



Neosho Memorial Regional Medical Center 2022

Community Health Needs Assessment

Approved by Board on August 18, 2022



Table of Contents

Executive Summary.....	4
Overview of Community Health Needs Assessment	5
Process and Methods.....	6
Community Representation.....	8
Overview of Priority Populations.....	9
Community Health Needs Assessment Subsequent to Initial Assessment	10
Definition of Area Served by the Hospital	11
Demographics of the Community.....	11
Community Health Characteristics.....	13
Methods of Identifying Health Needs.....	15
Ranked Health Priorities.....	16
Evaluation & Selection Process	20
Overview of Priorities.....	21
Implementation Plan Framework.....	28
Implementation Strategy.....	29
Appendix.....	36
Detailed Demographics	38
Leading Causes of Death.....	39
County Health Rankings.....	40
Detailed Approach.....	41
Data Sources.....	47
Survey Results.....	49

A Message to Our Community



Dear Community Member:

At Neosho Memorial Regional Medical Center (NMRMC), we have spent more than 71 years providing high-quality compassionate healthcare to the greater Neosho County community. The 2022 Community Health Needs Assessment identifies local health and medical needs and provides a plan of how NMRMC will respond to such needs. This document illustrates one way we are meeting our obligations to efficiently deliver medical services.

NMRMC will conduct this effort at least once every three years. The report produced three years ago is also available for your review and comment. As you review this plan, please see if, in your opinion, we have identified the primary needs of the community and if you think our intended response will lead to 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 we, along with other area organizations and agencies, can collaborate to bring the best each has to offer to support change and address the most pressing identified needs.

I invite your response to this report. As you read, please think about how to help us improve health and medical services in our area. We all live in, work in, and enjoy this wonderful community, and together, we can make our community healthier for every one of us.

Thank You,

Dennis Franks

Chief Executive Officer

Neosho Memorial Regional Medical Center

Executive Summary

Neosho Memorial Regional Medical Center (“NMRMC” or the “Hospital”) performed a Community Health Needs Assessment in partnership with QHR Health (“QHR”) to determine the health needs of the local community and developed an accompanying implementation plan to address the identified health needs in the community.

This CHNA report consists of the following information:

- 1) A definition of the community served by the hospital facility and a description of how the community was determined;
- 2) a description of the process and methods used to conduct the CHNA;
- 3) a description of how the hospital facility solicited and considered input received from persons who represent the broad interests of the community it serves;
- 4) commentary on the 2019 CHNA Assessment and Implementation Strategy efforts
- 5) a prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and
- 6) a description of resources potentially available to address the significant health needs identified through the CHNA.

Data was gathered from multiple well-respected secondary sources to build an accurate picture of the current community and its health needs. A survey of a select group of Local Expert Advisors as well as the general community population was performed to review the prior CHNA and provide feedback, and to ascertain whether the previously identified needs are still a priority. Additionally, the group reviewed the data gathered from secondary sources and determined the Significant Health Needs of the community.

The 2022 Significant Health Needs identified for Neosho County are:

- **Behavioral Health: Mental Health & Drug/Substance Abuse**
- **Obesity**
- **Affordability of Healthcare Services**
- **Prevention**
- **Presence of Healthcare Services**
- **Access to Childcare**

In the Implementation Strategy section of the report, NMRMC addresses the eight areas through identified programs, resources, and services provided by NMRMC, collaboration with local organizations, and provides measures to track progress.

Community Health Needs Assessment (CHNA) Overview

CHNA Purpose

A CHNA is part of the required hospital documentation of “Community Benefit” under the Affordable Care Act for 501(c)(3) hospitals. It provides comprehensive information about the community’s current health status, needs, and disparities and offers a targeted action plan to address these areas, including programmatic development and partnerships.



Strategic Benefits

- Identify health disparities and social determinants to inform future outreach strategies
- Identify key service delivery gaps
- Develop an understanding of community member perceptions of healthcare in the region
- Target community organizations for collaborations

The CHNA Process



Process and Methods used to Conduct the Assessment

The methodology to conduct this assessment takes a comprehensive approach to assess community health needs, perform several independent data analyses based on secondary source data, augment this with community member opinions, and resolve any data inconsistency or discrepancies by reviewing the combined opinions formed from local expert advisors.

Data Collection and Analysis

The Hospital relies on secondary source data, and most secondary sources use the county as the smallest unit of analysis. Community survey respondents were asked to note if they perceived the problems or needs identified by secondary sources existed in their portion of the county.

Most data used in the analysis is available from public Internet sources and proprietary data. Any critical data needed to address specific regulations or developed by the Local Expert Advisor individuals cooperating in this study are displayed in the CHNA report appendix.

Data sources are detailed in the appendix of this report and include:

- www.countyhealthrankings.org
- Stratasan
- www.worldlifeexpectancy.com/usa-health-rankings
- Bureau of Labor Statistics
- NAMI
- KansasHealthMatters
- SAMHSA, Behavioral Health Barometer. Region 7, Volume 6
- Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population
- Economic Policy Institute

A standard process of gathering community input was developed. In addition to gathering data from the above sources:

- A CHNA survey was deployed to the Hospital's Local Expert Advisors and offered to the community, through the Hospital's social media and website, to gain 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 and the Hospital's desire to represent the region's geographically and ethnically diverse population. Community input from 82 identified Local Expert Advisors and 5 community members were received. Survey responses started in January 2022 and ended in February 2022.

Prioritizing Significant Health Needs

The survey respondents participated in a structured communication technique called a "Wisdom of Crowds" method. The premise of this approach relies on the assumption that the collective wisdom of participants is better than the opinion of any one individual, regardless of their professional credentials.

In the Hospital's process, each survey respondent had the opportunity to introduce needs previously unidentified and to challenge conclusions developed from the data analysis. While there were a few opinions that the data conclusions might be underreported, most of the comments agreed with the findings. A list of all needs identified by any of the analyzed data was developed. The survey respondents then ranked the importance of addressing each health need on a scale of 1 (not important) to 5 (very important), including the opportunity to list additional needs that were not identified.

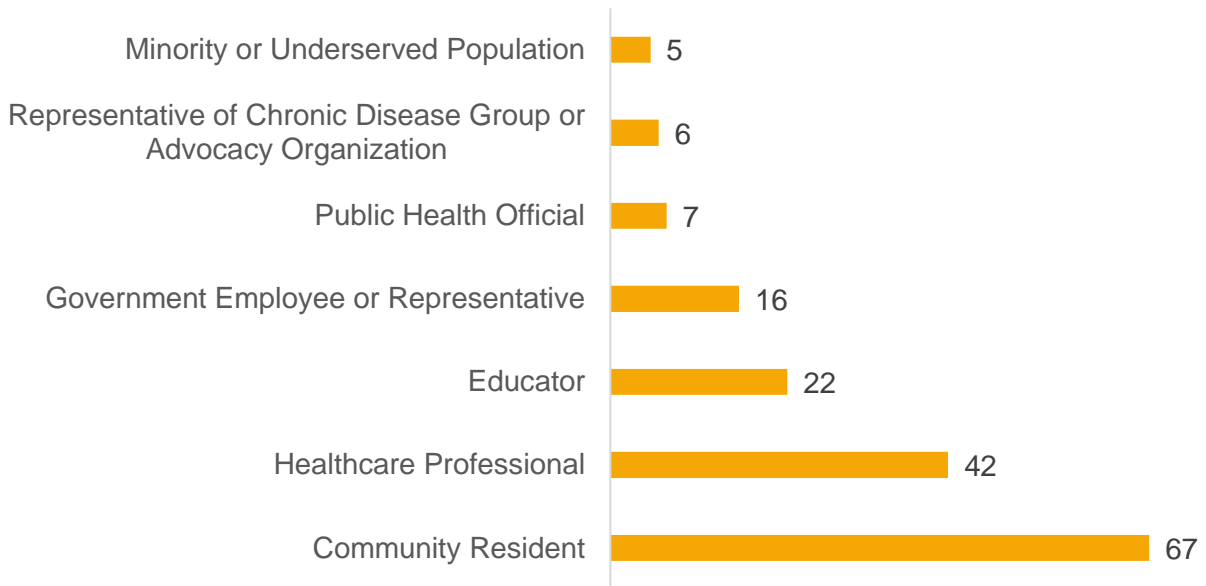
The ranked needs were divided into two groups: "Significant Needs" and "Other Identified Needs." The determination of the breakpoint — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable break point in rank order occurred. The Hospital analyzed the health issues that received the most responses and established a plan for addressing them.

Input from Persons Who Represent the Broad Interests of the Community

Input was obtained from the required three minimum sources and expanded to include other representative groups. The Hospital asked all those participating in the written comment solicitation process to self-identify themselves into any of the following representative classifications, which are detailed in the appendix to this report. Written comment participants self-identified into the following classifications:

- 1) Public Health Official
- 2) Government Employee or Representative
- 3) Minority or Underserved Population
- 4) Chronic Disease Groups
- 5) Community Resident
- 6) Educator
- 7) Healthcare Professional
- 8) Other (please specify)

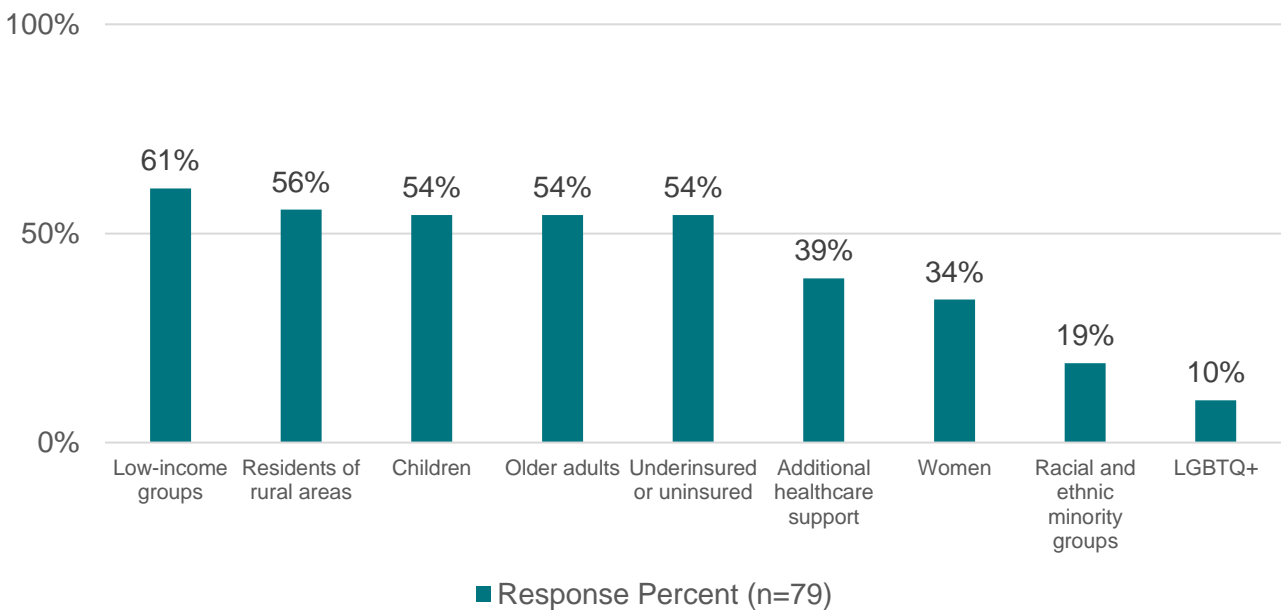
Survey Question: Please select which roles apply to you (n=86)



Input on Priority Populations

Information analysis augmented by local opinions showed how Neosho County relates to its peers in terms of primary and chronic needs and other issues of uninsured persons, low-income persons, and minority groups. Respondents commented on whether they believe certain population groups (“Priority Populations”) need help to improve their condition, and if so, who needs to do what to improve the conditions of these groups.

