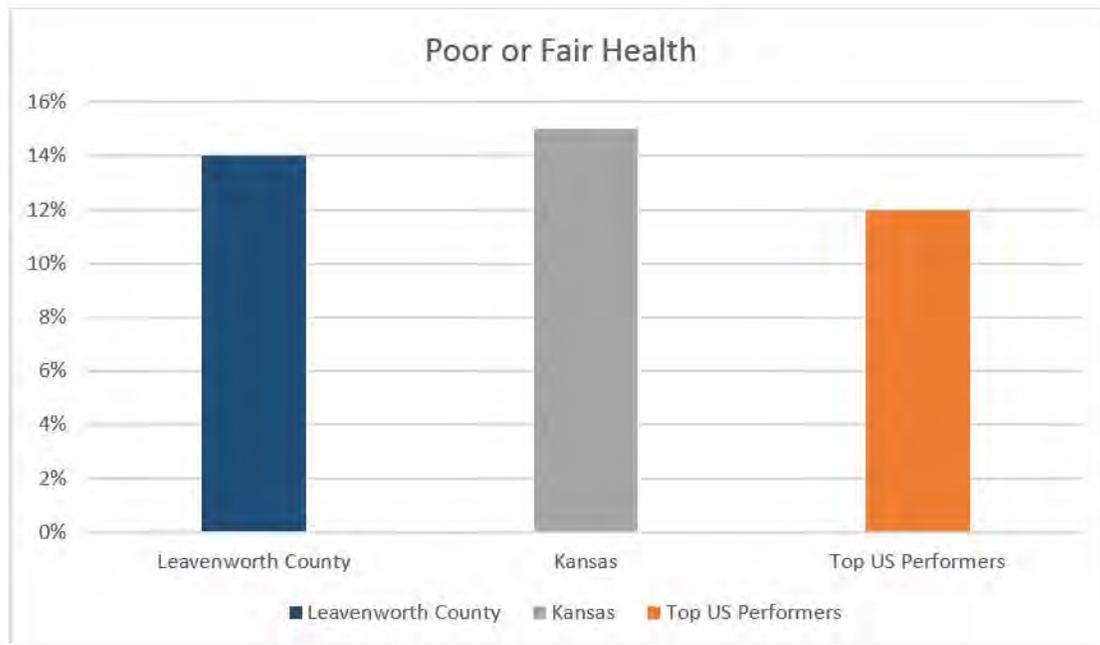
morbidity measure because it is indicative of maternal exposure to health risks, the current and future morbidity of the infant, and risk of premature mortality. In 2016, the percentage of Leavenworth County residents who considered themselves to be in poor or fair health lower than the average Kansas County at 14 percent. Leavenworth County ranked worse than the average Kansas County in the number of poor physical health days reported by residents. Overall, Leavenworth County ranked 47 out of the 103 counties on morbidity measures assessed in Kansas.

Figure 8: Morbidity Measures

Indicator	Leavenworth County	Kansas	90th Percentile
Poor Or Fair Health (2016)	14%	15%	12%
Poor Physical Health Days (2016)	3.2	3.1	3.0
Poor Mental Health Days (2016)	3.1	3.3	3.1
Low Birth Weight (2010-2016)	7%	7%	6.0%

Source: countyhealthrankings.org

Figure 9: Poor or Fair Health Measure (2016)



Source: countyhealthrankings.org

Heart Disease

Heart disease is the second leading cause of death in Leavenworth County. According to the Centers for Disease Control and Prevention (CDC), heart disease is the leading

cause of death among both men and women in the United States and accounts for about 630,000 deaths each year, or one in four deaths. This is a major health issue in the United States

Figure 10: Heart Disease Indicators (2015 – 2017)

Indicators	Leavenworth County	Kansas
Heart Disease Hospital Admissions (per 10,000)	160.2	123.8
Congestive Health failure Hospital Admissions (per 10,000)	19.8	16.2

Source: kansashealthmatters.org

One area of concern in Leavenworth County is the percent of adults tested and diagnosed with high cholesterol. The table below shows that in 2015 approximately 36 percent of adults in Leavenworth County were tested and diagnosed with high cholesterol. This percentage is almost triple the Healthy

People 2020 goal of 13.5 percent. According to the CDC, high cholesterol is one of the three key risk factors for heart disease along with hypertension and smoking. Approximately 49 percent of Americans have at least one of these risk factors.

Figure 11: Heart Disease Health Indicators (2015)

Indicators	Leavenworth County	Kansas	USA
Percent of Adults Tested and Diagnosed with High Cholesterol	36.4%	37.4%	36.5%
Percent of Adults Tested and Diagnosed with Hypertension	34.3%	31.6%	32.0%

Source: kansashealthmatters.org

Cancer

Cancer is the leading cause of death in Leavenworth County and in the United States. It is one of the biggest health concerns for the population. In 2015, approximately 596,000 people died of cancer in the United States.

Among deaths from cancer, lung cancer made up the biggest percentage of cancer deaths in Grundy County from 2006 to 2016.

