Ascension Via Christi

2022 Community Health Needs Assessment
Sedgwick County, Kansas

Ascension

The goal of this report is to offer a comprehensive understanding of the most significant health needs across Sedgwick 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 will 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.

The 2022 Community Health Needs Assessment was approved and adopted by the authorized body of each of the following hospitals during Spring 2022 (2021 tax year), and applies to the following three-year cycle: July 1, 2022 to June 30, 2025.

Ascension Via Christi Hospitals Wichita, Inc.
929 N. St. Francis, Wichita, KS 67214
healthcare.ascension.org
P: 316-268-5000
Hospital EIN: 48-1172106
Board adoption: May 26, 2022

Ascension Via Christi Rehabilitation Hospital, Inc.
1151 N. Rock Road, Wichita, KS 67206
healthcare.ascension.org
P: 316-268-5000
Hospital EIN: 48-1158274
Board adoption: April 20, 2022

Ascension Via Christi Hospital St. Teresa, Inc.
14800 W. St. Teresa
healthcare.ascension.org
P: 316-796-7000
Hospital EIN: 27-1965272
Board adoption: May 26, 2022

Kansas Surgery and Recovery Center, LLC
2770 N. Webb Road, Wichita, KS 67226
kansas.surgery
P: 316-634-0090
Hospital EIN: 48-1148580
Board adoption: April 20, 2022

Rock Regional Hospital, LLC
3251 N Rock Rd, Derby, KS 67037
rockregionalhospitalderby.com
P: 316-425-2400
State License: H-087-014
Board adoption: April 21, 2022

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 meaningful understanding of the most pressing health needs across Sedgwick County. Ascension Via Christi 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 Sedgwick County.

Executive Summary

The goal of the 2022 Community Health Needs Assessment (CHNA) is to offer a comprehensive understanding of the most significant health needs across Sedgwick County. Findings from this report can be used to identify, develop, and focus hospital, health system, and community initiatives and programming to better serve the health and wellness needs of the community.

Purpose of the CHNA

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

Community Served

Although Ascension Via Christi (AVC) serves Wichita, Kansas and surrounding areas, AVC has defined its community served as Sedgwick County for the 2022 CHNA. Sedgwick County was selected as AVC's community served because it is the hospitals' 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-seven 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 to understand the health status of the community. Measures reviewed included chronic disease, social and economic factors, and healthcare access and utilization trends.

Community Needs

AVC, 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 Sedgwick County. In collaboration with community partners, AVC used a phased prioritization approach to determine the most critical needs for community stakeholders to address. The significant needs are as follows:

- Access to Care
- Health Equity
- Food Insecurity
- Housing and Transportation

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.

Ascension Via Christi

As a Ministry of the Catholic Church, Ascension Via Christi (AVC) is a non-profit hospital system governed by a local board of trustees represented by residents, medical staff, and sister sponsorship's, and has been providing medical care to Sedgwick County. Serving Kansas since 1883, AVC 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 the Sorrowful Mother and Sisters of St. Joseph. In Sedgwick County, AVC operates four fully-owned and two joint venture hospital campuses, 75 related healthcare facilities, and employs approximately 6,400 associates, 1,700 active medical staff members, 163 physicians, and 125 advanced practice professionals.

AVC's fully-owned hospitals in Sedgwick County include Ascension Via Christi Hospital St. Teresa, Inc. (AVCH-ST), Ascension Via Christi Rehabilitation Hospital, Inc. (AVC-RH), and Ascension Via Christi Hospitals Wichita, Inc. (AVCH-W) which includes two hospitals – Ascension Via Christi St. Francis and Ascension Via Christi St. Joseph. AVC's two joint venture hospitals include Rock Regional Hospital, LLC and Kansas Surgery and Recovery Center, LLC.

For more information about AVC, visit 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."[1] The process serves as a foundation for promoting the health and well-being of the community by identifying the most pressing needs, leveraging existing assets and resources, developing strategic plans, and mobilizing hospital programs and community partners to work together. This community-driven approach aligns with AVC's commitment to offer programs designed to address the health needs of the 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 St. Francis at 929 N. St. Francis, Mission Integration, Wichita, KS 67214.

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

Community Served and Demographics

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

Community Served

For the purpose of the 2022 CHNA, AVC has defined its community served as Sedgwick County. Although AVC serves Wichita, Kansas and surrounding areas, the "community served" was defined as such because (a) most of the hospitals' service areas are in Sedgwick 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.

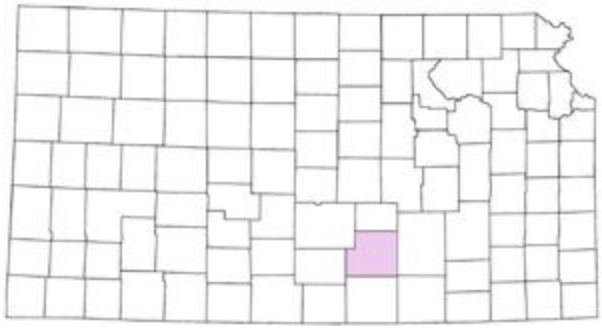

Image 1: Map of Sedgwick County

Sedgwick County is located in south-central Kansas. The county seat is the city of Wichita, which is the most populous city in Kansas. The county contains a mix of rural and urban communities. The main industries include manufacturing, aerospace, technology, and healthcare.

Demographic Data

Sedgwick County has a population of 513,375 and is the second-most populous county in the state of Kansas after Johnson County. Below are demographic data highlights for Sedgwick County:

- 14.0% of the residents of Sedgwick County are 65 or older, compared to 15.4% in Kansas
- 85.4% of residents are non-Hispanic; 14.6% are Hispanic or Latino (any race)
- 81.9% of residents are White; 10.9% are Black or African American; 5.3% are Asian
- The total population increase from 2010 to 2019 was 3.5%
- The median household income is below the state median income ($60,000 for Sedgwick County; $62,000 for Kansas)
- The percent of all ages of people in poverty was slightly higher than the state (13.7% for Sedgwick County; 12.0% for Kansas)
- The uninsured rate for Sedgwick County is higher than the state (10.7% for Sedgwick County; 8.8% for Kansas)

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Table 1: Description of the Community

Demographic Highlights		
Indicator	**Sedgwick County**	**Description**
Population		
% Living in rural communities	7.7%	
% below 18 years of age	25.9%	
% 65 and older	14.0%	
% Hispanic	14.6%	
% Asian	5.3%	
% Black	10.9%	
% White	81.9%	
Social and Community Context		
English Proficiency	2%	Proportion of community members that speak English "less than well"
Median Household Income	$60,000	Income where half of households in a county earn more and half of households earn less.
Percent of Children in Poverty	18.5%	Percentage of people under age 18 in poverty.
Percent of Uninsured	10.7%	Percentage of population without health insurance.
Percent of Educational Attainment	89.6%	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.

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Process and Methods Used

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

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

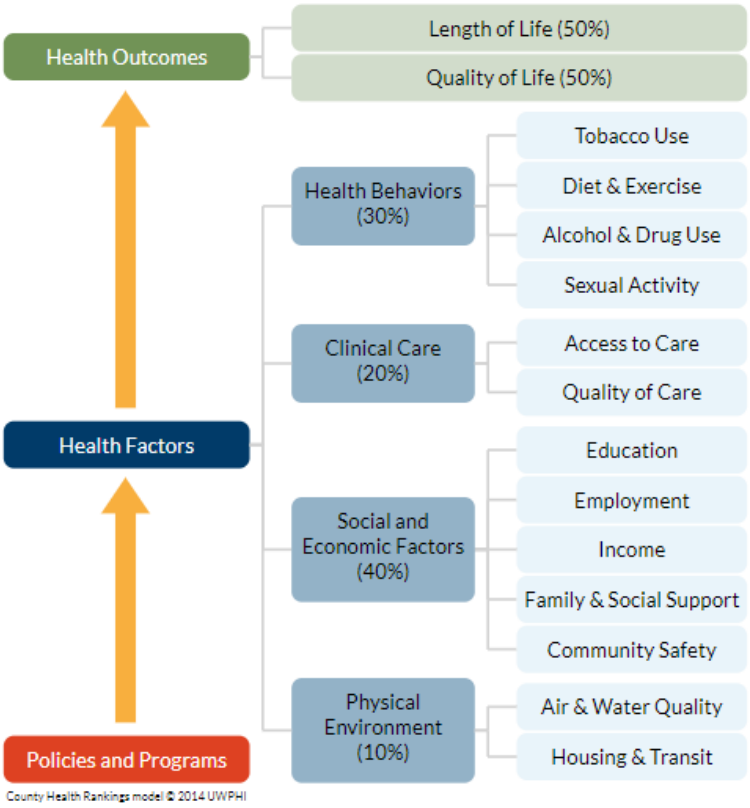

Image 2: County Health Rankings model

Collaborators and Consultants

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

- Sedgwick County Health Department
- United Way of the Plains
- Guadalupe Center
- GraceMed

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. AVC contracted WSU-CARE 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.