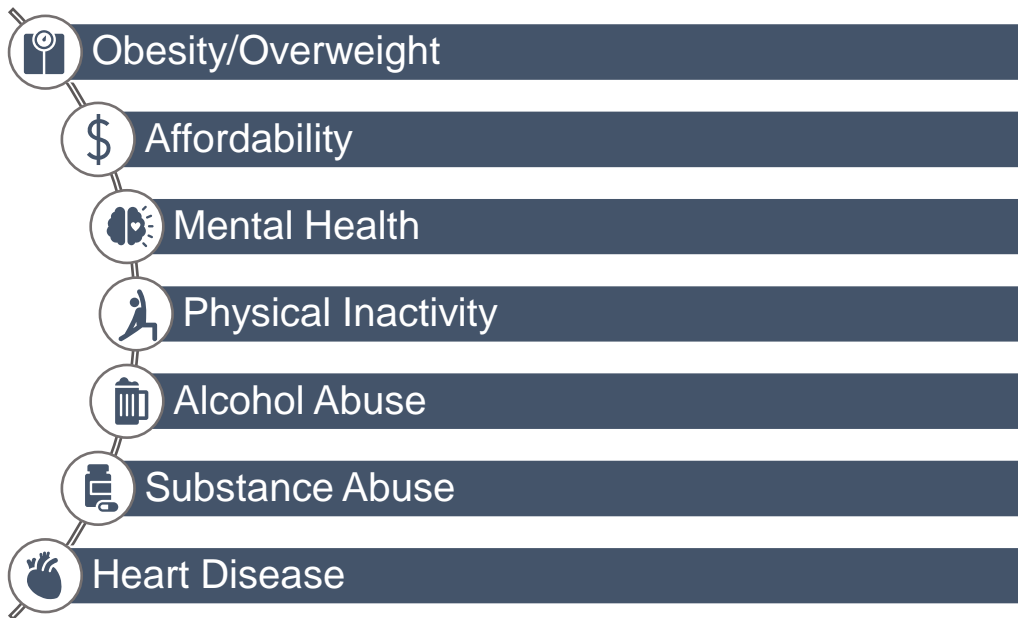
Survey Question: With regard to healthcare, which of the following priority populations should we focus on most as a community? (please select all that apply)



- Local opinions of the needs of Priority Populations, while presented in their entirety in the appendix, were abstracted in the following “take-away” bulleted comments:
 - The top three priority populations identified by the survey respondents were low-income groups, residents of rural areas, and children
 - Summary of unique or pressing needs of the priority groups identified by the surveyors:
 - Transportation to receive healthcare
 - Access to specialty care
 - Access to affordable healthcare/insurance coverage
 - Preventative care

Input on 2019 CHNA

The IRS Final Regulations establish a required step for a CHNA developed after the initial report. This requirement calls for considering written comments received on the prior CHNA and Implementation Strategy as a component of the development of the next CHNA and Implementation Strategy. Comments were solicited from community members with regard to NMRMC's 2019 CHNA and Implementation Plan and are presented in the appendix of this report. The health priorities identified in the 2019 CHNA are listed below:



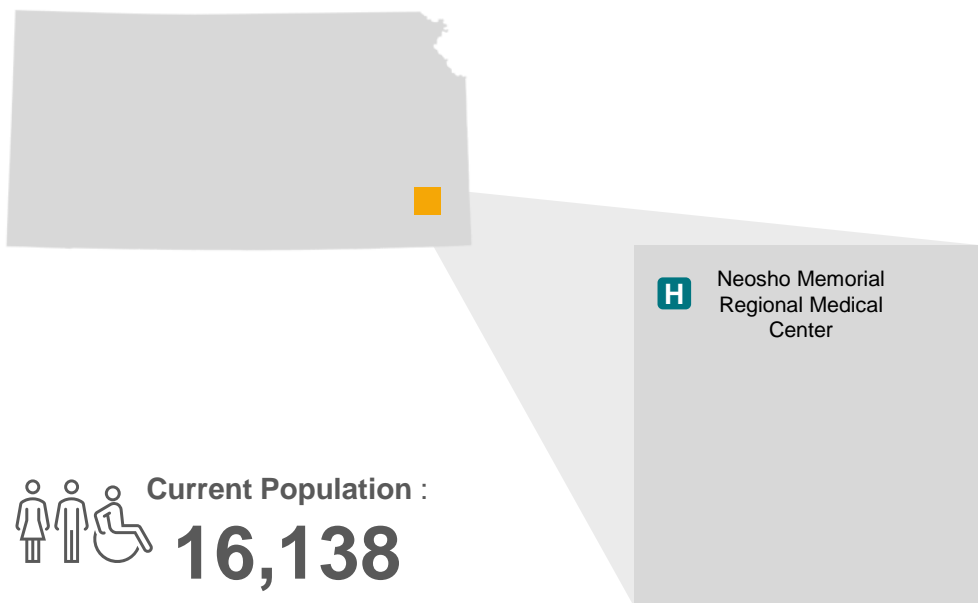
Community Served

For the purpose of this study, Neosho Memorial Regional Medical Center defines its service area as Neosho County in Kansas which includes the following Zip codes:

66720 – Chanute 66733 – Erie 66740 – Galesburg 66771 – Saint Paul
66775 – Stark 66776 - Thayer

During 2021, NMRMC received the majority of its Medicare inpatients from this area.

Neosho County Demographics



Age

	Neosho County	Kansas
0 – 17	22.5%	23.3%
18 – 44	31.2%	35.7%
45 – 64	24.9%	23.8%
65 +	21.5%	17.1%

Source: Stratasen, ESRI

Race/Ethnicity

	Neosho County	Kansas
White	92.1%	81.4%
Black	1.2%	5.9%
Asian & Pacific Islander	0.7%	3.4%
Other	6.1%	9.3%
Hispanic*	6.2%	12.7%

*Ethnicity is calculated separately from Race

Education and Income

	Neosho County	Kansas
Median Household Income	\$ 47,645	\$ 61,084
Some High School or Less	8.3%	7.8%
High School Diploma/GED	33.2%	26.5%
Some College/ Associates Degree	40.1%	31.4%
Bachelor's Degree or Greater	18.5%	34.3%

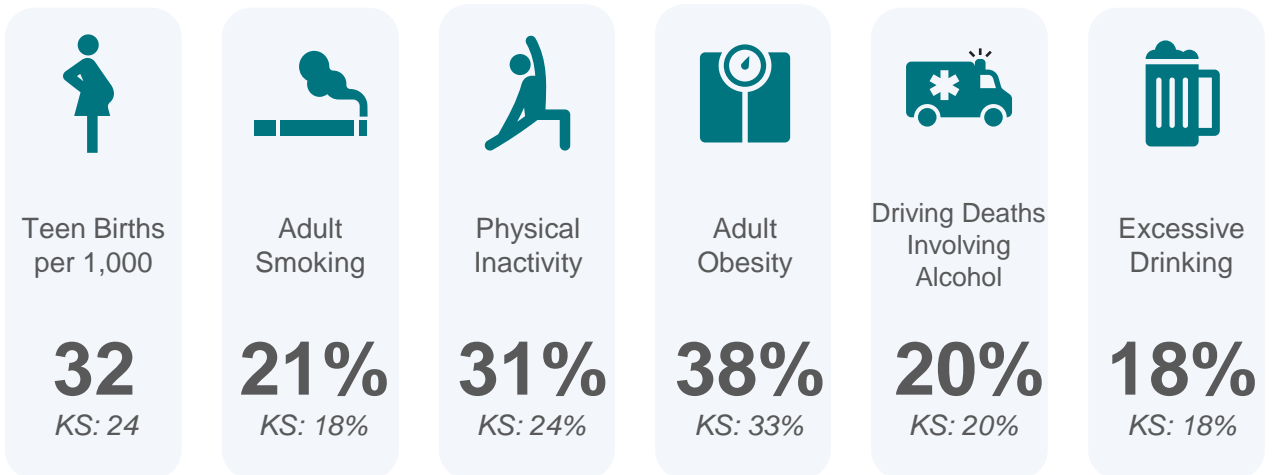
Source: Stratasen, ESRI

Community Health Characteristics

The data below shows an overview of Neosho County's strengths and weaknesses regarding health behaviors, quality of life, socioeconomic factors, access to health, and physical environment - all of which influence the health of the entire community. These statistics were used in our community and local expert survey to help prioritize the health needs of the community. For descriptions of each measure and dates of when the data was obtained, please visit <https://www.countyhealthrankings.org>.

Health Status Indicators

Health Behaviors



Quality of Life

Suicide Rate: 14

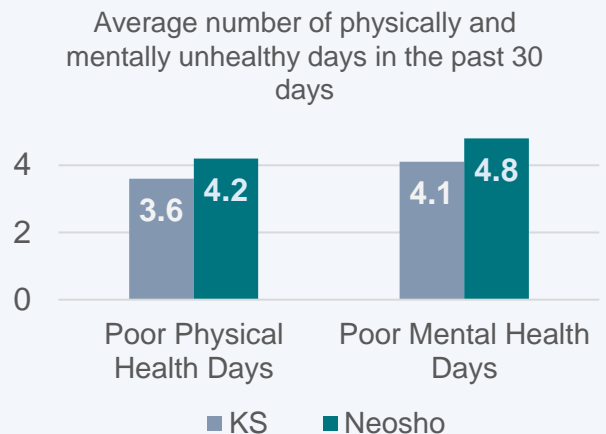
Compared to 18 in KS
Per 100,000

Poor or Fair Health: 19%

Compared to 16% in KS

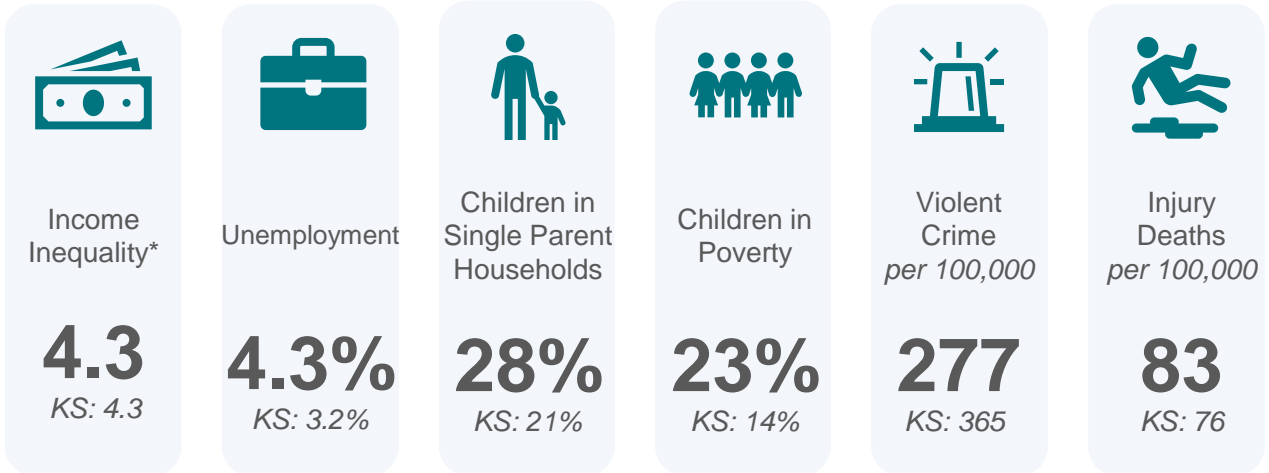
Low Birthweight: 7%

Compared to 7% in KS



Source: County Health Rankings 2021 Report

Socioeconomic Factors



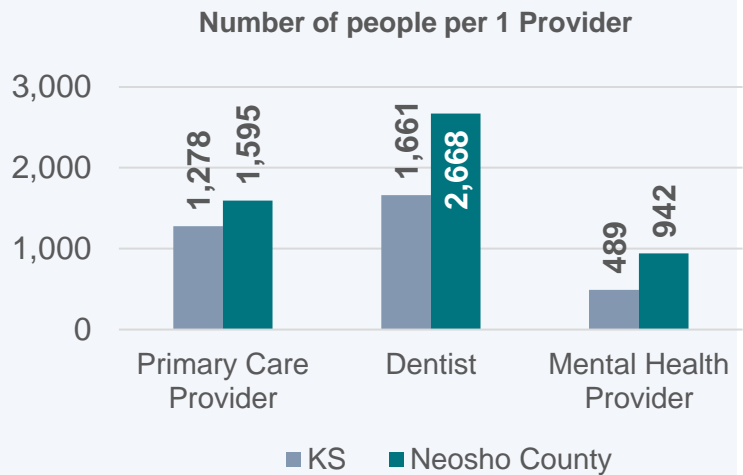
Access to Health

Uninsured: 12%

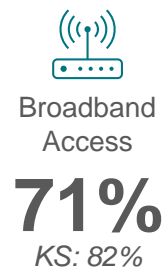
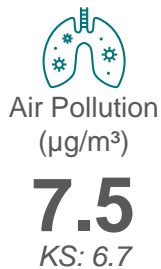
Compared to 9% in KS

Access to Exercise Opportunities: 74%

Compared to 80% in KS



Physical Environment



Source: County Health Rankings 2021 Report, Bureau of Labor Statistics, Stratatan, ESRI

Notes: *Ratio of household income at the 80th percentile to income at the 20th percentile

**Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities

Methods of Identifying Health Needs

Collect & Analyze

Analyze existing data and collect new data



737 indicators collected from data sources



87 surveys completed by community members

Evaluate

Evaluate indicators based on the following factors:



Worse than benchmark



Identified by the community



Impact on health disparities



Feasibility of being addressed

Select

Select priority health needs for implementation plan



Community Survey Data

When identifying the health needs of a community, health factors, community factors, and personal factors should all be evaluated, as they all impact the overall health and health outcomes of a community.