Figure 12: Cancer Incidence in Leavenworth County (2000 – 2015)

Cancer	Male	Female
Lung and Bronchus Cancer	472	306
Colorectal Cancer	267	205
Breast Cancer	-	693
Prostate Cancer	644	-
Total	1,383	1,204

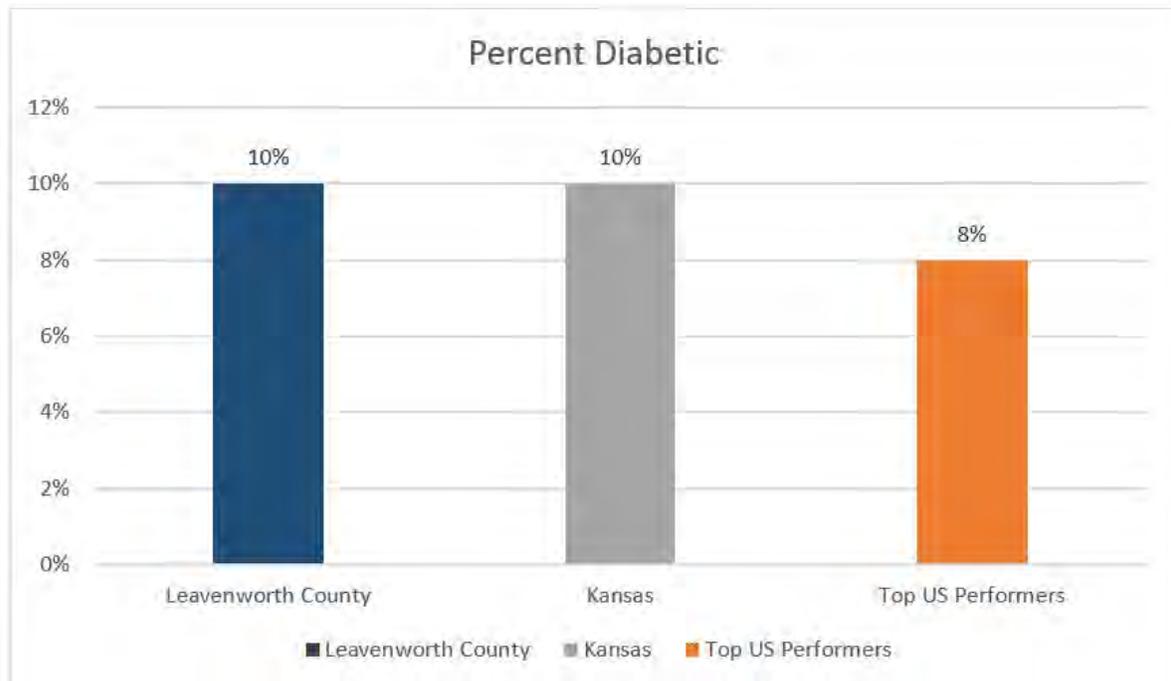
Source: Kansas Cancer Registry, Cancer Incidence in Kansas (2000-2015)

Diabetes

Diabetes impacts approximately 29.1 million people in the United States and it lowers life expectancy by up to 15 years, increases the risk of heart disease by two to four times, and is the leading cause of kidney failure, lower limb amputations,

and adult-onset blindness. Measuring the prevalence of diabetes in a population is important in assessing the overall health of the population. Leavenworth County was on par with the average Kansas County in this measure, but higher than the top U.S. performing counties.

Figure 13: Percent of Adults Diabetic (2014)

