



Southwest Medical Center
a regional medical center

Community Health Needs Assessment

Adopted on November 15, 2016

CARNAHAN
GROUP

Strategic Healthcare Advisors

Phone: 813.289.2588
info@carnahangroup.com
5005 West Laurel Street
Suite 204
Tampa, FL 33607
www.carnahangroup.com

www.carnahangroup.com

Comments about this report can be sent to:

Keeley Moree, Marketing Director

315 W. 15th Street

Liberal, KS 67901

kmoree@swmedcenter.com



TABLE OF CONTENTS

Southwest Medical Center at a Glance	4
Community Overview	5
Purpose	6
Requirements	7
CHNA Strategy	8
Actions Taken Since 2013 CHNA	9
Health Profile	10
Community Leader Interviews	27
Community Health Priorities	30
Resources	34
References	40
Appendix A: Carnahan Group Qualifications	42
Appendix B: Community Leader Interview Organizations	43
Appendix C: Community Phone Survey	44
Company Overview	45



Southwest Medical Center at a Glance



Southwest Medical Center (SWMC), located in Liberal, Kansas, operates as a not-for-profit acute care hospital. The first patient received medical service on August 17, 1964. Prior to this date, citizens in the area relied on Epworth Hospital for medical care.

SWMC is a business entity governed by a Board of Trustees appointed by the Board of County Commissioners of Seward County, Kansas, and an administration selected by the Board of Trustees. No taxes are levied by the Board of County Commissioners of Seward County, Kansas, for operating, maintaining, equipping, and improving the hospital.

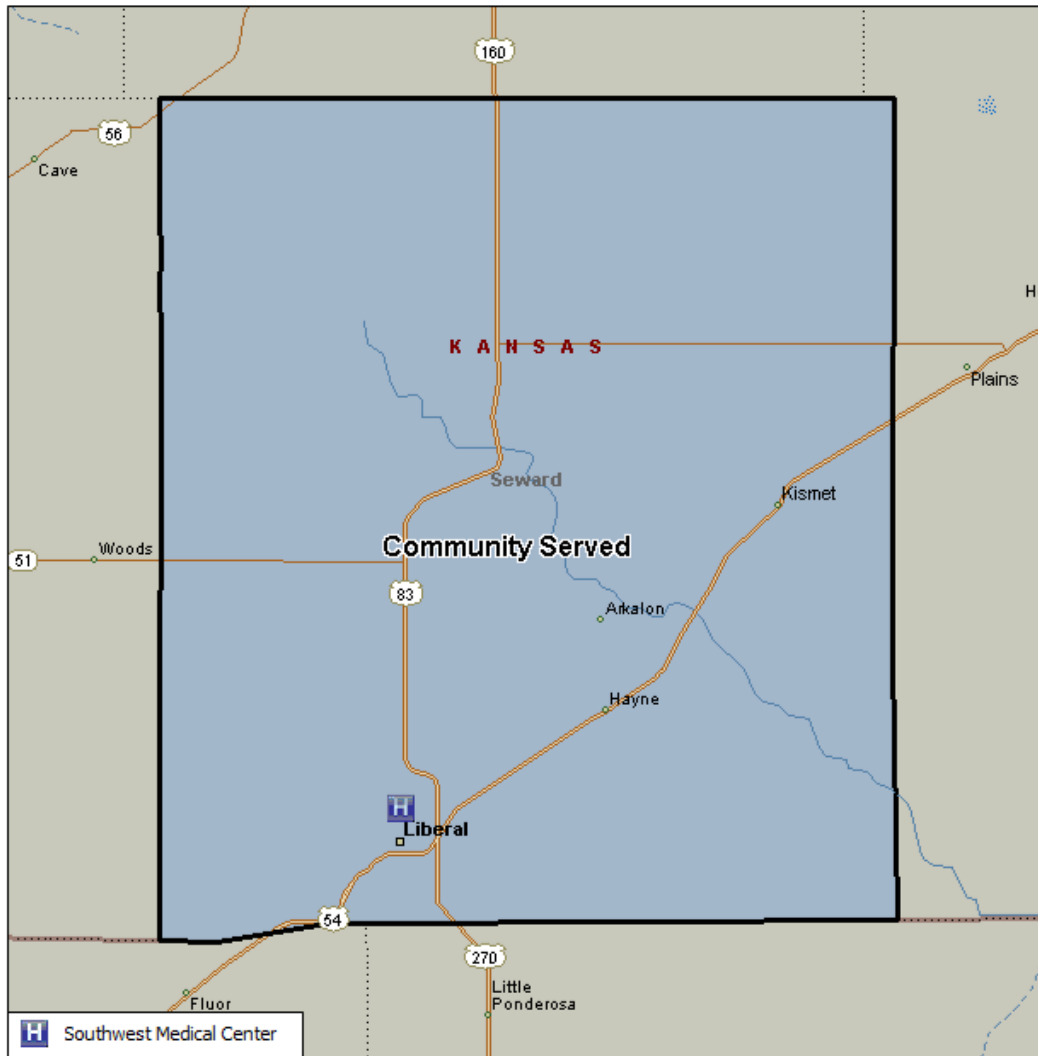
Through the years SWMC has become a regional medical center serving patients from a five-state region of Kansas, Colorado, Oklahoma, Texas, and New Mexico. As the hospital evolves in a changing industry, one of SWMC's continuing goals is to provide "Quality Healthcare Close to Home." This means recruiting and retaining highly skilled physicians, investing in state-of-the-art medical technology, and providing compassionate patient service.



Community Overview

For the purposes of the CHNA report, SWMC chose Seward County as their service area. Because this community was chosen purely by geography, it includes medically underserved, low income, and minority populations.

The map below represents the SWMC service area



Sources: SWMC; Microsoft MapPoint 2013



Community Health Needs Assessment Background

On May 12, 2016, SWMC contracted with Carnahan Group to conduct a Community Health Needs Assessment (CHNA) as required by the Patient Protection and Affordable Care Act (PPACA). Please refer to Appendix A: Carnahan Group Qualifications for more information about Carnahan Group.

