

Ascension Via Christi Saint Teresa, Inc. FY2020-2022 - Implementation Strategy

Implementation Strategy Narrative

Overview

Ascension Via Christi 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 actions and words.

Vision

We envision a strong, vibrant Catholic health ministry in the United States which will lead to the transformation of healthcare. We will ensure service that is committed to health and well-being for communities and that respond to the needs of individuals throughout the life cycle. We will expand the role of laity, in both leadership and sponsorship, to ensure a Catholic health ministry in the future.

Purpose of a Community Health Needs Assessment (CHNA) & Implementation Strategy (IS)

The purpose of a Community Health Needs Assessment (CHNA) is to identify and prioritize the significant health needs of Sedgwick County served by Ascension Via Christi Hospitals (AVCHs), United Way of the Plains (UWP) and Sedgwick County Division of Health (SCDH) all located in the Wichita/Sedgwick County area. The priorities which have been identified in this Implementation Strategy (IS) report will help guide the hospital's leadership and other stakeholders in planning for community health improvement programs and community benefit activities. Additionally, the IS will encourage collaborative efforts with other organizations that share in our mission and desire to improve community health.

Ascension Via Christi Hospitals and Other 2019 CHNA Partners

External 2019 CHNA partners included the UWP and SCDH. Each of these external partners played a role in this effort and will develop their own CHNA reports to meet their organizational needs and requirements.

Ascension Via Christi St Teresa's (AVC-ST) internal partners included: Ascension Via Christi Wichita (AVCW) which includes two main campuses – St Francis and St Joseph Hospitals; Ascension Via Christi Rehabilitation Hospital (AVC-RH), Kansas Surgery and Recovery Center (KSRC) and Rock Regional Hospital (RRH).

Ascension Via Christi St. Teresa – located at 14800 W St Teresa, Wichita, 67235

Services available through this hospital, located in northwest Wichita, include the following:

- The St. Teresa campus emergency room is staffed 24 hours a day, 365 days a year and is pediatric friendly.
- Six state-of-the-art operating rooms
- Diagnostic imaging and laboratory services
 - CT
 - Diagnostic x-ray
 - Nuclear medicine
 - Ultrasounds
 - MRI (available through AVC Imaging)
- Inpatient pharmacy
- Critical care unit
- Orthopedics unit which serves patients with orthopedic injuries and conditions, which include those affecting the bones, muscles, ligaments, tendons and nerves.
- Inpatient and outpatient rehabilitation program which includes physical therapy, occupational therapy and speech therapy.
- Cardiovascular care

Ascension Via Christi St. Francis – located at 929 N St. Francis, Wichita, 67214

Services available through this hospital, located in midtown Wichita, include the following:

- Blood and Marrow Transplant Center of Kansas – a cooperative effort of Ascension Via Christi Hospital, the Cancer Center of Kansas and the American Red Cross.
- Burn Center – is the only dedicated burn care facility within 180 miles of Wichita.
- Cancer Center in Wichita – is a freestanding cancer treatment facility for outpatient cancer rehabilitation and radiation therapy.
- Cancer Institute – is the only dedicated inpatient medical and surgical treatment center specifically for cancer in the area.
- Cancer Outreach and Risk Assessment offers screening, counseling and genetic testing services for those who want to be proactive about their future health.
- Diagnostic Imaging and Laboratory Services include:
 - CT with Dual Source 128-slice technology
 - Ultrasound
 - Vascular medicine
 - Nuclear medicine
 - CT spect imaging
 - Stereotactic breast biopsies
 - X-ray
 - Fluoroscopic imaging 17
- Emergency Room and Trauma Department is staffed 24 hours a day, 365 days a year.
- Epilepsy Center – with one goal of helping patients to control seizures and lead active lives.
- Heart Valve Clinic treats patients with cardiac valve disease with procedures such as MitraClip and Transcatheter Aortic Valve Replacement (TAVR). The Heart Failure Disease Management Program is designed to help patients stay out of the hospital and live better, more vigorous lives.

Cardiac Rehabilitation combines education with exercise to create a personal plan to help manage cardiac health.

- Joint Replacement Center, a comprehensive approach with the end goal of getting each patient back to the activities they love.
- Outpatient Pharmacy – following a visit to the hospital or an ER visit, if a prescription is needing the AVC Outpatient Pharmacy is the most convenient and cost-effect choice.
- Pediatric care – the Grant and Norma Davis ChildLife Center, the Pediatric Therapy Program and the Pediatric Intensive Care Unit at AVC-W has been developed to meet the unique medical and developmental needs of children who are ill or injured.
- Pulmonary rehabilitation program combines education with exercise to create individualized programs for people in need.
- As the region’s only 24/7 neuro-interventional center, AVC Advanced Comprehensive Stroke Center is a life-saving resource for patients and hospitals throughout Kansas.
- Located in the ChildLife Center in AVC-SF campus, the Suctioning Clinic is open 24 hours and is accessible by prescription only.
- The AVC Transitional Care Clinic helps patients to transition from the hospital to home through wrap-around services aimed to keep patients out of the emergency room and on the road to recovery.
- The AVC Wound Healing and Hyperbaric Therapy program brings together doctors, nurses and therapists with specialized training in treating chronic wounds.
- AVC Cancer Wellness Program begins with a fitness assessment by a clinical exercise physiologist with a specialist certification in Cancer Exercise.

Ascension Via Christi St. Joseph – located at 3600 E Harry, Wichita, 67218

Services available through this hospital, located in southeast Wichita, include the following:

- NewLife Center for Labor and Delivery – provides the special touches of a freestanding childbirth center with access to all the technology and specialists that might be needed during labor and delivery.
- Neonatal Intensive Care Unit – when complications during and after childbirth threaten the health of a newborn, the staff and specialists in the NICU are there to provide immediate and quality care for each newborn.
- Senior Behavioral Health – provides integrated medical and behavioral healthcare for seniors suffering from dementia and other medical illnesses.
- Forensic Nursing participates in a community-based collaborative response for all victims of sexual assault.
- The AVC-W St. Joseph campus emergency room is staffed 24 hours a day, 365 days a year.
- In partnership with psychiatrists from the University of Kansas School of Medicine, AVC-W provides comprehensive behavioral and mental health treatment options.
 - Inpatient services
 - Intensive outpatient program
 - Partial-day outpatient program
 - Adolescent services
- Diagnostic imaging and laboratory services available at AVCSJ include:
 - CT
 - Ultrasound

- o Vascular medicine
- o Nuclear medicine
- o DEXA bone density scan
- o Digital mammography
- o X-ray
- o Fluoroscopic imaging
- o MRI (available through AVC Imaging)

Ascension Via Christi Rehabilitation Hospital – located at 1151 N Rock Road, Wichita, 67206

Services available through this hospital, located in east Wichita, with an additional campus at St. Teresa in northwest Wichita, include the following:

- Specialized rehabilitation facility that offers comprehensive inpatient and outpatient therapy for children, including toddlers, and adults, and provides rehabilitation treatment for stroke, spinal cord injuries, limb loss, congenital deformity, major medical trauma, femur fracture, brain injury, neurological disorder, burns or other diagnoses which require intensive therapy services.
- Individualized therapy programs consisting of at least three hours of therapy per day five days a week.
- A comprehensive range of medical services are provided, including full-time physician supervision.
- Typical care teams at AVCRH may include:
 - o Physician – primary physician will be board certified in physical medicine and rehabilitation. They lead the rehabilitation team and oversee personal treatment plans to ensure each patient becomes as independent as possible.
 - o Case manager – works with patients and their family to keep all informed of the interdisciplinary team’s treatment goals and assists in coordinating care needed upon the return home.
 - o Occupational therapist – assist each patient with the normal activities of daily living such as dressing, grooming, bathing, eating and other functional activities.
 - o Physical therapist – works with each patient to improve their mobility and strength to increase functional independence with walking, getting in and out of bed and improving balance.
 - o Rehabilitation nurses – assist with medical needs and skills patients are working on in therapy. Nurses are on duty 24 hours a day, seven days a week.
 - o Speech therapist – work with patients to improve areas of communication, such as speaking, swallowing, comprehension, writing and reading.
 - o Specialty staff also includes chaplains, pharmacists, internal medicine physicians, rehabilitation optometrists, respiratory therapists and dieticians.
- AVCRH offers state-of-the-art specialty equipment including:
 - o Bioness – neuroprosthetic system that helps patients improve hand and leg movement

- LiteGait – helps patients regain a normal walking pattern after lower extremity weakness without fear of falling
- Vital-Stim – a therapy used to retrain swallowing function by stimulating the muscles responsible for swallowing
- LokomatPro – cutting edge technology utilizing a treadmill with robotic legs to help patients regain their ability to walk
- ArmeoSpring – robotic technology to help patients regain active movement of the hand and arm

Kansas Surgery & Recovery Center – located at 2770 N Webb Road, Wichita, 67226

Kansas Surgery & Recovery Center (KSRC) is a physician-led hospital specializing in orthopedics. Owned in partnership with Ascension Via Christi and area physicians, the hospital has been in operation for 24 years. Licensed for up to 34 beds, it features 14 operating rooms, two special procedure rooms and 30 pre- and post-operative stations. Services available through this hospital, located in northeast Wichita include the following:

- Total joint replacement
- Knee surgery
- Hip surgery
- Shoulder surgery
- Plastic surgery

Statistics based on HealthGrades analysis of MedPAR data for years 2014 through 2016 and represent three-year estimates for Medicare patients only. In a publication published on October 17, 2017 and titled “Kansas Surgery & Recovery Center Recognized by HealthGrades as Top 10% in Nation for Joint Replacement.” Awards given by HealthGrades to KSRC include:

- Five-star recipient for Total Knee Replacement for six consecutive years
- Five-star recipient for Total Hip Replacement and Spinal Fusion Surgery in 2018

Rock Regional Hospital – located at 3251 N Rock Road, Derby, KS 67037

Rock Medical Assets, made up of the developers, local investors and private capital firms, owns the for-profit hospital as well as an ambulatory center it bought from Derby Family Medicine in 2018. Ascension Via Christi became a 25 percent owner in the hospital when it signed an agreement in October 2018. Services available through this hospital include:

- 4 state-of-the-art operating suites
- 2 procedure rooms
- 2 heart catheterization suites
- 24 private patient suites
- Emergency room which is open 24 hours a day, 7 days a week
- 7 ICU suites
- Advanced imaging services – CT, Fluoroscopy, MRI, Radiography, Ultrasound and Nuclear Medicine

The United Way of the Plains – 201 N Water, Wichita, 67202

United Way of the Plains (WUP) is a local, volunteer-driven organization that brings together people and resources from across the community to tackle the issues that matter most. Volunteers determine all policies, procedures and decisions. Community leaders, with support from UWP's professional staff, monitor and govern UWP's financial operations and ensure that money raised through the annual campaign are prudently managed and directed toward prioritized needs focused on education, income and health.

United Way of the Plains staff and volunteers work year-round to make our community a better place to live and work. UWP does this in many ways, including:

- Annually invite diverse groups of volunteers to serve on the Grant Review Committee that oversees the allocation of funds to local programs.
- Ensures that programs funded are operated by agencies who must adhere to high standards to give donors the assurance of quality and efficiency. Each agency must:
 - Be recognized by the IRS as a nonprofit organization [501(c)3]
 - Be governed by a volunteer board of directors
 - Provide for a human care need
 - Be audited annually by a CPA firm
 - Operate at a reasonable cost
- Operates United Way 2-1-1 of Kansas call center that connects people to nonprofit and government human services with an easy-to-remember phone number (dial 2-1-1 toll free, statewide). Callers can find needed services or volunteer opportunities through the landline or at 211kansas.org.
- Promote volunteerism and youth involvement throughout the community through United Way Volunteer Center.
- Operate the Give Items of Value (GIV) program which accepts donated items from companies and offers them at no charge to nonprofits.
- Research and plan for community needs, many times in partnership with other nonprofit organizations or government entities.
- Collaborate with community groups to study challenges and work toward solutions.
- Manages the local Dolly Parton's Imagination Library where preschool children receive free, age-appropriate books each month until they turn five years old.

Sedgwick County Health Department – 1900 E 9th St N, Wichita, 67214

The Sedgwick County Health Department (SCHD) values and relies on community partnerships to improve the community's health. Together with partners, the SCHD continues to work on improving the health of Sedgwick County residents by preventing disease, promoting wellness, and protecting the public from health threats. Services offered by SCHD include:

- Health Screening and Testing
 - Well Body Tests
 - Pregnancy
 - Family Planning Services

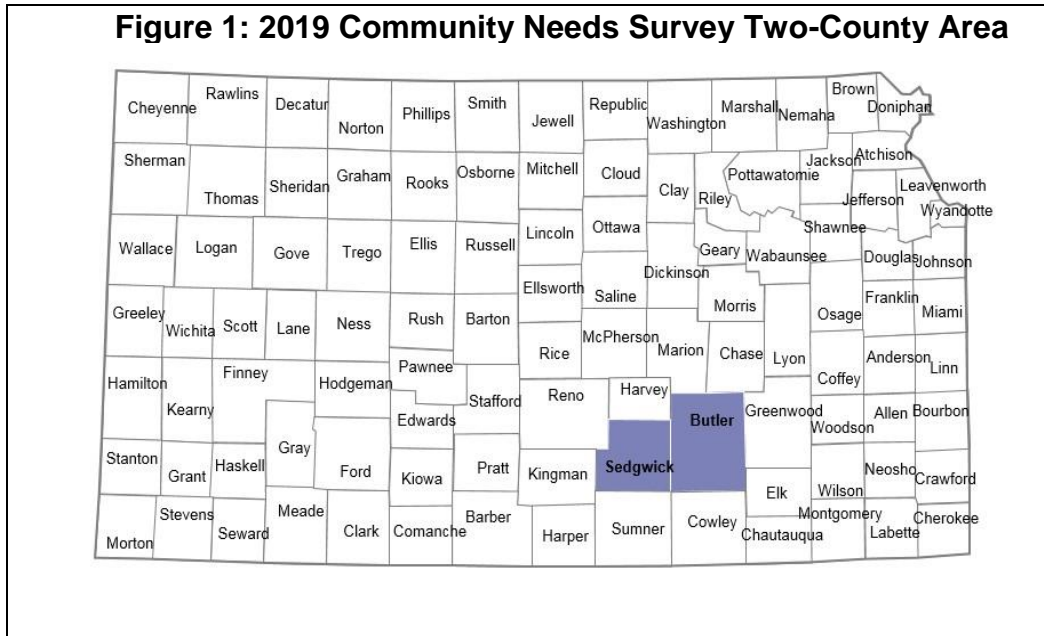
- STD/HIV Testing and Care
- Tuberculosis
- Women, Children and Family
 - Healthy Babies
 - Project Imprint
 - School Health
 - Pregnancy tests, exams, contraceptives and family planning resources
 - Women, Infants and Children Program
- Immunizations
- Oral Health
 - Children’s Dental Clinic
 - Education and Demonstrations
- Prevention and Protection
 - Disease Reporting
 - Public Health Preparedness
 - Tobacco Cessation
 - Well Body
- Services for Uninsured and Underinsured Residents
 - Community Health Clinics Map
 - How to find or become a Community Health Advocate
 - Find a Medical Provider
 - Find a Dental Clinic
 - Get Health Discount Card
- Health Resources
 - Keep Track of Your Health
 - Find Transportation
 - Search by Symptom
 - Your Health is in Your Handset