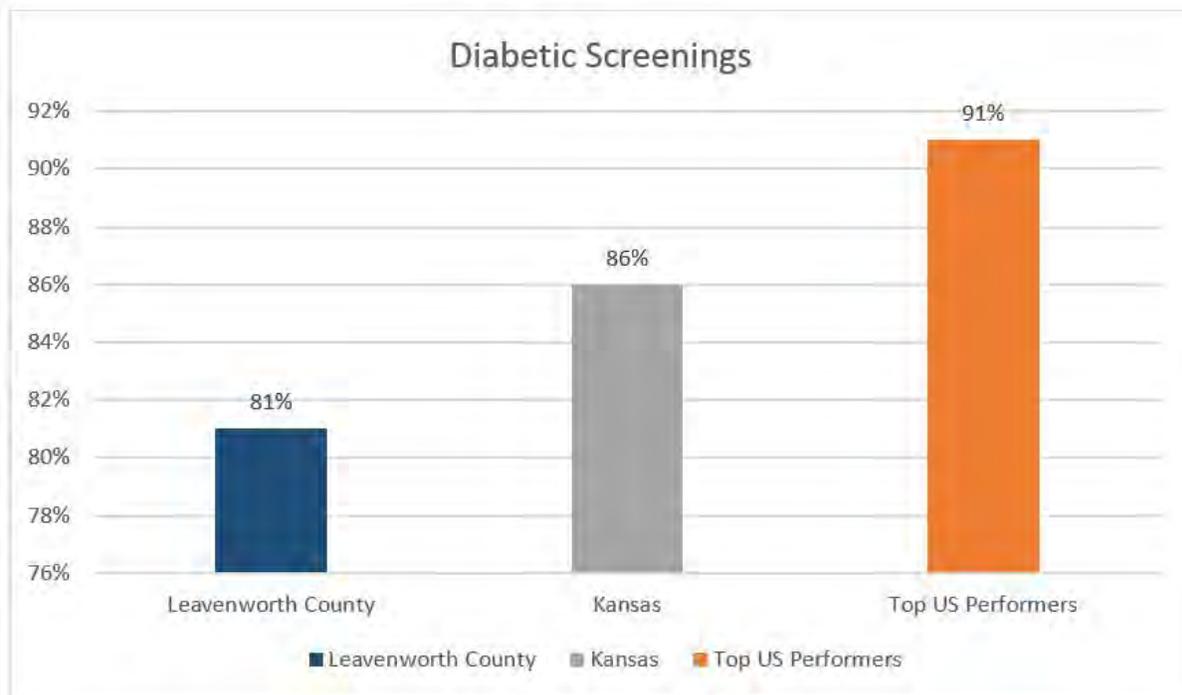


Source: countyhealthrankings.org

Diabetic screenings are an important part of disease management. By regularly monitoring an individual's diabetes, poor health outcomes and premature mortality can be avoided. The diabetic screening percentage below measures the percent of diabetic Medicare patients whose

blood sugar control was screened in the past year. Regular HbA1c monitoring is considered to be the standard of care for diabetes. Leavenworth County ranks lower than the average Kansas County in this measure, at 81 percent.

Figure 14: Diabetic Screening (2014)



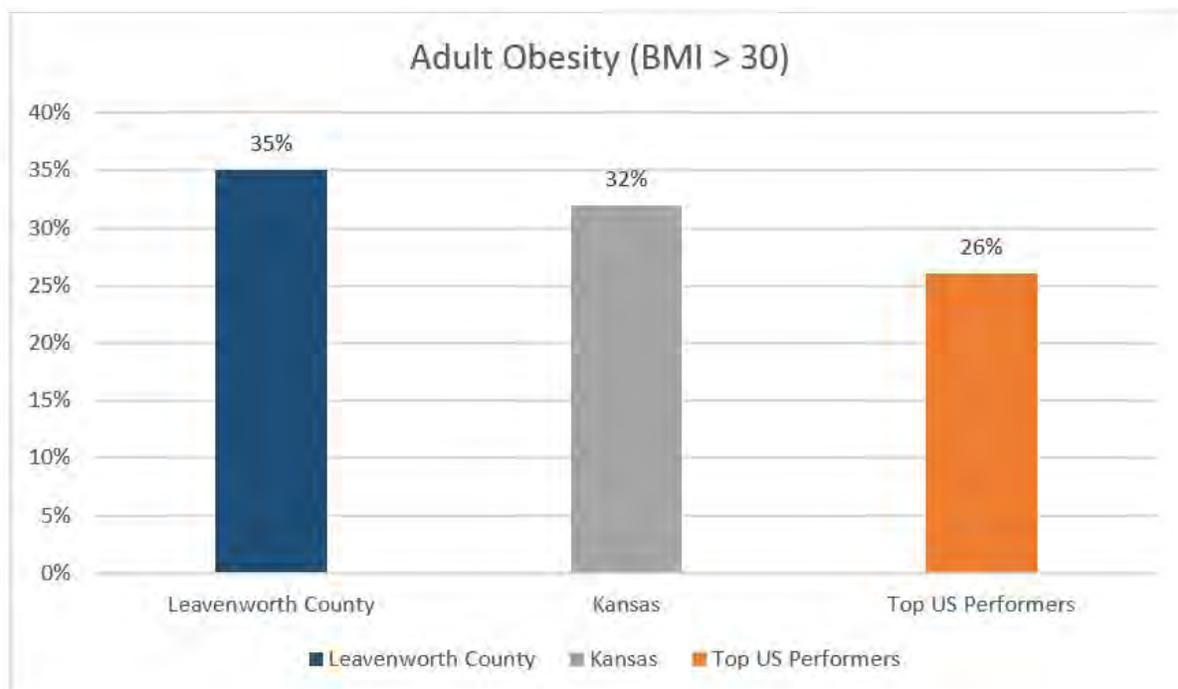
Source: countyhealthrankings.org

Adult Obesity

Obesity increases the risk of many other health conditions including Type 2 diabetes, cancer, hypertension, heart disease, and stroke. Monitoring and improving obesity rates

has the potential to have substantial impact on the health of a particular community. In 2014, the percentage of obese adults in Leavenworth County was higher than the average Kansas County at 35 percent.

Figure 15: Percent of Adults with Obesity (2014)



