

Ascension Via Christi Hospital in Manhattan

**2023 Community Health Needs Assessment
Riley County, Kansas**



Ascension



The goal of this report is to offer a meaningful understanding of the most significant health needs across Riley County, and to inform planning efforts to address those needs. Special attention has been given to the needs of individuals and communities who are marginalized, unmet health needs or gaps in services, and input gathered from the community. Findings from this report can be used to identify, develop, and focus hospital, health system, and community initiatives and programming to better serve the health and wellness needs of the community.

Ascension Via Christi Hospital Manhattan, Inc

1823 College Avenue, Manhattan, KS 66502

<https://healthcare.ascension.org>

EIN: 48-1186704

The 2023 Community Health Needs Assessment report was approved by the Ascension Via Christi Hospital Manhattan, Inc. Board of Directors on April 19, 2023 (2022 tax year), and applies to the following three-year cycle: July 1, 2023 to June 30, 2026. This report, as well as the previous report, can be found at our public website.

We value the community's voice and welcome feedback on this report. Please visit our public website (<https://healthcare.ascension.org/chna>) to submit your comments.

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Acknowledgements

The 2023 Community Health Needs Assessment (CHNA) represents a true collaborative effort in order to gain a comprehensive understanding of the most pressing health needs across Riley County. Ascension Via Christi Hospital in Manhattan is exceedingly thankful to the many community organizations and individuals who shared their views, knowledge, expertise, and skills with us. We look forward to our continued collaborative work to make this a better, healthier place for all people.

We would also like to thank you for reading this report, and your interest and commitment to improving the health of Riley County.



Executive Summary

The goal of the 2023 Community Health Needs Assessment (CHNA) is to offer a meaningful understanding of the most significant health needs across Riley County. Findings from this report can be used to identify, develop, and focus hospital, health system, and community initiatives and programming to better serve the health and wellness needs of the community.

Purpose of the CHNA

As part of the Patient Protection and Affordable Care Act of 2010, all non-profit hospitals are required to conduct a CHNA and adopt an implementation strategy every three years. The purpose of the CHNA is to understand the health needs and priorities of those who live and/or work in the communities served by the hospital, with the goal of addressing those needs through the development of an implementation strategy plan.

Community Served

Although Ascension Via Christi Hospital in Manhattan (AVCH-M) serves Manhattan, Kansas and surrounding areas, AVCH-M has defined its community served as Riley County for the 2023 CHNA. Riley County was selected as AVCH-M's community served because it is the hospital's primary service area as well as our partners' primary service area. Additionally, community health data is readily available at the county level.

Data Analysis Methodology

The CHNA utilized the County Health Rankings and Roadmaps model and incorporated data from both primary and secondary sources. Primary data sources included information provided by key informant interviews with community residents, health care professionals, community stakeholders, and multi-sector representatives. Special attention was given to the needs of individuals and communities who are marginalized, and to unmet health needs or gaps in services. Seventeen key informants were interviewed regarding the most important health issues in the community, the status of health needs that were identified in the previous CHNA, the impact of COVID on the community, the most critical social issues, policies or resources needed to improve community health and social issues, and how the hospital could improve the health of the community. Secondary data was compiled and reviewed from reputable and reliable sources to understand the health status of the community. Measures reviewed included chronic disease, social and economic factors, and healthcare access and utilization trends in the community.

Community Needs

AVCH-M, with contracted assistance from Wichita State University's Center for Applied Research and



Evaluation, analyzed secondary data of over 60 indicators and gathered community input through key informant interviews to identify the needs in Riley County. AVCH-M used a phased prioritization approach to determine the most crucial needs for community stakeholders to address. The significant needs are as follows:

- Health Equity
- Access to Care
- Food Security
- Housing and Transportation
- Diet and Exercise - Obesity
- Alcohol and Drug Use



About Ascension

As one of the leading non-profit and Catholic health systems in the United States, Ascension is committed to delivering compassionate, personalized care to all, with special attention to marginalized groups and persons living in poverty.

Ascension

Ascension is a faith-based healthcare organization dedicated to transformation through innovation across the continuum of care. The national health system operates 2,600 sites of care – including 139 hospitals and more than 40 senior living facilities – in 19 states and the District of Columbia, while providing a variety of services including clinical and network services, venture capital investing, investment management, biomedical engineering, facilities management, risk management, and contracting through Ascension’s own group purchasing organization.

Ascension’s Mission provides a strong framework and guidance for the work done to meet the needs of the communities across the U.S. It is foundational to transform healthcare and express priorities when providing care and services, particularly to those most in need.

Mission: Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually-centered, holistic care which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.

For more information about Ascension, visit <https://www.ascension.org/>.

Ascension Via Christi Hospital in Manhattan

As a Ministry of the Catholic Church, Ascension Via Christi Hospital in Manhattan (AVCH-M) is a non-profit hospital governed by a local board of trustees represented by residents, medical staff, and sister sponsorship's, and provides medical care to Riley County and surrounding areas. Serving northeastern Kansas since 1996, AVCH-M is continuing the long and valued tradition of addressing the health of the people in our community. AVCH-M is an acute care facility licensed to operate 150 beds in one hospital serving Manhattan, Kansas, and employs 500 associates and more than 50 volunteers.

For more information about AVCH-M, visit [ascension.org/manhattanKS](https://www.ascension.org/manhattanKS).



About the Community Health Needs Assessment

A community health needs assessment, or CHNA, is essential for community building, health improvement efforts, and directing resources where they are most needed. CHNAs can be powerful tools that have the potential to be catalysts for immense community change.

Purpose of the CHNA

A CHNA is “a systematic process involving the community to identify and analyze community health needs and assets in order to prioritize, plan, and act upon unmet community health needs.”¹ The process serves as a foundation for promoting the health and well-being of the community by identifying the most pressing needs, leveraging existing assets and resources, developing strategic plans, and mobilizing hospital programs and community partners to work together. This community-driven approach aligns with AVCH-M’s commitment to offer programs designed to address the health needs of a community, with special attention to persons who are underserved and marginalized.

IRS 501(r)(3) and Form 990, Schedule H Compliance

The CHNA also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection and Affordable Care Act of 2010, more commonly known as the Affordable Care Act (ACA). As part of the ACA, all non-profit hospitals are required to conduct a CHNA and adopt an implementation strategy every three years. Requirements for 501(c)(3) Hospitals Under the Affordable Care Act are described in Code Section 501(r)(3), and include making the CHNA report (current and previous) widely available to the public. In accordance with this requirement, electronic reports of both the CHNA and the implementation strategy can be found at <https://healthcare.ascension.org/CHNA>, and paper versions can be requested at Ascension Via Christi Hospital in Manhattan located at 1823 College Avenue, Manhattan, KS 66502.

¹ Catholic Health Association of the United States (<https://www.chausa.org>)

Community Served and Demographics

A first step in the assessment process is clarifying the geography within which the assessment occurs and understanding the community demographics.

Community Served

For the purpose of the 2023 CHNA, AVCH-M has defined its community served as Riley County. Although AVCH-M serves Riley County and surrounding areas, the “community served” was defined as such because (a) most of the hospital’s service area is in Riley County; (b) most of the hospital’s partners define their service area at the county level; and (c) most community health data is available at the county level.

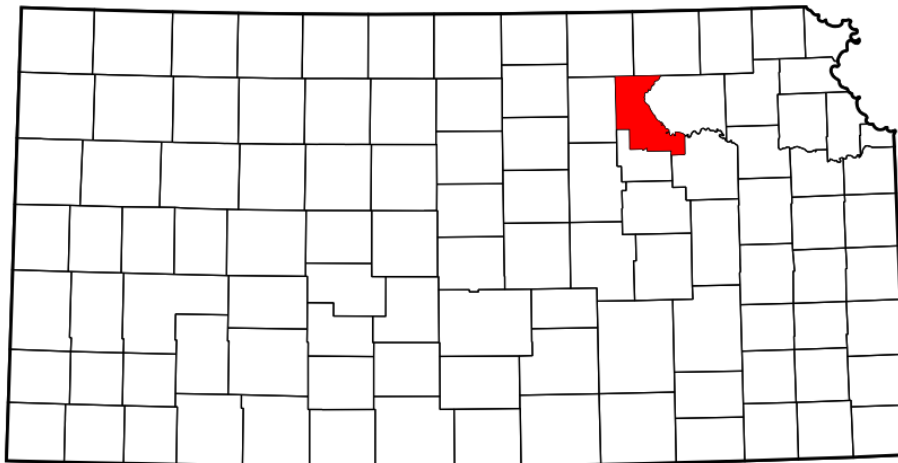


Image 1: Map of Riley County

Riley County is located in the northeast portion of the State of Kansas. The county seat for Riley County is Manhattan, Kansas which is also the largest city in Riley County. The largest employers in Riley County are Kansas State University (Manhattan, KS) and Fort Riley (Fort Riley, KS).

Demographic Data

Riley County has a population of 72,208. Below are demographic data highlights for Riley County:

- 10.4% of the residents of Riley County are 65 or older, compared to 16.7% in Kansas
- 76.5% of residents are non-Hispanic; 8.7% are Hispanic or Latino
- 83.7% of residents are White; 4.7% are Asian; 6.8% are Black or African American
- The total population increase from 2020 to 2021 was 0.3%
- The median household income is below the state median income (\$51,098 for Riley County; \$61,091 for Kansas)

- The percent of all ages of people in poverty was significantly higher than the state (19.2% for Riley County; 11.7% for Kansas)
- The uninsured rate for Riley County is comparable the state (10.4% for Riley County; 10.9% for Kansas)

Table 1: Description of the Community

Demographic Highlights		
Indicator	Riley County	Description
Population		
% Living in rural communities	13.8%	Percentage of the population living in a rural area.
% below 18 years of age	16.6%	Percentage of population below 18 years of age.
% 65 and older	10.3%	Percentage of population over 65 years of age.
% Hispanic	8.6%	Percentage of population self-identifying as Hispanic.
% Asian	4.9%	Percentage of population self-identifying as Asian.
% Non-Hispanic Black	6.3%	Percentage of population self-identifying as Non-Hispanic Black.
% Non-Hispanic White	76.4%	Percentage of population self-identifying as Non-Hispanic White.
Social and Community Context		
English Proficiency	1%	Proportion of community members that speak English "less than well"
Median Household Income	\$56,300	Income where half of households in a county earn more and half of households earn less.
Percent of Children in Poverty	18%	Percentage of people under age 18 in poverty.
Percent of Uninsured	10%	Percentage of population under age 65 without health insurance.
Percent of Educational Attainment	96%	Percentage of adults ages 25 and over with a high school diploma or equivalent.
Percent of Unemployment	5.0%	Percentage of population ages 16 and older unemployed but seeking work

To view Community Demographic Data in its entirety, see Appendix B.

