

2024

Mitchell County Community Health Needs Assessment

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

Creating a Culture of Health

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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.

A Community Health Needs Assessment (CHNA) is a systematic process that identifies and prioritizes the health needs of a specific community. It involves gathering and analyzing data on health outcomes, behaviors, and social determinants of health within the defined community. This data is then used to create a comprehensive picture of the community's health and well-being, highlighting areas of strength and areas in need of improvement.

Representatives from the Mitchell County Hospital Health Systems, Mitchell County Regional Medical Foundation, Beloit Medical Center, Mitchell County Health Department and Beloit Police Department came together to form the community health needs assessment steering committee for Mitchell County. The committee met over the course of several months to work together to guide the CHNA process and ensure a comprehensive and inclusive assessment was complete.

The Mitchell County CHNA process involved:

- Review from previous years CHNA reports
- Review of local and regional existing data provided by state organizations and national resources (secondary data)
- Review of organizational data provided by steering committee partners
- Convening of community health system stakeholders for validation of data findings and input
- Prioritization of emerging health topics based on data, partner discussion and broader community stakeholder input. Topics then prioritized based on rank of impact, feasibility, urgency, alignment and leverage of other activities.

Description of the Affiliated Health Center

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 individual's 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.

Review of Prior CHNA Priorities:

The implementation strategy for fiscal years 2020-2021 Mitchell County CHNA focused on the following actions to address identified health needs of Mitchell County:

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 and 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 and 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

Summary of 2024 CHNA Findings:

Health needs were identified and prioritized based on information gathered and analyzed through the 2024 CHNA process conducted by representatives of the Mitchell County Hospital Health Systems, Mitchell County Health Department, Beloit Medical Center, Beloit Police 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:

1. Mental Health : Addressing the mental health needs of residents, including stress, depression, anxiety, and suicide prevention.

Common Barriers:

- Limited access to mental health providers and services.
- Stigma around seeking mental health care.
- Long wait times for appointments.

2. Substance Abuse : Reducing the prevalence and impact of alcohol, tobacco, and drug misuse in the community.

Common Barriers:

- Few treatment or rehabilitation facilities.
- Lack of community education on substance abuse prevention.
- Limited resources for prevention programs.

3. Maternal and Child Health : Ensuring healthy pregnancies, safe deliveries, and well-supported early childhood development.

Common Barriers:

- General public lacking knowledge on availability of local resources.
- Lack of uptake of services due to multiple factors.

4. Obesity and Lifestyle : Promoting healthy eating, active living, and overall wellness to combat obesity and related health conditions.

Common Barriers:

- Limited access to affordable, convenient, nutritious food options (food deserts).
- Need for cultural shift to combat fast-paced, convenience lifestyle

5. Aging : Supporting the growing senior population with access to healthcare, mobility, and aging-in-place resources.

Common Barriers:

- Limited availability of home services and caregivers; caregiver burnout.
- Isolation due to geographic spread and family migration.

6. Prevention : Focusing on preventative care and early interventions to reduce chronic disease and other health issues.

Common Barriers:

- Preventative screenings not always prioritized with other pressing needs.
- Cost barriers, even for preventative care. Lack of understanding insurance coverage and what might be available.
- Lack of awareness or education on the importance of prevention.

Mitchell County Demographics

Geography

Mitchell County, Kansas, consists of 701 square miles of land area. Lying in North Central Kansas, it is the 69th largest county in the state by total area. 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. The county border is located approximately 20 miles west of US Hwy 81. Major highways include US Hwy 24, K14, and K9.

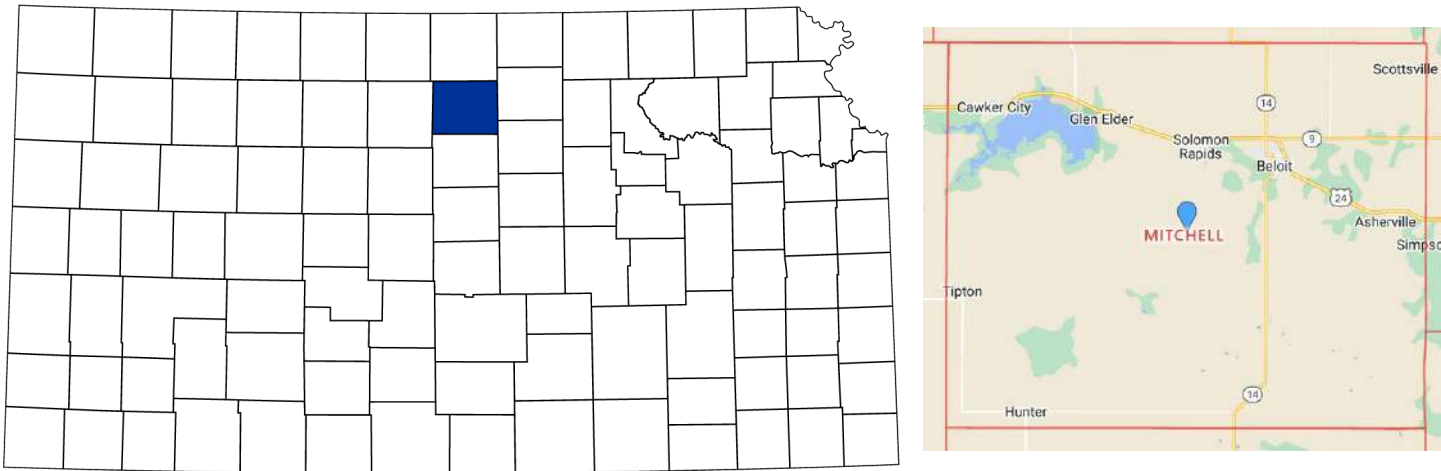
Reviewing and understanding the current population data was a key part of the Mitchell County CHNA process to better plan and strategize the community health needs and the community health improvement process.

A total of 5,829 people live in the 701 square mile report area defined for this assessment according to the U.S. Census Bureau American Community Survey 2018-2022 5-year estimates. The population density for this area, estimated at just under 9 persons per square mile, is less than the national average population density of approximately 94 persons per square mile.

