2018

Saint Luke’s Community Health Needs Assessment
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Section I: Executive Summary

A. Introduction
Not-for-profit hospital status is an Internal Revenue Service (“IRS”) designation established under section 501(c)(3) of the Internal Revenue Code. To meet section 501(c)(3) requirements, the Patient Protection and Affordable Care Act (“ACA”) requires not-for-profit hospitals to conduct a Community Health Needs Assessment (“CHNA”) at least once every three years and to adopt a corresponding implementation plan that addresses the community’s health needs as identified within the CHNA.

Saint Luke’s Health System (SLHS) is a not-for-profit health system, which aligns with several hospitals across the Kansas City area. Saint Luke’s East Hospital (SLE) is in Lee’s Summit, Missouri and the information within this assessment will provide an idea into the specific needs that encompass the surrounding areas of the community.

The hospital has 203 beds and operates a Stroke Center and a Certified Chest Pain Center. The hospital was founded in 2006 as a 52-bed hospital that offered a wide variety of services including rehab, lab, and outpatient services.

In the past decade, SLE has grown vastly to address the community’s health care needs and offers the following services:

- Cancer Care
- Critical Care
- Diabetes Center
- Diagnostic
- Emergency
- Gastroenterology
- Heart and Vascular
- Laboratory Services
- Maternity Care
- Orthopedic Services
- Pain Management
- Pulmonary Rehabilitation
- Radiology
- Rehabilitation
- Sleep Disorders
- Spiritual Wellness
- Stroke Center
- Surgery
- Surgical Services
- Wound Care

Mission
Saint Luke’s East Hospital is a faith-based, not-for-profit community hospital committed to the highest levels of excellence in providing health care and health 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 diverse communities we serve.

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

B. Community Health Needs Assessment Objectives
Saint Luke’s East 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 priority health needs identified.

C. 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 Livingston County community, this CHNA pulls together community findings and addresses top health priorities to help improve community health over the next three years.

D. 2018 Identified Needs
A wide range of primary and secondary data was used to identify many health priorities within the Jackson County community. After reviewing all the needs that were brought to our attention, the needs were objectively prioritized and the top four health priorities in Saint Luke’s East Hospital’s community are listed below.

1. Behavioral Health
2. Maternal Health
3. Transportation
4. Chronic Disease Management
Section II: Methodology

Assessment Methodology
The Saint Luke’s East Hospital (SLE) 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 SLE, 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.

Secondary Data
Secondary data was collected through various hospital and community resources. This data is presented in both the context of Jackson County, Missouri, 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.

Community Analysis

A. Define the Community

Demographic Profile
This section outlines the demographic profile for Saint Luke’s East Hospital’s defined community.

Geography
Saint Luke’s East Hospital’s community is defined as Jackson County, Missouri (see Figure 1) as this is where the majority of SLE’s patients live, work, and play. Saint Luke’s East Hospital is located in Lee’s Summit, Missouri. For purposes of the CHNA, SLE service area has been defined as Jackson County, Missouri and data sources were utilized that represent the Jackson County population as a whole. Jackson County communities include Blue Springs, Buckner, Grandview, Grain Valley, Greenwood, Kansas City, Independence, Lake Tapawingo, Lake Lotawana, Lone Jack, Levasy, Pleasant Hill, Oak Grove, River Bend, Raytown, Sugar Creek, Sibley, and Unity Village.

Figure 1: Saint Luke’s East Hospital’s Defined Community, Jackson County, Missouri
B. Population Demographics

Population Characteristics

The population of Jackson County, Missouri is expected to grow 2.3 percent from 2017 to 2022, which is slightly below the predicted United States average of 3.8 percent. More specifically, Grain Valley, Lee’s Summit, and Blue Springs are expected to grow while parts of Kansas City and Independence are expected to shrink. The largest portion of the population is the age group 35 to 54 at about 26 percent, or 177,834 people, followed by the age group 0 to 17 at 24 percent, or 166,554 people. The smallest age group is 18 to 24 at approximately nine percent of the population.

Figure 2: Jackson County Population Growth and Age Profile
**Gender Characteristics**
The population of Jackson County, Missouri is 52 percent female and 48 percent male. Presently, 39 percent of the total female population is of child-bearing ages.

**Ethnicity**
The majority of the Jackson County, Missouri population is White/Hispanic (62.6 percent), followed by Black Non-Hispanic (23 percent), Hispanic (9.1 percent), Asian and Pacific Islander (2.1 percent) and all others (3.2 percent).

**Education**
In Jackson County, almost 90 percent of the population over 25 years of age has a high school diploma or higher. Of that group, 66.8 percent have some college, a professional, associate’s, or bachelor’s degree or higher.

**Figure 3: Jackson County population by ethnicity**

**Figure 4: Jackson County population by education level**
**Employment**

About 62 percent of the Jackson County population above 16 years of age were employed in 2017. About four percent of the population was unemployed. The remaining 34 percent of the population aged 16 years or above is considered to be out of the labor force.

**Figure 5: Jackson County household income**

![Household Income Chart]

Source: Truven Health Analytics, 2017 Dataset

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C. Health Status of the Population

**Leading Causes of Death**

In order to assess health outcomes in a community, it is important to identify the leading causes of death in the defined population. Examining the most common causes of death also helps develop programs and treatment options that can best address the needs of the population. The table below lists the top 10 causes of death for Jackson County residents from 2005 – 2015.

**Figure 6: Leading Causes of Death for Jackson County Residents (2005 – 2015)**

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Number of Events</th>
<th>Age-Adjusted Rate</th>
<th>Higher or Lower than State Rate?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Disease</td>
<td>1,087</td>
<td>824.98</td>
<td>Lower</td>
</tr>
<tr>
<td>All Cancers (Malignant Neoplasms)</td>
<td>950</td>
<td>184.47</td>
<td>Higher</td>
</tr>
<tr>
<td>All Injuries and Poisonings</td>
<td>269</td>
<td>47.61</td>
<td>Higher</td>
</tr>
<tr>
<td>Chronic Lower Respiratory Disease</td>
<td>250</td>
<td>52.48</td>
<td>Not Significant</td>
</tr>
<tr>
<td>Stroke/Other Cerebrovascular Disease</td>
<td>217</td>
<td>43.99</td>
<td>Not Significant</td>
</tr>
<tr>
<td>Total Unintentional Injuries</td>
<td>167</td>
<td>28.83</td>
<td>Lower</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>98</td>
<td>19.65</td>
<td>Higher</td>
</tr>
<tr>
<td>Kidney Disease (Nephritis and Nephrosis)</td>
<td>95</td>
<td>19.57</td>
<td>Higher</td>
</tr>
<tr>
<td>Suicide</td>
<td>78</td>
<td>14.37</td>
<td>Not Significant</td>
</tr>
<tr>
<td>Septicemia</td>
<td>70</td>
<td>14.00</td>
<td>Higher</td>
</tr>
</tbody>
</table>

