

# Ascension Via Christi Hospital in Manhattan & Wamego Health Center

## 2026 Community Health Needs Assessment Riley and Pottawatomie counties, Kansas

Conducted July 1, 2025 to June 30, 2026



**Ascension**



The goal of this report is to offer a meaningful understanding of the most significant health needs across Riley and Pottawatomie counties, with emphasis on identifying the social determinants of health, as well as to inform planning efforts to respond to those needs. 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.

The 2026 Community Health Needs Assessment report was approved by the authorized body of each of the following hospitals for fiscal year 2026 (tax year 2025), and applies to the following three-year cycle: July 1, 2026, to June 30, 2029.

**Ascension Via Christi Hospital Manhattan, Inc**

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Board adoption: June 17, 2026

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Board adoption: May 26, 2026

This report, as well as the previous report, can be found at our public websites:

<https://healthcare.ascension.org/chna> and [wamegohealthcenter.org](https://wamegohealthcenter.org)

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



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## Executive Summary

The goal of the 2026 Community Health Needs Assessment (CHNA) report is to offer a meaningful understanding of the most significant health needs across Riley and Pottawatomie counties. Findings from this report can be used to identify, develop, and focus hospital, health system, and community initiatives and programming to better serve the health and wellness needs of the community.

### **Purpose of the CHNA**

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

### **Community Served**

Although Ascension Via Christi Hospital in Manhattan and Wamego Health Center serve the cities of Manhattan and Wamego and surrounding areas, the hospitals have defined the community served as Riley and Pottawatomie counties for the 2026 CHNA. Riley and Pottawatomie counties were selected as the hospitals' community served because these are the hospitals' primary service areas as well as our partners' primary service areas. Additionally, community health data is readily available at the county level.

### **Data Analysis Methodology**

The 2026 CHNA was conducted from October 22, 2025, through March 2, 2026, and incorporated both primary (community input) and secondary data sources. Community input was collected in partnership with the Riley County Health Department and the Flint Hills Wellness Coalition, and with contracted assistance from Wichita State University's Center for Applied Research and Evaluation. Community input was collected via community surveys of community residents, health care professionals, community stakeholders, and other multi-sector representatives. Three hundred forty-nine (349) surveys were completed regarding the most important health issues in the community, the most critical social issues, resources needed to improve community health and social issues, and how the hospital could improve the health of the community. Secondary data was compiled and reviewed from reputable and reliable sources (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 CHNA process involved synthesizing and analyzing over 60 secondary data indicators and



gathering community input—with contracted assistance from Wichita State University’s Center for Applied Research and Evaluation—through community surveys to identify the needs in Riley and Pottawatomie counties. In collaboration with community partners, 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 (SDoH)
  - Housing
  - Transportation
  - Food Security
  - Income

## **Next Steps and Conclusion**

The 2026 CHNA was presented to the authorized governing body of each hospital for approval and adoption. 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, 2026, to June 30, 2029.



## About Ascension

Ascension is one of the nation's leading non-profit and Catholic health systems, with a Mission of delivering compassionate, personalized care to all, with special attention to those most vulnerable. In FY2025, Ascension provided \$1.7 billion in care of persons living in poverty and other community benefit programs along with \$1.8 billion of unreimbursed care for Medicare patients. Across 17 states and the District of Columbia, Ascension's network encompasses approximately 97,000 associates, 23,400 independent providers, 90 wholly owned or consolidated hospitals, and ownership interests in 29 additional hospitals through partnerships. Ascension also operates 22 senior living facilities and a variety of other care sites offering a range of healthcare services.

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 health care 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

Serving Kansas for more than 135 years, Ascension Via Christi operates five hospitals with six campuses and 75 other sites of care and employs more than 6,400 associates. Across the state in fiscal year 2025, Ascension Via Christi provided over \$39 million in community benefit, including care of persons living in poverty.

## Ascension Via Christi Hospital in Manhattan

Ascension Via Christi Hospital in Manhattan is a non-profit hospital that has served northeastern Kansas since 1996. As a ministry of the Catholic Church, Ascension Via Christi Hospital in Manhattan is continuing the long and valued tradition of addressing the health of the people in Riley County, Kansas. Ascension Via Christi Hospital in Manhattan is an acute care facility licensed to operate 150 beds, and employs approximately 500 associates.

For more information about Ascension Via Christi Hospital in Manhattan, visit [ascension.org/manhattankS](https://www.ascension.org/manhattankS).



## **Wamego Health Center**

Wamego Health Center, a joint venture between Ascension Via Christi and the City of Wamego, has a rich history of providing medical care to the people of Pottawatomie County, Kansas, for more than 100 years. Wamego Health Center is a critical access hospital that provides a full range of services including an ED, laboratory, rehabilitation services, and imaging. With the Wamego Family Clinic located near Wamego Health Center, patients are also able to conveniently access primary care services, internal medicine, and a nurse practitioner.

For more information about Wamego Health Center, visit <https://wamegohealthcenter.org/>.



## About the Community Health Needs Assessment

A CHNA is defined as “a systematic process involving the community that identifies and analyzes community health needs and assets to plan and act upon priority community health needs.”<sup>1</sup> The process serves as a foundation for promoting the health and well-being of the community by identifying the most pressing needs, leveraging existing assets and resources, developing strategic plans, and mobilizing hospital programs and community partners to work together. This community-driven approach aligns with the hospitals’ commitment to offer programs designed to respond to the health needs of a community.

The CHNA also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection and Affordable Care Act of 2010, more commonly known as the Affordable Care Act (ACA). As part of the ACA, all non-profit hospitals are required to conduct a CHNA and adopt an implementation strategy every three years. Requirements for 501(c)(3) hospitals under the ACA are described in Code Section 501(r)(3), and include making both current and previous CHNA and implementation strategy reports widely available to the public. In accordance with this requirement, electronic versions of these reports can be accessed at <https://healthcare.ascension.org/CHNA> and <https://wamegohealthcenter.org/>, and paper versions can be requested at Ascension Via Christi Hospital in Manhattan located at 1823 College Avenue, Manhattan, KS 66502, or at Wamego Health Center located at 711 Genn Drive, Wamego, KS 66547.

## Community Served and Demographics

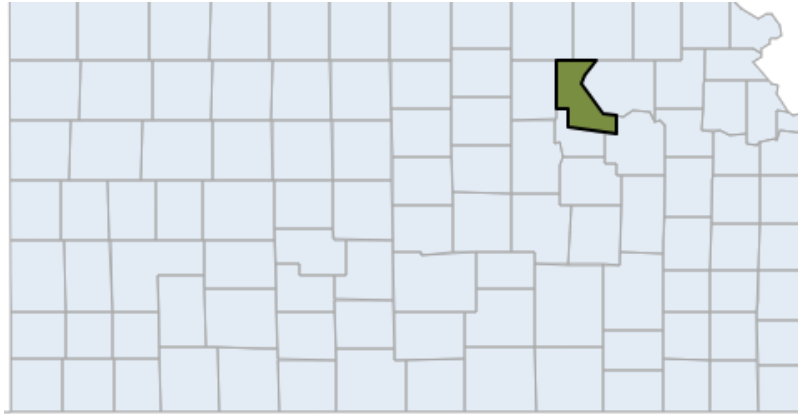
### Community Served

For the purpose of the 2026 CHNA, Ascension Via Christi Hospital in Manhattan and Wamego Health Center have defined the “community served” as Riley and Pottawatomie counties. Although the hospitals serve the cities of Manhattan and Wamego, the community served was defined as such because (a) most of our service area is in each county; (b) most of our assessment partners define their service area at the county level; and (c) most community health data is available at the county level.

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<sup>1</sup> Catholic Health Association of the United States. (2022). *A guide for planning and reporting community benefit*, 2022 (p.146).

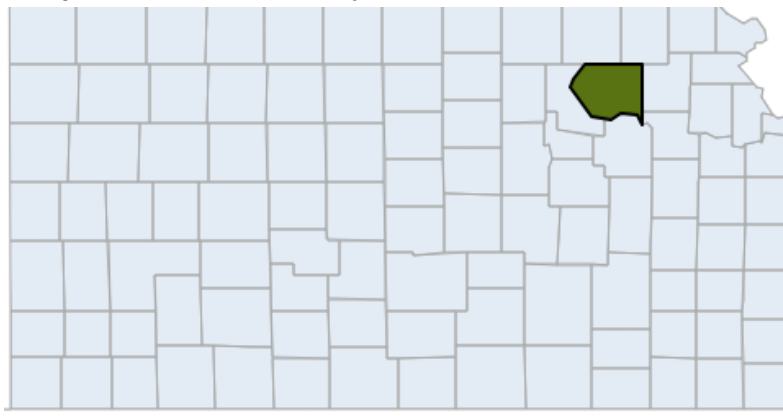
**Image 1: Map of Riley County**



Source: *County Health Rankings and Roadmaps (2025)*. [countyhealthrankings.org](https://www.countyhealthrankings.org)

Riley County is located in the northeast portion of Kansas, and has a population of 71,402. The county seat for Riley County is Manhattan, Kansas, which is also the largest city in Riley County. The largest employers in Riley County are Kansas State University (Manhattan, KS) and the army base at Fort Riley (Fort Riley, KS).

**Image 2: Map of Pottawatomie County**



Source: *County Health Rankings and Roadmaps (2025)*. [countyhealthrankings.org](https://www.countyhealthrankings.org)

Pottawatomie County is also located in the northeast portion of Kansas, and is the county directly east of Riley County. The population of Pottawatomie County is 26,382. Wamego is the largest city in Pottawatomie County. The largest sectors of employment for Pottawatomie residents are education, healthcare, and manufacturing.

## Demographic Data

The demographic composition of a population, including related trends, is important for understanding the community context and informing community planning. For example, this demographic information



can be used to better identify and understand the differences in health outcomes and needs between groups. Below are demographic data highlights for Riley and Pottawatomie counties:

- 10.8% of Riley County and 16% of Pottawatomie County community members are 65 or older, compared to 23.6% in Kansas
- 75.3% and 88.5% of community members are non-Hispanic white (compared to 73.7% in Kansas); 4.6% and 0.9% are Asian (compared to 3.2% in Kansas); 0.8% and 1.0% are American Indian or Alaska Native (compared to 1.3% in Kansas); 6.6% and 1.3% are Black or African American (compared to 5.7% in Kansas); 9.6% and 6.3% are Hispanic or Latino (compared to 13.7% in Kansas) in Riley and Pottawatomie counties, respectively
- From 2020 to 2024, the total population increased 0.8% in Riley County and increased 6.0% for Pottawatomie County; the total population increased 1.1% in Kansas during the same time period
- The median household income is \$63,100 for Riley County and \$84,400 for Pottawatomie County, compared to \$77,700 in Kansas
- The percent of all ages of people in poverty was slightly higher than the state for Riley County, and significantly lower than the state for Pottawatomie County (13.7% for Riley County; 7.9% for Pottawatomie County; and 11.2% for Kansas)
- The uninsured rate for Riley County is comparable to the state, whereas the uninsured rate for Pottawatomie County is lower than the state (10% for Riley County; 7% for Pottawatomie County; 10% for Kansas)

| Demographic Highlights                      |           |           |        |             |
|---|-----------|-----------|--------|-------------|
| Population                                  |           |           |        |             |
| Indicator                                   | Riley Co. | Pott. Co. | Kansas | Description |
| Percentage below 18 years of age            | 16.1%     | 28.6%     | 23.6%  | N/A         |
| Percentage 65 years of age and over         | 10.8%     | 16.0%     | 17.5%  | N/A         |
| Percentage Asian                            | 4.6%      | 0.9%      | 3.2%   | N/A         |
| Percentage American Indian or Alaska Native | 0.8%      | 1.0%      | 1.3%   | N/A         |
| Percentage Hispanic or Latino               | 9.6%      | 6.3%      | 13.7%  | N/A         |
| Percentage non-Hispanic Black               | 6.6%      | 1.3%      | 5.7%   | N/A         |



|                                      |          |          |          |   |
|--------------------------------------|----------|----------|----------|---|
| Percentage non-Hispanic White        | 75.3%    | 88.5%    | 73.7%    | N/A   |
| <b>Social and Community Context</b>  |          |          |          |   |
| Median household income              | \$63,100 | \$84,400 | \$70,300 | Income level at which half of households in a county earn more and half of households earn less |
| Percentage of children in poverty    | 13%      | 8%       | 13%      | Percentage of people under age 18 in poverty  |
| Percentage of uninsured              | 10%      | 7%       | 10%      | Percentage of population under age 65 without health insurance                                  |
| Percentage of educational attainment | 96%      | 96%      | 92%      | Percentage of adults ages 25 and over with a high school diploma or equivalent                  |
| Unemployment rate                    | 2.6%     | 2.3%     | 2.7%     | Percentage of population ages 16 and older unemployed   |

Sources: County Health Rankings and Roadmaps (2025).

