



Ascension Via Christi Hospital in Pittsburg 2020-2022 Implementation Strategy

Overview

Ascension Via Christi Mission

Rooted in the loving ministry of Jesus as healer, Ascension Via Christi Hospital in Pittsburg (AVCH-P) commits to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually-centered, holistic care which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.

Vision

We envision a strong, vibrant Catholic health ministry in the United States which will lead to the transformation of healthcare. We will ensure service that is committed to health and well-being for communities and that respond to the needs of individuals throughout the life cycle. We will expand the role of laity, in both leadership and sponsorship, to ensure a Catholic health ministry in the future.

Purpose of a Community Health Needs Assessment (CHNA) & Implementation Strategy (IS)

The purpose of a Community Health Needs Assessment (CHNA) is to identify and prioritize the significant health needs of Crawford County served by Ascension Via Christi Hospital in Pittsburg (AVCH-P). The priorities which have been identified in this Implementation Strategy (IS) report will help guide the hospital's leadership and other stakeholders in planning for community health improvement programs and community benefit activities. Additionally, the IS will encourage collaborative efforts with other organizations that share in our mission and desire to improve community health. The objectives of the CHNA are to:

- Increase the understanding of the health needs and assets of the area;
- Build capacity through partnership development and collaboration in working toward improving health in the communities we serve;
- Align and integrate population health and community health improvement goals with mission, vision and strategic plans of the hospital; and
- Ensure those living in poverty and who are most vulnerable remain high in our focus as a moral priority for services.

This CHNA report also meets the requirements of the Patient Protection and Affordable Care Act in which not-for-profit hospitals must conduct a CHNA at least once every three years. Readers of this report are encouraged to read the full CHNA report for more detailed information on Crawford County's economic and sociodemographic characteristics located on AVCH-P website.



Ascension Via Christi Hospital in Pittsburg – 1 Mt Carmel Way, Pittsburg, KS

Ascension Via Christi Hospital in Pittsburg (AVCH-P) is a healthcare leader in Southeastern Kansas. In addition to the hospital in Pittsburg, Kansas, AVCH-P has increased access to care for area residents within the last year through a joint venture clinic between AVCHP and Mercy Hospital located in Joplin, Missouri. The clinic, adjacent to the hospital, offers primary care and immediate walk-in health care services.

The Via Christi Mercy Clinic (VCMC) primary care specialists are focused in providing care to the entire family through wellness care, immunizations, school and sports physicals, treatment of acute illnesses and injuries and management of chronic health conditions. The clinic is open seven days a week.

AVCH-P is a Catholic not-for-profit hospital founded by the Sisters of St. Joseph in 1903 where their legacy continues through the current staff and volunteers striving every day to make a difference in the lives of their patients they are privileged to serve.

Services available through this hospital include the following:

- A comprehensive Cancer Center, fully certified by the American College of Surgeons (ACOS) and the only cancer center in the region to receive all eight out of eight commendations from the ACOS Committee on Cancer.
- A 40,000 square-foot state-of-the-art Surgery Center that which includes robotic-assisted, minimally invasive surgeries using the da Vinci Robotic Surgical System.
- The Dr. M.K. Parsi Women's Center, which includes a level II nursery and central fetal monitoring system.
- The AVC Heart Center which, supported by the newly renovated \$2.6 million Cardiac Stepdown Unit and state-of-the-art catherization lab.
- 24/7 Emergency Room, which is recognized as a Level II Trauma Center by the Committee on Trauma of the American College of Surgeons and following newly renovation, incorporates three fast track rooms.
- An extensive specialty service line which includes diagnostics, surgery, physical therapy and occupational health
- 3D mammography services
- Pulmonology
- Diabetes Self-Management Education
- Smoking Cessation Classes
- Heart Failure Self-Management Education

AVCH-P is accredited by the Joint Commission on Accreditation of Healthcare Organizations and holds memberships in the American Hospital Association, the Kansas Hospital Association and the Catholic Health Association. The hospital is currently training associates to become a High Reliability Organization to increase safety for patients, visitors and employees.



