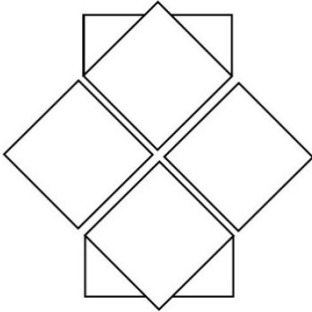


Community Health Needs Assessment



Ottawa County Health Center

Fiscal Year Ending September 30, 2022



OTTAWA COUNTY

HEALTH CENTER

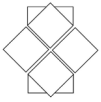


TABLE OF CONTENTS

Introduction.....	4
Community Health Needs Assessment (CHNA) Process.....	5
General Description of the Hospital.....	6
Mission.....	6
Evaluation of Prior Implementation Strategy.....	6
Summary of Findings – 2022 CHNA.....	10
Identified Community Health Needs.....	10
Community Served by the Health Center.....	11
Defined Community.....	11
Identification and Description of Geographical Community.....	12
Community Population and Demographics.....	13
Language.....	15
Socioeconomic Characteristics of the Community.....	16
Income and Employment.....	17
Unemployment rate.....	19
Poverty.....	19
Uninsured.....	20
Education.....	21
Transportation.....	21
Physical Environment of the Community.....	22
Food access/Food deserts.....	22
SNAP Food Stores.....	23
Physical Activity.....	23
Clinical Care of the Community.....	23
Preventable Hospital Events.....	24
Health Status of the Community.....	24
Leading Causes of Death.....	26
Health Outcomes and Factors.....	26
County Health Rankings.....	27
Diabetes.....	30
Obesity.....	30
Low Birth Weight.....	31
COVID-19.....	31
Impact of the COVID-19 Pandemic on Youth Mental Health..	32
Health Care Resources.....	34
Hospitals.....	34
Other Health Care Facilities and Providers.....	35
Health Department.....	35
Community Input - Key Stakeholder Interviews.....	36
Methodology.....	36
Key Stakeholder General Observations and Comments.....	36
Interview Results.....	37
Dignity Health Community Need Index Report.....	42
Information Gaps.....	42
Prioritization of Identified Health Needs.....	43
Leading Causes of Death.....	43



Health Outcomes and Factors.....	43
Primary Data.....	43
Health Needs of Vulnerable Populations.....	43
Prioritization Grid.....	45
Priority Community Health Needs Identified.....	46



INTRODUCTION

The 2010 passage of the *Patient Protection and Affordable Care Act* (PPACA) ushered in new reporting requirements for health care organizations. Per IRC Section 501(r), private, nonprofit hospitals must:

- Conduct a community health needs assessment (CHNA) at least once every three years on a facility-by-facility basis.
- Identify action plans and strategies to address community needs identified in the assessment and report needs not being address (with reasons why such needs are not being addressed).
- Report CHNA results to the public.

This community health needs assessment, which describes both a process and a document, is intended to document Ottawa County Health Center's compliance with IRC Section 501(r). Health needs of the community have been identified and prioritized so that the Ottawa County Health Center may adopt an implementation strategy to address specific needs of the community.

The CHNA process involved:

- An evaluation of the Implementation Strategy for needs assessment completed in 2019, which was adopted by Ottawa County Health Center Board of Directors.
- Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, health care resources.
- Interviews with key stakeholders who represent a) broad interests of the community, b) population of need, or c) persons with specialized knowledge in public health.

This document is a summary of all the available evidence collected during community health needs assessments conducted in 2022. It will serve as a compliance document as well as a resource until the next assessment cycle. Both the process and document serve as prioritizing the community's health needs and will aid in planning to meet those needs.



COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS

Community health improvement efforts are most successful when they are grounded in collective impact, where structured collaborative efforts yield substantial impact on a large-scale social problem. Collective impact focuses on cooperation, collaboration, and partnership to help achieve common priorities and inform partners' investment strategies.

Hospital facilities must take into account input from people who represent the broad interests of its community, including those with special knowledge of or expertise in public health.

The Ottawa County Health Center engaged FORVIS, LLP to conduct a formal community health needs assessment (CHNA). FORVIS, LLP is among the nation's top 10 professional service firms with more than 5,500 employees who serve clients in all 50 states as well as across the globe. FORVIS serves more than 1,000 hospitals and health care systems across the nation.

This CHNA was conducted during 2022.

Based on current literature and other guidance from the treasury and the IRS, the following steps were conducted as part of the Hospital's community health needs assessment:

- An evaluation of the impact of actions taken to address the significant health needs identified in the prior community health needs assessment was completed and an implementation strategy scorecard was prepared to understand the effectiveness of the Hospital's current strategies and programs.
- The "community" served by the Hospital was defined by utilizing inpatient and outpatient information regarding patient origin. This process is further described in Community Served by the Hospital.
- Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties. The health status of the community was then reviewed. Information on the leading causes of death and morbidity information was analyzed in conjunction with health outcomes and factors reported for the community by CountyHealthrankings.org. Health factors with significant opportunity for improvement were noted.
- Community input was provided through key stakeholder interviews. Results and findings are described in the Key Stakeholder section of this report.
- Information gathered in the steps above was analyzed and reviewed to identify health issues of uninsured persons, low-income persons, minority groups, and the community as a whole. Health needs were ranked utilizing a method that weighs: 1) the size of the problem, 2) the seriousness of the problem, 3) the prevalence of the problems, and 4) the alignment of the problem with the Hospital's goals and resources (The Hospital's ability to address the issues).
- An inventory of health care facilities and other community resources potentially available to significant health needs identified through the CHNA was prepared and collaborative efforts were identified.



General Description of Hospital

Ottawa County Health Center is a 25-bed critical access hospital located in Minneapolis, Kansas. The Health Center offers a wide range of services and partners with Salina Regional Health Center physicians to allow members of the community to receive as much of their care as possible while staying close to home. The caring staff provides exceptional care and encourages ongoing relationships with patients. The Health Center prides itself on personalized care that creates a sense of family between patients and staff.

Mission:

- To promote and provide an environment conducive to quality care.
- To render the greatest good with equal rights to all and special privileges to none.
- To provide internal and external education and maintain facility stability.
- To develop and maintain a congenial and working relationship with other facilities.
- To encourage a holistic approach to health in every-day living of its employees and clients.

Evaluation of Prior Implementation Strategy

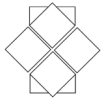
Ottawa County Health Center conducted a comprehensive community health assessment of Ottawa County. The assessment not only met IRS requirements, but it also identified opportunities for improvement of health and wellness and supported Ottawa County's strategic priority of localizing health care for the community.

Ottawa County Health Center, in conjunction with FORVIS, researched and analyzed community health data, conducted surveys of local key stakeholders to determine relevant issues, and proposed necessary action plans and implementation strategies to address these issues. With these findings, Ottawa County Health Center identified four general health priorities on which to focus as strategic initiatives in Ottawa County. The 2019 implementation strategy is listed below with the goals and strategies undertaken to address each initiative during the prior three years.

PRIORITY 1: Physical Inactivity/Obesity/Lack of Healthy Behaviors

Goal 1: Encourage Usage of and Interest in the local Wellness Center Strategies:

- A. Review membership rates annually to verify affordability. Consider reducing rates as appropriate to address any affordability issues.
- B. Determine if improvements can be made to the existing facility to help increase community usage and encourage more of our county residents to become physically active and lead a healthier lifestyle.
- C. Continue to offer new programs, equipment, classes, etc. to promote a healthy lifestyle and expand our current member base and target new age groups.
- D. Provide wellness information and advertisements in the local newspaper.



Goal 2: Sponsor Annual 5k Run to Support Heart Health and Wellness Strategies: *Did not happen due to Covid. The hospital is discussing whether this will return or not.*

Goal 3: Support Healthy Eating in the Community Strategies:

- A. Support local food programs through financial contributions.
- B. Support Summer Café initiative.

PRIORITY 2: Address Lack of General Health Knowledge/Education

Goal 1: Provide General Health Education:

- A. Offer public education sessions/meetings on health issues and related local services for treatment or prevention.
- B. Provide education on current health topics and hospital services via marketing materials and local newspaper articles.

Goal 2: Support Community Initiatives related to Health Information and Education Strategies:

- A. Assist local support and educational groups by offering hospital conference rooms to hold meetings for community members.
- B. Provide resources to assist existing community initiatives or help coordinate health education in collaboration with other community health partners.

To address these goals, Ottawa County Health Center implemented the identified strategies as follows: OCHC recognizes this is a time of extraordinary and rapid change in health care financing and delivery.

- OCHC recognizes this is a time of extraordinary and rapid change in health care financing and delivery. In 2019, the OCHC Board of Trustees approved a renovation of the Wellness Center to better meet community needs, and in 2021, a significant renovation was completed. The renovation addressed safety issues, functionality improvements, and general cosmetic updates. It was completed in November 2020 and has been well received by the community. In May 2022 a new Wellness Center Director was named. Since that time, we are offering individual water exercises to our patients who are in skilled care on a weekly basis. While the Wellness Center does not generate income for Ottawa County Health Center, we recognize its importance and benefit to the community to promote healthier living to county residents. Classes continue to be offered, to members, including HIIT, Ab Workout, Water Aerobics, and Water Walking. Members have 24-hour access to the Wellness Center.

- Per the CDC strokes are the leading cause of death in Ottawa County. Therefore, OCHC will partner with Public Health and local providers to send out information on early warning signs of stroke, how to prevent strokes, questions to ask your physician etc. OCHC Social Worker will provide trainings at the Golden Wheel Senior Center, Minneapolis; Delphos Senior Citizens Center, Delphos; and the Senior Citizens Center, Bennington in or order to educate the public on strokes.



Historically, the hospital has organized an annual 5k run to promote heart health. The Red Dress Run has been held in February (heart month) each year. Unfortunately, due to COVID-19 this has not happened since 2020.