Source: Missouri Department of Health and Senior Services, Missouri Resident Death – Leading Causes Profile
**Premature Death Rate**
The below table shows the premature death rate for Jackson County, state of Missouri, and top U.S. performing counties in this measure (10th percentile). Premature death rates reflect years of potential life lost before age 75 per 100,000 population. This mortality measure focuses on the reasons for premature mortality in the defined population and avoids focusing on causes of death related to aging. Jackson County has a premature death rate that is higher than the state of Missouri and significantly higher than top U.S. performing counties. This measure shows that the health of the population in Jackson County is inferior compared to other Missouri counties and to top performing counties in the U.S.

![Figure 7: Premature Death Rate (2014 – 2016)](source: countyhealthrankings.org)

**Leading Causes of Hospitalization**
Analyzing the leading causes of hospitalization in Jackson County is helpful in understanding the primary reasons that patients in this population seek acute care. The below table shows the top 10 primary diagnoses for hospitalization for Jackson County residents from 2005 – 2015.

![Figure 8: Inpatient Hospitalization Indicators (2005 – 2015)](source: Missouri Department of Health and Senior Services, Missouri Resident Inpatient Hospitalization Profiles)

<table>
<thead>
<tr>
<th>Cause of Hospitalization</th>
<th>Number of Events</th>
<th>Age Adjusted Rate</th>
<th>Higher or Lower than State Rate?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart and Circulation</td>
<td>13,661</td>
<td>183.57</td>
<td>Higher</td>
</tr>
<tr>
<td>Pregnancy/Childbirth/Reproduction</td>
<td>10,348</td>
<td>153.70</td>
<td>Higher</td>
</tr>
<tr>
<td>Mental Disorders</td>
<td>9,218</td>
<td>138.26</td>
<td>Not Significant</td>
</tr>
<tr>
<td>Digestive System</td>
<td>8,759</td>
<td>122.51</td>
<td>Higher</td>
</tr>
<tr>
<td>Respiratory (Throat and Lung)</td>
<td>8,703</td>
<td>119.21</td>
<td>Higher</td>
</tr>
<tr>
<td>Injury and Poisoning</td>
<td>7,567</td>
<td>105.21</td>
<td>Higher</td>
</tr>
<tr>
<td>Bone/Connective Tissue/Muscle</td>
<td>4,985</td>
<td>66.15</td>
<td>Not Significant</td>
</tr>
<tr>
<td>Infection</td>
<td>4,096</td>
<td>56.04</td>
<td>Higher</td>
</tr>
<tr>
<td>Kidneys/Bladders/Genitalia</td>
<td>4,069</td>
<td>56.45</td>
<td>Higher</td>
</tr>
<tr>
<td>Nutrition/Endocrine/Metabolic/Immunity</td>
<td>3,425</td>
<td>47.66</td>
<td>Higher</td>
</tr>
</tbody>
</table>

Source: Missouri Department of Health and Senior Services, Missouri Resident Inpatient Hospitalization Profiles
**Heart Disease**

Heart disease is the leading cause of death in Jackson County. It is also the leading cause of death for both men and women in the United States. According to the Centers for Disease Control and Prevention, 610,000 people die of heart disease in the United States each year, accounting for 1 in 4 deaths. High blood pressure, high cholesterol, and smoking are key risk factors for heart disease and about half of Americans have at least one of these risk factors.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Jackson County</th>
<th>Missouri</th>
<th>Top U.S. Performers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor or Fair Health</td>
<td>17%</td>
<td>19%</td>
<td>12%</td>
</tr>
<tr>
<td>Poor Physical Health Days</td>
<td>4.1</td>
<td>4.2</td>
<td>3.0</td>
</tr>
<tr>
<td>Poor Mental Health Days</td>
<td>4.4</td>
<td>4.4</td>
<td>3.1</td>
</tr>
<tr>
<td>Low Birth Weight</td>
<td>9%</td>
<td>8%</td>
<td>6%</td>
</tr>
</tbody>
</table>

**Morbidity**

Measures of morbidity can be used to measure and assess the quality of life of individuals within a defined community. Morbidity measures provide insight into how individuals’ health status impacts their 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. Lastly, low birth weight is an important morbidity measure to consider because it is indicative of maternal exposure to health risks, the current and future morbidity of the infant, and risk of premature mortality. Jackson County is in line with other counties in Missouri for these morbidity measures, but well behind the top U.S. performing counties in all of these indicators.

**Cancer**

Following heart disease, cancer is the second leading cause of death in the community that SLE serves. As the second leading cause of death in the United States, cancer is estimated to claim over 600,000 Americans lives in 2018. Lung cancer makes up the highest percentage of deaths from cancer in Jackson County followed by breast cancer and colorectal cancer.

**Figure 9: Morbidity Measures (2016)**

**Figure 10: Heart Disease in Jackson County (2005 – 2015)**

**Source:** Missouri Department of Health and Senior Services, Missouri Resident Heart Disease Profile

**Source:** countyhealthrankings.org
Diabetes is the seventh leading cause of death in Jackson County. As of 2018, the CDC estimates that this chronic disease impacts more than 30 million people in the United States. An additional 84 million Americans are estimated to have prediabetes, in which blood sugar levels are higher than normal, but not high enough to be diagnosed as diabetes. Diabetes can lead to serious health problems, such as heart disease, adult-onset blindness, and kidney disease. The number of adults who have been diagnosed with diabetes has tripled over the last 20 years.

Many individuals with diabetes are unaware they have the disease. As a result, diabetic screening is important for disease management and treatment. Regularly monitoring diabetes can help individuals avoid poor health outcomes and premature mortality. The below table measures the percent of diabetic Medicare patients whose blood sugar control was screened last year, which is considered the standard of care for diabetes.
**Stroke**

Stroke is the fifth leading cause of death in the SLE community and the fifth leading cause of death in the United States. Almost 800,000 Americans suffer from a stroke each year. Strokes are a leading cause of long-term disability and reduces mobility in more than half of stroke survivors over the age of 65.

