

Community Health Needs Assessment



KVC[®] Hospitals

Children's Psychiatric Treatment

We all need connection.



KVC Hospitals – Wichita

Children's Psychiatric Treatment

Fiscal Year Ending June 30, 2022

Table of Contents

Introduction	3
Summary of Community Health Needs Assessment	4
General Description of the Hospital	5
Mission Statement	5
Community Served by the Hospital	8
Definition of Community	8
Summary of Patient Discharges by County.....	8
Identification and Description of Geographical Community	8
Community Population and Demographics.....	9
Social Vulnerability Index.....	11
Language.....	12
Socioeconomic Characteristics of the Community	12
Income and Employment	12
Unemployment Rate	13
Poverty	13
Insurance.....	15
Education	15
Transportation	15
Physical Environment of the Community	16
Food Access/Food Insecurity	15
Health Care Resources	17
Hospitals and Health Centers	17
Community Mental Health Centers	18
Health Outcomes and Factors	19
Mental Health Information.....	19
Key Stakeholder Interviews	22
Methodology.....	22
Key Stakeholder General Observations and Comments	23
Information Gaps.....	27
Prioritization of Identified Health Needs.....	28
Management's Prioritization Process.....	29
Appendices.....	30
Dignity Health Community Need Index Reports	31
Key Stakeholder Interview Questions.....	36
County Health Rankings – Health Factors.....	37

INTRODUCTION

The 2010 passage of the *Patient Protection and Affordable Care Act* (PPACA) ushered in new reporting requirements for health care organizations. Per IRC Section 501(r), private, nonprofit hospitals must:

- Conduct a community health needs assessment (CHNA) at least once every three years on a facility-by-facility basis.
- Identify action plans and strategies to address community needs identified in the assessment and report needs not being address (with reasons why such needs are not being addressed).
- Report CHNA results to the public.

This community health needs assessment, which describes both a process and a document, is intended to document KVC Hospitals Wichita's (Hospital) compliance with IRC Section 501(r). Health needs of the community have been identified and prioritized so that the Hospital may adopt an implementation strategy to address specific needs of the community.

The CHNA process involved:

- Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, health care resources.
- Interviews with key stakeholders who represent a) broad interests of the community, b) population of need, or c) persons with specialized knowledge in public health.

This document is a summary of all the available evidence collected during the community health needs assessment conducted in tax year 2021. It will serve as a compliance document as well as a resource until the next assessment cycle. Both the process and document serve as a means to prioritize the community's health needs and will aid in planning to meet those needs.

SUMMARY OF COMMUNITY HEALTH NEEDS ASSESSMENT

Community health improvement efforts are most successful when they are grounded in collective impact, where structured collaborative efforts yield substantial impact on a large-scale social problem. Collective impact focuses on cooperation, collaboration, and partnership to help achieve common priorities and inform partners' investment strategies.

Hospital facilities must take into account input from people who represent the broad interests of its community, including those with special knowledge of or expertise in public health.

KVC Hospitals Wichita engaged FORVIS, LLP to conduct a formal community health needs assessment (CHNA). FORVIS, LLP is among the nation's top 10 professional service firms with more than 5,500 employees who serve clients in all 50 states as well as across the globe. FORVIS serves more than 1,000 hospitals and health care systems across the nation.

This CHNA was conducted from April-June 2022.

Based on current literature and other guidance from the treasury and the IRS, the following steps were conducted as part of the Hospital's community health needs assessment:

- The "community" served by the Hospital was defined by utilizing inpatient and outpatient discharges regarding patient origin. This process is further described in Community Served by the Hospital.
- Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties. The health status of the community was then reviewed. Morbidity information was analyzed in conjunction with health outcomes and factors reported for the community by CountyHealthrankings.org.
- Community input was provided through key stakeholder interviews. Results and findings are described in the Key Stakeholder section of this report.
- Information gathered in the steps above was analyzed and reviewed to identify health issues of uninsured persons, low-income persons, minority groups, and the community as a whole. Health needs were ranked utilizing a method that weighs: 1) the size of the problem, 2) the seriousness of the problem, 3) the prevalence of the problems, and 4) Alignment of the problem with the Hospital's goals and resources (The Hospital's ability to address the issues).
- An inventory of health care facilities and other community resources potentially available to significant health needs identified through the CHNA was prepared and collaborative efforts were identified.

Health needs were then prioritized by management, taking into account the perceived degree of influence the Hospital has to impact the need. Information gaps identified during the prioritization process have been reported.

General Description of Hospital

KVC Hospitals Wichita (KVC) is owned by KVC Hospitals, Inc. and is accredited by the Joint Commission. For over 30 years, we have provided compassionate care for thousands of children and teens while adhering to the highest industry standards for safety and security.

Mission statement:

Our mission is to enrich and enhance the lives of children and families with trauma-focused behavioral healthcare services that foster connection and nurture health and wellness.

KVC is recognized as an industry leader locally and nationally for its excellence in the implementation of Trauma Systems Therapy (TST) and several other evidence-based treatments and best practice models. We infuse that knowledge into our two levels of mental health treatment provided for youth ages six to 18. Our treatment programs include inpatient hospitalization and psychiatric residential treatment facility (PRTF) services and we accept admissions for both programs 24 hours a day, 7 days a week. The PRTF program is designed to provide longer-term, intensive treatment in a structured and supervised therapeutic environment. Youth receive daily opportunities to practice skills for emotion regulation and coping with mental health diagnoses while also attending school onsite in KVC's accredited education program.

KVC's inpatient hospital provides acute treatment for youth throughout Kansas and Missouri and KVC acts as the State Institution Alternative (SIA) for children in Kansas. KVC is known for serving children and teens with the most complex mental health diagnoses and highest acuity symptoms, youth that other area hospitals often cannot or will not serve, or whose treatment has been unsuccessful at other



facilities. Based on an agency-wide history of accepting children with high-risk needs, KVC operates with a philosophy of admitting children with the most complex needs. KVC's treatment models focus on quality outcomes, compassion, and safety to help each client:

:

- Stabilize the crisis they are experiencing.
- Identify the triggers that led to challenging behaviors or emotions.
- Identify the individualized treatment approach that works best for each child to teach and support healthy and safe behaviors.
- Improve the child's ability to regulate emotions, communicate and promote healthy behavior.
- Provide resources that will continue to support the child and their family long after they discharge from KVC.

KVC's approach is built on developing individualized treatment plans customized to each child's unique needs and lifestyle. The goal of this model is for each child to discharge from KVC as soon as safely

possible so they can continue treatment in less restrictive settings where they can be surrounded by family and other supports.

Youth admitted for KVC inpatient hospitalization are typically in an active mental health emergency. For example, they have a plan to attempt suicide or harm themselves or they have carried out a suicide attempt or self-harmed. These safety risks require immediate, intensive treatment, supervision, and care in a safe and secure setting. Youth in an acute state of crisis often also present with behaviors and special needs that are significantly negatively impacting their home and school life, such as violence, psychosis and/or an inability to care for themselves. In addition to psychiatric diagnoses, KVC treats youth with concurrent medical conditions such as epilepsy, diabetes, multiple sclerosis, and physical limitations including speech and hearing impairments. It is common for youth to also present with significant chronic medical health needs and KVC assists in accessing the necessary medical treatment and combines physical and mental health treatment plans to meet special needs when possible.

KVC's specialized treatment teams include psychiatrists, psychologists, medical doctors, therapists, case managers, nurses and behavioral healthcare technicians. When children are admitted to KVC for treatment, they receive:

- Full medical, clinical and nursing assessment within the first 24 hours of admission
- Intensive psychiatric care and medication management
- Individual, family and group therapy sessions
- Case coordination
- 24/7 Support and supervision from skilled nursing staff
- Innovative treatment and education to teach them about their brains and how to regulate their emotions

Each client's treatment team meets regularly to review the child's treatment plan and progress. They collaborate closely with the youth in care, their families, and their community providers and supports to guarantee a safe discharge and continued wellness once they leave KVC. We have established relationships with numerous hospital liaisons, community mental health centers, school personnel, case managers, and other community partners involved in a child's wellbeing and we welcome the continued development of these partnerships to facilitate smooth community transitions for youth in our care. We are also committed to identifying continuing aftercare services to foster the successful reintegration of youth into their homes and the longterm wellness of the family system.



As we treat a child throughout their stay at KVC, our team is also focusing on techniques that help heal and strengthen the entire family unit. We embrace a family-centered approach to care and we believe that parents and guardians are a major factor in driving treatment outcomes. We involve primary guardians in all aspects of treatment and discharge planning and we provide opportunities for family therapy sessions.

In addition to individual and family therapy, youth have opportunities to engage in group therapies with other youth receiving treatment at KVC. This includes a range of expressive therapies, such as art, dance, music, virtual reality, play, and more, to help address a range of behavioral or emotional challenges. For example, topics they may discuss or work to creatively express include how to manage feelings of anger, healthy and safe boundaries, skills for strengthening resilience, social skills, and coping with grief and loss, among others. This lends to a comprehensive approach that works to help youth

achieve overall mental and physical wellness, strengthened life skills, and more resilience against adversity.

KVC Hospitals, Inc. is a subsidiary of KVC Health Systems, a family of private, nonprofit 501(c)3 organizations providing a wide continuum of medical and behavioral healthcare, education, and social services to children and families. KVC Health Systems began in 1970 in Kansas as Wyandotte House, a single group home for boys, and has grown its reach with locations throughout Kansas as well as Missouri, Nebraska, West Virginia and Kentucky. Nationwide KVC has positively impacted the lives of more than 300,000 people through in-home family strengthening services, foster care, adoption, mental health treatment, and other life-changing services.

Community Served by the Hospital

KVC Hospitals Wichita is located at 1507 W. 21st St. N. Wichita, KS 67203. Wichita is the largest city in Kansas and is the county seat of Sedgwick County.

Definition of Community

A community is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. While the community health needs assessment considers other types of health care providers, the Hospital is the single largest provider of mental and behavioral health care services. The utilization of hospital services provides the clearest definition of the community.

