

# Ascension Via Christi Hospital in Pittsburg

**2022 Community Health Needs Assessment  
Crawford County, Kansas**



**Ascension**



The goal of this report is to offer a meaningful understanding of the most significant health needs across Crawford County, and to inform planning efforts to address those needs. Special attention has been given to the needs of individuals and communities who are more vulnerable, 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 Pittsburg, Inc**

1 Mt Carmel Place, Pittsburg, KS 66762

<https://healthcare.ascension.org>

EIN: 48-0543778

The 2022 community health needs assessment report was approved and adopted by the Ascension Via Christi Hospital Pittsburg, Inc. Board of Directors on May 13, 2022 (2021 tax year), and applies to the following three-year cycle: July 1, 2022 to June 30, 2025. This report, and 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 2022 community health needs assessment (CHNA) represents a true collaborative effort in order to gain a comprehensive understanding of the most pressing health needs across Crawford County. Ascension Via Christi Hospital Pittsburg, Inc. is exceedingly thankful to the many community organizations and individuals who shared their views, knowledge, expertise, and skills with us. A complete description of community partner contributions is included in this report. 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 Crawford County.



## Executive Summary

The goal of the 2022 Community Health Needs Assessment (CHNA) is to offer a meaningful understanding of the most significant health needs across Crawford 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.

### **Crawford County**

Although Ascension Via Christi Hospital Pittsburg, Inc. (AVCH-P) serves Pittsburg, Kansas and surrounding areas, AVCH-P has defined its community served as Crawford County for the 2022 CHNA. Crawford County was selected as AVCH-P'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 Collection and 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 more vulnerable, and to unmet health needs or gaps in services. Twenty-three 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-P, 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 Crawford County. In collaboration with community



partners, AVCH-P used a phased prioritization approach to determine the most crucial needs for community stakeholders to address. The significant needs are as follows:

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



## 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 persons living in poverty and those most vulnerable.

### 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 Ascension Via Christi Hospital Pittsburg, Inc.

As a Ministry of the Catholic Church, Ascension Via Christi Hospital Pittsburg, Inc. (AVCH-P) is a non-profit hospital governed by a local board of trustees represented by residents, medical staff, and sister sponsorship's, and has been providing medical care to Crawford County and surrounding areas. Serving southeastern Kansas since 1903, AVCH-P is continuing the long and valued tradition of addressing the health of the people in our community, following in the legacy footsteps of the Sisters of St. Joseph. AVCH-P operates one hospital campus in Pittsburg, Kansas, an emergency department in Fort Scott, Kansas, more than nine related healthcare facilities, and employs more than 18 physicians, 11 mid-level healthcare professionals, six certified registered nurse anesthetists, and five contracted providers.

For more information about AVCH-P, visit <https://healthcare.ascension.org>.



## About the Community Health Needs Assessment

A community health needs assessment, or CHNA, is essential for community building and 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.”<sup>1</sup> 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-P’s commitment to offer programs designed to address the health needs of a community, with special attention to persons who are underserved and vulnerable.

### 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 Pittsburg located at 1 Mt Carmel Place, Pittsburg, KS 66762.

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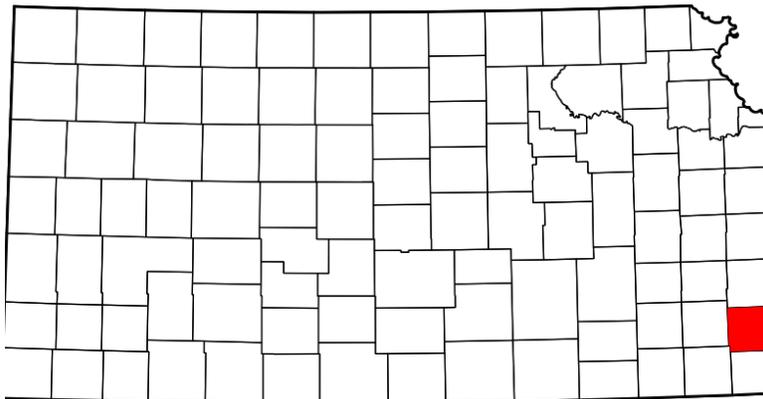
<sup>1</sup> Catholic Health Association of the United States (<https://www.chausa.org>)

## 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 2022 CHNA, AVCH-P has defined its community served as Crawford County. Although AVCH-P serves Crawford County and surrounding areas, the “community served” was defined as such because (a) most of the hospital’s service area is in Crawford County; (b) most of the assessment 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 Crawford County*

Crawford County is a rural community located in southeast Kansas, and is close to the Missouri and Oklahoma borders. The most populous city in the county is Pittsburg. The county was founded on coal mining, but now contains many meat packing plants and agricultural industries.

### Demographic Data

Crawford County has a population of 38,968 and is the eleventh-most populous county in the state. Below are demographic data highlights for Crawford County:

- 15.2% of the residents of Crawford County are 65 or older, compared to 15.4% in Kansas
- 94.3% of residents are non-Hispanic; 5.7% percent are Hispanic or Latino (any race)
- 94.1% of residents are White; 3.7% are Black or African American; 2.4% are Asian
- The total population decrease from 2010 to 2019 was -0.8%
- The median household income is below the state median income (\$42,700 for Crawford County; \$62,000 for Kansas)
- The percent of all ages of people in poverty was substantially higher than the state (20.3% for Crawford County; 12.0% for Kansas)



- The uninsured rate for Crawford County is higher than the state (10.0% for Crawford County; 8.8% for Kansas)

**Table 1: Description of the Community**

| <b>Demographic Highlights</b>       |                        |   |
|-------------------------------------|------------------------|---|
| <b>Indicator</b>                    | <b>Crawford County</b> | <b>Description</b>  |
| <b>Population</b>                   |                        |   |
| % Living in rural communities       | 34.9%                  |   |
| % below 18 years of age             | 21.9%                  |   |
| % 65 and older                      | 15.2%                  |   |
| % Hispanic                          | 5.7%                   |   |
| % Asian                             | 2.4%                   |   |
| % Black                             | 3.7%                   |   |
| % White                             | 94.1%                  |   |
| <b>Social and Community Context</b> |                        |   |
| English Proficiency                 | 1%                     | Proportion of community members that speak English "less than well"                     |
| Median Household Income             | \$42,700               | Income where half of households in a county earn more and half of households earn less. |
| Percent of Children in Poverty      | 22.1%                  | Percentage of people under age 18 in poverty.   |
| Percent of Uninsured                | 10.0%                  | Percentage of population without health insurance.                                      |
| Percent of Educational Attainment   | 92.1%                  | Percentage of adults ages 25 and over with a high school diploma or equivalent.         |
| Percent of Unemployment             | 5.1%                   | 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-P is committed to using national best practices in conducting the CHNA. Health needs and assets for Crawford County were determined using a combination of data collection and analysis for both primary (i.e., community input) and secondary data.

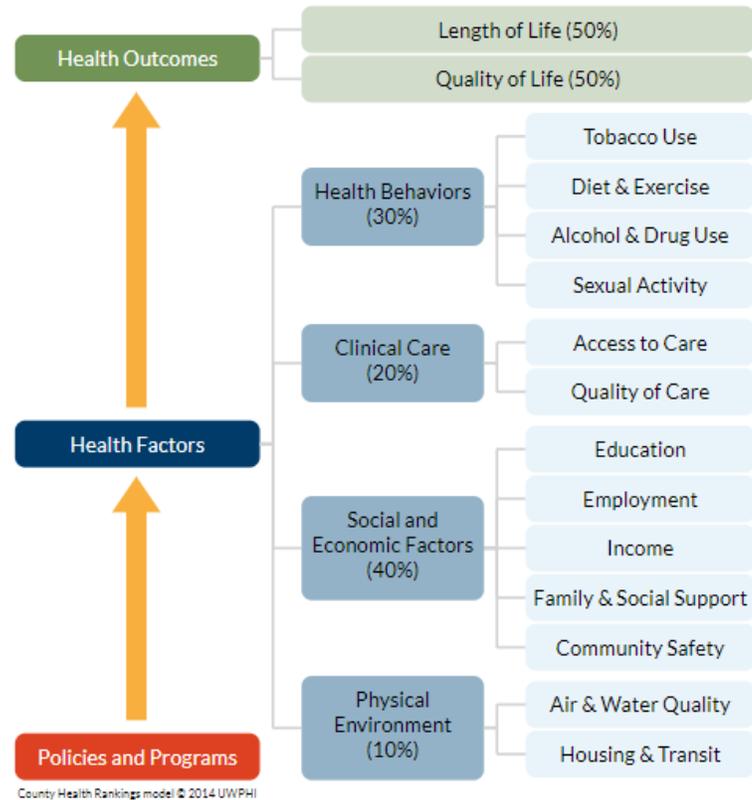
AVCH-P's approach relies on the County Health Rankings and Roadmaps model developed by the Robert Wood Johnson Foundation. The County Health Rankings and Roadmaps utilizes the determinants of health as the model for community health improvement.

### Collaborators and Consultants

With the contracted assistance of Wichita State University's Center for Applied Research and Evaluation (WSU-CARE), AVCH-P completed the 2022 CHNA in collaboration with the following organizations:

- Community Health Center of Southeast Kansas
- Crawford County Health Department
- Crawford County Mental Health Center
- Live Well Crawford County
- United Way of Southeast Kansas

Collaborating organizations represented the broad interest of the community, provided public and community health expertise, participated in the CHNA Advisory Council to help guide the CHNA process, developed a list of key informants to interview, and provided their expertise and insight into the most significant needs within the community. 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.



