COFFEYVILLE REGIONAL MEDICAL CENTER
COFFEYVILLE, KANSAS

2013 COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION PLAN

ADOPTED BY BOARD RESOLUTION 11/25/13[1]

[1] Response to Schedule H (Form 990) Part V B 2

Dear Community Resident:

Coffeyville Regional Medical Center (CRMC) welcomes you to review this document as we strive to meet the health and medical needs in our community. All not-for-profit hospitals are required to develop this report in compliance with the Patient Protection and Affordable Care Act.

The "2013 Community Health Needs Assessment" identifies local health and medical needs and provides a plan to indicate how CRMC will respond to such needs. This document suggests areas where other local organizations and agencies might work with us to achieve desired improvements and illustrates one way we, CRMC, are meeting our obligations to efficiently deliver medical services.

CRMC will conduct this effort at least once every three years. As you review this plan, please consider if, in your opinion, we have identified the primary needs and if our intended response should make appropriate needed improvements.

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

The report is a response to a federal requirement of not-for-profit hospital's to identify the community benefit it provides in responding to documented community need. Footnotes are provided to answer specific tax form questions; for most purposes, they may be ignored. Of greater importance, is the potential for this report to guide our actions and the efforts of others to make needed health and medical improvements.

Please think about how to help us improve the health and medical services our area needs. I invite your response to this report. We all live and work in this community together and our collective efforts can make living here more enjoyable and healthier.

Thank you,

Lori A. Rexwinkle, CNO
Coffeyville Regional Medical Center

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EXECUTIVE SUMMARY

Executive Summary

Coffeyville Regional Medical Center (CRMC) is organized as a not-for-profit hospital. A "Community Health Needs Assessment" (CHNA) is part of the necessary hospital documentation for "Community Benefit" under the Affordable Care Act (ACA), required of all not-for-profit hospitals as a condition of retaining tax-exempt status. A CHNA assures CRMC identifies and responds to the primary health needs of its residents.

This study is designed to comply with standards required of a not-for-profit hospital.[2] Tax reporting citations in this report are superseded by the most recent 990 H filings made by the hospital.

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

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

Further explanation and specific regulations are available from Health and Human Services (HHS), the Internal Revenue Service (IRS) and the U.S. Department of the Treasury.[3]

Project Objectives

CRMC partnered with Quorum Health Resources (QHR) for the following:[4]

- Complete a Community Health Needs Assessment report, compliant with Treasury – IRS;
- Provide the Hospital with information required to complete the IRS – 990h schedule; and
- Produce information necessary for the hospital to issue an assessment of community health needs and document its intended response.

Brief Overview of Community Health Needs Assessment

Typically, nonprofit hospitals qualify for tax-exempt status as a Charitable Organization, described in Section 501(c) 3 of the Internal Revenue Code; however, the term "Charitable Organization" is undefined. Prior to the passage of Medicare, charity was generally recognized as care provided to the less fortunate without means to pay. With the introduction of Medicare, the government met the burden of providing compensation for such care.

In response, IRS Revenue ruling 69-545 eliminated the Charitable Organization standard and established the Community Benefit Standard as the basis for tax-exemption. Community Benefit

[2] Part 3 Treasury/IRS – 2011 – 52 Notice … Community Health Needs Assessment Requirements…
[3] As of the date of this report Notice of proposed rulemaking was published 6/26/2012 and available at http://federalregister.gov/a/2012-15537
[4] Part 3 Treasury/IRS – 2011 – 52 Section 3.03 (2) third party disclosure notice

determines if hospitals promote the health of a broad class of individuals in the community, based on factors including:

- Emergency room open to all, regardless of ability to pay;
- Surplus funds used to improve patient care, expand facilities, train, etc.;
- Control by independent civic leaders; and
- All available and qualified physicians are privileged.

Specifically, the IRS requires:

- Effective on tax years beginning after March 23, 2012, each 501(c) (3) hospital facility is required to conduct a community health needs assessment at least once every three taxable years and adopt an implementation strategy to meet the community needs identified through such assessment;
- Assessment may be based on current information collected by a public health agency or nonprofit organization and may be conducted together with one or more other organizations, including related organizations;
- Assessment process must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise of public health issues;
- The hospital must disclose in its annual information report to the IRS (Form 990 and related schedules) how it is addressing the needs identified in the assessment and, if all identified needs are not addressed, the reasons why (e.g., lack of financial or human resources);
- Each hospital facility is required to make the assessment widely available and ideally downloadable from the hospital web site;
- Failure to complete a community health needs assessment in any applicable three-year period results in a penalty to the organization of $50,000, e.g., if a facility does not complete a community health needs assessment in taxable years one, two, or three, it is subject to the penalty in year three. If it then fails to complete a community health needs assessment in year four, it is subject to another penalty in year four (for failing to satisfy the requirement during the three-year period beginning with taxable year two and ending with taxable year four); and
- An organization that fails to disclose how it is meeting needs identified in the assessment is subject to existing incomplete return penalties.[5]

[5] Section 6652

APPROACH

Approach

To complete a CHNA, the hospital must:

- Describe processes and methods used to conduct the assessment:
    - Sources of data and dates retrieved;
    - Analytical methods applied;
    - Information gaps impacting ability to assess the needs; and
    - Identify with whom the hospital collaborated.
    - Describe how the hospital gained input from community representatives:
    - When and how the organization consulted with these individuals;
    - Names, titles, and organizations of these individuals; and
    - Any special knowledge or expertise in public health possessed by these individuals.
    - Describe the process and criteria used in prioritizing health needs;
    - Describe existing resources available to meet the community health needs; and
    - Identify programs and resources the hospital facility plans to commit to meeting each identified need and the anticipated impact of those programs and resources on the health need.

Quorum Health Resources, LLC (QHR) takes a comprehensive approach to assess community health needs. We perform several independent data analyses based on secondary source data, augment this with local survey data and resolve any data inconsistency or discrepancies from the combined opinions formed from local experts. We rely on secondary source data and most secondary sources use the county as the smallest unit of analysis. We asked our Local Experts, area residents, to note if they perceived the problems or needs, identified by secondary sources, to exist in their portion of the county.[6]

The data displays used in our analysis are presented in the Appendix. Data sources include:[7]

Web Site or Data Source	Data Element	Date Accessed	Data Date
www.countyhealthrankings.org	Assessment of health needs of Montgomery County compared to all KS counties	March 1, 2013	2002 to 2010

[6] Response to Schedule H (Form 990) Part V B 1 i
[7] Response to Schedule H (Form 990) Part V B 1 d

Web Site or Data Source	Data Element	Date Accessed	Data Date
www.communityhealth.hhs.gov	Assessment of health needs of Montgomery County compared to its national set of "peer counties"	March 1, 2013	1996 to 2009
Truven (formerly known as Thomson) Market Planner	Assess characteristics of the hospital's primary service area, at a zip code level, based on classifying the population into various socio-economic groups, determining the health and medical tendencies of each group and creating an aggregate composition of the service area according to the contribution each group makes to the entire area; and, to access population size, trends and socio-economic characteristics	March 1, 2013	2012
www.capc.org and www.getpalliativecare.org	To identify the availability of Palliative Care programs and services in the area	March 1, 2013	2012
www.caringinfo.org and iweb.nhpco.org	To identify the availability of hospice programs in the county	March 1, 2013	2012
www.healthmetricsandevaluation.org	To examine the prevalence of diabetic conditions and change in life expectancy	March 1, 2013	1989 through 2009
www.dataplace.org	To determine availability of specific health resources	March 1, 2013	2005
www.cdc.gov	To examine area trends for heart disease and stroke	March 1, 2013	2007 to 2009
www.CHNA.org	To identify potential needs among a variety of resource and health need metrics	February 15, 2013	2003 to 2010
www.datawarehouse.hrsa.gov	To identify applicable manpower shortage designations	March 1, 2013	2013
www.worldlifeexpectancy.com/usa-health-rankings	To determine relative importance among 15 top causes of death	February 28, 2013	2010 published 11/29/12

- In addition, we utilized a Public Health Department study "Lower 8 Community Health Assessment: Montgomery (County)" in which 644 residents participated;[8]

When the analysis was complete, we put the information and summary conclusions before our local group of experts[9],[10] who were asked to agree or disagree with the summary conclusions. Experts were free to augment potential conclusions with additional statements of need; however, new needs did not emerge from this exchange.[11] Consultation with 19 local experts occurred via an internet based survey (explained below) during the period beginning Thursday, March 28, 2013 at 6:31 a.m. and ending Tuesday, May 14, 2013 at 7:35 a.m.

With the prior steps identifying potential community needs, the Local Experts participated in a structured communication technique called a Delphi method, originally developed as a systematic, interactive forecasting method which relies on a panel of experts who answer questionnaires in a series of rounds. We contemplated and implemented one round as referenced during the above dates. After each round, we provided an anonymous summary of the experts' forecasts from the previous round, as well as the reasons provided for their judgments. The process encourages experts to revise their earlier answers in light of the replies of other members of their panel. Typically, this process decreases the range of answers and moves the expert opinions toward a consensus "correct" answer. The process stops when we identify the most pressing, highest priority community needs.

In the CRMC process, each local expert allocated 100 points among all identified needs, having the opportunity to introduce needs previously unidentified and to challenge conclusions developed from the data analysis. A rank order of priorities emerged, with some needs receiving none or virtually no support and other needs receiving identical point allocations.

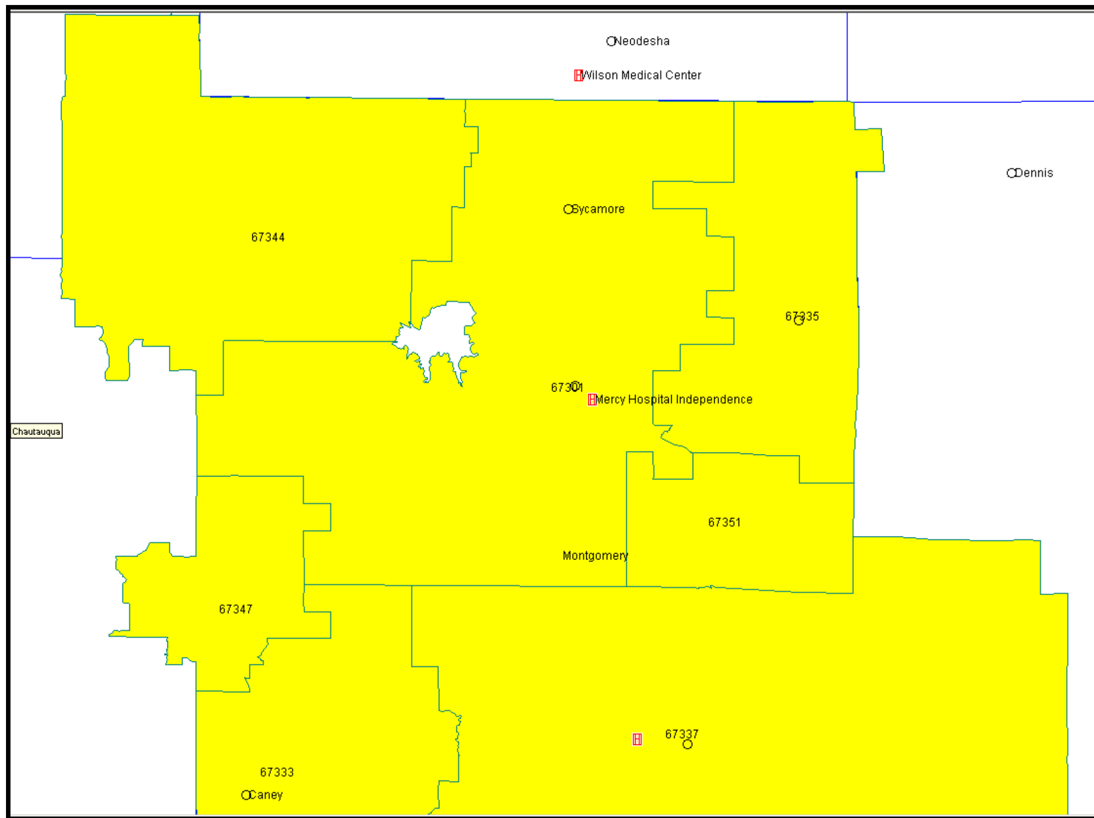
The proposed regulations clarify a CHNA need only identify significant health needs, and need only prioritize, and otherwise assess, those significant identified health needs. A hospital facility may determine whether a health need is significant based on all of the facts and circumstances present in the community it serves. The determination of the break point, Significant Need as opposed to Other Need, was a qualitative interpretation by QHR and the CRMC executive team where a reasonable break point in the descending rank order of votes occurred, indicated by the weight amount of points each potential need received and the number of local experts allocating any points to the need. Our criteria included the Significant Needs had to represent a majority of all cast votes. The Significant Needs also needed a plurality of Local Expert participation. When presented to the CRMC executive team, the dichotomized need rank order (Significant vs. Other) identified which needs the hospital needed to focus upon in determining where and how it was to develop an implementation response.[12]