Based on the patient origin of inpatient discharges from July 1, 2020 to June 30, 2021, management has identified the community to include the corresponding counties listed in the table below. The table includes counties that had at least 3.0% of the total discharges. Counties outside of the Hospital's defined community with less than 3.0% of discharges are not displayed.

Summary of Patient Discharges by County

July 1, 2020 to June 30, 2021

County	Total Discharges	Percent of Total
Harvey	75	4.16%
Reno	101	5.61%
Saline	56	3.11%
Sedgwick	720	40.00%
Community Total	952	52.88%
Other Counties		
All Other Areas	847	47.12%
Sub-Total	847	47.12%
Total	1,799	100.00%

Source: KVC Hospitals Wichita

Identification and Description of Geographical Community

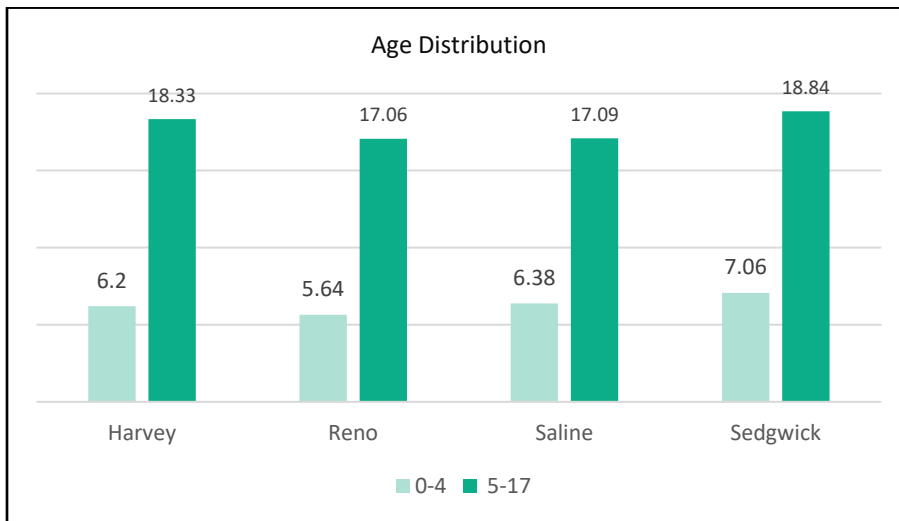
A community is defined as the geographic area from which a significant number of the patients utilizing the Hospital's services reside.

The Hospital is located in Wichita, Kansas in Sedgwick County. Wichita is the largest city in Kansas and is the county seat of Sedgwick County. Wichita is accessible from interstates and highways including I-35, 135 and 400. Clients primarily originate from Kansas. Sedgwick County represents the greatest number of discharges.

Community Population and Demographics

The U.S. Census Bureau has compiled population and demographic data based on the American Community Survey. The following tables and chart show the total population under the age of 18 within the CHNA community, including a breakout between male and female population.

Age Distribution		
County	Age 0-4 Percent	Age 5-17 Percent
Harvey	6.20	18.33
Reno	5.64	17.06
Saline	6.38	17.09
Sedgwick	7.06	18.84
Total Community	6.32	17.83
Kansas	6.57	17.86
United States	6.09	16.53



Gender Distribution		
County	Male %	Female %
Harvey	49.73	50.27
Reno	50.31	49.69
Saline	49.63	50.37
Sedgwick	49.39	50.61
Total Community	49.77	50.16
Kansas	49.84	50.16
United States	49.24	50.76

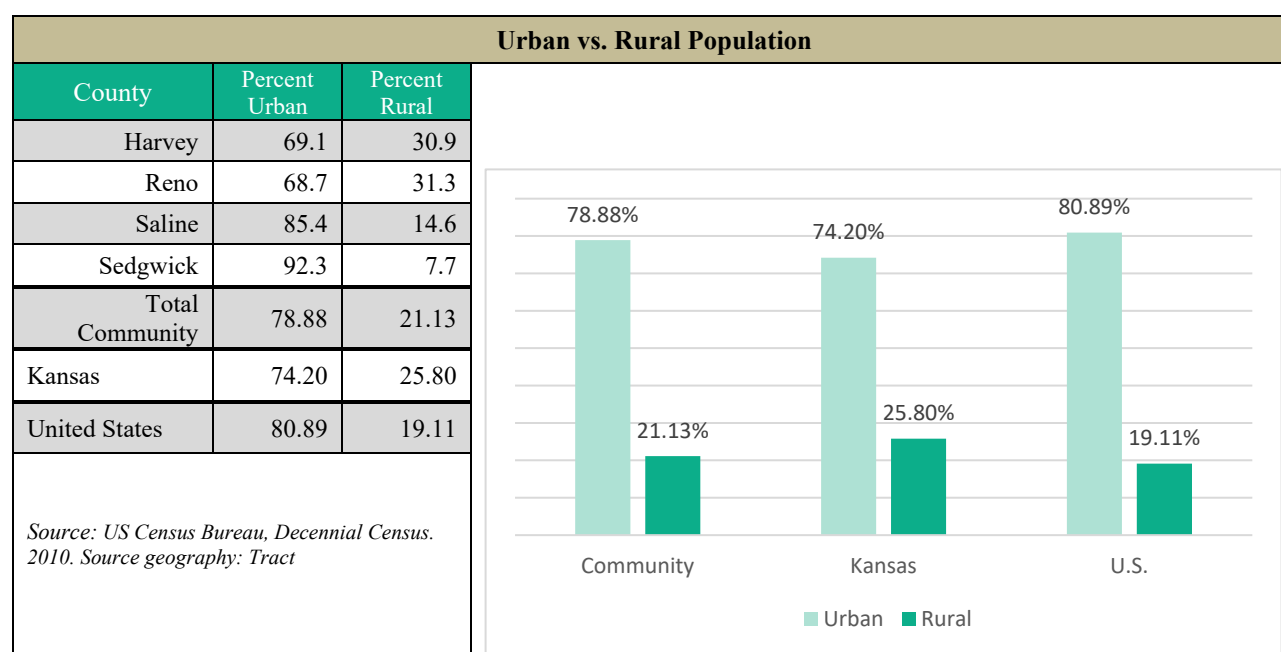
Source: Census Bureau American Community Survey 2015-2019. Geography Tact

While the relative age of the community population can influence community health needs, so can the ethnicity and race of a population. The table below provides details into total populations by various races.

Population by Race							
	White	African American	Asian	American Indian or Alaska Native	Asian, Native Hawaiian or Pacific Islander	Other	Multiple Races
County							
Harvey	93.11%	1.66%	0.63%	0.33%	0.18%	1.01%	3.08%
Reno	91.34%	2.96%	0.56%	1.16%	0.01%	1.24%	2.72%
Saline	87.74%	2.81%	2.25%	0.47%	0.03%	2.50%	4.21%
Sedgwick	77.91%	8.84%	4.34%	0.99%	0.05%	3.51%	4.36%
Total Community	87.53%	4.07%	1.95%	0.74%	0.07%	2.07%	3.59%
Kansas	84.38%	5.85%	2.95%	0.82%	0.08%	2.46%	3.45%
United States	72.49%	12.70%	5.52%	0.85%	0.18%	4.94%	3.32%

Source: US Census Bureau, American Community Survey 2015-2019

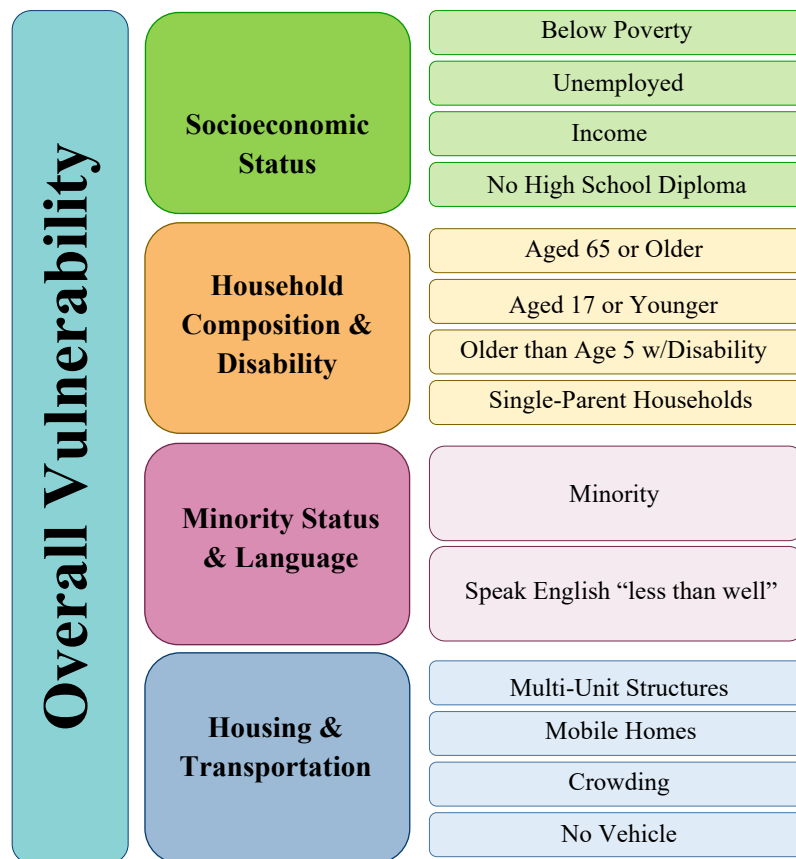
The following table and graph show the percentage of individuals that live in rural and urban areas. Urban is defined as densely developed territories that encompass residential, commercial, and other non-residential land uses. Rural areas are all areas that are not classified as urban. This information helps explain how access to care can sometimes be limited for those living in rural areas.



Social Vulnerability Index

The socioeconomic characteristics of a geographic area influence the way residents access health care services and perceive the need for health care services within society. Vulnerable populations often experience high rates of chronic illness and poor health outcomes, leading to health disparities between various demographic groups.

The CDC has developed the Social Vulnerability Index (SVI). The helps public health officials identify and meet the needs of socially vulnerable populations. The social vulnerability index is a measure of the degree of social vulnerability in counties and neighborhoods across the United States, where a higher score indicates higher vulnerability. The SVI has become a key measure in as more healthcare experts consider social determinants of health.



