

Health Needs Assessment

Pittsburg Kansas Market

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Summary of All Recommendations – Not in Priority Ranking

RECOMMENDATION: Review current Crawford County coalitions to see if it would be feasible to start a new group that would focus only on health access issues or find an existing coalition where attention to this priority could improve the health status of the community's poor and vulnerable.

RECOMMENDATION: Address the need for shared electronic medical record data within VCH-P and others in the community who might benefit from using shared health care information. The State of Kansas does have a group of health care workers discussing this topic and it appears that stimulus money may be made available to pursue this effort.

RECOMMENDATION: More funding sources are looking to fund community partnerships in addressing health care needs. While some groups may be better at writing and receiving start-up funds, long-term it might be better for the community to work in collaboratives to ensure new monies will produce programs that are sustainable when the grant money is no longer available. Chasing grants for the sake of replacing lost funding is a band-aid approach that is short-lived and not ideal for community strategic planning objectives.

RECOMMENDATION: VCH-P may want to do an internal audit to assess how many times in the last two years where non-English speaking patients were dependent on phone-line translators. An audit should include not only the times phone-line translators were utilized but also the conditions patients were in when translators were needed. Attention to whether or not forms are available in other languages for patient use should also be a part of this audit.

RECOMMENDATION: VCH-P should evaluate the relationships they have with area specialists and assess how they can encourage increased partnerships between specialists and community clinics.

RECOMMENDATION: Increase partnership with Pittsburg State University School of Nursing and other area colleges to ensure adequate pool of health care workers are available in the future.

RECOMMENDATION: Increase access to urgent or after hour health care especially for mentally ill and addiction-related populations.

RECOMMENDATION: Assess efforts and resources available for healthcare outreach program. It is apparent they are both wanted and needed but not very accessible due to limited transportation options. Need to take outside the four walls of VCH-P.

Health Needs Assessment Report – Pittsburg Market

Overview

Access to health care is an important public health measurement that needs periodic monitoring to ensure effectiveness and quality of life for all residents. Community health assessments can provide information for policy development which support community health efforts and impetus for change if needed.

Access to health care is one of 10 national Leading Health Indicators (LHI).¹ These indicators are used to guide national policy priorities to improve public health. Improving access to health care is also a priority for Via Christi Health (VCH) and its respective health care facilities. There are numerous barriers to accessing health care services in Crawford and Cherokee Counties – Via Christi Hospital of Pittsburg’s primary service areas. The cost of health care, particularly for individuals without insurance, is the most frequently cited barrier. Another barrier cited often by interviewees is due to lack of a public transportation system, while others may feel that health care providers do not provide culturally appropriate care.

By far, the most common barrier to accessing health care services is related to income. People living in poverty or who are living on very limited incomes are more likely to have poor health outcomes. One research study which observed individuals, including those with health insurance, who avoided obtaining health care or prescription drugs because of cost, had a higher risk of re-hospitalization following a heart attack.²

Having access to affordable, high-quality and timely health care is critical in preventing the spread of disease and insuring good quality of life through all developmental stages. Health care during pregnancy is important in identifying and treating problems to improve the health outcome for newborns. Many adults either struggle to pay for basic medical services and what could be a simple prevention problem can lead to more serious outcome (e.g. early detection of colon polyps to prevent colon cancer).

This report is intended to be used by the leadership of Via Christi Hospital – Pittsburg (VCH-P) as a basis for the development of a plan to address access to health care for uninsured and underinsured persons who live within and around the Pittsburg, Kansas area. This plan will guide VCH-P’s activities as it moves toward its vision of bold leadership in the transformation of health care to enhance the lives of individuals and communities it serves.

Interview Process

Interviews with a wide range of stakeholders within VCH-P primary service areas were conducted in late January 2010. Attachment A lists the names of those participating in approximately one hour interviews. In total, 25 interviews were completed. This report documents the findings of these interviews, includes information provided in hard copy by those who participated in the process and summarizes results of additional research.

Community Description

When Pittsburg was platted in 1876, the city was eight blocks long and eight blocks wide. By 1880, it had a population of about 1,000. From 1880 through 1916, huge waves of European immigrants were enlisted to come to work in the coalfields of Southeast Kansas. By 1885, there were 12 smelters in the area, at a time when only 25 existed in all of United States. This made Pittsburg the major producer of lead and zinc smelter, second only to the nation of Belgium.

A historical accounting of Pittsburg's early history documented in the diary of Margaret Haughwout, a faculty member of the Kansas State Teachers Normal College (now Pittsburg State University) cited she heard 34 languages being spoken on the streets of Pittsburg on a Saturday night in 1934.

According to the 2008 – 2009 Pittsburg Area Chambers' of Commerce directory, Pittsburg's population of just over 19,500 makes it the largest city in Crawford County and Southeast Kansas. The United States Census estimates that there were 38,868 people living in Crawford County and 21,082 in Cherokee County in 2008. Table 1 shows the population changes of both counties since 1980.³

Table 1 Population and Population Change in Crawford & Cherokee Counties, Kansas

Location	1980	1990	2000	Percent Change 1980-2000	2008
Crawford Co	37,916	35,582	38,242	0.9	38,868
Cherokee Co	22,304	21,374	22,605	1.3	21,082
State of Kansas	2,364,236	2,477,588	2,688,824	13.7	2,802,134

Between 2000 and 2008, the State of Kansas population increased by 4.06 percent while Crawford County's population grew by 1.6 percent and Cherokee County's population decreased by 6.7 percent during the same time period. For specific racial/ethnic breakouts, see Table 2.

The racial/ethnic composition for both Crawford and Cherokee Counties is less diverse than is the State of Kansas. However, Cherokee County's American Indian population is greater proportionately than is the American Indian population for the State of Kansas as a whole. Where possible, this health assessment will include data for Cherokee County as well as Crawford County since both counties are primary areas for VCH-P's services.

Table 2: Racial/Ethnic Composition for VCH-P's Primary Service Areas in 2000⁴

Population Variable	Kansas	Crawford County	Cherokee County
White	88.7%	92.8%	91.6%
Black	6.2%	2.2%	0.8%
Asian	2.2%	2.1%	0.4%
American Indian & Alaska Native	1.0%	1.1%	3.8%
All Other	1.9%	1.8%	3.4%
Hispanic/Latino Origin	9.1%	3.5%	1.4%
White, not Hispanic	80.3%	89.6%	90.2%

The population density for Crawford County in 2000 was 64.5 person per square mile compared to 38.5 for Cherokee County and 32.9 for Kansas as a whole.⁵ On average, the number of persons per household is comparable as Crawford County reported 2.35 persons and Cherokee County reported 2.51 persons per household.⁶

Crawford County land area covers 593 square miles and is slightly larger than Cherokee County which covers 587 square miles.⁷ Crawford County borders the state line of Missouri and Cherokee County borders both Missouri and Oklahoma state lines. Ninety-eight percent of the total land area for both counties is considered rural.

The population breakout in Table 3 reveals some interesting characteristics as both Crawford and Cherokee Counties are showing proportionately fewer children in both categories under the age of 18 years old than the State of Kansas, yet a higher proportion of residents over the age of 65 years. These median age shows that Cherokee County has an older population base than either Crawford County or the State of Kansas as a whole.

Table 3: U.S. Census Bureau State & County Quick Facts 2008 – Population⁸

Population Variable	Kansas	Crawford County	Cherokee County
Under 5 years old	7.2%	6.7%	5.8%
Under 18 years old	25.0%	22.4%	23.8%
65+ years and older	13.1%	14.2%	15.2%
85+ years and older	1.92%	2.82%	2.22%
Median age in years (2000)	35.2	33.8	37.0
Median Value of Owner Occupied Housing Units (2000)	\$83,500	\$54,000	\$46,900

The median value of owner occupied housing units for both Crawford and Cherokee Counties are lower when compared to housing values for the State of Kansas.

Unemployment

The unemployment rate in Kansas remained relatively steady at the end of 2009. According to December 2009 estimates, Kansas businesses lost 60,000 jobs during 2009, a 4.3 percent decrease in number of employees in the state. The manufacturing industry lost 26,100 jobs in 2009, a 14 percent decrease in jobs. The majority of losses in this industry were in aerospace production.

Crawford County had 1,399 individuals collecting unemployment in November 2009. Kansas Department of Labor statistics showed that 18,459 people were employed in the county in November 2009. Cherokee County unemployment went from 8.1 percent in October 2009 to 6.9 percent in November 2009. While some individuals are cautiously optimistic that the worst is over, others were not so sure but conceded that the unemployment percentages were at least moving in the right direction. See Table 4 for specific breakouts of Kansas, Crawford and Cherokee Counties.

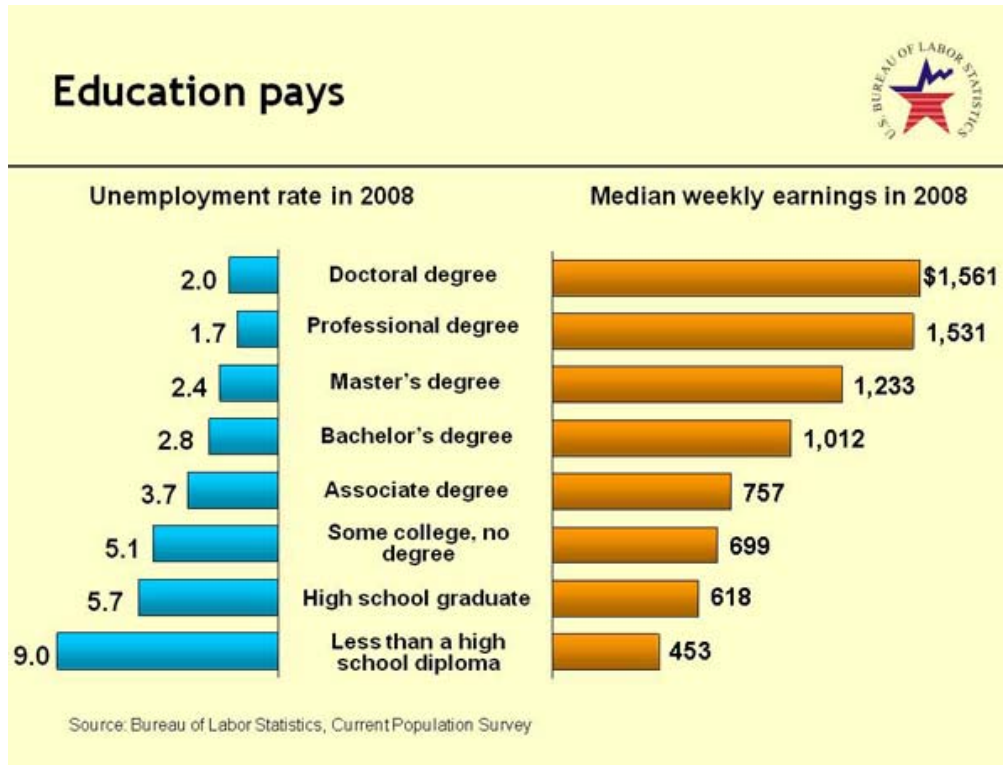
It is very apparent from the previous table that unemployment rates in both Crawford and Cherokee Counties are worse than other counties in Kansas. While it appears that the unemployment rate is improving, it is still too soon, given the data to suggest that the recession is over.

