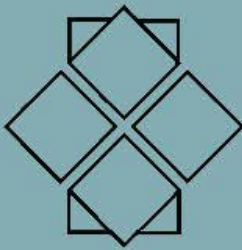


OTTAWA
HEALTH



COUNTY
CENTER

Community Health Needs Assessment

Fiscal Year
Ending
9/30/2025



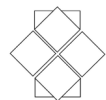


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INTRODUCTION

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 2022, 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 informants 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 tax year 2025. 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.

SUMMARY OF FINDINGS AND NEEDS IN CURRENT YEAR

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 Mazars to conduct a formal community health needs assessment (CHNA). Forvis Mazars is a global professional services firm with more than 7,700 employees, with 70 offices in 28 states as well as offices in more than 100 countries and territories throughout the world. Forvis Mazars serves more than 1,000 hospitals and health care systems in the United States throughout the United States.



This CHNA was conducted during 2025.

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 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 informant interviews. Results and findings are described in the Key Informant 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) 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 Ottawa County Health Center

Ottawa County Health Center (OCHC), located in Minneapolis, Kansas, is a 25-bed critical access hospital. We provide patients with exceptional, high-quality healthcare to help improve and restore the health of those in our community and the surrounding areas. With the support of our local Family Care Clinic physicians and providers, we offer a wide range of services to allow our patients to receive as much of their care as possible close to home. Through innovation, collaboration, and a dedicated team, we strive to enhance the health and well-being of every individual we serve. Ottawa County Health Center is committed to building a healthy community, one patient at a time.



Mission:

At Ottawa County Health Center, our mission is to build a healthy community by offering accessible, high-quality healthcare close to home. Through strong partnerships with our healthcare providers and a focus on the well-being of both our patients and staff, we are dedicated to making a difference in the health of our community.

Evaluation of Prior Implementation Strategies to Address Priorities & Goals

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 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 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/PHYSICAL INACTIVITY/LACK OF HEALTHY BEHAVIORS

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

Strategies:

- A. Continue to offer new programs, equipment, classes, etc. to promote a healthy lifestyle.
- B. Review membership rates annually to verify affordability.

Goal 2: Community Health Education

Strategies:

- A. Wellness Center Open House
- B. Coordinate with Local Health Agencies to Host a Health Fair

PRIORITY 2: LACK OF AWARENESS REGARDING AVAILABLE HEALTH SERVICE IN THE COMMUNITY

Goal 1: Promote Ottawa County Health Center's Services Offered



Strategies:

- A. Increase OCHC's marketing tactics via newspaper, social media, mailings, etc.
- B. Visit senior centers

Goal 2: Provide Educational Opportunities to Surrounding Area Residents

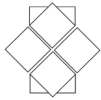
Strategies:

- A. Offer public education sessions on health issues and related local services available for treatment or prevention.
- B. Provide wellness information and advertisements in the local newspaper and social media related to local healthcare services.

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

- OCHC's Wellness Center has an up-to-date fitness center and lap pool available to the community. As equipment ages, new equipment is purchased. A new Wellness Center Director was hired in 2023, and she has developed new programs and increased community membership over the last six months by focusing on multiple age groups and fitness levels. The Wellness Center Director is offering classes and weight room instruction to help encourage community members to continue an active lifestyle. Members have numerous opportunities to participate in these free group exercise classes and services that include: HIIT class, Water HIIT, water aerobics, group exercises; Beachbody; Blood Pressure and Heart Rate Assessments, etc. For those who cannot attend the classes during class times, they can take a class independently. Currently, there are classes offered 6.5 hours per week. In addition, we now offer discounted rates to high school students to help encourage fitness and activity to those individuals. Advertisements on Facebook and word of mouth have generated interest in the programs of the Wellness Center. The hours of pool operation have been extended at the request of some community members to meet the most needs. Members may also access the exercise equipment twenty-four hours per day.
- Wellness Center Membership rates are reviewed annually, and the facility is available to the community at reasonable monthly rates. We have updated our Business Membership program to offer reduced rates to local business who sponsor memberships for their employees. The Wellness Center requires significant funding by the hospital beyond membership dues that are collected. The overall health improvement from having a fitness center available in our small community is a great benefit to area residents.

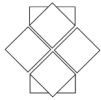
While the Wellness Center does not generate income for Ottawa County Health Center, we recognize its importance and benefit to the community to promote healthier living to county residents. All Wellness Center initiatives promote physical activity and healthy behaviors in our community to address noted health issues in Ottawa County.



- 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 posts on Facebook on a regular basis class schedules and other healthy ideas to encourage the community members to be active in their health. Other community education pieces including RSV, Medicare Advantage information, health screening reminders, etc. have been placed in the newspaper and on Facebook to inform and educate the public. The hospital assists local support and educational groups by offering hospital conference rooms to hold meetings for community members. OCHC is looking to expand and improve educational materials regarding available healthcare services.
- July 1, 2023, OCHC took ownership of the local clinic. The Family Care Clinic was established under OCHC, and we have hired five (5) new Providers who are actively involved in communication/meetings to assess community needs, patient or service issues, and ER coverage needs. We offer an outreach clinic one day per week, and we will continue to 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. We also held flu shot clinics which was well received by both the staff and the community. With our new clinic and new providers, we will be sending fliers to Ottawa County and the surrounding communities to educate them on our new providers, available services, and other resources they have available at OCHC.
- Ottawa County Health Center's Charity Care program continues to be offered to those who qualify. In FY2024, the hospital provided over \$53,000 in Charity Care and community benefits to area residents. Additionally, the hospital's Case Manager and billing office 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.

