

# Wamego Hospital Association

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



**Ascension**



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

**Wamego Hospital Association (dba Wamego Health Center)**

711 Genn Dr, Wamego, KS 66547

<https://wamegohealthcenter.org/>

EIN: 72-1526400

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

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

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## Acknowledgements

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

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

## Executive Summary

The goal of the 2023 Community Health Needs Assessment (CHNA) is to offer a meaningful understanding of the most significant health needs across Pottawatomie 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 Wamego Health Center (WHC) serves Wamego, Kansas and surrounding areas, WHC has defined its community served as Pottawatomie County for the 2023 CHNA. Pottawatomie County was selected as WHC's community served because it is the hospital's primary service area as well as our partners' primary service area. Additionally, community health data is readily available at the county level.

### **Data Analysis Methodology**

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

### **Community Needs**

WHC, 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 Pottawatomie County. WHC used a phased prioritization approach to determine the most crucial needs for community stakeholders to address. The significant needs are as follows:

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



## 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 marginalized.

### Ascension

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

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

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

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

### Wamego Health Center

Wamego Health Center (WHC), a part of Ascension, has a rich history of providing medical care to the people of Wamego, Kansas and the surrounding region dating back more than 100 years to the healing ministries of our founding congregations. The hospital’s Emergency Department provides care 24 hours a day, 7 days a week. WHC operates its own Laboratory, Imaging, and Rehabilitation departments giving patients a full range of services with the convenience of one visit. With the Wamego Family Clinic located on the WHC’s site, patients are able to conveniently access the services of Primary Care Physicians, an Internal Medicine Provider, and a Nurse Practitioner.

For more information about WHC, visit <https://wamegohealthcenter.org/>.

## About the Community Health Needs Assessment

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

### Purpose of the CHNA

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

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

The CHNA also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection and Affordable Care Act of 2010, more commonly known as the Affordable Care Act (ACA). As part of the ACA, all non-profit hospitals are required to conduct a CHNA and adopt an implementation strategy every three years. Requirements for 501(c)(3) Hospitals Under the Affordable Care Act are described in Code Section 501(r)(3), and include making the CHNA report (current and previous) widely available to the public. In accordance with this requirement, electronic reports of both the CHNA and the implementation strategy can be found at <https://healthcare.ascension.org/CHNA> and <https://wamegohealthcenter.org/>, and paper versions can be requested at Wamego Health Center located at 711 Genn Dr, Wamego, KS 66547.

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

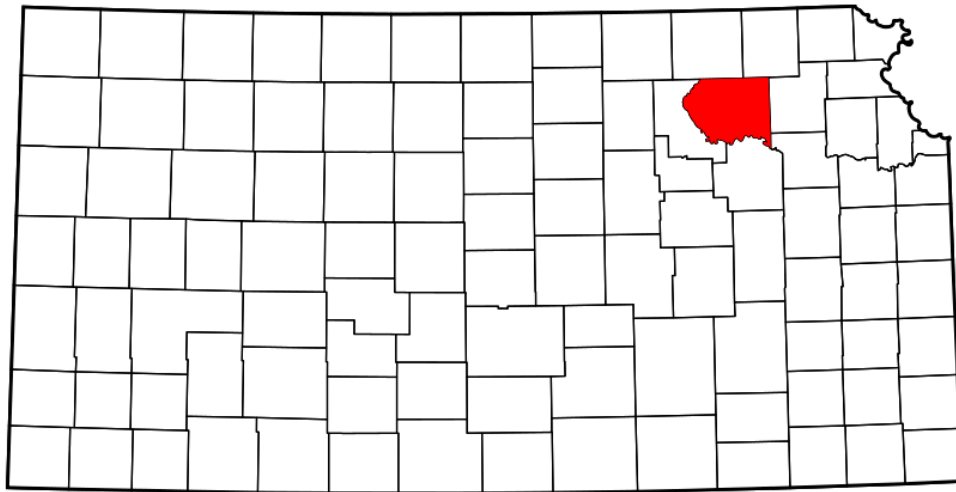


## Community Served and Demographics

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

### Community Served

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



*Image 1: Map of Pottawatomie County*

Pottawatomie County is located in the northeast portion of the State of Kansas. Wamego is the largest city in Pottawatomie County. Kansas State University, located in Manhattan, Kansas, and The Onyx Collection, Inc. in Belvue, Kansas are the largest employers of Pottawatomie residents.

### Demographic Data

Pottawatomie County has a population of 25,790. Below are demographic data highlights for Pottawatomie County:

- 15.1% of the residents of Pottawatomie County are 65 or older, compared to 16.7% in Kansas
- 89.3% of residents are non-Hispanic; 5.5% are Hispanic or Latino
- 93.9% of residents are White; 1% are Asian; 1.4% are Black or African American
- The total population increase from 2020 to 2021 was 1.7%
- The median household income is above the state median income (\$70,064 for Pottawatomie County; \$61,091 for Kansas)

- The percent of all ages of people in poverty was significantly lower than the state (6.9% for Pottawatomie County; 11.7% for Kansas)
- The uninsured rate for Pottawatomie County is lower than the state (8.5% for Pottawatomie County; 10.9% for Kansas)

**Table 1: Description of the Community**

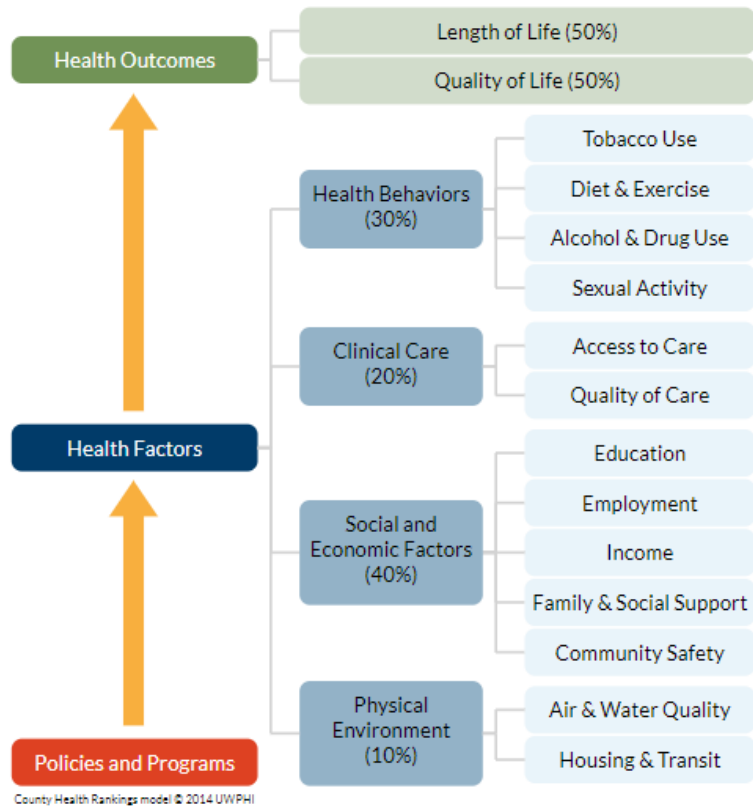
<b>Demographic Highlights</b>		
<b>Indicator</b>	<b>Pottawatomie County</b>	<b>Description</b>
<b>Population</b>		
% Living in rural communities	58.9%	Percentage of the population living in a rural area.
% below 18 years of age	29%	Percentage of population below 18 years of age.
% 65 and older	15%	Percentage of population over 65 years of age.
% Hispanic	5.4%	Percentage of population self-identifying as Hispanic.
% Asian	1.1%	Percentage of population self-identifying as Asian.
% Non-Hispanic Black	1.1%	Percentage of population self-identifying as Non-Hispanic Black.
% Non-Hispanic White	89.5%	Percentage of population self-identifying as Non-Hispanic White.
<b>Social and Community Context</b>		
English Proficiency	0	Proportion of community members that speak English "less than well"
Median Household Income	\$75,500	Income where half of households in a county earn more and half of households earn less.
Percent of Children in Poverty	8%	Percentage of people under age 18 in poverty.
Percent of Uninsured	9%	Percentage of population under age 65 without health insurance.
Percent of Educational Attainment	95%	Percentage of adults ages 25 and over with a high school diploma or equivalent.
Percent of Unemployment	4.3%	Percentage of population ages 16 and older unemployed but seeking work

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

## Process and Methods Used

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

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



## Collaborators and/or Consultants

*Image 2: County Health Rankings model*

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

## Data Collection Methodology

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

## Summary of Community Input

Recognizing its critical 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 Pottawatomie County. A concerted effort was made to ensure that the individuals and

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

### **Key informant interviews**

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

#### Interviewee recruitment

An initial list of potential key informants was developed for Pottawatomie County by AVC with input from WSU-CARE. This list was presented to a community advocate who had coordinated previous community needs assessments for Riley and Pottawatomie counties for input. A final list of 14 persons/organizations was created to send invitations to the key informants. After having difficulty gaining responses to several rounds of emails and phone calls, another community advocate from Pottawatomie County was contacted by WSU-CARE for a supplemental list of 10 additional key informants. Due to some difficulty finding contact information, 20 out of the final list of 24 individuals received emailed invitations and an additional six calls were made to recruit interviewees. WSU-CARE and AVC continued trying to recruit participants throughout November, 2022 in order to secure at least 10 completed interviews. After repeated efforts to secure additional recommendations from persons in the community and/or additional emails to those who'd previously been invited didn't bring more responses, a total of six persons completed the interview.



