



**Community Health Center
of Southeast Kansas**

Community Health Needs Assessment



2026

Table of Contents

Executive Summary	3
Our Story	7
Board of Directors	10
People of CHC/SEK	12
Our CHC/SEK Subsidiaries	15
Inspire Health Foundation	16
Building Health, Inc.....	17
Our Service Area & Patient Demographics	18
Three-Year Review & Strategic Alignment	22
Timeline of Key Milestones	29
Our CHNA Methodology	31
Qualitative Data Sources	31
Quantitative Data Sources	32
CHNA Findings	33
Community Conditions Affecting Our Health	34
Population Loss and Demographic Shifts	36
Poverty and Economic Instability	37
Healthcare Access and Workforce Shortages.....	38
Housing and Built Environment.....	39
Childcare Availability and Affordability	40
Social Isolation and Community Context	41
Education and Health Behaviors.....	42
Top 10 Regional Health Conditions	43
Opportunities for Action	45
Our Priorities	45
Conclusion	52
Works Cited	53

“Do all the good that you can, for all the people you can, in all the ways you can, for as long as you can.”
- Mother Mary Bernard Sheridan, CSJ



Executive Summary

The Community Health Center of Southeast Kansas (CHC/SEK) is committed to meeting the evolving needs of the individuals and communities we serve. This Community Health Needs Assessment (CHNA) is an effort to listen—to understand community challenges, barriers to care, and opportunities to serve that matter most to the individuals and families who call Northeast Oklahoma and Southeast Kansas home.





1. Purpose and Approach

Through surveys, focus groups, interviews, and analysis of health data, CHC/SEK has heard directly from community members about health concerns, access challenges, and priorities for improvement. This process recognizes that those who experience our healthcare system and live in our communities are the true experts on what is needed to improve health outcomes and quality of life.

The CHNA process serves a dual purpose: it allows CHC/SEK to identify and prioritize the most pressing needs in our service area, and it provides the foundation for strategic planning for programming and resource allocation.

By grounding our strategic direction in the voices and needs of our communities, we ensure that services and investments align with what matters most to those we serve.

2. Key Findings

This CHNA is not an end point but a beginning. It launches a cycle of planning, action, and evaluation that will guide our work.

Health Conditions

- Heart Disease
- Cancer
- Obesity and Physical Inactivity
- Diabetes
- Mental Health
- Substance Use
- Respiratory Disease
- Maternal and Child Health
- Injury and Unintentional Deaths
- Alzheimer's Disease and Dementia

Community Conditions

- Population Loss and Demographic Shifts
- Poverty and Economic Instability
- Healthcare Access and Workforce Shortages
- Housing and Built Environment
- Childcare Availability and Affordability
- Social Isolation and Community Context
- Education and Health Behaviors

3. Strategic Implications

The findings of this CHNA directly inform CHC/SEK's strategic priorities for the coming years. By aligning our organizational direction with documented community needs, we will:

- **Prioritize** services that address the most significant health challenges and gaps in care.
- **Allocate** resources to maximize impact.
- **Develop** partnerships to address needs that extend beyond traditional healthcare.
- **Measure** progress against defined health outcomes.
- **Remain** accountable to the communities we serve.

4. Moving Forward

We are grateful to everyone who contributed their voice, time, and expertise. Your input will shape how we serve our communities for years to come.

CHC/SEK remains committed to being a “patient owned and operated” health center that truly belongs to our communities—responsive to needs, accountable for outcomes, and unwavering in our dedication to improved health for all.





Our Story

The Community Health Center of Southeast Kansas (CHC/SEK) began with a simple yet powerful idea: every child deserves the chance to be healthy and ready to learn. In 1997, this vision came to life on the second floor of a 90-year-old elementary school building in Pittsburg, Kansas. What started as a small community outreach program of Mt. Carmel Regional Medical Center was driven by a deep commitment to serve children in one of the most underserved areas of the state. Our early efforts focused on providing essential health services—primarily school physicals and immunizations—to children being raised in the throes of generational poverty. The goal was clear: remove simple barriers to learning and ensure every child could thrive in the classroom. It was a mission rooted in love and fueled by the urgent needs of a community with some of the highest rates of childhood poverty in Kansas.

As we worked with families, it quickly became apparent that the health challenges didn't stop with the children. Parents, grandparents, and caregivers—many of whom had limited or no access to healthcare—were also in need of support. The scope of our mission began to grow. In response, we expanded our services and our vision, evolving from a small outreach effort into a comprehensive health center dedicated to serving people of all ages.

By 2003, CHC/SEK had become an independent nonprofit corporation. With a team of just 11 dedicated employees, we cared for more than 3,300 patients, proving that even small teams can make a big impact when driven by passion and purpose. That same year, Mt. Carmel Regional formally transferred its community outreach clinics to CHC/SEK, cementing our role as a Federally Qualified Health Center (FQHC) and safety-net provider for the region.



Shifting focus to the present, CHC/SEK has grown into one of the largest community health centers in the nation.

More than 950 team members now provide care to 85,000 patients each year across Southeast Kansas and Northeast Oklahoma.

Our services extend far beyond primary medical care to include comprehensive dental care—such as pediatric dental services—behavioral health and addiction treatment, imaging and laboratory services, on-site pharmacies and a newly launched specialty pharmacy, correctional health services in jails across the region, and a wide range of supportive programs. Each is delivered with the same commitment: to make high-quality, compassionate care accessible to every patient we serve.

Our commitment extends beyond the exam room. Recognizing the powerful influence of non-medical factors influencing health outcomes, CHC/SEK has invested in efforts that address housing, food access, transportation, education, and other aspects that shape well-being. Through initiatives such as Building Health, school-based clinics, training programs, and innovative community partnerships, we continue to break down barriers to care and create healthier futures for generations to come.

Despite our growth, one thing has never changed: **our mission to provide quality, affordable, and accessible care to all regardless of ability to pay.**



Board of Directors

The Community Health Center of Southeast Kansas (CHC/SEK) is a patient-owned and operated not-for-profit governed by a volunteer Board of Directors that is deeply rooted in the communities we serve. Their voices ensure that decisions are guided not only by professional expertise, but also by the lived experiences of patients and families across the region. The Board is composed of **13 community members**—with the majority being CHC/SEK patients. Four of these members are Founding Board Members, providing leadership and continuity since CHC/SEK’s inception.



Sandra Cobos
Crawford County



Dawn Flores
Crawford County



Nancy Haire
Allen County



Alysia Johnston
Labette County



Brian Jones
Crawford County



Jake Letner
Cherokee County



Daniel Minnis, DDS
Crawford County



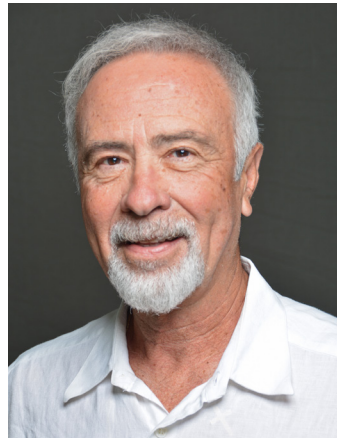
Shawn Naccarato
Crawford County



Patrick O'Bryan
Crawford County



Rachel Ruiz
Crawford County



David Shepherd
Bourbon County



Judy Westhoff
Crawford County



Karen Vinyard Waddell
Washington County (OK)

The Board reflects the diversity of our region—geographically, professionally, and demographically. They bring experience in healthcare, education, business and finance, law, public service, and community leadership. The demographics of the Board closely mirror those of CHC/SEK’s patient population, reinforcing their role as a true voice of the community and a vital way for the organization to stay connected to those it serves.

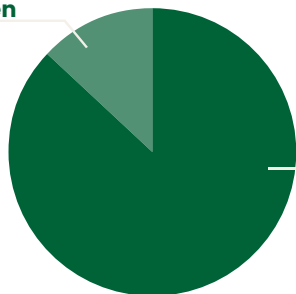
Together, the Board provides fiduciary responsibility, oversight, and strategic direction for the organization, including approval of the Community Health Needs Assessment (CHNA). Their leadership keeps CHC/SEK responsive to community needs and committed to expanding access to care and improving health outcomes across Southeast Kansas and Northeast Oklahoma.



The People of CHC/SEK

At CHC/SEK, people are the heart of our success. Their compassion, expertise, and dedication shape the care we deliver to more than **85,000 patients annually**. With **nearly 950 employees** across the system, CHC/SEK is one of the region's largest employers supporting patient volumes that have grown nearly **40% over the past five years**.