Table 4: Unemployment Rates⁹

Year	Kansas	Crawford County	Cherokee County
2005	5.1	5.8	6.5
2006	4.3	5.1	5.1
2007	4.1	4.7	4.7
2008	4.4	5.1	5.0
Nov 2009	6.2	7.0	6.9
Dec 2009	6.2	6.8	7.5
Jan 2010	7.2	8.1	8.8
Feb 2010	6.8	7.8	8.7

Research has shown that there is no particular level of educational attainment that has proven to be unemployment-proof in today’s economy. What does seem to be apparent is an inverse relationship, as the level of education increases, the chances of unemployment rate decreases. On average, those holding bachelor’s degrees in the USA experienced an unemployment rate of 3.3 nationwide in 2008. See Chart 1 for specifics.

Chart 1: Education Pays



Education

In 2008 – 2009, total school enrollment for Crawford County was 5,979 and Cherokee County was 3,838. Children from families with incomes at or below 130 percent of the poverty level are eligible for free meals. Children from household incomes between 130 and 185 percent of the poverty level are eligible for reduced-priced meals. In 2008-2009, 54.4 percent of the total school enrollment in Crawford County and 55.6 percent in Cherokee County were enrolled in the free and/or reduced lunch programs. In Kansas, 42.7 percent of all school enrollees were eligible for these programs.

Reduction in education funding from the state may challenge future educational attainment as more school districts prepare for drastic funding cuts to help offset the State’s deficits. The state funding cuts to education has decreased the state aid per pupil from \$4,433 to \$4,012. Schools remain a target for reductions because they consume more than half of the state’s general tax revenues.¹⁰ Pittsburg USD 250 and Southeast USD 247 will encounter the largest cuts as Pittsburg’s budget will see a reduction of close to \$274,000 and Southeast will lose \$231,000.¹¹

By the end of January 2010, more state cuts were announced, and with the budget not finalized as this report is being drafted, how much more reductions will be is still unknown. However, in anticipation of what is suspected, Pittsburg USD 250 cut its budget by \$815,000 to help offset

the district’s approximately \$1.1 million cut from the state this year. Programs that were slashed by Pittsburg USD 250 included the popular after-school tutoring program for students receiving a failing grade in a particular class. More than 120 Pittsburg Community Middle School students attended this tutoring program that was staffed by certified teachers.¹²

**Table 5: Educational Attainment in Crawford and Cherokee Counties, 2000
Persons 25 Years and Older**

Education Attainment Level	Kansas	Crawford County	Cherokee County
< 9 Grade	5.2%	5.6%	6.6%
9 – 12 Grade (No Diploma)	8.8%	9.9%	13.0%
High School Graduate	29.8%	30.7%	39.0%
Some College (No Degree)	24.6%	24.5%	24.2%
Associate Degree	5.8%	5.4%	6.0%
Bachelors Degree	17.1%	14.6%	7.6%
Graduate/Professional Degree	8.7%	9.3%	3.6%
Total %	100.0%	100.0%	100.0%
Total #	1,701,207	23,395	14,704

Crawford County reports a higher percentage of graduate and professional degrees most likely due to the professionals employed by Pittsburg State University, VCH-P and other medical providers located in Pittsburg area.

Pittsburg State University makes a huge impact on the economic health and wellness of the area. According to a Blake Benson, Pittsburg Area Chamber of Commerce president, studies have shown that the school’s 7,000 plus student enrollment each represents a \$10,000 impact on the local economy. When adding the school’s 1,700 employees, plus the construction projects from the new buildings on campus, the visitors and other variables, the total economic impact of PSU on the local economy is \$768 million.¹³

State Assistance

The State of Kansas through the Department of Social and Rehabilitation Services (SRS) provides temporary assistance for individuals and their families. This research focuses on several SRS programs to assess the level of poverty in Southeast Kansas. SRS programs accessed for this research effort include Temporary Assistance for Families, Child Care Assistance, Food Assistance, Vocational Rehabilitation Services, Health Care Assistance and Medicaid. It was estimated that in year 2000, 8.9 percent of all Kansans were living in poverty. Both Crawford and Cherokee Counties surpassed this level, as their rate of poverty was 13.3 and 14.0 percent respectively. These counties are consistently among the poorest in the State of Kansas.¹⁴

The Temporary Assistance for Families (TAF) program, which must comply with federal mandates, assists welfare recipients in their transition from cash assistance to gainful employment. Kansas requires that TAF recipients search for work or enroll in programs designed to prepare them for a job while receiving financial assistance. As can be seen from Table 6, the average number of families being served by this program continues to decrease, even though the rate of unemployment has increased throughout the State. Kansas, like many other states, is reducing the amount of assistance earmarked for this program because the State is running out of money. For Fiscal Year 2009, SRS spent \$45,222,313 for this program alone. While that is significant, it represents an \$11.5 million dollar reduction from Fiscal Year 2007. SRS spent \$829,890 for TAF recipients living in Crawford County in FY 2009 and \$610,733 in Cherokee County. These totals, while impressive, were both less than what was spent in each county for FY 2007.

Administered through SRS, the Child Care Assistance program helps pay for child care costs for families who receive TAF benefits. These families are low-income, working families, teen parents completing high school or a GED, as well as some families who are participating in job training activities. The family's income must meet program standards and children must be under the age of 13 or unable to take care of themselves should they be older.

Table 6: Temporary Assistance for Families – Average Persons Served per Month¹⁵

SRS Fiscal Year	Kansas	Crawford County	Cherokee County
2005	44,681	1,230	629
2006	44,592	1,068	573
2007	39,226	938	516
2008	32,773	700	462
2009	31,828	597	453

The Food Stamp Program administered through SRS is a nutrition assistance program which allows eligible persons to buy food from local grocery stores. Any individual or household group whose annual household income meet certain basic requirements may qualify. The amount of food stamps distributed to families is dependent on the size.

The total expenditure for Child Care Assistance for the State of Kansas in Fiscal Year (FY) 2009 was \$76.8 million. This amount represents a decrease of \$140,000 from FY 2008. See Table 7 for County breakout of the average number of children served per month.

This program reveals that while more children were helped statewide from FY 2005 – 2008, FY 2009 saw an overall decrease in Kansas. Both Crawford and Cherokee Counties have seen a decrease in the average number of local children served per month for the last three fiscal years.

Table 7: Child Care Assistance – Average Number of Children Served per Month¹⁶

SRS Fiscal Year	Kansas	Crawford County	Cherokee County
2005	18,721	349	130
2006	19,526	348	142
2007	21,025	316	135
2008	21,211	290	138
2009	20,964	257	119

In FY 2009, Kansas SRS annual expenditure for Food Stamp assistance was \$263,141,527. That amount represented a 50.5 percent increase in what was expended in FY 2005. Annual expenditures for Crawford County went from \$4.4 million in FY 2005 to \$6.1 million in FY 2009. Cherokee County’s annual expenditure for Food Stamp Assistance was \$2.6 million in FY 2005 and increased to \$3.4 million in FY 2009. Table 8 shows the average number of persons served monthly by this program over a five year period.¹⁷

Table 8: Food Stamp Assistance – Average Number of Persons Served per Month¹⁸

SRS Fiscal Year	Kansas	Crawford County	Cherokee County
2005	175,710	4,507	2,748
2006	182,821	4,456	2,746
2007	184,036	4,483	2,648
2008	187,375	4,552	2,686
2009	208,007	4,997	2,903

Table 9 shows the estimated percentage of children younger than 18 years of age who live in families with incomes below 100% of the U.S. poverty threshold as defined by the U.S. Office of Management and Budget. Data are based on the U.S. Census Bureau’s Small Area Income and Poverty Estimates. It is hypothesized that with the economic downturn in 2008 and after, that more children are experiencing poverty than in the past. Estimated percentages for 2008 and 2009 are not yet available.

Table 9: Estimated Percentage of Children Living in Families of Poverty¹⁹

Year	Kansas	Crawford County	Cherokee County
2003	13.8%	20.4%	21.2%
2004	14.6%	20.4%	22.3%
2005	15.2%	23.8%	25.8%
2006	15.3%	22.8%	26.2%
2007	14.6%	21.9%	25.3%

Because of the high poverty in Southeast Kansas, over half of the children living in Crawford and Cherokee Counties qualify for the Free and Reduced Price Lunch Program every year. Data are provided by the Kansas State Department of Education and can be seen in Table 10.

Table 10: Children Approved for Free and Reduced Lunches at School²⁰

Academic Year	Kansas	Crawford County	Cherokee County
2005	38.58%	46.97%	52.04%
2006	38.87%	47.93%	52.81%
2007	39.01%	53.27%	52.79%
2008	39.84%	51.36%	54.10%
2009	42.69%	54.44%	55.62%

According to SRS of Kansas, the Vocational Rehabilitation Program is designed to assess and provide services to eligible individuals with disabilities, consistent with their strengths, resources, abilities, capabilities, interests and informed choice. To be eligible for vocational rehabilitation services, an individual must have a disability (e.g. physical or mental impairment) and require services to gain employment. Table 11 shows Kansas support for the Vocational Rehabilitation.

Table 11: Annual Expenditures by the State for Vocational Rehabilitation Services²¹

SRS Fiscal Year	Kansas	Crawford County	Cherokee County
2005	\$19,585,840	\$406,485	\$245,223
2006	\$19,585,840	\$417,708	\$141,644
2007	\$19,878,956	\$238,539	\$52,256
2008	\$18,599,784	\$116,086	\$34,805
2009	\$17,937,301	\$235,737	\$50,878

Both Crawford and Cherokee Counties saw a major decrease in State funding for vocational rehabilitation services in 2007 and 2008. Funding reductions resulted in fewer people served per month. The Counties were able to recoup part of the loss in 2009 but not at the prior funding level experienced in 2005. See Table 12 for average number of people served.

Table 12: Average Number Served Monthly by Vocational Rehabilitation Services²²

SRS Fiscal Year	Kansas	Crawford County	Cherokee County
2005	8,546	126	68
2006	8,404	176	48
2007	8,261	112	29
2008	9,168	89	33
2009	9,828	152	37

Household Income

According to the US Census Bureau’s projections for 2008, the annual, median household income for Crawford County was \$37,289 and \$37,621 for Cherokee County. However, both counties were below the median household income for the State of Kansas which was \$50,174.

