Keeping the **H** in Hometown®

Decatur Health

Decatur County Community Health Needs Assessment and Implementation Plan

September 2021

Decatur Health

CHC
Community Hospital Consulting

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Section 1:
Community Health Needs Assessment

EXECUTIVE SUMMARY

Executive Summary

A comprehensive, six-step community health needs assessment ("CHNA") was conducted for Decatur Health (DH) by Community Hospital Consulting (CHC Consulting). This CHNA utilizes relevant health data and stakeholder input to identify the significant community health needs in Decatur County, Kansas.

The CHNA Team, consisting of leadership from DH, reviewed a summary of the research findings created by CHC Consulting to prioritize the community health needs. Five significant community health needs were identified by assessing the prevalence of the issues identified from the health data findings combined with the frequency and severity of mentions in community input.

The CHNA Team participated in a prioritization ballot to rank the community health needs based on three characteristics: size and prevalence of the issue, effectiveness of interventions and the hospital's capacity to address the need. Once this prioritization process was complete, the hospital leadership discussed the results and decided to address all five of the prioritized needs in various capacities through a hospital specific implementation plan.

The final list of prioritized needs is listed below:
1.) Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
2.) Access to Primary and Specialty Care Services and Providers
3.) Access to Mental and Behavioral Health Care Services and Providers
4.) Access to Affordable Care and Reducing Health Disparities Among Specific Populations
5.) Impact of COVID-19 Pandemic

Hospital leadership has developed the following implementation plan to identify specific activities and services which directly address all of the priorities. The objectives were identified by studying the prioritized health needs, within the context of the hospital's overall strategic plan and the availability of finite resources. The plan includes a rationale for each priority, followed by objectives, specific implementation activities, responsible leaders, annual updates and progress, and key results (as appropriate).

The DH Board reviewed and adopted the 2021 Community Health Needs Assessment and Implementation Plan on September 20, 2021.

Priority #1: Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

Data suggests that higher rates of specific mortality causes and unhealthy behaviors warrants a need for increased preventive education and services to improve the health of the community. Cancer and heart disease are the two leading causes of death in Decatur County. Decatur County has higher mortality rates than Kansas for the following causes of death: malignant neoplasms; accidents (unintentional injuries); and diabetes mellitus.

Decatur County also has higher prevalence rates of chronic conditions such as obesity than the state. Decatur County has a higher percentage of residents participating in unhealthy lifestyle behaviors such as physical inactivity than the state. With regards to maternal and child health, specifically, Decatur County has a higher percentage of low birth weight births, and a lower percent of live births to mothers receiving adequate prenatal care than the state.

Data suggests that Decatur County residents are not appropriately seeking preventive care services, such as timely mammography screenings, pap tests or colonoscopies.

Several interviewees noted that there is a concern surrounding increasing unhealthy lifestyle behaviors placing strain on the hospital as well as limited health education in the community. One interviewee stated: "The unhealthier we get as a community, the more strain we're putting on our hospital." Another interviewee stated: "We could benefit from more public health education on issues, like general health and nutrition and diabetic education." Furthermore, interviewees stated that there are high rates of obesity and diabetes, which are worsened by limited access to healthy food options. One interviewee stated: "Obesity is an issue, and that is directly tied to difficulty getting quality food here. There's no vegetables. You don't have a lot of food options and everybody's default is to put gravy on everything."

Several individuals specified that the youth population may face higher rates of tobacco, vapor use and alcohol consumption as well as an increase in unhealthy lifestyle behaviors. One interviewee stated: "With kids, it's the use of chewing tobacco. You see the vape pen thing coming through in our high school. It tastes good and they don't think it's harmful. There is a decent amount of drinking as well with our younger kids." It was mentioned that the lack of exercise and participation in recreational activities is due to technology use and there is a need to educate the youth on substance abuse. One interviewee stated: "…our youth are not as active as they used to be due to technology. Seems like we have fewer kids out for sports than we used to. I think the youth are getting out and being active less than they used to."

Priority #2: Access to Primary and Specialty Care Services and Providers

Decatur County has a slightly lower rate of preventable hospitalizations than the state and has a lower rate of primary care physicians per 100,000 population than the state. Additionally, Decatur County has several Health Professional Shortage Area and Medically Underserved Area/Population designations as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

Interviewees raised concern surrounding limited access to all kinds of providers. Issues were raised about the difficulty attracting providers to the community due to lack of opportunities for a spouse, the rural nature of the community and the limited economic sustainability. One interviewee stated: "It is so difficult to recruit/retain folks to come in, from providers to office staff." Interviewees mentioned that there was a lack of appropriate staffing in local nursing homes and limited number of paramedics leading to increased concern surrounding lack of access to emergency services.

Priority #2: Access to Primary and Specialty Care Services and Providers (continued)

Furthermore, several interviewees mentioned a nursing shortage due to staff leaving the community for more attractive hours and benefits and that several providers were reaching retirement age and the apprehension about workforce recruitment and retainment to fill the void. One interviewee stated: "There is a huge nursing shortage in this area. That's a big issue right now…the nursing shortage is an issue at our hospital because they leave for better work hours."

With regards to specialty care access, interviewees noted the shortage of local specialty services which are leading to long wait times, outmigration, transferring of patients to larger facilities and delaying/foregoing care altogether. One interviewee stated: "If you have an emergency, you have to be flown to a hospital that's far away and with an older community that's an issue. We have a need for emergency services – an extra hour may be the difference between life/death." Specific specialties mentioned include: Cardiology, Pulmonology, OB/GYN, Orthopedics, Endocrinology, Dermatology, Oncology and Urology. Furthermore, interviewees discussed limitations for nearby options due to insurance coverage. Interviewees also addressed the concern surrounding wait time associated with seeking both local specialty services as well as specialty services in larger cities. One interviewee stated: "For those specialties that rotate through, there are wait times. But at least they're not driving 4 hours round trip to go wait in another clinic. You're going to wait for a specialist no matter where you are."

Priority #3: Access to Mental and Behavioral Health Care Services and Providers

Data suggests that residents in Decatur County do not have adequate access to mental and behavioral health care services and providers. Decatur County has a has a lower rate of mental health providers per 100,000 population than the state.

Many interviewees mentioned the overall lack of mental and behavioral health care providers and services in the county. It was mentioned several times that the limited or lack of options for mental and behavioral health care resources in the community yields long wait times and less access to providers being able to prescribe appropriate medication. One interviewee stated: "Mental health is a tough one. If you need to see a specialist, you wait 3 months. Western Kansas is very underrepresented in getting a psychiatrist out here." Another interviewee stated: "A therapist from High Plains Mental Health comes once a week, but if patients need medication, then that is usually a 2 hour drive." It was also noted that there is stigma associated with seeking such care. One interviewee stated: "If you have a counselor in a small town, everybody will see your car there. I'd much rather do it over telehealth so people are not in my business."

Interviewees also discussed an increasing rate of mental ailments within the community due to recreational drug use and alcohol consumption. Additionally, COVID-19 was mentioned as a mental health concern among teenagers and adolescents. One interviewee stated: "There's lots of substance abuse, all the way from alcohol to drugs to all the other vices. Addiction is a problem and unfortunately those who struggle with addiction are on their own."

Priority #4: Access to Affordable Care and Reducing Health Disparities Among Specific Populations

Data suggests that some residents in the study area face significant cost barriers when accessing the healthcare system. Decatur County has a lower educational attainment rate than the state and a higher percentage of families and children living below poverty than the state. Decatur County has a higher overall food insecurity rate as well as a higher child food insecurity rate than Kansas. Additionally, with regards to housing, the homeowner vacancy rate in Decatur County has increased over time while the state rate has decreased, thus indicating a higher rate of unoccupied homes in the community.

Priority #4: Access to Affordable Care and Reducing Health Disparities Among Specific Populations (continued)

Decatur County has a higher rate of those adults (age 18-64) who are uninsured as compared to the state. Additionally, Decatur County is designated as Health Professional Shortage Areas and Medically Underserved Areas, as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

Interviewees discussed a significant number of working poor/low income residents who are un/underinsured, as well as affordability and cost barrier concerns that disproportionately affect the low income, un/underinsured, working poor and elderly populations. Many people pointed out the limited options for low income, Medicaid, and un/underinsured patients in Decatur County, as well as higher rates of un/underinsured residents within the low income population. It was also mentioned that those residents facing financial strains, particularly un/underinsured residents, may delay or forego care due to cost barriers and may lead to inappropriate use of the Emergency Room. One interviewee specifically stated: "If you have insurance, you're going to go to the clinic. If they don't have insurance, or if they can't afford it or don't want to pay it, then they'll go to the ER so they don't have to front that bill."

It was noted several times that there are affordable options for necessary medicine and prescriptions for the working poor and un/underinsured population. One interviewee stated: "Affordable medicine is a need. Insulin is terribly expensive for diabetics. If you don't have insurance, it's very expensive." Additionally, interviewees mentioned the difficulty small businesses are facing in providing affordable health insurance coverage. One interviewee stated: "It's hard for a small business to offer health insurance and insurance coverage is so high that some people don't get what they need for medical care."

Interviewees addressed the growing concern surrounding increasing cost of living and having to make difficult decisions between health care needs and utilities. One interviewee stated: "The cost of living in general is going to be something I'm worried about. Our utilities are going up, medicines are going up, it's a lot." Another interviewee stated: "There's always challenges for the low income and working poor, the latest one is paying your electric and power bill. Sometimes you have to decide if you're going to pay your medical bill or heat your house." Several interviewees addressed the challenge in seeking nearby out-of-state care due to Blue Cross Blue Shield of Kansas limitations. One interviewee stated: "Blue Cross Blue Shield of Kansas is requiring patients see doctors in Kansas and that can be a problem. For people in the Western part of the state, Denver or places in Nebraska are much closer than going to Kansas City."

When asked about which specific groups are at risk for inadequate care, interviewees spoke about pediatrics, elderly, teenagers/adolescents, veterans/military dependents, and disabled individuals. With regards to the pediatric population, interviewees discussed generational poor habits. With regards to the elderly population, interviewees discussed transportation barriers, concern about the increase in certain chronic conditions/diseases like diabetes, heart disease, Alzheimer's disease and dementia. Interviewees also mentioned the need for a foot clinic and an assisted living facility. They also addressed the isolation challenge for nursing home residents due to the COVID-19 pandemic.

Teenage/adolescent residents were discussed as needing education surrounding substance abuse and the need for domestic violence screenings. Furthermore, there was growing concerns about mental health issues in this population due to the pandemic. Veteran/military dependent residents were brought up as a subgroup of the population that may be disproportionately affected by a lack of local services and facilities for them to utilize. Lastly, for disabled residents living in the community, interviewees discussed a need for handicap-friendly facilities.

Priority #5: Impact of COVID-19 Pandemic

Interviewees mentioned their appreciation for being in a small town, having lower case rates and access to telehealth options during the COVID-19 pandemic. One interviewee stated: "We can't handle everything here and that's the downside. COVID has made it so I'm happy to be in a small town than in a city relying on public transportation. Case rates are lower. We were doing social isolation quite well before all this." Interviewees did have contradicting opinions about COVID-19 safety protocols. One interviewee stated: "As far as the pandemic, this area has had some people who were very careful about the public health mandate and others who were a lot more resistant to it." It was also mentioned that there is a concern about the need for socialization and connection due to isolation during the pandemic. One interviewee specifically stated: "COVID has affected our residents at the nursing home because they cannot see their loved ones."

Multiple interviewees mentioned the stigma associated with common symptoms that could be mistaken for COVID-19 like a cough or a sneeze. One interviewee stated: "I had a chest cold and people came up and asked if I had COVID. It got to the point where I was self-conscious." Furthermore, interviewees discussed the limitations on health care appointments and the challenge it causes for those needing advocates and caregivers. One interviewee stated: "With COVID, people had to go by themselves to the clinic and it was a struggle that there wasn't someone with them to listen and know what the doctor said."

Interviewees raised concern surrounding the impact of the pandemic on the youth and how it could lead to risky lifestyle behaviors and mental health concerns. One interviewee stated: "We're all caught off guard by the COVID pandemic. None of us were prepared to deal with that. Being out of school and not having the freedom and movement that they're used to can do a lot to kids. The kids want to be back in school and they're struggling with that situation right now. That's leading to some alcohol abuse and mental health issues I've heard about."

PROCESS AND METHODOLOGY

Process and Methodology
Background & Objectives

- This CHNA is designed in accordance with CHNA requirements identified in the Patient Protection and Affordable Care Act and further addressed in the Internal Revenue Service final regulations released on December 29, 2014.

- The objectives of the CHNA are to:
  - Meet federal government and regulatory requirements
  - Research and report on the demographics and health status of the study area, including a review of state and local data
  - Gather input, data and opinions from persons who represent the broad interest of the community
  - Analyze the quantitative and qualitative data gathered and communicate results via a final comprehensive report on the needs of the communities served by Decatur Health
  - Document the progress of previous implementation plan activities
  - Prioritize the needs of the community served by the hospital
  - Create an implementation plan that addresses the prioritized needs for the hospital

Process and Methodology

Scope

- The CHNA components include:

  - A description of the process and methods used to conduct this CHNA, including a summary of data sources used in this report

  - A biography of Decatur Health

  - A description of the hospital's defined study area

  - Definition and analysis of the communities served, including demographic and health data analyses

  - Findings from phone interviews collecting input from community representatives, including:

    - State, local, tribal or regional governmental public health department (or equivalent department or agency) with knowledge, information or expertise relevant to the health needs of the community;

    - Members of a medically underserved, low-income or minority populations in the community, or individuals or organizations serving or representing the interests of such populations

    - Community leaders

  - A description of the progress and/or completion of community benefit activities documented in the previous implementation plan

  - The prioritized community needs and separate implementation plan, which intend to address the community needs identified

  - Documentation and rationalization of priorities not addressed by the implementation plan

  - A description of additional health services and resources available in the community

  - A list of information gaps that impact the hospital's ability to assess the health needs of the community served

Process and Methodology
Methodology

- Decatur Health worked with CHC Consulting in the development of its CHNA. Decatur Health provided essential data and resources necessary to initiate and complete the process, including the definition of the hospital's study area and the identification of key community stakeholders to be interviewed.

- CHC Consulting conducted the following research:

  - A demographic analysis of the study area, utilizing demographic data from Stratasan and local reports

  - A study of the most recent health data available

  - Conducted one-on-one phone interviews with individuals who have special knowledge of the communities, and analyzed results

  - Facilitated the review of collected data in June 2021 with the CHNA team. The CHNA Team included:

    - Kris Mathews, COO
    - Rachel Baker, CNO
    - Chad Meyer, CFO
    - Lindsey Osterhaus, HR Manager
    - Cherish Seifert, Social Worker

- The methodology for each component of this study is summarized in the following section. In certain cases methodology is elaborated in the body of the report.

Process and Methodology
Methodology (continued)

- Decatur Health Biography

  - Background information about Decatur Health, mission, vision, values and services provided were provided by the hospital or taken from its website

- Study Area Definition

  - The study area for Decatur Health is based on hospital inpatient discharge data from January 1, 2020 – December 31, 2020 and discussions with hospital staff

- Demographics of the Study Area

  - Population demographics include population change by race, ethnicity, age, median income analysis, unemployment and economic statistics in the study area

  - Demographic data sources include, but are not limited to, Stratasan, the U.S. Census Bureau, the United States Bureau of Labor Statistics and Feeding America

- Health Data Collection Process

  - A variety of sources (also listed in the reference section) were utilized in the health data collection process

  - Health data sources include, but are not limited to, the Robert Wood Johnson Foundation, Kansas Department of Health and Environment, the SparkMap, United States Census Bureau, and the Centers for Disease Control and Prevention

Process and Methodology
Methodology (continued)

- Interview Methodology
  - Decatur Health provided CHC Consulting with a list of persons with special knowledge of public health in Decatur County, including public health representatives and other individuals who focus specifically on underrepresented groups
  - From that list, 25 in depth phone interviews were conducted using a structured interview guide
  - Extensive notes were taken during each interview and then quantified based on responses, communities and populations (minority, elderly, un/underinsured, etc.) served, and priorities identified by respondents. Qualitative data from the interviews was also analyzed and reported.

- Evaluation of Hospital's Impact
  - A description of the progress and/or completion of community benefit activities documented in the previous implementation plan
  - Decatur Health provided CHC Consulting with a report of community benefit activity progress since the previous CHNA report

- Prioritization Strategy
  - Five significant needs were determined by assessing the prevalence of the issues identified in the health data findings, combined with the frequency and severity of mentions in the interviews
  - Three factors were used to rank those needs
  - See the prioritization section for a more detailed description of the prioritization methodology

HOSPITAL BIOGRAPHY

Hospital Biography
About Decatur Health

About Us

Decatur Health is a rural health organization located in Northwest Kansas comprised of a critical access hospital and a rural family practice clinic. We also manage an independent living complex. Our organization is committed to providing quality health care to the rural population in our community.

Message from the COO

"At Decatur Health, we identify and support best practice protocols that improve our patient's outcomes and deliver a great patient experience. Our highly engaged employees devote their time and energy to enhance customer satisfaction, ensure patient safety, and provide the highest quality of care for our community."

Our Home

Decatur County, population approximately 2,700, stands as the county seat of Decatur County. Located in northwest Kansas, Oberlin is a quaint town with a rich western American history. Whether you are stopping in for a visit or just traveling through to visit our Nebraska neighbors, we welcome you to Oberlin.

Hospital Biography
Mission, Vision and Values

Mission

Improving lives through quality health care.

Vision

Becoming the provider of choice by enhancing local access to quality care while stabilizing the health and well-being of the communities we serve.

Values

- Compassion
- Integrity
- Accountability
- Teamwork
- Aspire

Hospital Biography

Hospital Services

Services

- Nursing
- Specialty Clinics
  - General Surgery
  - Cardiology
  - Podiatry
  - Sleep Medicine
- Emergency Department
- Laboratory
- Rehabilitation Department
  - Physical Therapy
  - Speech Therapy

- Diagnostic Imaging
  - Radiography
  - CT Scan
  - Ultrasound
  - MRI
  - Mammography (Digital)
  - Low Dose CT Lung Screening
- Respiratory Therapy
  - Respiratory Care
  - Therapeutic Services
- Independent Living
- Pain Management

STUDY AREA

Decatur Health
Study Area

Decatur County comprises 78.9% of CY 2020 Inpatient Discharges

H Indicates the hospital
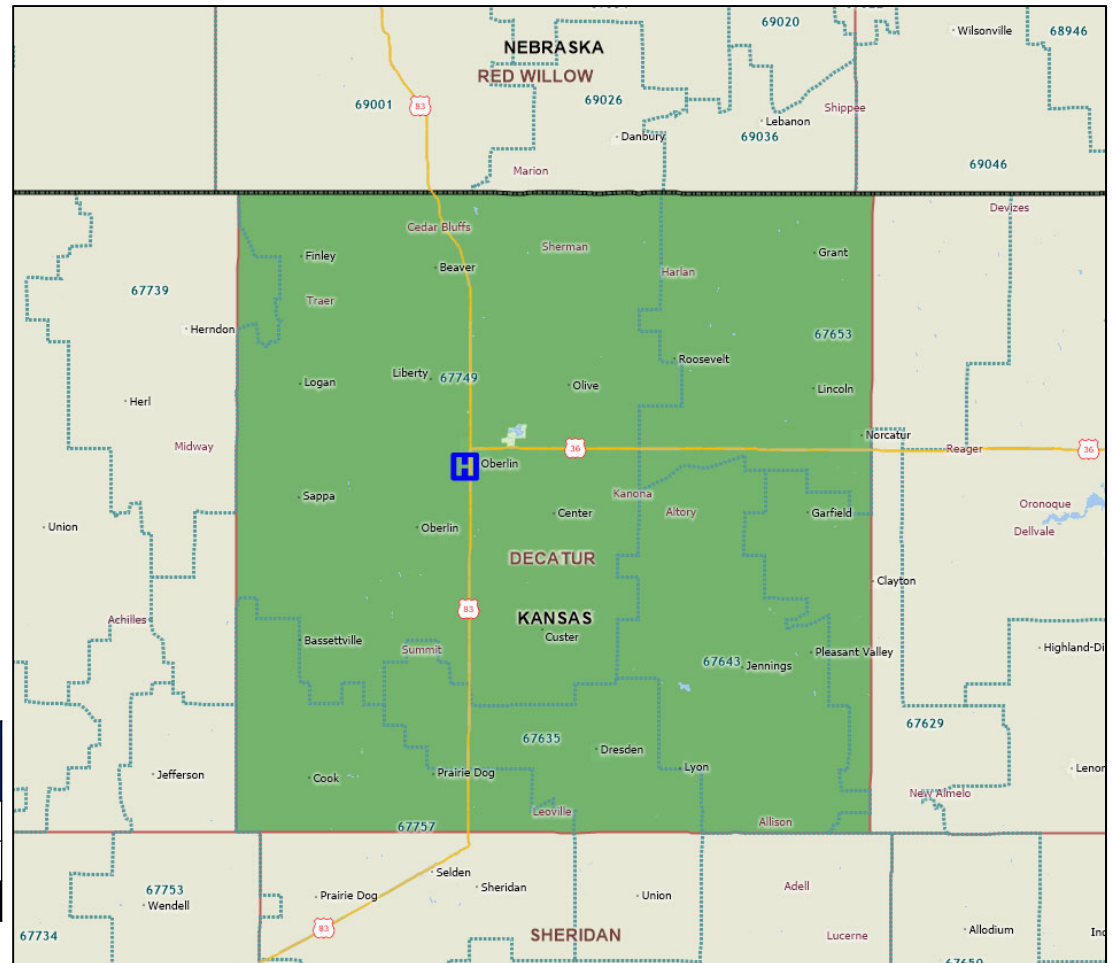
Decatur Health
Patient Origin by County: Jan. 1, 2020 – Dec. 31, 2020

County	State	CY 2020 Discharges	% of Total	Cumulative % of Total
Decatur	KS	120	78.9%	78.9%
All Others		32	21.1%	100.0%
Total		**152**	**100.0%**	

Source: Hospital inpatient discharge data provided by Decatur Health; January 2020 – December 2020.

Note: the Decatur Health 2015 and 2018 Community Health Needs Assessment and Implementation Plan reports studied Decatur County, KS.

DEMOGRAPHIC OVERVIEW

Population Health
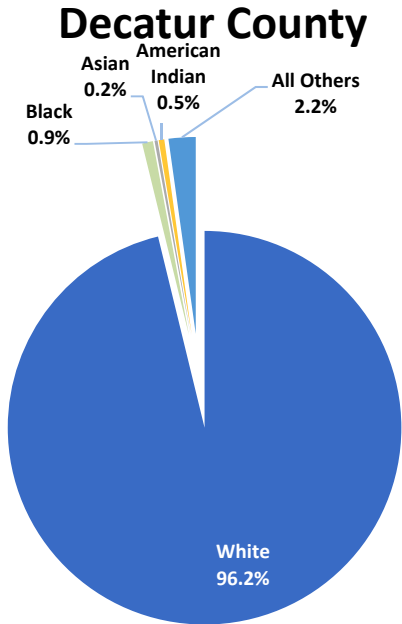## *Population Growth*

Projected 5-Year Population Growth
2020-2025

1.4%

-2.5%

Decatur County
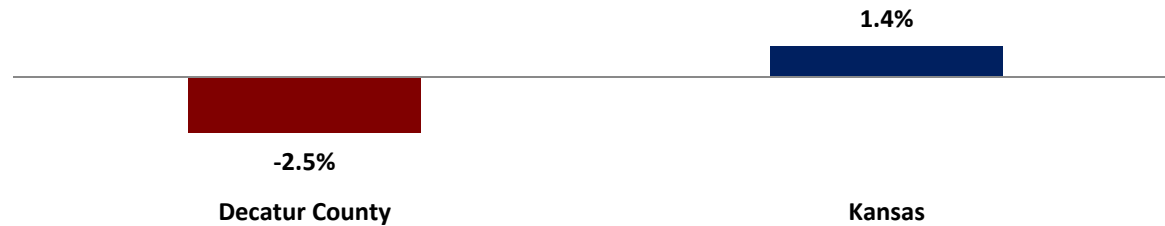
Kansas

Overall Population Growth				
Geographic Location	2020	2025	2020-2025 Change	2020-2025 % Change
Decatur County	2,838	2,766	-72	-2.5%
Kansas	2,960,432	3,002,470	42,038	1.4%

Population Health
Population Composition by Race/Ethnicity

Decatur County

Asian 0.2%
American Indian 0.5%
Black 0.9%
All Others 2.2%
White 96.2%

Kansas

American Indian 1.0%
Asian 3.2%
Black 5.9%
All Others 8.3%
White 81.6%
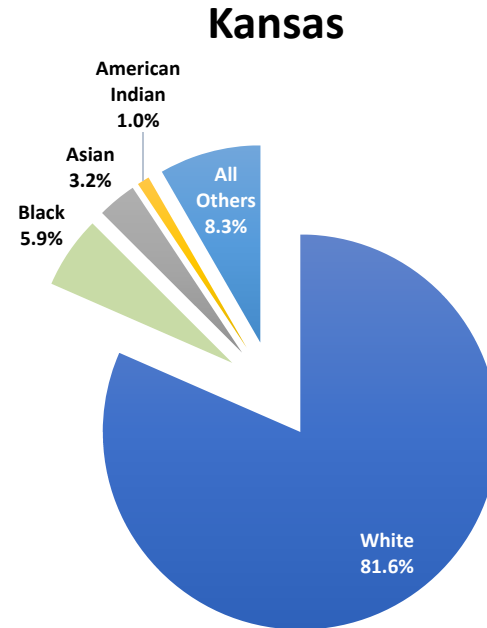
Decatur County				
Race/Ethnicity	2020	2025	2020-2025 Change	2020-2025 % Change
White	2,730	2,658	-72	-2.6%
Black	25	25	0	0.0%
Asian	7	7	0	0.0%
American Indian	13	13	0	0.0%
All Others	63	63	0	0.0%
Total	2,838	2,766	-72	-2.5%
Hispanic*	63	63	0	0.0%
Kansas				
Race/Ethnicity	2020	2025	2020-2025 Change	2020-2025 % Change
White	2,414,461	2,410,396	-4,065	-0.2%
Black	175,059	179,093	4,034	2.3%
Asian	94,898	110,139	15,241	16.1%
American Indian	29,606	30,345	739	2.5%
All Others	246,408	272,497	26,089	10.6%
Total	2,960,432	3,002,470	42,038	1.4%
Hispanic*	369,919	412,844	42,925	11.6%

Race/Ethnicity Projected 5-Year Growth

2020-2025

■ Decatur County   ■ Kansas

White: -2.6%, -0.2%
Black: 0.0%, 2.3%
Asian: 0.0%, 16.1%
American Indian: 0.0%, 2.5%
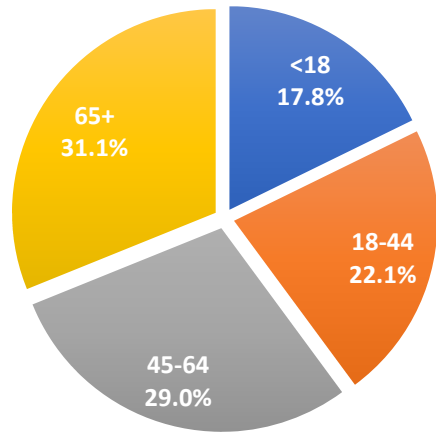All Others: 0.0%, 10.6%
Hispanic*: 0.0%, 11.6%
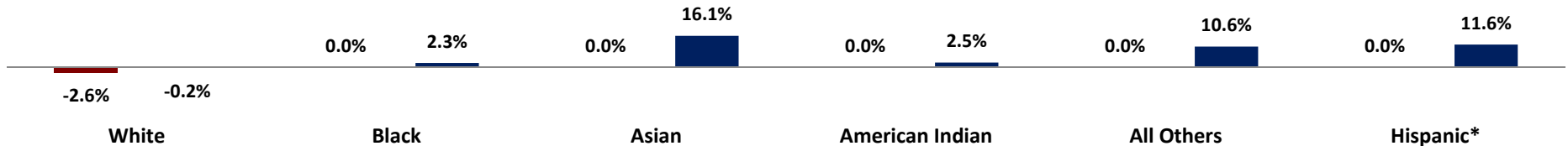
Source: Stratasan Canvas Demographics Report, 2020.
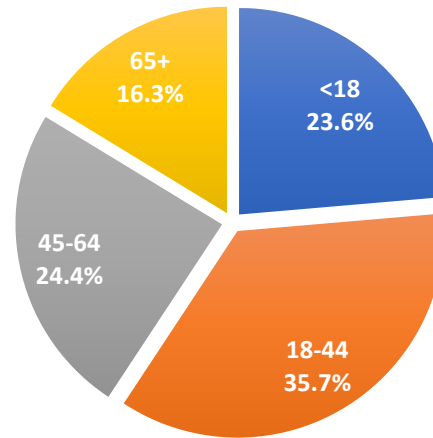*Hispanic numbers and percentages are calculated separately since it is classified as an ethnicity.

