AdventHealth Ottawa

2020 COMMUNITY HEALTH NEEDS ASSESSMENT

AdventHealth Ransom Memorial, Inc. d/b/a AdventHealth Ottawa

Approved by the Hospital Board on: October 22, 2020

Community Benefit Manager:

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**Extending the Healing
Ministry of Christ**

AdventHealth

2020 Community Health Needs Assessment

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Acknowledgements

1. EXECUTIVE SUMMARY

Goals

AdventHealth Ransom Memorial, Inc. d/b/a AdventHealth Ottawa (AHO) will be referred to in this document as AdventHealth Ottawa or "the Hospital." AdventHealth Ottawa located in Ottawa, Kansas conducted a community health needs assessment in 2020. The goals of the assessment were to:

- Engage public health and community stakeholders including low-income, minority and other underserved populations
- Assess and understand the community's health issues and needs
- Understand the health behaviors, risk factors and social determinants that impact health
- Identify community resources and collaborate with community partners
- Publish the Community Health Needs Assessment
- Use the assessment findings to develop and implement a 2021-2022 Community Health Plan based on AdventHealth Ottawa's prioritized issues

Community Health Needs Assessment Committee

In order to ensure broad community input, AdventHealth Ottawa created a Community Health Needs Assessment Committee (CHNAC). The CHNAC was formed by partnering with Franklin County's Community Health Improvement Plan (CHIP) committee and including the Hospital's leaders to participate. The CHNAC provided direction and assistance throughout the needs assessment process. The CHNAC included representation from the Hospital, public health experts and the broad community. This included intentional representation from low-income, minority and other underserved populations.

The CHNAC met three times in 2019-2020 to discuss the Hospital's CHNA and data prioritization. They reviewed the primary and secondary data, helped define the priority issues to be addressed by the Hospital and helped develop the Community Health Plan to address the priority issues. *See Section 5 for a list of Franklin County CHIP and CHNAC members*.

Data

AdventHealth Ottawa collected both primary and secondary data. The primary data included stakeholder and community surveys. Secondary data sources included internal hospital utilization data (inpatient and emergency department). This utilization data showed the top reasons for visits to AdventHealth Ottawa in 2019. In addition, we utilized publicly available data from state and nationally recognized data sources. *See Section 7 for a list of data sources.*

Primary and secondary data was then compiled and analyzed in order to identify the top 11 aggregate issues from the various sources of data.

Community Asset Inventory

The next step was the creation of a Community Asset Inventory. This inventory was designed to help the Hospital and the CHNAC:

- Understand existing community efforts that address the 11 identified issues from the aggregate primary and secondary data.

- Prevent duplication of efforts as appropriate. *See Section 9 for the Asset Inventory.*

Selection Criteria

Using the data findings and the Community Asset Inventory, the CHNAC narrowed the list of 11 identified issues to two priority issues. The CHNAC used a priority selection tool that uses clearly defined criteria to select the top issues to address. *See Section 10 for the Priority Selection Report.*

The priority selection criteria included:
A. Relevance: How important is this issue?
B. Impact: What will we achieve by addressing this issue?
C. Feasibility: Can we adequately address this issue?

Priority Issues to be Addressed

1. Chronic Disease Prevention and Management
   a. Healthy lifestyles, prevention and education
   b. Food insecurity and access to healthy food

2. Mental Health
   a. Suicide prevention
   b. Prevention of addiction and deaths of opioids

See Section 11-12 for an explanation of priority issues which were chosen as well as those not chosen.

Approvals

In October 2020, the AdventHealth Ottawa Board approved the Community Health Needs Assessment findings and priority issues. A link to the 2020 Community Health Needs Assessment was posted on the Hospital's website prior to December 31, 2020.

Next Steps

The CHNAC will work with AdventHealth Ottawa to develop a measurable 2021-2022 Community Health Plan to address the priority issues. The plan will be completed and posted on the Hospital's website prior to May 15, 2021.

2. ABOUT: ADVENTHEALTH OTTAWA

About AdventHealth Ottawa

Ransom Memorial Hospital began serving its community in 1931 and became part of the AdventHealth system in May 2019, adopting the name AdventHealth Ottawa. With a sacred mission of Extending the Healing Ministry of Christ, AdventHealth is a connected system of care for every stage of life and health. More than 80,000 skilled and compassionate caregivers in physician practices, hospitals, outpatient clinics, skilled nursing facilities, home health agencies and hospice centers provide individualized, wholistic care. A Christian mission, shared vision, common values and service standards focus on whole-person health and commitment to making communities healthier.

AdventHealth Ottawa is a 44-bed acute care facility that employs 350 team members and annually has more than 1,200 admissions, 96,000 outpatient visits and more than 12,000 emergency visits. The Hospital celebrates approximately 150 new babies each year.

3. CHOOSING THE COMMUNITY

AdventHealth Ottawa defined its community as its Primary Service Area (PSA) from which 75-80% of its patients come. This includes Franklin and Anderson Counties and the zip codes 66067, 66076, 66032 and 66095.

4. COMMUNITY DESCRIPTION AND DEMOGRAPHICS

In order to understand our community and the challenges faced, AdventHealth Ottawa looked at both demographic information for the service area population, as well as available data on social determinants of health. According to the Center for Disease Control and Prevention, social determinants of health include conditions in the places where people live, learn, work and play, which affect a wide range of health risks and outcomes. A snapshot of our community demographics and characteristics is included below. *Secondary report data can be found in Appendix B.*

A total of 23,898 people live in the Hospital's reported service area defined for this assessment according to the U.S. Census Bureau American Community Survey 2014-18 five-year estimates.

The map below represents the primary service area where 75-80% of the Hospital's patients live.

AdventHealth Ottawa Primary Service Area
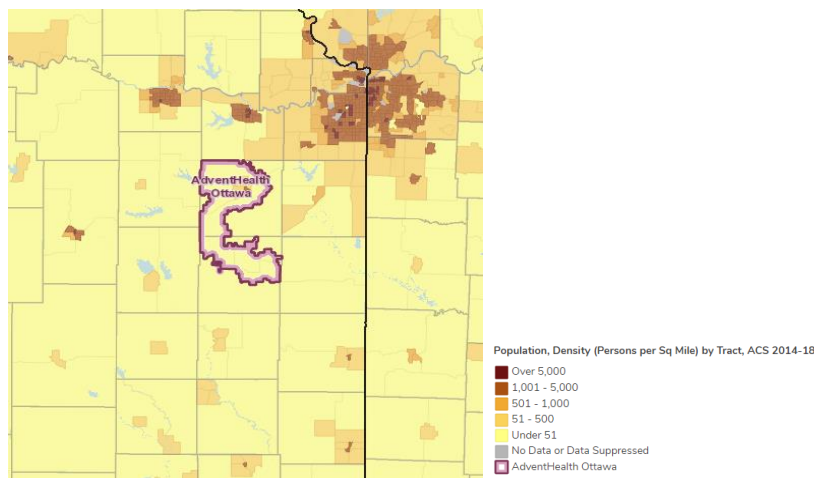
COMMUNITY DEMOGRAPHICS

Female 51.52%　　　　　**Male** 48.48%

AGE	0-4	5-17	18-24	25-34	35-44	45-54	55-64	65+
%	5.8%	18.5%	9.6%	11.4%	11.5%	12.5%	13.6%	17%

RACE	Caucasian	African-American	Native American / Alaska Native	Other Race	Multiple Races
%	93.5%	1%	1%	1.4%	2.8%

ETHNICITY	Hispanic or Latino	Non-Hispanic
%	3.8%	96.2%

DATA INDICATOR	DESCRIPTION	OTTAWA SERVICE AREA	KANSAS AVERAGE
Poverty	% Population in Poverty (Below 100% FPL)	11.7%	12.4%
Unemployment Rate	Unemployment Rate	3.2%	3.1%
Violent Crime	Violent Crime Rate (Per 100,000 Pop.)	265.3	368.8
Population with No High School Diploma	% Population Age 25+ with No High School Diploma	7.6%	9.27%
Insurance	Uninsured Adults-% Without Medical Insurance (Franklin County)	9.4%	12.29%
Insurance	Uninsured Children-% Without Medical Insurance (Franklin County)	3.78%	4.97%
Food Insecurity Rate	Food Insecurity Rate	13%	12.7%
Population with Low Food Access	% Population with Low Food Access	50.88%	26.39%
Use of Public Transportation	% Population Using Public Transit for Commute to Work (Age 16+)	0.07%	0.5%
Alcohol Consumption	Estimated Adults Drinking Excessively (Age-Adjusted Percentage)	No data available	15.9%
Tobacco Usage	% Population Smoking Cigarettes (Age-Adjusted)	21.1%	17.7%

5. COMMUNITY HEALTH NEEDS ASSESSMENT COMMITTEE

A Community Health Needs Assessment Committee (CHNAC) was formed to help the Hospital conduct a comprehensive assessment of the community. Franklin County's CHIP committee was already established and included the organizations the Hospital identified as critical to addressing the needs of the community. The CHIP committee agreed to include the Hospital's leaders, and the newly convened group served as the Hospital's CHNAC. Members of Franklin County's original CHIP committee provided support and assistance throughout the process. The CHNAC included representation from the Hospital, public health officials and the broad community as well as representation from low-income, minority and other underserved populations. The committee met regularly in 2019 and 2020. Current CHNAC members include:

COMMUNITY MEMBERS

Name	Title	Organization	Description of Services	Low-Income	Minority	Other Underserved Populations
Leslie Bjork	Executive Director	Elizabeth Layton Center	Behavioral Health Outpatient	X	X	X
Cindy Casey	Community Educator	Franklin County EMS	AEMT Community Education/Paramedicine Coordinator	X	X	X
Amy Falk	CEO	Health Partnership Clinic	Federally Qualified Health Clinic	X	X	X
Erin Laurie	Health Educator, RD	Franklin County Health Department	Immunization, family planning, WIC, CPR, Community Health, TB testing and treatment, STI testing and treatment, BP Checks, KanBe Healthy Physicals and Car Seat Installations	X	X	X
Rebecca McFarland	District Extension Agent	Kansas State University Research & Extension	Family and Child Development Planning	X	X	X
Catherine Rice	Vice President	Health Partnership Clinic	Federally Qualified Health Center	X	X	X
Sheila Robertson	Pathways Grant Coordinator	Blue Cross Blue Shield Pathways	Community Health Initiative- Healthy Eating, Physical Activity, and Tobacco Cessation	X	X	X
Teresia Templeton	Franklin County Human Services Coordinator	ECKAN	Case management, utilities assistance, dental vouchers, food assistance and housing assistance	X	X	X
Robert Walker	Assistant Director	Franklin County Health Department		X	X	X