- The hospital provides financial support to the local Food Pantry through sponsorship. In addition, OCHC sponsors funds to the local Summer Café initiative that provides healthy meals to local children throughout the summer to ensure they have balanced meals while not in school.
- Local healthcare services provided by Ottawa County Health Center are regularly advertised in the county newspaper along with informational articles related to new services. Additionally, the hospital assists local support and educational groups by offering hospital conference rooms to hold meetings for community members. OCHC Social Worker will begin providing information on topics to our local Senior Center participants. Unfortunately, many of these items were cancelled in 2021 due to COVID-19, but we will continue these programs as soon as we can safely do so. In addition, to directly address the COVID-19 pandemic and the actions OCHC had to take to respond to the pandemic for the benefit of the community, OCHC provided weekly COVID19 articles, information, and updates during the year via the local newspaper to keep the community informed and aware of the status of COVID19 in the community and throughout the state. Hospital staff met regularly with community health and emergency planning partners to create a unified and streamlined approach to managing the pandemic for our community.
- Ottawa County Health Center leadership maintains regular communication/meetings with local physicians to assess community needs, patient or service issues, and ER coverage needs. We will continue outreach clinics and look for other opportunities to allow our community members to have services available locally so that they don't have to travel outside of the county.
- Ottawa County Health Center's Charity Care program continues to be offered to those who qualify. In FY2021, the hospital provided \$20,000 in Charity Care and community benefit to area residents. Additionally, the hospital's Social Worker and/or Chief Financial Officer work closely with patients and their families to assist with insurance questions, Medicaid applications, etc. at no cost.
- Ottawa County Health Center Office Staff, with guidance from Great Plains Health Alliance, reviews hospital charges on at least an annual basis to ensure that charges and fees are accurate, justifiable, and appropriate. Based on these reviews, fees will be revised as needed to provide quality medical services at reasonable costs to our community. OCHC has compiled a list of all hospital charges for any item or service provided at the hospital; this information has been posted on the hospital website to allow our patrons the opportunity to review potential charges and understand the application of their specific insurance prior to their service.

In addition to the Community Health Needs Assessment initiatives, Ottawa County Health Center continues to promote the local fitness center (Wellness Center) through advertising and programs to improve community health. Additionally, each year, the hospital hosts a 5k walk/run to promote a healthy lifestyle. Wellness and fitness tips/information are also posted around the hospital and Wellness Center for hospital staff and community members' education.



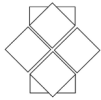
OCHC's Cardiac Rehabilitation Program is enhanced by having a Registered Nurse conducting the exercise program. This program has helped cardiac patients from our area to be able to maintain treatment within the community instead of having to drive to other cities for programming.

In addition, the hospital is providing our community patrons the opportunity to have scopes completed, echocardiograms, CT's etc., at the hospital to save on patient drive time and scheduling time in another city.

The hospital has also taken steps to help improve the overall awareness of the local health care services and add new services based on community need. The goal is to ensure that community members know those services that can be offered closer to home. The hospital advertises in the local newspaper whose readership closely matches are primary patient demographic. A listing of services and contact information has been posted in the newspaper frequently. When new hospital services and/or personnel are added, this is an opportunity for the hospital to market those services with articles and information in the newspaper. Participation in local health fairs and senior center presentations has also been a positive way to educate the community on local healthcare services.

In 2020 and 2021, the hospital provided a significant number of educational articles, materials, ads, etc. related to the COVID-19 pandemic to help inform our community members on the pandemic in general, as well as local initiatives and specific statistics related to COVID-19.

In addition to the Community Benefit items, the hospital also offers staff assistance to the local ambulance service. When necessary, hospital nurses ride in the ambulance to assist local EMS personnel in transporting patients requiring higher a higher level of care.



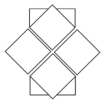
Summary of Findings – 2022 Needs Assessment Findings

The following health needs were identified based on the information gathered and analyzed through the community health needs assessment conducted by the Health Center. These needs have been prioritized based on information gathered through the community health needs assessment.

Identified Community Health Needs

1. Obesity
2. Physical inactivity
3. Lack of healthy behaviors/poor lifestyle choices
4. Lack of awareness regarding available health services in the community

These identified community health needs are discussed in greater detail throughout this report.



Community Served by the Health Center

The Health Center is located in Minneapolis, Kansas in Ottawa County. Minneapolis is located in north-central Kansas at the westernmost edge of the Flint Hills. The Solomon and the Saline River runs through the county and provides access to river water for irrigation. Ottawa County is bordered by counties Cloud, Clay, Saline, and Lincoln. The county is located along US-81, six miles north of I-70.

Definition of Community

A community is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. While the community health needs assessment considers other types of health care providers, the Health Center is the single largest provider of acute care services. The utilization of hospital services provides the clearest definition of the community.

Based on the patient origin of inpatient and outpatient discharges from October 1, 2020 to September 30, 2021, management has identified Ottawa County as the defined CHNA community. Cities denoted with an asterisk (*) in the table below are in Ottawa County. Ottawa County represents 82% of outpatient visits and 83% of inpatient discharges

Outpatient Discharges 10/1/20 to 9/30/21		
Zip Code	City	Percent of Total Discharges
67467	Minneapolis*	62%
67436	Delphos*	10%
67484	Tescott*	5%
67422	Bennington*	5%
67466	Miltonvale	4%
67401	Salina	4%
67423	Beverly	2%
67445	Glasco	2%
66901	Concordia	1%
67418	Barnard	1%
	All others	4%

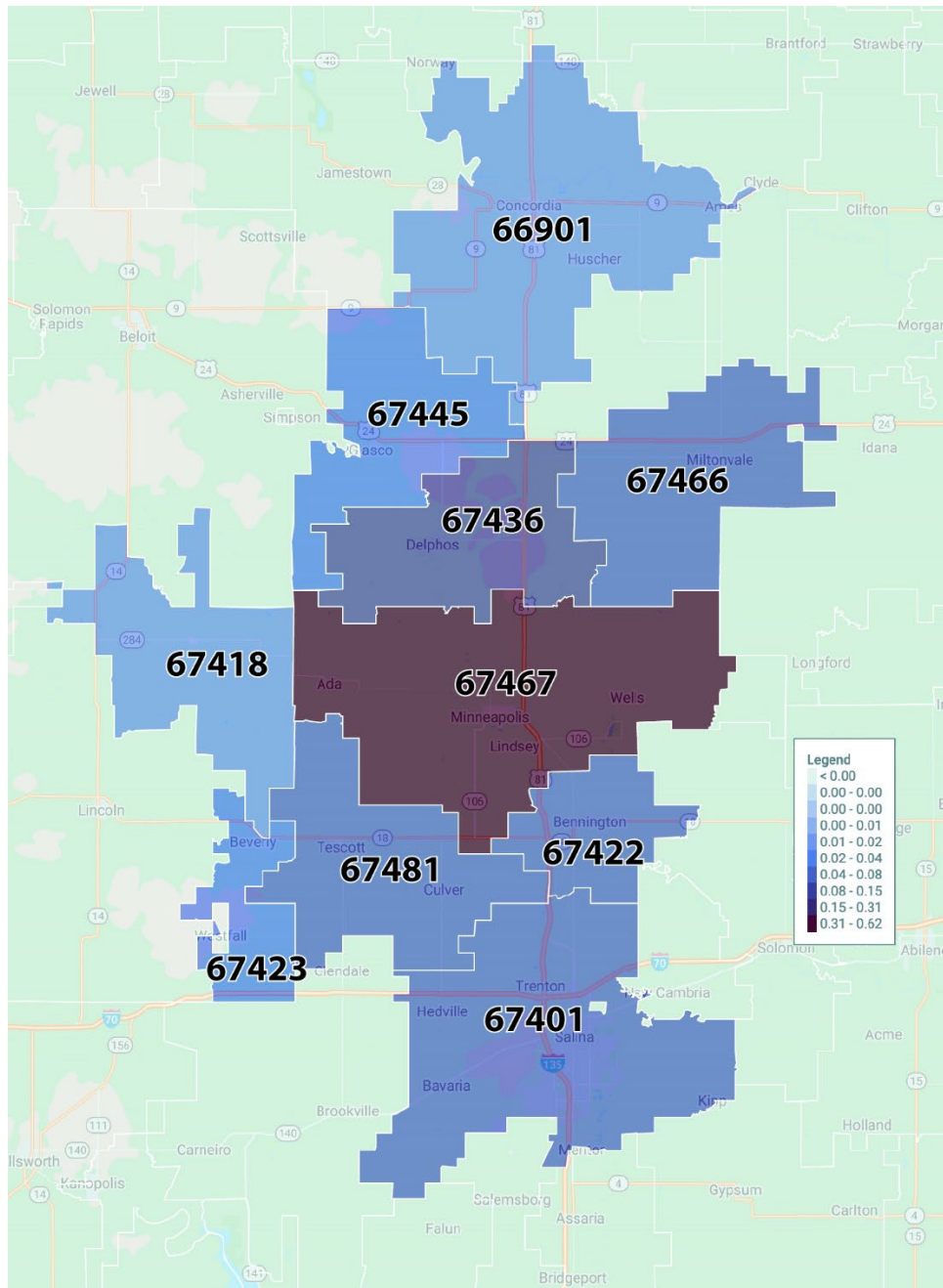
Inpatient Discharges 10/1/20 to 9/30/21		
Zip Code	City	Percent of Total Discharges
67467	Minneapolis*	72%
67446	Miltonvale	7%
67436	Delphos*	6%
67422	Bennington*	5%
67445	Glasco	3%
	All others	7%

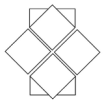
Source: Ottawa County Health Center, 2022



Identification and Description of Geographical Community

The following map geographically illustrates the Hospital's community by showing the community zip codes shaded by number of inpatient and outpatient discharges. The map below displays the Hospital's geographic relationship to the community, as well as significant roads and highways.





Community Population and Demographics

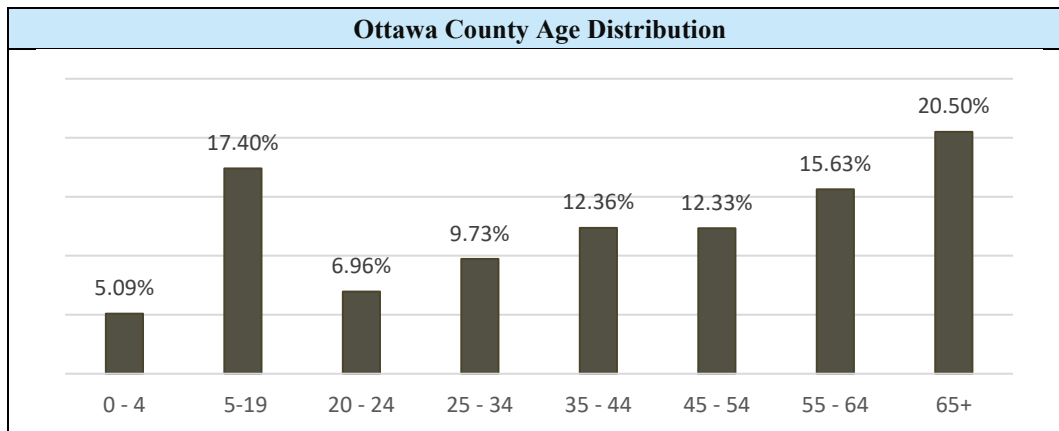
The U.S. Census Bureau has compiled population and demographic data based on the American Community Survey 2016-2020, 5-year data estimates. The following tables show the total population of the county, state, and nation. Also shown is distribution of male and female population and age distribution.