Population Health
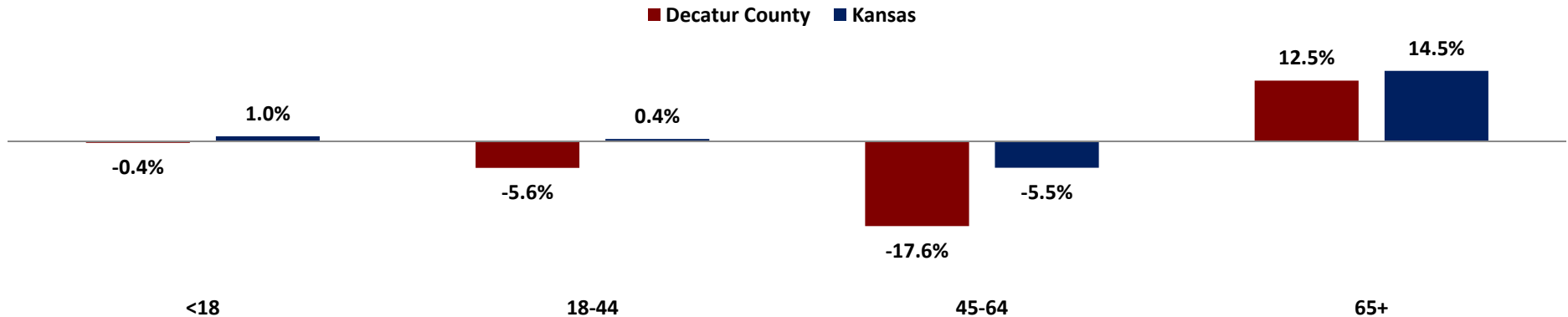## *Population Composition by Age Group*

Decatur County

- 65+ 31.1%
- <18 17.8%
- 18-44 22.1%
- 45-64 29.0%

Kansas

- 65+ 16.3%
- <18 23.6%
- 18-44 35.7%
- 45-64 24.4%

Decatur County				
Age Cohort	2020	2025	2020-2025 Change	2020-2025 % Change
<18	504	502	-2	-0.4%
18-44	628	593	-35	-5.6%
45-64	823	678	-145	-17.6%
65+	883	993	110	12.5%
Total	2,838	2,766	-72	-2.5%
Kansas				
Age Cohort	2020	2025	2020-2025 Change	2020-2025 % Change
<18	697,751	704,500	6,749	1.0%
18-44	1,056,971	1,061,170	4,199	0.4%
45-64	717,048	677,372	-39,676	-5.5%
65+	488,662	559,428	70,766	14.5%
Total	2,960,432	3,002,470	42,038	1.4%

Age Projected 5-Year Growth
2020-2025

■ Decatur County ■ Kansas

	<18	18-44	45-64	65+
Decatur County	-0.4%	-5.6%	-17.6%	12.5%
Kansas	1.0%	0.4%	-5.5%	14.5%

Source: Stratasan Canvas Demographics Report, 2020.

Population Health
Median Age

- The median age in Decatur County and the state is expected to increase over the next five years (2020-2025).

- Decatur County (54.9 years) has an older median age than Kansas (37.3 years) (2020).

Median Age

■ 2020 ■ 2025

	Decatur County	Kansas
2020	54.9	37.3
2025	55.6	38.0

Source: Stratasan Canvas Demographics Report, 2020.

CHC
Community Hospital Consulting
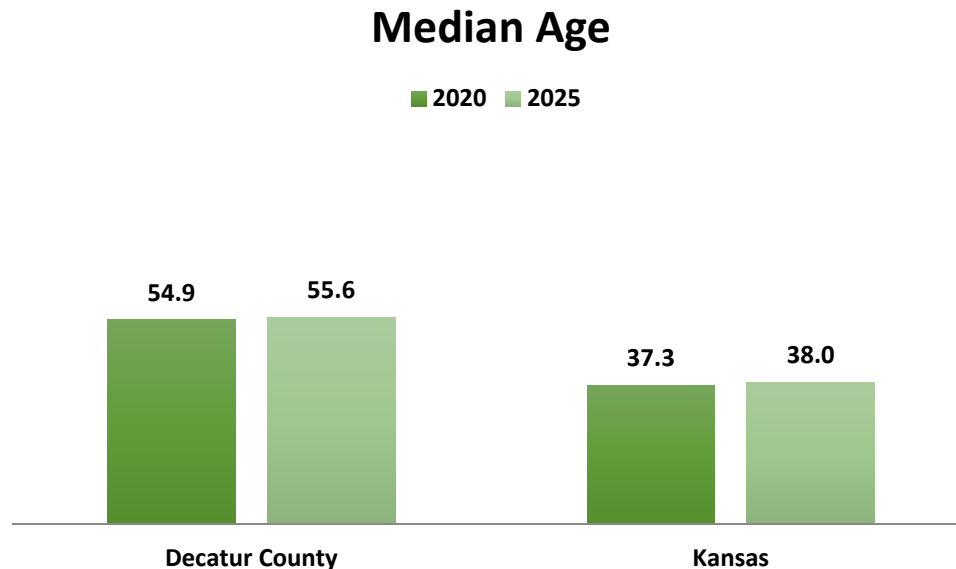
Population Health
Educational Attainment

- Decatur County (24.3%) has a lower percentage of residents with a bachelor or advanced degree than the state (34.2%) (2020).

Education Bachelor/Advanced Degree
2020

■ Decatur County   ■ Kansas

34.2%

24.3%

Decatur County   Kansas

CHC
Community Hospital Consulting
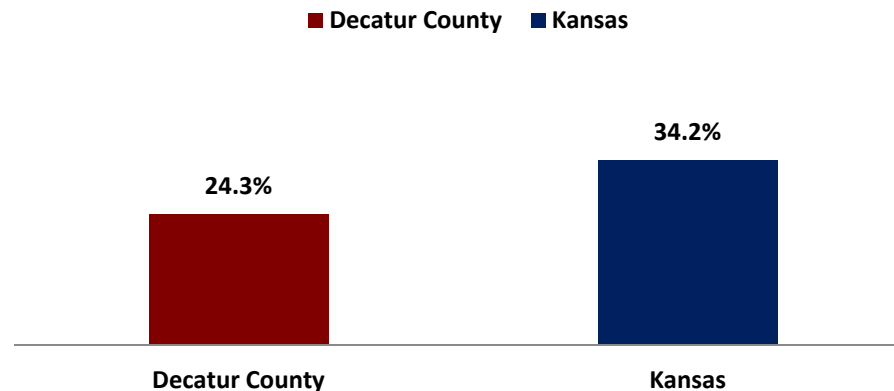
Population Health

Unemployment

- Over the most recent 12-month time period, monthly unemployment rates in Decatur County overall slightly decreased. May 2020 had the highest unemployment rate (5.2) as compared to March 2020 and December 2020 with the lowest rate (2.7).

Decatur County Unemployment
Rates by Month
Most Recent 12-month Period
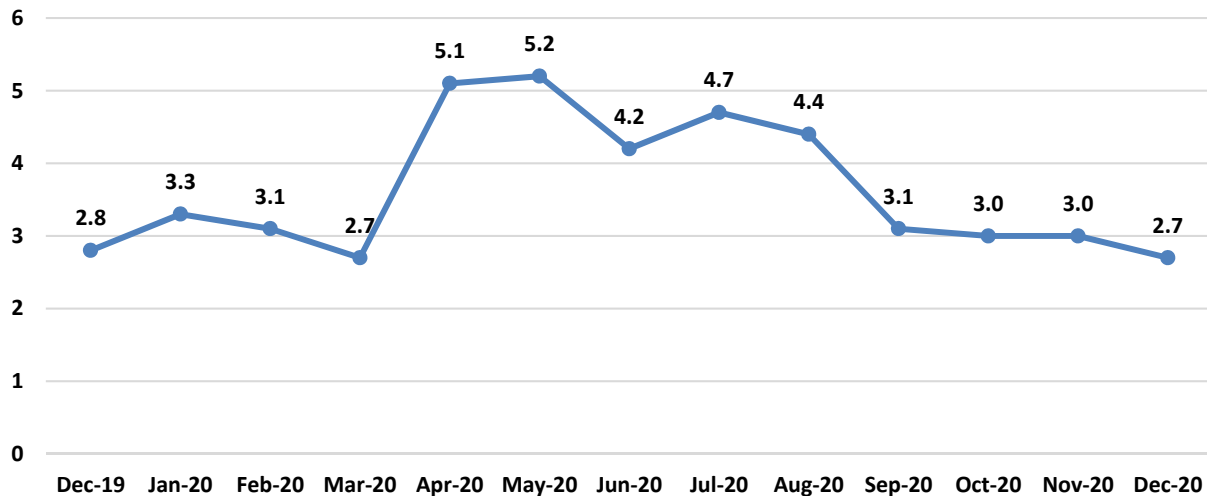
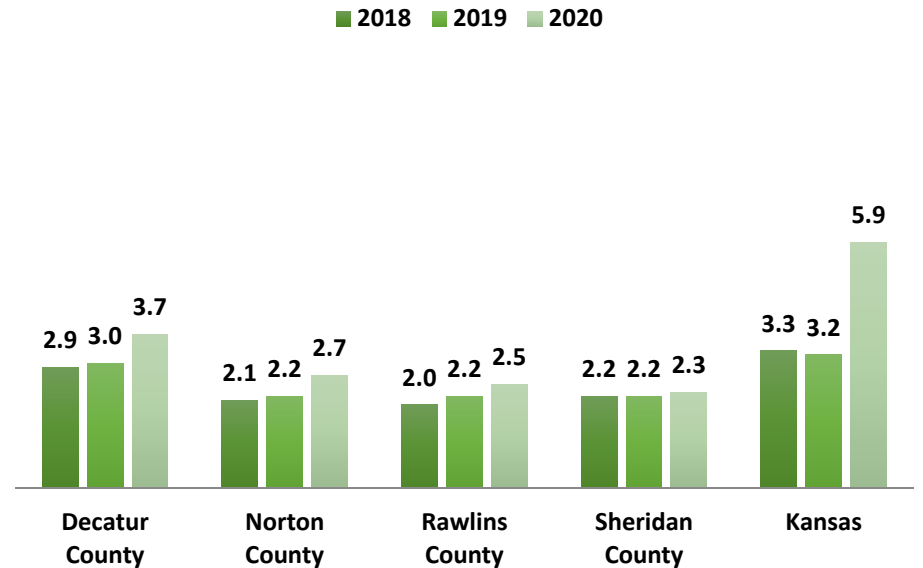Source: Bureau of Labor Statistics, Local Area Unemployment Statistics, www.bls.gov/lau/#tables; data accessed June 10, 2021.

Population Health
Median Household Income & Unemployment Comparison

- Decatur County ($41,527) has the lowest median household income as compared to Norton County ($49,539), Rawlins County ($49,058), Sheridan County ($53,023) and the state ($57,598) (2020).
- All counties and the state had increasing unemployment rates between 2018 and 2020.
- Decatur County (3.7) has the highest unemployment rate as compared to Norton County (2.7), Rawlins County (2.5) and Sheridan County (2.3), but all counties have lower unemployment rates than the state (5.9) (2020).

Median Household Income

■ 2020 ■ 2025

	Decatur County	Norton County	Rawlins County	Sheridan County	Kansas
2020	$41,527	$49,539	$49,058	$53,023	$57,598
2025	$42,475	$50,857	$50,975	$54,782	$61,136
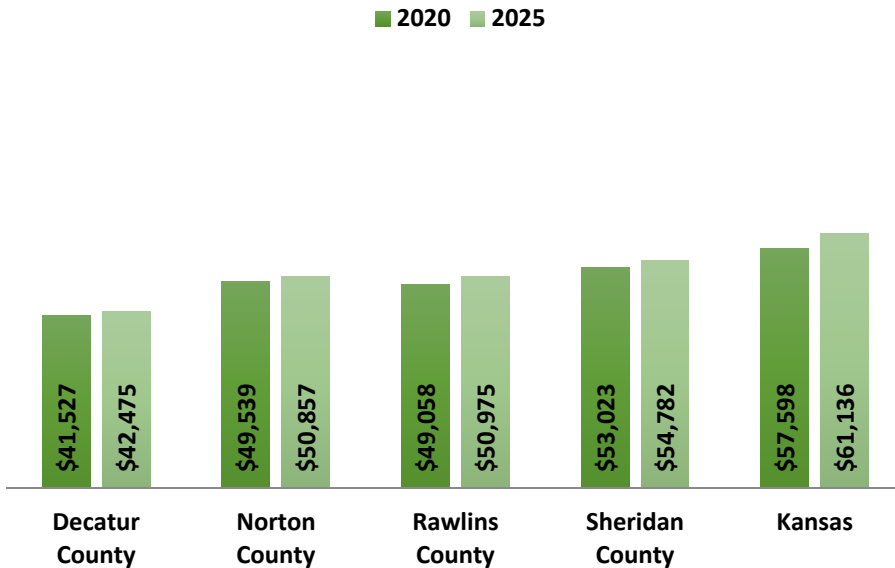
Annual Unemployment Rate

■ 2018 ■ 2019 ■ 2020

	Decatur County	Norton County	Rawlins County	Sheridan County	Kansas
2018	2.9	2.1	2.0	2.2	3.3
2019	3.0	2.2	2.2	2.2	3.2
2020	3.7	2.7	2.5	2.3	5.9

CHC
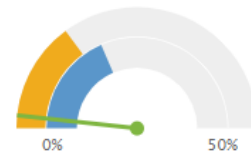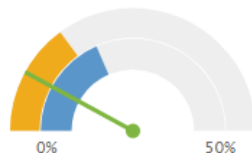Community Hospital Consulting

Population Health

Families & Children Living Below Poverty Comparison

- Decatur County (22.2%) the highest percentage of youth residents (<18 years) living in poverty as compared to Norton County (19.4%), Rawlins County (8.0%), Sheridan County (1.6%) and the state (14.9%) (2015-2019).

- Decatur County (29.4%) has the highest percentage of families living in poverty as compared to Norton County (21.5%), Rawlins County (24.0%), Sheridan County (19.9%) and the state (19.4%).

Percent Population Under Age 18 in Poverty
- Decatur County (22.16%)
- Kansas (14.92%)
- United States (18.52%)
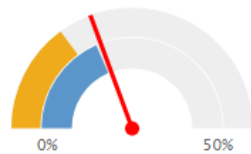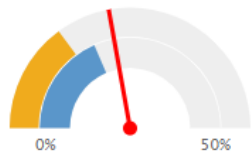
Percent Population Under Age 18 in Poverty
- Norton County (19.38%)
- Kansas (14.92%)
- United States (18.52%)

Percent Population Under Age 18 in Poverty
- Rawlins County (7.96%)
- Kansas (14.92%)
- United States (18.52%)

Percent Population Under Age 18 in Poverty
- Sheridan County (1.71%)
- Kansas (14.92%)
- United States (18.52%)

Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Families Below Poverty

2020

■ Decatur County ■ Norton County ■ Rawlins County ■ Sheridan County ■ Kansas

Decatur County	Norton County	Rawlins County	Sheridan County	Kansas
29.4%	21.5%	24.0%	19.9%	19.4%
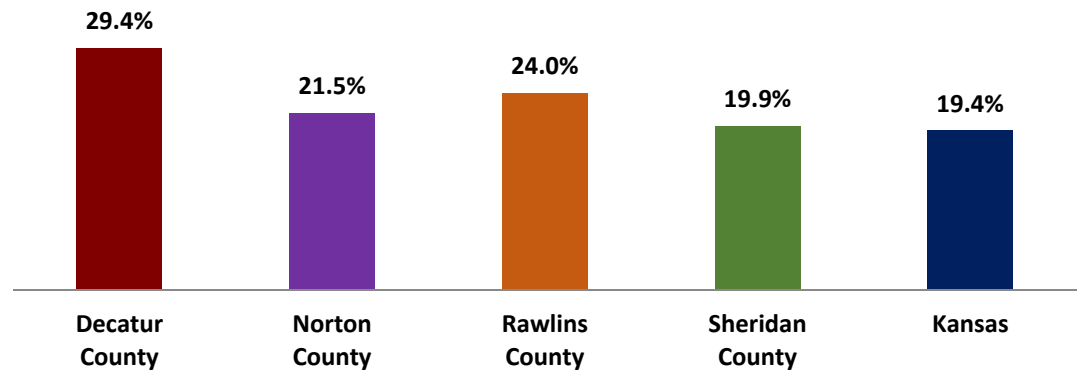
Source: Stratasan Canvas Demographics Report, 2020.
Source: SparkMap, Health Indicator Report: logged in and filtered for Decatur County, KS, https://sparkmap.org/report/; data accessed March 8, 2021.
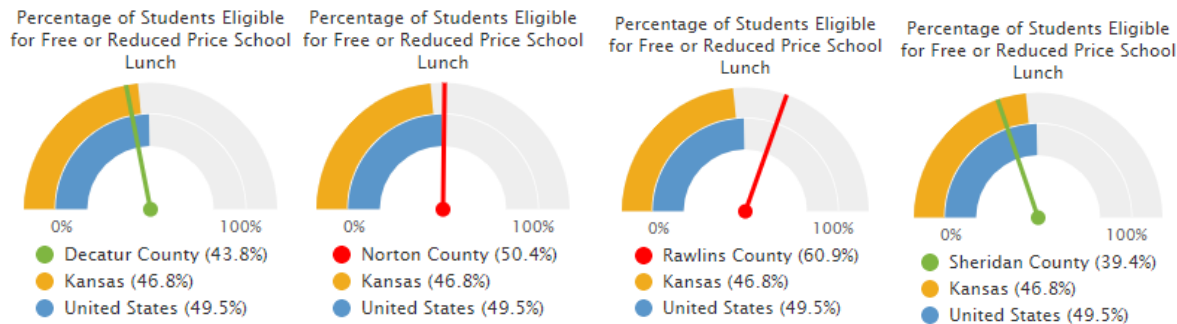Children Living Below Poverty Definition: children aged 0-17 are living in households with income below the Federal Poverty Level (FPL).
Note: The 2020 Federal Poverty Thresholds define a household size of 4 as living below 100% of the federal poverty level if the household income is less than $25,750, and less than 200% of the federal poverty level if the household income is less than $51,500. Please see the appendix for the full 2020 Federal Poverty Thresholds.

Population Health
Free/Reduced Price Meals & Food Insecurity Comparison

- Rawlins County (60.9%) has the highest percentage of public school students eligible for free or reduced price lunch as compared to Decatur County (43.8%), Norton County (50.4%), Sheridan County (39.4%) and the state (46.8%) (2018-2019).

- Decatur County has the highest overall food insecurity (14.6%) and child food insecurity (21.8%) percentages as compared to Norton County (11.0%, 17.5%), Rawlins County (12.3%, 15.1%), Sheridan County (9.4%, 12.8%) and the state (12.1%, 17.1%) (2019).

- Norton County ($3.27) has the highest average meal cost as compared to Decatur County ($3.21), Rawlins County ($3.17), Sheridan County ($3,25) and the state ($2.96) (2019).

Percentage of Students Eligible for Free or Reduced Price School Lunch

- 🟢 Decatur County (43.8%)
- 🟠 Kansas (46.8%)
- 🔵 United States (49.5%)

- 🔴 Norton County (50.4%)
- 🟠 Kansas (46.8%)
- 🔵 United States (49.5%)

- 🔴 Rawlins County (60.9%)
- 🟠 Kansas (46.8%)
- 🔵 United States (49.5%)

- 🟢 Sheridan County (39.4%)
- 🟠 Kansas (46.8%)
- 🔵 United States (49.5%)

Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Location	Overall Food Insecurity	Child Food Insecurity	Average Meal Cost
Decatur County	14.6%	21.8%	$3.21
Norton County	11.0%	17.5%	$3.27
Rawlins County	12.3%	15.1%	$3.17
Sheridan County	9.4%	12.8%	$3.25
Kansas	12.1%	17.1%	$2.96

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Population Health

Housing – Housing Units

- The number of housing units in Decatur County decreased between 2000 and 2019, while the number of housing units in the state increased.

- Between 2000 and 2010, the percent decrease in Decatur County housing units was 0.2% as compared to a 9.0% increase in the state.

- Between 2010 and 2019, the percent decrease in Decatur County housing units was 1.3% as compared to a 4.5% increase in the state.


Decatur County, Kansas
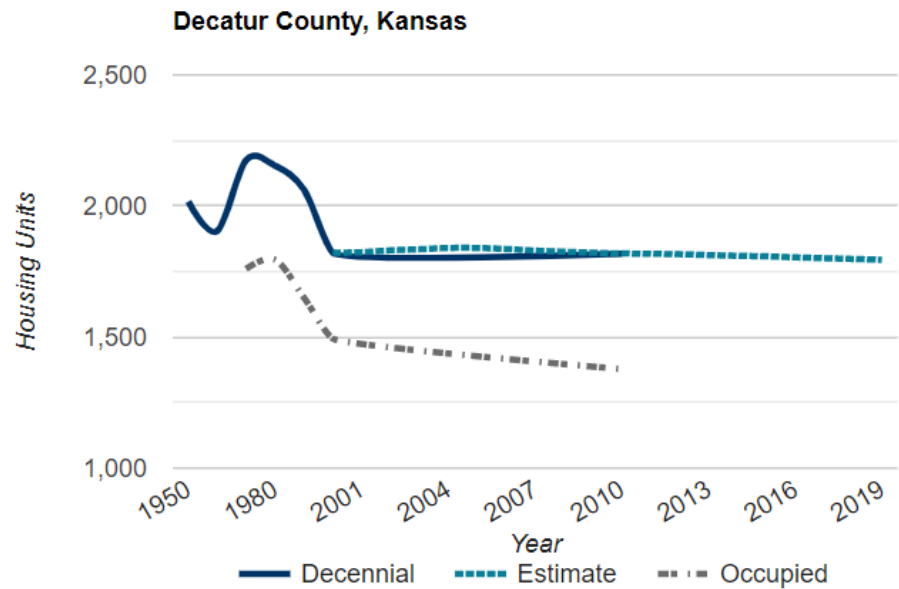
Percent Change

Area	2000	2010	2019	2000 - 2010	2010 - 2019
Decatur	1,821	1,818	1,795	-0.2 ↓	-1.3 ↓
State of Kansas	1,131,395	1,233,215	1,288,401	9.0 ↑	4.5 ↑

Population Health
Housing – Homeowner Vacancy Rate

- The homeowner vacancy rate in Decatur County decreased between 2000 and 2010, but increased between 2010 and 2019.

- Between 2000 and 2010, the percent decrease in the Decatur County homeowner vacancy rate was 9.5% as compared to a 5.0% increase in the state.

- Between 2010 and 2019, the percent increase in the Decatur County homeowner vacancy rate was 47.4% as compared to a 14.3% decrease in the state.