**Health Risk Factors**

**Obesity**

It is important to consider the prevalence of obesity in populations because obesity increases the risk of many other health conditions, including Type 2 diabetes, cancer, hypertension, heart disease, stroke, and more. Decreasing the rate of obesity in adult and pediatric populations can have a profound impact on the health of communities. One-third of adults in Jackson County are considered obese, which is higher than the percentage of obese adults in Missouri and top performing US counties.
Behavioral Health

Behavioral health disorders are common in the United States, as one in six U.S. adults live with a mental illness. Although tens of millions of American have a mental illness, only about half receive treatment. Behavioral health encompasses a variety of disorders including autism, attention deficit hyperactivity disorder (ADHD), bipolar disorder, eating disorders, obsessive-compulsive disorder, and more. Behavioral and physical health are related, and individuals with mental health disorders often have coexisting conditions. It is important to manage and treat mental illness so that individuals can function at their highest level and contribute to the overall benefit of communities.

Health Behaviors

It is important to consider the behaviors of a population in order to understand and assess the overall health of communities. Human behaviors have a direct impact on health outcomes. Therefore, individuals with unhealthy behaviors are at increased risk of developing other health problems. A large amount of preventable deaths are attributed to risky behaviors such as smoking, unhealthy diets, and risky sexual behavior.

Figure 16: Behavioral Health

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Jackson County</th>
<th>Missouri</th>
<th>Top U.S. Performers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor Mental Health Days (2016)</td>
<td>4.4</td>
<td>3.1</td>
<td>4.4</td>
</tr>
<tr>
<td>(per 30 days)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Providers (2017)</td>
<td>460.1</td>
<td>590.1</td>
<td>330.1</td>
</tr>
</tbody>
</table>

Source: countyhealthrankings.org

Figure 18: Health Behaviors

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Jackson County</th>
<th>Missouri</th>
<th>Top U.S. Performers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Smoking (2016)</td>
<td>20%</td>
<td>22%</td>
<td>14%</td>
</tr>
<tr>
<td>Food Environment Index (2015)</td>
<td>6.8</td>
<td>6.7</td>
<td>8.6</td>
</tr>
<tr>
<td>(out of 10)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Inactivity (2014)</td>
<td>23%</td>
<td>20%</td>
<td>26%</td>
</tr>
<tr>
<td>(adults reporting no leisure physical activity)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexually transmitted Infections (2015)</td>
<td>769</td>
<td>477</td>
<td>145</td>
</tr>
<tr>
<td>(Chlamydia – per 100,000 population)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teen Pregnancy Rate (2010-2016)</td>
<td>39</td>
<td>30</td>
<td>15</td>
</tr>
<tr>
<td>(per 1,000 15-19-year-old females)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: countyhealthrankings.org
**Substance Abuse**

An estimated 22 million Americans struggle with substance abuse of alcohol or drugs. Substance abuse can have major impacts on individuals, families, and communities. The effects of alcohol and drug abuse can lead to other physical and mental health problems including STDs, HIV/AIDS, domestic violence, child abuse, crime, homicide, suicide, and more. Excessive drinking is a risk factor for a number of adverse health outcomes including hypertension, acute myocardial infarction, unintended pregnancy, fetal alcohol syndrome, interpersonal violence, motor vehicle crashes, and more.

**Figure 18: Substance Abuse**

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Jackson County</th>
<th>Missouri</th>
<th>Top U.S. Performers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excessive Drinking (2016) (% of adults who report binge drinking in last 30 days)</td>
<td>20%</td>
<td>19%</td>
<td>13%</td>
</tr>
<tr>
<td>Alcohol Impaired Driving Deaths (2012-2016) (% of driving deaths alcohol related)</td>
<td>37%</td>
<td>39%</td>
<td>30%</td>
</tr>
</tbody>
</table>

Source: countyhealthrankings.org

**Access to Care**

**Insurance Coverage**

It is important to consider the rate of uninsured individuals in our designated community. Lack of insurance is a primary barrier in access to care and is a notable contributor to poor health status and financial insecurity. The United States has an uninsured rate of 8.6 percent.

**Figure 19: Total Civilian Non-Institutionalized Population without Health Insurance Coverage**

<table>
<thead>
<tr>
<th>Area</th>
<th>Total Population</th>
<th>Total Uninsured Population</th>
<th>Percent Uninsured Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jackson County</td>
<td>684,792</td>
<td>71,304</td>
<td>10.4%</td>
</tr>
<tr>
<td>Missouri</td>
<td>5,977,199</td>
<td>531,923</td>
<td>8.9%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2016 Community Survey 1-Year Estimates

**Figure 20: Percentage of Population Under Age 65 Without Health Insurance, 2015**

Source: countyhealthrankings.org
**Access to Providers**
The following ratios represent the number of individuals served, in 2015, by one provider in a county, if the population was equally distributed across physicians.

- The ratio of population to primary care physicians in Jackson County was 1,300:1. The overall ratio in Missouri was 1,420:1.
- The ratio of population to dentists in Jackson County was 1,220:1. The overall ratio in Missouri was 1,810:1.
- The ratio of population to mental health providers in Jackson County was 460:1. The overall ratio in Missouri was 590:1.

These ratios of health care provider per person continue to be some of the lowest in the region, making access to care easier for Jackson County residents.

**Social Determinants of Health**

**Education**
The education level of the population is important to consider because it leads to better incomes, jobs, and housing. In 2017, around 89.1 percent of Jackson county residents had a high school degree or higher. This was better than the national average, which is 86.7 percent. However, Jackson County fell below the national average when it came to those pursuing higher education.

**Environmental Quality**
Air quality, water, energy sources, and climate impact peoples’ health. According to the Environmental Protection Agency, those who live in Jackson County close to downtown Kansas City suffer from impaired water sources. These impairments can be caused from chemical contaminants, physical conditions, or biological contaminants. These different sources impair the water, which these residents drink.

**Housing**
The condition, age, and value of housing in Jackson County gives insight into the community needs for these populations. The following 2012 – 2016 data from the American Community Survey for Jackson County exposes some of the health risks and needs of this population.

- In Jackson County, 17.8 percent of houses were built before 1940. People who reside in housing which was built before 1940 become exposed to lead paint, lead plumbing, old wiring, and asbestos. The age and materials used in those houses present clear health risks to that population.
- Median house value in Jackson County was $127,400.

