Community Health Needs Assessment

Report Narrative

Process Overview

The 2014 Community Health Needs Assessment process began with an analysis of the hospital's Financial Assistance Policies, conducted by an external reviewer experienced in interpreting these federal regulations. The updated policies, with revisions identified through this analysis, may be found in the Supporting Documentation section of this plan.

A second external review, analyzing the current medical staff resources locally and regionally, was then conducted. After documenting and verifying the physician and mid-level providers serving in communities across southeast Kansas, and comparing them to the current population data and demographic projections over the next five years, minimum and maximum need was estimated. These results were then presented to the full Board of Trustees for review, at a regularly-scheduled meeting last spring, and the accompanying report is included in this plan as well.

Internally, administration began researching and documenting other data regarding the health of the community in March, beginning with the information aggregated on the Kansas Health Matters web-site. Created by several state agencies to assist hospitals and public health departments in their health needs assessment processes, the site aggregates many sources of information from both governmental reports and private agencies.

Additionally, information and evidence-based practices from the American Hospital Association, Robert Woods Johnson Foundation, National Rural Health Association, Journal of Managed Care and several other organizations dedicated to health improvement was gathered and assessed over the next several months.

Finally, information from the hospital-sponsored and federally-funded Community Clinic's Planning Grant Final Report, and the Temporary Assistance for Needy Families Leadership Parsons project, were reviewed for additional health improvement priorities and strategic recommendations.

Community Meetings

With health measures and demographic data in hand, two Community Health Needs Assessment meetings were held this fall, including local governmental, educational, social service agency and business representatives. There was some difficulty in assembling this group altogether in the same room, as organizations are clearly being asked to do more with less and many individuals are wearing more than one hat in their respective positions. This scheduling challenge was addressed through telephone interviews and e-mail correspondence with key participants unable to attend in person.

Clinical input was also received from Labette Health Chief of Staff, Dr. Andrea Willhite, and retired physician Dr. Steve Miller. Oswego Community Hospital participated, as well, despite the fact they are not required to conduct a Community Health Needs Assessment themselves as a for-profit hospital.

This group reviewed the data, including demographic trends and community health indicators, identifying Labette County as the core service area to be addressed through the CHNA process. This planning group, however, also requested additional regional data be provided in areas where Labette County did not show sufficient need to proceed on its own, particularly in addressing current specialty access gaps i.e. rheumatology and infectious disease.

Recognizing the importance of building upon what is working well, data indicating areas where Labette County demonstrates **better than state and national community health averages** was reviewed. These areas include:

Access to Health Services

Asthma and Cancer Rates

Chronic Kidney Disease

COPD and Heart Failure Hospital Admission Rates

Immunizations and Infectious Diseases

Mental Health and Mental Disorders in Medicare Population

Mortality Rate due to Alzheimers, Homocide or Suicide

Although currently ranked above benchmarks in these areas, the group discussed ways to maintain access and address remaining pockets of need in areas like immunization rates in low-income children.

Areas where Labette County falls **below state and national benchmarks** were then reviewed, and more thoroughly discussed, including:

Atrial Fibrilation

Alzheimer's Disease/Dementia

Heart Disease Hospital Admission Rates

Injury Hospital Admission Rates

Mortality due to Cancer, Cerebrovascular Disease, Chronic Respiratory Disease, Diabetes, Heart Disease, Nephritis, Traffic Injury and Unintentional Injury

Osteoporosis

Percent of Adults with Diagnosed Arthritis, Diabetes or a Depressive Disorder

Percent of Adults Obese/Overweight, Not Doing Enough Physical Activity, Smoking Cigarettes, Wearing Seatbelts, Reporting Fair to Poor Health

Rate of Population to Dentists and Percent of School Children with Observed Dental Decay

Common themes were identified in these areas for improvement, including discussions regarding personal choice and healthy behaviors; dental access for the uninsured and underinsured; the limited number of community screening programs and the limitations of unaffiliated mobile units, both in terms of quality and access for those unable to afford their for-profit fee structure.

Likewise, those areas where Labette County is not simply below state and national benchmarks, but **ranked in the bottom quartile**, were reviewed as well:

COPD

Heart Failure

Ischemic Heart Disease

Rheumatoid Arthritis/Osteoarthritis

The need to prioritize these areas, particularly through dedicated heart screening programs, chronic care management initiatives, and sub-specialty outreach clinics were emphasized.

County Rankings

Progress, however, is clearly being made as Labette County has moved from 102nd of the 105 Kansas counties in 2011, to 93rd in 2012 and 90th in 2013 in the County Health rankings. And the county is listed in the top quartile in two important areas – 18th of the 105 counties in environmental indicators and 25th in access to clinical care.

Despite the need to focus on maternal and infant health, as suggested by the latest Healthy People 2020 tracker report, there has been a measureable improvement here as well, decreasing by .5% over the last three years. And measurable improvements in adult diabetes screening, mammography screening and preventable hospital stays were also identified. Perhaps most importantly, estimated years of life lost due to premature death dropped by roughly 250 years since our last community needs assessment.

Unfortunately, even with this progress, Labette County still ranks poorly in all indicators of maternal and infant health, including:

Infant mortality

Percent of births occurring to teens

Percent of births occurring to unmarried women

Percent of births to mothers who smoked during pregnancy

Percent of births with first trimester prenatal care

Percent of births with low birth weights

Percent of premature births

These figures clearly indicate the need to expand upon current initiatives, assisting in the implementation of the March of Dimes pilot project launched this year and led by the Labette County Public Health Department. And build upon the knowledge base of our Certified Breastfeeding Educator by training the entire Obstetrical Department team to support and coach new mothers in the importance and techniques of breast feeding. Both these programs are currently underway, through participation in the Kansas Department of Health and Environment's dedicated program, and with guidance from local physicians.