Report Area	Total Popula- tion	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Mitchell County, KS	5,829	701.8	8.3
Kansas	2,935,922	81,758.50	35.9
United States	331,097,593	3,537,296.50	94.2

Data Source: US Census Bureau, American Community Survey, 2018-2022 (5-year estimates)

Map of Mitchell County, Kansas



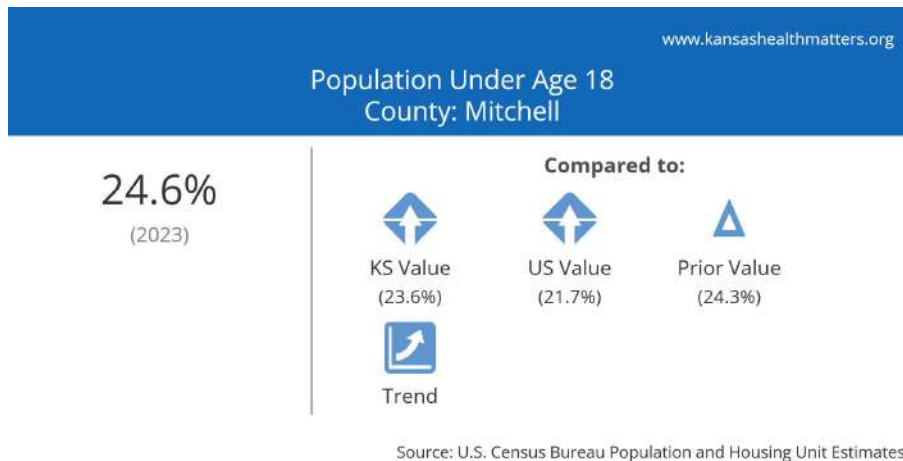
Total Population By Age

Of the estimated 5,829 total population in the report area, an estimated 3,150 persons are between the ages of 18 and 64, representing 54% of the population. These data are based on the latest U.S. Census Bureau American Community Survey 5-year estimates. Recognizing that each different age groups have unique needs, the table below provides a snapshot of the composition of each in Mitchell County as it compares to both the state and the nation. Of note is the higher percentage of residents in Mitchell County (22.7%) who are age 65 or older, compared to 16.3% in Kansas.

Population by Age, 2022	Mitchell County	Pct. of Total	Kansas	Pct. of Total	U.S.	Pct. of Total
Total	5,829	100%	2,935,922	100%	331,097,593	100%
Preschool (0 to 4)	328	5.60%	180,483	6.10%	19,004,925	5.70%
School Age (5 to 17)	1,028	17.60%	520,929	17.70%	54,208,780	16.40%
College Age (18 to 24)	561	9.60%	307,990	10.50%	31,282,896	9.40%
Young Adult (25 to 44)	1,194	20.50%	747,455	25.50%	88,198,512	26.60%
Adult (45 to 64)	1,395	23.90%	700,071	23.80%	83,664,832	25.30%
Older Adult (65 plus)	1,323	22.70%	478,994	16.30%	54,737,648	16.50%

Data Source: US Census Bureau, American Community Survey, 2018-2022 (5-year estimates)

The data from [Kansas Health Matters](#) indicates a positive trend in the growth of the population under 18 in the 2023 Census 1-year estimate, along with a summary of the population over 65.



Total Population By Population with Any Disability

The data below report the percentage of the total civilian non-institutionalized population with a disability. The report area has a total population of 5,695 for whom disability status has been determined, of which 866 or 15.2% have any disability. This is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

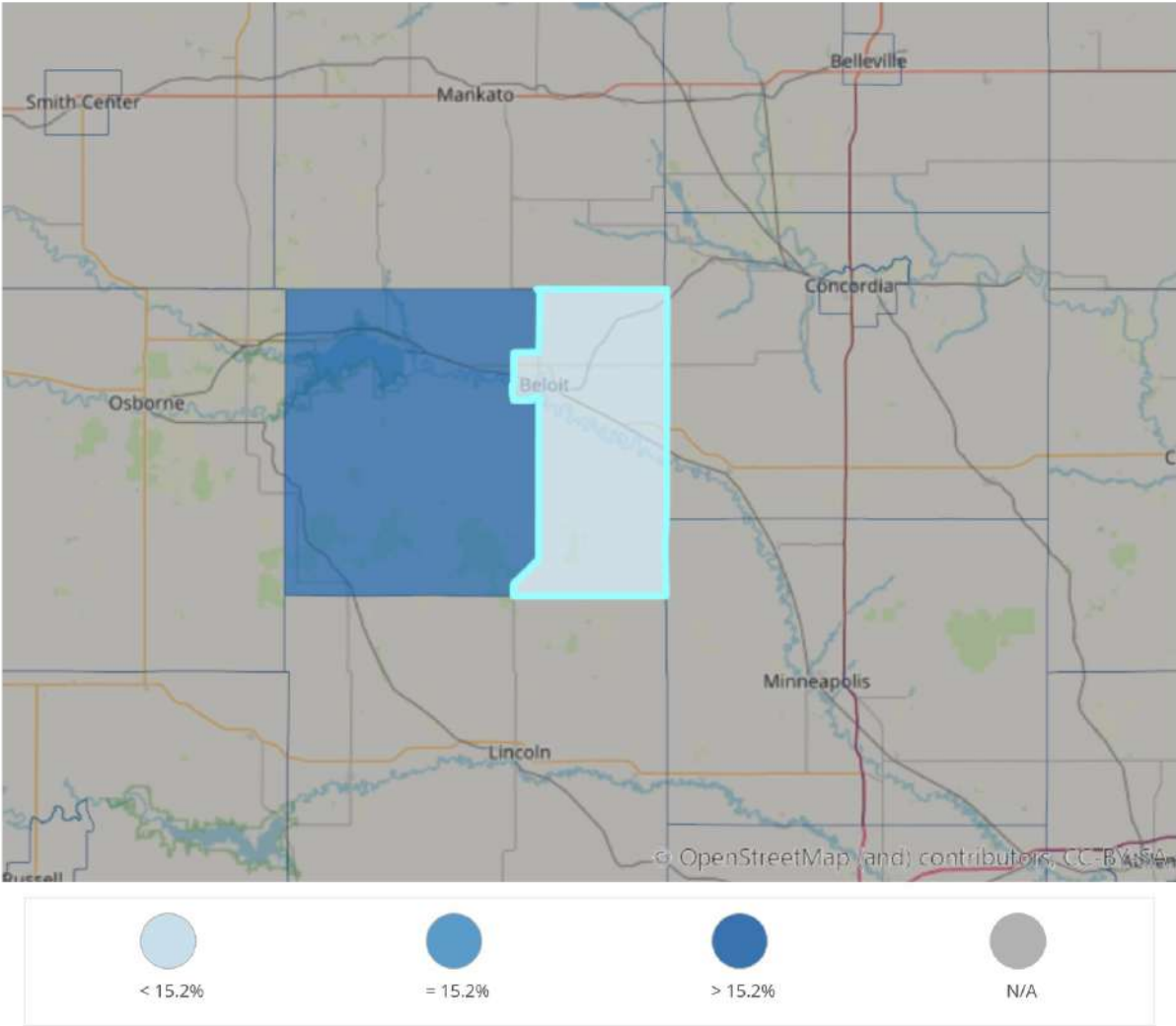
Population with Disability, 2022	Mitchell County	Pct. of Total	Kansas	Pct. of Total	U.S.	Pct. of Total
Civilian noninstitutionalized persons	5,695		2,874,745		326,147,510	
With a disability	866	15.20%	386,054	13.40%	41,941,456	12.90%

