



Community Benefit

Fort Scott Hospital
Fiscal Year 2016



Your life is our life's work.

mercy.net

Our Mission:

As the Sisters of Mercy before us, we bring to life the healing ministry of Jesus through our compassionate care and exceptional service.

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I. Executive Summary

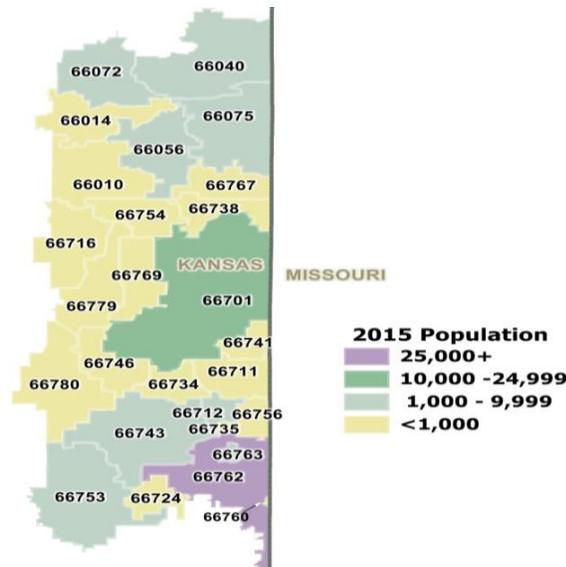
Mercy Hospital in Fort Scott opened in 1886 as a twelve-bed facility under the care and supervision of two Sisters of Mercy. Over time, the hospital has grown into a comprehensive care center. The main facility includes Mercy Hospital, Mercy Clinic, pharmacy services, imaging services, laboratory services, outpatient surgery, emergency department, sleep lab, an obstetrics wing, and a newly expanded cancer care unit.

To better understand the health status, behaviors and needs of the populations they serve, Mercy Hospital Fort Scott reached out to community stakeholders, South East Kansas Multi County Health Department Public Nurse, the vulnerable and the underserved to collaborate on a Community Health Needs Assessment (CHNA). The needs assessment process involved review of both quantitative and qualitative data in order to plan and act upon priority community health needs.

II. Community Served by the Hospital

The primary service area for Mercy Hospital Fort Scott is located in the Southeast Kansas Region. The majority of the hospital's ED discharges (66% in FY2015) live in Bourbon County. In order to better serve patients outside of the immediate Fort Scott area, Mercy Clinic also operates primary care clinics in Crawford and Linn Counties as well as a convenient care location with evening and weekend hours within Fort Scott.

This primary service area of Mercy Hospital Fort Scott consists of 27 zip codes.



The communities of Bourbon, Crawford and Linn Counties are very similar in their characteristics such as population trends, age structure, and race composition. For example, the overwhelming majority of each county is white, with a small percentage of other races.

Total Population by Race Alone, Percent

Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Report Area	93.25%	2.24%	1.13%	0.65%	0%	0.35%	2.38%
Bourbon County, KS	93.31%	3.9%	0.76%	0.42%	0%	0.13%	1.48%
Crawford County, KS	92.46%	1.99%	1.48%	0.66%	0%	0.46%	2.95%
Linn County, KS	96.36%	0.69%	0.25%	0.96%	0%	0.25%	1.49%
Kansas	85.25%	5.8%	2.52%	0.82%	0.06%	2.25%	3.3%
United States	73.81%	12.6%	5%	0.82%	0.17%	4.7%	2.91%

Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

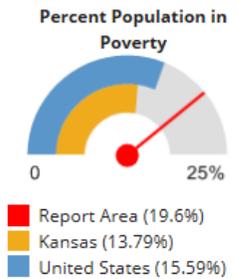
Each of the three counties' socioeconomic indicators are relatively similar. The educational levels of no high school diploma for Bourbon, Crawford and Linn Counties are 12.47%, 10.22%

and 10.98% respectively, higher than state (10.18%) but lower than national (13.98%) levels (US Census Bureau, American Community Survey-2009-13, via Community Commons).

Each community are equally similar in the percentages of the population living 100% below the Federal Poverty Level; higher than Kansas (13.79%) benchmark (US Census Bureau, American Community Survey-2010-14, via Community Commons).

Report Area	Total Population	Population in Poverty	Percent Population in Poverty
Report Area	61,313	12,019	19.6%
Bourbon County, KS	14,498	2,555	17.62%
Crawford County, KS	37,392	8,102	21.67%
Linn County, KS	9,423	1,362	14.45%
Kansas	2,799,551	386,062	13.79%
United States	306,226,400	47,755,608	15.59%

[Download Data](#)



Note: This indicator is compared with the state average.
 Data Source: US Census Bureau, [American Community Survey](#), 2010-14. Source geography: Tract

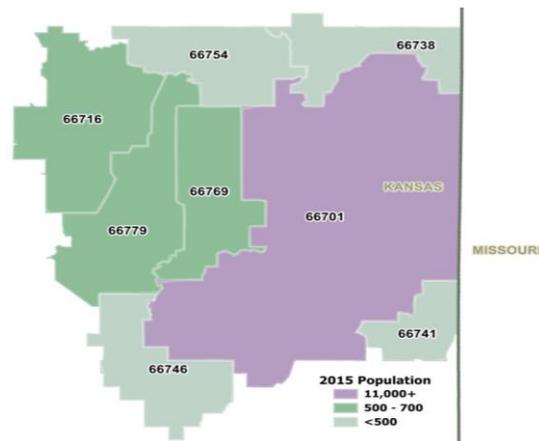
High income inequalities within the US has an impact on community health, including risk of mortality, poor health and increased cardiovascular disease risks (American Community Survey-209-13, via County Health Rankings). This measure looks at the highest income at the 80th percentile versus the bottom 20th percentile. The income inequality ratio between the three counties each show a high division between the top and bottom ends of the income spectrum. This has shown to be an important measure associated with broad community health impact. Each County is shown in the diagram below with a comparison of the top U.S. Performers ratio.

County	Income Inequality Ratio	Kansas	U.S. Top Performers
Bourbon	4.9	3.7	4.3
Linn	4.0	3.7	4.3
Crawford	4.6	3.7	4.3

Description of Community Served

For this CHNA report, Mercy Hospital Fort Scott adjusted its defined community as Bourbon County to represent each community in the primary service area. The majority of the hospital patients are residents of Bourbon County and each community share many of the same characteristics. As a rural health hospital, completing a CHNA for the entire area would be exhaustive of its efforts and resources.

This area consists of 8 zip codes, accounting for two-thirds of Fort Scott Hospital's Emergency Room Discharges. 47.97% of Bourbon County is considered rural population (US Census Bureau Decennial Census-2010, via Community Commons).

