Saint Luke's

Anderson County Hospital Community Health Needs Assessment

2024

◆ Anderson County Hospital

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EXECUTIVE SUMMARY

Introduction

This Community Health Needs Assessment (CHNA) was conducted by Anderson County Hospital (ACH or "the hospital") to identify significant community health needs and to inform development of an Implementation Strategy to address current needs.

Anderson County Hospital is part of Saint Luke's, a faith-based, not-for-profit, aligned health system committed to providing the highest levels of excellence in compassionate health care and health-related services. With 14 hospital and campuses and more than 100 clinic locations across the Kansas City region, Saint Luke's cares for patients in 65 specialties across 67 counties in Missouri and Kansas.

Saint Luke's is the West Region of BJC Health System, one of the largest nonprofit health care organizations in the United States and the largest in the state of Missouri, serving urban, suburban, and rural communities across Missouri, southern Illinois, eastern Kansas, and the greater Midwest region. BJC operates as BJC HealthCare in its East Region.

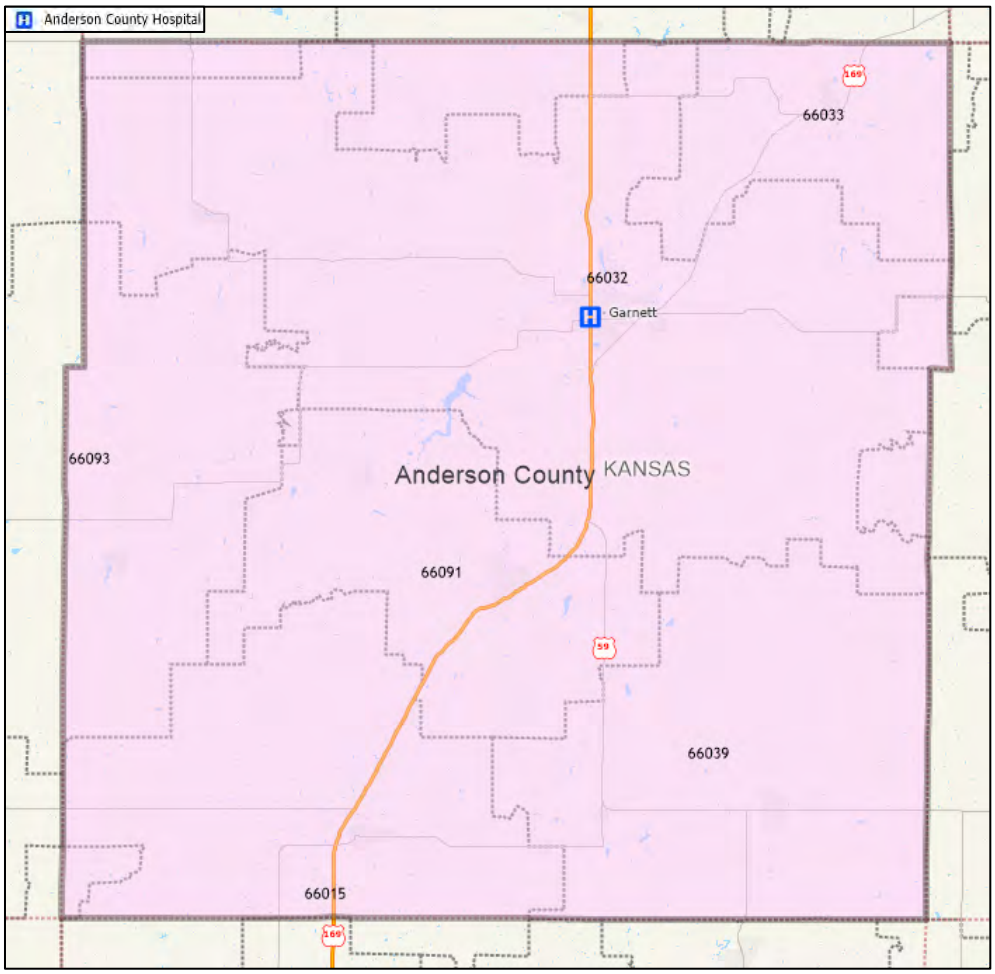
This CHNA was conducted using widely accepted methodologies to identify the significant health needs of the community served by ACH. The assessment also was conducted to comply with federal laws and regulations.

Community Assessed

For purposes of this CHNA, ACH's community is defined as Anderson County, Kansas. The community was defined by considering the geographic origins of the hospital's inpatient discharges and emergency room visits in the calendar year 2023. Anderson County accounted for approximately 77 percent of the hospital's 2023 inpatient cases and 74 percent of emergency room visits.

The total population of Anderson County in 2021 was 7,778.

The following map portrays the community assessed by ACH and the hospital's location within Anderson County.



Source: Caliper Maptitude, 2024.

Significant Community Health Needs

As determined by analyses of quantitative and qualitative data, the significant health needs in the community served by Anderson County Hospital are (presented in alphabetical order):

- Access to Health and Preventive Services, including Maternal and Child Health
- Mental Health
- Needs of Older Adults
- Nutrition, Physical Activity, and Chronic Conditions
- Social Drivers of Health
- Substance Use and Tobacco

Significant Community Health Needs: Discussion

Access to Health and Preventive Services, including Maternal and Child Health

Accessing health care and preventive services is challenging for some members of the community, particularly those who are uninsured or underinsured, have limited financial resources, and with limited transportation options.

Secondary data indicate access to care and preventive services as a significant health need, including the following:

- The per-capita supply of primary care physicians, dentists, and mental health providers in Anderson County is low compared to state and national averages.
- The federal government has designated the county as a Health Professional Shortage Area (HPSA) for low-income residents seeking access to primary care physicians and dentists.
- The entire county has been designated as a HPSA for mental health professionals and as a Medically Underserved Area (MUA) for low-income residents.
- A greater percentage of community residents were uninsured (13.7 percent) compared to 8.9 percent in Kansas and 8.7 percent in the United States.
- Utilization of preventive services, such as cholesterol screening and cancer tests, were lower than United States averages, as reported by CDC PLACES.
- The rate of teen births has been higher in Anderson County, 23.1 per 1,000 female population, compared to Kansas (19.1) and United States (17.0).

Community representatives who provided input into this CHNA indicated the following:

- There is an undersupply of providers within the county, including primary care providers, specialists, and dentists.
- Women's health, obstetrics, oncology, and oral health services are particularly difficult to access.
- Access to maternal and infant services is especially challenging, impacting expecting mothers and families who need to travel to Kansas City or other urban areas for delivery services.
- Community-based family planning and related preventive services are lacking making it difficult to access birth control methods and supplies for residents without a physician.
- Teen pregnancy rates have been high in Anderson County with stigma, privacy concerns in a small community, and limited providers noted as barriers for young people accessing care.
- Access to mental health services, particularly crisis intervention and inpatient hospitalization, is limited. A lack of mental health providers contributes to long wait times and the need for residents to travel to providers outside of the community.
- Recruiting and retaining healthcare professionals, including physicians, is difficult.
- Poverty, prevalence of uninsured residents, cost of care, transportation issues, limited health literacy, a lack of awareness of available resources, and cultural barriers exacerbate access to care issues.

- Provider-patient communication is hindered due to technological challenges, including interruptions in phone service and insufficient digital access for less resourced residents.
- Medicaid "unwinding" is reducing the number of lower income families and individuals with Medicaid coverage, including children.
- Residents are challenged to find providers who accept Medicaid and Marketplace® plans.

The State Health Improvement Plan (Healthy Kansans 2030), has prioritized improving access by addressing health inequities, removing barriers to care, provider recruitment and training, and ensuring access to accurate, culturally appropriate, understandable health information. The Maternal and Child Health 2021-2025 Action Plan priotizes access to patient-centered care before, during, and after pregnancy, optimization of infant health and wellbeing, and access to care for adolescents and young adults to support physical, social and emotional health.

Mental Health

Mental health status is poor for many residents. The supply of mental health providers is insufficient to meet the demand for mental health services.

Secondary data indicate mental health is a significant need in Anderson County, including the following:

- The per-capita supply of mental health providers was lower than overall per-capita supplies in Kansas and the United States.
- Anderson County compared unfavorably to Kansas and the United States for prevalence of mentally unhealthy days among adults.
- The county's suicide mortality rate was significantly above state and national averages.

Community informants indicated the following:

- Poor mental health status and lack of access to mental health services were frequently noted as the top health concerns in the community.
- Mental health issues present as depression, anxiety, and severe and persistent mental illness.
- The relationship between mental health, substance use, and suicide is perceived as inextricable.
- Contributing factors include an undersupply of providers and facilities, stress, a lack of social connectedness, and mental health stigma.
- The undersupply of mental health services includes crisis intervention, inpatient hospitalization resources, and substance use disorder services.
- Kansas has a statewide capacity issue for inpatient mental healthcare, compounding placement issues.
- Transferring patients outside the community for care has challenges, including transportation, patient's reluctance to receive care from unknown providers, and patients being far from support of loved ones during treatment.

Needs of Older Adults

The number of older adults in the community is growing while younger cohorts are declining. This growth will increase needed support for healthcare, housing, transportation, and nutrition assistance.

Secondary data indicate needs of older adults is a significant concern in Anderson County, including the following:

- The population of adults 65 years of age and older in Anderson County is projected to grow 5.6 percent between 2021 and 2031 compared to a decline of 5.0 percent for the Andeson County total population.
- The percentages of chronic conditions associated with aging, including arthritis, COPD, high cholesterol, and stroke, were higher in Anderson County, compared to the United States overall, as reported by CDC PLACES.
- The percentages of residents receiving Core Preventive Services was lower for both men and women in Anderson County, compared to the United States overall, as reported by CDC PLACES.

Community informants indicated the following:

- Older adults have greater risk of chronic and severe illness.
- There is limited availability of affordable long-term care and skilled nursing care in the community.
- Older adults may have diminished family support as relatives leave the community for more urban areas.
- Older adults have an increased risk of falling.
- Social isolation concerns are greater amongst older adults with remaining fear of COVID-19.
- Increased heath care needs of older adults will be difficult to meet with workforce shortages.

Nutrition, Physical Activity, and Chronic Conditions

Rates of obesity and physical inactivity are high within the community. These issues can contribute to chronic conditions which are also comparatively high.

Secondary data indicate nutrition, physical activity, and chronic conditions as a significant health need in Anderson County, including the following:

- All seven of Anderson County's ZIP Codes compared unfavorably nationally for rates of adult obesity.
- The percentage of residents with access to exercise opportunities was lower than Kansas and United States averages.
- The percentage of residents with no leisure time physical activity was higher than the United States.

- Mortality rates for chronic conditions associated with obesity, such as heart disease, diabetes, and high blood pressure, were above U.S. rates.
- The overall and child food insecurity rates in Anderson County were above state averages.

Community informants indicated the following:

- Nutrition and physical activity impact both adults and children and negatively impact chronic conditions.
- Food insecurity and nutrition knowledge are contributing factors.
- Access to quality grocery stores with affordable prices is limited in Anderson County. It is common for residents to grocery shop in Kansas City or other places; however, those without transportation are unable to do this.
- Food pantries rely on donations which are often less healthy, processed foods.
- Cultural norms contribute to poor diet and lack of physical activity.

The most recently published Kansas State Health Assessment and Community Health Improvement Plan addressed facilitating healthy behaviors and improving health literacy.

Social Drivers of Health

Social drivers of health, or social determinants of health (SDOH), are conditions in the environment where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.[1] Social drivers of health play an important role in health equity.

Secondary data indicate SDOH are a significant health need in Anderson County, including the following:

- A higher percentage of Anderson County residents lived in poverty, 13.2 percent, compared to 11.6 percent in Kansas and 12.5 percent in the U.S.
- At 58.2 percent, poverty rates for Hispanic (or Latino) residents were higher than rates for White residents, 13.0 percent.
- Census tracts in Garnett and northeastern Anderson County were in the bottom quartile nationally for socioeconomic status and housing type and transportation vulnerability according to the CDC Social Vulnerability Index.

Community informants indicated the following:

- Basic needs instability is an issue for some residents.
- The lack of stable jobs that provide a living wage contributes to SDOH issues.
- There has been an increase in children living in poverty and concerns about access to affordable, quality childcare options.

[1] https://health.gov/healthypeople/priority-areas/social-determinants-health

- A lack of public, private, and ride-share options and the need to travel far for health services (especially for specialty care in Kansas City) is problematic.
- Older adult residents and low-income populations are disproportionately affected by SDOH issues.

Other state and local community health assessments have identified SDOH issues, including poverty, housing, transportation, workforce readiness, and childcare, as significant needs in the region.

Substance Use and Tobacco

Substance use has proliferated within the community due to a myriad of factors, including unmet mental health issues and widespread availability of substances, including illegal substances and tobacco products.

Secondary data that indicate substance use and tobacco are significant health needs in Anderson County, including the following:

- The percentage of driving deaths with alcohol involvement was significantly higher in Anderson County than the U.S.
- Binge drinking and smoking rates have been higher than the U.S. average in every Anderson County ZIP Code according to CDC PLACES.
- The percentage of mothers who smoked while pregnant was significantly higher than in Kansas.

Community informants indicated the following:

- Substance use has increased over time in Anderson County.
- Disorders associated with opioids, methamphetamine, tobacco, alcohol, and other substances are problematic.
- Tobacco use is a persistent problem in the community, including vaping.
- Substance use has worsened with growing mental health challenges as some residents self-medicate due to lack of access to professional mental health.
- Access to substance use disorder treatment services is limited due to an undersupply of providers, long wait times, high costs, and long travel times to services available outside of the county.

DATA AND ANALYSIS

Community Definition

This section identifies the community that was assessed by ACH. The community was defined by considering the geographic origins of the hospital's inpatient discharges and emergency room (ER) visits in the calendar year 2023.

ACH's community was defined as Anderson County, Kansas. The county accounted for 77.3 percent of the hospital's 2023 inpatient volumes and 74.2 percent of its emergency room visits (**Exhibit 1**).

Exhibit 1: ACH Discharges and Emergency Room Visits, 2023

County	Inpatient Discharges	Percent Discharges	ER Visits	Percent ER Visits
Anderson (KS)	272	77.3%	2,605	74.2%
Community	**272**	**77.3%**	**2,605**	**74.2%**
Other Areas	80	22.6%	908	25.7%
Hospital Total	**352**	**100.0%**	**3,513**	**100.0%**

Source: Analysis of Saint Luke's utilization data, 2023.

The total population of Anderson County in 2021 was approximately 7,800 persons (**Exhibit 2**).

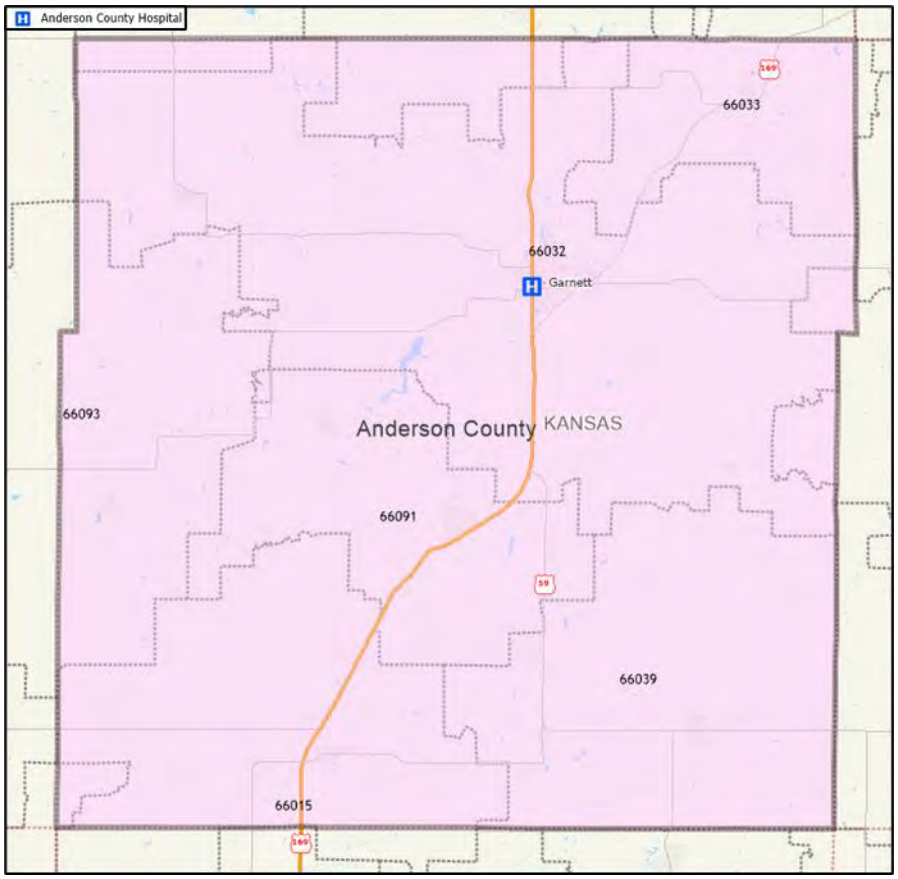
Exhibit 2: Community Population by County, 2021

County	Total Population 2021	Percent of Total Population 2021
Anderson (KS)	7,778	100.0%
Community	**7,778**	**100.0%**

Source: Kansas County Population Forecast, Center for Economic Development and Business Research, 2023.

The hospital is in Garnett, Kansas (ZIP Code 66032). **Exhibit 3** portrays ACH's community and ZIP Code boundaries within Anderson County.

Exhibit 3: Anderson County Hospital Community



Source: Caliper Maptitude, 2024.

Secondary Data Summary

The following section summarizes principal observations from the secondary data analysis. *See* Appendix B for more detailed information.

Demographics

Demographic characteristics and trends directly influence community health needs. The total population in Anderson County is expected to decline 5.0 percent from 2021 to 2031 (approximately 370 people). However, the population 65 years of age and older is anticipated to grow during the same period by 5.6 percent (or approximately 95 people). This development will likely contribute to greater demand for health services, since older individuals typically need and use more services than younger people.

Demographic characteristics such as age, race/ethnicity, and income levels vary across the county. Over 32 percent of residents in ZIP Code 66033 (Greeley) were aged 65 or older in 2022. This proportion is only 11.4 percent in ZIP Code 66091 (Welda). ZIP Code 66039 (Kincaid) had 5.3 percent of residents identified as Black. Black residents comprise less than 1.5 percent of every other Anderson County ZIP Code. ZIP Code 66032 (Garnett) had 3.8 percent of

residents identified as Hispanic (or Latino), the highest percentage of all Anderson County ZIP Codes.

The proportion of adults without a high school diploma and living with a disability was higher in Anderson County than in Kansas and the nation.

Socioeconomic Indicators

Poverty is correlated with negative health outcomes and people who live in poverty tend to have higher disease burden.[2] In 2018-2022, 13.2 percent of Anderson County residents lived in poverty – above Kansas and U.S. averages (11.6 percent and 12.5 percent).

At 38.4 and 58.2 percent, poverty rates for Black and Hispanic (or Latino) residents have been substantially higher than rates for White residents (13.0 percent).

At 13.5 percent, the percentage of children in poverty has been below state (13.7 percent) and national averages (16.7 percent).