The CHNA report also meets the requirements of the Patient Protection and Affordable Care Act (ACA) in which not-for-profit hospitals must conduct a CHNA at least once every three years. Note that this CHNA is a little different from the UWP version located on their webpage (www.unitedwayplains.org) as the version located on AVCW webpage (https://www.viachristi.org/sites/default/files/pdf/Nursing/2019CHNA_Wichita-SGCoMarketFINALREPORT_06202019.pdf) takes into account the requirements of the ACA that includes specific hospital information and focuses more specifically on the community health needs of Sedgwick County based on the data collected.

Readers of this report are encouraged to visit both sites for more detailed information on economic and sociodemographic data as captured in Volume 1: Environmental Scan and the results of the Butler County surveys reported in Volume 2: Needs Survey and Priority Study.

Geographic Coverage Area Selected

The CHNA report summarizes the research findings from the Community Needs Survey conducted by UWP in collaboration with AVC hospitals and the SCDH, which sought input from respondents in two South Central Kansas counties: Sedgwick and Butler. These two counties represent the primary service areas for UWP and Sedgwick County for AVC hospitals and SCDH.



The Objectives of the CHNA were to:

- Increase the understanding of the health needs and assets of the area;
- Build capacity through partnership development and collaboration in working toward improving health in the communities AVCH serve;
- Align and integrate population health and community health improvement goals with mission, vision and strategic plans of the hospitals; and
- Ensure those living in poverty and who are most vulnerable remain high in our focus as a moral priority for services.

Definition and Characteristics of Sedgwick County, Kansas

Sedgwick County is a county located in the southcentral part of the State of Kansas. The county seat is Wichita and in 1861, Kansas entered the union as the 34th U.S. state. Sedgwick County was founded in 1867 and its name is in honor of Major General Sedgwick who fought in the Union Army during the American Civil War.

In the five-year period between 2013 and 2017, the population of Sedgwick County grew by 9,716 individuals for a 1.9 percent increase for a total of 510,484. Sedgwick County continues to

represent 17.6 percent of the total population of Kansas.¹ The majority of Sedgwick County residents are living in urban areas compared to other Kansas counties.²

There are still slightly more females than males living in Sedgwick County. In 2017, the female population accounted for 50.6 percent compared to 49.4 percent for the males.³

While the population by age category is still consistent with what it was in 2013, there was a small decrease in the percentage of those between the age of 18 to 24 and those under the age of five when comparing Sedgwick County population as a percentage of Kansas population.

It appears that those entering college age may be moving and staying outside of Sedgwick County once their college education is completed. The Sedgwick County population, showing the greatest percentage increase, as a percentage of Kansas is individuals age 65 and older.

According to patient population data for the last three fiscal years, most people served by Ascension Via Christi Hospitals lives or works in Sedgwick County Kansas. People living outside of Sedgwick County also are admitted to AVC hospitals, but the primary population served is from Sedgwick County so that is where this CHNA is focused.

Sedgwick County Health Status

According to the Robert Wood Johnson Foundation's County Health Rankings and Roadmaps, Sedgwick County ranked 60 out of 105 Kansas counties in health outcomes in 2017. However, research shows that it was an improvement from the 2016 ranking of 69 but in 2018, Sedgwick County slipped backwards ranking 72 out of 105.⁴

It appears from the 2018 County Health Rankings and Roadmaps reports, that Sedgwick County slipped in its 2016 ranking due to an increase in premature deaths, a slight increase in people self-reporting having poor or fair health and poor mental health days, fewer adhering to healthy behaviors, an increase in the percentage of adult smokers, an increase in the percentage of adults reporting being obese, fewer people reporting having access to exercise opportunities, an increase in the number of deaths to injuries and a slight increase in the percentage of children being raised in single-adult households.

But the news wasn't all bad as 2018 County Health Rankings also reported improvements for Sedgwick County since 2016 in quality of life, fewer deaths due to alcohol-impaired driving, fewer sexual transmitted infections, teen births, a better ratio of mental health providers, primary care physicians, and dentists per 1,000 population, preventable hospital stays, fewer unemployed persons, less violent crimes and no drinking water violations.

In looking at key health indicators available on the Kansas Health Matters webpage, it appears that Sedgwick County reports fewer people having health insurance than others living in Kansas and have a higher percentage of residents who are obese and/or overweight.

See Table 1 for specific breakouts of the Key Health Indicators tracked on the Kansas Health Matters webpage.⁵

Table 1: Sedgwick County Comparison to Kansas and United States on Selected Health Indicators from the Kansas Health Matters Webpage

Health Indicator	SG Co Value	Kansas Value	USA Value
Persons with health insurance	88.6%	89.9%	91.2%
Cancer: Medicare population	6.9%	7.7%	7.8%
Diabetes: Medicare population	25.5%	24.8%	26.5%
Percent of adults with diagnosed diabetes	11.5%	10.5%	10.5%
Persons with a disability (5-year)	12.3%	12.7%	12.6%
Percent of adults who are obese	33.8%	32.3%	31.6%
Heart failure: Medicare population	12.8%	13.0%	13.5%
Percent of adults tested and diagnosed with high cholesterol	37.9%	37.4%	36.5%
Percent of adults with diagnosed hypertension	34.6%	32.8%	32.3%
Stroke: Medicare population	3.4%	3.4%	4.0%
Percent of adults ages 65 years and older who were immunized against influenza during the past 12 months	55.6%	56.0%	60.3%
Percent of infants fully immunized at 24 months	68.3%	69.2%	NA
Infant mortality rate (per 1,000 live births)	6.9	6.1	5.9
Percent of all births occurring to teens	6.8%	5.9%	18.8%
Percent of births occurring to unmarried women	42.6%	35.9%	39.8%
Percent of births where mother smoked during pregnancy	10.8%	10.5%	6.9%
Percent of births where prenatal care began in 1 st trimester	84.3%	81.2%	77.3%
Percent of births with low birth weight	7.9%	7.1%	8.3%
Percentage of premature births	10.1%	9.1%	9.9%
Depression: Medicare population	18.5%	17.8%	16.7%
Age-adjusted Alzheimer's disease mortality rate (per 100K)	18.4	23.5	29.4
Age-adjusted cancer mortality rate (per 100K)	163.8	158.8	152.5
Age-adjusted cerebrovascular disease mortality rate (per 100K)	38.4	37.9	37.8
Age-adjusted chronic lower respiratory disease mortality rate (per 100K)	54.9	49.7	40.9
Age-adjusted diabetes mortality rate (per 100K)	24.5	22.1	21.5
Age-adjusted heart disease mortality rate (per 100K)	166.1	157.2	165.0
Age-adjusted suicide mortality rate (per 100K)	18.7	17.6	14.0
Age-adjusted traffic injury mortality rate (per 100K)	13.2	14.2	11.4
Chronic kidney disease: Medicare population	18.3%	16.2%	18.1%
Percent of adults with doctor diagnosed arthritis	23.7%	24.1%	24.8%
Asthma hospital admission rate (per 10K)	4.1	4.4	4.8
COPD: Medicare population	10.8%	11.4%	11.2%
Death rate due to drug poisoning (per 100K)	15.9	11.2	19.3
Percent of adults who currently smoke cigarettes	19.2%	17.4%	17.1%