ADVENTHEALTH OTTAWA MEMBERS

The following Hospital team members provided leadership and/or input with the process:

- **Kelly Boetel,** Administrative Director of Surgical Services
- **Pam Harris**, Administrative Director of Physician Enterprise
- **Jeanette Metzler**, Community Benefit Manager
- **Lora O'Connor**, Director, Customer Experience, Dietary Services and Environmental Services
- **Brenda Pfizenmaier**, Director, Diabetes, Nutrition, Wellness and Public Relations
- **Dallas Purkepile**, President & CEO
- **Angie Welch**, Director, Emergency Services

6. PUBLIC HEALTH

Public health representation from the Franklin County Health Department provided leadership and expertise throughout the Hospital CHNA process. The following county employees provided leadership throughout the process:

- **Robert Walker, EdD, CHES,** Assistant Director, Franklin County Health Department
- **Midge Ransom, PhD,** Department Director, Franklin County Health Department (Through March 2020)
- **Erin Laurie, MS, RDN,** Health Educator, Franklin County Health Department
- **Cindy Casey**, Community Educator, Franklin County Health Department

7. PRIMARY AND SECONDARY DATA SOURCES

Primary Data

a. **Community surveys** – Online surveys were made available to the community living in the Hospital's service through a variety of outreach methods. The Hospital partnered with Health Partnership Clinic, a local Federally Qualified Health Center (FQHC), to text/email the survey link to its patients living in the service area zip codes. These responses represent 21% of the 201 completed surveys.

   Adjustments for collecting data were necessary as a result of the COVID 19 pandemic. With the cancellation of community events planned to engage community participation, additional efforts for on-line completion were implemented. The Franklin County CHIP committee made the survey link available to their clients through social media and forwarded the survey to their community partners to expand the reach. In addition, the Ottawa's Minister's Association, representing 12 faith communities, promoted survey completion to their congregations. survey link was available through the Hospital's website and promoted through social media. Data collection began in early March, prior to shutdowns, and continued through May 2020.

b. **Stakeholder surveys** – Online surveys captured the input and feedback from community health leaders. Leaders were identified through the County's CHIP committee and Hospital leadership. A list of organizations represented can be found in Appendix A.

Secondary Data: Hospital Utilization Data

Top 8- 10 Inpatient and Emergency Department diagnoses – The Hospital's finance department provided the top 10 inpatient and Emergency Department admission data. This information can be found in Appendix B.

Secondary Data: The Engagement Network

Our secondary data was sourced from the Engagement Network. This is a national platform produced by the Center for Applied Research and Engagement Systems (CARES) at the University of Missouri. The Engagement Network hosts a national Map Room with 15,000+ data layers, a Community Health Needs Assessment reporting tool with 80+ health-related indicators and a hub network with 30+ partner organizations using CARES technology.

DATA SOURCES:

a. US Census Bureau, Decennial Census, 2000-2010
b. US Census Bureau, American Community Survey, 2013-17
c. Feeding America, 2014
d. US Census Bureau, Small Area Health Insurance Estimates, 2016
e. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, US Department of Health & Human Services, Health Indicators Warehouse, 2006-12
f. Centers for Disease Control and Prevention, National Vital Statistics System, US Department of Health & Human Services, Health Indicators Warehouse, 2006-12
g. US Department of Labor, Bureau of Labor Statistics, 2018 – August
h. Federal Bureau of Investigation, FBI Uniform Crime Reports, 2012-14
i. US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas, 2015
j. US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File, 2015
k. Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care, 2015
l. US Department of Health & Human Services, Health Resources and Services Administration, Health Resources and Services Administration, April 2016
m. US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File, March 2018
n. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2011-12
o. Centers for Disease Control and Prevention, National Vital Statistics System, Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research, 2007-10
p. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2015
q. State Cancer Profiles, 2011-15
r. State Cancer Profiles, 2009-13
s. Centers for Medicare and Medicaid Services, 2015
t. Centers for Disease Control and Prevention, National Vital Statistics System, US Department of Health & Human Services, Health Indicators Warehouse, 2006-12
u. Centers for Disease Control and Prevention, National Vital Statistics System, 2012-16
v. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-10

8. DATA SUMMARY

Primary and Secondary Data: High Level Findings

Once all primary and secondary data was collected, it was analyzed and categorized into the top 8-10 priorities per source of data. These results are listed by source in the tables below.

Primary and secondary data was presented to the CHNAC. Each committee member received copies of the reports. AdventHealth Ottawa's financial department provided 2019 data for inpatient and Emergency Department admissions including diagnosis, payer source and zip codes.

Top 9 Priorities determined from Community Surveys					
1	Financial stress (30%)	5	No health insurance (9.4%)	9	Social isolation / Lack companionship (30%)
2	Food insecurity (21%)	6	Tobacco Use (17%)		
3	Access to healthy eating options (33%)	7	Housing (9%)		
4	Cost of health care (33%)	8	Childcare (7%)		

Top 10 Priorities determined from Hospital Emergency Department Data					
1	Chest pain	5	Injuries of head and neck	9	Fainting
2	Acute bronchitis	6	Abdominal pain	10	Removal of sutures
3	Acute Pharyngitis	7	Nausea with vomiting		
4	COPD (Pulmonary)	8	Muscle or tendon strain		

Top 8 Priorities determined from Hospital Inpatient Admission Data					
1	Sepsis (Infection)	5	Single Liveborn Infant (cesarean)		
2	Single liveborn infant (vaginal)	6	Kidney failure		
3	Osteoarthritis	7	Hypertension / heart disease		
4	COPD (Pulmonary)	8	Acute pancreatitis		

Top 9 Priorities determined from Secondary Data provided by CARES Engagement Network (Secondary Needs Assessment Tool)					
1	High blood pressure	5	High cholesterol	9	Heart Disease
2	Tobacco Usage	6	Depression		
3	Obesity	7	Food insecurity / Access to healthy food		
4	Diabetes	8	Poverty/Livable wage		

Top 10 Priorities determined from Key Stakeholder Surveys (Rated on importance and satisfaction)					
1	People are free from addiction to prescription and street drugs	5	Suicide prevention resources are available	9	Jobs that pay well enough
2	Quality medical care and preventive screenings	6	Resources are available to help residents in time of need	10	Opportunities to receive higher education and skills training
3	Affordable housing	7	Quality childcare is available and affordable		
4	Mental health concerns are recognized	8	People are free from chronic stress and worry		

Primary and Secondary Data: Aggregate Community Health Needs

Below are 11 issues identified as top priorities based on the analysis and aggregation of primary and secondary data.

	Priority Issue	Ethnic Group	Age Group	Specific Geographic Area
	Top 11 Priorities			
1	Lack of resources to meet community mental/behavioral needs	Varies	Varies	AdventHealth Ottawa Service Area
2	Increasing incidence of addiction, overdoses and deaths related to opioids	Varies	Varies	Franklin and Anderson Counties
3	Food insecurity and lack of healthy options	Varies	Varies	Franklin and Anderson Counties
4	Rising health care costs and lack of health insurance	Varies	Adults ages 18-64	AdventHealth Ottawa Service Area
5	Chronic disease prevention and management	Varies	Varies	AdventHealth Service Area
6	Lack of economic opportunity and employability	Varies	Adults	Franklin and Anderson Counties
7	Limited public transportation options	Varies	Adults	Franklin and Anderson Counties
8	Lack of available and affordable childcare	Varies	Infant to age 5	AdventHealth Ottawa Service Area
9	Lack of dental services for low income adults	Varies	Adults	Franklin and Anderson Counties
10	Increasing suicide and mood disorders	Varies	Varies	Franklin and Anderson Counties
11	Limited access to health specialists	Varies	Varies	Franklin and Anderson Counties

9. COMMUNITY ASSET INVENTORY

AdventHealth Ottawa conducted a Community Asset Inventory related to the top identified community health needs in order to determine where the most meaningful impact could be made. The inventory was designed to assist the CHNAC and Hospital narrow the 11 needs to the top two priority issues.

COMMUNITY ASSET INVENTORY		
Top Issues Defined by Primary/Secondary Data	**Current Community Programs**	**Current Hospital Programs**
Chronic disease prevention and management	• Pathways to Healthy Kansas Project (Nutrition, physical activity, tobacco) • Diabetes self-management 6-week program • ECKAN - food pantries 2 days per week and a Summer Lunch program at community centers • The County Food Policy Council manages CONNECT, a mobile pantry in rural Franklin County • The BCBS Funded Pathways project is planning a mobile option to provide low-cost produce to families in need in low food access areas	• Diabetes and nutrition consults • Tobacco Cessation resources for smokers • Cardiac and pulmonary rehab services • Employer wellness screenings
Rising health care costs and lack of health insurance	• Advocacy efforts for better funding • Advocacy to expand Medicaid in KS • Churches sometimes assist with financial assistance for treatment and/or medications • Health Partnership Clinic (FQHC) and Health Department offer sliding fee scale • ELC offers sliding fee scales	• Financial assistance for patients • Advocacy for expansion of Medicaid • AH auto deduction for private pay patients
Access to specialty health services	• ELC provide behavioral health and substance abuse treatment and sub-specialty services for those with severe mental illness	• Referral list of specialty services provided in Emergency Department packets
Suicide and Mental Health	• ELC offers: 24-7 crisis response line • ELC conducts assessments for hospitalizations • ELC- Mental Health First Aid • ELC-Outreach service including in-service educational for agencies • ELC-Winter Family Depression Endowment Fund to address depression in community • HPC offers behavioral health services	• All Emergency Department patients have mental health screenings and a second screening is done when admitted.

	• Wellsville Health Coalition is exploring the Zero Reasons Why Campaign • Franklin County CHIP Mental Health Subcommittee	
Incidence of opioids	• Franklin County Health Department's substance abuse committee and opioid grant • Substance Abuse Coalition – Distribution of the Deterra bags • ELC offers outpatient substance abuse treatment	• The Hospital has access to the K-tracks system, which identifies opioid prescriptions for possible identification of opioid miscues.
Dental Care	• HPC offers pediatric dental care about once per month before COVID • ECKAN helps with dental vouchers to providers who will accept	• No dental services are provided by the Hospital.