Summary 2025 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. High Cost of Health Care (uninsured population)
2. Shortage of Primary Care Providers & Specialists
3. Aging population/Elder Care
4. Lack of Healthy Behaviors/Lifestyle

These identified community health needs are discussed in greater detail throughout 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 Cloud, Clay, Saline, and Lincoln counties. Ottawa 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 Hospital 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, 2023, to September 30, 2024, management has identified Ottawa County as the defined CHNA community. Ottawa County represents more than 62% of outpatient discharges and 67% of inpatient discharges.

Outpatient Discharges 10/1/23 to 9/30/24			
Zip	City	Total	Percent
67467	Minneapolis	11,975	62.91%
67436	Delphos	2,007	10.54%
67401	Salina	1,405	7.38%
67422	Bennington	1,352	7.10%
67484	Tescott	1,018	5.34%
67466	Miltonvale	535	2.81%
66901	Concordia	254	1.33%
	All others	488	2.56%
	TOTAL	19,304	

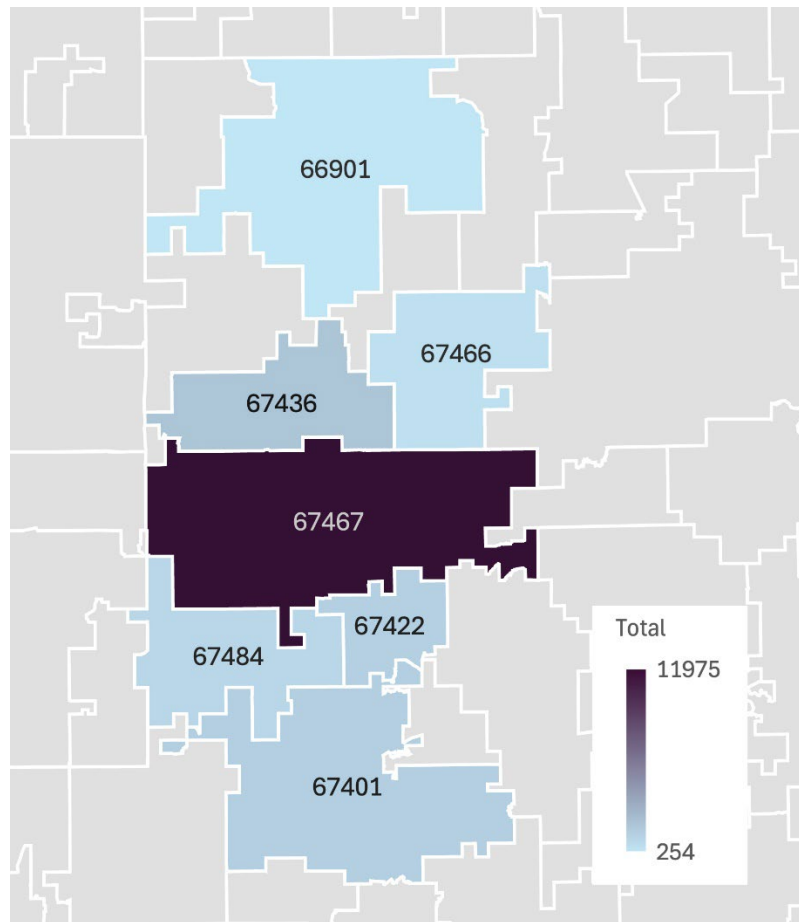
Inpatient Discharges 10/1/23 to 9/30/24			
Zip	City	Total	Percent
67467	Minneapolis	187	67.02%
67422	Bennington	22	7.88%
67436	Delphos	20	7.16%
67466	Miltonvale	20	7.16%
67484	Tescott	15	5.37%
67401	Salina	9	3.22%
66901	Concordia	6	2.15%
	TOTAL	279	

Source: Ottawa County Health Center FY2024



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.





Community Population and Demographics

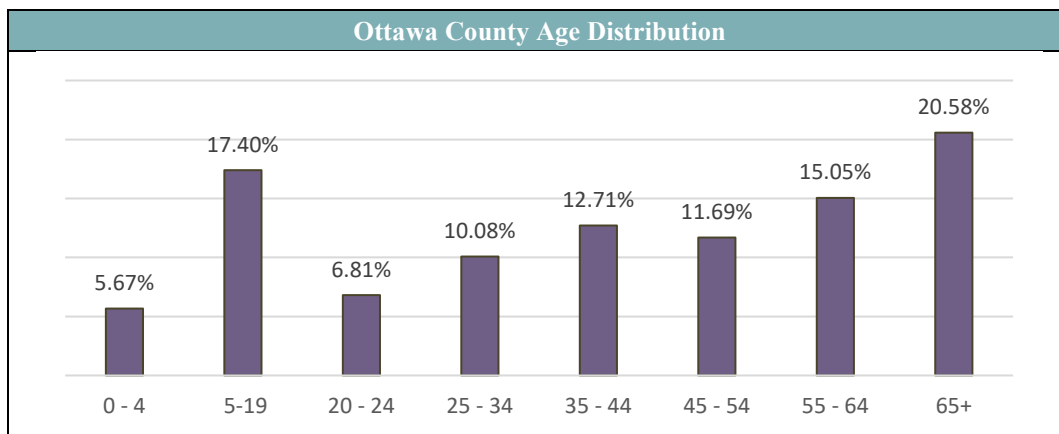
The following indicator reports total population. Data is obtained from the Census 2020. The tables show the total population of the county, state, and nation. Also shown is distribution of male and female population and age distribution.

