Neosho Memorial Regional Medical Center

Chanute, Kansas

Community Health Needs Assessment
and Implementation Strategy

Adopted by Board Resolution November 21, 2019

NEOSHO MEMORIAL
REGIONAL MEDICAL CENTER

Dear Community Member:

At Neosho Memorial Regional Medical Center (NMRMC), we have spent more than 68 years providing high-quality compassionate healthcare to the greater Neosho County community. The “2019 Community Health Needs Assessment” identifies local health and medical needs and provides a plan of how NMRMC will respond to such needs. This document illustrates one way we are meeting our obligations to efficiently deliver medical services.

NMRMC will conduct this effort at least once every three years. The report produced three years ago is also available for your review and comment. As you review this plan, please see if, in your opinion, we have identified the primary needs of the community and if you think our intended response will lead to needed improvements.

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

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

Thank You,

Dennis Franks
Chief Executive Officer
Neosho Memorial Regional Medical Center

TABLE OF CONTENTS

EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

Neosho Memorial Regional Medical Center ("NMRMC" or the "Hospital") has performed a Community Health Needs Assessment to determine the health needs of the local community.

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

The 2019 Significant Health Needs identified for Neosho County are:

1. Obesity/Overweight – 2016 Significant Need
2. Affordability – 2016 Significant Need
3. Mental Health
4. Physical Inactivity – 2016 Significant Need
5. Alcohol Abuse – 2016 Significant Need
6. Substance Abuse – 2016 Significant Need
7. Heart Disease

NMRMC developed implementation strategies for six of the seven needs (Obesity/Overweight, Affordability, Mental Health, Physical Inactivity, Alcohol Abuse, and Substance Abuse) including activities to continue/pursue, community partners to work alongside, and measures to track progress.

APPROACH

APPROACH

A Community Health Needs Assessment (CHNA) is part of the required hospital documentation of "Community Benefit" under the Affordable Care Act (ACA), required of all 501(c)(3) hospitals as a condition of retaining tax-exempt status.

While Neosho Memorial Regional Medical Center ("NMRMC" or "the Hospital") is not a 501(c)(3) hospital, this study is designed to comply with the same standards and helps assure NMRMC identifies and responds to the primary health needs of its residents that will enable NMRMC to focus their efforts and resources on the most significant health needs of the community.

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

Project Objectives

NMRMC partnered with Quorum Health Resources (Quorum) to:

- Complete a CHNA report, compliant with IRS Guidelines
- Produce the information necessary for the Hospital to issue an assessment of community health needs and document its intended response

Community Health Needs Assessment Subsequent to Initial Assessment

Quorum and NMRMC followed an established process for the completion of the CHNA and implementation strategy. The goal of the CHNA process it to help the hospital determine the priority health needs of an area and develop an implementation strategy for addressing those needs. The NMRMC CHNA report consists of the following information:

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

(2) a description of the process and methods used to conduct the CHNA;

(3) a description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves;

(4) a prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and

(5) a description of resources potentially available to address the significant health needs identified through the CHNA.

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

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

representative classifications, which is detailed in an Appendix to this report. Written comment participants self-identified into the following classifications:

(1) Public Health – Persons with special knowledge of or expertise in public health

(2) Departments and Agencies – Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility

(3) Priority Populations – Leaders, representatives, or members of medically underserved, low income, and minority populations, and populations with chronic disease needs in the community served by the hospital facility. Also, in other federal regulations the term Priority Populations, which include rural residents and LGBT interests, is employed and for consistency is included in this definition

(4) Chronic Disease Groups – Representative of or member of Chronic Disease Group or Organization, including mental and oral health

(5) Broad Interest of the Community – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations

(6) Other (please specify)

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

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

Data sources include:

Website or Data Source	Data Element	Date Accessed	Data Date
www.countyhealthrankings.org	Assessment of health needs of Neosho County compared to all Kansas counties	June 3, 2019	2012-2014
IBM Watson Health (formerly known as Truven Health Analytics)	Assess characteristics of the hospital's primary service area, at a zip code level, based on classifying the population into various socio-economic groups, determining the health and medical tendencies of each group and creating an aggregate composition of the service area according to the proportion of each group	June 3, 2019	2019

	in the entire area; and, to access population size, trends and socio-economic characteristics		
http://svi.cdc.gov	To identify the Social Vulnerability Index value	June 4, 2019	2012-2016
http://www.healthdata.org/us-county-profiles	To look at trends of key health metrics over time	June 4, 2019	2014
www.worldlifeexpectancy.com/usa-health-rankings	To determine relative importance among 15 top causes of death	June 4, 2019	2016

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

- A CHNA survey was deployed to the Hospital's Local Expert Advisors to gain input on local health needs and the needs of priority populations. Local Expert Advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and the Hospital's desire to represent the region's geographically and ethnically diverse population. Community input from 41 Local Expert Advisors was received. Survey responses started June 25, 2019 and ended July 24, 2019.
- Information analysis augmented by local opinions showed how Neosho County relates to its peers in terms of primary and chronic needs and other issues of uninsured persons, low-income persons, and minority groups. Respondents commented on whether they believe certain population groups ("Priority Populations") need help to improve their condition, and if so, who needs to do what to improve the conditions of these groups.
- Local opinions of the needs of Priority Populations, while presented in its entirety in the Appendix, was abstracted in the following "take-away" bulleted comments
    - The top three priority populations identified are low-income groups, residents of rural areas, and older adults
    - There should be a focus on providing affordable and accessible care to the community

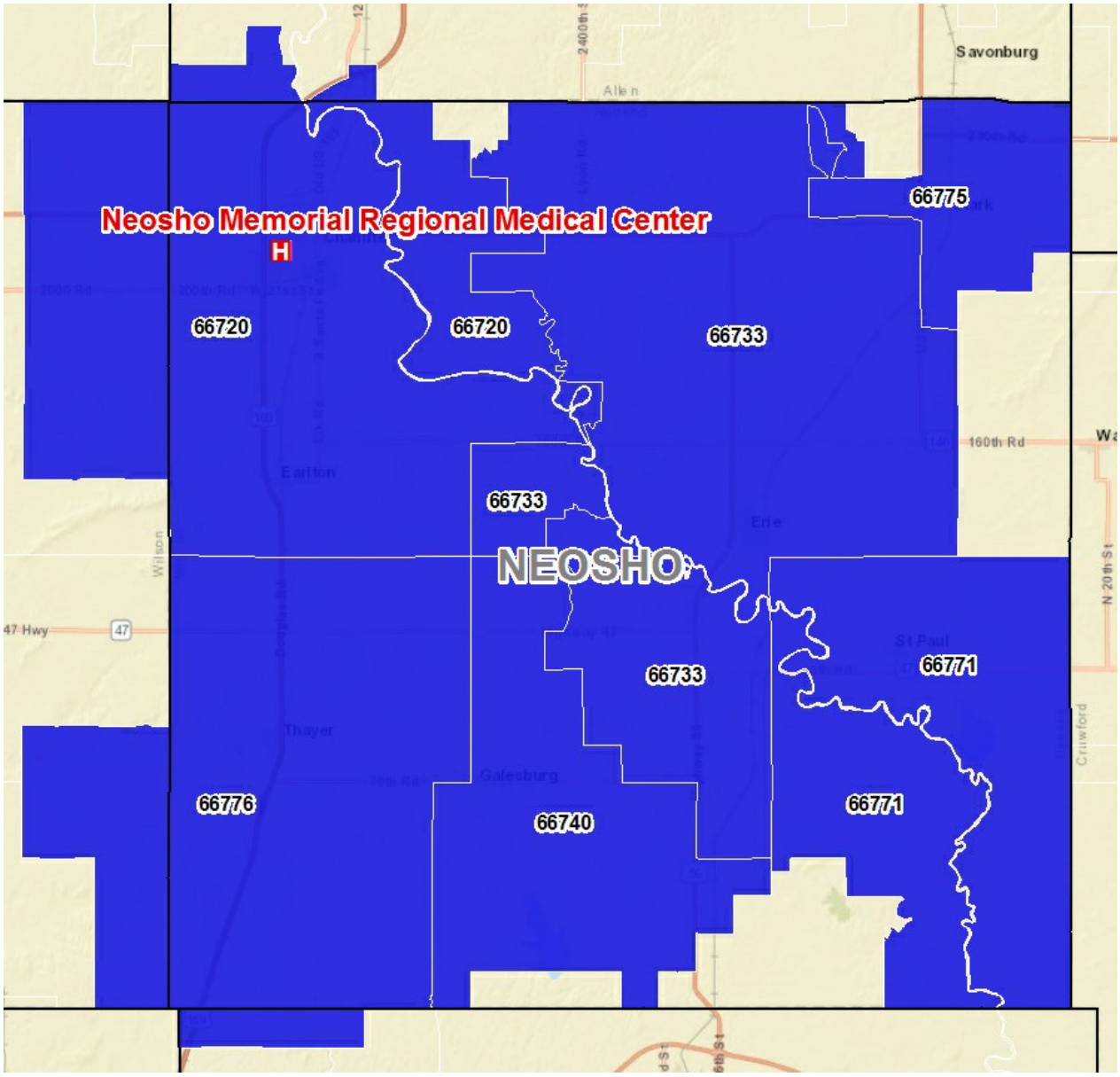
Having taken steps to identify potential community needs, the Local Experts then participated in a structured communication technique called a "Wisdom of Crowds" method. The premise of this approach relies on a panel of experts with the assumption that the collective wisdom of participants is superior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

In the NMRMC process, each Local Expert had the opportunity to introduce needs previously unidentified and to challenge conclusions developed from the data analysis. While there were a few opinions of the data conclusions not being completely accurate, most of the comments agreed with the findings. A list of all needs identified by any of the analyzed data was developed. The Local Experts then allocated 100 points among the list of health needs, including the opportunity to list additional needs that were not identified from the data.

