2018 COMMUNITY HEALTH NEEDS ASSESSMENT

Labette Health
We Center Around You.

Approved by Board of Trustees on
December 6, 2018

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Our Assessment

Year after year, reports reveal that rural communities are some of the least healthy areas in America. This year we found that our community was once again one of the unhealthiest parts of Kansas. We know that change doesn't happen overnight, so we are focusing efforts on two diseases, obesity and cardiovascular disease. It's a commitment that will take a few years to accomplish, but we hope you will engage with us while we're doing it.

If we all band together, we can make our community healthy. This report is about our health, helping us to live to old age and enjoying life until then. We want to make sure you can tell your grandchildren about your adventures and experiences. Improving the health of this community will ultimately improve the health of you. That's who we're here for. Grandparents, children, teachers, farmers, spouses... YOU. Thank you for helping us make our community healthier.

Executive Summary

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

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

A committee made up of Labette Health employees devised a plan to focus on these two diseases in the community and in the hospital. A written implementation plan became the guiding principle for our CHNA. Finally, the board of trustees approved our CHNA.

Timeline	
Determine top 5 chronic diseases	February
Research counties and diseases	June
Department head and community organization meetings	July
Survey conducted	July 16-August 5
Town hall meetings	August
Write report	July-August
Approve by board and post to website	December

Impact of Previous Assessment

Goal	Met	Impact
◊ **Establish Labette County Community Health Improvement Coalition**		Hospital dietitian serves on the county and family health and wellness coalition
◊ **Develop county-wide after-school programs to expose students to healthy after school snacks and regular physical activity**	✓	Provide summer meal program
◊ **Increase access for uninsured and underinsured through changes in Community Clinic**	✓	Work with the local FQHC
◊ **Provide transportation to annual Kansas Dental Society Mission of Mercy and submit grant application for additional funding for dentists**		Resource Constraints
◊ **Engage community members in management of their own care through new sites and events**	✓	Community uses different methods to take charge of their health care.
◊ **Establish new programs, screenings, results, and other events to educate the community on heart disease screening and early detection**	✓	More people in our community received screenings.
◊ **Support local agencies and programs to increase infant and maternal health**	✓	Clinics received guidance and more leaders.
◊ **Explore and create partnerships throughout Labette County to increase mental health**	✓	Implemented a behaviorist in Parsons Family Practice clinic.
◊ **Explore and create partnerships throughout Labette County to increase behavioral health**	✓	Consideration of opioid prescriptions in clinics.
◊ **Improve health through environmental factors and community lessons to reduce mortality due to traffic and unintentional injury**		Held annual Kids Camp-educating kids on safety including seatbelts, bicycle, etc.
◊ **Improve health through Financial Assistance Expansion and expand educational partnerships to reduce unemployment and underemployment.**	✓	Students from local high schools were provided jobs & internships.
◊ **Establish future physician and mid-level provider recruitment priorities in primary service area.**	✓	Recruited providers in internal medicine and pediatrics
◊ **Establish future physician and mid-level provider recruitment priorities in secondary service area.**		Resource Constraints

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*There were no comments on the previous assessment.

Community Definition

Labette Health's Primary Service Area consists of three counties—Labette, Montgomery, and Neosho. These three counties accounted for 86.5% of total inpatient visits and 92.9% of outpatient visits in 2017.

According to the U.S. Census Bureau, the 2017 population of the primary service area was 68,716. (Labette, 20,145; Montgomery 32,556; Neosho 16,015). All three counties are predominantly white; the breakdown of the population is shown in Appendix A.

Other factors, such as physical, social and economic factors, influence the community's overall health. In order to understand the complete health of the community, we looked at the following factors:

- All three counties have a lower median household income than Kansas' average of $53,571
- The counties' average of 18.7% persons in poverty is higher than Kansas' 12.1% average.
- Neosho has a better high school graduation rate than Kansas' average; however Labette and Montgomery counties have a lower rate.
- All three counties fall significantly lower than Kansas' average when considering people with a Bachelor's degree or higher.