<https://www.countyhealthrankings.org/health-data/kansas/pottawatomie?year=2025>

<https://www.countyhealthrankings.org/health-data/kansas/riley?year=2025>

To view community demographic data in their entirety, see [Appendix A](#).

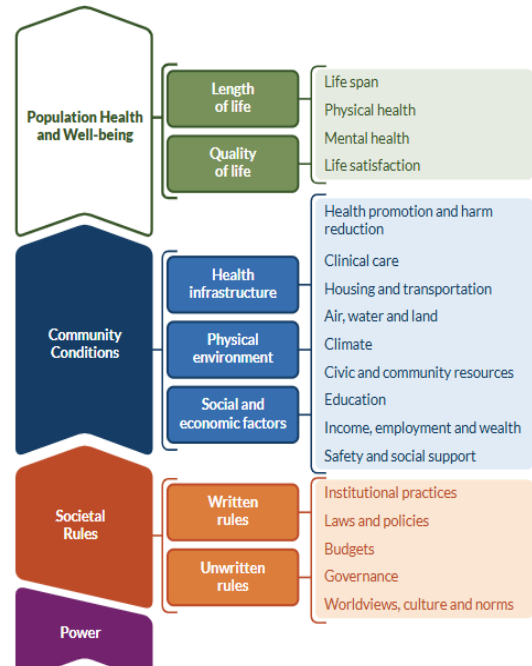
## Process and Methods Used

### Collaborators and Consultants

The hospitals completed the 2026 CHNA in collaboration with the Riley County Health Department and Flint Hills Wellness Coalition, and with contracted assistance from Wichita State University’s Center for Applied Research and Evaluation (WSU-CARE). Riley County Health Department and the Flint Hills Wellness Coalition provided public and community health expertise, and developed a community survey in collaboration with the hospitals and other community partners. WSU-CARE was contracted to conduct the community survey and provided an analysis of survey findings.

### Data Collection Methodology

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



### 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 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 hospital; and 3) the broader community at large and those who represent the broad interests and needs of the community served.

A community survey was used to gather community input. This method provided broad perspectives on selecting and responding to top health issues facing Riley and Pottawatomie counties. A summary of the process and results is outlined below.



## Community Surveys

A community survey was conducted by Wichita State University’s Center for Applied Research and Evaluation (WSU-CARE), in collaboration with Ascension Via Christi Hospital in Manhattan, Wamego Health Center, Riley County Health Department, and the Flint Hills Wellness Coalition. The surveys were used to gather the perceptions, thoughts, opinions, and concerns of the community regarding health outcomes, health behaviors, social determinants of health, and clinical care for Riley and Pottawatomie counties. Three hundred forty-nine (349) individuals participated in the community survey, with 241 (69.1%) community members completing the survey and 108 (30.9%) partially completing the survey. The survey was collected via Alchemer between October 22, 2025, through March 2, 2026. The data gathered and analyzed provides valuable insight into the key issues of importance to the community. The survey contained 59 questions and was disseminated through community partner network and social media platforms, and publicized via interviews with news stations.

| Community Summary  |
|--|
| <p><b>Demographic Data</b></p> <ul style="list-style-type: none"> <li>• 98.9% of respondents live in Riley County</li> <li>• 90.9% work in Riley County; 3.2% work in Pottawatomie County</li> <li>• 85.7% of respondents identified themselves as white, 4.5% of respondents identified as African American, and 4.0% as Hispanic or Latino</li> <li>• 75.2% of respondents identified as female</li> <li>• 28.7% of respondents were between the ages 35 to 49 years</li> <li>• 36.8% of respondents were over 55 years of age</li> <li>• The majority of respondents hold a college degree, with 9.5% holding an Associate’s degree, 29.6% holding a Bachelor’s degree, and 36.1% holding a Graduate or professional degree</li> <li>• 60% of respondents were currently married</li> </ul> |
| <p><b>Common Themes</b></p> <ul style="list-style-type: none"> <li>• Respondents felt the community was well resourced; however, access issues exist for low-income and disabled individuals</li> <li>• Respondents are able to access healthcare when needed but barriers exist for specialty and mental health providers</li> <li>• General affordability—including for housing, utilities, food, and healthcare—remain a top concern for community members</li> <li>• Stigma exists for individuals seeking medical care (i.e., mental and behavioral health) and social services (i.e., SNAP, WIC, Medicaid)</li> <li>• Individuals don’t always know how to navigate healthcare and access social services</li> </ul>   |

To view the community survey in its entirety, see [Appendix B](#). To view the community survey and report findings in its entirety, please visit <https://www.flinthillswellness.org/>.

## 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 levels through surveys and surveillance systems. Secondary data for this report was compiled from various reputable and reliable sources.

Health indicators in the following categories were reviewed:

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

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

Riley County's median household income (\$63,100) and per capita income (\$34,583) are below the state of Kansas (\$70,300 and \$39,638, respectively). Significantly more residents of Riley County are living with incomes below the federal poverty guideline (23%) as compared to the state (12%). Riley County is experiencing worsening rates of sexually-transmitted infections. Premature death, unemployment, and childhood poverty rates are lower than the state of Kansas rates. Mammography screening rates are higher than the state of Kansas rate. Riley County experienced improvements in the number of adults and children who are uninsured, ratio of population to primary care physicians, rate of preventable hospital stays, air pollution, and flu vaccinations.

Pottawatomie County's median income is higher (\$87,694) than the state of Kansas (\$70,300). The county's per capita income (\$37,341) is slightly lower than the state of Kansas (\$39,638). Fewer residents of Pottawatomie County are living with incomes below the federal poverty guideline (9%) as compared to the state (12%). Pottawatomie County is also experiencing worsening rates of sexually-transmitted infections. Unemployment and poverty rates are lower than the state of Kansas rates. Pottawatomie County experienced improvements in premature deaths, childhood poverty, air pollution, adults and children who are uninsured, ratio of population to primary care physicians, rate of preventable hospital stays, flu vaccinations, and mammography screenings.

Although comprehensive, this assessment does not provide an exhaustive summary of all possible aspects of health or represent every possible population within Riley and Pottawatomie counties. 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.

To view the secondary data and sources in their entirety, see [Appendix C](#).



### **Written Comments on Previous CHNA and Implementation Strategy**

Ascension Via Christi Hospital in Manhattan and Wamego Health Center's previous CHNAs and implementation strategy plans were made available to the public and open for public comment via the websites: <https://healthcare.ascension.org/chna> and [wamegohealthcenter.org](http://wamegohealthcenter.org). No comments were received.

## Community Needs

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

- 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.



Following the completion of the CHNA, 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 depicts 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 Riley and Pottawattomie counties. The identified needs were categorized into health behaviors, social determinants of health, length of life, quality of life, clinical care, and systemic issues to develop better 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. In collaboration with various community partners, the hospitals synthesized and analyzed the data 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 2026 CHNA are as follows:

- Access to Care
- Social Determinants of Health (SDoH):
  - Housing
  - Transportation
  - Food Security
  - Income

To view healthcare facilities and community resources available to respond to the significant needs, please see [Appendix D](#).

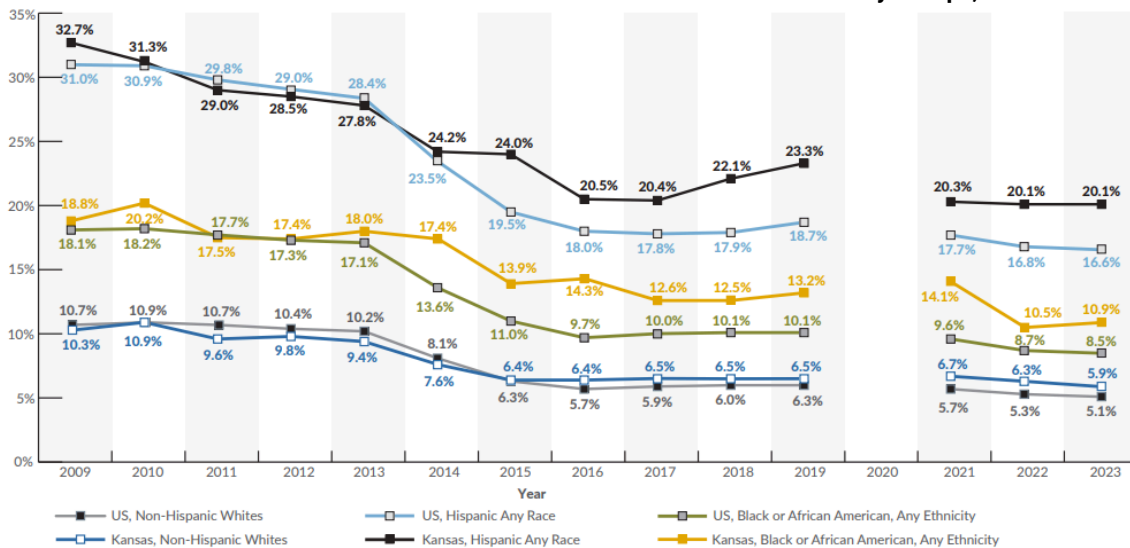
The following pages contain a description (including data highlights, community challenges and perceptions, and local assets and resources) of each significant need.

| 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.   | <ul style="list-style-type: none"> <li>● Low-income</li> <li>● Under/uninsured</li> <li>● Unhoused</li> <li>● Black, indigenous, people of color (BIPOC)</li> <li>● Persons with disabilities</li> <li>● Incarcerated</li> <li>● LGBTQIA+</li> <li>● Immigrants / English as a second language (ESL)</li> </ul> |
| Community Input Highlights   |   |
| <ul style="list-style-type: none"> <li>● 33.9% (n=118) of respondents “somewhat disagree” to “strongly disagree” that they are satisfied with the healthcare system in the community</li> <li>● 33.9% (n=117) of respondents believe improving access to healthcare services (e.g. affordable care, affordable insurance, access to specialists) would improve the community</li> <li>● 28.7% (n=99) of respondents believe improving access to mental health services (e.g., affordable care, insurance coverage) would improve the community</li> <li>● 87.3% (n=296) of respondents said that it is “not too difficult” or is “very easy” to access healthcare in the community</li> <li>● 54.2% (n=160) of respondents had insurance through an employer, whereas 21% (n=62) had Medicare</li> <li>● The top three barriers to access healthcare included: high costs of services (45.4%; n=133), no barriers to accessing care (31.7%; n=93), and difficulty scheduling appointments (30.4%; n=90)</li> <li>● 32.8% (n=96) of respondents indicated that it is “somewhat difficult” to “very difficult” to access mental health services</li> <li>● The three healthcare service needs included: affordable healthcare options (e.g., lower-cost services, insurance coverage), access to primary care providers, and access to specialty care</li> </ul> |   |