#### Question development

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

Interview protocol

All but one interview was held via Zoom. One Ph.D.-level WSU-CARE staff member conducted all of the interviews for Pottawatomie County and also took notes. Interviews were also recorded via the Zoom platform recorder. All participants agreed to having the interview recorded. All interviews took place between October 4, 2022 and December 16, 2022.

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

The one exception to this protocol was with one key informant who asked to provide answers via email. WSU-CARE sent them the interview questions via email and received their written responses via email as well. Their answers were themed along with all other responses from the Zoom interviews.

Analysis

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

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

<b>Key Stakeholder Interviews</b>
<b>Key Summary Points</b>
<ul style="list-style-type: none"> <li>● The county is relatively healthy overall, especially in the west part of the county</li> <li>● People are typically able to access care or get assistance, but there is an opportunity for local hospitals to create strategic alliances, partnerships, and collaborations with local partners to establish a smoother continuum of care</li> <li>● Marginalized groups are disproportionately impacted by health and social issues</li> <li>● There is an increased need for accessible services for mental and behavioral health and substance</li> </ul>

abuse	
Sectors Represented	Common Themes
<ul style="list-style-type: none"> <li>• Education</li> <li>• Healthcare</li> <li>• Public Health</li> <li>• Mental Health</li> <li>• Social Services</li> <li>• Childcare</li> </ul>	<ul style="list-style-type: none"> <li>• Insufficient access to mental and behavioral health due to provider shortages</li> <li>• Increased substance use and related arrests</li> <li>• The overall community is healthy with a lot of health-conscious new residents</li> <li>• Social and health disparities for marginalized populations</li> <li>• Lack of specialty services</li> </ul>
Meaningful Quotes	
<ul style="list-style-type: none"> <li>• “Most people who struggle don’t have private insurance. Medicaid and Medicare services aren’t reimbursed at a level for facilities to promote or provide mental health services.”</li> <li>• “For seniors, there’s a lot available. Not sure if everyone that needs it takes advantage of it. They have a senior center, meals on wheels, food distribution, there’s bus transportation through the county (they can call and get rides)”.</li> </ul>	

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

### Summary of Secondary Data

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

Health indicators in the following categories were reviewed:

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

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

Pottawatomie County’s median income is higher (\$75,500) than the state of Kansas (\$62,200). The County’s per capita income (\$30,763) is similar to the state of Kansas (\$32,789). Fewer residents of Pottawatomie County are living with incomes below the federal poverty guideline (10.6%) as compared to the state (12.2%). Pottawatomie County is experiencing worsening rates of sexually-transmitted infections; however, there are a number of indicators that are on a positive trend. Improvement can be



seen in rates of premature death, percentage of children living in poverty, air pollution, adults and children who are uninsured, ratio of population to primary care physicians, rate of preventable hospital stays, and mammography screenings.

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

### Summary of COVID-19 Impact on Pottawatomie County

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

Significant COVID-19 disparities include:

- Hispanic Persons at 1.7 times the risk of death
- non-Hispanic Black persons at 1.6 times the risk of death
- American Indian or Alaska Native at 2.1 times the risk of death<sup>3</sup>

Some reasons for these differences include:

- Multigenerational families
- Living in crowded housing with close physical contact
- Working in environments in which social distancing is not possible
- Inadequate access to health care
- Higher rates of underlying conditions<sup>4</sup>

COVID-19 Impact on Pottawatomie County (as of January 18, 2023 )			
Indicator	Pottawatomie County	Kansas	Description/Source
Total Cases	14	2,339	<a href="https://www.coronavirus.kdheks.gov/160/COVID-19-in-Kansas">https://www.coronavirus.kdheks.gov/160/COVID-19-in-Kansas</a> ; KS COVID-19 Overview Dashboard
Confirmed Cases per 100,000	57.42	80.3	<a href="https://www.coronavirus.kdheks.gov/160/COVID-19-in-Kansas">https://www.coronavirus.kdheks.gov/160/COVID-19-in-Kansas</a> ; Case Rates Dashboard

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

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

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

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

## Written Comments on Previous CHNA and Implementation Strategy

WHC's previous CHNA and implementation strategy were made available to the public and open for public comment via the website: <https://healthcare.ascension.org/chna>. No public comments were received for WHC'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 Pottawatomie County. This constraint limits the ability to fully assess all the community's needs.

For this assessment, three types of limitations were identified:

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

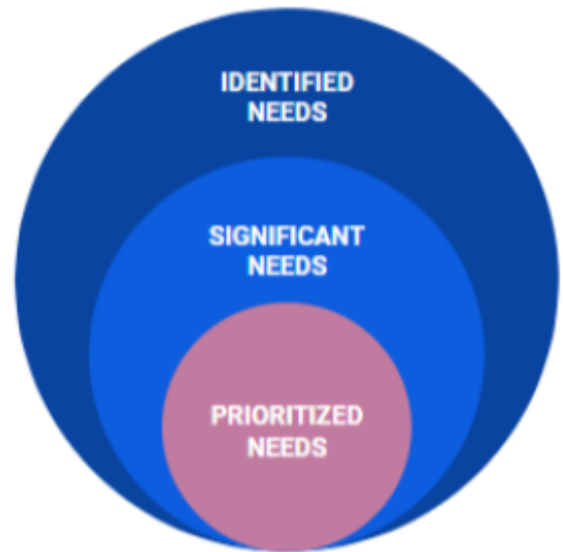
Despite the data limitations, WHC is confident of the overarching themes and health needs represented through the assessment data. This is based on the fact that the data collection included multiple methods, both qualitative and quantitative, and engaged the hospital and participants from the community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



## Community Needs

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



*Image 3: Ascension Needs Categories*

### Identified Needs

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

### Significant Needs

WHC 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 marginalized populations
- Importance of the problem to the community
- Relationship of the problem to other community issues

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

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

Descriptions of the significant needs are on the following pages.

<b>Health Equity</b>	
<b>Why is it Important?</b>	<b>Data Highlights</b>
<p>Many health disparities are perpetuated by systemic issues such as poverty, social determinants of health (inequitable access to housing, education, employment, etc.), and discrimination. These disproportionately impact marginalized groups and contribute to health disparities.</p>	<ul style="list-style-type: none"> <li>● The median household income in Pottawatomie County is higher (\$75,500) than in the state of Kansas (\$63,200) and the top U.S. cities (\$75,100)</li> <li>● The percent of children living in poverty in Pottawatomie County is improving and is less than childhood poverty in Kansas (13%) and the top U.S.cities (9%). However, 8% of children live in poverty which can disproportionately impact children of marginalized groups.</li> <li>● 10.6% of residents are considered to have incomes below the federal poverty guidelines. This is lower than both the top U.S. cities (12.8%) and state of Kansas (12.2%).</li> <li>● The percentage of ALICE Households (25.5%) is lower than Kansas (26.4%) and the top U.S. cities (29%). ALICE Households are those households that earn more than the U.S. poverty levels but less than basic cost of living for the country which can impact whether individuals and families qualify for certain public benefits.</li> <li>● 34.4% of adults have a bachelor's degree or higher which is comparable to the top U.S cities and Kansas</li> </ul>
<p><b>Local Assets &amp; Resources</b></p> <ul style="list-style-type: none"> <li>● State of Kansas HCBS waivers for Medicaid</li> <li>● Pottawatomie County Health Department</li> <li>● Flint Hills Community Clinic</li> <li>● Konza Prairie Health Clinic</li> <li>● Konza United Way</li> <li>● Kansas Department of Health and Environment</li> </ul>	
<p><b>Individuals Who Are Marginalized</b></p> <ul style="list-style-type: none"> <li>● Homeless</li> <li>● Low-income and individuals living in poverty</li> </ul>	<p><b>Community Challenges &amp; Perceptions</b></p> <ul style="list-style-type: none"> <li>● The county is relatively healthy. There's been a lot of growth, specifically among younger people who are more health conscious, in the west part of the county</li> </ul>