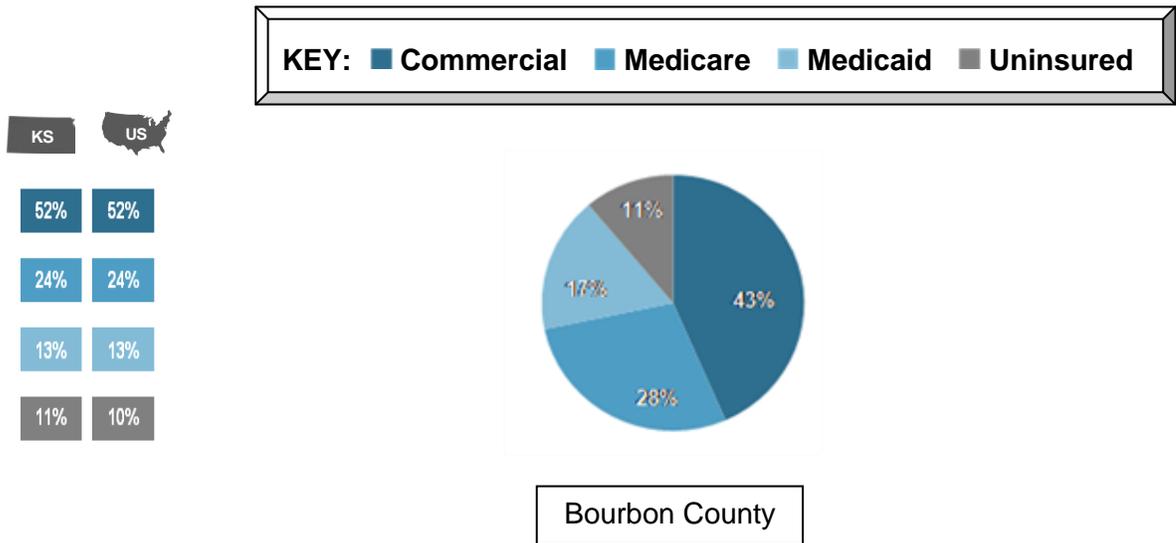


Bourbon County Demographics

	Primary Service Area			Kansas	US
	2015	2020	% Growth	2015	2015
Female Population	7,555	7,447	-1%	1,462,605	162,189,591
Male Population	7,367	7,299	-1%	1,447,400	157,270,400
Total Population	14,922	14,746	-1%	2,910,005	319,459,991
Age Groups					
00-17	25%	25%	-1%	25%	23%
18-44	32%	33%	1%	35%	36%
45-64	24%	22%	-12%	25%	26%
65-UP	19%	20%	8%	14%	15%
Race & Ethnicity*					
White	92%	91%	-2%	-	-
Black (African American)	3%	4%	12%	-	-
Asian	1%	1%	30%	-	-
Multiple Races	3%	3%	15%	-	-
Hispanic of Any Race	2%	3%	18%	-	-
Language**					
Only English at Home	98%	98%	-1%	89%	79%
Spanish at Home	1%	1%	-1%	7%	13%
All Others	1%	1%	-3%	4%	8%
Workforce***					
Armed Forces	<1%	<1%	13%	1%	-
Civilian Employed	55%	55%	-2%	62%	-
Civilian Unemployed	3%	3%	-2%	5%	-
Not in Labor Force	41%	41%	-1%	32%	-
Household Income					
<\$15K	18%	15%	-14%	11%	13%
\$15-25K	13%	12%	-4%	11%	11%
\$25-50K	28%	27%	-5%	26%	24%
\$50-75K	19%	18%	-6%	19%	18%
\$75-100K	9%	11%	15%	13%	12%
\$100K-200K	12%	14%	17%	16%	18%
>\$200K	1%	2%	43%	4%	5%
Families living below poverty level	12%	12%	-2%	9%	12%
Education Level****					
Less than High School	4%	4%	1%	4%	6%
Some High School	8%	7%	-2%	6%	8%
High School Degree	29%	30%	-1%	27%	28%
Some College/Assoc. Degree	36%	36%	-2%	34%	31%
Bachelor's Degree or Greater	23%	23%	-2%	28%	27%

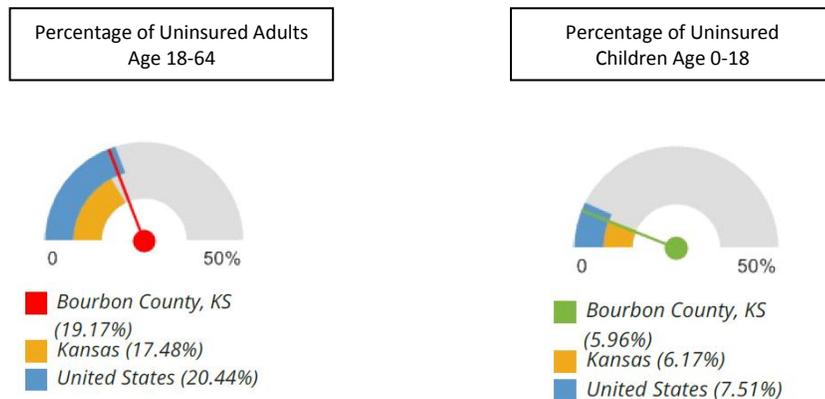
Insurance Status

The incidences of uninsured persons in Bourbon County are comparable to the state and national rates. An illustration of the insurance payer mix of the each community is provided below.



Note: Sg2 Insurance Coverage Estimates profile how the households in the PSA pay for health care services. Data is based on occupied housing units (a house, apartment, or group of rooms intended to serve as separate living quarters). Source: Sg2 Insurance Coverage Estimates, 2015

When the data is broken down and compared with the percentage of Adults age 18-64 and Children under 18 without insurance, it paints a different picture. Bourbon County has a high percentage of uninsured adults age 18-64 and a low percentage of uninsured children, age 18 and younger.



Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2013. Source geography: County

Description of Services Available to Community Served

The U.S. Department of Health and Human Services has defined a primary care Health Professional Shortage Area (HPSA) as an area where the physician to population ratio is 1:3,500; a dental HPSA as a dentist to population ratio of 1:5,000; and a mental health HPSA as a psychiatrist to population ratio of 1:30,000. These ratios do not include the availability of additional primary care services such as those provided by nurse practitioners or physician assistants, or the availability of additional mental health services such as those provided by clinical psychologists, clinical social workers, or psychiatric nurse specialists. It also does not take into account factors that affect individual community health needs, such as the age of a community's population or how many of the providers accept Medicaid.

Overall data regarding the availability of primary care services in Bourbon County shows:

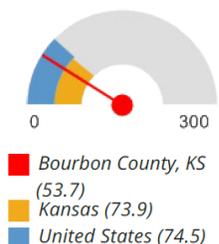
- 53.7 Primary Care Physicians (PCPs) per 100,000 population; lower than state (73.9) and national (74.5) values ratios (HHS-2012, via Community Commons)
- Percentage of adults age 18+ without any regular doctor (12.42%) is lower than state (20.23%) and national (22.07%) percentages (CDC Behavioral Risk Factor Surveillance System-2012, via Community Commons)

Report Area	Total Population, 2012	Primary Care Physicians, 2012	Primary Care Physicians, Rate per 100,000 Pop.
Bourbon County, KS	14,897	8	53.7
Kansas	2,885,905	2,133	73.9
United States	313,914,040	233,862	74.5

Note: This indicator is compared with the state average.

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, [Area Health Resource File](#). 2012. Source geography: County

Primary Care Physicians, Rate per 100,000 Pop.

