



Cherryvale Family Medicine | Independence Family Medicine | Neodesha Family Medicine

# Wilson Medical Center 2022 *Community Health Needs Assessment*



# Table of Contents

Executive Summary.....	4
Overview of Community Health Needs Assessment .....	5
Process and Methods.....	6
Community Representation.....	8
Overview of Priority Populations.....	9
Community Health Needs Assessment Subsequent to Initial Assessment .....	10
Definition of Area Served by the Hospital .....	11
Demographics of the Community.....	11
Community Health Characteristics.....	13
Methods of Identifying Health Needs.....	15
Ranked Health Priorities.....	16
Evaluation & Selection Process .....	20
Overview of Priorities.....	21
Focus Group Data.....	32
Implementation Strategy.....	33
Appendix.....	42
Detailed Demographics .....	44
Leading Causes of Death.....	45
County Health Rankings.....	46
Detailed Approach.....	47
Data Sources.....	53
Survey Results.....	55

# A Message to Our Community



Cherryvale Family Medicine | Independence Family Medicine | Neodesha Family Medicine

Dear Community Member:

For more than 100 years, Wilson Medical Center has provided high-quality, compassionate healthcare to residents of Wilson County and surrounding communities. To uphold that commitment, a Community Health Needs Assessment is conducted every three years to identify local health and medical needs. The survey also serves as a tool to help us design a strategic plan that addresses those needs. This document illustrates one way we are meeting our obligations to efficiently deliver quality healthcare.

As you review, you will perhaps notice that some issues are beyond the scope of Wilson Medical Center. Some improvements will require personal actions by individuals; whereas other issues will require the response of other collaborative organizational efforts. We view this as a plan for how we can together support change and address the most pressing identified needs.

Wilson Medical Center Administration invites your response to this report. As you read, please consider how to help us improve health and medical services in our area. Together, we can make Wilson County and surrounding areas a healthier place to live, work, and enjoy now and for future generations.

Best regards,

A handwritten signature in black ink that reads "Bryan J. Hargis". The signature is fluid and cursive, with the first and last names being more prominent.

Bryan J. Hargis, CPA, FACHE  
Chief Executive Officer

# Executive Summary

Wilson Medical Center (“WMC” or the “Hospital”) performed a Community Health Needs Assessment (CHNA) together in partnership with QHR Health (“QHR”) to determine the health needs of the local community and an accompanying implementation plan to address these identified health needs.

This CHNA report consists of the following information:

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

Data were gathered from multiple well-respected secondary sources to build an accurate picture of the current community and its health needs. A survey of a select group of Local Expert Advisors as well as the broad community was performed to review and provide feedback on the prior CHNA and to ascertain the continued relevance of previously identified needs. Additionally, the group reviewed the data gathered from secondary sources to support the determination of the Significant Health Needs of the community.

***The 2022 Significant Health Needs identified for Wilson County are:***

- Behavioral Health: Mental Health and Drug/Substance Abuse
- Access & Affordability: Presence and Affordability of Healthcare Services
- Healthy Living: Obesity and Diabetes
- Cancer

In the Implementation Strategy section of the report, the Hospital addresses these areas through identified programs and resources as well as collaboration with other local organizations/agencies. Metrics are included for each health need to track progress.

# Community Health Needs Assessment (CHNA) Overview

## CHNA Purpose

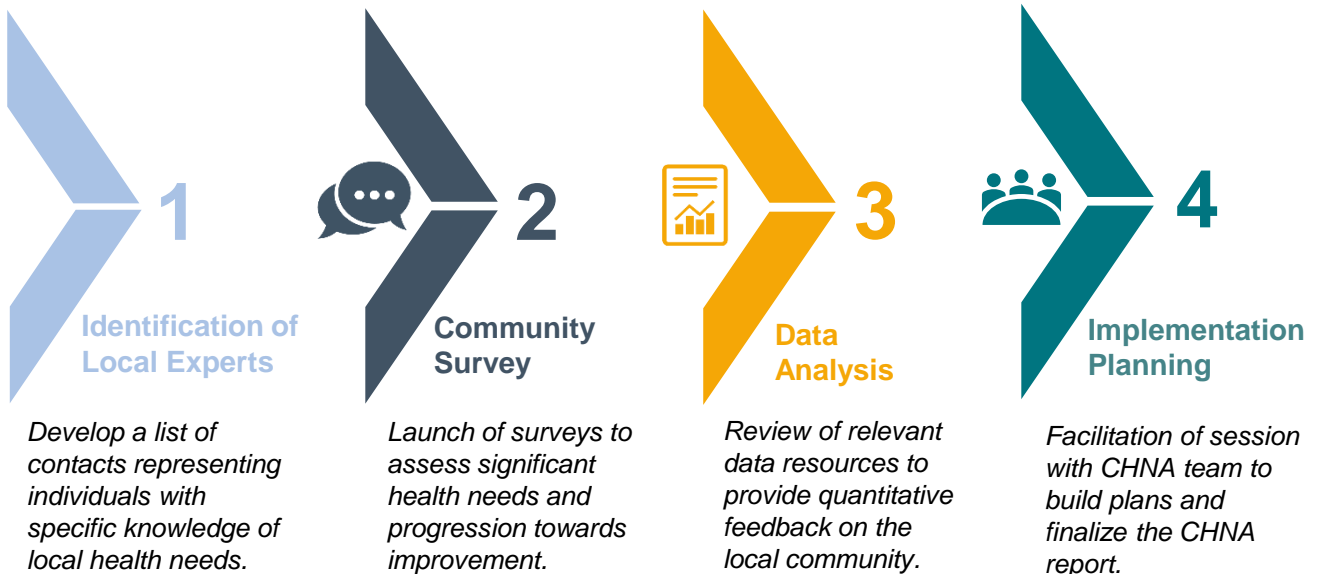
A CHNA is part of the required hospital documentation of “Community Benefit” under the Affordable Care Act for 501(c)(3) hospitals. It provides comprehensive information about the community’s current health status, needs, and disparities and offers a targeted action plan to address these areas, including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



## Strategic Benefits

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

## The CHNA Process



# Process and Methods used to Conduct the Assessment

This assessment takes a comprehensive approach to determine community health needs and includes the following methodology:

- Several independent data analyses based on secondary source data.
- Augmentation of data with community perspectives.
- Resolution of any data inconsistency or discrepancies by reviewing the combined opinions formed by local expert advisors and community members.

## Data Collection and Analysis

The Hospital relies on secondary source data, which primarily uses the county as the smallest unit of analysis. Area residents were asked to note if they perceived that the opportunities and issues identified by secondary sources existed in their portion of the county.

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

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

- *Stratason*
- *www.countyhealthrankings.org*
- *Centers for Disease Control and Prevention (CDC) Final Deaths*
- *Bureau of Labor Statistics*
- *KansasHealthMatters*
- *NAMI*
- *Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population*
- *Economic Policy Institute*
- *Health Affairs: Leigh & Du*
- *Center for Housing Policy*
- *The U.S. Census Bureau*

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

- A CHNA survey was deployed to local expert advisors and the general public 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 diverse population. 322 survey responses from community members were gathered between August and September 2022.

## **Prioritizing Significant Health Needs**

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

In the Hospital's process, each survey respondent had the opportunity to introduce needs previously unidentified and to challenge conclusions developed from the data analysis. Most respondents agreed with the findings, with only a handful of comments critiquing the data. A list of all needs was developed based on findings from the analysis. The survey respondents then ranked the importance of addressing each health need on a scale of 1 (not important) to 5 (very important), including the opportunity to list additional needs that were not otherwise listed.

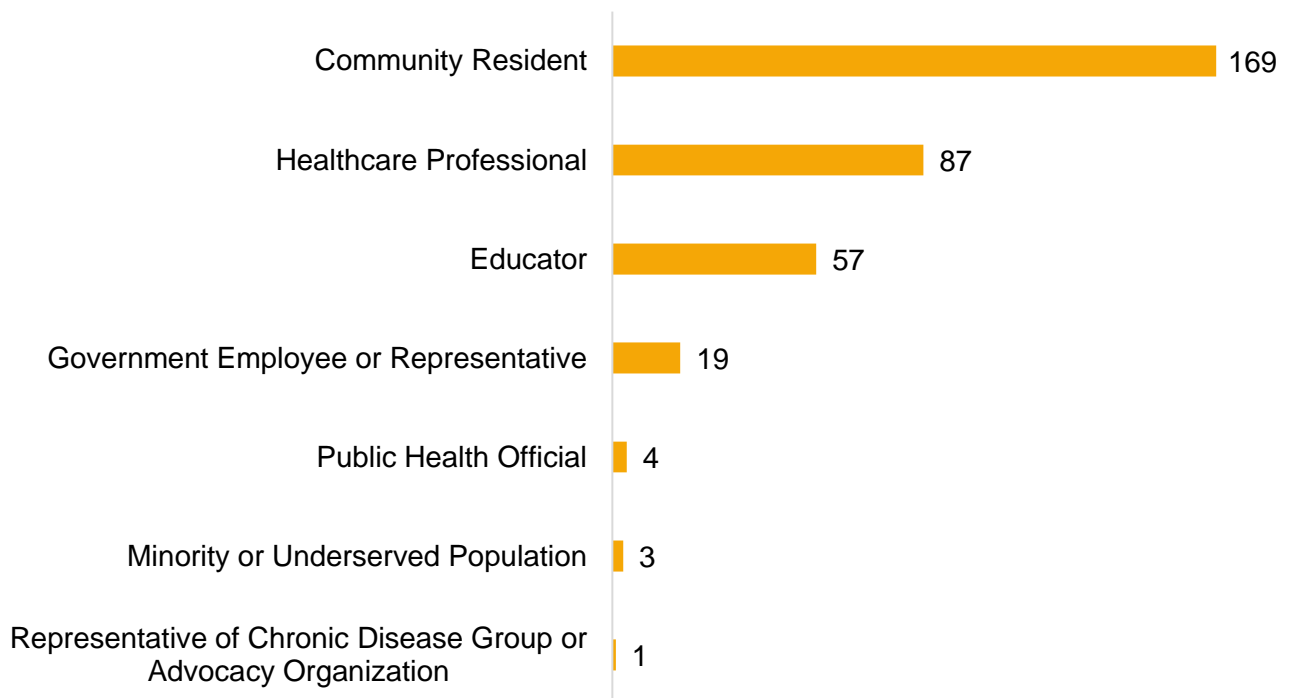
The ranked needs were divided into "Significant Needs" and "Other Identified Needs." The determination of the breakpoint — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable breakpoint in rank order occurred. The Hospital analyzed the health issues that received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

## **Input from Persons Who Represent the Broad Interests of the Community**

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

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

**Survey Question: Please select all roles that apply to you (n=297)**

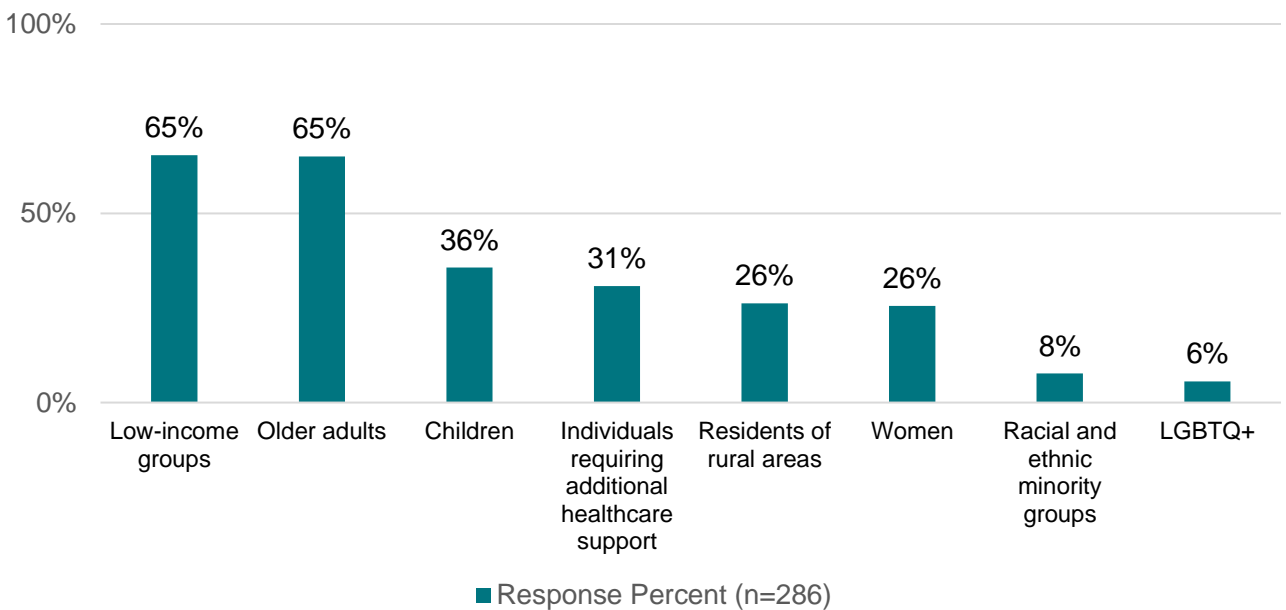




## Input on Priority Populations

Information analysis augmented by local opinions showed how Wilson County compares 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”) would benefit from additional focus and elaborated on their key needs.