Service to the poor is a primary value at AVCH-P providing \$6.7 million in charity care for Fiscal Year 2019. Some examples of ways AVCH-P contributed include:

- Partnership with the Community Health Center of Southeast Kansas to share the expertise of cardiac specialists,
- Providing \$5.6 million in traditional charity care to those who are poor but in need of hospital care.
- Providing care to Medicaid recipients at a cost of \$482.0 thousand.
- Annually welcome nursing, laboratory and radiology students for field placement assignments to fulfill graduation requirements,
- CareVan Program which assist elderly and physically challenged with transportation to and from 2,884 medical appointments in FY2019 at a cost of \$63.7 thousand.

Crawford County – Geographic Coverage Area Selected

The geographical area of Crawford County was chosen for the CHNA because that is where Ascension Via Christi Hospital in Pittsburg (AVCH-P) is located and where the bulk of the hospital patients live or works. Crawford County, located in Southeast Kansas, is considered a rural area. The population of Crawford County, according to Census projections, is around 39,200 people. The most populous city in Crawford County is Pittsburg. The county itself is located halfway between Kansas City, Missouri and Tulsa, Oklahoma and shares a rich history of coal mining with its neighboring counties and is still known for its mining today.

The population is 88.5 percent Caucasian, less diverse than the State of Kansas which reports 77.8 percent. The median household income for Crawford County is \$34,080 which is significantly lower than the \$48,844 reported for the State of Kansas. Crawford County and its surrounding neighboring counties, represent one of the poorest areas in the State of Kansas.

According to the 2018 United States Census estimates, the county has a total land area of 590 square miles with a population of 66.4 people per square mile. In addition, there were 18,137 housing units with owner-occupied housing unit rate at 59.5 percent with the median value of owner-occupied housing \$87,300. The median gross rent for Crawford County is \$702. The median household income for Crawford County (in 2017 dollars) was \$38,017. This was \$17,500 less than what was reported as the median income for all Kansans. In addition, 18.9 percent of the Crawford County residents are living in poverty compared to 11.9 percent in the State.

The racial composition of Crawford County in 2018 was 91.6 percent white, 5.5 percent Hispanic or Latino, 2.4 percent Black or African American, 1.2 percent American Indian or Alaska Native, 1.8 percent Asian, 0.3 percent Native Hawaiian and other Pacific Islander and 2.7 percent reporting multiple races.

In 2018, there were 14,974 estimated households in Crawford County in which on average 2.5 people were living. Approximately six percent of the households identified that another language, other than English, was spoken at home although four percent identified they were born in a different country.



Approximately 21.7 percent of the population is under the age of 18 and 15.4 percent over the age of 65. In 2018, females represented 49.9 percent of the population compared to the 50.1 percent of their male counterparts. In the last 18 years, the population of Crawford County has increased by 0.4 percent compared to the State which increased by 8.3 percent during the same time period. The County's total population projection for 2018 is 39,034.

The education achievement of residents living in Crawford County is slightly lower than those living in the State of Kansas as 90.3 percent reported graduating from high school compared to 90.5 percent for State residents and 28.9 percent reported having a bachelor's degree or higher compared to 32.3 percent for the State.

According to 2018 Quick Facts, 12 percent of the Crawford County residents, under the age of 65, live with a disability compared to 8.8 percent for the State of Kansas. In addition, 11.4 percent of Crawford County residents, under the age of 65, reported having no health insurance coverage compared to 10.2 percent for the State.

Crawford County Health Status

According to the Robert Wood Johnson Foundation's *County Health Rankings and Roadmaps*, Crawford County ranked 85th out of 105 Kansas counties in health outcomes for 2019. While this position has gone down in recent years, it is an improvement since the 2012 rankings where it ranked 88th. The reason for the slip from 2018, when health outcomes ranked 82, is primarily due to the clinical care scores. While the dentists to patients' ratio improved slightly within a year's time, the ratio between primary care physicians and patients decreased due to the retirement. Preventable hospitalization stays increased dramatically within the time period from a low of 56 preventable hospitalizations in 2018 to 4,384 hospitalizations in 2019. Mammogram screenings also went from a high of 60 percent in 2018 to 36 percent in 2019 for adults.