Process and Methods Used

AVCH-M is committed to using national best practices in conducting the CHNA. Health needs and assets for Riley County were determined using a combination of data collection and analysis for both primary (i.e., community input) and secondary data.

AVCH-M’s approach relies on the County Health Rankings and Roadmaps model developed by the Robert Wood Johnson Foundation. The County Health Rankings and Roadmaps utilizes the determinants of health as the model for community health improvement.

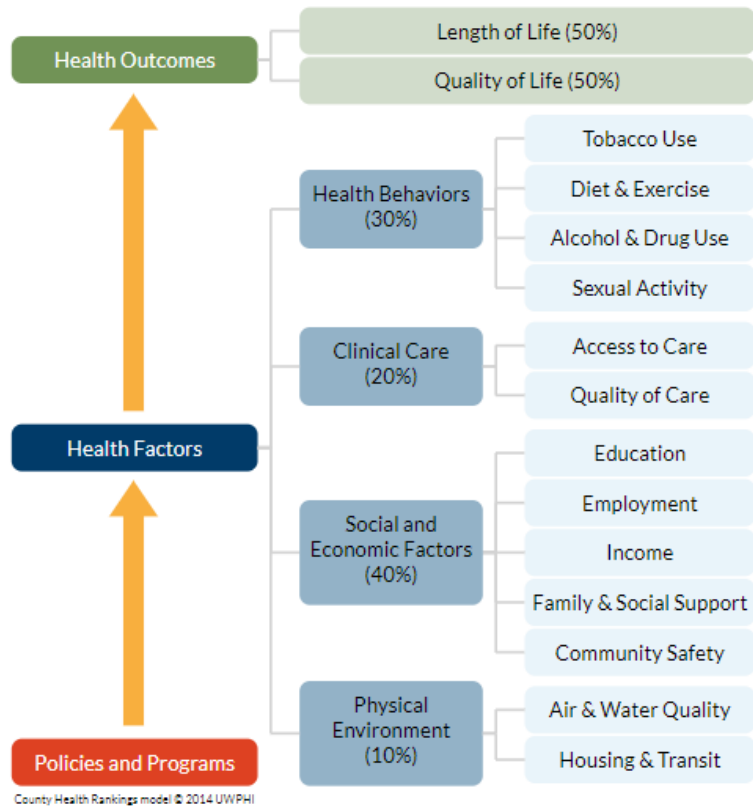


Image 2: County Health Rankings model

Collaborators and/or Consultants

With the contracted assistance of Wichita State University’s Center for Applied Research and Evaluation (WSU-CARE), AVCH-M completed the 2023 CHNA. WSU-CARE was contracted by Ascension Via Christi (AVC) to conduct the secondary data collection and analysis, develop a key informant interview guide, analyze community input data, and compile data into the significant needs within the community. Key informants represented the broad interest of the community, provided public and community health expertise, developed a list of key informants to interview, and provided their expertise and insight into the most significant needs within the community.

Data Collection Methodology

Through contracted assistance with WSU-CARE, the CHNA process involved collecting and analyzing community input and secondary data for Riley County.

Summary of Community Input

Recognizing its critical importance in understanding the health needs and assets of the community, WSU consulted with a range of public health and social service providers that represent the broad interests of Riley County. A concerted effort was made to ensure that the individuals and organizations

represented the needs and perspectives of: 1) public health practice and research; 2) individuals who are medically underserved, are low-income, or considered among the minority populations served by the hospital; and 3) the broader community at large and those who represent the broad interests and needs of the community served. Sectors represented by participants included education, healthcare, public health, mental and behavioral health, social services, law enforcement, community groups, and government entities.



Key informant interviews

Key informant interviews were used to gather community input. This method provided additional perspectives on how to select and address top health issues facing Riley County. A summary of the process and results is outlined below.

Interviewee recruitment

An initial list of potential key informants was developed for Riley County by AVC with input from WSU-CARE. This list was presented for additional input to a Riley County community advocate who had coordinated previous community needs assessments. A final list with contact information was created to send invitations to the key informants. Thirty-three individuals received invitations with a total of 17 persons from 16 organizations completing the interview. In total, WSU-CARE sent 70 emails and made six additional phone calls to recruit key informants for this project.

Question development

A set of questions that had been used for previous CHNA's in two Kansas counties was updated for this assessment. A few questions were removed that had previously not garnered valuable information and the order was changed to create a better flow. In general, the set of questions allowed for some broad answers from participants as well as more targeted questions. During the interview, information was also collected to document the role of the key informant in the community as well as details about their organization (if applicable). Ultimately, the interview instrument included 10 questions that covered a range of community issues and possible interventions. See Appendix C for the interview instrument.

Interview protocol

All interviews were held via Zoom. One of three Ph.D.-level WSU-CARE staff members conducted each of the interviews and also took notes. Interviews were also recorded via the Zoom platform recorder. All participants agreed to having the interview recorded. All interviews took place between September 12, 2022 and November 10, 2022.

The interviews lasted between 20 to 45 minutes. Interviewees were urged to define community in whatever way made most sense for them given their role in the community or the persons they serve. Some of the questions included prompts to elicit more complete answers (e.g., would you say these issues have gotten better, worse, or remained the same; what impact do you think COVID has had on these issues, etc.). Interviewers asked for further explanation anytime a participant was not clear, used acronyms, or said something that required more information. This helped ensure that participants had an opportunity to answer each question fully and with enough detail to provide nuance for analysis.

Analysis

One researcher who has extensive qualitative analysis experience and had also conducted several of the interviews used the notes to code and create themes for each question. The researcher annotated themes with the initials of each person who had mentioned each code so as to assist in discerning the most common or highest priority themes. The researcher used the Core Indicators framework provided by AVC as a guide for structured coding across all questions. The researcher responsible for analysis then met with the lead researcher to come to consensus regarding the final themes. The researcher responsible for coding and theming all interviews created the summary themes for each county, which included those themes that were mentioned by at least 1/3 of all interviewees for the respective county.

A summary of the key informant interviews is included in the table below.

Key Stakeholder Interviews	
Key Summary Points	
<ul style="list-style-type: none"> • There are major disparities in health outcomes for marginalized populations (BIPOC, people with disabilities, incarcerated, low income, under/uninsured, etc.) • Social determinants of health (poverty, under/uninsured, lack of access/affordability of healthy food/water, substandard/unaffordable housing, lack of living wage/unemployment, etc.) contributes to poor health and worsens chronic conditions • Access and quality aren't the same for marginalized populations • There's an overall lack of providers, specifically those who accept Medicaid, Medicare, or offer reduced services • Riley County is relatively healthy, particularly if you have the resources 	
Sectors Represented	Common Themes
<ul style="list-style-type: none"> • Education • Healthcare / FQHCs • Public Health • Mental Health • Social Services • Childcare 	<ul style="list-style-type: none"> • Lack of providers that accept Medicaid, Medicare, and/or provide reduced services • Lack of mental and behavioral healthcare access • Healthcare workforce shortage due to the lack of training, retention, and recruitment

	<ul style="list-style-type: none"> ● Increased substance abuse behaviors, part of which is due to lack of mental health services and detox services ● Riley County is a good place to live if a person has resources
Meaningful Quotes	
<ul style="list-style-type: none"> ● “If you’re a person with resources, you have access to good medical care, general well-being; people on limited income or marginalized populations, much harder [to] access [care].” ● “[Some people] make \$50 too much per month to qualify for subsidized housing. I want to give my employees raises, raise wages, keep up with inflation, and then they end up no longer being eligible for services they rely on.” ● “[Access to] dental care [is difficult] for those without health insurance. Many kids don’t get dental care even with a medical card because [of] restrictions.” ● “The people I serve live paycheck to paycheck or they don’t have jobs.” ● “When you don’t have money or insurance, access is much more difficult. Probably more of those folks than I am aware of. Overall, healthy population though.” 	

To view more detailed community input data, see Appendix C.

Summary of Secondary Data

Secondary data is data that has already been collected and published by another party. Both governmental and non-governmental agencies routinely collect secondary data reflective of the health status of the population at the state and county level through surveys and surveillance systems. Secondary data was compiled from various sources that are reputable and reliable.

Health indicators in the following categories were reviewed:

- Health Outcomes
- Social and Economic Factors
- Health Behaviors
- Access to Healthcare
- Disparities

A summary of the secondary data collected and analyzed through this assessment is outlined below.

Riley County’s median income and per capita income are below the state of Kansas. Significantly more residents of Riley County are living with incomes below the federal poverty guideline (22.7%) as compared to the state (11.4%). Riley County is experiencing worsening rates of sexually-transmitted infections; however, there are a number of indicators that are on a positive trend. Improvement can be seen in the number of adults and children who are uninsured, ratio of population to primary care



physicians, rate of preventable hospital stays, reported violent crime offenses, air pollution, and flu vaccinations.

To view secondary data and sources in its entirety, see Appendix D.

Summary of COVID-19 Impact on Riley County

The COVID-19 pandemic has had an impact on communities world-wide. In the United States, urban communities took the hardest hit for both COVID cases and death. Profound disparities emerged as the pandemic grew. Older Americans over 65 years of age have the highest risk of death from COVID than any other age group. There are significant disparities by race and ethnicity as well. Americans of color have higher risk of exposure, infection, and death compared to non-Hispanic White Americans.²

Significant COVID-19 disparities include:

- Hispanic Persons at 1.7 times the risk of death
- non-Hispanic Black persons at 1.6 times the risk of death
- American Indian or Alaska Native at 2.1 times the risk of death³

Some reasons for these differences include:

- Multigenerational families
- Living in crowded housing with close physical contact
- Working in environments in which social distancing is not possible
- Inadequate access to health care
- Higher rates of underlying conditions⁴

COVID-19 Impact on Riley County (as of January 18, 2023)			
Indicator	Riley County	Kansas	Description/Source
Total Cases	31	2,339	https://www.coronavirus.kdheks.gov/160/COVID-19-in-Kansas ; KS COVID-19 Overview Dashboard
Confirmed Cases per 100,000	41.76	80.3	https://www.coronavirus.kdheks.gov/160/COVID-19-in-Kansas ; Case Rates Dashboard

KDHE COVID Cases in Kansas
<https://www.coronavirus.kdheks.gov/160/COVID-19-in-Kansas>

²Centers for Disease Control and Prevention
<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-age.html>

³Centers for Disease Control and Prevention
<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>

⁴Centers for Disease Control and Prevention (<https://covid.cdc.gov/covid-data-tracker/#datatracker-home>)

Written Comments on Previous CHNA and Implementation Strategy

AVCH-M's previous CHNA and implementation strategy were made available to the public and open for public comment via the website: <https://healthcare.ascension.org/chna>. No public comments were received for AVCH-M's previous CHNA and implementation strategy.