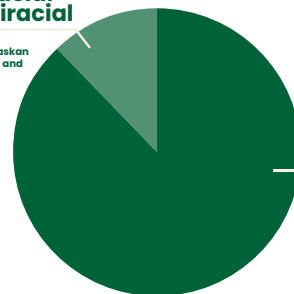
13%
Men



87%
Women

12%
Diverse racial
and multiracial

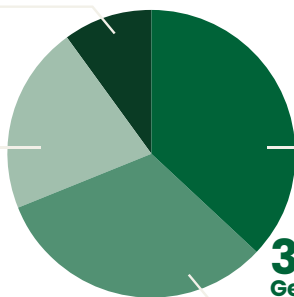
*Including Hispanic,
American Indian/Alaskan
Native, Black, Asian, and
multiracial staff



88%
White

10%
Baby Boomers

21%
Gen Z



37%
Millennials

32%
Gen Xers



At the helm is CHC/SEK’s executive leadership team, bringing over a century of combined experience in healthcare, law, finance, and operations. Under the vision of Founder and CEO Krista Postai, who has grown CHC/SEK from a single clinic into one of the **largest rural health systems in the nation**, this team drives organizational strategy and clinical excellence.

Investing in recruitment, retention, and career development remains central to our people strategy. Leadership training, certification programs, clinical rotations, and university partnerships help us attract top talent and build lasting career pathways. In 2024, CHC/SEK ranked in the top 4% of community health centers nationwide for service volume and received the HRSA Health Center Quality Leader Silver Badge—a testament to the dedication and skill of our team. Another investment in our staff is the Inspire Health Foundation, which provides scholarship opportunities for employees and their dependents—creating educational pathways that support both professional advancement and family wellbeing.

The people of CHC/SEK are more than employees, they are neighbors, advocates, and an extension of the communities we serve. Supporting them means addressing the full spectrum of needs that impact their lives, from housing and transportation to childcare, education, and wellness.

When we care for those who care for others, we don't just strengthen our workforce—we **build a healthier, more resilient future for our rural communities.**



Our CHC/SEK Subsidiaries

While identifying healthcare needs through our strategic planning process, CHC/SEK recognized that improving the health of our patients requires more than clinical services alone. To truly advance and improve health outcomes, we must also address the foundations that shape well-being, beginning with education. Education opens doors to opportunity, builds pathways out of poverty, and equips individuals and families with the tools to make informed decisions about their health and future. With this understanding, CHC/SEK created mission-aligned subsidiaries, Inspire Health Foundation and Building Health Inc., that extend our work beyond the exam room, focusing on education, career pathways, transportation, housing, food security, areas that are essential to building stronger families and healthier communities for the long-term.





Inspire Health Foundation

Established in 2022, the Inspire Health Foundation (IHF) is dedicated to growing the next generation of healthcare professionals in rural communities. Based at the John U. Parolo Education Center in Pittsburg, Kansas, IHF promotes healthcare careers by engaging students, parents, and educators in hands-on learning experiences alongside local healthcare practitioners.

In its first three years, the Inspire Health Foundation reached more than **1,000 local children** through programs, introducing them to careers in medicine, nursing, dental, behavioral health, and allied health fields.

Building on that success, the Inspire Health Foundation continues to expand access so that all youth—regardless of background or circumstance—can participate in career exploration opportunities such as health career camps, skills-building activities, job shadowing, mentorship, and scholarships.

IHF programs are intentionally focused on youth living in Southeast Kansas, a region where more than **60%** of students live below 200% of the federal poverty level, and an area that faces significant healthcare workforce shortages. By engaging students, particularly through initiatives like Inspire Health Spring Break Camp and Inspiring Women career exploration events, IHF provides early exposure to healthcare professions at critical points in educational development. These programs are delivered in collaboration with local school districts, Greenbush Educational Service Center, Health Occupations Students of America (HOSA)-Future Health Professionals, universities, and healthcare employers, ensuring strong alignment between classroom learning and real-world practice.

At its core, the Inspire Health Foundation reflects the belief that strong rural communities depend on strong local health systems—and that the best care comes from professionals who understand and reflect the culture of the communities they serve. By inspiring youth to see themselves in healthcare careers and fostering a sense of belonging within local health systems, IHF is helping to retain local talent, strengthen the regional workforce, and secure the future of healthcare in Southeast Kansas.



Building HEALTH

Building Health, Inc.

Building Health, Inc. (BHI) was established as a nonprofit subsidiary of the Community Health Center of Southeast Kansas (CHC/SEK) to address the broader factors that influence health in rural communities. As a mission-aligned extension of CHC/SEK, BHI works to improve access to housing, food resources, employment, transportation, and community services—recognizing that healthcare alone represents only part of what it takes to keep individuals and families healthy. Research shows that as much as **70%** of health is determined by community conditions such as housing stability, food access, employment opportunities, transportation, and infrastructure. Without attention to these areas, many individuals across Southeast Kansas will continue to face barriers to their well-being.

BHI was created to respond directly to these realities and to expand CHC/SEK's reach beyond the clinic setting. Guided by the vision that Southeast Kansas communities are healthy, housed, and connected, BHI is committed to increasing the supply of affordable, accessible housing, preserving and stabilizing existing housing stock, providing pathways to meaningful employment, enhancing access to healthcare and transportation, and co-locating supportive services to ensure wraparound care. Additionally, BHI works to strengthen community engagement in local planning and development, ensuring that residents have a voice in shaping the environments in which they live.

By integrating social support with healthcare delivery, BHI represents CHC/SEK's belief that building health begins where people live, learn, work, and play.

Through this innovative subsidiary, CHC/SEK continues to invest in long-term solutions that foster stability and community vitality throughout the region.



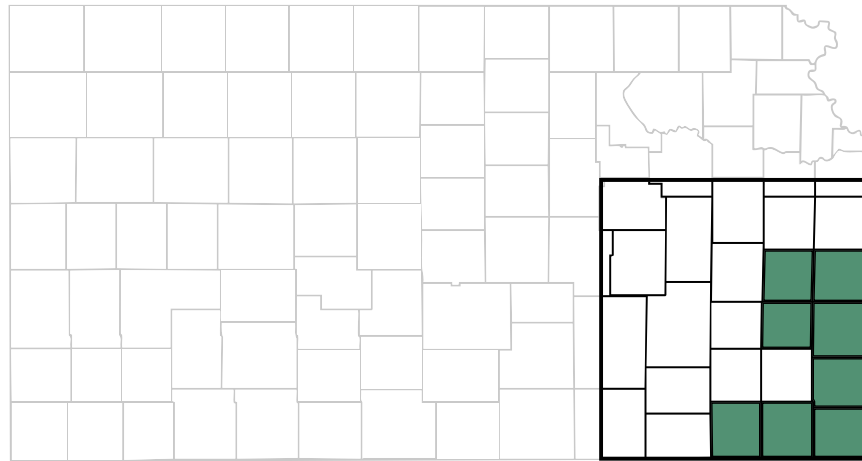
Our Service Area & Patient Demographics

Service Area

Southeast Kansas and Northeast Oklahoma are regions shaped by a rich industrial legacy—coal mining, railroads, agriculture, and manufacturing built strong, resilient communities. Yet, this legacy has also left lasting economic and environmental challenges. Once-thriving industrial centers now face population decline, aging infrastructure, and persistent poverty. These disparities are not only evident between counties but also within communities—such as Bartlesville, Oklahoma, where health outcomes can vary dramatically by ZIP code.

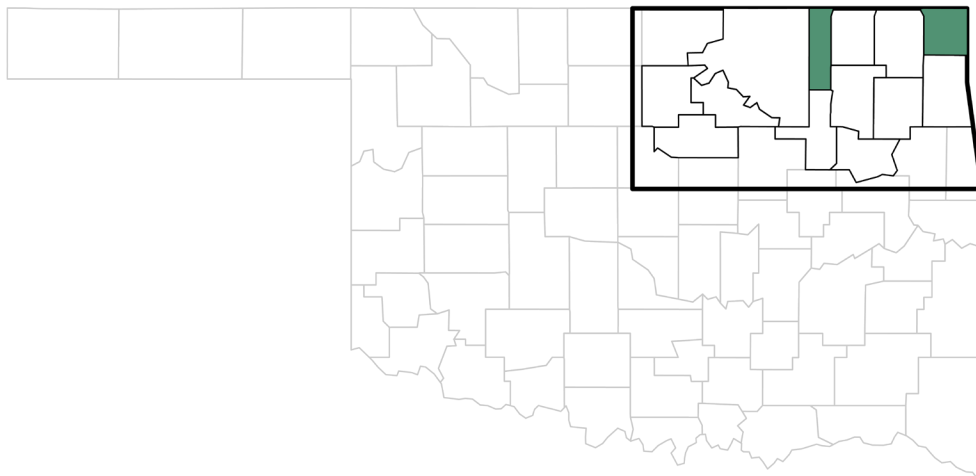
The Community Health Center of Southeast Kansas (CHC/SEK) exists to bridge these gaps. What began as a small outreach program has grown into the largest community health center in Kansas, with more than 17 clinic locations serving some of the most medically underserved areas in both Southeast Kansas and Northeast Oklahoma. Our mission is rooted in reaching deep into rural communities—delivering comprehensive care where it's needed most.

Traditionally, Southeast Kansas includes nine counties: Allen, Bourbon, Cherokee, Crawford, Labette, Montgomery, Neosho, Wilson, and Woodson. CHC/SEK's reach has since expanded to include full-time clinics in Anderson and Linn counties, where we operate multiple sites.