10. PRIORITY SELECTION

RATING & PRIORITIZING KEY HEALTH ISSUES WORKSHEET

Primary and secondary data was presented through a live virtual meeting with the CHNAC facilitated by Jeanette Metzler, AdventHealth Community Benefit Manager. The presentation included opportunities for discussion and laid the foundation for the issue prioritization process. The data presented was from the following sources:

    a.   AdventHealth Ottawa and Franklin Health Department Community Survey – 201 Surveys
    b.   Stakeholder Community Concerns Survey – 33 Surveys
    c.   Secondary Data – CARES Engagement Network
    d.   AdventHealth Ottawa Admission Data – Top 8-10 Diagnosis for Emergency Department and Inpatient admissions for 2019
    e.   Supporting Data from Other Sources Including:
        i.   Feeding America / Map the Meal Gap 2017
        ii.   KDHE; Kansas Matters 2017
        iii.   Franklin County 2019 Report
        iv.   Summary of Drug Overdose Deaths 2019 / KS Office of Vital Statistics

To determine the top eight issues, the CHNAC utilized a tool called the Rating & Prioritizing Key Health Issues Worksheet to help identify which issues would be addressed.

This worksheet utilized the following criteria for each issue:
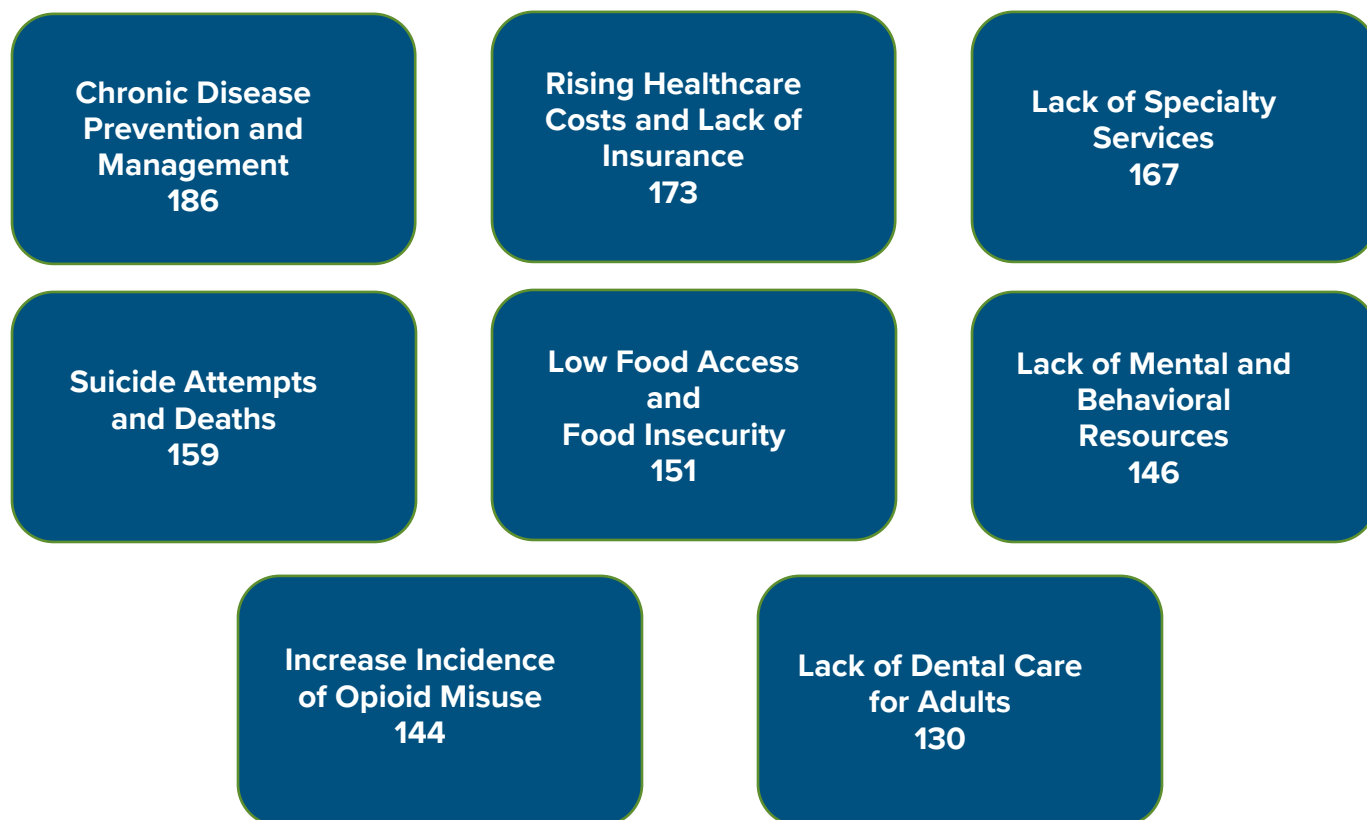
    1.   <u>Relevance</u>: How important is this issue?
    2.   <u>Impact</u>: What will we achieve by addressing this issue?
    3.   <u>Feasibility:</u> Can we adequately address this issue?

Each potential issue was rated based on the above criteria, with a scoring of 1 = lowest priority, to 4= highest priority.

Rating Criteria (1=lowest priority; 2=medium priority; 3=high priority; 4=highest)		
Relevance How Important is the issue?	**Impact** What will we achieve by addressing this issue?	**Feasibility** Can we adequately address the issue?
O Size of problem (ex. % population) O Severity of problem (ex. Cost to treat, lives lost) O Urgency to solve problem; community concern O Linked to other important issues	O Availability of solutions/proven strategies O Builds on or enhances current work O Significant consequences of not addressing issue now	O Availability of resources (staff, community partners, time, money) to address issue O Political capacity/will O Community/social acceptability O Appropriate socio-culturally O Can identify easy, short-term wins

WHAT TOP ISSUES SHOULD THE HOSPITAL ADDRESS?

Each CHNA Committee member reviewed the issues identified and weighed each issue by its importance, potential impact and the feasibility of the Hospital to impact change. Below are the eight issues identified, with composite scores from the 15 Committee and Hospital leaders.

Chronic Disease Prevention and Management 186

Rising Healthcare Costs and Lack of Insurance 173

Lack of Specialty Services 167

Suicide Attempts and Deaths 159

Low Food Access and Food Insecurity 151

Lack of Mental and Behavioral Resources 146

Increase Incidence of Opioid Misuse 144

Lack of Dental Care for Adults 130

The top eight issues and the asset inventory were presented to the Hospital leadership. After further review and discussion, leadership offered their priority recommendations to the CHNAC. The CHNAC was provided the opportunity to review and offer input to the Hospital leadership. The CHNAC agreed with the Hospital's recommendations to be included in the Hospital's 2020 Community Health Needs Assessment.

Issues Hospital Will Address

Chronic Disease Prevention and Management

- **Healthy lifestyles, prevention and education**
- **Food insecurity and access to healthy food**

Lack of Resources for Mental Health

- **Suicide prevention**
- **Prevention of opioid misuse**

RATIONALE FOR COMMUNITY ISSUES THE HOSPITAL WILL ADDRESS			
Relevance	**Impact**	**Feasibility**	**Comments**
1. Chronic Disease Prevention and Management **Goals will address: Access to healthy food and prevention and management education and support**			
13 % (3,270 people) are food insecure in Franklin County and 51% have low food access 18% of households participating in the Hospital's community survey indicated they had run out of food in the past 12 months One third of community survey respondents believe the community does not have sufficient opportunities for healthy eating 32% of AHO service area have high blood pressure, 33% are obese and 32% are overweight and 42% have high cholesterol	Reducing the barrier to healthier food options Behavior and lifestyle change Decrease in individuals suffering from chronic disease Lifestyle change impacts health outcomes	Opportunities for Hospital to identify patients with food insecurity and connect to resources and support food pantries Opportunities to build on existing Hospital chronic disease education and support groups	Blue Cross Pathways grant provides the base funding for community initiatives to address chronic disease providing an excellent opportunity for collaboration

2. Lack of Resources for Mental Health			
Goals will address: Suicide prevention and prescription pain / opioid misuse			
11% of Hospital community survey respondents were unable to receive mental health or substance abuse treatment due to cost Key stakeholder surveys indicated a very high importance and low satisfaction of the community's response to addiction to prescription and street drugs 13% of the Hospital's service area lack emotional support and 8% feel left out and/or isolated	Increase in mental health related deaths if not addressed Poor mental health contributes and complicates disease treatment and management	Opportunities for collaboration with Elizabeth Layton Center (ELC) and Health Partnership Clinic Physicians play an essential role in prescription of pain medications and can prevent those at risk and identify and refer patients suffering from opioid misuse	The Hospital does not offer mental or behavioral health services, but is positioned to identify individuals needing behavioral health services

Low food access and food insecurity were identified as key issues for the community during the prioritization process. Lack of healthy food correlates closely with chronic diseases such as diabetes and heart disease. The CHNAC decided to address food access and food insecurity under the priority of Chronic Disease Prevention and Management.

Similarly, the identified needs of suicide prevention and increase incidence of prescription misuse issues will be addressed through objectives under the priority of Lack of Resources for Mental Health.

Issues Hospital Will Not Address

| RATIONALE FOR COMMUNITY ISSUES THE HOSPITAL WILL NOT ADDRESS			
Relevance	**Impact**	**Feasibility**	**Comments**
1. Rising health care costs and lack of health insurance			
33% of AHO Community Survey responses indicated cost as a barrier to care 9.41% of AHO survey responses indicated they did not have health insurance	Individuals who delay or don't see the doctor because of costs can become more ill, resulting in worsening of the problem and increased costs	Health care costs are determined by multiple factors, which would not be feasible to address in a 2-year Community Health Plan	AdventHealth continues to advocate for the expansion of Medicaid in Kansas The Hospital provides financial assistance for patients with limited resources Prevention through screenings and wellness education can reduce health care costs
2. Lack of dental services for low income adults			
The Franklin County Community Survey – 38% had not been to the dentist in more than 12 months and 18% of adults have poor dental health	Poor dental health can be the root cause for other health issues	It is not feasible for the Hospital to provide dental care	Dental health for adults continues to be a community health issue in the county
3. Limited access to specialists			
Stakeholder Survey comments stressed the need for more and affordable specialists	Patients needing specialty services not available in the community must travel to hospitals in the Kansas City metro area	It is not feasible for the Hospital to analyze and address this issue in a 2-year plan	Further analysis of this issue is needed

11. PRIORITY ISSUES TO BE ADDRESSED

ISSUE 1: CHRONIC DISEASE PREVENTION AND MANAGEMENT

Heart disease is the leading cause of death in the Hospital's service area. Age adjusted, 182 per 100,000 population deaths are due to heart disease as compared to the state with 158 deaths. Nearly 32% of adults have high blood pressure and 42% have high cholesterol, both risk factors for heart disease, which can be improved considerably with proper nutrition. More than 60% of individuals in the service area are overweight and / or obese and the age adjusted rate of diabetes in the population over age 18 is 8.4%.