Data Collection and Analysis Methodology

In collaboration with various community partners, AVC and WSU-CARE collected and analyzed community input and secondary data for Sedgwick County.

Summary of Community Input

Recognizing its vital importance in understanding the health needs and assets of the community, WSU-CARE consulted with a range of public health and social service providers that represent the broad interests of Sedgwick 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 Sedgwick County. A summary of the process and results is outlined below.

Interviewee recruitment

AVC developed an initial list of potential key informants for Sedgwick County with input from WSU-CARE. The list was presented during a meeting with the Sedgwick County CHNA 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 created, with approval from AVC, for WSU-CARE to use to send invitations to the key informants. Thirty-nine (39) individuals received invitations with a total of 27 persons from 27 organizations completing the interview. Sectors represented by participants included education, healthcare, public health, mental and behavioral health, social services, law enforcement, community groups, and government entities.

Question development

Question development for the interviews was a joint effort between AVC staff and CARE researchers. Due to the need to gather information specific to the CHNA protocol adopted by Ascension across all their hospitals, 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.

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Interview protocol

All interviews were held via Zoom. For each interview, two WSU-CARE staff were present, with one staff member leading the interview and the other to take notes. Interviews were also recorded via the Zoom platform recorder. All participants agreed to having the interview recorded. WSU-CARE researchers used recordings to supplement written notes during analysis. All interviews took place between September 13, 2021 and October 7, 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, etc.). 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

Three 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 one to assist in discerning the most common or highest priority themes. The three 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 half of all interviewees.

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

Key Informant Interviews	
Key Summary Points	
• Disparities in healthcare and health outcomes persist for marginalized populations including Black, indigenious, people of color (BIPOC) communities; people with disabilities; people who are incarcerated; people with low incomes; and people who are un/underinsured. • There is a documented need for Medicaid expansion, universal healthcare, and/or other options for increased healthcare access and affordability. • There is an opportunity for local hospitals to create strategic alliances, partnerships, and collaborations with local partners to establish a smoother continuum of care.	
Sectors Represented	**Common Themes**

• Education • Healthcare / FQHCs • Public Health • Mental and Behavioral Health • Social Services • Law Enforcement • Community Groups • Government Entities	• Lack of mental and behavioral healthcare access • Disparities for marginalized populations • Increased behavioral health issues due to COVID-19 • BIPOC communities and people living in poverty are disproportionately affected by health and social issues • Need to provide more culturally competent care
Meaningful Quotes	
• *"The health system [in general] does not treat people the same."* • *"The folks we serve are judged unfairly. They start their life without many advantages and it spirals down from there."* • *"[We need to] do more than just get them through crisis; get them to a healthy lifestyle."*	

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.

Sedgwick County's median income and per capita income are very similar to those for the state of Kansas. Only slightly more residents of Sedgwick County are living with incomes below the federal poverty guideline as compared to the state. Sedgwick County is experiencing worsening rates of sexually-transmitted infections and adult obesity. However, there are a number of indicators that are on a positive trend. Improvement can be seen in rates 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, mammography screenings, and alcohol-impaired driving deaths.

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

Summary of COVID-19 Impact on Sedgwick 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.[2]

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[3]

Table 2: Description of COVID Impact

COVID-19 Impact on Sedgwick County (as of January 24, 2022)			
Indicator	**Sedgwick County**	**Kansas**	**Description/Source**
Total Cases	131,614	695,675	https://www.coronavirus.kdheks.gov/160/COVID-19-in-Kansas; KS COVID-19 Overview Dashboard
Confirmed Cases per 100,000	255.0	238.79	https://www.coronavirus.kdheks.gov/160/COVID-19-in-Kansas; Case Rates Dashboard
Total Deaths	1,135	7,336	https://www.coronavirus.kdheks.gov/160/COVID-19-in-Kansas; Death Summary Dashboard
Deaths per 100,000	221.1	252	(Total deaths / population) x 100,000
Case Fatality Percentage	0.9%	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

[2]Centers for Disease Control and Prevention (https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities)
[3] Ibid

Community Input on Previous CHNA and Implementation Strategy

AVC'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 related to AVC'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 Sedgwick 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, AVC 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

AVC, 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 Sedgwick County. In collaboration with community partners, AVC 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, AVC 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 and corresponding tracking and reporting. 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 Sedgwick County. 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, AVC 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

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

- Access to Care
- Health Equity
- Food Insecurity
- Housing and Transportation

Descriptions of the significant needs are on the following pages.

Access to Care

Why is it Important?

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

Local Assets & Resources

- Ascension Via Christi
- GraceMed
- Guadalupe Center
- Hunter Health
- Wesley Medical Center
- Mental Health Association of South Central Kansas
- Substance Abuse Center of Kansas
- Wichita State University

Data Highlights

- Sedgwick County is experiencing improvements in its rates of adults and children who are uninsured, ratio of population to primary care physicians, rate of preventable hospital stays, flu vaccinations, and mammography screenings
- 10.7% of residents are still uninsured compared to 8.8% for Kansas
- Sedgwick County has higher rates of poor mental health days, frequent mental distress, and suicide than Kansas or the top U.S. counties (see Appendix D)
- Sedgwick County has a 1,120:1 ratio of population to primary care physicians (1,280:1 for Kansas, 1,030:1 top U.S. counties), and a ration of 670:1 primary care providers other than physicians (810:1 for Kansas, 620:1 for the top U.S. counties
- The population ratio to mental health providers for Sedgwick County is 440:1, compared to 490:1 for Kansas and 270:1 for the top U.S. counties

Individuals Who Are More Vulnerable

- low-income
- under/uninsured
- homeless
- Black, indigenious, people of color (BIPOC)
- persons with disabilities
- incarcerated
- LGBTQ+
- immigrants

Community Challenges & Perceptions

- There has been increased need for behavioral health services due to COVID-19. Community members are experiencing increased isolation, anxiety, and depression. Impacts the behavioral health of children due to the lack of socialization.
- Insufficient availability of mental and behavioral healthcare access which contributes to high ER utilization rates
- Need more crisis options, inpatient beds, services for children and youth, substance abuse services (including detox), support groups, longer-term/residential options, and transition services and case management for mental and behavioral health
- Lack of services for marginalized populations
- Long wait times for mental and behavioral health services
- Need to improve partnerships and collaborations between providers
- Better promotion of services within the community

	• Medicaid expansion would make services accessible to more people, increase efficiency, and would address long waitlists for persons with Intellectual/Developmental Disability (I/DD)

Health Equity

Why is it Important?	Data Highlights
Many health dispartities are driven by systemic issues such as poverty and discrimination. Health disparities disproportionately impact specific groups and populations within the community. Health equity strives to improve opportunities for everyone to live a healthy life.	• The median household income is below the state median income ($60,000 for Sedgwick County; $62,000 for Kansas) • The percent of children living in poverty is higher (17% for Sedgwick County) than the state of Kansas (14%) or top U.S. counties (10%) • The percent of all ages of people in poverty is higher than the state (13.7% for Sedgwick County; 12.0% for Kansas)
Local Assets & Resources	
• GraceMed • Guadalupe Center • Kansas Health Foundation • Hunter Health	
Individuals Who Are More Vulnerable	**Community Challenges & Perceptions**
• low-income • under/uninsured • homeless • Black, indigenious, people of color (BIPOC) • persons with disabilities • incarcerated • LGBTQ+ • immigrants	• Social determinants of health (poverty, under/uninsured, lack of access/affordability of food and water, substandard and unaffordable housing, lack of living wage and unemployment, lack of childcare, etc.) contributes to poor health and worsening chronic conditions • There is a need to recognize the social determinant of health that could be leveraged to improve healthcare and prevent the need for acute care • Access to quality healthcare and medications aren't the same for marginalized populations • Need for more culturally competent care which includes more concerted efforts to reach marginalized groups through equitable, appropriate, and quality care to better understand and decrease poor health outcomes for diverse populations • Medical model doesn't work on social issues; need to use a social service model • BIPOC are disproportionately affected by chronic conditions, and have high rates of death due to preventable causes (e.g., complications from childbirth) • Race and poverty are connected • Children are inequitably affected by poverty