There have been no census tracts in Anderson County designated as "low-income" by the federal government.

In 2022, the overall and child food insecurity rates in Anderson County were above state averages. In Kansas, the food insecurity rates for communities of color have been significantly above U.S. averages.

Significant disparities in socioeconomic indicators exist between the LGBT community and the straight/heterosexual community. Kansas residents who identify as LGBT individuals are more likely to be unemployed, uninsured, food insecure, and experience low-income than residents who identify as straight/heterosexual.

Due to the COVID-19 pandemic, unemployment rates rose sharply from 2019 through 2020. In 2021, unemployment rates declined and fell below pre-pandemic levels in Anderson County, Kansas, and the United States.

Anderson County has had a higher percentage of the population without health insurance than Kansas and the United States. A June 2012 Supreme Court ruling provided states with discretion regarding whether to expand Medicaid eligibility. In 2024, Kansas is one of the ten remaining states that have chosen not to expand Medicaid. An estimated seventy-two thousand (72,000) uninsured adults would be eligible for Medicaid if Kansas implemented Medicaid expansion.

Proportionately more households have medical debt in collections in Anderson County and in Kansas than in the nation. In Kanas, medical debt has been much more prevalent in communities of color.

[2] https://nationalhealthcouncil.org/blog/limited-access-poverty-and-barriers-to-accessible-health-care/

Most crime rates in Anderson County have been below Kansas and national averages. Crime rates in Kansas have compared unfavorably to United States averages for most crime types.

The percentage of households designated as rent burdened in Anderson County has been above the Kansas average, but below the national average. The percentage of occupied households rent burdened was particularly high (over 80 percent) in ZIP Code 66091 (Welda). ZIP Code 66032, including Garnett and proximate to the ACH campus, had more than half of households rent burdened.

The Area Deprivation Index (ADI), published by the University of Wisconsin, School of Medicine and Public Health, identified neighborhoods in Garnett and southeastern Anderson County as having high levels of socioeconomic disadvantage. This index ranks neighborhoods by level of socioeconomic disadvantage and includes factors for income, education, employment, and housing quality.

The Centers for Disease Control's Social Vulnerability Index indicated census tracts with the highest socioeconomic and housing type and transportation vulnerability were present in northeastern Anderson County, including Garnett.

Other Local Health Status and Access Indicators

In the 2024 *County Health Rankings,* Anderson County is faring about the same as the average county in Kansas for Health Outcomes, and better than the average county in the nation. For Health Factors, Anderson County is faring worse than the average county in Kansas, and about the same as the average county in the nation. Anderson County compared unfavorably to the United States for 22 of the 33 County Health Rankings indicators. The ratio of population to primary care physicians, dentists, and mental health providers was particularly problematic.

Community Health Status Indicators ("CHSI") compares indicators for each county with those for peer counties across the United States. Each county is compared to 30 to 35 of its peers, which are selected based on socioeconomic characteristics such as population size, population density, percent elderly, per-capita income, and poverty rates.

In CHSI, Anderson County benchmarked poorly compared to peer counties for several indicators, including:

- Adult smoking,
- Physical inactivity,
- Adequate locations for physical activity,
- Binge plus heavy drinking (bottom quartile),
- Percent of driving deaths with alcohol involvement (bottom quartile),
- Teen birth rate,
- Ratio of population to primary care physicians,
- Ratio of population to dentists (bottom quartile),
- Ratio of population to mental health providers,
- Medicare enrollees with flu vaccination,

- Adults with a high school diploma (bottom quartile),
- Adults with post-secondary education,
- Number of social associations (bottom quartile),
- Injury mortality,
- Air pollution (bottom quartile),
- Number of housing problems, and
- Commuting alone and more than 30 minutes to work.

Other secondary data from the Kansas Department of Health and Environment, the Centers for Disease Control and Prevention, America's Health Rankings, the Health Resources and Services Administration, and the United States Department of Agriculture, have been assessed. Based on an assessment of available secondary data, the indicators presented in **Exhibit 4** appear to be most significant in Anderson County.

An indicator is considered *significant* if it was found to vary materially from a benchmark statistic (e.g., an average value for Kansas, for peer counties, or for the United States). For example, 39.2 percent of Anderson County's adults were obese; the average for the United States was 34.0 percent. The last column of the exhibit identifies where more information regarding the data sources can be found in this report.

Exhibit 4: Significant Indicators

Indicator	Geographic Area	Area Value	Bench-mark Value	Benchmark Area	Exhibit
65+ population change, 2021-2031	Anderson County	5.6%	-5.0%	Community total	8
Percent adults without a high school diploma	Anderson County	13.5%	10.8%	United States	14
Percent with a disability, 2018-2022	Anderson County	16.9%	12.9%	United States	14
Poverty rate, overall, 2018-2022	Anderson County	13.2%	12.5%	United States	15
Poverty rate, Black, 2018-2022	Anderson County	38.4%	13.2%	Anderson County, total	16
Poverty rate, Hispanic (or Latino), 2018-2022	Anderson County	58.2%	13.2%	Anderson County, total	16
LGBT population food insecure, 2019	Kansas	33%	12%	Straight/heterosexual Kansas	20
LGBT population income <$24K, 2019	Kansas	30%	18%	Straight/heterosexual Kansas	20
Percent population without health insurance, 2018-2022	Anderson County	13.7%	8.7%	United States	22
Medical debt in collections, 2022	Anderson County	19.9%	12.6%	United States	23
Percent of adults who smoke	Anderson County	21.0%	15.0%	United States	33
Obesity (percent adults with BMI>30)	Anderson County	39.2%	34.0%	United States	33
Physical Inactivity	Anderson County	28.2%	23.0%	United States	33
Teen birth rate, per 1,000 female population, (15-19 yr)	Anderson County	23.1	17.0	United States	33
Ratio of population to primary care providers	Anderson County	2,593:1	1,330:1	United States	33
Ratio of population to dentist	Anderson County	3,888:1	1,360:1	United States	33
Ratio of population to mental health providers	Anderson County	1,944:1	320:1	United States	33
Injury mortality, per 100,000	Anderson County	112.0	80.0	United States	33
Binge plus heavy drinking	Anderson County	18.3%	16.3%	Peer Counties	34
Percent driving deaths with alcohol involvement	Anderson County	33.3%	23.3%	Peer Counties	34
Number of social associations, per 10,000	Anderson County	9.0	18.4	Peer Counties	34
COVID-19 mortality, per 100,000, 2023	Anderson County	482.4	337.9	United States	35
Malignant neoplasms of trachea, bronchus, lung, per 100,000, 2011-2020	Anderson County	59.2	38.9	United States	36
Transport accident mortality, per 100,000, 2011-2022	Anderson County	31.2	12.3	United States	36
Motor vehicle accident mortality, per 100,000, 2011-2022	Anderson County	30.4	11.5	United States	36
Cancer mortality, per 100,000, 2018-2022	Anderson County	185.0	145.4	United States	37
Suicide deaths, per 100,000, 2011-2022	Anderson County	27.8	13.3	United States	39
Percent mothers who smoked while pregnant, 2017-2023	Anderson County	13.4%	7.9%	Kansas	40
Infant mortality rate, Black, per 1,000 live births, 2016-2020	Kansas	12.9	5.4	United States, overall	41

Source: Verité Analysis.

When Kansas health data are arrayed by race and ethnicity, significant differences are observed, for:

- Drug deaths,
- Firearm deaths,
- Food insecurity,
- High-risk HIV behaviors,
- Homicide,
- Infant mortality,
- Low birth weight,
- Medical debt in collections,
- Poverty rates,
- Preventable hospitalizations,
- Reading proficiency,
- Severe housing problems,
- Sexually transmitted infections,
- Teen births, and
- Unemployment.

These differences indicate the presence of racial and ethnic health inequities and disparities.

Ambulatory Care Sensitive Conditions

Ambulatory Care Sensitive Conditions (ACSCs) include thirteen health conditions (also referred to as Prevention Quality Indicators (PQIs)) "for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease."[3] Among these conditions are: diabetes, perforated appendixes, chronic obstructive pulmonary disease (COPD), hypertension, congestive heart failure, dehydration, bacterial pneumonia, urinary tract infection, and asthma.

Anderson County and ACH discharges for Ambulatory Care Sensitive Conditions was over 25 percent, comparatively high (the average for all Saint Luke's Health System metro hospitals in 2022 was 12.9 percent).

Food Deserts

The U.S. Department of Agriculture's Economic Research Service identifies census tracts that are considered "food deserts" because they include lower-income persons without supermarkets or large grocery stores nearby. In 2019, there were no federally designated food deserts in Anderson County.

Medically Underserved Areas and Populations

[3]Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicators.

Medically Underserved Areas and Populations (MUA/Ps) are designated by the Health Resources and Services Administration based on an "Index of Medical Underservice." The low-income population of Anderson County has been designated as medically underserved.

Health Professional Shortage Areas

A geographic area can receive a federal Health Professional Shortage Area (HPSA) designation if a shortage of primary medical care, dental care, or mental health care professionals is present. The low-income population of Anderson County has been designated as a primary care and dental health care HPSA. The entire county has been designated as a mental health care HPSA.

Findings of Other CHNAs

The State of Kansas, local community organizations, and national organizations that specialize in rural health recently released community needs assessments or updates to previous health improvement plans. This CHNA has integrated the findings of that work.

The issues most frequently identified as *significant* in these other assessments are (presented in alphabetical order):

- Access to health care services,
- Access to healthy food,
- Addiction and treatment facilities,
- Childcare,
- Employment and workforce readiness,
- Health equity,
- Housing,
- Infrastructure (including broadband),
- Maternal and Child Health,
- Physical activity,
- Poverty and living wages,
- Tobacco, and
- Transportation.

Community Input Summary

Community input was gathered through key stakeholder interviews and community meetings. Two community meetings relevant to ACH were conducted, including one focused on Anderson County stakeholders and another meeting with ACH staff members. Interviews were conducted in-person and via online video conferences. Staff meetings were conducted by online video conference and community meetings were conducted in person.

See Appendix C for information regarding those who participated in the community input process.

Key Stakeholder Interviews

Nine (9) individuals from five (5) organizations participated in interviews to share insight on community health issues in Anderson County and southeast Kansas. Participants included individuals representing public health departments, faith-based organizations, community health centers (FQHC), and similar organizations.

Questions focused on identifying and discussing significant health issues in the community and significant barriers to accessing health resources. Interviewees were asked a question about the pandemic's impacts and on what has been learned about the community's health given those impacts. Community partners were also asked to describe the types of initiatives, programs, and investments that should be implemented to address the community's health issues and to be better prepared for future risks.

Interview participants most frequently identified the following issues as current ***significant health concerns*** in the community:

- **Mental Health** is a significant issue, presenting as depression, anxiety, and severe and persistent mental illness. Rising rates of suicide across all ages is a major concern. **Access to mental health services** is also limited due to a lack of providers and facilities (particularly for inpatient hospitalization) leading to long wait times. Statewide capacity issues for inpatient mental health care create significant placement issues. Participants also identified a need for mental health care for youth, adolescents, and addiction focused mental health resources. Crisis intervention and stabilization care are also noted significant needs. Participants indicate that telehealth and virtual consultations have helped improve access and reduce some barriers to care by providing anonymity.

- Issues with **substance use disorders** persist, with the use of opioids, alcohol, and tobacco cited as significant and growing concerns. Treatment for substance use disorder is also limited and often has long wait or travel times. The relationship between mental health, substance use, and suicide is considered inextricable.

- The **needs of older adults** are significant as the population ages. Older adults tend to have an increasing number of health conditions and therefore an increased demand for services. Social isolation impacts older adults as they may have mobility and transportation concerns. COVID-19 remains a fear for many older adults, creating further barriers to socialization. Long Term Care and Skilled Nursing Facilities are limited in the community and the region.

- **Transportation** is a significant concern, limiting the ability to access basic needs and medical services (particularly specialty providers in larger metro areas) due to limited public options. Elderly and low-income populations are most affected by transportation issues.

- There is a **lack of health care providers and healthcare workforce issues** throughout the region, limiting access for many residents. This issue is particularly pronounced for **specialty providers** such as gynecology, obstetrics, and oncology. Due to the low

supply of physicians, residents must travel far for care. There are recruitment and retention issues in the rural community, and it's reported that healthcare workers chose to leave professions or retire due to the COVID-19 pandemic.

- **Access to healthy foods** is an issue for many residents due to the high cost of healthy food, limited access to quality grocery stores, and the prevalence of less expensive, poor quality nutrition choices. Access to nutrition education, registered dietitians, and chronic disease management is limited. Health professionals indicate a need for more diabetes specialists in the community. Quality of drinking water was also mentioned as a concern in Anderson County.

- **Poverty** is a significant concern, often systemic and generational throughout the area. Many job opportunities offer low wages, making it difficult for families to overcome poverty. Low-income residents and "working poor" have limited access to many resources, including basic needs and health care.

- Despite resources being available, for some residents, **low health literacy, lack of knowledge of resources, and difficulty navigating a complex health system** leads to poorer health. Poor **internet access and connectivity issues** contribute to challenges with obtaining information and residents connecting with healthcare providers.

- The **health and wellbeing of children** is a concern, with issues around healthy eating, smoking and vaping, substance use, and mental health issues. Poverty plays a large role in child vulnerability as well.

- **Lack of health insurance** limits access to care for residents, with few options available to those without health coverage. Additionally, residents are challenged to find providers who accept Medicaid and Marketplace® plans.

Interviewees were also asked to discuss the impacts of the COVID-19 pandemic, both on the community and on their own organizations. The following impacts were mentioned most often:

- **Isolation** was widespread and impacting the **mental health** of many residents, particularly among elderly, children, and more rural populations.

- Many providers – both in health care and social services – are feeling **burnout** due to increasing demand of services and stress brought on due to the pandemic.

- **Telehealth represented one of the successes** of the pandemic, with many residents having increased access to health services due to an increasingly online model.

Community and Internal Hospital Meetings

From May 2 through June 7, 2024, six meetings were conducted across the Saint Luke's Critical Access region to obtain community input. Four meetings were comprised of external community

stakeholders in community counties[4], and two meetings were comprised of staff from ACH and from other Saint Luke's Health System critical access hospital facilities.

Seventeen (17) stakeholders participated in the two community meetings relevant to ACH. These individuals represented organizations such as local health departments, non-profit organizations, local businesses, health care providers and administration, and local policymakers.

Each meeting began with a presentation that discussed the CHNA process and purpose, an overview of secondary data, and a preliminary summary of unfavorable community health indicators. Meeting participants were then asked to choose the "top five" community health concerns, identify access to care issues, and identify geographic areas and/or populations with the greatest unmet needs via an individual online survey. After completion of the online survey, meeting participants engaged in a facilitated group discussion of the most significant health needs, barriers to accessing care, underlying issues impacting health and wellbeing, and strengths and resources available in the community.

The table below presents the percentage of prioritization votes in the selection of "top five" most significant health issues impacting health and wellbeing in the community.

Health Need	Percent of ACH Staff Votes (N=5)	Percent of Community Votes (N=3)
Mental Health	100%	67%
Substance Abuse	100%	33%
Social Drivers of Health	80%	67%
Nutrition, Physical Activity, and Obesity	80%	67%
Tobacco	60%	0%
Preventive Services and Health Literacy	20%	67%
Access to Health Services	0%	100%
Maternal, Infant, and Child Health	0%	33%

[4] These counties include Allen County, KS; Anderson County, KS; Grundy County, MO; Linn County, MO; Livingston County, MO; and Mercer County, MO.

OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

This section identifies other facilities, clinics, and resources available in Anderson County that are available to address community health needs.

Hospitals

Exhibit 5 presents information on hospital facilities located in Anderson County.

Exhibit 5: Hospitals Located in Community, 2024

Hospital	Address	City (State)	ZIP Code
Anderson County Hospital	421 South Maple Street	Garnett (KS)	66032

Source: Kansas Hospital Association, 2024.

Federally Qualified Health Centers

Federally Qualified Health Centers (FQHCs) are established to promote access to ambulatory care in areas designated as "medically underserved." These clinics provide primary care, mental health, and dental services for lower-income members of the community. FQHCs receive enhanced reimbursement for Medicaid and Medicare services and most also receive federal grant funds under Section 330 of the Public Health Service Act. There is currently one FQHC site operating in the community (**Exhibit 6**).

Exhibit 6: Federally Qualified Health Centers Located in Community, 2024

Name	Address	City (State)	ZIP Code
Community Health Center of Southeast Kansas	312 South Maple Street	Garnett (KS)	66032

Source: Health Resources and Services Administration, 2024.

Other Community Resources

Many social services and resources are available throughout Kansas to assist residents. The United Way of the Plains, Wichita, Kansas, maintains the 2-1-1 database of available resources throughout the state. The United Way 2-1-1 is available 24-hours a day, seven days a week, and has resources in the following categories:

- Housing and shelter
- Financial assistance
- Food
- Transportation
- Family support
- Health and dental car
- Mental health and addiction
- Clothing, hygiene, and household goods
- Seniors and disability

- Employment and education
- Legal and money management
- Taxes

Additional information about these resources and participating providers can be found at: 2-1-1 Kansas Resource Directory.

In addition to United Way 2-1-1, Saint Luke's Health System maintains a Community Resource Hub to connect community members to reduced-cost and free services in their neighborhoods. The Saint Luke's Community Resource Hub contains resources for a variety of categories, including:

- Food
- Housing
- Goods
- Transit
- Health
- Money
- Care
- Education
- Work
- Legal

Additional information about these resources and participating providers can be found at: Saint Luke's Community Resource Hub

APPENDIX A – OBJECTIVES AND METHODOLOGY

Regulatory Requirements

Federal law requires that tax-exempt hospital facilities conduct a CHNA every three years and adopt an Implementation Strategy that addresses significant community health needs.[5] In conducting a CHNA, each tax-exempt hospital facility must:

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

The CHNA report must include certain information including, but not limited to:

- A description of the community and how it was defined,
- A description of the methodology used to determine the health needs of the community, and
- A prioritized list of the community's health needs.

Methodology

CHNAs seek to identify significant health needs for particular geographic areas and populations by focusing on the following questions:

- ***Who*** in the community is most vulnerable in terms of health status or access to care?
- ***What*** are the unique health status and/or access needs for these populations?
- ***Where*** do these people live in the community?
- ***Why*** are these problems present?

Focusing on ***who*** is most vulnerable and ***where*** they live is important to identifying groups experiencing health inequities and disparities. Understanding ***why*** these issues are present is challenging but is important to designing effective community health improvement initiatives. The question of ***how*** each hospital can address significant community health needs is the subject of the separate Implementation Strategy.

Federal regulations allow hospital facilities to define the community they serve based on "all of the relevant facts and circumstances," including the "geographic location" served by the hospital facility, "target populations served" (e.g., children, women, or the aged), and/or the hospital

[5] Internal Revenue Code, Section 501(r).

facility's principal functions (e.g., focus on a particular specialty area or targeted disease)."[6] Accordingly, the community definition considered the geographic origins of the hospital's patients and also the hospital's mission, target populations, principal functions, and strategies.