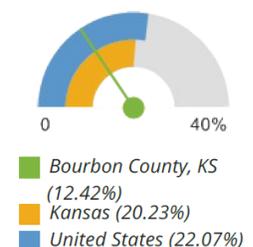


Report Area	Survey Population (Adults Age 18)	Total Adults Without Any Regular Doctor	Percent Adults Without Any Regular Doctor
Bourbon County, KS	11,165	1,386	12.42%
Kansas	2,136,402	432,196	20.23%
United States	236,884,668	52,290,932	22.07%

Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Additional data analysis by [CARES](#). 2011-12. Source geography: County

Percent Adults Without Any Regular Doctor



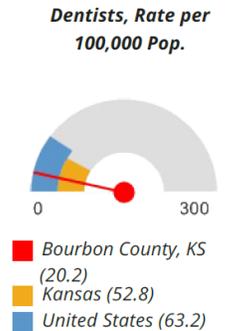
Data about the availability of dental care services in Bourbon County reflects:

20.2 dentists per 100,000 population; lower than state (52.8) and national (63.2) values (HHS-2013, via Community Commons)

Report Area	Total Population, 2013	Dentists, 2013	Dentists, Rate per 100,000 Pop.
Bourbon County, KS	14,852	3	20.2
Kansas	2,893,957	1,528	52.8
United States	316,128,839	199,743	63.2

Note: This indicator is compared with the state average.

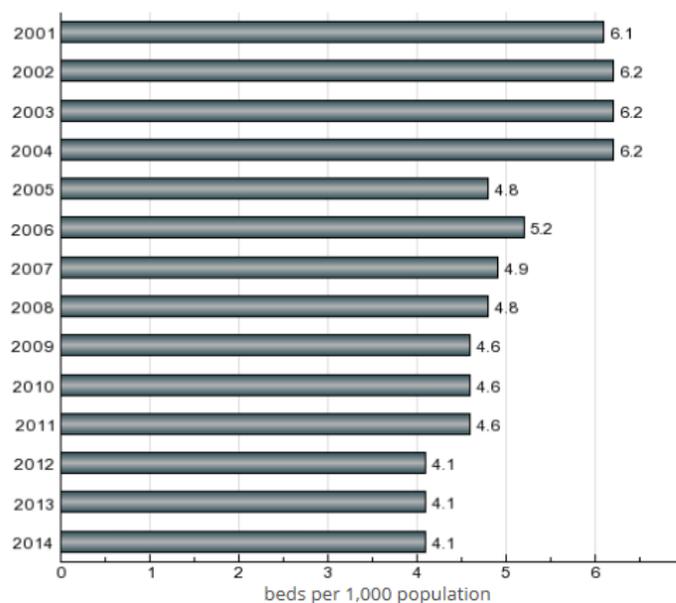
Data Source: US Department of Health & Human Services, Health Resources and Services Administration, [Area Health Resource File](#), 2013. Source geography: County



Data on the availability of mental health services in Bourbon County shows there are 13 mental health providers in Bourbon County. The ratio is 1 mental health provider per 1,142 population (1,142:1); significantly lower than state with 581:1 and national top performer values 386:1 (CMS-2014, via County Health Rankings).

The growing shortage of staffed hospital beds is a potential national crisis. Fort Scott Hospital has 46.2 beds per 10,000 population (Mercy Finance FY2016). The current data shows there are 4.1 staffed hospital beds per 1,000 population (Kansas Hospital Association-2014, via Kansas Health Matters). Although this number has stayed consistent the last 3 years, there has been a drop from 6.1 in 2001 to 4.1 in 2014 but still remains higher than the state (3.4).

Staffed Hospital Bed Ratio : Time Series



Data Source: Kansas Hospital Association via Kansas Health Matters, 2014

III. Community Health Needs Assessment Process

The South East Kansas Multi County Health Department (SEKMCHD) serves as the primary community partner in the CHNA process. At the center of this needs assessment are the people of our community. Our process involved four steps to ascertain and prioritize the needs identified. The five steps include:

1. Examining existing community health needs assessments through the collection and analysis of quantitative data available in community/public health resources
2. Conduct focus group discussions with community members
3. Ensure Strategic Plan and Mission aligns with CHNA through a hospital level focus group.
4. Analyze and summarize the data to prioritize the needs

The following external source materials are examples of what was utilized in the data collection process.

- *Mercy Hospital Fort Scott -- 2013 Community Health Needs Assessment*

Mercy Hospital Fort Scott completed its CHNA and was approved by the Community Hospital Board April 29, 2013.

<https://www.mercy.net/sites/default/files/files/fort-scott-1113-11576.pdf>

- *Community Commons 2016*

This resource pulls data and statistics from thousands of meaningful data layers and allows users to create custom reports and mapping to examine community health indicators.

<http://www.communitycommons.org>

- *County Health Rankings 2015*

This resource provides county-level data that is updated annually by the University of Wisconsin-Population Health Institute and the Robert Wood Johnson Foundation.

www.countyhealthrankings.org

- *Kansas Health Matters 2016*

This tool is used to pull together statistics and local resources to better understand public health indicators. It can also be used as a tool to set goals and evaluate progress.

www.Kansashealthmatters.com

- *Kansas Information for Communities (KIC)*

The Kansas Department of Vital Statistics created this health information portal to query public health datasets and statistics for Kansas Counties.

<http://kic.kdheks.gov/index.html>

IV. Community Input

The voices of the people of Bourbon County, particularly those in poverty and vulnerable populations, were central to the health needs assessment. Mercy Hospital Fort Scott gathered community input through a focus group located in Fort Scott City Hall. There was representation of the medically underserved, and low-income populations. Community partners attending and advocating on their clients' behalf consisted of public health, local food pantry, local coalition, mental health, school district, and Medicaid case managers for people with disabilities. Each member of the group provided meaningful and reflective information.

V. Conducting the Needs Assessment

Primary Data

Community Focus Group

Mercy Hospital Fort Scott held one focus group for the Bourbon County community. The goal of this focus group was to better understand residents' and partners' perceived connections to health in their Community.

A typical focus group consists of a facilitator, note-taker, and 4-10 participants. The meetings were 60-120 minutes in duration. The aim of a focus group is to collect qualitative information (perceptions, opinions, experiences, and details that help explain, for example, closed-ended survey responses). Focus group findings, like all interview findings, are not expected to be generalizable to a larger population; rather, focus group findings are a snapshot of the dynamics of a few people, each with their own perspectives and experiences, at a particular point in time.

After a local facilitator and a local note-taker were identified, they were trained to conduct the Bourbon County Health Assessment Focus Group Interview. The interview guide contained the following questions:

1. What kinds of health issues or wellness concerns have you – or your family – had, in the last year or two?
2. Tell me a little bit about what you did – or what you tried to do – for this issue or concern.
3. Tell me whether you had an easy or difficult time trying to deal with your issue or concern.
4. What kind of help is available in your community for these kinds of issues and concerns?
5. How comfortable do you feel with those in your community when it comes to your health and wellbeing?

6. What would help you feel connected - or more connected - to health and well-being resources in your community?

Next, participants were recruited for the focus group events. Every attempt was made to recruit individuals, or representation of individuals, who are members of the medically underserved, low-income, and vulnerable populations, to achieve a balanced variety of health and healthcare experiences. Our goal was to compose a focus group of not less than 6 people with the following characteristics:

Age: A maximum of 3 older adults
Gender: A minimum of 2 men
Behavioral Health: a minimum of 2 individuals
Insurance:
A minimum of 1 person without insurance
A minimum of 1 Medicaid recipient
A maximum of 2 Medicare recipients
A maximum of 2 private insurance recipients

Thirteen individuals in the Bourbon County area expressed interest in participating in the focus group. All 13 of the interested individual were eligible. Of the interested people; three were men and 10 were women; 1 was a young adult (26-36 years old), nine were middle aged adults (37-64 years old), three were older adults (65-84 years old); five had private insurance coverage, one had Medicaid coverage, two had Medicare coverage, one had both Medicaid and Medicare coverage, one had both Medicare and private coverage, three had no insurance coverage; and two had sought behavioral health care services in the past year.

