



2025 Community Health Needs Assessment



Community
HealthCare System

NE Kansas

Executive Summary

The 2010 Affordable Care Act mandated that all tax-exempt hospitals must complete a Community Health Needs Assessment, or CHNA, every three years. Community HealthCare System previously conducted CHNAs and issued reports in 2013, 2016, 2019 and 2022.

Our 2013 assessment identified mental health, wellness, and prevention as top priorities. In 2016, our report emphasized combatting heart disease and diabetes through improved nutrition and physical activity. In 2019, our assessment identified mental health, cardiovascular health (heart disease and stroke prevention), exercise, nutrition, and weight management as the top priorities. Our current CHNA, approved in 2022, indicated mental health was the most pressing concern, followed by access to care and obesity.

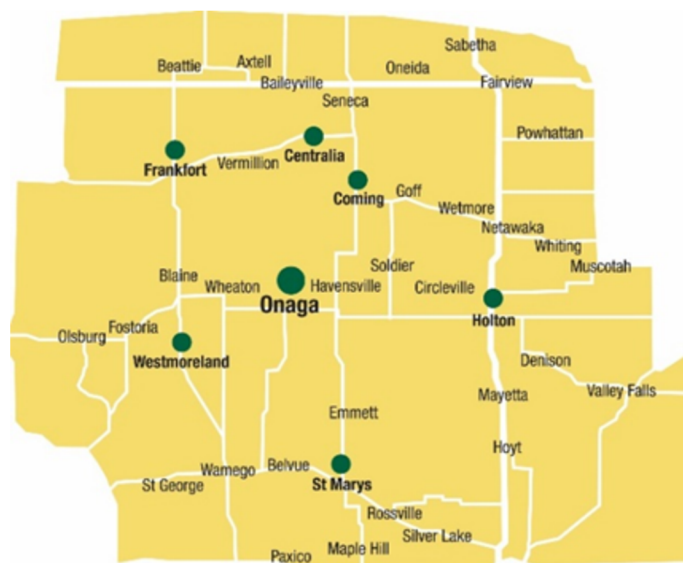
Our 2025 survey respondents prioritized mental health, awareness of health services and affordable housing as the top three (3) most pressing issues, with drug abuse and exercise and fitness rounding out the top five (5).

Additional details and results are further addressed in this report which also outlines how Community HealthCare System will strategize and work to meet the needs as addressed by our community members. This assessment was received by the CHCS Medical Staff on February 19, 2025. The CHCS Board of Directors approved this assessment on February 28, 2025.

About Community HealthCare System

Community HealthCare System, or CHCS, is an award-winning, nonprofit healthcare system with a tradition of providing compassionate, high-quality care to the rural communities of northeast Kansas. CHCS operates in Pottawatomie, Jackson, Nemaha, and Marshall Counties. CHCS employs nearly 450 associates, including more than 20 physicians and advanced practitioners who serve seven communities.

Our Onaga hospital is the center of operations. Family practice clinics serve the communities of Centralia, Corning, Frankfort, Onaga, Holton, Westmoreland, and St. Marys. CHCS also owns and operates nursing facilities in St. Marys and Centralia, an assisted living facility in Onaga, a home health agency, Community HomeHealth and three fitness centers located in Centralia, Frankfort and Onaga.



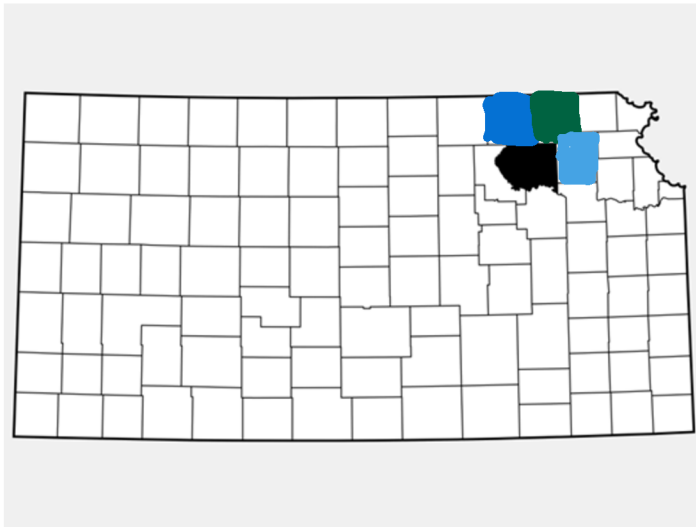
Methodology

CHCS relied on primary and secondary data sources to complete this CHNA. Primary data collection was integral to our community input and a survey was drafted.

Our survey was drafted collaboratively with the Pottawatomie County Health Department and members of a team of medical and non-medical CHCS associates. Secondary data came from Kansas Health Matters which offers robust data on key health indicators, a social determinants of health dashboard, and many other tools; the U.S. Census Bureau; and County Health Rankings from the Robert Wood Johnson Foundation.



About the Communities We Serve



Map Legend:

Jackson County
Marshall County
Nemaha County
Pottawatomie County

CHCS serves seven (7) communities located in four (4) NE Kansas counties, Jackson, Marshall, Nemaha and Pottawatomie. Our main hub, Onaga Community Hospital, is based in Pottawatomie County. For this assessment, however, we accumulated responses from the communities within our service area. The breakdown of responses from each county was:

- Jackson: 12.6%
- Marshall: 9.6%
- Nemaha: 16.3%
- Pottawatomie: 62.9%

Each of these counties is highly rural, with only Pottawatomie showing any uptick in population growth. The four counties are very comparable in most demographic areas. Demographic data are as follows:

Age

	Jackson	Marshall	Nemaha	Pottawatomie
Total Population	13,232	10,001	10,273	25, 808
Percent of population under the age of 5	6.40%	6.50%	7.20%	7.40%
Percent of population under the age of 18	25.70%	27.00%	27.70%	29.10%
Percent of population over the age of 65	18.30%	19.80%	19.60%	15.10%
Male Population	51.10%	51.40%	51.80%	50.30%
Female Population	48.90%	48.60%	48.20%	49.70%

Source: US Census Bureau: Census.Gov www.census.gov

Race

	Jackson	Marshall	Nemaha	Pottawatomie
White	84.50%	94.90%	95%	90.10%
Black	0.90%	0.70%	0.60%	1.70%
Hispanic	5.30%	2.60%	0.50%	5.80%
American Indian	6.30%	0.30%	2.50%	0.40%
Other	3%	1.50%	1.40%	2%

Education

	Jackson	Marshall	Nemaha	Pottawatomie
Percent 25 or older who hold a high school degree or higher	94.70%	88.50%	92%	96.80%
Percent 25 or older who hold a bachelor's degree or higher	16.90%	16.70%	28.30%	34.70%

Source: US Census Bureau: [Census.Gov](https://www.census.gov) www.census.gov

Employment, Income & Poverty

	Jackson	Marshall	Nemaha	Pottawatomie
Age 16 or older who are in the civilian work force	63.10%	65.50%	66.10%	66.90%
Household median income	\$72,703	\$83,404	\$77,375	\$87,694
Per capita income	\$34,057	\$36,220	\$38,996	\$37,341
Poverty	9.10%	9.40%	7.70%	7.10%

Housing

	Jackson	Marshall	Nemaha	Pottawatomie
Available housing units	5,615	4,758	4,501	10,077
Own home	78.20%	86.20%	89.90%	82.50%
Median housing unit value	\$201,700	\$131,000	\$219,700	\$249,000
Median mortgage cost	\$1,552	\$1,229	\$1,557	\$1,770
Gross rent	\$856	\$670	\$726	\$1,011

Source: US Census Bureau: [Census.Gov](https://www.census.gov) www.census.gov

Key Health Indicators









Kansas Health Matters provides data on key indicators to address health issues that are most prevalent throughout Kansas and recommends that these indicators are reviewed in every CHNA. Below are the key health indicators for each county served by CHCS.