Health factors include chronic diseases, health conditions, and the physical health of the population. Community factors are the external social determinants that influence community health, while personal factors are the individual decisions that affect health outcomes.

In our community survey, each broad factor was broken out with components of each, and respondents rated the importance of addressing each component in the community on a scale of 1 to 5. Results of the health priorities rankings are outlined below:

Survey Question: Please rate the importance of addressing each **health factor** on a scale of 1 (Not at all) to 5 (Extremely).

Answer Choices	Weighted Average of Votes (out of 5)
Mental Health	4.69
Obesity	4.63
Cancer	4.29
Diabetes	4.27
Heart Disease	4.25
Stroke	4.16
Women's Health	4.13
Dental	3.91
Lung Disease	3.90
Alzheimer's and Dementia	3.87
Kidney Disease	3.81
Liver Disease	3.63
Other (please specify)	See appendix

Survey Question: Please rate the importance of addressing each **community factor** on a scale of 1 (Not at all) to 5 (Extremely).

Answer Choices	Weighted Average of Votes (out of 5)
Healthcare Services: Affordability	4.55
Healthcare Services: Prevention	4.50
Healthcare Services: Physical Presence	4.38
Employment and Income	4.38
Access to Childcare	4.34
Affordable Housing	4.25
Education System	4.21
Access to Exercise/Recreation	4.13
Access to Healthy Food	4.08
Transportation	4.06
Community Safety	4.03
Social Support	4.03
Social Connections	3.84
Other (please specify)	See appendix

Survey Question: Please rate the importance of addressing each **personal factor** on a scale of 1 (Not at all) to 5 (Extremely).

Answer Choices	Weighted Average of Votes (out of 5)
Drug/Substance Abuse	4.39
Smoking/Vaping/Tobacco Use	4.27
Physical Inactivity	4.25
Employment	4.22
Diet	4.13
Excess Drinking	4.11
Risky Sexual Behavior	3.89
Other (please specify)	See appendix

Overall health priority ranking

Answer Choices	Weighted Average of Votes (out of 5)
Mental Health	4.69
Obesity	4.63
Healthcare Services: Affordability	4.55
Healthcare Services: Prevention	4.50
Drug/Substance Abuse	4.39
Healthcare Services: Physical Presence	4.38
Employment and Income	4.38
Access to Childcare	4.34
Cancer	4.29
Diabetes	4.27
Smoking/Vaping/Tobacco Use	4.27
Heart Disease	4.25
Affordable Housing	4.25
Physical Inactivity	4.25
Employment	4.22
Education System	4.21
Stroke	4.16
Women's Health	4.13
Access to Exercise/Recreation	4.13
Diet	4.13
Excess Drinking	4.11
Access to Healthy Food	4.08
Transportation	4.06
Community Safety	4.03
Social Support	4.03
Dental	3.91
Lung Disease	3.90
Risky Sexual Behavior	3.89
Alzheimer's and Dementia	3.87
Social Connections	3.84
Kidney Disease	3.81
Liver Disease	3.63

Evaluation & Selection Process

Worse than Benchmark Measure	Identified by the Community	Feasibility of Being Addressed	Impact on Health Equity
Health needs were deemed “worse than the benchmark” if the supported county data was worse than the state and/or US averages	Health needs expressed in the online survey and/or mentioned frequently by community members	Growing health needs where interventions by the hospital are feasible and could make an impact	Health needs that disproportionately affect vulnerable populations and can impact health disparities by being addressed

NMRMC Health Need Evaluation

	Worse than Benchmark	Identified by the Community	Feasibility	Impact on Health Equity
Mental Health	✓	✓	✓	✓
Obesity	✓	✓	✓	✓
Healthcare Services: Affordability	✓	✓	✓	✓
Healthcare Services: Prevention		✓	✓	✓
Drug/Substance Abuse		✓	✓	✓
Healthcare Services: Physical Presence	✓	✓	✓	✓
Employment and Income	✓	✓		✓
Access to Childcare	✓	✓	✓	✓

Overview of Priorities

Mental Health

Mental health was the #1 community-identified health priority with 48 respondents (n=64) ranking it as extremely important to be addressed in the community. Mental Health was ranked as the #3 health priority in the 2019 CHNA report. Suicide is the 11th leading cause of death in Neosho County and ranks 79th out of 105 counties (with 1 being the worst in the state) in Kansas for suicide death rate ([World Life Expectancy](#)).

Additionally, lack of access to mental healthcare perpetuates disparities in priority populations like racial and ethnic minority groups, residents of rural areas, and LGBTQ+ communities because of a lack of mental health providers ([NAMI](#)).

While it's difficult to measure the true rate of mental illness in the community, the following data points give insight into the health priority:

	Neosho Co.	Kansas
Adults ever diagnosed with depression	20.2%	18.0%
Mental behavior hospital admission rate (per 100,000)	68.6	70.6
Mental health provider ratio	942:1	489:1
Suicide death rate (per 100,000)	13.2	18.2

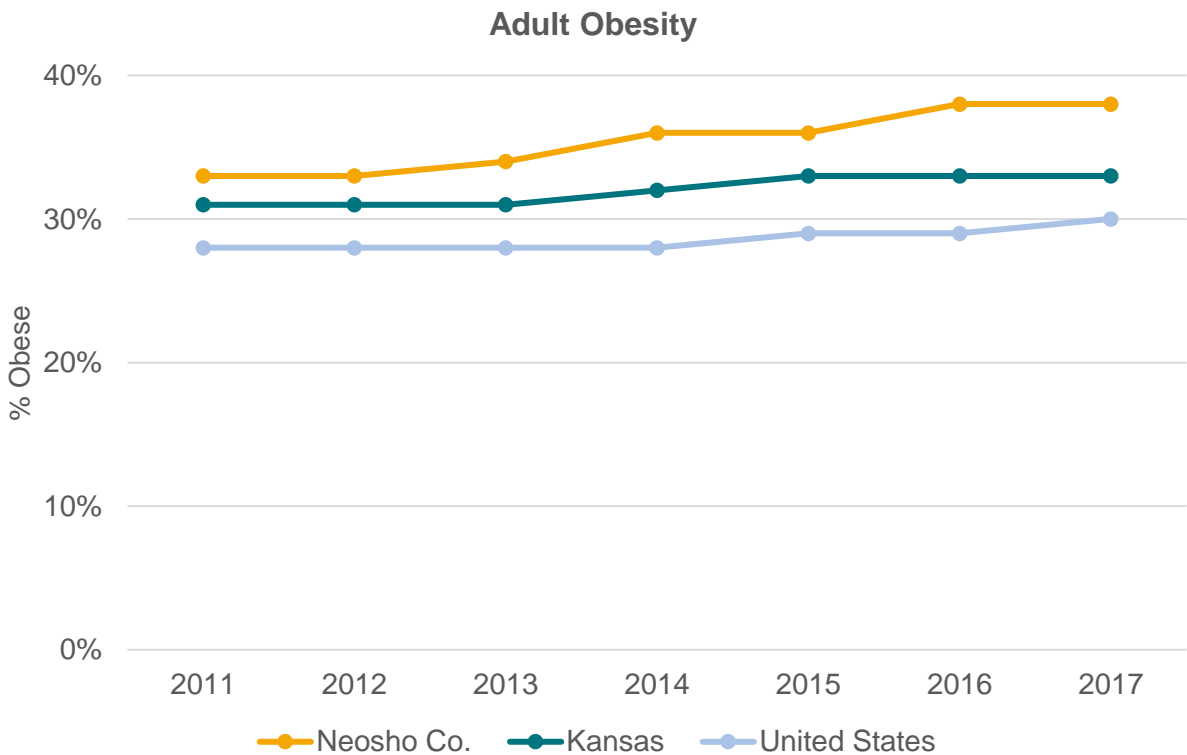
Source: *KansasHealthMatters, County Health Rankings, worldlifeexpectancy.com*

Obesity

Obesity was identified as the #2 health priority with 43 respondents (n=64) rating it as extremely important to address. Obesity was identified as the #1 health priority in the 2019 CHNA report. Neosho county has higher rates of adult obesity and physical inactivity than Kansas and has lower access to exercise opportunities.

	Neosho Co.	Kansas
Adult obesity	38%	33%
Physical inactivity	31%	24%
Access to exercise opportunities	74%	80%

Source: County Health Rankings



Source: County Health Rankings

Notes: Each year represents a 3- year average around the middle year

Healthcare Services: Affordability Employment and Income

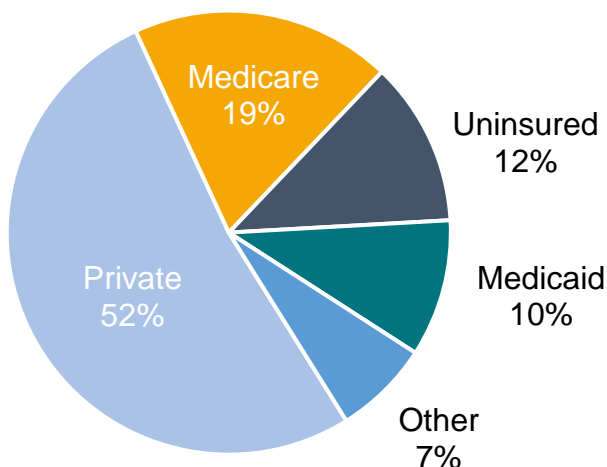
Affordability of healthcare services was the #3 identified health need in the community with 45 respondents (n=64) ranking it as extremely important to be addressed. Affordability ranked #2 in the 2019 CHNA report. Employment and income were the #7 identified health priorities with 32 respondents (n=64) ranking them as extremely important to address in the community. Employment and income impact patients' ability to afford healthcare services.

Neosho County is worse than the benchmark when it comes to children in poverty and median household income. Additionally, low-income populations were identified as the most prevalent priority population in the community making affordability of healthcare services a pressing need in the community.

	Neosho Co.	Kansas
Uninsured	12%	9%
Unemployment	4.3%	3.2%
Children in poverty	23%	14%
Median household income	\$47,645	\$61,084

Source: County Health Rankings, Bureau of Labor Statistics, Stratasan, ESRI

Neosho County Insurance Coverage

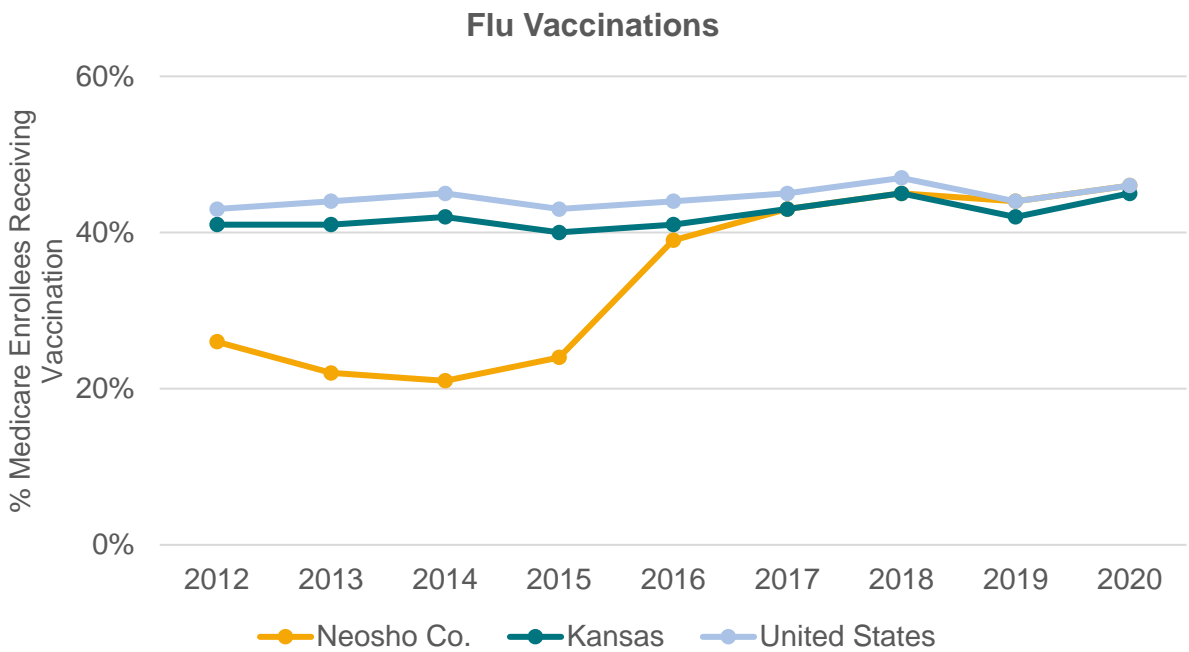


Source: Stratasan, ESRI

Healthcare Services: Prevention

Preventative healthcare services was identified as the #4 health priority with 40 respondents (n=64) ranking it as extremely important to address in the community. Prevention was not identified as a top priority in the 2019 CHNA report.