HOMEOWNER VACANCY RATE (ACS)
Decatur County, Kansas
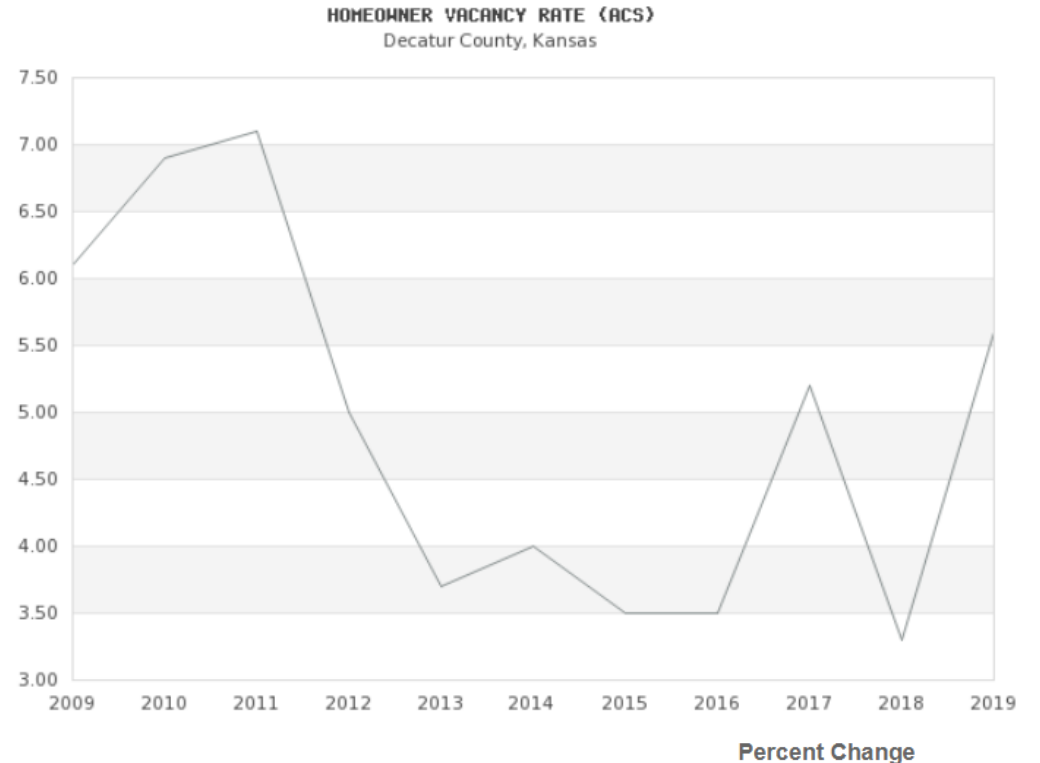
Area	2000	2010	2019	2000 - 2010	2010 - 2019
Decatur	4.2	3.8	5.6	-9.5 ↓	47.4 ↑
State of Kansas	**2.0**	**2.1**	**1.8**	**5.0 ↑**	**-14.3 ↓**

Percent Change

HEALTH DATA OVERVIEW

Health Status
Data Methodology

- **The following information outlines specific health data:**
  - Mortality, chronic diseases and conditions, health behaviors, natality, mental health and healthcare access
- **Data Sources include, but are not limited to:**
  - Kansas Department of State Health Services
  - Kansas Cancer Registry
  - Small Area Health Insurance Estimates (SAHIE)
  - SparkMap
  - The Behavioral Risk Factor Surveillance System (BRFSS)
    - The Behavioral Risk Factor Surveillance System (BRFSS) is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Currently, information is collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam.
    - It is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. For many states, the BRFSS is the only available source of timely, accurate data on health-related behaviors.
    - States use BRFSS data to identify emerging health problems, establish and track health objectives, and develop and evaluate public health policies and programs. Many states also use BRFSS data to support health-related legislative efforts.
  - The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute
  - United States Census Bureau
- **Data Levels:** Nationwide, state, regional and county level data

Health Status
BRFSS Regional Area for Decatur County
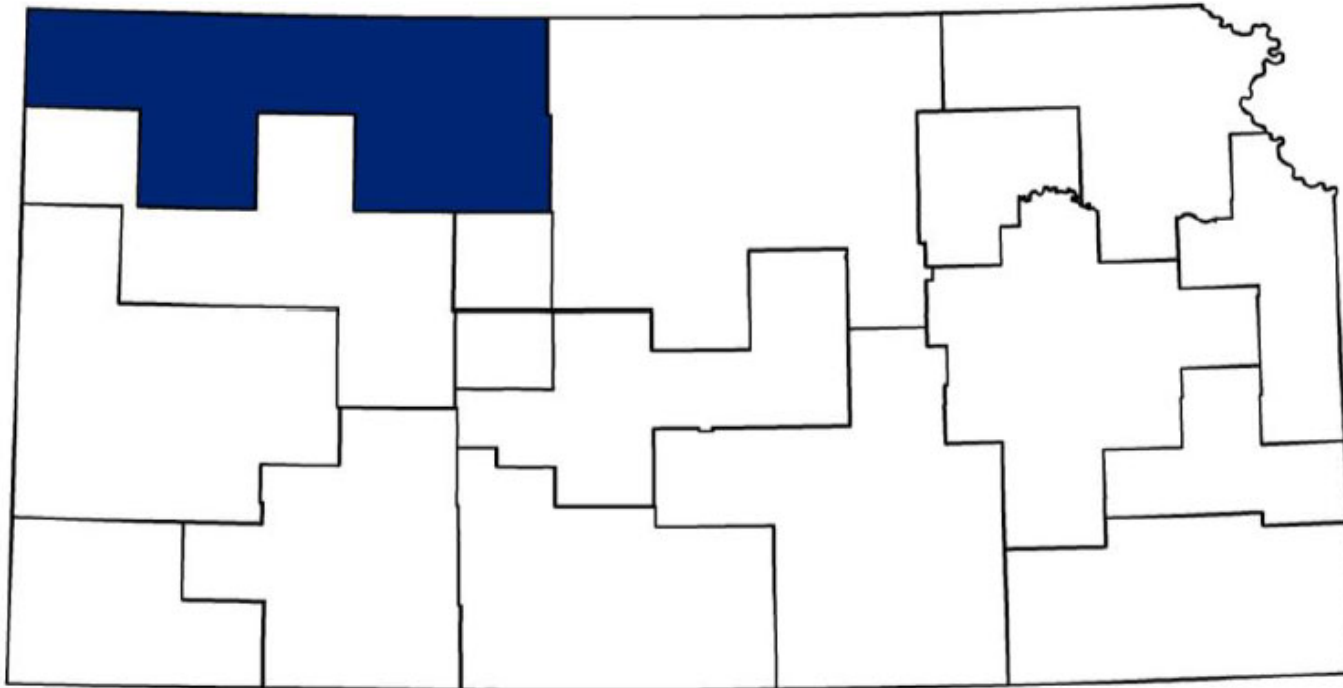
The Northwest BT Region comprises the following counties:
Cheyenne, Decatur, Graham, Norton, Phillips, Rawlins, Rooks, Thomas

Health Status

County Health Rankings & Roadmaps - Decatur County, Kansas

- The County Health Rankings rank 104 counties in Kansas (1 being the best, 104 being the worst).

- Many factors go into these rankings. A few examples include:

  - Physical Environment:
    - Air pollution – particulate matter
    - Drinking water violations
    - Severe housing problems
    - Driving alone to work

  - Health Behaviors:
    - Adult smoking
    - Adult obesity
    - Physical inactivity
    - Teen births

  - Clinical Care:
    - Mammography screening
    - Flu vaccinations
    - Uninsured

2021 County Health Rankings	Decatur County
Health Outcomes	**41**
LENGTH OF LIFE	39
QUALITY OF LIFE	35
Health Factors	**59**
HEALTH BEHAVIORS	84
CLINICAL CARE	57
SOCIAL & ECONOMIC FACTORS	59
PHYSICAL ENVIRONMENT	8

Note: Green represents the best ranking for the county, and red represents the worst ranking.

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Health Status
Mortality – Leading Causes of Death (2011-2019)

Rank	Decatur County	Kansas
1	Malignant neoplasms (C00-C97)	Malignant neoplasms (C00-C97)
2	Diseases of heart (I00-I09,I11,I13,I20-I51)	Diseases of heart (I00-I09,I11,I13,I20-I51)
3	Accidents (unintentional injuries) (V01-X59,Y85-Y86)	Chronic lower respiratory diseases (J40-J47)
4	Chronic lower respiratory diseases (J40-J47)	Accidents (unintentional injuries) (V01-X59,Y85-Y86)
5	Diabetes mellitus (E10-E14)	Cerebrovascular diseases (I60-I69)
6	Alzheimer disease (G30)	Alzheimer disease (G30)
7	Cerebrovascular diseases (I60-I69)	Diabetes mellitus (E10-E14)
8	Influenza and pneumonia (J09-J18)	Influenza and pneumonia (J09-J18)
9	-	Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)
10	-	Nephritis, nephrotic syndrome and nephrosis (N00-N07,N17-N19,N25-N27)

Health Status
Mortality – Leading Causes of Death Rates (2011-2019)

Disease		Decatur County	Kansas
Malignant neoplasms (C00-C97)	🔴	195.1	161.9
Diseases of heart (I00-I09,I11,I13,I20-I51)	🟢	147.0	159.1
Accidents (unintentional injuries) (V01-X59,Y85-Y86)	🔴	53.6	45.9
Chronic lower respiratory diseases (J40-J47)	🟢	41.3	50.0
Diabetes mellitus (E10-E14)	🔴	36.1	21.6
Alzheimer disease (G30)		Unreliable	22.7
Cerebrovascular diseases (I60-I69)		Unreliable	37.9
Influenza and pneumonia (J09-J18)		Unreliable	17.1
Salmonella infections (A01-A02)		Suppressed	Suppressed
Shigellosis and amebiasis (A03,A06)		Suppressed	Suppressed

🟢 indicates that the county's rate is lower than the state's rate for that disease category.

🔴 indicates that the county's rate is higher than the state's rate for that disease category.

Health Status

Mortality – Overall

- Overall mortality rates in Decatur County remained lower than the state between 2011 and 2019.

- Overall mortality rates in Decatur County increased between 2011 and 2019, while rates in the state slightly decreased.

- In 2015-2019, the overall mortality rate in Decatur County (618.0 per 100,000) was lower than the state (632.2 per 100,000).

Overall Mortality

LOCATION	2011-2015		2013-2017		2015-2019		2011-2019	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Decatur County	203	617.7	186	560.5	192	618.0	362	633.4
Kansas	106,172	635.7	108,381	633.6	110,850	632.2	194,969	632.9

Health Status

Mortality – Malignant Neoplasms

- Cancer is the leading cause of death in Decatur County and the leading cause of death in the state (2011-2019).

- Between 2011 and 2019, cancer mortality rates decreased in Decatur County and the state.

- In 2015-2019, the cancer mortality rate in Decatur County (185.7 per 100,000) was higher than the state rate (158.0 per 100,000).

Malignant Neoplasms

LOCATION	2011-2015		2013-2017		2015-2019		2011-2019	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Decatur County	61	194.8	56	185.7	55	185.7	106	195.1
Kansas	27,439	166.6	27,548	162.0	27,808	158.0	49,643	161.9

Health Status

Mortality – Diseases of the Heart

- Heart disease is the second leading cause of death in Decatur County and the state (2011-2019).

- Between 2011 and 2019, heart disease mortality rates increased in Decatur County and the state.

- In 2015-2019, the heart disease mortality rate in Decatur County (148.0 per 100,000) was lower than the state rate (160.2 per 100,000).
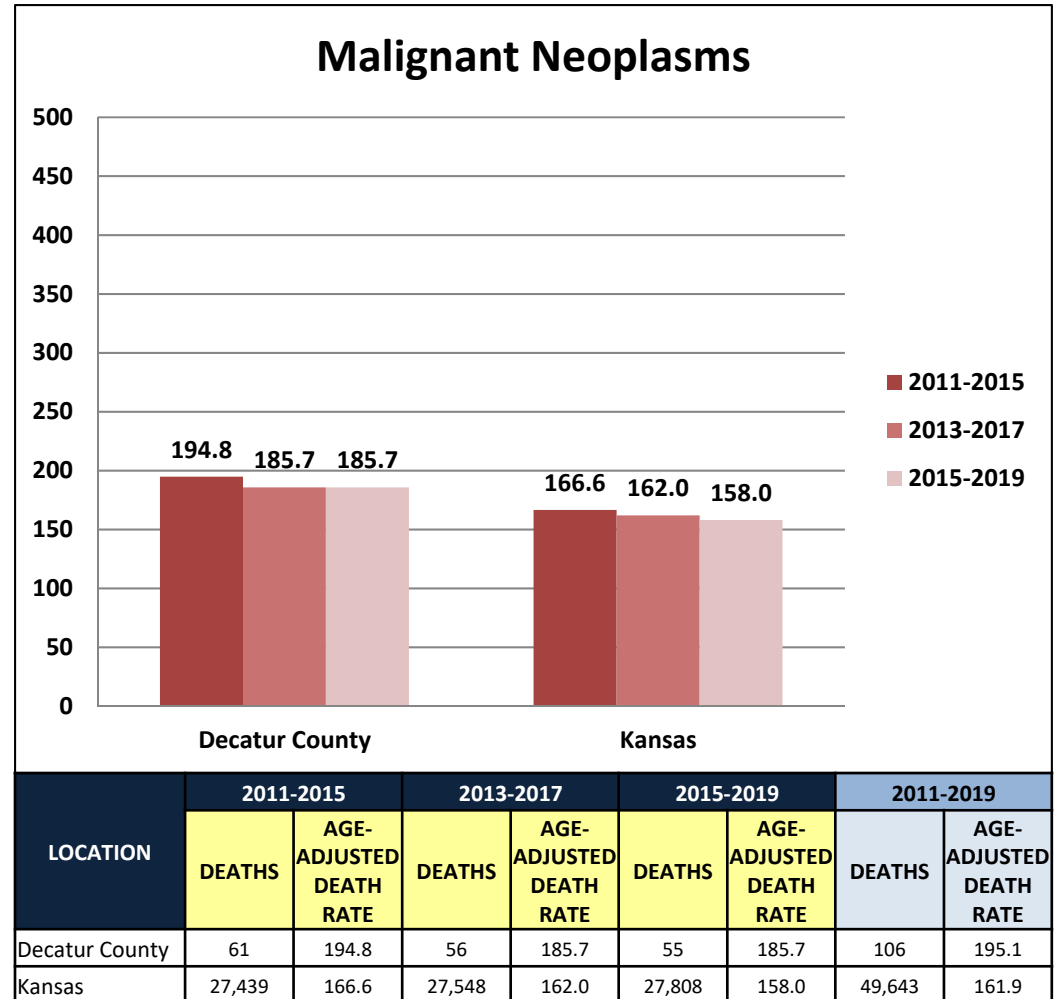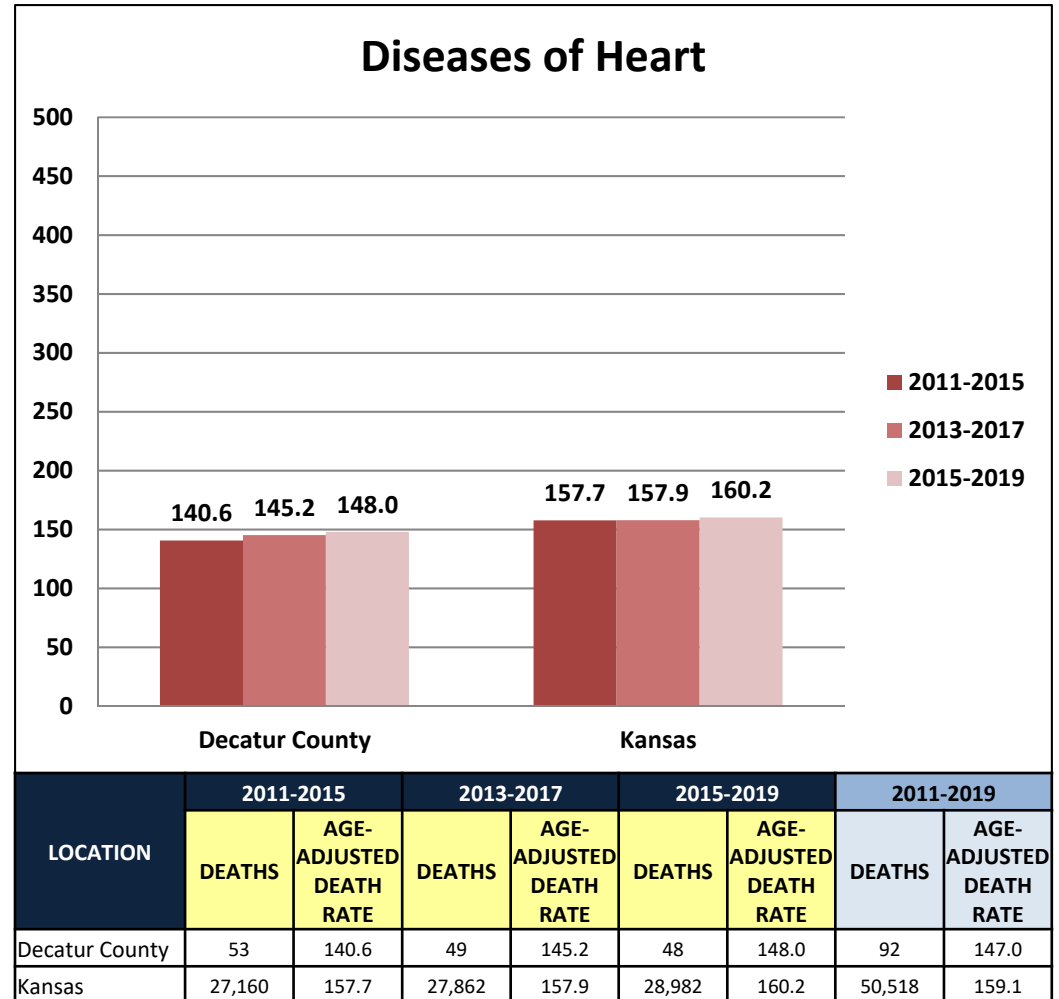
Diseases of Heart

LOCATION	2011-2015		2013-2017		2015-2019		2011-2019	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Decatur County	53	140.6	49	145.2	48	148.0	92	147.0
Kansas	27,160	157.7	27,862	157.9	28,982	160.2	50,518	159.1

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed April 27, 2021.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously. Data has been pulled in 5-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality – Accidents

- Fatal accidents are the third leading cause of death in Decatur County and the fourth leading cause of death in the state (2011-2019).

- Between 2011 and 2019, accident mortality rates increased in the state.

- The leading cause of fatal accidents in Decatur County is due to motor vehicle accidents (2015-2019).
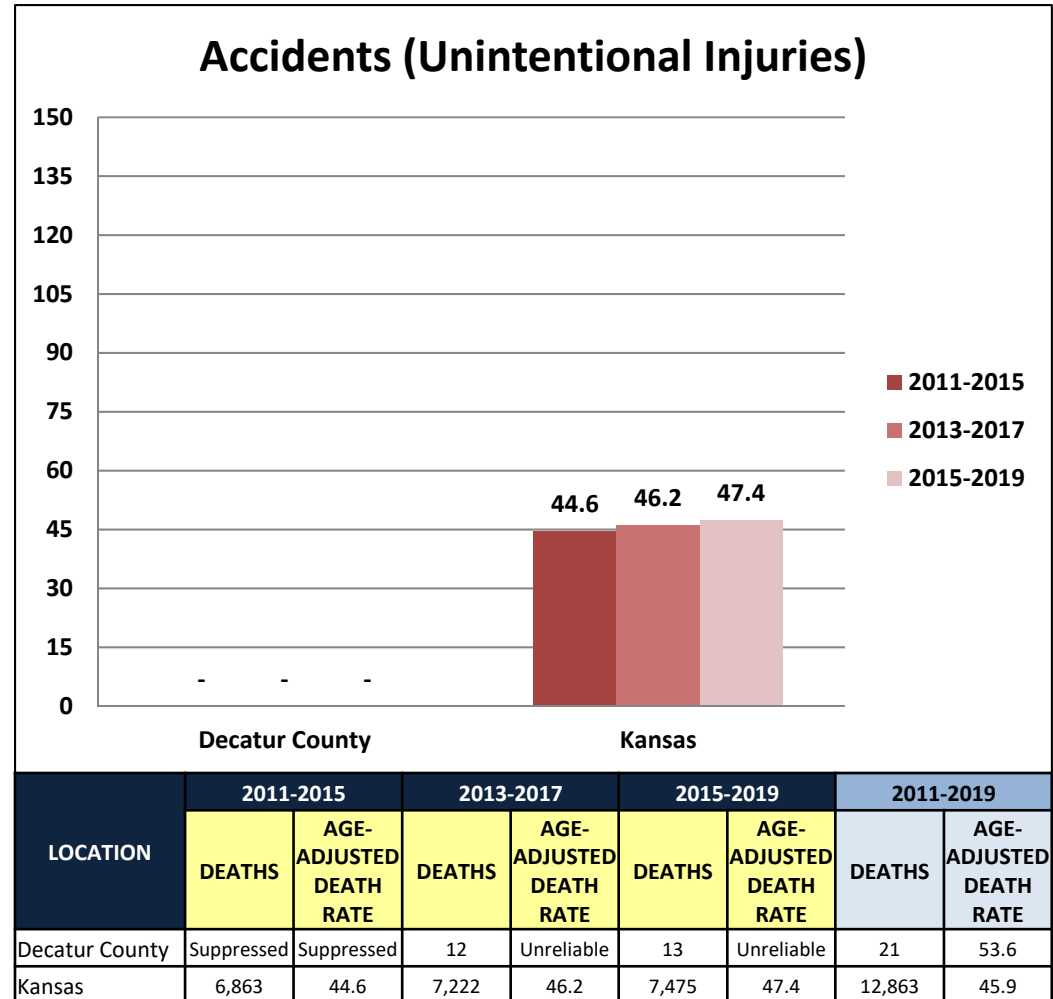
Accidents (Unintentional Injuries)

Legend:
- 2011-2015
- 2013-2017
- 2015-2019

Kansas values: 44.6, 46.2, 47.4
Decatur County: - - -

LOCATION	2011-2015		2013-2017		2015-2019		2011-2019	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Decatur County	Suppressed	Suppressed	12	Unreliable	13	Unreliable	21	53.6
Kansas	6,863	44.6	7,222	46.2	7,475	47.4	12,863	45.9

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed April 27, 2021.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously. "-" indicates that the number of deaths is too low to calculate a reliable rate. Data has been pulled in 5-year sets of moving averages for purposes of statistical reliability.
Accident mortality rates include: motor vehicle crashes, other land transport accidents, water transport accidents, air and space transport accidents, falls, accidental shootings, drownings, fire and smoke exposures, poisonings, suffocations, and all other unintentional injuries.

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Health Status

Mortality – Chronic Lower Respiratory Disease

- Chronic lower respiratory disease (CLRD) is the fourth leading cause of death in Decatur County and the third leading cause of death in the state (2011-2019).

- Between 2011 and 2019, CLRD mortality rates decreased in the state.
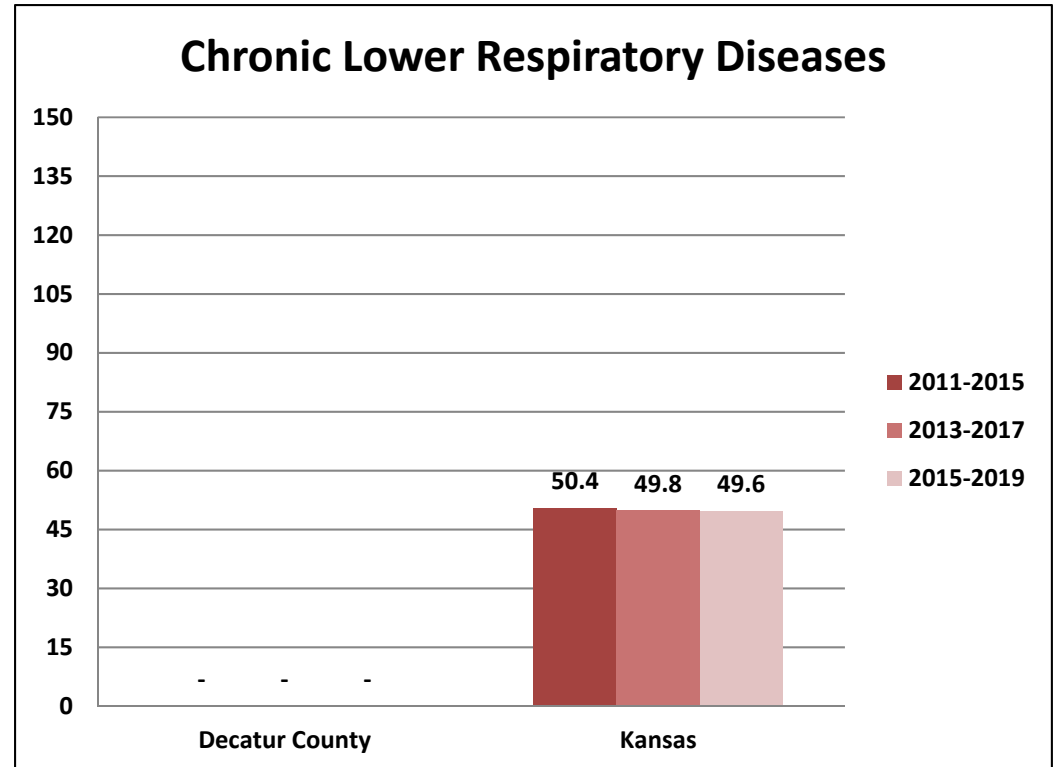
Chronic Lower Respiratory Diseases

Legend:
- 2011-2015
- 2013-2017
- 2015-2019

Kansas values: 50.4, 49.8, 49.6

LOCATION	2011-2015		2013-2017		2015-2019		2011-2019	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Decatur County	12	Unreliable	10	Unreliable	17	Unreliable	28	41.3
Kansas	8,384	50.4	8,536	49.8	8,807	49.6	15,487	50.0

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed April 27, 2021.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously. "-" indicates that the number of deaths is too low to calculate a reliable rate. Data has been pulled in 5-year sets of moving averages for purposes of statistical reliability.

Health Status
Mortality – Diabetes Mellitus

- Diabetes mellitus is the fifth leading cause of death in Decatur County and the seventh leading cause of death in the state (2011-2019).

- Between 2011 and 2019, diabetes mortality rates increased in the state.
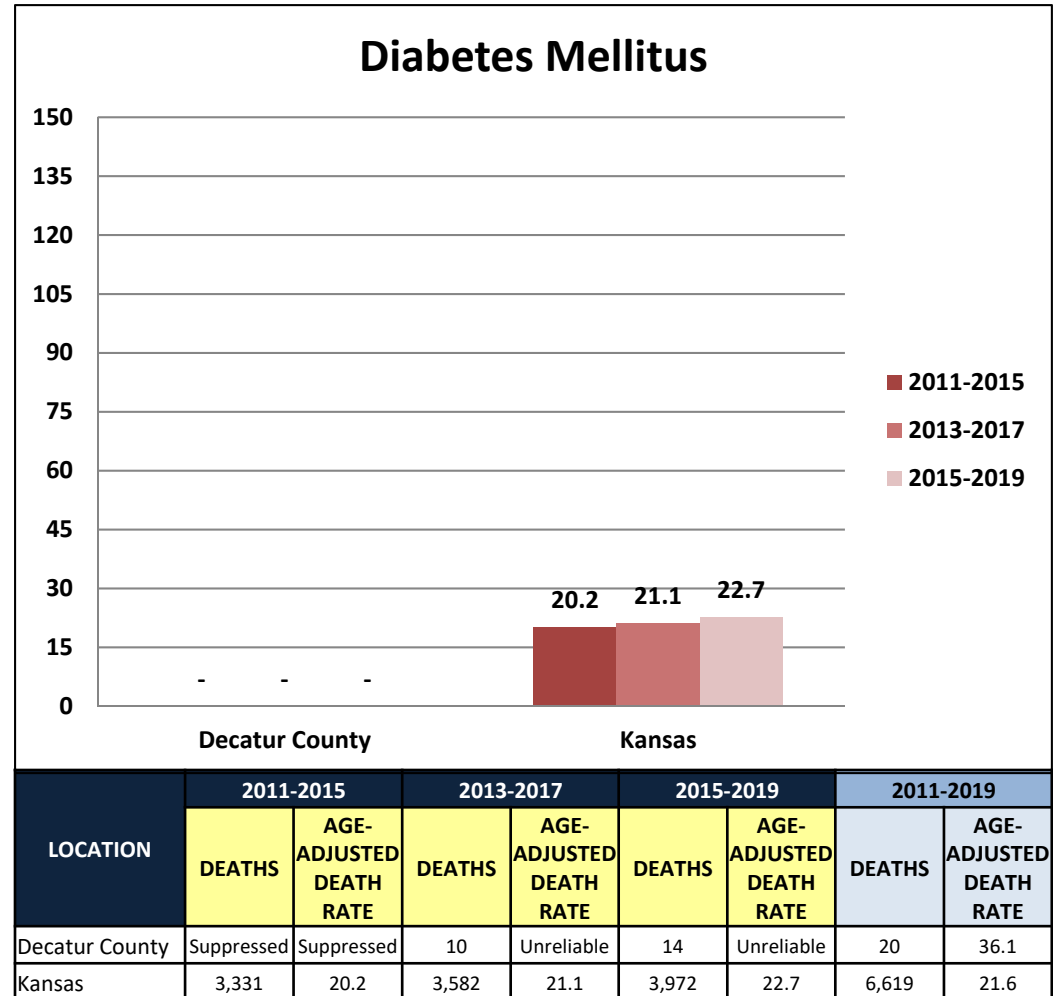
Diabetes Mellitus

LOCATION	2011-2015		2013-2017		2015-2019		2011-2019	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Decatur County	Suppressed	Suppressed	10	Unreliable	14	Unreliable	20	36.1
Kansas	3,331	20.2	3,582	21.1	3,972	22.7	6,619	21.6

Health Status

Mortality – Alzheimer's Disease

- Alzheimer's disease is the sixth leading cause of death in Decatur County and the sixth leading cause of death in the state (2011-2019).

