CHC CONSULTING

Neosho Memorial Regional Medical Center

Community Health Needs Assessment and Implementation Plan

November 2025

NEOSHO MEMORIAL REGIONAL MEDICAL CENTER

Table of Contents

Section 1:

Community Health Needs Assessment

EXECUTIVE SUMMARY

Executive Summary

A comprehensive, six-step community health needs assessment (“CHNA”) was conducted for Neosho Memorial Regional Medical Center (NMRMC) by Community Hospital Consulting (CHC Consulting). This CHNA utilizes relevant health data and stakeholder input to identify the significant community health needs in Neosho County, Kansas.

The CHNA Team, consisting of leadership from NMRMC, reviewed the research findings in September 2025 to prioritize the community health needs. Four significant community health needs were identified by assessing the prevalence of the issues identified from the health data findings combined with the frequency and severity of mentions in community input.

The list of prioritized needs, in descending order, is listed below.
1.) Continued Emphasis on Healthcare Workforce Recruitment and Retention to Improve Access to Primary and Specialty Care
2.) Prevention, Education and Services to Increase Community Awareness and Address Preventable Conditions and Unhealthy Lifestyles
3.) Access to Mental and Behavioral Health Care Services and Providers
4.) Increased Emphasis on Addressing Vital Conditions

The CHNA Team participated in a prioritization process using a structured matrix to rank the community health needs based on three characteristics: size and prevalence of the issue, effectiveness of interventions, and their capacity to address the need. Once this prioritization process was complete, NMRMC leadership discussed the results and decided to address three of the prioritized needs in various capacities through a hospital specific implementation plan. While NMRMC acknowledges that "Access to Mental and Behavioral Health Care Services and Providers" is a significant need in the community, it is not addressed largely due to the fact that it is not a core business function of the facility and the limited capacity of the hospital to address this need. NMRMC will continue to support local organizations and efforts to address this need in the community.

Through collaboration, engagement and partnership with the community, NMRMC will address the remaining priorities with a specific focus on reducing health disparities among subpopulations. Hospital leadership has developed an implementation plan to identify specific activities and services which directly address the identified priorities. The objectives were identified by studying the prioritized health needs, within the context of the hospital’s overall strategic plan and the availability of finite resources. The plan includes a rationale for each priority, followed by objectives, specific implementation activities, responsible leaders, and annual updates and progress (as appropriate).

The NMRMC Board reviewed and adopted the 2025 Community Health Needs Assessment and Implementation Plan on November 20, 2025.

Rationale for Prioritized Needs

Priority #1: Continued Emphasis on Healthcare Workforce Recruitment and Retention to Improve Access to Primary and Specialty Care

Data suggests Neosho County has a higher ratio of population per primary care physician and per dental care provider as compared to the state and the nation. Additionally, Neosho County has several Health Professional Shortage Area designations as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

The Neosho Memorial Regional Medical Center 2025 CHNA survey results showed that fifty percent or more of respondents indicated a need to recruit more health care providers as a top public health initiative in the community. With regards to barriers to accessing specialty and dental care, respondents selected an insufficient number of providers and long wait times for an appointment as a top barrier to accessing care. For specialty care, specifically, respondents also noted a lack of access due to provider distance as a significant barrier. Respondents listed cardiology, neurology, endocrinology, OB/GYN, orthopedic surgery, otolaryngology, pulmonology and hematology/oncology as the top providers and services that are needed or desired. Respondents emphasized in additional commentary that residents often struggle to access needed services due to limited local specialists, long appointment wait times, and the inconvenience of relying on visiting providers. Many noted that patients must travel to larger cities for procedures or specialty appointments, which poses barriers for those with transportation or schedule constraints.

When thinking about obstacles that affect the transition of care between healthcare settings or providers, survey respondents indicated limited staff capacity and time to support coordination efforts (within practices and across the community) and poor communication and coordination among healthcare facilities and providers as significant barriers. When respondents were asked why individuals in the community might choose to use the emergency room rather than a clinic or urgent care for non-emergent needs, one of the top answers was due to the lack of an established relationship with a primary care provider.

Priority #2: Prevention, Education and Services to Increase Community Awareness and Address Preventable Conditions and Unhealthy Lifestyles

Data suggests that higher rates of specific mortality causes and unhealthy behaviors warrant a need for increased preventive education and services to improve the health of the community. Heart disease and cancer are the two leading causes of death in Neosho County and the state. Neosho County has higher mortality rates than Kansas for the following causes of death: diseases of the heart; malignant neoplasms; COVID-19; chronic lower respiratory diseases; cerebrovascular diseases; accidents (unintentional injuries); colon and rectum cancer; and lung and bronchus cancer.

Neosho County has higher percentages of chronic conditions, such as diabetes for both the adult and Medicare population, obesity for the adult population, high blood pressure for the Medicare population and arthritis for the adult population, and those who stated they have a disability for the adult population, than the state. Neosho County has higher percentages of residents participating in unhealthy lifestyle behaviors, such as physical inactivity, binge drinking and smoking, than the state. With regards to maternal and child health, Neosho County has a higher teen (age 15-19 years) birth rate than the state. Data suggests that Neosho County residents are not appropriately seeking preventive care services, such as timely receiving the flu vaccine and the pneumonia vaccine for the Medicare population.

The Neosho Memorial Regional Medical Center 2025 CHNA survey results indicate that fifty percent or more of respondents selected health promotion and preventive education and improving access to healthy food as top public health initiatives in the community. Survey respondents selected obesity among adults as a top five health concern in the community. Respondents also selected understanding health insurance options/health insurance plans, nutrition/dietary programs and health fairs/screening events as three of the top five health education,…

Rationale for Prioritized Needs

Priority #2: Prevention, Education and Services to Increase Community Awareness and Address Preventable Conditions and Unhealthy Lifestyles (continued)

…promotion, and preventative services lacking in the community. The internet is the primary source of health education for the community, followed by social media.

Survey respondents emphasized the need for stronger prevention and education efforts to address widespread unhealthy lifestyles and chronic disease. Many noted that while some community resources exist, there is limited awareness and outreach, leaving residents unaware of available programs or how to access them. Comments highlighted concerns about obesity, poverty and barriers to affordable preventive care and fitness opportunities. Respondents also called for expanded health education, particularly around chronic conditions and STI prevention, and stressed the importance of meeting people "where they are" through more accessible, well-promoted community programs and services.

Priority #3: Increased Emphasis on Addressing Vital Conditions

Data suggests that some residents in the study area may face significant barriers when accessing the healthcare system. Neosho County has a higher median age than the state. Neosho County has a higher unemployment rate than the state, a lower median household income as well as a smaller percentage of residents with a bachelor's or advanced degree than the state. Neosho County also has a higher percentage of families and children living below poverty and a larger percentage of occupied housing units that have one or more substandard conditions than the state. Additionally, Neosho County has a higher percent of its total population receiving SNAP benefits, overall food insecurity, child food insecurity, White Non-Hispanic food insecurity, as well as a higher percentage of public school students eligible for free or reduced price lunch.
Neosho County has a higher rate of those adults (age 18-64) who are uninsured as compared to the state and health care is estimated to be the highest monthly cost for residents. When analyzing economic status, Neosho County is in more economic distress than other counties in the state. Neosho County has a higher percentage of households that do not have a motor vehicle compared to the state and has a significantly higher rate of preventable hospital events when compared to both the state of Kansas and the nation. Additionally, Neosho County is designated as a Medically Underserved Areas, as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

The Neosho Memorial Regional Medical Center 2025 CHNA showed that fifty percent or more of respondents indicated increasing the availability of safe, affordable housing; improving access to affordable, high-quality child care options and expanding access to reliable public transportation or ride services as top public health initiatives in the community. Survey results also indicate a majority of respondents believe not everyone has adequate access to health services, with the low income/working poor, homeless and un/underinsured being the top three groups impacted. Additionally, participants noted financial stress or instability and lack of reliable transportation as two of the top five health concerns in the community. When respondents were asked why individuals in the community might choose to use the emergency room rather than a clinic or urgent care for non-emergent needs, the top answer was due to no co-pays/up front costs at the ER.

Lack of coverage/financial hardship was the top barrier to care identified by survey respondents when accessing primary care, dental care, mental/behavioral health care, vision care and specialty care. Survey respondents emphasized that social and economic barriers continue to drive health disparities across the community. Many residents struggle with the high cost of healthcare, medications, and insurance, while transportation limitations, lack of affordable and available childcare, and housing instability further restrict access to care. Respondents also noted the reliance on emergency departments for non-urgent care due to no upfront payments and limited clinic hours. Broader social factors such as…

Priority #3: Increased Emphasis on Addressing Vital Conditions (continued)

…poverty, unemployment, crime, lack of accessible sidewalks, and insufficient coordination among community resources contribute to unequal health outcomes. Participants called for affordable fitness and nutrition options, quality childcare, and expanded public transit to help address the root causes of poor health and strengthen overall community well-being.

Survey commentary highlighted significant and ongoing barriers to health and wellness among nearly all vulnerable and marginalized populations. Adolescents, infants, and students face limited access to pediatric care, transportation challenges, and reliance on schools for nutritious meals, with low-income and uninsured families experiencing inconsistent access to healthcare. Adults and the working poor struggle with financial strain, lack of insurance or paid leave, and jobs that make it difficult to attend appointments, often leading them to rely on emergency care. Homeless individuals encounter some of the most severe barriers, including lack of housing, transportation, and insurance, as well as the absence of local shelters or supportive programs. Non-U.S. citizens, refugees, and those with limited English proficiency face fear of deportation, language and cultural barriers, and minimal interpreter services, which discourage care-seeking. The LGBTQ+ community continues to experience stigma that limits engagement with healthcare providers. Persons with chronic diseases and disabilities are burdened by a shortage of local specialists and transportation barriers, which make travel for care difficult or unaffordable. Individuals with mental illness and substance use disorders lack sufficient local treatment options and inpatient facilities, face stigma around care, and must often travel long distances for help.

Pregnant women and teen mothers are affected by what is described as an “OB desert”, and also face barriers related to insurance, transportation, and awareness of resources. Senior citizens and retirees encounter rising living costs, limited insurance coverage, fixed incomes, and a lack of affordable housing and specialty care. Single parents and new parents struggle with childcare, transportation, and housing costs, forcing many to forgo healthcare to meet basic needs. Veterans and military families report challenges accessing or navigating VA services, with some unaware of available benefits. Finally, uninsured, underinsured, and unemployed residents avoid preventive and chronic care management due to high costs, premiums, copays, and medication expenses, often depending instead on emergency services for basic medical needs.

PROCESS AND METHODOLOGY

Process and Methodology

Background & Objectives

- This CHNA is designed in accordance with CHNA requirements identified in the Patient Protection and Affordable Care Act and further addressed in the Internal Revenue Service final regulations released in December 29, 2014. The objectives of the CHNA are to:
- While Neosho Memorial Regional Medical Center (NMRMC) is not a 501(c)(3) hospital, this study is designed to comply with the same requirements described above and helps assure that NMRMC identifies and responds to the primary health needs of its residents.
- The objectives of the CHNA are to:
  - Research and report on the demographics and health status of the study area, including a review of state and local data
  - Gather input, data and opinions from persons who represent the broad interest of the community
  - Analyze the quantitative and qualitative data gathered and communicate results via a final comprehensive report on the needs of the communities served by NMRMC
  - Document the progress of previous implementation plan activities
  - Prioritize the needs of the community served by the hospital
  - Create an implementation plan that addresses the prioritized needs for the hospital

Process and Methodology

Scope

- The CHNA components include:
  - A description of the process and methods used to conduct this CHNA, including a summary of data sources used in this report
  - A biography of NMRMC
  - A description of the hospital's defined study area
  - Definition and analysis of the communities served, including demographic and health data analyses
  - Findings from surveys collecting input from community representatives, including:
    - 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;
    - Members of a medically underserved, low-income or minority populations in the community, or individuals or organizations serving or representing the interests of such populations
    - Community leaders
  - A description of the progress and/or completion of community benefit activities documented in the previous implementation plan
  - The prioritized community needs and separate implementation plan, which intend to address the community needs identified
  - A description of additional health services and resources available in the community
  - A list of information gaps that impact the hospital's ability to assess the health needs of the community served

Methodology

- NMRMC worked with CHC Consulting in the development of its CHNA. NMRMC provided essential data and resources necessary to initiate and complete the process, including the definition of the hospital's study area and the identification of key community stakeholders to be surveyed.
- CHC Consulting conducted the following research:
  - A demographic analysis of the study area, utilizing demographic data from Syntellis
  - A study of the most recent health data available
  - Distributed surveys with individuals who have special knowledge of the communities, and analyzed results
  - The following people participated in some aspect of the CHNA process:
    - Wendy Brazil, Chief Executive Officer
    - Morris Brown, Chief Financial Officer
    - Gretchen Keller, Director, Health Information Management
    - Kimberly McCracken, Patient Advocate / Civil Rights Coordinator
    - Anna Methvin, Foundation Director
    - Tiffany Miller, Chief Quality Officer
    - Patricia Morris, Communications Officer
    - Jennifer Newton, Chief Nursing Officer
    - Shelli Sheerer, Human Resources Officer
- The methodology for each component of this study is summarized in the following section. In certain cases methodology is elaborated in the body of the report.

Methodology (continued)

- Neosho Memorial Regional Medical Center Biography
  - Background information about NMRMC, statement of purpose, statement of vision, statement of values, mission in action and services were provided by the hospital or taken from its website
- Study Area Definition
  - The study area for NMRMC is based on hospital inpatient discharge data from July 1, 2024 - June 30, 2025 and discussions with hospital staff
- Demographics of the Study Area
  - Population demographics include population change by race, ethnicity, age, median household income, unemployment and economic statistics in the study area
  - Demographic data sources include, but are not limited to, Syntellis, the U.S. Census Bureau and the United States Bureau of Labor Statistics
- Health Data Collection Process
  - A variety of sources (also listed in the reference section) were utilized in the health data collection process
  - Health data sources include, but are not limited to, the Robert Wood Johnson Foundation, SparkMap, United States Census Bureau, and the Centers for Disease Control and Prevention

Methodology (continued)

- Survey Methodology
  - CHC Consulting developed an electronic survey tool distributed by NMRMC via email between August 13, 2025 – August 29, 2025. The survey was sent via email to individuals or organizations representing the needs of various community groups in Neosho County. 153 individuals responded to the survey and those responses were collected and analyzed.
- Evaluation of Hospital's Impact
  - A description of the progress and/or completion of community benefit activities documented in the previous implementation plan
  - NMRMC provided CHC Consulting with a report of community benefit activity progress since the previous CHNA
- Prioritization Strategy
  - Four significant needs were determined by assessing the prevalence of the issues identified in the health data findings, combined with the frequency and severity of mentions in the surveys
  - Three factors were used to rank those needs during the prioritization process
  - See the prioritization section for a more detailed description of the prioritization methodology

HOSPITAL BIOGRAPHY

About Us

Meet the Team Behind Neosho Memorial Regional Medical Center

At NMRMC, our success is built on the dedication, expertise, and compassion of our team. From our Board of Trustees and Senior Leadership Team to the incredible healthcare professionals and staff who serve the Chanute community, every individual plays a vital role in achieving our mission of delivering exceptional care.

The staff of NMRMC has made a commitment to Bring Excellence and Service Together to promote, improve and restore health.

STATEMENT OF PURPOSE

In partnership with patients, families, and community, we Bring Excellence and Service Together to promote, improve and restore health.

STATEMENT OF VISION

To provide world-class quality and service for the benefit of our patients.

STATEMENT OF VALUES

- Respect for patients and staff
- Exceeding expectations
- Always put safety first
- Leadership excellence

Our Mission in Action

Every member of our team contributes to fulfilling NMRMC's mission of enhancing the health and well-being of the Chanute community. Through teamwork, compassion, and innovation, we strive to make a difference every day.

Source: Neosho Memorial Regional Medical Center, "About Us", https://www.nmrmc.com/about/; accessed August 27, 2025.
Source: Neosho Memorial Regional Medical Center, "About Us, Our Team", https://www.nmrmc.com/about/our-team/; accessed August 27, 2025.

Hospital Biography

Hospital Services

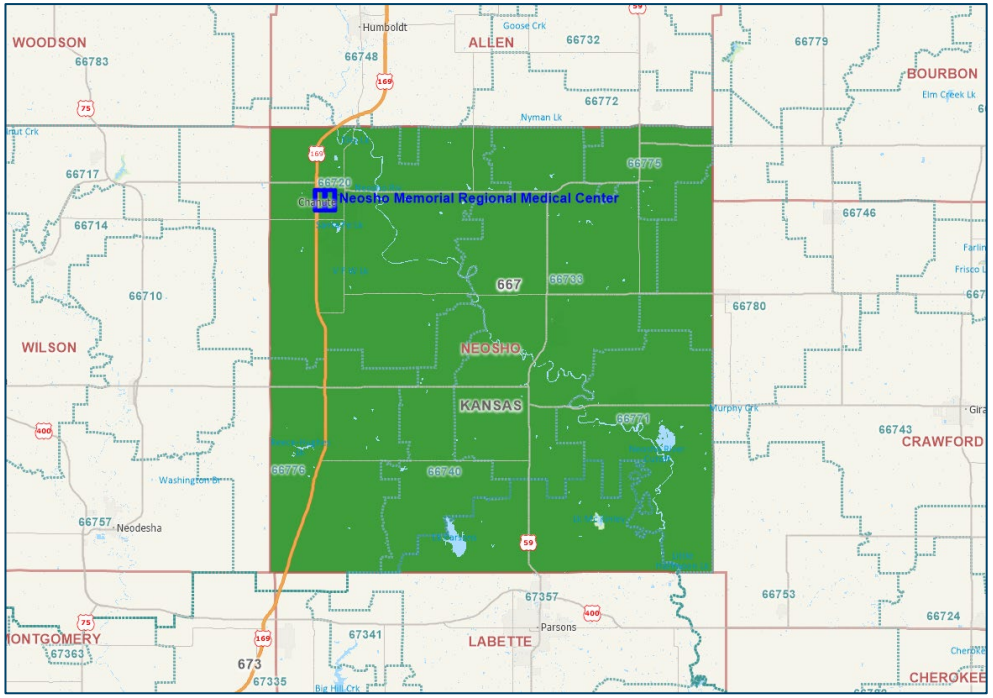
- Cardiopulmonary Rehabilitation
- Case Management
- Clinics
  - Family Medicine Clinics
    - Family Medicine Clinic
    - Erie Family Care Clinic
  - Orthopedic Clinic
  - Surgery Clinic
  - Women's Health Center
  - Visiting Specialty Clinics
- Colonoscopies + GI Genius
- Cosmetic Services
- Home Health Agency
- Hospice
- Imaging Services
- Inpatient and Outpatient Therapy Services
- Laboratory Services
- Neosho County Emergency Services
- Nutritional Services
- Obstetrics
- Respiratory Care
- Surgery

Source: Neosho Memorial Regional Medical Center, "Services," https://www.nmrmc.com/services/; accessed August 27, 2025.
Source: Neosho Memorial Regional Medical Center, "Clinics," https://www.nmrmc.com/clinics/; accessed August 27, 2025.

STUDY AREA

Study Area

- Neosho County comprises 51.9% of SY 2025 Inpatient Discharges
- Indicates the hospital



The 2022 NMRMC Community Health Needs Assessment studied Neosho County, Kansas.

Neosho Memorial Regional Medical Center
Patient Origin by County
July 1, 2024 - June 30, 2025

County	State	SY25 Inpatient Discharges	% of Total	Cumulative % of Total
Neosho	KS	552	51.9%	51.9%
All Others		512	48.1%	100.0%
Total		**1,064**	**100.0%**	

Source: Hospital inpatient discharge data provided by Neosho Memorial Regional Medical Center; July 2024 – June 2025.

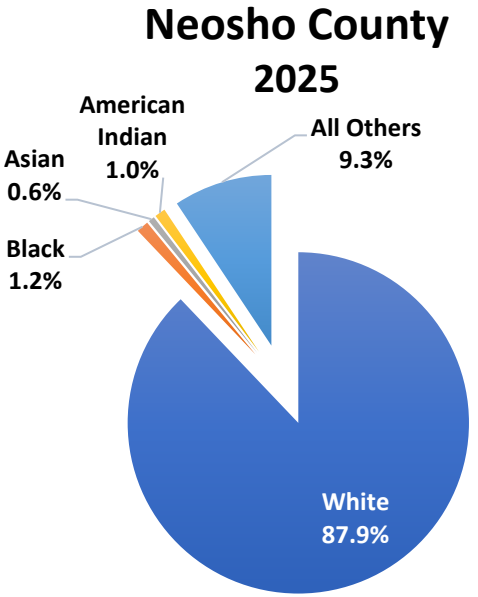
DEMOGRAPHIC OVERVIEW

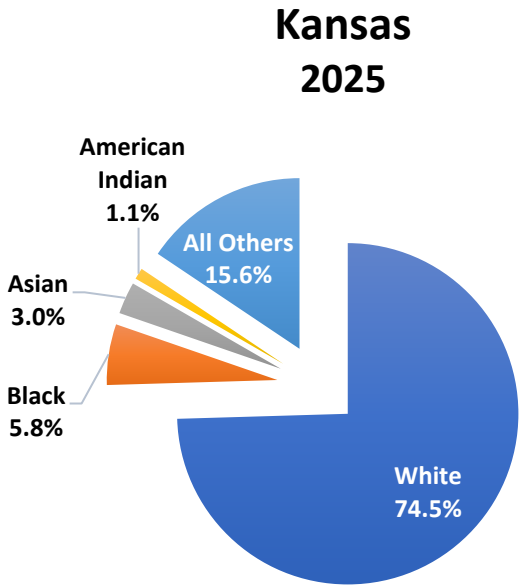
Population Growth

Projected 5-Year Population Growth
2025-2030

Overall Population Growth				
Geographic Location	**2025**	**2030**	**2025-2030 Change**	**2025-2030 % Change**
Neosho County	15,986	15,588	-398	-2.5%
Kansas	2,967,337	2,979,223	11,886	0.4%

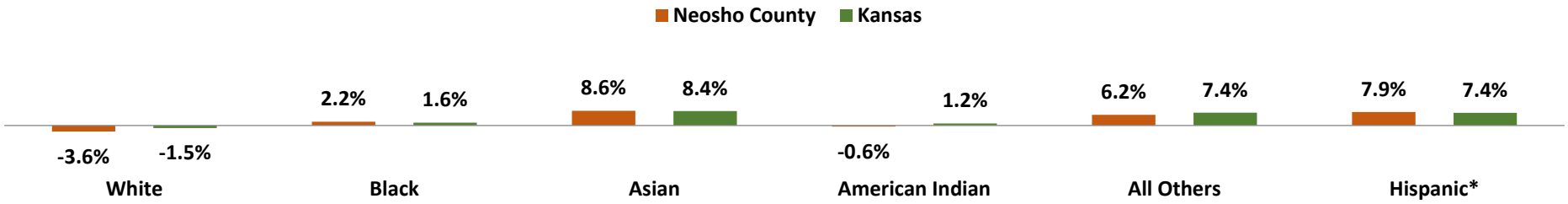
Population Composition by Race/Ethnicity





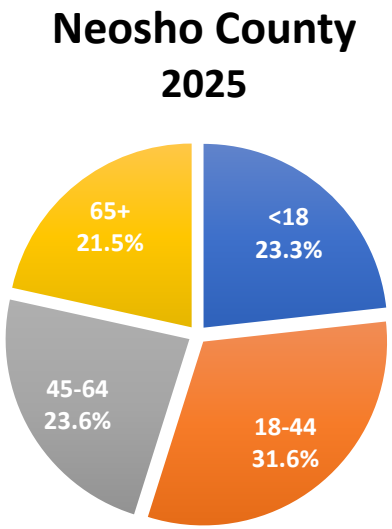
Neosho County				
Race/Ethnicity	**2025**	**2030**	**2025-2030 Change**	**2025-2030 % Change**
White	14,051	13,549	-502	-3.6%
Black	185	189	4	2.2%
Asian	93	101	8	8.6%
American Indian	163	162	-1	-0.6%
All Others	1,494	1,587	93	6.2%
Total	**15,986**	**15,588**	**-398**	**-2.5%**
Hispanic*	992	1,070	78	7.9%
Kansas				
Race/Ethnicity	**2025**	**2030**	**2025-2030 Change**	**2025-2030 % Change**
White	2,211,561	2,178,227	-33,334	-1.5%
Black	170,913	173,709	2,796	1.6%
Asian	90,091	97,700	7,609	8.4%
American Indian	31,807	32,183	376	1.2%
All Others	462,965	497,404	34,439	7.4%
Total	**2,967,337**	**2,979,223**	**11,886**	**0.4%**
Hispanic*	413,489	444,094	30,605	7.4%

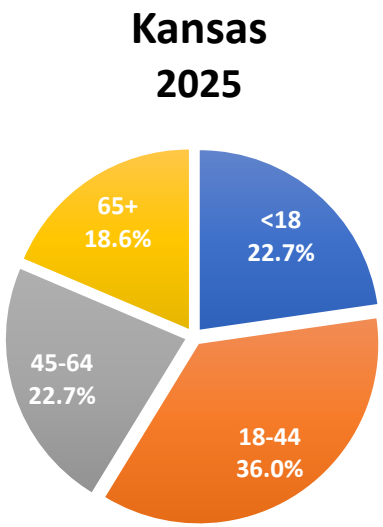
Race/Ethnicity Projected 5-Year Growth 2025-2030



Source: Syntellis, Growth Reports, 2025.
*Hispanic numbers and percentages are calculated separately since it is classified as an ethnicity.
Note: "All Others" is a category for people who do not identify with 'White', 'Black', 'American Indian or Alaska Native', or 'Asian'.
Note: A green highlighted row in the table represents the biggest change in true numbers in the population for each county and state.

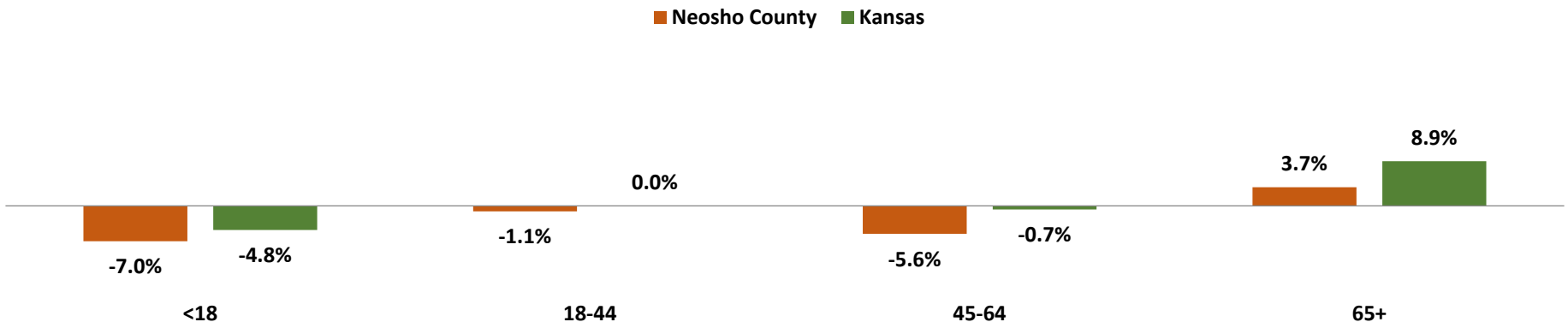
Population Composition by Age Group





Neosho County				
Age Cohort	**2025**	**2030**	**2025-2030 Change**	**2025-2030 % Change**
<18	3,717	3,456	-261	-7.0%
18-44	5,055	5,000	-55	-1.1%
45-64	3,770	3,560	-210	-5.6%
65+	3,444	3,572	128	3.7%
Total	**15,986**	**15,588**	**-398**	**-2.5%**
Kansas				
Age Cohort	**2025**	**2030**	**2025-2030 Change**	**2025-2030 % Change**
<18	674,153	641,795	-32,358	-4.8%
18-44	1,068,667	1,068,680	13	0.0%
45-64	672,812	668,107	-4,705	-0.7%
65+	551,705	600,641	48,936	8.9%
Total	**2,967,337**	**2,979,223**	**11,886**	**0.4%**

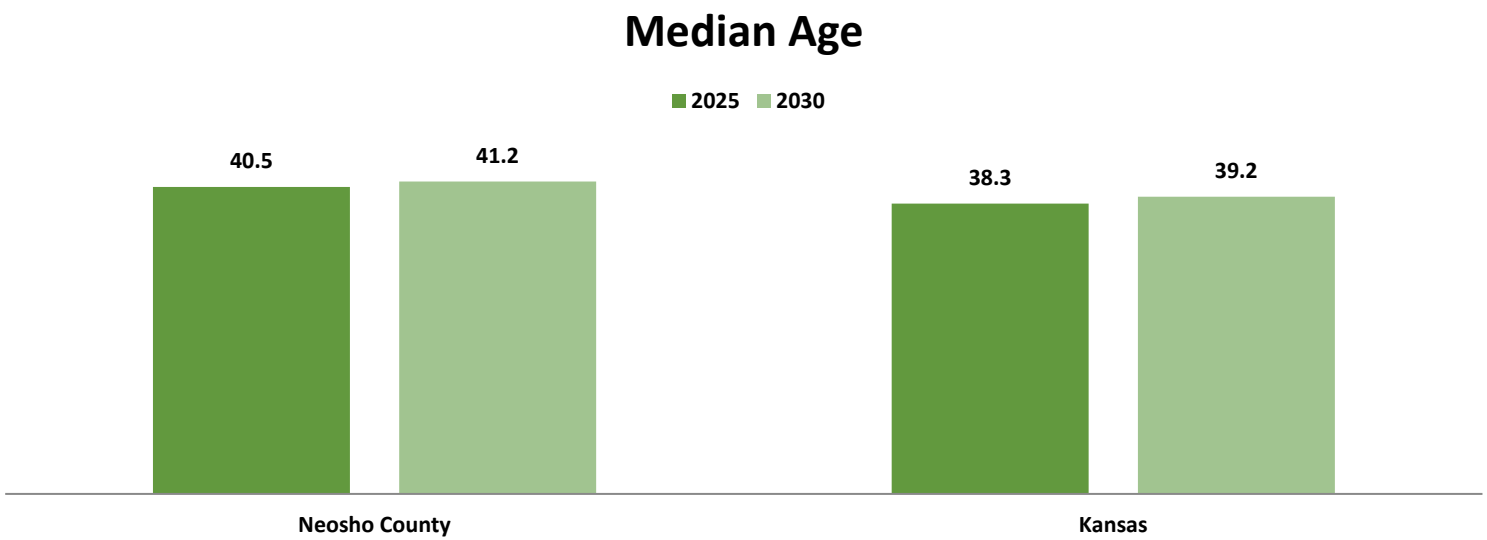
Age Projected 5-Year Growth 2025-2030



Source: Syntellis, Growth Reports, 2025.
Note: A green highlighted row in the table represents the biggest change in true numbers in the population for each county and state.

Median Age

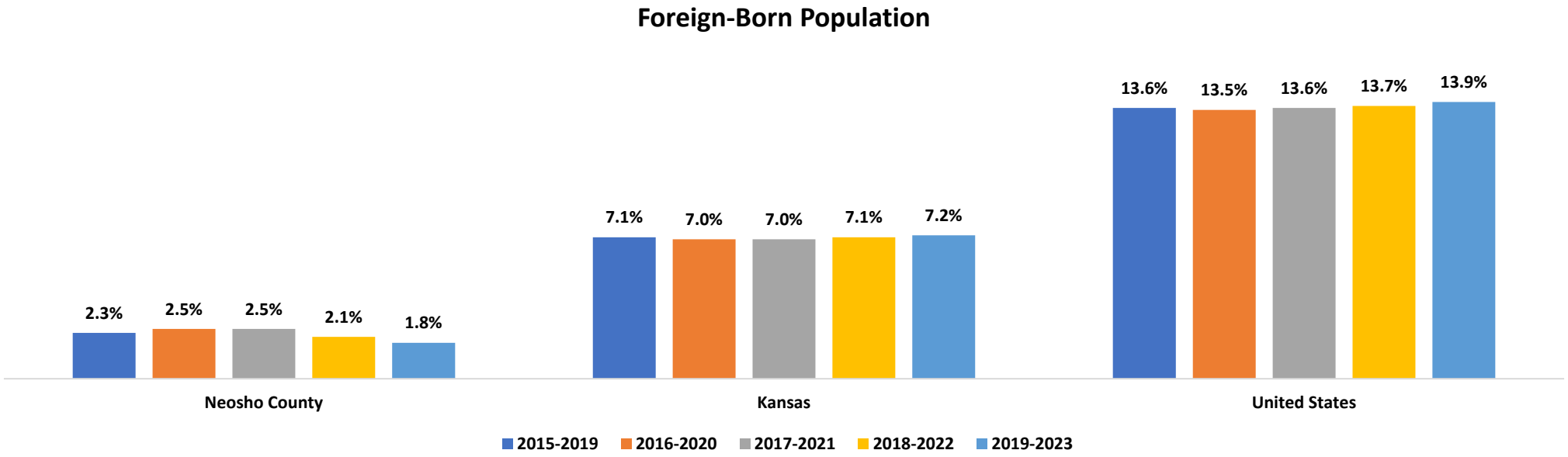
- The median age in Neosho County and the state is expected to increase over the next five years (2025-2030).
- As of 2025, Neosho County (40.5 years) has an older median age than the state (38.3 years).