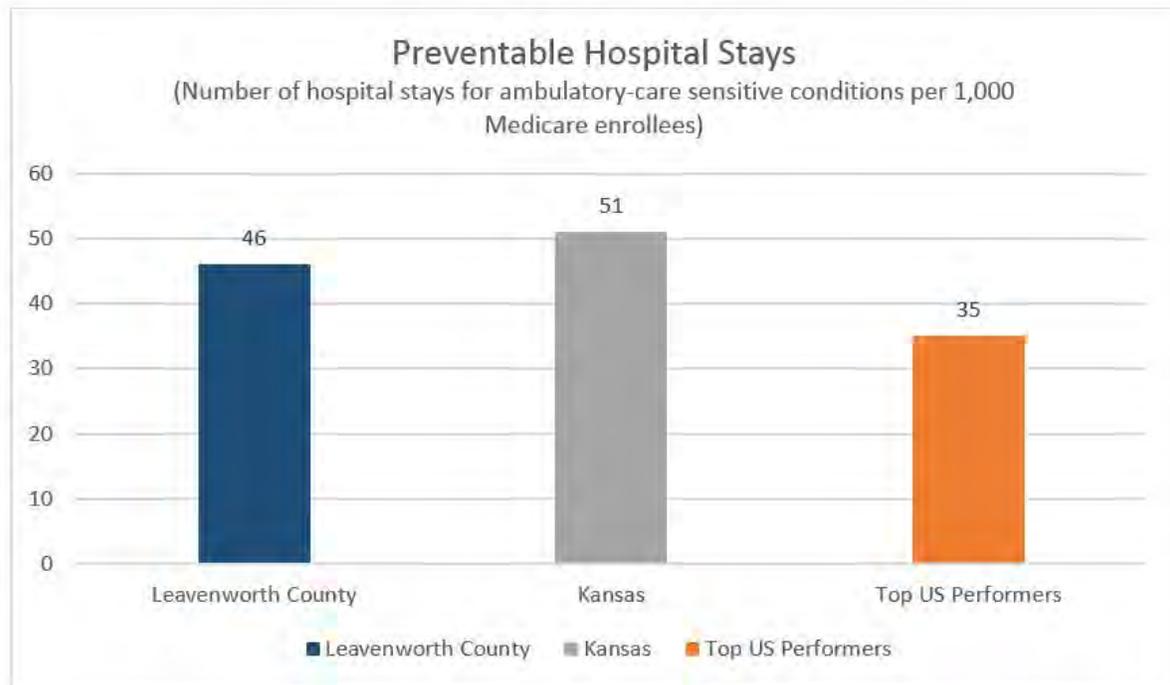
Source: countyhealthrankings.org

Preventable Hospital Stays

Preventable hospital stays measure a community’s level of access to services. This includes access to primary care providers and the quality of the level of care being provided to

a particular community. This measure not only indicates how well the care is being provided, but also assesses the potential overuse of a hospital as a primary source of care.

Figure 16: Preventable Hospital Stays for Leavenworth County Medicare Residents (2015)



Source: countyhealthrankings.org

Mental Health

Mental health disorders are one of the leading causes of disability. Mental illness can have a profound impact on the health of a population. Managing mental illnesses is vital to ensure a community is able to function appropriately and

positively impact society. According to the National Institute of Mental Health, almost 44.7 million people suffer from mental illness in a given year. This accounts for nearly 18 percent of all U.S. adults. Mental health and physical health are interconnected.

Figure 17: Mental Health Factors

	Leavenworth County	Kansas	Top U.S. Performers
Access to Mental Health Providers (2017)	530:1	560:1	330:1
Poor Mental Health Days (2016)	3.1 (per 30 Days)	3.3 (per 30 Days)	3.1 (per 30 Days)

Source: countyhealthrankings.org

Health Behaviors

Assessing the behaviors of a particular community is essential to assessing the overall health of the population. People who do not adopt healthy behaviors are at an increased risk for other health problems. Human behaviors

have a direct impact on health outcomes. A large percentage of preventable deaths are attributed to risky behaviors such as smoking, unhealthy diets, and risky sexual behavior. There are a multitude of factors influencing a change in behavior, including structural, educational, and environmental factors.

Figure 18: Health Behaviors

	Leavenworth County	State Median	Top U.S. Performers
Adult Smoking (2016)	16%	17%	14%
Food Environment Index (2015) (out of 10)	7.3	7.0	8.6
Physical Inactivity (2014) (adults over 20 reporting no leisure physical activity)	26%	25%	20%
Teen Pregnancy Rate (2010-2016) (per 1,000 15-19 year old females)	28	30	15
Sexually Transmitted Infections (2015) (Chlamydia, Per 100,000 population)	309.7	394.8	145.1

Source: countyhealthrankings.org

Access to Care

Access to Primary Care Physicians

When measuring Primary Care Physician access, primary care physicians include M.D.'s and D.O.'s under the age of 75. Primary care specialties include general practice medicine, family medicine, internal medicine, and pediatrics. This measure indicates not only financial access but also physical

access to providers. The goal of increasing access to primary care physicians is to reduce utilization of unnecessary services. There has been clear evidence of unnecessary utilization associated with specialist visits. Appropriate access to primary care can help reduce hospital readmission rates giving patients the right care at the right time.

