

Community Health Needs Assessment  
Mercy Hospital Fort Scott  
2012



**Mercy Hospital Fort Scott**  
Community Health Needs Assessment  
Approved by the Community Hospital Board  
April 29, 2013

Contents

- I. Introduction
  - a. Overview of Mercy Hospital Fort Scott
  - b. Description of the community we serve
- II. Approach/Methodology
  - a. Community Health Needs Assessment Background
  - b. Conducting the Assessment
    - i. Public Health Information
    - ii. Voice of the Community
    - iii. Analyzing and Summarizing the Data
    - iv. Review Community Benefit Activities
    - v. Create an Action Plan in Partnership with the Community
- III. Findings and Response
  - a. Access to Care and Specialists
  - b. Health Education
    - i. Diabetes/Obesity/Congestive Heart Failure
  - c. Drug and Alcohol Abuse
- IV. Creating an Action Plan
- V. Resources

## Introduction

### *Overview of Mercy Hospital Fort Scott*

Mercy Hospital in Fort Scott opened in 1886 as a 12-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, an inpatient rehabilitation unit, sleep lab, an obstetrics wing, and a newly expanded Cancer Care Unit. 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.

Services provided include 24/7 emergency care, cancer treatment, general surgery, orthopedic surgery, OB/GYN, retail pharmacy, laboratory, PET/CT scans, home health, hospice, convenient care, inpatient and outpatient rehabilitation, cardiopulmonary, imaging services, fitness center, courtesy transportation and multiple patient education opportunities.

Equipped with 49 beds, the hospital averages 2,000 admissions and 6,700 emergency visitors annually. Mercy also provides approximately 83,000 outpatient and 2,300 surgical procedures annually. Mercy is supported by a staff of nearly 339 FTEs including physicians, nurses and other staff members. In order to provide high quality medical service while controlling cost, Mercy Hospital Fort Scott invested a large amount of capital to establish an integrated electronic health record system. Mercy Hospital Fort Scott has also contributed over \$3.3 million in community benefits (uncompensated care) in FY12.

Our approach to identifying and addressing community health needs is to focus our resources on documented needs, with particular concern for the poor and underserved, and prioritizing those needs with our mission and key strengths. We have a bias for action in developing innovative ideas and implementing responsive programs and are evolving to link our community needs with our clinical services to help build the continuum of care in Southeast Kansas.

Our community master plan identified four areas of focus for the next few years which includes (1) work with local businesses to provide healthcare services on-site and in non-traditional venues in order to minimize loss work time (2) provide greater access for primary care and specialty services to underserved populations and rural areas; (3) recruiting additional physicians into the area to serve more patients and sicker patients close to home; (4) focus on the needs of elderly members of the community through evaluation of potential new service lines.

As a faith-based healthcare provider, Mercy’s mission is to bring to life the healing ministry of Jesus through compassionate care and exceptional service. Mercy has a long history in the community and we look forward to serving the people of Bourbon and surrounding counties for years to come.

*The Community We Serve*

Mercy Hospital Fort Scott serves Bourbon, Linn and Crawford counties in Southeast Kansas. An estimated 64,521 people make up our four county service area of which 9% are minorities and 16% are over the age of 65.

	<b>2011</b>	<b>2016</b>
Total Population	64,521	63,998
0-17	23%	24%
18-44 Females	18%	18%
18-44 Males	19%	19%
45-64	24%	23%
65+	16%	17%
<i>Race &amp; Ethnicity</i>		
White	91%	90%
Black	2%	2%
American Indian	1%	1%
Asian/Pacific Islander	1%	2%
Multiracial & Other	2%	2%
Hispanic (of any race)	3%	3%

Thomson Reuters, 2011

These figures from Thomson Reuters show the overwhelming majority of the population is white. These counties also fall in a 17-county area which comprises Southeast Kansas. Approximately 10 percent of the state’s population resides in Southeast Kansas, unfortunately, this region has the highest unemployment and poverty rate in Kansas, the lowest health index rating and it has experienced a decrease in population (*Project 17 – Together We Succeed*). Data from the U.S. Census Bureau also shows that counties served have a high rate of individuals and families living below the poverty level, near poverty, and who are considered as “working poor.” Compared to the state average, the counties have remarkably high rates of families with children under five living in poverty and unemployment. This region is noted for having some of the poorest work health outcomes (mortality and morbidity) and health factors (health behaviors, clinical care, socioeconomics factors) in the state.