These ratios of health care provider per person continue to be some of the lowest in the region, making access to care easier for Jackson County residents.

**D. Benchmark Data**

*Healthy People* was launched in December 2010 by the Department of Health & Human Services to provide science-based, 10-year national objectives for improving the health of all Americans. Healthy People 2020 has four overarching goals:

- Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups.
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development, and healthy behaviors across all life stages.

Healthy People 2020 contains over 1,200 objectives that are organized into 42 topic areas. Additionally, a smaller set of objectives, called Leading Health Indicators are used to identify high-priority health issues and assess the health of the nation. The Leading Health Indicators for Jackson County, Missouri are tracked through KC Health Matters and are listed below along with their comparison to national targets and whether that target was met.
Figure 21: Health People 2020

Health Category
Access to Health Services

<table>
<thead>
<tr>
<th>Category</th>
<th>Definition</th>
<th>National Baseline</th>
<th>National Target</th>
<th>Jackson County</th>
<th>Target Met?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults with Health Insurance</td>
<td>% of adults aged 18-64 that have any type of health insurance</td>
<td>85.50%</td>
<td>100.00%</td>
<td>85.50%</td>
<td>X</td>
</tr>
<tr>
<td>Children with health insurance</td>
<td>% of children ages 0-17 that have any type of health insurance</td>
<td>95.50%</td>
<td>100.00%</td>
<td>94.30%</td>
<td>X</td>
</tr>
</tbody>
</table>

Cancer

<table>
<thead>
<tr>
<th>Category</th>
<th>Definition</th>
<th>National Baseline</th>
<th>National Target</th>
<th>Jackson County</th>
<th>Target Met?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age-Adjusted Death Rate due to Breast Cancer</td>
<td>deaths/100,000 females</td>
<td>21.2</td>
<td>29.7</td>
<td>24.9</td>
<td>X</td>
</tr>
<tr>
<td>Age-Adjusted Death Rate due to Cancer</td>
<td>deaths/100,000</td>
<td>166.1</td>
<td>161.4</td>
<td>186.1</td>
<td>X</td>
</tr>
<tr>
<td>Age-Adjusted Death Rate due to Colorectal Cancer</td>
<td>deaths/100,000</td>
<td>14.8</td>
<td>14.5</td>
<td>15.8</td>
<td>X</td>
</tr>
<tr>
<td>Age-Adjusted Death Rate due to Lung Cancer</td>
<td>deaths/100,000</td>
<td>44.7</td>
<td>45.5</td>
<td>53.8</td>
<td>X</td>
</tr>
<tr>
<td>Age-Adjusted Death Rate due to Prostate Cancer</td>
<td>deaths/100,000 males</td>
<td>20.1</td>
<td>21.8</td>
<td>20.6</td>
<td>X</td>
</tr>
<tr>
<td>Cervical Cancer Incidence Rate</td>
<td>cases/100,000 females</td>
<td>7.5</td>
<td>7.3</td>
<td>9.2</td>
<td>X</td>
</tr>
<tr>
<td>Colorectal Cancer Incidence Rate</td>
<td>cases/100,000</td>
<td>39.8</td>
<td>39.9</td>
<td>40.5</td>
<td>X</td>
</tr>
<tr>
<td>Pap Test In Past 3 Years</td>
<td>% of women aged 18 and over who have had a Pap smear in the past 3 years</td>
<td>75.20%</td>
<td>93.00%</td>
<td>75.40%</td>
<td>X</td>
</tr>
</tbody>
</table>

Exercise, Nutrition, & Weight

<table>
<thead>
<tr>
<th>Category</th>
<th>Definition</th>
<th>National Baseline</th>
<th>National Target</th>
<th>Jackson County</th>
<th>Target Met?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults 20+ who are Sedentary</td>
<td>% of adults (20+) who did not participate in leisure activities during the past month</td>
<td>N/A</td>
<td>32.60%</td>
<td>23.40%</td>
<td>✓</td>
</tr>
<tr>
<td>Adults who are Obese</td>
<td>% of adults aged 18 and older who are obese according to Body Mass Index</td>
<td>29.90%</td>
<td>30.50%</td>
<td>28.30%</td>
<td>✓</td>
</tr>
</tbody>
</table>

Heart Disease & Stroke

<table>
<thead>
<tr>
<th>Category</th>
<th>Definition</th>
<th>National Baseline</th>
<th>National Target</th>
<th>Jackson County</th>
<th>Target Met?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age-Adjusted Death Rate due to Stroke</td>
<td>deaths/100,000</td>
<td>37.00%</td>
<td>34.8</td>
<td>41</td>
<td>X</td>
</tr>
<tr>
<td>High Blood Pressure Prevalence</td>
<td>% of adults who have been told they have high blood pressure</td>
<td>30.90%</td>
<td>26.90%</td>
<td>32.40%</td>
<td>X</td>
</tr>
</tbody>
</table>

Maternal, Fetal, & Infant Health

<table>
<thead>
<tr>
<th>Category</th>
<th>Definition</th>
<th>National Baseline</th>
<th>National Target</th>
<th>Jackson County</th>
<th>Target Met?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Babies with Low Birth Weight</td>
<td>% of births in which the newborn weighed less than 2500 grams</td>
<td>8.00%</td>
<td>7.80%</td>
<td>9.20%</td>
<td>X</td>
</tr>
<tr>
<td>Infant Mortality Rate</td>
<td>deaths per 1000 live births</td>
<td>6.00%</td>
<td>6.00%</td>
<td>7.20%</td>
<td>X</td>
</tr>
<tr>
<td>Mothers who Received Early Prenatal Care</td>
<td>% of births to mothers who began prenatal care in the first trimester</td>
<td>74.50%</td>
<td>77.90%</td>
<td>65.10%</td>
<td>X</td>
</tr>
<tr>
<td>Mothers who Smoked During Pregnancy</td>
<td>% of births that were to mothers who smoked/used tobacco during pregnancy</td>
<td>8.40%</td>
<td>1.40%</td>
<td>14.10%</td>
<td>X</td>
</tr>
<tr>
<td>Preterm Births</td>
<td>% of births with less than 37 weeks of completed gestation</td>
<td>9.60%</td>
<td>9.40%</td>
<td>9.90%</td>
<td>X</td>
</tr>
</tbody>
</table>

Mental Health & Mental Disorders

<table>
<thead>
<tr>
<th>Category</th>
<th>Definition</th>
<th>National Baseline</th>
<th>National Target</th>
<th>Jackson County</th>
<th>Target Met?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age-Adjusted Death Rate due to Suicide</td>
<td>deaths/100,000</td>
<td>12.80%</td>
<td>10.20%</td>
<td>16.80%</td>
<td>X</td>
</tr>
</tbody>
</table>
Section III: Summary of Findings

Identified Need: Behavioral Health

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. Research from the National Institute of Mental Health has shown that individuals who are diagnosed with a severe mental illness die 13 – 30 years earlier than the average population from medical problems that could have been solved by a primary care provider.