Demographic Characteristics			
Total Population		Population by Gender	
Area	2020 Population	% Male	% Female
Ottawa County	5,822	51.58	48.42
Kansas	2,910,652	49.85	50.15
United States	324,697,795	49.24	50.76

Source: US Census Bureau, American Community Survey. 2016-2020. Source geography: Tract

Age Distribution			
Age Group	Ottawa County	Kansas	US
0 - 4	5.09%	6.48%	6.02%
5 - 17	17.40%	17.75%	16.43%
18-24	6.96%	10.12%	9.32%
25 - 34	9.73%	13.13%	13.93%
35 - 44	12.36%	12.27%	12.66%
45 - 54	12.33%	11.60%	12.72%
55 - 64	15.63%	12.82%	12.89%
65+	20.50%	15.82%	16.03%

Source: US Census Bureau, American Community Survey. 2016-2020. Source geography: Tract



While the relative age of the community population can influence community health needs, so can the ethnicity and race of a population. The population of the community by race and ethnicity illustrates different categories such as White, Black, Asian, Hispanic, and others.



The tables below provide details into total populations by various races and ethnicities.

Race Alone Population							
	White	Black	Asian	American Indian and Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Races
Ottawa County	95.98%	0.66%	0.81%	1.02%	0.00%	0.00%	1.52%
Kansas	82.96%	5.69%	2.99%	0.76%	0.08%	2.71%	4.81%
United States	70.42%	12.62%	5.64%	0.82%	0.19%	5.14%	5.17%

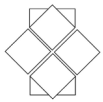
Source: US Census Bureau, American Community Survey. 2016-2020

Ethnicity Alone Population					
	Total Population	Hispanic or Latino Population	Hispanic or Latino Population Percent	Non-Hispanic Population	Non-Hispanic Population Percent
Ottawa County	5,776	170	2.94%	5,606	97.06%
Kansas	2,912,619	351,602	12.07%	2,561,017	87.93%
United States	326,569,308	59,361,020	18.18%	267,208,288	81.82%

Source: US Census Bureau, American Community Survey. 2016-2020

Race and Ethnicity Combined Population								
	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian	Non-Hispanic Native American or Alaska Native	Non-Hispanic Native Hawaiian or Pacific Islander	Non-Hispanic Other Race	Non-Hispanic Multiple Races	Hispanic or Latino
Ottawa County	93.82%	0.66%	0.47%	1.02%	0.00%	0.00%	1.09%	2.94%
Kansas	75.33%	5.49%	2.94%	0.61%	0.06%	0.21%	3.29%	12.07%
United States	60.09%	12.25%	5.57%	0.64%	0.17%	0.31%	2.80%	18.18%

Source: US Census Bureau, American Community Survey. 2016-2020



The following table shows the percentage of individuals that live in rural and urban areas. Urban is defined as densely developed territories that encompass residential, commercial, and other non-residential land uses. Rural areas are all areas that are not classified as urban. This information helps explain how access to care can sometimes be limited for those living in rural areas.

Urban vs. Rural Population				
	Urban Population	Percent Urban	Rural Population	Percent Rural
Ottawa County	0	0.00	6,091	100.00
Kansas	2,116,961	74.20	736,157	25.80
United States	252,746,527	80.89	59,724,800	19.11

Data Source: US Census Bureau, Decennial Census. 2010. Source geography: Tract

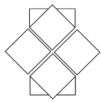
Language

Language barriers contribute to patient and provider communication and can result in poor health outcomes. A national study in the *Journal of General Internal Medicine* showed that individuals with Limited-English Proficiency (LEP) who don't receive additional services (such as an interpreter) were less likely to be aware of medical implications and were less satisfied overall about their medical care.

The table below reports the percentage of the population aged 5 and older who speak a language other than English at home and speak English less than "very well" by race alone in the report area.

Limited English Proficiency by Ethnicity		
	Hispanic or Latino Percent	Not Hispanic or Latino Percent
Ottawa County	17.83	0.04
Kansas	25.03	1.83
United States	28.69	3.85

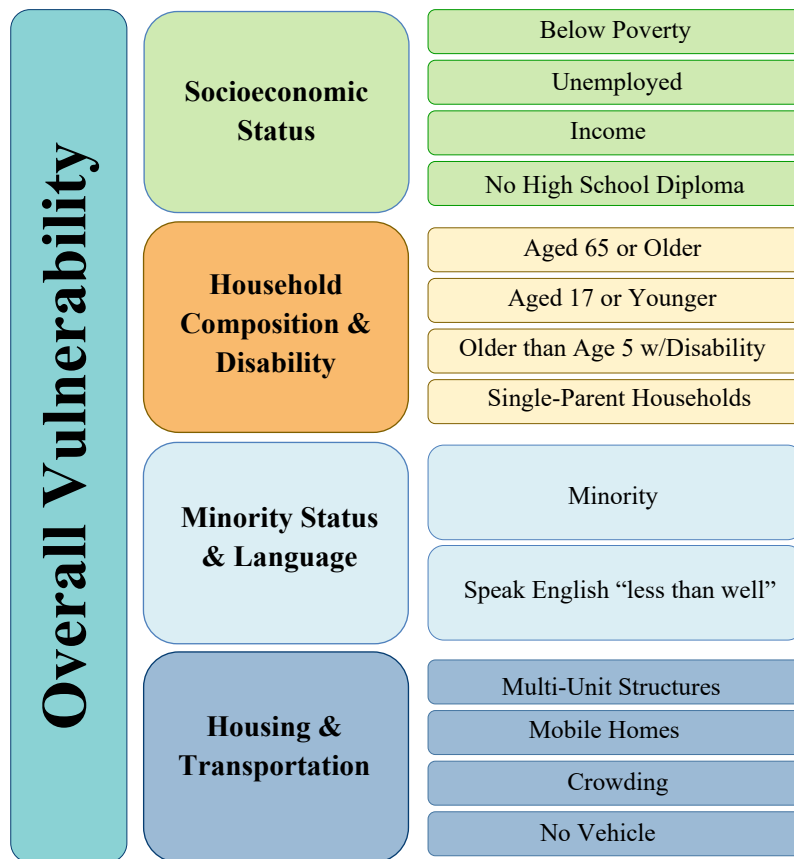
Source: US Census Bureau, American Community Survey. 2016-2020. Source geography: Tract

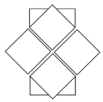


SOCIOECONOMIC CHARACTERISTICS OF THE COMMUNITY

The socioeconomic characteristics of a geographic area influence the way residents access health care services and perceive the need for health care services within society. Vulnerable populations often experience high rates of chronic illness and poor health outcomes, leading to health disparities between various demographic groups.

The CDC has developed the Social Vulnerability Index (SVI). The helps public health officials identify and meet the needs of socially vulnerable populations.





The CDC ranks county’s social vulnerability index. Possible scores range from 0 (lowest vulnerability) to 1 (highest vulnerability). Ottawa County has a low level of vulnerability, and is lower than many other surrounding counties. The following table displays the SVI scores for Ottawa County and nearby counties.

County/Region	SVI Score	Level of Vulnerability
Ottawa	0.0271	low level of vulnerability
Cloud	0.2739	low to moderate level of vulnerability
Clay	0.0494	low level of vulnerability
Dickinson	0.3322	low to moderate level of vulnerability
Lincoln	0.1322	low level of vulnerability
Mitchell	0.0271	low level of vulnerability
Saline	0.4165	low to moderate level of vulnerability

Source: <https://svi.cdc.gov/map.html>, 2018

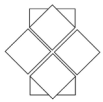
The SVI instrument identifies critical health issues, however, some of the factors are not used in the remainder of this assessment because they are designed for emergency planners and are not applicable to general health and quality of life. The Composition & Disability measure is not examined in this report.

The following information and exhibits include important factors such as household per capita income, employment rates, uninsured population, poverty, and educational attainment for the community. These standard measures will be used to compare the socioeconomic status of the community to the state of Kansas and the United States.

Income and Employment

Median household income is defined as the income level earned by a household within a specific geographic area. It is the exact middle income earned, with half earning more and half earning less. This is considered an accurate measure for summarizing income of a region as compared to household income since it is not swayed by a small percentage of very high or very low outliers.

Average household income is defined as the total gross income before taxes, received within a 12-month period by all members of a household that are 15 years and older. It includes—but is not limited to—wage, salary, and self-employment earnings; Social Security, pension, and other retirement income; invest income; welfare payments; and income from other sources.



There are 2,433 households in Ottawa County, with an average income of \$81,711 and median income of \$59,607, which are lower than income levels of the state and the nation.

Household Income			
	Total Households	Average Household Income	Median Household Income
Ottawa County	2,433	\$81,711	\$59,607
Kansas	1,141,985	\$82,103	\$61,091
United States	122,354,219	\$91,547	\$64,994

Source: US Census Bureau, American Community Survey. 2015-2019

Per Capita Income by Race							
	White	Black	Asian	American Indian and Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Races
Ottawa County	\$30,309.00	\$0.00	\$0.00	\$0.00	No data	No data	\$11,348.00
Kansas	\$34,777.00	\$23,750.00	\$23,120.00	\$32,965.00	\$28,300.00	\$19,905.00	\$18,134.00
United States	\$38,945.00	\$24,454.00	\$21,673.00	\$42,331.00	\$26,051.00	\$20,231.00	\$23,563.00

Source: U.S. Census Bureau. American Community Survey Briefs, Household Income: 2019.

Employment

From 2019 to 2020, employment in Ottawa County, KS declined at a rate of -0.478%, from 2.93k employees to 2.91k employees.

