



2018

# Saint Luke's Community Health Needs Assessment

 **Saint Luke's**  
SOUTH HOSPITAL

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## Section I: Executive Summary

### A. About Saint Luke's South

Saint Luke's South Hospital is committed to serving the Johnson County, Kansas community. The 125-bed acute care hospital offers 24-hour emergency services with complete inpatient and outpatient diagnostic testing. Saint Luke's South is committed to quality care and was recognized as a five-star hospital by the Center for Medicare and Medicaid Services' Hospital Compare in 2018.

The hospital offers a wide range of services that include bariatric surgery, comprehensive neurological care, breast care, cancer care, diabetes and endocrinology, gastroenterology, health and wellness, heart and vascular care, a Joint Commission certified hip and knee center, imaging services, infusion therapies, intensive care, outpatient lab, digital mammography, maternity care and Level IIIa neonatal-intensive care unit, orthopedics, pain management, palliative care, outpatient pharmacy, psychiatry, rehabilitation, sleep disorders, and surgical services.

### *Mission*

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

### *Vision*

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

### About Saint Luke's Health System

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

### *Community Health Needs Assessment Objectives*

Saint Luke's South 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 community health needs identified.

### *Community Health Needs Assessment Summary*

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

### B. Community Health Needs

A wide range of primary and secondary data was used to identify three health priorities in Saint Luke's South's community. Priorities were identified based on recurrent themes from interviews conducted with key contributors, alignment with national and local priorities and the ability of the Saint Luke's South to address the need.

Priority 1: Access to Care

Priority 2: Management of Transitions of Care

Priority 3: Behavioral Health

## Section II: Methodology

### Assessment Methodology

Saint Luke's South Hospitals' (SLS) 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 SLS, 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 by connecting with community stakeholders to discuss the needs of the Johnson County population. Stakeholders were chosen to represent broad interests of the community, including underserved populations. Stakeholders provided information, which was used to help identify and prioritize community needs.

### Secondary Data

Secondary data was collected through multiple community resources. The most current data available was compiled and analyzed for key population health indicators.

#### Secondary Data Sources

- County Health Rankings
- Kansas Health Matters
- Kansas Department of Health and Environment
- National Institute of Mental Health
- Medicare's Hospital Compare
- Healthy People 2020
- Healthy Kansans 2020
- Centers for Disease Control and Prevention
- Hospital Industry Data Institute (HIDI)
- Truven Health Analytics
- Johnson County Government Data
- City Data
- U.S. Census Bureau

## Section III: Community Analysis

### A. Defining the Community

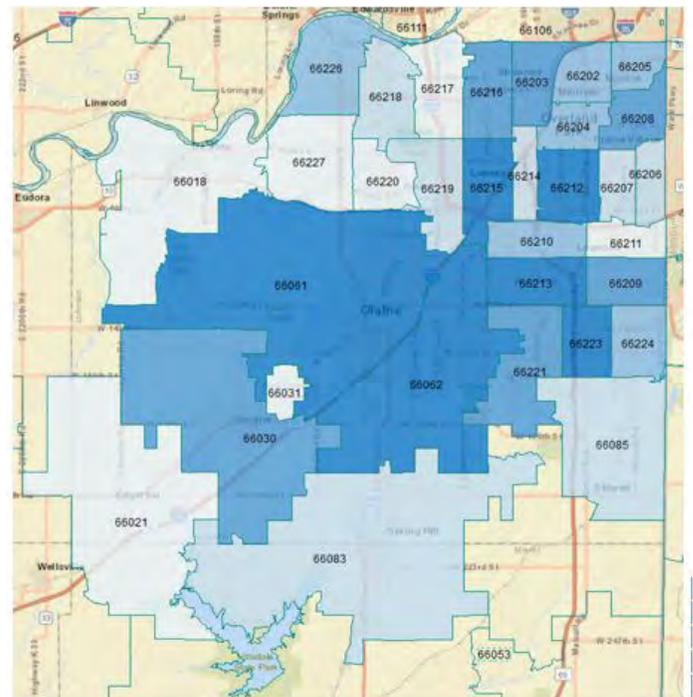
#### Demographic Profile

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

#### Geography

Saint Luke's South Hospital's community is defined as Johnson County, Kansas (see Figure 1). Johnson County includes 32 zip codes.

**Figure 1: Saint Luke's South Hospital's Defined Community, Johnson County, Kansas**



Source: Truven Health Analytics, 2017 Dataset

**B. Community Demographics**

Johnson County is located on the eastern state line of Kansas in the southwest quadrant of the Kansas City metro area. In 2017, total population of Johnson County was 593,912. Johnson County is the most populous county in Kansas with a population density of 1,225 persons per square mile. Approximately 96 percent of the population lives in an urban area and 4 percent live in a rural area.

**Population Characteristics**

As of 2017, the Johnson County population was 593,912. The age group 35 – 64 makes up the largest portion of the population at 40.2 percent or 238,610 people followed by the age group 0 to 17 at 24.8 percent or 147,331 people. The smallest age group is 65 and up at 13.7 percent of the population or 81,190 people.

**Figure 2: Johnson County Population Distribution, 2017**

| Age Group    | Population     | % of Total   |
|--------------|----------------|--------------|
| <b>0-17</b>  | <b>147,331</b> | <b>24.8%</b> |
| <b>18-34</b> | <b>126,781</b> | <b>21.3%</b> |
| <b>35-64</b> | <b>238,610</b> | <b>40.2%</b> |
| <b>65+</b>   | <b>81,190</b>  | <b>13.7%</b> |
| <b>Total</b> | <b>593,912</b> | <b>100%</b>  |

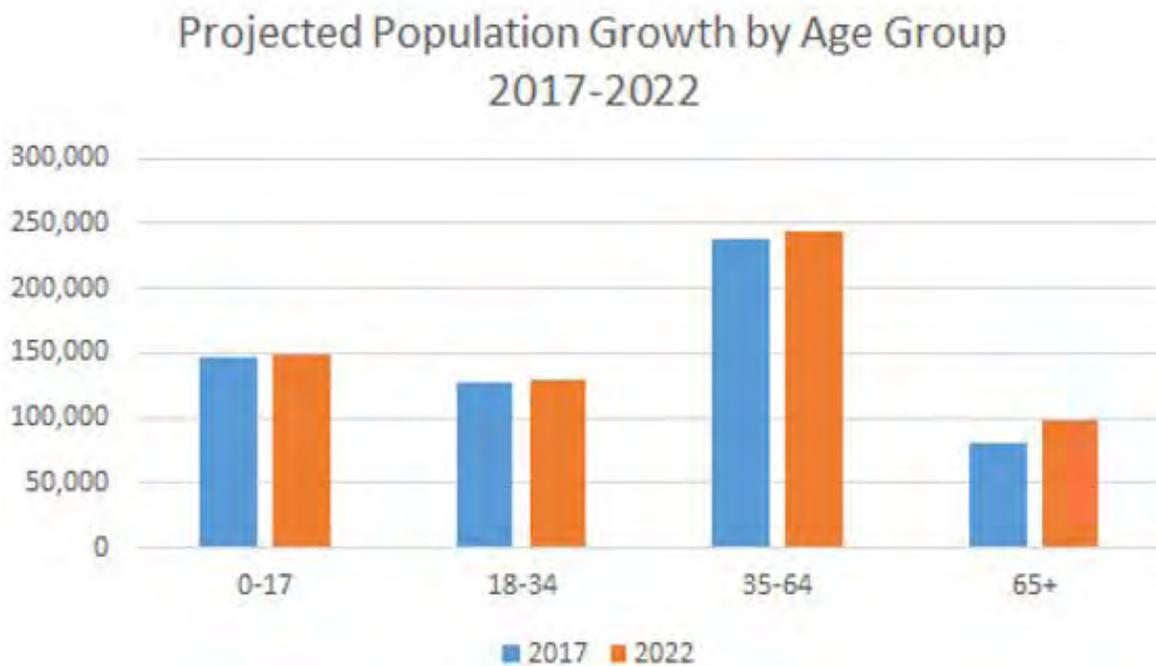
Source: Truven Health Analytics, 2017 Dataset

