Ascension Via Christi

2025 Community Health Needs Assessment
Sedgwick County, Kansas

Conducted July 1, 2024 – June 30, 2025

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The goal of this report is to offer a comprehensive understanding of the most significant health needs across Sedgwick County, with emphasis on identifying the barriers to health equity for all people, as well as to inform planning efforts to address those needs. Special attention has been given to the needs of individuals and communities who have poorer health outcomes or are experiencing social factors that may put them at risk for adverse health outcomes. Findings from this report will be used to identify, develop, and focus hospital, health system, and community initiatives and programming to better serve the health and wellness needs of the community.

The 2025 Community Health Needs Assessment was approved and adopted by the authorized body of each of the following hospitals during Spring 2025 (2024 tax year), and applies to the following three-year cycle: July 1, 2025, to June 30, 2028.

Ascension Via Christi Hospitals Wichita, Inc.
929 N. St. Francis St. | Wichita, KS 67214
healthcare.ascension.org
P: 316-268-5000
Hospital EIN: 48-1172106
Board adoption: May 29, 2025

Ascension Via Christi Rehabilitation Hospital, Inc.
1151 N. Rock Road | Wichita, KS 67206
healthcare.ascension.org
P: 316-268-5000
Hospital EIN: 48-1158274
Board adoption: April 16, 2025

Ascension Via Christi Hospital St. Teresa, Inc.
14800 W. St. Teresa St. | Wichita, KS 67235
healthcare.ascension.org
P: 316-796-7000
Hospital EIN: 27-1965272
Board adoption: May 29, 2025

Kansas Surgery and Recovery Center, LLC
2770 N. Webb Road | Wichita, KS 67226
kansas.surgery
P: 316-634-0090
Hospital EIN: 48-1148580
Board adoption: April 23, 2025

Rock Regional Hospital, LLC
3251 N. Rock Road | Derby, KS 67037
rockregionalhospitalderby.com
P: 316-425-2400
State license: H-087-014
Board adoption: May 19, 2025

This report, and the previous report, can be found at our public website: https://healthcare.ascension.org/chna.

We value the community's voice and welcome feedback on this report. Please visit our public website to submit your comments.

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Acknowledgements

The 2025 Community Health Needs Assessment (CHNA) represents a true collaborative effort to gain a meaningful understanding of the most pressing health needs across Sedgwick County. Ascension Via Christi is exceedingly thankful to the many community organizations and individuals who shared their views, knowledge, expertise, and skills with us. A complete description of community partner contributions is included in this report. We look forward to our continued collaborative work to promote a healthier, more equitable place to live, work, and play.

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

Executive Summary

The goal of the 2025 Community Health Needs Assessment (CHNA) is to offer a comprehensive understanding of the most significant health needs across Sedgwick County. Findings from this report can be used to identify, develop, and focus hospital, health system, and community initiatives and programming to better serve the health and wellness needs of the community.

Purpose of the CHNA

As part of the Patient Protection and Affordable Care Act of 2010, all nonprofit 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, with emphasis on identifying the barriers to health equity, for all people who live and/or work in the communities served by the hospital.

Community Served

Although Ascension Via Christi Hospitals Wichita, Ascension Via Christi Hospital St. Teresa, Ascension Via Christi Rehabilitation Hospital, Kansas Surgery and Recovery Center, and Rock Regional Hospital serve Wichita, Kansas, and surrounding areas, the hospitals have defined the community served as Sedgwick County for the 2025 CHNA. Sedgwick County was selected as the community served because it is the hospitals' primary service area as well as our partners' primary service area. Additionally, community health data is readily available at the county level.

Data Analysis Methodology

The 2025 CHNA utilized the County Health Rankings & Roadmaps model and incorporated data from both primary (community input) and secondary sources. Community input was collected in partnership with the Sedgwick County Health Department, which led 18 community listening sessions within high-priority zip codes based on the Social Vulnerability Index (SVI) developed by the Centers for Disease Control and Prevention. With contracted assistance from Wichita State University's Center for Applied Research and Evaluation, community input was also collected from key informant interviews with community residents, healthcare professionals, community leaders, and other 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. Twenty-three key informants were interviewed regarding the most important health issues in the community, the status of health needs that were identified in the previous CHNA, the most critical social issues, policies, or resources needed to improve community health and social issues, and how the hospitals could improve the health of the community. Secondary data was compiled and reviewed from reputable and reliable sources (e.g., American Community Survey and U.S. Census Data) to understand the health status of the community. Measures reviewed included chronic disease rates, social and economic factors, and healthcare access and utilization trends.

Community Needs

The hospitals, in collaboration with the Sedgwick County Health Department and with contracted assistance from Wichita State University's Center for Applied Research and Evaluation, analyzed over 60 secondary data indicators, themed community input around the County Health Rankings & Roadmaps model, and crosswalked the primary and secondary datasets to identify the needs in Sedgwick County. The hospitals used a phased prioritization approach to determine the most critical needs for community stakeholders to address. The significant needs are as follows:

- Access to Care
- Social Determinants of Health
- Health Equity
- Chronic Conditions

Next Steps and Conclusion

The 2025 CHNA was presented to the authorized body of each hospital in Sedgwick County for approval and adoption in Spring 2025. Following approval of the CHNA, the hospitals will complete a prioritization matrix and develop an implementation strategy. The implementation strategy will focus on all or a subset of the significant needs, and will describe how the hospitals intend to respond to those prioritized needs throughout the same three-year CHNA cycle: July 1, 2025 - June 30, 2028.

Ascension Via Christi hopes this report offers a meaningful and comprehensive understanding of the most significant needs of Sedgwick County. The hospitals value the community's voice and welcome feedback on this report; comments or questions can be submitted via Ascension's public website (https://healthcare.ascension.org/chna).

About Ascension

As one of the leading nonprofit and Catholic health systems in the United States, Ascension is committed to delivering compassionate, personalized care to all, with special attention to individuals and communities who have poorer health outcomes or are experiencing social factors that may put them at risk for adverse health outcomes.

Ascension

Ascension is one of the nation's leading nonprofit and Catholic health systems, with a Mission of delivering compassionate, personalized care to all with special attention to persons living in poverty and those most vulnerable. In FY 2024, Ascension provided $2.1 billion in care of persons living in poverty and other community benefit programs. Ascension includes approximately 131,000 associates, 37,000 affiliated providers and 136 hospitals, serving communities in 18 states and the District of Columbia.

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

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

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

Ascension Via Christi

As a Ministry of the Catholic Church, Ascension Via Christi (AVC) is a nonprofit hospital system governed by a local board of trustees represented by community members, medical staff, and sister sponsorships, and has been providing medical care in Kansas since 1883. Throughout Kansas, Ascension Via Christi operates five fully-owned hospitals and 75 other sites of care and employs more than 6,400 associates. Across the state in fiscal year 2024, Ascension Via Christi provided about $62.4 million in community benefit, including care of persons living in poverty.

AVC's fully-owned hospitals in Sedgwick County include Ascension Via Christi Hospital St. Teresa, Ascension Via Christi Rehabilitation Hospital, and Ascension Via Christi Hospitals Wichita, which includes two hospitals: Ascension Via Christi St. Francis and Ascension Via Christi St. Joseph. AVC's two joint venture hospitals in Sedgwick County are Rock Regional Hospital LLC and Kansas Surgery and Recovery Center LLC.

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About the Community Health Needs Assessment

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

Purpose of the CHNA

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

Advancing Health Equity

Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health.[2] Progress toward achieving health equity can be measured by reducing health disparities. Health disparities are closely linked with economic, social, and/or environmental factors. Health disparities adversely affect groups of people who have systematically experienced barriers to health based on their race or ethnicity; religion; socioeconomic status; gender identity; sexual orientation; age; cognitive, sensory, or physical disability; geographic location; or other characteristics historically linked to discrimination or exclusion.[3]

Focusing on the root causes that have perpetuated these differences contributes to the advancement of health equity. By identifying the conditions, practices, and policies that perpetuate differences in health outcomes, we can better respond to root causes when pursuing health equity.

Ascension acknowledges that health disparities in our communities go beyond individual health behaviors. Ascension's Mission calls us to be "advocates for a compassionate and just society through our actions and words"; therefore, health equity is a matter of great importance to Ascension.

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

[2] National Center for Chronic Disease Prevention and Health Promotion. (2023, January 4). *Advancing health equity in chronic disease prevention and management*. Center for Disease Control and Prevention (CDC). Retrieved October 11, 2023, from https://www.cdc.gov/chronicdisease/healthequity/index.htm

[3] Braveman, P. (2014). What are health disparities and health equity? We need to be clear. *Public Health Reports*, *129*(Suppl 2), 5-8. https://doi.org/10.1177/00333549141291S203

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 nonprofit 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 Internal Revenue Code Section 501(r)(3), and include making the current and previous CHNA reports widely available to the public. In accordance with this requirement, electronic reports of both the CHNA and implementation strategy can be found at https://healthcare.ascension.org/CHNA, and paper versions can be requested at the Mission Integration office at Ascension Via Christi St. Francis, 929 N. St. Francis St. in Wichita.

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 2025 CHNA, AVC has defined the "community served" as Sedgwick County for Ascension Via Christi Hospitals Wichita, Ascension Via Christi Hospital St. Teresa, Ascension Via Christi Rehabilitation Hospital, Kansas Surgery and Recovery Center, and Rock Regional Hospital. Although the hospitals serve Wichita, Kansas, and surrounding areas, the community served was defined as such because (a) most of the hospitals' service areas are in Sedgwick County; (b) most of the assessment partners define their service area at the county level; and (c) most community health data is available at the county level.

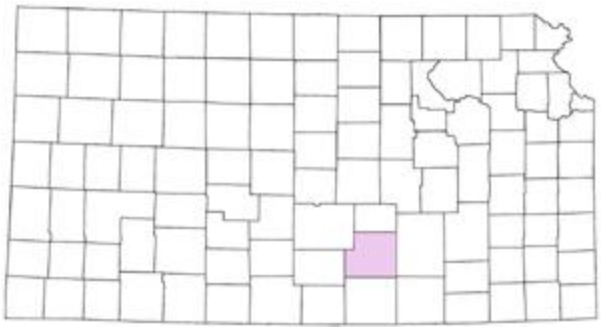


Image 1: Map of Sedgwick County

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

Demographic Data

Sedgwick County has a population of 528,469 and is the second-most populous county in the state of Kansas after Johnson County. Below are demographic data highlights for Sedgwick County:

- 16.3% of Sedgwick County community members are 65 or older, compared to 17.5% in Kansas
- 85.2% of community members are non-Hispanic; 15.8% are Hispanic or Latino (any race)
- 80.6% of community members are White; 9.3% are Black or African American; and 4.5% are Asian
- The total population increase from 2020 to 2023 was 0.9%
- The median household income is below the state median income ($65,372 for Sedgwick County; $69,747 for Kansas)
- The percent of all ages of people in poverty was higher than the state (15.7% for Sedgwick County; 12% for Kansas)

- The uninsured rate for Sedgwick County is higher than the state (12.3% for Sedgwick County; 10.3% for Kansas)

Demographic Highlights			
Population			
Indicator	**Sedgwick Co.**	**Kansas**	**Description**
Percentage below 18 years of age	24.6%	23.6%	N/A
Percentage 65 years of age and over	16.3%	17.7%	N/A
Percentage Asian	4.5%	3.2%	N/A
Percentage American Indian or Alaska Native	1.3%	1.3%	N/A
Percentage Hispanic or Latino	16.7%	13.7%	N/A
Percentage non-Hispanic Black	9.3%	6.2%	N/A
Percentage non-Hispanic White	65.8%	73.7%	N/A
Social and Community Context			
Median household income	$65,372	$69,747	Income level at which half of households in a county earn more and half of households earn less
Percentage of children in poverty	20.5%	16.3%	Percentage of people under age 18 in poverty
Percentage of uninsured	12.3%	10.3%	Percentage of population under age 65 without health insurance
Percentage of educational attainment	89.5%	91.8%	Percentage of adults ages 25 and over with a high school diploma or equivalent
Employment rate	61.4%	62.5%	Percentage of population ages 16 and older employed

Sources: U.S. Census Bureau. Sedgwick County, Kansas. https://data.census.gov/profile/Sedgwick_County,_Kansas?g=050XX00US20173#race-and-ethnicity

U.S. Census Bureau. Quickfacts. https://www.census.gov/quickfacts/fact/table/sedgwickcountykansas,US/PST045223

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

Process and Methods Used

Collaborators and Consultants

The hospitals completed the 2025 CHNA in collaboration with the Sedgwick County Health Department and with contracted assistance from Wichita State University's Center for Applied Research and Evaluation (WSU-CARE). The Sedgwick County Health Department led community listening sessions within high-priority zip codes, provided public and community health expertise and insight into the most significant needs within the community, helped develop a list of key informants to interview, and provided feedback on the key informant interview guide. WSU-CARE was contracted by the hospitals to collect secondary data, develop a key informant interview guide, and conduct and thematically analyze key informant interview results.