The following table displays the SVI scores for the Hospital community.

County	Socioeconomic Theme Score	Household Composition Theme Score	Minority Status Theme Score	Housing & Transportation Theme Score	Overall Social Vulnerability Index Score
Harvey	0.23	0.58	0.60	0.33	0.3350 (Low to Moderate)
Reno	0.43	0.58	0.53	0.79	0.5866 (Moderate)
Saline	0.27	0.45	0.69	0.49	0.4162 (Lowest level)
Sedgwick	0.39	0.55	0.81	0.46	0.5367 (Moderate to High)

Source: Centers for Disease Control and Prevention and the National Center for Health Statistics, CDC - GRASP, 2018. Source geography: Tract

Language

Language barriers contribute to patient and provider communication and can result in poor health outcomes. A national study in the *Journal of General Internal Medicine* showed that individuals with Limited-English Proficiency (LEP) who don't receive additional services (such as an interpreter) were less likely to be aware of medical implications and were less satisfied overall about their medical care.

The table below reports the percentage of the population aged 5 and older who speak a language other than English at home and speak English less than "very well" by race alone in the report area.

Limited English Proficiency by Race (percent)							
County	White	African American	American Indian or Alaska Native	Asia	Asian, Native Hawaiian or Pacific Islander	Other	Multiple Races
Harvey	2.04	0.00	0.00	0.56	0.00	0.15	0.09
Reno	1.57	0.04	0.05	0.21	0.00	0.35	0.01
Saline	1.44	0.04	0.00	1.19	0.00	1.01	0.05
Sedgwick	2.93	0.23	0.06	2.18	0.01	1.30	0.12
Total Community	2.00	0.08	0.03	1.03	0.03	0.70	0.07
Kansas	2.83	0.20	0.03	1.25	0.02	1.08	0.08
United States	5.75	0.54	0.09	2.49	0.03	2.36	0.26

Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract

SOCIOECONOMIC CHARACTERISTICS OF THE COMMUNITY

The socioeconomic characteristics of a geographic area influence the way residents access health care services and perceive the need for health care services within society. Vulnerable populations often experience high rates of chronic illness and poor health outcomes, leading to health disparities between various demographic groups.

Income and Employment

The table below displays the Per Capita Income for the community. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources.

Per Capita Income is an important determinant in an individual's health. People with above-average income typically have health insurance, reliable transportation, and the financial means to pay out-of-pocket expenses. In addition, those with higher income are more likely to practice healthy lifestyle choices such as exercising, eating nutritional foods, and abstaining from tobacco use.

Source: <https://www.cdc.gov/socialdeterminants/>

The Per Capita Income in the following exhibits show the average (mean) income computed for every man, woman, and child in the specified area.

Per Capita Income		
County	Aggregate Household Income	Per Capita Income
Harvey	934,246,000	28,226
Reno	1,643,300,800	27,073
Saline	1,516,111,100	28,813
Sedgwick	14,783,754,100	29,530
Total Community	\$18,877,412	\$28,411
Kansas	\$2,910,652	\$31,814
United States	\$324,697,795	\$34,103

Source: US Census Bureau, American Community Survey. 2015-2019

Unemployment Rate

The table below displays the average annual unemployment rates for the selected Counties and compares the rates to the total community, Kansas, and the United States. This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Average Annual Unemployment Rate (percent)											
County	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Harvey	6.0	5.4	4.9	4.2	3.9	4.2	4.1	3.2	2.9	5.3	n/d
Reno	5.9	5.4	5.3	4.4	4.3	4.4	3.9	3.5	3.2	5.5	n/d
Saline	6.0	5.7	5.0	4.2	3.8	3.7	3.2	3.0	3	5.5	n/d
Sedgwick	7.8	6.9	6.1	5.3	4.8	4.6	4.2	3.7	3.5	8.7	n/d
Total Community	6.4	5.9	5.3	4.5	4.2	4.2	3.9	3.4	3.2	6.3	n/d
Kansas	6.4	5.7	5.3	4.5	4.2	4.0	3.6	3.3	3.1	7.1	3.2
United States	9.0	8.1	7.4	6.2	5.3	4.9	4.4	3.9	3.7	8.1	5.4

Source: U.S. Department of Labor, Bureau of Labor Statistics. February 2022

Poverty

The following table displays the percentage of total population below 100 percent Federal Poverty Level (FPL) for the total community, state of Kansas and the United States. The FPL is a measurement of the minimum amount of income that is needed for individuals and families to pay for essentials. The guidelines are used to establish eligibility for Medicaid and other federal programs.

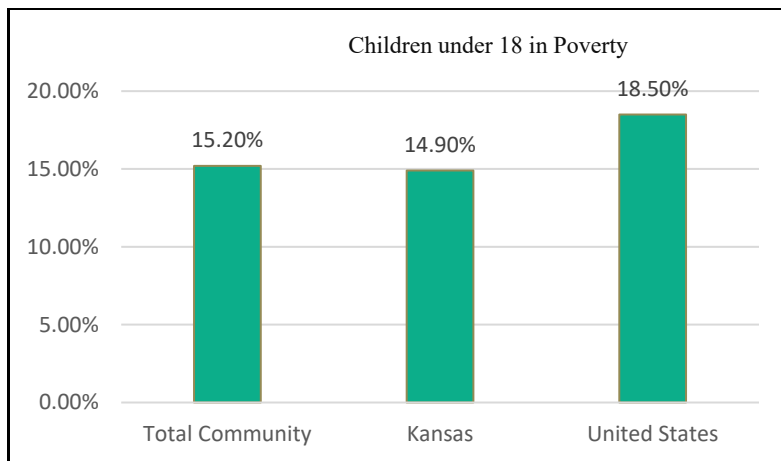
Poverty is a key driver of health status and is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

People living in chronic poverty have elevated health risks that can lead to unsafe conditions and diseases. Conditions might include drinking contaminated water or living in unsanitary housing with poor ventilation.

Low-income residents may delay or avoid pursuing medical attention until issues reach a critical stage, creating a greater demand on the community's medical resources. This may include dependence on emergency rooms for what should be routine primary care. In addition, uninsured or low-income individuals' inability to pay for services places strain on the community's medical system. These individuals have limited transportation options and lack the ability to travel outside their local community for medical services.

Population Below 100% FPL				
County	Population for whom Poverty Status is Determined	Percent Population in Poverty	Children under 18 in Poverty	Percent Children under 18 in Poverty
Harvey	33,100	9.6	887	10.7
Reno	59,870	12.9	2,216	15.8
Saline	53,215	11.5	1,965	15.6
Sedgwick	506,720	13.7	24,284	18.5
Total Community	652,905	11.9	29,352	15.2
Kansas	2,826,056	12.0	104,280	14.9
United States	316,715,051	13.4	13,377,778	18.5

Source: US Census Bureau, American Community Survey. 2015-2019



Insurance

The table below reports the percentage of children under age 19 without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Uninsured Children			
County	Total Population Under Age 19	Under Age 19 without Medical Insurance	Percent Under Age 19 without Medical Insurance
Harvey	8,904	341	3.8
Reno	15,170	927	6.1
Saline	13,444	438	3.3
Sedgwick	139,441	8,250	5.9
Total Community	176,959	9,956	4.8
Kansas	751,193	39,286	5.2
United States	77,712,965	3,945,906	5.1

Source: US Census Bureau, American Community Survey. 2015-2019

Education

The following table shows the estimated educational attainment with a High School diploma or higher. This is relevant because educational attainment has been linked to positive health outcomes. Attainment shows the distribution of the highest level of education achieved and helps schools and businesses to understand the needs of adults, whether it be workforce training or the ability to develop science, technology, engineering, and mathematics opportunities. Education levels obtained by community residents may impact the local economy. Higher levels of education generally lead to higher wages, less unemployment and job stability. These factors may indirectly influence community health.

Educational Attainment – Population Age 25 and Older			
County	Percent with High School Diploma	Percent with Bachelor's Degree	Percent with Graduate or Professional Degree
Harvey	90.5	20.5	12.7
Reno	88.5	14.0	6.9
Saline	91.5	17.9	9.5
Sedgwick	89.6	19.7	11.2
Total Community	90.0	18.0	10.1
Kansas	90.5	21.1	12.3
United States	88.0	19.8	12.4

Source: US Census Bureau, American Community Survey. 2015-19. Source geography: County

Transportation

Transportation is a critical social determinant of health. The American Hospital Association says that each year, more than 3.5 million people do not receive adequate medical care due to transportation issues. These issues may include access to vehicles, long distances to needed services, and costs associated with travel. Transportation issues can be worse in rural communities where individuals may live long distances from providers.

This indicator reports 1) the percentage of the population, 16 years or older, that commutes to work on a daily basis using a motor vehicle where they were the only occupant of the vehicle, and 2) the percentage of the population that commutes to work for over 60 minutes each direction.

This information not only demonstrates how vital the transportation network is to people's daily routines, but also conveys information about the efficiency of the public transportation network and the availability of carpool opportunities.

Driving Alone to Work			Long Commute	
County	Population Commuting to Work Alone in Car	Percent Commuting to Work Alone in Car	Population Commuting more than 60 Minutes	Percent Commuting more than 60 Minutes
Harvey	13,653	81.24	341	2.09
Reno	23,910	82.32	1,299	4.64
Saline	22,453	82.54	663	2.52
Sedgwick	209,585	84.29	6,004	2.50
Total Community	269,601	82.60	8,307	2.94
Kansas	1,181,623	82.32	46,135	3.37
United States	116,584,507	76.33	13,541,097	9.35

Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract

PHYSICAL ENVIRONMENT OF THE COMMUNITY

A community's health is affected greatly by its physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health. This section will examine some of the elements that relate to various needs mentioned throughout the report.

Food Access/Food Insecurity

Food insecurity refers to the USDA's measure of lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally-adequate foods. Food insecure households are not necessarily food insecure at all times. Food insecurity may reflect a household's need to make tradeoffs between important basic needs, such as housing and medical bills, and purchasing nutritionally adequate foods. Data below provided by Feeding America's Map the Meal Gap.