Among Medicare enrollees, Neosho County fares similarly to the Kansas state averages when it comes to preventative services like flu vaccinations.



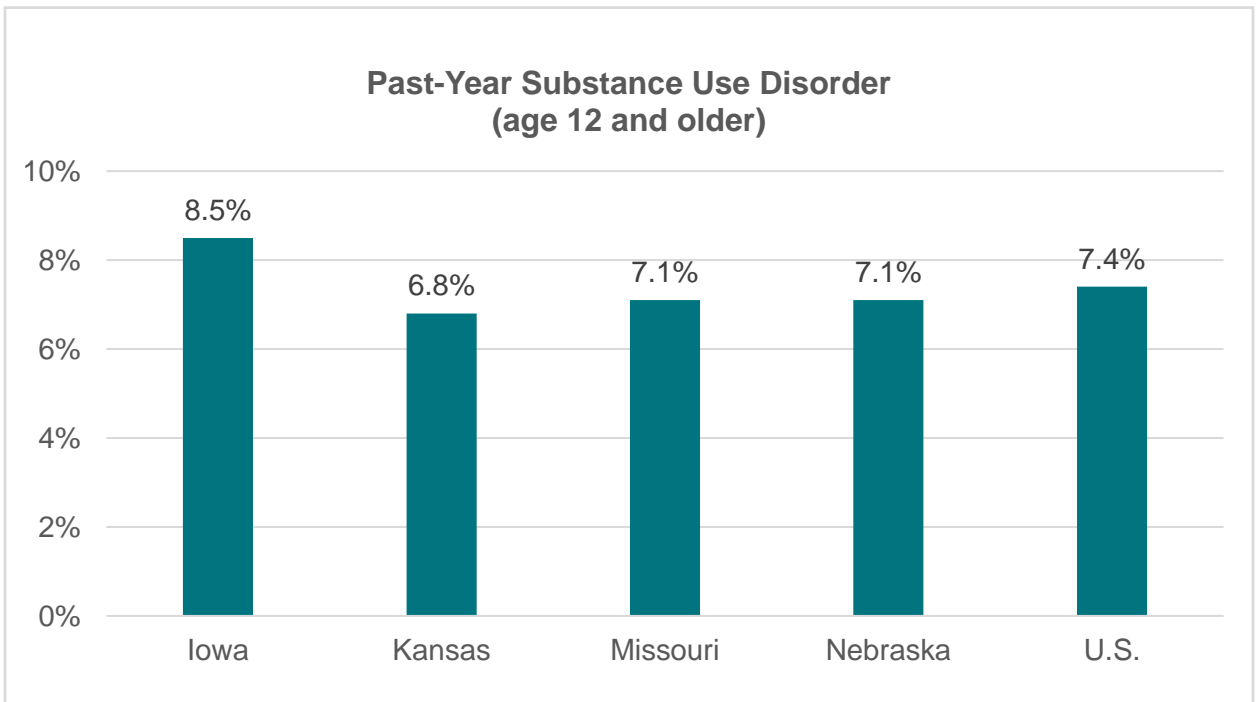
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Drug/Substance Abuse

Drug and substance abuse was identified as the #5 health priority with 38 survey respondents (n=64) rating it as extremely important to be addressed. Substance abuse was identified as the #6 health priority in 2019. Neosho County has a similar drug poisoning death rate as Kansas. Compared to other regional states, Kansas has a lower past-year substance use disorder rate.

	Neosho Co.	Kansas
Death rate due to drug poisoning (per 100,000)	12.2	12.4

Source: *KansasHealthMatters*

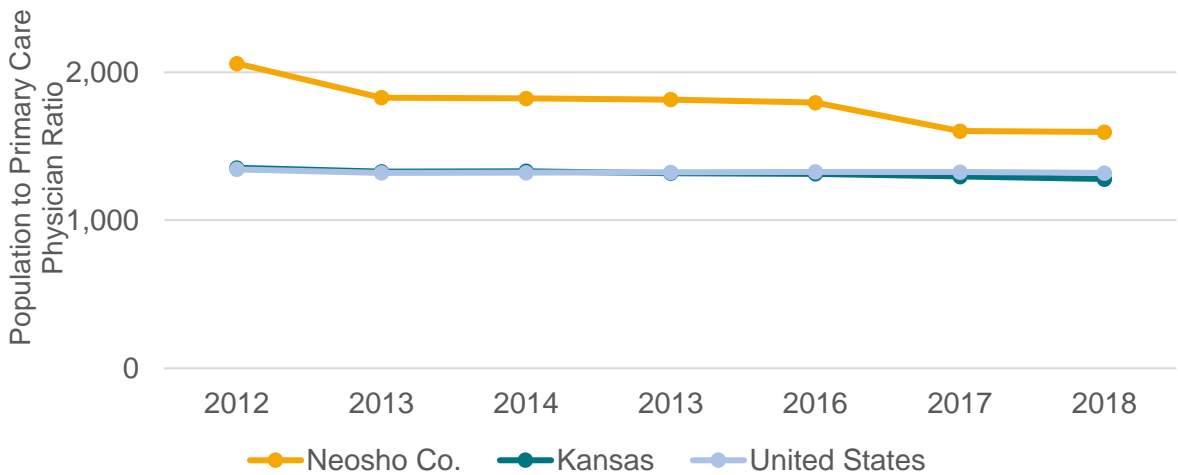


Source: *SAMHSA, Behavioral Health Barometer. Region 7, Volume 6*

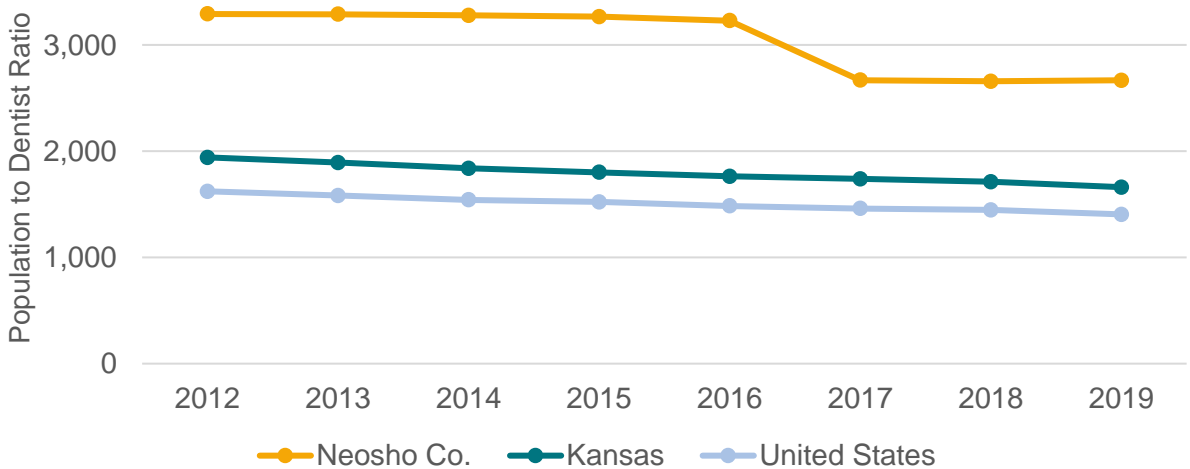
Healthcare Services: Physical Presence

The physical presence of healthcare services was identified as the #6 health priority with 33 respondents (n=64) rating it as extremely important to address. NMRMC is the major healthcare provider in Neosho County with the next closest healthcare facility being outside of the service area. Neosho County has a larger ratio of population per primary care physician (1,600:1) and per dentist (2,670:1) compared to the state of Kansas (1,280:1 and 1,660:1 respectively).

Presence of Primary Care Physicians



Presence of Dentists

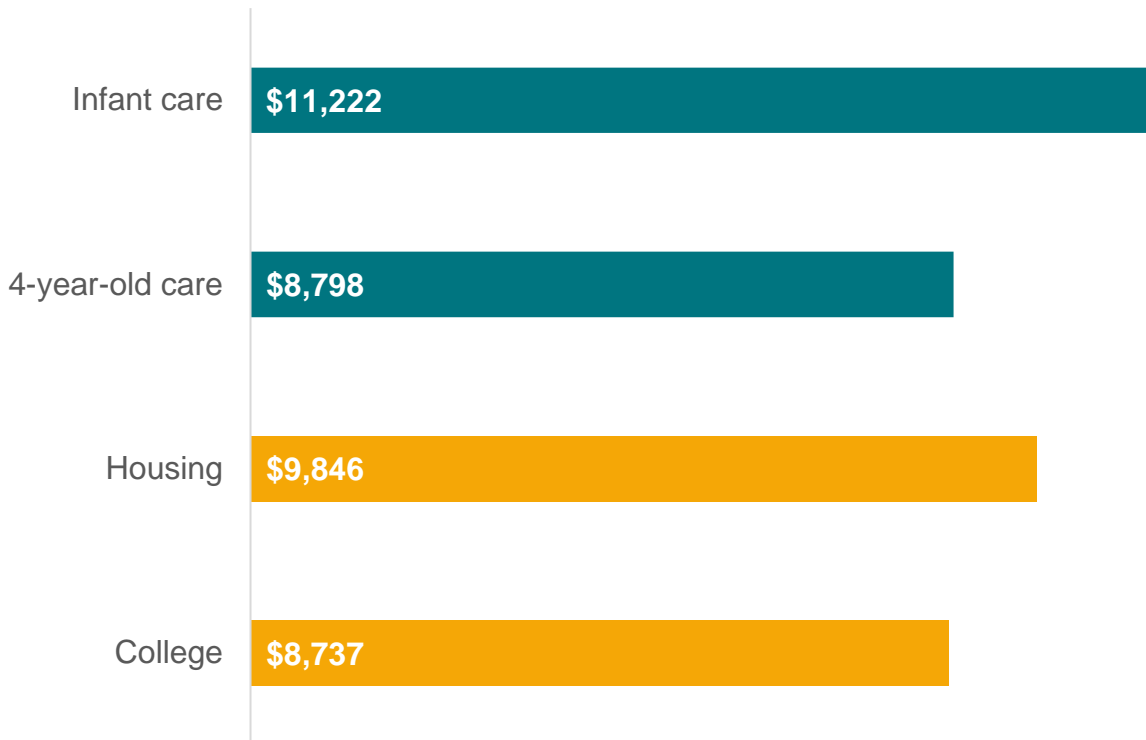


Source: County Health Rankings

Access to Childcare

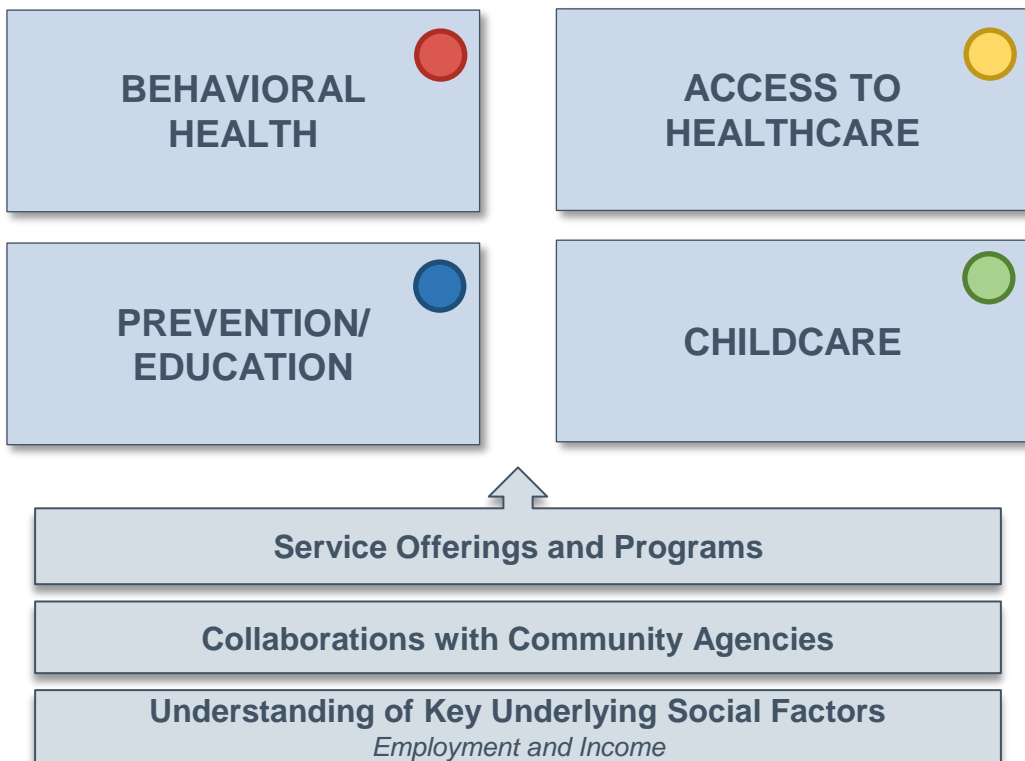
Access to childcare was identified as the #8 priority with 21 respondents (n=41) identifying it as being extremely important to address in the community. The average yearly cost of childcare in Kansas is \$11,222 which is 18.1% of the median household income. The U.S. Department of Health and Human Services defines affordable childcare as being no more than 7% of a family's income ([Economic Policy Institute](#)). In Neosho County, 23% of children are living in poverty and 28% of children live in single-parent households ([County Health Rankings](#)).