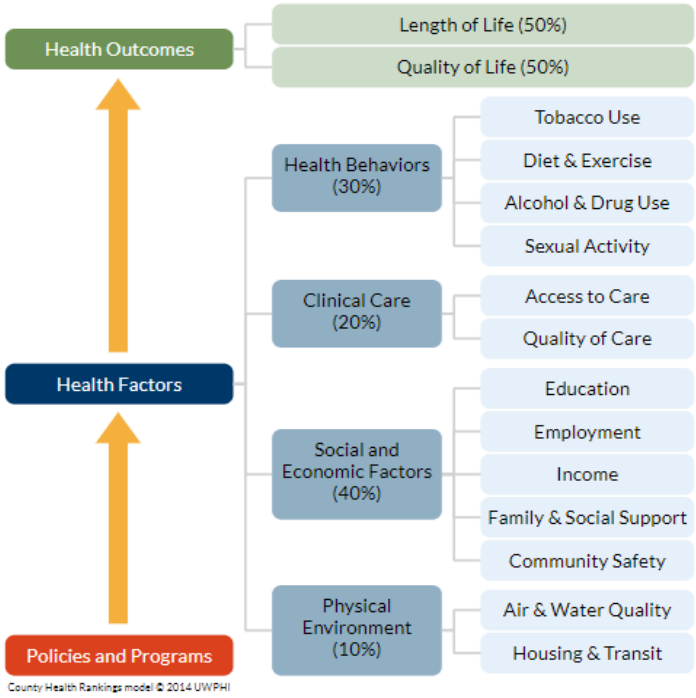


Image 2: County Health Rankings Model

Data Collection and Analysis Methodology

The hospitals are committed to using national best practices in conducting the CHNA. Health needs for Sedgwick County were determined using a combination of both community input and secondary data collection and analysis. Data were themed and categorized based on the County Health Rankings & Roadmaps model, which was developed by the Robert Wood Johnson Foundation. County Health Rankings & Roadmaps uses social determinants of health as the model for community health improvement.

Summary of Community Input

Community input, also referred to as primary data, is an integral part of a CHNA and is meant to reflect the voice of the community. This input is invaluable for efforts to accurately assess a community's health needs. A concerted effort was made to ensure that the participating individuals and organizations represented the needs and perspectives of 1) public health practice and research; 2) individuals who are medically underserved, low-income, or considered among the minority populations served by the hospitals; and 3) the broader community at large and those who represent the broad interests and needs of the community served.

Multiple methods were used to gather community input, including community listening sessions and key informant interviews. These methods provided additional perspectives on selecting and responding to top health issues facing Sedgwick County.

Community Listening Sessions

Between June 13 and September 7, 2024, 18 community listening sessions (CLS) were conducted by the Sedgwick County Health Department (SCHD) to gather feedback from the community on the health needs and assets within Sedgwick County. SCHD targeted specific, high-priority zip codes to ensure the voice of those most marginalized and underserved were captured. SCHD utilized the Social Vulnerability Index (SVI) developed by the Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry. The SVI uses 16 U.S. Census Bureau variables derived from the American Community Survey, which are grouped into four themes that cover major areas of social vulnerability:

1. Socioeconomic status
2. Household characteristics
3. Racial and ethnic minority status
4. Housing type and transportation

SCHD analyzed SVI data at both zip-code and census-tract levels to determine overlapping high-SVI areas. High-priority areas were defined as the zip codes with the highest SVI score. These zip codes were 67203, 67204, 67207, 67211, 67213, 67214, 67216, 67217, and 67218.

Interviewee Recruitment and Question Development

On May 7, 2024, SCHD staff met with the Community Health Assessment Committee to review health-related questions for the CLS. The final CLS questions were as follows:

1. What does health mean to you?
2. Are there things that make it hard for you to be healthy? If so, discuss what those things are.
3. What are things that support your efforts to be healthy?
4. What comes to mind when I say a healthy community?
5. Are there things that worry you about the health of your community? If so, discuss what those things are.
6. What are things that currently exist that support the health of your community?

SCHD staff contacted neighborhood associations, faith-based institutions, nonprofit organizations, and other associations located in high-priority areas to inquire about conducting CLS during a regularly scheduled meeting for improved attendance. Concurrently, an online survey was created in Alchemer (www.alchemer.com).

Through these efforts, SCHD was able to conduct 17 in-person sessions and one virtual session via Zoom. Electronic survey participants comprised an additional response group. The online survey was

distributed through partners via the Health Alliance and Community Health Improvement Plan workgroup, and to participants at in-person sessions to invite their friends and family members. Additional in-person and virtual sessions were scheduled, but no people attended.

Interview Protocol

At all CLS (both in-person and virtually), one SCHD employee facilitated the session while a second SCHD employee scribed. The sessions lasted 50 minutes with eight minutes per question. Participants also completed a demographic survey during the first 10 minutes of each session. CLS questions and flyers, and the online and demographic surveys, were translated into Spanish to capture the voices of Spanish-speaking community members. One session at Evergreen Community Center and Library was facilitated in Spanish only.

Participation varied at each CLS session from one to 33 participants, with a total of 182 community members attending the in-person sessions, three participants attending the virtual Zoom session, and 29 participants completing some or all questions of the electronic survey.

Analysis

Scribed CLS notes and completed online survey responses from Alchemer were uploaded into NVivio 12.2.0 Plus qualitative data analysis software (QSR International Pty Ltd. Version 12.2.0, 2018). NVivo categorized responses in a structured form, combining all responses (in-person, Zoom, and survey) for analysis and grouping responses into themes.

A summary of the CLS methodology is included in the table below.

<table>
<tr><th colspan="2">Community Listening Sessions</th></tr>
<tr><th colspan="2">Key Summary Points</th></tr>
<tr><td colspan="2">• Overall health was viewed as being more holistic — looking at the whole person, including physical, mental, and social factors.
• There is a general lack of resources for people living in high-priority zip codes (e.g., healthy food, healthcare, transportation, time, money, health literacy). This is a major barrier to being healthy, especially for low-income individuals and families.
• The built environment is a barrier to being healthy and accessing services. There are minimal safe green spaces, poor neighborhood walkability (especially to services and grocers), limited access to healthcare and social services, and limited access to healthy food options for people living in high-priority zip codes.</td></tr>
<tr><th>Populations Represented</th><th>Common Themes</th></tr>
<tr><td>• Low-income
• Medically underserved
• Persons of color (i.e., Black, Hispanic/Latino)
• Urban communities
• Community members ages 65+
• Immigrants</td><td>• More resources and services are needed for lower-income families such as health and nutrition literacy, education on preparing affordable and healthy foods, affordable health and mental care, more safe and walkable green spaces.
• There is an opportunity to optimize organizational partnerships to bring services to the community.
• There is a lack of affordable physical and mental health services.
• There is a lack of green spaces, specifically safe and clean spaces.</td></tr>
</table>

	• There is a need for health fairs in the community and the ability to safely walk/get to services and resources. • Better education is needed around health literacy, nutrition, employment benefits, and community resources. • Interpersonal relationships, social situations, and the built environment can impact health. • Barriers to accessing healthcare services include mistrust, misunderstanding, gate-keeping, not enough providers (i.e., long wait times for appointments and providers not accepting new patients), type of insurance, and healthcare costs.
Meaningful Quotes	
• "Health to me is well-rounded. It's physical and mental, and I think that includes financial wellness and, of course, nutrition." • "Everyone has access to the health and mental healthcare they need, with no waiting around on a list because they live in poverty, can't afford it, or because they have an insurance the providers aren't accepting." • "Affordable access to doctors, mental health providers, walkability to stores and groceries, and safe places for youth to just be kids."	

Key Informant Interviews

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

Interviewee Recruitment

The hospitals developed an initial list of potential key informants with input from the Sedgwick County Health Department and WSU-CARE. The final list included 42 potential interviewees, with 32 persons receiving invitations to participate in the first wave of interviews. The remaining 10 potential interviewees were to be contacted in case the target number of interviews was not reached with the first group.

Four WSU-CARE staff conducted interviews and were responsible for contacting the potential interviewees assigned to them. If the potential interviewee didn't respond after two contacts by WSU-CARE staff, no more attempts were made. WSU-CARE was able to complete 22 interviews with 23 key informants (one person invited a supervisor to participate in the interview) from the initial 32 persons invited to participate. WSU-CARE did not contact the other 10 potential interviewees. Sectors represented by participants included education, healthcare, public health, mental and behavioral health, social services, law enforcement, community-based organizations, and government entities.

Question Development

A set of questions that had been used for the previous Sedgwick County CHNA was updated for the 2025 CHNA. 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 broad

answers from participants as well as more targeted prompts. Information was also collected to document the role of the key informant in the community as well as details about their organization. The final interview instrument included 10 questions that covered a range of community issues and possible interventions.

See Appendix C for the interview instrument.

Interview Protocol

All interviews were held via Zoom. One of four WSU-CARE staff members conducted each of the interviews and also took notes. Interviews were also recorded via the Zoom platform recorder. All participants agreed to having the interview recorded. All interviews took place between Sept. 30 and Nov. 8, 2024.

The interviews lasted between 20 and 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?" or "What do you think the root contributors are?"). Interviewers asked for further explanation any time a participant was not clear, used acronyms, or said something that required more information. This helped ensure participants had an opportunity to answer every question fully and with enough detail to provide nuance for analysis.

Analysis

One researcher who has extensive qualitative analysis experience used the notes to code and create themes for each question. That researcher did not conduct any interviews and therefore offered an unbiased view of the responses. The researcher contacted the interviewers with any questions about particular interview comments. The researcher doing analysis noted how often each code was mentioned to assist in discerning the most common or highest priority themes. The researcher used the County Health Rankings & Roadmaps framework to code questions into core indicators (i.e., health outcomes, physical environment, clinical care, social determinants of health, and health behaviors). The codes and themes were reviewed by two of the researchers, including the lead Ph.D.-level researcher, who had conducted the interviews to assure the themes accurately reflected the comments made by interviewees.

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

Key Informant Interview
Key Summary Points
• Marginalized populations continue to experience greater social and health disparities (n=23) • Hospitals can impact health in the community through community-based partnerships and focusing on preventive care (n=21)

- There is a wealth of resources in the community and strong community partnerships, but greater collaboration is needed to address health and social needs and disparities (n=20)
- Despite some improvements, poor mental health and access to mental and behavioral healthcare remains a challenge (n=17)
- Access to primary care, specifically preventive care, continues to be an unmet need (n=16)
- Medicaid expansion is necessary for increased access to affordable healthcare (n=15)

Sectors Represented	Common Themes

• Public health
• Healthcare/FQHCs
• Mental/behavioral health
• Social services, including:
  ○ Services to persons with low incomes, who are food-insecure, who are housing-insecure/unhoused
  ○ Child welfare
  ○ Assistance to families and children in need
  ○ Services for immigrants/refugees
  ○ Services for older adults
• Early childhood services/child care/child welfare
• LGBTQIA+
• Law enforcement
• Transportation
• BIPOC communities
• Education/youth
• Local government
	• Lack of preventive and behavioral healthcare and resources, especially for low-income and under- and uninsured populations
	• Opportunity to improve coordination and continuation of care with community-based organizations and marginalized communities to mitigate health disparities
	• Opportunity for hospitals to participate in coalition-building, provide education and services through mobile clinics
	• Gaps in crisis care, substance misuse services, language-concordant care, and youth mental healthcare

Meaningful Quotes

- "Poverty is a health issue, and people don't normally look at it as a health issue."
- "Health disparities are preventable; unequal access to health resources can lead to higher rates of disease, disability, even death."
- "Healthcare should be a right not a privilege. Health equity is a social issue."
- "Active involvement in more marginalized communities. The constant issue of wanting to have engagement with these communities, but with a 'how do we get them to me' mentality instead of 'how do I go to them' mentality."
- "To make progress on social determinants of health, we have to get out of silos, past politics and competition to create collaboration."
- "Medicaid expansion is huge. It would allow patients to go to FQHCs and get care. It would allow hospitals to get reimbursed. It would improve overall care of poor people."