Population Changes
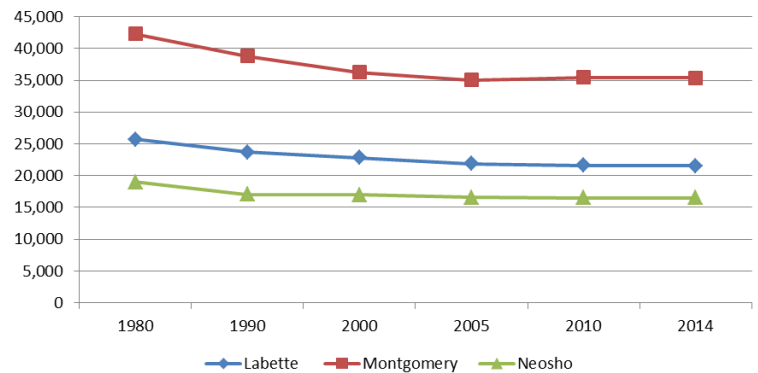
People in Poverty 2017
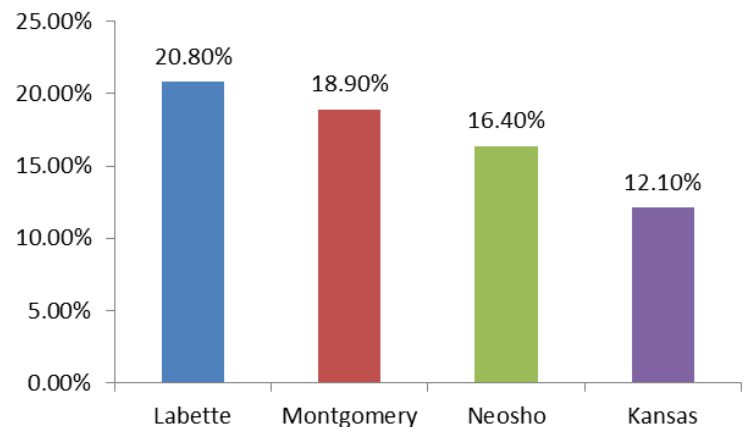
Determining the Needs

Hospital Employees

Research on our community began in June 2018. In order to discover the most pressing needs in our communities, we utilized reports such as the Robert Woods Johnson Foundation, Kansas Health Matters, and Community Commons. We found our primary service area is ranked in the bottom quartile of Kansas, according to the Robert Woods Johnson Reports. You can find complete rankings and links to these reports in Appendix A. With this information in hand, we began prioritizing them and listening to feedback.

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

Chronic Diseases
1. Obesity
2. Heart Disease
3. Diabetes
4. Cancer
5. Respiratory Diseases

Community Needs
1. Overweight and Obesity Rate
2. Poverty Rate
3. Mental Health issues
4. Healthy lifestyle
5. Alcohol and Tobacco use

In the community

Organizations from the community provided input in our search. These organizations were the Community Health Center of Southeast Kansas (which represented the uninsured, low-income and medically underserved members in our community), Four County Mental Health Services, and Labette County Mental Health Services.

Lastly, to identify the broad interests of the community, we used surveys and town hall meetings. The survey was conducted through Facebook from July 16–25. After the survey was closed, we read, analyzed, and summarized the information ourselves. The town hall meetings were conducted in three towns throughout the month of October. There was one town hall meeting in each county seat. The table on the left shows a summary of the five greatest needs respondents identified in the communities.

Using the information

After we gathered the input of these agencies, community members, and hospital leaders, we narrowed down our priorities to two diseases. Although the other needs are important, we chose to focus on obesity and heart disease in order to take small steps to a better community. After further discussion, we felt it was imperative to include stroke awareness, therefore changing heart disease to cardiovascular disease. It is our belief that we have to accomplish big goals through small changes every year. Since nearly 50% of survey respondents and department heads said the population which are obese and overweight was one of the top needs in our community, we will focus on those needs first. Our implementation plan will focus on helping people eat healthier, exercise more, and take care of their health in order to decrease the population of people who are obese and overweight.

Available Resources

Currently, there are several resources available in this area to help us accomplish our goals. According to the Robert Woods Johnson Foundation, 71.7% of our communities have access to exercise opportunities. We recognize that our communities are always evolving and that there may be additional resources in the future that aren't included in this report.