Identified fifth through the CHNA Committee's prioritization process, was lack of access to healthy food and food insecurity. Thirteen percent (3,270 people) of individuals are food insecure in Franklin County and 51% have low food access. Twenty-one percent of families responding to the Hospital's community survey indicated they were worried food would run out and 18% had run out of food before they had money to buy more. Recognizing the ties between chronic disease conditions and food access, the decision was made to address access to healthy food as part of the chronic disease initiative in the Community Health Plan.

My community has sufficient opportunities for healthy eating.
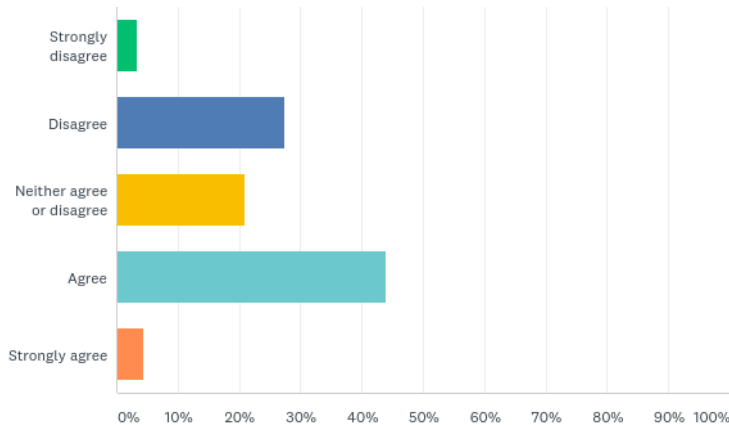
31.8% Disagree or Strongly Disagree

Approximately which of the following best describes the amount of fresh fruit and / or vegetables you eat per day?
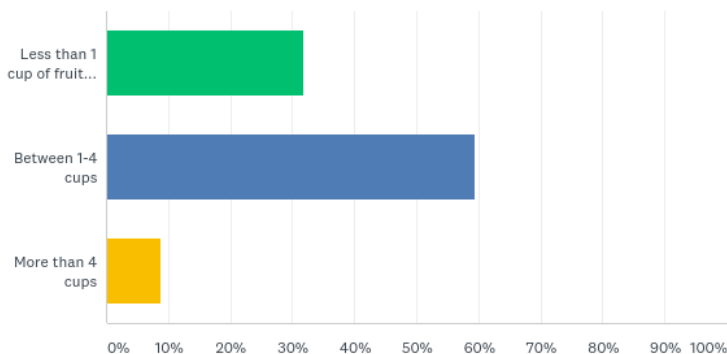
31.1% Eat less than one cup of fruit or vegetables per day

20

In the past 12 months, have you been worried that food would run out before you had money to buy more?
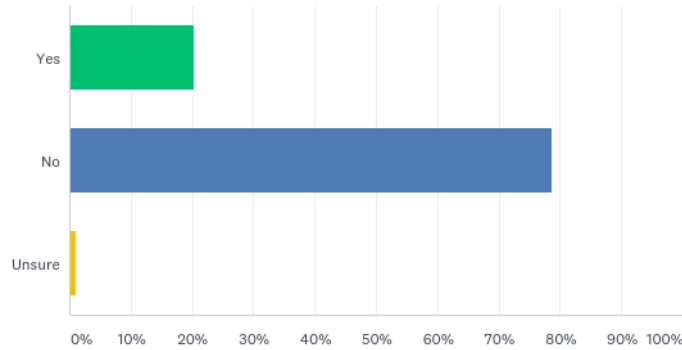
> **21% worried food would run out**

ISSUE 2: MENTAL HEALTH

Eleven percent of the Hospital's community survey respondents were unable to receive mental health or substance abuse treatment. Key stakeholder surveys indicated a very high importance and low satisfaction to the community's response to addiction and prescription drugs. In the community survey, 13% of respondents in the Hospital's service area report a lack of emotional support. In the top eight issues identified by the CHNAC were suicide attempts and rising prescription pain and opioid misuse in the community. These issues will be addressed as goals in the 2021 Community Health Plan.

How often do you feel?
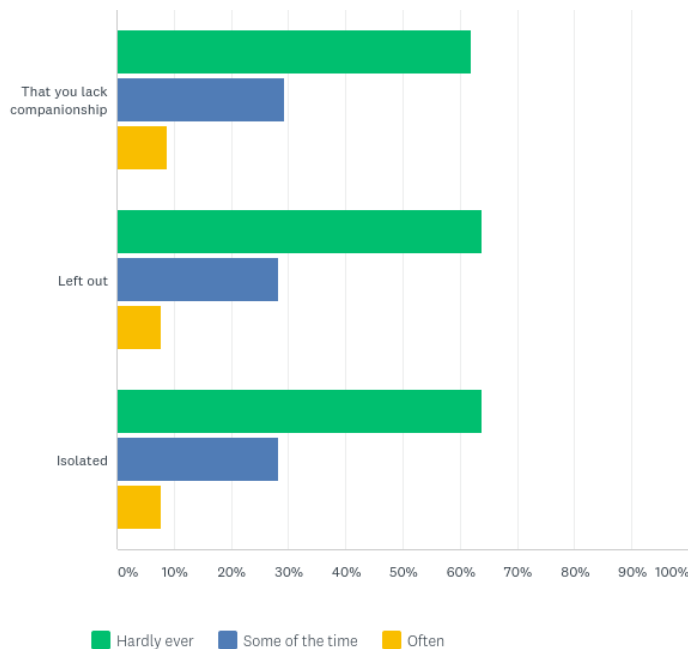
> **9% often lack companionship**
>
> **8% often feel left out and isolated**

Have you or a family member have been unable to receive mental health or substance abuse treatment? If so, please select the reasons from the following?
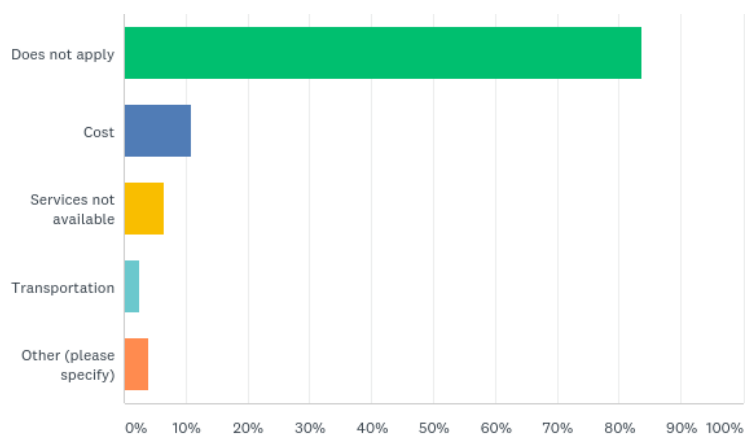
Barriers to Mental Health

10.84% - Cost
6.4% - Not available

12. PRIORITY ISSUES THAT <u>WILL NOT</u> BE ADDRESSED

ISSUE 1: RISING HEALTH CARE COSTS AND LACK OF HEALTH INSURANCE

One third of the AHO Community Survey responses indicated cost as a barrier to health care and 9.41% did not have health insurance. AdventHealth will continue to advocate for the expansion of Medicaid in Kansas. The Hospital currently provides financial assistance for those without health insurance and struggling to pay their medical bills. The Hospital will assist in connecting patients and the community to resources to access health coverage.

ISSUE 2: DENTAL CARE FOR ADULTS

The 2017 Franklin County Health Department Quality of Life Survey, conducted by Community Health Assessment team, survey indicated 38% had not seen a dentist in the past 12 months and 18% of adults have poor dental health. While poor dental health leads to other health issues, it is not feasible for the Hospital to provide dental services. Health Partnership Clinic (FQHC) currently offers dental services, but on a limited basis.

ISSUE 3: ACCESS TO HEALTH SPECIALISTS

Through the prioritization process the CHNAC identified the lack of access to specialty services as the third priority the Hospital should consider. Key Stakeholder Surveys also highlighted this need through their comments. Types of specialists mentioned included mental and dental health providers. Patients needing to see health specialists not available in their community need to travel to southern Johnson County or Kansas City for services. More analysis and information are needed. It is not feasible for the Hospital to address this issue in a 2-year plan.

13. NEXT STEPS

The CHNAC will work with AdventHealth Ottawa and other community partners to develop a measurable Community Health Plan for 2021-2022 to address the priority issues. For each priority, specific goals will be developed including measurable outcomes, intervention strategies and the resources necessary for successful implementation.

Evidence based strategies will be reviewed to determine the most impactful and effective interventions. For each goal, a review of policies that can support or deter progress will be completed with consideration of opportunities to make an impact. The plan will be reviewed quarterly with an annual assessment of progress. A presentation of progress on the plan will also be presented to the Hospital board annually. A link to the Community Health Plan will be posted on AdventHealth.com prior to May 15, 2021.

APPENDIX A:
PRIMARY DATA SURVEY
& PRIMARY DATA RESULTS

AdventHealth Community Survey

The following questions were included in the AdventHealth Ottawa Community Survey. Included are questions requested by Franklin County Health Department and the Blue Cross Pathways program, these questions will inform them as they evaluate their current work and plan for future community initiatives.