	• Lack of resources, information, support systems, childcare for people living in poverty, which affects health (including behavioral health)

Food Insecurity

Why is it Important?	Data Highlights
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.	• The median household income is below the state median income ($60,000 for Sedgwick County; $62,000 for Kansas) • The rate of people with incomes below the federal poverty level in Sedgwick County is slightly higher compared to the the state of Kansas or top U.S. counties (13.7% for Crawford County; 12% for Kansas and 13.4% top U.S. counties) • 13% of Sedgwick County residents are food insecure, compared to 13% for Kansas and 9% for top U.S. counties
Local Assets & Resources	
• Salvation Army • Kansas Food Bank • The Lord's Diner	
Individuals Who Are More Vulnerable	**Community Challenges & Perceptions**
• Low-income • Elderly • Persons with disabilities • Rural communities	• Fast food is more accessible, easier, and cheaper • Some communities, especially communities of color, lack grocery stores • Transportation to healthy food options can be a barrier in certain communities • Lack of accessible healthy food options contributes to obesity and other health issues that already disproportionately affect persons who live in food deserts or have limited access to healthy food options

Housing and Transportation

Why is it Important?	Data Highlights
Transportation: Missed or rescheduled appointments, missed or delayed medications, and delayed care can all be caused by transportation issues. Being unable to access medical care in a timely manner can ultimately lead to poorer	• 12% of Sedgwick County households spend 50% or more of their household income on housing compared to 11% for Kansas • 14% of households experience overcrowding, high housing costs, or lack of kitchen or plumbing facilities (13% for Kansas, 9% for top U.S. counties) • Only 62% of occupied housing are owned in Sedgwick County (66% for Kansas, 81% top U.S. counties)

health outcomes. This can be especially profound for those with existing chronic conditions and living in rural communities. Housing: The physical environment in which a person lives can affect our ability and that of our families and neighbors to live long and healthy lives.	
Local Assets & Resources	
• Wichita Children's Home • Salvation Army • Catholic Charities • HumanKind • Wichita Transit • Sedgwick County Transportation	
Individuals Who Are More Vulnerable	**Community Challenges & Perceptions**
• Low-income individuals and families • Elderly and handicapped individuals who are unable to drive	• Lack of transportation options for people with special needs (e.g., I/DD for non-Medicaid covered trips to allow them to access to the community) • General lack of transportation to access healthcare • Public transportation is insufficient

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, AVC will develop an implementation strategy. 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.

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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 AVC's previous implementation strategy include:

- AVC provided a total of $66,952,023 in medical financial assistance during July 1, 2019 - June 30, 2021 for medically underserved, low-income, and under/uninsured individuals.
- On March 11, 2020, Sumner Community Hospital abruptly shuttered its doors after years of financial difficulties that were exacerbated by the Kansas state government's indecision to pass Medicaid expansion and the COVID-19 pandemic. The hospital became the sixth rural hospital in the past 10 years to close in Kansas. As one of the city's largest employers and the only provider of emergency services, the closure came as a shock to the community of Wellington which is located 35 miles south of Wichita. At the request of the Wellington City Manager, Ascension Via Christi Hospitals Wichita agreed to keep the Wellington Emergency Department open to provide access to critical care during emergencies. AVC start-up costs provided a net benefit of $1,155,678 in subsidized services through the Wellington Emergency Department.
- Through strong community relationships, Ascension Via Christi Behavioral Health partnered with Wichita State University (WSU) to launch the Suspenders4Hope initiative. The program was developed in 2015 by WSU's Counseling Services and is an online suicide prevention training. The collaborative initiative is funded through a Kohl's Cares grant to raise awareness, reduce stigma, and offer visible support for mental wellness in our community. To date, 456 associates have taken the training. The program was also offered to local schools, and Bishop Carroll Catholic High School jumped at the opportunity to participate. Since March 2021, more than 1,200 students and staff at Bishop Carroll participated in the Suspenders4Hope training.
- Hospital leadership has also been integral in establishing and participating in the Mental Health and Substance Abuse Coalition that is made up of area government, healthcare, public health, and other non-profit and community organizations. The coalition was created to address the growing need for mental and substance abuse services within the community. In FY22, AVC gave a $50K cash donation to the Mental Health and Substance Abuse Coalition in support of the development of a sustainable, accessible and integrated system of care that serves people with mental health and substance abuse disorders who are in crisis, in order to efficiently and effectively deliver services that create positive outcomes.
- Hospitalized inpatients and clinic outpatients may be eligible to receive financial assistance in procuring their required medications. AVC continues to look for new ways to acquire medication discounts for all patients whether they are being discharged from our hospitals or are getting outpatient treatment in an Ascension Medical Group Clinic. As a result of the Ascension affiliation, AVC patients may participate in the 340b or Dispensary of Hope cost-saving prescription program. The Dispensary of Hope serves patients by working with free clinics,

charitable pharmacies, FQHCs, and hospitals to offer affordable access to medications and supplies. The Dispensary of Hope provided 20,031 scripts to 6,291 unique patients between July 1, 2019 - December 31, 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.

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Approval by Ascension Via Christi Board of Directors

To ensure AVC's efforts meet the needs of the community and have a lasting and meaningful impact, the 2022 CHNA was presented to each hospital's board of directors for approval and adoption by June 30, 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.

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Conclusion

The purpose of the CHNA process is to develop and document key information on the health and wellbeing of the communities AVC serves. This report will be used by internal stakeholders, non-profit organizations, government agencies, and other community partners of AVC 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.

AVC hopes this report offers a meaningful and comprehensive understanding of the most significant needs for residents of Sedgwick County. As a Catholic health ministry, AVC 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. AVC 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.

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Appendices

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Appendix A: Definitions and Terms

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

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

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

Community Forums
Meetings that provide opportunities for community members to provide their thoughts on community problems and service needs. Community forums can be targeted towards priority populations. Community forums require a skilled facilitator.
Source: CHA Assessing and Addressing Community Need, 2015 Edition II

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

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

Demographics
Population characteristics of your community. Sources of information may include population size, age structure, racial and ethnic composition, population growth, and density.
Source: CHA Assessing and Addressing Community Need, 2015 Edition II

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

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

schools of public health, and providers with a background in public health. See Section V for a list of potential interviewees. Could also be referred to as Stakeholder Interviews.
Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Medically Underserved Populations
Medically Underserved Populations include populations experiencing health disparities or that are at risk of not receiving adequate medical care because of being uninsured or underinsured, or due to geographic, language, financial, or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility's service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma, or other barriers.
Source:
https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospitalorganizations-section-501r3

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

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

Surveys
Used to collect information from community members, stakeholders, providers, and public health experts for the purpose of understanding community perception of needs. Surveys can be administered in person, over the telephone, or using a web-based program. Surveys can consist of both forced-choice and open-ended questions.
Source: CHA Assessing and Addressing Community Need, 2015 Edition II

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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	Sedgwick County	Kansas	U.S.
Total	513,375	2,910,652	324,697,795
Male	49.4%	49.8%	49.2%
Female	50.6%	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	Sedgwick County	Kansas	U.S.
American Indian and Alaska Native	2.6%	2.1%	1.7%
Asian	5.3%	3.6%	6.6%
Black / African American	10.9%	7.4%	14.0%
Hispanic / Latino	14.6%	11.9%	18.0%
Native Hawaiian and Other Pacific Islander	0.2%	0.2%	0.4%
White	81.9%	87.6%	75.3%
Another race	3.9%	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)***			

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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	Sedgwick County	Kansas	U.S.
Median Age	35.4	36.7	38.1
Age 0-19	28.4%	27.3%	25.2%
Age 20-64	57.7%	57.4%	59.2%
Age 65+	14.0%	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	Sedgwick County	Kansas	U.S.
Median Household Income	$60,000	$62,000	$62,843
Per Capita Income	$29,530	$31,814	$34,103
People with incomes below the federal poverty guideline	13.7%	12.0%	13.4%
ALICE Households	27%	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	Sedgwick County	Kansas	U.S.
High School grad or higher	89.6%	91.0%	88.0%
Bachelor's degree or higher	30.9%	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.