Figure 19: Access to Care

	Leavenworth County	Kansas	Top U.S. Performers
Primary Care Physician Ratio (2015)	2,270:1	1,320:1	1,030:1
Mental Health Provider Ratio (2017)	530:1	560:1	330:1
Dentists (2016)	2,290:1	1,760:1	1,280:1
Uninsured Adults (2015) (Adults under 65 without insurance)	8%	13%	7%
Uninsured Children (2015)	3%	5%	3%
Health Care Costs (2015) (Average price adjusted Medicare reimbursements per enrollee)	\$9,844	\$9,789	-

Source: countyhealthrankings.org

A. National Priorities

Healthy People 2020

The Healthy People 2020 initiative identifies 10-year national objectives to improve the health of the United States population. According to the United States Department of Health and Human Services, the mission of Healthy People 2020 is to strive to:

- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, state, and local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

This mission is achieved through the development of Leading Health Indicators (LHIs). The United States Department of Health and Human Services developed an LHI framework that analyzes both determinants of health and health disparities and health across the life stages. The Healthy People 2020 LHIs include the following::

- Access to health services
- Clinical preventive services
- Environmental quality
- Injury and violence
- Maternal, infant, and child health
- Mental health
- Nutrition, physical activity, and obesity
- Oral health
- Reproductive and sexual health
- Social determinants
- Substance abuse
- Tobacco

Section IV: Summary of Findings

Community Health Needs

Priority 1: Behavioral Health Care

Overview

Behavioral health care is a term, which refers to a continuum of services for individuals at risk of, or suffering from, mental, behavioral, or addictive disorders. These disorders are health conditions characterized by alterations in thinking, mood, or behavior (or some combination thereof), and associated with distress and/or impaired functioning. These disorders cause a host of problems that may include personal distress, impaired functioning and disability, pain, or death.

Prevalence

The burden of mental illness is among the highest of all diseases. Roughly, one-fifth of adults and one-fifth of children have had a mental health disorder in 2016.

Primary data sources identified behavioral health needs as high priority for the community. Additionally, behavioral health was identified as a common secondary diagnosis to multiple acute episodes at Saint Luke's Cushing Hospital.

Impact

Unfortunately, comorbidity between mental and medical conditions is the rule rather than the exception. The 2001 – 2003 National Comorbidity Survey Replication, a nationally representative epidemiological survey shows 68 percent of people with a diagnosed mental disorder report having at least one general medical disorder and 29 percent of people with a medical disorder had a comorbid mental health. Data from analyses of Medicaid claims indicate that more than half of disabled Medicaid enrollees with psychiatric conditions also had claims for diabetes, heart disease or pulmonary disease, substantially higher than rates of these illnesses among persons without psychiatric conditions. Consequently, the impact of the need for more behavioral health care access affects the biomedical needs of the Leavenworth County Community as well.

Available Resources

- The Guidance Center
- Saint John Hospital
- Dwight D. Eisenhower VA Medical Center
- Munson Army Health Center

Priority 2: Access to Care

Overview

Insufficient access to health services can be caused by many different issues including lack of insurance, underinsurance, primary care provider availability, provider quality, and costs of care. Access to primary care providers and/or a health center has a major impact on individual health. Adequate access to both primary and specialty care is of even more importance to individuals with chronic conditions such as cancer and heart disease. Individuals with access to care are more likely to receive preventive care that improves quality of life and helps detect and manage chronic conditions.

Prevalence

In 2015, 92 percent of Leavenworth County adults had health insurance and 97 percent of Leavenworth County children had health insurance. Healthy People 2020 has a goal of 100 percent health insurance coverage for adults and children.

Poverty rates in Leavenworth County are also an area of concern because of the financial costs of health care. Many individuals will forego medical care if they are unable to afford services or transportation to services. In 2016, 9.9 percent of the population or 7,238 persons in Leavenworth County were at or below the FPL. A better indicator of overall numbers of individuals that are struggling financially is to look at the population at or below 200 percent the FPL. In

2016, 23.3 percent of the population or 16,998 persons in Leavenworth County were at or below 200 percent of the FPL. These indicators are relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Impact

Access to primary care providers and available health facilities has a major impact on individual health. People without access to health insurance are less likely to receive routine checkups and preventive health care, exacerbating chronic or untreated illnesses and increasing the overall costs to the health system. Regular and reliable access to care can prevent disease, detect illness, increase quality of life, and increase life expectancy.

Available Resources

- Saint Luke’s Cushing Hospital
- Saint John Hospital
- Saint Vincent Clinic
- Leavenworth County Health Department
- Dwight D. Eisenhower VA Medical Center
- Munson Army Health Center
- Saint Luke’s Medical Group
- Leavenworth/Lansing Family Health Center
- Rock Creek Medical Plaza
- Complete Family Care, LLC

Priority 3: Increased Access to Physical Activity and Nutrition

Overview

Leavenworth County demonstrated a need for increased physical activity and nutrition for the community as a whole, but especially in the underserved and vulnerable populations. Physical activity and nutrition play a vital role in the overall health of members of a community.

Prevalence

Physical Activity/Nutrition – The chart below shows the physical activity indicators as well as the nutrition factors for Leavenworth County in comparison to the state median value. These values demonstrate some needs for Leavenworth County in terms of availability of health food options for the members of the community.