**Image 2: County Health Rankings model**

## Data Collection and Analysis Methodology

In collaboration with various community partners, AVCH-P and WSU-CARE collected and analyzed community input and secondary data for Crawford County.

### Summary of Community Input

Recognizing its critical importance in understanding the health needs and assets of the community, AVC consulted with a range of public health and social service providers that represent the broad interests of Crawford 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.



### 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 Crawford County. A summary of the process and results is outlined below.

#### Interviewee recruitment

AVC developed an initial list of potential key informants for Crawford County. The list was presented during a meeting with the Crawford County CHNA Advisory Council, which included personnel internal to the hospital as well as external community partners, to gather further input on suggested interviewees. Input on interviewees was collected during the meeting and afterwards via email. A final list, with contact information, was provided to AVC staff to use to send invitations to the key informants. Twenty-one (21) individuals from 15 organizations (some interviewees represented different departments or areas of the same organization) agreed to participate. Two persons each participated in two of the interviews. Thus, a total of 23 persons participated in interviews for Crawford County. Sectors represented by participants included education, healthcare, public health, mental and behavioral health, social services, community groups, and government entities.

#### Question development

Question development for the interviews was a joint effort between AVC staff and WSU-CARE researchers. A set of questions was developed that allowed for some broad answers from participants and more targeted questions. During the interview, information was also collected to document the role



of the key informant in the community and details about their organization (if applicable). Ultimately, the interview instrument included 11 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 Google Meet. For each interview, two AVC staff were present, with one staff member designated to lead the interview and the other to take notes. Interviews were also recorded via the Google Meet platform. All participants except one agreed to have the interview recorded. In that case, only the written notes were available to WSU-CARE for analysis. All other recordings for Crawford County were transcribed for use by WSU-CARE researchers to supplement written notes during analysis. All interviews took place between September 13, 2021 and October 1, 2021.

The interviews lasted between 30 minutes and one hour. 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). Interviewers asked for further explanation anytime a participant was not clear, used acronyms, or said something that required more information. Before ending the interview, after giving participants a chance to respond with anything they felt was important but had not been asked or just wanted to add, the notetaker was given an opportunity to ask for clarification on anything they might have missed or had not understood. Notetakers were also able to ask follow-up questions during the interview. This helped ensure that participants had an opportunity to answer each question fully and with enough detail to provide nuance for analysis.

### Analysis

Two researchers from WSU-CARE split the interviews and used the notes to create initial themes for each question. The researchers annotated themes with the initials of each person who had mentioned each theme to assist in discerning the most common or highest priority themes. The researchers compared themes from the interviews they each analyzed, came to consensus on naming conventions, and applied the County Health Rankings and Roadmaps framework in order to organize the themes in a way that would be most helpful for further planning. The two lead researchers created a summary of the major themes, which included those themes that were mentioned by about one-third of all interviewees.

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

| <b>Key Informant Interviews</b>   |
|---|
| <b>Key Summary Points</b>   |
| <ul style="list-style-type: none"><li>• Divisiveness within the community is becoming more of an issue</li><li>• There is an opportunity for local hospitals to create strategic alliances, partnerships, and collaborations with</li></ul> |

| local partners to establish a smoother continuum of care <ul style="list-style-type: none"> <li>• Persons living in poverty are disproportionately impacted by health and social issues</li> </ul>  |  |
|---|--|
| Sectors Represented   | Common Themes  |
| <ul style="list-style-type: none"> <li>• Education</li> <li>• Healthcare / FQHCs</li> <li>• Public Health</li> <li>• Mental and Behavioral Health</li> <li>• Social Services</li> <li>• Community groups</li> <li>• Government entities</li> </ul>                                | <ul style="list-style-type: none"> <li>• Transportation remains a challenge in the community, impacting the ability to access healthy food options and healthcare</li> <li>• Drug and alcohol use remain a pressing social and health issue, especially with the lack of resources to address and treat addiction</li> <li>• Lack of community resources for persons who are food insecure and homebound</li> <li>• Minimal access to healthy food options within the community</li> <li>• Community lacks behavioral health services and resources</li> <li>• Poverty is a significant driver of health disparities and outcomes, leading to limited housing options, unsafe housing conditions, and food insecurity</li> </ul> |
| Meaningful Quotes   |  |
| <ul style="list-style-type: none"> <li>• “We’re sicker, we’re poorer, we’re less educated.”</li> <li>• “Transportation is the biggest thing.”</li> <li>• “[Crawford County is] one of the poorest counties in the state, which is a direct correlation to our health.”</li> </ul> |  |

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.

Crawford County experiences great disparities in income, as demonstrated by both a lower median income and lower per capita income than the state of Kansas. More residents of Crawford County are also living with incomes below the federal poverty guideline as compared to the state. Additionally, rates of sexually-transmitted infections and adult obesity are on the rise. However, there are a number of indicators that are on a positive trend. Crawford County is experiencing improvement in its rate 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, flu vaccinations, and alcohol-impaired driving deaths.

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

### Summary of COVID-19 Impact on Crawford 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 deaths. Profound disparities emerged as the pandemic grew. Older Americans have the highest risk of death from COVID than any other age group with 81% of deaths from COVID to people over 65 years of age. 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.<sup>2</sup>

Significant COVID-19 disparities include:

- Hispanic Persons at 2.3 times the risk of death
- non-Hispanic Black persons at 1.9 times the risk of death
- American Indian or Alaska Native at 2.4 times the risk of death

Some reasons for these differences include:

- Multigenerational families
- Living in crowded housing with close physical contact
- Working in environments in which social distancing is impossible
- Inadequate access to health care
- Higher rates of underlying conditions<sup>3</sup>

**Table 2: Description of COVID Impact**

| COVID-19 Impact on Crawford County (as of January 24, 2022) |                 |         |  |
|---|-----------------|---------|--|
| Indicator   | Sedgwick County | Kansas  | Description/Source   |
| Total Cases   | 10,584          | 695,675 | <a href="https://www.coronavirus.kdheks.gov/160/COVID-19-in-Kansas">https://www.coronavirus.kdheks.gov/160/COVID-19-in-Kansas</a> ; KS COVID-19 Overview Dashboard |
| Confirmed Cases per 100,000                                 | 272.2           | 238.79  | <a href="https://www.coronavirus.kdheks.gov/160/COVID-19-in-Kansas">https://www.coronavirus.kdheks.gov/160/COVID-19-in-Kansas</a> ; Case Rates Dashboard           |
| Total Deaths  | 108             | 7,336   | <a href="https://www.coronavirus.kdheks.gov/160/COVID-19-in-Kansas">https://www.coronavirus.kdheks.gov/160/COVID-19-in-Kansas</a> ; Death Summary Dashboard        |
| Deaths per 100,000  | 277.2           | 252     | (Total deaths / population) x 100,000  |
| Case Fatality Percentage                                    | 1.0%            | 1.1%    | Percent of total confirmed cases of individuals who died of COVID-19 [(Total deaths / total cases) x 100]  |

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

<sup>2</sup>Centers for Disease Control and Prevention (<https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities>)

<sup>3</sup> Ibid

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## Community Input on Previous CHNA and Implementation Strategy

AVCH-P'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-P'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 Crawford County. This constraint limits the ability to fully assess all the community's needs.

For this assessment, three types of limitations were identified:

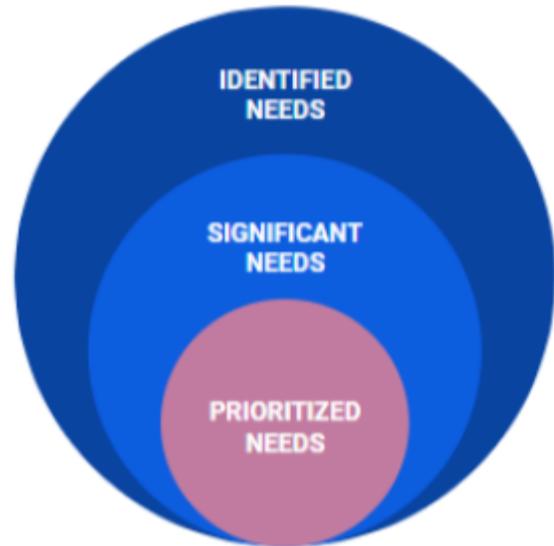
- Some groups of individuals may not have been adequately represented through the community input process. Those groups, for example, may include individuals who are transient, who speak a language other than English, or who are members of the lesbian/gay/bisexual/transgender+ community.
- Secondary 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 2022 CHNA, COVID-19 was identified as an acute community concern that exacerbated many social and economic factors that impact health, and mental health.

