



2018

Saint Luke's Community Health Needs Assessment

 **Saint Luke's**
HOSPITAL OF KANSAS CITY

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Section I: Executive Summary

A. Introduction

About Saint Luke's Hospital of Kansas City

Saint Luke's Hospital of Kansas City (SLH) is one of the largest faith-based care hospitals in the region. This 471-bed, tertiary hospital offers a network of more than 600 physicians representing more than 60 medical specialties. SLH has been recognized by U.S. News & World Report as one of the elite hospitals in the nation. SLH is ranked in four specialties for 2017-18 and honored as high performing in an additional four specialties, placing SLH among the top 5 percent of hospitals nationwide. SLH is the pillar hospital of the Saint Luke's Health System.

Advanced and innovative specialties at Saint Luke's Hospital of Kansas City include:

- The nation's first heart hospital – **Saint Luke's Mid America Heart Institute**
- The only top 15 adult heart transplant center in the Midwest – **The Heart Transplant Program**
- The region's only precision oncology program for advanced cancers – **Saint Luke's Cancer Institute**
- The only dedicated neuroscience hospital in Kansas City – **Saint Luke's Marion Bloch Neuroscience Institute**
- **The Midwest Ear Institute** – offering advanced cochlear implant technology
- A **Comprehensive Stroke Center** – treating more than 1,600 patients each year
- A **Level 4 Comprehensive Epilepsy Center**
- A **Level IIIb Neonatal Intensive Care Unit (NICU)**

About Saint Luke's Health System

Saint Luke's Health System is Kansas City's only locally-owned, not-for-profit health system. For 107 years, Saint Luke's was comprised of just one health care facility. Today, the system now includes 14 hospitals and campuses across the Kansas City region, home care and hospice, behavioral health care, dozens of physician practices, a life care senior living community, and more.

Mission

Saint Luke's Health System is a faith-based, not-for-profit, aligned health system committed to the highest levels of excellence in providing health care and health-related services in a caring environment. We are dedicated 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

Community Health Needs Assessment Objectives

Like all 501(c)(3) tax-exempt hospitals, Saint Luke's Hospital of Kansas City (SLH) is required by the Patient Protection and Affordable Care Act (PPACA) to conduct a Community Health Needs Assessment (CHNA) at least every three years. This report provides a comprehensive look into the health status of SLH's defined community. A separate implementation strategy to address each identified need will follow the written community assessment report.

SLH conducted their first CHNA in 2012 and second report in 2015. For the first time, this year's report will include the health needs of Crittenton Children's Center.

Community Health Needs Assessment Summary

Understanding and creating a healthier community requires collaboration and input from community stakeholders. Through data research and key conversations in the Kansas City community, this CHNA pulls together community findings and identifies the top health priorities to help improve community health over the next three years for Saint Luke's Hospital of Kansas City's defined community.

Community Health Needs for Saint Luke's Hospital of Kansas City

A wide array of primary and secondary data was collected to identify five community health need priorities for SLH's defined community.

- Priority 1: Access to Care
- Priority 2: Behavioral Health
- Priority 3: Diabetes
- Priority 4: Congestive Heart Failure
- Priority 5: Hypertension/High Blood Pressure

Community Health Needs for Crittenton

A wide array of primary and secondary data was collected to identify two community health need priorities for Crittenton's defined community.

- Priority 1: Family Engagement
- Priority 2: Gap in Behavioral Health Access

Section II: Methodology

Assessment Methodology

To compile the CHNA and identify community health needs for SLH, primary and secondary data were collected and analyzed. The CHNA team conducted multiple interviews with SLH and Crittenton leadership and community stakeholders to better understand the defined community and their health needs. Secondary data was pulled from various hospital and community sources to further understand and analyze the impact of each need identified.

The needs and health issues identified in the report are reflective of the population served by SLH, including the uninsured, low-income, and minority populations.

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 on the entire 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 for both Jackson County, Missouri, and the whole state of Missouri, to provide scope as it relates to the broader community. The most up-to-date health indicators and health needs data available was collected and analyzed for key populations.

Secondary Data Sources

- Hospital Industry Data Institute (HIDI)
- Missouri Department of Health & Senior Services
- Kansas Department of Health and Environment
- County Health Rankings
- Centers for Disease Control and Prevention
- Greater Kansas City Coalition to End Homelessness
- American Community Survey (ACS)
- KC Health Matters
- Mid-America Regional Council

Benchmark Data Sources

- U.S. Department of Health & Human Services: Healthy People 2020

Community Analysis

A. Defining the Community

Geography

SLH is located in the middle of Kansas City, Missouri,

and near the boundary between Kansas City, Missouri and Kansas City, Kansas. For the purposes of this CHNA, SLH's community is defined as 37 zip codes in Kansas City, Missouri and North East Johnson County, Kansas (see figure 1). The majority of this area is located in Jackson County, Missouri.

Figure 1: SLH's Defined Community

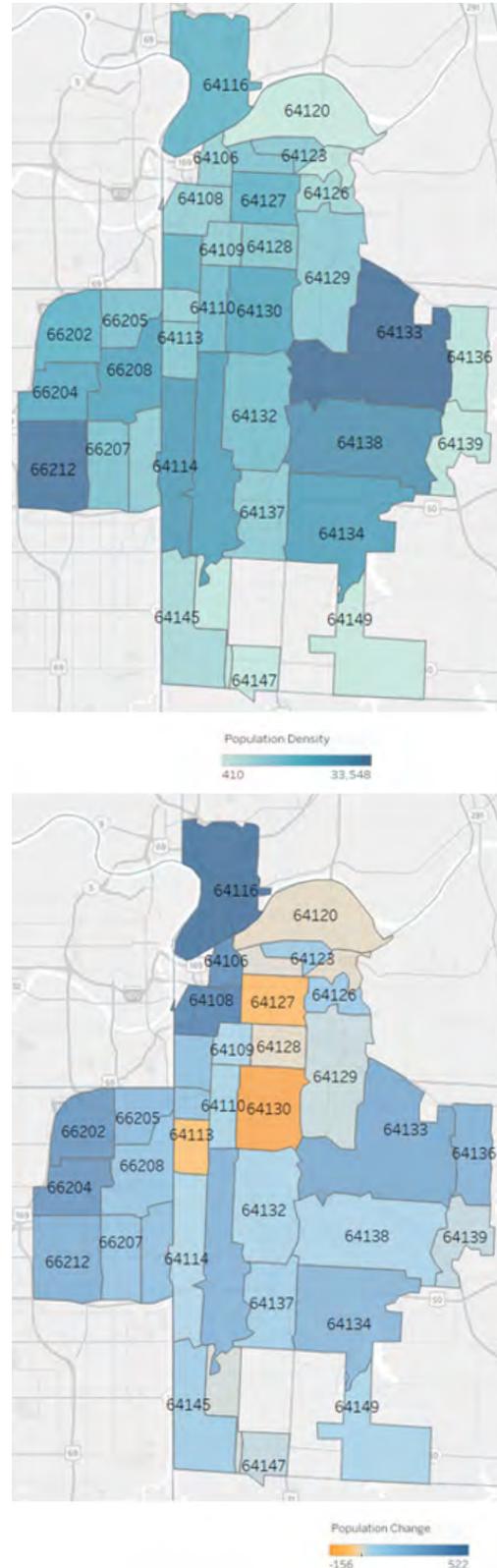


Figure 2: Community Zip Codes

Region	Zip Codes
Kansas	66202, 66204, 66205, 66206, 66207, 66208, 66212
Missouri	64106, 64108, 64109, 64110, 64111, 64112, 64113, 64114, 64116, 64120, 64123, 64124, 64125, 64126, 64127, 64128, 64129, 64130, 64131, 64132, 64133, 64134, 64136, 64137, 64138, 64139, 64145, 64146, 64147, 64149

B. Population Demographics

Demographic Characteristics

Population Distribution

The population of the defined area was 470,688 in 2017 and estimated to be 475,178 in 2022. The largest segment of the population is in the 35 – 54 age group. This age group accounts for 25.3 percent of the total population, or 119,273

individuals. The largest expected increase in population for the year 2022 is in the 65 and older age group with an expected increase of 10,349 individuals.

Figure 3: Age distribution

Age Group	2017	% of Total	2022	% of Total	USA 2017 % of Total
0-14	89,615	19.0%	89,898	18.9%	18.8%
15-17	16,519	3.5%	18,010	3.8%	3.9%
18-24	38,530	8.2%	38,543	8.1%	9.8%
25-34	73,471	15.6%	63,014	13.3%	13.4%
35-54	119,273	25.3%	124,577	26.2%	25.7%
55-64	60,556	12.9%	58,063	12.2%	12.9%
65+	72,724	15.5%	83,073	17.5%	15.5%
Total	470,688	100.0%	475,178	100.0%	100.0%

Source: HID

Household Income Distribution

There are 207,433 households included in the income measurements. The largest section of the distribution is the \$25,000 – 50,000 range at 25.5 percent of total households

counted, or 52,952 households. The second largest section is \$100,000 and more at 19.3 percent, or 40,008 households.

Figure 4: Household income

2017 Household Income	Household Count	% of Total	USA % of Total
<\$15K	32,168	15.5%	11.8%
\$15-25K	24,024	11.6%	10.1%
\$25-50K	52,952	25.5%	22.9%
\$50-75K	35,974	17.3%	17.4%
\$75-100K	22,307	10.8%	12.1%
Over \$100K	40,008	19.3%	25.7%
Total	207,433	100.0%	100.0%

Source: HID

Gender Distribution

Females make up 51.8 percent of the defined population, as they did in the 2015 CHNA. As of 2022, the expected percentage of females to males will drop from 51.7 percent to 48.3 percent. It will be important to watch the expected

decrease in females of childbearing age (15 – 44). That group is expected to decline in population by 1.5 percent from 2017 to 2022.