- Curious Minds Kids Museum
- CHC of SEK
- Day of Play in Parsons
- Exercise facilities—the CORE, The Gym, Inertia Health & Fitness, etc.
- Fairs and festivals
- Farmers markets in multiple towns—Chanute, Coffeyville, Independence, Parsons, etc.
- Freeman Cardiac
- Four County Mental Health Center
- 4-H
- Independence Zoo
- Katy Days
- Labette Center for Mental Health Services
- Labette Health Transportation
- Local churches
- Local schools/colleges
- Rector Diabetes Center at Labette Health
- Summer meals in Parsons provided by Labette Health
- Telemedicine/other technology
- Weekly yoga classes
- Walking trails
- Youth sports

At Summer Meals, Kids Will . . . Eat Smart to Play Hard!
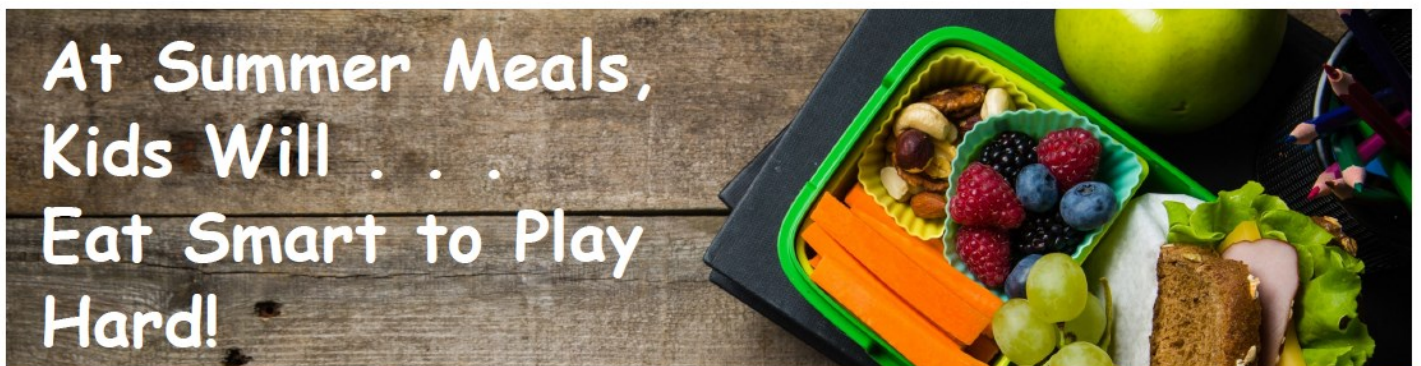
Obesity

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

Lifestyles that can lead to increased risk of obesity mainly include physical inactivity, combined with unhealthy diet and eating habits. In some cases, minorities and those living under financial distress are often segments of the population most affected by factors contributing to obesity.

Goal

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

Priority #1

Implementation Plan

Obesity

1. Prepare healthy meals, find a central meeting place, and recruit doctors to speak on a topic.

2. Inform the community through advertisements and Facebook.

3. Provide the time for community members and doctors to gather together, listen and share.

Dinner with the Doc:

The goal: This program is aimed to bring the community together to learn about health. We will provide a free, healthy dinner for community members while a doctor speaks on a specific topic. Not only will this provide an opportunity for people to hear tips, but it will also be a time for people to interact with their doctors outside of the office.

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

Resources and Collaboration: We will commit time from hospital staff for at least 2 meals per year. We will also work with local health agencies and physicians to provide doctors to the community.

Measurable Goal: Provide at least two dinners per year for the next three years.

Implementation Plan

Obesity

1. Design the garden and plan the establishment and maintenance. Consult with current community garden leaders, the Farmer's Coop, and the Extension Office to ensure that all details are accounted for.

2. Inform the community through advertisements and Social Media.

3. Provide materials and manpower for establishment and maintenance of the garden.

Farmers Markets and Community Garden

The goal: Provide food desert environment in the Parsons area. The hospital will supply the land and some of the manpower necessary to establish and maintain a community garden on the hospital grounds. Community members will be able to learn gardening techniques, participate in physical activity, and take fresh vegetables grown for personal use. Produce that is not taken by community members can be used in the hospital foodservice to provide fresh, local produce to patrons and patients, in hospital events such as Dinners with the Doc, or in the Summer Foods Program.