Food Insecurity			
	2017	2018	2019
Harvey County	18.1%	18.5%	15.4%
Reno County	20.0%	20.0%	17.9%
Saline County	18.2%	18.7%	17.1%
Sedgwick County	19.6%	19.2%	18.3%
Kansas	18.3%	18.4%	17.1%

Source: Feeding America – Map the Meal Gap, 2019

HEALTH CARE RESOURCES

The availability of health resources is a critical component to the health of a community's residents and a measure of the soundness of the area's health care delivery system. An adequate number of health care facilities and health care providers is vital for sustaining a community's health status. Fewer health care facilities and health care providers can impact the timely delivery of services.

A limited supply of health resources, especially providers, results in the limited capacity of the health care delivery system to absorb charity and indigent care as there are fewer providers upon which to distribute the burden of indigent care. This section addresses the availability of health care resources to the residents in the community.

Hospitals and Health Centers

The tables below list the general and acute care hospitals available nearby, as well as inpatient treatment facilities.

Summary of Acute Care Hospitals					
Facility	Address	State	Miles from KVC Wichita	Bed Size	Facility Type
Via Christi Regional Med Ctr	929 North St Francis St Wichita, KS 67214	Kansas	2.0	776	Acute/General
Select Specialty Hospital	929 North St Francis St Wichita, KS 67208	Kansas	2.0	40	Short Term/Acute
Wesley Medical Center	550 N Hillside Wichita, KS 67214	Kansas	3.7	531	Short Term/Acute
Galichia Heart Hospital	2610 N Woodlawn Wichita, KS 67220	Kansas	5.2	82	Short Term/Acute
Wichita Specialty Hospital	8080 East Pawnee St Wichita, KS 67207	Kansas	7.7	26	Short Term/Acute
Kansas Medical Center	1124 West 21 st Street Andover, KS 67002	Kansas	11.5	61	Acute/General
Newton Medical Center	600 Medical Center Dr Newton, KS 67114	Kansas	20.9	106	Short Term/Acute
Susan B Allen Mem Hospital	720 W Central Ave El Dorado, KS 67042	Kansas	10.4	28	Short Term/Acute

Source: Costreportdata.com, U.S. Hospital Finder

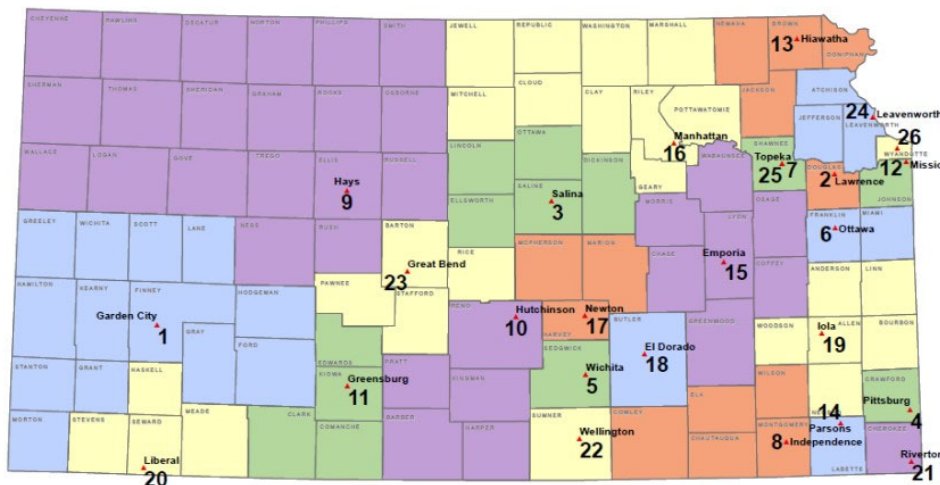
Inpatient Treatment Facilities			
Name	Type of Facility	Patients Served	State
Cottonwood Springs	Inpatient Psychiatric Hospital	Adults	Kansas
Crittenton	Inpatient Psychiatric Hospital	Children and Adolescents	Missouri
Heartland Hospital	Inpatient Psychiatric Hospital	Children and Adolescents	Missouri
KVC Hospitals, Inc. Kansas City	Inpatient Psychiatric Hospital	Children and Adolescents	Kansas
KVC Hospitals, Inc. Wichita	Inpatient Psychiatric Hospital	Children and Adolescents	Kansas
University of Kansas Health System, Marillac Campus	Inpatient Psychiatric Hospital	Children and Adolescents	Kansas
Research Psychiatric Center	Inpatient Psychiatric Hospital	Adolescents and Adults	Missouri
Stormont Vail Behavioral Health Center	Inpatient Psychiatric Hospital	Children, Adolescents and Adults	Kansas

Source: KVC Hospitals

COMMUNITY MENTAL HEALTH CENTERS

Under Kansas Statutes Annotated (KSA) 19-4001 et. seq., and KSA 65-211 et. seq., 26 licensed Community Mental Health Centers (CMHCs) currently operate in the state. These centers have a combined staff of over 4,000 providing mental health services in every county of the state in over 120 locations. Together they form an integral part of the total mental health system in Kansas. The independent, locally owned centers are dedicated to fostering a quality, free standing system of services and programs for the benefit of citizens needing mental health care and treatment.

The map below shows CMCH sites throughout the state of Kansas.



Map from <http://www.acmhck.org/wp-content/uploads/2018/01/CommunityMentalHealthCentersofKS-Revised-1-10-18.pdf>

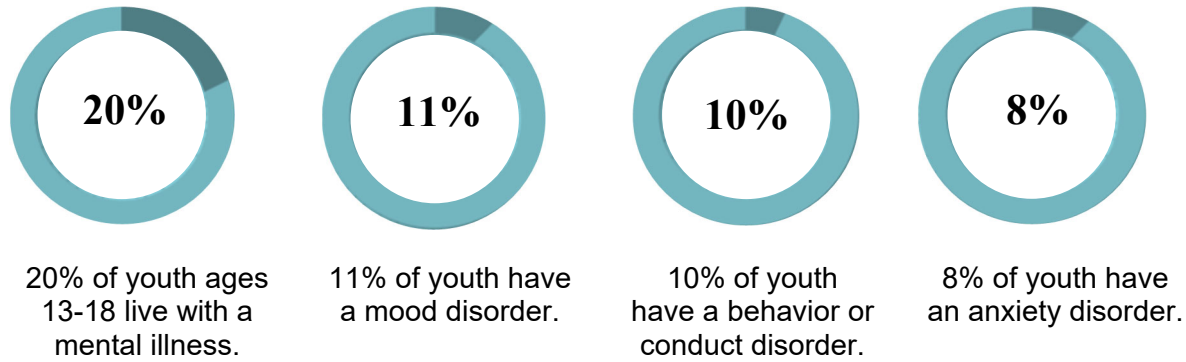
CMCHs provide mental health services to rural and urban populations throughout Kansas. More information can be found at www.acmhck.org

HEALTH OUTCOMES AND FACTORS

Mental Health Information

Mental health is an important part of children's overall health and well-being. It affects how they think, feel, and act, and plays a role in how children handle stress and interact with others.

According to the National Alliance on Mental Illness (NAMI), the third leading cause of death in youth ages 10-24 is suicide. Among those who commit suicide, 90% had an underlying mental illness.



Source: NAMI, <https://www.nami.org/nami/media/nami-media/infographics/children-mh-facts-nami.pdf>

The State of Mental Health in America is published by the National Institute of Mental Health (NIMH) provides an in-depth look at mental illness among adults and youth.

The report ranked the prevalence of Youth mental illness among all U.S. states and the District of Columbia.

The 7 measures that make up the Youth Ranking include:

1. Youth with At Least One Major Depressive Episode (MDE) in the Past Year
2. Youth with Substance Use Disorder in the Past Year
3. Youth with Severe MDE
4. Youth with MDE who Did Not Receive Mental Health Services
5. Youth with Severe MDE who Received Some Consistent Treatment
6. Children with Private Insurance that Did Not Cover Mental or Emotional Problems
7. Students Identified with Emotional Disturbance for an Individualized Education Program.

Kansas ranked 33rd among 50 states and the District of Columbia.

A low score or ranking indicates less prevalence of mental illness, whereas ranking between 39-51 indicates a higher prevalence of mental illness and lower rates of access to care.

Source <https://mhanational.org/sites/default/files/2022%20State%20of%20Mental%20Health%20in%20America.pdf>

Impact of the COVID-19 Pandemic on Youth Mental Health

The COVID-19 pandemic presented mental health challenges to nearly all segments of society. The mental health of children and adolescents was significantly impacted by COVID-19. Nationwide lockdowns, school closures, parental and family stress, and fear of the pandemic all contributed negatively to the mental health and well-being of children and adolescents. Young people could continue to feel the impact of COVID-19 on their mental health and well-being for many years to come.

According to a 2021 survey of parents to children 0-17 years old conducted by the National Alliance on Mental Illness (NAMI), 44% of parents are very or somewhat concerned about their child's mental health.

This survey also revealed that 41% of parents said their child(ren) spend more time on screens each day when compared to pre-pandemic (prior to March 2020) levels.

PARENT PERSPECTIVES on Kids' Mental Health Amid COVID-19

A recent survey by NAMI asked parents about their own mental health and that of their children (17 years and younger).