But the news isn't all bad as health behaviors showed an improvement in percentage of adults who are obese dropped by two percent, the number of physically inactive adults also dropped by two percent and the number of teen births went down by two births over the same time period.¹

In looking at key health indicators available on the Kansas Health Matters webpage, it appears the Crawford County reports slightly fewer people having health insurance than others living in Kansas but making some improvement from previous years in the rates of colorectal cancer, male prostate cancer, percent of adults who are obese, rate of adults admitted to the hospital for congestive heart failure or heart disease, and percent of adults tested and diagnosed with high cholesterol. However, there is still a lot of work to be done to encourage healthy behaviors and attitude shifts toward the need for establishing regular exercise routines and healthy choices.

See Table 1 for specific breakouts of some of the Key Health Indicators tracked on the Kansas Health Matters webpage.²

Table 1: Crawford County Comparison to Kansas on Selected Health Indicators from the Kansas Health Matters Webpage

Health Indicator	CR Co Value	Kansas Value
Persons with health insurance	88.1%	89.9%
Cancer: Medicare population	8.1%	8.0%
Diabetes: Medicare population	27.7%	25.4%
Percent of adults with diagnosed diabetes	11.4%	10.5%
Persons with a disability (5-year)	16.4%	12.7%
Percent of adults who are obese	31.4%	32.3%
Heart failure: Medicare population	13.5%	13.4%
Percent of adults tested and diagnosed with high cholesterol	32.9%	37.4%
Percent of adults with diagnosed hypertension	34.0%	32.8%
Stroke: Medicare population	2.6%	3.1%
Percent of adults ages 65 years and older who were immunized against influenza during the past 12 months	39.4%	56.0%
Percent of infants fully immunized at 24 months	59.7%	69.2%
Infant mortality rate (per 1,000 live births)	5.3	6.1
Percent of all births occurring to teens (15 to 19)	7.3%	5.9%
Percent of births occurring to unmarried women	46.6%	35.9%
Percent of births where mother smoked during pregnancy	14.3%	10.5%
Percent of births where prenatal care began in 1 st trimester	71.7%	81.2%
Percent of births with low birth weight	7.8%	7.1%
Percentage of premature births	13.0%	9.1%
Depression: Medicare population	19.0%	18.9%
Age-adjusted Alzheimer's disease mortality rate (per 100K)	52.7	23.5
Age-adjusted cancer mortality rate (per 100K)	201.4	158.8
Age-adjusted cerebrovascular disease mortality rate (per 100K)	39.5	37.9
Age-adjusted chronic lower respiratory disease mortality rate (per 100K)	67.6	49.7
Age-adjusted diabetes mortality rate (per 100K)	24.5	22.1
Age-adjusted heart disease mortality rate (per 100K)	183.8	157.2
Age-adjusted suicide mortality rate (per 100K)	18.0	17.6

Methodology Used for 2019 CHNA

The methodology adopted for the 2019 CHNA effort included secondary data analysis (e.g. United States Census Bureau, Healthy Communities, Robert Wood Johnson's County Health Rankings, etc.). There were personal interviews held with community leaders and two focus groups conducted in Crawford County with health care providers and others representing the broad interests of the community. This method was chosen because one on-one interviews allow you to go much deeper into topic areas and focus groups are a good way to exchange viewpoints and discuss disagreements between varieties of people representing differing opinions.



Conducted in in the fall of 2018, the interviews and focus groups included individuals representing businesses, healthcare providers, government agencies, school districts, faith communities and not-for-profits Crawford County. Previous assessments included survey research and shared partnerships with area Health Departments and other not-for-profit organizations. But taking the findings from previous CHNAs and diving deeper into some of the consistent issues was thought to be an important step in identifying possible solutions

The actual interview instrument is available in Appendix I of the CHNA available on the AVCH-P webpage <https://www.viachristi.org/about-via-christi/mission/community-benefit>. The list of people participating in the one-on-one interviews or in focus groups, as well as the organizations they represented, is available in Appendix II of the same CHNA report.

The top five significant needs identified by the 2019 CHNA, as well as the previous CHNA, participants included: mental health, drug abuse, alcohol abuse, obesity, and diabetes (inferred in 2017 CHNA but called out specifically in the 2019 CHNA). New to the 2019 CHNA was access to health care.

These problems are not new to Crawford County as they have all been raised in previous CHNAs as well. However, these are all complicated issues and cannot be turned around without adequate government funding at both the State and Federal levels and a community-wide partnership approach.

