

2022-24

Community Health Needs Assessment



Approved by Board of Trustees on February 3, 2022

Table of Contents

Introduction & Executive Summary3

Impact of Previous CHNA4

Determining the Health Needs 5

Defining the Communities Served6-8

Community Health Profiles9-19

2022-24 Implementation Plan20-30

Community Surveys31-38

Appendix A39

Available Resources40

Introduction

This report contains the Community Health Needs Assessment (CHNA) for Labette, Montgomery and Neosho counties. We conducted the CHNA with one main goal: To carefully characterize community members’ views on the health needs in their communities and thereby fulfill the Internal Revenue Service (IRS) requirements for tax-exempt hospitals. For the purpose of this assessment, community is defined as the three counties that comprise the Labette Health service areas (Labette, Montgomery, and Neosho counties).

Our focus on community voice means that our assessment of health needs is framed by the community’s perception of needs.

Summary Of CHNA Process

As a result of the Affordable Care Act, tax-exempt hospitals are required to assess the health needs of their communities and adopt implementation strategies to address significant identified needs. Compliance with section 501(r) of the Internal Revenue Code (IRC) requires that a tax-exempt hospital facility:

- Conduct a community health needs assessment every three years.
- Adopt an implementation strategy to meet the community health needs identified through the assessment.
- In each subsequent assessment, evaluate the impact of previous implementation strategies on identified needs.

The community health needs assessment must take into account input from persons who represent the broad interest of the community served by the hospital facility, including those with special knowledge of or expertise in public health and those representing low-income, medically underserved or minority populations in the community. The hospital facility must make the community health needs assessment widely available to the public.

This community health needs assessment is intended to document Labette Health’s compliance with IRC Section 501(r)(3). Significant health needs of the community have been identified and prioritized so that Washington Regional may adopt a potential implementation strategy to address specific needs of the community.

The process involved:

- A comprehensive evaluation of the implementation strategy that was developed as a result of the initial community health needs assessment completed in 2019.
- Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, health care resources and patient use rates.
- Input from key individuals who represent a) broad interests of the community, b) populations of need and c) persons with specialized knowledge in public health.

This document is a summary of all the available evidence collected and will serve as a compliance document, an assessment of the impact of the previous implementation strategy and a resource until the next assessment cycle.

Timeline	
Community Leaders Input Survey	October/November
Department Heads Input Survey	November
Top 5 Diseases Identified	November
Research counties/ diseases	November
Community Input Survey	November
Write report	December
Approve by board and post to website	February

Impact of Previous Assessment

GOAL: OBESITY	MET	IMPACT
◇ Dinner with the Doc (two times per year): hold an educational event with the presence of a physician/provider, along with complimentary meal.	✓	Was able to hold one event in 2019 prior to the pandemic. Due to the pandemic, the event was cancelled. The annual dinner was held virtually.
◇ Community Garden: Design a garden onsite to offer fresh foods to the community while promoting physical activity and a healthy lifestyle.		On-going and working with K-State Research and the City of Parsons on the development and location.
◇ Rector Diabetes Education Center: Increase the utilization of the Rector Center by implement a pre-diabetes program and continuing current programs such as Diabetes Self Management Program, Diabetes Support Group and Screening for Diabetes.	✓	The Rector Center was utilized as a COVID testing center throughout the pandemic therefore no events were held there. Dietitians continued education with patients via telephone and face-to-face (individually due to the pandemic).
◇ The Center of Rehabilitation Excellence (CORE): Increase community members by promoting exercise opportunities with a more feasible membership opportunity.	✓	Community memberships were lowered in early 2019. The fitness center was shut down Spring 2019 through Spring 2021 due to the pandemic. Lower memberships resumed upon reopening.
GOAL: HEART DISEASE/STROKE	MET	IMPACT
◇ Community Health Presentations: Promote healthy living and improve overall community health by providing the community exposure to free health topics.	✓	Promoted national heart month and stroke awareness via social media. Community events were postponed in 2020 and much of 2021 due to the pandemic.
◇ Collaborate with community stakeholders such as local businesses, extension office, rec centers.		It was difficult to work alongside organizations due to pandemic restrictions.
◇ The Center of Rehabilitation Excellence (CORE): Increase community members by promoting exercise opportunities with a more feasible membership opportunity.	✓	Community memberships were lowered in early 2019. The fitness center was shut down Spring 2019 through Spring 2021 due to the pandemic. Lower memberships resumed upon reopening.
◇ Stroke Awareness: Increase stroke awareness/FAST education in primary service area through various events.	✓	Recreated FAST video and marketed during peak seasons in theaters located in primary service area, via tv commercials and via school sports broadcasting events. Provide handouts on World Stroke Awareness Day and at community fairs.
◇ Smoking Cessation: Assist respiratory patients with smoking cessation educational materials and resources to quit.	✓	Patient education was provided to outpatients upon request as well as inpatients per provider or patient request.

ADDITIONAL NEEDS MET OR ALTERED DUE TO THE PANDEMIC

- Continued our Summer Meal Program for area children. Altered it as a “grab ‘n’ go” according to CDC guidelines.
- Conducted flu and Covid vaccination clinics throughout the region.
- Improved our system-wide technology infrastructure to provide Telehealth to patients—creating a safer and more convenient way to continue health observation, screenings, etc.
- We continued to provide financial assistance to our patients who are uninsured or under insured by assisting with the application for Medicaid based on personal data provided and by offering validated discounted rates.

Determining the Needs

Labette Health is dedicated to being centered around you. In order to do this, we must take time to examine our community needs. The Community Health Needs Assessment is an examination of our community, its needs and how we can improve our health. We began by evaluating our previous report. What worked and what didn't, then we started this report.

We took two weeks to research and evaluate reports about our surrounding communities. The major needs in the area were identified as the top five chronic diseases. However, we wanted to narrow that list down, so we gathered input from department heads of the hospital, leaders of community organizations, and the public. We sent surveys, held town hall meetings, and listened to people's feedback. Once we gathered all the information, those diseases were narrowed down and prioritized to Heart Disease/Stroke and Diabetes.

Hospital Employees

Research on our community began in October . In order to discover the most pressing needs in our communities, we utilized reports such as the Robert Woods Johnson Foundation, Kansas Health Matters, U.S. Census Bureau and Community Commons. We found our primary service area is ranked in the bottom quartile of Kansas, according to the Robert Woods Johnson Reports.

We discovered that chronic diseases' present in this area is worse than Kansas and the United States' averages. A committee of hospital employees focused on the top five chronic diseases affecting our primary service area. These were narrowed down to heart disease, obesity, respiratory diseases, cancer and diabetes. We then presented information to hospital department heads and leaders. They prioritized the needs as shown in the table on the right.

Chronic Diseases
1. Heart Disease/Stroke
2. Diabetes
3. Obesity
4. Cancer
5. Pulmonary Disease

In the Community

Organizations from the community provided input in our search. The invited organizations were the Community Health Center of Southeast Kansas (which represented the uninsured, low-income and medically underserved members in our community), Four County Mental Health Services, Labette Center for Mental Health, Labette County Health Department, Neosho County Health Department, and superintendents from each school district in Labette, Montgomery and Neosho counties.

Lastly, to identify the broad interests of the community, the survey was conducted through Facebook from November 17-26.

Unhealthy Behaviors
1. Alcohol/Substance Abuse
2. Unhealthy Eating/Lack of Exercise
3. Mental Health
4. Tobacco/Smoking/Vaping Abuse
5. Domestic/Child Abuse

**Input From:
Hospital
Leadership, Medical
Staff & Employees**

**Input From:
Community Leaders/
Organizations From
Primary Service Area**

**Input From:
Labette,
Montgomery &
Neosho
Community Members**



Community Definition



Labette Health

We Center Around You.

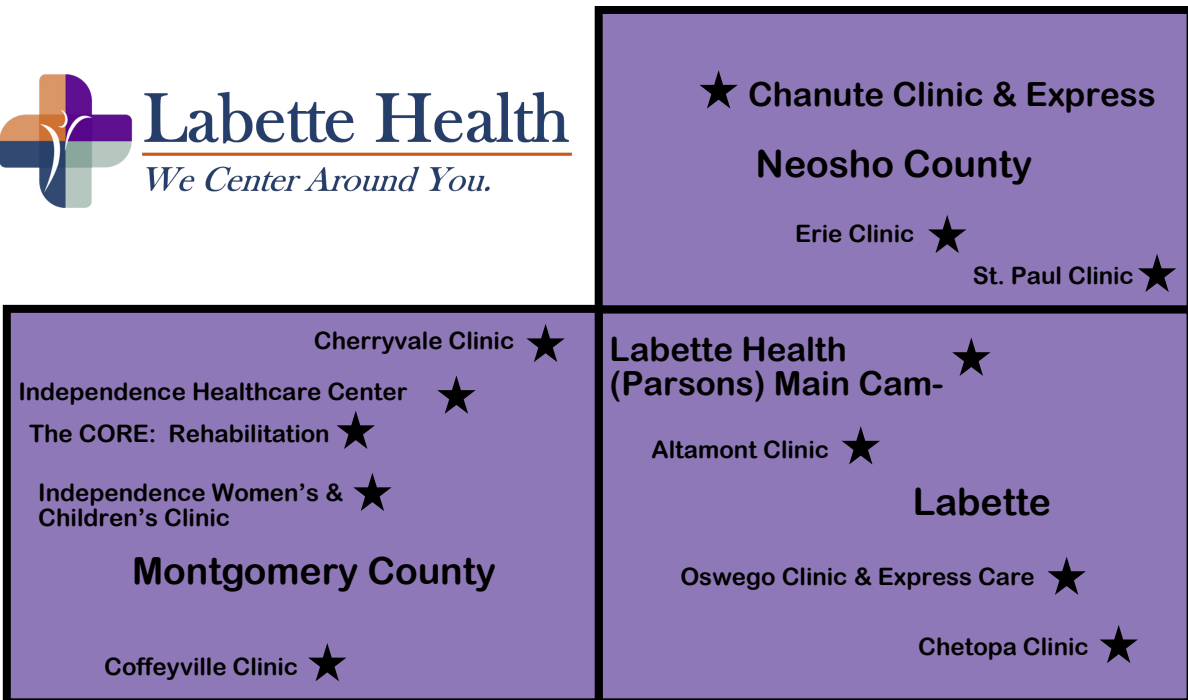
Labette Health’s Primary Service Area consists of three counties—Labette, Montgomery, and Neosho. In 2020, these three counties accounted for:

Inpatient	Outpatient	ER	Swing Bed	IRU
Labette: 54%	Labette: 55%	Labette: 46%	Labette: 75%	Labette: 51%
Montgomery: 25%	Montgomery: 26%	Montgomery: 41%	Montgomery: 0%	Montgomery: 19%
Neosho: 8%	Neosho: 10%	Neosho: 4%	Neosho: 0%	Neosho: 9%
Other: 13%	Other: 9%	Other: 9%	Other: 25%	Other: 21%

According to the U.S. Census Bureau, the 2020 population of the primary service area was 67,574. (Labette, 20,184; Montgomery 31,486; Neosho 15,904). All three counties are predominantly white; the breakdown of the population is shown in Appendix A.

Other factors, such as physical, social and economic factors, influence the community’s overall health.

	2015	2016	2017	2018	2019	2020
LABETTE	20,628	20,313	20,129	19,906	19,618	20,184
MONTGOMERY	33,436	32,859	32,390	32,091	31,829	31,486
NEOSHO	16,287	16,127	16,094	16,025	16,007	15,904



Labette Health Locations

Available Resources

The following represent potential measures and resources (such as programs, organizations, and facilities in the communities we serve) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from various participants and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Healthcare Services

- Doctor's offices
- Early learning services for infants/toddlers
- Express Care/Urgent Care
- FQHC's
- Health Departments
- Home Care
- Hospice
- Hospitals
- Meals on Wheels
- Medicaid providers
- Schools
- Telehealth
- United Way
- Veterans Clinics

Cancer

- American Cancer Society
- Cancer Center of Kansas
- Cancer Support Groups
- Doctor's Offices
- Home Care
- Hospice
- Hospitals
- Oncology Treatment Centers

Diabetes

- American Diabetes Association
- Diabetes Educators
- Diabetes Support Groups
- Dialysis Centers
- Doctor's offices
- Fitness Centers
- FQHC's
- Health Departments
- Hospitals
- Meals on Wheels
- Nutritionists
- Schools

Heart Disease/Stroke

- American Heart Association
- Cardiology Clinics
- Doctor's Offices
- Fitness Centers
- Hospitals
- Nutritionists
- Rehabilitation Services
- Senior Citizen Programs

Mental Health

- 24-Hour Hotlines
- Doctor's Offices
- Family Resource Centers
- FQHC's
- Fitness Centers
- Health Departments
- Mental Health Centers
- Schools
- Veterans Clinics

Obesity, Nutrition, Physical Activity

- Aquatic Centers
- Doctor's Offices
- Farmer's Markets/Food Pantries
- Fitness Centers
- FQHC's
- Hospitals
- Kansas Extension Offices
- Nutritionists
- Recreation Centers
- Schools
- Senior Centers
- Summer Meals Program
- Walking Trails

Pulmonary

- American Cancer Society
- American Lung Association
- Doctor's Offices
- Fitness Centers
- FQHC's
- Health Departments
- Hospitals
- Pulmonary/Sleep Clinics
- Rehabilitation Services
- Support Groups

Substance Abuse

- AA/NA
- Doctor's Office
- FQHC's
- Health Departments
- Hospitals
- Mental Health Centers
- Schools

Tobacco

- AA/NA
- American Cancer Society
- American Heart Association
- Doctor's Offices
- FQHC's
- Health Departments
- Hospitals
- Mental Health Centers
- Schools



Community Health Profiles



Labette Health

We Center Around You.

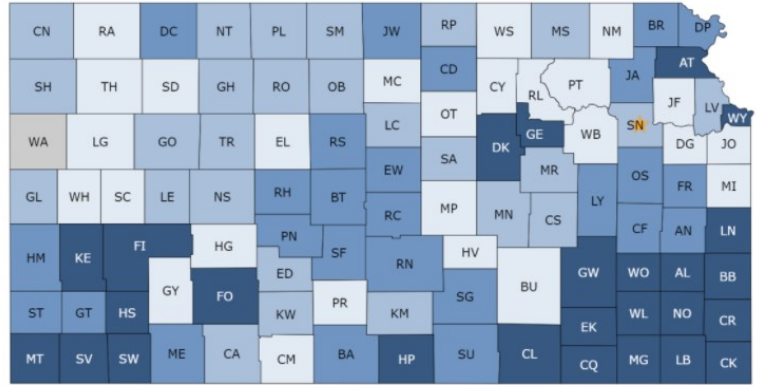
Robert Woods Johnson County Rankings 2021

Health Factors

HOW DO COUNTIES RANK FOR HEALTH FACTORS?

The blue map displays Kansas' summary ranks for **health factors**, based on weighted scores for health behaviors, clinical care, social and economic factors, and the physical environment.

Lighter shades indicate better performance in the respective summary rankings. Detailed information on the underlying measures is available at countyhealthrankings.org.

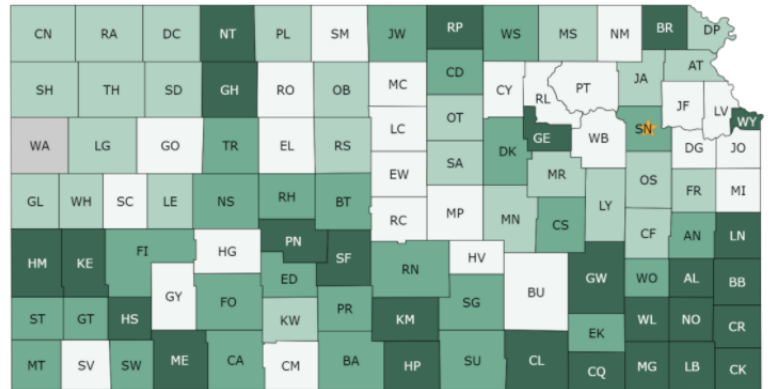


Health Outcomes

HOW DO COUNTIES RANK FOR HEALTH OUTCOMES?

The green map below displays Kansas' summary ranks for **health outcomes**, based on an equal weighting of length and quality of life.

Lighter shades indicate better performance in the respective summary rankings. Detailed information on the underlying measures is available at countyhealthrankings.org.



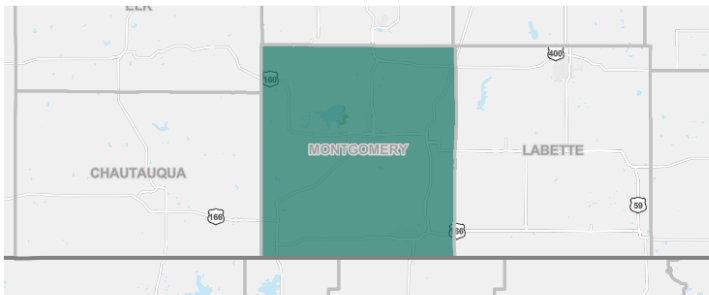
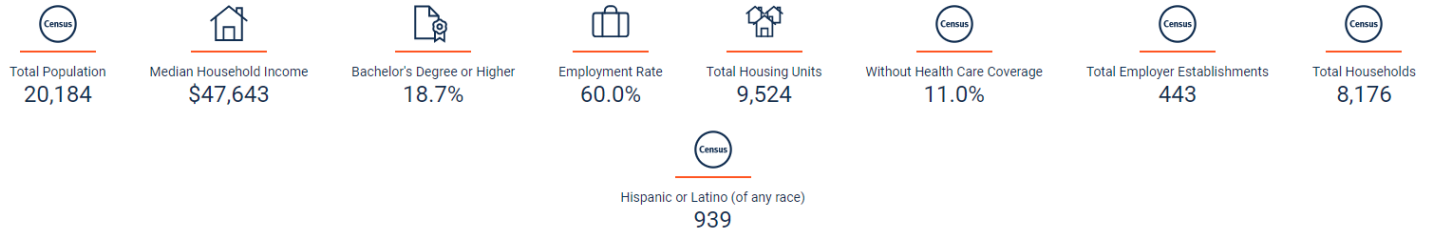
2021 County Health Rankings for the 104 Ranked Counties in Kansas