Despite the data limitations, AVCH-P 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-P, 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 Crawford County. In collaboration with community partners, AVCH-P 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-P 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

In collaboration with various community partners, AVCH-P utilized a prioritization process to identify needs that were most significant. 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 vulnerable populations
- Importance of the problem to the community
- Relationship of the problem to other community issues



Through the prioritization process for the 2022 CHNA, the significant needs are as follows:

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

Descriptions of the significant needs are on the following pages.

| 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"> <li>• Crawford County is experiencing improvements in its rates of adults and children who are uninsured, ratio of population to primary care physicians, and rate of preventable hospital stays</li> <li>• 10% of residents are still uninsured compared to 8.8% for Kansas</li> <li>• Crawford County has higher rates of poor mental health days, frequent mental distress, and suicide than Kansas or the top U.S. counties</li> <li>• Crawford County has a 1,300:1 ratio of population to primary care physicians (1,280:1 for Kansas, 1,030:1 top U.S. counties), and a ratio of 520:1 primary care providers other than physicians (810:1 for Kansas, 620:1 for the top U.S. counties)</li> <li>• The population ratio to mental health providers for Crawford County is 460:1, compared to 490:1 for Kansas and 270:1 for the top U.S. counties</li> </ul> |
| Local Assets & Resources   |  |
| <p>Health Services/Clinics</p> <ul style="list-style-type: none"> <li>• Crawford County Health Department</li> <li>• Girard Medical Center</li> <li>• Ascension Via Christi</li> <li>• Community Health Center of Southeast Kansas</li> </ul> <p>Mental/Behavioral Health</p> <ul style="list-style-type: none"> <li>• Crawford County Mental Health Center</li> <li>• Girard Medical Center Senior Behavioral Health</li> </ul> |  |
| Individuals Who Are More Vulnerable  | Community Challenges & Perceptions   |
| <ul style="list-style-type: none"> <li>• low-income</li> <li>• under/uninsured</li> <li>• homeless</li> <li>• LGBTQ+</li> </ul>  | <ul style="list-style-type: none"> <li>• Overall, access to basic medical care has improved. There are better options for wellness care such as increased services through the local health department, CHC-SEK and satellite clinics, and more school nurses.</li> <li>• Access to healthcare services continues to be an issue, particularly for low-income and under/uninsured residents</li> <li>• Barriers to access healthcare services include lack of providers; long wait lists for specialists and mental health providers; some services are cost-prohibitive, insufficient, or unavailable; the community does not know that certain services exist</li> <li>• Cumbersome processes can be a barrier to enrollment for public benefit programs</li> </ul>  |

- Challenges with safety net insurance, including providers not understanding what is covered under Medicare and finding providers who take both Medicare and Medicaid patients
- COVID-19 has caused an increase in the rate of uninsured due to job loss
- Need to improve partnerships and collaborations between providers
- Better promotion of services within the community
- Access to mental and behavioral health services is severely lacking. There is a need for more crisis and tiered beds, in-patient psychiatric services, transitional beds/swing beds for low-acuity stabilization, psychiatrists, behavioral health services for children, and addiction counselors

| Housing and Transportation  |   |
|---|---|
| Why is it Important?  | Data Highlights   |
| <p><u>Transportation</u>: 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><u>Housing</u>: 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> | <ul style="list-style-type: none"> <li>• 15% of Crawford County households spend 50% or more of their household income on housing compared to 11% for Kansas</li> <li>• 18% of households experience overcrowding, high housing costs, or lack of kitchen or plumbing facilities (13% for Kansas, 9% for top U.S. counties)</li> <li>• Only 59% of occupied housing are owned in Crawford County (66% for Kansas, 81% top U.S. counties)</li> </ul> |
| Local Assets & Resources  |   |
| <p>Transportation:</p> <ul style="list-style-type: none"> <li>• Community Health Center of Southeast Kansas</li> <li>• AVCH-P CareVan</li> <li>• Southeast Kansas Community Action Program (SEK-CAP) Transportation Services</li> </ul> <p>Housing:</p> <ul style="list-style-type: none"> <li>• SEK-CAP Housing and Rental Assistance</li> <li>• Catholic charities Southeast Kansas Services</li> <li>• Kansas Legal Services</li> </ul>  |   |

|   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Housing and Credit Counseling (landlord issues)</li> <li>• Kansas Housing Resources Corp (landlord issues)</li> <li>• Safehouse Crisis Center</li> </ul>                                       |  |
| <b>Individuals Who Are More Vulnerable</b>  | <b>Community Challenges &amp; Perceptions</b>  |
| <ul style="list-style-type: none"> <li>• Low-income individuals and families</li> <li>• Elderly and handicapped individuals who are unable to drive</li> <li>• Immigrants and persons who speak English as a second language</li> </ul> | <p>Transportation:</p> <ul style="list-style-type: none"> <li>• Some competition between community organization for transportation dollars</li> <li>• Need better coordination and communication between organizations providing transportation</li> <li>• More on-demand transportation options</li> <li>• Public transportation is insufficient</li> </ul> <p>Housing:</p> <ul style="list-style-type: none"> <li>• Rental units are outdated and some affordable options are uninhabitable</li> <li>• Lack of code enforcement for landlords</li> <li>• Poor housing conditions affects mental and physical health</li> </ul> |

| <b>Alcohol and Drug Use</b>   |  |
|---|--|
| <b>Why is it Important?</b>   | <b>Data Highlights</b>   |
| <p>Alcohol and drug use can increase someone’s risk of disease and premature death.</p>   | <ul style="list-style-type: none"> <li>• 22% of adults smoke; compared to 18% of adults in the state of Kansas and 16% adults in the top counties in the U.S.</li> <li>• 17% of adults reported to excessively drink in Crawford County, compared to 18% KS and 15% top U.S. counties</li> <li>• The trend in alcohol-related deaths is improving; however, the rate is still high (20% in Crawford County and Kansas) compared to 11% in the top healthiest counties in the U.S.</li> </ul> |
| <b>Local Assets &amp; Resources</b> <ul style="list-style-type: none"> <li>• Breathe Well - Live Well Crawford County</li> <li>• KanQuit 800-QUIT-NOW</li> <li>• Crawford County Mental Health Center - Addiction Treatment Center of Southeast Kansas</li> <li>• Women’s Center at Renewal House</li> <li>• Elm Acres Recovery Services</li> </ul> |  |
| <b>Individuals Who Are More Vulnerable</b>  | <b>Community Challenges &amp; Perceptions</b>  |
| <ul style="list-style-type: none"> <li>• homeless and low-income who may lack the funds for treatment services</li> </ul>   | <ul style="list-style-type: none"> <li>• key informants indicated the alcohol and drug use has been more prevalent than ever</li> </ul>  |

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• under/uninsured</li> </ul> | <ul style="list-style-type: none"> <li>• Isolation and social implications due to COVID-19 has exacerbated alcohol and drug use</li> </ul> |
|---|--|

| Food Insecurity   |   |
|---|---|
| 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"> <li>• The median household income is below the state median income (\$42,700 for Crawford County; \$62,000 for Kansas)</li> <li>• More individuals in Crawford County have incomes below the federal poverty level compared to the the state of Kansas or top U.S. counties (20% for Crawford County; 12% for Kansas and 13.4% top U.S. counties)</li> <li>• 16% of Crawford County residents are food insecure, compared to 13% for Kansas and 9% for top U.S. counties</li> </ul>  |
| <p><b>Local Assets &amp; Resources</b></p> <ul style="list-style-type: none"> <li>• Lord’s Diner</li> <li>• Wesley House</li> <li>• Salvation Army</li> <li>• Southeast Kansas Area Agency on Aging - Meals on Wheels</li> <li>• Kansas Appleseed - SNAP Enrollment Assistance</li> </ul> |   |
| Individuals Who Are More Vulnerable   | Community Challenges & Perceptions  |
| <ul style="list-style-type: none"> <li>• Low-income</li> <li>• Elderly</li> <li>• Persons with disabilities</li> <li>• Rural communities</li> </ul>   | <ul style="list-style-type: none"> <li>• More services are needed, especially for rural communities outside of the city of Pittsburg</li> <li>• Cumbersome SNAP application process creates barriers in families accessing and applying for benefits</li> <li>• Transportation barriers to access healthy foods or food pantries; need more home-delivered meal services</li> <li>• Over-prevalence of unhealthy options; need more healthy restaurants, grocery stores, and farmers markets</li> <li>• Lack of healthy food options contributes to worsening rates of adult obesity</li> </ul> |

| Health Equity   |  |
|---|--|
| Why is it Important?  | Data Highlights  |
| <p>Many health disparities are driven by systemic issues such as poverty and discrimination. Health disparities disproportionately impact specific groups</p> | <ul style="list-style-type: none"> <li>• The median household income is below the state median income (\$42,700 for Crawford County; \$62,000 for Kansas)</li> <li>• The percent of children living in poverty is substantially higher (20% for Crawford County) than the state of Kansas</li> </ul> |

|  |   |
|--|---|
| <p>and populations within the community. Health equity strives to improve opportunities for everyone to live a healthy life.</p>   | <p>(14%) or top U.S. counties (10%)</p> <ul style="list-style-type: none"> <li>The percent of all ages of people in poverty is substantially higher than the state (20.3% for Crawford County; 12.0% for Kansas)</li> </ul>   |
| <p><b>Local Assets &amp; Resources</b></p> <ul style="list-style-type: none"> <li>Community Health Center of Southeast Kansas (CHC/SEK)</li> <li>State of Kansas HCBS waivers for Medicaid</li> </ul>  |   |
| <p><b>Individuals Who Are More Vulnerable</b></p>  | <p><b>Community Challenges &amp; Perceptions</b></p>  |
| <ul style="list-style-type: none"> <li>Low-income and individuals living in poverty</li> <li>Homeless</li> <li>Seniors</li> <li>Children, especially children with Intellectual/Developmental Disability (I/DD)</li> <li>People coming out of incarceration, transitional housing, or sober living</li> <li>Individuals with persistent mental illness or substance abuse issues</li> <li>Racial and ethnic groups such as the Marshallese and Hispanic populations</li> <li>LGBTQ+</li> </ul> | <ul style="list-style-type: none"> <li>Crawford County has one of the highest poverty levels within the state of Kansas</li> <li>Poverty disproportionately impacts seniors and children</li> <li>Generational poverty is tied to the heritage of coal-mining</li> <li>Poverty contributes to poor health outcomes including higher rates of mental health issues, mental and physical abuse, malnutrition, obesity, and STIs</li> <li>Some low-income individuals and families do not qualify for Medicaid due to their incomes</li> </ul> |

| <p><b>Diet and Exercise</b></p>   |   |
|---|---|
| <p><b>Why is it Important?</b></p>  | <p><b>Data Highlights</b></p>   |
| <p>A poor diet and lack of physical activity can increase the risk of developing obesity, chronic disease, and premature death.</p>   | <ul style="list-style-type: none"> <li>Adult obesity rates continue to increase in Crawford County; 31% of adults in Crawford County are obese compared to 33% for Kansas and 26% for the top U.S. counties</li> <li>26% of adults over 20 in Crawford County report no leisure-time physical activities (24% for Kansas, 19% for top U.S. counties)</li> <li>77% of the population has adequate access to locations for physical activities (80% for Kansas, 91% for top U.S. counties)</li> </ul> |
| <p><b>Local Assets &amp; Resources</b></p> <ul style="list-style-type: none"> <li>Live Well Crawford County</li> <li>Community Health Center of SE Kansas</li> <li>Crawford County Health Department</li> </ul> |   |
| <p><b>Individuals Who Are More Vulnerable</b></p>   | <p><b>Community Challenges &amp; Perceptions</b></p>  |

