

2018 Community Health Needs Assessment

Decatur County, Kansas

This assessment will identify and prioritize the health needs of the residents of Decatur County, Kansas, and recommendations will be made for implementation strategies to address these health needs.



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Executive Summary

Decatur County, KS – Community Health Needs Assessment (CHNA)

Creating healthy communities requires a high level of collaboration and coordination among community members. A CHNA is a systematic collection, assembly, analysis, and dissemination of information about the health of the community that brings together community health leaders and providers to research and prioritize county health needs and document community health delivery successes (CDC, 2018). The last CHNA for Decatur County, KS was published in December of 2015, whereas every tax exempt hospital is required to conduct a CHNA at least once every three years and adopt an implementation strategy to meet the needs identified by the CHNA. Section 9007 of the Patient Protection and Affordable Care Act (PPACA), Public Law 111-148, enacted in March of 2010, imposed these new tax requirements for 501(c)(3) hospital organizations for tax years beginning after March 23, 2012 (IRS, 2018).

CHNA benefits for the hospital, other health entities, and the community, are as follows:

- Increases knowledge about health and the interconnection of related activities.
- Improves community collaboration by aligning their services to best meet needs.
- Identifies and measures community needs and resources available to address these needs.
- Provides a basis upon which community stakeholders can develop action plans that will contribute to improving the health of the community (CDC, 2018).

This report fulfills the requirements of the federal statute established by the PPACA. The CHNA process included input from key stakeholders that represent the broad interests of the community served by the hospital facility, as well as feedback from the community's residents based on results from surveys and open forum discussions. Decatur Health has identified three community health needs that are instrumental in improving our residents overall health status:

1. The recruitment and retention of family medicine physicians and advance 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

We are pleased to share the CHNA report with you.

Methodology

Scope and Purpose

As mentioned, the PPACA requires that each registered 501(c)(3) hospital conduct a CHNA at least once every three years, and adopt an implementation strategy to address and meet community health needs. A description of the community served by the facility and how the community is determined along with a description of the process and methods used to conduct the CHNA must be documented in this report. The CHNA must also identify any and all organizations that the organization collaborated with, and a description of how the input of persons representing the community was considered. Finally, a prioritized description, explanation of the process, and criteria utilized in the consideration of all of the community needs identified by the CHNA is required as well as a listing of existing health care facilities and other resources within the community available to meet the needs.

Section 501(r) provides that a CHNA must take into account input from persons who represent the broad interests of the community served by the hospital organization, including individuals with special knowledge of or expertise in public health. Under this notice, the persons consulted must also include: Government agencies with current information relevant to the health needs of the community and representatives or members in the community that are medically underserved, low-income, minority populations, and populations with chronic disease needs. In addition, the hospital organization may seek input from other individuals and organizations located in or serving the hospital's defined community (IRS, 2018).

The IRS notice also requires that a CHNA conducted in the taxable year will be made widely available to the public the written report of the CHNA findings (2018). Decatur Health will make the CHNA report widely available by posting the final report on its website in a readily accessible format. The hospital organization is also required to adopt an implementation strategy to meet the needs identified through the CHNA. This written plan must describe how the facility plans to meet the health needs which may include collaboration with other organizations. Under the notice, an implementation strategy is considered to be adopted on the date the strategy is approved by the organization's board of trustees. The formal adoption of the implementation strategy must occur by

the end of the same taxable year in which the written report of the CHNA findings is made available to the public (IRS, 2018).

In 2015, the IRS and U.S. Treasury Department issued final regulations under the PPACA for charitable hospitals. The PPACA also added a new Section 4959, which imposes an excise tax for failure to meet the CHNA requirements, and added reporting requirements (Cohn, 2015). Charitable hospitals as a condition of their tax-exempt status, must take an active role in improving the health of the communities they serve. These final regulations adopted the same framework of proposed regulations, but simplify the compliance process for charitable hospitals while continuing to provide guidance on requirements to access community health needs. Many of these requirements have been in place since the PPACA passed in 2010, but if a hospital fails to properly conduct a community health needs assessment or adopt an implementation strategy, an excise tax penalty now applies (Cohn, 2015).

Community Advisory Committee

Decatur Health, in response to its community commitment, created a community advisory board in 2015 to facilitate a comprehensive CHNA. Decatur Health expounded on the committee formed in 2015, and replaced members that were no longer in the community as well as added key community members determined to be essential in the collaboration of the CHNA. The 2018 community advisory committee members are listed below:

Jodi Votapka, 2018 CHNA Facilitator, Practice Administrator, Decatur Health

Kris Mathews, COO, Decatur Health

Dr. Jeff McKinley, Decatur Health

Kurt Vollertsen, Pharmacist, Ward Drug

Shelley McKenna, RN, Decatur Health

Marilyn Gamblin, Director, Decatur County Health Department

Linda Manning, Director, Decatur County EMS

Johanna Mason, Decatur Community High School Nurse

Ben Jimenez, Principal, Decatur Community High School

Karen Larson, Decatur County Commissioner

Halley Roberson, City of Oberlin Administrator

Penny Smith, Good Samaritan Society Nurse
Cynthia Haynes, Oberlin Herald press
Mark Starr, Economic Development Committee President
Jim Barrett, Farm Bureau Insurance Board Member
Lisa Votapka, Cobblestone Inn and Suites Manager

Collaborating CHNA Entities

Improving community health requires collaboration and coordination of community partners. The following is a detailed profile of the hospital. Other essential CHNA stakeholders in the community that collaborated with Decatur Health are listed after the hospital's profile.

Decatur Health

810 West Columbia Street, PO Box 268, Oberlin, KS 67749

COO: Kris Mathews

Decatur Health is a 24-bed critical access hospital with an attached rural health clinic (Family Practice Clinic), and an independent living facility (Wheat Ridge Terrace). Decatur Health is located in Oberlin, KS in Northwest Kansas where Oberlin is the county seat for Decatur County. Decatur County is classified as a frontier county with a population of approximately 2,885 residents (U.S. Census Bureau, 2018). The city of Oberlin has an approximate population of 1,736 residents (U.S. Census Bureau, 2018).

Mission Statement: Improving lives through quality healthcare.

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.

Core Values: Integrity, Accountability, Compassion, and Teamwork (Decatur Health, 2018).

Decatur Health provides the following services to its community:

- Outpatient Services
- Inpatient Services
- Specialty Clinics

- Telemedicine
- Laboratory Services
- Diagnostic Imaging Services
- Physical Therapy
- Respiratory Therapy
- Emergency Medicine
- Family Medicine
- Dietary Services

Decatur Health, which includes Decatur County Hospital, Family Practice Clinic, and Wheat Ridge Terrace, provides medical services to our local and regional communities. Our employees are committed to improving the health and well-being of our community while enhancing access and quality of care for all residents in Decatur County and the surrounding region. Decatur Health provides a safety net for the underserved and vulnerable populations as well as ensuring excellent quality of care to all including individuals with Medicare or Medicaid, regardless of the reimbursements from these government programs.

Decatur Health offers many programs that are free or at a lower cost to support our community. Direct access laboratory testing is a low cost program that ensures residents without insurance or financial means will still have accessibility to vital diagnostic testing. The Family Practice Clinic provides free sports physicals to our local schools to support the health of children. We offer educational opportunities to physicians, advance practitioners, clinical support staff, and other health professionals throughout our community and region. Decatur Health is active in many community organizations, events, and activities that promote the community's health and livelihood. Other collaborating CHNA entities are listed below:

Decatur County Health Department

Good Samaritan Society, Oberlin, KS

Decatur County Emergency Medical Services

Ward Drug, Oberlin, KS

Decatur Community High School, Oberlin Elementary School

Electronic Survey and Open Forum Research Process

Our CHNA process began in January of 2018. See Appendix A for the 2018 CHNA work plan with the project's timeline that includes roles and tasks. The first step in conducting our CHNA was to gather stakeholders that have an interest in health and the needs of the community. At that time the community advisory committee was formulated based on prior members of the 2015 CHNA process along with the addition of other key stakeholders in the community. Step one of this process was determined based on the interest level of area healthcare and community leaders.