The most common job groups, by number of people living in Ottawa County, KS, are Office & Administrative Support Occupations (388 people), Management Occupations (356 people), and Sales & Related Occupations (262 people). The table below illustrates the breakdown of the primary jobs held by residents of Ottawa County, KS

Most Common Occupations in Ottawa County					
Occupation	%	#	Occupation	%	#
Office & Admin. Support	13.3	388	Transportation	4.63	135
Management	12.2	356	Health Diagnosing & Treating	4.43	129
Sale & Related	8.99	262	Installation, Maintenance, Repair	4.19	122
Business & Financial	6.52	190	Health Technologists	3.50	102
Production	5.90	172	Building & Grounds	2.99	87
Construction/Extraction	5.46	159	Personal Care & Service	2.95	86
Material Moving	5.15	150	Food Preparation and Serving	2.88	84
Education, Instruction, Library	4.84	141	Healthcare Support	2.61	76

Source: datausa.io.com via US Department of Labor, Bureau of Labor Statistics. 2020



Unemployment Rate

Total unemployment in Ottawa County equals 85, or 2.9% of the civilian non-institutionalized population age 16 and older (non-seasonally adjusted). This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

The table below displays the average annual resident unemployment rates for the county, state of Kansas, and the United States. The data illustrate how unemployment rates for the county declined from 2011 through 2021, then rose significantly when the global pandemic began. This was consistent with the state of Kansas and the nation. The 10-year unemployment rate for the county has been in line with the state of Kansas and consistently below the national rate.

Average Annual Unemployment Rate (%)											
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Ottawa County	5.7%	5.4%	4.5%	4.1%	3.8%	3.8%	3.1%	2.8%	2.7%	4.0%	2.8%
Kansas	6.4%	5.7%	5.3%	4.5%	4.2%	4.0%	3.6%	3.3%	3.1%	5.7%	3.2%
United States	9.0%	8.1%	7.4%	6.2%	5.3%	4.9%	4.4%	3.9%	3.7%	8.1%	5.4%

Source: U.S. Department of Labor, Bureau of Labor Statistics, 2021

Poverty

The following table displays the percentage of total population below 100 percent Federal Poverty Level (FPL). The FPL is a measurement of the minimum amount of income that is needed for individuals and families to pay for essentials. The guidelines are used to establish eligibility for Medicaid and other federal programs.

Poverty is a key driver of health status and is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

People living in chronic poverty have elevated health risks that can lead to unsafe conditions and diseases. Conditions might include drinking contaminated water or living in unsanitary housing with poor ventilation.

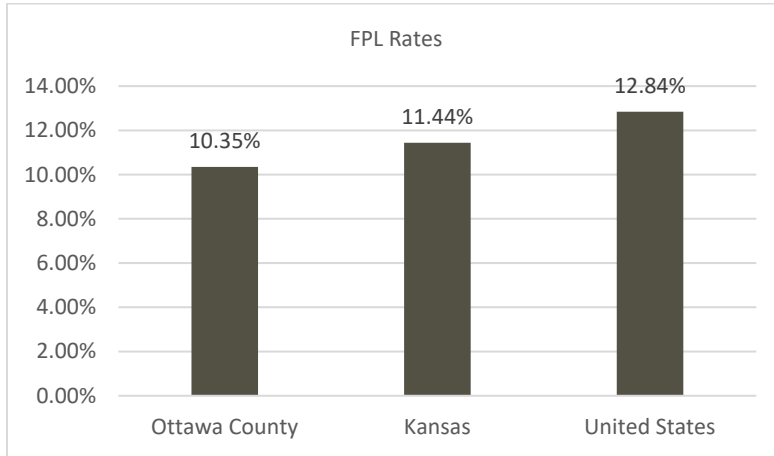
Low-income residents may delay or avoid pursuing medical attention until issues reach a critical stage, creating a greater demand on the community’s medical resources. This may include dependence on emergency rooms for what should be routine primary care. In addition, uninsured or low-income individuals’ inability to pay for services places strain on the community’s medical system. These individuals have limited transportation options and lack the ability to travel outside their local community for medical services.

The table below shows the total and percent of individuals living below 100% of the Federal Poverty Level.



Population below 100% FPL (Federal Poverty Line)		
	Population in Poverty	Percent in Poverty
Ottawa County	588	10.35%
Kansas	323,644	11.44%
United States	40,910,326	12.84%

Source: US Census Bureau, American Community Survey. 2016-20



Insurance

The following table reports the percentage of the total civilian non-institutionalized population without health insurance coverage for Ottawa County, Kansas, and the United States. This indicator is relevant because lack of insurance is a primary barrier to health care access including regular primary care, specialty care and other health services that contributes to poor health status. The lack of health insurance is considered a key driver of health status. Uninsured adults have limited access to preventive services and specialty care, and often experience worse health outcomes than those with insurance.

In Ottawa County, 6.5% of the total civilian non-institutionalized population is without health insurance coverage. This rate of uninsured persons is lower than the state and national average of 8.73%

Uninsured Population			
	Population (for whom insurance status is determined)	Uninsured Population	Uninsured Percent
Ottawa County	5,680	369	6.50
Kansas	2,853,649	249,223	8.73
United States	321,525,041	28,058,903	8.73

Source: US Census Bureau, American Community Survey. 2015-2019. Geography: Tract



Education

The following table shows higher educational attainment for Ottawa County, the state of Kansas, and the United States. This is relevant because educational attainment has been linked to positive health outcomes. Education levels obtained by community residents may impact the local economy. Higher levels of education generally lead to higher wages, less unemployment and job stability. These factors may indirectly influence community health.

For Ottawa County, 17.9% have at least a college bachelor’s degree.

Higher Education Attainment – Population Age 25 and Older		
	Percent with Bachelor’s Degree	Percent with Graduate or Professional Degree
Ottawa County	17.9%	6.0%
Kansas	21.5%	12.5%
United States	20.2%	12.7%

Source: US Census Bureau, American Community Survey. 2016-20. Source geography: County

Transportation

Transportation is a critical social determinant of health. The American Hospital Association says that each year, more than 3.5 million people do not receive adequate medical care due to transportation issues. These issues may include access to vehicles, long distances to needed services, and costs associated with travel. Transportation issues can be worse in rural communities where individuals may live long distances from providers.

Households with No Motor Vehicle			
	Total Households	Households with no Motor Vehicle	Percent Households with no Motor Vehicle
Ottawa County	2,446	52	2.13
Kansas	1,129,227	60,844	5.39
United States	120,756,048	10,395,713	8.61

Source: US Census Bureau, American Community Survey. 2016-20. Source geography: Tract



Commute

This indicator shows the method of transportation workers used to travel to work for the report area. Among workers (16 years and older) in the Ottawa County, more than 83% drove to work alone. Nearly 6% had a commute longer than one hour.

Commuting to Work				
	Population Age 16+ that Commutes to Work	Percent Commuting to Work Alone in a Car	Population Commuting More than 60 Minutes	Percent Commuting More than 60 Minutes
Ottawa County	2,681	83.09	156	5.82
Kansas	1,345,103	80.74	46,557	3.46
United States	142,512,559	74.92	13,184,451	9.25

Source: US Census Bureau, American Community Survey. 2016-20. Source geography: Tract

PHYSICAL ENVIRONMENT OF THE COMMUNITY

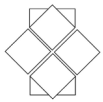
A community's health is affected greatly by its physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health. This section will examine some of the elements that relate to various needs mentioned throughout the report.

Food Access/Food Desserts

The table below reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as a low-income census tract where a substantial number or share of residents has low access to a supermarket or large grocery store. This is relevant because it highlights populations and geographies facing food insecurity.

Population with Low Food Access				
	Food Desert Census Tracts	Other Census Tracts	Food Desert Population	Other Population
Ottawa County	0	2	0	2
Kansas	139	627	491,894	499,032
United States	9,293	63,238	39,074,974	81,328,997

Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2019.



SNAP Food Stores

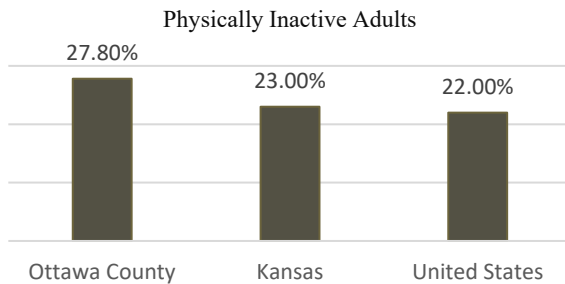
Certain food stores are authorized by SNAP (Supplemental Nutrition Assistance Program). These include grocery stores as well as supercenters, specialty food stores, and convenience stores that are authorized to accept SNAP benefits. Ottawa County has 5.25% retailers per 10,000 population, which is below the state and federal rates.

SNAP Authorized Food Stores		
	Total SNAP- Authorized Retailers	SNAP-Authorized Retailers Rate per 10,000 population
Ottawa County	3	5.25
Kansas	2,029	6.96
United States	248,526	7.47

Data Source: US Department of Agriculture, Food and Nutrition Service, USDA - SNAP Retailer Locator. Additional data analysis by CARES. 2021. Source geography: Tract

Physical Activity

The graph on the following page shows the percent of adults who are physically inactive by year for the community compared to Kansas and the United States. Within Ottawa County, 27.8% of adults aged 20 and older report having no active leisure time. This is higher than state and national levels. Behaviors are important determinants of health and may lead to critical issues such as obesity and poor cardiovascular conditions.

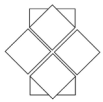


Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2019.

CLINICAL CARE OF THE COMMUNITY

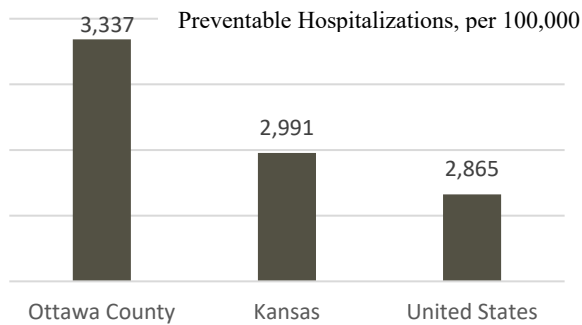
A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of un-insurance, financial hardship, transportation barriers, cultural competency and coverage limitations affect access.

Rates of morbidity, mortality and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests, and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions.



Preventable Hospital Events

The data below reports the preventable hospital rate of Medicare beneficiaries. Preventable hospital stays include admission for these conditions: diabetes with short-term and long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, bacterial pneumonia, or urinary tract infection. These represent conditions where hospitalization could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of preventable discharges demonstrates a possible “return on investment” from interventions that reduce admissions (for example, uninsured or Medicaid patients) through better access to primary care resources.



Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2020.

HEALTH STATUS OF THE COMMUNITY

This section of the assessment reviews the health status of the state of Kansas with comparisons to the United States. This in-depth assessment of the mortality and morbidity data, health outcomes, health factors and mental health indicators of the county residents that make up the community will enable the Hospital to identify priority health issues related to the health status of its residents.