The ranked needs were divided into two groups: “Significant” and “Other Identified Needs.” The Significant Needs were prioritized based on total points cast by the Local Experts in descending order, further ranked by the number of local experts casting any points for the need. By definition, a Significant Need had to include all rank ordered needs until at least fifty percent (60%) of all points were included and to the extent possible, represented points allocated by a majority of voting local experts. The determination of the break point — “Significant” as opposed to “Other” — was a qualitative interpretation where a reasonable break point in rank order occurred.

COMMUNITY CHARACTERISTICS

Definition of Area Served by the Hospital



For the purposes of this study, Neosho Memorial Regional Medical Center defines its service area as Neosho County in Kansas, which includes the following ZIP codes:[1]

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

66776 – Thayer

(Zip code 66731 is included in the above zip codes.)

During 2017, the Hospital received 68.4% of its Medicare inpatients from this area.

[1] The map above amalgamates zip code areas and does not necessarily display all county zip codes represented below

Demographics of the Community[2]

Variable	Neosho, KS			Kansas			United States		
	2019	2024	%Change	2019	2024	%Change	2019	2024	%Change
DEMOGRAPHIC CHARACTERISTICS									
Total Population	15,964	15,761	-1.3%	2,921,699	2,962,152	1.4%	329,236,175	340,950,067	3.6%
Total Male Population	7,959	7,866	-1.2%	1,454,797	1,475,107	1.4%	162,097,263	167,921,866	3.6%
Total Female Population	8,005	7,895	-1.4%	1,466,902	1,487,045	1.4%	167,138,912	173,028,201	3.5%
Females, Child Bearing Age (15-44)	2,685	2,710	0.9%	562,611	568,340	1.0%	64,251,309	65,231,610	1.5%
Average Household Income	$63,640			$80,698			$89,646		
POPULATION DISTRIBUTION									
Age Distribution									
0-14	3,289	3,220	-2.1%	589,288	581,109	-1.4%	61,258,096	61,645,382	0.6%
15-17	678	681	0.4%	120,549	124,528	3.3%	12,813,020	13,319,388	4.0%
18-24	1,473	1,571	6.7%	306,201	315,424	3.0%	31,474,821	32,296,411	2.6%
25-34	1,700	1,680	-1.2%	373,030	364,044	-2.4%	44,370,805	43,645,423	-1.6%
35-54	3,504	3,257	-7.0%	696,133	693,760	-0.3%	83,304,733	84,255,193	1.1%
55-64	2,143	1,929	-10.0%	369,172	351,381	-4.8%	42,525,512	43,333,585	1.9%
65+	3,177	3,423	7.7%	467,326	531,906	13.8%	53,489,188	62,454,685	16.8%
HOUSEHOLD INCOME DISTRIBUTION									
Total Households	6,478	6,414	-1.0%	1,142,375	1,159,739	1.5%	125,018,838	129,683,911	3.7%
2019 Household Income									
<$15K	921			113,177			13,139,420		
$15-25K	808			103,406			11,333,086		
$25-50K	1,577			272,418			26,888,001		
$50-75K	1,333			210,922			21,157,116		
$75-100K	702			146,388			15,409,735		
Over $100K	1,137			296,064			37,091,480		
EDUCATION LEVEL									
Pop Age 25+	10,524			1,905,661			223,690,238		
2019 Adult Education Level Distribution									
Less than High School	311			70,448			12,173,720		
Some High School	616			111,320			16,245,471		
High School Degree	3,327			501,860			61,068,735		
Some College/Assoc. Degree	4,311			603,903			64,945,355		
Bachelor's Degree or Greater	1,959			618,130			69,256,957		
RACE/ETHNICITY									
2019 Race/Ethnicity Distribution									
White Non-Hispanic	14,257			2,200,399			197,594,684		
Black Non-Hispanic	180			168,765			40,877,627		
Hispanic	943			355,325			60,675,779		
Asian & Pacific Is. Non-Hispanic	112			92,303			19,327,168		
All Others	472			104,907			10,760,917		

[2] Claritas (accessed through IBM Watson Health)

Consumer Health Service Behavior[3]

Key health services topics for the service area population are presented in the table below. In the second column of the chart, the national average is 100%, so the 'Demand as % of National' shows a community's likelihood of exhibiting a certain health behavior more or less than the national average. The next column shows the percentage of the population that is likely to exhibit those behaviors.

Where Neosho County varies more than 5% above or below the national average (that is, less than 95% or greater than 105%), it is considered noteworthy. Items in the table with **red text** are viewed as **adverse** findings. Items with **blue text** are viewed as **beneficial** findings. Items with black text are neither a favorable nor unfavorable finding.

Health Service Topic	Demand as % of National	% of Population Affected	Health Service Topic	Demand as % of National	% of Population Affected
Weight / Lifestyle			**Cancer**		
BMI: Morbid/Obese	121.3%	37.0%	Cancer Screen: Skin 2 yr	83.5%	9.0%
Vigorous Exercise	95.1%	54.3%	Cancer Screen: Colorectal 2 yr	93.2%	19.2%
Chronic Diabetes	98.8%	15.5%	Cancer Screen: Pap/Cerv Test 2 yr	87.8%	42.3%
Healthy Eating Habits	89.2%	20.8%	Routine Screen: Prostate 2 yr	93.6%	26.5%
Ate Breakfast Yesterday	95.4%	75.5%	**Orthopedic**		
Slept Less Than 6 Hours	114.9%	15.7%	Chronic Lower Back Pain	113.8%	35.1%
Consumed Alcohol in the Past 30 Days	80.6%	43.3%	Chronic Osteoporosis	120.4%	12.2%
Consumed 3+ Drinks Per Session	107.6%	30.3%	**Routine Services**		
Behavior			FP/GP: 1+ Visit	103.7%	84.4%
Search for Pricing Info	89.1%	24.0%	NP/PA Last 6 Months	105.5%	43.8%
I am Responsible for My Health	99.9%	90.4%	OB/Gyn 1+ Visit	86.0%	33.0%
I Follow Treatment Recommendations	98.1%	75.7%	Medication: Received Prescription	105.2%	64.4%
Pulmonary			**Internet Usage**		
Chronic COPD	142.6%	7.7%	Use Internet to Look for Provider Info	79.7%	31.7%
Chronic Asthma	116.0%	13.7%	Facebook Opinions	64.9%	6.5%
Heart			Looked for Provider Rating	77.0%	18.1%
Chronic High Cholesterol	109.0%	26.6%	**Emergency Services**		
Routine Cholesterol Screening	91.9%	40.7%	Emergency Room Use	105.7%	36.7%
Chronic Heart Failure	153.7%	6.2%	Urgent Care Use	90.2%	29.7%

[3] Claritas (accessed through IBM Watson Health)

Conclusions from Demographic Analysis Compared to National Averages

The following areas were identified from a comparison of Neosho County to national averages. **Adverse** metrics impacting more than 30% of the population and statistically significantly different from the national average include:

- 21.3% more likely to have a **BMI of Morbid/Obese**, affecting 37.0%
- 7.6% more likely to **Consume 3+ Drinks per Session**, affecting 30.3%
- 8.1% less likely to receive **Routine Cholesterol Screenings**, affecting 40.7%
- 12.2% less likely to receive **Cervical Cancer Screening every 2 years**, affecting 42.3%
- 13.8% more likely have **Chronic Lower Back Pain**, affecting 35.1%
- 14.0% less likely to receive **Routine OB/Gyn Visit**, affecting 33.0%
- 5.7% more likely to **Visit the Emergency Room (for non-emergent issues)**, affecting 36.7%

Beneficial metrics impacting more than 30% of the population and statistically significantly different from the national average include:

- 19.4% less likely to have **Consumed Alcohol in the Past 30 Days**, affecting 43.3%
- 5.5% more likely to have **NP/PA Visit in the Last 6 Months**, affecting 43.8%

Leading Causes of Death[4]

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

Cause of Death			Rank among all counties in KS (#1 rank = worst in state)	Rate of Death per 100,000 age adjusted		Observation (Neosho County Compared to U.S.)
KS Rank	Neosho Rank	Condition		KS	Neosho	
1	1	Heart Disease	23 of 105	157.9	215.5	Higher than expected
2	2	Cancer	27 of 105	157.1	186.9	Higher than expected
4	3	Accidents	55 of 105	49.4	57.4	Higher than expected
3	4	Lung	34 of 105	51.7	54.2	Higher than expected
5	5	Stroke	52 of 105	37.6	46.0	Higher than expected
9	6	Flu - Pneumonia	18 of 105	14.9	27.1	Higher than expected
10	7	Kidney	8 of 105	15.0	24.1	Higher than expected
6	8	Alzheimer's	59 of 105	24.2	19.4	Lower than expected
12	9	Blood Poisoning	1 of 105	9.4	17.7	Higher than expected
7	10	Diabetes	90 of 105	25.1	16.8	As expected
8	11	Suicide	78 of 105	19.1	12.8	As expected
11	12	Parkinson's	47 of 104	10.1	7.5	As expected
13	13	Liver	91 of 105	9.6	5.1	Lower than expected
14	14	Hypertension	75 of 104	7.1	3.8	As expected
15	15	Homicide	48 of 94	6.4	2.6	As expected

[4] www.worldlifeexpectancy.com/usa-health-rankings

Priority Populations

Earlier in the document, a description was provided for Priority Populations, which is one of the groups whose needs are to be considered during the CHNA process. It can be difficult to obtain information about Priority Populations in a hospital's community. The objective is to understand the general trends of issues impacting Priority Populations and to interact with the Local Experts to discern if local conditions exhibit any similar or contrary trends. The following discussion examines findings about Priority Populations from a national perspective.

Begin by analyzing the National Healthcare Quality and Disparities Reports (QDR), which are annual reports to Congress mandated in the Healthcare Research and Quality Act of 1999 (P.L. 106-129). These reports provide a comprehensive overview of the quality of healthcare received by the general U.S. population and disparities in care experienced by different racial, ethnic, and socioeconomic groups. The purpose of the reports is to assess the performance of the Hospital's health system and to identify areas of strengths and weaknesses in the healthcare system along three main axes: **Access to healthcare**, **quality of healthcare**, and **priorities of the National Quality Strategy (NQS)**. The complete report is provided in Appendix C.