1. In general, how would you rate the **overall health** of Franklin County?
   - ☐ Very Unhealthy
   - ☐ Unhealthy
   - ☐ Somewhat Healthy
   - ☐ Healthy
   - ☐ Very Healthy
2. In general, **my community** has sufficient opportunities for healthy eating.
   - ☐ Strongly Disagree
   - ☐ Disagree
   - ☐ Neutral
   - ☐ Agree
   - ☐ Strongly Agree
3. In general, **my community** has sufficient opportunities for physical activity.
   - ☐ Strongly Disagree
   - ☐ Disagree
   - ☐ Neutral
   - ☐ Agree
   - ☐ Strongly Agree
4. Do you get at least 1 hour per week of vigorous physical activity OR 2.5 hours per week of moderate physical activity?
   - ☐ Yes
   - ☐ No
   - ☐ Unsure
5. Do you participate in strengthening activities, like push-ups, sit-ups and lifting weights, at least 2 days a week?
   - ☐ Yes
   - ☐ No
   - ☐ Unsure
6. If you could borrow a bicycle at no cost ("bike share"), would you use it for:
   - ☐ Transportation
   - ☐ Recreation/exercise
   - ☐ Other/Unsure
   - ☐ I would not use it
7. About what amount of fruit and/or vegetables do you eat per day?
   - ☐ Less than 1 cup of fruits and/or vegetables per day
   - ☐ Between 1-4 cups per day
   - ☐ More than 4 cups per day
8. If you could receive 15 pounds of assorted fruits/vegetables for $15 (approximately half the usual cost), available in the town nearest you, how often would you purchase it?
   - ☐ Weekly
   - ☐ Every other week
   - ☐ Once/month
   - ☐ Less than once/month
   - ☐ Never

9. Do you use tobacco?
   - ☐ No
   - ☐ Yes, mostly electronic/vaping
   - ☐ Yes, mostly other forms (traditional cigarettes, chewing tobacco, etc.)
10. Are you aware of efforts in Franklin County to promote smoking cessation (i.e. quitting smoking)?
   - ☐ No
   - ☐ Yes
   - ☐ Unsure
11. Please rate your level of support for policies that prohibit tobacco use (i.e. smoking and chewing tobacco) in the following settings:

	Definitely Not Supportive	Not supportive	Neutral	Supportive	Very Supportive
Local Parks					
School grounds					
Hospital grounds					
Worksites					

12. Are you aware of the Pathways to a Healthy Kansas Initiative that is being implemented in Franklin County?
   - ☐ No
   - ☐ Yes
   - ☐ Unsure
13. Have you or a family member been unable to receive mental health or substance abuse treatment because of (CHECK ALL THAT APPLY)
   - ☐ Cost
   - ☐ Transportation
   - ☐ Not available
   - ☐ Other
14. How often in the past 12 months would you say you were worried or stressed about your finances?
   - ☐ Always
   - ☐ Usually
   - ☐ Sometimes
   - ☐ Rarely
   - ☐ Never
15. Was there a time you needed to see a doctor but could not because of cost?
   - ☐ Yes
   - ☐ No
   - ☐ Don't Know
   - ☐ Refused

16. *In the past 12 months* have you been worried whether food would run out before you had money to buy more?
   - ☐ Yes
   - ☐ No
   - ☐ Unsure
17. *In the past 12 months* have experienced a time when the food you bought didn't last and you didn't have money to buy more?
   - ☐ Yes
   - ☐ No
   - ☐ Unsure
18. *In the past 12 months* has the utility company shut off your service for not paying your bills?
   - ☐ Yes

☐ No
☐ Unsure

19. Are you worried or concerned that *in the next 2 months* you may not have stable housing that you own, rent or stay in as part of a household?
☐ Yes
☐ No
☐ Unsure

20. Are you afraid you or a family member might be hurt in your apartment building or house?
☐ Yes
☐ No
☐ Unsure

21. Do problems getting childcare make it difficult for you to work or study?
☐ Yes
☐ No
☐ Unsure

22. How often do you feel?

	Hardly Ever	Some of the Time	Often
That you lack companionship			
That you feel left out			
That you feel isolated			

Demographics

23. Which age category are you in?

    a. 18-24   b. 25-34   c. 35-44   d. 45-65 e. 55-64 f. 65-74 and g. 75+

24. How do you describe yourself?

    a. Female   b. Male   c. Transgender   d. Other   e. Refused

25. What is your race? (SELECT ALL THAT APPLY)
    a. White
    b. Black or African American
    c. Asian
    d. Native Hawaiian or Other Pacific Islander
    e. American Indian or Alaska Native
    f. More than one race / g. Other

26. Are you of Hispanic, Latino, or Spanish origin?
    a. Yes   b. No   c. Other

27. What is the highest level of school, college or vocational training that you have finished?
    a. Less than 9th grade b. 9-12th Grade c. High school graduate (or GED equivalent)
    b. D. Associate degree or vocational training
    c. Some college (no degree)
    d. Bachelor's degree
    e. Graduate or professional degree
    f. Other

28. What kind of health insurance of health care coverage do you have?
   a. Private health insurance
   b. Medicaid or KanCare
   c. Military (TRICARE / VA / CHAMP-VA)
   d. Indian health service
   e. No insurance
   f. Other

29. What was your total household income last year before taxes?
   a. Less than $10,000
   b. $10– 14,999
   c. $15 – 24,999
   d. $25 – 34,999
   e. $35 – 49,999
   f. $50 – 74,999
   g. $75 – 99,999
   h. More than $100,000

30. How many people are in your household (#) ____

AdventHealth Community Survey Results – 201 Completed Surveys

DEMOGRAPHIC INFORMATION		
Zip Code	Franklin and Anderson Counties and the zip codes 66067, 66076, 66032 and 66095	
Household Annual Income	Less than $25,000 – 16.3% $25,000-$34,999 – 11.2% $35,000-$49,999 – 11.7%	$50,000-$74,999 – 21% $75,000-$99,999 – 18.8% More than $100,000 – 20.4%
Health Insurance Status	Insured – 90.6%	Uninsured - 9.4%
Gender	Female – 79.6% Other 1.5%	Male - 18.9%
Highest Education Level	Some High School - 1.4% High School Graduate – 12.4% Some College – 24.9%	Associate Degree -15.4% Bachelor's Degree – 24.9% Graduate Degree – 20%
Age	18-24 years – 2.5% 25-34 years – 12.9% 35-44 years – 18.4% 45-54 years – 24.8%	55-64 years – 23.4% 65-74 years – 11.9% 75+ years – 6%
Ethnicity	Hispanic – 2%	Non-Hispanic – 98%
Race	White – 97% African American – 1% Hispanic or Latino - .5%	American Indian/Alaska Native 1.5% Multiple Races 1.5% Other – 1%

SOCIAL DETERMINANT QUESTIONS

Within the past 12 months we worried whether our food would run out before we got money to buy more.	Yes – 21%	No – 78% Unsure – 1%	
Within the past 12 months the food we bought just didn't last and we didn't have money to get more.	Yes – 18.3%	No – 80.7% Unsure – 1%	
Are you worried or concerned that in the next 2 months you may not have stable housing that you own, rent, or stay in as part of a household?	Yes – 7.9%	No – 88% Don't know – 4%	
In the past 12 months has your utility company shut off your service for not paying your bills?	Yes – 4.5%	No- 94% Unsure – 1.5%	
In the past 12 months, was there a time you needed to see a doctor but could not because of cost?	Yes – 32.8%	No – 65.2% Unsure – 2%	
Are you afraid you might be hurt in your apartment building or house?	Yes – 2.5%	No – 95.5% Unsure – 2%	
Do problems getting childcare make it difficult for you to work or study?	Yes – 7.4%	No – 53.4% N/A – 39.11%	
For questions 9-11, please check the box which reflects your experience the most.	1= Hardly ever	2= Some of the time	3= Often
How often do you feel that you lack companionship?	61.2%	30%	9%
How often do you feel left out?	63.2%	28.9%	8%
How often do you feel isolated from others?	63.7%	28.3%	8%

HOUSEHOLD ANNUAL INCOME

Income	
Less than $10,000	
$10-14,999	
$15-24,999	
$25-34,999	
$35-49,999	
$50-74,999	
$75-99,999	
More than $100,000	