Data Source: US Census Bureau, American Community Survey, 2018-2022 (5-year estimates)

Persons with a Disability

Census Tract: 20123176600

20123176600 Value for 2018-2022: 14.6%
Comparison: Mitchell, KS County Value (15.2%)
Measurement Period: 2018-2022
Data Source: American Community Survey 5-Year



October 8, 2024.

www.kansashealthmatters.org

Socioeconomic Characteristics of Community

Income:

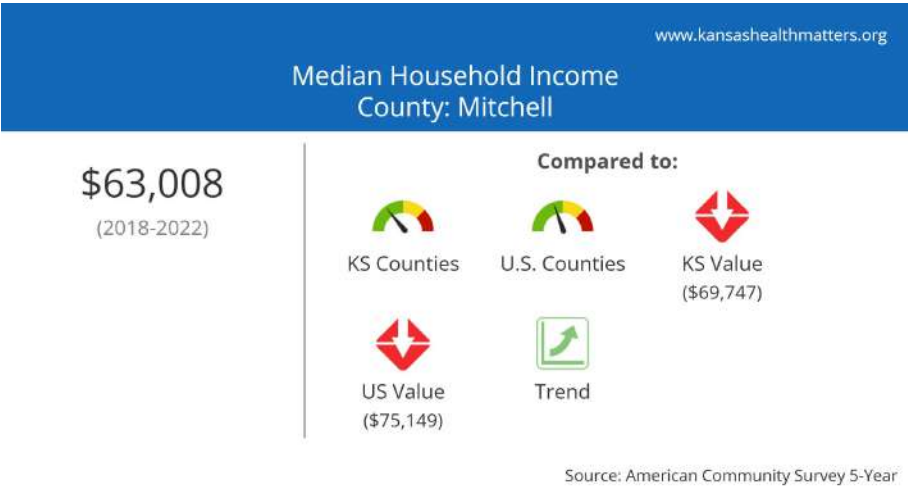
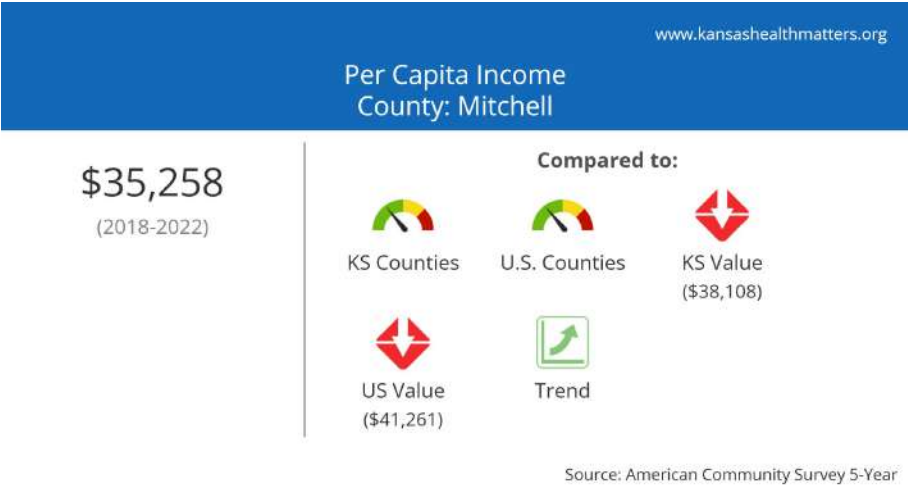
The per capita income for the report area is \$35,258. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources. The per capita income in this report area is the average (mean) income computed for every man, woman, and child in the specified area.

Median household income is typically seen as a gauge of the overall prosperity of an area. In Mitchell County, the median household income is \$63,008.

Both figures for Mitchell County are about 90 percent of the amount in Kansas and about 80 percent of the amount in the United States. The Mitchell County values for both have steadily increased over time.

Report Area	Total Population	Per Capita Income	Median Household In-
Mitchell County	5,829	\$35,258	\$63,008
Kansas	2,935,922	\$38,108	\$69,747
United States	331,097,593	\$41,261	\$75,149

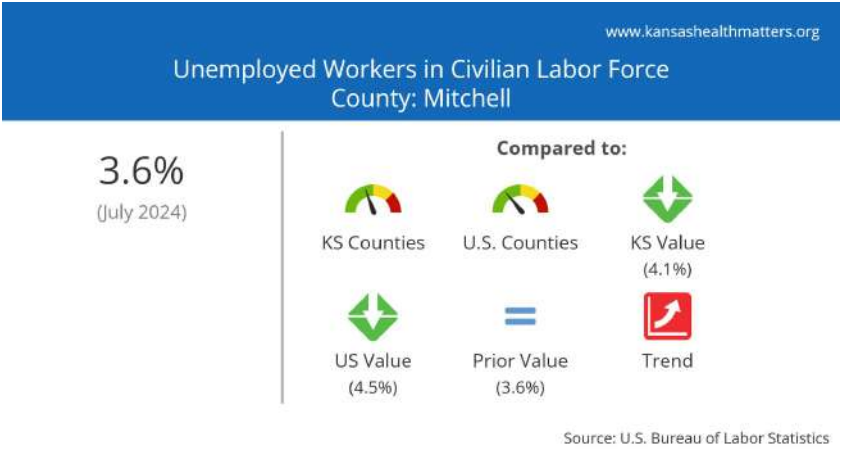
Data Source: US Census Bureau, American Community Survey, 2018-2022 (5-year estimates)



Socioeconomic Characteristics of Community

Unemployment Rate:

Total unemployment in the report area for July 2024 was 3.6%. This indicator describes civilians, 16 years of age and over, who are unemployed as a percent of the U.S. civilian labor force. It 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. The table below illustrates comparisons between 2019 and 2013.



