

# Allen County Regional Hospital Community Health Needs Assessment

*2021*

◆ Allen County Regional Hospital



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## EXECUTIVE SUMMARY

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### Introduction

This Community Health Needs Assessment (“CHNA”) was conducted by Allen County Regional Hospital (“ACRH” or “the hospital”) to identify significant community health needs and to inform development of an Implementation Strategy to address current needs.

Allen County Regional Hospital is a critical access hospital located in Iola, Kansas. The hospital operates a Level IV Trauma Center and offers a state-of-the-art emergency department, advanced imaging, general surgery, inpatient care, inpatient and outpatient rehabilitation, senior life solutions, and wound care. The hospital’s specialty clinic offers access to specialists in a wide variety of specialty areas including cardiology, ENT, podiatry, and urology. Family medicine practitioners care for patients in the hospital, at primary care offices nearby, and in rural clinics located in Humboldt and Moran. Because ACRH is part of the Saint Luke’s Health System, patients have streamlined access to Saint Luke’s expansive network of resources and experts in 65 specialty services. Additional information about ACRH is available at: <https://www.saintlukeskc.org/locations/allen-county-regional-hospital>.

Saint Luke’s Health System (“SLHS”) is a faith-based, not-for-profit health system committed to the highest levels of excellence in providing health care and health-related services in a caring environment. The system is dedicated to enhancing the physical, mental, and spiritual health of the diverse communities it serves. Saint Luke’s Health System operates 18 hospitals and campuses across the Kansas City region, home care and hospice services, behavioral health care, dozens of physician practices, a life care senior living community, and additional facilities and services. Additional information regarding SLHS is available at: <https://www.saintlukeskc.org/about-saint-lukes>.

This CHNA was conducted using widely accepted methodologies to identify the significant health needs of the community served by ACRH. The assessment also was conducted to comply with federal laws and regulations.

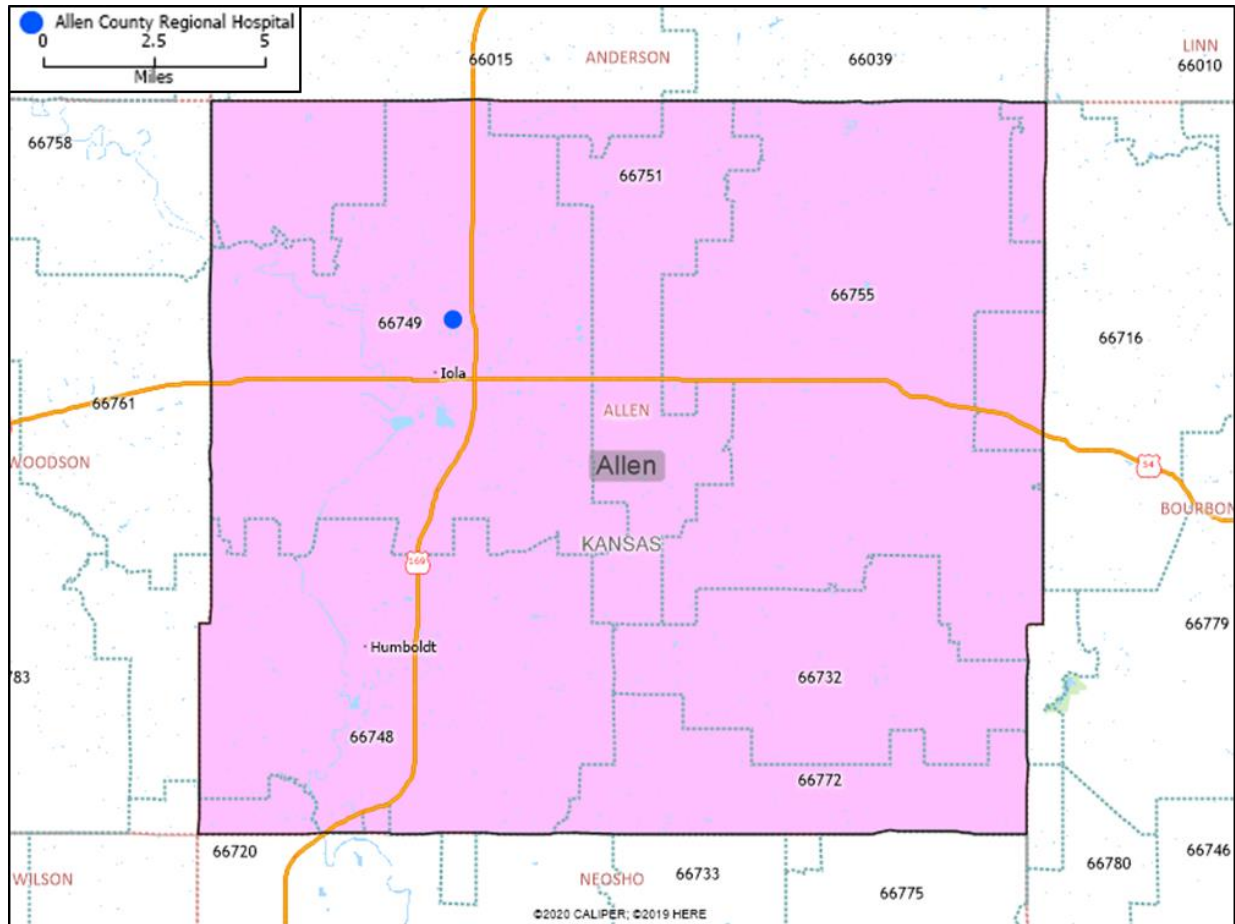
### Community Assessed

For purposes of this CHNA, ACRH’s community is defined as Allen County, Kansas. The community was defined by considering the geographic origins of the hospital’s inpatient discharges and emergency room visits in calendar year 2019. Allen County accounted for approximately 77 percent of the hospital’s 2019 inpatient and emergency room cases.

The total population of Allen County in 2019 was 12,556.

The following map portrays the community assessed by ACRH and the hospital’s location within Allen County.

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Source: Caliper Maptitude, 2020.

### Significant Community Health Needs

As determined by analyses of quantitative and qualitative data, the significant health needs in the community served by Allen County Regional Hospital are:

- Access to Care
- COVID-19 Pandemic and Effects
- Mental Health
- Obesity, Physical Inactivity, and Access to Healthy Food
- Poverty and Affordable Housing
- Substance Use Disorder and Smoking
- Transportation

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### Significant Community Health Needs: Discussion

#### Access to Care

Accessing health care services is challenging for some members of the community, particularly for those who are low-income, uninsured, underinsured, and with limited transportation options.

The per-capita supply of primary care physicians, dentists, and mental health providers in Allen County is low compared to state and national averages. The federal government has designated the county as a Health Professional Shortage Area (“HPSA”) for low-income residents seeking access to primary care physicians and dentists. The county also has been designated as a HPSA for mental health professionals and as a Medically Underserved Area (“MUA”) for low-income residents.

Community representatives who provided input into this CHNA (“community informants”) confirmed that providers are in short supply. Access to mental health services (particularly inpatient hospitalization) is limited due to a lack of providers, leading to long wait times and need for residents to travel to urban areas. Primary care providers and specialists are in short supply as well.

Community informants cited numerous, additional reasons why health care services are difficult to access, including poverty (which makes affording health care services difficult because resources are needed for other basic needs such as food and rent), prevalence of uninsured people, transportation problems, poor health literacy, a lack of knowledge regarding available resources, and language and cultural barriers – particularly for Hispanic (or Latino) populations. Recent spikes in unemployment due to the COVID-19 pandemic are contributing to the number of community members who are uninsured.

Other community health needs assessments also have identified improving access to affordable health care services as a priority. They state that improving access to affordable health insurance and expanding telemedicine and integrated electronic health records systems would help increase access to affordable services.

Kansas is one of the twelve remaining states that have chosen not to expand Medicaid eligibility. According to an analysis published by the Kaiser Family Foundation, 90,000 uninsured adults would be eligible for Medicaid if Kansas implemented Medicaid expansion.

#### COVID-19 Pandemic and Effects

The Centers for Disease Control and Prevention (“CDC”) provides information, data, and guidance regarding the COVID-19 pandemic. The pandemic represents a public health emergency for the state, nation, and the world. In addition to contributing to severe illness and death, the pandemic also has exposed the significance of problems associated with long-standing community health issues, including racial health inequities, chronic disease, access to health services, mental health, and related issues.

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Part of the CDC's work has included identifying certain populations that are most at risk for severe illness and death due to the pandemic. Based on that work, many at-risk people live in the community served by ACRH. Populations most at risk include older adults, people with certain underlying conditions, pregnant women, and members of racial and ethnic minority groups. According to the CDC, "long-standing systemic health and social inequities have put some members of racial and ethnic minority groups at increased risk of getting COVID-19 or experiencing severe illness, regardless of age." Men also are more likely to die from COVID-19 than women.

Community informants indicated that a variety of health and mental health problems have worsened due to the pandemic. Mental health status has deteriorated due to increased social isolation, particularly for elderly people. People and providers have been experiencing stress due to interruptions in employment and in daily routines. Elective procedures and routine health care services have been delayed, making it difficult for people to manage chronic conditions and to receive needed screening services. An expansion of telehealth services, however, has helped improve access to care.

The pandemic also is having serious economic impacts. In 2020, the number of people unemployed in Allen County and in the U.S. increased substantially. The rise in unemployment has reduced access to employer-based health insurance and has increased housing and food insecurity. Social services agencies are experiencing unprecedented demand.

### **Mental Health**

Allen County ranks in the bottom quartile of Kansas counties for the prevalence of mentally unhealthy days (adults). The county's suicide mortality rate also is significantly above the statewide average.

Poor mental health status (including depression and anxiety) and suicide were identified by most community informants as significant concerns. Contributing factors include an under-supply of providers and facilities, stress, a lack of social connectedness, isolation due to the COVID-19 pandemic, and mental health stigma.

In community meetings, mental health was the most frequently identified significant health problem in Allen County. The county has a problematic undersupply of mental health services (particularly inpatient hospitalization resources) and substance use disorder (SUD) services. This is contributing to long wait times for those seeking services. While mental health stigma is less prevalent today than in prior years, it remains a barrier for many seeking needed services.

### **Obesity, Physical Inactivity, and Access to Healthy Food**

Obesity and its contributing factors – including physical inactivity, access to healthy food, and a lack of nutrition knowledge – are significant concerns.

Allen County ranks poorly for the prevalence of adult obesity, for its food environment index, and for rates of physical inactivity. All six of Allen County's ZIP codes are in the bottom



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quartile nationally for rates of adult obesity. Mortality rates for chronic conditions that have been associated with obesity (including heart disease and diabetes) also are significantly above average.

Community members also identified obesity (for adults and for children) and chronic conditions as significant issues. They cited food insecurity and nutrition knowledge as contributing factors. Cheap, unhealthy food is widely available in Allen County.

A recently conducted community health assessment cited the need to increase the availability and affordability of healthy food options and to eliminate food deserts as a priority. The most recently published Kansas State Health Assessment and Community Health Improvement Plan addressed healthy eating and physical activity issues as priorities.

### **Poverty and Housing**

People living in low-income households generally are less healthy than those living in more prosperous areas.

In 2015-2019, 17.7 percent of Allen County residents lived in poverty – above Kansas and U.S. averages (12.0 percent and 13.4 percent respectively). Poverty rates for Hispanic (or Latino) residents (26.6 percent) have been substantially higher than rates for White residents (15.7 percent).

Allen County ranks in the bottom quartile of Kansas counties for children in poverty. At 26.8 percent, the county's childhood poverty rate has been well above the national average (18.0 percent).

Several census tracts in Allen County have been identified as “low income” and as having an unfavorable Social Vulnerability Index (published by the Centers for Disease Control). Most of these tracts are in northwestern parts of the county and surrounding Iola. People in several census tracts also are affected by a lack of access to affordable housing and transportation.

Community informants identified poverty and access to safe and affordable housing as among the most significant community health needs in Allen County. Interviewees stressed that poverty can be generational and difficult to escape without educational high-paying employment opportunities.

Other state and local community health assessments have confirmed that poverty and affordable housing are significant needs in the region.

### **Substance Use Disorder and Smoking**

Substance use disorders (SUDs) and smoking rates are significant, growing issues in Allen County. Disorders associated with opioids, methamphetamine, tobacco, and other substances are problematic.

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Between 2013 and 2018, drug poisoning deaths in Allen County increased 20 percent (compared to 3.5 percent statewide). The county's drug poisoning mortality rates consistently have exceeded state and national averages.

Above average tobacco use and smoking rates have been persistent problems in the county. Allen County recently ranked in the bottom quartile of Kansas counties and above the national average for adult smoking. The percentage of mothers who smoked while pregnant was more than double the state average.

Community members confirmed that SUDs and tobacco usage (including vaping) are significant needs. These issues have been worsened by growing mental health challenges and by the COVID-19 pandemic. Access to SUD treatment services is limited due to an undersupply of providers, long wait times, high costs, and long travel times to services available outside of the county.

The Kansas State Health Assessment and Improvement Plan also identified smoking cessation as a priority need for the state.

### **Transportation**

The lack of transportation was identified as a significant need in Allen County. Transportation is needed to access health services and a variety of other basic needs (such as food and employment).

Census tracts near Iola are ranked in the bottom quartile nationally for transportation vulnerability. The county also ranks in the bottom quartile of Kansas counties for the percentage of population that drives alone to work.

Community members identified transportation as one of the most significant needs in Allen County. They cited a lack of public options and the need to travel far for health services (particularly to access specialty care in Kansas City) as problematic. Elderly residents and low-income populations are particularly affected.

Other health assessments, including the Kansas State Health Assessment and the Rural Health Plan, have identified transportation-related challenges as significant community health concerns in the area.

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### Community Definition

This section identifies the community that was assessed by ACRH. The community was defined by considering the geographic origins of the hospital’s discharges and emergency room visits in calendar year 2019.

On that basis, ACRH’s community was defined as Allen County, Kansas. The county accounted for 77 percent of the hospital’s 2019 inpatient volumes and 77 percent of its emergency room visits (**Exhibit 1**).

**Exhibit 1: ACRH Discharges and Emergency Room Visits, 2019**

County	State	Inpatient Discharges	Percent Discharges	ER Visits	Percent ER Visits
Allen	KS	440	77.2%	3,491	76.6%
<b>From Community</b>		<b>440</b>	<b>77.2%</b>	<b>3,491</b>	<b>76.6%</b>
Other Areas		130	22.8%	1,069	23.4%
<b>Hospital Total</b>		<b>570</b>	<b>100.0%</b>	<b>4,560</b>	<b>100.0%</b>

Source: Analysis of Saint Luke’s utilization data, 2021.

The total population of Allen County in 2019 was approximately 12,500 persons (**Exhibit 2**).

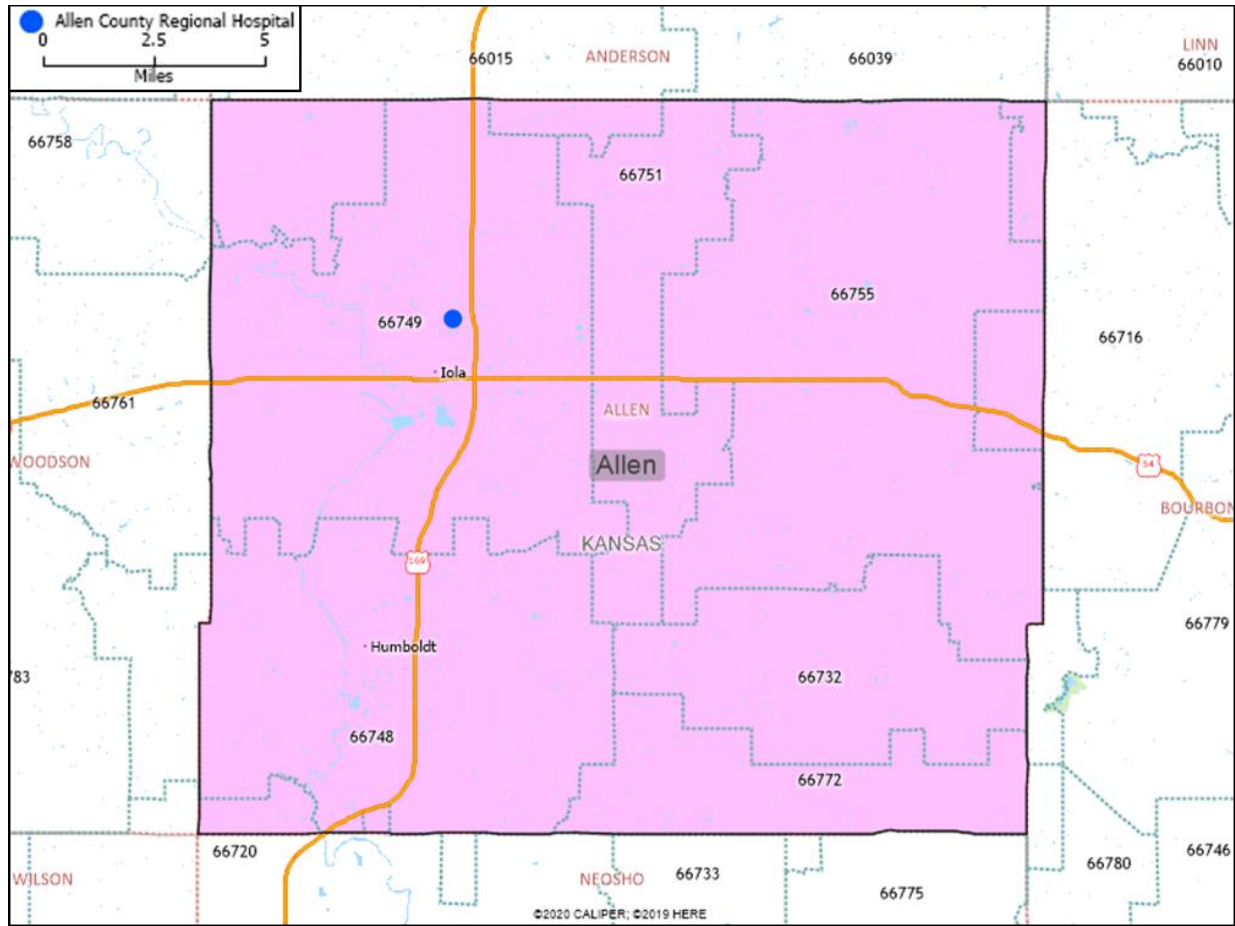
**Exhibit 2: Community Population by County, 2019**

County	State	Total Population 2019	Percent of Total Population 2019
Allen	KS	12,556	100.0%
<b>Community Total</b>		<b>12,556</b>	<b>100.0%</b>

Source: US Census, ACS 5-Year Estimates (2015-2019), 2020.

The hospital is located in Iola, KS (ZIP Code 66749). **Exhibit 3** portrays ACRH’s community and ZIP code boundaries within Allen County.

**Exhibit 3: Allen County Regional Hospital Community**



Source: Caliper Maptitude, 2020.

## Secondary Data Summary

The following section summarizes principal observations from the secondary data analysis. See Appendix B for more detailed information.

### Demographics

Demographic characteristics and trends directly influence community health needs. The total population in Allen County is expected to decline 7.3 percent from 2019 to 2025 (approximately 900 persons). However, the population 65 years of age and older is anticipated to grow during the same period by 2.1 percent (or 50 persons). This development should contribute to greater demand for health services, since older individuals typically need and use more services than younger persons.

Allen County has substantial variation in demographic characteristics (e.g., age, race/ethnicity, income levels) across the county. Over 34 percent of residents in ZIP code 66755 were age 65 or older in 2019. This proportion is only 10 percent in neighboring ZIP code 66732. Black

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residents comprise under two percent of the population in every ZIP code. Hispanic (or Latino) residents exceed three percent of the population in four ZIP codes.

The proportion of residents who are disabled is significantly higher in Allen County than in Kansas and the nation.

### **Socioeconomic Indicators**

People living in low-income households generally are less healthy than those living in more prosperous areas. In 2015-2019, approximately 17.7 percent of Allen County residents lived in poverty – above Kansas and U.S. averages (12.0 percent and 13.4 percent respectively).

Poverty rates for Hispanic (or Latino) residents (26.6 percent) have been substantially higher than rates for White residents. For White residents, the poverty rate in the county was 15.7 percent.