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>• Low-income</li></ul> | <ul style="list-style-type: none"><li>• Adult obesity continues to be an issue within the community</li><li>• Obesity has an impact on other chronic health issues</li><li>• Opportunities to develop a coalition to address the needs and services related to obesity in the community</li><li>• COVID has increased sedentary lifestyles, and therefore obesity rates</li><li>• Lack of facilities and places for safe physical activities, especially for children and during the winter months</li></ul> |
|--|--|

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 community health needs assessment as outlined in this report, AVCH-P will develop an implementation strategy that will be publicly posted at [healthcare.ascension.org](https://healthcare.ascension.org). 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, 2022 to June 20, 2025. 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-P's previous implementation strategy include:

- In February 2019, Mercy Hospital in Fort Scott, Kansas decided to shut its doors due to increasing costs and declining patients. As a small rural town, the closing of the hospital meant job loss and required many residents to drive 95 miles to Kansas City or 59 miles to Joplin, Missouri to receive care. To ensure the community was able to access critical care during emergencies, Ascension Via Christi Hospital in Pittsburg agreed to keep the Emergency Department open for at least two years at the request of city officials and members of the community. During the 2020-2022 CHNA cycle, a net benefit of \$3,295,995 in subsidized services was provided to the Fort Scott community.
- AVCH-P partnered with the local FQHC to provide a community health specialty care clinic. AVCH-P staff provide specialty clinic hours at the FQHC to reach under/uninsured individuals. The specialty care clinic provided care for 206 individuals which amounted to over \$17K in community benefit dollars due to staff time.
- AVCH-P's pharmacy will reach out directly to pharmaceutical companies to obtain free chemotherapy medications for under/uninsured and low income cancer patients that could otherwise not afford their medications. Pharmacy staff were able to obtain free chemotherapy medications for 91 under/uninsured patients between July 1, 2019 - November 30, 2021.

A full evaluation of our efforts to address the significant health needs identified in the 2020 - 2022 CHNA can be found in Appendix F.



## **Approval by Ascension Via Christi Hospital Pittsburg, Inc. Board of Directors**

To ensure AVCH-P's efforts meet the needs of the community and have a lasting and meaningful impact, the 2022 CHNA was presented and adopted by the AVCH-P Board of Directors on May 13, 2022. 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-P serves. This report will be used by internal stakeholders, non-profit organizations, government agencies, and other community partners of AVCH-P to guide the implementation strategies and community health improvement efforts as required by the Affordable Care Act. The 2022 CHNA will also be made available to the broader community as a useful resource for further health improvement efforts.

AVCH-P hopes this report offers a meaningful and comprehensive understanding of the most significant needs for residents of Crawford County. As a Catholic health ministry, AVCH-P 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 vulnerable, we are advocates for a compassionate and just society through our actions and words. AVCH-P 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 E: Health Care Facilities and Community Resources

Appendix F: Evaluation of Impact From Previous CHNA Implementation Strategy

## **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 unexpectedly 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 before 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 sufficient 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 are 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 | Crawford County | Kansas    | U.S.        |
|------------|-----------------|-----------|-------------|
| Total      | 38,968          | 2,910,652 | 324,697,795 |
| Male       | 50.0%           | 49.8%     | 49.2%       |
| Female     | 50.0%           | 50.2%     | 50.8%       |

*Data source: [US Census 2019: ACS 5-Year Estimates Data Profiles, Table DP05](#)*

### 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                          | Crawford County | Kansas | U.S.  |
|--|-----------------|--------|-------|
| American Indian and Alaska Native          | 2.7%            | 2.1%   | 1.7%  |
| Asian                                      | 2.4%            | 3.6%   | 6.6%  |
| Black / African American                   | 3.7%            | 7.4%   | 14.0% |
| Hispanic / Latino                          | 5.7%            | 11.9%  | 18.0% |
| Native Hawaiian and Other Pacific Islander | 0.2%            | 0.2%   | 0.4%  |
| White                                      | 94.1%           | 87.6%  | 75.3% |
| Another race                               | 0.8%            | 2.8%   | 5.5%  |

*Data source: [US Census 2019: ACS 5-Year Estimates Data Profiles, Table DP05, Race alone or in combination with one or more other races; Hispanic or Latino \(of any race\)](#)*



### 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        | Crawford County | Kansas | U.S.  |
|------------|-----------------|--------|-------|
| Median Age | 32.5            | 36.7   | 38.1  |
| Age 0-19   | 26.2%           | 27.3%  | 25.2% |
| Age 20-64  | 58.6%           | 57.4%  | 59.2% |
| Age 65+    | 15.2%           | 15.4%  | 15.6% |

Data source: [US Census 2019: ACS 5-Year Estimates Data Profiles, Table DP05](#)

### 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  | Crawford County | Kansas   | U.S.     |
|---|-----------------|----------|----------|
| Median Household Income                                 | \$42,700        | \$62,000 | \$62,843 |
| Per Capita Income                                       | \$23,091        | \$31,814 | \$34,103 |
| People with incomes below the federal poverty guideline | 20.3%           | 12.0%    | 13.4%    |
| ALICE Households  | 25%             | 26%      | 29%      |

Data source: <https://www.countyhealthrankings.org/app/kansas/2021/measure/factors/63/data>; 2021  
[US Census 2019: ACS 5-Year Estimates Data Profiles, Table S1902](#)  
[US Census 2019: ACS 5-Year Estimates Data Profiles, Table S1701](#)  
<https://www.unitedforalice.org/national-overview>; 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.

| Education                   | Crawford County | Kansas | U.S.  |
|-----------------------------|-----------------|--------|-------|
| High School grad or higher  | 92.1%           | 91.0%  | 88.0% |
| Bachelor's degree or higher | 29.9%           | 33.4%  | 32.1% |

Data source: [US Census 2019: ACS 5-Year Estimates Data Profiles, Table B15003](#)

### 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.

| Insured           | Crawford County | Kansas | U.S. |
|-------------------|-----------------|--------|------|
| Uninsured         | 10.0%           | 8.8%   | 8.8% |
| Medicaid Eligible | n/a             | n/a    | n/a  |

Data source: [US Census 2019: ACS 5-Year Estimates Data Profiles, Table B27001](#)



## Appendix C: Community Input Data and Sources

### Interview Guide

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

#### 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.
  - a. What geographic area(s) does your organization primarily serve?
  - b. What population(s) does your organization primarily serve?

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

2. How would you describe Crawford County related to the health of its residents?
3. In Ascension Via Christi Hospital in Pittsburg's previous community health needs assessment, or CHNA, access to care (health insurance, transportation, basic medical care), behavioral health/counseling (drug/alcohol abuse, domestic/family violence, human trafficking) was identified as a need.
  - a. Does it remain a significant need?
  - b. Has this issue gotten better, gotten worse, or remained the same?
  - c. Has any of these issues gotten better, worse, or remained the same as a result of COVID?
4. Other than the needs we just discussed, what are the most important health issues that you see in your community?
5. An analysis of secondary data shows worsening rates of adult obesity (31%) and sexually transmitted infections (566.2 newly diagnosed chlamydia cases per 100k) in Crawford County. Additionally, the median income for Crawford County is much lower than for the state (\$42,700 vs \$62,000).
  - 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?
  - c. For income, how do you see that impacting health?
6. What are the most important social issues that you see in your community?
7. What specific populations, if any, are disproportionately affected by the health and social issues just mentioned?
8. What health services are lacking for the people with whom you serve?
9. How could hospitals in your community potentially improve health or reduce health disparities?
10. What policies or resources are needed to help address the top health needs?
11. Anything else you would like to add?