(Note: Some of the years may not be for the same time across all three geographical areas. However, both Sedgwick County and Kansas are in-synch for valid comparison.)

These postcards also provided potential respondents with the opportunity to complete the survey electronically via SurveyMonkey. Surveys were accepted through December 12, 2018.

Methodology Used for 2019 CHNA

The Environmental Scan, which comprises the first part of this CHNA relied heavily on secondary data resources. Data was collected using the American Community Survey of the U.S. Census Bureau, statistics available from the University of Kansas' Institute for Policy and Social Research, Kansas Health Foundation and Kansas Health Institute, Kansas Department of Labor, The Wichita Eagle, Kansas Department for Children and Families, Kansas Department of Education, Department of Justice, Federal Bureau of Investigation, Kansas Bureau of Investigation, Kansas Department of Health and Environment, Wichita Police Department, Sedgwick County Sheriff's Office and others listed in the endnotes section of this report.

The methodology used for this CHNA has been used in previous research conducted in partnership with United Way of the Plains (UWP) and Sedgwick County Division of Health (SCDH) so that findings can be compared to previous CHNAs. The surveying was conducted by mail in November/ December 2018. Copies of the surveys sent to the various target populations – randomly selected community households, community leaders and agency chief executive officers are available in the Appendix section of this final report.

For the community respondent (household) survey, a random sample of 6,500 Sedgwick and Butler County households was selected. This represented 4,500 randomly selected Sedgwick County households and 1,000 randomly-selected Butler County households (Butler County included as it represents a targeted population for UWP). In addition, 1,000 Sedgwick County households were randomly-selected from nine ZIP codes with the lowest household incomes (67203, 67208, 67210, 67211, 67213, 67214, 67216, 67218, and 67219). These ZIPs were “oversampled” to obtain additional responses from a population which historically demonstrated high residential mobility accompanied by low survey response rates.

Pre-survey postcards were mailed via first class on October 26, 2018. The postcard's purpose was to inform potential respondents about the upcoming CHNA and to ask them to watch for and complete their surveys. It also gave them the opportunity to request the survey in Spanish or Vietnamese, if preferred. Surveys accompanied by postage-paid return envelopes were mailed November 6, 2018, via first class with a requested return date of November 22, 2018. Follow-up reminder postcards were mailed via first class on November 15, 2018.

Of the 6,500 households mailed surveys, the post office returned 817 as undeliverable (e.g. “vacant,” “attempted, not known,” “deceased,” “moved left no address,” etc. Of the 5,683 valid household surveys distributed (that is 6,500 – 817 returned), 336 completed surveys were returned, a 5.9 percent response rate. While this response rate may seem low, according to the Direct Marketing Association, the average response rate is 3.4 percent for household surveys.

The actual needs assessment process is divided into three major parts:

Environmental Scan - The environmental scan consists mostly of secondary data about the community. It is a view of our community and service area based on data supplied by a wide range of organizations at the national, state and local levels. The report consists of seven subsections: Demographics; Education; Economic Outlook; Crime; Housing; Life Cycle; and Health

Care and Health Access. Source citations appear at the end of the report, in the **Endnotes** section.

Needs Survey - gathers data from three sources in Sedgwick and Butler counties:

- Community Respondents: a random sample of South Central Kansas residents.
- Community Leaders: elected and/or appointed government officials and presidents/chief executive officers from the area's largest businesses.
- Agency Executives: Chief executive officers of social services agencies throughout Southcentral Kansas.

By design, the needs assessment seeks to assess needs of the overall community, beyond those needs directly impacted by programs provided by the collaborative partners.

Priority Study - The results of the needs assessment are then used to establish priorities for the allocation of United Way resources, yielding the third part of the needs assessment process, the Priority Study. As its purpose, this study will assist the United Way Board of Directors and various United Way committees in awareness, planning, funding, coordination and general provision of services to the community.

Identification of Significant Community Health Needs

Respondents reviewed 51 education, health and income/self-sufficiency concerns and the availability/access of 10 health or social services and rated each as a major concern, moderate concern, minor concern or not a concern. Community respondents and community leaders responded for their household or their neighborhood, while agency executives did so for clients of their organizations.

The intent of the Patient Protection and Affordable Care Act (sometimes called Affordable Care Act or ACA) was to reform the healthcare industry and provided much-needed relief for the uninsured and underinsured. The ACA was signed into law March 23, 2010.

Survey findings indicate that health care remains a critical concern, even years later. Survey respondents in all three segments identified **health insurance** most often as a major concern for their households, their neighborhoods and clients of their agencies. In addition, more than one in five community respondents identified **basic medical care** a major concern for their household and their neighborhood.

In evaluating the needs of their clients, agency executives were far more likely than were community respondents or community leaders to rate concerns as major. More than half of agency executives rated health insurance; safe, affordable, accessible housing; behavioral/mental health counseling; or housing/ utility financial assistance as major concerns for clients their agencies serve. As seen in Table 2 below, community respondents and community leaders, speaking on behalf of their households and their neighborhoods, were far less likely to characterize the same concerns as major.

Table 2: Agency Executive Top Responses Compared to Other Respondent Groups

Selected Concerns	Agency Executives	Community Respondents	Community Leaders
Health insurance	53.2%	29.5%	17.3%
Safe, affordable, accessible housing	51.9%	10.1%	11.1%
Counseling-behavioral/mental health	50.6%	14.9%	13.6%
Financial assistance	50.6%	12.5%	6.2%

Community respondents were more likely than were community leaders or agency executives to identify environmental pollution and recycling as a major concern. Community respondents were also more likely than community leaders to have household members who had been laid off or lost a job due to a workforce reduction or the economy during the past 12 months, as well as being more likely to have missed a rent, mortgage or utility payment during that same timeframe.

Among the **Community Respondent** segment, research findings indicate:

Household and Neighborhood Concerns: More than 20 percent identified the following as major concerns for their household or neighborhood:

- Health insurance
- Preparing young people for the workforce
- Juvenile delinquency/gang prevention
- Bullying
- Basic medical care

Reflective Pause: Nearly three-fourths take at least one reflective pause of at least two minutes at a time daily to pray, think deeply or use some other technique to gain mental clarity and spiritual balance. Approximately one in ten reflectively pauses five times or more a day.