The PPACA, enacted on March 23, 2010, requires not-for-profit hospital organizations to conduct a CHNA once every three taxable years that meets the requirements the Internal Revenue Code 501(r) set forth by the PPACA. The PPACA defines a hospital organization as an organization that operates a facility required by a state to be licensed, registered, or similarly recognized as a hospital; or, a hospital organization is any other organization that the Treasury's Office of the Assistant Secretary ("Secretary") determines has the provision of hospital care as its principal function or purpose constituting the basis for its exemption under section 501(c)(3).

A CHNA is a report based on epidemiological, qualitative, and comparative methods that assess the health issues in a hospital organization's community and that community's access to services related to those issues. Based on the findings of the CHNA, an implementation strategy for SWMC that addresses the community health needs will be developed and adopted by the end of fiscal year 2016.



Requirements

As required by the Treasury Department (“Treasury”) and the Internal Revenue Service (IRS), this CHNA includes the following:

- A description of the community served;
- A description of the process and methods used to conduct the CHNA, including:
 - A description of the sources and dates of the data and the other information used in the assessment; and,
 - The analytical methods applied to identify community health needs.
- The identification of all organizations with which SWMC collaborated, if applicable, including their qualifications;
- A description of how SWMC took into account input from persons who represented the broad interests of the community served by SWMC, including those with special knowledge of or expertise in public health, written comments regarding the hospital’s previous CHNA, and any individual providing input who was a leader or representative of the community served by SWMC;
- A prioritized description of all of the community health needs identified through the CHNA and a description of the process and criteria used in prioritizing those needs; and,
- An evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital facility's prior CHNA.



CHNA Strategy

- This CHNA was conducted following the requirements outlined by the Treasury and the IRS, which included obtaining necessary information from the following sources:
- Input from persons who represented the broad interests of the community served by SWMC, which included those with special knowledge of or expertise in public health;
- Identifying federal, regional, state, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by SWMC, leaders, representatives, or members of medically underserved, low-income, and minority populations with chronic disease needs in the community served by SWMC; and,
- Consultation or input from other persons located in and/or serving SWMC’s community, such as:
 - Healthcare community advocates;
 - Nonprofit organizations;
 - Local government officials;
 - Community-based organizations, including organizations focused on one or more health issues;
 - Healthcare providers, including community health centers and other providers focusing on medically underserved populations, low-income persons, minority groups, or those with chronic disease needs.
- The sources used for SWMC’s CHNA are provided in the References and Appendix B: Community Leader Interviewees. Information was gathered by conducting interviews with individuals representing community health and public service organizations, medical professionals, hospital administration and other hospital staff members.



Actions Taken Since 2013 CHNA

SWMC's previous Implementation Strategy outlined a plan for addressing the following priorities identified in the 2013 CHNA: cardiovascular disease, diabetes, healthcare access and availability, overweight/obesity, and maternal and child health. The below list describes the strategies completed by SWMC.

- Expand free or low-cost community screenings for cardiovascular disease and other heart-related conditions. These screenings are on a continual basis, and the program has expanded to include educational events.
- Continue to support and advertise the Dining for Diabetes program among community members diagnosed with diabetes. A three-part series called "Right Bite Education" was expected to be provided in June 2016. However, the series will begin in October 2016. The series will include cooking demos and diabetes education.
- Expand screenings and health services offered at local annual health fair.
- Grow the healthcare professional population in the community by expanding the number of specialty physicians offering services. SWMC has since recruited five new providers to the hospitalist program, two family practice physicians, one internal medicine physician, one urologist, and one general surgeon. SWMC is still currently recruiting an orthopedic surgeon, OBGYN, pediatrician, pathologist, ENT, hospitalist, and a radiologist. Other service expansions include: Southwest Sexual Assault Services (SWSAS), wound care, cardiac rehabilitation, and telestroke/neurology.
- Increase the amount of parent-targeted marketing for the local annual health fair. SWMC provided financial support to the school's and community's recreation and athletics programs. Beyond this, SWMC also provided smoking cessation activities, education on hand hygiene, and blood sugar tests for children.

The following strategy was not accomplished:

- Provide informational support to parents to increase nutrition knowledge.

SWMC has provided educational flyers at local health fairs and other events.