**77%**

of parents surveyed are often or sometimes thinking about their child's mental health

**44%**

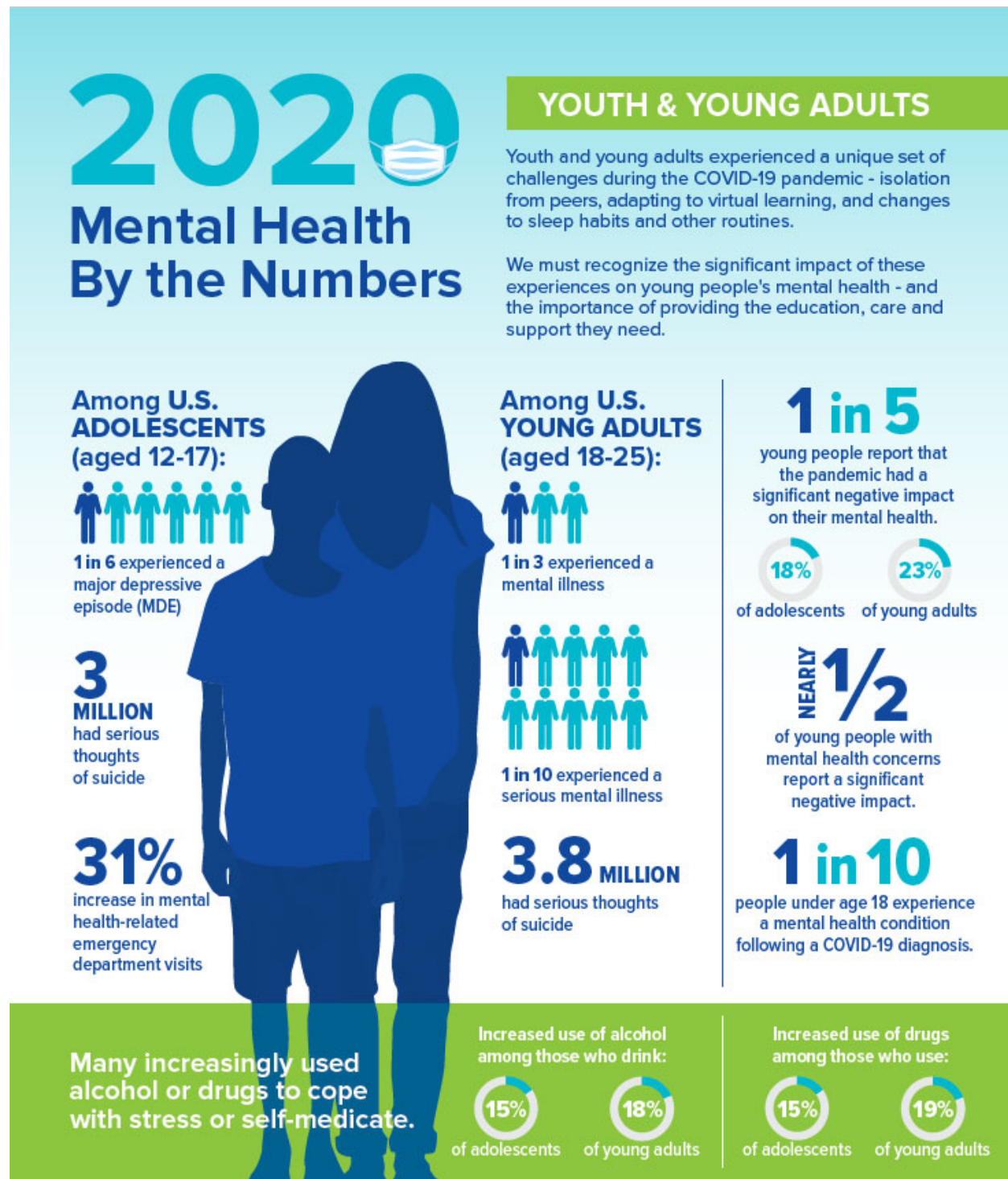
of parents are very or somewhat concerned about their child's mental health

Parents noted their kids felt an increase in these feelings during the pandemic:

20%
Anxious**19%**
Irritated**14%**
Sad**13%**
Unable to Concentrate**12%**
Less Interested in Social Activities**10%**
Out of Control

Source: [https://www.nami.org/Support-Education/Publications-Reports/Survey-Reports/Poll-of-Parents-Amid-the-COVID-19-Pandemic-\(2021\)/NAMI_ParentsPerspective_Infographic_2021](https://www.nami.org/Support-Education/Publications-Reports/Survey-Reports/Poll-of-Parents-Amid-the-COVID-19-Pandemic-(2021)/NAMI_ParentsPerspective_Infographic_2021)

As reported by the National Alliance on Mental Illness, nationwide 1 in 6 adolescents (ages 12-17) experienced a major depressive episode during 2020. NAMI research indicates young people may be more vulnerable to mental illness/may experience a mental health condition following a COVID-19 diagnosis.



Source: NAMI, www.nami.org/mhstats2020

KEY STAKEHOLDER INTERVIEWS

In the Patient Protection and Affordable Care Act (PPACA) passed in March 2010, nonprofit hospitals were mandated to conduct a community-based needs assessment every three years. As a part of the process, each hospital is required to solicit input from those who represent the broad interests of the community served by the hospital as well as those who have special knowledge or expertise around public health and underserved populations.

Methodology

Interviews were held with various professionals representing a cross-section of industries and organizations within the community's population. Stakeholders were determined based on their a) specialized knowledge or expertise in behavioral health, b) their affiliation with local government, schools and industry or c) their involvement with underserved and minority populations. Individuals chosen for these included:

- Sandra Berg, Executive Director, United Behavioral Health, KanCare
- Randy Callstrom, President/CEO, Wyandot Inc.
- Gary Henault, Director of Youth Services, Kansas Department for Aging and Disability Services (KDADS)
- Kenneth (K.C.) Johnson, Chief Executive, HealthSource
- Janne Robinson, Director of Institutional Relations, Blue Cross
- Lisa Southern, Executive Director, Compass Behavioral Health
- Iryna Yeromenko, Director of Operations and Program Management, Kansas Department for Aging and Disability Services (KDADS)

The main objective of the interviews was to receive feedback on community health and wellness attributes, strengths, and challenges. Topics included questions about 1) Health and quality of life, 2) Underserved and underrepresented populations, 3) Barriers, and 4) COVID-19.

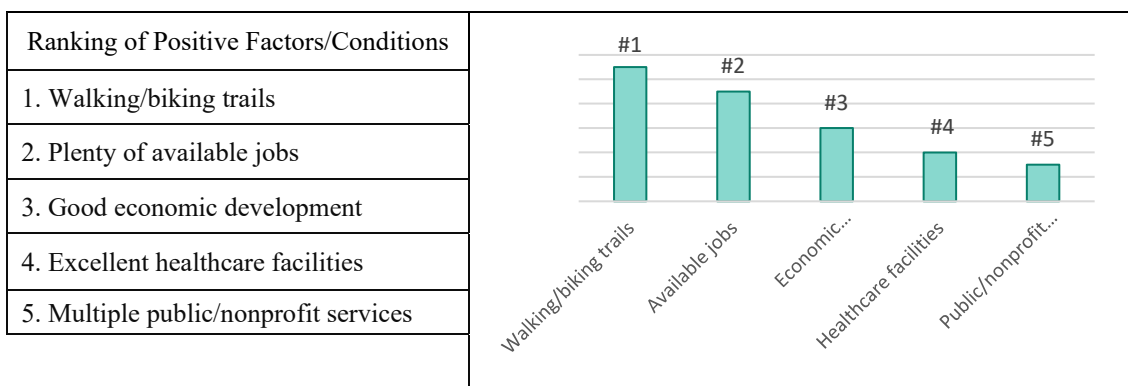
Key Stakeholder General Observations and Comments

Participants were asked to rate their own health and quality of life. Using a scale of 1-10 (1 being the worst and 10 being the best), nearly all felt they had above-average health and a high quality of life. The self-reported average was 7.2 out of 10.

When asked about the health and quality of life of the broader community, stakeholders provided a much lower score of 4.8 out of 10. The majority (71.4%) felt the community's level of health and quality of life had declined over the past three years, while the remaining group said that conditions have remained the same. No one believed the community's level of health had improved.

Positive Factors and Conditions

Respondents were asked to list specific factors and conditions that are positive about the community's health and quality of life. There were many references to the community's abundant outdoor resources such as parks, walking/hiking trails, and water activities in nearby rivers and lakes.



Interview comments:

“Leaders have done a great job of creating accessible exercise/outdoor opportunities.”

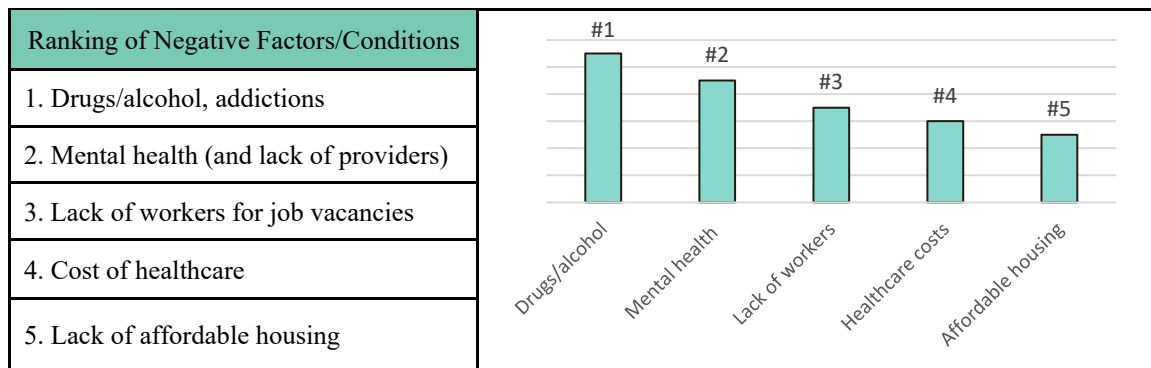
“The healthcare industry offers plenty of jobs, and most have great pay and benefits.”

“KVC Wichita has a great new facility that has undoubtedly helped children and families struggling with mental health.”

Negative Factors and Conditions

Respondents were asked to list specific factors and conditions that have a negative impact on the community's health and quality of life. Ongoing issues with drugs and alcohol were a common theme, with several references to Heroin and Fentanyl and the Opioid crisis.

Declining mental health was listed as an important issue among people of different ages and backgrounds.



Interview comments:

“There’s a big gap for services for youth needing residential treatment.”

“Growing abuse of substances – the age of patients abusing substances has gotten younger and the severity of the drugs they are abusing has increased.”

“The cost of housing has skyrocketed and is just out of reach for many residents.”

“Anxiety and depression and becoming more and more prevalent in young people – especially since the COVID-19 pandemic.”

“It can be difficult for patients and families to navigate the system and coordinate care between mental health providers and primary care physicians.”

