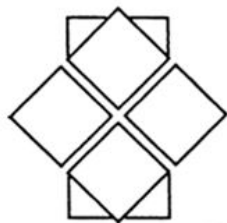


*Community Health Needs Assessment
Fiscal Year Ending September 30, 2019*

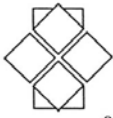


OTTAWA COUNTY

HEALTH CENTER

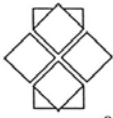
Come home and get the care you deserve.

BKD
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Consultants' Report

Ms. Jody Parks
Administrator
Ottawa County Health Center
Minneapolis, Kansas

On behalf of Ottawa County Health Center (Hospital), we have assisted in conducting a Community Health Needs Assessment (CHNA) consistent with the scope of services outlined in our engagement letter dated March 12, 2019. The purpose of our engagement was to assist the Hospital in meeting the requirements of Internal Revenue Code §501(r)(3) and Regulations thereunder. We also relied on certain information provided by the Hospital, specifically certain utilization data, geographic HPSA information and existing community health care resources.

Based upon the assessment procedures performed, it appears the Hospital is in compliance with the provisions of §501(r)(3). Please note that we were not engaged to, and did not, conduct an examination, the objective of which would be the expression of an opinion on compliance with the specified requirements. Accordingly, we do not express such an opinion.

We used and relied upon information furnished by the Hospital, its employees and representatives and on information available from generally recognized public sources. We are not responsible for the accuracy and completeness of the information and are not responsible to investigate or verify it.

These findings and recommendations are based on the facts as stated and existing laws and regulations as of the date of this report. Our assessment could change as a result of changes in the applicable laws and regulations. We are under no obligation to update this report if such changes occur. Regulatory authorities may interpret circumstances differently than we do. Our services do not include interpretation of legal matters.

BKD, LLP

September 10, 2019

Introduction

Internal Revenue Code (IRC) Section 501(r) requires health care organizations to assess the health needs of their communities and adopt implementation strategies to address identified needs. Per IRC Section 501(r), a byproduct of the *Affordable Care Act*, to comply with federal tax-exemption requirements, a tax-exempt hospital facility must:

- ✓ Conduct a community health needs assessment every three years.
- ✓ Adopt an implementation strategy to meet the community health needs identified through the assessment.
- ✓ Report how it is addressing the needs identified in the community health needs assessment and a description of needs that are not being addressed with the reasons why such needs are not being addressed.

The community health needs assessment must take into account input from persons who represent the broad interest of the community served by the hospital, including those with special knowledge of or expertise in public health. The hospital must make the community health needs assessment widely available 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 (OCHC or Hospital) compliance with IRC Section 501(r). Health needs of the community have been identified and prioritized so that the Hospital may adopt an implementation strategy to address specific needs of the community.

The process involved:

- ✓ An evaluation of the implementation strategy from the previous needs assessment which was adopted by the Hospital Board of Directors in 2016.
- ✓ Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, health care resources.
- ✓ Interviews with key informants who represent a) broad interests of the community, b) populations 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 fiscal year September 30, 2019. It will serve as a compliance document as well as a resource until the next assessment cycle. Both the process and document serve as the basis for prioritizing the community's health needs and will aid in planning to meet those needs.

Summary of Community Health Needs Assessment

The purpose of the community health needs assessment is to understand the unique health needs of the community served by the Hospital and to document compliance with new federal laws outlined above.

The Hospital engaged **BKD, LLP** to conduct a formal community health needs assessment. **BKD, LLP** is one of the largest CPA and advisory firms in the United States, with approximately 2,700 partners and employees in 40 offices. BKD serves more than 1,000 hospitals and health care systems across the country. The community health needs assessment was conducted during 2019.

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 fiscal year September 30, 2016, 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 data 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 (see references in Appendices). 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 informant interviews of ten stakeholders. 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 and minority groups and the community as a whole. Health needs were ranked utilizing a weighting method that weighs: 1) the size of the problem (How many people are affected by the issue), 2) the seriousness of the problem (What are the consequences of not addressing the issue), 3) the prevalence of common themes and 4) the alignment with Hospital's Resources.
- ✓ An inventory of health care facilities and other community resources potentially available to address the 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 with a 5 bed long-term care facility located in Minneapolis, Kansas. The Hospital 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 Hospital 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 the new 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 BKD, 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 two general health priorities on which to focus as strategic initiatives in Ottawa County. The implementation strategy is listed below with the goals and strategies to address each initiative over the next three years.

PRIORITY 1: Obesity/Unhealthy Eating/Physical Inactivity

Goal 1: Improve Access to/ Increase Interest in the Wellness Center

- Strategies:
- A. Review membership rates annually to verify affordability.
 - B. Provide wellness information and advertisements in the local newspaper.
 - C. Continue to offer new programs, equipment, classes, etc. to promote a healthy lifestyle.

Goal 2: Sponsor Annual 5k Run to Support Heart Health and Wellness

- Strategies:
- A. Organize and fund annual hospital 5k.
 - B. Provide education on heart health awareness through promotion of 5k.
 - C. Utilize event proceeds to fund wellness related initiatives.

Goal 3: Support Community Gardens and Farmer's Market

- Strategies:
- A. Support programs through financial contributions.
 - B. Encourage employee participation and support of community garden and farmer's market through monthly newsletters.

PRIORITY 2: Information On/Access to Local Medical Services

Goal 1: Improve Awareness of Local Healthcare Services

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

Goal 2: Maintain Relationship with Local Physicians

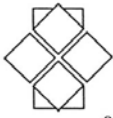
- Strategies:
- A. Work with local physician group to ensure adequate coverage for Ottawa County by MDs and ARNPs for both Emergency and Family Practice.

Goal 3: Financial & Insurance Assistance and Charge Review

- Strategies:
- A. Continue to offer Charity Care program to individuals who qualify.
 - B. Provide Social Worker assistance for those with medical insurance questions.
 - C. Review hospital charges on a regular basis.

To address these goals, Ottawa County Health Center implemented the identified strategies as follows:

- To improve access to the Wellness Center and encourage healthy living, membership rates for the fitness center were reduced to make the facility accessible to more area residents. Special reduced rates are also offered each year to encourage memberships and increase access to the Wellness Center. New equipment (treadmills, bikes, etc.) was purchased to encourage new members and provide updated and safe equipment to our existing members. In 2018, members completed surveys to help provide information on what services, equipment, classes, etc. they would like to see at the Wellness Center. Based on these results, we have classes for members including HIIT, Ab Workout, Water Aerobics, and Water Walking. In addition, issues and ideas noted in the survey were presented to the Board of Trustees who is currently considering a renovation of the facility to better meet community needs. 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.
- The Hospital continues to sponsor an annual 5k run to promote heart health. The Red Dress Run is held in February (heart month) each year. Over 100 runners and walkers brave the cold to join the cause and run for heart health. Proceeds from the event are used locally and reinvested into the Wellness Center or Hospital for equipment or projects related to heart health. The goal of the Hospital Board and Administration is to utilize the dollars raised from this event to help fund future improvements and renovations to our community Wellness Center.
- The Hospital supports the local Food Pantry as they utilize the Hospital as pick-up location/meeting area for local residents needing assistance. We also help advertise the Food Pantry events throughout the Hospital. In 2019, the Hospital helped sponsor a new community program, the Summer Café, to provide kids and families with lunches throughout the summer. During this time of year, the local food pantry is quickly depleted with kids at home all summer, so the Summer Café, will be cooking and serving meals to address food insecurity in the community.
- Local healthcare services provided by Ottawa County Health Center are regularly advertised in the county newspaper, whose readership closely matches the Hospital's patient demographic, 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. Public educational and support sessions have been held related to grief support, cancer support, and chronic disease prevention. In addition, OCHC staff attends meetings of various local organizations to provide information on diabetes, social work, or other requested topics.
- Ottawa County Health Center leadership maintains regular communication/meetings with local physicians to assess community needs, patient or service issues, and ER coverage needs. In 2018, we contracted with a local physician's assistant as well as another area mid-level provider, to add coverage for our ER. This depth of ER providers offers our community a stable and reliable ER coverage group to make sure our residents can access the care they need.
- Ottawa County Health Center's Charity Care program continues to be offered to those who qualify. In FY2018, the Hospital provided over \$50,000 in Charity Care to area residents. Additionally, the Hospital's Social Worker and Patient Financial Coordinator work closely with patients and their families to assist with insurance questions, Medicaid applications, etc. at no cost to our community. Total Community Benefit contributions are estimated at \$59,433 (Charity Care, Red Dress Run, Nurse EMS assistance, etc.)