As can be seen from Table 13, both Crawford and Cherokee Counties have more of their population living below poverty level than the State of Kansas. In 2003, Crawford County had 15.2 percent of their residents living below poverty level. In 2008, the percent of poverty increased to 21.9.²³

Table 13: Median Household Income and Percent of Persons Living Below Poverty by County

	Kansas	Crawford County	Cherokee County
Median Household Income (2008)	\$50,174	\$37,289	\$37,621
Living Below Poverty (2008)			
- Under age 18	14.6%	21.9%	24.6%
- Ages 5 – 17 in families	12.3%	18.8%	20.5%

Table 14 looks at relevant data collected from other research studies on the topic of health care.^{24, 25} This research effort is geared toward Crawford and Cherokee Counties since those residents represented 87.2% of the population served by the VCH-P emergency and Quick Care departments and will represent a large portion of the uninsured population which is the primary focus of this project.

Table 14: Health Related Variables

	Kansas	Crawford County	Cherokee County
Adults who smoke	19%	23%	21%
Adult obesity	28%	30%	29%
Children in poverty	15%	22%	25%
Self-reports of “ <i>in poor or fair health</i> ”	13%	17%	21%
Low birth weights	7.1%	8.5%	7%

Out of 99 Counties, Crawford and Cherokee Counties rank very favorably on their physical environments which include air pollution, access to healthy foods and liquor store density. Crawford ranks 38 and Cherokee County ranks 20. The worst ranking for Crawford County was morbidity (ranked 95 out of 99) and for Cherokee County was mortality (ranked 96 out of 99).

Alcohol and Drug Use

Risk and protective factors provide a necessary focus and structure for prevention. Risk-focused drug abuse prevention is based on the work of researchers at the University of Washington in Seattle. The researchers found that interrelationship exists between adolescent drug abuse, delinquency, school dropout rates, teen pregnancy and violence. These same researchers also found that some children exposed to multiple risk factors manage to avoid behavior problems later even though they were exposed to the same risks as children who developed behavioral problems.

Communities That Care (CTC) is a prevention model based on the risk-focused framework and provides structure in making informed decisions concerning prevention services through annual assessments. The Kansas CTC school survey is undertaken annually by the Kansas Department of Social and Rehabilitation Services/Addiction and Prevention Services and is used by state agencies, counties, schools and communities to monitor the incidence and prevalence of adolescent problem behaviors and the environmental factors that put children at risk or protect them from developing those behaviors.

Table 15 shows the 2009 survey participation rates by grade level for Crawford and Cherokee Counties, as well as the State of Kansas. Overall participation rate for Crawford County was 75.2 percent and for Cherokee County was 76.6 percent.

Table 15: Participation Rates in the *Kansas Communities That Care* 2009 Survey

Participation Rate by Grade Level	Crawford County	Cherokee County
Total	75.2%	76.6%
6 th Grade	70.6%	79.3%
8 th Grade	85.0%	81.0%
10 th Grade	75.7%	78.7%
12 th Grade	68.4%	66.9%

Caution is advised when using the data as only rates are known, not actual counts of participating students. Parents must sign a consent form prior to their children taking this survey.

Children in grades six, eighth, tenth and twelfth are solicited for this annual survey. Analyzing this data can be done over time as most of the variables have been tracked annually since 1995 and cross-tabulation can be done so that responses are tallied for each individual grade. Most problem behaviors increase with age of the respondent. For example smoking cigarettes is more prevalent with high school seniors than with sixth graders. For purposes of this research project, cross-tabulation was not done but a more longitudinal analysis was conducted to see if patterns of all students have changed over a 14 year period. See Table 16 for comparison between Crawford and Cherokee Counties.

**Table 16: Kansas Communities That Care - 2009 Survey
Comparative Analysis of Participation Rates from 1995, 2005 & 2009**

Problem Behavior	Kansas (%)			Crawford Co (%)			Cherokee Co (%)		
	'95	'05	'09	'95	'05	'09	'95	'05	'09
Smoked cigarettes (at least once)	44.1	31.6	24.5	47.2	37.1	28.6	46.5	35.5	27.0
Smoked cigarettes in past 30 days	18.1	12.9	10.0	21.8	15.7	12.7	16.6	16.2	11.7
Used smokeless tobacco (at least once)	25.9	15.6	13.3	31.6	21.6	17.3	30.7	22.4	19.1
Used smokeless tobacco in past 30 days	9.5	6.6	5.9	13.5	9.5	8.7	10.0	9.3	9.4
Took methamphetamines (at least once) ('95 data not available, used '97)	5.7	2.9	2.2	7.6	1.8	1.8	6.21	3.9	1.7
Took methamphetamines in past 30 days ('95 data not available, used '97)	2.4	1.2	1.1	3.4	0.8	0.9	2.2	1.1	1.2
Used marijuana (at least once)	15.5	18.8	16.0	14.0	19.4	17.3	18.0	18.2	12.6
Used marijuana in past 30 days	8.0	8.6	7.9	8.2	9.2	9.4	9.4	6.4	5.9
Sniffed glue/gases to get high (at least once)	14.6	12.8	11.6	15.4	10.9	11.6	15.0	15.7	12.3
Sniffed glue/gases to get high in past 30 days	6.2	4.8	4.4	6.4	4.4	4.5	5.7	6.7	4.1
Used crack/cocaine (at least once)	3.1	4.1	3.5	3.7	3.2	2.0	4.8	3.6	2.3
Used crack/cocaine in past 30 days	1.2	1.7	1.4	1.2	1.2	0.6	2.6	1.4	1.4
Used LSD/psychedelics (at least once)	3.8	3.8	3.7	4.6	3.6	2.9	5.7	3.6	2.2
Used LSD/psychedelics in past 30 days	1.5	1.7	1.8	2.1	1.6	1.6	1.3	0.7	0.9
Drink beer/wine/liquor (more than just a few sips)	64.2	52.5	46.4	62.3	56.4	48.3	64.1	48.3	44.8
Drink beer/wine/liquor in past 30 days	32.2	31.0	26.9	32.8	35.2	29.0	32.2	26.5	24.3
Was drunk/high at school (last 12 months)	10.1	10.5	8.7	12.4	12.2	8.4	11.2	9.7	6.3
Suspended from school (last 12 months)	8.7	10.3	9.3	8.1	9.6	9.2	7.1	12.2	8.5
Been arrested (last 12 months)	6.1	6.6	5.6	4.9	5.8	4.4	5.6	7.3	4.7
Sold illegal drugs (at least once/last 12 mo)	4.3	4.0	3.9	3.8	3.9	3.3	4.5	3.6	2.9
Attacked someone with the idea of seriously hurting them (at least once/last 12 months)	13.5	12.7	11.1	12.9	12.6	11.1	15.0	15.8	9.9

It appears from the longitudinal data analysis that progress is being made in terms that fewer children report trying to smoke cigarettes as well as fewer children are smoking on a regular basis. However, children in Southeast Kansas are more likely to report that they have tried smoking cigarettes at least once and have smoked in the past 30 days when compared to other parts of Kansas. This trend is the same when looking at children's use of smokeless tobacco.

Children in Southeast Kansas are less likely, than children from other Kansas counties, to have tried methamphetamines. While the use of methamphetamines in the last 30 days has declined in the last four years in Kansas, use by Southeast Kansas youth has increased slightly.

What is significant is that more children report that they may have tried illegal substances at least one time but far fewer are reporting that they have used them within the last 30 days. *The Morning Sun* has covered numerous stories in the last year about increase arrests being made by the Southeast Kansas Drug Task Force within the six county areas. For example, one article states that there have been more than 1,300 drug cases initiated resulting in more than 1,000 arrests in the last ten years. The Task Force has seized methamphetamines, marijuana and cocaine with a street value of close to \$5.1 million in addition to seizing 581 firearms.²⁶ The Task Force was started in 1999 to tackle the growing problem of meth labs. Given the increase coverage of this topic in the newspaper, this problem does not have a quick fix.

Health Community

Access to health care in the United States, Kansas, Crawford and Cherokee Counties is most likely to be through the use of health insurance, most often provided by an employer, Medicare, Medicaid or SCHIP (Healthwave). According to Krista Postai, executive director for the Community Health Center of Southeast Kansas (CHC-SEK), an analysis conducted by the Kansas Association for the Medically Underserved for the 2009 Legislative Session indicated that the Southeast Kansas region had poverty rates that are more than 25 percent higher than most other Kansas regions. According to Postai, the study identified 19.6 percent of the area's population is covered by Medicare, with another 16.4 percent receiving Medicaid or SCHIP.

Postai, in an interview with *The Morning Sun*, stated, "CHC-SEK started noticing that more and more children did not have coverage. Typically about one in five are uninsured. Now it's more like one in three. We went from 15 percent being uninsured to 30 percent being uninsured in a 60-day period (from early August to late September 2009)."²⁷

Matthew Clark, reporter for *The Morning Sun*, reported that two studies ranked Crawford County low in overall health. The studies he cited included research that was compiled by the Kansas Health Institute (KHI) and the University of Wisconsin Population Health Institute which ranked counties on various factors such as mortality, morbidity, behaviors, clinical care, social and economic factors and physical environment.²⁸

In the study by the University of Wisconsin, Clark reported that Crawford County ranked 88th out of 99 counties studied in overall health outcomes, while in the KHI study, the county ranked 97th out of 105 counties overall.

In both studies, Crawford County was ranked higher when it came to clinical care. It was 46th in the Wisconsin study and 75th in the KHI research. According to Clark, the county also ranked well in both studies in areas of health insurance, adequate prenatal care, access to healthy foods, liquor store density and physical inactivity.

These two research studies identified some challenges when it comes to residents of Crawford County. These included single-parent households, children living in poverty, violent crime, adult obesity and those who are in poor to fair health. While Crawford County had a high rank in prenatal care, it was ranked low in low birth weight and premature deaths.²⁹

The Pittsburg community interviewees identified Via Christi Hospital (VCH-P) and the Community Health Center of Southeast Kansas (CHC-SEK) as the primary organizations which are making a difference in health access for the uninsured/underinsured population. Other groups were mentioned but these two were mentioned the most because of the variety of clinical services provided and the many hours they are accessible compared to other programs.

One of the issues raised by several interviewees was the fact that many doctors are dropping patients who rely on Medicaid and Medicare. Given that both of these programs have reduced their reimbursement rates, fewer doctors are accepting patients with this coverage. It was mentioned that a couple of doctors, who have large Medicaid and Medicare practices, have announced retirement plans and other health care providers are concerned where these patients will find new medical homes besides the hospital's emergency department.

Area Hospitals

The Pittsburg community has access to several hospitals in the area if they have adequate transportation to get to them. **Via Christi Hospital** is a 188 bed regional leader in health care for Southeast Kansas. VCH-P comprehensive Cancer Center was among the first in the region and is fully certified by the American College of Surgeons.

The VCH-P Heart Center features a state-of-the-art catheterization lab and is supported by a newly renovated \$2.6 million Cardiac Step-down Unit. The Emergency Department is recognized as a Level III Trauma Center by the Committee on Trauma of the American College of Surgeons. VCH-P's specialty service line is extensive and includes orthopedics, diagnostics, surgery, physical and occupational therapy.