Low-income census tracts can be found in Allen County, particularly in northwestern parts of the county surrounding the hospital and Iola. These census tracts also are categorized as “higher need” by the Dignity Health Community Need Index™ and are in the bottom half and quartile nationally for “social vulnerability” according to the Centers for Disease Control Social Vulnerability Index.

Between 2016 and early 2020, unemployment rates in Allen County, Kansas, and the United States fell significantly. However, due to the COVID-19 pandemic, unemployment rose substantially in 2020 in all areas. The rise in unemployment is likely to affect numerous health-related factors, such as access to employer-based health insurance, housing and food insecurity, and access to health services.

Overall crime rates in Allen County have been below Kansas averages. Burglary rates are an exception.

The percentage of people with health insurance coverage is higher in Allen County than in Kansas and the U.S.

A June 2012 Supreme Court ruling provided states with discretion regarding whether or not to expand Medicaid eligibility. Kansas is one of 12 remaining states that have chosen not to expand Medicaid. In 2018, the average uninsured rate in states that expanded Medicaid was 7.7 percent; the average rate in states that did not expand Medicaid was 14.6 percent. According to an analysis published by the Kaiser Family Foundation, 90,000 of Kansas’s uninsured adults would be eligible for Medicaid if the state expanded Medicaid coverage.

### **Other Local Health Status and Access Indicators**

In the 2020 *County Health Rankings* and for overall health outcomes, Allen County ranked 86<sup>th</sup> (out of 105 counties in Kansas). Allen County ranked in the bottom 50<sup>th</sup> percentile for 27 (and in

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the bottom quartile for 20) of the 41 indicators assessed by County Health Rankings. The county ranked particularly unfavorably for:

- health factors,
- length of life,
- mentally unhealthy days,
- health behaviors,
- smoking,
- food environment index,
- social and economic factors,
- unemployment,
- children in poverty, and
- driving alone to work.

*Community Health Status Indicators* (“CHSI”) compares indicators for each county with those for peer counties across the United States. Each county is compared to 30 to 35 of its peers, which are selected based on socioeconomic characteristics such as population size, population density, percent elderly, per-capita income, and poverty rates.

In CHSI, Allen County benchmarks poorly for several indicators, including:

- obesity,
- food environment index,
- high school graduation rate,
- violent crime, and
- those with long commutes who drive alone.

Other secondary data from the Kansas Department of Health and Environment, the Centers for Disease Control and Prevention, America’s Health Rankings, the Health Resources and Services Administration, and the United States Department of Agriculture, have been assessed. Based on an assessment of available secondary data, the indicators presented in **Exhibit 4** appear to be most significant in Allen County.

An indicator is considered *significant* if it was found to vary materially from a benchmark statistic (e.g., an average value for Kansas, for peer counties, or for the United States). For example, 38.3 percent of Allen County’s adults are obese; the average for the United States is 29.0 percent. The last column of the exhibit identifies where more information regarding the data sources can be found in this report.

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### Exhibit 4: Significant Indicators

Indicator	Area	Value	Benchmark		Exhibit
			Value	Area	
65+ Population change, 2019-2025	Allen County	2.1%	-5.6%	Allen County, Total	8
Percent disabled, 2015-2019	Allen County	17.8%	13.0%	Kansas	12
Poverty rate, 2015-2019	Allen County	17.7%	12.0%	Kansas	13
Percent children in poverty	Allen County	26.8%	14.8%	Kansas	28
Poverty rate, Hispanic (or Latino), 2015-2019	Allen County	26.6%	15.7%	Allen County, Total	14
Community Need Index score	Allen County	3.3	3.0	United States	21
Violent crime rate per 100,000 population	Allen County	318.6	201.0	Peer counties	29
High school graduation percentage	Allen County	84.7%	91.1%	Peer counties	29
Years of potential life lost before age 75 per 100,000	Allen County	9,358	6,900	United States	28
Obesity (Percent adults BMI >=30)	Allen County	38.3%	29.0%	United States	28
Physical inactivity	Allen County	30.7%	23.0%	United States	28
Food environment index	Allen County	6.3	7.0	Peer counties	29
Diabetes mortality per 100,000	Allen County	48.7	23.8	Kansas	31
Ratio of population to primary care physicians	Allen County	1,565:1	1,330:1	United States	28
Ratio of population to dentists	Allen County	1,778:1	1,450:1	United States	28
Ratio of population to mental health providers	Allen County	830:1	400:1	United States	28
Preventable hospital stays for ACSC conditions per 100,000 Medicare enrollees	Allen County	5,582	4,024	Kansas	28
Suicide mortality per 100,000	Allen County	29.9	18.7	Kansas	31
Drug poisoning mortality per 100,000	Allen County	22.7	11.8	Kansas	31
Infant mortality rate per 1,000 births	Allen County	8.4	5.9	Kansas	35
Infant mortality rate, Black infants	Kansas	10.7	4.1	Kansas, White Infants	36
Teen birth rate per 1,000 female pop. ages 15-19	Allen County	28.3	23.0	United States	28
Smoking percentage among adults	Allen County	18.6%	17.0%	United States	28
Percent mothers who smoked while pregnant	Allen County	22.1%	9.4%	Kansas	35
COVID-19 cases per 100,000 population	Allen County	11,339	10,854	United States	30
Percent of adults fully vaccinated COVID-19	Allen County	38.9%	60.4%	Kansas	30

Source: Verité Analysis.

When Kansas health data are arrayed by race and ethnicity, significant differences are observed, in particular for:

- Infant mortality,
- Cancer,
- Children in poverty,
- Crowded housing,
- Diabetes,
- High school graduation,
- Mental and physical distress,
- Low birthweight births,
- Severe housing problems, and
- Teen births.

These differences indicate the presence of racial and ethnic health inequities and disparities.

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### **Ambulatory Care Sensitive Conditions**

Ambulatory Care Sensitive Conditions (ACSCs) include thirteen health conditions (also referred to as Prevention Quality Indicators (PQIs)) “for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease.”<sup>1</sup> Among these conditions are: diabetes, perforated appendixes, chronic obstructive pulmonary disease (COPD), hypertension, congestive heart failure, dehydration, bacterial pneumonia, urinary tract infection, and asthma.

Analyses conducted for this CHNA indicate that discharges for ACSCs are comparatively high in Allen County and from ACRH.

### **Food Deserts**

The U.S. Department of Agriculture’s Economic Research Service identifies census tracts that are considered “food deserts” because they include lower-income persons without supermarkets or large grocery stores nearby. There are currently no federally-designated food deserts in Allen County.

### **Medically Underserved Areas and Populations**

Medically Underserved Areas and Populations (MUA/Ps) are designated by the Health Resources and Services Administration based on an “Index of Medical Underservice.” The low-income population of Allen County has been designated as medically underserved.

### **Health Professional Shortage Areas**

A geographic area can receive a federal Health Professional Shortage Area (HPSA) designation if a shortage of primary medical care, dental care, or mental health care professionals is present. The entire low-income population of Allen County has been designated as a primary care and dental health care HPSA. The entire county has been designated as a mental health care HPSA.

### **CDC COVID-19 Prevalence and Mortality Findings**

The Centers for Disease Control and Prevention (CDC) provides information, data, and guidance regarding the COVID-19 pandemic. The pandemic represents a public health emergency for Kansas and the United States. The pandemic also has exposed the significance of problems associated with long-standing community health issues, including racial health inequities, chronic disease, access to health services, mental health, and related issues.

Part of the CDC’s work has included identifying certain populations that are most at risk for severe illness and death due to the pandemic. Based on that work, at-risk populations live in the community served by ACRH. Populations most at risk include:

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<sup>1</sup>Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicators.



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- Older adults;
- People with certain underlying medical conditions, including cancer, chronic kidney disease, COPD, obesity, serious heart conditions, diabetes, sickle cell disease, asthma, hypertension, immunocompromised state, and liver disease;
- People who are obese and who smoke;
- Pregnant women; and,
- Black, Hispanic (or Latino), and American Indian or Alaska Native persons.

According to the CDC, “long-standing systemic health and social inequities have put some members of racial and ethnic minority groups at increased risk of getting COVID-19 or experiencing severe illness, regardless of age.”

### Findings of Other CHNAs

The State of Kansas, local community organizations, and national organizations that specialize in rural health recently released community needs assessments or updates to previous health improvement plans. This CHNA has integrated the findings of that work.

The issues most frequently identified as *significant* in these other assessments are (presented in alphabetical order):

- Access to health care services;
- Employment and workforce readiness;
- Housing;
- Infrastructure (including broadband);
- Physical activity and health eating;
- Poverty and living wages;
- Public health workforce;
- Regional communication and coordination;
- Transportation; and
- Tobacco usage.

### Primary Data Summary

Primary data were gathered through key stakeholder interviews and online meetings. Two community meetings relevant to ACRH were conducted, including one focused on Allen County stakeholders and another meeting with ACRH staff members. Interviews were conducted by phone or online video conferences, and meetings were conducted by online video conferences.

See Appendix C for information regarding those who participated in the community input process.

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### Key Stakeholder Interviews

Eight (8) interviews were conducted to learn about community health issues in Allen County. Participants included individuals representing public health departments, social service organizations, community health centers, and similar organizations.

Questions focused first on identifying and discussing health issues in the community before the COVID-19 pandemic began. Interviews then focused on the pandemic's impacts and on what has been learned about the community's health given those impacts. Stakeholders also were asked to describe the types of initiatives, programs, and investments that should be implemented to address the community's health issues and to be better prepared for future risks.

Stakeholders most frequently identified the following issues as significant before the COVID-19 pandemic began.

- The **needs of elderly populations** are significant as the population ages. Elderly populations are particularly vulnerable due to transportation issues, difficulties aging in place due to unsafe housing conditions, and issues accessing services due to lack of broadband access or technological knowledge.
- **Transportation** is a significant concern, limiting the ability to access basic needs and medical services (particularly specialty providers in larger metro areas) due to limited public options. Elderly and low-income populations are most affected by transportation issues.
- **Mental Health** is a significant issue, with problems with depression, anxiety, and isolation all increasing. **Access to mental health services** is also limited due to a lack of providers (particularly for inpatient hospitalization) leading to long wait times. A stigma against seeking mental health treatment still exists despite recent progress.
- Issues with **substance use disorder** persist, with the use of methamphetamines and opioids both cited as significant concerns. Treatment for substance use disorder is also limited and often has long wait or travel times.
- There is a **lack of health care providers** throughout the region, limiting access for many residents. This issue is particularly pronounced for **specialty providers**. Due to the low supply of physicians, residents must travel far for care. Additionally, options in the community are often expensive and **unaffordable** to many residents.
- **Access to healthy foods** is an issue for many residents due to the high cost of healthy food and widespread availability of cheaper, unhealthy options. Knowledge of **nutrition** is limited for many residents, and resulting **obesity** is a significant concern and leading to many chronic conditions.
- **Poverty** is a significant concern, often systemic and generational throughout the area. Many job opportunities offer low wages, making it difficult for families to overcome

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poverty. Low-income residents and “**working poor**” have limited access to many resources, including basic needs and health care.

- Despite resources being accessible for many residents, a **lack of health education and knowledge of resources** leads to poorer health. Many residents do not know where to go to get their needs met, leading to unmet need. Additionally, a lack of knowledge surrounding health (including understanding insurance, healthy eating, and others) is prevalent.
- The **health and wellbeing of children** is a concern, with issues around healthy eating and mental health described as prevalent. Poverty plays a large role in child vulnerability as well.
- **Health insurance** limits access to care for residents, with few options for uninsured populations and other providers not accepting certain insurance plans.
- **Hispanic and Latino populations** – including migrant workers – are often overlooked and vulnerable to poor health outcomes. Language and cultural barriers make it difficult to access resources.

Interviewees were also asked to discuss the impacts of the COVID-19 pandemic, both on the community and also on their own organizations. From this discussion, the following impacts were discussed most often:

- **Isolation** was widespread and impacting the **mental health** of many residents, particularly among elderly, children, and more rural populations.
- Many providers – both in health care and social services – are feeling **burnout** due to increasing demand of services and stress brought on due to the pandemic.
- Many residents **delayed medical care** and preventive health services due to not wanting to be exposed to the virus in a medical setting. This delay led to a worsening in severity of chronic conditions and unnoticed health issues.
- Providers and decision makers found it difficult navigating changing health guidelines and had **difficulty with regulation compliance**.
- **Telehealth represented one of the successes** of the pandemic, with many residents having increased access to health services due to an increasingly online model.

### Community and Internal Hospital Meetings

From June 17 through July 1, 2021, eight online meetings were conducted across the Saint Luke’s Critical Access region to obtain community input. Four meetings were comprised of

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external community stakeholders in community counties<sup>2</sup>, and four meetings were comprised of staff from ACRH and from other Saint Luke’s Health System critical access hospital facilities.

Twenty-nine (29) stakeholders participated in the two community meetings relevant to ACRH. These individuals represented organizations such as local health departments, non-profit organizations, local businesses, health care providers, and local policymakers.

Each meeting began with a presentation that discussed the goals and status of the CHNA process and the purpose of the community meetings. Then, secondary data were presented, along with a summary of the most unfavorable community health indicators.

Meeting participants then were asked to discuss whether the identified, unfavorable indicators accurately identified the most significant community health issues and were encouraged to add issues that they believed were significant.

After discussing the needs identified through secondary data and adding others to the list, participants in each meeting were asked through an online survey process to identify “three to five” they consider to be most significant. From this process, participants identified the following needs as most significant for Allen County:

- Mental health conditions and suicide
- Substance use disorder (including opioids, alcohol, methamphetamine, and others)
- Obesity and resulting chronic conditions, including diabetes
- Transportation as a barrier to resources
- Poverty
- Smoking and tobacco usage, including e-cigarette usage
- Access to safe and affordable housing

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<sup>2</sup> These counties include Allen County, KS; Anderson County, KS; Grundy County, MO; Linn County, MO; Livingston County, MO; and Mercer County, MO.

## OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

This section identifies other facilities, clinics, and resources available in Allen County that are available to address community health needs.

### Hospitals

**Exhibit 5** presents information on hospital facilities located in Allen County.

**Exhibit 5: Hospitals Located in Community, 2021**

Organization	Address	City	County	ZIP
Allen County Regional Hospital	P.O. Box 540	Iola	Allen	66749

Source: Kansas Hospital Association, 2021.

### Federally Qualified Health Centers

Federally Qualified Health Centers (FQHCs) are established to promote access to ambulatory care in areas designated as “medically underserved.” These clinics provide primary care, mental health, and dental services for lower-income members of the community. FQHCs receive enhanced reimbursement for Medicaid and Medicare services and most also receive federal grant funds under Section 330 of the Public Health Service Act. There currently is one FQHC site operating in the community (**Exhibit 6**).

**Exhibit 6: Federally Qualified Health Centers Located in Community, 2021**

Name	Address	City	County	ZIP Code
Community Health Center of Southeast Kansas/Iola	2051 N State St	Iola	KS	66749

Source: HRSA, 2021.

According to 2018 data published by HRSA, FQHCs in Allen County served 55 percent of uninsured persons and 82 percent of Medicaid recipients. Nationally, FQHCs served 22 percent of uninsured patients and 19 percent of the nation’s Medicaid recipients.<sup>3</sup>

### Other Community Resources

Many social services and resources are available throughout Kansas to assist residents. The United Way of the Plains, Wichita, Kansas, maintains the 2-1-1 database of available resources throughout the state. The United Way 2-1-1 is available 24-hours a day, seven days a week, and has resources in the following categories:

- Housing and shelter
- Financial assistance
- Food

<sup>3</sup> See: <http://www.nachc.org/research-and-data/research-fact-sheets-and-infographics/chartbook-2020-final/> and <https://www.udsmapper.org/>.

## OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

- Transportation
- Family support
- Health and dental care
- Mental health and addiction
- Clothing, hygiene, and household goods
- Seniors and disability
- Employment and education
- Legal and money management
- Taxes

Additional information about these resources and participating providers can be found at:  
<https://211kansas.myresourcedirectory.com/index.php>.

In addition to United Way 2-1-1, Saint Luke's Health System maintains a Community Resource Hub to connect community members to reduced-cost and free services in their neighborhoods. The Saint Luke's Community Resource Hub contains resources for a variety of categories, including:

- Food
- Housing
- Goods
- Transit
- Health
- Money
- Care
- Education
- Work
- Legal

Additional information about these resources and participating providers can be found at:  
<https://saintlukesresources.org/>.

## APPENDIX A – OBJECTIVES AND METHODOLOGY

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### Regulatory Requirements

Federal law requires that tax-exempt hospital facilities conduct a CHNA every three years and adopt an Implementation Strategy that addresses significant community health needs.<sup>4</sup> In conducting a CHNA, each tax-exempt hospital facility must:

- Define the community it serves;
- Assess the health needs of that community;
- Solicit and take into account input from persons who represent the broad interests of that community, including those with special knowledge of or expertise in public health;
- Document the CHNA in a written report that is adopted for the hospital facility by an authorized body of the facility; and,
- Make the CHNA report widely available to the public.

The CHNA report must include certain information including, but not limited to:

- A description of the community and how it was defined,
- A description of the methodology used to determine the health needs of the community, and
- A prioritized list of the community’s health needs.

### Methodology

CHNAs seek to identify significant health needs for particular geographic areas and populations by focusing on the following questions:

- **Who** in the community is most vulnerable in terms of health status or access to care?
- **What** are the unique health status and/or access needs for these populations?
- **Where** do these people live in the community?
- **Why** are these problems present?

The focus on **who** is most vulnerable and **where** they live is important to identifying groups experiencing health inequities and disparities. Understanding **why** these issues are present is challenging but is important to designing effective community health improvement initiatives. The question of **how** each hospital can address significant community health needs is the subject of the separate Implementation Strategy.

Federal regulations allow hospital facilities to define the community they serve based on “all of the relevant facts and circumstances,” including the “geographic location” served by the hospital facility, “target populations served” (e.g., children, women, or the aged), and/or the hospital

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<sup>4</sup> Internal Revenue Code, Section 501(r).

## APPENDIX A – OBJECTIVES AND METHODOLOGY

facility’s principal functions (e.g., focus on a particular specialty area or targeted disease).”<sup>5</sup> Accordingly, the community definition considered the geographic origins of the hospital’s patients and also the hospital’s mission, target populations, principal functions, and strategies.

Data from multiple sources were gathered and assessed, including secondary data<sup>6</sup> published by others and primary data obtained through community input. Input from the community was received through key stakeholder interviews and online community meetings (including a meeting conducted with internal hospital staff). Stakeholders and community meeting participants represented the broad interests of the community and included individuals with special knowledge of or expertise in public health. *See Appendix C.* Considering a wide array of information is important when assessing community health needs to ensure the assessment captures a wide range of facts and perspectives and to increase confidence that significant community health needs have been identified accurately and objectively.

Certain community health needs were determined to be “significant” if they were identified as problematic in at least two of the following three data sources: (1) the most recently available secondary data regarding the community’s health, (2) recent assessments developed by the state and local organizations, and (3) input from community stakeholders who participated in the community meeting and/or interview process.

In addition, data were gathered to evaluate the impact of various services and programs identified in Saint Luke’s previous CHNA process. *See Appendix E.*

### **Collaborating Organizations**

For this community health assessment, Allen County Regional Hospital collaborated with the following Saint Luke’s Critical Access hospitals: Anderson County Hospital (Garnett, KS), Hedrick Medical Center (Chillicothe, MO), and Wright Memorial Hospital (Trenton, MO). These facilities collaborated through gathering and assessing secondary data together, conducting community meetings and key stakeholder interviews, and relying on shared methodologies, report formats, and staff to manage the CHNA process.

### **Data Sources**

Community health needs were identified by collecting and analyzing data from multiple sources. Statistics for numerous community health status, health care access, and related indicators were analyzed, including data provided by local, state, and federal government agencies, local community service organizations, and Saint Luke’s Health System. Comparisons to benchmarks were made where possible. Findings from recent assessments of the community’s health needs conducted by other organizations (e.g., local health departments) were reviewed as well.

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<sup>5</sup> 501(r) Final Rule, 2014.

<sup>6</sup> “Secondary data” refers to data published by others, for example the U.S. Census and the Missouri Department of Health and Social Services. “Primary data” refers to data observed or collected from first-hand experience, for example by conducting interviews.



## APPENDIX A – OBJECTIVES AND METHODOLOGY

Input from persons representing the broad interests of the community was taken into account through key informant interviews (8 participants) and community meetings (29 participants). Stakeholders included: individuals with special knowledge of or expertise in public health; local public health departments; hospital staff and providers; representatives of social service organizations; and leaders, representatives, and members of medically underserved, low-income, and minority populations.