- 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 in an effort to provide quality medical services at reasonable costs to our community. In 2018, OCHC began compiling a list of all hospital charges for any item or service provided at the Hospital. Per federal regulations, this information must be posted on the hospital website by 1-1-19 in an effort to allow our patrons the opportunity to review potential charges prior to their service.

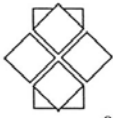
Summary of 2019 Needs Assessment Findings

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

Identified Community Health Needs

1. Physical inactivity/access to exercise opportunities
2. Obesity
3. Lack of healthy behaviors/lifestyle choices
4. Lack of general health knowledge/education

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



Community Served by the Hospital

The Hospital 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.

Defined 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 Hospital is the single largest provider of acute care services. For this reason, the utilization of Hospital services provides the clearest definition of the community.

Based on the patient origin of acute care inpatient discharges from October 1, 2017, through September 30, 2018, management has identified Ottawa County as the defined community. Ottawa County represents over 85% of the outpatient visits as reflected in *Exhibit 1.1* below, and 80% of inpatient discharges as seen in *Exhibit 1.2*.

Exhibit 1.1			
Summary of Outpatient Visits by Zip Code			
10/1/2017 to 9/30/2018			
Zip Code	City	Discharges	% of Total Discharges
Ottawa County:			
67467	Minneapolis	187	66.8%
67436	Delphos	25	9.0%
67484	Tescott	19	6.8%
67422	Bennington	9	3.3%
Total Ottawa		240	85.8%
Total Other Kansas		40	14.3%
Total		280	100.0%

Source: Ottawa County Health Center

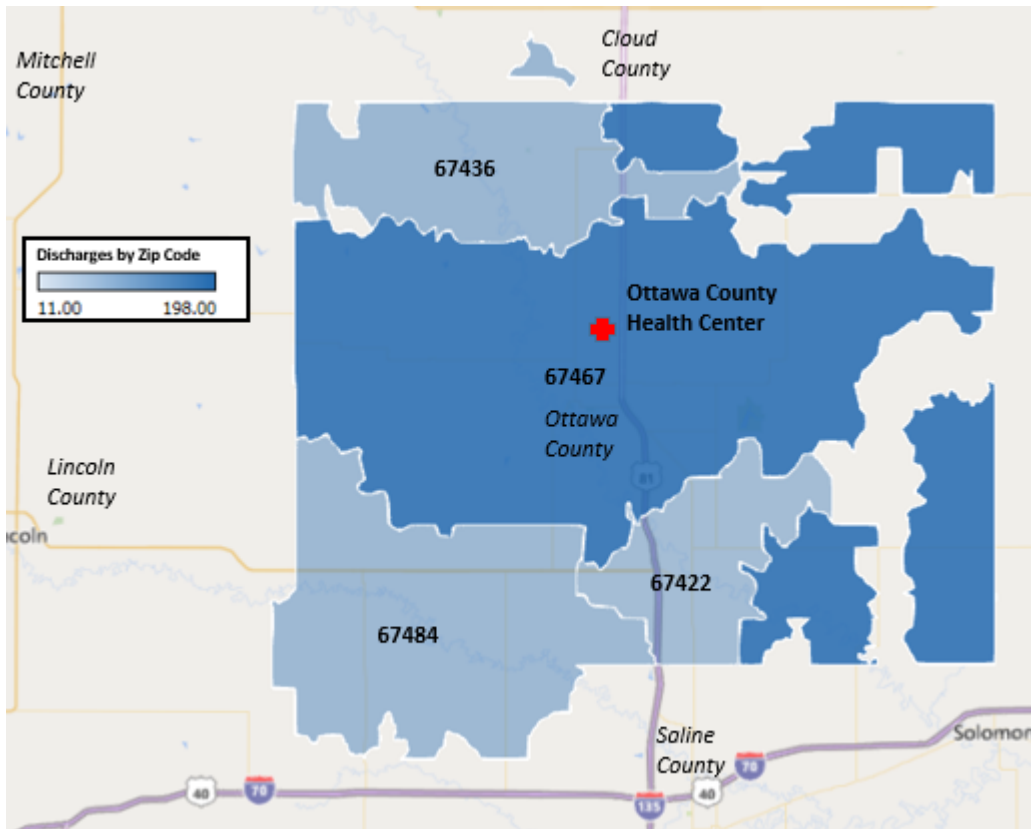
Exhibit 1.2			
Summary of Inpatient Discharges by Zip Code			
10/1/2017 to 9/30/2018			
Zip Code	City	Discharges	% of Total Discharges
Ottawa County:			
67467	Minneapolis	11	55.0%
67436	Delphos	1	5.0%
67484	Tescott	2	10.0%
67422	Bennington	2	10.0%
Total Ottawa		16	80.0%
Total Other Kansas		4	20.0%
Total		20	100.0%

Source: Ottawa County Health Center

Community Details

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

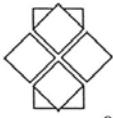
The U.S. Bureau of Census compiled population and demographic data based on the American Community Survey 2012 – 2016, 5 year estimates data sets. *Exhibit 2* below shows the total population of the community. It also provides the breakout of the community between male and female population, age, race/ethnicity and Hispanic population.

Note that the age category that utilizes health care services the most, 65 years and over, is an estimated 18.69 percent of the population in the four county community. The number of persons age 65 or older is relevant because this population has unique health needs, which should be considered separately from other age groups.

Exhibit 2 Demographic Snapshot						
DEMOGRAPHIC CHARACTERISTICS (as of 2017)						
Total Population			Population by Gender			
County	Population		County	Male	Female	
Ottawa County, KS	5,957		Ottawa County, KS	3,118	2,839	
Kansas	2,903,820		Kansas	1,445,980	1,457,840	
United States	321,004,407		United States	158,018,753	162,985,654	
Age Distribution						
Age Group	Ottawa County, KS	% of Total	Kansas	% of Total	United States	% of Total
0 - 4	329	5.5%	196,826	6.8%	19,853,515	6.2%
5 - 19	1,111	18.7%	521,448	18.0%	53,747,764	16.7%
20 - 24	408	6.9%	298,805	10.3%	31,131,484	9.7%
25 - 34	549	9.2%	383,984	13.2%	44,044,173	13.7%
35 - 44	711	11.9%	348,347	12.0%	40,656,419	12.7%
45 - 54	836	14.0%	360,925	12.4%	43,091,143	13.4%
55 - 64	897	15.1%	367,212	12.6%	40,747,520	12.7%
65+	1,116	18.7%	426,273	14.6%	47,732,389	14.9%
Total	5,957	100.0%	2,903,820	100.0%	321,004,407	100.0%
Race/Ethnicity						
County	White	Black	Hispanic	American Indian & Alaska	Asian	Other
Ottawa County, KS	5,617	46	163	12	13	106
Percentage	94.29%	0.77%	2.74%	0.20%	0.22%	1.78%
Kansas	2,220,256	163,490	334,860	19,241	80,142	85,831
Percentage	76.46%	5.63%	11.53%	0.66%	2.76%	2.96%
United States	197,277,789	39,445,495	56,510,571	2,098,763	16,989,540	8,682,249
% of Community	61.46%	12.29%	17.60%	0.65%	5.29%	2.70%

Data Source: US Census Bureau, American Community Survey. 2013-17.

* May not total due to rounding



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, American Indian and other.

Exhibit 3 reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban. This table helps to understand how access to care can be limited.

Exhibit 3		
Urban/Rural Population		
County	Percent Urban	Percent Rural
Ottawa County, KS	0.0%	100.0%
Kansas	74.2%	25.8%
United States	80.7%	19.3%

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

**Populations may not match between Demographic charts due to ACS 5 yr data vs. Decennial data*

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. The economic status of an area may be assessed by examining multiple variables within the community. The following exhibits are a compilation of data that includes 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 Kansas and the United States.

Income and Employment

Exhibit 4 presents the per capita income for the community. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement and other sources. The per capita income in this exhibit is the average (mean) income computed for every man, woman and child in the specified area. Per the table below, Ottawa County has a per capita income that is lower than Kansas and the United States.

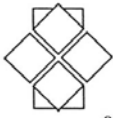
Exhibit 4				
Per Capita Income				
County	Total Population	Aggregate Household Income (\$)		Per Capita Income (\$)
Ottawa County, KS	5,957	\$	168,916,800	\$ 28,839
Kansas	2,903,820	\$	83,734,036,100	\$ 29,600
United States	321,004,407	\$	9,658,475,311,300	\$ 31,177

Data Source: US Census Bureau, American Community Survey. 2013-17.

Ottawa County is supported by major industries including healthcare and education. *Exhibit 5* summarizes employment by major industry for the four counties.