Prevalence
Within Jackson County, Missouri behavioral health continues to be an issue. According to 2017 Hospital Industry Data Institute information, the top 20 inpatient discharges for Jackson County residents included three behavioral health related diagnoses. Healthy People 2020 set a national target for the age adjusted death rate relating to suicide at 10.20 percent, however Jackson County was at 16.80 percent from 2011 to 2015.

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 over 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.

Several communities of Jackson County, Missouri identified alcohol and drug abuse as a major health concern. These health concerns were identified by residents, which means there is a growing concern from the community regarding this issue. Also, Healthy People 2020 set a national target for the number of adults who currently smoke cigarettes at 12.00 percent, however 20.5 percent of Jackson County residents reported smoking cigarettes in 2016.

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 lack of access to behavioral health care affects the biomedical needs of the Jackson County Community as well.
Identified Need: Maternal Health

Overview
Both primary and secondary data sources reported a need for improved maternal health outcomes. According to the Centers for Disease Control and Prevention, about one in 10 infants in the United States is born preterm. Jackson County is on par with this statistic with 9.9 percent of births being preterm. When a baby is born before 37 weeks, or preterm, this can cause a multitude of issues for both mother and infant.

Prevalence
According to Missouri Department of Health and Senior Services from 2010 to 2014, 65.1 percent of Jackson County mothers received early prenatal care. This is far behind the state and national statistics of 75.1 and 77.9 percent, respectively. Access to prenatal care improves health outcomes for both mother and infant. The percentage of infants who do not make it to their first birthday was also behind state and national levels. From 2002 to 2012, Jackson County infant mortality rate was at 7.7 deaths per 1,000 live births, while the state of Missouri was at 7.3 deaths per 1,000 live births. Jackson County and Missouri were well behind the national rate of 6.0 deaths per 1,000 live births. These statistics stress the need for improved maternal health initiatives. According to 2017 Hospital Industry Data Institute information, the top inpatient discharge for Jackson County residents involved vaginal delivery, with caesarian delivery following close behind. With a large number of deliveries there is room for improving health outcomes involving maternal and fetal health.

An important factor that impacts maternal health is the percentage of mothers who smoke or use tobacco during their pregnancy. In 2014, Jackson County reported that 14.1 percent of mothers who reported smoking during pregnancy. While this percentage was lower than the Missouri percentage of 16.6 percent, Jackson County was far behind the national value of 8.8 percent. None of the five Healthy People 2020 goals relating to maternal, fetal, and infant health were met in Jackson County. In Eastern Jackson County, Missouri, the rate of mothers who have gained 45 pounds or more is 21.37 cases per 100, which is higher than the Missouri average of 20.24 (Source: Jackson County Health Department). Gaining excess weight during pregnancy can cause multiple complications for delivery and impact the health of the infant.

Impact
Infant Mortality – Infant mortality is one of the most widely used indicators of the overall health status of a community. The leading causes of death among infants are birth defects, pre-term delivery, low birth weights, sudden infant death syndrome, and maternal complications during pregnancy.

Low Birth Weight – Babies who are born with low birth weights are more likely to encounter health problems and require specialized medical care. Low birth weight is caused by premature birth and fetal growth restriction, which is influenced by a mother’s health and genetics. It is important for mothers to seek prenatal care, take prenatal vitamins, stop smoking, drinking alcohol, and using drugs to prevent low birth weight babies.
Available Resources

- Jackson County Health Department
- Mother & Child Health Coalition
- Planned Parenthood
- Rachel House Pregnancy Resource Centers
- Truman Medical Centers Lakewood
- Lyft
- MoDOT
- OATS Transit
- Taxi services- Yellow Cab Company of Kansas City
- Uber

Identified Need: Transportation

Overview

There is a need for better transportation in the Jackson County service area, specifically transportation for patients to health care appointments and facilities. Improving health is difficult if the patient does not have access to any transportation, which makes this topic a key component in addressing overall health for patients in Jackson County, Missouri.

Prevalence

While there is little data on this topic it has become a growing concern regarding overall patient health. A lack of transportation is often a bigger issue in rural communities as there are even fewer options of transit for medical services. SLE serves a mix of both urban and rural populations. The Jackson County Health Department reports that only 30 percent of Eastern Jackson County residents were satisfied with public transportation in 2017. In 2016, there were over 26,000 households without a motor vehicle. This makes public transportation vital for receiving timely medical care for those vulnerable households.

Impact

If residents do not have access to transportation, then they lack reliable access to health care. Patients may forgo receiving health care services in a timely manner, which can result in lower health outcomes and higher expenses for care when health issues are exacerbated due to lack of care. The rate of poverty in Jackson County continues to be higher than Missouri and the United States average. These higher levels of poverty affect the ability of Jackson County residents to secure safe and affordable transportation. While there are some services that strive to fill the gap in public transportation, there are several limitations such as limited availability during evenings, weekends, or emergency basis, and limited access to residents who reside in more rural areas of Jackson County.

Available Resources

- Lyft
- MoDOT
- OATS Transit
- Taxi services- Yellow Cab Company of Kansas City
- Uber
Identified Need: Chronic Disease Management

Overview
Both primary and secondary data sources revealed a need for better management of specific chronic diseases in Jackson County. Primary and secondary data consistently emphasized a need to provide additional treatments for heart disease, diabetes, and obesity.

2016 research data from the Centers for Disease Control and Prevention shows over 10 percent of adults have been diagnosed with heart disease in the U.S. and it is also a leading cause of death. Additionally, 20 percent of youth are considered obese, which can drastically increase the risk of heart disease, cancer, diabetes and many other health conditions. Diabetic patients are at risk for health complications like kidney failure, stroke, and heart disease as well.