**Population Growth**

The Johnson County population is expected to grow by 4.7 percent, or 27,806 people, by 2022. In 2022, the 65+ age group is expected to have the highest growth with an increase of 22 percent, or 17,525 people, and will account for 16 percent of the population. The age group 35 – 64 is expected to grow 2.5

percent. The age group 18 – 34 is expected to grow 2 percent. The age group 0 – 17 is expected to grow 1 percent. The age groups 0 – 17 and 18 – 34 will drop as a percentage of the total population by 0.8 and 0.5 percentage points respectively.

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



Source: Truven Health Analytics, 2017 Dataset

**Gender Characteristics**

Johnson County has a slightly higher percentage of females to males at 51.0 percent to 49.0 percent. According to 2016 information published by City Data, the median age for females was 38.7 years and the median age for males was 36.4 years. Based on populations estimates, both genders are expected to see population growth of about 4.7 percent through 2022.

**Ethnicity**

The majority of the population in Johnson County is white (79.7 percent in 2017). The Hispanic population is the next largest at 7.6 percent in 2017. Since 2010, the number of non-White resident and Hispanic or Latino residents of any race has increased more than 11 percent. Over that same time period, the number of non-Hispanic White residents has increased less than 3 percent. This trend is likely to continue. Data indicates that there is more diversity in the younger age groups than in the older age groups, which suggests that Johnson County’s population will become more racially and ethnically diverse as the current population ages (UCS, 2017).

**Education**

In Johnson County, 95.6 percent of the population over 25 years of age has a high school diploma or higher. Of that group, an additional 28.7 percent have some college education and 51.8 percent have a bachelor’s degree or higher. Only about 4.4 percent of the population has not attained a high school diploma. Nationally, 86.5 percent of the population over 25 years is at least a high school graduate (Truven Health Analytics).

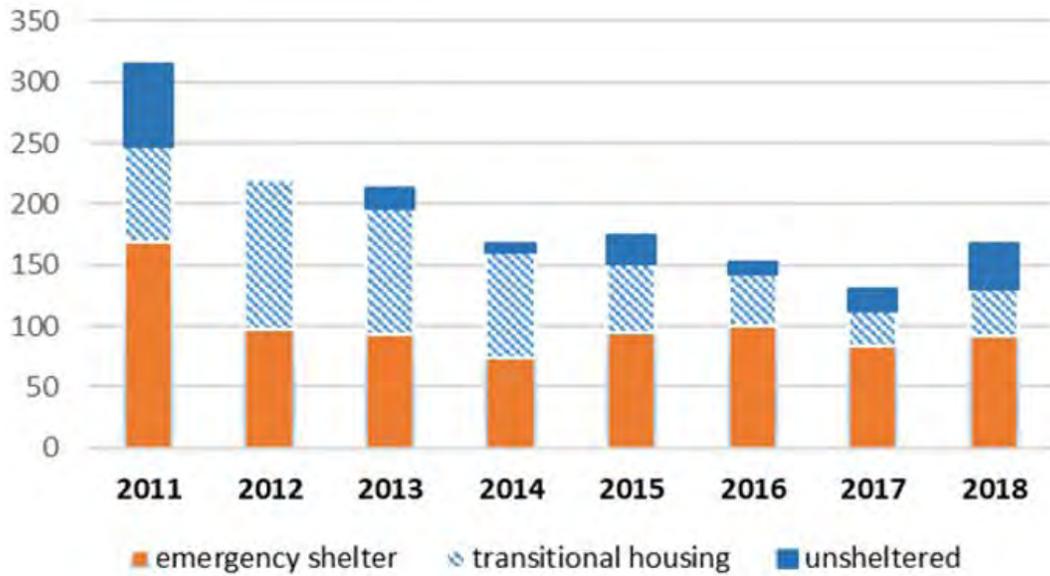
**Employment**

About 72 percent of the population above 16 years of age is employed in Johnson County. About 3.3 percent of the population is unemployed.

**Homelessness**

Based on a Point in Time measure of homelessness conducted in 2018, there were 168 persons without a home in Johnson County. Of those individuals, 40 percent were under the age of 18 years.

**Figure 4: Total Number of Homeless Persons at PIT Count by Housing Situation, 2011 – 2018**



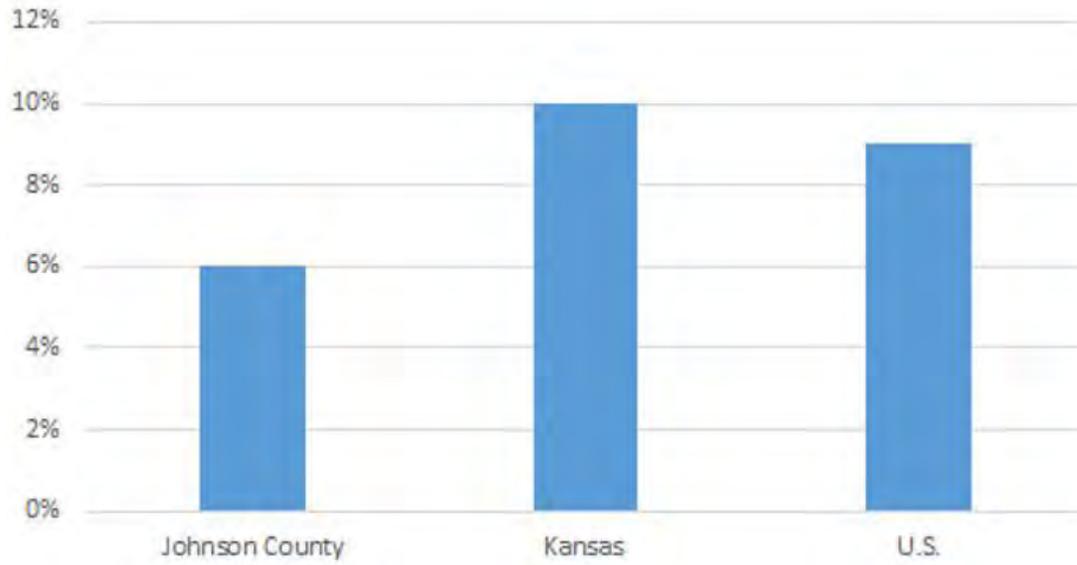
Source: United Community Services

### Uninsured Population

In Johnson County, almost 95 percent of residents have health insurance. The U.S. Census Bureau estimated that in 2016, 31,000 individuals in Johnson County did not have health insurance. The largest number of uninsured was in the

25 – 44 age range followed by the 45 – 64 age range. People of color account for 47 percent of the uninsured population and are three times more likely to be uninsured than non-Hispanic white residents.