County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors
Allen	89	93	Doniphan	34	71	Jackson	30	63	Morris	45	43	Saline	37	45
Anderson	73	69	Douglas	7	2	Jefferson	8	23	Morton	65	80	Scott	18	21
Atchison	51	91	Edwards	67	49	Jewell	54	61	Nemaha	5	14	Sedgwick	71	55
Barber	58	78	Elk	74	102	Johnson	1	1	Neosho	87	94	Seward	62	97
Barton	59	74	Ellis	11	10	Kearny	88	86	Ness	55	35	Shawnee	64	47
Bourbon	90	92	Ellsworth	12	56	Kingman	100	34	Norton	93	32	Sheridan	29	12
Brown	85	76	Finney	70	85	Kiowa	48	30	Osage	32	77	Sherman	47	51
Butler	20	24	Ford	61	88	Labette	91	100	Osborne	33	52	Smith	21	29
Chase	53	50	Franklin	28	62	Lane	50	41	Ottawa	35	18	Stafford	81	60
Chautauqua	95	99	Geary	86	87	Leavenworth	13	44	Pawnee	84	65	Stanton	76	66
Cherokee	102	96	Gove	14	27	Lincoln	26	38	Phillips	46	31	Stevens	19	81
Cheyenne	42	36	Graham	82	40	Linn	92	103	Pottawatomie	2	4	Sumner	66	73
Clark	60	39	Grant	56	70	Logan	40	15	Pratt	69	11	Thomas	49	8
Clay	16	16	Gray	3	26	Lyon	52	53	Rawlins	44	17	Trego	63	48
Cloud	75	68	Greeley	36	28	Marion	27	42	Reno	72	67	Wabaunsee	6	9
Coffey	31	57	Greenwood	103	82	Marshall	38	46	Republic	96	37	Wallace	NR	NR
Comanche	25	7	Hamilton	79	75	McPherson	9	5	Rice	23	54	Washington	68	22
Cowley	94	84	Harper	99	89	Meade	101	64	Riley	4	3	Wichita	43	20
Crawford	83	90	Harvey	22	6	Miami	10	19	Rooks	15	33	Wilson	98	95
Decatur	41	59	Haskell	80	83	Mitchell	17	25	Rush	77	58	Woodson	78	98
Dickinson	57	79	Hodgeman	24	13	Montgomery	97	101	Russell	39	72	Wyandotte	104	104

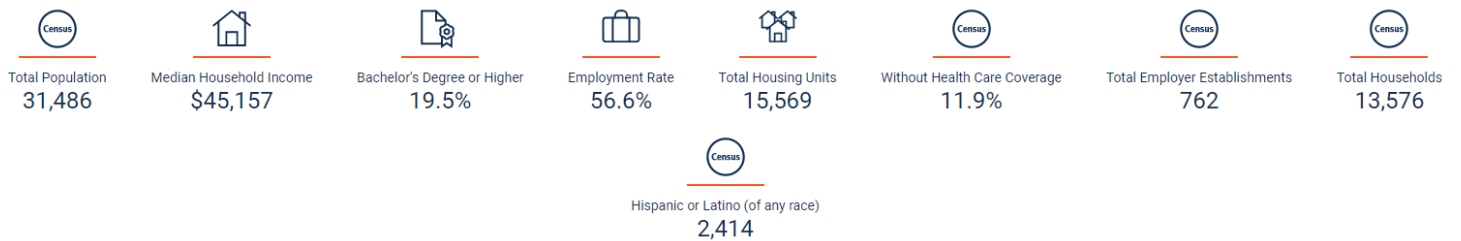
Counties: Population/Demographics



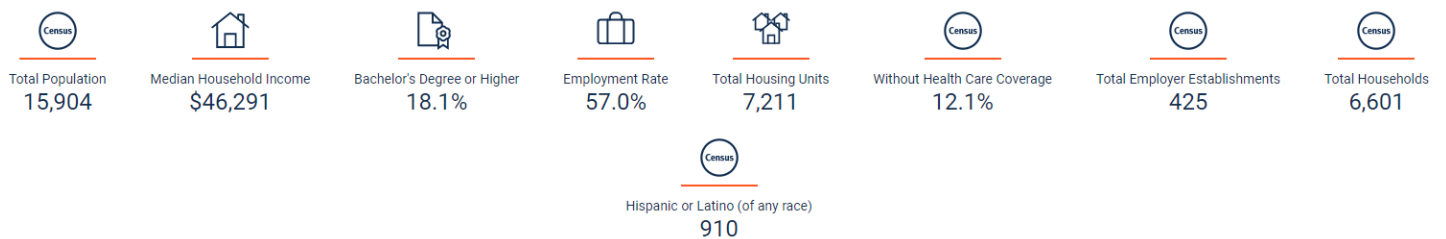
Labette County, Kansas has 645.2 square miles of land area and is the 74th largest county in Kansas by total area. Labette County, Kansas is bordered by Montgomery County, Kansas, Cherokee County, Kansas, Nowata County, Oklahoma, Neosho County, Kansas, Craig County, Oklahoma, and Crawford County, Kansas.



Montgomery County, Kansas has 643.4 square miles of land area and is the 76th largest county in Kansas by total area. Montgomery County, Kansas is bordered by Wilson County, Kansas, Washington County, Oklahoma, Nowata County, Oklahoma, Elk County, Kansas, Neosho County, Kansas, Labette County, Kansas, and Chautauqua County, Kansas.












Neosho County, Kansas has 571.3 square miles of land area and is the 91st largest county in Kansas by total area. Neosho County, Kansas is bordered by Wilson County, Kansas, Montgomery County, Kansas, Woodson County, Kansas, Allen County, Kansas, Bourbon County, Kansas, Labette County, Kansas, and Crawford County, Kansas.



*All information retrieved from the US Census Bureau.



















Health / Mental Health & Mental Disorders

Poor Mental Health: 14+ Days

	VALUE	COMPARED TO:		
County: Labette	14.7% (2018)	 KS Counties	 U.S. Counties	 US Value (12.7%)
County: Montgomery	14.6% (2018)	 KS Counties	 U.S. Counties	 US Value (12.7%)
County: Neosho	14.4% (2018)	 KS Counties	 U.S. Counties	 US Value (12.7%)

Education / Educational Attainment

People 25+ with a High School Degree or Higher

	VALUE	COMPARED TO:				
County: Labette	89.8% (2015-2019)	 KS Counties	 U.S. Counties	 KS Value (91.0%)	 US Value (88.0%)	 Prior Value (88.0%)
		 Trend				
County: Montgomery	88.8% (2015-2019)	 KS Counties	 U.S. Counties	 KS Value (91.0%)	 US Value (88.0%)	 Prior Value (88.7%)
		 Trend				
County: Neosho	90.8% (2015-2019)	 KS Counties	 U.S. Counties	 KS Value (91.0%)	 US Value (88.0%)	 Prior Value (91.5%)
		 Trend				

LABETTE



Kansas Health Matters

Adults who Experienced Coronary Heart Disease County: Labette

8.9%
(2018)

Compared to:



KS Counties



U.S. Counties



US Value
(6.8%)

Congestive Heart Failure Hospital Admission Rate County: Labette

22.3

Per 10,000 population
(2017-2019)

Compared to:



KS Value
(24.7)



Prior Value
(9.8)

Heart Disease Hospital Admission Rate County: Labette

99.5

Per 10,000 population
(2017-2019)

Compared to:



KS Value
(117.1)



Prior Value
(109.8)

Acute Cerebrovascular (Stroke) Disease Hospital Admission Rate County: Labette

12.5

Per 10,000 population
(2017-2019)

Compared to:



KS Value
(11.9)



Prior Value
(17.4)

Diabetes Hospital Admission Rate County: Labette

20.1

Per 10,000 population
(2017-2019)

Compared to:



KS Value
(16.9)



Prior Value
(21.1)

Adults with Cancer County: Labette

8.3%
(2018)

Compared to:



KS Counties



U.S. Counties



US Value
(6.9%)

This indicator shows the percentage of adults who have ever been told by a health care provider that they had coronary heart disease.

This indicator shows the number of admissions for congestive heart failure per 10,000 population in an area.

This indicator shows the number of admissions for heart disease per 10,000 population in an area.

This indicator shows the number of admissions for acute cerebrovascular (stroke) disease per 10,000 population in an area.

This indicator shows the rate of hospital admissions for Diabetes issues per 10,000 population in an area.

This indicator shows the percentage of adults aged 18 and over who have ever been told by a health professional that they have any type of cancer, except skin cancer.

MONTGOMERY



KansasHealthMatters

This indicator shows the percentage of adults who have ever been told by a health care provider that they had coronary heart disease.



Adults who Experienced Coronary Heart Disease County: Montgomery

8.9%
(2018)

Compared to:



KS Counties



U.S. Counties



US Value
(6.8%)

This indicator shows the number of admissions for congestive heart failure per 10,000 population in an area.



Congestive Heart Failure Hospital Admission Rate County: Montgomery

17.1
Per 10,000 population
(2017-2019)

Compared to:



KS Value
(24.7)



Prior Value
(10.6)

This indicator shows the number of admissions for heart disease per 10,000 population in an area.



