NEOSHO MEMORIAL REGIONAL MEDICAL CENTER
CHANUTE, KANSAS

2013 COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION PLAN

ADOPTED BY BOARD RESOLUTION 12.19.13

QHR | Consulting Services

Dear Community Resident:

Neosho Memorial Regional Medical Center (NMRMC) welcomes you to review this document as we strive to meet the health and medical needs in our community. All not-for-profit hospitals and some governmental hospitals are required to develop this report in compliance with the Accountable Care Act.

The "2013 Community Health Needs Assessment" identifies local health and medical needs and provides a plan to indicate how NMRMC will respond to such needs. This document suggests areas where other local organizations and agencies might work with us to achieve desired improvements and illustrates one way we, NMRMC, are meeting our obligations to efficiently deliver medical services.

NMRMC will conduct this effort at least once every three years. As you review this plan, please consider if, in your opinion, if we have identified the primary needs and if our response is appropriate to make needed improvements.

We do not have adequate resources to solve all the problems identified. Some issues are beyond the mission of the hospital and action is best suited for a response by others. Some improvements will require personal actions by individuals rather than the response of an organization. We view this as a plan for how NMRMC, with other organizations and agencies, can collaborate to bring the best each has to offer to address more pressing identified needs.

The report is a response to a federal requirement of not-for-profit hospital's to identify the community benefit it provides in responding to documented community need. Footnotes are provided to answer specific tax form questions; for most purposes, they may be ignored. Of greater importance, is the potential for this report to guide our actions and the efforts of others to make needed health and medical improvements.

Please think about how to help us improve the health and medical services our area needs. I invite your response to this report. We all live and work in this community together and our collective efforts can make living here more enjoyable and healthier.

Thank you

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EXECUTIVE SUMMARY

Executive Summary

Neosho Memorial Regional Medical Center (NMRMC) is organized and governed as an asset of Neosho County. A government organization is required to comply with several governmental regulations but is not required to produce evidence of providing an adequate amount of "community benefit" to justify retention of their not-for-profit tax status. However, NMRMC has elected to voluntarily complete a Community Health Needs Assessment to assure it is responding to the primary health needs of its residents. This study is designed to comply with standards required of a not-for-profit hospital. We assume NMRMC acts as a not-for-profit hospital solely for purposes of producing this report. Tax reporting citations in this report do not apply to NMRMC.

This study is designed to comply with standards required of a not-for-profit hospital.[1]

In addition to completing a CHNA and funding necessary improvements, a not-for-profit hospital must document the following:

- Financial assistance policy and policies relating to emergency medical care;
- Billing and collections; and
- Charges for medical care.

Further explanation and specific regulations are available from Health and Human Services (HHS), the Internal Revenue Service (IRS) and the U.S. Department of the Treasury.[2]

Project Objectives

NMRMC partnered with Quorum Health Resources (QHR) for the following:[3]

- Complete a Community Health Needs Assessment report, compliant with Treasury – IRS;
- Provide the Hospital with information required to complete the IRS – 990h schedule; and
- Produce information necessary for the hospital to issue an assessment of community health needs and document its intended response.

Brief Overview of Community Health Needs Assessment

Typically, nonprofit hospitals qualify for tax-exempt status as a Charitable Organization, described in Section 501(c) 3 of the Internal Revenue Code; however, the term "Charitable Organization" is undefined. Prior to the passage of Medicare, charity was generally recognized as care provided to the less fortunate without means to pay. With the introduction of Medicare, the government met the burden of providing compensation for such care.

[1] Part 3 Treasury/IRS – 2011 – 52 Notice … Community Health Needs Assessment Requirements…
[2] As of the date of this report Notice of proposed rulemaking was published 6/26/2012 and available at http://federalregister.gov/a/2012-15537
[3] Part 3 Treasury/IRS – 2011 – 52 Section 3.03 (2) third party disclosure notice

In response, IRS Revenue ruling 69-545 eliminated the Charitable Organization standard and established the Community Benefit Standard as the basis for tax-exemption. Community Benefit determines if hospitals promote the health of a broad class of individuals in the community, based on factors including:

- Emergency room open to all, regardless of ability to pay;
- Surplus funds used to improve patient care, expand facilities, train, etc.;
- Control by independent civic leaders; and
- All available and qualified physicians are privileged.

Specifically, the IRS requires:

- Effective on tax years beginning after March 23, 2012, each 501(c) (3) hospital facility is required to conduct a community health needs assessment at least once every three taxable years and adopt an implementation strategy to meet the community needs identified through such assessment;
- Assessment may be based on current information collected by a public health agency or nonprofit organization and may be conducted together with one or more other organizations, including related organizations;
- Assessment process must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise of public health issues;
- The hospital must disclose in its annual information report to the IRS (Form 990 and related schedules) how it is addressing the needs identified in the assessment and, if all identified needs are not addressed, the reasons why (e.g., lack of financial or human resources);
- Each hospital facility is required to make the assessment widely available and ideally downloadable from the hospital web site;
- Failure to complete a community health needs assessment in any applicable three-year period results in a penalty to the organization of $50,000, if a facility does not complete a community health needs assessment in taxable years one, two or three, it is subject to the penalty in year three. If it then fails to complete a community health needs assessment in year four, it is subject to another penalty in year four (for failing to satisfy the requirement during the three-year period beginning with taxable year two and ending with taxable year four); and
- An organization that fails to disclose how it is meeting needs identified in the assessment is subject to existing incomplete return penalties.[4]

[4] Section 6652

APPROACH

Approach

To complete a CHNA, the hospital must:

- Describe processes and methods used to conduct the assessment:
  - Sources of data and dates retrieved;
  - Analytical methods applied;
  - Information gaps impacting ability to assess the needs; and
  - Identify with whom the Hospital collaborated.
- Describe how the hospital gained input from community representatives:
  - When and how the organization consulted with these individuals;
  - Names, titles and organizations of these individuals; and
  - Any special knowledge or expertise in public health possessed by these individuals.
- Describe the process and criteria used in prioritizing health needs;
- Describe existing resources available to meet the community health needs; and
- Identify programs and resources the hospital facility plans to commit to meeting each identified need and the anticipated impact of those programs and resources on the health need.

QHR takes a comprehensive approach to assess community health needs. We perform several independent data analyses based on secondary source data, augment this with local survey data and resolve any data inconsistency or discrepancies from the combined opinions formed from local experts. We rely on secondary source data and most secondary sources use the county as the smallest unit of analysis. We asked our Local Experts, area residents, to note if they perceived the problems or needs, identified by secondary sources, to exist in their portion of the county.[5]

The data displays used in our analysis are presented in the Appendix. Data sources include:[6]

Web Site or Data Source	Data Element	Date Accessed	Data Date
www.countyhealthrankings.org	Assessment of health needs of Neosho County compared to all KS counties	August 10, 2013	2002 to 2010

[5] Response to Schedule H (Form 990) Part V B 1 i
[6] Response to Schedule H (Form 990) Part V B 1 d

Web Site or Data Source	Data Element	Date Accessed	Data Date
www.communityhealth.hhs.gov	Assessment of health needs of Neosho County compared to its national set of "peer counties"	August 10, 2013	1996 to 2009
Truven (formerly known as Thomson) Market Planner	Assess characteristics of the hospital's primary service area, at a zip code level, based on classifying the population into various socio-economic groups, determining the health and medical tendencies of each group and creating an aggregate composition of the service area according to the contribution each group makes to the entire area; and, to access population size, trends and socio-economic characteristics	August 10, 2013	2012
www.capc.org and www.getpalliativecare.org	To identify the availability of Palliative Care programs and services in the area	August 10, 2013	2012
www.caringinfo.org and iweb.nhpco.org	To identify the availability of hospice programs in the county	August 10, 2013	2012
www.healthmetricsandevaluation.org	To examine the prevalence of diabetic conditions and change in life expectancy	August 10, 2013	1989 through 2009
www.dataplace.org	To determine availability of specific health resources	August 10, 2013	2005
www.cdc.gov	To examine area trends for heart disease and stroke	August 10, 2013	2007 to 2009
www.CHNA.org	To identify potential needs among a variety of resource and health need metrics	August 10, 2013	2003 to 2010
www.datawarehouse.hrsa.gov	To identify applicable manpower shortage designations	August 10, 2013	2013
www.worldlifeexpectaKSy.com/usa-health-rankings	To determine relative importance among 15 top causes of death	August 10, 2013	2010 published 11/29/12

Federal regulations surrounding CHNA have evolved to require local input from representatives of particular sectors. For this reason, Quorum has refined a process of gathering community input. In addition to gathering data from the above sources:

- We deployed a CHNA "Round 1" survey to our Local Expert Advisors to gain local input on local health needs and the needs of priority populations. Local Expert Advisors were local individuals selected according to criteria required by the Federal guidelines and regulations[7] and the Hospital's desire to represent the regions geographically and ethnically diverse population.
- We received community input from 31 Local Expert Advisors. Survey responses started Monday July 8, 2013 at 2:06 p.m. and ended with the last response on Thursday July 11, 2013 at 8:05 p.m.
- Information analysis augmented by local opinions showed how Neosho County relates to its peers in terms of primary and chronic needs, as well as other issues of uninsured persons, low-income persons and minority groups; respondents commented on if they believe certain population groups (or people with certain situations) need help to improve their condition and if so, who needs to do what.[8]

When the analysis was complete, we put the information and summary conclusions before our local group of experts[9] who were asked to agree or disagree with the summary conclusions. Experts were free to augment potential conclusions with additional statements of need; and, new needs did emerge from this exchange.[10] Consultation with 33 local experts occurred again via an internet based survey (explained below) during the period beginning Monday, September 9, 2013 at 12:55 p.m. and ending Monday, September 9, 2013 at 1:00 p.m.

With the prior steps identifying potential community needs, the Local Experts participated in a structured communication technique called a Delphi method, originally developed as a systematic, interactive forecasting method which relies on a panel of experts who answer questionnaires in a series of rounds. We contemplated and implemented one round as referenced during the above dates. After each round, we provided an anonymous summary of the experts' forecasts from the previous round, as well as the reasons provided for their judgments. The process encourages experts to revise their earlier answers in light of the replies of other members of their panel. Typically, this process decreases the range of answers and moves the expert opinions toward a consensus answer. The process stops when we identify the most pressing, highest priority community needs.

In the NMRMC process, each local expert allocated 100 points among all identified needs, having the opportunity to introduce needs previously unidentified and to challenge conclusions developed

[7] Response to Schedule H (Form 990) Part V B 1 h; complies with 501(r)(3)(B)(i)
[8] Response to Schedule H (Form 990) Part V B 1 f
[9] Part response to Schedule H (Form 990) Part V B 3
[10] Response to Schedule H (Form 990) Part V B 1 e

from the data analysis. A rank order of priorities emerged, with some needs receiving none or virtually no support and other needs receiving identical point allocations.