[8] Response to Schedule H (Form 990) Part V B 1 h
[9] Part response to Schedule H (Form 990) Part V B 3
[10] Response to Schedule H (Form 990) Part V B 1 f
[11] Response to Schedule H (Form 990) Part V B 1 e
[12] Response to Schedule H (Form 990) Part V Section B 6 g, h and Part V B 1 g

FINDINGS

Findings

Definition of Area Served by the Hospital Facility[13]



CRMC, in conjunction with QHR, defines its service area as Montgomery County in Kansas which includes the following ZIP codes:

67301 – Independence	67333 – Caney	67335 – Cherryvale
67337 – Coffeyville	67344 – Elk City	67347 – Havana
67351 – Liberty	67340 – Dearing	67364-Tyro

In 2012, the hospital received 79.2% of its patients from this area.[14]

[13] Responds to IRS Form 990 (h) Part V B 1 a
[14] Truven MEDPAR patient origin data for the hospital; Responds to IRS Form 990 (h) Part V B 1 a

Demographic of the Community[15]

The 2013 population for Montgomery County is estimated to be 34,982,[16] and is expected to decrease at a rate of (4.3%) in contrast to the 3.3% national rate of growth and the Kansas growth rate of 2.2%. Montgomery County in 2017 anticipates a population of 33,467.

According to population estimates utilized by Truven, provided by The Neilson Company, the 2012 median age for the county is 39.7 years, older than the Kansas median age (36.2 years) and the national median age (37.5 years). The 2013 Median Household Income for the area is $41,745, lower than the Kansas median income of $48,074 and the national median income of $49,223. Median Household Wealth ($59,235 is above the National ($54,682) and the Kansas value ($58,800). Median Home Values ($74,372) presents the opposite finding by being below the National ($169.011) and the Kansas value ($123,453). Montgomery's unemployment rate as of June, 2013 was 7.4%,[17] which is worse than the 5.8% statewide but better than the 7.6% national civilian unemployment rate.

The portion of the population in the county over 65 is 18.2%, above the Kansas and the national average of 13.9%. The portion of the population of women of childbearing age is 17.4%, below the Kansas average of 19.2% and the national rate of 19.8%.

Demographics Expert 2.7
2013 Demographic Snapshot
Area: Montgomery KS
Level of Geography: ZIP Code

DEMOGRAPHIC CHARACTERISTICS

	Selected Area	USA
2010 Total Population	36,252	308,745,538
2013 Total Population	34,982	314,861,807
2018 Total Population	33,467	325,322,277
% Change 2013 - 2018	-4.3%	3.3%
Average Household Income	$52,484	$69,637

	2013	2018	% Change
Total Male Population	17,177	16,417	-4.4%
Total Female Population	17,805	17,050	-4.2%
Females, Child Bearing Age (15-44)	6,084	5,798	-4.7%

POPULATION DISTRIBUTION

	Age Distribution				
Age Group	2013	% of Total	2018	% of Total	USA 2013 % of Total
0-14	6,971	19.9%	6,856	20.5%	19.6%
15-17	1,325	3.8%	1,251	3.7%	4.1%
18-24	3,497	10.0%	3,355	10.0%	10.0%
25-34	3,948	11.3%	3,815	11.4%	13.1%
35-54	8,347	23.9%	7,277	21.7%	26.9%
55-64	4,544	13.0%	4,367	13.0%	12.4%
65+	6,350	18.2%	6,546	19.6%	13.9%
Total	**34,982**	**100.0%**	**33,467**	**100.0%**	**100.0%**

HOUSEHOLD INCOME DISTRIBUTION

	Income Distribution		
2013 Household Income	HH Count	% of Total	USA % of Total
<$15K	2,153	15.2%	13.8%
$15-25K	2,111	14.9%	11.6%
$25-50K	3,986	28.1%	25.3%
$50-75K	3,256	23.0%	18.1%
$75-100K	1,217	8.6%	11.7%
Over $100K	1,440	10.2%	19.5%
Total	**14,163**	**100.0%**	**100.0%**

EDUCATION LEVEL

	Education Level Distribution		
2013 Adult Education Level	Pop Age 25+	% of Total	USA % of Total
Less than High School	1,299	5.6%	6.2%
Some High School	1,911	8.2%	8.4%
High School Degree	7,543	32.5%	28.4%
Some College/Assoc. Degree	8,313	35.8%	28.9%
Bachelor's Degree or Greater	4,123	17.8%	28.1%
Total	**23,189**	**100.0%**	**100.0%**

RACE/ETHNICITY

	Race/Ethnicity Distribution		
Race/Ethnicity	2013 Pop	% of Total	USA % of Total
White Non-Hispanic	28,097	80.3%	62.3%
Black Non-Hispanic	1,918	5.5%	12.3%
Hispanic	1,977	5.7%	17.3%
Asian & Pacific Is. Non-Hispanic	239	0.7%	5.1%
All Others	2,751	7.9%	2.9%
Total	**34,982**	**100.0%**	**100.0%**

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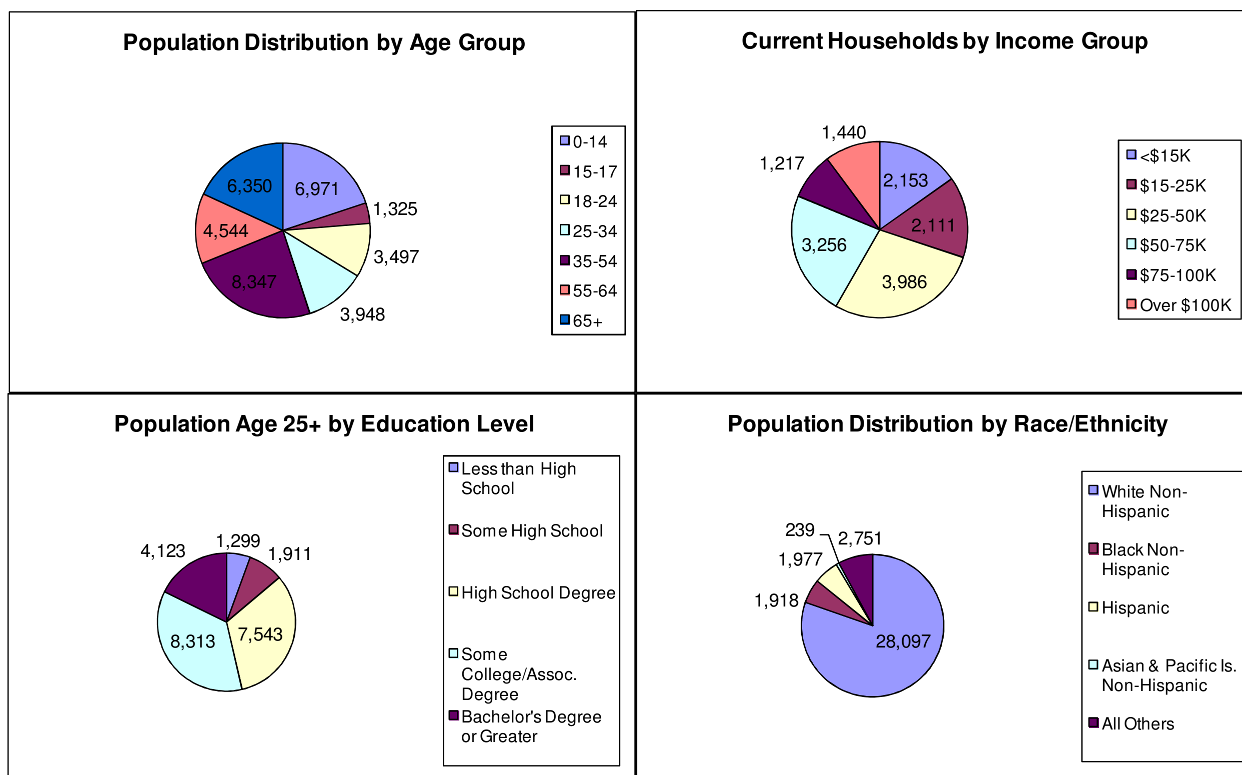
[15] Responds to IRS Form 990 (h) Part V B 1 b
[16] All population information, unless otherwise cited, sourced from Truven (formally Thomson) Market Planner
[17] http://research.stlouisfed.org/fred2/series/KSMONT5URN; http://research.stlouisfed.org/fred2/series/KSUR



2013 Benchmarks
Area: Montgomery KS
Level of Geography: ZIP Code

Area	2013-2018 % Population Change	Median Age	Population 65+ % of Total Population	Population 65+ % Change 2013-2018	Females 15-44 % of Total Population	Females 15-44 % Change 2013-2018	Median Household Income	Median Household Wealth	Median Home Value
USA	3.3%	37.5	13.9%	16.3%	19.8%	-0.1%	$49,233	$54,682	$169,011
Kansas	2.2%	36.2	13.9%	13.5%	19.2%	0.6%	$48,074	$58,800	$123,453
Selected Area	-4.3%	39.7	18.2%	3.1%	17.4%	-4.7%	$41,745	$59,235	$74,372

Demographics Expert 2.7
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The population was examined according to characteristics presented in the Claritas Prizm customer segmentation data. This system segments the population into 66 demographically and behaviorally distinct groups. Each group, based on annual survey data, is documented as exhibiting specific health behaviors. The makeup of the service area, according to the mix of Prizm segments and its characteristics, is contrasted to the national population averages to discern the following table of probable lifestyle and medical conditions present in the population. Items with red text are viewed as statistically important adverse potential findings. Items with blue text are viewed as statistically important potential beneficial findings. Items with black text are viewed as either not statistically different from the national normal situation or not being a favorable or unfavorable consideration in our use of the information.

Health Service Topic	Demand as % of National	% of Population Effected	Health Service Topic	Demand as % of National	% of Population Effected
Weight / Lifestyle			**Heart**		
BMI: Morbid/Obese	107.8%	27.5%	Routine Screen: Cardiac Stress 2yr	95.6%	14.9%
Vigorous Exercise	94.9%	48.0%	Chronic High Cholesterol	113.0%	25.2%
Chronic Diabetes	125.7%	13.0%	Routine Cholesterol Screening	92.6%	47.0%
Healthy Eating Habits	91.9%	27.2%	Chronic High Blood Pressure	125.2%	32.9%
Very Unhealthy Eating Habits	108.2%	3.0%	Chronic Heart Disease	137.2%	11.4%
Behavior			**Routine Services**		
I Will Travel to Obtain Medical Care	95.6%	28.9%	FP/GP: 1+ Visit	103.1%	91.1%
I Follow Treatment Recommendations	87.1%	35.2%	Used Midlevel in last 6 Months	105.5%	44.1%
I am Responsible for My Health	93.8%	60.1%	OB/Gyn 1+ Visit	85.8%	39.1%
Pulmonary			Ambulatory Surgery last 12 Months	103.7%	20.0%
Chronic COPD	134.8%	6.5%	**Internet Usage**		
Tobacco Use: Cigarettes	118.2%	30.6%	Use Internet to Talk to MD	71.9%	10.5%
Chronic Allergies	103.6%	22.6%	Facebook Opinions	89.9%	9.2%
Cancer			Looked for Provider Rating	85.3%	12.4%
Mammography in Past Yr	101.4%	46.0%	**Misc**		
Cancer Screen: Colorectal 2 yr	98.2%	23.9%	Charitable Contrib: Hosp/Hosp Sys	95.8%	22.9%
Cancer Screen: Pap/Cerv Test 2 yr	88.4%	53.3%	Charitable Contrib: Other Health Org	89.9%	35.1%
Routine Screen: Prostate 2 yr	96.3%	30.7%	HSA/FSA: Employer Offers	97.5%	49.7%
Orthopedic			**Emergency Service**		
Chronic Lower Back Pain	118.4%	26.7%	Emergency Room Use	104.1%	35.4%
Chronic Osteoporosis	127.8%	12.4%	Urgent Care Use	89.0%	21.0%