Recommendations for Improvement

As a result of the interviews, the following suggestions were provided to help improve the community’s health and quality.

- Add outpatient and inpatient drug treatment centers.
- Launch programs in schools to help struggling kids.
- Providers need to continue to expand to less populated areas so those in rural communities don’t have to drive hours to get help.
- Increase awareness of services and provide assistance to families trying to navigate the system.
- Offer programs to address youth violence.

COVID-19

Key stakeholders were asked to describe how the COVID-19 pandemic has impacted them personally and how they feel it affected the overall community.

Respondents felt the pandemic had a profound impact on individuals and the broader community. However, most stated that they were able to work remotely and that, apart from the isolation, were not greatly impacted.

Their view of the broader community was different. From lost jobs to increased anxiety, fear, struggling to support children learning remotely, they felt the community suffered greatly and is still coping with the aftermath.

Some stakeholders felt the pandemic had been politicized, which they believe led to strong divisions and disagreements on vaccinations and mandated masking.

Interview comments:

“Many did not like being mandated to vaccinate and wear masks.”

“COVID has rattled people’s mental health, increased depression and anxiety. It has forever changed how society interacts and functions.”

“Adults have low level depression and anxiety lingering from pandemic. Many had never sought help before, but are now seeking help.”

“Children’s mental health was greatly affected by the isolation and uncertainty of COVID-19.”

Underserved Populations

Key stakeholders were asked to describe how or if there are certain racial, cultural, or socioeconomic groups within the community that may lack access to affordable health care services or essential resources.

Most described how Hispanics and African Americans may face the greatest barriers. Immigrants and refugees were listed as groups that are frequently uninsured, but cannot go to most healthcare providers.

Those living in poverty and the elderly were other segments of the community often lacking adequate care.

Interview comments:

“Elderly living in nursing homes, due to supply and staffing issues, lack healthcare and are not receiving services needed.”

“Some undocumented immigrants use cultural remedies that are native to their region, which are not effective.”

“We serve a rural area. Transportation can be an issue.”

Specific Barriers

Stakeholders provided input on specific barriers faced by underserved individuals and groups in the community.

Top Barriers:

1. Awareness/understanding of available services
2. Transportation
3. Cost
4. Racism/discrimination

Interview comments:

“Systemic racism in area has created fear and doubt. Progress has been made, but it is still present. Many have had bad experiences with outside groups that don’t understand or respect a group’s culture.”

“We don’t have enough interpreters. Zoom and other services have helped, but it’s not enough.”

“Our bus system is inadequate for those outside city limits.”

“There is a general lack of awareness on what services exist and how to navigate the system.”

“We need to make sure service providers are culturally appropriate (language, customs, etc.). Their impact will be much more significant.”

“Healthcare can be expensive, especially for those without insurance or with inadequate insurance.”

How barriers are being addressed

Stakeholders provided input on ways the community is responding to barriers faced by underserved individuals and groups in the community.

- Most of our services were reactive, geared for help when things go wrong. We are investing into services that are more preventive, focusing on ongoing assistance. Being more proactive.
- Barriers are diminishing as people are now using Zoom and telehealth.
- “There has been elevated communication regarding what services are offered and where to find them.”

Feedback on KVC Hospitals Wichita

Key stakeholders were asked to grade the Hospital’s efforts to address community needs and improve health quality. Most respondents gave the Hospital positive reviews for their programs and services.

“KVC does a very good job, working hard to meet needs throughout the state.”

“KVC hospitals serve patients from all over Kansas and Missouri. They are a respected provider and work well with school districts in developing practices.”

“They are phenomenal. They try not to say ‘no’ to any kids in need.”

"Their administrative staff are very willing to work with the state and other providers, keeping each other apprised of issues."

"Kansas is lucky to have KVC. They are an example of an organization that is making a difference."

"The new facility in Wichita has helped so many families access care without having to make a three hour drive."

Those interviewed were asked to comment on the Hospital's effort to address community health concerns.

"They are very community-oriented, with lots of outreach."

"All of their services meet people with high barriers. They take people no other providers will take."

INFORMATION GAPS

This assessment was designed to provide a comprehensive and broad picture of the health in the overall community served by the Hospital; however, there may be several medical conditions that are not specifically addressed in this report due to various factors, including but not limited to, publicly available information or limited community input.

In addition, certain population groups might not be identifiable or might not be represented in numbers sufficient for independent analysis. Examples include homeless, institutionalized persons, undocumented residents and members of certain ethnic groups who do not speak English or Spanish. Efforts were made to obtain input from these specific populations through key stakeholder interviews.

PRIORITIZATION OF IDENTIFIED HEALTH NEEDS

Priority setting is a required step in the community health needs assessment process. The IRS regulations indicate that the needs assessment must provide a prioritized description of the community health needs identified through the assessment, and include a description of the process and criteria used in prioritizing the health needs.

The mental health needs of children and adolescents are increasing in Kansas and across the country. Addressing these needs is important to the communities. Based on the data from our assessment, the following community mental/behavioral health needs for children and adolescents were identified:

Secondary Data

- ✓ Poor mental health days
- ✓ Youth anxiety and depression
- ✓ Poor physical health

Primary Data

Health needs identified through key stakeholder surveys were included as health needs. Needs for vulnerable populations are included in the analysis in order to facilitate the prioritization process.

- ✓ Need for increased integration between primary care and mental health services
- ✓ Lack of awareness around available mental health care services
- ✓ Substance abuse and addiction
- ✓ Lack of funding for mental health services and preventive programs
- ✓ Negative effects of COVID-19 pandemic on mental health (*e.g.* isolation, stress, unhealthy coping)
- ✓ Need for community-based services (transportation barrier)
- ✓ Lack of appropriate resources (*e.g.* insurance coverage, providers and/or treatment facilities)
- ✓ Coordination with other systems of care (*e.g.* school, local non-profit agencies, health facilities)
- ✓ Access to services (cost, availability)
- ✓ Lack of health knowledge regarding mental and behavioral health
- ✓ Increase in children with a mental health condition
- ✓ High cost of healthcare
- ✓ Racism/discrimination/lack of culturally appropriate care

Management's Prioritization Process

For the health needs prioritization process, the Hospital prioritized the needs identified above based on the following factors:

- Current area of hospital focus.
- How many people are affected by the issue or size of the issue
- What are the consequences of not addressing this problem
- The impact of the issue on vulnerable populations
- Organizational capacity, existing infrastructure and community partners available to address the health need.

After analyzing primary causes for inpatient hospitalization as well as reviewing health needs identified through Key Stakeholder interviews, the following health needs for the KVC Hospitals Wichita were identified:

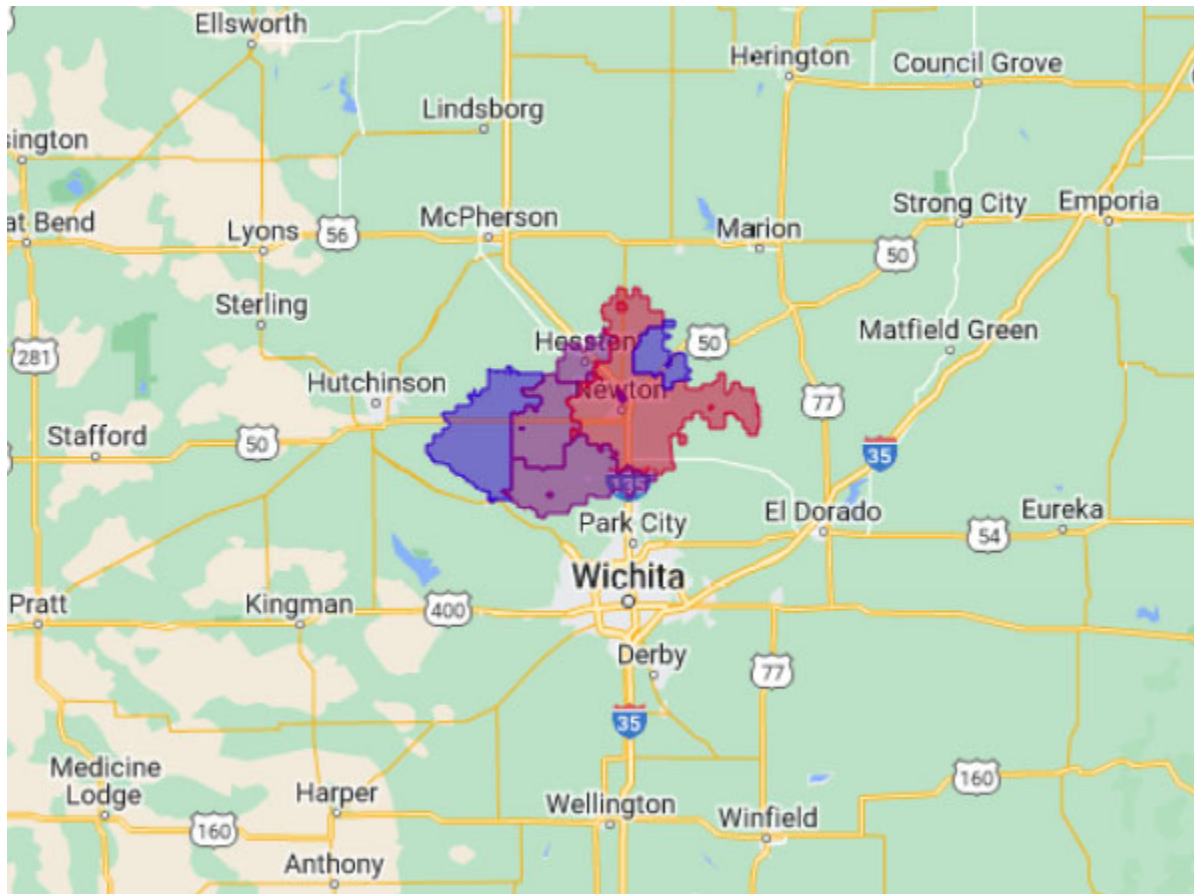
1. Need for increased integration/coordination between primary care and mental health services
2. Need for increased community education/awareness regarding available mental health services
3. Access to services (cost, availability)
4. Coordination with other systems of care (*e.g.* school, local non-profit agencies, health facilities)

The Hospital's next steps include developing an implementation strategy to address these priority areas.

