Mitchell County Community Health Needs Assessment

CREATING A CULTURE OF HEALTH





2020-2021









Collaboratively Created by:
Mitchell County Health Department
Mitchell County Hospital Health Systems
Mitchell County Regional Medical Foundation

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Executive Summary

Internal Revenue Code (IRC) Section 501(r) requires health care organizations to assess the health needs of their communities and adopt implementation strategies to address identified needs. Per IRC Section 501(r), a byproduct of the Affordable Care Act, to comply with federal tax-exemption requirements, a tax-exempt hospital facility must:

- Conduct a community health needs assessment (CHNA) every three years.
- Adopt an implementation strategy to meet the community health needs identified through the assessment.
- Report how it is addressing the needs identified in the CHNA and a description of needs that are not being addressed with the reasons why such needs are not being addressed. The CHNA must take into account input from persons including those with special knowledge of or expertise in public health, those who serve or interact with vulnerable populations and those who represent the broad interest of the community served by the hospital facility. The hospital facility must make the CHNA widely available to the public. This CHNA, which describes both a process and a document, is intended to document Mitchell County Hospital's compliance with IRC Section 501(r) (3). Health needs of the community have been identified and prioritized so that the Hospital may adopt an implementation strategy to address specific needs of the community.

Mitchell County Health Department partnered with Mitchell County Hospital Health Systems, Mitchell County Regional Medical Foundation and the AWARE NCK (local health coalition) to conduct this comprehensive community health assessment of Mitchell County. Through the assessment process the collective group met all requirements and generated opportunities for improvement of health and wellness for Mitchell County.

Individuals from the collaborating entities came together to form the CHNA steering committee with the Mitchell County Regional Medical Foundation leading with consultation from Judy Johnston of the University of Kansas. Contained in the full report is a detailed overview of the assessment process, key findings and priority strategies for the Mitchell County Community Health Needs Assessment process. Below is an overview of the assessment process and priority strategies that were identified through the Mitchell County CHNA.

The Mitchell County CHNA process involved:

- Evaluation of implementation strategies from previous years CHNA reports
- Review of local and regional existing data provided by state organizations and national resources (secondary data)
- Interview process of key health collaborators and community organizations
- Surveying of community citizens

Secondary data and the survey results collected by the collaborating Mitchell County leadership team for the CHNA showed multiple key findings. The leadership team reviewed all findings and data and collaborated to create a list of top health related priorities for Mitchell County.

<u>Description of the Affiliated Health Center</u>

Mitchell County Hospital Health Systems is located in Beloit, Kansas. Mitchell County Hospital is a general medical and surgical hospital with a 25 acute care beds, 4 private ICU rooms and a distinct part observation unit with two semi-private rooms. Additionally MCHHS houses a 40 bed long-term care facility. Services provided include dietary, a Level IV designated emergency unit, geriatric special care unit, laboratory, long-term care, nursery/obstetrics unit, physical therapy and occupational therapy service, pulmonary and cardiac rehabilitation, radiology, respiratory care, many other support services.

Our Mission

To serve our patients and communities with exceptional healthcare in a compassionate and healing environment.

Our Vision

To be the preferred healthcare leader of North Central Kansas by:

- Building committed teams and effective partnerships, both in our organization and throughout our border region
- Excelling in customer service, as evidenced by patient satisfaction and measurable outcomes
- Enhancing technology and service growth
- Being an employer of choice, providing opportunities for growth, and integrating our values into all levels of our organization
- Maintaining financial sustainability and providing appropriate levels of assets.

Our Values

Excellence: Performing at nothing less than our best and valuing the opportunity for improvement, learning and growth.

Accountability: Being professionally and personally responsible to our patients, co-workers and community for our actions and our work.

Dignity: Honoring and respecting each individuals unique worth and value.

Compassion: Reaching out with care, empathy, trust and concern for all

Teamwork: Working together with support, trust and communication to achieve common goals.

Evaluation of Prior Implementation Strategies:

The implementation strategy for fiscal years 2017-2018 Mitchell County CHNA focused on the following three actions to address identified health needs of Mitchell County:

Priority #1: Work collaboratively with community stakeholders and community health providers to improve the education and engagement of community care models in connecting Mitchell County patrons to mental health understanding, providers and services.

Priority #2: Work collaboratively with community stakeholders and community members to better define the substance abuse issues in Mitchell County and connect leadership, education, resources and engagement to find solutions for these increasing issues.

Priority #3: Increase Mitchell County health providers communications, engagement and align actions to develop and implement an integrated culture of care and support with united and aligned stakeholders working towards community health change.

The three priorities identified through the 2017-2018 Mitchell County CHNA are outlined in more detail below:

Priority #1: Work collaboratively with community stakeholders and community health providers to improve the education and engagement of community care models in connecting Mitchell County patrons to mental health understanding, providers and services.

The following initiatives occurred to respond to the needs identified in Priority Area #1:

AWARE NCK coalition hosted speaker Vanessa Lohf to discuss the topic of adverse childhood experiences (ACEs) and the long lasting impact that traumatic events in childhood like abuse and neglect can have on the mental and physical health of individuals and families. The session included how organizations and individuals can play an important role in supporting and preventing traumatic experiences to create more resilient communities.

Priority #2: Work collaboratively with community stakeholders and community members to better define the substance abuse issues in Mitchell County and connect leadership, education, resources and engagement to find solutions for these increasing issues.

The following initiatives occurred to respond to the needs identified in Priority Area #2:

The Mitchell County Health Department was awarded an Opioid Crisis Response grant in 2019 to help better understand and address substance abuse issues across Mitchell County. Activities and areas of focus included:

- Increasing knowledge of adverse childhood experiences (ACEs) through training opportunities
- Increasing knowledge of regional substance abuse/opioid crisis needs
- Policy and protocol opportunities to address opioid abuse
- Increasing public awareness of risks associated with prescription/illicit opioid usage
- Increasing care coordination among support organizations through referral mechanisms

Evaluation of Prior Implementation Strategies:

Priority #3: Increase Mitchell County health providers communications, engagement and align actions to develop and implement an integrated culture of care and support with united and aligned stakeholders working towards community health change.

The following initiatives occurred to respond to the needs identified in Priority Area #3:

The Mitchell County Regional Medical Foundation has focused on connecting diversified health providers and community service organizations as a priority action step to improve healthcare collaborative systems and processes. In January of 2020 the Medical Foundation launched an online HIPPA compliant community referral system called IRIS to help aide our county's health provider organizations to better refer patients to needed community services. Currently the North Central KS IRIS system hosts approximately 80 individuals that represent 60 partner organizations that can quickly and efficiently refer community members to services across our area. Due to the pandemic the roll out of IRIS has been slower than expected. The Medical Foundation continues to develop the IRIS product for better usage and delivery of referral services and to reach our CHNA goals.

In 2021 the Mitchell County Regional Medical Foundation in partnership with the Mitchell County Health Department launched care resource coordination for our community. Care resource coordination has brought more connection and referral among community partners to better serve patrons in need of services.