Leading Causes of Death

Cause of Death			Rank among all counties in KS (#1 rank = worst in state)	Rate of Death per 100,000 age adjusted		Observation
KS Rank	Montgomery Co. Rank	Condition		KS	Montgomery Co.	
1	1	Heart Disease	17 of 105	163.1	238.1	As expected
3,10,13,14,19, 27,28,29,30,31, 34,36,37	2	Cancer	15 of 105	173.8	215.5	Higher than expected
11, 17, 20	3	Accidents	24 of 105	43.0	64.5	Higher than expected
4	4	Stroke	37 of 105	43.1	52.5	As expected
2	5	Lung	59 of 105	51.0	46.6	Higher than expected
7	6	Diabetes	31 of 105	20.4	30.5	Higher than expected
6	7	Alzheimer's	34 of 102	23.8	23.8	As expected
9	8	Flu - Pneumonia	50 of 104	17.9	20.5	As expected
12	9	Suicide	25 of 98	13.7	18.3	Higher than expected
8	10	Kidney	49 of 103	17.4	17.0	As expected
16	11	Blood Poisoning	30 of 98	11.2	10.8	As expected
18	12	Hypertension	10 of 85	4.7	10.1	Higher than expected
25	13	Liver	49 of 94	7.4	7.4	Lower than expected
22	14	Parkinson's	57 of 93	7.9	6.8	As expected
33	15	Homicide	21 of 59	4.6	5.5	As expected

Primary and Chronic Disease Needs and Health Issues of Uninsured Persons, Low-Income Persons and Minority Groups

Some information is available to describe the size and composition of various uninsured persons, low income persons, minority groups and other vulnerable population segments. Studies identifying specific group needs, distinct from the general population at a county unit of analysis, are not readily available from secondary sources.

The National Healthcare Disparities Report results from a Congressional directive to the Agency for Healthcare Research and Quality (AHRQ). This production is an annual report to track disparities related to "racial factors and socioeconomic factors in priority populations." The emphasis is on disparities related to race, ethnicity and socioeconomic status and includes a charge to examine disparities in "priority populations," which are groups with unique health care needs or issues that require special attention.[18]

Nationally, this report observes the following trends:

- Measures for which Blacks were worse than Whites and are getting better:
  - Diabetes – Hospital admissions for short-term complications of diabetes per 100,000 population;
  - HIV and AIDS – New AIDS cases per 100,000 population age 13 and over; and
  - Functional Status Preservation and Rehabilitation – Female Medicare beneficiaries age 65 and over who reported ever being screened for osteoporosis with a bone mass or bone density measurement.
- Measures for which Blacks were worse than Whites and staying the same:
  - Cancer – Breast cancer diagnosed at advanced stage per 100,000 women age 40 and over ; breast cancer deaths per 100,000 female population per year; adults age 50 and over who ever received colorectal cancer screening; colorectal cancer diagnosed at advanced stage per 100,000 population age 50 and over; colorectal cancer deaths per 100,000 population per year;
  - Diabetes – Hospital admissions for lower extremity amputations per 1,000 population age 18 and over with diabetes;
  - Maternal and Child Health – Children ages 2-17 who had a dental visit in the calendar year; Children ages 19-35 months who received all recommended vaccines;
  - Mental Health and Substance Abuse – Adults with a major depressive episode in the last 12 months who received treatment for depression in the last 12 months; people age 12 and over treated for substance abuse who completed treatment course;

[18] http://www.ahrq.gov/qual/nhdr10/Chap10.htm 2010

    - Respiratory Diseases – Adults age 65 and over who ever received pneumococcal vaccination; hospital patients with pneumonia who received recommended hospital care;
    - Supportive and Palliative Care – High-risk long-stay nursing home residents with pressure sores; short-stay nursing home residents with pressure sores; adult home health care patients who were admitted to the hospital; hospice patients who received the right amount of medicine for pain;
    - Timeliness – Adults who needed care right away for an illness, injury or condition in the last 12 months who got care as soon as wanted; emergency department visits where patients left without being seen; and
    - Access – People with a usual primary care provider; people with a specific source of ongoing care.
- Measures for which Asians were worse than Whites and getting better:
    - Cancer – Adults age 50 and over who ever received colorectal cancer screening; and
    - Patient Safety – Adult surgery patients who received appropriate timing of antibiotics.
- Measures for which Asians were worse than Whites and staying the same:
    - Respiratory Diseases – Adults age 65 and over who ever received pneumococcal vaccination; hospital patients with pneumonia who received recommended hospital care; and
    - Access – People with a usual primary care provider.
- Measures for which American Indians and Alaska Natives were worse than Whites for most recent year and staying the same:
    - Heart Disease – Hospital patients with heart failure who received recommended hospital care;
    - HIV and AIDS – New AIDS cases per 100,000 population age 13 and over;
    - Respiratory Diseases – Hospital patients with pneumonia who received recommended hospital care;
    - Functional Status Preservation and Rehabilitation – Female Medicare beneficiaries age 65 and over who reported ever being screened for osteoporosis with a bone mass or bone density measurement;
    - Supportive and Palliative Care – Hospice patients who received the right amount of medicine for pain; high-risk, long-stay nursing home residents with pressure sores; adult home health care patients who were admitted to the hospital; and

  - Access – People under age 65 with health insurance.
- Measures for which American Indians and Alaska Natives were worse than Whites for most recent year and getting worse:
  - Cancer – Adults age 50 and over who ever received colorectal cancer screening; and
  - Patient safety – Adult surgery patients who received appropriate timing of antibiotics.
- Measures for which Hispanics were worse than non-Hispanic Whites for most recent year and getting better:
  - Maternal and Child Health – Children ages 2-17 who had a dental visit in the calendar year;
  - Lifestyle Modification – Adult current smokers with a checkup in the last 12 months who received advice to quit smoking; adults with obesity who ever received advice from a health provider about healthy eating; and
  - Functional Status Preservation and Rehabilitation – Female Medicare beneficiaries age 65 and over who reported ever being screened for osteoporosis with a bone mass or bone density measurement.
- Measures for which Hispanics were worse than non-Hispanic Whites for most recent year and staying the same:
  - Cancer – Women age 40 and over who received a mammogram in the last two years; adults age 50 and over who ever received colorectal cancer screening;
  - Diabetes – Adults age 40 and over with diagnosed diabetes who received all three recommended services for diabetes in the calendar year;
  - Heart Disease – Hospital patients with heart attack and left ventricular systolic dysfunction who were prescribed angiotensin-converting enzyme inhibitor or angiotensin receptor blocker at discharge; hospital patients with heart failure who received recommended hospital care;
  - HIV and AIDS – New AIDS cases per 100,000 population age 13 and over;
  - Mental Health and Substance Abuse – Adults with a major depressive episode in the last 12 months who received treatment for depression in the last 12 months;
  - Respiratory Disease – Adults age 65 and over who ever received pneumococcal vaccination; hospital patients with pneumonia who received recommended hospital care;
  - Lifestyle Modification – Adults with obesity who ever received advice from a health provider to exercise more;

  - Supportive and Palliative Care – Long-stay nursing home residents with physical restraints; high-risk, long-stay nursing home residents with pressure sores; short-stay nursing home residents with pressure sores; adult home health care patients who were admitted to the hospital; hospice patients who received the right amount of medicine for pain;
  - Patient Safety – Adult surgery patients who received appropriate timing of antibiotics;
  - Timeliness – Adults who needed care right away for an illness, injury or condition in the last 12 months who got care as soon as wanted;
  - Patient Centeredness – Adults with ambulatory visits who reported poor communication with health providers; children with ambulatory visits who reported poor communication with health providers; and
  - Access – People under age 65 with health insurance; people under age 65 who were uninsured all year; people with a specific source of ongoing care; people with a usual primary care provider; people unable to get or delayed in getting needed care due to financial or insurance reasons.
- Measures for which Hispanics were worse than non-Hispanic Whites for most recent year and getting worse:
  - Maternal and Child Health – Children ages 3-6 who ever had their vision checked by a health provider.

The Public Health Survey asked respondents to list the three most important health problems in the community. Teenage pregnancy was the second highest response (231) followed by child abuse/ neglect (171) responses. The only other population group identified was "aging problems" the eighth ranked responses, out of 20, which received 104 responses.[19]

Seventy written responses were offered to open-ended questions. The only comments representing population group needs were as follows:

- …biggest concern about your community; and
  - Activities for children;
  - Having a safe place to raise children;
  - Not enough constructive activities for the youth; and
  - Not enough thing for the kids to do, to keep busy and out of trouble.
- … what one thing would you change.

[19] Responds to IRS Form 990 (h) Part V B 1 f

- Increase affordable housing to decrease homeless population, increase facilities for lower functioning adults.

Statistical information about special populations:

Access to Care: Montgomery County, KS

In addition to use of services, access to care may be characterized by medical care coverage and service availability

Uninsured individuals (age under 65)[1]	**3,219**
Medicare beneficiaries[2]	
Elderly (Age 65+)	**6,004**
Disabled	**1,286**
Medicaid beneficiaries[2]	**6,987**
Primary care physicians per 100,000 pop[2]	**46.5**
Dentists per 100,000 pop[2]	**37.8**
Community/Migrant Health Centers[3]	**No**
Health Professional Shortage Area[3]	**No**

nda No data available.

[1] The Census Bureau. Small Area Health Insurance Estimates Program, 2006.
[2] HRSA. Area Resource File, 2008.
[3] HRSA. Geospatial Data Warehouse, 2009.

Vulnerable Populations: Montgomery County, KS

Vulnerable populations may face unique health risks and barriers to care, requiring enhanced services and targeted strategies for outreach and case management.

Vulnerable Populations Include People Who[1]	
Have no high school diploma (among adults age 25 and older)	**4,377**
Are unemployed	**970**
Are severely work disabled	**762**
Have major depression	**1,981**
Are recent drug users (within past month)	**2,059**

nda No data available.

[1] The most current estimates of prevalence, obtained from various sources (see the Data Sources, Definitions, and Notes for details), were applied to 2008 mid-year county population figures.

Findings

Upon completion of the CHNA, QHR identified several issues within the CRMC community:

Conclusions from Public Input to Community Health Needs Assessment

644 residents participated in the Public Health Department "Lower 8 Community Health Assessment: Montgomery County" in 2012. The following presents a summary of identified issues and observations. The three most important issues for a healthier community:

1. Good place to raise Children – 45% of responses;
2. Good jobs and healthy economy – 40% of responses; and
3. Good schools – 37% of responses.

The three most important health problems identified were:

1. Cancers – 48% of responses;
2. Teenage pregnancy – 36% of responses (viewed as a high response rate answer); and
3. Child abuse/neglect – 26% of responses.

What do you think are the three most important "risky behaviors" (having the greatest overall community health impact)?

Top responses included:

1. Drug abuse by – 71% of responses;
2. Alcohol abuse by – 51% of responses; and
3. Being overweight by – 45% of responses.

Written responses were provided to the question of what is the one thing you would change about your community (i.e., what is missing). Answers focused on:

- Jobs and industry;
- More physical activity opportunities; and
- More things to do (arts, entertainment, restaurants, teen recreational events).

Summary of Observations from Montgomery County Compared to All Other Kansas Counties, in Terms of Community Health Needs

In general, Montgomery County residents are among the worse in Kansas. In a health status classification termed "Health Outcomes", Montgomery ranks number 99 among the 100 Kansas ranked counties (best being #1, Woodson Co being #100). As a three year rolling average, premature death (death prior to age 75) is increasing while Kansas and the nation values are declining. Morbidity measures (perceived health status and infant mortality metrics) are significantly higher than Kansas averages and nation goals.