Figure 5: Gender distribution

Gender Distribution	2017	2022	% Change
Total Male Population	227,047	229,763	1.2%
Total Female Population	243,641	245,415	0.7%
Females, Child Bearing Age (15 – 44)	96,530	95,124	-1.5%

Social and Economic Factors

Poverty

Poverty is a key driver of health status. The poverty rate in Jackson County, Missouri has trended slightly downward over the past year, from 17.9 percent to 17.2 percent, which is higher than the national average of 14.7 percent. Wyandotte County is the only other county in the Kansas City metro area to have a higher poverty rate.

The largest demographic living in poverty is females age 25 – 34, followed by females age 18 – 24. The most common racial or ethnic group living in poverty is White, followed by Black or African American and Hispanic or Latino.

In Johnson County, Kansas, the rate has trended downward from 6.2 percent to 6.0 percent.

Figure 6: Percentage of people whose income in the past 12 months is below the poverty level, 2014 – 2016

Year	Johnson County	Kansas	Jackson County	Missouri
2016	6.0%	13.3%	17.2%	15.3%
2015	6.2%	13.6%	17.9%	15.6%
2014	6.5%	13.8%	17.5%	15.6%

Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

Children in Poverty

This indicator reports the percentage of children ages 0 – 17 living in Jackson and Johnson Counties with income below 100 percent of the Federal Poverty Level (FPL).

Figure 7: Children aged 0 – 17 with income below 100 percent FPL, 2016

Area	Total Population	Population Under Age 18	Population Under Age 18 in Poverty	Percent Population Under Age 18 in Poverty
Johnson County	566,366	143,308	10,164	7.09%
Kansas	2,816,191	710,859	122,480	17.23%
Jackson County	672,363	161,351	41,790	25.9%
Missouri	5,876,366	1,364,095	287,824	21.1%

Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

Unemployment

The unemployment rate in Jackson County, Missouri has steadily declined since 2012. The 2017 unemployment rate is 4.4 percent. This is the lowest unemployment rate in Jackson County, Missouri since 2000, when the unemployment rate

was at 3.7 percent. Unemployment is important to consider because financial instability creates barriers to access, which contributes to poor health status.

Source: U.S. Bureau of Labor Statistics, Federal Reserve Bank of St. Louis

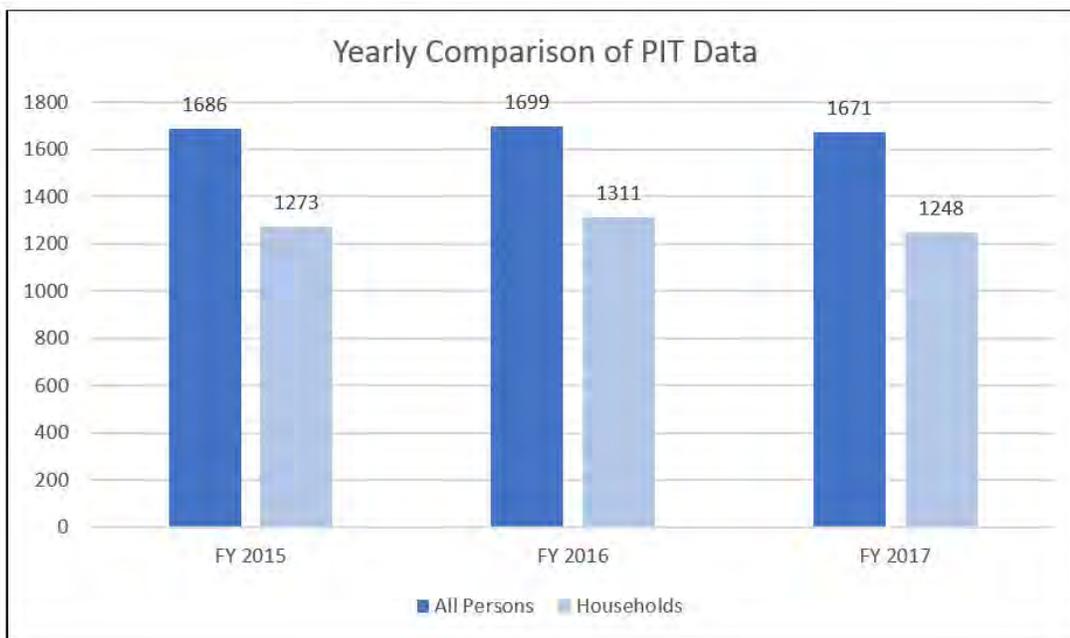
Homelessness

Homelessness, as defined by the U.S. Department of Housing and Urban Development (HUD), is people sleeping in an emergency shelter, transitional housing, or places not meant for human habitation. It includes people who have had unstable housing for more than 60 days and people fleeing domestic violence who have no other residence. People who are losing their primary nighttime residence, which may include a motel or hotel, within 14 days and lack resources to remain in housing are also considered homeless.

In FY2017, Point in Time data showed Jackson County, Missouri, and Wyandotte County, Kansas, to have 1,671 persons and 1,248 households experiencing homelessness. These numbers have stayed fairly consistent over the past three years, but there are an encouraging drop in FY2017. There were 63 fewer households and 28 fewer persons considered homeless from FY2016 to FY2017.

Homelessness and housing instability are connected to the well-being of the community. Housing stability is an essential foundation of achieving better health outcomes.

Figure 8: Total households and homeless persons in Jackson County, Missouri, and Wyandotte County, Kansas



Source: Greater Kansas City Coalition to End Homelessness

Homelessness by Age

In FY2017, 70 percent of homeless persons were over the age 24, followed by 22 percent under age 18, and 8 percent between ages 18 – 24.

Figure 9: Total homeless persons by age group

Total	2015	2016	2017
# of Persons (adults & children)	1,686	1,699	1,671
# of Children (under age 18)	413	398	371
# of Persons (18 – 24)	111	132	17
# of Persons (over age 24)	1,162	1,169	1,163

Source: Greater Kansas City Coalition to End Homelessness, 2017

C. Health Status of the Population

Health Indicators

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, Missouri residents from 2005 – 2015.

Figure 10: Leading causes of death for Jackson County, Missouri residents (2005 – 2015)

Cause of Death	Number of Events	Age-Adjusted Rate	Higher or Lower than State Rate?
Heart Disease	1,087	824.98	Lower
All Cancers (Malignant Neoplasms)	950	184.47	Higher
All Injuries and Poisonings	269	47.61	Higher
Chronic Lower Respiratory Disease	260	52.48	Not Significant
Stroke/Other Cerebrovascular Disease	217	43.99	Not Significant
Total Unintentional Injuries	167	28.83	Lower
Diabetes Mellitus	98	19.65	Higher
Kidney Disease (Nephritis and Nephrosis)	95	19.57	Higher
Suicide	78	14.37	Not Significant
Septicemia	70	14.00	Higher

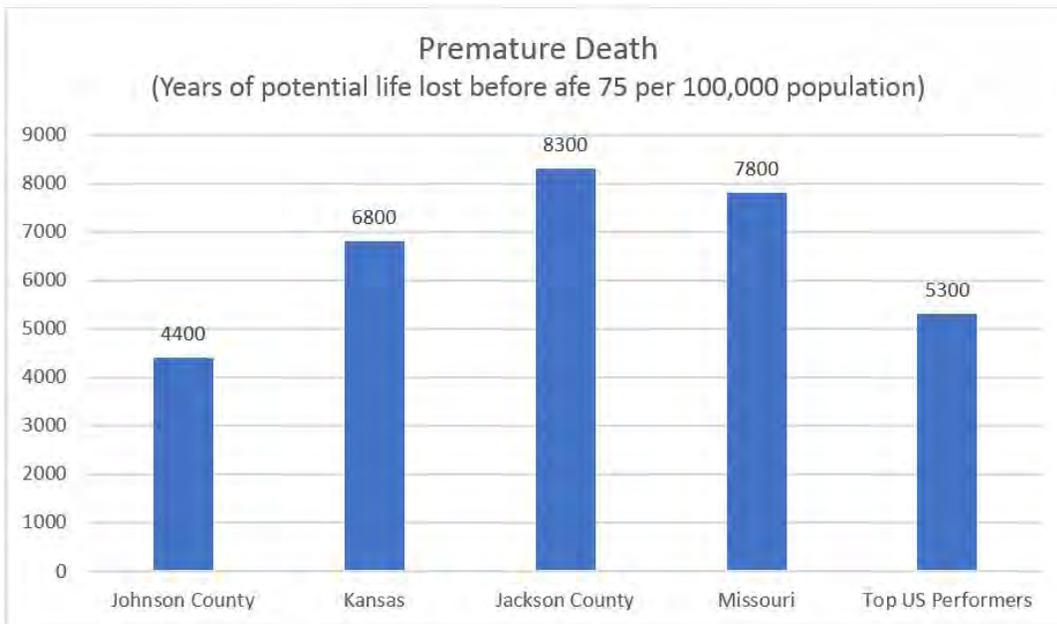
Source: Missouri Department of Health & Senior Services, Missouri Resident Death - Leading Causes Profile

Premature Death Rate

The below table shows the premature death rate for Jackson County, Missouri, and Johnson County, Kansas. It also shows Kansas and Missouri along with the 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, Missouri has a premature death rate that is higher than the state of Missouri and significantly higher than top U.S. performing counties. Johnson County, Kansas has a premature death rate that is lower than the state of Kansas and lower than the top U.S. performing counties. This measure shows that the health of the population in Jackson County, Missouri is inferior compared to other Missouri counties and to top performing counties in the U.S.

Figure 11: Premature death rate 2014 – 2016



Source: County Health Ranking, 2018

Leading Causes of Hospitalization

Analyzing the leading causes of hospitalization in Jackson County, Missouri 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, Missouri from 2005 – 2015.