Summary of 2020-2021 CHNA Findings:

Health needs were identified and prioritized based on information gathered and analyzed through the 2020-2021 CHNA conducted by the Mitchell County Hospital Health Systems, Mitchell County Health Department and Mitchell County Regional Medical Foundation. These health needs are discussed in greater detail later in this report. The following significant needs were identified:

Drug, Alcohol, Substance Abuse and Violence Prevention and Support

Tobacco Cessation Programs

Education and Caregiver Support

Parkinson Support

Alzheimer's Dementia Support

• Health Education (Classes on Health Topics)

Nutrition Education and Support—Diet Counseling, Weight Management Coaching

• Employee Wellness Programs

Access to Healthy Food Options at work

Healthy Behavior Incentives

Health Risk Assessments

Breastfeeding Support through Access to Private Breastfeeding Spaces at Work

- Health Insurance Selection and Education
- Chronic Disease Self-Management Programs
- Access to Healthy Foods

Community Supported Agriculture

Food and Farm Council

- After-hour Non-emergency Care and Telemedicine Options
- Access to Exercise Facility
- Childcare

Access to childcare on evenings/nights/weekends

Childcare for Special Needs Children

Gardening activities for childcare

Health and parenting education

- Financial Wellness Education
- Healthy Aging Programs
- Stress and Resilience Programs

Mitchell County CHNA: Full Report Mitchell County Demographics

Geography:

Mitchell County, Kansas, consists of 701 square miles, lying in north-central Kansas. Mitchell county is bordered by Jewell County to the north, Cloud County to the east, Lincoln County to the south and Osborne County to the west. Located along US Hwy 24 approximately 20 plus miles west of US-81 hwy.

Total Population

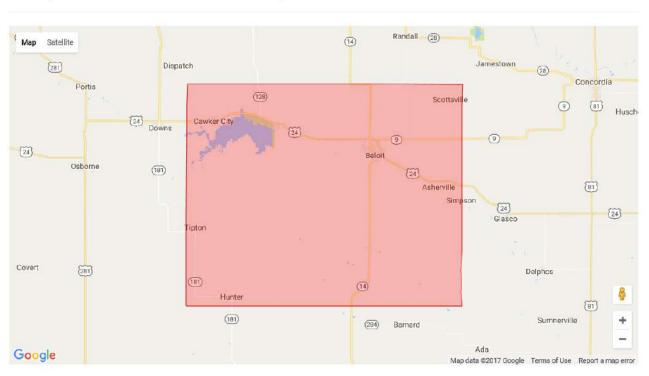
Reviewing and understanding the current population data was a key part of the Mitchell County CHNA process to better plan and strategize the community health needs and the community health improvement process.

A total of 6,145 people live in the 701.79 square mile report area defined for this assessment according to the U.S. Census Bureau American Community Survey 2015-19 5-year estimates. The population density for this area, estimated at 9 persons per square mile, is less than the national average population density of 92 persons per square mile.

Report Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Mitchell County, KS	6,145	701.79	9
Kansas	2,910,652	81,758.39	36
United States	324,697,795	3,532,068.58	92

Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract

Map Of Mitchell County, Kansas



Total Population By Age

Population Age 18-64

Of the estimated 6,145 total population in the report area, an estimated 3,320 persons are between the ages of 18 and 64, representing 54.03% of the population. These data are based on the latest U.S. Census Bureau American Community Survey 5-year estimates. The number of adults in the report area is relevant because this population has unique needs which should be considered separately from other age groups.

Report Area	Total Population	Population Age 18-64	Population Age 18-64, Percent
Mitchell County, KS	6,145	3,320	54.03%
Kansas	2,910,652	1,750,255	60.13%
United States	324,697,795	200,484,607	61.74%

Total Population By Population with Any Disability

Population with Any Disability

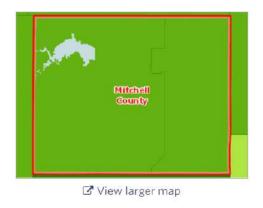
This indicator reports the percentage of the total civilian non-institutionalized population with a disability. The report area has a total population of 5,999 for whom disability status has been determined, of which 1,020 or 17.00% have any disability. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

Total Population Report Area (For Whom Disability Status Is Determined)		Population with a Disability	Population with a Disability, Percent	
Mitchell County, KS	5,999	1,020	17.00%	
Kansas	2,851,091	371,131	13.02%	
United States	319,706,872	40,335,099	12.62%	



Note: This indicator is compared to the state average

Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract → Show more details



Disabled Population, Percent by Tract, ACS 2015-19



Under 12.1%■ No Data or Data Suppressed

Mitchell County, KS

Income - Per Capita Income

The per capita income for the report area is \$25,801. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources. The per capita income in this report area is the average (mean) income computed for every man, woman, and child in the specified area.

Report Area	Total Population	Total Income (\$)	Per Capita Income (\$)
Mitchell County, KS	6,145	\$158,549,200	\$25,801
Kansas	2,910,652	\$92,599,519,100	\$31,814
United States	324,697,795	\$11,073,131,694,900	\$34,102



Per Capita Income (\$)

Note: This indicator is compared to the state average.

Pata Source: US Census Bureau, American Community Sur

 $\textit{Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract \rightarrow \textit{Show more details}$

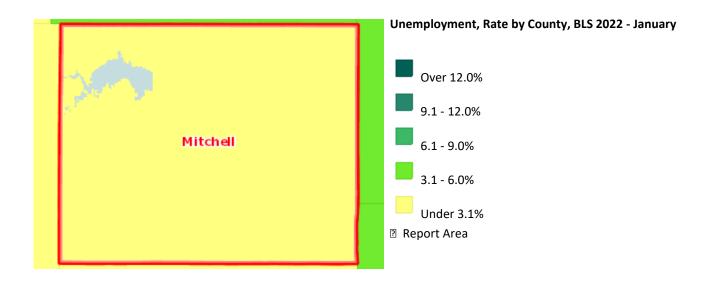
Unemployment Rate

Total unemployment in the report area for the current month equals 59, or 1.7% of the civilian non-institutionalized population age 16 and older (non-seasonally adjusted). This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Mitchell County, KS	3,427	3,368	59	1.7%
Kansas	1,493,325	1,453,316	40,009	2.7%
United States	164,035,520	156,751,332	7,284,189	4.4%

Note: This indicator is compared to the state average.

Data Source: US Department of Labor, Bureau of Labor Statistics. 2022 - January. Source geography: County → Show more details



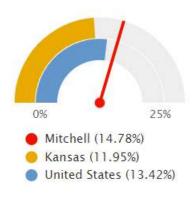
Poverty - Population Below 100% FPL

Poverty is considered a key driver of health status.

Within the report area 14.78% or 874 individuals are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Total Population	Population in Poverty	Population in Poverty, Percent
Mitchell County, KS	5,912	874	14.78%
Kansas	2,826,056	337,739	11.95%
United States	316,715,051	42,510,843	13.42%

Population in Poverty, Percent

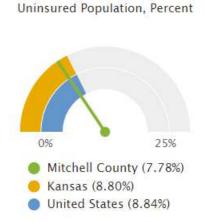


Insurance - Uninsured Population

The lack of health insurance is considered a key driver of health status.