In another health status classification "Health Factors", Montgomery County moves up one rank to become #98 of 100 (Wilson and Wyandotte Counties are worse). Metrics contributing to its low ranking include:

- Smoking rate of 25% significantly higher than Kansas average and national goal;
- Obesity 31% significantly higher than national goal;
- Physical inactivity 32% significantly higher than Kansas average and national goal;
- Excessive Drinking 11% is significantly below Kansas average but higher than national goal;
- Motor vehicle crash deaths at a rate of 31 deaths100,000 significantly higher than Kansas average and national goal;

- Sexually transmitted disease at a rate of 366 infections / 100,000 is at about Kansas average but higher than national goal;
- Teen birth rate at 66 per 1,000 is significantly higher than Kansas average and national goal;
- Uninsured 15% is at the Kansas average but higher than national goal;
- Population to physician ratio 2,285:1 is double the population per physician compared to the Kansas average and is almost four times the national goal;
- Preventable hospital stays 97 per 1,000 Medicare enrollees is significantly higher than the Kansas average and national goal;
- Mammography screen rate 61% is almost significantly lower than the Kansas average and is significantly lower than national goal;
- All social and economic factors (unemployment, education, children in poverty, inadequate social support, etc.) exceed Kansas averages and national goals; and
- Physical Environment metrics, while of little influence to the ranking, are generally more positive. Only 1% of the population does not have healthy food readily available (compared to KS 7%), and a lower portion of restaurants are fast food (42% compared to KS average of 48% but above national goal of 25%).

Summary of Observations from Montgomery County Peer Comparisons

The federal government administers a process to allocate all counties into "Peer" groups. County "Peer" groups have similar social, economic and demographic characteristics. Health and wellness observations when Montgomery County is compared to its national set of Peer Counties and compared to national rates include:

UNFAVORABLE observations occurring at rates worse than national AND worse than among Peers

- Births to unmarried women;
- Very low birth weight (less than 1,500g);
- Premature births;
- Black non hispanic infant mortality;
- Post neonatal infant mortality;
- Infant mortality;
- White non hispanic infant mortality;
- Colon cancer;
- Motor vehicle injury; and

- Neonatal infant mortality.

SOMEWHAT A CONCERN observations because occurrence is worse than national average BUT better than the Peer group average

- Low birth weight;
- Births to women under 18;
- Lung cancer;
- Stroke;
- Suicide;
- Unintentional injury; and
- Coronary heart disease.

BETTER performance than Peer and National occurrence rates:

- Breast cancer (female); and
- Births to women age 40 to 54.

Conclusions from the Demographic Analysis Comparing Montgomery County to National Averages

Montgomery County in 2012 comprises 36,398 residents. Since 2000, it has experienced population decline and anticipates continued decline through the next five years to achieve 36,065 residents. The population is 80.6% non-Hispanic White. Asian & Pacific Island nonHispanics constitute 0.7% of the population. Hispanics comprise 5.5% of the population. Black non-Hispanics equal Hispanics as the largest minority population at 5.5%. 18.1% of the population is age 65 or older. This is a considerably larger population segment than the elderly comprise elsewhere in Kansas or in comparison to the national average. 17.4% of the women are in the childbirth population segment. This segment is considerably smaller than as elsewhere in Kansas or in comparison to the national average. The median income, household wealth, and median home value are below the Kansas and national averages. The following areas were identified from a comparison of the county to national averages:

Metrics impacting more than 25% of the population and statistically significantly different from the national average include the following. All are considered adverse findings unless otherwise noted:

1. I am responsible for my health – 6% below average, impacting 60% of the population;
2. Obtained a Pap/Cervix test in last two years – 12% below average, impacting 53% of the population;
3. Engage in vigorous exercise – 5% below average, impacting 48% of the population;
4. Obtain routine cholesterol screening – 7% below average, impacting 47% of the population;

5. Had OB/GYN visit in last year – 14% below average, impacting 39% of the population;
6. I follow treatment recommendations – 13% below average, impacting 35% of the population;
7. Chronic high blood pressure – 25% above average, impacting 33% of the population;
8. Use tobacco products – 18% above average, impacting 31% of the population;
9. Morbid obese – 8% above average, impacting 28% of the population;
10. Healthy eating habits – 8% below average, impacting 27% of the population;
11. Chronic Low Back Pain – 18% above average, impacting 27% of the population; and
12. Chronic High Cholesterol – 13% above average, impacting 25% of the population.

Situations and Conditions statistically significantly different from the national average but impacting less than 25% of the population include the following. All are considered adverse findings unless otherwise noted:

- Chronic Diabetes – 26% above average, impacting 13% of population;
- Chronic osteoporosis – 28% above average, impacting 12% of population;
- Chronic heart disease – 37% above average, impacting 11% of the population;
- Chronic COPD – 35% above average, impacting 6% of the population; and
- Very unhealthy eating habits – 8% above average, impacting 3% of the population.

Key Conclusions from Consideration of Other Statistical Data Examinations

Additional observations of Montgomery County found:

- Palliative Care (programs focused not on curative actions but designed to relieve disease symptoms pain and stress arising from serious illness) do exist in the County. Hospice Care programs to provide comfort care during terminal stage of disease) do exist in the County.
- Among the leading causes of death, Montgomery County has a significantly lower death rate in one (1) of the 15 leading causes of death (Liver Disease Deaths which ranked as the #13 cause of death), and a significantly higher death rate in six (6) of the 15 leading causes of death. Ranking the causes of death in Montgomery County finds the leading causes to be the following (in descending order of occurrence):
    1. Heart Disease 238 (rate per 100,000) – County ranks #17 in KS (#1 rank = worse in state), occurs at expected rate of death;
    2. Cancer 215.5 (rate per 100,000) – significantly higher than expected, rank #15 in KS;
    3. Accidents 64.5(rate per 100,000) – significantly higher, rank #24 in KS;
    4. Stroke 52.5(rate per 100,000) – occurs at expected rate of death rank, #37 in KS;

5. Lung 46.6(rate per 100,000) – rank #59, significantly higher than expected;
6. Diabetes 30.5(rate per 100,000) – significantly higher, rank #31 in KS;
7. Alzheimer's 23.8(rate per 100,000) – at expected rate of death, rank #34 in KS;
8. Flu/Pneumonia 20.5(rate per 100,000) – at expected rate of death, rank #50 in KS;
9. Suicide 18.3(rate per 100,000) – significantly higher, rank #25 in KS; and
10. Kidney 17.0 (rate per 100,000) – at expected rate of death, rank #49 in KS.

- The incident of Heart Disease Mortality during 2007 through 2009 (402.2 deaths per 100,000 over age 34) is higher than the national average (359.1), but it is significantly higher (145%) for the Black population (703.4) compared to its national racial average death rate. Native American death rates from Heart disease are below their national average death rate;
- The incident of Stroke deaths in Montgomery County (101.8) is in the highest national quartile classification. Racial data is not available;
- Life expectancy for both Men and Women has increased; however, males have improved much better than females. Male life expectancy in 2009 was 8.4 years behind the top ten best international country rates. Life expectancy for Women is 6.3 years behind the ten best international country rates. The age of death and years behind improved better for males during the 20 year period ending in 2009. Females during this period only improved 0.5 years;
- Montgomery is designated as a Health Professional Shortage Area in areas of Primary Care, Dental Health, and Mental Health on the basis of Low Income. The northeast portion of the county qualifies as a Medically Underserved Area;
- 21.6% of adults in the county lack a consistent source of primary care, which greatly exceeds the KS average rate of 15.16%;
- The county has average access to grocery stores; and
- The percent of adults without dental exams is 48.2%, almost double the KS rate of 28.26%. Poor dental health impacts 25.8% of the adult population again almost double the KS rate of 14.4%.

EXISTING HEALTH CARE FACILITIES, RESOURCES AND CRMC IMPLEMENTATION PLAN

Existing Health Care Facilities and Resources Available to Respond to the Community Health Needs

We used the priority ranking of area health needs to organize the search for locally available resources.[20] The following list includes:

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

In general, CRMC is the major hospital in the service area. CRMC is an 88 bed acute care medical facility located in Coffeyville, KS. The next closest facilities are primarily outside the service area and include:

- Mercy Hospital, Independence – 49 bed acute care facility in Independence, KS (17.4 miles from Coffeyville (24 minutes));
- Oswego Community Hospital – a 12 bed critical access hospital in Oswego, KS (38.6 miles from Coffeyville (45 minutes));
- Sedan City Hospital – a 15 bed critical access hospital in Sedan, KS (37.8 miles from Coffeyville (47 minutes));
- Jane Phillips Nowata Health Center – a 25 bed critical access hospital in Nowata, OK (25.3 miles from Coffeyville (31 minutes)); and
- Labette Health – a 61 bed acute care facility in Parsons, KS (42.8 miles from Coffeyville (51 minutes)).

[20] Response to IRS Form 990 h Part V B 1 c

Definitions of Significant Needs Listed in Highest to Lowest Rank Order of Need

1. Cancer – Cancer #2 cause of death, ranks 15 worse County in KS; worse than national and peer values for COLON CANCER; above national average but below peer average LUNG CANCER; better national and peer performance for BREAST CANCER (female); Mammography screen rate 61% below KS average and is significantly below national goal; Pap/Cervix test 12% below average impacting 53% of population; a top problem identified by residents

Issue to be addressed: The utilization of diagnostic services should increase.

CRMC CURRENT SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- CRMC offers digital mammography screenings, endoscopy and various laboratory tests designed to help diagnosis cancer and participates in the State Breast and Cervical Program (screening and diagnostic services).
- CRMC offers an annual event called "Pretty in Pink", which focuses on Breast Cancer Awareness and the importance of mammograms.
- CRMC offers screenings annually during Cancer Awareness Month in April, which includes digital rectal exams, PSAs and Skin screenings.
- CRMC offers discount coupons for mammograms each year during April and October.

CRMC IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:[21]

- Continuation of current efforts.
- Explore Breast MRI at CRMC

CRMC ANTICIPATES THE RESULTS FROM THE IMPLEMENTATION OF THIS PLAN WILL:

- An increase in the use of screening and cancer detection services leading to earlier intervention and increased survival.

LEADING INDICATORS CRMC WILL USE TO IDENTIFY IMPROVEMENT:

- Number of screening mammograms
  - 2012 = 1196

LAGGING INDICATOR CRMC WILL USE TO IDENTIFY IMPROVEMENT:

- Death rate from cancer
  - 2012 = 215.5 per 100,000 www.worldlifeexpectancy.com/usa-health-rankings

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[21] This section in each need for which the hospital plans an implementation strategy responds to Schedule H (form 990) Part V Section B 6. a. and 6. b.

Other Local Resources:		
Local Medical Staff	CRMC Medical Staff - http://www.crmcinc.com/physicians.php	620-251-1200
Montgomery County Health Department	908 South Walnut Coffeyville, Ks 67337	620-251-4210
Early Detection Works	Barry Phillips, APRN 808 Willow Coffeyville, Ks 67337 Provider site	620-688-6566

2. Obesity/Overweight – 31% significantly above national goal, Physical inactivity 32% significantly above KS average and national goal; vigorous exercise 5% below average impacting 48% of population; 8% above average impacting 28% of population; Healthy eating 8% below average impacting 27% of population; Very unhealthy eating 8% above average impacting 3% of population; Overweight third highest risky behavior area residents identify; grocery store average access

Issue to be addressed: Increase local resident awareness of maintaining a healthy weight and lifestyle.

CRMC SERVICES CURRENTLY AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- Outdoor/Indoor walking track available to the community. Signage posted for distance.
- Outpatient services available for dietary counseling.
- Outpatient services available for weight loss program.
- Community healthy diet education provided through Home Health Services to Assisted living communities and senior living centers.
- Employee wellness program.
- Cafeteria service for employees and visitors includes healthy choices.
- Coffee, water and tea available for free in the cafeteria.
- Turkey Trot 5K run/walk.

CRMC IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- Label foods in the cafeteria to show serving size and nutritional content: availability and awareness of nutritional information content may decrease calorie consumption.
- Make water available and promote consumption of water in place of sweetened beverages.

- Provide point-of-purchase prompts to highlight healthier alternatives such as fruits and vegetables.
- Employee Wellness program incentives for physical activity.
- Establish a tracking system to gather number of participants.
- Collaborate with local entities including the Montgomery County Health Department, and the Coffeyville Area Community Foundation -Wellness Works.

CRMC ANTICIPATES THE RESULTS FROM THE IMPLEMENTATION OF THIS PLAN WILL:

- Increased participants in education programs.

LEADING INDICATORS CRMC WILL USE TO IDENTIFY IMPROVEMENT:

- Public participation in community education events related to fitness and wellness.
  - Starting value being established for 2013 numbers for Turkey Trot and employee wellness program.