Saint Luke's Health System posts CHNA reports and Implementation Plans online at <https://www.saintlukeskc.org/community-health-needs-assessments-implementation-plans>.

### **Consultant Qualifications**

Verité Healthcare Consulting, LLC (Verité) was founded in May 2006 and is located in Arlington, Virginia. The firm serves clients throughout the United States as a resource that helps hospitals conduct Community Health Needs Assessments and develop Implementation Strategies to address significant health needs. Verité has conducted more than 100 needs assessments for hospitals, health systems, and community partnerships nationally since 2012.

The firm also helps hospitals, hospital associations, and policy makers with community benefit reporting, program infrastructure, compliance, and community benefit-related policy and guidelines development. Verité is a recognized national thought leader in hospital community benefits, 501(r) compliance, and Community Health Needs Assessments.

## APPENDIX B – SECONDARY DATA ASSESSMENT

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This section presents an assessment of secondary data regarding health needs in the Allen County Regional Hospital community. The ACRH community is defined as Allen County, KS.

### Demographics

**Exhibit 7: Change in Community Population by County, 2019 to 2025**

County	State	Total Population 2019	Projected Population 2025	Percent Change 2019-2024
Allen	KS	12,556	11,638	-7.3%
<b>Community Total</b>		<b>12,556</b>	<b>11,638</b>	<b>-7.3%</b>

Source: US Census, ACS 5-Year Estimates (2015-2019), 2020.

### Description

Exhibit 7 portrays the estimated population by county in 2019 and projected to 2025.

### Observations

- Between 2019 and 2025, Allen County’s population is projected to decline by 918 persons (7.3 percent).

## APPENDIX B – SECONDARY DATA ASSESSMENT

### Exhibit 8: Change in Community Population by Age Cohort, 2019 to 2025

Age Cohort	Total Population 2019	Projected Population 2025	Percent Change 2019 - 2025
Age 0-19	3,245	2,835	-12.6%
Age 20-44	3,422	3,070	-10.3%
Age 45-64	3,348	3,356	0.2%
Age 65+	2,541	2,595	2.1%
<b>Community Total</b>	<b>12,556</b>	<b>11,855</b>	<b>-5.6%</b>

Source: US Census, ACS 5-Year Estimates (2015-2019), 2020.

Note: US Census projections by age cohort use a different methodology than the projections for the total population (Exhibit 7).

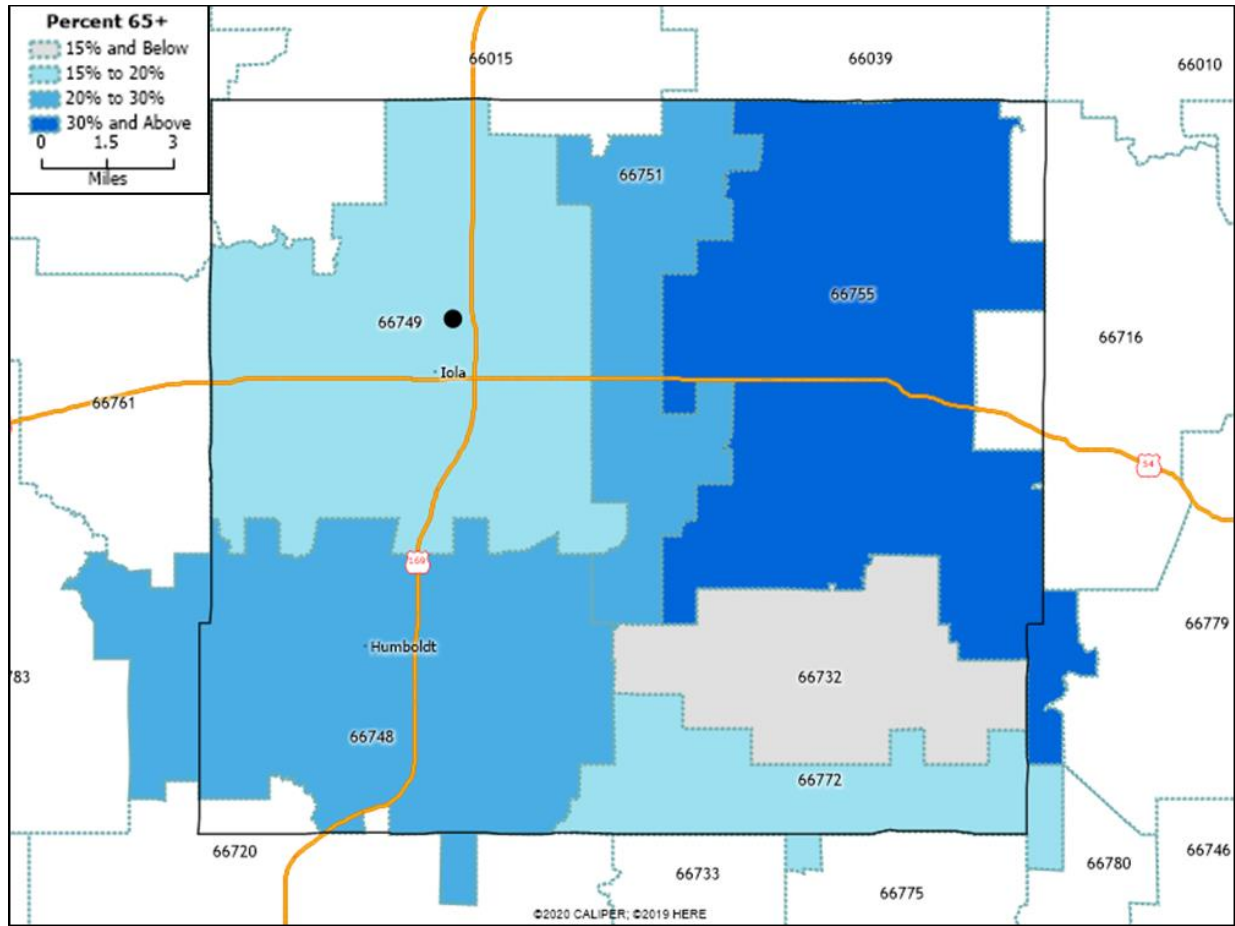
#### Description

Exhibit 8 shows Allen County's population for certain age cohorts in 2019, with projections to 2025.

#### Observations

- While the total population is expected to decrease, the population aged 65 and older is expected to increase by 2.1 percent during the period.
- The growth of older populations is likely to lead to greater demand for health services, since older individuals typically need and use more services than younger persons.

**Exhibit 9: Percent of Population – Aged 65+, 2019**



Source: US Census, ACS 5-Year Estimates (2015-2019), 2020, and Caliper Maptitude.

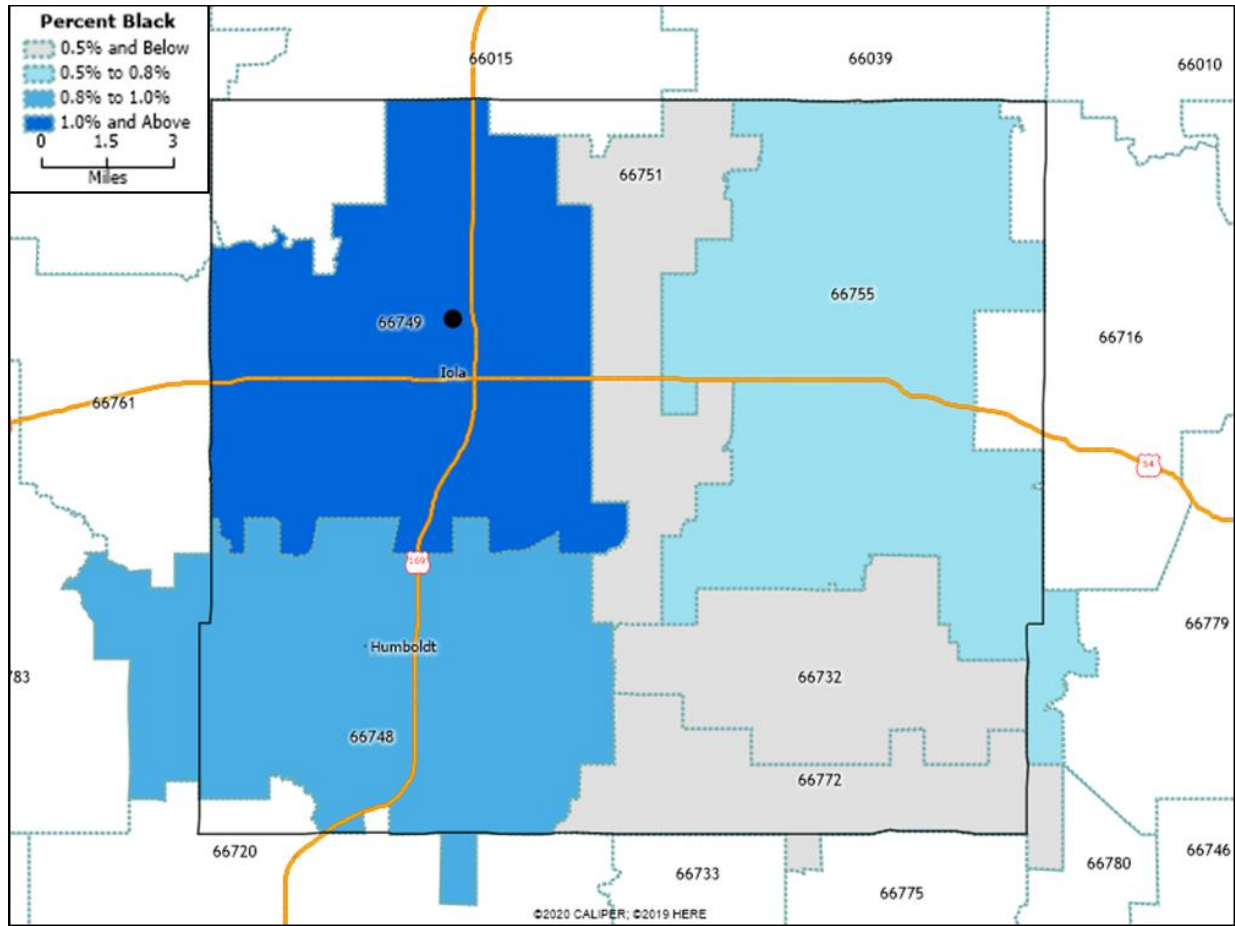
**Description**

Exhibit 9 portrays the percent of the population 65 years of age and older by ZIP code.

**Observations**

- ZIP code 66755 has the highest proportion (34.8 percent).
- At 10.1 percent, ZIP code 66732 has the lowest proportion.

**Exhibit 10: Percent of Population – Black, 2019**



Source: US Census, ACS 5-Year Estimates (2015-2019), 2020, and Caliper Maptitude.

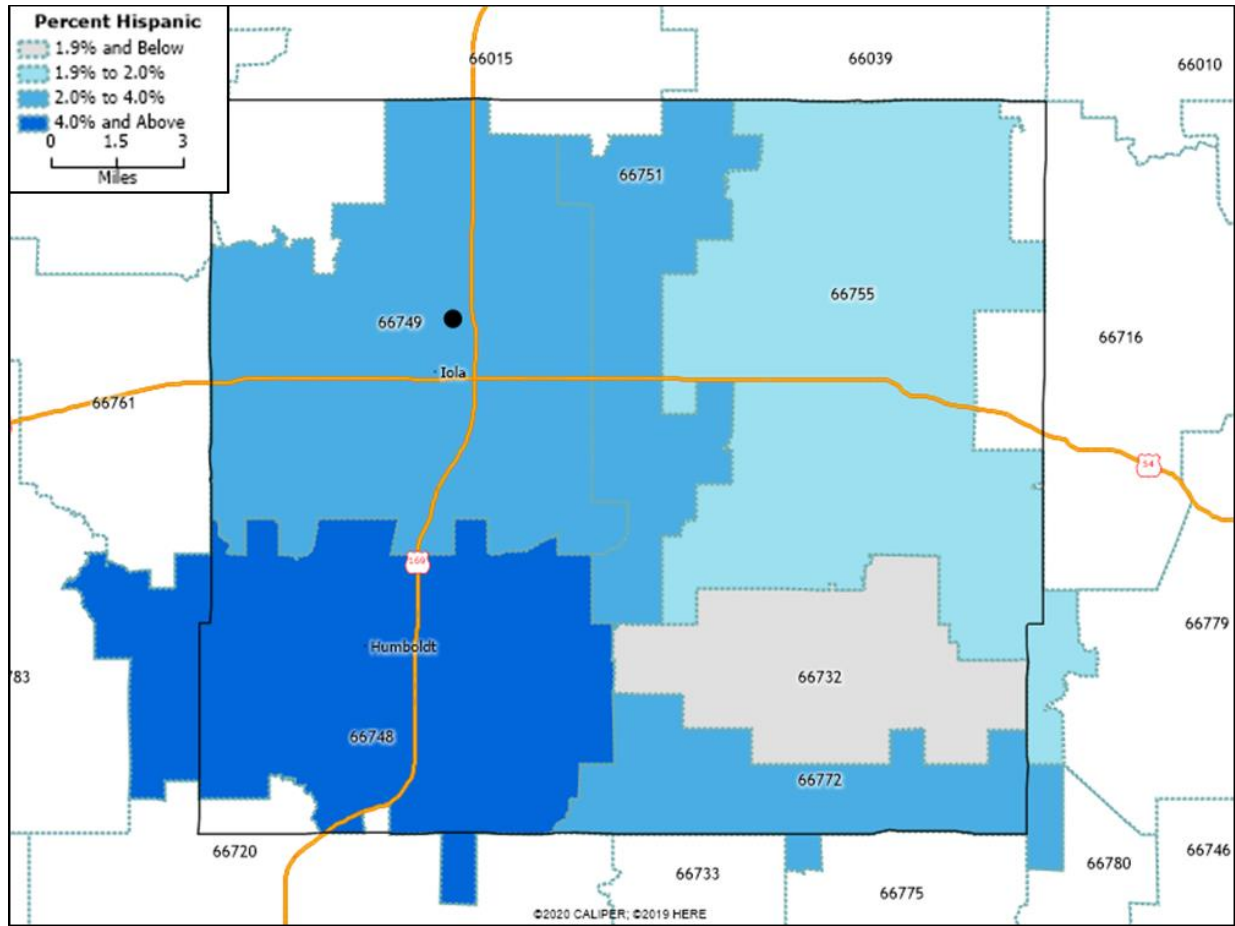
### Description

Exhibit 10 portrays the percent of the population – Black by ZIP code.

### Observations

- ZIP code 66749, which includes Iola, has the highest proportion of Black residents at 1.3 percent.
- No other ZIP code has a proportion above 1.0 percent.

**Exhibit 11: Percent of Population – Hispanic (or Latino), 2019**



Source: US Census, ACS 5-Year Estimates (2015-2019), 2020, and Caliper Maptitude.

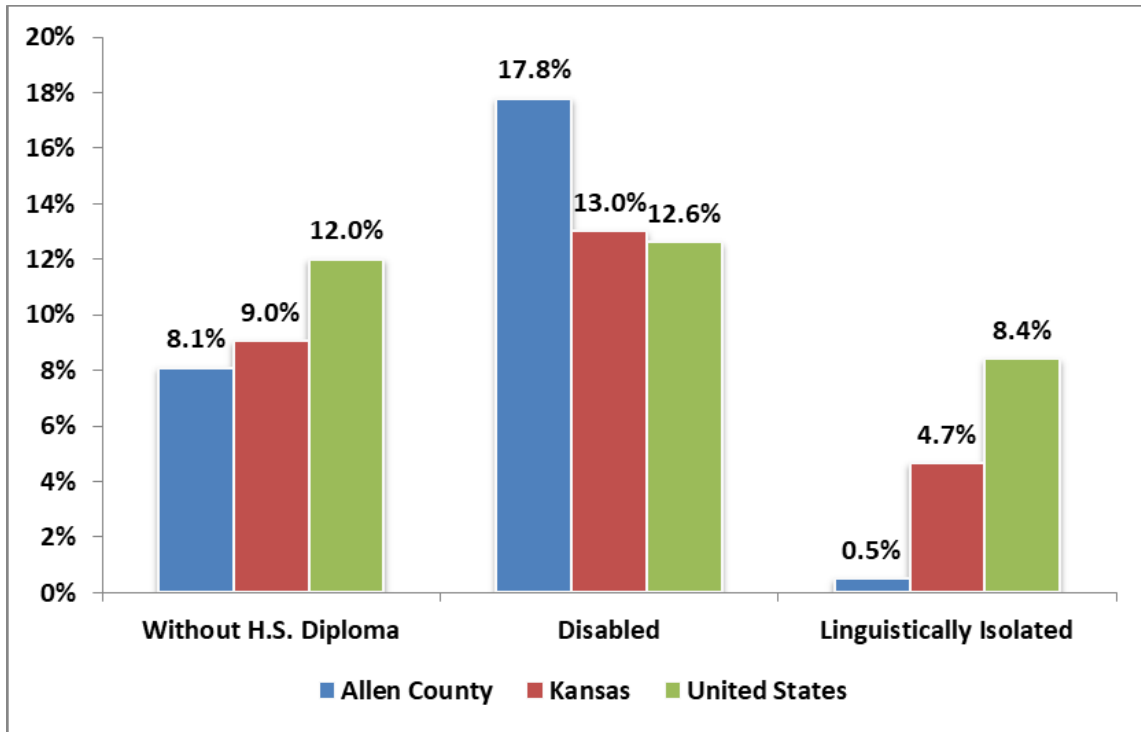
### Description

Exhibit 11 portrays the percent of the population – Hispanic (or Latino) by ZIP code.

### Observations

- ZIP Code 66748 had the highest proportion of Hispanic (or Latino) residents at 4.3 percent.

**Exhibit 12: Selected Socioeconomic Indicators, 2015-2019**



Source: US Census, ACS 5-Year Estimates (2015-2019), 2020.

**Description**

Exhibit 12 portrays the percent of the population (aged 25 years and above) without a high school diploma, with a disability, and linguistically isolated in the county, Kansas, and the United States. Linguistic isolation is defined as residents who speak a language other than English and speak English less than “very well.”

**Observations**

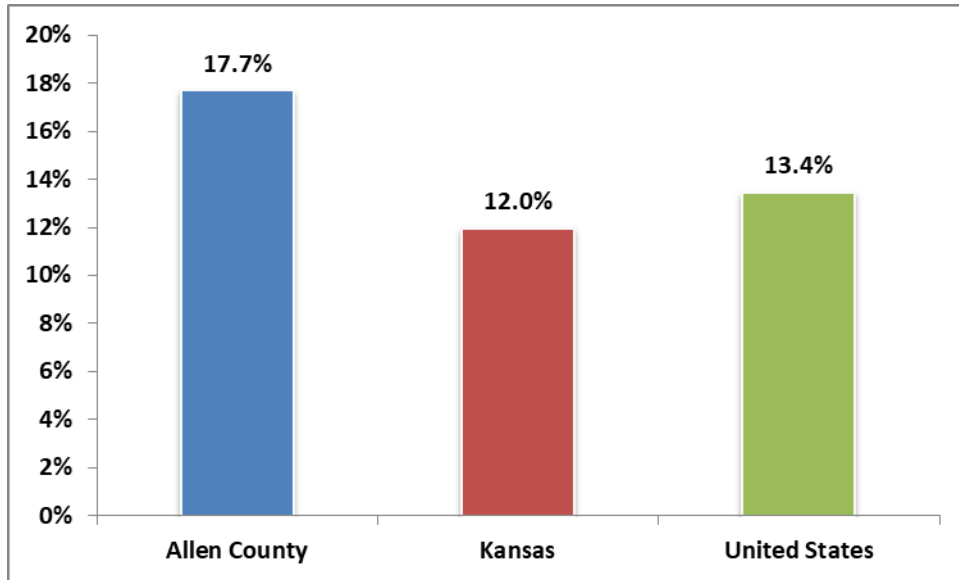
- In 2015-2019, a higher percentage of Allen County residents had a high school diploma than residents of Kansas and the United States.
- Proportionately more people were disabled in Allen County than in Kansas and the United States.
- Compared to the United States, proportionately fewer people in Allen County and Kansas are linguistically isolated.