Figure 5: Percent of Uninsured Adults under 65



Source: County Health Rankings, 2018

### C. Health Status of the Community

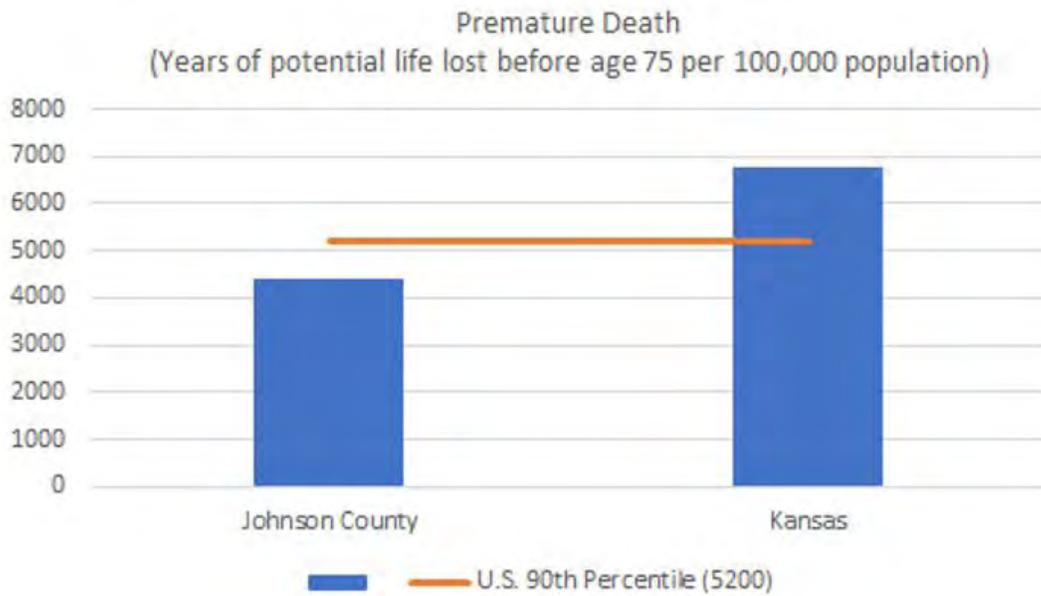
The following section focuses on measures related to the health status of the community that is served by Saint Luke’s South Hospital. The measures are specific to Johnson County, Kansas. The measures are compared against national and state averages or Healthy People 2020 goals in order to assess the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

#### Mortality

Mortality is a measure used to assess the overall health status of the population. Typically, the mortality rate is age-adjusted, which adequately describes the death rate in

a population, but it fails to take into account the population health implications of premature deaths. Figure 6 below shows the premature death rate or years of potential life lost (YPLL) before age 75 per 100,000 population. The premature death measure avoids focusing on causes of death related to age. Johnson County has a premature death rate well below the U.S. 90th percentile of 5,200, while also doing better than the state with a YPLL 2,359 lower than Kansas. This measure indicates that the health status of the population in Johnson County is relatively good when compared to the state of Kansas and the United States.

Figure 6: Premature Death Rate



Source: County Health Rankings, 2018

**Leading Causes of Death**

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

below shows the top ten leading causes of death in Johnson County for 2014 – 2016. The rankings have remained relatively stable over the three-year period with cancer and heart disease being the top two leading causes of death in Johnson County.

Figure 7: Leading Causes of Death

| Cause of Death per 100,000 population | Johnson County | Kansas | Healthy People 2020 |
|---------------------------------------|----------------|--------|---------------------|
| Cancer                                | 129.6          | 162.6  | 161.4               |
| Heart Disease                         | 111.7          | 157.4  | 103.4               |
| Chronic Lower Respiratory Disease     | 30.1           | 48.9   | N/A                 |
| Stroke                                | 32.5           | 38.4   | 34.8                |
| Unintentional Injury                  | 26.7           | 44.2   | 36.4                |
| Alzheimer's Disease                   | 17.2           | 22.8   | N/A                 |
| Suicide                               | 13.4           | 15.9   | 10.2                |
| Kidney Disease                        | 13.5           | 17.6   | N/A                 |
| Pneumonia and Influenza               | 11.2           | 18.2   | N/A                 |

Source: Kansas Health Matters, 2014-2016

**Mortality**

The 30-day risk standardized mortality rate for Saint Luke’s South Hospital was also assessed against the United States national rate. The figure below shows that, for the majority of the quality measures, Saint Luke’s South Hospital performs no differently than the United States national rate. For the

mortality rate for pneumonia, Johnson County actually performs better than the United States national rate. Based on this information from the Hospital Quality Alliance, there are no specific areas of concern for Saint Luke’s South Hospital as they relate to 30-day mortality measures.

**Figure 8: The 30-day risk standardized mortality rate**

|   |                                      |       |       |
|---|--------------------------------------|-------|-------|
| <b>Mortality Rate for Heart Attacks</b> | No different than U.S. National Rate | 12.7% | 13.6% |
| <b>Mortality Rate for Heart Failure</b> | No different than U.S. National Rate | 9.9%  | 11.9% |
| <b>Mortality Rate for Pneumonia</b>     | Better than U.S. National Rate       | 8.7%  | 15.9% |
| <b>Mortality Rate for COPD</b>          | No different than U.S. National Rate | 8.9%  | 8.0%  |
| <b>Mortality Rate for Stroke</b>        | No different than U.S. National Rate | 13.8% | 14.6% |