In the report area 7.78% of the total civilian non-institutionalized population are without health insurance coverage. The rate of uninsured persons in the report area is less than the state average of 8.80%. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Report Area	Total Population (For Whom Insurance Status is Determined)	Uninsured Population	Uninsured Population, Percent
Mitchell County, KS	5,999	467	7.78%
Kansas	2,851,091	251,030	8.80%
United States	319,706,872	28,248,613	8.84%



Uninsured Population By Age Group

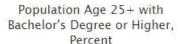
This indicator reports the percentage of uninsured population by age group.

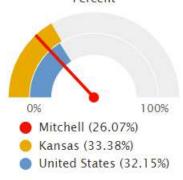
Report Area	Under Age 18	Age 18 - 64	Age 65 +
Mitchell County, KS	1.31%	13.78%	1.05%
Kansas	5.23%	12.56%	0.48%
United States	5.08%	12.42%	0.79%

Population—Bachelor's Degree or Higher

26.07% of the population aged 25 and older, or 1,082 have obtained a Bachelor's level degree or higher. This indicator is relevant because educational attainment has been linked to positive health outcomes.

Report Area	Total Population Age 25+	Population Age 25+ with Bachelor's Degree or Higher	Population Age 25+ with Bachelor's Degree or Higher, Percent
Mitchell County, KS	4,150	1,082	26.07%
Kansas	1,902,279	635,070	33.38%
United States	220,622,076	70,920,162	32.15%



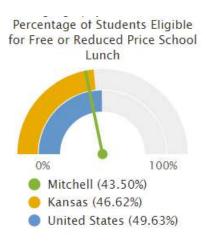


Children Eligible for Free/Reduced Price Lunch

Free or reduced price lunches are served to qualifying students in families with income between under 185 percent (reduced price) or under 130% (free lunch) of the US federal poverty threshold as part of the federal National School Lunch Program (NSLP).

Out of 993 total public school students in the report area, 432 were eligible for the free or reduced price lunch program in the latest report year. This represents 43.50% of public school students, which is lower than the state average of 46.62%.

Report Area	Total Students	Students Eligible for Free or Reduced Price Lunch	Students Eligible for Free or Reduced Price Lunch, Percent
Mitchell County, KS	993	432	43.50%
Kansas	492,160	229,436	46.62%
United States	50,829,148	25,226,683	49.63%



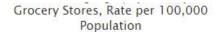
Physical Environment

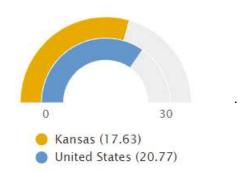
A community's health also is affected by the physical environment. A safe, clean environment that provides access to healthy food and recre opportunities is important to maintaining and improving community health.

Food Access - Grocery Stores

Healthy dietary behaviors are supported by access to healthy foods, and Grocery Stores are a major provider of these foods. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Delicatessen-type establishments are also included. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores, are excluded. This indicator describes the number of grocery stores and the number of grocery stores per 100,000 in the report area

Report Area	Total Population (2010)	Number of Establishments	Establishments, Rate per 100,000 Population
Mitchell County, KS	6,373	Suppressed	Suppressed
Kansas	2,853,118	503	17.63
United States	308,745,538	64,132	20.77



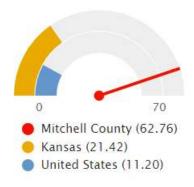


Liquor Store Access

There are 4 establishments in the report area primarily engaged in retailing packaged alcoholic beverages, such as ale, beer, wine, and liquor. The number of liquor stores per 100,000 population provides a measure of environmental influences on dietary behaviors and the accessibility of healthy foods. Note this data excludes establishments preparing and serving alcohol for consumption on premises (including bars and restaurants) or which sell alcohol as a secondary retail product (including gas stations and grocery stores).

Report Area	Total Population (2010)	Number of Establishments	Establishments, Rate per 100,000 Population
Mitchell County, KS	6,373	4	62.76
Kansas	2,853,118	611	21.42
United States	308,745,538	34,576	11.20

Liquor Stores, Rate per 100,000 Population



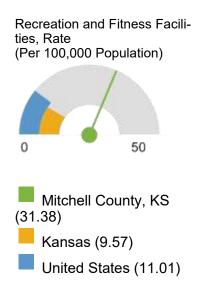
Beer, Wine and Liquor Stores, Rate per 100,000 Population by Year, 2010 through 2019

Report Area	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Mitchell County, KS	62.76	62.76	47.07	47.07	78.46	62.76	78.46	62.76	62.76	62.76
Kansas	21.77	20.96	21.35	21.24	21.87	22.33	22.36	21.7	21.42	21.42
United States	10.2	10.32	10.47	10.61	10.75	10.91	11	11.18	11.2	11.2

Recreation and Fitness Facility Access

This indicator reports the number per 100,000 population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

Report Area	Total Population	Number of Estab- lishments	Establishments, Rate per 100,000 Population
Mitchell County, KS	6,373	2	31.38
Kansas	2,853,118	273	9.57
United States	308,745,538	33,980	11.01



Percent Adults Physically Inactive by Year, 2004 through 2019

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Mitchell County, KS	18.4%	17.8%	18.8%	20.4%	20.6%	19.8%	15.5%	18.5%	16.5%	21.0%	19.0%	20.8%	19.9%	23.1%	19.9%	21.5%
Kansas	21.4%	17.0%	21.5%	21.5%	22.5%	21,7%	21.3%	21.5%	19.9%	23.1%	21.6%	22.9%	21.2%	23.8%	21.7%	23.0%
United States	21.2%	18.8%	21.6%	21.7%	22.4%	22.3%	22.0%	21.9%	20.5%	22.0%	20.8%	21.4%	20.7%	21.5%	20.9%	22.0%

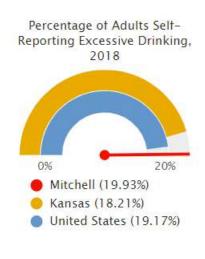
Health Behaviors

Health behaviors such as poor diet, a lack of exercise, and substance abuse contribute to poor health status.

Alcohol - Heavy Alcohol Consumption

In the report area, 1,225, or 19.93% adults self-report excessive drinking in the last 30 days, which is greater than the state rate of 18.21%. Data for this indicator were based on survey responses to the 2018 Behavioral Risk Factor Surveillance System (BRFSS) annual survey and are used for the 2021 County Health Rankings. Excessive drinking is defined as the percentage of the population who report at least one binge drinking episode involving five or more drinks for men and four or more for women over the past 30 days, or heavy drinking involving more than two drinks per day for men and more than one per day for women, over the same time period. Alcohol use is a behavioral health issue that is also a risk factor for a number of negative health outcomes, including: physical injuries related to motor vehicle accidents, stroke, chronic diseases such as heart disease and cancer, and mental health conditions such as depression and suicide. There are a number of evidence-based interventions that may reduce excessive/binge drinking; examples include raising taxes on alcoholic beverages, restricting access to alcohol by limiting days and hours of retail sales, and screening and counseling for alcohol abuse (Centers for Disease Control and Prevention, Preventing Excessive Alcohol Use, 2020).

