



**Community Health Needs Assessment
2024 Report & Action Plan**

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Executive Summary

Osborne County Memorial Hospital completed its 2024 Community Health Needs Assessment in accordance with IRS requirements by collecting community health input and data from the general public in the county. OCMH hosted a town hall with leaders from the area to review the survey results and add additional feedback. Based on the data and feedback an implementation plan will be created.

Overall, the assessment found that Osborne County residents believe the county is relatively healthy. Residents have adequate access to healthcare although one of the top ongoing and most pressing topics is recruiting new providers to support the medical staff.

Six areas for concern rose to the top needs for increased community health. These topics will be addressed in the implementation plan. Included were:

1. Child Care Access
2. Housing
3. Provider
4. Mental Health Access (includes strategies to prevent and support related areas such as suicide and substance abuse)
5. Nursing Home/Senior Care
6. Affordable Insurance/Access to Medicaid

Community leaders pointed to individuals and community groups supporting efforts to increase child care access and housing. They also noted that while these are areas impacting community health, OCMH may not be responsible for a solution.

According to the 2024 County Health Rankings compiled by the Kansas Health Institute, the areas of need for Osborne County are the same or similar to that of neighboring counties and counties with similar demographic makeup in the state and nation.

OCMH will consider this data as it develops its CHNA implementation plan. The following report shares more details about the assessment process, survey results and town hall discussion.

Background and Methodology

The federal Patient Protection and Affordable Care Act (ACA) requires that each registered 501(c)3 hospital conduct a Community Health Needs Assessment (CHNA) at least once every three years and adopt a strategy to meet community health needs. Any hospital that has filed a 990 is required to conduct a CHNA.

Osborne County Memorial Hospital completed its CHNA in the spring of 2024 with two parts. The general public was encouraged to complete a health survey in April. The survey was open for two weeks and 58 residents completed the survey either online or by paper form.

This was followed with a town hall meeting to discuss survey results and gather additional feedback. OCMH invited community leaders from all municipalities in the county. This included city officials, law enforcement, school officials, economic development personnel and board members, major industry representatives, hospital and other healthcare and mental health professionals, community foundation representatives and other key service providers. Twenty individuals participated in the town hall.

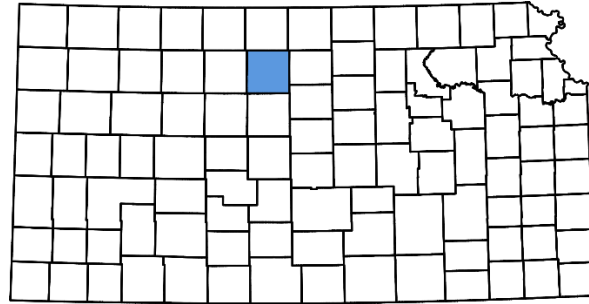
Feedback from the survey and town hall will be used along with the 2024 County Health Rankings report from the Kansas Health Institute and the Economic Impact Report from the Kansas Hospital Association to develop an implementation plan.

The final CHNA report as well as the implementation plan will be made available on the OCMH website and share directly with the community leaders invited to the town hall.

Osborne County Demographic Information

Osborne County is located in northcentral Kansas about 40 miles from the Nebraska border. It is classified as a non-metro area in the 2020 U.S. Census. About 3,500 residents in five municipalities and the outlying areas. Osborne County's population is decreasing. According to 2021 USDA ERS data, the county population is down 21% compared to 2000 U.S. Census data.

Residents in Osborne County tend to be older, earn less income, and are less likely to have health insurance when compared to residents statewide.



Population Demographics

Based on five years of data, the median age of county residents is 46.1 years, compared to 37 years statewide. In the same period, 24.6 percent of the population is 65 or older, while 15.8 percent of all Kansans fit this description. The population is split nearly evenly between males and females. The majority of individuals are white and households have an average of 2.2 people.