Heart Disease Hospital Admission Rate County: Montgomery

56.0
Per 10,000 population
(2017-2019)

Compared to:



KS Value
(117.1)



Prior Value
(56.2)

This indicator shows the number of admissions for acute cerebrovascular (stroke) disease per 10,000 population in an area.



Acute Cerebrovascular (Stroke) Disease Hospital Admission Rate County: Montgomery

4.5
Per 10,000 population
(2017-2019)

Compared to:



KS Value
(11.9)



Prior Value
(5.9)

This indicator shows the rate of hospital admissions for Diabetes issues per 10,000 population in an area.



Diabetes Hospital Admission Rate County: Montgomery

13.8
Per 10,000 population
(2017-2019)

Compared to:



KS Value
(16.9)



Prior Value
(12.0)

This indicator shows the percentage of adults aged 18 and over who have ever been told by a health professional that they have any type of cancer, except skin cancer.



Adults with Cancer County: Montgomery

8.4%
(2018)

Compared to:



KS Counties



U.S. Counties



US Value
(6.9%)



KansasHealthMatters

This indicator shows the percentage of adults who have ever been told by a health care provider that they had coronary heart disease.



Adults who Experienced Coronary Heart Disease County: Neosho

8.8%
(2018)

Compared to:



KS Counties



U.S. Counties



US Value
(6.8%)

This indicator shows the number of admissions for congestive heart failure per 10,000 population in an area.



Congestive Heart Failure Hospital Admission Rate County: Neosho

22.3
Per 10,000 population
(2017-2019)

Compared to:



KS Value
(24.7)



Prior Value
(10.6)

This indicator shows the number of admissions for heart disease per 10,000 population in an area.



Heart Disease Hospital Admission Rate County: Neosho

83.7
Per 10,000 population
(2017-2019)

Compared to:



KS Value
(117.1)



Prior Value
(91.2)

This indicator shows the number of admissions for acute cerebrovascular (stroke) disease per 10,000 population in an area.



Acute Cerebrovascular (Stroke) Disease Hospital Admission Rate County: Neosho

8.2
Per 10,000 population
(2017-2019)

Compared to:



KS Value
(11.9)



Prior Value
(12.7)

This indicator shows the rate of hospital admissions for Diabetes issues per 10,000 population in an area.



Diabetes Hospital Admission Rate County: Neosho

17.5
Per 10,000 population
(2017-2019)

Compared to:



KS Value
(16.9)



Prior Value
(13.7)

This indicator shows the percentage of adults aged 18 and over who have ever been told by a health professional that they have any type of cancer, except skin cancer.



Adults with Cancer County: Neosho

8.5%
(2018)

Compared to:



KS Counties



U.S. Counties



US Value
(6.9%)

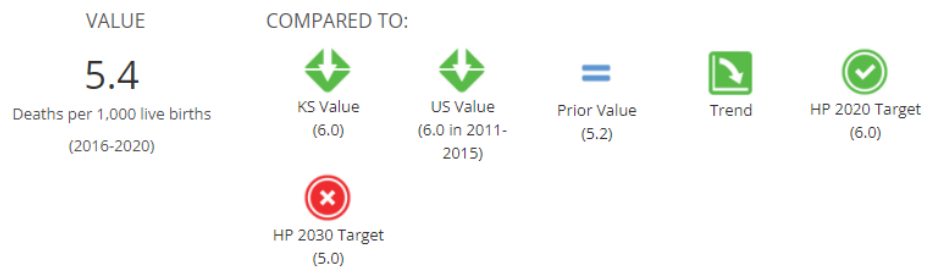
2020 Health/Mortality Data

	CANCER	DIABETES	HEART DISEASE	STROKE	PULMONARY	COVID
LABETTE	46	6	68	15	27	26
MONTGOMERY	71	28	124	20	43	40
NEOSHO	42	8	52	11	17	17

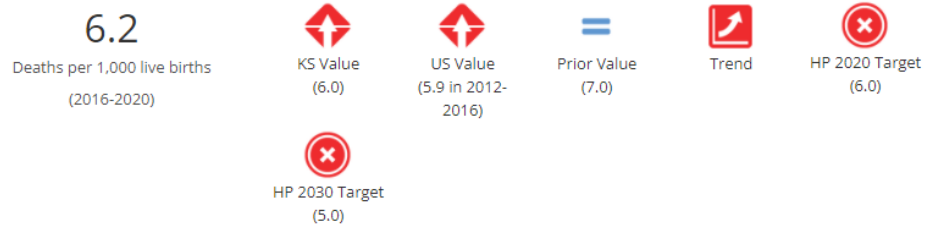
2020 Infant Mortality Provided by Kansas Health Matters

Infant Mortality Rate

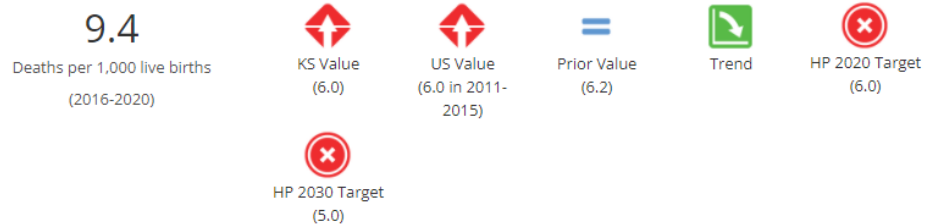
County: Labette



County: Montgomery



County: Neosho



2020 Adult Mortality-Labette County

Provided by Kansas Department of Health & Environment

Deaths by Cause: Residents of Labette County								
Year=2020								
Cause of Death	Age						Unknown	All ages
	under 15	15 - 24	25 - 44	45 - 64	65 plus	Number		
	Number	Number	Number	Number	Number	Number	Number	
Cancer	0	0	1	12	33	0	46	
Diabetes	0	0	1	3	2	0	6	
Heart disease	0	0	0	8	60	0	68	
Cerebrovascular disease (Stroke)	0	0	2	2	11	0	15	
Pneumonia and influenza	0	0	0	1	4	0	5	
Chronic lower respiratory diseases	0	0	0	1	15	0	16	
Total for Selection	0	0	4	27	125	0	156	

Deaths by Cause: Residents of Labette County						
Year=2020						
Cause of Death	Race				Unknown	All Races
	White	Black	Other	Number		
	Number	Number	Number	Number	Number	Number
Cancer	40	3	3	0	46	
Diabetes	4	1	1	0	6	
Heart disease	64	3	1	0	68	
Cerebrovascular disease (Stroke)	13	2	0	0	15	
Pneumonia and influenza	5	0	0	0	5	
Chronic lower respiratory diseases	14	2	0	0	16	
Total for Selection	140	11	5	0	156	

Deaths by Cause: Residents of Labette County				
Year=2020				
Cause of Death	Sex			Both Sexes
	Male	Female	Unknown	
	Number	Number	Number	Number
Cancer	24	22	0	46
Diabetes	4	2	0	6
Heart disease	36	32	0	68
Cerebrovascular disease (Stroke)	5	10	0	15
Pneumonia and influenza	3	2	0	5
Chronic lower respiratory diseases	9	7	0	16
Total for Selection	81	75	0	156

2020 Adult Mortality-Montgomery County

Provided by Kansas Department of Health & Environment

Deaths by Cause: Residents of Montgomery County							
Year=2020							
Cause of Death	Age						All ages
	under 15	15 - 24	25 - 44	45 - 64	65 plus	Unknown	
	Number	Number	Number	Number	Number	Number	Number
Cancer	0	0	1	14	56	0	71
Diabetes	0	0	0	4	24	0	28
Heart disease	0	0	2	17	104	1	124
Cerebrovascular disease (Stroke)	0	0	1	3	16	0	20
Pneumonia and influenza	0	0	0	2	10	0	12
Chronic lower respiratory diseases	0	0	0	4	25	0	29
Total for Selection	0	0	4	44	235	1	284

Deaths by Cause: Residents of Montgomery County					
Year=2020					
Cause of Death	Race				All Races
	White	Black	Other	Unknown	
	Number	Number	Number	Number	Number
Cancer	69	1	1	0	71
Diabetes	24	3	1	0	28
Heart disease	115	3	5	1	124
Cerebrovascular disease (Stroke)	18	2	0	0	20
Pneumonia and influenza	10	2	0	0	12
Chronic lower respiratory diseases	27	2	0	0	29
Total for Selection	263	13	7	1	284

Deaths by Cause: Residents of Montgomery County				
Year=2020				
Cause of Death	Sex			Both Sexes
	Male	Female	Unknown	
	Number	Number	Number	Number
Cancer	37	34	0	71
Diabetes	13	15	0	28
Heart disease	60	64	0	124
Cerebrovascular disease (Stroke)	9	11	0	20
Pneumonia and influenza	7	5	0	12
Chronic lower respiratory diseases	14	15	0	29
Total for Selection	140	144	0	284