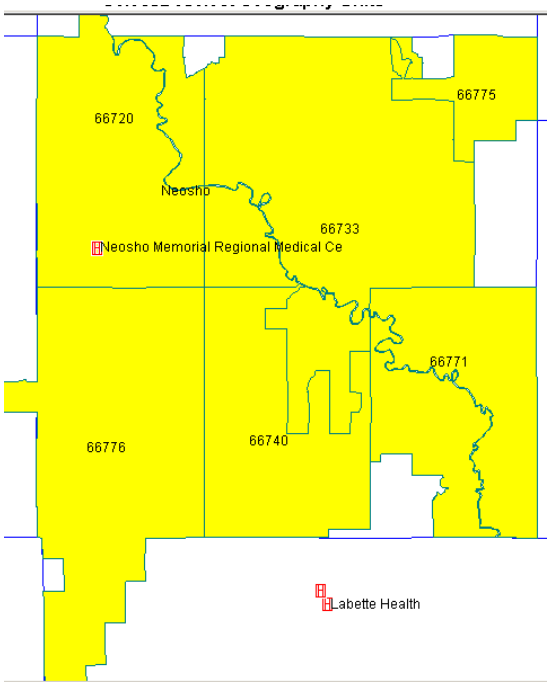
The proposed regulations clarify a CHNA need only identify significant health needs, and need only prioritize, and otherwise assess, those significant identified health needs. A hospital facility may determine whether a health need is significant based on all of the facts and circumstances present in the community it serves. The determination of the break point, Significant Need as opposed to Other Need, was a qualitative interpretation by QHR and the NMRMC executive team where a reasonable break point in the descending rank order of votes occurred, indicated by the weight amount of points each potential need received and the number of local experts allocating any points to the need. Our criteria included the Significant Needs had to represent a majority of all cast votes. The Significant Needs also needed a plurality of Local Expert participation. When presented to the NMRMC executive team, the dichotomized need rank order (Significant vs. Other) identified which needs the hospital needed to focus upon in determining where and how it was to develop an implementation response.[11]

[11] Response to Schedule H (Form 990) Part V Section B 6 g, h and Part V B 1 g

FINDINGS

Findings

Definition of Area Served by the Hospital Facility[12]



Neosho Memorial Regional Medical Center, in conjunction with QHR, defines its service area as Neosho County in Kansas which includes the following ZIP codes:

66720 – Chanute	66733 – Erie	66740 – Galesburg
66771 – St. Paul	66775 – Stark	66776 – Thayer

In 2011, the Hospital received 61.2% of its patients from this area.[13]

[12] Responds to IRS Form 990 (h) Part V B 1 a
[13] Truven MEDPAR patient origin data for the hospital; Responds to IRS Form 990 (h) Part V B 1 a

Demographic of the Community[14]

The 2013 population for Neosho County is estimated to be 16,386[15] and expected to decrease at a rate of -0.7%. This is in contrast to the 3.3% national rate of growth and the Kansas growth rate of 2.2%. Neosho County in 2018 anticipates a population of 16,267.

According to the population estimates utilized by Truven, provided by The Nielsen Company, the 2013 median age for Neosho County is 39.9 years, which is older than the Kansas median age (36.2 years) and the national median age (37.5 years). The 2013 Median Household income for the area is $35,978 which is lower than the Kansas median income of $48,074 and the national median income of $49,223. Median Household Wealth value is above the national, but below the Kansas values. The Median Home Values are below both the Kansas and national values. Neosho County Unemployment Rate as of July 2013 was 7.8%[16], which is worse than the 5.9% Kansas rate and slightly worse than the national rate of 7.7%.

The portion of the population in the county over 65 is 18.1%, above the Kansas and national averages, which are both at 13.9%. The portion of the population of women of childbearing age is 17.2%, below the Kansas average of 19.2% and the National average of 19.8%. 1.2% of the population is Black Non-Hispanic, and 4.5% is Hispanic (the largest minority). The White Non-Hispanic population comprises 91.2% of the total.

Demographics Expert 2.7
2013 Demographic Snapshot
Area: Neosho County
Level of Geography: ZIP Code

DEMOGRAPHIC CHARACTERISTICS

	Selected Area	USA		2013	2018	% Change
2010 Total Population	16,529	308,745,538	Total Male Population	8,086	8,036	-0.6%
2013 Total Population	16,386	314,861,807	Total Female Population	8,300	8,231	-0.8%
2018 Total Population	16,267	325,322,277	Females, Child Bearing Age (15-44)	2,812	2,805	-0.2%
% Change 2013 - 2018	-0.7%	3.3%				
Average Household Income	$46,646	$69,637				

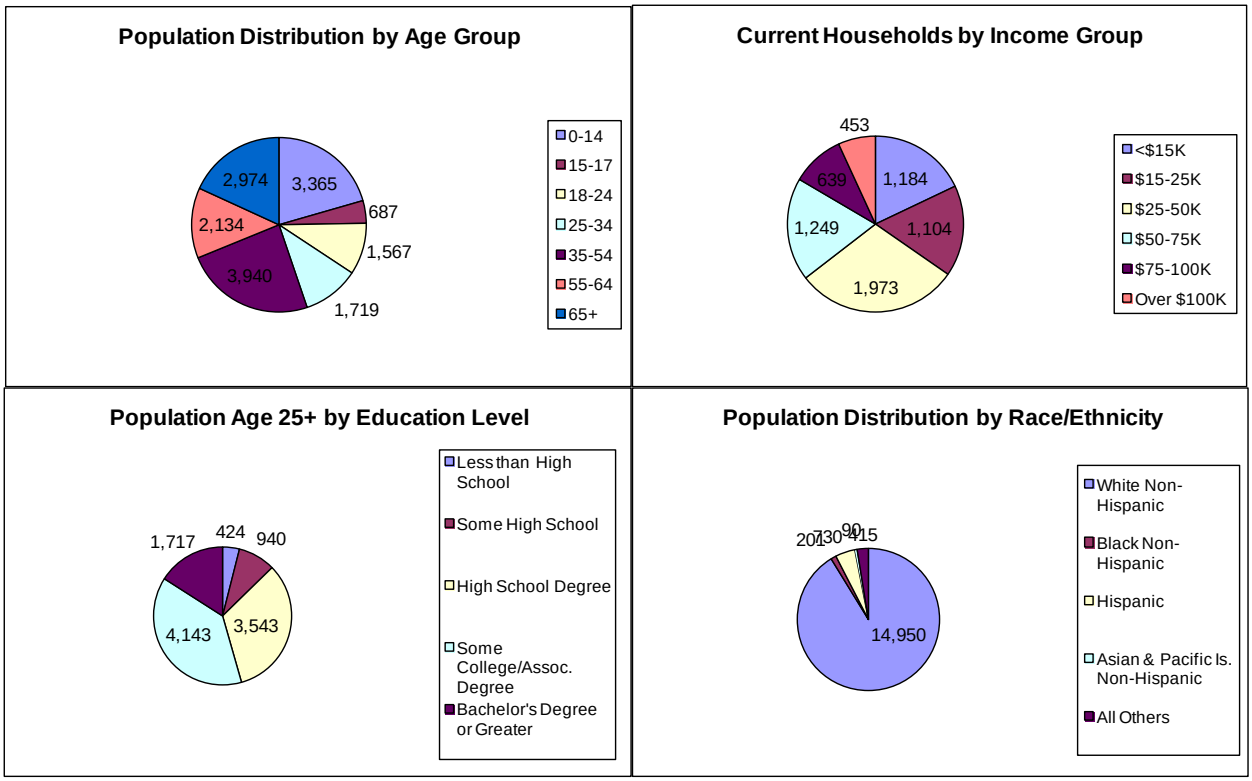
POPULATION DISTRIBUTION

Age Distribution						HOUSEHOLD INCOME DISTRIBUTION	Income Distribution		
Age Group	2013	% of Total	2018	% of Total	USA 2013 % of Total	2013 Household Income	HH Count	% of Total	USA % of Total
0-14	3,365	20.5%	3,413	21.0%	19.6%	<$15K	1,184	17.9%	13.8%
15-17	687	4.2%	658	4.0%	4.1%	$15-25K	1,104	16.7%	11.6%
18-24	1,567	9.6%	1,621	10.0%	10.0%	$25-50K	1,973	29.9%	25.3%
25-34	1,719	10.5%	1,756	10.8%	13.1%	$50-75K	1,249	18.9%	18.1%
35-54	3,940	24.0%	3,507	21.6%	26.9%	$75-100K	639	9.7%	11.7%
55-64	2,134	13.0%	2,149	13.2%	12.4%	Over $100K	453	6.9%	19.5%
65+	2,974	18.1%	3,163	19.4%	13.9%				
Total	16,386	100.0%	16,267	100.0%	100.0%	Total	6,602	100.0%	100.0%

EDUCATION LEVEL

Education Level Distribution				RACE/ETHNICITY	Race/Ethnicity Distribution		
2013 Adult Education Level	Pop Age 25+	% of Total	USA % of Total	Race/Ethnicity	2013 Pop	% of Total	USA % of Total
Less than High School	424	3.9%	6.2%	White Non-Hispanic	14,950	91.2%	62.3%
Some High School	940	8.7%	8.4%	Black Non-Hispanic	201	1.2%	12.3%
High School Degree	3,543	32.9%	28.4%	Hispanic	730	4.5%	17.3%
Some College/Assoc. Degree	4,143	38.5%	28.9%	Asian & Pacific Is. Non-Hispanic	90	0.5%	5.1%
Bachelor's Degree or Greater	1,717	15.9%	28.1%	All Others	415	2.5%	2.9%
Total	10,767	100.0%	100.0%	Total	16,386	100.0%	100.0%

[14] Responds to IRS Form 990 (h) Part V B 1 b
[15] All population information, unless otherwise cited, sourced from Truven (formally Thomson) Market Planner
[16] http://research.stlouisfed.org/fred2/series/KSNEOS3URN, http://research.stlouisfed.org/fred2/series/KSUR, http://research.stlouisfed.org/fred2/graph/?id=UNRATENSA,



2013 Benchmarks										
Area: Neosho County										
Level of Geography: ZIP Code										
Area	2013-2018 % Population Change	Median Age	Population 65+ % of Total Population	Population 65+ % Change 2013-2018	Females 15-44 % of Total Population	Females 15-44 % Change 2013-2018	Median Household Income	Median Household Wealth	Median Home Value
USA	3.3%	37.5	13.9%	16.3%	19.8%	-0.1%	$49,233	$54,682	$169,011
Kansas	2.2%	36.2	13.9%	13.5%	19.2%	0.6%	$48,074	$58,800	$123,453
Selected Area	-0.7%	39.9	18.1%	6.4%	17.2%	-0.2%	$35,978	$56,409	$67,750
Demographics Expert 2.7									
DEMO0003.SQP									
© 2013 The Nielsen Company, © 2013 Truven Health Analytics Inc.									

The population was examined according to characteristics presented in the Claritas Prizm customer segmentation data. This system segments the population into 66 demographically and behaviorally distinct groups. Each group, based on annual survey data, is documented as exhibiting specific health behaviors. The makeup of the service area, according to the mix of Prizm segments and its characteristics, is contrasted to the national population averages to discern the following table of probable lifestyle and medical conditions present in the population. Items with red text are viewed as statistically important adverse potential findings. Items with blue text are viewed as statistically important potential beneficial findings. Items with black text are viewed as either not statistically different from the national normal situation or not being a favorable or unfavorable consideration in our use of the information.