Some concrete demographic characteristics of *Bourbon County* include the following.

- **Socioeconomic Status.** Median household income is \$39,843. 16% of individuals are below poverty. According to KidsCount, The median household income has remained relatively constant in the last five years. Sixty-four percent (64%) of the children are eligible for free and reduced lunch.

- **Age Distribution.** 17.8% of individuals are age 65 and older.
- **Vocational Indicators.** Unemployment = 2.9%. Average travel time to work is 15 minutes.

Some concrete demographic characteristics of *Crawford County* include the following.

- **Socioeconomic Status.** Median household income is \$36,043. 19% of individuals are below poverty. According to KidsCount, the median household income has remained relatively constant in the last five years. Fifty-nine percent (59%) of the children are eligible for free and reduced lunch
- **Age Distribution.** 14% of individuals are age 65 and older.
- **Vocational Indicators.** Unemployment = 6.6%. Average travel time to work is 17 minutes.

Some concrete demographic characteristics of *Linn County* include the following:

- **Socioeconomic Status.** Median household income is \$44,408. 11% of individuals are below poverty. According to KidsCount, fifty-eight percent (58%) of the children are eligible for free and reduced lunch.
- **Age Distribution.** 19% of individuals are age 65 and older.
- **Vocational Indicators.** Unemployment = 7.8 %. Average travel time to work is 17 minutes.

Data sources: All from U.S. Census Bureau, except HRSA Rural Eligibility at <http://datawarehouse.hrsa.gov/ruraladvisor/ruralhealthadvisor.aspx> and KidsCount at <http://www.aecf.org/MajorInitiatives/KIDSCOUNT.aspx>

The following table presents the 2013 County Health Ranking data for Mercy’s service area in Southeast Kansas.

**2013 Community Health Baseline Data**

	National Benchmark	Kansas	Bourbon County	Crawford County	Linn County
<b>Health Outcomes</b>			<b>89/102</b>	<b>81/102</b>	<b>84/102</b>
<b>Premature Death</b> (years of potential life lost before age 75 per 100,000 population)	5,317	6,871	7,899	8,059	8,596
<b>Poor or fair health</b>	10%	13%	20%	17%	15%
<b>Poor physical health days</b> (average number of physically unhealthy days reported in past 30 days)	2.6	3.0	4.5	3.4	3.2
<b>Poor mental health days</b> (average number of mentally unhealthy days reported in past 30 days)	2.3	2.9	4.1	3.4	2.9
<b>Low birthweight</b>	6.0%	7.2%	7.7%	7.9%	8.1%
<b>Health Factors</b>			<b>87/102</b>	<b>88/102</b>	<b>100/102</b>

Health Behaviors			81/102	87/102	96/102
Adult Smoking	13%	18%	19%	20%	27%
Adult Obesity	25%	30%	35%	35%	35%
Physical inactivity	21%	24%	27%	28%	31%
Excessive drinking	7%	15%	9%	15%	7%
Motor vehicle crash death rate	10	16	27	22	25
Sexually transmitted infections (Chlamydia rate per 100,000 population)	92	337	224	279	124
Teen birth rate (Teen birth rate per 1,000 female population, ages 15-19)	21	41	61	41	40
Clinical Care			48/102	60/102	75/102
Primary care physicians	1,067:1	1,411:1	1,685:1	1,631:1	9,640:1
Preventable hospital stays (hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees)	47	67	86	99	77
Diabetic screening (percentage of diabetic Medicare enrollees that receive HbA1c screenings)	90%	86%	92%	83%	85%
Mammography screening (percent of female Medicare enrollees that receive mammography screenings)	73%	66%	55%	59%	63%

[www.countyhealthrankings.org](http://www.countyhealthrankings.org)

From a strictly community health perspective, the counties in Mercy's service area face multiple significant health issues, including a low level ranking for overall health outcomes and health factors. Nearly all values are poorer than the overall state values. Of particular concern is the shortage of primary care physicians (the patient/PCP ratio is significantly poorer than the state average of 1,411:1); the high percentage of adult obesity; the high percentage of adult smoking; and the lower than normal ranges of mammography screenings. In practical terms, this means that patients have challenges in gaining timely access to the primary care providers; even greater difficulty seeking specialty consults; and an abnormally high rate of diseases that can be largely controlled through behavior modification, diet and exercise.