The first community advisory committee meeting was held January 31, 2018 with 14 members present. See appendix B for this meeting's attendee roster. The second step in the CHNA process is planning and developing guidelines and timelines. The committee prepared a plan for the CHNA process by discussing purpose, objectives, roles, and outcomes. The committee also reviewed the 2015 CHNA report so the members would have a brief introduction into the process of the CHNA as well as review the top three health needs addressed in 2015.

The third step in our CHNA process was to collect, review, and report community health published facts. The facilitator collected secondary data that was pertinent to the residents of Decatur County as well as the comparison of these statistics to the populations in the state of Kansas and the United States. See appendix C for the list of key secondary data that indicated either an above or below average indicator based on the comparisons of the populations in the state of Kansas and the United States. The secondary data was presented to the committee, and members reviewed the published secondary data from sources such as the U.S. Census Bureau, Kansas Hospital Association, Kansas Health Matters, Centers for Disease Control and Prevention (CDC), Centers for Medicare and Medicaid Services (CMS) as well as several other cited sources. The current state of Decatur County health was organized through the secondary data by the following documented research:

- Population demographic profile
- Educational profile
- Economic profile
- Uninsured profile
- Access to care

- Health behaviors and factors

After reviewing the secondary data, the next step was to determine the basis for our community's qualitative research.

The fourth step in our CHNA process was to identify health needs in our community by gathering current opinions during a roundtable discussion. A detailed list of proposed community health needs was formulated by committee members based on the secondary data along with various health needs that were discussed during the roundtable. See appendix D for the January 31, 2018 community advisory committee meeting agenda that details the proposed community health needs discussed. An electronic survey and an open community forum were the two methods initiated to gain community feedback regarding the health needs of Decatur County. Survey Monkey was utilized for the electronic survey, designed by the facilitator with all of the proposed health needs included, and was launched March 13, 2018 to the public using multiple social media sites, posted flyers throughout the community, a newsletter, as well as an article with the survey link in the local newspaper. Refer to appendices E, F, and G for the public notices of the CHNA survey and community open forum. The open community forum was in conjunction with a "Health Matters" presentation by Dr. Jeff McKinley. The open forum was held March 29, 2018 at the Sunflower Theatre in Oberlin, KS from 7:00 pm – 8:00 pm.

The electronic survey's availability was extended until April 23, 2018 to ensure that community residents had the opportunity to provide their feedback. Results of the surveys were reviewed by the community advisory committee at the second meeting on May 3, 2018. Refer to appendices H and I for the committee meeting attendee roster and the agenda. Discussion by community members resulted in identification of the top seven health need priorities based on the results of the surveys. The facilitator, subsequently, emailed the community advisory committee members a follow-up from the May 3, 2018 meeting and asked for members to narrow the priorities to three needs. Decatur Health and the community advisory committee felt the significance of the top three priorities, based on the residents' feedback and the secondary data, would be better addressed based on our available resources as an organization and community. Refer to appendix J for the follow-up report sent to the advisory committee members. On June 21, 2018 the community advisory committee met to discuss the CHNA report, and initiate the implementation strategy addressing the

three top priorities identified. See appendix K and L for the committee meeting attendee roster and the meeting agenda.

Community Profile

Decatur County community profile is a description of the community served which includes four zip codes and cities: Dresden, zip code 67635, Jennings, zip code 67643, Norcatur, zip code 67653, and Oberlin, zip code 67749. The population of Decatur County was estimated to be 2,832 in 2016, and this estimate demonstrates a -4.4% population change since the 2010 U.S. Census (U.S. Census Bureau, 2018). The county covers 894 square miles, is divided into 25 different townships, and has an overall population density of 3.3 persons per square mile (U.S. Census Bureau, 2018). The county is located in Northwest Kansas, and its economy is mainly based on agriculture. The county was founded in 1873, named in honor of Commodore Stephen Decatur, Jr., and Oberlin is the county seat (Kansas Historical Society, 2018).

The major highway transportation in Decatur County is US Highway 83 which runs North to South, and US Highway 36 which runs East to West. The Oberlin Municipal Airport is the only Decatur County KS airport. Public schools in Decatur County are Oberlin Elementary School and Decatur Community High School, both located in Oberlin.

Community Health Status

Secondary Research Data

The health of a community is largely related to the characteristics of its residents. Health is more than health care, and a wide range of factors influence how long and how well we live from education and income, to what we eat and how we move, to the quality of our housing and the safety of our neighborhoods (County Health Rankings, 2018). County Health Rankings & Roadmaps, the collaboration between the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, is working to improve health outcomes for all (2018). Refer to appendix M for the County Health Rankings model that is based on many health factors. When considering the state of our community's health, it's important to review the state health rankings for Decatur County, KS. Health behaviors and factors in these rankings include: smoking, obesity,

food environment index, physical inactivity, access to exercise opportunities, excessive drinking, and teen births. Social and economic factors include: high school education, college, unemployment, children in poverty, income inequality, and single-parent households. Clinical care, another health factor, includes: uninsured, primary care physicians, dentists, mental health providers, preventable hospital stays, diabetes monitoring, and mammography screening. All of these factors contribute to the overall health outcome ranking for Decatur County. See appendix N for the 2018 state health rankings for Decatur County, KS. Increasing access to better opportunities for our community can reduce gaps in health, such as access to high-quality education and enrichment opportunities, which can boost workforce skills that are keys to upward economic mobility (County Health Rankings, 2018).

A comprehensive analysis of published quantitative community health indicators and factors related to the health of our community was completed from not only County Health Rankings, but also other published data sources. The U.S. Census Bureau, Centers for Disease Control and Prevention, Centers for Medicare and Medicaid Services, Kansas Hospital Association, Community Commons, and other additional resources were used in the coordination of the secondary data for Decatur County, the state of Kansas, and nationally. The population demographics of a community greatly influence the health status of its residents.

The median age of Decatur County's population is 52.8 years (Community Commons, 2018). This median age demonstrates the overall age of our residents, and is much higher than the populations for the state of Kansas and the United States, 37.5 years and 38.9 years respectively (Community Commons, 2018). According to County Health Rankings, Decatur County is the third highest county exhibiting a percentage of 27.9 of residents 65 years and older (2018). The state of Kansas average percentage for this demographic group is 15% (County Health Rankings, 2018). The number of individuals 65 years and older along with the county's median age are relevant because this population group has unique health needs which need to be considered separately from other age groups.

The educational profile of a community is relevant because educational attainment has been linked to positive health outcomes (Community Commons, 2018). Decatur County's percentage of the population with an Associate's level degree or higher is lower than the state of Kansas or United

States' percentages. Thirty three percent of our community's population has obtained an Associate's level degree or higher while the populations of the state of Kansas and nationally are 39% and 37.8% respectively (Community Commons, 2018).

Economic factors play a great importance in a rural community's overall health status. Agriculture is usually the main industry in the rural community, and commodity price fluctuations cause periodic farm financial crisis, undermining the financial viability of family farms and businesses. These stresses can lead to mental and physical health problems, although many rural people do not seek help for their health problems (Kansas Hospital Association, 2017). Reasons for avoiding medical intervention could be the strong sense of pride and self-reliance inherent among rural communities or that people simply cannot afford it (KHA, 2017). Refer to appendix O for a table that represents employment, income, and sales data for Decatur County, KS in 2016.

In Decatur County, KS, families earning over \$75,000 annually are 31.9% or 246 families (Community Commons, 2018). Total income includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, and retirement. Annual total income per family in Decatur County is much lower than the populations in the state of Kansas or nationally. The state of Kansas families earning over \$75,000 annually is 43.3% while nationally the percentage of families earning over \$75,000 is 43.9 (Community Commons, 2018). The Kansas Hospital Association cites that the median household income in Decatur County, KS is \$40,657 annually. Again, this is much lower than the state's population average of \$52,205 and the nation's population of \$53,889 (Community Commons, 2018). Another indicator of the county's economic profile is the percent of the population below 200% of the federal poverty level (FPL).