A specific question was asked to the Hospital's Local Expert Advisors about unique needs of Priority Populations, and their responses were reviewed to identify if there were any report trends in the service area. Accordingly, the Hospital places a great reliance on the commentary received from the Hospital's Local Expert Advisors to identify unique population needs to which the Hospital should respond. Specific opinions from the Local Expert Advisors are summarized below:[5]

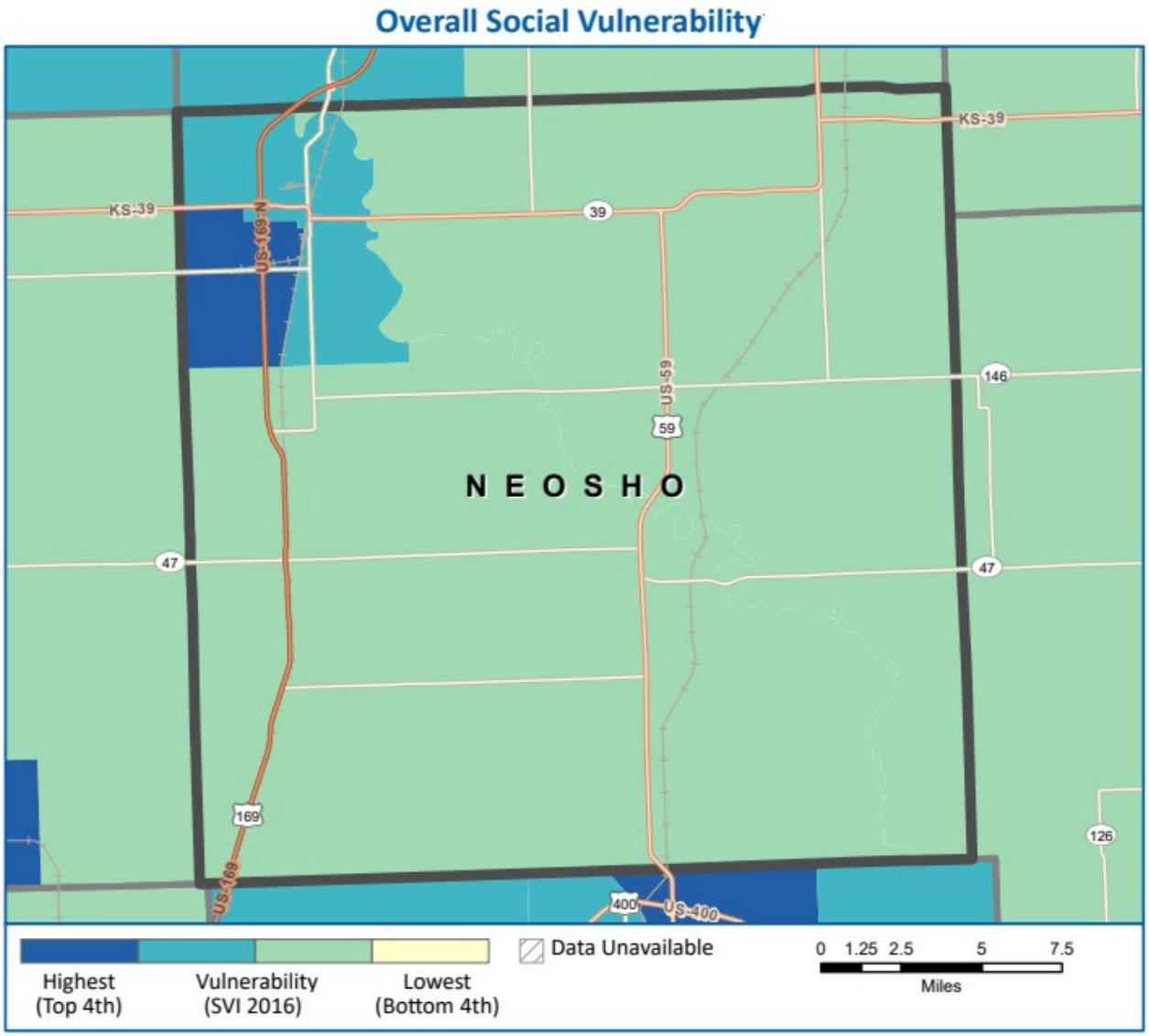
- The top three priority populations identified are low-income groups, residents of rural areas, and older adults
- There should be a focus on providing affordable and accessible care to the community

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

Social Vulnerability[6]

Social Vulnerability ranks an area's ability to prepare for and respond to disasters, including disease outbreaks and human-caused threats. This index groups 15 census-derived factors into four themes that are measures of socioeconomic status, household composition, race/ethnicity/language, and housing/transportation are layered to determine an area's overall vulnerability. A low vulnerability measure is best, and shows that a community has strength in resources and services to withstand stressful or hazardous events.

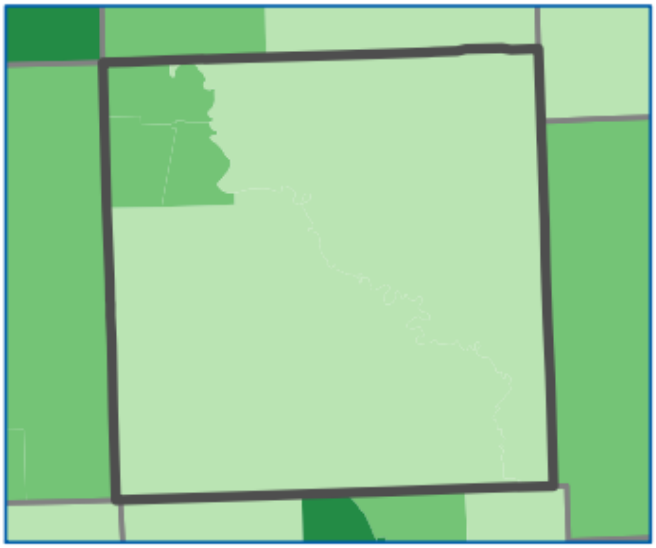
Overall, Neosho County falls into three of the four quartiles of social vulnerability. The majority of the county in the 2nd quartile (light green), making that area the least vulnerable region in the county. The upper left side of the county are more vulnerable.



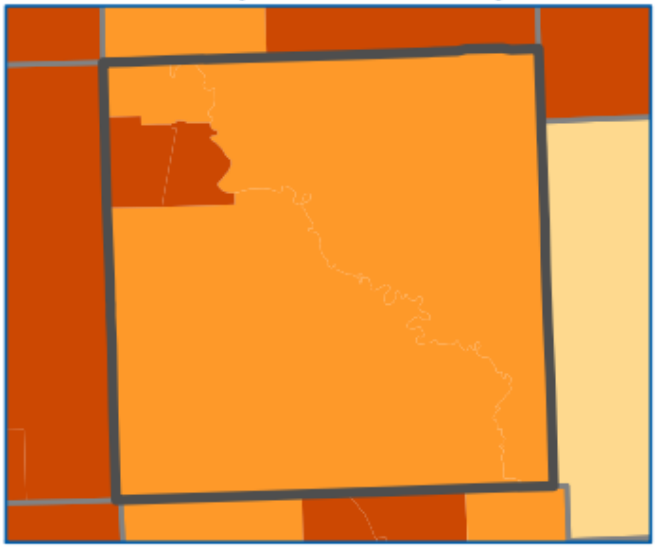
[6] http://svi.cdc.gov

SVI Themes

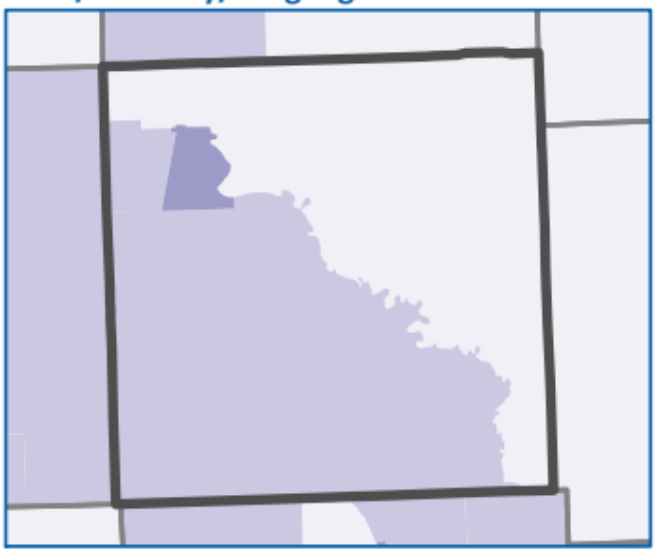
Socioeconomic Status



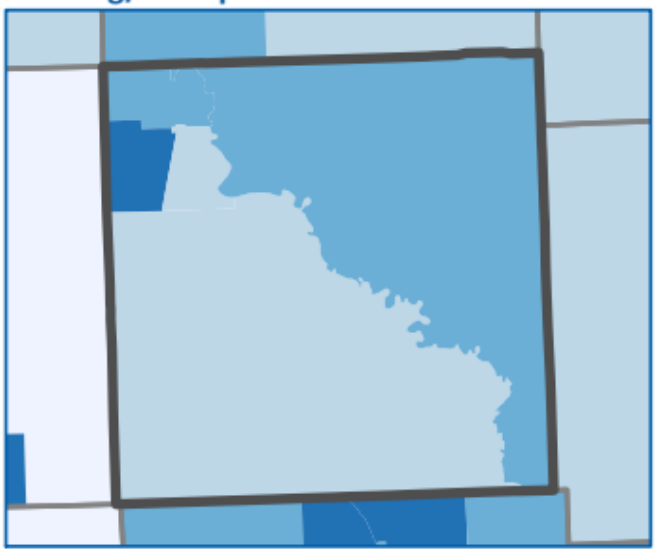
Household Composition/Disability



Race/Ethnicity/Language



Housing/Transportation



Comparison to Other State Counties[7]

To better understand the community, Neosho County has been compared to 102 counties in the state of Kansas across six areas: Length of Life, Quality of Life, Health Behaviors, Clinical Care, Social & Economic Factors, and Physical Environment.