Data Limitations and Information Gaps

Although it is quite comprehensive, this assessment cannot measure all possible aspects of health and cannot represent every possible population within Riley County. This constraint limits the ability to fully assess all the community's needs.

For this assessment, three types of limitations were identified:

- Some groups of individuals may not have been adequately represented through the community input process. Those groups, for example, may include individuals who are transient, who speak a language other than English, or who are members of the lesbian/gay/bisexual/transgender+ community.
- Secondary data is limited in a number of ways, including timeliness, reach, and descriptive ability with groups as identified above.
- An acute community concern may significantly impact a Ministry's ability to conduct portions of the CHNA assessment. An acute community concern is defined by Ascension as an event or situation which may be severe and sudden in onset or newly affects a community. These events may impact the ability to collect community input, may not be captured in secondary data, and/or can present in the middle of the three-year CHNA cycle. For the 2023 CHNA, COVID-19 recovery, workforce shortages, and economic conditions (i.e., inflation) were identified as acute community concerns that exacerbated many social and economic factors that impact health, including mental health.

Despite the data limitations, AVCH-M is confident of the overarching themes and health needs represented through the assessment data. This is based on the fact that the data collection included multiple methods, both qualitative and quantitative, and engaged the hospital and participants from the community that represented a broad range of backgrounds and experiences.

Community Needs

AVCH-M, with contracted assistance from WSU-CARE, analyzed secondary data of over 60 indicators and gathered community input through key informant interviews to identify the needs in Riley County. AVCH-M used a phased prioritization approach to identify the needs. The first step was to determine the broader set of **identified needs**. Identified needs were then narrowed to a set of **significant needs** which were determined most important for community stakeholders to address.

Following the completion of the CHNA assessment, AVCH-M will select all, or a subset, of the significant needs as the hospital's **prioritized needs** to develop a three-year implementation strategy. Although the hospital may address many needs, the prioritized needs will be at the center of a formal CHNA implementation strategy. Image three also describes the relationship between the needs categories.

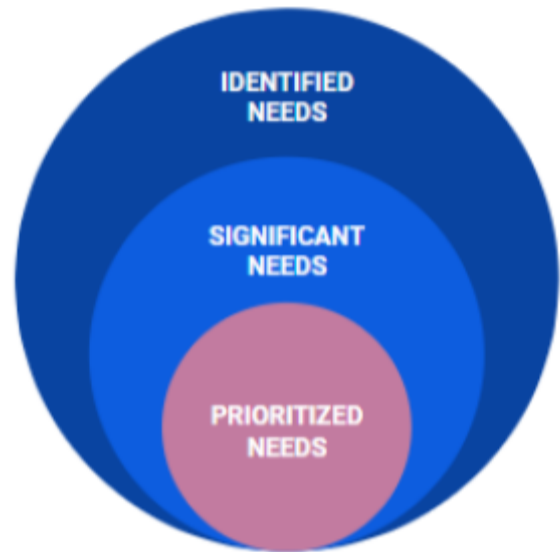


Image 3: Ascension Needs Categories

Identified Needs

Ascension has defined “identified needs” as the health outcomes or related conditions (e.g., social determinants of health) impacting the health status of the community served. The identified needs were categorized into groups such as health behaviors, social determinants of health, length of life, quality of life, clinical care, and systemic issues in order to better develop measures and evidence-based interventions that respond to the determined condition.

Significant Needs

AVCH-M utilized a prioritization process to identify needs that were most significant within the community. Ascension has defined “significant needs” as the identified needs which have been deemed most significant to address based on established criteria. The prioritization process ranked the significant needs based on the following criteria:

- Magnitude: the number of people impacted by the problem
- Severity: the risk of morbidity and mortality associated with the problem
- Impact of the problem on marginalized populations
- Importance of the problem to the community
- Relationship of the problem to other community issues

Through the prioritization process for the 2023 CHNA, the significant needs are as follows:

- Health Equity
- Access to Care
- Food Security
- Housing and Transportation
- Diet and Exercise - Obesity
- Alcohol and Drug Use

Descriptions of the significant needs are on the following pages.

Health Equity	
Why is it Important?	Data Highlights
<p>Many health disparities are perpetuated by systemic issues such as poverty, social determinants of health (inequitable access to housing, education, employment, etc.), and discrimination. These disproportionately impact marginalized groups and contribute to health disparities.</p>	<ul style="list-style-type: none"> • 18% of children in Riley County live in poverty (13% KS; 9% top U.S. cities) • The percent of all ages of people in poverty was significantly higher than the state (19.2% for Riley County; 11.7% for Kansas) • The median household income is below the state median income (\$51,098 for Riley County; \$61,091 for Kansas) • 22.7% of Riley County residents have incomes below the federal poverty guideline (11.4% for KS; 12.8% top U.S. cities) • The percentage of ALICE Households (36%) is higher than Kansas (26.4%) and the top U.S. cities (29%). ALICE Households are those households that earn more than the U.S. poverty levels but less than basic cost of living for the country which can impact whether individuals and families qualify for certain public benefits.
<p>Local Assets & Resources</p> <ul style="list-style-type: none"> • State of Kansas HCBS waivers for Medicaid • Flint Hills Wellness Coalition • Riley County Health Department • Konza United Way • Kansas Department of Health and Environment 	
<p>Individuals Who Are Marginalized</p> <ul style="list-style-type: none"> • Homeless • Low-income and individuals living in poverty • Seniors • Children, especially children 	<p>Community Challenges & Perceptions</p> <ul style="list-style-type: none"> • Disparities continue to be a barrier to health equity for marginalized populations (BIPOC, people with disabilities, incarcerated, low income, under/uninsured, etc.) • BIPOC, LGBTQ+, and gender diverse communities are disproportionately affected by health and social issues

<p>with Intellectual/Developmental Disability (I/DD)</p> <ul style="list-style-type: none"> • Under/uninsured • Unemployed • Individuals with persistent mental illness or substance abuse issues • Racial and ethnic groups such as BIPOC populations • LGBTQ+ 	<ul style="list-style-type: none"> • Social determinants of health (poverty, under/uninsured, lack of access and affordability of healthy food and water, substandard and unaffordable housing, lack of living wages and unemployment, etc.) contributes to poor health and worsens chronic conditions • Access and quality aren't the same for marginalized populations • Overall lack of providers, specifically those who accept Medicaid, Medicare, or offer reduced services disproportionately impacts marginalized groups • People that have the resources - money, healthcare, etc., - are typically healthier than those without the resources • People in poverty are disproportionately impacted by health and social issues; Many connected issues stem from or affect those in poverty (substance abuse, mental health issues, homelessness, violence, hunger, lack of stable and living wage jobs, etc.) • Income inequality impacts access to mental health and general financial security
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Access to Care	
Why is it Important?	Data Highlights
<p>Access to affordable, quality care can help detect health issues sooner and prevent disease. This can help individuals live longer and have healthier lives.</p>	<ul style="list-style-type: none"> • Uninsured rates are trending positively (declining) but remain higher than the top U.S. cities (6%) and comparable to the state of Kansas (10.4% for Riley County; 10.9% for Kansas) • 5% of children are uninsured (6% Kansas; 3% top U.S. cities) • The ratio of the population to primary care physicians is trending positively - more primary care physicians per patient; however, the county trails behind Kansas and national averages (1,430:1 Riley County; 1,270:1 Kansas; 1,010:1 top U.S. cities) • Hospital utilization rates are improving, specifically in regard to preventable hospital stays. Riley County's preventable hospital stays is slightly higher than the top U.S. cities and lower than the state of Kansas (2,554 Riley County; 3,645 Kansas; 2,233 top U.S. cities) • Riley County has more mental health providers to patient ratio than KS overall but less mental health providers per patient than national averages (370:1 Riley County; 470:1 Kansas; 250:1 top U.S. cities)
Local Assets & Resources	
<ul style="list-style-type: none"> • Riley County Health Department • Ascension Via Christi Hospital in Manhattan • Pawnee Mental Health Services • Konza Prairie Community Health Center 	
Individuals Who Are Marginalized	Community Challenges & Perceptions

<ul style="list-style-type: none"> • Low-income • Under/uninsured • Homeless • LGBTQ+ • Immigrants • BIPOC 	<ul style="list-style-type: none"> • There is a lack of providers that take Medicaid/Medicare and/or provide low cost services • Medicaid Expansion, universal healthcare, or other options are necessary to increase access and affordability • Medicaid expansion would make more services accessible to more people; it has shown to increase efficiency in other states • There needs to be more affordable healthcare options • There is a lack of primary care providers, dental care, and other specialty care like geriatrics and mental and behavioral health providers • There is a need for more mental healthcare options that address dual diagnosis
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Food Security	
Why is it Important?	Data Highlights
<p>The ability to access and afford healthy food has a significant effect on health. Individuals who can afford and access healthy foods tend to have better health outcomes and lower chronic disease rates.</p>	<ul style="list-style-type: none"> • The food environment index (index factors that contribute to healthy food environment, 1-worst, 10-best) for Riley County is 5.7 which is worse than Kansas (6.7) and the top U.S. cities (8.8) • 14% of residents are food insecure, lacking adequate access to food (12% Kansas; 9% top U.S. cities) • 25% of the population who are low-income do not live close to a grocery store which limits access to health foods (8% Kansas; 2% top U.S. cities)
Local Assets & Resources	
<ul style="list-style-type: none"> • Kansas Department of Health and Environment State Partnerships Improving Nutrition and Equity Program • Flint Hills Volunteer Center (Neighbor to Neighbor) • Flint Hills Breadbasket 	
Individuals Who Are Marginalized	Community Challenges & Perceptions
<ul style="list-style-type: none"> • Low-income • Elderly • Persons with disabilities • Rural communities • Children 	<ul style="list-style-type: none"> • Access to fast food is easier and cheaper • Healthy foods are not always affordable • Transportation to healthy food options can be limited in certain communities • Ability to access healthy food options contributes to obesity and other health issues that already disproportionately impacts people who live in food deserts or have limited access to healthy food options