The U.S. Census Bureau's poverty threshold for a family with two adults and one child was \$20,160 in 2016 which is the official measurement of poverty used by the Federal Government (Kaiser Family Foundation, 2018). Using the official measurement of poverty dollar amount from 2016, \$40,320 annual income for a family of three would be 200% FPL. Thirty six percent of residents in Decatur County, KS are below 200% FPL, which is higher than the state of Kansas or national populations, 32% and 34% respectively (Community Commons, 2018). Poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status (Community Commons, 2018). These lower income levels in our community can then proportionally correspond with higher percentages of public assistance and Medicaid recipients.

The Health Insurance Association of America describes Medicaid as a governmental insurance for persons of all ages whose income and resources are insufficient to pay for needed health care and medical costs (Wikipedia, 2018). Eighteen percent of Decatur County, KS residents have insurance enrolled in Medicaid which is higher than the state of Kansas population at 15% (Community Commons, 2018). This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs (Community Commons, 2018). Lower income levels also correspond with higher percentages of a population receiving public assistance. Public assistance income includes general assistance and Temporary Assistance to Needy Families (TANF) (Community Commons, 2018). The percentage of Decatur County, KS residents receiving public assistance income is 4.3%, which is higher than Kansas and United States populations, 2% and 2.8% respectively (Community Commons, 2018). Also significant is the percentage of our county's population that is uninsured.

The lack of health insurance is a key driver of health status. It is relevant because lack of insurance is a primary barrier to healthcare access including primary care, specialty care, and other health services that contribute to poor health status (Community Commons, 2018). According to the U.S. Census Bureau the percentage of our county's uninsured population under age 18 is 7.5 while the state of Kansas and the United States is 5.1% (Community Commons, 2018). The percentage of the uninsured population of Decatur County residents aged 18 to 64 years is 12.5 which is comparable to Kansas residents and nationally (Community Commons, 2018). In rural communities, businesses tend to be small, often do not provide health insurance, and are highly vulnerable to changing economic conditions (Kansas Hospital Association (KHA), 2017). The lack of economic stability and health insurance also contributes to the community's access to care.

Access to primary care is an important indicator of the health status of a community because a shortage of health professionals will contribute to diminished access to care and increase health needs issues (Community Commons, 2018). In 2015, Decatur County, KS had a ratio of 2,930 people to one primary care physician where the state of Kansas average was one primary care physician for every 1,320 people (County Health Rankings, 2018). The U.S. Department of Health & Human Services reports access to primary care as an indicator reported by the number of primary care physicians per 100,000/population. Using this reporting format, Decatur County in 2015 had an indicator of access to primary care of 34.4 in which the populations in the state of Kansas was

84.6 and the United States was 87.8. Decatur County in 2018 with the addition of a primary care physician has an indicator of 68.8 which is still below the state and national levels (Community Commons, 2018).

The access to mental health services and providers is also relevant in the overall well-being emotionally and physically for a community. Mental health providers according to Community Commons includes: psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care (2018). Decatur County, KS, using the indicator of the number of mental health providers per 100,000/population, has an indicator of 34.3 which is far lower than the state of Kansas or United States rates which are 185.6 and 202.8 respectively (Community Commons, 2018). This demonstrates limited access to mental health services in our community which proportionally limits care and negatively could impact their overall health status.

Cancer screening is a relevant indicator for access to clinical care and overall health status because engaging in preventive behaviors allows for early detection and treatment of health problems (Community Commons, 2018). The Dartmouth College Institute for Health Policy and Clinical Practice reports the percentage of female Medicare enrollees who have received one or more mammograms in the past two years. Decatur County, KS is below the state and national percentages at 45.7%, in which the populations of Kansas and the United States report percentages of 60.3 and 61.3 (Community Commons, 2018). A colonoscopy is a colon cancer screening procedure that allows for early detection and treatment. Forty eight percent of Decatur County residents 50 years or older have had a colonoscopy. The CDC reports that 60% of Kansas residents in the same demographic have had a colonoscopy, and 61.3% of the U.S. population has had the colon cancer screening procedure (Community Commons, 2018).

Health behaviors and factors such as smoking, obesity, physical inactivity, food environment index, excessive drinking, and teen births affect a community's health status. County Health Rankings reports not only each county's rankings in a state, but also compares data for different health behaviors and factors between a county and a state's populations. Appendix P demonstrates the percentages of populations of Decatur County and the state of Kansas as it relates to many health behaviors and factors. The Food Environment Index displayed in the table referenced in

appendix P, ranges from 0 (worst) to 10 (best) and equally weights two indicators of the food environment:

1. Limited access to healthy foods estimates the percentage of the population that is low income and does not live close to a grocery store. Living close to a grocery store is defined differently in rural and non-rural areas; in rural areas, it means living less than 10 miles from a grocery store whereas in non-rural areas, it means less than 1 mile. Low income is defined as having an annual family income of less than or equal to 200 percent of the federal poverty threshold for the family size (County Health Rankings, 2018).
2. Food insecurity estimates the percentage of the population who did not have access to a reliable source of food during the past year. A two-stage fixed effects model was created using information from the Community Population Survey, Bureau of Labor Statistics, and American Community Survey (County Health Rankings, 2018).

Teen births, as displayed in the appendix P table, are the number of births per 1,000 female population ages 15-19. Evidence suggests teen pregnancy significantly increases the risk of repeat pregnancy and of contracting a sexually transmitted infection, both of which can result in adverse health outcomes for mothers, children, families, and communities (County Health Rankings, 2018). Pregnant teens are more likely than older women to receive late or no prenatal care, have medical complications, low birth weight, preterm delivery, and severe neonatal conditions (County Health Rankings, 2018). Pre-term delivery and low birth weight babies have increased risk of child developmental delay, illness, and mortality, and there are strong ties between teen birth and poor socioeconomic, behavioral, and mental outcomes (County Health Rankings, 2018). Teenage women who give birth are much less likely to achieve an education level at or beyond high school, much more likely to be obese as adults and more likely to experience depression and psychological distress which will adversely affect the health status of a community (County Health Rankings, 2018). In Decatur County, KS, County Health Rankings reports 47 teen births per 1,000 females, which is higher than the state of Kansas teen births of 30 per 1,000 females (2018).

Electronic Survey and Open Forum CHNA Findings

The electronic survey generated by Survey Monkey along with the paper surveys completed at the community open forum yielded 150 responses from our community residents. This is 5% of our county's estimated population. Refer to appendix Q for the 2018 CHNA survey for Decatur

County, KS residents. Results from the survey were statistically formulated by Survey Monkey, and a final report was generated. The open community forum had 27 attendees from our community that participated in an open discussion regarding the Health Matters presentation along with health needs issues and concerns. Many of the attendees completed paper surveys that were collected by the CHNA facilitator and then entered manually into the Survey Monkey online application. Much of the feedback from the open forum involved cancer screening tests and behavioral risks and factors that contribute to the overall health of our community. The final results and formatted report can be viewed by accessing the following link:

<https://www.surveymonkey.com/results/SM-B6QD2332L/>

Decatur County Area of Future Focus

The top community health needs were identified by analyzing the secondary data of Decatur County, key stakeholder input from the community advisory committee, and the survey and open forum feedback and data. The top priorities identified in the CHNA were supported by the secondary data. The following is a list of priorities based on secondary data and CHNA survey feedback from our community:

- Need for primary healthcare providers
- Integration, collaboration, and coordination of health (hospital, clinic, pharmacy, public health, schools, EMS, long-term care facility)
- Need for specialists and specialty care
- Availability of EMTs, paramedic
- Need for alternative healthcare providers
- Mental health services
- Obesity prevention programs

Based on the significance of the health need and availability of community health resources, the community advisory committee along with Decatur Health narrowed the above list of top priorities to the following three community health needs that will be the future focus of our CHNA implementation strategy and action plans.

1. Access, recruitment, and retention of family medicine physicians and advance practitioners
2. 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.

Inventory of Community Health Resources

An inventory of community resources available in Decatur Health's community, using resources from the health-related services in Decatur County, were identified to meet the top health needs in the CHNA. Provider manpower in Decatur County, KS is defined as the number of full time equivalent (FTE) providers working in the county. There are two primary care family medicine physicians, one family medicine nurse practitioner, and two family medicine physician assistants working in the county full time. Currently, there aren't any FTE providers in Decatur County in internal medicine, obstetrics, or pediatrics which also fall under the primary care module. Also noted is the lack of FTE providers in medicine specialty, surgery specialty, or hospital based modalities such as emergency, radiology, pathology, hospitalist, or neonatal.