<ul style="list-style-type: none"> <li>• Seniors</li> <li>• Children, especially children with Intellectual/Developmental Disability (I/DD)</li> <li>• Under/uninsured</li> <li>• Underemployed</li> <li>• Individuals with persistent mental illness or substance abuse issues</li> <li>• Racial and ethnic groups such as BIPOC populations</li> <li>• LGBTQ+</li> </ul>	<ul style="list-style-type: none"> <li>• People who need care are usually able to get access or assistance; however, health disparities exist for marginalized groups</li> <li>• Health and social disparities disproportionately impact marginalized groups</li> <li>• Many work commuters don't work full-time or are uninsured which impacts their ability to access health care and ultimately impacts health outcomes</li> <li>• The county needs to prioritize health equity and increase funding to address health and social disparities</li> <li>• Marginalized groups may not be able to access mental health and substance abuse services due to trust issues, inability to pay, under/uninsured, and lack of transportation</li> </ul>
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Access to Care	
<b>Why is it Important?</b>	<b>Data Highlights</b>
<p>Access to affordable, quality care can help detect health issues sooner and prevent disease. This can help individuals live longer and have healthier lives.</p>	<ul style="list-style-type: none"> <li>• The rate of uninsured residents of Pottawatomie County is improving but is still higher than the top U.S. cities</li> <li>• 9% of residents under the age of 65 are without insurance which is lower than Kansas uninsured rates (11%) and higher than the top U.S. cities ( 6%)</li> <li>• The rate of children who are uninsured (6%) is comparable to Kansas but double the rate of the top U.S. cities (3%)</li> <li>• The Primary Care Physician to patient ratio is also improving but there still exist significantly less Primary Care Physicians per patient compared to Kansas and the top U.S. cities</li> </ul>
<b>Local Assets &amp; Resources</b>	
<ul style="list-style-type: none"> <li>• Pawnee Mental Health Services</li> <li>• Wamego Health Center</li> <li>• Community Care Ministries</li> <li>• Pottawatomie County Health Department</li> <li>• KanCare</li> </ul>	
<b>Individuals Who Are Marginalized</b>	<b>Community Challenges &amp; Perceptions</b>

<ul style="list-style-type: none"> <li>• Low-income</li> <li>• Under/uninsured</li> <li>• Homeless</li> <li>• LGBTQ+</li> <li>• Immigrants</li> <li>• BIPOC</li> </ul>	<ul style="list-style-type: none"> <li>• There is a need for trauma-informed care and patient centered healthcare services</li> <li>• The hospital tries to recruit and bring health care services that are needed by the community; Community HealthCare Systems works to help patients access specialists</li> <li>• There is still a need to improve systems and address inefficiencies within the continuum of care</li> <li>• There is a shortage of healthcare professionals and inefficient use of existing healthcare professionals. There needs to be more services overall in the community - including mental health providers - which is a struggle to obtain even for senior services</li> <li>• The community needs more specialists, PCPs, maternal health for new parents, ENT, mental and behavioral health providers</li> <li>• Healthcare navigation assistance for patients needs improvement</li> <li>• Stigma around mental and behavioral health creates low utilization of services</li> <li>• Poor insurance reimbursement rates and insurance barriers create access issues, especially for marginalized groups</li> <li>• Medicaid and Medicare reimbursement needs to change</li> <li>• Lack of heart health and preventative services</li> <li>• Better reimbursement rates for mental health providers would help workforce issues</li> <li>• COVID exacerbated social-emotional health issues and the need for more services</li> <li>• Long-term mental health care and management needed within the community</li> </ul>
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<b>Food Security</b>	
<b>Why is it Important?</b>	<b>Data Highlights</b>
<p>The ability to access and afford healthy food has a significant effect on health. Individuals who can afford and access healthy foods tend to have better health outcomes and lower chronic disease rates.</p>	<ul style="list-style-type: none"> <li>• The food environment index (index factors that contribute to healthy food environment, 1-worst, 10-best) for Pottawatomie County is 8.9 which is significantly better than Kansas (6.7) and comparable to the top U.S. cities (8.8)</li> <li>• 9% of residents are food insecure, lacking adequate access to food (12% Kansas; 9% top U.S. cities)</li> <li>• 2% of the population who are low-income do not live close to a grocery store (8% Kansas; 2% top U.S. cities)</li> </ul>
<p><b>Local Assets &amp; Resources</b></p> <ul style="list-style-type: none"> <li>• Kansas Department of Health and Environment State Partnerships Improving Nutrition and Equity Program</li> </ul>	

<ul style="list-style-type: none"> <li>• Community Care Ministries</li> <li>• Meals on Wheels</li> <li>• Kansas WIC program</li> <li>• Kansas SNAP program</li> </ul>	
<b>Individuals Who Are Marginalized</b>	<b>Community Challenges &amp; Perceptions</b>
<ul style="list-style-type: none"> <li>• Low-income</li> <li>• Elderly</li> <li>• Persons with disabilities</li> <li>• Rural communities</li> <li>• Children</li> </ul>	<ul style="list-style-type: none"> <li>• Food insecurity disproportionately impacts marginalized groups</li> <li>• Certain parts of the county and marginalized groups are food insecure due to food deserts and lack access to healthy foods</li> </ul>

<b>Child Care</b>	
<b>Why is it Important?</b>	<b>Data Highlights</b>
<p>Child Care is essential for laying the foundation for economic opportunities and equity for many marginalized groups. Access to high quality and affordable child care options provides opportunities for educational equity. For families, child care is a fundamental economic driver: it promotes employment stability, financial security, and opportunity for economic mobility.</p>	<ul style="list-style-type: none"> <li>• According to the county, Pottawatomie County has 8 daycares which serve 23,188 people. This means there is approximately 1 daycare per 2,898 people. This is strictly daycares and does not include needs for other types of childcare such as after school or summer care.</li> <li>• Pottawatomie County is ranked 62 of 105 counties in Kansas for daycares per capita.</li> </ul> <p>Source:  <a href="https://www.countyoffice.org/ks-pottawatomie-county-daycare/">https://www.countyoffice.org/ks-pottawatomie-county-daycare/</a></p>
<b>Local Assets &amp; Resources</b>	
<ul style="list-style-type: none"> <li>• Kansas Department for Children and Families - Child Care Subsidy Program</li> <li>• ChildCare Aware of Kansas</li> <li>• Pottawatomie County Head Start Centers</li> <li>• Boys and Girls Club of Manhattan</li> </ul>	
<b>Individuals Who Are Marginalized</b>	<b>Community Challenges &amp; Perceptions</b>
<ul style="list-style-type: none"> <li>• Low-income</li> <li>• Single parents</li> </ul>	<ul style="list-style-type: none"> <li>• Need for more childcare options</li> <li>• Need for high quality and affordable options</li> </ul>

<ul style="list-style-type: none"> <li>• BIPOC</li> <li>• Hourly wage workers</li> <li>• Under/unemployed</li> </ul>	<ul style="list-style-type: none"> <li>• Cost, distance, location, and facility hours are barriers to finding adequate childcare</li> <li>• Many of the barriers disproportionately impact marginalized groups who may not be able to afford childcare, may work nights or odd hours, may be hourly, may lack vehicles</li> </ul>
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Transportation	
Why is it Important?	Data Highlights
<p>Transportation: Missed or rescheduled appointments, missed or delayed medications, and delayed care can all be caused by transportation issues. Being unable to access medical care in a timely manner can ultimately lead to poorer health outcomes. This can be especially profound for those with existing chronic conditions and living in rural communities.</p>	<p>N/A - Transportation has been an increasing need, especially in regards to safe roads, as the county expands, population grows, and continued homebuilding to meet the growing population.</p> <p>Lack of transportation contributes to the need for specialists within the community. Many residents must travel to other cities to seek specialty care, which can disproportionately impact those without resources.</p>
Local Assets & Resources	
<ul style="list-style-type: none"> <li>• Pottawatomie County Public Transportation</li> <li>• Flint Hills Area Transportation Agency</li> <li>• Community Care Ministries</li> </ul>	
Individuals Who Are Marginalized	Community Challenges & Perceptions
<ul style="list-style-type: none"> <li>• Low-income individuals and families</li> <li>• Elderly and disabled individuals</li> <li>• Immigrants and persons who speak English as a second language</li> </ul>	<ul style="list-style-type: none"> <li>• No transportation options for marginalized groups - those who lack vehicles, elderly, those who are unable to drive, etc. are disproportionately impacted</li> <li>• General lack of transportation options</li> <li>• Low-income individuals and families have difficulty accessing transportation</li> </ul>