## Secondary Data Highlights

- Riley and Pottawatomie counties are experiencing improvements in the rates of adults and children who are uninsured, ratio of population to primary care physicians, rate of preventable hospital stays, and flu vaccinations. However, flu vaccination rates for Pottawatomie County remain below (42%) the rates for the state (49%) and U.S. (48%).
- Pottawatomie County experienced improvements in mammography screenings; Riley County experienced declining rates of mammography screenings, but this rate still remains higher (53%) compared to the state (49%) and U.S. (44%).
- About 10% of Riley County residents and 7% of Pottawatomie County residents ages 65 and younger are uninsured, compared with 10% for Kansas.
- Premature death rate for Riley County is 5,300 per 100,000 population and Pottawatomie County is 7,300 per 100,000 population. These rates are better than the state (8,600 per 100,000) and U.S. (8,400 per 100,000).
- The premature death rate is significantly higher for non-Hispanic African American residents in Riley County (13,000 per 100,000 population) compared to non-Hispanic White residents (4,800 per 100,000 population).
- Riley County has a 1,440:1 ratio of population to primary care physicians, while Pottawatomie has a 1,360:1 ratio, compared with 1,280:1 for Kansas and 1,330:1 for the U.S.
- The population ratio to mental health providers for Riley County is 290:1, and 2,640:1 for Pottawatomie County, compared with 400:1 for Kansas and 300:1 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 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

| Social Determinants of Health  |   |
|--|---|
| Significance   | Populations Most Impacted   |
| <p>Identifying and addressing the social determinants of health (SDoH) is an important way to reduce preventable disparities in health outcomes.</p> <p>“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.)</p>  | <ul style="list-style-type: none"> <li>• Low-income</li> <li>• Under/uninsured</li> <li>• Unhoused</li> <li>• Black, indigenous, people of color (BIPOC)</li> <li>• Persons with disabilities</li> <li>• Incarcerated</li> <li>• LGBTQIA+</li> <li>• Immigrants / English as a second language (ESL)</li> </ul> |
| Community Input Highlights   |   |
| <p>Housing:</p> <ul style="list-style-type: none"> <li>• 43.5% (n=150) of respondents believe increasing safe and affordable housing would improve the community</li> <li>• 56.2% (n=136) of respondents reported spending more than 30% of their yearly income on housing (including utilities)</li> </ul> <p>Transportation:</p> <ul style="list-style-type: none"> <li>• 19.1% (n=66) of respondents believe access to transportation (e.g., to health appointments and public transportation) would improve the community</li> <li>• 78.7% (n=177) of respondents indicated that lack of transportation does not make it difficult to get groceries</li> <li>• 75.1% (n=169) of respondents said a lack of transportation does not make it difficult to get to healthcare appointments</li> <li>• These responses suggest that respondents did not experience transportation barriers, but it was acknowledged that others who are income-limited might face transportation barriers.</li> <li>• 31.7% (n=101) of respondents indicated that increased transportation options would help people in the community eat healthier food</li> </ul> <p>Food Security:</p> <ul style="list-style-type: none"> <li>• 20.6% (n=71) of respondents indicated that improved access to affordable, healthy/nutritious food (e.g., fresh produce, fruits/veggies) would improve the community</li> <li>• 27.5% (n=87) of respondents have been concerned about having enough food to eat; however, only 8.2% (n=26) reported having to skip meals because they couldn't afford food in the past seven days</li> <li>• Respondents indicated the following would help people in the community eat healthier food: <ul style="list-style-type: none"> <li>○ 78.4% (n=247) of respondents said more affordable food</li> <li>○ 49.5% (n=156) said improving education (e.g., where to access food, how to prepare food, how to access programs like SNAP)</li> <li>○ 38.1% (n=120) indicated decreasing stigma (e.g. utilizing food assistance programs)</li> </ul> </li> <li>• 16.0% (n=46) of respondents had accessed food pantries in the last 12 months</li> </ul> |   |

- 13.5% (n=39) of respondents accessed WIC in the last 12 months
- The top three greatest needs related to food cost included: lower cost of food, transportation, people embarrassed about needing/being provided social services
- Food insecurity was the top social issue in the community according to respondents (39.7%; n=93) followed by poverty (31.6%; n=74)

**Income:**

- 38.0% (n=131) of respondents indicated that more/better paying jobs and a stronger economy (e.g., lower interest rates, less inflation) would help the community
- 22.4% (n=55) of respondents indicated that they do not make enough money to support basic needs for their households

**Secondary Data Highlights**

**Housing:**

- About 18% of Riley County and 8% of Pottawatomie County households spend 50 percent or more of their household income on housing, compared with 11% for Kansas and 15% for the U.S.
- Approximately 19% of Riley County and 11% of Pottawatomie County households experience severe housing problems, such as overcrowding, high housing costs, or lack of kitchen or plumbing facilities, compared with 12% for Kansas and 17% for the U.S.
- Only 45% of occupied housing are owned in Riley County, compared with 82% in Pottawatomie County, 67% for Kansas, and 65% for the U.S.

**Transportation:**

- 7.6% of Riley County and 7.4% of Pottawatomie County residents have no vehicle available, compared to 13.5% for the state (US Census; 2020-2024)

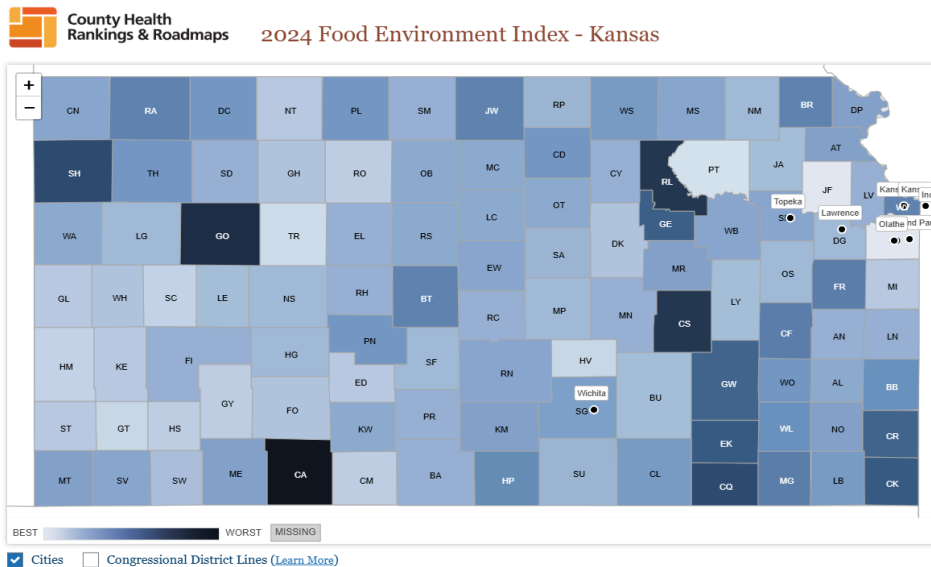
**Food Security:**

- About 15% of Riley County and 10% of Pottawatomie County residents are food-insecure, compared with 13% for Kansas and 14% for the U.S.
- 25% of low-income households in Riley County and 2% of Pottawatomie County residents do not live close to a grocery store (i.e., limited access to healthy foods), compared to 8% for Kansas and 6% for the U.S.
- The average monthly WIC participation per 1,000 population is 32.1 for Riley County and 9.9 for Pottawatomie County, compared to 16.4 for the state
- 64.8% of Riley County and 45.5% of Pottawatomie County households receive SNAP, compared to 49.5% of Kansas households (American Community Survey, 2019-2023)

**Income:**

- Approximately 23% of Riley County households and 9% of Pottawatomie households have incomes below the federal poverty guidelines, compared to 12% of Kansas and 13% of U.S. households
- An additional 30% of Riley County and 23% of Pottawatomie County are ALICE households. 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. This is compared to 26% for Kansas and 29% 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>

## Next Steps

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 hospital has prioritized to respond to through the three-year CHNA implementation strategy. The implementation strategy will detail how Ascension Via Christi Hospital in Manhattan and Wamego Health Center will respond to the prioritized needs throughout the three-year CHNA cycle: July 1, 2026, to June 30, 2029. The implementation strategy will also describe why certain significant needs were not selected as prioritized needs to be addressed by the hospital.



## 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 respond to the prioritized 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.

The hospitals' previous CHNA implementation strategies were completed in June 2026 and responded to the following priority health needs: Access to Care, Food Security, and Transportation.

Highlights from the previous implementation strategy include:

### **Access to Care:**

- Financial counselors work directly with individuals who are uninsured, underinsured, or recently lost their insurance to review potential healthcare plans and public programs, apply for coverage, and understand insurance use after it is received. Across Ascension Via Christi's Kansas market in FY24 and FY25, financial counselors assisted over 4,000 individuals enroll in public health insurance programs.
- In FY25, Ascension Via Christi Hospital in Manhattan officially became a Dispensary of Hope site. Dispensary of Hope provides free and reduced cost prescriptions to qualifying low-income and under/uninsured individuals in order to increase access to affordable medications. Ascension Via Christi Hospital in Manhattan is located near Wamego Health Center, and is therefore able to provide services for qualifying patients referred from Wamego Health Center to Dispensary of Hope. In FY25, 367 30-day prescriptions were provided, and 78 patients were assisted through the Dispensary of Hope program.

### **Food Security:**

- Addressing food insecurity within the community remained an important focus for the hospitals. Wamego Health Center associates volunteered with several organizations that increased access to food within the Wamego community. Staff assisted homebound and elderly community members through the adoption of Meals-on-Wheels routes, delivering 1,364 meals between July 1, 2023, through June 30, 2025. In collaboration with St. Thomas More Catholic Church, Manhattan associates served a quarterly dinner at First Lutheran Church and provided an extra sack of nutritional snacks for the food-insecure in Manhattan, KS. Manhattan associates also volunteered to coordinate and plan, purchase ingredients, and prepare over 425 meals through Community Table (formerly Neighbor to Neighbor) between July 1, 2023, through June 30, 2025.
- In partnership with Findhelp, Ascension Via Christi launched Neighborhood Resource to connect patients to community-based resources such as food pantries, housing and transit, and safety



net programs. Neighborhood Resource allows the hospitals to further identify and address the needs within the community, directly linking patients to medical and non-medical social services within the community. In FY25, the majority of searches of the Neighborhood Resource website in Kansas were for housing which included utilities (29%), health (20%), food (19%), and transit (10%). In FY25, 55 searches on Neighborhood Resource's community/external website were for food programs in Riley and Pottawatomie counties. Furthermore, 19 programs were added to the Neighborhood Resource database across the Kansas market.

**Transportation:**

- If a patient needs to be transferred to another facility for medical services and lacks transport or is unable to drive, then the hospitals will arrange and pay for transportation at no cost for the patient. In FY24 and FY25, Wamego Health Center's hospital nursing staff arranged and the hospital paid for the secure transport of 23 individuals (\$24,873), and Ascension Via Christi Manhattan assisted 408 individuals (\$180,037).

Written input received from the community and a report on the actions taken to respond to the significant needs prioritized in the 2023 (tax year 2022) CHNA implementation strategy can be found in [Appendix E](#).



## **Approval by the Hospitals' Board of Directors**

To ensure Ascension Via Christi Hospital in Manhattan and Wamego Health Center's efforts meet the needs of the community and have a lasting and meaningful impact, the 2026 CHNA was presented to the hospitals' governing board of directors for approval and adoption by June 30, 2026. 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 reports also demonstrates that the board is aware of the findings from the CHNA and endorses the identified needs.



## Conclusion

The hospitals hope this report offers a meaningful and comprehensive understanding of the most significant needs of Riley and Pottawatomie counties. This report will be used by internal partners, non-profit organizations, government agencies, and other community partners to guide the implementation strategies and community health improvement efforts as required by the Affordable Care Act. The 2026 CHNA will also be available to the broader community as a useful resource for further health improvement efforts.

As a Catholic health ministry, Ascension Via Christi Hospital in Manhattan and Wamego Health Center are dedicated to spiritually centered, holistic care that sustains and improves the health of not only individuals but the communities the hospitals serve. 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: 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 A1: 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 | Riley County | Pottawatomie County | Kansas    | U.S.        |
|------------|--------------|---------------------|-----------|-------------|
| Total      | 71,402       | 26,382              | 2,940,546 | 334,914,895 |
| Male       | 53.2%        | 50.4%               | 50.1%     | 49.5%       |
| Female     | 46.8%        | 49.6%               | 49.9%     | 50.5%       |

Source: County Health Rankings and Roadmaps (2025).