Specialty care is provided at Decatur Health on a part-time basis with three cardiologists and one general surgeon visiting the community on a weekly or monthly schedule. The following are the three cardiologists that each provides specialized care once each month: Dr. McGowan, Dr. Markiewicz, and Dr. Denney. Dr. Eskildsen, general surgeon, provides specialty care once a week. These schedules are tentative and subject to holidays and vacations. Other health services resources available in Decatur County, KS are listed in appendix R. Appendix S is a detailed list of other related services with contact information for our residents in Decatur County.

CHNA Report Contact

If you have any questions or concerns regarding the 2018 CHNA report for Decatur County, Kansas, contact the CHNA Facilitator or Chief Operating Officer at Decatur Health.

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Appendix A
2018 CHNA Work Plan – Decatur Health
Project Timelines and Roles

Date (Start-Finish)	Lead	Task
1/10/2018	Jodi Votapka / Kris Mathews	Discussion regarding CHNA process and formulation of Community Advisory Committee
1/11/2018 & 1/22/2018	Jodi Votapka / Kris Mathews	Email identified potential committee members about first meeting, subsequently emailed with meeting agenda and secondary data
1/31/2018	Hospital & Community Advisory Committee	Introduction to CHNA process; proposed health needs; options for community feedback; follow-up meetings
Before 2/13/2018	Jodi Votapka	Design electronic survey through Survey Monkey
2/13/2018	Jodi Votapka	Emailed committee members the online survey to review
3/5/2018	Jodi Votapka	Committee emailed notice of electronic survey's launching and date/place/time of open community forum
3/13/2018	Jodi Votapka	Electronic survey launched; notice and link posted on multiple social media sites, flyers posted throughout community, notice in Oberlin Herald with electronic link to survey
3/29/2018	Dr. Jeff McKinley, Jodi Votapka, Kris Mathews	Health Matters presentation followed by an open community forum
4/23/2018	Jodi Votapka	Electronic survey closed
5/3/2018	Hospital and Community Advisory Committee	Reviewed results of electronic survey with paper surveys included. Discussion regarding top priorities identified. Asked members to narrow priorities to top 3 and email to facilitator
Before 6/21/2018	Jodi Votapka	Preparation of 2018 CHNA Report
6/21/2018	Hospital and Community Advisory Committee	Reviewed draft of 2018 CHNA Report; Discussion of implementation strategies
Fall 2018	Hospital and Community Advisory Committee	Completion of 2018 CHNA Implementation Strategic Plan
October 15, 2018	Jodi Votapka / Kris Mathews	Presentation of 2018 CHNA Implementation Strategic Plan to DH Board of Trustees; DH Board of Trustees acceptance of report and plan
Before January 1, 2019	Hospital	CHNA Report and Implementation Strategic Plan widely available to public; DH website and Oberlin Library

Appendix B
Community Advisory Committee Meeting Roster
January 31, 2018



2018 Community Health Needs Assessment Meeting
Community Advisory Committee
January 31, 2018 at 12:00 pm; Decatur Health Board Room

Printed Name	Signature
Marilyn Gambelin	Marilyn Gambelin
Kasey May	Kasey May
Karen Larson	Karen Larson
Cynthia Hynes	Cynthia Hynes
Linda Manning (LINDA MANNING)	Linda Manning
Mark Star	Mark Star
Lisa Uotapka	Lisa Uotapka
Harvey Rozenson	Harvey Rozenson
Jeff McKinby	Jeff McKinby
Jim Barrett	Jim Barrett
Shelley McKenna	Shelley McKenna
Ben Sumner	Ben Sumner
Jodi Uotapka	Jodi Uotapka
Kris Mathews	Kris Mathews

Appendix C

Secondary Data of Decatur County, Kansas

Decatur County Population: 2,961 (2010 US Census)
2,832 (2016 US Census estimate)
-4.4% population change

Population Median Age

Decatur County, KS **52.8**

Kansas 37.5

United States 38.9

Data Source: US Census Bureau, American Community Survey. 2011-15.

Population under Age 18

An estimated 18.93% of the population in the report area is under the age of 18 according to the U.S. Census Bureau American Community Survey 2011-15 5-year estimates. An estimated total of 550 youths resided in the area during this time period.

The number of persons under age 18 is relevant because this population has unique health needs which should be considered separately from other age groups.

Decatur County, KS 18.93%

Kansas 25.01%

United States 23.28%

Data Source: US Census Bureau, American Community Survey. 2011-15.

Population with Associate's Level Degree or Higher

33.03% of the population aged 25 and older, or 725 have obtained an Associate's level degree or higher. This indicator is relevant because educational attainment has been linked to positive health outcomes.

Decatur County, KS **33.03%**

Kansas 38.99%

United States 37.82%

Data Source: US Census Bureau, American Community Survey. 2011-15.

Income - Families Earning Over \$75,000

In the report area, 31.91%, or 246 families report a total annual income of \$75,000 or greater. Total income includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources.

Decatur County, KS **31.91%**

Kansas 43.34%

United States 43.86%

Data Source: US Census Bureau, American Community Survey. 2011-15.

Median Household Income

Decatur County, KS **\$40,657**

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Kansas \$52,205

United States \$53,889

Data Source: Kansas Hospital Association, Kansas Health Matters. 2011-15.

Income - Public Assistance Income

This indicator reports the percentage households receiving public assistance income. Public assistance income includes general assistance and Temporary Assistance to Needy Families (TANF). This does not include Supplemental Security Income (SSI) or noncash benefits such as Food Stamps.

Decatur County, KS **4.34%**

Kansas 1.99%

United States 2.76%

Data Source: US Census Bureau, American Community Survey. 2011-15.

Housing Affordability & Supply

Renters spending 30% or more of household income on rent

Decatur County, KS **56.9%**

Kansas 44.8%

United States 51.8%

Data Source: Kansas Hospital Association, Kansas Health Matters. 2011-15.

Insurance - Population Receiving Medicaid

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

Decatur County, KS **18.36%**

Kansas 15.2%

United States 21.23%

Data Source: US Census Bureau, American Community Survey. 2011-15.

Uninsured Population under Age 18, Percent

The lack of health insurance is considered a *key driver* of health status.

This indicator is relevant because lack of insurance is a primary barrier to healthcare access including primary care, specialty care, and other health services that contributes to poor health status.

Decatur County, KS **7.48%**

Kansas 5.12%

United States 5.05%

Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2014.

Uninsured Population Age 18 – 64, Percent

The lack of health insurance is considered a *key driver* of health status.

Decatur County, KS **12.51%**

Kansas 12.78%

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United States 13.21%

Data Source: US Census Bureau, [Small Area Health Insurance Estimates](#). 2015.

Poverty - Population Below 200% FPL

This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Decatur County, KS **36.21%**

Kansas 32.36%

United States 34.26%

Data Source: US Census Bureau, [American Community Survey](#). 2011-15.

Access to Mental Health Providers; Mental Health Care Provider Rate per 100,000/population

This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care.

Decatur County, KS **34.3**

Kansas 185.6

United States 202.8

Data Source: University of Wisconsin Population Health Institute, [County Health Rankings](#). 2016

Access to Primary Care

This indicator reports the number of primary care physicians per 100,000/population. Doctors classified as primary care physicians by the AMA include: General Family Medicine MDs and Dos, General Practice MDs and Dos, General Internal Medicine MDs and General Pediatrics MDs. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Decatur County, KS **34.39** Primary Care Physicians 2014(1)

Decatur County, KS **68.78** Primary Care Physicians 2018(2)

Kansas 84.6

United States 87.8

Data source: US Department of Health & Human Services, [Area Health Resource File](#). 2014.

Access to Dentists

Ratio of population to dentist

Decatur County, KS **7,786.0** population per dentist

Kansas 2,717.5

United States 1,656.5

Data Source: Kansas Hospital Association, [Kansas Health Matters](#). 2014.

Cancer Screening: Mammogram

This indicator reports the percentage of female Medicare enrollees who have received one or more mammograms in the past two years. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems.

Decatur County, KS **45.7%**

Kansas 63%

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United States 63.1%

Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2014.