Source: Kansas Health Matters website
<https://www.kansashealthmatters.org/>

Pottawatomie County














Exercise, Nutrition, & Weight

	VALUE	COMPARED TO:			
Percent of Adults Doing Enough Physical Activity To Meet Both The Aerobic AND Strengthening Exercise Recommendations	14.5% (2017)	 KS Value (19.0%)	 US Value (20.3%)	 Prior Value (24.8%)	 Trend
Percent of Adults who are Overweight	34.3% (2021)	 KS Value (34.4%)	 US Value (35.3% in 2017)	 Prior Value (36.2%)	 Trend



















Immunizations & Infectious Diseases

	VALUE	COMPARED TO:			
Percent of Infants Fully Immunized at 24 Months	89.2% (2017-2018)	 KS Value (71.1%)	 Prior Value (73.4%)	 Trend	
Sexually Transmitted Disease Rate	2.2 Cases per 1,000 population (2023)	 KS Value (6.1)	 Prior Value (3.2)	 Trend	





Maternal, Fetal & Infant Health

	VALUE	COMPARED TO:				
Infant Mortality Rate	7.7 Deaths per 1,000 live births (2018-2022)	 KS Value (5.9)	 US Value (6.0 in 2011-2015)	 Prior Value (6.7)	 Trend	 HP 2030 Target (5.0)
Percent of births Where Mother Smoked During Pregnancy	4.0% (2020-2022)	 KS Value (6.9%)	 US Value (6.9% in 2015-2017)	 Prior Value (4.6%)	 Trend	
Percent of Births with Low Birth Weight	5.1% (2020-2022)	 KS Value (7.5%)	 US Value (8.3% in 2015-2017)	 Prior Value (4.9%)	 Trend	





Mortality Data

	VALUE	COMPARED TO:			
Age-adjusted Heart Disease Mortality Rate per 100,000 population	150.7 Deaths per 100,000 population (2020-2022)	 KS Value (170.4)	 US Value (168.5 in 2014-2016)	 Prior Value (160.8)	 Trend
Age-adjusted Mortality Rate per 100,000 population	735.6 Deaths per 100,000 population (2020-2022)	 KS Value (878.9)	 US Value (731.9 in 2015-2017)	 Prior Value (721.8)	 Trend
Age-adjusted Suicide Mortality Rate per 100,000 population	12.2 Deaths per 100,000 population (2020-2022)	 KS Value (19.3)	 US Value (14.0 in 2015-2017)	 Prior Value (12.9)	 Trend  HP 2030 Target (12.8)
Age-adjusted Traffic Injury Mortality Rate per 100,000 population	18.6 Deaths per 100,000 population (2020-2022)	 KS Value (14.8)	 US Value (11.4 in 2014-2016)	 Prior Value (14.5)	 Trend  HP 2030 Target (10.1)





Wellness & Lifestyle

	VALUE	COMPARED TO:			
Percent of Adults with Fair or Poor Self-Perceived Health Status	11.7% (2021)	 KS Value (14.7%)	 US Value (17.7% in 2017)	 Prior Value (20.5%)	 Trend

Crime & Crime Prevention

	VALUE	COMPARED TO:			
Rate of Violent Crime per 1,000 Population	0.7 Crimes per 1,000 population (2022)	 KS Value (4.4)	 US Value (3.6 in 2014)	 Prior Value (1.9)	 Trend

Poverty

	VALUE	COMPARED TO:			
Uninsured Adult Population Rate	10.5% (2021)	 KS Value (13.4%)	 US Value (12.0% in 2016)	 Prior Value (10.5%)	 Trend

Heart Disease & Stroke





	VALUE	COMPARED TO:			
Percent of Adults with Diagnosed Hypertension	32.4% (2021)	 KS Value (34.3%)	 US Value (32.3% in 2017)	 Prior Value (33.1%)	 Trend  HP 2030 Target (27.7%)

Synopsis:







Mortality data indicates Pottawatomie County rates better than those of the state and national benchmarks and below the state and national averages except for traffic deaths. Wellness and lifestyle, crime and poverty data are below the state and national averages, while heart disease and stroke are at or slightly above state and national benchmarks. Compared to the other counties served by CHCS, Pottawatomie County has better statistics in most areas.

Kansas Health Matters data are from 2017-2023; the year of each key indicator is listed under each health topic.














Exercise, Nutrition, & Weight

	VALUE	COMPARED TO:			
Percent of Adults Doing Enough Physical Activity To Meet Both The Aerobic AND Strengthening Exercise Recommendations	31.0% (2017)	 KS Value (19.0%)	 US Value (20.3%)	 Prior Value (16.6%)	
Percent of Adults who are Overweight	27.1% (2017)	 KS Value (34.8%)	 US Value (35.3%)	 Prior Value (34.5%)	 Trend



















Immunizations & Infectious Diseases

	VALUE	COMPARED TO:			
Percent of Infants Fully Immunized at 24 Months	79.1% (2017-2018)	 KS Value (71.1%)	 Prior Value (87.9%)	 Trend	
Sexually Transmitted Disease Rate	2.8 Cases per 1,000 population (2023)	 KS Value (6.1)	 Prior Value (4.4)	 Trend	

Maternal, Fetal & Infant Health

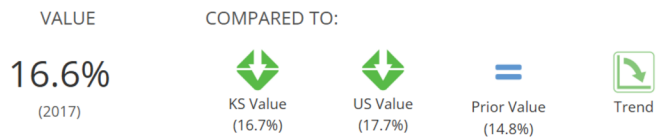
	VALUE	COMPARED TO:					
Infant Mortality Rate	7.1 Deaths per 1,000 live births (2018-2022)	 KS Value (5.9)	 US Value (5.9 in 2012-2016)	 Prior Value (5.9)	 Trend	 HP 2030 Target (5.0)	
Percent of births Where Mother Smoked During Pregnancy	9.4% (2020-2022)	 KS Value (6.9%)	 US Value (6.9% in 2015-2017)	 Prior Value (10.9%)	 Trend		
Percent of Births with Low Birth Weight	8.7% (2020-2022)	 KS Value (7.5%)	 US Value (8.3% in 2015-2017)	 Prior Value (7.1%)	 Trend		

Mortality Data

	VALUE	COMPARED TO:				
Age-adjusted Heart Disease Mortality Rate per 100,000 population	177.9 Deaths per 100,000 population (2020-2022)	 KS Value (170.4)	 US Value (165.0 in 2015-2017)	 Prior Value (181.0)	 Trend	
Age-adjusted Mortality Rate per 100,000 population	896.5 Deaths per 100,000 population (2020-2022)	 KS Value (878.9)	 US Value (733.1 in 2014-2016)	 Prior Value (807.5)	 Trend	
Age-adjusted Suicide Mortality Rate per 100,000 population	24.7 Deaths per 100,000 population (2020-2022)	 KS Value (19.3)	 US Value (13.3 in 2014-2016)	 Prior Value (24.1)	 Trend	 HP 2030 Target (12.8)
Age-adjusted Traffic Injury Mortality Rate per 100,000 population	22.2 Deaths per 100,000 population (2020-2022)	 KS Value (14.8)	 US Value (11.4 in 2014-2016)	 Prior Value (14.3)	 Trend	 HP 2030 Target (10.1)