In the chart below, the county's rank compared to all counties is listed along with measures in each area compared to the state average and U.S. Median.

	Neosho	Kansas	U.S. Median
Length of Life			
Overall Rank *(best being #1)*	24/102		
- Premature Death*	7,100	6,900	8,100
Quality of Life			
Overall Rank *(best being #1)*	91/102		
- Poor or Fair Health	17%	15%	17%
- Poor Physical Health Days	3.4	3.1	3.9
- Poor Mental Health Days	4.1	3.5	3.9
- Low Birthweight	7%	7%	8%
Health Behaviors			
Overall Rank *(best being #1)*	91/102		
- Adult Smoking	19%	17%	17%
- Adult Obesity	36%	33%	32%
- Physical Inactivity	29%	24%	26%
- Access to Exercise Opportunities	74%	80%	66%
- Excessive Drinking	15%	17%	17%
- Alcohol-Impaired Driving Deaths	31%	24%	28%
- Sexually Transmitted Infections*	214.1	417.6	321.7
- Teen Births *(per 1,000 female population ages 15-19)*	39	28	31
Clinical Care			
Overall Rank *(best being #1)*	53/102		
- Uninsured	8%	10%	10%
- Population to Primary Care Provider Ratio	1,790:1	1,310:1	2,050:1
- Population to Dentist Ratio	2,670:1	1,740:1	2,450:1
- Population to Mental Health Provider Ratio	890:1	530:1	970:1
- Preventable Hospital Stays	6,521	4,078	4,648
- Mammography Screening	41%	43%	40%
- Flu vaccinations	39%	44%	42%
Social & Economic Factors			
Overall Rank *(best being #1)*	94/102		
- Unemployment	5.2%	3.6%	4.4%
- Children in Poverty	22%	15%	21%
- Children in Single-Parent Households	34%	29%	32%
- Violent Crime*	277	365	205
- Injury Deaths*	77	73	82
Physical Environment			
Overall Rank *(best being #1)*	90/102		
- Air Pollution - Particulate Matter	9.6 µg/m³	8.1 µg/m³	9.2 µg/m³
- Severe Housing Problems	14%	13%	14%

Per 100,000 Population

[7] www.countyhealthrankings.org

Conclusions from Other Statistical Data[8]

The Institute for Health Metrics and Evaluation at the University of Washington analyzed all 3,143 U.S. counties or equivalents applying small area estimation techniques to the most recent county information. The below chart compares Neosho County statistics to the U.S. average, as well as the trend in each measure over a 34-year span.

Neosho County	Current Statistic (2014)	Percent Change (1980-2014)
UNFAVORABLE Neosho County measures that are **WORSE** than the U.S. average and had an **UNFAVORABLE** change		
- Female Tracheal, Bronchus, and Lung Cancer*	51.7	56.3%
- Female Skin Cancer*	2.4	3.7%
- Male Skin Cancer*	6.7	71.1%
- Female Diabetes, Urogenital, Blood, and Endocrine Disease Deaths*	53.3	47.5%
- Male Diabetes, Urogenital, Blood, and Endocrine Disease Deaths*	68.8	49.6%
- Male Mental and Substance Use Related Deaths*	22.7	374.8%
UNFAVORABLE Neosho County measures that are **WORSE** than the U.S. average and had a **FAVORABLE** change		
- Female Life Expectancy	80.1	3.0%
- Male Life Expectancy	74.7	4.1%
- Female Heart Disease*	133.9	-44.3%
- Male Heart Disease*	240.2	-39.9%
- Female Stroke*	49.9	-43.1%
- Male Stroke*	55.7	-41.7%
- Male Tracheal, Bronchus, and Lung Cancer*	100.7	-7.3%
- Female Transport Injuries Related Deaths*	19.2	-19.3%
- Male Transport Injuries Related Deaths*	34.0	-24.7%
DESIRABLE Neosho County measures that are **BETTER** than the US average and had an **UNFAVORABLE** change		
- Male Liver Disease Related Deaths*	19	25.7%
DESIRABLE Neosho County measures that are **BETTER** than the US average and had a **FAVORABLE** change		
N/A		
AVERAGE Neosho County measures that are **EQUAL** to the US average and had an **UNFAVORABLE** change		
- Female Self-Harm and Interpersonal Violence Related Deaths*	9.9	22.3%
- Male Self-Harm and Interpersonal Violence Related Deaths*	30.5	36.0%
- Female Mental and Substance Use Related Deaths*	8.3	682.4%
- Female Liver Disease Related Deaths*	11.8	21.2%
AVERAGE Neosho County measures that are **EQUAL** to the US average and had a **FAVORABLE** change		
- Female Breast Cancer*	25.9	-18.5%
- Male Breast Cancer*	0.3	-4.7%

*rate per 100,000 population, age-standardized

[8] http://www.healthdata.org/us-county-profiles

IMPLEMENTATION STRATEGY

Significant Health Needs

NMRMC used the priority ranking of area health needs by Local Expert Advisors to organize the search for locally available resources as well as the response to the needs by NMRMC. The Implementation Strategy includes the following:

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

is a 22-bed, acute care medical facility located in Chanute, Kansas. The next closest facilities are outside the service area and include:

- Allen County Regional Hospital, Iola, KS; 23 miles (24 minutes)
- Fredonia Regional Hospital, Fredonia, KS; 29 miles (34 minutes)
- Wilson Medical Center, Neodesha, KS; 3 miles (40 minutes)
- Labette Health, Parsons, KS; 37 miles (45 minutes)
- Girard Medical Center, Girard, KS; 45 miles (51 minutes)
- Greenwood County Hospital, Eureka, KS; 60 miles (1 hour and 3 minutes)

All statistics analyzed to determine significant needs are “Lagging Indicators,” measures presenting results after a period of time, characterizing historical performance. Lagging Indicators tell you nothing about how the outcomes were achieved. In contrast, the NMRMC Implementation Strategy uses “Leading Indicators.” Leading Indicators anticipate change in the Lagging Indicator. Leading Indicators focus on short-term performance, and if accurately selected, anticipate the broader achievement of desired change in the Lagging Indicator. In the QHR application, Leading Indicators also must be within the ability of the hospital to influence and measure.

1. **OBESITY/OVERWEIGHT – 2016 Significant Need; Neosho County's Adult Obesity and Physical Inactivity rates are worse than the state and US median; Neosho County's Access to Exercise Opportunities rate is worse than the state average; Residents of Neosho County are 21% more likely to have a BMI of Morbid/Obese compared to the national average, and affects 37% of the population; Diabetes is the #10 Leading Cause of Death in Neosho County; Neosho County's Female and Male Diabetes, Urogenital, Blood, and Endocrine Disease Deaths are worse than the national average, and both increased from 1980-2014 (Female: 47.5%; Male: 49.6%)**

4. **PHYSICAL INACTIVITY – 2016 Significant Need; Neosho County's Physical Inactivity rates is worse than the state and US median; Neosho County's Access to Exercise Opportunities rate is worse than the state average; Residents of Neosho County are 21% more likely to have a BMI of Morbid/Obese compared to the national average, and affects 37% of the population**

Public comments received on previously adopted implementation strategy:

- *See Appendix A for full list of comments*

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

- NMRMC Rehabilitation and Fitness Center is open to the public and includes group fitness classes, therapy swimming pool, racquetball courts, free weights and machines; offers payment plans and employer-subsidized programs; access to personal trainer
- The Best Café (hospital cafeteria) is open to the public and includes program called Healthy Living that offers healthier food choices and healthier preparation of food; public education on making healthy food choices; calorie counts listed; Aramark foods synced with food trackers/apps
- Sponsor of local health events including Turkey Trot 5K run/walk, local sports teams and fitness/recreation programs, local park events, health fairs in several communities, and on-site health fairs at local employers
- Employee Wellness Program that includes comprehensive lab screens and program with point system and employee challenges to encourage physical activity and healthy living, which can lead to 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
- Reduced-cost screenings offered at community events
- Weekly free blood pressure and blood sugar screenings offered in a variety of locations throughout the community
- Home Health provides monthly education events including topics on obesity, nutrition
- Added primary care clinics (including expansion to higher-risk area) that include initial screenings for BMI during visits

- Added social media articles/posts on nutrition and healthy living
- Free blood sugar screenings added
- Improved vending machine offerings and encouraged water consumption over sweetened beverages

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

- Received grant funding from Blue Cross Blue Shield to begin offering low cost healthy food options in The Best Café starting Fall 2019
- Applying for grant dollars that will offer coordinated health services within the community
- Plan to work closely with local schools on preventing childhood obesity by ensuring that kids have activities to do after school
    - Program that helps teachers keep the class moving
- Investigate updating patient assessments by providing additional obesity related tests

NMRMC evaluation of impact of actions taken since the immediately preceding CHNA:

- Added nutritional information on meals in The Best Café
- Added a Chronic Care Coordinator who works with primary care providers to streamline and manage care and provide overall health coaching including diet and medication management
- Became a Baby Friendly Hospital designation that encourages breastfeeding and provides education and counseling
- Added facility accommodations for overweight and obese patients through construction projects

Anticipated results from NMRMC Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency	X	

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate NMRMC intended actions is to monitor change in the following Leading Indicator:

- Number of participants in the employee wellness program (biometrics) = 350 (2019)
- Number of members enrolled in fitness center = 823 (2019)

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Percentage of residents with BMI of 30 or greater[9] = 34.0%
- Percent of Adults who are Obese[10] = 43.5%

NMRMC anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Rehabilitation and Fitness Association	Aaron Liudahl, Director	(620) 432.5379 www.nmrmc.com/services-fitness
Aramark	Sharon Fritch, NMRMC Nutrition Services Director	www.aramark.com
Employee EAP		www.newdirections.com
Health Department (lactation consultant)	Stephanie Henry, IBCLC, NCHD Lactation Consultant	320 E Main St, Chanute, KS 66720 (620) 431-5770 www.neoshocountyks.org/health.asp
NMRMC Family Medicine (Chronic Care Coordinator)	Megan Jones, RN, Health Coach	megan_jones@nmrmc.com
Parks and Recreation Commissions (Erie & Chanute)	Todd Newman (Chanute) Denise Reissig (Erie)	www.chanuterecreation.com (620) 431-4199 www.erierecreation.com