Housing and Transportation	
Why is it Important?	Data Highlights
<p>Transportation: Missed or rescheduled appointments, missed or delayed medications, and delayed care can all be caused by transportation issues. Being unable to access medical care in a timely manner can ultimately lead to poorer health outcomes. This can be especially profound for those with existing chronic conditions and living in rural communities.</p> <p>Housing: The physical environment in which a person lives can affect their ability and that of their families and neighbors to live long and healthy lives.</p>	<p>Transportation:</p> <ul style="list-style-type: none"> • N/A - Transportation has been an increasing need, especially in regards to safe roads, as the county expands, population grows, and continued homebuilding to meet the growing population. • Lack of transportation contributes to the need for specialists within the community. Many residents must travel to other cities to seek specialty care, which can disproportionately impact those without resources. <p>Housing:</p> <ul style="list-style-type: none"> • 18% of Riley County households spend 50% or more of their household income on housing which is significantly higher than the state of Kansas (10%) and the top US cities (7%) • 20% of households in Riley County report at least 1 of 4 housing problems including overcrowding, high housing costs, lack of kitchen facilities, lack of plumbing, facilities (13% Kansas; 9% top U.S. cities) • 44% of occupied housing units are owned in Riley County compared to 66% in Kansas and 81% in the top U.S. Cities
Local Assets & Resources	
<p>Transportation</p> <ul style="list-style-type: none"> • Flint Hills Area Transportation Agency • Flint Hills Volunteer Center <p>Housing</p> <ul style="list-style-type: none"> • Kansas Housing Assistance Program • Manhattan Housing Authority • Kansas Legal Services 	
Individuals Who Are Marginalized	Community Challenges & Perceptions
<ul style="list-style-type: none"> • Low-income individuals and families • Elderly and handicapped individuals • Immigrants and persons who speak English as a second language 	<ul style="list-style-type: none"> • There is a general lack of transportation options in Riley County, and public transportation is insufficient to meet the needs of the community • There is a general lack of affordable housing within the county • COVID has increased homelessness in the area • There is a need for more housing for the elderly and disabled

Diet and Exercise - Obesity	
Why is it Important?	Data Highlights
A poor diet and lack of physical activity can increase the risk of developing obesity, chronic disease, and premature death.	<ul style="list-style-type: none"> 39% of adults in Riley County are considered obese which is higher than the state of Kansas (36%) and the top U.S. cities (30%) About a quarter of adults age 20 and older report no leisure time physical activity which is comparable to the state of Kansas and national average (27% Kansas; 23% top U.S. cities) The diabetes prevalence at 10% for Riley County is comparable to Kansas (10%) and slightly higher than the top U.S. cities (8%) 81% of the population report adequate access to locations for physical activity which is significantly higher than Kansas (73%) and slightly lower than the top U.S. cities (86%)
Local Assets & Resources	
<ul style="list-style-type: none"> K-State SNAP-Ed program Ascension Via Christi Hospital in Manhattan weight management program Manhattan Medical Group KU Weight Management Program Kansas Department of Health and Environment Diabetes Prevention and Management Program 	
Individuals Who Are Marginalized	Community Challenges & Perceptions
<ul style="list-style-type: none"> Low-income Communities who lack access to affordable healthy foods and safe opportunities to exercise 	<ul style="list-style-type: none"> Although there is access to exercise opportunities, there is a general lack of activity within the community Cost associated with gym memberships, safety, access to trails and sidewalks, and weather can be a barrier to physical activity for marginalized groups

Alcohol and Drug Use	
Why is it Important?	Data Highlights
Alcohol and drug use can increase someone's risk of disease and premature death.	<ul style="list-style-type: none"> No opioid data is available for the state of Kansas Alcohol impaired deaths are significantly higher compared to the state of Kansas and top US cities. This could be contributed to Riley County being home to a large college age segment residing in the city of Manhattan due to Kansas State University The percent of alcohol impaired driving deaths for Riley County is 27% (19% Kansas; 10% top U.S. cities) 16% of adults are current smokers (17% Kansas; 15% top U.S. cities)
Local Assets & Resources	
<ul style="list-style-type: none"> Pawnee Mental Health Services Alcohol Anonymous in Kansas 	

<ul style="list-style-type: none"> • Substance Abuse Helpline • Alcohol and Drug Abuse Helpline 	<ul style="list-style-type: none"> • 18% of adults report binge or heavy drinking (20% Kansas; 15% top U.S. cities)
Individuals Who Are More Marginalized	Community Challenges & Perceptions
<ul style="list-style-type: none"> • Homeless and low-income who may lack the funds/insurance for treatment services • Under/uninsured • Individuals with underlying mental health concerns • Youth/college age 	<ul style="list-style-type: none"> • There is excessive drinking in the community. This could be attributed in part to having a large population of college-age students at Kansas State University • Increasing need for dual diagnosis services, especially for those who lack access to services • There’s a lack of access to alcohol and substance abuse services in the community, especially for marginalized groups who may not be able to afford or may not have adequate insurance to pay for services

To view health care facilities and community resources available to address the significant needs, please see Appendix E.

Prioritized Needs

Following the completion of the CHNA as outlined in this report, AVCH-M will develop an implementation strategy that will be publicly posted at healthcare.ascension.org/chna. The implementation strategy will focus on all or a subset of the significant needs, and will describe how the hospital intends to address those prioritized needs throughout the same three-year CHNA cycle: July 1, 2023 to June 20, 2026. The implementation strategy will also describe why certain significant needs were not selected as a prioritized need to be addressed by the hospital. Ascension has defined “prioritized needs” as the significant needs which have been selected by the hospital to address through the CHNA implementation strategy.

Summary of Impact from the Previous CHNA Implementation Strategy

An important piece of the three-year CHNA cycle is revisiting the progress made on priority needs set forth in the preceding CHNA. By reviewing the actions taken to address the significant needs and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next CHNA cycle.

Highlights from the AVCH-M's previous implementation strategy include:

- Financial counselors worked directly with low income and under/uninsured individuals and families to help navigate public insurance programs. Counselors worked directly with individuals who were uninsured, underinsured, or recently lost their insurance to review potential healthcare plans and public insurance programs, apply for coverage, and understand insurance use after it is received. Counselors assisted 2,545 individuals to enroll in public programs between June 1, 2020 and September 20, 2022.
- AVCH-M covers expenses associated with moving patients from AVCH-M hospitals to other medical facilities for specialized services (e.g. state psychiatric facilities). These patients are usually uninsured, underinsured, Medicaid recipients and/or need special transportation that is unavailable to them via family resources. AVCH-M provided 493 (\$233,257) transports between July 1, 2020 and June 30, 2022.
- Due to COVID impacting in-person educational sessions, AVCH-M partnered with Ascension Via Christi Hospitals Wichita (AVCH-W) to provide virtual parenting education and skills development courses. These became so successful that virtual offerings have become permanent. AVCH-W provides a breastfeeding clinic in which the costs are waived for those unable to pay. The hospital provides several baby wellness classes for expectant parents, siblings, and grandparents on a variety of topics from baby wellness to labor and delivery. These classes are also free for those unable to pay. Staff were able to educate 4,601 parents and family members through these classes. AVCH-M was able to restart the safe sitter community education program which was stopped due to COVID. The program restarted in June 2022. Between June 1, 2022 through September 30, 2022, 22 pre-teens between the ages of 11-13 were able to complete the training. The training is a one-day program that covers the business of babysitting, child care essentials, babysitting safety, CPR for infants/children, and choking infant/child rescue.

A full evaluation of our efforts to address the significant health needs identified in the 2021 - 2023 CHNA can be found in Appendix F.



Approval by Ascension Via Christi Hospital Manhattan, Inc.’s Board of Directors

To ensure AVCH-M’s efforts meet the needs of the community and have a lasting and meaningful impact, the 2023 CHNA was presented and adopted by the AVCH-M Board of Directors on April 19, 2023. Although an authorized body of the hospital must adopt the CHNA and implementation strategy reports to be compliant with the provisions in the Affordable Care Act, adoption of the CHNA also demonstrates that the board is aware of the findings from the community health needs assessment, endorses the priorities identified, and supports the strategy that has been developed to address prioritized needs.



Conclusion

The purpose of the CHNA process is to develop and document key information on the health and well-being of the communities AVCH-M serves. This report will be used by internal stakeholders, non-profit organizations, government agencies, and other community partners of AVCH-M to guide the implementation strategies and community health improvement efforts as required by the Affordable Care Act. The 2023 CHNA will also be made available to the broader community as a useful resource for further health improvement efforts.

AVCH-M hopes this report offers a meaningful and comprehensive understanding of the most significant needs for residents of Riley County. As a Catholic health ministry, AVCH-M is dedicated to spiritually centered, holistic care that sustains and improves the health of not only individuals, but the communities it serves. With special attention to those who are poor and marginalized, we are advocates for a compassionate and just society through our actions and words. AVCH-M is dedicated to serving patients with compassionate care and medical excellence, making a difference in every life we touch. The hospital values the community's voice and welcomes feedback on this report. Please visit this public website (<https://healthcare.ascension.org/chna>) to submit your comments.



Appendices

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Appendix A: Definitions and Terms

Acute Community Concern

An event or situation which may be severe and sudden in onset, or newly affects a community. This could describe anything from a health crisis (e.g., COVID-19, water poisoning) or environmental events (e.g. hurricane, flood) or other event that suddenly impacts a community. The framework is a defined set of procedures to provide guidance on the impact (current or potential) of an acute community concern. Source: Ascension Acute Community Concern Assessment Framework

Collaborators

Third-party, external community partners who are working with the hospital to complete the assessment. Collaborators might help shape the process, identify key informants, set the timeline, contribute funds, etc.

Community Focus Groups

Group discussions with selected individuals. A skilled moderator is needed to lead focus group discussions. Members of a focus group can include internal staff, volunteers and the staff of human service and other community organizations, users of health services and members of minority or disadvantaged populations. Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Community Forums

Meetings that provide opportunities for community members to provide their thoughts on community problems and service needs. Community forums can be targeted towards priority populations. Community forums require a skilled facilitator.

Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Community Served

A hospital facility may take into account all the relevant facts and circumstances in defining the community it serves. This includes: The geographic area served by the hospital facility; Target populations served, such as children, women, or the aged; and Principal functions, such as a focus on a particular specialty area or targeted disease.

Consultants

Third-party, external entities paid to complete specific deliverables on behalf of the hospital (or coalition/collaborators); alternatively referred to as vendors.

