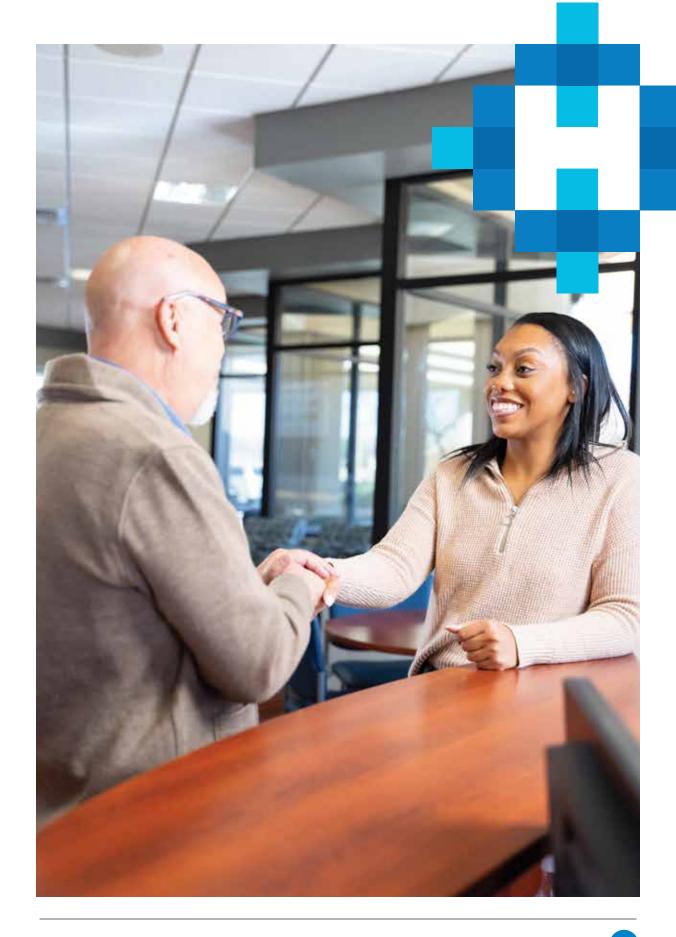


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# **Summary**

Hutchinson Regional Medical Center is deeply committed to living our mission, to make health and healing available to all. We strive to provide the highest quality care to our patients and support the health and well being of the communities we serve.

To advance efforts in health equity, HRMC follows the following strategy:

- **Team Training:** We will provide mandatory training addressing issues of equity as they intersect with health, including implicit bias.
- **Access:** We believe that all patients deserve access to unbiased care and will work to support access to quality care.
- **Programming:** We will take a patient-informed and community approach to building our health equity program.
- **Community Partnerships:** We will continue building strong community partnerships to address health equity priorities.
- **Data Collection:** We commit to the collection of structured, reportable sociodemographic information from patients and to train our teams in culturally sensitive collection of this data.
- **Measurement:** We commit to disaggregation of quality, access and experience measures by sociodemographic factors to identify equity gaps and create goals informed by that data.
- **Evaluation:** We commit to conducting ongoing evaluation of our health equity goals, and take action when those goals are not met.



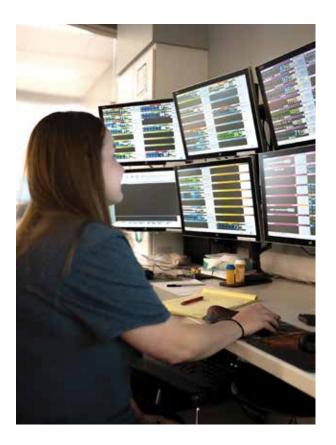
## **Data Collection**

Health Equity and Social Determinants of Health data are self-reported and collected through interviews at registration throughout the patient's stay. The data in this report represents 3,259 inpatients, admitted to our hospital.

Staff are trained in interview techniques to promote cultural sensitivity.

The data collected includes:

- Race
- Ethnicity
- Language spoken and written
- Gender Identity
- Sexual Orientation
- Disability
- Food Insecurity
- Housing Instability
- Transportation Needs
- Utility Difficulties
- Interpersonal Safety





We understand the sensitive nature of these questions and while they are voluntary, the information gained is important to develop a safe and successful plan for discharge and future wellness, by assisting to identify needed resources.



Additionally HRMC participates in a Community Health Needs Assessment (CHNA) every three years to understand the needs of the hospital's communities and the conditions that influence their well-being. The CHNA informs the development of the Community Health Plan (CHP) to outline strategies to enhance community health. This assessment and plan are in collaboration with community public health partners.