### 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.

| Organization/<br>Individual | Sector(s)                                | Population(s) of Focus |
|-----------------------------|--|------------------------|
| 1                           | Social Services, Children/Youth Services | Infants and children   |

|    |  |   |
|----|--|---|
| 2  | Physical Health, Social Services   | Crawford County general population  |
| 3  | Physical Health, Behavioral Health, Healthcare   | Crawford County general population  |
| 4  | Physical Health, Healthcare, Children/Youth Services   | Crawford County general population  |
| 5  | Physical Health, Government  | Crawford County and Kansas  |
| 6  | Aging Services, Social Services  | Aging/older adults; Persons with low incomes  |
| 7  | Government   | City Government in Crawford County  |
| 8  | Physical Health, Healthcare  | Crawford County general population  |
| 9  | Physical Health, Behavioral Health, Aging Services, Disability Services, Social Services, Healthcare | Crawford County general population; persons with low incomes                                  |
| 10 | Behavioral Health  | Persons with behavioral health issues (mental health and substance abuse)                     |
| 11 | Physical Health, Healthcare  | Crawford County general population; persons with low incomes                                  |
| 12 | Physical Health, Behavioral Health, Aging Services, Disability Services, Social Services, Healthcare | Persons with low incomes; Persons who are unemployed/underemployed; Persons with disabilities |
| 13 | Social Services  | Persons with low incomes; Hispanic/Latino; Immigrants   |
| 14 | Physical Health, Behavioral Health, Social Services, Healthcare                                      | Persons with behavioral health issues (mental health and substance abuse)                     |
| 15 | Physical Health, Healthcare  | Persons with low incomes  |
| 16 | Physical Health, Behavioral Health, Healthcare. Children/Youth Services                              | Persons with behavioral health issues; Children and youth                                     |
| 17 | Social Services, Education, Children/Youth Services  | Children and youth; Hispanic/Latino; Immigrants   |
| 18 | Social Services, Children/Youth Services   | Children and youth; Schools; Community Programs   |
| 19 | Social Services, Education, Children/Youth   | Children and youth; persons with low  |

|    |  |  |
|----|--|--|
|    | Services   | incomes                                      |
| 20 | Physical Health, Healthcare, Children/Youth Services | Crawford County general population           |
| 21 | Social Services, Children/Youth Services             | Children and youth; persons with low incomes |

### Key Informant Interview: Major Themes

| Theme  | Supporting Information  |
|--|---|
| <b>Transportation remains a challenge in the community (n=19 or 90%)</b> | Better policies and resources are needed regarding transportation in the community. There is some competition in the community for transportation dollars. Overall, the community needs better on-demand transportation options including options for people with low incomes, the elderly, individuals with mental health needs, and disabled populations. Better advertising for what transportation is available is also needed, as is better coordination for patients who need transportation to medical care.   |
| <b>Substance use (n=16 or 76%)</b>                                       | Substance use remains a problem in the community and is worse than it's ever been. Concerns exist around use of alcohol, marijuana, and methamphetamine.  |
| <b>Food access/insecurity (n=13 or 62%)</b>                              | More services like the Lord's Diner are needed, especially to reach communities that are farther out – many communities are out of reach. SNAP's extensive application process is a barrier, as is transportation – there is a need for more home-delivered meal services. The low median income impacts food insecurity in Crawford County, and food insecurity contributes to worsening rates of adult obesity. There is an overall lack of access to healthy options, an over-prevalence of unhealthy options, and a need for more healthy restaurants, grocery stores, and farmers markets.   |
| <b>Mental and behavioral health access issues (n=12 or 57%)</b>          | Despite the array of services available at community health centers, services remain challenging to access. It's particularly difficult for people in poverty to access services, and services are often cost-prohibitive. There is an overall insufficient availability of services including long wait lists and a lack of providers. There is a need for more hospital services including ER-based medication assisted treatment (MAT), consult liaison, in-patient psychiatric. Joint programs between AVCH-P and community-based providers would also be beneficial. Other community needs include crisis beds, tiered beds, transitional/swing beds, behavioral health services for children, and substance use treatment services. |
| <b>Poverty (n=12 or 57%)</b>   | The high rate of poverty in Crawford County is readily seen. Specific populations more adversely affected by poverty include seniors and children. There is also generational poverty tied to the heritage of coal-mining. As many resources to stay healthy are cost-prohibitive, people in poverty cannot engage with them. Poverty contributes to poor health outcomes including higher rates of mental health issues,   |

|  |   |
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|  | <p>mental and physical abuse, malnutrition, obesity, and sexually transmitted infections (STIs). Disparities look different in each community and county in the region, and some feel that disparities are more about poverty than they are about race in Crawford County.</p>  |
| <p><b>Impact of COVID-19 on mental and behavioral health (n=10 or 48%)</b></p>         | <p>COVID-19 has brought an increased demand for services. Isolation is increasing, especially among seniors. Rates of social anxiety, mental illness, substance use, and suicide are also on the rise; as are behavioral health issues among children.</p>  |
| <p><b>Disparities among marginalized populations (n=9 or 43%)</b></p>                  | <p>Health disparities are prevalent among populations including the working poor who do not qualify for Medicaid; people coming out of incarceration, transitional housing, or sober living; the elderly; individuals with severe and persistent mental illness; individuals with substance use issues; children with I/DD; individuals on HCBS waivers; people experiencing homelessness; racial and ethnic minorities such as the Marshallese population and Hispanic population; LGBTQ+ population; and people with lower incomes.</p> |
| <p><b>Affordable/safe housing (n=9 or 43%)</b></p>                                     | <p>There is an overall lack of affordable and safe housing. Rental units are outdated and many affordable options are uninhabitable. There is also a lack of code enforcement for landlords. Lack of safe housing affects mental and physical health.</p>   |
| <p><b>Issues with lack of insurance or underinsurance (n=9 or 43%)</b></p>             | <p>Insurance challenges are still prevalent in the community. This is worse for adults and people in certain demographics. Paperwork is a barrier to enrollment into public benefit programs. There has also been an increase in the rate of uninsured due to job loss from COVID-19.</p>   |
| <p><b>Obesity (n=9 or 43%)</b></p>   | <p>Adult obesity is an issue in the community and has an impact on other chronic health issues. There is a need for a coalition to address needs and services related to obesity in the community. Obesity is worsening due to COVID-19, sedentary lifestyle, lack of options for physical activity, and unhealthy behaviors.</p>   |
| <p><b>Politicization of public health/divisiveness in communities (n=8 or 38%)</b></p> | <p>There is a growing divisiveness in the community, especially related to COVID-19. There are different opinions on COVID-19 prevention, people who refuse to follow public health guidelines, and people who think COVID-19 isn't real. There has been fighting among county administrators and the health department, and anger directed at the local health department.</p>   |



## 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 | Crawford County | Kansas | Top US Counties | Description   |
|---------------------------------|-------|-----------------|--------|-----------------|---|
| <b>Length of Life</b>           |       |                 |        |                 |   |
| Premature Death                 |       | 8,500           | 7,100  | 5,400           | Years of potential life lost before age 75 per 100,000 population (age-adjusted)                  |
| Life Expectancy                 |       | 75.9            | 78.5   | 81.1            | How long the average person should live.  |
| Infant Mortality                |       | n/a             | 6      | n/a             | Number of all infant deaths (within 1 year) per 1,000 live births.                                |
| <b>Physical Health</b>          |       |                 |        |                 |   |
| Poor or Fair Health             |       | 19%             | 16%    | 14%             | Percent of adults reporting fair or poor health.  |
| Poor Physical Health Days       |       | 4.1             | 3.6    | 3.4             | Average number of physically unhealthy days reported in past 30 days (age-adjusted).              |
| Frequent Physical Distress      |       | 13%             | 11%    | 10%             | Percent of adults 14 or more days of poor physical health per month.                              |
| Low Birth Weight                |       | 7%              | 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. |
| <b>Mental Health</b>            |       |                 |        |                 |   |
| Poor Mental Health Days         |       | 4.5             | 4.1    | 3.8             | Average number of mentally unhealthy days reported in the past 30 days.                           |
| Frequent Mental Distress        |       | 15%             | 13%    | 12%             | Percent of adults reporting 14 or more days of poor mental health per month.                      |
| Suicide                         |       | 19              | 18     | 11              | Number of deaths due to suicide per 100,000.  |
| <b>Morbidity</b>                |       |                 |        |                 |   |
| Diabetes prevalence             |       | 11%             | 11%    | 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.   |
| <b>Communicable Disease</b>     |       |                 |        |                 |   |
| HIV Prevalence                  |       | 46              | 128    | 50              | Number of people aged 13 years and over with a diagnosis of HIV per 100,000.                      |
| Sexually Transmitted Infections |       | 566.2           | 488.5  | 161.2           | Number of newly diagnosed chlamydia cases per 100,000.  |
| <b>Healthcare Access</b>        |       |                 |        |                 |   |



|   |  |         |         |         |   |
|---|--|---------|---------|---------|---|
| Uninsured   |  | 11%     | 10%     | 6%      | Percentage of population under age 65 without health insurance.                                   |
| Uninsured Adults  |  | 14%     | 12%     | 7%      | Percentage of adults under age 65 without health insurance.                                       |
| Uninsured children  |  | 5%      | 5%      | 3%      | Percentage of children under age 19 without health insurance.                                     |
| Primary Care Physicians   |  | 1,300:1 | 1,280:1 | 1,030:1 | Ratio of population to primary care physicians.   |
| Other Primary Care Providers  |  | 520:1   | 810:1   | 620:1   | Ratio of the population to primary care providers other than physicians.                          |
| Mental Health Providers   |  | 460:1   | 490:1   | 270:1   | Ratio of the population to mental health providers.   |
| <b>Hospital Utilization</b>   |  |         |         |         |   |
| Preventable Hospital Stays  |  | 3,922   | 3,959   | 2,565   | Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.   |
| <b>Preventative Healthcare</b>  |  |         |         |         |   |
| Flu Vaccinations  |  | 47%     | 49%     | 55%     | Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.        |
| Mammography Screenings  |  | 41%     | 45%     | 51%     | Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening. |
| Source: <a href="https://www.countyhealthrankings.org/explore-health-rankings">https://www.countyhealthrankings.org/explore-health-rankings</a><br><a href="https://www.countyhealthrankings.org/app/kansas/2021/rankings/crawford/county/outcomes/overall/snapshot">https://www.countyhealthrankings.org/app/kansas/2021/rankings/crawford/county/outcomes/overall/snapshot</a><br>* <a href="https://www.countyhealthrankings.org/app/kansas/2021/measure/factors/3/data">https://www.countyhealthrankings.org/app/kansas/2021/measure/factors/3/data</a> |  |         |         |         |   |