## Approach & Methodology

### *Community Health Needs Assessment Background*

We believe:

- Those who live in poverty and are vulnerable have a moral priority for service
- Not-for-profit healthcare has a responsibility to work toward improved health in the communities where we serve
- Health care facilities should actively involve community members, organizations and agencies in their community benefit programs

Summer 2013

- Health care organizations must demonstrate the value of their community services
- Commitment to community health improvement should be a priority for all health care organizations

At the center of this needs assessment are the people of our community. Our process involved five 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 roundtable discussions with community members
3. Analyze and summarize the data to prioritize the needs
4. Review community benefit activities in place
5. Create an action plan in partnership with the community

For the purposes of this report, steps one through three will be covered with steps four and five to be accomplished by June 30, 2014.

The Mercy Decision-Making Process was also used to ensure a balance between the multiple obligations of Mercy. The following steps comprise the Mercy Decision-Making Process:

1. Begin with prayer asking for God’s wisdom and guidance in the deliberation
2. Present the issues and background information
3. Discuss issues from the perspectives of the three categories of obligation of Mercy (good of the community, responsibility to multiple stakeholders, and Mercy’s self-interest), always through the lens of the mission and values of the ministry
4. Reflect on factors influencing the decision and prioritize those factors according to the organizational values of Mercy, one’s professional values and one’s personal values
5. Develop viable alternatives. Surface all possible arguments for and against these alternatives
6. Make a recommendation for a decision
7. Evaluate the process

**Voice of the Community.** During 2010 and 2011 Mercy surveyed a representative sample of the people in the catchment area and asked them questions about community health needs, including perceived problems. A total of 186 individuals participated in these “Voice of the Community” Surveys.

**Figure 1: Sites of Voice of the Community Survey Participants**

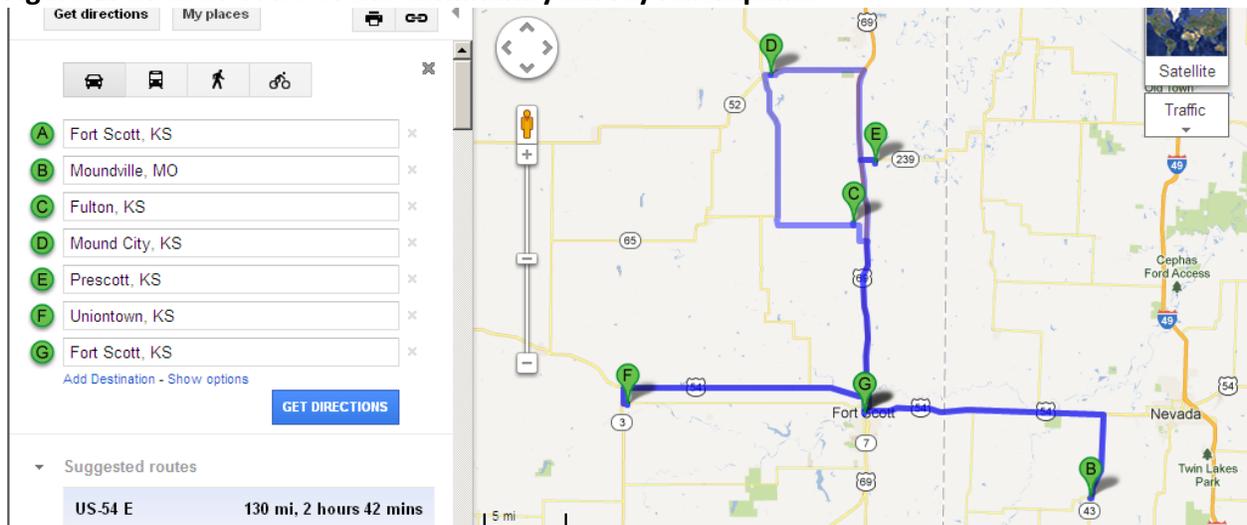


Figure 1 shows a map of the rural communities whose participants were surveyed as part of roundtable/brainstorming sessions. The 186 participants represented hospital board members, business leaders, physicians, law enforcement officers, legislators, media, religious leaders, school officials, auxiliary volunteers, Mercy employees, and social services personnel. All participants resided in Southeast Kansas.