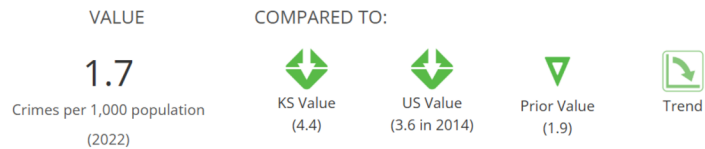
Wellness & Lifestyle

Percent of Adults with Fair or Poor Self-Perceived Health Status



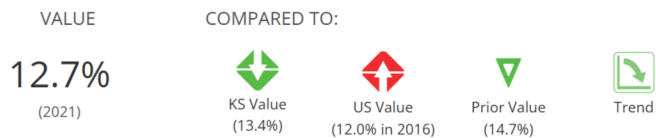
Crime & Crime Prevention

Rate of Violent Crime per 1,000 Population



Poverty

Uninsured Adult Population Rate



Heart Disease & Stroke

Percent of Adults with Diagnosed Hypertension










Synopsis:







Jackson County posts better exercise, nutrition and weight as well as immunization and infectious disease data compared to state and national averages. Areas faring well include wellness and lifestyle, crime and poverty. However, mortality rates and maternal, fetal and infant health are below the benchmarks. Jackson County lags behind other counites served by CHCS in most categories.

Kansas Health Matters data are from 2017-2023; the year of each key indicator is listed under each health topic.














Exercise, Nutrition, & Weight

	VALUE	COMPARED TO:			
Percent of Adults Doing Enough Physical Activity To Meet Both The Aerobic AND Strengthening Exercise Recommendations	18.6% (2017)	 KS Value (19.0%)	 US Value (20.3%)	 Prior Value (11.1%)	
Percent of Adults who are Overweight	30.8% (2017)	 KS Value (34.8%)	 US Value (35.3%)	 Prior Value (38.1%)	 Trend



















Immunizations & Infectious Diseases

	VALUE	COMPARED TO:			
Percent of Infants Fully Immunized at 24 Months	83.8% (2017-2018)	 KS Value (71.1%)	 Prior Value (76.8%)	 Trend	
Sexually Transmitted Disease Rate	1.8 Cases per 1,000 population (2023)	 KS Value (6.1)	 Prior Value (2.8)	 Trend	





Maternal, Fetal & Infant Health

	VALUE	COMPARED TO:					
Infant Mortality Rate	1.3 Deaths per 1,000 live births (2017-2021)	 KS Value (5.9)	 US Value (5.9 in 2012-2016)	 Prior Value (10.1)	 Trend	 HP 2030 Target (5.0)	
Percent of births Where Mother Smoked During Pregnancy	12.3% (2020-2022)	 KS Value (6.9%)	 US Value (6.9% in 2015-2017)	 Prior Value (11.5%)	 Trend		
Percent of Births with Low Birth Weight	6.6% (2020-2022)	 KS Value (7.5%)	 US Value (8.3% in 2015-2017)	 Prior Value (8.5%)	 Trend		





Mortality Data

	VALUE	COMPARED TO:				
Age-adjusted Heart Disease Mortality Rate per 100,000 population	175.4 Deaths per 100,000 population (2020-2022)	 KS Value (170.4)	 US Value (165.0 in 2015-2017)	 Prior Value (149.3)	 Trend	
Age-adjusted Mortality Rate per 100,000 population	868.3 Deaths per 100,000 population (2020-2022)	 KS Value (878.9)	 US Value (733.1 in 2014-2016)	 Prior Value (803.5)	 Trend	
Age-adjusted Suicide Mortality Rate per 100,000 population	11.2 Deaths per 100,000 population (2020-2022)	 KS Value (19.3)	 US Value (13.3 in 2014-2016)	 Prior Value (32.2)	 Trend	 HP 2030 Target (12.8)
Age-adjusted Traffic Injury Mortality Rate per 100,000 population	24.4 Deaths per 100,000 population (2020-2022)	 KS Value (14.8)	 US Value (11.4 in 2014-2016)	 Prior Value (13.3)	 Trend	 HP 2030 Target (10.1)





Wellness & Lifestyle

	VALUE	COMPARED TO:			
Percent of Adults with Fair or Poor Self-Perceived Health Status	15.7% (2017)	 KS Value (16.7%)	 US Value (17.7%)	 Prior Value (17.6%)	 Trend






Crime & Crime Prevention

	VALUE	COMPARED TO:			
Rate of Violent Crime per 1,000 Population	2.4 Crimes per 1,000 population (2022)	 KS Value (4.4)	 US Value (3.7 in 2015)	 Prior Value (2.3)	 Trend

Poverty

	VALUE	COMPARED TO:			
Uninsured Adult Population Rate	11.2% (2021)	 KS Value (13.4%)	 US Value (12.0% in 2016)	 Prior Value (10.9%)	 Trend

Heart Disease & Stroke

	VALUE	COMPARED TO:				
Percent of Adults with Diagnosed Hypertension	27.0% (2017)	 KS Value (32.8%)	 US Value (32.3%)	 Prior Value (37.8%)	 Trend	 HP 2030 Target (27.7%)







Synopsis:

Marshall County has higher mortality rates and percent of mothers who smoked during pregnancy than the state and national averages. Exercise, diet and nutrition are another area of concern, but they boast better averages for wellness and lifestyle, crime, poverty and heart disease and stroke.







Kansas Health Matters data are from 2017-2023; the year of each key indicator is listed under each health topic.

Nemaha County














Exercise, Nutrition, & Weight

	VALUE	COMPARED TO:			
Percent of Adults Doing Enough Physical Activity To Meet Both The Aerobic AND Strengthening Exercise Recommendations	14.1% (2015)	 KS Value (19.3%)	 US Value (20.3%)		
Percent of Adults who are Overweight	42.1% (2017)	 KS Value (34.8%)	 US Value (35.3%)	 Prior Value (34.2%)	 Trend



















Immunizations & Infectious Diseases

	VALUE	COMPARED TO:			
Percent of Infants Fully Immunized at 24 Months	83.3% (2017-2018)	 KS Value (71.1%)	 Prior Value (74.6%)	 Trend	
Sexually Transmitted Disease Rate	0.9 Cases per 1,000 population (2023)	 KS Value (6.1)	 Prior Value (1.8)	 Trend	

Maternal, Fetal & Infant Health

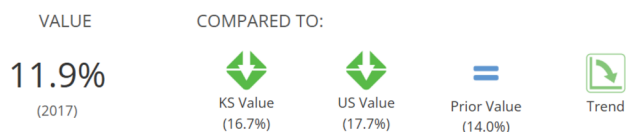
	VALUE	COMPARED TO:				
Infant Mortality Rate	2.9 Deaths per 1,000 live births (2017-2021)	 KS Value (5.9)	 US Value (6.0 in 2011-2015)	 Prior Value (8.0)	 Trend	 HP 2030 Target (5.0)
Percent of births Where Mother Smoked During Pregnancy	7.0% (2020-2022)	 KS Value (6.9%)	 US Value (6.9% in 2015-2017)	 Prior Value (8.1%)	 Trend	
Percent of Births with Low Birth Weight	4.4% (2020-2022)	 KS Value (7.5%)	 US Value (8.3% in 2015-2017)	 Prior Value (4.3%)	 Trend	

