Sedgwick County



Listening to you, caring for you.®

Brittany Ruiz

Manager, Community Benefit
Ascension Via Christi

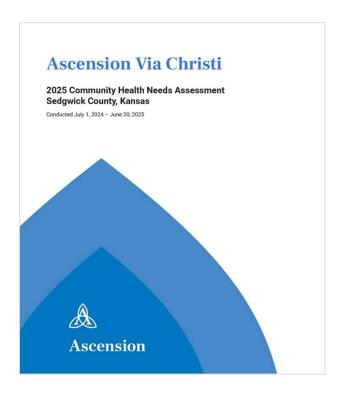
Tara Gregory, PhD

Director, Center for Applied Research and Evaluation Wichita State University

Overview of CHNAs



CHNA definition

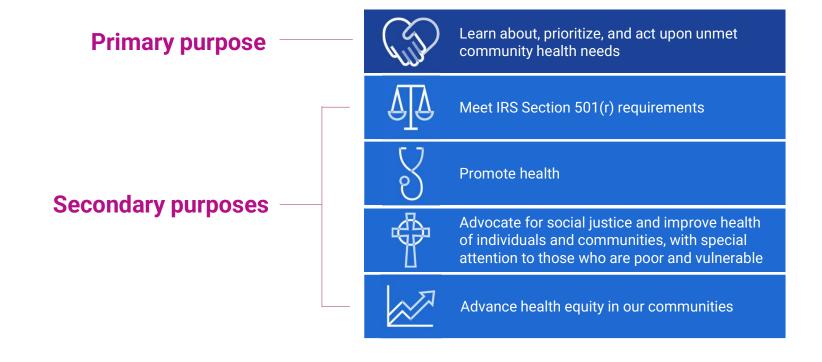


"A community health needs assessment is a systematic process involving the community to identify and analyze community health needs and assets in order to prioritize, plan and act upon unmet community needs."

Catholic Health Association of the United States



The "why" behind the work





CHNA regulatory requirements

Process elements:

- Define the community it serves.
- Assess the health needs of that community.
- Input from persons who represent the broad interests of the community, including those with special knowledge of or expertise in public health.
- Document the CHNA in a written report that is adopted by an authorized body of the hospital facility.
- Make the CHNA report widely available to the public.

Report elements:

- Define community served and a description of how the community was determined.
- Describe process and methods used to conduct the CHNA.
- Describe input received from persons who represent the broad interests of the community.
- Describe the significant health needs.
- Community resources.
- Evaluation of the impact

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



CHNA and implementation strategy cycle





Sedgwick County data collection



CHNA support

Hospitals

- Ascension Via Christi Hospitals Wichita
- Ascension Via Christi Hospital St. Teresa
- Ascension Via Christi Rehabilitation Hospital
- Kansas Surgery and Recovery Center
- Rock Regional Hospital

Consultant

 Wichita State University's Center for Applied Research and Evaluation (WSU-CARE)

Collaborator

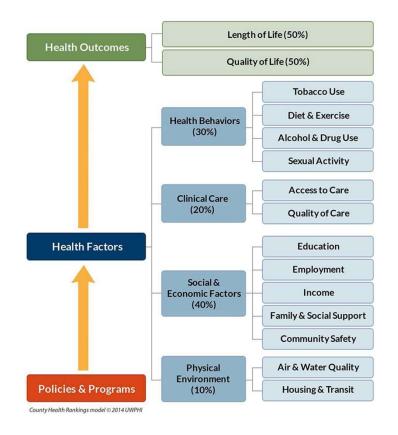
Sedgwick County Health Department





CHNA approach and methodology

- County Health Rankings and Roadmaps serve as our model and approach.
- Health needs are identified by:
 - Secondary data for 50+ indicators
 - Health outcomes
 - Social and economic factors
 - Physical environment
 - Clinical care
 - Health behaviors
 - Community input on identified needs
 - Community listening sessions
 - Key informant interviews
 - Analysis and synthesis of datasets





Community input - Key informant interviews

Demographics

- 22 interviews with 23 key informants representing:
 - Public health
 - Healthcare/FQHCs
 - Mental/Behavioral Health
 - Social Services including:
 - Services to persons with low incomes, food insecurity/hunger, housing insecurity/unhoused
 - Child welfare
 - Services for immigrants/refugees
 - Services for older adults
 - Early childhood services/child care/education
 - LGBTQIA
 - Law enforcement
 - Transportation
 - BiPOC communities
 - Local government