Collectively, the focus groups generated ideas that recognized the need to improve community health. The need statements clustered into the following main topic areas: access to specialists and specialty services, health education, senior care, and community partnerships. Listed below are actual comments from the focus group sessions, edited slightly in some cases to clarify the speaker's intent.

### ***Access to Specialists and Specialty Services***

- More specialists are needed such as urology
- Need to have a dialysis center in Ft. Scott so sick people won't have to travel to Pittsburg or elsewhere
- Would like to see a Women's Clinic
- Access to qualified specialty services – possibly similar to EICU technology
- We worry about not having specialists – our feeling is that once everyone starts going out of town they will go out of town for everything
- Offer an environment that doesn't "seem like a hospital". e.g. Cancer Treatment Center of Tulsa offers a "hotel like" atmosphere, great food, computer access, spa like services.
- Have full range of cancer-related support services and treatment with shorter wait times
- Diabetes education and treatment is needed. It's a disease on the rise and we need to have proactive education in younger generation to stop that trend
- Would like to see expanded services offered at Mercy. Example: Neonatologist, Pre-Natologist but there has to be a patient base for these services first
- Have both chemotherapy AND radiation oncology available

### ***Health Education***

- Education for healthy living for all ages
- Initiate classes (diabetes, obesity, good health).
- Need more seminars/education on basic health information. What is LDL? What do some of the acronyms stand for? How does a patient go about getting copies of their medical record? What kind of preventive care is out there available
- Rural residents/older generation do not readily embrace prevention programs – educational programs for children to engage parents and grandparents in programs
- More focus on a healthy lifestyle. For example: non-smoking and obesity. Education is important for a healthier community
- Offer health fairs for the community
- Have a group of volunteers to go the schools monthly to talk with children
- Serve healthier school lunches
- Information/education needs to be going out to children at a young age to build healthy behavior early
- Need some comprehensive education at grade school level teaching basics like proper hygiene, diet, exercise, etc

### ***Senior Care***

- Reach out to older population, get them more involved.
- Get the whole community involved to help with our seniors.
- Care van service outreach incorporated more
- Senior Citizens van does not go out of town – some sort of beyond city limits transportation is needed
- House calls would be great for the older population utilizing Nurse Practitioners

### ***Community Partnerships***

- Health-for-Life is great but could Mercy go an extra step and either build a small pool or partner with the community to build an indoor pool? Could be used for rehabilitation purposes, swim team, kids activities, b-day parties, water aerobics, etc...
- Could Mercy do more community “activity days” – Day of Dance was a great thing. Something similar for the community... set up something at Wal-Mart, for example, and do some one-on-one health education...take blood pressures...etc... Like a mini health-fair at different places around town...
- Partner with the schools on health education....events....etc...
- If Mercy would partner with the community on a small indoor pool it would be a great thing for the community
- Could Mercy connect with the local churches on educating their congregations about their health
- Mercy needs to have a Dietary Department that is the go-to place for the ultimate nutritional offerings in town.
- Pay-to-play recreational activities – how do we avoid these in the future

- Markers indicating distance and/or calories burned from point to point throughout the community would be nice
- Hospital initiative – must have leadership from diverse population, i.e., churches, industry, include all parts of society, to include education, possible pedometer give away, get insurance companies involved, investigate possible grant monies for health initiative programs
- Have a bicycle “fix it day” and Bike Rodeo event to encourage activity
- Health for Life could offer services for employee health initiative programs to employers
- Would like to see sidewalks down the highway to Wal-Mart and to the hospital along with bicycle paths to improve community health and due to low income levels of community.
- Restaurants that serve something besides fried food
- Community group effort to set up a health plan to make the school menus healthier
- Grant for wellness program in schools. The program has different exercises set up in different classrooms and the students walk in the hallways prior before classes start. Also the program advocates for educators to set a good example.