Exhibit 5				
Employment by Major Industry – 2017				
Major Industries	Ottawa County	%	United States	%
Government				
Federal Government	23	1.9%	2,802,583	2.0%
State Government	15	1.2%	4,628,557	3.2%
Local Government	433	35.2%	14,042,151	9.8%
Goods-producing				
Natural resources and mining	39	3.2%	1,885,246	1.3%
Construction	27	2.2%	6,919,107	4.8%
Manufacturing	142	11.6%	12,406,757	8.6%
Service-providing				
Trade, transportation and utilities	174	14.2%	27,252,395	19.0%
Information	-	0.0%	2,793,429	1.9%
Financial activities	77	6.3%	8,088,405	5.6%
Professional and business services	40	3.3%	20,339,284	14.2%
Education and health services	199	16.2%	22,146,912	15.4%
Leisure and hospitality	60	4.9%	15,900,633	11.1%
Other services (& Unclassified)	-	0.0%	4,434,678	3.1%
Total employment	1,229	100.0%	143,640,137	100.0%

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

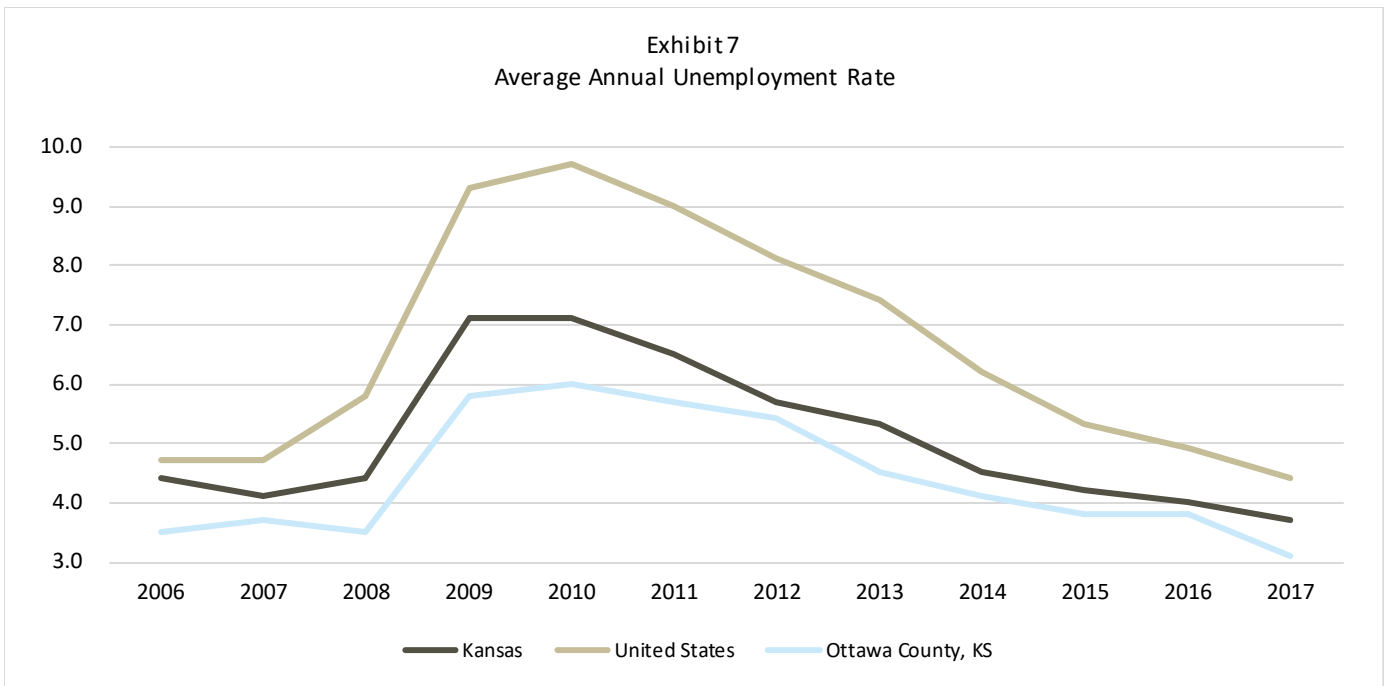


Unemployment Rate

Exhibit 6 presents the average annual resident unemployment rates for Ottawa County, the state of Kansas and the United States. *Exhibit 7* illustrates that unemployment rates for the community had risen and peaked in 2010. The following years depicted an overall decline since 2010. On average, the unemployment rate for Ottawa County is lower than both the United States and the state of Kansas.

Exhibit 6												
Average Annual Unemployment Rate												
County	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Ottawa County, KS	3.5	3.7	3.5	5.8	6.0	5.7	5.4	4.5	4.1	3.8	3.8	3.1
Kansas	4.4	4.1	4.4	7.1	7.1	6.5	5.7	5.3	4.5	4.2	4.0	3.7
United States	4.7	4.7	5.8	9.3	9.7	9.0	8.1	7.4	6.2	5.3	4.9	4.4

Data Source: US Department of Labor, Bureau of Labor Statistics. 2018 - March



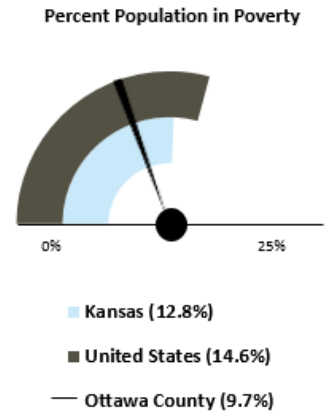
Poverty

Exhibit 8 presents the percentage of total population below 100% Federal Poverty Level (FPL). 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.

Low-income residents often postpone seeking medical attention until health problems become aggravated, creating a greater demand on a given community’s medical resources. This includes reliance upon emergency room services for otherwise routine primary care. Often uninsured, the low-income demographics’ inability to pay for services further strains the medical network. Low-income residents are also less mobile, requiring medical services in localized population centers, placing additional pressure on those providers already in high demand.

Exhibit 8			
Population Below 100% FPL			
County	Population (for Whom Poverty Status is Determined)	Population in Poverty	Percent in Poverty
Ottawa County, KS	5,836	567	9.7%
Kansas	2,820,265	361,285	12.8%
United States	313,048,563	45,650,345	14.6%

Data Source: US Census Bureau, American Community Survey. 2013-17.

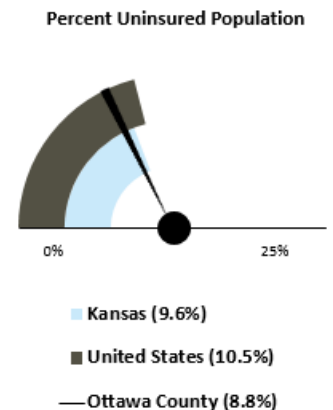


Uninsured

Exhibit 9 reports the percentage of the total civilian noninstitutionalized 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.

Exhibit 9			
Health Insurance Coverage Status by Age			
County	Population (Civilian Noninstitutionalized)	Total Uninsured	Percent Uninsured
Ottawa County, KS	5,869	519	8.8%
Kansas	2,843,739	274,403	9.6%
United States	316,027,641	33,177,146	10.5%

Data Source: US Census Bureau, American Community Survey. 2013-17.

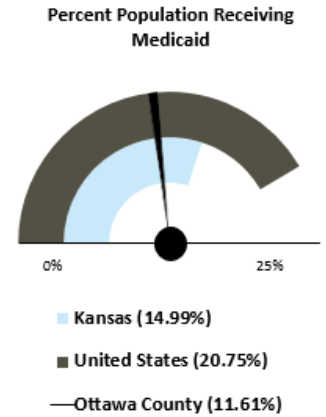


Medicaid

Exhibit 10 reports the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). This is relevant because it assesses vulnerable populations, which are more likely to have multiple health access, health status and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Exhibit 10				
Health Insurance Coverage Status				
County	Total Population	Population with Any Health Insurance	Population Receiving Medicaid	Percent Receiving Medicaid
Ottawa County	5,965	5,235	608	11.61%
Kansas	2,824,176	2,480,701	371,857	14.99%
United States	309,082	275,204,128	55,035,660	20.75%

Data Source: US Census Bureau, American Community Survey. 2010-14.

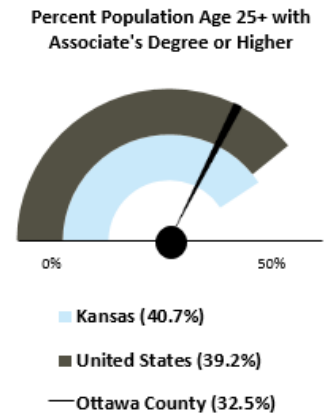


Education

Exhibit 11 presents educational attainment with an associate’s level degree or higher for Ottawa County, Kansas and the United States. This is relevant because educational attainment has been linked to positive health outcomes.