VCH-P, which is undergoing a \$7 million capital expansion project, is updating its cancer and heart centers. The cancer center will install a "state-of-the-art" linear accelerator which will allow patients to receive their radiation treatment quicker and with precision accuracy. The

heart center will be upgrading equipment in the heart catheterization lab moving toward a completely digitally-operated system.

Numerous comments were made about the importance of CareVan, the medical transportation program operated by VCH-P. For many, this method of transportation is the only way they can access medical appointments, as there is no public transportation system available in the Pittsburg area and the only cab service, Sammy's Cab, ceased operations in December 2009.³⁰

VCH-P's Emergency Department (ED) is open 24/7 to treat injuries ranging from minor to the most serious. Every year the ED sees about 15,000 patients. It is the only ED in Southeast Kansas with 24 hour physician coverage without crossing into Missouri or Oklahoma.

Inside, the ED has two, multiple bed trauma bays, six private exam rooms and treatment rooms, including dedicated space for orthopedics, children, chest pain, women's health, behavioral medicine and eye, ear, nose and throat exams. Every room is connected to a centralized monitoring system, overseeing the vital signs of each patient. Upon entering the ED, patients are evaluated by a registered nurse and triaged according to the following classifications:

- Emergent - Those who have life-threatening illness or injury
- Urgent - Those who are in stable condition, but need help as soon as possible
- Non-Urgent - Those who are in stable condition, requiring medical screening or minimal medical instruction.

In reviewing 2008 usage data for 15,867 visits to VCH-P emergency and Quick Care departments, it was noted that people from 35 different states were treated for their illnesses or injuries. While approximately 92.4 percent of all patients were from Kansas, 5.7 percent were from nearby counties in Missouri. Residents most likely to be served by VCH's-P ED or Quick Care Department in order of numbers served in 2008 included Crawford County (KS), Cherokee County (KS), Barton County (MO), Jasper County (MO) and Bourbon County (KS).

Girard Medical Center (GMC), located approximately 15 miles northwest of Pittsburg, is also undergoing a \$7.1 million expansion. Currently, this hospital has 25 beds but with the new construction, it will add 12 private patient rooms in the medical/surgical unit and four new private patient rooms in the intensive care unit for a total 41 beds.³¹

One of the unique services provided by Girard Medical Center is their inpatient Senior Behavioral Health Unit. This unit is designed for persons with symptoms and/or behaviors that are interfering with social, vocational skills, or for persons who are experiencing an emotional decline and mental changes like: confused thinking, loss of interest in daily activities, suicidal or homicidal thinking, hallucinations and/or delusions, destructive or aggressive behavior, need for adjustment in psychotropic medication or skilled observation of medical conditions which may be resulting in psychiatric symptoms.

Mercy Health Center, located about 30 miles north of Pittsburg in Fort Scott, Kansas has 68 beds and offers general medical and surgical care, intensive care, skilled care, occupational and physical therapy, birthing unit and an emergency department. The ED at MHC offers physician support 24/7.³²

St John's Regional Medical Center in Joplin, Missouri is approximately 30 miles southeast of Pittsburg. SJRMC, a 367-bed facility, previously operated by Catholic Health Initiatives, is now sponsored by the Sisters of Mercy Health Systems, the eighth largest hospital system in the U.S.

Headquartered in St. Louis, Mo., Mercy operates 19 other acute care hospitals, physician practices, outpatient clinics, health plans and related health and human services in a seven-state area, including nearby hospitals, physician offices and other operations in Springfield, Mo., Rogers, Ark., and Independence and Fort Scott, Kan.³³ St. John's offers state-of-the-art services in areas of cardiology, oncology, orthopedics, neuroscience, obstetrics, and a birthing center. They also provide rehabilitation services, skilled nursing and a Level 2 trauma center. St. John's medical staff consists of more than 250 physicians representing more than 40 specialties.

Health Coverage Overview

Commercial Insurance

Sources of data vary on the exact market penetration of the insurance products in the Pittsburg MSA. However, regardless of the source, it appears that Blue Cross Blue Shield of Kansas (BCBS) covers the lion's share of the market. BCBS maintains health care coverage in 103 of the 105 Kansas counties. Preferred Health System, recently purchased by Coventry Health, has the second largest market penetration in the Pittsburg area.

Kansas Small Group Business (2 – 50 employees) Health Insurance

In 2008, for the state of Kansas, the average monthly premium for an individual health plan in a small group was \$318, while the average monthly premium for a family of four was \$739. (Note: national average for an individual was \$346; \$913 for family.³⁴)

Kansas allows medical underwriting to vary by 25 percent above or below the indexed rate. The indexed rate is based on the health status of the group being underwritten. For preexisting condition requirements, the carrier may look back six months at a patient's medical history and impose a three month exclusionary period for those not having prior medical coverage.

It is unclear at this point in time how the new health care legislation just passed in Washington DC will impact the small businesses and insurance coverage for their employees. There are several small businesses that are hiring consultants to research this very issue. Their question concerns the tax credit versus the compliance penalty for not offering employees health care insurance. Some smaller businesses have suggested that the new law may cause them to rethink how much health insurance they may provide as they learn about all of the complicated details in the new legislation.

Kansas COBRA Individual Health Coverage

Companies with 20 or more employees offering health insurance are currently required to offer employees and their dependents continuation of group health coverage that otherwise might be terminated due to job loss, reduction in hours worked, divorce, or death. The federal economic stimulus plan also provides assistance with COBRA payments for laid-off workers.

Kansas Health Insurance Association (KHIA)

Individuals can either be medically or federally eligible for this current high risk pool coverage. Medical eligibility is limited to individuals who meet certain criteria (e.g. Kansas resident for at least six months and must also fall into one of the following health coverage categories):

- Denied health coverage by at least two carriers,
- Allowed health coverage with exclusions,
- Allowed coverage only at a rate higher than the Pool, or
- Lost health coverage due to something other than failure to pay premiums.

Additionally, individuals must not be eligible for other insurance, including Medicare or Medicaid. To be federally eligible, the person must have had at least 18 months of credible coverage or more with a group plan, be ineligible for Medicare or Medicaid, not be covered by any other insurance, not have lost their last coverage due to failure to pay premiums or fraud and must have exhausted COBRA options. Premiums are set at no more than 150% of commercial premiums.

Medicaid in Kansas

Medicaid is a state/federal program which pays for medical and long-term care services for low-income adults, pregnant women, children, certain people on Medicare, disabled individuals and nursing home residents. In order to be covered, these individuals must meet certain income guidelines. Kansas has lower income thresholds for eligibility than other surrounding states.³⁵

Income requirements based on the Federal Poverty Level (FPL) in Kansas are:

- Children – Ages 1 to 5: 133% of the FPL
Ages 6 – 19: 100% of the FPL
- Pregnant Women and Infants
Pregnant Women: 150% of the FPL
Infants (Ages 0 – 1): 150% of the FPL
- Parents – Non-Working: 31% of the FPL
Working: 38% of the FPL
- Other Populations
Medically Needed Individual: 66% of the FPL
Medically Needy Couple: 59% of the FPL
Supplemental Security Income Recipients: 74% of the FPL

It has been reported that the current backlog of Medicaid applications for Kansas is around 22,000 and that the number of admissions to nursing facilities has grown by 1,300 since December 1, 2009. At a Southeast Kansas Independent Living Center public hearing, held February 2010, Greg Jones, SKIL’s director of advocacy, stated that 58 people have died while waiting for services to be paid for by Medicaid.³⁶

The aged and disabled make up about a quarter of the Kansas Medicaid population, but the cost for their services account for about 70% of Medicaid expenditures. This population also includes persons who have dual eligibility for both Medicaid and Medicare.³⁷

Table 17 shows the enrollment trend in Medicaid for both Cherokee and Crawford Counties for the last five fiscal years. In FY09, the numbers were slightly higher than in FY08 but were still fewer than what was reported for both counties in FY06.

Table 17: Number of Medicaid Enrollees by County³⁸

County	FY05	FY06	FY07	FY08	FY09
Cherokee	3,096	3,205	3,065	3,093	3,149
Crawford	5,304	5,449	5,261	5,083	5,235

State Children’s Health Insurance Program (SCHIP) – HealthWave

Kansas offers HealthWave 21 for children under the age of 19 in households with an income of up to 200% of the FPL who are residents of Kansas.³⁹ SCHIP enrollment has grown by 16.4 percent over the last five years for Crawford County and four percent for Cherokee County. Table 18 shows the number of enrollees by fiscal year.

Table 18: Number of SCHIP Enrollees by County⁴⁰

County	FY05	FY06	FY07	FY08	FY09
Cherokee	641	639	621	628	667
Crawford	907	981	912	978	1,056

MediKan

This is a program for people who have applied and are in the process of qualifying for Social Security disability benefits. Those who qualify also receive General Assistance cash payments. MediKan provides coverage for limited medical services and is generally considered interim coverage. MediKan is funded by State General Fund (SGF) dollars with no federal matching funds. The eligibility period for this program was reduced from 24 months to 18 months effective July 1, 2009.

So, who are the uninsured in Kansas? According to the Kansas Health Institute, in 2007-2008, 12.4 percent of Kansans were uninsured, which was not statistically different from either the 12.5 percent who were uninsured in 2006-2007 or the 11.3 percent in 2005-2006 but greater

than the 10.5 percent who were uninsured in 2004-2005.⁴¹ These statistics, which are disturbing, are still lower than the 15.3 percent which represents the national uninsured population. For specifics on uninsured Kansans, see Table 19.

Table 19: Percent of Uninsured Kansans by Age – KS Health Institute Research⁴²

Uninsured Category	2007-2008	2008-2009
Children < 19 Years	17%	21%
Young Adults 19 – 34 Years	41%	40%
Other Adults 35 – 64 Years	40%	38%
Seniors 65> Years	1%	1%

Implementation of Policies focused on the Care of the Poor, Community Benefit and Billing and Collection Policy Implementation

VCH-P care of the poor and community benefit for fiscal year 2009 was \$8.2 million or 11.2 percent of net operating expenses. Specific categories are:

	<u>Actuals</u>
Charity Care	\$6,958,755
Unpaid Cost of Medicaid	\$ 799,516
Programs for the Community	<u>\$ 443,464</u>
Total	<u>\$8,201,735</u> ⁴³

VCH-P has policies for community benefit, financial assistance, billing and collection which support its concern for those most vulnerable and its commitment to treat all people with dignity and respect.

Mike Joy, Controller, reports VCH-P offers a minimum of 15% discount off charges to those uninsured for inpatient and outpatient services. The discount doesn't apply to physician fees. VCH-P then negotiates the remaining fee, if any, with uninsured patients on a sliding fee basis.

Infrastructure – Leadership Coalition

Pittsburg has a couple of community coalitions but none specifically focused on health care. Interviewees mentioned the Early Childhood Education Coalition the most but organizers, as well as the interviewees who identified this coalition, admitted that the primary purpose of this coalition was to focus on the needs of children, not just on their health care related issues.