## Socioeconomic indicators

This section includes indicators for poverty, unemployment, health insurance status, crime, housing affordability, and “social vulnerability.” All have been associated with health status.

### People in Poverty

**Exhibit 13: Percent of People in Poverty, 2015-2019**



Source: US Census, ACS 5-Year Estimates (2015-2019), 2020.

### Description

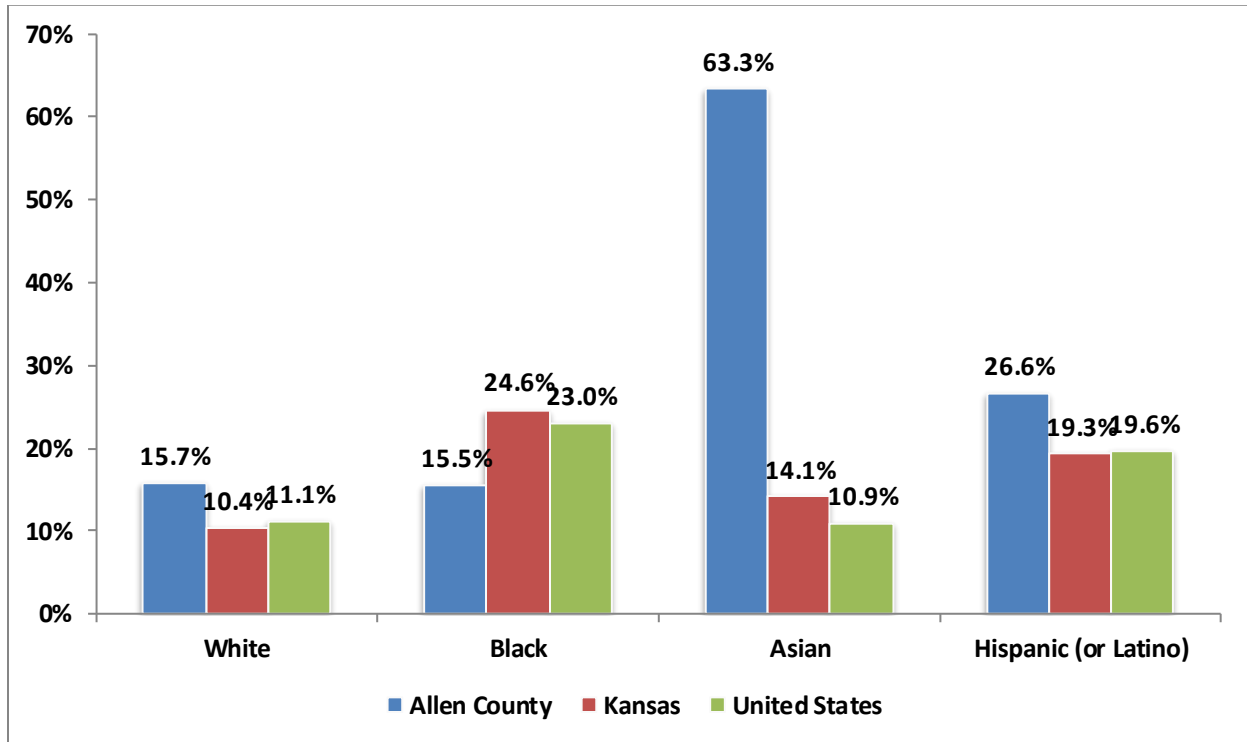
Exhibit 13 portrays poverty rates in Allen County, Kansas, and the United States.

### Observations

- In 2015-2019, the overall poverty rate in Allen County was above Kansas and national averages.



**Exhibit 14: Poverty Rates by Race and Ethnicity, 2015-2019**



Source: US Census, ACS 5-Year Estimates (2015-2019), 2020.

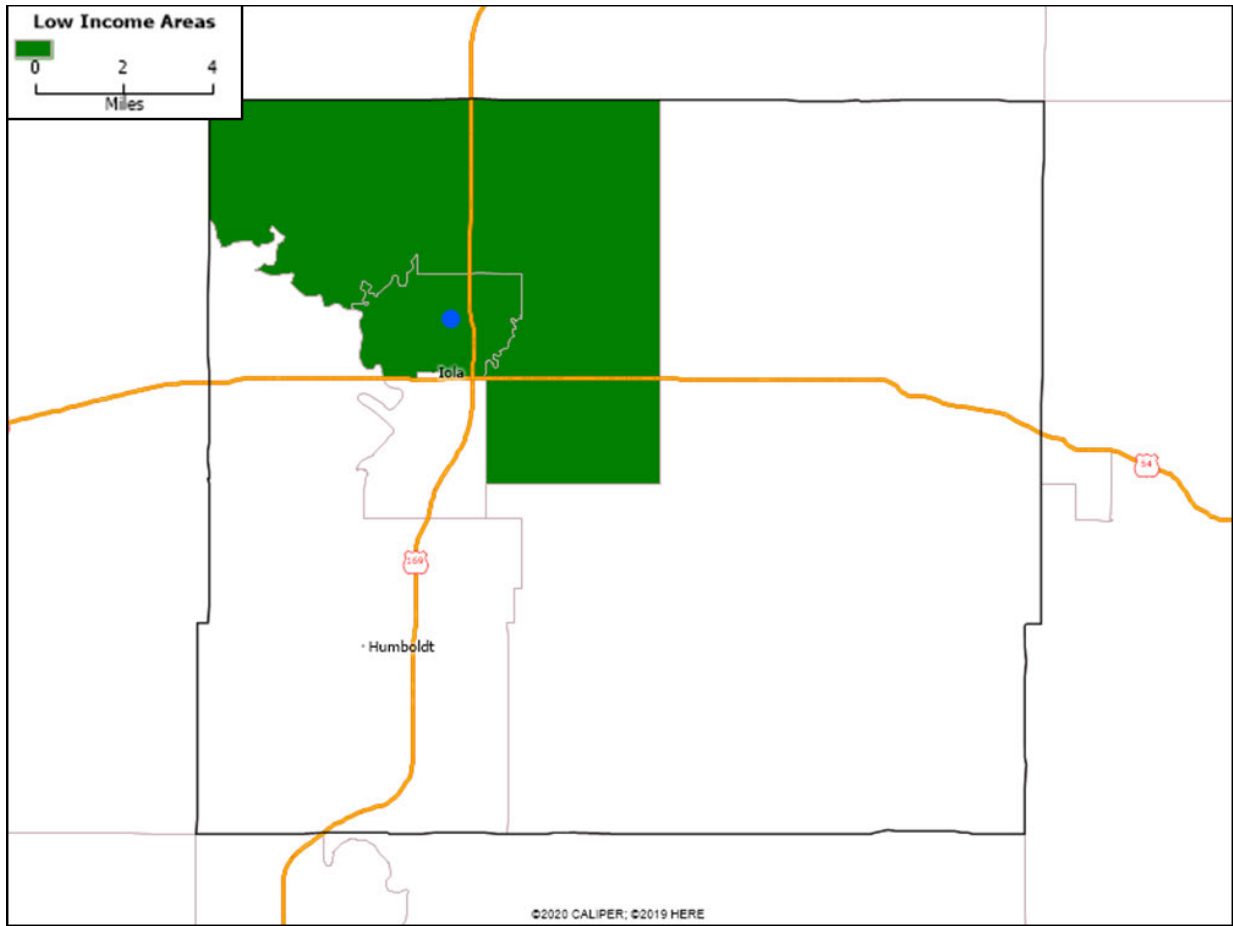
**Description**

Exhibit 14 portrays poverty rates by race and ethnicity.

**Observations**

- In Allen County, poverty rates were higher for Asian and Hispanic (or Latino) populations than for White populations.
- In Kansas and the United States, rates for Black and for Hispanic (or Latino) people were significantly above rates for White persons.

**Exhibit 15: Low Income Census Tracts, 2019**



Source: US Department of Agriculture Economic Research Service, ESRI, 2021.

### **Description**

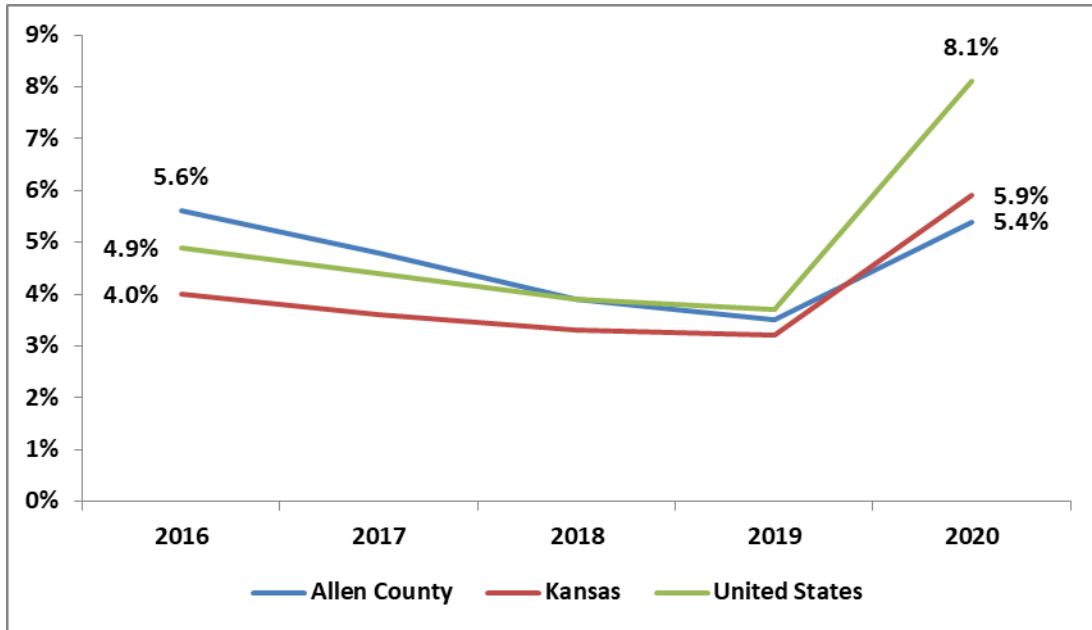
Exhibit 15 portrays the location of federally designated low-income census tracts.

### **Observations**

- In 2019, low income census tracts were concentrated in areas around the hospital in the northwest of Allen County.

**Unemployment**

**Exhibit 16: Annual Unemployment Rates, 2016 to 2020**



Source: Bureau of Labor Statistics, 2021.

**Description**

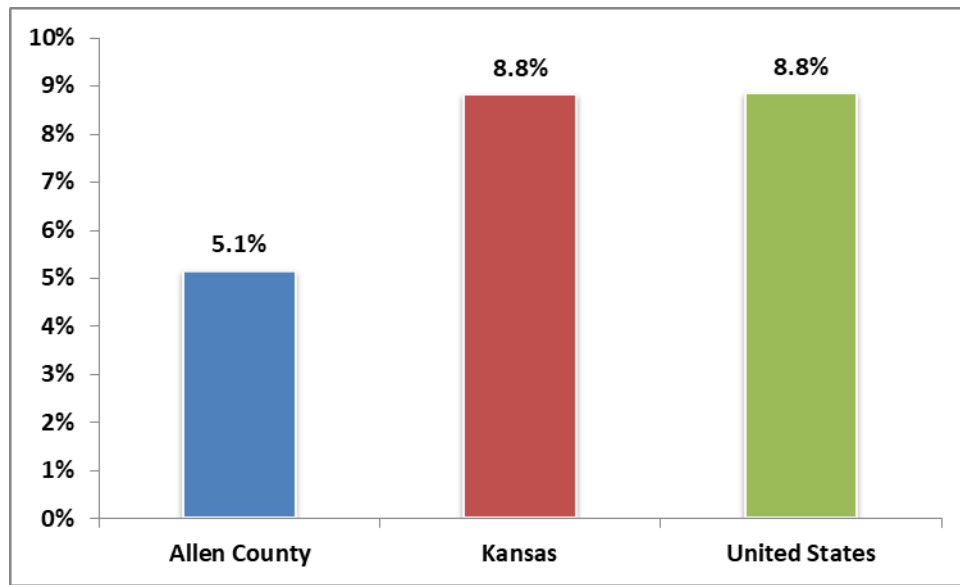
Exhibit 16 shows annual unemployment rates compared to Kansas and the United States for 2016 through 2020.

**Observations**

- Unemployment rates declined steadily from 2015 through 2019. Due to fallout from the COVID-19 pandemic, unemployment rates rose substantially in 2020.
- The rise in unemployment is likely to affect numerous health-related factors, such as access to employer-based health insurance, housing and food insecurity, and access to health services.

**Health Insurance Status**

**Exhibit 17: Percent of Population without Health Insurance, 2015-2019**



Source: US Census, ACS 5-Year Estimates (2015-2019), 2020.

**Description**

Exhibit 17 presents the estimated percent of population without health insurance.

**Observations**

- Allen County has had a lower percentage of the population without health insurance than Kansas and the United States.
- Kansas now is one of the 12 remaining states that have chosen not to expand Medicaid. 90,000 uninsured adults would be eligible for Medicaid if Kansas implemented Medicaid expansion.<sup>7</sup>
- According to a second analysis prepared by the Kaiser Family Foundation, the average uninsured rate in 2018 in states that expanded Medicaid was 7.7 percent. The average rate in states that did not expand Medicaid was 14.6 percent.<sup>8</sup>
- Recent spikes in unemployment likely are leading to more uninsured community members.

<sup>7</sup> <https://www.kff.org/medicaid/issue-brief/the-coverage-gap-uninsured-poor-adults-in-states-that-do-not-expand-medicaid/>

<sup>8</sup> <https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/>

## APPENDIX B – SECONDARY DATA ASSESSMENT

### Crime Rates

**Exhibit 18: Crime Rates by Type, Per 100,000, 2019**

Offense Type	Allen County	Kansas
Total Offenses	2,607.6	2,927.2
Violent Crime Offenses	406.2	427.1
Murder	-	4.4
Rape	56.9	43.6
Robbery	16.2	47.8
Agg. Assault and Battery	333.1	331.2
Property Crime Offenses	2,201.5	2,500.1
Burglary	625.5	379.4
Theft	1,397.2	1,850.0
Motor Vehicle Theft	178.7	270.7
Arson	-	15.6

Source: Kansas Bureau of Investigation, 2020.

### Description

Exhibit 18 provides crime statistics and rates per 100,000 population available from the Kansas Bureau of Investigation. Light grey shading indicates rates above the Kansas average; dark grey shading indicates rates more than 50 percent above the average.

### Observations

- 2019 crime rates Allen County were significantly above the Kansas average for burglary, and above the Kansas average for rape and aggravated assault and battery.

APPENDIX B – SECONDARY DATA ASSESSMENT

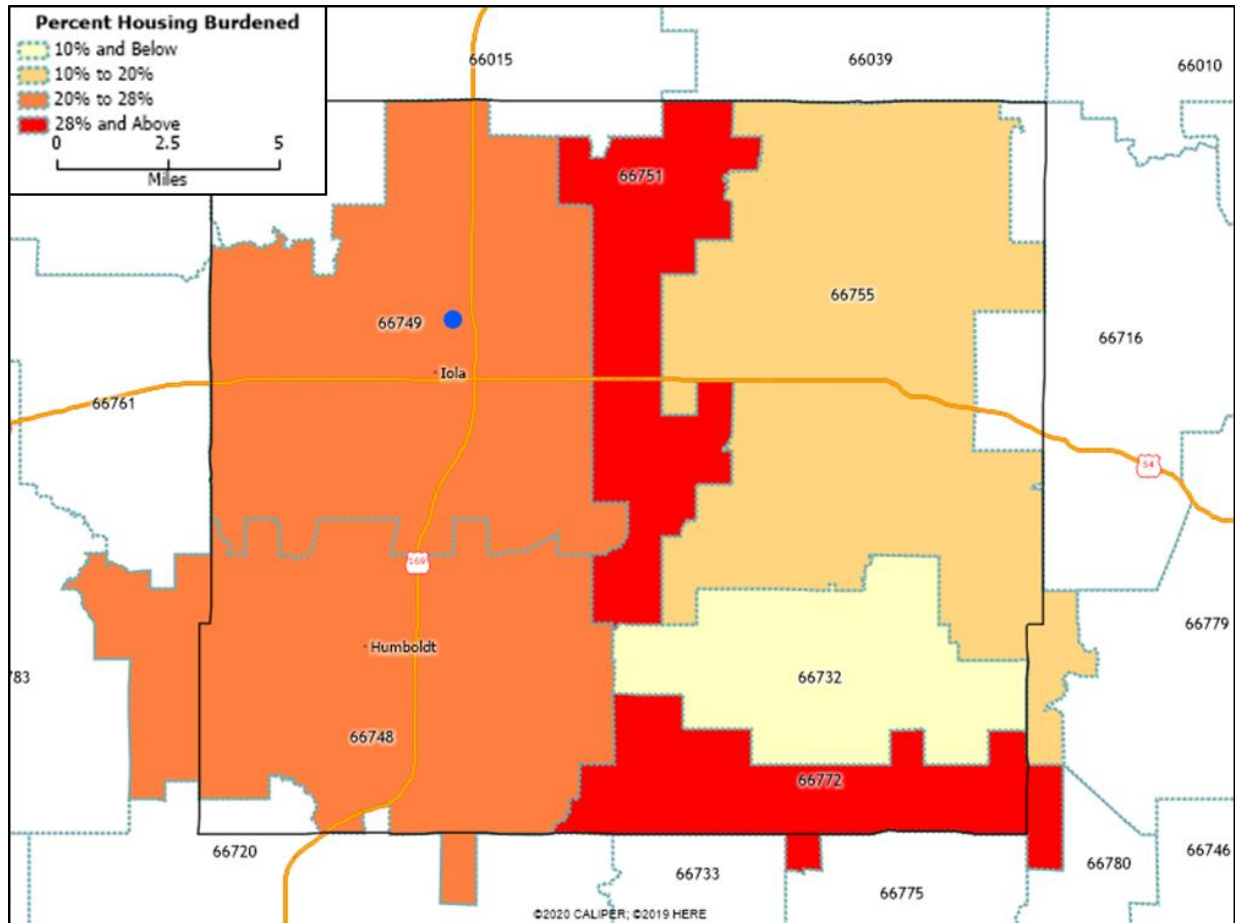
Housing Affordability

**Exhibit 19: Percent of Households – Housing Burdened, 2015-2019**

Area	Occupied Housing Units	Excessive Housing Costs (30%+ of Income)	Percent Housing Burdened
<b>Allen County</b>	<b>5,372</b>	<b>1,207</b>	<b>22.5%</b>
Kansas	1,129,227	279,512	24.8%
United States	120,756,048	37,249,895	30.8%

Source: US Census, ACS 5-Year Estimates (2015-2019), 2020.

**Exhibit 20: Map of Percent of Housing Burdened Households, 2015-2019**



Source: US Census, ACS 5-Year Estimates (2015-2019), 2020, and Caliper Maptitude.

## APPENDIX B – SECONDARY DATA ASSESSMENT

### Description

The U.S. Department of Health and Human Services (“HHS”) identifies “housing burdened” as those spending more than 30 percent of income on housing and as a contributor to poor health outcomes.<sup>9</sup> Exhibits 19 and 20 portray the percent of household spending on housing in the community.

### Observations

As stated by the Federal Reserve, “households that have little income left after paying rent may not be able to afford other necessities, such as food, clothes, health care, and transportation.”<sup>10</sup>

- In Allen County, 23 percent of households have been designated as “housing burdened,” a level below the Kansas and national averages.
- The percentage of occupied households cost burdened was highest in ZIP codes 66751 and 66772, both above 28 percent.
- Housing insecurity is known to have become more problematic due to the COVID-19 pandemic.