LAGGING INDICATOR CRMC WILL USE TO IDENTIFY IMPROVEMENT:

- Reduction in the percent of Montgomery residents having an obesity value equal to or greater than 30 from 34.1%. http://assessment.communitycommons.org/CHNA/Report.aspx?page=6&id=603

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:		
Local physicians	CRMC Medical Staff - http://www.crmcinc.com/physicians.php	
K-State Extension and Research	410 PeterPan Road Ste. B, Independence, KS 67301	620-331-2690
Palm Beach Fitness	110 W. 9th, Coffeyville, KS 67337	620-251-1956
Integral Health	1314 W. 11th Coffeyville, KS 67337	620-251-4747
Montgomery County Health Department	908 S. Walnut, Coffeyville, KS 67337	620-251-4210
Four County Mental Health	1601 W. 4th, Coffeyville, KS 67337	620-251-8180
USD #445 Coffeyville Public Schools	615 S. Ellis, Coffeyville, KS 67337	620-252-6400
City Recreation Commission	508 Park Street, Coffeyville, KS 67337	620-251-5910

3. Predisposing Factors – All social and economic factors (unemployment, education, children in poverty, inadequate social support, etc.) exceed Kansas averages and national goals

Issue to be addressed: Children in poverty should not have barriers to access including health services, healthy food, and other necessities contributing to good health status.

CRMC SERVICES CURRENTLY AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- At risk students' employment program.
- CRMC employs over 400 residents of our service area.
- Charity care program.
- Collaborative effort with SEK Community Health Clinic to provide health services.

CRMC IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- Continue above initiatives.
- Coordinating efforts with the organizations listed below which offer resources responding to this need by identifying how CRMC services can benefit their initiatives. CRMC will initiate efforts by contacting each organization to establish a forum for effort collaboration.
- Collaborative effort with Four County Mental Health to establish a Mental Health Screener to be available during physician office visits in clinic.
- Establish tracking system to establish baseline values for leading indicator.

CRMC ANTICIPATES THE RESULTS FROM THE IMPLEMENTATION OF THIS PLAN WILL:

- Participation by children in the programs will improve their health status.

LEADING INDICATORS CRMC WILL USE TO IDENTIFY IMPROVEMENT:

- Number of meetings of coordinating forum.
  - 2013 value being established.

LAGGING INDICATOR CRMC WILL USE TO IDENTIFY IMPROVEMENT:

- Montgomery percent of the population under age 18 which live in poverty (below 200% of the federal poverty level).
  - 2011 = 23.03% http://assessment.communitycommons.org/CHNA/Report.aspx?page=2&id=781

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:		
Montgomery County Health Department	908 S. Walnut, Coffeyville, KS 67337	620-251-4210
Four County Mental Health	1601 W. 4th, Coffeyville, KS 67337	620-251-8180
USD #445 Coffeyville Public Schools	615 S. Ellis, Coffeyville, KS 67337	620-252-6400

SEK Community Health Clinic	604 Union, Coffeyville, KS 67337	620-251-4300
Department of Children and Families	200 Arco Place, Box 141, Independence, KS 67301	620-331-0350

4. Dental – Dental Health Professional Shortage Area; 48% adults no dental exams double KS rate; 26% adults in poor dental health double KS rate.

Issue to be addressed: Increase the dentist per population ratio.

CRMC SERVICES CURRENTLY AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- Emergency dental services and referral for additional services.

CRMC IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- CRMC will review the success of its physician recruitment process and enter discussions with the medical staff about how to construct the most desirable practice environment resulting in an increase of dentists.
- CRMC will evaluate the effectiveness of its dental patient referral service and discuss options for improving services to address any unmet needs.
- Establish a tracking system to capture the number of patients needing emergency service referrals.

CRMC ANTICIPATES THE RESULTS FROM THE IMPLEMENTATION OF THIS PLAN WILL:

- Increase public participation in seeking dental treatment for needs so as to avoid emergency situations.

LEADING INDICATORS CRMC WILL USE TO IDENTIFY IMPROVEMENT:

- Number of emergency service dental referrals.
  - 2013 participants = Value being determined.

LAGGING INDICATOR CRMC WILL USE TO IDENTIFY IMPROVEMENT:

- The percentage of adults aged 18 and older who self-report that they have not visited a dentist, dental hygienist or dental clinic within the past year.
  - 2010 (most recent data) = 48.62%. http://assessment.communitycommons.org/CHNA/Report.aspx?page=4&id=519

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:		
Coffeyville		
Gary Blaich, DDS	1509 W. 4th, Coffeyville, KS 67337	620-251-0604
Jon W. Conrad, DDS	808 Willow, Coffeyville, KS 67337	620-251-0604

Community Health Center of Southeast Kansas Amy Gensweider, DDS Tara Green, DDS Phillip Newkirk, DDS	604 Union, Coffeyville, KS 67337	620-251-4300
John A. Patryzkont, DDS	106 N. Cline Rd., Coffeyville, KS 67337	620-251-0370
Independence		
Beth Heckman, DDS	422 E. Main, Independence KS 67301	620-331-3580
James Porter Clark, DDS	422E. Main, Independence, KS 67301	620-331-3580
Stewart Crow, DDS	117 N. Pen, Independence, KS 67301	620-331-4859
Greg Kelley, DDS	109 W. Main, Independence, KS 67301	620-331-3180
Cynthia Sherwood, DDS	308 N. 6th, Independence, KS 67301	620-331-4499
Caney		
Nancy J. Cowell, DDS	101 McGee, Caney, KS 67333	620-870-2386
Robert Mason, DDS	4th and McGee, Caney, KS 67333	620-870-2622

5. Diabetes – Diabetes #6 cause of death, rank #31 worse County in KS; Chronic Diabetes 26% above average impacting 13% of population.

Issue to be addressed: Increase area resident awareness of medical conditions caused by untreated diabetes.

CRMC SERVICES CURRENTLY AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- CRMC community diabetic education program.
- Primary Care/ER physicians.
- Dietitian.
- Basic nursing diabetic education on discharge.

CRMC IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- Coordinating efforts with the organizations listed below which offer resources responding to this need by identifying how CRMC services can benefit their initiatives. CRMC will initiate efforts by contacting each organization to establish a forum for effort collaboration.
- CRMC will establish an integrated approach to Diabetes by coordinating its efforts with obesity reduction efforts formulating a multi-component obesity prevention intervention

initiative.[22]

- Establish diabetic support group.
- Obtaining CDE for dietician.

CRMC ANTICIPATES THE RESULTS FROM THE IMPLEMENTATION OF THIS PLAN WILL:

- Increase in compliance with disease management initiatives.

LEADING INDICATORS CRMC WILL USE TO IDENTIFY IMPROVEMENT:

- Volume of diabetic patient interactions with dietician.
    - 2012 diabetes management service participants =75.

LAGGING INDICATOR CRMC WILL USE TO IDENTIFY IMPROVEMENT:

- Percentage of diabetic Medicare patients who have had a hemoglobin A1c (hA1c) test, blood test measuring blood sugar levels, administered by a health care professional in the past year.
    - 2010 (most recent data) = 81.71% http://assessment.communitycommons.org/CHNA/Report.aspx?page=4&id=509

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:		
Kansas Diabetes Prevention and Control Program	1000 SW Jackson, Suite 230, Topeka, KS 66612	785-291-3743
Montgomery County Public Health Department	908 S. Walnut Street, Coffeyville, KS 67337	620-251-4210
Local Physicians	CRMC Medical Staff – http://www.crmcinc.com/physicians.php	
Queenie Wong, RD	Coffeyville Regional Medical Center Dietitian	620-251-1200

6. Compliance Behavior – I am responsible for my health 6% below average impacting 60% of population; I follow treatment recommendations 13% below average impacting 35% of population.

Issue to be addressed: Increase the number of residents engaged in treatment and compliant with treatment efforts.

CRMC SERVICES CURRENTLY AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- Chronic Disease readmission prevention program.

[22] http://www.countyhealthrankings.org/policies/multi-component-obesity-prevention-interventions

- Case Management Services.

CRMC IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- Continue above initiatives.
- Implement diabetic education initiatives.
- Collaborate with other resources.

CRMC ANTICIPATES THE RESULTS FROM THE IMPLEMENTATION OF THIS PLAN WILL:

- Increased treatment compliance.

LEADING INDICATORS CRMC WILL USE TO IDENTIFY IMPROVEMENT:

- HCHAPS percent of patients who reported that YES, they were given information about what to do during their recovery at home.
    - 7/1/2011 to 6/30/2012 results = 79%.

LAGGING INDICATOR CRMC WILL USE TO IDENTIFY IMPROVEMENT:

- Percentage of adults aged 65 and older who self-report that they have ever received a pneumonia vaccine
    - 2011 (most recent value) = 66.6% http://assessment.communitycommons.org/CHNA/Report.aspx?page=4&id=507

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:		
Montgomery County Health Department	908 S. Walnut Coffeyville Ks 67337	620-251-4210
Four County Mental Health	1601 W. 4th Coffeyville Ks 67337	620-251-8180
Local Physicians	CRMC Medical Staff - http://www.crmcinc.com/physicians.php	

7. Physicians – Health Professional Shortage Area for Primary care; population to physician ratio 2,285:1 which is double the average KS ratio and almost four times national goal; Preventable hospital stays 97 per 1,000 enrollees significantly above KS average and national goal; OB/GYN visit 14% below average impacting 39% of population.

Problem Statement: Increase the physicians supply to increase physician access.

CRMC SERVICES CURRENTLY AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- CRMC recruits and retains primary care, specialty physicians and midlevel providers for Montgomery County Kansas. These physicians diagnosis, treat and appropriately refer

patients with a variety of conditions. CRMC actively recruits providers to maintain access to care for the people in the community.

CRMC IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- CRMC will review the success of its physician recruitment process and enter discussions with the medical staff about how to construct the most desirable practice environment.

ANTICIPATED RESULTS FROM CRMC IMPLEMENTATION PLAN

- Increase in the primary care medical resources in Montgomery County.

LEADING INDICATOR CRMC WILL USE TO MEASURE PROGRESS:

- Number of physician applicants viewing the community as a practice opportunity.
    - Number of applicants 2012 =55

LAGGING INDICATOR CRMC WILL USE TO IDENTIFY IMPROVEMENT

- Percentage of adults aged 18 and older who self-report that they do not have at least one person who they think of as their personal doctor or health care provider.
    - 2010 (most recent value) = 21.61% http://assessment.communitycommons.org/CHNA/Report.aspx?page=4&id=504

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:
CRMC Medical Staff - http://www.crmcinc.com/physicians.php

8. Maternal and Infant Measures – Teen birth rate 66 per 1,000 significantly above KS avg. and national goal, Teenage pregnancy second highest concern by area residents; Infant mortality significantly above KS avg. and nation goal; Worse than national and peer values for BIRTHS to UNMARRIED WOMEN, VERY LOW BIRTH WEIGHT (less than 1,500g), PREMATURE BIRTHS, BLACK non HISPANIC INFANT MORTALITY, POST NEONATAL INFANT MORTALITY, INFANT MORTALITY, WHITE non HISPANIC INFANT MORTALITY, NEONATAL INFANT MORTALITY; Above national avg. but below peer avg. LOW BIRTH WEIGHT, BIRTHS to WOMEN UNDER 18; Better national and peer performance for BIRTHS TO WOMEN AGE 40 to 54.

Issue to be addressed: The rate of teen births needs to decline.

CRMC SERVICES CURRENTLY AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- Currently have a Lamaze education class offered eight times a year.
- CRMC currently provides an educational handbook for new mothers.

CRMC IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- Continue to pursue the above mentioned tactics.
- Coordinating efforts with the organizations listed below which offer resources responding to this need by identifying how CRMC services can benefit their initiatives. CRMC will initiate efforts by contacting each organization to establish a forum for effort collaboration.

CRMC ANTICIPATES THE RESULTS FROM THE IMPLEMENTATION OF THIS PLAN WILL:

- An increase in the number of mothers obtaining initial care during their first trimester of pregnancy.