Annual Cost in Kansas



Implementation Plan Framework

The Hospital has determined that the action plan to address the identified health priorities will be organized into subgroups in order to adequately address the health needs with available time and resources.



Implementation Plan Strategy

Behavioral Health

Mental Health, Drug/Substance Use

Goal: *To address the behavioral health needs of our community through education, coordinated care, and integrated behavioral health services in primary care.*

Statistics:

- Suicide is the **11th** leading cause of death in Neosho County
- **942** people per 1 mental health provider (KS: 489:1)
- Suicide death rate (*per 100,000*): **13.2** (KS: 18.2)
- Drug poisoning deaths (*per 100,000*): **12.2** (KS 12.4)

Hospital services, programs, and resources available to respond to this need include:

- Offer telemedicine in the emergency department.
- Advisory contract with a psychiatrist that will assist with treatment plans.
- Offer access to mental health services through the Employee Assistance Program (EAP).
- Coordinate care for patients who need to be transferred to another facility for treatment related to mental health.
- Social media posts/articles and speaking engagements on a variety of health topics including alcohol and substance abuse.
- Drug screening services provided at local employers.
- Physical therapists available to help rehabilitate patients and expand pain management options.
- Employee Assistance Program with resources for six free counseling sessions for any life challenges and online resources for education.
- Chronic Care Coordinator who works with primary care providers to streamline and manage care and provide overall health coaching including medication and pain management.

Evaluation of actions taken since the immediately preceding CHNA:

- Added a senior behavioral health program.
- Educational flyers available for mental health services.
- Telepsychiatry services are provided in the ED.

Additionally, The Hospital plans to take the following steps to address this need:

- Continue to grow the senior behavioral health program – look into hiring additional therapists.
- Re-engage in meetings with the Neosho County Health Team to develop initiatives across community organizations.
- Explore staff education on the treatment of drug/substance use patients in the ED.

Identified measures and metrics to progress:

- Participation in Neosho County Health Team meetings
- Number of opioid prescriptions provided that are greater than 90 MME/day

Partnership organizations who can address this need:

Organization	Contact/Information
Neosho County Health Task Force	
Southeast Kansas Mental Health	402 S Kansas Ave, Chanute, KS 66720 (620) 431-7890 https://www.sekmhc.org/
Ashley Clinic	(620) 431-2500 https://www.ashleyclinic.com/
Southeast Kansas Area Agency on Aging	http://www.sekaaa.com/
Neosho County Health Department	https://www.neoshocountyks.org/181/Health-Department
City of Chanute Police Department	https://www.chanute.org/232/Police
Neosho County Sheriff	https://www.neoshocountyks.org/176/Sheriff

Access to Healthcare Services

Affordability and Presence of Services

Goal: *To provide clinical healthcare services to our community and improve health through increased care coordination and access to affordable healthcare services.*

Statistics:

- Uninsured rate: **12%** (KS: 9%)
- Median Household Income: **\$47,645** (KS: \$61,084)
- Unemployment rate: **4.3%** (KS: 3.2%)
- Primary care physician ratio: **1,600:1** (KS: 1,280:1)
- Dentist ratio: **2,670:1** (KS: 1,660:1)

Hospital services, programs, and resources available to respond to this need include:

- Navigator program to help people enroll on the Healthcare Marketplace and help eligible people enroll in Medicaid.
- Financial Assistance program with a sliding discount available.
- Partnership with a local bank to help patients secure long-term payment plans; advertised quarterly and promoted through brochures.
- Financial Assistance counselors available to discuss payment options and assist with applications.
- ImPACT Program – Hospital Foundation funds free baseline concussion screenings offered at local school districts.
- Free sports physicals offered through local clinics.
- Contract with state and insurance companies to provide discounted services to patients.
- Provide ambulance services at local events.
- Providers and trainers volunteer at local football games for on-site evaluations and treatment of injuries.
- Hospital provides transportation services to patients to receive hospital services.
- Hospital leadership working with state legislators to review Medicaid expansion.
- Hospital creates over 400 jobs within the community to help boost economic development/viability.
- Hospital coordinates payer contracts with local providers to help stabilize out-of-pocket costs for residents.

Evaluation of actions taken since the immediately preceding CHNA:

- Provided free COVID-19 education, resources, and vaccinations - Community of Immunity.
- Expanded nuclear medicine program.
- Moved the office for the Certified Financial Counselor to be easily accessible.
- Added additional services to the rotating specialty clinic: neurology, and pediatric cardiology.

Additionally, The Hospital plans to take the following steps to address this need:

- Look to restart the annual event to educate on open enrollment and assist residents in signing up for Medicaid/Medicare/disability.
- Look into opening a school-based clinic.

Identified measures and metrics to progress:

- Number of patients who meet with the Certified Financial Counselor
- Number of patients enrolled in the financial assistance program

Partnership organizations who can address this need:

Organization	Contact/Information
Chanute Community Foundation	(620) 212-2589 chanutecommunity@gmail.com
NMRMC Foundation	Anna Methvin, Director (620) 432-5496
Certified Financial Counselor Program	Alycia May (620) 432-5324
Local school districts (St Paul, Erie, Chanute, Thayer)	USD 413 – Chanute USD 101 – Erie USD 505 – St. Paul USD 447 - Thayer
Neosho County Health Department	https://www.neoshocountyks.org/181/Health-Department
Kansas Hospital Association	https://www.kha-net.org/

Prevention/Education

Preventative Care, Obesity

Goal: *To improve health outcomes in our community through enhanced chronic disease management and by addressing the underlying factors that lead to health disparities.*

Statistics:

- Flu vaccinations: **46%** (KS: 45%)
- Mammography screenings: **32%** (KS: 30%)
- Annual wellness visits: **45%** (KS: 51%)
- Physical inactivity: **31%** (KS: 24%)
- Adult obesity: **38%** (KS: 33%)
- Access to exercise opportunities: **74%** (KS: 80%)

Hospital services, programs, and resources available to respond to this need include:

- Employee Wellness Program that includes comprehensive lab screens and programs with a point system and employee challenges to encourage physical activity and healthy living, which can lead to a reduction in health insurance costs.
- Social media posts/articles and speaking engagements on a variety of health topics including nutrition and healthy living.
- Registered dietician available to inpatients and public; starting new diabetes program with dietician and nurse to provide one-on-one and group sessions to teach nutrition and healthy living to better manage diabetes.
- Home Health provides monthly education events including topics on obesity and nutrition.
- Primary care clinics (including expansion to higher-risk areas) that include initial screenings for BMI during visits.
- Free blood sugar screenings.
- Baby Friendly Hospital designation that encourages breastfeeding and provides education and counseling.
- Offer healthy meal options in the Hospital Café. Healthy meal options are under \$3.50.
- Chronic Care Coordinator.

Evaluation of actions taken since the immediately preceding CHNA:

- Cologuard (colorectal screenings) available.
- Provided free COVID-19 education, resources, and vaccinations - Community of Immunity.
- Increased outreach for mammograms.
- Low-dose CT screening for lung cancer.
- Green living homes – an age-in-place program through the hospital foundation.

Evaluation of actions taken since the immediately preceding CHNA:

- Provided free COVID-19 education, resources, and vaccinations - Community of Immunity.
- Expanded nuclear medicine program.
- Added additional services to the rotating specialty clinic: neurology, and pediatric cardiology.

Additionally, The Hospital plans to take the following steps to address this need:

- Look to restart the annual event to educate on open enrollment and assist residents in signing up for Medicaid/Medicare/disability.
- Look into opening a school-based clinic.

Identified measures and metrics to progress:

- Number of chronic care coordinator visits
- Number of preventative screenings performed
- Social media engagement rate

Partnership organizations who can address this need:

Organization	Contact/Information
Chanute Regional Development Authority – Impact Center	https://www.chanute.org/473/Chanute-Regional-Development-Authority
Parks and Recreation Commissions (Erie & Chanute)	www.chanuterecreation.com www.erierecreation.com
Certified Financial Counselor Program	Alycia May (620) 432-5324
Local school districts (St Paul, Erie, Chanute, Thayer)	USD 413 – Chanute USD 101 – Erie USD 505 – St. Paul USD 447 - Thayer
Neosho County Health Department	https://www.neoshocountyks.org/181/Health-Department

Childcare

Goal: *To improve access to childcare in the community – an underlying social factor that limits access to health services and leads to health disparities in our community.*

Statistics:

- Annual cost of childcare in Kansas: **\$11,222**
- Children in poverty: **23%** (KS: 14%)
- Children in a single-parent household: **28%** (KS: 21%)

Hospital services, programs, and resources available to respond to this need include:

- There are no current services, programs, or resources available to respond to this need, but NMRMC is actively working to address this pressing need in the future.

Additionally, The Hospital plans to take the following steps to address this need:

- Actively look for grants to address access to childcare.
- Evaluate the potential of a childcare service on a hospital campus.
- Working to develop early childhood development programming.
- Adding questions to employee engagement survey around childcare access to assess ongoing needs among staff.

Identified measures and metrics to progress:

- Number of grants applied for
- Amount of grant dollars received
- Development of a community childcare strategy team
 - Number of participants
 - Number of meetings

Partnership organizations who can address this need:

Organization	Contact/Information
Chanute Regional Development Authority – Impact Center	https://www.chanute.org/473/Chanute-Regional-Development-Authority
Parks and Recreation Commissions (Erie & Chanute)	www.chanuterecreation.com www.erierecreation.com
Local school districts (St Paul, Erie, Chanute, Thayer)	USD 413 – Chanute USD 101 – Erie USD 505 – St. Paul USD 447 - Thayer
Other local business and organizations	

Appendix

Community Data

Community Demographics

	Neosho County				Kansas				US AVG.	
	2021	2026	% Change	% of Total	2021	2026	% Change	% of Total	% Change	% of Total
Population										
Total Population	16,138	15,748	-2.4%	100.0%	2,955,657	2,996,473	1.4%	100.0%	3.6%	100.0%
By Age										
00 - 17	3,625	3,621	-0.1%	22.5%	689,035	697,754	1.3%	23.3%	2.4%	21.7%
18 - 44	5,029	4,768	-5.2%	31.2%	1,056,466	1,059,021	0.2%	35.7%	2.7%	36.0%
45 - 64	4,014	3,588	-10.6%	24.9%	703,977	667,998	-5.1%	23.8%	-2.2%	25.0%
65+	3,470	3,771	8.7%	21.5%	506,179	571,700	12.9%	17.1%	15.2%	17.3%
Female Childbearing Age (15-44)	2,745	2,626	-4.3%	17.0%	568,680	571,394	0.5%	19.2%	2.5%	19.5%
By Race/Ethnicity										
White	14,856	14,332	-3.5%	92.1%	2,405,163	2,400,205	-0.2%	81.4%	1.4%	69.2%
Black	200	203	1.5%	1.2%	174,721	178,684	2.3%	5.9%	4.9%	13.0%
Asian & Pacific Islander	105	114	8.6%	0.7%	99,851	115,447	15.6%	3.4%	13.6%	6.1%
Other	977	1,099	12.5%	6.1%	275,922	302,137	9.5%	9.3%	10.0%	11.7%
Hispanic*	999	1,157	15.8%	6.2%	374,455	418,248	11.7%	12.7%	10.9%	18.9%
Households										
Total Households	6,484	6,321	-2.5%		1,153,727	1,169,928	1.4%			
Median Household Income	\$ 47,645	\$ 50,379			\$ 61,084	\$ 67,085			US Avg. \$64,730 \$72,932	
Education Distribution										
Some High School or Less				8.3%				7.8%		11.1%
High School Diploma/GED				33.2%				26.5%		26.8%
Some College/Associates Degree				40.1%				31.4%		28.5%
Bachelor's Degree or Greater				18.5%				34.3%		33.6%

*Ethnicity is calculated separately from Race

Source: Stratasan

Leading Cause of Death

The Leading Causes of Death are determined by official Centers for Disease Control and Prevention (CDC) final death total. Kansas's Top 15 Leading Causes of Death are listed in the tables below in Neosho County's rank order. Neosho County was compared to all other Kansas counties, Kansas state average and whether the death rate was higher, lower or as expected compared to the U.S. average.