Data from multiple sources were gathered and assessed, including secondary data[7] published by others and primary data obtained through community input. Input from the community was received through key stakeholder interviews and online community meetings (including a meeting conducted with internal hospital staff). Stakeholders and community meeting participants represented the broad interests of the community and included individuals with special knowledge of or expertise in public health. *See* Appendix C. Considering a wide array of information is important when assessing community health needs to ensure the assessment captures a wide range of facts and perspectives and to increase confidence that significant community health needs have been identified accurately and objectively.

Certain community health needs were determined to be "significant" if they were identified as problematic in at least two of the following three data sources: (1) the most recently available secondary data regarding the community's health, (2) recent assessments developed by the state and local organizations, and (3) input from community stakeholders who participated in the community meeting and/or interview process.

In addition, data were gathered to evaluate the impact of various services and programs identified in Saint Luke's previous CHNA process. *See* Appendix E.

Collaborating Organizations

For this community health assessment, Anderson County Hospital collaborated with the following Saint Luke's Critical Access Hospitals: Allen County Regional Hospital (Iola, KS), Hedrick Medical Center (Chillicothe, MO), and Wright Memorial Hospital (Trenton, MO). These facilities collaborated through gathering and assessing secondary data together, conducting community meetings and key stakeholder interviews, and relying on shared methodologies, report formats, and staff to manage the CHNA process.

Data Sources

Community health needs were identified by collecting and analyzing data from multiple sources. Statistics for numerous community health status, health care access, and related indicators were analyzed, including data provided by local, state, and federal government agencies, local community service organizations, and Saint Luke's Health System. Comparisons to benchmarks were made where possible. Findings from recent assessments of the community's health needs conducted by other organizations (e.g., local health departments) were reviewed as well.

[6] 501(r) Final Rule, 2014.
[7] "Secondary data" refers to data published by others, for example the U.S. Census and the Missouri Department of Health and Social Services. "Primary data" refers to data observed or collected from first-hand experience, for example by conducting interviews.

Input from people representing the broad interests of the community was considered through key informant interviews (9 participants) and community meetings (17 participants). Stakeholders included: individuals with special knowledge of or expertise in public health; local public health departments; hospital staff and providers; representatives of social service organizations; and leaders, representatives, and members of medically underserved, low-income, and minority populations.

Saint Luke's Health System posts CHNA reports and Implementation Plans online at Community Health Needs Assessments & Implementation Plans | Saint Luke's Health System (saintlukeskc.org).

Consultant Qualifications

Verité Healthcare Consulting, LLC (Verité) was founded in May 2006 and is in Arlington, Virginia. The firm serves clients throughout the United States as a resource that helps hospitals conduct Community Health Needs Assessments and develop Implementation Strategies to address significant health needs. Verité has conducted more than 150 needs assessments for hospitals, health systems, and community partnerships nationally since 2012.

The firm also helps hospitals, hospital associations, and policy makers with community benefit reporting, program infrastructure, compliance, and community benefit-related policy and guidelines development. Verité is a recognized national thought leader in hospital community benefits, 501(r) compliance, and Community Health Needs Assessments.

APPENDIX B – SECONDARY DATA ASSESSMENT

This section presents an assessment of secondary data regarding health needs in the Anderson County Hospital (ACH) community. The ACH community is defined as Anderson County, Kansas.

Demographics

Exhibit 7: Change in Community Population by County, 2021 to 2031

Area	Total Population 2021	Total Projected Population 2031	Percent Change 2021-2031
Anderson (KS)	7,778	7,407	-5.0%
Community	**7,778**	**7,407**	**-5.0%**

Source: Kansas County Population Forecast, Center for Economic Development and Business Research, 2023.

Description: Exhibit 7 portrays the estimated population by county in 2021 and projected to 2031.

Observations

- Between 2021 and 2031, Anderson County's population is projected to decline by 371 persons (5.0 percent).

Exhibit 8: Change in Community Population by Age and Sex Cohort, 2021 to 2031

Age/Sex Cohort	Anderson (KS) Population 2021	Anderson (KS) Projected Population 2031	Anderson (KS) Percent Change 2021-2031
0-19	2,169	1,771	-22.5%
Female 20 - 44	960	1,087	11.7%
Male 20 - 44	1,055	1,217	13.3%
45 - 64	1,967	1,609	-22.2%
65+	1,627	1,723	5.6%
Community Total	**7,778**	**7,407**	**-5.0%**

Source: Kansas County Population Forecast, Center for Economic Development and Business Research, 2023.

Description: Exhibit 8 shows Anderson County's population for certain age and sex cohorts in 2021, with projections to 2031.

Observations

- While the total population is expected to decrease, the population aged 65 and older is expected to increase by 5.6 percent during the period.
- The growth of older populations is likely to lead to greater demand for health services, since older individuals typically need and use more services than younger people.

Exhibit 9: Population by Race and Ethnicity, 2022

Race	Anderson (KS)	Kansas	United States
White	94.5%	79.8%	65.9%
Black or African American	1.0%	5.6%	12.5%
Asian	0.1%	3.0%	5.8%
Two or More Races	3.4%	7.3%	8.8%
Hispanic (or Latino)	2.6%	12.6%	18.7%

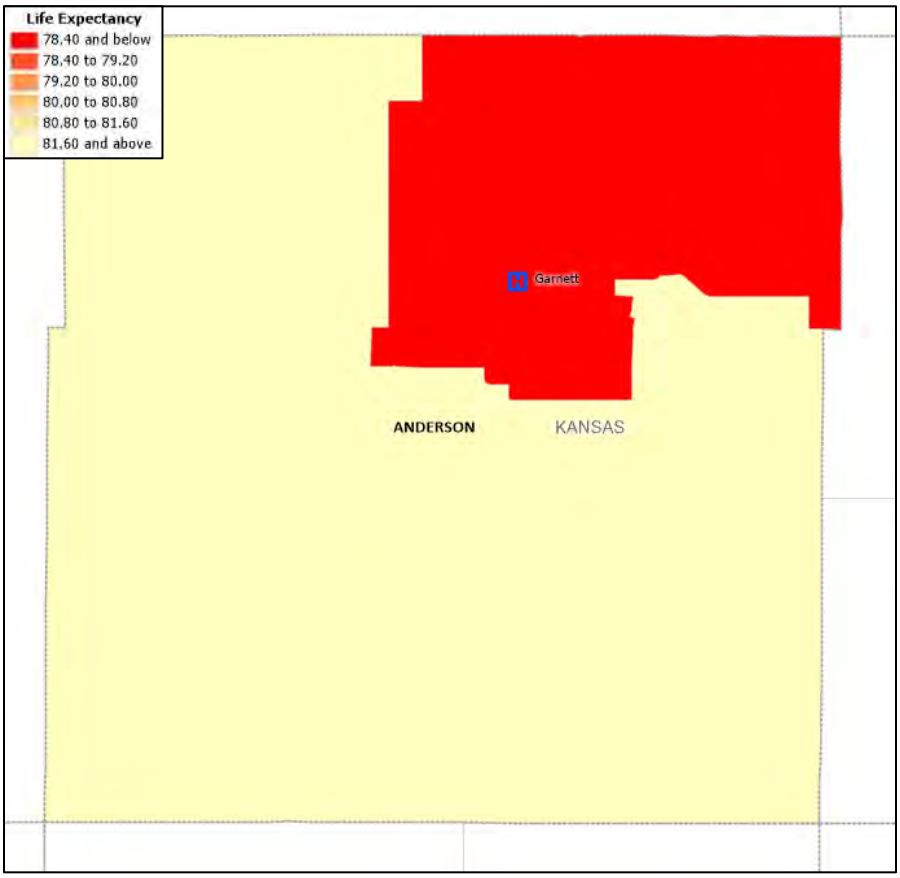
Source: U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates.

Description: Exhibit 9 presents the percentage distribution of the population by race and ethnicity for Anderson County, Kansas, and the U.S.

Observations

- In 2022, over 94 percent of Anderson County residents identified as White.

Exhibit 10: Life Expectancy by Census Tract, 2020.



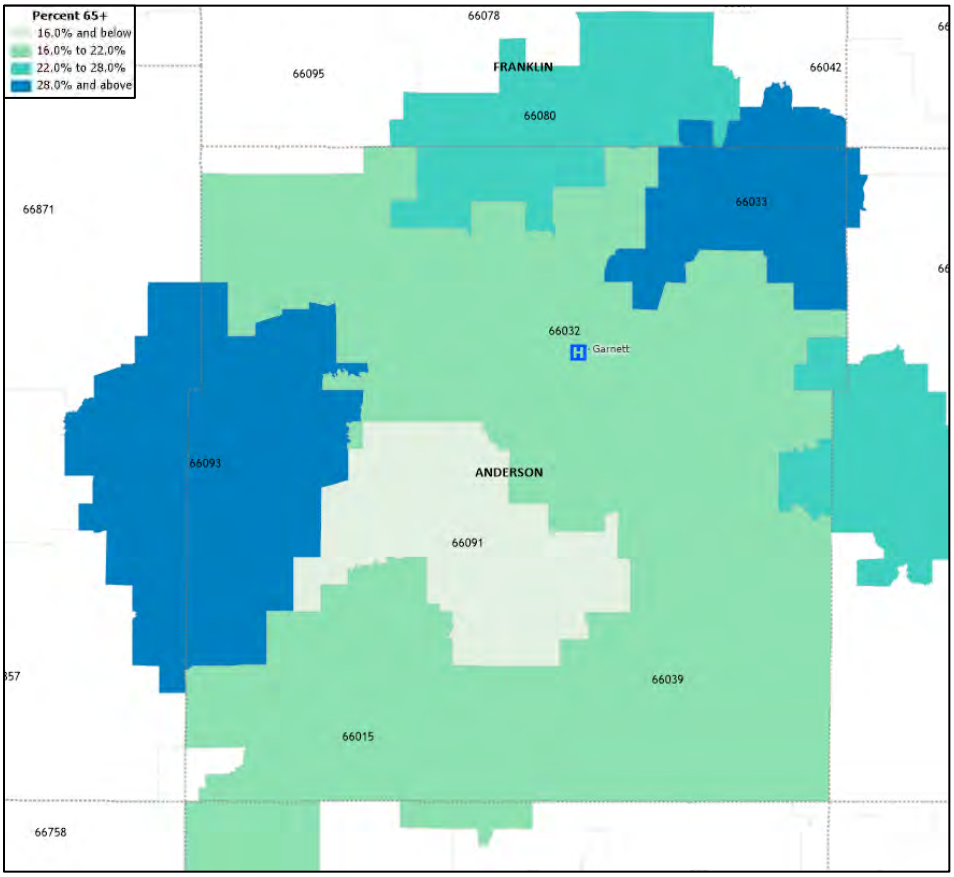
Source: Life Expectancy Estimates by U.S. Census Tract, 2010-2015. National Center for Health Statistics, 2020, and Caliper Maptitude, 2024.

Description: Exhibit 10 presents estimated life expectancy by census tract for Anderson County.

Observations

- In 2020, there was a variation of 3.2 years in life expectancy across census tracts in Anderson County.
- Census tracts near Garnett and northeastern Anderson County had comparatively lower life expectancy.

Exhibit 11: Percent of Population – Aged 65+, 2022



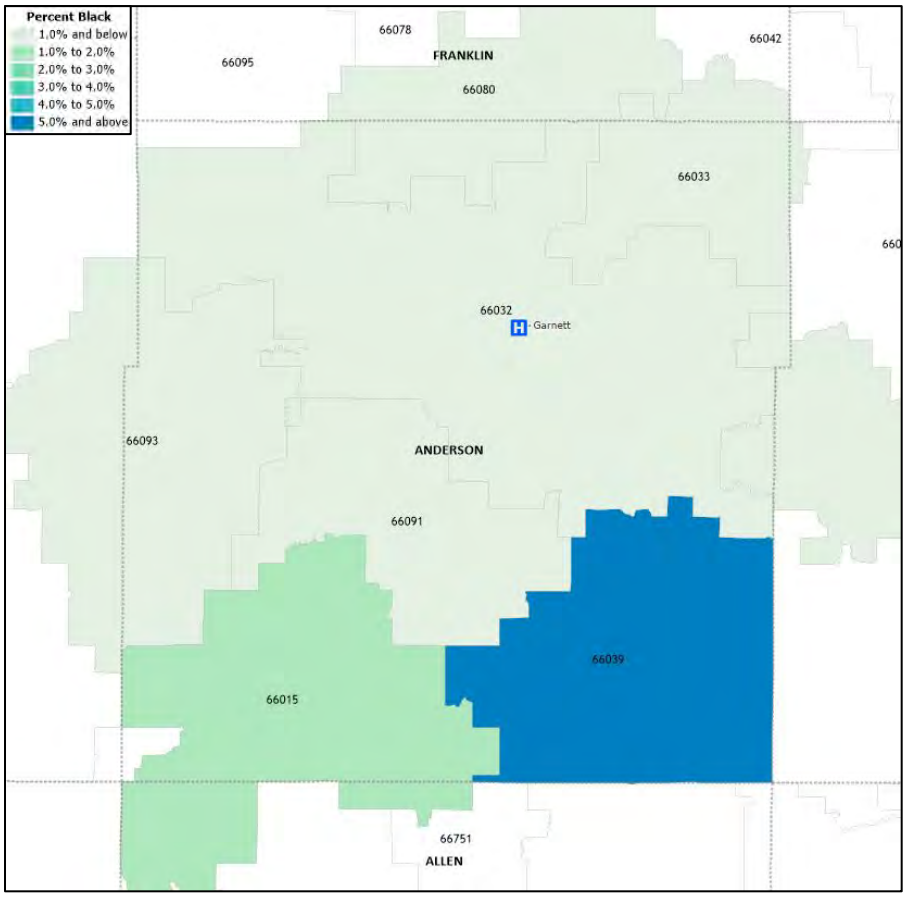
Source: U.S. Census Bureau, 2018-2022, American Community Survey 5-Year Estimates, and Caliper Maptitude, 2024.

Description: Exhibit 11 portrays the percentage of the population 65 years of age and older by ZIP Code.

Observations

- ZIP Code 66033 (Greeley) and 66093 (Westphalia) had the highest proportions (32.7 and 29.3 percent) of residents 65 and older.
- ZIP Code 66091 (Welda) had the lowest proportion of residents 65 and older, 11.4 percent.

Exhibit 12: Percent of Population – Black, 2022



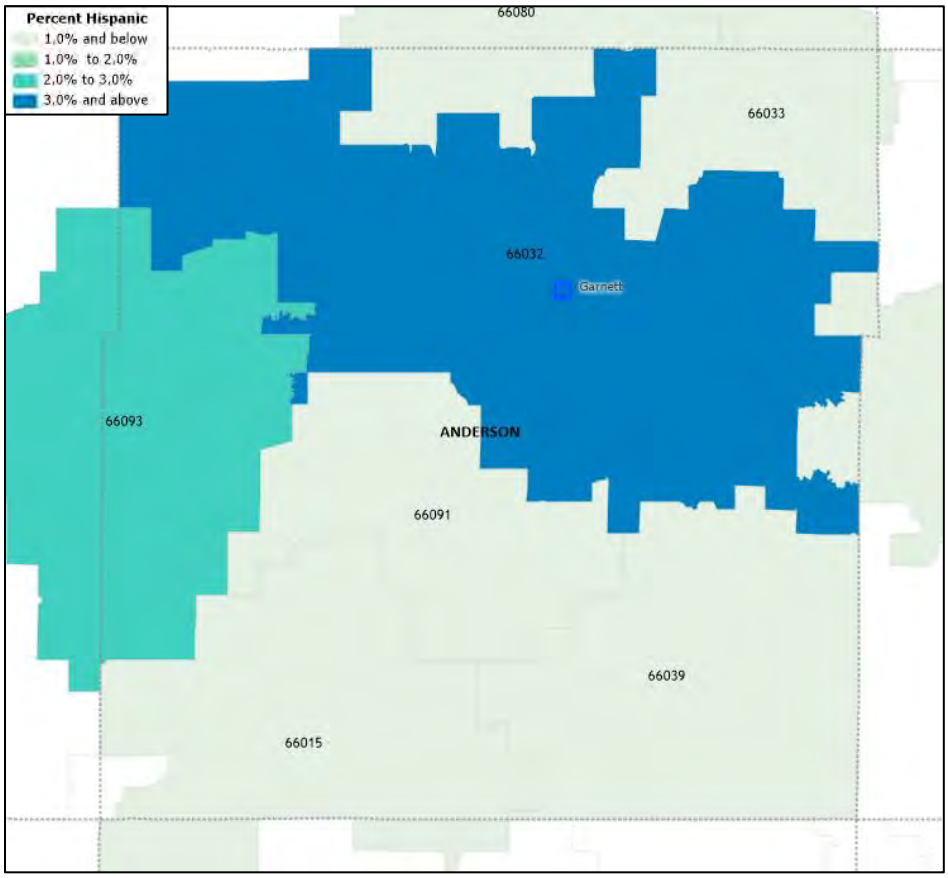
Source: U.S. Census Bureau, 2018-2022, American Community Survey 5-Year Estimates, and Caliper Maptitude, 2024.

Description: Exhibit 12 portrays the percentage of the population – Black by ZIP Code.

Observations

- ZIP Code 66039 (Kincaid) had the highest proportion of Black residents at 5.3 percent.
- All other ZIP Codes had proportions of Black residents of 1.5 percent or below.

Exhibit 13: Percent of Population – Hispanic (or Latino), 2022



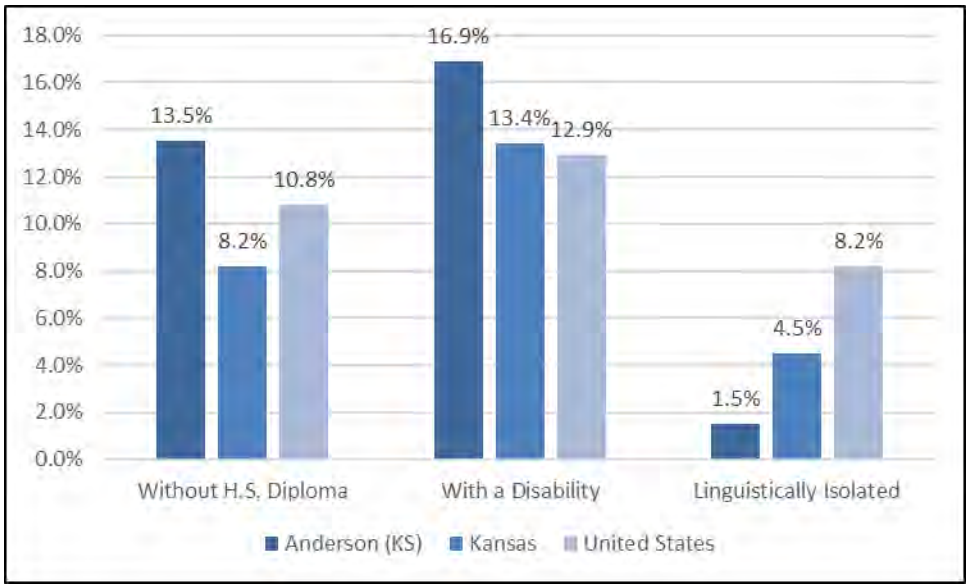
Source: U.S. Census Bureau, 2018-2022, American Community Survey 5-Year Estimates, and Caliper Maptitude, 2024.