Exhibit 11			
Educational Attainment of Population Age 25 and Older			
County	Total Population Age 25 and Older	Population with Associate’s Degree or Higher	Percent with Associate’s Degree or Higher
Ottawa County, KS	4,109	1,334	32.5%
Kansas	1,886,741	766,875	40.7%
United States	216,271,644	84,805,084	39.2%

Data Source: US Census Bureau, American Community Survey. 2013-17.



Physical Environment of the Community

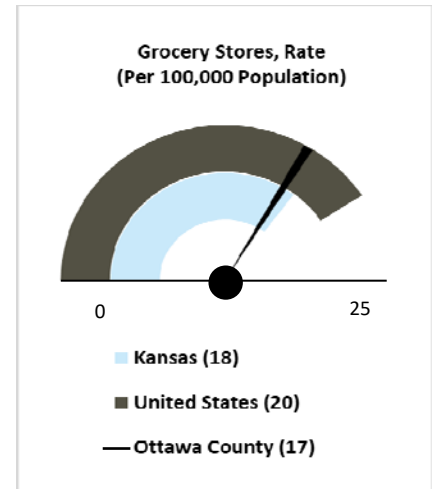
A community’s health also is affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health. This section will touch on a few of the elements that relate to some needs mentioned throughout the report.

Grocery Store Access

Exhibit 12 reports the number of grocery stores per 100,000-population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish and poultry. Included are delicatessen-type establishments. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores are excluded. This is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

Exhibit 12			
Grocery Store Access			
County	Total Population	Number of Establishments	Establishments Rate per 100,000
Ottawa County	5,957	1	16.8
Kansas	2,903,820	511	17.6
United States	321,004,407	65,399	20.4

Data Source: US Census Bureau, County Business Patterns
Additional data analysis by CARES. 2016.

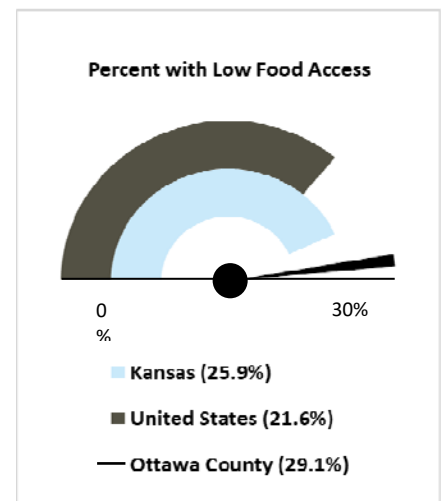


Food Access/Food Deserts

Exhibit 13 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.

Exhibit 13			
Population with Low Food Access			
County	Total Population	Population with Low Food Access	Percent with Low Food Access
Ottawa County, KS	5,957	1,735	29.1%
Kansas	2,903,820	752,888	25.9%
United States	321,004,407	69,266,771	21.6%

Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2015.

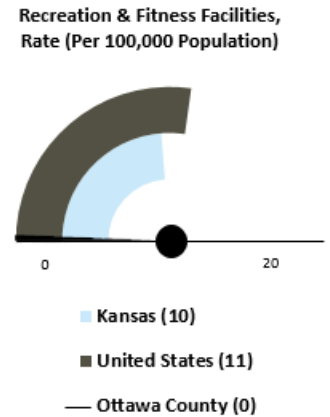


Recreation and Fitness Access

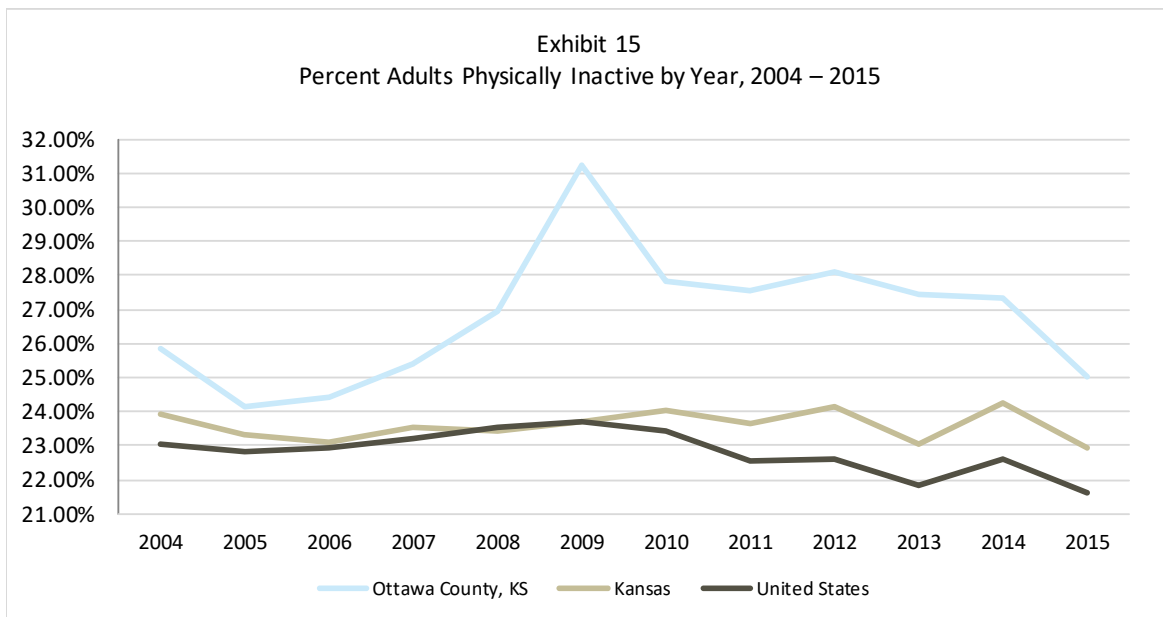
Exhibit 14 reports the number per 100,000-population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. It is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

Exhibit 14 Recreation and Fitness Facility Access			
County	Total Population	Number of Establishments	Establishments Rate per 100,000
Ottawa County, KS	5,957	-	-
Kansas	2,903,820	273	9.6
United States	321,004,407	33,980	11.0

*Data Source: US Census Bureau, County Business Patterns
Additional data analysis by CARES. 2016.*



The trend graph below (Exhibit 15) shows the percent of adults who are physically inactive by year for the community, compared to the Commonwealth of Kansas and the United States. Since 2004, the community has had a higher percentage of adults who are physically inactive compared to Kansas and the United States. Ottawa County’s percent of physically inactive adults spiked in 2009. The trend has been decreasing in the years since 2009 to become in line with the rest of the United States.



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 uninsurance, financial hardship, transportation barriers, cultural competency and coverage limitations affect access.

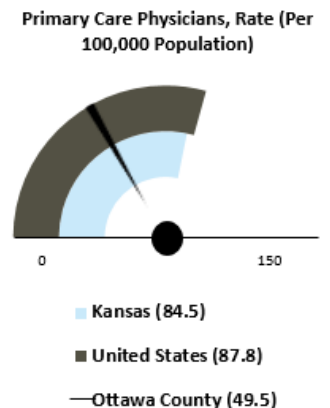
Rates of morbidity, mortality and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program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

Access to Primary Care

Exhibit 16 reports the number of primary care physicians per 100,000-population. Doctors classified as “primary care physicians” by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing subspecialties within the listed specialties are excluded. This is relevant because a shortage of health professionals contributes to access and health status issues.

Exhibit 16			
Access to Primary Care			
	Total	Primary Care	Primary Care
County	Population	Physicians	Physicians
	2014	2014	Rate per 100,000
Ottawa County, KS	6,065	3	49.5
Kansas	2,904,021	2,457	84.6
United States	318,857,056	279,871	87.8

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2014.

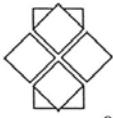


Population Living in a Health Professional Shortage Area

Exhibit 17 reports the percentage of the population that is living in a geographic area designated as a “Health Professional Shortage Area” (HPSA), defined as having a shortage of primary medical care, dental or mental health professionals. This is relevant because a shortage of health professionals contributes to access and health status issues.

Exhibit 17			
Population Living in a Health Professional Shortage Area			
County	Total Population	Population Living in HPSA	Percent Living in HPSA
Ottawa County, KS	5,957	5,957	100.0%
Kansas	2,903,820	1,418,050	48.8%
United States	321,004,407	102,289,607	31.9%

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Health Resources and Services Administration. April 2016

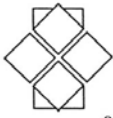


Preventable Hospital Events

Exhibit 18 reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes and other conditions, which could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of ACS discharges allows demonstrating a possible “return on investment” from interventions that reduce admissions (for example, for uninsured or Medicaid patients) through better access to primary care resources.

Exhibit 18			
Preventable Hospital Events			
County	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate
Ottawa County, KS	751	37	49.5
Kansas	261,763	13,441	51.3
United States	22,488,201	1,112,019	49.4

Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2015.