**Survey Question: Which groups would you consider to have the greatest health needs in your community? (please select all that apply) (please select all that apply)**



- Local opinions of the needs of Priority Populations, while presented in their entirety in the appendix, were abstracted into the following “take-away” bulleted comments:
  - The top three priority populations identified by the local experts were low-income groups, older adults, and children
  - Summary of unique or pressing needs of the priority groups identified by the survey respondents:
    - Affordable Healthcare
    - Transportation
    - Mental Healthcare

## Input on 2019 CHNA

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

Healthcare Sector	<ul style="list-style-type: none"><li>• Domestic violence prevention and support</li><li>• Sexual violence prevention and support</li><li>• Emotional well-being support services</li></ul>
Public Health Sector	<ul style="list-style-type: none"><li>• Breastfeeding support</li><li>• Communicable disease investigation</li><li>• Programs to support pregnant women and families with babies</li></ul>
Worksite Sector	<ul style="list-style-type: none"><li>• Employee assistance program</li><li>• Incentives for practicing healthy behaviors</li><li>• Access to exercise facilities at work</li></ul>
Early Childcare Preschool Sector	<ul style="list-style-type: none"><li>• Access to childcare in evenings and weekends</li><li>• Access to childcare for children with special needs</li><li>• Gardening activities</li></ul>
School Sector	<ul style="list-style-type: none"><li>• Access to substance abuse prevention services</li><li>• Tobacco cessation help</li><li>• Psychological counseling</li></ul>
Faith Communities Sector	<ul style="list-style-type: none"><li>• Community gardens</li><li>• Health education</li><li>• Physical activity with other members</li></ul>
K-State Research and Extension Sector	<ul style="list-style-type: none"><li>• Financial wellness education</li><li>• Education on how to use health care appropriately</li><li>• Life balance programs</li></ul>
Community Environment Sector	<ul style="list-style-type: none"><li>• Biking trails</li><li>• Walking trails</li><li>• Parks and Recreation sponsored activities for all ages</li></ul>

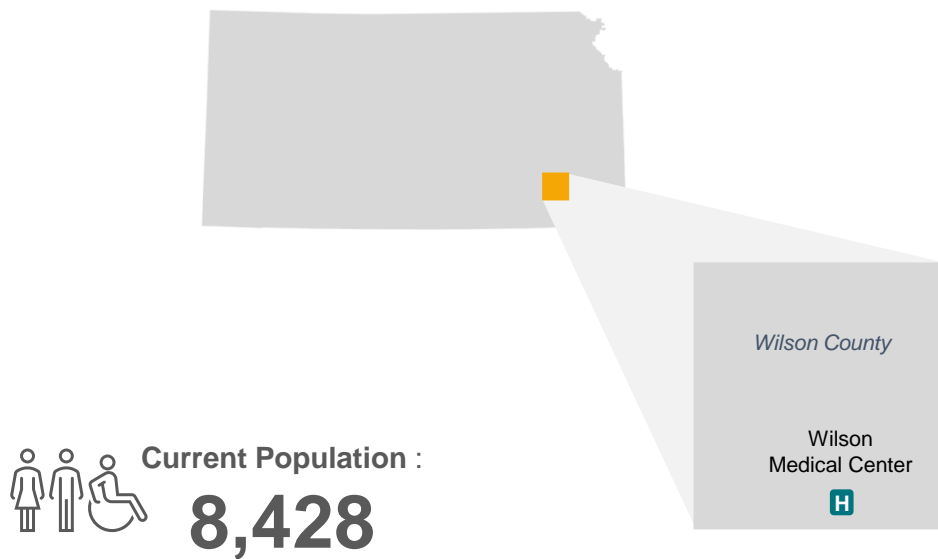
# Community Served

For the purpose of this study, WMC defines its service area as Wilson County in Kansas which includes the following ZIP codes:

66710 – Altoona      66714 – Benedict      66717 – Buffalo      66736 – Fredonia  
66757 – Neodesha

During 2020, WMC received 60% of its inpatients from this area. Fredonia Regional Hospital is the only other healthcare facility in this service area.

## Wilson County Demographics



### Age

	Wilson County	Kansas
0 – 17	21.7%	23.3%
18 – 44	29.0%	35.7%
45 – 64	25.6%	23.7%
65 +	23.6%	17.2%

Source: Stratasan, ESRI (2022), KHA/Heidi (2020)

## Race/Ethnicity

	Wilson County	Kansas
White	89.5%	75.1%
Black	0.3%	5.7%
Asian & Pacific Islander	0.4%	3.1%
Other	9.8%	16.0%
Hispanic*	3.1%	13.2%

\*Ethnicity is calculated separately from Race

## Education and Income

	Wilson County	Kansas
Median Household Income	\$55,845	\$68,466
Some High School or Less	9.0%	7.1%
High School Diploma/GED	35.7%	26.7%
Some College/ Associates Degree	37.4%	30.5%
Bachelor's Degree or Greater	17.9%	35.6%

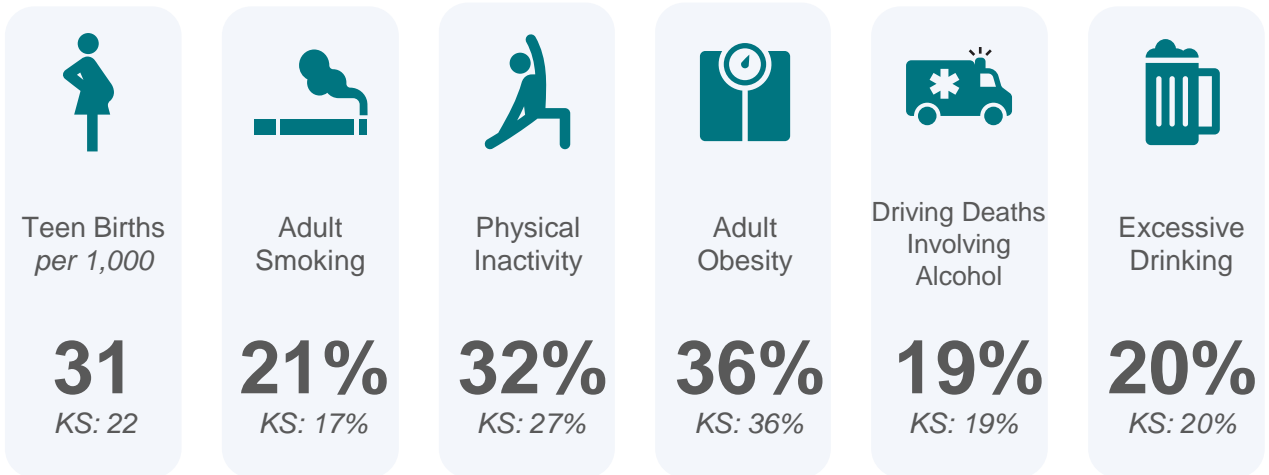
Source: Stratasan, ESRI (2022)

# Community Health Characteristics

The data below provides an overview of Wilson County's strengths and weaknesses regarding health behaviors, quality of life, socioeconomic factors, access to health, and physical environment. These statistics were included for reference in the CHNA survey to help prioritize the health needs of the community. For descriptions of each measure and dates of when the data was obtained, please visit <https://www.countyhealthrankings.org>.

## Health Status Indicators

### Health Behaviors



### Quality of Life

**Suicide Rate: 18.3**

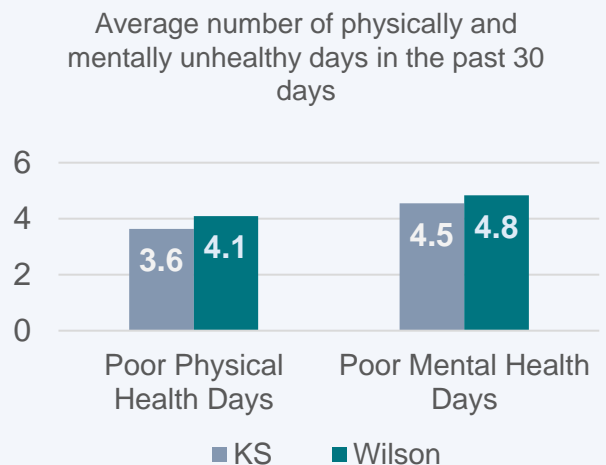
Per 100,000  
Compared to 18.4 in KS

**Poor or Fair Health: 19%**

Compared to 17% in KS

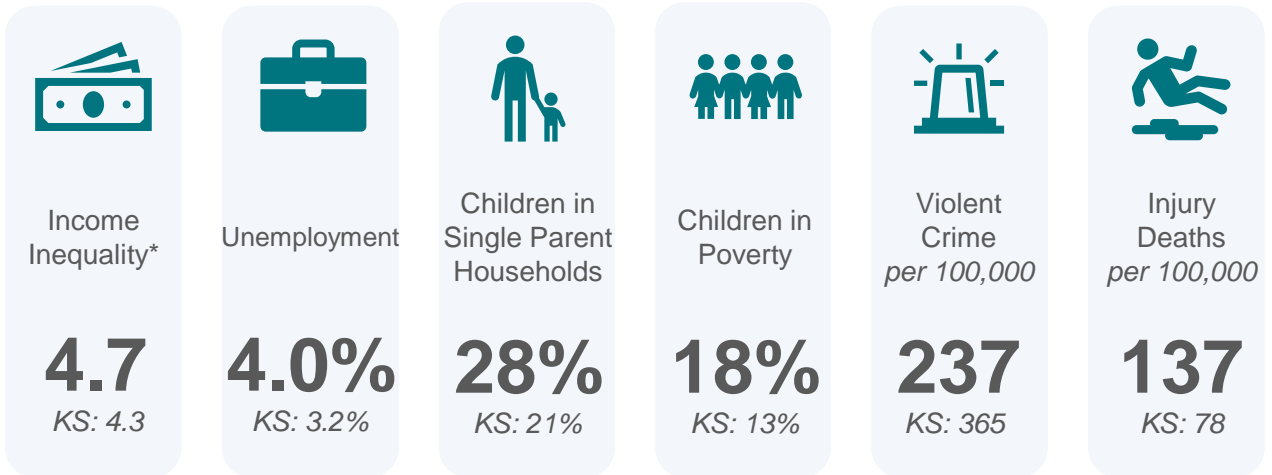
**Low Birthweight: 7%**

Compared to 7% in KS



Source: County Health Rankings 2022 Report, CDC Final Deaths 2020

## Socioeconomic Factors



## Access to Health

**Uninsured: 5.8%**

*Compared to 8.7% in KS*

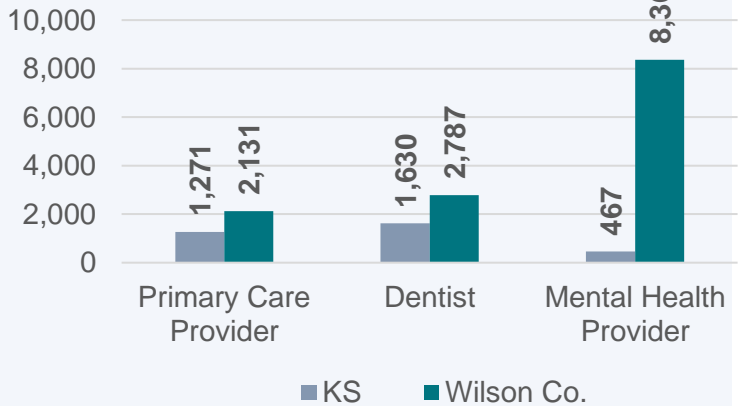
**Preventable Hospital Stays: 4,889**

*Per 100,000  
Compared to 3,645 in KS*

**Access to Exercise Opportunities: 31%**

*Compared to 73% in KS*

**Number of People per 1 Provider**  
(Lower number indicates better access to providers)



## Physical Environment

**Air Pollution**  
( $\mu\text{g}/\text{m}^3$ )

**8.9**  
KS: 7.5

**Severe Housing Problems\*\***

**13%**  
KS: 13%

**Driving to Work Alone**

**81%**  
KS: 81%

**Broadband Access**

**70%**  
KS: 84%

Source: County Health Rankings 2022 Report, U.S. Bureau of Labor Statistics (2021), Stratasan, ESRI (2022)

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

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

# Methods of Identifying Health Needs

Collect & Analyze

Analyze existing data and collect new data



**737** indicators collected from data sources



**322** surveys completed by community members



**55+** Local Experts participated in focus groups

Evaluate

Evaluate indicators based on the following factors:



Worse than benchmark



Identified by the community



Impact on health disparities



Feasibility of being addressed

Select

Select priority health needs for implementation plan



# Community Survey Data

This process included evaluation of health factors, community factors, and personal factors, given they each uniquely impact the overall health and health outcomes of a community:

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

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

## Health Factors

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

Answer Choices	Weighted Average of Votes (out of 5)
Mental Health	4.55
Drug/Substance Abuse	4.53
Obesity	4.41
Cancer	4.37
Diabetes	4.30
Women's Health	4.17
Heart Disease	4.16
Alzheimer's and Dementia	4.05
Stroke	4.01
Dental	3.99
Lung Disease	3.91
Kidney Disease	3.85
Liver Disease	3.82
Other (please specify)	See appendix



## Community Factors

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

Answer Choices	Weighted Average of Votes (out of 5)
Healthcare Services: Affordability	4.53
Access to Childcare	4.46
Employment and Income	4.40
Affordable Housing	4.37
Healthcare Services: Physical Presence (location, services, physicians)	4.33
Education System	4.33
Healthcare Services: Prevention	4.21
Access to Senior Services	4.19
Community Safety	4.18
Access to Healthy Food	4.13
Access to Exercise/Recreation	3.99
Transportation	3.85
Social Connections	3.72
Other (please specify)	See appendix

## Personal Factors

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

Answer Choices	Weighted Average of Votes (out of 5)
Livable Wage	<b>4.30</b>
Diet	<b>4.12</b>
Smoking/Vaping/Tobacco Use	<b>4.05</b>
Physical Inactivity	<b>3.97</b>
Excess Drinking	<b>3.90</b>
Risky Sexual Behavior	<b>3.67</b>
Other (please specify)	See appendix

## Overall health priority ranking (top 10 highlighted)

Answer Choices	Weighted Average of Votes (out of 5)
Mental Health	4.55
Healthcare Services: Affordability	4.53
Drug/Substance Abuse	4.53
Access to Childcare	4.46
Obesity	4.41
Employment and Income	4.40
Affordable Housing	4.37
Cancer	4.37
Education System	4.33
Healthcare Services: Physical Presence	4.33
Livable Wage	4.30
Diabetes	4.30
Healthcare Services: Prevention	4.21
Access to Senior Services	4.19
Community Safety	4.18
Women's Health	4.17
Heart Disease	4.16
Access to Healthy Food	4.13
Diet	4.12
Alzheimer's and Dementia	4.05
Smoking/Vaping/Tobacco Use	4.05
Stroke	4.01
Dental	3.99
Access to Exercise/Recreation	3.99
Physical Inactivity	3.97
Lung Disease	3.91
Excess Drinking	3.90
Kidney Disease	3.85
Transportation	3.85
Liver Disease	3.82
Social Connections	3.72
Risky Sexual Behavior	3.67

# Evaluation & Selection Process

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

## Health Need Evaluation

	Worse than Benchmark	Identified by the Community	Feasibility	Impact on Health Disparities
Mental Health	✓	✓	✓	✓
Healthcare Services: Affordability		✓	✓	✓
Drug/Substance Abuse	✓	✓	✓	✓
Access to Childcare	✓	✓		✓
Obesity	✓	✓	✓	✓
Employment and Income	✓	✓		✓
Affordable Housing		✓		✓
Cancer	✓	✓	✓	✓
Education System	✓	✓		✓
Healthcare Services: Physical Presence	✓	✓	✓	✓

# Overview of Priorities

## Mental Health

Mental health was the #1 community-identified health priority with 91% of respondents rating it as important to be addressed in the community (“important” is classified as either a 4 or 5 rating on the community survey). Suicide is the 9<sup>th</sup> leading cause of death in Wilson County and ranks 31<sup>st</sup> out of 105 counties (with 1 being the worst in the state) in Kansas for suicide death rate ([CDC Final Deaths](#)).

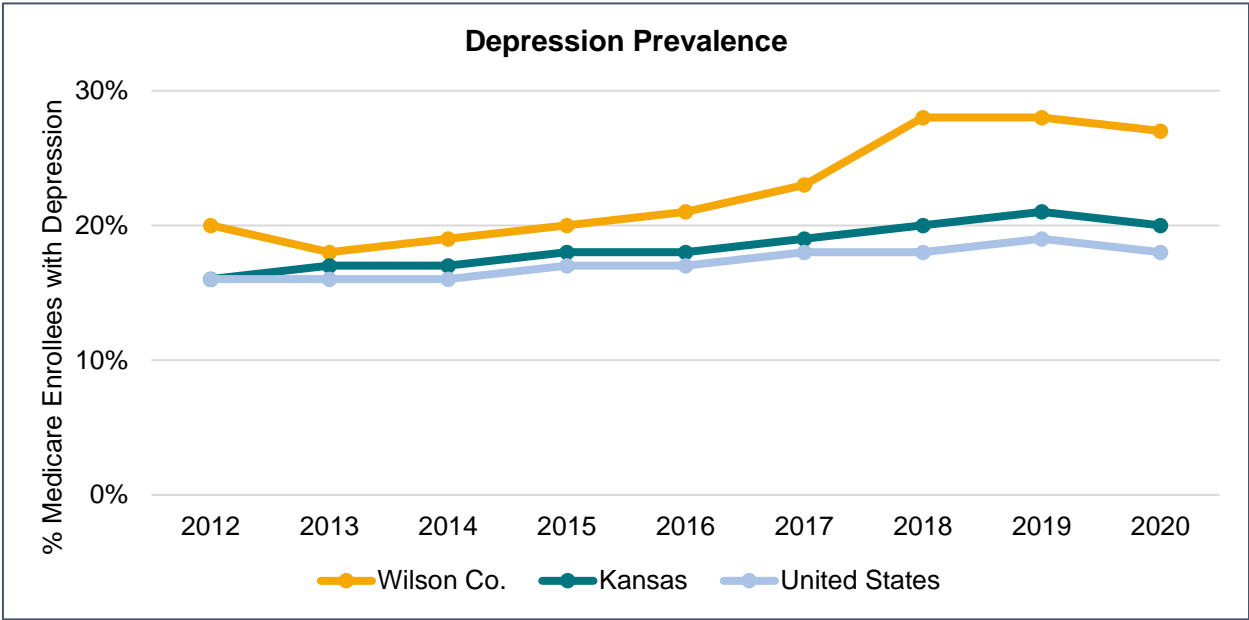
Additionally, lack of access to mental healthcare perpetuates disparities in priority populations like racial and ethnic minority groups, residents of rural areas, and LGBTQ+ communities stemming from of a lack of providers and an inclusive behavioral health workforce ([NAMI](#)).

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

	Wilson Co.	Kansas
Average number of mentally unhealthy days (past 30 days)	4.8	4.5
Number of people per 1 mental health provider	8,362	467
Suicide death rate (per 100,000)	18.3	18.4
Frequent mental distress	16.4%	14.4%
Mental behavior hospital admissions rate (per 10,000)	63.4	70.6

Source: County Health Rankings (2019, 2021), CDC Final Deaths (2020), KansasHealthMatters (2019, 2018-2020)

The prevalence of depression in the Medicare population was 27% in 2020 compared to 20% in Kansas and 18% in the U.S. This rate has been relatively stable in recent years.



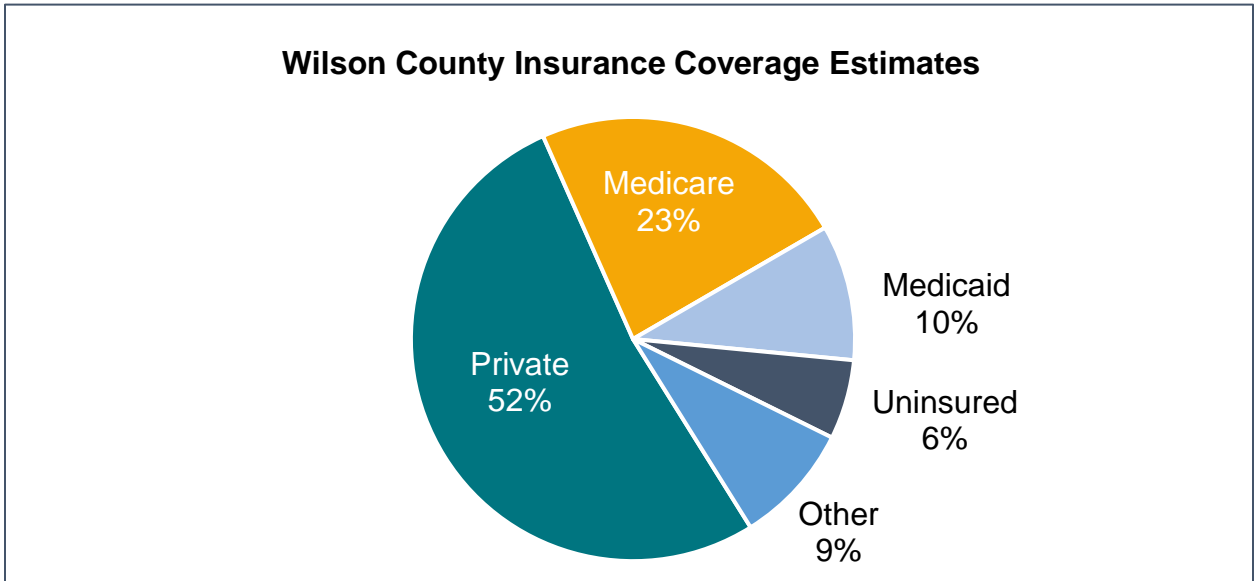
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

## Healthcare Services: Affordability

Affordability of healthcare services was the #2 identified health need in the community with 89% of survey respondents rating it as important to be addressed. Approximately 5.8% of Wilson County’s population is uninsured which is lower than the Kansas rate (Stratason, ESRI). Additionally, low-income groups were identified as one of the top priority populations in the community making the affordability of healthcare services an important need.

	Wilson Co.	Kansas
Uninsured	5.8%	8.7%
Median household income	\$55,845	\$68,466
Average consumer expenditures on <b>health insurance</b>	\$4,340	\$4,393

Source: Stratason, ESRI (2022), KansasHealthMatters (2021)



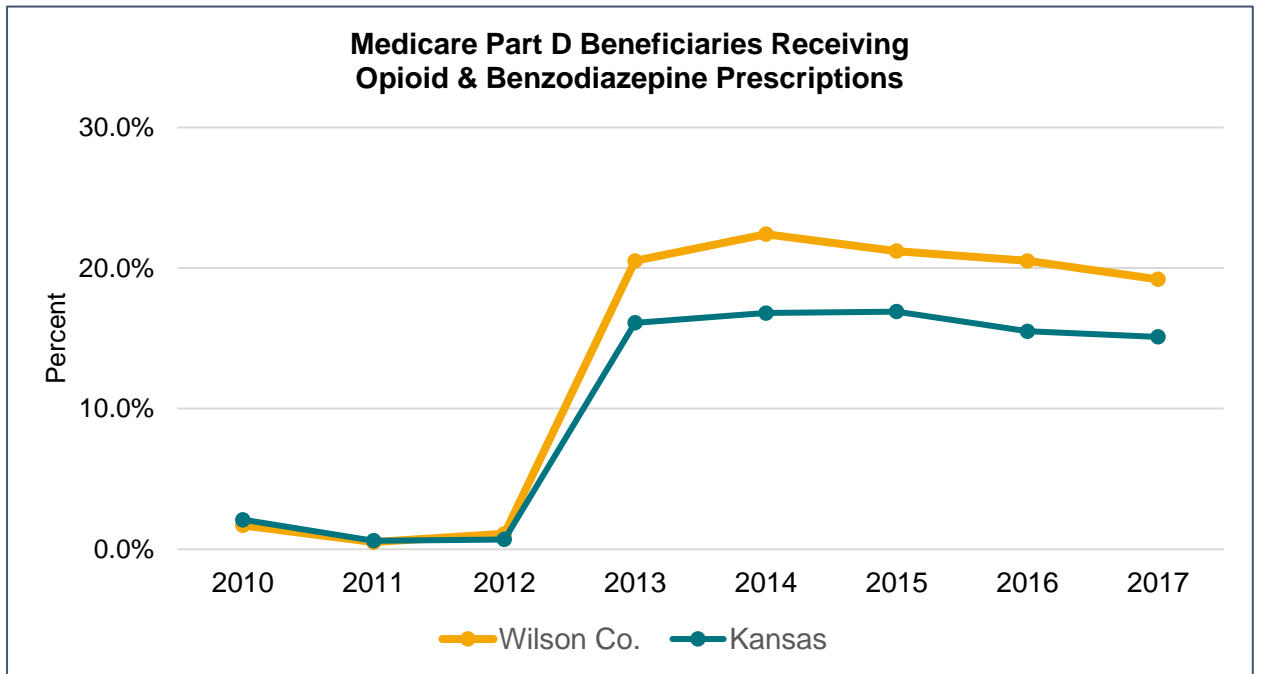
Source: Stratason, ESRI (2022)

## Drug/Substance Abuse

Drug and substance abuse was identified as the #3 health priority with 89% of survey respondents rating it as important to be addressed. Wilson County has higher rates of death due to drug poisoning and similar rates of driving deaths with alcohol involvement and excessive drinking compared to Kansas. In Wilson County, the percentage of Medicare Part D beneficiaries receiving opioid and benzodiazepine prescriptions is greater than in Kansas (19.2% compared to 15.1%) but this rate has been decreasing in recent years.