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<sup>9</sup> <https://health.gov/healthypeople/objectives-and-data/browse-objectives/housing-and-homes/reduce-proportion-families-spend-more-30-percent-income-housing-sdoh-04>

<sup>10</sup> *Ibid.*

APPENDIX B – SECONDARY DATA ASSESSMENT

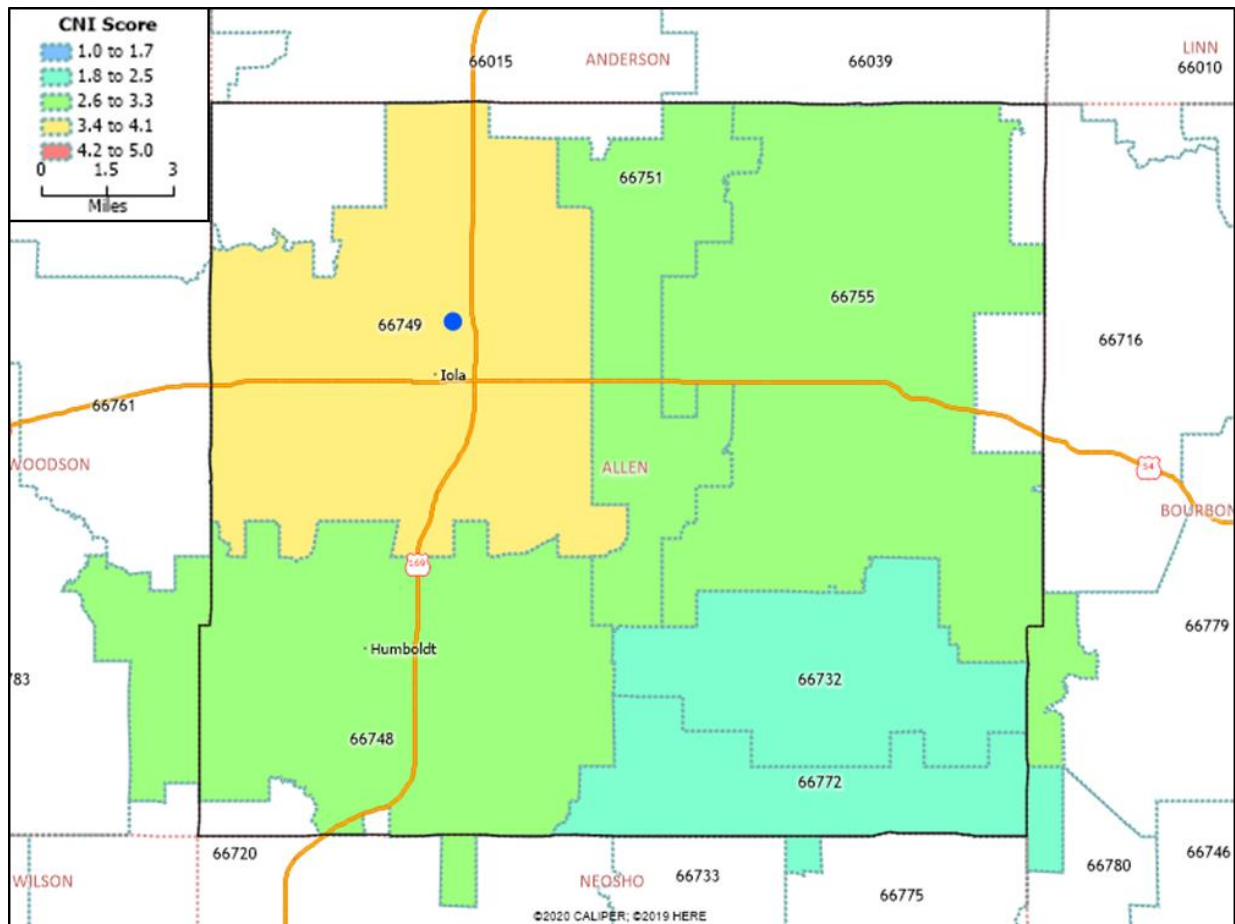
Dignity Health Community Need Index™

**Exhibit 21: Weighted Average Community Need Index™ Score by County, 2021**

Area	CNI Score
Allen County	3.3
<b>United States</b>	<b>3.0</b>

Source: CommonSpirit Health, 2021.  
 Note: CNI scores weighted by the number of people living within each region.

**Exhibit 22: Community Need Index, 2021**



Source: CommonSpirit Health, 2021, and Caliper Maptitude.

**Description**

Exhibits 21 and 22 present *Community Need Index™* (CNI) scores. Higher scores (e.g., 4.2 to 5.0) indicate the highest levels of community need. The index is calibrated such that 3.0 represents a U.S.-wide median score.

CommonSpirit Health (formerly Dignity Health) developed the CNI as a way to assess barriers to health care access. The index, available for every ZIP code in the United States, consists of five social and economic indicators:



## APPENDIX B – SECONDARY DATA ASSESSMENT

- The percentage of elders, children, and single parents living in poverty;
- The percentage of adults over the age of 25 with limited English proficiency, and the percentage of the population that is non-White;
- The percentage of the population without a high school diploma;
- The percentage of uninsured and unemployed residents; and
- The percentage of the population renting houses.

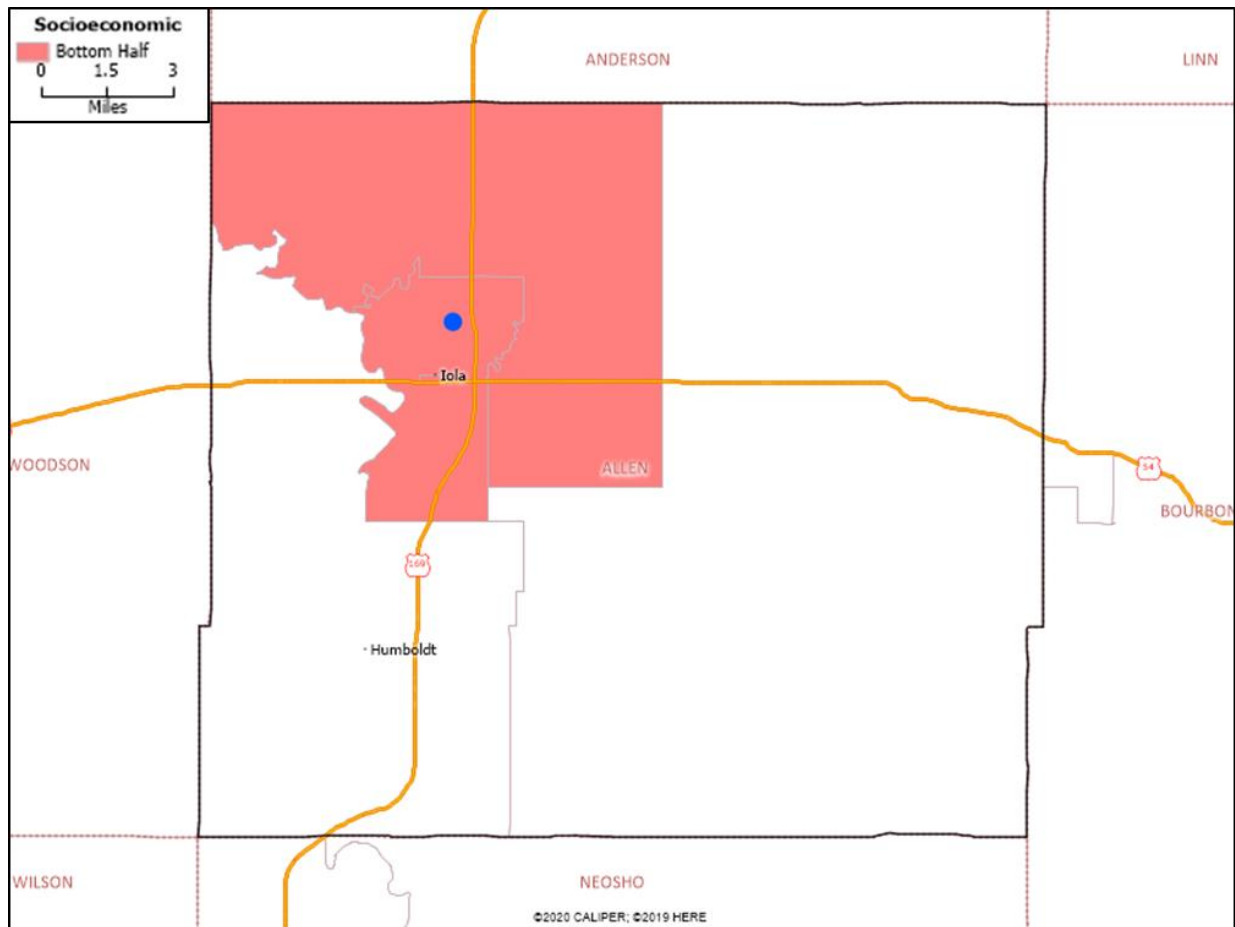
CNI scores are grouped into “Lowest Need” (1.0-1.7) to “Highest Need” (4.2-5.0) categories.

### **Observations**

- At 3.3, the weighted average CNI score for Allen County is higher than the U.S. median.
- The hospital’s ZIP code of 66749 received the highest score in the community at 3.6.

Centers for Disease Control and Prevention Social Vulnerability Index (SVI)

Exhibit 23: Socioeconomic Index – Top Half/Quartile Census Tracts



Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude.

**Description**

Exhibits 23 through 26 are maps that show the Center for Disease Control and Prevention’s *Social Vulnerability Index* (SVI) scores for census tracts throughout the community. Highlighted census tracts are in the top half or quartile nationally for indicators on which the SVI is based.

The SVI is based on 15 variables derived from U.S. census data. Variables are grouped into four themes, including:

- Socioeconomic status;
- Household composition;
- Race, Ethnicity, and Language; and
- Housing and transportation.

Exhibits 23 through 26 highlight SVI scores for each of these themes.

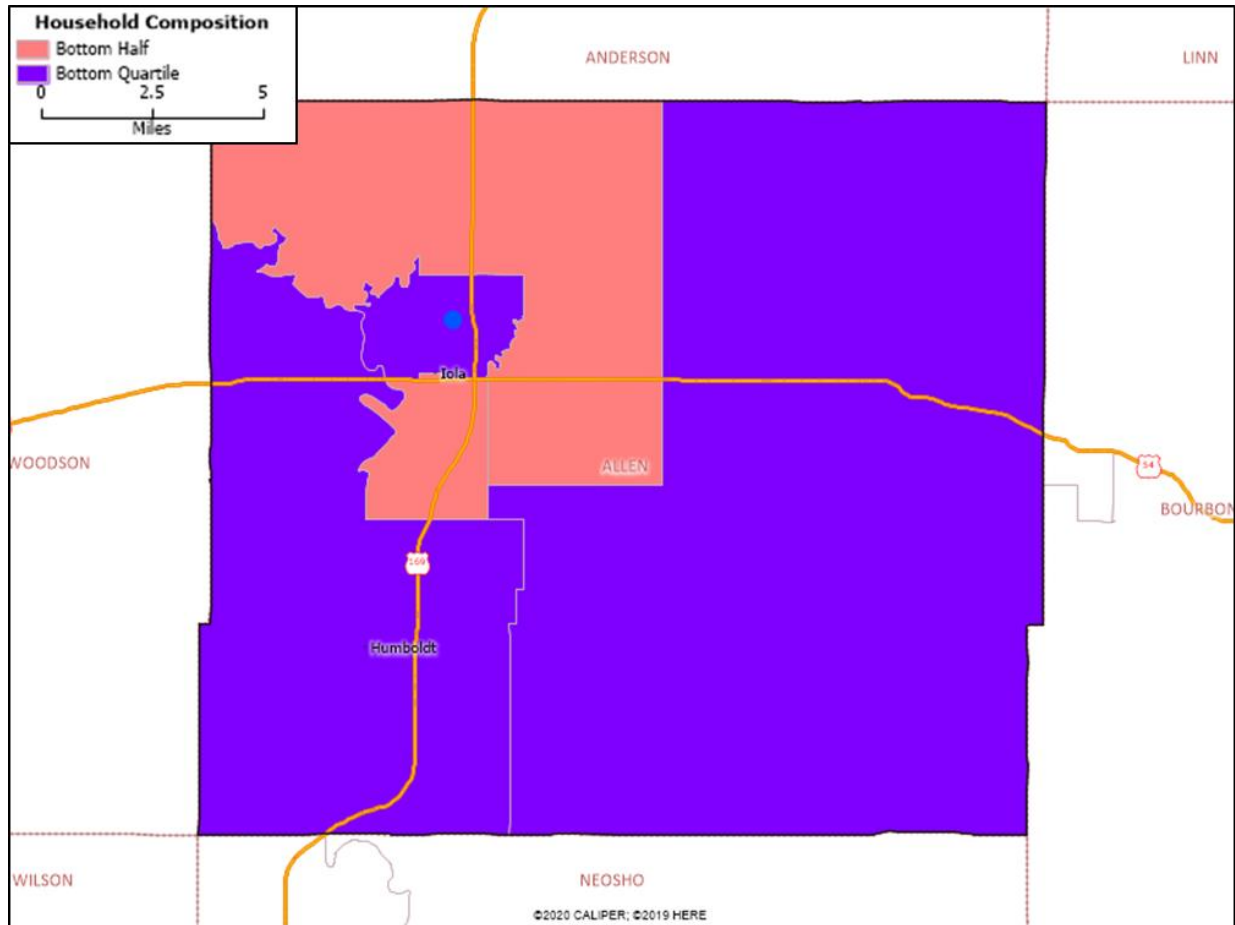
## APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 23 identifies census tracts in the top quartile nationally for socioeconomic vulnerability.

### **Observations**

- Census tracts with the highest levels of socioeconomic vulnerability are located in the northwestern parts of Allen County.

**Exhibit 24: Household Composition and Disability Index – Top Half/Quartile Census Tracts**



Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude.

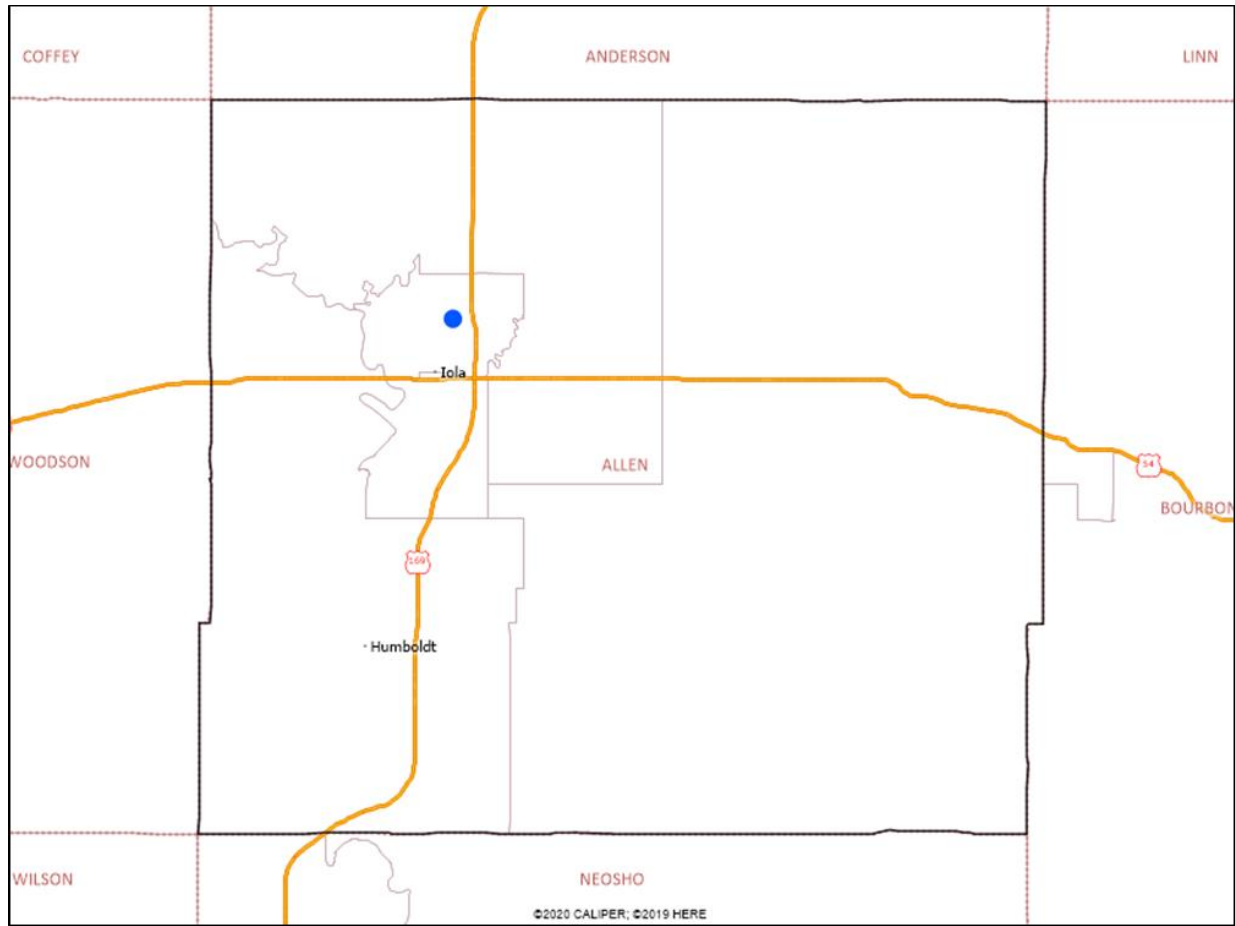
### Description

Exhibit 24 identifies census tracts in the top half or quartile nationally for household composition and disability vulnerability.

### Observations

- All census tracts in Allen County are in the bottom half for household composition and disability vulnerability.

**Exhibit 25: Minority Status and Language Index – Top Half/Quartile Census Tracts**



Source: Centers for Disease Control and Prevention, 2018, and Caliper Maptitude.

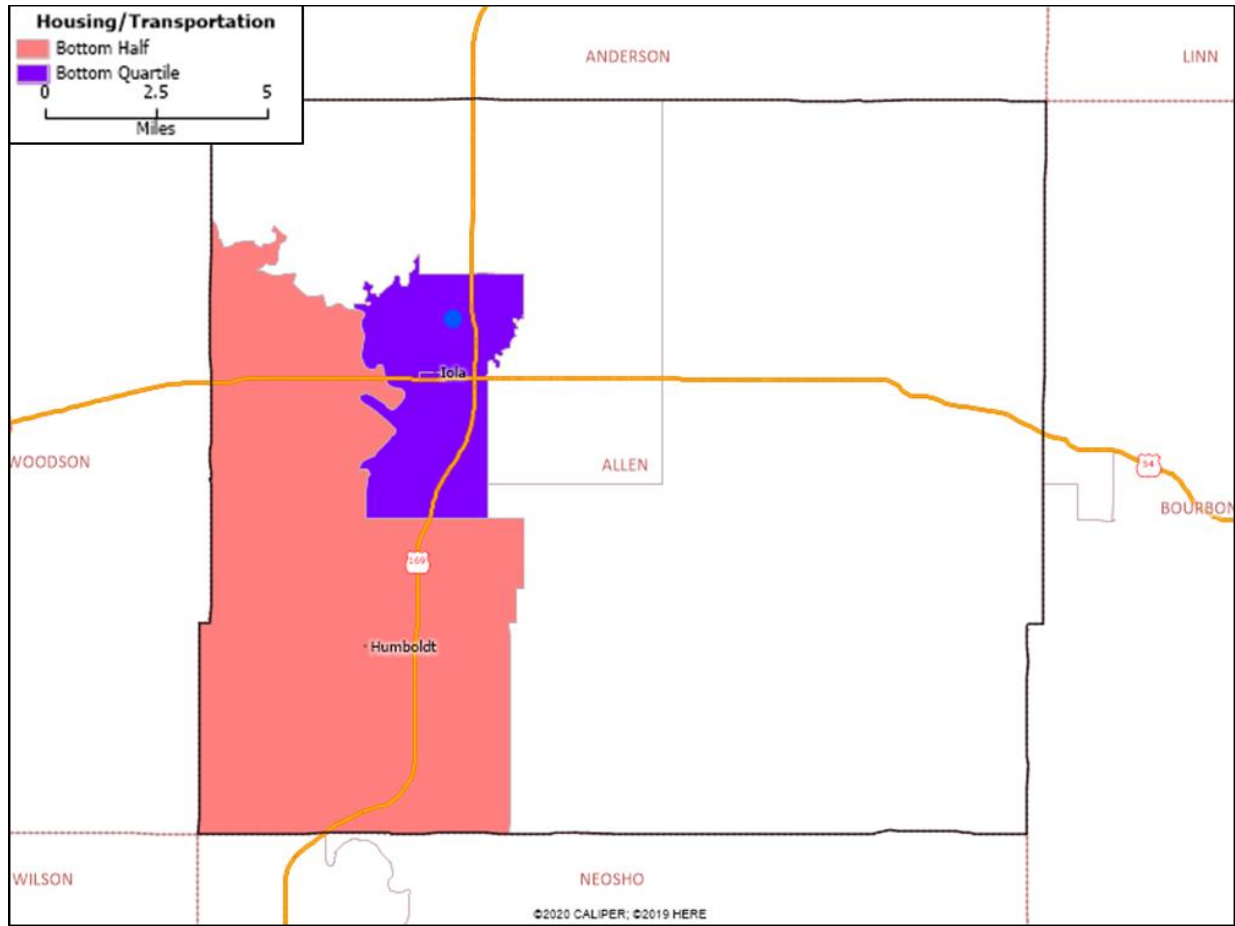
**Description**

Exhibit 25 identifies census tracts in the top half or quartile nationally for minority status and language vulnerability.