Anticipated Impact: Community members will gain exposure to produce that is useful in reducing obesity risk. They will also be able to learn new skills related to gardening and healthy eating. They may transfer these skills to their own gardens or pass knowledge to their friends and family. This will also increase exposure to the hospital in an enjoyable way and may provide opportunities for health discussions and relationship building.

Resources and Collaboration: We will dedicate the land, soil, tools and labor to establish the garden. We will collaborate with the Farmer's Coop and the Extension Office to ensure that plans are viable and sustainable and for resources or donations of supplies. We will advertise the garden to increase community participation. Different departments within the hospital will be encouraged to donate time for gardening.

Measurable Goal: Establish and maintain a garden for at least 6 months out of the year for the next three years.

Implementation Plan

Obesity

1. Implement a new program, CDC Pre-Diabetes program to improve quality of life and reduce the negative health outcomes that occur from unhealthy habits.

2. Give the community members an opportunity to come learn how to live a healthier lifestyle by expanding the topics and offerings at the Rector Center.

3. Continue current programs at the Rector Center:

   -Diabetes Self-Management Education Program: Eight (8) sessions for four (4) weeks.

   -Diabetes Support Group: offered four (4) times per year.

   -Screening for diabetes: Two (2) times per year including March and November during National Diabetes Month.

Rector Diabetes Education Center

The goal: To increase the utilization of the Rector Diabetes Education Center.

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

Resources and Collaboration: We will work with our Labette Health Diabetic Education Team to expand offerings and to bring in guest speakers and physicians to lecture on other healthy living topics. We will seek out and apply for available grants with the Lions Club International and Parsons Area Community Foundation.

Measurable Goal: To increase the Rector Center sessions by 35%.

Implementation Plan

Obesity

The Center of Rehabilitation Excellence—The CORE

1. Promote exercise opportunities throughout the communities we serve.

2. Be a center of resource on safe exercises and swimming opportunities to reduce obesity.

3. Provide a feasible membership opportunity to the communities we serve.

The goal: Increase community members exercising safely.

Anticipated Impact: Increased access to safe exercise interventions. Promote reduced obesity.

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

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

Cardiovascular Disease

Heart Disease & Stroke

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

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

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

Goal

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

Implementation Plan

Cardiovascular Disease

1. Provide collaboration with community stakeholders such as local businesses, extension office, rec council.

2. Hold regular events that provide education and opportunities for engagement with the hospital and its providers.

3. Provide a clinical support person such as a dietitian for community events.

Community Health Presentations

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

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

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

Measurable goal: Host at least 10 events each year for the next three years.

Implementation Plan

Cardiovascular Disease

1. Promote exercise opportunities throughout the communities we serve.

2. Be a center of resource on safe exercises and swimming opportunities to reduce cardiovascular disease.

3. Provide a feasible membership opportunity to the communities we serve.

The Center of Rehabilitation Excellence— The CORE

The goal: Increase community members exercising safely.

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

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

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

Implementation Plan

Cardiovascular Disease

1. Increase stroke awareness/FAST education in primary service area by conducting one stroke awareness activity per month.

2. Provide FAST education to 10,000 community members per year.

3. Provide stroke awareness/FAST education during all corporate wellness fairs and community events.

Stroke Awareness

The goal: Increase stroke awareness/FAST education in primary service area.

Anticipated Impact: Offer community health presentations by stroke coordinator, have stroke awareness educational information readily available to the community, provide stroke awareness video in all area theaters.

Resources and Collaboration: We will work with our stroke coordinator, marketing director and area theaters.

Measurable Goal: Increase the number of patients arriving within the 4.5 hour window for TPA administration eligibility by 30%.

Smoking Cessation

1. Provide and educate respiratory patients who smoke with smoking cessation materials and resources.

2. Provide smoking cessation materials to clinics to educate their patients.

3. Provide smoking cessation materials at wellness fairs.

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

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

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

Measurable Goal: Number of materials provided to respiratory patients who smoke.

Appendix A

Robert Woods Johnson County Rankings 2018

Health Factors

HOW DO COUNTIES RANK FOR HEALTH FACTORS?