Cause of Death			Rank among all counties in KS (#1 rank = worst in state)	Rate of Death per 100,000 age adjusted		Observation (Neosho County Compared to U.S.)
KS Rank	Neosho Rank	Condition		KS	Neosho	
1	1	Heart Disease	21 of 105	166.0	214.9	<i>Higher than expected</i>
2	2	Cancer	22 of 105	153.8	188.5	<i>Higher than expected</i>
3	3	Accidents	55 of 105	48.0	57.2	<i>Higher than expected</i>
3	4	Lung	35 of 105	48.0	54.6	<i>Higher than expected</i>
5	5	Stroke	59 of 105	34.8	43.9	<i>Higher than expected</i>
10	6	Flu - Pneumonia	19 of 105	14.0	26.8	<i>Higher than expected</i>
9	7	Kidney	10 of 105	15.2	23.5	<i>Higher than expected</i>
7	8	Alzheimer's	65 of 105	21.9	18.9	<i>Lower than expected</i>
13	9	Blood Poisoning	1 of 105	8.8	18.0	<i>Higher than expected</i>
6	10	Diabetes	91 of 105	24.4	16.9	<i>As expected</i>
8	11	Suicide	79 of 105	18.2	13.2	<i>As expected</i>
12	12	Parkinson's	38 of 105	10.5	8.2	<i>As expected</i>
11	13	Liver	93 of 105	10.6	5.3	<i>Lower than expected</i>
14	14	Hypertension	70 of 105	7.4	4.4	<i>As expected</i>
15	15	Homicide	57 of 105	4.9	2.4	<i>As expected</i>

*County Death Rate Observation: Higher than expected = 5 or more deaths per 100,000 compared to the US; Lower than expect = 5 or more less deaths per 100,000 compared to the US

Source: worldlifeexpectancy.com

County Health Rankings

	Neosho	Kansas	U.S. Median	Top U.S. Performers
Length of Life				
Overall Rank (best being #1)	77/105			
- Premature Death*	8,499	7,079	8,200	5,400
Quality of Life				
Overall Rank (best being #1)	92/105			
- Poor or Fair Health	19%	16%	17%	12%
- Poor Physical Health Days	4.2	3.6	3.9	3.1
- Poor Mental Health Days	4.8	4.1	4.2	3.4
- Low Birthweight	7%	7%	8%	6%
Health Behaviors				
Overall Rank (best being #1)	83/105			
- Adult Smoking	21%	18%	17%	14%
- Adult Obesity	38%	33%	33%	26%
- Physical Inactivity	31%	24%	27%	20%
- Access to Exercise Opportunities	74%	80%	66%	91%
- Excessive Drinking	18%	18%	18%	13%
- Alcohol-Impaired Driving Deaths	20%	20%	28%	11%
- Sexually Transmitted Infections*	343.4	488.5	327.4	161.4
- Teen Births (per 1,000 female population ages 15-)	32	24	28	13
Clinical Care				
Overall Rank (best being #1)	58/105			
- Uninsured	10%	10%	11%	6%
- Population per Primary Care Provider	1,595	1,278	2,070	1,030
- Population per Dentist	2,668	1,661	2,410	1,240
- Population per Mental Health Provider	942	489	890	290
- Preventable Hospital Stays	6,018	3,959	4,710	2,761
- Mammography Screening	41%	45%	41%	50%
- Flu vaccinations	44%	49%	43%	53%
Social & Economic Factors				
Overall Rank (best being #1)	100/105			
- High school graduation	91%	91%	90%	96%
- Unemployment	4.6%	3.2%	3.9%	2.6%
- Children in Poverty	23%	14%	20%	11%
- Income inequality**	4.3	4.3	4.4	3.7
- Children in Single-Parent Households	28%	21%	32%	20%
- Violent Crime*	277	365	205	63
- Injury Deaths*	83	76	84	58
- Median household income	\$49,533	\$62,028	\$50,600	\$69,000
- Suicides	14	18	17	11
Physical Environment				
Overall Rank (best being #1)	83/105			
- Air Pollution - Particulate Matter (µg/m³)	7.5	6.7	9.4	6.1
- Severe Housing Problems***	15%	13%	14%	9%
- Driving to work alone	78%	82%	81%	72%
- Long commute - driving alone	13%	21%	31%	16%

*Per 100,000 Population

**Ratio of household income at the 80th percentile to income at the 20th percentile

***Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities

Key (Legend)

- Better than KS
- Same as KS
- Worse than KS

Source: County Health Rankings 2021 Report

Detailed Approach

A Community Health Needs Assessment (CHNA) is part of the required hospital documentation of “Community Benefit” under the Affordable Care Act (ACA), required of all 501(c)(3) hospitals as a condition of retaining tax-exempt status. While Neosho Memorial Regional Medical Center (“NMRMC” or “the Hospital”) is not a 501(c)(3) hospital, this study is designed to comply with the same standards and helps assure NMRMC identifies and responds to the primary health needs of its residents that will enable NMRMC to focus their efforts and resources on the most significant health needs of the community.

The goal of QHR’s CHNA process is to help NMRMC determine priority health needs of the area and develop an implementation strategy for addressing those needs.

Project Objectives

NMRMC partnered with QHR Health (“QHR”) to:

- Complete a CHNA report, compliant with Treasury – IRS
- Provide the Hospital with information required to complete the IRS – Schedule H (Form 990)
- Produce the information necessary for the Hospital to issue an assessment of community health needs and document its intended response

Overview of Community Health Needs Assessment

Typically, non-profit 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 for those who did not have means to pay. With the introduction of Medicare, the government met the burden of providing compensation for such care.

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:

- An Emergency Room open to all, regardless of ability to pay
- Surplus funds used to improve patient care, expand facilities, train, etc.
- A board controlled by independent civic leaders
- All available and qualified physicians granted hospital privileges

Specifically, the IRS requires:

- Effective on tax years beginning after March 23, 2012, each 501(c)(3) hospital facility must conduct a CHNA at least once every three taxable years and adopt an implementation strategy to meet the community needs identified through the assessment.
- The assessment may be based on current information collected by a public health agency or non-profit organization, and may be conducted together with one or more other organizations, including related organizations.
- The 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 downloadable from the hospital website.
- Failure to complete a CHNA in any applicable three-year period results in an excise tax to the organization of \$50,000. For example, if a facility does not complete a CHNA in taxable years one, two, or three, it is subject to the penalty in year three. If it then fails to complete a CHNA 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).
- An organization that fails to disclose how it is meeting needs identified in the assessment is subject to existing incomplete return penalties.

Community Health Needs Assessment Subsequent to Initial Assessment

The Final Regulations establish a required step for a CHNA developed after the initial report. This requirement calls for considering written comments received on the prior CHNA and Implementation Strategy as a component of the development of the next CHNA and Implementation Strategy. The specific requirement is:

“The 2013 proposed regulations provided that, in assessing the health needs of its community, a hospital facility must take into account input received from, at a minimum, the following three sources:

- 1) At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community;*
- 2) members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations; and*
- 3) written comments received on the hospital facility’s most recently conducted CHNA and most recently adopted implementation strategy.*

...the final regulations retain the three categories of persons representing the broad interests of the community specified in the 2013 proposed regulations but clarify that a hospital facility must “solicit” input from these categories and take into account the input “received.” The Treasury Department and the IRS expect, however, that a hospital facility claiming that it solicited, but could not obtain, input from one of the required categories of persons will be able to document that it made reasonable efforts to obtain such input, and the final regulations require the CHNA report to describe any such efforts.”

Representatives of the various diverse constituencies outlined by regulation to be active participants in this process were actively solicited to obtain their written opinion. Opinions obtained formed the introductory step in this Assessment.

To complete a CHNA:

“... the final regulations provide that a hospital facility must document its CHNA in a CHNA report that is adopted by an authorized body of the hospital facility and includes:

- 1) A definition of the community served by the hospital facility and a description of how the community was determined;*

- 2) *a description of the process and methods used to conduct the CHNA;*
- 3) *a description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves;*
- 4) *a prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and*
- 5) *a description of resources potentially available to address the significant health needs identified through the CHNA.*

... final regulations provide that a CHNA report will be considered to describe the process and methods used to conduct the CHNA if the CHNA report describes the data and other information used in the assessment, as well as the methods of collecting and analyzing this data and information, and identifies any parties with whom the hospital facility collaborated, or with whom it contracted for assistance, in conducting the CHNA.”

Additionally, all CHNAs developed after the very first CHNA received written commentary on the prior Assessment and Implementation Strategy efforts. The Hospital followed the Federal requirements in the solicitation of written comments by securing characteristics of individuals providing written comment but did not maintain identification data.

“...the final regulations provide that a CHNA report does not need to name or otherwise identify any specific individual providing input on the CHNA, which would include input provided by individuals in the form of written comments.”

The methodology takes a comprehensive approach to the solicitation of written comments. Input was obtained from the required three minimum sources and expanded input to include other representative groups. The Hospital asked all those participating in the written comment solicitation process to self-identify themselves into any of the following representative classifications. Written comment participants self-identified into the following classifications:

- 1) **Public Health Official** – Persons with special knowledge of or expertise in public health
- 2) **Government Employee or Representative** – Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility
- 3) **Minority or Underserved Population** – Leaders, representatives, or members of medically underserved, low income, and minority populations, and populations with chronic disease needs in the community served by the hospital facility. Also, in other federal regulations the term Priority Populations, which include rural residents and LGBT interests, is employed and for consistency is included in this definition
- 4) **Chronic Disease Groups** – Representative of or member of Chronic Disease Group or Organization, including mental and oral health
- 5) **Community Resident** – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations
- 6) **Educator** – Persons whose profession is to instruct individuals on subject matter or broad topics
- 7) **Healthcare Professional** – Individuals who provide healthcare services or work in the healthcare field with an understanding/education on health services and needs.

Other (please specify)

The methodology also takes a comprehensive approach to assess community health needs, perform several independent data analyses based on secondary source data, augment this with Local Expert Advisor and community opinions, and resolve any data inconsistency or discrepancies by reviewing the combined opinions formed from local experts. The Hospital relies on secondary source data, and most secondary sources use the county as the smallest unit of analysis. Community residents were asked to note if they perceived the problems or needs identified by secondary sources existed in their portion of the county.

Most data used in the analysis is available from public Internet sources and proprietary data. Any critical data needed to address specific regulations or developed by the survey respondents cooperating in this study are displayed in this CHNA report appendix.

Data sources include:

Website or Data Source	Data Element	Date Accessed	Data Date
www.countyhealthrankings.org	Assessment of health needs of the county compared to all counties in the state.	January 2021	2013-2019
Stratasan	Assess characteristics of the Hospital's primary service area, at a zip code level; and, to access population size, trends and socio-economic characteristics	January 2021	2021
www.worldlifeexpectancy.com/usa-health-rankings	15 top causes of death	January 2021	2019
Bureau of Labor Statistics	Unemployment rates	April 2022	2021
NAMI	Statistics on mental health rates and services	April 2022	2021
KansasHealthMatters	Community behavioral health data	April 2022	2017-2019
SAMHSA, Behavioral Health Barometer. Region 7, Volume 6	Substance use disorder rates by state	April 2022	2019
Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population	Health outcome measures and disparities in preventative services	April 2022	2020
Economic Policy Institute	Childcare costs in Kansas	May 2022	2020

A standard process of gathering community input was developed. In addition to gathering data from the above sources:

- A CHNA survey was deployed to the Hospital's Local Expert Advisors and offered to the community through the Hospital social media page, to gain 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 and the Hospital's desire to represent the region's geographically and ethnically diverse population. Community input from 87 survey respondents was received. Survey responses started January 17th and ended on February 7th, 2022.
- Information analysis augmented by local opinions showed how Neosho County relates to its peers in terms of primary and chronic needs and other issues of uninsured persons, low-income persons, and minority groups. Respondents commented on whether they believe certain population groups ("Priority Populations") need help to improve their condition, and if so, who needs to do what to improve the conditions of these groups.

Having taken steps to identify potential community needs, the respondents then participated in a structured communication technique called a "Wisdom of Crowds" method. The premise of this approach relies on the assumption that the collective wisdom of participants is better than the opinion of any one individual, regardless of their professional credentials.

In the NMRMC process, the survey respondents had the opportunity to introduce needs previously unidentified and to challenge conclusions developed from the data analysis. While there were a few opinions of the data conclusions not being completely accurate, most of the comments agreed with the findings. A list of all needs identified by any of the analyzed data was developed. The survey respondents then ranked each health need's importance from not at all (1 rating) to very (5 rating).