<https://www.countyhealthrankings.org/health-data/kansas/pottawatomie?year=2025>

<https://www.countyhealthrankings.org/health-data/kansas/riley?year=2025>

### Table A2: Demographic Groupings

Why it is important: The racial and ethnic composition of a population is important in understanding the cultural context of a community.

| Race or ethnicity                     | Riley County | Pottawatomie County | Kansas | U.S.  |
|---------------------------------------|--------------|---------------------|--------|-------|
| Asian                                 | 4.6%         | 0.9%                | 3.2%   | 6.4%  |
| Non-Hispanic Black / African American | 6.6%         | 1.3%                | 5.7%   | 12.6% |
| Hispanic / Latino                     | 9.6%         | 6.3%                | 13.7%  | 19.5% |
| American Indian or Alaska Native      | 0.8%         | 1.0%                | 1.3%   | 1.3%  |
| Non-Hispanic White                    | 75.3%        | 88.5%               | 73.7%  | 58.4% |

Source: County Health Rankings and Roadmaps (2025).

<https://www.countyhealthrankings.org/health-data/kansas/pottawatomie?year=2025>

<https://www.countyhealthrankings.org/health-data/kansas/riley?year=2025>

### Table A3: 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 and childcare needs, while an older population may have greater healthcare needs.

| Age                    | Riley County | Pottawatomie County | Kansas | U.S.  |
|------------------------|--------------|---------------------|--------|-------|
| Persons under 5 years  | 5.5%         | 7.2%                | 6.0%   | 5.5%  |
| Persons under 18 years | 16.1%        | 28.6%               | 23.6%  | 21.7% |
| Persons 65+ years      | 10.8%        | 16.0%               | 17.5%  | 17.7% |

Sources: County Health Rankings and Roadmaps (2025).

<https://www.countyhealthrankings.org/health-data/kansas/pottawatomie?year=2025>

<https://www.countyhealthrankings.org/health-data/kansas/riley?year=2025>

US Census Bureau, Quick Facts.

<https://www.census.gov/quickfacts/fact/table/US,rileycountykansas,KS,pottawatomiecountykansas/PST045223>

### Table A4 : Income

Why it is important: Median Household Income is a well-recognized indicator of income, which impacts whether individuals and families experience poverty, which can negatively impact their physical and mental health.<sup>2</sup> 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.

| Income  | Riley County | Pottawatomie County | Kansas   | U.S.     |
|---|--------------|---------------------|----------|----------|
| Median household income                                 | \$63,100     | \$87,694            | \$70,300 | \$77,700 |
| Per capita income                                       | \$34,583     | \$37,341            | \$39,638 | \$43,289 |
| People with incomes below the federal poverty guideline | 23%          | 9%                  | 12%      | 13%      |
| ALICE households  | 30%          | 23%                 | 26.7%    | 29%      |

Sources: US Census Bureau, Quick Facts

<https://www.census.gov/quickfacts/fact/table/US,rileycountykansas,KS,pottawatomiecountykansas/PST045223>

United for Alice (2024). <https://www.unitedforalice.org/county-reports/kansas>

### Table A5: Education

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

<sup>2</sup> University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps. [www.countyhealthrankings.org](http://www.countyhealthrankings.org).



| <b>Education</b>              | <b>Riley County</b> | <b>Pottawatomie County</b> | <b>Kansas</b> | <b>U.S.</b> |
|-------------------------------|---------------------|----------------------------|---------------|-------------|
| High school diploma or higher | 96.1%               | 96.3%                      | 91.7%         | 89.4%       |
| Bachelor's degree or higher   | 48.0%               | 35.2%                      | 35.2%         | 35%         |

Source: US Census Bureau, Quick Facts.

<https://www.census.gov/quickfacts/fact/table/US.rileycountykansas.KS.pottawatomiecountykansas/PST045223>



## Appendix B: Community Input Data and Sources

A comprehensive report encompassing all the data and analysis derived from the community survey can be accessed on the Flint Hills Wellness Collation's website: <https://www.flinthillswellness.org/>.

### Community survey

Conducted electronically via Alchemer in both Spanish and English, the community survey was comprised of the following questions:

1. Are you 18 or older?
2. In which county do you currently live?

#### Community Experiences

3. Rate the following statements about your community based on your experiences (Strongly Disagree to Strongly Agree).
  - I am satisfied with the quality of life in the community.
  - I am satisfied with the healthcare system in my community.
  - I am satisfied with the local government in the community.
4. Rate the following statements about your community based on your experiences (Strongly Disagree to Strongly Agree).
  - There are networks of support for individuals during times of need in the community.
  - There is a strong sense of community among residents where I live.
  - There are volunteer opportunities in the community.
  - I can make the community a better place to live.
  - I intend to stay in the community for at least the next five years.
5. Rate the following statements about the environment in your community based on your experiences (Strongly Disagree to Strongly Agree).
  - My community is a safe place for me to live.
  - My community has safe drinking water and clean air.
  - There are enough parks and other places for recreational and physical activities in the community.
  - My community is accessible for disabled community members.
  - There are enough accessible physical activity/recreation options in the community for persons with physical disabilities.
  - The community is strengthened by its diversity.
6. Rate the following statements about the economy in your community based on your experience (Strongly Disagree to Strongly Agree).
  - My community has enough affordable housing.
  - There are enough jobs in my community that pay a livable wage.
  - People in my community have enough opportunities and resources to succeed financially.
  - There are a variety of jobs available in my community for people with my skills/level of education.
  - There are opportunities in my community to increase my job skills.
7. Rate the following statements about children in your community based on your experiences (Strongly Disagree to Strongly Agree).



- My community has enough childcare services available for families.
  - My community is a good place to raise children.
  - I am satisfied with the local schools and education in the community.
  - I am satisfied with the non-school activities available for children in the community.
8. Rate the following statements about older adults/aging in your community based on your experiences (Strongly Disagree to Strongly Agree).
- My community has housing and other support services available for older adults.
  - My community supports healthy aging.
  - My community is a good place to grow old.
9. Rate the following statements about food access in our community based on your experiences. \*Healthy foods are defined as: nutritious foods and beverages, especially vegetables, fruits, low-fat and fat-free dairy products, and whole grains; foods low in saturated and trans fats, sodium, and added sugars (Strongly Disagree to Strongly Agree).
- My community, including myself, has easy access to healthy and affordable food.
  - My community has an adequate number of grocery stores.
  - My community values healthy eating.
10. Rate the following statement about mental health access in your community based on your experiences (Strongly Disagree to Strongly Agree).
- My community has adequate mental health services for people who need them.
11. Which of the following THREE options would most improve your community? Select up three options from the list below.
- Improved access to healthcare services (e.g., affordable care, insurance, specialists)
  - Less chronic disease (e.g., cancer, diabetes, heart disease)
  - Better access to dental care (e.g., affordable care, insurance)
  - Better access to mental health services (e.g., affordable care, insurance)
  - Address substance use and access to treatment services (e.g., tobacco, alcohol, opioids)
  - Improved access to affordable, healthy/nutritious food (e.g., fresh produce, fruits/veggies)
  - Improved access to parks, recreation, and exercise opportunities (e.g., gyms, playgrounds, classes, trails for walking/hiking/biking)
  - Better access to transportation (e.g., to health appointments, public transportation)
  - More/better paying jobs and a stronger economy (e.g., lower interest rates, less inflation)
  - Increased safe and affordable housing availability
  - Reduced poverty rates/issues related to poverty
  - More appreciation of different cultures
  - Better care for older/aging adults (e.g., caregiving, assisted living, services, safety)
  - Address infant and toddler related issues (e.g., education for parents, early intervention programs)
  - Address youth and children related issues (e.g., lower rates of child abuse/neglect, better childcare, better public education, less bullying)
  - Reduced violence/crime
  - Lower rates of domestic and sexual violence
  - Other, please specify: \_\_\_\_\_



12. Have you personally experienced or witnessed discrimination in this community based on any of the following? Check all that apply. Also, please check if the discrimination occurred in one of the settings listed below (i.e. housing, public accommodation, education).
- Race/Ethnicity
  - Age
  - Gender
  - Sexuality
  - Religion
  - Disability

#### Health and Healthcare

13. What are the TOP THREE healthcare service needs in your community? Select up to three options from the list below.
- Access to primary care providers (e.g., family doctors, general practitioners)
  - Consistent care (e.g., seeing the same provider for appointments)
  - Access to specialty care (e.g., OB/GYN, cardiology, rheumatology, cardiology, endocrinology)
  - Increased appointment availability (e.g., shorter wait times for appointments)
  - Expanded clinic hours (e.g., evenings, weekends)
  - Affordable healthcare options (e.g., lower-cost services, insurance coverage)
  - Greater awareness of available healthcare services in the community
  - Increased funding for community health programs (e.g., preventive care, outreach)
  - Healthcare facilities closer to your community
  - Reliable transportation to healthcare appointments
  - Expanded telehealth services (e.g., virtual appointments with providers)
  - Other, please specify: \_\_\_\_\_
14. What are the TOP THREE conditions/issues that you believe have the greatest overall impact on your community's health? Select up to three options from the list below.
- Health disparities related to discrimination (based on race, gender, etc.)
  - Lack of preventive care
  - Physical inactivity
  - Lack of nutrition/healthy eating
  - Diabetes
  - Obesity
  - Heart disease and stroke
  - High blood pressure
  - High cholesterol
  - Cancer
  - Dental health
  - Mental/behavioral health (including substance use and suicide)
  - Aging-related health issues (e.g., arthritis, etc.)
  - Respiratory/lung disease
  - Smoking/tobacco/vaping
  - Other, please specify: \_\_\_\_\_
15. What is the health insurance status of the person completing this survey? Select all that apply.



- Insured through employer
  - Buy my own health insurance in an open market
  - Buy health insurance through the Affordable Care Act/Market Place
  - Medicaid/KanCare
  - Medicare
  - TRICARE/Military
  - Indian Health Services
  - Uninsured
  - Other, please specify: \_\_\_\_\_
  - Don't know/Prefer not to answer
16. If you have other people in your household, is everyone covered by health insurance?
- Yes
  - No
  - Don't know
  - N/A - I don't have other people in my household
17. Which of the following THREE options make it harder for you to get physical health care services? Select up to three options from the list below or select N/A if you do not experience barriers.
- High costs of services (e.g., premiums, deductibles, copays)
  - Difficulty scheduling appointments (e.g., long wait times, limited availability)
  - Language or communication barriers
  - Fear or distrust of the healthcare system
  - Healthcare services located too far away
  - Lack of health insurance
  - Providers not accepting my insurance or limited insurance coverage
  - High costs of prescriptions or medications
  - Stigma or shame associated with seeking care
  - Excessive paperwork or complex administrative processes
  - Lack of reliable transportation
  - Lack of awareness of services (e.g., not knowing where or how to access health care)
  - Providers not accommodating my cultural, racial, linguistic, gender, or sexual identity needs - please specify: \_\_\_\_\_
  - Other barrier, please specify: \_\_\_\_\_
  - N/A - I experience no barriers to accessing health care services
18. How would you rate your overall health?
- Poor
  - Fair
  - Good
  - Very Good
  - Excellent
19. Regarding your health practices, are you (Yes, No, I don't know):
- Consuming fruit one or more times a day?
  - Consuming vegetables one or more times a day?
  - Exercising 2-3 times weekly (not job-related)?
  - Currently using tobacco products, including smoking, vaping, chewing?