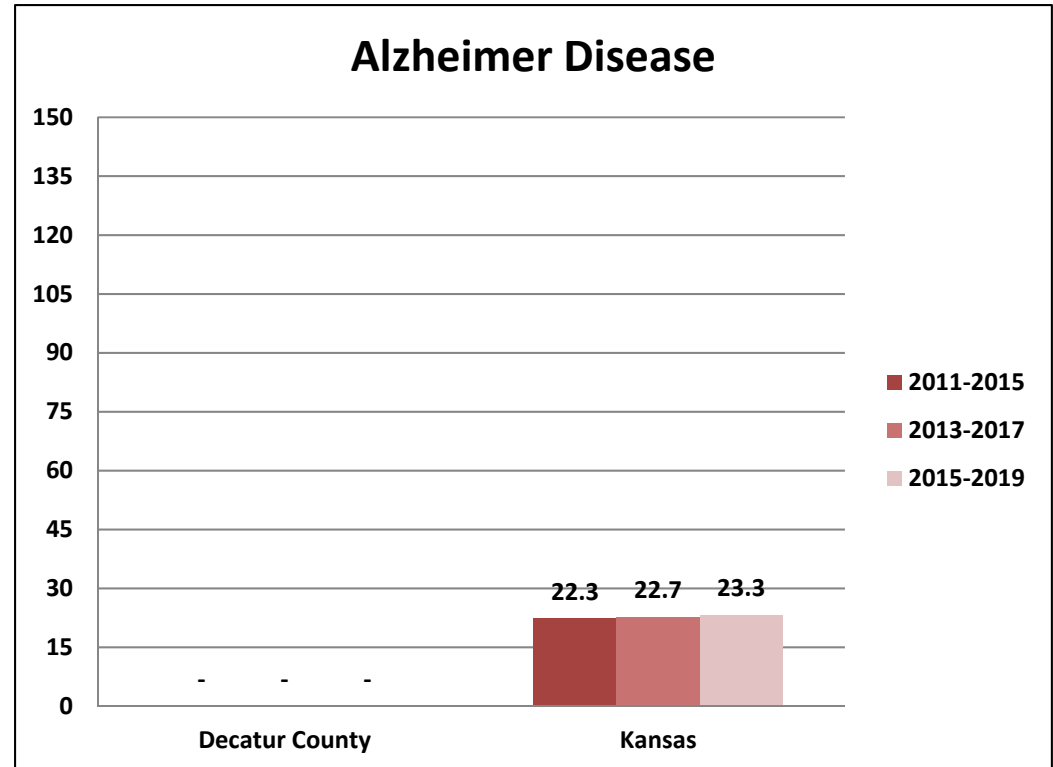- Between 2011 and 2019, Alzheimer's disease mortality rates increased in the state.

Alzheimer Disease

LOCATION	2011-2015		2013-2017		2015-2019		2011-2019	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Decatur County	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed	11	Unreliable
Kansas	3,981	22.3	4,146	22.7	4,352	23.3	7,468	22.7

Health Status

Mortality – Cerebrovascular Disease

- Cerebrovascular disease is the seventh leading cause of death in Decatur County and the fifth leading cause of death in the state (2011-2019).

- Between 2011 and 2019, cerebrovascular disease mortality rates in the state decreased.
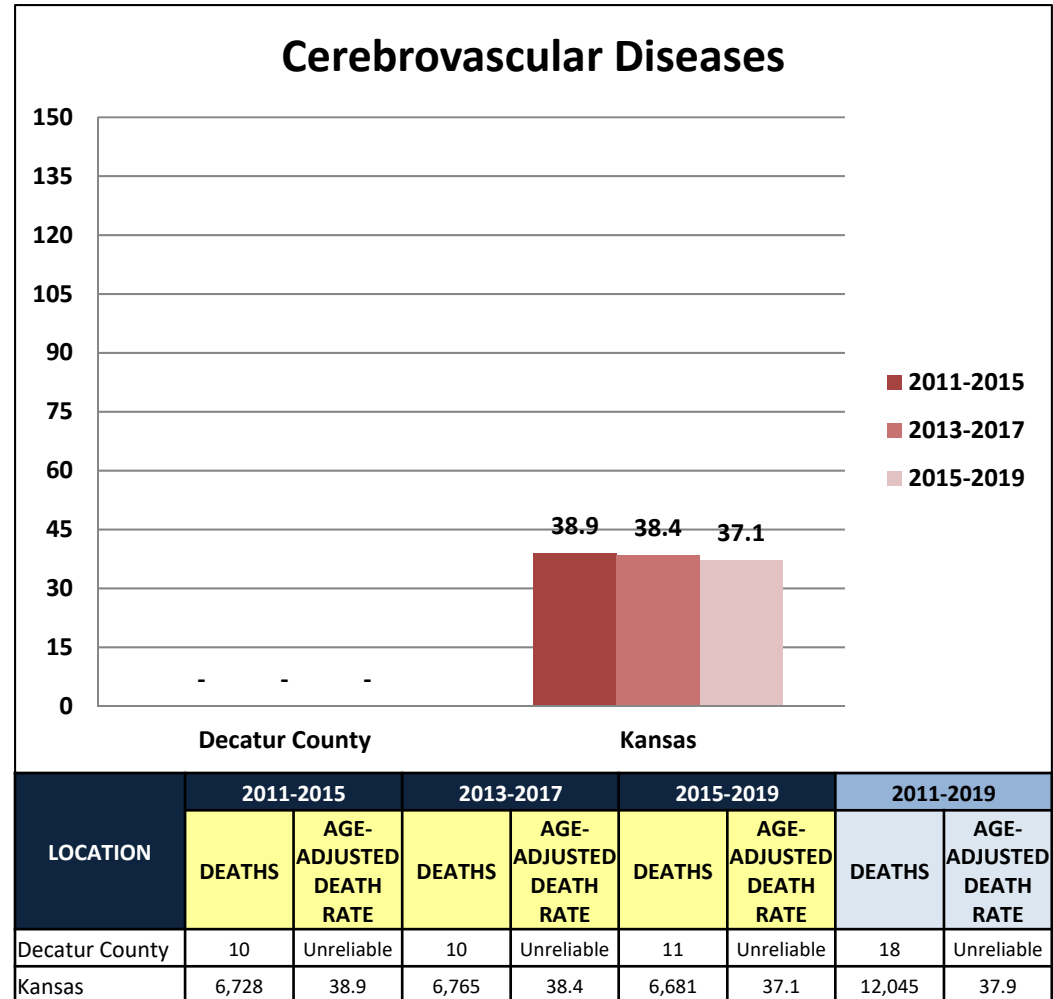
Cerebrovascular Diseases

LOCATION	2011-2015		2013-2017		2015-2019		2011-2019	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Decatur County	10	Unreliable	10	Unreliable	11	Unreliable	18	Unreliable
Kansas	6,728	38.9	6,765	38.4	6,681	37.1	12,045	37.9

Health Status

Mortality – Influenza and Pneumonia

- Influenza and Pneumonia is the eighth leading cause of death in Decatur County and the state (2011-2019).

- Between 2011 and 2019, influenza and pneumonia mortality rates decreased in the state.
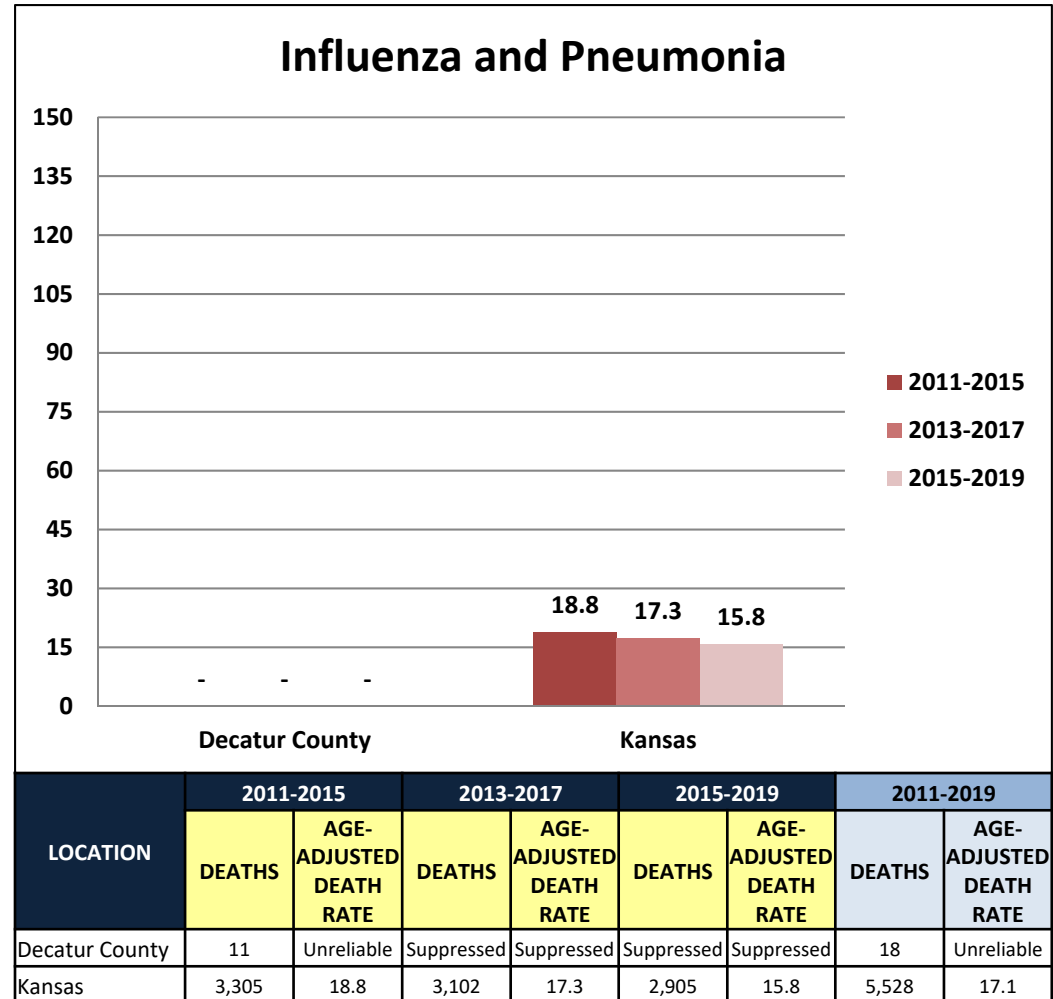
Influenza and Pneumonia

	2011-2015		2013-2017		2015-2019		2011-2019	
LOCATION	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Decatur County	11	Unreliable	Suppressed	Suppressed	Suppressed	Suppressed	18	Unreliable
Kansas	3,305	18.8	3,102	17.3	2,905	15.8	5,528	17.1

Health Status

COVID-19

- As of May 28, 2021, Decatur County (95.5 per 1,000) has a lower rate of total COVID-19 cases than the state (108.0 per 1,000).

- As of May 28, 2021, Decatur County has a total of 884 persons who have received their first dose of the COVID-19 vaccine, and 825 persons who have completed the vaccine series. The state of Kansas has a total of 1,221,525 persons who have received their first dose of the COVID-19 vaccine, and 956,193 persons who have completed vaccine series.

- As of May 28, 2021, the percent of the population that has received their first dose and also their second dose in Decatur County (93.3%) is higher than the state (78.3%).

Location	Total Case Rate (per 1,000)	Total Number of First Doses Reported as Administered	Total Number of Second Doses Reported as Administered	% with First Dose and Second Dose Administered*
Decatur County	95.5	884	825	93.3%
Kansas	108.0	1,221,525	956,193	78.3%

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Health Status
Communicable Diseases – Chlamydia, Gonorrhea

- Between 2017 and 2019, chlamydia rates in Decatur County overall decreased while rates in the state increased.

- In 2019, Decatur County (139.3 per 100,000) had a lower chlamydia rate than the state (524.8 per 100,000).

- Between 2017 and 2019, gonorrhea rates in the state overall increased.

- In 2019, Decatur County (34.8 per 100,000) had a lower gonorrhea rate than the state (169.3 per 100,000).

Chlamydia, Rate per 100,000, 2017-2019

■ 2017 ■ 2018 ■ 2019

Decatur County: 211.9 (2017), 242.6 (2018), 139.3 (2019)
Kansas: 466.1 (2017), 488.9 (2018), 524.8 (2019)
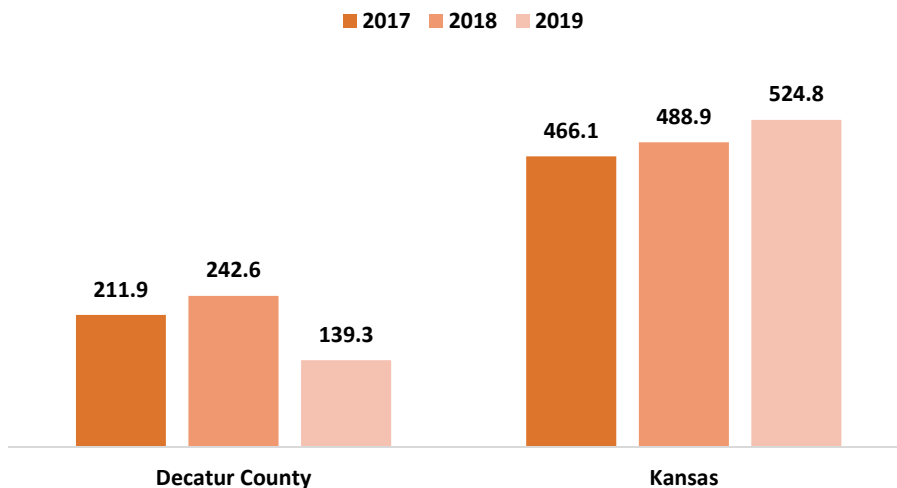
Gonorrhea, Rate per 100,000, 2017-2019

■ 2017 ■ 2018 ■ 2019

Decatur County: 70.6 (2017), - (2018), 34.8 (2019)
Kansas: 156.3 (2017), 180.8 (2018), 169.3 (2019)
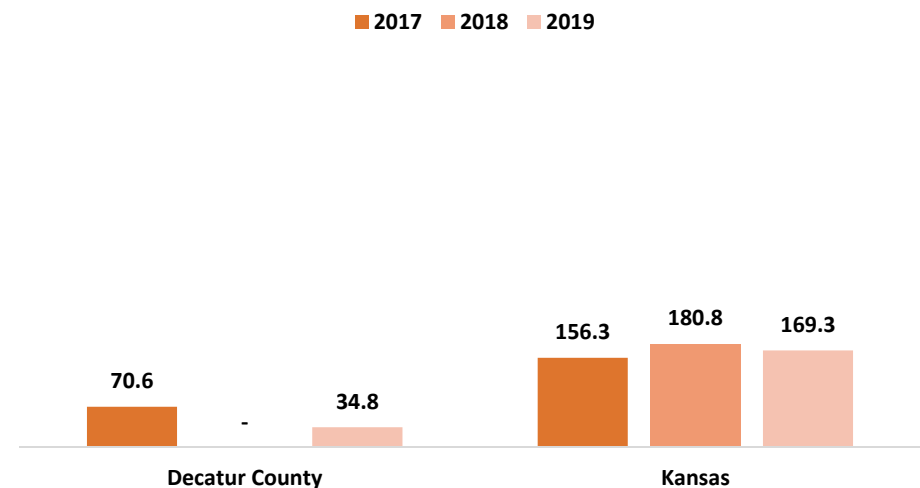
Health Status
Chronic Conditions – Diabetes

- In 2017, the percent of adults (age 20+) ever diagnosed with diabetes by a doctor in Decatur County (7.9%) was lower than the state (9.5%) and national (9.5%) rates.

- In 2018, the percentage of Medicare Beneficiaries with diabetes in Decatur County (23.4%) was lower than the state rate (25.3%) and the national rate (27.0%).

- Between 2013 and 2017, diabetes prevalence rates in adults (age 18+) in the Northwest BT Region overall decreased while rates in Kansas increased.

- In 2017, the Northwest BT Region (9.5%) had a lower percent of adults (age 18+) who had ever been diagnosed with diabetes than the state (10.5%).
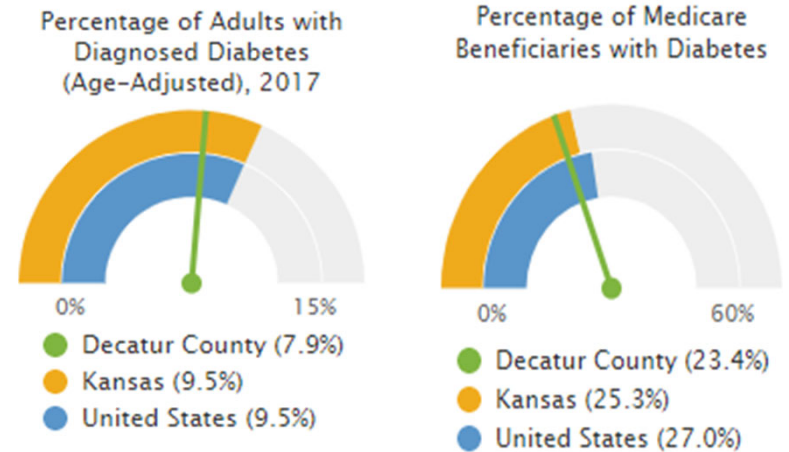
Percentage of Adults with Diagnosed Diabetes (Age-Adjusted), 2017

0% — 15%

- Decatur County (7.9%)
- Kansas (9.5%)
- United States (9.5%)

Percentage of Medicare Beneficiaries with Diabetes

0% — 60%

- Decatur County (23.4%)
- Kansas (25.3%)
- United States (27.0%)

Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Diabetes, Percentage, 2013-2017
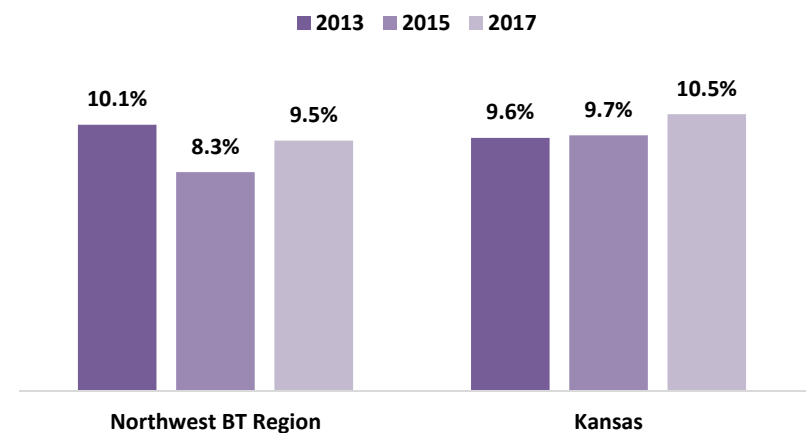
2013 2015 2017

Northwest BT Region: 10.1%, 8.3%, 9.5%

Kansas: 9.6%, 9.7%, 10.5%

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Health Status
Chronic Conditions – Obesity

- In 2017, Decatur County (35.8%) had a higher percentage of adults (age 20+) who reported having a Body Mass Index (BMI) greater than 30.0 (obese) than the state (32.9%) and the nation (29.5%).

- Between 2013 and 2017, obesity prevalence rates in adults (age 18+) in the Northwest BT Region and the state increased.

- In 2017, the Northwest BT Region (31.8%) had a slightly lower percentage of obese adults (age 18+) than the state (32.3%).

Percentage of Adults Obese
(BMI > 30.0), 2017
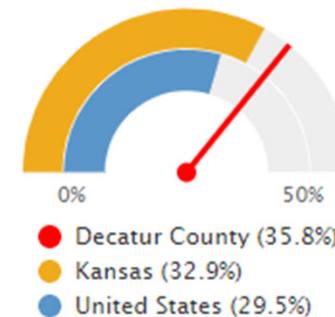
- Decatur County (35.8%)
- Kansas (32.9%)
- United States (29.5%)

Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Obesity, Percentage, 2013-2017

■ 2013 ■ 2015 ■ 2017

Northwest BT Region: 27.9%, 33.5%, 31.8%
Kansas: 30.0%, 34.2%, 32.3%

Health Status
High Blood Pressure

- Decatur County (51.1%) has a lower rate of Medicare fee-for-service residents with hypertension than the state (55.9%) and a lower rate than the nation (57.2%) (2018).

- Between 2013 and 2017, the percentage of adults (age 18+) with diagnosed hypertension in the Northwest BT Region and the state increased.

- In 2017, the percentage of adults with diagnosed hypertension in the Northwest BT Region (35.6%) was higher than the state (32.8%).

Percentage of Medicare Beneficiaries with High Blood Pressure
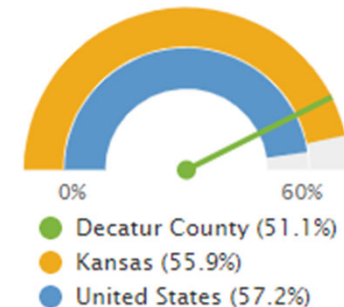
0%   60%

- ● Decatur County (51.1%)
- ● Kansas (55.9%)
- ● United States (57.2%)

Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Hypertension, Percentage, 2013-2017
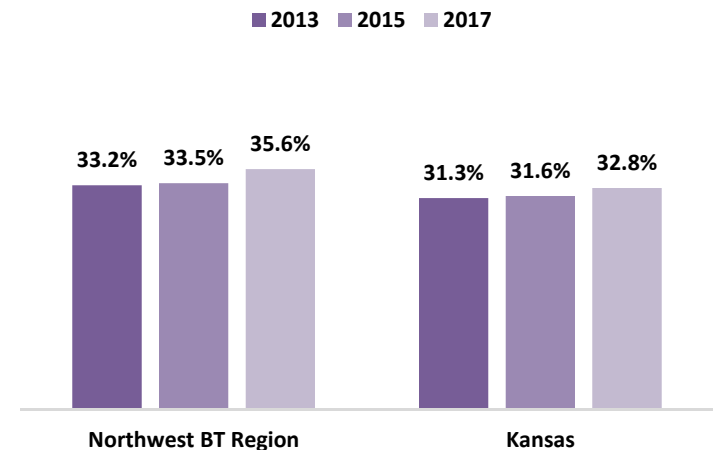
■ 2013   ■ 2015   ■ 2017

Northwest BT Region: 33.2%, 33.5%, 35.6%

Kansas: 31.3%, 31.6%, 32.8%

Source: SparkMap, Health Indicator Report: logged in and filtered for Decatur County, KS, https://sparkmap.org/report/; data accessed April 19, 2021.
Source: Kansas Department of Health and Environment Behavioral Risk Factor Surveillance System, https://www.kdheks.gov/brfss/HRSReports/local_hrs_reports_index.htm; data accessed on April 26, 2021.
Definition: Respondents who reported they had been told by a doctor, nurse or other health professional that they have high blood pressure.

Health Status
Chronic Conditions – Fruit & Vegetable Consumption

- Between 2013 and 2017, the percent of adults (age 18+) that reported consuming fruit less than one time per day in the Northwest BT Region and the state decreased.

- In 2017, the Northwest BT Region (40.8%) had a higher percentage of adults (age 18+) that reported consuming fruit less than one time per day than the state (37.5%).

- Between 2013 and 2017, the percent of adults (age 18+) that reported consuming vegetables less than one time per day in the Northwest BT Region and the state decreased.

- In 2017, the Northwest BT Region (18.8%) had a slightly higher percentage of adults (age 18+) that reported consuming vegetables less than one time per day than the state (17.3%).

Consuming Fruit Less than One Time per Day, Percentage, 2013-2017

■ 2013 ■ 2015 ■ 2017

Northwest BT Region: 43.9%, 47.3%, 40.8%
Kansas: 41.7%, 43.7%, 37.5%

Consuming Vegetables Less than One Time per Day, Percentage, 2013-2017

■ 2013 ■ 2015 ■ 2017

Northwest BT Region: 22.8%, 23.6%, 18.8%
Kansas: 22.9%, 22.3%, 17.3%

Health Status
Chronic Conditions – Asthma

- Between 2013 and 2017, asthma prevalence rates in adults (age 18+) in the Northwest BT Region decreased while rates in the state increased slightly.

- In 2017, the Northwest BT Region (6.8%) had a lower percentage of adults (age 18+) ever diagnosed with asthma than the state (9.1%).

Asthma, Percentage, 2013-2017

■ 2013 ■ 2015 ■ 2017

Northwest BT Region: 10.5%, 5.6%, 6.8%
Kansas: 8.9%, 8.7%, 9.1%

Health Status
Chronic Conditions – Arthritis

- Between 2013 and 2017, arthritis prevalence rates in adults (age 18+) in the Northwest BT Region decreased while rates in the state slightly increased.

- In 2017, the Northwest BT Region (26.4%) had a higher percentage of adults (age 18+) ever diagnosed with arthritis than the state (24.1%).

Arthritis, Percentage, 2013-2017

■ 2013 ■ 2015 ■ 2017

Northwest BT Region: 32.7%, 27.2%, 26.4%
Kansas: 23.9%, 24.5%, 24.1%

Health Status
Health Behaviors – Physical Inactivity

- In 2017, the percent of the adult population (age 20+) in Decatur County (32.1%) that self-reported no leisure time for physical activity was higher than the state rate (23.3%) and higher than the national rate (22.1%).

- The percent of adults (age 18+) that did not participate in physical activity in the past 30 days in the Northwest BT Region and the state increased between 2013 and 2017.

- In 2017, the percentage of adults (age 18+) that did not participate in physical activity in the Northwest BT Region (36.0%) was higher than the state (27.9%).

Percentage of Adults with No Leisure–Time Physical Acitvity, 2017
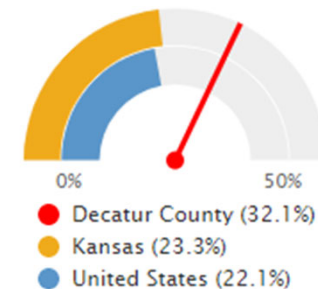
- Decatur County (32.1%)
- Kansas (23.3%)
- United States (22.1%)

Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

No Physical Activity Other Than Their Regular Job in the Past 30 Days, Percentage, 2013-2017
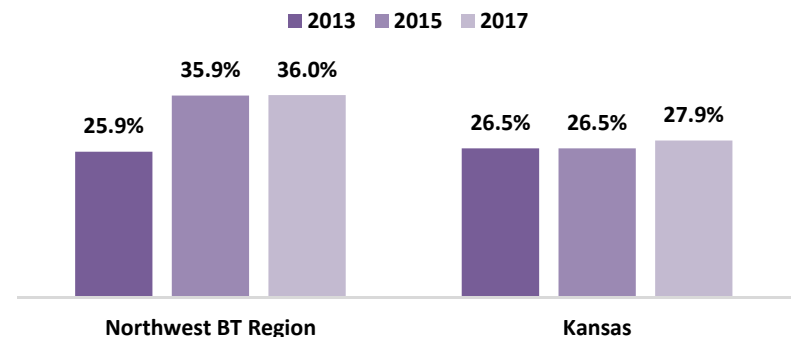
■ 2013 ■ 2015 ■ 2017

	Northwest BT Region			Kansas		
	25.9%	35.9%	36.0%	26.5%	26.5%	27.9%

Health Status

Health Behaviors – Binge Drinking

- Between 2013 and 2017, the percentage of adults (age 18+) at risk of binge drinking in the Northwest BT Region decreased while rates in the state increased.