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 population's health status at the state and county level through surveys and surveillance systems. Secondary data for this report was compiled from various reputable and reliable sources (e.g., American Community Survey, U.S. Census Bureau).

Health indicators in the following categories were reviewed:

- Health outcomes
- Physical environment
- Clinical care
- Social determinants that impact health
- Disparities

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

Sedgwick County's median income and per-capita income are similar to those for the state of Kansas. Only slightly more Sedgwick County community members are living with incomes below the federal poverty guideline as compared with the state. Sedgwick County is experiencing worsening rates of sexually-transmitted infections and adult obesity. However, there are a number of indicators that are on a positive trend. Improvement can be seen in rates of adults and children who are uninsured, ratio of population to primary care physicians, rate of preventable hospital stays, reported violent crime offenses, air pollution, flu vaccinations, mammography screenings, and alcohol-impaired driving deaths.

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

Written Comments on Previous CHNA and Implementation Strategy

The hospitals' previous CHNAs and implementation strategy plans were made available to the public and open for public comment via the website: https://healthcare.ascension.org/chna. One comment was received by a graduate student and current Fellow for the Trust for Public Land. In follow-up to the inquiry, Ascension Via Christi's Community Benefit team participated in an interview, along with the director of the City of Wichita's Park & Recreation department. The interview focused on utilizing parks and greenspaces as a mode to promote health equity.

Data Limitations and Information Gaps

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

For this assessment, the following 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 ability to fully reflect the health conditions of all populations within the community.

Despite the data limitations, the hospitals are 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 qualitative and quantitative methods, and engaged the hospitals and participants from the community who represented a broad range of backgrounds and experiences.

Community Needs

The hospitals used a phased prioritization approach to identify the needs in Sedgwick County.

- First phase: Determine the broader set of **identified needs**.
- Second phase: Narrow identified needs to a set of **significant needs**.
- Third phase: Narrow the significant needs to a set of **prioritized needs** to be addressed in the implementation strategy plan.

Image 3: Ascension Needs Categories

Following the completion of the prioritization approach, the hospitals will select all, or a subset, of the significant needs as the hospitals' **prioritized needs** to develop a three-year implementation strategy. Although the hospitals may respond to many needs, the prioritized needs will be at the center of a formal implementation strategy and corresponding tracking and reporting. The image above portrays the relationship between the needs categories.

Identified Needs

The first phase was to determine the broader set of **identified needs**. Ascension has defined "identified needs" as the health outcomes or related conditions (e.g., social determinants of health) impacting the health status of Sedgwick County. Community input was themed into categories based on the County Health Rankings & Roadmaps model. The needs were categorized into groups such as health behaviors, social determinants of health, length of life, quality of life, clinical care, and systemic issues to arrive at the identified needs, and to better develop measures and evidence-based interventions that respond to the determined condition.

Significant Needs

In the second phase, identified needs were then narrowed to a set of "significant needs" determined most crucial for community stakeholders to address. The community input data was crosswalked and analyzed with over 60 secondary data indicators to determine which of the identified needs were most significant. Ascension has defined **significant needs** as the identified needs deemed most significant to respond to based on established criteria and/or prioritization methods. The prioritization process then ranked the significant needs based on the following criteria:

- Magnitude: the number of people impacted by the problem
- Severity: the risk of morbidity and mortality associated with the problem
- Impact of the problem on vulnerable populations

- Importance of the problem to the community
- Relationship of the problem to other community issues

Based on the synthesis and analysis of the data, the significant needs for the 2025 CHNA are as follows:

- Access to care
- Social determinants of health
- Health equity
- Chronic conditions

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

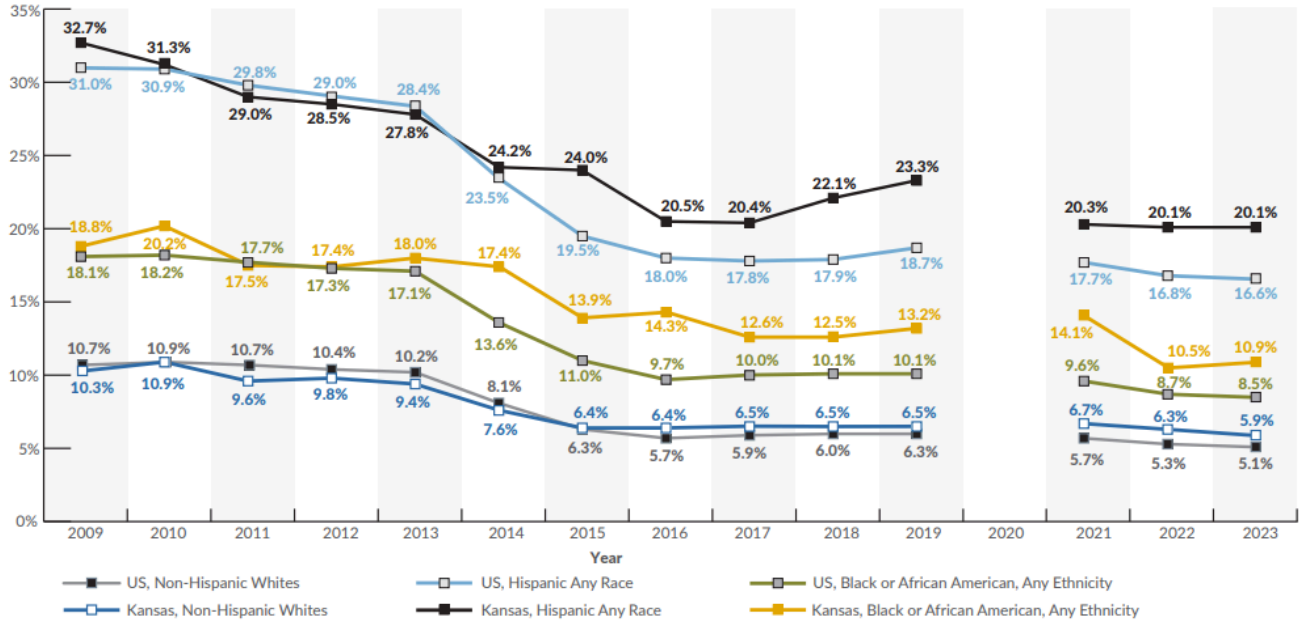
The following pages contain a description (including data highlights, community challenges and perceptions, and local assets and resources) of each significant need.

Access to Care	
Significance	**Populations Most Impacted**
Access to affordable and quality care can help detect disease and prevent adverse health outcomes. This can lead to longer, healthier, and improved quality of life.	• Low-income • Under/uninsured • Unhoused • Black, indigenous, people of color (BIPOC) • Persons with disabilities • Incarcerated • LGBTQIA+ • Immigrants / English as a second language (ESL)
Community Input Highlights	
"Social services are in a workforce crisis. I wouldn't even say it's a shortage at this point in time; it's a crisis." • Marginalized and vulnerable groups continue to experience the greatest disparities in health and social outcomes. • There is a "silo" issue between healthcare and social services. Improved engagement and collaboration with community-based organizations, social services, FQHCs, and the broader community need to be strengthened to address access to care issues. • Although there have been some improvements in access to mental and behavioral healthcare, there is still a need for increased screenings, community awareness, use of telehealth, services for youth, and providers who serve low-income, under/uninsured, and Medicaid patients. • Primary care, specifically preventive care, is a need within the community and is worse for those who are low-income, under/uninsured, and enrolled in Medicaid. • Medicaid expansion is a necessary policy change that could improve many access issues such as workforce (through competitive salaries), expand service provisions to those in need and those who are underinsured and cannot pay copays, improve community engagement by expanding resources, and reduce waitlists.	

Secondary Data Highlights

- Sedgwick County is experiencing improvements in its rates of adults and children who are uninsured, ratio of population to primary care physicians, rate of preventable hospital stays, flu vaccinations, and mammography screenings.
- About 12 percent of residents ages 65 and younger are uninsured, compared with 11 percent for Kansas.
- Sedgwick County has higher rates of premature death, suicide, HIV prevalence, chlamydia, and lower life expectancy than Kansas and the U.S.
- Sedgwick County has slightly higher infant mortality and low birth rate, diabetes, and poorer physical health and mental health days than Kansas or the top U.S. counties.
- Sedgwick County has a 1,120:1 ratio of population to primary care physicians, compared with 1,280:1 for Kansas and 1,330:1 for the U.S.
- The population ratio to mental health providers for Sedgwick County is 380:1, compared with 420:1 for Kansas and 320:1 for the U.S.

Figure 1: Uninsured Rates for Kansas and the United States for Selected Race and Ethnicity Groups, 2009-2023



Note: Due to the COVID-19 pandemic's effect on federal survey data collection, the U.S. Census Bureau did not provide data for 2020.

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau American Community Survey 1-year Estimates, Table S2701, 2009–2019 and 2021-2023

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Social Determinants of Health	
Significance	**Populations Most Impacted**
Identifying and addressing the social determinants of health (SDoH) is an important way to reduce preventable disparities in health outcomes. "Social determinants of health are the nonmedical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, worship, and age. These conditions include a wide set of forces and systems that shape daily life such as economic policies and systems, development agendas, social norms, social policies, and political systems." (The Centers for Disease Control and Prevention adapted this definition from the World Health Organization.)	• Low-income • Under/uninsured • Unhoused • Black, indigenous, people of color (BIPOC) • Persons with disabilities • Incarcerated • LGBTQIA+ • Immigrants / English as a second language (ESL)

Community Input Highlights

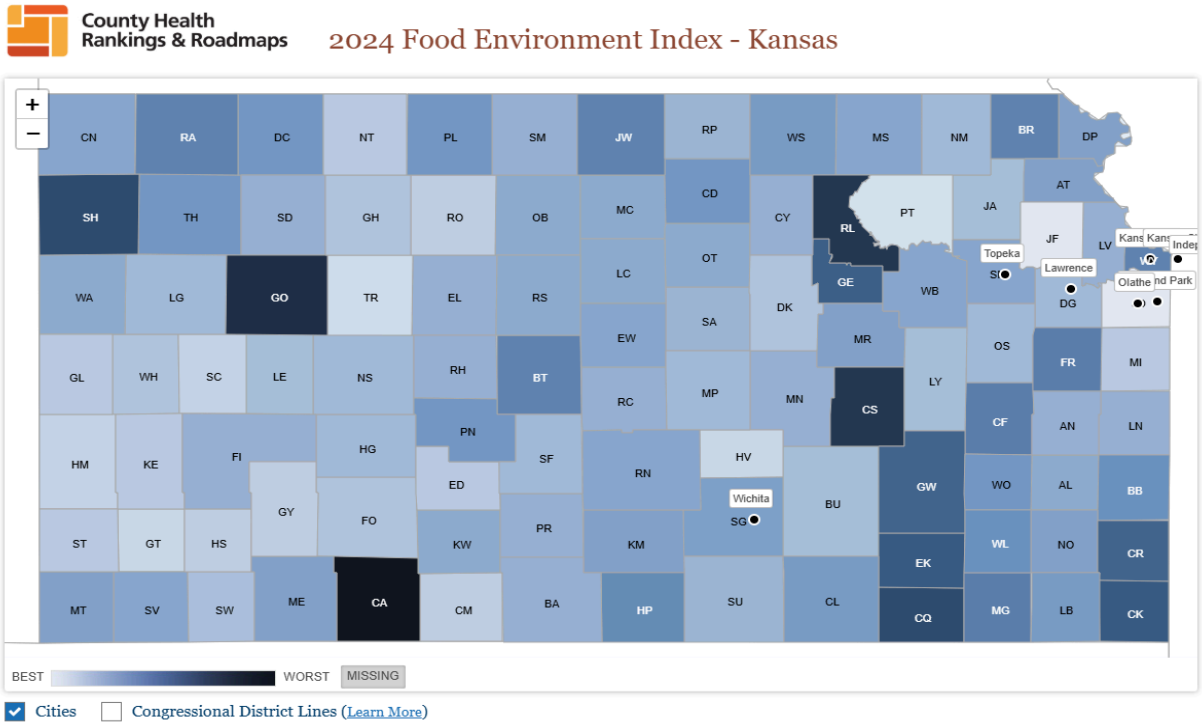
"I'm really worried when it comes to community health and the amount of people that don't have the resources like healthcare or housing and financial security."