Income	Sedgwick County	Kansas	U.S.
Uninsured	10.7%	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 Sedgwick County.

2. How would you describe Sedgwick County related to the health of its residents?
3. In Ascension Via Christi Wichita's previous community health needs assessment, or CHNA, access to care (health insurance, transportation, basic medical care) and behavioral health/counseling (drug/alcohol abuse, domestic/family violence, human trafficking) were identified as primary needs.
    a. Do you think these remain significant needs?
    b. Would you say these issues have gotten better, worse, or remained the same?
    c. What impact do you think COVID has had on these issues? Have they gotten better, worse, or remained the same?
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 (33%) and sexually transmitted infections (630.7 newly diagnosed chlamydia cases per 100k) in Sedgwick County.
    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/ Individual	Sector(s)	Population(s) of Focus
1	Physical Health, Healthcare	Sedgwick County general population

2	Disability Services	Persons with intellectual/developmental disabilities (I/DD)
3	Physical Health, Behavioral Health, Social Services, Aging Services	Aging/older adults; Persons with I/DD
4	Physical Health, Healthcare	Uninsured/underinsured; Native American; BIPOC
5	Business, Social Service	Kansas and Midwest; Hispanic/Latino
6	Law Enforcement	Persons who are homeless; Persons with substance abuse issues
7	Physical Health, Disability Services	Persons with I/DD
8	Physical Health, Social Services	Persons who are homeless
9	Business, Social Services	Persons with behavioral health issues (mental health and substance abuse)
10	Behavioral Health, Social Services	Persons with substance abuse issues
11	Education, Children/Youth Services	Children and youth
12	Physical Health, Behavioral Health, Social, Aging Services, Disability Services, Social Services, Healthcare	Persons with low incomes; Persons who are homeless; Persons experiencing domestic violence; Aging/older adults; Immigrants
13	Law Enforcement	Sedgwick County general population; Persons who are homeless; Persons with behavioral health issues
14	Behavioral Health, Social Services	Persons with behavioral health issues
15	Social Services, Children/Youth Services	Black/African American children and youth
16	Physical Health, Behavioral Health, Aging Services, Social Services	Uninsured/underinsured persons; Hispanic/Latino
17	Government	Suburban Sedgwick County
18	Social Services	Persons with low incomes; persons who are homeless
19	Healthcare	Black/African American

20	Behavioral Health, Social Services, Children/Youth Services	Persons with behavioral health issues; Children with Serious Emotional Disturbance (SED)
21	Social Services	Youth; Women
22	Physical Health, Healthcare	Women; Persons who identify as LGBTQ+
23	Education, Social Services	Asian; Immigrants
24	Behavioral Health, Social, Education, Children/Youth Services	Persons with low incomes; Children and youth
25	Education	Children and youth
26	Government	Persons with behavioral health issues
27	Social Services	Sedgwick County general population; persons with low incomes

Key Informant Major Themes

Theme	Supporting Information
Lack of mental and behavioral healthcare access (n=25 or 93%)	There is an overall insufficient availability of services. There is great need for more crisis options, longer-term and residential options, transition services, case management, inpatient beds, substance abuse services including detox, and support groups. Specifically, there is a lack of follow-up for persons who may not have primary behavioral health care or have longer term needs. These services are needed for children and youth as well. A lack of services for marginalized populations, long wait lists, and a general lack of knowledge of available services are also issues. Insufficient availability of services also contributes to over-reliance on emergency departments.
Disparities for marginalized populations (n=19 or 70%)	Social determinants of health including poverty, lack of or insufficient insurance, lack of access/affordability of healthy food/water, substandard/unaffordable housing, lack of living wage/unemployment, lack of childcare, etc., contribute to poor health and worsen chronic conditions. This is especially true among marginalized populations such as BIPOC, people with disabilities, people who are incarcerated, people with low incomes, and people without or who are underinsured. Access, quality, and medications are not the same for these groups. Both acute and chronic conditions are not addressed and health worsens.
Increased behavioral health issues due to COVID-19 (n=18 or 67%)	Rates of substance use are increasing due to isolation, anxiety, and depression. Lack of socialization is also impacting children's behavioral health including depression, crime/violent behavior, and long-term issues from isolation, family

	stressors, and divisiveness.
People of color and BIPOC communities are disproportionately affected by health and social issues (n=17 or 63%)	People of color and BIPOC communities experience higher rates of death due to preventable causes such as complications related to childbirth. Chronic conditions such as heart disease and diabetes disproportionately affect BIPOC. There is a need for more concerted efforts to reach these populations with necessary resources and culturally competent care.
People in poverty are disproportionately affected by health and social issues (n=17 or 63%)	Many connected issues stem from or affect people in poverty including substance abuse, mental health issues, homelessness, violence, hunger, and lack of stable/living wage jobs. Even those with jobs, such as social service and healthcare workers, live in poverty and receive various types of assistance. There is also a connection between race and poverty. People in poverty lack information, support systems, and childcare, which affects health (including behavioral health). Children are also negatively affected by poverty, including long-term effects from violence in the home, poor nutrition, and low literacy. Parents in poverty also have fewer resources to care for children. COVID-19 has also had a disproportionate effect on persons with low incomes through a lack of resources.
Provide more culturally competent care (n=16 or 59%)	There is a need for equitable, appropriate, and quality care to better understand and decrease inequitable care and outcomes for diverse populations. There is also a need for greater recognition of how social determinants of health undermine services and health, including how a medical model does not work on social issues. More attention needs to be paid to "levers" that could be pushed to improve healthcare and prevent the need for acute care. There is also a lack of knowledge and understanding of diverse cultures and populations that affects equitable healthcare access.
Need Medicaid expansion/universal healthcare/other options for increased access and affordability (n=16 or 59%)	Healthcare is a right. Medicaid expansion would make more services accessible to more people; this is seen in other states where efficacy has increased due to expansion. There is also a need for increased rates and services through Medicaid including health comes and addressing long waitlists for I/DD services.
Food deserts/lack of access to healthy food options (n=14 or 52%)	Access to fast food is easier and cheaper than healthy options. Some communities, especially communities of color, lack grocery stores. Transportation to healthy food options can be limited in certain areas. This also contributes to obesity and other health issues that already inequitably affect persons who live in food deserts or have limited access to healthy food options.
Large number of persons who are under/uninsured (n=14 or 52%)	Health outcomes worsen with a lack of insurance or when insurance is lost due to lay-offs, etc. The gap continues to widen, even for the insured. This heavily affects part-time, temporary, and retail workers.

Create strategic alliances/partnerships/collaborations for smoother continuum of care (n=13 or 48%)	There is a need for hospitals in the community to partner with, convene, and/or provide assistance to existing resources to better serve clients and address gaps. This might include increasing communication/collaboration to intervene and provide on-going services (using "recognize, partner, fund" model to support resources that already exist in the community but need additional resources); partnering with grassroots groups within communities to bring services to the people; partnering with other hospitals to address community needs; creating partnerships for behavioral health services; and collaborating on resources for people experiencing homelessness to keep them from relying on emergency departments for non-emergency care.