- In 2017, the Northwest BT Region (14.3%) had a lower percentage of adults (age 18+) at risk of binge drinking than the state (17.2%).

Adult Binge Drinking, Percentage, 2013-2017
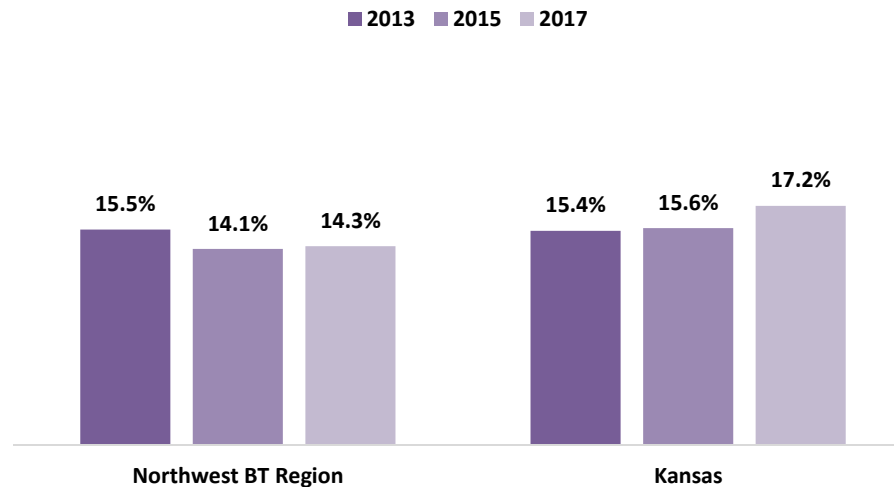
■ 2013 ■ 2015 ■ 2017

	Northwest BT Region			Kansas		
	15.5%	14.1%	14.3%	15.4%	15.6%	17.2%

Health Status

Health Behaviors – Smoking

- Between 2013 and 2017, the percent of adults (age 18+) that self-reported currently smoking cigarettes in the Northwest BT Region and the state decreased.

- In 2017, the prevalence of current smokers in the Northwest BT Region (18.7%) was slightly higher than the state (17.4%).

Current Cigarette Smokers, Percentage, 2013-2017
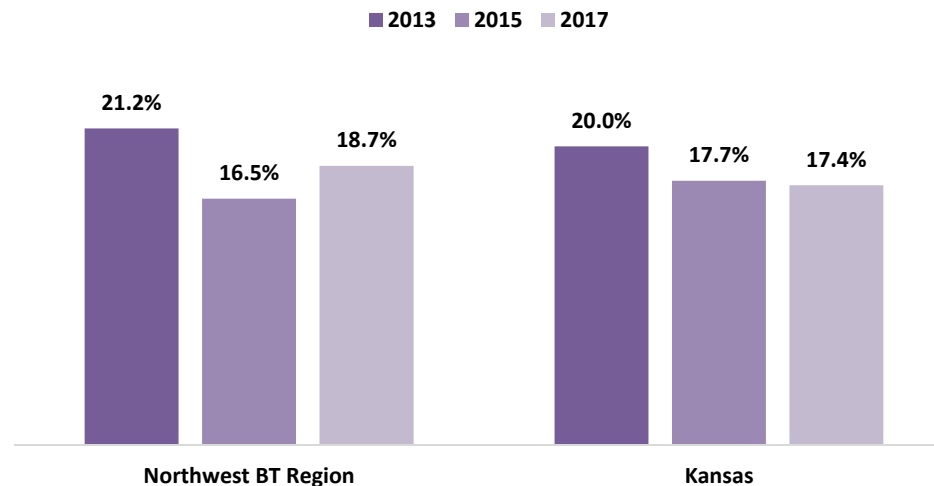
■ 2013   ■ 2015   ■ 2017

Northwest BT Region: 21.2%, 16.5%, 18.7%
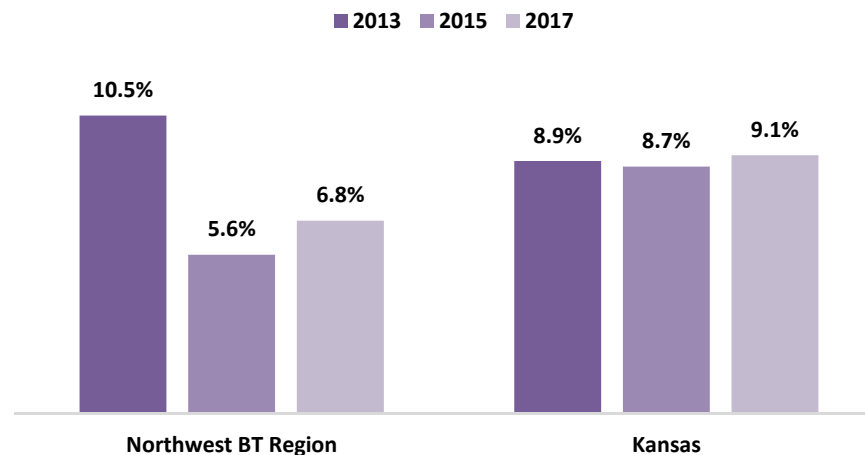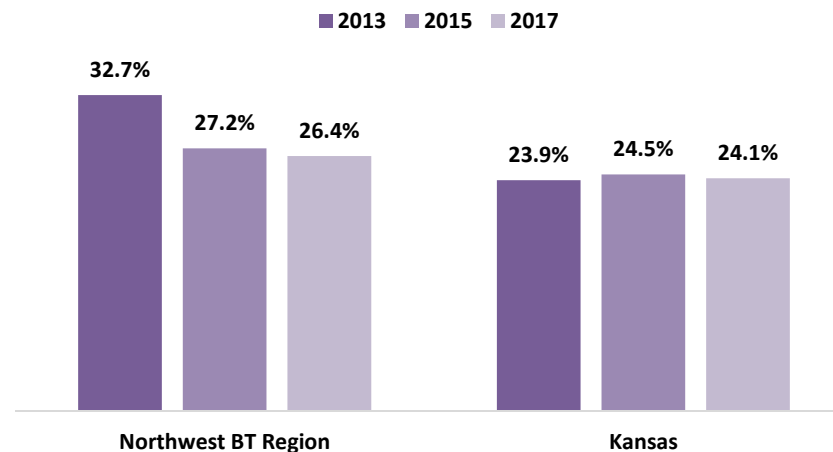
Kansas: 20.0%, 17.7%, 17.4%

Source: Kansas Department of Health and Environment Behavioral Risk Factor Surveillance System, https://www.kdheks.gov/brfss/HRSReports/local_hrs_reports_index.htm; data accessed on April 26, 2021.
Frequency of Smoking Definition: Respondents who reported they have smoked at least 100 cigarettes in their entire life and that they now smoke some days or every day.
Note: smoking refers to cigarettes, and does not include electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), marijuana, chewing tobacco, snuff, or snus.

Health Status
Maternal & Child Health Indicators

- Between 2017 and 2019, the percent of live births to mothers receiving adequate prenatal care in Decatur County decreased, while rates in the state remained steady.

- In 2019, Decatur County (58.3%) had a lower percentage of live births to mothers receiving adequate prenatal care than the state (83.8%).

- Between 2017 and 2019, the percent of low birthweight births in the state slightly increased.

Adequate Prenatal Care, Percentage of Live Births, 2017-2019

	2017	2018	2019
Decatur County	87.9%	73.3%	58.3%
Kansas	83.4%	83.4%	83.8%
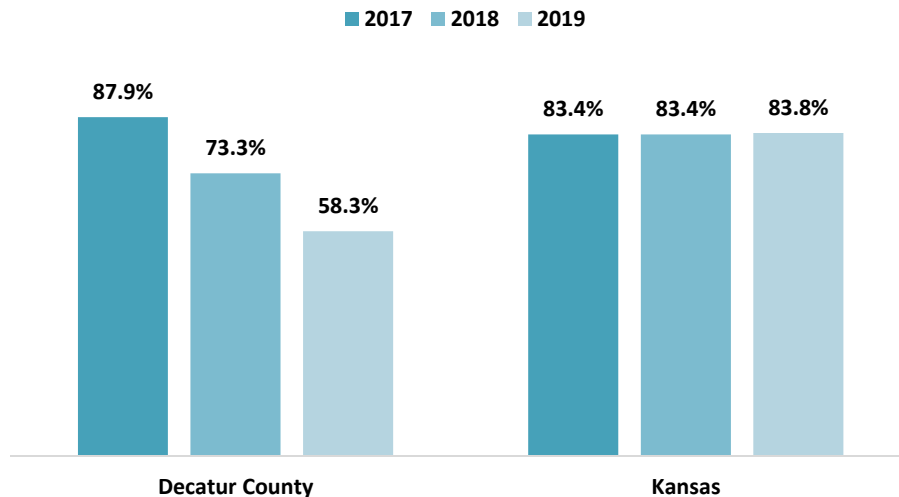
Low Birth-weight Births (under 2,500 grams), Percentage of Live Births, 2017-2019
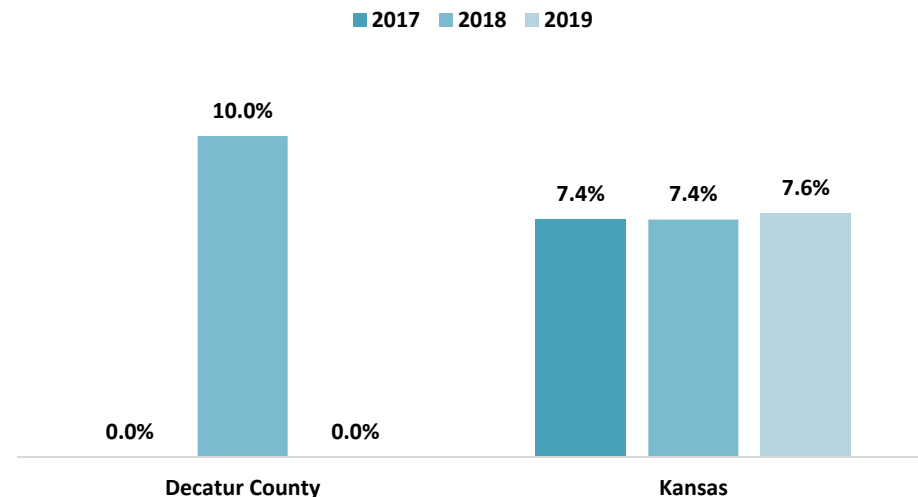
	2017	2018	2019
Decatur County	0.0%	10.0%	0.0%
Kansas	7.4%	7.4%	7.6%

Health Status

Mental Health – Depressive Disorders & Poor Mental Health

- Between 2013 and 2017, the overall rate of adults (age 18+) ever diagnosed with a depressive disorder in the Northwest BT Region decreased, while rates in the state increased.

- In 2017, the Northwest BT Region (17.2%) had a lower percentage of adults (age 18+) ever diagnosed with a depressive disorder than the state (20.9%).

- Between 2013 and 2017, the percent of adults (age 18+) that reported experiencing 14 or more days of poor mental health in the Northwest BT Region and the state increased.

- In 2017, the Northwest BT Region (8.8%) had a lower percent of adults (age 18+) that reported experiencing 14 or more days of poor mental health than the state (11.4%).

Depressive Disorders, Percentage, 2013-2017

■ 2013 ■ 2015 ■ 2017

Northwest BT Region: 18.3%, 13.9%, 17.2%
Kansas: 18.1%, 19.4%, 20.9%
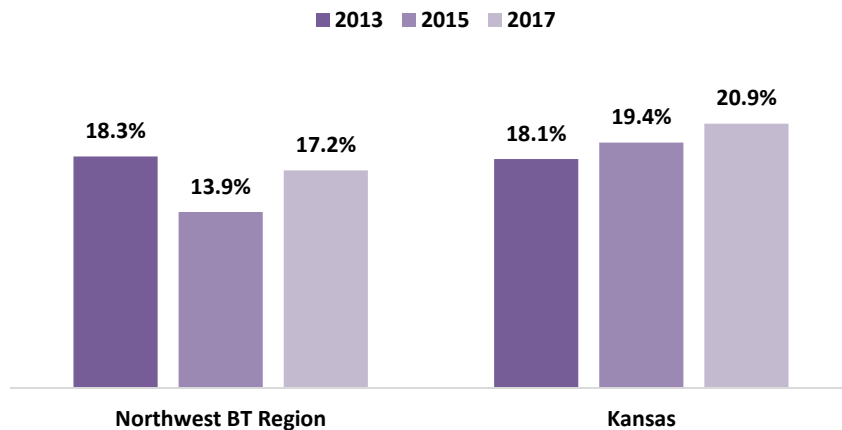
Days of Poor Mental Health - 14+, Percentage, 2013-2017
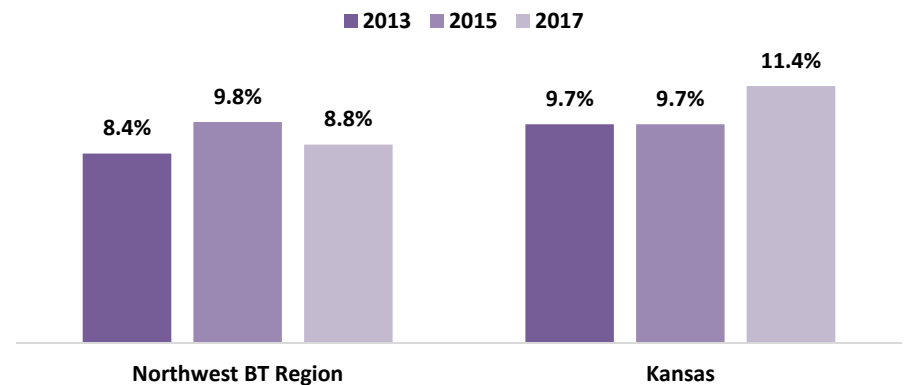
■ 2013 ■ 2015 ■ 2017

Northwest BT Region: 8.4%, 9.8%, 8.8%
Kansas: 9.7%, 9.7%, 11.4%

Health Status

Screenings – Mammography, Prostate Screening, Pap Test, Colorectal (Medicare)

Received Mammography Screening, Percent, Females (age 35+), 2017-2019

■ 2017 ■ 2018 ■ 2019

- Decatur County: 31.0%, 30.0%, 36.0%
- Kansas: 35.0%, 35.0%, 37.0%

Received Prostate Cancer Screening, Percent, Males (age 50+), 2017-2019

■ 2017 ■ 2018 ■ 2019

- Decatur County: 15.0%, 21.0%, 27.0%
- Kansas: 18.0%, 19.0%, 20.0%

Received Pap Test Screening, Percent, Females (all ages), 2017-2019

■ 2017 ■ 2018 ■ 2019

- Decatur County: 4.0%, 1.0%, 3.0%
- Kansas: 4.0%, 4.0%, 4.0%

Received Colorectal Cancer Screening, Percentage, Adults (age 50+), 2017-2019

■ 2017 ■ 2018 ■ 2019

- Decatur County: 2.0%, 2.0%, 4.0%
- Kansas: 5.0%, 5.0%, 5.0%

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Health Status

Preventive Care – Influenza Vaccine

- Between 2013 and 2017, the percent of adults (age 18-64) that did not receive a flu shot in the Northwest BT Region and the state increased.

- In 2017, the Northwest BT Region (62.3%) had a slightly higher percentage of adults (age 18-64) that did not receive a flu shot than the state (61.6%).

No Flu Shot in Past Year, Percentage, 2013-2017
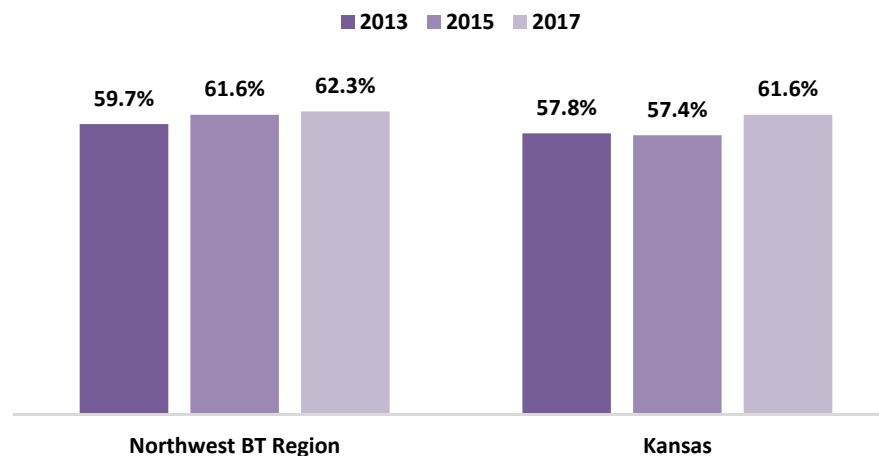
■ 2013 ■ 2015 ■ 2017

	Northwest BT Region			Kansas		
	59.7%	61.6%	62.3%	57.8%	57.4%	61.6%

Source: Kansas Department of Health and Environment Behavioral Risk Factor Surveillance System, https://www.kdheks.gov/brfss/HRSReports/local_hrs_reports_index.htm; data accessed on April 27, 2021.
Definition: During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose?

Health Status

Health Care Access – Uninsured

- As of 2018, Decatur County (13.0%) has a slightly higher rate of uninsured adults (age 18-64) as compared to the state (12.3%).

- Decatur County and the state experienced slight declines in the percentage of uninsured adults (age 18-64) between 2014 and 2018 (1.2 points and 2.1 points, respectively).

Uninsured, Percentage, 2014-2018

■ 2014 ■ 2015 ■ 2016 ■ 2017 ■ 2018

Decatur County: 14.2% | 12.5% | 13.1% | 13.6% | 13.0%

Kansas: 14.4% | 12.8% | 12.3% | 12.3% | 12.3%
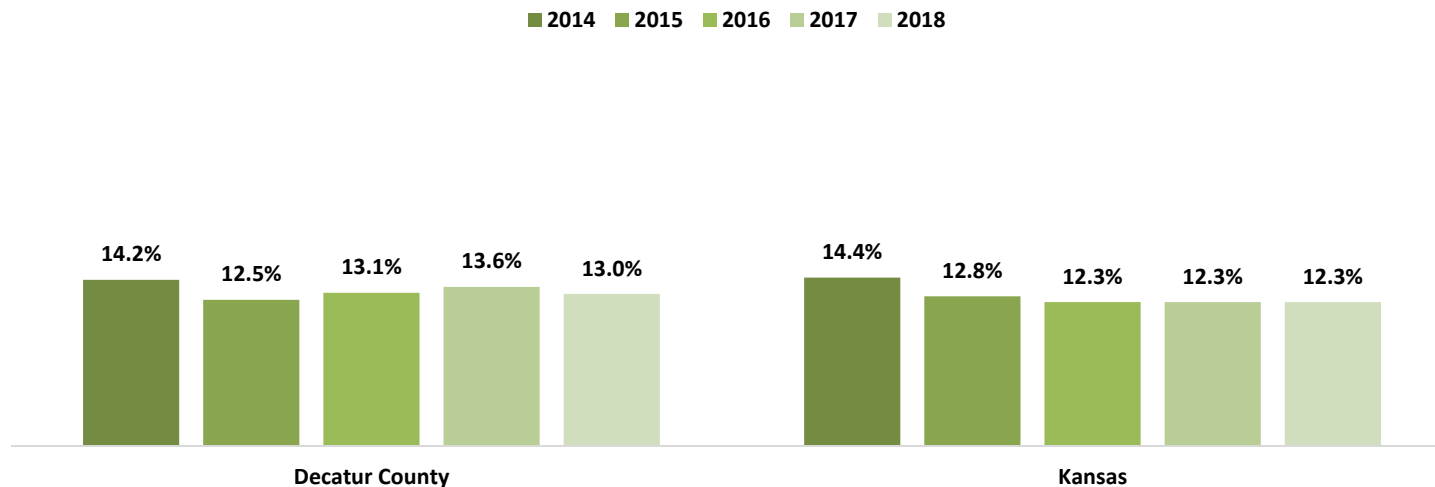
Source: United States Census Bureau, Small Area Health Insurance Estimates filtered for Decatur County, KS, https://www.census.gov/data-tools/demo/sahie/#/; data accessed April 29, 2021.

Health Status

Health Care Access – Medical Cost Barrier & No Personal Doctor

- Between 2013 and 2017, the percent of adults (age 18+) that needed medical care but could not receive it due to cost in the Northwest BT Region and the state decreased.

- In 2017, the percent of adults (age 18+) that reported experiencing a medical cost barrier in the past 12 months in the Northwest BT Region (8.9%) was lower than the rate of the state (12.1%).

- Between 2013 and 2017, the percent of adults (age 18+) that reported having no personal doctor in the Northwest BT Region and the state increased.

- In 2017, the Northwest BT Region (23.3%) had a higher percent of adults (age 18+) that had no personal doctor than the state (22.4%).

Medical Cost Barrier to Care, Percentage, 2013-2017

■ 2013 ■ 2015 ■ 2017

Northwest BT Region	Kansas
10.4% / 9.1% / 8.9%	13.6% / 11.0% / 12.1%
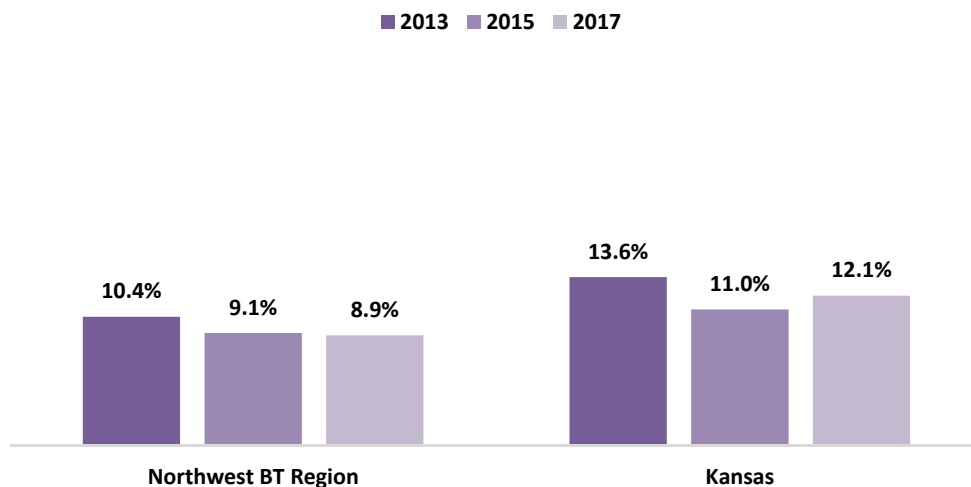
No Personal Doctor, Percentage, 2013-2017
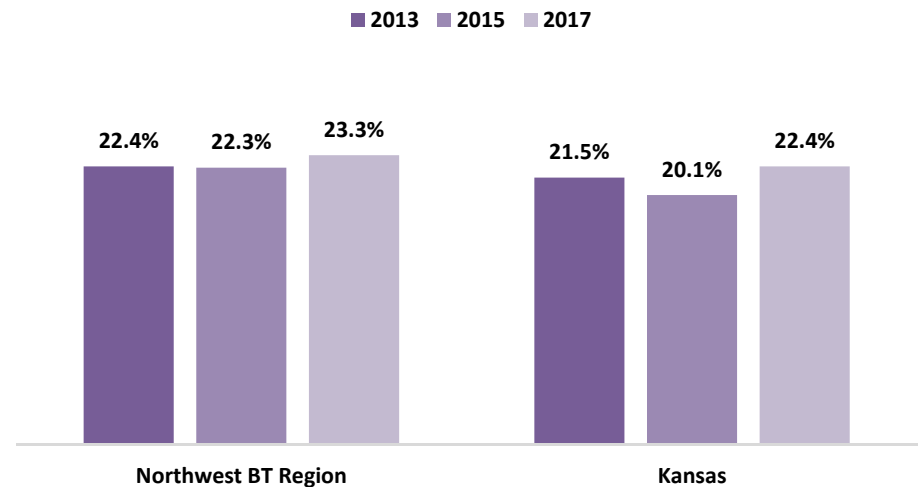
■ 2013 ■ 2015 ■ 2017

Northwest BT Region	Kansas
22.4% / 22.3% / 23.3%	21.5% / 20.1% / 22.4%

Source: Kansas Department of Health and Environment Behavioral Risk Factor Surveillance System, https://www.kdheks.gov/brfss/HRSReports/local_hrs_reports_index.htm; data accessed on April 27, 2021.
Definition: Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost?
Definition: Do you have one person you think of as your personal doctor or health care provider?