	Kansas		Osborne County, Kansas		Downs 67437		Osborne 67473		Portis 67474		Alton 67623		Natoma 67651	
Label	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
SEX AND AGE														
Total population	2,937,880	100.0%	3,500	100.0%	995	100.0%	1,645	100.0%	194	100.0%	237	100.0%	438	100.0%
Selected Age Categories														
65 years and over	490,390	16.7%	929	26.5%	307	30.9%	411	25.0%	48	24.7%	61	25.7%	104	23.7%
Male population	1,462,305	100.0%	1,726	100.0%	494	100.0%	793	100.0%	99	100.0%	125	100.0%	223	100.0%
Female population	1,475,575	100.0%	1,774	100.0%	501	100.0%	852	100.0%	95	100.0%	112	100.0%	215	100.0%
RACE														
One Race	2,657,373	90.5%	3,371	96.3%	953	95.8%	1,591	96.7%	190	97.9%	229	96.6%	414	94.5%
White	2,222,462	75.6%	3,304	94.4%	928	93.3%	1,558	94.7%	188	96.9%	227	95.8%	412	94.1%
Black or African American	168,809	5.7%	1	0.0%	0	0.0%	1	0.1%	0	0.0%	0	0.0%	0	0.0%
American Indian and Alaska Native	30,995	1.1%	19	0.5%	11	1.1%	7	0.4%	0	0.0%	0	0.0%	0	0.0%
Asian	86,273	2.9%	18	0.5%	3	0.3%	9	0.5%	1	0.5%	0	0.0%	2	0.5%
Native Hawaiian and Other Pacific Islander	3,412	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Some Other Race	145,422	4.9%	29	0.8%	11	1.1%	16	1.0%	1	0.5%	2	0.8%	0	0.0%
Two or More Races	280,507	9.5%	129	3.7%	42	4.2%	54	3.3%	4	2.1%	8	3.4%	24	5.5%
HOUSEHOLDS BY TYPE														
Total households	1,151,360	100.0%	1,563	100.0%	476	100.0%	715	100.0%	85	100.0%	99	100.0%	184	100.0%
HOUSING OCCUPANCY														
Total housing units	1,275,689	100.0%	2,044	100.0%	600	100.0%	870	100.0%	121	100.0%	158	100.0%	288	100.0%
Occupied housing units	1,151,360	90.3%	1,563	76.5%	476	79.3%	715	82.2%	85	70.2%	99	62.7%	184	63.9%
Source: US Census Data														
https://data.census.gov/tables/DECENNIALDP2020.DP1?g=040XX00US20_050XX00US20141_860XX00US67437,67473,67474,67623,67651&d=DEC%20Demographic%20Profile														

Unemployment

The unemployment rate is below that of the Kansas average and the median household income is 17% less than the statewide average.

	Unemployment Rate (percentage)										
Name	2014	2015	2016	2017	2018	2019	2020	2021	2022	Median Household Income (2021)	% of State Median HH Income
Kansas	4.5	4.2	4	3.6	3.4	3.3	5.8	3.3	2.7	\$64,128	100.00%
Osborne County	3.7	3.5	3.4	2.7	2.5	2	2.7	1.9	2	\$52,866	82.40%

Source: USDA Economic Research Service

https://data.ers.usda.gov/reports.aspx?ID=17828#Pa34e42bb4f1a40d1b9446c690898a570_4_113iT1

Poverty

Osborne County as 12% poverty with the largest concern in children ages 0-17. Of the population, 21% of county residents are 18 years old or younger.

	All people in poverty (2021)			Children ages 0-17 in poverty (2021)		
	Percent	90% confidence interval of estimate		Percent	90% confidence interval of estimate	
		Lower Bound	Upper Bound		Lower Bound	Upper Bound
Kansas	11.6	11.2	12	13.5	12.8	14.2
Osborne	12.1	9.3	14.9	16.9	11.7	22.1

Source: USDA Economic Research Service

<https://data.ers.usda.gov/reports.aspx?ID=17826>

Education

A higher percentage of Osborne County students complete high school than the state of Kansas but fewer complete any college.