Demographic Characteristics			
Total Population		Population by Gender	
Area	2020 Population	% Male	% Female
Ottawa County	5,782	52.42	47.58
Kansas	2,937,569	50.17	49.83
United States	332,387,540	49.50	50.50

Source: US Census Bureau, American Community Survey. 2019-2023. Source geography: Tract

Age Distribution (percent)			
Age Group	Ottawa County	Kansas	United States
0 - 4	5.67	6.11	5.70
5 - 17	17.40	17.88	16.46
18-24	6.81	10.19	9.12
25 - 34	10.08	12.80	13.69
35 - 44	12.71	12.79	13.08
45 - 54	11.69	11.23	12.29
55 - 64	15.05	12.42	12.82
65+	20.58	16.57	16.84

Source: US Census Bureau, American Community Survey. 2019-2023. 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 of total populations by various races and ethnicities.

Race Alone Population (percent)							
	White	Black	Asian	American Indian and Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Races
Ottawa County	93.65	0.69	0.05	0.47	0.00	1.05	4.08
Kansas	77.92	5.44	2.93	0.75	0.09	3.91	8.95
United States	63.44	12.36	5.82	0.88	0.19	6.60	10.71

Source: US Census Bureau, American Community Survey. 2019-2023

Ethnicity Alone Population					
	Total Population	Hispanic or Latino Population	Hispanic or Latino Population Percent	Non-Hispanic Population	Non-Hispanic Population Percent
Ottawa County	5,782	183	3.16%	5,599	96.84%
Kansas	2,937,569	389,514	13.26%	2,548,055	86.74%
United States	332,387,540	63,131,589	18.99%	269,255,951	81.01%

Source: US Census Bureau, American Community Survey. 2019-2023

Race and Ethnicity Combined Population (percent)								
	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	93.08	0.69	0.05	0.47	0.00	0.00	2.54	3.16
Kansas	73.37	5.27	2.88	0.43	0.08	0.38	4.34	13.26
United States	58.17	12.03	5.75	0.53	0.17	0.50	3.87	18.99

Source: US Census Bureau, American Community Survey. 2019-2023

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	5,735	100.00
Kansas	2,937,880	72.30	818,821	27.70
United States	331,449,281	80.00	66,300,254	20.00

Data Source: US Census Bureau, Decennial Census. 2020. 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 following table reports the percentage of the population aged 5 and older living in Limited English-speaking households. A Limited English-speaking household is one in which no member 14 years old and over speaks only English at home, or no household member speaks a language other than English at home and speaks English "very well". This indicator is relevant because an inability to speak English well creates barriers to healthcare access, provider communications, and health literacy/education.

Of the 5,424 total population aged 5 and older in Ottawa County, 0.37% are linguistically isolated.

Limited English Proficiency by Ethnicity			
	Population Age 5+	Limited English Proficiency Total	Limited English Proficiency Percent
Ottawa County	5,424	20	0.37
Kansas	2,758,109	128,982	4.68
United States	313,447,641	26,299,012	8.39

Source: US Census Bureau, American Community Survey. 2006-2023. 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.

Social Vulnerability Index

The CDC has developed the Social Vulnerability Index (SVI). This index helps public health officials identify and meet the needs of socially vulnerable populations. Possible scores range from 0 (lowest vulnerability) to 1 (highest vulnerability). Ottawa County has a low level of vulnerability and is lower than some surrounding counties.



The following table displays the SVI scores for Ottawa County and nearby counties.

County/Region	SVI Score	Level of Vulnerability
Ottawa	0.0420	low level of vulnerability
Cloud	0.3427	low to moderate level of vulnerability
Clay	0.4636	low level of vulnerability
Dickinson	0.1884	low level of vulnerability
Lincoln	0.1021	low level of vulnerability
Mitchell	0.1285	low level of vulnerability
Saline	0.5008	Moderate to high level of vulnerability

Source: CDC Agency for Toxic Substances and Disease Registry, <https://www.atsdr.cdc.gov/place-health/php/svi/svi-interactive-map.html>

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

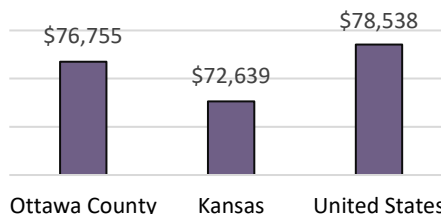
Median household income is defined as the income level earned by a household within a specific geographic area. It is the exact middle income earned, with half earning more and half earning less. This is considered an accurate measure for summarizing the income of a region as compared to household income 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; investment income; welfare payments; and income from other sources.

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

There are 2,377 households in Ottawa County, with an average income of \$89,407 and a median income of \$76,755.

Household Income		
	Average Household Income	Median Household Income
Ottawa County	\$89,407.82	\$76,755
Kansas	\$97,625.34	\$72,639
United States	\$110,490.58	\$78,538



Source: US Census Bureau, American Community Survey. 2019-20203 Source geography: Tract



Employment

The most common job groups, by number of people living in Ottawa County, KS, are Management Occupations (389 people), Office & Administrative Support Occupations (300 people), and Sales & Related Occupations (275 people). The table below illustrates the breakdown of the primary jobs held by residents of the county.

Most Common Occupations in Ottawa County						
Occupation	%	#		Occupation	%	#
Management	13.7	389		Business & Financial	4.82	137
Office & Admin. Support	10.6	300		Construction & Extraction	3.41	97
Sales & Related Occupations	9.68	275		Personal Care & Service	2.64	75
Health Diagnosing & Treating	7.57	215		Architects & Engineering	2.00	57
Transportation	6.90	196		Food Preparation and Serving	1.90	54
Education, Instruction, Library	6.16	175		Health Technologists	1.87	53
Installation, Maintenance, Repair	6.12	174		Farming, fishing, forestry	1.83	52
Production Occupations	5.53	157		Building & Grounds	1.72	49

Source: [datausa.io.com](https://datausa.io) via US Department of Labor, Bureau of Labor Statistics. 2024

From 2022 to 2023, employment in Ottawa County declined at a rate of -2.34%, from 2.91k employees to 2.84k employees.