LEADING INDICATORS CRMC WILL USE TO IDENTIFY IMPROVEMENT:

- Volume of patients referred to Lamaze educational program.
  - 2012 patients =25 expecting mothers

LAGGING INDICATOR CRMC WILL USE TO IDENTIFY IMPROVEMENT:

- Total births to women under the age of 15 - 19 per 1,000 female population age 15 - 19
  - 20090 = 65.6 births per 1,000 http://assessment.communitycommons.org/CHNA/Report.aspx?page=2&id=211

Other Local Resources during the CHNA development process:		
Local Physicians	CRMC Medical Staff - http://www.crmcinc.com/physicians.php	
Montgomery County Health Department	908 S. Walnut, Coffeyville, KS 67337	620-251-4210
Midwest Pregnancy Care Center	506 S. Union, Coffeyville, KS 67337	620-251-0900
Community Health Center of Southeast Kansas	604 Union, Coffeyville, KS 67337	620-251-4300
Four County Mental Health	1601 W. 4th, Coffeyville, KS 67337	620-251-8180
USD #445 Coffeyville Public Schools	615 S. Ellis, Coffeyville, KS 67337	620-252-6400
USD #446 Independence Public Schools	1301 N. 10th, Independence, KS 67301	620-332-1815
USD #436 Caney Public Schools	601 E. Bullpup Blvd., Caney, KS 67333	620-879-9200
USD #447 Cherryvale Public Schools	700 S. Carson, Cherryvale, KS 67335	620-336-8100

Overall Community Need Statement and Priority Ranking Score:

<u>Significant Needs Where Hospital Developed Implementation Plan</u>

1. CANCER;
2. OBESITY/OVERWEIGHT;

3. PREDISPOSING FACTORS;
4. DENTAL;
5. DIABETES;
6. COMPLIANCE BEHAVIOR;
7. PHYSICIANS; and
8. MATERNAL AND INFANT MEASURES.

Significant Needs Where Hospital Did Not Develop Implementation Plan[23]

(None)

Other Needs Where Hospital Developed Implementation Plan

(None)

Other Needs Where Hospital Did Not Develop Implementation Plan

9. ALCOHOL/SUBSTANCE ABUSE;
10. SMOKING/TOBACCO USE;
11. CORONARY HEART DISEASE;
12. MENTAL HEALTH/SUICIDE;
13. ACCIDENTS;
14. LOCAL ENVIRONMENT;
15. BLOOD PRESSURE (High);
16. CHOLESTEROL (HIGH);
17. CHRONIC COPD/(LUNG DISEASE)/PULMONARY;
18. STROKE;
19. PRIORITY POPULATIONS;
20. SEXUALLY TRANSMITTED DISEASE;
21. PALLIATIVE CARE/HOSPICE;
22. LIFE EXPECTANCY/PREMATURE DEATH;
23. ALZHEIMERS;
24. FLU/PNEUMONIA;
25. CHRONIC OSTEOPOROSIS (bone disease);

[23] Reference Schedule H (Form 990) Part V Section B 7

26. LOW BACK PAIN (Chronic); and
27. KIDNEY.

Appendix

Appendix A – Area Resident Survey Response[24]

A total of 108 residents participated in an on-line survey to offer opinions regarding their perceptions of community health needs.

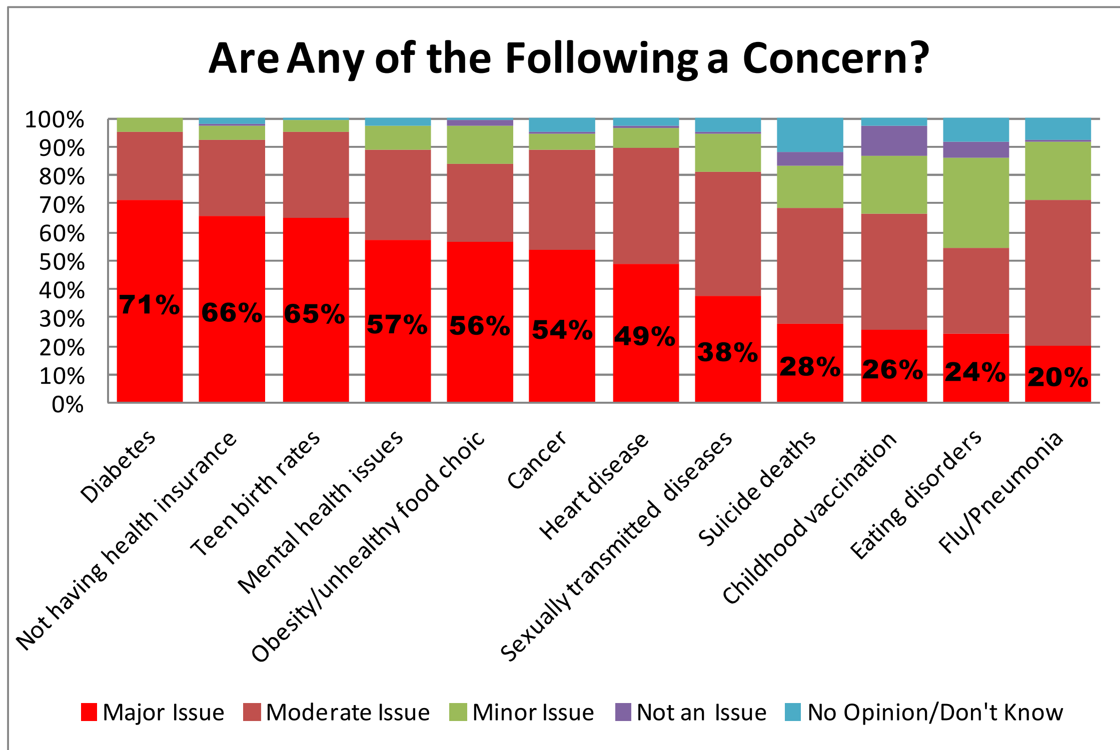
The first question was open-ended: "What do you believe to be the most important health or medical issues confronting the community?" Answers were placed in a "Word Cloud" format for analysis and generated the following image:

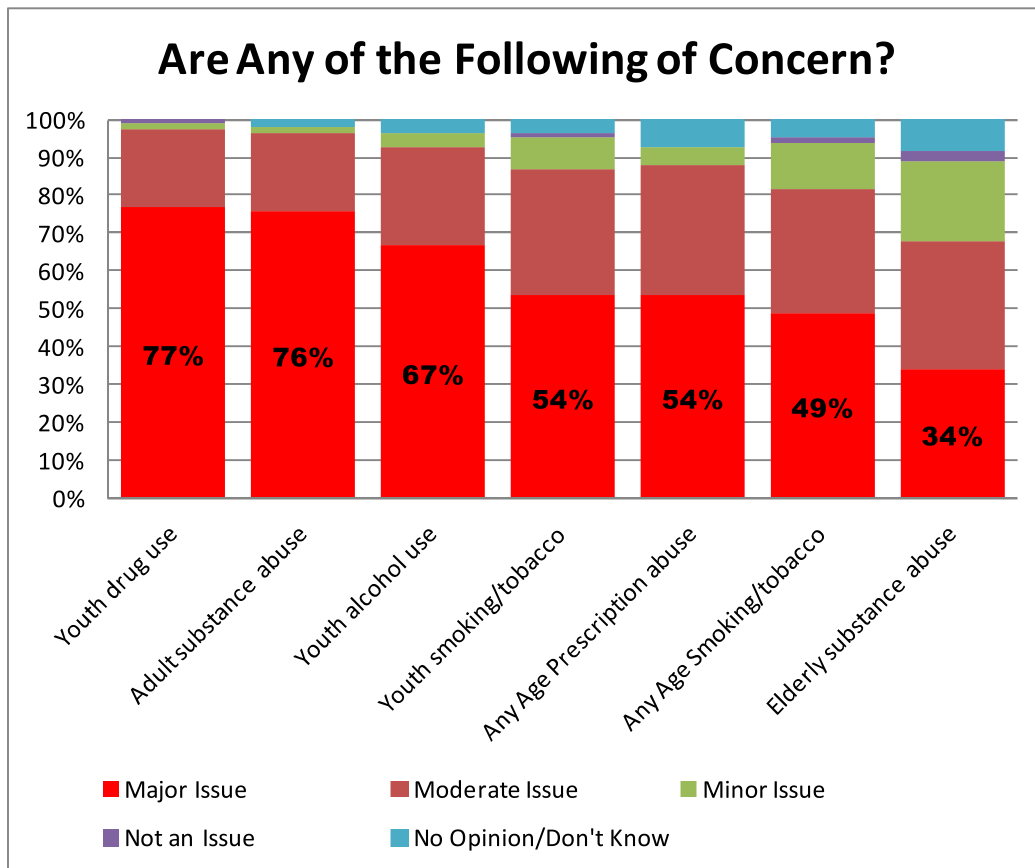
Word Clouds are analytical tools which give greater visual prominence to words appearing more frequently in the source text. This information visualization establishes a portrait of the aggregate responses, presenting the more frequently used terms with greater text size and distinction in the visual depiction. Common article words (i.e., "a," "the," etc.), non-contextual verbs (i.e., "is," "are," etc.) and similar words used when writing sentences are suppressed by this application.

The interpretation of the image tracks with the statistical analysis of major concerns, i.e., topics identified by over 50% of community opinions.

[24] Responds to IRS Schedule H (Form 990) Part V B 1 h

The second question focused on identifying major concerns:





Are Any of the Following of Concern?

100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%

64% 62% 47% 42% 38% 32% 29% 17% 17% 13% 12%

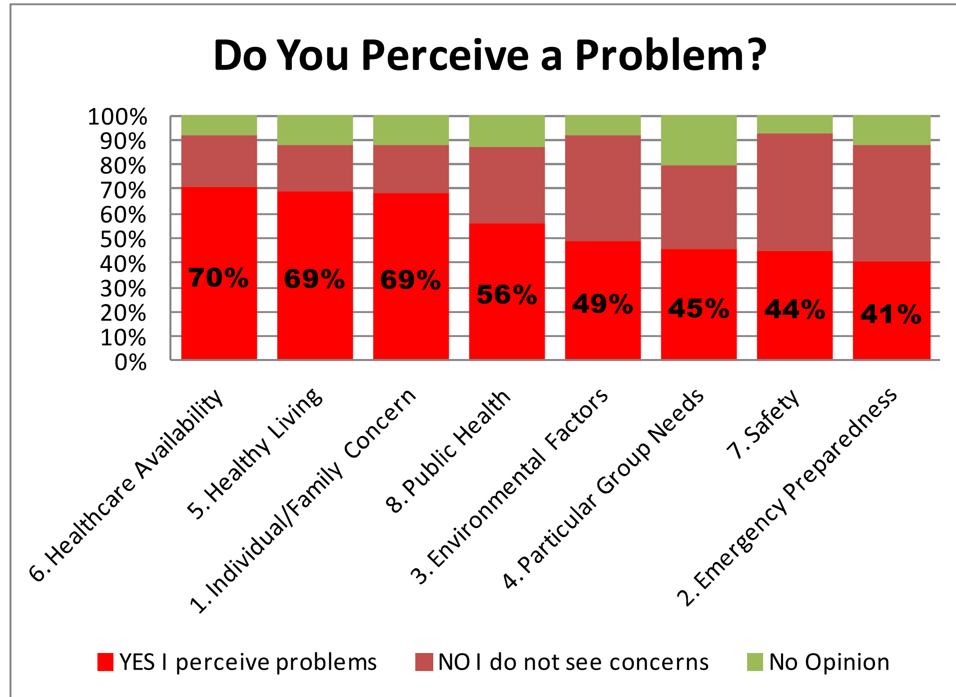
Poverty
Low education levels
Domestic violence
Sexual violence
Water pollution
Bullying in schools
Littering
Exercise resources
Air pollution
Motor vehicle accidents
Presence of radon