28 % of households earn less than

Less than $35,000

HEALTH INSURANCE STATUS

Insured	Uninsured
90%	4%
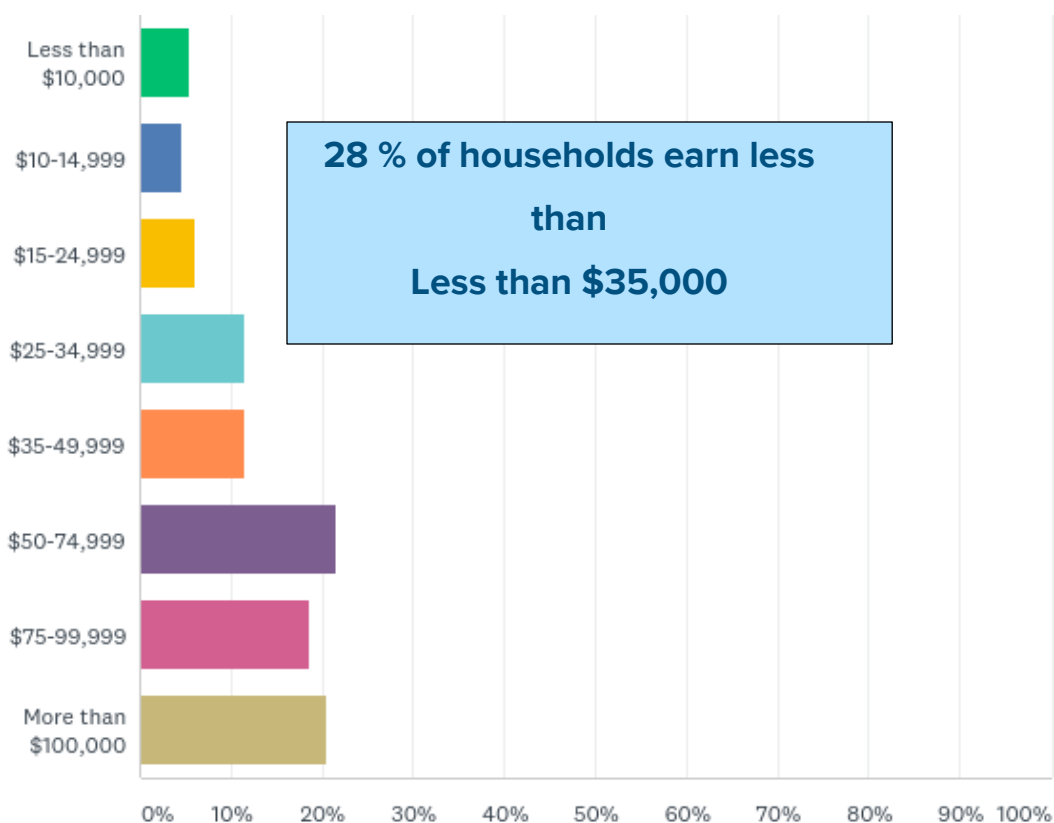
GENDER

Female 79.6%

Male 18.9%

EDUCATION – HIGHEST LEVEL OF SCHOOL, COLLEGE OR VOCATIONAL TRAINING

12.4% - High School / GED

60.1% - Associate, Vocational, Bachelor's or Advanced Degrees
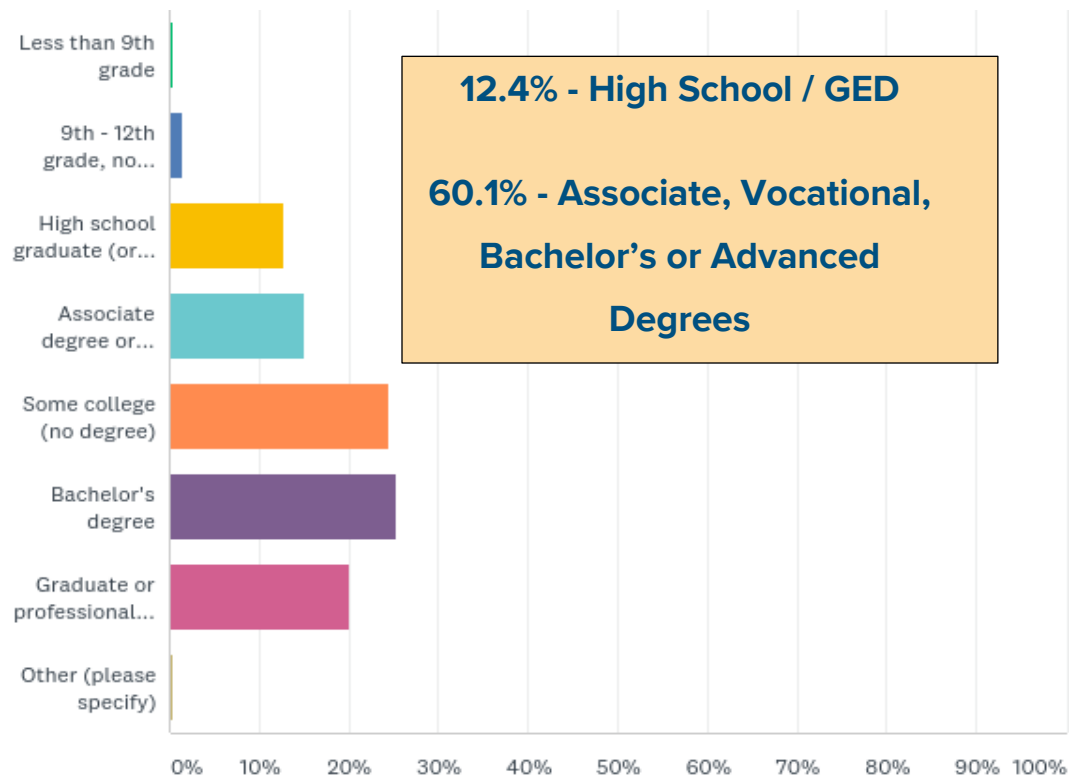
ADDITIONAL SURVEY RESPONSES:

In general, how would you rate the overall health of Franklin County?
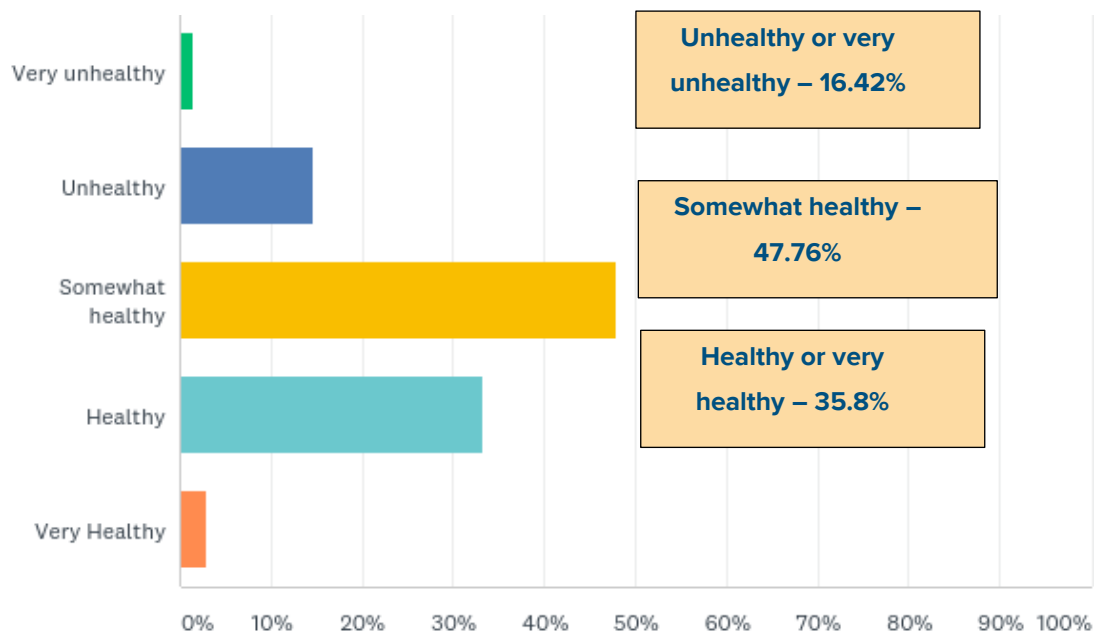
Unhealthy or very unhealthy – 16.42%

Somewhat healthy – 47.76%

Healthy or very healthy – 35.8%

My community has sufficient opportunities for healthy eating.

Disagree or Strongly Disagree - 35.8%

Agree or Strongly Agree -47.8%

My community has sufficient opportunities for physical activity.

Agree or Strongly Agree – 74.6%

Approximately which of the following best describes the amount of fresh fruit and / or vegetables you eat per day?

Eat less than 1 cup per day – 32%
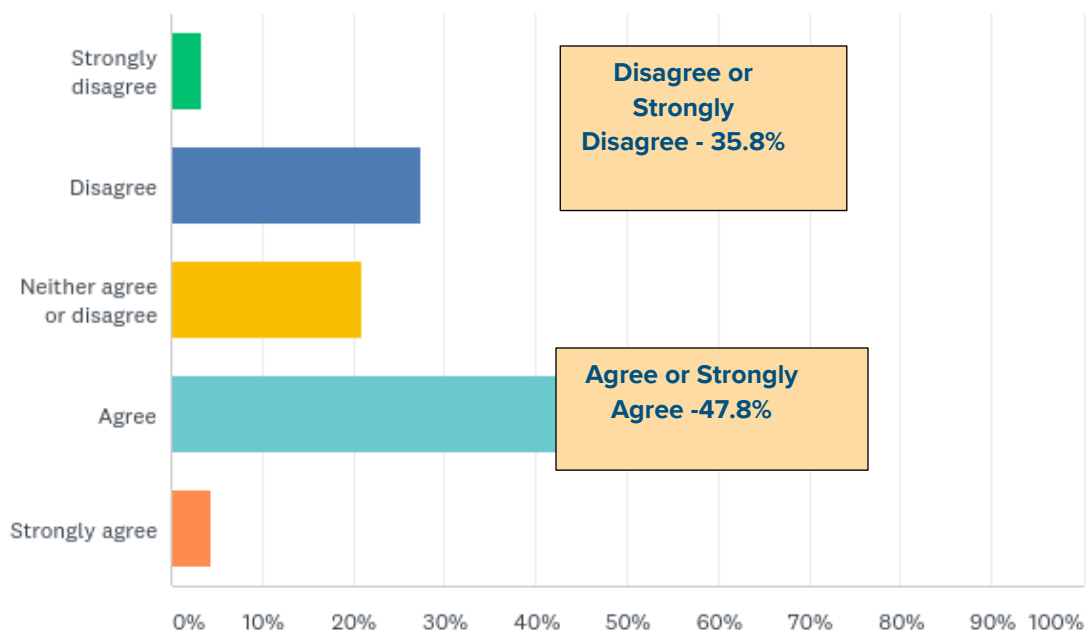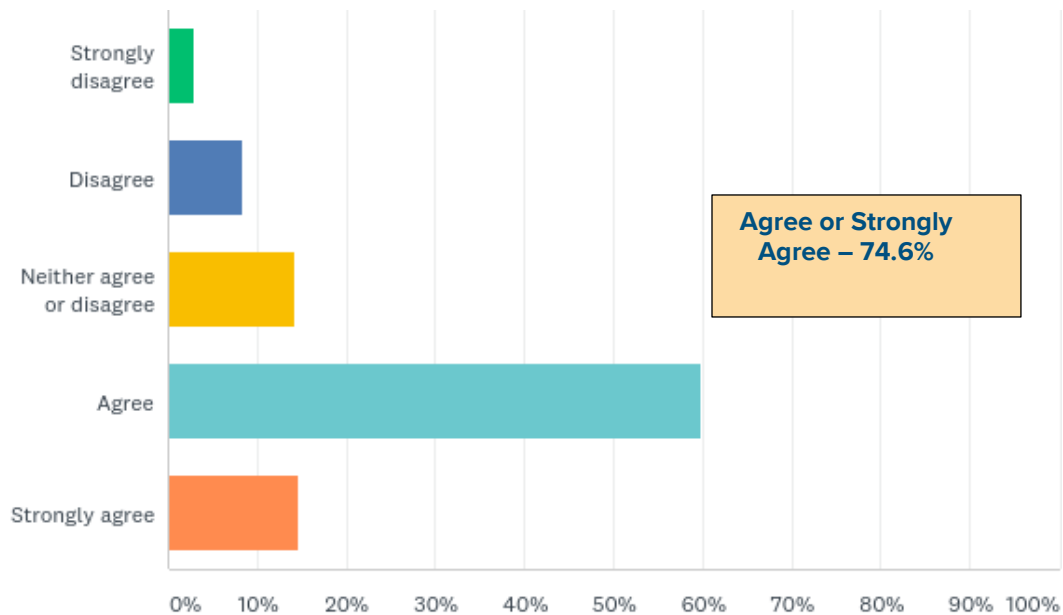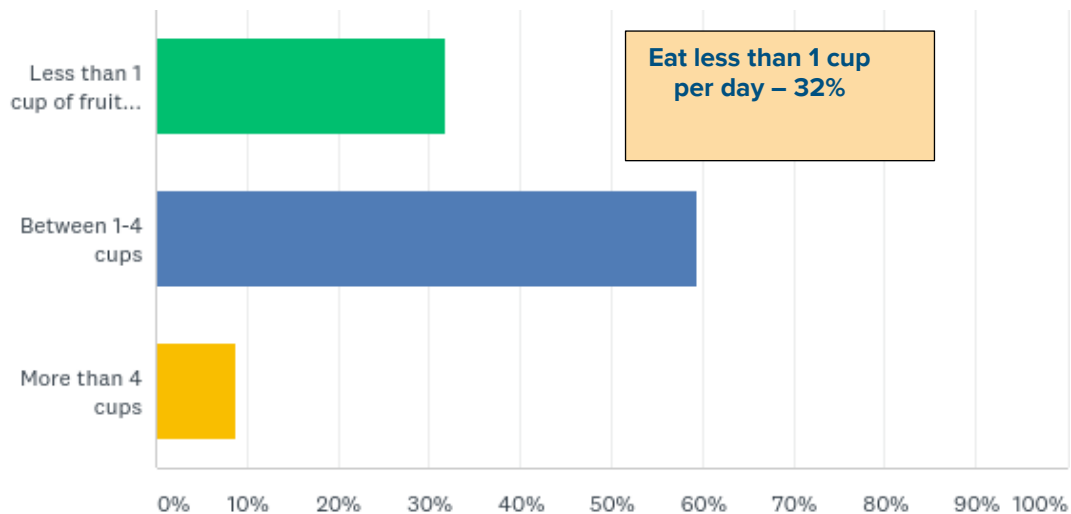
In the past 30 days, which of the following tobacco products have you used?