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Health Status

Health Care Access – Primary Care Providers

- **Sufficient availability of primary care physicians is essential for preventive and primary care.**

  – In 2018, the population to primary care provider ratio in Decatur County (2,510:1) was significantly higher than the state (1,280:1) and the nation (1,320:1).
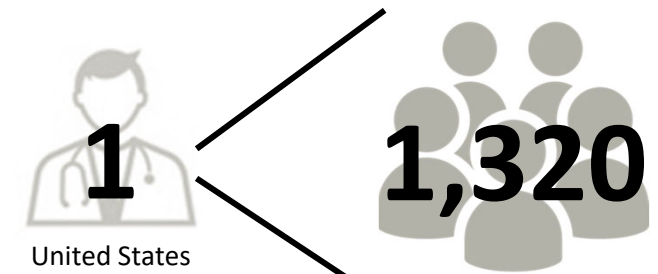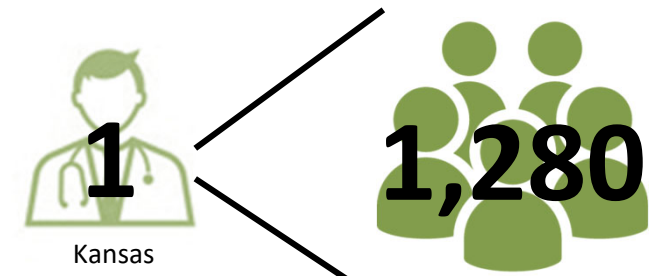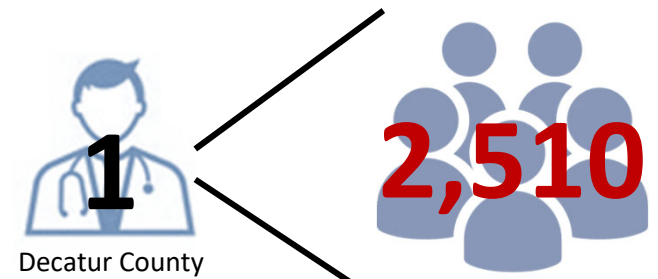
1 Decatur County — **2,510**

1 Kansas — **1,280**

1 United States — **1,320**

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Health Status

Health Care Access – Dental Care Providers

- **Lack of sufficient dental providers is a barrier to accessing oral health care. Untreated dental disease can lead to serious health effects including pain, infection, and tooth loss.**

  – In 2019, the population to dental provider ratio in Decatur County (2,830:1) was significantly higher than the state (1,660:1) and the nation (1,400:1).
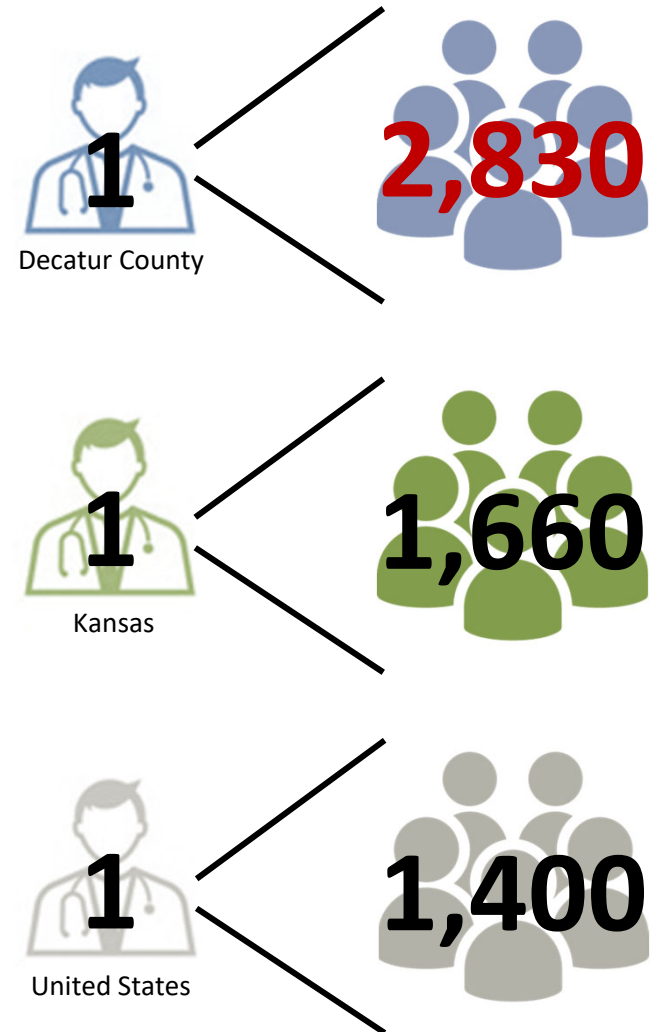
1 Decatur County **2,830**

1 Kansas **1,660**

1 United States **1,400**

CHC
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Health Status

Health Care Access – Mental Healthcare Providers

- **Lack of access to mental health care providers not only effects overall individual wellness but also impacts the health of a community.**

  – In 2020, the population to mental health provider ratio in Decatur County (2,830:1) was lower than the state (490:1) and the nation (380:1).
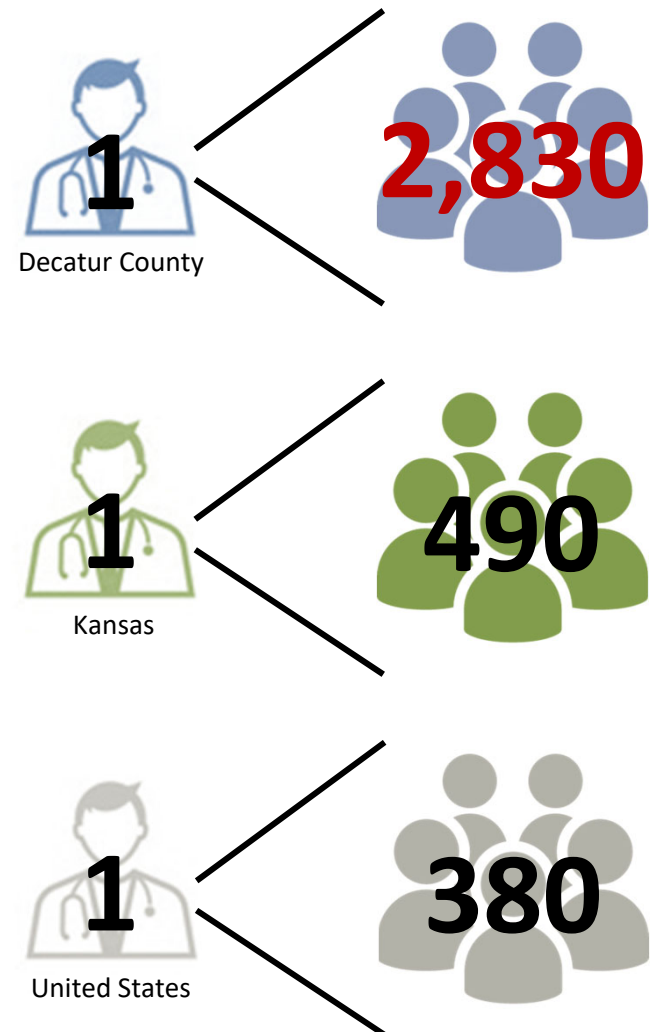
1 Decatur County — **2,830**

1 Kansas — **490**

1 United States — **380**

CHC
Community Hospital Consulting

Health Status
Health Care Access – Common Barriers to Care

- **Lack of available primary care resources for patients to access may lead to increased preventable hospitalizations.**

  – In 2017, the rate of preventable hospital events in Decatur County (4,166 per 100,000 Medicare Beneficiaries) was lower than the state (4,216 per 100,000 Medicare Beneficiaries) and lower than the nation (4,624 per 100,000 Medicare Beneficiaries).

- **Lack of transportation is frequently noted as a potential barrier to accessing and receiving care.**

  – In 2015-2019, 4.2% of households in Decatur County had no motor vehicle, as compared to 5.4% in Kansas and 8.6% in the nation.

Preventable Hospital Events, Rate per 100,000 Beneficiaries

0   5000

- Decatur County (4,166)
- Kansas (4,216)
- United States (4,624)
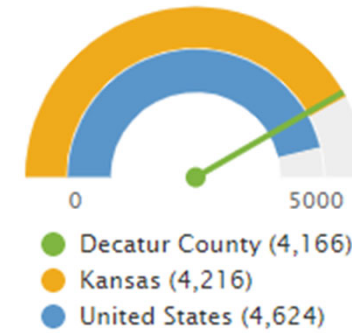
Percentage of Households with No Motor Vehicle

0%   20%

- Decatur County (4.23%)
- Kansas (5.39%)
- United States (8.61%)

Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

PHONE INTERVIEW FINDINGS

Overview

- Conducted 25 interviews with the two groups outlined in the IRS Final Regulations

  - CHC Consulting contacted a number of other individuals in the community to participate in the interview process, but several persons were unable to complete an interview due to a variety of reasons

- Discussed the health needs of the community, access issues, barriers and issues related to specific populations

- Gathered background information on each interviewee

Source: Decatur Health Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; February 26, 2021 – March 15, 2021.

Interviewee Information

- **Joel Applegate:** Superintendent, Decatur Community High School

- **Jan Badsky:** Hospital Board Trustee, Decatur Health

- **Craig Bartruff:** Physician, Decatur Health

- **Carla Britton:** School Nurse, Decatur Community High School

- **Doug Brown:** Banker, The Bank; Board Member, Decatur Community School Board

- **Troy Haas:** County Sheriff, Decatur County

- **Cynthia Haynes:** Journalist, Oberlin Herald Press

- **Bobbi Koerperich:** Director, Decatur County Health Department

- **Chris Koerperich:** Director, Decatur County EMS

- **Karen Larson:** Commissioner, Decatur County

- **Marcia Lohoefener:** Hospital Board Trustee, Decatur Health

- **Melissa Mathews, FNP:** Nurse Practitioner, Decatur Health Clinic

- **Roger May:** Farmer, Self-Employed

- **Loretta McFee:** Director of Nursing, Good Samaritan Society

- **Joan McKenna**: President, GROW Decatur County Foundation

- **Shelley McKenna:** Nurse, Decatur Health

- **Carrie Morford:** Chamber, Decatur County Area Chamber of Commerce

- **Gordon Pettibone:** Pastor, United Methodist Church

- **Halley Roberson:** Administrator, City of Oberlin

- **Cherish Seifert:** Social Worker, Decatur Health

- **Paul Shields:** Farmer, Self-Employed; Business Owner, Brookwood Apartments

- **Mark Starr:** President, Economic Development Committee

- **Jodi Votapka:** Practice Administrator, Decatur Health

- **Lisa Votapka:** Manager, Cobblestone Inn and Suites

Interviewee Characteristics

- Work for a State, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community

4.0%

- Member of a medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations

60.0%

- Community leaders

36.0%

Note: Interviewees may provide information for several required groups.

Community Needs Summary

- Interviewees discussed the following as the most significant health issues:
    - Impact of COVID-19
    - Insurance Coverage & Affordability of Care
    - Transportation
    - Aging Population
    - Healthcare Workforce: Recruitment & Retainment
    - Access to Oral Care & Optic Care
    - Access to Specialty Care
    - Access to Mental and Behavioral Health Care
    - Community Education & Preventive Care

Impact of COVID-19

- **Issues/Themes:**
  - Appreciation for small town, lower case rates and telehealth options during COVID-19 pandemic
  - Contradictory comments and opinions regarding COVID-19 safety protocols
  - Concern surrounding nursing home residents and isolation during the pandemic
  - Stigma associated with common symptoms that could be mistaken for COVID-19
  - COVID-19 limitations on health care appointments/services create challenge for those needing caregivers, advocates
  - Impact of COVID-19 on youth leading to risky lifestyle behaviors and mental health concerns

- **Needs:**
  - Increased focus on health disparities across subpopulations highlighted by the COVID-19 pandemic
  - Support towards reducing burden of pandemic across various areas impacted by COVID-19
  - Emphasis on importance of safely seeking all health care services

"We can't handle everything here and that's the downside. COVID has made it so I'm happy to be in a small town than in a city relying on public transportation. Case rates are lower. We were doing social isolation quite well before all this."

"With COVID, someone has put together telehealth and it's a wonderful invention. I hope it doesn't go away."

"I wish there was a way to let people know COVID is not a hoax. People will not wear their mask or social distance, they'll go to church when they're sick."

"As far as the pandemic, this area has had some people who were very careful about the public health mandate and others who were a lot more resistant to it."

"COVID has affected our residents at the nursing home because they cannot see their loved ones."

"...people think differently when sickness hits them, especially now with COVID. Every symptom under the sun can be a symptom of COVID, and people have heightened awareness of coughs, sneezing, etc. People come to the clinic say they think people were exposed by someone who coughed."

"I had a chest cold and people came up and asked if I had COVID. It got to the point where I was self-conscious."

"With COVID, people had to go by themselves to the clinic and it was a struggle that there wasn't someone with them to listen and know what the doctor said."

"We're all caught off guard by the COVID pandemic. None of us were prepared to deal with that. Being out of school and not having the freedom and movement that they're used to can do a lot to kids. The kids want to be back in school and they're struggling with that situation right now. That's leading to some alcohol abuse and mental health issues I've heard about."

Insurance Coverage & Affordability of Care

- **Issues/Themes:**
  - Significant number of working poor/low income residents who are un/underinsured
  - Residents delaying/foregoing health care needs due to cost barriers to care, no health care coverage
  - Inappropriate use of the Emergency Room by un/underinsured, low income
  - Small businesses facing difficulty in providing affordable health insurance coverage
  - Greater cost barriers in seeking necessary medicine/prescriptions for un/underinsured, low income
  - Concern surrounding increasing cost of living, making difficult decisions between health care needs and utilities
  - Challenge in seeking nearby out-of-state care due to Blue Cross Blue Shield of Kansas limitations
- **Needs:**
  - Efforts to promote financial assistance, support programs, discounted services in the community
  - Greater access to affordable healthcare coverage and services for underserved populations
  - Education concerning the importance of seeking preventive care services

"We have people who work part time here and there, and during harvest they go work for farmers so we have a lot of uninsured people and that is a big problem."

"…some working poor and low income residents don't have health insurance so they are less likely to seek medical care unless it's an emergency."

"If you have insurance, you're going to go to the clinic. If they don't have insurance, or if they can't afford it or don't want to pay it, then they'll go to the ER so they don't have to front that bill."

"It's hard for a small business to offer health insurance and insurance coverage is so high that some people don't get what they need for medical care."

"The market place is tough, lower income people who need the insurance need someone who can help them find something affordable."

"Affordable medicine is a need. Insulin is terribly expensive for diabetics. If you don't have insurance, it's very expensive."

"The cost of living in general is going to be something I'm worried about. Our utilities are going up, medicines are going up, it's a lot."

"There's always challenges for the low income and working poor, the latest one is paying your electric and power bill. Sometimes you have to decide if you're going to pay your medical bill or heat your house."

"Blue Cross Blue Shield of Kansas is requiring patients see doctors in Kansas and that can be a problem. For people in the Western part of the state, Denver or places in Nebraska are much closer than going to Kansas City."

Transportation

- **Issues/Themes:**
  - Transportation barriers in getting to/from health care services both within and outside of county lines
  - Challenges with existing transportation system, including:
    - Limited hours during the week
    - No weekend services
    - Limited to the city of Oberlin
    - Impact of COVID-19
  - Concern surrounding the unmet transportation needs of aging/elderly, veterans

- **Needs:**
  - Efforts to improve local public transit system availability
  - Emphasis on the transportation needs for underserved populations
  - Focus on efforts to enhance built environment to encourage other modes of transportation (walking, biking)

"We do have a county bus that's available and that's wonderful for patients in the city limits."

"Public transportation is an issue sometimes, especially for patients at the hospital with no car and they don't have family and can't figure out how to get home. There's no taxi service available. There's a county bus that people can access but it only runs for certain hours each day and not on weekends. It's mostly for the city of Oberlin, not all of Decatur County or across county lines."

"The county does have a transportation system, it runs Monday-Friday and it does not go outside of the county so it can't take someone for a doctor's appointment in McCook or Norton or wherever. People who need to go to a specialist appointment 100 miles away, unless they have a friend or family member, they're not going."

"We have people who do not have transportation in Decatur County. When COVID-19 hit, the county said they will not transport anybody who has symptoms or might possibly be positive. If people with no transportation need to get tested and have symptoms, they have no way to get to the clinic. Along with that, if the bus got them to the ER and they were not admitted to the hospital and it's after 5pm or on weekends, there is no way for them to get back from the hospital to their home."

"One of our main concerns is access to specialty care, we do have a few specialists who come in but we do have an old population. Our median age is quite old, so those folks don't have the transportation to get outside of the community for those specialty services. A priority would be bringing in more specialized services so they're not relying on their caretakers or not getting the care they need due to the limitations we have with those providers."

"For veterans, we don't have much here. To go to a VA doctor, they have to go to either Hays or Grand Island. That's a several hour drive, if you have transportation."

Aging Population

- **Issues/Themes:**
  - Concern surrounding the unmet needs of the aging/elderly and homebound population
  - Higher rates of chronic conditions for seniors (diabetes, heart disease)
  - Opportunity to offer foot clinic, assisted living facilities
  - Limited availability of local services leading to outmigration and transportation barriers
  - Increasing need for local Alzheimer's and dementia care

- **Needs:**
  - Emphasis on the needs of aging residents (transportation, healthy lifestyles, socially distant socialization)
  - Exploration of Alzheimer's, dementia care, foot clinic assisted living facilities
  - Focus on efforts to increase accessibility for handicapped residents in all facilities

"If they're homebound, there's not a lot of resources to help them around here."

"For the elderly, diabetes and heart disease are big deals moving forward. It seems like diabetes is more and more prevalent."

"We've got so many elderly here that it would be great to have a foot clinic. It would be great if there was a foot clinic they could go to and get their feet cleaned and toe nails trimmed."

"…one thing our community could really use would be assisted living to bridge between the hospital and nursing facility."

"In a community this size, it's hard to get the professionals you need to take care of older individuals who have certain health care needs."

"The availability of some of the specialists is a problem, especially to those elders. Neurologists aren't there. Seniors are transported to Kearney, North Platte, Hays...drivers are paid so much to transport them."

"The elderly struggle to get to their appointments. The bus will pick you up and take you, but that's in county only. If they need a higher level of care, they can't get there using this transportation."

"We have a lot of older people struggling with Alzheimer's and dementia and there is no facility for hundreds of miles. If you have family who has to go, you can't visit them. If we had an Alzheimer's care unit here, that would help."

Source: Decatur Health Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; February 26, 2021 – March 15, 2021.

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Healthcare Workforce: Recruitment & Retainment

- **Issues/Themes:**
  - Concern surrounding the need for focused efforts towards recruitment, retainment of providers
  - Difficulty attracting providers to the community due to:
    - Lack of opportunities for spouse
    - Rural nature of community
    - Limited economic sustainability
  - Nursing shortage due to staff leaving community for more attractive hours, benefits
  - Lack of appropriate staffing in local nursing homes
  - Limited number of paramedics leading to increased concern surrounding lack of access to emergency services
  - Apprehension around aging population and healthcare workforce recruitment, retainment

- **Needs:**
  - Advanced planning for necessary succession, workforce staffing
  - Focused efforts on employee recruitment and retainment

"The challenge is keeping providers in the system that are going to be here for an extended period of time."

"We just don't have the economic sustainability for someone to be attracted to live here. The difficult task is getting the provider's spouse to agree to come to a small rural community. We don't have a lot of things that would attract a spouse or family to come serve in Decatur County."

"There is a huge nursing shortage in this area. That's a big issue right now...the nursing shortage is an issue at our hospital because they leave for better work hours."

"It is so difficult to recruit/retain folks to come in, from providers to office staff."

"...one of the biggest challenges right now is just getting adequate staff again in nursing homes. A lot is related to COVID-19 because that has changed the world for health care and nursing homes particularly. With the government putting all the stipulations on nursing facilities, staff is exhausted and burnt out and it's hard to replace them."

"We need more EMS paramedics. If someone needs to be transferred to a higher level of care, they need more advanced life support but they wouldn't necessarily need the immediate transportation of a helicopter flight. We just don't have quick access to the advanced life support ground ambulances which is either a nurse or a paramedic. If we had more paramedics there would be better emergency care for those who don't live next door to the hospital."

"...adequate staffing is a huge factor in all facilities and as more and more of us are getting closer to retirement age, hopefully we can get younger people in the workforce and carry on."

Access to Oral Care & Optic Care

- **Issues/Themes:**
  - Contradictory comments regarding availability of dental care services in Decatur County
  - Lack of awareness of existing dental care services and financial assistance available in seeking dental care services
  - Perceived wait time for dental care services leading to potential outmigration, particularly for dental emergencies
  - Challenge in accessing dental clinic building for handicapped residents
  - Optic care services less available compared to before the pandemic

- **Needs:**
  - Continued support towards greater access to dental and optic services
  - Emphasis on increased education on available local dental and optic services and financial support available
  - Focus on the importance of preventive dental and optic care

"People go to McCook for dental care, Atwood, or Norton has a good dental care service. The people I talk to go out of town. There's nothing around here."

"Rawlins County Dental Association comes to Oberlin one day per week to do cleanings. For things like wisdom teeth removal, Rawlins County Dental Association can do that but they don't do it in Oberlin."

"Scheduling with local dentists can be tough, people have to wait months before they can get in to see the dentist unless they want to go to Atwood."

"For dental emergencies, it's tough to get in. A company just started coming over here last year and think they're only here one day a week. I don't think the dentist accepts state insurance so you'd have to drive 30 miles to another."

"Rawlins County Dental is a nonprofit. When we lost our local dentist, they branched out to Oberlin and provide a sliding fee scale even for people without dental insurance."

"We didn't have a dentist for years so everybody got dentists out of town because there was no dentist in town, and just recently we have a dentist who comes 1-2 times per week. People have had lots of good things to say and are very happy with their work."

"Access to dental care has improved recently with Rawlins County Dental coming in, but it's still booked up a few weeks out. Most people go out of town for those specifically."

"We're blessed to have our dental clinic here but the building doesn't accommodate handicapped patients."

"We need access to eye and dental care. We have an eye doc coming once a month and a dentist coming weekly, but the pandemic made it less frequent."

Source: Decatur Health Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; February 26, 2021 – March 15, 2021.

Access to Specialty Care

- **Issues/Themes:**
  - Shortage of local specialty services leading to:
    - Long wait times
    - Outmigration of patients to McCook, Kansas City, Wichita, Norton, Hays, Colby
    - Transferring of patients to larger facilities
    - Delaying/foregoing care
  - Specific specialties mentioned as needed include:
    - Cardiology
    - Pulmonology
    - OB/GYN
    - Orthopedics
    - Endocrinology
    - Dermatology
    - Oncology
    - Urology
  - Limitations on nearby options for specialty care due to insurance coverage
  - Concern surrounding wait times associated with seeking both local specialty services, and specialty services in larger cities

- **Needs:**
  - Continued efforts towards recruitment efforts for specialty care providers
  - Emphasis on availability of local specialty care services for residents
  - Exploration of additional telehealth opportunities

"Cardiology can be difficult if you want to do any sort of testing or intervention. If someone needs testing, they have to leave."

"Access to a pulmonologist is horrible. The closest pulmonologist is only telemedicine and that is in McCook, so people end up going to their primary care providers to treat their COPD."

"The hospital here is limited as to what they can do, so a lot of people are being flown out. That's a big expense for people."

"Blue Cross Blue Shield of Kansas is not covering services in [other states] and so that's forcing people to go to Kansas City or Wichita."

"If you have an emergency, you have to be flown to a hospital that's far away and with an older community that's an issue. We have a need for emergency services – an extra hour may be the difference between life/death."

"It would be nice if we had someone who could deliver babies. We have a lot of younger people who are expecting families and they're going other places to have babies. They go to McCook, Norton, Hays, Colby..."

"Orthopedics is one thing we don't have here that people would like."

"...we have quite a few diabetics and we don't have an endocrinologist. We also need dermatology, we have a huge farming community and sun exposure...and we need oncology for our folks with cancer."

"For those specialties that rotate through, there are wait times. But at least they're not driving 4 hours round trip to go wait in another clinic. You're going to wait for a specialist no matter where you are."

"Urology does not come to Oberlin, so people travel out for that and it's also needed for elderly."

Source: Decatur Health Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; February 26, 2021 – March 15, 2021.

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Access to Mental & Behavioral Health Care

- **Issues/Themes:**
  - Limited availability of local resources and access to providers able to prescribe appropriate medication
  - Shortage of providers resulting in long wait times, use of telehealth to manage mental and behavioral health-related situations
  - Stigma associated with seeking mental and behavioral health care
  - Significant recreational drug use and alcohol consumption leading to increasing concern surrounding addiction/need for appropriate treatment services

- **Needs:**
  - Efforts to reduce stigma associated with seeking care
  - Increased access to local mental and behavioral health services, particularly for underserved populations
  - Increased emphasis on need for primary prevention for mental and behavioral health
  - Promotion and generation of substance abuse programs and services

"High Plains serves the entire state of Kansas and they can't keep up with the demand."

"A therapist from High Plains Mental Health comes once a week, but if patients need medication, then that is usually a 2 hour drive."

"Getting to a provider is a problem. The telehealth where they try to evaluate them, in my opinion isn't very effective."

"Mental health is a tough one. If you need to see a specialist, you wait 3 months. Western Kansas is very underrepresented in getting a psychiatrist out here."

"For mental health, we're at the mercy of provider schedules. It could be hours before we can even get a patient in front of a specialist virtually or in person."

"If you have a counselor in a small town, everybody will see your car there. I'd much rather do it over telehealth so people are not in my business."

"We need support groups here. We need family support groups for drug issues whether it's people with children or families with drug issues."

"Alcohol is a big deal. Drinking is way, way too prevalent, which probably also ties into obesity. Every event has drinking and a lot of it."

"Drugs and alcohol among kids is going to continue to worsen. There are some scary drugs out there. The amount of damage it does to a brain is just horrible."

"There's lots of substance abuse, all the way from alcohol to drugs to all the other vices. Addiction is a problem and unfortunately those who struggle with addiction are on their own."

"Abuse of narcotic prescriptions is an issue, and no one is working on that."

Community Education & Preventive Care

- **Issues/Themes:**
  - Concern surrounding increasing unhealthy lifestyle behaviors placing strain on hospital
  - Limited health education in the community
  - High rates of obesity, diabetes worsened by limited access to healthy food options
  - Lack of exercise and participation in recreational activities due to youth technology use
  - High rates of tobacco, vapor use and alcohol consumption particularly for youth

- **Needs:**
  - Targeted healthy lifestyle education towards underserved populations
  - Increased access to healthy food options, healthy lifestyle opportunities
  - Efforts to emphasize the health risks of tobacco use, vaping

"The unhealthier we get as a community, the more strain we're putting on our hospital."

"Preventative care is not taken seriously in this county with adults and children."

"We could benefit from more public health education on issues, like general health and nutrition and diabetic education."

"It goes back to education, we would all benefit from better nutrition. There's a lot of obesity problems here."

"Access to good food is lowered because junk food is a lot cheaper. Fresh produce is harder to come by in this smaller community."

"Obesity is an issue, and that is directly tied to difficulty getting quality food here. There's no vegetables. You don't have a lot of food options and everybody's default is to put gravy on everything."

"Wellness, is one needed area. Exercise and diet are two big things. Diabetes is a major thing in Decatur County."

"With kids, it's the use of chewing tobacco. You see the vape pen thing coming through in our high school. It tastes good and they don't think it's harmful. There is a decent amount of drinking as well with our younger kids."

"…our youth are not as active as they used to be due to technology. Seems like we have fewer kids out for sports than we used to. I think the youth are getting out and being active less than they used to."

"There's a lot of people that smoke. Not sure about vaping, I just know I see people smoking a lot. I have concern about people smoking indoors."

Populations Most at Risk

Interviewees expressed concern surrounding health disparities disproportionately effecting specific populations, including:

- <u>Pediatric</u>
  - Generational poor habits

- <u>Elderly</u>
  - Transportation barriers
  - Diabetes, heart disease
  - Alzheimer's disease, dementia
  - Need for foot clinic, assisted living facilities
  - Isolation for nursing home residents due to COVID-19

- <u>Teenagers/Adolescents</u>
  - Mental health concerns due to COVID-19
  - Substance use education
  - Need for domestic violence screenings

- <u>Veterans/Military Dependents</u>
  - Lack of access to local, nearby VA services

- <u>Disabled</u>
  - Need for handicap-friendly facilities

PREVIOUS PRIORITIZED NEEDS

Previous Prioritized Needs

2015 Prioritized Needs

1. Access and availability of primary health care providers

2. Access to specialist care

3. Access to long-term care in the community

2018 Prioritized Needs

1. The recruitment and retention of family medicine physicians and advanced practitioners

2. Local access to specialized care and specialists

3. Collaboration of Decatur Health, Family Practice Clinic, Decatur County Health Department, Decatur County Emergency Medical Services, Ward Drug, Decatur Community High School, Oberlin Elementary School, and Good Samaritan Society in Oberlin, KS

INPUT REGARDING THE HOSPITAL'S PREVIOUS CHNA

Consideration of Previous Input

- IRS Final Regulations require a hospital facility to consider written comments received on the hospital facility's most recently conducted CHNA and most recently adopted Implementation Strategy in the CHNA process.

- The hospital made every effort to solicit feedback from the community by providing a feedback mechanism on the hospital's website. However, at the time of this publication, written feedback has not been received on the hospital's most recently conducted CHNA and Implementation Strategy.

- To provide input on this CHNA please see details at the end of this report or respond directly to the hospital online at the site of this download.

EVALUATION OF HOSPITAL'S IMPACT

Evaluation of Hospital's Impact

- IRS Final Regulations require a hospital facility to conduct an evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital's prior CHNA.

- This section includes activities completed based on the 2019 to 2021 Implementation Plan.