Secondary Data Collection and Analysis Methodology

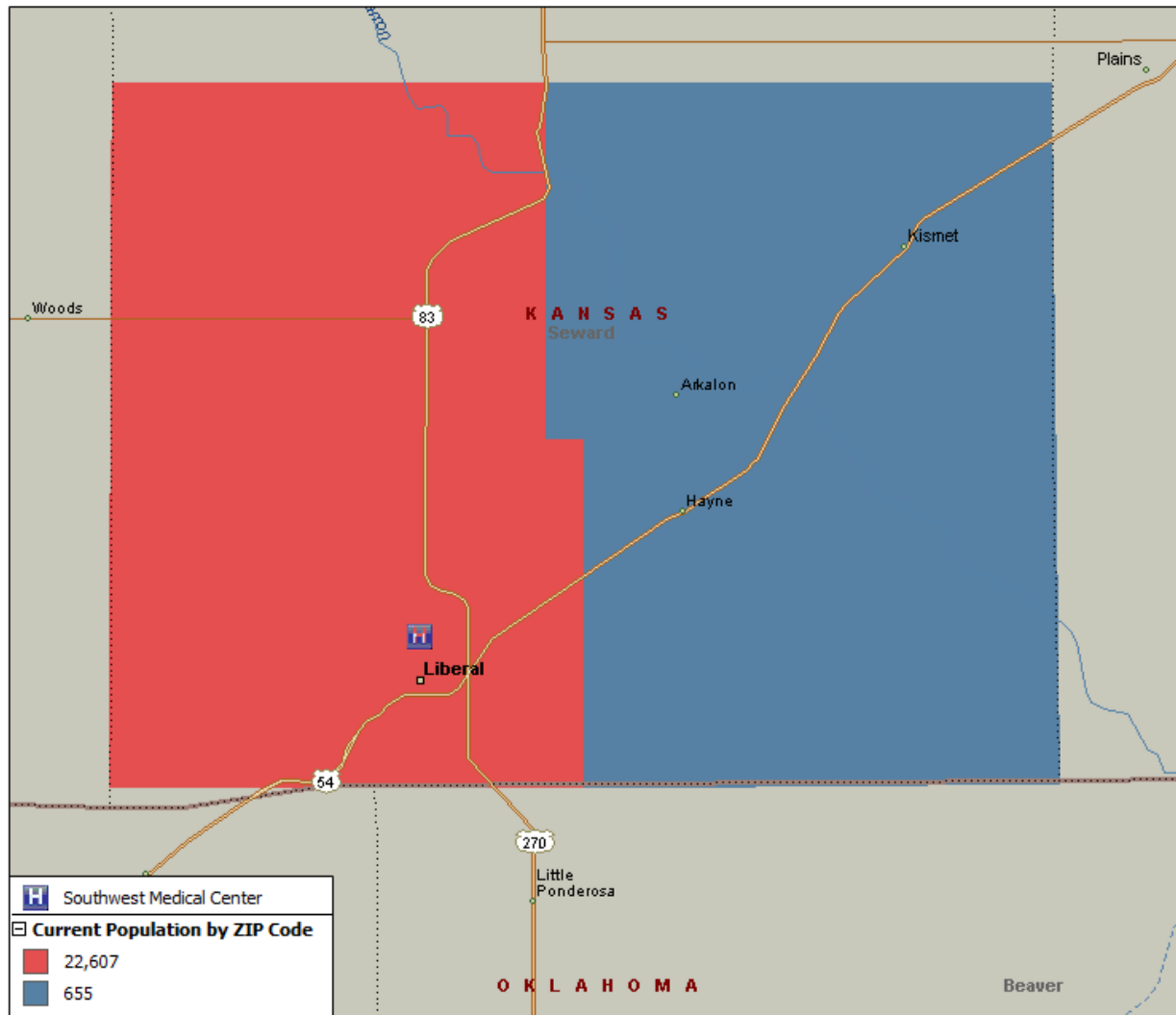
A variety of data sources were utilized to gather demographic and health indicators for the community served by SWMC. Commonly used data sources include Esri, the U.S. Census Bureau, the Centers for Disease Control and Prevention (CDC), the National Cancer Institute, and the Kansas Department of Health and Environment. As previously mentioned, Seward County defines the community for SWMC. Demographic and health indicators are presented for this county. County level data are compared to state benchmarks.



Demographics

Population in SWMC's Community

Population Density by ZIP Code, 2015



Sources: Esri 2016; Microsoft MapPoint 2013



Population Change by ZIP Code

The overall projected population growth for the community is 2.6% over the next five years. Slight or moderate population growth is expected for ZIP Code 67901 (2.7%), while a marginal population decline is expected for ZIP Code 67859 (-0.2%).

Projected Population Change by ZIP Code, 2015

ZIP Code	Community	Current Population	Projected 5-year Population	Percent Change
67901	Liberal	22,607	23,213	2.7%
67859	Kismet	655	654	-0.2%
Total		23,262	23,867	2.6%

Source: Esri 2016



Population Change by Age and Gender

Substantial population growth is expected among residents aged 65 and older (12.1%). The population of children and young adults aged 0 through 19 is expected to grow moderately (5.3%). The populations of residents aged 45 through 64 and 20 through 44 are expected to decline marginally (-0.2% and -0.8%, respectively).

Projected Population Change by Age and Gender, 2015

Age Group	2015			2020			Percent Change		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Age 0 through 19	4,279	3,853	8,132	4,523	4,037	8,560	5.7%	4.8%	5.3%
Age 20 through 44	4,398	3,875	8,273	4,358	3,846	8,204	-0.9%	-0.7%	-0.8%
Age 45 through 64	2,440	2,325	4,765	2,413	2,344	4,757	-1.1%	0.8%	-0.2%
Age 65 and older	931	1,161	2,092	1,084	1,262	2,346	16.4%	8.7%	12.1%
Total	12,048	11,214	23,262	12,378	11,489	23,867	2.7%	2.5%	2.6%