- High-SVI (social vulnerability index) zip codes are disproportionately and adversely impacted by social determinants of health.
- High-SVI zip codes lack financial, social, educational, and health resources, which creates disparities in health outcomes.
- Lack of resources are compounded by issues with the built environment (e.g., community safety, transportation, walkability, grocery stores).

Secondary Data Highlights

- About 11 percent of Sedgwick County residents are food-insecure, compared with 10 percent for Kansas and 10 percent for the U.S.
- About 11 percent of Sedgwick County households spend 50 percent or more of their household income on housing, compared with 11 percent for Kansas and 14 percent for the U.S.
- About 13 percent of households experience severe housing problems, such as overcrowding, high housing costs, or lack of kitchen or plumbing facilities, compared with 12 percent for Kansas and 17 percent for the U.S.
- Only 63 percent of occupied housing are owned in Sedgwick County, compared with 67 percent for Kansas and 65 percent for the U.S.

Figure 2: Food Index, Access to Health Food and Food Insecurity, 2019 & 2021



Source: County Health Rankings & Roadmaps, USDA Food Environment Atlas; Map the Meal Gap from Feeding America, (2019 & 2021). https://www.countyhealthrankings.org/health-data/health-factors/health-behaviors/diet-and-exercise/food-environment-index?state=20&year=2024#map-anchor

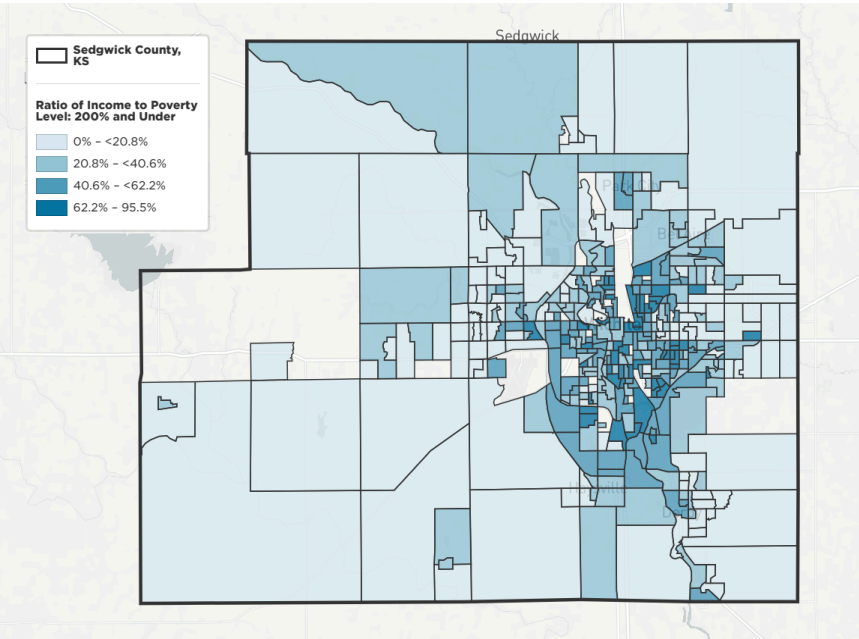
Health Equity	
Significance	**Populations Most Impacted**
Many health disparities are driven by systemic issues such as poverty and discrimination. Health disparities disproportionately impact specific groups and populations within the community. Health equity strives to improve opportunities for everyone to live a healthy life.	• Low-income • Under/uninsured • Unhoused • Black, indigenous, people of color (BIPOC) • Persons with disabilities • Incarcerated • LGBTQIA+ • Immigrants / English as a second language (ESL)
Community Input Highlights	
"Active involvement in more marginalized communities. The constant issue of wanting to have engagement with these communities, but with a 'how do we get them to me' mentality instead of 'how do I go to them' mentality." *"Healthcare should be a right, not a privilege. Health equity is a social issue."*	

- Discrimination and stigma exacerbate health and social issues for marginalized communities.
- Low-income and people of color lack access to or feel uncomfortable accessing healthcare due to bias in the medical system.
- There is a lack of engagement with the most marginalized communities within the county.
- Populations often cited as experiencing the highest disparities include Black and Hispanic communities (including those with limited English proficiency), people who are under/uninsured, people with low levels of education and/or health literacy, and people with substance misuse issues. Others include LGBTQIA+, incarcerated, undocumented, older adults, and people with disabilities.

Secondary Data Highlights

- The median household income is below the state and U.S. median incomes ($64,000 for Sedgwick County; $68,800 for Kansas; and $74,000 for the U.S.).
- The rate of people with incomes below the federal poverty level in Sedgwick County (13.7 percent) is slightly higher compared with the state of Kansas (11.7 percent) and the U.S. (12.5 percent).
- The percentage of children living in poverty is higher (19 percent) in Sedgwick County than the state of Kansas (14 percent) and the U.S. (16 percent). This number is higher for specific racial groups: 12 percent of American Indian and Alaska Native, 20 percent of Asian, 36 percent of Black, and 28 percent of Hispanic children in Sedgwick County are living in poverty, compared with only 9 percent of white children.
- In Sedgwick County, households with higher incomes had income 4.4 times that of households with lower incomes.
- About 55 percent of children in Sedgwick County qualify for free or reduced-price lunch, compared with 43 percent in Kansas and 51 percent in the U.S.
- Sedgwick County has a residential segregation index of 54 for Black and white residents, compared with 59 for Kansas and 63 for the U.S. This index can range from 0 to 100, with lower values representing less residential segregation and a value of 100 representing complete segregation.
- Premature deaths and low birthweight are significantly higher among the Black community than any other race (see “Disparities” table in Appendix D).

Figure 3: Sedgwick County Ratio of Income to Poverty Level: 200% and Under



Source: My Sidewalk Reports. U.S. Census Bureau ACS 5-year (2019-2023).
https://reports.mysidewalk.com/0fed8d0794#c-1113419

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Chronic Conditions	
Significance	**Populations Most Impacted**
The built environment where people live, work, and play affects people's ability to access healthy food and opportunities to exercise. These factors, along with genetics and other social and personal factors, influence the risk of developing chronic conditions. Adult obesity puts individuals at risk of developing other chronic conditions such as Type 2 diabetes, hypertension, mental illness, COPD and other breathing problems, and heart disease.	• Under/uninsured • Low-income

Community Input Highlights

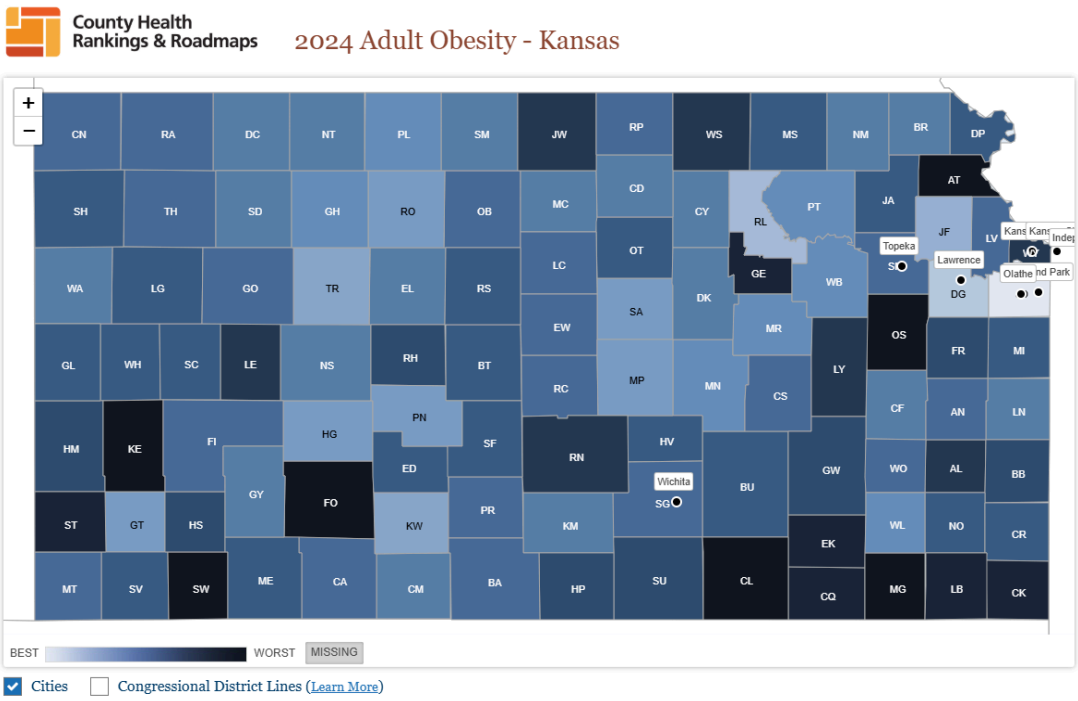
"Hospitals can collaborate with community programs, provide preventive care outreach, and support mental health initiatives for children and families to address disparities outside of acute care settings."

- The impacts of living in poverty, experiencing systemic discrimination and stigma, and being unable to receive physical and mental healthcare and social services influence higher rates of substance misuse, mental health issues, and chronic diseases such as diabetes, obesity, and high blood pressure.
- Chronic issues are often co-occurring, and are further impacted by social determinants of health, such as food insecurity, physical inactivity, and low health literacy.
- Preventive services and educational programs are needed in high-SVI areas to address disparities in chronic conditions.

Secondary Data Highlights

- About 11 percent of adults 20 years and older have a diabetes diagnosis in Sedgwick County, compared with 10 percent in Kansas and 10 percent in the U.S.
- About 39 percent of adults 20 years and older are considered obese, which is higher than both Kansas (37 percent) and the U.S. (34 percent).
- More adults are reported to smoke in Sedgwick County (18 percent) than Kansas (16 percent) or the U.S. (15 percent).
- More adults ages 20 years and older in Sedgwick County (25 percent) reported no leisure-time physical activities, compared with 23 percent for both Kansas and the U.S.

Figure 4: Adult Obesity by County in Kansas



Source: County Health Rankings & Roadmaps, (2024). https://www.countyhealthrankings.org/health-data/health-factors/health-behaviors/diet-and-exercise/adult-obesity?state=20&year=2024#map-anchor

Next Steps: Prioritized Needs

In the third phase, which will take place following the completion of the CHNA as outlined in this report, the hospitals will narrow the significant needs to a set of prioritized needs. Ascension defines **prioritized needs** as the significant needs that the hospitals have prioritized to respond to through the three-year CHNA cycle: July 1, 2025 to June 30, 2028. The implementation strategy will also describe why certain significant needs were not selected as a prioritized need to be addressed by the hospital.

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Summary of Impact of 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.

Ascension Via Christi's previous CHNA cycle was completed June 30, 2025, and responded to the following priority health needs: access to care (including mental health), food insecurity, and transportation. Note: The report reflects only two years of the CHNA cycle, as the third year was not complete at the time this report was written.

Highlights from the AVC's previous implementation strategy include:

Access to care:

From July 1, 2022, to June 30, 2024, the Dispensary of Hope, or 340b Drug Pricing Program, in Sedgwick County wrote more than 24,700 30-day prescriptions to help eligible individuals afford their medications. The program was also expanded to the Ascension Via Christi hospitals in Pittsburg and Manhattan. This amounted to a total of $333,415 in clinical hours, program fees, and cost of supplies (e.g., vials, lids, and labels).

Food insecurity:

Food insecurity remained a need across all communities served by AVC. This need became greater in many communities when the pandemic funds for the Supplemental Nutrition Program ended in the spring of 2023. Hospital associates rallied around the importance of addressing food insecurity within Sedgwick County by volunteering countless hours to collect, make, deliver and serve food for those in need. Associates volunteered with the Catholic Care Center, The Lord's Diner, and HumanKind to serve over 1,620 individuals in fiscal year 2024. In FY 2023, AVC leadership focused on a food security service project. At the Mission Leadership Retreat, a total of $1,800 was raised and donated to organizations that provide food in each of our ministries: Flint Hills Breadbasket, The Lord's Diner, Wesley Home Food Pantry, and Mario's Food Bank. Mission teams also rallied associates to volunteer on the third Thursday of the month to serve food at The Lord's Diner. Lastly, medical staff adopted a Meals on Wheels route, spending 4.5 hours delivering 15 meals.