In the last few years, other states have expanded Medicaid improving access to health care services; but Kansas has not. More importantly, the State of Kansas has reduced funding for mental health services and closed mental institutions so that those diagnosed with mental illness could be treated in their local communities. However, increased government funding at the local level did not keep pace with the growing need for behavioral services. Successfully addressing these issues is going to take “a village” approach for improved prevention, education and treatment.

How Implementation Strategy was developed

Randy Cason, President of AVCH-P convened the Executive Committee to review the 2019 Community Health Needs Assessment (CHNA) and discuss hospital resources that could address the needs indicated. He also invited leaders of Crawford County Live Well and the County Health Department to discuss their current goals and strategies along with hospital representatives who already collaborate with Live Well.

Live Well (The main group) – Pete Mayo,
Age Well – Clayton Kent, Kim Watkins
Breathe Well – Charlotte Russell, Sue Lutz
Eat Well - Jamie Cravens
Live Active – Sandy Krusich
Work Well – Micah Fogelman
Addiction Prevention – Leslie Hines

Conclusion

Many of the problems identified in this CHNA are long-term systemic problems based on social determinants that are beyond the control of persons who are poor and vulnerable. Lack of educational achievement most often leads to minimum wage job opportunities with little or no health care benefits. People who are born into poverty or who may live in families economically devastated by major illnesses, injuries, addictions, may not have access to the financial support and stability to be successful in school or in life without additional community services.

AVC wants to be a part of the solution where it has expertise and resources to address the identified needs but measuring the success of our efforts may take decades instead of three-years as many of the problems experienced are multi-generational and lack adequate support from local, state and/or national resources to address. Illnesses which include drug/alcohol addictions, behavioral health disorders, chronic diseases and serious injuries are expensive to treat and need multiple sources of support to raise awareness and prevention, foster early diagnosis and treatment and the promotion of safety to avoid accidents.

Needs That Will Be Addressed

The process used to determine these priorities included the number of times an issue was identified as a community need through interviews and focus group discussions; whether the issue had been identified in a previous CHNA as a priority; assessing how many people are currently impacted by the issue; whether there is an opportunity for the hospital to intervene at a prevention level; whether other community organizations are already addressing the issue and whether AVCH-P has the available resources and expertise to address the problem.

Prioritized Need #1: Access to Health Care

Goal: To support the expansion of Medicaid in the State of Kansas and encouraging patients to participate in the Accountable Care Act insurance exchange programs if not already insured.

Strategies:

- Each strategy will be addressing policy change
- Target populations are elected officials and general voting public
- Will continue researching successful Medicaid expansion strategies adopted in other States focusing on alternative expansion models to determine if they would be a good fit for Kansas.
- Stressing the importance to the public their personal responsibility in adopting healthy behaviors and the need for those not insured to enroll in an ACA cost-sharing plan.
- Evidence based research which summarized finding from 324 studies on the impact of state Medicaid expansions under the ACA (published between 2014 through 2019) indicates that the expansion is linked to gains in coverage; improvements in access, financial security, and some measures of health status/outcomes and economic benefits for states and providers.

Source: <https://www.kff.org/medicaid/issue-brief/the-effects-of-medicaid-expansion-under-the-aca-updated-findings-from-a-literature-review-august-2019/>



Resources: AVC Advocacy Officer and executive leadership team

Collaboration: Kansas Hospital Association and other area hospitals and clinic leaders

Actions:

- Ascension Via Christi Advocacy Officer will visit with all southeast Kansas elected legislators in Topeka regarding Medicaid expansion annually until it is passed.
- One AVC executive will make a presentation regarding the positive impact that Medicaid expansion has had in other states to a legislative committee in Topeka annually until it is passed.
- One AVC executive will publish a *Letter to the Editor* in a Crawford County newspaper outlining the positive impact that Medicaid expansion has had in other states until it is passed.

Anticipated impact:

- Passage of Medicaid expansion will positively affect access to care, smarter utilization of health services, and increase the affordability of care among the low-income population.
- Evidence based research has shown that Medicaid expansion has had a positive impact on greater access to care, improved self-reported health, reduced medical debt, greater financial security, improved affordability of care and increased utilization of care.³

Alignment: This goal is in alignment with local, regional, and state nonprofit and critical care hospitals. Several small rural critical access hospitals have closed in Kansas and more closures are anticipated if Medicaid expansion is not successful during the next legislative session.