Today, we maintain clinics across Anderson, Allen, Bourbon, Cherokee, Crawford, Labette, Linn, and Montgomery counties.

In Oklahoma, our presence is growing. CHC/SEK currently operates a clinic in **Miami** (Ottawa County) and recently **expanded into Bartlesville** (Washington County), a city of 38,000. This expansion reflects our continued commitment to serving communities where access to healthcare remains a challenge. Notably, Bartlesville includes the ZIP code 74003, identified as having the highest need across our entire service area based on poverty, health outcomes, and access-to-care indicators.



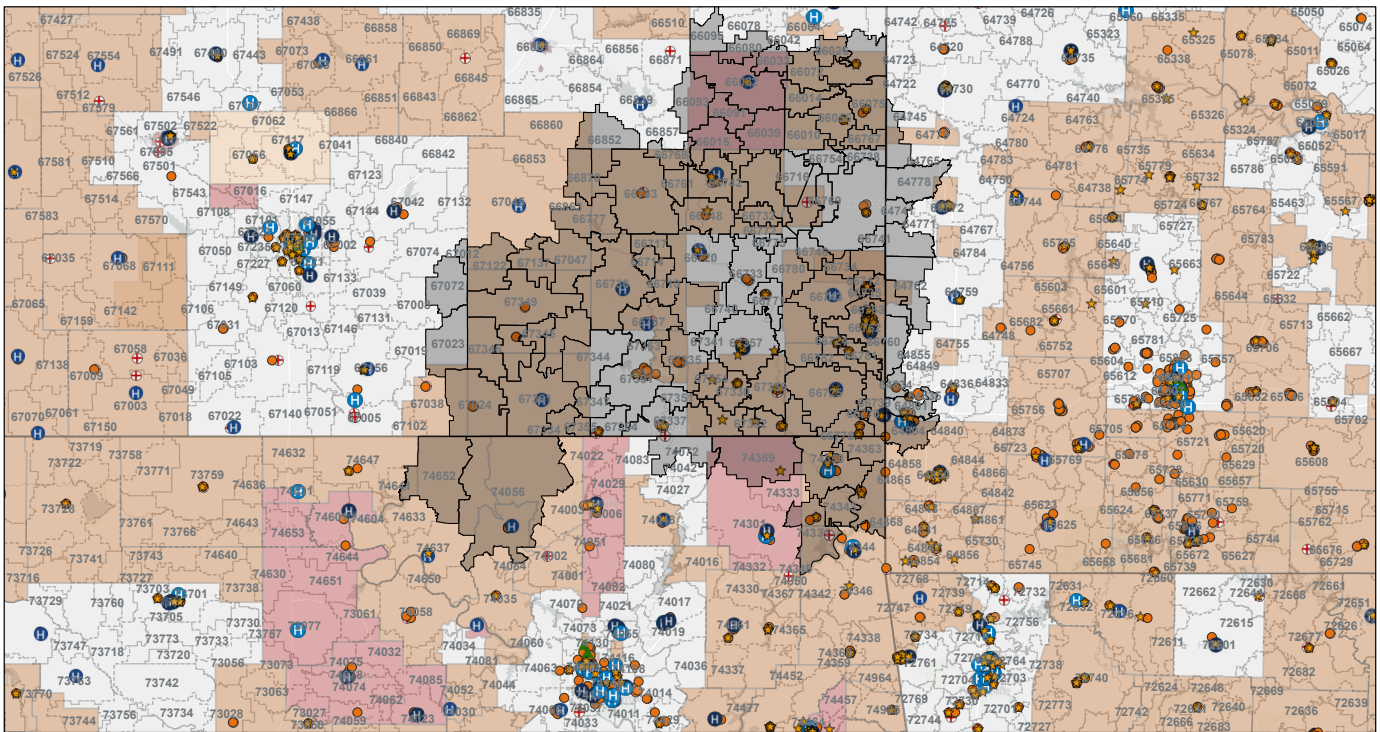
Our service area faces persistent challenges in sustaining a rural health workforce. Hospital closures, limited specialty services, and long travel times for basic care all compound disparities. In the CHC/SEK service region, three hospitals have closed in the past eight years, leaving CHC/SEK as the primary, and in some cases only, provider. While nearly 20% of Americans live in rural areas, only 9% of U.S. physicians practice in them. This imbalance continues to drive shortages across nearly every discipline, and the entire service area qualifies as a federally designated Health Professional Shortage Area (HPSA). Addressing these shortages is not optional—it is essential to ensuring access to preventive care and long-term community health.

Patient Origins

CHC/SEK's service area spans Southeast Kansas, Northeast Oklahoma, and portions of Southwest Missouri, covering more than 6,300 square miles and serving a population of approximately 256,000 residents. Classified as entirely rural, the region continues to face challenges of provider shortages, aging infrastructure, and persistent poverty that contribute to poor health outcomes compared to state and national benchmarks.

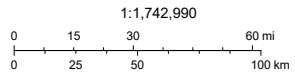


CHC/SEK Service Area



January 6, 2026

- ★ Health Center Service Delivery Sites
- ▲ Look-Alike Service Delivery Sites
- Hospitals
- Critical Access Hospitals
- Short Term
- Other
- National Health Service Corps (NHSC) Sites
- Rural Health Clinics (RHCs)
- Medically Underserved Areas/Populations (MUA/Ps)
- Medically Underserved Area
- Medically Underserved Population
- Medically Underserved Area – Governor's Exception
- States



Source: Esri, TomTom, Garmin, FAO, NOAA, USGS, © OpenStreetMap contributors, and the GIS User Community. Sources: Esri, TomTom, Garmin, © OpenStreetMap contributors, and the GIS User Community

Health Center Program GeoCare Navigator

As reflected in the Uniform Data System (UDS) patient origin maps, the darkest blue areas indicate the highest concentrations of CHC/SEK patients. While clinics primarily serve the counties in which they are located, patients often travel across county and state lines because of the scarcity of affordable, high-quality care in surrounding areas. This is especially evident in Ottawa and Washington Counties in Oklahoma, where CHC/SEK has expanded services, and in Carthage, Missouri, where a growing number of patients travel to CHC/SEK clinics not only for medical services but also because of access to translation and interpretation services that help overcome language barriers.

Patient origin data also reflects the strength of CHC/SEK's presence in core counties such as Crawford, Cherokee, Labette, Montgomery, and Allen, as well as emerging growth in Anderson County following the integration of a Garnett clinic. At the same time, areas such as Wilson, Woodson, and Neosho Counties continue to show unmet need, underscoring the importance of ongoing evaluation for future expansion.

When evaluating potential expansion of services or clinic hours, CHC/SEK considers a range of factors, including:

- Patient origin and demographic data
- Barriers and travel time between service sites
- Availability of local health services and gaps in care
- Health outcomes and community needs
- Sustainability

By strategically locating clinics and aligning service hours with patient demand, CHC/SEK maintains a network of care that is both physically and financially accessible. This commitment to responsive service delivery ensures that patients across our rural service area can receive timely, high-quality care regardless of their location or circumstances.



Three-Year Review & Strategic Alignment

Since the completion of the 2022 Community Health Needs Assessment, CHC/SEK has advanced a wide range of initiatives that directly address the health priorities identified across Southeast Kansas and Northeast Oklahoma. These efforts reflect the organization's resilience during the COVID-19 pandemic and its continued focus on long-term improvements in community health.



CHC/SEK played a central role in pandemic response, providing more than **104,000 tests** and **71,000 vaccinations**, while distributing thousands of at-home testing kits. Outreach strategies ensured that populations experiencing barriers to care were reached, and these efforts earned recognition from HRSA and state partners. At the same time, CHC/SEK invested in addressing chronic disease by launching a Diabetes Center of Excellence, securing re-accreditation for its Diabetes Self-Management Education Program, and partnering with the University of Kansas Cancer Center to expand access to breast, cervical, and colorectal cancer screenings across rural communities.

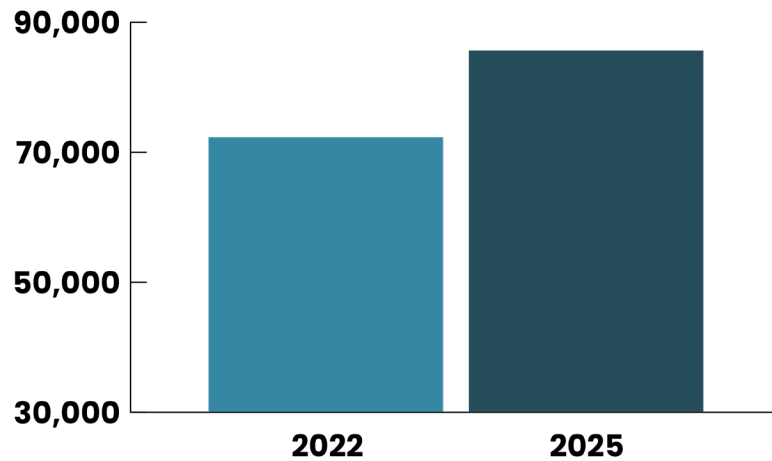


The demand for behavioral health and substance use services has continued to rise. CHC/SEK responded by expanding Medication Assisted Treatment, with more than 30 providers now prescribing, and by extending services into correctional facilities and youth populations. Outreach has also been directed to individuals facing unstable housing and other significant barriers, ensuring that social support, medical care, and behavioral health resources reach those most in need.