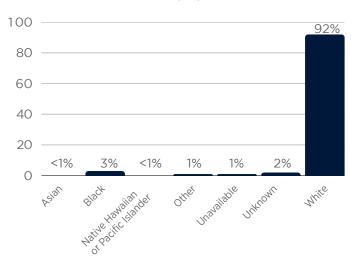
# **Demographics**



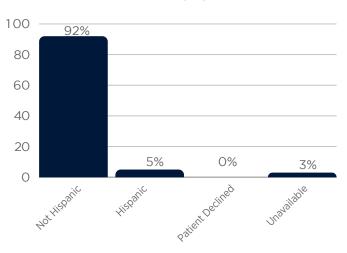
### **Race and Ethnicity**

HRMC collects data based on Race and Ethnicity. Overall, our patients are predominantly white at 92%, with 3% of patients being black, 2% self-identifying as unknown, and less than 1% self-identifying as Asian or Native Hawaiian or Pacific Islander. These findings are consistent with the demographics of Reno County assessed in the Reno County Community Health Assessment (2022).

% of Patients by Race Overall FY2025



% of Patients by Ethnicity Overall FY2025



Our patients are predominantly non-Hispanic at 92%, with 5% identifying as Hispanic and 3% unavailable. Our Reno County Community Health Assessment (2022) reports 10.27% Hispanic/Latino population in our community.

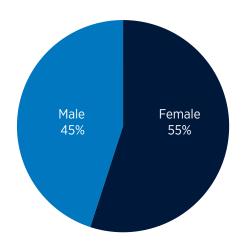
It's important to call out that lack of diversity does not indicate lack of risk related to race and ethnicity. Rather, lack of diversity potentially increases the risk to our community and we commit to continuing to analyze the data to help us determine the best way to mitigate these risks.

# **Demographics**

### Gender

45% of our patients are male and 55% are female.

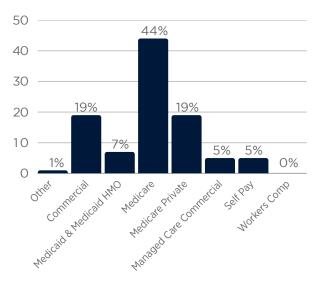
## % of Patients by Gender Overall FY2025



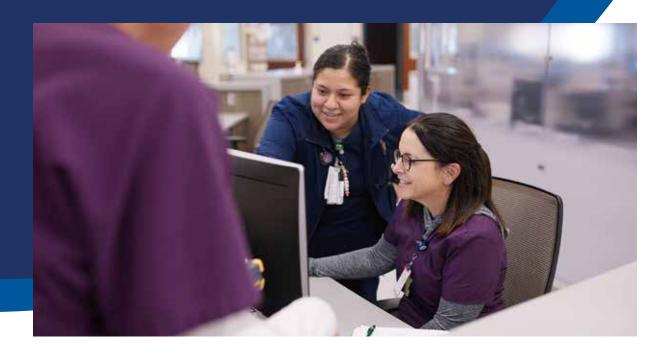
### **Payer Source**

The majority of our patient population is insured by Medicare, Medicare Private, or Commercial insurance, with 44% covered by Medicare.

## % of Patients by Payer Overall FY2025





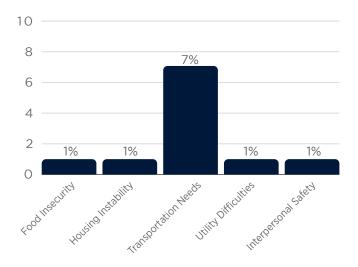


# **Social Determinants**

### **Health Data**

HRMC also collects data based on a series of questions to identify needs that can greatly impact the care of our community. These questions help identify issues with access to healthy foods, adequate housing, transportation, utilities and interpersonal safety. As with the other data collected, these questions are self-reported and optional, however the information discovered assists in improving the overall access to care and health in our community. Analysis of data collected reveals our in-patient population routinely reports transportation as the highest need for our community at 7% (225 people), with the remaining determinants self-reported at 1% each.