Transportation:

If a patient needs to be transferred to another facility for medical services, AVC provides or arranges transportation at no cost for those who lack transportation or are unable to drive. From July 1, 2022, to June 30, 2024, transportation was provided to more than 3,500 individuals across all of AVC's ministries. Security staff at the Wichita and St. Teresa hospitals ensured community safety by assisting 278 individuals with battery jumps, flat tires, and other visitor vehicle assistance free of cost in FY 2024.

A full evaluation of our efforts to address the community needs prioritized through the 2023-2025 CHNA can be found in Appendix F.

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Approval by Ascension Via Christi Board of Directors

To ensure Ascension Via Christi's efforts meet the needs of the community and have a lasting and meaningful impact, the 2025 CHNA was presented to each hospital's board of directors for approval and adoption by June 30, 2025. 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 CHNA and endorses the identified health needs.

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Conclusion

Ascension Via Christi Hospitals Wichita, Ascension Via Christi Hospital St. Teresa, Ascension Via Christi Rehabilitation Hospital, Kansas Surgery and Recovery Center, and Rock Regional Hospital hope this report offers a meaningful and comprehensive understanding of the most significant needs of Sedgwick County. This report will be used by internal stakeholders, nonprofit organizations, government agencies, and other AVC community partners to guide the implementation strategies and community health improvement efforts as required by the Affordable Care Act. The 2025 CHNA will also be available to the broader community as a useful resource for further health improvement efforts.

As a Catholic health ministry, AVC is dedicated to spiritually centered, holistic care that sustains and improves the health of not only individuals but the communities it serves. With special attention to those who are underserved and marginalized, we are advocates for a compassionate and just society through our actions and words. AVC is dedicated to serving patients with compassionate care and medical excellence, making a difference in every life we touch. The hospitals value the community's voice and welcome feedback on this report. Please visit Ascension's public website (https://healthcare.ascension.org/chna) to submit any comments or questions.

Appendices

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Appendix A: Definitions and Terms

Catholic Health Association of United States (CHA) "is recognized nationally as a leader in community benefit planning and reporting."[3] The definitions in Appendix A are based on the CHA guide *Assessing and Addressing Community Needs, 2015 Edition II,* which can be found at chausa.org.

Community Listening Sessions (also referred to as Community Forums)

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

Demographics

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

Key Informant 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 (including computer/video calls). 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 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. Could also be referred to as Stakeholder Interviews.

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.

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.

[3] Catholic Health Association of the United States. (2015). *Assessing & Addressing Community Health Needs, 2015 Edition II*.

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Appendix B: Community Demographic Data and Sources

The tables below provide further information on the community's demographics. The descriptions of the data's importance are largely drawn from the County Health Rankings & Roadmaps website.

Table B1: Population

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

Population	Sedgwick County	Kansas	U.S.
Total	528,469	2,940,547	334,914,896
Male	49.8%	50.2%	49.5%
Female	50.2%	49.8%	50.5%
Data source: U.S. Census Bureau 2020 ACS 5-Year Estimates Data Profiles, Table DP05			

Table B2: Population by Race or Ethnicity

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

Race or Ethnicity	Sedgwick County	Kansas	U.S.
American Indian and Alaska Native	3.0%	3.2%	2.6%
Asian	5.2%	3.9%	7.4%
Black / African American	11.6%	7.7%	14.4%
Hispanic / Latino	14.6%	11.9%	19.4%
Native Hawaiian and Other Pacific Islander	0.2%	0.3%	0.5%
White	81.7%	86.4%	72.3%
Another race	12.8%	10.7%	16.4%
Data source: U.S. Census Bureau 2020 ACS 5-Year Estimates Data Profiles, Table DP05			

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Table B3: Population by Age

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

Age	Sedgwick County	Kansas	U.S.
Median Age	36.4	37.9	39.2
Age 0-19	27.2%	26.2%	24.2%
Age 20-64	56.3%	56.2%	58%
Age 65+	16.4%	17.6%	17.7%

Data source: U.S. Census Bureau 2020 ACS 5-Year Estimates Data Profiles, Table DP05

Table B4: Income

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

Income	Sedgwick County	Kansas	U.S.
Median Household Income	$66,646	$70,333	$77,719
Per Capita Income	$35,981	$38,361	$43,313
People with incomes below the federal poverty guideline	15%	12%	13%
ALICE Households	25%	26.7%	29%

Data sources: U.S. Census Bureau 2020: ACS 5-Year Estimates Data Profiles, Table S1902
U.S. Census Bureau 2023: ACS 5-Year Estimates Data Profiles, Table DP03
United for Alice. 2022. National overview. https://www.unitedforalice.org/national-overview

Table B5: Education

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

Education	Sedgwick County	Kansas	U.S.
High school diploma or higher (25 years and over)	90.0%	91.7%	89.8%
Bachelor's degree or higher (25 years and over)	31.7%	35.8%	36.2%
Data source: U.S. Census Bureau 2023: ACS 1-Year Estimates Data Profiles, Table S1501			

Table B6: 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.

Insurance	Sedgwick County	Kansas	U.S.
Uninsured (19 to 64 years)	14.4%	11.9%	11%
Medicaid participation	n/a	n/a	n/a
Data source: U.S. Census Bureau 2019: ACS 5-Year Estimates Data Profiles, Table B27001			

Appendix C: Community Input Data and Sources

Section C1: Community Listening Sessions

Table C1: Self-Reported ZIP Codes of CLS Participants

ZIP Code	Number of CLS Participants	Percent (%)
Priority ZIP Codes		
67203	10	11.9%
67204	2	2.4%
67207	3	3.6%
67211	9	10.7%
67213	16	19%
67214	15	17.9%
67216	19	22.6%
67217	2	2.4%
67218	8	9.5%
Subtotal	84	
Other ZIP Codes (23)	76	40%
Unknown ZIP Codes	30	15.8%
Total	190	

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Table C2: Self-reported Sex, Age Range, Race, Ethnic Heritage, and Education Level of CLS Participants

Demographics	Number	Percent (%)
Gender		
Female	128	66.7%
Male	45	23.4%
Other	5	2.6%
Unknown	15	7.3%
Total	193	
Age Range		
Less than 18	16	8.3%
18-24	20	10.4%
25-39	49	25.4%
40-54	32	16.6%
55-64	26	13.5%
65+	50	26%
Unknown	0	0%
Total	193	
Race and Ethnicity		
White or European	98	50.8%
Black or African American	42	22%
American Indian or Alaskan Native	1	0.5%
Asian or Asian American	1	0.5%
Middle Eastern or North African	0	0%
Native Hawaiian or Pacific Islander	0	0%
Two or more Races/Ethnicities	20	10.4%
Black or African American and White or European^	4	2.1%
Black or African American and Hispanic or Latino^	3	1.6%
White or European and Hispanic or Latino^	3	1.6%
Hispanic or Latino	27	14.0%
Other	0	0%
Unknown	4	2.1%
Total	193	
Education Level		
Did not graduate high school	17	8.8%
High school	55	28.5%
Associates	27	14.0%
Undergraduate Level	44	22.8%
Graduate Level (Master's)	33	17.1%
Doctorate	4	2.1%
Other*	4	2.1%
Unknown	9	4.7%
Total	193	
*Self-identified completed Tech or Trade school		
^Numbers included in Two or more Races/Ethnicities row		

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Table C3: Self-reported Age Range by Gender among CLS Participants

	Gender									
	Female		Male		Other		Unknown		Total	
Age Range	Number	Percent (%)	Number	Percent (%)	Number	Percent (%)	Number	Percent (%)	Number	Percent (%)
Less than 18	7	3.6%	7	3.6%	1	0.5%	1	0.5%	16	8.3%
18-24	11	5.7%	4	2.1%	2	1%	3	1.6%	20	10.4%
25-39	33	17.1%	8	4.1%	2	1%	6	3.1%	49	25.4%
40-54	20	10.4%	10	5.2%	0	0%	2	1.0%	32	16.6%
55-64	24	12.4%	1	0.5%	0	0%	1	0.5%	26	13.5%
65+	33	17.1%	15	7.8%	0	0%	2	1%	50	26%
Unknown	0	0%	0	0%	0	0%	0	0%	0	0%
Total	128		45		5		15		193	

Table C4: Demographic Information of Sedgwick County Population in 2023 Compared to CLS Population

	CLS Participants		SG Population
Demographics	Number	Percent (%)	Percent (%)
Race			
White or European	102	62.2%	69.3%
Black or African American	46	28.0%	8.0%
American Indian or Alaskan Native	2	1.2%	0.7%
Asian or Asian American	1	0.6%	4.0%
Native Hawaiian or Pacific Islander	0	0.0%	0.0%
Two or more races	13	7.9%	13.2%
Other	0	0.0%	0.6%
Ethnic Heritage			
Hispanic or Latino	35	18.5%	16.7%
Not Hispanic or Latino	154	81.5%	83.3%
Education Level			
Less than high school	17	8.9%	10.0%
High school graduate (includes equivalency)	55	28.6%	27.0%
Some college or associate's degree	39	20.3%	33.7%
Bachelor's degree	44	22.9%	19.4%
Graduate or professional degree	37	19.3%	9.8%

Source: U.S. Census Bureau American Community Survey (ACS) 2023 5-year Estimates

Section C2: Key Informant Interviews

Figure C1: Key Informant Interview Guide

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

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 Sedgwick County.

2. How would you describe Sedgwick County related to the health of its residents?

   Prompts:

   a. In your view, what are the top three strengths of the community?

   b. In your view, what are the top three weaknesses of the community?

      i. What do you think are the root contributors to these weaknesses?

3. An analysis of secondary data in Sedgwick 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. Has this issue worsened or gotten better in the past few years?

   b. In your experience, what's the root cause of these issues?

4. What are the most important health issues you see in your community besides the needs we just discussed?

   Prompts:

   a. What barriers are impacting the top health needs?

5. What are the most important social issues that you see in your community?
6. What specific populations, if any, are disproportionately affected by the health and social issues just mentioned?
7. What health services are lacking for the people you work with?
8. How could hospitals in your community potentially improve health or reduce health disparities beyond traditional health care?
9. What policies or resources are needed to help address the top health needs?
10. Anything else you would like to add?

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Table C5: Key Informant Major Themes

Theme	Supporting information
Marginalized populations continue to experience greater, compounding social and health disparities. (n=23)	There was agreement across all participants that marginalized and vulnerable populations in Sedgwick County persist in experiencing the greatest disparities in health and social outcomes. Populations most often cited as experiencing the highest disparity include Black and Hispanic communities (including those with limited English proficiency or LEP), people without insurance or who are underinsured, people living in poverty, people experiencing homelessness or housing insecurity, people with low levels of education and/or health literacy, and those dealing with substance misuse issues. Many participants discussed the intersections of these identities and how that overlap can often lead to greater disparities. Other populations at risk for disparities included the LGBTQIA+ community, people who are incarcerated, people who are undocumented, older adults, and people with disabilities. The top three health behaviors and outcomes (outside of healthcare access, which is discussed in subsequent sections) cited by participants included substance misuse, chronic disease, and inability to access healthy food, which participants noted are often over-represented in marginalized communities. The impacts of living in poverty, experiencing systemic discrimination and stigma, and being unable to receive the physical and mental healthcare and social services needed influence higher rates of substance misuse and mental health issues and chronic disease such as diabetes, obesity, and high blood pressure. These chronic issues are often co-occurring and are further impacted by social determinants of health, such as inability to access healthy food, physical inactivity, and low health literacy. Experiences of discrimination and stigma exacerbate health and social disparities for marginalized communities. Many participants cited the lack of equity that persists in healthcare delivery in Sedgwick County, noting that populations such as low-income individuals and people of color either lack access or feel uncomfortable accessing healthcare due to bias in the medical system (both historically and currently). Discrimination impacts worsening health outcomes such as higher rates of infant mortality among Black families, higher rates of chronic disease, and lower quality of care. Experiences of stigma and discrimination extend beyond racial and ethnic minorities, also impacting populations such as older adults, people experiencing substance misuse disorder (and often co-occurring issues such as homelessness or mental health challenges), and LGBTQIA+ community members. Many participants also identified the need for culturally appropriate and language-concordant care among all types of services. Finding and recruiting more providers that look like the people they serve, being more open to language access and using interpreter services and utilizing community health workers and navigators are all ways to ensure people are able to access the care they need in ways that are culturally relevant and to promote health equity.