Source: Syntellis, Growth Reports, 2025.

Subpopulation Composition

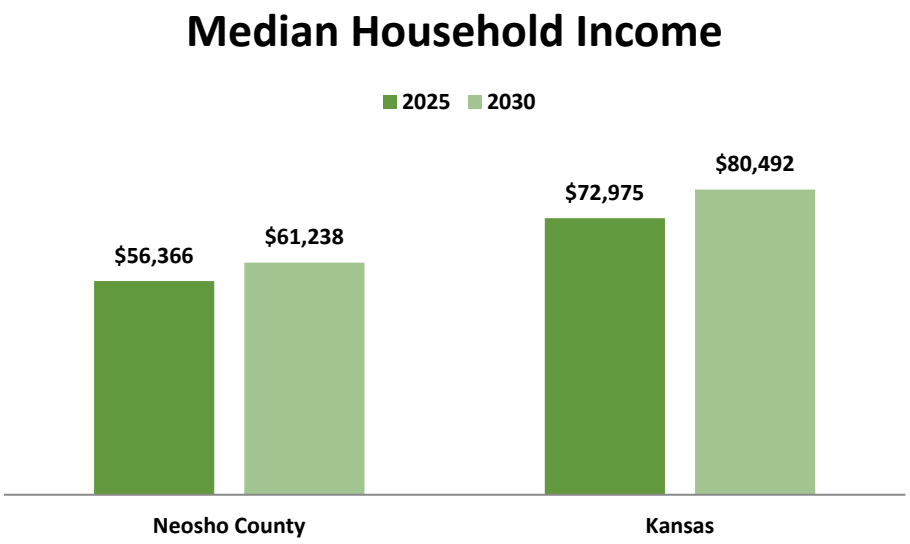
- Between 2015 and 2023, the percentage of foreign-born residents in Neosho County decreased, while the percentage in the state and the nation increased.
- Between 2015 and 2023, Neosho County maintained a lower percentage of foreign-born residents than the state and the nation.
- In 2019-2023, Neosho County (1.8%) had a lower percentage of foreign-born residents than the state (7.2%) and the nation (13.9%).

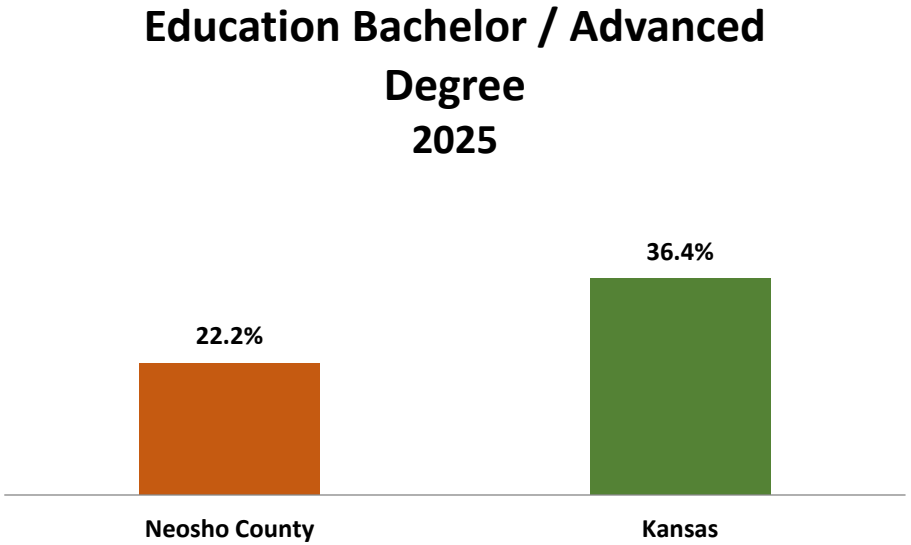


Source: United States Census Bureau, filtered for Neosho County, KS, https://data.census.gov/table/ACSDP5Y2023.DP02?q=DP02&g=010XX00US_040XX00US20_050XX00US20133; data accessed August 29, 2025.
Note: Foreign-born means an individual who was born outside of the United States but lives in the United States currently.
Note: Data has been pulled in 5-year sets of moving averages for purposes of statistical reliability.

Median Household Income & Educational Attainment

- Between 2025 and 2030, the median household incomes in Neosho County and the state are expected to increase.
- The median household income in Neosho County ($56,366) was lower than the state ($72,975) (2025).
- Neosho County (22.2%) had a lower percentage of residents with a bachelor or advanced degree than the state (36.4%) (2025).





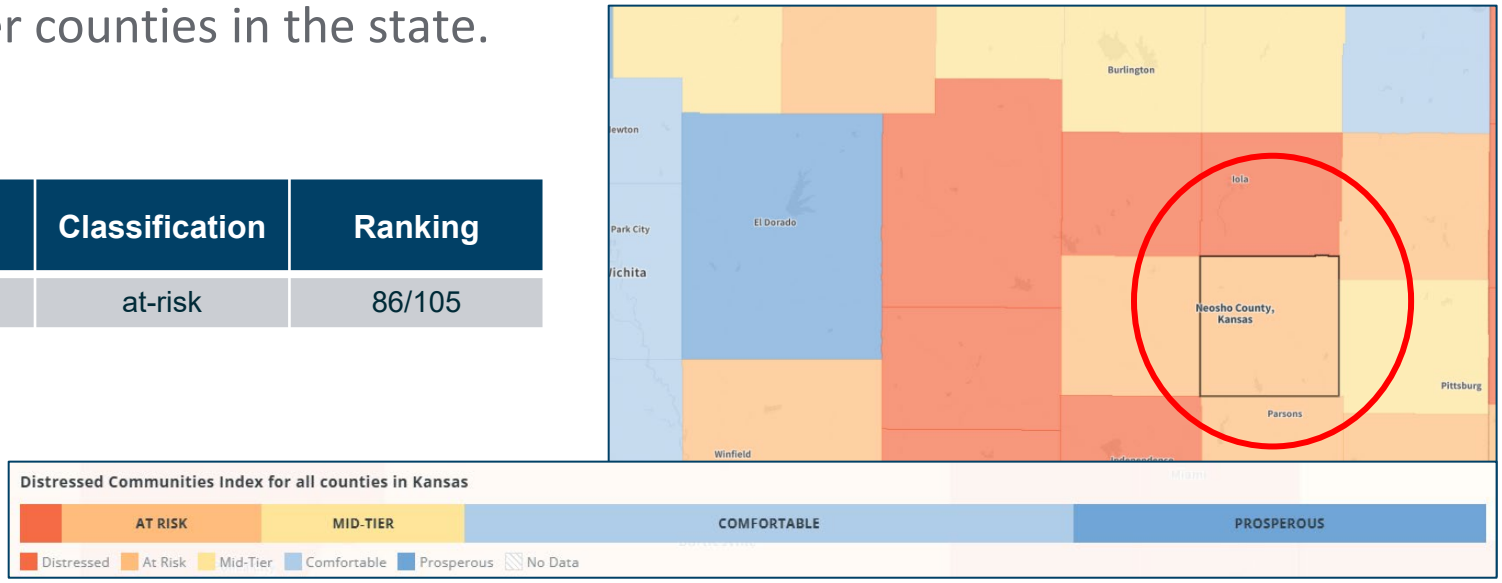
Source: Syntellis, Growth Reports, 2025.

Distressed Communities Index

- In 2019-2023, 18.3% of the population in Kansas lived in a distressed community, as compared to 28.3% of the population that lived in a prosperous community.
- In 2019-2023, the distress score in Neosho County was 71.1, which is more distressed as compared to other counties in the state.

	Kansas	United States
Lives in a Distressed Community	18.3%	15.2%
Lives in a Prosperous Community	28.3%	24.9%

County	Distress Score	Classification	Ranking
Neosho	71.1	at-risk	86/105



Source: Economic Innovation Group, DCI Interactive Map, filtered for Neosho County, KS, https://eig.org/distressed-communities/?geo=counties&lat=38.55&lon=-96.42&z=4.09; data accessed August 29, 2025.
Definition: 'Prosperous' has a final score of 0 all the way up to 'Distressed' which has a final score of 100.
Note: DCI used U.S. Census Bureau's American Community Survey (ACS) 5 – Year Estimates covering 2019 -2023.
Note: Distressed Communities Index (DCI) combines seven complementary economic indicators: no high school diploma, housing vacancy rate, adults not working, poverty rate, median income ratio, change in employment and change in establishments. Full definition for each economic indicator can be found in the appendix.

Family Budget Map

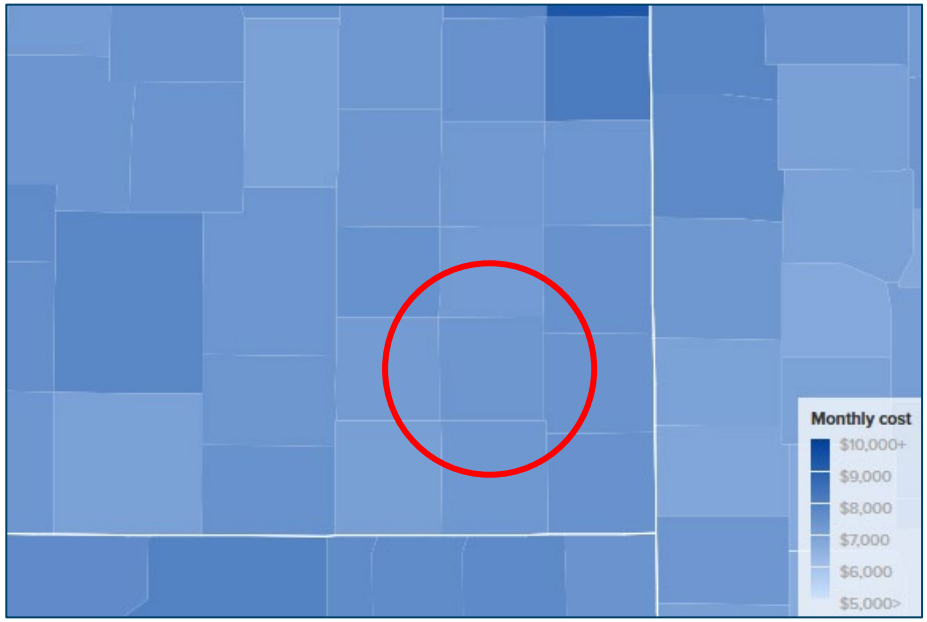
- As of January 2025, the cost of living for a two-parent, two-child family in Neosho County is $88,060 per year or $7,338 per month.
- Health care is estimated to be the highest monthly cost for Neosho County with other necessities estimated to be the lowest monthly cost, as of January 2025.

The cost of living for a two-parent, two-child family in **Neosho County, KS** is:

$88,060
per year

$7,338
per month

- **Housing:** $882/month
- **Food:** $918/month
- **Child care:** $804/month
- **Transportation:** $1,630/month
- **Health care:** $1,674/month
- **Other necessities:** $606/month
- **Taxes:** $825/month

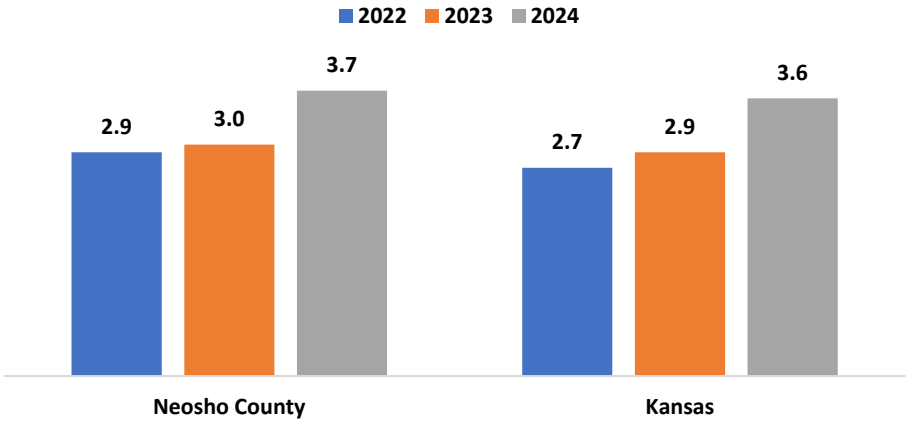


Source: Economic Policy Institute, Family Budget Map, filtered for Neosho County, KS, https://www.epi.org/resources/budget/budget-map/; data accessed August 29, 2025.
Note: Data is from the 2025 edition of EPI's Family budget calculator. All data are in 2024 dollars.
Note: The budgets estimate community-specific costs for 10 family types (one or two adults with zero to four children) in all counties and metro areas in the United States. Compared with the federal poverty line and the Supplemental Poverty Measure, EPI's family budgets provide a more accurate and complete measure of economic security in America.
Other Necessities Definition: items that do not fall into the aforementioned categories but that are necessary for a modest yet adequate standard of living (ex: apparel, personal care, household supplies including furnishings and equipment, household operations, housekeeping supplies, and telephone services, reading materials, and school supplies).

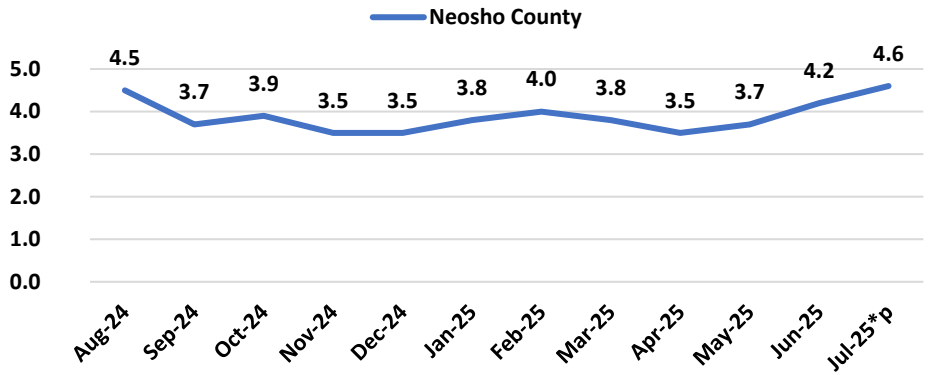
Unemployment

- Unemployment rates in Neosho County and the state increased between 2022 and 2024.
- In 2024, Neosho County (3.7) had a higher unemployment rate than the state (3.6).
- Over the most recent 12-month time period, monthly unemployment rates in Neosho County overall increased.
- For Neosho County, November 2024, December 2024 and April 2025 had the lowest unemployment rate (3.5) as compared to July 2025 with the highest rate (4.6).

Unemployment
Annual Average, 2022-2024



Monthly Unemployment
Rates by Month
Most Recent 12-Month Period



Source: Bureau of Labor Statistics, Local Area Unemployment Statistics, https://www.bls.gov/lau/tables.htm; data accessed September 5, 2025.
Definition: Unemployed persons include are all persons who had no employment during the reference week, were available for work, except for temporary illness, and had made specific efforts to find employment some time during the 4 week-period ending with the reference week. Persons who were waiting to be recalled to a job from which they had been laid off need not have been looking for work to be classified as unemployed.
Note: "*p" indicates that the number associated with that month is a preliminary rate.

Industry Workforce Categories

- As of 2019-2023, the majority of employed persons in Neosho County are within Office & Administrative Support Occupations. The most common employed groupings are as follows:

Neosho County

- Office & Administrative Support Occupations (12.2%)
- Sales & Related Occupations (10.8%)
- Production Occupations (10.3%)
- Management Occupations (7.9%)
- Education Instruction & Library Occupations (6.6%)

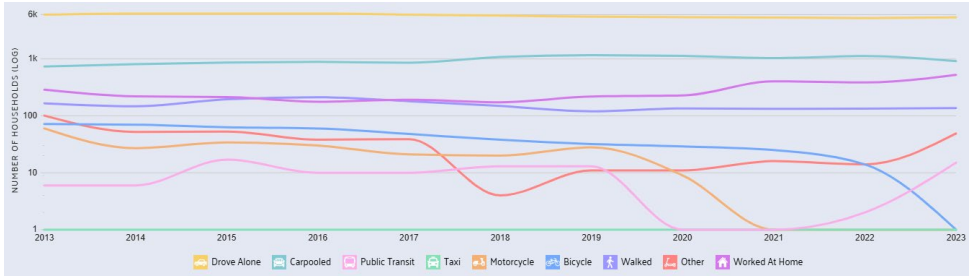
Source: Data USA, filtered for Neosho County, KS, https://datausa.io/; data accessed August, 29, 2025.

Means of Transportation

- In 2019-2023, driving alone was the most frequent means of transportation to work for both Neosho County and the state.
- In 2019-2023, Neosho County (13.0%) had a higher percentage of people who carpooled to work than the state (8.5%).
- Neosho County (15.5 minutes) had a shorter mean travel time to work than the state (19.8 minutes) (2019-2023).

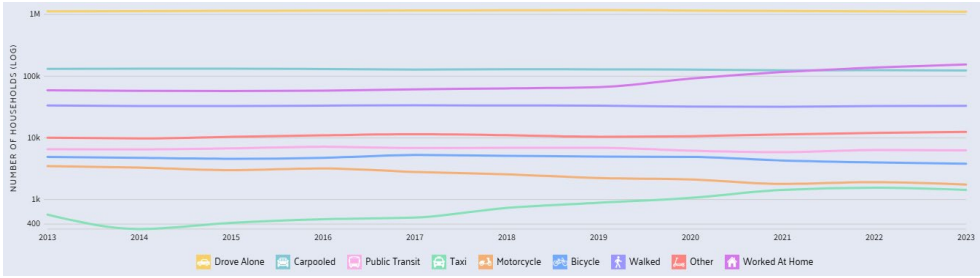
Neosho County

Mean travel time to work: 15.5 minutes



Kansas

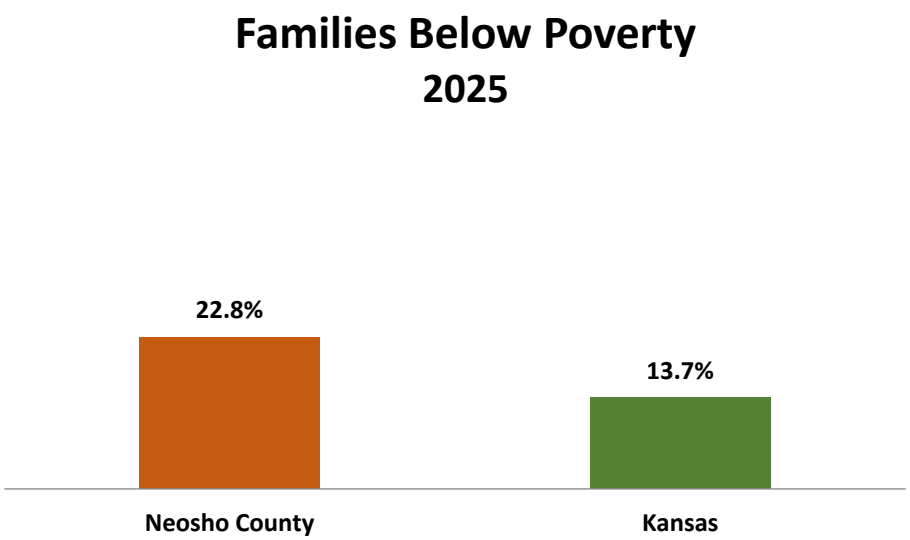
Mean travel time to work: 19.8 minutes

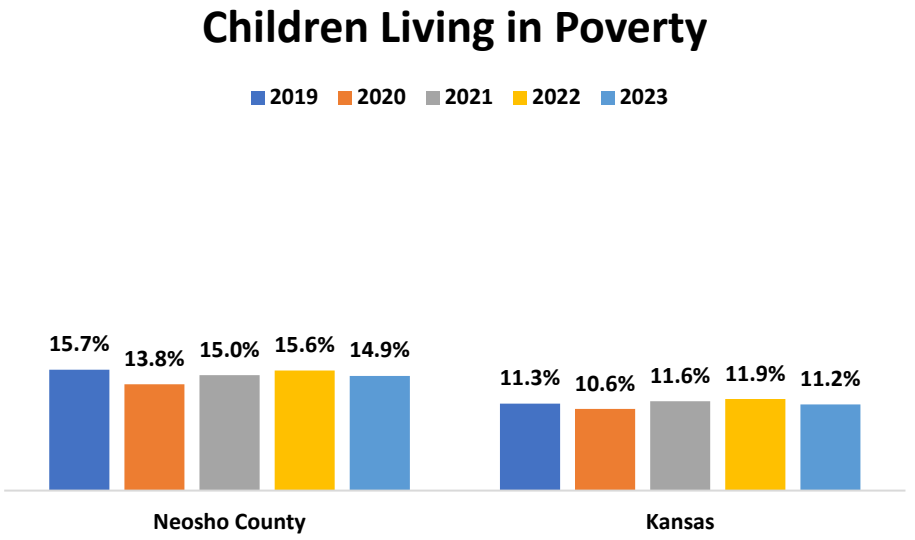


Source: Data USA, filtered Neosho County, KS, https://datausa.io/; data accessed August 29, 2025.

Poverty

- Neosho County (22.8%) has a higher percentage of families living below poverty as compared to the state (13.7%) (2025).
- Between 2019 and 2023, the percentage of children (<18 years) living in poverty in Neosho County and the state decreased.
- In 2023, Neosho County (14.9%) had a higher percentage of children (<18 years) living in poverty than the state (11.2%).





Source: Syntellis, Growth Reports, 2025.
Source: Small Area Income and Poverty Estimates (SAIPE), filtered for Neosho County, KS, https://www.census.gov/data-tools/demo/saipe/#/?map_geoSelector=aa_c; data accessed August 29, 2025.
Children Living Below Poverty Definition: Estimated percentage of related children under age 18 living in families with incomes less than the federal poverty threshold. The 2025 Federal Poverty Guidelines define a household size of 4 as living below 100% of the federal poverty level if the household income is less than $32,150, and less than 200% of the federal poverty level if the household income is less than $64,300. Please see the appendix for the full 2025 Federal Poverty Guidelines.

Food Insecurity

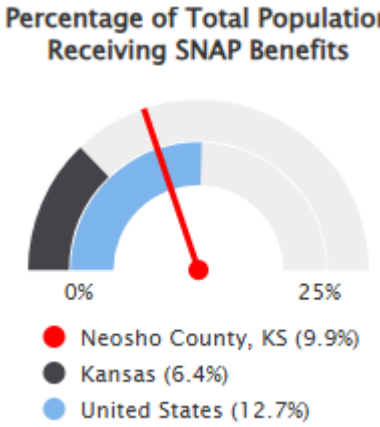
- According to Feeding America, Neosho County (16.4%) had a higher estimated percentage of residents who are food insecure as compared to the state (14.0%) (2023).
- Additionally, Neosho County (22.8%) had a higher percentage of children (under 18 years of age) who are food insecure, as compared to Kansas (18.4%) (2023).
- The average meal cost for a Neosho County ($3.39) resident is lower than the average meal cost in Kansas ($3.42) (2023).
- Neosho County has a higher percentage of food insecurity among White Non-Hispanic subpopulations (2023).

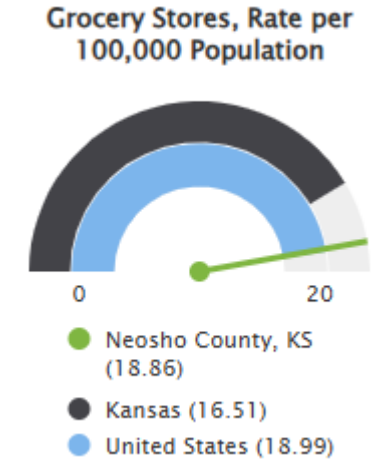
Location	Overall Food Insecurity (all ages)	Child Food Insecurity (age 0-17)	Latino Food Insecurity (all ages)	White Non-Hispanic Food Insecurity (all ages)	Average Meal Cost
Neosho County	16.4%	22.8%	23.0%	14.0%	$3.39
Kansas	14.0%	18.4%	24.0%	11.0%	$3.42

Source: Feeding America, Map The Meal Gap: Data by County in Each State, filtered for Neosho County, KS, https://map.feedingamerica.org/; information accessed August 29, 2025.
Overall Food Insecure Definition: Lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods. “Overall” refers to all individuals, including children, regardless of race or ethnicity.
Child Food Insecure Definition: Those children living in households experiencing food insecurity. “Child” refers to all children under age 18, regardless of race or ethnicity.
Average Meal Cost Definition: The average weekly dollar amount food-secure individuals report spending on food, as estimated in the Current Population Survey, divided by 21 (assuming three meals a day, seven days a week).

Supplemental Nutrition Assistance Program (SNAP) Benefits & Grocery Stores

- In 2022, Neosho County (9.9%) had a higher percentage of its total population receiving SNAP benefits than the state (6.4%) but lower than the nation (12.7%).
- Neosho County (18.9 per 100,000) had a higher rate of grocery stores per 100,000 population as compared to the state (16.5 per 100,000) but lower than the nation (19.0 per 100,000) (2023).



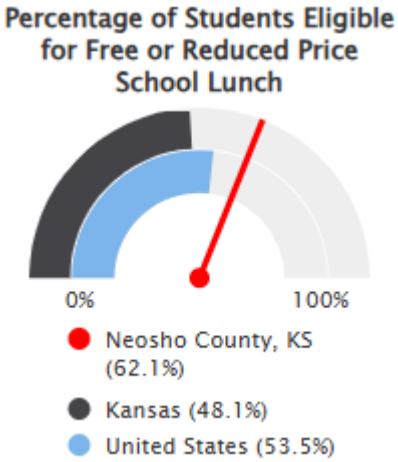


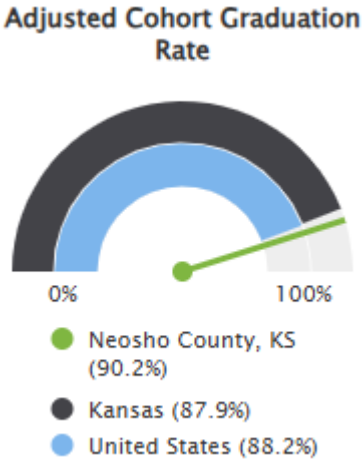
Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Source: SparkMap, Health Indicator Report: logged in and filtered for Neosho County, KS, https://sparkmap.org/report/; data accessed August 29, 2025.
Population Receiving SNAP Definition: the average percentage of the population receiving SNAP benefits during the month of July during the most recent report year.
Grocery Store Definition: Trocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Delicatessen-type establishments are also included. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores, are excluded.

Children in the Study Area

- In 2022-2023, Neosho County (62.1%) had a higher percentage of public school students eligible for free or reduced price lunch as compared to the state (48.1%) and the nation (53.5%).
- Neosho County (90.2%) had a higher high school graduation rate than the state (87.9%) and the nation (88.2%) (2022-2023).



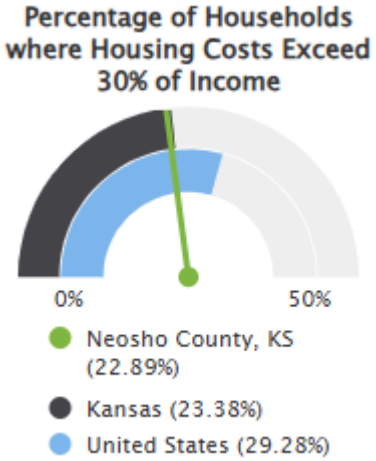


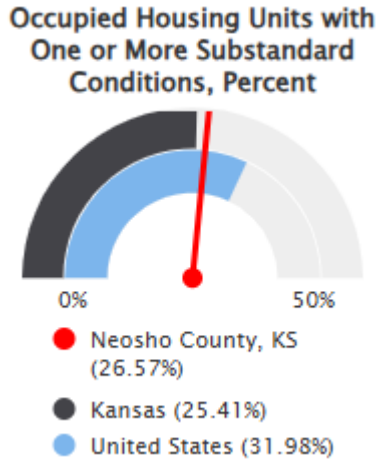
Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Source: SparkMap, Health Indicator Report: logged in and filtered for Neosho County, KS, https://sparkmap.org/report/; data accessed August 29, 2025.
Eligible for Free/Reduced Price Lunch Definition: Free or reduced price lunches are served to qualifying students in families with income between under 185 percent (reduced price) or under 130% (free lunch) of the US federal poverty threshold as part of the federal National School Lunch Program (NSLP).
Cohort Graduation Rate Definition: Students receiving a high school diploma within four years.

Housing – Cost and Substandard Housing Conditions

- Neosho County (22.9%) had a lower percentage of households where housing costs exceed 30% of total household income than the state (23.4%) and the nation (29.3%) (2019-2023).
- The percentage of occupied housing units that have one or more substandard conditions in Neosho County (26.6%) is higher than the state (25.4%) but lower than the nation (32.0%) (2019-2023).





Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Source: SparkMap, Health Indicator Report: logged in and filtered for Neosho County, KS, https://sparkmap.org/report/; data accessed August 29, 2025.
Housing Costs Exceeds 30% of Income Definition: The percentage of the households where housing costs are 30% or more of total household income.
Substandard Conditions Definition: The number and percentage of owner- and renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30%, and 5) gross rent as a percentage of household income greater than 30%.

HEALTH DATA OVERVIEW

Data Methodology

The following information outlines specific health data:

- Mortality, chronic diseases and conditions, health behaviors, natality, mental health and health care access

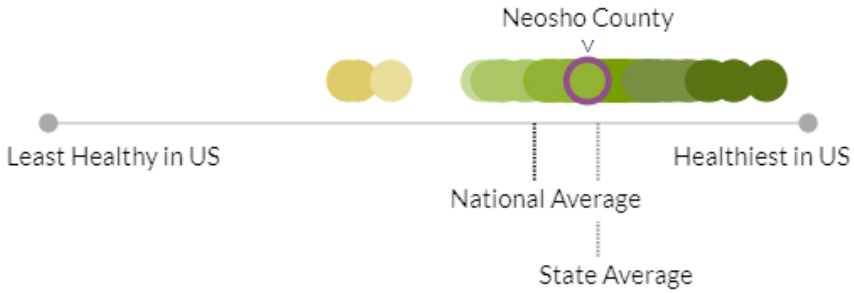
Data Sources include, but are not limited to:

- Center for Disease Control and Prevention
- National Cancer Institute
- Small Area Health Insurance Estimates (SAHIE)
- SparkMap
- The Behavioral Risk Factor Surveillance System (BRFSS)
  - The Behavioral Risk Factor Surveillance System (BRFSS) is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Currently, information is collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam.
  - It is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. For many states, the BRFSS is the only available source of timely, accurate data on health-related behaviors.
  - States use BRFSS data to identify emerging health problems, establish and track health objectives, and develop and evaluate public health policies and programs. Many states also use BRFSS data to support health-related legislative efforts.
- The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute
- United States Census Bureau

Data Levels: Nationwide, state, and county level data

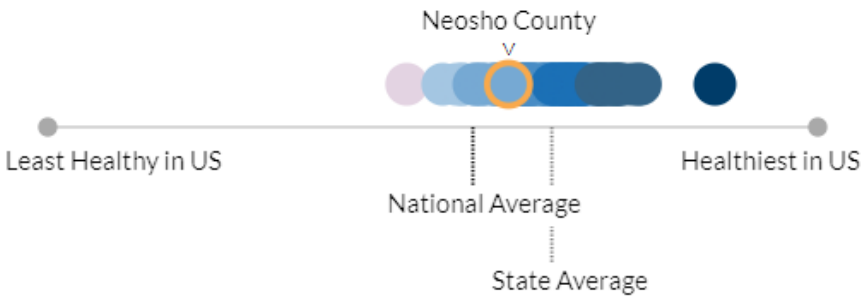
County Health Rankings & Roadmaps – Neosho County, Kansas

Population Health and Well-being



- According to County Health Rankings & Roadmaps, Population Health and Well-being is something we create as a society, not something an individual can attain in a clinic or be responsible for alone. Health is more than being free from disease and pain; health is the ability to thrive. Well-being covers both quality of life and the ability of people and communities to contribute to the world. Population health involves optimal physical, mental, spiritual and social well-being.
- Some examples of where the county was worse than the state for Population Health and Well-being include:
  - Length Of Life:
    - Premature Death
  - Quality Of Life:
    - Poor Physical Health Days
    - Poor Mental Health Days
    - Poor or Fair Health

Community Conditions



- According to County Health Rankings & Roadmaps, Community Conditions include the social and economic factors, physical environment and health infrastructure in which people are born, live, learn, work, play, worship and age. Community Conditions are also referred to as the social determinants of health.
- Some examples of factors where the county was worse than the state for Community Conditions include:
  - Health Infrastructure:
    - Flu Vaccinations
    - Access to Exercise Opportunities
    - Mental Health Providers
    - Dentists
    - Preventable Hospital Stays
  - Physical Environment:
    - Air Pollution: Particulate Matter
    - Broadband Access
  - Social and Economic:
    - Unemployment
    - Children in Poverty

Source: County Health Rankings & Roadmaps, Health Indicator Report: filtered for Neosho County, KS; www.countyhealthrankings.org; data accessed August, 29, 2025.