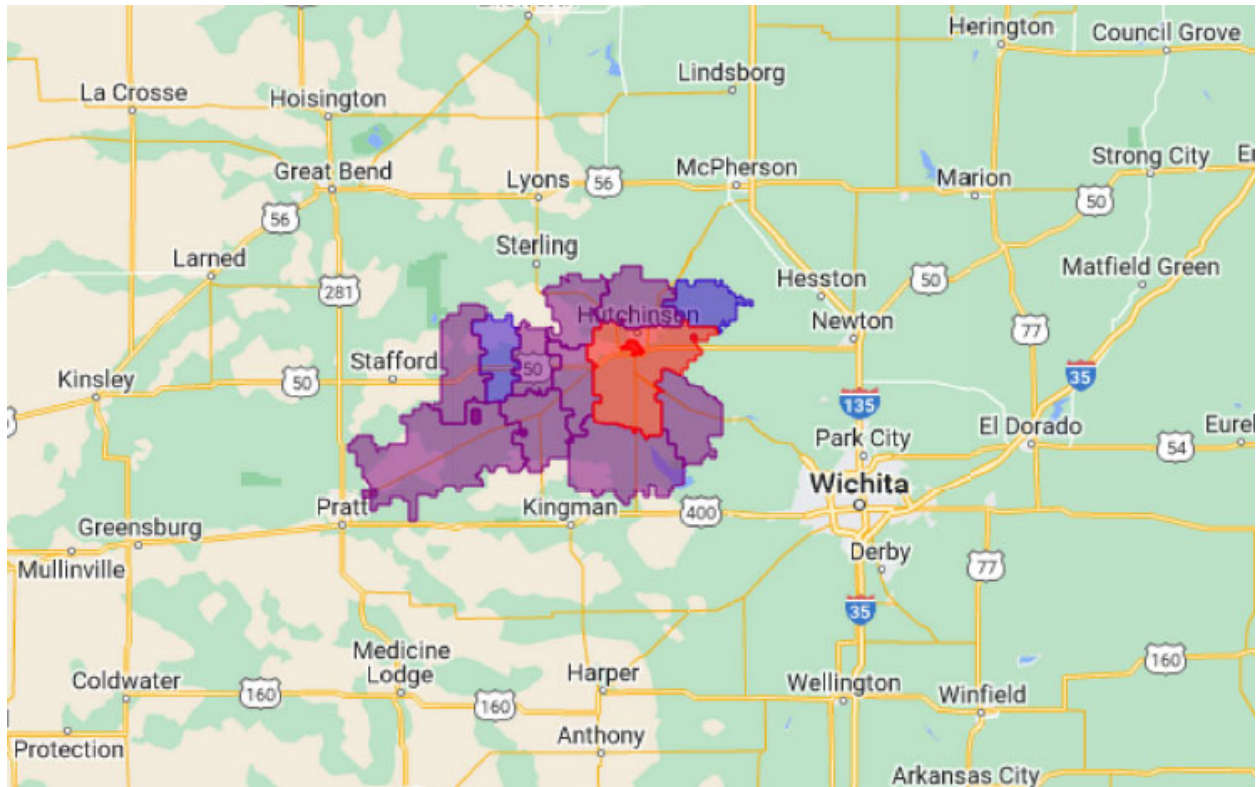
Appendices

Dignity Health Community Need Index Reports

Harvey County, KS

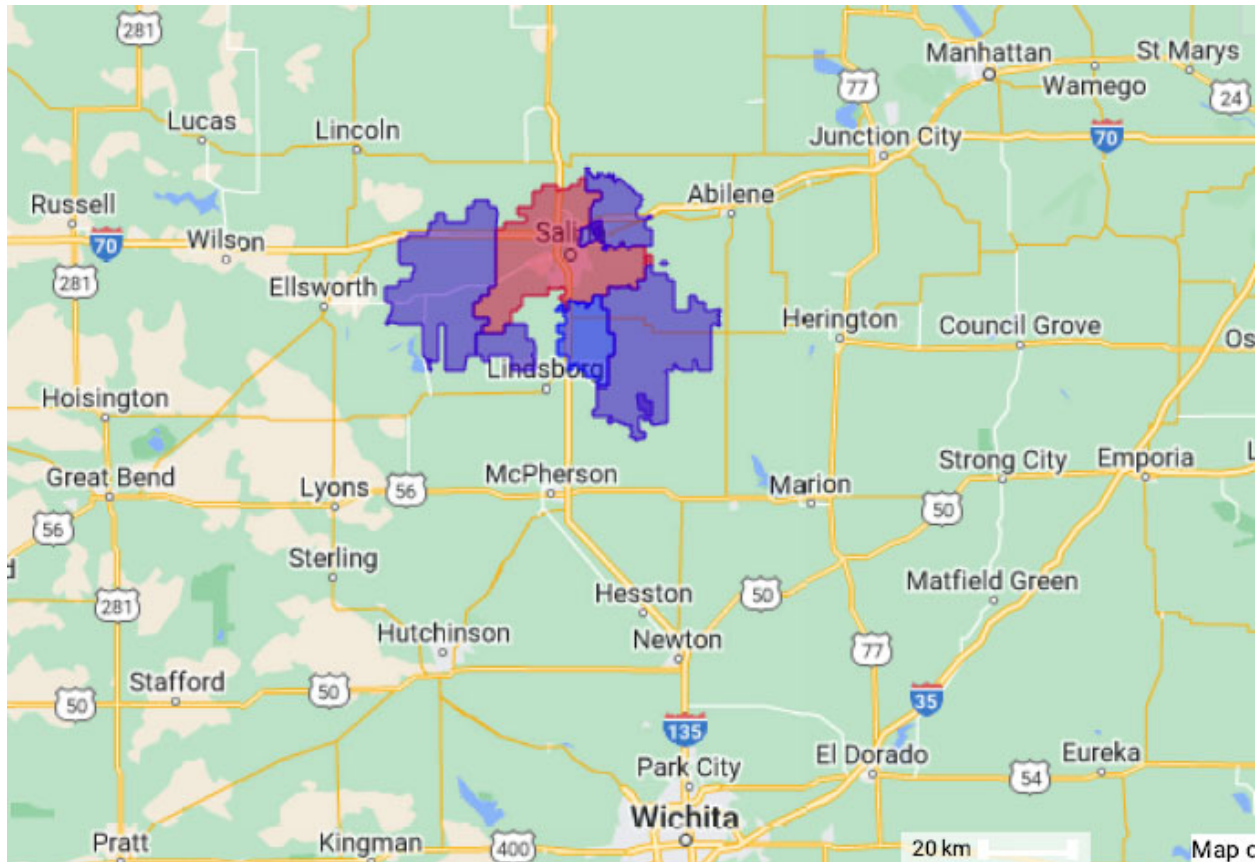








CNI Scale				
Highest Need 4.2-5		2 nd Highest 3.4-4.1		Medium Need 2.6-3.3
				2 nd Lowest 1.8-2.5
				Lowest Need 1-1.7
Zip		CNI Score	City	County
67020		2.4	Burrton	Harvey
67056		3.2	Halstead	Harvey
67062		3.0	Hesston	Harvey
67114		3.6	Newton	Harvey
67117		3.0	North Newton	Harvey
67135		2.8	Sedgwick	Harvey
67151		1.8	Walton	Harvey

Reno County, KS

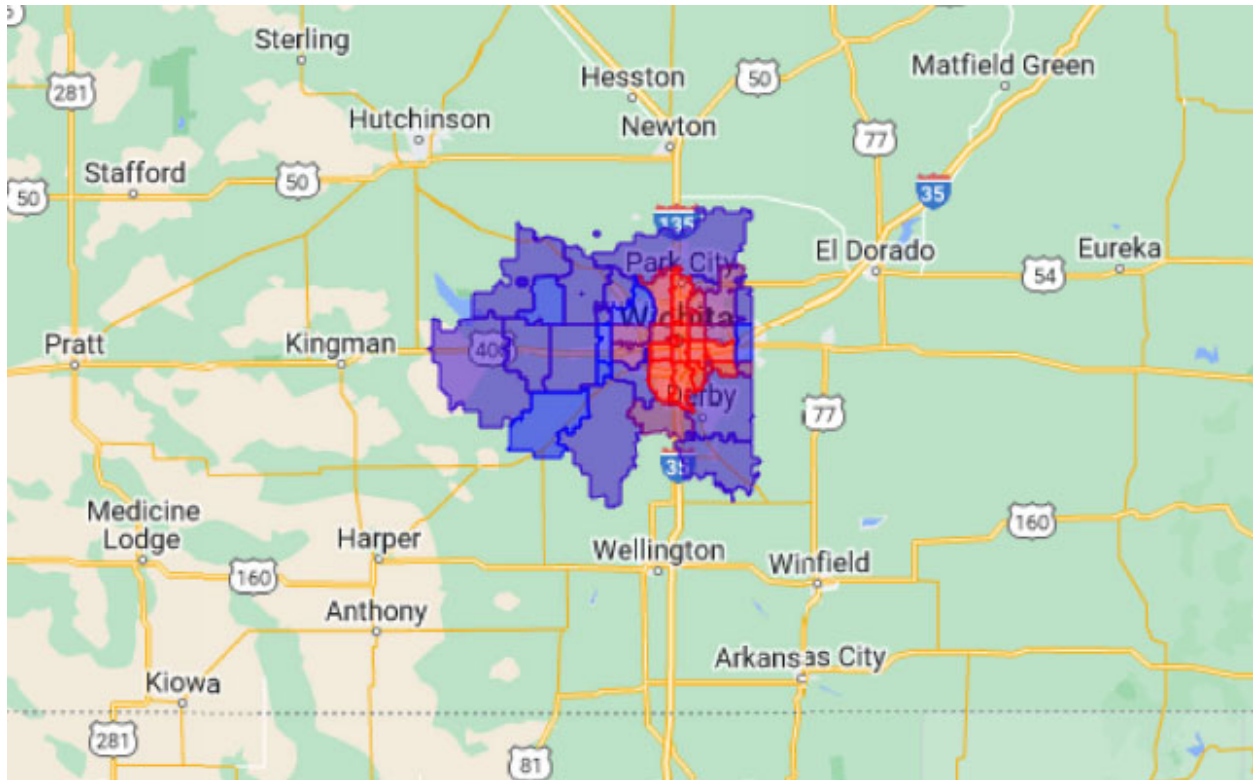
CNI Scale						
Highest Need 4.2-5		2 nd Highest 3.4-4.1		Medium Need 2.6-3.3	2 nd Lowest 1.8-2.5	Lowest Need 1-1.7
Zip		CNI Score	City	County		
67522	<div></div>	2.0	Buhler	Reno		
67543	<div></div>	2.6	Haven	Reno		
67561	<div></div>	3.0	Nickerson	Reno		
67566	<div></div>	3.0	Partridge	Reno		
67568	<div></div>	2.4	Plevna	Reno		
67570	<div></div>	2.8	Pretty Prairie	Reno		
67581	<div></div>	2.6	Sylvia	Reno		
67583	<div></div>	3.0	Turon	Reno		
67501	<div></div>	4.2	Hutchison	Reno		
67502	<div></div>	2.8	Hutchison	Reno		
67505	<div></div>	4.2	South Hutchison	Reno		
67514	<div></div>	2.6	Arlington	Reno		