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

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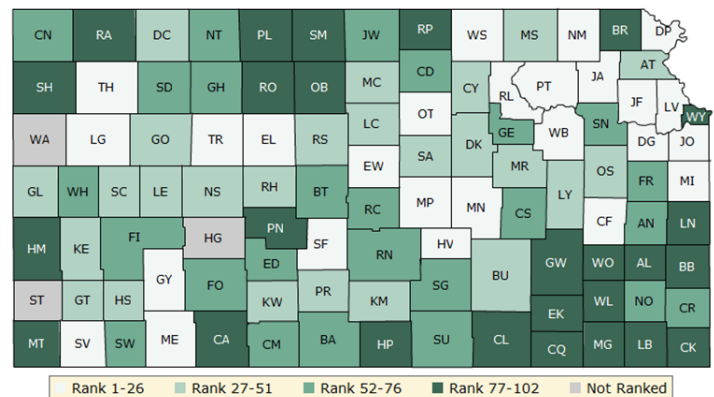

Rank 1-26 | Rank 27-51 | Rank 52-76 | Rank 77-102 | Not Ranked
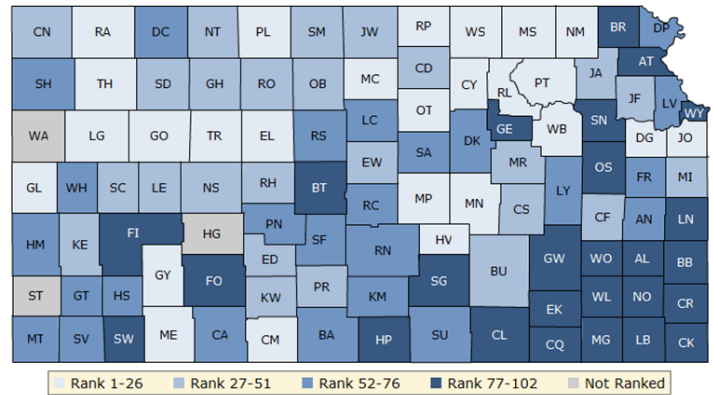
County	Rank	County	Rank	County	Rank	County	Rank	County	Rank	County	Rank	County	Rank	County	Rank	County	Rank
Allen	88	Clark	70	Elk	83	Greenwood	89	Kiowa	36	Miami	38	Pawnee	40	Saline	57	Thomas	11
Anderson	62	Clay	15	Ellis	37	Hamilton	76	**Labette**	**102**	Mitchell	18	Phillips	19	Scott	24	Trego	21
Atchison	95	Cloud	55	Ellsworth	49	Harper	75	Lane	30	**Montgomery**	**101**	Pottawatomie	5	Sedgwick	87	Wabaunsee	6
Barber	78	Coffey	51	Finney	86	Harvey	14	Leavenworth	47	Morris	45	Pratt	50	Seward	91	Wallace	NR
Barton	84	Comanche	12	Ford	82	Haskell	74	Lincoln	53	Morton	58	Rawlins	13	Shawnee	56	Washington	8
Bourbon	96	Cowley	85	Franklin	80	Hodgeman	2	Linn	97	Nemaha	4	Reno	73	Sheridan	35	Wichita	44
Brown	79	Crawford	92	Geary	90	Jackson	39	Logan	9	**Neosho**	**98**	Republic	25	Sherman	68	Wilson	100
Butler	48	Decatur	54	Gove	10	Jefferson	31	Lyon	81	Ness	43	Rice	64	Smith	26	Woodson	99
Chase	23	Dickinson	61	Graham	27	Jewell	52	McPherson	3	Norton	34	Riley	17	Stafford	69	Wyandotte	103
Chautauqua	93	Doniphan	71	Grant	72	Johnson	1	Marion	28	Osage	59	Rooks	42	Stanton	NR		
Cherokee	94	Douglas	22	Gray	7	Kearny	66	Marshall	20	Osborne	65	Rush	46	Stevens	63		
Cheyenne	16	Edwards	41	Greeley	33	Kingman	60	Meade	32	Ottawa	29	Russell	77	Sumner	67		

Health Outcomes

HOW DO COUNTIES RANK FOR HEALTH OUTCOMES?

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

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

Rank 1-26 | Rank 27-51 | Rank 52-76 | Rank 77-102 | Not Ranked

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

Community Leaders Summary

We worked with three organizations and their leaders to hear their feedback:

- Matt Atteberry, Executive Director for Labette Center for Mental Health Services

- Greg Hennen, Executive Director for Four County Mental Health Center

- Krista Postai, President and CEO, and Jason Wesco Chief Operating Officer for Community Health Center of Southeast Kansas.