Demographics

Population characteristics of your community. Sources of information may include population size, age structure, racial and ethnic composition, population growth, and density.

Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Identified Need

Health outcomes or related conditions (e.g., social determinants of health) impacting the health status of the community served

Key Stakeholder Interviews

A method of obtaining input from community leaders and public health experts one-on-one. Interviews can be conducted in person or over the telephone. In structured interviews, questions are prepared and standardized prior to the interview to ensure consistent information is solicited on specific topics. In less structured interviews, open-ended questions are asked to elicit a full range of responses. Key informants may include leaders of community organizations, service providers, and elected officials. Individuals with a special knowledge or



expertise in public health may include representatives from your state or local health department, faculty from schools of public health, and providers with a background in public health. See Section V for a list of potential interviewees. Could also be referred to as Stakeholder Interviews.

Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Medically Underserved Populations

Medically Underserved Populations include populations experiencing health disparities or that are at risk of not receiving adequate medical care because of being uninsured or underinsured, or due to geographic, language, financial, or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility's service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma, or other barriers.

Source:

<https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospitalorganizations-section-501r3>

Prioritized Need

Significant needs which have been selected by the hospital to address through the CHNA implementation strategy

Significant Need

Identified needs which have been deemed most significant to address based on established criteria and/or prioritization methods

Surveys

Used to collect information from community members, stakeholders, providers, and public health experts for the purpose of understanding community perception of needs. Surveys can be administered in person, over the telephone, or using a web-based program. Surveys can consist of both forced-choice and open-ended questions.

Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Appendix B: Community Demographic Data and Sources

The tables below provide a description of the community’s demographics. The description of the importance of the data is largely drawn from the County Health Rankings and Roadmaps website.

Population

Why it is important: The composition of a population, including related trends, is important for understanding the community context and informing community planning.

Population	Riley County	Kansas	U.S.
Total	72,208	2,934,582	331,893,745
Male	53%	49.8%	49.2%
Female	47%	50.2%	50.8%

Data source: U.S. Census Bureau Population and Housing Estimates; 2019, 2021

Population by Race or Ethnicity

Why it is important: The race and ethnicity composition of a population is important in understanding the cultural context of a community. The information can also be used to better identify and understand health disparities.

Race or Ethnicity	Riley County	Kansas	U.S.
Asian	4.9%	3.2%	5.9%
Black / African American	7%	6.1%	13.4%
Hispanic / Latino	8.4%	12.2%	8.5%
Native American	0.7%	1.2%	1.3%
White	83.5%	86.3%	76.3%

Data source: U.S. Census Bureau Population and Housing Estimates, 2019

Population by Age

Why it is important: The age structure of a population is important in planning for the future of a community, particularly for schools, community centers, healthcare and child care. A population with more youths will have greater education needs and child care needs, while an older population may have greater healthcare needs.

Age	Riley County	Kansas	U.S.
Median Age	25	37	38
Age 0-17	16.3%	24%	22.3%
Age 18-64	74.3%	59.9%	61.5%
Age 65+	9.8%	16.3%	16.5%

Data source: U.S. Census Bureau Population and Housing Estimates; 2019, US Census Bureau ACS 2016-2020

Income

Why it is important: Median household income and the percentage of children living in poverty, which can compromise physical and mental health, are well-recognized indicators. People with higher incomes tend to live longer than people with lower incomes. In addition to affecting access to health insurance, income affects access to healthy choices, safe housing, safe neighborhoods and quality schools. Chronic stress related to not having enough money can have an impact on mental and physical health. ALICE, an acronym for Asset Limited, Income Constrained, Employed, are households that earn more than the U.S. poverty level, but less than the basic cost of living for the county. Combined, the number of poverty and ALICE households equals the total population struggling to afford basic needs.

Income	Riley County	Kansas	U.S.
Median Household Income	\$51,098	\$61,091	\$64,994
Per Capita Income	\$27,975	\$32,798	\$35,384
People with incomes below the federal poverty guideline	22.7%	11.4%	12.8%
ALICE Households	36%	26.4%	29%

Data source: American Community Survey 5-year; 2016-2021, United For Alice 2018

Education

Why is it important: There is a strong relationship between health, lifespan and education. In general, as income increases, so does lifespan. The relationship between more schooling, higher income, job opportunities (e.g., pay, safe work environment) and social support, help create opportunities for healthier choices.

Income	Riley County	Kansas	U.S.
High School grad or higher	96.2%	91.4%	88.5
Bachelor's degree or higher	47.2%	33.9%	32.9%

Data source: American Community Survey 5-year; 2016-2022

Insured/Uninsured

Why it is important: Lack of health insurance can have serious health consequences due to lack of preventive care and delays in care that can lead to serious illness or other health problems.

Income	Riley County	Kansas	U.S.
Uninsured	10%	11%	6%
Medicaid Eligible	n/a	n/a	n/a

Data source: County Health Rankings, 2022



Appendix C: Community Input Data and Sources

Interview Guide

The following questions were asked of all key informant interview participants.

Introduction

This interview guide was developed by the Center for Applied Research and Evaluation at the Community Engagement Institute of Wichita State University on behalf of Ascension Via Christi. This interview is designed to gather information from key individuals in Riley County who can speak to the overall health and well-being of their community. You have been contacted to participate in this interview based upon the nature of your work and the populations you provide services to. By taking part in this interview, you will be contributing to the compilation of potential community health priorities to be addressed by Ascension Via Christi. This interview will last approximately one hour and your participation is completely voluntary.

Confidentiality

Every effort will be made to keep your study-related information confidential. However, in order to make sure the study is done properly and safely there may be circumstances where this information must be released. By participating in an interview, you are giving the research team permission to share information about you with the following groups:

- Office for Human Research Protections or other federal, state, or international regulatory agencies;
- The Wichita State University Institutional Review Board;

Ascension Via Christi may publish the results of the study. If they do, they will only discuss group results. Your name will not be used in any publication or presentation about the study.

Refusal/Withdrawal

Participation is entirely voluntary. Your decision whether or not to participate will not affect your future relations with Wichita State University and/or Ascension Via Christi. If you agree to participate in this study, you are free to withdraw at any time without penalty.

Contact

If you have any questions about this research, you can contact us at:

Tara Gregory

Tara.Gregory@wichita.edu

Sarah Jolley

Sarah.jolley@wichita.edu

So that we may ensure we capture all the important details that you share, we would like to record this interview. The audio of this recording will then be transcribed and analyzed. Do you consent to having this interview recorded? [If no: That's ok! We'll do our best to take notes during the interview.]



Do you have any questions for us before we get started?

First, we'd like to learn a little bit more about you and your role in the community.

1. Tell me a little about your organization or work, including the main area of focus, as well as your role.

Prompts

- a. What geographic area(s) do you focus on?
- b. What population(s) do you primarily serve or focus on?

Now we'd like to ask you some questions about the overall health and well-being of Riley County.

2. How would you describe Riley County related to the health of its residents?
3. What are the most important health issues that you see in your community?
4. What are the most important social issues that you see in your community?
5. What specific populations, if any, are disproportionately affected by the health and social issues just mentioned?
6. An analysis of secondary data for Riley County shows people with incomes below the poverty line, newly diagnosed STIs, air pollution, and the ratio of the population to primary care doctors to be out of line with state averages.
 - a. In your work/community, have you seen this to be true? How so?
 - b. Do you have any thoughts on why these items are worsening in the county?
7. What health services are lacking for the people you serve?
8. What policies or resources are needed to help address the top health needs?
9. How could hospitals in your community potentially improve health or reduce health disparities?
10. Anything else you would like to add?

That's all the questions we have for you today. Thank you so much for your time and for contributing to this important work!

Key Informant Sectors

For the purpose of confidentiality, individual names or organizational associations for those interviewed are not being reported. The following table provides information on the sectors and populations represented by those who were interviewed. Each organization/individual is listed separately to show the diversity of sectors and populations as well as the intersecting nature of those interviewed.

Sector(s)	Population(s) of Focus
Transportation	Riley County, Geary County, Pottawatomie County
Healthcare	Riley County, Pottawatomie County, Geary County, Clay County, Dickinson County – low income, uninsured/underinsured, unhoused, immigrants
Healthcare	Riley County, Geary County, Pottawatomie County, Clay County; other counties
Social service	Low income, un/underinsured, unhoused, marginalized populations, Riley County at large
Social service	Low income, unhoused
Social service	Low income, LGBTQIA, children/youth
Business	Riley County, Pottawatomie County, Geary County
Law enforcement	Riley County
Social service	Low income, food insecure, Riley County
Healthcare	Low income, un/underinsured, Riley County, Geary County
Social service	Aging, low income, Riley County
Social service	Children/youth, low income, Riley County, Pottawatomie County
Mental health	Children/youth, adults
Education	Children/youth
Public health	Low income, marginalized, aging, college students, Riley County
Social service	Manhattan, unhoused, low income
Philanthropy	Manhattan, Northeast Kansas

Key Informant Interview: Major Themes

Theme	Supporting Information
Lack of providers that accept Medicaid, Medicare, and or	Overall lack of providers, specifically those who accept Medicaid, Medicare, or offer reduced services disproportionately impact marginalized groups. There is a lack of providers that take Medicaid/Medicare and or provide low cost services. Medicaid