Identified Community Health Need	Hospital Initiative	Primary Objective of the Initiative	Key Performance Metrics and Outcomes	Key Partners, Stakeholders, and Resources	Evaluation Dates	Comments
Collaboration of Decatur Health, Decatur County Health Department, Decatur County Emergency Medical Services, Ward Drug, Decatur Community High School, Oberlin Elementary School, and Good Samaritan Society, Oberlin, KS	Identify new opportunities in the development of collaboration between Decatur Health and community entities.

Examine and address the health needs of the community that integrates and utilizes the resources, support, and efforts of a community advisory committee. | Facilitate strategic action plans that will identify new opportunities within the community to provide assistance and support their needs.

Develop a strategic platform for a community advisory committee. | Measurements / Outcomes will be determined by the committee | Decatur Health, Decatur County Health Department, Decatur County EMS, Ward Drug, Decatur Community High School, Oberlin Elementary School, and Good Samaritan Society, Oberlin, KS | Each calendar year | **ONGOING**

Decatur Health continues to collaborate with Decatur County Health Department, Decatur County Emergency Medical Services, Ward Drug, Decatur Community High School, Oberlin Elementary School and Good Samaritan Society and identify new opportunities to partner with local organizations to examine and address community health needs.

Decatur Health personnel also serve in leadership roles and as volunteers with many local organizations, such as the Rotary Club. The hospital also increases educational opportunities for the public concerning wellness topics and health risk concerns through its Facebook page, website, flyers in the hospital lobby/clinic waiting rooms, public forms, newspaper articles and "Medical Minute" radio spots. |

Identified Community Health Need	Hospital Initiative	Primary Objective of the Initiative	Key Performance Metrics and Outcomes	Key Partners, Stakeholders, and Resources	Evaluation Dates	Comments
Improve access, recruitment, and retention of family medicine physicians and providers	Identify new opportunities to recruitment and retention: Continue developing relationships with KU Medical School, WSU, and Union College Develop relationships with external stakeholders for networking and recruitment Development of a family medicine residency program with KUMC	To improve access to primary care providers within our community Facilitate a collaboration between the physician's procurement committee, community, and other organizations to aid in the recruitment process	KUMC gives direct access to medical students and physicians. WSU & Union College gives direct access to PA students. Key Metrics: • Opportunity to recruit full-time practitioners • Increase visibility, market and foster relationships with KUMC and healthcare organizations • Attend career fairs; network with KUMC affiliates • Interview candidates for provider placement provider incentive	• University of Kansas Medical Center/ Dr. Michael Kennedy/Dr. Kelsie Kelly • Dr. Craig Bartruff & Dr. Jeff McKinley • WSU & Union College PA Program • KU Rural Health Education and Recruitment & Retention Center • Economic Development Committee • Physician Procurement Committee • Dr. Michael Machen/ KUMC Northwest Regional Director	Each calendar year	**ONGOING** **Decatur Health continues to improve access to local care by identifying new opportunities to recruit and retain providers.** **Decatur Health continues to develop and maintain relationships with KU Medical School, WSU, Union College and St. Mary's College for networking and recruitment. Additionally, Decatur Health serves as a teaching facility for local RN, lab, respiratory therapy and ancillary students from Colby Community College, Northwest Tech and Decatur High School.** **Additionally, Decatur Health also participates in Career Day at local schools to educate area residents pursuing education and future careers in providing health care services on what the hospital has to offer.**

Identified Community Health Need	Hospital Initiative	Primary Objective of the Initiative	Key Performance Metrics and Outcomes	Key Partners, Stakeholders, and Resources	Evaluation Dates	Comments
Improve access to Specialists and Specialized Care	To request Specialty Physician visits on a periodic basis to provide specialty care in the community Provide and continually expand telemedicine services for specialty care	To facilitate programs that will recruit/retain Specialty Physicians to the community for services currently unavailable or underserved in the community's service area Explore the needs for Oncology, Podiatry, Urology, Nephrology, Pulmonology, Ophthalmology, Dermatology, and Pain specialists	Expected outcome will improve access to Specialists and Specialized Care to the community's health needs in our rural environment. Key Metrics: • Network with regional HCO's administrators • Interview specialty physicians • Collaborate with regional HCOs	McCook Community Hospital Great Plains Regional Health Center Good Samaritan Kearney, NE Kearney Regional Hays Medical Center Other area hospitals, independent practices, and health service centers providing specialty care.	Each calendar year	**ONGOING** **Decatur Health continues to improve access to local care by identifying new opportunities to recruit and retain providers.** **Decatur Health also improves access to care in the community by offering a variety of specialty services to increase local access to care, and explores the feasibility of expanding services to benefit the community as opportunities arise. Examples include cardiology, general surgery, podiatry, sleep medicine and imaging equipment (i.e., new CT scanner).** **Additionally, Decatur Health also participates in Career Day at local schools to educate area residents pursuing education and future careers in providing health care services on what the hospital has to offer.**

2021 CHNA PRELIMINARY HEALTH NEEDS

2021 Preliminary Health Needs

- Access to Affordable Care and Reducing Health Disparities Among Specific Populations

- Access to Mental and Behavioral Health Care Services and Providers

- Access to Primary and Specialty Care Services and Providers

- Impact of the COVID-19 Pandemic

- Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

PRIORITIZATION

The Prioritization Process

- In June 2021, leadership from Decatur Health reviewed the data findings and prioritized the community's health needs. Members of the hospital CHNA team included:
  - Kris Mathews, COO
  - Rachel Baker, CNO
  - Chad Meyer, CFO
  - Lindsey Osterhaus, HR Manager
  - Cherish Seifert, Social Worker

- Leadership ranked the health needs based on three factors:
  - Size and Prevalence of Issue
  - Effectiveness of Interventions
  - Hospital's Capacity

- See the following page for a more detailed description of the prioritization process.

The Prioritization Process

- The CHNA Team utilized the following factors to evaluate and prioritize the significant health needs.

1.	Size and Prevalence of the Issue
	a. How many people does this affect?
	b. How does the prevalence of this issue in our communities compare with its prevalence in other counties or the state?
	c. How serious are the consequences? (urgency; severity; economic loss)
2.	Effectiveness of Interventions
	a. How likely is it that actions taken will make a difference?
	b. How likely is it that actions will improve quality of life?
	c. How likely is it that progress can be made in both the short term and the long term?
	d. How likely is it that the community will experience reduction of long-term health cost?
3.	Decatur Health Capacity
	a. Are people at Decatur Health likely to support actions around this issue? (ready)
	b. Will it be necessary to change behaviors and attitudes in relation to this issue? (willing)
	c. Are the necessary resources and leadership available to us now? (able)

Health Needs Ranking

- Hospital leadership participated in a prioritized ballot process to rank the health needs in order of importance, resulting in the following order:

1. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

2. Access to Primary and Specialty Care Services and Providers

3. Access to Mental and Behavioral Health Care Services and Providers

4. Access to Affordable Care and Reducing Health Disparities Among Specific Populations

5. Impact of COVID-19 Pandemic

Final Priorities

- Hospital leadership decided to address all five of the ranked health needs. The final health priorities that Decatur Health will address through its Implementation Plan are listed below:

1. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

2. Access to Primary and Specialty Care Services and Providers

3. Access to Mental and Behavioral Health Care Services and Providers

4. Access to Affordable Care and Reducing Health Disparities Among Specific Populations

5. Impact of COVID-19 Pandemic

RESOURCES IN THE COMMUNITY

Additional Resources in the Community

- In addition to the services provided by Decatur Health, other charity care services and health resources that are available in Decatur County are included in this section.

Services Available in the Community

Organization Name	Area Primarily Served	Address	Phone	Website	Services Provided
Heartland Regional Alcohol & Drug Assessment Center	Kansas	5500 Buena Vista, Roeland Park, KS 66205	1-800-281-0029	hradac.com	Alcohol & Drug Assessment, Screening & Referral
Valley Hope Alcohol & Drug Treatment Center	NW Kansas	103 S Wabash, Norton, KS 67654	1-800-544-5101	valleyhope.org	Alcohol & Drug Assessment and Treatment
Catholic Charities	Norhtern Kansas	122 E 12th St., Hays, KS 67601	785-625-2644	cccnks.org	Provides critical services to those in need. Adoption and limited funds available for utility payment prior to shut off or medical expenses. Support for expecting mothers, including provision of some baby supplies.
American Red Cross	Central and Western Kansas	120 W Prescott, Salina, KS 67401	785-827-3644	redcross.org	Emergency communication for military personnel. Financial assistance and other resources available incase of flood, fire, tornado, etc. Can offer funeral assistance if person dies in fire.
Veterans Administration	NW Kansas	207B E 7th St., Hays, KS 67601	888-878-6881	va.gov	Benefits and resources for those who have served in any branch of the military.
Decatur County Food Pantry	Decatur County	109 N Griffith, Oberlin, KS 67749	785-475-2280		Food Pantry. Blankets and coats are available during winter months.
Kansas Department of Children and Families	NW Kansas	1135 S Country Club Dr., Colby, KS 67701	785-462-6760	dcf.ks.gov	Provides financial assistance to eligible low-income families and those with disabilities. Addresses child abuse or abandonment and services for low income families. Call to report elder abuse and seek services for senior adults. Food Assistance.
Bargain Box Plus	Decatur County	201 N Penn Ave., Oberlin, KS 67749	785-475-3432		Thrift store with clothing and household items.
Angie Witman, Licensed Christian Therapist	NW Kansas	PO Box 157 Goodland, KS 67735	1-800-204-7593		Mental health services.
High Plains Mental Health Center	NW Kansas	211 S Norton Ave., Norton, KS 67654	1-800-432-0333	hpmhc.com	Mental health services provided; sliding scaled based upon income available for payment.
Rawlins County Dental Clinic	Rawlins and Decatur County	515 State St., Atwood, KS 67730	785-626-8290	rcdentalclinic.com	Dental care provided including fillings, cleanings, extractions, dentures, partials and more. Sliding scale payment available.
Salvation Army	Kansas	1137 N Santa Fe Ave., Salina, KS 67401	785-823-2251	centralusa.salvatiornarmy.org	Limited assistance with utilities, food, medical transportation, fire or disaster relief.
Options	NW & Central Kansas	475 1/2 N. Chick St., Colby, KS 67701	785-460-1982	help4abuse.org	Domestic and Sexual Violence Services
Head Start	Decatur County	201 W Ash St., Oberlin, KS 67749	785-475-3935		Promotes the school readiness of young children from low-income families.
NWKS Educational Service Center	NW Kansas	703 W 2nd, Oakley, KS 67748	785-672-3125	nkesc.org	Provides special education services for students with extra learning challenges.

Services Available in the Community

Organization Name	Area Primarily Served	Address	Phone	Website	Services Provided
Adult Day Care	Decatur County	108 E Ash St. , Oberlin, KS 67749	785-475-2245	good-sam.com	Provides supervision and assistance with care on site during the day, including meals.
NWKS AAA and Disability Center	NW Kansas	510 W 29th St Suite B, Hays, KS 67601	785-628-8204	nwkaaa.com	Provides resource contacts for serving the elderly and those with disabilities in the area.
Kansas Works	NW Kansas	350 S. Range Ave., Colby, KS 67701	785-462-2024	kansasworks.com	Lists jobs available within the area and provides free resume assistance. Job assessments and assistance in aditional job preperation available for free.
Vocational Rehab	Kansas	1135 S Country Club Dr., Colby, KS 67701	785-462-6760	dcf.ks.gov	Services to empower Kansas with disabilities to become gainfully employed and self-sufficient.
Decatur County Ministerial Association	Decatur County	109 N Griffith, Oberlin, KS 67749	785-475-2280		Limited funds available for emergency situations such as utility payment prior to shut-off or medical expenses.
Kansas Loan Pool Project	Kansas	122 E 12th St., Hays, KS 67601	785-625-2644	cccnks.org	Help with managing re-payment of predatory loans.
Commodity Supplemental Food Program	Decatur County	902 W Columbia St., Oberlin, KS 67749	785-475-8118		Monthly food boxes are provided for low income seniors in Decatur County. Seniors age 60 or older must enroll and qualify to receive the food box.
Commodities Distribution	Decatur County	105 W Maple, Oberlin, KS 67749	785-475-3222		Free food given away 4-5 times per year.
Sappa Valley Manor	Decatur County	202 N. Elk Ave., Oberlin, KS 67749	785-475-3010		Income based apartments available.
Parkview Apartments		311 N. Garfield Ave., Oberlin, KS 67749	785-475-2588	belmontmgt.net	Income based apartments available.
Kansas Legal Services	Kansas	2017 Vine St., Hays, KS 67601	785-625-4515	kansaslegalservices.org	A statewide non-profit corporation dedicated to helping low income and older Kansans meet their basic needs through providing essentail legal and mediation services.
Hoxie Medical Clinic	Sheridan County	826 18th St., Suite A, Hoxie, KS 67740	785-675-3018	schcmed.com	Provides quality medical care, sliding fee scale discount is available to those who qualify. Also provides prescription assistance.
Decatur Health	Decatur County	810 W. Columbia St., Oberlin, KS 67749	785-475-2208	decaturhealth.org	A complete range or services for all ages and heatlh needs. Also provides prescription assistance. SHICK counselor available.
American Legion Auxiliary	Decatur County	114 S Rodehaver Ave., Oberlin, KS 67749	Kala Bose: 785-470-1177		Provides durable medical supplies such as wheelchairs, crutches, raised toilets, etc.
Decatur County Helping Hands for Healthcare	Decatur County		785-470-7307		Financial assistance for those struggling to meet medical care costs including doctor's bills, transportation, and medications.

Services Available in the Community

Organization Name	Area Primarily Served	Address	Phone	Website	Services Provided
KanCare	Kansas	1135 S Country Club Dr., Colby, KS 67701	785-462-6760	kancare.ks.gov	KanCare is an insurance plan designed for children, pregnant women, non-adult parents, and caregivers of the low-income households of Kansas.
County Transportation Bus	Decatur County		785-475-8102		Transportation within city limits, Mon-Fri 8am-5pm.
Oberlin Police Department	Oberlin	107 W Commercial St., Oberlin, KS 67749	785-475-2622		Limited funds to assist with gas and/or food for folks whoare not of the local community and are traveling through. Photo ID required for background check.
City of Oberlin	Oberlin	1 Morgan Dr., Oberlin, KS 67749	785-475-2217	oberlin-kansas.com	Budget billing may be created to provide an average monthly payment plan; Must have 12 months of good payment history. Apply by September.
Kansas Weatherization Assistance Program	Kansas		785-475-2280		Designed to reduce the energy usage of low-income families by implementing energy efficiency measures in their homes.
Harvest America	NW Kansas	120 W 11th St., Goodland, KS 67735	785-728-4333	kshousingcorp.org	Assist with rental deposit, rent and utility deposit. Must complete an application for eligibility.

Decatur County Medical/Health Resources

Hospital		Pharmacy	
Decatur Health	810 W Columbia Oberlin, KS 67749 785-475-2208	Ward Drug & Gifts	142 South Penn Ave. Oberlin, KS 67749 785-475-2285
Clinics		**Vision/Eye Care**	
Decatur Health Systems Family Practice Clinic	902 W. Columbia Oberlin, KS 67749 785-475-2015	Lifetime Eyecare	105 S Penn Oberlin, KS 67749 785-475-1200
Health Department		**Hearing/Audiology**	
Decatur County Health Department	902 W. Columbia St Oberlin, KS 67749 785-475-8118	NKESC- Audiologist	703 West 2nd Oakley, KS 67748 785-672-3125
Dentist			
Gary Fredrickson, DDS	106 S Rodehaver Ave. Oberlin, KS 67749 785-475-3813		

County Community Resources

Churches		Churches	
Church of Christ	226 S Beaver Avenue Oberlin, KS 67749 785-475-3259	Faith Lutheran Church	404 N York Avenue Oberlin, KS 67749 785-475-2053
Herndon Immanuel United Church of Christ	34325 Road Aa Herndon, KS 67739 785-322-5267	Jennings-Dresden United Methodist Church	602 S. Topeka Avenue Jennings, KS 67643 785-678-2638
Norcatur United Methodist Church	202 N olathe St Norcatur, KS 67653 785-693-4519	Oberlin Assembly of God	120 S. Buffalo Avenue Oberlin, KS 67749 785-475-3145
Oberlin Community Fellowship Church	802 E Penn Oberlin, KS 67749 785-475-2389	Oberlin Covenant Church	810 W Cedar Street Oberlin, KS 67749 785-475-2769
Oberlin Sacred Heart Catholic Church	210 E Washington St Oberlin, KS 67749 785-475-3101	Oberlin United Methodist Church	102 N Cass Ave Oberlin, KS 67749 785-475-3067
St. John's Lutheran Church	510 N Wilson Avenue Oberlin, KS 67749 785-475-2333	St. Mary's Catholic, Herndon	541 Palermo Avenue Herndon, KS 67739 785-626-3335
The United Church of Oberlin	109 N Griffith Avenue Oberlin, KS 67749 785-475-2280		

City & County Information		Library	
City Administrator	785-475-2217	Oberlin City Library	104 E Oak Oberlin, KS 785-475-2412
Ambulance	785-475-8126		
City Office	785-475-2217		
County Attorney	785-475-8104		
County Clerk	785-475-8102		
Courthouse	785-475-8107	**Museum**	
Dispatch	785-475-8100	Decatur Co. Last Indian Raid Museum	258 S. Penn Oberlin, KS 785-475-2712
Extension Services	785-475-8121		
Fire Department	785-475-8100	Jennings Czech Museum	114 S Kansas Ave Jennings, KS 785-678-2470
Judge	785-475-8108		
Maintenance Shop	785-475-8112	**Newspaper**	
Police Department	785-475-2622	The Oberlin Herald	170 S Penn Oberlin, KS 785-475-2206
Public Transportation	785-475-8102		
Register of Deeds	785-475-8105	**Preschool**	
Sheriff	785-475-8100	Decatur County Head Start	201 W Ash Oberlin, KS 67749 785-475-3935
Treasurer	785-475-8103		
		Oberlin Elem. Preschool	201 W Ash Oberlin, KS 67749 785-475-2122
High School		**Elementary**	
Decatur Community High School	605 E Commercial St Oberlin, KS 67749 785-475-2231	Oberlin Elementary School	201 W Ash Oberlin, KS 67749 785-475-2122

INFORMATION GAPS

Information Gaps

- While the following information gaps exist in the health data section of this report, please note that every effort was made to compensate for these gaps in the interviews conducted by Community Hospital Consulting.

  – This assessment seeks to address the community's health needs by evaluating the most current data available. However, published data inevitably lags behind due to publication and analysis logistics.

  – Due to smaller population numbers and the general rural nature of Decatur County, 1-year estimates for a few data indicators are statistically unreliable. Therefore, sets of years were combined to increase the reliability of the data while maintaining the county-level perspective.

  – The most significant information gap exists within this assessment's ability to capture various county-level health data indicators. Data for these indicators is reported at the customized regional level.

ABOUT COMMUNITY HOSPITAL CONSULTING

About CHC Consulting

- Community Hospital Corporation owns, manages and consults with hospitals through three distinct organizations – CHC Hospitals, CHC Consulting and CHC ContinueCare, which share a common purpose of preserving and protecting community hospitals.

- Based in Plano, Texas, CHC provides the resources and experience community hospitals need to improve quality outcomes, patient satisfaction and financial performance. For more information about CHC, please visit the website at: www.communityhospitalcorp.com

APPENDIX

- SUMMARY OF DATA SOURCES

- DATA REFERENCES

- MUA/P AND HPSA INFORMATION

- INTERVIEWEE INFORMATION

- PRIORITY BALLOT

SUMMARY OF DATA SOURCES

Summary of Data Sources

- **Demographics**
  - This study utilized demographic data from **Stratasan**.
  - The **United States Bureau of Labor Statistics Local Area Unemployment Statistics** provides unemployment statistics by county and state; http://www.bls.gov/lau/#tables.
  - Food insecurity information is pulled from **Feeding America's Map the Meal Gap**, which provides food insecurity data by county, congressional district and state: http://map.feedingamerica.org/.
  - This study also used health data collected by the **SparkMap**, a national platform that provides public and custom tools produced by the Center for Applied Research and Engagement Systems (CARES) at the University of Missouri. Data can be accessed at https://sparkmap.org/report/.
  - The **Annie E. Casey Foundation** is a private charitable organization, dedicated to helping build better futures for disadvantaged children in the United States. One of their initiatives is the Kids Count Data Center, which provides access to hundreds of measures of child well-being by county and state; http://datacenter.kidscount.org/.
  - The **KU Institute for Policy & Social Research** provides state wide data on demographic data including but not limited to: housing, quality of life, infrastructure, natural resources. Data can be accessed at: https://ipsr.ku.edu/sdc/region.php?tab=2&area=DC&Get+Regional+Data=Get+Regional+Data

- **Health Data**
  - The **County Health Rankings** are made available by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The Rankings measure the health of nearly all counties in the nation and rank them within states. The Rankings are compiled using county-level measures from a variety of national and state data sources. These measures are standardized and combined using scientifically-informed weights. The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Building on the work of America's Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of Wisconsin's counties every year since 2003; http://www.countyhealthrankings.org/.
  - The **Centers for Disease Control and Prevention National Center for Health Statistics WONDER Tool** provides access to public health statistics and community health data including, but not limited to, mortality, chronic conditions, and communicable diseases; http://wonder.cdc.gov/ucd-icd10.html.
  - This study utilizes county level data from the **Behavioral Risk Factor Surveillance System (BRFSS)**, provided by the: Kansas Department of Health and Environment; http://www.kdheks.gov/brfss/HRSReports/local_hrs_reports_index.htm.

Summary of Data Sources

- ## Health Data (continued)
  - This study also used health data collected by the **SparkMap**, a national platform that provides public and custom tools produced by the Center for Applied Research and Engagement Systems (CARES) at the University of Missouri. Data can be accessed at https://sparkmap.org/report/.
  - The **U.S. Census Bureau's Small Area Health Insurance Estimates** program produces the only source of data for single-year estimates of health insurance coverage status for all counties in the U.S. by selected economic and demographic characteristics. Data can be accessed at https://www.census.gov/data-tools/demo/sahie/index.html.
  - The **U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA)** provides Medically Underserved Area / Population and Health Professional Shortage Area scores, and can be accessed at: https://datawarehouse.hrsa.gov/tools/analyzers.aspx.
  - The **University of Kansas Medical Center, Kansas Cancer Registry** is a statewide, population-based registry that serves as the foundation for measuring the cancer burden in Kansas. Data can be accessed at: https://www.kumc.edu/kcr/zsearch.aspx
  - The **Kansas Department of Health and Environment** produces a COVID-19 dashboard about vaccinations in Kansas and at the county level. Data can be accessed at: https://www.kansasvaccine.gov/158/Data
  - The **Kansas Department of Health and Environment, STI/HIV Surveillance Program** provides HIV/STD surveillance for year by year estimates. Data can be accessed at: http://www.kdheks.gov/sti_hiv/index.htm
  - The **Centers for Medicare & Medicaid Services, Office of Minority Health** provides public tools to better understand disparities in chronic diseases. Data can be accessed at: https://data.cms.gov/mapping-medicare-disparities

- ## Phone Interviews
  - CHC Consulting conducted interviews on behalf of Decatur Health from February 26, 2021 – March 15, 2021.
  - Interviews were conducted and summarized by Valerie Hayes, Planning Manager.

DATA REFERENCES

2021 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

Search in table for...

PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
1	$12,880
2	$17,420
3	$21,960
4	$26,500
5	$31,040
6	$35,580
7	$40,120
8	$44,660

For families/households with more than 8 persons, add $4,540 for each additional person.

MUA/P AND HPSA INFORMATION

Medically Underserved Areas/Populations

Background

- Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty or a high elderly population.

- MUAs have a shortage of primary care services for residents within a geographic area such as:

  - A whole county
  - A group of neighboring counties
  - A group or urban census tracts
  - A group of county or civil divisions

- MUPs are specific sub-groups of people living in a defined geographic area with a shortage of primary care services. These groups may face economic, cultural, or linguistic barriers to health care. Examples include, but are not limited to:

  - Homeless
  - Low income
  - Medicaid eligible
  - Native American
  - Migrant farmworkers

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Medically Underserved Areas/Populations

Background (continued)

- The Index of Medical Underservice (IMU) is applied to data on a service area to obtain a score for the area. IMU is calculated based on four criteria:

  1. Population to provider ratio
  2. Percent of the population below the federal poverty level
  3. Percent of the population over age 65
  4. Infant mortality rate

- The IMU scale is from 1 to 100, where 0 represents 'completely underserved' and 100 represents 'best served' or 'least underserved.'

- Each service area or population group found to have an IMU of 62.0 or less qualifies for designation as a Medically Underserved Area or Medically Underserved Population.

data.HRSA.gov

Discipline	MUA/P ID	Service Area Name	Designation Type	Primary State Name	County	Index of Medical Underservice Score	Status	Rural Status	Designation Date	Update Date
Primary Care	07194	Low Inc - Decatur	Medically Underserved Area	Kansas	Decatur County, KS	43.1	Designated	Rural	04/18/2002	04/18/2002

	Component State Name	Component County Name	Component Name	Component Type	Component GEOID	Component Rural Status
	Kansas	Decatur	Decatur	Single County	20039	Rural

Health Professional Shortage Areas

Background

- Health Professional Shortage Areas (HPSAs) are designations that indicate health care provider shortages in:
  - Primary care
  - Dental health
  - Mental health

- These shortages may be geographic-, population-, or facility-based:
  - <u>Geographic Area</u>: A shortage of providers for the entire population within a defined geographic area.
  - <u>Population Groups</u>: A shortage of providers for a specific population group(s) within a defined geographic area (e.g., low income, migrant farmworkers, and other groups)
  - <u>Facilities</u>:
    - Other Facility (OFAC)
    - Correctional Facility
    - State Mental Hospitals
    - Automatic Facility HPSAs (FQHCs, FQHC Look-A-Likes, Indian Health Facilities, HIS and Tribal Hospitals, Dual-funded Community Health Centers/Tribal Clinics, CMS-Certified Rural Health Clinics (RHCs) that meet National Health Service Corps (NHSC) site requirements)

Health Professional Shortage Areas

Background (continued)

- HRSA reviews these applications to determine if they meet the eligibility criteria for designation. The main eligibility criterion is that the proposed designation meets a threshold ratio for population to providers.