Addressing workforce shortages has been a major priority. CHC/SEK implemented a “grow our own” strategy by partnering with University of Kansas School of Medicine to establish a rural family practice residency within Southeast Kansas, an advanced practice registered nurse (APRN) residency program with Pittsburg State University, and medical-legal partnerships with Washburn University. These programs are supported by CHC/SEK’s \$6 million John U. Parolo Education Center, which provides space for interprofessional learning and inspires future generations of healthcare workers.

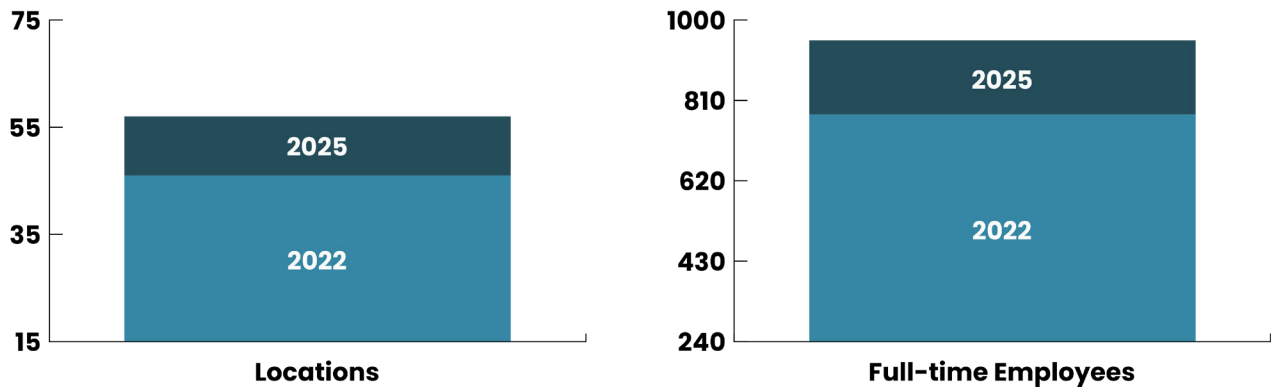
With support from HRSA’s Ending the HIV Epidemic initiative, CHC/SEK also expanded testing, community education, and access to preventive medications such as PrEP, building regional capacity to reduce HIV transmission risks. At the same time, CHC/SEK recognized the importance of addressing community conditions affecting our health. In response, Building Health, Inc. was established to focus on food security, housing, education, and transportation, while funding supported Food is Medicine initiatives. Construction of affordable housing projects and the expansion into schools and neighborhoods have extended CHC/SEK’s reach beyond traditional clinical care.

Patients Served from 2022–2025



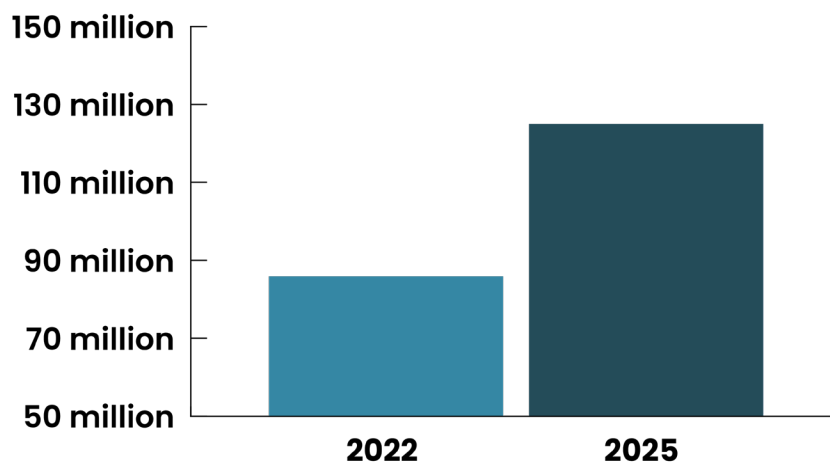
Organizational growth has been equally significant. Between 2022 and 2025, the number of patients had an **18 percent rise in just three years**.

Expansion between locations and employees



CHC/SEK experienced significant growth over the past three years, with both its service footprint and workforce **expanding by 23 percent**. This growth reflects the organization's continued commitment to increasing access to care and strengthening its ability to meet patient needs.

Financial investment – expense budget



Financial investment kept pace with organizational growth, with the expense budget increasing by approximately **46 percent** over the three-year period—reflecting the scale of expansion and the resources required to sustain the region's largest safety-net provider.

This growth has taken many forms. Since 2022, CHC/SEK has:



Added school-based health centers in Columbus, Baxter Springs, Iola, and at the Bryant Student Health Center at Pittsburg State University.



Expanded pharmacy services in Coffeyville, Pittsburg, and Parsons.



Launched correctional health programs in Labette and Wilson Counties.



Opened and expanded sites in Garnett, Fort Scott, and Pittsburg.



The organization assumed responsibility for the CareVan transportation program, preserving an essential service for disadvantaged patients, and partnered with B & W Trailer Hitches to provide an on-site employee health clinic.

Strategic facility projects such as wellness expansions in Pittsburg and Fort Scott, the Rita J. Bicknell Family Health Center renovation, and the John U. Parolo Education Center further enhanced capacity. Each of these expansions reflects CHC/SEK's commitment to integrating medical, dental, and addiction treatment and behavioral health services, while embedding community health workers, resource specialists, and benefits enrollment staff to address housing, food, transportation, and insurance barriers.





Finally, CHC/SEK initiated the development of a residential hospice to address disparities in access to end-of-life care identified across the region. The project was supported by a \$5 million Congressionally Directed Spending allocation included in a Consolidated Appropriations Act, secured by Senator Jerry Moran, a \$1 million contribution from the Mount Carmel Foundation, and major gifts from community members. Construction of the Mount Carmel House began in 2025. This investment represents a systems-level response to community-identified needs and barriers to comprehensive care.

The work undertaken since 2022 also reflects CHC/SEK's commitment to aligning strategic priorities with its mission, vision, and the needs identified by patients and communities. As a patient-majority governed organization, CHC/SEK ensures that the voices of those served are consistently represented in leadership and decision-making. This structure provides a direct link between community input and organizational action.

Programmatic expansions in chronic disease care, behavioral health, HIV prevention, and integrated service delivery respond directly to the priorities identified in the CHNA. Partnerships with universities, hospitals, public health agencies, and community organizations have expanded regional capacity and ensured that CHC/SEK's work complements, rather than duplicates, the efforts of others. Investments in workforce training, educational facilities, housing, transportation, and hospice planning demonstrate a balance of meeting immediate needs while preparing for the long-term sustainability of rural healthcare.

CHC/SEK's strategic actions align with Health Resources and Services Administration (HRSA) and Internal Revenue Service (IRS) requirements for community health needs assessments, reinforcing the organization's accountability and strengthening its case for ongoing federal, state, and philanthropic investment. The progress of the past three years demonstrates how CHC/SEK has remained both community-driven and forward-looking, ensuring that identified needs are transformed into meaningful improvements in health and access across the region.

Timeline of Key Milestones

2022-2025

May - June 2022

Addition of three school-based health clinics in Columbus, Baxter Springs, and Iola.

November 2022

Opening of the Garnett/Pheasant Ridge Clinic and assumption of the CareVan transportation program from Via Christi in Pittsburg.

January 2023

Opening of the John U. Parolo Education Center (JPEC) in Pittsburg, including launch of the first dental assistant training program.

April 2023

Acquired the medical services of Eldercare in Bartlesville, OK, expanding access for older adults.

August 2023

Establishment of a school-based health clinic at the Bryant Student Health Center at Pittsburg State University (PSU).

January 2024

Launch of Labette County correctional health services.

February 2024

Completion of 3011 North Michigan wellness expansion in Pittsburg.
Launch of the Wilson County correctional health site.

Timeline of Key Milestones Cont.



Our CHNA Methodology

To guide the development of the 2026 Community Health Needs Assessment (CHNA), CHC/SEK used a mixed-methods approach that combined quantitative data with qualitative input from patients, community members, and regional stakeholders. This approach provides a comprehensive view of health needs across our multi-county service area in Southeast Kansas, Northeast Oklahoma, and Southwest Missouri.

We identified community health needs and top regional health conditions through the collection and analysis of data from multiple sources. Statistics on community health status, healthcare access, and related indicators were gathered from local, state, and federal government agencies, as well as community service organizations. Where possible, findings were compared to state and national benchmarks. In addition, CHC/SEK reviewed recent health assessments conducted by other organizations, including local health departments, hospitals, and community partners, to validate and supplement findings.