Alcohol and Drug Use	
Why is it Important?	Data Highlights

<p>Alcohol and drug use can increase someone’s risk of disease and premature death.</p>	<ul style="list-style-type: none"> <li>• No opioid data is available for the state of Kansas</li> <li>• Alcohol impaired deaths, adult smoking, and excessive drinking for Pottawatomie County are all higher than the top U.S. cities and comparable to the state of Kansas</li> <li>• 16% of adults are current smokers (17% Kansas; 15% top U.S. cities)</li> <li>• 20% of adults report binge or heavy drinking (20% Kansas; 15% top U.S. cities)</li> <li>• The percent of alcohol impaired driving deaths for Pottawatomie County is 19% (19% Kansas; 10% top U.S. cities)</li> </ul>
<p><b>Local Assets &amp; Resources</b></p> <ul style="list-style-type: none"> <li>• Alcohol and Drug Abuse Helpline</li> <li>• Substance Abuse Helpline</li> <li>• Alcohol Anonymous in Kansas</li> </ul>	
<p><b>Individuals Who Are Marginalized</b></p>	<p><b>Community Challenges &amp; Perceptions</b></p>
<ul style="list-style-type: none"> <li>• Homeless and low-income who may lack the funds/insurance for treatment services</li> <li>• Under/uninsured</li> <li>• Individuals with underlying mental health concerns</li> <li>• Youth/college age</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in drug-related arrest and crimes - LSD, methamphetamines, Fentanyl</li> <li>• Alcohol usage is high</li> <li>• Binge drinking potentially due to college students that live in Pottawatomie County</li> <li>• Increase in youth with substance abuse behaviors</li> <li>• Tobacco use is improving but still remains high</li> <li>• There’s a lack of access to alcohol and substance abuse services in the community, especially for marginalized groups who may not be able to afford or may not have adequate insurance to pay for services</li> </ul>

<p><b>Diet and Exercise - Obesity</b></p>	
<p><b>Why is it Important?</b></p>	<p><b>Data Highlights</b></p>
<p>A poor diet and lack of physical activity can increase the risk of developing obesity, chronic disease, and premature death.</p>	<ul style="list-style-type: none"> <li>• 36% of adults in Pottawatomie County are considered obese which is comparable to Kansas (36%) and slightly higher than the top U.S. cities (30%)</li> <li>• 26% of adults age 20 and older report no leisure time physical activity (27% Kansas; 23% top U.S. cities)</li> <li>• The diabetes prevalence at 9% for Pottawatomie County is comparable to Kansas (10%) and the top U.S. cities (8%)</li> <li>• 58% of the population report adequate access to locations for physical activity which is significantly less than Kansas (73%) and the top U.S. cities (86%)</li> </ul>
<p><b>Local Assets &amp; Resources</b></p> <ul style="list-style-type: none"> <li>• Pottawatomie county nutrition education</li> <li>• K-State SNAP-Ed program</li> <li>• Ascension Via Christi Hospital in Manhattan weight management program</li> <li>• KU Weight Management Program</li> </ul>	

<ul style="list-style-type: none"> <li>• Kansas Department of Health and Environment Diabetes Prevention and Management Program</li> </ul>	
<b>Individuals Who Are Marginalized</b>	<b>Community Challenges &amp; Perceptions</b>
<ul style="list-style-type: none"> <li>• Low-income</li> <li>• Communities who lack access to affordable healthy foods and safe opportunities to exercise</li> </ul>	<ul style="list-style-type: none"> <li>• There is a general lack of physical activity within the community</li> <li>• Lack of education about staying active</li> <li>• Cost associated with gym memberships, safety, access to trails and sidewalks, weather can be a barrier to physical activity for marginalized groups</li> </ul>

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

### **Prioritized Needs**

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



## Summary of Impact from the Previous CHNA Implementation Strategy

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

Highlights from the WHC's previous implementation strategy include:

- Although COVID-19 impacted the services and community benefit activities provided by WHA, the hospital's staff remained dedicated to providing access to food during the pandemic. The pandemic exacerbated food insecurity, especially among low-income families, physically homebound individuals, and the elderly. Hospital staff assisted homebound and elderly community members through the adoption of Meals-on-Wheels routes. Staff spent over 145 combined hours delivering 1,638 meals.
- WHA arranges and pays for secure transportation of qualifying low-income individuals in need of transportation to a different hospital for specialized behavioral health treatment that may not be available locally. From July 1, 2020 to September 30, 2022, the hospital arranged and paid for the secure transport of 38 individuals (\$13,474). WHA staff also provided in-kind counseling free of charge for qualifying low income and under/uninsured, within individual and group therapy sessions. From July 1, 2020 to September 30, 2022, staff provided over 61 hours of counseling to 63 individuals.
- In FY21 and FY22, WHA provided a total of eight healthcare scholarships of \$500 each for high school students pursuing a career in the health field. Scholarships are administered through the Wamego Community Foundation to further healthcare workforce development. WHA plans to donate four additional scholarships in FY23. Staff also work closely with Wamego High School (WHS) to mentor students, provide expertise during Senior Interview Day, and provide shadowing opportunities in order to engage youth early in healthcare careers. Between July 1, 2020 and June 30, 2022, staff supported 10 students during Senior Interview Day. Staff conducted mock interviews for high schoolers interested in going into healthcare fields. COVID limited the ability of external individuals (including students) from entering the hospital; however, many of these programs were able to resume in FY23. Through the shadowing program, the hospital is able to provide area college-age students hands-on learning experience. One physical therapy student shadow was provided experience through the hospital in quarter 1 of FY23.

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



## **Approval by Wamego Hospital Association’s Board of Directors**

To ensure WHC’s efforts meet the needs of the community and have a lasting and meaningful impact, the 2023 CHNA was presented and adopted by the WHC Board of Directors on May 30, 2023. Although an authorized body of the hospital must adopt the CHNA and implementation strategy reports to be compliant with the provisions in the Affordable Care Act, adoption of the CHNA also demonstrates that the board is aware of the findings from the community health needs assessment, endorses the priorities identified, and supports the strategy that has been developed to address prioritized needs.



## Conclusion

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

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



## Appendices

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## Appendix A: Definitions and Terms

### **Acute Community Concern**

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

### **Collaborators**

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

### **Community Focus Groups**

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

### **Community Forums**

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

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

### **Community Served**

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

### **Consultants**

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

### **Demographics**

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

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

### **Identified Need**

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

### **Key Stakeholder Interviews**

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

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

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

### **Medically Underserved Populations**

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

Source:

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

### **Prioritized Need**

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

### **Significant Need**

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

### **Surveys**

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

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

## Appendix B: Community Demographic Data and Sources

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

### Population

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

Population	Pottawatomie County	Kansas	U.S.
Total	24,722	2,913,805	331,893,745
Male	49.7%	49.8%	49.2%
Female	50.3%	50.2%	50.8%

*Data source: County Health Rankings, 2022; Kansas Health Matters 2019*

### 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	Pottawatomie County	Kansas	U.S.
Asian	1%	3.2%	5.9%
Black / African American	1.2%	6.1%	13.4%
Hispanic / Latino	5.1%	12.2%	18.5%
Native American	0.9%	1.2%	1.3%
White	90.0%	75.4%	60.1%

*Data source: Kansas Health Matters 2019*

### Population by Age

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

Age	Pottawatomie County	Kansas	U.S.
Median Age	35	37	38
Age 0-17	n/a	n/a	n/a
Age 18-64	56.5%	59.9%	61.5%
Age 65+	14.3%	15.8%	16%

*Data source: U.S. Census Bureau ACS 5-year 2016-2020*

### Income

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

Income	Pottawatomie County	Kansas	U.S.
Median Household Income	\$75,500	\$63,200	\$75,100
Per Capita Income	\$30,763	\$32,798	\$64,994
People with incomes below the federal poverty guideline	10.6%	12.2%	12.8%
ALICE Households	25.5%	26.4%	29%