Survey Results

Q1: Are you a resident of Neosho County?

Answer Choices	Responses	
Yes	83.91%	73
No	16.09%	14
	Answered	87
	Skipped	0

Other counties:

- Allen (5)
- Wilson (5)
- Bourbon (2)
- Montgomery
- Woodson
- Live in Crawford, work in Neosho

Q2: Please select which roles apply to you.

Answer Choices	Applies to Me	Does Not Apply to Me	Total
Community Resident	67	9	76
Healthcare Professional	42	31	73
Educator	22	46	68
Government Employee or Representative	16	51	67
Public Health Official	7	57	64
Representative of Chronic Disease Group or Advocacy Organization	6	58	64
Minority or Underserved Population	5	58	63
		Answered	86
		Skipped	1

Q4: What gender do you identify as?

Answer Choices	Responses	
Male	39.53%	34
Female	58.14%	50
Prefer not to answer	1.16%	1
	Answered	86
	Skipped	1

Q5: What is your age?

Answer Choices	Responses	
45-54	36.05%	31
35-44	22.09%	19
55-64	22.09%	19
65+	15.12%	13
25-34	3.49%	3
18-24	1.16%	1
Under 18	0.00%	0
	Answered	86
	Skipped	1

Q6: Please specify your ethnicity.

Answer Choices	Responses	
White or Caucasian	94.12%	80
Black or African American	1.18%	1
Hispanic or Latino	1.18%	1
Asian or Asian American	1.18%	1
Native Hawaiian or other Pacific Islander	1.18%	1
Two or More	1.18%	1
American Indian or Alaska Native	0.00%	0
Another race	0.00%	0
Prefer not to say	0.00%	0
	Answered	85
	Skipped	2

Q7: With regard to healthcare, which of the following priority populations should we focus on most as a community? (please select all that apply)

Answer Choices	Responses	
Low-income groups	60.76%	48
Residents of rural areas	55.70%	44
Children	54.43%	43
Older adults	54.43%	43
Those who are underinsured or uninsured	54.43%	43
Individuals requiring additional healthcare support	39.24%	31
Women	34.18%	27
Racial and ethnic minority groups	18.99%	15
LGBTQ+	10.13%	8
	Answered	79
	Skipped	8

Q8: What do you believe are the unique or pressing needs that should be addressed in the priority populations selected above?

- Diabetes/obesity and heart disease/stroke
- I think fall education for the elderly population and healthcare resources for the low-income, uninsured individuals
- Under insured and no insurance costs everyone.
- Providing Healthcare in a rural community
- I realize the challenges of providing medical services to low-income groups that might not have health insurance, but believe if preventive measures can be taken, then hopefully this group will stay clear of ER when their health has taken a turn for the worse.
- General health
- Lack of health literacy and health misinformation. The importance of regular primary care. Inability to pay for health care/medications.
- Mostly education about vaccines, healthy living, the value of primary care practitioners, mental health treatments and management.
- Affordable access to care for uninsured and low income persons
- More specialty health care for older adults.
- Uninsured patients
- General lifestyle issues of healthy nutrition, exercise, stress management, sleep
- Preventative health care
- More rural resources for patients such as medications, equipment, at a significant reduced cost

- People understand and determine eligibility for health insurance options. Education of the No Surprise Bills Act and how it applies to the consumer. Adequate health services such as physicians, lab services, testing, and hospital services within the county.
- Preventive Health Care, dental, financial assistance with RX, treat the uninsured with the same negotiated costs as MCD, BCBS, etc
- Poverty caused by medical bills.
- The availability of getting to out of town appointments. Opportunities for preventive classes and transportation to get to them. No insurance or inadequate insurance.
- Wellness
- We are a rural community and it should not matter who you are you should get the same care. Advanced Care planning for Older adults.
- Prenatal care and medication cost for the elderly
- Nutrition and exercise
- Getting the proper healthcare and for healthcare facilities to get the proper staffing.
- People not getting the health care they need due to cost
- Transportation. Isolation. Mental health.
- Access to pain management, access to drug rehab and drug detox services, access to inpatient psychiatric care
- Education of overall physical health and how diet plays a role. Drug addiction needs addressed and is growing in this area.
- Transportation, health education
- Mental health and drug treatment
- Insurance need
- Lack of quality health insurance and expanded Medicaid coverage.
- Poverty, abuse/neglect, illegal drug use (prescription and non-)
- All health care needs, the socio-economic condition in the area is low and we are rural. Younger families and older adults often times can not travel to University hospitals
- School aged children are lacking the appropriate wellness checks and routine Dr. Appt. because of their lack of insurance, or the parents willingness/capabilities of getting them to be seen. Access to healthcare workers needs to be achieved in the school system.
- Residents in rural communities often will not seek medical care due to distance from them or underinsured/no insurance. This only creates more issues with the spread of illness because sick patrons are out in the community. They are unable to take off work or afford health care due to financial constraints.
- Mental health
- Education and social services are difficult to deliver in the widespread service area we have. Options for addiction treatment are also lacking

- Access to healthcare, adequate insurance, and available transportation to healthcare services.
- Preventative medicine
- More day centers or care that can be given at home
- The low income children issue is that many of them either do not have insurance or have parents who cannot or will not take them to health appointments. I believe the issue is access to health providers within the education system as to not require parents/guardians to get students to health visits
- Having specialty services available in our community would help us not to travel out of our area for these services.
- Low income people are seriously impacted by the high cost of medical care and many do not take advantage of the Obamacare programs.
- Healthy Eating
- HEALTHY LIFE STYLES AND ASSISTANCE BUILDING UP THEIR OWN IMMUNE SYSTEM
- Healthcare access; health equity; healthcare support; transportation;
- Obesity, Nutrition,
- Access to Doctors and transportation
- The pandemic has shown that those who are uninsured have a harder time locating services that are affordable and available. The cost of testing has been issue for many in the county.
- Populations selected tend to ignore health concerns. They need assistance getting needed health care.
- Promoting access to care, including tele-medicine appointments.
- Communication with residents. What are the best ways to communicate with all age groups, rural residents as well as all income levels.
- Appointments are difficult to schedule. Masks, vaccinations, and mandatory COVID testing / vaccinations for otherwise healthy individuals prior to treatments all hinder reasonable, hard working individuals from scheduling and obtaining the care they need, when they need it.
- Access to medical care including health insurance availability, healthcare education, proper use of ED, community health workers,
- Individuals that have low incomes, often have challenges meeting their health care needs.

Q9: Please share comments or observations about the actions NMRMC has taken to address Obesity/Physical Inactivity.

- Due to the pandemic, this is a difficult one to address as many ways to assist involve contact.
- Diet and exercise counseling performed with all patients with BMI that is out of range.
- Based on reviewing the NMRMC 2019 CHNA and Implementation Plan, it is obvious that NMRMC is taking correct actions for this matter. Would suggest partnering with school district to enroll parent/child in programs that can help with this matter.
- Workout center, some obesity programs.
- The Family Medicine department is very good about addressing these concerns. (Unfortunately I am not so good at taking their suggestions and advice even though I know I should.)
- Offer healthy meals, education for community
- I'm not aware of steps taken by NMRMC in this area of need.
- Not sure, I know the rehab center is not part of the hospital, but perhaps scholarships or reduced rates for low income, like the YMCA
- Pre Pandemic, a quarterly health coalition would meet at the hospital, involving multiple community members
- Reduced prices for gym membership for employees and students
- I know they have workout facility close by but this is not anything I have been associated with.
- We have a fitness facility that is affordable for people and used by many in our community
- NMRMC's Fitness Center is open to the public with class that can be attended. Healthy Options in the hospital cafeteria. Clinics assess BMI at each visit and provide education as needed. Cafeteria moved to using an air fryer.
- I think the fitness center is a great, I also think when someone is extremely obese they need more motivation to lose that weight with the help of other professionals including mental health and one on one therapy. I believe the programs NMRMC have setup are great but do believe we need more in this area to actually deal with the root of the obesity. I really like what the plans are to work with schools.
- Work out facility open to the public but I have no idea of the cost or frequency of use.
- The fitness center provides an excellent venue to help and encourage people in these areas.
- Healthier cafeteria food

- NMRMC has provided a fitness center that the community can utilize for a nominal fee. However, this fee might be cost prohibitive for lower income residents. I feel that their should be a sliding scale fee for those low income residents so access is more attainable.
- I think they are working on the issues and have had challenges related to COVID 19 over the last few years.
- We need to look at options outside of the hospital setting. The healthy food at the Best Cafe is great but once people are t the hospital, isn't it too late?
- Can specific classes be offered through the fitness center that targets high need groups? What about instructors offering classes in smaller communities? Many people do not access this because it is too far away. A combined fitness and healthy diet education program could be rotated around smaller communities in 3-4 weeks sessions
- I think the hospital has done a good job of promoting physical health with their recreation and rehab center. As always, it would be nice for it to be more affordable to the majority of the population.
- The fitness center would be more effective if there was a bigger social media/online presence.
- Unaware of any action, however making the physical fitness center more affordable or free to residents would be a huge step in the right direction.
- Would like to see more ways to increase physical activity in our county, or ways to promote events.
- Cafeteria has healthy meals
- Healthier food options in cafe; get-moving campaigns; availability of fitness center; outpatient dietitian education classes; employee wellness programs; social media education, newspaper articles, flyers.
- NMRMC family medicine clinic has screening questions for all patients entering the clinic
- I know that NMRMC has a fitness center and has dieticians on staff to assist in the issue of obesity or physical inactivity.
- NMRMC has the Fitness Center and personal trainers available for individual appointments.
- The Neosho County task force has developed bicycling as an option in our community.

Q10: Please share comments or observations about the actions NMRMC has taken to address Affordability.

- NMRMC has worked diligently to advance Medicare for all in Kansas.
- It is something that is addressed every year
- Based on reviewing the NMRMC 2019 CHNA and Implementation Plan, it is obvious that NMRMC is taking correct actions for this matter. Would suggest partnering with school district to enroll parent/child in programs that can help with this matter.
- I'm not aware of a specific new program, but I know folks are not turned away and that the hospital writes off a lot of expenses each year.
- NMRMC has an excellent program for parties who can't afford care.
- I'm not as familiar with this aspect as I have very good insurance. I do know that when my mother's insurance didn't cover all of her expenses (several years ago) they were very good at working out a payment plan we could afford.
- Has multiple programs for assistance for low income patients
- New FAP policy that is very generous, looked at pricing comparisons
- I know of the care car and charity care. I feel our prices are very high and other surrounding hospitals are more affordable.
- I haven't had any issues with affordability seem to be inline with other healthcare providers I have used.
- Navigator Program. FAP program. Financial assistance educators. More affordable healthy meal options in the hospital cafeteria.
- Free COVID testing, vaccinations, monoclonals. Ambulance services at local events. Member of Early Detection Works for discounted/free mammo, paps, etc. Price estimates provided.
- Low rates compared to kc
- The certified application counselor is great, so many people have no clue what to do and how they can afford healthcare. Great job on this and hopefully this will help more lower income folks get the medical help they need.
- Very good program to request assistance
- It appears to me the NMRMC does an excellent job making care available to all of our community.
- NMRMC has a 'charity care' program to assist those without insurance.
- I think they are doing what they can everything has increased. I feel their prices for services are below the national average.
- Access to apply for inability to pay bill due to income
- NMRMC has a financial assistance program for patients.

- NMRMC charity care program; free sports physicals for youth, concussion program; free Covid-19 testing/vaccinations, partners with local banks for medical loans, insurance navigator, local transportation service, job opportunities, working with State government to expand Medicaid.
- NMRMC has the FAP program
- I know that they have some assistance for those who are not able to afford health services. I do not however believe that they should issue warrants for those non-paying customers. If you cannot afford to pay your medical costs how are you going to afford to pay bills while in jail.
- None to my knowledge

Q11: Please share comments or observations about the actions NMRMC has taken to address Mental Health.