Mortality – Leading Causes of Death (2019-2023)

Rank	Neosho County	Kansas
1	Diseases of heart (I00-I09,I11,I13,I20-I51)	Diseases of heart (I00-I09,I11,I13,I20-I51)
2	Malignant neoplasms (C00-C97)	Malignant neoplasms (C00-C97)
3	COVID-19 (U07.1)	COVID-19 (U07.1)
4	Chronic lower respiratory diseases (J40-J47)	Accidents (unintentional injuries) (V01-X59,Y85-Y86)
5	Cerebrovascular diseases (I60-I69)	Chronic lower respiratory diseases (J40-J47)
6	Accidents (unintentional injuries) (V01-X59,Y85-Y86)	Cerebrovascular diseases (I60-I69)
7	Influenza and pneumonia (J09-J18)	Diabetes mellitus (E10-E14)
8	Septicemia (A40-A41)	Alzheimer's disease (G30)
9	Diabetes mellitus (E10-E14)	Nephritis, nephrotic syndrome and nephrosis (N00-N07,N17-N19,N25-N27)
10	Alzheimer's disease (G30)	Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed August 27, 2025.
Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000. Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Mortality – Leading Causes of Death (2019-2023)

Cause of Death	Neosho County		Kansas	
	5 Yr. Trend	Current (2021-2023)	5 Yr. Trend	Current (2021-2023)
Diseases of heart (I00-I09,I11,I13,I20-I51)	▲	329.0	▲	215.1
Malignant neoplasms (C00-C97)	▼	245.7	▼	187.6
COVID-19 (U07.1)	▲	136.7	▼	69.9
Chronic lower respiratory diseases (J40-J47)	▲	94.0	▼	53.9
Cerebrovascular diseases (I60-I69)	▲	72.6	▼	45.7
Accidents (unintentional injuries) (V01-X59,Y85-Y86)	▲	66.2	▲	65.8
Influenza and pneumonia (J09-J18)	Unreliable	Unreliable	▼	14.8
Septicemia (A40-A41)	Unreliable	Unreliable	▲	11.1
Diabetes mellitus (E10-E14)	Unreliable	Unreliable	▼	31.5
Alzheimer's disease (G30)	Unreliable	Unreliable	▼	29.3

▲ An up arrow indicates that the county's rate has trended upwards for that death category.

▼ A down arrow indicates that the county's rate has trended downwards for that death category.

► A sideways arrow indicates that the county's rate has remained consistent for that death category.

If there is no arrow, that means that one of the timeframe's rate was either "Unreliable" or "Suppressed".

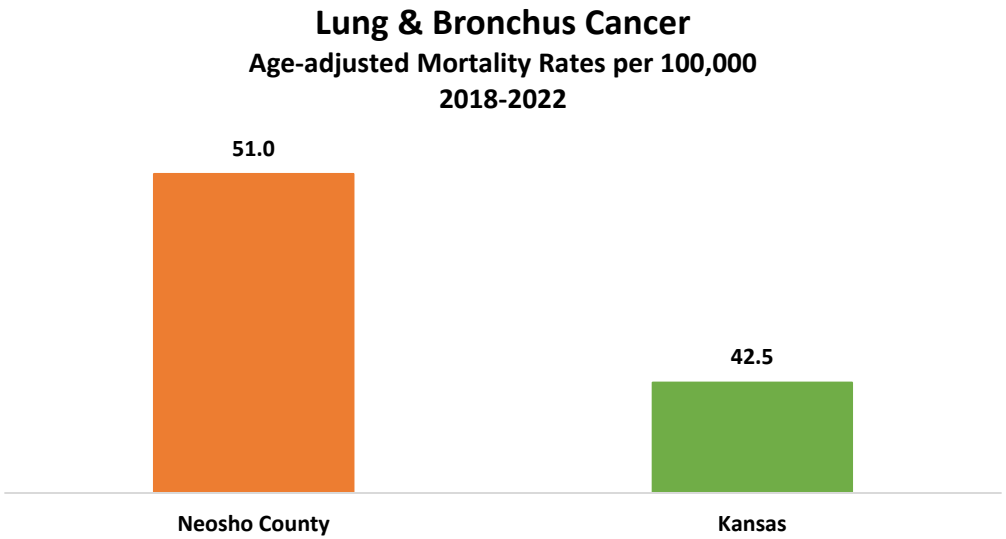
A green box indicates that the county's rate is lower than the state's rate for that death category.

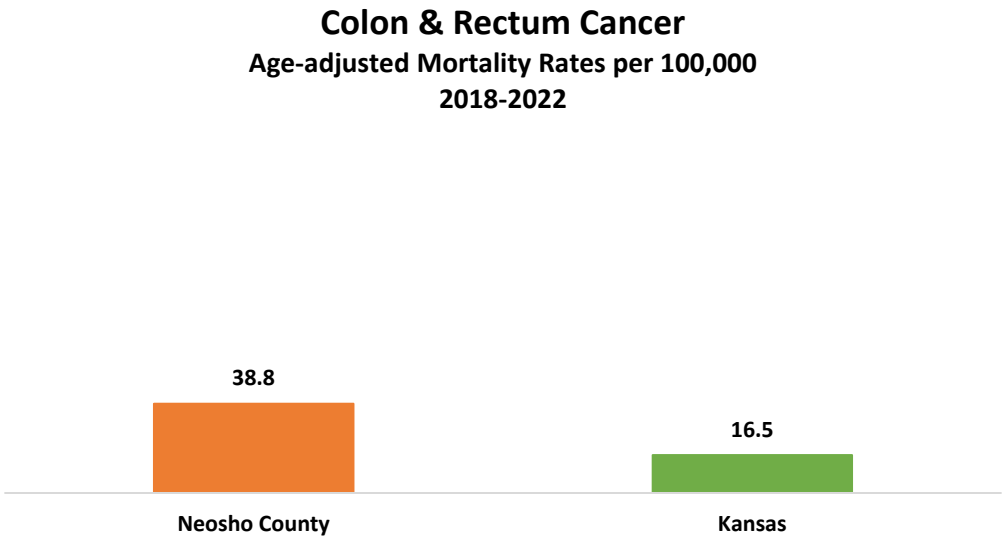
A red box indicates that the county's rate is higher than the state's rate for that death category.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed August 27, 2025.
Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000. Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.
Note: Rates calculated with small numbers are unreliable and should be used cautiously. Rates are marked as "unreliable" when the death count is less than 20. All sub-national data representing zero to nine (0-9) deaths or births are "suppressed".

Cancer Mortality by Type

- Between 2018 and 2022, Neosho County (51.0) had a higher lung and bronchus cancer mortality rate than the state (42.5).
- Between 2018 and 2022, Neosho County (38.8) had a higher colon and rectum cancer mortality rate than the state (16.5).

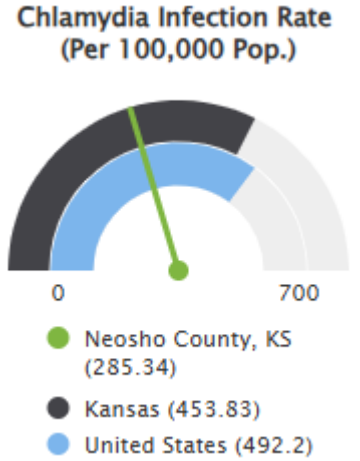


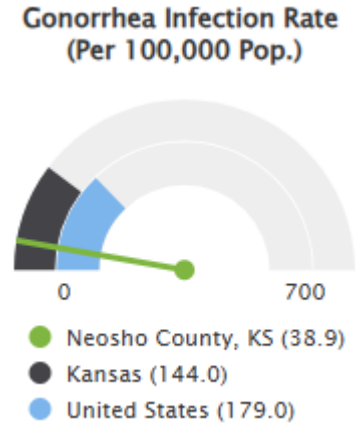


Source: National Cancer Institute, State Cancer Profiles Mortality Rates Table, filtered for Neosho County, KS, https://statecancerprofiles.cancer.gov/deathrates/index.php; data accessed August 28, 2025.
Note: All rates are per 100,000. Rates are age-adjusted to the 2000 U.S. Standard Population.
Note: Incidence Data is not available because of state legislation and regulations which prohibit the release of county level data to outside entities

Communicable Diseases – Chlamydia & Gonorrhea

- In 2023, Neosho County (285.3 per 100,000) had a lower chlamydia infection rate than the state (453.8 per 100,000) and the nation (492.2 per 100,000).
- In 2023, Neosho County (38.9 per 100,000) had a lower gonorrhea infection rate than the state (144.0 per 100,000) and the nation (179.0 per 100,000).





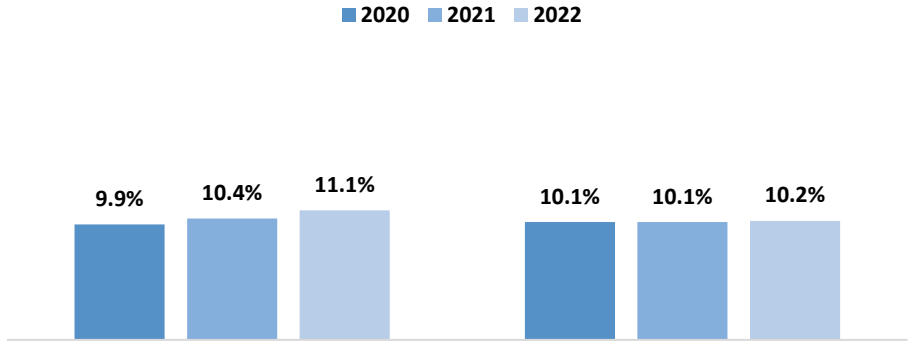
Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Source: SparkMap, Health Indicator Report: logged in and filtered for Neosho County, KS, https://sparkmap.org/report/; data accessed August 29, 2025.
Chlamydia Definition: The number of cases is based on laboratory-confirmed diagnoses that occurred between January 1st and December 31st of the latest reporting year.
Gonorrhea Definition: The number of cases is based on laboratory-confirmed diagnoses that occurred between January 1st and December 31st of the latest reporting year.

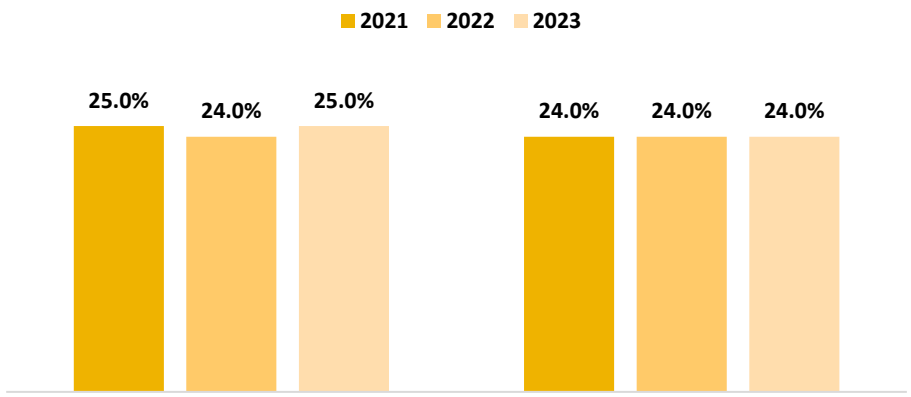
Chronic Conditions - Diabetes

- Between 2020 and 2022, the percentage of adults (age 18+) with diabetes increased in Neosho County and the state.
- Neosho County (11.1%) had a higher percentage of adults (age 18+) with diabetes than the state (10.2%) (2022).
- Between 2021 and 2023, the percentage of Medicare beneficiaries with diabetes fluctuated in Neosho County and remained consistent in the state.
- In 2023, the percentage of Medicare beneficiaries with diabetes in Neosho County (25.0%) was higher than the state (24.0%).

Diabetes, Percentage, Adults (age 18+), 2020-2022



Diabetes, Percentage, Medicare, 2021-2023

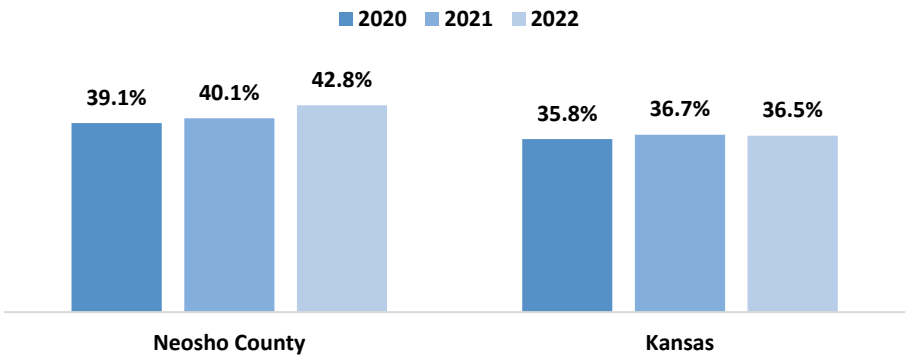


Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Neosho County, KS, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed September 3, 2025.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered for Neosho County, KS, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about_data, data accessed September 3, 2025.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered for Neosho County, KS, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releas/i46a-9kgh/about_data, data accessed September 3, 2025.
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Kansas; https://www.cdc.gov/cdi/, data accessed September 3, 2025.
Source: Centers for Medicare & Medicaid Services, Office of Minority Health, Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities; data accessed on August 28, 2025.
Definition: Adults who report being told by a doctor or other health professional that they have diabetes (other than diabetes during pregnancy for female respondents).

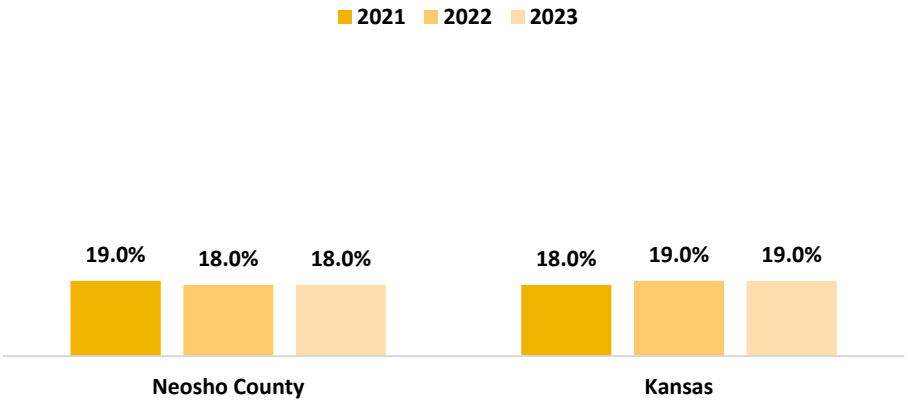
Chronic Conditions - Obesity

- Between 2020 and 2022, the percentage of adults (age 18+) who were obese increased in Neosho County and the state.
- Neosho County (42.8%) had a higher percentage of adults (age 18+) who were obese when compared to the state (36.5%) (2022).
- Between 2021 and 2023, the percentage of Medicare beneficiaries who were obese decreased in Neosho County and increased in the state.
- In 2023, the percentage of Medicare beneficiaries who were obese in Neosho County (18.0%) was lower than state (19.0%).

Obesity, Percentage, Adults (age 18+), 2020-2022



Obesity, Percentage, Medicare, 2021-2023



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Neosho County, KS, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed September 3, 2025.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered for Neosho County, KS, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about_data, data accessed September 3, 2025.
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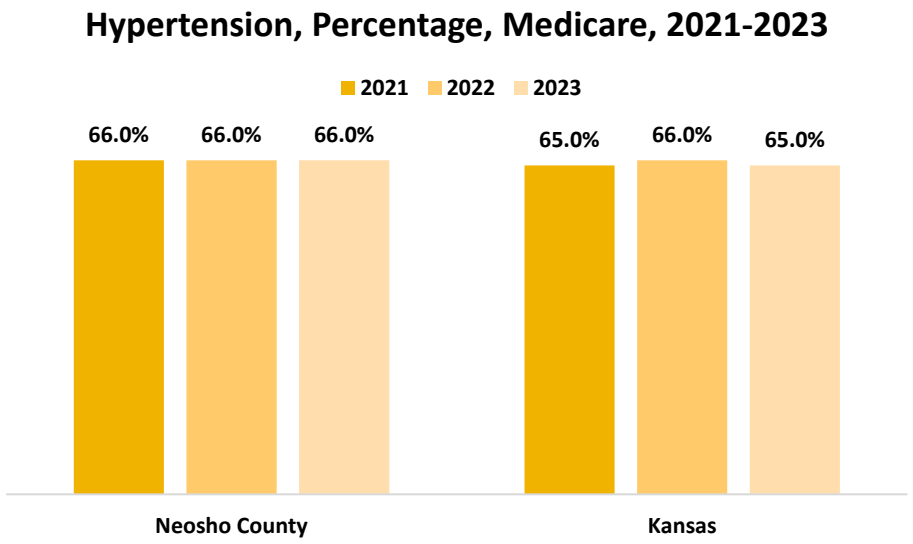
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Kansas; https://www.cdc.gov/cdi/, data accessed September 3, 2025.
Source: Centers for Medicare & Medicaid Services, Office of Minority Health, Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities; data accessed on August 28, 2025.
Definition: Respondents aged ≥18 years who have a body mass index (BMI) ≥30.0 kg/m² calculated from self-reported weight and height. Exclude the following: Height: data from respondents measuring <3 ft or ≥8 ft; Weight: data from respondents weighing <50 lbs or ≥650 lbs and BMI: data from respondents with BMI <12 kg/m2 or ≥100 kg/m2.

Chronic Conditions - Hypertension

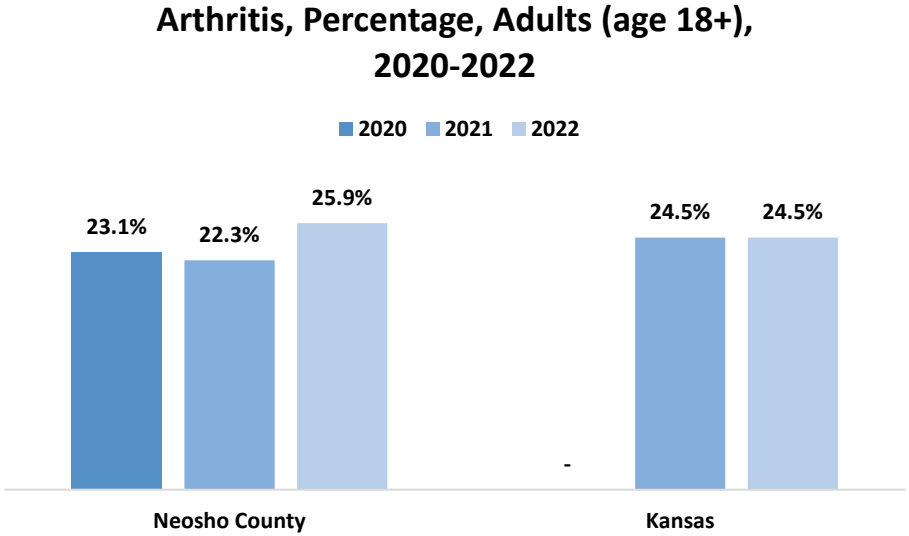
- Between 2021 and 2023, the percentage of Medicare beneficiaries with hypertension remained consistent in Neosho County and fluctuated in the state.
- In 2023, the percentage of Medicare beneficiaries with hypertension in Neosho County (66.0%) was higher than state (65.0%).



Source: Centers for Medicare & Medicaid Services, Office of Minority Health, Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities; data accessed on August 28, 2025.
Definition: Respondents who report ever having been told by a doctor, nurse, or other health professional that they have high blood pressure.

Chronic Conditions - Arthritis

- Between 2020 and 2022, the percentage of adults (age 18+) with arthritis increased in Neosho County.
- Neosho County (25.9%) had a higher percentage of adults (age 18+) with arthritis than the state (24.5%) (2022).



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Neosho County, KS, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed September 3, 2025.
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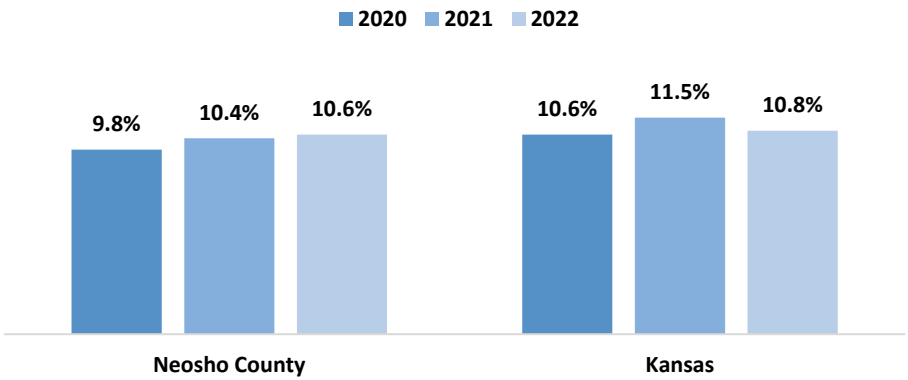
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered for Neosho County, KS, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releas/i46a-9kgh/about_data, data accessed September 3, 2025.
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Kansas; https://www.cdc.gov/cdi/, data accessed September 3, 2025.
Definition: Having arthritis (reporting 'yes' to the question: "Have you ever been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?")
Note: "-" indicates that data may be missing due to factors such as a small sample size, the question not being asked in a particular year, or the source used to collect the data being limited to core questions asked nationwide across all states.

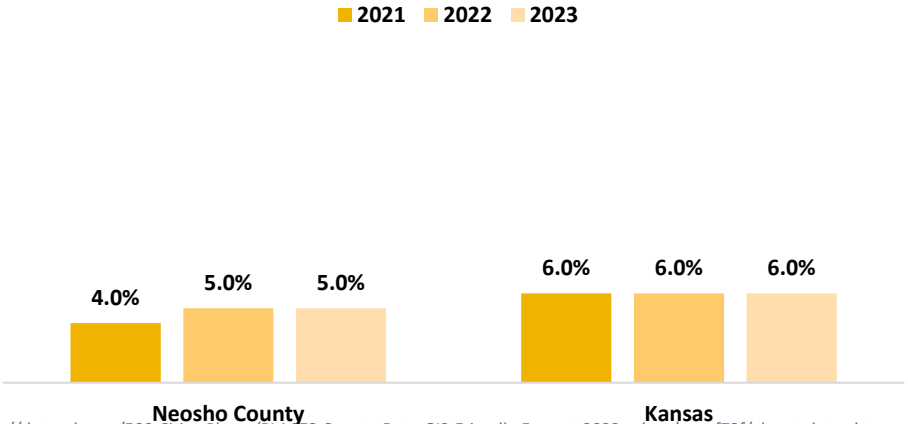
Chronic Conditions - Asthma

- Between 2020 and 2022, the percentage of adults (age 18+) who currently have asthma increased in Neosho County and the state.
- Neosho County (10.6%) had a lower percentage of adults (age 18+) who currently have asthma when compared to the state (10.8%) (2022).
- Between 2021 and 2023, the percentage of Medicare beneficiaries with asthma increased in Neosho County and remained consistent in the state.
- In 2023, the percentage of Medicare beneficiaries with asthma in Neosho County (5.0%) was lower than the state (6.0%).

Asthma, Percentage, Adults (age 18+), 2020-2022



Asthma, Percentage, Medicare, 2021-2023



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Neosho County, KS, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed September 3, 2025.
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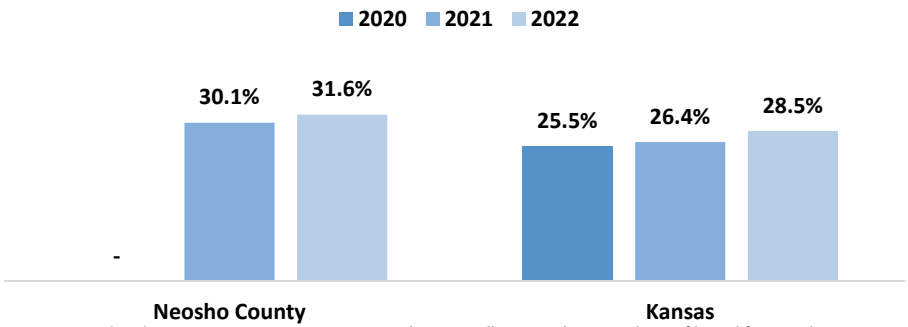
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Kansas; https://www.cdc.gov/cdi/, data accessed September 3, 2025.
Source: Centers for Medicare & Medicaid Services, Office of Minority Health, Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities; data accessed on August 28, 2025.
Definition: Having current asthma (reporting 'yes' to both of the questions, "Have you ever been told by a doctor, nurse, or other health professional that you have asthma?" and the question, "Do you still have asthma?").

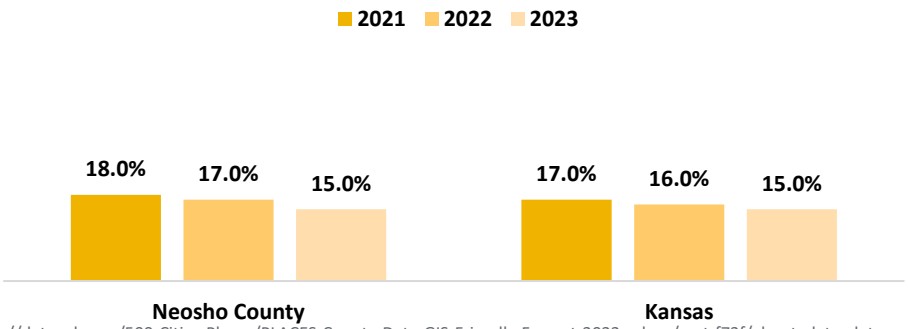
Chronic Conditions - Disability

- Between 2020 and 2022, the percentage of adults with a disability in the state increased.
- In 2022, Neosho County (31.6%) had a higher percentage of adults (age 18+) with a disability than the state (28.5%).
- Between 2021 and 2023, the percentage of Medicare beneficiaries with a disability in Neosho County and the state decreased.
- In 2023, Neosho County (15.0%) had a similar percentage of Medicare beneficiaries with a disability as compared to the state (15.0%).

Disability, Percentage, Adults (age 18+), 2020-2022



Disability (reason for Medicare eligibility), Percentage, Medicare, 2021-2023



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Neosho County, KS, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed September 3, 2025.
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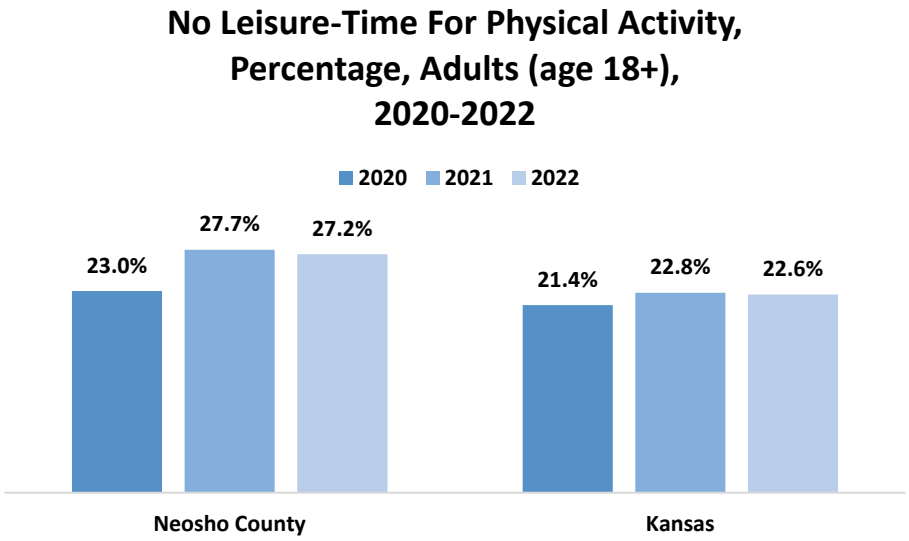
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered for Neosho County, KS, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releas/i46a-9kgh/about_data, data accessed September 3, 2025.
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Kansas; https://www.cdc.gov/cdi/, data accessed September 3, 2025.
Source: Centers for Medicare & Medicaid Services, Office of Minority Health, Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities; data accessed on August 28, 2025.
Definition: Adults who said yes to at least one of six disability questions related to serious difficulty including (1) hearing, (2) vision, (3) concentrating, remembering, or making decisions (i.e., cognition), (4) walking or climbing stairs (i.e., mobility), (5) dressing or bathing (i.e., self-care), and (6) doing errands alone (i.e., independent living).
CMS Definition - The beneficiary qualifies for Medicare through the Disability Insurance Benefits (DIB), as recorded in either the original or current reason for entitlement in the enrollment data.
"-" Note: Data may be missing due to factors such as a small sample size, the question not being asked in a particular year, or the source used to collect the data being limited to core questions asked nationwide across all states.

Health Behaviors – Physical Inactivity

- Between 2020 and 2022, the percentage of adults (age 18+) who have no leisure-time for physical activity increased in Neosho County and the state.
- Neosho County (27.2%) had a higher percentage of adults (age 18+) with no leisure-time for physical activity when compared to the state (22.6%) (2022).



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Neosho County, KS, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed September 3, 2025.
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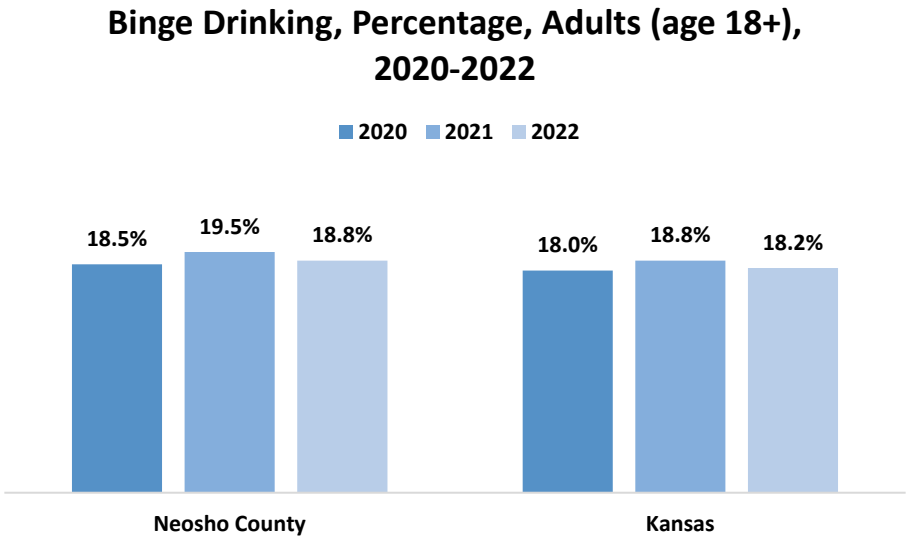
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered for Neosho County, KS, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releas/i46a-9kgh/about_data, data accessed September 3, 2025.
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Kansas; https://www.cdc.gov/cdi/, data accessed September 3, 2025.
Definition: Having no leisure-time physical activity (reporting 'No' to the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?")

Health Behaviors – Binge Drinking

- Between 2020 and 2022, the percentage of adults (age 18+) who reported binge drinking increased in Neosho County and the state.
- Neosho County (18.8%) had a higher percentage of adults (age 18+) who reported binge drinking when compared to the state (18.2%) (2022).



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Neosho County, KS, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed September 3, 2025.
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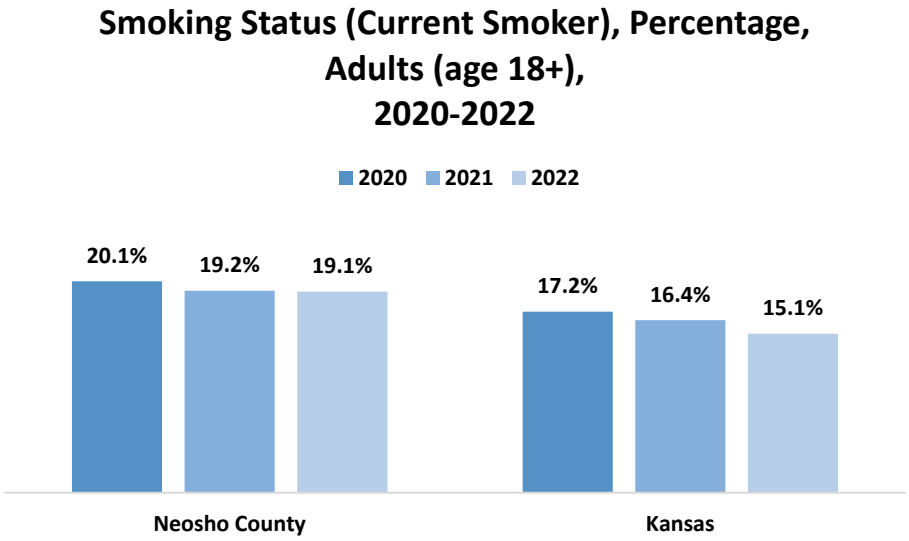
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Kansas; https://www.cdc.gov/cdi/, data accessed September 3, 2025.
Definition: Adults who report having ≥5 drinks (men) or ≥4 drinks (women) on ≥1 occasion during the previous 30 days.