	Wilson Co.	Kansas
Death rate due to drug poisoning (per 100,000)	15.1	9.7
Driving deaths with alcohol involvement	18.8%	19.4%
Excessive drinking	20.0%	20.0%

Source: County Health Rankings (2018-2020)

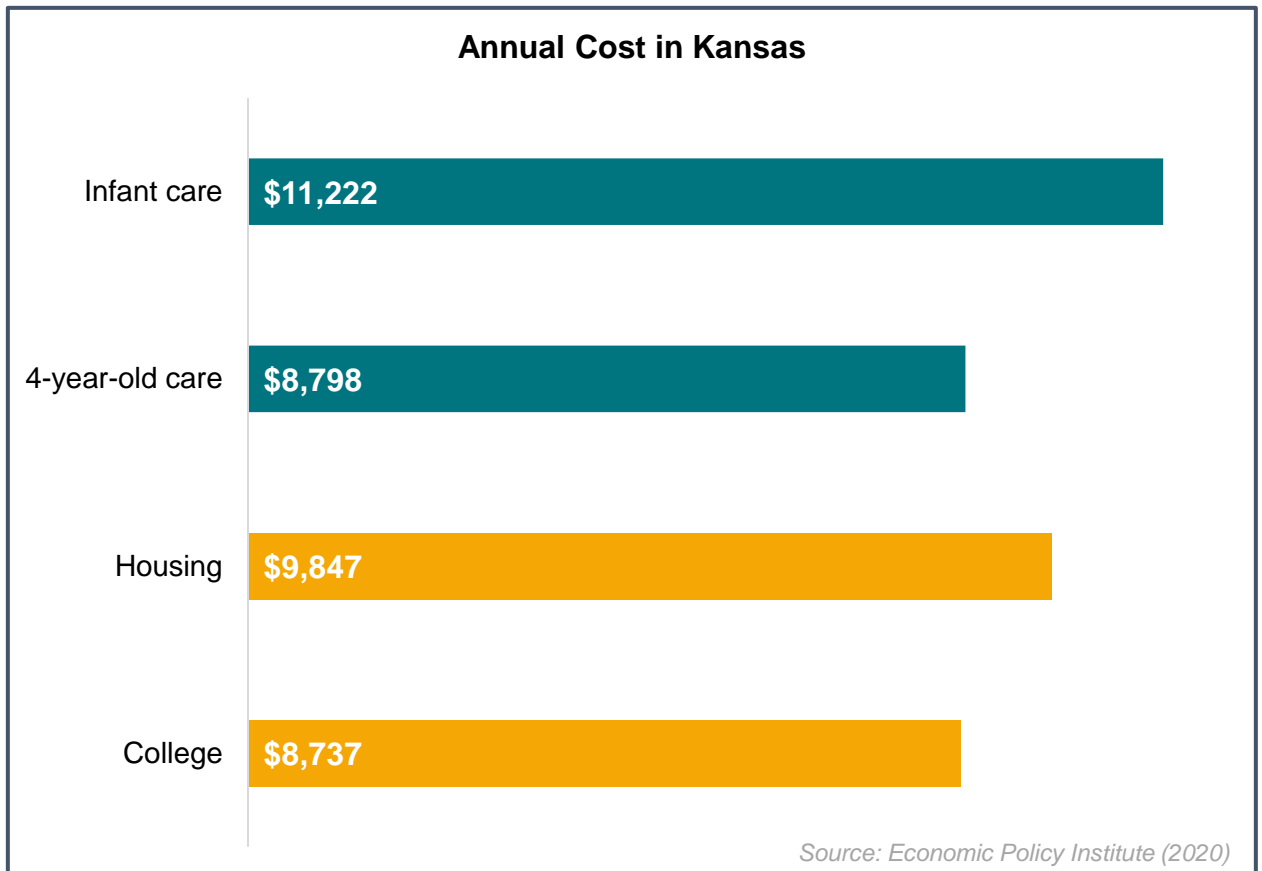


Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population



## Access to Childcare

Access to childcare was identified as the #4 priority with 86% of respondents identifying it as being important to address in the community. The average yearly cost of childcare in Kansas is \$11,222. The U.S. Department of Health and Human Services defines affordable childcare as being no more than 7% of a family's income ([Economic Policy Institute](#)). In Wilson County, 20% of household income is required for childcare expenses. Wilson County has 3 childcare centers for every 1,000 population under 5 years old which is lower than the state average of 7 childcare centers for every 1,000 population under 5. Additionally, 18% of children live in poverty, 28% live in single-parent households, and 57% are enrolled in free or reduced lunch ([County Health Rankings](#)).



## Obesity

Obesity was the #5 health priority identified in the community survey with 86% of respondents rating it as important to address in the community. Wilson County has higher rates of physical inactivity and food insecurity than Kansas. Additionally, Wilson County residents spend more on high-sugar food and beverages and less on fruits and vegetables than state averages.

	Wilson Co.	Kansas
Adult obesity	36.4%	35.6%
Physical inactivity	32.3%	26.7%
Food insecurity	15.0%	12.1%
Diabetes mortality (per 100,000)	37.2	28.5
Average consumer expenditures on <b>fast food restaurants</b>	\$1,317.50	\$1,497.90
Average consumer expenditures on <b>fruits and vegetables</b>	\$841.70	\$885.10
Average consumer expenditures on <b>high sugar beverages</b>	\$336.30	\$327.00
Average consumer expenditures on <b>high sugar food</b>	\$528.80	\$527.40

Source: County Health Rankings (2019), KansasHealthMatters (2021)

## Employment and Income

Employment and income were identified as the #6 priorities with 86% of respondents rating them as important to be addressed in the community. Though employment and income are not traditional health outcomes, these social indicators play a role in the community's ability to afford healthcare and impacts health outcomes. Employment and income can impact health status and quality of life by affecting mental health through poverty and unstable work environments, health behaviors like smoking, diet, and exercise, and having access to health insurance ([HealthAffairs](#)).

	Wilson Co.	Kansas
Median household income	\$55,845	\$68,466
Income inequality*	4.7	4.3
Children in poverty	18.3%	13.0%
Unemployment	4.0%	3.2%

Source: Stratasen ESRI (2022), County Health Rankings (2016-2020), U.S. Bureau of Labor Statistics (2021)

Notes: \*Ratio of household income at the 80<sup>th</sup> percentile to income at the 20<sup>th</sup> percentile

## Affordable Housing

Affordable housing was identified as the #7 priority with 83% of respondents rating it as important to address in the community. While affordable housing is not traditionally a health priority, there is evidence that a lack of access to affordable and stable housing can lead to negative health outcomes such as mental illnesses, exposure to environmental hazards, and limited funds to afford healthcare ([Center for Housing Policy](#)).

	Wilson Co.	Kansas
Severe housing cost burden*	8.9%	10.4%
Severe housing problems**	12.5%	12.8%
Homeownership	73.6%	66.2%
Median household income	\$55,845	\$68,466
Median home value	\$82,200	\$157,600
Median gross rent	\$663	\$863

Source: County Health Rankings (2016-2020), Stratasana ESRI (2022), U.S. Census Bureau (2016-2020)

Notes: \*Percentage of households that spend 50% or more of their household income on housing

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

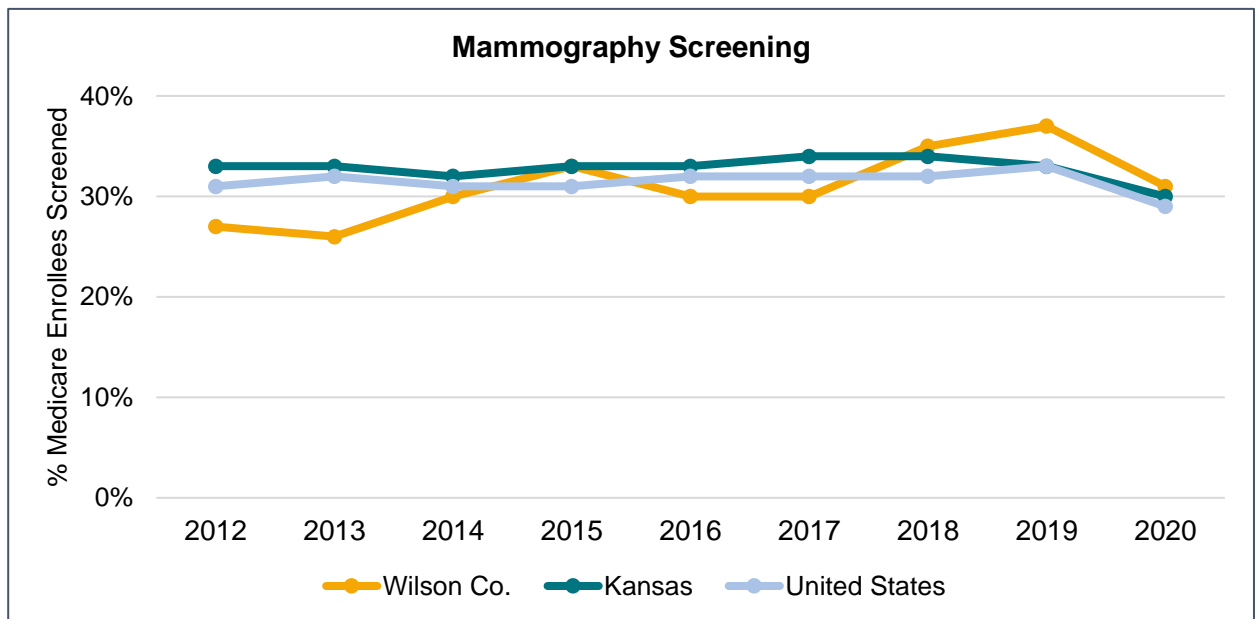
## Cancer

Cancer was identified as the #8 health priority with 81.8% of survey respondents rating it as important to be addressed. Cancer is the 2<sup>nd</sup> leading cause of health in Wilson County and ranks 29<sup>th</sup> out of 105 counties (with 1 being the worst in the state) in Kansas for cancer death rate ([CDC Final Deaths](#)).

Wilson County has a higher cancer mortality rate than Kansas. Additionally, 31% of Medicare enrollees (women age 65+) in Wilson County received a mammogram in 2020 and this percentage is similar to Kansas and U.S. rates.

	Wilson Co.	Kansas
Cancer mortality (per 100,000)	185.6	151.4
Cervical cancer screening (ages 21-65)	81.3%	n.d.
Colon cancer screening	58.5%	n.d.

Source: *worldhealthranking.com (2020), KansasHealthMatters (2018)*



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

## Education System

The education system was identified as the #9 priority with 83% of respondents rating it as important to address in the community. Education influences health disparities through access to job opportunities, health insurance, stable housing, and healthy lifestyles ([AAFP](#)). Wilson County has a lower percentage of persons with a high school diploma or higher and a bachelor's degree or higher compared to Kansas.