### 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 | Crawford County | Kansas   | Top US Counties | Description   |
|-------------------------------|-------|-----------------|----------|-----------------|---|
| <b>Economic Stability</b>     |       |                 |          |                 |   |
| Median Household Income       |       | \$42,700        | \$62,000 | \$72,900        | Income where half of households in a county earn more and half of households earn less. |
| Unemployment                  |       | 3.9%            | 3.2%     | 2.6%            | 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             |       | 20%             | 14%      | 10%             | Percentage of people under age 18 in poverty.   |
| <b>Educational Attainment</b> |       |                 |          |                 |   |
| High School Completion        |       | 92%             | 91%      | 94%             | Percentage of ninth grade cohort that graduates in four years.                          |



|   |  |      |      |      |  |
|---|--|------|------|------|--|
| Some College  |  | 71%  | 70%  | 73%  | Percentage of adults ages 25-44 with some post-secondary education.                    |
| <b>Social/Community</b>   |  |      |      |      |  |
| Children in single-parent homes   |  | 23%  | 21%  | 14%  | Percentage of children that live in a household headed by a single parent.             |
| Social Associations   |  | 11.5 | 13.6 | 18.2 | Number of membership associations per 10,000 population.                               |
| Disconnected Youth  |  | n/a  | 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   |  | 313  | 365  | 63   | Number of reported violent crime offenses per 100,000 population.                      |
| <b>Access to Healthy Foods</b>  |  |      |      |      |  |
| Food Environment Index  |  | 6.4  | 6.7  | 8.7  | Index of factors that contribute to a healthy food environment, 0-worst 10-best.       |
| Food Insecurity   |  | 16%  | 13%  | 9%   | Percent of the population who lack adequate access to food.                            |
| Limited Access to Healthy Foods   |  | 14%  | 8%   | 2%   | Percent of the population who are low-income and do not live close to a grocery store. |
| Source: <a href="https://www.countyhealthrankings.org/explore-health-rankings">https://www.countyhealthrankings.org/explore-health-rankings</a><br><a href="https://www.countyhealthrankings.org/app/kansas/2021/rankings/crawford/county/outcomes/overall/snapshot">https://www.countyhealthrankings.org/app/kansas/2021/rankings/crawford/county/outcomes/overall/snapshot</a><br>* <a href="https://www.countyhealthrankings.org/app/kansas/2021/measure/factors/21/data">https://www.countyhealthrankings.org/app/kansas/2021/measure/factors/21/data</a> |  |      |      |      |  |

## 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 | Crawford County | Kansas | Top US Counties | Description   |
|------------------------------------|-------|-----------------|--------|-----------------|---|
| <b>Physical Environment</b>        |       |                 |        |                 |   |
| Severe housing cost burden         |       | 15%             | 11%    | n/a             | Percentage of households that spend 50% or more of their household income on housing.   |
| Severe Housing Problems            |       | 18%             | 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 |       | 8.2             | 6.7    | 5.2             | Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).   |
| Homeownership                      |       | 59%             | 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: <a href="https://www.countyhealthrankings.org/explore-health-rankings">https://www.countyhealthrankings.org/explore-health-rankings</a><br><a href="https://www.countyhealthrankings.org/app/kansas/2021/rankings/crawford/county/outcomes/overall/snapshot">https://www.countyhealthrankings.org/app/kansas/2021/rankings/crawford/county/outcomes/overall/snapshot</a><br>* <a href="https://www.countyhealthrankings.org/app/kansas/2021/measure/factors/153/data">https://www.countyhealthrankings.org/app/kansas/2021/measure/factors/153/data</a> |  |     |     |     |  |

### 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 | Crawford County | Kansas  | Top US Counties | Description   |
|---|-------|-----------------|---------|-----------------|---|
| <b>Healthcare Access</b>  |       |                 |         |                 |   |
| Uninsured   |       | 11%             | 10%     | 6%              | Percentage of population under age 65 without health insurance.                                   |
| Uninsured Adults  |       | 14%             | 12%     | 7%              | Percentage of adults under age 65 without health insurance.                                       |
| Uninsured children  |       | 5%              | 5%      | 3%              | Percentage of children under age 19 without health insurance.                                     |
| Primary Care Physicians   |       | 1,300:1         | 1,280:1 | 1,030:1         | Ratio of population to primary care physicians.   |
| Other Primary Care Providers  |       | 520:1           | 810:1   | 620:1           | Ratio of the population to primary care providers other than physicians.                          |
| Mental Health Providers   |       | 460:1           | 490:1   | 270:1           | Ratio of the population to mental health providers.   |
| <b>Hospital Utilization</b>   |       |                 |         |                 |   |
| Preventable Hospital Stays  |       | 3,922           | 3,959   | 2,565           | Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.   |
| <b>Preventative Healthcare</b>  |       |                 |         |                 |   |
| Flu Vaccinations  |       | 47%             | 49%     | 55%             | Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.        |
| Mammography Screenings  |       | 41%             | 45%     | 51%             | Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening. |
| Source: <a href="https://www.countyhealthrankings.org/explore-health-rankings">https://www.countyhealthrankings.org/explore-health-rankings</a><br><a href="https://www.countyhealthrankings.org/app/kansas/2021/rankings/crawford/county/outcomes/overall/snapshot">https://www.countyhealthrankings.org/app/kansas/2021/rankings/crawford/county/outcomes/overall/snapshot</a><br>* <a href="https://www.countyhealthrankings.org/app/kansas/2021/measure/factors/3/data">https://www.countyhealthrankings.org/app/kansas/2021/measure/factors/3/data</a> |       |                 |         |                 |   |



## 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 | Crawford County | Kansas | Top US Counties | Description   |
|---|-------|-----------------|--------|-----------------|---|
| <b>Healthy Life</b>   |       |                 |        |                 |   |
| Adult Obesity   |       | 31%             | 33%    | 26%             | Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2. |
| Physical Inactivity   |       | 26%             | 24%    | 19%             | Percentage of adults age 20 and over reporting no leisure-time physical activity.   |
| Access to Exercise Opportunities  |       | 77%             | 80%    | 91%             | Percentage of population with adequate access to locations for physical activity.   |
| Insufficient Sleep  |       | 35%             | 34%    | 32%             | Percentage of adults who report fewer than 7 hours of sleep on average.   |
| Motor Vehicle Crash Deaths  |       | 13              | 13     | 9               | Number of motor vehicle crash deaths per 100,000 population.  |
| <b>Substance Use and Misuse</b>   |       |                 |        |                 |   |
| Adult Smoking   |       | 22%             | 18%    | 16%             | Percentage of adults who are current smokers.   |
| Excessive Drinking  |       | 17%             | 18%    | 15%             | Percentage of adults reporting binge or heavy drinking.   |
| Alcohol-Impaired Driving Deaths   |       | 20%             | 20%    | 11%             | 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.  |
| <b>Sexual Health</b>  |       |                 |        |                 |   |
| Teen Births   |       | 26              | 24     | 12              | Number of births per 1,000 female population ages 15-19.  |
| Sexually Transmitted Infections   |       | 566.2           | 488.5  | 161.2           | Number of newly diagnosed chlamydia cases per 100,000 population.   |
| Source: <a href="https://www.countyhealthrankings.org/explore-health-rankings">https://www.countyhealthrankings.org/explore-health-rankings</a><br><a href="https://www.countyhealthrankings.org/app/kansas/2021/rankings/crawford/county/outcomes/overall/snapshot">https://www.countyhealthrankings.org/app/kansas/2021/rankings/crawford/county/outcomes/overall/snapshot</a><br>* <a href="https://www.countyhealthrankings.org/app/kansas/2021/measure/factors/139/data">https://www.countyhealthrankings.org/app/kansas/2021/measure/factors/139/data</a> |       |                 |        |                 |   |



## Appendix E: Health Care Facilities and Community Resources

As part of the CHNA process, Ascension Via Christi Hospital in Pittsburg has cataloged resources available in Crawford 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.