Figure 12: Inpatient hospitalization indicators (2005 – 2015)

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

Source: Missouri Department of Health & Senior Services, Missouri Resident Inpatient Hospitalization Profiles

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 affects 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, Missouri is fairly in line with other counties in Missouri for these morbidity measures, but well behind the top U.S. performing counties in most of these indicators. In all four morbidity measures, Johnson County, Kansas is in line or better than the top US performing counties.

Figure 13: Morbidity measures

Indicator	Johnson County	Kansas	Jackson County	Missouri	Top US Performers
Poor or Fair Health	9%	15%	17%	19%	12%
Poor Physical Health Days	2.3	3.1	4.1	4.2	3.0
Poor Mental Health Days	2.7	3.3	4.4	4.4	3.1
Low Birth Weight	6%	7%	9%	8%	6%

Source: County Health Rankings, 2018

Heart Disease

Heart disease is the leading cause of death in Jackson County, Missouri. 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 U.S. each year, accounting for one in four 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.

Figure 14: Heart disease in Jackson County, Missouri (2005 – 2015)

Heart Disease	Number of Events	Age-Adjusted Rate	Higher or Lower than State Rate?
Hospital Admissions	44,533	122.80	Higher
Emergency Room Visits	62,050	18.10	Higher
Deaths	14,580	184.55	Lower

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

Cancer

Following heart disease, cancer is the second leading cause of death in the community that SLH serves. As the second leading cause of death in the United States, cancer claims the lives of over half a million Americans each year. Lung cancer

makes up the highest percentage of deaths from cancer in Jackson County, Missouri, followed by breast cancer and colorectal cancer.

Figure 15: Deaths from cancer in Jackson County, Missouri (2005 – 2015)

Cancer	Number of Events	Age-Adjusted Rate	Higher or Lower than State Rate?
All Cancers	14,885	189.56	Higher
Lung Cancer	4,382	44.99	Not Significant
Breast Cancer	1,142	14.53	Higher
Colorectal Cancer	1,324	16.85	Not Significant

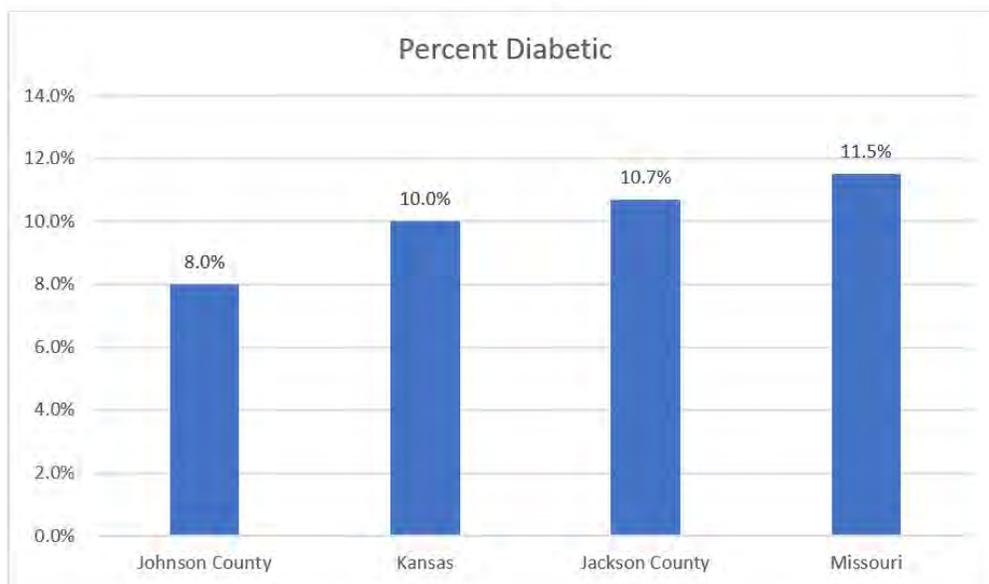
Source: Missouri Department of Health & Senior Services, Missouri Resident Death - Leading Causes Profile

Diabetes

Diabetes is the seventh leading cause of death in Jackson County, Missouri. This chronic disease affects more than 30 million people in the United States. An additional 84 million Americans 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. As more Americans have aged and become more overweight or obese, the number of adults who are diagnosed with diabetes has tripled over the last 20 years.

Figure 16: Percent of adults with diabetes

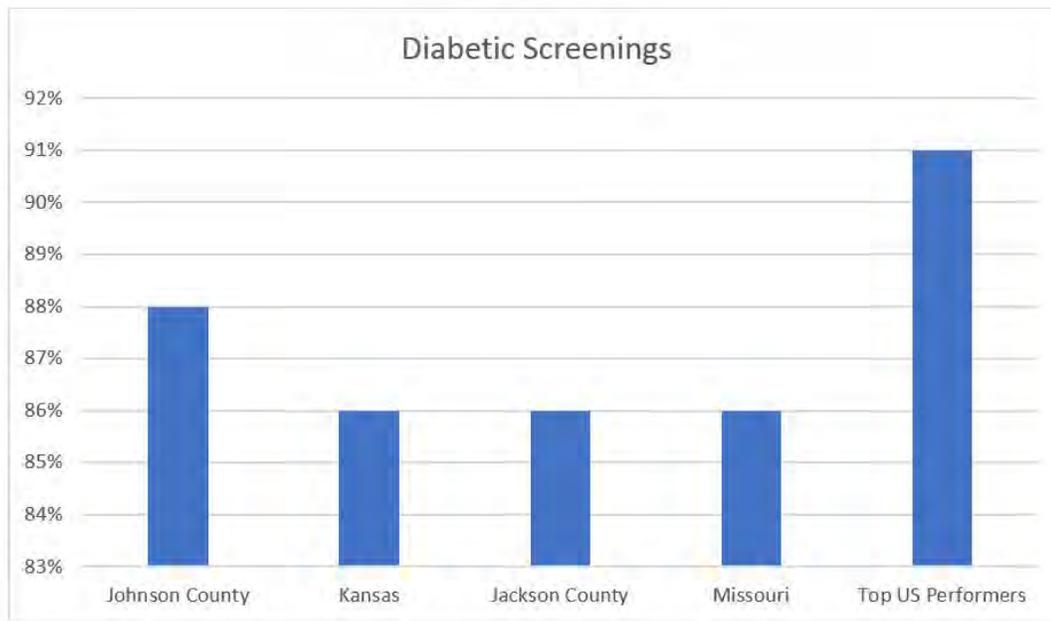


Source: Missouri Department of Health & Senior Services, Missouri Resident Diabetes Profile, 2018

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.

Figure 17: Diabetic screening



Source: County Health Rankings, 2018

Stroke

Stroke is the fifth leading cause of death in the United States and for the SLH community. 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.

Figure 18: Stroke in Jackson County, Missouri (2005 – 2015)

Stroke	Number of Events	Age-Adjusted Rate	Higher or Lower than State Rate?
Hospital Admissions	10,336	28.49	Not Significant
Emergency Room Visits	2,324	0.77	Lower
Deaths	3,402	43.55	Lower

Source: Missouri Department of Health & Senior Services, Missouri Resident Stroke Profile

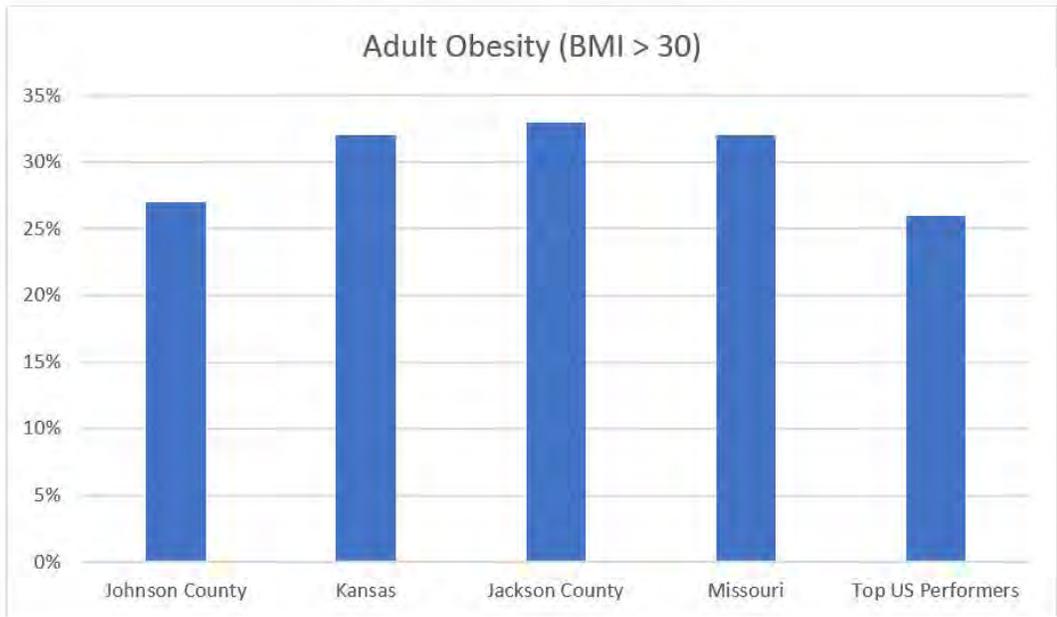
Health Risk Factors

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, Missouri are considered obese, which is higher than the percentage of obese adults in Missouri and top performing U.S. counties. The percent of adults who are considered obese in Johnson County, Kansas is below the state of Kansas average and in line with the top performing U.S. counties.

Figure 19: Percent of adults with obesity



Source: County Health Rankings, 2018

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.