Qualitative Data Sources

- **Patient Surveys and Feedback** – Patient satisfaction surveys are distributed to 25% of patients following visits. In 2025, more than 48,000 surveys were distributed, yielding an 8.2% response rate and an 88% satisfaction score—exceeding CHC/SEK’s benchmark goals. Surveys are aligned with HRSA patient-centered medical home and culturally and linguistically appropriate services standards.
- **Grievance Process** – Patients are encouraged to submit grievances regarding service or care quality. Each grievance is logged, reviewed, and analyzed for trends. Findings inform the CHNA process and drive continuous quality improvement.
- **Targeted Surveys** – Two targeted surveys were conducted to capture specific perspectives. The first was administered in clinics to patients and staff; the second was distributed at Pittsburg State University’s Gorilla Gateway event for incoming freshmen. Both surveys found that these were the top concerns: access, affordability, mental health, and preventive care.
- **Focus Groups** – Focus groups with clinical staff, patient navigators, educators, and community partners (e.g., local agencies, and schools) provided deeper insights into barriers such as transportation, housing, and behavioral health, adding context to the quantitative data.
- **Patient Experience Task Force** – An internal task force regularly reviews patient feedback and publishes a quarterly scorecard. Their recommendations have led to clearer after visit summaries, improved patient portal materials, and enhanced customer service training—turning patient input into actionable improvements.

Quantitative Data Sources

- **Uniform Data System (UDS)** – patient origin, demographics, payer mix, financial, and staffing trends.
- **County Health Rankings and Roadmaps** (University of Wisconsin Population Health Institute Robert Wood Johnson Foundation) – health outcomes and health factors across Kansas and Oklahoma counties.
- **Kansas Health Matters** – population health indicators, poverty, housing, hospital admissions, and health outcomes.
- **Kansas and Oklahoma Departments of Labor** – unemployment and workforce trends.
- **American Community Survey (ACS), U.S. Census Bureau** – demographics, race/ethnicity, poverty, income, and housing.
- **Kansas Department of Health and Environment (KDHE), Annual Vital Statistics** – births, mortality, and teen pregnancy.
- **Kansas Bureau of Investigation (KBI)** – violent and property crime rates.
- **Oklahoma State Department of Health (OSDH)** – mortality, chronic disease, and county health indicators.
- **CDC WONDER** – leading causes of death and mortality rates.
- **U.S. Department of Agriculture, Economic Research Service** – rural healthcare access and community conditions.
- **Regional Community Health Needs Assessments (CHNAs)** – including hospital, health department, and community partner assessments.
 - **Local hospital CHNAs:** Anderson County Hospital, Allen County Regional Hospital, Ascension St. John Jane Phillips Hospital (Bartlesville, OK), Neosho Memorial Regional Medical Center, Labette Health, Coffeyville Regional Medical Center, Freeman Health System (Joplin, MO), AdventHealth Ottawa, and Mercy Southwest Missouri and Southeast Kansas communities.
 - **Tri-State/Ozarks Health Commission (OHC):** Represents a 10-county region across Missouri (Vernon, Barton, Jasper, Newton, McDonald), Kansas (Crawford, Cherokee, Labette), and Oklahoma (Ottawa, Delaware). Regional partners include CoxHealth, Freeman Health System, Mercy, Jasper County Health Department, and Joplin Health Department.
 - **Community partner CHNAs:** Southeast Kansas Community Action Project (SEK-CAP), KDHE Primary Care Needs Assessment, and Southeast Kansas Health Committee reports.
 - **Health department CHNAs:** Bourbon County Health Department, Ottawa County Health Department, Southeast Kansas Multi-County Health Department (Allen, Anderson, Bourbon, Woodson).

Together, these qualitative and quantitative sources provide a reliable foundation for identifying the health needs of our region. The data not only highlight where disparities exist, but also point to the conditions and diseases most affecting patients and communities across Southeast Kansas and Northeast Oklahoma.



CHNA Findings

CHC/SEK combined quantitative data with qualitative input to help inform the findings of this Community Health Needs Assessment (CHNA). The 2026 CHNA identified two overarching findings that define the current state of health in Southeast Kansas and Northeast Oklahoma.

First, the assessment reaffirmed that community conditions—the social, economic, and environmental realities in which people live, work, and learn—play a pivotal role in shaping health outcomes. Seven domains emerged as the most critical to the region: population decline and demographic shifts; poverty and economic instability; limited access to healthcare and workforce shortages; housing quality and the built environment; childcare availability and affordability; social and community dynamics; and access to and attainment of education. Second, the CHNA highlighted ten leading health conditions that place the greatest burden on our communities: heart disease, cancer, obesity, diabetes, mental health disorders, substance use, chronic respiratory diseases, maternal and child health challenges, injuries and unintentional deaths, and Alzheimer’s disease and dementia.

Together, these findings—encompassing both community conditions and prevailing health outcomes—provide a comprehensive framework for understanding regional health needs and guiding CHC/SEK’s strategic priorities moving forward.





Community Conditions Affecting Our Health

To better understand the circumstances shaping health in our region, CHC/SEK examined key health factors in relation to community conditions.

Research shows that as much as **70%** of health outcomes are influenced by non-medical factors—conditions in the environments where people are born, live, learn, and age.

These circumstances often have a greater impact on health than clinical care alone. In Southeast Kansas and Northeast Oklahoma, community conditions play an outsized role in driving disparities, contributing to elevated rates of heart disease, cancer, diabetes, obesity, mental illness, and premature mortality. Within CHC/SEK's service area, seven domains of quality-of-life conditions stand out as most critical to understanding community health needs:

1. Population Loss and Demographic Shifts
2. Poverty and Economic Instability
3. Healthcare Access and Workforce Shortages
4. Housing and Built Environment
5. Childcare Availability and Affordability
6. Social Isolation and Community Context
7. Education and Health Behaviors

At CHC/SEK, we are committed to building healthier people and healthier communities by addressing these barriers in alongside clinical care.



Population Loss and Demographic Shifts

Population decline continues to be a pressing challenge across the CHC/SEK's service area. Since the mid-20th century, most of the counties in Southeast Kansas and neighboring Oklahoma have experienced consistent out-migration, particularly among younger adults seeking employment and educational opportunities elsewhere. Over the last 100 years, the Kansas portion of the service area has **lost about 41%** of its population, falling from 206,000 residents to fewer than 125,000 today.

This trend has contributed to an aging population, higher dependency ratios, and growing concerns about the long-term sustainability of these rural communities. Compounding this trend is a steady decline in birth rates. Recent U.S. Census Bureau data show fertility rates falling across most age groups, with many Southeast Kansas counties below state averages. For a region already struggling with out-migration and elevated poverty, fewer births and ongoing population loss carry major implications for school enrollment, workforce development, and healthcare demand in the decades ahead.

The effects ripple through local economies. As young adults leave, the region loses part of its tax base, while older residents contribute less in earned income taxes and require greater healthcare and social support. This leaves the remaining population with a heavier tax burden to sustain schools, infrastructure, and local services. Fewer students reduce state funding for schools, and healthcare providers face shrinking reimbursement as the working-age population declines and fewer residents hold employer-sponsored insurance. The result is a compounding cycle: fewer residents mean fewer resources, making it increasingly difficult to sustain economic vitality, education, and healthcare infrastructure.

Historically, the rural population of Southeast Kansas represented as much as **18%** of the state's total, allowing for stronger influence in both the Kansas House and Senate. Today, that share has fallen to just **6.2%**, significantly reducing the region's political voice.

As population has shifted toward urban centers, redistricting has reduced rural legislative influence, leaving regions like Southeast Kansas with fewer voices in policymaking.

Poverty and Economic Instability

High poverty rates remain a persistent challenge across Southeast Kansas and Northeast Oklahoma. In several counties, nearly one in five children live below the federal poverty line and some counties up to 28%, with overall poverty rates surpassing both Kansas and Oklahoma averages. Limited employment opportunities, low median household incomes, and rising costs for basic needs directly affect families' ability to afford food, housing, transportation, and healthcare. For many, generational poverty—now extending into fourth and fifth generations—continues to drive instability and poor health outcomes. Children are disproportionately affected.

Nearly one-in-five children under age 18 live in households below 100% of the Federal Poverty Level, and out of 45,794 public school students in the service area, 27,436 (59.9%) were eligible for free or reduced-price meals in the most recent reporting year.



This rate of children under the age of 18 who are eligible for free or reduced-price lunches is significantly higher than the state average of 48.1%, reflecting how deeply economic hardship impacts children's nutrition, development, and academic performance.

Employment trends compound these challenges. The average unemployment rate across CHC/SEK's service area stands at 4.5%, representing more than 5,500 unemployed individuals age 16 and older. In rural communities with limited industry, even small increases in unemployment ripple through households and weaken already fragile local economies. Together, these realities paint a picture of economic instability that threatens not only individual and family well-being, but also the long-term vitality of schools, healthcare systems, and community infrastructure across the region.