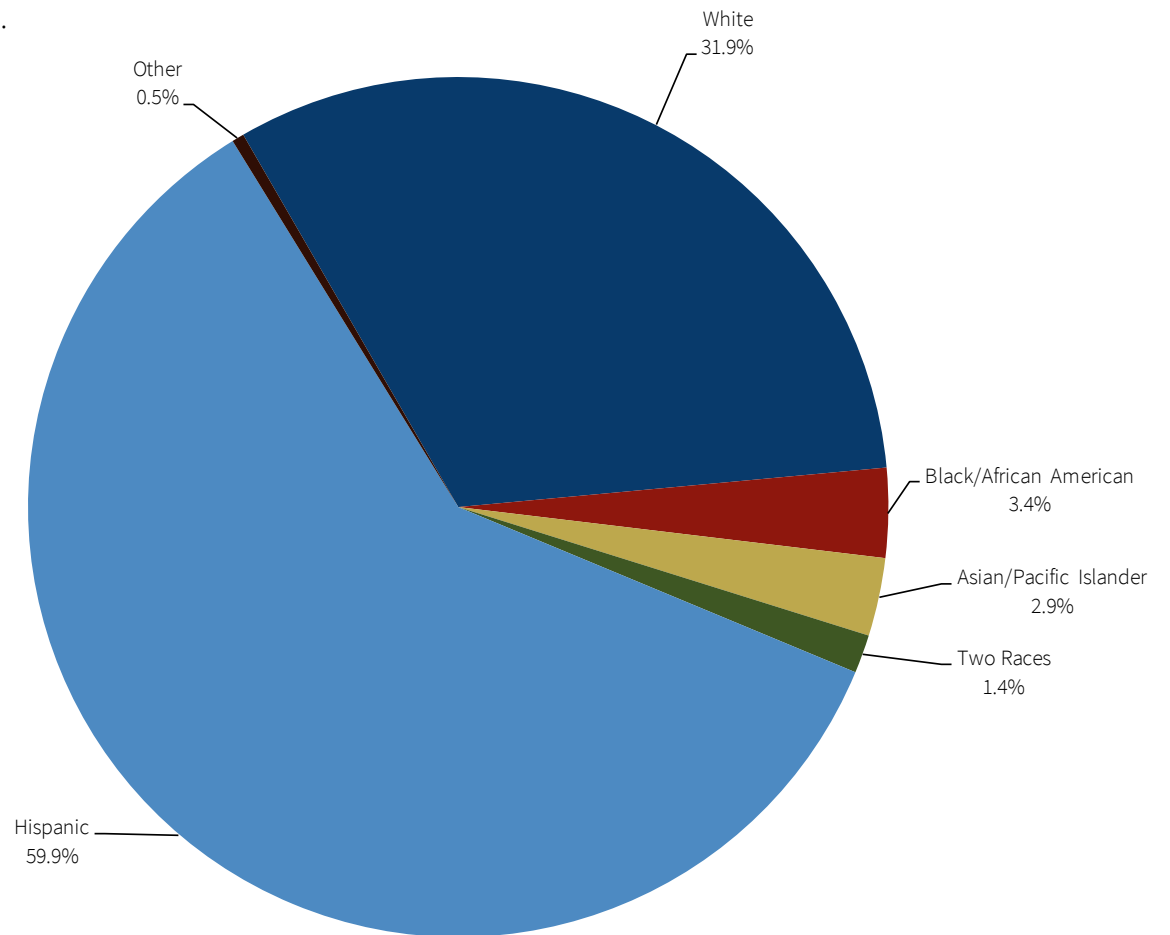
Source: Esri 2016



Population by Race and Ethnicity

The most common race/ethnicity in SWMC's community is Hispanic (59.9%), followed by white (31.9%), black/African American (3.4%), Asian/Pacific Islander (2.9%), individuals of two races (1.4%), and other races (0.5%).

Race/Ethnic Composition 2015



Source: Esri 2016



Population Change by Race and Ethnicity

Substantial population growth is expected for other races (12.3%). Moderate growth is expected for Hispanics (8.7), black/African Americans (7.2%), individuals of two races (6.5%), and Asian/Pacific Islanders (5.0%). A moderate population decline is expected for the white population (-9.9%).

Projected Population Change by Race/Ethnicity, 2015

Race/Ethnicity	2015	2020	Percent Change
White	7,413	6,682	-9.9%
Black/African American	782	838	7.2%
Asian/Pacific Islander	683	717	5.0%
Two Races	336	358	6.5%
Hispanic	13,942	15,153	8.7%
Other	106	119	12.3%

Source: Esri 2016



Socioeconomic Characteristics

According to the U.S. Bureau of Labor Statistics, the 2014 annual unemployment average for Seward County (3.5%) is lower when compared to Kansas (4.6%).

The U.S. Census American Community Survey (ACS) publishes median household income and poverty estimates. According to 2010–2014 estimates, the median household income in Seward County (\$48,621) is lower than Kansas’s (\$51,872).

Poverty thresholds are determined by family size, number of children and age of the head of the household. A family’s income before taxes is compared to the annual poverty thresholds. If the income is below the threshold, the family and each individual in it are considered to be in poverty. In 2014, the poverty threshold for a family of four was \$24,008. The ACS estimates indicate that Seward County residents are more likely to live in poverty (18.3%) compared to Kansas residents (13.8%). Children in Seward County are also more likely to be living below the poverty level (27.5%) compared to all children in Kansas (18.5%).

Socioeconomic Characteristics

	Seward County	Kansas
Unemployment rate, 2014 annual average ¹	3.5%	4.6%
Median household income ²	\$ 48,621	\$ 51,872
Individuals below poverty level ²	18.3%	13.8%
Children below poverty level ²	27.5%	18.5%

¹Source: U.S. Bureau of Labor Statistics

²Source: U.S. Census, ACS 2010–2014 estimates



Educational Attainment

The U.S. Census ACS publishes estimates of the highest level of education completed for residents aged 25 years and older. The ACS 2010–2014 estimates indicate that fewer Seward County residents are more likely to have not earned a high school degree or equivalent (34.9%) compared to all Kansas residents (10.0%). Adults aged 25 years and older in Seward County are less likely to be college educated compared to all Kansas residents (see table).

Highest Level of Education Completed Persons 25 Years and Older, 2010--2014

	Seward County	Kansas
Less than a high school degree	34.9%	10.0%
High school degree or equivalent	26.0%	27.2%
Some college, no degree	19.5%	24.3%
Bachelor's degree	8.6%	19.9%
Graduate or professional degree	4.1%	10.8%

Source: U.S. Census, ACS 2010–2014 estimates



Crime Rates

The aggravated assault/battery rate in Seward County (247.2 per 100,000) is slightly higher than the statewide rate (243.6 per 100,000).

Homicide is more common in Seward County (4.3 per 100,000) compared to Kansas (3.5 per 100,000).

Rape is substantially more common in Seward County (59.7 per 100,000) compared to Kansas (34.8 per 100,000).

The robbery rate in Seward County (34.1 per 100,000) is lower than the statewide rate (46.2 per 100,000).

Violent Crime Rates, 2014

	Seward County	Kansas
Aggravated assault/battery	247.2	243.6
Homicide	4.3	3.5
Rape	59.7	34.8
Robbery	34.1	46.2

Source: Kansas Bureau of Investigation, 2014 Crime Index

Rates are per 100,000 population



Mortality Indicators

The Institute for Health Metrics and Evaluation publishes life expectancies by county and gender. The life expectancy for males in Seward County (74.7 years) is slightly lower than Kansas's (76.3 years). The life expectancy for females is also slightly lower in Seward County (79.6 years) compared to Kansas (80.8 years).

According to the Kansas Department of Health and Environment, the age-adjusted mortality from all causes is lower in Seward County (737.0 per 100,000) compared to Kansas (759.7 per 100,000).