The most common employment sectors for those who live in Ottawa County are Health Care & Social Assistance (524 people), Retail Trade (313 people), and Manufacturing (301 people).



Unemployment Rate

Total unemployment in the report area (as of June 2025) equals 107, or 3.5% 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 illustrates how unemployment rates for the county declined from 2013 through 2023, 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 consistently below state and national rates.

Average Annual Unemployment Rate (%)											
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Ottawa County	4.5	4.1	3.8	3.8	3.1	2.8	2.7	4.1	3.0	2.6	2.5
Kansas	5.3	4.5	4.2	4.0	3.6	3.3	3.2	5.8	3.4	2.7	2.9
United States	7.4	6.2	5.3	4.9	4.4	3.9	3.7	8.1	5.4	3.7	3.6

Source: US Census Bureau, American Community Survey. 2025 - June

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.

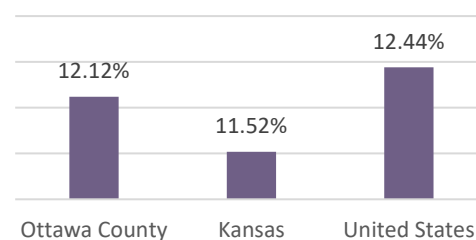
People living in chronic poverty have elevated health risks that can lead to unsafe conditions and diseases. Conditions might include drinking contaminated water or living in unsanitary housing with poor ventilation.

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.

Within Ottawa County, 12.12% or 685 individuals for whom poverty status is determined are living in households with income below the Federal Poverty Level (FPL). The table below shows the total and percent of individuals living below 100% of the Federal Poverty Level.

Population Below 100% FPL		
	Population in Poverty	Percent in Poverty
Ottawa County	685	12.12
Kansas	328,475	11.52
United States	40,390,045	12.44

Source: US Census Bureau, American Community Survey. 2019-2023





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 contribute 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, 6.16% of the total civilian non-institutionalized population is without health insurance coverage. This rate of uninsured individuals is 43% less than the state percentage of 8.86.

Uninsured Population			
	Population (for whom insurance status is determined)	Uninsured Population Total	Uninsured Population Percent
Ottawa County	5,681	350	6.16
Kansas	2,875,799	254,850	8.86
United States	327,425,278	28,000,876	8.55

Source: US Census Bureau, American Community Survey. 2019-2023.

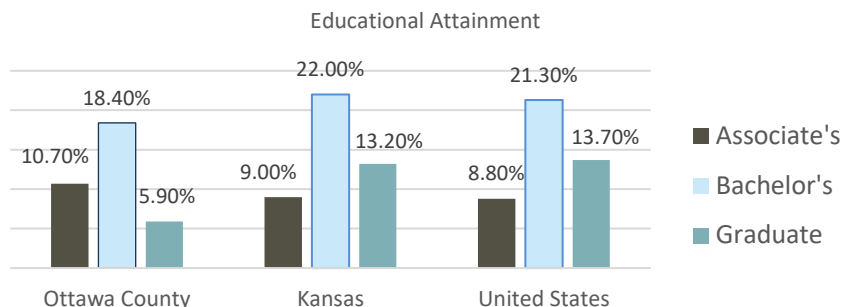
Education

The following table shows educational attainment with a High School diploma or higher 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, 18.4% have at least a college bachelor's degree, while 31.5% stopped their formal educational attainment after high school.

Educational Attainment – Population Age 25 and Older					
	Percent with High School Diploma	Percent with Some College	Percent with Associate's Degree	Percent with Bachelor's Degree	Percent with Graduate or Professional Degree
Ottawa County	31.5	28.3	10.7	18.4	5.9
Kansas	25.6	22.1	9.0	22.0	13.2
United States	26.2	19.4	8.8	21.3	13.7

Source: US Census Bureau, American Community Survey. 2019-23. Source geography: County



Travel Patterns

Transportation is a critical social determinant of health. These issues may include access to reliable 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.

The table below reports the percentage of adults age 18 and older who report having a lack of reliable transportation.

Reliable Transportation		
	Adults Age 18+ Lacking Reliable Transportation (Crude)	Adults Age 18+ Lacking Reliable Transportation (Age-Adjusted)
Ottawa County	6.0%	6.7%
Kansas	7.4%	7.7%
United States	8.2%	8.7%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022

Commuting

This indicator shows the method of transportation workers used to travel to work for the report area. Among workers (16 years and older) in Ottawa County, 79.1% drove to work alone. More than 5% 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	2,832	79.1%	2,581	5.46%
Kansas	1,448,523	76.7%	1,294,017	3.65%
United States	157,645,183	70.1%	11,917,577	8.74%

Source: US Census Bureau, American Community Survey. 2019-23. 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 Deserts

This indicator reports the percentage of the population with low food access. Low food access is defined as living more than 1 mile (urban) or 10 miles (rural) from the nearest supermarket, supercenter, or large grocery store. Data are from the 2023 Food Access Research Atlas dataset. This indicator is relevant because it highlights populations and geographies facing food insecurity.

25.73% of the total population in the report area have low food access. The total population in the report area with low food access is 1,567.

Population with Low Food Access		
	Population with Low Food Access	Percent with Low Food Access
Ottawa County	1,567	25.73
Kansas	752,790	26.38
United States	68,611,398	22.22

Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2023.

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 5.1% retailers per 10,000 population, which is below the state and national rates.