Health Service Topic	Demand as % of National	% of Population Affected
Weight / Lifestyle		
BMI: Morbid/Obese	109.2%	27.9%
Vigorous Exercise	95.9%	48.5%
Chronic Diabetes	129.9%	13.5%
Healthy Eating Habits	87.0%	25.7%
Very Unhealthy Eating Habits	135.0%	3.7%
Behavior		
I Will Travel to Obtain Medical Care	94.6%	28.1%
I Follow Treatment Recommendations	82.9%	33.5%
I am Responsible for My Health	89.7%	58.8%
Pulmonary		
Chronic COPD	121.0%	7.8%
Tobacco Use: Cigarettes	119.7%	31.0%
Chronic Allergies	112.0%	21.7%
Cancer		
Mammography in Past Yr	93.6%	42.4%
Cancer Screen: Colorectal 2 yr	93.5%	23.6%
Cancer Screen: Pap/Cerv Test 2 yr	81.1%	48.9%
Routine Screen: Prostate 2 yr	90.6%	28.9%
Orthopedic		
Chronic Lower Back Pain	126.6%	28.5%
Chronic Osteoporosis	142.7%	13.8%

Health Service Topic	Demand as % of National	% of Population Affected
Heart		
Routine Screen: Cardiac Stress 2yr	93.4%	14.6%
Chronic High Cholesterol	111.2%	24.8%
Routine Cholesterol Screening	87.7%	44.7%
Chronic High Blood Pressure	130.7%	34.4%
Chronic Heart Disease	133.6%	11.1%
Routine Services		
FP/GP: 1+ Visit	102.6%	90.7%
Used Midlevel in last 6 Months	110.7%	46.2%
OB/Gyn 1+ Visit	85.0%	39.9%
Ambulatory Surgery last 12 Months	104.4%	20.0%
Internet Usage		
Use Internet to Talk to MD	72.1%	10.5%
Facebook Opinions	66.4%	6.8%
Looked for Provider Rating	87.8%	12.9%
Misc		
Charitable Contrib: Hosp/Hosp Sys	93.0%	22.3%
Charitable Contrib: Other Health Org	84.0%	32.7%
Emergency Service		
Emergency Room Use	108.5%	36.9%
Urgent Care Use	93.5%	22.1%

Leading Causes of Death

Cause of Death			Rank among all counties in KS	Rate of Death per 100,000 age adjusted		
KS Rank	Neosho County Rank	Condition	(#1 rank = worst in state)	KS	Neosho County	Observation
1	1	Heart Disease	8 of 105	178.1	257.0	Higher than expected
3,10,13,14,19, 27,28,29,30,31, 34,36,37	2	Cancer	23 of 105	179.6	201.2	Higher than expected
2	3	Lung	16 of 105	48.6	62.4	As expected
4	4	Stroke	39 of 105	45.8	51.6	Higher than expected
11,17,20	5	Accidents	60 of 105	41.1	49.7	As expected
8	6	Kidney	11 of 103	17.4	28.2	Lower than expected
6	7	Alzheimer's	50 of 105	25.1	20.6	As expected
12	8	Suicide	23 of 98	13.7	18.5	Lower than expected
7	9	Diabetes	83 of 105	22.7	15.6	Higher than expected
16	10	Blood Poisoning	13 of 98	9.2	15.4	Higher than expected
9	11	Flu - Pneumonia	87 of 104	19.8	14.1	Higher than expected
22	12	Parkinson's	77 of 93	7.5	4.8	Lower than expected
18	13	Hypertension	55 of 85	5.2	4.5	Lower than expected
25	14	Liver	90 of 94	7.8	2.9	As expected
33	15	Homicide	47 of 59	4.2	2.1	Lower than expected

Primary and Chronic Disease Needs and Health Issues of Uninsured Persons, Low-Income Persons and Minority Groups

Some information is available to describe the size and composition of various uninsured persons, low income persons, minority groups and other vulnerable population segments. Studies identifying specific group needs, distinct from the general population at a county unit of analysis, are not readily available from secondary sources.

The National Healthcare Disparities Report results from a Congressional directive to the Agency for Healthcare Research and Quality (AHRQ). This production is an annual report to track disparities related to "racial factors and socioeconomic factors in priority populations." The emphasis is on disparities related to race, ethnicity and socioeconomic status and includes a charge to examine disparities in "priority populations," which are groups with unique health care needs or issues that require special attention.[17]

Nationally, this report observes the following trends:

- Measures for which Blacks were worse than Whites and are getting better:
  - Diabetes – Hospital admissions for short-term complications of diabetes per 100,000 population;
  - HIV and AIDS – New AIDS cases per 100,000 population age 13 and over; and
  - Functional Status Preservation and Rehabilitation – Female Medicare beneficiaries age 65 and over who reported ever being screened for osteoporosis with a bone mass or bone density measurement.
- Measures for which Blacks were worse than Whites and staying the same:
  - Cancer – Breast cancer diagnosed at advanced stage per 100,000 women age 40 and over ; breast cancer deaths per 100,000 female population per year; adults age 50 and over who ever received colorectal cancer screening; colorectal cancer diagnosed at advanced stage per 100,000 population age 50 and over; colorectal cancer deaths per 100,000 population per year;
  - Diabetes – Hospital admissions for lower extremity amputations per 1,000 population age 18 and over with diabetes;
  - Maternal and Child Health – Children ages 2-17 who had a dental visit in the calendar year; Children ages 19-35 months who received all recommended vaccines;
  - Mental Health and Substance Abuse – Adults with a major depressive episode in the last 12 months who received treatment for depression in the last 12 months; people age 12 and over treated for substance abuse who completed treatment course;

[17] http://www.ahrq.gov/qual/nhdr10/Chap10.htm 2010

  - Respiratory Diseases – Adults age 65 and over who ever received pneumococcal vaccination; hospital patients with pneumonia who received recommended hospital care;
  - Supportive and Palliative Care – High-risk long-stay nursing home residents with pressure sores; short-stay nursing home residents with pressure sores; adult home health care patients who were admitted to the hospital; hospice patients who received the right amount of medicine for pain;
  - Timeliness – Adults who needed care right away for an illness, injury or condition in the last 12 months who got care as soon as wanted; emergency department visits where patients left without being seen; and
  - Access – People with a usual primary care provider; people with a specific source of ongoing care.
- Measures for which Asians were worse than Whites and getting better:
  - Cancer – Adults age 50 and over who ever received colorectal cancer screening; and
  - Patient Safety – Adult surgery patients who received appropriate timing of antibiotics.
- Measures for which Asians were worse than Whites and staying the same:
  - Respiratory Diseases – Adults age 65 and over who ever received pneumococcal vaccination; hospital patients with pneumonia who received recommended hospital care; and
  - Access – People with a usual primary care provider.
- Measures for which American Indians and Alaska Natives were worse than Whites for most recent year and staying the same:
  - Heart Disease – Hospital patients with heart failure who received recommended hospital care;
  - HIV and AIDS – New AIDS cases per 100,000 population age 13 and over;
  - Respiratory Diseases – Hospital patients with pneumonia who received recommended hospital care;
  - Functional Status Preservation and Rehabilitation – Female Medicare beneficiaries age 65 and over who reported ever being screened for osteoporosis with a bone mass or bone density measurement;
  - Supportive and Palliative Care – Hospice patients who received the right amount of medicine for pain; high-risk, long-stay nursing home residents with pressure sores; adult home health care patients who were admitted to the hospital; and
  - Access – People under age 65 with health insurance.

- Measures for which American Indians and Alaska Natives were worse than Whites for most recent year and getting worse:
  - Cancer – Adults age 50 and over who ever received colorectal cancer screening; and
  - Patient safety – Adult surgery patients who received appropriate timing of antibiotics.
- Measures for which Hispanics were worse than non-Hispanic Whites for most recent year and getting better:
  - Maternal and Child Health – Children ages 2-17 who had a dental visit in the calendar year;
  - Lifestyle Modification – Adult current smokers with a checkup in the last 12 months who received advice to quit smoking; adults with obesity who ever received advice from a health provider about healthy eating; and
  - Functional Status Preservation and Rehabilitation – Female Medicare beneficiaries age 65 and over who reported ever being screened for osteoporosis with a bone mass or bone density measurement.
- Measures for which Hispanics were worse than non-Hispanic Whites for most recent year and staying the same:
  - Cancer – Women age 40 and over who received a mammogram in the last 2 years; adults age 50 and over who ever received colorectal cancer screening;
  - Diabetes – Adults age 40 and over with diagnosed diabetes who received all three recommended services for diabetes in the calendar year;
  - Heart Disease – Hospital patients with heart attack and left ventricular systolic dysfunction who were prescribed angiotensin-converting enzyme inhibitor or angiotensin receptor blocker at discharge; hospital patients with heart failure who received recommended hospital care;
  - HIV and AIDS – New AIDS cases per 100,000 population age 13 and over;
  - Mental Health and Substance Abuse – Adults with a major depressive episode in the last 12 months who received treatment for depression in the last 12 months;
  - Respiratory Disease – Adults age 65 and over who ever received pneumococcal vaccination; hospital patients with pneumonia who received recommended hospital care;
  - Lifestyle Modification – Adults with obesity who ever received advice from a health provider to exercise more;
  - Supportive and Palliative Care – Long-stay nursing home residents with physical restraints; high-risk, long-stay nursing home residents with pressure sores; short-stay

nursing home residents with pressure sores; adult home health care patients who were admitted to the hospital; hospice patients who received the right amount of medicine for pain;

- Patient Safety – Adult surgery patients who received appropriate timing of antibiotics;
- Timeliness – Adults who needed care right away for an illness, injury or condition in the last 12 months who got care as soon as wanted;
- Patient Centeredness – Adults with ambulatory visits who reported poor communication with health providers; children with ambulatory visits who reported poor communication with health providers; and
- Access – People under age 65 with health insurance; people under age 65 who were uninsured all year; people with a specific source of ongoing care; people with a usual primary care provider; people unable to get or delayed in getting needed care due to financial or insurance reasons

- Measures for which Hispanics were worse than non-Hispanic Whites for most recent year and getting worse:
  - Maternal and Child Health – Children ages 3-6 who ever had their vision checked by a health provider.

We asked a specific question to our Local Expert Advisors about unique needs of priority populations. We reviewed their response to identify if any of the above trends were obvious in the service area. Accordingly, we place great reliance on the commentary received to identify unique population needs to which we should respond. Specific opinions from the Local Expert Advisors are summarized as follows[18]:

- Low income access to mental health and physical health care resulting in emergency department becoming doctor's office
- Diabetes and obesity repeatedly mentioned with less frequent mentions of heart disease, substance abuse, dental and pulmonary conditions
- Children, Hispanic, Elderly and Uninsured specifically noted as having greater needs than others

[18] All comments and the analytical framework behind developing this summary appear in Appendix A.

Statistical information about special populations:

Vulnerable Populations: Neosho County, KS

Vulnerable populations may face unique health risks and barriers to care, requiring enhanced services and targeted strategies for outreach and case management.

Vulnerable Populations Include People Who[1]	
Have no high school diploma (among adults age 25 and older)	1,804
Are unemployed	438
Are severely work disabled	373
Have major depression	938
Are recent drug users (within past month)	988

nda No data available.

[1] The most current estimates of prevalence, obtained from various sources (see the Data Sources, Definitions, and Notes for details), were applied to 2008 mid-year county population figures.

Access to Care: Neosho County, KS

In addition to use of services, access to care may be characterized by medical care coverage and service availability

Uninsured individuals (age under 65)[1]	1,609
Medicare beneficiaries[2]	
Elderly (Age 65+)	2,790
Disabled	526
Medicaid beneficiaries[2]	2,921
Primary care physicians per 100,000 pop[2]	49.3
Dentists per 100,000 pop[2]	24.7
Community/Migrant Health Centers[3]	No
Health Professional Shortage Area[3]	No

nda No data available.

Findings

Upon completion of the CHNA, QHR identified several issues within the Neosho Memorial Regional Medical Center community:

Conclusions from Public Input and KS Health Institute to Community Health Needs Assessment

Our group of 31 Local Experts participated in an online survey to offer opinions about their perceptions of community health needs and potential needs of unique populations.

The Kansas Health Institute also analyzed statistical data and surveyed health opinions of 326 Neosho residents.