	--- Employment ---				-- Unemployment Rate --			
			Percent Change				Percent Change	
Area	2019	2023	2019 - 2023		2019	2023	2019 - 2023	
Mitchell	3,318	3,256	-1.90%	↓	2.4	2	-16.70%	↓
State of Kansas	1,456,662	1,470,936	1%	↑	3.2	2.7	-15.60%	↓

Source: U.S. Department of Labor, Bureau of Labor Statistics (BLS)

Socioeconomic Characteristics of Community

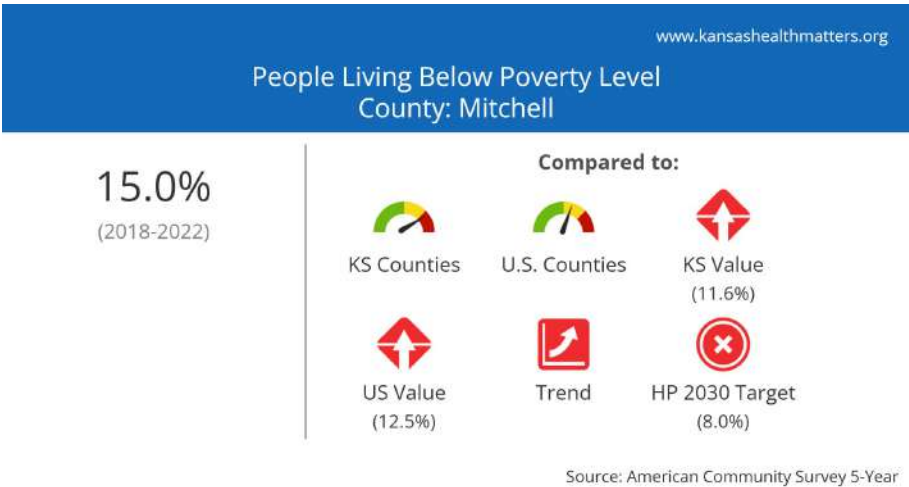
Poverty - Population Below 100% Federal Poverty Level:

Poverty is considered a *key driver* of health status.

Within the report area 15% of the population is living in households with income below the Federal Poverty Level (FPL). This figure is about 20 percent higher than the rate in the United States. 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, Percent
Mitchell County	5,829	15.0%
Kansas	2,935,922	11.6%
United States	331,097,593	12.5%

Data Source: US Census Bureau, American Community Survey, 2018-2022 (5-year estimates)



Data Source: US Census Bureau, [American Community Survey](#). 2015-19. Source geography: Tract

Socioeconomic Characteristics of Community

Insurance - Uninsured Population:

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

In the report area 9.8% of the total civilian non-institutionalized population are without health insurance coverage. The rate of uninsured persons in the report area is greater than the state average of 8.9%. However, the numbers tend to fluctuate slightly over time — as seen by the 88.9% insured in 2021 in the chart below (versus the 90.2% just a year later). 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)	Health Insurance Coverage, Percent	No Health Insurance, Percent
Mitchell County	5,695	90.2%	9.8%
Kansas	2,874,745	91.1%	8.9%
United States	326,147,510	91.3%	8.7%

Data Source: US Census Bureau, American Community Survey, 2018-2022 (5-year estimates)



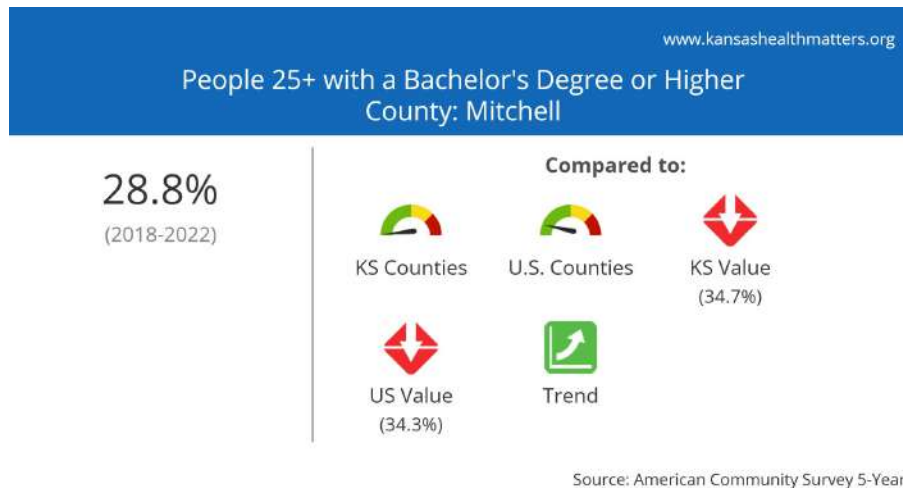
Socioeconomic Characteristics of Community

Population—Bachelor's Degree or Higher:

Of the Mitchell County population age 25 and older, 28.8% have obtained a Bachelor's level degree or higher. This indicator is relevant because educational attainment has been linked to positive health outcomes. Though the Mitchell County figure is below that of the state and national level, the county level has been steadily increasing over time.

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	3,912	1,127	28.8%
Kansas	1,926,520	668,265	34.7%
United States	226,600,992	77,751,347	34.3%

Data Source: US Census Bureau, American Community Survey, 2018-2022 (5-year estimates)



Data Source: US Census Bureau, [American Community Survey](#). 2015-19. Source geography: Tract

Socioeconomic Characteristics of Community

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 1,048 total public school students in the report area, 471 were eligible for the free or reduced price lunch program in the latest report year. This represents 44.9% of public school students, which is lower than the state average of 48.1%.

Report Area	Total Students	Students Eligible for Free or Reduced Price Lunch	Students Eligible for Free or Reduced Price Lunch, Percent
Mitchell County, KS	1,048	471	44.9%
Kansas	484,183	232,833	48.1%
United States	46,791,755	24,677,523	53.5%

Note: This indicator is compared to the state average.
Data Source: National Center for Education Statistics, NCES - Common Core of Data, 2022-2023. → Show more details

Physical Environment

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

Food Access - Grocery Stores:

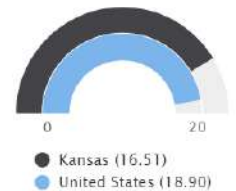
Healthy dietary behaviors are supported by access to healthy foods, and Grocery Stores are a major provider of these foods. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; 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. *Note: Counts of establishments < 3 are suppressed.*

Report Area	Total Population (2020)	Number of Establishments	Establishments, Rate per 100,000 Population
Mitchell County, KS	5,796	Suppressed	Suppressed
Kansas	2,937,880	485	16.51
United States	331,449,275	62,647	18.90

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, [County Business Patterns](#). Additional data analysis by CARES, 2022. → [Show more details](#)

Grocery Stores, Rate per 100,000 Population



Liquor Store Access

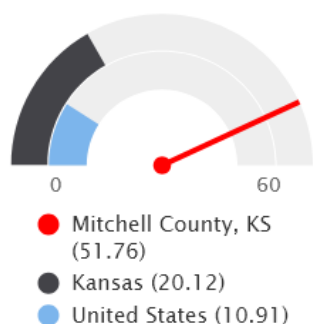
There are three establishments in the report area primarily engaged in retailing packaged alcoholic beverages, such as ale, beer, wine, and liquor. The number of liquor stores per 100,000 population provides a measure of environmental influences on dietary behaviors and the accessibility of healthy foods. 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 (2020)	Number of Establishments	Establishments, Rate per 100,000 Population
Mitchell County, KS	5,796	3	51.76
Kansas	2,937,880	591	20.12
United States	331,449,275	36,173	10.91