SNAP Authorized Food Stores		
	Total SNAP-Authorized Retailers	SNAP-Authorized Retailers Rate per 10,000 population
Ottawa County	3	5.19
Kansas	2,135	7.27
United States	264,826	7.89

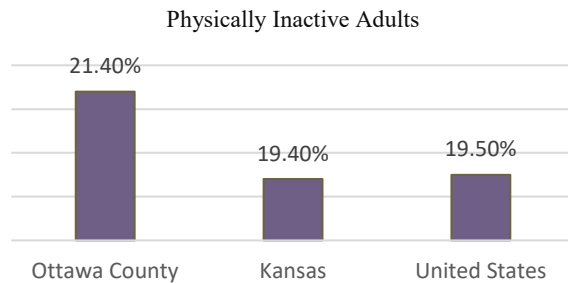
Data Source: US Department of Agriculture, Food and Nutrition Service, USDA - SNAP Retailer Locator. Additional data analysis by CARES. 2023. Source geography: Tract



Physical Activity

Within the report area, 1,017 or 21.4% of adults aged 20 and older self-report no active leisure time, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?" This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

The percentage of physically inactive adults in Ottawa County is higher than state and national levels.



Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.2023.

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 Conditions

The indicator on the following page reports the unsmoothed, age-adjusted rate of Prevention Quality Overall Composite (PQI #90) among the Medicare Fee-For-Service (FFS) population for the year 2023. Data were sourced from the CMS Mapping Medicare Disparities (MMD) tool.

Note: Data are suppressed when the total population is fewer than 11. Data are also suppressed when the number of annual wellness visits is fewer than 3 (rate is shown as zero in these cases).



	FFS Beneficiaries	Prevention Quality Overall Composite (PQI #90), Total	Prevention Quality Overall Composite (PQI #90), Rate per 100,000
Ottawa County	1,252	31	2,472
Kansas	378,126	9,582	2,534
United States	30,900,366	855,631	2,769

Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.

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.

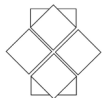
Good health can be defined as a state of physical, mental, and social well-being, rather than the absence of disease or infirmity. According to *Healthy People 2020*, the national health objectives released by the U.S. Department of Health and Human Services, individual health is closely linked to community 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.

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.

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. The table on the following page provides some examples of lifestyle/behavior and related health care problems.



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

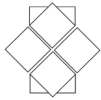
Due to limited morbidity data, this health status report relies heavily on death and death rate statistics for leading causes in death in the community, along with the state of Kansas. Such information provides useful indicators of health status trends and permits an assessment of the impact of changes 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 period 2019-2023. Death rates are summarized. Crude death rate is per 100,000 population.

Selected Causes of Resident Deaths			
	Ottawa County	Kansas	United States
	Crude Death Rate	Crude Death Rate	Crude Death Rate
Malignant Neoplasms (Cancer)	228.6	189.1	182.7
Diseases of the Heart	221.7	214.2	207.2
Accidents	93.5	61.6	63.2
COVID-19	86.6	64.9	60.5
Chronic Lower Respiratory (Lung)	72.7	55.8	44.9

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.



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 Ottawa County will be used to compare the relative health status of the county to the state of Kansas.



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 – Health Factors

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 2021-2024.

Mortality and Morbidity	Ottawa County 2021	Ottawa County 2024	Increase/Decrease	Kansas 2024	US 2024
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	8,900	10,200	↑	8,600	8,400
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	16.0%	15.0%	↓	15.0%	17.0%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	3.6	3.6	—	3.7	3.9
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	4.4	5.2	↑	5.2	5.1
Low birth weight – Percent of live births with low birth weight (<2500 grams)	6.0%	8.0%	↑	7.0%	8.0%

Health Behaviors*	Ottawa County 2021	Ottawa County 2024	Increase/Decrease	Kansas 2024	US 2024
Adult smoking - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	18.0%	19.0%	↑	15.0%	13.0%
Adult obesity - Percent of adults that report a BMI >= 30	36.0%	37.0%	↑	37.0%	34.0%
Food environment index [^] - Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	7.7	7.9	↑	6.8	7.4
Physical inactivity - Percent of adults aged 20 and over reporting no leisure time physical activity	30.0%	25.0%	↓	23.0%	23.0%
Access to exercise opportunities [^] - Percentage of population with adequate access to locations for physical activity	2.0%	2.0%	—	80.0%	84.0%
Excessive drinking - Percent of adults that report excessive drinking in the past 30 days	20.0%	20.0%	—	19.0%	19.0%
Alcohol-impaired driving deaths - Percent of motor vehicle crash deaths with alcohol involvement	25.0%	0.0%	↓	21.0%	26.0%



Health Behaviors*	Ottawa County 2021	Ottawa County 2024	Increase/Decrease	Kansas 2024	US 2024
Sexually transmitted infections - Chlamydia rate per 100K population	192.8	86.3	↓	474.4	495.0
Teen births - female population, ages 15-19	9	No data	—	18	16

Clinical Care*	Ottawa County 2021	Ottawa County 2024	Increase/Decrease	Kansas 2024	US 2024
Uninsured adults - Percent of population under age 65 without health insurance	11.0%	9.0%	↓	12.0%	11.0%
Primary care physicians - Number of population for every one primary care physician	2,850:1	2,920:1	↑	1,280:1	1,330:1
Dentists - Number of population for every one dentist	1,430:1	1,450:1	↑	1,580:1	1,360:1
Mental health providers - Number of population for every one mental health provider	5,710:1	1,940:1	↓	400:1	300:1
Preventable hospital stays	3,244	3,251	↑	2,529	2,666
Mammography screening [^] - Percent of female Medicare enrollees that receive mammography screening	50.0%	49.0%	↓	49.0%	44.0%