Saline County, KS








CNI Scale				
Highest Need 4.2-5	2 nd Highest 3.4-4.1	Medium Need 2.6-3.3	2 nd Lowest 1.8-2.5	Lowest Need 1-1.7
Zip		CNI Score	City	County
67401		3.6	Salina	Saline
67516		1.6	Assaria	Saline
67425		2.2	Brookville	Saline
67442		2.4	Falun	Saline
67448		2.2	Gypsum	Saline
67404		2.4	New Cambria	Saline

Sedgwick County, KS



CNI Scale					
Highest Need 4.2-5		2 nd Highest 3.4-4.1	Medium Need 2.6-3.3	2 nd Lowest 1.8-2.5	Lowest Need 1-1.7
Zip		CNI Score	City	County	
67001	<div></div>	1.6	Andale	Sedgwick	
67016	<div></div>	2.2	Bentley	Sedgwick	
67025	<div></div>	2.2	Cheney	Sedgwick	
67026	<div></div>	2.4	Clearwater	Sedgwick	
67030	<div></div>	2.0	Colwich	Sedgwick	
67037	<div></div>	2.4	Derby	Sedgwick	
67050	<div></div>	2.0	Garden Plain	Sedgwick	
67052	<div></div>	1.8	Goddard	Sedgwick	
67055	<div></div>	1.8	Greenwich	Sedgwick	
67060	<div></div>	2.8	Haysville	Sedgwick	
67067	<div></div>	2.0	Kechi	Sedgwick	
67101	<div></div>	2.0	Maize	Sedgwick	
67108	<div></div>	2.4	Mount Hope	Sedgwick	

67110		2.2	Mulvane	Sedgwick
67147		2.2	Valley Center	Sedgwick
67149		1.4	Viola	Sedgwick
67202		4.6	Wichita	Sedgwick
67203		4.0	Wichita	Sedgwick
67204		4.0	Wichita	Sedgwick
67205		1.4	Wichita	Sedgwick
67206		2.6	Wichita	Sedgwick
67207		4.2	Wichita	Sedgwick
67208		4.0	Wichita	Sedgwick
67209		2.8	Wichita	Sedgwick
67210		4.8	Wichita	Sedgwick
67211		4.8	Wichita	Sedgwick
67212		3.2	Wichita	Sedgwick
67213		4.6	Wichita	Sedgwick
67214		4.8	Wichita	Sedgwick
67215		2.0	Wichita	Sedgwick
67216		4.8	Wichita	Sedgwick
67217		4.2	Wichita	Sedgwick
67218		4.6	Wichita	Sedgwick
67219		4.2	Wichita	Sedgwick
67220		4.0	Wichita	Sedgwick
67221		3.4	Wichita	Sedgwick
67223		1.8	Wichita	Sedgwick
67226		3.0	Wichita	Sedgwick
67227		1.4	Wichita	Sedgwick
67228		2.0	Wichita	Sedgwick
67230		1.6	Wichita	Sedgwick
67232		2.8	Wichita	Sedgwick
67235		1.4	Wichita	Sedgwick

Key Stakeholder Interview Questions

KVC Hospitals are generating data as part of developing a plan to improve health and quality of life in the communities it serves. Community input is essential to the process and we believe you are an important part of our community whose feedback will help us enhance services. Some of the following questions are open-ended. In these instances, we are trying to gather your thoughts and opinions. There are no right or wrong answers.

1. Please provide your name and email address
 - a. Names
 - b. Company
 - c. Email Address
2. Please select which hospital or hospitals you are providing input for.
 - a. KVC Hospitals – Kansas City (previously Prairie Ridge)
 - b. KVC Hospitals – Wichita
 - c. Both KVC Hospitals Kansas City and Wichita
3. With the pandemic in mind over the last couple years how would you rate the mental and behavioral health needs of the community served by the KVC Hospital(s) for which you are providing input? On the sliding scale, a 10 would represent perfect health.
4. With the pandemic in mind, have the mental and behavioral needs increased, decreased, or stayed the same over the past 3 years?
5. Please describe what factors influence your answer on questions 3 and 4 above.
6. Are there populations whose mental and/or behavioral health needs may be greater than others? Populations identified in the previous assessment were children in foster care, persons with significant trauma or abusive histories, uninsured children/youth, and juvenile offenders.
7. What barriers, if any, exist to improving mental and behavioral health services for children and youth?

-Shortage of Providers	-Stigma Associated with obtaining these services
-Lack of funding	-Transportation
-Lack of insurance	-Social Isolation
-School Disruption	-Lack of education of available services among parents and schools
8. What are the most critical mental/behavioral health issues for children and families of children requiring treatment?
9. In your opinion, what should be done to address the issues identified in the previous question?
10. Please provide any additional input regarding treatment of children's mental and behavioral health needs at KVC Hospital.

County Health Rankings – Health Factors

Information for the tables below comes from the Robert Wood Foundation, retrieved through www.countyhealthrankings.org.

Health Behaviors	Reno County 2021	Saline County 2021	Sedgwick County 2021	Kansas 2021	Top US Performers 2021
Adult smoking - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	19.0%	17.0%	19.0%	18.0%	16.0%
Adult obesity - Percent of adults that report a BMI \geq 30	40.0%	36.0%	33.0%	33.0%	26.0%
Food environment index - Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	7.5	7.9	7.3	6.7	8.7
Physical inactivity - Percent of adults aged 20 and over reporting no leisure time physical activity	31.0%	30.0%	25.0%	24.0%	19.0%
Access to exercise opportunities - Percentage of population with adequate access to locations for physical activity	41.0%	72.0%	85.0%	80.0%	91.0%
Excessive drinking - Percent of adults that report excessive drinking in the past 30 days	17.0%	19.0%	16.0%	18.0%	15.0%
Alcohol-impaired driving deaths - % of motor vehicle crash deaths with alcohol involvement	25.0%	24.0%	17.0%	20.0%	11.0%
Sexually transmitted infections - Chlamydia rate per 100K population	506.5	457.4	630.7	488.5	161.2
Teen births - female population, ages 15-19	24	28	30.0	24	12

Clinical Care	Reno County 2021	Saline County 2021	Sedgwick County 2021	Kansas 2021	Top US Performers 2021
Uninsured adults - Percent of population under age 65 without health insurance	12.0%	11.0%	12.0%	10.0%	6.0%
Primary care physicians - Number of population for every one primary care physician	1,820	1,040	1,120	1,280	1,030
Dentists - Number of population for every one dentist	1,770	1,250	1,520	1,660	1,210
Mental health providers - Number of population for every one mental health provider	540	270	440	490	270
Preventable hospital stays	2,686	3,797	2,750	3,645	2,565
Mammography screening - Percent of female Medicare enrollees that receive mammography screening	46.0%	57.0%	42.0%	45.0%	51.0%

Social and Economic Factors	Reno County 2021	Saline County 2021	Sedgwick County 2021	Kansas 2021	Top US Performers 2021
High school graduation - Percent of ninth grade cohort that graduates in 4 years	90.0%	92.0%	82.0%	91.0%	94.0%
Some college - Percent of adults aged 25-44 years with some post-secondary education	62.0%	64.0%	67.0%	70.0%	73.0%
Unemployment - Percent of population age 16+ unemployed but seeking work	5.5%	5.5%	3.5%	3.2%	2.6%
Children in poverty - Percent of children under age 18 in poverty	13.0%	13.0%	17.0%	14.0%	10.0%
Income inequality - Ratio of household income at the 80th percentile to income at the 20th percentile	3.9	4.1	4.5	4.3	3.7
Children in single-parent households - Percent of children that live in household headed by single parent	16.0%	25.0%	28.0%	21.0%	14.0%
Social associations - Number of membership associations per 10,000 population	14.4	15.5	10.0	13.6	18.2
Violent Crime Rate - Violent crime rate per 100,000 population (age-adjusted)	355	397	725	365	63
Injury deaths - Number of deaths due to injury per 100,000 population	97	85	83	76	59

Physical Environment	Reno County 2021	Saline County 2021	Sedgwick County 2021	Kansas 2021	Top US Performers 2021
Air pollution - particulate matter days - Average daily measure of fine particulate matter in micrograms per cubic meter	7.8	7.8	7.4	6.7	5.2
Severe housing problems - Percentage of household with at least 1 of 4 housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	13.0%	11.0%	14.0%	13.0%	9.0%
Driving alone to work - Percentage of workforce that drives alone to work	83.0%	81.0%	84.0%	82.0%	72.0%
Long commute, driving alone - Among workers who commute in their car alone, the percentage that commute more than 30 minutes	17.0%	9.0%	16.0%	21.0%	16.0%

Source: [countyhealthrankings.com](https://www.countyhealthrankings.com)