	Some participants noted there is a lack of engagement with the most marginalized communities within the county, identifying relationship-building as a possible strategy to mitigate health disparities. One participant noted that communication with underserved communities improved during the pandemic but has since tapered off. Other participants identified there is a lack of engagement with people who have the specific lived experiences in question, and there are further gaps in representation in positions of county leadership.
Hospitals can impact health in the community through community-based partnerships and focusing on preventive care. (n=21)	When asked how hospitals can impact and improve health in the community, participants most often cited the need for continued and expanded partnerships with community-based organizations (CBOs) and FQHCs. Specifically, hospitals should strengthen partnerships with CBOs that serve those with the greatest social service needs and who are high utilizers. Participants noted there is a strong network of social service agencies in Sedgwick County that are already established in the community and would be willing to partner with hospitals to meet community needs that are not medical but are being medicalized due to billing needs and reimbursement rates. One participant described this as having the money follow the referral, ideally reducing the excess burden on hospitals and emergency departments. Another described how wraparound care in the hospital setting is not always the most beneficial, given the high needs for medical care and the existing social service network in the county. Knowledge of and partnership with existing community resources may help facilitate warm hand-offs for individuals most in need of continued support. Specific needs for community partnership include preventive care and health education and community-based outreach and services. Delayed healthcare seeking and focusing only on acute care needs was mentioned by several participants as an ongoing issue among community members. Participants cited hospital partnerships as a possibility for community education on when and how to engage with health services. Focusing on prevention may also help lessen this burden on emergency departments. One participant noted that Ascension Via Christi currently provides prevention services that other hospitals do not, but that a greater focus on prevention is necessary. Another mentioned that short appointment times may be causing issues focusing on preventive care, and the importance of ensuring conversations are happening about mental and physical health and providing education about available community resources. Conducting outreach and providing services in the community are also of high importance to participants, with several noting the need for hospitals to participate in coalition building and provide education and services outside of the walls of the hospital, such as mobile clinics and services.
The community has a wealth of resources and strong partnerships, but greater collaboration is needed to address	When asked about strengths in the community, participants overwhelmingly identified the strong network of health and social services available in Sedgwick County, and an awareness of and commitment to improving health in the community. Participants noted the large number of CBOs, businesses, community partners, academic relationships, and healthcare entities that are all focused on

health and social needs and disparities. (n=20)	improving health in Sedgwick County. However, a need remains for greater collaboration among existing organizations and service providers. Some participants noted that collaboration has increased since the pandemic, but silos remain. Many participants used the term 'silos' to discuss how community organizations and service providers operate in Sedgwick County. Participants also cited the need to focus on collaboration over competition, both over clients and over politics. Some participants noted the growing divide and politicization of public health in the community, leading to ongoing policy issues and inability to reduce disparities for those most at risk. One participant noted that the growing political divide has resulted in further exclusion for health departments, exacerbating the "silo" issue. The political divide has specifically impacted the LGBTQIA+ community's ability to receive necessary health services. Participants noted the importance of learning to work together despite differences, and the need for working together for collective impact.
Despite some improvements, poor mental health and access to mental and behavioral healthcare remains a challenge. (n=17)	Participants most often cited a lack of necessary mental and behavioral healthcare providers and services as the biggest needs related to mental health in the community. Some participants acknowledged improvements in this area, including mental health staff at FQHCs, increased screening efforts, increased community awareness, and increased use of telehealth. However, there is agreement that there are still not enough providers and services available to meet demand. Regarding the dearth of providers, participants pointed to workforce challenges. The biggest drivers included salary and benefits that are not competitive, demanding work leading to burnout, clinicians opting to leave the state for better opportunities, environment, and pay, and lack of training in specialties such as psychiatry. Some noted that there are many available providers; however, they do not accept patients most in need such as those receiving Medicaid. Un- and underinsured and low-income patients continue to face the biggest disparities in mental and behavioral healthcare access, especially when it comes to psychiatry or providers who can prescribe medication. Specific service gaps discussed by participants included crisis care, substance use treatment and medical detox, language-concordant care, and youth mental healthcare. Specifically related to youth mental health, participants noted a lack of crisis care for youth, child and adolescent psychiatric providers, as well as safe and affirming spaces and activities for youth. Problematic technology and social media use was mentioned as a driver of increasing youth mental health needs in the community.
Access to primary care, specifically preventive care, continues to be an unmet need. (n=16)	Access to primary care, specifically preventive care, was cited by participants as an ongoing community need. Similar to commentary on mental healthcare providers, participants noted that an overall lack of providers and those who accept un- and underinsured and low-income patients are the biggest challenges. Similar workforce challenges were noted for primary care providers including burnout, leaving the area for better pay and benefits, going into specialty fields for higher

	compensation, and challenges with retirement and recruiting young providers. When considering the most needed aspects of primary care, participants noted affordability concerns and lack of preventive care. Citing a dearth of truly free services, participants noted that many low-income patients will only be seen once or twice before they can no longer afford care, and many lack access to even the most basic healthcare services due to cost. Screening and prevention were often cited as needs to help maintain an overall healthier population, including free and low-cost health screenings and prevention programs and classes. Participants also linked a lack of preventive care to delays in seeking healthcare. Inability to receive routine care leads to over-utilization of emergency departments for basic health care, as well as a greater focus on acute health needs instead of ongoing prevention and maintenance.
Medicaid expansion is needed for increased access to and affordability of healthcare. (n=15)	When asked about necessary policy changes that would help improve health in Sedgwick County, participants overwhelmingly pointed to Medicaid expansion. Participants noted that expanding Medicaid in Kansas would allow them to pay their staff higher wages, would expand service provision to those most in need, such as those who are underinsured and cannot meet their co-pays, would foster greater engagement in the community due to expanded resources, and would reduce waitlists for necessary services.

Appendix D: Secondary Data and Sources

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

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

How To Read These Charts

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

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

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

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

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

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

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

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Table D1: Health Outcomes

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

Indicators	Trend	Sedgwick County	Kansas	United States	Description
Length of Life					
Premature Death		9,700	8,100	8,000	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
Life Expectancy		75.5	77.0	77.6	How long the average person should live.
Infant Mortality		7	6	6	Number of all infant deaths (within 1 year) per 1,000 live births.
Physical Health					
Poor or Fair Health		15%	14%	14%	Percent of adults reporting fair or poor health.
Poor Physical Health Days		3.4	3.2	3.3	Average number of physically unhealthy days reported in past 30 days (age-adjusted).
Frequent Physical Distress		10%	10%	10%	Percent of adults 14 or more days of poor physical health per month.
Low Birth Weight		8%	7%	8%	Percent of babies born too small (less than 2,500 grams).
Fall Fatalities 65+		N/A	101.7	N/A	Number of injury deaths due to falls among those 65 years of age and over per 100,000 population.
Mental Health					
Poor Mental Health Days		5.1	5.0	4.8	Average number of mentally unhealthy days reported in the past 30 days.
Frequent Mental Distress		16%	16%	15%	Percent of adults reporting 14 or more days of poor mental health per month.
Suicide		19	18	N/A	Number of deaths due to suicide per 100,000.
Morbidity					
Diabetes prevalence		11%	10%	10%	Percent of adults aged 20 and above with diagnosed diabetes.
Cancer Incidence		N/A	154	N/A	Number of new cancer diagnoses per 100,000.
Communicable Disease					
HIV Prevalence		210	143	382	Number of people aged 13 years and over with a diagnosis of HIV per 100,000.
Sexually Transmitted Infections		639.7	506.1	495.5	Number of newly diagnosed chlamydia cases per 100,000.

Sources: *County Health Rankings & Roadmaps (2024). Health Data.*
https://www.countyhealthrankings.org/health-data/kansas/sedgwick?year=2024
https://www.countyhealthrankings.org/explore-health-rankings, https://www.cdc.gov/falls/data-research/index.html,
https://cancerstatisticscenter.cancer.org/states/kansas, https://www.countyhealthrankings.org/health-data/kansas/sedgwick?year=2024

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Table D2: Social and Economic Factors

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

Indicators	Trend	Sedgwick County	Kansas	United States	Description
Economic Stability					
Median Household Income		$64,000	$68,800	$74,000	Income where half of households in a county earn more and half of households earn less.
Unemployment		3.1%	2.7%	3.7%	Percentage of population ages 16 and older unemployed but seeking work.
Poverty		13.7%	11.2%	12.5%	Percentage of population living below the Federal Poverty Line.
Childhood Poverty		19%	14%	16%	Percentage of people under age 18 in poverty.
Educational Attainment					
High School Completion		89%	92%	89%	Percentage of ninth grade cohort that graduates in four years.
Some College		67%	71%	68%	Percentage of adults ages 25-44 with some post-secondary education.
Social/Community					
Children in single-parent homes		25%	21%	25%	Percentage of children that live in a household headed by a single parent.
Social Associations		9.6	13.2	9.1	Number of membership associations per 10,000 population.
Disconnected Youth		8%	6%	7%	Percentage of teens and young adults ages 16-19 who are neither working nor in school.
Violent Crime		9.3	4.5	-	Number of reported violent crime offenses per 1,000 population.
Access to Healthy Foods					
Food Environment Index		7.6	7.1	7.7	Index of factors that contribute to a healthy food environment, 0-worst 10-best.
Food Insecurity		11%	10%	10%	Percent of the population who lack adequate access to food.
Limited Access to Healthy Foods		9%	8%	6%	Percent of the population who are low-income and do not live close to a grocery store.

Sources: *County Health Rankings & Roadmaps (2024). Health Data.* https://www.countyhealthrankings.org/explore-health-rankings, https://www.countyhealthrankings.org/health-data/kansas/sedgwick?year=2024

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Table D3: Physical Environment

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

Indicators	Trend	Sedgwick County	Kansas	United States	Description
Physical Environment					
Severe housing cost burden*		11%	11%	14%	Percentage of households that spend 50% or more of their household income on housing.
Severe Housing Problems		13%	12%	17%	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		6.3	6.7	7.4	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).
Homeownership		63%	67%	65%	Percentage of occupied housing units that are owned.
Sources: https://www.countyhealthrankings.org/explore-health-rankings, https://www.countyhealthrankings.org/health-data/kansas/sedgwick?year=2024					

Table D4: Clinical Care

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

Indicators	Trend	Sedgwick County	Kansas	United States	Description
Healthcare Access					
Uninsured		12%	11%	10%	Percentage of population under age 65 without health insurance.
Uninsured Adults		16%	13%	12%	Percentage of adults under age 65 without health insurance.
Uninsured children		5%	5%	5%	Percentage of children under age 19 without health insurance.
Primary Care Physicians		1,120:1	1,280:1	1,330:1	Ratio of population to primary care physicians.
Mental Health Providers		380:1	420:1	320:1	Ratio of the population to mental health providers.
Hospital Utilization					
Preventable Hospital Stays*		2,230	2,576	2,681	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.
Preventive Healthcare					

Flu Vaccinations		52%	47%	46%	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.
Mammography Screenings		52%	47%	43%	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.
Source: *https://www.countyhealthrankings.org/explore-health-rankings https://www.countyhealthrankings.org/app/kansas/2021/rankings/sedgwick/county/outcomes/overall/snapshot *https://www.countyhealthrankings.org/app/kansas/2021/measure/factors/5/data*					

Table D5: Health Behaviors

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

Indicators	Trend	Sedgwick County	Kansas	United States	Description
Healthy Life					
Adult Obesity		39%	37%	34%	Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2.
Physical Inactivity		25%	23%	23%	Percentage of adults age 20 and over reporting no leisure-time physical activity.
Access to Exercise Opportunities		82%	80%	84%	Percentage of population with adequate access to locations for physical activity.
Insufficient Sleep		35%	33%	33%	Percentage of adults who report fewer than 7 hours of sleep on average.
Motor Vehicle Crash Deaths		14	14	12	Number of motor vehicle crash deaths per 100,000 population.
Teen Births		25	19	17	Number of births per 1,000 female population ages 15-19.
Substance Misuse					
Adult Smoking		18%	16%	15%	Percentage of adults who are current smokers.
Excessive Drinking		17%	20%	18%	Percentage of adults reporting binge or heavy drinking.
Alcohol-Impaired Driving Deaths		16%	20%	26%	Percent of Alcohol-impaired driving deaths.
Drug Overdose Deaths		N/A	13.6	N/A	Rate of drug overdose deaths per 100,000 people.
Sources: *https://www.countyhealthrankings.org/explore-health-rankings, https://www.cdc.gov/overdose-prevention/data-research/facts-stats/sudors-dashboard-fatal-overdose-data.html, https://www.countyhealthrankings.org/health-data/kansas/sedgwick?year=2024*					

Table D6: Disparities

Why they are important: Differences in access to opportunities that affect health can create differences between groups of people in the community. A focus on equity is important to improving health for everyone in the community.