*Data source: Kansas Health Matters 2016-2020, United for ALICE 2018*



### Education

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

Income	Pottawatomie County	Kansas	U.S.
High School grad or higher	94.6%	91.4%	88.5%
Bachelor's degree or higher	34.4%	33.9%	32.9%

*Data source: Kansas Health Matters; 2016-2020*

### 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	Pottawatomie County	Kansas	U.S.
Uninsured	9%	11%	6%
Medicaid Eligible	n/a	n/a	n/a

*Data source: County Health Rankings 2022*



## Appendix C: Community Input Data and Sources

### Interview Guide

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

#### **Introduction**

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

#### **Confidentiality**

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

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

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

#### **Refusal/Withdrawal**

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

#### **Contact**

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

Tara Gregory  
[Tara.Gregory@wichita.edu](mailto:Tara.Gregory@wichita.edu)

Sarah Jolley  
[Sarah.jolley@wichita.edu](mailto:Sarah.jolley@wichita.edu)

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



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

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

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

*Prompts*

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

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

2. How would you describe Pottawatomie County related to the health of its residents?
3. What are the most important health issues that you see in your community?
4. What are the most important social issues that you see in your community?
5. What specific populations, if any, are disproportionately affected by the health and social issues just mentioned?
6. An analysis of secondary data in Pottawatomie County shows a lack of primary care physicians and mental health providers (e.g., a higher than state average ratio of population to provider).
  - a. In your work/community, have you seen this to be true? How so?
  - b. Do you have any thoughts on why these items are worsening in the county?
7. What health services are lacking for the people you serve?
8. What policies or resources are needed to help address the top health needs?
9. How could hospitals in your community potentially improve health or reduce health disparities?
10. Anything else you would like to add?

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

### Key Informant Sectors

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

Organization/ Individual	Sector(s)	Population(s) of Focus
1	Healthcare	Wamego, Pottawatomie County, Wabaunsee County
2	Government	Pottawatomie County
3	Public Health	Pottawatomie County - low income
4	Business	Wamego
5	Social Services	Wamego - aging adults
6	School	Wamego - children, youth, parents
7	Government	Onaga

### Key Informant Interview: Major Themes

Theme	Supporting Information
<b>Insufficient access to mental and behavioral health due to provider shortage (n=6 or 100%)</b>	Marginalized groups may not be able to access mental health and substance abuse services due to trust issues, inability to pay, under/uninsured, lack of transportation. There is a need for trauma-informed care and patient centered healthcare services. Stigma around mental and behavioral health creates low utilization of services. Better reimbursement rates for mental health providers would help workforce issues. COVID exacerbated social-emotional health issues and the need for more services. Long-term mental health care and management needed within the community.
<b>Good coordination and continuity of care (n=6 or 100%)</b>	The hospital tries to recruit and bring health care services that are needed by the community; Community HealthCare Systems works to help patients access specialists. There is still a need to improve systems and address inefficiencies within the continuum of care. Healthcare navigation assistance for patients needs improvement.
<b>Increased substance use and related arrests (n=6 or 100%)</b>	Increase in drug-related arrest and crimes - LSD, methamphetamines, Fentanyl Alcohol usage is high. Binge drinking potentially due to college students that live in Pottawatomie County. Youth with substance abuse behaviors. Tobacco use is

	<p>improving but there is still a way to go. There's a lack of access to alcohol and substance abuse services in the community, especially for marginalized groups who may not be able to afford or may not have adequate insurance to pay for services.</p>
<p><b>The overall community is healthy with a lot of health-conscious new residents (n=4 or 66.7%)</b></p>	<p>The county is relatively healthy. There's been a lot of growth in the west part of the county of young people who are health conscious. Many work commuters don't work full-time or are uninsured which impacts their ability to access health care and ultimately impacts health outcomes. There is a general lack of physical activity within the community. Lack of education about staying active. Cost associated with gym memberships, safety, access to trails and sidewalks, and weather can be a barrier to physical activity for marginalized groups.</p>
<p><b>Social and health disparities for marginalized populations (n=3 or 50%)</b></p>	<p>People who need care are usually able to get access or assistance; however, health disparities exist for marginalized groups. Health and social disparities disproportionately impact marginalized groups. The county needs to prioritize health equity and increase funding to address health and social disparities. The community needs more specialists, PCPs, maternal health for new parents, ENT, mental and behavioral health providers. Poor insurance reimbursement rates and insurance barriers create access issues, especially for marginalized groups. Medicaid and Medicare reimbursement needs to change. Food insecurity disproportionately impacts marginalized groups. Certain parts of the county and marginalized groups are food insecure due to food deserts and lack access to healthy foods. Need for more childcare options. Need for high quality and affordable options. Cost, distance, location, and facility hours are barriers to finding adequate childcare. Many of the barriers disproportionately impact marginalized groups who may not be able to afford childcare, may work nights or odd hours, may be hourly, may lack vehicles. No transportation for marginalized groups - those who lack vehicles, elderly, those who are unable to drive, etc. are disproportionately impacted. General lack of transportation options. Low-income individuals and families have difficulty accessing transportation.</p>
<p><b>Lack of specialty services (n=3 or 50%)</b></p>	<p>There is a shortage of healthcare professionals and inefficient use of existing healthcare professionals. There needs to be more services overall in the community - including mental health providers - which is a struggle to obtain even for senior services. Lack of heart health and preventative services.</p>

## Appendix D: Secondary Data and Sources

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

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

### How To Read These Charts

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

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

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

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

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

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

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

## Health Outcomes

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

Indicators	Trend	Pottawatomie County	Kansas	Top US Counties	Description
<b>Length of Life</b>					
Premature Death		5,000	7,500	5,600	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
Life Expectancy		80.8	77.8	80.6	How long the average person should live.
Infant Mortality		5.5	6	4	Number of all infant deaths (within 1 year) per 1,000 live births.
<b>Physical Health</b>					
Poor or Fair Health		15%	17%	15%	Percent of adults reporting fair or poor health.
Poor Physical Health Days		3.3	3.6	3.4	Average number of physically unhealthy days reported in past 30 days (age-adjusted).
Frequent Physical Distress		10%	11%	10%	Percent of adults reporting 14 or more days of poor physical health per month.
Low Birth Weight		5%	7%	6%	Percent of babies born too small (less than 2,500 grams).
Fall Fatalities 65+		n/a	n/a	n/a	Number of injury deaths due to falls among those 65 years of age and over per 100,000 population.
<b>Mental Health</b>					
Poor Mental Health Days		4.2	4.5	4	Average number of mentally unhealthy days reported in the past 30 days.
Frequent Mental Distress		14%	14%	13%	Percent of adults reporting 14 or more days of poor mental health per month.
Suicide		13	19	11	Number of deaths due to suicide per 100,000.
<b>Morbidity</b>					
Diabetes prevalence		9%	10%	8%	Percent of adults aged 20 and above with diagnosed diabetes.
Cancer Incidence		n/a	n/a	n/a	Number of new cancer diagnoses per 100,000.
<b>Communicable Disease</b>					

HIV Prevalence		42	132	38	Number of people aged 13 years and over with a diagnosis of HIV per 100,000.
Sexually Transmitted Infections		209.2	524.7	161.8	Number of newly diagnosed chlamydia cases per 100,000.
Source: <a href="https://www.countyhealthrankings.org/explore-health-rankings">https://www.countyhealthrankings.org/explore-health-rankings</a> ; <a href="https://www.kansashealthmatters.org/indicators/index/view?indicatorId=1364&amp;localeId=1026">https://www.kansashealthmatters.org/indicators/index/view?indicatorId=1364&amp;localeId=1026</a>					

## Social and Economic Factors

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

Indicators	Trend	Pottawatomie County	Kansas	Top US Counties	Description
<b>Economic Stability</b>					
Median Household Income		\$75,500	\$63,200	\$75,100	Income where half of households in a county earn more and half of households earn less.
Unemployment		4.3%	5.9%	4.0%	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		8%	13%	9%	Percentage of people under age 18 in poverty.
<b>Educational Attainment</b>					
High School Completion		95%	91%	94%	Percentage of ninth grade cohort that graduates in four years.
Some College		75%	71%	74%	Percentage of adults ages 25-44 with some post-secondary education.
<b>Social/Community</b>					
Children in single-parent homes		11%	21%	14%	Percentage of children that live in a household headed by a single parent.
Social Associations		9.4	13.5	18.1	Number of membership associations per 10,000 population.
Disconnected Youth		n/a	6%	4%	Percentage of teens and young adults ages 16-19 who are neither working nor in school.
Juvenile Arrests		n/a	n/a	n/a	Rate of delinquency cases per 1,000 juveniles.
Violent Crime		230	365	63	Number of reported violent crime offenses per 100,000 population.