**Voice of the Community Focus Group.** In 2013, a focus group of 23 community leaders including representatives from public health agencies, the Fort Scott school system, the Community College, the Chamber of Commerce, social service agencies, extended care facilities and the hospital board gathered along with Mercy health professionals to begin prioritizing community health needs. The following five areas were identified:

- Drug/Alcohol Abuse
- Obesity/Diabetes/CHF etc.
- Pervasive Culture of Poverty
- Lack of resources in the community for mental health, homeless, domestic violence, parenting, etc.
- Lack of personal responsibility/accountability

## Findings and Response

The Voice of the Community sessions (2010, 2011, 2013) reiterated what we know, namely, a gap exists between the regional community health needs and available resources. Our community population density is not sufficient to attract multiple specialists, yet periodic needs arise for them. Patients are becoming increasingly interested in wellness and prevention and we lack the health education resources to satisfy those needs. There is a strong sense that certain groups and individuals are passing down a legacy of poverty to subsequent generations and that individuals have adopted distinct beliefs, values and ways of behaving that are incompatible with economic success. Finally, community health services are present; however, there is insufficient collaboration to serve community health needs. The following community assets are available and are likely natural partners for collaboration:

- The Bourbon County Inter-Agency Coalition comprised of 40 social service agencies and schools address childcare, at-risk youth and domestic violence issues through task force initiatives. To address preventive care, wellness and healthy and active communities there are several resources. The Mercy Health for Life Fitness Center, the Nutrition and Physical Activity Project, Mercy Chronic Disease Management Program, Bourbon County Health Department's Chronic Disease Clinic and farmers market.
- Head Start and Early Head Start focuses efforts on child and maternal health. Schools provide a weekend back pack nutrition program, and the Mother-to-Mother Ministry of Bourbon County assists teen mothers and mothers-to-be. Mercy provides the Mercy Mother and Infant Clinic and Bourbon County Health Department offers immunizations, pregnancy testing, family planning and physicals.
- Mental Health and Substance Abuse services including AA and NA support groups are available. Mercy offers support groups for caregivers for people with Alzheimer's and brain injuries as well as a grief support group. The Regional Prevention Center of Southeast Kansas works directly with local groups to mobilize communities through the Strategic Prevention Framework using data to target high-risk areas for youth.
- There is no FQHC or a free clinic available in Bourbon County. The Bourbon County Health Department provides affordable health care services related to immunizations and family planning. Mercy's Maternal and Infant Clinic provides affordable prenatal care. Transportation to health care is available through the P.A.C.T. Southeast Kansas CAP transportation program. Additionally, transportation for oncology services is organized through Comforting Angels Transportation. Other supports include the Food Box Ministry through the Christ Community Church and Beacon clearinghouse for most area churches to provide pantry items, clothes and assistance with utilities and transportation.
- Though there is much work to be done to address health literacy and health education, we have several assets. We have Fort Scott Community College, the Fort Scott USD 234 School District, the Bourbon County Extension Office and our local health department and public library. Greenbush's Life Education Center is a great way to address health and wellness matters as well as focus on bullying and making good decisions. This mobile classroom has been utilized to deliver instruction to Southeast Kansas students for over 20 years.

**Community Demand for Needed Health Care.** The quantitative data highlights the poor health outcomes and contributing health factors that influence the rankings. Perhaps even more telling about the community demand for needed health care comes from the Voice of the Community focus groups. Our community members are encouraging greater access to healthcare and medical specialists as well as an increased focus on Health Education. Mercy has taken great strides in the area of telemedicine and in addition to providing an electronic ICU, we will be providing tele-stroke services in the Emergency Department in the near future. In addition, Mercy has implemented *HealthTeacher*, a classroom based health curriculum, for school systems within the Mercy footprint. The *HealthTeacher* program has been well received

and is a positive step toward educating the children of our communities; however, more education is needed for all ages.