Indicator	Population	Measure
Premature Death	**Overall** American Indian & Alaskan Native Asian Black Hispanic White	**9,700** 13,100 4,100 17,100 7,600 8,800
Low Birthweight	**Overall** American Indian & Alaskan Native Asian Black Hispanic White	**8%** 12% 8% 15% 7% 7%
Sources: https://www.countyhealthrankings.org/explore-health-rankings, https://www.countyhealthrankings.org/health-data/kansas/sedgwick?year=2024		

Appendix E: Health Care Facilities and Community Resources

As part of the CHNA process, Ascension Via Christi has cataloged resources available in Sedgwick County that address the significant needs identified in this CHNA. Resources may include acute care facilities (hospitals), primary and specialty care clinics and practices, mental healthcare providers, and other nonprofit 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. Additional resources can be found at https://neighborhoodresource.findhelp.com/.

Table E1: Access to Care (including Chronic Conditions and Mental/Behavioral Health)

Organization Name	Website / Phone	Services
Kansas Children's Service League	kcsl.org 316-942-4261 x1312	Outpatient mental health services for children and their families
Salvation Army	centralusa.salvationarmy.org/wichita/ 316-263-2195	Prescription assistance, vision screenings, visual/reading aids
Leukemia and Lymphoma Society	lls.org/copay 316-266-4050	Co-pay assistance program
Children's Miracle Network	viachristi.org/cmnhospitals 316-239-3528	Medication assistance, hearing aids, medical equipment
Central Plains Health Care Partnership - Project Access	cphcp.com 316-688-0600	A physician led, community based program that coordinates voluntary, donated medical care and services for uninsured, low-income people residing in Sedgwick County. Enrollment sites are available at HealthCore Clinic, Guadalupe Clinic, Wichita/Sedgwick County Health Department, Hunter Health Clinic, and GraceMed Health Clinic. Enrolled patients receive donated medical care as well as access to generic prescriptions for a $6.00 co-pay.
Sedgwick County	sedgwickcounty.org 316-660-7443	MyCountyCares The One Card Prescription/Health/Dental Discount Program can help individuals and

		families save varying discounts on prescriptions, medical supplies, dental, hearing, vision, health, labs, and pharmacy. COMCARE - Adult Medical Services and Children's Services provides psychiatric evaluation and medication management services Children's Dental Clinic - provides dental services to children
Cairn Health	cairnhealth.org 316-683-7559	Medical assistance
Kansas Society For Children With Challenges	kssociety.org 316-262-4676	Financial aid to purchase health equipment and some medical services
Ascension Via Christi	healthcare.ascension.org 316-268-5000	Medical financial assistance, full service health centers, emergency departments, labor and delivery AVC Behavioral Health Center is an acute mental health facility offering inpatient and outpatient programs.
Guadalupe Clinics	guadalupeclinic.org 316-264-6464	Free safety net clinic; provides healthcare services to low-income adults with no insurance
Victory in the Valley	victoryinthevalley.org 316-682-7400	Emergency medical fund provides financial assistance for cancer pain prescriptions not covered by patient insurance
GraceMed	gracemed.org 316-866-2000	FQHC; network of clinics that provides medical, dental, vision and behavioral health services on a sliding scale
Hunter Health	hunterhealth.org 316-262-2415	FQHC; provides medical, dental, vision and behavioral health services on a sliding scale
Wesley Medical Center	wesleymc.com	Three full-service hospitals, including

	316-962-2000	the only dedicated pediatric hospital in the region
HealthCore Clinic	www.healthcoreclinic.org 316-691-0249	Sliding scale fees for medical, dental, behavioral, and pharmacy
Wichita State University	www.wichita.edu/academics/health_professions/slhclinic/ 316-978-3289 webs.wichita.edu/?u=chp_dhclinic&p=/index/ 316-978-3603 wichita.edu/academics/applied_studies/wise-clinic/index.php 316-978-7529 wichita.edu/academics/fairmount_college_of_liberal_arts_and_sciences/psychology/labs/WSUPsychologyClinic.php 316-978-3212	Evelyn Hendren Cassat Speech Language Hearing Clinic - Provides services on a sliding scale based on income eligibility for audiology and speech-language pathology Delta Dental of Kansas Foundation Dental Hygiene Clinic - Provide dental hygiene services to anyone in need of services at a reduced fee WISE CLinic - Counseling services for adults, children, and families Psychology Clinic - broad range of services for children, adolescents, and adults including: psychological testing and assessment, individual therapy, behavioral interventions, and more
K-State Research and Extension	SedgwickCountyExtension.com 316-660-0100	Free for Medicare beneficiaries to talk to trained community volunteers to get insurance questions about Medicare
Robert J. Dole Department of Veterans Affairs Medical and Regional Office	www.wichita.va.gov 316-685-2221	Primary and specialty services, including audiology and speech, mental health care, prescriptions, weight management and more for eligible, authorized veterans
Heartspring	heartspring.org 316-634-8700	Services and therapies for children with special needs and developmental disabilities
Mental Health Association of Southeast Kansas	mhasck.org 316-685-1821 x1205	Mental health services for adults and children: assessment, outpatient treatment (individual, family and

		group counseling), DUI evaluation. Anger Management and Batterer's Intervention Program
ICT SOS	ictsos.org 316-755-5615	Connect survivors of human trafficking to services, resources, and safety. Services include: case management, therapy, resource connection, support group, toiletry items/clothes.
Valley Hope	valleyhope.org 800-554-5101	Addiction treatment and recovery programs at affordable prices. Services include: detoxification, residential treatment, outpatient counseling, and family care.
Substance Abuse Center of Kansas	sackansas.org 316-267-3825	SACK helps clients through continuum of care by providing multiple services including: alcohol and drug assessments, court evaluations, referrals to appropriate treatment centers, drug and alcohol education, crisis intervention, individual and family counseling, case management services, and peer to peer support.
Higher Ground	higherg.org 316-262-2060	Alcohol and drug abuse treatment, behavioral health counseling, case management, Medicaid provider, spanish speaking services, culturally competent therapeutic modalities
Prairie View	prairieview.org 316-634-4700	Behavioral and mental health services for all ages
KVC Children's Psychiatric Hospital	hospitals.kvc.org/locations/wichita-location/ 913-322-4900	Inpatient and residential psychiatric hospital for children
KU School of Medicine - Wichita	wichita.kumc.edu 316-293-2647	Services; Medical Management, Individual Therapy, Family and Marital Counseling
Ascension Neighborhood Resources	healthcare.ascension.org/neighborhood-resource	Free online platform that connects you to social services and resources

		in your community
Rainbows United	rainbowsunited.org	Services and therapies for children with special needs and developmental disabilities

Table D2: Health Equity

Organization Name	Website / Phone	Services
Wichita LGBT Health Coalition	wichitalgbthealth.org	Network of advocates and healthcare providers. Provider directory links mental health and primary care services to needs of the LGBTIA+ community
Kansas Health Foundation	kansashealth.org 316-262-7676	Grantmaking and policy
Kansas Health Institute	khi.org 785-233-5443	Policy and research
GraceMed	gracemed.org 316-866-2000	FQHC; network of clinics that provides medical, dental, vision and behavioral health services on a sliding scale
Hunter Health	hunterhealth.org 316-262-2415	FQHC; provides medical, dental, vision and behavioral health services on a sliding scale
Guadalupe Clinics	guadalupeclinic.org 316-264-6464	Free safety net clinic; provides healthcare services to low-income adults with no insurance

Table D3: Social Determinants of Health

Organization Name	Website / Phone	Services
Salvation Army	centralusa.salvationarmy.org/wichita 316-263-2195	Supplemental food program, diapers, food pantries, formula/baby food
Union Rescue Mission	urmwichita.org 316-687-4673	Food, clothing, diapers, formula

United Methodist Open Door, Inc.	umopendoor.org 316-265-9371	Supplemental food program
Kansas Department for Children and Families	dcf.ks.gov 800-432-0043	Supplemental Nutrition Assistance Program (SNAP)
The Lord's Diner	thelordsdiner.org 316-266-4966	Soup kitchen
Kansas Food Bank	kansasfoodbank.org 316-265-3663	Food pantry
H.O.P.E., Inc	316-618-8652	Housing counseling, housing development, low-income/subsidized rental housing, supported living services for adults with disabilities
Mennonite Housing	www.mhrsi.org 316-942-4848	Low-income/subsidized rental housing, senior communities, tenant based rental assistance available.
Miracles, Inc.	wichitamiracles.org 316-303-9520	Transitional housing/shelter
Wichita Children's Home	www.wch.org 316-684-6581	BRIDGES - A transitional living program based in apartment units for qualified youth. Youth are supervised by Empowerment Counselors and obtain life skills training such as job hunting, housekeeping, food preparation and household finance. Case management is also provided. CrossRoads Drop-in-shelter - low barrier drop-in center for runaway, homeless and at-risk youth ages 24 and younger, and is open five days a week. Garver house - human trafficking shelters, therapeutic group homes
Sedgwick County - Code Enforcement Liaison	sedgwickcounty.org 316-660-9220	Works with income-eligible homeowners found in violation on their homes according to City housing codes to identify and access resources. Provide advocacy during

		the court process and with potential community resources.
Consumer Credit Counseling Service, Inc - Wichita	kscccs.org 316-265-2000	Credit counseling, debt management, housing counseling, personal financial counseling
Kansas Children's Service League	www.kcsl.org 316-942-4261 x1312	Crisis nursery
Salvation Army	centralusa.salvationarmy.org/wichita/ 316-263-2195	Emergency assistance shelters, transportation assistance, utility assistance, household goods, clothing
Union Rescue Mission	www.urmwichita.org 316-687-4673	Homeless shelter and transitional housing
United Methodist Open Door, Inc.	umopendoor.org 316-265-9371	Homeless shelter, case/care management, economic self-sufficiency program, housing search and information, family rapid re-housing - Call for appointment Monday -Thursday 8am to 4:30pm
Family Promise of Greater Wichita	familypromisewichita.org 316-977-7026	Transitional housing/shelter
Catholic Charities - Harbor House	catholiccharitieswichita.org 316-263-6000	Domestic violence shelter
HumanKind Ministries	humankindwichita.org 316-201-4107	Provide safe, affordable, permanent supportive housing for low-income individuals and families and those currently experiencing homelessness (requires referral from a case manager).
Kansas Department for Children and Families Low-Income Energy Assistance Program	dcf.ks.gov 800-432-0043	Federally funded program that helps eligible households pay a portion of energy costs; one-time per year benefit
Raise My Head Foundation	raisemyhead.org	Two-year residential program for women over 18 years who are breaking free from sex trafficking. Provides housing and food, and

		medical and dental care during the program.
Mental Health Association of Southeast Kansas	mhasck.org 316-685-1821 x1205	Housing and support services, coordinated with mental health treatment, for adults who have a severe and persistent mental illness. Includes: supported living, group homes, transitional housing, and supported apartments.
Wichita Transit	wichitatransit.org 316-352-4828	Public transportation, veterans ride free, demand-response ADA paratransit van transportation for persons with disabilities that must be scheduled in advance
Victory in the Valley	victoryinthevalley.org 316-682-7400	Rides to and from cancer related appointments for cancer patients
Cerebral Palsy Research Foundation	cprf.org 316-651-5289	Timber Lines - Provide wheelchair accessible transportation to people with disabilities and the elderly to destinations within the Greater Wichita area
Sedgwick County Transportation	sedgwickcounty.org/aging 316-660-5150 x05157	Transportation assistance for older adults or caregiver caring for an older adult, persons with disabilities, and general public living in rural areas
American Cancer Society	cancer.org 800-227-2345	Road to Recovery program uses volunteer drivers to transport cancer patients to treatment and home again

Ascension

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

The tables below describe the actions taken during the 2023-2025 CHNA (July 1, 2022 - June 30, 2025) to address each priority need and indicators of improvement. Note: At the time of the report publication (Spring 2025), the third year of the CHNA cycle will not be complete.