Mortality Indicators

	Seward County	Kansas
Male life expectancy at birth, 2013 ¹	74.7	76.3
Female life expectancy at birth, 2013 ¹	79.6	80.8
All-cause mortality rate ²	737.0	759.7

¹Source: Institute for Health Metrics and Evaluation

²Source: Kansas Department of Health and Environment – Death Statistics Query, 2010–2014
Rates are per 100,000 population



Leading Causes of Death

Heart disease is the leading cause of death in Seward County (161.4 per 100,000), with a mortality rate slightly above the statewide rate (158.0 per 100,000). Cancer is the second leading cause of death in Seward County (160.5 per 100,000) with a mortality rate lower than the rate in Kansas (167.1 per 100,000). Chronic lower respiratory disease is the third leading cause of death in Seward County, though the mortality rate (44.2 per 100,000) is lower than the statewide rate (50.4 per 100,000). Seward County has a substantially higher motor vehicle accident mortality rate (32.9 per 100,000) compared to Kansas (13.9 per 100,000). Diabetes is the fifth leading cause of death in Seward County (32.4 per 100,000), with a mortality rate substantially higher than the statewide rate (20.1 per 100,000). Other leading causes of death in Seward County include stroke, non-motor vehicle accidents, kidney disease, pneumonia and influenza, other digestive diseases, Alzheimer’s disease, and suicide.

Leading Causes of Death , 2010-2014

	Seward County	Kansas
Cancer	160.5	167.1
Heart disease	161.4	158.0
Chronic lower respiratory disease	44.2	50.4
Motor vehicle accidents	32.9	13.9
Diabetes	32.4	20.1
Stroke	30.1	39.1
Accidents (not including motor vehicle)	22.7	29.6
Kidney disease	17.1*	17.4
Pneumonia and influenza	16.0*	18.2
Other digestive diseases	11.5*	18.5
Alzheimer's disease	11.3*	22.3
Suicide	11.1*	15.1

Sources: Kansas Department of Health and Environment –Death Statistics Query

Rates are per 100,000 population

* Rate considered unreliable, events equal to or below 20



Cancer Incidence

The table below shows select cancer incidence rates from the Kansas Information for Communities Cancer Statistics Query System.

Total, breast, prostate, lung and bronchus, and colorectal cancer incidence rates are lower in Seward County compared to Kansas (see table).

Pancreatic cancer incidence is higher in Seward County (13.7 per 100,000 population) than in Kansas (10.4 per 100,000 population).

Select Cancer Incidence Rates, 2008–2012

	Seward County	Kansas
Total cancer	412.3	465.7
Breast ²	106.3	122.6
Prostate ¹	103.9	142.0
Lung and bronchus ³	56.9	60.2
Colorectal ³	41.5	43.0
Pancreas ³	13.7	10.4

Source: Kansas Department of Health and Environment – Cancer Statistics Query

¹Rate is per 100,000 males

²Rate is per 100,000 females

³Rate is per 100,000 population



Reported Health Conditions

Data on reported health conditions are available from the Behavioral Risk Factor Surveillance Survey (BRFSS).

Adults in Seward County are less likely to report having been told by a doctor they have high cholesterol (22.7%) compared to all adults in Kansas (38.1%) and the United States (38.4%).

Adults in Seward County are more likely to report being obese (37.9%) compared to all adults in Kansas (30.0%) and the United States (29.4%).

Adults in Seward County are less likely to report being diagnosed with diabetes, hypertension (high blood pressure), and arthritis compared to all adults in Kansas and the United States (see table).

Health status is defined as the percentage of adults who report their general health as fair or poor. Adults in Seward County are more likely to report fair or poor general health (19.3%) than all adults in Kansas (15.4%) and the United States (16.7%).

Poor mental health describes the percentage of adults who reported that their mental health was not good on 14 or more days in the past 30 days. Compared to all Kansas adults, Seward County adults are more likely to report poor mental health (see table).

Activity limitations describes the percentage of adults who reported living with a disability (limited in any activities because of physical, mental or emotional problems). Seward County adults are about as likely to report activity limitations (19.3%) as all Kansas adults (19.1%).

Reported Health Conditions, 2013

	Seward County ¹	Kansas ¹	United States ²
High cholesterol	22.7%	38.1%	38.4%
Obesity	37.9%	30.0%	29.4%
Diabetes	8.3%	8.8%	9.7%
Hypertension	22.7%	31.3%	31.4%
Arthritis	18.4%	23.9%	25.3%
Health status	19.3%	15.4%	16.7%
Poor mental health	12.4%	10.5%	*
Activity limitations	19.3%	19.1%	*

¹Source: Kansas BRFSS – Local Data, 2013

²Source: Centers for Disease Control and Prevention, BRFSS – Prevalence & Trends Data

*Insufficient sample and/or statistically unreliable estimate



Reported Health Risk Factors

Adults in Seward County are less likely to report current smoking (18.5%) compared to all adults in Kansas (20.0%) and the United States (19.0%).

Adults in Seward County are more likely to report low fruit consumption (43.0%) compared to all adults in Kansas (41.7%) and the United States (39.2%).

Seward County adults are substantially more likely to report not having a healthcare provider (41.2%) compared to all Kansas adults (21.5%) and adults nationally (22.9%).

As compared to Kansas and the United States, adults in Seward County are more likely to report not being able to see a doctor in the past 12 months due to cost (see table).

Adults in Seward County are less likely to have received a flu shot in the past 12 months (37.6%) compared to all Kansas adults (42.2%).

Physical inactivity is defined as not participating in any leisure-time physical activities in the past 30 days. Adults in Seward County are more likely to report physical inactivity. Similarly, Seward County adults are more likely to report not participating in the recommended level of physical activity (defined as moderate physical activity five times per week for at least 30 minutes or vigorous physical activity three times per week for at least 20 minutes) (see table).

Reported Health Risk Factors, 2013

	Seward County ¹	Kansas ¹	United States ²
Current smoking	18.5%	20.0%	19.0%
Low fruit consumption	43.0%	41.7%	39.2%
No healthcare provider	41.2%	21.5%	22.9%
Unable to see doctor	16.8%	13.6%	15.3%
Flu shot	37.6%	42.2%	*
Physical inactivity	29.2%	26.5%	25.3%
Recommended physical activity	10.0%	17.9%	*

¹Source: Kansas BRFSS – Local Data, 2013

²Source: Centers for Disease Control and Prevention, BRFSS – Prevalence & Trends Data

*Insufficient sample and/or statistically unreliable estimate



Sexually Transmitted Infections

Reported rates of sexually transmitted infections (STIs) are available through the Kansas Department of Health and Environment. The chlamydia rate in Seward County (375.0 per 100,000 population) is lower than that of the state rate (396.2 per 100,000 population). HIV prevalence is substantially higher in Seward County (110.8 per 100,000) compared to Kansas (49.3 per 100,000). The gonorrhea rate in Seward County (17.0 per 100,000 population) is substantially lower than the state rate (87.5 per 100,000 population). In Seward County, the primary and secondary syphilis rate is higher (8.5 per 100,000 population) than the rate in Kansas (3.0 per 100,000 population).