Description: Exhibit 13 portrays the percentage of the population – Hispanic (or Latino) by ZIP Code.

Observations

- ZIP Code 66032, which includes Garnett, had the highest proportion of Hispanic (or Latino) residents (3.8 percent).

Exhibit 14: Selected Socioeconomic Indicators, 2018-2022



Source: U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates.

Description: Exhibit 14 portrays the percent of the population (aged 25 years and above) without a high school diploma, with a disability, and linguistically isolated in the county, Kansas, and the United States. Linguistic isolation is defined as residents who speak a language other than English and speak English less than "very well."

Observations

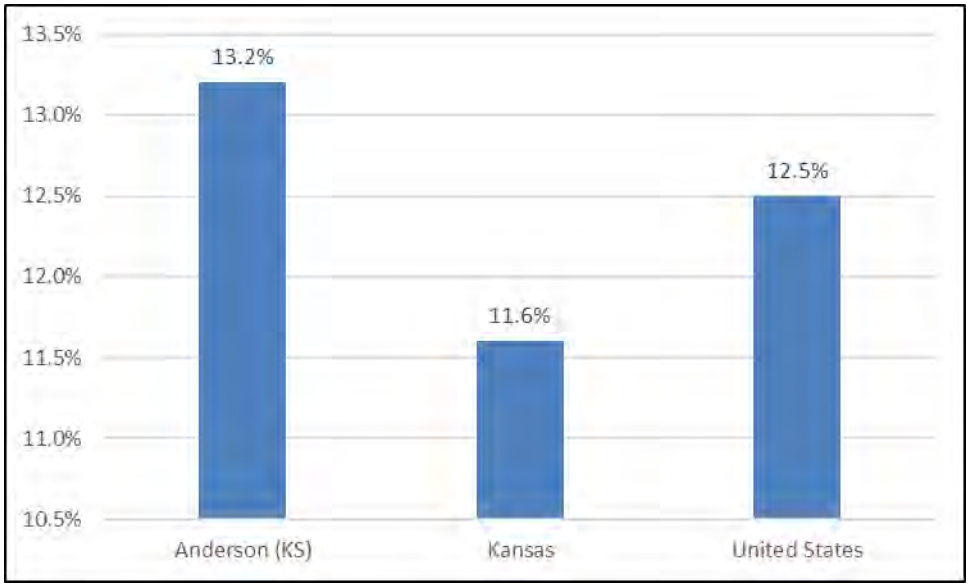
- In 2018-2022, a higher percentage of Anderson County adults were without a high school diploma than residents of Kansas and the United States.
- Proportionately more people were living with a disability in Anderson County than in Kansas and the United States.
- Compared to the United States, proportionately fewer people in Anderson County and Kansas were linguistically isolated.

Socioeconomic indicators

This section includes indicators for poverty, unemployment, health insurance status, crime, housing affordability, and "social vulnerability." All have been associated with health status.

People in Poverty

Exhibit 15: Percent of People in Poverty, 2018-2022



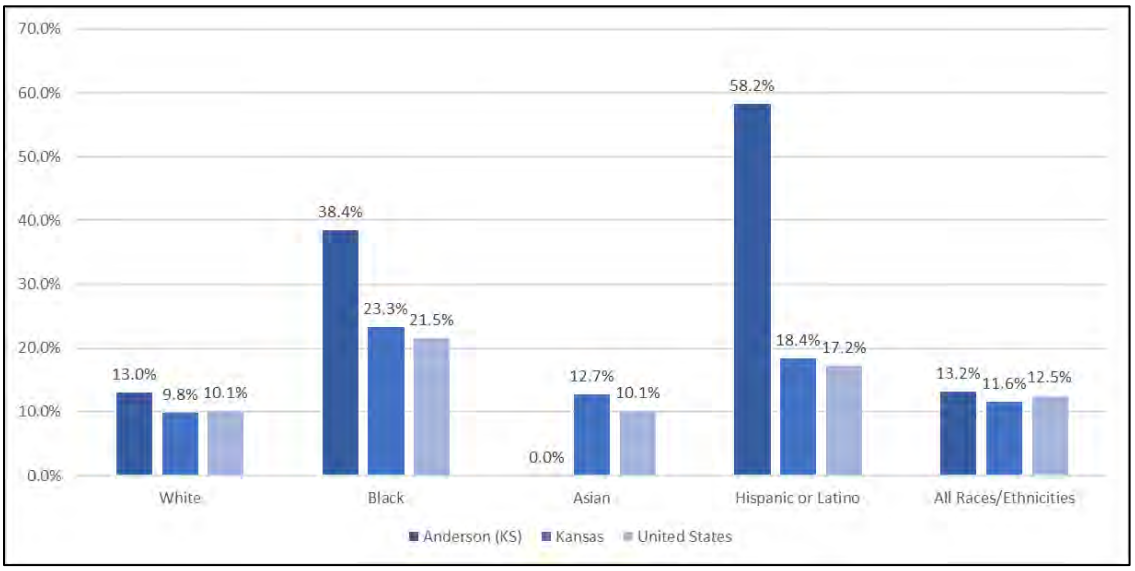
Source: U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates.

Description: Exhibit 15 portrays poverty rates in Anderson County, Kansas, and the United States.

Observations

- In 2018-2022, the overall poverty rate in Anderson County was above Kansas and national averages.

Exhibit 16: Poverty Rates by Race and Ethnicity, 2018-2022



Source: U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates.

Description: Exhibit 16 portrays poverty rates by race and ethnicity in Anderson County, Kansas, and the United States.

Observations

- In 2018-2022, poverty rates for Anderson County Black and Hispanic (or Latino) populations were significantly higher than for all other populations.
- In 2018-2022, Anderson County poverty rates for all races and ethnicities combined and for White residents were higher than poverty rates in Kansas and the United States.

Exhibit 17: Child Poverty Rates, 2018-2022

Area	Child Population (aged 0-17)	Percent of Population (aged 0-17)	Percent Children in Poverty
Anderson (KS)	1,857	24.4%	13.5%
Kansas	689,958	24.2%	13.9%
United States	**72,035,358**	**22.3%**	**16.7%**

Source: U.S. Census Bureau, 2018-2022, American Community Survey 5-Year Estimates.

Description: Exhibit 17 portrays poverty rates for children (aged 0-17). Light grey shading indicates rates 0-50 percent above the U.S. average (16.7 percent for all children).

Observations

- In 2018-2022, the percentage of children in poverty in Anderson County was below the state and national average.

Exhibit 18: Low Income Census Tracts, 2019

Source: US Department of Agriculture Economic Research Service, ESRI, 2021.

Description: Exhibit 18 portrays the location of federally designated low-income census tracts.

Observations

- In 2019, there were no low-income census tracts present in Anderson County.

Exhibit 19: Food Insecurity by Race and Ethnicity, 2021-2022

Area	Overall Food Insecurity Rate	Food Insecurity Rate (Black, all ethnicities)	Food Insecurity Rate (Hispanic, any race)	Food Insecurity Rate (White, non-Hispanic)	Child Food Insecurity Rate
Anderson (KS)	10.7%	N/A	N/A	10.0%	13.6%
Kansas	9.9%	**24.0%**	15.0%	8.0%	13.4%
United States	**13.5%**	**23.0%**	**21.0%**	**10.0%**	**18.5%**

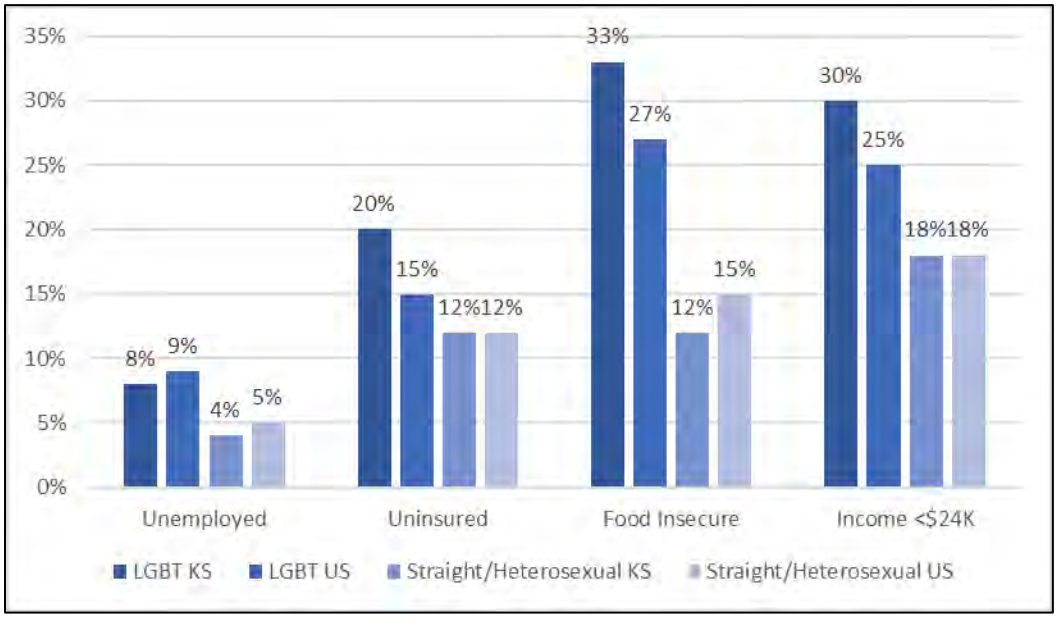
Source: Dewey, A., Harris, V., Hake, M., & Engelhard, E. (2024). Map the Meal Gap 2024: An Analysis of County and Congressional District Food Insecurity and County Food Cost in the United States in 2022. Feeding America. Note: County and state data (2021); national data (2022).

Description: Exhibit 19 portrays food insecurity estimates disaggregated by race and ethnicity and overall food insecurity rates for children in Anderson County, Kansas, and the United States. Dark grey shading indicates rates 50 percent or more above the U.S-wide average (13.5 percent for all persons). Light grey shading indicates rates 0-50 percent above the U.S. average.

Observations

- In 2021, the overall food insecurity rate in Anderson County was higher than the statewide average, but lower than the national average for all persons.
- Food insecurity rates for Black and Hispanic residents were higher in Kansas compared to the U.S.-wide rate for all persons.

Exhibit 20: Select Socioeconomic Characteristics, Kansas, Lesbian, Gay, Bisexual, or Transgender, 2019



LGBT Demographic Data Interactive, January 2019, Los Angeles, CA: The Williams Institute, UCLA School of Law.

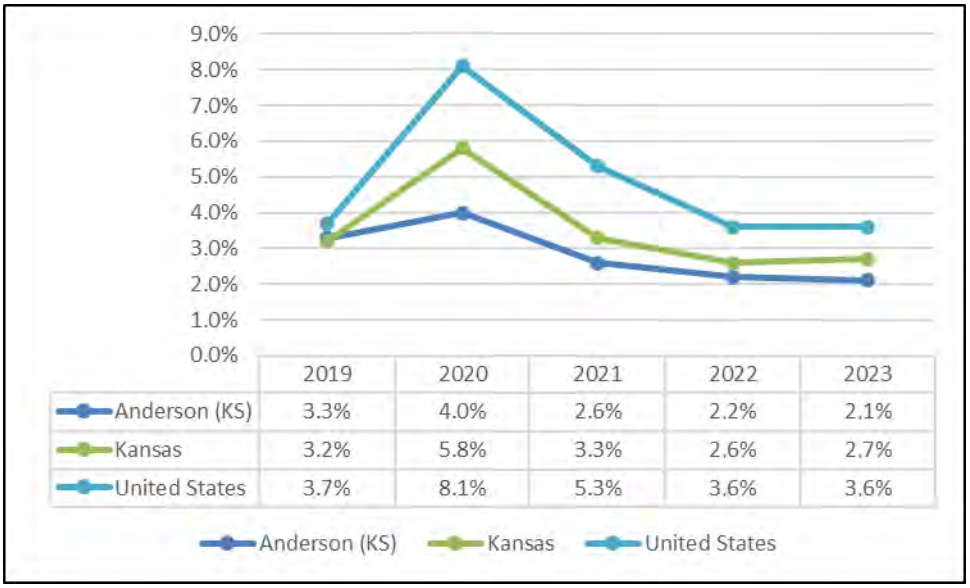
Description: Exhibit 20 portrays select socioeconomic indicators for Lesbian, Gay, Bisexual, or Transgender (LGBT) and straight/heterosexual people in Kansas and the United States.

Observations

- In 2019, Kansas residents who identified as LGBT were more likely to be unemployed, uninsured, food insecure, and have lower incomes than Kansas and U.S. residents who identified as straight/heterosexual.
- Kansas residents who identified as LGBT were more likely to be uninsured, food insecure, and have lower income compared to both LGBT and straight/heterosexual people in the U.S.

Unemployment

Exhibit 21: Annual Unemployment Rates, 2019 to 2023



	2019	2020	2021	2022	2023
Anderson (KS)	3.3%	4.0%	2.6%	2.2%	2.1%
Kansas	3.2%	5.8%	3.3%	2.6%	2.7%
United States	3.7%	8.1%	5.3%	3.6%	3.6%

Source: Bureau of Labor Statistics, 2023.

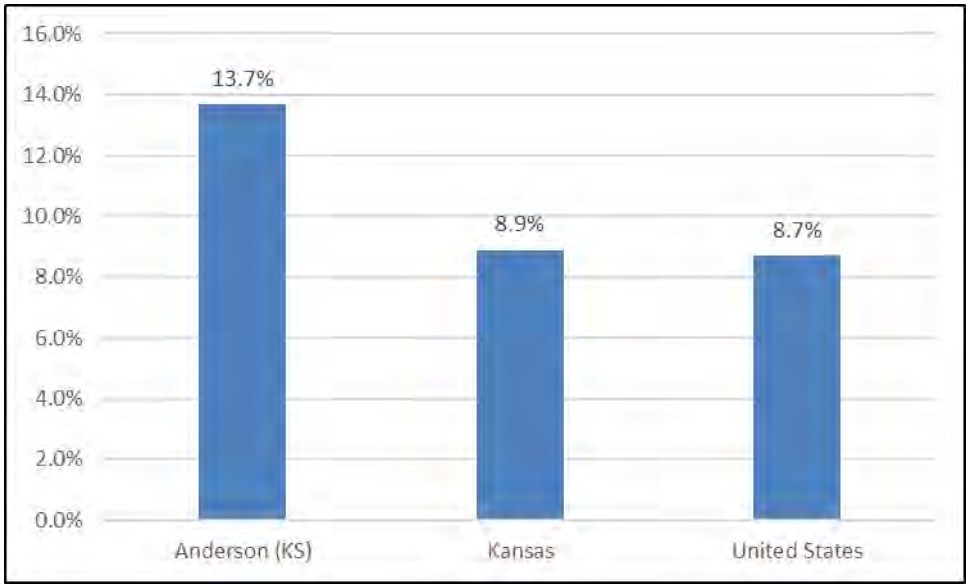
Description: Exhibit 21 shows annual unemployment rates for Anderson County, Kansas, and the United States for 2019 through 2023.

Observations

- Unemployment rates rose substantially from 2019 to 2020 due to the COVID-19 pandemic; however, declined steadily from 2020 to 2023.
- In 2023, unemployment rates were lower in Anderson County compared to the United States and lower than pre-pandemic rates for all areas presented.

Health Insurance Status

Exhibit 22: Percent of Population without Health Insurance, 2018-2022



Source: U.S. Census Bureau, 2018-2022, American Community Survey 5-Year Estimates.

Description: Exhibit 22 presents the estimated percentage of the population without health insurance.

Observations

- In 2018-2022, Anderson County had a higher percentage of the population without health insurance than Kansas and the United States.
- Kansas is one of the 10 remaining states that have not expanded Medicaid. 72,000 uninsured adults would be eligible for Medicaid if Kansas implemented Medicaid expansion.[8]
- According to a second analysis prepared by the Kaiser Family Foundation, in states that have not expanded Medicaid, eligibility for adults with dependent children is just 37 percent of the federal poverty level and adults without dependent children are not eligible for coverage in most cases. In addition, many people fall into a "coverage gap" because they earn too much to qualify for Medicaid but do not earn enough to qualify for Marketplace premium tax credits.[9]

[8] How Many Uninsured Are in the Coverage Gap and How Many Could be Eligible if All States Adopted the Medicaid Expansion? | KFF

[9] https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/

Medical Debt

Exhibit 23: Share of People with a Credit Bureau Record with Medical Debt in Collections, 2022

Area	Medical Debt in Collections	Medical Debt in Collections (POC)	Medical Debt in Collections (Majority White)
Anderson (KS)	**19.9%**	N/A	**19.9%**
Kansas	16.8%	**28.9%**	14.7%
United States	**12.6%**	**14.6%**	**11.4%**

Source: Jennifer Andre, Miranda Santillo, Kassandra Martinchek, Breno Braga, and Signe-Mary McKernan. 2023. Debt in America 2023. Accessible from https://datacatalog.urban.org/dataset/debt-america-2023

Description: Exhibit 23 portrays the estimated share of the people with a credit bureau record who have medical debt in collections in Anderson County, Kansas, and the United States. Dark grey shading indicates rates 50 percent or more above the U.S-wide average (12.6 percent for all persons). Light grey shading indicates rates 0-50 percent above the U.S. average.

Observations

- In 2022 and in Anderson County, the share of the population with credit bureau records and with medical debt in collections was more than 50 percent above the U.S. average.
- The prevalence of medical debt has been higher in Anderson County and Kansas than in the nation.

Crime Rates

Exhibit 24: Crime Rates by Type, Per 100,000, 2022

Offense Type	Anderson (KS)	Kansas	United States
Violent Crime	128	415	**370**
Murder	-	5	**6**
Rape	26	46	**40**
Robbery	13	29	**66**
Aggravated Assault	90	335	**268**
Property Crime	180	1,992	**1,954**
Burglary	39	273	**270**
Larceny-Theft	90	1,489	**1,402**
Motor Vehicle Theft	51	230	**283**

Source: Federal Bureau of Investigation, 2022.

Description: Exhibit 24 provides crime statistics and rates, per 100,000 population, available from the Federal Bureau of Investigation. Light grey shading indicates rates above the United States average; dark grey shading indicates rates more than 50 percent above the average.

Observations

- In 2022 crime rates in Anderson County were favorable compared to Kansas and the United states for all offense types.
- In 2022, crime rates were higher in Kansas for most offense types compared to the national average.