Some interviewees identified the Crawford County Coalition but quickly stated that the purpose of this group was to share program information on services available in the community, which may or may not involve the topic of health care and/or health care access.

A couple of people interviewed identified the VCH-P's Health Advisory Committee was a group that was actively working on health access for the uninsured but they admitted it was fairly new and hadn't accomplished much to-date. They believed that data from this research effort would help them to focus on Crawford Counties' needs.

Several interviewees thought there was a great need to establish a coalition on this topic since they could not readily identify if one existed. They thought VCH-P would be in the best position to call a meeting together of providers, insurance carriers, social service agencies, law enforcement representatives and others who frequently work with the uninsured.

Section Summary

Crawford County has several key groups that are seen as community leaders when it comes to health care and dental access. Specifically, VCH-P, CHC-SEK, Southeast Kansas Independent Living Center (SEK-ILC), Crawford County Health Department, Crawford County Mental Health Department, Wesley House, USD250, Pittsburg State University's Student Health Center, Area Agency on Aging and Family Resource Center.

RECOMMENDATION: Review current Crawford County coalitions to see if it would be feasible to start a new group that would focus only on health access issues or find an existing coalition where attention to this priority could improve the health status of the community's poor and vulnerable. If it is decided that a group already exists, then ensure that the leadership of this group has invited all of the right people to be represented at the table so goals will be prioritized and measured for success.

Infrastructure – Information Systems

There are currently no shared medical records coalitions within the Pittsburg or Crawford County area. There does seem to be some movement in establishing medical records within agencies (e.g. CHC-SEK) but to date there are no groups whose medical records tie together. However, it should be noted that there are several groups that get together to share relevant data for joint grant writing endeavors.

RECOMMENDATION: Address the need for shared electronic medical record data within VCH-P and others in the community who might benefit from using shared health care information. The State of Kansas does have a group of health care workers discussing this topic and it appears that stimulus money may be made available to pursue this effort. Local providers may want to stay informed of this effort so that when the time is right, Crawford County will be ready to jump on the bandwagon should this be seen as a community priority.

Infrastructure – Catalyst Funding

Interviewees cited a few agencies in town which are very aggressive in going after grants, both state level and national grants to address health prevention and/or health related needs.

In late December 2009, the Community Foundation of Southeast Kansas (CFSEK) was selected, by the Kansas Health Foundation (KHF), to participate in the Giving Resources to Our World Healthy Kansas Initiative (GROW II). The primary purpose of the GROW II program is to assist local foundations in building an endowment to underwrite solutions for local health issues.

CFSEK received \$600,000 in grant funding from KHF to service Bourbon, Cherokee, Crawford and Labette counties. The second part of the grant is to collaborate and form alliances with other community foundations to ensure a well-managed and self-sufficient community foundation field in Kansas.⁴⁴

In February 2010, the State of Kansas was informed that it will receive over \$24 million in financial relief to assist with the costs of prescription drugs for residents eligible for both Medicare and Medicaid. This award comes as part of the American Recovery and Reinvestment Act of 2009. The State will not realize any additional monies for prescription drugs but the savings, which are retroactive to October 2008, will be deducted from what states would have owed back in so-called “Clawback payments.” That is a payment that states pay the federal government as required by the Medicare Prescription Drug Improvement and Modernization Act of 2003. Prior to this new stimulus money, Kansas would have owed \$113.5 million in clawback payments, but under the new formula, that amount is reduced to \$89.2 million.⁴⁵

RECOMMENDATION: More funding sources are looking to fund community partnerships in addressing health care needs. While some groups may be better at writing and receiving start-up funds, long-term it might be better for the community to work in collaboratives to ensure new monies will produce programs that are sustainable when the grant money is no longer available. Chasing grants for the sake of replacing lost funding is a band-aid approach that is short-lived and not ideal for community strategic planning objectives.

Providers

According to Dartmouth Atlas, the Pittsburg market has the physician profile noted in Table 20 below. For comparison purposes, included in this table is information on other VCH markets in addition to the national average.

A ratio greater or equal to 3,000:1 indicates serious provider shortages and between 2,000:1 and 2,999:1 indicates moderate provider shortages and is often associated with increased emergency department use for primary care and decreases in the number of physicians accepting new Medicaid and/or Medicare patients.⁴⁶

Table 20: Physicians per 100,000 Residents (2006)

Type of Physician	National Average	Pittsburg KS	Newton KS	Salina KS	Wichita KS
Total Physicians	201.98	176.26	166.05	142.83	147.48
Family Practice	28.66	38.91	50.52	40.57	38.24
Internal Medicine	28.41	24.01	11.91	8.33	15.05
Total Primary Care Physicians	71.93	70.57	77.13	54.60	60.80
Obstetrician/Gynecologists	55.86	58.64	66.11	31.75	24.22
Pediatricians	14.86	7.28	16.02	5.94	7.87
Total Specialists	127.5	102.65	85.45	85.99	83.73
Psychiatrists	11.42	4.54	3.98	5.60	5.17

According to the data above, the Pittsburg market shows shortages, when compared to national averages, for total physicians, internal medicine, pediatricians, specialists and psychiatrists. Part of the reason why the Pittsburg market looks so much better than other Kansas markets and/or national averages is due to the fact that Dartmouth includes Joplin MO in the Pittsburg market completely skewing the data for this geographic area.

Several interviewees suggested that accessing specialists, from OB/GYNs to internal medicine doctors specializing in geriatric care, is extremely difficult in Pittsburg. Access to physical, occupational and speech therapists are also needed by organizations in the community who are unable to afford these types of services for their clients. Accessing ophthalmologists was also brought up as a challenge in the Pittsburg area, especially for older people who don't see well enough to drive to Joplin.

Several interviewees raised the issue of dealing with crisis situations for non-English speaking patients through the use of phone-line translators. Patients delivering babies was one example given where not having an in-person translator is difficult on the patient, patient family and medical staff. Other interviewees suggested that hospital staff should be offered cultural sensitive training opportunities so that they are more aware on how best to treat patients who are diverse, not just in race/ethnicity, but also in physical disabilities, size, age and religion.

RECOMMENDATION: VCH-P may want to do an internal audit to assess how many times in the last two years where non-English speaking patients were dependent on phone-line translators. An audit should include not only the times phone-line translators were utilized but also the conditions patients were in when translators were needed and whether or not forms are available in other languages for patient use.

One interviewee questioned why VCH was so supportive of community clinics in Wichita but seem to lack financial support or specialist partnerships in Pittsburg. Interviewee felt that VCH-P could be more of a leader in assisting with increasing specialist services for clients referred by community clinics. Another interviewee stated that VCH-P had improved access to its staff physicians, especially OB/GYN, cardiologists and orthopedists, but others suggested that the need is so great that community clinics need more access.

Safety Net Providers

Community Health Center of Southeast Kansas (CHC-SEK)
(www.chcsek.org)

CHC-SEK originally opened in 1997 as an outreach service of Mt Carmel Regional Medical Center in Pittsburg. According to Sister Pat Nicholson, former vice-president of mission services for VCH-P, its original purpose was to ensure that children were “ready to learn” and CHC-SEK did so by providing school physicals and immunizations five days a week regardless of a family’s ability to pay.

In November 2002, the clinic applied for and received designation as a federally qualified health clinic and in May 2003, ownership transferred from Mt Carmel to a new corporation – CHC-SEK. Its growth has been nothing short of amazing during that time. Today, CHC-SEK maintains four full-time sites, with part-time services provided at the Cherokee County Correctional Facility and the Crawford County Jail for staff and inmates.

CHC-SEK provides medical care for all ages, behavioral health services and dental care through more than 100 professionals and support staff. It is anticipated that in 2010, CHC-SEK will have 17,700 patients and scheduled 67,300 encounters.

In spring 2011, the CHC-SEK will begin construction on a medical and dental services clinic in Riverton. The \$1 million facility will include seven medical exam rooms and seven dental chairs. The Riverton clinic will be staffed by CHC-SEK physicians, advanced nurse practitioners, dentist and support staff. CHC-SEK already operates a facility in Columbus but the expansion into Riverton will help address needs in a very high underserved population of Cherokee County. Cherokee County ranks 103 in terms of health status out of 105 Kansas counties. This expansion is in partnership with the Family Life Center and is being partially financed by the American Recovery and Reinvestment Act funds.

Krista Postai, CHC-SEK’s executive director, has been credited with the success of this clinic. Krista is recognized locally as a passionate community champion for the uninsured population and sought after by others who operate FQHC’s for her opinion and guidance in growing comparable community clinics. Krista’s ability to champion her organization’s mission has resulted in unprecedented growth in services for the clinic. CHC-SEK now offers women’s and men’s health, pediatrics, mental health, dental, laboratory services, mental health and community outreach programs.

The ability to partner with other organizations which have health needs is recognized as a major strength of CHC-SEK's. For example, in partnership with USD 250, CHC-SEK has started a dental clinic in Westside Elementary School. This in-school dental clinic provides free dental checks, add sealants when appropriate or conduct extractions when necessary. According to Destry Brown, USD 250 superintendant, "Many of these children have never seen a dentist or hygienist unless they had major tooth decay. To have regular access for oral health prevention is a foreign concept but one that is very much appreciated by their parents."

For care, CHC-SEK accepts Medicare, Medicaid, HealthWave and private insurance. Its health care providers are members of Pinnacle Care, the hospital/physician organization that contracts with different insurance companies on behalf of its members. (Note: Dental care is not covered by Medicare.) Should a patient not have insurance and/or can not qualify for financial assistance through federal or state programs, CHC-SEK will offer discounted fees based upon family size and income level. But CHC-SEK will not refuse service to anyone based on his or her ability to pay.

CHC-SEK refers patients to VCH-P when they need hospitalization but are struggling when it comes to accessing care from specialists. They would appreciate VCH-P's leadership in improving access to more specialists.

The agency's dental program started with a dentist working one day a week. Now, the program has five full-time dentists. Jason Wesco, chief operating officer of CHC-SEK stated, "We screen 20,000 kids in Southeast Kansas."⁴⁷

In April of this year, the CHC-SEK announced that it had acquired land for a new clinic in Baxter Springs thanks to the generosity of Dr. Dan Minnis, owner of Accent Dental in Pittsburg and a CHC-SEK board member. "We currently have more than 3,000 patients from the Baxter Springs/Galena/Riverton area who are driving to Pittsburg and Columbus for medical, dental and mental health care," Minnis stated.⁴⁸ This new clinic is scheduled to open in October 2010 with one physician, nurse practitioner, dentist and dental hygienist plus support staff.

Currently, CHC-SEK employs seven full-time physicians, five dentists, five nurse practitioners, seven dental hygienists, three psychologists and a licensed specialist clinical social worker. In 2009, it provided care to more than 23,000 patients through almost 70,000 patient encounters. About half of its patients are considered low-income living at 200 percent of the federal poverty level or below.⁴⁹

Crawford County Health Department (www.crawfordcountypublichealth.org)

The mission of the Crawford County Health Department (CCHD) is to provide optimal community health services throughout the lifespan with special emphasis on the prevention of disease and the education of persons in their care. The CCHD is open Monday through Friday, eight hours each day.