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2022. → Show more details

Liquor Stores, Rate per 100,000 Population



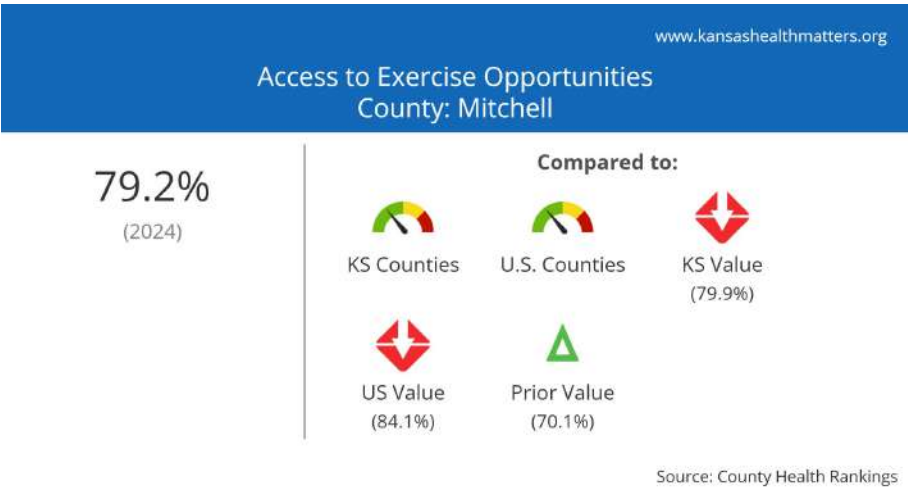
Recreation and Fitness Facility Access

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. *Note: Counts of establishments < 3 are suppressed.*

Proximity to exercise opportunities, such as parks and recreation facilities, has been linked to an increase in physical activity among residents. Regular physical activity has a wide array of health benefits. In the report area, 79.2% of the population are considered to live reasonably close to a park or recreational facility.

Report Area	Total Population (2020)	Number of Establishments	Establishments, Rate per 100,000 Population
Mitchell County, KS	5,796	Suppressed	Suppressed
Kansas	2,937,880	307	10.45
United States	331,449,275	40,786	12.31

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2022. → Show more details



Health Behaviors

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

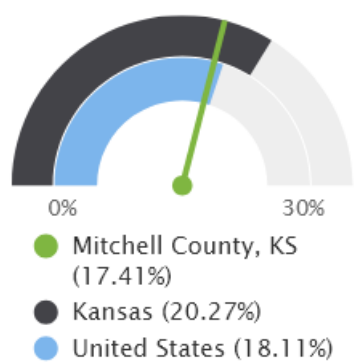
Alcohol - Heavy Alcohol Consumption

In the report area, 758, or 17.41% adults self-report excessive drinking in the last 30 days, which is less than the state rate of 20.27%. Data for this indicator were based on survey responses to the 2021 Behavioral Risk Factor Surveillance System (BRFSS) annual survey and are used for the 2024 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	Population Age 18+	Adults Reporting Excessive Drinking	Percentage of Adults Reporting Excessive Drinking
Mitchell County, KS	4,359	758	17.41%
Kansas	2,244,352	454,995	20.27%
United States	259,746,218	47,041,079	18.11%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via County Health Rankings, 2021. [→ Show more details](#)

Percentage of Adults Self-Reporting Excessive Drinking, 2021



Health Behaviors

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

Tobacco Use

According to [Kansas Health Matters](#), tobacco use can lead to premature death. Areas with a high smoking prevalence will also have greater exposure to secondhand smoke for non-smokers, which can cause or exacerbate a wide range of adverse health effects such as cancer, respiratory infections, and asthma. The Healthy People 2030 national health target is to reduce current cigarette smoking in adults to 6.1 percent.

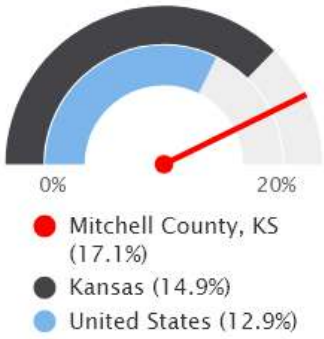
The following data give more insight into current smokers. This indicator reports the percentage of adults age 18 and older who report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days. Within the report area there are 17.1% adults age 18+ who have smoked and currently smoke of the total population age 18+.



Report Area	Total Population	Adults Age 18+ as Current Smokers (Crude)	Adults Age 18+ as Current Smokers (Age-Adjusted)
Mitchell County, KS	5,738	17.1%	19.0%
Kansas	2,937,150	14.9%	15.6%
United States	333,287,557	12.9%	13.2%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 . → Show more details

who are Current Smokers



Clinical Care

Hospitalizations—Preventable Conditions

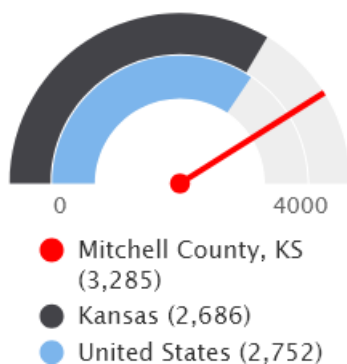
This indicator reports the preventable hospitalization rate among Medicare beneficiaries for the latest reporting period. Preventable hospitalizations include hospital admissions for one or more of the following conditions: diabetes with short-term complications, diabetes with long-term complications, 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 1,534 Medicare beneficiaries in the report area. The preventable hospitalization rate was 3,285. The rate in the report area was higher than the state rate of 2,686 during the same time period.

Report Area	Medicare Beneficiaries	Preventable Hospitalizations, Rate per 100,000 Beneficiaries
Mitchell County, KS	1,534	3,285
Kansas	517,825	2,686
United States	58,652,883	2,752

Note: This indicator is compared to the state average.

Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2021. → [Show more details](#)

Preventable Hospital Events, Rate
per 100,000 Beneficiaries



Health Outcomes and Factors

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 relationships 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	Cirrhosis of liver
Mental Illness	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

Health Outcomes and Factors

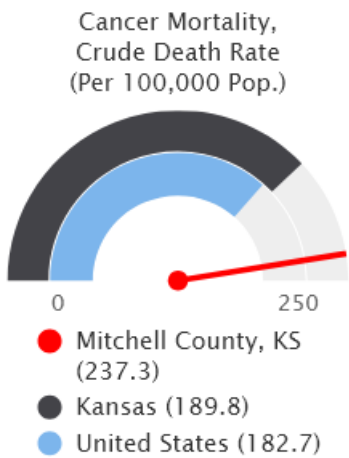
Mortality - Cancer

This indicator reports the 2018-2022 five-year average rate of death due to malignant neoplasm (cancer) per 100,000 population. Figures are reported as crude rates. 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 70 deaths due to cancer. This represents a crude death rate of 237.3 per every 100,000 total population.