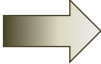
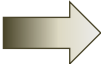
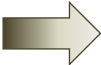


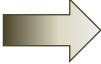
Good health can be defined as a state of physical, mental, and social well-being, rather than the absence of disease or infirmity. According to *Healthy People 2020*, the national health objectives released by the U.S. Department of Health and Human Services, individual health is closely linked to community health. Community health, which includes both the physical and social environment in which individuals live, work and play, is profoundly affected by the collective behaviors, attitudes, and beliefs of everyone who lives in the community. Healthy people are among a community’s most essential resources.

Numerous factors have a significant impact on an individual’s health status: lifestyle and behavior, human biology, environmental and socioeconomic conditions, as well as access to adequate and appropriate health care and medical services.

The interrelationship among lifestyle/behavior, personal health attitude and poor health status is gaining recognition and acceptance by both the general public and health care providers.

Some examples of lifestyle/behavior and related health care problems include the following:

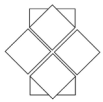


Lifestyle		Primary Disease Factors
Smoking		Lung cancer Cardiovascular disease Emphysema Chronic Bronchitis
Alcohol/drug abuse		Cirrhosis of Liver Motor vehicle crashes Unintentional injuries Malnutrition Suicide Homicide Mental Illness
Poor Nutrition		Obesity Digestive disease Depression
Driving at excessive speeds		Trauma Motor vehicle crashes
Lack of exercise		Cardiovascular disease Depression
Overstressed		Mental illness Alcohol/drug abuse Cardiovascular disease

Studies by the American Society of Internal Medicine conclude that up to 70 percent of an individual’s health status is directly attributable to personal lifestyle decisions and attitudes. Persons who do not smoke, who drink in moderation (if at all), use automobile seat belts (car seats for infants and small children), maintain a nutritious low-fat, high-fiber diet, reduce excess stress in daily living and exercise regularly have a significantly greater potential of avoiding debilitating diseases, infirmities, and premature death.

Health problems should be examined in terms of morbidity as well as mortality. Morbidity is defined as the incidence of illness or injury and mortality is defined as the incidence of death. However, law does not require reporting the incidence of a particular disease, except when the public health is potentially endangered.

Due to limited morbidity data, this health status report relies heavily on death and death rate statistics for leading causes in death in the community, along with the state of Kansas. Such information provides useful indicators of health status trends and permits an assessment of the impact of changes in health services on a resident population during an established period of time. Community attention and health care resources may then be directed to those areas of greatest impact and concern.



Leading Causes of Death

The following table reflects the leading causes of death for the community and compares the rates to the state of Kansas and US average rates, per hundred thousand. Figures represent a five-year average. No data available signified by n/d.

Death rates are summarized. Crude death rate is per 100,000 population.

Selected Causes of Resident Deaths: Number and Crude Rate						
	Ottawa County		Kansas		United States	
	Total	Rate	Total	Rate	Total	Rate
Cancer	71	163.4	27,742	155.4	2,998,371	149.4
Coronary Heart Disease	39	86.4	17,181	94.2	1,838,830	91.5
Lung Disease	23	51.1	8,745	48.4	1,838,830	39.1
Stroke	19	n/d	6,700	46.0	746,604	52.9
Unintentional Injury	18	n/d	7,698	52.9	872,432	53.4

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2016-2020.

Health Outcomes and Factors

An analysis of various health outcomes and factors for a particular community can, if improved, help make that community a healthier place to live, learn, work and play. A better understanding of the factors that affect the health of the community will assist with how to improve the community’s habits, culture, and environment. This portion of the community health needs assessment utilizes information from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

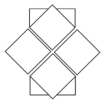
The County Health Rankings model is grounded in the belief that programs and policies implemented at the local, state, and federal levels have an impact on the variety of factors that, in turn, determine the health outcomes for communities across the nation. The model provides a ranking method that ranks all 50 states and the counties within each state, based on the measurement of two types of health outcomes for each county: how long people live (mortality) and how healthy people feel (morbidity).

These outcomes are the result of a collection of health factors and are influenced by programs and policies at the local, state, and federal levels.

Healthcare has been overwhelmingly impacted by COVID. Hospitals on the front line of caring for patients were strained as they swiftly responded to infection rates. Canceled and delayed routine procedures created substantial financial loss for many hospitals and providers.

Hospitals are seeing more high acuity, inpatient cases, requiring longer lengths of stay than prior to the pandemic. Doctors, nurses, and other providers have experienced intense pressure. Detrimental effects include high rates of infection, anxiety, and depression.

Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, e.g., 1 or 2, are considered to be the “healthiest.”



Counties are ranked relative to the health of other counties in the same state on the following summary measures:

- Health Outcomes - rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.
- Health Factors - rankings are based on weighted scores of four types of factors:
 - Health behaviors (six measures)
 - Clinical care (five measures)
 - Social and economic (seven measures)
 - Physical environment (four measures)

A more detailed discussion about the ranking system, data sources and measures, data quality and calculating scores and ranks can be found at the website for County Health Rankings (www.countyhealthrankings.org). As part of the analysis of the needs assessment for the community, data from Tom Green County will be used to compare the relative health status of the county to the state of Texas.

The current year information is compared to the health outcomes reported on the prior community health needs assessment and the change in measures is indicated.

A better understanding of the factors that affect the health of the community will assist with how to improve the community’s habits, culture, and environment.

County Health Rankings

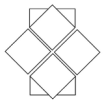
The tables below show how changes in the county included in the community’s health outcomes have increased, decreased, or stayed the same from the prior community health needs assessment. Data is based on calendar years 2018-2022.

Mortality and Morbidity	Ottawa County 2018	Ottawa County 2021	Increase/ Decrease	Kansas 2021	Top US Performers 2021
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	8,400	8,900	↑	7,500	5,600
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	12.0%	16.0%	↑	17.0%	15.0%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	2.9	3.6	↑	3.6	3.4
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	3.1	4.4	↑	4.5	4.0
Low birth weight – Percent of live births with low birth weight (<2500 grams)	6.0%	6.0%	—	7.0%	6.0%



Health Behaviors	Ottawa County 2018	Ottawa County 2021	Increase/Decrease	Kansas 2021	Top US Performers 2021
Adult smoking - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	14.0%	18.0%	↑	17.0%	15.0%
Adult obesity - Percent of adults that report a BMI >= 30	34.0%	36.0%	↑	33.0%	30.0%
Food environment index [^] - Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	8.1	7.7	↓	6.7	8.8
Physical inactivity - Percent of adults aged 20 and over reporting no leisure time physical activity	27.0%	30.0%	↑	27.0%	23.0%
Access to exercise opportunities [^] - Percentage of population with adequate access to locations for physical activity	41.0%	n/d	---	73.0%	86.0%
Excessive drinking - Percent of adults that report excessive drinking in the past 30 days	17.0%	20.0%	↑	20.0%	15.0%
Alcohol-impaired driving deaths - % of motor vehicle crash deaths with alcohol involvement	55.0%	25.0%	↓	19.0%	10.0%
Sexually transmitted infections - Chlamydia rate per 100K population	217.6	192.8	↓	524.7	161.8
Teen births - female population, ages 15-19	12	9	↓	22	11

Clinical Care	Ottawa County 2018	Ottawa County 2021	Increase/Decrease	Kansas 2021	Top US Performers 2021
Uninsured adults - Percent of population under age 65 without health insurance	8.0%	11.0%	↑	11.0%	6.0%
Primary care physicians - Number of population for every one primary care physician	2,960	2,850	↓	1,270	1,010
Dentists - Number of population for every one dentist	1,950	1,430	↓	1,630	1,210
Mental health providers - Number of population for every one mental health provider	n/d	5,710	—	470	250
Preventable hospital stays	n/d	3,244	—	3,645	2,233
Mammography screening [^] - Percent of female Medicare enrollees that receive mammography screening	39.0%	50.0%	↑	46.0%	52.0%



Social and Economic Factors	Ottawa County 2018	Ottawa County 2021	Increase/Decrease	Kansas 2021	Top US Performers 2021
High school graduation [^] - Percent of ninth grade cohort that graduates in 4 years	90.0%	95.0%	↑	91.0%	94.0%
Some college [^] - Percent of adults aged 25-44 years with some post-secondary education	64.0%	61.0%	↓	71.0%	74.0%
Unemployment - Percent of population age 16+ unemployed but seeking work	3.1%	4.3%	↑	5.9%	4.0%
Children in poverty - Percent of children under age 18 in poverty	14.0%	13.0%	↓	13.0%	9.0%
Income inequality - Ratio of household income at the 80th percentile to income at the 20th percentile	3.4	3.6	↑	4.3	3.7
Children in single-parent households - Percent of children that live in household headed by single parent	23.0%	24.0%	↑	13.5%	18.1%
Social associations [^] - Number of membership associations per 10,000 population	15.2	12.3	↓	13.6	18.2
Violent Crime Rate - Violent crime rate per 100,000 population (age-adjusted)	59	59	—	365	63
Injury deaths - Number of deaths due to injury per 100,000 population	67	79	↑	78	61

Physical Environment	Ottawa County 2018	Ottawa County 2021	Increase/Decrease	Kansas 2021	Top US Performers 2021
Air pollution - particulate matter days - Average daily measure of fine particulate matter in micrograms per cubic meter	8.2	7.5	↓	7.5	5.9
Severe housing problems - Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	7.0%	9.0%	↑	13.0%	9.0%
Driving alone to work - Percentage of workforce that drives alone to work	78.0%	83.0%	↑	81.0%	72.0%
Long commute, driving alone - Among workers who commute in their car alone, the percentage that commute more than 30 minutes	37.0%	33.0%	↓	22.0%	16.0%

Source: <https://www.countyhealthrankings.org/app/kansas/2022/county/snapshot>

[^] Opposite indicator signifying that an increase is a positive outcome, and a decrease is a negative outcome.

n/d = data not available



County Health Rankings – Health Factors

A number of different health factors shape a community’s health outcomes. The County Health Rankings model includes four types of health factors: health behaviors, clinical care, social and economic and the physical environment.

As can be seen from the summarized tables above, there are numerous areas that have room for improvement when compared to the state statistics. However, there are also significant improvements made within Ottawa County from the prior community health needs assessment.

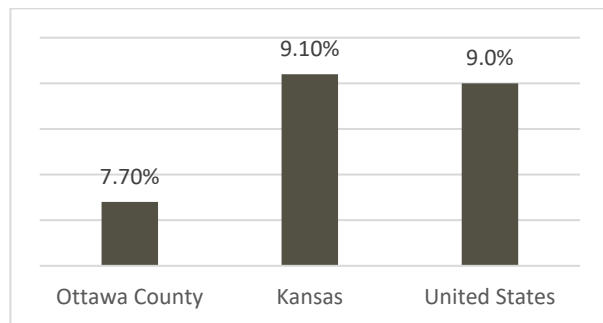
The following exhibits show a more detailed view of certain health outcomes and factors for the community, Kansas and the United States.