The CCHD offers a variety of programs and services including: blood pressure screenings; chronic disease risk reduction which targets smoking, lowering dietary fat and increasing physical activity; community health screenings for cholesterol, hemoglobin and glucose for \$10 per test; services for communicable diseases, high risk infants and prenatal risk reductions; mammograms and clinical breast exams at no charge for women over 50 and free cervical screenings for women 40 and over.

The CCHD also offers environmental health services; Healthy Start services for pregnant women and children up to 2 years of age and immunizations for all state mandated childhood vaccines as well as adult Hepatitis A and B. On-site clinics are provided for flu and pneumonia, school clinics for tetanus and kindergarten pre-enrollment, TB skin testing and information on international travel.

Pittsburg State University's Student Health Center
www.pittstate.edu/office/health

For students attending Pittsburg State University, they are eligible to access health care from Bryant Health Center on the university's campus. Their student records are kept and accessed electronically.

Services which are housed in this clinic include outpatient medical, minor surgical services, physical exams, women and men's health, cardiopulmonary testing, digital radiology technology, nutritional counseling, ENT services, pharmacy services and physical therapy.⁵⁰

According to an article printed in *The Morning Sun*, September 27, 2009, half of the clinic is set aside for medical services and the other half for counseling services. Unfortunately, the clinic is only opened Monday through Friday 8:00 a.m. to 4:00 p.m. Students who need medical attention after closing, are referred on the PSU website to seek attention at either VCH-P's ED or QuickCare.

Wesley House
www.wesleyhouseumc.org

Wesley House, founded in 1982, is an outreach ministry of First United Methodist Church. Its mission is to provide emergency assistance to persons in need, serve as an advocate, serve as a place of worship and fellowship and be ecumenically conscious.

Its food pantry provides supplemental assistance to eligible persons throughout Crawford County. Among other services, Wesley House provides free fellowship meals, aid to homeless persons, including showers, laundry, free telephone, supplies for babies, a weekly free medical clinic staffed by pre-med students and volunteer physicians. Seasonal programs include free fans, children's summer food program, school supplies, shoes and jeans and Christmas baskets.

As a United Way funded agency, Wesley House works in collaboration with other agencies. For example, through a partnership with Catholic Charities, Wesley House is home to a full-time licensed social worker who provides a variety of social and case management services for clients.

On Thursday evenings, members of the church, prepare a community meal and serve on average around 60 people. On Tuesday afternoons, Wesley House offers a free drop-in medical clinic to the community.

RECOMMENDATION: VCH-P should evaluate the relationships they have with area specialists and assess how they can encourage increased partnerships between specialists and community clinics.

Mental Health – Outpatient & Inpatient

Early in January 2010, Kansas Governor Mark Parkinson issued an executive order which will result in a realignment and closure of the Kansas Neurological Institute in Topeka. Some of those patients will be moved to the Parsons State Hospital and Training Center. It is not expected that the KNI will close soon but it is being phased out of business due to the State's budget problems. It is the intent of the Governor to institute guidelines that are more stringent prior to admitting patients into these facilities and that approximately 110 of the 349 patients currently served in both facilities, can be moved back into their respective communities. Cost seems to be the driving force behind this decision as the annual cost of caring for a patient at KNI is approximately \$149,000. This is compared to about \$41,000 when care is received within the community setting.

With that being said, several interviewees stated that finding inpatient beds for folks in need of psychiatric care is becoming increasingly difficult in the Pittsburg area. Others suggest that more psychiatric services are needed in the community although the CMHC doesn't agree.

Crawford County Mental Health Department (www.crawfordcohd.org)

The Community Mental Health Center of Crawford County (CMHC), established in the late 1960s, helps Crawford County residents with mental health needs, alcohol or drug addictions or families in crisis. All insurance programs are accepted and for those without coverage clients can pay on a sliding fee scale.

CMHC has no current waiting list for mental health services and no one is turned away regardless of their ability to pay for services. CMHC operates a 24-hour crisis line and should clients experience a crisis and need intervention, clients are taken to Joplin or Osawatomie for psychiatric hospitalization and evaluation. If clients are having family relationship issues but are not considered a danger to themselves or to others, they may be placed in a hotel overnight for a "cooling-off" period.

Crossroads Counseling Center (www.via-christi.org)

Via Christi Hospital's Crossroads Counseling Center offers a complete range of services for those experiencing behavioral health issues. Crossroad's outpatient services allow patients to engage in effective treatment with the least disruption to job schedules and family.

Services are available for children, adolescents, adults, seniors, couples and families. There are different levels of care with specialized programming for most behavioral health problems including family issues, anxiety disorders, anger management, attention deficit disorder, bipolar disorders, schizophrenia, depression, eating disorders, oppositional and defiant behavior, obsessive-compulsive disorder, post-traumatic stress disorder, sexual abuse, suicidal behavior, grief and panic disorders.

Staff includes psychiatrists, psychologists, clinicians, registered nurses, social workers and other professionals committed to providing specialized care.

Girard Medical Center's Senior Behavioral Health Program
(www.girardmedicalcenter.com/senior_behavioral.php)

See description of this program already discussed under the "Area Hospitals" section on page 18 of this report.

Greenbush's Regional Alcohol & Drug Assessment Center (www.greenbush.org)

Greenbush operates Community Learning Centers and alternative education programs giving students who have previously dropped out-of-school a second chance to receive a high school diploma. Other contracts with the Departments of Social Rehabilitation Services, Corrections, Juvenile Justice Authority and local school districts insure that all students receive an educational experience leading to a positive and productive lifestyle.

Greenbush's Addiction Recovery Center (ARC) is an assessment center that specializes in helping Kansans who are in need of substance abuse treatment access available resources across the state. ARC serves Kansans living in one of 11 counties in Southeast Kansas.

Assessments are performed by staff that are certified and experienced, including referral and placement to a treatment program. Other assessments include DUI and court evaluations.

Urgent Care/After Hour Care

Via Christi Hospital's QuickCare (www.via-christi.org)

Located inside of Via Christi Hospital – Pittsburg, QuickCare provides immediate diagnosis and treatment for minor and common illnesses such as bronchitis, flu, cold, sinus infection, ear aches, pink eye, headaches, minor burns and cuts. Staffed by a physician and nurse

practitioners, QuickCare is fully supported by VCH-P. When primary care physicians are unavailable or the ED is too specialized for the issue presented, QuickCare, located conveniently inside of VCH, is the place to go and open seven days a week.

Southeast Kansas Urgent Care (<http://www.sekurgentcare.com>)

Southeast Kansas Urgent Care (SEKUC) is an independently-owned medical facility which focuses on treating non life-threatening illnesses and injuries. SEKUC provides a full range of medical services including x-ray, labs, EKG and other diagnostic services. They are open seven days a week and offer evening and weekend hours. Most insurance plans are accepted by SEKUC as payment for treatment services.

Homeless Shelters

Southeast Kansas – Community Action Program (www.sek-cap.com)

The SEK-CAP Emergency Shelter is located in Pittsburg and is part of the recently renovated CHOICES Complex. The shelter is open 24/7 with twelve rooms for a capacity of 48 people. Case management services are provided to assist individuals and families to set and meet goals on their way to self-sufficiency. Funding for this program is provided by the Emergency Shelter Grant, the Community Services Block Grant through the State of Kansas and by the United Way of Crawford County.

Other Key Programs Mentioned by Interviewees (Not already discussed in this report)

Catholic Charities of Southeast Kansas (CC) – www.catholiccharitieswichita.org/index.php/services/southeast-kansas-help-center/

The Southeast Kansas Help Center is a program, located at the Wesley House in Pittsburg, provides assistance with rent, utilities, transportation and prescriptions, as well as case management services and parenting classes. This program serves people who are the working poor, unemployed or who have been unable to work because of disability or illness, or those receiving fixed incomes or limited government assistance. The focus is on helping preventing the situation from worsening and guiding families toward goals that meet their daily needs.

Each form of assistance is limited to an individual one time each year with the primary goal of preventing homelessness. While there are no income guidelines for assistance, eligibility is based on three criteria. The assistance will prevent homelessness (keep a person in their home for 30 days); the client submits all requested verifications and a budget is created to identify where the household income has gone to ensure money is spent appropriately.

Catholic Charities received a grant funded by the USDA Food and Nutrition Service department to help promote its role in the Kansas Food Assistance Program. The grant, \$9,515 was used to hire a part-time employee whose role is to assist clients in applying for food assistance.⁵¹

Crisis Resource Center of Southeast Kansas (CRC) – www.crisisresourcecenter.org

The CRC serves victims of domestic violence, sexual assault and stalking through a 24 hour crisis hotline, temporary emergency shelter, crisis intervention advocacy, individual supportive counseling and/or victim support group services. The agency operates a hotline in both Pittsburg and Coffeyville as well as a temporary emergency shelter.

Funding for the CRC is provided by the following: Crawford, Bourbon and Labette County United Way, Independence Community Chest, Baxter Springs and Coffeyville United Funds, Emergency Shelter Grants through Crawford County and the City of Coffeyville, SRS/OARS program, Kansas Attorney General's Office and Kansas Governor's Grants Programs.

According to Rebecca Reedy, executive director for CRC, 2009 was both a good and bad year for the agency. Good, because they celebrated their 30th anniversary. Bad, because of the economy which has decreased their contributions by half and in early March, their Coffeyville temporary emergency shelter was destroyed by fire.⁵²

According to Reedy, the agency has seen an increase in domestic violence victims seeking help. She stated that one in every 10 Kansas women has been a victim of domestic violence. She went on to state that domestic violence is the third largest cause of health problems in Kansas women.⁵³ In addition, she stated that the shelter population jumped by 26 percent in 2009 and during the same time, there was a 52 percent increase in the number of people utilizing the local Child Exchange and Visitation Center. The CEVC is a safe and friendly environment that families or caregivers can take the children to when children need to be exchange between residential and non-residential parents or caregivers.⁵⁴

Domestic violence statistics in Kansas are growing. The number of domestic violence-related deaths in 2009 was 45 (32 adults and 13 children). A 36 percent increase when compared to 33 (19 adults and 14 children) killed in 2008. It has been reported that out of the 118 homicides for 2009 in Kansas, 26 percent were because of domestic violence.⁵⁵

Each of the two CRC shelters has helped about 150 domestic violence victims each year. In addition, the agency has domestic and sexual violence advocates in 11 southeast Kansas counties. These advocates provide crisis intervention services 24/7 and when appropriate these victims are directed to other area agencies that can assist with other issues (e.g. legal aid, GED, work training programs, substance abuse, mental health).