- Consuming more than one drink on average per day?
  - Consumed more than 4 alcoholic drinks in one sitting in the last 30 days?
20. Please indicate how easy or difficult it is to access each of the following (Very Difficult to Very Easy):
- Credible and accurate health information
  - Primary health care
  - Healthy/nutritious food
  - Dental services
  - Mental health services
  - Substance use services
  - Children’s healthcare services
  - Prenatal care/healthcare for pregnancy
  - Sexual health testing and treatment
  - Immunizations
21. How do you prefer to receive information about health, health services, programs, and/or resources in your county? Select up to three options from the list below.
- Email (e.g., newsletters or updates from health providers)
  - Mail (e.g., printed flyers, brochures, or letters)
  - Text message (e.g., appointment reminders, health tips)
  - Social media (e.g., posts on platforms like Facebook or X)
  - Community events or town halls (e.g., in-person or virtual meetings)
  - Videos or online content (e.g., YouTube videos, webinars, or website updates)
  - Local media (e.g., newspapers, radio, or TV)
  - Other, please specify: \_\_\_\_\_

### Housing and Economy

22. What are the TOP THREE needs related to housing in the community that should be addressed?
- Accessible housing (for persons with disabilities)
  - Affordable housing
  - Assistance with property repair and maintenance
  - Code enforcement (e.g. overgrown lawns, broken windows, trash, etc.)
  - Education about financing options for homeownership
  - Education about responsible homeownership
  - Higher quality rentals
  - Historic preservation
  - Low-income housing assistance (Section 8)
  - Neighborhood improvement programs
  - Quality housing
  - Safe housing
  - Senior housing
  - Variety of affordable housing options
  - Other, please specify: \_\_\_\_\_
23. What are the TOP THREE needs in your community related to the economy/personal finance in the community that should be addressed?
- Access to education



- Access to Wi-Fi
  - Assistance with searching for and gaining employment
  - Availability of college or career preparation in schools
  - Availability of jobs
  - Availability of low-interest loans
  - Emergency assistance to individuals or families (e.g., for utilities, food, rent, etc.)
  - Employment opportunities for older adults
  - Employment opportunities for youth
  - Jobs that at least pay a living wage (the minimum income necessary for a worker to meet basic needs like food, housing, clothing, etc.)
  - Low-cost resources to help with personal finance management
  - Public transportation
  - Small business development
  - Workforce development training
  - Other, please specify: \_\_\_\_\_
24. Do you spend more than 30% of your yearly income on housing (including utilities)?
- Yes
  - No
25. Do you make enough money to support basic needs for your household? Examples of basic needs include food, childcare, housing, utilities, transportation, tuition, and healthcare.
- Yes
  - No
26. Do you own your home or rent?
- Own
  - Rent
  - Not applicable (e.g., I live with a friend or family member, I have no place to live)
27. Are you satisfied with your current housing?
- Yes
  - No
  - If you're not satisfied with your current housing, please tell us why. Please select all that apply.
    - Too expensive
    - Location
    - Unsafe because of the condition of housing
    - Too small
    - Lack of privacy
    - Other: \_\_\_\_\_

#### Food Access

28. What are the TOP THREE greatest needs in your community related to food access? (Not fast food or convenience food). Select up to three options from the list below.
- Lower cost of food
  - Greater choice of food in stores

- More stores/shopping outlets
- Education
- People are embarrassed about needing/being provided with services
- There are no food banks in my area
- Transportation
- Not applicable
- Other (please specify): \_\_\_\_\_

29. What do you think would make it easier for people in your community to be able to buy and eat healthy foods? Select up to three options from the list below.

- Decrease stigma (example: making it less embarrassing for people to seek services like SNAP)
- Education (example: where to access food, how to prepare food, how to access to programs like SNAP)
- Greater choice of food in stores
- Increase transportation options
- More affordable food
- More convenient hours of operation
- More shopping outlets/stores
- Better ways to store food
- Other (please specify): \_\_\_\_\_

30. Have you participated in any of the following programs in the last 12 months? Please select all that apply.

- Emergency food box sites
- Farmers market vouchers
- Food pantry
- Gleaning groups (people who collect extra and salvaged food from farms, gardens, and groceries and share with the group half of what they gather)
- SNAP or other food stamp program
- WIC
- I have not ever participated in these programs
- Other, please specify: \_\_\_\_\_

31. Would you be interested in any of the following free services? Please select all that you would be interested in.

- Cooking classes where you learn about preparing food
- Farmers market coupons
- Free or discounted weekly box of produce from a local farm
- Nutrition classes where you learn about cooking with local food
- Programs that would help you start and maintain a produce garden
- Other, please specify: \_\_\_\_\_

## Mental Health

32. What are the TOP THREE mental health service needs in your community? Select up to three options from the list below.

- Access to mental health providers (e.g., psychiatrists, therapists, counselors)
  - Consistent mental health care (e.g., seeing the same provider for appointments)
  - Access to specialized mental health services (e.g., trauma therapy, child/adolescent psychiatry)
  - Access to substance use related services
  - Increased availability of mental health appointments (e.g., shorter wait times)
  - Expanded mental health clinic hours (e.g., evenings, weekends)
  - Affordable mental health services (e.g., low-cost counseling, insurance coverage)
  - Greater awareness of local mental health resources and services
  - Expanded crisis intervention services (e.g., 24-hour crisis support, suicide prevention)
  - Mental health facilities closer to your community
  - Reliable transportation to mental health appointments
  - Expanded telehealth options for mental health (e.g., virtual therapy and/or mental health medication appointments)
  - Other, please specify: \_\_\_\_\_
33. How would you rate your overall mental or emotional wellbeing?
- Poor
  - Fair
  - Good
  - Very Good
  - Excellent
34. Have you or anyone in your household experienced barriers that prevented you from receiving mental health care (e.g., therapy, counseling, psychiatric care) when needed in the past 12 months? Select all that apply.
- Unable to afford mental health care costs (e.g., co-pays, out-of-pocket costs for therapy or psychiatric visits)
  - No insurance or insurance does not cover needed mental health services (e.g., therapy, medications)
  - No appointments available or long wait times for mental health appointments
  - No mental health providers in my community (e.g., therapists, psychiatrists, counselors)
  - Lack of transportation to mental health care facilities or providers
  - Limited access to telehealth mental health services (e.g., lack of internet, technology, or privacy)
  - Unable to take time off work or school for mental health appointments
  - Lack of childcare during mental health visits
  - Previous negative experiences with mental health care (e.g., unhelpful therapy)
  - Stigma or fear of judgment about seeking mental health care
  - Language barriers (e.g., English is not my preferred language, lack of interpreters for mental health services)
  - Cultural or personal beliefs (e.g., mistrust of mental health providers, belief that mental health issues should be handled privately)
  - Other, please specify: \_\_\_\_\_



- N/A - My household has not experienced barriers to receiving mental health care when needed

#### Youth and Children

35. What are the TOP THREE greatest needs for children ages birth to 12 in your community? Select up to three options from the list below.

- Access to diapers
- Afterschool programs
- Bullying prevention
- Childcare for children 0-5
- Dental care
- Early childhood intervention programs (e.g., Head Start, etc.)
- Financial assistance to families (for nutrition, childcare, housing, etc.)
- Medical care
- Mental healthcare
- Mentoring programs for children
- Nutrition programs (e.g. WIC, free and reduced lunch, etc.)
- Parenting education
- Parenting skills development
- Public education
- Recreational activities
- Services for children with physical or developmental disabilities
- Transportation
- Other, please specify: \_\_\_\_\_

36. What are the TOP THREE greatest needs for youth/adolescents ages 13 to 18 in your community? Select up to three options from the list below.

- Access to higher education
- Access to technology/computers
- Access to the internet
- Appropriate internet/technology use (e.g., sexting, cyber-bullying)
- Being able to take part in physical activities
- Bullying/relationship violence prevention
- Comprehensive sex education (including teen pregnancy prevention, STIs/STDs, etc.)
- Cultural enrichment opportunities
- Dental care
- Employment opportunities for teens
- Financial skills training
- Healthy eating
- Medical care
- Mental healthcare
- Mentoring programs for adolescents



- Opportunities to contribute to the community (e.g., volunteering, leadership development, participation in community decision-making)
- Parenting education/skills development (for parents of adolescents)
- Public education
- Recreational activities
- Services for adolescents with physical or developmental disabilities
- Substance abuse prevention/treatment
- Transportation
- Tutoring
- Workforce training for teens
- Other, please specify: \_\_\_\_\_

37. Are you a parent or custodial guardian of someone under 18 years of age?

- Yes
- No

38. If you have grandchildren, are you a custodial or primary caregiver for any of your grandchildren that are under the age of 18?

- Yes
- No
- I do not have grandchildren

39. Are there any other children under 18 years of age who live with you (i.e., you are not their parent or custodial guardian)?

- Yes
- No

#### Public Education

40. What are the TOP THREE greatest needs related to public education in your community? Select up to three options from the list below.

- Increased expectations for student achievement
- Equality in funding among school districts
- Getting and keeping good teachers
- Increased parental involvement
- Increased student discipline
- Increased quality of instruction
- Addressing bullying
- Raising standardized test scores
- Increased quality of curriculum
- More artistic and musical activities
- Addressing overcrowding in schools
- Addressing fighting, violence, and/or gangs
- Increased amount of time students spend in school



- Availability of physical activities and sports
- Availability of quality computers and technology
- Updated textbooks
- Addressing the condition of school buildings
- More extracurricular activities
- More involvement of students in decision-making
- Other, please specify: \_\_\_\_\_

## Aging/Older Adult

41. What are the TOP THREE greatest needs for older adults in your community? Select up to three options from the list below.

- Access to daily meals
- Affordable housing
- Affordable prescriptions
- Age-appropriate entertainment
- Assisted living options
- Caregiver support groups
- Day programs
- Dental care
- Ease of mobility in the community
- Education about prescription medications
- Elder abuse prevention and support
- Finances/Income
- Health insurance
- Home health care options
- Hospice care
- Independent living
- Long term care facility options
- Medical care
- Mental health services
- Respite services for caregivers
- Transportation
- Utility assistance
- Vision care
- Other, please specify: \_\_\_\_\_

## Transportation

42. What are the TOP THREE greatest needs related to transportation in your community? Select up to three options from the list below.

- Widen existing roads



- Build new roads
- Provide maintenance and improvements to existing roadways (including intersections or interchanges, pavement of gravel roads, potholes, bridge repairs, etc.)
- Improve traffic signals
- Improve public transit service (including increased service hours, shorter wait times, more routes, bus shelters, benches, etc.)
- Improve driver education
- Develop a pedestrian friendly transportation system to make areas more walkable (improve sidewalks, crosswalks, signals, etc.)
- Expand and improve the bike route system (bike paths, bike lanes) to increase the number of people who bike as a form of transportation
- Increase specialized transportation services for people with disabilities and/or special needs
- Address texting and driving
- Increase options for overnight public parking
- Expand local taxi services
- Other, please specify: \_\_\_\_\_

43. How do you usually get to your primary healthcare provider?

- I drive my own car
- A family member or friend drives me
- I use public transportation
- I don't have transportation options
- I don't know
- Prefer not to answer
- Other (please specify): \_\_\_\_\_

44. Does a lack of transportation ever make it difficult for you to get groceries?

- Yes
- No

#### Demographics

45. What is your zip code? \_\_\_\_\_

46. What is your age?

- 18 to 24 years
- 25 to 34 years
- 35 to 49 years
- 50 to 64 years
- 65 to 74 years
- 75 to 84 years
- 85 years and over

47. Please describe your race and ethnicity. Select all that apply.

- Spanish, Hispanic, or Latino
- Indigenous, Native American, Mexican, or Alaskan Native