	Wilson Co.	Kansas
High school graduate or higher (persons aged 25 years+)	89.3%	91.4%
Bachelor's degree or higher (persons aged 25 years+)	19.4%	33.9%
School funding adequacy*	\$2,870	\$1,708

Source: U.S. Census Bureau (2016-2020), County Health Rankings (2016-2020)

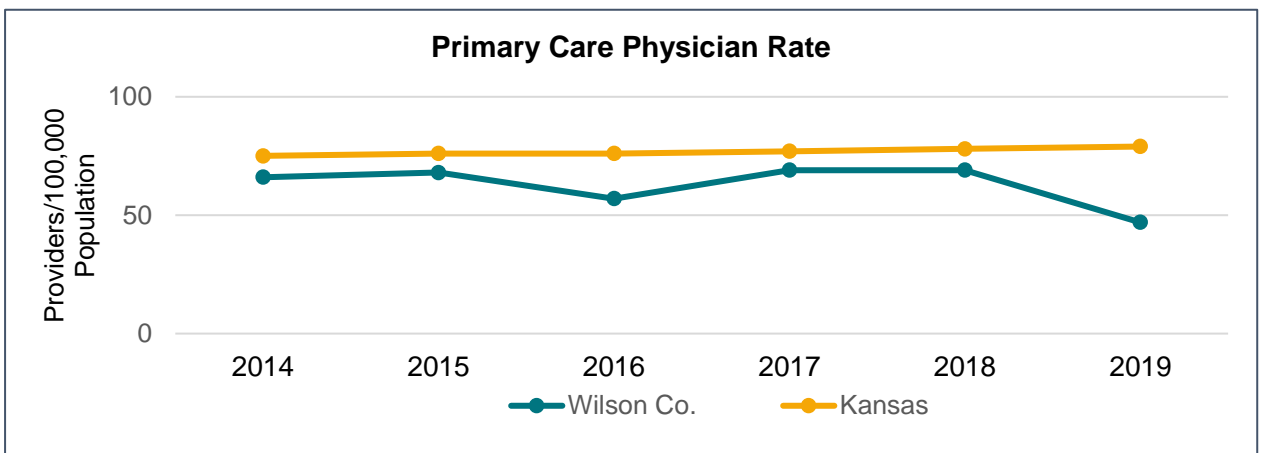
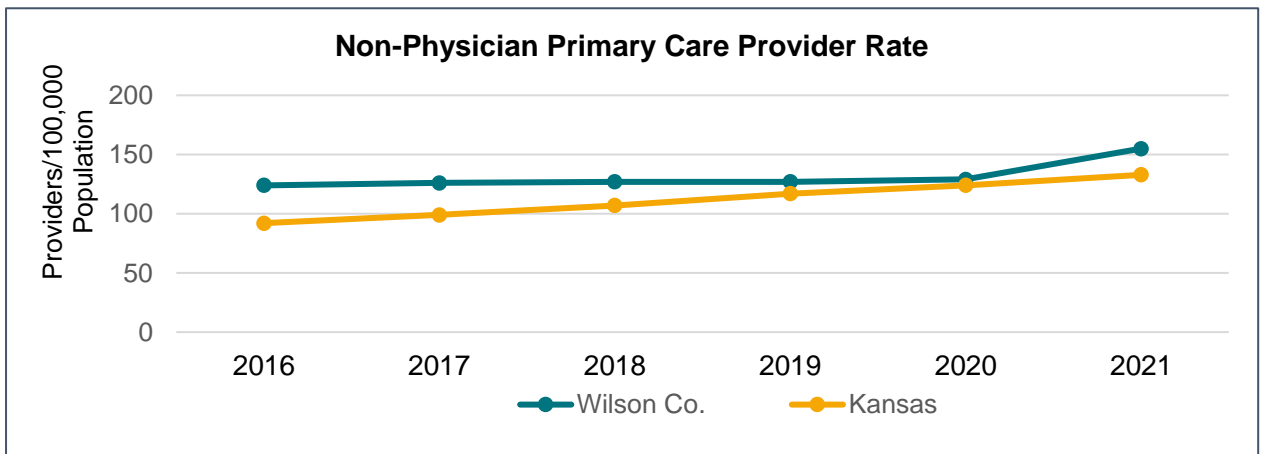
Notes: \*School funding adequacy is the actual per-pupil spending compared with an estimated amount that would need to be spent to achieve U.S. average test scores in each school district. The county value is the cross-district average of the spending surplus or deficit.

## Healthcare Services: Physical Presence

The physical presence of healthcare services was the #10 identified health need in the community with 82% of survey respondents rating it as important to be addressed. Wilson County has a higher rate of non-physician primary care providers and a lower rate of primary care physicians than Kansas. The rate of non-physician primary care providers has been increasing in recent years while the rate of primary care physicians has been below state averages since 2016 showing increased deviation in recent periods.

	Wilson Co.	Kansas
Non-physician primary care provider rate (per 100,000)	155	133
Primary care physician rate (per 100,000)	47	79

Source: KansasHealthMatters (2021, 2019)



Source: KansasHealthMatters

# Focus Group Data

## Community Input

In addition to gathering input through a community survey, the Hospital conducted focus groups and multiple one-on-one interviews with community members to gain a qualitative understanding of the specific health needs in the community. The goal of these conversations was to validate the survey findings across different population groups in the community, as well as develop a deeper understanding of the ways the Hospital can make an impact on each health priority.

From these sessions, the following priorities were identified:

- Behavioral Health
- Access/Affordability – *specialists, health education, transportation*
- Childcare
- Diabetes/Obesity/Diet

The priorities identified through focus group participants aligned with the findings from the community survey. The only health priority that was identified in multiple focus group sessions that was not identified in the top 10 priorities from the community survey was diabetes. Because diabetes was often cited by community members and because the diabetes mortality rate in Wilson County is higher than the state average (37.2 compared to 28.5 per 100,000 respectively), the Hospital has chosen it as a significant health priority to address in its implementation plan.



# Implementation Plan Strategy

## Implementation Plan Framework

Based on results from the community survey and focus groups, the following health factors have been identified as the most significant health needs in the community. The Hospital has determined that the action plan to address the identified health priorities will be organized into key groups in order to adequately address the health needs with available time and resources. Note that the Hospital has not chosen to develop programming to address the social determinants of health identified by the community. The Hospital believes there are other organizations in the community better positioned to address the identified community needs and is choosing to focus on the health needs of the community where it feels it can make a greater impact.



## Behavioral Health

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

- Psychology services one weekend a month provided in the Specialty Clinic
- Depression screenings conducted in primary care
- Behavioral Telehealth services
- RESIST / Tobacco Cessation program is provided in schools – youth-led tobacco prevention initiative
- Education and marketing on depression and mental health to spread awareness in the community
- Patients are screened and referred to the smoking cessation program if applicable – Certified Tobacco Treatment Specialist on staff
- WMC is a member of the Southeast Kansas Trauma Council

### The impact of actions taken since the immediately preceding CHNA:

- Shared suicide prevention and awareness information on social media
- Supported Four County Mental Health Center in becoming completely tobacco-free
- Started “Mental Health Minute” with information on different aspects of mental health shared on social media and with employees by email

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

- Support Wilson County Schools with a new substance use disorder (SUD) grant by providing a curriculum for education programming
- Increase promotion of the Suicide and Crisis Lifeline (988)
- Explore opportunities for drug disposal locations and education on safe disposal practices

### Identified measures and metrics to progress:

- Youth drug utilization
- Number of behavioral health educational opportunities provided to the community
- Suicide death rate



**Partner organizations that may also address this need in the community:**

Organization	Contact/Information
Four County Mental Health	<a href="https://www.fourcounty.com/">https://www.fourcounty.com/</a>
Road to Recovery - Neodesha	613 West Main Street - Neodesha, KS 66757 620-325-5222
Neodesha Unified School District	<a href="https://www.neodesha.k12.ks.us/">https://www.neodesha.k12.ks.us/</a>
Fredonia Unified School District	<a href="https://www.fredoniaks.com/">https://www.fredoniaks.com/</a>
Wilson County Health Department	<a href="http://www.wilsoncountykansas.org/main/county-offices/health-department">http://www.wilsoncountykansas.org/main/county-offices/health-department</a>
Wilson County Sheriff Office	<a href="http://www.wilsoncountykansas.org/main/county-offices/sheriff">http://www.wilsoncountykansas.org/main/county-offices/sheriff</a>
Suicide and Crisis Lifeline	<a href="https://988lifeline.org/">https://988lifeline.org/</a>

## Access to Healthcare Services

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

- Visiting Specialty Clinic – Cardiology, Chiropractic, ENT, Internal Medicine, Oncology, Orthopedics, Pain Management, Psychology, Surgery, Urology, Women’s Health
- Telemedicine specialists – Neurology, Endocrinology, Preventive Medicine, Infectious Disease, Rheumatology, Psychiatry, Nutrition
- 3 Family Medicine locations – Neodesha, Cherryvale, Independence
- Regional Wound and Hyperbaric Medicine Center – the only Center for Wound Care in Southeast Kansas and Northeast Oklahoma with a hyperbaric chamber
- Financial Assistance Policy – patients are screened for eligibility and assisted with enrollment
- Price transparency is posted on the Hospital’s website
- Hospital Foundation provides scholarships for area students pursuing the medical field
- Case manager on staff who can assist patients with Medicaid enrollment
- Vaccine for Children Program (VFC) – provides no-cost vaccines to children who are otherwise unable to pay
- Swing Bed – Rehab U Transitional Care provides skilled nursing services to patients as they gain the strength to return home
- Patients receive a discount on their medical bill if they pay in full
- Free sports physicals are provided to all Wilson County students
- Wilson Medical Rehabilitation Center provides athletic training services to Neodesha USD 461 and Fredonia USD 484 schools

### The impact of actions taken since the immediately preceding CHNA:

- Recruited an additional family medicine provider
- Hosted COVID-19 and Flu vaccine clinics
- Provided drive-through COVID-testing
- Improved pricing for CT and MRI scans
- Added women’s health, orthopedics, and cardiology to the Specialty Clinic

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

- Increase education and awareness of available services at WMC
- Assess the opportunity for after-hour care in the Rural Health Clinics
- Explore transportation opportunities for patients to get to appointments
  - Evaluate successful transportation services provided by other regional hospitals

- Work with local employers to provide healthcare services to employees
- Work to recruit an additional general surgeon

**Identified measures and metrics to progress:**

- Swing bed utilization
- Wound care appointment volumes

**Partner organizations that may also address this need in the community:**

Organization	Contact/Information
Neodesha Unified School District	<a href="https://www.neodesha.k12.ks.us/">https://www.neodesha.k12.ks.us/</a>
Fredonia Unified School District	<a href="https://www.fredoniaks.com/">https://www.fredoniaks.com/</a>
Wilson County Health Department	<a href="http://www.wilsoncountykansas.org/main/cou-nty-offices/health-department">http://www.wilsoncountykansas.org/main/cou-nty-offices/health-department</a>

## Healthy Living

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

- A walking trail is available to the public at the Hospital with sitting benches
- Get Fit 24/7 – Wellness Center that is open 24/7 and available for an affordable price
  - Group walking program
  - Workout equipment
  - Group fitness classes
  - Personal training
- Registered Dietitian and Certified Diabetes Care and Education Specialist on staff
  - Diabetes education classes available
- Regional Wound and Hyperbaric Medicine Center – the only Center for Wound Care in Southeast Kansas and Northeast Oklahoma with a hyperbaric chamber
- Sponsorship of community health events and activities throughout the year
- Student programs for education on exercise and nutrition to promote healthy living from a young age

### The impact of actions taken since the immediately preceding CHNA:

- Hosted “Fall Festival” with a range of community events including exercise and health education opportunities
- Hired a Registered Dietitian
- Walking trail was added to the Hospital campus to increase free outdoor exercise opportunities in the community
- Posted exercise programs and tips on the Hospital’s website weekly

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

- Increase education and awareness of nutrition services available at the Hospital
- Explore grant opportunities for healthy living programs
- Continue to grow the wound care program through available services and appointments

### Identified measures and metrics to progress:

- Wound care appointment volumes
- Dietitian appointment volumes



**Partner organizations that may also address this need in the community:**

Organization	Contact/Information
Neodesha Unified School District	<a href="https://www.neodesha.k12.ks.us/">https://www.neodesha.k12.ks.us/</a>
Fredonia Unified School District	<a href="https://www.fredoniaks.com/">https://www.fredoniaks.com/</a>
Wilson County Health Department	<a href="http://www.wilsoncountykansas.org/main/county-offices/health-department">http://www.wilsoncountykansas.org/main/county-offices/health-department</a>
Kansas State Research and Extension Office	<a href="https://www.wildcatdistrict.k-state.edu/">https://www.wildcatdistrict.k-state.edu/</a>
Local Food Banks	

# Cancer

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

- Oncology provided through the Specialty Clinic
  - Chemotherapy infusion treatments offered
- Urology provided through the Specialty Clinic
  - Prostate cancer screening
- RESIST / Tobacco Cessation program is provided in schools – youth-led tobacco prevention initiative
- Cancer screening services
  - Mammography
  - Colonoscopy
  - Nuclear medicine
- Chronic Care Coordinator on staff to help patients schedule follow-up services and get connected to resources

## **The impact of actions taken since the immediately preceding CHNA:**

- Provided awareness during cancer/prevention awareness weeks – Red Ribbon Week, Great American Smoke out, Cancer Awareness Months (Breast, Colorectal, Skin, Gynecologic, etc.)
- Added Women’s Health to the Specialty Clinic including women’s screening services

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

- Increase education and awareness of cancer services provided at the Hospital
- Explore the opportunity to start a skin clinic to evaluate skin cancer patients
- Improve chronic care coordination services to increase screening and follow-up care
- Work to recruit an additional general surgeon

## **Identified measures and metrics to progress:**

- Cancer screening rates
- Number of educational opportunities provided to the community





**Partner organizations that may also address this need in the community:**

Organization	Contact/Information
Cancer Center of Kansas	<a href="https://www.neodesha.k12.ks.us/">https://www.neodesha.k12.ks.us/</a>
American Lung Association	<a href="https://www.lung.org/">https://www.lung.org/</a>