Figure 20: Behavioral health

Risk Factor	Johnson County	Kansas	Jackson County	Missouri	Top US Performers
Poor Mental Health Days (per 30 days)	2.7	3.3	4.4	4.4	3.1
Mental Health Providers	470:1	560:1	460:1	590:1	330:1

Source: County Health Rankings, 2018

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 21: Health behaviors

Risk Factor	Johnson County	Kansas	Jackson County	Missouri	Top US Performers
Adult Smoking	12%	17%	20%	22%	14%
Food Environment Index (out of 10)	8.6	7.0	6.8	6.7	8.6
Physical Inactivity (adults reporting no leisure physical activity)	18%	25%	23%	20%	26%
Sexually transmitted Infections (Chlamydia – per 100,000 population)	290.5	394.8	769	477	145
Teen Pregnancy Rate (per 1,000 15-19-year-old females)	12	30	39	30	15

Source: County Health Rankings, 2018

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 behavioral 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 22: Substance abuse

Risk Factor	Johnson County	Kansas	Jackson County	Missouri	Top US Performers
Excessive Drinking (% of adults who report binge drinking in last 30 days)	20%	17%	20%	19%	13%
Alcohol Impaired Driving Deaths (% of driving deaths alcohol related)	30%	25%	37%	39%	30%

Source: County Health Rankings, 2018

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

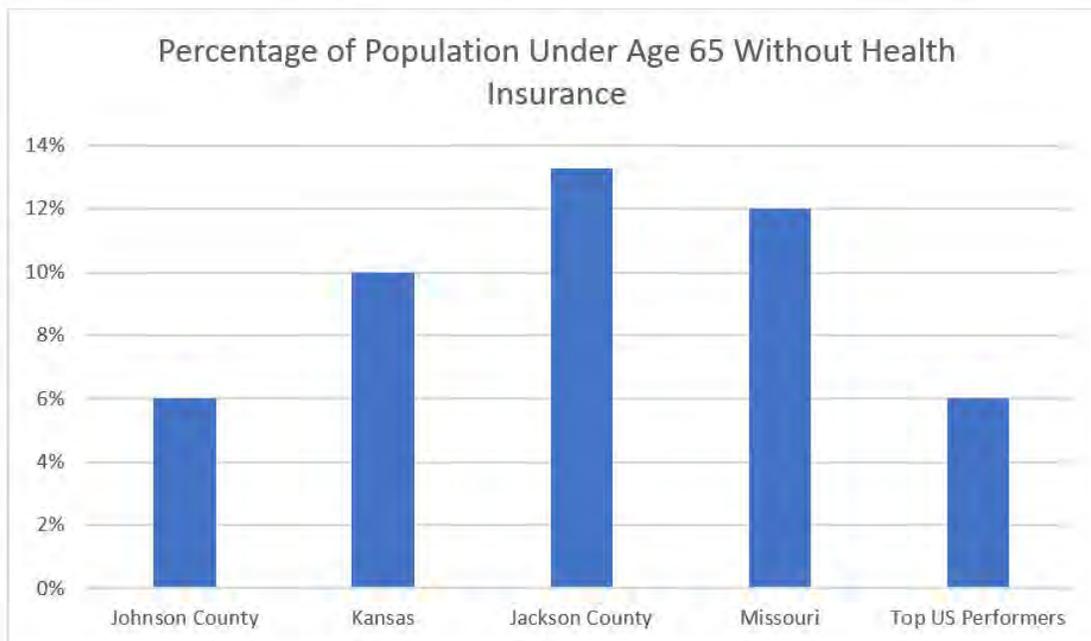
health status and financial insecurity. The United States has an uninsured rate of 8.6 percent.

Figure 23: Total civilian non-Institutionalized population without health insurance coverage

Area	Total Population	Total Uninsured Population	Percent Uninsured Population
Johnson County	568,331	37,843	6.7%
Kansas	2,839,352	297,544	10.5%
Jackson County	684,792	71,304	10.4%
Missouri	5,977,199	531,923	8.9%

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

Figure 24: Percentage of population under age 65 without health insurance



Source: County Health Rankings, 2015 Data

Access to Providers

The following ratios represent the number of individuals served by one provider in a county, if the population was equally distributed across physicians.

- The ratio of population to behavioral health providers in Jackson County, Missouri is 460:1. The overall ratio in Missouri is 590:1.

- The ratio of population to primary care physicians in Jackson County, Missouri is 1,300:1. The overall ratio in Missouri is 1,420:1.
- The ratio of population to dentists in Jackson County, Missouri is 1,220:1. The overall ratio in Missouri is 1,810:1.

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

Social Determinants of Health

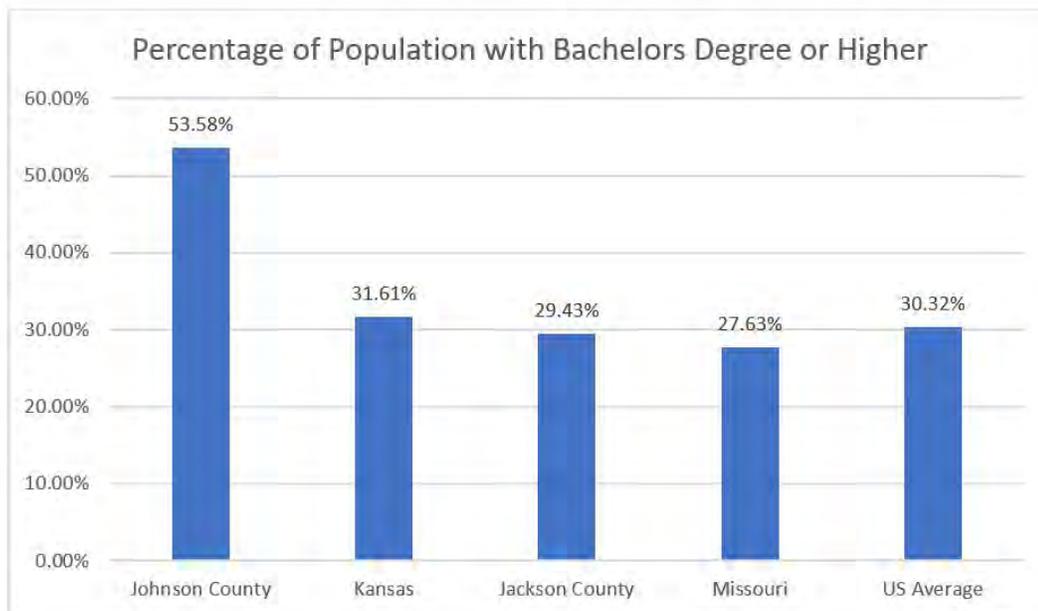
Education

The education level of the population is important to consider because it leads to better incomes, jobs, and housing.

Around 89.1 percent of Jackson County, Missouri residents have a high school degree or higher. This is better than the national average, which is 86.7 percent. For Johnson County,

Kansas, 95.75 percent have a high school diploma or higher. For higher education, Johnson County is well above the national average with 53.58 percent of the population over the age of 25 having a bachelor's degree or higher. However, Jackson County, Missouri falls below the national average of those pursuing higher education.

Figure 25: Percentage of population with bachelor's degree or higher, 2015



Source: MARC Research Health Status Data

Environmental Quality

Air quality, water, energy sources, and climate impact peoples' health. According to the Environmental Protection Agency, those who live in Jackson County, Missouri close to downtown Kansas City, Missouri 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, Missouri, and Johnson County, Kansas gives insight into the community needs for these populations. The following data from Jackson and Johnson Counties exposes some of the health risks and needs of this population.

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.

- In Jackson County 17.8 percent of houses were built before 1940. People who reside in housing which
- The median house value in Jackson County is \$127,400. The median house value in Johnson County is \$222,400.

D. National Priorities

Healthy People 2020

Healthy People 2020 is the federal government's prevention agenda for building a healthier nation. It provides 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time. The overarching goals of Healthy People 2020 are as follows:

- 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 outlines objectives, called Leading Health Indicators (LHIs). These LHIs communicate high-priority issues. For the purpose of this report, many community health status measures are compared against LHIs as benchmarks. Healthy People 2020 LHI Topics include:

- Access to Health Services
- Clinical Preventive Services

- Environmental Quality
- Injury and Violence
- Maternal, Infant, and Child Health
- Behavioral Health
- Nutrition, Physical Activity, and Obesity
- Oral Health
- Reproductive & Sexual Health
- Social Determinants
- Substance Abuse
- Tobacco

Healthy Kansans 2020

Healthy Kansans 2020 is a collaborative, strategic planning effort aimed at identifying and adopting health priorities that will improve the health of all Kansans. This builds on the nationwide health promotion and disease prevention agenda, Healthy People 2020. Healthy Kansans 2020 includes twelve health focus areas: access to health services, chronic disease, disability and health, environmental health, immunizations and infectious disease, injury prevention, lifestyle behaviors, maternal and child health, behavioral health, oral health, social determinants of health, and violence prevention.

Section III: Summary of Findings

Summary of Findings

Community Health Needs - SLH

Priority 1: Access to Care

Overview

RAND Corporation defines access to health care as the ease with which an individual can obtain needed medical services. For the purposes of this assessment, the focus of access is transportation, insurance coverage, number of providers, and access to healthy food. Transportation relates to the ability of an individual to travel to provider appointments, pharmacies, non-emergent facility visits, and other care needs. Fragmentation of public transportation creates barriers for

members of the community to receive the health care services they need. Insurance coverage is important for access because of the current design of the health care system. Third-party payers are the shield that protects patients from the true cost of their medical care. A focus of access is the number of providers in the area. There is a current shortage of primary care providers and behavioral health providers. This leads to long wait times for appointments for patients. Lack of access to healthy food is also a barrier to good health. Many individuals in the SLH community do not live within easy travel distance of a healthy food source, such as a grocery store, farmers' market, or other non-processed food source.

Prevalence

As previously stated, the uninsured rate in Jackson County, Missouri is 10.4 percent, which is 1.5 percent above the state average. The uninsured rate is an important factor in access to care. Since neither Kansas or Missouri expanded Medicaid under the Affordable Care Act, facilities have a larger uninsured population to contend with. Many of the stakeholders interviewed mentioned lack of transportation

as a key concern for the populations they serve. Another stakeholder concern that relates to access is provider shortages. Jackson County, Missouri has a better ratio of patients to providers than the rest of the state. However, this does not mean that the shortages noted by the stakeholders are not real issues, only that the issues are not as pressing in Jackson County, Missouri as they are in the rest of the state.