- Once designated, HRSA scores HPSAs on a scale of 0-25 for primary care and mental health, and 0-26 for dental health, with higher scores indicating greater need.

data.HRSA.gov

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	Status	Rural Status	Designation Date	Update Date
Primary Care	1209694102	LI-Decatur County	Low Income Population HPSA	Kansas	Decatur County, KS	0.21	13	Designated	Rural	04/23/2012	05/14/2020

	Component State Name	Component County Name	Component Name	Component Type	Component GEOID	Component Rural Status
	Kansas	Decatur	Decatur	Single County	20039	Rural

Dental Health	6207679722	Decatur County	Geographic HPSA	Kansas	Decatur County, KS	0.24	9	Designated	Rural	12/27/2011	10/28/2017

	Component State Name	Component County Name	Component Name	Component Type	Component GEOID	Component Rural Status
	Kansas	Decatur	Decatur	Single County	20039	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	Status	Rural Status	Designation Date	Update Date
Mental Health	7203258896	MHCA 23	Geographic HPSA	Kansas	Cheyenne County, KS | Decatur County, KS | Ellis County, KS | Gove County, KS | Graham County, KS | Logan County, KS | Ness County, KS | Norton County, KS | Osborne County, KS | Phillips County, KS | Rawlins County, KS | Rooks County, KS | Rush County, KS | Russell County, KS | Sheridan County, KS | Sherman County, KS | Smith County, KS | Thomas County, KS | Trego County, KS | Wallace	3.945	17	Designated	Rural	12/29/1980	08/24/2018

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	Status	Rural Status	Designation Date	Update Date
					County, KS						

Component State Name	Component County Name	Component Name	Component Type	Component GEOID	Component Rural Status
Kansas	Cheyenne	Cheyenne	Single County	20023	Rural
Kansas	Decatur	Decatur	Single County	20039	Rural
Kansas	Ellis	Ellis	Single County	20051	Rural
Kansas	Gove	Gove	Single County	20063	Rural
Kansas	Graham	Graham	Single County	20065	Rural
Kansas	Logan	Logan	Single County	20109	Rural
Kansas	Ness	Ness	Single County	20135	Rural
Kansas	Norton	Norton	Single County	20137	Rural
Kansas	Osborne	Osborne	Single County	20141	Rural
Kansas	Phillips	Phillips	Single County	20147	Rural
Kansas	Rawlins	Rawlins	Single County	20153	Rural
Kansas	Rooks	Rooks	Single County	20163	Rural
Kansas	Rush	Rush	Single County	20165	Rural
Kansas	Russell	Russell	Single County	20167	Rural
Kansas	Sheridan	Sheridan	Single County	20179	Rural
Kansas	Sherman	Sherman	Single County	20181	Rural
Kansas	Smith	Smith	Single County	20183	Rural
Kansas	Thomas	Thomas	Single County	20193	Rural
Kansas	Trego	Trego	Single County	20195	Rural
Kansas	Wallace	Wallace	Single County	20199	Rural

INTERVIEWEE INFORMATION

Decatur Health Community Health Needs Assessment Interviewee Information

Name	Title	Organization	Interview Date	County Served	Interviewer	IRS Category			Population Served
						A	B	C	
Joel Applegate	Superintendent	Decatur Community High School	2/26/2021	Decatur County	Valerie Hayes		x		Teens/Adolescents
Jan Badsky	Hospital Board Trustee	Decatur Health	3/5/2021	Multi-county area, Decatur County	Valerie Hayes		x		General public
Dr. Craig Bartruff	Physician	Decatur Health	3/3/2021	Multi-county area, Decatur County	Valerie Hayes		x		General public
Carla Britton	School Nurse	Decatur Community High School	3/3/2021	Decatur County	Valerie Hayes		x		Teens/Adolescents
Doug Brown	Banker, School Board	The Bank, Decatur Comm School Board	3/3/2021	Decatur County	Valerie Hayes		x		General public, Teens/Adolescents
Derek Chambers	Pharmacist	Ward Drug	3/5/2021	Multi-county area, Decatur County	Valerie Hayes			x	General public
Troy Haas	County Sheriff	Decatur County	3/5/2021	Decatur County	Valerie Hayes			x	General public
Chris Hackney	Business Owner	Business Owner/Helping Hands	3/11/2021	Decatur County	Valerie Hayes		x		Underserved
Cynthia Haynes	Journalist	Oberlin Herald Press	3/3/2021	Multi-county area, including Decatur County	Valerie Hayes			x	General public
Bobbi Koerperich	Director	Decatur County Health Department	2/26/2021	Decatur County	Valerie Hayes	x			General public
Chris Koerperich	Director	Decatur County EMS	3/1/2021	Decatur County	Valerie Hayes		x		General public
Karen Larson	Commissioner	Decatur County	3/3/2021	Decatur County	Valerie Hayes			x	General public, Underserved
Marcia Lohoefener	Hospital Board Trustee	Decatur Health	3/2/2021	Multi-county area, Decatur County	Valerie Hayes		x		General public
Melissa Mathews	FNP	Decatur Health	3/12/2021	Multi-county area, Decatur County	Valerie Hayes		x		General public, Underserved
Roger May	Farmer	Self-employed farmer	3/1/2021	Decatur County	Valerie Hayes			x	General public
Loretta McFee	DON	Good Samaritan Society	3/5/2021	Decatur County	Valerie Hayes		x		Seniors, Elderly, Medically Complex
Joan McKenna	Jennings	Hansen/Grow Foundation	3/4/2021	Decatur County	Valerie Hayes		x		Underserved
Shelley McKenna	RN	Decatur Health	3/2/2021	Multi-county area, Decatur County	Valerie Hayes		x		General public
Carrie Morford	Chamber	Decatur County Area Chamber of Commerce	3/1/2021	Decatur County	Valerie Hayes		x		Underserved
Gordon Pettibone	Pastor	United Methodist Church	3/4/2021	Decatur County	Valerie Hayes			x	General public
Haley Roberson	Administrator	City of Oberlin	3/11/2021	Decatur County	Valerie Hayes			x	General public
Cherish Seifert	Social Worker	Decatur Health	3/5/2021	Multi-county area, Decatur County	Valerie Hayes		x		General public

Decatur Health Community Health Needs Assessment Interviewee Information

Name	Title	Organization	Interview Date	County Served	Interviewer	IRS Category			Population Served
						A	B	C	
Paul Shields	Farmer, Business Owner	Brookwood Apartments (Prairie Coast LLC), Farmer	3/2/2021	Decatur County	Valerie Hayes			x	General public
Mark Starr	President	Economic Development Committee	3/15/2021	Decatur County	Valerie Hayes		x		Underserved
Jodi Votapka	Practice Administrator	Decatur Health	3/2/2021	Multi-county area, Decatur County	Valerie Hayes		x		General public
Lisa Votapka	Manager	Cobblestone Inn and Suites	3/2/2021	Decatur County	Valerie Hayes			x	General public

A: Work for a State, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community

B: Member of a medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations

C: Community Leaders

Source: Decatur Health Community Health Needs Assessment Interviews Conducted by CHC Consulting, February 26, 2021 – March 15, 2021.

PRIORITY BALLOT

Prioritization Ballot

Upon reviewing the comprehensive preliminary findings report for the 2021 Decatur Health Community Health Needs Assessment (CHNA), we have identified the following needs for the Decatur Health CHNA Team to prioritize *in order of importance.*

Please review the following criteria (Size and Prevalence of the Issue, Effectiveness of Interventions and Decatur Health Capacity) that we would like for you to use when identifying the top community health priorities for Decatur Health, then cast 3 votes for each priority.

1. Size and Prevalence of the Issue
In thinking about the "Size and Prevalence" of the health need identified, ask yourself the following questions listed below to figure out if the overall magnitude of the health issue should be ranked as a "1" (least important) or a "5" (most important).
a. How many people does this affect?
b. How does the prevalence of this issue in our communities compare with its prevalence in other counties or the state?
c. How serious are the consequences? (urgency; severity; economic loss)

2. Effectiveness of Interventions
In thinking about the "Effectiveness of Interventions" of the health need identified, ask yourself the following questions listed below to figure out if the overall magnitude of the health issue should be ranked as a "1" (least important) or a "5" (most important).
a. How likely is it that actions taken by Decatur Health will make a difference?
b. How likely is it that actions taken by Decatur Health will improve quality of life?
c. How likely is it that progress can be made in both the short term and the long term?
d. How likely is it that the community will experience reduction of long-term health cost?

3. Decatur Health Capacity
In thinking about the Capacity of Decatur Health to address the health need identified, ask yourself the following questions listed below to figure out if the overall magnitude of the health issue should be ranked as a "1" (least important) or a "5" (most important).
a. Are people at Decatur Health likely to support actions around this issue? (ready)
b. Will it be necessary to change behaviors and attitudes in relation to this issue? (willing)
c. Are the necessary resources and leadership available to us now? (able)

Please note that the identified health needs below are in alphabetical order for now, and will be shifted in order of importance once they are ranked by the CHNA Team.

* 1. Access to Affordable Care and Reducing Health Disparities Among Specific Populations

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	◯	◯	◯	◯	◯
Effectiveness of Interventions	◯	◯	◯	◯	◯
Decatur Health Capacity	◯	◯	◯	◯	◯

* 2. Access to Mental and Behavioral Health Care Services and Providers

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	◯	◯	◯	◯	◯
Effectiveness of Interventions	◯	◯	◯	◯	◯
Decatur Health Capacity	◯	◯	◯	◯	◯

* 3. Access to Primary and Specialty Care Services and Providers

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	◯	◯	◯	◯	◯
Effectiveness of Interventions	◯	◯	◯	◯	◯
Decatur Health Capacity	◯	◯	◯	◯	◯

* 4. Impact of COVID-19 Pandemic

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	◯	◯	◯	◯	◯
Effectiveness of Interventions	◯	◯	◯	◯	◯
Decatur Health Capacity	◯	◯	◯	◯	◯

* 5. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	◯	◯	◯	◯	◯
Effectiveness of Interventions	◯	◯	◯	◯	◯
Decatur Health Capacity	◯	◯	◯	◯	◯

* 6. When thinking about the above needs, are there any on this list that you DO NOT feel that Decatur Health could/would work on over the next 3 years?

	Yes, we could/should work on this issue.	No, we cannot/should not work on this issue.
Access to Affordable Care and Reducing Health Disparities Among Specific Populations	◯	◯
Access to Mental and Behavioral Health Care Services and Providers	◯	◯
Access to Primary and Specialty Care Services and Providers	◯	◯
Impact of COVID-19 Pandemic	◯	◯
Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles	◯	◯

Section 2:
Implementation Plan

Decatur Health
FY 2022 - FY 2024 Implementation Plan

A comprehensive, six-step community health needs assessment ("CHNA") was conducted for Decatur Health (DH) by Community Hospital Consulting (CHC Consulting). This CHNA utilizes relevant health data and stakeholder input to identify the significant community health needs in Decatur County, Kansas

The CHNA Team, consisting of leadership from DH, reviewed a summary of the research findings created by CHC Consulting to prioritize the community health needs. Five significant community health needs were identified by assessing the prevalence of the issues identified from the health data findings combined with the frequency and severity of mentions in community input.

The CHNA Team participated in a prioritization ballot to rank the community health needs based on three characteristics: size and prevalence of the issue, effectiveness of interventions and the hospital's capacity to address the need. Once this prioritization process was complete, the hospital leadership discussed the results and decided to address all five of the prioritized needs in various capacities through a hospital specific implementation plan.

The final list of prioritized needs is listed below:
1.) Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
2.) Access to Primary and Specialty Care Services and Providers
3.) Access to Mental and Behavioral Health Care Services and Providers
4.) Access to Affordable Care and Reducing Health Disparities Among Specific Populations
5.) Impact of COVID-19 Pandemic

Hospital leadership has developed the following implementation plan to identify specific activities and services which directly address all of the priorities. The objectives were identified by studying the prioritized health needs, within the context of the hospital's overall strategic plan and the availability of finite resources. The plan includes a rationale for each priority, followed by objectives, specific implementation activities, responsible leaders, annual updates and progress, and key results (as appropriate).

The DH Board reviewed and adopted the 2021 Community Health Needs Assessment and Implementation Plan on September 20, 2021.

Priority #1: Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

Rationale:

   Data suggests that higher rates of specific mortality causes and unhealthy behaviors warrants a need for increased preventive education and services to improve the health of the community. Cancer and heart disease are the two leading causes of death in Decatur County. Decatur County has higher mortality rates than Kansas for the following causes of death: malignant neoplasms; accidents (unintentional injuries); and diabetes mellitus.

   Decatur County also has higher prevalence rates of chronic conditions such as obesity than the state. Decatur County has a higher percentage of residents participating in unhealthy lifestyle behaviors such as physical inactivity than the state. With regards to maternal and child health, specifically, Decatur County has a higher percentage of low birth weight births, and a lower percent of live births to mothers receiving adequate prenatal care than the state.

   Data suggests that Decatur County residents are not appropriately seeking preventive care services, such as timely mammography screenings, pap tests or colonoscopies.

   Several interviewees noted that there is a concern surrounding increasing unhealthy lifestyle behaviors placing strain on the hospital as well as limited health education in the community. One interviewee stated: "The unhealthier we get as a community, the more strain we're putting on our hospital." Another interviewee stated: "We could benefit from more public health education on issues, like general health and nutrition and diabetic education." Furthermore, interviewees stated that there are high rates of obesity and diabetes, which are worsened by limited access to healthy food options. One interviewee stated: "Obesity is an issue, and that is directly tied to difficulty getting quality food here. There's no vegetables. You don't have a lot of food options and everybody's default is to put gravy on everything."

   Several individuals specified that the youth population may face higher rates of tobacco, vapor use and alcohol consumption as well as an increase in unhealthy lifestyle behaviors. One interviewee stated: "With kids, it's the use of chewing tobacco. You see the vape pen thing coming through in our high school. It tastes good and they don't think it's harmful. There is a decent amount of drinking as well with our younger kids." It was mentioned that the lack of exercise and participation in recreational activities is due to technology use and there is a need to educate the youth on substance abuse. One interviewee stated: "…our youth are not as active as they used to be due to technology. Seems like we have fewer kids out for sports than we used to. I think the youth are getting out and being active less than they used to."

Objective:

Implement programs and provide educational opportunities that seek to address unhealthy lifestyles and behaviors in the community

Implementation Activity	Responsible Leader(s)	FY 2022		FY 2023		FY 2024	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
1.A. DH will continue to host and/or participate in local health-related events to promote hospital services, offer a variety of health screenings to the community, and/or support or partner with local organizations to improve community health as opportunities arise.	CNO, VP Clinic	*Current Examples: Decatur County Health Department (local health fairs), Decatur County Emergency Medical Services, Ward Drug, Decatur Community High School, Oberlin Elementary School, Good Samaritan Society, other local events (EX: cornhole, races)*					

Implementation Activity	Responsible Leader(s)	FY 2022		FY 2023		FY 2024	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
1.B. DH will continue to increase educational opportunities for the public concerning wellness topics and health risk concerns.	Marketing Team, HR	*Current Examples: health tips and health education via Facebook page, "Medical Minute" radio spots (monthly), public forums, newspaper articles, flyers available in hospital lobby/clinic waiting rooms*					
1.C. DH offers the Decatur Health Fitness Center to the community to encourage residents to exercise and increase access to healthy lifestyle opportunities.	COO						
1.D. DH will continue to increase awareness of its service offerings in the community through local media outlets, such as the radio, electronic billboards, Facebook and updating the hospital's website.	Marketing Team	*Current Examples: Facebook updates, local newspapers, "Medical Minute" spots on local radio station, electronic billboards*					
1.E. DH personnel will continue to serve in leadership roles and as volunteers with many agencies and committees in the community.	Executive Team	*Current Examples: Rotary Club*					

Priority #2: Access to Primary and Specialty Care Services and Providers

Rationale:

Decatur County has a slightly lower rate of preventable hospitalizations than the state and has a lower rate of primary care physicians per 100,000 population than the state. Additionally, Decatur County has several Health Professional Shortage Area and Medically Underserved Area/Population designations as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

Interviewees raised concern surrounding limited access to all kinds of providers. Issues were raised about the difficulty attracting providers to the community due to lack of opportunities for a spouse, the rural nature of the community and the limited economic sustainability. One interviewee stated: "It is so difficult to recruit/retain folks to come in, from providers to office staff." Interviewees mentioned that there was a lack of appropriate staffing in local nursing homes and limited number of paramedics leading to increased concern surrounding lack of access to emergency services. Furthermore, several interviewees mentioned a nursing shortage due to staff leaving the community for more attractive hours and benefits and that several providers were reaching retirement age and the apprehension about workforce recruitment and retainment to fill the void.

One interviewee stated: "There is a huge nursing shortage in this area. That's a big issue right now…the nursing shortage is an issue at our hospital because they leave for better work hours."

With regards to specialty care access, interviewees noted the shortage of local specialty services which are leading to long wait times, outmigration, transferring of patients to larger facilities and delaying/foregoing care altogether. One interviewee stated: "If you have an emergency, you have to be flown to a hospital that's far away and with an older community that's an issue. We have a need for emergency services – an extra hour may be the difference between life/death." Specific specialties mentioned include: Cardiology, Pulmonology, OB/GYN, Orthopedics, Endocrinology, Dermatology, Oncology and Urology. Furthermore, interviewees discussed limitations for nearby options due to insurance coverage. Interviewees also addressed the concern surrounding wait time associated with seeking both local specialty services as well as specialty services in larger cities. One interviewee stated: "For those specialties that rotate through, there are wait times. But at least they're not driving 4 hours round trip to go wait in another clinic. You're going to wait for a specialist no matter where you are."

Objective:

Implement and offer programs that aim to address access to primary and specialty care services in the community through recruitment and retention efforts

Implementation Activity	Responsible Leader(s)	FY 2022		FY 2023		FY 2024	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
2.A. DH will continue to develop relationships with external stakeholders for networking and recruitment to improve access, recruitment, and retention of family medicine physicians and providers.	VP Clinic	*Current Examples: KU Medical School, WSU, Union College, Waldren University, St. Mary's College*					
2.B. DH continues to offer a variety of specialty services to increase local access to care, and explores the feasibility of expanding services to benefit the community as opportunities arise.	VP Clinic, CNO	*Current Examples: cardiology, general surgery, podiatry, sleep medicine, new CT Scanner*					
2.C. DH will continue to increase awareness of its primary and specialty care service offerings in the community through various media outlets and advertisements.	Marketing Team						

Implementation Activity	Responsible Leader(s)	FY 2022		FY 2023		FY 2024	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
2.D. DH will continue to serve as a teaching facility for local RN, lab, respiratory therapy and ancillary students.	VP Clinic, CNO	***Current Examples:*** Colby Community College, Northwest Tech, Decatur High School					
2.E. DH will continue to participate in Career Day at local schools to educate area residents pursuing future health care careers on what DH has to offer.	HR						
2.F. DH will continue to maintain and provide a list of referral services to patients who are requiring specialty care.	CNO, VP Clinic						

Priority #3: Access to Mental and Behavioral Health Care Services and Providers

Rationale:

Data suggests that residents in Decatur County do not have adequate access to mental and behavioral health care services and providers. Decatur County has a has a lower rate of mental health providers per 100,000 population than the state.

Many interviewees mentioned the overall lack of mental and behavioral health care providers and services in the county. It was mentioned several times that the limited or lack of options for mental and behavioral health care resources in the community yields long wait times and less access to providers being able to prescribe appropriate medication. One interviewee stated: "Mental health is a tough one. If you need to see a specialist, you wait 3 months. Western Kansas is very underrepresented in getting a psychiatrist out here." Another interviewee stated: "A therapist from High Plains Mental Health comes once a week, but if patients need medication, then that is usually a 2 hour drive." It was also noted that there is stigma associated with seeking such care. One interviewee stated: "If you have a counselor in a small town, everybody will see your car there. I'd much rather do it over telehealth so people are not in my business."

Interviewees also discussed an increasing rate of mental ailments within the community due to recreational drug use and alcohol consumption. Additionally, COVID-19 was mentioned as a mental health concern among teenagers and adolescents. One interviewee stated: "There's lots of substance abuse, all the way from alcohol to drugs to all the other vices. Addiction is a problem and unfortunately those who struggle with addiction are on their own."

Objective:

Implement and offer programs that aim to address access to mental and behavioral health care services in the community through recruitment and retention efforts

Implementation Activity	Responsible Leader(s)	FY 2022		FY 2023		FY 2024	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
3.A. DH continues to offer telehealth services for any patients with a mental or behavioral health issue.	CFO, VP Clinic						
3.B. The DH social worker will continue to evaluate and connect any patients with a mental or behavioral health issue to applicable facilities as appropriate.	Social Worker						
3.C. DH will partner with and/or support local organizations addressing mental and behavioral health in the community as opportunities arise.	COO						

Priority #4: Access to Affordable Care and Reducing Health Disparities Among Specific Populations

Rationale:

 Data suggests that some residents in the study area face significant cost barriers when accessing the healthcare system. Decatur County has a lower educational attainment rate than the state and a higher percentage of families and children living below poverty than the state. Decatur County has a higher overall food insecurity rate as well as a higher child food insecurity rate than Kansas. Additionally, with regards to housing, the homeowner vacancy rate in Decatur County has increased over time while the state rate has decreased, thus indicating a higher rate of unoccupied homes in the community.

Decatur County has a higher rate of those adults (age 18-64) who are uninsured as compared to the state. Additionally, Decatur County is designated as Health Professional Shortage Areas and Medically Underserved Areas, as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

Interviewees discussed a significant number of working poor/low income residents who are un/underinsured, as well as affordability and cost barrier concerns that disproportionately affect the low income, un/underinsured, working poor and elderly populations. Many people pointed out the limited options for low income, Medicaid, and un/underinsured patients in Decatur County, as well as higher rates of un/underinsured residents within the low income population. It was also mentioned that those residents facing financial strains, particularly un/underinsured residents, may delay or forego care due to cost barriers and inappropriately use the Emergency Room. One interviewee specifically stated: "If you have insurance, you're going to go to the clinic. If they don't have insurance, or if they can't afford it or don't want to pay it, then they'll go to the ER so they don't have to front that bill."

It was noted several times that there are limited affordable options for necessary medicine and prescriptions for the working poor and un/underinsured population. One interviewee stated: "Affordable medicine is a need. Insulin is terribly expensive for diabetics. If you don't have insurance, it's very expensive." Additionally, interviewees mentioned the difficulty small businesses are facing in providing affordable health insurance coverage. One interviewee stated: "It's hard for a small business to offer health insurance and insurance coverage is so high that some people don't get what they need for medical care."

Interviewees addressed the growing concern surrounding increasing cost of living and having to make difficult decisions between health care needs and utilities. One interviewee stated: "The cost of living in general is going to be something I'm worried about. Our utilities are going up, medicines are going up, it's a lot." Another interviewee stated: "There's always challenges for the low income and working poor, the latest one is paying your electric and power bill. Sometimes you have to decide if you're going to pay your medical bill or heat your house." Several interviewees addressed the challenge in seeking nearby out-of-state care due to Blue Cross Blue Shield of Kansas limitations. One interviewee stated: "Blue Cross Blue Shield of Kansas is requiring patients see doctors in Kansas and that can be a problem. For people in the Western part of the state, Denver or places in Nebraska are much closer than going to Kansas City."

When asked about which specific groups are at risk for inadequate care, interviewees spoke about pediatrics, elderly, teenagers/adolescents, veterans/military dependents, and disabled individuals. With regards to the pediatric population, interviewees discussed generational poor habits. With regards to the elderly population, interviewees discussed transportation barriers, concern about the increase in certain chronic conditions/diseases like diabetes, heart disease, Alzheimer's disease and dementia. Interviewees also mentioned the need for a foot clinic and an assisted living facility. They also addressed the isolation challenge for nursing home residents due to the COVID-19 pandemic.

Teenage/adolescent residents were discussed as needing education surrounding substance abuse and the need for domestic violence screenings. Furthermore, there was growing concerns about mental health issues in this population due to the pandemic. Veteran/military dependent residents were brought up as a subgroup of the population that may be disproportionately affected by a lack of local services and facilities for them to utilize. Lastly, for disabled residents living in the community, interviewees discussed a need for handicap-friendly facilities.

Objective:

Implement and offer programs that aim to reduce health disparities by targeting specific populations

Implementation Activity	Responsible Leader(s)	FY 2022		FY 2023		FY 2024	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
4.A. DH offers patient payment programs through its partnership with Epic River, LLC for all patients.	CFO						
4.B. DH Family Practice Clinic continues to offer extended hours in order to increase access to primary care services for those who are unable to seek care during normal work hours.	VP Clinic						

Implementation Activity	Responsible Leader(s)	FY 2022		FY 2023		FY 2024	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
4.C. DH will continue to provide a telephone language line to provide translation services for non-English speaking patients and families as needed, as well as video services for sign language communication.	IT, COO						
4.D. DH continues to offer independent retirement living through Wheat Ridge Terrace Retirement Apartments to provide a safe, welcoming and independent environment for senior members of our community.	Wheat Ridge Terrace Coordinator						
4.E. DH will continue to provide physical examinations at a low cost to local school district students.	VP Clinic						
4.F. DH will continue to host and/or participate in fundraising events and donation drives to benefit underserved organizations in the community.	HR	*Current Examples: Annual Decatur Health Robin Edgett Memorial Golf Tournament, food drives, Salvation Army Angel Tree*					
4.G. DH will continue to connect patients with appropriate, affordable resources as opportunities arise.	Social Worker						

Priority #5: Impact of COVID-19 Pandemic

Rationale:

Interviewees mentioned their appreciation for being in a small town, having lower case rates and access to telehealth options during the COVID-19 pandemic. One interviewee stated: "We can't handle everything here and that's the downside. COVID has made it so I'm happy to be in a small town than in a city relying on public transportation. Case rates are lower. We were doing social isolation quite well before all this." Interviewees did have contradicting opinions about COVID-19 safety protocols. One interviewee stated: "As far as the pandemic, this area has had some people who were very careful about the public health mandate and others who were a lot more resistant to it." It was also mentioned that there is a concern about the need for socialization and connection due to isolation during the pandemic. One interviewee specifically stated: "COVID has affected our residents at the nursing home because they cannot see their loved ones."

Multiple interviewees mentioned the stigma associated with common symptoms that could be mistaken for COVID-19 like a cough or a sneeze. One interviewee stated: "I had a chest cold and people came up and asked if I had COVID. It got to the point where I was self-conscious." Furthermore, interviewees discussed the limitations on health care appointments and the challenge it causes for those needing advocates and caregivers. One interviewee stated: "With COVID, people had to go by themselves to the clinic and it was a struggle that there wasn't someone with them to listen and know what the doctor said."

Interviewees raised concern surrounding the impact of the pandemic on the youth and how it could lead to risky lifestyle behaviors and mental health concerns. One interviewee stated: "We're all caught off guard by the COVID pandemic. None of us were prepared to deal with that. Being out of school and not having the freedom and movement that they're used to can do a lot to kids. The kids want to be back in school and they're struggling with that situation right now. That's leading to some alcohol abuse and mental health issues I've heard about."

Objective:

Implement and offer programs that aim to reduce the impact of the COVID-19 pandemic

Implementation Activity	Responsible Leader(s)	FY 2022		FY 2023		FY 2024	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
5.A. DH will continue to provide education on COVID-19 as opportunities arise.	COO	*Current Examples: COVID-19 education to community through social media and the hospital website, "Medical Minute" radio spot*					
5.B. DH continues following CDC guidelines and community standards to control the spread and reduce risk of COVID-19 infection when discharging patients to a lower level of care and their home environment.	CNO, Social Worker						

Section 3:

Feedback, Comments and Paper Copies

INPUT REGARDING THE HOSPITAL'S CURRENT CHNA

CHNA Feedback Invitation

- Decatur Health invites all community members to provide feedback on its previous and existing CHNA and Implementation Plan.

- To provide input on this or the previous CHNA, please see details at the end of this report or respond directly to the hospital online at the site of this download.

Feedback, Questions or Comments?

Please address any written comments on the CHNA and Implementation Plan and/or requests for a copy of the CHNA and Implementation Plan to:

Decatur Health

ATTN: Administration

810 W Columbia St

Oberlin, KS 67749

Please find the most up to date contact information on the Decatur Health website as a direct link along the bottom of the homepage:

https://www.decaturhealth.org/

Thank you!

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