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Appendix D: Secondary Data and Sources

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

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

How To Read These Charts

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

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

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

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

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

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

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

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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	Sedgwick County	Kansas	Top US Counties	Description
Length of Life					
Premature Death		8,100	7,100	5,400	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
Life Expectancy		77.6	78.5	81.1	How long the average person should live.
Infant Mortality*		7	6	n/a	Number of all infant deaths (within 1 year) per 1,000 live births.
Physical Health					
Poor or Fair Health		18%	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		12%	11%	10%	Percent of adults 14 or more days of poor physical health per month.
Low Birth Weight		8%	7%	6%	Percent of babies born too small (less than 2,500 grams).
Fall Fatalities 65+		n/a	n/a	n/a	Number of injury deaths due to falls among those 65 years of age and over per 100,000 population.
Mental Health					
Poor Mental Health Days		4.2	4.1	3.8	Average number of mentally unhealthy days reported in the past 30 days.
Frequent Mental Distress		13%	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.
Morbidity					
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.
Communicable Disease					
HIV Prevalence		200	128	50	Number of people aged 13 years and over with a diagnosis of HIV per 100,000.
Sexually Transmitted Infections		630.7	488.5	161.2	Number of newly diagnosed chlamydia cases per 100,000.
Healthcare Access					

Uninsured		12%	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		1,120:1	1,280:1	1,030:1	Ratio of population to primary care physicians.
Other Primary Care Providers		670:1	810:1	620:1	Ratio of the population to primary care providers other than physicians.
Mental Health Providers		440:1	490:1	270:1	Ratio of the population to mental health providers.
Hospital Utilization					
Preventable Hospital Stays**		2,896	3,959	2,565	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.
Preventative Healthcare					
Flu Vaccinations		54%	49%	55%	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.
Mammography Screenings		42%	45%	51%	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.

Source: *https://www.countyhealthrankings.org/explore-health-rankings*
https://www.countyhealthrankings.org/app/kansas/2021/rankings/sedgwick/county/outcomes/overall/snapshot
**https://www.countyhealthrankings.org/app/kansas/2021/measure/outcomes/129/data*

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	Sedgwick County	Kansas	Top US Counties	Description
Economic Stability					
Median Household Income		$60,000	$62,000	$72,900	Income where half of households in a county earn more and half of households earn less.
Unemployment		3.5%	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		17%	14%	10%	Percentage of people under age 18 in poverty.
Educational Attainment					
High School Completion		90%	91%	94%	Percentage of ninth grade cohort that graduates in four years.

Some College		67%	70%	73%	Percentage of adults ages 25-44 with some post-secondary education.
Social/Community					
Children in single-parent homes		28%	21%	14%	Percentage of children that live in a household headed by a single parent.
Social Associations		10.0	13.6	18.2	Number of membership associations per 10,000 population.
Disconnected Youth		7%	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		725	365	63	Number of reported violent crime offenses per 100,000 population.
Access to Healthy Foods					
Food Environment Index		7.3	6.7	8.7	Index of factors that contribute to a healthy food environment, 0-worst 10-best.
Food Insecurity		13%	13%	9%	Percent of the population who lack adequate access to food.
Limited Access to Healthy Foods		11%	8%	2%	Percent of the population who are low-income and do not live close to a grocery store.
Source: *https://www.countyhealthrankings.org/explore-health-rankings https://www.countyhealthrankings.org/app/kansas/2021/rankings/sedgwick/county/outcomes/overall/snapshot*					

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	Sedgwick County	Kansas	Top US Counties	Description
Physical Environment					
Severe housing cost burden*		12%	11%	n/a	Percentage of households that spend 50% or more of their household income on housing.
Severe Housing Problems		14%	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		7.4	6.7	5.2	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).
Homeownership		63%	66%	81%	Percentage of occupied housing units that are owned.

Year Structure Built		n/a	n/a	n/a	Percentage of housing units built prior to 1950.

Source: *https://www.countyhealthrankings.org/explore-health-rankings*
https://www.countyhealthrankings.org/app/kansas/2021/rankings/sedgwick/county/outcomes/overall/snapshot
**https://www.countyhealthrankings.org/app/kansas/2021/measure/factors/154/data*

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	Sedgwick County	Kansas	Top US Counties	Description
Healthcare Access					
Uninsured		12%	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		1,120:1	1,280:1	1,030:1	Ratio of population to primary care physicians.
Other Primary Care Providers		670:1	810:1	620:1	Ratio of the population to primary care providers other than physicians.
Mental Health Providers		440:1	490:1	270:1	Ratio of the population to mental health providers.
Hospital Utilization					
Preventable Hospital Stays*		2,896	3,959	2,565	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.
Preventative Healthcare					
Flu Vaccinations		54%	49%	55%	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.
Mammography Screenings		42%	45%	51%	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.

Source: *https://www.countyhealthrankings.org/explore-health-rankings*
https://www.countyhealthrankings.org/app/kansas/2021/rankings/sedgwick/county/outcomes/overall/snapshot
**https://www.countyhealthrankings.org/app/kansas/2021/measure/factors/5/data*

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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	Sedgwick County	Kansas	Top US Counties	Description
Healthy Life					
Adult Obesity		33%	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		25%	24%	19%	Percentage of adults age 20 and over reporting no leisure-time physical activity.
Access to Exercise Opportunities		85%	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		12	13	9	Number of motor vehicle crash deaths per 100,000 population.
Substance Use and Misuse					
Adult Smoking		19%	18%	17%	Percentage of adults who are current smokers.
Excessive Drinking		16%	18%	15%	Percentage of adults reporting binge or heavy drinking.
Alcohol-Impaired Driving Deaths		17%	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.
Sexual Health					
Teen Births		30	24	12	Number of births per 1,000 female population ages 15-19.
Sexually Transmitted Infections		630.7	488.5	161.2	Number of newly diagnosed chlamydia cases per 100,000 population.

Source: *https://www.countyhealthrankings.org/explore-health-rankings*
https://www.countyhealthrankings.org/app/kansas/2021/rankings/sedgwick/county/outcomes/overall/snapshot

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Appendix E: Health Care Facilities and Community Resources

As part of the CHNA process, Ascension Via Christi has cataloged resources available in Sedgwick 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
Kansas Children's Service League	kcsl.org 316-942-4261 x1312	Outpatient mental health services for children and their families
Salvation Army	centralusa.salvationarmy.org/wichita/ 316-263-2195	Prescription assistance, vision screenings, visual/reading aids
Leukemia and Lymphoma Society	lls.org/copay 316-266-4050	Co-pay assistance program
Children's Miracle Network	viachristi.org/cmnhospitals 316-239-3528	Medication assistance, hearing aids, medical equipment
Central Plains Health Care Partnership - Project Access	cphcp.com 316-688-0600	A physician led, community based program that coordinates voluntary, donated medical care and services for uninsured, low income people residing in Sedgwick County. Enrollment sites are available at HealthCore Clinic, Guadalupe Clinic, Wichita/Sedgwick County Health Department, Hunter Health Clinic, and GraceMed Health Clinic. Enrolled patients receive donated medical care as well as access to generic prescriptions for a $6.00 co-pay.

Sedgwick County	sedgwickcounty.org 316-660-7443	MyCountyCares The One Card Prescription/Health/Dental Discount Program can help individuals and families save varying discounts on prescriptions, medical supplies, dental, hearing, vision, health, labs, and pharmacy. COMCARE - Adult Medical Services and Children's Services provides psychiatric evaluation and medication management services Children's Dental Clinic - provides dental services to children
Cairn Health	cairnhealth.org 316-683-7559	Medical assistance
Kansas Society For Children With Challenges	kssociety.org 316-262-4676	Financial aid to purchase health equipment and some medical services
Ascension Via Christi	healthcare.ascension.org 316-268-5000	Medical financial assistance, full service health centers, emergency departments, labor and delivery AVC Behavioral Health Center is an acute mental health facility offering inpatient and outpatient programs.
Guadalupe Clinics	guadalupeclinic.org 316-264-6464	Free safety net clinic; provides healthcare services to low-income adults with no insurance
Victory in the Valley	victoryinthevalley.org 316-682-7400	Emergency medical fund provides financial assistance for cancer pain prescriptions not covered by patient insurance
GraceMed	gracemed.org 316-866-2000	FQHC; network of clinics that provides medical, dental, vision and behavioral health services on a