Local Experts Responses were first obtained to the question: "What do you believe to be the most important health or medical issue confronting the residents of your County?" In summary, we receive the following commentary regarding the more important health or medical issues:

- Leading concern is obesity
- Multiple mentions of concerns about affordable access to care, lack of insurance and/or high deductibles, cost of care creating limitations of access to care and treatments (prescriptions)
- The next highest frequency mentions were specific lifestyle issues of poor nutrition, lack of exercise, lack of education and poverty
- A lower order of priority mentions included air and water pollution concerns and cancer

Responses were then obtained to the question: "Do you perceive there are any primary and/or chronic disease needs, as well as potential health issues, of uninsured persons, low income persons, minority groups and/or other population groups (i.e. people with certain situations) which need help or assistance in order to improve? If you believe any situation as described exists, please also indicate who you think needs to do what?" In summary, we received the following commentary regarding the more important health or medical issues:

- Prior list of concerns were noted as also impacting special populations, illustrated by "Obesity is the primary problem."
- Individuals with diabetes were noted as frequently without insurance and at great difficulty to pay for care and treatments
- Dental availability was noted as an ongoing problem caused in part by Medicaid payment limitations
- Minor mentions made of mental health and drug problems

KS Health Institute additional considerations were:

- 2.7% of Neosho households speak a language other than English at home, the lowest rate in SE KS
- 25.9% of Neosho deaths attributable to tobacco, about KS avg. but more residents smoke

- Neosho has highest reported percent of population binge drinking in SE KS
- Of 326 surveys, top concerns were Cancer, Diabetes and High Blood Pressure
- Of 326 surveys, most risky behaviors were Substance Abuse, Obesity and Tobacco Use

Summary of Observations from Neosho County Compared to All Other Kansas Counties, in Terms of Community Health Needs

In general, Neosho County residents are among the least healthy compared to the healthiest in Kansas.

In a health status classification termed "Health Outcomes", Neosho ranks number 94 among the 102 Kansas ranked counties (best being #1). Typifying the problem, Premature Death (deaths prior to age 75) is about 50% higher than average for Kansas, and Kansas is slightly worse than the national benchmark. The Kansas and national Premature Death rates have been declining in contrast to the Neosho rate which has risen dramatically since 2006 and has been excessive since 1998, the earliest year of record in our analysis.

Clinical conditions warranting investigation because of adverse values include the following:

- Adult Smoking – 19% of adults smoke, which statistically is the same as the Kansas average, but is significantly above the national benchmark standard of 13%
- Obesity – 36% of adults with an almost exponential increasing trend, faster than KS or US trend; physical inactivity is a related problem, 32% of residents are inactive, significantly higher than the KS average, 24%, and the national benchmark standard of 21%
- Motor Vehicle Crash Death Rate – 29 per 100,000, significantly higher than KS rate of 16 and US national benchmark of 10
- Preventable Hospital Stays – 106 hospital admissions per 1,000 Medicare enrollees which is significantly higher than the KS average of 67 or the US national benchmark rate of 47, and, the Neosho rate has remained virtually unchanged for the last seven years while KS and US rates declined. This is an indication of physician need as clinical intervention occurs late in the disease process.
- Residents having some college experience – 54% which is significantly lower than the KS average of 67% and the national benchmark of 70%

Summary of Observations from Neosho County Peer Comparisons

The federal government administers a process to allocate all counties into "Peer" groups. County "Peer" groups have similar social, economic and demographic characteristics. Health and wellness observations when Neosho County is compared to its national set of Peer Counties and compared to national rates make the following observations:

UNFAVORABLE observations occurring at rates worse than national AND worse than among Peers:

- LOW BIRTH WEIGHT(less than 2.5g)
- PREMATURE BIRTHS(<37wks)
- POSTNEONATAL MORTALITY
- LUNG CANCER
- SUICIDE

SOMEWHAT A CONCERN observations because occurrence is EITHER above national average or above peer group average:

- STROKE
- COLON CANCER
- BIRTHS TO WOMEN AGE 40 to 54
- BIRTHS TO UNMARRIED WOMEN
- BREAST CANCER
- CORONARY HEART DISEASE
- MOTOR VEHICLE INJURIES
- BIRTHS TO WOMEN UNDER 18
- UNINTENTIONAL INJURY

BETTER PERFORMANCE better than peers and national rates:

- VERY LOW BIRTH WT.(<1.5g)
- NEONATAL INFANT MORTALITY
- INFANT MORTALITY
- WHITE NON HISPANIC INFANT MORTALITY

Neosho Population Characteristics

Neosho County in 2010 comprises 16,529 residents. The population is 91% nonHispanic White. Asian & Pacific Island nonHispanics constitute .5% of the population. Hispanics comprise 4.5% of the population and are the largest minority. Black nonHispanics comprise 1.2% of the minority population. 18.1% of the population is age 65 or older. This is a larger population segment than the elderly comprise elsewhere in Kansas (13.9%) or in comparison to the national average (13.9%). 17.2% of the women are in the childbirth population segment. This segment is smaller than as elsewhere in Kansas (19.2%) or in comparison to the national average (19.8%).

The median income, median home value and household wealth are below the Kansas and national averages, except for household wealth where Neosho exceeds the national average.

The following indicators, in descending order of amount of population impacted, were identified from a comparison of the county to national averages:

Metrics impacting more than 25% of the population and statistically significantly different from the national average include the following. All are considered adverse findings unless otherwise noted and this list is more extensive than the list of needs typically encountered:

1. I am responsible for my health 10% below average impacting 59% of the population
2. Obtained a Pap/Cervix test in last 2 years 19% below average impacting 49% of the population
3. Obtain routine cholesterol screening is 12% below average impacting 45% of the population
4. BMI: Morbid obese is 6% below average impacting 42% of the population, a beneficial finding
5. Obtain Mammogram in past 2 years is 6% below average impacting 42% of the population
6. Obtained a visit to an OB/GYN in last year 15% below average impacting 40% of the population
7. Used an Emergency Room in last 2 years 9% above average impacting 37% of population
8. Chronic high blood pressure 31% above normal impacting 34% of the population
9. Follow treatment recommendations 17% below average impacting 34% of the population
10. Tobacco Use 20% above average impacting 31% of the population
11. Routing Screen: Prostate in last 2 yr 9% below average impacting 29% of population
12. Chronic Lower Back Pain 27% above average impacting 28% of population
13. Healthy eating habits 13% below average impacting 26% of population
14. Chronic High Cholesterol 11% above average impacting 25% of the population

Situations and Conditions statistically significantly different from the national average but impacting less than 25% of the population include the following. All are considered adverse findings unless otherwise noted:

- Colorectal screening in last 2 years 7% below average impacting 24% of the population
- Chronic Allergies 12% above average impacting 22% of population

- Obtain routine Cardiac Stress Test in last 2 years 7% below average impacting 15% of the population
- Chronic Osteoporosis 43% above average impacting 14% of the population
- Chronic Diabetes 30% above average impacting 14% of the population
- Chronic Heart Disease 34% above average impacting 11% of the population
- Chronic COPD 21% above average impacting 8% of the population
- Very Unhealthy Eating Habits 35% above average impacting 4% of the population

Key Conclusions from Consideration of Other Statistical Data Examinations

Additional observations of Neosho County found:

A. Palliative Care programs (programs relieving serious disease symptoms pain and stress) are not in the County. Hospice Care (programs to provide terminal disease comfort care) exists in Neosho county and four programs provide service.

B. Five of the top fifteen leading causes of death have lower than expected rates of occurrence (Kidney, Suicide, Parkinson's, Hypertension and Homicide). Six of the top causes of death are higher than expected rates (Heart Disease, Cancer, Stroke, Diabetes, Blood Poisoning and Flu / Pneumonia). Ranking Neosho causes of death (in descending occurrence):

1. Heart Disease death rate per 100,000, 257 compared to KS rate of 178, ranks Neosho #8 among 105 KS counties (#1 = worst), rate is higher than expected
2. Cancer 201 per 100,000 ranks Neosho #23 among KS counties significantly higher than expected and above KS average
3. Lung 62 per 100,000 ranks #16 among KS counties – as expected and above KS rate
4. Stroke 51 per 100,000 ranks #39 in KS – higher than expected death rate and above KS average
5. Accidents 49 per 100,000 ranks #60 in KS as expected but above KS average
6. Kidney 28 per 100,000 ranks #11 in KS – lower than expected but above KS average
7. Alzheimer's 21 per 100,000 ranks #50 in KS as expected but below KS average
8. Suicide 18 per 100,000 ranks #23 in KS lower than expected but above KS average
9. Diabetes 15 per 100,000 ranks #83 in KS – higher than expected but below KS average
10. Blood Poisoning 15 per 100,000 ranks #13 in KS – higher than expected and above KS average

C. According to the Center for Disease Control, Heart Disease incident above KS and US average, Death rate among Blacks 83% above KS death rate and 55% above US death rate. The Heart

Disease hospitalization rate is below the US and KS average for all races but for Blacks it is 20% above the KS average and 11% above the US average.

D. The incident of Stroke deaths is just below KS but above the US avg. No racial analysis is available.

E. The Institute for Health Metrics and Evaluation notes the prevalence of Diabetes diagnosed among adult population in Neosho county is in the 4th national decile, below the national average. They also note Life expectancy for Neosho males in 1989 was 73.1 years, 8.5 years behind the best rates internationally, improving in 2009 to 74.4 years, 7.4 years behind the best rates. Life expectancy for Neosho females in 1989 was 79.3 years, 6.3 years behind the best international rates, improving slightly in 2009 to 79.6 years, 6.2 years behind the longest living females. This follows patterns observed among several counties of life expectancy for males improving better than for females.

F. The US Department of Health Resources and Services Administration designated Neosho county a primary medical care shortage area, a dental shortage area based on low income and a mental health shortage area. The Chetopa service area portion of the county also is designated a medically underserved area.

G. Community Commons also analyzes data and presents the following indicators at variance from state or national averages:

- 21.2% of children, but only 16.7% of total population, excessive compared to US and KS averages, live in poverty
- The rate per 100,000 of fast food restaurants is about 40% of KS and US averages, a desirable finding
- Liquor Store rate per 100,000 is 50% above KS average and 300% of the US average Alcohol consumption exceeds the KS and US average.
- The percent of adults without a dental exam in last year was 37%, above the KS average of 28%

EXISTING HEALTH CARE FACILITIES, RESOURCES AND NMRMC IMPLEMENTATION PLAN

Significant Health Needs

We used the priority ranking of area health needs to organize the search for locally available resources.[19] The following list identifies locally available resources corresponding to each priority need:

- Identifies the rank order of each identified Significant Need;
- Presents the factors considered in developing the ranking;
- Establishes a Problem Statement to specify the problem indicated by use of the Significant Need term;
- Identifies NMRMC current efforts responding to the need;
- Establishes the Implementation Plan programs and resources NMRMC will devote to attempt to achieve improvements;
- Documents the Leading Indicators NMRMC will use to measure progress;
- Presents the Lagging Indicators NMRMC believes the Leading Indicators will influence in a positive fashion, and;
- Presents the locally available resources noted during the development of this report as believed to be currently available to respond to this need.