Reported Sexually Transmitted Infections, 2013

	Seward County	Kansas
Chlamydia ⁺	375.0	396.2
HIV prevalence ⁺	110.8	49.3
Gonorrhea ⁺	17.0	87.5
Primary and secondary syphilis ⁺	8.5	3.0

⁺Source: Kansas Department of Health and Environment – Kansas STI Report January – December 2015

²Source: Kansas Department of Health and Environment – HIV Annual Tables by State and Region for CY 2015
Rates are per 100,000 population



Maternal and Child Health

The Kansas Department of Health and Environment contains reports data on maternal and child health indicators. The birth rate in Seward County (18.9 per 1,000) is higher than Kansas (13.5 per 1,000). The teen birth rate in Seward County (30.6 per 1,000 women aged 10–19) is more than double the state rate (13.9 per 1,000 women aged 10–19). Infant mortality rates in Seward County and Kansas are similar (6.2 per 1,000 live births and 6.3 per 1,000 live births).

Births and Infant Mortality

	Seward County	Kansas
Birth rate (per 1,000 population) ¹	18.9	13.5
Teen birth rate (per 1,000 women aged 10–19) ²	30.6	13.9
Infant mortality rate (per 1,000 births, 2010–2014) ¹	6.2	6.3

¹Source: Kansas Department of Health and Environment – 2014 Annual Summary of Vital Statistics

²Source: Kansas Department of Health and Environment – Pregnancy Statistics Query

Women in Seward County are substantially less likely to receive adequate prenatal care compared to all women in Kansas (see table). Low birthweight births are less common in Seward County, while very low birthweight births are more common as compared to Kansas (see table).

Select Maternal and Child Health Indicators

	Seward County	Kansas
Women receiving adequate prenatal care*	64.6%	83.0%
Women receiving less than adequate prenatal care [†]	35.4%	17.0%
Low birthweight*	6.3%	7.1%
Very low birthweight*	2.3%	1.3%

Source: Kansas Department of Health and Environment – 2014 Annual Summary of Vital Statistics

*Percent of all births with known status



Access to Care

According to the ACS 2010–2014 estimates, Seward County residents are less likely to have health insurance coverage (80.7%) than all Kansas residents (87.8%).

Private insurance coverage is less common among Seward County residents (62.0%) compared to all Kansas residents (73.0%).

Public insurance coverage is about as common among Seward County residents (26.2%) as all Kansas residents (26.8%).

All residents in Seward County are more likely to be uninsured (compared to all Kansas residents (see table)).

Health Insurance Coverage, 2010-2014

	Seward County	Kansas
Health insurance coverage	80.7%	87.8%
Private insurance	62.0%	73.0%
Public coverage	26.2%	26.8%
No health insurance coverage	19.3%	12.2%
No health insurance coverage (children)	8.2%	6.4%

Source: U.S. Census, ACS2010–2014 estimates



Community Leader Interviews

Interview Methodology

Twenty phone interviews were conducted from June 14 to July 22, 2016. Interviews required approximately 20 minutes to complete. Interviewers followed the same process for each interview, which included documenting the interviewee's expertise and experience related to the community. Additionally, the following community-focused questions were used as the basis for discussion:

- Interviewee's name
- Interviewee's title
- Interviewee's organization
- Overview information about the interviewee's organization
- What are the top three strengths of the community?
- What are the top three health concerns of the community?
- What are the health assets and resources available in the community?
- What are the health assets or resources that the community lacks?
- What are the barriers to obtaining health services in the community?
- What is the single most important thing that could be done to improve the health in the community?
- That other information can be provided about the community that has not already been discussed?



Community Leader Interview Summary

Topic	Discussion Points/Highlights
Health Strengths	<ul style="list-style-type: none"> • Several interviewees mentioned SWMC as the top health strength in the community. They feel that it offers a great array of services and provides high quality care. • The Liberal Area Coalition for Families, a health and wellness focused program, was mentioned several times as a strong resource in the community. • According to several interviewees, there is an abundance of health services in the community. Specifically, the urgent care was named as one of the strongest.
Health Concerns	<ul style="list-style-type: none"> • The most highly discussed health concern among interviewees was the lack of surgical services in the community. This has led to patients being transferred to other facilities, which is a big health concern. • Physician staffing in the emergency room, as well as gaps in general physician coverage, was a widely discussed concern. • Other health concerns include obesity, cancer, diabetes, teen pregnancy, a lack of mental health resources, and a lack of substance abuse resources.
Resources Available	<ul style="list-style-type: none"> • When asked about health resources available in the community, several interviewees mentioned the Genesis Health Center, a resource that serves the uninsured population. • One interviewee noted that there is a new cancer treatment group in the community that allows individuals to receive care closer to home. • Other resources mentioned include an advocacy group for abuse and domestic violence, homeless shelters, a rape crisis center, a strong health department presence, and the Genesis Health Center.



Community Leader Interview Summary (Continued)

<p>Resources Needed</p>	<ul style="list-style-type: none"> • Diabetes education and care, pediatric dental care, and an increase in specialists were all widely discussed resources that are needed in the community. Cardiologists, podiatrists, and endocrinologists were all cited specifically. • Multiple interviewees noted that there is a need for more psychiatric care, both in the crisis centers and for sexual assault victims in the community.
<p>Medically Underserved Populations</p>	<ul style="list-style-type: none"> • Undocumented individuals • Uninsured individuals • Lower income individuals • Aging population
<p>Barriers to obtaining health services</p>	<ul style="list-style-type: none"> • Cost • Transportation • Cultural/language barriers • Access/availability
<p>Ways to improve the overall health in the community</p>	<ul style="list-style-type: none"> • The majority of interviewees feel that increasing the number of physicians and having a wider variety of specialists in the community will improve the overall health. • Other suggestions include educating community members about available resources and focusing on the wellness habits of children and teenagers.