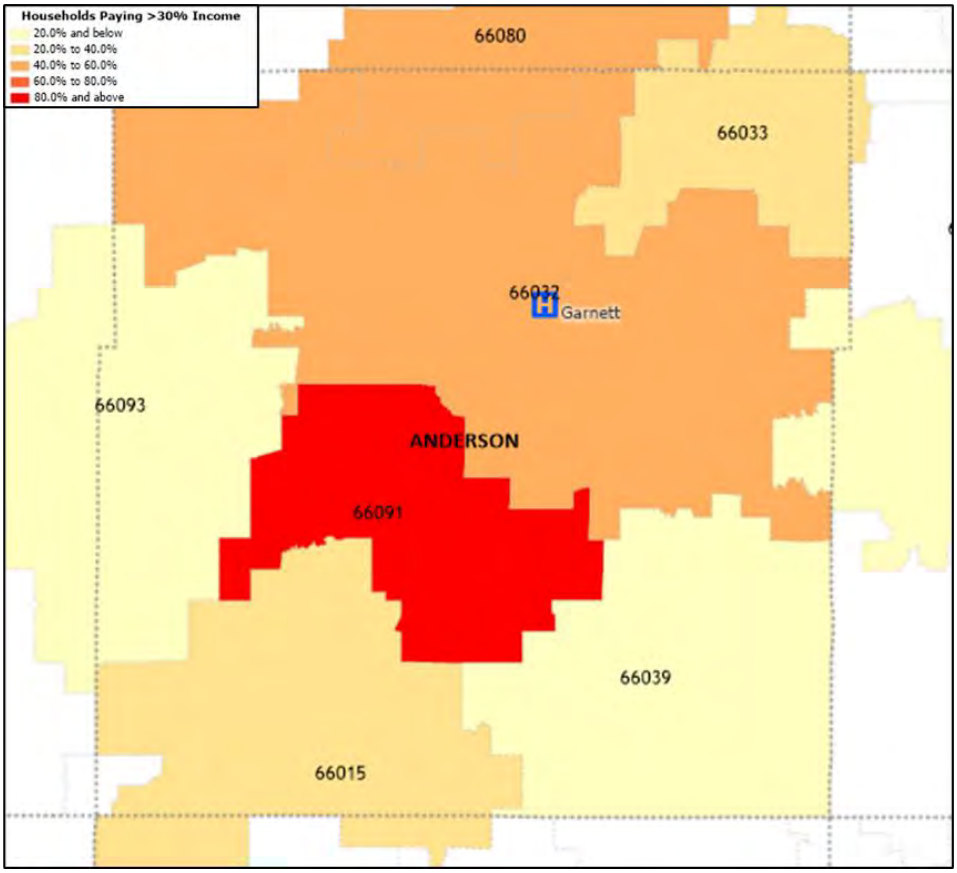
Housing Affordability

Exhibit 25: Percent of Rented Households Rent Burdened, 2018-2022

Area	Households Paying Rent	Households Paying >30% of Income for Rent	Percent of Households Rent Burdened
Anderson (KS)	598	281	47.0%
Kansas	354,793	154,997	43.7%
United States	**41,167,877**	**20,547,938**	**49.9%**

Source: U.S. Census Bureau, 2018-2022, American Community Survey 5-Year Estimates.

Exhibit 26: Map of Percent of Rented Households Rent Burdened, 2018-2022



Source: U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates, and Caliper Maptitude, 2024.

Description: The U.S. Department of Housing and Urban Development (HUD) has defined "rent burdened" households as those spending more than 30 percent of income on housing.[10]

Exhibits 25 and 26 portray the percentage of rented households that meet this definition. ZIP Codes highlighted in red are where over 80 percent of households have been rent burdened.

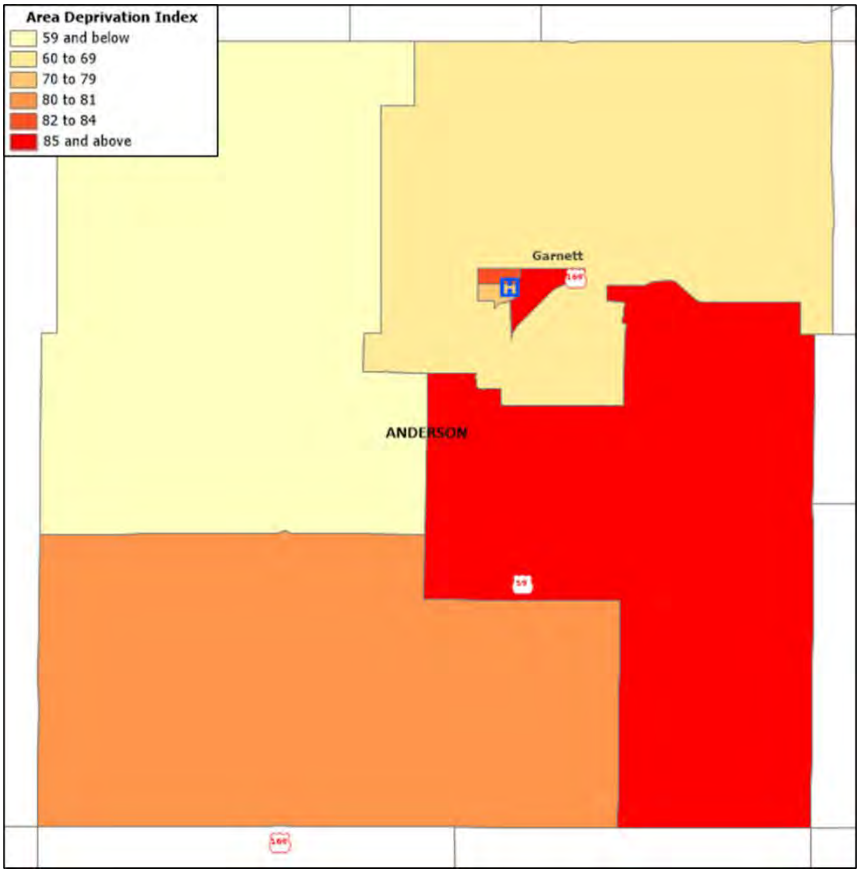
Observations

- In 2018-2022, 47 percent of households in Anderson County were designated as "rent burdened," a level above the Kansas average but below the national average.
- The percentage of occupied households rent burdened was particularly high (over 80 percent) in ZIP Code 66091 (Welda).
- ZIP Codes 66032 (Garnett) and 66080 (Richmond) had more than half of households rent burdened.

[10] https://www.federalreserve.gov/econres/notes/feds-notes/assessing-the-severity-of-rent-burden-on-low-income-families-20171222.htm

Area Deprivation Index

Exhibit 27: Area Deprivation Index by Census Block Group, 2020



Source: University of Wisconsin School of Medicine and Public Health. Area Deprivation Index, 2021. Downloaded from https://www.neighborhoodatlas.medicine.wisc.edu/, March 21, 2024, and Caliper Maptitude, 2024.

Description: Exhibit 27 presents the University of Wisconsin, School of Medicine and Public Health, Center for Health Disparities Research's Area Deprivation Index (ADI). The ADI ranks neighborhoods by level of socioeconomic disadvantage and includes factors for income, education, employment, and housing quality.

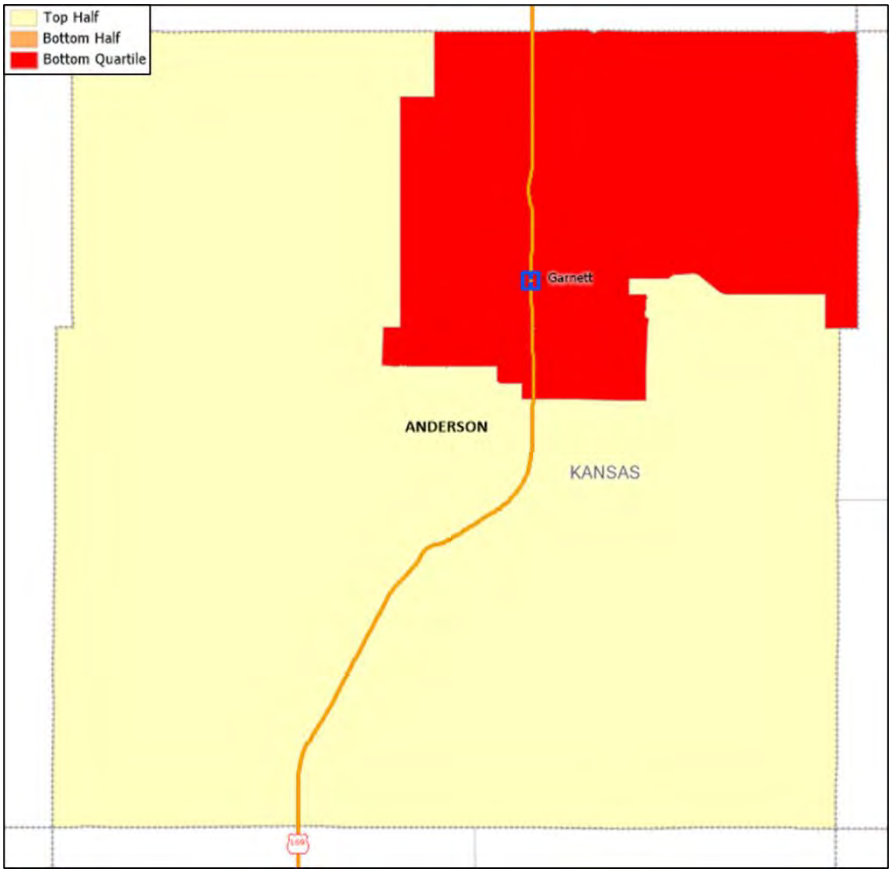
ADIs are calculated for census block groups in national percentile rankings from 1 to 100. A block group ranking of 1 indicates the lowest level of disadvantage within the nation and an ADI ranking of 100 indicates the highest level of disadvantage.

Observations

- In 2020, areas in Garnett and southeastern Anderson County had the highest levels of socioeconomic disadvantage.

Centers for Disease Control and Prevention Social Vulnerability Index (SVI)

Exhibit 28: Socioeconomic Status - Bottom Quartile Census Tracts, 2020



Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude, 2022.

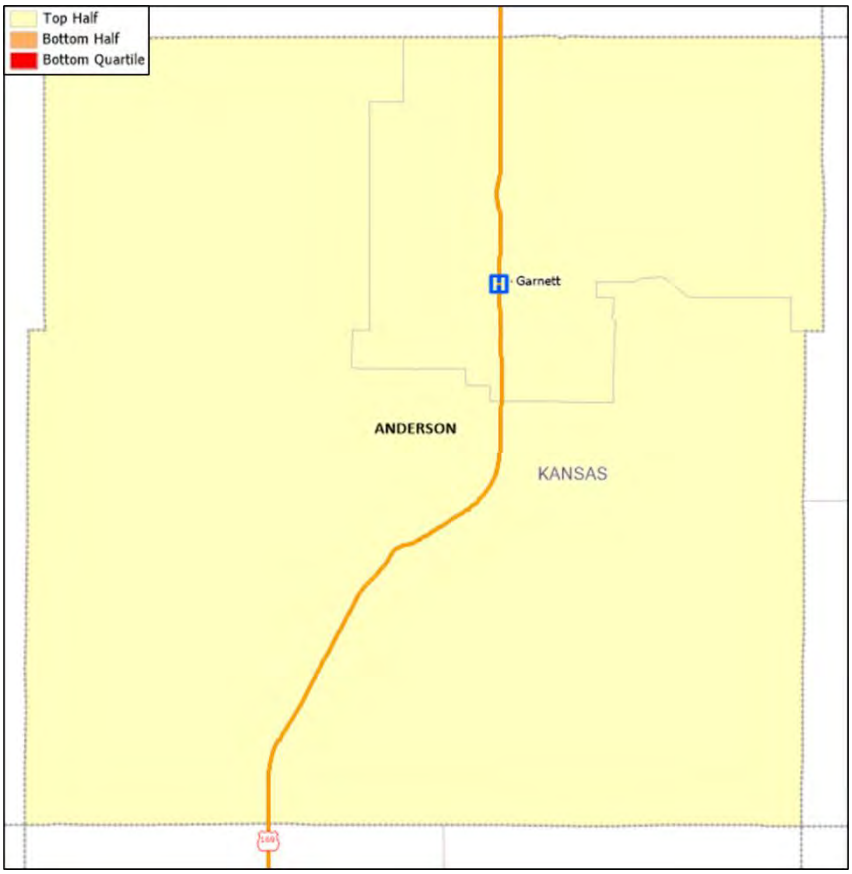
Description: Exhibits 28 through 31 are maps that show Centers for Disease Control and Prevention's Social Vulnerability Index (SVI) scores by census tract. Red highlighted census tracts indicate scores that are in the bottom quartile nationally. The SVI is based on 15 variables derived from U.S. census data and grouped into four themes, including Socioeconomic Status; Household Characteristics; Racial & Ethnic Minority Status; and Housing Type & Transportation.

Exhibit 28 identifies census tracts in the bottom half and bottom quartile for "socioeconomic characteristics" (below 150% poverty, unemployment, housing cost burden, no high school diploma, no health insurance).

Observations

- Census tracts with the highest socioeconomic vulnerability were present in Garnett and in northeastern Anderson County.

Exhibit 29: Household Characteristics – Bottom Quartile Census Tracts, 2020



Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude, 2022.

Description: Exhibit 29 identifies census tracts in the bottom half and bottom quartile nationally for "household characteristics" (percent of people 65 years of age or older, 17 years of age or younger, civilian with a disability, single-parent households, and with Limited English Proficiency).

Observations

- In 2020, there were no census tracts with household characteristics vulnerability in Anderson County.

Exhibit 30: Racial and Ethnic Minority Status – Bottom Quartile Census Tracts, 2020

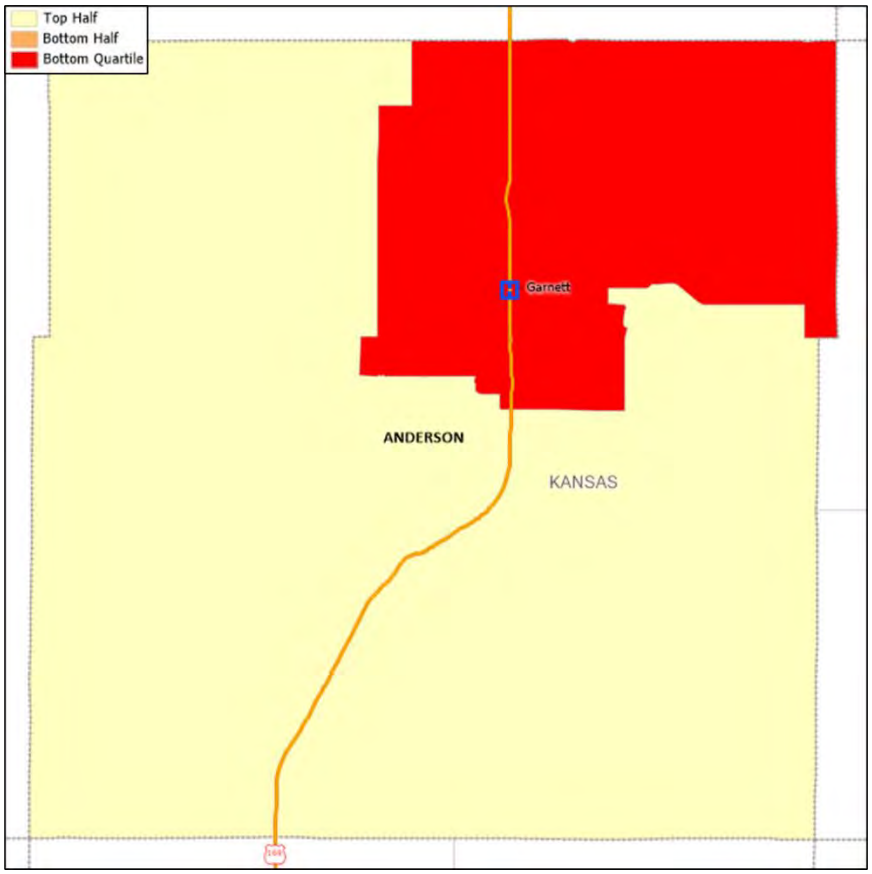
Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude, 2022.

Description: Exhibit 30 identifies census tracts in the bottom half and bottom quartile for "racial and ethnic minority status" (percent of people non-White).

Observations

- In 2020, there were no census tracts with racial and ethnic minority status vulnerability in Anderson County.

Exhibit 31: Housing Type and Transportation – Bottom Quartile Census Tracts, 2020



Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude, 2022.

Description: Exhibit 31 identifies census tracts in the bottom half and bottom quartile nationally for "housing type and transportation vulnerability" (people living in multi-unit structures, in mobile homes, in crowded households, in group quarters, and with no vehicle).

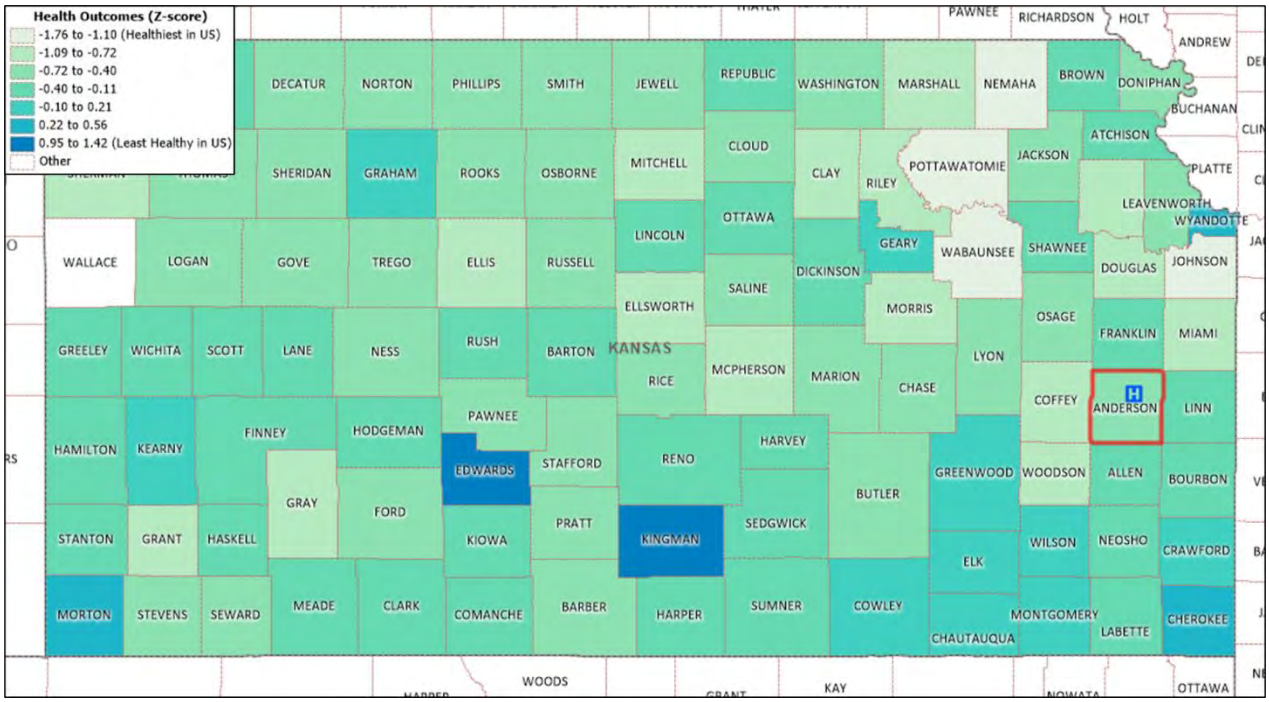
Observations

- In 2020, census tracts designated as vulnerable for housing type and transportation were present in Garnett and northeastern Anderson County.