- I haven't seen as much here, but it could be more of just not looking for something.
- Have senior behavioral health program within the facility
- Based on reviewing the NMRMC 2019 CHNA and Implementation Plan, it is obvious that NMRMC is taking correct actions for this matter. Would suggest partnering with school district to enroll parent/child in programs that can help with this matter.
- Some mental health screening.
- NMRMC has added Senior Behavioral Health.
- I have not worked with the hospital on this, but the Family Medicine department has been exceptional at helping me with my mental health issues.
- Works in close relationship with SEK Mental Health, instituted safer policies for mental health patients.
- We have a geriatric behavioral health outpatient clinic
- I know there is a private therapist or two that can be used, but do they provide sliding scale fee?
- New Directions
- Giving out information to seek out help. New clinic and Dr. for Mental health
- I have had two of my grandchildren in the ER for mental health issues and the staff were great with them.
- Have some type of senior behavioral health but doesn't seem like anyone knows much about it.
- Works in conjunction with SEK Mental health and can provided telehealth consults from the ER. Social worker on staff. Employee assistance program (EAP). Senior Behavioral Health clinic.
- Mental health center collaboration

- The ER has worked well with us at SEKMHC
- Offering group therapy for elderly
- Some attempts have been made, but community services are not adequate and seem to cater to a special group
- I would like to see more done in this area, I feel like the community has experienced more stress and depression, and uncertainty during the pandemic. I feel that we need more services in this area
- The Employee Assistance Program is great and we need to expand that to more employers in the area. There are so many mental health needs in schools. The partnership with SEKMHC has been wonderful but the communication between prescribing physicians and schools must increase. So many of the issues we see in children have a direct correlation to medication changes. Parents can not always communicate their child's needs across multiple settings therefore resulting in unwarranted med changes. Increased communication with education teams would really help the children and parents in our area
- As a work environment, this is a very positive place to work. I feel we are well supported
- Opening of Senior Behavioral Healthcare program
- I am not connected with this area so I don't know what has been done, except they offer some free care as part of our package as employees
- Partners with SEKMHC and USD 413; behavioral health program; Neosho County Health Task Team meetings coordinated by NMRMC, telemedicine in the emergency department, NMRMC social worker, chronic care health coach, and case manager on staff, Advisory contract with psychiatrist that will assist with treatment plans, access to mental health services through Employee Assistance Program (EAP), and Coordinate care for patients who need transferred to facility for treatment related to mental health.
- NMRMC has added Senior Behavioral Health Program. We also partner with SEK mental health
- Neosho Memorial has developed an additional for Senior Behavior.

Q12: Please share comments or observations about the actions NMRMC has taken to address Alcohol/Substance Abuse.

- This issue is more than NMRMC or any one entity can address, let alone solve.
- Provide patient education
- Based on reviewing the NMRMC 2019 CHNA and Implementation Plan, it is obvious that NMRMC is taking correct actions for this matter.
- Several programs and referrals

- Drug screening services. PT to assist with pain management options (dry needle). Employee Assistance Program. Work in conjunction with SEK mental health. Review patients prescribed over 90 MME (opioid contracts). Prescription Drug Monitoring Program (PDMP) in place for most provider roles. KDHE providers Opioid prescribing reports and patterns to each provider.. 2022 new safe use of opioids Clinical Quality Measure.
- Would like to see more options for detox and assistance from the hospital for individuals seeking rehab.
- I feel NMRMC has made good strides in addressing Alcohol and Substance abuse. After reading the report that was furnished to review. Although it is something that we need to continue address
- I think there is a direct correlation to this and mental health needs/obesity. The efforts in place are good. Focus on these areas
- Questions regarding usage for all patients
- Social media posts/articles, speaking engagements on a variety of health topics including alcohol and substance abuse, drug screening services provided at local employers, Physical therapists available to help rehabilitate patients and expand pain management options, Employee Assistance Program with resources for six free counseling sessions for any life challenges and online, resources for education, Social worker on staff to help with referrals and resources for substance abuse issues, Community Education Flyers on over-the-counter medication used for pain management are displayed throughout the hospital and clinics, EHR alerts to physicians when prescribing opioids, Prescription drug monitoring program built into EHR, community education on opioid use; educate local providers on resources that are available in the surrounding counties.

Q13: Do you believe the above data accurately reflects your community today? (Data presented in this report)

Answer Choices	Responses	
Yes, the data accurately reflects my community today	92.65%	63
No, the data does not reflect my community today	7.35%	5
Answered		68
Skipped		19

Comments:

- Yes, I believe the above data accurately reflects our community. It is my personal opinion that personal health habits are learned from the parent or guardian in the household and then they become a generational cycle.
- These are back up by our data too.
- Need more mental health providers and dentist in our area. Quality of life is higher than the state average. More of our local children live in poverty compared to the state average. And we are higher in teen births compared to the state average. These should be a focus for the future!
- Not sure what exercise opportunities exist in extreme weather conditions for lower income who cannot afford to go the rehab center, perhaps the parks and rec but not sure they have easy access at not cost.
- 3 new Primary care physicians have joined the community in the last 6 months. It is likely 1241 people per full time Primary Care Provider in Neosho County now.
- We need more emphasis on healthy behaviors and healthcare access needs to be improved
- I was surprised on the teen birth rate and the 942 per mental health provider. That's a lot.
- All looks good besides the Children in Poverty Numbers. At least in Chanute, those are believed to be much higher.
- The data shows that our region is not doing well at all
- The numbers may different slightly due to COVID and the movement of people out of the area and the ones that moved from Kansas overall. I would say the numbers are close depending on when the numbers were collected.
- Access to exercise may be that high as far as facilities but not as far as affordability. We have a much higher number of children in poverty and single parent households
- I am not surprised of the ratio of healthcare access. I am concerned about our ability to attract and maintain good physicians and dentists.
- Very similar to other small rural counties in Kansas

Q14: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely)

	1	2	3	4	5	Total	Weighted Average
Mental Health	1	0	1	14	48	64	4.69
Obesity	0	0	3	18	43	64	4.63
Cancer	0	0	10	24	28	62	4.29
Diabetes	1	0	10	23	30	64	4.27
Heart Disease	0	0	12	24	28	64	4.25
Stroke	1	1	9	28	24	63	4.16
Women's Health	1	3	8	25	25	62	4.13
Dental	1	1	20	23	19	64	3.91
Lung Disease	1	3	16	24	19	63	3.90
Alzheimer's and Dementia	2	2	18	21	20	63	3.87
Kidney Disease	1	4	17	25	16	63	3.81
Liver Disease	1	6	23	20	14	64	3.63
Other (please specify)						2	
						Answered	64
						Skipped	23

Comments:

- All are important, but access to mental health and dental health are too often overlooked and insurance is not there and/or not affordable.
- Substance abuse

Q15: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely)

	1	2	3	4	5	Total	Weighted Average
Healthcare Services: Affordability	1	1	5	12	45	64	4.55
Healthcare Services: Prevention	0	1	6	17	40	64	4.50
Healthcare Services: Physical Presence	0	1	7	23	33	64	4.38
Employment and Income	1	0	5	26	32	64	4.38
Access to Childcare	1	0	4	15	21	41	4.34
Affordable Housing	1	0	8	28	27	64	4.25
Education System	1	2	9	21	29	62	4.21
Access to Exercise/Recreation	1	1	13	23	26	64	4.13
Access to Healthy Food	1	2	13	23	25	64	4.08
Transportation	1	2	11	28	22	64	4.06
Community Safety	1	1	12	31	19	64	4.03
Social Support	1	1	14	27	21	64	4.03
Social Connections	1	3	19	23	18	64	3.84
Other (please specify)						0	
						Answered	64
						Skipped	23

Q16: Please rate the importance of addressing each personal factor on a scale of 1 (Not at all) to 5 (Extremely)

	1	2	3	4	5	Total	Weighted Average
Drug/Substance Abuse	1	1	8	16	38	64	4.39
Smoking/Vaping/Tobacco Use	0	1	10	24	29	64	4.27
Physical Inactivity	0	0	15	17	31	63	4.25
Employment	2	0	11	20	31	64	4.22
Diet	0	1	14	25	24	64	4.13
Excess Drinking	1	0	16	21	26	64	4.11
Risky Sexual Behavior	2	3	14	26	19	64	3.89
Other (please specify)	0						
						Answered	64
						Skipped	23

Q17: Overall, how much has the COVID-19 pandemic affected you and your household?

Answer Choices	Responses	
Noticeable impact, planning for changes to daily behavior	42.86%	27
Some impact, does not change daily behavior	28.57%	18
Significant daily disruption, reduced access	19.05%	12
No impact, no change	6.35%	4
Severe daily disruption, immediate needs unmet	3.17%	2
		Answered
		63
		Skipped
		24

Q18: Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes. Please select the key social determinants that have been negatively impacted by the COVID-19 pandemic in your community. (please select all that apply):

Answer Choices	Responses	
Employment	77.05%	47
Childcare	70.49%	43
Social support systems	67.21%	41
Access to healthcare services	63.93%	39
Education	55.74%	34
Poverty	47.54%	29
Food security	40.98%	25
Public safety	36.07%	22
Nutrition	27.87%	17
Housing	24.59%	15
Transportation	19.67%	12
Racial and cultural disparities	13.11%	8
Other (please specify)	1.64%	1
	Answered	61
	Skipped	26

Comments:

- Poor family structure

Q19: During the COVID-19 pandemic, what healthcare services, if any, have you or your family delayed accessing? (please select all that apply)

Answer Choices	Responses	
None of the above	51.61%	32
Primary care (routine visits, preventative visits, screenings)	27.42%	17
Elective care (planned in advance opposed to emergency treatment)	14.52%	9
Specialty care (care and treatment of a specific health condition that require a specialist)	12.90%	8
All types of healthcare services	8.06%	5
Urgent care/Walk-in clinics	8.06%	5
Inpatient hospital care (care of patients whose condition requires admission to a hospital)	6.45%	4
Emergency care (medical services required for immediate diagnosis and treatment of medical condition)	4.84%	3
Other (please specify)	4.84%	3
	Answered	62
	Skipped	25

Comments:

- Mental Healthcare
- Dental care

Q20: How can healthcare providers, including Neosho Memorial Regional Medical Center, continue to support the community through the challenges of COVID-19? (please select all that apply)

Answer Choices	Responses	
Serving as a trusted source of information and education	85.48%	53
Offering alternatives to in-person healthcare visits	72.58%	45
Connecting with patients through digital communication channels (e.g., patient portal, social media, etc.)	59.68%	37
Posting enhanced safety measures and process changes to prepare for your upcoming appointment	53.23%	33
Sharing local patient and healthcare providers stories and successes with the community	38.71%	24
Other (please specify)	9.68%	6
	Answered	62
	Skipped	25

Comments:

- Treating patients with proven medications
- They are doing an outstanding job in a difficult time.
- Offering timely, affordable and easy to access services
- Sharing medically accurate health information to media/internet
- To help people truly understand the critical services available in our hospital, could the number of beds being used be posted compared to what is available? Might help some in the community take Covid more seriously

Q21: What healthcare services/programs will be most important to supporting community health as we move into the future? (please select all that apply)

Answer Choices	Responses	
Primary care	88.89%	56
Mental health	84.13%	53
Emergency care	73.02%	46
Urgent care/Walk-in clinics	68.25%	43
Elder/senior care	61.90%	39
Pediatrics/children's health	55.56%	35
Substance abuse services	49.21%	31
Chronic disease management programming	47.62%	30
Specialty care	46.03%	29
Women's health	41.27%	26
Other (please specify)	4.76%	3
	Answered	63
	Skipped	24

Comments:

- Providing treatments available
- Covid testing and vaccination available

Q22: COVID-19 has led to an increase in virtual and at-home healthcare options, including telemedicine, telephone visits, remote monitoring, etc. What alternative care options do you believe would benefit the community most? (please select all that apply)

Answer Choices	Responses	
Video visits with a healthcare provider	70.49%	43
Remote monitoring technologies to manage chronic diseases (e.g., wearable heart monitor, Bluetooth-enabled scale, Fitbit, etc.)	59.02%	36
Patient portal feature of your electronic medical record to communicate with a healthcare provider	55.74%	34
Smartphone app to communicate with a healthcare provider	52.46%	32
Telephone visits with a healthcare provider	42.62%	26
Virtual triage/screening option before coming to clinic/hospital	32.79%	20
Other (please specify)	6.56%	4
	Answered	61
	Skipped	26

Comments:

- Health care is personal and should be provided by someone that knows me
- None people need to be physically present

Q23: Please share resources and solutions that would help you and the community navigate the effects of the COVID-19 pandemic now and in the future.

Comments:

- Have NMRMC continue its leadership during the Covid-19 pandemic of being a reliable source for safety measures to be taken.
- Education! Helping to fight against the political divisions and hatred that the masking and vaccine issues have created.
- It's easy to get tired- don't know how you avoid that and still be sure everything is met
- Share the treatments that we know do help fight against COVID. Natural vitamins such as D, C, Zinc. Staying at a healthy weight. What exactly you can do at home before coming to the hospital: walk, keep track of oxygen, etc.
- Walk-in hours - more access. Elective services decreased. Overall, I think they are doing a great job to be there for the community. Medicaid expansion would help them and so many more.
- Again, I would say access to healthcare providers within the school setting instead of kids having to leave school when their parents are working.
- Online/social media presence
- Promoting accurate science based information for all ages
- Mental Health Tips and continue to educate prevention of Covid with mask, social distance and hand sanitize.
- CDC, KDHE, SEKHCC, NMRMC.com and FB page for social media presence.