- Asian (e.g., Indian, Chinese, Filipino, Vietnamese, South, Southeast, East, etc.)
  - Black or African American
  - Native Hawaiian or other Pacific Islander (NHOPI) (e.g., Samoan, Chamorro, Tongan, etc.)
  - Middle Eastern or North African (e.g., Arab, Persian, Moroccan, etc.)
  - White
  - Prefer to self-describe: \_\_\_\_\_
  - Prefer not to answer
48. What language is spoken most of the time in your home?
- English
  - Spanish
  - Another language, please specify \_\_\_\_\_
  - Prefer not to answer
49. Please describe your gender. Select all that apply.
- Woman
  - Man
  - Non-binary, non-conforming, and/or genderqueer
  - Transgender
  - Prefer to self-describe: \_\_\_\_\_
  - Prefer not to answer
50. Please describe your sexuality. Select all that apply.
- Gay/Lesbian/Homosexual
  - Queer
  - Bisexual/Pansexual/Multisexual
  - Straight/Heterosexual
  - Prefer to self-describe: \_\_\_\_\_
  - Prefer not to answer
51. What is your relationship status?
- Single
  - Domestic partnership
  - Married
  - Divorced
  - Separated
  - Widowed
  - Prefer not to answer
52. What was your total household income last year, before taxes?
- Less than \$10,000
  - \$10,000 – \$14,999
  - \$15,000 – \$24,999
  - \$25,000 – \$34,999
  - \$35,000 – \$49,999



- \$50,000 – \$74,999
  - \$75,000 – \$99,999
  - \$100,000 – \$149,999
  - \$150,000 – \$199,999
  - \$200,000 or more
  - I don't know/Prefer not to answer
53. How many people live in your household, including yourself?
54. What is the highest grade or year of school you have completed?
- Less than 9th grade
  - 9th – 12th grade (no diploma)
  - High school graduate (or GED/equivalent)
  - Some college (no degree)
  - Associate's degree
  - Vocational training
  - Bachelor's degree
  - Graduate or professional degree
55. What is your employment status?
- Self-employed
  - Working more than one job
  - Employed full-time (one job)
  - Employed part-time
  - Student
  - Homemaker/Stay at home parent
  - Retired - don't work
  - Disabled - don't work
  - Unemployed for 1 year or less
  - Unemployed for more than 1 year
  - Other, please specify:\_\_\_\_\_
56. In which county do you currently work? Select all that apply.
- Riley County
  - Pottawatomie County
  - Other, please specify:\_\_\_\_\_
57. Are you currently or have you ever been a member of the Armed Services/Military?
- Yes
  - No

Flint Hills Wellness Coalition and Riley County Health Department were integral in recruitment efforts for the survey.



## Appendix C: Secondary Data and Sources

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

CHRR compiles new data annually and shares it with the public. The data below is from the 2025 publication. It is important to understand that reliable data is generally two to three years behind due to the importance of careful analysis.

### 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 for “why they are important” are largely drawn from the CHRR website.

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

**Trends:** 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.

**United States (U.S.):** Describes how the county’s most recent data for the health issue compares to the U.S.

**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.

## Riley County, Kansas

**Table C1: 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 members within a community.

| Indicators                      | Trend | Riley County | Kansas | U.S.  | Description  |
|---------------------------------|-------|--------------|--------|-------|--|
| <b>Length of Life</b>           |       |              |        |       |  |
| Premature death                 |       | 5,300        | 8,600  | 8,400 | Years of potential life lost before age 75 per 100,000 population (age-adjusted)                 |
| Life expectancy                 |       | 79.7         | 76.4   | 77.1  | How long the average person is expected to live  |
| Infant mortality                |       | 5            | 6      | 6     | Number of all infant deaths (within one year) per 1,000 live births                              |
| <b>Physical Health</b>          |       |              |        |       |  |
| Poor or fair health             |       | 17%          | 15%    | 17%   | Percentage of adults reporting fair or poor health   |
| Poor physical health Days       |       | 3.9          | 3.7    | 3.9   | Average number of physically unhealthy days reported in the past 30 days (age-adjusted)          |
| Frequent physical distress      |       | 13%          | 11%    | 12%   | Percentage of adults with 14 or more days of poor physical health per month                      |
| Low birth weight                |       | 7%           | 7%     | 8%    | Percentage of babies born too small (less than 2,500 grams)                                      |
| Fall fatalities 65+ (by state)  |       | 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 |
| <b>Mental Health</b>            |       |              |        |       |  |
| Poor mental health days         |       | 5.3          | 5.2    | 5.1   | Average number of mentally unhealthy days reported in the past 30 days                           |
| Frequent mental distress        |       | 18%          | 17%    | 16%   | Percentage of adults reporting 14 or more days of poor mental health per month                   |
| Suicide                         |       | 12           | 19     | 14    | Number of deaths due to suicide per 100,000  |
| <b>Morbidity</b>                |       |              |        |       |  |
| Diabetes prevalence             |       | 11%          | 10%    | 10%   | Percentage of adults ages 20 and above with diagnosed diabetes                                   |
| Cancer deaths (by state)        |       | 6.4%         | 6.2%   | 6.2%  | Average annual cancer death rate per 100,000   |
| <b>Communicable Disease</b>     |       |              |        |       |  |
| HIV prevalence                  |       | 91           | 147    | 387   | Number of people ages 13 years and over with a diagnosis of HIV per 100,000                      |
| Sexually transmitted infections |       | 731.3        | 474.4  | 495.5 | Number of newly diagnosed chlamydia cases per 100,000  |

Sources: County Health Rankings (2025). <https://www.countyhealthrankings.org/health-data/kansas/riley?year=2025>

US News and World Report. <https://www.usnews.com/news/healthiest-communities/kansas/riley-county>



**Table C2: Community Conditions**

Why they are important: These are the conditions in which people are born, live, learn, work, play, worship and age that have a significant effect on our health.

| Indicator                       | Trend | Riley County | Kansas   | U.S.     | Description  |
|---------------------------------|-------|--------------|----------|----------|--|
| <b>Economic Stability</b>       |       |              |          |          |  |
| Median household income         |       | \$63,100     | \$70,300 | \$77,700 | The income where half of households in a county earn more and half of households earn less |
| Unemployment                    |       | 2.6%         | 2.7%     | 3.6%     | 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               |       | 13%          | 13%      | 16%      | Percentage of people under age 18 in poverty   |
| <b>Educational Attainment</b>   |       |              |          |          |  |
| High school completion          |       | 96%          | 92%      | 89%      | Percentage of adults ages 25 and over with a high school diploma or equivalent             |
| Some college                    |       | 80%          | 70%      | 68%      | Percentage of adults ages 25-44 with some post-secondary education                         |
| <b>Social/Community</b>         |       |              |          |          |  |
| Children in single-parent homes |       | 25%          | 21%      | 25%      | Percentage of children who live in a household headed by a single parent                   |
| Social associations             |       | 12           | 13.2     | 9.1      | Number of membership associations per 10,000 population                                    |
| Disconnected youth              |       | N/A          | 5%       | 7%       | Percentage of teens and young adults ages 16-19 who are neither working nor in school      |
| Violent crime                   |       | 9.3          | 4.5      | N/A      | Number of reported violent crime offenses per 100,000 population                           |
| <b>Access to Healthy Foods</b>  |       |              |          |          |  |
| Food environment index          |       | 5.7          | 6.8      | 7.4      | Index of factors that contribute to a healthy food environment (0 = worst, 10 = best)      |
| Food insecurity                 |       | 15%          | 13%      | 14%      | Percentage of the population who lack adequate access to food                              |
| Limited access to healthy foods |       | 25%          | 8%       | 6%       | Percentage of the population who are low-income and do not live close to a grocery store   |

Source: County Health Rankings (2025). <https://www.countyhealthrankings.org/health-data/kansas/riley?year=2025>

**Table C3: Physical Environment**

Why they are important: The physical environment impacts our air, water, housing, and transportation to work or school. A poor physical environment can affect our ability and that of our families and neighbors to live long and healthy lives.

| Indicator                         | Trend | Riley County | Kansas | U.S. | Description   |
|-----------------------------------|-------|--------------|--------|------|---|
| <b>Physical Environment</b>       |       |              |        |      |   |
| Severe housing cost burden        |       | 18%          | 11%    | 15%  | Percentage of households that spend 50 percent or more of their household income on housing   |
| Severe housing problems           |       | 19%          | 12%    | 17%  | Percentage of households with at least one of four housing problems: overcrowding, high housing costs, lack of kitchen facilities, and/or lack of plumbing facilities |
| Air pollution: particulate matter |       | 8.3          | 7.3    | 7.3  | Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)  |
| Home ownership                    |       | 45%          | 67%    | 65%  | Percentage of occupied housing units that are owned   |

Source: County Health Rankings (2025). <https://www.countyhealthrankings.org/health-data/kansas/riley?year=2025>

### Table C4: 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.

| Indicator                    | Trend | Riley County | Kansas  | U.S.    | Description   |
|------------------------------|-------|--------------|---------|---------|---|
| <b>Healthcare Access</b>     |       |              |         |         |   |
| Uninsured                    |       | 10%          | 10%     | 10%     | Percentage of population under age 65 without health insurance                                  |
| Uninsured adults             |       | 12%          | 12%     | 11%     | 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      |       | 1,440:1      | 1,280:1 | 1,330:1 | Ratio of the population to primary care physicians  |
| Mental healthcare providers  |       | 290:1        | 400:1   | 300:1   | Ratio of the population to mental healthcare providers  |
| <b>Hospital Utilization</b>  |       |              |         |         |   |
| Preventable hospital stays   |       | 1,539        | 2,529   | 2,666   | Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees  |
| <b>Preventive Healthcare</b> |       |              |         |         |   |
| Flu vaccinations             |       | 61%          | 49%     | 48%     | Percentage of fee-for-service Medicare enrollees who had an annual flu vaccination              |
| Mammography screenings       |       | 53%          | 49%     | 44%     | Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening |

Source: County Health Rankings (2025). <https://www.countyhealthrankings.org/health-data/kansas/riley?year=2025>

**Table C5: 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.

| Indicator                             | Trend | Riley County | Kansas | U.S. | Description   |
|---------------------------------------|-------|--------------|--------|------|---|
| <b>Healthy Lifestyle</b>              |       |              |        |      |   |
| Adult obesity                         |       | 35%          | 37%    | 34%  | Percentage of the adult population (ages 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2 |
| Physical inactivity                   |       | 26%          | 23%    | 23%  | Percentage of adults ages 20 and over reporting no leisure-time physical activity   |
| Access to exercise opportunities      |       | 89%          | 80%    | 84%  | Percentage of population with adequate access to locations for physical activity  |
| Insufficient sleep                    |       | 38%          | 37%    | 37%  | Percentage of adults who report fewer than seven hours of sleep on average  |
| Motor vehicle crash deaths            |       | 6            | 14     | 12   | Number of motor vehicle crash deaths per 100,000 population   |
| Teen births                           |       | 8            | 18     | 16   | Number of births per 1,000 female population ages 15-19   |
| <b>Substance Misuse</b>               |       |              |        |      |   |
| Adult smoking                         |       | 17%          | 15%    | 13%  | Percentage of adults who are current smokers  |
| Excessive drinking                    |       | 19%          | 19%    | 19%  | Percentage of adults reporting binge or heavy alcohol drinking  |
| Alcohol-impaired driving deaths       |       | 27%          | 21%    | 26%  | Alcohol-impaired driving deaths   |
| Overdose deaths: any opioids by state |       | 8            | 22     | 31   | Rate of opioid-related deaths by state per 100,000 persons  |

Sources: County Health Rankings (2025). <https://www.countyhealthrankings.org/health-data/kansas/riley?year=2025>

**Table C6: Health and Well-being**

Why they are important: Differences in access to opportunities that affect health can create differences between groups of people in the community.

| Indicator   | Population                            | Measure            |
|---|---------------------------------------|--------------------|
| <b>Health and Well-being</b>  |                                       |                    |
| Premature death: Years of potential life lost before age 75 per 100,000 population (age-adjusted) | <b>Overall</b>                        | 5,300 per 100,000  |
|   | Asian                                 | N/A per 100,000    |
|   | Non-Hispanic Black / African American | 13,600 per 100,000 |
|   | Hispanic / Latino                     | N/A per 100,000    |

|   |                                       |                   |
|---|---------------------------------------|-------------------|
|   | American Indian or Alaska Native      | N/A per 100,000   |
|   | Non-Hispanic White                    | 4,800 per 100,000 |
| Low birthweight: Percentage of live births with low birthweight (< 2,500 grams) | <b>Overall</b>                        | 7%                |
|   | Asian                                 | 7%                |
|   | Non-Hispanic Black / African American | 12%               |
|   | Hispanic / Latino                     | 5%                |
|   | American Indian or Alaska Native      | N/A               |
|   | Non-Hispanic White                    | 6%                |