Access to Healthy Foods					
Food Environment Index		8.9	6.7	8.8	Index of factors that contribute to a healthy food environment, 0-worst 10-best.
Food Insecurity		9%	12%	9%	Percent of the population who lack adequate access to food.
Limited Access to Healthy Foods		2%	8%	2%	Percent of the population who are low-income and do not live close to a grocery store.
Source: <a href="https://www.countyhealthrankings.org/explore-health-rankings">https://www.countyhealthrankings.org/explore-health-rankings</a>					

## 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	Pottawatomie County	Kansas	Top US Counties	Description
<b>Physical Environment</b>					
Severe housing cost burden		6%	10%	7%	Percentage of households that spend 50% or more of their household income on housing.
Severe Housing Problems		12%	13%	9%	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.
Air Pollution - Particulate Matter		8.6	7.5	5.9	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).
Homeownership		76%	66%	81%	Percentage of occupied housing units that are owned.
Year Structure Built		n/a	n/a	n/a	Percentage of housing units built prior to 1950.
Source: <a href="https://www.countyhealthrankings.org/explore-health-rankings">https://www.countyhealthrankings.org/explore-health-rankings</a>					

### 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	Pottawatomie County	Kansas	Top US Counties	Description
<b>Healthcare Access</b>					
Uninsured		9%	11%	6%	Percentage of population under age 65 without health insurance.
Uninsured Adults		10%	13%	7%	Percentage of adults under age 65 without health insurance.
Uninsured children		6%	6%	3%	Percentage of children under age 19 without health insurance.
Primary Care Physicians		1,520:1	1,270:1	1,010:1	Ratio of the population to primary care physicians.
Other Primary Care Providers		1,900:1	750:1	580:1	Ratio of the population to primary care providers other than physicians.
Mental Health Providers		2,750:1	470:1	250:1	Ratio of the population to mental health providers.
<b>Hospital Utilization</b>					
Preventable Hospital Stays		3,500	3,645	2,233	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.
<b>Preventative Healthcare</b>					
Flu Vaccinations		39%	49%	55%	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.
Mammography Screenings		49%	46%	52%	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.
Source: <a href="https://www.countyhealthrankings.org/explore-health-rankings">https://www.countyhealthrankings.org/explore-health-rankings</a>					

## 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	Pottawatomie County	Kansas	Top US Counties	Description
<b>Healthy Life</b>					
Adult Obesity		36%	36%	30%	Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2.
Physical Inactivity		26%	27%	23%	Percentage of adults age 20 and over reporting no leisure-time physical activity.
Access to Exercise Opportunities		58%	73%	86%	Percentage of population with adequate access to locations for physical activity.
Insufficient Sleep		31%	34%	32%	Percentage of adults who report fewer than 7 hours of sleep on average.
Motor Vehicle Crash Deaths		17	14	9	Number of motor vehicle crash deaths per 100,000 population.
<b>Substance Use and Misuse</b>					
Adult Smoking		16%	17%	15%	Percentage of adults who are current smokers.
Excessive Drinking		20%	20%	15%	Percentage of adults reporting binge or heavy drinking.
Alcohol-Impaired Driving Deaths		19%	19%	10%	Percent of Alcohol-impaired driving deaths.
Opioid Hospital Visits		n/a	n/a	n/a	Rate of opioid-related hospital visits per 100,000 population.
<b>Sexual Health</b>					
Teen Births		13	22	11	Number of births per 1,000 female population ages 15-19.
Sexually Transmitted Infections		209.2	524.7	161.8	Number of newly diagnosed chlamydia cases per 100,000 population.
Source: <a href="https://www.countyhealthrankings.org/explore-health-rankings">https://www.countyhealthrankings.org/explore-health-rankings</a>					

## Appendix E: Health Care Facilities and Community Resources

As part of the CHNA process, Wamego Health Center has cataloged resources available in Pottawatomie 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. A more comprehensive list can be found at Kansas [United Way 211 website](#) or the [KanCare website](#).

### Health Equity

Organization Name	Website / Phone	Services
Kansas Department for Aging and Disability Services	<a href="https://kdads.ks.gov/kdads-commissions/long-term-services-supports/home-community-based-services-(hcbs)-program#:~:text=Under%20the%20HCBS%20waiver%20program,to%20people%20who%20need%20LTSS.">https://kdads.ks.gov/kdads-commissions/long-term-services-supports/home-community-based-services-(hcbs)-program#:~:text=Under%20the%20HCBS%20waiver%20program,to%20people%20who%20need%20LTSS.</a>  785-368-6246	State of Kansas HCBS waivers for Medicaid Under the HCBS waiver program, Kansas is able to waive certain Medicaid program requirements, allowing the state to provide support and services for people who might not otherwise be eligible under Medicaid. Through the waivers, Kansas targets services to people who need LTSS
Pottawatomie County Health Department	<a href="https://www.pottcounty.org/154/Health-Department">https://www.pottcounty.org/154/Health-Department</a>  785-457-3719	Healthy Start, Toenail Clinic, WIC, Tobacco Prevention, Teen Services, Migrant Healthcare, Maternal Infant, HIV Testing and Counseling
Flint Hills Community Clinic (Manhattan, KS)	<a href="https://www.flinthillscommunityclinic.org/">https://www.flinthillscommunityclinic.org/</a>  785-323-4351	Free services for qualifying individuals, Medicaid health care provider
Konza Prairie Community Health Center (Manhattan, KS)	<a href="http://www.konzaprairiechc.com">www.konzaprairiechc.com</a>  785-320-7134	Accepts all insurances and a sliding fee scale for those based on federal poverty guidelines. Provides affordable, and comprehensive medical, dental, and behavioral health care for all. Medical services include, wellness exams, health education,

		acute and chronic disease management, sexually transmitted disease treatment, family planning, HIV testing, vaccinations, and immunizations. Dental services include, exams, cleanings, extractions, x-rays, repairs, root canals, and dentures.
Konza United Way (Manhattan, KS)	<a href="http://konzaunitedway.org">konzaunitedway.org</a> 785-776-3779	Provides services to Clay, Marshall, Pottawatomie, Riley, Wabaunsee and Washington counties. Education, financial stability, healthcare
Kansas Department of Health and Environment	<a href="https://www.kdhe.ks.gov/">https://www.kdhe.ks.gov/</a> 785-296-1500	WIC, immunizations, child care, special needs health care, Tobacco programs

### Access to Care

Organization Name	Website / Phone	Services
Pawnee Mental Health Services (Manhattan, KS)	<a href="http://www.pawnee.org">www.pawnee.org</a> 785-587-4300 Clinic 785-587-4342 or 1-800-609-2002 After Hours Emergency Line	Licensed mental health and licensed substance abuse center providing services in ten north central Kansas counties, including Riley County. Counseling services for adults, children, and families. Services include individual and group therapy, substance abuse programs, Batters Intervention Program, Alcohol and Drug Information classes, psychological testing, medication evaluation and management, psychosocial rehabilitation groups, Mental Health First Aid classes, Parenting Workshops, and Employee Assistance Program.
Pottawatomie County Health Department	<a href="https://www.pottcounty.org/154/Health-Department">https://www.pottcounty.org/154/Health-Department</a> 785-457-3719	Healthy Start, Toenail Clinic, WIC, Tobacco Prevention, Teen Services, Migrant Healthcare, Maternal Infant, HIV Testing and Counseling

KanCare - Kansas Medicaid	<a href="https://kancare.ks.gov/">https://kancare.ks.gov/</a> 1-800-792-4884	Kansas Medicaid program administered by Kansas Department of Health and Environment (KDHE) and the Kansas Department for Aging and Disability Services (KDADS)
Wamego Health Center	<a href="https://wamegohealthcenter.org/">https://wamegohealthcenter.org/</a> 785-456-2295	Laboratory, Imaging, and Rehabilitation, Emergency Department, Primary Care
Community Care Ministries	<a href="https://ccmks.org/">https://ccmks.org/</a> 785-456-7872	Medical services, mental health services, spiritual care, dental services, social services