The focus group interview was conducted on February 23, 2016 in the Fort Scott City Hall. A total of 7 participants showed for the focus group, all white, six females, one male, four with private insurance, two with Medicare coverage and one that was uninsured in attendance. Sufficient representation of Medicaid, low income, and vulnerable populations were represented. Every attempt was made to have at least 2 men in attendance. One gentleman had a medical emergency and another was sick on the day of the focus group meeting. Please see the tables and graphs below for additional demographic information and social network characteristics about the participants.

Participant	Insurance	Population Represented	Organization/Role
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Married Middle Age Adult	Private	Mental Health	Behavioral Health/Counselor
Divorced Older Adult	Medicare	Children & Medicare	School District
Married Older Adult	Medicare	Vulnerable, Low Income, Underserved, Medicare, Medicaid, Uninsured	Bourbon County Coalition & The Beacon (Local Food Pantry)
Married Middle Age Adult	Private	Vulnerable, Medically Underserved	Public Health
Widowed Middle Age Adult	Private	Medicaid; Developmental Disabled; medically underserved	Medicaid & Case Manager
Married Middle Age Adult	Private	Medicaid; Developmental Disabled; medically underserved	Medicaid, Case Manager, Social Worker
Married Middle Age Adult	None	Uninsured	Self Employed

Topics of concern that were discussed consisted of:

- Transportation
- Lack of Health Insurance
- Telemedicine
- Lack of Internet Access
- Unsafe Sidewalks
- Lack of Bike Routes
- No Affordable Gym
- Nutrition
- Unknown Point of Contact for Resources Available
- Driving to a Federally Funded Clinic for free care
- Military Families/Social Support
- Lack of access to dental clinics
- Lack of Child Care
- Employment with split shifts magnifies transportation/child care issues
- Hospital Billing

Secondary Data

Health Status of Overall Population and Priority Population

Out of 105 counties in the state of Kansas, Bourbon County ranks 93 in terms of health outcomes, “based on an equal distribution of length and quality of life” (County Health Rankings: Kansas – 2015). Additionally, as of 2012, the percentage of adults aged 18 and older who self-reported being in poor or fair health (20.6%) was higher than state (12.7) and national averages (15.7) (CDC BRFSS – 2012, via Community Commons).

Report Area	Total Population Age 18	Estimated Population with Poor or Fair Health	Crude Percentage	Age-Adjusted Percentage
Bourbon County, KS	11,158	2,399	21.5%	20.6%
Kansas	2,112,400	278,837	13.2%	12.7%
United States	232,556,016	37,766,703	16.2%	15.7%

Percent Adults with Poor or Fair Health (Age-Adjusted)



- Bourbon County, KS (20.6%)
- Kansas (12.7%)
- United States (15.7%)

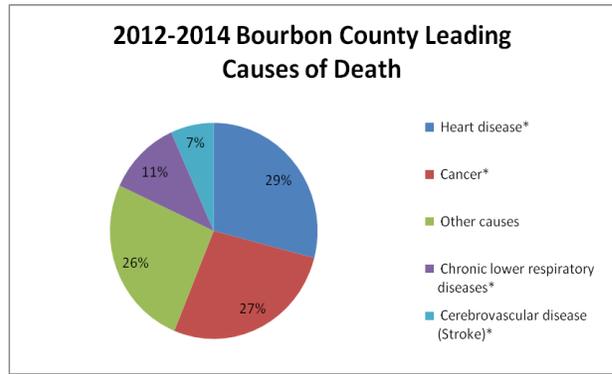
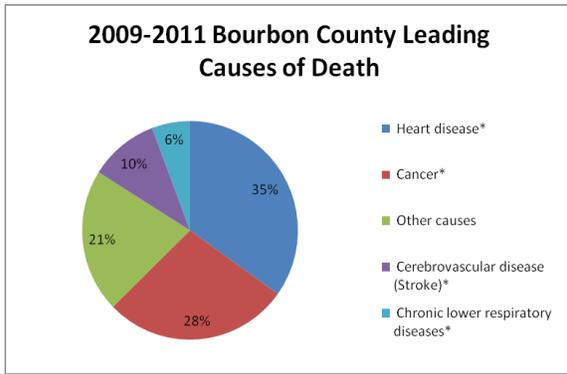
Note: This indicator is compared with the state average.
 Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [Health Indicators Warehouse](#). US Department of Health & Human Services, [Health Indicators Warehouse](#). 2006-12. Source geography: County

Leading Causes of Death

The top five leading causes of death in Bourbon County have remained relatively steady over the 2009-2011 and 2012-2014 periods. The top leading causes of death are heart disease, cancer, other causes, chronic lower respiratory diseases and cerebrovascular disease. The chart and graph below illustrate the number of deaths caused by each and show a decreased ranking in deaths from cerebrovascular disease and an increased ranking in deaths from chronic lower respiratory diseases.

Cause of Death 2009-2011	Number	Cause of Death 2012-2014	Number
All causes	522	All causes	567
Heart disease	128	Heart disease	112
Cancer	102	Cancer	105
Other causes	78	Other causes	99
Cerebrovascular disease (Stroke)	38	Chronic lower respiratory diseases	44
Chronic lower respiratory diseases	21	Cerebrovascular disease (Stroke)	26

Data Source: Kansas Department of Health and Environment, [Kansas Information for Communities, 2009-2014](#).



Data Source: Kansas Department of Health and Environment, [Kansas Information for Communities, 2009-2014](#).

Preventable Hospitalization

Preventable hospitalizations refer to hospitalizations for diagnoses that are designated Ambulatory Care Sensitive Conditions (ACSCs) by the Agency for Healthcare Research and Quality. ACSCs include congestive heart failure, asthma, diabetes, chronic obstructive pulmonary disease, pneumonia, and other conditions that could have been prevented if the patient had received adequate primary or preventative care.

Bourbon County had 68.7 preventable hospital events per 1,000 Medicare Enrollees; higher than state (59.9) and National (59.2) averages (Dartmouth College Institute for Health Policy and Clinic Practice – 2012, via Community Commons).

Report Area	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate
Bourbon County, KS	2,310	158	68.7
Kansas	328,509	19,671	59.9
United States	58,209,898	3,448,111	59.2

Note: This indicator is compared with the state average.

Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, [Dartmouth Atlas of Health Care](#), 2012. Source geography: County

Preventable Hospital Events, Age-Adjusted Discharge Rate (Per 1,000 Medicare Enrollees)



■ Bourbon County, KS (68.7)
■ Kansas (59.9)
■ United States (59.2)

Emergency Department and Inpatient Hospitalization Rates

Top Emergency Room Diagnosis

Only 10.8% of the patients seen in the emergency room were admitted to the hospital in FY15 (Mercy ED patients-2015).