Source of Basic Medical Care: Approximately 87 percent of household respondents identified a personal physician or private doctor as the usual source of their household’s basic medical care. Second most often, households received their basic non-emergency medical care from nonprofit community clinics (approximately 7%).

Gaps in Household Health Care Services: Of Sedgwick and Butler County households which indicated dental care was needed during the previous 12 months, 16.5% did not receive it. Similarly, of the households indicating a need for behavioral/mental health care during that same time, 15.6% did not receive it.

Difficulty with Rent, Mortgage or Utility Payments: During the previous 12 months, 14.3% of households missed a rent, mortgage or utility payment due to lack of money.

Education or Training: In nearly 16% of Sedgwick and Butler County households, someone sought education or training during the previous 12 months with the intent of qualifying for a higher- paying job.

Employment Layoff: In 6.0% of households, someone had been laid off from a job due to the economy and/or workforce reduction during the past 12 months.

Community Volunteerism: During the past 12 months, one or more household members had volunteered for a church or other religious organization in 47.9% of Sedgwick or Butler County households; in 44.6% of households, someone had volunteered for a nonprofit organization.

Many concerns cited (e.g., parenting education, emergency/temporary shelter, medical transportation, etc.) -- whether identified at the household, neighborhood or community level -- represent symptoms of deeper, underlying themes such as education, income/financial stability and health. While it is important to manage the symptoms, lasting change comes from changing the existing environment and addressing basic, underlying problems.

Overall, the top 10 “major” concerns identified by community respondents included:

1. Health insurance
2. Preparing young people for the workforce
3. Juvenile delinquency/gang prevention
4. Bullying
5. Basic medical care for low income
6. Treatment for life-threatening diseases
7. Domestic/family violence
8. Drug/alcohol abuse
9. Financial assistance (especially for prescription medication)
10. Sexual assault

Table 3 compares the top five health concerns identified by each of the 2019 CHNA respondent groups. While there are some similarities, there are also some major differences. For example, only agency executives identified medical transportation services and counseling as two of their top concerns. However, given the clientele they serve, it stands to reason that agencies working with vulnerable populations would have a better idea of this need than either the community leaders and/or households.

Likewise, while community leaders and their families may be covered for basic medical care, it is not surprising that they see this need as less major for them than either the community or agency executives.

Prioritization Process

Ascension Via Christi Hospitals will be studying the results of this CHNA and determining the priorities in their 2019 – 2021 Implementation Strategy. However, be it suffice to say for now that AVC will focus on the health care needs identified and based on AVC’s available resources will look at the magnitude of the health need identified, the opportunity to intervene at a prevention level, the hospital’s ability to impact change, support from the community in executing solutions and the capacity to address underserved populations.

Table 3: Comparison of Top 5 Health Concerns by Respondent Group

Concern	Community Respondents (N=336)	Community Leaders (N=81)	Agency Executives (N=77)
Health insurance	29.5%	17.3%	53.2%
Basic medical care	21.1%	12.3%	42.9%
Domestic/family violence	16.7%	14.8%	26.0%
Drug/alcohol abuse	16.7%	13.6%	39.0%
Sexual assault	16.4%	13.6%	26.0%
Counseling	14.9%	13.6%	50.6%
Human trafficking	14.9%	13.6%	14.3%
Medical transportation services	7.1%	6.2%	36.4%

Conclusion

Many of the problems identified in this CHNA are long-term systemic problems based on social determinants that are beyond the control of persons who are poor and vulnerable. Lack of educational achievement most often leads to minimum wage job opportunities with little or no health care benefits. People who are born into poverty or who may live in families economically devastated by major illnesses, injuries, addictions, may not have access to the financial support and stability to be successful in school or in life without additional community services.

AVC wants to be a part of the solution where it has expertise and resources to address the identified needs but measuring the success of our efforts may take decades instead of three-years as many of the problems experienced are multi-generational and lack adequate support from local, state and/or national resources to address. Illnesses which include drug/alcohol addictions, behavioral health disorders, chronic diseases and serious injuries are expensive to treat and need multiple sources of support to raise awareness and prevention, foster early diagnosis and treatment and the promotion of safety to avoid accidents.

Needs That Will Be Addressed by Ascension Via Christi St Teresa

Prioritized Need #1: Health insurance coverage for those in need through Medicaid expansion

Goal: To support the expansion of Medicaid in the State of Kansas and encouraging patients to participate in the Accountable Care Act insurance exchange programs if not already insured.

Strategies:

- This goal is focused on the low-income, uninsured populations of Kansas
- The goal is addressing policy change by State legislators
- Target population for this goal is elected officials and the voters of Kansas

- Will continue researching successful Medicaid expansion strategies adopted in other States focusing on alternative expansion models to determine if they would be a good fit for Kansas.
- Stressing the importance to the public their personal responsibility in adopting healthy behaviors and the need for those not insured to enroll in an ACA cost-sharing plan.
- Evidence based research which summarized finding from 324 studies on the impact of state Medicaid expansions under the ACA (published between 2014 through 2019) indicates that the expansion is linked to gains in coverage; improvements in access, financial security, and some measures of health status/outcomes and economic benefits for states and providers. Source: <https://www.kff.org/medicaid/issue-brief/the-effects-of-medicaid-expansion-under-the-aca-updated-findings-from-a-literature-review-august-2019/>

Resources: AVC Advocacy Officer and AVC leadership team

Collaboration: Kansas Hospital Association, AMG Clinics, area hospitals and other health care providers

Actions:

- AVC-W Advocacy Officer will visit with all Sedgwick County elected legislators in Topeka regarding Medicaid expansion annually until it is passed.
- One AVC-W or AVC-ST 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 AVC-W or AVC-ST executive will publish a *Letter to the Editor* in a Sedgwick County newspaper outlining the positive impact that Medicaid expansion has had in other states until it is passed.

Anticipated impact:

- Passage of Medicaid expansion will positively affect access to care, smarter utilization of health services, and increase the affordability of care among the low-income population.
- Evidence based research has shown that Medicaid expansion has had a positive impact on greater access to care, improved self-reported health, reduced medical debt, greater financial security, improved affordability of care and increased utilization of care.⁶

Alignment: This goal is in alignment with local, regional, and state nonprofit and critical care hospitals. Several small rural critical access hospitals have closed in Kansas and more closures are anticipated if Medicaid expansion is not successful during the next legislative session.

In concert with the AVC leadership team and board of directors, AVC-ST continues to be a strong advocate in the expansion of Medicaid across Kansas. AVC-ST continues to offer charity care to the poor, takes care of those who are recipients of Medicaid and Medicare knowing that the government will not be paying the full cost of that care, and aggressively assisting those who come into its hospital to register for programs to which they are entitled.

One of the strategies adopted by AVC-ST through its ministry is to support and/or participate in collaborative efforts to educate legislators on Medicaid expansion needs and the benefits derived for all citizens in terms of health access and stabilization of funding for critical care hospitals.

Prioritized Need #2: Preparing Youth for the Workforce

Goal: To partner with the USD#259 Chisolm Life Skills' Project Search which is a functional and vocational day school designed to help differently-abled students transition from high school to young adulthood.