Source: Hospital Quality Alliance

**Morbidity**

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

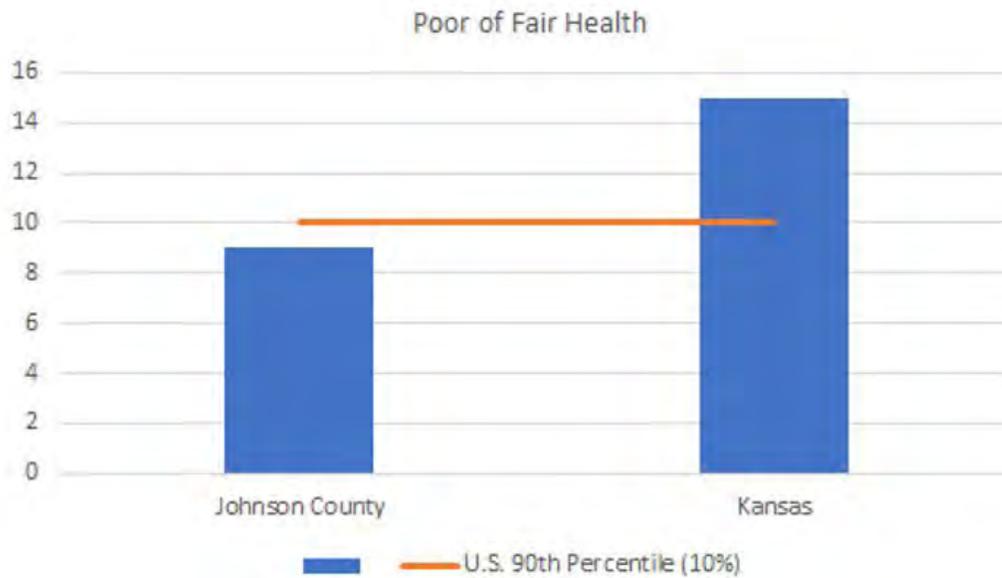
low birth weight. According to County Health Rankings, low birth weight is an important morbidity measure because it is indicative of maternal exposure to health risks, the current and future morbidity of the infant, and risk of premature mortality. While Johnson County’s morbidity measures look good compared to the state of Kansas and the United States 90th percentile, Johnson County ranks 16th out of the 98 counties assessed in Kansas.

**Figure 9: Morbidity Measures**

|                                  |     |     |      |
|----------------------------------|-----|-----|------|
| <b>Poor or Fair Health</b>       | 9%  | 15% | 10%  |
| <b>Poor Physical Health Days</b> | 2.3 | 3.1 | 2.5  |
| <b>Poor Mental Health Days</b>   | 2.7 | 3.3 | 2.3  |
| <b>Low Birth Weight</b>          | 6%  | 7%  | 5.9% |

Source: County Health Rankings, 2018

Figure 10: Poor or Fair Health Measure



Source: County Health Rankings, 2018

**Heart Disease**

Heart disease is one of the leading causes of death not only in Johnson County but also in the United States. According to the CDC, heart disease is the leading cause of death among both men and women and accounts for about 610,000 deaths each year, or one in four deaths.

One area of concern in Johnson County is the percent of adults tested and diagnosed with high cholesterol. The table below shows that 36.8 percent of adults in Johnson County have been tested and diagnosed with high cholesterol. High cholesterol is one of the three key risk factors for heart disease along with hypertension and smoking. Approximately 47 percent of Americans have at least one of these risk factors.

| Figure 11: Heart Disease Admissions                       |                |        |
|---|----------------|--------|
|   | Johnson County | Kansas |
| Heart Disease Hospital Admissions (per 100,00)            | 115.1          | 122.8  |
| Congestive Heart Failure Hospital Admissions (per 100,00) | 18.1           | 20.7   |

Source: Kansas Health Matters, 2014-2016

| Figure 12: Heart Disease Health Indicators                   |                |        |       |
|--|----------------|--------|-------|
|  | Johnson County | Kansas | USA   |
| Percent of Adults Tested and Diagnosed with High Cholesterol | 36.8%          | 37.4%  | 13.5% |
| Percent of Adults Tested and Diagnosed with Hypertension     | 26.4%          | 31.6%  | 26.9% |

Source: Kansas Health Matters, 2014-2016

**Cancer**

Cancer is the second leading cause of death in the United States after heart disease. It remains the leading cause of death in Johnson County. In 2014, approximately 591,686 cancer deaths occurred in the United States, including 5,587 in Kansas (“Centers for Disease,” 2018). The Agency for Healthcare research and Quality (AHRQ) estimates that the

direct medical costs (total of all health care costs) for cancer in the US in 2015 was \$80.2 billion. The cancers with the highest death rates are listed in Figure 13. Lung cancer makes up the highest percentage of deaths from cancer in Johnson County.

**Figure 13: Deaths from Cancer in Johnson County (2014 – 2016)**

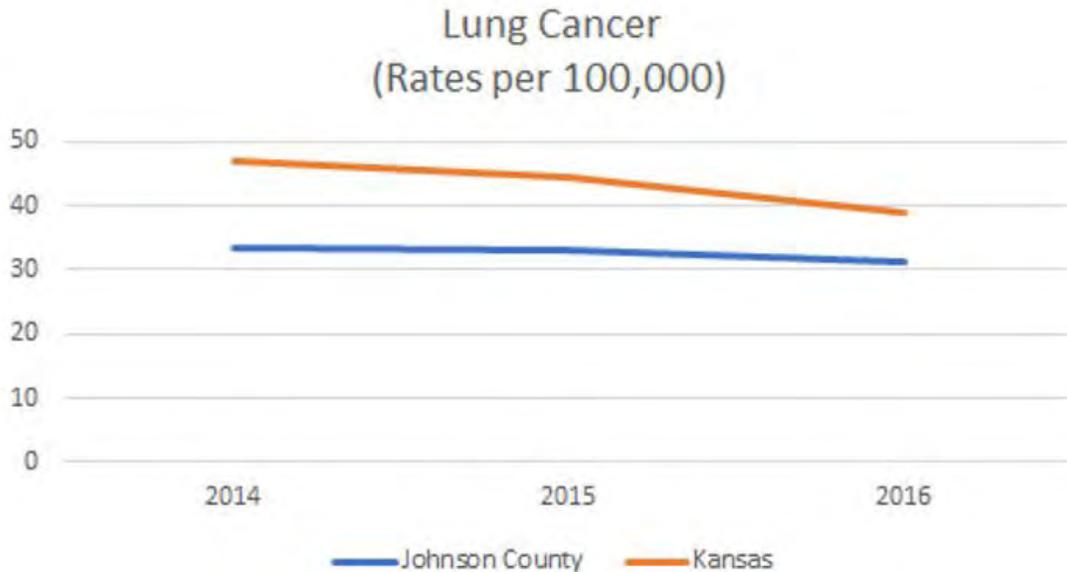
|                          | Johnson County | Kansas |
|--------------------------|----------------|--------|
| <b>Lung Cancer</b>       | 24.86%         | 32.6   |
| <b>Colorectal Cancer</b> | 7.67%          | 9.8    |
| <b>Pancreatic Cancer</b> | 7.47%          | 9.4    |
| <b>Breast Cancer</b>     | 8.50%          | 11.1   |
| <b>Prostate Cancer</b>   | 4.85%          | 6.5    |
| <b>Total</b>             | 100%           | 69.4   |

Source: Kansas Department of Health & Environment

Among deaths from cancer, lung cancer makes up the highest rate and accounted for 24.86 percent of cancer deaths in Johnson County from 2014 to 2016. From 2014 to 2016, the

lung cancer rate per 100,000 decreased from 33.4 to 31.4. Johnson County has a lower rate than the state of Kansas.