Health Behaviors - Smoking

- Between 2020 and 2022, the percentage of adults (age 18+) who currently smoke decreased in Neosho County and the state.
- Neosho County (19.1%) had a higher percentage of adults (age 18+) who reported currently smoking when compared to the state (15.1%) (2022).



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Neosho County, KS, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed September 3, 2025.
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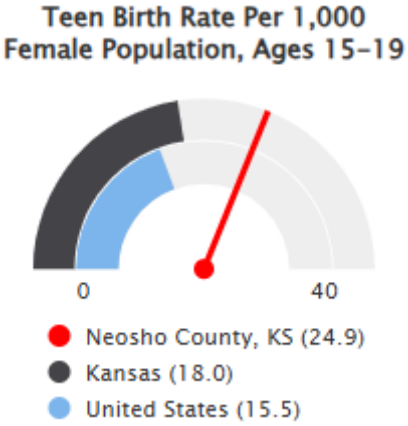
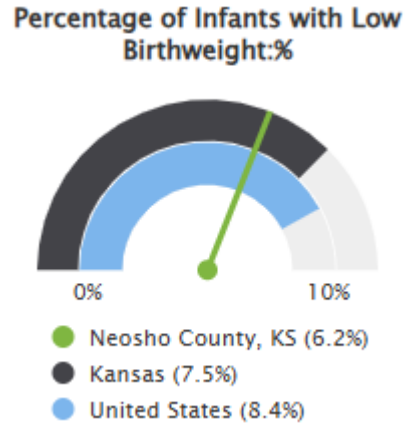
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Kansas; https://www.cdc.gov/cdi/, data accessed September 3, 2025.
Definition: Adults who report having smoked ≥ 100 cigarettes in their lifetime and currently smoke every day or some days.

Maternal & Child Health – Teen Births and Low Birthweight

- Neosho County (24.9 per 1,000) had a higher teen birth rate per 1,000 females (ages 15-19) than the state (18.0 per 1,000) and the nation (15.5 per 1,000) (2017-2023).
- Neosho County (6.2%) had a lower percentage of infants with a low birthweight than the state (7.5%) and the nation (8.4%) (2017-2023).





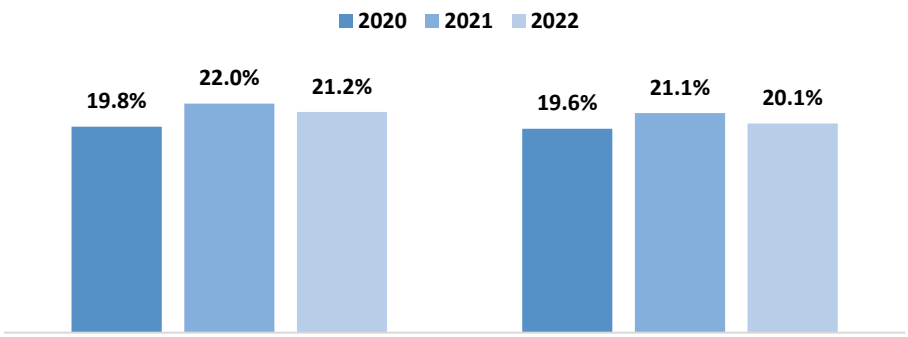
Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Source: SparkMap, Health Indicator Report: logged in and filtered for Neosho County, KS, https://sparkmap.org/report/; data accessed August 29, 2025.
Teen Birth Definition: teen birth rate per 1,000 female population age 15-19.
Low Birthweight Definition: the percentage of live births where the infant weighed less than 2,500 grams.

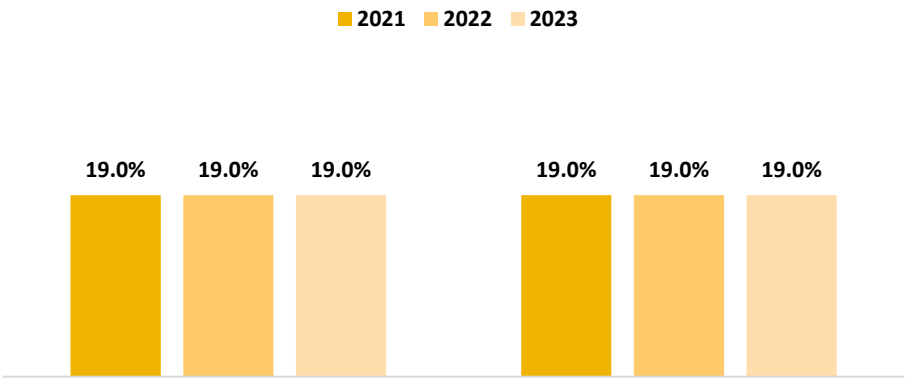
Mental Health – Depressive Disorders

- Between 2020 and 2022, the percentage of adults (age 18+) with depression overall increased in Neosho County and the state.
- Neosho County (21.2%) had a higher percentage of adults (age 18+) with depression than the state (20.1%) (2022).
- Between 2021 and 2023, the percentage of Medicare beneficiaries with depression remained consistent in both Neosho County and the state.
- In 2023, Neosho County (19.0%) had a similar percentage of Medicare beneficiaries with depression as compared to the state (19.0%).

Depression, Percentage, Adults (age 18+), 2020-2022



Depression, Percentage, Medicare, 2021-2023



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Neosho County, KS, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed September 3, 2025.
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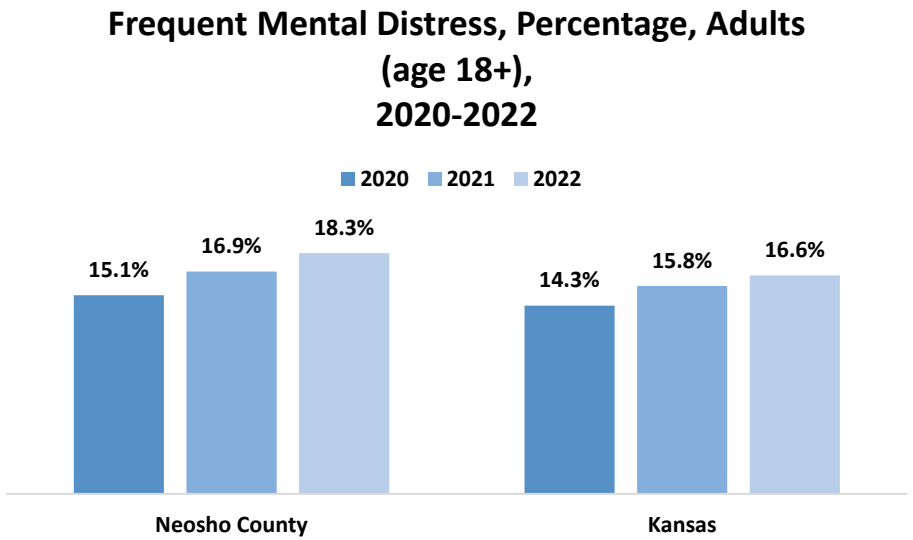
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Kansas; https://www.cdc.gov/cdi/, data accessed September 3, 2025.
Source: Centers for Medicare & Medicaid Services, Office of Minority Health, Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities; data accessed on August 28, 2025.
Depression Definition: Adults who responded yes to having ever been told by a doctor, nurse, or other health professional they had a depressive disorder, including depression, major depression, dysthymia, or minor depression.

Mental Health – Frequent Mental Distress

- Between 2020 and 2022, the percentage of adults (age 18+) who self-reported that their mental health was not good for 14+ days increased in Neosho County and the state.
- In 2022, the percentage of adults (age 18+) who self-reported that their mental health was not good for 14+ days in Neosho County (18.3%) was higher than the state (16.6%).



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Neosho County, KS, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed September 3, 2025.
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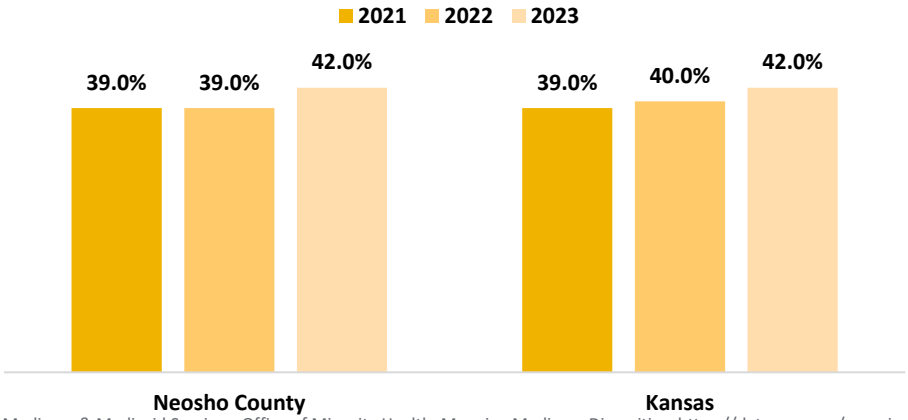
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Kansas; https://www.cdc.gov/cdi/, data accessed September 3, 2025.
Frequent Mental Distress Definition: Adults aged ≥ 18 years who report that their mental health (including stress, depression, and problems with emotions) was not good for 14 or more days during the past 30 days.

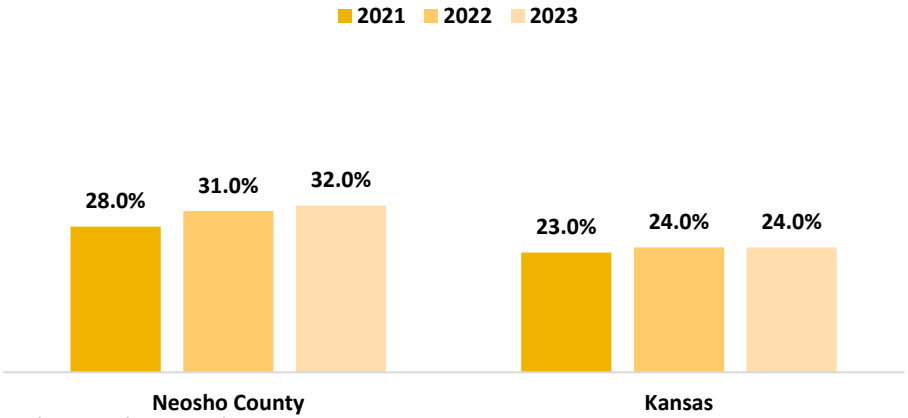
Preventive Care – Mammography & Prostate Screening (Medicare)

- Between 2021 and 2023, the percentage of females (age 35+) that received at least one mammography screening in the past year increased in Neosho County and the state.
- In 2023, the percentage of females (age 35+) that received at least one mammography screening in the past year in Neosho County (42.0%) was consistent with the state (42.0%).
- Between 2021 and 2023, the percentage of males (age 50+) that received at least one prostate screening in the past year increased in Neosho County and the state.
- In 2023, the percentage of males (age 50+) that received at least one prostate screening in the past year in Neosho County (32.0%) and was higher than the state (24.0%).

Mammography Screening, Percentage, Medicare, Females (age 35+), 2021-2023



Prostate Cancer Screening, Percentage, Medicare, Males (age 50+), 2021-2023

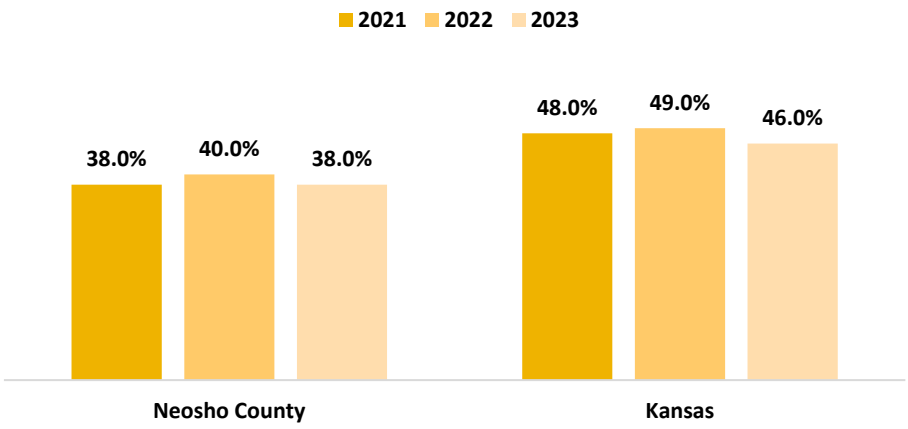


Source: Centers for Medicare & Medicaid Services, Office of Minority Health, Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities; data accessed on August 28, 2025.
Mammography Screening Definition: percentages are identified using the HCPCS/CPT codes present in the Medicare administrative claims. The uptake rate for mammography services is calculated as the percentage of beneficiaries that received at least one of the services (defined by HCPCS/CPT codes) in a given year. Number of beneficiaries for mammography services excludes: beneficiaries without Part B enrollment for at least one month; beneficiaries with enrollment in Medicare Advantage; male beneficiaries; and female beneficiaries aged less than 35.
Prostate Cancer Screening Definition: percentages are identified using the HCPCS/CPT codes present in the Medicare administrative claims. The uptake rate for prostate cancer services is calculated as the percentage of beneficiaries that received at least one of the services (defined by HCPCS/CPT codes) in a given year. Number of beneficiaries for prostate cancer screening services excludes: beneficiaries without Part B enrollment for at least one month; beneficiaries with enrollment in Medicare Advantage; female beneficiaries; and male beneficiaries aged less than 50.

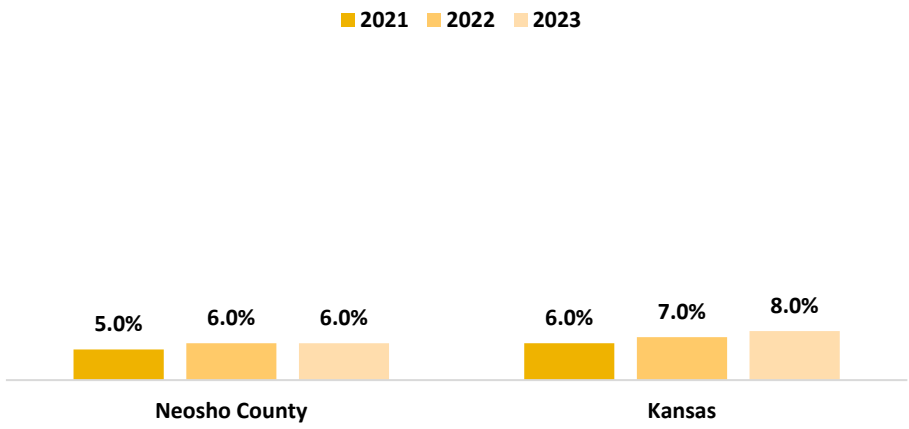
Preventive Care – Influenza & Pneumococcal Vaccination (Medicare)

- Between 2021 and 2023, the percentage of Medicare beneficiaries that received a flu shot in the past year in Neosho County fluctuated and the state decreased.
- In 2023, Neosho County (38.0%) had a lower percentage of Medicare beneficiaries that received a flu shot in the past year than the state (46.0%).
- Between 2021 and 2023, the percentage of Medicare beneficiaries that ever received a pneumonia shot in Neosho County and the state increased.
- In 2023, Neosho County (6.0%) had a lower percentage of Medicare beneficiaries that ever received a pneumonia shot than the state (8.0%).

Influenza Virus Vaccine, Percentage, Medicare, 2021-2023



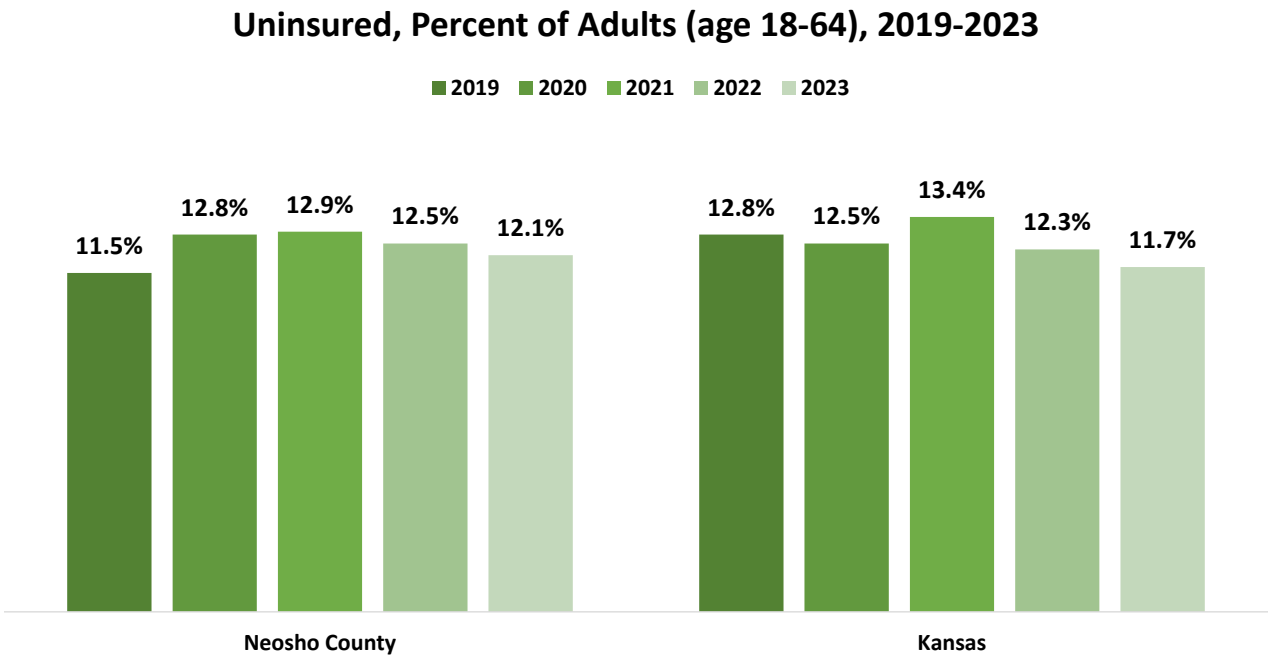
Pneumococcal Vaccine (Ever), Percentage, Medicare, 2021-2023



Source: Centers for Medicare & Medicaid Services, Office of Minority Health, Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities; data accessed on August 28, 2025.
Influenza Virus Vaccine Definition: Received an influenza vaccination in the past year.
Pneumococcal Vaccine Definition: Received a pneumococcal vaccination (PPV) ever.

Health Care Access - Uninsured

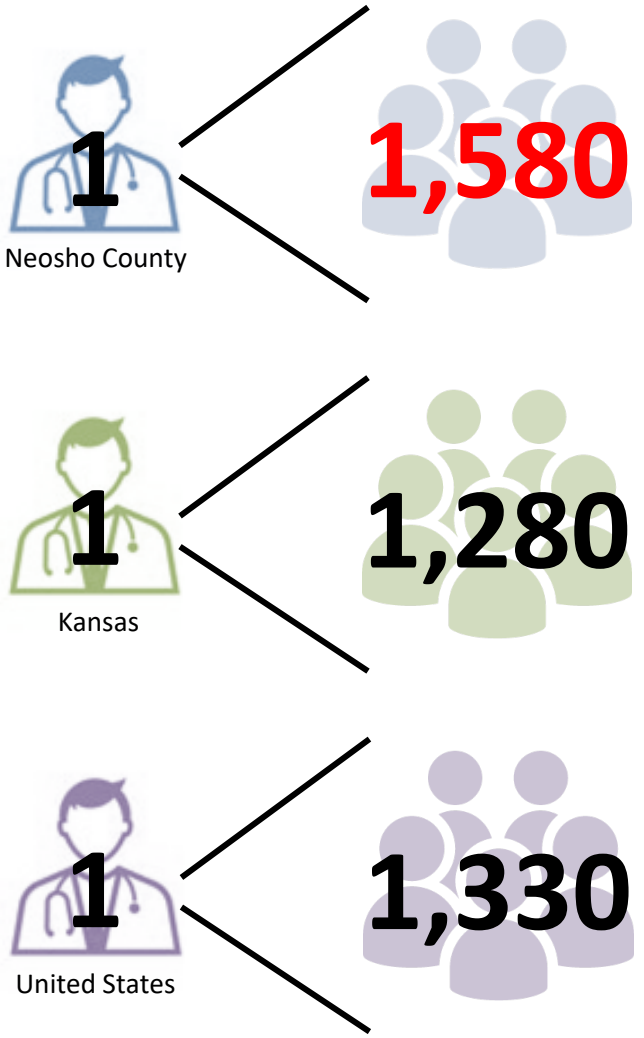
- Neosho County experienced an increase in the percentage of uninsured adults (age 18-64) between 2019 and 2023 while the state experienced a decrease.
- As of 2023, Neosho County (12.1%) had a higher percentage of uninsured adults (age 18-64) as compared to the state (11.7%).



Source: United States Census Bureau, Small Area Health Insurance Estimates filtered for Neosho County, KS, https://www.census.gov/data-tools/demo/sahie/#/; data accessed August 29, 2025.

Health Care Access – Primary Care Physicians

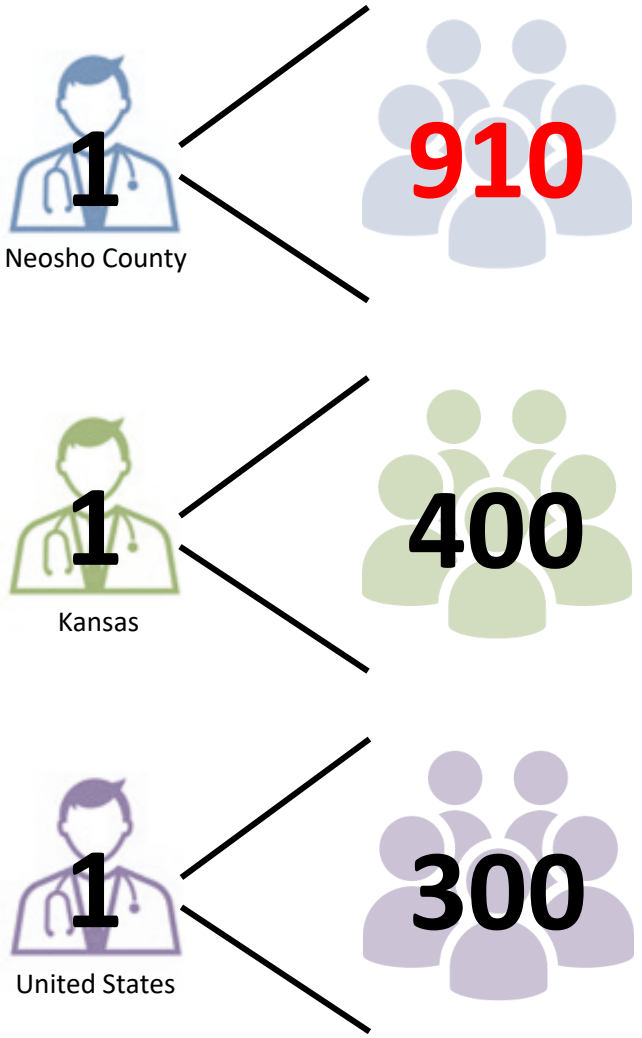
- Sufficient availability of primary care physicians is essential for preventive and primary care.
  - In 2021, the population to primary care physician ratio in Neosho County (1,580:1) was higher than the state (1,280:1) and the nation (1,330:1).



Source: County Health Rankings & Roadmaps: filtered for Neosho County, KS, https://www.countyhealthrankings.org/; data accessed August 29, 2025.
Definition: The ratio represents the number of individuals served by one physician in a county, if the population was equally distributed across physicians. "Primary care physicians" classified by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded.

Health Care Access – Mental Health Care Providers

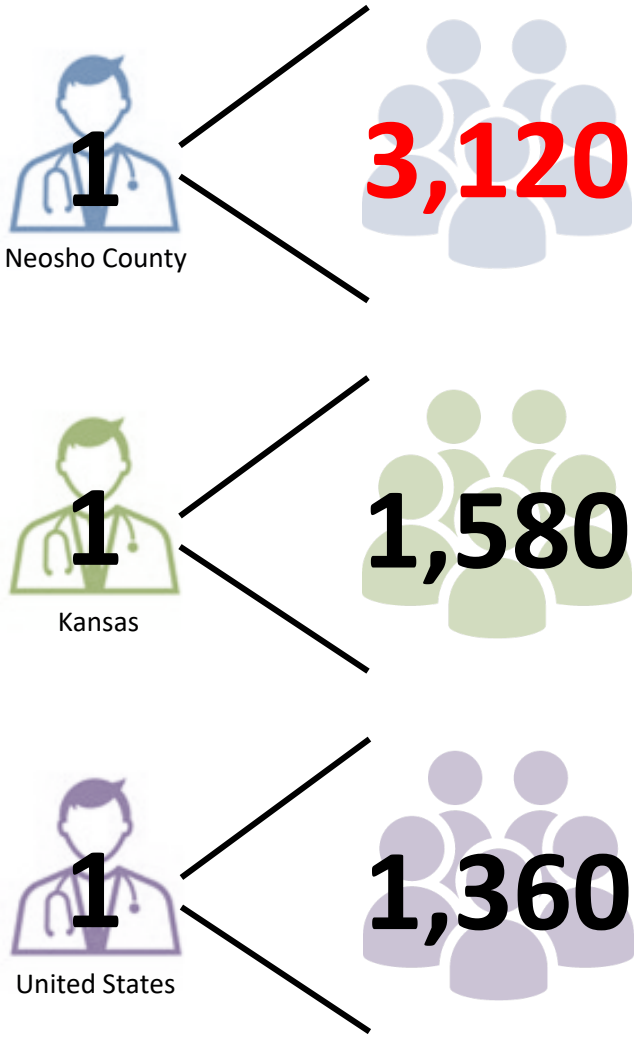
- Lack of access to mental health care providers not only affects overall individual wellness but also impacts the health of a community.
  - In 2024, the population to mental health provider ratio in Neosho County (910:1) was higher than the state (400:1) and the nation (300:1).



Source: County Health Rankings & Roadmaps: filtered for Neosho County, KS, https://www.countyhealthrankings.org/; data accessed August 29, 2025.
Definition: The ratio represents the number of individuals served by one mental health provider in a county, if the population were equally distributed across providers. Psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care.

Health Care Access – Dental Care Providers

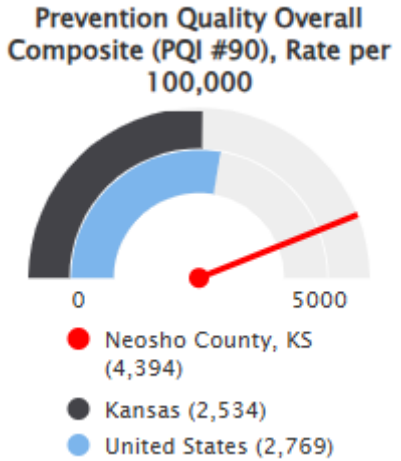
- Lack of sufficient dental providers is a barrier to accessing oral health care. Untreated dental disease can lead to serious health effects including pain, infection, and tooth loss.
  - In 2022, the population to dental provider ratio in Neosho County (3,120:1) was higher than the state (1,580:1) and the nation (1,360:1).

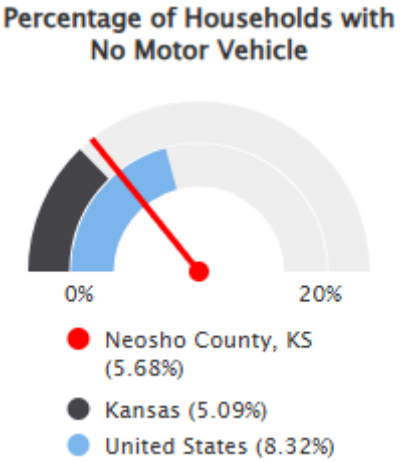


Source: County Health Rankings & Roadmaps: filtered for Neosho County, KS, https://www.countyhealthrankings.org/; data accessed August 29, 2025.
Definition: The ratio represents the population served by one dentist if the entire population of a county was distributed equally across all practicing dentists. All dentists qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.) licensed by the state to practice dentistry and who practice within the scope of that license.

Health Care Access - Common Barriers to Care

- Lack of adequate and available primary care resources for patients to access may lead to increased preventable hospitalizations.
  - In 2022, the rate of preventable hospital events in Neosho County (4,394 per 100,000 Medicare beneficiaries) was higher than the state (2,534 per 100,000 Medicare beneficiaries) and the nation (2,769 per 100,000 Medicare beneficiaries).
- Lack of transportation is frequently noted as a potential barrier to accessing and receiving care.
  - In 2019-2023, Neosho County (5.7%) had a higher percentage of households with no motor vehicle than the state (5.1%) but lower than the nation (8.3%).





Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Source: SparkMap, Health Indicator Report: logged in and filtered for Neosho County, KS, https://sparkmap.org/report/; data accessed August 29, 2025.
Definition: Ambulatory Care Sensitive (ACS) conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients.

COMMUNITY SURVEY FINDINGS

Overview

- Electronic survey developed by Community Hospital Consulting (CHC Consulting)
- Survey was sent by NMRMC to identified individuals/organizations
- Survey conducted between August 13, 2025 – August 29, 2025
  - 153 respondents serving multi-county area, including Neosho County
- Respondents were only allowed to take the survey once but were encouraged to forward the survey to additional community leaders
  - CHC Consulting was not able to track the number of times the survey was forwarded so it is difficult to calculate an overall response rate
  - It should be noted that not all survey questions were answered by all of those submitting surveys
  - The percentages reflected in the following summary were calculated using the actual number of respondents to the specific survey question
- CHNA regulations require input from two specific groups and input was gained from each
  - 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
  - Member of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations

Source: Neosho Memorial Regional Medical Center 2025 Community Health Needs Assessment Survey conducted by Community Hospital Consulting; August 13, 2025 – August 29, 2025.

Methodology

- CHC Consulting did not verify any comments or depictions made by any individuals who were surveyed. Participants expressed their perception of the health of the community based on their professional and/or personal experiences, as well as the experiences of others around them. It is important to note that individual perceptions may highlight opportunities to increase awareness of local resources available in the community.
- This analysis is developed from the survey results and the CHC Consulting team identified and themes from the results and included them within this report. None of the comments within this analysis represent any opinion of CHC Consulting or the CHC Consulting professionals associated with this engagement. Some information may be paraphrased comments. The comments included within the analysis are considered to have been common themes from participants as our interpretation of having the same or close meaning as other participants.
- *The CHC Consulting team incorporated all relevant comments provided by survey respondents that directly addressed each specific question. Comments deemed unrelated to the analysis were excluded from the published findings; however, all feedback has been shared with the NMRMC leadership team for their consideration.*

Source: Neosho Memorial Regional Medical Center 2025 Community Health Needs Assessment Survey conducted by Community Hospital Consulting; August 13, 2025 – August 29, 2025.

Summary of Key Findings

- **Mental and Behavioral Health Needs**: Shortage of providers, no inpatient care, stigma, long wait times
- **Access to Affordable Healthcare & Insurance Gaps**: High costs, reliance on ER, gaps for uninsured/working poor
- **Transportation Barriers**: Persistent issue across rural residents, seniors, chronic disease patients
- **Provider Shortages**: Especially OB/GYN, pediatrics, mental health, and specialty care
- **Housing and Social Determinants of Health**: Lack of safe, affordable housing affecting vulnerable groups
- **Substance Use Disorder and Addiction Services**: No local treatment centers, stigma, lack of integrated care

Source: Neosho Memorial Regional Medical Center 2025 Community Health Needs Assessment Survey conducted by Community Hospital Consulting; August 13, 2025 – August 29, 2025.

Organizations & Roles Responding to Survey

- Ash Grove
- Board Member of Neosho Memorial Regional Medical Center
- Chanute 911
- Chanute Police Department
- Cherry Street Youth Center
- Community National Bank & Trust CEO
- Crawford County Health Department - Neosho County Child Care Licensing Specialist
- Five Rivers Hospitality Holiday Inn Express
- Guest Home Estates
- Home Savings Bank
- Hope Unlimited
- Hospital clinic
- Kansas Department for Children and Families
- K-State Extension
- Martin and Osa Johnson Safari Museum
- MRH Insurance Group, Inc.
- Neosho County Community College
- Neosho County Emergency Management
- Neosho County Health Department
- Neosho Memorial Regional Medical Center
- Neosho Memorial Regional Medical Center - Erie Family Care Clinic
- Neosho Memorial Regional Medical Center EMS
- Otterbein Community Church
- Richey's Drug Store
- Southeast Kansas Area Agency on Aging
- Southeast Kansas Mental Health/Ashley Clinic
- SparkWheel
- St. Patrick Catholic School
- Steve Faulkner Ford
- Thrive Allen County
- Erie-Galesburg USD 101
- Chanute USD 413

Source: Neosho Memorial Regional Medical Center 2025 Community Health Needs Assessment Survey conducted by Community Hospital Consulting; August 13, 2025 – August 29, 2025.