**Observations**

- No census tracts in Allen County are in the bottom half for minority status and language vulnerability.

**Exhibit 26: Housing Type and Transportation Index – Top Half/Quartile Census Tracts**



Source: Centers for Disease Control and Prevention, 2018, and Caliper Maptitude.

**Description**

Exhibit 26 identifies census tracts in the top half or quartile nationally for housing type and transportation vulnerability.

**Observations**

- Census tracts considered the most vulnerable for housing and transportation issues are in western Allen County, near Iola and Humboldt.

## Other Health Status and Access Indicators

### County Health Rankings

**Exhibit 27: County Health Rankings, 2020**

Measure	Allen County
<b>Health Outcomes</b>	86
<b>Health Factors</b>	97
<b>Length of Life</b>	90
<b>Quality of Life</b>	73
Poor or fair health	86
Poor physical health days	82
Poor mental health days	93
Low birthweight	32
<b>Health Behaviors</b>	93
Adult smoking	97
Adult obesity	85
Food environment index	92
Physical inactivity	72
Access to exercise opportunities	19
Excessive drinking	47
Alcohol-impaired driving deaths	33
Sexually transmitted infections	15
Teen births	50
<b>Clinical Care</b>	55
Uninsured	20
Primary care physicians	37
Dentists	23
Mental health providers	29
Preventable hospital stays	83
Mammography screening	88
Flu Vaccinations	46
<b>Social &amp; Economic Factors</b>	100
High school graduation	85
Some college	74
Unemployment	95
Children in poverty	102
Income inequality	76
Children in single-parent households	54
Social associations	82
Violent crime	79
Injury deaths	29
<b>Physical Environment</b>	56
Air pollution - particulate matter	87
Severe housing problems	31
Driving alone to work	95
Long commute - driving alone	28

Source: County Health Rankings, 2020.

## APPENDIX B – SECONDARY DATA ASSESSMENT

### Description

Exhibit 27 presents *County Health Rankings*, a University of Wisconsin Population Health Institute initiative funded by the Robert Wood Johnson Foundation that incorporates a variety of health status indicators into a system that ranks each county/city within each state in terms of “health factors” and “health outcomes.” The health factors and outcomes are composite measures based on several variables grouped into the following categories: health behaviors, clinical care,<sup>11</sup> social and economic factors, and physical environment.<sup>12</sup> *County Health Rankings* is updated annually. *County Health Rankings 2020* relies on data from 2012 to 2018. Most data are from 2015 to 2019.

The exhibit presents 2020 rankings for each available indicator category. Rankings indicate how the county ranked in relation to all 105 counties in Kansas. The lowest numbers indicate the most favorable rankings. Light grey shading indicates rankings in the bottom half of Kansas’s counties; dark grey shading indicates rankings in bottom quartile.

### Observations

- In 2020, Allen County ranked in the bottom 50<sup>th</sup> percentile among Kansas counties for 27 of the 41 indicators assessed (66 percent). Of those, 20 were in the bottom quartile, including:
  - Health outcomes;
  - Health factors;
  - Length of life;
  - Poor or fair health;
  - Poor physical health days;
  - Poor mental health days;
  - Health behaviors;
  - Smoking;
  - Obesity;
  - Food environment index;
  - Preventable hospital stays;
  - Mammography screening;
  - Social and economic factors;
  - High school graduation;
  - Unemployment;
  - Children in poverty;
  - Social associations;
  - Violent crime;

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<sup>11</sup>A composite measure of Access to Care, which examines the percent of the population without health insurance and ratio of population to primary care physicians, and Quality of Care, which examines the hospitalization rate for ambulatory care sensitive conditions, whether diabetic Medicare patients are receiving HbA1C screening, and percent of chronically ill Medicare enrollees in hospice care in the last 8 months of life.

<sup>12</sup>A composite measure that examines Environmental Quality, which measures the number of air pollution-particulate matter days and a air pollution-ozone days, and Built Environment, which measures access to healthy foods and recreational facilities and the percent of restaurants that are fast food.



## APPENDIX B – SECONDARY DATA ASSESSMENT

- Air pollution; and
- Driving alone to work.

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**Exhibit 28: County Health Rankings Data Compared to State and U.S. Averages, 2020**

Indicator Category	Data	Allen County	Kansas	United States
<b>Health Outcomes</b>				
Length of Life	Years of potential life lost before age 75 per 100,000 population	9,358	7,024	<b>6,900</b>
Quality of Life	Percent of adults reporting fair or poor health	17.8%	16.1%	<b>17.0%</b>
	Average number of physically unhealthy days reported in past 30 days	3.7	3.6	<b>3.8</b>
	Average number of mentally unhealthy days reported in past 30 days	3.9	3.7	<b>4.0</b>
	Percent of live births with low birthweight (<2500 grams)	6.2%	7.1%	<b>8.0%</b>
<b>Health Factors</b>				
<b>Health Behaviors</b>				
Adult Smoking	Percent of adults that report smoking >= 100 cigarettes and currently smoking	18.6%	17.4%	<b>17.0%</b>
Adult Obesity	Percent of adults that report a BMI >= 30	38.3%	33.2%	<b>29.0%</b>
Food Environment Index	Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	6.3	6.8	<b>7.6</b>
Physical Inactivity	Percent of adults aged 20 and over reporting no leisure-time physical activity	30.7%	24.8%	<b>23.0%</b>
Access to Exercise Opportunities	Percent of population with adequate access to locations for physical activity	78.5%	80.1%	<b>84.0%</b>
Excessive Drinking	Binge plus heavy drinking	16.4%	18.7%	<b>19.0%</b>
Alcohol-Impaired Driving Deaths	Percent of driving deaths with alcohol involvement	14.3%	21.9%	<b>28.0%</b>
STDs	Chlamydia rate per 100,000 population	151.8	465.3	<b>524.6</b>
Teen Births	Teen birth rate per 1,000 female population, ages 15-19	28.3	25.7	<b>23.0</b>
<b>Clinical Care</b>				
Uninsured	Percent of population under age 65 without health insurance	9.1%	10.1%	<b>10.0%</b>
Primary Care Physicians	Ratio of population to primary care physicians	1,565:1	1,295:1	<b>1,330:1</b>
Dentists	Ratio of population to dentists	1,778:1	1,712:1	<b>1,450:1</b>
Mental Health Providers	Ratio of population to mental health providers	830:1	507:1	<b>400:1</b>
Preventable Hospital Stays	Hospitalization rate for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	5,582	4,024	<b>4,535</b>
Mammography Screening	Percent of female Medicare enrollees, ages 67-69, that receive mammography screening	34.0%	45.0%	<b>42.0%</b>
Flu Vaccinations	Percent of Medicare enrollees who receive an influenza vaccination	38.0%	46.0%	<b>46.0%</b>

Source: County Health Rankings, 2020.

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**Exhibit 28: County Health Rankings Data Compared to State and U.S. Averages, 2020 (continued)**

Indicator Category	Data	Allen County	Kansas	United States
<b>Health Factors</b>				
<b>Social &amp; Economic Factors</b>				
High School Graduation	Percent of ninth-grade cohort that graduates in four years	84.7%	87.3%	<b>85.0%</b>
Some College	Percent of adults aged 25-44 years with some post-secondary education	61.0%	69.9%	<b>66.0%</b>
Unemployment	Percent of population age 16+ unemployed but seeking work	4.0%	3.4%	<b>3.9%</b>
Children in Poverty	Percent of children under age 18 in poverty	26.8%	14.8%	<b>18.0%</b>
Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	4.4	4.3	<b>4.9</b>
Children in Single-Parent Households	Percent of children that live in a household headed by single parent	26.1%	28.5%	<b>33.0%</b>
Social Associations	Number of associations per 10,000 population	12.0	13.7	<b>9.3</b>
Violent Crime	Number of reported violent crime offenses per 100,000 population	318.6	364.5	<b>386.0</b>
Injury Deaths	Injury mortality per 100,000	77.4	74.4	<b>70.0</b>
<b>Physical Environment</b>				
Air Pollution	The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county	9.5	8.1	<b>8.6</b>
Severe Housing Problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	9.0%	13.1%	<b>18.0%</b>
Driving Alone to Work	Percent of the workforce that drives alone to work	84.1%	82.2%	<b>76.0%</b>
Long Commute – Drive Alone	Among workers who commute in their car alone, the percent that commute more than 30 minutes	14.2%	20.9%	<b>36.0%</b>

Source: County Health Rankings, 2020.

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### Description

Exhibit 28 provides data that underlie the County Health Rankings and compares indicators to statewide and national averages.<sup>13</sup> Light grey shading highlights indicators found to be worse than the national average; dark grey shading highlights indicators more than 50 percent worse.

Note that higher values generally indicate that health outcomes, health behaviors, and other factors are worse in the county than in the United States. However, for several indicators, lower values are more problematic, including:

- Food environment index,
- Percent with access to exercise opportunities,
- Percent receiving mammography screening,
- Percent receiving flu vaccination,
- High school graduation rate, and
- Percent with some college.

### Observations

- Kansas-wide indicators are worse than U.S. averages for health behavior-related indicators.
- The following indicator compared particularly unfavorably:
  - Ratio of population to mental health providers.

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<sup>13</sup> County Health Rankings provides details about what each indicator measures, how it is defined, and data sources at [http://www.countyhealthrankings.org/sites/default/files/resources/2013Measures\\_datasources\\_years.pdf](http://www.countyhealthrankings.org/sites/default/files/resources/2013Measures_datasources_years.pdf)

APPENDIX B – SECONDARY DATA ASSESSMENT

Community Health Status Indicators

**Exhibit 29: Community Health Status Indicators, 2020**  
 (Light Grey Shading Denotes Bottom Half of Peer Counties; Dark Grey Denotes Bottom Quartile)

Category	Indicator	Allen County	Peer Counties
Length of Life	Years of Potential Life Lost Rate	9,357.6	10,511.9
Quality of Life	% Fair/Poor Health	17.8%	21.1%
	Physically Unhealthy Days	3.7	4.5
	Mentally Unhealthy Days	3.9	4.6
	% Births - Low Birth Weight	6.2%	8.5%
Health Behaviors	% Smokers	18.6%	19.3%
	% Obese (BMI >30)	38.3%	33.8%
	Food Environment Index	6.3	7.0
	% Physically Inactive	30.7%	32.2%
	% With Access to Exercise Opportunities	78.5%	49.9%
	% Excessive Drinking	16.4%	14.9%
	% Driving Deaths Alcohol-Impaired	14.3%	21.5%
	Chlamydia (per 100,000 population)	151.8	315.3
Teen Births (per 1,000 females ages 15-19)	28.3	38.6	
Clinical Care	% Uninsured	9.1%	14.4%
	Per capita supply of primary care physicians	63.9	33.7
	Per capita supply of dentists	56.3	25.3
	Per capita supply of mental health providers	120.5	77.9
	Preventable Hospitalizations (per 100,000 Medicare Enrollees)	5,582.0	5,491.6
	% Mammography Screening	34.0%	32.9%
	% Flu Vaccination	38.0%	37.5%
Social & Economic Factors	% High School Graduation	84.7%	91.1%
	% Some College	61.0%	50.0%
	% Unemployed	4.0%	4.3%
	% Children in Poverty	26.8%	27.5%
	Income Ratio	4.4	4.6
	% Children in Single-Parent Households	26.1%	30.9%
	Social Association (per 10,000 population)	12.0	11.9
	Violent Crime (per 100,000 population)	318.6	201.0
Injury Deaths (per 100,000 population)	77.4	97.9	
Physical Environment	Average Daily PM2.5	9.5	9.6
	% Severe Housing Problems	9.0%	11.9%
	% Drive Alone to Work	84.1%	81.7%
	% Long Commute - Drives Alone	14.2%	36.9%

Source: County Health Rankings and Verité Analysis, 2019.

**Description**

County Health Rankings has assembled community health data for all 3,143 counties in the United States. Following a methodology developed by the Centers for Disease Control’s

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*Community Health Status Indicators Project (CHSI)*, County Health Rankings also publishes lists of “peer counties” so comparisons with peer counties in other states can be made. Each county in the U.S. is assigned 30 to 35 peer counties based on 19 variables including population size, population growth, population density, household income, unemployment, percent children, percent elderly, and poverty rates.

CHSI formerly was available from the CDC. Because comparisons with peer counties (rather than only counties in the same state) are meaningful, Verité Healthcare Consulting rebuilt the CHSI comparisons for this and other CHNAs.

Exhibit 29 compares Allen County to its respective peer counties and highlights community health issues found to rank in the bottom half and bottom quartile of the counties included in the analysis. Light grey shading indicates rankings in the bottom half of peer counties; dark grey shading indicates rankings in the bottom quartile of peer counties. Underlying statistics also are provided.

See Appendix D for a list of Allen County’s peer counties.

Note that higher values generally indicate that health outcomes, health behaviors, and other factors are worse in the county than in its peer counties. However, for several indicators, lower values are more problematic, including:

- Food environment index,
- Percent with access to exercise opportunities,
- Percent receiving mammography screening,
- Percent receiving flu vaccination,
- High school graduation rate, and
- Percent with some college.

### **Observations**

- Allen County compares unfavorably to peer counties for eight (8) of the 34 benchmark indicators.
- Allen County ranks in the bottom quartile of peer counties for five (5) of the 34 indicators:
  - Obesity;
  - Food environment index;
  - High school graduation;
  - Violent crime; and
  - Long commute – drive alone.

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COVID-19 Incidence and Mortality

**Exhibit 30: COVID-19 Incidence, Mortality, and Vaccination (As of August 10, 2021)**

Indicator	Allen County	Kansas	United States
Total Confirmed Cases	1,411	343,203	<b>35,413,418</b>
Confirmed Cases (per 100,000 Population)	11,339	11,788	<b>10,854</b>
Total Deaths	20	5,327	<b>605,988</b>
Deaths (per 100,000 Population)	160.7	183.0	<b>185.7</b>
Percent of Adults Fully Vaccinated	38.9%	60.4%	<b>64.2%</b>
Estimated Percent of Adults Hesitant About Receiving COVID-19 Vaccination	15.6%	14.2%	<b>10.3%</b>
Vaccine Coverage Index	0.43	0.36	<b>0.43</b>

Source: Sparkmap, 2021.

**Description**

Exhibit 30 presents data regarding COVID-19 incidence and mortality. Light grey shading highlights indicators found to be worse than the national average

**Observations**

- COVID-19 cases per 100,000 in Allen County are above the U.S. average, but below the Kansas average. COVID-19 mortality rates have been below state and national averages.
- The percent of adults fully vaccinated and the percent hesitant about receiving the vaccine in Allen County are both unfavorable compared to state and national averages.

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### Mortality Rates

**Exhibit 31: Causes of Death (Age-Adjusted, Per 100,000), 2017-2019**

Cause of Death	Allen County	Kansas
Heart disease	185.6	<b>158.7</b>
Cancer	171.3	<b>152.9</b>
Other causes	106.1	<b>119.3</b>
Chronic lower respiratory diseases	48.9	<b>49.7</b>
Cerebrovascular disease (Stroke)	34.6	<b>35.5</b>
All other accidents and adverse effects	41.0	<b>33.1</b>
Diabetes	48.7	<b>23.8</b>
Alzheimer's disease	14.3	<b>22.9</b>
Other digestive diseases	19.4	<b>19.2</b>
Suicide	29.9	<b>18.7</b>
Pneumonia and influenza	45.8	<b>15.1</b>
Kidney disease (nephritis)	19.3	<b>15.0</b>
Motor vehicle accidents	13.3	<b>14.1</b>
Other respiratory diseases	8.8	<b>12.3</b>
Chronic liver disease and cirrhosis	8.3	<b>10.2</b>
Septicemia	9.5	<b>8.9</b>
Essential hypertension	4.4	<b>7.3</b>
Atherosclerosis	26.5	<b>7.0</b>
Other circulatory diseases/disorders	10.3	<b>6.6</b>
Pneumonitis due to solids and liquids	4.9	<b>6.2</b>

Source: Kansas Department of Health and Environment, 2020.

### Description

Exhibit 31 provides age-adjusted mortality rates (2017 through 2019) for a variety of causes in Allen County and Kansas. Light grey shading highlights indicators found to be worse than the state average; dark grey shading highlights indicators more than 50 percent worse.

### Observations

- Allen County has experienced rates of diabetes, suicide, pneumonia and influenza, atherosclerosis, and other circulatory diseases deaths that are well above state averages.
- The county's mortality rates also are above average due to heart disease, cancer, all other accidents and adverse effects, other digestive diseases, kidney disease, and septicemia.



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**Exhibit 32: Crude Cancer Mortality Rates per 100,000 Population, 2015-2019**

Cancer Site	Allen County	Kansas	United States
All cancers	248.6	191.0	<b>184.0</b>
Colon, rectum and anus	27.1	17.1	<b>16.4</b>
Liver and intrahepatic bile ducts	17.5	7.4	<b>8.3</b>
Pancreas	15.9	13.6	<b>13.5</b>
Trachea, bronchus and lung	65.3	48.5	<b>44.9</b>
Lymphoid, hematopoietic and related tissue	23.9	19.5	<b>17.6</b>
All other and unspecified malignant neoplasms	27.1	22.7	<b>22.3</b>

Source: Centers for Disease Control and Prevention, 2020.

\*Note: Rates calculated with 2019 population data for counties. Due to low incidence, rates considered unstable.

**Description**

Exhibit 32 provides age-adjusted mortality rates for selected forms of cancer in 2015-2019.

**Observations**

- Allen County’s overall cancer mortality rate was above the state and national averages.
- Allen County had particularly high mortality rates for colon, rectum, and anus cancer, as well as liver and intrahepatic bile duct cancer.

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### Exhibit 33: Drug Poisoning Mortality per 100,000, 2013 and 2018

Area	2013	2018	Percent Change 2013 - 2018
Allen County	18.1	22.7	20.4%
Kansas	11.4	11.8	3.5%
<b>United States</b>	<b>13.9</b>	<b>20.6</b>	<b>32.4%</b>

Source: Centers for Disease Control and Prevention, 2020.

#### Description

Exhibit 33 provides mortality rates for drug poisoning for 2013 and 2018. Light grey shading highlights indicators found to be worse than the national average; dark grey shading highlights indicators more than 50 percent worse.

#### Observations

- Drug poisoning mortality rates were higher in Allen County than state and national averages in both 2013 and 2018.
- Between 2013 and 2018, drug poisoning mortality rate increased 20.4 percent in Allen County, a significantly higher rate of increase compared to the Kansas rate, but below the national rate.

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### Communicable Diseases

**Exhibit 34: Communicable Disease Incidence Rates per 100,000 Population, 2018-2019**

Measure	Allen County	Kansas
HIV Diagnoses	0.0	<b>5.4</b>
HIV Prevalence	95.5	<b>131.6</b>
Chlamydia	255.6	<b>488.5</b>
Congenital Syphilis	0.0	<b>21.0</b>
Early Latent Syphilis	0.0	<b>10.0</b>
Gonorrhea	55.9	<b>180.4</b>
Primary and Secondary Syphilis	0.0	<b>5.2</b>

Source: Centers for Disease Control and Prevention, 2020.

### Description

Exhibit 34 presents incidence rates for certain communicable diseases in Allen County and Kansas.

### Observations

- Allen County incidence rates for communicable diseases were below state averages for all indicators.

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### Maternal and Child Health

**Exhibit 35: Maternal and Child Health Indicators, 2017-2019**

Indicators	Allen County	Kansas
Adequate Prenatal Care (Kotelchuck Index)	45.1%	52.2%
Prenatal Care Started In 1st Trimester	78.6%	80.3%
Gestation - Full Term (39-40 Weeks)	58.8%	59.9%
Mother Smoked While Pregnant	22.1%	9.4%
Mothers Breastfeeding	76.3%	88.3%
Small For Gestational Age (Less Than 10th Percentile )	10.9%	9.9%
Infant Mortality Rate	8.4	5.9

Source: Kansas Department of Health and Environment, 2020.