Cancer Screening: Colonoscopy

This indicator reports the percentage of adults 50 or older who self-report that they have ever had a colonoscopy.

Decatur County, KS **48.6%**

Kansas 60.3%

United States 61.3%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2006-12.

Diabetes Management-Hemoglobin A1c Test

This indicator reports the percentage of diabetic Medicare patients who have had a hemoglobin A1c test administered by a health care professional in the last year.

Decatur County, KS **77%**

Kansas 86.3%

United States 85.2%

Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2014.

High Blood Pressure (Adult)

706, or 29.2% of adults aged 18 or older have ever been told by a doctor that they have high blood pressure or hypertension.

Decatur County, KS **29.2%**

Kansas 27.4%

United States 28.16%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance system. 2006-12.

Heart Disease (Medicare Population)

Decatur County, KS **29.67%**

Kansas 25.52%

United States 26.46%

Data Source: Centers for Medicare and Medicaid Services. 2015.

Obesity

36.9% of adults aged 20 or older self-report that they have a Body Mass Index greater than 30.0 (obese) in the report area.

Decatur County, KS **36.9%**

Kansas 30.7%

United States 27.5%

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013.

Appendix C

Physical Inactivity

Within the report area, 637 or 25.1% of adults aged 20 or older self-report no leisure time for activity, based on the question: “During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?”.

Decatur County, KS **25.1%**

Kansas 23%

United States 21.8%

Data Source: Centers for Disease Control and Prevention, National Center for Chronic disease Prevention and Health Promotion. 2013.

Access to Exercise Opportunities

Decatur County, KS **46.8%** (2015)

Kansas 78.2% (2016)

United States 84% (2016)

Data Source: Kansas Hospital Association, Kansas Health Matters.

Appendix D
Community Advisory Committee Meeting Agenda
January 31, 2018

2018 CHNA Community Advisory Committee Members:

Kris Mathews	Halley Roberson
Jodi Votapka	Cynthia Haynes
Marilyn Gamblin	Mark Starr
Linda Manning	Jim Barrett
Johanna Mason	Shelley McKenna
Karen Larson	Penny Smith
Ben Jimenez	Lisa Votapka
Kurt Vollertsen	Dr. Jeff McKinley

- I. Introduction of CHNA: Review of 2015 CHNA Report
- II. Proposed Community Health Needs:
 - a. Provide more Specialists / Specialty Care
Neurology, Dermatology, Urology, Pain Management, Orthopedic, Pulmonology
 - b. Access to Long-Term Care
 - c. Access and Retention of Primary Care Providers
 - d. Housing Affordability and Supply
 - e. Availability of Adequate Job Opportunities / Income
 - f. Access to Physical Exercise and Wellness Opportunities
 - g. Access to Dentists
 - h. Access to Mental Health Services
 - i. Prevention of Cancer: Cancer-Screening Mammography and Colonoscopy
 - j. Conditions:
 - Prevention, Diagnosis, & Treatment of Lung Disease
 - Diabetes Education & Management
 - Prevention, Diagnosis, & Treatment of Heart Disease
 - Prevention, Diagnosis, & Treatment of High Blood Pressure
 - Obesity Prevention Programs
 - k. Increase number of volunteer EMT's
 - l. Integration of Health between Hospital/Clinic, Public Health, Schools, EMS
 - m. Child and Adult Immunizations
 - n. Drug and Substance Abuse / Treatment Programs
 - o. Other needs?

Appendix D

III. Options for Community Feedback:

- a. Mail Surveys
- b. Electronic Surveys – Survey Monkey
- c. Community Open Forum
- d. Focus Groups

IV. Follow-up Meetings: Dates and Times

- a. February Meeting: Review Proposed Survey, discuss logistics for a forum or focus group meeting
- b. April Meeting: Review Survey results before the forum or focus group
- c. Summer: Review the 2018 CHNA Report
- d. Fall: Review the 2019 CHNA Implementation Strategy Plan

Appendix E

Social Media Public Notice of CHNA Survey

Please take Decatur Health's 2018 Community Health Needs Assessment survey for Decatur County. The ultimate goal of this survey is to develop strategies to address our community's health needs and identify issues.

Your feedback is very important!

Click the link below to take the survey! 🙌🙌🙌🙌

<https://www.surveymonkey.com/r/LB6JHNR>




SURVEYMONKEY.COM

**2018 Community Health Needs
Assessment: Decatur County, Kansas
Survey**

Web survey powered by [SurveyMonkey.com](https://www.surveymonkey.com). Create your own online survey now with...

Appendix F

Public Notice of Open Forum / Electronic Survey



Health Matters
presented by
Dr. Jeff McKinley

Here for a Healthier You

March 29th at 7PM
Sunflower Theater
220 N Penn
Oberlin, KS

Detecting Cancer Early

The image features a blue stethoscope on a white background. A red rectangular box is overlaid on the top left, containing the text 'Health Matters presented by Dr. Jeff McKinley'. The Decatur Health logo is in the top left corner, and the slogan 'Here for a Healthier You' is in the top right. The event details are in the middle right, and the title 'Detecting Cancer Early' is in a blue box at the bottom.

Please take Decatur Health's 2018 Community Health Needs survey for Decatur County.
Your feedback is important!

Scan this QR Code
with your smart
phone barcode
scanner



<https://www.surveymonkey.com/r/LB6JHNR>
Surveys will also be available in printed form at the open forum after the Health Matters presentation.

Appendix G

2nd Social Media Public Notice of CHNA Survey

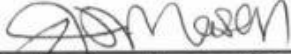




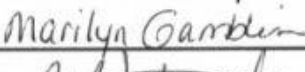


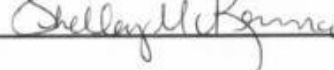
The 2018 Community Health Needs Survey is still accessible to Decatur County residents. We encourage everyone to take the survey your feedback is very important and will help formulate strategies to address our community's needs. The survey will close on Monday, April 23rd, at 8:00 am.

<https://www.surveymonkey.com/r/LB6JHNR>



**2018 Community Health Needs
Assessment: Decatur County, Kansas
Survey**

Appendix H
Community Advisory Committee Meeting Roster
May 3, 2018

Printed Name	Signature
Johanna Mason	
Jim BARRETT	
Mark Starr	
Jeff McKinley	
Lisa Votapka	
Marilyn Gambelin	
Jodi Votapka	
KRIS MATHEWS	
Shelley McKenna	

Appendix I
Community Advisory Committee Meeting Agenda
May 3, 2018

2018 CHNA Community Advisory Committee Members:

Kris Mathews
Jodi Votapka
Marilyn Gamblin
Linda Manning
Johanna Mason
Karen Larson
Ben Jimenez
Kurt Vollertsen

Halley Roberson
Cynthia Haynes
Mark Starr
Jim Barrett
Shelley McKenna
Penny Smith
Lisa Votapka
Dr. Jeff McKinley

- I. Review results of 2018 Community Health Needs Survey: Identify Priorities

- II. Discuss need for focus groups or mail surveys: 150 Total Responses
67749: 141/2,317 pop = 6.1% Oberlin
67653: 6/298 pop = 2.0% Norcatur
67635: 1/169 pop = 0.6% Dresden
67643: 2/195 pop = 1.0% Jennings
Decatur County: 150/2,979 pop = 5.0%
(Populations based on 2010 US Census)

- III. Follow-up Meetings:
 - e. Summer: Review the 2018 CHNA Report
 - f. Fall: Review the 2019 CHNA Implementation Strategy Plan

- IV. Open Input:

Appendix J
Community Advisory Committee Follow-up from Meeting
May 3, 2018

2018 CHNA Community Advisory Committee Members:

Jodi Votapka	Halley Roberson
Kris Mathews	Dr. Jeff McKinley
Marilyn Gamblin	Cynthia Haynes
Linda Manning	Mark Starr
Johanna Mason	Jim Barrett
Karen Larson	Shelley McKenna
Ben Jimenez	Penny Smith
Kurt Vollertsen	Lisa Votapka

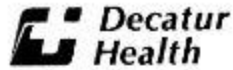
- I. **No need for focus groups:** The committee agreed that the 150 responses to the CHNA survey is an adequate sampling of Decatur County residents, and there is no need to conduct focus groups.