2020 Adult Mortality-Neosho County

Provided by Kansas Department of Health & Environment

Deaths by Cause: Residents of Neosho County								
Year=2020								
Cause of Death	Age						Unknown	All ages
	under 15	15 - 24	25 - 44	45 - 64	65 plus			
	Number	Number	Number	Number	Number	Number	Number	
Cancer	0	0	0	10	32	0	42	
Diabetes	0	1	1	3	3	0	8	
Heart disease	0	0	1	10	41	0	52	
Cerebrovascular disease (Stroke)	0	0	0	2	9	0	11	
Pneumonia and influenza	0	0	1	0	3	0	4	
Chronic lower respiratory diseases	0	0	0	1	11	0	12	
Total for Selection	0	1	3	26	99	0	129	

Deaths by Cause: Residents of Neosho County						
Year=2020						
Cause of Death	Race				Unknown	All Races
	White	Black	Other			
	Number	Number	Number	Number	Number	
Cancer	40	1	1	0	42	
Diabetes	5	0	3	0	8	
Heart disease	52	0	0	0	52	
Cerebrovascular disease (Stroke)	11	0	0	0	11	
Pneumonia and influenza	4	0	0	0	4	
Chronic lower respiratory diseases	12	0	0	0	12	
Total for Selection	124	1	4	0	129	

Deaths by Cause: Residents of Neosho County				
Year=2020				
Cause of Death	Sex			Both Sexes
	Male	Female	Unknown	
	Number	Number	Number	Number
Cancer	26	16	0	42
Diabetes	3	5	0	8
Heart disease	25	27	0	52
Cerebrovascular disease (Stroke)	5	6	0	11
Pneumonia and influenza	1	3	0	4
Chronic lower respiratory diseases	8	4	0	12
Total for Selection	68	61	0	129



2022-24 CHNA Implementations



Labette Health

We Center Around You.

Diabetes/Obesity

Diabetes is a chronic (long-lasting) health condition that affects how the body turns food into energy.

Most of the food consumed is broken down into sugar (also called glucose) and released into the bloodstream. When blood sugar goes up, it signals the pancreas to release insulin. Insulin acts like a key to let the blood sugar into the body's cells for use as energy.

When there isn't enough insulin or cells stop responding to insulin, too much blood sugar stays in the bloodstream. Over time, that can cause serious health problems, such as heart disease, vision loss, and kidney disease.

There isn't a cure yet for diabetes, but losing weight, eating healthy food, and being active can really help. Taking medicine as needed, getting diabetes self-management education and support, and keeping health care appointments can also reduce the impact of diabetes on a person's life.

Obesity is defined as a life-long, progressive, life-threatening, genetically-related, and costly disease of excess fat storage. This disorder is associated with illnesses directly caused or worsened by significant weight. Morbid obesity (or clinically severe obesity) is defined as being over 200% of ideal weight, more than 100 pounds overweight, or a body mass index (BMI) of 40 or higher, at which serious medical conditions occur as a direct result of the obesity. Obesity and unhealthy weight management can also contribute to the development of other diseases such as diabetes and heart disease.

Goal

To educate individuals with diabetes on how to make positive lifestyle changes and to lose weight or maintain a healthy weight. Improve the overall health and well-being of patients with diagnosed Type 2 diabetes.

Reduce or maintain the level of obesity and increase physical activity among the population of primary service area through educational programs, activities and policies that promote and support a healthy lifestyle.

Priority #1





Implementation Plan

Diabetes/Obesity

Spotlight on the Specialist

THE GOAL

This program is aimed to provide basic health information on various obesity and/or diabetes related topics. We will provide a live in-person or social media presentation from a variety of healthcare experts with opportunity for Q&A time. Each event will begin with a food demonstration or cooking tip. Not only will this provide an opportunity for people to hear tips, but it will also be a time for people to interact with their care providers outside of the office.

ANTICIPATED IMPACT

By participating, community members will have time to ask health questions, hear advice from doctors and learn about healthy living. This will provide individuals with tools to take responsibility for their own health in ways that can reduce obesity.

RESOURCES AND COLLABORATION

We will commit time from hospital staff for at least two live events per year. We will also work with local health agencies and physicians to provide doctors to the community.

MEASURABLE GOAL

Provide at least two events per year for the next three years.

1. Recruit healthcare providers to speak on a topic.
2. Demonstrate healthy foods, preparation techniques, or equipment.
3. Inform the community through advertisements and Facebook.
4. Provide the time for community members and providers to gather together, listen and share.



Implementation Plan

Diabetes/Obesity

Community Orchard

THE GOAL

Provide a safe, orchard environment at Labette Health. The hospital will supply the land and some of the manpower necessary to establish and maintain at hospital. Produce that is not taken by community members can be used in the hospital foodservice to provide fresh, local produce to patrons and patients, in hospital events such as Dinners with the Doc, or in the Summer Foods Program.

ANTICIPATED IMPACT

Community members will gain exposure to produce that is useful in reducing obesity risk. May increase exposure to the hospital in an enjoyable way and may provide opportunities for health discussions and relationship building.

RESOURCES AND COLLABORATION

We will dedicate the land, soil, tools and labor to establish the orchard. We will collaborate with the K-State Extension Office to ensure that plans are viable and sustainable and for resources or donations of supplies.

MEASURABLE GOAL

Establish and maintain a orchard throughout the year and donate produce, when available, to the hospital food services and/or community.



Implementation Plan

Diabetes/Obesity

Community Health Presentations

THE GOAL

Promote healthy living and improve overall community health by providing the community exposure to health topics and provide opportunities to make connections with Labette Health for free.

ANTICIPATED IMPACT

Presentations will include educational handouts and posters to raise awareness related to cardiovascular disease and underlying risk factors. Clinicians, such as a dietitian, will be available at events to answer questions and improve comprehension of information presented. Participants will be able to take away simple and affordable steps to improve their overall health and reduce cardiovascular risk specifically.

RESOURCES AND COLLABORATION

We will work with Human Resources for staffing of events, our dietitians for community wellness fairs, our dietitians will participate in monthly health organizations, the hospital will participate in USDA's Summer Food Program and collaboration will occur with local businesses for health fairs and community events.

MEASURABLE GOAL

Host at least five events each year for the next three years.

1. Provide collaboration with community stakeholders such as local businesses, extension office, rec council, etc.
2. Hold regular events or develop informative handouts that provide education and opportunities for engagement with the hospital and its providers.
3. Provide a clinical support person such as a dietitian for community events.



Implementation Plan

Diabetes/Obesity

Rector Diabetes Education Center

THE GOAL

To increase the utilization of the Rector Diabetes Education Center.

ANTICIPATED IMPACT

By increasing the number of programs and learning opportunities at the Rector Center, we can enlarge community awareness of the center as a resource and curb the rising incidence of diabetes in our service area.

RESOURCES AND COLLABORATION

We will work with our Labette Health Diabetic Education Team to expand offerings and to bring in guest speakers from various disciplines to speak on healthy lifestyle topics. We have expanded our care team to include a Nurse Practitioner and a Pharmacist well versed in diabetes care. We will also move outpatient MNT visits to the Rector Center to establish it as a local resource.

MEASURABLE GOAL

To increase the Rector Center sessions to at least 3 events weekly (including outpatient visits, classes, and other activities).

1. Give the community members an opportunity to come learn how to live a healthier lifestyle by expanding the topics and offerings at the Rector Center when community gatherings are appropriate.
2. Continue current programs at the Rector Center:
 - a. Diabetes Self-Management Education Program: Once weekly, six-week sessions offered when a group of at least three show interest.
 - b. Diabetes Support Group: offered at least four times per year. Aim to include an online format when community gathering is not appropriate
 - c. Screening for diabetes: Two times per year including March and November during National Nutrition and National Diabetes Months.
3. Provide regular office hours in the center for drop-ins and phone calls. Initially a dietitian will be using the space. We will aim to bring back volunteer hours to provide more time coverage.



Implementation Plan

Diabetes/Obesity

The Center of Rehabilitation Excellence—The CORE

THE GOAL

Provide a feasible membership opportunity to the communities we serve. Increase community members awareness of the benefits of exercising. Be a center of resource for safe exercising and swimming.

ANTICIPATED IMPACT

Increased access to safe exercise interventions. Promote reduced obesity.

RESOURCES AND COLLABORATION

Will work with the Labette Health Foundation to secure potential scholarship opportunities. Will work with marketing and business development to ensure community awareness of The CORE resources as related to exercise opportunities.

MEASURABLE GOAL

1. Increase CORE Medical Based Fitness membership by 10 new members each month, at least five of whom will be community (non PT/OT transition or employees) members.

Heart Disease/Stroke

Heart disease is the leading cause of death in the United States, with stroke following as the fifth leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today. Fortunately, they are also among the most preventable.

The leading controllable risk factors for heart disease and stroke are:

- ◆ Smoking
- ◆ Uncontrolled blood pressure
- ◆ High cholesterol levels
- ◆ Uncontrolled diabetes
- ◆ Stress and depression
- ◆ Unhealthy food choices
- ◆ Lack of physical activity
- ◆ Overweight and obesity

Goal

Raise community awareness to reduce incidence of heart disease and stroke.

Priority #2





Implementation Plan

Heart Disease/Stroke

Community Health Presentations

THE GOAL

Promote healthy living and improve overall community health by providing the community exposure to health topics and provide opportunities to make connections with Labette Health for free.