Figure 20: Physical Activity and Nutrition Factors

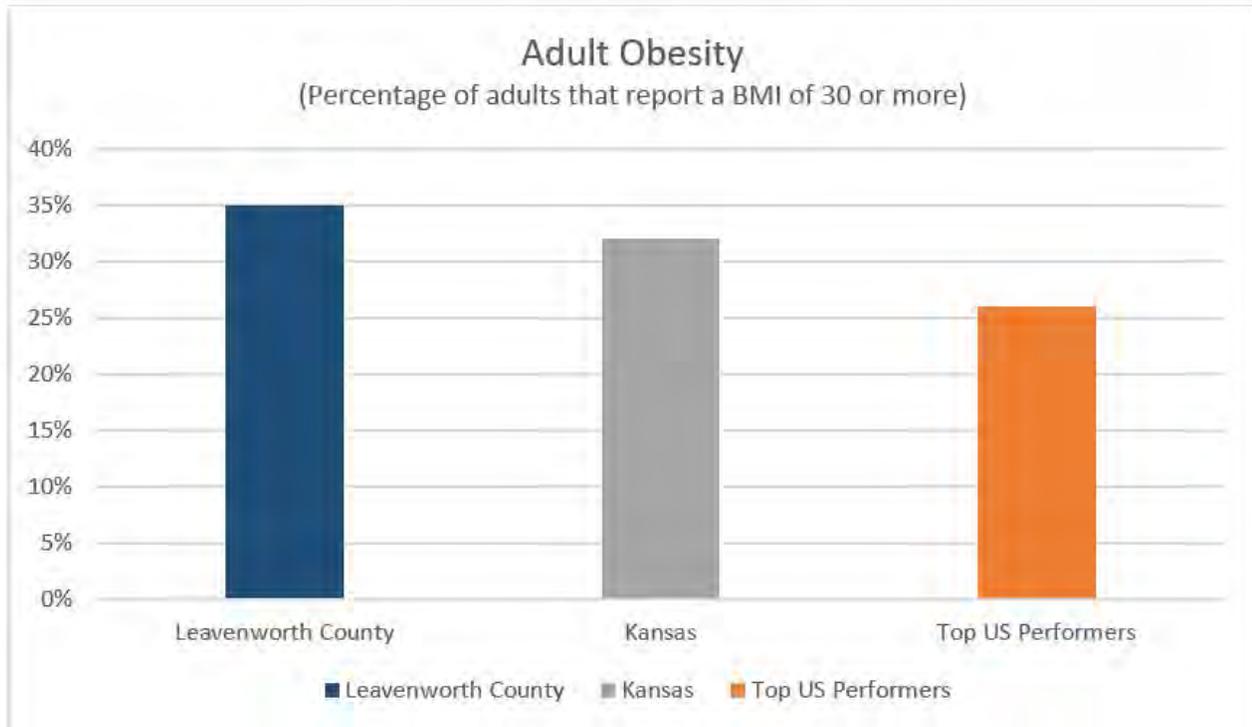
Indicator	Leavenworth County	Kansas	To U.S. Performers
Physical Inactivity (2014)	26%	25%	20%
Access to Exercise Opportunities (2016) (population who live close to park/rec facility)	85%	81%	91%
Food Insecurity (2015) (percent of population)	14%	13%	10%
Limited Access to Health Foods (2015)	10%	8%	2%
Food Environment Index (2015)	7.3	7.0	8.6

Source: countyhealthrankings.org

Diabetes – In 2014, 10 percent of Leavenworth County adults over the age of 20 had been diagnosed with diabetes. While this was the same as the Kansas average of 10 percent, there is a risk of diabetes prevalence increasing as physical inactivity and nutrition statistics worsen.

Obesity/Overweight – In Leavenworth County, the percent of adults who are obese (BMI > 30) and adults who are overweight has both been increasing since 2004. In 2014, the obesity percentage was above the state average, and represents an area of concern for the county as a whole.

Figure 21: Adult Obesity Trends (2004 – 2014)



Source: countyhealthrankings.org

Impact

Physical Activity/Nutrition – Decreased physical activity affects several disease conditions such as Type 2 diabetes, hypertension, cardiovascular disease, cancer, stroke, and premature mortality. Nutrition is imperative to maintaining a healthy community as well. Food insecurity and low access to healthy food will leave the community at an increased risk for adopting unhealthy lifestyle choices. People who live further away from grocery stores are more likely to choose to eat at fast food restaurants, which can lead to higher incidences of obesity and obesity-related health problems.

Diabetes – Poor nutrition and a lack of physical activity can lead to diabetes. Diabetes is a leading cause of death in Leavenworth County, and ranks in the top ten of leading

causes of death nationally. Diabetes can lead to many other medical complications including blindness, end-stage renal disease, and possible amputation.

Obesity/Overweight – Adult obesity is important because obesity increases the risk of many other health conditions. These conditions include Type 2 diabetes, cancer, hypertension, heart disease, and stroke. Monitoring and decreasing obesity rates can have substantial positive impact on the health of a particular community.