Prevalence
Chronic diseases have continuously been a nationwide problem for the United States. Half of the adults in the U.S. have at least one chronic health condition. The overall prevalence of chronic diseases remains high despite the attention surrounding the need. Heart disease was the leading cause of death in the Jackson County area and continues to climb in the Kansas City-metropolitan area. In 2017, this rate was higher than all forms of cancer for the entire population in the area and had increased since 2016. Not only was heart disease a problem, but Jackson County was experiencing higher death rates and hospitalizations for diabetes related illnesses. The average rate of death for issues tied to diabetes was higher than the state average of Missouri and the national average.

According to the Mid-America Regional Council, in 2017, there were approximately 187 deaths per 100,000 in the Jackson County area due to heart disease and a rate of 176 per 100,000 dying of cancer (see table below). There were approximately 24 diabetes related deaths per 10,000 population in Jackson County, Missouri versus the State average of 22 deaths.

Impact
According to the Centers for Disease Control and Prevention (CDC), as a nation we spend 86 percent of our health care dollars on the treatment of chronic conditions. These conditions lead to preventable deaths, lifelong disability, compromised quality of life, and increased health care costs. According to a 2009 study, estimated medical costs of obesity alone are as high as $147 billion every year. Heart disease is estimated to cost the U.S. $108.9 billion in health care services, medications, and lost productivity. Medical costs for people with diabetes are on average twice as high as for people without diabetes, and their risk of death is 50 percent higher.

Several risk factors directly cause or lead to much of the chronic disease burden in the U.S., including high blood pressure, tobacco use, physical inactivity, excessive alcohol use, and poor diet. Strategies and interventions targeting these risk factors can prevent or lessen chronic disease. Education and awareness, preventive services, and disease management resources are necessary to help meet community needs associated with chronic conditions.
Available Resources
• American Heart Association
• American Diabetes Association
• Jackson County Health Department
• YMCA of Greater Kansas City
• Community Health Fairs- Vesper Hall Health Fair
• MetroCARE
• National Kidney Foundation
• Tobacco 21

Section IV: Appendices

Appendix A: Key Contributors
(Interviews conducted from January – May 2018)

Hospital Leadership
Chief Executive Officer – Ron Baker, FACHE, CMPE
Chief Nursing Officer – Susie Krug, BSN, RN, MHA

Public Health Collaborations
Jackson County Health Department

Community Partner Contributors
Health Education Advisory Board
Lee’s Summit CARES
Mid-America Regional Council (MARC)
Patient & Family Advisory Council
Truman Medical Center - Lakewood
Truman Heartland Community Foundation
Lee’s Summit School District

<table>
<thead>
<tr>
<th>Represents Public Health</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Represents Medically Underserved Populations</td>
<td>X</td>
</tr>
<tr>
<td>Represents Low Income Populations</td>
<td>X</td>
</tr>
<tr>
<td>Represents Populations with Chronic Disease Needs</td>
<td>X</td>
</tr>
<tr>
<td>Represents Minority Populations</td>
<td>X</td>
</tr>
</tbody>
</table>
Interview Summaries

Hospital Leadership

Ron Baker, Chief Executive Officer
Attendees: Ron Baker, Jackie McCullough, Jessica Conway, Sareen Patel, Trenton Stringer, Susie Krug

Ron Baker has served as the Chief Executive Officer for Saint Luke’s East Hospital since 2012. Prior to his current role, Ron spent more than 20 years in health care management positions including CEO of Cushing Memorial Hospital and Director of Operations for Saint Luke’s Medical Group. Ron earned a master of health administration degree from Washington University School of Medicine, and a bachelor of arts in business degree from University of Kansas. Ron is a fellow of the American College of Healthcare Executives and serves on multiple boards in the Jackson County, Missouri community.

Susie Krug, Chief Nursing Officer
Attendees: Susie Krug, Jackie McCullough, Jessica Conway, Sareen Patel, Trenton Stringer, Ron Baker

Susie Krug has served as the Clinical Director of Patient Care Service for Saint Luke’s East Hospital since 2013, and currently serves as Chief Nursing Officer. Susie earned a master of healthcare administration from Webster University, and a bachelor of science in nursing from Minnesota State University.

Public Health Collaborations

Jackson County Health Department
Attendees: Ray Dlugolecki, Health Promotion Department Manager and Olivia Chapman, Public Health Analyst; Jackie McCullough, Jessica Conway, Sareen Patel, Trenton Stringer

The Jackson County Health Department supports a mission to provide public health services for disease prevention, health promotion, and protection of the environment for Jackson County residents. Since its inception in 1925, the Jackson County Health Department has collaborated with the community to provide health education, data analysis, policy and programming initiatives, disease surveillance and response, immunizations, family planning, vital records, and emergency preparedness.

Community Partners

Health Education Advisory Board
Attendees: Dr. Edwin Kraemer, Chairperson; Jessica Conway

The Health Education Advisory Board was established in 2001 as one of the key performance areas identified in the Lee’s Summit 21st Century Strategic Plan. The advisory board is appointed by the Mayor of Lee’s Summit with the advice and consent of the majority of the City Council. The board is comprised of 12 volunteer members who serve three-year terms. The mission of the board is to assess health issues in the community and identify ways to address identified needs.

Lee’s Summit CARES
Attendees: Monica Meeks, Program Coordinator; Jessica Conway, Jackie McCullough

Lee’s Summit CARES was established in 1985 as a nonprofit community coalition to address the health and safety for children, youth, and families living in the Lee’s Summit area. Lee’s Summit CARES focuses on providing services to prevent youth substance abuse and violence, empower positive parenting, and promote exemplary character.

Mid-America Regional Council
Attendees: Marlene Nagel, Director of Community Development; Jackie McCullough

The Mid-America Regional Council (MARC) is a nonprofit association of city and county governments and metropolitan planning organization for the bi-state Kansas City region. MARC is funded by federal, state and private grants, local contributions, and earned income. The mission of MARC is to promote regional cooperation and develop innovative solutions. The wide range of MARC programs focus on community, data and economy, emergency services, environment, government, regional planning, and transportation.
Patient & Family Advisory Council
Attendees: Meeting minutes provided by Heather Adams, Patient Experience Coordinator at Saint Luke’s East Hospital

The Patient & Family Advisory Council is for patients and families to share thoughts about their experiences at Saint Luke’s East Hospital. The council is comprised of current and former patients and family members who work together in an advisory role to collaborate with Saint Luke’s East Hospital and provide feedback. The feedback is used to improve identified areas of need, enhance patient care experience, and promote quality.