Education Completion	Osborne County			Kansas		
	2000	2008-2012	2017-2021	2000	2008-2012	2017-2021
Completing College	15.50%	18.90%	21.50%	25.80%	30.00%	34.40%
Completing Some College	15.50%	18.90%	21.50%	30.40%	31.90%	31.50%
Completing High School Only	40.30%	36.50%	34.20%	29.80%	27.80%	25.70%
Not Completing High School	15.20%	12.50%	5.90%	14.00%	10.30%	8.40%

Source: USDA Economic Research Service

<https://data.ers.usda.gov/reports.aspx?ID=17829>

About Osborne County Memorial Hospital

Osborne County Memorial Hospital (OCMH) was built as a district hospital in 1958. It was later transferred to Osborne County ownership through a vote of the people.

The original building had eight patient rooms accommodating 16 patient beds. In 1968 the hospital was expanded to 29 beds to provide inpatient, outpatient, and swing bed services.

In 2003, OCMH applied for and was granted Critical Access Hospital (CAH) status through the Centers of Medicare and Medicaid Services (CMS) and the State of Kansas. As a CAH, the hospital is licensed for 25 beds and continues to provide services to a multi-generational population. As the only hospital in the county, OCMH continues to provide inpatient, outpatient and swing bed services. The Goad Medical Clinic was certified as a Rural Health Clinic (RHC) in 2010.

In March 2020, the CAH and RHC were relocated to its current location at 237 W Harrison Street. This new facility is equipped with 16 patient beds and eight clinic exam rooms.

The hospital is funded through revenue from operations, tax appropriations from the County and a 1% sales tax. In addition, the charitable contributions of patients and families have allowed OCMH to expand and improve services to meet the needs of the communities it serves.

The hospital is governed by a five-member Board of Directors appointed by the Osborne County Commissioners and the Hospital Administrator is responsible for providing strategic leadership and management of staff and key services. Hospital board members include John Girard, Katie Lix, Greg Mick, Janel Burch and Ginger Howell. Doris Brown serves as the CEO at OCMH.

OCMH's mission is to achieve excellence in rural healthcare in partnership with the communities we serve."

The organization's vision statement is "OCMH is a provider of choice for strategically targeted services to residents of North Central Kansas. Our community supported campus fosters an exemplary rural healthcare team that provides compassionate care to those we serve."

OCMH is currently working toward a strategic plan developed in 2022 that will complete in 2025. Five pillars have been identified as strategic needs: growth, service, people, quality and finance.

OCMH Services and Providers

OCMH services include emergency medicine, acute care, preventive care, specialty services, lab and radiology services, inpatient and outpatient physical therapy, swing-bed and others.

- Acute Care
- Behavioral Health
- Cardiac Rehab
- Cardiology
- Emergency Room
- Dietetic Consult
- Laboratory
- Pain Management
- Physical Therapy
- Pulmonary Rehabilitation
- Occupational Therapy
- Orthopedics
- Radiology
- Respiratory Therapy
- Rural Health Clinic
- Skilled Care
- Sleep Study
- Social Services
- Speech Therapy
- Surgical Services
- Urology
- Wound Clinic

OCMH partners with providers and other community and regional entities to offer additional services in the county. Those services include:

- Alzheimer Center
- Case Management
- Chaplaincy/Pastoral Care
- Crisis Prevention
- Geriatric Services
- Psychiatric Services
- Women's Health Services
- Adult Day Care
- Assisted Living
- Home Health
- Hospice
- Long Term Care
- Nursing Home Care
- Retirement Housing
- Ambulance Services
- Alcoholism-Drug Abuse
- Blood Donor Services
- Chiropractic Services
- Health Information Center
- Health Screenings
- Meals on Wheels
- Nutrition Programs (WIC)
- Patient Education
- Support Groups
- Teen Outreach Services
- Transportation to Health Facilities

OCMH is pleased to have five providers on staff and six visiting providers:

- Dr. Barbara Brown, DO (OCMH)
- Dr. Theresia Neill, MD (OCMH)
- Katie Crossland, APRN (OCMH)
- Ashly Doering, FNP (OCMH)
- Joshua Choate, PA-C (OCMH)
- Mary Jo Gubitoso, DNP, ARNP-C (Debakey Heart Institute)
- Dr. Greg Boxburger, MD (Kansas Physician Group)
- Dr. Travis Rump, MD (Salina Regional Hospital)
- Jacob Miller, CRNA (Central Iowa Pain and Wellness)
- Dr. Paul Teget, MD (Hays Medical Clinic)
- Dr. Michael Matteucci (Salina Urology Associates)