Two health issues prevalent in the communities we serve are diabetes and obesity and their corresponding co-morbidities such as congestive heart failure. Diabetes can lower life expectancy by up to 15 years and increase the risk of heart disease 2 to 4 times. It is also the leading cause of kidney failure, lower limb amputations and adult-onset blindness. (U.S. Department of Health & Human Services, 2010) During the past twenty years, obesity rates have increased in the United States; doubling for adults and tripling for children. Obesity affects all populations, regardless of age, sex, race, ethnicity and socioeconomic status. Heart failure affects nearly 6 million Americans and approximately 670,000 people are diagnosed with heart failure each year. It is the leading cause of hospitalization in people older than 65 and can be addressed with tight control over medications and lifestyle, coupled with careful monitoring. (WebMD Heart Disease Health Center)

Drug and Alcohol abuse is a national problem and according to research conducted by the Florida Institute of Technology, the average age of first experimentation with drugs is 13, and for alcohol it is even younger. Drug use has been classified as a major problem for kids as early as fourth grade by the students themselves. Alcohol is the most widely used drug in America and is the third largest cause of death in the United States, second only to heart disease and cancer. Alcohol and tobacco use are a significant "risk factor" in heart disease and cancer and account for over 100,000 deaths per year in this country alone. It is also the leading cause of death for people between the ages of 15 and 24. Alcohol and other drugs contribute to over 50 percent of all suicides and over 50 percent of all violent crimes and over 60 percent of admissions to emergency rooms are either directly or indirectly due to drug or alcohol usage.

## Creating an Action Plan

As the counties we serve evolve in their health needs, Mercy Hospital Fort Scott will evolve as well by meeting unmet needs within the context of our overall mission, vision, and values. A task force of health leaders and board members has been established to review all of the data from public sources, the comments from our focus group, and the community benefit activities of other agencies and organizations. From this data, and using the Mercy Decision-Making Process, Mercy will create measurable and meaningful partnerships and programs which target the intersection between identified needs of the community and the key strengths of Mercy in Fort Scott. A leadership accountability and organizational structure for ongoing planning, budgeting, implementation and evaluation will be a part of our annual planning process and multi-year strategy.

## Implementation Plan

The Mercy Hospital Fort Scott implementation plan consists of both existing and new strategies that address the health priorities identified through the Community Health Needs Assessment.

Mercy Hospital Fort Scott community health priorities are:

1. Access to Care
2. Health Education
3. Obesity/Diabetes/Congestive Heart Failure
4. Drug/Alcohol Abuse

The assessment process revealed a number of community groups and non-profit organizations dedicated to improving both health and social conditions and these organizations will be active partners in the following endeavors to the greatest extent possible.

### **1. Access to Care**

Mercy Hospital Fort Scott is committed to improving access to care for low-income, uninsured, Medicaid, and Senior populations. Mercy has made a significant investment in providing transportation to medical appointments for patients who do not have access to public transportation in Fort Scott. In addition, Mercy is a partner with a local organization called *Care to Share* which assists cancer patients and their families with unmet needs including transportation to and from their doctor. Mercy also has dedicated financial counseling representatives to assist patients in applying for state and federal services that will be of the maximum benefit to their health. Finally, Mercy will continue to provide Sports Physicals in convenient locations to care for the youth of the community. Examples of upcoming initiatives to improve access to care are as follows:

- Enrolling already eligible and newly-eligible individuals into Medicaid and facilitating well-visits within 90 days of enrollment
- Mercy will continue to partner with local schools to offer sports physicals for student athletes
- Mercy will continue to provide free transportation services to individuals in the city of Fort Scott
- Social Workers will continue to problem-solve and assist with providing resources to meet various needs that arise for patients and families during medical treatment such as with transportation, gas, and lodging
- Mercy will continue to partner with *Care to Share* to assist cancer patients and their families in receiving the care they need
- Mercy has a comprehensive Financial Assistance Policy which describes how financial support is provided for medically necessary health care for people who are uninsured or have limited or exhausted benefits.

### **2. Health Education**

Health education is an essential element in improving the health of the community with the appropriate information, educational reinforcement, and message. Ultimately, the goal is to

increase knowledge related to health, change in behaviors/attitude, and transform unhealthy behaviors to a positive behavior. For the purposes of the community health needs assessment, Mercy Hospital Fort Scott will focus on health education information that is appropriate for school-aged children and messages that are culturally appropriate to targeted high-need populations. Feedback collected from community leaders reiterated the need for schools to provide a framework of information on healthy living, which includes diet, exercise, and nutrition for school-aged children and Mercy responded by providing the *HealthTeacher* curriculum to the school districts in the service area. Health education is also important for adults to identify behaviors that are unhealthy, but also to develop methods and skills needed to motivate change. Mercy is leading by example in the community by offering healthy menu options in the hospital cafeteria and discounting the price of entrees from the “mindful” selections. Community forums around multiple areas of health will continue to be provided as Mercy Hospital Fort Scott helps residents be better prepared in understanding nutrition and participating in an active lifestyle, because the ultimate goal is to change behaviors that will lead to a healthier life.