### Food Security

Organization Name	Website / Phone	Services
Kansas Department of Health and Environment State Partnerships Improving Nutrition and Equity Program	<a href="https://www.kdhe.ks.gov/">https://www.kdhe.ks.gov/</a> 785-296-1500	WIC, immunizations, child care, special needs health care, Tobacco programs
Community Care Ministries	<a href="https://ccmks.org/">https://ccmks.org/</a> 785-456-7872	Food pantry, harvesters mobile pantry
Meals on Wheels	<a href="https://www.mealsonwheelsamerica.org/about-membership/state-associations/kansas">https://www.mealsonwheelsamerica.org/about-membership/state-associations/kansas</a>	Home-delivered and congregate meal programs
Pottawatomie County Health Department - Kansas WIC Program	<a href="https://www.pottcounty.org/193/WIC-Clinic">https://www.pottcounty.org/193/WIC-Clinic</a> 785-776-4779 Ext. 7661.	Healthy Start, Toenail Clinic, WIC, Tobacco Prevention, Teen Services, Migrant Healthcare, Maternal Infant, HIV Testing and Counseling
Kansas Department for Children and Families - Kansas SNAP program	<a href="http://www.dcf.ks.gov/">http://www.dcf.ks.gov/</a>	Provides Food Stamps, applications for KanCare Medicaid for families

	1-888-369-4777	and elderly/disabled individuals, child care assistance, cash assistance and additional non-agency information. Vocational Rehabilitation to help disabled adults to find employment. Adult and children protective services.
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### Childcare

Organization Name	Website / Phone	Services
Kansas Department for Children and Families - Child Care Subsidy Program	<a href="http://www.dcf.ks.gov/">http://www.dcf.ks.gov/</a> 1-888-369-4777	Provides Food Stamps, applications for KanCare Medicaid for families and elderly/disabled individuals, child care assistance, cash assistance and additional non-agency information. Vocational Rehabilitation to help disabled adults to find employment. Adult and children protective services.
ChildCare Aware of Kansas	<a href="https://ks.childcareaware.org">https://ks.childcareaware.org</a> 877-678-2548	Child care search and family resources
Head Start - North Pottawatomie County Head Start and South Pottawatomie Head Start	<a href="http://www.nekcap.org">http://www.nekcap.org</a> 785-742-2222	education and social services for qualifying low-income community members
Boys and Girls Club of Manhattan (Manhattan, KS)	<a href="https://www.bgclubmanhattan.com/programs.cfm">https://www.bgclubmanhattan.com/programs.cfm</a>	Serves Manhattan and Wamego, in-services days (available only at the Fifth Street Site, for USD 383 students, and at Central Elementary in Wamego, for USD 320 students, on in-service/professional development days), before and after school programs, summer programs

## Transportation

Organization Name	Website / Phone	Services
Pottawatomie County Transportation	<a href="https://www.pottcounty.org/157/Public-Transportation">https://www.pottcounty.org/157/Public-Transportation</a>  877-728-0433	<p>Provides services throughout the 862-square-mile county. This service is for non-emergency medical, grocery, financial, social service, and recreation.</p> <p>For local communities that may not have services needed by residents, transportation is provided to Manhattan and Topeka on scheduled days.</p>
Flint Hills Area Transportation Agency	<a href="http://www.flinthillsatabus.com">www.flinthillsatabus.com</a>  785-537-6345 or 1-877-551-6345	Provides general public transportation services to all residents of Manhattan, Junction City, Ft Riley, Geary County, Riley County, and part of Pottawatomie County
Community Care Ministry	<a href="https://ccmks.org/">https://ccmks.org/</a>  785-456-7872	Gas vouchers for medical appointments, transportation

## Alcohol and Drug Use

Organization Name	Website / Phone	Services
Alcohol and Drug Abuse Helpline (under the direction of the Kansas Department for Aging and Disability Services and administered by Beacon Health Options)	<a href="https://kdads.ks.gov/kdads-commissions/behavioral-health/contact-kbhs">https://kdads.ks.gov/kdads-commissions/behavioral-health/contact-kbhs</a>  866-645-8216	Statewide substance use treatment referral line
Substance Abuse Helpline (Substance Abuse and Mental Health Services Administration)	<a href="https://www.samhsa.gov/find-help/national-helpline">https://www.samhsa.gov/find-help/national-helpline</a>  800-662-4357	Free, confidential, 24/7, 365-day-a-year treatment referral and information service (in English and Spanish) for individuals and families facing mental and/or substance use



		disorders
Alcohol Anonymous in Kansas	<a href="https://alcoholicsanonymous.com/aa-meetings/kansas/">https://alcoholicsanonymous.com/aa-meetings/kansas/</a> 800-564-0515 (Manhattan, KS)	state-wide recovery resource devoted to supporting the men and women of Kansas. AA Kansas helps individuals struggling with alcoholism find the help they need on a local basis.
Pawnee Mental Health Services (Manhattan, KS)	<a href="http://www.pawnee.org">www.pawnee.org</a> 785-587-4300 Clinic 785-587-4342 or 1-800-609-2002 After Hours Emergency Line	Licensed mental health and licensed substance abuse center providing services in ten north central Kansas counties, including Riley County. Counseling services for adults, children, and families. Services include individual and group therapy, substance abuse programs, Batters Intervention Program, Alcohol and Drug Information classes, psychological testing, medication evaluation and management, psychosocial rehabilitation groups, Mental Health First Aid classes, Parenting Workshops, and Employee Assistance Program.

### Diet and Exercise - Obesity

Organization Name	Website / Phone	Services
Pottawatomie county nutrition education	<a href="https://www.pottawatomie.k-state.edu/home-family/health-nutrition.html">https://www.pottawatomie.k-state.edu/home-family/health-nutrition.html</a>  785-457-3319	Nutrition Educator, Julene DeRouchey, provides nutrition education in classrooms at qualifying schools, Senior Centers, and Food Pantries. Nutrition education classes are also available online. All classes are free to attend. A cooking camp for school-aged children is held during the summer in St. Marys.
K-State SNAP-Ed program	<a href="https://www.k-state.edu/ks-snaped/">https://www.k-state.edu/ks-snaped/</a>  785-532-2714	Nutrition education for Kansans eligible to receive food assistance

Ascension Via Christi Hospital in Manhattan weight management program	<a href="https://healthcare.ascension.org/locations/kansas/kswic/manhattan-ascension-via-christi-clinic-on-sixth-street/weight-management-program">https://healthcare.ascension.org/locations/kansas/kswic/manhattan-ascension-via-christi-clinic-on-sixth-street/weight-management-program</a>  316-719-3391	Non-surgical and surgical weight-loss options, including: Medical nutrition therapy; Exercise; Counseling and support; HMR Program for Weight Management™  Bariatric surgery options: Gastric bypass; Bariatric sleeve surgery; Gastric band
KU Weight Management Program	<a href="https://www.kansashealthsystem.com/care/conditions/weight-management">https://www.kansashealthsystem.com/care/conditions/weight-management</a>  913-588-1227	Evidence-based weight-management care program
Kansas Department of Health and Environment Diabetes Prevention and Management Program	<a href="https://www.kdhe.ks.gov/855/Diabetes-Prevention-Management-Program">https://www.kdhe.ks.gov/855/Diabetes-Prevention-Management-Program</a>	Increase awareness about diabetes, diabetes prevention, proven diabetes management and lifestyle change programs

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

WHC’s previous 2021-2023 CHNA implementation strategy addressed the following priority health needs: Access to Care, Access to Healthy Food, Mental Health, Healthcare Workforce Development, and COVID-19 Response. Note: At the time of the report publication (e.g., Spring), the third year of the cycle will not be complete.