When Mercy Hospital in Fort Scott Kansas closed its doors early in 2019, AVCH-P committed to the community that it would continue to operate the ER because in an emergency, time matters and Pittsburg is too far away to ensure positive patient outcomes. The Fort Scott ER is open 24/7.

In concert with the AVC leadership team and board of directors, AVCH-P continues to be a strong advocate in the expansion of Medicaid across Kansas. Affordable health care, in our Catholic tradition, should be a right given to all but especially for those who are poor and vulnerable.

AVCH-P continues to offer charity care to the poor, takes care of those who are recipients of Medicaid and Medicare knowing that the government will not be paying the full cost of that care, and aggressively assisting those who come into its hospital to register for programs to which they are entitled.

In the 2010 CHNA, one of the consistent issues raised was the limited access to specialty care within Crawford County. As a result of that finding, AVCH-P partnered with the Community Health Clinic of Southeast Kansas to provide specialists at their clinics during normal work hours so that the FQHC's Medicaid and low income patients have access to both primary and specialty care when needed. That was nine years ago and that specialty partnership continues to this day.



One of the strategies adopted by AVCH-P through all its ministries is to support and/or participate in collaborative efforts to educate legislators on Medicaid expansion needs and the benefits derived for all citizens in terms of health access and stabilization of funding for critical care hospitals.

Prioritized Need #2: Mental Health Services

Goal: To partner with the community in finding more effective ways to promote mental health well-being by increasing awareness and community education on depression and suicide prevention.

Strategies:

- Strategy will address social determinants of health, health disparities and the challenges of the underserved by partnering with community groups to address individuals of all ages through social media, advertising, education events and support groups.
- Target population: The Crawford County community, in addressing this goal it requires creating an environment that supports mental health through policy change, education, and a better understanding of effective interventions that are responsive, emotionally supportive and nonthreatening.

Resources:

- AVC Advocacy Officer will work with state elected officials to review current policies and how best to focus on long-term funding options and treatment to avert critical situations.
- AVCH-P staff is already actively involved in the Crawford County's Mental Health Department (CCMHD) and the Live Well Coalition that is working together to enhance current mental health services and to seek more funding for this population through the State. Staff will continue to be active members in this coalition.

Collaboration:

- Hospital staff works closely with CCMHD when patients are brought into the ER by family, friends, law enforcement or others to get the person in crisis evaluated and processed for appropriate care and referral once stabilized.
- AVCH-P hospital and clinical staff, in collaboration with FQHCs and other organizations work diligently together planning for people in need of care due to mental illnesses.

Actions:

- AVCH-P hospital will provide two community education events: one each on depression and suicide prevention.
- AVCH-P will initiate recruitment of a psychiatrist who will relocate to the Pittsburg area to increase mental health services in the area.

Anticipated Impact:

- Research as shown that mental health promotion and educational offerings increases social awareness and connectedness in communities. It helps build social capital, promotes community well-being, overcomes social isolation for those with mental illness, as well as

improves their social connectedness. <http://www.mentalhealthamerica.net/positions/evidence-based-healthcare>

- Recruitment of psychiatrists is extremely competitive as the demand for their service is surpassed only by family physicians. According to Merritt Hawkins, the nation's leading physician search firm, their 2017 report indicated they conducted more searches for psychiatrists in 2016 than it had in any previous 12 months in the firm's 30 year history. This coincides with a study in the May, 2016 issue of Health Affairs indicating that for the first time more money is spent treating mental health disorders in the U.S. than any other disease, including heart, trauma and cancer. So, the anticipated expectation is that it will be extremely difficult to find a psychiatrist willing to relocate to the area of southeast Kansas but if one is hired, it is anticipated that residents with limited resources will be able to receive the behavioral health services they need without traveling to larger urban settings or worse, going without the much needed services.⁴

Alignment:

Multiple social, psychological and biological factors determine the level of mental health of a person at any point of time. Poor mental health is also associated with rapid social change, stressful work conditions, gender discrimination, social exclusion, unhealthy lifestyle, physical ill-health and human rights violations.⁵ The lack of mental health services, especially for those in crises as well as those suffering from drug/alcohol addictions has been identified as a need by several sources – CHNA, community residents and other organizations serving this population.