Social and Economic Factors*	Ottawa County 2021	Ottawa County 2024	Increase/Decrease	Kansas 2024	US 2024
High school graduation - Percent of ninth grade cohort that graduates in 4 years	95.0%	95.0%	—	89.0%	87.0%
Some college - Percent of adults aged 25-44 years with some post-secondary education	61.0%	67.0%	↑	70.0%	68.0%
Unemployment - Percent of population age 16+ unemployed but seeking work	4.3%	2.3%	↓	2.7%	3.6%
Children in poverty - Percent of children under age 18 in poverty	13.0%	11.0%	↓	13.0%	16.0%
Income inequality - Ratio of household income at the 80th percentile to income at the 20th percentile	3.6	4.8	↑	4.4	4.9
Children in single-parent households - Percent of children living in households headed by single parent	24.0%	13.0%	↓	21.0%	25.0%
Social associations [^] - Number of membership associations per 10,000 population	12.3	12.1	↓	13.2	9.1
Violent Crime Rate - Violent crime rate per 100,000 population (age-adjusted)	59.0	72.8	↑	368.8	416.0
Injury deaths - Number of deaths due to injury per 100,000 population	79	87	↑	85	84



Physical Environment*	Ottawa County 2021	Ottawa County 2024	Increase/Decrease	Kansas 2024	US 2024
Air pollution - particulate matter days -Average daily measure of fine particulate matter in micrograms per cubic meter	7.5	7.1	↓	7.3	7.3
Severe housing problems - Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen or plumbing facilities	9.0%	14.0%	↑	12.0%	17.0%
Driving alone to work - Percentage of workforce that drives alone to work	83.0%	79.0%	↓	77.0%	70.0%
Long commute, driving alone - Among workers who commute in their car alone, the percentage that commute more than 30 minutes	33.0%	31.0%	↓	22.0%	37.0%

Source: <https://www.countyhealthrankings.org/app/kansas/2025/county/snapshot>

^ 10th/90th percentile, i.e., only 10% are better

** Data should not be compared with prior year

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 CHNA to current year and challenges faced by each county in the Hospital's community.

The improvements and challenges shown below were determined using a process of comparing the rankings of the county's health outcomes in the current year to the rankings in the 2022 CHNA. If the current year's rankings showed an improvement or decline of at least 15%, they were included. The table below includes a list of health factor findings and comparisons between the prior assessment information and current year information.

Improvements	Challenges
Alcohol-impaired driving deaths - Percent of motor vehicle crash deaths with alcohol involvement (declined by 100%).	Severe housing problems - Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen or plumbing facilities (increased by 55.5%)
Mental health providers - Total population for every one mental health provider (improved by 55.5%).	Income inequality - Ratio of household income at the 80th percentile to income at the 20th percentile (increased by 33.3%)
Sexually transmitted infections - Chlamydia rate per 100K population (declined by 55.2%)	Low birth weight – Percent of live births with low birth weight (increased by 33.3%).
Unemployment - Percent of population age 16+ unemployed but seeking work (decreased by 46.5%).	Injury deaths - Number of deaths due to injury per 100,000 population (increased by 24.2%).
Children in single-parent households - Percent of children living in households headed by single parent (decreased by 45.8%).	Violent Crime Rate - Violent crime rate per 100,000 population- age-adjusted (increased by 23.3%).
	Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (increased by 18.1%).

As can be seen from the table above, there continue to be areas where improvements are needed. However, considerable progress has been made in several key areas.



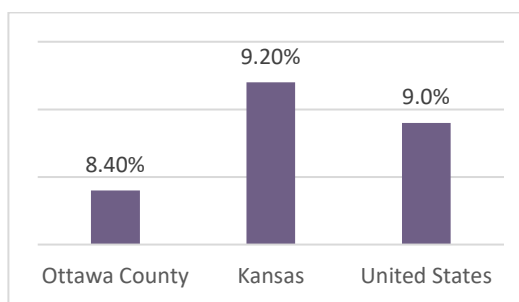
The following information and exhibits show a more detailed view of certain health outcomes and factors for the community, Kansas and the United States.

Diabetes

This indicator reports the number and percentage of adults age 20 and older who have ever been told by a doctor that they have diabetes. This indicator 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.

Within the report area, 459 of adults age 20 and older have diabetes. This represents 8.4% of all the adults age 20+. This rate is lower than the rates for the state of Kansas and the United States.

Area	Adults with Diagnosed Diabetes	Adults with Diagnosed Diabetes Age-Adjusted Rate
Ottawa County	459	8.4%
Kansas	222,588	9.2%
United States	23,263,962	8.9%



Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2022

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.

Within Ottawa County, one-third of adults aged 20 and older surveyed population have a BMI greater than 30.

Area	Total Population with BMI >30.0	Percent of Population with BMI >30.0
Ottawa County	1,447	33.0
Kansas	731,383	34.1
United States	70,168,831	30.1

Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2021.

Heart Disease (Adult)

The table on the following page shows the percentage of adults age 18 and older who report ever having been told by a doctor, nurse, or other health professional that they had angina or coronary heart disease. This is relevant because heart disease is a leading cause of death in the U.S. and is also related to high blood pressure, high cholesterol, and heart attacks.



Within the report area, there were 7.9% of adults 18 and older who reported having coronary heart disease of the total population age 18 and older.

Population with Heart Disease		
Area	Adults Age 18+ Ever Diagnosed with CHD (Crude)	Adults Age 18+ Ever Diagnosed with CHD (Age-Adjusted)
Ottawa County	7.9%	5.9%
Kansas	6.6%	5.7%
United States	6.8%	5.7%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022

High Blood Pressure

The indicator below displays the percentage of adults age 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have high blood pressure (HTN). Women who were told high blood pressure only during pregnancy and those who were told they had borderline hypertension were not included.

This information is relevant because hypertension, or high blood pressure, significantly impacts health by increasing the risk of other conditions such as congestive heart failure, stroke, and other serious illnesses. Without treatment, it can lead to disability and reduce an individual's quality of life.

Tom Green County's prevalence of hypertension among the Medicare population is somewhat higher than the rate for the state and the nation.