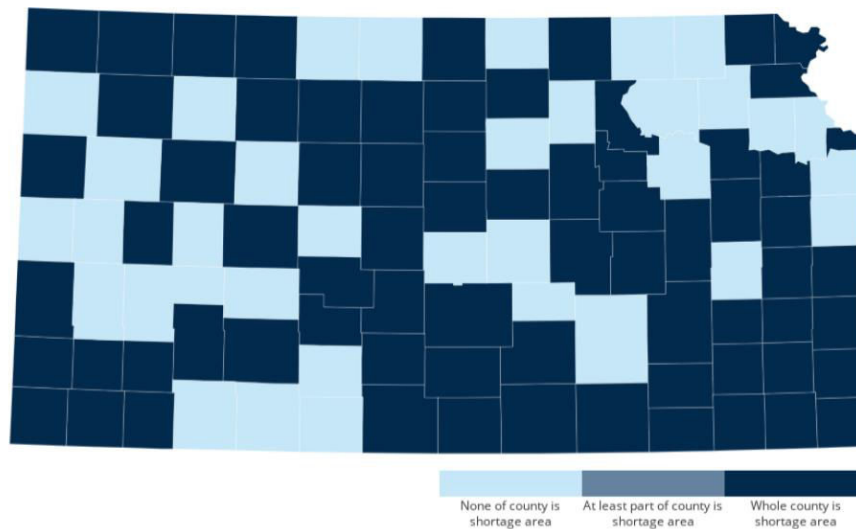
Healthcare Access and Workforce Shortages

Nearly every rural county in Kansas is designated as a Health Professional Shortage Area (HPSA), indicating a critical lack of primary care, dental, and mental health providers.

National data show rural areas average only 4.4 primary care physicians and 2.5 dentists per 10,000 residents, compared to 6.1 and 4.1 in urban areas.

Southeast Kansas mirrors these disparities, where geographic isolation and workforce recruitment challenges worsen existing service gaps.

Health Professional Shortage Areas: Primary Care, by County, July 2025 - Kansas



Source: data.HRSA.gov.

The consequences of provider shortages are profound. Limited availability leads to longer wait times, increased travel distances, and higher out-of-pocket costs, all of which contribute to delayed or foregone care. As a result, residents are more likely to experience unmanaged chronic conditions such as diabetes, hypertension, and heart disease, as well as higher rates of preventable hospitalizations and emergency room utilization. Mental and behavioral health services are especially scarce, with many rural counties lacking even a single licensed mental health provider.

These systemic barriers fall hardest on vulnerable groups. Disability prevalence across the service area exceeds both state and national averages, reflecting an aging population and higher rates of chronic disease. Individuals living with disabilities face compounding challenges in securing care—limited transportation, higher healthcare costs, and inadequate local resources—which further amplifies the impact of provider shortages.

Housing and Built Environment

Housing instability remains a pressing concern across Southeast Kansas, impacting both individual well-being and overall community health.

Up to 15% of households in the region experience some form of housing instability, including overcrowding, unsafe structures, or spending a disproportionate share of income on housing.

Unstable housing can contribute to a host of negative health outcomes, from chronic stress and respiratory illness to limited access to healthcare, education, and employment.

The 2022 Kansas Statewide Housing Assessment underscores the growing urgency of the issue, projecting that Southeast Kansas will require between 848 and 1,036 new housing units annually through 2028 to meet demand. This projection is significantly higher than the estimated 510 units built annually between 2010 and 2019, revealing a substantial and persistent gap between housing needs and available supply. Without sustained investment in housing development—including affordable, workforce, and senior housing—the region risks exacerbating health disparities, workforce shortages, and economic stagnation.

Furthermore, much of the housing built in the Southeast Kansas and Northeast Oklahoma areas pre-date 1960, posing several health and safety risks. These older homes are more likely to contain lead-based paint, a serious health hazard for children that can cause developmental delays, learning difficulties, and behavioral issues. In addition, outdated electrical systems, poor insulation, aging plumbing, and structural deterioration increase the risk of fires, respiratory problems, and injury. Many of these homes also lack modern ventilation, contributing to mold and indoor air quality issues that exacerbate asthma and other chronic conditions. Broadband access also lags state averages in rural areas, limiting telehealth and education opportunities. Transportation barriers persist, with few public transit options and long travel distances to care, jobs, and food outlets.

Childcare Availability and Affordability

Childcare access is an important component of community health, influencing whether families are able to obtain timely healthcare and maintain economic stability. In Southeast Kansas and Northeast Oklahoma, the challenge is compounded by high costs and limited availability.

The average annual cost of center-based infant care in Kansas exceeds \$11,000—nearly 15 percent of the median family income—well above the affordability threshold recommended by the U.S. Department of Health and Human Services.

In Oklahoma, shortages are equally pressing, with more than half of residents living in areas designated as “childcare deserts,” where licensed slots are insufficient to meet demand.

For CHC/SEK patients, these barriers create a twofold impact. Families may delay or forgo preventive and routine healthcare when childcare is unavailable or unaffordable, and the financial strain of childcare reduces resources for other essentials such as housing, food, and healthcare. These trade-offs contribute to cycles of economic instability and poor health outcomes, particularly for low-income households.

Women are disproportionately affected by these challenges, as childcare responsibilities most often fall on them. This reality not only limits career advancement and income potential for women in the region but also directly impacts CHC/SEK’s workforce—where women make up the majority of employees. Childcare shortages reduce workforce participation, complicated scheduling, and hinder recruitment and retention in an already strained rural healthcare system.

Addressing childcare availability and affordability is therefore critical not only to supporting working families but also to sustaining the healthcare workforce and strengthening long-term community health.



Social Isolation and Community Context

Social isolation represents a growing concern, particularly for individuals living with chronic diseases such as chronic obstructive pulmonary disease (COPD). Weak social networks, limited opportunities for community gathering, and declining access to safe public spaces intensify isolation and contribute to poor health. The World Health Organization emphasizes that social connection is a protective factor, while lack of it constitutes a significant public health risk.

The COVID-19 pandemic further disrupted community connectedness. Many local programs and gathering spaces were closed due to safety restrictions, reducing opportunities for engagement and exacerbating loneliness, especially among older adults and vulnerable populations. As communities continue to recover, restoring and strengthening these social bonds will be essential to rebuilding resilience and improving long-term health.

Education and Health Behaviors

Educational attainment is one of the strongest predictors of long-term health. Higher levels of education are linked to longer life expectancy, lower rates of chronic disease, and greater health literacy. Conversely, limited education narrows job opportunities, perpetuates poverty, and contributes to poor health outcomes across generations.

In Southeast Kansas and Northeast Oklahoma, most counties report high school graduation rates near state averages, but far fewer adults hold a bachelor's degree or higher. Out-migration of young adults after graduation compounds the challenge, leaving the region with fewer skilled workers and limited economic growth. Early education access also remains uneven, with demand for Head Start and Pre-K programs exceeding availability—particularly in rural counties already facing childcare shortages.

For CHC/SEK patients, these disparities translate into higher poverty, lower rates of employer-sponsored insurance, and difficulty navigating complex healthcare systems. Through the Inspire Health Foundation and school partnerships, CHC/SEK works to strengthen educational pathways while inspiring the next generation of healthcare workers.

These efforts aim to reduce disparities, improve opportunity, and ensure a stronger rural health workforce for the future.

While community conditions shape the environments in which people live and create barriers to health, the impact is most visible in the diseases and conditions that weigh heavily on our region. The following section highlights the ten leading health conditions identified through this CHNA, which together reflect both the immediate health challenges faced by patients and the long-term consequences of the economic, social, and environmental realities across Southeast Kansas and Northeast Oklahoma.

Through the Inspire Health Foundation and school partnerships, CHC/SEK works to strengthen educational pathways while inspiring the next generation of healthcare workers.

Top 10 Regional Health Conditions

The health impact of community barriers is clear: Southeast Kansas and Northeast Oklahoma experience disproportionately high rates of chronic disease, behavioral health challenges, and preventable mortality. These findings draw on multiple sources, including Kansas Health Matters, County Health Rankings and Roadmaps, the Oklahoma State Department of Health, and CHC/SEK's Uniform Data System (UDS), which together provide a comprehensive picture of the region's health.

The CHNA identified **ten leading conditions** that most affect individuals and communities across the service area.

The following section explores each of these conditions in greater detail, providing a roadmap for targeted interventions, resource allocation, and partnerships. By analyzing these needs, CHC/SEK can prioritize strategies to expand access, strengthen prevention, and coordinate services—helping to address immediate health challenges while also building stronger systems of care for the future.

1. Heart Disease

Cardiovascular disease is the leading cause of death in CHC/SEK's service area, with mortality rates above state and national averages. Contributing factors include high rates of smoking, obesity, diabetes, stroke and limited access to preventive cardiology and specialty care. Poverty, food insecurity, and inconsistent primary care further intensify the burden in rural counties.

2. Cancer

Lung, breast, colorectal, and cervical cancers are leading drivers of mortality. Historically low screening rates, high smoking prevalence, and environmental exposures tied to the region's mining and smelting legacy contribute to elevated incidence. Local partnerships are working to expand access to screening and early detection.