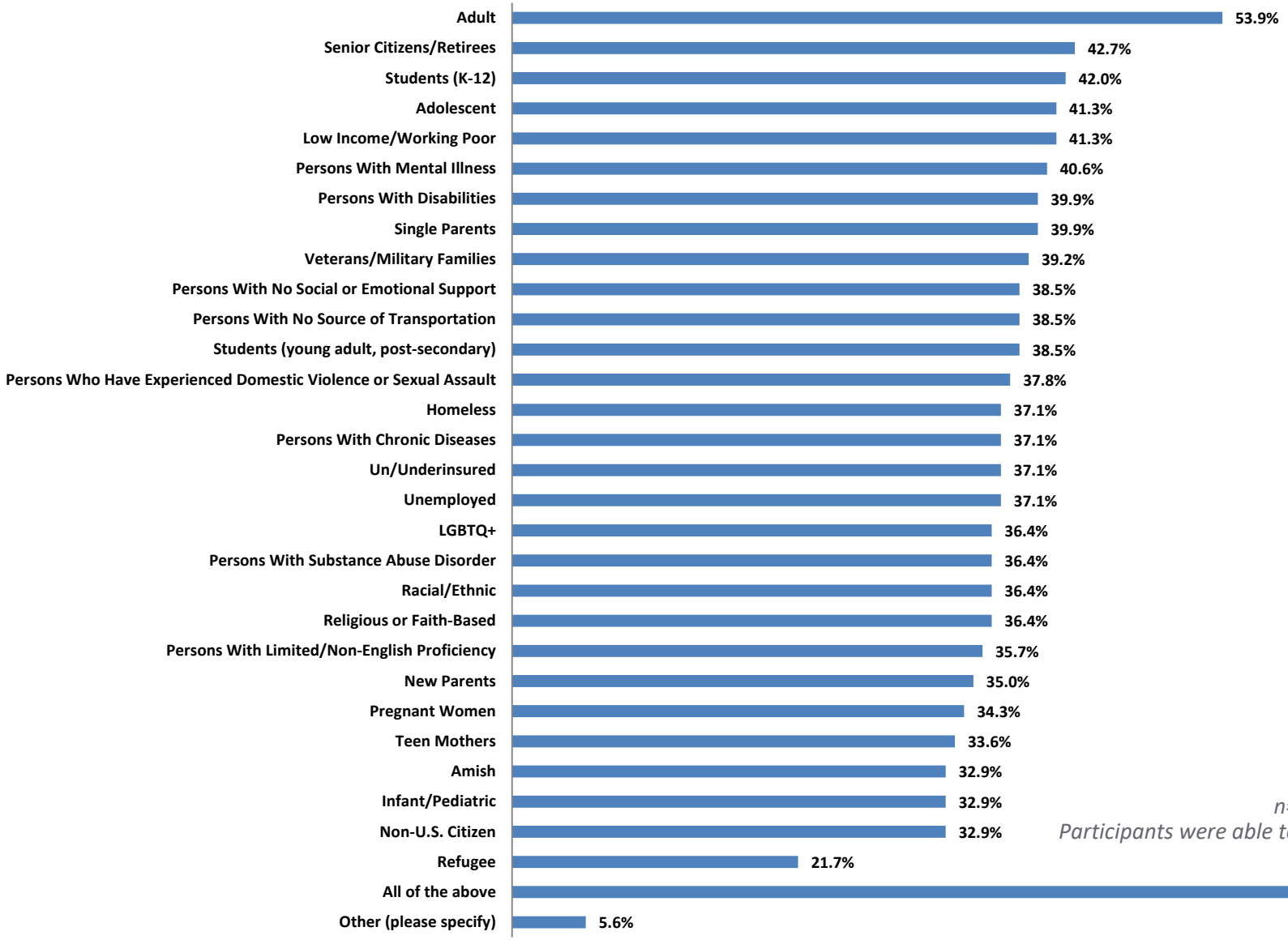
Communities Served

- Allen County
- Anderson County
- Bourbon County
- Cherokee County
- Coffey County
- Crawford County
- Erie, KS
- Franklin County
- Galesburg, KS
- Kansas
- Labette County
- Linn County
- Miami County
- Montgomery County
- Neosho County
- St. Paul, KS
- Stark, KS
- Wilson County
- Woodson County
- "42 other banking centers in MO, OK and KS."
- "43 other counties in Kansas."
- "All 16 counties in Southeast Kansas."
- "All Southeast Kansas."
- "Chanute School District."
- "I get patients from up to an hour away."
- "Part of Wilson, Allen, Labette County if asked for mutual aid."
- "Southeast Kansas, Central Kansas, portions of Missouri, Oklahoma, Arkansas."
- "Surrounding counties whose residents come to our hospital."

Source: Neosho Memorial Regional Medical Center 2025 Community Health Needs Assessment Survey conducted by Community Hospital Consulting; August 13, 2025 – August 29, 2025.

Populations Served

- Survey respondents reported serving or identifying with the following groups through their organizations:



n=143
Participants were able to select multiple responses.

Source: Neosho Memorial Regional Medical Center 2025 Community Health Needs Assessment Survey conducted by Community Hospital Consulting; August 13, 2025 – August 29, 2025.

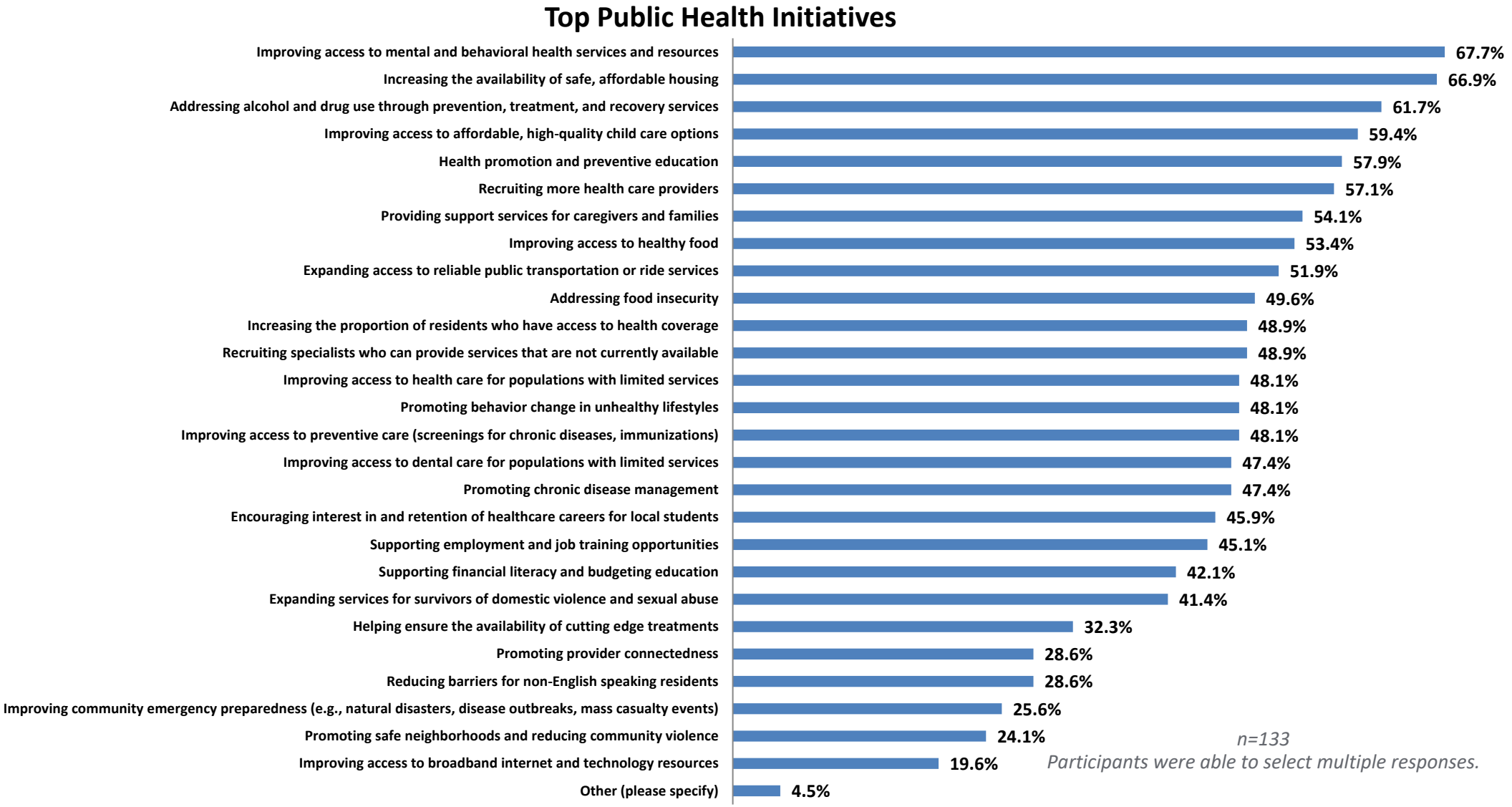
Populations Served (cont.)

- Respondents who indicated “Other” further specified:
  - *We are open enrollment so people from all walks of life.*
  - *We serve anyone who needs our services.*
  - *Preschool/Childcare ages 3-5.*
  - *We serve all socio/economic groups who are able to receive certain services, but some services are not group specific.*
  - *We serve the whole community in Chanute.*
  - *Extension is equal opportunity. We serve all demographics depending on needs and services requested.*

Source: Neosho Memorial Regional Medical Center 2025 Community Health Needs Assessment Survey conducted by Community Hospital Consulting; August 13, 2025 – August 29, 2025.

Public Health Initiatives

- 60% or more of respondents indicated improving access to mental and behavioral health services and resources, increasing the availability of safe, affordable housing and addressing alcohol and drug use through prevention, treatment and recovery services as a top public health initiative in the community



Source: Neosho Memorial Regional Medical Center 2025 Community Health Needs Assessment Survey conducted by Community Hospital Consulting; August 13, 2025 – August 29, 2025.

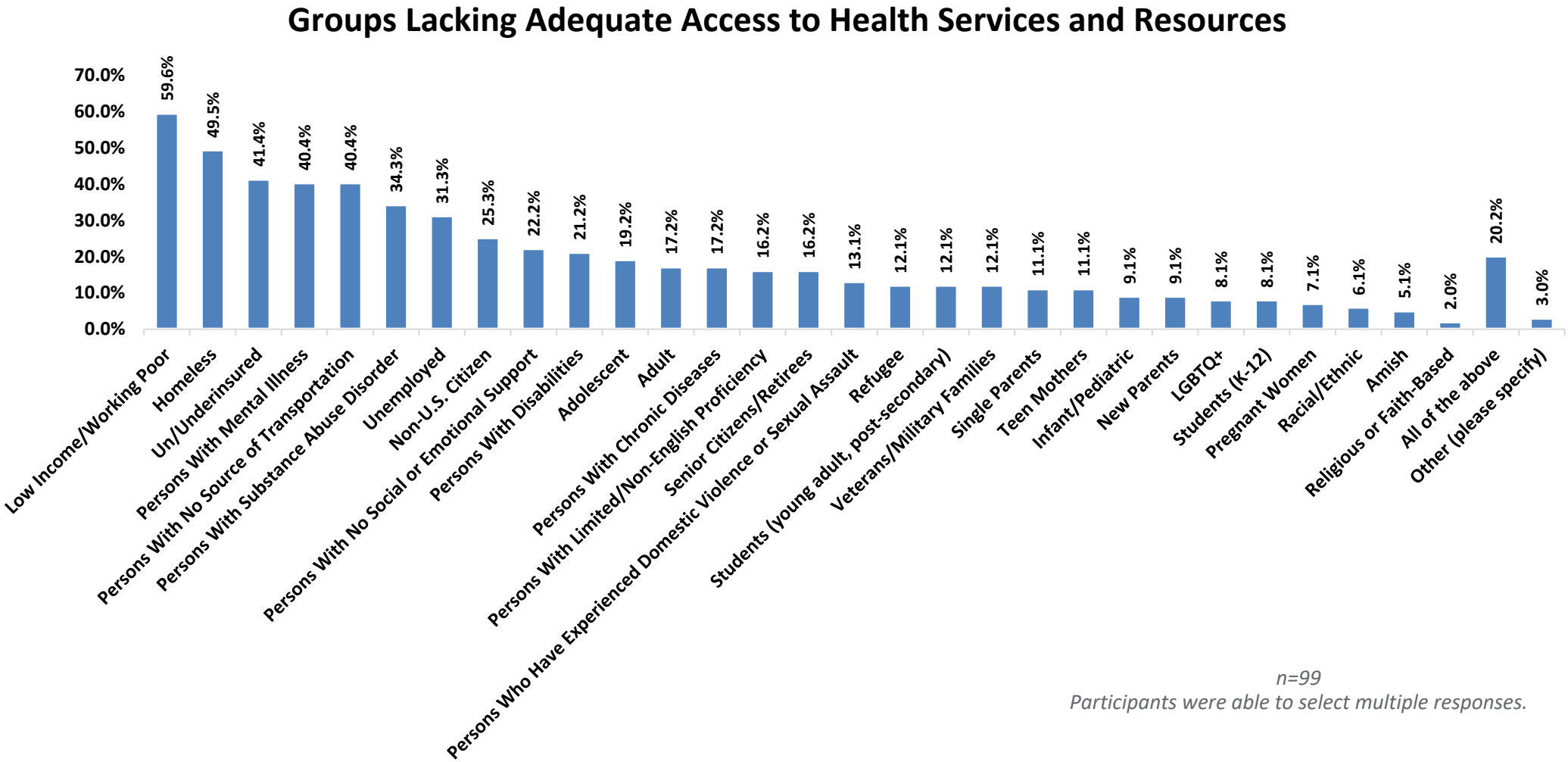
Public Health Initiatives (cont.)

- Respondents who indicated “Other” further specified:
  - *Higher technology equipment for breast cancer patients. There are more and more women and men being seen for this condition and having to go to a larger city to have specialized services completed. Also more bone and joint surgeons that can do knees, shoulders and spines so we do not have to send these patients out of town for these as well as we are seeing more and more patients for this need.*
  - *All of the above.*
  - *Decrease repeated ER visits/hospitalizations.*
  - *STI awareness and prevention due to the rising cases in the rural area.*
  - *Free meals for ALL school children. Other communities/counties offer this.*

Source: Neosho Memorial Regional Medical Center 2025 Community Health Needs Assessment Survey conducted by Community Hospital Consulting; August 13, 2025 – August 29, 2025.

Healthcare Adequacy for Specific Populations

- 72.0% (90 of 125) of respondents believe not everyone in the community has adequate access to health services, resources, and opportunities to stay healthy
- 50.0% or more of respondents indicated that low income/working poor were lacking adequate access to health services and resources



n=99
Participants were able to select multiple responses.

Source: Neosho Memorial Regional Medical Center 2025 Community Health Needs Assessment Survey conducted by Community Hospital Consulting; August 13, 2025 – August 29, 2025.

Healthcare Adequacy for Specific Populations (cont.)

- Respondents who indicated “Other” further specified:
  - *For many, it's a matter of choosing to not access the care.*
  - *Some people do not seek medical attention due to financial costs. Medical costs are far too expensive.*
  - *18-25 year olds.*

Source: Neosho Memorial Regional Medical Center 2025 Community Health Needs Assessment Survey conducted by Community Hospital Consulting; August 13, 2025 – August 29, 2025.

Healthcare Adequacy for Specific Populations (cont.)

- Participants outlined critical access barriers and disparities in health and healthcare services affecting vulnerable populations across the study area. Several themes emerged, including affordability, transportation, provider shortages, support for subpopulations and discrimination and fragmented resources
  - ***Affordability*** *– Rising costs of care, medications, and insurance affect nearly all populations.*
  - ***Transportation*** *– Lack of reliable transportation to local and out-of-town specialists is one of the most persistent and widespread challenges.*
  - ***Provider Shortages*** *– As a rural community, shortages of primary care, pediatrics, OB/GYN, mental health, and substance use treatment providers greatly reduce access.*
  - ***Support for Subpopulations*** *– Groups such as LGBTQ+, homeless individuals, those with mental illness, and non-U.S. citizens face additional barriers.*
  - ***Fragmented Resources*** *– Services often operate in silos, making navigation difficult, especially for vulnerable groups with limited support systems.*

Source: Neosho Memorial Regional Medical Center 2025 Community Health Needs Assessment Survey conducted by Community Hospital Consulting; August 13, 2025 – August 29, 2025.

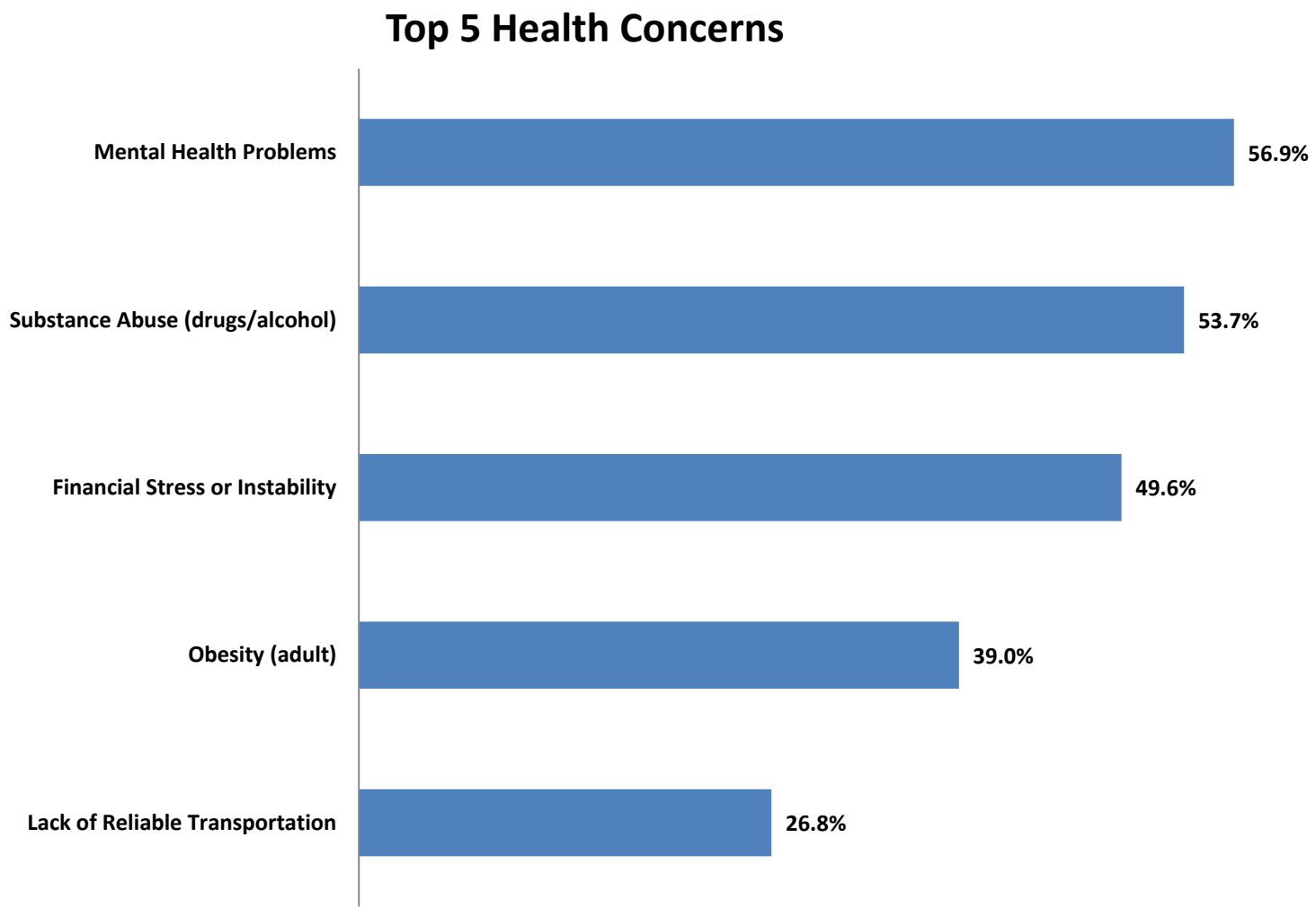
Healthcare Adequacy for Specific Populations (cont.)

- Summarized information by subpopulation is included below:
  - **Adolescents, Infants, and Students**
    - These groups are impacted by a lack of pediatricians, transportation barriers, and reliance on schools for nutritious meals. Families with low income or unstable insurance coverage further limit access to consistent care.
  - **Adults and Low-Income/Working Poor**
    - Financial strain, jobs without insurance or benefits, and the inability to miss work for appointments prevent timely care. Many rely on emergency rooms instead of primary care.
  - **Homeless Individuals**
    - The most extreme barriers include lack of stable housing, transportation, and insurance. The absence of a local shelter or homeless support programs leaves this group dependent on emergency services.
  - **Non-U.S. Citizens, Refugees, and Persons with Limited English Proficiency**
    - Fear of deportation, language barriers, and lack of insurance discourage individuals from seeking care. Limited interpreter services create further access challenges.
  - **LGBTQ+ Community**
    - Members often face stigma discouraging them from seeking care.
  - **Persons with Chronic Diseases and Disabilities**
    - Shortages of specialists in the rural area require extensive travel, often unaffordable or impossible due to transportation barriers. Disabilities also compound challenges when income or program eligibility disqualifies individuals from support.
  - **Persons with Mental Illness and Substance Use Disorders**
    - Access to mental health services is severely limited, with few local providers, no inpatient facilities nearby, and stigma attached to treatment. Substance use treatment centers are lacking, requiring long-distance travel and high out-of-pocket costs.
  - **Pregnant Women and Teen Mothers**
    - The community is described as an "OB desert," with limited local providers and long travel distances for obstetric care. Teen mothers also face challenges with transportation, lack of insurance, and limited awareness of resources.
  - **Senior Citizens/Retirees**
    - Seniors face compounded issues of fixed incomes, transportation barriers, rising living costs, and inadequate insurance coverage. Affordable housing and access to specialty care are also limited.
  - **Single Parents and New Parents**
    - Challenges include lack of affordable childcare, transportation, and housing, leaving many to forgo healthcare to meet basic financial needs.
  - **Veterans/Military Families**
    - Many rely solely on VA services, which may be difficult to access locally. Some veterans are unaware of or reluctant to use available benefits.
  - **Un/Underinsured and Unemployed**
    - These groups frequently avoid preventive care due to cost, relying instead on emergency services. High premiums, copays, and medication costs create significant barriers to managing chronic conditions.

Source: Neosho Memorial Regional Medical Center 2025 Community Health Needs Assessment Survey conducted by Community Hospital Consulting; August 13, 2025 – August 29, 2025.

Most Important Health Concerns

- Survey respondents ranked the following as the community's top five health concerns:



n=123
Participants were able to select multiple responses.

Source: Neosho Memorial Regional Medical Center 2025 Community Health Needs Assessment Survey conducted by Community Hospital Consulting; August 13, 2025 – August 29, 2025.

Most Important Health Concerns (cont.)

- Respondents who indicated “Other” further specified:
  - *Inadequate or lack of knowledge of individuals on how to obtain community resources.*
  - *Personal accountability.*
  - *Drug abuse.*
  - *High cost of healthcare and medicine.*
  - *Accessible sidewalks for wheelchair use; Crime rate for vandalism or theft from yard or vehicle/garages.*
  - *Lack of affordable preventative care.*
  - *I don't think it's inadequate access to community resources just a lack of resource options compared to other communities.*
  - *Lack of quality licensed child care.*

Source: Neosho Memorial Regional Medical Center 2025 Community Health Needs Assessment Survey conducted by Community Hospital Consulting; August 13, 2025 – August 29, 2025.

Differences Across Healthcare Settings

- 71.2% (89 of 125) of respondents believe individuals in the community DO NOT understand the difference between a primary care clinic, urgent care/after hours clinic and the emergency room
- Respondents were asked to select reasons why individuals in the community might choose to use the emergency room rather than a clinic or urgent care for non-emergent needs. The following were reported, ranked in order of frequency:

1. No co-pays/up front costs at the ER
2. Lack of established relationship with a primary care provider
3. Lack of after hour care options
4. Limited/lack of knowledge about the importance of having a primary care provider
5. Being seen 'quicker' / wait time
6. Personal perceived emergency
7. Proximity to care
8. Unable to find a doctor who knows/understands their culture, identity, beliefs or language

Source: Neosho Memorial Regional Medical Center 2025 Community Health Needs Assessment Survey conducted by Community Hospital Consulting; August 13, 2025 – August 29, 2025.

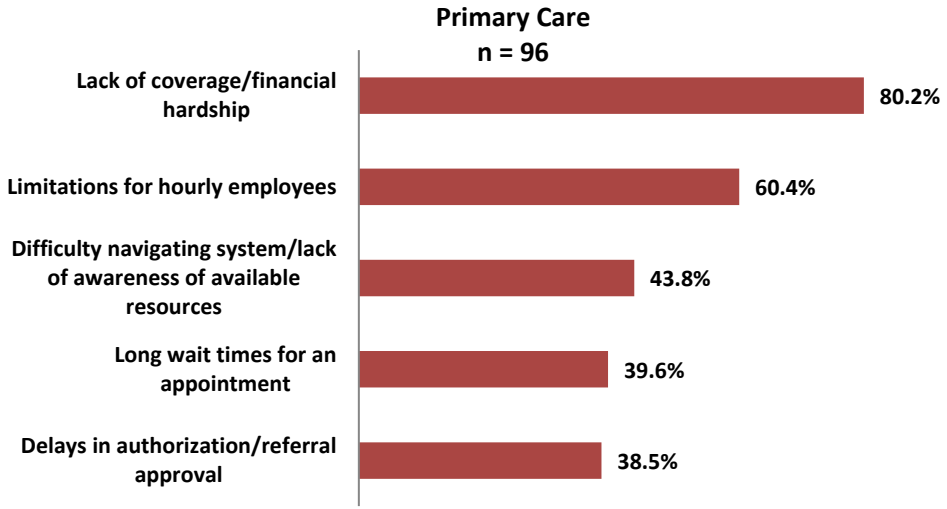
Differences Across Healthcare Settings (cont.)

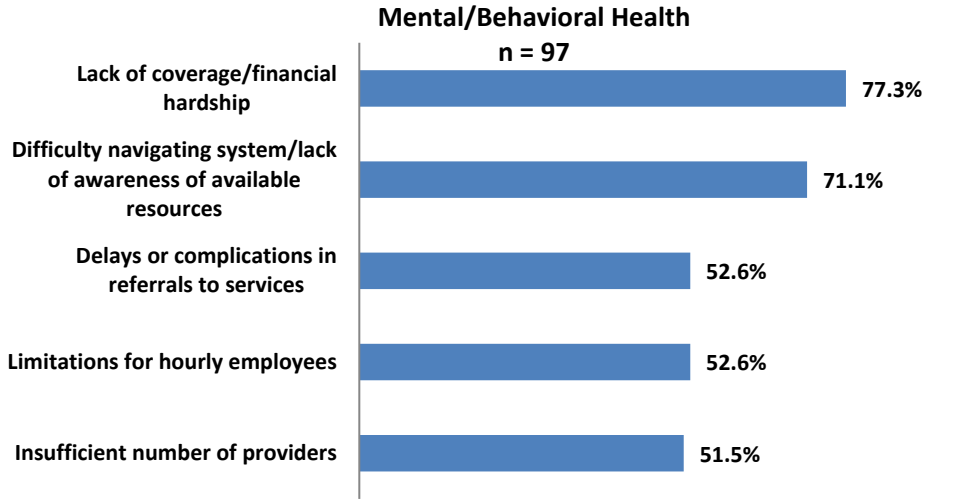
- Respondents who indicated "Other" further specified:
  - *ER will see them, not refuse care due to lack of funding.*
  - *They can't be denied by ER if money is owed. The clinic can deny services. Sometimes the ER is the only option to get seen, emergency or not.*
  - *The un/underinsured have to be seen in ER where doctors offices can refuse care to un/underinsured patients or patients that have been unable to pay their office bills.*
  - *No insurance so the ER has to see them where the clinics can refuse to see them without money paid up front.*
  - *Hospital can't refuse due to lack of payment.*
  - *Can be seen without insurance.*
  - *Abuse of services.*
  - *Most who seek care in the ER don't want to wait in the clinics or owe them money and can't be seen.*
  - *Urgent care is not open - limited hours.*
  - *ER providers are well known in the community and provide amazing care.*
  - *Have KanCare and don't have to pay the fee for the emergency room.*
  - *They have state insurance and don't have any financial obligations.*
  - *They can't be turned away due to no insurance or money. They continue to use the ER for this reason.*
  - *They have established relationships with ER staff prior to Urgent Care coming to the community.*
  - *Easier and cheaper for those on KanCare, etc.*
  - *If patients have an insurance that covers the cost either way, they probably don't care where they go to be seen.*
  - *Uninsured and ER can't turn them away.*
  - *Can be seen regardless if they have insurance or Medicaid client, no copay or responsibility to have to pay.*
  - *They do not have a provider due to no insurance.*
  - *Can't be turned away.*

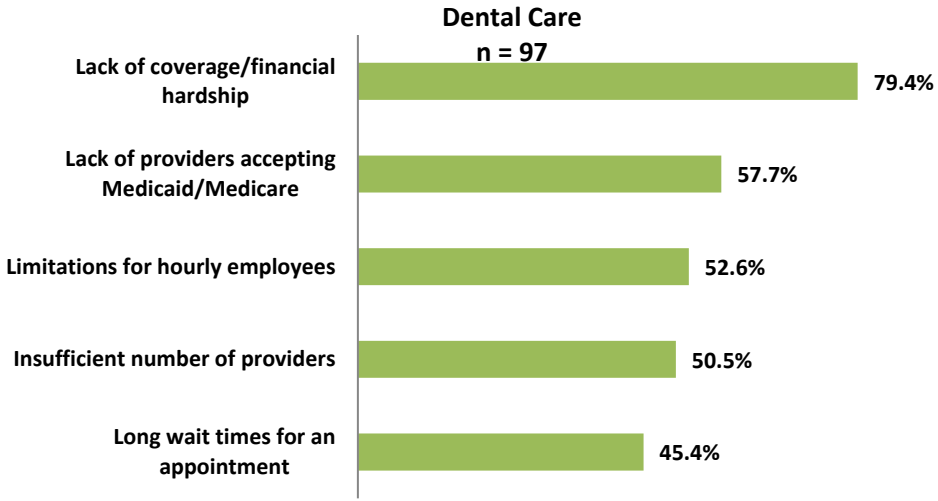
Source: Neosho Memorial Regional Medical Center 2025 Community Health Needs Assessment Survey conducted by Community Hospital Consulting; August 13, 2025 – August 29, 2025.

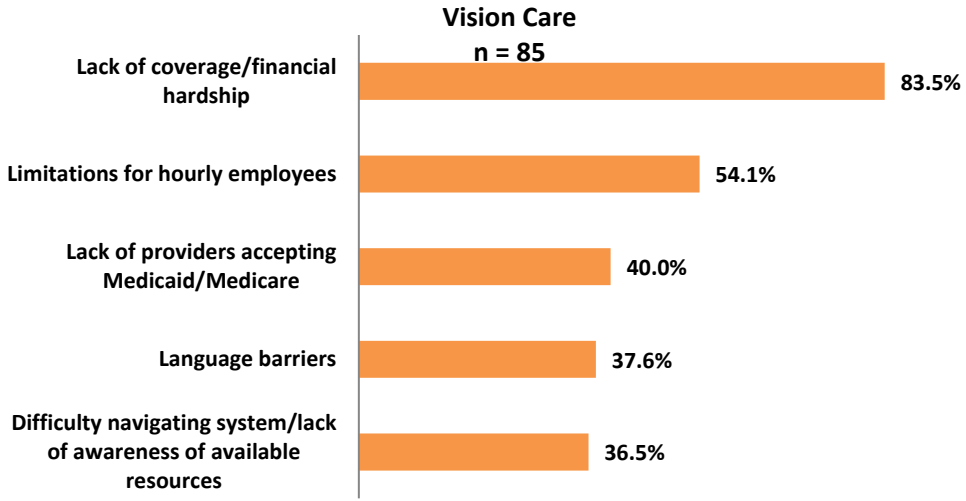
Barriers to Care

- Respondents were asked to identify barriers to care for residents across different care settings. The top 5 barriers for each type of care are represented below.
  - *Lack of coverage/financial hardship was selected as the top barrier to care for all types of care surveyed*









Participants were able to select multiple responses.

Source: Neosho Memorial Regional Medical Center 2025 Community Health Needs Assessment Survey conducted by Community Hospital Consulting; August 13, 2025 – August 29, 2025.