Source: County Health Rankings (2025). <https://www.countyhealthrankings.org/health-data/kansas/riley?year=2025>

## Pottawatomie County, Kansas

**Table C7: 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 members within a community.

| Indicators                     | Trend | Pott. County | Kansas | U.S.  | Description  |
|--------------------------------|-------|--------------|--------|-------|--|
| <b>Length of Life</b>          |       |              |        |       |  |
| Premature death                |       | 7,300        | 8,600  | 8,400 | Years of potential life lost before age 75 per 100,000 population (age-adjusted)                 |
| Life expectancy                |       | 78.7         | 76.4   | 77.1  | How long the average person is expected to live  |
| Infant mortality               |       | N/A          | 6      | 6     | Number of all infant deaths (within one year) per 1,000 live births                              |
| <b>Physical Health</b>         |       |              |        |       |  |
| Poor or fair health            |       | 13%          | 15%    | 17%   | Percentage of adults reporting fair or poor health   |
| Poor physical health Days      |       | 3.4          | 3.7    | 3.9   | Average number of physically unhealthy days reported in the past 30 days (age-adjusted)          |
| Frequent physical distress     |       | 10%          | 11%    | 12%   | Percentage of adults with 14 or more days of poor physical health per month                      |
| Low birth weight               |       | 5%           | 7%     | 8%    | Percentage of babies born too small (less than 2,500 grams)                                      |
| Fall fatalities 65+ (by state) |       | 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 |
| <b>Mental Health</b>           |       |              |        |       |  |
| Poor mental health days        |       | 5.0          | 5.2    | 5.1   | Average number of mentally unhealthy days reported in the past 30 days                           |
| Frequent mental distress       |       | 15%          | 17%    | 16%   | Percentage of adults reporting 14 or more days of poor mental health per month                   |
| Suicide                        |       | 11           | 19     | 14    | Number of deaths due to suicide per 100,000  |
| <b>Morbidity</b>               |       |              |        |       |  |



|                                 |  |       |       |       |   |
|---------------------------------|--|-------|-------|-------|---|
| Diabetes prevalence             |  | 9%    | 10%   | 10%   | Percentage of adults ages 20 and above with diagnosed diabetes              |
| Cancer deaths (by state)        |  | N/A   | 6.2%  | 6.2%  | Average annual cancer death rate per 100,000                                |
| <b>Communicable Disease</b>     |  |       |       |       |   |
| HIV prevalence                  |  | 48    | 147   | 387   | Number of people ages 13 years and over with a diagnosis of HIV per 100,000 |
| Sexually transmitted infections |  | 243.6 | 474.4 | 495.0 | Number of newly diagnosed chlamydia cases per 100,000                       |

Source: County Health Rankings (2025). <https://www.countyhealthrankings.org/health-data/kansas/pottawatomie?year=2025>

### Table C8: Community Conditions

Why they are important: These are the conditions in which people are born, live, learn, work, play, worship and age that have a significant effect on our health.

| Indicator                       | Trend | Pott. County | Kansas   | U.S.     | Description  |
|---------------------------------|-------|--------------|----------|----------|--|
| <b>Economic Stability</b>       |       |              |          |          |  |
| Median household income         |       | \$84,400     | \$70,300 | \$77,700 | The income where half of households in a county earn more and half of households earn less |
| Unemployment                    |       | 2.3%         | 2.7%     | 3.6%     | Percentage of population ages 16 and older unemployed but seeking work                     |
| Poverty                         |       | 7.9%         | 11.2%    | 12.5%    | Percentage of population living below the federal poverty line                             |
| Childhood poverty               |       | 8%           | 13%      | 16%      | Percentage of people under age 18 in poverty   |
| <b>Educational Attainment</b>   |       |              |          |          |  |
| High school completion          |       | 96%          | 92%      | 89%      | Percentage of adults ages 25 and over with a high school diploma or equivalent             |
| Some college                    |       | 79%          | 70%      | 68%      | Percentage of adults ages 25-44 with some post-secondary education                         |
| <b>Social/Community</b>         |       |              |          |          |  |
| Children in single-parent homes |       | 12%          | 21%      | 25%      | Percentage of children who live in a household headed by a single parent                   |
| Social associations             |       | 9.5          | 13.2     | 9.1      | Number of membership associations per 10,000 population                                    |
| Disconnected youth              |       | N/A          | 5%       | 7%       | Percentage of teens and young adults ages 16-19 who are neither working nor in school      |
| Violent crime                   |       | N/A          | 4.5      | N/A      | Number of reported violent crime offenses per 100,000 population                           |
| <b>Access to Healthy Foods</b>  |       |              |          |          |  |
| Food environment index          |       | 9.0          | 6.8      | 7.4      | Index of factors that contribute to a healthy food environment (0 = worst, 10 = best)      |

|                                 |  |     |     |     |  |
|---------------------------------|--|-----|-----|-----|--|
| Food insecurity                 |  | 10% | 13% | 14% | Percentage of the population who lack adequate access to food                            |
| Limited access to healthy foods |  | 2%  | 8%  | 6%  | Percentage of the population who are low-income and do not live close to a grocery store |

Sources: County Health Rankings (2025). <https://www.countyhealthrankings.org/health-data/kansas/pottawatomie?year=2025>  
 US Census Bureau, Quickfacts. <https://www.census.gov/quickfacts/fact/table/US.rileycountykansas.KS.pottawatomiecountykansas>

### Table C9: Physical Environment

Why they are important: The physical environment impacts our air, water, housing, and transportation to work or school. A poor physical environment can affect our ability and that of our families and neighbors to live long and healthy lives.

| Indicator                         | Trend | Pott. County | Kansas | U.S. | Description   |
|-----------------------------------|-------|--------------|--------|------|---|
| <b>Physical Environment</b>       |       |              |        |      |   |
| Severe housing cost burden        |       | 8%           | 11%    | 15%  | Percentage of households that spend 50 percent or more of their household income on housing   |
| Severe housing problems           |       | 11%          | 12%    | 17%  | Percentage of households with at least one of four housing problems: overcrowding, high housing costs, lack of kitchen facilities, and/or lack of plumbing facilities |
| Air pollution: particulate matter |       | 8.5          | 7.3    | 7.3  | Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)  |
| Home ownership                    |       | 82%          | 67%    | 65%  | Percentage of occupied housing units that are owned   |

Source: County Health Rankings (2025). <https://www.countyhealthrankings.org/health-data/kansas/pottawatomie?year=2025>

### Table C10: 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.

| Indicator                | Trend | Pott. County | Kansas  | U.S.    | Description  |
|--------------------------|-------|--------------|---------|---------|--|
| <b>Healthcare Access</b> |       |              |         |         |  |
| Uninsured                |       | 7%           | 10%     | 10%     | Percentage of population under age 65 without health insurance |
| Uninsured adults         |       | 9%           | 12%     | 11%     | 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  |       | 1,360:1      | 1,280:1 | 1,330:1 | Ratio of the population to primary care physicians             |

|                              |  |         |       |       |   |
|------------------------------|--|---------|-------|-------|---|
| Mental healthcare providers  |  | 2,640:1 | 400:1 | 300:1 | Ratio of the population to mental healthcare providers  |
| <b>Hospital Utilization</b>  |  |         |       |       |   |
| Preventable hospital stays   |  | 2,028   | 2,529 | 2,666 | Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees  |
| <b>Preventive Healthcare</b> |  |         |       |       |   |
| Flu vaccinations             |  | 42%     | 49%   | 48%   | Percentage of fee-for-service Medicare enrollees who had an annual flu vaccination              |
| Mammography screenings       |  | 51%     | 49%   | 44%   | Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening |

Source: County Health Rankings (2025). <https://www.countyhealthrankings.org/health-data/kansas/pottawatomie?year=2025>

### Table C11: 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.

| Indicator                             | Trend | Pott. County | Kansas | U.S. | Description   |
|---------------------------------------|-------|--------------|--------|------|---|
| <b>Healthy Lifestyle</b>              |       |              |        |      |   |
| Adult obesity                         |       | 31%          | 37%    | 34%  | Percentage of the adult population (ages 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m <sup>2</sup> |
| Physical inactivity                   |       | 21%          | 23%    | 23%  | Percentage of adults ages 20 and over reporting no leisure-time physical activity   |
| Access to exercise opportunities      |       | 45%          | 80%    | 84%  | Percentage of population with adequate access to locations for physical activity  |
| Insufficient sleep                    |       | 35%          | 37%    | 37%  | Percentage of adults who report fewer than seven hours of sleep on average  |
| Motor vehicle crash deaths            |       | 16           | 14     | 12   | Number of motor vehicle crash deaths per 100,000 population   |
| Teen births                           |       | 8            | 18     | 16   | Number of births per 1,000 female population ages 15-19   |
| <b>Substance Misuse</b>               |       |              |        |      |   |
| Adult smoking                         |       | 13%          | 15%    | 13%  | Percentage of adults who are current smokers  |
| Excessive drinking                    |       | 20%          | 19%    | 19%  | Percentage of adults reporting binge or heavy alcohol drinking  |
| Alcohol-impaired driving deaths       |       | 40%          | 21%    | 26%  | Alcohol-impaired driving deaths   |
| Overdose deaths: any opioids by state |       | N/A          | 22     | 31   | Rate of opioid-related deaths by state per 100,000 persons  |

Sources: County Health Rankings (2025). <https://www.countyhealthrankings.org/health-data/kansas/pottawatomie?year=2025>



## Appendix D: Health Care Facilities and Community Resources

As part of the CHNA process, Ascension Via Christi Hospital in Manhattan and Wamego Health Center have cataloged resources available in Riley and Pottawatomie counties that respond to the significant needs identified in this CHNA. Resources may include acute care facilities (hospitals), primary and specialty care clinics and practices, mental health providers, and other non-profit services. State and national resources can also provide information regarding programs that can better serve the needs of a person experiencing a specific problem.

The resources listed under each significant need heading are not intended to be exhaustive. Additional resources can be found at <https://neighborhoodresource.findhelp.com/>.