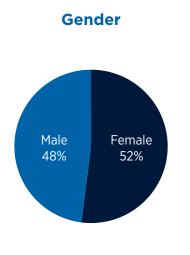
## Self-Identified Social Determinant Needs FY2025

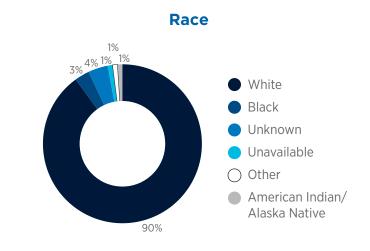


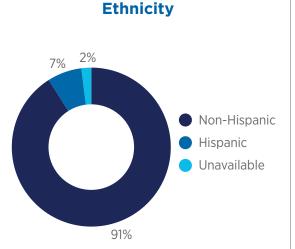
## **Social Determinants**

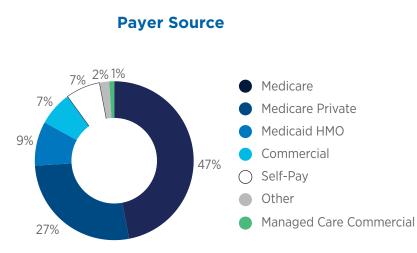
## **Transportation**

Data related to transportation needs were further analyzed, breaking the data down by gender, race, ethnicity and payer source. Gender, race and ethnicity for transportation needs are very similar to the overall demographics of our patient population. 83% of our patients reporting transportation needs are insured by Medicare, Medicare Private and Medicaid HMO.









# **Strategy**

### **Social Determinants of Health Strategies**

Using the information we collected and analyzed, HRMC continues to improve community health by addressing issues that are vital to our community. We have actively engaged with our community leaders to approve new taxi services and collaborated with those services to provide transportation home for patients discharged from our hospital. Additionally, we are partnering with Dartmouth College to study the transportation needs by surveying the bottom 20% wage earners in our organization, recognizing this is a representative sample of our community. This data will be used to inform development of a plan to improve these needs.

In November 2024, HRMC implemented two Nurse Navigator roles; one focused on acute care and one focused on obstetric care. The Nurse Navigators meet with patients to address social determinates and access to healthcare including access to follow-up care, medications and resources. They collaborate closely with community providers and resources to coordinate care prenatally, during hospitalization and post-discharge.

Hutchinson Regional Health System has identified opportunities to address health and social needs for its team members and has implemented programs to improve healthcare and lifestyle affordability. Changes were made to the benefits package to include no-cost services provided at HRHS entities such as labs, pharmacy, radiology and procedures. The benefits changes also include paid parental leave. HRHS also recently introduced a team member housing program, designed to support eligible team members in achieving home ownership within the community.

Additionally, a team member working in Women and Children's Health identified a language barrier for Spanish speakers calling in to their department with questions. We were able to work with our vendor that provides translation services for a unique number to our hospital that team members can use to access a 3-way call with the translation service. The ability to communicate effectively with our patients is paramount to providing their care.

HRMC also offers Bump to Baby classes to pregnant women and their support team, both in English and Spanish. The Bump to Baby program is administered in collaboration amongst organizations that provide women's health services within Reno County. Classes are taught at HRMC and Reno County Health Department to provide access to education at different locations within the community.

# **Strategy**

### Social Determinants of Health Strategies cont.

HRMC further identified the need for additional education regarding the ethical treatment and communication with the LGBTQIA community. Resources were reviewed and education was updated on our online education platform for all team members.

### **Community Strategies**

Members of our organization are actively involved in many community based collaboratives, including Reno Recovery Collaborative which has seen a significant reduction in overdose fatalities since its inception. The collaborative includes members from multiple organizations in our area, with goals to improve access to care, public and healthcare education, stigma and harm reduction.

We are actively involved in Health Fairs throughout our community, providing education and screenings to all. Some of these include the Juneteenth Celebration, Hispanic Health and Resource Fair and the Women's Health Fair.

HRMC is committed to identifying the unique needs of our patients and community, and collaborating within our community to provide solutions to these needs. We wholeheartedly believe that if these needs are addressed we can improve access to care and do our part in creating improved health and safety for all.



# Our Mission, Vision & Values

The Mission, Vision, and Values of Hutchinson Regional Health Systems guide our commitment to compassionate care, innovation, and community well-being. These principles shape our daily work and inspire a healthier future for all.

#### **Our Mission**

Entrusted with people's lives, we make *health and healing* available to all.

#### **Our Vision**

To be the **best health system** in a thriving community.

### **Our Values**

We live these values daily, leading us on a path to excellence!

#### Accountability

We humbly take ownership of our actions and words with a commitment to exceptional quality, safety, and teamwork.

#### Curiosity

We explore, question and learn without fear of failure or judgment.

#### Respect

We honor the dignity and worth of every human being.

#### Kindness

We serve our community and each other with warmth, joy, compassion, and empathy.

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