According to the Kansas Health Institute, budget cuts to the state's mental health system have been devastating. The Association of Community Mental Health Centers of Kansas, which is comprised of 26 community mental health centers issued a statement about the \$30 million in funding cuts that it says its members have suffered in past years.⁶

Prioritized Need #3: Substance Abuse

Goal: To reduce the number of people negatively impacted through the abuse of drug and alcohol substances and to reduce electronic tobacco usage among teens.

Strategies:

- AVCH-P does not have a dedicated detox unit but will treat patients who are brought in to the ER by family members, law enforcement agencies or EMS teams. Each patient is triaged in the ER, stabilized and admitted when necessary for their own safety until their immediate crises has been resolved. AVCH-P works close with the CCMHD to get each individual where they can best be helped with their addiction, including providing secure transportation if necessary.
- As an offensive measure, AVCH-P staff makes presentations in the community providing information on the effects that drugs and alcohol abuse have on the chemical composition of the body, especially when an overdose can occur so that people understand the risks being taken when experimenting with illegal substances and/or abusing legal ones.



- AVCH-P staff serves on local committees and coalitions (e.g. Living Well, Breathing Well, etc.) to network with others who have more expertise in working with this population and know where to turn for long-term treatment. Not all drug/alcohol abusers end up in the ER so it is important for staff to stay-up-to-date on trends being seen outside the ER and what agency may be providing the best care. (e.g. The use of Juuls in the school and the growing popularity of vaping were cited by several people as an increasing concern for teens and young adults.)

Resources:

- Clinical staff, social workers and chaplains assist these patients with referrals for treatment and/or other not-for-profit organizations in the area which will help them deal with their addiction problems.
- Upon admittance into the hospital, clinical staff must closely monitor the patient's withdrawal symptoms to the point where needing intensive medical management is no longer required.

Collaboration:

- AVCH-P staff will collaborate with Live Well and Breathe Well coalitions in providing two Juuls education events that will inform participants of the health risks associated with using this product.

Actions:

- AVCH-P will develop an information sheet on the risks associated with using Juuls and distribute widely as an educational tool for parents, teachers and others in the community as a resource to discuss with family members, students and youth groups.

Anticipated Impact:

- An anti-movement against JUULs and vaping for individuals under the age of 21 is already underway in Kansas as 22 municipalities and four counties in Kansas have adopted ordinances raising the age limit on cigarettes and other tobacco products to 21. <http://www.ottawaherald.com/news/20190212/kansas-teen-helps-light-fuse-under-proposal-raising-minimum-age-for-tobacco-to-21/1>. It is anticipated that more municipalities and counties will follow suit as more negative health outcomes are shared through public presentations and social media outlets.
- In 2018, more than 3.6 million U.S. middle and high school students reporting using e-cigarettes within the last 30 days. According to one study, conducted in 2016, e-cigarette usage grew 900 percent between 2011 and 2015. <https://www.lawsuit-information-center.com/juul-e-cigarette-lawsuits-what-is-next.html>
- Scientists are still learning about the long-term health effects of e-cigarettes but here is what is currently known: nicotine is highly addictive, nicotine is toxic to developing fetuses, and nicotine can harm adolescent brain development which continues into the early to mid-20s. In addition, e-cigarette aerosol can contain substances that reach deep into lungs causing adverse and long-term effects. As a result, it is anticipated that if the popularity of JUULS is not reduced, more young adults will become addicted and serious lung diseases will increase. So, increased research and more public education are needed to combat this growing trend.

Alignment:

Yes, this goal is in alignment with local, regional and state health officials, parents, school districts and others who are all concerned about the growing usage of JUULS, e-cigarettes and vaping. As a result, it is anticipated there will be an increase in chronic lung conditions in young adults if a major educational campaign is not development to forewarn people of the adverse effects.

Prioritized Need #4: Access to Healthcare

Goal: To assist people, lacking the means of mobility or resources, to get to their medical appointments.

Strategies:

- Continue providing CareVan transports throughout Crawford County to the poor, frail elderly and physically challenged to medical appointments. In FY2019, nearly 2,900 people were assisted through this AVCH-P service.