In general, NMRMC is the major hospital in the service area. NMRMC is a 25 bed Critical Access Hospital located in Chanute, KS. The next closest facilities are outside the service area and include:

- Allen County Hospital a 25 bed critical access hospital located in Iola, KS (20.7 miles, 26 minutes from NMRMC)
- Labette Health a 64 bed hospital located in Parsons, KS (36.7 miles, 44 minutes from NMRMC)
- Wilson County Hospital a 15 bed critical access hospital located in Neodesha, KS (31.6 miles, 38 minutes from NMRMC)
- Coffey County Hospital a 62 bed hospital located in Burlington, KS (49.4 miles, 54 minutes from NMRMC)

In rank order of need, the local resources, listed in the tables beginning on the next page, could be available to respond to the need. All data items analyzed to determine significant needs are "Lagging Indicators", measures presenting results after a period of time, characterizing historical performance. Lagging Indicators tell you nothing about how the outcomes were achieved. In contrast the NMRMC Implementation Plan utilizes "Leading Indicators". Leading Indicators anticipate change in the Lagging Indicator. Leading Indicators focus on short-term performance, and if accurately selected, anticipate the broader achievement of desired change in the Lagging Indicator. In the QHR application Leading Indicators also must be within the ability of the hospital to influence and measure.

[19] Response to IRS Form 990 h Part V B 1 c

Significant Needs

1. OBESITY/OVERWEIGHT including lack of good nutrition – 326 residents cite as one of three most risky behaviors; Local Experts note as the leading concern and among specialty populations as the primary problem; Local Experts next highest frequency mentions were specific lifestyle issues of poor nutrition, lack of exercise; Obesity impacts 36% of adults with increasing trend, faster than KS or US; physical inactivity a related problem, 32% of residents are inactive, significantly higher than KS avg. and US benchmark; fast food restaurants 40% of KS and US avg., a desirable finding; Morbid obese 6% below avg. impacts 42% of population, a beneficial finding; Healthy eating habits 13% below average impacts 26% of population.

Problem Statement: Increase awareness of the importance of maintaining a healthy weight and lifestyle.

Obesity is an indicator of the overall health and lifestyle of a community. Obesity increases the risk of many diseases and health conditions including heart disease, Type 2 diabetes, cancer, hypertension, stroke, liver and gallbladder disease, respiratory problems, and osteoarthritis. Losing weight and maintaining a healthy weight help to prevent and control these diseases.

NMRMC SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- NMRMC Fitness and Rehabilitation Center
- Weight Watchers program
- Registered dietician and nutritional counseling
- Annual community health fair
- Sponsor of area 5K runs and sports teams
- Publish free, monthly e-newsletter
- Offers economical, nutritious food items in the cafeteria
- Assess Body Mass Index (BMI) on each patient admitted to the hospital

NMRMC IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- NMRMC will establish an integrated approach to obesity by coordinating its efforts with other organizations to form a multi-component obesity prevention initiative.[20]
- NMRMC will be a corporate leader by fostering employee involvement in worksite prevention intervention.[21]
- Label cafeteria foods to show serving size and nutritional content: availability and awareness of nutritional information content may decrease calorie consumption.
- Make water available and promote consumption of water in place of sweetened beverages.

[20] http://www.countyhealthrankings.org/policies/multi-component-obesity-prevention-interventions
[21] http://www.countyhealthrankings.org/app/#/new-mexico/2013/measure/factors/11/policies

- Encourage point-of-purchase prompts to highlight healthier alternatives such as fruits and vegetables.
- Promote exercise and recreation in communities, e.g., sponsor community health and fitness activities such as marathons and baseball teams
- Increase access to fitness centers and athletic facilities: access can be increased in a number of ways, including physical access/location accessibility and reduced costs or sliding scale fees to improve economic access
- Internally develop employee wellness program incentives for physical activity that may be used as a model for area employers
- Continue breastfeeding programs to increase breastfeeding initiation, exclusive breastfeeding, and duration of breastfeeding

ANTICIPATED RESULTS FROM NMRMC IMPLEMENTATION PLAN

- NMRMC anticipates a reduction in the percentage of residents who are obese.

LEADING INDICATOR NMRMC WILL USE TO MEASURE PROGRESS:

- Annual enrollment (biometric screening) in NMRMC employee wellness
- 2012 = 303 2013 = 285

LAGGING INDICATOR NMRMC WILL USE TO IDENTIFY IMPROVEMENT

- Reduction in the percent of Neosho residents having an obesity value equal to or greater than 30 from 34.5%. http://assessment.communitycommons.org/CHNA/Report.aspx?page=6&id=603

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:		
Neosho County Public Health Department	100 S. Main, Erie, KS 66720	620-244-3840 620-431-5770
Diabetes Support Group	Ashley Clinic, 505 S. Plummer Chanute, KS 66720	620-431-2500

2. ALCOHOL / SUBSTANCE ABUSE – Neosho has highest reported percent of population binge drinking in SE KS: 326 residents cite substance abuse as one of three most risky behaviors; Alcohol consumption exceeds KS and US average, Liquor Store availability 50% above KS and 300% above US average; drug problems a minor Local Expert concern for special populations

Problem Statement: Increase education about the adverse consequence of substance abuse as needed.

NMRMC SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- NMRMC emergency department referrals to area resources
- NMRMC Case Management Transition of Care Service

NMRMC IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- NMRMC efforts will increase awareness of disease and its risk factors.
- Implement a tracking program for emergency service substance abuse referrals.
- Work with local agencies on training regarding the care of patients suffering from substance abuse.
- Increase community education through hospital community newsletter and web-based health library.

ANTICIPATED RESULTS FROM NMRMC IMPLEMENTATION PLAN

- NMRMC efforts can help address the symptoms of alcohol and drug abuse and the results of substance use, but it can do little to impact the underlying causes of this problem which stem from adverse lifestyle choices and other factors.

LEADING INDICATOR NMRMC WILL USE TO MEASURE PROGRESS:

- Emergency Service substance abuse referrals
  - 2012 patients = 13

LAGGING INDICATOR NMRMC WILL USE TO IDENTIFY IMPROVEMENT

- The percent of Neosho adults age 18 or older who self-report heavy alcohol consumption
  - 2012 = 17% http://assessment.communitycommons.org/CHNA/Report.aspx?page=5&id=304

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:		
Alcoholics Anonymous	816 S. Malcolm, Chanute	620-431-6864
Narcotics Anonymous	816 S. Malcom, Chanute	620-431-6864
Addiction Recovery Center	1005 Hugh St., Frontenac	620-235-1600
SEK Mental Health Center	402 S. Kansas, Chanute	620-431-7890

3. SMOKING / TOBACCO USE – 25.9% of deaths attributable to Tobacco, Neosho residents smoking is above KS avg.; 326 residents cite as one of top 3 risky behaviors; 19% of adults smoke, statistically same as KS avg., but significantly above US 13%; Tobacco Use 20% above avg. impacts 31% of pop

Problem Statement: Increase awareness of adverse consequences of use of tobacco products.

NMRMC SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- Annual smoking cessation classes
- Smoking assessment conducted on all patients.
- Patient education provided if warranted
- Annual pulmonary function testing available at the community health fair

NMRMC IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- Continue offering current resources and;
- Explore NMRMC participation in Kansas Department of Health and Environment initiatives.

ANTICIPATED RESULTS FROM NMRMC IMPLEMENTATION PLAN

- Increase in the number of Neosho county residents attempting to quit smoking in the past 12 months.

LEADING INDICATOR NMRMC WILL USE TO MEASURE PROGRESS:

- Number of patients screened for tobacco use
  - 2012 patients = 14,363

LAGGING INDICATOR NMRMC WILL USE TO IDENTIFY IMPROVEMENT

- Percent of Neosho smokers with quit attempts in past 12 months
  - 2010 = 63.39% http://assessment.communitycommons.org/CHNA/Report.aspx?page=5&id=352

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:		
Name	Address	Phone
Kansas Tobacco Quit	www.ksquit.org www.KANquit.org	1-800-QUITNOW (1-800-784-8669)
NMRMC medical staff	www.nmrmc.com	620-431-4000

4. AFFORDABILITY – Multiple Local Expert mentions of concerns about affordable access to care, lack of insurance and/or high deductibles, cost of care creating limitations of access to care and treatments (prescriptions)

Problem Statement: Increase awareness of programs to assist residents in access and payment for health care.

NMRMC SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- NMRMC financial assistance program and policies
- NMRMC emergency medical care treatment protocols
- NMRMC financial counseling and program eligibility determination efforts
- Case management department which includes a health insurance navigator and SHICK coordinators
- The NMRMC Foundation's Drug Assist program
- Offer NMRMC employee course - Financial Peace University (home money management program) as needed
- Annual community and corporate health fairs

NMRMC IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- Maintain active Financial Services and Case Management personnel to match patients with financial assistance.
- Provide staffing for the Drug Assist program to help qualified residents access pharmaceuticals at a reduced price.
- Increase use of telemedicine as a way for patients to access qualified health and mental health professionals.
- Expand use mid-level practitioners.
- Fund health profession scholarships.
- Coordination with public health and other available services to better utilize available resources and/or develop new sources of assistance.
- As the area's largest employer, utilize LEAN techniques to reduce the cost associated with providing healthcare services and continue as leading employer.

ANTICIPATED RESULTS FROM NMRMC IMPLEMENTATION PLAN

- NMRMC efforts can help address the symptoms of and results from problems of affordability and access but it can do little to impact the underlying causes of this problem which stem from unemployment, limited educational achievement, adverse lifestyle choices and other factors.

LEADING INDICATOR NMRMC WILL USE TO MEASURE PROGRESS:

- Volume of patient financial assistance efforts should increase from 2012 volumes.
  - 2012 NMRMC charity care / uncompensated care dollars = $6,498,590

LAGGING INDICATOR NMRMC WILL USE TO IDENTIFY IMPROVEMENT

- Percent of Neosho residents without medical insurance
  - 2011 = 18.5% http://assessment.communitycommons.org/CHNA/Report.aspx?page=2&id=770

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:		
SEK Mental Health	402 S. Kansas, Chanute	620-431-7890
Community Health Center SEK (dental)	423 N. Washington, Iola	620-365-6400
Neosho County Health Department	320 E. Main, Chanute	620-431-5770
SEK Education Services – Greenbush (hearing)	947 W. 47 Hwy., Girard	620-531-3685
Lions Club (eye exams/glasses)		620-431-0329
Tri-Valley Developmental Services	3740 S. Santa Fe, Chanute	620-431-7796
SKIL	119 S. 18th, Parsons	620-421-5502

5. COMPLIANCE BEHAVIOR / PREDISPOSING CONDITIONS – Responsible for own health 10% below average impacts 59% of pop; follows treatment recommendations 17% below average impacts 34% of population; Local Experts note a lack of formal education and poverty.

Problem Statement: Increase the number of residents following recommended treatment plans.

NMRMC SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- Chronic Disease readmission prevention programs
- Chronic Disease support group coordinated by NMRMC Home Health Agency
- Monthly Cardiology and other specialty clinics
- Case Management Services
- NMRMC Home Health Agency
- NMRMC Home Health community blood pressure/blood sugar screens monthly
- NMRMC Drug Assist program
- NMRMC Exit care – patient education
- Cardiac Rehab department

NMRMC IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- Continue above initiatives.
- Implement diabetic education initiatives.
- Collaborate with other resources.
- Continue to implement a Financial Assistance program for Priority Population members.[22]

ANTICIPATED RESULTS FROM NMRMC IMPLEMENTATION PLAN

- Increase the number of people in compliance with individual medical treatment plans.