Impact

Both the Missouri Hospital Association and Kansas Hospital Association have set Medicaid expansion as a legislative priority; however, it is up to the legislators and the governors to enact Medicaid Expansion and this has yet to happen in either state. Uncompensated care is a large issue for

providers as well as their patients. Medical bankruptcy is a bigger issue in the United States than any other country. Access to healthy food sources affects many of the other health issues that are listed in this assessment.

Available Resources

- Artists Helping the Homeless
- Kansas City CARE Clinic
- Kansas City Health Department
- Lyft
- MetroCARE
- Mid-America Regional Council
- Missouri Department of Transportation (MoDOT)
- NourishKC
- Taxi Services - Yellow Cab Company of Kansas City
- Uber

Priority 2: Behavioral Health

Overview

Behavioral health is a term used to include both psychiatric and substance abuse disorders. Persons with behavioral health needs may suffer from either or both. Psychiatric disorders are often interchanged with the term “mental disorders,” which refers to health conditions “characterized by alterations in thinking, mood, and/or behavioral that are associated with distress and/or impaired functioning.” People with a mental disorder are more likely to experience a substance abuse disorder and people with a substance

abuse disorder are more likely to have a mental disorder when compared with the general population. While effective treatments exist, far too few people with behavioral health conditions receive the care they need. For many people with behavioral health problems, effective treatment involves a continuous combination of counseling and medication. Behavioral health and accessible behavioral health services has been described as a critical concern and pervasive need across the SLH community.

Prevalence

One in four Americans experience a mental illness or substance use disorder each year, and a majority have a comorbid physical health condition. In Jackson County, Missouri, mental illness affects over 30,000 citizens of every age, race, and income. The main risk factors for suicide are mental disorders or substance abuse disorders. Approximately 40,000 people lose their life to suicide each

year, making suicide the 10th leading cause of death in the United States. Both Kansas and Missouri have experienced higher suicide rates than the U.S. average for the past ten years (2001 – 2017). The most common psychiatric diagnoses seen in Jackson County are major depression disorder (MDD), alcohol dependence, and bipolar disorder.

Impact

Healthy People 2020 set a goal to improve behavioral health through prevention and by ensuring access to appropriate, quality behavioral health services. Mental and substance abuse disorders take a huge toll on Americans’ health, mortality, and productivity. Mental disorders are the leading

cause of lost productivity in the United States. The economic strength and livelihood of a community relies on the health of its members – and behavioral health has the greatest influence of all.

Available Resources

- Artists Helping the Homeless
- Jackson County COMBAT
- Jackson County Community Mental Health Fund
- Kansas City CARE Clinic
- National Alliance on Mental Illness of Greater Kansas City
- ReDiscover Mental Health
- reStart, Inc.
- Rose Brooks
- Swope Health Services
- Truman Medical Center Behavioral Health

Priority 3: Diabetes

Overview

Diabetes is a chronic disease that impacts the ability of the body to turn food into energy. Individuals with diabetes do not make enough insulin or are not able to use the body's insulin as well as it should. Diabetes can lead to serious

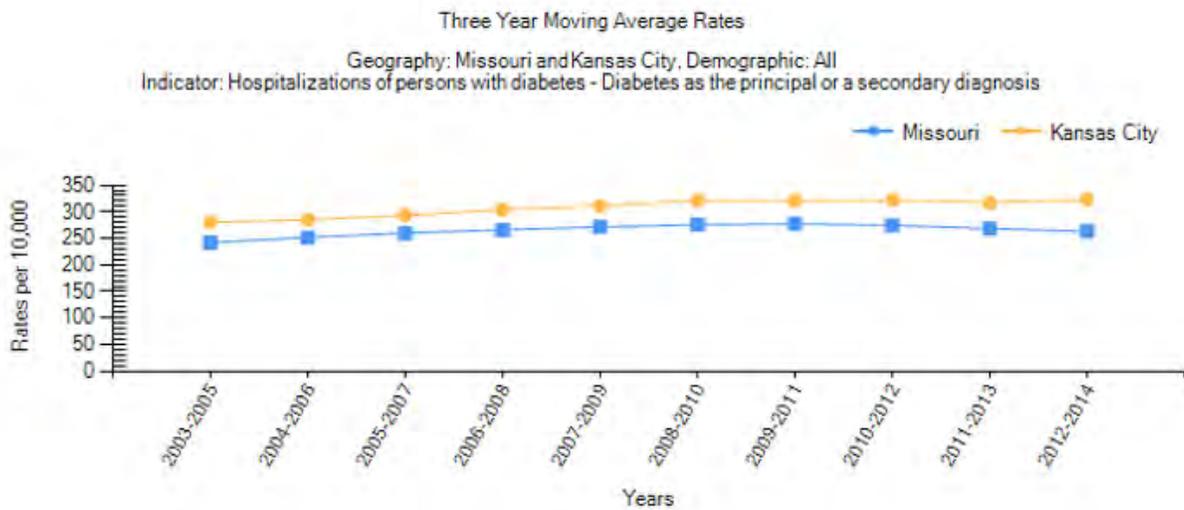
Prevalence

Over 10 percent of adults in Jackson County, Missouri have diabetes and it is the seventh most common cause of death for the county. Nationwide, 30.3 million U.S. adults live with diabetes. One in four are unaware they have diabetes, meaning many diabetic patients often go untreated for this disease. Additionally, 84.1 million adults have prediabetes,

health problems over time, including heart disease, adult-onset blindness, and kidney disease. Although there is not a cure for diabetes, management, treatment, and a healthy lifestyle can reduce the impacts of the disease.

which means their blood sugar levels are higher than normal, but not high enough to be considered diabetes. Diabetes prevalence is higher in minority and elderly populations. The table below shows that hospitalizations for persons with diabetes has been slowly increasing since 2003 – 2005.

Figure 26: Hospitalizations for diabetes, three-year moving average rates



Source: Missouri Department of Health & Senior Services

Impact

Diabetes has a profound impact on both individual and population health. Diabetics are at higher risk of developing adverse health complications including blindness, kidney failure, heart disease, stroke, and loss of lower extremities. These comorbid conditions cause adults with diabetes to have a 50 percent higher risk of death than adults without diabetes. The American Diabetes Association estimates that the total cost of diagnosed diabetes in the United States is over \$245 billion. Medical costs for adults with diabetes is more than twice as high for adults without diabetes.

A large portion of diabetic adults have Type 2 diabetes, which in most cases can be prevented. Type 2 diabetes can be prevented or delayed by losing weight, eating healthy, and being more physically active. Working with health providers to treat individuals' diabetes is another way to manage the disease and reduce its adverse impacts.

Available Resources

- American Diabetes Association
- American Diabetes Association
- Centers for Disease Control and Prevention - National Diabetes Prevention Program
- Juvenile Diabetes Research Foundation (JDRF) - Kansas City Chapter
- Kansas City Health Department
- Kansas City Public Library: Diabetes Self-Management Workshops
- NourishKC
- YMCA of Greater Kansas City

Priority 4: Congestive Heart Failure

Overview

According to the Mayo Clinic website, heart failure, also commonly known as congestive heart failure (CHF), is a disease of the cardiovascular system in which the heart is weakened or damaged and unable to properly circulate blood through the body. The disease is caused by a variety of different ailments such as acute myocardial infarction, coronary artery disease, hypertension, faulty

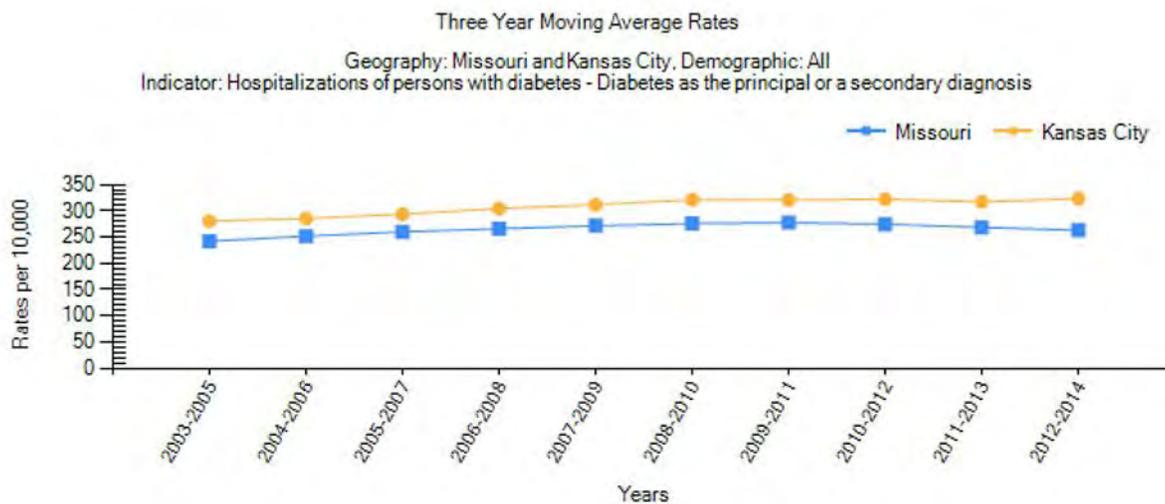
heart valves, cardiomyopathy, myocarditis, arrhythmia, diabetes, and congenital heart defects. Heart failure is commonly diagnosed using stress test, electrocardiogram, echocardiogram, and coronary angiogram. CHF causes a myriad of symptoms such as dyspnea on exertion, fatigue, irregular heartbeat, sudden weight gain, and persistent cough producing pink, foamy mucus.