- Mercy will offer a variety of community education classes on topics such as diabetes, alzheimers, stroke, childbirth, and breastfeeding
- Mercy will continue to be a training center for nursing students
- Mercy will offer support to *Care to Share* through education sessions on palliative care and taking care of mind, body, and spirit when cancer is involved
- Mercy will offer education programs specifically for Women with an emphasis on Women’s Health at all ages
- Mercy will continue to offer *HealthTeacher* education modules to the school systems

### **3. Obesity/Diabetes/Congestive Heart Failure**

Since 1900, with the exception of one year, cardiovascular disease has been the greatest cause of mortality in America. While cardiovascular disease mortality is declining, it remains a leading cause of hospitalization in older adults. Meanwhile, incidence of obesity and diabetes is on the rise (American Heart Association (AHA). 75% of diabetics die of heart or blood vessel disease, diabetes is among the top leading causes of death in America, and obesity is deeply intertwined with both cardiovascular disease and diabetes (AHA, Mayo Clinic Health Manager). These interrelated difficulties cost our nation hundreds of billions of dollars in both direct expenses as well as indirect expenses such as work missed and years of productivity lost.

- Mercy will continue to support its *Healthification* initiatives to provide healthy food options in the hospital cafeteria as well as education programs on move for life and breathe for life
- Mercy will continue promoting diabetes support groups for patients and family members
- Mercy will partner with area groups to promote healthy living programs such as Weight Watchers and TOPS
- Mercy will take an active role in facilitating community exercise events such as family fun runs, a summer nutrition program for children, as volunteers for feeding families and the soup line, as well as an annual children’s health fair

#### 4. Drug/Alcohol Abuse

The long-term effects of substance abuse include nutritional deficiencies effecting mental abilities; damage to physical organs including the brain, liver, heart, stomach; 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-tremors, excessive perspiration, hallucinations. People abuse substances for varied and complicated reasons, but it is clear that our society pays a significant cost. The toll for this abuse can be seen in our hospitals and emergency departments through direct damage to health by substance abuse and its link to physical trauma.

- Mercy will continue to provide substance abuse treatment and referrals through existing partnerships and will continue to seek out new partners
- Mercy will continue to partner with local law enforcement and school resource officers to care for those who have been impacted by substance abuse
- Mercy will promote and support the substance abuse recovery programs in the community such as Alcoholics Anonymous and Narcotics Anonymous

## Resources

Florida Institute of Technology – Facts about Alcohol and Drug Use

<http://www.fit.edu/caps/articles/facts.php>

Jones, Lindsay; Sangeetha Shivaji; Arthur Cosby and Tara Morgan - Obesity, Cardiovascular Disease, and Diabetes – Mississippi circa 2009

Lawrence, E. C., QingJiang Qu, J., & Briskin, E. N. (2012). *The Economic Impact of Mercy on Independence*. St. Louis.

Mercy 2012 Strategic Update Book (Thomson Reuters Data)

Project 17 - Together We Succeed <http://twspjct17.org/project-17-2/>

U.S. Census Bureau

U.S. Department of Health & Human Services. (2010).

University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation. (2012). *County Health Rankings and Roadmaps - 2012 Rankings Kansas*.