Osborne County Inpatient Origin Reports



Inpatient Utilization by Hospital
OSBORNE, KS
2019 Q1 - 2024 Q2

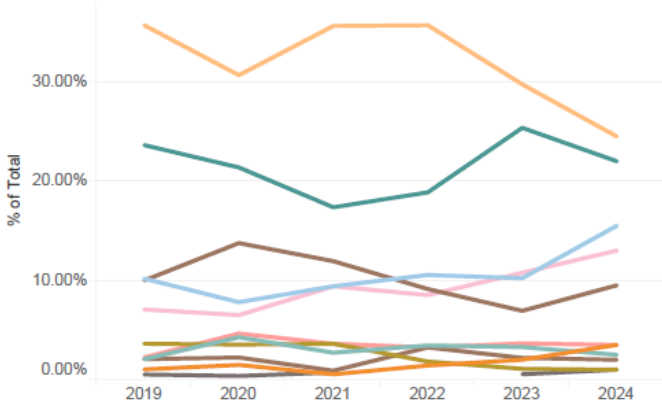
Top N Hospitals
10
Patient State
KS
County
OSBORNE, KS

Inpatient Hospital Volume

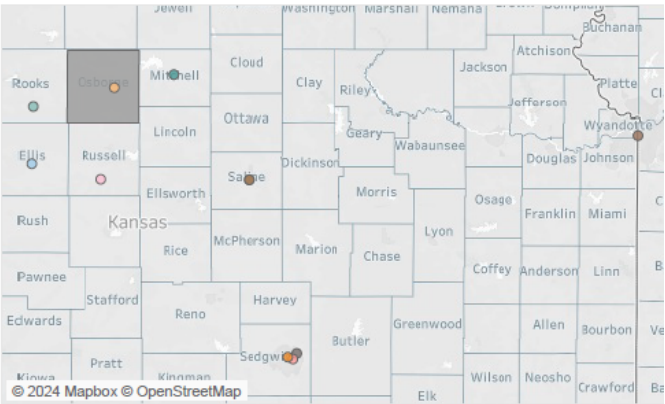
Rank	Hospital	2019		2020		2021		2022		2023		2024	
		Count of ..	% of Mar..	Count of ..	% of Mar..	Count of ..	% of Mar..	Count of ..	% of Mar..	Count of ..	% of Mar..	Count of ..	% of Mar..
1	Osborne County Memorial ..	207	35.69%	165	30.67%	197	35.62%	176	35.70%	163	29.74%	49	24.50%
2	Mitchell County Hospital He..	137	23.62%	115	21.38%	96	17.36%	93	18.86%	139	25.36%	44	22.00%
3	HaysMed - Hays, KS	59	10.17%	42	7.81%	52	9.40%	52	10.55%	56	10.22%	31	15.50%
4	Smith County Memorial Ho..	41	7.07%	35	6.51%	52	9.40%	42	8.52%	59	10.77%	26	13.00%
5	Salina Regional Health Cen..	58	10.00%	74	13.75%	66	11.93%	45	9.13%	38	6.93%	19	9.50%
6	Ascension Via Christi Hospi..	6	1.03%	8	1.49%	3	0.54%	7	1.42%	11	2.01%	7	3.50%
	Wesley Healthcare - Wichit..	13	2.24%	25	4.65%	20	3.62%	16	3.25%	20	3.65%	7	3.50%
8	Rooks County Health Cent..	12	2.07%	23	4.28%	15	2.71%	17	3.45%	18	3.28%	5	2.50%
9	The University of Kansas H..	12	2.07%	12	2.23%	5	0.90%	16	3.25%	12	2.19%	4	2.00%
10	Salina Surgical Hospital - S..	21	3.62%	19	3.53%	20	3.62%	9	1.83%	6	1.09%	2	1.00%
	Wesley Woodlawn Hospital..	3	0.52%	2	0.37%	4	0.72%			3	0.55%	2	1.00%

hospital
Ascension Via Christi Hospitals .. Mitchell County Hospital Health .. Rooks County Health Center - P.. Salina Surgical Hospital - Salina.. The University of Kansas Health..
HaysMed - Hays, KS Osborne County Memorial Hosp.. Salina Regional Health Center -.. Smith County Memorial Hospital.. Wesley Healthcare - Wichita, KS