Resources:

- AVCH-P currently has one full-time driver to carry out this program but has access to multiple vans.

Collaboration:

- The CareVan provides a shuttle service for non-emergency medical appointments within a 30 mile radius around Pittsburg, Kansas. The shuttle service was launched in 1992 and operates two mini vans and three 13-passenger lift vans to pick-up patients as needed for their weekday appointments at the hospital, doctor office or for physical therapy visits.

Actions:

- Due to the increasing elderly population within Crawford County, the CareVan program plans to hire an additional driver to assist in meeting the health transportation demand.

Anticipated impact:

- Continued independence of people using CareVan program because they can better take care of themselves through regularly attendance at medical appointments.
- Transportation is a commonly identified barrier to health care access. When transportation is available, especially when it is free, there is greater access to health care resulting in better health status, more frequent use of preventative services and lower hospitalization rates. Evidence based research has shown the relationship between transportation and perceived health status among groups of elderly patients.⁷
- Fewer no-shows for medical appointments throughout the hospital, clinics and physician offices in the Crawford County area.

Alignment:

Yes, this goal is very much in alignment with AVCH-P mission of reaching out to the poor and vulnerable to ensure they are able to access healthcare services when needed resulting in a better quality of life.



Prioritized Need #5: Diabetes/Obesity

Goal: To expand diabetes education capitalizing on lessons learned with the pilot project conducted in FY2019 with eight participants.

Strategies:

- To increase the FY2020 to 15 participants
- To promote the program in multiple ways and the benefits resulting from the pilot project

Resources: AVCH-P Educator on Diabetes

Collaboration:

- Area-wide primary care physicians and their ARNPs
- Area clinics
- Media resources
- American Diabetes Association – recently received this accreditation

Actions:

- To interface with local primary care physicians three times a year to increase referrals to diabetes education program
- To utilize social media in an effort to promote diabetes awareness on a monthly basis
- To determine if cost of diabetic education program is limiting participation especially by the poor and vulnerable populations
- Actively promote the program out in the community in an effort to recruit more participants

Anticipated impact:

- More people will be recruited to participate in the FY2020 program
- People participating in the program will have lower blood glucose levels and will see a reduction in weight
- Increase in referrals from PCPs/ARNPs
- Increase in knowledge of patients diagnosed with diabetes to better manage their nutrition, physical activity and better adherence to protocols.
- Evidence based research has shown that adults with Type 2 diabetes who have attended educational classes have achieved weight loss and improved glucose levels.⁸

Alignment:

Yes, this goal is very much in alignment with AVCH-P mission of providing education to those in need, especially those who are poor and vulnerable. Type 2 diabetes depends on a combination of risk factors – family history, age, ethnicity, diet, physical activity and weight. Those living on fixed incomes, elderly or have family history with the disease may be predisposed and need assistance on understanding what they can do to self-manage this disease before it gets out of control. This program will assist them in understanding the causes and risk factors, as well as what they can do to reduce their risk or take control of it to avoid more serious complications.

Prioritized Need #6: Cancer

Goal: Expand education efforts on cancer prevention and treatment

Strategies:

- Increase community education through joint education events
- Promote awareness of cancer education opportunities through social media

Resources: AVCH-P Cancer Center staff

Collaboration:

- University of Kansas' Midwest Cancer Alliance affiliate
- Kansas Cancer Partnership
- American Cancer Society

Actions:

- Start tracking current cancer educational offerings and their outcomes
- Provide three events focused on community education and awareness on cancer

Anticipated Impact:

- More people will be recruited to participate in the educational offerings on cancer
- People participating in the educational programs will have a better understanding on the importance of early screening for better outcomes with various cancer types
- Increase in knowledge of patients diagnosed with cancer to better manage their disease, select treatment regimen and follow through with after care.
- Increase in knowledge about cancer prevention and the impact of personal lifestyle choices.

Alignment:

Yes, this goal is very much in alignment with AVCH-P mission of providing education to those in need, especially those who are poor and vulnerable. Like diabetes, cancer depends on a combination of risk factors – family history, age, ethnicity, diet, physical activity and weight. Those living on fixed incomes, elderly or have family history with the disease may be predisposed and need assistance on understanding what they can do to self-manage this disease before it gets out of control. This program will assist them in understanding the causes and risk factors, as well as the importance of regular screening to identify cancers early on for better health outcomes.