LEADING INDICATOR NMRMC WILL USE TO MEASURE PROGRESS:

- HCHAPS percent of patients who reported that YES, they were given information about what to do during their recovery at home.
    - 10/1/2011 to 9/30/2012 results = 90%

LAGGING INDICATOR NMRMC WILL USE TO IDENTIFY IMPROVEMENT

- Percent 65+ receiving pneumonia vaccination
    - 2011 = 69% http://assessment.communitycommons.org/CHNA/Report.aspx?page=4&id=507

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:		
Local physicians	Visit hospital web site	www.nmrmc.com
SEK Mental Health	402 S. Kansas, Chanute	620-431-7890
Community Health Center SEK (dental)	423 N. Washington, Iola	620-365-6400
Neosho County Health Department	320 E. Main, Chanute	620-431-5770
SEK Education Services – Greenbush (hearing)	947 W. 47 Hwy., Girard	620-531-3685
Lions Club (eye exams/glasses)		620-431-0329
Tri-Valley Developmental Services	3740 S. Santa Fe, Chanute	620-431-7796
SKIL	119 S. 18th, Parsons	620-421-5502

[22] http://www.countyhealthrankings.org/policies/financial-incentives-patients-undergoing-preventive-care

6. CORONARY HEART DISEASE – 1st cause of death ranks 8th among KS Co (1st = worst) higher than expected; Heart Disease above KS and US average Heart Disease hospitalization rate below US and KS average for all races but for Blacks 20% above KS average and 11% above US average; SOMEWHAT A CONCERN as rate is EITHER above US or peer group average.

Problem Statement: Increase awareness of prevention and treatment of cardiovascular disease.

NMRMC SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- NMRMC Emergency Service
- NMRMC cardiology screening and diagnostic services
- NMRMC Cardiac rehabilitation program
- Chronic Disease readmission prevention programs
- Chronic Disease support group coordinated by NMRMC Home Health Agency
- Monthly Cardiology specialty clinic
- Case Management Services
- NMRMC Home Health community blood pressure/blood sugar screens monthly
- NMRMC Drug Assist program
- NMRMC Exit care – patient education
- Cardiac Rehab department
- Foundation's patient scales program to provide weight scales for home monitoring
- Continue innovative involvement in programs such as Project Red, Heart Failure and AMI.
- Produce monthly e-newsletter on healthy heart living

NMRMC IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- Continue current Case Management efforts including Care Transition Initiatives.
- Efforts will focus on implementing points 2 and 3 of the "Public Health Action Plan to Prevent Heart Disease and Stroke"[23]
    - Promote cardiovascular health and prevent heart disease and stroke through interventions in multiple settings, for all age groups, and for the whole population, especially high-risk groups.

[23] http://www.cdc.gov/dhdsp/action_plan/pdfs/action_plan_full.pdf

This recommendation defines the scope of a comprehensive public health strategy to prevent heart disease and stroke. Such a strategy must 1) emphasize promotion of desirable social and environmental conditions and favorable population-wide and individual behavioral patterns to prevent major risk factors and 2) assure full accessibility and timely use of quality health services among people with risk factors or disease.

- Maintain laboratory capacity to address new and continuing demand

ANTICIPATED RESULTS FROM NMRMC IMPLEMENTATION PLAN

- NMRMC efforts can help address the symptoms of and results of heart disease but it can do little to impact the underlying causes of this problem which stem from adverse lifestyle choices and other factors.
- NMRMC efforts will increase awareness of disease and its risk factors.

LEADING INDICATOR NMRMC WILL USE TO MEASURE PROGRESS:

- Outpatients with chest pain or possible heart attack who were given medications to break up blood clots within 30 minutes of arrival.
  - 2012 = 3 eligible, 0 met 30 minute parameter

LAGGING INDICATOR NMRMC WILL USE TO IDENTIFY IMPROVEMENT

- Death rate from Coronary Heart Disease
  - 257 per 100,000 www.worldlifeexpectancy.com/usa-health-rankings

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:		
American Heart Association	6800 W. 93rd Street Overland Park, KS 66212	www.heart.org 913-652-1913
NMRMC Cardiology Specialty Clinic	629 S. Plummer, Chanute	620-431-4000
NMRMC medical staff	See hospital web site	www.nmrmc.com

Other Needs Identified During the CHNA Process Presented in Rank Order of Need

7. PRIORITY POPULATIONS – Excessive poverty compared to US and KS average 21.2% of children, 16.7% of total pop; Black Heart Disease death rate 83% above KS death rate and 55%

above US rate.; drug abuse a Local Expert concern; Local Experts note obesity as the primary problem

8. CANCER – 2nd cause of death ranks 23rd among KS Co (1st = worst) significantly higher than expected and above KS average; 326 surveyed residents cite as one of three top concern; Local Experts cite as lower order of priority concern; SOMEWHAT A CONCERN as rate is EITHER above US or peer group average for Colon Cancer and Breast Cancer; UNFAVORABLE rates worse than US and Peers for Lung Cancer; Obtain Pap/Cervix test 19% below average impacts 49% of population; Obtain Mammogram 6% below average impacting 42% of population; Obtain Prostate test 9% below average impacts 29% population
9. DIABETES – 9th cause of death, rank #83 among KS Co (1st = worst) lower than expected and below KS average; 326 residents cite as one of top three concerns; Local Expert concern among special populations having diabetes typically without insurance and difficulty to pay for treatments; Diabetes below the national average.
10. MATERNAL AND INFANT MEASURES – UNFAVORABLE rates worse than US and Peers for Low Birth Weight, Premature Births and Post Neonatal Mortality; SOMEWHAT A CONCERN as rate is EITHER above US or peer group average for Births to Women Age 40 to 54, Births to Unmarried Women and Births to Women Under 18; BETTER PERFORMANCE than peers and national rates for Very Low Birth weight; Neonatal Infant Mortality; Infant Mortality and White NonHispanic Infant Mortality
11. MENTAL HEALTH / SUICIDE – Suicide 8th cause of death rank #23 among KS Co (1st = worst) significantly higher than expected and above KS average; UNFAVORABLE rates worse than US and Peers for Suicide; Neosho a mental health shortage area; minor Local Expert concern among priority populations
12. BLOOD POISONING – 10th cause of death, ranks #13 among KS CO (1st = worst) – higher than expected above KS average.
13. LIFE EXPECTANCY / PREMATURE DEATH – life expectancy for males improving better than for females; Premature Death (prior to 75) about 50% higher than average for KS, and KS slightly worse than US benchmark. KS and US premature death rates have declined but Neosho rate has risen dramatically since 2006 and excessive since 1998
14. ALZHEIMER'S – 7th Cause of death ranks 50th (1st = worst) as expected rate but below KS average.
15. CHOLESTEROL (HIGH) – Obtain routine cholesterol test 12% below average impacts 45% of population; Chronic High Cholesterol 11% above average impacts 25% of population
16. STROKE – 4th cause of death ranks 39th among KS Co (1st = worst) higher than expected death rate above KS average; Stroke deaths below KS above US average; SOMEWHAT A CONCERN as rate is EITHER above US or peer group average.

17. PALLIATIVE CARE & HOSPICE – Hospice exist in Neosho but Palliative care needs are served from surrounding Co
18. EMERGENCY SERVICES including Urgent Care – Used Emergency Room 9% above avg. impacts 37% of population; Urgent Care added by Local Expert Commentary
19. DENTAL – 37% adults without a dental exam above KS average, Neosho a dental shortage area based on low income; Local Expert concern among Medicaid population
20. PHYSICIANS – Chetopa designated medically underserved area, Neosho a primary medical care shortage area; Obtain OB/GYN visit 15% below average impacts 40% of population
21. LUNG – 3rd cause of death ranks 16th among KS Co (1st = worst) as expected but above KS average
22. ACCIDENTS – 5th cause of death rank 60th among KS Co (1st = worst) as expected rate but above KS average; SOMEWHAT A CONCERN as rate is EITHER above US or Peer Group average for Motor Vehicle and Unintentional Injuries; Motor Vehicle Crash Death Rate significantly higher than KS rate and US benchmark
23. PARKINSON's – 12th cause of death at lower than expected rate
24. LOW BACK PAIN (Chronic) – Chronic Lower Back Pain 27% above average impacts 28% of population
25. FLU / PNEUMONIA – 11th cause of death but at higher than expected rate
26. KIDNEY DISEASE – 6th cause of death ranks 11th among KS Co (1st = worst) but lower than expected and above KS average
27. BLOOD PRESSURE (High) – 13th cause of death but at lower than expected rate; 326 residents cite as one of three top concerns; chronic high blood pressure 31% above average impacts 34% of population
28. HOMICIDE – 15th cause of death but at lower than expected rate
29. POLLUTION – Local Experts cite a lower order of priority concern about air and water pollution

Overall Community Need Statement and Priority Ranking Score:

Significant Needs Where Hospital Has an Implementation Plan

1. OBESITY/OVERWEIGHT including lack of good nutrition
2. ALCOHOL / SUBSTANCE ABUSE
3. SMOKING / TOBACCO USE
4. AFFORDABILITY

5. COMPLIANCE BEHAVIOR / PREDISPOSING CONDITIONS

6. CORONARY HEART DISEASE

Significant Needs Where Hospital Did Not Develop an Implementation Plan[24]

(None)

Other Needs Where Hospital Developed an Implementation Plan

(None)

Other Needs Where Hospital Did Not Develop an Implementation Plan

7. PRIORITY POPULATIONS

8. CANCER

9. DIABETES

10. MATERNAL AND INFANT MEASURES

11. MENTAL HEALTH / SUICIDE

12. BLOOD PRESSURE (High)

13. LIFE EXPECTANCY / PREMATURE DEATH

14. ALZHEIMER'S

15. CHOLESTEROL (HIGH)

16. STROKE

17. PALLIATIVE CARE & HOSPICE

18. EMERGENCY SERVICES including Urgent Care

19. DENTAL

20. PHYSICIANS

21. LUNG

22. ACCIDENTS

23. PARKINSON's

24. LOW BACK PAIN (Chronic)

25. FLU-PNEUMONIA

26. KIDNEY DISEASE

27. BLOOD POISONING

[24] Reference Schedule H (Form 990) Part V Section B 7

28. HOMICIDE

29. POLLUTION

APPENDIX

Appendix A – Area Resident Survey Response[25]

A total of 42 local expert advisors participated in an online surveys offering opinions regarding their perceptions of community health needs. The following is an analysis of their responses:

The first question, answered by 31 respondents, was open-ended. "What do you believe to be the most important health or medical issue confronting the residents of your County?" Answers were placed in a "Word Cloud" format for analysis and generated the following image:

Word Clouds are analytical tools which give greater visual prominence to words appearing more frequently in the source text. This information visualization establishes a portrait of the aggregate responses, presenting the more frequently used terms with greater text size and distinction in the visual depiction. Common article words (i.e., "a," "the," etc.), non-contextual verbs (i.e., "is," "are," etc.) and similar words used when writing sentences are suppressed by this application.

Specific verbatim comments received were as follows:

- Nutrition good eating habits and a lack exercise
- Depression, Obesity, Diabetes, Hypertension, the abuse of Prescription medications. Within the health care setting these are very common and preventable diseases that are increasing every year.