- II. **List of priorities:** I have listed these priorities in order of need based on committee and community feedback. Please email me the top 3 or 4 priorities that you think we should address.
 1. Need for primary healthcare providers
 2. Integration, collaboration, and coordination of health (hospital, clinic, pharmacy, public health, schools, EMS)
 3. Need for specialists and specialty care
 4. Availability of EMTs, paramedic
 5. Need for alternative healthcare providers
 6. Mental health services
 7. Obesity prevention programs

- III. **Next committee meeting:** Thursday, June 21, 2018 at noon in the Decatur Health Board Room. We will be developing strategic action plans for the top priorities identified by committee members.

Appendix K

Community Advisory Committee Attendee Roster for June 21, 2018 Meeting



2018 Community Health Needs Assessment Meeting
Community Advisory Committee
June 21, 2018 at 12:00 pm; Decatur Health Board Room

Printed Name	Signature
Jodi Votaska	Jodi Votaska
Linda Manning	Linda Manning
Cynthia Haynes	Cynthia Haynes
Lisa Votaska	Lisa Votaska
Marilyn Gambini	Marilyn Gambini
Ben Simenz	Ben Simenz
Jeff McKinley	Jeff McKinley
Shelley McKenna	Shelley McKenna
Harvey Robinson	Harvey Robinson
Mark Starr	Mark Starr
Mrs. Mathews	Mrs. Mathews
Kurt Vollersten	Kurt Vollersten

Appendix L
Community Advisory Committee Meeting Agenda
June 21, 2018

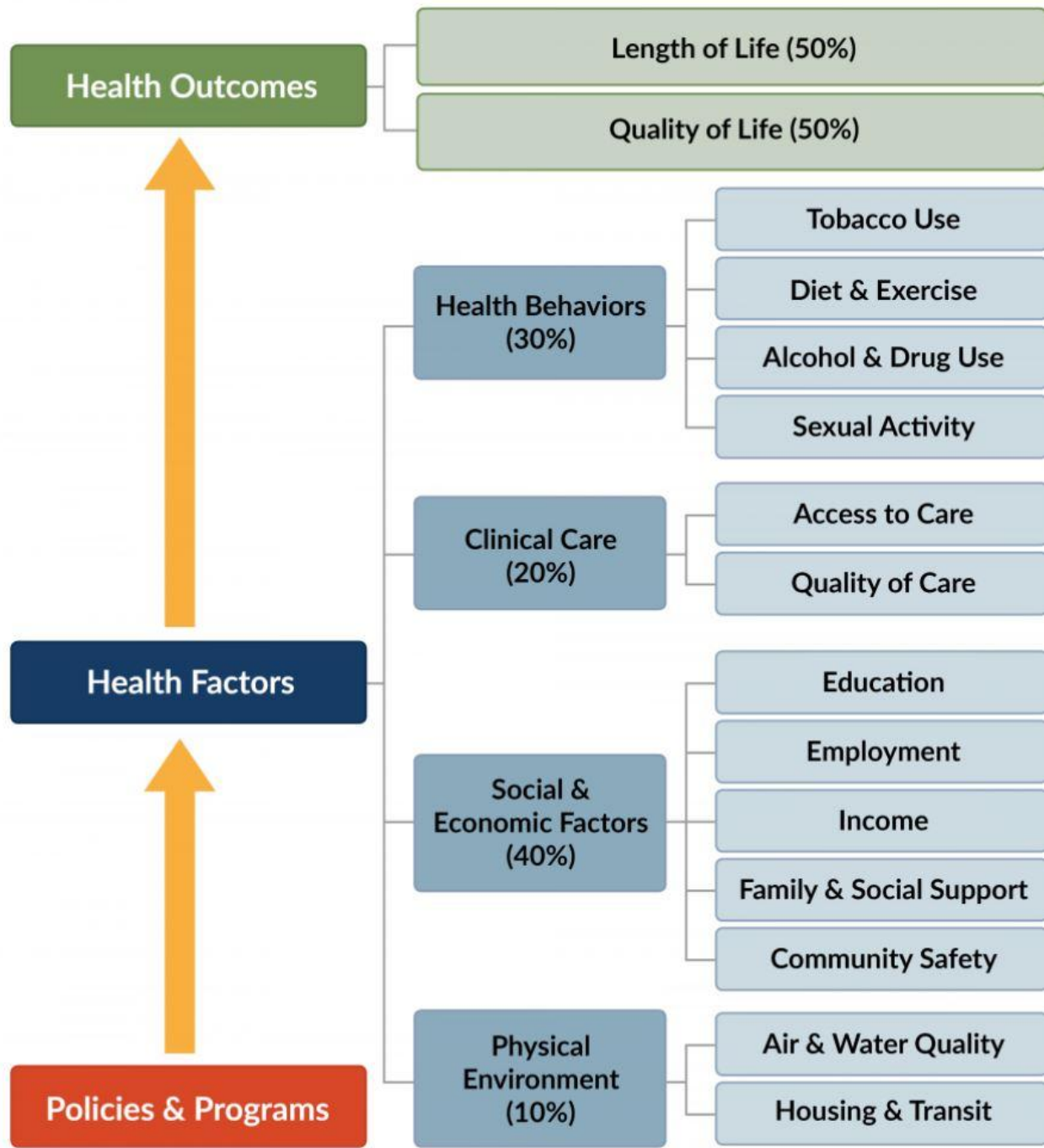
2018 CHNA Community Advisory Committee Members:

Kris Mathews
Jodi Votapka
Marilyn Gamblin
Linda Manning
Johanna Mason
Karen Larson
Ben Jimenez
Kurt Vollertsen

Halley Roberson
Cynthia Haynes
Mark Starr
Jim Barrett
Shelley McKenna
Penny Smith
Lisa Votapka
Dr. Jeff McKinley

- I. 2018 Community Health Needs Report: Top three priorities
 - a. Access, recruitment, and retention of Family Medicine physicians and advance practitioners
 - b. Local access to specialty care and specialists
 - c. Collaboration and coordination between Decatur Health, Family Practice Clinic, Ward Drug, Good Samaritan Society (Oberlin), Decatur County Health Department, Decatur County EMS, Oberlin Elementary School, and Decatur Community High School
- II. Implementation Strategy: 3 year strategic plan
- III. Open Input:

Appendix M
County Health Rankings Model



County Health Rankings model © 2014 UWPHI

Note: Adapted from County Health Rankings, County Health Rankings Model

Appendix N
2018 State Health Rankings for Decatur County, KS

Kansas 2018 County Health Rankings (103 counties)	Definitions	DECATUR COUNTY 2018
Health Behaviors & Factors	Tobacco Use, Diet/Exercise, Alcohol Use, Teen Births, Food	52
Social and Economic Factors	Education, Employment, Income, Family/Social support	59
Clinical Care	Access to care, Quality of care	86
Health Outcomes		55
OVERALL RANK		55

Note: Adapted from County Health Rankings, Kansas, Decatur County Demographics

Appendix O

2016 Decatur County Direct Employment, Income, and Sales by Economic Sector
 Health Services Relative Shares Compared to the State and the United States

Sector	Employment	Total Sales (thousands)	Labor Income (thousands)	Total Income (thousands)
Agriculture	350	\$125,058	\$34,799	\$30,923
Mining	75	\$6,400	\$953	\$1,441
Construction	191	\$23,443	\$1,920	\$2,528
Manufacturing	16	\$4,040	\$527	\$731
Transportation, Public Utilities	36	\$11,127	\$4,304	\$5,298
Trade	272	\$32,406	\$8,483	\$16,539
Health Services	190	\$17,432	\$6,749	\$8,131
Health, Personal Care Stores	8	\$582	\$216	\$332
Veterinary Services	21	\$1,578	\$387	\$487
Offices of Dentists	7	\$759	\$360	\$491
Offices of Other Health Practitioners	7	\$544	\$333	\$370
Hospitals	93	\$11,223	\$4,256	\$5,087
Nursing Home Care	53	\$2,746	\$1,197	\$1,363
Government	253	\$10,529	\$8,599	\$10,334
Total	1,869	\$277,461	\$74,407	\$96,428
Health Services as a Percent of Total				
County %	10.1	6.3	9.1	8.4
State %	11.3	7.4	13.0	9.4
Nation %	10.0	6.4	10.7	7.3

Note: Adapted from KHA, 2017 Decatur County Economy

Appendix P
2018 County Health Rankings Health Behaviors and Factors

Health Behaviors & Factors	Decatur County, KS	Kansas
Adult smoking	15%	17%
Adult obesity	35%	32%
Food environment index	7.5	7.0
Physical inactivity	28%	25%
Access to exercise opportunities	70%	81%
Excessive drinking	14%	17%
Teen births	47	30

Note: Adapted from County Health Rankings, Kansas, Decatur County

Appendix Q
2018 CHNA Survey

Please take a few moments to take our survey. The purpose of this survey is to get your feedback about community health needs in Decatur County. The more information we receive from the people we serve, the better we can develop action plans to meet those needs. The Community Advisory Committee will use results of this survey to evaluate the most pressing health needs of our community.