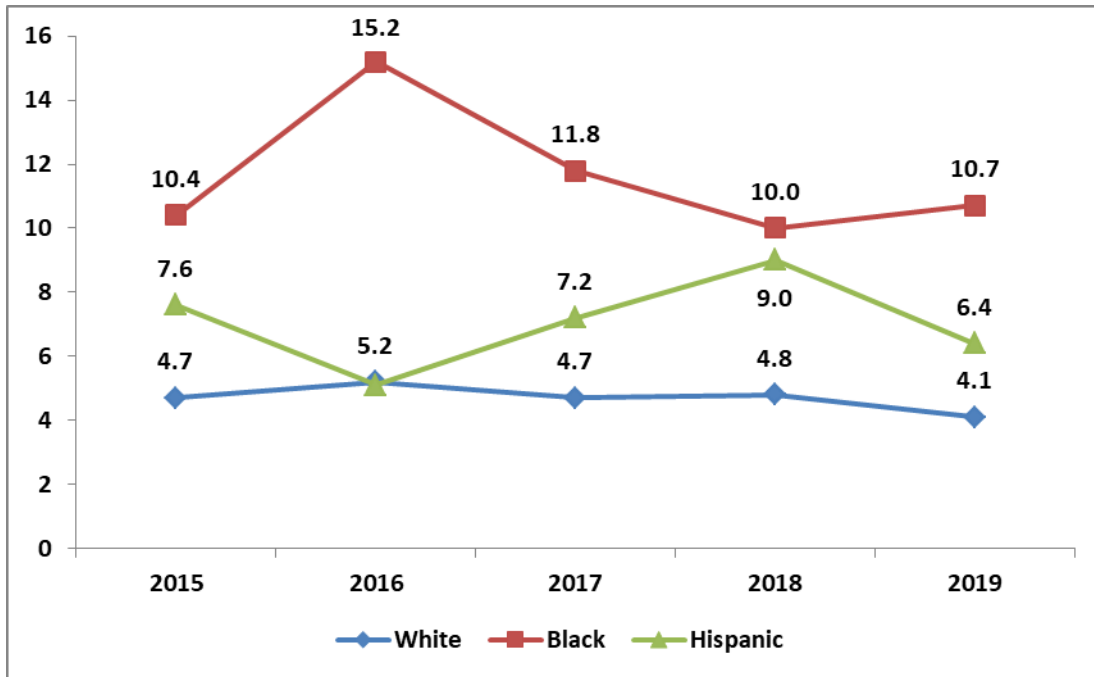
### Description

Exhibit 35 compares various maternal and child health indicators for Allen County with Kansas averages.

### Observations

- Allen County compares unfavorably to state averages for all indicators, with a particularly high rate of mothers who smoked while pregnant.

**Exhibit 36: Kansas Infant Mortality Rates per 1,000 Live Births by Race/Ethnicity, 2015-2019**



Source: Kansas Department of Health and Environment, 2021.

**Description**

Exhibit 36 provides infant mortality data by race and ethnicity for Kansas for each year between 2015 and 2019.

**Observations**

- Mortality rates for Black infants in Kansas have been significantly above rates for White infants. Rates for Hispanic infants have been in general above those for White infants.
- Mortality rates increased slightly for Black infants between 2015 and 2019, while decreasing slightly for White and Hispanic infants.

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America’s Health Rankings

Exhibit 37: America’s Health Rankings, Underlying Data by Race/Ethnicity, 2020

Measure Name	Black	Hispanic (or Latino)	White	Kansas Overall
Arthritis	22.3%	16.9%	27.1%	25.6%
Asthma	12.1%	7.6%	9.9%	9.9%
Avoided Care Due to Cost	18.7%	21.9%	11.1%	13.1%
Cancer	5.0%	2.9%	8.4%	7.6%
Cardiovascular Diseases	9.0%	5.4%	8.3%	8.2%
Children in Poverty	32.4%	24.7%	12.1%	14.9%
Chlamydia	1,521	451	242	489
Chronic Obstructive Pulmonary Disease	6.5%	3.4%	6.4%	6.4%
Colorectal Cancer Screening	60.0%	51.5%	68.9%	67.3%
Crowded Housing	3.1%	6.1%	1.2%	1.9%
Dedicated Health Care Provider	71.5%	62.4%	81.6%	78.2%
Dental Visit	62.3%	68.7%	68.6%	67.9%
Depression	15.1%	21.6%	19.9%	19.9%
Diabetes	16.0%	9.7%	10.7%	10.8%
Education - Less Than High School	12.6%	31.6%	4.9%	8.2%
Excessive Drinking	18.7%	22.9%	18.0%	18.7%
Exercise	21.2%	26.3%	19.8%	20.8%
Flu Vaccination	40.3%	33.6%	48.8%	46.2%
Frequent Mental Distress	16.9%	16.7%	12.9%	13.9%
Frequent Physical Distress	14.8%	12.1%	11.1%	11.6%
Fruit and Vegetable Consumption	7.3%	9.5%	8.4%	8.6%
High Blood Pressure	47.9%	18.2%	34.7%	33.5%
High Cholesterol	32.6%	25.0%	36.4%	34.9%
High Health Status	40.3%	43.6%	51.8%	49.7%
High School Graduation	79.0%	81.3%	89.7%	87.2%
High-risk HIV Behaviors	8.3%	9.6%	5.0%	5.8%
High-speed Internet	80.7%	86.9%	88.9%	88.4%
Insufficient Sleep	45.6%	33.0%	31.8%	33.1%
Low Birthweight	13.2%	7.3%	6.7%	7.4%
Multiple Chronic Conditions	9.3%	6.4%	9.8%	9.6%
Obesity	45.7%	34.6%	35.2%	35.2%
Per Capita Income	23,291	18,171	36,677	32,885
Physical Inactivity	29.8%	30.4%	26.6%	27.1%
Premature Death	11,794	5,082	7,782	7,542
Preventable Hospitalizations	5,446	3,536	3,993	4,014
Severe Housing Problems	22.3%	21.8%	11.1%	12.9%
Smoking	20.5%	16.6%	15.2%	16.2%
Suicide	13.2	10.1	21.0	19.5
Teen Births	35.9	34.7	15.4	20.0

Source: America’s Health Rankings, 2020.

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### Description

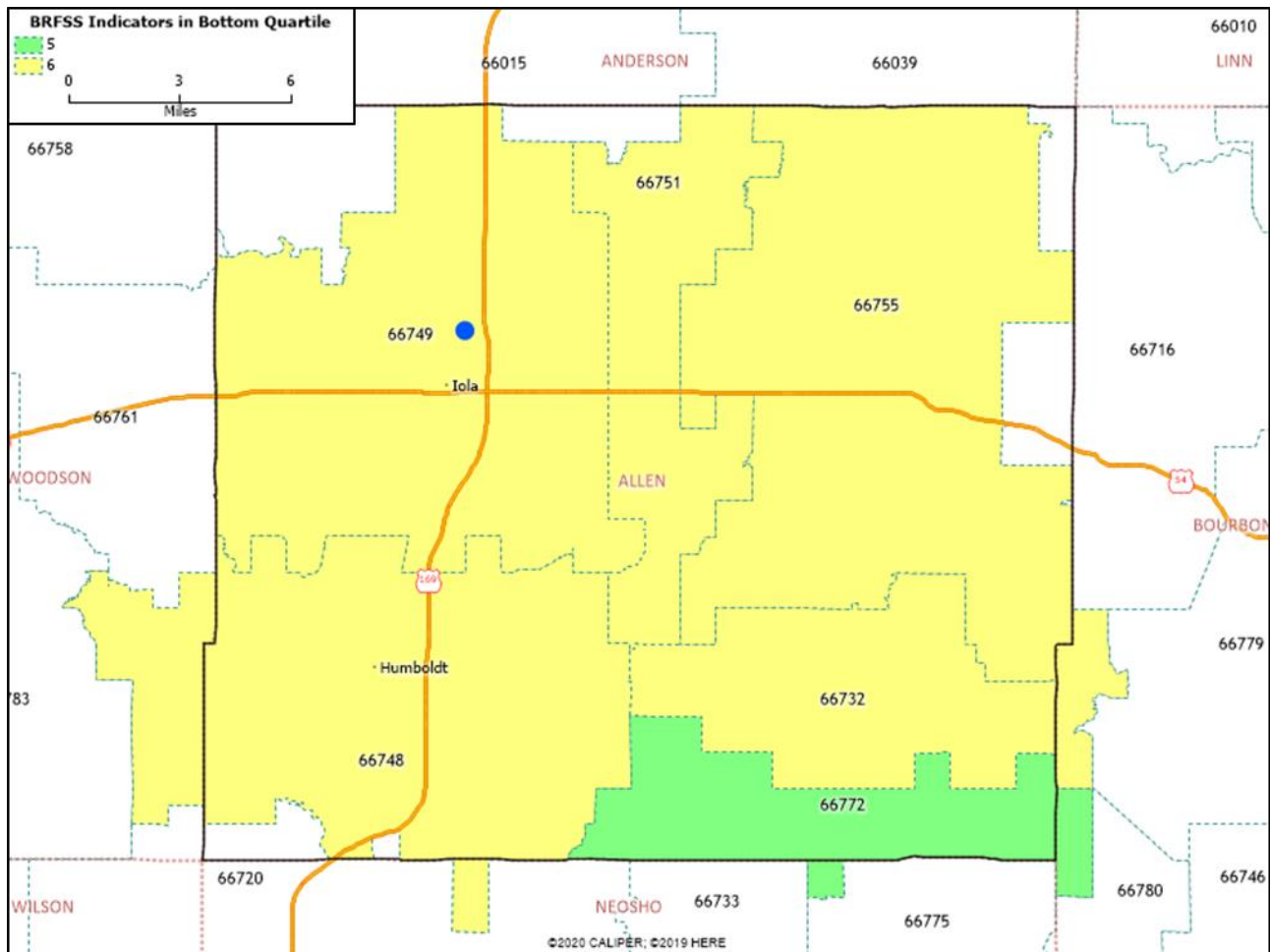
Exhibit 37 presents Kansas data from America’s Health Rankings for racial and ethnic cohorts, with Kansas overall for comparison. America’s Health Rankings provides an analysis of national health on a state-by-state basis by evaluating a historical and comprehensive set of health, environmental, and socioeconomic data to determine national health benchmarks and state rankings. Light grey shading highlights indicators found to be worse than the state average; dark grey shading highlights indicators more than 50 percent worse.

### Observations

- Black populations compared worse than state averages for many indicators, with particularly unfavorable rates of children in poverty, chlamydia, crowded housing, high school graduation, low birthweight births, premature death, severe housing problems, and teen births.
- Hispanic populations compared worse for a variety of indicators, including avoiding health care due to cost, children in poverty, crowded housing, high school graduation, high-risk HIV behaviors, severe housing problems, and teen births.
- White populations compared unfavorably for ten indicators, including cancer, exercising, high blood pressure and cholesterol, and suicide.

Centers for Disease Control and Prevention PLACES

**Exhibit 38: BRFSS Indicators in Bottom Quartile Nationally, 2017-2018**



Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude.

**Description**

Exhibit 38 presents CDC PLACES data. PLACES, a collaboration between CDC, the Robert Wood Johnson Foundation, and the CDC Foundation, provides model-based population-level analysis and community estimates to all counties, places (incorporated and census designated places), census tracts, and ZIP Code Tabulation Areas (ZCTAs) across the United States. PLACES is an extension of the original 500 Cities Project that provided city and census tract estimates for chronic disease risk factors, health outcomes, and clinical preventive services use for the 500 largest US cities.

Exhibit 42 identifies how many BRFSS indicators are in the bottom quartile nationally by ZIP code out of 28 indicators.



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### **Observations**

- Five of the six ZIP codes identified in Allen County ranked in the bottom quartile nationally for six BRFSS indicators.
- All six ZIP codes ranked in the bottom quartile nationally for obesity among adults and mammography use.

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**Ambulatory Care Sensitive Conditions**

**Exhibit 39: Saint Luke’s Health System ACSC (PQI) Discharges by County, 2020**

Condition	Allen County	Anderson County
Heart Failure	11	9
Bacterial Pneumonia	24	6
Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults	9	8
Urinary Tract Infection	14	8
Diabetes Long-Term Complications	4	1
Diabetes Short-Term Complications	-	-
Uncontrolled Diabetes	-	2
Hypertension	1	1
Lower-Extremity Amputation among Patients with Diabetes Rate	-	-
Asthma in Younger Adults	-	-
<b>Total ASCC Discharges</b>	<b>63</b>	<b>35</b>
Total Adult Discharges	203	247
<b>Percent</b>	<b>31.0%</b>	<b>14.2%</b>

Source: Analysis of Saint Luke’s Health System Discharges, 2020.

**Exhibit 40: Saint Luke’s Health System ACSC (PQI) Discharges by Hospital, 2019**

Condition	Allen County Regional Hospital
Bacterial Pneumonia	33
Urinary Tract Infection	17
Heart Failure	12
Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults	9
Diabetes Long-Term Complications	6
<b>Total ASCC Discharges</b>	<b>77</b>
Total Adult Discharges	274
<b>Percent</b>	<b>28.1%</b>

Source: Analysis of Saint Luke’s Health System Discharges, 2020.

**Description**

Exhibits 39 and 40 provide information based on an analysis of discharges from Saint Luke’s Health System hospitals. The analysis identifies discharges for Ambulatory Care Sensitive Conditions (ACSCs).

ACSCs are health “conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe

## APPENDIX B – SECONDARY DATA ASSESSMENT

disease.”<sup>14</sup> As such, rates of hospitalization for these conditions can “provide insight into the quality of the health care system outside of the hospital,” including the accessibility and utilization of primary care, preventive care, and health education.

These conditions include angina without procedure, diabetes, perforated appendixes, chronic obstructive pulmonary disease (COPD), hypertension, congestive heart failure, dehydration, bacterial pneumonia, urinary tract infection, and asthma.

Disproportionately high rates of discharges for ACSC indicate potential problems with the availability or accessibility of ambulatory care and preventive services and can suggest areas for improvement in the health care system and ways to improve outcomes.

### **Observations**

- The ACSC (PQI) analysis was based on discharges from Saint Luke’s Health System hospitals only.
- About 31 percent of Allen County’s discharges were for ACSC – a significantly higher percentage than neighboring Anderson County (14 percent).
- For the hospital, 28 percent of all discharges were for ACSCs, the highest of all hospitals assessed.<sup>15</sup>

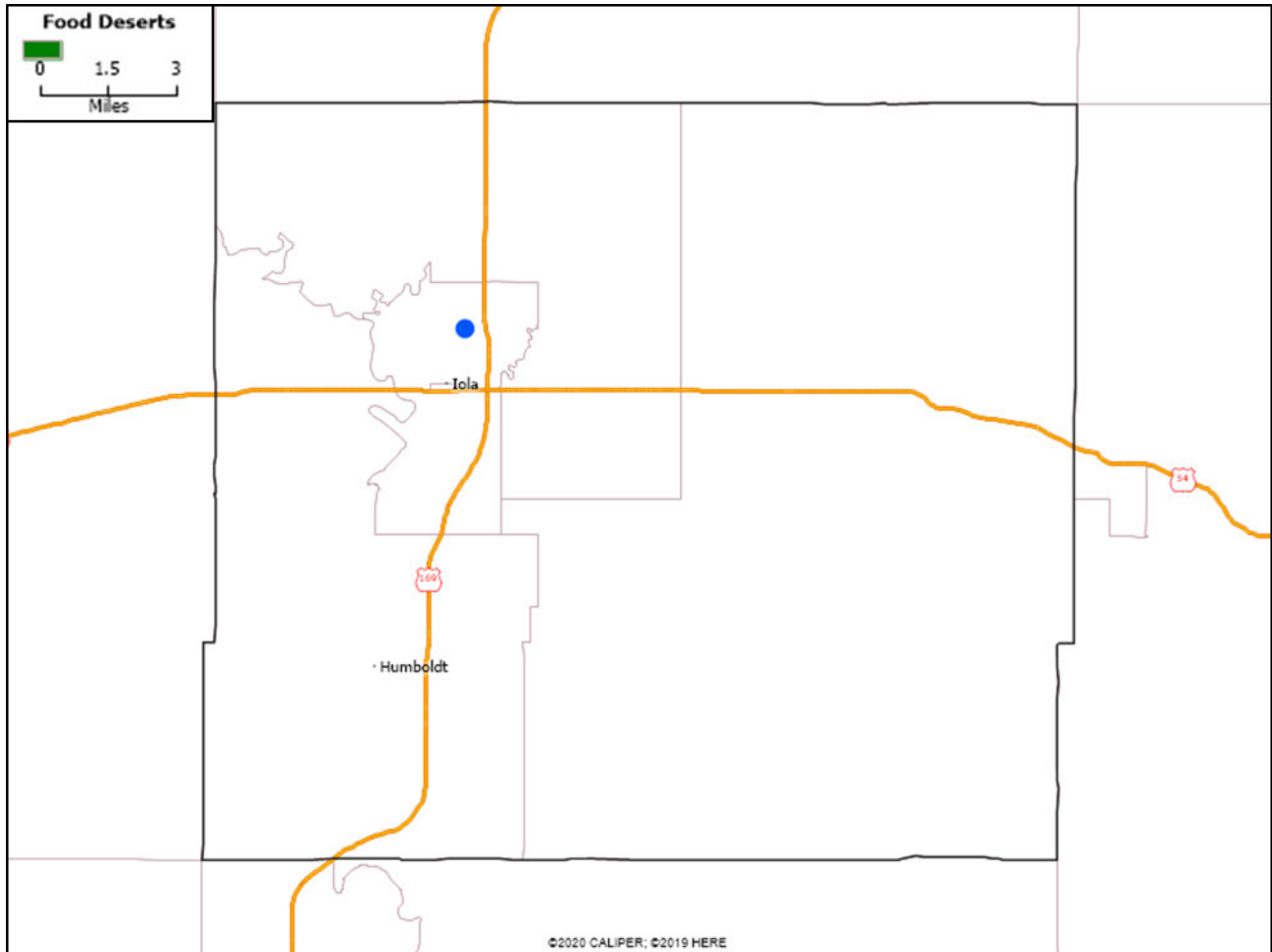
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<sup>14</sup>Agency for Health care Research and Quality (AHRQ) Prevention Quality Indicators.

<sup>15</sup> Hospitals assessed include four Saint Luke’s Health critical access hospitals in KS and MO: Allen County Regional Hospital, Anderson County Hospital, Hedrick Medical Center, and Wright Memorial Hospital.

Food Deserts

Exhibit 41: Locations of Food Deserts, 2019



Source: Caliper Maptitude and U.S. Department of Agriculture, 2021.

**Description**

Exhibit 41 identifies where food deserts are present in the community.

The U.S. Department of Agriculture’s Economic Research Service defines urban food deserts as low-income areas more than one mile from a supermarket or large grocery store, and rural food deserts as more than 10 miles from a supermarket or large grocery store. Many government-led initiatives aim to increase the availability of nutritious and affordable foods to people living in these areas.

**Observations**

- No food deserts are present in Allen County.

**Medically Underserved Areas and Populations**

**Exhibit 42: Medically Underserved Areas and Populations, 2021**

Service Area Name	Designation Type	State	County
Low Income - Allen	Medically Underserved Area	Kansas	Allen County

Source: Caliper Maptitude and Health Resources and Services Administration, 2019.

**Description**

Exhibit 42 identifies Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs).

Medically Underserved Areas and Populations (MUA/Ps) are designated by HRSA based on an “Index of Medical Underservice.” The index includes the following variables: ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over.<sup>16</sup> Areas with a score of 62 or less are considered “medically underserved.”

Populations receiving MUP designation include groups within a geographic area with economic barriers or cultural and/or linguistic access barriers to receiving primary care. If a population group does not qualify for MUP status based on the IMU score, Public Law 99-280 allows MUP designation if “unusual local conditions which are a barrier to access to or the availability of personal health services exist and are documented, and if such a designation is recommended by the chief executive officer and local officials of the state where the requested population resides.”<sup>17</sup>

**Observations**

- The low income population of Allen County is designated as a Medically Underserved Area.