Truman Heartland Community Foundation
Attendees: Liz Mclure, Donor Relations Advisor; Sareen Patel

Truman Heartland Community Foundation (THCF) is known in Eastern Jackson County, Missouri, and surrounding communities as a leader in philanthropy. THCF is a public charity committed to improving area communities by promoting and serving private giving for the public good. The foundation was founded in 1982 and currently serves the region with assets of more than $45 million and annual grants surpassing $3 million. The initiatives of THFC help donors set up their own family donations, scholarship funds, field of interest funds, endowment funds, charitable gift annuities, and many other charitable vehicles. The foundation also awards community grants, assists organizations in planned giving, and serves as a community leader in addressing community issues.

Lee’s Summit School District
Attendees: Kelly Welch, Tim Van Zandt

The Lee’s Summit R-7 School District serves parts of Lee’s Summit, Kansas City, Missouri, rural eastern Jackson County and the entirety of Unity Village, Greenwood, Lake Winnebago, and Lake Lotawana in the State of Missouri.

Appendix 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 SLE’s community health needs. The focus of the targeted stakeholder interviews 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 are 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 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.
## Appendix C: Evaluation of Impact

Saint Luke's East’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 Implementation Plan with their completion status listed. Even though some of the identified needs changed for 2018, all 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 to determine the effectiveness of each program to better guide our community-based programs.

<table>
<thead>
<tr>
<th>Milestone / Sub-Activity</th>
<th>Description</th>
<th>Status</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Management of Specific Prevalent Chronic Diseases</td>
<td>Complete</td>
<td>On-Going</td>
</tr>
<tr>
<td></td>
<td>- Saint Luke's East Hospital provides cardiovascular care to address a broad range of heart conditions and diseases. Cardiovascular services at Saint Luke's East Hospital include: Prevention.</td>
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<tr>
<td></td>
<td>- Saint Luke's East offers community members access to a CardiacScout. This CT scan reveals calcium plaque buildup in arteries, which left untreated could lead to a heart attack.</td>
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<tr>
<td></td>
<td>- Diagnosis: The comprehensive array of imaging modalities at Saint Luke's East includes ultrasound, SPECT, CT, and cardiac PET. This helps clinicians provide the right test for the right patient at the right time, resulting in improved diagnoses and the most appropriate treatment.</td>
<td></td>
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<tr>
<td></td>
<td>- Treatment: The cardiovascular team at Saint Luke's Eastperforms a full spectrum of cardiovascular interventions, including percutaneous transluminal coronary intervention (angioplasty) and catheter-based procedures.</td>
<td></td>
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</tr>
<tr>
<td>1.2</td>
<td>Saint Luke's East recently implemented an Athletic Heart Clinic for high school students. In collaboration with the Saint Luke's East Foundation and the Emma Anderson Foundation, the clinic screens students for potentially life-threatening conditions.</td>
<td>Complete</td>
<td>On-Going</td>
</tr>
<tr>
<td>1.3</td>
<td>Saint Luke's East continues to support the American Heart Association (AHA) in its efforts to build healthier hearts free of cardiovascular diseases and stroke. The hospital will continue to support AHA in local community efforts including the Red for Women and the Heart Walk.</td>
<td>Complete</td>
<td>On-Going</td>
</tr>
<tr>
<td>1.4</td>
<td>Additionally, Saint Luke's East Hospital's Diabetes Center:</td>
<td>Complete</td>
<td>On-Going</td>
</tr>
<tr>
<td></td>
<td>- It is recognized by the American Diabetes Association.</td>
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<td></td>
<td>- Provides interactive teaching and care management for different types of diabetes.</td>
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<td></td>
<td>- Features nurses and dietitians who are highly experienced in managing complex diabetes cases.</td>
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<td></td>
<td>- Offers hands-on education and teaching for long-term diabetes management.</td>
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<tr>
<td></td>
<td>- Hosts monthly diabetes support group meetings for patients and loved ones.</td>
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<tr>
<td>1.5</td>
<td>Saint Luke's East Hospital will continue promoting healthy nutrition and weight status in the community by offering educational opportunities by means of events, classes, and dietitians on and off campus.</td>
<td>Complete</td>
<td>On-Going</td>
</tr>
<tr>
<td>1.6</td>
<td>Saint Luke's East Hospital will work to promote health and reduce the prevalence of overweight and obese individuals through increased physical activity, and through the application of strategies related to combating heart disease and diabetes resulting in achievement and maintenance of healthy body weight.</td>
<td>Complete</td>
<td>On-Going</td>
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<tr>
<td></td>
<td>- Saint Luke's East hospital will continue to offer nutritional support and support to community members through a partnership with the LetsSummer Farmers Market. Healthy cooking demonstrations will be offered to the public along with access to a registered dietician.</td>
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<td></td>
<td>- Saint Luke's East Hospital will support a Health Enhancement Coordinator who will continue to work with local businesses to offer health and wellness initiatives.</td>
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<tr>
<td>2.1</td>
<td>Improved Behavioral Health Services:</td>
<td>Complete</td>
<td>On-Going</td>
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<td>The mental health team utilized by Saint Luke's Health System has the training and expertise to address issues such as:</td>
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<td></td>
<td>- Depression</td>
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<td>- Stress</td>
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<td>- Life transitions</td>
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<td></td>
<td>- Family problems</td>
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<td></td>
<td>- Grief</td>
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<td></td>
<td>- Grief/loss</td>
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<td></td>
<td>- Mental illness</td>
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<td></td>
<td>- Trauma-related issues</td>
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<td></td>
<td>- Anxiety</td>
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<td></td>
<td>- Alcohol/pain</td>
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<td></td>
<td>- Dual-diagnosis treatment</td>
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<td>2.2</td>
<td>Saint Luke’s East Hospital will continue to work with community partners such as:</td>
<td>Complete</td>
<td>On-Going</td>
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<tr>
<td></td>
<td>- Cleftlake Children's Center</td>
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<td>- Red, Yellow, and Blue Summit Care</td>
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<td></td>
<td>- Community Health Needs of community members.</td>
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Appendix D: Prioritization Scorecard

The project team used the following criteria to prioritize a list of the top 15 health concerns most prevalent in the stakeholder interviews and secondary data analysis:

1. Magnitude/Severity
   - What is the prevalence and current magnitude of the problem in the community?
2. Ability to Impact
   - What is the likelihood of being able to improve or address the concern?
3. Existing Interventions
   - Are there existing interventions in the community that are addressing this concern?
4. Resources
   - Are there existing resources (funds, workforce, and organizations) to aid in addressing this concern?
5. Measurable
   - Can this concern be measured and tracked?