Other Health Status and Access Indicators

County Health Rankings

Exhibit 32: County Health Rankings, Health Outcomes, 2024



Source: County Health Rankings, 2024 and Caliper Maptitude, 2024.

Description: Exhibit 32 presents *County Health Rankings*, a University of Wisconsin Population Health Institute initiative funded by the Robert Wood Johnson Foundation that incorporates a variety of health status indicators into a system that places each county within each state on a continuum from least healthy to healthiest in the nation, in terms of "health factors" and "health outcomes." The health factors and outcomes are composite measures based on several variables grouped into the following categories: health behaviors, clinical care,[11] social and economic factors, and physical environment.[12] *County Health Rankings* is updated annually. *County Health Rankings 2024* relies on data from 2015 to 2023. Most data are from 2018 to 2022.

The exhibit presents how Kansas counties fare relative to other counties in the state and the nation for health outcomes composite measures. The graphic also displays how Anderson County and all Kansas counties fare on a national continuum of health.

[11] A composite measure of Access to Care, which examines the percent of the population without health insurance and ratio of population to primary care physicians, and Quality of Care, which examines the hospitalization rate for ambulatory care sensitive conditions, whether diabetic Medicare patients are receiving HbA1C screening, and percent of chronically ill Medicare enrollees in hospice care in the last 8 months of life.

[12] A composite measure that examines Environmental Quality, which measures the number of air pollution-particulate matter days and air pollution-ozone days, and Built Environment, which measures access to healthy foods and recreational facilities and the percent of restaurants that are fast food.

Observations

- In 2024, Anderson County is faring about the same as the average county in Kansas for Health Outcomes, and better than the average county in the nation.

Exhibit 33: County Health Rankings Data Compared to State and U.S. Averages, 2024

Indicator Category	Data	Anderson (KS)	Kansas	United States
Health Outcomes				
Length of Life	Years of potential life lost before age 75 per 100,000 population	8,093	8,079	**8,000**
Quality of Life	% adults reporting fair or poor health	16.4%	14.2%	**14.0%**
	Ave number of physically unhealthy days past 30 days	3.5	3.2	**3.3**
	Ave number of mentally unhealthy days past 30 days	4.7	5.0	**4.8**
	% live births with low birthweight (<2500 grams)	5.7%	7.4%	**8.0%**
Health Factors				
Health Behaviors				
Adult Smoking	% adults smoking >= 100 cigarettes & currently smoking	21.0%	16.4%	**15.0%**
Adult Obesity	% adults that report a BMI >= 30	39.2%	36.7%	**34.0%**
Food Environment Index	Index of factors contributing to a healthy food environment, 0 (worst) to 10 (best)	8.0	7.1	**7.7**
Physical Inactivity	% adults aged 20 and over reporting no leisure-time physical activity	28.2%	22.8%	**23.0%**
Access to Exercise Opportunities	% population with adequate access to locations for physical activity	49.3%	79.9%	**84.0%**
Excessive Drinking	Binge plus heavy drinking	18.3%	20.3%	**18.0%**
Alcohol-Impaired Driving Deaths	% driving deaths with alcohol involvement	33.3%	19.9%	**26.0%**
STDs	Chlamydia rate per 100,000 population	205.7	506.1	**495.5**
Teen Births	Teen birth rate per 1,000 female population, ages 15-19	23.1	19.0	**17.0**

Source: County Health Rankings, 2024.

Exhibit 33: County Health Rankings Data Compared to State and U.S. Averages, 2024 (continued)

Indicator Category	Data	Anderson (KS)	Kansas	United States
Clinical Care				
Uninsured	% population under age 65 without health insurance	11.6%	10.9%	**10.0%**
Primary Care Physicians	Ratio of population to primary care physicians	**2,593:1**	1,285:1	**1,330:1**
Dentists	Ratio of population to dentists	**3,888:1**	1,583:1	**1,360:1**
Mental Health Providers	Ratio of population to mental health providers	**1,944:1**	421:1	**320:1**
Preventable Hospital Stays	Hospitalization rate for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	1,573	2,576	**2,681**
Mammography Screening	% female Medicare enrollees, ages 67-69, that receive mammography screening	53.0%	48.0%	**43.0%**
Flu Vaccinations	% Medicare enrollees that had an annual flu vaccination	31.0%	47.0%	**46.0%**
Social and Economic Factors				
High School Graduation	% adults ages 25 and over with a high school diploma or equivalent	86.5%	91.8%	**89.0%**
Some College	% adults aged 25-44 years with some post-secondary education	53.3%	70.6%	**68.0%**
Unemployment	% population age 16+ unemployed but seeking work	2.3%	2.7%	**3.7%**
Children in Poverty	% children under age 18 in poverty	17.7%	13.7%	**16.0%**
Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	4.1	4.4	**4.9**
Single-Parent Households	% children that live in a household headed by single parent	23.4%	21.0%	**25.0%**
Social Associations	Number of associations per 10,000 population	9.0	13.2	**9.1**
Injury Deaths	Injury mortality per 100,000	112.0	82.4	**80.0**
Physical Environment				
Air Pollution	Average daily measure of fine particulate matter in mcg per cubic meter (PM2.5)	7.8	6.7	**7.4**
Severe Housing Problems	% households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	12.2%	12.3%	**17.0%**
Driving Alone to Work	% workforce that drives alone to work	78.4%	77.8%	**72.0%**
Long Commute – Drive Alone	Among workers who commute alone, the % that commute more than 30 minutes	35.5%	21.6%	**36.0%**

Source: County Health Rankings, 2024.

Description: Exhibit 33 provides data that underlie the County Health Rankings and compares indicators to statewide and national averages.[13] Light grey shading highlights indicators found to be worse than the national average; dark grey shading highlights indicators more than 50 percent worse.

Note that higher values generally indicate that health outcomes, health behaviors, and other factors are worse in the county than in the United States. However, for several indicators, lower values are more problematic, including:

- Food environment index,
- Percent with access to exercise opportunities,
- Percent receiving mammography screening,
- Percent receiving flu vaccination,
- High school graduation rate, and
- Percent with some college.

Observations

- The following indicators compared unfavorably to U.S. averages:
    - Years of potential life lost before age 75 per 100,000 population
    - Percent adults reporting fair or poor health
    - Average number of physically unhealthy days
    - Health behaviors including adult smoking, adult obesity, and physical inactivity
    - Binge plus heavy drinking and alcohol related driving deaths
    - Teen births (ages 15-19, per 1,000 female population)
    - Percent of population under age 65 without health insurance
    - Flu vaccinations
    - Adults with a high school diploma and some post-secondary education
    - Children in poverty
    - Injury deaths
    - Air pollution
    - Driving alone to work
- The following indicators compared particularly unfavorably (more than 50 worse than the national average):
    - Ratio of population to primary care, dental, and mental health providers

[13] https://www.countyhealthrankings.org/health-data/county-health-rankings-measures

Community Health Status Indicators

Exhibit 34: Community Health Status Indicators, 2024

(Category	Indicator	Anderson (KS)	Peer Counties
Length of Life	Years of potential life lost before age 75 per 100,000 population	8,093.7	**9,907.8**
Quality of Life	Percent of adults reporting fair or poor health	16.4%	**17.4%**
	Average number of physically unhealthy days	3.5	**3.9**
	Average number of mentally unhealthy days	4.7	**5.1**
	Percent of live births with low birthweight (<2500 grams)	5.7%	**7.1%**
Health Behaviors	Percent adults smoking >= 100 cigarettes & currently smoking	21.0%	**20.7%**
	Percent of adults that report a BMI >= 30	39.2	**39.2**
	Healthy food environment, 0 (worst) to 10 (best)	8.0	**7.2**
	Percent adults reporting no leisure-time physical activity	28.2%	**27.8%**
	Percent with adequate access to locations for physical activity	49.3%	**49.9%**
	Binge plus heavy drinking	**18.3%**	**16.3%**
	Percent of driving deaths with alcohol involvement	**33.3%**	**23.3%**
	Chlamydia rate per 100,000 population	205.7	**282.9**
	Teen birth rate per 1,000 female population, ages 15-19	23.1	**23.1**
Clinical Care	Percent of population under age 65 without health insurance	11.6%	**11.7%**
	Ratio of population to primary care physicians	2,593:1	**2236:1**
	Ratio of population to dentists	**3,888:1**	**2499:1**
	Ratio of population to mental health providers	1,944:1	**676:1**
	Preventable hospital stays per 100,000 Medicare enrollees	1,573.0	**2,510.1**
	Percent of female Medicare enrollees with mammography screening	53.0%	**41.6%**
	Medicare enrollees that had an annual flu vaccination	31.0%	**31.9%**
Social & Economic Factors	Percent adults ages 25+ with a high school diploma or equivalent.	**86.5%**	**89.9%**
	Percent of adults (25-44) with some post-secondary education	53.3%	**57.2%**
	Percent of population age 16+ unemployed but seeking work	2.3%	**2.8%**
	Percent of children under age 18 in poverty	17.7%	**20.3%**
	Income equality ratio	4.1	**4.4**
	Percent of children that live in a household headed by single parent	23.4%	**21.0%**
	Number of associations per 10,000 population	**9.0**	**18.4**
	Injury mortality per 100,000 population	112.0	**101.6**
Physical Environment	Fine particulate matter in mcg/cubic meter (PM2.5)	**7.8**	**7.1**
	1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	12.2%	**9.9%**
	Percent of the workforce that drives alone to work	78.4%	**79.8%**
	Workers who commute alone and more than 30 minutes	**35.5%**	**26.3%**

Source: County Health Rankings and Verité Analysis, 2024.

Description: County Health Rankings has assembled community health data for all 3,143 counties in the United States. Following a methodology developed by the Centers for Disease Control's (CDC) *Community Health Status Indicators* Project (CHSI), County Health Rankings also publishes lists of "peer counties" so comparisons with peer counties in other states can be made. Each county in the U.S. is assigned 30 to 35 peer counties based on 19 variables including population size, population growth, population density, household income, unemployment, percent children, percent elderly, and poverty rates.

CHSI formerly was available from the CDC. Because comparisons with peer counties (rather than only counties in the same state) are meaningful, Verité Healthcare Consulting rebuilt the CHSI comparisons for this and other CHNAs.

Exhibit 34 compares Anderson County to its respective peer counties and highlights community health issues found to rank in the bottom half and bottom quartile of the counties included in the analysis. Light grey shading indicates rankings in the bottom half of peer counties; dark grey shading indicates rankings in the bottom quartile of peer counties. Underlying statistics also are provided.

See Appendix D for a list of Anderson County's peer counties.

Note that higher values generally indicate that health outcomes, health behaviors, and other factors are worse in the county than in its peer counties. However, for several indicators, lower values are more problematic, including:

- Food environment index,
- Percent with access to exercise opportunities,
- Percent receiving mammography screening,
- Percent receiving flu vaccination,
- High school graduation rate, and
- Percent with some college.

Observations

- Anderson County compared unfavorably to peer counties for eighteen (18) of the thirty-three (33) benchmark indicators.
- Anderson County ranked in the bottom quartile of peer counties for seven (7) of the thirty-three (33) indicators:
    - Binge plus heavy drinking
    - Percent driving deaths with alcohol involvement
    - Ratio of population to dentists
    - Percent of adults with a high school diploma
    - Number of social associations
    - The average daily measure of fine particulate matter (air pollution)
    - The percent of workers who commute alone more than 30 minutes

COVID-19 Incidence and Mortality

Exhibit 35: COVID-19 Incidence and Mortality, 2023

Indicator	Anderson (KS)	Kansas	United States
Total Confirmed Cases	2,585	938,184	**101,470,604**
Confirmed Cases (per 100,000 population)	32,812.9	32,223.3	**31,100.9**
Total Deaths	38	10,666	**1,102,319**
Deaths (per 100,000 population)	**482.4**	345.7	**337.9**

Source: Johns Hopkins University. Accessed via ESRI. Additional data analysis by CARES. 2022. Last update 3/10/23.

Description: Exhibit 35 presents data for COVID-19 incidence and mortality. Light grey shading highlights indicators found to be worse than the national average. Dark grey shading highlights indicators that are more than 50 percent worse than the national average.

Observations

- Anderson County had a higher rate of confirmed COVID-19 cases and deaths compared to Kansas and the United States.
- Anderson County's COVID-19 mortality rate (per 100,000 population) was more than 50 percent above the U.S. average.

Mortality Rates

Exhibit 36: Causes of Death (Age-adjusted, per 100,000), 2011-2020

Cause of Death	Anderson (KS)	Kansas	United States
Major cardiovascular diseases	237.1	219.2	**219.9**
Malignant neoplasms	195.7	160.8	**156.1**
Diseases of heart	176.6	159.9	**167.2**
Ischemic heart diseases	86.2	91.6	**96.8**
Other forms of chronic ischemic heart disease	63.8	64.7	**66.1**
Other heart diseases	80.5	59.0	**55.9**
All other forms of chronic ischemic heart disease	58.3	54.6	**49.6**
Chronic lower respiratory diseases	57.9	49.4	**40.3**
Accidents (unintentional injuries)	64.5	46.6	**45.4**
Other chronic lower respiratory diseases	54.6	45.9	**37.1**
Malignant neoplasms of trachea, bronchus and lung	**59.2**	41.8	**38.9**
Cerebrovascular diseases	41.7	37.8	**37.3**
All other forms of heart disease	51.3	34.6	**35.8**
Non-transport accidents	33.4	31.8	**33.1**
Acute myocardial infarction	19.4	25.9	**29.6**
Heart failure	26.6	23.8	**19.4**
Alzheimer's disease	28.6	22.9	**28.3**
Diabetes mellitus	Unreliable	22.4	**21.7**
All other and unspecified malignant neoplasms	23.6	18.5	**18.7**
Intentional self-harm (suicide)	Unreliable	17.1	**13.3**
Malignant neoplasms of lymphoid, hematopoietic, and related tissue	16.9	16.8	**15.4**
Influenza and pneumonia	16.9	16.8	**14.4**
Nephritis, nephrotic syndrome and nephrosis	Unreliable	16.0	**13.1**
Renal failure	Unreliable	15.8	**12.8**
Malignant neoplasms of colon, rectum and anus	18.7	14.8	**14.0**
Transport accidents	**31.2**	14.8	**12.3**
Pneumonia	Unreliable	14.6	**13.1**
Motor vehicle accidents	**30.4**	13.9	**11.5**
Chronic liver disease and cirrhosis	Unreliable	9.8	**10.9**
Parkinson's disease	N/A	9.7	**8.1**
COVID-19	N/A	9.6	**9.3**
Atherosclerosis	Unreliable	**9.2**	**1.5**
Intentional self-harm (suicide) by discharge of firearms	N/A	9.2	**6.6**

Source: Centers for Disease Control and Prevention, National Center for Health Statistics System, Mortality 1999-2020 on CDC WONDE online database, released in 2021.

Description: Exhibit 36 provides age-adjusted mortality rates (2011-2020) for a variety of causes in Anderson County, Kansas, and the United States. Light grey shading highlights indicators found to be worse than the U.S. average; dark grey shading highlights indicators more than 50 percent worse than the U.S. average.

Observations

- From 2011-2020, mortality rates for malignant neoplasms of the trachea, bronchus, and lung, transport accidents, and motor vehicle accidents were more than 50 percent higher in Anderson County compared to U.S. averages.
- Many causes of death were higher in Anderson County and Kansas compared to United States averages.

Exhibit 37: Cancer Mortality Rates (Age-adjusted, per 100,000 population), 2018-2022

Type of Cancer	Anderson (KS)	Kansas	United States
All Cancer Sites Combined	185.0	152.2	**145.4**
Lung and Bronchus	42.4	36.2	**32.3**
Female Breast	N/A	19.8	**19.2**
Prostate	N/A	17.6	**18.8**
Colon and Rectum	N/A	13.9	**12.8**
Pancreas	N/A	11.3	**11.1**
Leukemias	N/A	6.8	**5.8**
Ovary	N/A	6.2	**6.0**
Liver and Intrahepatic Bile Duct	N/A	5.9	**6.6**
Non-Hodgkin Lymphoma	N/A	5.6	**4.9**
Brain and Other Nervous System	N/A	5.2	**4.4**
Corpus and Uterus, NOS	N/A	4.9	**5.2**
Esophagus	N/A	4.3	**3.7**

Source: Centers for Disease Control and Prevention, 2023.

Description: Exhibit 37 provides age-adjusted mortality rates for selected forms of cancer in 2018-2022.

Observations

- In 2018-2022, Anderson County's overall cancer (all sites combined) and lung and bronchus cancer mortality rates were above the state and national averages.
- Cancer mortality rates were higher in Kansas compared to United States averages for most cancer types.

Exhibit 38: Drug Poisoning Mortality (per 100,000 population), 2013-2022

Area	All Drug Overdose	Any Opioid Overdose
Anderson (KS)	8.9*	N/A
Kansas	15.1	8.2
United States	**32.6**	**25.0**

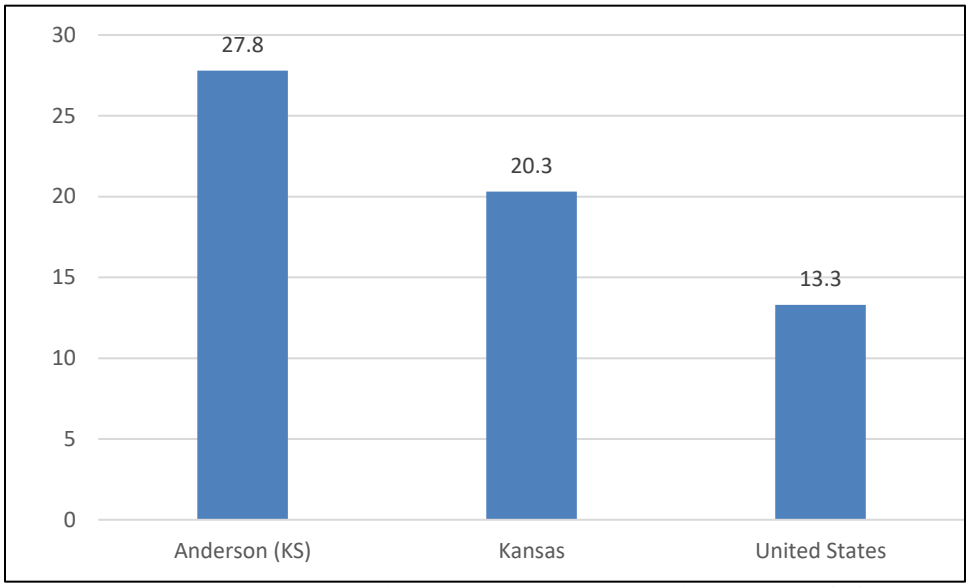
Source: Kansas Department of Health and Environment and Centers for Disease Control and Prevention, 2022.
Note: Rates marked with "*" indicates a rate based on a count less than 20, which is considered unstable.

Description: Exhibit 38 provides mortality rates for all drug overdose and any opioid overdose for 2013-2022 in Anderson County, Kansas, and the United States.