Mortality Data

	VALUE	COMPARED TO:				
Age-adjusted Heart Disease Mortality Rate per 100,000 population	127.8 Deaths per 100,000 population (2020-2022)	 KS Value (170.4)	 US Value (168.5 in 2014-2016)	 Prior Value (108.9)	 Trend	
Age-adjusted Mortality Rate per 100,000 population	832.6 Deaths per 100,000 population (2020-2022)	 KS Value (878.9)	 US Value (733.1 in 2014-2016)	 Prior Value (794.2)	 Trend	
Age-adjusted Suicide Mortality Rate per 100,000 population	7.9 Deaths per 100,000 population (2020-2022)	 KS Value (19.3)	 US Value (14.0 in 2015-2017)	 Prior Value (5.3)	 Trend	 HP 2030 Target (12.8)
Age-adjusted Traffic Injury Mortality Rate per 100,000 population	18.9 Deaths per 100,000 population (2020-2022)	 KS Value (14.8)	 US Value (11.4 in 2014-2016)	 Prior Value (22.9)	 Trend	 HP 2030 Target (10.1)

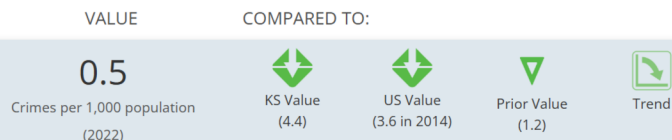
Wellness & Lifestyle

Percent of Adults with Fair or Poor Self-Perceived Health Status



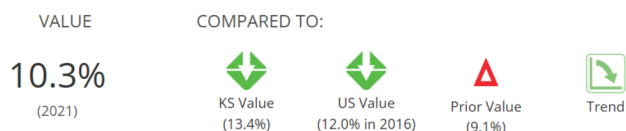
Crime & Crime Prevention

Rate of Violent Crime per 1,000 Population



Poverty

Uninsured Adult Population Rate



Heart Disease & Stroke

Percent of Adults with Diagnosed Hypertension



Synopsis:

Nemaha County rates are quite similar to those of Pottawatomie County in most areas. Exercise, nutrition and weight data reflect under state and national averages.

Kansas Health Matters data are from 2017-2023; the year of each key indicator is listed under each health topic.

County Health Rankings

County Health Rankings & Roadmaps provides data, evidence, guidance, and examples to build awareness of the many factors that influence health and support leaders in growing community.

County Health Rankings & Roadmaps is a program of the University of Wisconsin Population Health Institute with support from the Robert Wood Johnson Foundation.

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

All county rankings were taken from County Health Rankings and Roadmaps

www.countyhealthrankings.org

Rankings are divided into **Health Outcomes and Health Factors**.

County Health Outcomes

Health Outcomes tell us how long people live on average within a community, and how much physical and mental health people experience in a community while they are alive.

Health Outcomes include length of life and quality of life.

County Health Factors

Many things influence how well and how long we live. Health Factors represent those things we can improve to live longer and healthier lives. They are indicators of the future health of our communities.

Health Factors include health behaviors, clinical care, social & economic factors, and physical environment.

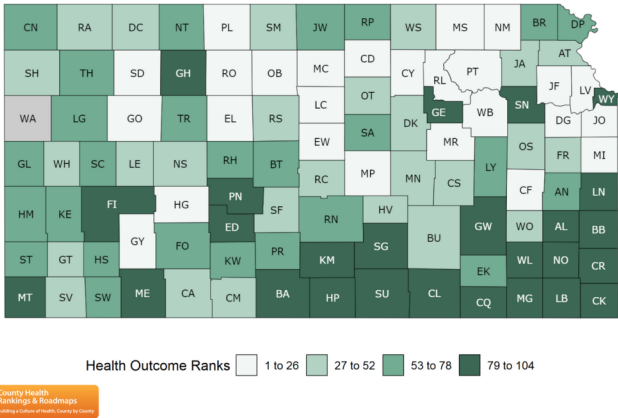
Pottawatomie County Health Outcomes

Pottawatomie (PT) is ranked among the healthiest Counties in Kansas (Highest 75%-100%)



In 2023, Pottawatomie County was once again, ranked #2 out of 104 Kansas counties.
(one county did not have sufficient data to be ranked).

2023 Health Outcomes - Kansas



Length of Life

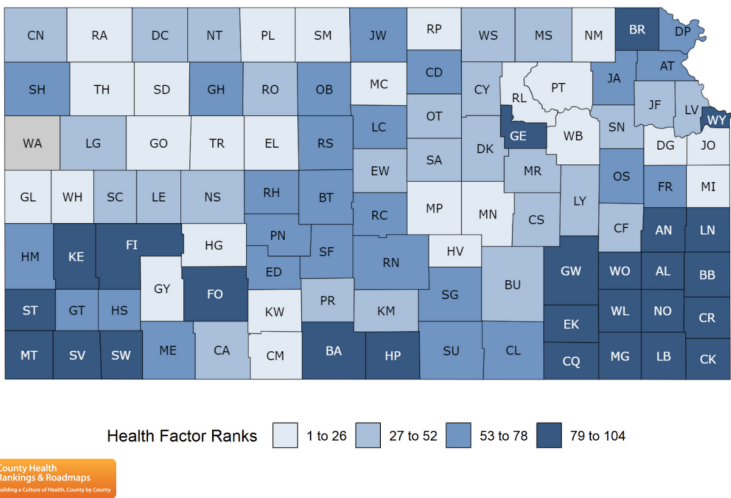
Pottawatomie County performed among the best in the state for years of potential life lost before age 75 per 100,000 population. The County's figure was 5,000. The overall figure in Kansas was 7,500. *Note these rankings include deaths through 2018-2020.*

Quality of Life

Pottawatomie County also compares well in quality of life measures. The percentage of our population that reports poor or fair health is 11%, with 2.5 poor physical health days and 4.1 poor mental health days out of the last 30 days. The percentage of low-birthweight births is 5%.

Pottawatomie County Health Factors

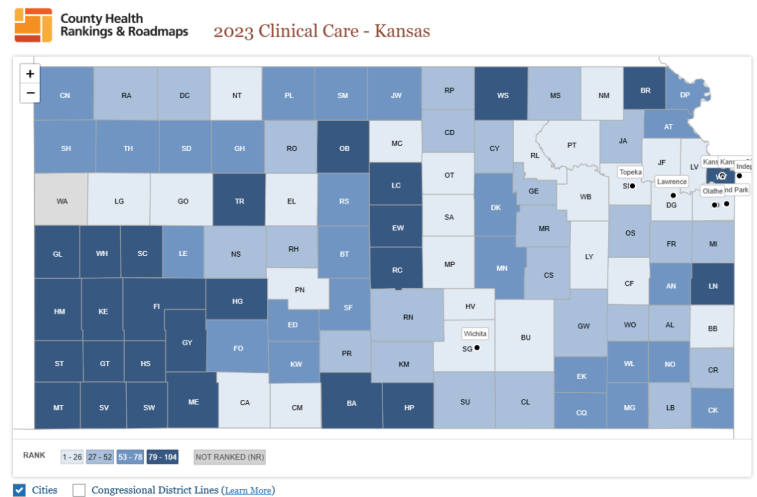
2023 Health Factors - Kansas



Health Behaviors

Pottawatomie County scored well for most Health Behaviors and is ranked #2 in the state.

- 16% of adults smoke
- 34% of adults are obese
- 20% are physically inactive
- 46% have access to exercise opportunities
- 20% drink excessively



Clinical Care

Pottawatomie County is ranked number 21 in Clinical Care. The County is below national and state benchmarks for the number of primary care physicians and dentists and well below desired benchmarks for mental health providers.