### Access to Care

| Organization Name                           | Website / Phone   | Services  |
|---|---|---|
| Ascension Via Christi Hospital in Pittsburg | healthcare.ascension.org<br>620-231-6100                        | Emergency care, Obstetrics and gynecology, surgery, radiation oncology, chemotherapy, cancer care, cardiology   |
| Community Health Center of Southeast Kansas | chcsek.org<br>620-231-9873                                      | Family practice, pediatrics, Obstetrics and gynecology, laboratory, imaging, vision, dental, addiction treatment, behavioral health, pharmacy   |
| Crawford County Health Department           | crawfordcountykansas.org/health-department.html<br>620-231-5411 | Immunizations, STD testing, blood pressure screenings, chronic disease risk reduction, diabetes and chronic disease self-management programs, fall prevention, environmental health, healthy start program, school health and hearing screenings, teen pregnancy, car seat safety, WIC, assists parent's applications for special services for children, child care licensing, can be healthy medicaid program, early detection works program |
| Girard Medical Center                       | girardmedicalcenter.com<br>620-724-8291                         | Emergency room, bariatric services, senior behavioral health services, wound care, nutrition consulting, physical therapy, surgical services, pharmacy, laboratory, respiratory therapy, orthopedics  |



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|--|--|---|
| Crawford County Mental Health Center           | crawfordmentalhealth.org<br>620-231-5130                                     | Attendant services for people with disabilities, case/care management, family counseling, general counseling services, individual counseling, mental health crisis lines, mental health information/education, mental health screening, psychiatric case management, psychiatric day treatment, psychiatric disorder counseling, psychiatric medication services, psychological assessment, sexual assault counseling, substance use disorder counseling, substance use disorder day treatment, suicide counseling, suicide prevention hotlines |
| Girard Medical Center Senior Behavioral Health | girardmedicalcenter.com<br>620-724-7288 Outpatient<br>620-724-7399 Inpatient | Senior behavioral health services (age 55 and older)  |
| Kansas Statewide Farmworker Health Program     | kdhe.gov<br>785-296-1500   | Primary care services for migrant and seasonal farmworkers and their families, Medicaid application assistance  |
| National Organization for Rare Disorders       | rarediseases.org<br>617-249-7300   | Prescription assistance   |
| Familywize                                     | www.familywize.org<br>1-844-234-3057   | Prescription discounts, drug coupons  |
| Health Insurance Marketplace Call Center       | healthcare.gov<br>1-844-901-2284   | Health insurance  |
| KanCare  | kancare.ks.gov<br>1-800-305-5147   | Kansas Medicaid enrollment  |
| Senior Health Insurance Counseling for Kansas  | kdads.ks.gov<br>1-800-860-5260   | Medicare and insurance issues, health insurance counseling  |
| Lions Club Vision                              | https://e-clubhouse.org/sites/pittsburgks/<br>620-231-6078                   | Eyeglasses and exams for children   |
| Greenbush                                      | greenbush.org<br>620-724-6281  | Audiology testing, autism evaluations   |



|                                       |                                      |  |
|---------------------------------------|--------------------------------------|--|
|                                       |                                      |  |
| Vie Medical Clinic                    | viemedicalclinic.org<br>620-235-0605 | Diagnostic imaging/radiology, pregnancy counseling, pregnancy testing, school based teen parent/pregnant teen programs, sexually transmitted disease screening, sexually transmitted disease treatment |
| Southeast Kansas Area Agency on Aging | sekaaa.com<br>620-431-2980           | Medicare counseling, Senior Care Act program   |

### Housing and Transportation

| Organization Name                            | Website / Phone   | Services  |
|--|---|---|
| Ascension Via Christi Hospital in Pittsburg  | healthcare.ascension.org<br>620-231-6100                                | CareVan<br>For residents in Pittsburg, CareVan provides courtesy transportation to the hospital.<br><br>Hours:<br>8:30 a.m.-4 p.m.<br>Monday-Friday<br>To schedule, call 620-232-0388 one day in advance. |
| Catholic Charities Southeast Kansas Services | catholiccharitieswichita.org/southeast-kansas-services/<br>620-235-0633 | Housing resources for those experiencing homelessness. Provides assistance with rent and utility assistance. By appointment call 620-235-0633.  |
| Community Health Center of Southeast Kansas  | chcsek.org<br>620-231-9873  | Demand responsive transportation services. To schedule a ride with one of those services call 620-724-6350.   |
| Housing and Credit Counseling                | hcci-ks.org<br>800-383-0217   | Landlord and tenant issues, credit counseling, online credit education  |
| Kansas Housing                               | kshousingcorp.org<br>785-217-2001                                       | Landlord issues, rental assistance, weatherization assistance, eviction prevention assistance   |



|   |  |  |
|---|--|--|
| Kansas Legal Services                     | kansaslegalservices.org<br>800-723-6953                    | Legal aid for low income Kansans through legal and mediation services.   |
| Southeast Kansas Community Action Program | sek-cap.com/services/transp<br>ortation                    | Transportation, income qualifying and homeless housing programs, rental assistance, early childhood education Head Start                                   |
| Safehouse Crisis Center, Inc.             | safehousesek.org<br>1-800-794-9148                         | Advocacy, domestic violence hotlines, domestic violence shelters, in person crisis intervention, parental visitation facilitation, sexual assault hotlines |
| Salvation Army                            | centralusa.salvationarmy.org/<br>pittsburg<br>620-231-0415 | Utility, rental assistance, food, commodities, home goods and clothing.  |

### Alcohol and Drug Use

| Organization Name   | Website / Phone                          | Services   |
|---|--|--|
| KanQuit   | kanquit.org<br>1-800-QUIT-NOW            | Free help quitting tobacco use   |
| Crawford County Mental Health Center - Addiction Treatment Center of Southeast Kansas | crawfordmentalhealth.org<br>620-724-8806 | Drug rehabilitation, substance abuse and addiction treatment, opioid and opiate addiction treatment, intensive outpatient, aftercare support, dual-diagnosis, partial hospitalization program, outpatient program, residential |
| Womens' Center at Renewal House   | crawfordmentalhealth.org<br>620-235-7180 | Case/care management, comprehensive outpatient substance use disorder treatment, inpatient substance use disorder treatment facilities, substance use disorder counseling  |
| Elm Acres Recovery Center   | dcca.org<br>620-231-5310                 | Alcohol use disorder education/prevention, drug use disorder education/prevention, substance use disorder counseling, substance use disorder day   |



|  |  |   |
|--|--|---|
|  |  | treatment   |
| Breathe Well - Live Well Crawford County | livewellcrawfordcounty.org<br>620-704-0019 | Movement to fight against big tobacco's influence on Kansas youth |

### Food Insecurity

| Organization Name                            | Website / Phone   | Services  |
|--|---|---|
| The Lord's Diner                             | thelordsdiner.org<br>620-240-4134                               | Not-for-profit soup kitchen   |
| First United Methodist Church - Wesley House | fumcpittsburg.org/wesley-house.html<br>620-232-3760             | Emergency supply of food (based on size of family) given once every 30 days. Also give toiletry items, feminine hygiene products, and paper products. Commodities Federal Senior Program. |
| Salvation Army                               | centralusa.salvationarmy.org/pittsburg<br>620-231-0415          | Utility, rental assistance, food, commodities, home goods and clothing.   |
| Southeast Kansas Area Agency on Aging        | sekaaa.com<br>620-431-2980                                      | Meals on Wheels   |
| Crawford County Health Department            | crawfordcountykansas.org/health-department.html<br>620-231-5411 | WIC enrollment  |
| Kansas Department for Children and Families  | dcf.ks.gov<br>1-888-369-4777                                    | SNAP enrollment   |
| Kansas Appleseed                             | kansasappleseed.org<br>785-274-8311                             | SNAP enrollment, child nutrition programs   |

### Health Equity

| Organization Name                                   | Website / Phone              | Services  |
|---|------------------------------|---|
| Kansas Department for Aging and Disability Services | kdads.ks.gov<br>785-368-6246 | Home and Community Based Services (HCBS) Medicaid waiver program for additional supports and services for persons with disabilities |



|   |  |  |
|---|--|--|
| Ascension Via Christi Hospital in Pittsburg | healthcare.ascension.org<br>620-231-6100   | Provides medical financial assistance for qualifying persons             |
| Community Health Center of Southeast Kansas | chcsek.org<br>620-231-9873                 | Provides care on a sliding basis, assists with public program enrollment |
| Live Well Crawford County                   | livewellcrawfordcounty.org<br>620-704-0019 | Health equity grant  |

### Diet and Exercise

| Organization Name                           | Website / Phone   | Services  |
|---|---|---|
| Live Well Crawford County                   | livewellcrawfordcounty.org<br>620-704-0019                      | Coalition work to improve policy, system, and environmental changes around active living and healthy eating: farmers markets, community and school gardens, bicycle trails, age friendly cities |
| Community Health Center of Southeast Kansas | chcsek.org<br>620-231-9873                                      | Weight management and chronic disease prevention and management programs  |
| Crawford County Health Department           | crawfordcountykansas.org/health-department.html<br>620-231-5411 | Weight management and chronic disease prevention and management programs  |
| Ascension Via Christi Hospital in Pittsburg | healthcare.ascension.org<br>620-231-6100                        | Weight management and bariatric services  |



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

AVCH-P’s previous 2020-2022 CHNA implementation strategy addressed the following priority health needs: Access to Healthcare, Mental Health Services, Substance Abuse, Diabetes/Obesity, and Cancer. 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 2020-2022 CHNA to address each priority need and indicators of improvement.