Health Status of the Community

This section of the assessment reviews the health status of the Community with comparisons to the state of Kansas. 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 are presented in the table on the following page.

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.

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.

Lifestyle	Primary Disease Factor
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

Leading Causes of Death

Exhibit 19 reflects the leading causes of death for the community and compares the rates to the state of Kansas and the United States.

Exhibit 19			
Age-Adjusted Rates			
Age-Adjusted Death Rate per 100,000 Population			
Selected Causes of Resident Deaths	Ottawa County	Kansas	United States
Cancer	161.8	164.2	160.9
Coronary Heart Disease	83.4	88.2	99.6
Lung Disease	57.4	49.8	41.3
Stroke	81.8	38.7	36.9

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16.

The table above shows leading causes of death within Ottawa County as compared to the state of Kansas and also to the United States. The age-adjusted rate is shown per 100,000 residents. The rates in red represent the county and corresponding leading cause of death that is greater than the state rate. As the table indicates, death rates related to lung disease and stroke are greater than the Kansas and national rates.

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.

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 Ottawa County will be used to compare the relative health status of the County to Kansas as well as to a national benchmark as seen in *Exhibit 20*. 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.

Health Outcomes – rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.

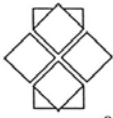
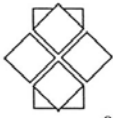
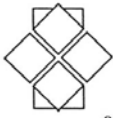


Exhibit 20 County Health Rankings – Health Outcomes					
	County 2015	County 2018		Kansas 2018	Top US Performers 2018
Mortality	*	36	75	↑	
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	7,300	8,400	↑	6,900	5,400
Morbidity	*	22	11	↓	
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	11%	12%	↑	15%	12%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	2.8	2.9	↑	3.1	3.0
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	2.8	3.1	↑	3.3	3.1
Low birth weight – Percent of live births with low birth weight (<2500 grams)	7.0%	6.0%	↓	7.0%	6.0%
* Rank out of 102 Kansas counties Source: Countyhealthrankings.org					

Ottawa County County Health Rankings – Health Factors					
	Ottawa County 2015	Ottawa County 2018		Kansas 2018	Top US Performers 2018
Health Behaviors	*	59	27	↓	
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	16.0%	14.0%	↓	17.0%	14.0%
Adult obesity – Percent of adults that report a BMI >= 30	37.0%	34.0%	↓	33.0%	26.0%
Food environment index [^] – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	7.7	8.1	↑	6.9	8.7
Physical inactivity – Percent of adults aged 20 and over reporting no leisure time physical activity	30.0%	27.0%	↓	24.0%	19.0%
Access to exercise opportunities [^] – Percentage of population with adequate access to locations for physical activity	46.0%	41.0%	↓	80.0%	91.0%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days	17.0%	17.0%	—	17.0%	13.0%
Alcohol-impaired driving deaths – Percent of motor vehicle crash deaths with alcohol involvement	31.0%	55.0%	↑	24.0%	13.0%
Sexually transmitted infections – Chlamydia rate per 100K population	82.3	217.6	↑	417.6	152.8
Teen births – Female population, ages 15-19	24.0	12.0	↓	28.0	14.0
Clinical Care	*	30	17	↓	
Uninsured adults – Percent of population under age 65 without health insurance	14.0%	8.0%	↓	10.0%	6.0%
Primary care physicians – Number of population for every one primary care physician	2,010	2,960	↑	1,310	1,050
Dentists – Number of population for every one dentist	2,020	1,950	↓	1,740	1,260
Mental health providers – Number of population for every one mental health provider	—	—		530	310
Diabetic screening [^] – Percent of diabetic Medicare enrollees that receive HbA1c screening	82.0%	48.0%	↓	43.0%	49.0%
Mammography screening [^] – Percent of female Medicare enrollees that receive mammography screening	60.0%	39.0%	↓	44.0%	52.0%



Ottawa County County Health Rankings – Health Factors					
	Ottawa County 2015	Ottawa County 2018		Kansas 2018	Top US Performers 2018
Social & Economic Factors	*	17	24	↑	
High school graduation [^] – Percent of ninth grade cohort that graduates in 4 years		90.0%	↑	87.0%	96.0%
Some college [^] – Percent of adults aged 25-44 years with some post-secondary education	71.0%	64.0%	↓	70.0%	73.0%
Unemployment – Percent of population age 16+ unemployed but seeking work	4.1%	3.1%	↓	3.6%	2.9%
Children in poverty – Percent of children under age 18 in poverty	13.0%	14.0%	↑	15.0%	11.0%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile	3.4	3.4	—	4.3	3.7
Children in single-parent households – Percent of children that live in household headed by single parent	20.0%	23.0%	↑	29.0%	20.0%
Social associations [^] – Number of membership associations per 10,000 population	18.2	15.2	↓	13.7	21.9
Violent Crime Rate – Violent crime rate per 100,000 population (age-adjusted)	213.0	59.0	↓	365.0	63.0
Injury deaths – Number of deaths due to injury per 100,000 population	59.0	67.0	↑	73.0	57.0
Physical Environment	*	13	27	↑	
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter	10.6	8.2	↓	8.1	6.1
Drinking Water Violations – Percentage of population getting water from a public water system with at least one health-based violation	N/A	N/A		N/A	N/A
Severe housing problems – Percentage of household with at least 1 of 4 housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	5.0%	7.0%	↑	13.0%	9.0%
Driving alone to work – Percentage of the workforce that drives alone to work	78.0%	78.0%	—	82.0%	72.0%
Long commute, driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes	37.0%	37.0%	—	20.0%	15.0%
* Rank out of 102 Kansas counties					
[^] Opposite Indicator signifying that an increase is a positive outcome and a decrease is a negative.					
Note: N/A indicates unreliable or missing data					
Source: Countyhealthrankings.org					



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. The following summary shows some of the major improvements from the prior community health needs assessment to current year and challenges faced by Ottawa County. The improvements/challenges shown below in *Exhibit 21* were determined using a process of comparing the rankings of the County’s health outcomes in the current year to the rankings in the prior community health needs assessment. If the current year rankings showed an improvement or decline of four percent or four points, or was deemed to be significant, they were included in the charts below. See the Appendix for the full list of health factor findings and comparisons between the prior needs assessment information and current year information.

Exhibit 21	
Ottawa County Improvements and Challenges	
Improvements	Challenges
Adult Smoking – percent decreased from 16% to 14%	Premature Death – number increased from 7,300 to 8,400
Unemployment – percent decreased from 4.1% to 3.1%	Children in Poverty – percent increased from 13% to 14%
Uninsured Adults – percent decreased from 14% to 8%	Sexually Transmitted Infections – rate increased from 82.3 to 217.6
Adult Obesity – percent decreased from 37% to 34%	Alcohol-Impaired Driving Deaths – percent increased from 31% to 55%
Violent Crime Rate – rate decreased from 213 to 59	Percent of population with adequate access to exercise opportunities – decreased from 46% to 41%

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.

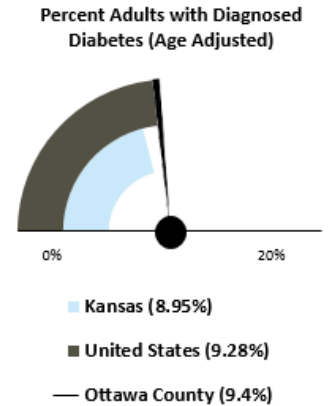
The following exhibits show a more detailed view of certain health outcomes and factors for the community, Kansas and the United States.

Diabetes (Adult)

Exhibit 22 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 prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Exhibit 22			
Population with Diagnosed Diabetes			
County	Total Population Age 20 and Older	Population with Diagnosed Diabetes	Percent* with Diagnosed Diabetes
Ottawa County	4,401	515	9.4%
Kansas	2,107,012	207,387	8.95%
United States	241,492,750	24,722,757	9.28%

* Age-adjusted Rate
Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2015.

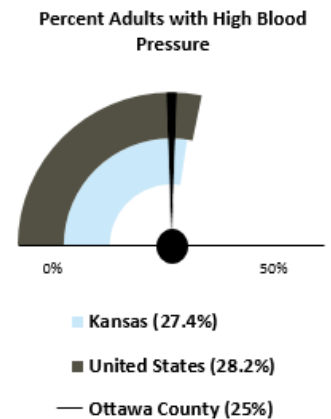


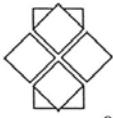
High Blood Pressure (Adult)

Exhibit 23 reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse or other health professional that they had high blood pressure.

Exhibit 23			
Population with High Blood Pressure			
County	Total Population Age 18 and Older	Population with High Blood Pressure	Percent with High Blood Pressure
Ottawa County	4,569	1,142	25.0%
Kansas	2,112,400	578,798	27.4%
United States	232,556,016	65,476,522	28.2%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-12.