Diabetes

The table below reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This is relevant because diabetes is a major health problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Area	Adults with Diagnosed Diabetes	Adults with Diagnosed Diabetes Age-Adjusted Rate
Ottawa County	423	7.7%
Kansas	217,845	9.1%
United States	24,189,620	9.0%

Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2019. Source geography: County



Obesity

The table below reports the percentage of adults aged 20 and older who self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese). Excess weight frequently indicates an unhealthy lifestyle and puts individuals at risk for further health issues.

Area	Total Population with BMI >30.0	Percent of Population with BMI >30.0
Ottawa County	1,503	34.2
Kansas	699,363	33.2
United States	67,983,276	28.3

Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2019. Source geography: County

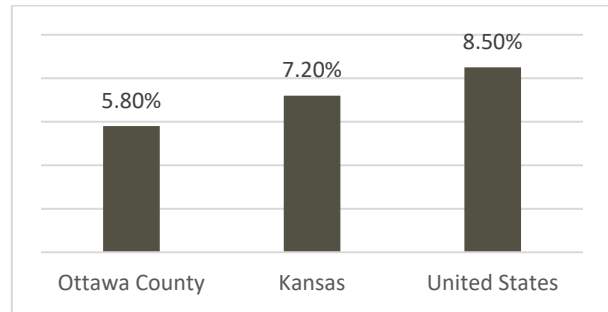


Low Birth Weight

The table below reports the percentage of total births that are low birth weight (Under 2500g). This is relevant because low birth weight infants are at high risk for health problems. This can also highlight the existence of health disparities. Data are reported for a 7-year aggregated time period. Data were from the National Center for Health Statistics - Natality Files (2013-2019) and are used for the 2021 County Health Rankings.

Area	Total Live Births	Low Weight Births	Percent Low Weight Births
Ottawa County	394	23	5.8%
Kansas	525,771	37,647	7.2%
United States	54,416,819	4,440,508	8.5%

Source: University of Wisconsin Population Health Institute, County Health Rankings. 2013-2019.



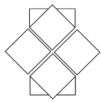
COVID-19

The table below displays the number of confirmed COVID-19 cases and deaths. The level of COVID-19 in Ottawa County is low on cases and hospitalizations when compared to state and national data. Since the beginning of the pandemic, at least 1 in 5 residents have been infected, a total of 1,227 reported cases.

Data in the table below reflects the most recent information as of July 6, 2022.

Area	Total Confirmed Cases	Total Deaths
Ottawa County	1,227	23
Kansas	808,046	8,980
U.S.	87.9M	1.02M

Source: New York Times Coronavirus Tracker, updated July 6, 2022.
<https://www.nytimes.com/interactive/2021/us/kansas-covid-cases.html>



Impact of the COVID-19 Pandemic on Youth Mental Health

The COVID-19 pandemic presented mental health challenges to nearly all segments of society. The mental health of children and adolescents was significantly impacted by COVID-19. Nationwide lockdowns, school closures, parental and family stress, and fear of the pandemic all contributed negatively to the mental health and well-being of children and adolescents. Young people could continue to feel the impact of COVID-19 on their mental health and well-being for many years to come.

According to a 2021 survey of parents to children 0-17 years old conducted by the National Alliance on Mental Illness (NAMI), 44% of parents are very or somewhat concerned about their child’s mental health.

This survey also revealed that 41% of parents said their child(ren) spend more time on screens each day when compared to pre-pandemic (prior to March 2020) levels.

PARENT PERSPECTIVES on Kids’ Mental Health Amid COVID-19

A recent survey by NAMI asked parents about their own mental health and that of their children (17 years and younger).



77%

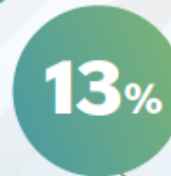
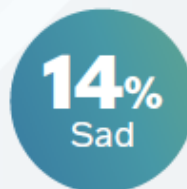
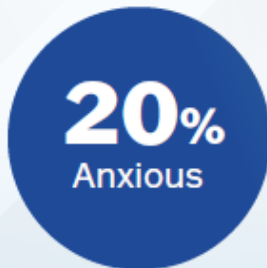
of parents surveyed are often or sometimes thinking about their child’s mental health



44%

of parents are very or somewhat concerned about their child’s mental health

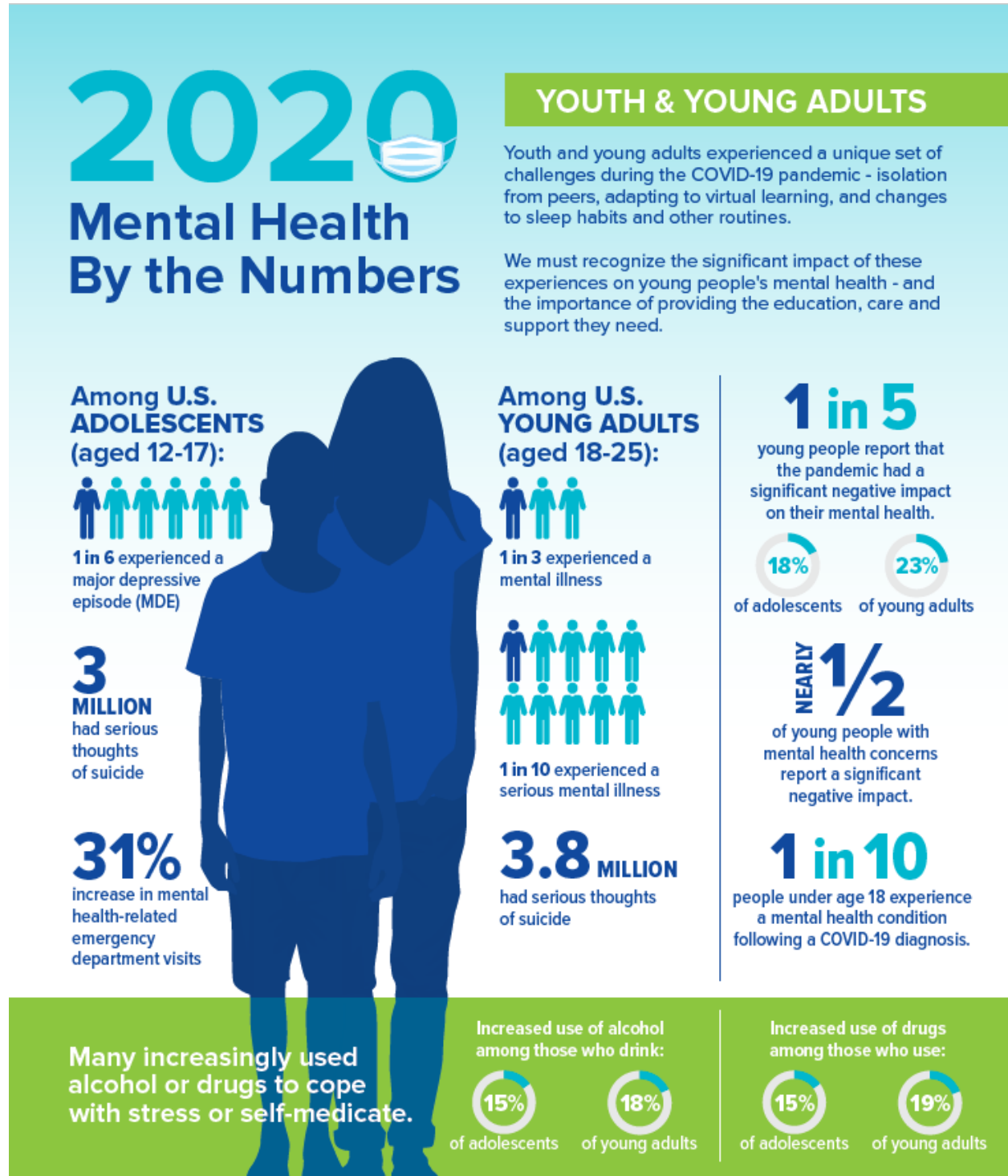
Parents noted their kids felt an increase in these feelings during the pandemic:



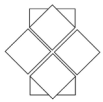
Source: [https://www.nami.org/Support-Education/Publications-Reports/Survey-Reports/Poll-of-Parents-Amid-the-COVID-19-Pandemic-\(2021\)/NAMI_ParentsPerspective_Infographic_2021](https://www.nami.org/Support-Education/Publications-Reports/Survey-Reports/Poll-of-Parents-Amid-the-COVID-19-Pandemic-(2021)/NAMI_ParentsPerspective_Infographic_2021)



As reported by the National Alliance on Mental Illness, nationwide 1 in 6 adolescents (ages 12-17) experienced a major depressive episode during 2020. NAMI research indicates young people may be more vulnerable to mental illness/may experience a mental health condition following a COVID-19 diagnosis.



Source: NAMI, www.nami.org/mhstats2020



HEALTH CARE RESOURCES

The availability of health resources is a critical component to the health of a community’s residents and a measure of the soundness of the area’s health care delivery system. An adequate number of health care facilities and health care providers is vital for sustaining a community’s health status. Fewer health care facilities and health care providers can impact the timely delivery of services.

A limited supply of health resources, especially providers, results in the limited capacity of the health care delivery system to absorb charity and indigent care as there are fewer providers upon which to distribute the burden of indigent care. This section addresses the availability of health care resources to the residents of Ottawa County

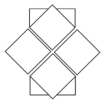
Hospitals

The Health Center is a 25-bed critical access hospital. It is the only health center facility located within the CHNA community. Residents of the community also take advantage of services provided by hospitals in neighboring counties, as well as services offered by other facilities and providers.

The table below summarizes hospitals available to the residents of the community.

Summary of Acute Care Hospitals				
Facility	Address	City	State	Zip
Salina Reginal Health Center	400 South Santa Fe Avenue	Salina	KS	67401-4198
Salina Surgical Hospital	401 South Santa Fe Avenue	Salina	KS	67401-2697
Lincoln County Hospital	624 North Second Street	Lincoln	KS	67455-1738
Cloud County Health Center	1100 Highland Drive	Concordia	KS	66901-3923
Memorial Health System	511 NE Tenth Street	Abilene	KS	67410

Source: CMS.gov, Health Resources & Services Administration (HRSA)



Other Health Care Facilities and Providers

Short-term acute care hospital services are not the only health services available to members of the Health Center’s community. The table below provides a listing of community health centers, nursing homes and rural health clinics within the Health Center’s community.