Environmental and Economic Factors Impacting Health

Environmental indicators i.e. water and air quality, housing, income levels, public safety and access to healthy foods were analyzed as well. Noting that research suggests a warm coat in the winter can do more to prevent pneumonia than inoculation efforts, these measures may ultimately offer more opportunity for health improvement than those strategies traditionally employed by hospitals.

Key findings:

Labette County better than state or national averages in grocery store access/vegetable intake; government assistance program utilization; high school graduation rates/student-teacher ratios; home ownership; people 25+ with bachelor's degree or higher; people 65+ living above poverty and rate of violent crime.

Labette County ranks poorly in children living below the poverty level; rate of food insecurity; home foreclosure rate; households without a vehicle, liquor store density, median household income; people 65+ living alone; poverty status by school enrollment; recreational facilities; students eligible for free or reduced lunch; and young children living below the poverty level. Finally, Labette County ranks in the bottom quartile in voter turn-out.

Specific percentages, rates or numbers for the measures mentioned throughout this narrative can be found later in this report, particularly in the Kansas Health Matters Labette County Dashboard, Robert Wood John County Health Rankings, Healthy People 2020 Tracker and the Kansas Department of Health and Environment, Bureau of Community Health Systems, Health Professional Underserved Area Report.

Community Discussion

With data in hand, the committee discussed overarching themes to be addressed in the CHNA Implementation Plan. The need to engage individuals in managing their own health, and our role in providing the right resources to assist them in this effort, came through in multiple areas ranging from chronic disease management to maternal health.

Low-incomes and the continued rise in the county's number of uninsured were discussed at length, emphasizing the desire to provide support without adding to the reliance upon outside assistance. In the three years since the last Community Health Needs Assessment, Labette County's percentage of uninsured continued to rise, reaching 18% in most estimates.

More concerning are projections, indicating a continued decrease in the financial health of individuals and families in the county and the region, if current demographic trends continue. In Labette County, median household income change is projected at -15% over the next five years, while estimated at -18% in the broader region. And growth in the number of households earning less than $25,000 per year is forecast to increase from 28% to 34% by 2019. Multi-generational poverty has no easy answers but breaking the cycle through education and job training, including good paying health care jobs, was emphasized.

At the meeting, discussion of ACT's national certification program designed to match high school student skill sets with specific job opportunities with local employers was discussed as one strategy to address the cycle of poverty. In follow-up with county economic development leadership, participation in this nationally-recognized program was considered one piece of the recruitment process for new employers, as well.

Growth in the number of elderly in Labette County also suggests the need for additional jobs in the health care sector, not just in the types of positions currently employed but in new positions providing care coordination and assisting individuals in managing their chronic illnesses. Partnership with Labette County Community College to train local students in these new employment opportunities was discussed, as well.

Five year projections of future health care need, and the medical staff growth to support this patient need, were also analyzed. Beyond those specialties already included in Labette Health's recruitment plan, most population-to-physician ratios indicated less than one Full Time Equivalent physician necessary to meet the recommended staffing targets. As a result, partnering with tertiary care facilities through additional outreach clinics was recommended, comparable to those currently in place in cardiology, ENT and endocrinology. This not only allows patients local access to physician specialties not sustainable if Labette Health were to recruit on its own, but also the flexibility to expand the number of clinics as need increases with the aging population.

Based upon the data, rheumatology was indicated as a priority for additional outreach. Similarly, the committee's request for a review of regional medical staff needs suggested an opportunity for shared specialty recruitment with other hospitals in the region in other priority areas, including pulmonology and infectious disease.

Building upon current health initiatives, as noted in the Implementation Plan section of this report, were discussed at both community meetings, as was the desire to find better data on drug use and manufacture, a concern expressed by the Labette County Mental Health Center as well. What became clear during the CHNA process was the need to better coordinate health improvement programs throughout the year, not only at the time of each three-year assessment. And bring board leadership of key organizations together at least once a year to identify common strategies and prevent overlap of scarce resources.

Equally well supported by the CHNA participants was the need to fill the gap in affordable recreational opportunities for the youth of Labette County. Addressing concerns regarding obesity, asthma and other childhood diseases through healthy, age-appropriate activities; and replacing important after-school programs whose historic funding has been cut. Additionally, the group discussed the improvement in child safety and the potential impact on law enforcement, allowing officers to focus on more pressing crimes rather than the mischief of unsupervised children and teens.

The importance of addressing grade school, middle school and high school students separately, balancing the importance of physical activity with the interests of each age group, potential locations and transportation concerns, and the need for support from not-for-profit across the community was all considered. It was clear this project, too, would require a coalition of local volunteers and organizations to become a reality. But interested individuals have already been looking for ways to replace The Rock and other children's programming, providing a foundation for the project.

As a result of these two community meetings, the county health data presented to the group, and the recognizing the importance of prioritizing efforts in the face of limited resources, the Implementation Plan emphasizes these two new initiatives. Found later in this report, the plan identifies other simple and straightforward ways to build upon the work already underway across the community, building upon rather than duplicating current health improvement efforts.

2014 Community Health Needs Assessment

Process Timeline

Charity Care/Financial Assistance Policy Review/Report — Dec. 2013

And Public Posting on Labette Health Web-site

Physicians Needs Assessment

Primary and Secondary Service Areas — Jan. – April, 2014

Community Health Needs Assessment

Data/Best Practice Research	March – Sept. 2014
CHNA Community Planning Meeting	Oct. 2014
CHNA Implementation Plan Review	Nov. 2014
Labette Health Board of Trustees Review/Approval	Dec. 2014
Public Posting of Report and Implementation Plan	Dec. 2014 – Dec. 2016