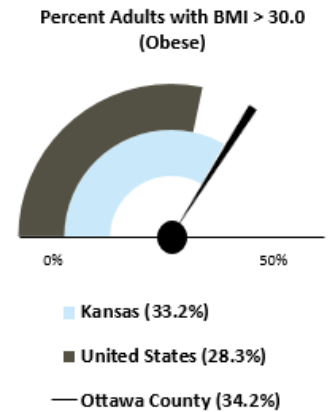


Obesity

Exhibit 24 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 may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Exhibit 24 Population with Obesity			
County	Total Population Age 20 and Older	Population with BMI > 30.0 (Obese)	Percent* with BMI > 30.0 (Obese)
Ottawa County	4,407	1,503	34.2%
Kansas	2,106,148	699,363	33.2%
United States	238,842,519	67,983,276	28.3%

* Age-adjusted Rate
 Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2015.

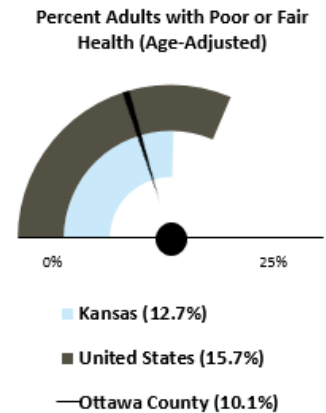


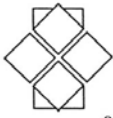
Poor General Health

Exhibit 25 reports the percentage of adults aged 18 and older who self-report having poor or fair health in response to the question “Would you say that in general your health is excellent, very good, good, fair or poor?” This is relevant because it is a measure of general poor health status.

Exhibit 25 Population with Poor General Health			
County	Total Population Age 18 and Older	Population with Poor General Health	Percent* with Poor General Health
Ottawa County	4,569	548	10.1%
Kansas	2,112,400	278,837	12.7%
United States	232,556,016	37,766,703	15.7%

* Age-adjusted Rate
 Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12



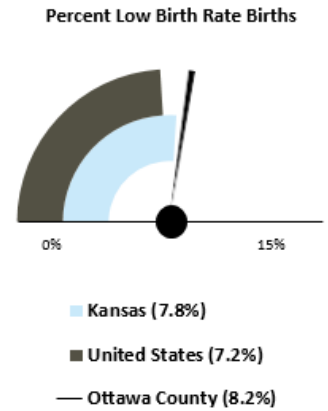


Low Birth Weight

Exhibit 26 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.

Exhibit 26 Births with Low Birth Weight			
County	Total Live Births	Low Weight Births (Under 2500g)	Percent Low Weight Births
Ottawa County	462	36	7.8%
Kansas	285,236	20,537	7.2%
United States	29,300,495	2,402,641	8.2%

Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006-12



Community Input – Key Stakeholder Interviews

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.

Methodology

Interviews were performed with ten key stakeholders. Stakeholders were determined based on a) their specialized knowledge or expertise in public health, b) their involvement with underserved and minority populations or c) their affiliation with local government, schools and industry.

All interviews were conducted by BKD personnel. Participants provided comments on the following issues:

- ✓ Health and quality of life for residents of the primary community
- ✓ Underserved populations and communities of need
- ✓ Barriers to improving health and quality of life for residents of the community
- ✓ Opinions regarding the important health issues that affect community residents and the types of services that are important for addressing these issues

Interview data was initially recorded in narrative form asking participants a series of 10 questions. Please refer to *Appendix D* for a copy of the interview instrument. This technique does not provide a quantitative analysis of the stakeholders’ opinions but reveals community input for some of the factors affecting the views and sentiments about overall health and quality of life within the community.

Key Stakeholder Profiles

Key stakeholders from the community (see *Appendix D* for a list of key stakeholders) worked for the following types of organizations and agencies:

- ✓ Social service agencies
- ✓ Local school systems and universities
- ✓ Public health agencies
- ✓ Local government officials
- ✓ Ottawa County Hospital

Key Stakeholder Interview Results

The questions on the interview instrument are grouped into four major categories for discussion. The interview questions for each key stakeholder were identical. A summary of the stakeholders' responses by each of the categories follows.

This section of the report summarizes what the key stakeholders said without assessing the credibility of their comments.

1. General opinions regarding health and quality of life in the community

The key stakeholders were asked to rate the health and quality of life on a scale of 1 to 10, with 10 being perfect health, in Ottawa County. They were also asked to provide their opinion whether the health and quality of life had improved, declined or stayed the same over the past few years. Lastly, key stakeholders were asked to provide support for their answers.

Eight of the key stakeholders rated the health and quality of life in the county between 6 and 8. One rated it at 4 – 5 and another rated it a 9. Key stakeholders repeatedly noted for the size of the county and living in a small town environment, the health and quality of life is better than those of surrounding counties of similar size. While the county itself is not very large, it is close to many resources in nearby cities. Many people who love the community live in the county but work outside of the county due to limitations of job opportunities.

When asked whether the health and quality of life had improved, declined or stayed the same, eight of the ten stakeholders expressed they thought the health and quality of life had stayed the same over the last three years. When asked why they thought the health and quality of life had stayed the same, key stakeholders noted that there hasn't been a great increase or decrease in the community's activities or health status in the short time frame of three years. Many have rated the health and quality of life highly in the past and feel that it would be difficult to improve significantly. Others felt like the same issues related to obesity and physical inactivity existed.

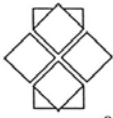
The remaining two stakeholders who felt the health and quality of life had improved stated that the renovations at the Hospital had improved the quality and access to health care in the community.

In regards to access to health services, stakeholders generally felt access to health services is more than adequate for a community this size. Stakeholders felt the main reason some people are still not able to access health services is due to their inability to afford co-pays and deductibles. Stakeholders also commented that access to specialists in Salina is adequate.

Mental health issues in the community were mentioned by a few stakeholders as negatively impacting the health and quality of life in the community. Some of the stakeholders felt there is a need for additional access to service providers. Others felt that there are adequate resources, but they are not fully utilized.

2. Underserved populations and communities of need

Key stakeholders were asked to provide their opinions regarding specific populations or groups of people whose health or quality of life may not be as good as others. The key stakeholders were also asked to provide their opinions as to why they thought these populations were underserved or in need.



Respondents noted that persons living with low-incomes or in poverty are most likely to be underserved due to lack of financial resources and lack of insurance. Lack of financial resources prevents persons with low-income from seeking and being able to afford medical care. The working poor do not have enough money to take a day off work to seek medical care for themselves and/or their children. This population lives a lifestyle that makes them more prone to disease from behaviors such as smoking, poor diets and inactivity.

The elderly was also identified as a population that is faced with challenges accessing care due to fixed income, unaffordable insurance and isolation. Some noted that additional efforts should be made to make social activities and wellness opportunities more affordable and available for seniors.

3. Barriers

The key stakeholders were asked what barriers or problems keep community residents from obtaining necessary health services and improving health in their community. Responses to this were varied. Many of the stakeholders did not feel like significant barriers existed and that many of the health issues in the community were a result of personal choices. Those of the stakeholders noting barriers, mentioned the lack of affordable, healthy foods as the largest barrier to improving health of the community.

Lack of participation in wellness and healthy lifestyles were also seen as barriers. Some individuals are not motivated to correct unhealthy habits they have formed. Several of the stakeholders stated that there should be more opportunities for health education to help teach individuals about the adverse effects of unhealthy behaviors. The cost of gym facilities was mentioned as a barrier, especially for those who are in the lower socioeconomic bracket. Limited hours for the pool were also mentioned as a barrier. Stakeholders suggested that the Hospital find ways to make the wellness center more affordable.

4. Most important health and quality of life issues

Key stakeholders were asked to provide their opinion as to the most critical health and quality of life issues facing the county. The majority of the key stakeholders cited unhealthy behaviors such as poor eating habits and physical inactivity as critical issues that should be addressed within the community. Many stakeholders noted individuals do not make the effort to care for their own personal health but are very invested in the community.

Stakeholders noted that the key findings in the previous CHNA continue to be priority needs. These needs primarily related to obesity, health lifestyle choices, and lack of health education. Mental health needs were also mentioned by several stakeholders.