Major Issue
Moderate Issue
Minor Issue
Not an Issue
No Opinion/Don't Know

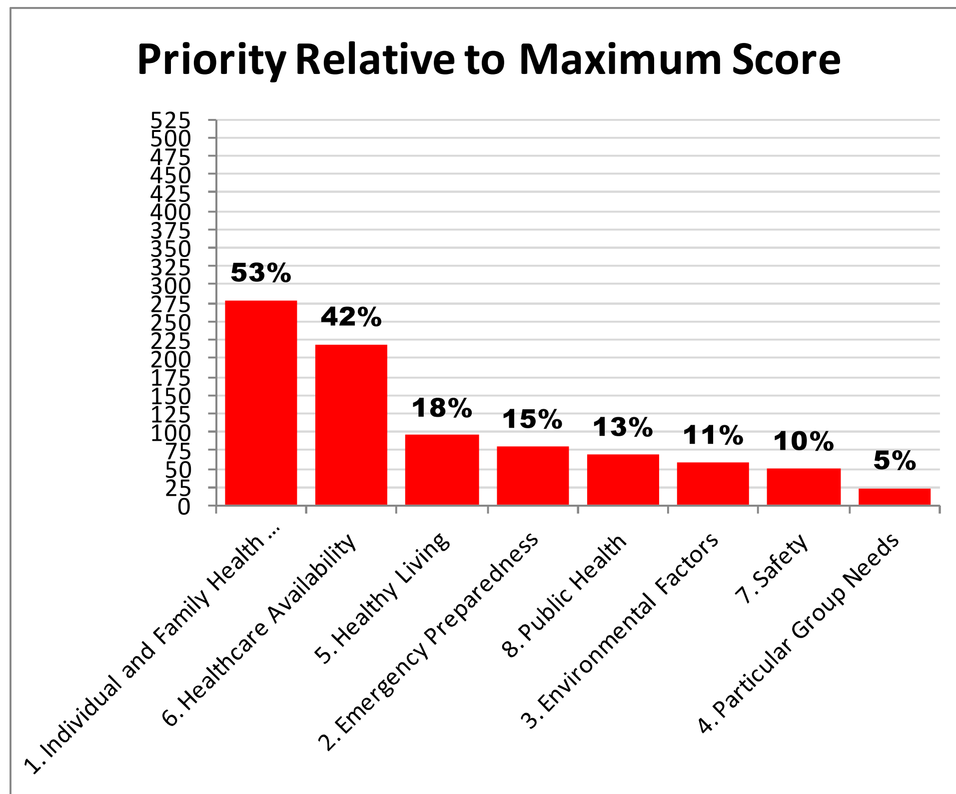
We then asked about the experiences of the area resident.

Concerns expressed in the image focus on:

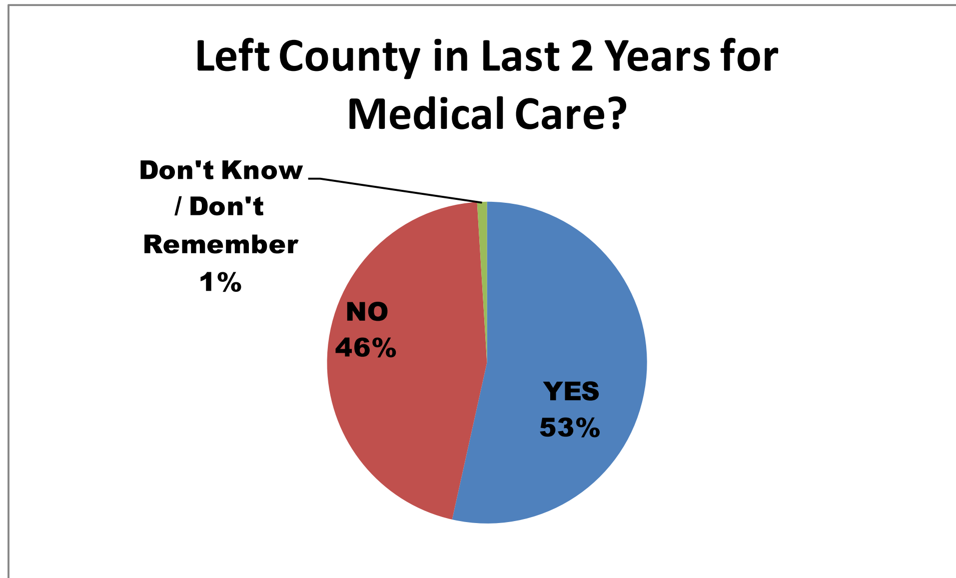
- Lack of health care (need enough healthcare);
- Need for healthy living – a people issue;
- Emergency Service; and
- Abuse and family issues.



Only Individual and family Health Concerns received a majority opinion of having a priority need to respond to perceived problems (shown below).



We asked if people left the area in search of care and received the following information:



Dental Services, surgery and primary care availability are the top reasons cited for leaving the county.

After gathering demographic information and other responses which did not generate actionable information, we asked one final question seeking opinions about issues the respondents wanted to emphasize for our analysis; additional information continued to confirm earlier expressed opinions.

Best wishes:

- I have utilized various services at the hospital. I would like you to know that the experience with the laboratory staff has always been very positive. My experience with admittance staff is generally quite positive. I generally do not have a great experience with the nursing staff; however, Melinda Spidle and Alicia Urbina have provided excellent service;
- I really get tired of being shaken down by CRMC for payment for routine services. I have always paid my portion of my hospital bills promptly. Takes even longer to get registered for services;
- Many community members say that they fall between the cracks. They make too much to qualify for Medicare but can't afford to pay the premium for coverage;
- Physicians in town will not accept new patients on short notice; you must be an established patient. Getting an appointment 6 weeks in the future does little good if you have the flu or a cold, etc. While these are not emergencies, a person wants to be seen within a few days;
- The average household income represented in question 33 is way more than anyone I know so that is an overstretch of the truth and or inaccurate;
- The people of this town treat the emergency room as a walk in clinic. Kid's got a runny nose? Go to the ER! Have a hangnail? Go to the ER! The prevalence of emergency room abuse is insane; and
- There is a big need for support and education groups for mental health issues. Schizophrenia and bipolar, etc. issues.

Appendix B – Process to Identify and Prioritize Community Need[25]

Community Health Need Topic	Total Points Allocated	Number of Local Experts Allocating Points	Cumulative Percentage of Points	Break Point From Higher Need	Need Determination
1. CANCER	155	13	9.69%		Significant Need
2. OBESITY/OVERWEIGHT	153	15	19.25%	2	
3. PREDISPOSING FACTORS	128	11	27.25%	25	
4. DENTAL	102	13	33.63%	26	
5. DIABETES	94	14	39.50%	8	
6. COMPLIANCE BEHAVIOR	93	14	45.31%	1	
7. PHYSICIANS	88	12	50.81%	5	
8. MATERNAL AND INFANT MEASURES	83	14	56.00%	5	
9. ALCOHOL / SUBSTANCE ABUSE	71	11	60.44%	12	Other Identified Need
10. SMOKING / TOBACCO USE	68	10	64.69%	3	
11. CORONARY HEART DISEASE	66	10	68.81%	2	
12. MENTAL HEALTH / SUICIDE	62	10	72.69%	4	
13. ACCIDENTS	53	11	76.00%	9	
14. LOCAL ENVIRONMENT	53	8	79.31%	0	
15. BLOOD PRESSURE (High)	47	10	82.25%	6	
16. CHOLESTEROL (HIGH)	41	10	84.81%	6	
17. CHRONIC COPD / (LUNG DISEASE) / PULMONAR	34	9	86.94%	7	
18. STROKE	31	9	88.88%	3	
19. PRIORITY POPULATIONS	27	8	90.56%	4	
20. SEXUALLY TRANSMITTED DISEASE	26	8	92.19%	1	
21. PALLIATIVE CARE / HOSPICE	22	8	93.56%	4	
22. LIFE EXPECTANCY / PREMATURE DEATH	19	7	94.75%	3	
23. ALZHEIMERS	18	7	95.88%	1	
24. FLU/PNEUMONIA	18	6	97.00%	0	
25. CHRONIC OSTEOPOROSIS (bone disease)	16	8	98.00%	2	
26. LOW BACK PAIN (Chronic)	15	7	98.94%	1	
27. KIDNEY	14	6	99.81%	1	
28. POINTS RESERVED (not allocated)	3	1	100.00%	11	
Total	1600	18			

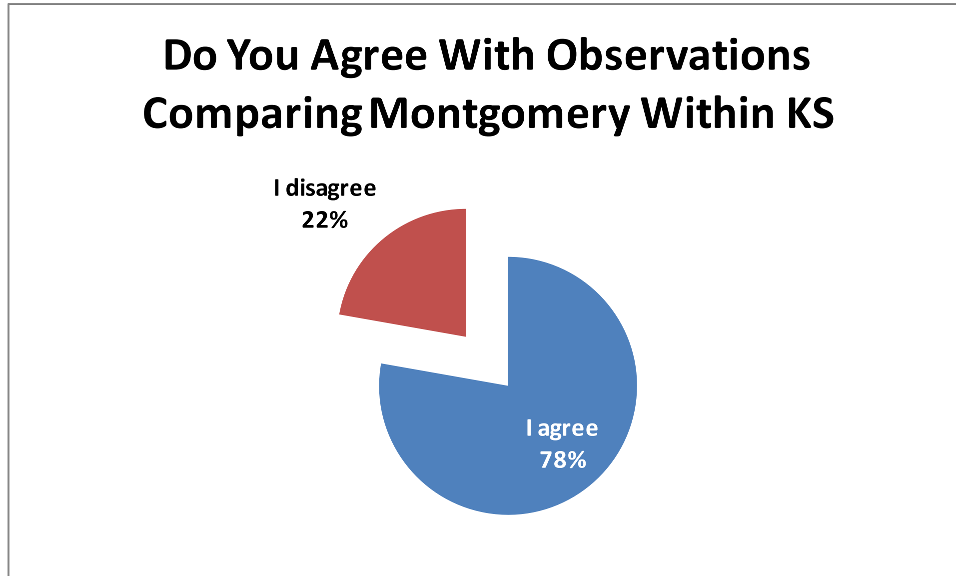
Individuals Participating as Local Expert Advisors

Count	Organization	Position	Area of Expertise
1	Montgomery County Health Department	Administrator	Public Health
2	Coffeyville Police Department	Chief	Law Enforcement
3	Four County Mental Health	Clinical Director	Mental Health
4	Coffeyville Area Community Foundation	Executive DIrector	community philathropy
5	City of Coffeyville	City Manager	Chief Administrative Officer of a local government
6	Coffeyville Fire Deaprtment	Captain	Public Safety
7	Coffeyville Community College	Sociology Instructor	local demographics
8	Montgomery County Health Dept	Administrator	Public Health
9	Coffeyville Recreation Center	Board-Chair	youth
10	Coffeyville Community College	Director of Marketing & Recruiting	Marketing, Public Relations
11	Hall, Levy Law Firm	Attorney	Law
12	Montgomery Co.Health Dept.	Maternal and Infant and TeenPreg.Program	Public Health all aspects.
13	John Deere Coffeyville Works, Inc.	Field Service Representative	Long term resident
14	Assisted Living at Windsor Place	RN Consultant	Nursing
15	Community Health Center of Southeast Kansas	Director, Allen and Montgomery Cty Clinics	Safety net clinic director with public health background
16	Four County Mental Health Center	Crisis Diversion Services Therapist	Crisis diversion/mental health
17	Montgomery County Health Dept.	Wellness Coordinator/Child Care Surveyor	public health
18	Coffeyville Doctors Clinic	Administrator	long term area resident
19	Montgomery Co. Health Dept.	R.N. Public Health Nurse	Public Health

[25] Responds to IRS Schedule H (990) Part V B 1. g. and V B 1. h. NOTE In the ranking process, one Local Expert allocated 3 points to a reserve to be used for identifying an additional need, different from the prior 27 identified issues. The new issue was not identified by the Local Expert. Accordingly, a 28th need was not identified.

Advice Received from Local Experts

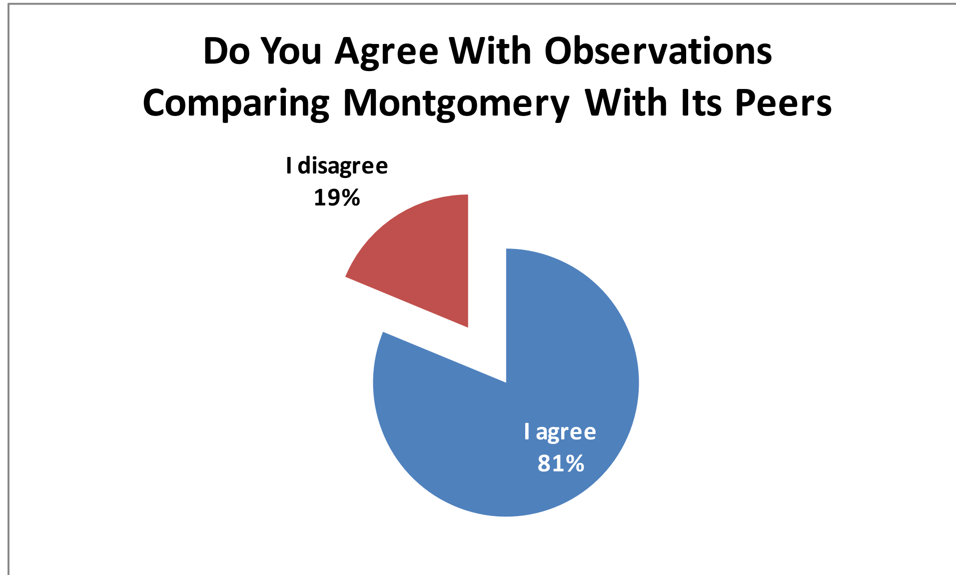
Q. Do you agree with observations formed about the comparison of Montgomery County to all other Kansas counties?