**Figure 14: Lung Cancer Rates**

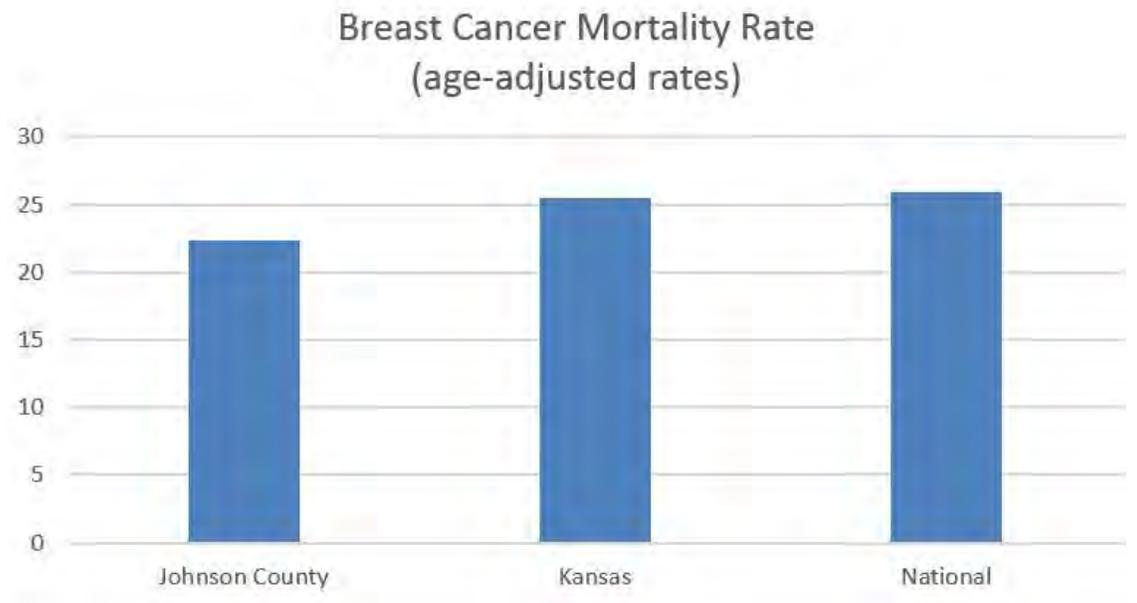


Source: Kansas Department of Health and Environment

Breast cancer is also prevalent in the population. When cancer mortality rates are adjusted for gender, the female breast cancer mortality rate is 22.4 in Johnson County. Also

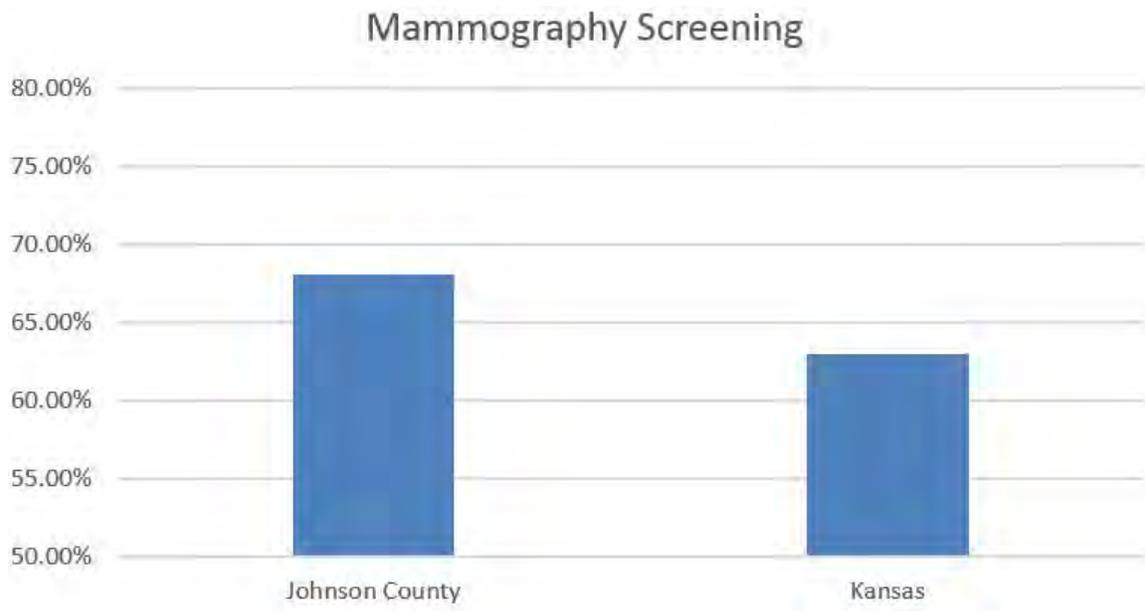
shown below is the mammography screening percentage in Johnson County.

**Figure 15: Breast Cancer Morality**



Source: HealthData.org, 2014

**Figure 16: Mammography Screening**



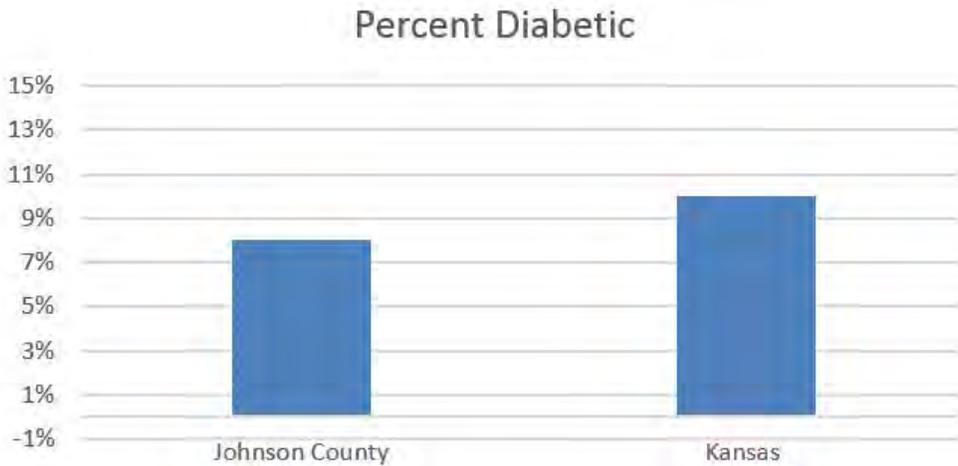
Source: County Health Rankings, 2018

**Diabetes**

Diabetes impacts many Americans and is a primary health concern in the United States, impacting approximately 29.1 million people. Diabetes lowers life expectancy by up to 15 years, increases the risk of heart disease by 2 to 4 times, and

is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness. Measuring the prevalence of diabetes in a population is important in assessing the overall health of the population.