Each health concern was ranked on the above five criteria by a scale of 1 – 5 (1 represents a low rank or low ability and 5 represents a high rank or high ability). The points were added for each health concern. The concerns receiving the most points were chosen as the identified needs for the SLE service area. These needs ranked higher in severity, higher in likelihood to have an impact, higher in lack of existing interventions, higher in available resources, and higher in measurability.
Appendix E: Board Approval Date

The 2018 Community Health Needs Assessment was approved by Saint Luke’s East’s Board of Directors on October 25, 2018. This Community Health Needs Assessment specifies community health needs that Saint Luke’s East 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.

Appendix F: Primary Data Material

Template Interview Questionnaire

Background Questions
1. Give us a brief overview of the organization’s mission.
2. What are some issues that you face?
3. As an organization, what do you think you are doing well? For example, types of services, resources provided, etc.

Community Need Section
1. What are the top health needs in the community? For example: obesity
2. What do you think are the most important factors to address related to the health needs you just mentioned?

Challenges Section
1. If there have been issues meeting needs, what factor could be attributable to the problem? For example, bureaucratic red tape, lack of resources, poor coordination amongst community partners, etc.
2. What is the number one issue you would address today if barriers and financials didn’t play a role?

Resources Section
1. What resources are available or seem unavailable to address the above needs? For example, nutrition programs for patients and providers.
2. Has there been any noticeable trends with regard to specific resources used by members of the community to treat their health care needs?
3. Do you believe that there are enough resources to cater to the health care needs of the community?
4. How successful have recent interventions/programs been in addressing your community’s needs?

Relationships Section
1. Who are some of your strongest community allies/partners?
2. What community interest groups are invested in your organization’s activities?
3. What type of education do you provide patients to utilize current programs?
4. What other community stakeholders do you recommend that we speak with?

Appendix G: Secondary Data Analysis

- Centers for Disease Control and Prevention
- County Health Rankings and Roadmaps
- Data USA
- Eastern Jackson County Community Health Needs Assessment 2017
- Federal Reserve Economic Data (FRED) Economic Research
- Healthy People 2020, KC Health Matters
- Hospital Industry Data Institute
- Jackson County Health Department
- Jackson County, Missouri Official Site
- Kaiser Family Foundation
- Kids Count Data Center
- Lee’s Summit CARES
- Mid-America Regional Council
- Missouri Department of Health and Senior Services
- National Institute of Mental Health
- Truven Health Analytics, Year 2017
Appendix H: Available Resources

American Heart Association
6800 93rd Street
Overland Park, KS 66211
(913) 648-6727
https://www.heart.org/HEARTORG/

Blue Springs School District
1801 NW Vesper
Blue Springs, MO 64015
(816) 224-1300
https://www.bssd.net/

Community Health Fairs- Vesper Hall Health Fair
https://www.bluespringsgov.com/1233/Vesper-Hall-Health-Fair-Breakfast

Comprehensive Mental Health Services, Inc
17844 East 23rd Street
Independence, MO 64057
(816) 254-3652
https://thecmhs.com/locations/

Independence Health Department
515 S. Liberty
Independence, MO 65050
(816) 325-7182
http://www.ci.independence.mo.us

Independence School District
201 N Forest Ave
Independence, MO 64050
(816) 521-5678
https://www.isdschools.org/

Jackson County Health Department
313 S. Liberty Street
Independence, MO 64050
(816) 404-6416
https://www.jacohd.org/

Kansas City Health Department
2400 Troost Avenue
Kansas City, MO 64108
(816) 513-6008
http://kcmo.gov/health/

Lee’s Summit Cares
901 NE Independence Ave
Lee’s Summit, MO 64086
(816) 347-3298
http://www.lscares.org/index.html

Lee’s Summit Parks & Recreation
220 SE Green St.
Lee’s Summit, MO 64063
(816) 969-1500
http://cityoffs.net/Parks

Lee’s Summit School District
301 NE Tudor Road
Lee’s Summit, MO 64086
(816) 986-1000
http://www.lsr7.org/

Lyft
https://www.lyft.com/cities/kansas-city-mo

MetroCARE
(816) 880-6700
https://www.metrocarekc.org/

Missouri Department of Transportation
600 NE Colbern Road
Lee’s Summit, MO 64086
(816) 622-6500
http://www.modot.org/kansascity/

Mother and Child Health Coalition
1734 E. 63rd Street- Suite 301
Kansas City, MO 64110
(816) 283-6242
https://mchc.net/

National Kidney Foundation
6405 Metcalf Avenue- Suite 204
Overland Park, KS 66202
(913) 262-1551

OATS Transit
Western Region
2109 Plaza Drive
Harrisonville, MO 64701
(816) 380-7433
https://www.oatstransit.org/jackson

Planned Parenthood
1001 Emanuel Cleaver II Blvd
Kansas City, MO 64110
(816) 756-2277

Rachel House Pregnancy Resource Centers
1240 NE Windsor Drive
Lee’s Summit, MO 64086
(816) 921-5050
https://rachelhouse.org/locations/

RedDiscover Mental Health
1555 NE Rice Road
Lee’s Summit, MO 64086
(816) 966-0900
http://www.rediscoversmh.org/

Taxi Services (Yellow Cab Company of Kansas City)
1300 Lydia
Kansas City, MO 64106
(816) 471-5000
http://www.kansas-city-taxi.com/

Two Rivers Psychiatric Hospital
5121 Raytown Road
Kansas City, MO 64133
(816) 382-6300
https://wwwtworivershospital.com/

Truman Medical Center
2301 Holmes
Kansas City, MO 64108
(816) 404-1000
http://www.trumed.org/

Truman Medical Centers Lakewood
7900 Lee’s Summit Road
Kansas City, MO 64139
(816) 404-7000
http://www.lakewoodhospitalkc.org/

Two Rivers Psychiatric Hospital
5121 Raytown Road
Kansas City, MO 64133
(816) 382-6300
https://www.tworivershospital.com/

The Saint Luke’s East Hospital
CHNA was conducted in consultation with University of Kansas Medical Center Master’s in Health Services Administration students: Jaclyn McCullough, Jessica Conway, Sareen Patel, and Silvia Gulick, who completed this CHNA as part of their capstone project. Trenton Stringer, Program Manager, Community health Initiatives, Saint Luke’s Health System, oversaw the team of students.
Bibliography


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