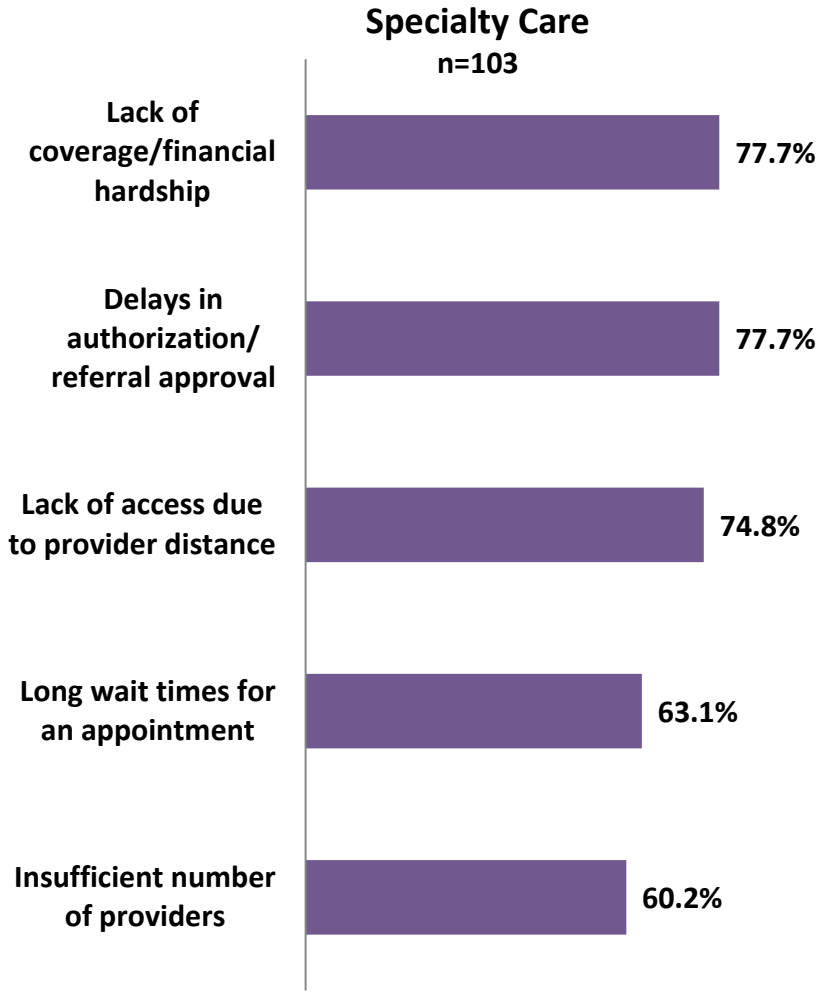
Barriers to Care (cont.)

- Respondents who indicated “Other” further specified:
  - *Lack of after hour pharmacies.*
  - *Pharmacy is becoming an issue in some communities and could have the barrier described above. Some people are going without medication because they can't afford it. People go to Walmart for cheaper medication but don't get the attention that hometown pharmacists provide.*

Source: Neosho Memorial Regional Medical Center 2025 Community Health Needs Assessment Survey conducted by Community Hospital Consulting; August 13, 2025 – August 29, 2025.

Barriers to Care – Specialty Care

- The top 5 barriers for specialty care are represented below:



Participants were able to select multiple responses

- When asked which (if any) specialists or services were needed/desired in the community, respondents noted the following services (in descending order of number of times mentioned and then alpha order):
  - *Mental/Behavioral Health (12 mentions)*
  - *Cardiology (11 mentions)*
  - *Neurology (11 mentions)*
  - *Endocrinology (7 mentions)*
  - *OB/GYN (7 mentions)*
  - *Orthopedic Surgery (7 mentions)*
  - *Otolaryngology (7 mentions)*
  - *Pulmonology (7 mentions)*
  - *Hematology/Oncology (6 mentions)*
  - *Dentistry (5 mentions)*
  - *Primary Care (Family Practice, Internal Medicine) (5 mentions)*
  - *Psychiatry (5 mentions)*
  - *Dermatology (4 mentions)*
  - *Gastroenterology (4 mentions)*
  - *Rheumatology (4 mentions)*
  - *Nephrology (3 mentions)*
  - *Allergy/Immunology (2 mentions)*
  - *Ophthalmology (2 mentions)*
  - *Pain Management (2 mentions)*
  - *Pediatrics (2 mentions)*
  - *Pediatric Subspecialties (2 mentions)*
  - *Oral/Maxillofacial Surgery (1 mention)*
  - *Urology (1 mention)*

Source: Neosho Memorial Regional Medical Center 2025 Community Health Needs Assessment Survey conducted by Community Hospital Consulting; August 13, 2025 – August 29, 2025.

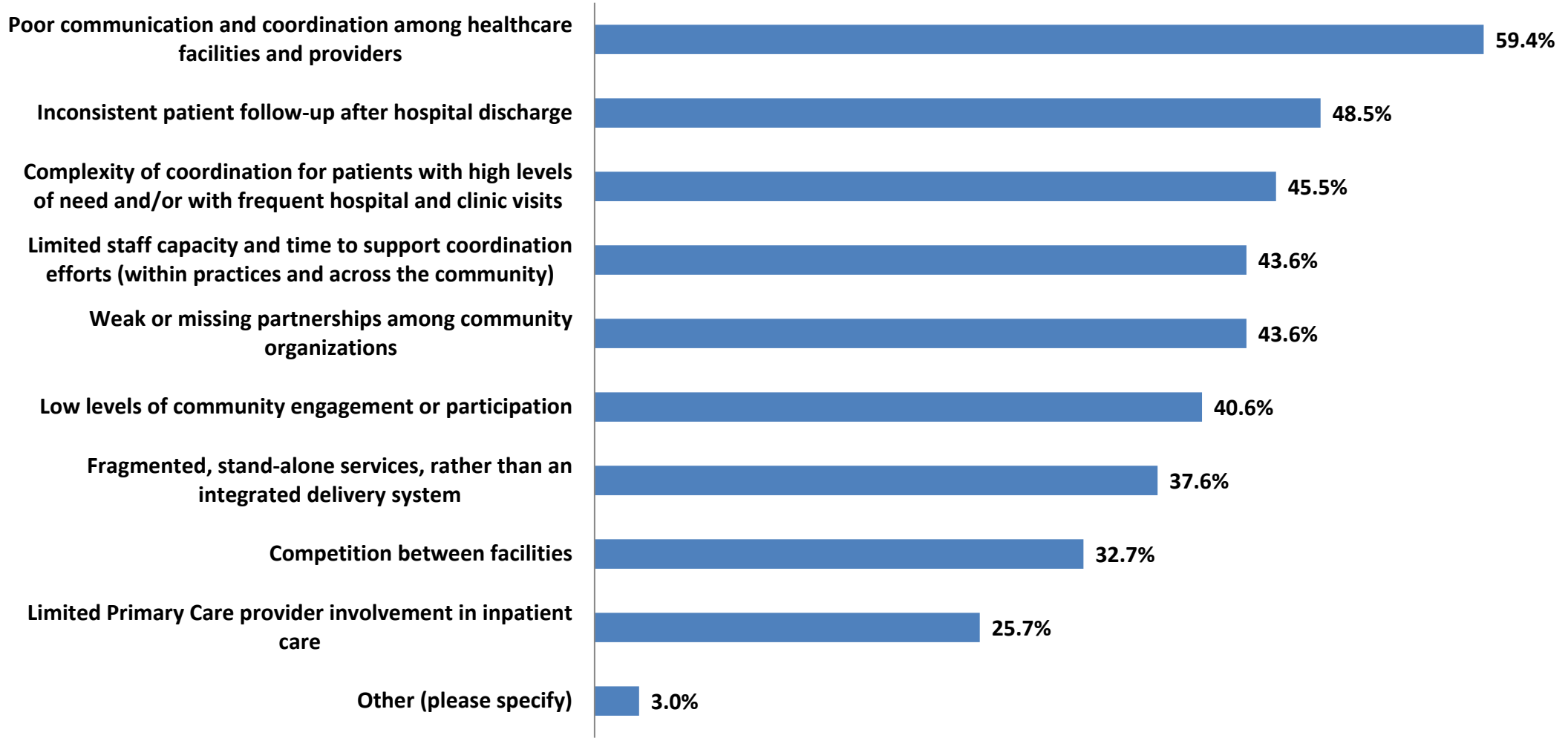
Barriers to Care – Specialty Care (cont.)

- Respondents who provided further information regarding which (if any) specialists or services were needed/desired in the community specified:
  - *All specialists.*
  - *We need all of them. We have very little specialized services here.*
  - *Having visiting specialists doesn't help persons with limited schedules or transportation needs.*
  - *I've personally been struggling to find dentists that accept my insurance.*
  - *Cardiology can be difficult to get an appointment.*
  - *There are few specialists of any kind in this community.*
  - *There are no specialty providers in Chanute and to see one that possibly comes takes months for an appointment.*
  - *We often hear about employees not able to have certain procedures done locally, or ER/hospital patients being sent to larger hospitals*
  - *Cardiologist - more of them and come more frequently.*
  - *Those trained in helping youth with eating disorders, services for children with Autism.*
  - *Our community needs more providers for dental care, mental health, and pediatrics.*
  - *Nephrology. I would love to see our hospital accept dialysis patients for inpatient stays and surgeries.*

Source: Neosho Memorial Regional Medical Center 2025 Community Health Needs Assessment Survey conducted by Community Hospital Consulting; August 13, 2025 – August 29, 2025.

Continuum of Care

- Respondents were asked to select obstacles that affect the transition of care between healthcare settings or providers. The following are ranked in order of frequency:



n=101

Participants were able to select multiple responses.

Source: Neosho Memorial Regional Medical Center 2025 Community Health Needs Assessment Survey conducted by Community Hospital Consulting; August 13, 2025 – August 29, 2025.

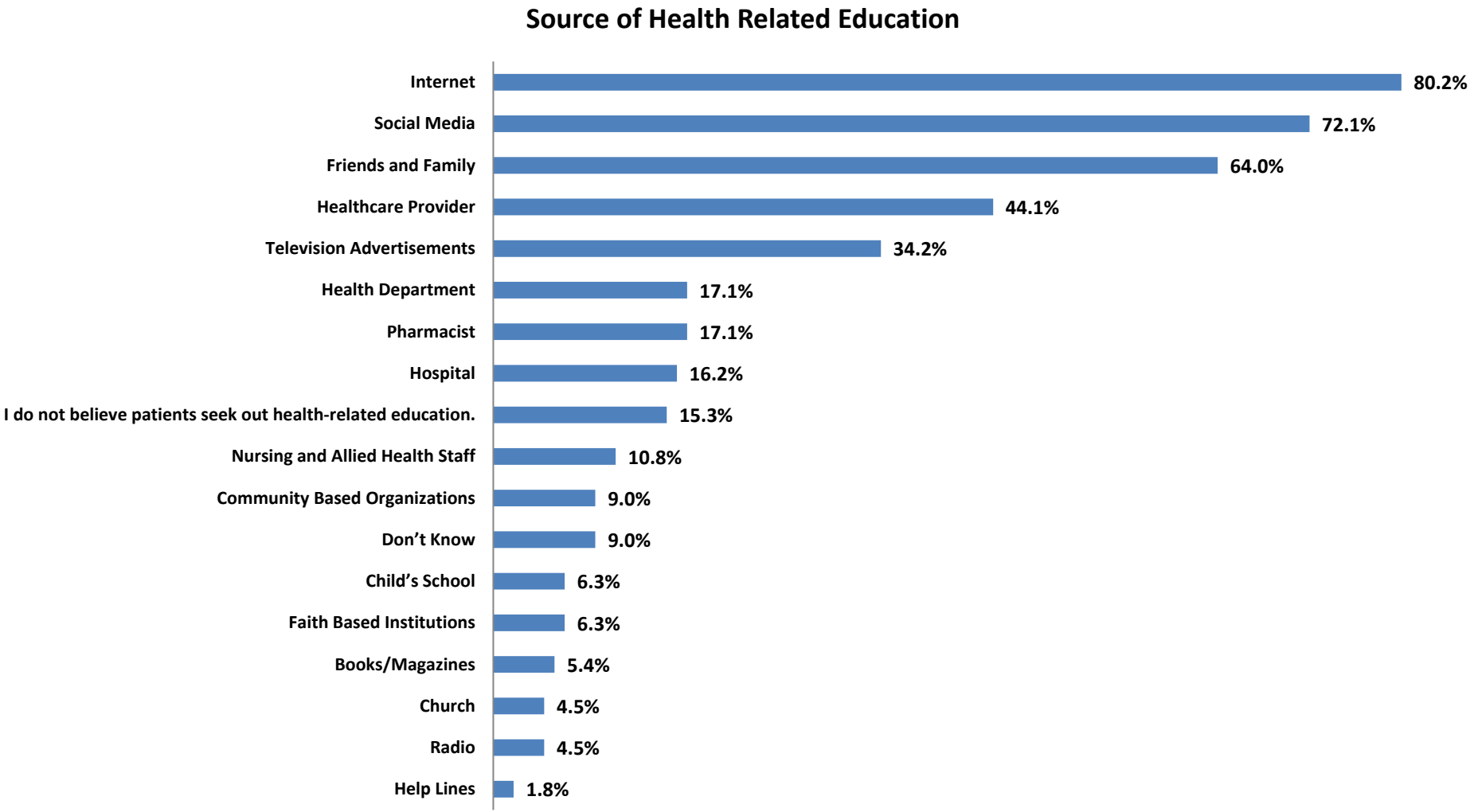
Continuum of Care (cont.)

- Respondents who indicated “Other” further specified:
  - *Transportation and finances to get to appointments.*
  - *Hospital discharges should focus on transition planning for after the patient leaves. Discharge does not stop once the patient exits the building. The hospital is setting up the patient, patient's family, patient's care giver, patient's home health, assisted living, nursing home staff for success or failure based off of care coordination. It's much easier to do all of this from a hospital setting than an OP setting that a patient, their family, or a facility (assisted living or nursing home) has limited resources to coordinate this and expect these facilities to take this as a high priority when they have limited staffing or knowledge of the importance. From someone who has experience on all sides of this, it is VERY frustrating to be the family member that has to take on all of this, when it ultimately is a lack of miscommunication and coordination between settings. It shouldn't be a focus that "it's not our job - it's the patient or facility’s”. We are all in this together to help better our patients, promote population health - chronic disease management - prevent hospital readmissions- and ultimately what is best for the patient.*

Source: Neosho Memorial Regional Medical Center 2025 Community Health Needs Assessment Survey conducted by Community Hospital Consulting; August 13, 2025 – August 29, 2025.

Health Education

- 80.2% of respondents believe that community members get their health-related education from the internet followed by 72.1% selecting social media.

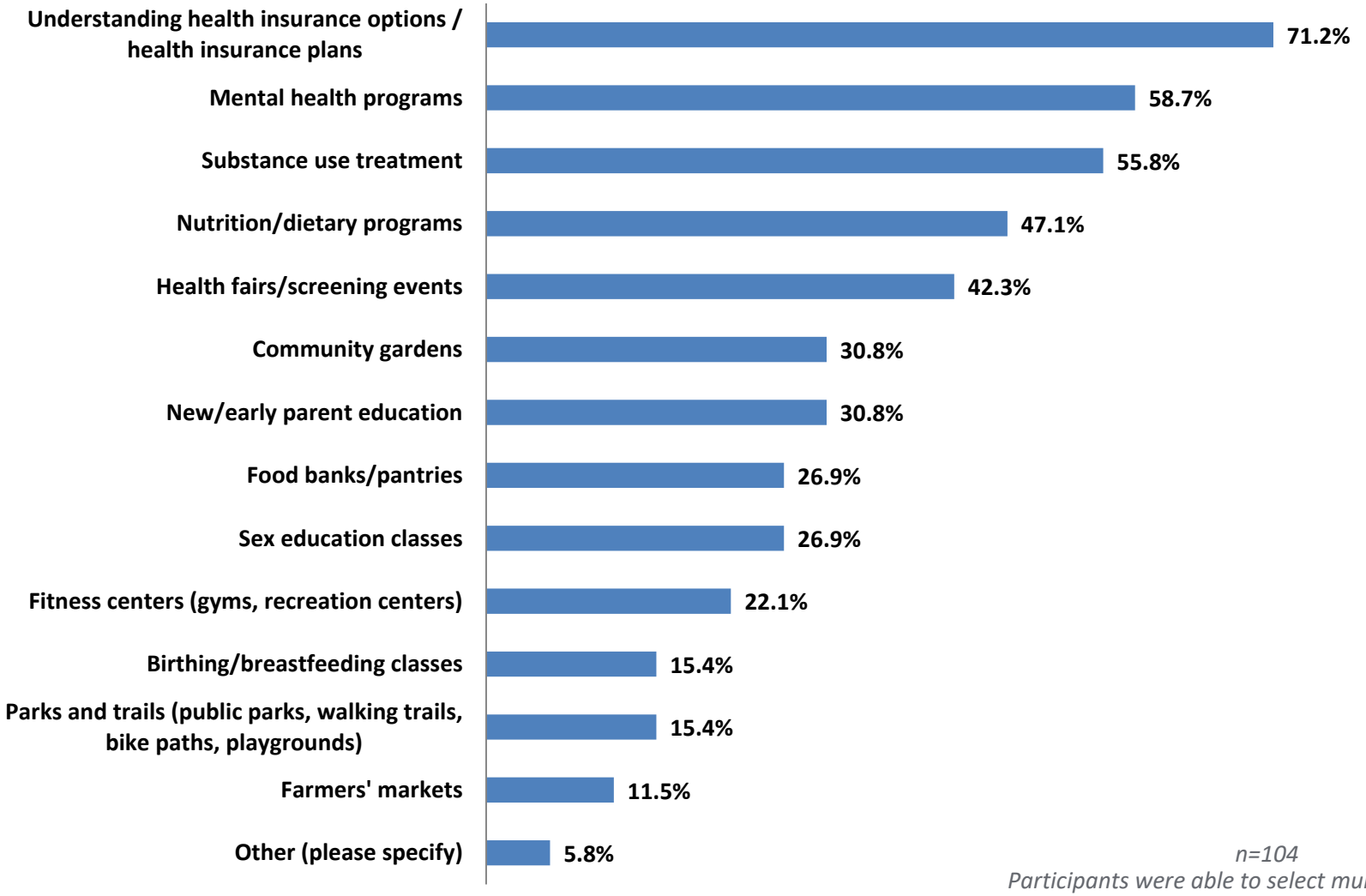


n=111
Participants were able to select multiple responses.

Source: Neosho Memorial Regional Medical Center 2025 Community Health Needs Assessment Survey conducted by Community Hospital Consulting; August 13, 2025 – August 29, 2025.

Health Education Services

- Respondents were asked to select which health education, promotion, and preventive services are lacking in the community. The following are ranked in order of frequency:



n=104
Participants were able to select multiple responses.

Source: Neosho Memorial Regional Medical Center 2025 Community Health Needs Assessment Survey conducted by Community Hospital Consulting; August 13, 2025 – August 29, 2025.

Health Education Services (cont.)

- Respondents who indicated "Other" further specified:
  - *Affordable fitness centers.*
  - *I feel like we try to provide all of these things but the advertisement of it is lacking. Some people are just unaware of the resources, classes, etc.*
  - *We have food pantries, but no hot meal options for needy/homeless.*
  - *Public transit system for community members.*
  - *Senior Center activities, congregate meal site, place to gather and eat for socialization.*
  - *The importance of quality child care to set a firm foundation for their future.*

Source: Neosho Memorial Regional Medical Center 2025 Community Health Needs Assessment Survey conducted by Community Hospital Consulting; August 13, 2025 – August 29, 2025.

Final Comments

- When asked to give any additional comments regarding the community's health, respondents commented:
  - *Neosho County Community College is ready to help however we can.*
  - *Chronic health conditions with educations needs. Preventative health education. Teach the people about their health!! Go where they are!!*
  - *This community is very unhealthy. A lot of obese people and addiction. Availability of services to all is severely lacking and limited.*
  - *Overall, it is just poor health all around due to lack of specialized training and/or providers.*
  - *Lower income population using Emergency Room as primary care and more effort needed to help children from lower income families to have good health standards.*
  - *The main concern is drugs and mental illness. There are no programs or places for people to go for help or housing needs. People in this position won't always ask for help. They especially won't go to a clinic that they are required to pay to be seen.*
  - *High poverty rate leading to homelessness, rampant substance abuse, inability to access preventative care greatly increases more serious physical and mental health issues, and leads to greater delay in addressing such.*
  - *The 'working poor' is a very real thing and I don't believe our community leaders have a strong grasp of the severity of the problem.*
  - *We have a Senior Center that receives funding from the County and are not meeting the needs of the seniors in the community. Activities geared towards seniors could be planned in this community building, very underutilized.*
  - *The community needs more and better mental health services. We have no SANE/SART nurse in Neosho County. Everyone has to travel to outside hospitals that have them.*

Source: Neosho Memorial Regional Medical Center 2025 Community Health Needs Assessment Survey conducted by Community Hospital Consulting; August 13, 2025 – August 29, 2025.

Final Comments (cont.)

- *Many members of the community are low income and, if any, are barely making it where they are. Living conditions may be poor, lack of funding makes it difficult to feed families and transportation might not be available. If they do not have healthcare and do not meet set requirements, access to certain needed health services might not be possible. Cost of living is increasing to match that of a much larger city is taxing to a majority of the population whether you are employed or not. Create a public transit system for all members of the community, create job opportunities by bringing in more businesses, have more promotional events and fundraisers that can collect money for community improvement rather than raising the taxes and cost of living for those who are having to choose between eating that week or keeping the utilities going. Have access to the healthcare services that are always needed to where people don't have to find a way to get out of town for an appointment or in an emergency. Better the community for all and make it be a place people want to be.*
- *The amount of mental health/behavior problems in our youngest generation is concerning. The amount of children that are allowed to spend unlimited amount of time on screens or allowed to do online school because "real school is too hard" is unprecedented and will have a massive impact on the quality of adults we will have in our community in the future. We need to focus on behaviors and social emotional health in our children and get them resources that they need to become functioning adults that contribute positively to society.*

Source: Neosho Memorial Regional Medical Center 2025 Community Health Needs Assessment Survey conducted by Community Hospital Consulting; August 13, 2025 – August 29, 2025.

LOCAL COMMUNITY HEALTH REPORTS

List of Local Community Reports

- Below are various links of local community reports that include Neosho County. Please utilize the links below to see how other organizations prioritized needs in this area.

Organization Name	County(ies) Studied	Time of Report	Link to Community Report
Cascade Medical	All counties in the state of Kansas	2021	https://www.kdhe.ks.gov/DocumentCenter/View/21195/Kansas-Primary-Care-Needs-Assessment-2021-PDF
Labette Health	Labette, Montgomery and Neosho Counties	2022	https://www.labettehealth.com/about-us/community-health-needs-assessment/

INPUT REGARDING THE HOSPITAL'S PREVIOUS CHNA

Consideration of Previous Input

- IRS Final Regulations require a hospital facility to consider written comments received on the hospital facility's most recently conducted CHNA and most recently adopted Implementation Strategy in the CHNA process.
- The hospital made every effort to solicit feedback from the community by providing a feedback mechanism on the hospital's website. However, at the time of this publication, written feedback has not been received on the hospital's most recently conducted CHNA and Implementation Strategy.
- To provide input on this CHNA please see details at the end of this report or respond directly to the hospital online at the site of this download.

EVALUATION OF HOSPITAL'S IMPACT

Evaluation of Hospital's Impact

- IRS Final Regulations require a hospital facility to conduct an evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital's prior CHNA.
- This section includes activities completed based on the 2023 to 2025 Implementation Plan.

Neosho Memorial Regional Medical Center

2022

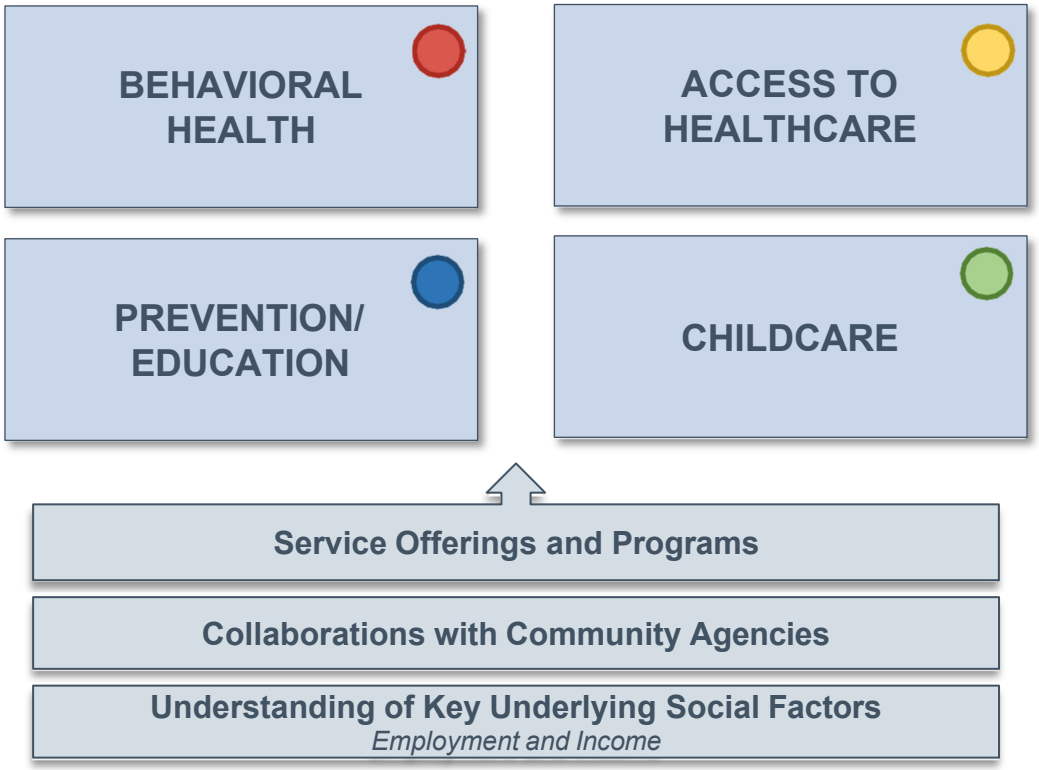
Community Health Needs Assessment

Approved by Board on August 18, 2022

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.

- Mental Health
- Obesity
- Affordability of Healthcare Services
- Preventative Care
- Drug/Substance Abuse
- Presence of Healthcare Services
- Access to Childcare



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.

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

Evaluation of actions taken since the immediately preceding CHNA:

The activities identified in the 2022 Community Health Needs Assessment for implementation during the 2023–2025 period have remained ongoing as part of Neosho Memorial Regional Medical Center's continued commitment to addressing behavioral health, mental health, and substance use concerns in Neosho County. Efforts have focused on improving access to coordinated and integrated behavioral health services through initiatives such as the Employee Assistance Program and patient care coordination for those requiring specialized behavioral health services. Educational outreach through social media and community engagements, drug screening partnerships with local employers, and chronic care coordination have further supported prevention, treatment, and recovery efforts across the community.

NMRMC continues to build upon these initiatives by re-engaging with the Neosho County Health Team to develop collaborative initiatives, and exploring enhanced staff education related to treating patients with substance use concerns in the emergency department. These sustained efforts, in partnership with local organizations, reflect the hospital's long-term commitment to addressing behavioral health needs. The progress achieved through these initiatives provided a strong foundation for shaping priorities and strategies in the 2026–2028 Implementation Plan.

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.

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/

Evaluation of actions taken since the immediately preceding CHNA:

The activities identified in the 2022 Community Health Needs Assessment for implementation during the 2023–2025 period have remained ongoing as part of Neosho Memorial Regional Medical Center's continued commitment to improving access to affordable, high-quality healthcare in Neosho County. Efforts have focused on expanding care coordination and financial support services to reduce barriers to care, including the continuation of the Navigator and Financial Assistance programs, long-term payment partnerships, and the Certified Financial Counselor Program.

Community outreach initiatives such as free sports physicals, baseline concussion screenings through the ImPACT Program, and transportation services have strengthened the hospital's role in promoting preventive and accessible care. Building on these efforts, NMRMC continues to explore new opportunities to enhance access, such as reinstating annual open enrollment education events. These sustained initiatives demonstrate NMRMC's enduring commitment to addressing affordability and access barriers and provide a strong foundation for shaping priorities and strategies in the 2026–2028 Implementation Plan.

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.

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

Evaluation of actions taken since the immediately preceding CHNA:

The activities identified in the 2022 Community Health Needs Assessment for implementation during the 2023–2025 period have remained ongoing as part of Neosho Memorial Regional Medical Center's continued commitment to improving preventive health and chronic disease management in Neosho County. Efforts have focused on promoting healthy lifestyles and increasing access to preventive services through programs such as the Employee Wellness Program, diabetes education programs, blood sugar screenings, healthy café meal options and BMI screenings in primary care clinics.

Community education and engagement have been strengthened through health-related social media campaigns, speaking engagements, and monthly Home Health education events focused on obesity, nutrition, and chronic disease prevention. Additional initiatives – such as the Baby Friendly Hospital designation – continue to support wellness across all age groups.

NMRMC continues to build upon these initiatives by expanding preventive care outreach and exploring new partnerships with local organizations and schools to promote physical activity and healthy living. These sustained efforts, in collaboration with community partners, reflect the hospital's long-term commitment to addressing obesity and chronic disease. The progress achieved through these initiatives provides a strong foundation for shaping priorities and strategies in the 2026–2028 Implementation Plan.

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	

Evaluation of actions taken since the immediately preceding CHNA:

The activities identified in the 2022 Community Health Needs Assessment for implementation during the 2023–2025 period have remained ongoing as part of Neosho Memorial Regional Medical Center's continued commitment to improving access to childcare—a critical social factor influencing access to healthcare and overall community well-being. Recognizing the impact of limited childcare options on workforce participation and family health, NMRMC has continued efforts to assess needs and explore sustainable solutions.

During this period, the hospital has focused on evaluating opportunities to develop on-site childcare services, identifying potential grant funding sources, and exploring early childhood development programming. In addition, questions related to childcare access have been incorporated into employee engagement surveys to better understand workforce challenges and inform future planning.

NMRMC continues to collaborate with community partners—including local schools, development authorities, and civic organizations—to explore shared strategies that enhance childcare availability and quality in Neosho County. These sustained efforts demonstrate the hospital's long-term commitment to addressing childcare as a key social determinant of health and provide a strong foundation for shaping future strategies in the 2026–2028 Implementation Plan.

PREVIOUS CHNA PRIORITIZED HEALTH NEEDS

Previous Prioritized Needs

2019 Prioritized Needs

1. Obesity/Overweight
2. Affordability
3. Mental Health
4. Physical Inactivity
5. Alcohol Abuse
6. Substance Abuse
7. Heart Disease

2022 Prioritized Needs

1. Behavioral Health Mental Health Drug/Substance Abuse
2. Obesity
3. Affordability of Healthcare Services
4. Prevention
5. Presence of Healthcare Services
6. Access to Childcare

Source: Neosho Memorial Regional Medical Center, Community Health Needs Assessment and Implementation Plan, https://www.nmrmc.com/communityhealthneedsassesmentplans/; data accessed August 27, 2025.

PROPOSED PRELIMINARY HEALTH NEEDS

Proposed Preliminary Health Needs

- Access to Mental and Behavioral Health Care Services and Providers
- Continued Emphasis on Healthcare Workforce Recruitment and Retention to Improve Access to Primary and Specialty Care
- Increased Emphasis on Addressing Vital Conditions
- Prevention, Education and Services to Increase Community Awareness and Address Preventable Conditions and Unhealthy Lifestyles

PRIORITIZATION

The Prioritization Process

- In September 2025, leadership from NMRMC met with CHC Consulting to review findings and prioritize the community's health needs. The hospital CHNA team included:
  - Wendy Brazil, Chief Executive Officer
  - Morris Brown, Chief Financial Officer
  - Gretchen Keller, Director, Health Information Management
  - Kimberly McCracken, Patient Advocate / Civil Rights Coordinator
  - Anna Methvin, Foundation Director
  - Tiffany Miller, Chief Quality Officer
  - Patricia Morris, Communications Officer
  - Jennifer Newton, Chief Nursing Officer
  - Shelli Sheerer, Human Resources Officer
- Leadership ranked the health needs based on three factors:
  - Size and Prevalence of Issue
  - Effectiveness of Interventions
  - Hospital's Capacity
- See the following page for a more detailed description of the prioritization process.

The Prioritization Process

- The CHNA Team utilized the following factors to evaluate and prioritize the significant health needs.

1.	**Size and Prevalence of the Issue**
	a. How many people does this affect? b. How does the prevalence of this issue in our communities compare with its prevalence in other counties or the state? c. How serious are the consequences? (urgency; severity; economic loss)
2.	**Effectiveness of Interventions**
	a. How likely is it that actions taken will make a difference? b. How likely is it that actions will improve quality of life? c. How likely is it that progress can be made in both the short term and the long term? d. How likely is it that the community will experience reduction of long-term health cost?
3.	**Neosho Memorial Regional Medical Center Capacity**
	a. Are people at Neosho Memorial Regional Medical Center likely to support actions around this issue? (ready) b. Will it be necessary to change behaviors and attitudes in relation to this issue? (willing) c. Are the necessary resources and leadership available to us now? (able)

Health Needs Ranking

- Hospital leadership participated in a prioritized ballot process to rank the health needs in order of importance, resulting in the following order.

1. Continued Emphasis on Healthcare Workforce Recruitment and Retention to Improve Access to Primary and Specialty Care
2. Prevention, Education and Services to Increase Community Awareness and Address Preventable Conditions and Unhealthy Lifestyles
3. Access to Mental and Behavioral Health Care Services and Providers
4. Increased Emphasis on Addressing Vital Conditions

Final Priorities

- Hospital leadership decided to address three of the ranked health needs. Through collaboration, engagement and partnership with the community, NMRMC will address the following priorities with a specific focus on reducing health disparities among subpopulations.
- The final health priorities that NMRMC will address through its Implementation Plan are, in descending order:

1. Continued Emphasis on Healthcare Workforce Recruitment and Retention to Improve Access to Primary and Specialty Care
2. Prevention, Education and Services to Increase Community Awareness and Address Preventable Conditions and Unhealthy Lifestyles
3. Increased Emphasis on Addressing Vital Conditions

PRIORTIES THAT WILL NOT BE ADDRESSED

Needs That Will Not Be Addressed

- NMRMC decided not to specifically address “Access to Mental and Behavioral Health Care Services and Providers” largely due to the hospital’s capacity to address that need.
- While NMRMC acknowledges that this is a significant need in the community and will work with local community organizations to see how the facility can assist in these areas, the identified priority will not be addressed by the hospital since it is not a core business function of the hospital and the leadership team felt that resources and efforts would be better spent addressing the remaining prioritized needs.