# Appendix

# Community Data

# Community Demographics

## Demographic Profile

	Wilson County				Kansas				US AVG.	
	2022	2027	% Change	% of Total	2022	2027	% Change	% of Total	% Change	% of Total
<b>Population</b>										
<b>Total Population</b>	<b>8,428</b>	<b>8,221</b>	<b>-2.5%</b>	<b>100.0%</b>	<b>2,948,293</b>	<b>2,957,674</b>	<b>0.3%</b>	<b>100.0%</b>	<b>3.6%</b>	<b>100.0%</b>
<b>By Age</b>										
00 - 17	1,829	1,853	1.3%	21.7%	686,727	687,360	0.1%	23.3%	0.0%	21.7%
18 - 44	2,447	2,327	-4.9%	29.0%	1,053,662	1,043,616	-1.0%	35.7%	0.3%	36.0%
45 - 64	2,161	1,861	-13.9%	25.6%	699,900	657,853	-6.0%	23.7%	-4.3%	24.9%
65+	1,991	2,180	9.5%	23.6%	508,004	568,845	12.0%	17.2%	12.8%	17.4%
<b>Female Childbearing Age (15-44)</b>	<b>1,366</b>	<b>1,305</b>	<b>-4.5%</b>	<b>16.2%</b>	<b>568,197</b>	<b>563,356</b>	<b>-0.9%</b>	<b>19.3%</b>	<b>0.0%</b>	<b>19.5%</b>
<b>By Race/Ethnicity</b>										
White	7,540	7,250	-3.8%	89.5%	2,215,625	2,189,447	-1.2%	75.1%	-1.3%	61.0%
Black	22	22	0.0%	0.3%	169,432	168,497	-0.6%	5.7%	0.8%	12.4%
Asian & Pacific Islander	37	38	2.7%	0.4%	91,566	95,556	4.4%	3.1%	5.6%	6.3%
Other	829	911	9.9%	9.8%	471,670	504,174	6.9%	16.0%	7.8%	20.3%
Hispanic*	263	277	5.3%	3.1%	388,657	396,331	2.0%	13.2%	3.4%	19.0%
<b>Households</b>										
<b>Total Households</b>	<b>3,563</b>	<b>3,491</b>	<b>-2.0%</b>		<b>1,156,868</b>	<b>1,163,046</b>	<b>0.5%</b>			
<b>Median Household Income</b>	<b>\$ 55,845</b>	<b>\$ 61,973</b>			<b>\$ 68,466</b>	<b>\$ 78,759</b>			<b>US Avg. \$64,730   \$72,932</b>	
<b>Education Distribution</b>										
Some High School or Less				9.0%				7.1%		10.1%
High School Diploma/GED				35.7%				26.7%		27.1%
Some College/Associates Degree				37.4%				30.5%		27.7%
Bachelor's Degree or Greater				17.9%				35.6%		35.1%

\*Ethnicity is calculated separately from Race

Source: Stratasan, ESRI (2022)

# Leading Cause of Death

The Leading Causes of Death are determined by the official Centers for Disease Control and Prevention (CDC) final death total. Kansas's Top 15 Leading Causes of Death are listed in the tables below in Wilson County's rank order. Wilson 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 (Wilson County Compared to U.S.)
KS Rank	Wilson Rank	Condition		KS	Wilson	
1	1	Heart Disease	2 of 105	167.0	248.0	<i>Higher than expected</i>
2	2	Cancer	29 of 105	151.4	185.6	<i>Higher than expected</i>
4	3	Accidents	13 of 105	53.4	73.8	<i>Higher than expected</i>
5	4	Lung	13 of 105	43.9	60.5	<i>Higher than expected</i>
3	5	COVID-19	89 of 105	90.5	53.0	<i>Lower than expected</i>
6	6	Stroke	41 of 105	36.7	47.3	<i>Higher than expected</i>
7	7	Diabetes	12 of 105	28.5	37.2	<i>Higher than expected</i>
12	8	Flu - Pneumonia	15 of 105	13.9	26.8	<i>Higher than expected</i>
9	9	Suicide	31 of 105	18.4	18.3	<i>As expected</i>
10	10	Kidney	43 of 105	14.3	17.7	<i>As expected</i>
8	11	Alzheimer's	79 of 105	25.3	15.7	<i>Lower than expected</i>
15	12	Blood Poisoning	9 of 105	8.8	13.3	<i>Higher than expected</i>
16	13	Homicide	6 of 105	7.0	8.6	<i>As expected</i>
11	14	Liver	72 of 105	14.1	6.8	<i>Lower than expected</i>
13	15	Parkinson's	84 of 105	11.4	5.7	<i>As expected</i>
14	16	Hypertension	55 of 105	9.2	5.3	<i>As expected</i>

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

Source: worldlifeexpectancy.com (2020)

# County Health Rankings

	Wilson	Kansas	U.S. Median	Top U.S. Performers
<b>Length of Life</b>				
Overall Rank (best being #1)	<b>88/105</b>			
- Premature Death*	● <b>9,827</b>	7,458	8,200	5,400
<b>Quality of Life</b>				
Overall Rank (best being #1)	<b>89/105</b>			
- Poor or Fair Health	● <b>19%</b>	17%	17%	12%
- Poor Physical Health Days	● <b>4.1</b>	3.6	3.9	3.1
- Poor Mental Health Days	● <b>4.8</b>	4.5	4.2	3.4
- Low Birthweight	● <b>7%</b>	7%	8%	6%
<b>Health Behaviors</b>				
Overall Rank (best being #1)	<b>94/105</b>			
- Adult Smoking	● <b>21%</b>	17%	17%	14%
- Adult Obesity	● <b>36%</b>	36%	33%	26%
- Physical Inactivity	● <b>32%</b>	27%	27%	20%
- Access to Exercise Opportunities	● <b>31%</b>	73%	66%	91%
- Excessive Drinking	● <b>20%</b>	20%	18%	13%
- Alcohol-Impaired Driving Deaths	● <b>19%</b>	19%	28%	11%
- Sexually Transmitted Infections*	● <b>281.5</b>	524.7	327.4	161.4
- Teen Births (per 1,000 female population ages 15-)	● <b>31</b>	22	28	13
<b>Clinical Care</b>				
Overall Rank (best being #1)	<b>65/105</b>			
- Uninsured	● <b>11%</b>	11%	11%	6%
- Population per Primary Care Provider	● <b>2,131</b>	1,271	2,070	1,030
- Population per Dentist	● <b>2,787</b>	1,630	2,410	1,240
- Population per Mental Health Provider	● <b>8,362</b>	467	890	290
- Preventable Hospital Stays	● <b>4,889</b>	3,645	4,710	2,761
- Mammography Screening	● <b>48%</b>	46%	41%	50%
- Flu vaccinations	● <b>34%</b>	49%	43%	53%
<b>Social &amp; Economic Factors</b>				
Overall Rank (best being #1)	<b>100/105</b>			
- High school graduation	● <b>89%</b>	91%	90%	96%
- Unemployment	● <b>7.8%</b>	5.9%	3.9%	2.6%
- Children in Poverty	● <b>18%</b>	13%	20%	11%
- Income inequality**	● <b>4.7</b>	4.3	4.4	3.7
- Children in Single-Parent Households	● <b>28%</b>	21%	32%	20%
- Violent Crime*	● <b>237</b>	365	205	63
- Injury Deaths*	● <b>137</b>	78	84	58
- Median household income	● <b>\$50,472</b>	\$63,214	\$50,600	\$69,000
- Suicides	● <b>29</b>	19	17	11
<b>Physical Environment</b>				
Overall Rank (best being #1)	<b>92/105</b>			
- Air Pollution - Particulate Matter (µg/m³)	● <b>8.9</b>	7.5	9.4	6.1
- Severe Housing Problems***	● <b>13%</b>	13%	14%	9%
- Driving to work alone	● <b>81%</b>	81%	81%	72%
- Long commute - driving alone	● <b>19%</b>	22%	31%	16%

\*Per 100,000 Population

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

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

Note: n.d. = no data

## Key (Legend)

- Better than KS
- The same as KS
- Worse than KS

Source: County Health Rankings 2022 Report

# Detailed Approach

Wilson Medical Center (“WMC” or the “Hospital”) is organized as a not-for-profit organization. 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 not-for-profit hospitals as a condition of retaining tax-exempt status. This study is designed to comply with the standards required of a not-for-profit hospital.

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

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

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

### **Project Objectives**

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

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

### **Overview of Community Health Needs Assessment**

Typically, non-profit hospitals qualify for tax-exempt status as a Charitable Organization, described in Section 501(c)(3) of the Internal Revenue Code; however, the term ‘Charitable Organization’ is undefined. Prior to the passage of Medicare, charity was generally recognized as care provided for those who did not have the means to pay. With the introduction of Medicare, the government met the burden of providing compensation for such care.

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



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

Specifically, the IRS requires:

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

## Community Health Needs Assessment Subsequent to Initial Assessment

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

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

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

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

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

To complete a CHNA:

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

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

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

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

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

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

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

The methodology takes a comprehensive approach to assess community health needs, perform several independent data analyses based on secondary source data, augment this with community opinions, and resolve any data inconsistency or discrepancies by reviewing the combined opinions formed by local experts. The Hospital relies on secondary source data, and most secondary sources use the county as the smallest unit of analysis.

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

Data sources include:

Website or Data Source	Data Element	Date Accessed	Data Date
Stratasan	Assess characteristics of the primary service area, at a zip code level; and, to access population size, trends and socio-economic characteristics	September 2022	2022
www.countyhealthrankings.org	Assessment of health needs of the county compared to all counties in the state.	September 2022	2013-2020
Centers for Disease Control and Prevention (CDC) Final Deaths	15 top causes of death	September 2022	2020
U.S. Bureau of Labor Statistics	Unemployment rates	September 2022	2021
KansasHealthMatters	Community health data at the county and state level	October 2022	2014-2021
NAMI	Statistics on mental health rates and services	October 2022	2021
Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population	Health outcome measures and disparities in chronic diseases	October 2022	2020
Economic Policy Institute	Childcare costs in Kansas	October 2022	2020
Health Affairs: Leigh & Du	Impact of wage on health	October 2022	2018
Center for Housing Policy	Impact of housing on health	October 2022	2015
The U.S. Census Bureau	County-level statistics for housing and education	October 2022	2016-2020

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

- A CHNA survey was deployed to Local Expert Advisors and the general community 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 WMC's desire to represent the region's geographically diverse population. Community input from 322 survey respondents was received. Survey responses started on August 15<sup>th</sup> and ended on September 2<sup>nd</sup>, 2022.
- Additionally, interviews and focus groups were conducted to validate the findings of the CHNA survey and to gain additional information on the health priorities in the community. The qualitative data gathered in these sessions were used to inform the health priorities to be addressed by the Hospital.

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

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

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

# Survey Results

Due to a high volume of survey responses, not all comments are provided in this report. All comments are unedited and are contained in this report in the format they were received.

**Q1: Please select all roles that apply to you.**

Answer Choices	Responses	
Community Resident	56.90%	169
Healthcare Professional	29.29%	87
Educator	19.19%	57
Government Employee or Representative	6.40%	19
Public Health Official	1.35%	4
Minority or Underserved Population	1.01%	3
Representative of Chronic Disease Group or Advocacy Organization	0.34%	1
	Answered	297
	Skipped	25

**Q2: Race/Ethnicity (select all that apply)**

Answer Choices	Responses	
White or Caucasian	96.64%	288
Black or African American	0.34%	1
Hispanic or Latino	1.34%	4
Asian or Asian American	0.00%	0
American Indian or Alaska Native	2.68%	8
Native Hawaiian or other Pacific Islander	0.34%	1
Other (please specify)	1.68%	5
	Answered	298
	Skipped	24

**Q3: Age group**

Answer Choices	Responses	
18-24	3.02%	9
25-34	12.08%	36
35-44	24.83%	74
45-54	13.09%	39
55-64	23.49%	70
65+	23.49%	70
	Answered	298
	Skipped	24



**Q4: What zip code do you primarily live in?**

Answer Choices	Responses	
66757	65.77%	196
66736	9.73%	29
67301	8.72%	26
66710	3.69%	11
66720	2.01%	6
66776	1.68%	5
67357	1.68%	5
67335	0.67%	2
67344	0.67%	2
67337	0.67%	2
67354	0.67%	2
66714	0.67%	2
82633	0.34%	1
67351	0.34%	1
66604	0.34%	1
66748	0.34%	1
67333	0.34%	1
66756	0.34%	1
67045	0.34%	1
66757	0.34%	1
66006	0.34%	1
66771	0.34%	1
	Answered	298
	Skipped	24

**Q5: Where do you receive your healthcare services? (please select all that apply)**

Answer Choices	Responses	
Wilson Medical Center	67.00%	201
Somewhere other than Wilson Medical Center (please specify)	33.00%	99
	Answered	300
	Skipped	22

**Comments:**

- Fredonia Regional Hospital (29)
- Labette Health (16)
- Neosho Memorial Regional Medical Center (14)
- Ashley Clinic (6)
- I do not have a health care provider (5)
- A variety of places (3)
- Dr. Moorhead (2)
- All others 1 or less

**Q6: Which groups would you consider to have the greatest health needs in your community? (please select all that apply)**