Inpatient Hospital Market Trend



Inpatient Hospital Map





Inpatient Market Penetration by County

Osborne County Memorial Hospital - Osborne, KS
2019 Q1 - 2024 Q2

Hospital
Osborne County Me...
Top N Counties
10

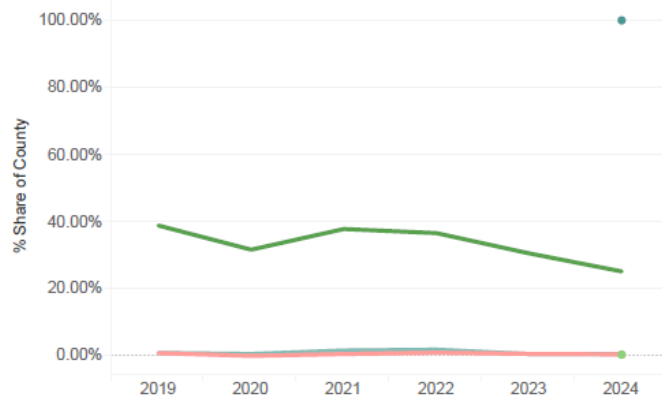
Inpatient County Volume

Rank	County	2019		2020		2021		2022		2023		2024	
		Count of Claim ID	% of Market Share by ...	Count of Claim ID	% of Market Share by ...	Count of Claim ID	% of Market Share by ...	Count of Claim ID	% of Market Share by ...	Count of Claim ID	% of Market Share by ...	Count of Claim ID	% of Market Share by ...
1	OSBORNE, KS	207	38.91%	165	31.73%	197	37.88%	176	36.67%	163	30.64%	49	25.26%
2	MITCHELL, KS	10	0.93%	1	0.13%	5	0.66%	8	1.06%	6	0.71%	2	0.58%
	RUSSELL, KS	8	1.00%	5	0.69%	11	1.73%	14	1.97%	5	0.68%	2	0.70%
4	CLOUD, KS											1	0.48%
	DELAWARE, OH											1	100.00%
	JEWELL, KS											1	0.53%

County

- CLOUD, KS
- DELAWARE, OH
- JEWELL, KS
- MITCHELL, KS
- OSBORNE, KS
- RUSSELL, KS

Inpatient County Market Trend



©2024 Hospital Industry Data Institute
2024-05-21 10:02:35.006

Inpatient County Map



Survey Participation and Responses

The full results of the public survey are attached to this report.

Demographic Details

Fifty-eight individuals completed the CHNA survey and 20 community leaders attended the town hall.

Most respondents were from Osborne or Downs. The age range of those completing the survey varied between 26 and 75. Most respondents were female.

Hospital employees, business owners and merchants and community board members were the top three groups represented.

Current Status of Health Services

On average respondents ranked the current status of health services at 3.69 out of 5 (1 = poor and 5 = very good).

Household Healthcare Choices

Of respondents, 89.7% had been to OCMH in the past two years for healthcare services. The majority responded that they were “very satisfied” with the service they experienced at OCMH.

Additionally, 74.1% of respondents received healthcare services outside of Osborne County. This includes services at facilities in neighboring counties and specialists that require travel of one hour drive or more.

Other Health Needs for Discussion

Respondents indicated that discussion at the town hall should include:

- Housing
- Lack of Providers/Qualified Staff
- Drug/Substance Abuse
- Behavioral/Mental Health
- Cancer

Survey Responses for Town Hall Discussion

The public identified key areas of focus for each ongoing needs, current most pressing priorities and root causes of poor health in the community.

When it came to community and personal healthiness, most survey respondents gave community health a 3 (1 = poor and 5 = very good), personal health received a rating of 4 and overall quality of healthcare received a 4.