RESOURCES IN THE COMMUNITY

Additional Resources in the Community

- In addition to the services provided by NMRMC, other charity care services and health resources that are available in Neosho Counties are included in this section.

211 Kansas

- 211 of Kansas is a service powered by United Way. 211 connects you to the best resources and services in your community to meet your needs.
- You can visit their website for more information: https://211kansas-resources.sophia-app.com/#/

Emergency Numbers	Contact Information
Neosho County Emergency	911
Hope Unlimited (for victims of family violence and sexual assault)	620-365-7566
Poison Control	800-222-1222
State Department of Children and Family Abuse Report	800-922-5330
Suicide & Crisis Hotline	988

Non-Emergency Numbers

Chanute Police Department	620-431-5768
Erie Police Department	620-244-3611
Kansas Highway Patrol	620-431-2100
Neosho County Sheriff - Chanute	620-431-5759
Neosho County Sheriff - Erie	620-244-3888
Chamber of Commerce Chanute	620-431-3350
TFI Family Services - Chanute	620-432-5206

Public Safety

Kansas Bureau of Investigation	785-296-8200
Road Conditions	800-585-7623
Wildlife Parks	620-431-0380
Red Cross	620-431-9670

City Offices/Utility Information

Chanute	620-431-5200
Erie	620-244-3461
Galesburg	620-763-2467
Thayer	620-839-5353

Education & Resource Information

My Family	620-212-6088
ANW Special Education Coop	620-473-2257
K-State Research & Extension	620-431-1530
Cherry Street Youth Center	620-431-2161
Greenbush (Birth to Three)	620-724-6281
Head Start early childhood ed.	620-431-2789
Parents as Teachers	785-296-4964
NCCC Talent Search (MS/HS Pre-College Program for Low Income 1st Gen Students)	620-432-0412

Colleges/Adult Education

Neosho Co Community College	620-431-2820
NCCC Career & Technical Ed.	620-432-0355

Public Schools

Humboldt Virtual School	620-228-4186
Chanute USD 413	
District Office	620-432-2500
Lincoln Early Learning Center	620-432-2550
Chanute Elementary	620-432-2530
Chanute Middle School	620-432-2520
Chanute High School	620-432-2510
New Beginning Academy	620-432-2503
Fairfield Alternative/ANW Coop	620-431-1739
Erie USD 101	
District Office	620-244-3264
Elementary School (PreK-5th)	620-244-5161
Galesburg Middle School	620-763-2470
Erie High School	620-244-3287

Parochial Schools

St. Patrick's Catholic-Chanute	620-431-4020
Chanute Christian Academy	620-431-7777

Employment & Training

SRS Social & Rehabilitation Services	620-431-5000
Chanute Workforce Center	620-432-0443
SEK Area Agency on Aging	620-431-2980
SEK Kansas Works	620-331-0856

Fitness and Recreation

Chanute Recreation Center	620-431-4199
Erie Recreation Commission *www.erierecreation.com*	
NMRMC Fitness Center	620-432-5379
Inertia Health & Fitness Ctr	620-431-1800

Food

Food Assistance Programs

SRS - Department of Children & Families	620-431-5000
WIC - Chanute	620-431-5770
WIC – Erie	620-244-3840
60+ Dine – SEK AAA	620-431-2980
Mom's Meals	877-508-6667

Food Pantry or Commodity Distribution

First Christian Church Food Pantry	620-431-3758
First Baptist Church Chanute	620-431-2910
Neighbor 2 Neighbor	620-431-2910
St. Patrick's Food Pantry	620-431-3165
Birthline – St. Patrick's	620-431-3165

Erie Federated Church	620-244-5372
Erie Christian Church	620-212-4018
Thayer Christian Church	620-839-5481
DCF (Department of Children & Families)	620-431-5000
Galesburg Orange Swan *free store clothing commodities*	620-433-0835

Meals Being Served

Hot Hope Meals – 1st Baptist	620-431-2910
Just Another Tuesday Otterbein	620-431-0610
Refuge on the Edge Nazarene	620-431-2040

Health (Medical, Mental, Disabilities)

Services for the Disabled & for Seniors

SEK AAA	620-431-2980
S.K.I.L.	620-431-0757
Tri-Valley Developmental Services	620-431-7890
SEK Mental Health Ctr	620-431-7890

Mental Health

SEK Mental Health Center	620-431-7890
SEKMHC Crisis Line	866-973-2241
Suicide & Crisis Hotline	988

Medical

SEK Community Health Center - Iola	620-380-6600
Neosho County Health Dept - Chanute	620-431-5770
Neosho County Health Dept - Erie	620-244-3840
Neosho Memorial Reg Med Ctr	620-431-4000
NMRMC Family Medicine Clinic	620-432-5588
NMRMC Family Medicine Erie	620-244-5105

NMRMC Home Health	620-432-5436
Ashley Clinic Chanute	620-431-2500
Labette Health Chanute	620-902-2030
Labette Health Erie	620-244-6070

Hospice & Home Health

Angels Home Health	620-432-0025
Harry Hines Hospice	316-265-9441
Neosho Memorial Home Health Agency	620-432-5436
Neosho Memorial Hospice	620-432-5436

Legal Services

Kansas Legal Services	800-723-6953

Transportation

SEK-CAP	620-724-6350
NMRMC Care Car	620-431-4000
CHC/SEK Care Van	833-228-7433

Transportation Assistance

Fuel or Motel Voucher (Chanute police dept)	620-431-5768
1st Presbyterian Church (for gas/food for out-of-town medical care)	620-431-2257

Shelters/Transitional Housing

Pregnancy Life Center Parsons	620-605-6052
Homeless Veterans	877-223-8387
Independence Homeless Shelter	620-331-5115
Oxford House for Women Pittsburg	620-240-4797
Safe Haven Mission – Parsons	620-421-4417
SEK Action Program – Girard (children)	620-724-8204

Transient Assistance

Fuel or Motel Voucher (Chanute police department administers ACCL funds)	620-431-5768

Housing/Utility Assistance

ACCL Emergency Funds (utilities or rent assistance)	620-431-7229
Ministerial Alliance Fund	620-431-7320
Salvation Army Administered by Chanute Housing	620-431-7320
SEK Community Action Girard	620-724-8204
VASH Voucher Program for Vets	620-624-0280 x 23

Addiction Centers/Treatment Programs

SEK Mental Health Center	620-431-7890
Community Health Center SEK	620-380-6600
Alcoholics Anonymous	620-431-4544
Narcotics Anonymous (902 S. Santa Fe, Chanute, Wednesdays 7 pm)	

INFORMATION GAPS

Information Gaps

- While the following information gaps exist in the health data section of this report, please note that every effort was made to compensate for these gaps in the qualitative data collection conducted by CHC Consulting.
  - This assessment seeks to address the community's health needs by evaluating the most current data available. However, published data inevitably lags behind due to publication and analysis logistics.
  - Due to smaller population numbers and the general rural nature of Neosho County, 1-year estimates for the majority of data indicators are statistically unreliable. Therefore, sets of years were combined to increase the reliability of the data while maintaining the county-level perspective.
  - Links included for sources were accurate when this report was published.

ABOUT COMMUNITY HOSPITAL CONSULTING

About CHC Consulting

- Community Hospital Corporation owns, manages and consults with hospitals through three distinct organizations – CHC Hospitals, CHC Consulting and CHC ContinueCare, which share a common purpose of preserving and protecting community hospitals.
- Based in Plano, Texas, CHC Consulting provides the resources and experience community hospitals need to improve quality outcomes, patient satisfaction and financial performance. For more information about CHC Consulting, please visit the website at: www.chc.com

APPENDIX

SUMMARY OF DATA SOURCES
DATA REFERENCES
HPSA AND MUA/P INFORMATION
PRIORITY BALLOT

SUMMARY OF DATA SOURCES

Summary of Data Sources

Demographics

- This study utilized demographic data from **Syntellis**.
- The **United States Census Bureau**, provides foreign-born population statistics by county and state; https://data.census.gov/table?q=DP02&g=010XX00US_040XX00US48_050XX00US48245,48361.
- This study utilizes data from the **Economic Innovation Group**, which provides distressed community index scores by county and state: https://eig.org/distressed-communities/2022-dci-interactive-map/?path=county/48113&view=county.
- **Economic Policy Institute**, **Family Budget Map** provides a break down of estimates monthly costs in specific categories for Neosho County; https://www.epi.org/resources/budget/budget-map/.
- The **United States Bureau of Labor Statistics**, Local Area Unemployment Statistics provides unemployment statistics by county and state; https://www.bls.gov/lau/tables.htm.
- **Data USA** provides access to industry workforce categories as well as access to transportation data at the county and state level: https://datausa.io/.
- This study also used data collected by the **Small Area Income and Poverty Estimates (SAIPE)**, that provides poverty estimates by county and state: https://www.census.gov/data/datasets/time-series/demo/saipe/model-tables.html.
- Food insecurity information is pulled from **Feeding America's Map the Meal Gap**, which provides food insecurity data by county, congressional district and state: http://map.feedingamerica.org/.
- This study also used health data collected by the **SparkMap**, a national platform that provides public and custom tools produced by the Center for Applied Research and Engagement Systems (CARES) at the University of Missouri. Data can be accessed at https://engagementnetwork.org/.

Health Data

- The **County Health Rankings & Roadmaps (CHR&R)**, a program of the University of Wisconsin Population Health Institute, draws attention to why there are differences in health within and across communities. The program highlights policies and practices that can help everyone be as healthy as possible. CHR&R aims to grow a shared understanding of health, equity and the power of communities to improve health for all. This work is rooted in a long-term vision where all people and places have what they need to thrive; http://www.countyhealthrankings.org/.
- The **Centers for Disease Control and Prevention National Center for Health Statistics WONDER Tool** provides access to public health statistics and community health data including, but not limited to, mortality, chronic conditions, and communicable diseases: http://wonder.cdc.gov/ucd-icd10.html.
- The **National Cancer Institute** offers state cancer profiles providing access to mortality rates by county. Data can be accessed at: https://statecancerprofiles.cancer.gov/deathrates/index.php/.

Health Data (continued)

- This study also used health data collected by the **SparkMap**, a national platform that provides public and custom tools produced by the Center for Applied Research and Engagement Systems (CARES) at the University of Missouri. Data can be accessed at https://engagementnetwork.org/.
- This study utilizes a county level data from **Center for Disease Control and Prevention, PLACES: County Data** (GIS Friendly Format), 2022 release, filtered for Neosho County, KS, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data.
- This study utilizes a county level data from **Center for Disease Control and Prevention, PLACES: County Data** (GIS Friendly Format), 2023 release, filtered for Neosho County, KS, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about_data.
- This study utilizes a county level data from **Center for Disease Control and Prevention, PLACES: County Data** (GIS Friendly Format), 2024 release, filtered for Neosho County, KS, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releas/i46a-9kgh/about_data.
- This study utilizes a state level data from **Center for Disease Control and Prevention, Chronic Disease Indicators**, filtered for Kansas; https://www.cdc.gov/cdi/.
- The **Centers for Medicare & Medicaid Services, Office of Minority Health**, provides public tools to better understand disparities in chronic diseases. Data can be accessed at: https://data.cms.gov/mapping-medicare-disparities.
- The **U.S. Census Bureau's Small Area Health Insurance Estimates** program produces the only source of data for single-year estimates of health insurance coverage status for all counties in the U.S. by selected economic and demographic characteristics. Data can be accessed at https://www.census.gov/data-tools/demo/sahie/index.html.
- The **U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA)** provides Medically Underserved Area / Population and Health Professional Shortage Area scores, and can be accessed at: https://datawarehouse.hrsa.gov/tools/analyzers.aspx.

Community Survey

- CHC Consulting worked with NMRMC to distribute an electronic survey in August 2025. The analysis was conducted by Alex Campbell, CHC Consulting Senior Planning Analyst.

DATA REFERENCES

Distressed Communities Index

- The Distressed Communities Index (DCI) brings attention to the deep disparities in economic well-being that separate U.S. communities. The latest Census data is used to sort zip codes, counties, and congressional districts into five quintiles of well-being: **prosperous**, **comfortable**, **mid-tier**, **at risk**, and **distressed**. The index allows us to explore disparities within and across cities and states, as well.
- The seven components of the index are:
  1. **No high school diploma:** Share of the 25 and older population without a high school diploma or equivalent.
  2. **Housing vacancy rate:** Share of habitable housing that is unoccupied, excluding properties that are for seasonal, recreational, or occasional use.
  3. **Adults not working:** Share of the prime-age (25-54) population that is not currently employed.
  4. **Poverty rate:** Share of the population below the poverty line.
  5. **Median income ratio:** Median household income as a share of metro area median household income (or state, for non-metro areas and all congressional districts).
  6. **Changes in employment:** Percent change in the number of jobs over the past five years.
  7. **Changes in establishments:** Percent change in the number of business establishments over the past five years.

Source: Economic Innovation Group, Methodology; https://eig.org/distressed-communities/?geo=states&lat=38.01&lon=-96.42&z=4.32&showAbout=true; data accessed August 27, 2025.

2025 Poverty Guidelines

2025 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
Persons in family/household	**Poverty guideline**
1	$15,650
2	$21,150
3	$26,650
4	$32,150
5	$37,650
6	$43,150
7	$48,650
8	$54,150
For families/households with more than 8 persons, add $5,500 for each additional person.	

Source: Poverty Guidelines, Office Of The Assistant Secretary For Planning and Evaluation, https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines; data accessed August 27, 2025.

HPSA AND MUA/P INFORMATION

Health Professional Shortage Areas

Background

- Health Professional Shortage Areas (HPSAs) are designations that indicate health care provider shortages in:
  - Primary care
  - Dental health
  - Mental health
- These shortages may be geographic-, population-, or facility-based:
  - Geographic Area: A shortage of providers for the entire population within a defined geographic area.
  - Population Groups: A shortage of providers for a specific population group(s) within a defined geographic area (e.g., low income, migrant farmworkers, and other groups)
  - Facilities:
    - Other Facility (OFAC)
    - Correctional Facility
    - State Mental Hospitals
    - Automatic Facility HPSAs (FQHCs, FQHC Look-A-Likes, Indian Health Facilities, HIS and Tribal Hospitals, Dual-funded Community Health Centers/Tribal Clinics, CMS-Certified Rural Health Clinics (RHCs) that meet National Health Service Corps (NHSC) site requirements)

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, filtered for Neosho County, KS, https://data.hrsa.gov/tools/shortage-area/hpsa-find; data accessed August 27, 2025.

Background (continued)

- HRSA reviews these applications to determine if they meet the eligibility criteria for designation. The main eligibility criterion is that the proposed designation meets a threshold ratio for population to providers.
- Once designated, HRSA scores HPSAs on a scale of 0-25 for primary care and mental health, and 0-26 for dental health, with higher scores indicating greater need.

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, filtered for Neosho County, KS, https://data.hrsa.gov/tools/shortage-area/hpsa-find; data accessed August 27, 2025.

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Primary Care	1202564140	NMRMC FAMILY MEDICINE	Rural Health Clinic	Kansas	Neosho County, KS		13	18	Designated	Rural	08/18/2019	09/10/2021

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
NMRMC FAMILY MEDICINE	1501 W 7th St	Chanute	KS	66720-2551	Neosho	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Mental Health	7209992024	NMRMC FAMILY MEDICINE	Rural Health Clinic	Kansas	Neosho County, KS		13	NA	Designated	Rural	04/27/2005	09/10/2021

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
NMRMC FAMILY MEDICINE	1501 W 7th St	Chanute	KS	66720-2551	Neosho	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Dental Health	6205549271	NMRMC FAMILY MEDICINE	Rural Health Clinic	Kansas	Neosho County, KS		17	NA	Designated	Rural	08/18/2019	09/10/2021

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
NMRMC FAMILY MEDICINE	1501 W 7th St	Chanute	KS	66720-2551	Neosho	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Primary Care	1209992088	COMMUNITY HEALTH CENTER OF SOUTHEAST KANSAS, INC.	Federally Qualified Health Center	Kansas	Crawford County, KS		21	19	Designated	Rural	10/26/2002	09/11/2021

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
CHC/OK Bartlesville Clinic	1223 Swan Dr	Bartlesville	OK	74006-5037	Washington	Rural
CHC/SEK Caney Valley High School	601 E Bullpup Blvd	Caney	KS	67333-2543	Montgomery	Rural
CHC/SEK Chetopa Schools	430 Elm St	Chetopa	KS	67336-8852	Labette	Rural
CHC/SEK Parsons Senior High School	3030 Morton Ave	Parsons	KS	67357-4417	Labette	Rural
CHC/SEK Pittsburg Middle School	1310 N Broadway St	Pittsburg	KS	66762-3040	Crawford	Rural
CHC/SEK South Pittsburg	1011 S Mount Carmel Pl	Pittsburg	KS	66762-6604	Crawford	Rural
CHC/SEK Southeast Elementary School	303 S Humbert	Weir	KS	66781-4214	Cherokee	Rural
CHC/SEK Southeast High School	126 W 400 Hwy	Cherokee	KS	66724-9606	Crawford	Rural
CHC/SEK Southeast Junior High School	206 W Magnolia St	Cherokee	KS	66724-5094	Crawford	Rural
CHC/SEK St. Paul Schools	318 1st St	Saint Paul	KS	66771-4081	Neosho	Rural
CHC/SEK's Field Kindley Student Health Center	1110 W 8th St	Coffeyville	KS	67337-4116	Montgomery	Rural
CHC/SEK/ Meadowlark	1602 E 20th St	Pittsburg	KS	66762-3464	Crawford	Rural
CHC/SEK/George Nettels	2012 S Homer St	Pittsburg	KS	66762-6322	Crawford	Rural
CHC/SEK/Labette County High School	601 S High School St	Altamont	KS	67330-3002	Labette	Rural
CHC/SEK/Lakeside	709 S College St	Pittsburg	KS	66762-5039	Crawford	Rural
CHC/SEK/Pittsburg High School	1978 E 4th St	Pittsburg	KS	66762-9100	Crawford	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
	Community Health Center of Miami	106 NW Veterans Blvd	Miami	OK	74354-1818	Ottawa				Rural		
	Community Health Center of Southeast Kansas Downtown	924 N Broadway St	Pittsburg	KS	66762-3910	Crawford				Rural		
	Community Health Center of Southeast Kansas Pittsburg State University Health Center	1801 N Broadway St	Pittsburg	KS	66762-2809	Crawford				Rural		
	Community Health Center of Southeast Kansas System Office	3015 N Michigan St	Pittsburg	KS	66762-2546	Crawford				Rural		
	Community Health Center of Southeast Kansas/Altamont Elementary	405 E 6th St	Altamont	KS	67330-9464	Labette				Rural		
	Community Health Center of Southeast Kansas/Arma	601 E Washington St	Arma	KS	66712-4001	Crawford				Rural		
	Community Health Center of Southeast Kansas/Bartlett Elementary	201 W 2nd St	Bartlett	KS	67332-3217	Labette				Rural		
	Community Health Center of Southeast Kansas/Baxter Springs	2990 Military Ave	Baxter Springs	KS	66713-2331	Cherokee				Rural		
	Community Health Center of Southeast Kansas/Baxter Springs High School	100 N Military Ave	Baxter Springs	KS	66713-1382	Cherokee				Rural		

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
	Community Health Center of Southeast Kansas/Central Elementary	810 S Highschool Ave	Columbus	KS	66725-1674			Cherokee		Rural		
	Community Health Center of Southeast Kansas/CES	102 Cline Rd	Coffeyville	KS	67337-3022			Montgomery		Rural		
	Community Health Center of Southeast Kansas/Chanute Elementary	500 Osa Martin Blvd	Chanute	KS	66720-1855			Neosho		Rural		
	Community Health Center of Southeast Kansas/Coffeyville	801 W 8th St	Coffeyville	KS	67337-4109			Montgomery		Rural		
	Community Health Center of Southeast Kansas/Columbus	101 W Sycamore St	Columbus	KS	66725-1276			Cherokee		Rural		
	Community Health Center of Southeast Kansas/Columbus High School	124 S Highschool Ave	Columbus	KS	66725-1159			Cherokee		Rural		
	Community Health Center of Southeast Kansas/Edna Elementary	200 W Myrtle St	Edna	KS	67342-4223			Labette		Rural		
	Community Health Center of Southeast Kansas/Fort Scott	2322 S Main St	Fort Scott	KS	66701-3026			Bourbon		Rural		
	Community Health Center of Southeast Kansas/Four County Mental Health	3354 Highway 160	Independence	KS	67301-7841			Montgomery		Rural		
	Community Health Center of Southeast Kansas/Humboldt	1216 Hawaii Rd	Humboldt	KS	66748-1390			Allen		Rural		

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
	Community Health Center of Southeast Kansas/Iola	2051 N State St	Iola	KS		66749-1677			Allen		Rural	
	Community Health Center of Southeast Kansas/Iola Elementary School	203 N Kentucky St	Iola	KS		66749-2527			Allen		Rural	
	Community Health Center of Southeast Kansas/La Cygne	1017 E Market St	La Cygne	KS		66040-9102			Linn		Rural	
	Community Health Center of Southeast Kansas/Liberty Elementary School	702 E 7th St	Galena	KS		66739-1704			Cherokee		Rural	
	Community Health Center of Southeast Kansas/Meadow View Elementary	1377 21000 Rd	Parsons	KS		67357-8080			Labette		Rural	
	Community Health Center of Southeast Kansas/Mound City	302 N 1st St	Mound City	KS		66056-5279			Linn		Rural	
	Community Health Center of Southeast Kansas/Mound Valley Elementary	402 Walnut St	Mound Valley	KS		67354-9322			Labette		Rural	
	Community Health Center of Southeast Kansas/Neosho Heights Elementary	100 Oregon St	Oswego	KS		67356-1451			Labette		Rural	
	Community Health Center of Southeast Kansas/Oswego Junior-Senior High School	1501 Tomahawk Trl	Oswego	KS		67356			Labette		Rural	

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
	Community Health Center of Southeast Kansas/Parsons	2100 Commerce Dr	Parsons	KS	67357-4951		Labette			Rural		
	Community Health Center of Southeast Kansas/Pleasanton	11155 Tucker Rd	Pleasanton	KS	66075-8401		Linn			Rural		
	Community Health Center of Southeast Kansas/Service Valley Charter Academy	21102 Wallace Rd	Parsons	KS	67357-8419		Labette			Rural		
	COMMUNITY HEALTH CENTER OF SOUTHEAST KS	3011 N Michigan St	Pittsburg	KS	66762-2546		Crawford			Rural		
	Community Health Center of Wyandotte Schools	7 1st St	Wyandotte	OK	74370		Ottawa			Rural		
	Frank Layden Elementary School	200 E Lanyon St	Frontenac	KS	66763-2478		Crawford			Rural		
	Frontenac High School	201 S Crawford St	Frontenac	KS	66763-2420		Crawford			Rural		
	Frontenac Junior High School	208 S Cayuga St	Frontenac	KS	66763-2410		Crawford			Rural		
	Kid Care Connection	3011 N Michigan St	Pittsburg	KS	66762-2546		Crawford			Rural		
	Northeast High School	1003 E South St	Arma	KS	66712-4027		Crawford			Rural		
	Northeast Junior High/Elementary School	201 N West St	Arma	KS	66712-9549		Crawford			Rural		
	Pheasant Ridge Community Health Center of Southeast Kansas	312 S Maple St	Garnett	KS	66032-1333		Anderson			Rural		
Mental Health	7209992026	COMMUNITY HEALTH CENTER OF SOUTHEAST KANSAS, INC.	Federally Qualified Health Center	Kansas	Crawford County, KS		22	NA	Designated	Rural	10/26/2002	09/11/2021

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
CHC/OK Bartlesville Clinic	1223 Swan Dr	Bartlesville	OK	74006-5037	Washington	Rural
CHC/SEK Caney Valley High School	601 E Bullpup Blvd	Caney	KS	67333-2543	Montgomery	Rural
CHC/SEK Chetopa Schools	430 Elm St	Chetopa	KS	67336-8852	Labette	Rural
CHC/SEK Parsons Senior High School	3030 Morton Ave	Parsons	KS	67357-4417	Labette	Rural
CHC/SEK Pittsburg Middle School	1310 N Broadway St	Pittsburg	KS	66762-3040	Crawford	Rural
CHC/SEK South Pittsburg	1011 S Mount Carmel Pl	Pittsburg	KS	66762-6604	Crawford	Rural
CHC/SEK Southeast Elementary School	303 S Humbert	Weir	KS	66781-4214	Cherokee	Rural
CHC/SEK Southeast High School	126 W 400 Hwy	Cherokee	KS	66724-9606	Crawford	Rural
CHC/SEK Southeast Junior High School	206 W Magnolia St	Cherokee	KS	66724-5094	Crawford	Rural
CHC/SEK St. Paul Schools	318 1st St	Saint Paul	KS	66771-4081	Neosho	Rural
CHC/SEK's Field Kindley Student Health Center	1110 W 8th St	Coffeyville	KS	67337-4116	Montgomery	Rural
CHC/SEK/ Meadowlark	1602 E 20th St	Pittsburg	KS	66762-3464	Crawford	Rural
CHC/SEK/George Nettels	2012 S Homer St	Pittsburg	KS	66762-6322	Crawford	Rural
CHC/SEK/Labette County High School	601 S High School St	Altamont	KS	67330-3002	Labette	Rural
CHC/SEK/Lakeside	709 S College St	Pittsburg	KS	66762-5039	Crawford	Rural
CHC/SEK/Pittsburg High School	1978 E 4th St	Pittsburg	KS	66762-9100	Crawford	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
	Community Health Center of Miami	106 NW Veterans Blvd	Miami	OK	74354-1818	Ottawa				Rural		
	Community Health Center of Southeast Kansas Downtown	924 N Broadway St	Pittsburg	KS	66762-3910	Crawford				Rural		
	Community Health Center of Southeast Kansas Pittsburg State University Health Center	1801 N Broadway St	Pittsburg	KS	66762-2809	Crawford				Rural		
	Community Health Center of Southeast Kansas System Office	3015 N Michigan St	Pittsburg	KS	66762-2546	Crawford				Rural		
	Community Health Center of Southeast Kansas/Altamont Elementary	405 E 6th St	Altamont	KS	67330-9464	Labette				Rural		
	Community Health Center of Southeast Kansas/Arma	601 E Washington St	Arma	KS	66712-4001	Crawford				Rural		
	Community Health Center of Southeast Kansas/Bartlett Elementary	201 W 2nd St	Bartlett	KS	67332-3217	Labette				Rural		
	Community Health Center of Southeast Kansas/Baxter Springs	2990 Military Ave	Baxter Springs	KS	66713-2331	Cherokee				Rural		
	Community Health Center of Southeast Kansas/Baxter Springs High School	100 N Military Ave	Baxter Springs	KS	66713-1382	Cherokee				Rural		

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
	Community Health Center of Southeast Kansas/Central Elementary	810 S Highschool Ave	Columbus	KS	66725-1674			Cherokee		Rural		
	Community Health Center of Southeast Kansas/CES	102 Cline Rd	Coffeyville	KS	67337-3022			Montgomery		Rural		
	Community Health Center of Southeast Kansas/Chanute Elementary	500 Osa Martin Blvd	Chanute	KS	66720-1855			Neosho		Rural		
	Community Health Center of Southeast Kansas/Coffeyville	801 W 8th St	Coffeyville	KS	67337-4109			Montgomery		Rural		
	Community Health Center of Southeast Kansas/Columbus	101 W Sycamore St	Columbus	KS	66725-1276			Cherokee		Rural		
	Community Health Center of Southeast Kansas/Columbus High School	124 S Highschool Ave	Columbus	KS	66725-1159			Cherokee		Rural		
	Community Health Center of Southeast Kansas/Edna Elementary	200 W Myrtle St	Edna	KS	67342-4223			Labette		Rural		
	Community Health Center of Southeast Kansas/Fort Scott	2322 S Main St	Fort Scott	KS	66701-3026			Bourbon		Rural		
	Community Health Center of Southeast Kansas/Four County Mental Health	3354 Highway 160	Independence	KS	67301-7841			Montgomery		Rural		
	Community Health Center of Southeast Kansas/Humboldt	1216 Hawaii Rd	Humboldt	KS	66748-1390			Allen		Rural		

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
	Community Health Center of Southeast Kansas/Iola	2051 N State St	Iola	KS		66749-1677			Allen		Rural	
	Community Health Center of Southeast Kansas/Iola Elementary School	203 N Kentucky St	Iola	KS		66749-2527			Allen		Rural	
	Community Health Center of Southeast Kansas/La Cygne	1017 E Market St	La Cygne	KS		66040-9102			Linn		Rural	
	Community Health Center of Southeast Kansas/Liberty Elementary School	702 E 7th St	Galena	KS		66739-1704			Cherokee		Rural	
	Community Health Center of Southeast Kansas/Meadow View Elementary	1377 21000 Rd	Parsons	KS		67357-8080			Labette		Rural	
	Community Health Center of Southeast Kansas/Mound City	302 N 1st St	Mound City	KS		66056-5279			Linn		Rural	
	Community Health Center of Southeast Kansas/Mound Valley Elementary	402 Walnut St	Mound Valley	KS		67354-9322			Labette		Rural	
	Community Health Center of Southeast Kansas/Neosho Heights Elementary	100 Oregon St	Oswego	KS		67356-1451			Labette		Rural	
	Community Health Center of Southeast Kansas/Oswego Junior-Senior High School	1501 Tomahawk Trl	Oswego	KS		67356			Labette		Rural	

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
	Community Health Center of Southeast Kansas/Parsons	2100 Commerce Dr	Parsons	KS	67357-4951	Labette				Rural		
	Community Health Center of Southeast Kansas/Pleasanton	11155 Tucker Rd	Pleasanton	KS	66075-8401	Linn				Rural		
	Community Health Center of Southeast Kansas/Service Valley Charter Academy	21102 Wallace Rd	Parsons	KS	67357-8419	Labette				Rural		
	COMMUNITY HEALTH CENTER OF SOUTHEAST KS	3011 N Michigan St	Pittsburg	KS	66762-2546	Crawford				Rural		
	Community Health Center of Wyandotte Schools	7 1st St	Wyandotte	OK	74370	Ottawa				Rural		
	Frank Layden Elementary School	200 E Lanyon St	Frontenac	KS	66763-2478	Crawford				Rural		
	Frontenac High School	201 S Crawford St	Frontenac	KS	66763-2420	Crawford				Rural		
	Frontenac Junior High School	208 S Cayuga St	Frontenac	KS	66763-2410	Crawford				Rural		
	Kid Care Connection	3011 N Michigan St	Pittsburg	KS	66762-2546	Crawford				Rural		
	Northeast High School	1003 E South St	Arma	KS	66712-4027	Crawford				Rural		
	Northeast Junior High/Elementary School	201 N West St	Arma	KS	66712-9549	Crawford				Rural		
	Pheasant Ridge Community Health Center of Southeast Kansas	312 S Maple St	Garnett	KS	66032-1333	Anderson				Rural		
Dental Health	6209992069	COMMUNITY HEALTH CENTER OF SOUTHEAST KANSAS, INC.	Federally Qualified Health Center	Kansas	Crawford County, KS		25	NA	Designated	Rural	10/26/2002	09/11/2021