- 9% of the population is uninsured.
- There is one primary care physician for every 1,550 people [1].
- There is one dentist for every 4,680 people.
- There is one mental health provider for every 2,870 people [2].
- The rate of preventable hospital stays per year (defined as the rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees) is 3,556.
- 46% of female Medicare enrollees ages 65-74 received an annual mammography screening.
- 42% of fee-for-service Medicare enrollees had an annual flu vaccination (using 2023 data).

[1] Pottawatomie County is improving, but the top U.S. performers have 1 provider for every 1,260 people, and Kansas averages 1 provider for every 1,310 people. For dentists, the top U.S. performers have 1 dentist for every 1,380 people; in Kansas, we have 1 dentist for every 1,610 people.

[2] Top U.S. performers have 1 mental health provider for every 340 people; Kansas averages 1 for every 450 people.

Social & Economic Factors

Social and economic factors affect how well and how long we live. Social and economic factors include factors such as income, education, employment, community safety and social support. The choices that are available in a community are impacted by social and economic factors. These choices include our abilities to afford medical care and housing and to manage stress.

Pottawatomie County is ranked number 6 in Social & Economic Factors. We compare favorably in most categories to state and national benchmarks.

- 96% of the population has completed high school, and 79% has some college
- 2.4% are unemployed.
- 8% of children are in poverty.
- 12% of children are in single-parent households.

Physical Environment

Pottawatomie County is ranked number 90 in Physical Environment, which is a decline from our previous CHNA.

- Average daily density of fine particulate matter in micrograms per cubic meter is 8.2. The Kansas average is 7.4.
- 10% of households have at least 1 of 4 housing problems (overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities).
- 80% of the population drives alone to work, and 33% commute more than 30 minutes.

County Health Rankings - Jackson County

County Health
Rankings & Roadmaps
Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

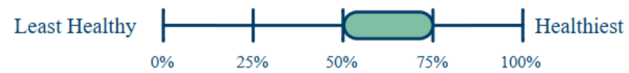
All county rankings were taken from
County Health Rankings and
Roadmaps

www.countyhealthrankings.org

In 2023, Jackson County was
ranked #32 out of 104 Kansas counties.

(one county did not have sufficient data to be ranked).

Jackson (JA) is ranked in the higher middle
range of Counties in Kansas (Higher
50%-75%).



Length of Life

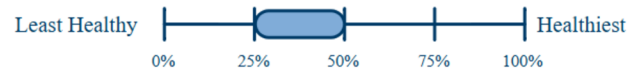
Jackson County performed above the state average for years of potential life lost before age 75 per 100,000 population. Jackson County's figure was 7,300. The overall figure in Kansas was 7,500. *Note these rankings include deaths through 2018-2020.*

Quality of Life

Jackson County also performs at or above the state and national benchmarks in quality of life measures. The percentage of the population that reports poor or fair health is 13%, with 3.0 poor physical health days and 4.4 poor mental health days out of the last 30 days. The percentage of low-birthweight births is 7%.

Jackson County Health Factors

Jackson (JA) is ranked in the lower middle
range of Counties in Kansas (Lower
25%-50%).



Health Behaviors

Jackson County is in the lower middle range at #62 in the state.

- 20% of adults smoke.
- 37% of adults are obese.
- 23% are physically inactive.
- 49% have access to exercise opportunities.
- 19% drink excessively.

Clinical Care

Jackson County is ranked number 51 for Clinical Care. Like Pottawatomie County, they are below national and state benchmarks for the number of primary care physicians and dentists and well below desired benchmarks for mental health providers.

- 12% of the population is uninsured.
- There is one primary care physician for every 1,650 people.
- There is one dentist for every 1,890 people.
- There is one mental health provider for every 1,660 people.
- The rate of preventable hospital stays per year (defined as the rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees) is 2,709.
- 45% of female Medicare enrollees ages 65-74 received an annual mammography screening.
- 31% of fee-for-service Medicare enrollees had an annual flu vaccination (using 2023 data).

See the previous State and US statistics for comparison.

Social & Economic Factors

Jackson County is ranked number 45 in Social & Economic Factors.

- 94% of the population has completed high school, and 60% has some college.
- 2.6% are unemployed, below state and national averages.
- 13% of children are in poverty, below state and national averages.
- 18% of children are in single-parent households, below state and national averages.

Physical Environment

Jackson County is ranked number 78 in Physical Environment.

- Average daily density of fine particulate matter in micrograms per cubic meter is 8.2. The Kansas average is 7.4.
- 14% of households have at least 1 of 4 housing problems (overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities).
- 77% of the population drives alone to work, and 43% commute more than 30 minutes.

County Health Rankings - Nemaha County

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

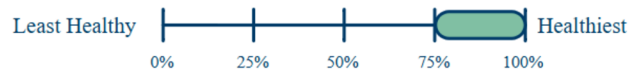
All county rankings were taken from County Health Rankings and Roadmaps

www.countyhealthrankings.org

In 2023, Nemaha County was ranked #3 out of 104 Kansas counties.

(one county did not have sufficient data to be ranked).

Nemaha (NM) is ranked among the healthiest Counties in Kansas (Highest 75%-100%).



Length of Life

Nemaha County, like Pottawatomie County, performed among the best in the state for years of potential life lost before age 75 per 100,000 population. Nemaha County's figure was 5,300. The overall figure in Kansas was 7,500. *Note these rankings include deaths through 2018-2020.*

Quality of Life

Nemaha County also performs well in quality of life measures. The percentage of our population that reports poor or fair health is 12%, with 2.7 poor physical health days and 4.1 poor mental health days out of the last 30 days. The percentage of low-birthweight births is 5%.

Nemaha County Health Factors

Nemaha (NM) is ranked among the healthiest Counties in Kansas (Highest 75%-100%).



Health Behaviors

Nemaha County is ranked among the highest in the state at #6.

- 18% of adults smoke.
- 35% of adults are obese.
- 21% are physically inactive.
- 65% have access to exercise opportunities.
- 20% drink excessively.

Clinical Care

Nemaha County is ranked 10th in Clinical Care. The County is above the national and state benchmarks for the number of primary care physicians and dentists but well below desired benchmarks for mental health providers. We have made great strides in the mental health provider area, however.

- 8% of the population is uninsured.
- There is one primary care physician for every 780.1 people.
- There is one dentist for every 1020 people.
- There is one mental health provider for every 5,110 people.
- The rate of preventable hospital stays per year (defined as the rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees) is 2,722.
- 44% of female Medicare enrollees ages 65-74 received an annual mammography screening.
- 31% of fee-for-service Medicare enrollees had an annual flu vaccination (using 2023 data).

See the previous State and US statistics for comparison.

Social & Economic Factors

Nemaha County is ranked number 4 in Social & Economic Factors.

- 93% of the population has completed high school, and 81% has some college.
- 1.8% are unemployed.
- 10% of children are in poverty.
- 12% of children are in single-parent households.

Physical Environment

Nemaha County is ranked number 46 in Physical Environment.

- Average daily density of fine particulate matter in micrograms per cubic meter is 7.8. The Kansas average is 7.4.
- 8% of households have at least 1 of 4 housing problems (overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities).
- 85% of the population drives alone to work, and 12% commute more than 30 minutes.

County Health Rankings - Marshall County

In 2023, Marshall County was ranked #24 out of 104 Kansas counties.

(one county did not have sufficient data to be ranked).

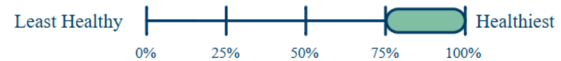
County Health Rankings & Roadmaps
Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

All county rankings were taken from County Health Rankings and Roadmaps

www.countyhealthrankings.org

Marshall (MS) is ranked among the healthiest Counties in Kansas (Highest 75%-100%).