		sliding scale
Hunter Health	hunterhealth.org 316-262-2415	FQHC; provides medical, dental, vision and behavioral health services on a sliding scale
Wesley Medical Center	wesleymc.com 316-962-2000	Three full-service hospitals, including the only dedicated pediatric hospital in the region
HealthCore Clinic	www.healthcoreclinic.org 316-691-0249	Sliding scale fees for medical, dental, behavioral, and pharmacy
Wichita State University	www.wichita.edu/academics/health_professions/slhclinic/ 316-978-3289	Evelyn Hendren Cassat Speech Language Hearing Clinic - Provides services on a sliding scale based on income eligibility for audiology and speech-language pathology
	webs.wichita.edu/?u=chp_dhclinic&p=/index/ 316-978-3603	Delta Dental of Kansas Foundation Dental Hygiene Clinic - Provide dental hygiene services to anyone in need of services at a reduced fee
	wichita.edu/academics/applied_studies/wise-clinic/index.php 316-978-7529	WISE CLinic - Counseling services for adults, children, and families
	wichita.edu/academics/fairmount_college_of_liberal_arts_and_sciences/psychology/labs/WSUPsychologyClinic.php 316-978-3212	Psychology Clinic - broad range of services for children, adolescents, and adults including: psychological testing and assessment, individual therapy, behavioral interventions, and more
K-State Research and Extension	SedgwickCountyExtension.com 316-660-0100	Free for Medicare beneficiaries to talk to trained community volunteers to get insurance questions about Medicare
Robert J. Dole Department of Veterans Affairs Medical and	www.wichita.va.gov 316-685-2221	Primary and specialty services, including audiology and speech,

Regional Office		mental health care, prescriptions, weight management and more for eligible, authorized veterans
Heartspring	heartspring.org 316-634-8700	Services and therapies for children with special needs and developmental disabilities
Mental Health Association of Southeast Kansas	mhasck.org 316-685-1821 x1205	Mental health services for adults and children: assessment, outpatient treatment (individual, family and group counseling), DUI evaluation. Anger Management and Batterer's Intervention Program
ICT SOS	ictsos.org 316-755-5615	Connect survivors of human trafficking to services, resources, and safety. Services include: case management, therapy, resource connection, support group, toiletry items/clothes.
Valley Hope	valleyhope.org 800-554-5101	Addiction treatment and recovery programs at affordable prices. Services include: detoxification, residential treatment, outpatient counseling, and family care.
Substance Abuse Center of Kansas	sackansas.org 316-267-3825	SACK helps clients through continuum of care by providing multiple services including: alcohol and drug assessments, court evaluations, referrals to appropriate treatment centers, drug and alcohol education, crisis intervention, individual and family counseling, case management services, and peer to peer support.
Higher Ground	higherg.org 316-262-2060	Alcohol and drug abuse treatment, behavioral health counseling, case management, Medicaid provider, spanish speaking services, culturally competent therapeutic modalities
Prairie View	prairieview.org	Behavioral and mental health

	316-634-4700	services for all ages
KVC Children's Psychiatric Hospital	hospitals.kvc.org/locations/wichita-location/ 913-322-4900	Inpatient and residential psychiatric hospital for children
KU School of Medicine - Wichita	wichita.kumc.edu 316-293-2647	Services; Medical Management, Individual Therapy, Family and Marital Counseling
Ascension Neighborhood Resources	healthcare.ascension.org/neighborhood-resource	Free online platform that connects you to social services and resources in your community
Rainbows United	rainbowsunited.org	Services and therapies for children with special needs and developmental disabilities

Health Equity

Organization Name	Website / Phone	Services
Wichita LGBT Health Coalition	wichitalgbthealth.org	Network of advocates and healthcare providers. Provider directory links mental health and primary care services to needs of the LGBT+ community
Kansas Health Foundation	kansashealth.org 316-262-7676	Grantmaking and policy
Kansas Health Institute	khi.org 785-233-5443	Policy and research
GraceMed	gracemed.org 316-866-2000	FQHC; network of clinics that provides medical, dental, vision and behavioral health services on a sliding scale
Hunter Health	hunterhealth.org 316-262-2415	FQHC; provides medical, dental, vision and behavioral health services

		on a sliding scale
Guadalupe Clinics	guadalupeclinic.org 316-264-6464	Free safety net clinic; provides healthcare services to low-income adults with no insurance

Food Insecurity

Organization Name	Website / Phone	Services
Salvation Army	centralusa.salvationarmy.org/wichita 316-263-2195	Supplemental food program, diapers, food pantries, formula/baby food
Union Rescue Mission	urmwichita.org 316-687-4673	Food, clothing, diapers, formula
United Methodist Open Door, Inc.	umopendoor.org 316-265-9371	Supplemental food program
Kansas Department for Children and Families	dcf.ks.gov 800-432-0043	Supplemental Nutrition Assistance Program (SNAP)
The Lord's Diner	thelordsdiner.org 316-266-4966	Soup kitchen
Kansas Food Bank	kansasfoodbank.org 316-265-3663	Food pantry

Housing and Transportation

Organization Name	Website / Phone	Services
H.O.P.E., Inc	316-618-8652	Housing counseling, housing development, low income/subsidized rental housing, supported living services for adults with disabilities

Mennonite Housing	www.mhrsi.org 316-942-4848	Low income/subsidized rental housing, senior communities, tenant based rental assistance available.
Miracles, Inc.	wichitamiracles.org 316-303-9520	Transitional housing/shelter
Wichita Children's Home	www.wch.org 316-684-6581	BRIDGES - A transitional living program based in apartment units for qualified youth. Youth are supervised by Empowerment Counselors and obtain life skills training such as job hunting, housekeeping, food preparation and household finance. Case management is also provided. CrossRoads Drop-in-shelter - low barrier drop-in center for runaway, homeless and at-risk youth ages 24 and younger, and is open five days a week. Garver house - human trafficking shelters, therapeutic group homes
Sedgwick County - Code Enforcement Liaison	sedgwickcounty.org 316-660-9220	Works with income-eligible homeowners found in violation on their homes according to City housing codes to identify and access resources. Provide advocacy during the court process and with potential community resources.
Consumer Credit Counseling Service, Inc - Wichita	kscccs.org 316-265-2000	Credit counseling, debt management, housing counseling, personal financial counseling
Kansas Children's Service League	www.kcsl.org 316-942-4261 x1312	Crisis nursery
Salvation Army	centralusa.salvationarmy.org/wichita/ 316-263-2195	Emergency assistance shelters, transportation assistance, utility assistance, household goods, clothing

Union Rescue Mission	www.urmwichita.org 316-687-4673	Homeless shelter and transitional housing
United Methodist Open Door, Inc.	umopendoor.org 316-265-9371	Homeless shelter, case/care management, economic self-sufficiency program, housing search and information, family rapid re-housing - Call for appointment Monday -Thursday 8am to 4:30pm
Family Promise of Greater Wichita	familypromisewichita.org 316-977-7026	Transitional housing/shelter
Catholic Charities - Harbor House	catholiccharitieswichita.org 316-263-6000	Domestic violence shelter
HumanKind Ministries	humankindwichita.org 316-201-4107	Provide safe, affordable, permanent supportive housing for low-income individuals and families and those currently experiencing homelessness (requires referral from a case manager).
Kansas Department for Children and Families Low-Income Energy Assistance Program	dcf.ks.gov 800-432-0043	Federally funded program that helps eligible households pay a portion of energy costs; one-time per year benefit
Raise My Head Foundation	raisemyhead.org	Two-year residential program for women over 18 years who are breaking free from sex traficking. Provides housing and food, and medical and dental care during the program.
Mental Health Association of Southeast Kansas	mhasck.org 316-685-1821 x1205	Housing and support services, coordinated with mental health treatment, for adults who have a severe and persistent mental illness. Includes: supported living, group homes, transitional housing, and

		supported apartments.
Wichita Transit	wichitatransit.org 316-352-4828	Public transportation, veterans ride free, demand-response ADA paratransit van transportation for persons with disabilities that must be scheduled in advance
Victory in the Valley	victoryinthevalley.org 316-682-7400	Rides to and from cancer related appointments for cancer patients
Cerebral Palsy Research Foundation	cprf.org 316-651-5289	Timber Lines - Provide wheelchair accessible transportation to people with disabilities and the elderly to destinations within the Greater Wichita area
Sedgwick County Transportation	sedgwickcounty.org/aging 316-660-5150 x05157	Transportation assistance for older adults or caregiver caring for an older adult, persons with disabilities, and general public living in rural areas
American Cancer Society	cancer.org 800-227-2345	Road to Recovery program uses volunteer drivers to transport cancer patients to treatment and home again

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

The tables below describe the actions taken during the 2020-2022 CHNA to address each priority need and indicators of improvement. Note: At the time of the report publication (e.g., Spring), the third year of the cycle will not be complete.