ANTICIPATED IMPACT

Presentations will include educational handouts and posters to raise awareness related to cardiovascular disease and underlying risk factors. Clinicians, such as a dietitian, will be available at events to answer questions and improve comprehension of information presented. Participants will be able to take away simple and affordable steps to improve their overall health and reduce cardiovascular risk specifically.

RESOURCES AND COLLABORATION

We will work with Human Resources for staffing of events, our dietitians for community wellness fairs, our dietitians will participate in monthly health organizations, the hospital will participate in USDA's Summer Food Program and collaboration will occur with local businesses for health fairs and community events.

MEASURABLE GOAL

Host at least five events each year for the next three years.

1. Provide collaboration with community stakeholders such as local businesses, extension office, rec council, etc.
2. Hold regular events or develop informative handouts that provide education and opportunities for engagement with the hospital and its providers.
3. Provide a clinical support person such as a dietitian for community events.



Implementation Plan

Heart Disease/Stroke

The Center of Rehabilitation Excellence—The CORE

THE GOAL

To provide a feasible membership opportunity to the communities to increase community participation. Be a center of resource on safe exercises and swimming opportunities to reduce cardiovascular disease.

ANTICIPATED IMPACT

Increased access to safe exercise interventions. Promote healthy lifestyle as a means in reducing cardiovascular disease.

RESOURCES AND COLLABORATION

Will work with the Labette Health Foundation to secure potential scholarship opportunities. Will work with marketing and business development to ensure community awareness of The CORE resources as related to exercise opportunities.

MEASURABLE GOAL

1. Increase CORE Medical Based Fitness membership by 10 new members each month, at least five of whom will be community (non PT/OT transition or employees) members.



Implementation Plan

Heart Disease/Stroke

Stroke Awareness

THE GOAL

Increase stroke awareness/FAST education in primary service area.

ANTICIPATED IMPACT

Offer community health presentations by stroke coordinator, Have stroke awareness educational information readily available to the community.

RESOURCES AND COLLABORATION

We will work with our stroke coordinator and marketing director to educate via printed materials, media and social media.

MEASURABLE GOAL

1. Increase the number of patients arriving within the 4.5 hour window for TPA administration eligibility by 30%.
2. Provide FAST education to 10,000 community members per year.

Smoking Cessation

THE GOAL

Assist respiratory patients with smoking cessation educational materials and resources to quit.

ANTICIPATED IMPACT

The main anticipated outcome is a decreased number of respiratory patients that smoke, which would also lead to improved respiratory function, and possibly a decreased chance of hospital admissions.

RESOURCES AND COLLABORATION

We will work with our respiratory therapists, admissions department, nursing staff and case management staff on educating and providing resources to patients.

MEASURABLE GOAL

1. Number of materials provided to respiratory patients who smoke.



CHNA Group Summary & Surveys



Labette Health

We Center Around You.

Community Leaders Summary

Survey provided to the organizations and their leaders to hear their feedback:

- ◆ Matt Atteberry, Executive Director for Labette Center for Mental Health Services
- ◆ Greg Hennen, Executive Director for Four County Mental Health Center
- ◆ Krista Postai, President and CEO, Community Health Center of Southeast Kansas.

Community leaders, listed above, made the following suggestions:

- Inpatient psychiatric services within the counties
- Care managers/care coordinators—development of a coordinated, consistent system of care
- Improve outreach to most vulnerable

Below is a summary of what they believed were the greatest needs in our community and what makes a healthy community.

Most pressing health needs

- Affordability to specialty care
- Access to specialty care
- Mental health access
- Management of chronic diseases
- Management of obesity
- Increase health literacy
- Increase vaccine literacy
- Raise public and provider awareness of health disparities
- Inpatient psychiatric

Top health disruptions due to the COVID-19 Pandemic

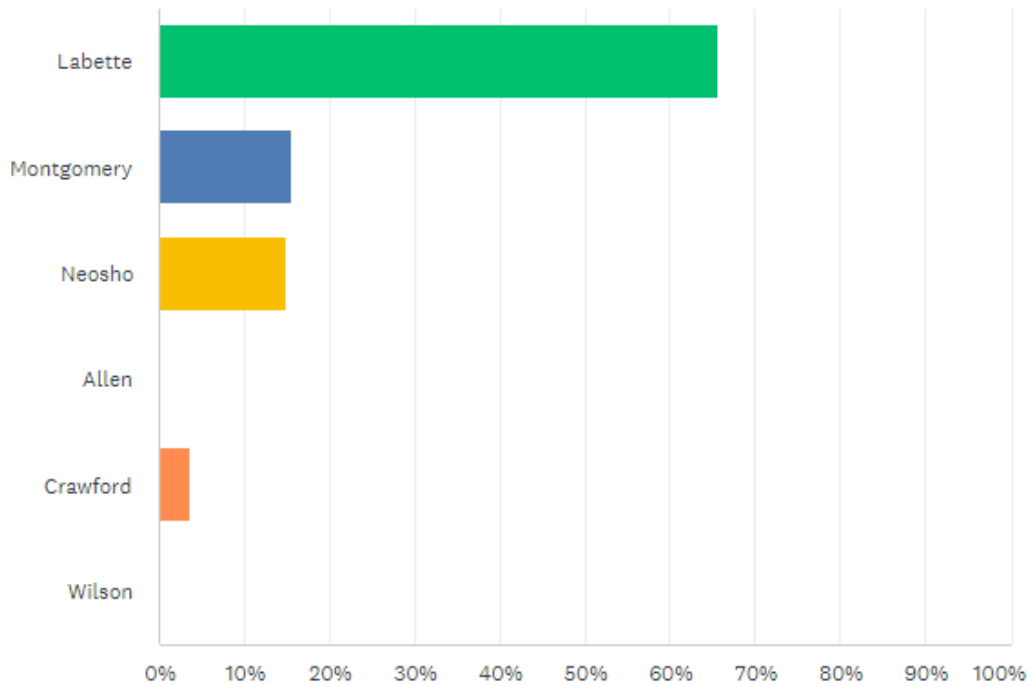
- Health Prevention/Screening
- Mental Health Treatment
- Routine Immunizations
- Cancer Diagnosis

Community Survey Results

The survey was sent out in two different methods—Survey Monkey sent via email to hospital leaders and SurveyMonkey provided to community via social media.

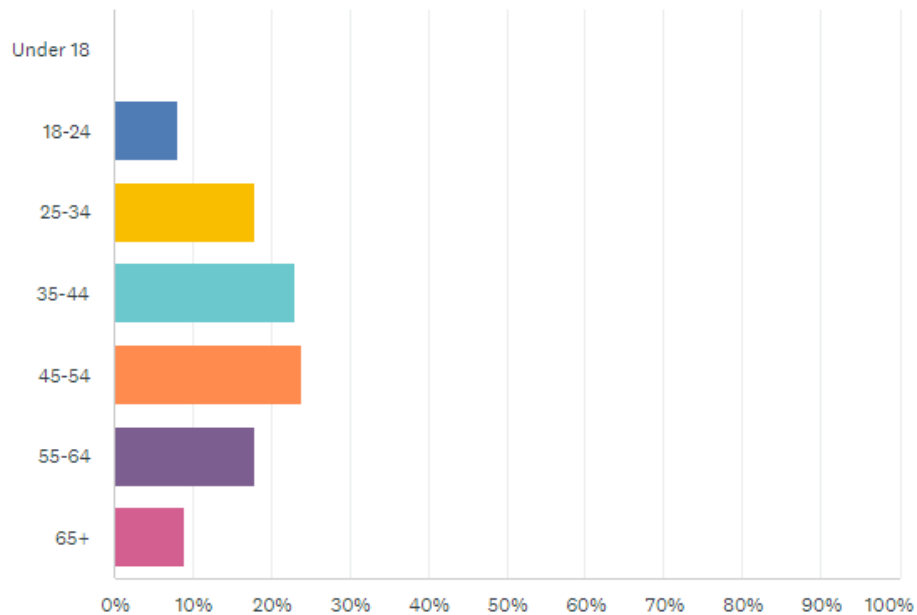
What county do you reside in?

Answered: 134 Skipped: 0



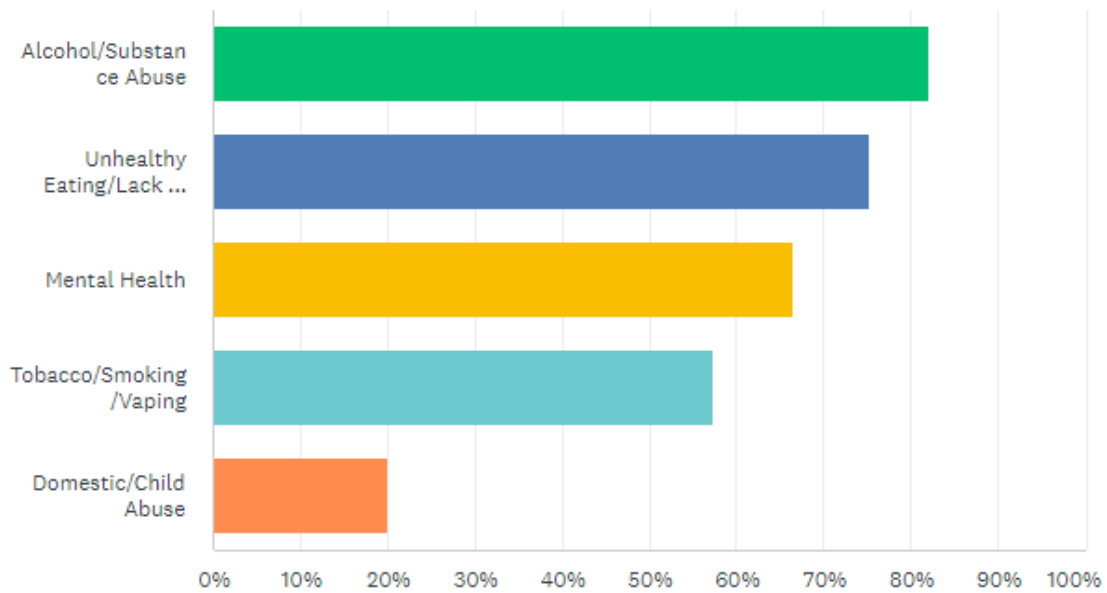
What is your age?