Length of Life

Marshall County performs poorly in the state for years of potential life lost before age 75 per 100,000 population. PT County's figure was 7,700. The overall figure in Kansas was 7,500. *Note these rankings include deaths through 2018-2020.*

Quality of Life

Marshall County compares well in quality of life measures. The percentage of the population that reports poor or fair health is 13%, with 3.0 poor physical health days and 4.2 poor mental health days out of the last 30 days. The percentage of low-birthweight births is 6%.

Marshall County Health Factors

Marshall (MS) is ranked in the higher middle range of Counties in Kansas (Higher 50%-75%).



Health Behaviors

Marshall County is in the higher middle range at #58 in the state.

- 20% of adults smoke.
- 35% of adults are obese.
- 24% are physically inactive.
- 38% have access to exercise opportunities.
- 21% drink excessively.

Clinical Care

Marshall County is ranked number 41 in Clinical Care. The County is well below national and state benchmarks for the number of primary care physicians and dentists and well below desired benchmarks for mental health providers.

- 9% of the population is uninsured.
- There is one primary care physician for every 1,930 people.
- There is one dentist for every 1,430 people.
- There is one mental health provider for every 1,250 people.
- The rate of preventable hospital stays per year (defined as the rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees) is 3,582.
- 47% of female Medicare enrollees ages 65-74 received an annual mammography screening.
- 42% of fee-for-service Medicare enrollees had an annual flu vaccination (using 2023 data).

See the previous State and US statistics for comparison.

Social & Economic Factors

Marshall County is ranked number 33 in Social & Economic Factors.

- 91% of the population has completed high school, and 58% has some college.
- 1.9% are unemployed.
- 12% of children are in poverty.
- 15% of children are in single-parent households.

Physical Environment

Marshall County is ranked number 60 in Physical Environment.

- Average daily density of fine particulate matter in micrograms per cubic meter is 7.6. The Kansas average is 7.4.
- 8% of households have at least 1 of 4 housing problems (overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities).
- 77% of the population drives alone to work, and 16% commute more than 30 minutes.

Survey and Results



Members of the CHCS CHNA subcommittee collaborated with Pottawatomie Public Health to design an online survey using Google Forms. The survey went live in early October 2024 and was closed November 20. We elected not to pursue in-person small group meetings instead favoring heavily promoting the electronic survey through the following:

- Newspaper ads in Onaga, Westmoreland, Seneca and Wamego/St. Marys
- News release and blog post
- Multiple social media posts - paid and sent to everyone in the 4-county region
- Flyers with QR codes distributed at the Onaga Health Fair
- Flyers with QR codes in clinic registration and waiting areas
- Flyers with QR code distributed at the Pottawatomie County Health Department
- Marketing ads on our website
- Flyers distributed at 2 local football games
- Email to CHCS Patient Portal users
- CHCS newsletter for associates (E-Connection)

The survey received 150 responses in the nearly two-month period. Despite numerous efforts, this was down from the 250 responses received in 2021.

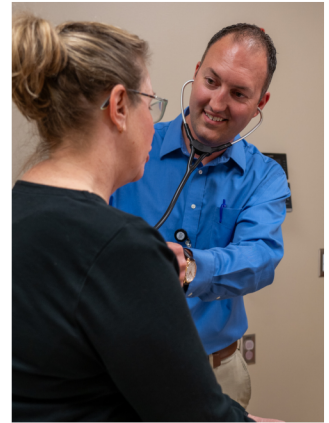
Note: A list of full survey responses with questions can be found at this link:

https://chcsks-my.sharepoint.com/:x/r/personal/pamelaholaday_chcsks_org/Documents/2025%20Survey%20Questions%20and%20Results.xlsx?d=wd1fd1c8f7ec9446fac03431c49687ebc&csf=1&web=1&e=hsOXmA&nav=MTVfezE0NkFFRjdBLTQ0MDYtNDczMC04RjZDLUVEREZEOTY4ODY5RX0

The password required for access is: CHNA2025!

Survey Data

Survey respondents offered valuable insight into the overall quality of healthcare delivery, individual and community health concerns, and priorities that CHCS should pursue. Some important highlights are below.



- Respondents were asked specific questions regarding care and programs offered at their County Health Department. Results were as follows:
- **Healthcare Services:** Very Good - 22.7%, Good - 18.7%, Average - 18.7%, Poor - 2.7%, Very Poor - 1.3%, Not applicable or not aware - 36.97%
- **Health Education:** Very Good - 16.7%, Good - 17.3%, Average - 22.7%, Poor - 6%, Very Poor - 1.3%, Not applicable or not aware - 37.4%
- **Disease Prevention:** Very Good - 16.7%, Good - 20%, Average - 23.3%, Poor - 3.3%, Very Poor - 2.7%, Not applicable or not aware - 34.8%
- **Programs/Initiatives:** Very Good - 17.3%, Good - 17.3%, Average - 24.7%, Poor - 8.7%, Very Poor - 3.3%, Not applicable or not aware - 30.9%
- When respondents were asked to identify the three most pressing areas of concern from a list of health/community issues, the top three were: **Mental Health - 51.3%, Awareness of Health Services (don't know what services are offered) - 49.3% and Affordable Housing - 46%**
- **Other topics** with percentages were: Access to Healthcare (23.3%), Alcohol Abuse (31.3%), Availability of Healthy Food (32.7%), Cardiovascular Health (14.7%), Diabetes (19.3%), Drug Abuse (36.7%), Exercise/fitness (36%), Lack of Home Health/Hospice (14%), Maternity care/child care (25.3%), Obesity (35.3%), Senior Care Services (26.7%), Poverty (21.3%)
- When asked to identify the top three barriers to good health in their community, respondents ranked: **Limited access to mental health (48.7%), Chronic Disease (48%), and Lack of health insurance (38.7%)** as the top three.
Other notable areas were, Lack of nutrition/exercise services (34%), Lack of Transportation (32.7%) and Limited access to specialty care (31.3%)
- In this survey, respondents were asked what drugs they felt were currently impacting their community. Responses included:
 - Alcohol - 82.7%
 - Methamphetamines: 52%
 - Marijuana: 49.3%
 - Fentanyl: 31.3%
 - Opioids: 29.3%
 - Prescription Opioids: 25.3%
 - Cocaine: 6%
 - Other: 6%
 - Heroin: 1.3%

Survey Data



- Respondents were asked if they had heard of Narcan with 92% saying yes. They were also asked if they had a dose at home with 82.7% stating No.
- Respondents were also asked about discarding/destroying of unused prescription medications with 66.7% saying Yes.
- The survey asked respondents to rate their community in an array of health services.
- Full ratings are available in their entirety in the link previously provided, but the most prevalent rating for each area is below. Available ratings were Very Good, Good, Fair, Poor, and Very Poor.
- After Hours Clinics: Poor, 29.3%
- Ambulance Services: Average, 34%
- Behavioral Health: Average, 33.3%
- Child Care: Average, 38%
- Chiropractic Services: Average, 26.7%
- Dental Care: Average, 29.3%
- Emergency Room Services: Good, 28%
- Emergency Preparedness: Good, 38.7%
- Food and Nutrition Services/Education: Average, 45.3%
- Home Health Services: Average, 28.7%
- Hospice/Palliative Care: Average, 31.3%
- Hospital Inpatient Services, Good, 27.3%
- Maternal/Child Care: Average, 37.3%
- Mental Health Services: Average, 29.3%
- Nursing Home/Senior Care: Average, 38.7%
- Optometry Services: Good, 33.3%
- Outpatient Services: Good, 30.7%
- Pharmacy Services: Good, 43.3%
- Prenatal/Child Health Programs: Average, 36%
- Primary Care Services: Good, 38%
- School Health (Nurses): Average, 32%
- Substance Use Prevention, Poor, 39.3%
- Suicide Prevention: Average, 34%
- Violence Abuse/Prevention: Average, 34.7%
- Visiting Specialty Providers: Good, 28.7%
- Respondents were also asked to rate housing in the following areas: **Availability, (average, 40.7%); Affordability, (Poor, 32.7%); and Safety, (good, 40%).**
- Respondents ranked their community environmental resources as follows: **Air Quality, (good, 40.7%); Water Quality, (good, 35.3%) and Noise Quality, (good, 40.7%).**