Report Area	Total Population (2018)	Adults Reporting Excessive Drinking	Percentage of Adults Reporting Excessive Drinking
Mitchell County, KS	6,150	1,225	19.93%
Kansas	2,911,505	530,129	18.21%
United States	327,167,434	62,733,046	19.17%



Health Behaviors

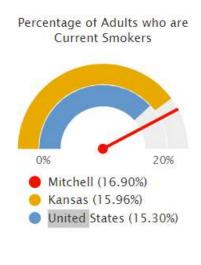
Health behaviors such as poor diet, a lack of exercise, and substance abuse contribute to poor health status.

<u>Tobacco Usage - Current Smokers</u>

In the report area an estimated 710, or 14.2% of adults age 18 or older self-report currently smoking cigarettes some days or every day. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease. This indicator reports the percentage of adults age 18 and older who report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days.

Within the report area there are 16.90% adults who have smoked or currently smoke of the total population.

Report Area	Total Population (2019)	Adult Current Smokers (Crude)	Adult Current Smokers (Age- Adjusted)
Mitchell County, KS	5,979	16.90%	19.00%
Kansas	2,913,314	15.96%	16.59%
United States	328,239,523	15.30%	15.70%

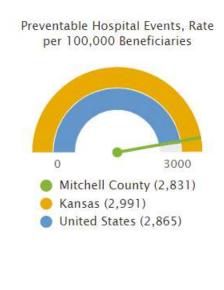


Clinical Care

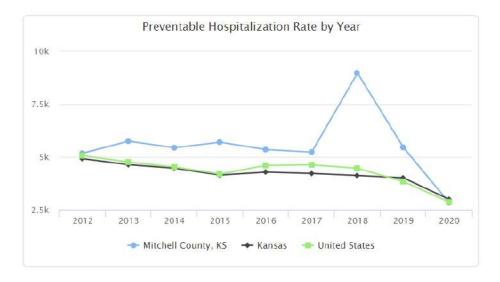
Hospitalizations—Preventable Conditions

This indicator reports the preventable hospitalization rate among Medicare beneficiaries for the latest reporting period. Preventable hospitalizations include hospital admissions for one or more of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, bacterial pneumonia, or urinary tract infection. Rates are presented per 100,000 beneficiaries. In the latest reporting period there were 1,529 Medicare beneficiaries in the report area. The preventable hospitalization rate was 2,831. The rate in the report area was lower than the state rate of 2,991 during the same time period.

Report Area	Medicare Beneficiaries	Preventable Hospitalizations, Rate per 100,000 Beneficiaries
Mitchell County, KS	1,529	2,831
Kansas	506,523	2,991
United States	57,235,207	2,865



Preventable Hospitalization Rate by Year



Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2020. Source geography: County

Measuring morbidity and mortality rates allows assessing linkages between social determinants of health and outcomes. By comparing, for example, the prevalence of certain chronic diseases to indicators in other categories (e.g., poor diet and exercise) with outcomes (e.g., high rates of obesity and diabetes), various causal relationship may emerge, allowing a better understanding of how certain community health needs may be addressed.

This section of the assessment reviews the health status of Mitchell County residents health outcomes and factors. As in the previous section, comparisons are provided with the state of Kansas and the United States. This in-depth assessment of the mortality and morbidity data, health outcomes, health factors and mental health indicators of the county residents that make up the CHNA community will enable the collaborative team to identify priority health issues related to the health status of its residents.

Good health can be defined as a state of physical, mental and social well-being, rather than the absence of disease or infirmity. According to Healthy People 2030, the national health objectives released by the U.S. Department of Health and Human Services, individual health is closely linked to community health. Community health, which includes both the physical and social environment in which individuals live, work and play, is profoundly affected by the collective behaviors, attitudes and beliefs of everyone who lives in the community. Healthy people are among a community's most essential resources.

Numerous factors have a significant impact on an individual's health status: lifestyle and behavior, human biology, environmental and socioeconomic conditions, as well as access to adequate and appropriate health care and medical services. Studies by the American Society of Internal Medicine conclude that up to 70% of an individual's health status is directly attributable to personal lifestyle decisions and attitudes. Persons who do not smoke, drink in moderation (if at all), use automobile seat belts (car seats for infants and small children), maintain a nutritious low-fat, high-fiber diet, reduce excess stress in daily living and exercise regularly have a significantly greater potential of avoiding debilitating diseases, infirmities and premature death. The interrelationship among lifestyle/behavior, personal health attitude and poor health status is gaining recognition and acceptance by both the general public and health care providers. Some examples of lifestyle/behavior and related health care problems include the following:

Lifestyle Choices

Increased Disease Risk/Health Outcomes

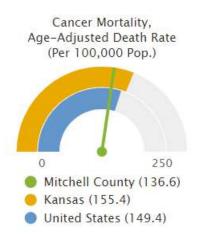
Tobacco Usage Cardiovascular disease **Emphysema Chronic bronchitis** Alcohol, Drug Substance Abuse Mental Illness Cirrhosis of liver Motor vehicle crashes Unintentional injuries Suicide Homicide Poor nutrition Obesity Digestive disease Depression-Mental Health Illness Pre-Diabetic/Diabetic Risk Physical Inactivity Cardiovascular Disease Pre-Diabetic/Diabetic Risk Depression/Mental Health Illness Stress Factors Depression/Mental Health Illness Alcohol, Drug, Tobacco, Substance Abuse Cardiovascular Disease Pre-Diabetic/Diabetic Risk

Mortality - Cancer

This indicator reports the 2016-2020 five-year average rate of death due to malignant neoplasm (cancer) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because cancer is a leading cause of death in the United States.

Within the report area, there are a total of 69 deaths due to cancer. This represents an age-adjusted death rate of 136.6 per every 100,000 total population.

Report Area	Total Population, 2016-2020 Average	Five Year Total Deaths, 2016-2020 Total	Crude Death Rate (Per 100,000 Population	Age-Adjusted Death Rate (Per 100,000 Population)
Mitchell County, KS	6,076	69	227.1	136.6
Kansas	2,911,807	27,742	190.5	155.4
United States	326,747,554	2,998,371	183.5	149.4

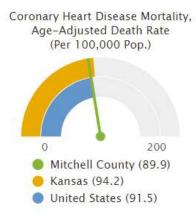


Mortality - Coronary Heart Disease

This indicator reports the 2016-2020 five-year average rate of death due to coronary heart disease (ICD10 Codes I20-I25) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because coronary heart disease is a leading cause of death in the United States.

Within the report area, there are a total of 55 deaths due to coronary heart disease. This represents an ageadjusted death rate of 89.9 per every 100,000 total population.