We spent between 30 minutes and an hour at each of the locations listening to their feedback. They suggested bringing in-patient psychiatric beds into the area, acting instead of just providing information to the public, bringing the whole community together to tackle our goals, helping change the culture and people's ideas that having a chronic disease is normal. Below is a summary of what they believed were the greatest needs in our community and what makes a healthy community.

Needs in our community

- Lack of exercise

- Poverty and food insecurity

- Addictions/Substance and drug abuse

- Awareness of behavioral health issues

- Lack of preventive care

- People taking responsibility for health

- Education about nutritional diet and affordability

- Access to affordable mental and primary health care

- Economic opportunities

- Teen pregnancy

- Substandard housing

What's a healthy community

- Biopsychosocial awareness

- Taking responsibility for care

- Access to housing, healthcare, transportation

- Affordable quality, healthy, food

- Employment opportunity

- Good social support system

- Healthy water and air

- Good school system

Survey Responses Summary

The survey was sent out in two different methods. The department heads' survey was conducted at a department meeting after we presented our research to them. The second survey was sent out through survey monkey. The survey is shown in the following pages.

The tables to the right show the answers that were in the top 25% of both the department heads and the community. Answers between the community and the department heads were very similar, which is why the tables are combined into one.

We had 126 people respond to our survey. This is their county of residence.

Other counties 5 (3.97%)	Neosho 26 (20.63%)
Montgomery 18 (14.29%)	Labette 77 (61.11%)
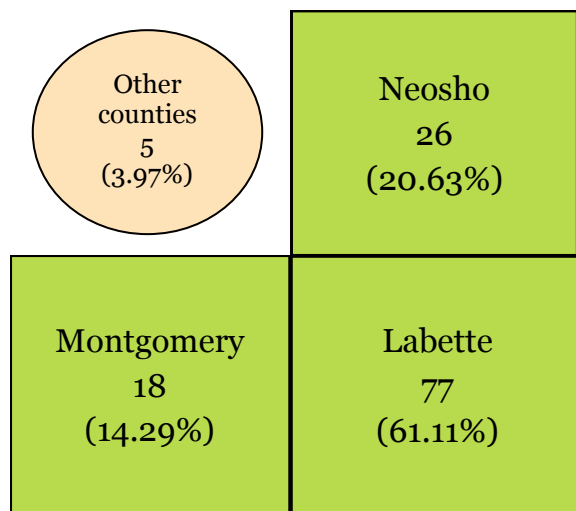
Rank of chronic diseases

Community Survey	Department Heads
1. Obesity	1. Obesity
2. Heart Disease	2. Heart Disease
3. Cancer	3. Diabetes
4. Diabetes	4. Cancer
5. Respiratory Diseases	5. Respiratory Diseases

Needs in our community

Overweight and obesity rate
Poverty Rate
Mental Health Issues
Healthy lifestyle
Alcohol/tobacco use
Cancer
Lack of access to primary care
Exercise
Access to healthy foods

What's a healthy community?

Affordable healthcare/Access to services
Access to affordable healthy foods
Good schools
Economic opportunities
Poverty
Mental Health Services
Activities for all age groups in the community
Education/resources on diseases and health
Desire and commitment to change or live a healthy lifestyle

Survey Questions and Answers

1. What county do you live in?

Labette– 77 (61.11%)

Montgomery— 18 (14.29%)

Neosho— 26 (20.63%)

Other— 5 (3.97%)

What county do you live in?