Ascension Via Christi's previous 2020-2022 CHNA implementation strategy addressed the following priority health needs:

PRIORITY NEED	**Access to Care**
Goal 1: Health Insurance: 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.	
Hospital(s) working on IS: AVCH-W, AVC-RH, AVCH-ST, Rock Regional, KSRC	
Actions taken: ● AVCH-W Advocacy Officer will visit with all Sedgwick County elected legislators in Topeka regarding Medicaid expansion annually until it is passed. ● One AVCH-W or 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. ● One AVCH-W or AVC executive will publish a Letter to the Editor in a Sedgwick County newspaper outlining the positive impact that Medicaid expansion has had in other states until it is passed.	
Status of actions: 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. 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. 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. 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 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.
Goal 2: Basic Medical Care: To improve the patients' understanding on the need and benefits of having a medical care home and assist them in gaining entry through active referrals and application for coverage through government programs (e.g. Medicaid).
Hospital(s) working on IS: AVCH-W, AVC-RH, AVCH-ST, Rock Regional
Actions taken: ● ER and/or medical staff will make referrals of patients to case managers and/or clinic social workers. ● CM/SW will assess the patients' needs and assist them in filling out required paperwork (e.g. Food Stamps, Medicaid, WIC, etc.) and provide them with contact names/numbers for FQHCs and other clinics in the area which are accepting new patients. ● During MM@H annual event, make immediate referrals to FQHCs or other community clinic partners who are onsite. ● Where appropriate enroll patients into the Transitional Care Clinic or Community Cares Program.
Status of actions: Completed
Result of actions: AVC provided a total of 66,952,023 in medical financial assistance during July 1, 2019 - June 30, 2021 for medically underserved, low-income, and under/uninsured individuals. On March 11, 2020, Sumner Community Hospital abruptly shuttered its doors after years of financial difficulties that were exacerbated by the Kansas state government's indecision to pass Medicaid expansion and the COVID-19 pandemic. The hospital became the sixth rural hospital in the past 10 years to close in Kansas. As one of the city's largest employers and the only provider of emergency services, the closure came as a shock to the community of Wellington which is located 35 miles south of Wichita. At the request of the Wellington City Manager, Ascension Via Christi Hospitals Wichita agreed to keep the Wellington Emergency Department open to provide access to critical care during emergencies. AVC start-up costs provided a net benefit of $1,155,678 in subsidized services through the Wellington Emergency Department. Individuals diagnosed with cancer and/or their caregivers are assisted by nurse navigators in acquiring necessary services, treatment, and/or health care. These individuals are from the community and are not exclusively patients affiliated with our hospitals and clinics. Healthcare marketplace insurance navigators assisted 2,194 individuals. Hospital navigators work directly with individuals who are uninsured, underinsured, or who qualify for public programs based on income eligibility to review potential healthcare plans and public programs, apply for coverage, and understand insurance use after it is received. Navigators assisted 4,374 individuals sign up for public programs from July 1, 2019 - December 31, 2021. In addition, if a patient is needing to be transferred to another facility for medical services not available at AVC, that special medical transportation will be provided at no cost for those who are uninsured or have no other means of getting there. From July 1, 2019 - November 30, 2021 AVC provided 8,490 transportations to/from lodging, the Ronald McDonald House, and/or area hospitals for patients or their family members. Ascension's initiative, Medical Mission at Home, provides free clinical services to low-income, and under/uninsured individuals. Medical Mission at Home provided $77,445 in staff time to plan and coordinate the events. Hospital staff also works with area schools and universities to provide medical coverage for athletic events. Staff time amounted to $173,432 in community benefit dollars and provided medical coverage to 3,865 individuals.

Goal 3: Prescription Assistance: To improve the patients' ability to afford and/or acquire their required medications
Hospital(s) working on IS: AVCH-W, AVC-RH, AVCH-ST, Rock Regional
Actions taken: • ER and/or medical staff will make referrals of patients to case managers and/or clinic social workers. • CM/SW will assess the patients' needs and qualification and assist them in filling out required paperwork to access needed prescriptions before being discharged. • If patients do not already have a medical home, a referral will be made to an area clinic where additional resources may be available for prescription assistance. • Patients will be assessed for possible enrollment into the Transitional Care Clinic or Community Cares Program for further assistance with treatment, follow-up and wrap-around services and medications.
Status of actions: Completed
Result of actions: Hospitalized inpatients and clinic outpatients may be eligible to receive financial assistance in procuring their required medications. AVC continues to look for new ways to procure medication discounts for all patients whether they are being discharged from our hospitals or are getting outpatient treatment in an Ascension Medical Group Clinic. As a result of the Ascension affiliation, AVC patients may participate in the 340b or Dispensary of Hope cost-saving prescription program. The Dispensary of Hope serves patients by working with free clinics, charitable pharmacies, FQHCs, and hospitals to offer affordable access to medications and supplies. The Dispensary of Hope provided 20,031 scripts to 6,291 unique patients between July 1, 2019 - December 31, 2021.

PRIORITY NEED	**Workforce Development - Preparing Youth for the Workforce**
Goal: To improve students' attendance at school through recognition of their interests in pursuing a health career and giving them real-life "shadowing" experiences within a hospital setting.	
Hospital(s) working on IS: AVCH-W, AVCH-ST	
Actions taken: • AVCH-W continues to provide space accommodations for St Gianna Catholic Health Academy on-site on the St Francis Campus at no charge to the participating Catholic high schools • AVCH-W will continue to provide "shadowing" experiences for the 44 students enrolled in the St Gianna Health Academy. • Students are graded on their worked-based learning performance as well as subject matter presented during their Academy classes.	
Status of actions: In-progress	
Result of actions: COVID severely limited the ability to provide shadowing opportunities to youth, especially with the hospital's partnerships with local high schools. Since March 2020, there have been no shadowing or high school students in the hospital and therefore access to the classroom ended. WSU Tech was able to provide a classroom where the students could have access to hold class. There is still a home room at AVC's St. Francis hospital for storage and supplies. St. Gianna Catholic Health Academy was able to continue classroom learning units on hard and soft skills, resume development, and observation opportunities in other, non-hospital settings such as primary care, optometry, veterinary medicine, and outpatient therapies; However, the Health Academy wasn't	

able to bring students into the hospitals for shadowing. Four Kapaun Mt Carmel High School students dropped out of the program due to limited exposure to healthcare experiences.

The hospitals were able to continue shadowing; health professional education programs for nursing, physician, and other medical students; and pre-program observations for college-level students. AVC provided $62,677,574 in new benefits for graduate medical education and nursing programs from July 1, 2019 - December 31, 2021. Further, AVC provided over $250K in cash donations to Newman University's Doctor of Nursing Anesthesia Program to help fund the education of health professionals. AVC hosted five student shadows for pre-program observations for physical and occupational therapy in FY21. AVC is also working with Catholic Charities to develop a job training partnership with the hospital.

PRIORITY NEED	**Treatment for Life-threatening Diseases**

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

Hospital(s) working on IS: AVCH-W, AVC-RH, AVCH-ST, Rock Regional

Actions taken:

- Promote the services of the Transitional Care Clinic which provides primary care to patients who are not established with a primary care doctor in the community. Patients eligible for care are those in need of medical services following a recent hospitalization or emergency room visit.
- Promote the services of the Community Cares Program which is a pulmonary and heart failure care program delivered in a patient's home. Working with a patient's PCP, the Community Cares team creates an individualized plan to help patients achieve their highest level of health without leaving their home.
- Promote the services of the Heart Failure Management Program which is designed to help patients stay out of the hospital and live better. The multidisciplinary team includes advanced registered nurse practitioners, physicians, nurses, a dietitian, a pharmacist and a social worker. A cardiologist also is available to complement the team for comprehensive patient and family education and close patient monitoring.