Available Resources

- American Diabetes Association
- American Heart Association
- Leavenworth County Council on Aging

Section V: Appendix

A. Key Contributors

(Interviews conducted from June – July 2018)

Hospital Leadership

Chief Executive Officer – Robert Olm-Shipman
 Vice President, Hospital Operations – Patrick Altenhofen
 Chief Nursing Officer – Karin Sundblom
 Chief Financial Officer – Jackie Martin

Public Health Contributors

Leavenworth County Health Department

Community Partners

CVS Pharmacy
 Complete Family Care, LLC
 Saint Vincent Clinic – Caritas
 Sisters of Charity
 Leavenworth County Council on Aging
 The Guidance Center

	Saint Luke's Cushing Hospital	Leavenworth County Health Department	CVS Pharmacy	Complete Family Care, LLC			
Represents Public Health		X					
Represents Medically Underserved Populations	X	X	X	X			
Represents Low Income Populations	X	X	X	X			
Represents Populations with Chronic Disease Needs	X	X	X	X			
Represents Minority Populations	X	X	X	X			

Primary Data/Key Informant/Focus Group Summaries

Hospital Leadership

Attendees: Robert Olm-Shipman (CEO); Patrick Altenhofen (VP, Hospital Operations); Karin Sundblom (CNO); Jackie Martin (CFO); Trenton Stringer

- Needs Identified: Behavioral Health, Access to Care, Diabetes, Heart Disease, Poverty, Physical Activity and Nutrition, Food Insecurity

Public Health – Grundy County Health Center

Attendees: Jamie Miller; Trenton Stringer

- Needs Identified: Behavioral Health, Access to Care, Obesity, Poverty, Transportation

B. Data Limitations

While this assessment included important data sources and stakeholders, it does not represent all possible aspects of community needs, nor adequately represents all populations of interest. The information gaps present in the primary and secondary data analysis must be recognized as a barrier that limits the full ability to assess all of Saint Luke's Cushing Hospital's community health needs. The focus of the targeted stakeholder interviews, focus groups, and analysis of secondary data was to gain powerful insights on top health concerns.

Several limitations of the data should be considered when reviewing the findings presented in this report. Although the topics cover a wide range of health and health related areas, within each topic the scope and depth of quantitative data indicators and qualitative findings varies. In some topics there is a robust set of quantitative data indicators, but in others there may be a limited number of indicators for which data is collected, or limited subpopulations covered by the indicators. The breadth of qualitative data findings is dependent on who was nominated and selected to be a key contributor, as well as the availability of selected key contributors to be interviewed during the time period of qualitative data collection.

Many key public health indicators are collected at varying intervals. These intervals may or may not coincide with other indicators. This interval inconsistency does pose challenges when performing analysis across a wide range of

Other Community Stakeholder Interviews

Attendees: Complete Family Care, LLC - Kathleen McBratney, MD; Trenton Stringer

- Needs Identified: Transportation, Physical Activity and Nutrition, Diabetes

Attendees: CVS Pharmacy – Jarrod Miller; Trenton Stringer

- Needs Identified: Heart Disease, Behavioral Health, Drug/Substance Abuse

datatypes and datasets, especially when data is not always collected annually, meaning that some data is several years old. Furthermore, disaggregated data around age, ethnicity, race, and gender is not available for all data indicators, which limited the ability to examine disparities of health within the community.

No public comments were received from the previous CHNA via the Saint Luke's Community Benefit email inbox; therefore, they could not be taken into consideration for this CHNA process

C. Evaluation of Impact

Saint Luke's Cushing Hospital's previous Community Health Needs Assessment was conducted in 2015. Following the approval by the board, the Implementation Plan was also adopted. Below are the different action items that were included on the 2015 Community Benefit Implementation Plan with their completion status listed. Even though some of the identified needs changed for 2018, all or most of these programs will continue to exist in order to better the health in the community we serve. We believe that these programs have been effective in addressing the significant needs of our community. In the 2018 Community Benefit Implementation Plan, measures will be reported and tracked in order to determine the effectiveness of each program to better guide our community-based programs.