Needs That Will Not Be Addressed

The resources identified under each heading is not intended to be an exhaustive list but offers the reader a few suggestions on where they can turn for assistance. Most resources cited are in Pittsburg, but a few may be in neighboring cities. Some additional ones are in Joplin, Missouri or Oklahoma City, Oklahoma or may be national hotlines that can provide information regarding other programs that better serve the need of the person experiencing a specific problem.



Affordable Health Insurance – the hospital does not have the resources to go above and beyond what it is currently providing through its financial assistance program. It does offer health care to its own employees and their family, but its resources are limited when it comes to providing health insurance for the community.

Resources Available:

- 1) Health Insurance Marketplace Call Center (800) 318-2596
- 2) Kansas Insurance Department (800) 432-2482
- 3) Senior Health Insurance Counseling for KS (SHICK) (800) 860-5260
- 4) Kansas Statewide Farmworker Health Program (KDHE) (785) 296-1200
- 5) KanCare – (800) 792-4884

Affordable Prescriptions – while the hospital doesn't directly address this on a wide scale, AVCH-P will assist with some limited prescriptions for patients by contacting the manufacturer to see if there are samples available if an individual has no other options or resources. The pharmacy must diligently fill out the required paperwork and submit it in a timely fashion to get the prescriptions needed as most times the patient is waiting for the required medicine upon discharge.

Resources Available:

- 1) Kansas Statewide Farmworker Health Program (KDHE) (785) 296-1200
- 2) National Organization for Rare Disorders (800) 999-6673
- 3) Kansas Drug Card – (913) 638-8415
- 4) Familywise – (800) 222-2818

Substance Abuse Prevention/Treatment – while many times the hospital will treat these individuals because they have been brought to the ER by law enforcement, family or friends, the hospital is not currently able to treat large volumes of these types of patients due to limited resources and staff expertise. There are other organizations who are the experts in dealing with addictions by offering counseling, education/prevention for drug use disorders as well as alcohol, psychological testing and assessment, mental health hotlines, and psychiatric medication services.

Resources Available:

- 1) Crawford County Community Mental Health Center (620) 231-5130
- 2) Community Health Center of Southeast Kansas (620) 231-9873
- 3) Families and Children Together (620) 232-3228
- 4) Elm Acres Recovery Services (620) 231-5310
- 5) Adolescent Center for Treatment (Residential Substance Abuse) (913) 782-0283

¹ *Health Rankings & Roadmaps: Building a Culture of Health, Country by County*, Crawford County, Kansas, 2012-2019, Robert Wood Johnson Foundation, <http://www.countyhealthrankings.org/app/kansas>.

² *Kansas Health Indicators*, Kansas Health Matters, 2017, <http://www.kansashealthmatters.org>

³ *Implications of the ACA Medicaid Expansion: A Look at the Data and Evidence*, Henry J. Kaiser Family Foundation, May 23, 2018, <https://www.kff.org/medicaid/issue-brief/implications-of-the-aca-medicaid-expansion-a-look-at-the-data-and-evidence/>.

⁴ Merritt Hawkins, an AMN Healthcare Company, *Family Physicians, Psychiatrists, Top List of Most in Demand Doctors*, June 5, 2017, <https://www.merrithawkins.com/news-and-insights/media-room/press/family-physicians-psychiatrists-top-list-of-most-in-demand-doctors/>

⁵ World Health Organization, *Mental Health: Strengthening Our Response*, March 30, 2018, <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>

⁶ Kansas Health Institute, Budget Cuts ‘Devastating’ Kansas Mental Health System, Providers Say, July 7, 2016, <https://www.khi.org/news/article/budget-cuts-devastating-mental-health-system-providers-say>

⁷ Morgan Shook, *Transportation Barriers and Health Access for Patient Attending a Community Health Center*, June 10, 2005. http://web.pdx.edu/~jdill/Shook_access_transportation_chc.pdf

⁸ American Association of Diabetes Educators, *The Value of Diabetes Education*, August 2019, available at <https://www.diabeteseducator.org/research/value-of-diabetes-education>