Report Area	Total Population, 2016-2020 Average	Prive Year Total Deaths, 2016-2020 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Mitchell County, KS	6,076	55	181.1	89.9
Kansas	2,911,807	17,181	118.0	94.2
United States	326,747,554	1,838,830	112.5	91.5

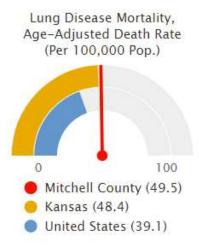


Mortality - Lung Disease

This indicator reports the 2016-2020 five-year average rate of death due to chronic lower respiratory disease per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because lung disease is a leading cause of death in the United States.

Within the report area, there are a total of 33 deaths due to lung disease. This represents an age-adjusted death rate of 49.5 per every 100,000 total population.

Report Area	Total Population, 2016-2020 Average	Prive Year Total Deaths, 2016-2020 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Mitchell County, KS	6,076	33	108.6	49.5
Kansas	2,911,807	8,745	60.1	48.4
United States	326,747,554	783,919	48.0	39.1

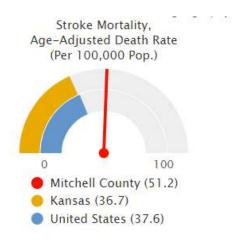


Mortality - Stroke

This indicator reports the 2016-2020 five-year average rate of death due to cerebrovascular disease (stroke) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because stroke is a leading cause of death in the United States.

Within the report area, there are a total of 34 deaths due to stroke. This represents an age-adjusted death rate of 51.2 per every 100,000 total population.

Report Area	Total Population, 2016-2020 Average	Five Year Total Deaths, 2016-2020 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Mitchell County, KS	6,076	34	111.9	51.2
Kansas	2,911,807	6,700	46.0	36.7
United States	326,747,554	746,604	45.7	37.6

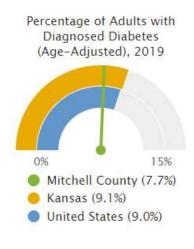


Chronic Conditions - Diabetes (Adult)

This indicator reports the number and percentage of adults age 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Within the report area, 450 of adults age 20 and older have diabetes. This represents 7.7% of the total survey population.

Report Area	Population Age 20+	Adults with Diagnosed Diabetes	Adults with Diagnosed Diabetes, Age-Adjusted Rate
Mitchell County, KS	4,412	450	7.7%
Kansas	2,131,731	217,845	9.1%
United States	239,919,249	24,189,620	9.0%

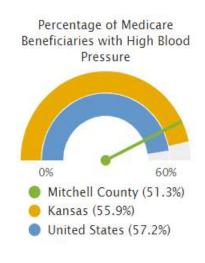


Chronic Conditions - High Blood Pressure (Adult)

This indicator reports the number and percentage of the Medicare fee-for-service population with hypertension (high blood pressure). Data are based upon Medicare administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service program.

Within the report area, there were 734 beneficiaries with hypertension (high blood pressure) based on administrative claims data in the latest report year. This represents 51.3% of the total Medicare fee-for-service beneficiaries.

Report Area	Total Medicare Fee-for- Service Beneficiaries	Beneficiaries with High Blood Pressure	Beneficiaries with High Blood Pressure, Percent	
Mitchell County, KS	1,430	734	51.3%	
Kansas	402,024	224,539	55.9%	
United States	33,499,472	19,162,770	57.2%	



Obesity

This indicator reports the number and percentage of adults aged 20 and older self-report having a Body Mass Index (BMI) greater than 30.0 (obese). Respondents were considered obese if their Body Mass Index (BMI) was 30 or greater. Body mass index (weight [kg]/height [m]2) was derived from self-report of height and weight. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Within the report area, there are a total of 1,299 adults age 20 and older who self-reported having a BMI greater than 30.0. This represents a 29.2% of the survey population.

Report Area	Population Age 20+	Adults with BMI > 30.0 (Obese)	Adults with BMI > 30.0 (Obese), Percent
Mitchell County, KS	4,403	1,299	29.2%
Kansas	2,130,656	704,379	33.0%
United States	243,082,729	67,624,774	27.6%

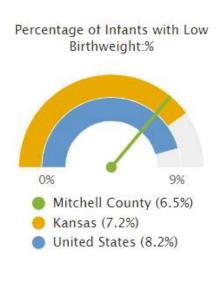


Low Birth Weight

This indicator reports the percentage of live births where the infant weighed less than 2,500 grams (approximately 5 lbs., 8 oz.). These data are reported for a 7-year aggregated time period. Data were from the National Center for Health Statistics - Natality Files (2013-2019) and are used for the 2021 County Health Rankings.

Within the report area, there were 36 infants born with low birth weight. This represents 6.5% of the total live births.

Report Area	Total Live Births	Low Birthweight Births	Low Birthweight Births, Percentage	
Mitchell County, KS	550	36	6.5%	
Kansas	525,771	37,647	7.2%	
United States	54,416,819	4,440,508	8.2%	



Data Collection Process

In 2020-2021 Mitchell County Hospital Health Systems in collaboration with Mitchell County Health Department and Mitchell County Regional Medical Foundation began efforts to conduct a comprehensive Community Health Needs Assessment of Mitchell County.

Data Collection Methodology:

- 1. Invite organizational partnerships who represent at least eight sectors of the community to be involved in the CHNA process (healthcare, public health, worksites, early childcare & education, schools, faith communities, Research & Extension, and community environment). Community environment should include built environment, public policies that impact health and wellness, and/or public safety, such as law enforcement, fire fighters, and EMS.
- 2. Consultant Judy Johnston of the University of Kansas (academic partner) will meet with Mitchell County partners and other interested community members to review data and assessment survey questions for their sector and provide input for possible revisions &/or additions. Review of local and regional existing data was made possible by state organizations and national resources (secondary data). Published local health indicators for Mitchell County were collected from multiple sources including Kansas Health Matters, Community Commons and the Kansas Department of Health and Environment and relevant data is shown within the indicators in this report.
- 3. Academic partner revises survey as recommended by partners and prepares the survey for dissemination (electronic, paper/pencil, or both).
- 4. Academic partner trains community volunteers of protocol for survey administration, delivery of incentives (if applicable), verification of addresses, and research ethics.
- 5. Community volunteers assist with dissemination and collection of paper surveys making sure to receive response from traditionally underserved populations within the community.
- 6. Academic partner then analyzes survey data and graphs the results, creating a PPT presentation for the community. Academic partner provides one or more community presentations of data and responds to questions.