**Figure 17: Percent of Adults Diabetic**



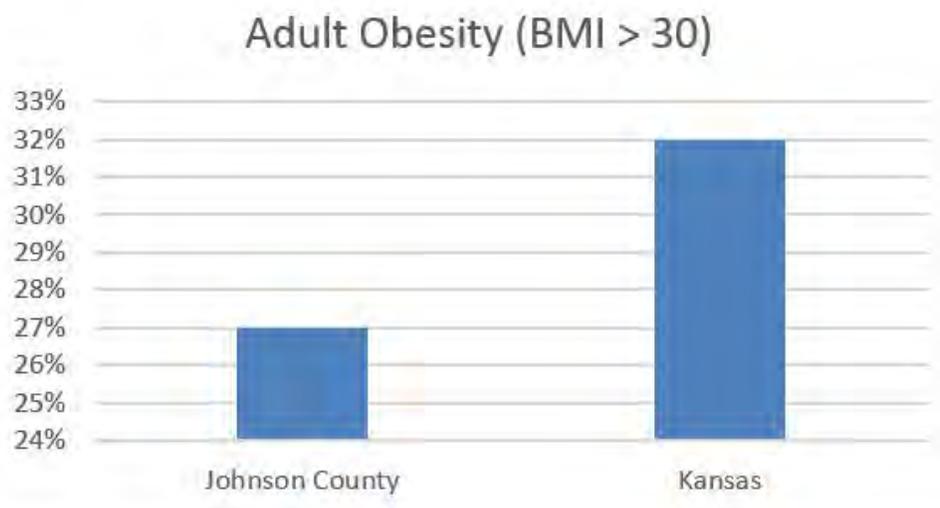
Source: County Health Rankings, 2017

**Adult Obesity**

Adult obesity is important to monitor as it increases the risk of many other health conditions. These conditions include type 2 diabetes, cancer, hypertension, heart disease, stroke,

and more health conditions. Monitoring and improving obesity rates have the ability to have substantial impact on the health of a particular community.

**Figure 18: Percent of Adults with Obesity**



Source: County Health Rankings, 2018

**Preventable Hospital Stays**

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

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

**Figure 19: Preventable Hospital Stays**



Source: County Health Rankings, 2018

**Behavioral Health**

Behavioral health disorders are one of the leading causes of disability. Mental illness can have a profound impact on the health of a population. Managing mental illnesses is vital to ensure a community is able to function appropriately and positively impact society. According to the National Institute of Mental Health, almost 13 million people suffer from mental illness in a given year. Mental health and physical health are interconnected. A person with mental illness can

suffer from many other health problems if their mental state is not in a positive place.

Mental health is an area in need of attention to help ensure all members of society are functioning at their highest level and contributing to the overall benefit of society. Healthy People 2020 has included mental health in its focus and has made it a priority for people to be aware of mental health.

**Figure 20: Mental Health Factors**

|   | Johnson County     | State Median       |
|---|--------------------|--------------------|
| <b>Frequent Mental Distress*</b>          | 8%                 | 10%                |
| <b>Access to Mental Health Providers*</b> | 466:1              | 556:1              |
| <b>Poor Mental Health Days*</b>           | 2.7<br>Per 30 days | 3.3<br>Per 30 days |
| <b>Suicide** (per 100,000)</b>            | 13.2               | 15.0               |

\*Source: County Health Rankings, 2018

\*\*Source: KDHE Community Health Assessment Survey, 2015

**Health Behaviors**

The behaviors of a particular community are essential to assessing the overall health of the population. People who do not adopt healthy behaviors are at an increased risk for other health problems. Human behaviors have a direct impact on health outcomes. A large percent of preventable deaths are

attributed to risky behaviors such as smoking, unhealthy diets, and risky sexual behavior. There are a multitude of factors influencing a change in behavior, including structural, educational, and environmental factors.

**Figure 21: Health Behaviors**

|  | Johnson County                   | State Median                     |
|--|----------------------------------|----------------------------------|
| <b>Adult Smoking</b>   | 12%                              | 17%                              |
| <b>Food Environment Index (out of 10)</b>  | 8.6                              | 7.0                              |
| <b>Physical Inactivity (adults over 20 reporting no leisure physical activity)</b> | 18%                              | 25%                              |
| <b>Teen Pregnancy Rate (per 1,000 15-19-year-old females)</b>                      | 12                               | 30                               |
| <b>Sexually Transmitted Infections (Chlamydia)</b>                                 | 291<br>Per 100,000<br>population | 395<br>Per 100,000<br>population |

Source: County Health Rankings, 2018

**Substance Abuse**

**Excessive Alcohol Consumption**

Excessive drinking reflects the percent of adults that report either binge drinking, defined as consuming more than four (women) or five (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than one (women) or two (men) drinks per day on average.

Excessive drinking as defined above can lead to impaired vision, mental capacity, judgment, and decision-making, all of which can lead to harmful decisions. This behavior is a

risk factor for a number of adverse health outcomes such as alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes. According to the CDC, approximately 80,000 deaths are attributed annually to excessive drinking. Excessive drinking is the third leading lifestyle-related cause of death in the United States.

**Figure 22: Substance Abuse Factors**

|  | Johnson County | State Median |
|--|----------------|--------------|
| <b>Excessive Drinking</b><br>(% of adults who report binge drinking in last 30 days) | 20%            | 17%          |
| <b>Alcohol Impaired Driving Death</b><br>(Percent of driving deaths alcohol related) | 30%            | 25%          |
| <b>Youth who smoke cigarettes</b><br>(% of youth smoking in last 30 days)            | 7.3% **        | 8.5%         |

Source: County Health Rankings, 2018

**Access to Care**

**Access to Primary Care Physicians**

Primary care physicians include MD’s and DO’s under the age of 75. Primary care specialties include general practice medicine, family medicine, internal medicine, and pediatrics. This measure indicates not only financial access but also physical access to providers. The goal of increased access to primary care physicians is to reduce utilization of unnecessary services.

There has been clear evidence of unnecessary utilization associated with specialist visits. An appropriate availability of primary care physicians is essential in order to provide referrals to appropriate levels of care for patients. Appropriate access to primary care can help reduce the hospital readmission rates as well because patients receive the right care at the right time.

| <b>Figure 23: Access to Care</b>                                       |                       |                     |
|--|-----------------------|---------------------|
|  | <b>Johnson County</b> | <b>State Median</b> |
| <b>Primary Care Physician Ratio</b>                                    | 830:1*                | 1320:1*             |
| <b>Adults with Health Insurance</b>                                    | 93%**                 | 88%***              |
| <b>Children with Health Insurance</b>                                  | 97%**                 | 91%****             |
| <b>Uninsured Adults<br/>(Adults under 65 without health insurance)</b> | 7%***                 | 12%***              |

\*Source: County Health Rankings, 2018

\*\*Source: American Community Survey, 2016

\*\*\*Source: Kansas Department of Health and Environment, 2018

\*\*\*\*Source: Kaiser Family Foundation, 2016

**D. National Priorities**

**Healthy People 2020**

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

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

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

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

## Section III: Summary of Findings

### Local Priorities

#### *Community Health Needs*

##### **Priority 1: Access to Care**

Access to care is a national and local priority through the Healthy People 2020 and the Healthy Kansans 2020 initiatives. Insufficient access to health services can be caused by many different issues, including lack of insurance, underinsurance, primary care provider availability, provider quality, and costs of care. Access to primary care providers and/or a health center has a major impact on individual health. Adequate access to both primary and specialty care is of even more importance to individuals with chronic conditions such as cancer and heart disease. Individuals with access to care are more likely to receive preventive care that improves quality of life and helps detect and manage chronic conditions.

##### **Prevalence**

In Johnson County, 93 percent of adults and 97 percent of children have health insurance.