	Count	Percent
ED Only	6,596	89.2%
ED Admitted	795	10.8%
All ED	7,391	100.0%

The top ten causes of the emergency room visits were:

1. Symptoms, Signs, and Ill Defined Conditions
2. Injury and Poisoning
3. Diseases of the Respiratory System
4. Diseases of the Digestive System
5. Diseases of the Musculoskeletal System and Connective Tissue
6. Diseases of the Nervous System and Sense Organs
7. Diseases of the Genitourinary System
8. Disease of the Circulatory System
9. Diseases of the Skin and Subcutaneous Tissue
10. Infectious and Parasitic Diseases

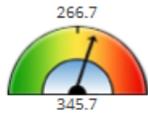
Mercy Hospital Fort Scott contracted with The Springfield-Greene County Health Department to take the emergency room data and associate the percentage of visits with identified health issues. Listed below were the results:

Visits Associated with Identified Health Issues	Fort Scott Count	Percent of Visits
Lung Disease	762	52.0%
Cardiovascular Disease	316	21.6%
Mental Illness	153	10.5%
Diabetes	122	8.3%
Maternal Child Health	89	6.1%
Cancer	22	1.5%
Total ED Visits	1464	

[Hospitalization Rates](#)

Bourbon County showed a higher rate of 345.7 per 100,000 population of heart disease hospital admissions when compared to state (266.7) but a lower rate of 174.3 of CHF hospital admissions when compared to state (176.8) (Public Health Preparedness Region: South East Kansas Multi County-2011-13, via Kansas Health Matters).

Heart Disease Hospital Admission Rate



Comparison: KS State Value ⓘ

345.7

per 100,000 population

Measurement Period: 2011-2013

County: Bourbon

Located in:

Public Health Preparedness Region: South East Kansas Multi County
State: Kansas

Categories: [Health / Heart Disease & Stroke](#)

Congestive Heart Failure Hospital Admission Rate



Comparison: KS State Value ⓘ

174.3

per 100,000 population

Measurement Period: 2011-2013

County: Bourbon

Located in:

Public Health Preparedness Region: South East Kansas Multi County
State: Kansas

Categories: [Health / Heart Disease & Stroke](#)

The rate of bacterial pneumonia hospital admission rate per 100,000 population (249.7) was higher when compared to state (244.4) (Public Health Preparedness Region: South East Kansas Multi County-2011-13, via Kansas Health Matters).

Bacterial Pneumonia Hospital Admission Rate



Comparison: KS State Value ⓘ

249.7

per 100,000 population

Measurement Period: 2011-2013

County: Bourbon

Located in:

Public Health Preparedness Region: South East Kansas Multi County
State: Kansas

Categories: [Health / Immunizations & Infectious Diseases](#), [Health / Respiratory Diseases](#)

The COPD hospital admission rate for Bourbon County is at 183 per 100,000 population, higher than state (123.7) rate (Public Health Preparedness Region: South East Kansas Multi County-2011-13, via Kansas Health Matters).

Chronic Obstructive Pulmonary Disease (COPD) Hospital Admission Rate



Top Inpatient Discharges July 1, 2014 – June 30, 2015

MSDRG Code	MSDRG DESCRIPTION	FY15 Total Discharges	% of Total Discharges	Age Breakouts				
				0-17	18-44	45-64	65-74	75+
775	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	204	13%	3%	97%	0%	0%	0%
194	SIMPLE PNEUMONIA & PLEURISY W CC	73	5%	10%	3%	25%	22%	41%
690	KIDNEY & URINARY TRACT INFECTIONS W/O MCC	65	4%	2%	5%	14%	35%	45%
603	CELLULITIS W/O MCC	53	3%	4%	21%	34%	23%	19%
945	REHABILITATION W CC/MCC	52	3%	0%	0%	10%	19%	71%
392	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	49	3%	0%	24%	35%	18%	22%
195	SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	41	3%	17%	7%	20%	2%	54%
192	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	40	2%	0%	0%	53%	28%	20%
641	MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O MCC	39	2%	3%	5%	41%	23%	28%
766	CESAREAN SECTION W/O CC/MCC	30	2%	0%	100%	0%	0%	0%

Source: Epic Hospital Billing Report

Risk Factor Behaviors

Obesity and Related Behaviors

Physical Inactivity: Physically active adults can reduce their risk of many health conditions, including Bourbon County's number one cause of death-heart disease.

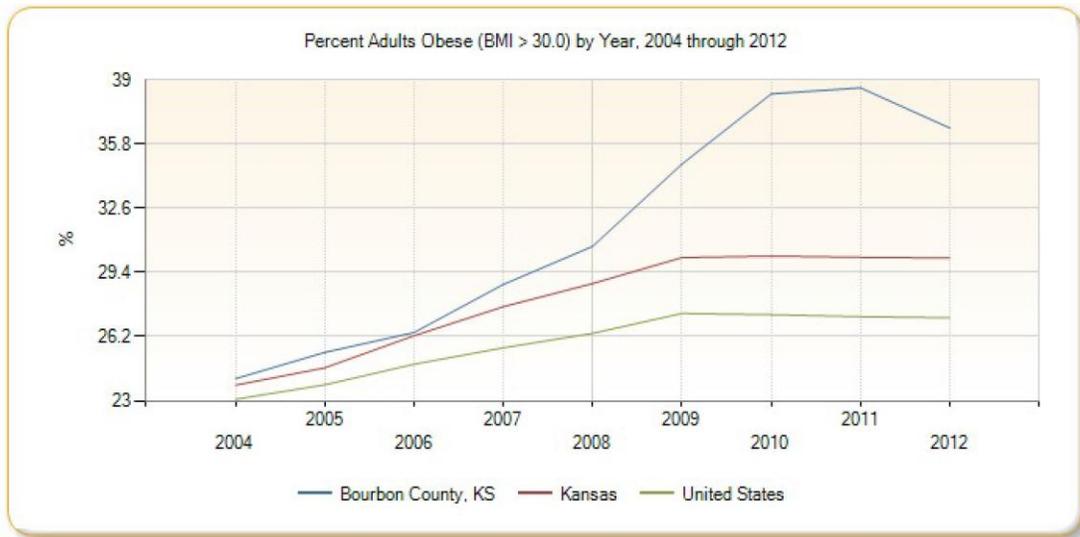
- Physical Inactivity data:
- 26.6% of adults aged 20 and older self-report no leisure time for activity; higher than state (14.1) and national (22.6) percentages (CDC National Center for Chronic Disease Prevention and Health Promotion-2012, via Community Commons)
- Focus Group Members feel that their community has inadequate sidewalks, bike paths and access to affordable gym.

Poor Nutrition: Proper nutrition is important as current behaviors can be determinants of future health. Unhealthy eating habits can lead to significant health issues such as diabetes and obesity.

- Poor Nutrition data:
- 65.25% of children are eligible for free and reduced lunch; higher than state (50.05) and national (52.35) percentages (National Center for Education Statistics, via Community Commons-2013-14)
- 7.6% of individuals who are low-income do not live close to a grocery store (defined as less than 1 mile's distance in non-rural areas and 10 miles' distance in rural areas); higher than U.S. median of 6.2% (U.S. Department of Agriculture-2010, via Kansas Health Matters)
- 80.4% of adults age 18+ consume less than 5 servings of fruit and vegetables each day; lower than state (80.9) and higher than national (75.7) percentages (CDC Behavioral Risk Factor Surveillance System-2009, via Community Commons)

Obesity: Obesity data are relevant as it has shown to be a determinant of future health.

- Obesity data:
- 36.6% of adults were obese in 2012; higher than state (30.1) and national (27.1) percentages (Centers for Disease Control and Prevention-2012, via Community Commons). This trend has only worsened since 2004 at the County, State and National levels.



Note: This indicator is compared with the state average.
 Data Source: Centers for Disease Control and Prevention, *National Center for Chronic Disease Prevention and Health Promotion*. 2012. Source geography: County

Tobacco Use: Tobacco use is linked to leading causes of death such as cancer and cardiovascular disease.