2. In your opinion, what are the five most important things a community needs to be safe and healthy? (multiple choice)
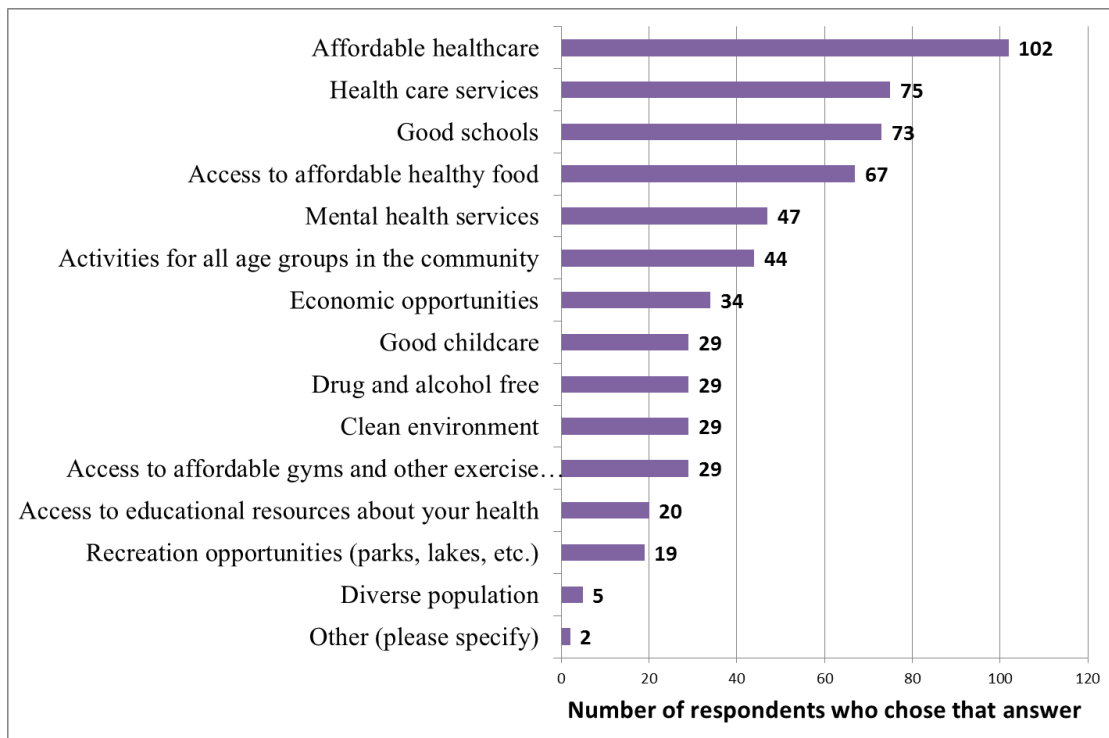
3. In your opinion, what are the three most pressing health needs in your county? (multiple choice)

Health Need	Number of respondents
Overweight and obesity rate	63
Poverty Rate	59
Mental health issues	47
Healthy Lifestyle	43
Alcohol/Tobacco use	25
Access to healthy food	23
Lack of access to primary care	22
Cancer	21
Affordable housing	20
Chronic Disease Rate	13
Other (please specify)	12
Education	12
Food insecurity	11

Number of respondents who chose that answer

Three Most Pressing Needs By County		
Labette	**Montgomery**	**Neosho**
1.Overweight & Obesity Rate (43 votes)	1. Healthy Lifestyle and Poverty Rate (Tie 8 votes)	1. Poverty Rate (10 votes)
2. Poverty Rate (39 votes)	3. Mental Health Issues, and Overweight & Obesity Rate (Tie 7 votes)	2. Overweight & Obesity Rate, and Healthy Lifestyle (9 votes)
3. Mental Health Issues (31 votes)		

4. Please rank the following diseases in order of most pressing (1) to least pressing (5) (The lower the number the more pressing the need).

Rank chosen	Obesity	Heart Disease	Cancer	Diabetes	Respiratory Diseases
1.	57	26	23	13	7
2.	21	39	24	36	6
3.	18	26	37	24	21
4.	11	25	24	36	30
5.	19	10	18	17	62
Total Points	**292**	**332**	**368**	**386**	**512**

5. What areas of health would you like to see Labette Health focus on in your community? (open-ended question)

Obesity/Weight loss	Urgent Care	Mental Health
Affordability	Community Involvement from the Hospital	Continued growth in the hospital
Drugs/Substance Abuse	Healthy Lifestyle	Education and Prevention
Specific Areas (Dermatology, Ortho, Neurology, Cancer, Internal Medicine, OBGYN, Thyroid, Women's Health, Diabetes, Aneurisms, Cardio)		

6. Do you have any other questions, comments, or concerns?

People responded with thank you's, comments about expanding the hospital, and repeated answers from question 5.