Milestone / Sub-Activity	Description	Status	Comments
1	Behavioral Health Care		
1.1	At Saint Luke's Cushing Hospital, residents in crisis are screened by a mental health professional either in person or through the Saint Luke's Health System Behavioral Access Center using telemedicine equipment. The screening is to determine the appropriate level of services, either inpatient or outpatient treatment necessary to care for the individual in	Complete	On-Going
1.2	Saint Luke's Cushing Hospital is developing a relationship with Saint Luke's North Psychiatric Services to provide inpatient Psychiatric consults and medication management via telemedicine equipment. This program will be implemented in 2016.	Complete	On-Going
1.3	The mental health team utilized by Saint Luke's North Psychiatric Services has the training and expertise to address issues such as Depression, Stress, Life transitions, Family problems, Crisis, Grief and loss, Mental illness, Trauma-related issues, Anxiety/panic disorders, and Dual-diagnosis treatment.	Complete	On-Going
1.4	Saint Luke's Cushing Hospital, in 2016, will be initiating an educational series "Chronic Disease Management Education" in collaboration with the Kansas Department of Health and Environment. Appropriate patients as identified by their physician will be invited to participate. The hospital will also continue to work with community partners such as The Guidance Center to address this ongoing need.	Complete	Ended
2	Cardiovascular Disease		
2.1	Saint Luke's Cushing Hospital provides cardiovascular care to address a range of heart conditions including cardiovascular disease. Saint Luke's Cardiovascular Consultants provide 24/7 coverage to the hospital's inpatients while also seeing patients at their Leavenworth clinic 5 days per week.	Complete	On-Going
2.2	Saint Luke's Cushing Hospital's Cardiovascular services include Cardiac rehabilitation, Consultations and second opinions, Diagnostic stress tests and echocardiograms, Heart failure management, Lifesaving Emergency Department protocols, Pacemaker and other device checks, Peripheral vascular evaluations, and Preventive cardiology and lipid management.	Complete	On-Going
2.3	Saint Luke's Cushing hospital will continue to provide cardiovascular services to the community including subspecialty expertise to meet the needs of community members.	Complete	On-Going
2.4	Saint Luke's Cushing Hospital, in 2016, will be initiating an educational series "Chronic Disease Management Education" in collaboration with the Kansas Department of Health and Environment. Appropriate patients, as identified by their physician, will be invited to participate.	Complete	Ended
3	Diabetes		
3.1	Saint Luke's Cushing Hospital provides access to a Certified Diabetes Program that includes a full team of diabetes and endocrinology experts – including endocrinologists, certified diabetes educators, and registered dietitians.	Complete	On-Going
3.2	Additionally, Saint Luke's Cushing Hospital's Diabetes Center: - Provides interactive teaching and care management for different types of diabetes - Features nurses and dietitians who are highly experienced in managing complex diabetes cases - Offers hands-on education and training for long-term diabetes management - Holds monthly diabetes support group meetings for patients and loved ones	Complete	Ended: Saint Luke's Diabetes Center is now structured under the Medical Group.
3.3	Saint Luke's Cushing Hospital will continue to provide group and individual diabetes education opportunities with topics including Healthy Living with Diabetes, Gestational Diabetes, Medical Nutrition Therapy, Insulin Start, and Diabetes Prevention.	Complete	Ended: Saint Luke's Diabetes Center is now structured under the Medical Group.
3.4	Saint Luke's Cushing Hospital will continue to provide access to the diabetes education center, which provides services for community members who are newly diagnosed with diabetes, pre-diabetes, or those seeking additional help managing diabetes.	Complete	Ended: Saint Luke's Diabetes Center is now structured under the Medical Group.
3.5	Saint Luke's Cushing Hospital will continue to collaborate with the American Diabetes Association and the Kansas City Regional Association of Diabetes Educators.	Complete	Ended: Saint Luke's Diabetes Center is now structured under the Medical Group.
3.6	Saint Luke's Cushing Hospital, in 2016, will be initiating an educational series "Chronic Disease Management Education" in collaboration with the Kansas Department of Health and Environment. Appropriate patients as identified by their physician will be invited to participate.	Complete	Ended
4	Access to Care		
4.1	Saint Luke's Cushing Hospital will continue to accept Kansas Medicaid.	Complete	On-Going
4.2	Saint Luke's Health System will continue to advocate on key health policy issues at the state and national level, including Medicaid reform, access to care, and health care financing for the low-income population.	Complete	On-Going
4.3	As a member of Saint Luke's Health System, Saint Luke's Cushing Hospital has the ability to connect local patients with a range of highly trained physician specialists. Saint Luke's Cushing Hospital's Specialty Clinic features a wide range of services to meet the community health needs.	Complete	On-Going
5	The Increasing Needs of an Aging Population		
5.1	Saint Luke's Cushing Hospital currently offers a range of health services available to the older population. The hospital will continue to offer services aimed at supporting the chronic conditions including diabetes, hypertension, heart disease, and stroke.	Complete	On-Going
5.2	Saint Luke's Cushing hospital will continue to work with other providers and social service organizations in the community to increase support to this population, including the Leavenworth County Council on Aging.	Complete	On-Going
5.3	Saint Luke's Cushing Hospital, in 2016, will be initiating an educational series "Chronic Disease Management Education" in collaboration with the Kansas Department of Health and Environment. Appropriate patients as identified by their physician will be invited to participate.	Complete	Ended

D. Prioritization Scorecard

SCORECARD FRAMEWORK	Primary Data Criteria	Secondary Data Criteria			Impact Criteria		Total Composite Score
	Stakeholder Interview Frequency	2015 CHNA Need	State Data Support	National Data Support	Community Support/ Collaboration	Community Momentum	
	Weighted 1 to 3	1=Yes, 0=No	Weighted 1 to 3	Weighted 1 to 3	1=Yes, 0=No	1=Yes, 0=No	
Identified Needs							
Behavioral Health	3	1	3	3	1	1	12.0
Access to Care	2	1	3	3	1	1	12.0
Access to Physical Activity and Nutrition	2	1	3	3	1	1	11.0
Cardiovascular Disease	2	0	3	3	1	0	9.0
Substance Abuse/Opioids	3	0	2	2	1	1	9.0
Diabetes	2	0	2	2	1	0	7.0
Chronic Disease	1	0	2	2	0	0	5.0
Poverty	1	0	2	2	0	0	5.0
Stroke	1	0	1	1	0	0	3.0
<i>Tobacco Cessation</i>	1	0	1	1	0	0	3.0
Health Literacy	1	0	1	1	0	0	3.0
Housing	1	0	1	1	0	0	3.0

**Anything scoring a 10 or above was prioritized

E: Board Approval Date

The 2018 Community Health Needs Assessment was approved by Saint Luke’s Cushing Hospital’s Board of Directors on November 20, 2018. This Community Health Needs Assessment specifies community health needs that

Saint Luke’s Cushing Hospital has determined to be the priority health needs and will address through actions described in the Implementation Plan in whole or in part and that are consistent with its mission.

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