Other local resources identified during the CHNA process that are believed available to respond to this need:

[9] County Health Rankings. County Demographics. BMI>=30. 2017
[10] www.Kansashealthmatters.org NO county 2019

Organization	Contact Name	Contact Information
Local fitness centers	Jaimie Fail (Inertia) Satinne Wicker (Crossfit)	620-431-1800 620-212-2388
Local school districts (St Paul, Erie, Chanute, Thayer)	USD 413 – Chanute USD 101 – Erie USD 505 – St. Paul USD 447 - Thayer	620-432-2500 620-244-3264 620-449-2245 620-522-2109
Local fitness advocates (individuals)	Steve Murry Nancy Issac	Available upon request Available upon request
Neosho County Community College	Dr. Brian Inbody, President	800 W 14th St, Chanute, KS 66720 (620) 431-2820 www.neosho.edu

2. AFFORDABILITY – 2016 Significant Health Need; Neosho County's Unemployment rate is worse than the state and US median

Public comments received on previously adopted implementation strategy:

- *See Appendix A for a full list of comments*

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

- Funding a navigator program to help people enroll on the Healthcare Marketplace and help eligible people enroll in Medicaid
- Financial Assistance program with sliding discount available
- Partnership with local bank to help patients secure long-term payment plans; advertised quarterly and promoted through brochure
- 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
- Discounted sports physicals offered through local clinics
- NMRMC Rehabilitation and Fitness Center is open to the public and includes group fitness classes, therapy swimming pool, racquetball courts, free weights and machines; offers payment plans and employer-subsidized programs; access to personal trainer
- The Best Café (hospital cafeteria) is open to the public and includes a program called Healthy Living that offers healthier food choices and healthier preparation of food; public education on making healthy food choices; calorie counts listed; Aramark foods synced with food trackers/apps
- Reduced-cost screenings offered at community events
- Weekly free blood pressure and blood sugar screenings and in-home safety assessments offered in a variety of locations throughout the community
- 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 expanding Medicaid to help address 800 working poor residents in community
- Hospital creates 450 jobs within the community and pays a base rate higher than the minimum wage to help boost economic development/viability
- Hospital coordinates payer contracts with local providers to help stabilize out-of-pocket costs for residents

- PHO Coordinators contact local employers to ensure coverage for services
- Annual event to educate on open enrollment and assist residents in signing up for Medicaid/Medicare/disability

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

- Evaluate potential for walk-in clinic which will provide lower cost of services for lower acuity patients
- Medicaid mothers automatically get enrolled in Medicaid
- Working with a vendor to put in expanded payment plan options for patients
- Evaluate other avenues for coordination of care
    - Place where patients can access and see all the services that are available so that they do not have to travel for care
- Developing estimated outpatient expenditures for patients
    - Explore providing price estimates on website

NMRMC evaluation of impact of actions taken since the immediately preceding CHNA:

- Adjusted pricing based on market analyze
- Worked to expand Medicaid in the state of Kansas

Anticipated results from NMRMC Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		X
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate NMRMC intended actions is to monitor change in the following Leading Indicator:

- Number of patients assisted by Certified Application Counselor (formerly called a Navigator) – 279 (2018)
- Number of free baseline concussion screenings provided through ImPACT Program = 600 (2018)

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Uninsured rate[11] = 8%
- Number of post injury ImPACT tests = 25

NMRMC anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Chanute Community Foundation (medication access/assistance)	Koralyn Barkman	(620) 212-2589 https://www.facebook.com/chanutecommunityfoundation
NMRMC Foundation	Anna Methvin, Director	(620) 432.5496 www.nmrmc.com/foundation
Tioga Healthcare Alliance (PHO)	Cherie McGuire, Executive Director	(620) 432.5444 www.nmrmc.com/patients-tioga
Local school districts	USD 413 – Chanute USD 101 – Erie USD 505 – St. Paul USD 447 - Thayer	620-432-2500 620-244-3264 620-449-2245 620-522-2109
Kansas Hospital Association	Tom Bell, President and CEO	215 SE 8th Ave, Topeka, KS 66603 (785) 233-7436 www.kha-net.org
Rehabilitation and Fitness Association	Aaron Liudahl, Director	(620) 432.5379 www.nmrmc.com/services-fitness

[11] County Health Rankings. County Demographics. Percentage of population under age 65 without health insurance. 2016

Organization	Contact Name	Contact Information
Home Savings Bank	Jonathon Johnson, President	214 N Lincoln Ave, Chanute, KS 66720 (620) 431-1100 www.homesavingschanute.com
Chanute Regional Development Authority	Matthew Godinez, Executive Director	410 S. Evergreen, Chanute, KS 66720 (620) 431-5222 www.chanute.org/473/ChanuteRegional-Development-Authority
Aramark	Try Pervin, NMRMC Facilities Officer	www.aramark.com

Other local resources identified during the CHNA process that are believed available to respond to this need:

Organization	Contact Name	Contact Information
Public Health Department	Teresa Starr	320 E Main St, Chanute, KS 66720 (620) 431-5770 www.neoshocountyks.org/health.asp
Cherry Street Youth Center	Jennifer Shields	620-431-2161
First Christian Church outreach	Tom Eastman	620-431-3755

3. **MENTAL HEALTH – Local expert concern; Neosho County's Poor Mental Health Days Reported in 30 Days is worse than the state average and US median; Neosho County's Frequent Mental Distress rate is worse than the state and US median[12]; Suicide is the #11 Leading Cause of Death in Neosho County; Neosho County's Female and Male Mental and Substance Use Related Deaths increased from 1980-2014 (Female: 682.4%; Male: 374.8%)**

Public comments received on previously adopted implementation strategy:

- *No Implementation Plan was developed for this need in 2016, so no written public comments about this need were solicited*

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

- Neosho County Health Task Team - quarterly meetings coordinated by NMRMC open to any health related organization which fosters dialogue and collaboration, ie. Introduced area SEK Mental Health Agency to school district personnel for enhanced service to students by having agency offices within the buildings.
- Offer telemedicine in the emergency department.
- NMRMC has a social worker, chronic care health coach, and case manager on staff
- Advisory contract with psychiatrist that will assist with treatment plans
- Offer access to mental health services through Employee Assistance Program (EAP)
- Coordinate care for patients who need to be transferred to another facility for treatment related to mental health

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

- Implementing a senior behavioral health outpatient program by beginning of 2020
- Evaluate other avenues for coordination of care
    - Place where patients can access and see all the services that are available so that they do not have to travel for care

Anticipated results from NMRMC Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	

[12] Percentage of adults reporting 14 or more days or poor mental health per month (2016 data - https://www.countyhealthrankings.org/app/kansas/2019/measure/outcomes/145/data)

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations		X
4. Enhances public health activities		X
5. Improves ability to withstand public health emergency		X
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate NMRMC intended actions is to monitor change in the following Leading Indicator:

- Number of patients in senior behavioral health outpatient program = To begin tracking in 2020
- Number of telemedicine consults

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Number of Neosho County mental health providers[13] = 1,020:1; U.S. 580:1 (2019)
- NMRMC one-on-one direct observer log = 2019 Jan-Sept

NMRMC anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Neosho County Health Task Force	Dennis Franks	Neosho Memorial Regional Medical Center 620-431-4000 www.nmrmc.com
Psychiatrist		

Other local resources identified during the CHNA process that are believed available to respond to this need:

Organization	Contact Name	Contact Information

[13] www.Kansashealthmatters.org 2019

Organization	Contact Name	Contact Information
Southeast Kansas Mental Health	Nathan Fawson, Executive Director	402 S Kansas Ave, Chanute, KS 66720 (620) 431-7890 https://www.sekmhc.org/

5. **ALCOHOL ABUSE – 2016 Significant Need; Neosho County's Alcohol-Impaired Driving Deaths rate is worse than the state and US median; Residents of Neosho County are 8% more likely to Consume 3+ Drinks Per Session compared to the national average, and affects 30% of the population**
6. **SUBSTANCE ABUSE – 2016 Significant Health Need; Neosho County's Female and Male Mental and Substance Use Related Deaths increased from 1980-2014 (Female: 682.4%; Male: 374.8%)**

Public comments received on previously adopted implementation strategy:

- *See Appendix A for a full list of comments*

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

- 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
- Social worker on staff to help with referrals and resources for substance abuse issues
- Community Education Flyers on over-the-counter medication used for pain management are displayed throughout the hospital and clinics

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

- EHR to produce electronic opioid contracts with over 90 MMEs – will create alerts to physicians when prescribing opioids
- Prescription drug monitoring program is being built into the system so that providers are aware if patients have been prescribed controlled substances by other providers
- Look into offering community education on opioid use through community programs
- Begin offering providers information on opioid prescribing patterns
- NMRMC is part of a planning grant with other counties that focus on educating local providers on resources that are available in the counties – Neosho, Allen, Woodson, and Wilson Counties (2019 planning grant)
- Neosho County Task Force – As health and wellness agencies, discuss ways and strategies to promote substance abuse

NMRMC evaluation of impact of actions taken since the immediately preceding CHNA:

- Evaluated potential for coordinating providers' approach to prescribing opioids and managing chronic pain
- Investigated ways to educate providers, staff, and overall community on resources available including local AA chapter, NA chapter, chiropractors, massage therapists, etc.
- Added Chronic Care Coordinator who is working with primary care providers to streamline and manage care and provide overall health coaching including medication and pain management

Anticipated results from NMRMC Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		X
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate NMRMC intended actions is to monitor change in the following Leading Indicator:

- Number of drug screens processed through NMRMC Laboratory (defined as medical necessity through ED and INPT) = 590 (Sept 2018 – Sept 2019)

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Drug overdose mortality rate for Neosho County[14] = 22 (2017)