3. Obesity and Physical Inactivity

Adult obesity prevalence ranges from 38% to 42% across the service area, compared to 33% nationally. Access to exercise opportunities is limited in rural areas, where only about two-thirds of residents live near facilities for physical activity. Poor diet and inactivity increase risks for diabetes, heart disease, and several cancers.

4. Diabetes

Diabetes prevalence reaches 12% to 15% in the region, compared to 11% nationally. The burden is highest in Crawford, Labette, and Montgomery counties in Kansas, as well as Ottawa and Washington counties in Oklahoma. Obesity, food insecurity, and limited preventive care access fuel this ongoing challenge.

5. Mental Health Disorders

Residents report 5.3 to 5.7 poor mental health days per month, above the U.S. average of 4.8. Suicide rates, depression, and anxiety remain elevated, especially among youth. Mental health provider shortages are acute, with ratios as high as one provider per 300 to 500 residents—well above national norms.

6. Substance Use Disorders

Tobacco, alcohol, opioids, and methamphetamine use continue to drive premature mortality and family instability. Tobacco use is as high as 23% in parts of Oklahoma, with Kansas counties averaging 15% to 18%. Overdose deaths and incarceration linked to methamphetamine and opioids are growing concerns.

7. Chronic Respiratory Diseases

COPD and asthma prevalence is 8% to 11% locally, compared to 6.8% nationally. High smoking rates, workplace exposures, and limited pulmonary specialty care worsen outcomes, placing strain on already limited hospital and specialty resources.

8. Maternal and Child Health

Low birthweight occurs in 7% to 8% of births, and teen birth rates remain above state averages in several rural counties. Barriers to early prenatal care—particularly in counties without obstetric providers—raise risks for both mothers and infants.

9. Injury & Unintentional Deaths

Injury death rates in the region range from 85 to 102 per 100,000, compared to the national average of 72. Leading causes include motor vehicle crashes, overdose, and workplace injuries. Rural road conditions, substance use, and limited trauma care capacity increase preventable mortality.

10. Alzheimer's Disease and Related Dementias

Alzheimer's disease and other dementias are a leading cause of mortality across in the region. With nearly one in four adults over age 65 living with a disability and a significant share of older adults in poverty, the burden of dementia-related illness is compounded by limited access to specialty care and caregiver support.

Opportunities for Action

A Community Health Needs Assessment (CHNA) is only valuable if its findings lead to action. The following priorities outline where CHC/SEK, our partners, and our communities must concentrate efforts to build healthier, stronger, and more resilient communities across Southeast Kansas and Northeast Oklahoma.

Our Priorities:

1. Expanding Access to Care
2. Addressing Priority Health Conditions
3. Responding to and Addressing Community Needs
4. Increasing Health Literacy and Engagement
5. Growing Rural Health Workforce
6. Building and Strengthening Partnerships
7. Advancing Quality and Innovation in Care

Priority 1: Expanding Access to Care

Expanding access to care has always been the core mission of CHC/SEK—and remains the single most powerful intervention we can offer our communities. Access to affordable, high-quality preventive care is the foundation for better outcomes, healthier families, and stronger rural communities. Yet, hospital closures, provider shortages, and economic barriers continue to threaten access across Southeast Kansas and Northeast Oklahoma.

CHC/SEK's opportunity is to expand evening and weekend hours, strengthen telehealth, and develop community-based and school-based models of care that bring prevention closer to patients. Sustaining and expanding services like the CareVan transportation program will be critical to ensuring no patient is left behind. Workforce development through residencies and training programs also remains central to sustaining long-term access.

Opportunities:

- Explore opportunities for new clinical sites and expanded services in areas where patient demand and health needs are warranted.
- Consider cooperative agreements, strategic mergers or partnerships with community organizations ensuring services remain available locally.

Priority 2: Addressing Priority Health Conditions

The CHNA identified ten conditions as the most pressing across the service area: **heart disease and hypertension, cancer, obesity and physical inactivity, diabetes, mental health disorders, substance use disorders, chronic respiratory disease, maternal and child health, injury and unintentional deaths, and oral health gaps.** These conditions are both prevalent and largely preventable, underscoring the importance of early intervention, coordinated care, and ongoing management.

Building on the success of its chronic disease model, CHC/SEK is uniquely positioned to expand preventive screenings, embed behavioral health and substance use services within primary care, and explore new specialty care opportunities. By working closely with hospitals, schools, and public health partners, CHC/SEK can ensure that prevention and disease management occur locally, reducing travel burdens and improving continuity of care. At the same time, CHC/SEK will continue collaborating with research institutions to advance community-based projects related to COPD, Alzheimer's disease, and other chronic illnesses, creating pathways for innovation while meeting urgent community needs.

Opportunities:

- Build on the success of CHC/SEK's chronic disease model in managing hypertension and diabetes, while identifying new opportunities to replicate this approach for other high-need conditions.
- Expand research capacity with universities and research institutions on projects addressing COPD, Alzheimer's disease, and other chronic conditions and purpose funding for best practices.



Priority 3: Responding to and Addressing Community Needs

The CHNA confirmed that health is shaped as much by social conditions as by clinical care. Poverty, housing instability, food insecurity, childcare shortages, and lack of transportation remain critical barriers to well-being. Improving outcomes requires addressing these upstream challenges through a comprehensive, region-wide strategy that links healthcare to the broader conditions of daily life. CHC/SEK's opportunity is to expand its regional patient resource and benefits enrollment specialist model and strengthen tour capacity to act as a central hub for benefits enrollment, interpretation, and community resources.

Housing remains a particularly urgent issue. Many rural towns lack safe, affordable, and appropriately sized options for families, seniors, and the workforce. CHC/SEK will continue to scale housing and educational initiatives, partnering with local governments, nonprofits, and businesses to stabilize families and revitalize neighborhoods. By pursuing partnerships to develop right-sized, affordable housing—and by preserving existing housing stock—CHC/SEK can help stabilize families, attract and retain workers, and revitalize neighborhoods.

The opportunity ahead is to deepen investments, affordable and right-sized housing, centralized resource navigation, and cross-sector partnerships so that patients and families across the region have the supports they need to thrive.

Opportunities:

- Explore expansion opportunities for transportation services to reduce barriers to medical appointments, pharmacy access, and community resources.
- Partner with local governments, nonprofits, and businesses to develop right-sized, affordable housing and preserve existing housing stock.
- Scale educational initiatives that align workforce development with community needs, such as housing construction.



Priority 4: Increasing Health Literacy and Engagement

Empowering people with the knowledge and confidence to care for themselves is one of the most powerful tools for building healthier communities. The CHNA reinforced that many patients face barriers of limited literacy, language access, and complex health systems. CHC/SEK's opportunity is to expand health literacy and engagement by meeting patients where they are, listening to their needs, and giving them the resources to take charge of their health. This means going beyond clinic walls to create opportunities for education, prevention, and wellness in schools, workplaces, and community spaces.

CHC/SEK's health promotion team anchors much of this work by reaching out to patients after hospital stays, supporting those living with chronic disease, and helping families stay connected to preventive care. Closing care gaps, scheduling screenings, and offering reminders and encouragement are small but powerful steps that change long-term health outcomes. Expanding this personalized outreach across the region will remain a priority.

Looking ahead, CHC/SEK will deepen its commitment to innovative approaches that connect patients to wellness. CHC/SEK's Food is Medicine program has already shown how nutrition can serve as both prevention and treatment, and there is new opportunity to strengthen these efforts by better understanding local and regional food systems and expanding patient access to affordable, healthy food. Likewise, pilots such as the COPD wellness project demonstrate the power of embedding behavioral health and peer support into chronic disease management. CHC/SEK will also continue to advance its work in accountable care organizations (ACO) and pursue additional value-based care and shared savings opportunities that align financial sustainability with improved patient outcomes. Together, these strategies advance health literacy and engagement by giving patients the knowledge, tools, and confidence to actively manage their health and build healthier futures for their families and communities.

Opportunities:

- Build on the success of the Food is Medicine program by expanding access to healthy food and strengthening partnerships across local and regional food systems.
- Pilot integrated health literacy programs by embedding behavioral health into chronic disease management groups, such as exercise programs for COPD patients.



Priority 5: Growing Rural Health Workforce

A sustainable healthcare workforce is the backbone of rural health. The CHNA confirmed that nearly every community in the region struggles to recruit and retain providers, making rural workforce development one of the most urgent opportunities for action. Expanding Graduate Medical Education (GME) and residency programs is central to this effort. The John U. Parolo Education Center positions CHC/SEK as a regional hub for training family physicians, dentists, pharmacists, advanced practice providers, and behavioral health professionals. Recent legislative support has created new rural GME slots, and CHC/SEK can build on this momentum to train and retain the next generation of providers close to home.

Through the Inspire Health Foundation, CHC/SEK continues to grow healthcare camps, mentoring programs, and school partnerships that introduce students to clinical careers. Scholarships for staff and dependents—such as the Dr. Jerry and Norma Hamm Scholarship and the Anderson Behavioral Health Scholarship—strengthen the pipeline by removing financial barriers to advanced education. Sustaining access also requires CHC/SEK to remain an employer of choice. This means investing in employee engagement, wellness programs, and career development pathways that support staff and their families. By building a supportive work environment, CHC/SEK can reduce turnover and ensure continuity of care.