Remember.....your opinion is important!

1. In what ZIP code is your home located?
2. Please select your gender:
 - Male
 - Female
 - Other (please specify)
3. What is your ethnicity? (Please select all that apply.)
 - American Indian or Alaskan Native
 - Asian or Pacific Islander
 - Black or African American
 - Hispanic or Latino
 - White / Caucasian
 - Prefer not to answer
 - Other (please specify)
4. What is the highest level of school that you have completed?
 - Primary school
 - Some high school, but no diploma
 - High school diploma (or GED)
 - Some college, but no degree
 - 2-year college degree
 - 4-year college degree
 - Graduate-level degree
 - None of the above
5. What is your age?
 - 18 to 24
 - 25 to 34
 - 35 to 44
 - 45 to 54
 - 55 to 64

Appendix Q

65 to 74
75 or older

6. Which of the following categories best describes your employment status?

Employed, working full-time
Employed, working part-time
Not employed, looking for work
Not employed, NOT looking for work
Retired
Disabled, not able to work

7. How do you pay for your health care?

Self-pay (no insurance)
Health insurance
Medicaid
Medicare
Veterans' Administration
Other (please specify)

8. In general, how would you rate your overall health?

Excellent
Very good
Good
Fair
Poor
I prefer not to answer

9. How healthy would you rate our community?

Very unhealthy
Unhealthy
Somewhat healthy
Healthy
Very Healthy

10. In our community, how would you rate the need for primary health care providers?

High priority
Moderate priority
Low priority
No need
Other (please specify)

Appendix Q

11. In the last 12 months, did you have an illness, injury, or condition that needed care right away in the clinic, emergency room, hospital services, emergency medical services or public health services?

Yes

No

12. In the last 12 months, when you phoned your primary care provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?

Never

Sometimes

Usually

Always

13. How would you rate the need for alternative healthcare providers such as dentists or chiropractors?

High priority

Moderate priority

Low priority

No need

Other (please specify)

14. How would you rate the need for specialists and access to specialty care in our community?

High priority

Moderate priority

Low priority

No need

Other (please specify)

15. How important to you is the need for long-term care facilities in our community?

Extremely important

Very important

Somewhat important

Not so important

Not at all important

16. In our community, when you or a loved one needed long-term care services was it available and accessible?

Appendix Q

- Yes
- No
- Not applicable
- Other (please specify)

17. How would you rate the need for other options to long-term care such as assisted living and independent living?

- High priority
- Moderate priority
- Low priority
- No need
- Other (please specify)

18. In general, how would you rate your overall mental or emotional health?

- Excellent
- Very good
- Good
- Fair
- Poor
- I prefer not to answer

19. How much concern do you have for the availability of mental health services in our community?

- Extremely concerned
- Very concerned
- Somewhat concerned
- Not so concerned
- Not at all concerned

20. Do you rent or own the place where you live?

- Own
- Rent
- Neither (please specify)

21. How affordable is housing and/or rent in our community?

- Extremely affordable
- Very affordable
- Somewhat affordable
- Not so affordable
- Not at all affordable

Appendix Q

22. Do you think the market of available houses for sale or rent is adequate?

Yes

No

Other (please specify)

23. How satisfied are you with the job opportunities in our county?

Extremely satisfied

Very satisfied

Somewhat satisfied

Not so satisfied

Not at all satisfied

24. How satisfied are you with the opportunities for physical exercise and wellness in our community?

Extremely satisfied

Very satisfied

Somewhat satisfied

Not so satisfied

Not at all satisfied

25. In our community, how concerned are you regarding the prevention, diagnosis, and treatment of lung disease?

Extremely concerned

Very concerned

Somewhat concerned

Not so concerned

Not at all concerned

26. How concerned are you about the management of diabetes, and the educational and health needs associated with diabetes?

Extremely concerned

Very concerned

Somewhat concerned

Not so concerned

Not at all concerned

27. In our community, are you concerned about the prevention, diagnosis, and treatment of heart disease?

Extremely concerned

Very concerned

Appendix Q

Somewhat concerned
Not so concerned
Not at all concerned

28. Is high blood pressure, and the prevention, diagnosis, and treatment of this health condition concerning to you?

Extremely concerning
Very concerning
Somewhat concerning
Not so concerning
Not at all concerning

29. How important do you think the need for obesity prevention programs are in our community?

Extremely important
Very important
Somewhat important
Not so important
Not at all important

30. How important do you think cancer-screening procedures such as mammography and colonoscopy is in the prevention of cancer?

Extremely important
Very important
Somewhat important
Not so important
Not at all important

31. In our community, how would you rank the need for access to substance abuse treatment programs?

High priority
Moderate priority
Low priority
No need
Other (please specify)

32. In our community, how important do you think the need for public transportation for health care services is?

Extremely important
Very important
Somewhat important

Appendix Q

Not so important
Not at all important

33. In our community, how concerned are you regarding the availability of volunteer EMTs for the county's emergency medical services?

Extremely concerned
Very concerned
Somewhat concerned
Not so concerned
Not at all concerned

34. How important do you think the community's integration, coordination, and collaboration of health between the hospital, clinic, pharmacy, public health, schools, and emergency medical services is?

Extremely important
Very important
Somewhat important
Not so important
Not at all important

35. How concerned are you about the access and availability of adult and child immunizations in our community?

Extremely concerned
Very concerned
Somewhat concerned
Not so concerned
Not at all concerned

36. Do you have any concerns or feedback regarding the community health needs addressed in this survey or other health needs not mentioned in this survey that you would like to discuss?

37. Do you have any other comments, questions, or concerns?

Appendix R
Decatur County KS Health Services Directory
June 2018

Emergency Numbers

Police/Sheriff	911
Fire	911
Ambulance/EMS	911

Non-Emergency Numbers

Decatur County Sheriff	785-475-8100
Decatur County EMS	785-475-8126

Municipal Non-Emergency Numbers

	Police/Sheriff	Fire
Oberlin	785-475-2622	785-475-8100
Norcatur	785-475-8100	785-693-3010
Jennings	785-475-8100	785-693-3010 or 785-475-8100
Dresden	785-475-8100	785-475-8100

Appendix S

Services and Support Contacts for Decatur County

Kansas Child / Adult Abuse and Neglect Hotline

1-800-922-5330

www.srskansas.org/hotlines.html

Domestic Violence Hotline

1-800-799-7233

www.ndvh.org

Emergency Management (Topeka)

785-274-1409

www.accesskansas.org/kdem

Federal Bureau of Investigation

1-866-483-5138

www.fbi.gov/congress/congress01/caruso100301.htm

Kansas Arson / Crime Hotline

1-800-KS-CRIME

www.accesskansas.org/kbi

Kansas Bureau of Investigation (Topeka)

785-296-8200

www.accesskansas.org/kbi

Kansas Crisis Hotline (Domestic Violence/Sexual Assault)

1-888-END-ABUSE

www.kcsdv.org

Kansas Road Conditions

1-866-511-KDOT

www.ksdot.org

Poison Control Center

1-800-222-1222

www.aapcc.org

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Suicide Prevention Hotline
1-800-SUICIDE
www.suicidepreventionlifeline.com