Report Area	Total Population, 2018-2022 Average	Five Year Total Deaths, 2018-2022 Total	Crude Death Rate (Per 100,000 Population)
Mitchell County, KS	5,899	70	237.3
Kansas	2,922,071	27,731	189.8
United States	330,014,476	3,014,809	182.7

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022. → Show more details



Health Outcomes and Factors

Mortality - Coronary Heart Disease

This indicator reports the 2018-2022 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. 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.

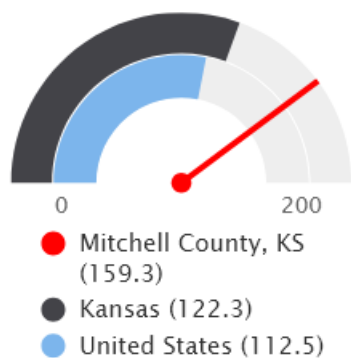
Within the report area, there are a total of 47 deaths due to coronary heart disease. This represents a crude death rate of 159.3 per every 100,000 total population.

Report Area	Total Population, 2018-2022 Average	Five Year Total Deaths, 2018-2022 Total	Crude Death Rate (Per 100,000 Population)
Mitchell County, KS	5,899	47	159.3
Kansas	2,922,071	17,875	122.3
United States	330,014,476	1,856,446	112.5

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022. → [Show more details](#)

Coronary Heart Disease Mortality,
Crude Death Rate
(Per 100,000 Pop.)



Health Outcomes and Factors

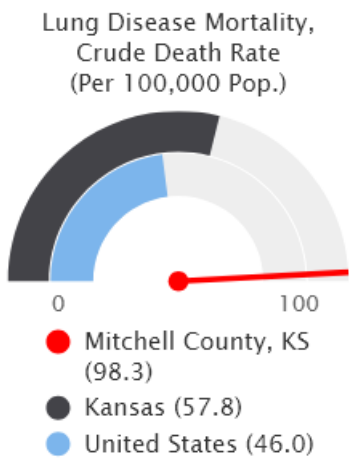
Mortality - Lung Disease

This indicator reports the 2018-2022 five-year average rate of death due to chronic lower respiratory disease per 100,000 population. Figures are reported as crude rates. 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 29 deaths due to lung disease. This represents a crude death rate of 98.3 per every 100,000 total population.

Report Area	Total Population, 2018-2022 Average	Five Year Total Deaths, 2018-2022 Total	Crude Death Rate (Per 100,000 Population)
Mitchell County, KS	5,899	29	98.3
Kansas	2,922,071	8,441	57.8
United States	330,014,476	758,846	46.0

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022. → Show more details



Health Outcomes and Factors

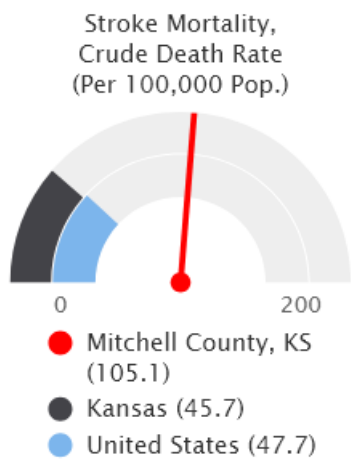
Mortality - Stroke

This indicator reports the 2018-2022 five-year average rate of death due to cerebrovascular disease (stroke) per 100,000 population. Figures are reported as crude rates. 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 31 deaths due to stroke. This represents a crude death rate of 105.1 per every 100,000 total population.

Report Area	Total Population, 2018-2022 Average	Five Year Total Deaths, 2018-2022 Total	Crude Death Rate (Per 100,000 Population)
Mitchell County, KS	5,899	31	105.1
Kansas	2,922,071	6,671	45.7
United States	330,014,476	786,362	47.7

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022. → Show more details



Health Outcomes and Factors

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.

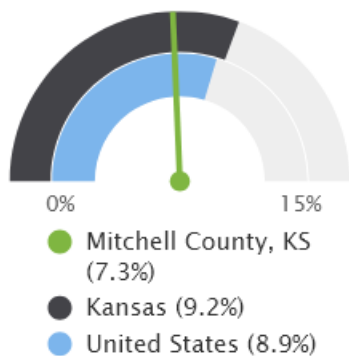
Within the report area, 397 of adults age 20 and older have diabetes. This represents 7.3% of all the adults age 20+.

Report Area	Population Age 20+	Adults Age 20+ with Diagnosed Diabetes	Adults Age 20+ with Diagnosed Diabetes, Age-Adjusted Rate
Mitchell County, KS	4,135	397	7.3%
Kansas	2,147,537	222,588	9.2%
United States	232,706,003	23,263,962	8.9%

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2021. → [Show more details](#)

Percentage of Adults Age 20+
with Diagnosed Diabetes
(Age-Adjusted), 2021



Health Outcomes and Factors

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.

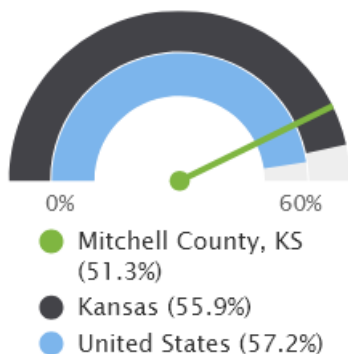
Within the report area, there were 734 beneficiaries with hypertension (high blood pressure) based on administrative claims data in the latest report year. This represents 51.3% of the total Medicare Fee-for-Service beneficiaries.

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%

Note: This indicator is compared to the state average.

Data Source: Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions. 2018. → [Show more details](#)

Percentage of Medicare Beneficiaries with High Blood Pressure



Health Outcomes and Factors

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 1,362 adults age 20 and older who self-reported having a BMI greater than 30.0. This represents a 32.9% of the survey population.

Obesity increases the risk of many diseases and health conditions and also has significant economic impact due to increased healthcare spending and lost earnings.

Report Area	Population Age 20+	Adults with BMI > 30.0 (Obese)	Adults with BMI > 30.0 (Obese), Percent
Mitchell County, KS	4,165	1,362	32.9%
Kansas	2,148,984	731,383	34.1%
United States	232,757,930	70,168,831	30.1%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2021. → Show more details



Health Outcomes and Factors

Low Birth Weight

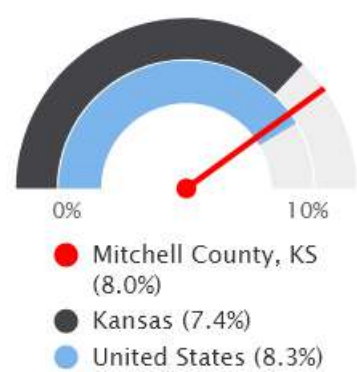
This indicator reports the percentage of live births where the infant weighed less than 2,500 grams (approximately 5 lbs., 8 oz.). These data are reported for a 7-year aggregated time period. Data were from the National Center for Health Statistics - Natality Files (2016-2022) and are used for the 2024 County Health Rankings.