Town Hall Meetings

Top issues/priorities from attendees

Oswego

- ♦ Family Medicine clinic in Chetopa
- ♦ Rehabilitation center (similar to The CORE) in Oswego
- ♦ Dietary workshops/outreach classes

Erie

- ♦ Is there a timeframe for cardiac cath lab
- ♦ Physician led weight loss program
- ♦ Obesity education

Independence

- ♦ Diabetes education
- ♦ Chronic kidney classes (Kidney smart class)
- ♦ Obesity
- ♦ Pediatric diabetes education and pre-diabetes
- ♦ Heart disease
- ♦ Fibromyalgia and neuro diseases/disorders
- ♦ Sleep studies

Counties Population and Demographics*

	Labette	Montgomery	Neosho	Kansas
Population estimates, July 1, 2017	20,145	32,556	16,015	2,913,123
Persons 65 years and over, percent	19.0%	19.7%	19.4%	15.4%
White alone	88.9%	84.8%	94.3%	86.5%
Black or African American alone	4.2%	5.5%	1.4%	6.2%
American Indian and Alaska Native alone	2.3%	3.5%	1.5%	1.2%
Two or more races	4.1%	5.1%	2.0%	3.0%
Hispanic or Latino	5.4%	6.3%	5.2%	11.9%
Median household income	$41,851	$42,646	$43,867	$53,571
Persons in poverty	20.8%	18.9%	16.4%	12.1%
Persons without health insurance, under age 65 years	10.4%	11.8%	8.5%	10.1%
High school graduate or higher, persons 25+	87.5%	89.0%	91.4%	90.3%
Bachelor's degree or higher, 25+	18.0%	17.6%	18.9%	31.6%
Population per square mile, 2010	33.5	55.1	28.9	34.9
Land area in square miles, 2010	645.30	643.53	571.47	81,758.72

*All information retrieved from the US Census Bureau.

2016 Deaths by County
From the KDHE

	All Causes	All Malignant Neoplasms*	Alzheimer's Disease	Cert. Condition Originating In the Perinatal Period	Chronic Lower Respiratory Diseases	Chronic Liver Disease and Cirrhosis	Congenital Anomalies
Labette	285	47	9	2	19	6	1
Montgomery	459	84	13	2	28	4	2
Neosho	202	40	5	0	13	2	1
Total	946	171	27	4	60	12	4

	Diabetes mellitus	Major Cardiovascular Diseases*	Nephritis, Nephrotic Syndrome and Nephrosis	Peptic Ulcer	Pneumonia and Influenza	Pregnancy, Childbirth and the Puerperium	Residual Infection and Parasitic Disease
Labette	4	95	13	0	5	0	9
Montgomery	16	174	8	0	7	0	7
Neosho	2	66	3	0	13	0	4
Total	22	335	24	0	25	0	20

	Tuberculosis	Symptoms, signs and abnormal findings	All other accidents and adverse effects	Homicide	Motor Vehicle	Suicide	All Other Causes
Labette	0	5	5	1	3	8	53
Montgomery	0	5	17	1	11	5	75
Neosho	0	4	10	0	2	0	37
Total	0	14	32	2	16	13	165

*All Malignant Neoplasms Breakdown

	Digestive Organs	Respiratory and Intrathoracic Organs	Breast	Genital Organs	Urinary tract	Leukemia	Other
Labette	14	15	4	5	1	0	8
Montgomery	19	20	5	9	1	4	26
Neosho	15	12	3	3	3	1	3
Total	48	47	12	17	5	5	37

*Major Cardiovascular Diseases Breakdown

	Diseases of Heart	Primary Hypertension/ Hypertensive Renal Disease & Secondary Hypertension	Cerebrovascular Diseases	Atherosclerosis	Other disease of Arteries, arterioles and capillaries
Labette	73	1	18	0	3
Montgomery	132	9	26	3	4
Neosho	61	0	5	0	0
Total	266	10	49	3	7

Other Identified Needs

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

♦ Diabetes (already being implemented within the organization/hospital

♦ Cancer (other facilities/organizations addressing the need)

♦ Respiratory Diseases (relatively low priority for community)

Labette Health
We Center Around You.

Find more information

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

- http://www.kansashealthmatters.org/index.php?module=indicators&controller=index
- http://www.countyhealthrankings.org/app/kansas/2018/overview
- https://www.communitycommons.org/

Centered around you.