[25] Responds to IRS Schedule H (Form 990) Part V B 1 h

- Cost of insurance....many do not have and high cost of procedures that patients have to pay that are not covered by insurance.
- There seems to be a lot of people with cancer in the area.
- Having or even affording health insurance
- Cancer Prevention, Obesity, General Wellness, Still too many smokers.
- Access to affordable quick medical care. Even those whom are insured have deductibles so high they are unable to afford needed care
- AFFORDABLE HEALTH CARE
- Access to medical specialties, for example: orthopedics, neurology, internal medicine.
- Ability to recruit quality health care providers....i.e. doctors, nurses, etc. Accessibility to them.
- The cost of health insurance. Insurance cost more and covers less. Deductibles are higher, limits on doctor visits and less prescription coverage. People put off going to the doctor and illnesses and injuries are caught later, making the cost of care higher.
- we need good doctors and a good hospital, and I believe we have both
- Respiratory problems possibly associated with air quality, various forms of cancer
- Obesity and preventative medicine
- Lack of Medical coverage
- Insufficient income to provide for needs. Poor health behaviors that result in poor health outcomes. Spiritual apathy in majority of community population. Dwindling hope which results in poor physical health
- I believe the biggest health issue facing our county is obesity. This is a national issue as well. It affects all aspects of our lives and is responsible for an increase in diabetes and other illnesses.
- Poverty and obesity. They are intertwined and difficult to alleviate, poverty contributes to poor choices of food consumption some of these choices contribute to obesity. Lack of understanding due to lack of education, pressure of being a single parent, and ease of preparation are secondary reasons for both issues.
- The most important health or medical issue facing Chanute and Neosho County is health fitness, good habits, and preventative effort. I believe obesity, poor health habits such as poor nutrition, low or no level of exercise, smoking affects the quality of life of our citizens especially low income.
- Obesity Lack of a primary care physician due to poverty Drug addiction

- I believe it is obesity.
- Poverty/Access to healthcare Mental health Drug and sexual abuse
- Lifestyles are unhealthy, likely related to lack if higher education
- Environmental concerns
- Poverty. This affects everything from being able to afford medical care to utilizing the ER as one's personal physician to being able to pay for any care received.
- poverty
- General lifestyle issues like nutrition, exercise, choice of time usage and how that contributes to being productive in society and self-sufficient.
- Air and water quality. Medical costs, people not having primary physician using emergency room for this.
- Poor eating choice and lack of cardio activity
- Obesity, lack of knowledge to correct it. (Improper eating habits, Lack of exercise)
- Health literacy. Ability to find jobs and then money to pay for health care.

Our second question to the local experts was, "Do you perceive there are any primary and/or chronic disease needs, as well as potential health issues, of uninsured persons, low-income persons, minority groups and/or other population groups (i.e., people with certain situations), which need help or assistance in order to improve? If you believe any situation as described exists, please also indicate who you think needs to do what."

The responses generated the following image:

Specific verbatim comments received were as follows:

- Yes again a lack of good eating habits that is a leading cause for obese and diabetes
- Yes there are several diseases that uninsured , low-income, minority groups need assistance with. Obesity which leads to a host of other chronic diseases such as hypertension, diabetes, and several other health issues could be prevented by educating patients. Health care facilities, Providers, general public can offer classes on healthy eating, shopping tips (teaching people to read labels and know what ingredients to avoid), cooking classes to teach low income people or minority groups how to cook and eat healthy even on a limited income. Exercise classes or activities at a low cost or even no charge at all that could involve all age groups. Lifestyle change is a choice, but with some awareness and education it could lead to a decrease in chronic diseases with in this community. In regards to whom I think needs to do what, is the heath care community in conjunction with citizens of the community is a place to start. Being educated, setting examples themselves, and being a route of information for individuals to come to with questions and/or assistance is a starting point. Developing programs with the involvement of citizens to help plan and/or volunteer allows them to be a part of the success of creating a healthier community.
- Obesity. Education on healthy eating habits, how to cook healthy foods, and exercise should be a community focus at food banks, doctor offices, and other connection point were these people can be reached.
- unknown
- Same as number 1.
- I feel like the costs charged for medical services are very high. I personally recently received medical care and I have insurance. However I now am making payments as the deductibles were so high and what is and is not covered are very confusing. I think this is a serious issue for all whom are insured. I have some medical service experience as well and understand the uninsured are using our emergency room facilities as a doctor's office for their convenience.
- YES. THERE IS NO ONE SIMPLE ANSWER .
- People with diabetes with no health insurance have great difficulty getting proper health care. They cannot afford their medications, and cannot afford the office visit fee, so they do not seek health care until they are so sick that need hospitalization. Instead of waiting until they develop complications and become disabled before health care is available to them, basic health care should be available to provide office visit, lab and medications to them. Long term it is cheaper to prevent diabetes complications than to treat complications.
- Dental care. It has much improved but those without dental coverage put off annual checkups and treatment until it results in health issues or tooth loss. I think there should be affordable coverage. The dental clinics are great, but there is still a cost and with the

economy so poor it becomes a lower priority. I think education is also important. Most don't realize that poor dental care can affect overall health.

- I'm really not sure. I believe that our community has a fairly large group of low-income persons. I really don't know what health issues that group may have. That is definitely a question for the doctors that treat these people to answer. I assume that group probably is in need of the most assistance. I don't believe that the federal government should provide any more assistance. I believe that the private insurance companies should have more freedom to become more competitive across state borders and provide better and affordable rates based on individual needs and possibly income.
- I think there needs to be programs teaching people and children about healthy eating and lifestyles. I think it would be great to have exercise programs for low-income families. Usually the ones that need it the most are the ones who can't afford it.
- None that I am aware of
- Apparently many do not have sufficient means to buy food as evidenced by the total free lunch count and the food give-away programs during the summer. So, income continues to be a significant issue. Living wage jobs are apparently not readily available in sufficient supply. Many potential workers lack skill and/or motivation. According to the latest City of Chanute economic development report there is a substantial amount of apathy in the community. Many residents have poor nutrition. Generally, the establishment of "fitness coaches" might help many improve their health and well being. This could be a partnership of health care providers and the Chanute Recreation Commission. Chanute has significant physical assets that appear to be under-utilized.
- As I mentioned in the last question, obesity is the number one problem and it affects all groups; low income, uninsured, minorities, people with disabilities, etc. In order to alleviate the problem, there needs to be a dialogue between the health care industry, government, the food industry and the education system to find a way to make food more healthy and increase the recreational activities of those who are obese.
- As in my previous answer I believe the individuals that live below the poverty line are inclined to make poor health choices, these include smoking, as well as, poor choices in food selection.
- We have a large segment of our population that is obese, eats poorly, smokes, and does not exercise that lowers the quality of life. We are working towards good habits for our k-12 age students with good nutrition and exercise but many of these students go home to poverty situations where positive habits are not reinforced.
- Neosho County has a poverty rate of 16.8%. This has wide-reaching health implications including lack of primary care, obesity, drug addiction, prenatal care, etc.. Educational attainment is directly correlated with all of these issues. In battling ignorance we also battle

poverty and, by extension, health issues. Nothing that a college degree or certificate and a decent job with health benefits couldn't cure.

- General public welfare due to low incomes... dental, eye, obesity, children's access to health. Drug and sexual abuse. Education, economic development, and law enforcement/prosecution. Raise awareness and efforts to increase the reporting of crimes.
- Obesity is the primary problem. Prescription narcotic abuse is also a problem.
- high prevalence of cancer
- Chronic disease seems less likely to be treated in a timely manner for those living in poverty. Illegal drug use is often tied to poverty and creates its own set of health problems and needs. Having the community come together to, first, acknowledge the poverty issue exists in our community and then, second, work to address the issue in a whole community approach is what would work best in my opinion. Having NMRMC continue to participate in the community as it does so well currently is vital to addressing this issue.
- Vaccination program: coalition of medical system, public health, schools... Drug problems: coalition of law enforcement, schools, public health, medical system... Mental health: coalition of regional mental health professionals, public health, medical system... Obesity: every group!
- Dental availability is an on-going problem. In the past, Medicaid hasn't paid the dentists what others pay, so only a few dentists want to take Medicaid patients. This means that patients have to travel for care which often doesn't happen.
- We seem to have a lot of people w/ respiratory problems and cancer. Non insured and underinsured people which is directly related to low income and high poverty rates in our area.
- General education and guidance
- I do believe that all persons listed above will need help and assistance to change. I believe the schools, city and county leaders, as well as community church leaders can all make a large impact on creating an environment to change the current status. The community as a whole as an obligation to help its neighbors be the best they can be.
- obesity

Appendix B – Process to Identify and Prioritize Community Need[26]

Community Needs	Votes	Experts Voting	Cumulative Percent of Votes	Point Break from Higher Need	Need Determination
1. OBESITY/OVERWEIGHT including lack of good nutrition	522	25	16.8%		Significant
2. ALCOHOL / SUBSTANCE ABUSE	395	24	29.6%	127	
3. SMOKING / TOBACCO USE	254	21	37.8%	141	
4. AFFORDABILITY	232	17	45.3%	22	
5. COMPLIANCE BEHAVIOR / PREDISPOSING CONDITIONS	224	11	52.5%	8	
6. CORONARY HEART DISEASE	195	15	58.8%	29	
7. PRIORITY POPULATIONS	156	10	63.8%	39	Other Identified Needs
8. CANCER	136	14	68.2%	20	
9. DIABETES	136	14	72.6%	0	
10. MATERNAL AND INFANT MEASURES	120	11	76.5%	16	
11. MENTAL HEALTH / SUICIDE	111	13	80.0%	9	
12. BLOOD PRESSURE (High)	91	11	83.0%	20	
13. LIFE EXPECTANCY / PREMATURE DEATH	82	9	85.6%	9	
14. ALZHEIMER'S	80	8	88.2%	2	
15. CHOLESTEROL (HIGH)	77	11	90.7%	3	
16. STROKE	52	8	92.4%	25	
17. PALLIATIVE CARE & HOSPICE	45	7	93.8%	7	
18. EMERGENCY SERVICES including Urgent Care	41	6	95.1%	4	
19. DENTAL	35	8	96.3%	6	
20. PHYSICIANS	27	6	97.1%	8	
21. LUNG	24	7	97.9%	3	
22. ACCIDENTS	12	5	98.3%	12	
23. PARKINSON's	11	5	98.6%	1	
24. LOW BACK PAIN (Chronic)	9	5	98.9%	2	
25. FLU-PNEUMONIA	9	4	99.2%	0	
26. KIDNEY DISEASE	7	4	99.5%	2	
27. BLOOD POISONING	6	4	99.6%	1	
28. HOMICIDE	6	4	99.8%	0	
29. POLLUTION	5	5	100.0%	1	
Total	3,100	31			

Note Need statements presented in capital letters originate from data analysis. Need statements presented in lower case type originate from local expert opinions.

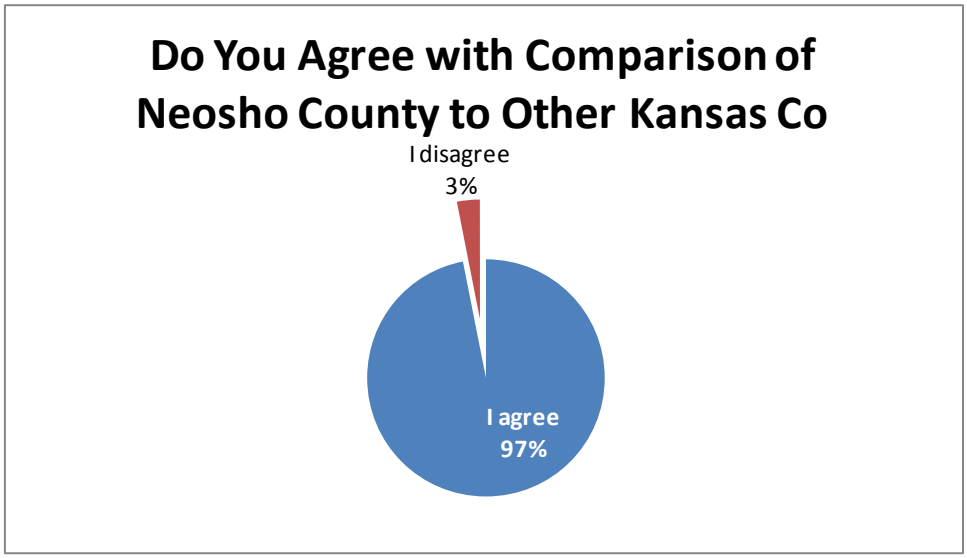
[26] Responds to IRS Schedule H (990) Part V B 1. g. and V B 1. h.