- Smoking data:
- 19.5% of adults smoking in 2012; higher than state (17.7) and national percentages (18.1) (Centers for Disease Control and Prevention-2012, via Community Commons).

Screening Utilization

- Screening utilization data:
- 69.6% of adult females age 18+ receiving regular pap tests; lower than state (77.8) and national (78.5) percentages (CDC Behavioral Risk Factor Surveillance System-2012, via Community Commons).
- 52.4% of population screened for colon cancer ever (sigmoidoscopy/colonoscopy) lower than state (60.3) and national (61.3) levels (CDC Behavioral Risk Factor Surveillance System-2012, via Community Commons).
- 60.6% of adult females age 67-69 received one or more mammograms in the past two years; lower than state (63.7) and national (63) percentages (Dartmouth Atlas of Health Care-2012, via Community Commons).
- 75.82% of adults have never been screened for HIV/AIDS; higher than state (69.93) and national (62.79) percentages (CDC Behavioral Risk Factor Surveillance System-2012, via Community Commons).

Maternal and Child Health

- Maternal and Child Health Data:
- 7.8% of the total births are low birth weight; higher than state (7.2) but lower than national (8.2) percentages (CDC WONDER-2012, via Community Commons).
- 60.8% of total births to women age 15-19 per 1,000 female population age 15-19; higher than state (39.9) and national percentages (36.6) (CDC WONDER-2012, via Community Commons).
- 7.8% death of infants less than one year per 1,000 births; higher than state (7.1) and national (6.5) percentages (CDC WONDER-2012, via Community Commons).
- 17.0 (per 100 population) of women received inadequate prenatal care (KDHE KICS-2009-14). This is lower than state (24.9) and national (17.3) average rates (CDC National Vital Statistics System-2007-10, via Community Commons). Rates of women who receive inadequate prenatal care are shown in the graph below:

Births: Residents of Bourbon County								
Indicators: = Inadequate Prenatal Care								
Age Group	Years							
	2012		2013		2014		Total for Selection	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
10 to 14	0	0.0	0	0.0	0	0.0	0	0.0
15 to 17	2	40.0	2	28.6	1	12.5	5	25.0
18 to 19	3	13.6	2	14.3	4	19.0	9	15.8
20 to 24	12	23.5	12	17.4	15	20.5	39	20.2
25 to 29	10	13.9	16	23.2	3	5.8	29	15.0
30 to 34	2	6.7	5	13.2	7	12.7	14	11.4
35 plus	4	20.0	4	22.2	5	27.8	13	23.2
All Ages	33	16.5	41	19.0	35	15.4	109	17.0
Rates Per 100								
Age Adjustment Uses Year 2000 Standard Population								

Data Source: Kansas Department of Health and Environment, [Kansas Information for Communities, 2009-2014](#).

Infectious Diseases

Sexually Transmitted Diseases:

- Bourbon County has 2.0 cases of sexually transmitted disease (Chlamydia, Gonorrhea, and Syphilis) per 1,000 population; lower than state (4.9) cases (KDHE-2015, via Kansas Health Matters).

- The graph below shows Bourbon County is lower than state and national levels of Chlamydia, Gonorrhea and HIV (number of cases per 100,000):

	Chlamydia	Gonorrhea	HIV
Bourbon	260.3	53.4	56.2
Kansas	387.8	77.6	115.7
National	456.7	107.5	340.4

Data Source: CDC National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention-2012, via Community Commons

Tuberculosis:

- According to Kansas Department of Health and Environment, 2015 data shown 0 active cases of Tuberculosis; Kansas had 1.24 per 100,000 populatios.

Natural Environment

- Bourbon County had 0 days exceeding emission standard of 75 parts per billion; the same as the state (0) and lower then national (.47) percentages (CDC National Environmental Public Health Tracking Network-2008, via Community Commons).
- 2.5% of the population were potentially exposed to water exceeding a violation in FY2013-2014; lower then state (4) percentages (EPA-FY13-FY14, via County Health Rankings).

Social Environment

- The violent Crime Rate (Per 100,000 pop) is 329.6; lower then state (363.6) and national (395.5) rates (FBI Uniform Crime Reports-2010-12, via Community Commons).
- There are 428.35 HUD-Assisted Units (Rate per 10,000 Housing Units); higher then state (312.67) and national (384.27) rates (US Department of Housing and Urban Development-2013, via Community Commons).
- 33% of children live in a single parent home; higher then state (29) and US top performers (20) percentages (ACS-2009-13, via County Health Rankings).

Behavioral Health

- Mental illness accounted for 10.5% of Mercy Hospital Fort Scott Emergency Room visits.
- 10.6% of adults 18 and older self report heavy alcohol consumption; lower then Kansas (15.9) and national (16.9) statistics.
- 13.3 deaths (per 100,000 pop) were due to drug poisoning; higher then state (9.7) levels (County Health Rankings-2006-12, via Kansas Health Matters).

VI. Prioritized Significant Community Health Needs

Generating & Defining Health Issues

Initially, the secondary data process identified, collected and compared 155 health and social indicators. These secondary data indicators were collected for all fifty counties, from multiple sources. The main data source was Community Commons Health Needs Assessment, but other sources included, County Health Rankings and the Centers for Disease Control. Data that were not available for all counties were not included in the dataset. Data included in the dataset were collected at a county level, were then tabulated to the community level.

To narrow the focus, the committee extracted indicators that performed more poorly than that of the nation or Region. This process consisted of comparing the Region and each individual Community to the national rates. These comparison lists ranged from 35-51 indicators and represented health indicators of concern. From the extensive list of health concerns mentioned across the region, larger groupings of health concerns were created. The committee identified associated indicators to create groupings of indicators. For example, high blood pressure and cholesterol, as well as other health issues related to the cardiovascular system, were collapsed into “cardiovascular disease”. If relevant, an indicator was used in multiple groupings. For instance, tobacco use was used in both cardiovascular disease and cancer. This process identified seven groupings that are considered “Health Issues.” Next, the seven issues were used for both the ranking for the Region and for each Community. Next, the seven issues were used in the ranking process for both the Region and the Communities. In addition, the list of poor-performing indicators for each Community was examined to ensure that additional Health Issues were not present. This process did not present any additional Health Issues. These issues were then applied in the subsequent ranking system: cancer, cardiovascular disease, diabetes, maternal/child health, mental health, oral health, and respiratory disease.

Health Issues Defined

The seven defined health issues that emerged from the process described above are detailed in the section. Health Issues were primarily broadly defined to help allow communities and partners the ability to coalesce around a topic but allow for varying pathways for health improvement. Indicators listed with each health issue, do not represent all of the available indicators available for a particular health issue, but only those indicators in which the region scored more poorly than the nation.

A. [Cancer](#)

Cancer is a disease in which individuals suffer from an uncontrolled growth of cells derived from normal tissues. Cancers considered in this study included breast, colorectal, lung, and prostate. The conditions and behavior factors listed below were identified as those that contribute to cancer. For the purposes of this study, cancer morbidity was calculated from the incidence data of breast, colorectal, lung, and prostate cancers combined to represent the prevalence of the disease. This data was collected from Community Commons. Cancer mortality, with data from Centers for Disease Control and Prevention, National Vital Statistics System, was selected to indicate the severity of the disease.