Clarifying Comments:

- This is correct due to research I have done in the past;
- Although presented as factual, my observation of the population does not equate to the presented statistics. The physician to population ratio definitely seems inaccurate in our geographic area;
- I would agree with most of these statements. I would disagree with only 1% of the population not having healthy food readily available. I believe that may have been what our populations self reported but in actuality thus stems most of the problem in that a large subset of our population does not know what healthy foods are. And furthermore, while those foods may be available they are most likely not the choice that is always made given expendable income constraints; and
- I think the uninsured population is greater than 15% or maybe the question should be uninsured or underinsured.

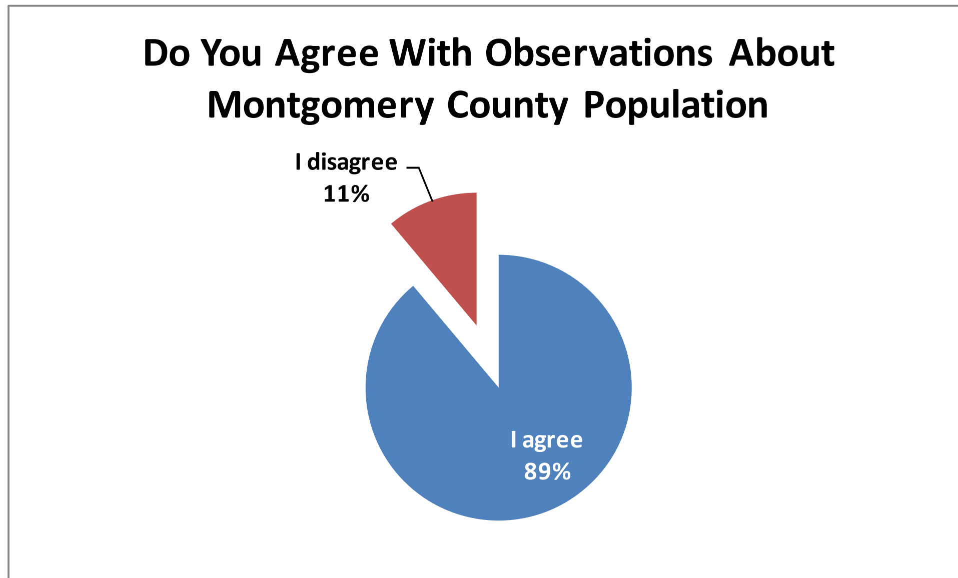
Q. Do you agree with observations formed about the comparison of Montgomery County to its Peer counties?



Clarifying Comments:

- Suicide rates should be re-examined. I suspect it to be at or higher than average. Were Coroner's records examined?
- Not familiar with baseline statistics of Trigg County
- I am unsure what this is asking here and it mentions Trigg counting in the introduction statement.
- Low birth weight. Most infants born at this hospital are above five pounds.
- I cannot have an opinion on Trigg County.

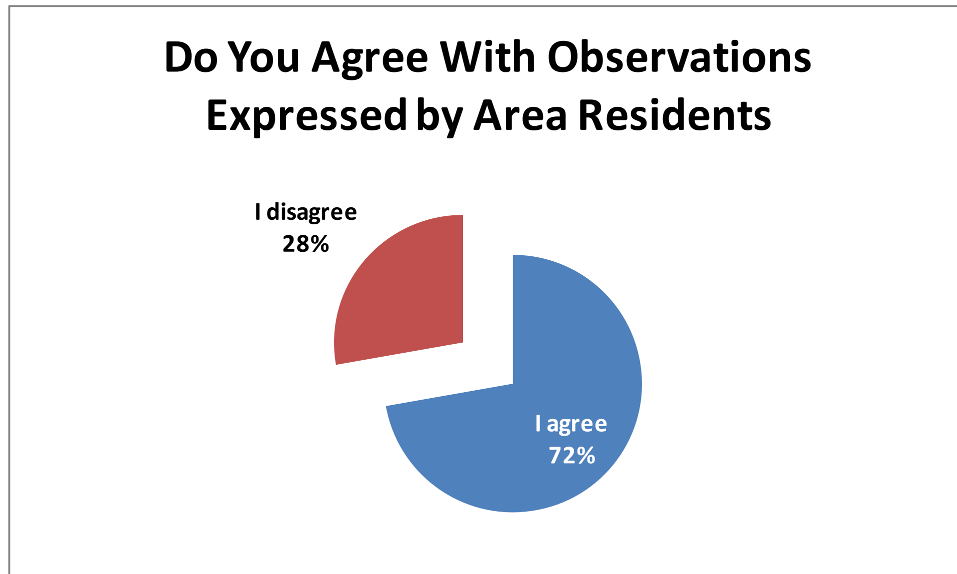
Q. Do you agree with observations formed about population characteristics of Montgomery County?



Clarifying Comments:

- I disagree with some of the above information. Number E I believe this should be higher.
- I think our numbers are worse than projected here. I think due to poor lifestyle choices we have higher incidence of chronic diseases.

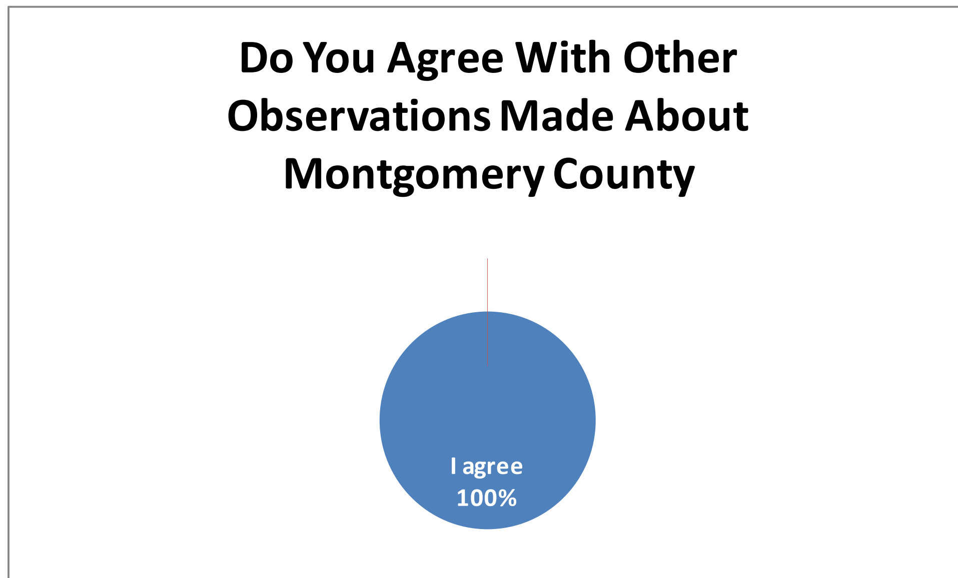
Q. Do you agree with observations formed about the opinions from local residents?



Clarifying Comments:

- I see the lack of preventative health care as an important health problem.
- An additional need is to address the overweight population with providing access to more physical opportunities. Employment opportunities exist but qualified applicants (e.g., passing drug tests) are difficult to find.
- The City recently completed a residential survey with a larger sample size that may prove to have a higher level of confidence and a smaller confidence interval. Some of those responses, which are publicly available, may provide more useful information.
- I hope I am understanding this correctly, if not I apologize. I would disagree on the question indicating important health problems and risky behaviors. I believe that part of our problem is systemic of the fact that we do not recognize our risky behaviors. I would think that tobacco usage and inactivity should be high on this list as well. I think while drug abuse affects a certain subset of our population, these cases are often the more popular to talk about rather than the most prevalent in our community. I also believe the same of teen pregnancy, child abuse and even cancer, while these may be the most popular or notable items that we talk about as a community, we most likely have even more problems with diabetes, heart disease and lung afflictions due to the age of our population and the lack of care that we take of ourselves overall. I do strongly believe that the economic condition of our community heavily impacts all of these risky behaviors and health problems.
- There are plenty of physical activities that people obviously choose not to do.

Q. Do you agree with observations formed about additional data analyzed about Montgomery County?



Clarifying Comments:

- I feel the dental is higher.
- I agree with most comments above...I am unsure about the dental exams statistic. That is surprising, but might be correct.
- Access to Dental Health is a major issue.
- Many people in this county choose not to work and live off the government programs. I could write many paragraphs on this subject but will refrain from doing so.

Appendix C – Illustrative Schedule H (Form 990) Part V B Potential Response[26]

Community Health Need Assessment Answers

1. ***During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9***

   Illustrative Answer – Yes

   If "Yes," indicate what the Needs Assessment describes (check all that apply):

   a. ***A definition of the community served by the hospital facility;***
   b. ***Demographics of the community;***
   c. ***Existing health care facilities and resources within the community that are available to respond to the health needs of the community;***
   d. ***How the data was obtained;***
   e. ***The health needs of the community;***
   f. ***Primary and chronic disease needs and health issues of uninsured persons, low-income persons and minority groups;***
   g. ***The process for identifying and prioritizing community health needs and services to meet the community health needs;***
   h. ***The process for consulting with persons representing the community's interests;***
   i. ***Information gaps that limit the hospital facility's ability to assess all of the community's health needs; and***
   j. ***Other (describe in Part VI)***

   Illustrative Answer – check a. through i. Answers available in this report are found as follows:

   1. a. – See Footnotes #13 (page 9) and #14 (page 9);

   1. b. – See Footnotes #15 (page 11);

   1. c. – See Footnote #20 (page 25);

   1. d. – See Footnotes #7 (page 5);

   1. e. – See Footnotes #11 (page 7);

   1. f. – See Footnotes #10 (page 7); and #19 (page17);

[26] Questions are drawn from 2012 Schedule H Forms (as of January 16, 2013) and may have changed at the time when the hospital is to make its 990 h filing

1. g. – See Footnote #12 (page 7) & #25 (page 45);

1. h. – See Footnote #8 (page 7), and #24 (page 39) and #25 (page 45);

1. i. – See Footnote #6 (page 5); and

1. j. – No response needed.

2. ***Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 _ _***

Illustrative Answer – 2013

See Footnote #1 (Title page)

3. ***In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted.***

Illustrative Answer – Yes

See Footnotes #9 (page 7)

4. ***Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI.***

Illustrative Answer – No

5. ***Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)***
   - ***a. Hospital facility's website;***
   - ***b. Available upon request from the hospital facility; and***
   - ***c. Other (describe in Part VI).***

Illustrative Answer – check a. and b.

The hospital will need to obtain Board approval of this report, document the date of approval and take action to make the report available as a download from its web site. It also may be prudent to place a notice in a paper of general circulation within the service area noting the report is available free upon request.

6. ***If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):***
   - ***a. Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA;***
   - ***b. Execution of an implementation strategy;***

c. Participation in the development of a community-wide community plan;
d. Participation in the execution of a community-wide plan;
e. Inclusion of a community benefit section in operational plans;
f. Adoption of a budget for provision of services that address the needs identified in the CHNA;
g. Prioritization of health needs in its community;
h. Prioritization of services that the hospital facility will undertake to meet the needs in its community; and
i. Other (describe in Part VI).

Illustrative Answer – check a, b, g, and h.

6. a. – See footnote #21 (page 26);

6. b. – See footnote #21 (page 26);

6. g. – See footnote #12 (page 7); and

6. h. – See footnote #12 (page 7).

7. Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs?

Illustrative Answer – Yes

Part VI suggested documentation – See Footnote #23 (page 36)

8. a. Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?
b. If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?
c. If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form4720 for all of its hospital facilities?

Illustrative Answer – No