Prevalence

CHF is more prevalent in the Kansas City area than in the rest of the state. 33.04 per 10,000 hospital visits are for CHF, compared to the state average of 28.36 visits. The number of visits has been trending slightly downward since 2003 but has held steady since 2009. CHF is twice as prevalent as acute myocardial infarction in the Kansas City area in terms of hospital visits. It is also almost four times as prevalent for

Emergency Room visits in the Kansas City area than acute myocardial infarction. CHF also accounts for 8,358 days of care in the Kansas City area. According to FY16 HIDI data, 1,654 patient discharges related to CHF account for two of the Top 20 discharge spots. CHF is not as deadly as acute myocardial infarction.

Figure 27: Hospitalizations for CHF, three-year moving average rates



Source: Missouri Department of Health & Senior Services

Impact

According to the Centers for Medicare & Medicaid Services (CMS), the national readmission average for heart failure patients is 21.9 percent. This is a prevalent disease that

accounts for over \$67 million worth of charges according to the Missouri Department of Health & Senior Services.

Available Resources

- American Heart Association
- Kansas City at Heart (affiliated with the AHA)
- Kansas City Health Department
- REACH Healthcare Foundation
- WomenHeart - Kansas and Missouri chapters
- YMCA of Greater Kansas City

Priority 5: Hypertension

Overview

Hypertension, also known as high blood pressure (HBP), is a condition in which the blood pressure of the arteries is persistently elevated. Elevated blood pressure in the body usually does not show immediate symptoms. However,

over time an individual with hypertension can suffer from a stroke, heart attack, heart failure, or kidney failure. Hypertension can be controlled by implementing healthy lifestyle habits related to exercise, diet, and medication.

Prevalence

When hypertension is left untreated, the damage of high blood pressure on the circulatory system becomes a contributing factor to heart attack, stroke, and other health threats. In Jackson County, Missouri, heart disease is the

number one cause of death and stroke is number four. Treating high blood pressure is important to reduce the number of individuals impacted by heart disease and stroke in Jackson County.

Impact

If undetected, high blood pressure can drastically impact an individual's life. Those with hypertension can suffer from a heart attack, stroke, heart failure, kidney disease or failure, vision loss, sexual dysfunction, chest pain, and peripheral artery disease. The blockage of arteries, which is associated

with hypertension impacts blood flow to parts of the body. When the flow of oxygen is interrupted as it goes to the heart, the heart will stop working. The symptoms associated with hypertension leads to physical and mental impairments as well as death.

Available Resources

- American Heart Association
- American Medical Association - Target:BP
- Kansas City CARE Clinic
- Kansas City Health Department

Community Health Needs – Crittenton

Priority 1: Family Engagement

Overview

Family engagement in the behavioral health of children is increasingly seen as a best practice. However, engaging families in the treatment of their children is still a major challenge and barriers to family-centered care remain. Family engagement includes participation, collaboration,

and partnerships with children's health providers. Engaged families can help recognize distress, connect children with resources for behavioral health support, and participate in treatment and social support activities.

Impact

Increased family engagement leads to ongoing health for children struggling with behavioral health issues and is a predictor of recovery. However, significant challenges and barriers hinder families from engaging in the behavioral health of their children. Barriers include transportation, time demands, personal health problems, scheduling conflicts,

lack of care coordination, stigmas associated with behavioral health, and more. Lack of family engagement in children's behavioral health may cause children to not receive treatment, not take medication, or not have their behavioral needs recognized until it becomes a medical emergency.

Available Resources

- Crittenton Children's Center
- Jackson County CASA
- Joshua Child and Family Development Center
- Kansas City Public Schools district
- Mattie Rhodes Center
- Missouri Department of Social Services - Children's Division
- Operation Breakthrough
- Spofford
- Swope Health Services

Priority 2: Gap in Access

Overview

Access to behavioral health resources is not sufficient for youth in Crittenton Children Center's defined community. According to the Child Mind Institute, many children do not receive behavioral health treatment for disorders that limit daily function. When a child does receive treatment, it is

often limited and fragmented. This gap in behavioral health access can be attributed to lack of inpatient psychiatric beds, proper provider training, and insufficient identification of those suffering from behavioral health disorders.

Prevalence

Lack of behavioral health access is a national concern. According to Mental Health America, 7.7 percent of youth with private insurance reported not having access to mental health services in 2018. Nationally, around 63 percent of youth with major depression will not get any kind of mental health treatment. Both Kansas and Missouri are struggling to

effectively care for youth who are suffering from behavioral health issues. For example, Mental Health America states 63.3 percent of youth in Kansas and 66.3 percent of youth in Missouri did not receive any mental health treatment for major depression disorder.

Impact

Children who suffer from behavioral health issues such as depression are shown to have worse clinical outcomes throughout their lifespan. Those with behavioral health issues in their youth are more prone to alcohol and substance

abuse, poor academic outcomes, unsafe sexual behavior, suicide risk, and overall poor physical health. Access to behavioral health is important for youth to get proper treatment.

Available Resources

- Crittenton Children's Center
- Jackson County CASA
- Joshua Child and Family Development Center
- Kansas City Public Schools district
- Lyft
- Mattie Rhodes Center
- Missouri Department of Social Services - Children's Division
- Uber

Section IV: Appendix

Appendices

A. Key Contributors

Hospital Leadership

Jani Johnson, Chief Executive Officer, Saint Luke's Hospital of Kansas City
Amy Nachtigal, Chief Financial Officer, Saint Luke's Hospital of Kansas City
Debbie Wilson, Vice President and Chief Nursing Officer, Saint Luke's Hospital of Kansas City
Ricci Sanchez, Chief Operating Officer, Saint Luke's Hospital of Kansas City
Janine Hron, President, Saint Luke's Hospital of Kansas City's Crittenton Children's Center

Public Health Collaborations

Kansas City Health Department
Kansas City Health Commission
Johnson County Department of Health and Environment

Community Partner Contributors

Artists Helping the Homeless
Hope House
Jackson County CASA
Kansas City Assessment & Triage Center
Kansas City CARE Clinic
Nourish KC
Rose Brooks
Safe Home

	Saint Luke's Hospital of KC	Kansas City Health Department	Kansas City Health Commission	Johnson County Dept. Health/Environment	Artists Helping the Homeless	Hope House	Jackson County CASA	Kansas City Assessment and	Kansas City CARE Clinic	NourishKC	Rose Brooks	SafeHome
Represents Public Health		X	X	X								
Represents Medically Underserved Populations	X	X	X	X	X		X	X	X		X	X
Represents Low Income Populations	X	X	X	X	X	X	X	X	X	X	X	X
Represents Populations with Chronic Disease Needs	X	X	X	X	X				X	X		
Represents Minority Populations	X	X	X	X					X			

Interview Summaries

Artists Helping the Homeless (AHH)

Person Interviewed: Kar Woo, Founder

Date: 03/27/2018; *Interview Methodology:* Phone

Communities Served: Artists Helping the Homeless (AHH) is a 501(c)3 not-for-profit organization that links critical resources to the Kansas City homeless population. A homeless person is defined as someone who is sleeping in an emergency shelter or places not meant for human habitation, living in transitional housing, and being evicted within a week and having no subsequent residence identified. The program began targeting the homeless population in the Plaza/Midtown area and now serves Greater Kansas City. The majority of their interactions occur at hospitals across the Kansas City region.

Biggest Needs Identified:

- Transportation
- Inpatient Psychiatric Beds

Hope House

Person Interviewed: Sara Boatwright, Event and Communication Manager

Date of Interview: 03/27/2018; *Interview Methodology:* Email

Communities Served: Hope House is non-profit in Kansas City, which serves those who have been affected by domestic violence, and the community to protect a person's right to live free from violence. Hope House has two emergency shelters with 122 beds designated for female survivors and their children. The shelters were designed to protect individuals effected by violence and give them tools to rebuild their life. They also provide therapy and outreach programs to help individuals deal with the trauma associated with violence and empower survivors.

- Continuum of Care

- Preventive Dental Care and Primary Care

Key Takeaways:

- More than 80 percent of the 2,619 individuals assisted by AHH in 2016 were identified with having either a behavioral health or substance abuse issue.
- There is no place for the homeless population to receive proactive medical care, which leads to high emergency room utilization. Only an estimated 20 percent of emergency room visits by homeless are considered a real emergency.
- AHH believes that helping the homeless helps the community.

Biggest Needs Identified:

- Domestic violence
- Poverty
- Transportation
- Behavioral Health Needs
- Substance Abuse

Key Takeaways:

- Behavioral health is a large issue because there are not enough beds, detox centers, and transportation for this portion of the population
- Over the last several years, there has been increased need for physical and behavioral health, especially in families which suffer from domestic violence
- Poverty and transportation can become barriers for domestic violence victims and survivors.

Jackson County Court Appointed Special Advocates (CASA)

Person Interviewed: Karrie Duke, Director of Volunteer Program

Date: 03/13/2018; *Interview Methodology:* In-Person

Communities Served: Jackson County CASA advocates for children who are removed from their homes due to abuse or neglect. These children have been exposed to a variety of challenges including substance abuse, criminal behavior, violence, unstable housing arrangements, poor support systems, inconsistent health care, and the presence of behavioral health issues. Most CASA children live in temporary placement facilities, foster homes, with relatives, or in treatment facilities. More than 68 percent of the children served are minorities, and nearly all are indigent. Jackson County CASA staff and volunteers currently serve almost 40 percent of the children under the protection of the Jackson County Family Court. In 2016, they served 1,200 children.

Kansas City Assessment and Triage Center (KC-ATC) Advocates (CASA)

Person Interviewed: Stephanie Boyer, Program Manager

Date of Interview: 04/05/18; *Interview Methodology:* Phone

Communities Served: The KC-ATC is a public and private partnership between Kansas City stakeholders – courts, law enforcement, hospitals, city officials, and the Department of Mental Health – to divert persons with behavioral health and substance abuse disorders away from jails and emergency rooms to a safe place for assessment and stabilization. They have 15 locations throughout the Kansas City area.