<p>provide reduced services (n=11 or 64.7%)</p>	<p>Expansion, universal healthcare, or other options are necessary to increase access and affordability. Medicaid expansion would make more services accessible to more people; it has shown to increase efficiency in other states. There needs to be more affordable healthcare options. There is a lack of primary care providers, dental care, and other specialty care like geriatrics and mental and behavioral health providers.</p>
<p>Lack of mental and behavioral healthcare access (n=11 or 64.7%)</p>	<p>There is a need for more mental healthcare options that address dual diagnosis.</p>
<p>Workforce shortage due to the lack of training, retention, and recruitment (n=10 or 58.8%)</p>	<p>Healthcare is dealing with severe workforce shortages. Compounding factors have led to issues with healthcare workforce shortages - proper credentials and training, difficulties with recruitment and retention of staff, and COVID recovery efforts.</p>
<p>Disparities for marginalized populations (BIPOC, LGBTQ+, gender diverse, people with disabilities, incarcerated, low income, under/uninsured, etc.) (n=9 or 52.9%)</p>	<p>Disparities continue to be a barrier to health equity for marginalized populations (BIPOC, people with disabilities, incarcerated, low income, under/uninsured, etc.). BIPOC, LGBTQ+ and gender diverse communities are disproportionately affected by health and social issues. People in poverty are disproportionately impacted by health and social issues; Many connected issues stem from or affect those in poverty (substance abuse, mental health issues, homelessness, violence, hunger, lack of stable and living wage jobs, etc.). COVID has increased homelessness in the area.</p>
<p>Increased substance abuse behaviors, due to lack of mental health services and detox services (n=9 or 52.9%)</p>	<p>There is excessive drinking in the community. This could be attributed in part to having a large population of college/university students at Kansas State University. Increasing need for dual diagnosis services, especially for those who lack access to services. There's a lack of access to alcohol and substance abuse services in the community, especially for marginalized groups who may not be able to afford or may not have adequate insurance to pay for services.</p>
<p>Good place to live if a person has resources (n=8 or 47%)</p>	<p>Social determinants of health (poverty, under/uninsured, lack of access and affordability of healthy food and water, substandard and unaffordable housing, lack of living wages and unemployment, etc.) contributes to poor health and worsens chronic conditions. Access and quality aren't the same for marginalized populations. People that have the resources - money, healthcare, etc., - are typically healthier than those without the resources. Income inequality impacts access to mental health and general financial security. Access to fast food is easier and cheaper. Healthy foods are not always affordable. Transportation to healthy food options can be limited in certain communities. Ability to access health food options contributes to obesity and other health issues that already disproportionately affect persons who live in food deserts or have limited access to healthy food options. There is a general lack of transportation options in Riley County. The county lacks sufficient transportation options for individuals to access healthcare. Public transportation is insufficient. There is a general lack of affordable housing within</p>

	<p>the county. There is a need for more housing for the elderly and disabled. Although there is access to exercise opportunities, there is a general lack of activity within the community. Cost associated with gym memberships, safety, access to trails and sidewalks, and weather can be a barrier to physical activity for marginalized groups.</p>
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Appendix D: Secondary Data and Sources

The tables below are based on data vetted, compiled and made available on the County Health Rankings and Roadmaps (CHRR) website (<https://www.countyhealthrankings.org/>). The site is maintained by the University of Wisconsin Population Health Institute, School of Medicine and Public Health, with funding from the Robert Wood Johnson Foundation. CHRR obtains and cites data from other public sources that are reliable. CHRR also shares trending data on some indicators.

CHRR compiles new data every year and shares with the public in March. The data below is from the 2021 publication. It is important to understand that reliable data is generally two to three years behind due to the importance of careful analysis. NOTE: Data in the charts does not reflect the effects that the COVID-19 pandemic has had on communities.

How To Read These Charts

Why they are important: Explains why we monitor and track these measures in a community and how it relates to health. The descriptions of 'why they are important' are largely drawn from the CHRR website as well.

County vs. State: Describes how the county's most recent data for the health issue compares to state.

Trending: CHRR provides a calculation for some measures to explain if a measure is worsening or improving.

- Red: The measure is worsening in this county.
- Green: The measure is improving in this county.
- Empty: There is no data trend to share or the measure has remained the same.

Top US Counties: The best 10 percent of counties in the country. It is important to compare not just with Kansas but important to know how the best counties are doing and how our county compares.

Description: Explains what the indicator measures, how it is measured, and who is included in the measure.

n/a: Not available or not applicable. There might not be available data for the community on every measure. Some measures will not be comparable.

Health Outcomes

Why they are important: Health outcomes reflect how healthy a county is right now. They reflect the physical and mental well-being of residents within a community.

Indicators	Trend	Riley County	Kansas	Top US Counties	Description
Length of Life					
Premature Death		5,000	7,500	5,600	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
Life Expectancy		80.5	77.8	80.6	How long the average person should live.
Infant Mortality		5	6	4	Number of all infant deaths (within 1 year) per 1,000 live births.
Physical Health					
Poor or Fair Health		17%	17%	15%	Percent of adults reporting fair or poor health.
Poor Physical Health Days		3.7	3.6	3.4	Average number of physically unhealthy days reported in past 30 days (age-adjusted).
Frequent Physical Distress		12%	11%	10%	Percent of adults reporting 14 or more days of poor physical health per month.
Low Birth Weight		6%	7%	6%	Percent of babies born too small (less than 2,500 grams).
Fall Fatalities 65+		n/a	n/a	n/a	Number of injury deaths due to falls among those 65 years of age and over per 100,000 population.
Mental Health					
Poor Mental Health Days		4.3	4.5	4.0	Average number of mentally unhealthy days reported in the past 30 days.
Frequent Mental Distress		14%	14%	13%	Percent of adults reporting 14 or more days of poor mental health per month.
Suicide		13	19	11	Number of deaths due to suicide per 100,000.
Morbidity					
Diabetes prevalence		10%	10%	8%	Percent of adults aged 20 and above with diagnosed diabetes.
Cancer Incidence		n/a	n/a	n/a	Number of new cancer diagnoses per 100,000.
Communicable Disease					

HIV Prevalence		63	132	38	Number of people aged 13 years and over with a diagnosis of HIV per 100,000.
Sexually Transmitted Infections		736.9	524.7	161.8	Number of newly diagnosed chlamydia cases per 100,000.
Source: https://www.countyhealthrankings.org/explore-health-rankings					

Social and Economic Factors

Why they are important: These factors have a significant effect on our health. They affect our ability to make healthy decisions, afford medical care, afford housing and food, manage stress and more.

Indicators	Trend	Riley County	Kansas	Top US Counties	Description
Economic Stability					
Median Household Income		\$56,300	\$63,200	\$75,100	Income where half of households in a county earn more and half of households earn less.
Unemployment		5%	5.9%	4%	Percentage of population ages 16 and older unemployed but seeking work.
Poverty		n/a	n/a	n/a	Percentage of population living below the Federal Poverty Line.
Childhood Poverty		18%	13%	9%	Percentage of people under age 18 in poverty.
Educational Attainment					
High School Completion		96%	91%	94%	Percentage of ninth grade cohort that graduates in four years.
Some College		83%	71%	74%	Percentage of adults ages 25-44 with some post-secondary education.
Social/Community					
Children in single-parent homes		27%	21%	14%	Percentage of children that live in a household headed by a single parent.
Social Associations		12.1	13.5	18.1	Number of membership associations per 10,000 population.
Disconnected Youth		4%	6%	4%	Percentage of teens and young adults ages 16-19 who are neither working nor in school.
Juvenile Arrests		n/a	n/a	n/a	Rate of delinquency cases per 1,000 juveniles.
Violent Crime		259	365	63	Number of reported violent crime offenses per 100,000 population.

Access to Healthy Foods					
Food Environment Index		5.7	6.7	8.8	Index of factors that contribute to a healthy food environment, 0-worst 10-best.
Food Insecurity		14%	12%	8%	Percent of the population who lack adequate access to food.
Limited Access to Healthy Foods		25%	8%	2%	Percent of the population who are low-income and do not live close to a grocery store.
Source: https://www.countyhealthrankings.org/explore-health-rankings					

Physical Environment

Why it is important: The physical environment is where people live, learn, work, and play. The physical environment impacts our air, water, housing and transportation to work or school . Poor physical environment can affect our ability and that of our families and neighbors to live long and healthy lives.

Indicators	Trend	Riley County	Kansas	Top US Counties	Description
Physical Environment					
Severe housing cost burden		18%	10%	7%	Percentage of households that spend 50% or more of their household income on housing.
Severe Housing Problems		20%	13%	9%	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.
Air Pollution - Particulate Matter		8.4	7.5	5.9	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).
Homeownership		44%	66%	81%	Percentage of occupied housing units that are owned.
Year Structure Built		n/a	n/a	n/a	Percentage of housing units built prior to 1950.
Source: https://www.countyhealthrankings.org/explore-health-rankings					

Clinical Care

Why it is important: Access to affordable, quality care can help detect issues sooner and prevent disease. This can help individuals live longer and have healthier lives.

Indicators	Trend	Riley County	Kansas	Top US Counties	Description
Healthcare Access					
Uninsured		10%	11%	6%	Percentage of population under age 65 without health insurance.
Uninsured Adults		12%	13%	7%	Percentage of adults under age 65 without health insurance.
Uninsured children		5%	6%	3%	Percentage of children under age 19 without health insurance.
Primary Care Physicians		1,430:1	1,270:1	1,010:1	Ratio of the population to primary care physicians.
Other Primary Care Providers		780:1	750:1	580:1	Ratio of the population to primary care providers other than physicians.
Mental Health Providers		370:1	470:1	250:1	Ratio of the population to mental health providers.
Hospital Utilization					
Preventable Hospital Stays		2,554	3,645	2,233	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.
Preventative Healthcare					
Flu Vaccinations		58%	49%	55%	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.
Mammography Screenings		52%	46%	52%	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.
Source: https://www.countyhealthrankings.org/explore-health-rankings					

Health Behaviors

Why they are important: Health behaviors are actions individuals take that can affect their health. These actions can lead to positive health outcomes or they can increase someone's risk of disease and premature death. It is important to understand that not all people have the same opportunities to engage in healthier behaviors.

Indicators	Trend	Riley County	Kansas	Top US Counties	Description
Healthy Life					
Adult Obesity		39%	36%	30%	Percentage of the adult population (age 20 and older) that reports a body

					mass index (BMI) greater than or equal to 30 kg/m ² .
Physical Inactivity		25%	27%	23%	Percentage of adults age 20 and over reporting no leisure-time physical activity.
Access to Exercise Opportunities		81%	73%	86%	Percentage of population with adequate access to locations for physical activity.
Insufficient Sleep		33%	34%	32%	Percentage of adults who report fewer than 7 hours of sleep on average.
Motor Vehicle Crash Deaths		6	14	9	Number of motor vehicle crash deaths per 100,000 population.
Substance Use and Misuse					
Adult Smoking		16%	17%	15%	Percentage of adults who are current smokers.
Excessive Drinking		18%	20%	15%	Percentage of adults reporting binge or heavy drinking.
Alcohol-Impaired Driving Deaths		27%	19%	10%	Percent of Alcohol-impaired driving deaths.
Opioid Hospital Visits		n/a	n/a	n/a	Rate of opioid-related hospital visits per 100,000 population.
Sexual Health					
Teen Births		10	22	11	Number of births per 1,000 female population ages 15-19.
Sexually Transmitted Infections		736.9	524.7	161.8	Number of newly diagnosed chlamydia cases per 100,000 population.
Source: https://www.countyhealthrankings.org/explore-health-rankings					

Appendix E: Health Care Facilities and Community Resources

As part of the CHNA process, Ascension Via Christi Hospital in Manhattan has cataloged resources available in Riley County that address the significant needs identified in this CHNA. Resources may include acute care facilities (hospitals), primary and specialty care clinics and practices, mental health providers, and other non-profit services. State and national resources can also provide information regarding programs that can better serve the needs of a person experiencing a specific problem.