Status of actions: Completed

Result of actions:

The Community Cares, and Transitional and Heart Failure programs provide subsidized services to low income, and under/uninsured individuals. The Community Cares program provides comprehensive care for patients living with end-stage pulmonary or cardiac disease. The team is led by a nurse practitioner who works alongside a team of specialists including registered nurses and social workers. The program offers proper care and lifestyle training to help the patient manage their chronic disease in the home to reduce exacerbations and improve the patients' quality of life. The Transitional Care Clinic provides primary care to individuals who are not established with a Primary Care Physician (PCP) in the community, and who are in need of medical services following a recent hospitalization, heart failure diagnosis, or emergency room visit. The Transitional Care Clinic provides person-centered care, supported by a multidisciplinary team including Nurse Practitioners, RNs, Medical Assistants, and Social Workers. The team works to connect patients with a variety of community resources including but not limited to medication assistance, specialty care, and funding when available.These programs provided $2,907,559 in subsidized care between July 1, 2019 - December 31, 2021.

AVC provided free charity dialysis to six individuals in FY22 which amounted to just over $25k in community benefit.

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Nutrition Services provides Cardiac Nutrition Classes to the public and patients currently attending cardiac rehab. The fee is waived for those unable to pay and for current Cardiac Rehab patients. In FY19, 156 individuals benefited from the classes.

AVC provides subsidized services for certain hospital outpatient services such as family practices and specialty clinics. These services are provided at a financial loss because they provide essential services to the community. The family practices and specialty clinics provided a net benefit of $146,218 in subsidized services from July 1, 2019 - December 31, 2021.

PRIORITY NEED	**Domestic & Family Violence**
Goal: To reduce the number of child fatalities due to abuse or neglect.	
Hospital(s) working on IS: AVCH-W, AVC-RH, AVCH-ST, Rock Regional	
Actions taken: • AVCH-W will continue to host car seat safety checks on a regular basis and provide car seats to those who are poor/vulnerable to ensure the safety of kids. • AVCH-W will continue to host a variety of parenting education classes focusing primarily on new and young parents to enhance their parenting skills. • Promotion of these classes and events will continue through AVCH-W social media, clinics, and fairs held in and around Sedgwick County.	
Status of actions: Completed	
Result of actions: AVC provides free car seat inspections and educates parents and family members on how to properly install and buckle infants and children into car seats. AVC works with the health department to provide free car seats for those unable to afford car seats. AVC hosted four events and inspected 28 car seats. AVC provides a multitude of parent and family educational offerings to the community and regardless of an individual's ability to pay. Courses are designed to strengthen family relationships and caring for infants and children. The breastfeeding clinic provided $51,845 in community benefit to 1,687 individuals. The baby classes provided $285,670 in community benefit to 6,603 individuals between July 1, 2019 - December 31, 2021. It was discovered that many new mothers were experiencing postpartum depression as a result of isolation caused by the COVID pandemic. In FY22, a virtual postpartum depression support group was created to help mothers connect and create a positive community environment between mothers and hospital professionals. Hospital staff were also actively engaged in several community community coalitions and boards. These included the Wichita Area Breastfeeding Coalition, Maternal and Infant Coalition, and Wichita's Children's Home to strengthen families, improve mental health, and reduce domestic and family violence within the community.	

PRIORITY NEED	**Sexual Assualt & Human Trafficking**
Goal: Implement a human trafficking education and prevention program in the AVC Inpatient Behavioral Health Unit focused on youth and young adults who are vulnerable and at risk of being engaged in human trafficking.	
Hospital(s) working on IS: AVCH-W, AVC-RH, AVCH-ST, Rock Regional	

Actions taken:

- Provide youth with information and skills to recognize the "recruiting behaviors" of traffickers.
- Empowering youth to make safe choices when they encounter potentially exploitative situations and to utilize healthy support systems to decrease their vulnerabilities.
- Explain the traits and characteristics of healthy and unhealthy relationships to youth who have already been trafficked or are vulnerable to this type of recruitment.
- Give youth the resources needed so they can recognize available resources when they're in need of support.
- Help each youth participating in this program to develop a personalized safety plan.

Status of actions: Completed

Result of actions:

Since 2013, Ascension Via Christi has developed a protocol to help clinicians identify patients who have been trafficked as well as ways to assist them. In addition, Ascension Via Christi works to educate the community on how to identify and prevent human trafficking. In FY 2020, the human trafficking program held 31 human trafficking education sessions and events for more than 1,100 adult participants. Over 600 youth are provided educational sessions about human trafficking and other types of abuse each year. During the sessions, youth are also provided with safety planning and resources available to them in the community.

Through this integrated approach, individuals can start the healing process in a safe environment. For example, one creative approach is art journaling. Art journaling is a therapeutic approach that provides a non-verbal outlet to process trauma and anxieties by helping people organize and express their thoughts and feelings.

AVC Forensic Nurses provide specialized services to treat victims of trauma – sexual assault, intimate partner violence, neglect, or other forms of intentional injury. They collect evidence and give testimony that can be used in a court of law to apprehend or prosecute perpetrators who commit violent and abusive acts.nForensic nursing services are provided despite a financial loss. The service is provided because it meets an identified community need, and if no longer provided, it would either be unavailable or fall to the responsibility of the government or another non-profit or community organization to provide. Forensic nurses provided $291,597 in community benefit from July 1, 2019 - December 31, 2021.

PRIORITY NEED	**Counseling & Mental Health Services**

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

Hospital(s) working on IS: AVCH-W, AVC-RH, AVCH-ST, Rock Regional, KSRC

Actions taken:

- AVC hospitals will collaborate with community partners in FY2020 to host a 4th Medical Mission at Home event in Spring 2020.
- Due to an increase in teen suicides, AVCH-W Behavioral Health staff will be working with USD#259 to train their staff on identifying at-risk teens who are exhibiting behaviors consistent with mood disorders or suicide ideation to get them screened in a timely fashion during the 2019-2020 school year.
- AVCH-W will open a Psychiatric Observation Unit to provide care for up to 16 patients needing immediate behavioral health care services during Q1 of FY2020.

Status of actions: In-progress

Result of actions:

Ascension's initiative, Medical Mission at Home, provides free clinical services to low-income, and under/uninsured individuals. Medical Mission at Home provided $77,445 in staff time to plan and coordinate the events. Hospital staff also works with area schools and universities to provide medical coverage for athletic events. Staff time amounted to $173,432 in community benefit dollars and provided medical coverage to 3,865 individuals. Medical Mission at Home has been canceled and put on hold while the hospital staff are overwhelmed with the COVID pandemic response.

Hospital leadership has also been integral in establishing and participating in the Mental Health and Substance Abuse Coalition that is made up of area government, healthcare, public health, and other non-profit and community organizations. The coalition was created to address the growing need for mental and substance abuse services within the community. In FY22, AVC gave a $50K cash donation to the Mental Health and Substance Abuse Coalition in support of the development of a sustainable, accessible and integrated system of care that serves people with mental health and substance abuse disorders who are in crisis, in order to efficiently and effectively deliver services that create positive outcomes.

Through strong community relationships, Ascension Via Christi Behavioral Health partnered with Wichita State University (WSU) to launch the Suspenders4Hope initiative. The program was developed in 2015 by WSU's Counseling Services and is an online suicide prevention training. The collaborative initiative is funded through a Kohl's Cares grant to raise awareness, reduce stigma, and offer visible support for mental wellness in our community. To date, 456 associates have taken the training. The program was also offered to local schools, and Bishop Carroll Catholic High School jumped at the opportunity to participate. Since March 2021, more than 1,200 students and staff at Bishop Carroll participated in the Suspenders4Hope training. To learn more, visit suspenders4hope.com.

KSRC provides annual support through cash donations to the Pando Initiative. A total of $14,622 has been provided to the Pando Initiative with donated time, direct cash donations, and supplies between July 1, 2019 - December 31, 2021. The Pando Initiative's core program connects kids with services through health and human professionals that keep students in school, ensure basic needs are met, and improves social and emotional skills.