Summary of Other Health Care Facilities			
Facility	Address	County	Facility Type
Heartland Health Care Center	511 NE 10th, Abilene, KS 67410	Dickinson	Rural Health Clinic
Lincoln County Medical Clinic	313 E Franklin, Lincoln, KS 67455	Lincoln	Rural Health Clinic
Sylvan Medical Clinic	219 N Main Street, Sylvan Grove, KS 67481	Lincoln	Rural Health Clinic
Minneapolis Health and Rehab	815 N Rothsay Ave, Minneapolis, KS 67467	Ottawa	Nursing Home

Source: CMS.gov, Health Resources & Services Administration (HRSA)

Health Department

Within the Hospital’s CHNA community resides the Ottawa County Health Department, which offers a large array of services to patients, including assessments and screenings, as well as education and wellness resources.

Some of these services include adult services, environmental consultations, expectant parent classes, health education, hospice care, child and adult immunizations, Women, Infants & Children (WIC), public health services and many others.

Many of the services are covered by Medicare, Healthwave and other insurances. In the case individuals are uninsured or their insurance doesn’t pay for the service, the majority of the services are offered on a sliding fee scale basis.



KEY STAKEHOLDER INTERVIEWS

In the Patient Protection and Affordable Care Act (PPACA) passed in March 2010, nonprofit hospitals were mandated to conduct a community-based needs assessment every three years. As a part of the process, each hospital is required to solicit input from those who represent the broad interests of the community served by the hospital as well as those who have special knowledge or expertise around public health and underserved populations.

Interviews were held with various professionals representing a cross-section of industries and organizations within the community's population. Individuals chosen for these interviews represented the following types of organizations and agencies:

- Public library employee
- County commissioner
- Representative of a local non-profit agency that addresses prevention of abuse in children
- Representative of the Central Kansas Extension District (focus on educational programs for community members)
- Representative of a local non-profit agency that focuses on economic development, tourism and community development
- Representative of the business community
- Health Department Director
- School nurse (K-12)
- Registered Nurse with Health Department
- First responder

Obtaining input from key stakeholders (persons with knowledge of or expertise in public health, persons representing vulnerable populations, or community members who represent the broad interest of the community) is a technique employed to assess public perceptions of the county's health status and unmet needs. These interviews are intended to ascertain opinions among individuals likely to be knowledgeable about the community and influential over the opinions of others about health concerns in the community.

The main objective of the interviews was to receive feedback on community health and wellness attributes, strengths, and challenges. Topics included questions about 1) Health and quality of life, 2) Underserved and underrepresented populations, 3) Barriers, and 4) COVID-19. The interview questions for each key stakeholder were identical. A summary of the stakeholders' responses follows.

Key Stakeholder General Observations and Comments

There was a clear consensus among respondents regarding community strengths. The community is a small, rural community and stakeholders noted that residents take care of one another. For the size of the community, most stakeholders believe that there are adequate health resources and services available.

Several respondents emphasized the community's culture of cooperation, working together to improve the community.

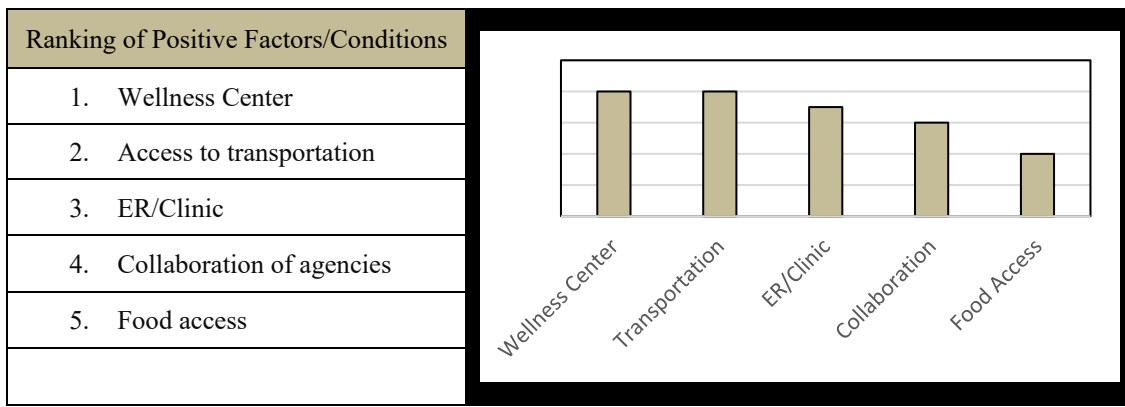
Nearly all stakeholders mentioned the Wellness Center and how much of an asset it is to the community.



A majority of the stakeholders believed that the overall health and quality of life in the community has stayed relatively the same or slightly declined in the past three years. The most common reason given for the decline in health and quality of life in the community was factors resulting from the COVID-19 pandemic, which will be further explored in this section.

Positive Factors and Conditions

Respondents were asked to list specific factors and conditions that are positive about the community’s health and quality of life.



Interview comments:

Stakeholders mentioned the newly-remodeled Emergency Room that now connects to the clinic as a major positive for the community.

Stakeholders mentioned good community engagement and a general feeling of pride about the community among residents. There is a privately-owned community space located in town, that offers a coffee shop, pickleball court, game room, brewery and entertainment space. Respondents noted it is a great community space that brings people together.

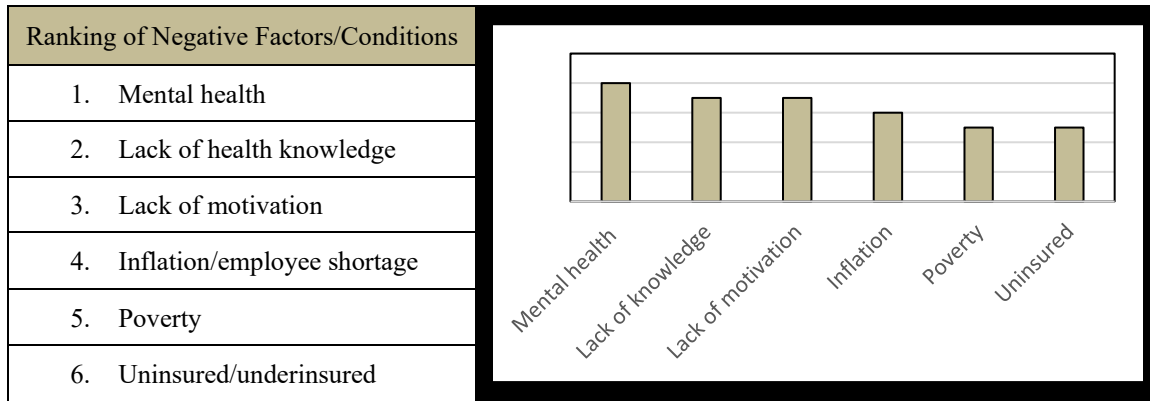
There is a dentist, optometrist and chiropractor in town, as well as an excellent pharmacy.

Stakeholders noted the public transportation system is excellent. It allows community members to travel to health care appointments as well as to travel for shopping and socializing.



Negative Factors and Conditions

Respondents were asked to list specific factors and conditions that negatively impact the community’s health and quality of life.



Interview comments:

Stakeholders noted several difficulties resulting from the COVID-19 pandemic, such as inadequate day care services available for working families and slowed economic development. Respondents mentioned a difficulty in attracting and retaining qualified employees, both in the healthcare sector and in the private sector businesses.

The inability to afford co-pays or deductibles is seen as one of the main reasons people do not access health services.

Stakeholders noted mental and behavioral health needs have increased as a result of the pandemic. Community members of all ages, from school children to senior adults, need access to mental health care.

Stakeholders noted that even with the Wellness Center and availability of parks and outdoor trails, some members of the community continue to live sedentary lifestyles, which can be detrimental to health.

Stakeholders noted that mental health issues in school-aged children are increasing.

Recommendations for Improvement

As a result of the interviews, the following suggestions were provided to help improve the community’s health and quality.

- Increase the availability of mental health resources.
- Increase public communication about successes and good things that are occurring in the community.
- Increase awareness on issues like obesity, diabetes, and mental health issues through more advertising and public outreach.
- Develop a community resource board to facilitate sharing of ideas on critical issues.



COVID-19

Key Informants were asked to describe how the COVID-19 pandemic has impacted the community.

Many emphasized the loss of jobs and workers, especially for small businesses.

Another theme was the toll the pandemic has had on mental health. Respondents noted that people of all ages and backgrounds suffered as a result of the pandemic. Isolation has had a negative impact on school children and their development both academically and socially. Stakeholders mentioned that older adults also felt the impact of isolation. Many individuals in the community chose to put off routine health care visits and/or preventative health care during the pandemic.

Stakeholders noted that there has been an influx of pandemic-related grant money, but that in many instances, but the Health Department and/or Health Center is unable to hire employees or find agencies to partner with in order to spend the money. It is difficult to find employees.

Stakeholders noted turnover and retirements in the healthcare sector, as well as in the public and private sectors, as being a barrier to providing healthcare services. This was exacerbated during the pandemic.

Several noted the Health Center and Health Department had a good partnership during the peak of the COVID-19 pandemic which enabled them to efficiently administer tests and vaccines, and disseminate information to the community.

One stakeholder described the negative effect the pandemic has had on adolescents in the community. The stakeholder noted that, for a variety of reasons, the pandemic resulted in adolescents in the community (and likely across the nation) receiving access to a cell phone earlier than they would have otherwise. Adolescents and teens also spent increased time in front of screens (computers, phones, tablets and televisions) during the pandemic. This has resulted in an increase in youth depression as well as online bullying and a variety of problems associated with exposure to technology and social media.

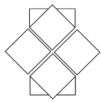
Several described a community divided on the pandemic response. “There has been a division of people who don’t agree on masks and vaccinations. There have been disagreements that have caused a division,” one individual responded. Another remarked, ““People are judgmental regarding the vaccine, this has caused some controversy.”

Underserved Populations

Key Stakeholders were asked to describe how or if there are certain demographic groups within the community that may lack access to affordable health care services or essential resources.

Several responses identified individuals who have no insurance or are underinsured as an underserved population. Stakeholders emphasized how certain people may not qualify for full assistance but also cannot afford private health plans.

Respondents noted the significant aging population in the community. There are no assisted living facilities available – one respondent noted that if an individual requires care, they would go from living in their own home into long term care. There is no ‘in-between’ step which presents a hole in the continuum



of care. However, there is a Swing Bed program available that allows patients to transition from acute care to more of a skilled nursing or rehabilitation setting. Stakeholders noted that with the aging population of the community, additional options may be needed.