The resources listed under each significant need heading is not intended to be exhaustive. The resources listed under each significant need heading is not intended to be exhaustive. A more comprehensive list can be found at [Kansas United Way 211 website](#) or the [KanCare website](#).

Health Equity

Organization Name	Website / Phone	Services
Kansas Department for Aging and Disability Services	https://kdads.ks.gov/kdads-commissions/long-term-services-supports/home-community-based-services-(hcbs)-program #:~:text=Under%20the%20HCBS%20waiver%20program,to%20people%20who%20need%20LTSS. 785-368-6246	State of Kansas HCBS waivers for Medicaid Under the HCBS waiver program, Kansas is able to waive certain Medicaid program requirements, allowing the state to provide support and services for people who might not otherwise be eligible under Medicaid. Through the waivers, Kansas targets services to people who need LTSS
Riley County Health Department	https://www.rileycountyks.gov 785-776-4779	Services include reproductive health, childhood immunizations, travel vaccines, WIC program, Mother and Baby program, child care assistance and licensing, community health resources, and communicable disease investigations.
Flint Hills Community Clinic	https://www.flinthillscommunityclinic.org/ 785-323-4351	Free services for qualifying individuals, Medicaid health care provider
Konza Prairie Community Health Center	www.konzaprairiechc.com	Accepts all insurances and a sliding fee scale for those based on federal

	785-320-7134	poverty guidelines. Provides affordable, and comprehensive medical, dental, and behavioral health care for all. Medical services include, wellness exams, health education, acute and chronic disease management, sexually transmitted disease treatment, family planning, HIV testing, vaccinations, and immunizations. Dental services include, exams, cleanings, extractions, x-rays, repairs, root canals, and dentures.
Konza United Way	konzaunitedway.org 785-776-3779	Provides services to Clay, Marshall, Pottawatomie, Riley, Wabaunsee and Washington counties. Education, financial stability, healthcare
Kansas Department of Health and Environment	https://www.kdhe.ks.gov/ 785-296-1500	WIC, immunizations, child care, special needs health care, Tobacco programs

Access to Care

Organization Name	Website / Phone	Services
Ascension Via Christi Hospital in Manhattan	https://healthcare.ascension.org/locations/kansas/kswic/manhattan-ascension-via-christi-hospital-in-manhattan 785-776-3322	Emergency room, heart care and cardiac rehabilitation, physical rehabilitation and therapy; orthopedics; robotic surgery; pain management; labor and delivery; sleep medicine; weight loss services
Konza Prairie Community Health Center	http://www.konzaprairiechc.com/	Accepts all insurances and a sliding fee scale for those based on federal poverty guidelines. Provides

	785-320-7134	affordable, and comprehensive medical, dental, and behavioral health care for all. Medical services include, wellness exams, health education, acute and chronic disease management, sexually transmitted disease treatment, family planning, HIV testing, vaccinations, and immunizations. Dental services include, exams, cleanings, extractions, x-rays, repairs, root canals, and dentures.
Riley County Health Department	https://www.rileycountyks.gov 785-776-4779	Services include reproductive health, childhood immunizations, travel vaccines, WIC program, Mother and Baby program, child care assistance and licensing, community health resources, and communicable disease investigations.
KanCare - Kansas Medicaid	https://kancare.ks.gov/ 1-800-792-4884	Kansas Medicaid program administered by Kansas Department of Health and Environment (KDHE) and the Kansas Department for Aging and Disability Services (KDADS)
Pawnee Mental Health Services	www.pawnee.org 785-587-4300 Clinic 785-587-4342 or 1-800-609-2002 After Hours Emergency Line	Licensed mental health and licensed substance abuse center providing services in ten north central Kansas counties, including Riley County. Counseling services for adults, children, and families. Services include individual and group therapy, substance abuse programs, Batters Intervention Program, Alcohol and Drug Information classes, psychological testing, medication evaluation and management, psychosocial rehabilitation groups, Mental Health First Aid classes, Parenting Workshops, and Employee Assistance Program.

Food Security

Organization Name	Website / Phone	Services
Flint Hills Volunteer Center (Neighbor to Neighbor)	https://flinthillsvolunteercenter.com/neighbor2neighbor/#:~:text=Neighbor%20%20Neighbor%20is%20a,removal%20and%20basic%20yard%20work 785-776-7787	Neighbor 2 Neighbor is a volunteer program in the city of Manhattan that helps elderly residents remain in their home. This program connects volunteers, volunteer groups, and organizations with Manhattan residents who need assistance.
Flint Hills Breadbasket	http://www.facebook.com/flinthillsbreadbasket 785-537-0730	Provides food assistance for Manhattan residents struggling to make ends meet.
Kansas Department of Health and Environment State Partnerships Improving Nutrition and Equity Program	https://www.kdhe.ks.gov/ 785-296-1500	WIC, immunizations, child care, special needs health care, Tobacco programs
Meals on Wheels	https://www.mealsonwheelsamerica.org/about-membership/state-associations/kansas 785-776-9294	Home-delivered and congregate meal programs
Kansas Department for Children and Families - Kansas SNAP program	http://www.dcf.ks.gov/ 1-888-369-4777	Provides Food Stamps, applications for KanCare Medicaid for families and elderly/disabled individuals, child care assistance, cash assistance and additional non-agency information. Vocational Rehabilitation to help disabled adults to find employment. Adult and children protective services.

Housing and Transportation

Organization Name	Website / Phone	Services
Flint Hills Volunteer Center	785-776-7787	Medical transportation, This program connects volunteers, volunteer groups, and organizations with Manhattan residents who need assistance. Volunteers help with snow removal and basic yard work. Medical transportation.
Kansas Housing Assistance Program	https://www.kshap.org/ 720.673.3948	Statewide homebuyer program. KansasDPA program is a statewide program for homebuyers. Homebuyers can receive up to a percentage in down payment assistance in the form of a grant with their mortgage.
Manhattan Housing Authority	http://www.mhaks.com/ 785-776-8588	Provides qualifying applicants with decent, safe, and affordable housing.
Flint Hills Area Transportation Agency	www.flinthillsatabus.com 785-537-6345 or 1-877-551-6345	Provides general public transportation services to all residents of Manhattan, Junction City, Ft Riley, Geary County, Riley County, and part of Pottawatomie County
Kansas Legal Services	785-537-2943	Low fee court costs or expenses incurred Provides free legal assistance to low income Kansas for various general civil legal issues where housing, income and family relationships need to be protected. Persons who are victims of crime and/or abused who are at risk for losing housing, income and/or family relationships receive priority

		assistance. Generally there is no charge for legal services.
Housing and Credit Counseling Inc.	http://www.housingandcredit.org/ 800-383-0217	Provides free counseling and education addressing budgeting, credit building, debt repayment, mortgage and rent delinquency, student loan payment options, homeownership opportunities and tenant and landlord rental housing issues.

Diet and Exercise - Obesity

Organization Name	Website / Phone	Services
K-State SNAP-Ed program	https://www.k-state.edu/ks-snaped/ 785-532-2714	Nutrition education for Kansans eligible to receive food assistance
Ascension Via Christi Hospital in Manhattan weight management program	https://healthcare.ascension.org/locations/kansas/kswic/manhattan-ascension-via-christi-clinic-on-sixth-street/weight-management-program 316-719-3391	Non-surgical and surgical weight-loss options, including: Medical nutrition therapy; Exercise; Counseling and support; HMR Program for Weight Management™ Bariatric surgery options: Gastric bypass; Bariatric sleeve surgery; Gastric band
KU Weight Management Program	https://www.kansashealthsystem.com/care/conditions/weight-management 913-588-1227	Evidence-based weight-management care program
Kansas Department of Health and	https://www.kdhe.ks.gov/855/	Increase awareness about diabetes,

Environment Diabetes Prevention and Management Program	Diabetes-Prevention-Management-Program	diabetes prevention, proven diabetes management and lifestyle change programs
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Alcohol and Drug Use

Alcohol and Drug Abuse Helpline (under the direction of the Kansas Department for Aging and Disability Services and administered by Beacon Health Options)	https://kdads.ks.gov/kdads-commissions/behavioral-health/contact-kbhs 866-645-8216	Statewide substance use treatment referral line
Substance Abuse Helpline (Substance Abuse and Mental Health Services Administration)	https://www.samhsa.gov/find-help/national-helpline 800-662-4357	Free, confidential, 24/7, 365-day-a-year treatment referral and information service (in English and Spanish) for individuals and families facing mental and/or substance use disorders
Alcohol Anonymous in Kansas	https://alcoholicsanonymous.com/aa-meetings/kansas/ 800-564-0515 (Manhattan, KS)	state-wide recovery resource devoted to supporting the men and women of Kansas. AA Kansas helps individuals struggling with alcoholism find the help they need on a local basis.
Pawnee Mental Health Services (Manhattan, KS)	www.pawnee.org 785-587-4300 Clinic 785-587-4342 or 1-800-609-2002 After Hours Emergency Line	Licensed mental health and licensed substance abuse center providing services in ten north central Kansas counties, including Riley County. Counseling services for adults, children, and families. Services include individual and group therapy, substance abuse programs, Batters Intervention Program, Alcohol and Drug Information classes, psychological testing, medication evaluation and management, psychosocial rehabilitation groups, Mental Health First Aid classes, Parenting Workshops, and Employee Assistance Program.

Appendix F: Evaluation of Impact from the Previous CHNA Implementation Strategy

AVCH-M's previous 2021-2023 CHNA implementation strategy addressed the following priority health needs: Access to Care, Mental Health, Parenting Education and Skills Development, and COVID-19 Response. Note: At the time of the report publication (e.g., Spring), the third year of the cycle will not be complete.

The table below describes the actions taken during the 2021-2023 CHNA to address each priority need and indicators of improvement.