Community Health Priorities

The overarching goal in conducting this Community Health Needs Assessment is to identify significant health needs of the community, prioritize those health needs and identify potential measures and resources available to address the health needs. For the purpose of identifying health needs for SWMC, a health priority is defined as a medical condition or factor that is central to the state of health of the residents in the community. An exhaustive list of health needs was compiled based on the health profile, interviews and focus group data. Concerns that did not fall within the definition of an identified health priority, such as social determinants of health, are discussed in conjunction with the health priorities where applicable. A modified version of Fowler and Dannenberg's Revised Decision Matrix was developed to capture priorities from the primary and secondary data. This matrix tool is used in health program planning intervention strategies, and uses a ranking system of "high," "medium" and "low" to distinguish the strongest options based on effectiveness, efficiency and sustainability. As the CHNA is meant to identify the community's most significant health needs, only the health needs falling under the "high" and "medium" categories are highlighted.

Southwest Medical Center's executive board, which consists of hospital leadership and key community stakeholders, reviewed the primary and secondary data compiled and ordered the priority health needs based on capacity to meet the needs identified. The five health priorities identified through the CHNA are: maternal and child health, chronic health conditions, mental health, sexual health, and sexually transmitted diseases.



Maternal and Child Health

- The teen birth rate in Seward County is substantially higher than the rate in Kansas.
- Teen pregnancy was mentioned during community leader interviews as a top health concern in the community.
- Women in Seward County are substantially less likely to receive adequate prenatal care compared to all women in Kansas.
- Very low birthweight births are more common in Seward County compared to Kansas.
- Children in Seward County are more likely to have no health insurance coverage when compared to all children in Kansas.
- Children in Seward County are more likely to live below the poverty level when compared to all children in Kansas.

Access and Availability

- Adults in Seward County are more likely to report being unable to see a doctor because of cost compared to adults in Kansas.
- Residents in Seward County are less likely to have health insurance when compared to all residents in Kansas.
- During community leader interviews, several interviewees noted that gaps in physician coverage is a top health concern.
- When discussing resources that are needed in the community, several community leaders noted that there is a need for cardiologists, podiatrists, and endocrinologists.



Chronic Health Conditions

This priority area includes heart disease, diabetes, and obesity.

- Heart disease is the leading cause of death in Seward County; the mortality rate in Seward County is higher than the statewide rate.
- The diabetes mortality rate is substantially higher in Seward County when compared to Kansas.
- During community leader Interviews, several interviewees noted that diabetes education and care are needed in Seward County.
- Adults in Seward County are more likely to report being obese compared to all adults in Kansas.

Mental Health

- Seward County adults are more likely to report having poor mental health when compared to all adults in Kansas.
- During community leader interviews, several interviewees mentioned a lack of mental health resources as a primary health concern in the community.
- A need for psychiatric care in the crisis center and for sexual assault victims in the community was widely discussed during community leader interviews.



Sexual Assault

- Rape is substantially more common in Seward County than in Kansas.
- During community leader interviews, several interviewees noted that there is a need for psychiatric care for rape victims in the community.

Sexually Transmitted Infections

- HIV prevalence is substantially higher in Seward County than in Kansas.
- Primary and secondary syphilis rates are substantially higher in Seward County when compared to Kansas.



Resources

Maternal and Child Health

The Seward County Health Department (SCHD) offers services for maternal and child health care. Child health services include immunizations, lead screenings, physicals, and vision and hearing screenings. The SCHD also offers family planning services including annual exams, contraceptives, pregnancy tests, and STI testing, treatment, and counseling. Other services include the WIC program and the Breastfeeding Peer Counselor Program.

Genesis Family Health (GFH) is a non-profit agency which provides a variety of healthcare services to residents of southwest Kansas. GFH offers a medical clinic located in Liberal. Services offered by GFH include prenatal care and classes, health education, social service programs, and special health initiatives.

SWMC offers weekly child birth classes occurring on Tuesdays and Thursdays during the 2016 calendar year. The classes are offered in both English and Spanish and the monthly schedule can be found on SWMC's website. SWMC also has breastfeeding initiatives including the High 5 program. Additionally, SWMC was recently recognized as a Blue Distinction Center+ for Maternity Care by Blue Cross and Blue Shield of Kansas.



Resources (Continued)

Access and Availability

SWMC provides an array of medical services to the residents of Seward County. Some of the hospital's service offerings include surgical, imaging, primary care, telemedicine, wound care, cardiac rehabilitation, and physical therapy. SWMC also offers free health screenings through its health fairs. The SWMC Health Fair scheduled for October 1 will offer lab testing at a reduced cost, as well as free screenings for blood pressure, breast exams, spirometry testing, and pulse oximetry testing. More information on SWMC's services and the health fair offerings can be found on SWMC's website.

In addition to the above-mentioned services, SWMC is currently pursuing initiatives to bring medical specialists into the community. These medical specialties include otolaryngology, orthopedic surgery, obstetrics/gynecology, pediatrics, and general surgery. The hospital also now offers 24/7 neurology coverage through telemedicine services.

The Seward County Health Department and Genesis Family Health, discussed on page 33, provide a wide range of healthcare services to residents of Seward County. SCHD's offerings include adult and child health services, as well as care for communicable diseases and sexually transmitted infections. The GFH location in Liberal provides medical services including treatment of illness and injury, wellness and preventative care, nutritional counseling, health education, routine laboratory tests, and behavioral health. Additional services include dental clinics in Garden City and Dodge City.



Resources (Continued)

Chronic Health Conditions

SWMC offers a Cardiac Rehabilitation program, featuring a robust rehab fitness and education program designed to help patient manage their heart conditions or recover from a cardiac event. Those involved in the Cardiac Rehab program will work closely with a team of healthcare providers who will provide support and guidance. The education topics covered include diet and nutrition, tobacco use, blood pressure, cholesterol, diabetes, weight, stress control, exercise at home, depression, and medications.