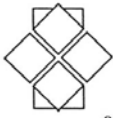
The key stakeholders were also asked to identify the most critical issue the Hospital should address over the next three to five years. Responses included:

- Continue to promote healthy foods, physical activity and preventative care
- Increase mental health services and work to remove stigma surrounding mental health
- Continue to establish partnerships with other organizations to increase outreach
- Increase education and awareness regarding resources and preventative programs

Key Findings

A summary of themes and key findings provided by the key informants follows:

- Overall, the stakeholders were extremely grateful to live in a wonderful community with excellent access to health care.
- Mental health needs should be priority in the community.
- There is an ongoing need for community outreach programs aimed to educate patients and those within and around the community.
- Obesity and unhealthy lifestyles were noted as critical health issues within the community.
- The community is generally apathetic towards healthy behaviors and preventative care. Community leaders and employers should work to implement policies that support healthy behaviors.
- The inability to afford co-pays or deductibles is seen as the main reason people do not access health services.
- Access to specialists in Salina is adequate.
- Almost every stakeholder also spoke highly of the services provided by the Hospital and the leadership at the Hospital.



Health Issues of Vulnerable Populations

According to Dignity Health’s Community Need Index (see Appendices), the Hospital’s community has a moderate-level of need. The CNI score is an average of five different barrier scores that measure socioeconomic indicators of each community (income, cultural, education, insurance and housing). The zip codes in the community that have the highest need in the community are listed in *Exhibit 27*.

Exhibit 27			
Zip Codes with Highest Community Need Index			
Zip Code	CNI Score*	City	County
67422	1.8	Bennington	Ottawa
67436	2.8	Delphos	Ottawa
67467	2.6	Minneapolis	Ottawa
67484	1.6	Tescott	Ottawa

* Scale of 1 (Lowest Need) to 5 (Highest Need)
 Source: *Dignity Health Community Need Index*

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 a number of 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 needs assessment must provide a prioritized description of the community health needs identified through the assessment, 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 for the community and the death rates for the leading causes of death 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 CHNA community.

Health Outcomes and Factors

An analysis of the County Health Rankings health outcomes and factors data was prepared for Ottawa County. County rates and measurements for health behaviors, clinical care, social and economic factors and the physical environment were compared to state benchmarks. County rankings in which the county rate compared unfavorably (by greater than 30 percent of the national benchmark) resulted in an identified health need.

Primary Data

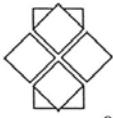
Health needs identified through key informant interviews were included as health needs. Needs for vulnerable populations were separately reported on the analysis in order to facilitate the prioritization process.

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 five factors. Each factor received a score between 0 and 5, with a total maximum score of 25 (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: >25% of the community= 5; >15% and <25%=4; >10% and <15%=3; >5% and <10%=2 and <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) **What is the impact on vulnerable populations?** This rating factor used information obtained from key stakeholder interviews to identify vulnerable populations and determine the impact of the health need on these populations.



- 4) **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 and Primary Data) identified the need.
- 5) **Alignment with Hospital’s resources.** The rating for this factor was determined by whether or not 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 five prioritization metrics. As a result, the following summary list of needs was identified:

Exhibit 28 Ranking of Community Health Needs						
Health Problem	How many people are affected by the issue?	What are the consequences of not addressing this problem?	What is the impact on vulnerable populations?	Prevalence of common themes	Alignment with Hospital's Resources	Total Score
Physical Inactivity/Access to Exercise Opportunities	5	4	3	5	5	22
Obesity	5	4	3	5	5	22
Lack of Healthy Behaviors/Lifestyle Choices	5	4	4	3	5	21
Lack of General Health Knowledge/Education	3	4	4	3	5	19
Financial Barriers (general lack of funds)/Poverty	4	3	5	3	3	18
Uninsured/Limited Insurance	3	4	3	5	3	18
Unhealthy Eating Habits/Limited Access to Healthy Food Options	4	3	2	3	5	17
Cost of Healthcare Services	2	4	3	3	3	15
Lack of Primary Care Physicians	2	4	3	3	3	15
Diabetes	4	3	2	3	4	16
Lack of Mental Health Services	3	3	2	3	3	14
Stroke	3	4	1	1	4	13
Lack of Awareness Regarding Available Health Services in the Community	2	2	3	1	5	13
Increased Collaboration With Other Providers	3	3	0	1	4	11
Lack of Employment Opportunities	3	3	3	1	0	10
Preventable Hospital Stays	3	3	2	1	3	12
Lack of Dental Health Services	2	3	1	1	0	7
Excessive Drinking/Alcohol Impaired Driving Deaths	3	2	1	1	0	7
Affordable Housing	2	2	1	1	0	6
Increased Provider Hours (After Hours/Weekends)	2	2	0	1	0	5
Sexually Transmitted Diseases	1	1	0	1	0	3
Violent Crime Rate	1	1	0	1	0	3

Management's Prioritization Process

For the health needs prioritization process, the Hospital engaged a leadership team to review the most significant health needs reported on the prior needs assessment, as well as in *Exhibit 28* using the following criteria:

- Current area of Hospital focus.
- Established relationships with community partners to address the health need.
- Organizational capacity and existing infrastructure to address the health need.

Based on the criteria outlined above, the health needs that scored a 19 or more (out of a possible 25) were identified as a priority area that will be addressed through Ottawa County Health Center's Implementation Strategy for fiscal year 2020 through 2022.

The following health needs scored 19 or higher and have been identified as priority health needs:

1. Physical inactivity/access to exercise opportunities
2. Obesity
3. Lack of healthy behaviors/lifestyle choices
4. Lack of general health knowledge/education

Health Care Resources

The availability of health resources is a critical component to the health of a county’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 Hospital is a 25 bed critical access hospital with a 5 bed long term care facility. 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.

Exhibit 29 summarizes hospitals available to the residents of the Hospital in which the community resides. The facilities with an asterisk (*) next to their name in the table below are not located in the CHNA community; however, they represent hospital facilities that are within 30 miles of Minneapolis, Kansas.

Exhibit 29		
Summary of Acute Care Hospitals		
Hospital	Address	County
*Salina Reginal Health Center	400 South Santa Fe Avenue, Salina, KS 67401-4198	Saline
*Salina Surgical Hospital	401 South Santa Fe Avenue, Salina, KS 67401-2697	Saline
*Lincoln County Hospital	624 North Second Street, Lincoln, KS 67455-1738	Lincoln
*Cloud County Health Center	1100 Highland Drive, Concordia, KS 66901-3923	Cloud
*Memorial Health System	511 NE Tenth Street, Abilene, KS 67410	Dickinson

Source: Ushositalfinder.com

Other Health Care Facilities and Providers

Short-term acute care hospital services are not the only health services available to members of the Hospital’s community. *Exhibit 30* provides a listing of community health centers, nursing homes and rural health clinics within the Hospital’s community. The facilities with an asterisk (*) next to their name in the table indicates these clinics are located outside of the CHNA community.

Exhibit 30			
Summary of Other Health Care Facilities			
Facility	Address	County	Facility Type
Heartland Health Care Center	511 NE 10th, Abielene, 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 Departments

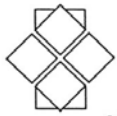
Within the Hospital’s CHNA community resides Ottawa County Health Department, which offers a large array of services to patients, including assessments and screenings, as well as education and wellness resources.

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.

APPENDICES

APPENDIX A
ANALYSIS OF DATA



Analysis of CHNA Data
Analysis of Health Status-Leading Causes of Death

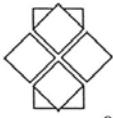
			(A)	(B)	
	U.S. Crude Rates	Kansas Crude Rates	County Rate	10% Increase of Pennsylvania Crude Rate	If (A)>(B), then "Health Need"
Ottawa County:					
Heart Disease	99.6	88.2	83.4	97.0	
Cancer	160.9	164.2	161.8	180.6	
Lung Disease	41.3	49.8	57.4	54.8	Health Need
Stroke	36.9	38.7	81.8	42.6	Health Need

The crude rate is shown per 100,000 residents. Please refer to Exhibit 21 for more information

Analysis of Health Outcomes and Factors

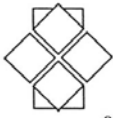
		(A)	(B)	
	National Benchmark	30% of National Benchmark	County Rate	County Rate Less National Benchmark
COUNTY:				
Adult Smoking	14.0%	4.2%	14.0%	0.0%
Adult Obesity	26.0%	7.8%	34.0%	8.0%
Food Environment Index	8.7	3	8.1	1
Physical Inactivity	19.0%	5.7%	27.0%	8.0%
Access to Exercise Opportunities	91.0%	27.3%	41.0%	50.0%
Excessive Drinking	13.0%	3.9%	17.0%	4.0%
Alcohol-Impaired Driving Deaths	13.0%	3.9%	55.0%	42%
Sexually Transmitted Infections	153	46	218	65
Teen Birth Rate	14	4	12	-2
Uninsured	6.0%	1.8%	8.0%	2.0%
Primary Care Physicians	1050	315	2960	1910
Dentists	1260	378	1950	690
Mental Health Providers	310	93		-310
Preventable Hospital Stays	2765	830	2636	-129
Mammography Screening	49.0%	14.7%	48.0%	1.0%
Violent Crime Rate	63	19	59	-4
Children in Poverty	11.0%	3.3%	14.0%	3.0%
Children in Single-Parent Households	20.0%	6.0%	23.0%	3.0%