Community Stakeholder Profiles

Community partners from Mitchell County (see Appendix B for a list of stakeholder participants) worked for the following types of organizations and agencies:

- Healthcare
- Public Health
- Worksites
- Early Childcare and Education
- Schools
- •Faith Communities
- •K-State Research and Extension
- Community Environment

Secondary Data Review & Interpretations of Mitchell County CHNA Leadership Team

Major prevalence of areas most noticed and why they exist interpretations from Mitchell County CHNA leadership team:

Cardiac	Tobacco, Physical Activity, Genetics, Nutrition, Lack of Education, Values/Culture
Drugs	Cyclical, Missing Something, RX (too much), Experimental, Filling a Void, Lack of Spiritual Significance
Diabetes	Nutrition, Genetics, Physical Inactivity
Tobacco	Generational, Poverty, Cyclical, Core Values, Community Mind-Set
Obesity	Nutrition, Mental, Environmental, Advertising, Spiritual Void, Cultural, Values, Pleasure Seeking
Health Care Coverage	Expensive, Changing, Complicated, Conditioned Expectations, Personal Responsibility Issue
Cancer	Genetics, Environmental (Alcohol and Drugs), Physical Activity, Nutrition, Tobacco
Mental Health	Relates to all health categories
Food Insecurity	Education, Societal Changes towards convenience, available access to healthy food, Culture changes, Environmental conditions

Priority setting is a required step in the community benefit planning process. The IRS regulations indicate that the CHNA must provide a prioritized description of the community health needs identified through the CHNA and include a description of the process and criteria used in prioritizing the health needs. Using findings obtained through the collection of primary and secondary data, the CHNA leadership team completed an analysis of these identified community health needs. The following data was analyzed to identify health needs for the community:

Leading Causes of Mortality in Mitchell County
Health Outcomes and Factors
Primary & Secondary Data
Health Needs of Vulnerable Populations

The leadership team of Mitchell County analyzed and interpreted all methods and data used in the Mitchell County CHNA process. From the findings of the data acquired the leadership team selected the community health need priorities based on a ranking system including: How many members of our community are impacted by this issue; How important is this problem to our community; Prevalence of common underlying themes; What are the impacts of addressing this problem for our community; Impact of the problem on disparate/vulnerable populations of our communities. From this ranking system and discussion the CHNA leadership team recommended focuses for the coming years priorities.

The following needs were identified for the 2020-2021 CHNA prioritization process:

Drug, Alcohol, Substance Abuse and Violence Prevention and Support

Tobacco Cessation Programs

Education and Caregiver Support

Parkinson Support

Alzheimer's Dementia Support

Health Education (Classes on Health Topics)

Nutrition Education and Support—Diet Counseling, Weight Management Coaching

• Employee Wellness Programs

Access to Healthy Food Options at work

Healthy Behavior Incentives

Health Risk Assessments

Breastfeeding Support through Access to Private Breastfeeding Spaces at Work

- Health Insurance Selection and Education
- Chronic Disease Self-Management Programs
- Access to Healthy Foods

Community Supported Agriculture

Food and Farm Council

- After-hour Non-emergency Care and Telemedicine Options
- Access to Exercise Facility
- Childcare

Access to childcare on evenings/nights/weekends

Childcare for Special Needs Children

Gardening activities for childcare

Health and parenting education

- Financial Wellness Education
- Healthy Aging Programs

Appendix A - Community Stakeholder Participants

Thank you to the following organizations and individuals who participated throughout the Mitchell County CHNA process and gave their time, perspective and leadership:

- •USD 273 and USD272 School District Representatives
- •NCK Technical College
- •Mitchell County Commissioner Representatives
- •Mitchell County Ministerial Alliance
- BOOST Ministries
- •Mitchell County Food Pantry Representatives
- •Mitchell County Hospital Health System
- •Mitchell County and City of Beloit Law Enforcement Representatives
- •Beloit Medical
- •North Central Kansas Regional Planning Commission Representatives
- •Quality Healthcare Inc. Representatives
- •Mitchell County Health Department
- •Mitchell County Regional Medical Foundation
- •NCK Wellness Center
- •K-State Research and Extension Post Rock District
- Various Worksites

Appendix B - Community Survey

Mitchell & Jewell Counties, KS, Community Health and Wellness Survey

Your community is part of Pathways to a Healthy Kansas, a Blue Cross and Blue Shield of Kansas (BCBSKS) initiative. The purpose of this survey is to gather your perceptions about opportunities for physical activity, healthy eating, and commercial tobacco prevention and control in your community. This survey also collects your perceptions of available health and wellness resources in Mitchell & Jewell Counties and needed resources, as well as some information about you and your household. We want to collect only one survey per household. Please tell household members when you complete the survey so that they do not also complete it.

The information gathered in this survey will inform efforts to improve the health of Mitchell and Jewell Counties. The survey should take about 20 minutes to complete if you answer every question. Not everyone will need to answer every section of the survey, so be sure to read the instructions with each question carefully. Your participation in this survey is completely voluntary and there will be no penalty or loss of benefits to which you are otherwise entitled if you decide not to participate. The goal is to collect one completed survey from 80% of the households in each community located in the two counties. We ask that you only complete one survey per household.

You will receive a \$10 gift card for completing the survey and a separate verification form that includes your street address. The verification form cannot be associated with your survey and it will allow us to assure that we have received completed surveys from all geographic areas of our community. There are no foreseeable risks associated with taking the survey. Your responses to this survey will be anonymous; we are not collecting any information in the survey that will be used to personally identify you. Your responses will be combined with other responses from participants. You may choose to skip questions that you don't feel comfortable answering and you may stop at any time. If you have any questions about this survey, please contact Shelby Bohnert, Development Director, Mitchell County Regional Medical Foundation, 785-738-9493, sbehanies.nichellcountyrmf.org or Stephanie Simmons, Executive Director, Mitchell County Regional Medical Foundation, 785-738-9493, ssimmons@mitchellcountyrmf.org. We thank you for your participation!

In what county do y		t-		
☐ Jewell County		-		
 In general, how w 	vould you rate	e the overall health of	the North Cen	tral Kansas?
□ Very unhealthy	□ Unhealthy	□ Somewhat healthy	☐ Healthy ☐	Very healthy
Please indicate you	r level of agr	eement with each of th	he statements	below.
•	·			
In general, my co	mmunity has	sufficient opportuniti	ies for physica	ıl activity.
☐ Strongly disagree	□ Disagree	☐ Neither agree nor dis	sagree 🗆 Agre	e 🛘 Strongly agree
2 la general my co	mmunity has	sufficient options for	hoalthy oating	
	-	•		-
☐ Strongly disagree	 Disagree 	Neither agree nor dis	sagree 🛮 Agre	e 🛘 Strongly agree

tobacco produc	our level of suppor ets, including cigare outdoor spaces tha	ettes, chewing	tobacco, vapir	ng product:	s and any other
☐ Strongly disag	ree 🛘 Disagree 🗘	Neither agree	nor disagree 🏻	Agree 🗆 S	Strongly agree
tobacco produc products in all i businesses who	your level of supports, including cigare indoor spaces that ere the public may gree □ Disagree □	ettes, chewing are open to th go (e.g., food	tobacco, vapir e general publi pantries, restau	ng products c, including rants, hos	s and any other g private pitals).
	conditions (e.g., hore				
-	vare of the Pathway y the North Central	-			
□ No □ Yes	□ Unsure				
	t one (1) definition of the lack of disease		ess that you pr	efer from tl	he list below:
☐ Health/wellness	is a state of best phy	ysical, mental a	and social welfar	e and not ju	ist the lack of
☐ Health/wellness	is an active, lasting		oming aware of o	choices and	l making
☐ Health/wellness	toward a more satisfy is the state of being the state of being fro	strong, undam	- ·		nd, or soul;
□ I don't know □ I prefer not to a	ū	ee irom pirysios	ii disease di pali	I.	
My health/wel pray.	lness is affected by	the environm	ents where I liv	e, learn, wo	ork, play and
□I totally agree	☐ I partially agree	□ I disagree	□ <u>Ľ</u> m unsure	□ I prefer	not to answer
10. My personal	choices affect how	healthy/well l	am.		
☐ I totally agree	☐ I partially agree	□ I disagree	□ <u>Ľ</u> m unsure	□ I prefer	not to answer
11. The healthca	re system has cont	trol over my h	ealth/wellness.		
☐ I totally agree	☐ I partially agree	□ I disagree	🛘 <u>L'</u> m unsure	□ I prefer	not to answer