Answered: 134 Skipped: 0



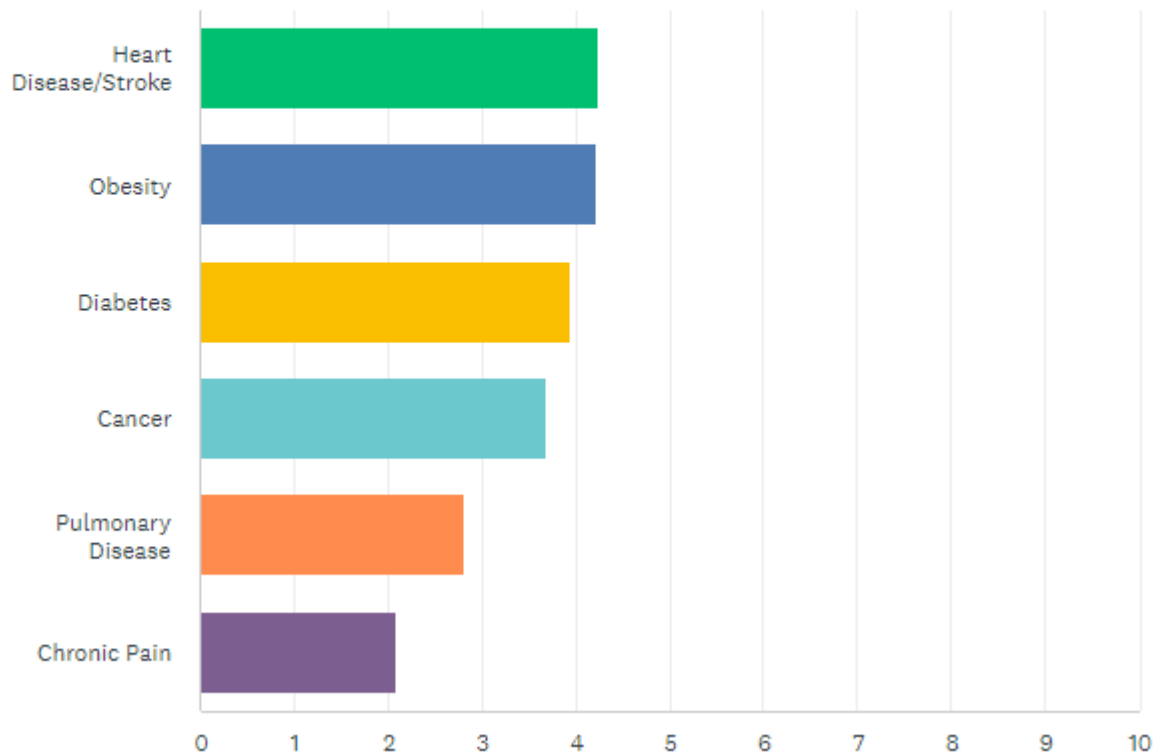
Please identify the three most important unhealthy behaviors in your community:

Answered: 134 Skipped: 0



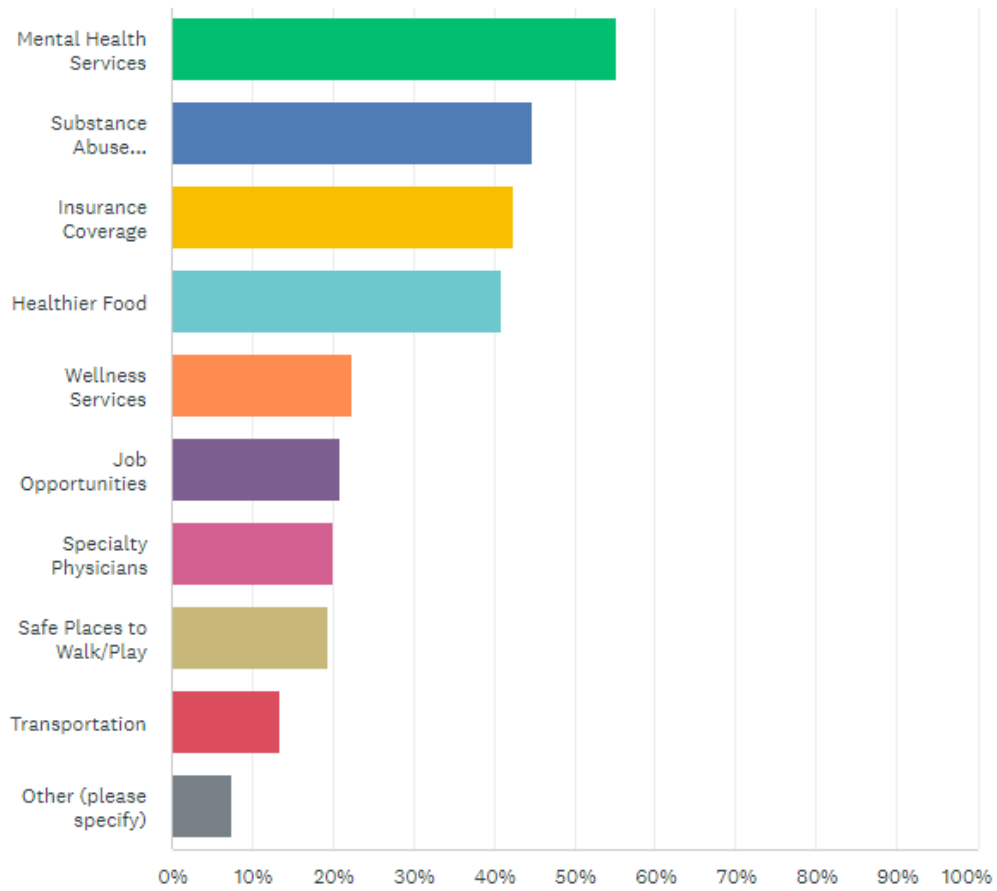
Please rank the following health issues, regarding the need to address/improve, in order of urgency (1 being the most urgent):

Answered: 134 Skipped: 0



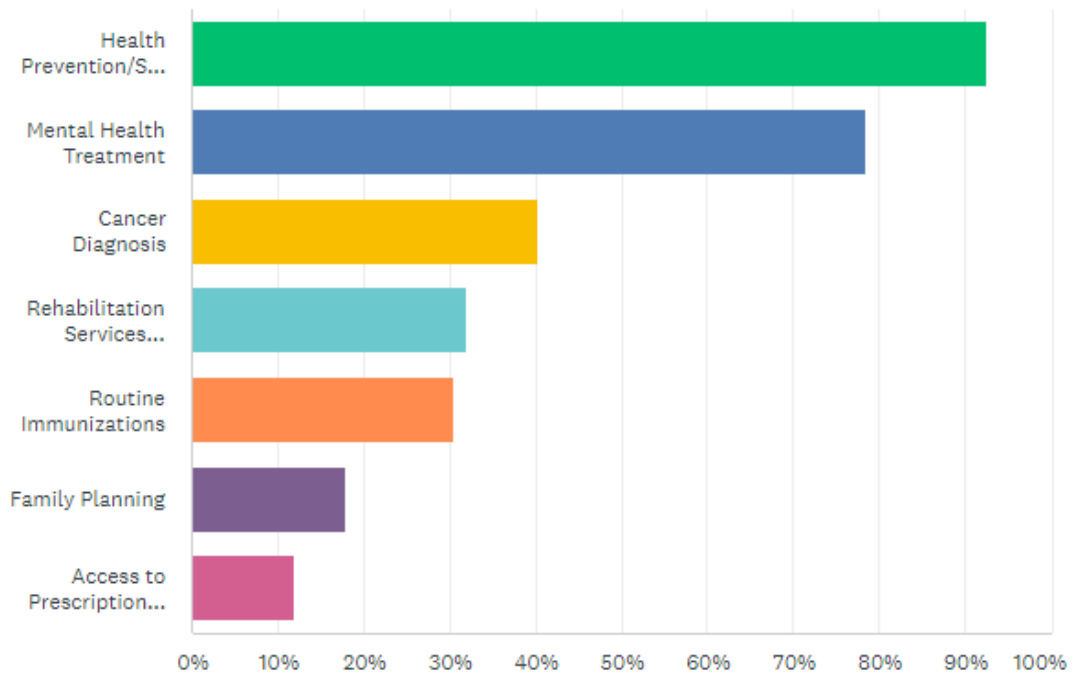
Which of the following factors do you think are most needed to improve the health of your community? (select up to 3 answers)

Answered: 134 Skipped: 0



Select the top three healthcare disruptions as a result of the COVID-19 pandemic:

Answered: 134 Skipped: 0



What areas of health would you like to see Labette Health focus on in your community?