The prevalence of poverty is an important metric to utilize in evaluating access to care in any community. Poverty research has long recognized poor health to be associated with low income. Indeed poor health may be a consequence of poverty, a cause of poverty, or both. In 2017, 5.3 percent of Johnson County residents lived at or below the Federal Poverty Level (FPL).

##### **Impact**

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

##### **Available Resources**

- Johnson County Department of Health and Environment
- Health Partnership Clinic
- Wy/Jo Care
- Mercy and Truth Clinic
- Johnson County Mental Health
- Overland Park Valley Hope
- Marillac
- Avenues to Recovery

- Clinical Associates P.A. – Overland Park
- The Family Conservancy
- Mirror, Inc.
- American Cancer Society
- Cancer Action KC
- American Lung Association
- R.A. Bloch Cancer Foundation
- American Heart Association

##### **Priority 2: Management of Transitions of Care**

The Centers for Medicare and Medicaid Services (CMS) has identified care transitions as a leading problem in health care. Transitions of care can be defined as “the movement of patients between health care practitioners, settings, and home as their condition and care needs change.” Poor transitions of care have historically been associated with nearly 80 percent of serious medical errors, and can have vast consequences including delayed treatment, incorrect treatment, and increased stays in the hospital.

##### **Prevalence**

The aging population creates new needs in health care services in order to meet the demands of consumers. As individuals live longer, they are more likely to face more chronic conditions that require better coordination of care services. According to the National Transitions of Care Coalition (NTOCC), individuals with chronic conditions are likely to see up to 16 physicians in one year. In one care episode in the hospital, a patient could see an average of 10 or more physicians during their stay.

In Johnson County, in 2017, the 65 and up age group accounted for 13.7 percent of the population and is expected to grow to account for 16 percent of the population by 2022. The health care system is currently more focused on addressing acute, episodic care needs versus more holistic patient needs over time.

Unplanned readmissions are highly correlated with poor transitions of care. The Federal government reports that one in five elderly patients is back in the hospital within 30 days. Most condition specific 30-Day unplanned readmission rates for Saint Luke’s South Hospital are comparable to U.S. national rates, with the hospital-wide rate at Saint Luke’s South Hospital outperforming the national rate.

Figure 24: 30-Day Unplanned Readmissions

| 30-Day Unplanned Readmission | SLSH Performance                     | U.S. National Rate |
|------------------------------|--------------------------------------|--------------------|
| Heart Attack                 | No different than U.S. National Rate | 16.3%              |
| Heart Failure                | No different than U.S. National Rate | 21.6%              |
| Pneumonia                    | No different than U.S. National Rate | 16.9%              |
| Hip/Knee Replacement         | No different than U.S. National Rate | 4.4%               |
| COPD                         | No different than U.S. National Rate | 19.8%              |
| Stroke                       | No different than U.S. National Rate | 12.2%              |
| Hospital-Wide                | Better than U.S. National Rate       | 15.3%              |

Source: Hospital Compare FY2013-2016.

**Impact**

According to CMS, the annual cost of Medicare patient readmissions is nearly \$26 billion dollars. An estimated \$17 billion of that amount was the result of unnecessary readmissions. As a result, CMS has continued to expand value-based purchasing programs that reduce payments to hospitals with excess readmissions. According to CMS, these programs support the goal of improving healthcare for Americans by linking payment to the quality of hospital care.

**Available Resources**

- The Joint Commission
- Center of Medicare and Medicaid Services
- National Transitions of Care Coalition
- Institute for Healthcare Improvement

**Priority 3: Behavioral Health**

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. Indicators show that individuals in Johnson County are experiencing an increased number of poor mental health days compared to 2012. Additionally, the suicide rate has decreased within the county since 2012, but at a rate of 13.2, the county rate is higher than the national rate of 13.0.

**Prevalence**

The burden of mental illness is among the highest of all diseases, with roughly one-fourth of adults and one-fifth of children having a mental health disorder in the past year.

Access to behavioral health and substance abuse treatment services remain an area of concern for Johnson County. Individuals in this community have demonstrated higher than average risk in these areas.

Figure 25: Mental Health and Substance Abuse Comparative Data from CHNA 2015 to CHNA 2018

| Indicator  | Johnson County | Kansas  | National |
|--|----------------|---------|----------|
| Poor Mental Health Days (per 30 days)                                      | 2.7*           | 3.3*    | 2.3*     |
|  | 2.4**          | 2.8**   | 2.4**    |
| Access to Mental Health Providers  | 466:1*         | 556:1*  | N/A      |
|  | 673:1**        | 861:1** | 521:1**  |
| Suicide (per 100,000 deaths)   | 13.2***        | 15.0*** | 13.0***  |
|  | 14**           | 15.1**  | 12.6**   |
| <b>Substance Abuse</b>   |                |         |          |
| Excessive Drinking (% of adults who report binge drinking in last 30 days) | 20%*           | 17%*    | N/A      |
|  | 18.2%**        | 16.3%** |          |
| Alcohol Impaired Driving Death (% of alcohol related driving deaths)       | 30%*           | 25%*    | N/A      |
|  | 45%**          | 31.5%** |          |

Source: County Health Rankings, 2018

\*\*Source: County Health Rankings, 2006-2012

\*\*\*Source: KDHE Community Health Assessment Survey, 2015

**Impact**

Unfortunately, comorbidity between mental and medical conditions is the rule rather than the exception. One nationally representative epidemiological survey shows 68 percent of people with a diagnosed mental disorder report having at least one general medical disorder and 29 percent of people with a medical disorder had a comorbid mental health. Consequently, the impact of the need for more behavioral health care affects the biomedical needs of Johnson County.

**Available Resources**

- Johnson County Mental Health Services
- Centers for Disease Control
- Kansas Department of Health and Environment

**Section V: Appendices**

**A. Key Contributors**

Johnson County Department of Health and Environment  
 Health Partnership Clinic  
 United Community Services of Johnson County  
 SAFEHOME  
 Johnson County Mental Health Center  
 Overland Park Chamber of Commerce  
 Shawnee Mission School District  
 Blue Valley School District

|   | Saint Luke's South Hospital | Johnson County Department of Health & Environment | United Community Services of Johnson County | Safehome | Johnson County Health Center | Health Partnership of Johnson County | Shawnee Mission and Blue Valley School Districts |
|---|-----------------------------|---|---|----------|------------------------------|--------------------------------------|--|
| Represents Public Health                          |                             | X   |   |          | X                            |                                      |  |
| Represents Medically Underserved Populations      | X                           | X   | X   | X        | X                            | X                                    |  |
| Represents Low Income Populations                 | X                           | X   | X   | X        | X                            | X                                    | X  |
| Represents Populations with Chronic Disease Needs | X                           | X   |   | X        | X                            | X                                    | X  |
| Represents Minority Populations                   | X                           | X   | X   | X        | X                            | X                                    | X  |

## **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 HMC's community health needs. The focus of the targeted stakeholder interviews, focus groups, and analysis of secondary data was to gain powerful insights on top health concerns.

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

Many key public health indicators are collected at varying intervals. These intervals may or may not coincide with other indicators. This interval inconsistency does pose challenges when performing analysis across a wide range of datatypes and datasets especially when data are not always collected annually, meaning that some data is several years old. Furthermore, disaggregated data around age, ethnicity, race, and gender are not available for all data indicators, which limited the ability to examine disparities of health within the community.