Smoke Cigarettes – 11% E-cigs or vape – 3%
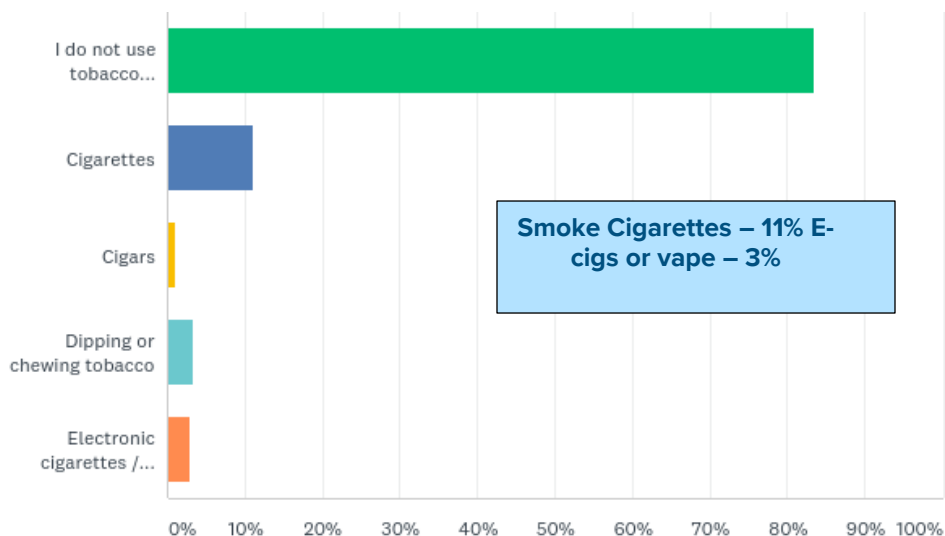
COMMUNITY LEADERS AND STAKEHOLDER INTERVIEW QUESTIONS

Community leaders and stakeholders were first asked to rate the importance of each of the issues below on a scale of 1-5, from not important at all to extremely important. For each question the stakeholder was then asked to rate their satisfaction on the community's response to each issue.

1. Quality childcare is available and affordable
2. People are able to find and keep jobs that pay well enough to support their families
3. Affordable housing is available
4. People are treated fairly and without discrimination
5. Residents in the community have adequate emotional and social support
6. Suicide prevention resources are available
7. Transportation is available to people of all ages and abilities
8. People are free from addiction to prescription and / or street drugs
9. People have opportunities to receive higher education or skills training
10. Our community has a fair criminal justice system
11. Mental health concerns are recognized in our community
12. Quality medical care and preventive screenings are available for all
13. Neighborhoods are racially diverse
14. Our community is walkable / bikeable / wheelable
15. Dental care is available for all
16. Mental health illnesses are treated in our community
17. People are free from chronic stress or constant worry
18. Health insurance is available for all
19. Elderly residents can age in place
20. Resources are available to help residents in times of need

The stakeholders were then asked the question "what are the top three concerns for the community?".

COMMUNITY LEADER AND STAKEHOLDER SURVEY RESULTS

Stakeholder surveys were completed in collaborations with the CHNAC and community leaders. Thirty-three on-line surveys were completed representing the following organizations:

- o AdventHealth Ottawa
- o Blue Cross Blue Shield of Kansas - Pathways
- o Chamber of Commerce – Ottawa Area
- o City of Ottawa
- o ECKAN
- o Franklin County Emergency Management Services
- o Franklin County Health Department
- o Gopper State Bank (Ottawa)
- o Health Partnership Clinic (FQHC)
- o Hope Anthem Church and the Ministers Association (Pastor)
- o Judicial District Community Corrections (4th District)
- o Kansas House Representative – District 5
- o K-State Extension and Research
- o Neosho Community College
- o Ottawa City Commission
- o School District USD-290
- o Westminster Presbyterian Church (Pastor)

	Issue Listed in Order of Importance	Importance	Satisfaction
1	People are able to find and keep jobs that pay well enough to support	148	69
2	Quality medical care and preventive screenings are available for all	144	80
3	Affordable housing is available	143	54
4	People are free from addiction to prescription and/or street drugs	142	4
5	People are free from chronic stress or constant worry	142	56
6	People are treated fairly and without discrimination	141	98
7	Mental health concerns are recognized in our community	139	31
8	Suicide prevention resources are available	137	62
9	Resources are available to help residents in times of need	137	83
10	Quality childcare is available and affordable	135	68
11	Residents in the community have adequate emotional and social support	135	71
12	People have opportunities to receive higher education or skills training	133	106
13	Our community has a fair criminal justice system	133	108
14	Elderly residents can age in place	127	76
15	Dental care is available for all	126	45
16	Mental health illness are treated in our community	125	39
17	Health insurance is available for all	125	7
18	Transportation is available to people of all ages and abilities	124	6
19	Our community is walkable/bikeable/ wheelable	120	111
20	Neighborhoods are racially diverse	90	65

What are the top 3 Community Concerns?

APPENDIX B:
SECONDARY DATA REPORT

AdventHealth Ottawa
Needs Assessment Report - Quick Facts

Location: AdventHealth Ottawa Service Area

Demographics

Data Indicator	Indicator Variable	Location Summary	State Average
Population Age 65+	Total Population	23,898	2,908,776
	Population Age 65+	4,058	437,777
	Percent Population Age 65+	**16.98%**	**15.05%**
Population Age 0-18	Total Population	23,898	2,908,776
	Population Age 0-17	5,819	715,545
	Percent Population Age 0-17	**24.35%**	**24.6%**
Population Age 18-64	Total Population	23,898	2,908,776
	Population Age 18-64	14,022	1,755,454
	Percent Population Age 18-64	**58.67%**	**60.35%**
Total Population	Total Population	23,898	2,908,776
	Total Land Area (Square Miles)	504	81,758.39
	Population Density (Per Square Mile)	**47.35**	**35.58**
Change in Total Population	Total Population, 2000 Census	23,408	2,688,419
	Total Population, 2010 Census	24,379	2,853,118
	Total Population Change, 2000-2010	971	164,699
	Percent Population Change, 2000-2010	**4.15%**	**6.13%**
Female Population	Total Population	23,898	2,908,776
	Female Population	12,313	1,459,363
	Percent Female Population	51.52%	50.17%

Hispanic Population	Total Population	23,898	2,908,776
	Non-Hispanic Population	22,980	2,568,160
	Percent Population Non-Hispanic	96.16%	88.29%
	Hispanic or Latino Population	916	340,616
	Percent Population Hispanic or Latino	3.84%	11.71%
Male Population	Total Population	23,898	2,908,776
	Male Population	11,584	1,449,413
	Percent Male Population	48.48%	49.83%

Social & Economic Factors

Data Indicator	Indicator Variable	Location Summary	State Average
Violent Crime	Total Population	24,949	3,004,490
	Violent Crimes	199	33,242
	Violent Crime Rate (Per 100,000 Pop.)	**265.30**	368.80
Population with No High School Diploma	Total Population Age 25+	15,777	1,894,675
	Population Age 25+ with No High School Diploma	1,204	175,719
	Percent Population Age 25+ with No High School Diploma	7.6%	9.27%
Poverty – Population Below 100% FPL	Total Population	23,898	2,908,776
	Population in Poverty	2,705	350,280
	Percent Population in Poverty	**11.7%**	**12.4%**
Teen Births	Female Population Age 15-19	833	98,459
	Births to Mothers Age 15-19	35	3,929
	Teen Birth Rate (Per 1,000 Population)	**42.3**	**39.9**
Food Insecurity Rate	Food Insecure Population, Total	3,112	370,860
	Food Insecurity Rate	**13%**	**12.7%**
Income – Per Capita Income	Total Population	23,898	2,908,776
	Total Income ($)	$607,676,159	$89,465,456,700
	Per Capita Income ($)	**$25,428**	**$30,757**
Unemployment	Labor Force	13,214	1,495,917

Rate	Number Employed	12,785	1,448,975
	Number Unemployed	429	46.042
	Unemployment Rate	**3.2%**	**3.1%**
Lack of Social or Emotional Support	Total Population Age 18+	18,002	2,112,400
	Estimated Population Without Adequate Social / Emotional Support	2,511	331,647
	Crude Percentage	14%	15.7%
	Age-Adjusted Percentage	**12.9%**	**15.7%**