Within the report area, there were 40 infants born with low birth weight. This represents 8.0% of the total live births.

Report Area	Total Live Births	Low Birthweight Births	Low Birthweight Births, Percentage
Mitchell County, KS	511	40	8.0%
Kansas	249,601	18,441	7.4%
United States	26,262,906	2,190,533	8.3%

Note: This indicator is compared to the state average.
Data Source: University of Wisconsin Population Health Institute, County Health Rankings, 2016-2022. → Show more details

Percentage of Infants with Low Birthweight: %

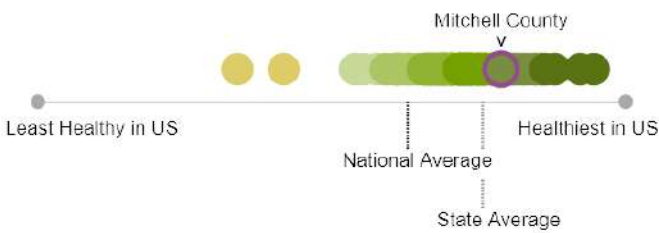


Fast Fact Comparison

To better understand health trends, the following charts and table display health outcomes and factors for Mitchell County, Kansas. According to the University of Wisconsin Population Health Institute, "Health Outcomes tell us how long people live on average within a community, and how much physical and mental health people experience in a community while they are alive. Health Factors represent those things we can improve to live longer and healthier lives. Health Factors are indicators of the future health of our communities."



Mitchell County Health Outcomes - 2024

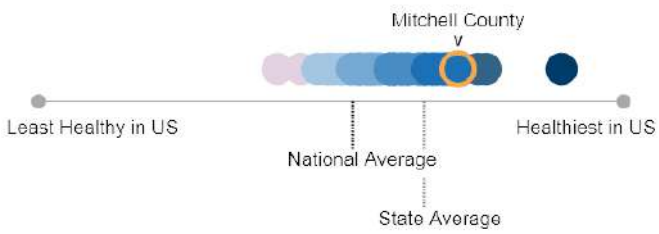


Mitchell County is faring better than the average county in Kansas for Health Outcomes, and better than the average county in the nation.

Source: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2024. www.countyhealthrankings.org.



Mitchell County Health Factors - 2024



Mitchell County is faring better than the average county in Kansas for Health Factors, and better than the average county in the nation.

Source: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2024. www.countyhealthrankings.org.

Indicators	Mitchell County	KS	US	Description
Health Outcomes				
Poor or Fair Health	14%	14%	14%	Percentage of adults that reported that they consider themselves in fair or poor health.
Poor Physical Health Days	3.4	3.2	3.3	Adults reported that their physical health was not good on 3.4 of the previous 30 days.
Poor Mental Health Days	4.8	5.0	4.8	Adults reported that their mental health was not good on 4.8 of the previous 30 days.
Low Birthweight	8%	7%	8%	Percentage of babies with low birth weights (under 5 pounds, 8
Diabetes Prevalence	9%	10%	10%	Adults living with a diagnosis of diabetes.
Health Behaviors				
Adult Smoking	18%	16%	15%	Percentage of adults who are current cigarette smokers.
Adult Obesity	38%	37%	34%	Percentage of adults that reports a body mass index (BMI) of 30 or
Physical Inactivity	24%	23%	23%	Percentage of adults age 18 and over reporting no leisure-time
Access to Exercise Opportunities	79%	80%	84%	Percentage of population with adequate access to locations for physical activity.
Alcohol-Impaired Driving	0%	20%	26%	Percentage of driving deaths with alcohol involvement.

Source: <https://www.countyhealthrankings.org/health-data/kansas/mitchell>

These data were the most current at the time of this publication. While a past year is trends give a baseline for comparison, it is important to use caution when comparing these data with prior years

Prioritization of Identified Health Needs—2024



Top Priorities

1. Mental health
2. Substance Abuse
3. Maternal/Child Health
4. Obesity and Lifestyle
5. Aging Population
6. Preventative Healthcare

Upon final assessment of the community health needs assessment process and data gathering, these six challenges were identified and prioritized in the above order of importance.

Potholes



- Daycare — how to refer key to family health
- Case management and the resources/availability (short term vs long term)
- Social Determinants of Health—Housing, Employment and job opportunities, food insecurity, health literacy
- Medicaid Expansion

These items were identified as potential barriers to making progress.



Parking Lot

- Community paramedicine/preventative care —Stretches use of EMS Staff and potentially EMS burnout
- Uninsured patient base

These concepts were discussed and considered important. While they will not be a primary focus at this time, they will instead be assessed as to how these initiatives or developing programs can synergistically complement top priorities listed above to make progress on the broader goals.

Data Collection Process

In 2023-2024 Mitchell County Hospital Health Systems in collaboration with the Beloit Medical Center, Beloit Police Department, Mitchell County Health Department and Mitchell County Regional Medical Foundation began efforts to conduct a comprehensive Community Health Needs Assessment of Mitchell County.

A structured and thorough data collection process was implemented. This process included a combination of reviewing existing data, engaging stakeholders, and prioritizing critical issues. The key steps included:

1. Review of the Prior CHNA

The previous Community Health Needs Assessment (CHNA) was carefully analyzed to identify trends, gaps, and areas of progress since its publication. This review provided a baseline for understanding ongoing challenges and informed the focus of this year's assessment.

2. Review of Secondary Data Gathered from Online Sources

Extensive secondary data was gathered from reputable online sources, including state and federal health databases, community demographic reports, and health outcome statistics. This data was instrumental in providing a broader context to local health challenges and benchmarking our community against regional and national averages.

3. Review of Organizational Data Provided by Partners

Data shared by partner organizations offered valuable insights into specific areas such as healthcare utilization, social services engagement, and program outcomes. This localized information complemented the broader secondary data and ensured that the unique needs of our community were reflected in the assessment.

4. Community Health System Stakeholder Meeting for Input

Input from a diverse group of community stakeholders was gathered during a dedicated meeting. Participants included representatives from healthcare providers, public health officials, nonprofit organizations, education sector, mental health providers and community leaders. This meeting facilitated an open dialogue to discuss emerging trends, experiences, and discussion around various interpretations to assess health issues across our communities.

5. Prioritization of Topics

Following data collection and stakeholder input, a systematic prioritization process was undertaken. Topics were ranked based on their impact on the community, feasibility of addressing the issue, urgency, sustainability of potential interventions, alignment with broader health improvement goals, and the availability of leverage points to drive change. This approach ensured a balanced focus on both immediate needs and long-term opportunities for improvement.

By employing this comprehensive and inclusive data collection process, the assessment accurately reflects the current health landscape and provides a strong foundation for targeted interventions and community health improvement planning.