Survey Data

Respondents came from within the CHCS service area with Pottawatomie County having the largest percentage, 56%; followed by Nemaha County, 14.7%; Jackson County, 11.3%, Marshall County, 8.7%. Other respondents were from: Brown, Riley, Shawnee, Wabaunsee, Douglas, and Pawnee Counties for a total of 10.25.



Other respondent characteristics were:

- **Age Range:** 41-50 (22%), 31-40 and 51-60 (20.7%), 21-30 and 61-70 (16%), 71 and over (4%) and under 20 (.7%).
- **Race:** White (93.3%), Hispanic/Latino (3.3%), Asian, (2.7%), Other (1.3%) and Black/African American and Native American (.7%).
- **Gender:** Female (86%), Male (12%), Other (2%).
- **Sexual Orientation:** Straight or heterosexual (88.7%), Other (10%), Bisexual (1.3%).
- **Gender Identity:** Female (82%), Male (11.3%), Other (6.7%).
- **Highest Level of Education:** Associate's degree or Trade School (27.3%), Bachelor's degree (26.7%), Some College (22%), Graduate or professional degree (17.3%), High School degree (8%), Other (1.3%).
- **Household Income:** Over \$100,000 (34.7%), \$60,001-\$100,000 (44.7%), \$20,000-\$60,000 (19.3%) Under \$20,000 (2%).
- **Own Home vs Renting Home:** 80.7% to 16%.
- **Number Living in Home:** 3-6, (53.3%), 0-2 (41.3%), 7 to 10+ (5.3%).
- **Job Status:** Full-time (80.7%), Part-time (10.7%), Other (10%), Seeking Opportunities (2%).

Final questions included:

- What tobacco products do you use: 92% of respondents use none.
- How often over the last 2 weeks have you been bothered by feelings of depression, including little or no interest or pleasure doing things and/or feeling down, depressed or hopeless? Not at all: (75.3%), Several days (22%), More than half of the days (2%), Nearly every day (1.3%).
- Do you receive health check-ups regularly? Yes (86.7%), No (1.3%).
- How many times per week do you exercise? 1-2 (48.7%), 3-5 (27.3%), 5 (8%), Never (16.7%).

When asked about new community health programs they felt should be created to meet their health needs, respondents listed the top 2 as:

- Women's Health - 39.3%.
- Dermatology - 33.3%.

Survey Data Limitations

This survey provided integral data meant to be used to guide discussions regarding community needs, health available services, outreach and education efforts, and more for not only CHCS, but also County Health Departments. However, like most surveys, ours too has some limitations as far as data interpretation.

Notable limitations include:

- Survey respondents were predominately female, higher incomes, tended to be full-time employed homeowners who were also more highly educated than our service area population as a whole. We made great efforts to publicize the survey to our patients as well as the broader population through a number of channels, but the electronic method may have slanted results towards those greater access to broadband internet, computers, and smartphones.
- CHCS cares for patients of all ages, education attainment and income levels. We work diligently to provide excellent care to those underserved in our communities. but as we review these survey results, we cannot forget those who may not have had the opportunity to express their opinion or who may not have felt comfortable doing so.

Secondary data from Kansas Health Matters and the Robert Wood Johnson Foundation also have limitations, particularly because of the time lag between gathering and reporting demographic data.

Comparing Secondary Data with Survey Data

Comparing the secondary data from Kansas Health Matters and the Robert Wood Johnson Foundation County Health Rankings against our survey results reveals both consistencies and inconsistencies that help shed light on how CHCS can help communities become healthier. Examples include the following.



1. Mental health continues to be a concerning issue for our rural communities. County Health Rankings show all four (4) counties (Pottawatomie, Jackson, Marshall and Nemaha) within our primary service area have significantly fewer mental health providers per 100 people as compared to the State of Kansas, which is 450:1. Thus, showing consistency with this being our communities' top priority.

2. Pottawatomie and Nemaha counties were ranked #2 and #3 respectively in the County Health Rankings. Both counties compare favorably in areas such as education, unemployment, poverty, and more, but we do recognize that a number of people remain who struggle economically.

3. Marshall and Jackson counties ranked #24 and #32 respectively. These counties have higher poverty rates than Pottawatomie or Nemaha but are still under the State average of 14%.

4. Of the four counties, Jackson has the highest percentage of uninsured people at 12%, with Pottawatomie and Marshall at 9% and Nemaha at 8%.

5. County Health Rankings reflect each of the four counties has below the desired number of primary care physicians and dentists. This is consistent with survey respondents' identification of access to healthcare and possibly awareness of available healthcare services as a high-priority problem. It could be difficult to know what services are available if our population is underserved or not able to receive services due to lack of providers.

6. As previously noted, 46% of survey respondents believe affordable housing is a pressing issue in our communities. Respondents ranked housing affordability as average (32%), poor (32.7%) or very poor, (19.3%). Only 14.7% ranked affordable housing at very good or good. County Health Rankings show our four counties range from 8% to 14% of households have at least 1 of 4 housing problems. The Kansas State average is 13%. Three of our four counties ranked in the lower half of the state for physical environment with Nemaha County having the highest ranking at #46.

7. According to Kansas Health Matters (2017 data) our four counties are below the State of Kansas average (16.5%) for percentage of adults with diabetes, with percentages between 12.7-13.9%, this is certainly a key driver in our survey respondents identifying chronic disease as a barrier to good health in our communities. Data from 2021 from Kansas Health Matters also indicate three of our 4 counties are below the State average (34.3%) for chronic illness related to heart disease and stroke with only Jackson County lagging behind at 42%.

Actions Taken

Past efforts

CHNAs from 2013, 2016, and 2019 identified the following priorities:

- 2013: Mental health services; wellness and prevention (obesity, immunizations, and breast health)
- 2016: Combatting heart disease and diabetes through nutrition and physical activity
- 2019: Mental health, cardiovascular health (heart disease & stroke prevention), and exercise, nutrition & weight management)
- 2022: Mental health, access to healthcare and obesity



CHCS has taken action since 2022 to address these issues, including:

Mental Health Initiatives:

- Presented Behavioral Health packets to regional healthcare collaboratives across the state.
- Expanded behavioral health offering with the addition of counseling services at our Onaga, St. Marys and Holton locations. We now have two full time counselors on staff to provide services.
- Expanded psychiatry services to include prescription management services one day weekly at our Onaga location.
- Continue to educate local community members and students with our Mental Health First Aid classes for youth and adults with numerous classes taught. Also obtained a grant to be able to offer class materials for free to participants.
- Participated in the HINK (Health Innovations Network of Kansas) SPIN (Suicide Prevention Improvement Network). This program offered free access to PQR (Procedure Qualification Record) training for staff.
- Zero Suicide training and participation in 2023-2024.