For questions 12-21, in Column 1 check all the resources in the category that <u>you think or know are available in your community or can be accessed within a reasonable distance</u>. In Column 2, mark all of the resources that are <u>not available in your community or cannot be accessed within a reasonable distance</u>, but you want to have available. If a resource is NOT available and you DO NOT want/need it, leave it blank.

12. Healthcare resources/services

<u>Available</u>	
	□ Access to pharmacy/prescription medication
	□ After-hours non-emergency care
	□ Ambulance service
	□ Assisted living communities
	Behavioral health/mental health services
	☐ Breastfeeding support (Lactation consult etc.)
	☐ Chronic disease self-management (Hypertension, Diabetes, Arthritis etc.)
	Dementia/Alzheimer's disease care
	□ Dental screening
П	 □ Developmental Check-up (age 0-5 speech, vision, hearing, & dental) □ Domestic violence prevention & support
П	Education and support for medications
П	Emotional well-being support services
	Diabetes prevention support
	□ Diabetes management support
	□ Drug and alcohol abuse prevention, support & treatment
	□ Early Detection Works program (mammography for uninsured women)
	□ Emergency care
	□ Fall prevention
	□ Family medicine clinic
	Health information and advisory services
	☐ High-risk obstetrical (pregnancy) care ☐ Hospital care
	Preventive dental services
	□ Preventive care (immunizations, disease screening, etc.)
	□ Medical equipment resources
	□ Nursing home care
	□ Nutrition/diet counseling
	□ Obstetrical/prenatal (pregnancy) care
	□ Parkinson's Support
	□ Physical exams required for admission to school, pre-school, and daycare
	□ Physical exams for sports
	□ Physical therapy
	Restorative dental services
	Sexual violence prevention & support
0	Support for caregivers Talance dising a refine a
_	Telemedicine options
	□ Weight management coaching
	☐ I prefer not to answer

· · · · · · · · · · · · · · · · · · ·	much do you agree or disagree with the following definition of public health:
life thr	health is the science and art of preventing disease, prolonging life and improving quality of rough organized efforts and informed choices of society, organizations (public and private), junities and individuals.
□ Agı	ree 🛘 Strongly agree 🔻 Strongly disagree 🗘 Disagree
□ Ne	ither agree nor disagree ☐ Prefer not to answer
14. Public Available	Health resources/services Wanted
	☐ Breastfeeding support (education, support groups etc.)
	□ Communicable disease investigation (Example: COVID-19 Case Investigation)
	□ Environmental health monitoring (air, water, sewer, & septic)
	□ Family planning services
	□ Health education (classes on health topics)
	□ Health screening (blood pressure, blood sugar, height/weight, hearing, vision)
	□ Home Health Services
_ _	□ Programs to support pregnant women and families with babies □ Immunization Services (Adult & Child)
0	 Physical exams required for admission to school, pre-school, & daycare Sexually Transmitted Disease (STD)/Sexually Transmitted Infections (STI) information, testing, & treatment
	□ Tuberculosis testing & treatment
	 WIC (Special Supplemental Nutrition Program Women, Infants, & Children)
	□ I prefer not to answer
Do vou o	r any member of your household currently work at a job outside the home?
□Yes	□ No □Don't know □Prefer not to answer
question	Don't know", or "Prefer not to answer" skip Question #15 and go to the qualifying for Question #16: Preschool/Daycare Health/Wellness Resources on page 5. ase answer Question #15: Work Site Health/Wellness Resources
	Site Health/Wellness Resources
Available	Wanted
	□ Access to exercise facilities/programs at work
	□ Access to healthy food options at work
	☐ Breastfeeding support through access to private breastfeeding spaces at work
	□ Employee wellness program
	□ Health education (classes on health topics and nutrition)
	□ Health insurance
	□ Incentives for practicing healthy behaviors (insurance discounts, gift cards, free
	items)

<u>Available</u>	Wanted			
	☐ Paid time off or vacation & si	ck pay		
	 Safety and ergonomics asse. 	sments		
	□ Supplemental Insurance (Ca			
	□ Tobacco cessation programs	and supp	ort quitting	
	☐ Dental insurance			
	□ Employee Assistance Progra	70		-
	short-term counseling, referr	•		
	with issues that affect their e		-	
	□ Tobacco-free environment (r	io tobacco	of any kind may be u	ised on property,
	including e-cigarettes)			
	 Health risk appraisals with fe 	edback		
	□ Flexible work schedules			
_ 	 I prefer not to answer I prefer not to answer 			
ш	L i preier not to answer			
-	ember of your household cur	-	~ .	
(center o	or in-home care)? □Yes	□No	□Don't know	☐Prefer not to answer
BEAUNI II O			n 1: 6	on the second
	<u>*Don't know", or "Prefer not t</u> for Question #17: School-Ba			
question	for Question #17: School-Ba	sed Hear	in and Wellness R	esources on page 6.
lf ves. ple	ease answer Question #16: P	reschool	/Davcare Health/W	ellness Resources.
6. Presch	hool/Davcare Health/Wellness	Resourc	ces	
Available				
	Access to quality, affordable of	hildcare		
	 Access to childcare in the eve 			
	 Access to childcare for children 			
	□ Access to quality, affordable p			
	 Access to healthy foods at chi served) 	ldcare/pre	-school (healthy meal	s//snacks/low-sugar
	 Access to physical activity opp 	ortunities	at childcare/pre-scho	ol throughout the day
	 Dental screening 			
	 Gardening activities at childca 	re/pre-sch	ool	
	 Health education for kids at ch 	ildcare/pre	e-school	
	 Health and parenting education 			
	□Tobacco-free environment (no		f any kind or vaping p	roducts may be
	used on daycare/preschool pr	operty)		
	□ I prefer not to answer			
Is any	y member of your household	currently	going to grade so	hool,
-	, le school/junior high school, (-		4
□ Yes	s □No □Don	t know	☐ Prefer not to	answer

If no, "Don't know" or "Prefer not to answer" skip Questions #17 & #18 and go to the qualifying question for Questions #19: Health/Wellness Resources in Faith Communities on page 7.