APPENDIX B
SOURCES

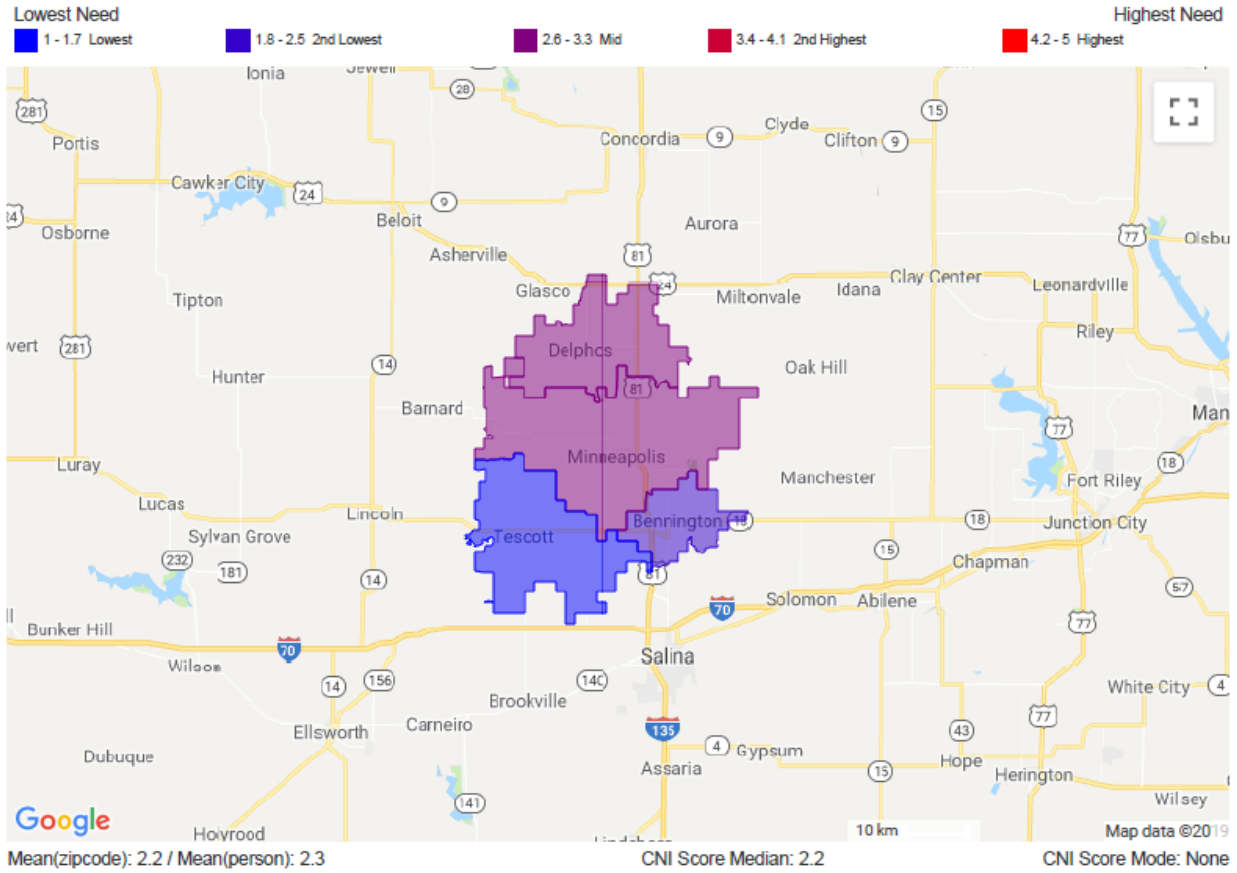


DATA TYPE	SOURCE	YEAR(S)
Discharges by Zip Code	Hospital	
Community Details: Population & Demographics	Community Commons via American Community Survey https://factfinder.census.gov/	2013-2017
Community Details: Urban/Rural Population	Community Commons via US Census Bureau https://factfinder.census.gov/	2010
Socioeconomic Characteristics: Income	Community Commons via American Community Survey https://factfinder.census.gov/	2013-2017
Socioeconomic Characteristics: Employment by Major Industry	US Department of Labor , Bureau of Labor Statistics http://www.bls.gov/cew/datatoc.htm	2017
Socioeconomic Characteristics: Unemployment	Community Commons via US Department of Labor http://www.communitycommons.org/	2018
Socioeconomic Characteristics: Poverty	Community Commons via American Community Survey http://www.communitycommons.org/	2013-2017
Socioeconomic Characteristics: Uninsured	Community Commons via American Community Survey https://factfinder.census.gov/	2013-2017
Socioeconomic Characteristics: Medicaid	Community Commons via American Community Survey https://factfinder.census.gov/	2013-2017
Socioeconomic Characteristics: Education	Community Commons via US Census Bureau http://www.communitycommons.org/	2016
Physical Environment: Grocery Store Access	Community Commons via US Department of Agriculture http://www.communitycommons.org/	2015
Physical Environment: Food Access/Food Deserts	Community Commons via US Census Bureau http://www.communitycommons.org/	2016
Physical Environment: Recreation/Fitness Access	Community Commons via US Department of Health & Human Services http://www.communitycommons.org/	2014
Clinical Care: Access to Primary Care	Community Commons via Centers for Disease Control & Prevention http://www.communitycommons.org/	2011-2012
Clinical Care: Professional Shortage Area	Community Commons via US Department of Health & Human Services http://www.communitycommons.org/	2016
Critical Care: Preventable Hospital Events	Community Commons via Dartmouth College Institute for Health Policy http://www.communitycommons.org/	2015
Leading Causes of Death	Community Commons via Centers for Disease Control and Prevention http://www.communitycommons.org/	2012-2016
Health Outcomes and Factors	County Health Rankings http://www.countyhealthrankings.org/	2015 & 2018
Health Outcome Details	Community Commons http://www.communitycommons.org/	2011-2016
Health Care Resources: Hospitals	US Hospital Finder http://www.ushospitalfinder.com/	2018
Health Care Resources: Community Health Centers	Community Commons, CMS.gov, HRSA	
Zip Codes with Highest CNI	Dignity Health Community Needs Index http://cni.chw-interactive.org/	2018

APPENDIX C
DIGNITY HEALTH COMMUNITY NEED INDEX REPORTS



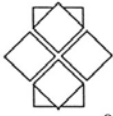
Map of Community Needs Index Scores for CHNA Community Based on Dignity Health’s Community Need Index (CNI)



Zip Code	CNI Score	Population	City	County	State
67422	1.8	1365	Bennington	Ottawa	Kansas
67436	2.8	525	Delphos	Ottawa	Kansas
67467	2.6	2895	Minneapolis	Ottawa	Kansas
67484	1.6	793	Tescott	Ottawa	Kansas

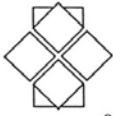
Source: <http://cni.chw-interactive.org>

APPENDIX D
KEY INFORMANT INTERVIEW QUESTIONS



**Ottawa County Health Center
Community Health Needs Assessment
Key Informant Interview Questions**

- 1) Please provide individual background (*i.e.* Occupation – Title and Employer):
- 2) Rank the overall health and quality of life in Ottawa County from 1-10 compared to what you would think of as a “10” or perfect health.
- 3) Has health and quality of life in the county improved, stayed the same or declined in the past few years?
- 4) How has overall health in community changed in past three years?
- 5) Please discuss finding from prior assessment, and how these items have changed over the past three years (Obesity/Unhealthy Eating/Physical Inactivity and Information on/Access to Local Medical Services).
- 6) What do you feel are the most critical areas of health in area?
What can be done to address issues?
- 7) Are there any groups with lower health or quality of life?
What are the barriers to improve their health?
- 8) Can you provide any thoughts on Ottawa County Health Center and specifically, how they are addressing the health needs of the community?
- 9) Are there any health services that are not offered locally that are needed services in the community?
- 10) Do you have anything else to add or any additional key informants that should be considered for this assessment?



Key Stakeholders

Thank you to the following individuals who participated in our key informant interview process:

Karen Brumbaugh, Ottawa County Commissioner

Sara Hodges, Health Department Administrator, Ottawa County Health Department

Ashley Johnson, Director, Parent as Teachers

Kathy Luthi, Board Member, Ottawa County Health Center

Karl Leech, EMS Director

Dr. Tricia Little, Family Physician, Ottawa County Hospital

Leah Robinson, Office Agent, KSU Extension

Tammy Schmidt, School Nurse, USD239

Trisha Smith, RN, Health Department

Craig Warren, Central Kansas Mental Health