Physical Environment

Data Indicator	Indicator Variable	Location Summary	State Average
Use of Public Transportation	Total Population Employed Age 16+	11,591	1,422,992
	Population Using Public Transit for Commute to Work	8	6,898
	Percent Population Using Public Transit for Commute to Work	**.07%**	.5%
Population with Low Food Access	Total Population	24,379	2,853,118
	Population with Low Food Access	12,403	752,888
	Percent Population with Low Food Access	**50.88%**	

Clinical Care

Data Indicator	Indicator Variable	Location Summary	State Average
Access to Dentists	Total Population, 2015	23,911	2,911,641
	Dentists, 2015	7	1,614
	Dentists, Rate per 100,000 Pop.	**29.6**	**55.4**
Cancer Screening – Sigmoidoscopy or Colonoscopy	Total Population Age 50+	6,476	693,824
	Estimated Population Ever Screened for Colon Cancer	4,166	439,884
	Crude Percentage	64.3%	63.4%
	Age-Adjusted Percentage	**57.9%**	**60.3%**
Cancer Screening – Mammogram	Total Medicare Enrollees	3,574	323,018
	Female Medicare Enrollees Age 67-69	311	29,474
	Female Medicare Enrollees with Mammogram in Past 2 Years	202	18,421

	Percent Female Medicare Enrollees with Mammogram in Past 2 Year	65%	62.5%
Cancer Screening – Pap Test	Female Population Age 18+	17,223	1,838,372
	Estimated Number with Regular Pap Test	12,200	1,400,839
	Crude Percentage	70.8%	76.2%
	Age-Adjusted Percentage	72.2%	77.8%
Facilities Designated as Health Professional Shortage Areas	Primary Care Facilities	1	75
	Mental Health Care Facilities	0	49
	Dental Health Care Facilities	0	47
	Total HPSA Facility Designations	**1**	**171**
Federally Qualified Health Centers	Total Population	16,170	2,853,118
	Number of Federally Qualified Health Centers	1	76
	Rate of Federally Qualified Health Centers per 100,000 Population	6.18	2.66
Lack of a Consistent Source of Primary Care	Survey Population (Adults Age 18+)	16,410	2,136,402
	Total Adults Without Any Regular Doctor	2,741	432,196
	Percent Adults Without Any Regular Doctor	**16.7%**	**20.23%**
Preventable Hospital Events	Total Medicare Part A Enrollees	2,834	261,763
	Ambulatory Care Sensitive Condition Hospital Discharges	1,532	13,441
	Ambulatory Care Sensitive Condition Discharge Rate	54.1	51.3

Health Behaviors

Data Indicator	Indicator Variable	Location Summary	State Average
Alcohol Consumption	Total Population Age 18+	18,002	2,112,400
	Estimated Adults Drinking Excessively	2,565	323,197
	Estimated Adults Drinking Excessively (Crude Percentage)	14.2%	15.3%
	Estimated Adults Drinking Excessively (Age-Adjusted Percentage)	15.5%	15.9%
Physical Inactivity	Total Population Age 20+	No Data	2,112,781
	Population with no Leisure Time Physical Activity	No Data	523,136

	Percent Population with no Leisure Time Physical Activity	No Data	**24.2%**
Tobacco Usage - Current Smokers	Total Population Age 18+	18,002	2,112,400
	Total Adults Regularly Smoking Cigarettes	3,740	369,670
	Percent Population Smoking Cigarettes (Crude)	20.8%	17.5%
	Percent Population Smoking Cigarettes (Age-Adjusted)	**21.1%**	**17.7%**

Health Outcomes

Data Indicator	Indicator Variable	Location Summary	State Average
Mortality - Lung Disease	Total Population	23,968	2,906,006
	Average Annual Deaths, 2007-2011	21	1,707
	Crude Death Rate (Per 100,000 Pop.)	88.68	58.75
	Age-Adjusted Death Rate (Per 100,000 Pop.)	**67.77**	**49.8**
Mortality - Unintentional Injury	Total Population	23,968	2,906,006
	Average Annual Deaths, 2010-2014	13	1,444
	Crude Death Rate (Per 100,000 Pop.)	54.53	49.7
	Age-Adjusted Death Rate (Per 100,000 Pop.)	**49.23**	**46.19**
Mortality - Heart Disease	Total Population	23,968	2,906,006
	Average Annual Deaths, 2012-2016	58	5.572
	Crude Death Rate (Per 100,000 Pop.)	240.15	191.75
	Age-Adjusted Death Rate (Per 100,000 Pop.)	**182.22**	**157.89**
High Blood Pressure (Adult)	Total Population (Age 18+)	18,002	2,112,400
	Total Adults with High Blood Pressure	5,706	578,798
	Percent Adults with High Blood Pressure	**31.7%**	**27.4%**
Cancer Incidence - Lung	Estimated Total Population	No Data	3,322,203
	New Cases (Annual Average)	No Data	1,990
	Cancer Incidence Rate (Per 100,000 Pop.)	No Data	59.9
Mortality - Premature Death	Total Population	66,461	16,288,047
	Total Premature Death, 2015-2017	341	67,173

	Total Years of Potential Life Lost,2015-2017 Average	**4,883**	**1,126,530**
	Years of Potential Life Lost, Rate per 100,000 Population	**7,347**	**7,038**
Cancer Incidence – Prostate	Estimated Total Population (Male)	No Data	1,604,587
	New Cases (Annual Average)	No Data	1,749
	Cancer Incidence Rate (Per 100,000 Pop.)	No Data	109
Cancer Incidence – Breast	Estimated Total Population (Female)	No Data	1,685,039
	New Cases (Annual Average)	No Data	2,140
	Cancer Incidence Rate (Per 100,000 Pop.)	**No Data**	127
	Estimated Total Population (Female)	**No Data**	139,726
Cancer Incidence – Cervix	New Cases (Annual Average)	No Data	102
	Cancer Incidence Rate (Per 100,000 Pop.)	**No Data**	**7.3**
Cancer Incidence – Colon and Rectum	Estimated Total Population	No Data	3,260,545
	New Cases (Annual Average)	No Data	1,314
	Cancer Incidence Rate (Per 100,000 Pop.)	**No Data**	**1,314**
Obesity	Total Population Age 20+	17,352	2,112,058
	Adults with BMI > 30.0 (Obese)	5,754	701,902
	Percent Adults with BMI > 30.0 (Obese)	**33.1%**	33.3%
Overweight	Survey Population (Adults Age 18+)	16,059	2,026,269
	Total Adults Overweight	5018	715,654
	Percent Adults Overweight	**31.6%**	**35.3%**
Diabetes (Adult)	Total Population Age 20+	17,331	2,112,127
	Population with Diagnosed Diabetes	1,744	212,506
	Population with Diagnosed Diabetes, Age-Adjusted Rate	**8.4%**	**9.11%**
Poor General Health	Total Population Age 18+	18,002	2,112,400
	Estimated Population with Poor or Fair Health	2,784	278,837
	Crude Percentage	15.5%	13.2%
	Age-Adjusted Percentage	**14.2%**	**12.7%**
Mortality - Suicide	Total Population	23,968	2,906,006
	Average Annual Deaths, 2012-2016	3	485

	Crude Death Rate (Per 100,000 Pop.)	13.26	16.68
	Age-Adjusted Death Rate (Per 100,000 Pop.)	No Data	16.75
Mortality – Homicide	Total Population	23,968	2,906,006
	Average Annual Deaths, 2012-2016	0	137
	Crude Death Rate (Per 100,000 Pop.)	No Data	4.71
	Age-Adjusted Death Rate (Per 100,000 Pop.)	No Data	4.85
Mortality - Cancer	Total Population	23,968	2,906,006
	Average Annual Deaths, 2012-2016	56	5,510
	Crude Death Rate (Per 100,000 Pop.)	235.58	189.59
	Age-Adjusted Death Rate (Per 100,000 Pop.)	183.9	161.99
Mortality - Stroke	Total Population	23,968	2,906,006
	Average Annual Deaths, 2012-2016	15	1,353
	Crude Death Rate (Per 100,000 Pop.)	60.62	46.56
	Age-Adjusted Death Rate (Per 100,000 Pop.)	46.56	38.39
High Cholesterol (Adult)	Survey Population (Adults Age 18+)	12,798	1,570,832
	Total Adults with High Cholesterol	5,429	604,594
	Percent Adults with High Cholesterol	42.42%	38.49%
Heart Disease (Adult)	Survey Population (Adults Age 18+)	16,198	2,127,276
	Total Adults with Heart Disease	848	96,196
	Percent Adults with Heart Disease	5.2%	4.5%
Depression (Medicare Population)	Total Medicare Fee-for-Service Beneficiaries	4,341	399,262
	Beneficiaries with Depression	692	74,437
	Percent with Depression	15.9%	18.9%
Poor Dental Health	Total Population (Age 18+)	17,897	2,112,400
	Total Adults with Poor Dental Health	3,219	303,584
	Percent Adults with Poor Dental Health	18%	14.4%
Infant Mortality	Total Births	1,678	207,475
	Total Infant Deaths	11	1,473
	Infant Mortality Rate (Per 1,000 Births)	6.4	7.1

Low Birth Weight	Total Live Births	3,283	285,236
	Low Weight Births (Under 2500g)	224	20,537
	Low Weight Births, Percent of Total	**6.82%**	**7.2%**
Asthma Prevalence	Survey Population (Adults Age 18+)	16,354	2,133,641
	Total Adults with Asthma	1,519	264,243
	Percent Adults with Asthma	9.3%	12.4%

https://ahs.engagementnetwork.org, 1/9/2019

APPENDIX C:
HOSPITAL UTILIZATION & EMERGENCY ROOM DATA – ADVENTHEALTH OTTAWA (2019)

Top 10 Priorities determined from Hospital Emergency Department Data							
1	Chest pain	5	Injuries of head and neck	9	Fainting		
2	Acute bronchitis	6	Abdominal pain	10	Removal of sutures		
3	Acute Pharyngitis	7	Nausea with vomiting				
4	COPD (Pulmonary)	8	Muscle or tendon strain				

Top 8 Priorities determined from Hospital Inpatient Admission Data					
1	Sepsis (Infection)	5	Single Liveborn Infant (cesarean)		
2	Single liveborn infant (vaginal)	6	Kidney failure		
3	Osteoarthritis	7	Hypertension / heart disease		
4	COPD (Pulmonary)	8	Acute pancreatitis		