The Family Resource Center (www.centerresourceandreferral.com)

The Family Resource Center (FRC) opened in 1995 to provide excellent and affordable childcare, preschool and other educational opportunities. FRC provides care to children ranging in age six weeks to 13 years of age. Services include USD #250 Adult Education Center; Mother to Mother Ministry; Pittsburg State University Center for Assessment and Remediation of Reading Difficulties; Early Childhood Special Education; and Migrant Even Start Family Resource Center. In addition, Via Christi Hospital – Pittsburg’s Community Health and Congregational Health Services, as well as Smart Start Crawford County and a Parent Resource Library can also be found on the FRC campus.

The FRC partners with VCH-P in buying food for the children lunches. Monica Murnan, executive director, stated that through this partnership FCR pays cost plus five percent which allows them to stretch their money. She stated she never has to worry about food for the children, as the support from VCH-P has been a great asset.

Hospice Care

Hospice is specialized care that assists with the physical, emotional, social and spiritual needs of the person and family facing a life limiting illness. The transition to hospice often occurs when the decision is made to stop curative and aggressive medical treatment and to focus on comfort care, which is known as palliative care. Clinically, palliative care focuses on managing pain and symptoms of illness, rather than attempting to cure it.

Coverage of hospice care is provided by Medicare, Medicaid and most insurance companies and usually includes physician directed services, advanced nursing care, medications, medical equipment and supplies, short-term inpatient care, continuous care during crisis periods, physical, occupational, speech and respiratory therapies. To assist the primary caregiver, hospice health aids may help with personal care assistance and other hospice professional offer emotional and spiritual support.

There are three hospice programs in Pittsburg: Harry Hynes Memorial Hospice , Hospice Compassus and Southern Care.

[Harry Hynes Memorial Hospice \(www.hynesModuleial.org\)](http://www.hynesModuleial.org)

Harry Hynes Memorial Hospice (HHMH) is a non-profit agency that has been the leading hospice in South Central and Southeast Kansas for more than 25 years. Based out of Wichita, KS, HHMH provides hospice care on a sliding fee scale.

[Hospice Compassus.com \(http://www.hospicecompassus.com\)](http://www.hospicecompassus.com)

Hospice Compassus is part of a nationwide network of for-profit hospice providers located in 15 states serving approximately 2,700 patients daily in 53 various locations. They were formally known as CLP Healthcare Services Inc with their home office located in Brentwood, Tennessee. Their name was changed in 2009 to better reflect the company's core values of compassion, integrity and excellence while maintaining a community focus and belief that each person's end-of-life journey is individual and distinctive.

[Southern Care, Inc. \(http://www.southerncareinc.com\)](http://www.southerncareinc.com)

Southern Care is one of the nation's largest for-profit hospice providers and is based in Birmingham, Alabama. Southern Care is a privately owned company with 96 offices in 15 states and provides care to over 5,500 patients each day.

Southeast Kansas Independent Living Center (www.skilonline.com)

The mission of Southeast Kansas Independent Living Center (SEK-ILC) is to advocate for opportunities, independence and civil rights of people with disabilities. SEK-ILC is a private, nonprofit corporation that provides services to maximize the independence of their clients with disabilities and their accessibility of services available in their communities. Their core services include information and referral, skills training, peer support services and individual, as well as system-wide, advocacy.

YMCA (www.pittsburgymca.org)

In 2009, 10,600 people held memberships in the YMCA. That's nearly one-third of the Crawford County residents belong to the YMCA. The mission of the YMCA is "to put Christian principles into practice through programs that build healthy spirit, mind and body for all."⁵⁶

Approximately 3,500 individuals qualified for free scholarships from the YMCA in 2009. Youth classes and sports leagues, with over 6,000 participants are subsidized so that any child wanting to participate would be able to do so. In addition, the YMCA provides a full line of day-care services for preschool and school age children, many of whom are single working parents. An after school program is also available to keep young children safe and engaged in learning activities until their parents are able to pick them up.

Goals for the YMCA are promoting healthy lifestyles, developing leadership skills in youth, strengthening families, building international understanding and assisting in community development.

Emergency Department's Role in Modern Day Healthcare

Nationally, hospital EDs are increasingly being forced to play the role of “safety net provider” for uninsured, underinsured and those who have limited or no access to primary care providers and specialists. EDs serve as the primary health care provider because the public knows they must be seen regardless of their ability to pay for health care treatment.

Who are the uninsured? That picture will be changing with the passage of the new federal legislation but according to research conducted by the American College of Emergency Physicians, there are 46 million Americans who are uninsured in the USA. More than 8.3 million of the uninsured are children. Eight out of 10 uninsured persons are in working families who cannot afford health insurance, and most are not eligible for public programs.⁵⁷

- 83% of the uninsured are in working families
- 62% live in households with a full-time worker and 21% with a part-time worker
- 18% of non-elderly Americans are uninsured
- 21% of African-Americans are uninsured
- 34% of Hispanics are uninsured

Of the estimated 50 million patients seen in USA hospital EDs in 2006, nearly 42 percent of their bills were submitted to Medicaid and Medicare programs according to a report released by the Agency for Healthcare Research and Quality (AHRQ).⁵⁸

Why is ED traffic increasing? There is no consensus on why. Some literature, as well as health care providers, suggests it is due to the growing uninsured population. Others suggest it is the aging of the baby-boomers, rise in illegal immigrants, closing of many smaller hospitals and lack of access to prompt care at doctor's offices. One thing is certain – those individuals who have become “frequent flyers” in the ED are costing taxpayers and hospitals unnecessary resources. In a study conducted by Integrated Care Collaboration (ICC) for the uninsured and low-income in Central Texas, 900 frequent flyers were found in a database of 750,000 patients. These individuals visited the ED six or more times in three months – had 2,123 preventable visits in 2007, or 18% of 11,600 total visits to Central Texas EDs which cost more than \$2 million.⁵⁹

In looking at VCH-P 's ED visits from December 1, 2006 through November 30, 2007 there were a total of 16,465 visits. For the same time period in 2009, that patient volume decreased to 14,560 visits. While the majority of patients made only one ED/QuickCare visit, several patients recorded multiple visits during a 12 month period. One individual, who suffers from multiple chronic conditions, made 38 trips.⁶⁰ See Table 21 for a three year trend analysis of Emergency Department and Quick Care patient traffic patterns.

Table 21: VCH-Pittsburg Emergency Department/QuickCare Data Analysis (3 Year Trend)

	2007		2008		2009	
	ED	QC ⁶¹	ED	QC	ED	QC
Number of Visits (All Visits)	16,465	NA	15,868	NA	14,560	6,156
Admitted to In-Patient Unit	14.8%	NA	14.7%	NA	11.7%	NA
Admitted to In-Patient Observation	1.2%	NA	1.2%	NA	1.1%	NA
Admitted to Surgical Day Care	0.5%	NA	0.4%	NA	0.3%	NA
% of Visits Resulting in Hospital Admissions	16.5%	NA	16.3%	NA	13.1%	NA
Female Patients	54.7%	NA	55.4%	NA	55.2%	57.4%
Male Patients	45.3%	NA	44.6%	NA	44.8%	42.6%
Average Age for All Visits (yrs)	36.2	NA	35.8	NA	36.8	28.0
Triage Codes						
Emergency	87.1%	NA	87.2%	NA	85.1%	NA
Urgent	12.2%	NA	12.3%	NA	14.6%	NA
Other/Unknown	0.7%	NA	0.5%	NA	0.3%	NA
Discharge Disposition from ED						
Home	90.7%	NA	90.7%	NA	88.8%	NA
Expired	0.6%	NA	0.6%	NA	0.6%	NA
All Other	8.7%	NA	8.7%	NA	10.6%	NA
Payer Source						
Blue Cross	11.8%	NA	11.8%	NA	10.0%	15.4%
Medicaid	27.7%	NA	27.7%	NA	26.4%	29.2%
Medicare	22.1%	NA	25.3%	NA	23.8%	10.7%
Self-Pay	19.5%	NA	17.2%	NA	22.3%	14.9%
Other Commercial Coverage	15.3%	NA	15.0%	NA	14.6%	28.9%
Government/Workers Comp	3.6%	NA	3.0%	NA	2.9%	0.9%
Principle Diagnosis – Top 6						
Injuries/Poisonings	26.2%	NA	25.9%	NA	24.9%	NA
Ill-Defined Conditions	16.2%	NA	16.0%	NA	19.2%	NA
Respiratory System	14.2%	NA	13.3%	NA	13.2%	NA
Digestive System	7.1%	NA	7.4%	NA	7.4%	NA
Genitourinary System	5.4%	NA	5.8%	NA	5.4%	NA
Nervous System & Sense Organs	5.2%	NA	5.8%	NA	5.0%	NA

While combined visits for the ED and QC totaled 20,716 in 2009, those utilizing the new QC clinic alleviated the rush for ED services. Specifically ED calls were down by 11.5 percent when compared to the number of visits in 2007. It is interesting to note that ED visits were also down in 2008, compared to 2007, however, that decrease is not attributable to QC since it didn't open until January 2009.

The three year trend analysis of the ED data shows a remarkable consistency in the admission of patients to the hospital via the ED. Although in 2009, there were fewer admits however, since this statistic and/or the triage codes are not tracked by QC it may be difficult to know for sure.

It appears that the average age of patients in the ED is consistently between 35 and 36. It is interesting to note that QC patients are more likely younger. Given 12 to 15 percent of all ED visits were triaged as "urgent," it is not surprising that the majority of patients are treated and then released to go home. It is assumed this is most likely the case for QC but again, this variable is not currently being tracked.

Medicaid seems to be the primary payer source for patients accessing the ED as well as the new QC. However, the pattern changes a little when looking at the second highest payer source. Medicare ranks second when looking at ED patients but other commercial coverage ranks second when looking at the patients accessing QC.

The principle diagnosis for the ED visits fits within the ICD9 code of 800-999 which is injury and poisoning. This category ranked number one for all three years that were studied.

Sustainable Funding

Philanthropic giving in and around Pittsburg has been considered very generous given the state of the economy. The CHC-SEK has grown by leaps and bounds during the last few years and is optimistic that future growth will result with the awarding of stimulus monies from the federal government. A few other agencies have been able to relocate to larger facilities but most organizations have adopted a wait-and-see attitude until more signs of economic recovery have surfaced. As a result, funding for new programs or expansion of old ones is not highly probable for 2010-2011. Concern has been voiced that agencies who bank on expansion with only stimulus money may find themselves in trouble later once that money runs out.

Outcome Measurement Activities

The Kansas Health Policy Authority (KPHA) has recommended community measurements in the following areas: Access to Care; Health and Wellness; Quality and Efficiency and Affordability and Sustainability. While many of the interviewees used the KPHA language in terms of measurements that needed to be collected, only a few had a strategic plan in place which would ensure that they will be able to capture this data for program planning.

Key Summary Points

Specific Health Care Gaps Identified by Interviewees:

- Numerous interviewees raised the issue of transportation as being a prime impediment to health care access. Several stated that without the van transportation provided by VCH-P, they have no idea how people would be able to get to their appointments, especially older folks who no longer drive and may live in the rural parts of Crawford County.