<u>17. In what</u>	t sc	hool district or private school does the child attend classes?
	_	Beloit Public Schools
	_	Rock Hills Public Schools
		St. Johns' Catholic Schools
		Tipton Catholic High School
		Lakeside/Waconda Public Schools
		Pike Valley Public Schools
	_	Home School Online Learning
		Prefer Not to answer
		alth/Wellness Resources
<u>Available</u> <u>V</u>		
		Access to healthy foods (cafeteria, vending, school stores, & concessions)
		Access to behavioral/mental health services
		Access to physical activity opportunities
		Access to substance abuse prevention services (Drugs, alcohol, tobacco, etc.)
		Alcohol use cessation services
		Preventive dental services (including screening examinations, fluoride
		reatment and dental hygiene education)
		Vision screening
		Health education and self-care (classes on health topics)
		Health services/school nurse
		Hearing screening
		Hearing specialist
		Opportunities for family involvement
		Psychological counseling
		Psychological testing
		Tobacco use (smoking & chew) and vaping cessation services
		Tobacco-free environment (no tobacco of any kind or vaping products may be
		used on school property)
		I prefer not to answer
100		y member(s) of your household currently go to a faith community or place of church, synagogue, temple, or mosque)?
□Yes	-	□No □Don't know □Prefer not to answer
If no, "Don	n't	know", or "Prefer not to answer" skip Question # 19 and go to question #20:

K-State Research and Extension on the next page. If yes, please answer question #19.

19 Health/Wellness Resources in Faith Communities Available Wanted

F S S SA I I I I I I I I	THE PROPERTY
	 Access to healthy foods (healthy food options at church-sponsored events)
	□ Blessing Box (24 Hour Access to Food and other Necessities)
	□ Community Crisis Support (Clothes, Toiletries Etc.)
	□ Community Meals
	□ Community Resource Room (Clothes, Toiletries Etc.)
	□ Counseling
	□ Divorce Support
	□ Food bank/food pantry
	□ Grief Support
	□ Health education (classes on health topics)
	□ Health screening (blood pressure, blood sugar, etc.)
	□ Marriage or Relationship Support and Counseling
	□ Narcotics Anonymous (NA) & Alcoholics Anonymous (AA) Support Groups
	□ Physical activity opportunities with other members
	□ Prayer/meditation options
	□ Social support (Mom's day out, women's group, men's group, youth group)
	□ Summer Food Programs (Kid's Café)
	□ Tobacco-free environment (no tobacco of any kind or vaping products may be
	used on property)
	□ I prefer not to answer
00 16 04	4 B
"	ate Research and Extension Office health and wellness resources
	elle Wanted
	Babysitting and Childcare provider clinics
	 Chronic disease self-management programs (Management of Diabetes, COPD, Asthma
	Arthritis, etc.)
	 Farm and Rural Business Management Education (Succession planning, marketing, financials,
	etc.)
	□ Financial wellness education
П	□ Growing Fruits and Vegetables and Landscaping □ Health and Nutrition Classes
П	Health insurance selection and use education
0	□ Healthy Aging Programs
	□ Healthy Home Resources (Radon and Water Testing)
	□ Information on food safety regulations
п	□ Kansas 4-H

<u>Avai</u>	lable Wanted
	□ Nutrition programs for low-income families (SNAP-ED)
	□ Physical activity programs (Walk Kansas, Stay Strong, Stay Healthy)
	□ Stress and Resilience programs (work/life balance, mental health, communication)
	□ Unbiased Medicare decision-making assistance (Senior Health Insurance Counseling,
	SHICK)
	□ Workplace wellness trainings and resources
	 Youth development programs (school enrichment, community leadership
	development etc.)
	□ I prefer not to answer
21. <u>Cor</u>	nmunity Environment Health and Wellness Resources
<u>Availat</u>	<u>ble</u> <u>Wanted</u>
	□ Access to healthy foods for residents of all income levels
	□ Access to exercise facilities and gyms
	☐ Camping facilities ☐ Community garden
	☐ Community garden
П	Community Supported Agriculture ("subscription" service to buy local, seasonal
	food directly from a farmer)
	☐ Community water fluoridation
E	▣ Farmers' Market
	☐ Food and Farm Council
	☐ Parks and Recreation Department-sponsored activities and classes for individuals of
_	all ages and ability levels
	Sidewalk accessibility
	☐ Tobacco-free policies in all public places ☐ Walking/running/biking trails
П	☐ I prefer not to answer
_	a r preter not to dissire.
	How do you prefer to receive information or services? Individual and group learning experiences/consultation Online trainings and workshops On-demand, online access to research-based resources (social media, ebsite, video, email) Publications and newsletters
	Access to research-based resources via print (newspaper, fact sheet, etc.)

Survey continues on the next page.

DEMOGRAPHIC INFORMATION How old is the person completing this survey? Age: 2. Sex of person completing this survey □ Male □ Female □ Prefer not to answer 3. In what community do you receive your healthcare? (check all that apply) □ Beloit □ Mankato □ Salina DSmith Center. D. Belleville □ Superior, NE □ Other Prefer not to answer 4. How long does it usually take for you to get to your healthcare provider? (Please write D Prefer not to answer. Household Income – What is your approximate total household income? □ Less than \$10.000 □ \$10.000 to \$24.999 □ \$25,000 to \$39,999 □ \$40,000 to \$54,999 □ \$55,000 to \$69,999 □ \$70,000 to \$84,999 □ \$85,000 to \$99,999 ☐ \$100.000 or more □ Prefer not to answer What is the highest level of education that the head of your household has completed? □ Some high school ☐ Graduated from high school ☐ Graduated college with an associate's degree Some college ☐ Graduated college with a bachelor's degree ☐ Advanced degree (e.g., Master's, PhD, MD, JD) Health Insurance status of person completing the survey. (SELECT ALL THAT APPLY) ☐ Insured through employer ☐ Buy my own health insurance in an open market □ Buy health insurance through the Affordable Care Act/Obamacare Market Place ☐ Medicaid/KanCare ☐ Medicare no Medicare Supplement Medicare plus Medicare Supplemental Insurance or Medicare Advantage plan. D Uninsured □ Don't know Prefer not to answer. Ethnic origin (or race) of the person completing the survey (SELECT ALL THAT APPLY). □ White, not of Hispanic origin □ Black, not of Hispanic origin Hispanic or Latino ☐ White, of Hispanic origin Black, of Hispanic origin □ Native American or American Indian □Asian or Pacific Islander II Mixed race. □Other □Prefer not to answer Language spoken most of the time in your home: □ Other □ Prefer not to answer

Thank you for completing the Community Health and Wellness Survey!

Prefer not to answer

____ 5-17 years old

English

Spanish

Under 5 years old ___ 65 years old or older

10. Number of people in each age category who live in your home:

____ 18-64 years old

Appendix C - Mitchell County CHNA Sources

Discharges by Population

Demographics-Socioeconomic Factor Data

Community Commons via American Community Survey

http://www.communitycommons.org/

Healthcare Resources Community Commons , CMS.gov, HRSA

Note: Please note all cited sources for the Mitchell County CHNA on the specific demographic and socioeconomic pages per the 2020-2021 Mitchell County CHNA report