NMRMC anticipates collaborating with the following other facilities and organizations to address this Significant Need:

[14] County Health Rankings

Organization	Contact Name	Contact Information
NMRMC Family Medicine Chronic Care Coordinator	Megan Jones, RN, Health Coach	Megan_jones@nmrmc.com
Other local healthcare providers		
Local school departments	USD 413 – Chanute USD 101 – Erie USD 505 – St. Paul USD 447 - Thayer	620-432-2500 620-244-3264 620-449-2245 620-522-2109
Parks and Recreation Commissions (Erie & Chanute)	Todd Newman, Director (Chanute) Denise Reissig, (Erie)	www.chanuterecreation.com (620) 431-4199 www.erierecreation.com

Other local resources identified during the CHNA process that are believed available to respond to this need:

Organization	Contact Name	Contact Information
Public Health Department	Teresa Starr	320 E Main St, Chanute, KS 66720 (620) 431-5770 www.neoshocountyks.org/health.asp
Southeast Kansas Mental Health Department	Doug Wright, Ph.D., Clinical Psychologist	304 N Jefferson Ave, Iola, KS 66749 (620) 365-5717 www.cityofiola.com/healthcare.html
Local AA Chapter		www.kansas-aa.org
Local NA Chapter		1609 West 1st Street, Chanute, KS 66720 www.naws.org/meetingsearch
FireEscape Coffee House (youth ministry)	Mark & Marilyn Harms, Executive Directors	126 W Main St, Chanute, KS 66720 (620) 431-5815 www.fireescape.net
Cherry Street Youth Center	Jennifer Shields, Director	710 N Forest Ave, Chanute, KS 66720 (620) 431-2161 www.cherrystreetyouthcenter.org
Local churches	Tom Eastman	620-431-3758

7. **HEART DISEASE – Local expert concern; Heart Disease is the #1 Leading Cause of Death in Neosho County and the death rate is higher than expected compared to the US average**

Public comments received on previously adopted implementation strategy:

- *No Implementation Plan was developed for this need in 2016, so no written public comments about this need were solicited*

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

- NMRMC Emergency Service
- NMRMC cardiology screening and diagnostic services
- NMRMC Cardiac rehabilitation program
- Chronic Disease readmission prevention programs
- Chronic Disease support group coordinated by NMRMC Home Health Agency
- Weekly Cardiology specialty clinic
- Case Management Services
- NMRMC Home Health community blood pressure/blood sugar screens monthly
- NMRMC Drug Assist program
- NMRMC Exit care – patient education
- Cardiac Rehab department
- Foundation's patient scales program to provide weight scales for home monitoring
- Continue current Case Management efforts including Care Transition Initiatives.
- Implemented points 2 and 3 of the "Public Health Action Plan to Prevent Heart Disease and Stroke
    - Promotes cardiovascular health and prevention of heart disease and stroke through interventions in multiple settings, for all age groups, and for the whole population, especially high-risk groups.
    - Maintains laboratory capacity to address new and continuing demand
- Sponsor Ladies Night Event in the community that focuses on women's health; NMRMC provider speaks about heart disease
- NMRMC Rehabilitation and Fitness Center is open to the public and includes group fitness classes, therapy swimming pool, racquetball courts, free weights and machines; offers payment plans and employer-subsidized programs; access to personal trainer
- The Best Café (hospital cafeteria) is open to the public and includes program called Healthy Living that offers healthier food choices and healthier preparation of food; public education on making healthy food choices; calorie counts listed; Aramark foods synced with food trackers/apps
- Sponsor of local health events including Turkey Trot 5K run/walk, local sports teams and fitness/recreation

programs, local park events, health fairs in several communities, and on-site health fairs at local employers

- Employee Wellness Program that includes comprehensive lab screens and program with point system and employee challenges to encourage physical activity and healthy living, which can lead to 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
- Reduced-cost screenings offered at community events
- Weekly free blood pressure and blood sugar screenings offered in a variety of locations throughout the community
- Home Health provides monthly education events including topics on obesity, nutrition
- Added primary care clinics (including expansion to higher-risk area) that include initial screenings for BMI during visits
- Added social media articles/posts on nutrition and healthy living
- Improved vending machine offerings and encouraged water consumption over sweetened beverages
- Added nutritional information on meals in The Best Café
- Added a Chronic Care Coordinator who works with primary care providers to streamline and manage care and provide overall health coaching including diet and medication management

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

- Expanding cardiac rehab to include cardiopulmonary rehab in Q4 2019
- Explore expanding walking trails
- Received grant funding from Blue Cross Blue Shield to begin offering low cost healthy food options in The Best Café in fall 2019
- Applying for grant dollars that will offer coordinated health services within the community

NMRMC does not intend to develop an implementation strategy for this Significant Need

Due to resource constraints, NMRMC chose not to respond to this need at this time. NMRMC feels they will have a greater impact by putting attention and resources towards other significant needs for which NMRMC is better qualified to serve.

Federal classification of reasons why a hospital may cite for not developing an Implementation Strategy for a defined Significant Need

1. Resource Constraints	**X**
2. Relative lack of expertise or competency to effectively address the need	
3. A relatively low priority assigned to the need	
4. A lack of identified effective interventions to address the need	
5. Need is addressed by other facilities or organizations in the community	

Other Needs Identified During CHNA Process

8. **Smoking/Tobacco Use – 2016 Significant Need**
9. **Education/Prevention**
10. **Diabetes**
11. **Cancer**
12. **Chronic Pain Management**
13. **Accessibility**
14. **Suicide**
15. **Dental**
16. **Hypertension**
17. **Alzheimer's**
18. **Stroke**
19. **Accidents**
20. **Write In: Promoting healthy eating**
21. **Women's Health**
22. **Write In: Walk-in Clinic geared towards lower income to decrease amount of activity being seen in ER involving non-emergency health matters**
23. **Flu/Pneumonia**
24. **Respiratory Infections**
25. **Kidney Disease**
26. **Liver Disease**
27. **Lung Disease**
28. **Write In: Childhood obesity**

Overall Community Need Statement and Priority Ranking Score

Significant needs where hospital has implementation responsibility

1. Obesity/Overweight – 2016 Significant Need
2. Affordability – 2016 Significant Need
3. Mental Health
4. Physical Inactivity – 2016 Significant Need
5. Alcohol Abuse – 2016 Significant Need
6. Substance Abuse – 2016 Significant Need

Significant needs where hospital did not develop implementation strategy

1. Heart Disease

Other needs where hospital developed implementation strategy

1. N/A

Other needs where hospital did not develop implementation strategy

1. N/A

APPENDIX

Appendix A – Written Commentary on Prior CHNA (Local Expert Survey)

Neosho Memorial Regional Medical Center solicited written comments about its 2016 CHNA. 41 individuals responded to the request for comments. The following presents the information received in response to the solicitation efforts by the hospital. No unsolicited comments have been received.

1. **Please indicate which (if any) of the following characteristics apply to you. If none of the following choices apply to you, please give a description of your role in the community.**

	Yes (Applies to Me)	No (Does Not Apply to Me)	Response Count
1) **Public Health Expertise**	16	16	32
2) **Departments and Agencies** with relevant data/information regarding health needs of the community served by the hospital	16	17	33
3) **Priority Populations**	11	18	29
4) Representative/Member of **Chronic Disease Group** or Organization	4	25	29
5) Represents the **Broad Interest of the Community**	33	3	36
Other			5
Answered Question			41
Skipped Question			0

Congress defines "Priority Populations" to include:

- Racial and ethnic minority groups
- Low-income groups
- Women
- Children
- Older Adults
- Residents of rural areas
- Individuals with special needs including those with disabilities, in need of chronic care, or in need of end-of-life care
- Lesbian Gay Bisexual Transsexual (LGBT)
- People with major comorbidity and complications

2. **Do any of these populations exist in your community, and if so, do they have any unique needs that should be addressed?**

- *Mental Well-being*
- *Healthcare access, insurance coverage and transportation*
- *Avoidance of drug use, obesity management. Vaccines, More services for elderly. Health education, End of live planning. Diabetes control*
- *Access to healthcare and the inability to pay for services.*

- *Quality infant childcare is a critical community need. Availability of affordable fresh, LOCALLY GROWN fruits and vegetables year-round is a need. Affordable access to year-round opportunities for physical activity (improving, but still a need).*
- *Access to affordable healthcare*
- *many need coverages from an expanded Medicaid program*
- *Opportunities for exercise in rural areas and appropriate programs for older adults to help them maintain activities of daily living for quality of life and reduce/ manage chronic diseases to maintain independence in their home.*
- *Single mothers rates, children living in poverty rates*
- *Affordable & accessible medical care; food; job training*

In the 2016 CHNA, there were seven health needs identified as "significant" or most important:

1. **Obesity/Overweight**
2. **Alcohol/Substance Abuse**
3. **Affordability**
4. **Smoking/Tobacco Use**
5. **Physical Inactivity**

3. Should the hospital continue to consider and allocate resources to help improve the needs identified in the 2016 CHNA?

	Yes	No	Response Count
Obesity/Overweight	34	6	40
Alcohol/Substance Abuse	36	2	38
Affordability	35	1	36
Smoking/Tobacco Use	32	4	36
Physical Inactivity	33	3	36

Comments:

- *I would ADD healthy eating. If the focus is on increasing physical activity and healthy eating, then the obesity/overweight issue will likely be correctable. Less focus nationally is being placed on weight and more focus nationally is being placed on HEALTH at whatever the age, weight, and stage of life. More emphasis currently on e-cigs and vaping, especially for teens. And of course, the pervasive opioid issues....*
- *Mental Health (Suicide rate) should be included as a significant need.*
- *Access to Mental Health Providers*

6. Please share comments or observations about the actions NMRMC has taken to address <u>OBESITY/OVERWEIGHT and PHYSICAL INACTIVITY</u>.

- *Healthcare task force is helpful in collaborating with community partners regarding needs.*
- *Partner with Chanute recreation commission to save money and provide free access based on committed*

participants.