PRIORITY NEED	Access to Care
GOAL: Improve access to high quality and affordable health care for low-income and uninsured individuals.	
STRATEGY 1: Advocate for Medicaid expansion for the State of Kansas.	
ACTIONS TAKEN <ul style="list-style-type: none"> • AVC Advocacy Officer will visit with all Riley County elected legislators in Topeka regarding Medicaid expansion annually until it is passed. • One AVCH-M executive will make a presentation regarding the positive impact that Medicaid expansion has had in other states to a legislative committee in Topeka annually until it is passed. • One AVCH-M executive will publish a Letter to the Editor in a Riley County newspaper outlining the positive impact that Medicaid expansion has had in other states until it is passed. 	
STATUS OF ACTIONS: in-progress	
RESULTS <p>As of the completion of this report, the FY23 legislation had yet to convene. AVC remains dedicated to advocating for Medicaid expansion even though Kansas has yet to pass legislation. The hospital's leadership team and Board of Directors continue to be strong proponents for Medicaid expansion across Kansas to ensure low-income and disabled individuals have access to care and affordable health insurance. This is being done in collaboration with Ascension Via Christi Health, Inc.'s (AVCH) Advocacy Officer through regular contact with elected state officials to share expansion program success stories gathered from other states which have implemented Medicaid expansion; writing letters of support to various news outlets throughout the state; and joining other hospital coalitions who are also supporting expansion efforts including Kansas Hospital Association.</p> <p>AVC's advocacy priorities for the 2022 session included advocating for Medicaid expansion; passing a broader telemedicine bill to assure appropriate reimbursement and protecting current provider investments in technology and network platforms; passing a bill prohibiting PBMS from engaging in discriminatory business practices toward 340b covered entities; and advocating for legislation extending the current public health emergency and associated executive orders passed on January 21, 2022, to provide hospitals and healthcare providers the appropriate flexibility to effectively care for the increasing volume of COVID-19 patients. As an election year for statewide offices and all 125 members of the house, the 2022 legislative session was</p>	

challenging from an advocacy standpoint with considerable attention being placed on the legislative redistricting process. Unfortunately, this meant that much of AVC's advocacy efforts were focused on opposing legislative proposals aimed at limiting the authority of our state's public health officials to address infectious disease outbreaks.

The legislature did pass legislation extending the current public health emergency and associated executive orders through March 31, 2022, and then subsequently passed house sub. for SB 286 that would have further extended telemedicine flexibilities and liability protections through January 20, 2023, and strengthened the criminal penalties for aggravated interference with healthcare workers. Unfortunately, due to the legislature broadening the language on liability protections, Governor Kelly vetoed house sub. for SB286. AVC successfully advocated for the inclusion of up to \$15 million to expand regional mental health bed access in the South Central Kansas region, subject to recommendations by an interim legislative study committee and approval by the state market accounting council. The legislature passed SB 453 which allows certified nurse aides (CNA) to be trained by licensed practical nurses in nursing facilities, hospitals, hospice, and pace programs. This measure is aimed to improve the workforce shortages in the healthcare industry. The state of Kansas received approval from CMS of a change in the health care access improvement program (HCAIP) assessment rate to hospitals which allows the state to draw down federal matching funds to support Medicaid (KanCare) reimbursement rates to physicians and hospitals.

STRATEGY 2: Encourage and help patients enroll in Medicaid and the Affordable Care Act insurance exchange program if not already insured.

ACTIONS TAKEN

- Financial counselors, social workers, and other patient navigators will assess patients for eligibility, educate individuals about options, submit applications, and verify eligibility to complete the enrollment process.

STATUS OF ACTIONS: in-progress

RESULTS

Financial counselors worked directly with low income and under/uninsured individuals and families to help navigate public insurance programs. Counselors worked directly with individuals who were uninsured, underinsured, or recently lost their insurance to review potential healthcare plans and public insurance programs, apply for coverage, and understand insurance use after it is received. Counselors assisted 2,545 individuals enroll in public programs between July 1, 2020 to September 20, 2022.

STRATEGY 3: Expand access to healthcare specialists for neurology, pulmonology, and infectious disease.

ACTIONS TAKEN

- Compile and prioritize a list of healthcare specialists positions for neurology, pulmonology, and infectious disease.
- Develop a strategy to expand access to specialty providers through direct hiring, telemedicine partnerships, partnering with nearby providers (e.g., KU St. Francis), joint ventures, and/or helping local private practice specialists grow their provider pool.
- Collaborate with area providers to improve the continuum of care models for specialty care.

STATUS OF ACTIONS: in-progress

RESULTS

Physician recruitment had physician candidates decline in all three specialties; there are no longer plans for active recruitment for infectious disease or neurology. A new physical medicine and rehabilitation medicine physician specialist joined AVCH-M effective 12/1/2021. While this recruitment was not on AVCH-M's priority

list at the beginning of the year, it was a huge win for access to care for the community. AVCH-M made efforts to identify telemedicine providers but this has not resulted in any agreements so far. AVCH-M did actively support the work of Pawnee Health in establishing a crisis center for behavioral patients for behavioral health patients from their ten county service area. AVCH-M also worked with two consulting companies on vetting possible inpatient behavioral facilities. Through a partnership with the Heritage Program at Wamego Health Center, AVCH-M continues to provide outpatient geriatric care. Healthcare is facing staffing shortages and high turnover rates in the post-COVID pandemic environment. Efforts continue to recruit pulmonology and critical care.

COVID limited the ability of external individuals (including students) from entering the hospital. This severely limited the ability of the hospital to offer pre-professional student shadow opportunities. In FY23, the hospital was able to resume the student shadow program. Fifteen pre-professional students were able to take advantage of the program at AVCH-M in order to further the healthcare workforce development efforts of the hospital.

PRIORITY NEED	Mental Health
GOAL: Strengthen the capacity of mental health professionals and community partners to identify and respond to mental illness and substance abuse disorders.	
STRATEGY 1: Arrange and pay for secure transportation of qualifying low-income individuals in need of transportation to a different hospital for specialized treatment that may not be available locally.	
ACTIONS TAKEN	
<ul style="list-style-type: none"> • Hospital staff identify patients (e.g., uninsured, underinsured, VA, Medicaid, etc.) in need of secure transportation. • Hospital staff identifies location for specialized treatment and arranges transport of patients with Security Transport Services. • Security Transport Services safely transports patients to identified centers and reports in CBISA. 	
STATUS OF ACTIONS: in-progress	
RESULTS	
<p>AVCH-M covers expenses associated with moving patients from AVCH-M hospitals to other medical facilities for specialized services (e.g. state psychiatric facilities). These patients are usually uninsured, underinsured, Medicaid recipients and/or need special transportation that is unavailable to them via family resources. AVCH-M provided 493 (\$233,257) transports between July 1, 2020 to June 30, 2022.</p>	
STRATEGY 2: Expand access to mental/behavioral health providers.	
ACTIONS TAKEN	
<ul style="list-style-type: none"> • Develop a strategy to increase access to mental health providers through direct hiring, telemedicine, joint ventures, and/or other partnerships with area providers. • Physician Recruiters will actively recruit and hire one advanced practice provider for AVCH-M. • Collaborate with area providers to improve the continuum of care models for mental and behavioral health. 	
STATUS OF ACTIONS: stopped	
RESULTS	
<p>The physician recruiter actively pushed for approval to hire mental/behavioral health providers to increase access within the community. AVCH-M continued to evaluate options for tele-neurology for inpatient care and a</p>	

collaboration agreement with the University of Kansas Health System for assistance in recruiting specialists to Manhattan. Hiring for mental health providers has faced similar issues as other specialties given the current economic and employment conditions of the U.S. There are no longer plans for active recruitment of mental/behavioral health providers.

PRIORITY NEED	Parenting Education & Skills Development
GOAL: Improve the knowledge and skills of caregivers to provide safe, nurturing, and loving environments for infants and children to thrive.	
STRATEGY: Encourage residents to take advantage of caregiver classes offered by Ascension Via Christi Hospitals in Manhattan and Wichita. Courses include Daddy Basics, Breastfeeding Basics, Safe Sitters, and First Aid for Children.	
ACTIONS TAKEN	
STATUS OF ACTIONS: in-progress	
RESULTS	
<p>Due to COVID impacting in-person educational sessions, AVCH-M partnered with Ascension Via Christi Hospitals Wichita (AVCH-W) to provide virtual parenting education and skills development courses. These became so successful that virtual offerings have become permanent. AVCH-W provides a breastfeeding clinic in which the costs are waived for those unable to pay. The hospital provides several baby wellness classes for expectant parents, siblings, and grandparents on a variety of topics from baby wellness to labor and delivery. These classes are also free for those unable to pay. Staff were able to educate 4,601 parents and family members through these classes.</p> <p>AVCH-M was able to restart the safe sitter community education program which was stopped due to COVID. The program restarted in June 2022. Between June 1, 2022 to September 30, 2022, 22 preteens between the ages of 11-13 were able to complete the training. The training is a one-day program that covers the business of babysitting, child care essentials, babysitting safety, CPR for infants/children, and choking infant/child rescue.</p>	

PRIORITY NEED	COVID-19 Response
GOAL: Ensure community members have timely access to testing and care to prevent and reduce morbidity and mortality from COVID-19.	
STRATEGY: Improve collaboration across the state between government agencies, nonprofits and community organizations, and healthcare facilities to improve the COVID-19 response.	
ACTIONS TAKEN	
<ul style="list-style-type: none"> • Collaborate with city, county, and state government officials, community organizations, Critical Access Hospitals, recovery task force, and other area rural hospitals and clinics for COVID-19 response and preparedness. • Share resources, donate PPE and other medical supplies, and provide expertise to FQHCs and rural healthcare facilities to ensure underserved communities have access to testing and care. • Provide training and professional development for clinical and non-clinical staff for the COVID-19 response, including preparedness, cross-training, and providing surge support. • Support community-wide COVID-19 education, testing, and vaccination events. 	

STATUS OF ACTIONS: completed**RESULTS**

Although COVID-19 did not come up as a need within the CHNA due to the timing of when the CHNA was conducted, it was a significant community need that severely impacted the hospital, partnerships, and the community as a whole. Much of the efforts in FY21 were on disease outbreak control and ensuring availability of beds and supplies for COVID patients. During FY22, efforts shifted to focus on vaccinations. Hospital staff spent 72 paid hours setting up and staffing 1st and 2nd dose vaccine clinics for the community. Community events were held at St. Thomas More Catholic Church, and staff were able to vaccinate 150 people. Staff also spent over 137 hours conducting media interviews, participating in community meetings, and recovery and other task forces to discuss covid, vaccines, and coordinate with state and other area agencies. The hospital continues to work with other health care organizations and community and governmental organizations to address lingering impacts of COVID and recovery.

Note: COVID was not reported as Community Benefit due to the support from the federal government, but the activities undertaken by the hospital were still tracked.