High Blood Pressure		
	Adults Age 18+ with HTN (Crude)	Adults Age 18+ with HTN (Age-Adjusted)
Ottawa County	38.0%	31.9%
Kansas	34.2%	31.7%
United States	32.7%	29.6%

Low Birth Weight

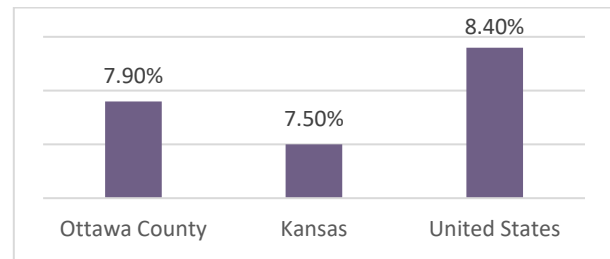
The indicator on the next page reports the percentage of live births where the infant weighed less than 2,500 grams (approximately 5 lbs., 8 oz.). These data are reported for a 7-year aggregated time period. Data are from the National Center for Health Statistics - Natality Files (2017-2023) and are used for the 2025 County Health Rankings.





Within the report area, there were 31 infants born with low birth weight. This represents 7.9% of the total live births.

Area	Total Live Births	Low Weight Births	Precent Low Weight Births
Ottawa County	390	31	7.9%
Kansas	245,608	18,400	7.5%
United States	25,914,651	2,176,957	8.4%
<i>Source: University of Wisconsin Population Health Institute, County Health Rankings. 2017-2023.</i>			



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. The section on the following page addresses the availability of health care resources to the residents of Ottawa County.



Hospitals

The Hospital 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 following table summarizes hospitals available to the residents of the Hospital in which the community resides.

Summary of Acute Care Hospitals				
Facility	Address	City	State	Zip
Salina Regional Health Center	400 S. Santa Fe Avenue	Salina	KS	67401
North Central Kansas Medical Center	155 W. College Drive	Concordia	KS	66901
Lincoln County Hospital	624 North Second Street	Lincoln	KS	67455
Memorial Health System	511 NE Tenth Street	Abilene	KS	67410
Mitchell County Hospital Health Systems	400 W. 8th Street	Beloit	KS	67420
Lindsborg Community Hospital	605 W. Lincoln Street	Lindsborg	KS	67456

Source: <http://findahealthcenter.hrsa.gov/#>

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 INFORMANT 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. Participants included:

- Karen Ballou
- Melanie Kuder
- Kathy Luthi
- Katrina Pollet
- Tony Swetson
- Katie Vanderhoff
- Craig Warren



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.

Key Informant general observations and comments

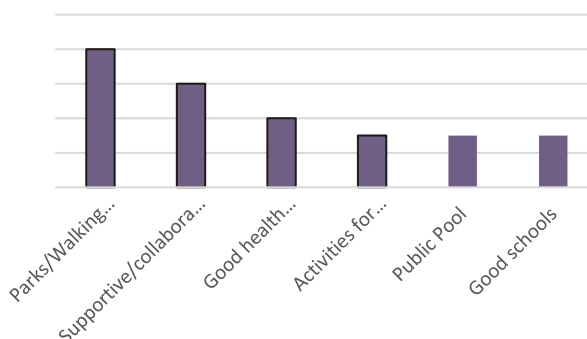
Positive Factors and Conditions

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

Similar to the 2022 CHNA report, survey participants identified area parks, walking trails and other outdoor activities as their community's most positive factor.

There was broad agreement that Ottawa County residents are "close knit" and always eager to help one another, willing to work together to address needs.

Ranking of Positive Factors/Conditions
Parks/Walking Trails/biking/camping
Supportive/collaborative community
Good health providers/ health dept.
Activities for children/youth
Public pool
Good schools



Interview comments:

"This is a rural area where everyone seems very supportive of each other and works hard to maintain a sense of community."

"Our county health department is very active in the community, good at pulling together different groups and getting things organized to improve health or address needs."

"We have good quality water throughout most of the county."

"This area is self-sustaining and close knit, always ready to help where needed."

Negative Factors and Conditions

Respondents were asked to list specific factors and conditions that have a negative impact on the community's health and quality of life.



Ranking of Negative Factors/Conditions
Shortage of affordable housing
Limited good paying jobs
Unusually high taxes
Not enough activities for teens/young people
Run down housing
Poor roads/infrastructure



Interview comments:

“Substance abuse has blown up in the past 5 years, especially in the 18-34 age group.”

“The County Police force has had many issues, with a lot of turnover and dysfunction.”

Change in Health Condition

Key Informants were asked if the area’s overall health had improved, declined, or stayed the same over the past three years.

33.33%	Improved
0.00%	Declined
66.66%	Stayed the Same

Interview comments:

“People are more aware of their health due to COVID and public knowledge. People are taking better care of themselves.”

“The hospital has done a great job getting the word out to the public and that has made a big difference keeping the community engaged in wellness.”

Most Critical Health Issues

Survey participants were asked to list what they believed to be the most critical health & wellness issues currently facing the community.

The shortage of quality, affordable homes was identified as the most critical issue impeding the community’s overall health and wellness. Other major issues centered around substance abuse and poverty, including food shortages and an inability to afford health insurance.



Ranking	Critical Issue
1.	Housing shortage
2.	Substance abuse
3.	Poverty/inability to afford medical insurance
4.	Poor roads/city infrastructure
5.	Lack of mental health resources
6.	Old, dilapidated buildings

Interview comments:

“Too many people can’t afford to or won’t go to the doctor, then they end up in the ER.”

“Clean, safe housing is a basic necessity that many can’t afford or don’t get because there aren’t options.”

“Our tax base is simply not big enough to fund our area’s infrastructure.”