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

## **C: Evaluation of Impact**

Saint Luke's South Hospital's previous Community Health Needs Assessment was conducted in 2015. Following the approval by the board, the Implementation Plan was also adopted. Below are the different action items that were included on the 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 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/<br>Sub Activity | Description  | Status           | Comments        |
|----------------------------|--|------------------|-----------------|
| <b>1</b>                   | <b>Improved Access to Care</b>   | <b>On Target</b> | <b>On-Going</b> |
| 1.1                        | Continue to provide access to care through 24/7 Emergency Department with helicopter pad access.   | On Target        | On-Going        |
| 1.2                        | Continue to provide assistance to the Health Partnership Clinic in order to provide a medical home for low income, uninsured individuals.  | On Target        | On-Going        |
| 1.3                        | Continue to serve as a safe harbor site for babies and children  | On Target        | On-Going        |
| 1.4                        | Provide health education and preventive screenings to community members.   | On Target        | On-Going        |
| 1.5                        | Support and collaborate with Hy-Vee Clinics to offer high quality primary care in several locations throughout the community.  | On Target        | On-Going        |
| 1.6                        | Continue to advocate on key health policy issues at the state and national level, including Medicaid reform, access to care, and health care financing for the low-income population.  | On Target        | On-Going        |
| <b>2</b>                   | <b>Increased Access to Physical Activity and Nutrition</b>   | <b>On Target</b> | <b>On-Going</b> |
| 2.1                        | Provide additional resources and education for community members regarding nutrition and physical activity. This includes continuation of programs such as cardio health and wellness program, pre-diabetes education series, cardiovascular rehabilitation program, and community nutritional education.                  | On Target        | On-Going        |
| 2.2                        | Continue Saint Luke's Corporate Wellness Solutions in order to foster fundamental behavioral change among employees by planning, implementing, and evaluating programs and strategies related to health and wellness while continuing to focus on wellness initiatives already in place within Saint Luke's Health System. | On Target        | On-Going        |
| 2.3                        | Continue to provide cardiology services that not only treat heart disease but also, focus on promoting health behaviors that combat obesity and encourage healthy eating and physical activity.  | On Target        | On-Going        |
| 2.4                        | Continue to provide diabetes services that offer unique and individualized services to diabetic patients. Prevention services are also offered that, in turn, promote health behaviors that combat obesity and encourage healthy eating and physical activity  | On Target        | On-Going        |
| <b>3</b>                   | <b>Management of Transitions of Care</b>   |                  |                 |
| 3.1                        | Increase communication efforts between providers, as well as between providers and patients/patient caregivers.  | On Target        | On-Going        |
| 3.2                        | Develop structures, processes, and partnership approaches with non-Saint Luke's Health System physicians and entities to effectively manage patient care.  | On Target        | On-Going        |
| 3.3                        | Work to identify and focus resources on quality improvement opportunities.   | On Target        | On-Going        |

## Section V: References

- Cancer: Addressing the Cancer Burden. (2016, Jan). Centers for Disease Control and Prevention. Retrieved from <http://www.cdc.gov/chronicdisease/resources/publications/aag/dpcp.htm>
- Centers for Disease Control and Prevention. (2018). Retrieved from <http://www.cdc.gov>
- County Health Rankings. (2018). Johnson County, County Snapshot. Retrieved from <http://www.countyhealthrankings.org>.
- Crossing the Quality Chasm: A New Health System for the 21st Century. (2001, Mar). Institute of Medicine. Retrieved from <https://www.iom.edu/Reports/2001/Crossing-the-Quality-Chasm-A-New-Health-System-for-the-21st-Century.aspx>
- Fast Facts. (2018). Johnson County Kansas. Retrieved from <http://www.jocogov.org/government/aboutjohnson-county/fast-facts>
- Health Partnership of Johnson County Profile. (2016). Health Partnership Clinic. Retrieved from <http://gkccf.guidestar.org/profile/1129/health-partnership-johnson-county.aspx>
- Healthy People 2020. (2018). Retrieved from <http://www.healthypeople.gov>
- Heart Disease and Stroke. (2018) Healthy People 2020. Retrieved from <http://www.healthypeople.gov/2020/topics-objectives/topic/heart-disease-and-stroke>
- Hot Topics in Health Care: Transitions of Care: The need for a more effective approach to continuing patient care. (2012, Jun). The Joint Commission. Retrieved from [http://www.jointcommission.org/assets/1/18/hot\\_topics\\_transitions\\_of\\_care.pdf](http://www.jointcommission.org/assets/1/18/hot_topics_transitions_of_care.pdf)
- Hot Topics in Health Care, Issue #2: Transitions of Care: The need for collaboration across entire care continuum. (2013, Feb). The Joint Commission. Retrieved from [http://www.jointcommission.org/assets/1/6/TOC\\_Hot\\_Topics.pdf](http://www.jointcommission.org/assets/1/6/TOC_Hot_Topics.pdf)
- Improving Transitions of Care: Findings and Considerations of the “Visions of the National Transitions of Care Coalition.” (2010, Sept). National Transitions of Care Coalition. Retrieved from <http://www.ntocc.org/portals/0/pdf/resources/ntoccissuebriefs.pdf>
- Johnson County, Kansas (KS). (2012). City-Data. Retrieved from [http://www.citydata.com/county/Johnson\\_County-KS.html](http://www.citydata.com/county/Johnson_County-KS.html)
- Johnson County Poverty. (2013, Sept). United Community Services of Johnson County. Retrieved from <http://www.jocogov.org/sites/default/files/images/DHE/chPovertyJoCo2012.pdf>
- Joint Commission Center for Transforming Healthcare Releases Targeted Solutions Tool for Hand-Off Communications. (2012, Aug). Joint Commission Perspectives: 32(8). Retrieved from [http://www.jointcommission.org/assets/1/6/TST\\_HOC\\_Persp\\_08\\_12.pdf](http://www.jointcommission.org/assets/1/6/TST_HOC_Persp_08_12.pdf)
- Kansas Department of Health and Environment. Retrieved from <http://www.kdheks.gov/health/index.html>
- Kansas Health Assessment and Improvement Plan. (2014, Nov). Healthy Kansans 2020. Retrieved from <http://healthykansans2020.org/KHAIP.shtml>
- KC Health Matters (2018). Community Dashboard. Retrieved from <http://kchealthmatters.org/community-dashboard>
- Kessler RC, Chiu W, Demler O, et al. Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication. Arch Gen Psychiatry. 2005 Jun;62(6):617-27.
- Medicare’s Hospital Compare. (2013-2016). Retrieved from <http://www.medicare.gov/hospitalcompare>
- National Institute of Mental Health. Retrieved from <http://www.nimh.nih.gov/health/statistics/prevalence/index.shtml>
- The Revolving Door: A Report on U.S. Hospital Readmissions. (2013, Feb). Robert Wood Johnson Foundation. Retrieved from <http://www.rwjf.org/content/dam/farm/reports/reports/2013/rwjf404178>

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