Observations

- In 2013-2022, all drug overdose death rates were lower in Anderson County compared to Kansas and the United States.

Exhibit 39: Suicide Deaths (per 100,000 population), 2011-2022



Source: Kansas Department of Health and Environment. Accessed at kdhe.ks.gov on 5/20/24.

Description: Exhibit 39 provides mortality rates for suicide for 2011-2022 in Anderson County, Kansas, and the United States.

Observations

- In 2011-2022, suicide rates were significantly higher in Anderson County and Kansas, compared to U.S. averages.

Communicable Diseases

Exhibit 40: Communicable Disease Incidence Rates per 100,000 Population, 2021-2022

Measure	Anderson (KS)	Kansas	United States
HIV diagnoses	-	6.3	**12.7**
HIV prevalence	109.7	143.2	**382.2**
Tuberculosis	N/A	1.8	**2.5**
Chlamydia	205.7	506.1	**495.5**
Early Non-Primary, Non-Secondary Syphilis	-	8.1	**15.6**
Gonorrhea	12.9	192.4	**214.0**
Primary and Secondary Syphilis	-	10.3	**16.2**

Source: Centers for Disease Control and Prevention, 2022.
Note: Tuberculosis data (2022); all other measures (2021).

Description: Exhibit 40 presents incidence rates for certain communicable diseases in Anderson County, Kansas, and the United States.

Observations

- Anderson County incidence rates for communicable diseases were below state and national averages for all indicators.

Maternal and Child Health

Exhibit 41: Maternal and Child Health Indicators, 2017-2023

Indicator	Data Year(s)	Anderson (KS)	Kansas
Infant Mortality Rate (per 1,000 Live Births)	2017-2021	6.2	**5.9**
Births (per 1,000 Population)	2019-2021	11.7	**11.9**
Teen Births (Aged 15-19) (Percent)	2019-2021	6.1%	**5.0%**
Births to Unmarried Women (Percent)	2019-2021	34.4%	**36.4%**
Births Where Mother Smoked During Pregnancy (Percent)	2019-2021	**13.4%**	**7.9%**
Births Where Prenatal Care began in First Trimester (Percent)	2019-2021	76.6%	**81.3%**
Births with Inadequate Birth Spacing (Percent)	2019-2021	11.8%	**10.2%**
Births with Low Birth Weight (Percent)	2019-2021	4.0%	**7.4%**
WIC Mothers Breastfeeding Exclusively (Percent)	2023	29.3%	**18.2%**
Premature Births (Percent)	2019-2021	8.3%	**10.0%**

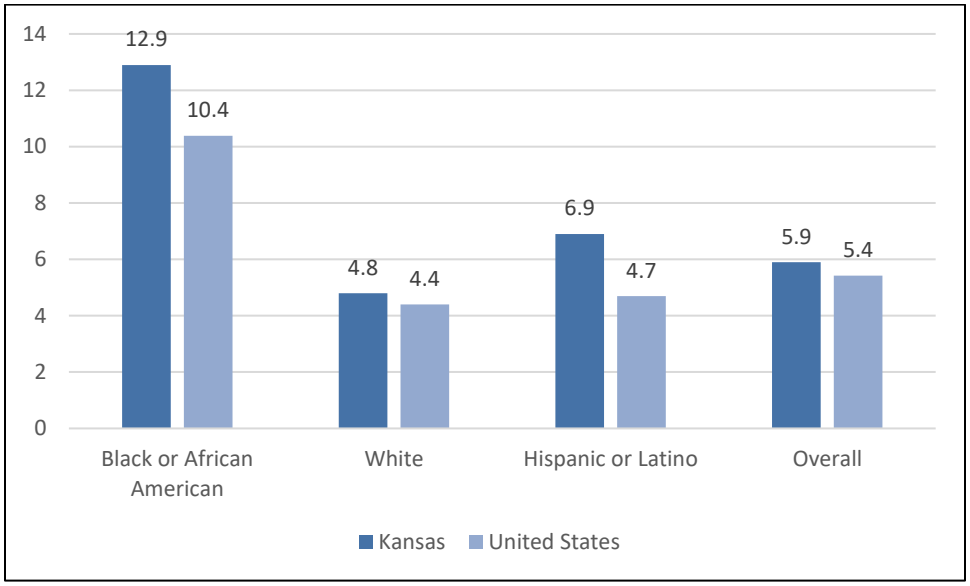
Source: Kansas Department of Health and Environment, 2024.

Description: Exhibit 41 compares various maternal and child health indicators for Anderson County with Kansas averages.

Observations

- In 2017-2023, Anderson County compared unfavorably to state averages for a variety of indicators, with a particularly high rate of mothers who smoked while pregnant.
- Births with low birth weight, WIC mothers breastfeeding exclusively, and premature births were favorable in Anderson County compared to Kansas.

Exhibit 42: Kansas Infant Mortality Rates per 1,000 Live Births by Race/Ethnicity, 2016-2020



Source: Kansas Department of Health and Environment and National Center for Health Statistics, National Vital Statistics System, 2021.

Description: Exhibit 42 provides infant mortality data by race and ethnicity for Kansas.

Observations

- In 2016-2020, mortality rates for Black infants in Kansas were significantly higher compared to all races and ethnicities for all areas.
- Kansas Black infant mortality rates were also higher compared to national averages for Black infant mortality.
- Infant mortality rates for Hispanic (or Latino) populations were higher compared to White infants and overall infant mortality in Kansas and nationally.

America's Health Rankings

Exhibit 43: America's Health Rankings, Kansas Underlying Data by Race/Ethnicity, 2023

Measure Name	Black	Hispanic	Multiracial	White	Overall
Arthritis	25.9%	11.9%	26.6%	29.7%	**26.9%**
Asthma	10.7%	8.9%	**20.7%**	10.6%	**10.7%**
Avoided Care Due to Cost	14.8%	**16.7%**	**22.1%**	9.0%	**10.8%**
Breast Cancer Screening	78.5%	64.3%	63.9%	70.1%	**69.6%**
Cancer	3.9%	2.3%	5.5%	10.1%	**8.4%**
Cancer Screenings	53.7%	38.5%	47.1%	57.2%	**54.8%**
Cardiovascular Diseases	9.6%	5.5%	8.3%	9.5%	**8.9%**
Chlamydia	**1,698.6**	N/A	-	315.4	**506.1**
Chronic Kidney Disease	4.0%	0.0%	0.0%	3.3%	**3.3%**
Chronic Obstructive Pulmonary Disease	4.2%	3.4%	10.2%	7.4%	**7.0%**
Colorectal Cancer Screening	55.5%	45.0%	54.2%	62.5%	**60.0%**
Crowded Housing	1.5%	**8.6%**	N/A	1.3%	**2.1%**
Dedicated Health Care Provider	83.0%	75.8%	85.1%	86.1%	**84.4%**
Dental Visit	63.1%	59.0%	63.1%	68.0%	**66.0%**
Depression	19.5%	16.6%	**30.2%**	19.6%	**19.5%**
Diabetes	13.8%	10.7%	8.2%	11.3%	**11.4%**
Drug Deaths	**45.5**	16.3	**51.4**	23.1	**24.0**
E-Cigarette Use	6.4%	8.7%	**12.5%**	8.0%	**8.1%**
Education - Less Than High School	10.3%	**29.7%**	N/A	4.8%	**7.9%**
Excessive Drinking	13.4%	26.2%	19.6%	17.5%	**18.1%**
Exercise	21.2%	26.3%	25.5%	19.8%	**20.8%**
Firearm Deaths	**32.3%**	15.5%	0.0%	16.2%	**17.3%**
Flu Vaccination	40.5%	37.1%	34.7%	48.8%	**46.2%**
Fourth Grade Reading Proficiency	**15.2%**	17.0%	N/A	36.4%	**30.5%**
Frequent Mental Distress	19.7%	16.5%	**28.1%**	15.1%	**15.9%**
Frequent Physical Distress	13.5%	9.4%	15.7%	11.3%	**11.5%**
Fruit and Vegetable Consumption	8.3%	6.9%	5.6%	6.2%	**6.5%**
High School Completion	89.7%	70.3%	83.9%	95.2%	**92.1%**
High School Graduation	80.0%	83.8%	N/A	90.3%	**88.2%**
High-Risk HIV Behaviors	**9.0%**	7.2%	**11.1%**	4.4%	**5.2%**
High-Speed Internet	91.2%	93.0%	94.7%	93.0%	**93.1%**
Homeownership	38.6%	57.5%	59.1%	71.5%	**67.7%**
Homicide	**36.3%**	**10.7%**	0.0%	3.1%	**6.4%**
Insufficient Sleep	46.0%	39.9%	50.8%	33.2%	**35.5%**

Source: America's Health Rankings, 2023.

Exhibit 43: America's Health Rankings, Kansas Underlying Data by Race/Ethnicity, 2023 (continued)

Measure Name	Black	Hispanic	Multiracial	White	Overall
Low Birth Weight	**14.1%**	7.0%	8.9%	6.7%	**7.4%**
Multiple Chronic Conditions	9.9%	5.6%	13.1%	11.8%	**10.9%**
Non-Medical Drug Use	0.0%	10.3%	N/A	15.5%	**14.2%**
Obesity	37.5%	39.2%	39.6%	35.5%	**35.7%**
Per Capita Income	28,387	21,756	N/A	42,090	**37,919**
Physical Inactivity	27.4%	25.2%	21.2%	22.7%	**23.3%**
Premature Death	12,726	6,004	N/A	8,178	**9,582**
Preventable Hospitalizations	**4,239**	2,357	N/A	2,535	**2,576**
Severe Housing Problems	**21.5%**	18.2%	N/A	10.6%	**12.3%**
Smoking	18.9%	11.4%	**27.0%**	13.6%	**14.5%**
Suicide	16.7%	15.2%	0.0%	21.1%	**19.5%**
Teen Births	**32.0%**	**28.9%**	15.3%	12.0%	**16.3%**
Unemployment	**7.1%**	5.0%	N/A	3.0%	**3.6%**
Uninsured	10.5%	**20.1%**	**13.8%**	6.3%	**8.6%**

Source: America's Health Rankings, 2023.

Description: **Exhibit 43** presents Kansas data from America's Health Rankings for racial and ethnic cohorts, with Kansas overall for comparison. America's Health Rankings provides an analysis of national health on a state-by-state basis by evaluating a historical and comprehensive set of health, environmental, and socioeconomic data to determine national health benchmarks and state rankings. Light grey shading highlights indicators found to be worse than the state average; dark grey shading highlights indicators more than 50 percent worse.

Observations

- Black populations compared unfavorably to state averages for many indicators, with particularly unfavorable rates of STIs, drug deaths, firearm deaths, fourth grade reading proficiency, high risk HIV behaviors, homicide, low birthweight, preventable hospitalizations, severe housing problems, teen births, and unemployment.
- Hispanic populations compared significantly worse for a variety of indicators, including avoided care due to cost, crowded housing, high school graduation, homicide, teen births, and lack of health insurance.
- Multiracial populations compared significantly worse for a variety of indicators including asthma, avoided care due to cost, depression, drug deaths, E-cigarette use, frequent mental distress, high risk HIV behaviors, smoking, and lack of health insurance.
- White populations compared worse than state averages for many indicators including arthritis, cancer, cardiovascular disease, COPD, depression, exercise, fruit and vegetable consumption, high speed internet access, non-medical drug use, and suicide. No indicators compared significantly worse (more than 50 percent above Kansas overall rates) for White populations.

Centers for Disease Control and Prevention PLACES

Exhibit 44: CDC PLACES, Health Outcomes Measure, 2023

Location	All Teeth Lost 65+	Arthritis	Cancer	Chronic Kidney Disease	COPD	Coronary Heart Disease	Current Asthma	Depression	Diagnosed Diabetes	High Blood Pressure	High Cholesterol	Obesity	Stroke
66015 (Colony)	17.0%	29.7%	8.4%	3.6%	9.2%	8.4%	10.5%	20.7%	12.9%	40.0%	41.4%	39.9%	3.9%
66032 (Garnett)	16.7%	29.4%	8.7%	3.6%	8.9%	8.4%	10.2%	20.2%	12.6%	39.7%	41.0%	38.9%	3.9%
66033 (Greeley)	16.5%	29.8%	8.5%	3.5%	8.8%	8.2%	10.1%	20.0%	12.7%	39.9%	41.0%	40.4%	3.8%
66039 (Kincaid)	16.9%	30.9%	8.6%	3.6%	9.6%	8.5%	10.5%	20.5%	13.5%	41.4%	42.6%	40.8%	4.0%
66080 (Richmond)	14.2%	29.8%	8.1%	3.1%	7.4%	6.9%	10.0%	20.1%	10.8%	36.1%	39.0%	39.9%	3.3%
66091 (Welda)	17.2%	29.8%	8.4%	3.5%	9.4%	8.2%	10.4%	20.4%	13.1%	40.1%	41.8%	39.9%	3.9%
66093 (Westphalia)	15.9%	30.4%	8.8%	3.6%	9.1%	8.5%	10.4%	20.4%	12.9%	40.3%	41.7%	39.2%	3.9%
Anderson (KS)	12.7%	29.7%	8.7%	3.6%	9.1%	8.4%	10.2%	20.0%	12.8%	40.0%	41.8%	38.9%	3.9%
United States	**13.4%**	**25.2%**	**7.0%**	**3.1%**	**6.4%**	**6.1%**	**9.7%**	**19.5%**	**11.3%**	**32.7%**	**36.4%**	**33.0%**	**3.3%**

Source: CDC, 2023, and Verité analysis.

Description: Exhibits 44 through 48 present Centers for Disease Control and Prevention (CDC) PLACES data. PLACES data are derived from BRFSS and are available for every U.S. ZIP Code, census tract, county, and state. Thirty measures are grouped into five categories: Health Outcomes (13 measures), Prevention (10 measures), Health Risk Behaviors (4 measures), Health Status (3 measures), and Disability (7 measures). Light grey shading highlights indicators found to be worse than the national average; dark grey shading highlights indicators more than 50 percent worse.

Exhibit 44 provides data that underlie the Health Outcomes Measure and compares indicators to national averages.[14]

Observations

- In 2023, health outcomes measures were comparatively worse than U.S. averages throughout ZIP Codes in Anderson County.
- ZIP Code 66080 (Richmond) compared positively to U.S. averages for several measures including chronic kidney disease, diagnosed diabetes, and stroke.

[14] https://www.cdc.gov/places/methodology/index.html

Exhibit 45: CDC PLACES, Prevention Measure, 2023

Location	Cervical Cancer Screening	Cholesterol Screening	Current Lack of Health Insurance	Colon Cancer Test	Mammogram	Core Preventive Services Men	Core Preventive Services Women	Taking Blood Pressure Medicine	Dental Visit	Routine Checkup
66015 (Colony)	81.8%	82.7%	10.9%	60.8%	71.7%	38.8%	33.6%	81.9%	58.7%	74.7%
66032 (Garnett)	81.5%	82.4%	11.0%	63.9%	71.4%	39.4%	33.6%	82.0%	58.9%	74.7%
66033 (Greeley)	83.0%	83.3%	10.7%	62.9%	69.9%	41.3%	35.5%	81.6%	59.3%	74.6%
66039 (Kincaid)	82.4%	83.9%	10.7%	61.8%	70.9%	38.7%	37.4%	82.4%	58.6%	75.0%
66080 (Richmond)	83.4%	83.5%	10.0%	65.7%	70.1%	44.4%	37.5%	80.9%	62.9%	74.5%
66091 (Welda)	81.5%	82.8%	11.1%	61.9%	71.0%	39.6%	36.6%	81.8%	58.6%	74.4%
66093 (Westphalia)	81.6%	83.6%	10.4%	63.9%	70.7%	40.2%	37.8%	82.5%	60.2%	75.1%
Anderson (KS)	81.1%	82.8%	11.4%	65.1%	67.7%	39.9%	35.4%	82.0%	59.6%	74.7%
United States	**82.8%**	**86.4%**	**10.8%**	**72.4%**	**78.2%**	**43.7%**	**37.9%**	**78.2%**	**64.8%**	**73.6%**

Source: CDC, 2023, and Verité analysis.

Exhibit 45 provides data that underlie the Prevention Measure and compares indicators to national averages.

Observations

- In 2023, numerous indicators for routine screenings including cholesterol screening, colon cancer test, mammogram, and dental visit measures were worse than national averages in all ZIP Codes in Anderson County.
- All Anderson County ZIP Codes compared favorably to U.S. averages for compliance with blood pressure medications and for routine checkups.

Exhibit 46: CDC PLACES, Health Risk Behaviors Measure, 2023

Location	Binge Drinking	Current Smoking	No Leisure-Time Physical Activity	Sleeping Fewer than 7 Hours
66015 (Colony)	16.8%	**20.4%**	30.6%	33.5%
66032 (Garnett)	16.8%	19.8%	30.5%	32.7%
66033 (Greeley)	17.1%	**20.7%**	29.7%	33.3%
66039 (Kincaid)	16.7%	**21.5%**	30.9%	33.5%
66080 (Richmond)	17.3%	18.2%	25.5%	31.3%
66091 (Welda)	16.9%	**20.9%**	30.7%	33.4%
66093 (Westphalia)	16.4%	19.6%	29.6%	32.3%
Anderson (KS)	16.9%	19.7%	30.3%	32.0%
United States	**15.5%**	**13.5%**	**23.7%**	**32.7%**

Source: CDC, 2023, and Verité analysis.

Exhibit 46 provides data that underlie the Health Risk Behaviors Measure and compares indicators to national averages.

Observations

- In 2023, all Anderson County ZIP Codes compared unfavorably to U.S. averages for health risk behaviors measures including binge drinking, smoking, and physical activity.
- Smoking rates were particularly problematic in ZIP Codes 66015 (Colony), 66033 (Greeley), 66039 (Kincaid), and 66091 (Welda).

Exhibit 47: CDC PLACES, Health Status Measure, 2023

Location	Fair or poor self-rated health status	Mental Health not good for 14 days or more	Physical Health not good for 14 days or more
66015 (Colony)	18.8%	15.8%	12.9%
66032 (Garnett)	18.3%	15.4%	12.5%
66033 (Greeley)	18.0%	15.1%	12.5%
66039 (Kincaid)	19.2%	15.4%	13.3%
66080 (Richmond)	15.3%	14.9%	11.1%
66091 (Welda)	18.9%	15.5%	13.0%
66093 (Westphalia)	18.2%	15.2%	12.6%
Anderson (KS)	18.5%	15.2%	12.6%
United States	**16.1%**	**14.7%**	**10.9%**

Source: CDC, 2023, and Verité analysis.

Exhibit 47 provides data that underlie the Health Status Measure and compares indicators to national averages.

Observations

- In 2023, all Anderson County ZIP Codes compared unfavorably to U.S. averages for physical and mental health not good for 14 or more days.
- All ZIP Codes except 66080 (Richmond) compared unfavorably for self-rated fair or poor health status.