Incidence-lung

Mortality-cancer

Tobacco use

Cancer screenings: mammograms, cervical, sigmoidoscopy or colonoscopy

B. [Cardiovascular Disease](#)

Cardiovascular disease is a disease of heart and blood vessels. This can include conditions such as stroke, hypertension, heart valve problems, and numerous other related conditions. The conditions and behavior factors listed below were identified as those that contribute to cardiovascular disease and the region performed more poorly than the nation. For the purposes of scoring cardiovascular disease, heart disease mortality incidence data from Centers for Disease Control and Prevention, National Vital Statistics System was selected to indicate the mortality of the disease. Heart disease morbidity was chosen to indicate the prevalence of the disease as reported from Behavioral Risk Factor Surveillance Survey (BRFSS).

Heart disease mortality

Elevated blood pressure

Elevated cholesterol levels

Ischemic, valve, hypertension, etc.

Heart disease morbidity

Alcohol abuse

Obesity

Physical inactivity

Fruit/veggie consumption

Tobacco use

C. [Diabetes](#)

Diabetes and related conditions result from the body's inability to adequately process sugar. The conditions and behavior factors listed below were identified as those that contribute to diabetes and are those that the region performed poorly. Prevalence data uses diabetes prevalence from BRFSS. No mortality data was available for the entire region.

Diabetes prevalence

Screening

A1c Test

Obesity

Fruit/veggie consumption

Inactivity

D. [Lung Disease](#)

Lung disease is a broad category of conditions affecting the lungs including: bronchitis, emphysema, asthma, pneumonia, and COPD. The conditions and behavior factors listed below were identified as those that contribute to lung disease, and the region performs poorly in

comparison to the nation. Lung disease mortality data from Centers for Disease Control and Prevention, National Vital Statistics System was selected to indicate death associated with the disease. Asthma percentage data from BRFSS was chosen to represent the prevalence of the disease.

Asthma prevalence

Tobacco use

Inactivity

Mortality—lung disease

E. [Maternal and Infant Health](#)

Maternal and infant health refers to the health of women and infant during pregnancy, childbirth, and postpartum period. The two indicators below represent the areas that the region performs poorly when compared to national rates. The percent of births to mothers ages 15-19 was used to indicate prevalence. The infant mortality rate was used to score mortality. The source for data was Centers for Disease Control and Prevent, National Vital Statistics System.

Teenage pregnancies

Infant mortality

F. [Mental Health](#)

Mental health includes our emotional, behavioral psychological, and social well-being. Mental health includes diseases and conditions such as: depression, anxiety, other mood disorders, and substance abuse. The data for prevalence was obtained from Medicare fee-for-service population with depression. The data for mortality was from suicide rates, and the source of data was Centers for Disease Control and Prevention, National Vital Statistics System.

Suicide

Depression

Alcohol abuse

Tobacco use

G. [Oral Health](#)

Oral health broadly defines health-related issues associated with the mouth and associated organs and includes issues such as: tooth decay, gum disease, and infection. The indicators below represent those oral health indicators that the region performs poorly on, when compared to the nation. The percentage of individuals who reported poor dental health through BRFSS was used to determine prevalence. Oral health mortality data was not available throughout the entire region.

Dental care utilization

Poor dental health

Access to dentists

Health Indicator Ranking

[Background](#)

We used information from Kaiser Permanente and NACCHO as guides in the process. The prioritization tool used was the “Prioritization Matrix”. A prioritization matrix is commonly used tool for prioritization and is ideal when health issues are considered against multiple criteria. Decision matrices provide a visual method for prioritizing and account for criteria with varying degrees of importance. Ideas for the criteria was pulled from the Hanlon Method. The committee modified Hanlon’s criteria (seriousness, magnitude and effectiveness) to better fit the data and communities within the Region. The Hanlon Method also incorporates the ‘PEARL’ Test, which screens for propriety, economics, acceptability, resources, and legality. The actual test was not performed in this process, but some of the concepts were used as criteria for the matrix (i.e. significant funding, community readiness). This modification was required due to the limited wide-spread participation from all communities within the region. It is recommended that the Hanlon Method is used if possible in future CHNA.

Overall Process Method

1. Health issues were identified through secondary data indicators that were higher for the geographic area of interest (either region or community) than the region, state, and/or nation. These indicators were then grouped into health issues. For example, elevated blood pressure and elevated cholesterol levels were part of a group of indicators that was termed “Cardiovascular Disease.”
2. Each health issue was evaluated on four criteria with a base score from 1-4. Multipliers were then applied, where applicable. Further information on the criteria and the scoring system is provided below.
3. Scores were then tabulated and ranked based on overall score. Communities then use the information to guide the health prioritization process.
4. When a well-established formal or informal community collaboration addressing health, the Regional Health Commission asked for their completion of the ranking tool. When collaboration was not present or unknown, the Regional Health Commission completed the tool, with the information available. The Regional Health Commission did not complete the section, “Local Resources” or “Community Readiness” due to the incomplete knowledge.

Evaluation Criteria: Scoring Scale, Weights Applied, and Definitions

Prevalence

Evaluating how common the health issue is in a population, also commonly known as morbidity. Typically it is represented as a percentage of the population with the health issue. For health issues without available prevalence data, the incidence rate was used. There are multiple indicators that are within the defined health issues. For the process, the committee identified the indicator that was the best fit with the health issue to use a single indicator, rather than developing a separate rating and prioritization process for including multiple indicators. The prevalence data is based on the NACCHO health assessment information. Incidence data was created by the committee, which based the top category on an incidence rate that would create a prevalence of five percent within a ten year period.

Score	Prevalence	Incidence (per 100,000)
4	>10%	> 500
3	1% - 9.9%	250-499
2	.1% - .9%	100-249
1	<.1%	< 100

Prevalence Comparison to National Rate

In addition to knowing the overall prevalence or incidence of a health issue in a community, further comparing health issues to the nation provides additional information on whether a health issue should be prioritized. Percent difference [(community rate – national rate)/national

rate] is used to understand how the community rates differ from the national rates. Applying percent difference instead of simply relying on the difference between community and national rates provides more consistent and accurate comparisons across categories. The committee developed the four categories, and used a consensus approach to develop the thresholds.

Score	Percent Difference
4	>25% higher than national rates
3	11% - 24% higher than national rates
2	1% - 10% higher than national rates
1	<= national rates

Mortality

Evaluating long term impact to a community, represented by death rates (mortality). As with prevalence, the best fit indicator was used to represent the health issue, rather than using multiple indicators. To illustrate, heart disease is commonly a top two cause of death and would therefore receive a score of 4, where an issue such as suicide may be the fifth leading cause of death on the list and would therefore receive a score of 2.

Score	Severity/Seriousness
4	Uses the geographic areas top causes for death and provides categorical ranking. The 2 issues with the highest mortality rate.
3	Mortality rates that rank 3 – 4.
2	Mortality rates that rank 5 – 6.
1	Mortality rates that rank 7 and below or data is not available.

Mortality Comparison to National Rate

In addition to knowing the mortality rate in a community, further comparing the rate to the nation provides additional information on whether a health issue should be prioritized. Percent difference $[(\text{community rate} - \text{national rate})/\text{national rate}]$ is used to understand how the community rates differ from the national rates. Applying percent difference instead of simply relying on the difference between community and national rates provides more consistent and accurate comparisons across categories. The committee developed the four categories, and used a consensus approach to develop the thresholds.