Biggest Needs Identified:

- Access to Care
- Opioid Dependence
- Integration of Behavioral Health Services
- Family Engagement
- Provider / Patient Relationship Establishment

Biggest Needs Identified:

- Transportation
- Inpatient Pediatric Psychiatric Beds
- Quality, trauma-informed health care professionals
- Pediatric Dental Hygiene

Key Takeaways:

- Identified barriers to medical care access include fragmented public transportation, geographically disperse facilities, and availability of behavioral health providers who accept Medicaid.
- Addressing the behavioral health needs of children in the Jackson County court system will require a trauma-informed approach to care.
- Poverty and transportation can become barriers for domestic violence victims and survivors.

Key Takeaways:

- KC-ATC has many existing community partnerships, but still struggle to find patients available primary care and behavioral health services. Some of their patients wait upwards of three months to be able to see behavioral health professionals.
- Integration of behavioral and physical health services throughout the health care system is of great importance. Educating providers on careful prescription of narcotic medications for pain and anxiety is key to reducing the dependency problem as well as lower Emergency Room visits for medication refill reasons.
- Family engagement is a key factor in the recovery of those struggling with addictions. KC-ATC provides access

Kansas City CARE Clinic

Person Interviewed: Dennis Dunmyer, Vice President of Community Programs

Date of Interview: 04/10/18; *Interview Methodology:* Phone

Communities Served: The Kansas City CARE Clinic serves all people in the community, both with insurance and without. Some of their biggest areas of service are dental health, HIV prevention, primary care, and behavioral health.

Biggest Needs Identified:

- Access to Care
- Behavioral Health Bed Space

Kansas City Health Department

Person Interviewed: Dr. Joseph Lightner, Administrative Officer

Date of Interview: 02/23/18; *Interview Methodology:* In-Person

Communities Served: The Kansas City Health Department partners with a variety of stakeholders in the Kansas City area to monitor and improve the health of the community. Their services aid all members of the Kansas City community.

Biggest Needs Identified:

- Violence Prevention
- Community Engagement
- Access to Care

NourishKC

Person Interviewed: Beau Heyen, President/CEO

Date of Interview: 03/15/18; *Interview Methodology:* Phone

Communities Served: NourishKC is a nonprofit public charity that facilitates a variety of food related programs in Kansas City, Missouri and its surrounding communities. The organization believes that food is a basic right and that access to good, healthy food can help people improve other aspects of their life. Programs include Kansas City Community Kitchen, Culinary Cornerstones training program, and a food security network of over 20 sites around the city.

Biggest Needs Identified:

- Food insecurity
- Transportation
- Access

- HIV Treatment and Prevention
- Violence towards LGBTQ individuals

Key Takeaways:

- According to their annual report, 77 percent of KC CARE Clinic patients were uninsured in 2016. KC CARE saw more than 12,000 patients at their three clinics and had over 70,000 visits.
- The stigma around patients with HIV and individuals within the LGBTQ community is a notable concern of the clinic.

- Community Education
- Vaccinations

Key Takeaways:

- With the rise of violence within Kansas City communities, violence prevention becomes more prevalent. The Health Department works with the No Violence Alliance and the KC Police Department to attempt to stop violence from occurring through education and involvement.
- The Health Department has navigators that aid individuals in obtaining health insurance during the enrollment periods.
- Community education is an integral part of the Health Department's duties.

Key Takeaways:

- NourishKC is working to build a network with other organizations to share and leverage resources in order to address food insecurity in the community.
- Food security is a major need in the Kansas City community. This community health need encompasses many factors such as food deserts, transportation to grocery stores, segregation of housing, difficulties accessing healthy food options, and more.
- Barriers to healthy foods and lifestyles include health literacy, non-livable wages, preventative health not being a priority, and access to affordable care and food.

Rose Brooks Center

Person Interviewed: Alison Schwartz, Bridge Program Coordinator, Saint Luke's Hospital of Kansas City

Date of Interview: 03/21/18; *Interview Methodology:* Phone

Communities Served: Rose Brooks Center serves the Kansas City community and works to help rebuild, reclaim, and save lives threatened by domestic violence. The organization's initiatives have three main focal points: keeping families safe, creating a safer community, and ending the cycle of violence. The center serves adults, children, and pets who are affected by abuse.

Biggest Needs Identified:

- Behavioral health
- Insurance coverage

Safe Home

Person Interviewed: Michelle Staub, Healthcare Advocate

Date of Interview: 03/09/18; *Interview Methodology:* Phone

Communities Served: SafeHome provides shelter and community services for individuals who are survivors of domestic violence. The organization aims to help these individuals gain inner strength, build self-esteem, explore options, and establish a life free of violence by providing shelter, advocacy, counseling, and prevention education. SafeHome serves adult victims of domestic violence and their children.

Biggest Needs Identified:

- Behavioral health
- Access – related to transportation
- Domestic violence

Saint Luke's Hospital of Kansas City

Person Interviewed: Ricci Sanchez, Chief Operating Officer

Date of Interview: 03/20/2018; *Interview Methodology:*

In-Person

Communities Served: Saint Luke's Hospital of Kansas City (SLH) serves patients from Johnson County, Kansas, and Jackson County, Missouri. SLH is a 471-bed tertiary hospital with a network of more than 600 physicians. The hospital has been nationally recognized for its advanced specialties such as heart transplant, neuroscience, comprehensive stroke center, comprehensive epilepsy center, and neonatal intensive care unit.

Biggest Needs Identified:

- Transportation, particularly related to behavioral health services
- Shortage of primary care around Plaza community

- Trauma-informed providers
- Care coordination

Key Takeaways:

- The long-term effects of domestic violence on a victim's physical and emotional health are severe. Victims of violence have an increased risk of depression, substance abuse, and suicidality.
- There is growing evidence connecting the stressors of trauma to unmanaged diabetes, heart disease, and hypertension.
- Ending the destructive cycle of abuse will require a full continuum of care including prevention, crisis intervention, and other supportive and therapeutic services.

Key Takeaways:

- There are many health needs that coexist within the populations that SafeHome serves. Many of the individuals have behavioral health needs resulting from physical, verbal, or emotional abuse.
- Many individuals struggle to receive the care they need due to lack of financial resources, lack of access to community resources, language barriers, stigma surrounding behavioral health and abuse, etc.
- SafeHome is working on initiatives to educate and train hospital staff on screening patients for abuse and recognizing signs of abuse.

- Diabetes
- Drug or Substance Abuse

Key Takeaways:

- Currently, SLH works closely with community partners to understand the needs of the community they serve. They have worked diligently to strategically partner with organizations, which serve the vision of the entire Saint Luke's Health System.
- Access related to transportation incorporates both a person's ability to get to a provider, as well as their ability to return to a safe, secure location after seeing a provider.
- Effectively triaging patients with behavioral health needs requires follow-up in a lower acuity setting. Outpatient psychiatric services need to be leveraged to meet community behavioral health needs.

Crittenton Children's Center

Person Interviewed: Janine Hron, President

Date of Interview: 03/14/2018; *Interview Methodology:*

Phone Call

Communities Served: Crittenton is a psychiatric care provider for children and adolescents in the Kansas City community. Crittenton is licensed as a psychiatric hospital by the Missouri Department of Health & Senior Services and provides more actively practicing board-certified psychiatrists than any other similar facility in the region.

Biggest Needs Identified:

- Family engagement
- Co-occurring substance abuse
- Violence/Crime
- Access to behavioral health care
- Suicide and depression

B. Data Limitations

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.

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 Hospital of Kansas City'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 previous Implementation Plan with their completion status listed. Even though some of the identified needs changed for 2018, all of these programs will continue to

Key Takeaways:

- Family engagement is still a major challenge for Crittenton and the patients it serves and has gotten even more difficult since the 2015 CHNA.
- Access to behavioral health is an issue for the community due to shift in state funding mechanisms, dearth of child psychiatrists in the area, and lack of specialty trained providers.
- Stigmas associated with behavioral health may cause children to not get the care they need, not follow up with treatments or medications, and not seek treatment until it's an emergency.
- Crittenton partners with various community stakeholders to help solve issues regarding children's behavioral health.

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.

Lastly, data is limited when most secondary databases collect data that stops at the state or county lines. This is why secondary data was weighted against the primary data to render a more accurate picture of SLH's defined community.

exist in order to better the health in the community we serve. We feel that these programs have been effective in addressing the significant needs of our community. Going forward, measures will be included to determine the effectiveness of each program to better guide our community-based programs.