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
CHC/OK Bartlesville Clinic	1223 Swan Dr	Bartlesville	OK	74006-5037	Washington	Rural
CHC/SEK Caney Valley High School	601 E Bullpup Blvd	Caney	KS	67333-2543	Montgomery	Rural
CHC/SEK Chetopa Schools	430 Elm St	Chetopa	KS	67336-8852	Labette	Rural
CHC/SEK Parsons Senior High School	3030 Morton Ave	Parsons	KS	67357-4417	Labette	Rural
CHC/SEK Pittsburg Middle School	1310 N Broadway St	Pittsburg	KS	66762-3040	Crawford	Rural
CHC/SEK South Pittsburg	1011 S Mount Carmel Pl	Pittsburg	KS	66762-6604	Crawford	Rural
CHC/SEK Southeast Elementary School	303 S Humbert	Weir	KS	66781-4214	Cherokee	Rural
CHC/SEK Southeast High School	126 W 400 Hwy	Cherokee	KS	66724-9606	Crawford	Rural
CHC/SEK Southeast Junior High School	206 W Magnolia St	Cherokee	KS	66724-5094	Crawford	Rural
CHC/SEK St. Paul Schools	318 1st St	Saint Paul	KS	66771-4081	Neosho	Rural
CHC/SEK's Field Kindley Student Health Center	1110 W 8th St	Coffeyville	KS	67337-4116	Montgomery	Rural
CHC/SEK/ Meadowlark	1602 E 20th St	Pittsburg	KS	66762-3464	Crawford	Rural
CHC/SEK/George Nettels	2012 S Homer St	Pittsburg	KS	66762-6322	Crawford	Rural
CHC/SEK/Labette County High School	601 S High School St	Altamont	KS	67330-3002	Labette	Rural
CHC/SEK/Lakeside	709 S College St	Pittsburg	KS	66762-5039	Crawford	Rural
CHC/SEK/Pittsburg High School	1978 E 4th St	Pittsburg	KS	66762-9100	Crawford	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
	Community Health Center of Miami	106 NW Veterans Blvd	Miami	OK	74354-1818	Ottawa				Rural		
	Community Health Center of Southeast Kansas Downtown	924 N Broadway St	Pittsburg	KS	66762-3910	Crawford				Rural		
	Community Health Center of Southeast Kansas Pittsburg State University Health Center	1801 N Broadway St	Pittsburg	KS	66762-2809	Crawford				Rural		
	Community Health Center of Southeast Kansas System Office	3015 N Michigan St	Pittsburg	KS	66762-2546	Crawford				Rural		
	Community Health Center of Southeast Kansas/Altamont Elementary	405 E 6th St	Altamont	KS	67330-9464	Labette				Rural		
	Community Health Center of Southeast Kansas/Arma	601 E Washington St	Arma	KS	66712-4001	Crawford				Rural		
	Community Health Center of Southeast Kansas/Bartlett Elementary	201 W 2nd St	Bartlett	KS	67332-3217	Labette				Rural		
	Community Health Center of Southeast Kansas/Baxter Springs	2990 Military Ave	Baxter Springs	KS	66713-2331	Cherokee				Rural		
	Community Health Center of Southeast Kansas/Baxter Springs High School	100 N Military Ave	Baxter Springs	KS	66713-1382	Cherokee				Rural		

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
	Community Health Center of Southeast Kansas/Central Elementary	810 S Highschool Ave	Columbus	KS	66725-1674			Cherokee		Rural		
	Community Health Center of Southeast Kansas/CES	102 Cline Rd	Coffeyville	KS	67337-3022			Montgomery		Rural		
	Community Health Center of Southeast Kansas/Chanute Elementary	500 Osa Martin Blvd	Chanute	KS	66720-1855			Neosho		Rural		
	Community Health Center of Southeast Kansas/Coffeyville	801 W 8th St	Coffeyville	KS	67337-4109			Montgomery		Rural		
	Community Health Center of Southeast Kansas/Columbus	101 W Sycamore St	Columbus	KS	66725-1276			Cherokee		Rural		
	Community Health Center of Southeast Kansas/Columbus High School	124 S Highschool Ave	Columbus	KS	66725-1159			Cherokee		Rural		
	Community Health Center of Southeast Kansas/Edna Elementary	200 W Myrtle St	Edna	KS	67342-4223			Labette		Rural		
	Community Health Center of Southeast Kansas/Fort Scott	2322 S Main St	Fort Scott	KS	66701-3026			Bourbon		Rural		
	Community Health Center of Southeast Kansas/Four County Mental Health	3354 Highway 160	Independence	KS	67301-7841			Montgomery		Rural		
	Community Health Center of Southeast Kansas/Humboldt	1216 Hawaii Rd	Humboldt	KS	66748-1390			Allen		Rural		

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
	Community Health Center of Southeast Kansas/Iola	2051 N State St	Iola	KS		66749-1677			Allen		Rural	
	Community Health Center of Southeast Kansas/Iola Elementary School	203 N Kentucky St	Iola	KS		66749-2527			Allen		Rural	
	Community Health Center of Southeast Kansas/La Cygne	1017 E Market St	La Cygne	KS		66040-9102			Linn		Rural	
	Community Health Center of Southeast Kansas/Liberty Elementary School	702 E 7th St	Galena	KS		66739-1704			Cherokee		Rural	
	Community Health Center of Southeast Kansas/Meadow View Elementary	1377 21000 Rd	Parsons	KS		67357-8080			Labette		Rural	
	Community Health Center of Southeast Kansas/Mound City	302 N 1st St	Mound City	KS		66056-5279			Linn		Rural	
	Community Health Center of Southeast Kansas/Mound Valley Elementary	402 Walnut St	Mound Valley	KS		67354-9322			Labette		Rural	
	Community Health Center of Southeast Kansas/Neosho Heights Elementary	100 Oregon St	Oswego	KS		67356-1451			Labette		Rural	
	Community Health Center of Southeast Kansas/Oswego Junior-Senior High School	1501 Tomahawk Trl	Oswego	KS		67356			Labette		Rural	

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
	Community Health Center of Southeast Kansas/Parsons	2100 Commerce Dr	Parsons	KS	67357-4951	Labette			Rural			
	Community Health Center of Southeast Kansas/Pleasanton	11155 Tucker Rd	Pleasanton	KS	66075-8401	Linn			Rural			
	Community Health Center of Southeast Kansas/Service Valley Charter Academy	21102 Wallace Rd	Parsons	KS	67357-8419	Labette			Rural			
	COMMUNITY HEALTH CENTER OF SOUTHEAST KS	3011 N Michigan St	Pittsburg	KS	66762-2546	Crawford			Rural			
	Community Health Center of Wyandotte Schools	7 1st St	Wyandotte	OK	74370	Ottawa			Rural			
	Frank Layden Elementary School	200 E Lanyon St	Frontenac	KS	66763-2478	Crawford			Rural			
	Frontenac High School	201 S Crawford St	Frontenac	KS	66763-2420	Crawford			Rural			
	Frontenac Junior High School	208 S Cayuga St	Frontenac	KS	66763-2410	Crawford			Rural			
	Kid Care Connection	3011 N Michigan St	Pittsburg	KS	66762-2546	Crawford			Rural			
	Northeast High School	1003 E South St	Arma	KS	66712-4027	Crawford			Rural			
	Northeast Junior High/Elementary School	201 N West St	Arma	KS	66712-9549	Crawford			Rural			
	Pheasant Ridge Community Health Center of Southeast Kansas	312 S Maple St	Garnett	KS	66032-1333	Anderson			Rural			
Primary Care	1208695403	ST PAUL RURAL HEALTH CLINIC	Rural Health Clinic	Kansas	Neosho County, KS		17	17	Designated	Rural	02/11/2020	09/11/2021

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Mental Health	7209376028	ST PAUL RURAL HEALTH CLINIC	Rural Health Clinic	Kansas	Neosho County, KS		18	NA	Designated	Rural	02/11/2020	09/11/2021

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
ST PAUL RURAL HEALTH CLINIC	200 Carroll St	Saint Paul	KS	66771-4044	Neosho	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Dental Health	6207263226	ST PAUL RURAL HEALTH CLINIC	Rural Health Clinic	Kansas	Neosho County, KS		17	NA	Designated	Rural	02/11/2020	09/11/2021

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
ST PAUL RURAL HEALTH CLINIC	200 Carroll St	Saint Paul	KS	66771-4044	Neosho	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Primary Care	1201425871	NMRMC ERIE FAMILY CARE CLINIC	Rural Health Clinic	Kansas	Neosho County, KS		17	18	Designated	Rural	02/11/2020	09/11/2021

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
NMRMC ERIE FAMILY CARE CLINIC	13920 Highway 59	Erie	KS	66733-5001	Neosho	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Mental Health	7208714635	NMRMC ERIE FAMILY CARE CLINIC	Rural Health Clinic	Kansas	Neosho County, KS		15	NA	Designated	Rural	02/11/2020	09/11/2021

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
NMRMC ERIE FAMILY CARE CLINIC	13920 Highway 59	Erie	KS	66733-5001	Neosho	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Dental Health	6202152427	NMRMC ERIE FAMILY CARE CLINIC	Rural Health Clinic	Kansas	Neosho County, KS		17	NA	Designated	Rural	02/11/2020	09/11/2021

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
NMRMC ERIE FAMILY CARE CLINIC	13920 Highway 59	Erie	KS	66733-5001	Neosho	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Primary Care	1208031422	LABETTE HEALTH ERIE CLINIC	Rural Health Clinic	Kansas	Neosho County, KS		17	17	Designated	Rural	02/11/2020	09/11/2021

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
LABETTE HEALTH ERIE CLINIC	324 S Main St	Erie	KS	66733-1439	Neosho	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Mental Health	7209805222	LABETTE HEALTH ERIE CLINIC	Rural Health Clinic	Kansas	Neosho County, KS		14	NA	Designated	Rural	02/11/2020	09/11/2021

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
LABETTE HEALTH ERIE CLINIC	324 S Main St	Erie	KS	66733-1439	Neosho	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Dental Health	6206495202	LABETTE HEALTH ERIE CLINIC	Rural Health Clinic	Kansas	Neosho County, KS		17	NA	Designated	Rural	02/11/2020	09/11/2021

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
LABETTE HEALTH ERIE CLINIC	324 S Main St	Erie	KS	66733-1439	Neosho	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Primary Care	1204261092	LABETTE HEALTH CHANUTE CLINIC AND EXPRESS CARE	Rural Health Clinic	Kansas	Neosho County, KS		13	18	Designated	Rural	02/11/2020	09/11/2021

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
LABETTE HEALTH CHANUTE CLINIC AND EXPRESS CARE	2613 S Santa Fe Ave	Chanute	KS	66720-3206	Neosho	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Mental Health	7204672223	LABETTE HEALTH CHANUTE CLINIC AND EXPRESS CARE	Rural Health Clinic	Kansas	Neosho County, KS		14	NA	Designated	Rural	02/11/2020	09/11/2021

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
LABETTE HEALTH CHANUTE CLINIC AND EXPRESS CARE	2613 S Santa Fe Ave	Chanute	KS	66720-3206	Neosho	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Dental Health	6208335060	LABETTE HEALTH CHANUTE CLINIC AND EXPRESS CARE	Rural Health Clinic	Kansas	Neosho County, KS		17	NA	Designated	Rural	02/11/2020	09/11/2021

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
LABETTE HEALTH CHANUTE CLINIC AND EXPRESS CARE	2613 S Santa Fe Ave	Chanute	KS	66720-3206	Neosho	Rural

Primary Care	1205344569	LI - Neosho County	Low Income Population HPSA	Kansas	Neosho County, KS	0.915	14	17	Designated	Rural	02/03/2022	02/03/2022

Component State Name	Component County Name	Component Name	Component Type	Component GEOID	Component Rural Status
Kansas	Neosho	Neosho	Single County	20133	Rural

Mental Health	7204771085	MHCA 7	Geographic HPSA	Kansas	Allen County, KS | Anderson County, KS | Bourbon County, KS | Linn County, KS | Neosho County, KS | Woodson County, KS	3.11	19	NA	Designated	Rural	04/15/2022	04/15/2022

Component State Name	Component County Name	Component Name	Component Type	Component GEOID	Component Rural Status
Kansas	Allen	Allen	Single County	20001	Rural
Kansas	Anderson	Anderson	Single County	20003	Rural
Kansas	Bourbon	Bourbon	Single County	20011	Rural
Kansas	Linn	Linn	Single County	20107	Rural
Kansas	Neosho	Neosho	Single County	20133	Rural
Kansas	Woodson	Woodson	Single County	20207	Rural

Medically Underserved Areas/Populations

Background

- Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty or a high elderly population.
- MUAs have a shortage of primary care services for residents within a geographic area such as:
  - A whole county
  - A group of neighboring counties
  - A group or urban census tracts
  - A group of county or civil divisions
- MUPs are specific sub-groups of people living in a defined geographic area with a shortage of primary care services. These groups may face economic, cultural, or linguistic barriers to health care. Examples include, but are not limited to:
  - Homeless
  - Low income
  - Medicaid eligible
  - Native American
  - Migrant farmworkers

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, filtered for Neosho County, KS, https://data.hrsa.gov/tools/shortage-area/mua-find; data accessed August 27, 2025.

Medically Underserved Areas/Populations

Background (continued)

- The Index of Medical Underservice (IMU) is applied to data on a service area to obtain a score for the area. IMU is calculated based on four criteria:
  1. Population to provider ratio
  2. Percent of the population below the federal poverty level
  3. Percent of the population over age 65
  4. Infant mortality rate
- The IMU scale is from 1 to 100, where 0 represents 'completely underserved' and 100 represents 'best served' or 'least underserved.'
- Each service area or population group found to have an IMU of 62.0 or less qualifies for designation as a Medically Underserved Area or Medically Underserved Population.

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, filtered for Neosho County, KS, https://data.hrsa.gov/tools/shortage-area/mua-find; data accessed August 27, 2025.

Discipline	MUA/P ID	Service Area Name	Designation Type	Primary State Name	County	Index of Medical Underservice Score	Status	Rural Status	Designation Date	Update Date
Primary Care	01208	Chetopa Service Area	Medically Underserved Area	Kansas	Neosho County, KS	57.2	Designated	Rural	05/11/1994	05/11/1994

Component State Name	Component County Name	Component Name	Component Type	Component GEOID	Component Rural Status
Kansas	Neosho	Chetopa	County Subdivision	2013312975	Rural

PRIORITY BALLOT

Prioritization Ballot

Upon reviewing the comprehensive preliminary findings report for the 2025 Neosho Memorial Regional Medical Center (NMRMC) Community Health Needs Assessment (CHNA), we have identified the following needs for the NMRMC CHNA Team to prioritize *in order of importance.*

Please review the following criteria (Size and Prevalence of the Issue, Effectiveness of Interventions and NMRMC Capacity) that we would like for you to use when identifying the top community health priorities for NMRMC, then cast 3 votes for each priority.

1. Size and Prevalence of the Issue

In thinking about the "Size and Prevalence" of the health need identified, ask yourself the following questions listed below to figure out if the overall magnitude of the health issue should be ranked as a "1" (least important) or a "5" (most important).

a. How many people does this affect?
b. How does the prevalence of this issue in our communities compare with its prevalence in other counties or the state?
c. How serious are the consequences? (urgency; severity; economic loss)

2. Effectiveness of Interventions

In thinking about the "Effectiveness of Interventions" of the health need identified, ask yourself the following questions listed below to figure out if the overall magnitude of the health issue should be ranked as a "1" (least important) or a "5" (most important).

a. How likely is it that actions taken by NMRMC will make a difference?
b. How likely is it that actions taken by NMRMC will improve quality of life?
c. How likely is it that progress can be made in both the short term and the long term?
d. How likely is it that the community will experience reduction of long-term health cost?

3. NMRMC Capacity

In thinking about the Capacity of NMRMC to address the health need identified, ask yourself the following questions listed below to figure out if the overall magnitude of the health issue should be ranked as a "1" (least important) or a "5" (most important).

a. Are people at NMRMC likely to support actions around this issue? (ready)
b. Will it be necessary to change behaviors and attitudes in relation to this issue? (willing)
c. Are the necessary resources and leadership available to us now? (able)

Please note that the identified health needs below are in alphabetical order for now, and will be shifted in order of importance once they are ranked by the CHNA Team.

* 1. Access to Mental and Behavioral Health Care Services and Providers

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	○	○	○	○	○
Effectiveness of Interventions	○	○	○	○	○
NMRMC Capacity	○	○	○	○	○

* 2. Continued Emphasis on Healthcare Workforce Recruitment and Retention to Improve Access to Primary and Specialty Care

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	○	○	○	○	○
Effectiveness of Interventions	○	○	○	○	○
NMRMC Capacity	○	○	○	○	○

* 3. Increased Emphasis on Addressing Vital Conditions

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	○	○	○	○	○
Effectiveness of Interventions	○	○	○	○	○
NMRMC Capacity	○	○	○	○	○

* 4. Prevention, Education and Services to Increase Community Awareness and Address Preventable Conditions and Unhealthy Lifestyles

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	○	○	○	○	○
Effectiveness of Interventions	○	○	○	○	○
NMRMC Capacity	○	○	○	○	○

* 5. When thinking about the above needs, are there any on this list that you DO NOT feel that NMRMC could/would work on over the next 3 years?

	Yes, we could/should work on this issue.	No, we cannot/should not work on this issue.
Access to Mental and Behavioral Health Care Services and Providers	○	○
Continued Emphasis on Healthcare Workforce Recruitment and Retention to Improve Access to Primary and Specialty Care	○	○
Increased Emphasis on Addressing Vital Conditions	○	○
Prevention, Education and Services to Increase Community Awareness and Address Preventable Conditions and Unhealthy Lifestyles	○	○

Section 2:

Implementation Plan

2025 Community Health Needs Assessment

Implementation Plan

Approved by Neosho Memorial Regional Medical Center Board

November 20, 2025

A comprehensive, six-step community health needs assessment (“CHNA”) was conducted for Neosho Memorial Regional Medical Center (NMRMC) by Community Hospital Consulting (CHC Consulting). This CHNA utilizes relevant health data and stakeholder input to identify the significant community health needs in Neosho County, Kansas.

The CHNA Team, consisting of leadership from NMRMC, reviewed the research findings in September 2025 to prioritize the community health needs. Four significant community health needs were identified by assessing the prevalence of the issues identified from the health data findings combined with the frequency and severity of mentions in community input.

The list of prioritized needs, in descending order, is listed below.
1.) Continued Emphasis on Healthcare Workforce Recruitment and Retention to Improve Access to Primary and Specialty Care
2.) Prevention, Education and Services to Increase Community Awareness and Address Preventable Conditions and Unhealthy Lifestyles
3.) Access to Mental and Behavioral Health Care Services and Providers
4.) Increased Emphasis on Addressing Vital Conditions

The CHNA Team participated in a prioritization process using a structured matrix to rank the community health needs based on three characteristics: size and prevalence of the issue, effectiveness of interventions, and their capacity to address the need. Once this prioritization process was complete, NMRMC leadership discussed the results and decided to address three of the prioritized needs in various capacities through a hospital specific implementation plan. While NMRMC acknowledges that "Access to Mental and Behavioral Health Care Services and Providers" is a significant need in the community, it is not addressed largely due to the fact that it is not a core business function of the facility and the limited capacity of the hospital to address this need. NMRMC will continue to support local organizations and efforts to address this need in the community.

Through collaboration, engagement and partnership with the community, NMRMC will address the remaining priorities with a specific focus on reducing health disparities among subpopulations. Hospital leadership has developed an implementation plan to identify specific activities and services which directly address the identified priorities. The objectives were identified by studying the prioritized health needs, within the context of the hospital’s overall strategic plan and the availability of finite resources. The plan includes a rationale for each priority, followed by objectives, specific implementation activities, responsible leaders, and annual updates and progress (as appropriate).

The NMRMC Board reviewed and adopted the 2025 Community Health Needs Assessment and Implementation Plan on November 20, 2025.

Priority #1: Continued Emphasis on Healthcare Workforce Recruitment and Retention to Improve Access to Primary and Specialty Care

Rationale

Data suggests Neosho County has a higher ratio of population per primary care physician and per dental care provider as compared to the state and the nation. Additionally, Neosho County has several Health Professional Shortage Area designations as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

The Neosho Memorial Regional Medical Center 2025 CHNA survey results showed that fifty percent or more of respondents indicated a need to recruit more health care providers as a top public health initiative in the community. With regards to barriers to accessing specialty and dental care, respondents selected an insufficient number of providers and long wait times for an appointment as a top barrier to accessing care. For specialty care, specifically, respondents also noted a lack of access due to provider distance as a significant barrier. Respondents listed cardiology, neurology, endocrinology, OB/GYN, orthopedic surgery, otolaryngology, pulmonology and hematology/oncology as the top providers and services that are needed or desired. Respondents emphasized in additional commentary that residents often struggle to access needed services due to limited local specialists, long appointment wait times, and the inconvenience of relying on visiting providers. Many noted that patients must travel to larger cities for procedures or specialty appointments, which poses barriers for those with transportation or schedule constraints.

When thinking about obstacles that affect the transition of care between healthcare settings or providers, survey respondents indicated limited staff capacity and time to support coordination efforts (within practices and across the community) and poor communication and coordination among regional and local healthcare facilities and providers as significant barriers. When respondents were asked why individuals in the community might choose to use the emergency room rather than a clinic or urgent care for non-emergent needs, one of the top answers was due to the lack of an established relationship with a primary care provider.

Priority #1: Continued Emphasis on Healthcare Workforce Recruitment and Retention to Improve Access to Primary and Specialty Care

Implementation Activities

- NMRMC continues to strengthen access to care across the community by expanding primary and specialty services through ongoing education and outreach efforts to promote utilization of available resources.
- NMRMC will continue to evaluate opportunities to recruit appropriate providers to the community based upon information from market assessment reports and medical staff development plans.
- NMRMC continues to provide high quality, safe maternal health care services through the recruitment and retention of board-certified OB/GYNs, family medicine physicians, pediatricians, and specially trained OB nurses. As one of the only remaining facilities in eastern Kansas still offering OB services, NMRMC ensures continued local access to comprehensive, family-centered maternity care from prenatal education and labor support to postpartum and lactation assistance.
- NMRMC will explore new technology services to provide better access for patients as needed.
    a. Current Examples: AI, telehealth
- NMRMC will continue to serve as a teaching facility and allow for students pursuing health-related careers to rotate through the facility in a variety of programs.
    a. Current Examples: Nursing, Imaging, Physical Therapy, Occupational Therapy, Family Practice rural rotations, APPs, Respiratory Therapy
- NMRMC staff will serve on allied health college advisory boards to further collaboration and growth in the healthcare workforce.
    a. Current Examples: NCCC School of Nursing, LCCC RT, EMT, Imaging and Nursing programs, Coffeyville Community College, paramedic program.
- NMRMC is pursuing collaborations with local schools and community partners to educate youth on healthcare career opportunities at an early age through community fairs, school events, and classroom presentations.
- NMRMC highlights outstanding employees through nominations and award recognitions to celebrate staff contributions across departments. The hospital continues to explore opportunities to expand these recognition efforts to further support employee engagement and retention.
    a. Current Examples: High Performing Staff Award, DAISY Award, social media recognition, service team recognition of long and short term staff, Grateful Patient Program
- NMRMC is committed to supporting the professional growth and career advancement of our employees. Through our scholarship program, we provide financial assistance to team members who are pursuing further education in fields that are difficult to recruit. NMRMC also offers free certification courses on-site to help clinical staff advance their skills.
- NMRMC promotes employee wellness through screenings and appropriate preventive care, healthy living education, safety training and use of health benefits including Tria chronic conditions management (i.e. hypertension, diabetes).

Priority #2: Prevention, Education and Services to Increase Community Awareness and Address Preventable Conditions and Unhealthy Lifestyles

Rationale

Data suggests that higher rates of specific mortality causes and unhealthy behaviors warrant a need for increased preventive education and services to improve the health of the community. Heart disease and cancer are the two leading causes of death in Neosho County and the state. Neosho County has higher mortality rates than Kansas for the following causes of death: diseases of the heart; malignant neoplasms; COVID-19; chronic lower respiratory diseases; cerebrovascular diseases; accidents (unintentional injuries); colon and rectum cancer; and lung and bronchus cancer.

Neosho County has higher percentages of chronic conditions, such as diabetes for both the adult and Medicare population, obesity for the adult population, high blood pressure for the Medicare population and arthritis for the adult population, and those who stated they have a disability for the adult population, than the state. Neosho County has higher percentages of residents participating in unhealthy lifestyle behaviors, such as physical inactivity, binge drinking and smoking, than the state. With regards to maternal and child health, Neosho County has a higher teen (age 15-19 years) birth rate than the state. Data suggests that Neosho County residents are not appropriately seeking preventive care services, such as timely receiving the flu vaccine and the pneumonia vaccine for the Medicare population.

The Neosho Memorial Regional Medical Center 2025 CHNA survey results indicate that fifty percent or more of respondents selected health promotion and preventive education and improving access to healthy food as top public health initiatives in the community. Survey respondents selected obesity among adults as a top five health concern in the community. Respondents also selected understanding health insurance options/health insurance plans, nutrition/dietary programs and health fairs/screening events as three of the top five health education, promotion, and preventative services lacking in the community. The internet is the primary source of health education for the community, followed by social media.

Survey respondents emphasized the need for stronger prevention and education efforts to address widespread unhealthy lifestyles and chronic disease. Many noted that while some community resources exist, there is limited awareness and outreach, leaving residents unaware of available programs or how to access them. Comments highlighted concerns about obesity, poverty and barriers to affordable preventive care and fitness opportunities. Respondents also called for expanded health education, particularly around chronic conditions and STI prevention, and stressed the importance of meeting people “where they are” through more accessible, well-promoted community programs and services.

Priority #2: Prevention, Education and Services to Increase Community Awareness and Address Preventable Conditions and Unhealthy Lifestyles

Implementation Activities

- NMRMC will continue to increase educational opportunities for the public concerning wellness topics and health risk concerns, host various support and educational groups at the facility, and support and participate in local health-related events to highlight hospital services and offer a variety of health screenings.
    a. Current Examples: Healthy@Home Talks, Home Health monthly education events, Night Out for Wellness Your Health is Our Priority: A Preventative Health Forum, Stop the Bleed, HOSA Health Occupation Students of America, BMI checks, free blood sugar tests
- NMRMC continues to expand outreach for preventive screenings to increase early detection, reduce barriers to access, and encourage all residents to participate in routine screenings.
    a. Current Examples: Mammograms, low dose CT screenings, colorectal cancer awareness, wellness visits, routine check-ups
- NMRMC continues to support maternal and infant health through its Women's Health Center and NMRMC OB Department with Maternity Center + designation and Baby Friendly Hospital distinction.
- NMRMC continues to encourages healthy eating by offering an affordable, nutritious "healthy meal option" in the Hospital Café.
- NMRMC Chronic Care Coordinators continue to collaborate with primary care providers for patients with chronic conditions, including medication management, pain management, and overall health coaching.
- NMRMC will continue to organize, coordinate and participate in local health care coalitions to encourage interagency cooperation and collaboration on health care needs in the community.
    a. Current Examples: Neosho County Health Task Force; SEK Cancer Alliance; NCCC Nursing Advisory Board.
- NMRMC personnel serve in leadership roles and as volunteers with many agencies and committees in the community.
    a. Current Examples: Examples include but not limited to serving on CRDA, Chamber Boards; Housing Authority; Museum; 4-H, etc.
- NMRMC continues to support community safety and physical activity by providing ambulance coverage at local events and volunteering providers/trainers at athletic games for on-site evaluations and injury care.
    a. Current Examples: Sports Trainers at local games; Stand-by ambulances at community and school sporting events; stop the bleed (trauma) classes at local industries, schools, and law enforcement; purchase of AED's by the Foundation for area schools/organizations; Impact Screenings for student athletes

Priority #3: Increased Emphasis on Addressing Vital Conditions

Rationale

Data suggests that some residents in the study area may face significant barriers when accessing the healthcare system. Neosho County has a higher median age than the state. Neosho County has a higher unemployment rate than the state, a lower median household income as well as a smaller percentage of residents with a bachelor's or advanced degree than the state. Neosho County also has a higher percentage of families and children living below poverty and a larger percentage of occupied housing units that have one or more substandard conditions than the state. Additionally, Neosho County has a higher percent of its total population receiving SNAP benefits, overall food insecurity, child food insecurity, White Non-Hispanic food insecurity, as well as a higher percentage of public school students eligible for free or reduced price lunch.

Neosho County has a higher rate of those adults (age 18-64) who are uninsured as compared to the state and health care is estimated to be the highest monthly cost for residents. When analyzing economic status, Neosho County is in more economic distress than other counties in the state. Neosho County has a higher percentage of households that do not have a motor vehicle compared to the state and has a significantly higher rate of preventable hospital events when compared to both the state of Kansas and the nation. Additionally, Neosho County is designated as a Medically Underserved Areas, as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

The Neosho Memorial Regional Medical Center 2025 CHNA showed that fifty percent or more of respondents indicated increasing the availability of safe, affordable housing; improving access to affordable, high-quality child care options and expanding access to reliable public transportation or ride services as top public health initiatives in the community. Survey results also indicate a majority of respondents believe not everyone has adequate access to health services, with the low income/working poor, homeless and un/underinsured being the top three groups impacted. Additionally, participants noted financial stress or instability and lack of reliable transportation as two of the top five health concerns in the community. When respondents were asked why individuals in the community might choose to use the emergency room rather than a clinic or urgent care for non-emergent needs, the top answer was due to no co-pays/up front costs at the ER.

Lack of coverage/financial hardship was the top barrier to care identified by survey respondents when accessing primary care, dental care, mental/behavioral health care, vision care and specialty care. Survey respondents emphasized that social and economic barriers continue to drive health disparities across the community. Many residents struggle with the high cost of healthcare, medications, and insurance, while transportation limitations, lack of affordable and available childcare, and housing instability further restrict access to care. Respondents also noted the reliance on emergency departments for non-urgent care due to no upfront payments and limited clinic hours. Broader social factors such as poverty, unemployment, crime, lack of accessible sidewalks, and insufficient coordination among community resources contribute to unequal health outcomes. Participants called for affordable fitness and nutrition options, quality childcare, and expanded public transit to help address the root causes of poor health and strengthen overall community well-being.

Survey commentary highlighted significant and ongoing barriers to health and wellness among nearly all vulnerable and marginalized populations. Adolescents, infants, and students face limited access to pediatric care, transportation challenges, and reliance on schools for nutritious meals, with low-income and uninsured families experiencing inconsistent access to healthcare. Adults and the working poor struggle with financial strain, lack of insurance or paid leave, and jobs that make it difficult to attend appointments, often leading them to rely on emergency care. Homeless individuals encounter some of the most severe barriers, including lack of housing, transportation, and insurance, as well as the absence of local shelters or supportive programs. Non-U.S. citizens, refugees, and those with limited English proficiency face fear of deportation, language and cultural barriers,

and minimal interpreter services, which discourage care-seeking. The LGBTQ+ community continues to experience stigma that limits engagement with healthcare providers. Persons with chronic diseases and disabilities are burdened by a shortage of local specialists and transportation barriers, which make travel for care difficult or unaffordable. Individuals with mental illness and substance use disorders lack sufficient local treatment options and inpatient facilities, face stigma around care, and must often travel long distances for help. Pregnant women and teen mothers are affected by what is described as an “OB desert”, and also face barriers related to insurance, transportation, and awareness of resources. Senior citizens and retirees encounter rising living costs, limited insurance coverage, fixed incomes, and a lack of affordable housing and specialty care. Single parents and new parents struggle with childcare, transportation, and housing costs, forcing many to forgo healthcare to meet basic needs. Veterans and military families report challenges accessing or navigating VA services, with some unaware of available benefits. Finally, uninsured, underinsured, and unemployed residents avoid preventive and chronic care management due to high costs, premiums, copays, and medication expenses, often depending instead on emergency services for basic medical needs.

Priority #3: Increased Emphasis on Addressing Vital Conditions

Implementation Activities

- NMRMC collaborates with other organizations and programs focusing on healthcare resources for persons economically distressed or pre-existing impacted.
    a. Current Examples: NMRMC staffs and funds certified financial counselors/experts in the Marketplace and SHICK. NMRMC also offers a multi-year bank loan program at 0% interest to eligible patients and has in place systems to help identify potential aid sources for patients.
- NMRMC hosts an annual open enrollment event to assist residents in learning about insurance and other resource options.
    a. Current Examples: Aging=Living Conference; Medical Open Enrollment Update Program (annual)
- NMRMC will continue to host and participate in local events and donation drives to benefit underserved organizations and populations in the community.
    a. Current Examples: Operation Soupline, blood drives, food drives
- NMRMC is spearheading community efforts to organize, research, and identify funding to address Neosho County's daycare desert designation to improve early pre-school education and increase employment opportunities for young families.
- NMRMC continues to support youth health through programs such as free baseline concussion screenings in schools funded by the Hospital Foundation, and free sports physicals offered through local clinics.
    a. Current Examples: ImPACT Program, free student athlete physicals for MS and HS students, sponsor school system efforts to improve physical activity
- NMRMC Foundation continues to provide transportation assistance to help patients access care.
- NMRMC partners with local nursing homes as a joint effort to ensure efficient handoffs and appropriate discharge planning for the patients.
- NMRMC participates in a variety of programs to focus on patient safety and patient experience throughout the continuum of care.

Section 3:

Feedback, Comments and Paper Copies

INPUT REGARDING THE HOSPITAL'S CURRENT CHNA

CHNA Feedback Invitation

- IRS Final Regulations require a hospital facility to consider written comments received on the hospital facility's most recently conducted CHNA and most recently adopted Implementation Strategy in the CHNA process.
- Neosho Memorial Regional Medical Center invites all community members to provide feedback on its existing CHNA and Implementation Plan.
- To provide input on this CHNA, please see details at the end of this report or respond directly to the hospital online at the site of this download.

Feedback, Questions or Comments?

Please address any written comments on the CHNA and Implementation Plan and/or requests for a copy of the CHNA and Implementation Plan to:

Patricia Morris, Communications Officer
Neosho Memorial Regional Medical Center
629 S. Plummer
Chanute, KS 66720
Phone: (620) 432-5311
Email: Patricia_Morris@nmrmc.com

Please find the most up to date contact information on the Neosho Memorial Regional Medical Center homepage under “Patient Resources” then “Community Needs Assessment Plans”:

https://www.nmrmc.com/communityhealthneedsassesmentplans/

THANK YOU

FOR MORE INFORMATION, PLEASE CONTACT

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