Community Stakeholder Profiles

In addition to our core steering committee, community partners from Mitchell County provided input through a stakeholder meeting to provide input. These stakeholders represent the following types of organizations and agencies:

- Healthcare
- Public Health
- Business and Worksites
- Early Childcare and Education/Schools
- Faith Communities
- Community Development
- Non-Profits
- Law Enforcement

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, Inexpensive and Accessible
Diabetes/ Chronic Conditions	Nutrition, Genetics, Physical Inactivity, Convenience Lifestyle
Tobacco	Generational, Poverty, Cyclical, Core Values, Community Mind-Set
Obesity	Nutrition, Mental, Environmental, Advertising, Cultural, Values, Pleasure Seeking
Health Care Coverage	Expensive, Changing, Complicated, Conditioned Expectations, Personal Responsibility Issue, Health Literacy
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

Prioritization of Identified Health Needs

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.

The leadership team of Mitchell County analyzed and interpreted prior CHNA reports, secondary data, partner organization data, and stakeholder input gathered throughout 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: Impact on the community, feasibility of addressing the issue, urgency, sustainability of potential interventions, alignment with broader health improvement goals, and the availability of leverage points to drive change.

Example questions of ranking system provided below with full template provided in the Appendix)

Impact on the community:

- Which of these priorities, if addressed, would have the most significant positive impact on the community's health outcomes?

Feasibility:

- Are there resources (funding, time, personnel) available to address each priority, and which are the most feasible to tackle within our current capacity?
- Are there external partnerships or grants that could make one of these priorities easier to address?

Urgency:

- Are there any health concerns among these priorities that are time-sensitive or worsening rapidly?
- Which of these issues requires immediate attention to prevent further harm?

Alignment with broader goals:

- How well does each priority align with our organization's strategic goals and the community's long-term vision for health improvement?
- Which priority best reflects the community's values and needs, as expressed through past feedback or surveys?

Leverage points:

- Are there any "quick wins" among these priorities that could build confidence and engagement within the community or stakeholders?
- Does addressing one priority have the potential to positively influence or unlock progress in other areas? Will addressing one of these priorities create momentum for solving others?

From this ranking system and discussion the CHNA leadership team recommended the below focuses for the coming years priorities.

The following needs were identified as the 2024 CHNA priorities:

1. Mental health
2. Substance Abuse
3. Maternal/Child Health
4. Obesity and Lifestyle
5. Aging Population
6. Preventative Healthcare

Mitchell County Community Health Improvement Planning

Over the course of 2025, we plan to transition into the community health improvement planning phase to address the six priority topics identified in the Community Health Needs Assessment. This next step will focus on leveraging the collective strengths of our community to create actionable strategies that lead to measurable improvements in mental health, substance abuse, maternal and child health, obesity and lifestyle, aging, and prevention. By fostering collaboration and aligning efforts, we aim to develop a cohesive plan that addresses the most pressing health challenges in our region.

As part of this process, we will host a series of meetings to engage a wide range of community partners. These gatherings will provide a platform to better understand the programming and resources currently in place, as well as identify potential gaps that need to be filled. By bringing together diverse perspectives and expertise, we aim to build on existing initiatives and identify opportunities for new, innovative approaches. This collaborative effort will help ensure that our strategies are not only effective but also sustainable and reflective of the unique needs of our rural community. Together, we can work toward a healthier future for all.

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 School District
- Cunningham Fiber
- Mitchell County EMS
- Mitchell County Food Pantry
- Mitchell County Hospital Health System
- Mitchell County Sheriffs Department
- City of Beloit Police Department
- Beloit Medical Center
- Heart Choices
- Solomon Valley Community Foundation
- North Central Kansas Regional Planning Commission
- Mitchell County Health Department
- Mitchell County Regional Medical Foundation
- Mitchell County Economic Development
- And others that contributed outside of formal meetings

Appendix B - Ranking Tool for Prioritization of Topics

Rank/sort each topic area of focus (mental health, aging, etc.) from 1-6 based on the criteria of impact, feasibility, urgency, alignment and leverage. A score of 1 indicates that the topic is the most impactful, feasible etc.

Example: I believe that mental health (1) if addressed would have the most significant positive impact on health outcomes, followed by prevention (2), aging (3), substance use (4) lifestyle (5) and maternal child health (6).

Impact on the community:

Which of these priorities, if addressed, would have the most significant positive impact on the community’s health outcomes?

Mental Health _____

Maternal Child Health _____

Aging Population _____

Preventive _____

Obesity & Lifestyle _____

Substance Abuse _____

Feasibility:

Are there resources (funding, time, personnel) available to address each priority, and which are the most feasible to tackle within our current capacity?

Are there external partnerships or grants that could make one of these priorities easier to address?

Mental Health _____

Maternal Child Health _____

Aging Population _____

Preventive _____

Obesity & Lifestyle _____

Substance Abuse _____

Urgency:

Are there any health concerns among these priorities that are time-sensitive or worsening rapidly?

Which of these issues requires immediate attention to prevent further harm?

Mental Health _____

Maternal Child Health _____

Aging Population _____

Preventive _____

Obesity & Lifestyle _____

Substance Abuse _____

Alignment with broader goals:

How well does each priority align with our organization’s strategic goals and the community’s long-term vision for health improvement?

Which priority best reflects the community’s values and needs, as expressed through past feedback or surveys?

Mental Health _____

Maternal Child Health _____

Aging Population _____

Preventive _____

Obesity & Lifestyle _____

Substance Abuse _____

Leverage points:

Are there any “quick wins” among these priorities that could build confidence and engagement within the community or stakeholders?

Does addressing one priority have the potential to positively influence or unlock progress in other areas? Will addressing one of these priorities create momentum for solving others?

Mental Health _____

Maternal Child Health _____

Aging Population _____

Preventive _____

Obesity & Lifestyle _____

Substance Abuse _____

Appendix C -Mitchell County CHNA Sources

Organizational Partner Data Review

Beloit Medical Center—Top Diagnosis 2022-2023

MCHHS Top 10 Emergency Room Diagnosis Admission 2022-2023

MCHHS Top 11 Acute Diagnosis Acute Inpatient Admissions

Secondary Data Review

Healthcare Data provided by Kansas Health Matters—

Broad Topic Review: Health/Alcohol and drug use, Cancer, Diabetes, Disabilities, Health Information Technology, Heart Disease and Stroke, Immunizations and Infectious Disease, Maternal, Fetal and Infant Health, Medications and Prescriptions, Mental Health and Mental Disorders, Mortality Data, Older Adults. Oral Health, Prevention and Safety, Sexually Transmitted Infections, Tobacco Use, Weight Status, Wellness and Lifestyle, Community, Civic Engagement and Demographics

Mitchell County Health Rankings—Kansas Health Institute

Note: Please note all cited sources for the Mitchell County CHNA on the specific demographic and socioeconomic pages per the 2024 Mitchell County CHNA report.