<sup>16</sup> Health Resources and Services Administration. See <http://www.hrsa.gov/shortage/mua/index.html>

<sup>17</sup>*Ibid.*

Health Professional Shortage Areas

**Exhibit 43: Primary Care Health Professional Shortage Areas, 2021**

HPSA Name	Designation Type	State	County
Allen County Regional Clinic	Rural Health Clinic	Kansas	Allen County
Community Health Center of Southeast Kansas/Iola	Federally Qualified Health Center	Kansas	Allen County
Low Income - Allen County	Low Income Population HPSA	Kansas	Allen County

Source: Health Resources and Services Administration, 2021.

**Description**

Exhibits 43 through 45 identify the locations of federally designated primary care, dental care, and mental health Health Professional Shortage Areas (HPSAs).

A geographic area can be designated a HPSA if a shortage of primary medical care, dental care, or mental health care professionals is found to be present. In addition to areas and populations that can be designated as HPSAs, a health care facility can receive federal HPSA designation and an additional Medicare payment if it provides primary medical care services to an area or population group identified as having inadequate access to primary care, dental, or mental health services.

HPSAs can be: “(1) An urban or rural area (which need not conform to the geographic boundaries of a political subdivision and which is a rational area for the delivery of health services); (2) a population group; or (3) a public or nonprofit private medical facility.”<sup>18</sup>

Exhibit 43 provides a list of federally designated primary care HPSAs.

**Observations**

- The low income population of Allen County is designated as a Primary Care HPSA.
- Two health clinics were also designated as Primary Care HPSAs in Allen County.

<sup>18</sup> U.S. Health Resources and Services Administration, Bureau of Health Professionals. (n.d.). *Health Professional Shortage Area Designation Criteria*. Retrieved 2012, from <http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/index.html>

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### Exhibit 44: Dental Care Health Professional Shortage Areas, 2021

HPSA Name	Designation Type	State	County
Allen County Regional Clinic	Rural Health Clinic	Kansas	Allen County
Community Health Center of Southeast Kansas/Iola	Federally Qualified Health Center	Kansas	Allen County
Low Income - Allen County	Low Income Population HPSA	Kansas	Allen County

Source: Health Resources and Services Administration, 2021.

#### Description

Exhibit 44 provides a list of federally designated dental care HPSAs.

#### Observations

- The low income population of Allen County is designated as a Dental Care HPSA.
- Two health clinics were also designated as Dental Care HPSAs in Allen County.

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### Exhibit 45: Mental Health Care Health Professional Shortage Areas, 2021

HPSA Name	Designation Type	State	County
Allen County Regional Clinic	Rural Health Clinic	Kansas	Allen County
Community Health Center of Southeast Kansas/Iola	Federally Qualified Health Center	Kansas	Allen County
Mental Health Catchment Area 7	Geographic HPSA	Kansas	Allen County

Source: Health Resources and Services Administration, 2021.

#### Description

Exhibit 45 provides a list of federally designated mental health HPSAs.

#### Observations

- The entire population of Allen County is designated as a Mental Health Care HPSA as a part of Mental Health Catchment Area 7.
- Two health clinics were also designated as Mental Health Care HPSAs in Allen County.



## Findings of Other Assessments

### CDC COVID-19 Prevalence and Mortality Findings

The Centers for Disease Control and Prevention (CDC) provides information, data, and guidance regarding the COVID-19 pandemic. The pandemic also has exposed the significance of problems associated with long-standing community health issues, including racial health inequities, chronic disease, access to health services, mental health, and related issues. Part of the CDC's work has included identifying certain populations that are most at risk for severe illness and death due to the pandemic. To date, the CDC's work has yielded the outlined below.

**Underlying medical conditions may contribute.** People with certain underlying medical conditions are at increased risk for severe illness and outcomes from COVID-19, including the following:<sup>19</sup>

- Cancer;
- Chronic kidney disease;
- Chronic obstructive pulmonary disease (COPD);
- Immunocompromised state from organ transplant;
- Obesity;
- Serious heart conditions, including heart failure, coronary artery disease, or cardiomyopathies;
- Sickle cell disease; and
- Type 2 diabetes mellitus.

Based on what is known at this time, people with other conditions might be at an increased risk for severe illness and outcomes from COVID-19, including:<sup>20</sup>

- Asthma (moderate-to-severe);
- Cerebrovascular disease (affects blood vessels and blood supply to the brain);
- Cystic fibrosis;
- Hypertension or high blood pressure;
- Immunocompromised state from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines;
- Neurologic conditions, such as dementia;
- Liver disease;
- Pregnancy;
- Pulmonary fibrosis (having damaged or scarred lung tissues);
- Smoking;
- Thalassemia (a type of blood disorder); and
- Type 1 diabetes mellitus.

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<sup>19</sup> <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

<sup>20</sup> Ibid.

## APPENDIX B – SECONDARY DATA ASSESSMENT

**Older adults are at-risk.** Older adults and the elderly are disproportionately at risk of severe illness and death from COVID-19. Risks increase with age, and those aged 85 and older are at the highest risk. At present time, eight out of 10 COVID-19 deaths have been in adults aged 65 or older.<sup>21</sup>

**Men are at-risk.** Data thus far indicate that men are more likely to die from COVID-19 than women. While the reasons for this disparity are unclear, a variety of biological factors, behavioral influences, and psychosocial elements may contribute.<sup>22</sup>

**Racial and ethnic minorities are at-risk.** According to the CDC, “Long-standing systemic health and social inequities have put some members of racial and ethnic minority groups at increased risk of getting COVID-19 or experiencing severe illness, regardless of age.” Evidence points to higher rates of hospitalization or death among racial and ethnic minority groups, including non-Hispanic Black persons, Hispanics and Latinos, and American Indians or Alaska Natives.<sup>23</sup>

- Non-Hispanic American Indian or Alaska Native persons - incidence rate is approximately five times greater than non-Hispanic White persons.
- Non-Hispanic Black persons - incidence rate is approximately five times greater than non-Hispanic White persons.
- Hispanic or Latino persons - incidence rate is approximately four times greater than non-Hispanic White persons.

In explaining these differences of COVID-19 incidence rates, the CDC states: “Health differences between racial and ethnic groups result from inequities in living, working, health, and social conditions that have persisted across generations.”<sup>24</sup>

### SEK-CAP Community Needs Assessment 2019-2021

In 2019, the Southeast Kansas Community Action Program (SEK-CAP) published a community assessment of Southeast Kansas, including Allen County. Every three years, SEK-collaborates with citizens residing in their service area through community conversations, encouraging all participants to express the issues most important to them and to prioritize those along with other historical issues identified during the conversation. This qualitative data is collected and coupled with quantitative data from institutional sources to produce the Community Needs Assessment. The comprehensive Community Assessment is generated every three years and then updated annually with new, relevant data.

From this process, the following were identified as key issues in Southeast Kansas:

1. Housing: The region has a need for the development of adequate, affordable housing, across income spectrums.

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<sup>21</sup> <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html>

<sup>22</sup> [https://www.cdc.gov/pcd/issues/2020/20\\_0247.htm](https://www.cdc.gov/pcd/issues/2020/20_0247.htm)

<sup>23</sup> <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html>

<sup>24</sup> *Ibid.*

## APPENDIX B – SECONDARY DATA ASSESSMENT

2. **Employment and Workforce Readiness:** The region needs to produce graduates who are ready and able to enter the workforce, including: a) knowledge of technical and trade skills as well as soft skills; b) early childhood education and affordable childcare needs to be available to working parents.
3. **Regional Communication and Coordination:** The municipalities, businesses, and other organizations who are in a position to help those in need within the region need to promote one another for business growth opportunities as well as coordinate initiatives, events, and goals that can help all of us.
4. **Infrastructure:** High speed internet access is improving in some areas. It is critical to the region's future; immediate regional collaboration and cooperation is necessary to continue to accomplish this goal.
5. **Health:** Access to a living wage should be available to employees in the region and elected officials at the state and national level must find a way to combat the “Cliff Effect Issue” which penalizes people in need by reducing benefits when a modest salary increase is given.
6. **Other effects related to health and living wage are:** a) access to affordable health insurance should be available to all residents; b) efforts to increase the availability and affordability of healthy food options with emphasis on identifying and searching for opportunities to eliminate food deserts in our region.
7. **Active movement opportunities are needed for all residents by striving to provide sidewalks where they do not exist, off-road trails, on-road bike lanes, and by supporting all initiatives to improve active transportation choices.**

Intertwined through these key issues, the epidemic of poverty was linked to all issues.

### **Kansas Health Assessment and Improvement Plan – December 2019 Progress Report**

In October 2020, the Kansas Department of Health and Environment published an update on their state improvement plan, entitled *December 2019 Progress Report*. The update highlighted the five strategies (and one cross-cutting strategy) to improve health in Kansas, and provided updates on each. Those strategies were:

- **Strategy 1 - Healthy Living - Promote healthy eating and physical activity in Kansas.** This will be accomplished through increased access to farmer's markets and community gardens and through food policy councils and a growing network of schools, worksites and early childhood care providers.
- **Strategy 2 - Healthy Living - Promote a comprehensive approach to tobacco use prevention and control to reduce initiation and provide support for Kansans trying to quit tobacco.** This will be accomplished through cessation interventions, including promotion and use of the Kansas Tobacco Quitline.
- **Strategy 3 - Healthy Communities - Promote environments and community design that impact health and support healthy behaviors.** This will be accomplished through implementation of best practices such as roadways designed to accommodate all users, access to trails connecting business and residential areas, initiatives to ensure clean air (indoor and outdoor), safe housing, access to quality drinking water and community driven recycling.

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- Strategy 4 - Access to Services - Address the root causes of poor health. This will be accomplished through a renewed focus on improving health literacy, and by establishing more direct links between initiatives focused on health and on decreasing the number of Kansans living in and impacted by poverty.
- Strategy 5 - Access to Services - Promote integrated health care delivery. This will be accomplished by encouraging providers to move toward integrative models of care, and increasing health care access through the use of telemedicine. This will include expanding the number of providers who adopt electronic health records (EHR) systems and connecting to and using a health information exchange.
- Cross-Cutting Strategy 6 - Train and Equip the Public Health Workforce – To address all three themes, the following cross-cutting strategy was developed. Strengthen public health workforce training in Kansas to develop a public health workforce that is well-prepared, adequate in number and distributed according to the needs of both rural and urban Kansans.

Each of these strategies included goals and objectives to be met by 2020 in line with the Healthy Kansans 2020 plan. Of the 45 indicators of progress towards the goals and objectives related to Healthy Kansans 2020, 15 targets were met with another 8 objectives showed significant improvement, with two measures within 10 percent of the established targets. For 14 indicators, current or baseline data were not available, and 8 objectives were not met.

### **MCH 2020: Kansas Maternal and Child Health Needs Assessment, Priorities and Action Plan – 2016-2020**

The 2016-2020 Kansas Title V Needs Assessment was conducted by the Bureau of Family Health to understand needs and determine priorities for work at the state and local levels to support the health and well-being of women, infants, children, children with special health care needs, adolescents, and individuals over the life course.

The state priorities that emerged are as follows:

- Priority 1: Women have access to and receive coordinated, comprehensive services before, during and after pregnancy.
  - All women age 15-44 who access Title V services will receive prenatal risk assessments and well-woman visits at least once annually in order to reduce birth complications and risks, while improving women's health.
  - Women will follow through with recommended referral services 100% of the time by attending all recommended screenings and doctor appointments.
  - There will be an increase in access to services through supplemental resources provided throughout the community to promote education, screening, referral, and treatment for women and families.
- Priority 2: Services and supports promote healthy family functioning.
  - Healthy relationships and life skills are evident with women and families through an improvement rate of at least 30% on annual Becoming a Mom program evaluations/indicators.

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- Provide and increase in community resource fairs, trainings, and community events that promote and support informed, engaged, and empowered families evident through an increase in referral and service delivery reported in annual program data.
- Increase client access to services through coordination of home visiting programs and expanding services through informing and referring families to services in order to ensure proper linkage.
- Priority 3: Developmentally appropriate care and services are provided across the lifespan of children.
  - As a result of infants, children and adolescents being in environments where there are safeguards against preventable injury and harm, the infant mortality rate is reduced to a 3-year average of lower than 6.0.
  - 90% of children receive immunizations according to the recommended schedule.
  - Multi-sector (individual, health care and social service providers, community-based organizations) approaches are in place to reduce annual SIDS and SUID rates.
  - To achieve overall good health and desirable outcomes over the life course, preventative oral health services are integrated into existing programs and services for the MCH population starting in the prenatal and infancy periods.
  - All children receive an age appropriate developmental screening annually with a valid and reliable tool.
- Priority 4: Families are empowered to make educated choices about nutrition & physical activity.
  - Children and adolescents ages 0-17 years old and older have access to healthy foods and increased knowledge of opportunities for physical activity in order to adhere to and achieve optimum lifelong health.
  - Parents have access to information and resources on infant nutrition and feeding education in a multifaceted way using existing programs starting in the prenatal period, initiated during the first trimester.
  - Increased opportunities for regular physical activity for families are provided through structured environments and improved accessibility to facilities that support physical activity.
- Priority 5: Communities, providers, and systems of care support physical, social and emotional health for adolescents.
  - All children and adolescents receive comprehensive preventive health care that addresses social and emotional aspects of health at annual child and adolescent well visits, promoted through a developed cross system partnership (schools, community partners, Health Department).
  - All youth are provided with the support, relationships, and resources they need in order to build and improve coping skills and manage stress through measurable, positive youth development interventions and the implementation of evidence-based practices to prevent suicide.

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- Adults, children, and adolescents are aware of and have access to prevention and intervention programs that educate and empower them to practice protective factors to reduce the impact of bullying through MCH community and school trainings provided annually.
- Priority 6: Professionals have the knowledge and skills to address the needs of maternal and child health populations.
  - MCH provides on-going support toward the development of a trained and qualified workforce that serves Kansas children and families by providing professionals with up-to-date best practices and evidence-based services using a multi-faceted approach (referral network, mid-level training for home visitors, partnership support).
  - Annual training and education are delivered to ensure that providers have the ability to promote diversity, inclusion, and integrate supports in the provision of services for the SHCN population into adulthood.
  - MCH provides and ensures availability to on-going, up to date education and training opportunities that promote consistent messages and curriculums for childcare providers in Kansas aimed at the social-emotional development of children.
- Priority 7: Services are comprehensive and coordinated across systems and providers.
  - By supporting collaborative efforts of partners (MCO's, primary care providers) toward the timely implementation of a family-centered medical home to help with coordination of care, both communication and outreach will improve among service providers, individuals, and families.
  - Ensuring systems that support age & are developmentally appropriate, including universal behavioral health, and increase collaboration efforts through partnerships with existing programs (KDADS, KAIMH) and between primary care and behavioral health providers that are continually integrated and reviewed.
  - A patient-centered action plan that assists and empowers individuals and families is developed, monitored, and evaluated to help navigate systems for optimal health outcomes throughout the life course.
- Priority 8: Information is available to support informed health decisions and choices.
  - MCH works with existing programs (pediatricians, youth programs, local schools) to increase the number of partnerships that will help parents and youth ages 17 and below understand the importance of and make informed decisions about healthy choices and regular self-care.
  - Through collaboration with local school districts to implement and provide youth-focused initiatives & curriculums that include progress measures, children and youth ages 17 and under, and families are better equipped to advocate for all needed services, supports, and family/professional partnerships to achieve 100% of successful and healthy transitions.
  - In partnership with local health departments, MCH increases the number of individuals/families with medical insurance by 100% by assisting with locating and enrolling in the appropriate health care coverage, and through outreach by

## APPENDIX B – SECONDARY DATA ASSESSMENT

hosting current regional training around service planning, delivery, and navigation of resources to ensure utilization of acquired health care coverage-centered action plan that assists and empowers individuals and families is developed, monitored, and evaluated to help navigate systems for optimal health outcomes throughout the life course.

### **Rural Action Plan – US Department of Health and Human Services, 2020**

In September 2020, the US Department of Health and Human Services released their rural action plan and assessment of rural health. Key points from the plan include:

- Rural residents are more likely to die from heart disease, cancer, unintentional injury, chronic lower respiratory disease, and stroke than their urban counterparts.
- A number of rural hospitals are closing (that is, ceasing to provide inpatient services) or have a high degree of financial risk. Between January 2010 and July 2020, 130 rural hospitals closed. The impacts of these closures vary by community.
- Financial distress is linked to closure risk. However, many rural hospitals lack enough patient volume to be sustainable under traditional health care reimbursement mechanisms. From 2015 to 2017, the average occupancy rate of a hospital that closed was only 22 percent. Factors contributing to reduced rural hospital volumes include, but are not limited to, declining population, market changes, and patient bypass to other facilities.
- Fewer facilities are delivering babies, which may adversely affect access to obstetric (OB) services in rural communities. The percentage of U.S. rural counties that lacked hospital OB services increased from 45 percent in 2004 to 54 percent in 2014, due to hospital and OB unit closures. Rural areas also have higher rates of maternal mortality and higher rates of infant mortality.
- The ability to recruit and retain physicians, nurses, and all other types of providers—long a challenge in rural America—continues to limit access to care. A lack of behavioral health providers is particularly pronounced in rural areas, with 17 percent of nonmetropolitan (non-core) counties lacking behavioral health providers contrasted with three percent in metropolitan counties.
- Specialty care is less accessible due to distance and travel required; people with disabilities and older Americans are disproportionately affected by these and other social determinants of health. According to results from a survey of Rural Health Clinics (RHCs) that was published in December 2019, respondents attributed access challenges to a lack of specialty care providers in rural areas, with limited appointment availability, distance, and transportation being the other top reasons for having difficulty.

**APPENDIX C – COMMUNITY INPUT PARTICIPANTS**

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**Exhibit 46: Interviewee Organizational Affiliations**

Organization
Allen County Regional Hospital
Allen County Rural Health Clinic (Saint Luke's)
Community Health Center of Southeast Kansas
Kansas Department of Health & Environment, SE District - Mental Health
Saint Luke's Critical Access Region
SEK Multi-County Health Department
Thrive Allen County

**Exhibit 47: Community Meeting Participants**

Organization or Affiliation
Allen County Regional Hospital
Hope Unlimited
Independent Living Resource Center
K-State Frontier Extension District - Garnett Office
Southeast Kansas Mental Health Center
Thrive Allen County



## APPENDIX D – CHSI PEER COUNTIES

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County Health Rankings has assembled community health data for all 3,143 counties in the United States. Following a methodology developed by the Centers for Disease Control’s *Community Health Status Indicators* Project (CHSI), County Health Rankings also publishes lists of “peer counties,” so comparisons with peer counties in other states can be made. Each county in the U.S. is assigned 30 to 35 peer counties based on 19 variables including population size, population growth, population density, household income, unemployment, percent children, percent elderly, and poverty rates. **Exhibit 48** lists peer counties for Allen County, KS.

**Exhibit 48: CHSI Peer Counties**

Allen County, Kansas	
Clay County, Alabama	Madison County, Missouri
Cleburne County, Alabama	Montgomery County, Missouri
Fayette County, Alabama	Ripley County, Missouri
Franklin County, Arkansas	Morgan County, Ohio
Lawrence County, Arkansas	Vinton County, Ohio
Pike County, Arkansas	Haskell County, Oklahoma
Prairie County, Arkansas	Jefferson County, Oklahoma
Scott County, Arkansas	Nowata County, Oklahoma
Conejos County, Colorado	Tillman County, Oklahoma
Wilkinson County, Georgia	Houston County, Tennessee
Crawford County, Indiana	Comanche County, Texas
Allen County, Kansas	Cottle County, Texas
Washington County, Kentucky	Hardeman County, Texas
Webster County, Kentucky	McCulloch County, Texas
Franklin County, Mississippi	Morris County, Texas
Tishomingo County, Mississippi	Shackelford County, Texas
Gentry County, Missouri	Barbour County, West Virginia
Iron County, Missouri	

## **APPENDIX E – IMPACT EVALUATION**

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From 2013 until June 30, 2020, Allen County Regional Hospital was operated under a management contract with HCA Healthcare, a for-profit owner and operator of healthcare facilities. On July 1, 2020, the Saint Luke's Health System leased the hospital from the Allen County Regional Hospital Board of Directors and began operating the hospital as a 501(c)(3) facility.

This CHNA is the first one conducted by the hospital since it joined SLHS. Accordingly, no evaluation of the impact of actions that were taken since the hospital finished conducting its immediately preceding CHNA has been included in this report.

› **Contact us**

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