Individuals Participating as Local Expert Advisors

Count	Organization	Position	Area of Expertise
1	Jayhawk Lumber	President	long term resident
2	Ashley Clinic	physician	family physician
3	Neosho Memorial Hospital Foundation	Director	Area Resident, Homeless Shelter Board member, Catholic Charities Board Member
4	NCCC	Dean	education
5	NCCC	President	Euducation
6	Ameriprise Financial	Financial Advisor	Long-term area resident
7	Ashley Clinic	ceo	patient care
8	Neosho Co Community College	Dir of Development & Marketing	Higher Education
9	USD 413	Teacher	Long term area resident
10	Chanute Chiropractic Center	Office Manager	Insurance
11	Southeast kansas Respite Services	Coordinator	adults with disabilities
12	USD 413 Chanute Public Schools	Assistant Superintendent	education
13	Neosho County Health Department	Immunization R.N.	public health R.N. in charge of immunizations
14	SEK Mental Health	Director of Crisis Services	mental health
15	Pancea Family Medicine	Physician Assistant	Family Medicine Practitioner
16	attorney	partner	LAW
17	Brighter Beginnings Learning Center	Administrator	Children
18	Provider	APRN	Health care
19	Ashley Clinic	MD	pediatrician
20	State Farm	Agent	long term resident
21	Hi-Lo Industries	President	Long term resident/employer
22	USD 413	Superintendent	education
23	Tri-Valley FDevelopmental Services	CDDO Director	Intellectual Disabilities
24	SE KS Aging & Disability Resource Center	Community Resource Supervisor	serving the elderly
25	Bank of Commerce	Chief Information Officer	Long time resident & Employee
26	Everbrite Electroinics	Human Resource Manager	Human Resources
27	NCCC	Adv. Coordinator	Long Term resident
28	Tri-Valley Developmental Services	Asst Director of Residential Services	working with adults with disabilities
29	Medicine Shoppe	pharmacist	community pharmacist, rural, lifetime resident
30	Neosho Memorial RMC	Communications Officer	parent of child with special needs
31	NCCC RSVP	Director	Volunteer, Older Adults, Health
32	Jarred, Gilmore & Phillips, PA	President	cerified public accountant
33	Midwest Regional (Chaney Insurance)	Agent	Area Insurance Agent
34	Ash Grove Cement	Plant Manager	long term resident
35	City of Chanute	Finance Director	municipal government
36	Ashley Clinic	MD	Physician
37	MRH Insurance	President	Insurance/ USD #413School Board President
38	Neosho County Health Department	Admin	administrator for Neosho county public health
39	Retired	District Judge	area resident
40	Tri-Valley Developmental Services	Executive Director	Social Services
41	Commercial Bank	Vice President	long time resident
42	Ash Grove	HR Manager	Long time resident

Advice Received from Local Experts

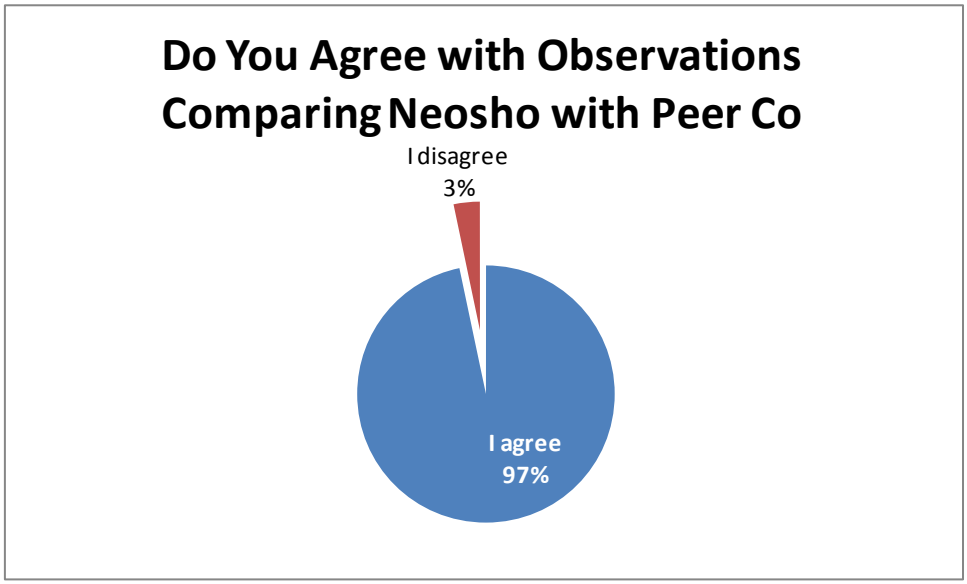
Q. Do you agree with observations formed about the comparison of Neosho County to all other Kansas counties?



Clarifying Comments:

- I disagree Obesity seems higher in county
- I don't have any good knowledge on these
- Metabolic Syndrome
- Observation appear to be consistent with what we see in the schools.

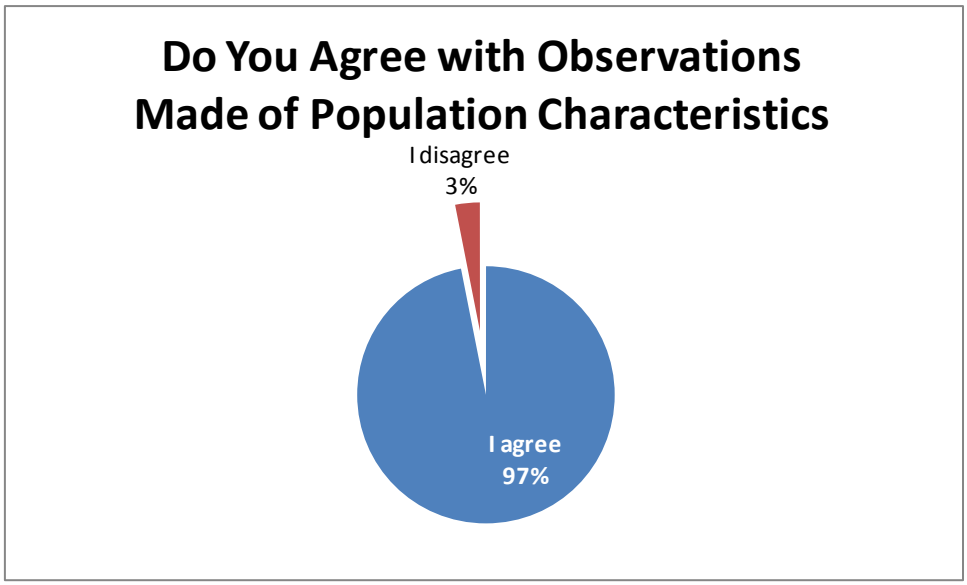
Q. Do you agree with observations formed about the comparison of Neosho County to its Peer counties?



Clarifying Comments:

- I believe overall suicide rate is low. However, small population makes data unreliable.
- I don't have any good sources to compare
- I don't know if I agree or disagree. More explanation needed
- O don't have the knowledge to agree or disagree
- Obesity relates to each item in "somewhat a concern."
- Seams that Coronary Heart Disease should be "UNFAVORABLE"
- Very interesting results.

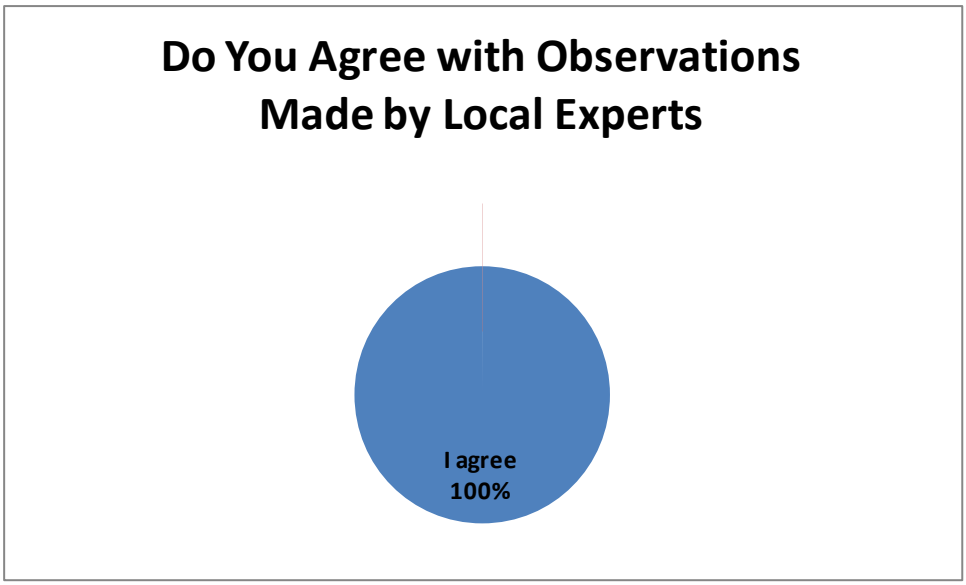
Q. Do you agree with observations formed about population characteristics of Neosho County?



Clarifying Comments:

- I don't have information to compare to these statistics
- I feel there is a potential need for an "urgent care" type service in Chanute, and that is why ER visits are statistically higher.
- There is no indication for routine cardiac stress testing and prostate cancer screening is not of proven benefit

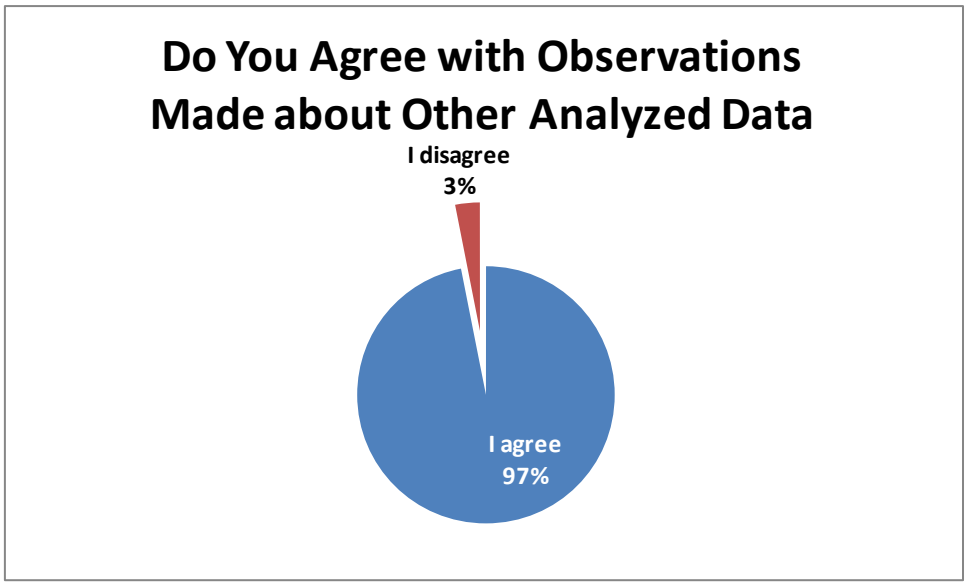
Q. Do you agree with observations formed about the opinions from local residents?



Clarifying Comments:

- Drug Abuse issue is interesting
- I feel Mental Health and Drug Alcohol abuse is a prominent concern.

Q. Do you agree with observations formed about additional data analyzed about Neosho County?



Clarifying Comments:

- I disagree with suicide findings. Determination of this statistic may be underestimated in some areas.
- I don't have other information on these