Community input - Key informant interviews

- Interviews conducted via Zoom by experienced researchers
- Qualitative coding/theming completed by experienced qualitative researcher with review by two other Ph.D.level researchers

Key Findings:

- Marginalized populations continue to experience greater, compounding social and health disparities (n=23)
- Hospitals can impact health in the community through community-based partnerships and focusing on preventive care (n=21)
- Wealth of resources in the community and strong community partnerships, but greater collaboration is needed to address health and social needs and disparities (n=20)
- Despite some improvements, poor mental health and access to mental and behavioral healthcare remains a challenge (n=17)
- Access to primary care, specifically preventive care, continues to be an unmet need (n=16)
- Need Medicaid expansion for increased access to and affordability of healthcare (n=15)

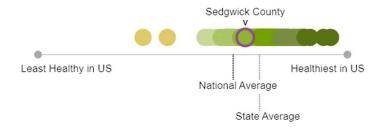


Secondary data

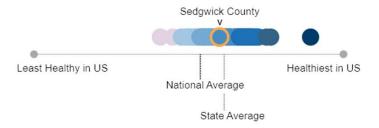
Data highlights

- More community members living w/ incomes below the FPL, compared w/ state and U.S.
- Premature death / years of potential life lost
- Worsening rate of adult obesity
- Higher % for limited access to healthy foods, compared w/ state and U.S.
- Worsening rate of sexually-transmitted infections
- Improvement in rates of adults and children who are uninsured
- ▲ Improvement in ratio of population to PCPs
- Improvement in rate of preventable hospital stays
- Improvement in rate of alcohol-impaired driving deaths

Health outcomes



Health factors

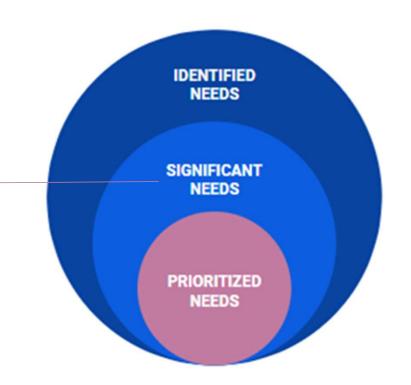




Prioritization process

Significant Needs:

- 1. Access to Care
- 2. Social Determinants of Health
- 3. Health Equity
- 4. Chronic Conditions





Next steps

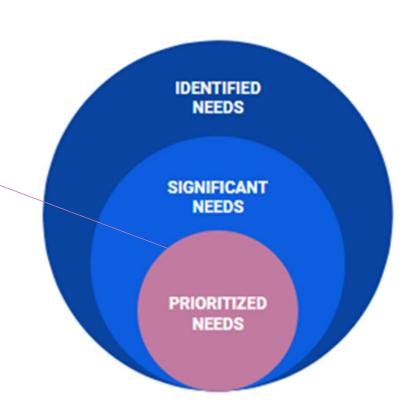


2025 CHNA Implementation Strategy

Prioritized needs

- 1. Access to care
- 2. Chronic conditions
- 3. Social determinants of health

Health equity was decided to be an underlying current of all strategies, ensuring an impact on target patient or community populations.





2025 CHNA Implementation Strategy

Focus areas



2025 Community Health Needs Assessment Con Next steps

- Development of CHNA implementation strategies
- Presentation to each hospitals' governing board during fall 2025
- Report publication by November 15 (IRS deadline)

Community Health Needs Assessments To provide input on the Community Health Needs Assessment or receive a hard copy of any CHNA, please click here. Every three years, non-profit hospitals, including all Ascension hospitals, are required by law to perform community health needs assessments (CHNAs) to evaluate the overall health status of the communities being served. Input from persons who represent the broad interest of these communities are sought and considered during the assessment. This community-driven approach aligns Ascension's commitment to offer programs designed to address the health needs of a community, with special attention to persons who are underserved and vulnerable. Developed in collaboration with local community health partners and stakeholders, the most recent CHNA reports and implementation strategies are listed below. Please select a state to begin: FLORIDA V ILLINOIS V KANSAS V INDIANA V MARYLAND V MICHIGAN V OKLAHOMA V TENNESSEE V TEXAS V WISCONSIN V

https://healthcare.ascension.org/chna