The previous, 2023-2025 CHNA implementation strategy for Ascension Via Christi Hospitals Wichita (AVCH-W), Ascension Via Christi Hospital St. Teresa (AVCH-ST), Ascension Via Christi Rehabilitation Hospital (AVC-RH), Kansas Surgery and Recovery Center (KSRC), and Rock Regional Hospital (RRH) addressed the following priority health needs:

PRIORITY NEED	**Access to Care**
Goal 1 - Access to Health Care Services: Improve access to high quality and affordable healthcare for underserved communities.	
Strategy 1: Advocate for policies that will improve health outcomes and access to health care.	
Hospital(s) working on IS: AVCH-W, AVCH-ST, AVC-RH, KSRC, Rock Regional	
Actions taken: ● Develop an annual policy agenda that supports increased access to medical insurance and health care (e.g., Medicaid expansion, increasing the healthcare workforce, and funding for mental health services), reduces barriers to access health care, improves health equity, and addresses the social determinants of health ● Track bills related to AVC's policy agenda ● Visit with elected legislators at local and state levels ● Advocate for bills, resources, and funding that align with the policy agenda	
Status of actions: In-progress	
Result of actions: Educating legislators on the importance of medicaid expansion, improving the educational pipeline for careers in healthcare, and increasing mental health services to meet the current demand in the community remained a priority during the 2023 and 2024 legislative sessions. Although Medicaid expansion was not passed in Kansas, several Medicaid-related bills were passed which will help increase the availability and accessibility of services for Medicaid patients. Bills included increases to the Medicaid fee schedule for physicians and outpatient hospitals, and appropriations for critical access hospitals and rural emergency departments that don't qualify as rural emergency hospitals. Further, funds were appropriated to help increase access to mental health services including funds to support hospitals with dedicated adult behavioral health beds, and funds to construct the Sedgwick County Regional State Psychiatric Hospital. Lastly, funds were appropriated for developing a more robust educational pipeline for the healthcare workforce in Kansas. This will give more people access to affordable educational programs, and have downstream impacts on increasing and improving	

access to providers for the community.
Strategy 2: Assist eligible patients and their dependents with applications for public insurance programs.
Hospital(s) working on IS: AVCH-W, AVCH-ST, AVC-RH
Actions taken: ● Financial counselors, social workers, and other patient navigators will assess patients for eligibility ● Educate individuals about public program (e.g., Medicaid, disability, Temporary Assistance for Families program) options and eligibility ● Provide referrals to Early Detection Works and hospital financial assistance program ● Assist with application submission and verify eligibility to complete the enrollment process
Status of actions: In-progress
Hospital(s) working on IS: AVCH-W, AVC-RH, AVCH-ST, Rock Regional
Result of actions: To ensure individuals can access care, financial counselors screen patients for state public benefits and assist qualifying individuals with enrolling in public insurance programs, disability, crime victim applications, and adding babies to Medicaid. From July 1, 2022 - June 30, 2024, over 5,000 individuals were enrolled in public benefits through financial counselors in Ascension Via Christi.
Strategy 3: Provide free or low-cost prescriptions for qualifying underinsured and uninsured individuals through Dispensary of Hope (DoH) and Medication Assistance Program (MAP).
Hospital(s) working on IS: AVCH-W
Actions taken: ● Pay annual DoH membership fee for participating pharmacies ● Conduct initial application interview with the patient to determine eligibility ● Coordinate applications for manufacturers' Patient Assistance Programs ● Provide free medications and testing supplies to qualifying uninsured and underinsured individuals ● Promote awareness of DoH in the community and MAP among caregivers ● Explore options to expand the number of dispensing sites (e.g., expanding to another Ascension hospital or collaborating with a Community Health Center/Federally Qualified Health Center)
Status of actions: In-progress
Result of actions: Hospitalized inpatients and clinic outpatients may be eligible to receive financial assistance in procuring their required medications. The hospital continues to look for new ways to procure medication discounts for all patients whether they are being discharged from our hospitals or are getting outpatient treatment in an Ascension Medical Group Clinic. As a result of the Ascension affiliation, Ascension Via Christi patients may participate in the 340b or Dispensary of Hope cost-saving prescription program. The Dispensary of Hope serves patients by working with free clinics, charitable pharmacies, and FQHCsto offer affordable access to medications and supplies. From July 1, 2022 - June 30, 2024, the Dispensary of Hope, or 340b Drug Pricing Program, wrote over 24,700 thirty day prescriptions to help eligible individuals access affordable medications. This

amounted to a total of $333,415 in clinical hours, program fees, and cost of supplies (vials, lids, and labels). The program was also expanded to the Ascension Via Christi Hospital in Pittsburg in FY23, to the Ascension Via Christi Hospital in Manhattan in FY25. Pharmacy associates will even call drug manufacturers to obtain free cancer medications. At the Pittsburg hospital, 16 individuals were provided free cancer medications.

Strategy 4: Prenatal care coordination

Hospital(s) working on IS: AVCH-W

Actions taken:

- Hire a Maternal Health Coordinator
- Determine baseline (percent of pregnant women who are missing prenatal and postpartum appointments)
- Identify barriers for mother to get to prenatal appointments
- Provide outreach, assessment, care plan development, ongoing care coordination and monitoring, health education, and nutrition counseling
- Provide referrals for medical and social services

Status of actions: On hold

Result of actions:

The prenatal care coordination initiative is currently on hold. Ascension Via Christi worked to hire a coordinator but couldn't get qualified candidates. This combined with staffing shortages made it difficult to hire and get the initiative started. The hospital still plans to complete the initiative in order to improve maternal and infant outcomes. The hospital did implement a maternal health clinical priority goal to improve outcomes for mothers and babies.

Goal 2 - Access to Mental Health and Substance Abuse Services: Improve access to high quality and affordable mental and behavioral health care and supportive services.

Strategy 1: Support the Mental Health and Substance Abuse Coalition.

Hospital(s) working on IS: AVCH-W

Actions taken:

- Support the Mental Health and Substance Abuse Coalition
- Provide cash and other in-kind donations
- Collaborate with city, county, and other area healthcare and social service providers
- Coordinate behavioral health services with coalition partners
- Participate on the Mental Health and Substance Abuse Coalition's board of directors

Status of actions: In-progress

Result of actions:

Ascension Via Christi donated to several organizations to improve the accessibility of services within the communities the hospitals serve. Ascension Via Christi hospital leaders are active members of the Mental Health and Substance Abuse Coalition, Kansas Fight Addictions, and the Child Advocacy Center. The Mental Health and Substance Abuse Coalition focuses on three priorities within the community including access to care, creating a coordinated and continuous system of care, and workforce development for those who work in mental and behavioral health. Ascension provided a $50k cash donation to the coalition to develop a sustainable and integrated system of care for individuals with mental health and substance abuse who are in crisis. Activities include a community crisis center, data sharing, emergency housing, and transportation. Another $25,000 was given to the

Guadalupe Clinic to build capacity within the clinic. The Guadalupe Clinic is a safety-net clinic that provides many essential services on a sliding fee scale.

Strategy 2: Provide the suicide prevention program, Sustpenders4Hope.

Hospital(s) working on IS: AVCH-W

Actions taken:

- Promote Suspenders4Hope within the community
- Encourage associates to complete the program
- Encourage area schools and community organizations to complete the program
- Provide program to area schools and community organizations
- Sponsor suicide prevention events within the community (i.e., Suicide Awareness Walk/5k)

Status of actions: In-progress

Result of actions:
Ascension Via Christi partnered with Wichita State University to host an annual Suspenders4Hope 5k walk to raise awareness for suicide prevention, and help reduce the stigma around suicide and mental health. The Suspenders4Hope program was developed in 2015 by WSU's counseling services and is an online suicide prevention training program. The partnership initiative is to raise awareness, reduce stigma, and offer visible support for mental wellness in our community. By the end of FY23, 637 associates had taken the training since the beginning of the program.

PRIORITY NEED	**Transportation**

Goal 3: Improve health outcomes by addressing social determinants of health barriers related to housing and transportation.

Strategy: Provide transportation for individuals who are otherwise unable to get to health care appointments.

Hospital(s) working on IS: AVCH-W, AVCH-ST

Actions taken:

- Work with area hospitals, clinics, nonprofit organizations, and community partners to improve collaboration and coordination of transportation services between organizations
- Screen patients for transportation barriers and refer to AVC hospital transportation services
- Provide transports for eligible patients to area health care appointments

Status of actions: In-progress

Result of actions:
If a patient is needing to be transferred to another facility for medical services, then Ascension Via Christi provides or arranges transportation at no cost for those who lack transportation or are unable to drive. From July 1, 2022 - June 30, 2024, transportation was provided to over 3,500 individuals across all of Ascension Via Christi's ministries. Security staff at our Wichita and St. Teresa hospitals ensured community safety by assisting 278 individuals with battery jumps, flat tires, and other visitor vehicle assistance free of cost in FY24.

PRIORITY NEED	Food Insecurity
Goal 4: Improve access to healthy and affordable food options.	
Strategy 1: Support area agencies addressing food insecurity through in-kind donations of food, cash, or volunteer hours.	
Hospital(s) working on IS: AVCH-W, AVCH-ST, AVC-RH, Rock Regional, KSRC	
Actions taken: ● Identify area agencies that provide food to those in need ● Provide in-kind donations of food, cash, and/or staff volunteers ● Promote volunteer opportunities and food drives	
Status of actions: In-Progress	
Result of actions: Food security remained a need across all communities within Kansas. This need became greater in many communities when the pandemic funds for the Supplemental Nutrition Program ended in the Spring of 2023. Our ministries rallied around the importance of addressing food security within our communities by volunteering countless hours to collect, make, deliver and serve food for those in need. Hospital associates rallied around the importance of addressing food insecurity within Sedgwick County by volunteering countless hours to collect, make, deliver and serve food for those in need. Associates in Sedgwick County volunteered with the Catholic Care Center, The Lord's Diner, and HumanKind to serve over 1,620 individuals in FY24. Also in FY23, Ascension Via Christi leadership focused on a food security service project. At the Mission Leadership Retreat a total of $1,800 was raised and donated between organizations that provide food in each of our ministries: Flint Hills Breadbasket, The Lord's Diner, Wesley Home Food Pantry, and Mario's Food Bank. Mission teams also rallied associates to volunteer on the third Thursday of the month to serve food at The Lord's Diner. Lastly, medical staff adopted a Meals on Wheels route, spending 4.5 hours delivering 15 meals.month to serve food at The Lord's Diner. Medical staff adopted a Meals on Wheels route, spending 4.5 hours delivering 15 meals.	
Strategy 2: Connect patients to area agencies that assist with social needs (e.g., rent/utilities assistance, food assistance programs, housing).	
Hospital(s) working on IS: AVCH-W, AVCH-ST	
Actions taken: ● Screen patients for non-medical and social needs (i.e., social determinants of health) ● Refer patients to food assistance programs, food banks, and kitchens ● Refer patients to other needs such as housing, utilities and rent assistance ● Follow-up to ensure referral and follow-up occurred	
Status of actions: In-progress	
Result of actions: In partnership with FindHelp, Ascension Via Christi launched Neighborhood Resource in August 2022 to connect patients to community resources such as food pantries and safety net programs. Neighborhood Resource gives Ascension Via Christi the opportunity to further identify and address the needs within our communities, directly linking patients to non-medical and other social services	

available within the community. Since launching, over 7,000 searches were conducted across the communities in Kansas. In FY24, the majority of searches were for goods (34%), housing (24%), and health (15%). These were followed by transit (10%) and food (6%). Visit findhelp.org for searchable community resources.