Strategies:

- In concert with USD#259 provide real employment experiences for students identified and selected through the Chisolm Life Skills Project.

Resources:

- Ascension Via Christi St Teresa Executive Sponsor and AVC-W Education Department

Collaboration:

- USD#259 and their Chisolm Life Skills faculty/staff

Actions:

- AVC-ST continues to provide space accommodations for Project Search students
- AVC-ST continues to provide school-to-work transitioning experiences for students enrolled in the Project Search Program
- AVC-ST continues to monitor the students' achievements and shares that feedback with the Project Search manager assigned to those specific students.

Anticipated Impact:

- 90% of all Project Search students will successfully complete their AVC placement
- Participation in Project Search will help students apply classroom learning and allow them to explore a variety of workplace environments as they learn to become self-sufficient.
- Students in this program will develop skills that will assist them in finding employment which will increase their self-esteem, economic security and quality of life.

Alignment: Yes, this goal is in alignment with goals established by the Employment Systems Change Coalition, which represents multiple organizations and advocacy groups throughout Kansas who work together across fields of disability to support the common goal of improving employment outcomes for Kansans with disabilities.

Prioritized Need #3: Basic Medical Care for Low-Income/Vulnerable Populations

Goal: To improve the patients' understanding on the need and benefits of having a medical care home and assist them in gaining entry through active referrals and application for coverage through government programs (e.g. Medicaid).

Strategies:

- Strategy will address social determinants of health, health disparities and the challenges of those who may be underserved.
- Target population is medically underserved, low-income/vulnerable individuals
- Evidence based research from peer-reviewed literature documents that having a medical home improves quality, reduces errors, and increases satisfaction when patients identify with a primary care medical home. Evidence from multiple settings and several countries supports the ability of medical homes to advance societal health. Source: <https://www.jabfm.org/content/21/5/427.short>

Resources:

- Case managers, hospital and clinic social workers, to assess uninsured patients for eligibility of Medicaid coverage and refer to appropriate community clinics where a medical home can be established to address their needs.

Collaboration:

- Community partners in this effort include United Way's 2-1-1 and all FQHCs in the area.

Actions:

- ER and/or medical staff will make referrals of patients to case managers and/or clinic social workers.
- CM/SW will assess the patients' needs and assist them in filling out required paperwork (e.g. Food Stamps, Medicaid, WIC, etc.) and provide them with contact names/numbers for FQHCs and other clinics in the area which are accepting new patients.
- During MM@H annual event, make immediate referrals to FQHCs or other community clinic partners who are onsite.
- Where appropriate enroll patients into the Transitional Care Clinic or Community Cares Program

Anticipated Impact:

- Continue to reduce utilization of ER services for non-emergent causes
- Continued reduction in rehospitalizations by patients enrolled in the Transitional Care Clinic and Community Cares Program.

Alignment: Yes, this goal is in alignment with Ascension, local, state and national priorities as Catholic health care believes that basic medical care for all people is a right and responsibility of every community. People who are ill and denied medical care not only jeopardize their own health but may impact others who share their environment. Waiting until one is in crisis to seek medical care is not only dangerous but may have serious economic impact for families, health care providers and hospitals.

Having a medical home, a place where one can call and make an appointment to see a physician and/or a nurse practitioner prior to having an emergency is in the best interest of all, especially the patient who can receive quality preventive care or treatment at the time of illness.

Patients accessing Emergency Rooms are denying themselves the benefits that come with having a medical home. Having a doctor, nurse or other practitioner who knows your personal medical history will provide patients with the best long-term care.

Other organizations who offer basic medical care to the poor and vulnerable include: Ascension Medical Group (AMG) Clinics, Guadalupe Clinic, University of Kansas Family Clinic, Primary Care Clinic, Mayflower Clinic and local FQHCs Hunter Health Clinic, GraceMed and HealthCore.

Prioritized Need #4: Treatment for Life-Threatening Diseases

Goal: To deliver compassionate, personalized care to promote the client's optimal level of well-being, with special attention to persons living in poverty and those most vulnerable.

Strategies:

- To provide financial assistance to the poor and vulnerable so they can receive health care services and/or treatment when in need.
- To work in partnership with others for the expansion of Medicaid services so that more people can be covered for treatment, especially those with life-threatening diseases.

Resources:

- 24/7 Emergency Department within a hospital setting in two locations which reside in low-income neighborhoods.
- Cancer Center which is located across the street from AVC-St Francis Hospital that offers OP treatment for a variety of cancers which includes a CyberKnife, radiation therapy and chemotherapy treatments.
- The AVC Cancer Institute, located on the seventh floor of St Francis, is the area's only dedicated IP medical and surgical treatment center specifically for cancer. It includes radiation therapy rooms, an ambulatory infusion center and moor.
- An Advanced Comprehensive Stroke Center staffed by a comprehensive team that oversees a 20-bed neurocritical care unit.

Collaboration:

- Ascension Medical Group, oncologists, cardiologists, FQHCs, critical care hospitals and others who refer patients to be treated through the AVC Cancer Center, Cancer Institute or Stroke Center.

Actions:

- Promote the services of the Transitional Care Clinic which provides primary care to patients who are not established with a primary care doctor in the community. Patients eligible for care are those in need of medical services following a recent hospitalization or emergency room visit.
- Promote the services of the Community Cares Program which is a pulmonary and heart failure care program delivered in a patient's home. Working with a patient's PCP, the Community Cares team creates an individualized plan to help patients achieve their highest level of health without leaving their home.

- Promote the services of the Heart Failure Management Program which is designed to help patients stay out of the hospital and live better. The multidisciplinary team includes advanced registered nurse practitioners, physicians, nurses, a dietitian, a pharmacist and a social worker. A cardiologist also is available to complement the team for comprehensive patient and family education and close patient monitoring. St Teresa is scheduled to open their heart failure clinic program in October 2019.

Anticipated Impact:

- Reduced patient visits to the ER by those participating in the Transitional Care Clinic, Community Cares or Heart Failure Management Program.
- A higher quality of life for those with life-threatening diseases without unnecessary trips to the hospitals.

Alignment: These very specialized programs, delivered where the patient lives, is very much in alignment with providing the right kind of care at the right time and in the right place - meeting the patient where they are instead of seeing the patient in the ER or as a hospitalized patient. Several research studies indicate that home-bound patients who have access to home health care services report a higher quality of life.

Prioritized Need #5: Domestic/Family Violence

Goal: To engage in prevention and preparedness activities to can respond appropriately when violence occurs in the community.

Strategies:

- Annually review staffing patterns to ensure safety of patients, staff and visitors about possible violence outbreaks on the ministry's premises.
- Evidence-based research, conducted by the American Hospital Association in 2018, "...estimated that proactive and reactive violence response efforts cost U.S. hospitals and health systems approximately \$2.7 billion in 2016. This included \$280 million related to preparedness and prevention to address community violence, \$852 million in unreimbursed medical care for victims of violence, \$1.1 billion in security and training costs to prevent violence within hospitals, and an additional \$429 million in medical care, staffing, indemnity, and other costs as a result of violence against hospital employees."⁷
- A 2017 study found that rates of violent incidents were 60 percent lower in hospital units with unit specific, comprehensive intervention plans compared to units that did not have such plans.⁸
- The strategies outlined here are focused on community violence that ends up coming into the hospital setting.
- For domestic/family violence victims coming into the ER, clinical staff will provide appropriate referrals to local organizations whose mission it is to assist victims with counseling or relocating to safer environments.