Root causes of poor health in communities included:

1. Lack of Exercise
2. Lack of Health & Wellness
3. Lack of Health Insurance
4. Neglect
5. Chronic Disease Management and Lack of Nutrition/Access to Healthy Foods (tied for 5th)

When correlating the root causes to the 2024 County Health Rankings, it was noted that the driver of “% Reporting Poor or Fair Health” for the county was 15% compared to the state average of 14%, obesity was noted as 39% compared to the state average of 37% and access to exercise opportunities was noted at 43% compared to the state average of 80%.

The top eight “Ongoing Needs” identified include (ranked highest priority to lowest):

1. Child Care Access
2. Housing
3. Provider
4. Mental Health Access
5. Nursing Home/Senior Care
6. Affordable Insurance/Access to Medicaid
7. Treatment
8. Specialty Services

The top eight “Current Most Pressing Needs” identified include (ranked highest priority to lowest):

1. Child Care Access
2. Housing
3. Provider
4. Mental Health Access
5. Affordable Insurance/Access to Medicaid
6. Nursing Home/Senior Care
7. Substance Abuse
8. Home Health

While the order is slightly different, leaders noted that each of the categories included the same topics or related areas of need. Leaders were asked to narrow each list to their top three in each category.

The group determined the top three in “Ongoing Needs” are:

1. Child Care Access
2. Provider
3. Housing

Of the “Current Most Pressing Needs” listed based on survey results the group narrowed the top three areas to:

1. Child Care Access
2. Provider
3. Housing and Substance Abuse tied

During the town hall these topics were discussed and the group was asked to share perspectives on the rankings and why topics might be considered the highest priorities for residents.

When reviewing County Health Rankings for the surrounding counties, they also identify the same areas of need.

Community Leader Perspectives and Future Casting

At the town hall, community leaders were presented with survey results and the 2024 County Health Rankings for their input and feedback. Community leaders present at the town all meeting included:

- Jim Hindman, Osborne Industries
- Amy Conrad, Osborne Industries
- Drew Cheney, Solomon Valley Vision
- Kim Cheney, Solomon Valley Vision
- Collin Jones, Downs City Council member
- Stacey Hardy, OCMH
- Kim Henke, OCMH
- Cindy Hyde, OCMH
- Kaley Conner, High Plains Mental Health
- Janel Burch, OCMH Board Member
- Eldon Koepke, OCMH
- Dave Haneke, Parkview
- Dorothy Ellsworth, Osborne United Methodist Church
- Scottie Becker, Osborne County Sheriff's Department
- Nadine Sigle, Osborne County Community Foundation
- Darlene Earl, Osborne Chamber of Commerce
- Jim Struckhoff, Downs Care and Rehab
- Amy Doane, OCMH
- Doris Brown, OCMH

Perspectives on Current Services

Leaders participated in discussion about why issues are critical and the challenges they see.

Access to Fitness/Exercise Opportunities

OCMH is nearly finished with the creation of a walking trail around the hospital campus. The next phase of the plan is to add a community garden and park somewhere on the campus.

Mental Health Access

High Plains Mental Health is just down the street from OCMH which gives Osborne County residents better access than some of the surrounding counties. The Osborne HMPH office is the most consistent field office and they too are in need of providers who want to live and work in rural Kansas.

Nursing Home/Senior Care

Osborne County is lucky to have two nursing home facilities in the county however there is a lack of assisted living or home health options to allow people to age in their home. Changes to nursing home regulations may require an RN at the facility 24 hours a day instead of the current 8 hours. This will greatly increase costs for facilities that already run on a very thin or negative profit margin. They need help recruiting nursing staff of all kinds. Nursing education programs have long wait lists and there are not enough spaces at schools close to home for residents who need to stay close to family while continuing their education.

Other perspectives included that most Western Kansas counties are dealing with the same issues. Another note was the high number of cancer and Parkinson diagnoses in the region.

Future Support and Solutions for Needs

When asked about future casting and how the hospital can begin to work on these issues or partner with other entities to create strategies, the group shared several ideas.

Child Care Access

School districts may be able to help although the Osborne district has not been interested because of the cost and regulations associated with running child care centers. Osborne Economic Development has tried to start a new facility but had a hard time recruiting a provider and meeting regulations.