Toxic Chemical and Oil Spills
1-800-424-8802
www.epa.gov/region02/contact.htm

Health Services

Hospital

Decatur Health
810 W Columbia Street (Oberlin)
P.O. Box 268
Fax: 785-475-2453
785-475-2208
www.decaturhealthsystems.org

Decatur Health | Family Practice Clinic
902 W Columbia Street (Oberlin)
P.O. Box 268
Fax: 785-475-3847
785-475-2015
www.decaturhealthsystems.org

Decatur Health | Family Practice Clinic services include:

Acute Care | Inpatient Services
Annual Exams
Blood Pressure Checks
Cardiac Stress Testing
Cardiovascular Care
Chronic Disease Management
Colonoscopy
CT Scan
Direct Access Laboratory Testing
Diabetes Medical Management
Dietary Services
DOT Physicals
Early Detection Works Provider

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EKGs
Endoscopes/Endoscopy
Environmental Services
Emergency Services
FAA Flight Physicals
Family Medicine Services
Fitness Center
General Maintenance
Handicap Accessible Shower
Hypertension Medical Management
Independent Living Apartments
Insurance Exams
IV Therapy
KAN Be Healthy Exams
Laboratory Services
Laundry
Magnetic Resonance Imaging
Major Joint Injections
Mammography
Minor Procedures
Minor Surgeries
Nuclear Medicine
Observation
Outpatient Services
Pharmacy
Physical Therapy Services
Prenatal and Postnatal Care
Preventative Care
Pulmonary Function Testing
Radiology Services
Respiratory Therapy Services
School Physicals
Skilled Nursing/Swing Bed
Skin Screenings
Social Services
Surgical Consults
Total Family Care
Trigger Point Injections
Ultrasound

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Weight Loss Management
Welcome to Medicare Exams
Well Women Exams
Wound Care/Dressing Changes

Decatur Health | Family Practice Clinic Medical Staff

Craig Bartruff, M.D. Family Medicine
Jeff McKinley, D.O. Family Medicine
Sean Conroy, PA-C, Family Medicine
Melissa Mathews, APRN, FNP
Richard Akromis, PA-C, Family Medicine
Lillian Kaltenbaeck, PA-C, Family Medicine
Charles Krysl, PA-C, Family Medicine

Decatur Health Visiting Physician Specialists

Richard Markiewicz, M.D. Cardiology, North Platte, NE
Daniel McGowan, M.D. Cardiology, Kearney, NE
Sean Denney, M.D. Cardiology, Kearney, NE
Walter Eskildsen, M.D. General Surgeon, McCook, NE

Decatur County Public Health Department

902 W Columbia Street (Oberlin)
785-475-8118
www.kalhd.org/decatur

Mental Health

Catholic Charities of Hays
350 S Range Avenue (Colby)
785-462-3462

Heartland Rural Counseling Services
485 W 4th Street (Colby)
785-460-7588

High Plains Mental Health Center
211 S Norton Avenue (Norton)
785-877-5141 or 785-628-2871

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Medical Professionals

Chiropractors

Unger Chiropractic Clinic
Dr. Ryan Unger
Dr. Shannon Addleman
504 N Penn Avenue (Oberlin)
785-475-2219

Optometrists

Lifetime Eyecare Specialist
Dr. Rob Stamm
Dr. Dirk Gray
105 S Penn Avenue (Oberlin)
785-475-1200

Pharmacies

Ward Drug
142 S Penn Avenue (Oberlin)
785-475-2285

Wal-Mart Pharmacy
1902 W B Street (McCook, NE)
308-345-7024

Moffet Drug
102 S State Street (Norton, KS)
785-877-2721

Other Health Service | Nursing Home

Good Samaritan Society
108 E Ash Street (Oberlin)
785-475-2245

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Disability Services

Northwest Kansas Aging and Disability Resource Center
510 W 29th Street, Suite B (Hays, KS)
P.O Box 610
785-628-8204 or 800-432-7422
www.nwkaaa.com

Support Services

Kansas Department for Children and Families | Decatur County
111 E Hwy 36 (Phillipsburg, KS)
785-543-5258

Social and Rehabilitation Services (SRS)
3000 Broadway (Hays, KS)
785-628-1066 or 7-888-369-4777

Social Security Administration
1212 E 27th Street (Hays, KS)
785-625-3496

Senior Citizens Center

Golden Age Recreation Center
105 W Maple Street (Oberlin)
785-475-3222

Health and Fitness Centers

Decatur Health Fitness Center
810 W Columbia Street (Oberlin)
785-475-2208

Shred Fitness
160 S Penn Avenue (Oberlin)
785-470-1610

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Hospice

Hospice Services, Inc. Palliative Care of Northwest Kansas
P.O. Box 116 (Phillipsburg, KS)
785-543-2900 or 1-800-315-5122

Nutrition Counseling

Pat Rice, Registered Dietician
Community Hospital (McCook, NE)
1301 E H Street
308-344-8341

Veterinary Services

Countryside Veterinary Clinic
1829 Hwy 83 (Oberlin)
785-475-3808

High Plains Veterinary Service
1811 Hwy 83 (Oberlin)
785-475-2788

Alcohol and Drug Treatment Support

Alcoholics Anonymous
709 W 2nd Street (McCook, NE)
308-344-9090

Valley Hope Treatment Center
709 W Holme Street (Norton, KS)
785-877-5101

Funeral Home

Pauls Funeral Home
121 N Penn Avenue (Oberlin)
785-475-3127

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Head Start

Decatur County Head Start
201 W Ash Street (Oberlin)
785-475-3935

Schools

Oberlin Elementary School
201 W Ash Street
785-475-2122

Decatur Community High School
605 E Commercial Street (Oberlin)
785-475-2231
School Nurse: Johanna Mason

Housing

Oberlin Housing Authority
202 N Elk Avenue
785-475-3010

Parkview Apartments
311 N Garfield Avenue (Oberlin)
785-475-2588

Home Range Real Estate
805 N Antelope Avenue (Oberlin)
785-475-3740

Johnson Realty
122 S Penn Avenue (Oberlin)
785-475-2785

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Legal Services

Hirsch Law Office
124 S Penn Avenue (Oberlin)
785-475-2296

Decatur County District Magistrate
120 E Hall Street (Oberlin)
785-475-8108

Libraries, Parks, and Recreation

Oberlin Swimming Pool
124 S Marks Avenue
785-475-3112

Oberlin City Library
104 E Oak Street
785-475-2412

Oberlin City Park
Oberlin Centennial Park
Oberlin Sappa Park
Oberlin Chautauqua Scout Park

Oberlin Gun Club
E Hwy 36

Oberlin Country Club
1286 E Hwy 36
785-470-1288

Sunflower Cinema
220 N Penn Avenue (Oberlin)
785-470-2200

Bowling Alley at Sunflower Recreation
222 N Penn Avenue (Oberlin)
785-470-2200

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Gateway Civic Center
1 Morgan Drive (Oberlin)
785-475-2217

Last Indian Raid Museum
258 S Penn Avenue (Oberlin)
785-475-2712

Norcatatur Museum
301 E Ossipee Street (Norcatatur)
785-693-4461

Norcatatur Public Library
301 E Ossipee Street
785-693-3025

Elden Auker Park
Decatur Avenue (Norcatatur)

Randy Allen Park
Norcatatur, KS

Public Information

City of Oberlin
1 Morgan Drive
785-475-2217

Decatur County Chamber of Commerce
104 S Penn Avenue (Oberlin)
785-475-3441

Decatur County Clerk Office
120 E Hall Street Suite 4 (Oberlin)
785-475-8107

Norcatatur City Office
301 E Ossipee Street
785-693-4461

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Jennings City Office
121 S Kansas Avenue
785-678-2348

Transportation

Oberlin Airport
1832 Highway 83
785-475-2217

Decatur County General Public Transportation
785-475-8100

State of Kansas Transportation Department
304 E Frontier Parkway (Oberlin)
785-475-2166

Greyhound Bus Lines
2000 S Range Avenue (Colby)
785-462-8299

Amtrak McCook Station
101 Norris Avenue (McCook, NE)
1-800-872-7245

McCook Ben Nelson Regional Airport
1100 Airport Road (McCook, NE)
1-855-268-8478