Answer Choices	Responses	
Low-income groups	65.38%	187
Older adults	65.03%	186
Children	35.66%	102
Individuals requiring additional healthcare support	30.77%	88
Residents of rural areas	26.22%	75
Women	25.52%	73
Racial and ethnic minority groups	7.69%	22
LGBTQ+	5.59%	16
	Answered	286
	Skipped	36

*What do you believe to be some of the needs of the groups selected above?*

- Food insecurity, affordable medical care, housing.
- Locations for rehabilitation after surgery or accident where they can stay on premises until well or have support at their home.
- Reduced funds in their personal accounts will reduce the health care they receive.
- Transportation to and from appointments. Medicare providers
- Increased healthy living styles.
- Not able to afford care
- Mental health
- Day care and home health attendant care
- It is difficult to get transportation to health care. Difficult to get items not covered by insurance—bandaids, heartburn meds, ibuprofen, tylenol, pads, briefs, miralax, bengay type patches..... Also, healthy fresh fruits and vegetable costs are rising. Unhealthy foods are cheaper to purchase—so it deters consumers from buying fresh food.
- Specialist—2 plus hrs to dr to see
- Elder care; specialized services (cancer, orthopedics, etc); pediatrics
- Healthcare, better housing, affordable insurance coverage, income
- Regular access to fundamental health care. This may also provide the educational environment necessary to avoid more serious health issues from developing in the future.
- Older adults insurances, alot of them do not cover procedures, rural residents have a hard time commuting to hospital or clinics,
- Better communication with other healthcare professionals
- Affordable insurance, affordable health care, and affordable meds.
- Medical care that they may not be able to afford
- I work with the handicapped and elderly population. I see adults on medicare unable to get prescriptions affordably. Especially those not able to qualify for low-income assistance programs. Rural elderly adults are not able to get medicare advantage benefits like those in cities, high populated cities.
- Broader access to specialists, better accessibility to public transport between health facilities.
- Transportation
- I worry the low income group might avoid health care due to either no health insurance or difficulty paying the deductible. Many retirees require additional medical assistance.

- Low income older adults are blocked from some testing, pain management, maintenance care, or physical retraining from injuries or surgeries due to non-coverage of Medicare and they cannot work to pay out of pocket for things that would improve their health.
- Meals on wheels for elderly affordable housing for elderly and children's daycare's
- Education on healthy lifestyle, drug prevention, mental health treatment.
- Access to affordable health insurance or insurance with better coverage for those groups
- Health issues with heart
- I assume the older adults as a demographic need more care
- Access. Many uninsured women who work at low paying cannot afford health care. Wilson county including medical not understanding LGBTQ and it's been getting worse.
- Good nutrition, smoking
- Low/no cost health screening
- Transportation
- Local pediatrician, OBGYN with abilities to deliver at WMC, dental + vision services for all and a dentist that will take Medicare insurance. Our low income population has to drive over 45+ miles for a dentist that will take Medicare insurance.
- Health care needs not available locally and difficulties with transportation. Awareness of what services are available. Support to help people feel comfortable to seek services. Insurance limitations. Public attitude
- Mental health services
- Rural area, harder to find specific healthcare needs
- Small communities like ours cannot support all of the different kind of doctors there are today. So there is always a need to go out of town to see a doctor that has a speciality in a certain area
- General care, check ups, childcare, at no or very low cost.
- Specialty docs for seniors needs
- Transportation
- Access to transportation to access medical care
- Affordable meds
- Regular medical and dental appointments
- In home care
- General knowledge of healthy living practices, healthy habits and ways to avoid "bad" habits

- Can't afford care.
- People who have their health insurance, with no govt healthcare like welfare or medicare.
- Because they don't have adequate insurance or state insurance they can't afford to go so they don't take care of their health needs they don't go to the doctor and be seen when they should because they can't afford it or people that even have insurance but they're deductible so high that they can't even meet their deductible so they don't go back to the doctor or the hospital.
- Available to get to see a doctor when needed.
- Affordable care
- I believe that some people choose not to seek healthcare due to the increasing costs of medical attention. Nurses' visits and doctor visits are high, and even higher if they have to do anything like writing a prescription. I also feel that people are leaning away from traditional healthcare because it is so hard to see the "doctor" and can usually only get in to see some type of nurse or a PA.
- Mental health
- Affordable health services
- Mental illness, diabetes, obesity, heart disease
- Mental health in this area is terrible! Kids have nothing to do, they try to talk to adults about issues and just get told to deal with it.
- Many do not eat a health diet.
- Would love more health education for low income and elderly---really just our community in general. In regards to additional healthcare support, i'd love to see more specialists coming to the area periodically. We have a cardiologist, but what about an endocrinologist, a dermatologist, an orthopedic doc, etc.?
- General health and wellness programs
- General health check-ups, mental health support, and screenings, specialists, access to affordable health care, access to transportation for medical appointments, and clear and straightforward information on any and all medical procedures.
- Attendant care services
- Access to specialist in healthy living, eating, weight loss. Chronic pain management
- Older fixed income, can't afford the costs of prescriptions
- Care givers medicine
- Mental health, OBGYN, and nutrition
- Affordable healthcare

- Financial help with medical expenses. Home help for those in need.
- Affordable health care for low income families not on assistance. Housing and healthy food choices that they can afford.
- Acknowledgment that they exist.
- Access to healthcare
- Specialists
- Better health care. And mental health support.
- Affordable health care, minor things are overlooked or put off because of what it cost to go through the e. R.
- Mental health services are scarce in rural communities
- Ongoing self care access. Mental health issues.
- Affordable. Deductibles are too high.
- Transportation to appointments and specialists
- Unhealthy habits and just old age concerns
- Home health
- Need more OBGYN and pediatric availability, currently our options are labette health, coffeyville, and chanute.
- So many don't have an advocate to speak for them and to help them along the way making decisions in their best interest.
- Illnesses related to aging. Emergency medical care
- Education on eating healthier on their budget.
- Need pediatrician in area and more family practice physicians.
- General health care
- Lack of insurance or money to pay health related bills
- I truly believe in all groups above for our community there is a need for more speciality providers to help provider care to the patients. Living in a rural area makes it difficult for patients to receive the care they need without traveling. Additionally, providing more opportunities for patients and families to be more physically active and be more involved in wanting to care for themselves.
- Low income and older adults have at times not had the necessary resources to get to medical appointments. I have no family close by and have to rely on friends for transportation out of town.
- Education and resources for preventative healthcare/healthy lifestyle

- Regular physician check-ups, standard care for ongoing health problems and referrals for higher level health issues.
- Need to expand medicaid
- Mainly resources such as time and money to get to appt etc.
- Quality healthcare that is affordable!!
- Transportation
- Transportation for health care needs. Affordability or access to help finding resources to meet their needs.
- Less costly services.
- Transportation, advanced specialist support, walk-in clinic availability after 'working' hours, mental health services
- Diverse options for healthcare treatment, including accessibility and follow-up, to accommodate their unique challenges that the rest of healthcare has not yet caught up with. Examples include late/afterhours appointments or options due to childcare, modified care plans or generic label medication support.
- Older people don't go to a health care provider because of the cost
- People who completely ignore their health and don't care.
- Illness diagnosis and treatment, wound care, diabetes management, ob
- Access to affordable healthcare for those that don't have insurance.
- Education
- General healthcare, most people cannot afford to go to the doctor so they won't understand basic hygiene practices which would lead to infections and health problems
- Food insecurities (wilson co has higher food insecurity than the state and national levels), access to care (specialty doctors), transportation, older adults being persuaded into advantage insurance plans due to affordability in which they end up having higher costs after hospitalizations.
- Receiving health care in a timely fashion. Mostly for speciality drs
- Substance abuse/recovery services, behavioral health programs, job skills, transportation issues
- Due to money, language, transportation, or aging.
- Insurance, financial needs, mental health resource availability
- Education and support. Understanding how to manage illness. Dietary considerations for community members with diabetes who are on a low or fixed income.

- We have many working poor who do not have insurance, medicaid or medicare. I know many older MD and other health providers are not sensitive to gays or trans. Mental health for teens, working poor and older adults severely lacking. I see little progress in many areas of mental health availability or understanding.
- Education on what to do when you are exposed to covid.
- Lack of medicaid expansion and reduced access to specialty services
- Education. Access. Availability of services or products within their means
- Those that don't qualify or can't afford insurance and therefore go without health care.

**Q7: Please share comments or observations about the actions WMC has taken to address any of the 2019 CHNA priorities.**

- School programs, providing a new park area, nutrition information have all been improved.
- Brought in doctors and services
- I love how wmc has gotten involved at the schools.
- Wmc has done a great job in partnering with the school district to decrease tobacco/nicotine use, increase mental health accessibility, and increase activity in schools.
- We have an employee assistance program at school. I also noticed new walking trail being built by the river.
- Unsure what wmc is doing specifically
- Psychological counseling, and education on how to use health care appropriately
- Appreciate all they have done to make us a healthier community
- Access to substance abuse prevention services. This category lists this under schools but it would be great for all categories.
- Need free exercise classes for seniors. The walking trail is WONDERFUL!
- The walking and biking trails are going in. Tobacco and substance abuse prevention in the schools has been implemented.
- I do not have the experience with wmc to address this question.
- Emotional support services
- Historically wmc has been progressive, strong, marketed well
- A scholarship or forgiveness program for the low income patients has been missed.



- Child care is a huge issue in neodesha. We have been told about getting a daycare in the hospital, seems like false hope at this point. Nothing being done about it years later
- None of the above has been done
- Seems like the city of neodesha is spending a lot of money on parks sidewalks and schools but there is no money being spent on the true infrastructure that the city needs if the residence of neodesha cannot fulfill their basic needs and they have to go out of town to do so how will the city be sustainable in the future
- They're working on adding bike trails and have added a walking trail
- They have a walking trail?
- Behavioral telehealth visits, rural health care
- Applaud the efforts against tobacco, especially in kids. Would like to see more walking trails.
- Trails, getting folks out to exercise
- I have noticed most except child care in evenings, reference to outside groups like aa, na or alanon, or community gardens.
- Wmc continuously provides education to the community/county for the well being of those affected
- The 461 district does now have a preschool and walking trails are now available. Classes are open through get fit for yoga.
- The only thing i have seen done is the tobacco thing. Not sure that it actually made a difference. Seemed more like a political move.
- A variety of fitness classes offered through get fit.
- Planned improvements at the water plant pond area and the safe routes to school project will be a great benefit for both local recreation and accessible routes for non-drivers.
- Erica johnson has positive, consistent involvement with the schools and community in health education, resist/tobacco cessation and exercise activities for all ages.
- Wmc has taken significant strides in adding to the community environment, school, and faith and communities sector.
- My favorite wellness actions are the various get fit exercise programs, the fun recreational activities such as fall festival and corn hole tournament.
- To my knowledge it doesn't look like much as been done

- I am unsure as I have only recently returned to work here and don't live in this community. I do notice we receive a mental health minute email that I find supportive and I see WMC involved in health and wellness initiatives in this community.
- Wilson Medical is working to give the community what is needed.
- I have only seen advertisement for a few of these actions listed above
- Trails.
- Way too much emphasis and spending on the flood zone area.
- Healthcare sector: wmc employees used to get helpful "wellness wednesday" emails which addressed different wellness, self care issues. School sectors: erica johnson started resist, anti-tobacco, chapters in all three schools in Wilson County. These chapters have been very active at the local and state levels. She has also worked to get smoke free signage in place at all parks in Fredonia and Neodesha. Erica Johnson also serves as k-state extension representative and represents WMC well in this capacity. Erica Johnson has represented WMC as she coordinates with the city of Neodesha and the BCBS pathways grant to improve local parks and rec opportunities, specifically in Neodesha.
- I don't know that they've addressed any of these issues well
- The sidewalk improvements and now the walking trails.
- Walking trail
- I think offering exercise areas are a wonderful opportunity, I just hope people utilize these areas. I think a lot of the things covered here are great in theory, but the utilization of them sometimes is less practical.
- They have a walking trail and do exercise classes.
- I am not aware of what moves WMC has made in regards to these needs. I'm sure they are addressing them, but as a community member, I am unaware as to how they are doing.
- We have been providing good health awareness and seem to be continuing to encourage healthy life choices.
- Daycare is probably one of the most critical needs.
- We need more child care in the community.
- Love the biking and walking trails
- If any of these are available, I am unaware of them or where to seek the information
- Good strides