5. What barriers, if any, exist to improving health and quality of life in your community?

Ranking	Issue
1.	Financial barriers (lack of money/resources)
2.	Lack of understanding/awareness of resources
3.	Lack of transportation
4.	Lack of trust/fear regarding medical institutions
5.	Unwillingness to acknowledge need for help

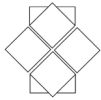
Interview comments:

“Some are set in their ways, stubborn and unwilling to change, won’t try new things or ideas.”

“Many people lack reliable transportation, which prohibits them from using some of the available resources in our community.”

“There is a Rural mentality that says, ‘we’re not changing.’ New ideas are rejected.”

“There is a cultural stigma associated with asking for mental health assistance.”



Recommendations for Improvement

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

- Offer education and awareness training so people know they need help and know where to get it.
- Start a program to help businesses transition from older generations to younger ones such as farmers.
- Improve streets and infrastructure, fix old housing.
- Develop more activities for youth and teens.
- Provide tax and financial incentives to encourage new businesses to come here.
- Offer assisted living for those who don't need 24-hour care.
- Start more daycare centers, not just home providers.
- Seniors need more education on Medicare.
- Help our school districts to keep their employees healthy.

Underserved Populations

Key Informants 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.

Most felt that people living in rural areas often lack public transportation, precluding them from accessing healthcare and other essential resources. This can be significant for elderly individuals living alone.

Similarly, respondents indicated that senior citizens in the county sometimes don't receive adequate care due to transportation struggles. Another issue facing the elderly is a lack of understanding of how to navigate the healthcare system.

Other demographic groups that may lack access to services include those who are unable to afford medical coverage (insurance) and non-English-speaking residents.

How barriers are being addressed

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

Ottawa County has several individuals and organizations working together to address important issues. These include nonprofits, civic groups, churches and government agencies.



Interview comments:

“Love, Inc. is an organization that does important work to help people in need.”

“Choose Ottawa County is trying to work on these issues. Some churches are helping out, too.”

“AA and NA both have local programs to help those struggling with substance abuse.”

“A group called Summer Café collaborates with churches to give lunches for children during the summer.”

“Through a grant, Twin Valley Telephone is helping children in the Bennington area.”

“The hospital has done great job with new classes and programs for elderly population.”



Feedback on Ottawa County Health Center

Key Informants were asked to grade the Hospital’s efforts to address community needs and improve the health quality of the community.

Most respondents acknowledged the hospital’s positive work and community efforts. Some expressed a desire for more specialists and improved facilities, but with the understanding that the organization has limited resources.





Interview comments:

“They do the very best they can with their funds. I wish they could provide more accessibility to mental health and bring in more providers.”

“The hospital is good but need some more specialists like audiologists (hearing) and dermatologists to assist our aging population.”

“They are still learning and growing. The CEO and leadership team care about the community, they just have limited resources.”

“I’d like to see them out in the community, more attendance and presence at festivals.”

“The hospital staff are so friendly, and the facilities are always very clean.”

“They have really stepped up to work with other organizations and entities in the county.”

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, Ottawa County Health Center 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 Ottawa County Health Center.

Health Outcomes and Factors

An analysis of the County Health Rankings health outcomes and factors data was prepared for all areas within the Hospital’s 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 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 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 the Hospital's goals and resources.** The rating for this factor was determined by whether the need fits within Ottawa County Health Center's strategic plan, as well as its 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.

Health Problem or Issue	How many people are affected by the issue?	What are the consequences of not addressing this problem?	Prevalence of Common Themes	Alignment with the Hospital's goals and resources	Total Score
High Cost of Health Care (uninsured population)	5	5	5	4	19
Shortage of Specialists	5	4	5	4	18
Aging Populations/ Elder Care	4	5	4	4	17
Lack of Healthy Behaviors/Lifestyle	4	4	5	3	16
Adult Smoking	4	3	4	3	14
Lack of Transportation Options	4	4	3	3	14



Health Problem or Issue	How many people are affected by the issue?	What are the consequences of not addressing this problem?	Prevalence of Common Themes	Alignment with the Hospital's goals and resources	Total Score
Physical Inactivity	3	4	3	4	14
Substance Abuse	3	3	4	4	14
Adult Obesity	4	3	3	4	14
Lack of Health Knowledge/Education	3	4	3	3	13
Shortage of Mental Health Providers	3	4	3	3	13
Preventable Hospitalizations	2	3	3	4	12
Cancer	2	3	2	3	10
Heart Health	2	2	3	3	10
Stroke	2	3	1	3	9
Teen Birth Rate	2	1	1	3	7
Injury Deaths	2	1	1	3	7
Sexually Transmitted Infections	1	1	1	3	6
Alcohol-Impaired Driving Deaths	1	2	1	1	5
Violent Crime Rate	1	1	1	1	4

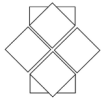
Prioritization Process

For the health needs prioritization process, the Hospital engaged a hospital leadership team to review the most significant health needs reported on the prior CHNA 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, any health need that scored a 14 or more (out of a possible 20) was identified as a potential priority area. Ottawa County Health Center's leadership team will determine the priority areas to address with associated strategies for fiscal year 2026-2028. Those priority areas included:

- How many people are affected by the issue or the size of the issue?
- What are the consequences of not addressing this problem?
- Prevalence of common themes.
- Organizational capacity and existing infrastructure to address the health need.



The Hospitals' next steps include developing an implementation strategy to address these priority areas:

1. Improve Access to Healthcare
 - High Cost of Health Care (uninsured population)
 - Shortage of Specialists
 - Lack of Healthy Behaviors/Lifestyle
2. Improve Community Wellness
 - Lack of Healthy Behaviors
 - Physical Inactivity
 - Obesity