Score	Percent Difference
4	>25% higher than national rates
3	11% - 24% higher than national rates
2	1% - 10% higher than national rates
1	<= national rates

Secondary Data Results:

Health Issue	Prevalence	Prevalence Comparison to Nation	Mortality	Mortality Comparison to Nation
Cancer	1	1	2	1
Cardiovascular Disease	3	4	1	2
Diabetes	3	2	1	1
Lung Disease	3	1	3	2
Maternal Child Health	3	4	4	3
Mental Health	4	2	1	1
Oral Health	4	4	1	1

Primary Data:

Secondary data provides a robust look at health indicators and health issues in a Community, but there are certain limitations to exclusively using secondary data to determine health priorities. Most notably, secondary data typically lags three to five years, raising concerns whether the data is too dated to fully represent the health issue. While there is a general consensus that it can provide strong guidance, layering primary data from hospital systems, helps to provide greater confidence in the process. The primary data used in this process comes from individual hospital Emergency Departments from throughout the Region. Visits to the Emergency Department were classified by the Principal Diagnosis Group (using ICD-9 coding). The visits based on Principal Diagnosis Group were tabulated for each Community, based on the Community the facility was located in. The Principal Diagnosis Groups were then associated with Health Issues (e.g. Diseases of the Respiratory System and Lung Disease). The primary data score was then based on the percent of Emergency Department visits associated with identified Health Issues.

Score	Percent of Visits Associated with Health Issues
4	>25% of visits
3	11% - 24% of visits
2	1% - 10% of visits
1	< 1% of visits

Primary Data Results:

Emergency Room Visits Associated with Identified Health Issues	Fort Scott Count	Percent of Visits	Score
Lung Disease	762	52.0%	4
Cardiovascular Disease	316	21.6%	3
Mental Illness	153	10.5%	2
Diabetes	122	8.3%	2
Maternal Child Health	89	6.1%	2
Cancer	22	1.5%	2
Total ED Visits	1464		

Hospital Level Focus Group

In order to align our community needs with Mercy Hospital Fort Scott's strategic plan and mission, a hospital level focus group was conducted on March 28, 2016. Hospital, Clinic, Health for Life, Home Health, Hospice, and Pharmacy leadership participated and provided feedback. Primary and secondary data were presented. The question presented to the group was asked to prioritize the health indicators based on level of community concern and potential to collaborate around the health issue.

After taking in all the information combined with the day to day experience and first-hand knowledge, the following indicators were determined to be a priority and chosen to be addressed:

1. **Diabetes**
2. **Cardiovascular Disease and**
3. **Lung Disease**

VII. Significant Community Health Needs Not Being Addressed and Why

- Mental Illness

At present; Mercy Hospital Fort Scott has a working relationship with community mental health providers and organizations. The local South East Kansas Mental Health facility is government funded, accepts Medicaid, and has a sliding scale for those who are uninsured or living in poverty. Mercy Hospital Fort Scott has limited resources in the facility specifically geared

toward Mental Illness. Other community organizations are addressing this disparity and we would otherwise be duplicating efforts.

- Maternal Child Health

Mercy Hospital Fort Scott will continue efforts in their Mothers and Infants program. The robust program offers comprehensive prenatal care, screenings, education, and support to pregnant women who are uninsured or underinsured. Secondary data indicate our community has a lower rate of women receiving inadequate prenatal care when compared to state and national percentages. Mercy will continue to address issues through collaborative work regarding teenage pregnancy but there are limitations as a Catholic Health System and will not take a lead role on this issue.

- Cancer

Currently, there are several community organizations who are addressing this indicator. Mercy will continue our collaboration with these organizations as well as continue internal efforts through home health and palliative care programs. Mercy Hospital Fort Scott leaders felt our continued involvement was important but the issues of diabetes, cardiovascular disease and lung disease demanded more of our focus at this time.

VIII. Potentially Available Resources

Mercy Hospital Fort Scott collaborates and partners with many local community organizations. Each of these organizations are available resources with a common interest in a healthier Bourbon County. Some of these organizations include:

- South East Kansas Multi County Health Department
- The Beacon
- The Ministerial Alliance
- The Bourbon County Coalition
- Bourbon County Visioning Steering Committee
- Fort Scott Chamber of Commerce

The Kansas Rural Health Works provide an elaborate list of available services for Bourbon County at:

<http://www.krhw.net/assets/docs/Health%20Services%20Directories/Bourbon%20HSD12.pdf>

In addition, The Kansas Department for Aging and Disability Services produce a Directory of Services and are updated bi-annually. This booklet provides a list of resources and is a guide to information and in-home services.

IX. Evaluation of Impact

Four significant health needs were prioritized during the 2013 Community Health Needs Assessment. The priority health needs were: Access to Care, Health Education, Obesity/Diabetes/Congestive Heart Failure, and Drug/Alcohol Abuse.

Access to Care

Mercy Hospital Fort Scott is committed to improving access to care for low-income, uninsured, Medicaid and senior populations. Mercy provides transportation 3 times a week for patients who live outside of city limits for appointments at no cost. General transportation is available for patients who live inside city limits. There are resources through community organizations to pay the fee for these trips for those who are unable to afford the fare. In addition, two of the three Medicaid Contracts provide transportation to their insured population if planned at least 24 hours in advance.

Mercy has employed dedicated financial advocates who assist and represent patients in applying for state and federal services. The social services departments have a dedicated staff to help patients' problem solve and assist in obtaining available resources. Mercy continues to provide free or discounted sports physicals in convenient locations throughout the community.

Mercy Hospital Fort Scott implemented TeleStroke March 2014. In conjunction with the TeleStroke, there was a large focus on stroke recognition and treatment.

Health Education

Health education is an essential element in improving the health of the community. Mercy Hospital Fort Scott has several programs in place to provide continued education across a very broad spectrum. The Mothers and Infants Clinic provide specific education through a registered nurse, social worker, dietician, and a MD or OBGYN. This education is geared towards expecting mothers throughout the term of their pregnancy.

Continuing Education courses are offered to hospital coworkers and providers, many times in collaboration and partnerships with an authority on the subject or the KU School of Medicine. Many times the hospital will provide "Lunch and Learn" opportunities for the general public. These education classes are offered often and with a variety of topics.

Obesity/Diabetes/Congestive Heart Failure

Cardiovascular disease and diabetes, as well as obesity and it's related behaviors, continue to be indicators of concern and a priority to address in our community. Since 2013 Mercy employees have benefited from *Healthification* initiatives to provide healthy food options in the hospital and also receive education on healthy lifestyles. Mercy continues to promote diabetic support groups for patients and family members. Partnerships have brought programs like Weight Watchers to the hospital for a community resource and support group. Mercy has taken an active role in family fun runs, nutrition programs, volunteering in soup lines, and annual children's health fairs.

Drug/Alcohol Abuse

The long-term effects of substance abuse include nutritional deficiencies effecting mental abilities, damage to physical organs, breakdown of bone and muscle tissue, memory loss or impairment, impaired attention and concentration, inability to get along with others, difficulty coping with school or employment demands, and/or alcohol withdrawal effects. People abuse substances for varied and complicated reasons, but it is clear that our society pays a significant cost. Mercy has worked in collaboration with local drug and alcohol counselors and continues to

send referrals to these mental health professionals. Social service coworkers work with patients who are in need of getting help, providing education, resources, and support. Currently the Bourbon County community's rate for self reported heavy alcohol consumption is lower than state and national levels. The rate of deaths due to drug poisoning did show a small decrease in rate from 2014 to 2015 (CDC WONDER, via County Health Rankings-2014-15).

X. Appendices

Mercy

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Your life is our life's work.

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