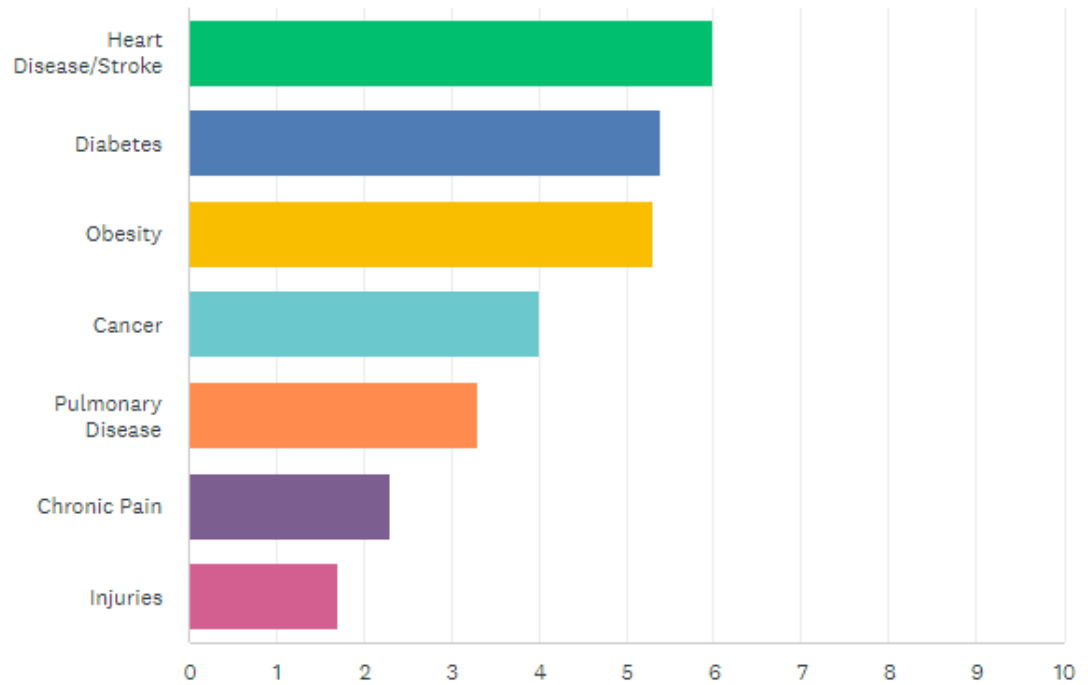
TOP COMMUNITY RECOMMENDATIONS

- Mental Health
- Obesity and Weight Loss Surgery
- Diabetes Prevention/Care
- Substance Abuse Programs
- Healthier Lifestyles/Wellness
- Preventative Care
- More Specialty Physicians

Hospital Leadership Survey Results

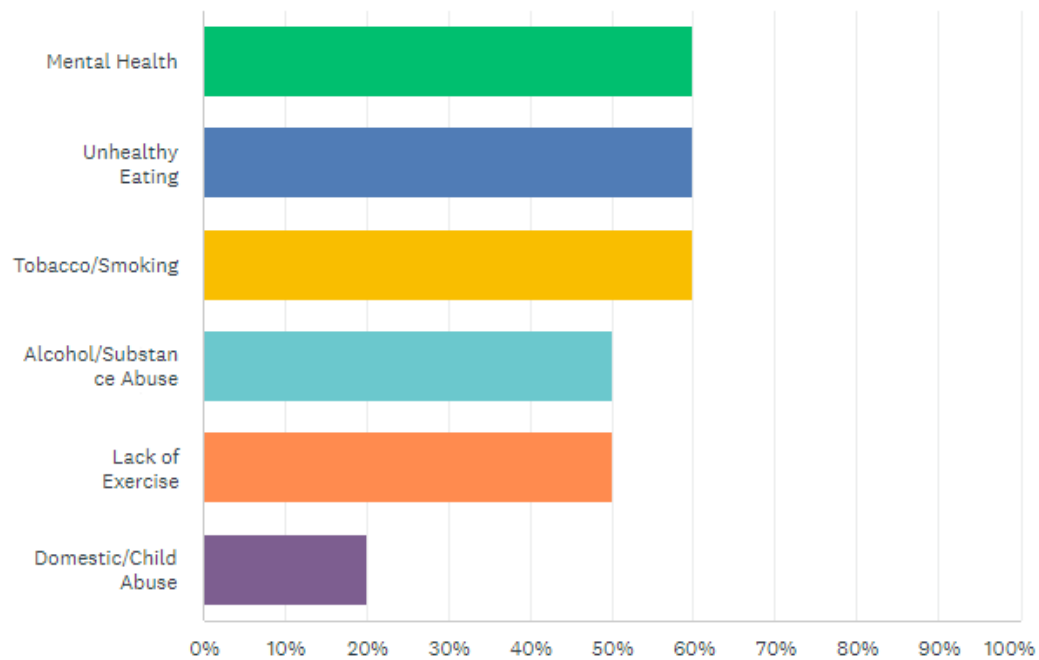
Please rank the following health issues, regarding the need to address/improve, in order of urgency (1 being the most urgent):

Answered: 10 Skipped: 0



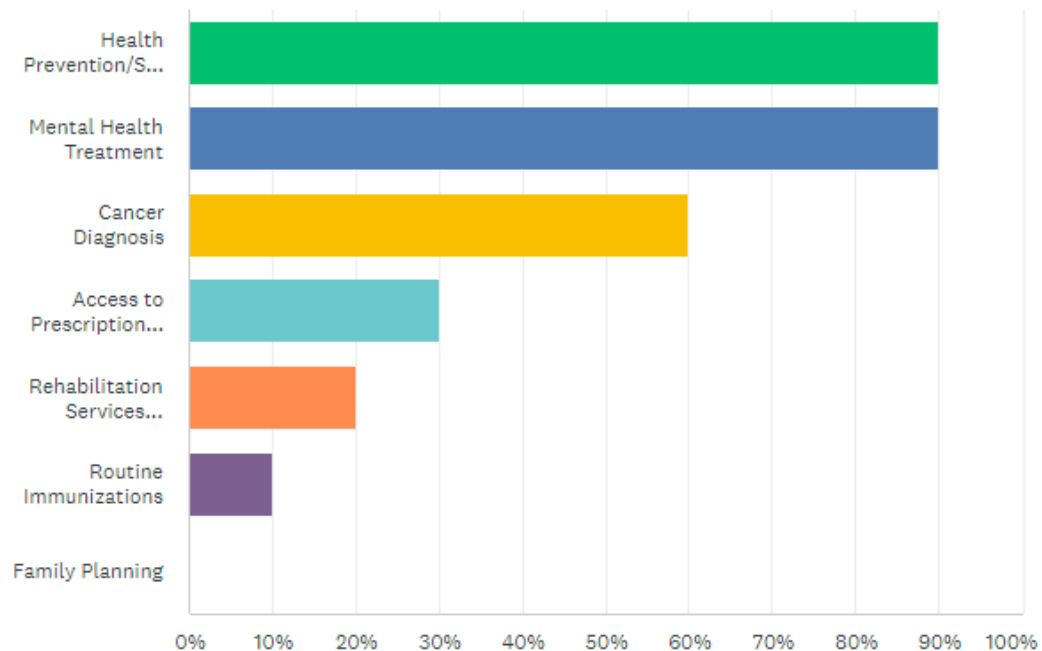
Please identify the three (3) most important unhealthy behaviors in our communities:

Answered: 10 Skipped: 0



Select the top three healthcare disruptions as a result of the COVID-19 pandemic:

Answered: 10 Skipped: 0





Other Identified Needs

Labette Health acknowledges the wide range of priority health issues that emerged from the CHNA process, and determined that it could effectively focus on only those health needs which it deemed most pressing, under-addressed, and within its ability to influence. Labette Health will not take direct action on the following health needs as part of the CHNA priorities but will address these needs on an individual basis as needed:

- ◆ Cancer (other facilities/organizations addressing the need)
- ◆ Pulmonary Diseases (relatively low priority for community)

UNHEALTHY BEHAVIORS

- ◆ Alcohol/Substance Abuse
 - ◆ Mental Health
 - ◆ Domestic/Child Abuse

Additional Resources/ More Information

Thank you for reading our report and helping us improve the health of the community. If you would like to know more about the health of your community and read the reports where we found our data follow these links:

- <http://www.kansashealthmatters.org/index.php?module=indicators&controller=index>
- <http://www.countyhealthrankings.org/app/kansas/2018/overview>
- <https://www.communitycommons.org/>
- <https://www.kdhe.ks.gov/>
- <https://data.census.gov/cedsci/>
- <https://www.heart.org/>
- <https://diabetes.org/>