Exhibit 48: CDC PLACES, Disability Measure, 2023

Location	Any Disability	Cognitive Disability	Hearing Disability	Independent Living Disability	Mobility Disability	Self-Care Disability	Vision Disability
66015 (Colony)	34.2%	14.8%	9.5%	9.0%	17.5%	4.6%	5.5%
66032 (Garnett)	34.1%	14.4%	9.7%	8.8%	17.4%	4.4%	5.3%
66033 (Greeley)	32.9%	13.9%	9.3%	8.4%	16.9%	4.3%	5.2%
66039 (Kincaid)	34.0%	14.3%	9.4%	8.8%	18.0%	4.7%	5.4%
66080 (Richmond)	29.8%	12.8%	8.2%	7.3%	14.4%	3.4%	4.2%
66091 (Welda)	33.8%	14.5%	9.1%	8.7%	17.5%	4.5%	5.4%
66093 (Westphalia)	33.4%	14.1%	9.5%	8.5%	17.2%	4.3%	5.2%
Anderson (KS)	33.9%	14.1%	9.5%	8.5%	17.2%	4.3%	5.2%
United States	**28.3%**	**12.4%**	**6.9%**	**7.4%**	**13.5%**	**3.9%**	**5.0%**

Source: CDC, 2023, and Verité analysis.

Exhibit 48 provides data that underlie the Disability Measure and compares indicators to national averages.

Observations

- In 2023, all Anderson County ZIP Codes compared unfavorably to U.S. averages for any disability, cognitive, hearing, and mobility disabilities.

Ambulatory Care Sensitive Conditions

Exhibit 49: Saint Luke's Health System ACSC (PQI) Discharges, 2023

Condition	Anderson (KS)	ACH
Heart Failure	13	13
Bacterial Pneumonia	4	6
Chronic Obstructive Pulmonary Disease (COPD)	8	9
Urinary Tract Infection	4	4
Diabetes Long-Term Complications	-	2
Diabetes Short-Term Complications	-	-
Uncontrolled Diabetes	-	-
Hypertension	-	-
Lower-Extremity Amputation among Patients with Diabetes	-	-
Asthma in Younger Adults	-	-
Total ACSC Discharges	**29**	**34**
Total Adult Discharges	111	137
Percent	**26.1%**	**24.8%**

Source: Analysis of Saint Luke's Health System Discharges, 2023.

Description: Exhibit 49 provides information based on an analysis of discharges from Saint Luke's Health System hospitals. The analysis identifies discharges for Ambulatory Care Sensitive Conditions (ACSCs).

ACSCs are health "conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease."[15] As such, rates of hospitalization for these conditions can "provide insight into the quality of the health care system outside of the hospital," including the accessibility and utilization of primary care, preventive care, and health education.

These conditions include angina without procedure, diabetes, perforated appendixes, chronic obstructive pulmonary disease (COPD), hypertension, congestive heart failure, dehydration, bacterial pneumonia, urinary tract infection, and asthma.

Disproportionately high rates of discharges for ACSC indicate potential problems with the availability or accessibility of ambulatory care and preventive services and can suggest areas for improvement in the health care system and ways to improve outcomes.

Observations

- The ACSC (PQI) analysis was based on discharges from Saint Luke's Health System hospitals only.

[15]Agency for Health care Research and Quality (AHRQ) Prevention Quality Indicators.

- Approximately 26.1 percent of Anderson County's discharges and 24.8 percent of ACH's discharges were for Ambulatory Care Sensitive Conditions, comparatively high (the average for all SLHS metro hospitals in 2022 was 12.9 percent).

Food Deserts

Exhibit 50: Locations of Food Deserts, 2019

Source: U.S. Department of Agriculture, 2021, and Caliper Maptitude, 2024.

Description: Exhibit 50 identifies where food deserts are present in the community.

The U.S. Department of Agriculture's Economic Research Service defines urban food deserts as low-income areas more than one mile from a supermarket or large grocery store, and rural food deserts as more than 10 miles from a supermarket or large grocery store. Many government-led initiatives aim to increase the availability of nutritious and affordable foods to people living in these areas.

Observations

- In 2019, no federally designated food deserts were present in Anderson County.

Medically Underserved Areas and Populations

Exhibit 51: Medically Underserved Areas and Populations, 2024

Service Area Name	Designation Type	County (State)
Low Income – Anderson County	Medically Underserved Population	Anderson (KS)

Source: Health Resources and Services Administration, 2024.

Description: Exhibit 51 identifies Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs).

Medically Underserved Areas and Populations (MUA/Ps) are designated by HRSA based on an "Index of Medical Underservice." The index includes the following variables: ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over.[16] Areas with a score of 62 or less are considered "medically underserved."

Populations receiving MUP designation include groups within a geographic area with economic barriers or cultural and/or linguistic access barriers to receiving primary care. If a population group does not qualify for MUP status based on the IMU score, Public Law 99-280 allows MUP designation if "unusual local conditions which are a barrier to access to or the availability of personal health services exist and are documented, and if such a designation is recommended by the chief executive officer and local officials of the state where the requested population resides."[17]

Observations

- The low-income population of Anderson County was designated as a Medically Underserved Population.

[16] Heath Resources and Services Administration. See http://www.hrsa.gov/shortage/mua/index.html
[17] *Ibid.*

Health Professional Shortage Areas

Exhibit 52: Population and Facility HPSA Designations, 2024

HPSA Name	County (State)	HPSA Type Description	Primary Care	Mental Health	Dental Health
Anderson County Hospital Family Care Center	Anderson (KS)	Rural Health Clinic	●	●	
Low Income Anderson County	Anderson (KS)	HPSA Population	●		●
Mental Health Care Act (MCHA) 7	Anderson (KS)	Geographic HPSA		●	

Source: Health Resources and Services Administration, 2024.

Description: Exhibit 52 identifies the locations of federally designated Health Professional Shortage Areas (HPSAs) for primary care, dental care, and mental health.

A geographic area can be designated a HPSA if a shortage of primary medical care, dental care, or mental health care professionals is found to be present. In addition to areas and populations that can be designated as HPSAs, a health care facility can receive federal HPSA designation and an additional Medicare payment if it provides primary medical care services to an area or population group identified as having inadequate access to primary care, dental, or mental health services.

HPSAs can be: "(1) An urban or rural area (which need not conform to the geographic boundaries of a political subdivision, and which is a rational area for the delivery of health services); (2) a population group; or (3) a public or nonprofit private medical facility."[18]

Observations

- The low-income population of Anderson County has been designated as a primary care and dental health HPSA.
- Anderson County was designated as a geographic HPSA for mental health.

[18] U.S. Health Resources and Services Administration, Bureau of Health Professionals. (n.d.). *Health Professional Shortage Area Designation Criteria*. Retrieved 2012, from http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/index.html

Findings of Other Assessments

Healthy Kansans 2030 (2023-2027 State Health Improvement Plan)

In 2021, the Kansas Department of Health and Environment launched Healthy Kansans 2030 to engage Kansans statewide in identifying and prioritizing the most significant health issues in the state, and in developing a plan to address these concerns at a systems level. Following a yearlong State Health Assessment, the Healthy Kansans 2030 Steering Committee identified four priorities as the focus of the 2023-2027 State Health Improvement Plan:

- **Priority 1:** Promote the health and wellbeing of all Kansans by addressing inequities in health through policy, system, and environmental interventions at the state and local levels.
    - 1.1 Identify Priority Inequities and Address Conditions to Promote Health Equity: Work with people who historically and systematically experience barriers to health to prioritize health inequities and to develop and implement equity-promoting solutions at state and community levels.
- **Priority 2:** Develop seamless collaborative systems that remove barriers to access and support the delivery of coordinated person-centered care.
    - 2.1 Build/Invest in Systems to Improve Care Navigation: Build and invest in seamless systems of care to make navigation of health care less burdensome.
    - 2.2 Provider Recruitment & Training: Support recruitment of high-quality, culturally competent/culturally humble providers who reflect the diversity of our population.
    - 2.3 Systems & Policy: Increase access to health through systemic policy change and implementation of financial strategies that align with and sustain our health goals for all Kansans
- **Priority 3:** Ensure all Kansans have access to accurate and usable health information that is culturally appropriate, easily understandable and empowers communities to remove barriers and support the foundations of a quality of life.
    - 3.1 Information for Individuals: Create and support pathways for accessing meaningful health information.
    - 3.2 Effective Communication by Systems/Organizations: Engage health systems and organizations in developing communications that effectively meet community needs.
    - 3.3 Empower Community Action: Empower Kansans and communities with the knowledge, opportunities, and conditions needed to support healthy lifestyles.
- **Priority 4:** Strengthen/expand the capacity and capability of public health system and its collaborative partners to improve the health and well-being of all Kansans through expanded funding and support.
    - 4.1 Tell the Story: Promote the purpose and value of public health to assure consistent and accurate understanding of and confidence in the public health system to support the health and well-being of Kansans.
    - 4.2 Invest in Public Health: Strengthen the capacity and capability of the public health system and its collaborative partners to improve the health and well-being of all Kansans through expanded funding and support.

Each of these strategies included goals and objectives to be met by 2027 in line with the Healthy Kansans 2030 State Health Assessment and Plan.

Kansas Maternal and Child Health Needs Assessment, Priorities and Action Plan – 2021-2025

For the federal Title V program, Kansas conducts a 5-year needs assessment to identify maternal and child health (MCH) priorities. The mission of Kansas MCH is to improve the health and well-being of Kansas mothers, infants, children, and youth, including children and youth with special health care needs, and their families.

These are the seven 2021-2025 MCH priorities for Kansas:

- **Priority 1: Women have access to and utilize integrated, holistic, patient-centered care before, during, and after pregnancy.**
    - Increase the proportion of women program participants receiving a high-quality, comprehensive preventive medical visit by 5 percent by 2025.
    - Increase the proportion of women receiving education or screening about perinatal mood and anxiety disorders (PMADs) during pregnancy and the postpartum period by 5 percent annually through 2025.
    - Increase the proportion of high-risk pregnant and postpartum women receiving prenatal education and support services through perinatal community collaboratives by 10 percent annually by 2025.
    - Increase the proportion of women receiving pregnancy intention screening as part of preconception and inter-conception services by 10 percent by 2025.
- **Priority 2: All infants and families have support from strong community systems to optimize infant health and wellbeing.**
    - Promote and support cross-sector breastfeeding policies, practices, and environments to increase exclusive breastfeeding rates at 6 months by 2.5 percent annually through 2025.
    - Promote and support safe sleep practices and cross-sector initiatives to reduce the SUID rate by 10 percent by 2025.
    - Implement at least two quality cross-sector initiatives focused on improving maternal, perinatal, and infant health in partnership with the Kansas Perinatal Quality Collaborative (KPQC) by 2025.
    - Increase the proportion of pregnant and postpartum women receiving MCH Universal Home Visiting services by 15 percent by 2025.
- **Priority 3: Children and families have access to and utilize developmentally appropriate services and support through collaborative and integrated communities.**
    - Increase the proportion of children aged 1 month to kindergarten entry statewide who receive a parent-completed developmental screening by 5 percent annually through 2025.
    - Increase the proportion of children, 6 through 11 years, with access to activities and programs that support their interests, healthy development, and learning by 10 percent by 2025.

    - Increase the proportion MCH program participants, 1 through 11 years, receiving quality, comprehensive annual preventive services by 10 percent annually through 2025.
- **Priority 4: Adolescents and young adults have access to and utilize integrated, holistic, patient centered care to support physical, social, and emotional health.**
    - Increase the proportion MCH program participants, 12 through 17 years, receiving quality, comprehensive annual preventive services by 5 percent annually through 2025.
    - Increase the proportion of adolescents and young adults that have knowledge of and access to quality health and positive lifestyle information, prevention resources, intervention services, and support from peers and caring adults by 10 percent by 2025.
    - Increase the number of local health agencies and providers serving adolescents and young adults that screen, provide brief intervention and refer to treatment for those at risk for behavioral health conditions by 5 percent by 2025.
- **Priority 5: Communities, families, and providers have the knowledge, skills, and comfort to support transitions and empowerment opportunities.**
    - Increase the proportion of adolescents and young adults who actively participate with their medical home provider to assess needs and develop a plan to transition into the adult health care system by 5 percent by 2025.
    - Increase the proportion of families of children with special health care needs who report their child received care in a well-functioning system by 5 percent by 2025.
    - Increase the proportion of families who receive care coordination support through cross-system collaboration by 25 percent by 2025.
- **Priority 6: Professionals have the knowledge, skills, and comfort to address the needs of maternal and child health populations.**
    - Increase the proportion of providers with increased comfort to address the behavioral health needs of MCH populations by 5 percent by 2025.
    - Increase the proportion of MCH local agencies implementing trauma-informed approaches that support increased staff satisfaction and healthier work environments by 5 percent annually through 2025.
    - Increase the proportion of MCH-led activities that address social determinants of health (SDOH) to reduce disparities and improve health outcomes for MCH populations by 15 percent annually through 2025.
- **Priority 7: Strengths-based supports and services are available to promote healthy families and relationships.**
    - Increase the proportion of MCH-led activities with a defined program plan for family and consumer partnership (FCP) to 75 percent by 2025.
    - Increase the number of individuals receiving peer support through Title V-sponsored programs by 5 percent annually through 2025.
    - Increase the number of families and consumers engaging as leadership partners with the MCH workforce through the FCP Program by 5 percent annually through 2025.
    - Increase the number of MCH-affiliated programs providing holistic care coordination through cross-system collaboration by three through 2025.

Rural Action Plan – US Department of Health and Human Services, 2020

In September 2020, the US Department of Health and Human Services released their rural action plan and assessment of rural health. The HHS Rural Task Force developed a "Four Point Strategy to Transform Rural Health and Human Services."

1. Build a Sustainable Health and Human Services Model for Rural Communities by empowering rural providers to transform service delivery on a broad scale.
2. Leverage Technology and Innovation to deliver quality care and services to rural communities more efficiently and cost-effectively.
3. Focus on Preventing Disease and Mortality by developing rural-specific efforts to improve health outcomes.
4. Increase Rural Access to Care by eliminating regulatory burdens that limit the availability of needed clinical professionals.

APPENDIX C – COMMUNITY INPUT PARTICIPANTS

Exhibit 53: Community Input Participant Affiliations

Organization
Anderson County Hospital
Anderson County Hospital Board of Directors
Community Health Center of Southeast Kansas
Family Care Center
Ministerial Alliance
Saint Luke's - BJC Health System
SEK Multi-County Health Department
Southeast Kansas Mental Health Center

APPENDIX D – CHSI PEER COUNTIES

County Health Rankings has assembled community health data for all 3,143 counties in the United States. Following a methodology developed by the Centers for Disease Control's *Community Health Status Indicators* Project (CHSI), County Health Rankings also publishes lists of "peer counties," so comparisons with peer counties in other states can be made. Each county in the U.S. is assigned 30 to 35 peer counties based on 19 variables including population size, population growth, population density, household income, unemployment, percent children, percent elderly, and poverty rates. **Exhibit 54** lists peer counties for Anderson County, Kansas.

Exhibit 54: CHSI Peer Counties

Anderson (KS)	
Dallas County, Arkansas	Grundy County, Missouri
Baca County, Colorado	Harrison County, Missouri
Lewis County, Idaho	Holt County, Missouri
Gallatin County, Illinois	Knox County, Missouri
White County, Illinois	Linn County, Missouri
Appanoose County, Iowa	Mercer County, Missouri
Taylor County, Iowa	Shelby County, Missouri
Wright County, Iowa	Brown County, Nebraska
Cloud County, Kansas	Jefferson County, Nebraska
Greenwood County, Kansas	Richardson County, Nebraska
Harper County, Kansas	Sheridan County, Nebraska
Wilson County, Kansas	Webster County, Nebraska
Woodson County, Kansas	Quay County, New Mexico
Pipestone County, Minnesota	Blaine County, Oklahoma
Atchison County, Missouri	Cameron County, Pennsylvania
Carroll County, Missouri	Walworth County, South Dakota
Dade County, Missouri	Donley County, Texas

APPENDIX E – IMPACT EVALUATION

This appendix highlights Anderson County Hospital's initiatives and related impacts in addressing significant community health needs since the facility's previous Community Health Needs Assessment (CHNA), published in 2021. This is not an inclusive list of all initiatives aligned with the 2021 CHNA. Given that the process for evaluating the impact of various services and programs on health outcomes is longitudinal by nature, significant changes in health outcomes may not manifest for several community health needs assessment cycles. Each Saint Luke's facility continues to evaluate the cumulative impact.

The 2021 Anderson County Hospital CHNA identified the following as significant needs and priority areas for the 2022-2024 Implementation Strategy:

1. Access to Care (Including Access to COVID-19 Treatment and Testing Services)
2. Mental Health and Mental Health Services
3. Obesity and Physical Inactivity

Priority 1: **Access to Care (Including Access to COVID-19 Treatment and Testing Services)**

Initiative: ACH will support SLHS advocacy efforts to expand Medicaid eligibility in Kansas, while aiding patients with Medicaid application.
Highlighted Impact: ACRH enrolled 133 patients in Medicaid with the assistance of staff.

Initiative: ACH will continue providing vaccine and immunization services for adults and children and support providing flu vaccines in area schools.
Highlighted Impact: There were **772** people vaccinated.

Initiative: ACH will continue providing (and expanding access to) physicals for students in K-12.
Highlighted Impact: ACH completed **136** sports physicals with high school and middle school student athletes.

Initiative: ACH will continue helping patients apply for Medication Assistance Access Programs offered by pharmaceutical companies.
Highlighted Impact: Patients receive assistance when applying for Medication Assistance Program.

Initiative: ACH will continue screening patients for transportation needs and providing referrals to appropriate community resources.
Highlighted Impact: ACH is screening for Social Drivers of Health (SDOH), focused on transportation, and referring patients to community resources, such as Senior Life Solutions.

Initiative: ACH will continue to conduct community health education through social media and marketing.

Highlighted Impact: ACH uses social media to market different events in the community and celebrate successes.

Initiative: ACH will provide CPR training in off-site settings.
Highlighted Impact: ACH conducted CPR/First Aid Classes. There were 800 people certified and trained.

Priority 2: Mental Health and Mental Health Services

Initiative: ACH will continue to actively recruit mental health providers to serve diverse populations.
Highlighted Impact: Ongoing initiative.

Initiative: ACH will continue connecting patients with Senior Life Solutions, a group counseling (mental health services) program for seniors.
Highlighted Impact: ACH continued to connect patients with resources and programs for seniors.

Initiative: Explore partnership opportunities with the Southeast Kansas Mental Health Center
Highlighted Impact: ACH continued partnership and collaboration with SEK Mental Health is important, while providing mental health services and education to patients and community members.

Priority 3: Obesity, Physical Inactivity

Initiative: ACH will continue to screen patients for food insecurity and provide referrals to appropriate community resources.
Highlighted Impact: ACH used the Social Drivers of Health (SDOH) screening tool to identify patients with food insecurities and refer them to community resources such as food pantries with the help of the ACH social worker.

Initiative: ACH will continue participating in health fairs that help identify and manage risks associated with obesity and associated chronic conditions.
Highlighted Impact: 68 people were served at the Nazarene Church School Resource Fair. At the event staff members handed out clinic information, vaccine information, and home covid test kits to the kids starting school.

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Anderson County Hospital
SAINT LUKE'S HEALTH SYSTEM

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