Housing

Local individuals are starting to work on a plan for housing. Alton and Natoma both have housing projects started and have received letters of support from the hospital. Both communities have been doing good work and would be good resources for housing projects in other communities in the county. The Kansas Department of Commerce has a grant program for 2nd story Main Street apartments. The program is currently only open to Main Street participants but hopefully will open wider in the future.

Mental Health Access

The hospital has added Avera behavioral health to its ER telehealth services to help with screening needs. High Plains Mental Health has a new mobile crisis program that includes responders to 988 and 1-800 calls to HPMH for emergency support. The program has already helped keep several people out of ERs and hospitals. One concern is the stigma around getting mental health support in small communities. Residents may have access but they are unwilling to seek help because of concerns of what people may say. HPMH offers a mental health first aid course that trains participants to identify and respond to warning signs to get further help. This course is offered for free and can help reduce stigma as more people are educated.

Affordable Insurance/Access to Medicaid

There isn't much the county can do about this except work with state officials to expand Medicaid so more people have access.

Other comments from this discussion included the idea of working with the state legislature and agencies to remove some of the restrictions and regulations that make it difficult for community groups, the healthcare industry and others to access programs and funding.

2024–2027 Community Health Improvement Action Plan

Osborne County Memorial Hospital (OCMH)

Effective Period: July 2024 – June 2027

Purpose

This action plan responds to the 2024 Community Health Needs Assessment conducted by OCMH, as required every three years for all nonprofit hospitals. It addresses identified health needs, defines strategies, and outlines partnerships and measurable goals to improve the health of Osborne County residents.

Priority Health Needs & Strategic Goals

Child Care Access

- Support local initiatives such as Osborne Economic Development Osborne County Community Leadership in child care initiatives.
- Assess feasibility of hospital-affiliated child care to support staff retention.
- Metrics:
 - Support local child care initiatives to learn about ways OCMH can champion child care accessibility.

Housing

- Continue supporting housing development projects across Osborne County.
- Metrics:
 - Support Osborne Economic Development and other communities initiatives to increase housing

Recruitment & Retention of Providers

- Partner with Kansas medical and nursing schools for student rotations.
- Promote loan forgiveness and relocation incentives.
- Host at least one career fair for local students at OCMH campus
- Metrics:
 - Hire at least two new full-time providers by 2027.
 - Continue to attract Nex-Gen interns, work-study placements and job shadowing opportunities.

Mental Health Access

- Offer mental health first aid trainings with HPMH.
- Expand Avel tele-behavioral services in primary care and ER.
- Partner with HPMH to begin public campaign to reduce stigma around mental health.
- Offer community wellness tactics such as walking trail, community garden, fitness challenges, etc. for staff and public use
- Metrics:
 - Partner with HPMH to offer training for community members in mental health first aid.
 - Increase mental health screenings by providers during clinic visits.
 - Complete walking trail and community garden.

Nursing Home/Senior Care

- Partner with KHA to advocate for regulatory flexibility for nursing training and education.
- Support CNA/nursing clinical placements locally.

- Metrics:
 - Support local nursing homes by providing medical care and social services for residents as requested.

Affordable Insurance / Medicaid Expansion

- Refer uninsured patients to financial counselors and navigators.
- Collaborate with Kansas CAHs to support Medicaid expansion.
- Publish open enrollment and insurance information publicly.
- Metrics:
 - Partner with local extension office and insurance providers to education and/or refer Medicare eligible community members.

Implementation Structure

Lead Agency: Osborne County Memorial Hospital

Implementation Team: CEO, CNO, CAO, HR/Marketing Director, Community Partners (HPMH, Economic Development, local governments, etc.)

Communication & Evaluation

Public Availability: Implementation plan will be posted on the OCMH website and shared with town hall participants, local media, and regional partners.

Next CHNA Due: 2027

Appendices

The following appendices are included as references for this report.

- A. Osborne County Memorial Hospital 2024 Community Health Needs Assessment Compiled Survey Results
- B. Community Health Needs Assessment Town Hall Presentation
- C. 2024 Osborne County Health Rankings (Kansas Health Institutes)
- D. 2024 Osborne County Healthcare Economic Impact Report (Kansas Health Association)