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

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

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

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

<b>PRIORITY NEED</b>	<b>Access to Healthy Food</b>
<b>GOAL:</b> Low-income and vulnerable community members are food secure and have access to fresh, affordable, and healthy food options.	
<b>STRATEGY 1:</b> Maintain a community garden and donate produce to food insecure individuals.	
<b>ACTIONS TAKEN</b>	
<ul style="list-style-type: none"> <li>• WHC staff volunteer to provide gardening services (i.e., weeding and planting) and serve on the Wamego Community Garden committee.</li> <li>• WHC provides vegetables free of charge to community members who are willing to harvest produce.</li> <li>• WHC staff volunteer to harvest and donate excess produce to a local food pantry.</li> </ul>	
<b>STATUS OF ACTIONS:</b> in-progress	
<b>RESULTS</b>	
<p>Although COVID-19 impacted the services and community benefit activities provided by WHA, the hospital's staff remained dedicated to providing access to food during the pandemic. The pandemic exacerbated food insecurity, especially among low-income families, physically homebound individuals, and the elderly.</p> <p>Hospital staff spent over six hours volunteering to provide gardening services such as weeding, planting, providing garden tours, and serving on the Wamego Community Garden Committee. The Wamego Community Garden provides vegetables free of charge to community members who are willing to harvest the produce. WHA staff volunteer to harvest and donate excess produce to a local food pantry. A member of the Finance Department spent 13 hours at the Community Match Day to help raise funds for the community garden. The hospital paid for postage and made 125 copies of brochures to mail out thank you's and receipts of donations.</p>	
<b>STRATEGY 2:</b> Participate in the Mission Week Food Drive to collect and donate food to local pantries for food insecure families.	
<b>ACTIONS TAKEN</b>	

<ul style="list-style-type: none"> <li>• WHC staff market, organize, and deliver donations to the Community Care Ministry.</li> <li>• WHC staff donate canned goods, personal hygiene products, and cleaning supplies.</li> <li>• Community Care Ministry staff distribute donated items to those that qualify for services based on income along with other qualifying factors.</li> <li>• Encourage other Chamber businesses to participate in a food drive.</li> </ul>
<b>STATUS OF ACTIONS:</b> in-progress
<b>RESULTS</b> COVID-19 caused a pause in the Mission Week Food Drive efforts. As of the writing of this report, Mission Committees were planning volunteer efforts and donation drives for FY23.
<b>STRATEGY 3:</b> Deliver meals to elderly who are homebound and food insecure through Meals on Wheels.
<b>ACTIONS TAKEN</b> <ul style="list-style-type: none"> <li>• Identify point person to coordinate with WHC departments and Meals on Wheels.</li> <li>• Various WHC departments volunteer to deliver meals monthly.</li> <li>• WHC volunteers deliver Meals on Wheels lunch to individuals on the assigned route for the month.</li> </ul>
<b>STATUS OF ACTIONS:</b> in-progress
<b>RESULTS</b> Hospital staff assisted homebound and elderly community members through the adoption of Meals-on-Wheels routes. Staff spent over 145 combined hours delivering 1,638 meals.

<b>PRIORITY NEED</b>	<b>Mental Health</b>
<b>GOAL:</b> Strengthen the capacity of mental health professionals and community partners to identify and respond to mental illness and substance abuse disorders.	
<b>STRATEGY 1:</b> Expand Mental Health First Aid train-the-trainer classes to provide hospital staff and community organizations with the skills to recognize the signs of mental illness and substance abuse.	
<b>ACTIONS TAKEN</b> <ul style="list-style-type: none"> <li>• Appoint one associate lead for this strategy.</li> <li>• Engage with community partners to determine interest in training and compile a list of community stakeholders.</li> <li>• Identify a Mental Health First Aid instructor to teach at least one course annually. (In-person or virtual as allowed by COVID-19)</li> <li>• Offer Mental Health First Aid course and report in CBISA.</li> </ul>	
<b>STATUS OF ACTIONS:</b> stopped	
<b>RESULTS</b> One WHA therapist was trained on Mental Health First Aid and could provide the train-the-trainer program to the community. COVID impacted the ability to hold training and put the education on hold. However, during FY21, staff worked to update the Mental Health First Aid curriculum to be able to provide it virtually. The Mental Health First Aid program was put on indefinite hold during FY22. The therapist that was trained on Mental Health First Aid ended up leaving employment with WHA. The hospital continues to explore options and continued partnerships with the county EMS who have trained staff in Mental Health First Aid.	
<b>STRATEGY 2:</b> Arrange and pay for secure transportation of qualifying low-income individuals in need of transportation to a different hospital for specialized behavioral health treatment that may not be available locally.	

<p><b>ACTIONS TAKEN</b></p> <ul style="list-style-type: none"> <li>• Hospital staff identify patients (e.g., uninsured, underinsured, VA, Medicaid, etc.) in need of secure transportation.</li> <li>• Hospital staff identifies location for specialized treatment and arranges transport of patients with Security Transport Services.</li> <li>• Security Transport Services safely transports patients to identified centers and reports in CBISA.</li> </ul>
<p><b>STATUS OF ACTIONS:</b> in-progress</p>
<p><b>RESULTS</b></p> <p>WHA arranges and pays for secure transportation of qualifying low-income individuals in need of transportation to a different hospital for specialized behavioral health treatment that may not be available locally. From July 1, 2020 - September 30, 2022, the hospital arranged and paid for the secure transport of 38 individuals (\$13,474).</p> <p>WHA staff provided in-kind counseling free of charge for qualifying low income and under/uninsured. Staff provided counseling to individuals and within group therapy sessions. Staff provided counseling to individuals and within group therapy sessions. From July 1, 2020 - September 30, 2022, staff provided over 61 hours of counseling to 63 individuals.</p>

<b>PRIORITY NEED</b>	<b>Healthcare Workforce Development</b>
<b>GOAL:</b> Improve access to high quality and affordable health care for low-income and uninsured individuals.	
<b>STRATEGY:</b> Provide opportunities for students to engage with health care professionals.	
<p><b>ACTIONS TAKEN</b></p> <ul style="list-style-type: none"> <li>• Conduct mock interviews with Wamego High School students going into the healthcare field.</li> <li>• Mentor Wamego High School students interested in healthcare careers for one hour per month.</li> <li>• Support students who are pre-med majors, nursing, social work, and physical therapy by inviting them to observe WHC's healthcare professionals.</li> <li>• Sponsor area high school seniors going into the healthcare field with scholarships through the Wamego Community Foundation.</li> <li>• Participate in the Classroom-to-Career partnership to encourage grade school students to think about possible healthcare careers.</li> <li>• Evaluate activities that can be implemented using virtual technology given COVID restrictions.</li> </ul>	
<p><b>STATUS OF ACTIONS:</b> in-progress</p>	
<p><b>RESULTS</b></p> <p>In FY21 and FY22, WHA provided a total of eight healthcare scholarships of \$500 each for high school students pursuing a career in the health field. Scholarships are administered through the Wamego Community Foundation to further healthcare workforce development. WHA plans to donate four additional scholarships in FY23.</p> <p>Staff also work closely with Wamego High School (WHS) to mentor students, provide expertise during Senior Interview Day, and provide shadowing opportunities in order to engage youth early in healthcare careers. Between July 1, 2020 and June 30, 2022, staff supported 10 students during Senior Interview Day. Staff conducted mock interviews for high schoolers interested in going into healthcare fields.</p>	

COVID limited the ability of external individuals (including students) from entering the hospital; however, many of these programs were able to resume in FY23. Through the shadowing program, the hospital is able to provide area college-age students hands-on learning experience. One physical therapy student shadow was provided experience through the hospital in quarter 1 of FY23.

<b>PRIORITY NEED</b>	<b>COVID-19 Response</b>
<b>GOAL:</b> Ensure community members have timely access to testing and care to prevent and reduce morbidity and mortality from COVID-19.	
<b>STRATEGY:</b> Improve collaboration across the state between government agencies, nonprofits and community organizations, and healthcare facilities to improve the COVID-19 response.	
<b>ACTIONS TAKEN</b> <ul style="list-style-type: none"> <li>Collaborate with city, county, and state government officials, community organizations, Critical Access Hospitals and other area rural hospitals and clinics for COVID-19 response and preparedness.</li> <li>Share resources, donate PPE and other medical supplies, and provide expertise to FQHCs and rural healthcare facilities to ensure underserved communities have access to testing and care.</li> <li>Provide training and professional development for clinical and non-clinical staff for the COVID-19 response, including preparedness, cross-training, and providing surge support.</li> <li>Support community-wide COVID-19 testing and vaccination events.</li> </ul>	
<b>STATUS OF ACTIONS:</b> completed	
<b>RESULTS</b> <p>Although COVID-19 did not come up as a need within the CHNA due to the timing of when the CHNA was conducted, it was a significant community need that severely impacted the hospital, partnerships, and the community as a whole. Hospital leadership spent time conducting media interviews, participating in community meetings, and recovery and other task forces to discuss covid, vaccines, and coordinate with state and other area agencies. Much of the efforts in FY21 were on disease outbreak control and ensuring availability of beds and supplies for COVID patients. During FY2, efforts shifted to focus on vaccinations. Hospital staff spent paid hours setting up and staffing 1st and 2nd dose vaccine clinics for the community. Community events were held at St Bernard's Catholic Church, and staff were able to vaccinate 15,470 people. The hospital continues to work with other health care organizations and community and governmental organizations to address lingering impacts of COVID and recovery.</p> <p>Note: COVID was not reported as Community Benefit due to the support from the federal government, but the activities undertaken by the hospital were still tracked.</p>	