Resources:

- Hospital security staff
- Front-line staff trained to handle violent situations within the hospital setting

Collaboration:

- Wichita Police Department and Sedgwick County Sherriff Department (if required)
- COMCARE (if violence involves someone with a mental crisis)
- Domestic violence shelters and/or local counseling agencies

Actions:

- Participating in an emergency preparedness training to prepare St Teresa staff in providing evaluation and care when events exceed the limits of normal medical infrastructure during a mass-violence event.
- Training on how to handle workplace violence to staff, whether from a patient, visitor or another employee (if that is deemed necessary through the number of reported events over previous years).
- Distribution of resources to victims of domestic violence for counseling or safe shelter relocation.

Anticipated Impact:

- Workplace violence, whether it originates from a co-worker or outsiders, leads to increased staff turnover, medical care, and lost productivity from victims experiencing the violence directly and indirectly. With proper training, this impact can be minimized.
- Fewer repeat visits to the ER by previous victims of domestic violence due to appropriate referrals to agencies who specialize in working with this targeted population.

Alignment:

Domestic/family violence prevention is a serious public health problem, according to the Centers for Disease Control and Prevention. From infants to the elderly, it can affect people in all stages of life regardless of race, religion or economic status. Many victims survive the violence but suffer physical, mental and or emotional health problems through the rest of their lives.

Violence against nurses and other health care workers in hospitals and other health care facilities is a growing epidemic across the U.S. Nurses have reported being punched, kicked, bitten, beaten, choked and assaulted on the job and some have faced stabbings and shootings which led to the establishment of the Workplace Violence Prevention for health Care and Social Service Workers Act.

So, yes, this goal and the action items that follow are very much in alignment with our mission and need to protect victims of violence whether they arrive through the ER or are a part of our staff, patients or visitors.

Prioritized Need #6: Assistance with Prescriptions for Low-Income

Goal: To improve the patients' ability to afford and/or acquire their required medications

Strategies:

- Strategy will address social determinants of health, health disparities and the challenges of the underserved
- Target population is uninsured, underinsured, poor and vulnerable
- There has been little systematic research conducted on the effectiveness of prescription assistance program for low-income patients; however, a study published in late summer 2003 suggested that Medicare patients that had no or partial medication coverage and a poor adherence medication history due to cost tended to have poorer health outcomes and higher rates of hospitalization. The traditional Medicare program covers hospitalization costs but does not cover outpatient prescription drugs without a supplemental plan. Several studies suggest that Medicare enrollees, who cannot afford the supplemental plan, use fewer prescription drugs, forgo filling their prescriptions or skip doses because of the cost of medications resulting in poorer health outcomes especially for those who suffer from chronic conditions. <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.22.4.220>

Resources:

- Case managers, hospital and clinic social workers, who assist with the needs of inpatient and outpatient clients can refer low-income and vulnerable persons to AVC-W's 340B program or AVC-W's Dispensary of Hope for Prescription Assistance.
- In addition, referrals for these patients can also be made to other not-for-profit organizations in the Sedgwick County area who also help in emergency situations as well as some national programs (e.g. Familywize).
- Depending on the medication needed, AVCST associates may write directly to the pharmaceutical company requesting the required prescription be awarded due to a specific hardship occurring within a patient's household.

Collaboration:

- Some of the community partners, organizations who provide prescription assistance in Sedgwick County, include AVC-W's Dispensary of Hope, Salvation Army, Medical Assistance Program, Co-Pay Assistance Program, MyCountyCares – The One Card, Children's Miracle Network at Via Christi and Kansas Drug Card to name a few.

Actions:

- ER and/or medical staff will make referrals of patients to case managers and/or clinic social workers.
- CM/SW will assess the patients' needs and qualification and assist them in filling out required paperwork to access needed prescriptions before being discharged.
- If patients do not already have a medical home, a referral will be made to an area clinic where additional resources may be available for prescription assistance.

- Patients will be assessed for possible enrollment into the Transitional Care Clinic or Community Cares Program for further assistance with treatment, follow-up and wrap-around services and medications.

Anticipated Impact:

- Continued reduction in need for ER utilization and/or hospitalization
- Better adherence to medical regimen involving use of prescribed medications by eliminating or reducing cost of prescriptions to patients with limited resources

Alignment:

Yes, this goal is in alignment with Ascension, local, state and national priorities as the movement to provide the best care outside of a hospital is the most preferred by patients and cost effective for providers and third-party payers.

Prioritized Need #7: Sexual Assault/Human Trafficking Focus

Goal: To actively screen patients brought into the ER for signs of sexual assault/human trafficking with appropriate referral to follow.

Strategies:

- Ensure that front-line clinical staff have been trained and are aware of the warning signs displayed by human trafficking victims.
- Ensure that front-line clinical staff are all aware and capable of implementing the AVC protocol on handling suspected human trafficking victims.
- Research has shown that health care professionals can have a positive impact in finding, treating and addressing this new form of modern slavery as victims are brought in to ERs, primary care offices, urgent care centers, community health clinics and reproductive health clinics when they are sick, injured, or in need of medical treatment.⁹

Resources:

- Front-line ER clinical staff
- Forensic Nursing Department
- Manager of Human Trafficking
- AVC Security

Collaboration:

- Sisters of the Sorrowful Mother Congregation that is sponsoring the program
- Law enforcement and attorney general staff

Actions:

- Conduct a thorough screening of all patients being brought into the ER who are exhibiting warning signs associated with human trafficking behaviors or have visible signs known to be associated with that population.

- Once patient is screened, and if appropriate, initiate the protocol established to protect the patient, as well as staff assisting with treatment.
- Work with Manager of Human Trafficking to provide training to internal and external audiences on the topic of sexual assault/human trafficking as appropriate.

Anticipated Impact:

- Working with this population will also assist the clinicians in gaining a better understanding how traffickers are working to recruit vulnerable people in this geographic area so that strategies can be developed to assist others in making better choices and law enforcement officers in finding these criminals.
- Additional victims being identified and assisted due to increased awareness and training of hospital staff on warning signs exhibited by human traffic victims.

Alignment:

Yes, this goal is very much in alignment with the goals of law enforcement, attorney general's office, health care professionals who now have greater awareness of the problem of human trafficking of adolescents and young adults.

Human trafficking is the fastest-growing criminal industry in the world today, often operated by organized crime syndicates. Traffickers use force, fraud or coercion to enslave their victims into situations involving sexual exploitation or forced labor. Human trafficking is a devastating human rights violation, is seen as a form of modern day slavery, and takes place not only internationally, but also here in the United States.

AVCW has become a national model for Ascension Health in dealing with this vulnerable population. Since AVCW first initiated this program, over 125 victims have been identified and assisted. The Human Trafficking program staff is working closely with local and state law enforcement agencies and AVCW's Forensic Nursing Program to address the needs of those identified as human trafficking victims in our clinics or emergency rooms.