- *adding calorie counts*
- *Met identified actions steps*
- *NMRMC promotes physical health through the fitness center and related classes.*
- *Love the idea of getting involved in a community center to incorporate physical activity with outside walking track with exercise stations*
- *Obesity management does not seem to be a priority*
- *NMRMC has a Fitness Center that is available to the public.*
- *None at this time*
- *community outreach and counseling*
- *You are adding facility accommodations for obese - that is a reaction. Treat the problem - then you won't have to accommodate your facility for them.*
- *facilitated bike activities*
- *almost always very good dining options in cafe. working hard to establish and maintain breast feeding. we do have many good bariatric tools and equipment*
- *All should prove to be helpful.*
- *A lot of people that would benefit from a dietician through the hospital cannot afford it and it is not covered by their commercial or Medicaid insurance.*
- *Programs sponsored by NMRMC to help employees with weight problems. On-line access for employees with social/behavioral concerns.*
- *educate on diet, exercise program, portion sizes, and "move it" campaign*
- *In the workplace NMRMC has provided education to employees with encouragement to get out and walk. NMRMC Recently participated in walk of the Noon hour*
- *Not sure*
- *Participates in "fun runs" also have lots of Rec services*

7. Please share comments or observations about the actions NMRMC has taken to address <u>ALCOHOL/SUBSTANCE ABUSE</u>.

- *Same as above*
- *Met identified actions steps*
- *Participation in state programs for opioid abuse*
- *This hasn't been addressed.*

- *None at this time*
- *same as #5*
- *If you are doing outreach clinic or sessions, I have not noticed*
- *trying to follow national guidelines for narcotic use*
- *Working with schools and recreation commission is a start, this problem is growing in our area, it needs addressed. I like the action steps, but believe we need more. I am not sure what but willing to be on a team where we can brainstorm.*
- *Would like to see better resources available for this group of individuals. Moving in the right direction.*
- *There is not enough education in our community nor are there enough resources to help the primary care providers*
- *refer to self-help groups, SEKMH, educate on what drugs do to health.*
- *Working with other community leaders to ensure there are resources available to those who need them.*

8. Please share comments or observations about the actions NMRMC has taken to address <u>AFFORDABILITY</u>.

- *Same as above*
- *Not enough. Costs are too high, care level diminished. Many do not see MD, they see high paid nurses/PA*
- *Met identified action steps*
- *NMRMC - Works to keep cost down and ensure that everyone has access.*
- *Convenient care hours on the weekend at our Family Med Clinic.*
- *Walk in clinic now available through cooperation between NMRMC and Ashley Clinic*
- *We have updated our FAP policy so that more of the population was eligible for free or discounted services.*
- *None at this time. It is an ongoing issue in rural areas.*
- *charity programs*
- *Healthcare is expensive. Not seeing any cuts.*
- *trying to be sure pregnant pts get enrolled in insurance and support programs*
- *Walk in clinic & lower costs for low acuity would be beneficial to this community.*
- *Many patients complain that the costs of the hospital are very high- specifically outpatient costs such as lab, imaging, etc.*
- *CEO works locally to improve housing and improve job market.*
- *have insurance navigator who helps people find affordable healthcare; also has Financial Assistance Program/charity care for individuals who qualify.*

- *The hospital has recently changed the policy and application process for Charity Care enabling the application process to be much more user friendly.*

9. Please share comments or observations about the actions NMRMC has taken to address <u>SMOKING/TOBACCO USE</u>.

- *Same as above*
- *Not sure of activity conducted*
- *No new changes*
- *We offer a smoking sensation class.*
- *Address vaping and e-cigs, especially for pre-teens and teens.*
- *employee counseling and on property restrictions*
- *I still see people smoking near your facility. not sure what you are doing within*
- *offer patches and meds when in hospital. is a nonsmoking campus*
- *Have not heard much about this, make it more public.*
- *smoking cessation classes offered; refer to other programs like Medicaid who will pay for items such as nicotine patches or prescription meds to help stop smoking. Educate on effects of smoking on health.*
- *I am not aware of any action on this particular community problem*
- *Don't allow on campus. Part of employee health program*

Appendix B – Identification & Prioritization of Community Needs (Local Expert Survey Results)

Need Topic	Total Votes	Number of Local Experts Voting for Needs	Percent of Votes	Cumulative Votes	Need Determination
Obesity/Overweight*	415	22	13.0%	13.0%	Significant Needs
Affordability*	368	17	11.5%	24.5%	
Mental Health	300	19	9.4%	33.8%	
Physical Inactivity*	248	18	7.8%	41.6%	
Alcohol Abuse*	212	16	6.6%	48.2%	
Substance Abuse*	210	17	6.6%	54.8%	
Heart Disease	204	15	6.4%	61.2%	
Smoking/Tobacco Use*	179	15	5.6%	66.8%	Other Identified Needs
Education/Prevention	168	14	5.3%	72.0%	
Diabetes	159	13	5.0%	77.0%	
Cancer	122	9	3.8%	80.8%	
Chronic Pain Management	104	12	3.3%	84.0%	
Accessibility	92	10	2.9%	86.9%	
Suicide	64	11	2.0%	88.9%	
Dental	51	10	1.6%	90.5%	
Hypertension	44	8	1.4%	91.9%	
Alzheimer's	41	9	1.3%	93.2%	
Stroke	37	7	1.2%	94.3%	
Accidents	35	8	1.1%	95.4%	
Write In: Promoting healthy eating	35	2	1.1%	96.5%	
Women's Health	27	7	0.8%	97.3%	
Write In: Walk-in Clinic geared towards lower income to decrease amount of activity being seen in ER involving non-emergency health matters	25	1	0.8%	98.1%	
Flu/Pneumonia	14	5	0.4%	98.6%	
Respiratory Infections	13	5	0.4%	99.0%	
Kidney Disease	10	4	0.3%	99.3%	
Liver Disease	9	4	0.3%	99.6%	
Lung Disease	9	4	0.3%	99.8%	
Write In: Childhood inactivity	5	1	0.2%	100.0%	
Total	3200		100.00%		

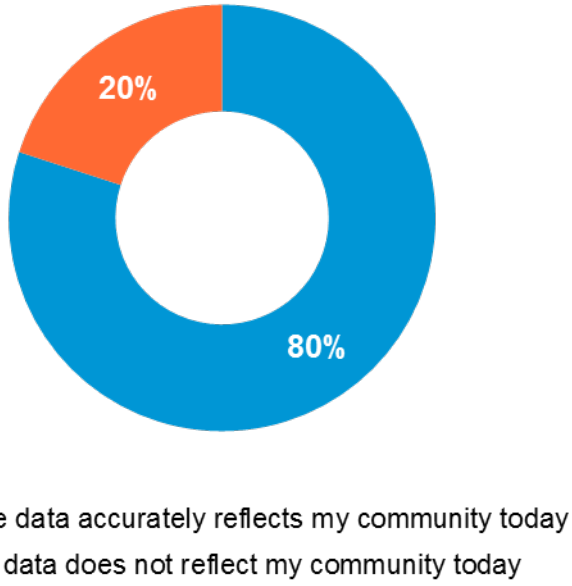
**=2016 Significant Needs*

Individuals Participating as Local Expert Advisors

	Yes (Applies to Me)	No (Does Not Apply to Me)	Response Count
1) **Public Health Expertise**	16	16	32
2) **Departments and Agencies** with relevant data/information regarding health needs of the community served by the hospital	16	17	33
3) **Priority Populations**	11	18	29
4) Representative/Member of **Chronic Disease Group** or Organization	4	25	29
5) Represents the **Broad Interest of the Community**	33	3	36
Other			5
Answered Question			41
Skipped Question			0

Advice Received from Local Expert Advisors

Question: Do you agree with the comparison of Neosho County to all other Kansas counties?

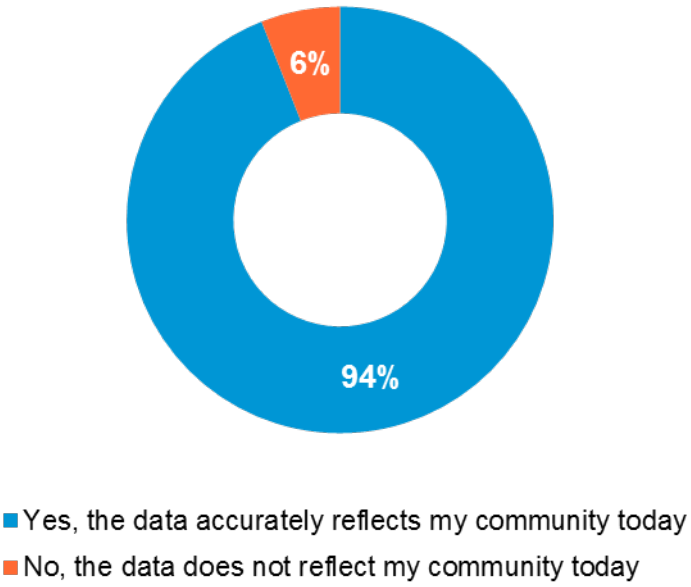


Comments:

- *Current unemployment according to KS Dept of Labor is 4.6%, 270+/- unemployed. Children in poverty under 18 more like 28%*
- *The only data that I would question would be the Children in Poverty category showing 22%, since based on USD # 413 data we have approximately 5 out of 10 children on Free or Reduced Lunch and if older children (high school aged) stayed on the mentioned program that qualify, but drop-out of said program based on not wanting their peers to know they are on Free or Reduced Lunch, then the number has been projected to trend upwards to 6 or 7 out of 10 children in our community for Free or Reduced Lunch program. Knowing this, I believe the Children in Poverty is much higher in our community than the 22% as shown.*
- *I believe there has been improvement since last survey as it relates to unemployment,*
- *i do not feel there are more premature deaths no think the air quality is poor. unless it is related to dust and vegetation at harvest times. i think we have plenty of primary care providers for our population*
- *I believe our uninsured is higher than listed.*
- *I don't know, but have no reason to doubt it*
- *Recent improvement has been achieved in most of the above categories.*
- *I do think our unemployment has gone down and our housing problems have gone up (lack of)*