Milestone / Sub-Activity	Description	Status	Comments
1	Access to Care		
1.1	Continue to provide access to care through 24/7 Emergency Department with helicopter pad access	Complete	On-Going
1.2	Saint Luke's Hospital's Medication Assistance Program assists all patients in securing medications needed at discharge.	Complete	On-Going
1.3	Saint Luke's Hospital will continue to collaborate with Artís's Helping the Homeless to secure post-discharge transportation and housing through the Bodhi Housing Program. Homeless patients over the age of 18 in need of a safe environment to continue healing after discharge is provided through this program.	Complete	On-Going
1.4	Saint Luke's Hospital's collaboration with Kansas City Care Clinic (KC Care) trains and provides community health workers to address gaps in care coordination and helps patients understand and utilize resources available to them after being discharged from the hospital. Two community health workers are assigned to Saint Luke's Hospital to work with patients to: find and secure a Primary Care Medical Home and help find community based resources to address any barriers to receiving health care. In addition, Saint Luke's Hospital sponsors a physician to help provide care at the KC Free Clinic located near Saint Luke's Hospital.	Complete	On-Going
1.5	Saint Luke's Health System's partnership with Hy-Vee Grocery Store chains throughout the Kansas City area will help provide high-quality and affordable primary care closer to where people live and work. Plans are under way to open several clinics located within the Hy-Vee Grocery Stores where patients will have access to in-store dietitians and pharmacists, as well as health, wellness and preventive care services all in one stop.	Complete	On-Going
1.6	Saint Luke's Hospital will continue to host clinic-based and community based wellness education for patients.	Complete	On-Going
1.7	In order to continue to understand and meet the unique needs of the community, Saint Luke's Hospital will develop stronger partnerships with key non-profit organizations in the Kansas City metro area that serve the urban core and/or vulnerable or underserved populations. Recently, with the guidance of members from the Saint Luke's Health System Diversity and Inclusion Council, Saint Luke's Hospital selected four key programs to support and they include; Hope House, Guadalupe Center, KC Care Clinic, and SAFEHOME.	Complete	On-Going
2	Diabetes		
2.1	Offer smoking cessation classes, body composition assessment, healthy cooking demonstrations, and community education series through Saint Luke's Hospital's Charles & Barbara Duboc Cardio Health & Wellness Center	Complete	On-Going
2.2	Provide continued support for the American Heart Association (AHA) in its effort to build healthier lives free of cardiovascular diseases and stroke. The hospital will continue to support AHA in local community efforts including Go Red for Women and the Heart Walk.	Complete	On-Going
3	Neonatal Health		
3.1	Provide the only Milk Bank in the Kansas City area	Complete	On-Going
3.2	High-risk Obstetric care including high-resolution ultrasound studies, genetic counseling, genetic diagnostic procedures, diabetes management, and fetal surveillance	Complete	On-Going
3.3	Heart Disease in Pregnancy Program	Complete	On-Going
3.5	Neonatal Intensive Care	Complete	On-Going
3.6	Tender Touch Program providing infant massage therapy	Complete	On-Going
3.7	Family Support Program through the March of Dimes	Complete	On-Going
3.8	Education including Hockaday Women's Health Series, Newborn Care, and Breastfeeding Basics	Complete	On-Going
3.9	Emotional Wellness Counseling	Complete	On-Going
3.1	Cord Blood Program	Complete	On-Going
3.11	Neonatal Follow-up Clinic	Complete	On-Going
3.12	Social Work and Case Management Programs	Complete	On-Going
3.13	The Children's SPOT (speech, physical, and occupational therapy)	Complete	On-Going
3.14	Car seat safety checks by certified child passenger safety technicians	Complete	On-Going
3.15	Support Services including NICU Support Group, Child Abuse Prevention, Safe Haven, and WIC Program	Complete	On-Going
4	Thoracic Care		
4.1	Lung cancer screening tests offered through the Saint Luke's Thoracic Center are provided which could help detect lung cancer early and result in more options for treatment.	Complete	On-Going
4.2	Smoking cessation is a key element to preventing lung cancer. Saint Luke's Hospital's Charles & Barbara Duboc Cardio Health & Wellness Center offers a smoking cessation program that assists patients efforts to end tobacco usage	Complete	On-Going
4.3	The use of an early identification screening tool by primary care physicians will help to identify those patients with the highest risk of lung disease. Those patients determined high risk can then be given orders for an imaging test or smoking cessation.	Complete	On-Going

D. Prioritization and Ranking of Community Health Needs

The community health needs discussed were prioritized using input from stakeholder interviews and secondary data research. The prioritization criterion is listed below (Figure 26). Each community health need was ranked on a scale of

1 – 5 for severity and 1 – 5 for importance. A ranking of one is considered lowest severity and lowest importance. A ranking of five is considered highest severity and highest importance.

Prioritization Criteria		
Consideration	Weight	Description
Perceived severity of a health issue as it affects the health of the community	50%	This criterion considers: <ul style="list-style-type: none"> • Frequency of mention in stakeholder interviews • Community momentum • County health rankings trends
Level of importance the hospital should place on addressing health issue	50%	This criterion considers: <ul style="list-style-type: none"> • Prior CHNAs • Feasibility of hospital to address need • Public health trends • Existing interventions/partnerships

Rank	Health Need	Total Score	Notes
1	Access to Care (overall)	Severity: 5 <u>Importance:</u> 5 Total: 10	Listed on previous 2015 CHNA High frequency of mention in stakeholder interviews State data support National data support Community support Community momentum Priority of Healthy People 2020
2	Behavioral Health	Severity: 5 <u>Importance:</u> 5 Total: 10	High frequency of mention in stakeholder interviews Requires strong community partnership Strong connection to social determinants of health Public health trend Priority of Healthy People 2020 Priority of Healthy Kansas 2020
3	Cancer	Severity: 4 <u>Importance:</u> 5 Total: 9	Low frequency of mention in stakeholder interviews State data support National data support Existing programs to address need
4	Community Education/Health Literacy	Severity: 1 <u>Importance:</u> 1 Total: 2	Infrequent mention in stakeholder interviews Low community momentum Connection to social determinants of health
5	Congestive Heart Failure	Severity: 5 <u>Importance:</u> 5 Total: 10	Notable chronic illness in SLH patient data Within hospital scope of services National data support Priority of Healthy Kansas 2020 (chronic disease)
6	Crime/Violence	Severity: 3 <u>Importance:</u> 2 Total: 5	Recent rise in community attention Connection to social determinants of health Outside hospital scope of services
7	Diabetes	Severity: 5 <u>Importance:</u> 5 Total: 10	Listed 2015 CHNA Notable chronic illness in SLH patient data Evidence-based treatments Within hospital scope of services Priority of Healthy People 2020 Priority of Healthy Kansas 2020 (chronic disease)

8	Domestic Violence	Severity: 2 <u>Importance:</u> <u>2</u> Total: 4	Strong community partnership exists (Rose Brooks) Low community momentum – existing stigma Outside hospital scope of services
9	Food Insecurity	Severity: 4 <u>Importance:</u> <u>2</u> Total: 6	Future partnership development Strong connection to social determinants of health Outside hospital scope of services Connection to access
10	Homelessness	Severity: 4 <u>Importance:</u> <u>4</u> Total: 8	Strong connection to social determinants of health Outside of hospital scope Strong community partnership exists (AHH)
11	Housing Insecurity	Severity: 2 <u>Importance:</u> <u>2</u> Total: 4	Connection to social determinants of health Outside hospital scope of services
12	Hypertension	Severity: 5 <u>Importance:</u> <u>5</u> Total: 10	State data support National data support Frequent mention in stakeholder interviews Connection to other diseases and conditions
13	Insurance Coverage	Severity: 4 <u>Importance:</u> <u>2</u> Total: 6	Commonly identified barrier to access Frequent mention in stakeholder interview Local data support
14	Neonatal Care	Severity: 2 <u>Importance:</u> <u>2</u> Total: 4	Strong implementation plan from 2015 CHNA Stakeholders identified need has been met Existing programs to address need
15	Obesity	Severity: 3 <u>Importance:</u> <u>3</u> Total: 6	Moderate community momentum State data support National data support
16	Opioid Abuse	Severity: 4 <u>Importance:</u> <u>4</u> Total: 8	Identified incoming public health trend Minimal local data support Frequent mention in stakeholder interview Co-occurring with substance abuse
17	Oral Health	Severity: 2 <u>Importance:</u> <u>1</u> Total: 3	Low community momentum Outside hospital scope of services
18	Substance Abuse	Severity: 4 <u>Importance:</u> <u>4</u> Total: 8	Outside hospital scope of services Frequent mention in stakeholder interviews Co-occurring with behavioral health
19	Thoracic Care	Severity: 3 <u>Importance:</u> <u>2</u> Total: 5	Listed on 2015 CHNA No mention in stakeholder interviews Existing programs to address need Local data support
20	Tobacco Use	Severity: 2 <u>Importance:</u> <u>2</u> Total: 4	Low community momentum Low frequency of mention in stakeholder interview Existing programs to address need

Rank	Health Need	Total Score	Notes
1	Family Engagement	Severity: 5 <u>Importance:</u> 5 Total: 10	Listed on previous 2015 CHNA Strong emphasis in stakeholder interviews
2	Gap in Behavioral Health Access	Severity: 5 <u>Importance:</u> 5 Total: 10	Listed on previous 2015 CHNA Strong emphasis in stakeholder interviews Connection to increased integration
3	Injury and Violence (Safety)	Severity: 5 <u>Importance:</u> 4 Total: 9	High frequency of mention in stakeholder interviews Connection to neighborhood safety concerns Outside hospital scope of services
4	Behavioral Health and Suicide	Severity: 4 <u>Importance:</u> 5 Total: 9	Low frequency of mention in stakeholder interviews Connection to depression Local data support National data support Community momentum
5	Parental Health Literacy	Severity: 4 <u>Importance:</u> 2 Total: 6	Listed on Previous 2015 CHNA Low frequency of mention in stakeholder interviews
6	Systemic Interventions that Impact Community Wide Change	Severity: 3 <u>Importance:</u> 2 Total: 5	Listed on previous 2015 CHNA Low frequency of mention in stakeholder interviews Existing programs to address needs Lacking resources Strong community momentum
7	Treatment for Co-Occurring Substance Abuse and Behavioral Health Disorders	Severity: 3 <u>Importance:</u> 4 Total: 7	Listed on previous 2015 CHNA Low frequency of mention in stakeholder interviews Existing programs to address need
8	Targeted and Research-Based Interventions	Severity: 2 <u>Importance:</u> 2 Total: 4	Listed on previous 2015 CHNA Low frequency of mention in stakeholder interviews

E. Board Approval Date

The 2018 Community Health Needs Assessment was approved by Saint Luke's Hospital of Kansas City's Board of Directors on September 28, 2018. This Community Health Needs Assessment specifies community health needs that Saint Luke's Hospital of Kansas City 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.

The Saint Luke's Hospital of Kansas City CHNA was conducted in consultation with University of Kansas Medical Center Master's in Health Services Administration students: Madison Davis, Jenny Helfengberger, Sarah McKittrick, and Andrew Peterson. Trenton Stringer, Program Manager, Community Health Initiatives, Saint Luke's Health System, oversaw the team of students. .

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