### Access to Care

| Organization                                | Phone   | Website   |
|---|---|---|
| Kansas Department for Aging and Disability  | 785-368-6246  | <a href="https://kdads.ks.gov/kdads">https://kdads.ks.gov/kdads</a>   |
| Pottawatomie County Health Department       | 785-457-3719  | <a href="https://www.pottcounty.org/1_54/Health-Department">https://www.pottcounty.org/1_54/Health-Department</a> |
| Flint Hills Community Clinic                | 785-323-4351  | <a href="https://www.flinthillscommunityclinic.org/">https://www.flinthillscommunityclinic.org/</a>               |
| Konza Prairie Community Health Center       | 785-320-7134  | <a href="http://www.konzaprairiechc.com">www.konzaprairiechc.com</a>  |
| Konza United Way                            | 785-776-3779  | <a href="http://konzaunitedway.org">konzaunitedway.org</a>  |
| Pawnee Mental Health Services               | 785-587-4300 Clinic<br>785-587-4342 or<br>1-800-609-2002 After Hours Emergency Line | <a href="http://www.pawnee.org">www.pawnee.org</a>  |
| KanCare - Kansas Medicaid                   | 1-800-792-4884  | <a href="https://kancare.ks.gov/">https://kancare.ks.gov/</a>   |
| Wamego Health Center                        | 785-456-2295  | <a href="https://wamegohealthcenter.org/">https://wamegohealthcenter.org/</a>                                     |
| Community Care Ministries                   | 785-456-7872  | <a href="https://ccmks.org/">https://ccmks.org/</a>   |
| Ascension Via Christi Hospital in Manhattan | 785-776-3322  | <a href="https://healthcare.ascension.org">https://healthcare.ascension.org</a>                                   |
| Riley County Health Department              | 785-776-4779  | <a href="https://www.rileycountyks.gov">https://www.rileycountyks.gov</a>   |
| Kansas Department of Health and Environment | 785-296-1500  | <a href="https://www.kdhe.ks.gov/">https://www.kdhe.ks.gov/</a>   |

### Social Determinants of Health

| Organization                                | Phone        | Website   |
|---|--------------|---|
| Kansas Department of Health and Environment | 785-296-1500 | <a href="https://www.kdhe.ks.gov/">https://www.kdhe.ks.gov/</a> |



|   |                                   |   |
|---|-----------------------------------|---|
| Environment State Partnerships<br>Improving Nutrition and Equity Program                            |                                   |   |
| Community Care Ministries   | 785-456-7872                      | <a href="https://ccmks.org/">https://ccmks.org/</a>   |
| Pottawatomie County Health<br>Department - Kansas WIC Program                                       | 785-776-4779 Ext. 7661.           | <a href="https://www.pottcounty.org/193/WIC-Clinic">https://www.pottcounty.org/193/WIC-Clinic</a>         |
| Kansas Department for Children and<br>Families - Kansas SNAP program; Child<br>Care Subsidy Program | 1-888-369-4777                    | <a href="http://www.dcf.ks.gov/">http://www.dcf.ks.gov/</a>   |
| ChildCare Aware of Kansas   | 877-678-2548                      | <a href="https://ks.childcareaware.org">https://ks.childcareaware.org</a>                                 |
| Head Start - North Pottawatomie<br>County Head Start and South<br>Pottawatomie Head Start           | 785-742-2222                      | <a href="http://www.nekcap.org">http://www.nekcap.org</a>   |
| Boys and Girls Club of Manhattan  | 785-539-1947                      | <a href="https://www.bgclubmanhattan.com/programs.cfm">https://www.bgclubmanhattan.com/programs.cfm</a>   |
| Pottawatomie County Transportation  | 877-728-0433                      | <a href="https://www.pottcounty.org">https://www.pottcounty.org</a>                                       |
| Flint Hills Volunteer Center<br>(Community Table)   | 785-776-7787                      | <a href="https://flinthillsvolunteercenter.com">https://flinthillsvolunteercenter.com</a>                 |
| Flint Hills Breadbasket   | 785-537-0730                      | <a href="http://www.facebook.com/flinthillsbreadbasket">http://www.facebook.com/flinthillsbreadbasket</a> |
| Meals on Wheels   | 785-776-9294                      | <a href="https://www.mealsonwheelsamerica.org">https://www.mealsonwheelsamerica.org</a>                   |
| Kansas Housing Assistance Program   | 720.673.3948                      | <a href="https://www.kshap.org/">https://www.kshap.org/</a>   |
| Manhattan Housing Authority   | 785-776-8588                      | <a href="http://www.mhaks.com/">http://www.mhaks.com/</a>   |
| Flint Hills Area Transportation Agency  | 785-537-6345 or<br>1-877-551-6345 | <a href="http://www.flinthillsatabus.com">www.flinthillsatabus.com</a>                                    |
| Kansas Legal Services   | 785-537-2943                      |   |
| Housing and Credit Counseling Inc.  | 800-383-0217                      | <a href="http://www.housingandcredit.org/">http://www.housingandcredit.org/</a>                           |



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

Ascension Via Christi Hospital in Manhattan and Wamego Health Center’s previous implementation strategy plans were completed in June 2026 and responded to the following priority health needs: Access to Care, Transportation, and Food Security.

Note: At the time of the report publication (June 2026), the third year of the cycle will not be complete. The tables below describe the actions taken during the first two years (July 1, 2023 to June 30, 2025) of the three-year implementation strategy cycle to respond to each priority need. The hospital will accommodate for that variable; results from the last year of this cycle will be reported and attached to the fiscal year 2026 (tax year 2025) IRS Form 990/Schedule H.

| PRIORITY NEED  | Access to Care |
|--|----------------|
| <b>Strategy 1:</b> Advocate for policies that will improve health outcomes and access to health care.  |                |
| <b>Hospital(s) working on IS:</b> AVCH-Manhattan, Wamego Health Center   |                |
| <b>Actions taken:</b> <ul style="list-style-type: none"> <li>● 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</li> <li>● Track bills related to AVC’s policy agenda</li> <li>● Visit with elected legislators at local and state levels</li> <li>● Advocate for bills, resources, and funding that align with the policy agenda</li> </ul>   |                |
| <b>Status of actions:</b> In-progress  |                |
| <b>Result of actions:</b><br>Educating legislators on the importance of Medicaid expansion, investing in initiatives that strengthen the educational pipeline for healthcare careers, and increasing access to healthcare and mental health services, especially for the most vulnerable, remained a priority for Ascension Via Christi during the 2024 and 2025 legislative sessions. Hospital and market leadership traveled to Topeka, Kansas, to meet with and educate state legislators on the importance of addressing the community’s needs and increasing access to health care. Although Medicaid expansion was not passed in Kansas, many bills did pass that will provide essential health-related services among Kansas citizens. For example, funds were appropriated to increase the hospital provider assessment; support adult behavioral health beds; reimburse providers, agencies, law enforcement, and counties for behavioral health observation and transportation; and increase Medicaid rates for substance misuse treatment for adolescents for FY26. The legislature also approved \$3 million in grant programs to strengthen Kansas’s nursing workforce and established the Kansas Technical College Grant Fund, all to increase healthcare workers and address workforce shortages. |                |
| <b>Strategy 2:</b> Assist eligible patients and their dependents with applications for public insurance programs.  |                |
| <b>Hospital(s) working on IS:</b> AVCH-Manhattan, Wamego Health Center   |                |
| <b>Actions taken:</b> <ul style="list-style-type: none"> <li>● Financial counselors, social workers, and other patient navigators will assess patients for eligibility</li> <li>● Educate individuals about public program (e.g., Medicaid, disability, Temporary Assistance for Families program) options and eligibility</li> <li>● Provide referrals to Early Detection Works and hospital financial assistance program</li> <li>● Assist with application submission and verify eligibility to complete the enrollment process</li> </ul>  |                |

|   |                       |
|---|-----------------------|
| <b>Status of actions:</b> In-progress   |                       |
| <b>Result of actions:</b><br>Financial counselors work directly with low-income and under/uninsured individuals and families to help navigate public health insurance programs. Counselors work directly with individuals who are uninsured, underinsured, or recently lost their insurance to review potential healthcare plans and public programs, apply for coverage, and understand insurance use after it is received. Across the Kansas market, financial counselors helped over 4,000 individuals enroll in public insurance programs during July 1, 2023, through June 30, 2025. |                       |
| <b>Strategy 3:</b> Provide group and individual therapy sessions for under/uninsured older adults.  |                       |
| <b>Hospital(s) working on IS:</b> Wamego Health Center  |                       |
| <b>Actions taken:</b> <ul style="list-style-type: none"> <li>• Screen patients for need and eligibility</li> <li>• Collaborate with internal nursing staff and Community Cares Ministries to identify individuals in need of services</li> <li>• Provide warm hand-off to Heritage Senior Behavioral Health staff</li> <li>• Provide outpatient mental and behavioral health services</li> </ul>  |                       |
| <b>Status of actions:</b> In-progress   |                       |
| <b>Result of actions:</b><br>Wamego Health Center provides in-kind counseling free of charge for low-income and under/uninsured adults. This program was put on hold in FY23 when the therapist left employment. The hospital was able to hire a new therapist in October 2023, and was able to resume services in February 2024, once the therapist was able to settle into the job. During the remaining months of FY24, three individuals were provided sessions. The hospital continues to provide counseling services, but no qualifying patients utilized the free service in FY25. |                       |
| <b>PRIORITY NEED</b>  | <b>Transportation</b> |
| <b>Strategy:</b> Provide transportation for individuals who are otherwise unable to get to health care appointments.  |                       |
| <b>Hospital(s) working on IS:</b> AVCH-Manhattan, Wamego Health Center  |                       |
| <b>Actions taken:</b> <ul style="list-style-type: none"> <li>• Work with area hospitals, clinics, nonprofit organizations, and community partners to improve collaboration and coordination of transportation services between organizations</li> <li>• Screen patients for transportation barriers and refer to hospital transportation services</li> <li>• Provide transports for eligible patients to area health care services</li> </ul>   |                       |
| <b>Status of actions:</b> In-progress   |                       |
| <b>Result of actions:</b><br>If a patient needs to be transferred to another facility for medical services, and lacks transport or is unable to drive, then the hospitals will arrange and pay for transportation at no cost for the patient. Between July 1, 2023, through June 30, 2025, Wamego Health Center hospital nursing staff arranged and the hospital paid for the secure transport of 23 individuals (\$24,873 total CB), and Ascension Via Christi Manhattan assisted 408 individuals (\$180,037 total CB).  |                       |
| <b>PRIORITY NEED</b>  | <b>Food Security</b>  |
| <b>Strategy:</b> Support area agencies addressing food insecurity through in-kind donations of food, cash, or volunteer hours.  |                       |
| <b>Hospital(s) working on IS:</b> AVCH-Manhattan, Wamego Health Center  |                       |
| <b>Actions taken:</b> <ul style="list-style-type: none"> <li>• Identify area agencies that provide food to those in need</li> <li>• Provide in-kind donations of food, cash, and/or staff volunteers</li> <li>• Promote volunteer opportunities and food drives</li> </ul>  |                       |

|   |
|---|
| <p><b>Status of actions:</b> In-progress</p>  |
| <p><b>Result of actions:</b></p> <ul style="list-style-type: none"> <li>Addressing food security within the community remained an important focus for the hospitals. Wamego Health Center associates volunteered with several organizations that increased access to food within the Wamego community. Wamego associates also volunteered at the Wamego food pantry, passing out food and helping families shop. Associates also spent 22 hours volunteering at the Wamego Community Garden, pulling weeds, planting corn and beans, and mowing grass at the Wamego Community Garden. The Wamego Community Garden provides vegetables free of charge to community members who are willing to harvest the produce. Staff also assisted homebound and elderly community members through the adoption of Meals-on-Wheels routes, delivering 1,364 meals between July 1, 2023, through June 30, 2025.</li> <li>In collaboration with St. Thomas More Catholic Church, Manhattan associates served a quarterly dinner at First Lutheran Church and provided an extra sack of nutritional snacks for the food-insecure in Manhattan, KS. Manhattan associates also volunteered to coordinate and plan, purchase ingredients, and prepared over 425 meals through Community Table (formerly Neighbor to Neighbor) between July 1, 2023, through June 30, 2025.</li> <li>Ascension Via Christi donated \$1,000 in FY25 to the Flinthills Breadbasket to provide access to healthy foods and ensure basic needs of community members are met.</li> </ul> |
| <p><b>Strategy:</b> Connect patients to area agencies that assist with social needs (e.g., rent/utilities assistance, food assistance programs, housing).</p>   |
| <p><b>Hospital(s) working on IS:</b> AVCH-Manhattan, Wamego Health Center</p>   |
| <p><b>Actions taken:</b></p> <ul style="list-style-type: none"> <li>Screen patients for non-medical and social needs (i.e., social determinants of health)</li> <li>Refer patients to food assistance programs, food banks, and kitchens</li> <li>Refer patients to other needs such as housing, utilities and rent assistance</li> <li>Follow-up to ensure referral and follow-up occurred</li> </ul>  |
| <p><b>Status of actions:</b> In-progress</p>  |
| <p><b>Result of actions:</b></p> <p>In partnership with Findhelp, Ascension Via Christi launched Neighborhood Resource to connect patients to community-based resources such as food pantries, housing and transit, and safety net programs. Neighborhood Resource allows the hospitals to further identify and address the community's needs, directly linking patients to medical and non-medical social services within the community. In FY25, the majority of searches in Kansas were for housing which includes utilities (29%), health (20%), food (19%), and transit (10%). In FY25, 55 searches on Neighborhood Resource's community/external website were for food programs in Riley and Pottawatomie counties. Furthermore, 19 programs were added to the neighborhood resource database across the Kansas market.</p>   |