Interviews revealed how certain community members in poverty lack the ability to get services. For some, there is a lack of knowledge or awareness of what is available. One respondent said, “The healthcare facilities in Ottawa County grade very high. The problem is not with the facilities, but that the underserved do not understand how to access those facilities and resources.”

How barriers are being addressed

Stakeholders provided input on ways the community is responding to barriers faced by underserved individuals and groups in the community

- Stakeholders noted that public transportation is excellent and readily available to take community members to health care appointments. Public transportation is also available to allow residents to travel for shopping and community/social involvement.
- The Health Center offers a Wellness Center that is beneficial for both physical and mental health and overall wellness.
- Stakeholders noted that the Emergency Room and clinic now share a space which allows the Health Center to direct patients to the most appropriate setting for care.
- Respondents noted the Health Center offers outreach events and free clinics in an effort to reach underserved individuals. The Health Center also partners with local schools and the Health Department in an effort to expand its reach and provide resources to as many individuals as possible.
- Local non-profit agencies and churches partner to provide services to those in need, such as food and school supplies.

Feedback on Ottawa County Health Center

Key Stakeholders were asked to provide input on the Health Center’s programs and services and their efforts to address community needs and improve health quality. Stakeholders were also asked to identify the most critical issue(s) the Health Center should address in the next three to five years.

“The hospital gets an A. They have nice facilities and good physicians.”

“The Wellness Center is a huge asset to the community.”

“The Health Center has lots of available space, but needs to better utilize the space.”

“The Health Center can continue to show its value to the community by bringing in more specialty doctors, even if only for a couple days a week. The community needs a podiatrist to care for feet.”

“The Wellness Center and Cardiac Rehab facility contained within provide a great service to the community.”

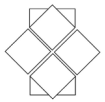


“Agencies in the community collaborate fairly well with each other and the Health Center. The Health Center needs to continue to foster that spirit of collaboration, especially in the mental health care area. There is an increasing need in this area and the Health Center can’t address it alone.”

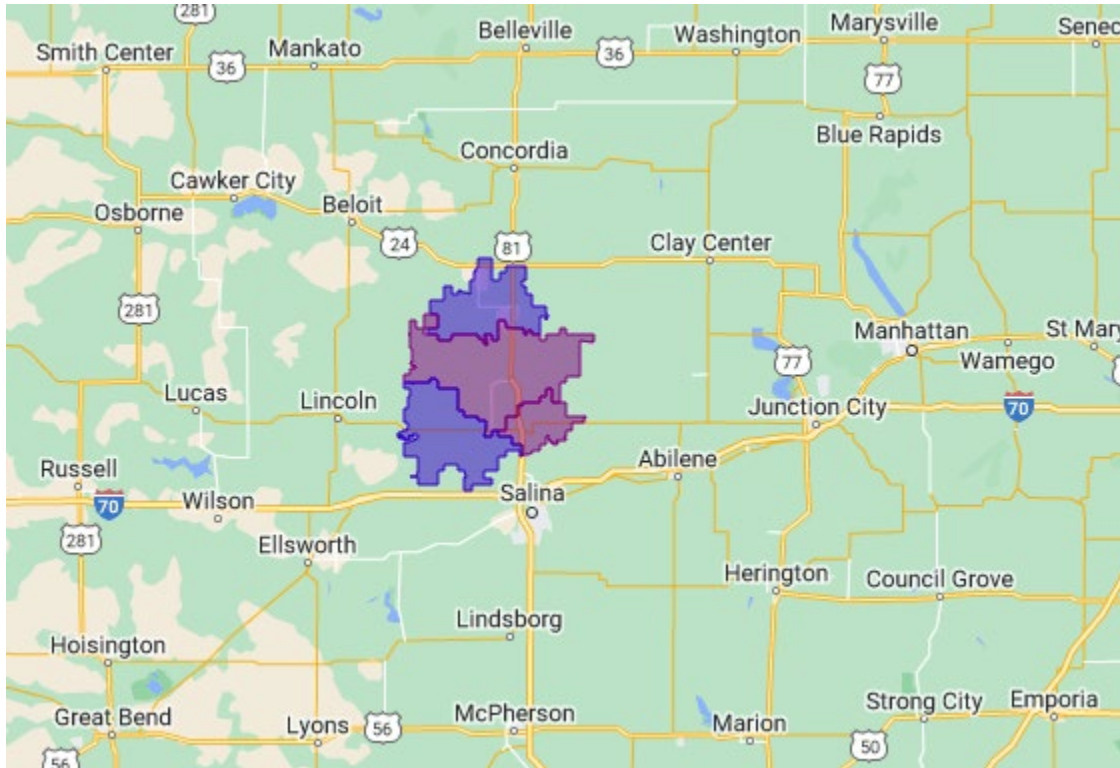
“The Health Center has the ability to perform some minor procedures, such as colonoscopy and endoscopy, at its facilities on a limited basis. The Health Center should continue to forge partnerships and bring in/hire specialty doctors to increase its ability to provide more specialized health services right here in the community.”

“The community needs to continue to increase mental health services and address mental health needs. Work must be done to remove the stigma of seeking treatment for mental health needs.”

Those interviewed were asked to comment on the Health Center’s effort to address community health concerns. Respondents praised the Health Center and their significance in the community.



Dignity Health Community Need Index Reports



CNI Scale				
Highest Need 4.2-5	2 nd Highest 3.4-4.1	Medium Need 2.6-3.3	2 nd Lowest 1.8-2.5	Lowest Need 1-1.7
Zip		CNI Score	City	County
67422		2.6	Bennington	Ottawa
67436		2.4	Delphos	Ottawa
67467		2.8	Minneapolis	Ottawa
67484		2.2	Tescott	Ottawa

INFORMATION GAPS

This assessment was designed to provide a comprehensive and broad picture of the health in the overall community served by the Hospital; however, there may be several medical conditions that are not specifically addressed in this report due to various factors, including but not limited to, publicly available information or limited community input.

In addition, certain population groups might not be identifiable or might not be represented in numbers sufficient for independent analysis. Examples include homeless, institutionalized persons, undocumented residents and members of certain ethnic groups who do not speak English or Spanish. Efforts were made to obtain input from these specific populations through key stakeholder interviews.



PRIORITIZATION OF IDENTIFIED HEALTH NEEDS

Priority setting is a required step in the community benefit planning process. The IRS regulations indicate that the Community Health Needs Assessment must provide a prioritized description of the community health needs identified through the CHNA, and include a description of the process and criteria used in prioritizing the health needs.

Using findings obtained through the collection of primary and secondary data, the Hospital completed an analysis of these to identify community health needs. The following data was analyzed to identify health needs for the community:

Leading Causes of Death

Leading causes of death and death rates for the community were compared to U.S. adjusted death rates. Causes of death in which the county rate compared unfavorably to the U.S. adjusted death rate resulted in a health need for the Hospital.

Health Outcomes and Factors

An analysis of the County Health Rankings health outcomes and factors data was prepared for each county within the Hospital community. County rates and measurements for health behaviors, clinical care, social and economic factors, and the physical environment were compared to state benchmarks.

Primary Data

Health needs identified through key stakeholder interviews were included as health needs. Needs for vulnerable populations were separately reported on the analysis in order to facilitate the prioritization process.

Health Needs of Vulnerable Populations

Health needs of vulnerable populations were included for ranking purposes.



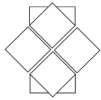
To facilitate prioritization of identified health needs, a ranking process was used. Health needs were ranked based on the following four factors. Each factor received a score between 0 and 5, with a total maximum score of 20 (indicating the greatest health need).

- 1) **How many people are affected by the issue or size of the issue?** For this factor, ratings were based on the percentage of the community who are impacted by the identified need. The following scale was utilized.
 - i. >25% of the community = 5
 - ii. >15% and <25% = 4
 - iii. >10% and <15% = 3
 - iv. >5% and <10% = 2
 - v. <5% = 1
- 2) **What are the consequences of not addressing this problem?** Identified health needs, which have a high death rate or have a high impact on chronic diseases, received a higher rating.
- 3) **Prevalence of common themes.** The rating for this factor was determined by how many sources of data (Leading Causes of Death, Primary Causes for Inpatient Hospitalization, Health Outcomes and Factors, Primary Data, Interviews) identified the need.
- 4) **Alignment with Hospital goals and resources.** The rating for this factor was determined by whether the need fits within the Hospital's strategic plan, as well as the Hospital's ability to address the need. Rating of one (least) through five (greatest) was given to the need, based on management assessment.

Each need was ranked based on the prioritization metrics. As a result, the following summary of needs is identified in the table below.



Ottawa County Health Center Ranking of Community Health Needs					
Health Problem/Issue	How many people are affected by the issue?	What are the consequences of not addressing this problem?	Prevalence of common themes	Alignment with Hospital's Resources	Total Score
Obesity	5	4	4	5	18
Physical Inactivity	4	4	4	5	17
Lack of Healthy Behaviors/Poor Lifestyle Choices	5	4	3	5	17
Lack of Awareness Regarding Available Health Services in the Community	4	4	4	5	17
Mental Health Issues	5	4	4	3	16
Financial Barriers/Poverty	4	3	3	4	14
Uninsured/Limited Insurance	3	4	4	3	14
Cost of Healthcare Services	4	4	3	3	14
Lack of General Health Knowledge/Education	3	4	3	3	13
Diabetes	2	3	3	4	12
Stroke	3	4	1	4	12
Lack of Employment Opportunities	4	3	1	3	11
Lack of Primary Care Physicians	2	4	2	2	10
Lack of Collaboration With Other Providers	3	3	1	3	10
Preventable Hospital Stays	3	3	1	3	10
Limited Access to Healthy Food Options	1	3	2	1	7
Excessive Drinking/Alcohol Impaired Driving Deaths	2	2	1	2	7
Increased Provider Hours (After Hours/Weekends)	2	2	1	2	7
Dental Health Issues	1	3	1	1	6
Lack of Affordable Housing	2	2	1	1	6
Sexually Transmitted Diseases	1	1	1	1	4
Violent Crime Rate	1	1	1	1	4



Priority Community Health Needs Identified

Using findings obtained through the Key Stakeholder interview process and collection of primary and secondary data, the Health Center completed an analysis of these inputs to identify community health needs.

Based on the criteria outlined above, any health need that scored a 17 or more (out of a possible 20) was identified as a priority area that will be addressed through Ottawa County Health Center's Implementation Strategy for fiscal year 2022-2024. Those priority areas included:

1. Obesity
2. Physical inactivity
3. Lack of healthy behaviors/poor lifestyle choices
4. Lack of awareness regarding available health services in the community