| PRIORITY NEED  | <b>Access to Healthcare</b> |   |
|--|-----------------------------|---|
| <b>GOAL:</b> To support the expansion of Medicaid in the State of Kansas and encourage patients to participate in the Accountable Care Act insurance exchange programs if not already insured. |                             |   |
| ACTIONS TAKEN  | STATUS OF ACTIONS           | RESULTS   |
| Ascension Via Christi Advocacy Officer will visit with all southeast Kansas elected legislators in Topeka regarding Medicaid expansion annually until it is passed.                            | In-progress                 | AVC’s Advocacy Officer continues to meet with legislators in order to pass Medicaid expansion. So far Kansas has failed to get Medicaid expansion passed but AVC continues to advocate on behalf of low-income and disabled community members.  |
| One AVC 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.     | In-progress                 | AVC continues to participate in the Kansas legislature’s Advocacy Day to push for Medicaid expansion and emphasize the positive impact Medicaid expansion will have on community members. With COVID, AVC had to adjust to meeting virtually with legislators but continued to advocate for Medicaid expansion.   |
| One AVC executive will publish a Letter to the Editor in a Crawford County newspaper outlining the positive impact that Medicaid expansion has had in other states until it is passed.         | In-progress                 | <p>AVC executives met with Senate Kansas state legislators prior to the COVID pandemic. It was decided by AVC leadership that it was not prudent to complete an op-ed when the legislative session was canceled due to COVID and Medicaid expansion was put on hold as the pandemic was addressed.</p> <p>When the 2021 legislative session also closed without the passage of Medicaid expansion, AVC focused on passing a regulatory framework for telemedicine to flourish as a healthcare option. Telemedicine would improve many barriers for community members to access health care. While the legislature did pass a bill allowing out-of-state providers the ability to obtain timely licensure to practice telemedicine in Kansas, AVC was not successful in passing a telemedicine bill that would assure appropriate reimbursement of virtual visits post pandemic, and would also prohibit payers from requiring a provider to utilize their</p> |

|   |                   | <p>prescribed technology and network platforms. AVC was able to persuade the Insurance Commissioner to write a letter to registered prescription benefit managers (PBMs) expressing concern with business practices that discriminate against certain healthcare providers. In addition, the legislature included a provision in the final budget bill to establish a special committee to review the business practices of PBMs, particularly those that appear to discriminate against entities that qualify for the federal 340B prescription drug program.</p>  |
|---|-------------------|---|
| <b>GOAL 2: To assist people, lacking the means of mobility or resources, to get to their medical appointments.</b>  |                   |   |
| ACTIONS TAKEN   | STATUS OF ACTIONS | RESULTS   |
| <p>Due to the increasing elderly population within Crawford County, the CareVan program plans to hire an additional driver to assist in meeting the health transportation demand.</p> | <p>Completed</p>  | <p>AVCH-P hired a CareVan driver in 2019 to reduce transportation barriers for individuals to access health care. From July 1, 2019 - November 30, 2021, 4,524 individuals were provided with Care Van transportation services.</p> <p>In addition to providing transportation, AVCH-P helped patients enroll in public programs, obtained free chemotherapy medications for under-and-uninsured low-income patients, took over the Fort Scott ED, and held free specialty clinics for low-income community members.</p> <ul style="list-style-type: none"> <li>● Financial counselors enrolled 3,153 individuals in public programs during the 2020-2022 CHNA cycle.</li> <li>● In February 2019, Mercy Hospital in Fort Scott, Kansas decided to shut its doors due to increasing costs and dwindling patients. As a small rural town, the closing of the hospital meant job loss and required many residents to drive 95 miles to Kansas City or 59 miles to Joplin, Missouri to receive care. To ensure the community was able to access critical care during emergencies, Ascension Via Christi Hospital in Pittsburg agreed to keep the Emergency Department open for at least two years at the request of city officials and members of the community. During the 2020-2022 CHNA cycle, a net benefit of \$3,295,995 in subsidized services was provided to the Fort Scott community.</li> <li>● AVCH-P partnered with the local FQHC to provide a community health specialty care clinic. AVCH-P staff provide specialty clinic hours at the FQHC to reach under/uninsured individuals. The specialty care clinic provided care for 206 individuals which amounted to over \$17K in community benefit dollars due to staff time.</li> </ul> |

| <b>PRIORITY NEED</b>  |                          | <b>Mental Health Services</b>  |
|---|--------------------------|--|
| <b>GOAL:</b> To partner with the community in finding more effective ways to promote mental health well-being by increasing awareness and community education on depression and suicide prevention. |                          |  |
| <b>ACTIONS TAKEN</b>  | <b>STATUS OF ACTIONS</b> | <b>RESULTS</b>   |
| AVCH-P hospital will provide two community education events: one each on depression and suicide prevention.   | Completed                | <p>AVCH-P was able to complete both community education events prior to the COVID pandemic.</p> <p>The hospital's Chaplains also provided violence prevention and human trafficking awareness presentations to 41 Pittsburg State University Students in FY21.</p> <p>Hospital staff were also actively engaged in the boards and committees to discuss how to improve behavioral and mental health outcomes within the community.</p> |
| AVCH-P will initiate recruitment of a psychiatrist who will relocate to the Pittsburg area to increase mental health services in the area.  | Completed                | <p>AVCH-P has identified a psychiatrist who is still in school and is one year from completion who is from Pittsburg and has expressed interest in practicing at Ascension Via Christi.</p> <p>AVCH-P offers outpatient counseling with PhD and Masters educated associates. Services are now offered through telehealth format as needed.</p>   |

| <b>PRIORITY NEED</b>   |                          | <b>Substance Abuse</b>   |
|--|--------------------------|--|
| <b>GOAL:</b> To reduce the number of people negatively impacted through the abuse of drug and alcohol substances and to reduce electronic tobacco usage among teens.   |                          |  |
| <b>ACTIONS TAKEN</b>   | <b>STATUS OF ACTIONS</b> | <b>RESULTS</b>   |
| AVCH-P will develop an information sheet on the risks associated with using Juuls and distribute it widely as an educational tool for parents, teachers and others in the community as a resource to discuss with family members, students and youth groups. | Completed                | <p>In partnership with the community organization, Live Well; Breath Well, the Juul educational materials were completed and distributed to area schools and the business community. In addition, an AVC pulmonologist spoke at the high school in Frontenac, KS. The collaborative partners also implemented an annual poster contest for 5th graders who create artwork about avoiding smoking/vaping. The completed posters are displayed at the Art Walk event, judged for messaging, design, and creativity, with the winner receiving a prize.</p> <p>The activities were not impacted by COVID.</p> |

| <b>PRIORITY NEED</b>   |                          | <b>Diabetes/Obesity</b>  |
|--|--------------------------|--|
| <b>Goal:</b> To expand diabetes education, capitalizing on lessons learned with the pilot project conducted in FY2019 with eight participants. |                          |  |
| <b>ACTIONS TAKEN</b>   | <b>STATUS OF ACTIONS</b> | <b>RESULTS</b>   |
| To interface with local primary care physicians three times a year to increase referrals to diabetes education program                         | Incomplete               | AVCH-P's Diabetes Educator worked to expand and recruit for the diabetes program in the first year of the three year CHN and IS cycle. The program was suspended in the second year because of COVID and the Diabetes Educator left AVCH-P and a replacement had not been hired. Individualized education was provided but the classroom setting was not resumed since the COVID pandemic in 2020. The hospital is developing plans to offer the group classes virtually.  |
| To utilize social media in an effort to promote diabetes awareness on a monthly basis  | Completed                | Social media and other digital communication methods were used to promote diabetes awareness.  |
| To determine if cost of diabetic education program is limiting participation especially by the poor and vulnerable populations                 | Completed                | A survey was conducted with patients and the program. It was discovered that the program is covered by insurance and Medicare. The program is not terribly expensive for the hospital, therefore the hospital has not turned anyone away for inability to pay the nominal fee.   |
| Actively promote the program out in the community in an effort to recruit more participants  | Completed                | AVCH-P actively promoted the diabetes program using social media and other digital communication methods. Face-to-face events such as health fairs have been canceled. In past years the program was promoted at the Pittsburg State University tailgating event and screening events held at the YMCA, AVC Village, and other health fairs. Many of these events have not been happening due to COVID. In August 2019, diabetes education was provided through the community health clinic to 77 individuals.<br><br>AVCH-P staff are actively involved in the Live Well Be Well to create positive policy, system, and environmental changes in the community in order to reduce chronic disease, increase physical activity, and improve access to healthy foods. |

| <b>PRIORITY NEED</b>   |                          | <b>Cancer</b>  |
|--|--------------------------|--|
| <b>ACTIONS TAKEN</b>   | <b>STATUS OF ACTIONS</b> | <b>RESULTS</b>   |
| Start tracking current cancer educational offerings and their outcomes | Completed                | AVCH-P's pharmacy will reach out directly to pharmaceutical companies to obtain free chemotherapy medications for under/uninsured and low income cancer patients that could otherwise not afford their medications. Pharmacy staff were able to obtain free chemotherapy |

|  |                  |  |
|--|------------------|--|
|  |                  | <p>medications for 91 under/uninsured patients between July 1, 2019 - November 30, 2021.</p> <p>To provide patients, families, caregivers, and community a support system when diagnosed with cancer, ACVH-P hosts a cancer support group. Various topics are presented at each group. The cancer support group had 130 attendees throughout FY19 and FY20.</p>  |
| <p>Provide three events focused on community education and awareness on cancer</p> | <p>Completed</p> | <p>As a University of Kansas Midwest Cancer Alliance affiliate, AVCH-P continued to offer cancer education through social media and during community events. Education focused on cancer awareness and proactive steps to take to ensure early detection. COVID-19 did impact the ability of staff to provide educational outreach and many community events did not happen due to COVID.</p> <p>Several events were held prior to COVID and virtually, if possible:</p> <ul style="list-style-type: none"> <li>● A medical oncology doctor participated in Bench to Bedside that was Televised. Bench to Bedside is a weekly Facebook Live series hosted by The University of Kansas Cancer Center, which follows the latest news and developments related to cancer care, clinical trials and research.</li> <li>● Blue Platoon: A Boot Camp for Male Cancer Survivors was hosted by AVCH-P around prostate cancer. The event was sponsored by the Midwest Cancer Alliance and in partnership with the Kansas Cancer Partnership</li> <li>● Roundtable with Susan B. Komen regarding breast cancer needs in the community</li> <li>● A Nurse practitioner within Hematology/Oncology hosted a Lunch &amp; Learn for cancer education and prevention</li> </ul> |