- *The asterisk states the result is per 100,000. Chanute has approximately 9100 + surrounding rural communities we serve. We likely have more than 214 STI's per year in our community. Are these only those considered reportable to KDH&E? I question the statistics regarding the other violent crimes/injury deaths as well.*
- *It is hard to believe the "quality of life" for Neosho county rates so poor, but understand all of the factors work together. For instance, since the social & economic factors rate poor due to poverty and unemployment, that will increase stress and you will see more behaviors rise like drinking, smoking, inactivity, mental health issues, etc.*
- *I would not have the expertise to disagree with qualified sources on these statistics*

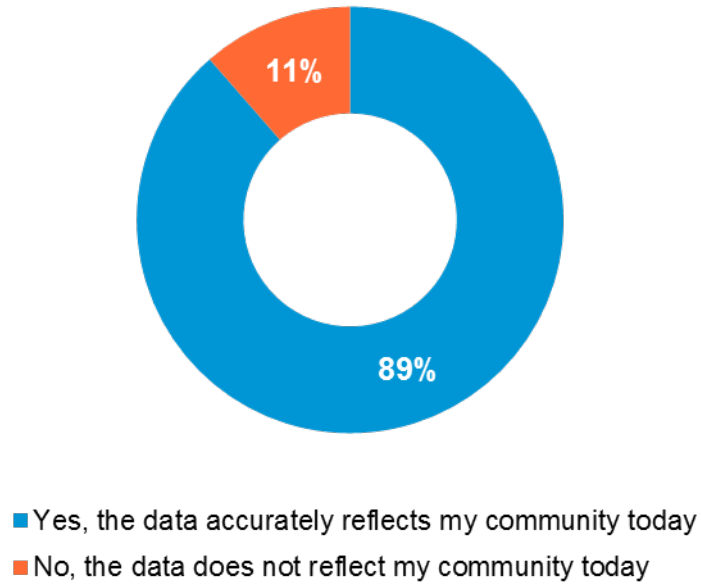
Question: Do you agree with the demographics and common health behaviors of Neosho County?



Comments:

- *County population will be less than 14,000. Aging population is not being replaced due to brain drain to metropolitan areas and low birth rates, small non-traditional family declining numbers.*
- *probably less median household income than what is seen here*
- *not sure*
- *The Kansas Health Foundation issued a report in 2018 that shows projected population statistics through 2050 that indicate a major increase in Hispanic and other ethnic groups.*
- *I don't have sufficient information to give an opinion.*

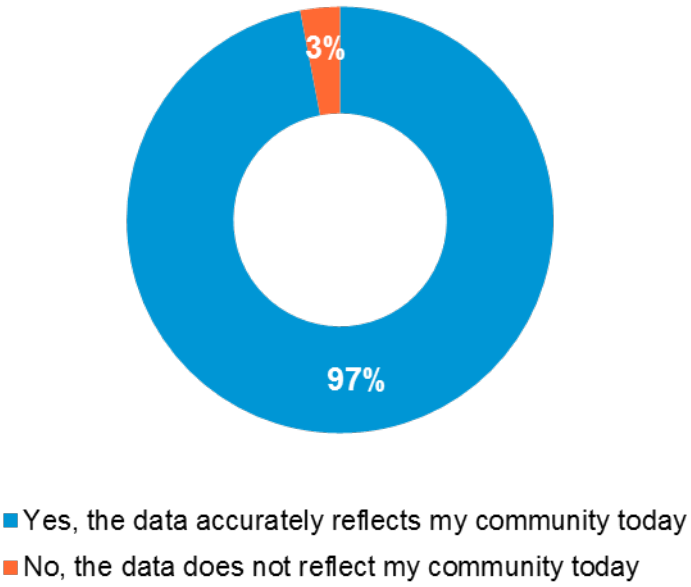
Question: Do you agree with the overall social vulnerability index for Neosho County?



Comments:

- *The maps are illegible. Clusters of population impact vulnerability analysis. Less densely populated area is less vulnerable.*
- *Transportation needs are an important consideration. Chanute/Neosho County has extremely limited public transportation options, and this is an especially critical consideration for older adults and low-income families.*

Question: Do you agree with the national rankings and leading causes of death?



Comments:

- *No reason to believe it is not the same.*
- *Five or six of the top 15 causes of death are all correctable. A community-wide focus on improving healthy eating options, increasing physical activity and places for physical activity year-round and addressing ways to decrease tobacco use will all serve to correct these health issues.*
- *I don't know*
- *Unable to render an opinion.*

Question: Do you agree with the health trends in Neosho County?

Comments:

- *no comment without looking at recent documentation.*
- *Again, the majority of the negative measures are correctable by addressing healthy eating, physical activity and tobacco cessation, for the most part. One issue that seems to be understated but may, in fact, need a closer look, is suicide.*
- *i don't know*
- *Unable to render an opinion.*

Appendix C – National Healthcare Quality and Disparities Report

The National Healthcare Quality and Disparities Reports (QDR; annual reports to Congress mandated in the Healthcare Research and Quality Act of 1999 (P.L. 106-129)) are based on more than 300 healthcare process, outcome, and access measures, covering a wide variety of conditions and settings. Data years vary across measures; most trend analyses include data points from 2000-2002 to 2012-2015. An exception is rates of uninsured, which we are able to track through 2017. The reports are produced with the support of an HHS Interagency Work Group (IWG) and guided by input from AHRQ's National Advisory Council and the Institute of Medicine (IOM), now known as the Health and Medicine Division of the National Academies of Sciences, Medicine, and Engineering.

For the 15th year in a row, the Agency for Healthcare Research and Quality (AHRQ) has reported on progress and opportunities for improving healthcare quality and reducing healthcare disparities. As mandated by the U.S. Congress, the report focuses on "national trends in the quality of health care provided to the American people" (42 U.S.C. 299b-2(b)(2)) and "prevailing disparities in health care delivery as it relates to racial factors and socioeconomic factors in priority populations" (42 U.S.C. 299a-1(a)(6)).

The 2017 report and chartbooks are organized around the concepts of access to care, quality of care, disparities in care, and six priority areas—including patient safety, person-centered care, care coordination, effective treatment, healthy living, and care affordability. Summaries of the status of access, quality, and disparities can be found in the report.

The report presents information on trends, disparities, and changes in disparities over time, as well as federal initiatives to improve quality and reduce disparities. It includes the following:

- **Overview of Quality and Access in the U.S. Healthcare System** that describes the healthcare systems, encounters, and workers; disease burden; and healthcare costs.
- **Variation in Health Care Quality and Disparities** that presents state differences in quality and disparities.
- **Access and Disparities in Access to Healthcare** that tracks progress on making healthcare available to all Americans.
- **Trends in Quality of Healthcare** that tracks progress on ensuring that all Americans receive appropriate services.
- **Trends in Disparities** that tracks progress in closing the gap between minority racial and ethnic groups and Whites, as well as income and geographic location gaps (e.g., rural/suburban disparities).
- **Looking Forward** that summarizes future directions for healthcare quality initiatives.

Key Findings

Access: An estimated 43% of access measures showed improvement (2000-2016), 43% did not show improvement, and 14% showed worsening. For example, from 2000 to 2017, there were significant gains in the percentage of people who reported having health insurance.

Quality: Quality of healthcare improved overall from 2000 through 2014-2015, but the pace of improvement varied by priority area:

- Person-Centered Care: Almost 70% of person-centered care measures were improving overall.
- Patient Safety: More than two-thirds of patient safety measures were improving overall.
- Healthy Living: More than half of healthy living measures were improving overall.
- Effective Treatment: More than half of effective treatment measures were improving overall.
- Care Coordination: Half of care coordination measures were improving overall.
- Care Affordability: Eighty percent of care affordability measures *did not* change overall.

Disparities: Overall, some disparities were getting smaller from 2000 through 2014-2015; but disparities persist, especially for poor and uninsured populations in all priority areas.

Trends

- Trends show that about 55% percent of quality measures are improving overall for Blacks.[15] However, most recent data in 2014-2015 show that about 40% of quality measures were worse for Blacks compared with Whites.
- Trends show that about 60% of quality measures are improving overall for Asians. However, most recent data in 2014-2015 show that 20% of quality measures were worse for Asians compared with Whites.
- Trends show that almost 35% of quality measures are improving overall for American Indians/Alaska Natives (AI/ANs). However, most recent data in 2014-2015 show that about 30% of quality measures were worse for AI/ANs compared with Whites.
- Trends show that approximately 25% of quality measures are improving overall for Native Hawaiians/Pacific Islanders (NHPIs). However, most recent data in 2014-2015 show that nearly 33% of quality measures were worse for NHPIs compared with Whites.
- Trends show that about 60% of quality measures are improving overall for Hispanics, but in 2014-2015, nearly 33% of quality measures were worse for Hispanics compared with non-Hispanic Whites.
- Variation in care persisted across the urban-rural continuum in 2014-2016, especially in access to care and care coordination.

Looking Forward

The National Healthcare Quality and Disparities Report (QDR) continues to track the nation's performance on healthcare access, quality, and disparities. The QDR data demonstrate significant progress in some areas and identify other areas that merit more attention where wide variations persist. The number of measures in each priority area varies, and some measures carry more significance than others as they affect more people or have more significant consequences. The summary charts are a way to quantify and illustrate progress toward achieving accessible, high-quality, and affordable care at the national level using available nationally representative data. The summary charts are accessible via the link below.

[15] Throughout this report and its appendixes, "Blacks" refers to Blacks or African Americans, and "Hispanics" refers to Hispanics or Latinos. More information is available in the Reporting Conventions section of the Introduction and Methods.

This report shows that while performance for most access measures did not change significantly over time (2000-2014), insurance coverage rates did improve (2000-2016). Quality of healthcare improved in most areas but some disparities persist, especially for poor and low-income households and those without health insurance.

U.S. Department of Health and Human Services (HHS) agencies are working on research and conducting programs in many of the priority areas—most notably opioid misuse, patient safety, effective treatment, and health disparities.

Link to the full report:

https://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqrdr/2017qdr.pdf