Looking ahead, CHC/SEK's opportunity is to scale these strategies—expanding training programs, deepening partnerships with universities and schools, and creating a culture where providers see rural practice as both viable and rewarding. By aligning short-term recruitment with long-term workforce development, CHC/SEK can ensure preventive and primary care remain accessible across Southeast Kansas and Northeast Oklahoma for generations to come.

Opportunities:

- Expand Graduate Medical Education and residency programs to train and retain future providers.
- Grow Inspire Health pathways, including healthcare camps, mentoring programs, and scholarships that build a local pathway of clinical professionals.
- Strengthen CHC/SEK's position as an employer-of-choice by further investing in staff wellness, engagement, and professional development to reduce turnover, support continuity of care, and improve wellbeing.



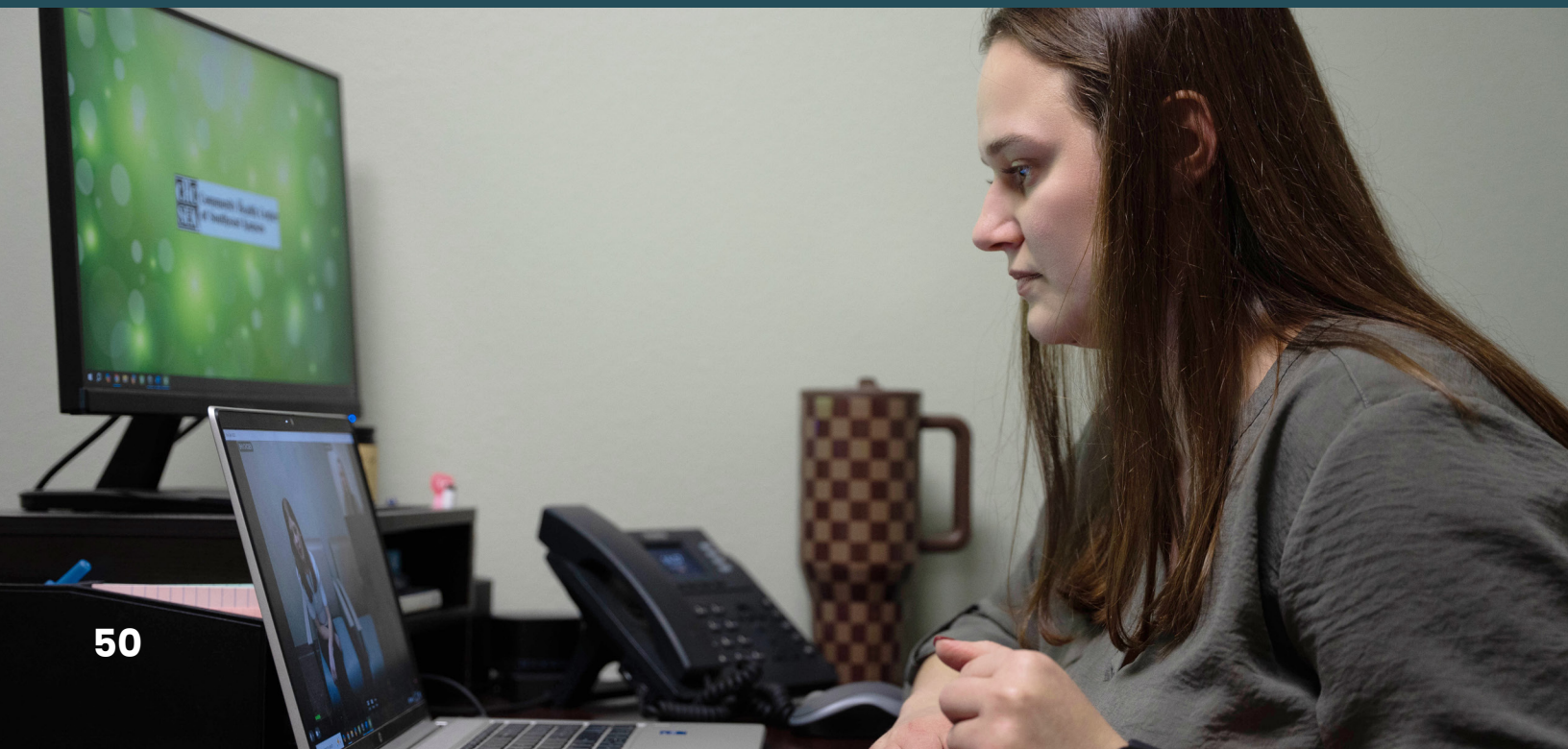
Priority 6: Building and Strengthening Partnerships

CHC/SEK recognizes that lasting improvements in health cannot be achieved alone. Sustainable community health requires collaboration, shared vision, and long-term investment across sectors. In an era of shifting and often limited federal resources, partnerships are essential to maximize impact, avoid duplication, and ensure that programs remain viable for the future. CHC/SEK's opportunity is to deepen existing collaborations and develop new ones that address root causes of poor health while expanding access to preventive care.

Recent initiatives highlight this approach. CHC/SEK has partnered with local court systems, education and local government systems to address truancy, expand specialty courts and victim services, and bring preventive and behavioral health services into schools. Correctional health partnerships extend care into jails and diversion programs, addressing behavioral health and addiction at critical points of need. At the same time, collaboration with housing partners—including efforts the development of affordable housing unities within our service areas—demonstrates how partnerships can address root causes, strengthen families, and create healthier environments for students and communities alike. By leaning into partnerships—whether with courts, schools, local governments, or community-based organizations—CHC/SEK can expand its reach, improve outcomes, and strengthen the future of southeast Kansas and northeast Oklahoma. The opportunity lies in continuing to build trust, align goals, and mobilize resources so that together, the region can achieve healthier, more resilient communities.

Opportunities:

- Expand existing partnerships to improve access to care, such as with new diversion and recovery court systems, to better support justice-involved individuals in the region.
- Strengthen collaborations with schools and universities to integrate preventive care, behavioral health, and health literacy programs into education systems.
- Explore new and innovative partnership models that bring together healthcare with local food systems and social support agencies to test new approaches for addressing rural health needs; such as integrating pharmacy delivery with meal delivery service.



Priority 7: Advancing Quality and Innovation in Care

CHC/SEK is committed to continuous improvement in clinical outcomes, patient experience, and operational efficiency. The multiple HRSA quality badges awarded in 2025 reflect this progress and set a higher standard for the future. These designations affirm CHC/SEK's role as a leader in clinical quality and provide momentum to refine processes, strengthen care coordination, and embed quality improvement across all service lines. Quality also depends on an engaged, skilled workforce.

CHC/SEK is investing in professional development, training, and leadership pathways to ensure staff are equipped to deliver compassionate, patient-centered care. The organization will continue to learn from peers, state and federal partners, and national look-alikes, while also serving as a resource to others. By sharing lessons from our own innovations, CHC/SEK can strengthen smaller community health centers and organizations while reinforcing a culture of shared growth.

Innovation extends beyond clinical performance. CHC/SEK's self-insured model has lowered costs for employees, promoted staff well-being, and allowed reinvestment into patient care. Similarly, expansion of pharmacy services—including a robust 340B program and specialty pharmacy—has improved medication access and affordability. As these models mature, CHC/SEK will not only continue to refine them internally but also share knowledge and best practices broadly, ensuring that lessons learned in Southeast Kansas and Northeast Oklahoma benefit rural communities across the country.

Looking ahead, CHC/SEK's opportunity is to scale closed-loop solutions that connect clinical care, pharmacy, behavioral health, and community resources into a seamless system of support. By expanding these innovations, CHC/SEK can build on its history of growth, deepen its reputation as a high-quality provider, and remain a trusted partner in advancing the health of rural communities.

Opportunities:

- Expand closed-loop models of care that link clinical, pharmacy, and behavioral health services, with a focus on improving coordination and outcomes for patients managing chronic conditions.
- Sharing lessons learned from the self-insured model and specialty pharmacy with other healthcare employers and community partners.
- Investing in workforce training and leadership development to sustain innovation and quality.





Conclusion

This CHNA is not an end point but a beginning. It launches a cycle of planning, action, and evaluation that will guide our work. We are grateful to everyone who contributed their voice, time, and expertise. Your input will shape how we serve our communities for years to come.

CHC/SEK remains committed to being a “patient-owned and operated” community health center that truly belongs to our communities—responsive to needs, accountable for outcomes, and unwavering in our dedication to improving health for all.

We will continue to evaluate our service offerings to ensure patients receive the right care, in the right place, at the right time, while listening and learning from strategies and models of care that work.

At the same time, CHC/SEK will share knowledge and lessons learned from our innovations with partners across the region, expanding the impact of our work beyond our own walls, while also telling the story of our patients, staff, and communities in ways that elevate their voices and inspire change.

Together, these commitments ensure that this CHNA is more than a document—it is a roadmap for collective action, accountability, and progress toward healthier communities across Southeast Kansas and Northeast Oklahoma.

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