Resources (Continued)

Mental Health

The Southwest Guidance Center provides quality behavioral health care to residents in Seward County. The Southwest Guidance Center is licensed by the State of Kansas and mandated by state law to provide services, assist in education, focus on prevention, and provide treatment to residents of Seward County with the lowest cost possible. Their special programs include Youth with Serious Emotional Disturbance, Transition Age 18-25, Adults with Serious Mental Illness, and Persons with Post-Traumatic Stress Disorder.



Resources (Continued)

Sexual Assault

SWMC has partnered with the Liberal Area Rape Crisis and Domestic Violence Center, Liberal Police Department, Seward County Sheriff's Department and the local judicial system to create programs dedicated to providing care to victims of sexual assault. The team, known as the Sexual Assault Response Team (SART), works together to provide the best care to victims of sexual assault in the region.

The Sexual Assault Nurse Examiners (SANE's) at SWMC are specialized nurses who have been through trainings to provide a medical forensic examination, including a detailed physical and emotional assessment, written and photographic documentation, collection and management of forensic samples, and provide emotional support and resources.

There are several other resources available to victims of sexual assault in Seward County, including the Liberal Area Rape Crisis & Domestic Violence Services. This advocacy program offers a temporary shelter, a 24-hour hotline, crisis and support counseling, information and referral, emergency transportation, accompaniment for legal and medical procedures, and public awareness education.



Resources (Continued)

Sexually Transmitted Infections

The Seward County Health Department offers STI screening services for individuals in the community. Beyond screenings for STIs, the SCHD also offers family planning services including annual exams, contraceptives, pregnancy tests, treatment, and counseling.

Genesis Family Health provides a variety of healthcare services to residents of southwest Kansas. GFH offers an HIV/AIDS case management program to residents of the community at no cost. This organization also provides STI testing.



References

INTELLIMED International. (2016). Esri 2016.

United States Census Bureau. (2016). Poverty thresholds by size of family and number of children. Retrieved from <http://www.census.gov/hhes/www/poverty/data/threshld/>

United States Department of Labor, Bureau of Labor Statistics. (2016). Labor force data by county, 2014 annual average. Retrieved from <http://www.bls.gov/lau/laucountycur14.txt>

U.S. Census Bureau, American Fact Finder. (n.d.). 2010–2014 American community survey 5-year estimates. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Kansas Bureau of Investigation (2015). Crime Index 2014. Retrieved from <http://www.accesskansas.org/kbi/stats/docs/pdf/Crime%20Index%202014.pdf>

Institute for Health Metrics and Evaluation. (2016). US County Profiles. Retrieved from <http://www.healthdata.org/us-county-profiles>

Kansas Department of Health and Environment. (2016). Death Statistics Query. Retrieved from http://kic.kdheks.gov/death_new.php#top

Kansas Department of Health and Environment. (2016). Death Statistics Query. Retrieved from http://kic.kdheks.gov/cancer_new.php

Kansas Department of Health and Environment. (2016). Kansas Behavioral Risk Factor Surveillance System - Local Data - 2013. Retrieved from http://kic.kdheks.gov/cancer_new.php

Centers for Disease Control and Prevention. (n.d.). BRFSS - Prevalence and Trends Data. Retrieved from http://www.cdc.gov/brfss/data_tools.htm

Kansas Department of Health and Environment. (2016). Kansas STI Report January – December 2015. Retrieved from http://www.kdheks.gov/sti_hiv/download/std_reports/Kansas_STI_Case_Rate_Report_Calendar_Year_2005_2015.pdf

Kansas Department of Health and Environment. (2016). HIV Annual Tables by State and Region for CY 2015. Retrieved from http://www.kdheks.gov/sti_hiv/update_newsletter/CY_2015_Annual_Tables.pdf



References (Continued)

Kansas Department of Health and Environment. (2016). Annual Summary of Vital Statistics, 2014. Retrieved from http://www.kdheks.gov/hci/as/2014/2014_AS.pdf

Kansas Department of Health and Environment. (2015). Pregnancy Statistics Query. Retrieved from http://kic.kdheks.gov/pregnancy_new.php#top



Appendix A: Carnahan Group Qualifications

Carnahan Group is an independent and objective healthcare consulting firm that focuses on the convergence of regulations and planning. For over 15 years, Carnahan Group has been trusted by healthcare organizations throughout the nation as an industry leader in providing Fair Market Valuations, Medical Staff Demand Analyses, Community Health Needs Assessments, and Strategic Planning. Carnahan Group serves a variety of healthcare organizations, such as, but not limited to, hospitals and health systems, large and small medical practices, imaging centers and ambulatory surgery centers. Our highly educated and experienced staff provides only exceptional customer service, quality work, and unsurpassed insight into their specific needs.



Carnahan Group strives to become each of our clients' trusted partner by providing customized solutions, rapid turnaround time, and competitive pricing. Our staff members offer varied backgrounds and diverse capabilities, allowing us to understand that our clients need more than just a document; they need a sound plan to guide them through time-sensitive transactions in the face of the healthcare industry's most challenging scrutiny and in litigation.



Appendix B: Community Leader Interview Organizations

Organization	Area Represented
Fire Department	Public Servant
Colvin Adult Learning Center	Community Service Organization
Various Community Business Owners	Community Leadership
Elected Official	Public Servant
Kansas State Research & Extension	Public Health Expert
City of Liberal	Public Servant
Local Citizen & City CSI	Emergency Services
VA Care	Hospital Leaders/Medical Professionals
SWMC Board of Trustees	Hospital Leaders/Medical Professionals
United Way – Seward County	Public Service Organization
Seward County Community College	Community Leadership
Seward County Health Department	Public Health Expert
WIC	Community Service Organization
Ministerial Alliance	Faith-Based Organization



Company Overview



Headquarter Address

Carnahan Group Inc.
813.289.2588
info@carnahangroup.com
5005 West Laurel Street
Suite 204
Tampa, FL 33607

Branch Offices

Nashville, TN

Thank you for the opportunity to serve Southwest Medical Center!
We are committed to being your innovative strategic partner.



CARNAHAN
GROUP

Strategic Healthcare Advisors