AVCW nurses and other front-line workers are prepared to recognize and refer human trafficking victims for additional help if they present themselves in the Emergency Department or are admitted as inpatients for other injuries or illnesses.

Other agencies, in Sedgwick County are also focusing attention and resources on this issue in hopes of educating more businesses on how to recognize possible victims. AVCW staff, working with a national leader on the subject, has developed tools which are being distributed throughout the Ascension Health ministries for national awareness of human trafficking victims. Other HT preventative programs in the include: Center for Combating Human Trafficking (Wichita State University), Wichita Family Crisis Center – Outreach Services, Child Advocacy Center of Sedgwick County, Wichita Children's Home, and Raise My Head.

Prioritized Need #8: Enhancement of Counseling/Mental Health Services for those in need.

Goal: To partner with the community in finding more effective ways to promote mental health well-being by providing various levels of comprehensive, integrated and responsive mental health services, strengthening systems and enhancing community responses to those in crises.

Strategies:

- Strategy will address social determinants of health and the challenges of the underserved by partnering with community groups to address individuals of all ages with mental illnesses ranging from disorders that affect mood, thinking and behavior and those who care for them.
- Target population: The Sedgwick County community, in addressing this goal it requires creating an environment that supports mental health through policy change, education, and a better understanding of effective interventions that are responsive, emotionally supportive and nonthreatening.

Resources:

- AVCH Advocacy Officer who will work with local and state elected officials to review current policies and how best to focus on long-term treatment to avert critical situations.
- AVCST Administrator is already actively involved in the Sedgwick County's coalition that is working to bring a new model of care for mentally ill people to the area.

Collaboration:

- Hospital staff work closely with COMCARE when patients are brought into the ER by family, friends, law enforcement or others to get the person in crisis evaluated and processed for appropriate care and referral once stabilized.
- AVCST hospital and clinical staff, in collaboration with FQHCs, other non-profit organizations and area colleges work diligently together planning for the annual Medical Mission at Home event which identifies people in need of care and engages them "where they are" to coordinate physical, dental and mental health care for effective long-term treatment. These events are held in zipcodes where residents are more likely uninsured or underinsured and are at risk due to lack of adequate health services available to them.

Actions:

- AVCST hospital will collaborate with AVC and other community partners in FY2020 to host a 4th Medical Mission at Home event in Spring 2020.
- AVCST staff will screen patients brought into their ER and will make appropriate referrals to AVC-W which will open a Psychiatric Observation Unit to provide care for up to 16 patients needing immediate behavioral health care services during 1QFY2020.

Anticipated Impact:

- Following the 4th Medical Mission at Home event, it is anticipated that 20% of the patients will be referred to a medical home before leaving.
- The Psychiatric Observation Unit, which has experienced successful outcomes in other parts of the country, will allow AVC-W to provide care in the least restrictive and life-interrupting manner possible resulting in reduced costs without compromising the needed level of care for the patient.

Alignment:

Multiple social, psychological and biological factors determine the level of mental health of a person at any point of time. Poor mental health is also associated with rapid social change, stressful work conditions, gender discrimination, social exclusion, unhealthy lifestyle, physical ill-health and human rights violations.¹⁰ The lack of mental health services, especially for those in crises as well as those suffering from drug/alcohol addictions has been identified as a need by several sources – CHNA, COMCARE and other organizations serving this population.

According to the Kansas Health Institute, budget cuts to the state's mental health system have been devastating. The Association of Community Mental Health Centers of Kansas, which is comprised of 26 community mental health centers issued a statement about the \$30 million in funding cuts that it says its members have suffered in past years.¹¹

Identified Needs Not Being Addressed

Bullying

Bullying is defined as the unwanted, aggressive behavior among school aged children that involves a real or perceived power imbalance. According to the website stopbullying.gov, there are three types of bullying – verbal, social and physical. Research indicates that most bullying happens in the school building, playground area or on the bus although a growing amount is coming off popular Internet sites. According to the Centers for Disease Control and Prevention, 19 percent of students in grades 9 – 12 reported being bullied on school property in the 12 months preceding the survey.¹²

AVCST may deal indirectly with teaching youth and young adults anti-bullying strategies while they are patients and/or outpatients, however, it does not offer anti-bullying programs within the schools where the bulk of bullying reportedly occurs.

Victims of bullying or bullies can find services available to them at any of the following organizations. Note that this list is not intended to be a comprehensive directory but is a place to start in finding help with this issue in the Sedgwick County area. Parent Helpline and Bullying Hotline, Parent and Community Support Network, 2-1-1 of Kansas and numerous counseling centers which offer individual and family counseling dealing with this topic.

Drug and Alcohol Abuse

AVCST does treat patients brought into the ER by law enforcement, family or friend for abuse of drugs and/or alcohol. These patients may need to be admitted to the hospital due to an overdose or may be temporarily checked in or once stabilized referred to the AVCH St Joseph Psychiatric Observation Unit that just recently opened in 2019. AVCST does not operate a detox facility but will take care of any patient coming in to the ER until it is safe to dismiss or make a transfer to another more appropriate facility.

Individuals who have an addiction to drugs or alcohol, or who routinely abused them, can find assistance at several organizations within Sedgwick County. Organizations listed below are some of the community partners ready to assist patients once they have been released, assuming the patient is ready to be rehabilitated: Substance Abuse Center of Kansas, COMCARE, Prairie View, Recovery Unlimited, Higher Ground, Women's Recovery Center – DCCCA, Preferred Family Healthcare, Miracles, Inc., Restoration/Knox Center, Inc., Mental Health Association, 2-1-1- of Kansas and more.

Juvenile Delinquency/Gang Prevention

AVCST doesn't directly offer services for juvenile delinquency or gang prevention but may treat many of them in the ER, AMG clinics or in the Behavioral Health Unit. Social workers may advise parents when their children are hospitalized due to injuries received or illnesses contracted about where they can turn for help in keeping their children out of gangs, but it isn't a topic area where AVCST has expertise.

Some agencies in the Sedgwick County area which do have expertise and are more qualified to offer prevention advice include: Pure and Simple Choice, Sedgwick County Sheriff's Office, Wichita Police Department, Word of Life Counseling Center, Kansas Family Advisory Network, Parent Helpline, Starting Point, Brotherhood, and 2-1-1 of Kansas.

Medical Transportation Services

Providing medical transportation services was a program provided by the American Red Cross (ARC) for years in Sedgwick County. However, after the national organization reorganized the local chapters into regional centers and reprioritized the services that would be provided in the future, the medical transportation service was eliminated. United Way of the Plains, which had been one of the ARC Transportation Program's funding sources offer the grant monies to other organizations in the community, but no other service provider came forward.

Limited transportation is provided by AVCST when patients are discharged from the hospital and they do not have anyone who is available to take them home, are unable to access public transportation due to mobility challenges or lack of financial resources. Working with their social worker on a discharge plan, if transportation is identified as a barrier, then the social worker may grant them a one-time pass for transportation to their home or where they'll be staying during their recuperation within a certain mileage range in Sedgwick County or if they are in need of a security transport to another health care facility or psychiatric hospital AVCST may underwrite that transportation if needed.

To see complete Community Health Needs Assessment go to:

<https://www.viachristi.org/sites/default/files/Wichita%20Market%20Final%20Assessment%2008162017.pdf>.

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