As of December 1, 2009, the only cab service in the Pittsburg area shut down its operation due to the high cost of insurance to cover their vehicles. According to Sheree Perez, who along with her husband, Sammy, Sammy's Cab Service at its peak employed five full-time and one part-time drivers. The company averaged 54 hours a day on the roads and gave rides to nearly 4,000 people per month but due to some accidents involving their cabs, their insurance cost are going from \$7,000 to \$28,000 a year. So, they decided to close the business and move back to Texas.⁶²

Since the establishment of VCH-P's CareVan program in 1992, CareVan remains the primary provider of medical transportation for the ill and those with disabilities in southeast Kansas. Currently CareVan operates with eight drivers and a fleet of eight radio-dispatched vans, five of which have wheelchair lifts. The vans have logged nearly 150,000 and transported over 12,500 passengers in 2009.

One suggestion for improvement of CareVan was that at least one of the vans needed to be equipped with bariatric lifts for patients who have special needs.

- There is currently no one group that focuses on health care needs for the area. Several coalitions were mentioned but interviewees suggested that health care for the uninsured was only a part of the focus and not necessarily, a primary focus of any of the existing groups. Currently there is limited cross-sharing of data for grants to improve health access for uninsured.
- More outreach programs need to be offered in the community where people gather instead of at the hospital. Several interviewees suggested that VCH-P used to offer three or four of these types of programs a year but stopped when staff changed. The cancer outreach program was cited as a good model to be used as a template for other outreach programs. Offering programs like support groups in the county (e.g. Frontenac) might make those folks feel less isolated. One interviewee suggested that VCH-P look into the feasibility of having a general healthcare outreach van that could make rural visits.

- Tables used for MRI/CAT scans are extremely small and uncomfortable for large and/or obese patients. It was suggested that hospital staff advocate in making manufacturers more aware and sensitive to this operational reality.
- Staff (including physicians and nurses) needs to be more sensitive to the needs of developmentally challenged adult patients. Language needs to be simplified so that patients understand “the why” of specific exams and tests and the “prognosis” of their specific disease.
- Eye care, dental care, occupational/physical and speech therapists, allergists and other specialized services are very limited for all age groups in the Pittsburg area. People have to commute to Joplin, Springfield or other locations to receive specialized care.
- There were some concerns raised that there are no geographic limitations on CHC-SEK services resulting in Pittsburg becoming a “Mecca” for many living outside of the Crawford/Cherokee County areas. As a result, they see other community resources being used for these patients who may be referred for tests and specialists appointments when resources are limited and may become unavailable for people living in the immediate vicinity. This may or may not be happening but it is a perception that was raised by several during this interview process.
- There is major concern about the uninsured not showing up for very expensive tests that have been arranged for them. For example, an interviewee stated that there is a 50 percent no-show rate on nuclear tests – that this no-show appointment cost \$600 because the isotopes used for the test can’t be saved as it has to be used that day. Interviewees thought this fact needed to be stressed when organizations request free and/or discounted services for individuals.
- Sustainability concerns were raised more than once by interviewees. Once in talking about the fast growth of CHC-SEK through government grants and again in the awarding of financial assistance for unnecessary tests by the Mt Carmel Foundation. Some interviewees thought that there should be clinical oversight in the Foundation’s decision to ensure that the symptoms correspond to the need for specialized testing and that there should be mandatory communication between referring sources before financial assistance is awarded. Some think financial assistance should be limited to practitioners who are referring/working with VCH-P instead of other physicians who may practice outside of the area. Another interviewee thought that elective procedures should not be covered by Mt Carmel Foundation and they were aware that it has been in the past. The theme expressed was that there are finite resources and that growth and financial assistance needs to be sensitive with what the community can afford to maintain.

- Several interviewees brought up the need for in-person translation services in the ED, Labor Room and other areas where critical decisions need to be made for standard patient care. Not only should bilingual staff be available but all staff should be sensitive to patients' cultural differences as well.
- A couple of interviewees suggested that VCH-P may want to look at the feasibility of employing a community case manager to assist the uninsured and/or others who may need help in navigating the health process to develop close partnerships between the health care providers to coordinate patient care, ensure the patient finds a medical home and knows when it is proper to use the ED. While one interviewee recognizes the hospital has a social work department, they suggested that it is more of a crisis management focus than case management due to the growing caseload.
- There is concern being raised that people are dropping health insurance because CHC-SEK offers health care for those who are uninsured and that the hospital is required by law to serve everyone regardless of ability to pay. Several interviewees are extremely concerned that with the new health care reform legislation that more people will adopt the attitude that health care is not their personal responsibility and that anything the hospital and CHC-SEK can do to educate the public about the importance of preventive medical care and the limit of resources would be strongly encouraged.
- VCH-P is really great working with patients who have no ability to pay. However, no pre-certification is allowed which makes it difficult and tedious for many patients to apply for financial aid. One of the requirements is to have a turned down letter by Medicaid which can be really time consuming given the backlog of work at the Medicaid office. There is an interest in talking with VCH-P to see how willing they are to work with other health care providers in the community to cut down on paperwork and employ a practice of using software to prove "presumptive eligibility."
- A few interviewees thought that VCH-P isn't aggressive enough in "tooting its own horn." A few felt that there needs to be more public relations promotional events to educate the public on what all VCH-P does in the community and what its financial impact is on the stability of the area.
- Other interviewees felt that CHC-SEK was only for uninsured populations and they were surprised to learn that folks with insurance are also welcome to schedule appointments as they would in any other medical home office/clinic.
- VCH-P needs to be sensitive to the patient's needs. One example given was the very large water container given to each patient. But when the patient is elderly and weak it is extremely difficult for them to get a drink without assistance.

- An interviewee wondered about the feasibility of working with community businesses to offer health incentives for “good healthy behavior” choices that could enhance the overall community health and maximize community resources in addressing specific disease prevention.
- Numerous interviewees cited the great benefit of QuickCare. A couple even testified to using it and appreciated the flexibility it gives them and the services that were provided.
- VCH-P is a great partner to have and has made significant impact in bringing new services to the community. For example, VCH-P was given kudos for their efforts in establishing CHC-SEK and the Family Resource Center. Several interviewees were not necessarily aware of VCH-P involvement which gets back to the challenge of VCH-P “tooting their own horn.”
- It was suggested that in-home care services are available through private companies but not affordable for many and that adequate child care beyond preschool is very limited especially after school and during school breaks.

Specific Mental Health Gaps Identified by Interviewees:

- There seems to be a disconnection between the perception held by medical personnel and other service organizations and the Crawford County Mental Health Department when it comes to available services. Many interviewees reported that mental health services are saturated and for those in crisis/acute episodes resources are extremely limited due to state budget cuts and that more help is needed. The County feels that people in crisis are getting services when needed and that the waiting times for services is not considered excessive.
- Another area of concern raised by many during the interview process is the lack of inpatient mental health beds in the Crawford and Cherokee County area with the exception of inpatient services for the elderly. The closest inpatient unit is in Osawatomie.
- A couple of interviewees stated that good quality mental health services for children under the age of five is not available at all and that this is a major gap in mental health services.
- Inpatient drug treatment programs are also very limited in the area. The drug problem, especially METH is a huge community problem.

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- ⁵² Patrick, Nikki. "30 Years of Service," The Morning Sun, Pittsburg, KS, August 25, 2009, page 7A.
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- ⁵⁵ The Morning Sun, Editorial Page, December 26, 2009, page 5A
- ⁵⁶ YMCA 2010 Membership Drive Advertisement, The Morning Sun, January 7, 2010, page 5A.
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- ⁵⁸ U.S. National Library of Medicine and the National Institute of Health, Medline Plus, *ER Visits Mostly by Medicare, Medicaid Recipients*, July 31, 2009.

⁵⁹ American Statesman, *Austin ER's got 2,678 visits from 9 people over 6 years: Task force seeking ways to divert non-emergencies away from emergency rooms*, Wednesday, April 1, 2009.

⁶⁰ *Patient Data Analysis for Via Christi Hospital – Pittsburg*, prepared by Renée M. Hanrahan, March, 2010.

⁶¹ Note that Via Christi Hospital's QuickCare did not open until January 2009. So there are no totals for 2007-2008.

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ATTACHMENT A

List of Interviewees for Pittsburg Kansas Health Assessment Project

Sr. Martha Aldrete – Representative of the Hispanic Community
Joe Beauchamp - Retired
Marty Beezley – City of Pittsburg Commission
Blake Benson – Pittsburg Chamber of Commerce
Destry Brown – Unified School District #250 Superintendent
Kim Clark – Community Foundation
Lou Ann Colyer – Southeast Kansas Independent Living Center
Ann Elliott – Family Resource Center
Ellie Foster – Wesley House
Amy Glines – Crawford County Community Mental Health Center
Janis Goedeke – Crawford County Health Department
Linda Gritz – Crawford County Commission
Stacy Kratz – Crawford County Community Mental Health Center
Deena Hallacy – City of Pittsburg, Community Development Department
Mendy Hulvey – Chief of Police
Joe Leek – Community National Bank
Dawn McNay – Unified School District #250 Board Chairman
Monica Murnan – Family Resource Center
Melinda Ewan – Via Christi Village - Cornerstone
†Sr Pat Nicholson – Via Christi Hospital - Pittsburg
Dr Mary Carol Pomatto – Pittsburg State University, Department of Nursing
Krista Postai – Community Health Clinic of Southeast Kansas
Dr Angela Shaw – OB/GYN Physician
Lori Ann Spachek – State Farm Insurance
Dr Bill Sullivan – Internal Medicine Physician

ATTACHMENT B

Health Assessment Discussion Questions – January 2010

(NOTE: Additional questions may have come up during the course of responding to these questions. Each interviewee was asked six questions depending on whether they were affiliated with VCH-P in some capacity or were considered an “external” participant.)

1. What works in Pittsburg regarding health access for the uninsured, adult population? What doesn't? What are the gaps?
2. Are you aware of (or a part of) any community coalitions or group working on issues related to access to care for the uninsured or underinsured?
3. Are you aware of any coalitions that are cross-sharing IT data or grants to improve health access for the uninsured?
4. What would you like to see changed in terms of health services for the uninsured or health access for the poor?
5. Whom or what organization do you see as primary leader in your community making a difference in health access? Why did you select this person or group and what measurable impact have they had or achieved in the last year?
6. What do you think VCH-P could do to really make a difference in health access for the uninsured or the poor?
7. Who has the best community outreach programs in providing health care to the uninsured in your area? What programs are they providing and what are their program outcomes?
8. What do you see to be your company's or your organization's role to be in the care of uninsured?
9. How active is the leadership in your organization in public speaking, publication, lobbying and engagement of associates and Board on health access issue? (For VCH-P internal interviewees only)
10. What do you think your ministry could do to really make a difference in health access? (For VCH-P internal interviewees only)