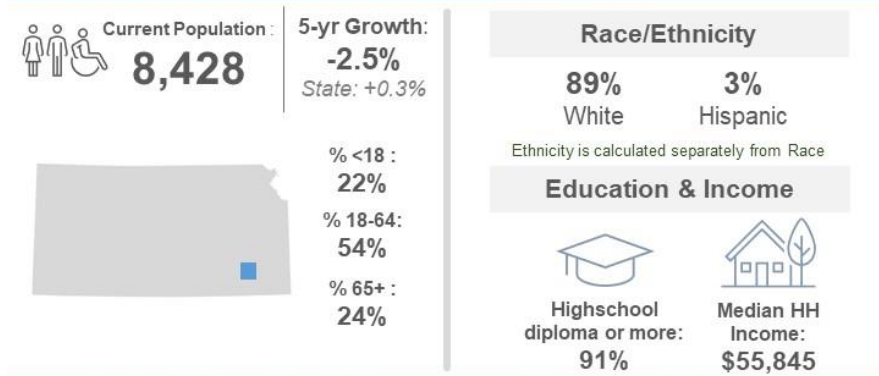
- Suicides are a problem in our town there have been some efforts there, i've noticed. There are a lot of areas in town that just need sidewalks. Biking/hiking trails are great, but let's take care of the necessities first. There are many elementary age children walking in the streets before and after school every day. North fourth is pretty heavily traveled by kids and cars without any sidewalks.
- This community is in dire need of mental health for our teenagers, nutrition needs for the elderly and very young, as well as obgyn care for women.
- Haven't noticed anything from the list aside from the walking trail
- The tobacco sensation program has been promoted and well-publicized i'm unaware of any other actions being taken in this community from WMC
- My doctor is good about asking about mental health as well as the physical aspect. The school sector has seen action in all identified areas. The community sector is still lacking. No progress seems to be made on the trail system.
- Wmc has done a great job with the items listed above.
- Anti-smoking campaigns have been impressive. Exercise programs have been encouraged.
- I have not seen wmc perform any actions on most of these
- We have a hard time getting nurses still because there is no available child care in the area for nurses. We do give lots of moment activities in the community for our workers.
- Get fit has been advertised to the community, classes have been held for health issues such as diabetes, heart related problems.
- Progress is being made to complete the walking and biking trails.
- I think this is spot on!!!
- Love the free walking trail with benches for resting.
- We are getting a new park and walking trail.
- Exercise facilities important. Older people need assistance with tech. Help for people with hearing impairment.
- I have seen numerous people in the community, healthcare workers, and patients out on the trails around the hospital. There is the availability of a free gym membership that many employees use. Also, recently in the hospital there have been game days where the patients are invited to play a game with a worker (ward clerk), we even did bingo with the med surg floor and workers.

- Wmc has a strong community connection that facilitates members of the community to seek our help with their individual needs.
- They have a walking fitness trail. They provide educational opportunities or provide space for educational classes
- Physical activities for students and community members and walking trails.
- Have done most of community environment survey and most of the others except childcare needs which definitely needs addressed.
- Social services, get fit being open 24 hrs a day, walking trail at wmc. Additionally, more promotion or education should be given regarding the above areas.
- None that i have seen in the last year
- They have been actively involved in the school sector helping to promote no tobacco programs and working with the FCCLA organization. They have also worked to improve community sectors as well implementing walking trails and other health initiatives.
- Help for any age dealing with mental illness should be prioritized. With a mental illness it is difficult for anyone to have the motivation to do anything on that list, even receiving help. Education about finance can help many people make the right educated decision. Helping women and babies (especially first timers) is a good action to take.
- I didn't see anything like that happen
- Tobacco cessation, working on park and recreation, life balance, and senior exercise classes
- Most of the above have been addressed in our community. I am happy that biking and walking trails are being made available to us.
- I have seen improvements in the community environment sector, but still feel there is a huge need in the early childhood preschool sector.
- Only responding to those i actually have knowledge about! Response to communicable disease and correlated risk factors has been exceptional. Preschool and school sector actions have been clearly demonstrated and show success, especially the after hours health service availability and healthy lifestyles programs.
- Not aware of actions
- All have been very beneficial and have seen a noted change. Keep working on those walking trails.
- Good work

- The only areas i know where wmc is involved are: tobacco cessation, physical activity, and walking trails.
- Walking path around the hospital with seating. I feel the hospital has been more visible and active in the community in the past several years.
- I am not aware that wmc has addressed any of these needs.
- Improved awareness on health, active exercise classes and creation of more outdoor activities.
- None that i know of
- You nailed community sector. It doesn't appear that any of the other sectors gave seen much improvement just based on public knowledge. I do not know the inner workings of the hospital to know how things have been implemented to better staff health.
- I believe that wmc has addressed mental and physical health
- A lot of the issues (childcare, emotional well-being, etc) that have had little improvement or have gotten worse since 2019 have largely been detrimentally affected by covid. The community environment sector has seen large growth through the HLAT and the pathways grant teaming with locals.
- I've heard & read in our paper many positive articles about our smokeless tobacco program in our high school. Community environment committee has done a lot on the pond and beautification surrounding it.
- They are working on biking and walking trails. In the school sector, tobacco and vaping are being addressed. The resist program is implemented in the 3 wilson county school districts.
- Wmc has actively provided or supported many of the identified needs for our community, working well with usd # 461 & surrounding school districts.
- Great programs
- Positive: exercise availability, communicable disease prevention and diagnosis, promoted trails, kelly branford's articles and classes are helpful.
- Needing more access to fresh fruits and vegetables.
- I have seen wmc representatives work with usd 461 (neodesha) to help educate them on exercise but also educate students on use of drugs and how they can affect your body.
- Both hospitals in the county are doing good work with bcbs to address these.

**Q8: Do you believe the above data accurately reflects your community today? (data included in this report)**

## Wilson County Statistics



## Factors that influence the health of the community



Answer Choices	Responses	
Yes, the data accurately reflects my community today	86.31%	208
No, the data does not reflect my community today	13.69%	33
	Answered	241
	Skipped	81

## Comments:

- Yes and no: I generally feel the population as a whole is very unhealthy and expected to see higher percentages of obesity. I would be curious to see not just excessive drinking but substance abuse figures. It is appalling seeing the statistics of the lack of mental health providers, and the overall lack of medical care in general.
- I feel like we have had community growth and don't see our population as declining.
- The mental health data breaks my heart. There is such a significant need for mental health support given our demographic, and I don't need how to fix this need.
- The adult obesity figure seems to be a little low. The number of thin people in this area is relatively low. The median income seems a little high but if those are the statistics I may be mistaken.
- I think that there is more children in poverty
- Nothing is mentioned about illegal drug usage. I believe the obesity rate is higher than stated.
- We have improved in most of these categories
- Obesity is definitely higher.
- I'm sure it's right based on answers but I think there is more than drink.
- I did think smoking was higher
- It is probably close but wouldn't be surprised if poor mental health days was higher.
- The quality of life in Neodesha such as suicide and mental health is a big problem for our community. So many of the young people are living in households with drug abuse, alcohol abuse and computer abuse.
- Not sure about the mental survey
- I am unsure if this is an accurate reflection but that wasn't an option. I find the suicide rate in Wilson County is while likely accurate very saddening and the poor health/mental health days a concerning figure
- I feel like we are in great need of more mental health available for drug rehab inpatient services most people can't afford to go in and get help even if they want it because it costs so much where are people supposed to turn and also I think Wilson County I think there's a lot of low income families especially if they have single parents
- I think these numbers are so much lower than what I would have perceived. Children in poverty especially! With most of the children in WL County qualifying for free or reduced lunches I think that number is very low. But I guess it depends on what is considered poverty.

- Way more drinking than what is showing
- I'm actually shocked that the data indicates only 18% of children live in poverty. I do believe folks struggle to live a healthy life both physically and mentally.
- I would bet the drinking is a higher %
- Yes, I believe for the most part that the data is accurate. There are many factors that can be thrown in that make this data right. The way people are treated here, the police, the county government, some other people.
- We seem to have a lot of mental health issues and drug abuse which makes people unemployable and keeps families at the poverty level
- No information showing year this data was compiled also I believe covid had a huge impact on our health both physically and mentally which is probably not reflected in these numbers
- Education and income seem higher than I observe. I think adult smoking and excessive drinking is probably a little higher than shown. Children in poverty seems to be higher than shown.
- I think that the suicide rate is higher. Mental health is a serious problem in our community.
- I hope so but the median income seems a little high, but that might be because I see so many in the low end.
- Children in single homes is more and we have a large drug abuse problem
- I believe you'll find the health behaviors to be a bit higher than recorded.
- Take into account for the children that are smoking and drinking at a young age. Adults provide it to them which could lead to health problems and even dental problems. Smoking and drinking for some people are used to help with mental illness. I think it all ties in together for most cases, mental illness can lead to bad health behaviors that could lead to people needing more healthcare access to the point people become physically poor as well as financially poor. The men and women looking after children alone in a household without help is leading into poor mental health for everyone in the household. It is a cycle our community falls in. The main root to this is emotions, poor decisions and no motivation. House expenses went up to the point it is hard to find a place affordable.
- I think most of the numbers are lower than what is actually true
- It probably is accurate, but other surrounding counties help with some of the stats. I feel that our community is about a 50 mile radius or more.
- I assume these are correct and do see room for improvement.
- There are more poverty children than this is showing.



- My biggest concern is for school children who come from homes not adequately prepared for parenting and nurturing. I realize we can't go into homes but maybe some parenting classes here. I don't know if four county would come here to present some programs. I wish I had the answer.
- Wilson county is an "aging" community. I would have guessed that our suicide rate was higher than the state average. We need more dental services and ophthalmic services or choices.
- I'm surprised that single parenting is that low & poverty. I thought it would be higher.
- Too many low paying jobs in industry, hospitals and nursing homes, school systems, city where it is impossible for single mother (or parent) to survive on. Stress is felt by parent and children. Little or no mental health support. Inadequate dental care in nursing homes and general population due to low number of dentists and underutilized hygienists due to legalities. Little has changed over the years.
- In the area of healthcare access, and quality of life, it is sad that we have less access to healthcare (per capita), while we are experiencing a somewhat higher number of poor physical and mental health days than other kansans.
- I would say for the most part, yes.
- I don't have a basis for judgement, other than to say i think the health behaviors are understated--i believe it is worse than the numbers indicate.

**Q9: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely)**

	1	2	3	4	5	Total	Weighted Average
Mental Health	1	3	19	60	164	247	4.55
Drug/Substance Abuse	3	4	21	51	168	247	4.53
Obesity	1	4	29	72	143	249	4.41
Cancer	0	2	43	64	138	247	4.37
Diabetes	0	2	40	88	119	249	4.30
Women's Health	1	3	56	78	106	244	4.17
Heart Disease	0	6	48	94	100	248	4.16
Alzheimer's and Dementia	1	10	59	81	95	246	4.05
Stroke	0	9	65	87	86	247	4.01
Dental	2	7	66	88	84	247	3.99
Lung Disease	1	12	71	86	77	247	3.91
Kidney Disease	0	15	77	83	71	246	3.85
Liver Disease	1	15	81	81	69	247	3.82
Other (please specify)						8	
						Answered	249
						Skipped	73

**Comments:**

- Macular degeneration
- Social well-being of senior citizens
- Abuse of all kinds
- Carbohydrate addiction
- Specifically childhood obesity
- Natural treatment methods for these listed above

**Q10: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely)**

	1	2	3	4	5	Total	Weighted Average
Healthcare Services: Affordability	0	2	25	61	160	248	4.53
Access to Childcare	2	6	26	56	159	249	4.46
Employment and Income	0	2	32	79	135	248	4.40
Affordable Housing	3	3	35	64	142	247	4.37
Healthcare Services: Physical Presence (location, services, physicians)	1	7	37	66	137	248	4.33
Education System	3	8	31	67	139	248	4.33
Healthcare Services: Prevention	0	8	43	84	112	247	4.21
Access to Senior Services	1	7	42	91	106	247	4.19
Community Safety	2	4	54	76	112	248	4.18
Access to Healthy Food	1	8	49	88	101	247	4.13
Access to Exercise/Recreation	2	9	64	88	85	248	3.99
Transportation	7	12	69	78	78	244	3.85
Social Connections	8	13	80	87	60	248	3.72
Other (please specify)						4	
						Answered	249
						Skipped	73

**Comments:**

- As my age has advanced, I try to be more aware of these factors around me!
- I know a lot of people without vehicles &/or licenses or the ability to drive that used to be able to walk to their doctor's offices when they were in town but now have to find a ride to get to the hospital to the doctor.
- Low income; medical appt transport, hospital care car
- Family support

**Q11: Please rate the importance of addressing each personal factor on a scale of 1 (Not at all) to 5 (Extremely)**

	1	2	3	4	5	Total	Weighted Average
Livable Wage	5	6	28	72	137	248	4.33
Diet	2	6	52	88	101	249	4.12
Smoking/Vaping/Tobacco Use	12	13	40	67	114	246	4.05
Physical Inactivity	4	9	60	94	82	249	3.97
Excess Drinking	10	15	59	70	95	249	3.90
Risky Sexual Behavior	16	25	63	67	78	249	3.67
Other (please specify)						4	
						Answered	249
						Skipped	73

Comments:

- No decent place to eat in town but we will support a bar
- As a previous smoker, I now realize the importance of having quit this habit 27 years ago.
- Mental health example stress reduction
- Drug usage