<http://datawarehouse.hrsa.gov/ruraladvisor/ruralhealthadvisor.aspx>

KidsCount at <http://www.aecf.org/MajorInitiatives/KIDSCOUNT.aspx>

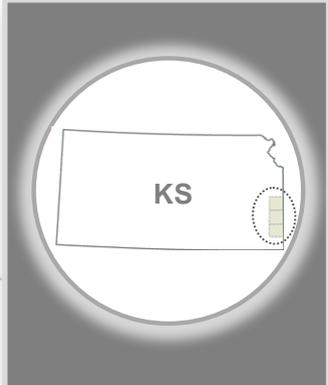
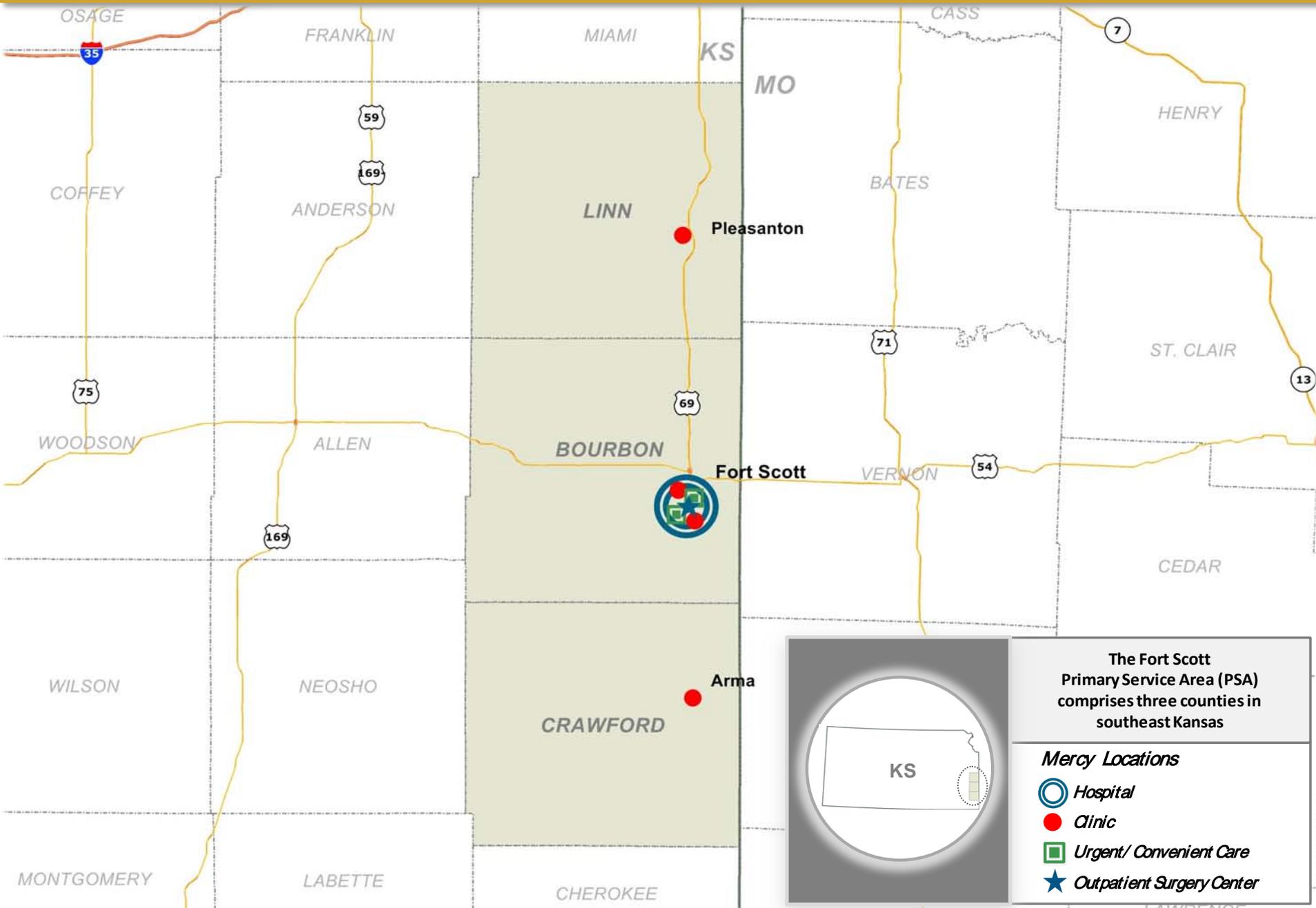
WebMD Heart Disease Health Center <http://www.webmd.com/heart-disease/guide-heart-failure>



# Fort Scott, KS

Community Needs Assessment

# MERCY SERVICE AREA & LOCATIONS Fort Scott, KS



**The Fort Scott Primary Service Area (PSA) comprises three counties in southeast Kansas**

**Mercy Locations**

- Hospital
- Clinic
- Urgent/ Convenient Care
- Outpatient Surgery Center