- Taught Screen Sanity courses throughout our communities.
- Held a fundraiser in conjunction other local healthcare facilities for Damon's Purpose, a local, grassroots organization dedicated to suicide awareness and prevention to improve mental health. This event raised more than \$5,800. All funds are used for the sole purpose of promoting, engaging and empowering our communities to overcome mental health stigmas.
- Ongoing collaboration with Pawnee Mental Health.
- Participate in Behavioral Health Integration (BHI) collaboration to promote integration of behavioral health into primary care. Received grant funds to assist with expenses related to expansion of mental health services and specialty training including biofeedback therapy program and eye movement desensitization and reprocessing (EMDR) training.
- Ongoing collaboration with Pawnee Mental Health for screening and crisis management.

Access to Healthcare/Awareness

- Participated in a Body Venture activity with a local school district to help students learn about the human body.
- Participated in Family Resource Night and Community Baby Shower hosted by the Pottawatomie County Health Department.
- Hosted yearly (2022-2024) Health Fairs and Community Baby Showers in Onaga. Offered low-cost labs and community and CHCS resources to participants.
- Hosted yearly (2023-2024) Health Fairs in Holton and St. Marys. Offered low-cost labs and community and CHCS resources to participants.
- Provided resources at numerous career fairs to local high school students.
- Participated at the St. Marys Community Resource Fair.
- Participated in the Wamego Senior Resource Fair.
- Participated in Classroom to Careers, 2022-2024, to help educate local 4th Grade students on available healthcare resources and healthcare careers.
- Established a Helpful Community Resources page on our website (www.chcsks.org). this contains a complete listing of available health and community resources offered in each of our local cities/counties.

Obesity/Food and Nutrition

- Attempting to recruit a registered diabetic educator to offer increased diabetic services to our patients.
- Presented healthy eating and exercising education at the Onaga Summer School classes.
- Offered classes to Onaga HS students on healthy eating alternative including budgeting, label reading, how to cut back on sugar intake and simple meal preparation tips.
- Continue to deliver Meals on Wheels to the Onaga Senior Citizens Center.

Other Community Outreach/Involvement

- Yearly sports physicals offered to students in Centralia, Frankfort, Holton, Onaga, Jackson Heights and St. Marys school districts.
- Lifejacket giveaway with water safety education offered.
- Taught Heartsaver CPR and Hands Only CPR classes.
- Taught Stop the Bleed classes in several local school districts.
- Offered numerous flu shot clinics.
- Participated in Active Shooter exercises at Royal Valley USD 337. Planning similar exercises at Jackson Heights USD 335 and Holton USD 336.
- Provided FREE COVID tests to various local schools.
- Provided Stroke Education through a Friday Night Lights campaign.
- Other engagement activities with local school districts to provide support and education.
- Sponsored a HOSA (Future Health Professional) chapter at Rock Creek High School. This is an on-going effort.

Priorities



Survey respondents have indicated the following as their top three Community Health Needs or Priorities:

- 1. Mental Health**
- 2. Awareness of Health Services (don't know what services are offered)**
- 3. Affordable Housing**

Survey respondents have indicated the following as their top three barriers to good health:

- 1. Limited Access to Mental Health**
- 2. Chronic Disease**
- 3. Lack of Insurance**

Action Plan

CHCS has a clear and concise mission **(to enrich the health and lives of the people we serve)**. It is now our responsibility to strategize and develop new initiatives, services and programs to meet the needs of our communities as addressed in this assessment.

Below is our plan to achieve these goals:



Mental Health

Anticipated Impact: To improve awareness and access to available local mental health resources in the communities we serve.

Strategy I: Provide free Mental Health First Aid classes to youth, teens and adults in our service area.

- **Objective:** To increase training for Mental Health First Aid.
- **Target Population:**
 - *Additional CHCS Staff to be able to teach the MHFA courses in our communities.
 - *Additional school staffed trained to teach the course in the schools.
 - *Teens in local schools.
- **Collaboration:** County Health Departments and Pawnee Mental Health to assist in promoting the free class offerings.
- **Recourses:**
 - *Grant funding received from Stormont Vail Health Foundation to offer free course materials to participants.
 - *CHCS allocation of staff time for trainings.
- **Actions:**
 - *Hold informational meetings with local school districts to promote the Mental Health First Aid program.
 - *Continue the established agreements to teach the program in Centralia and Frankfort High Schools.
 - *Establish new collaborations with local partners to increase awareness of the Mental Health First Aid program.
 - *Create a Patient and Family Advisory Council to increase awareness of services and for additional input.
- **Anticipated Outcome:** Increased course offerings to local high school students with an additional 100-150 students trained.



Mental Health

Strategy 2: Increase the mental health services currently offered in our local communities.

- **Objective:** Provide increased mental health services.
- **Target Population:**
 - *All members of the communities we serve.
- **Collaboration:** Partner with other local mental health providers in our service area.
- **Actions:**
 - *Meeting with other local providers for possible mental health collaborations.
 - *Explore expansion of mental health services to additional communities in our service area.
 - *Explore extended hours of mental health services offerings at our clinics.
 - *Explore mental health service offerings to our geriatric populations in our long-term care facilities.
 - *Explore Neuro-Psych services offerings in our outpatient clinics.
 - *Continued collaboration with Damon's Purpose, a group dedicated to suicide awareness and prevention.
- **Anticipated Outcome:** Increased mental health services and resources in our local communities.
- **Anticipated Impact:** Additional mental health resources/providers available to our local communities.

Awareness of Available Health Services

Anticipated Impact: To improve awareness and access to available local mental health resources in the communities we serve.

Strategy 1: Combat lack of awareness about available health resources and services in our local communities.

- **Objective:** Raise awareness of all the health community resources available.
- **Target Population:**
 - *All community members of the communities we serve.
- **Collaboration:**
 - *Tertiary hospitals
 - *County Health Departments
 - *Local schools and school nurses
 - *School HOSA Chapters
- **Actions:**
 - *Place TV's in all clinic waiting areas to promote all available health services and community resources.
 - *Explore billboard opportunities to promote available services.
 - *Work with local schools on back-to-school or enrollment events to promote available services.
 - *Continue our yearly health fairs to promote available health resources and provide health education.
 - *Seek enhanced collaborative opportunities with county health departments and other agencies.
 - *Continue partnerships with local schools to provide services, education and job shadowing opportunities.
 - *Continue partnerships to provide education and resources at applicable community events.
- **Anticipated Outcome:** Increased public awareness of available health services and resources.
- **Anticipated Impact:** Increased usage and understanding of available health programs.

Affordable Housing

Anticipated Impact: To improve housing affordability within our service area.

Strategy I: Raise awareness of housing affordability issues.

- **Objective:** To increase our internal awareness of available housing programs, grants or incentives available to our local communities.
- **Target Population:**
 - *All members in the communities we serve.
- **Collaboration:** Partner with other local housing agencies and city and county government entities in our service area.
- **Actions:**
 - *Share these survey results with all county and city governments in our service area.
 - *Educate CHCs staff on all available housing grants or incentives in our local communities.
 - *Advocate for increased affordable housing options in our local communities.
 - *Help government entities pursue possible affordable housing grants.
 - *Engage with and establish rapport with local economic develop entities in our local counties.
- **Anticipated Outcome:** Increased affordable housing opportunities in our local communities.
- **Anticipated Impact:** Increased awareness of established program or available incentives for home renovations, improvements or new construction within our service area.

Note: A list of full survey responses with questions can be found at this link:

https://chcsks-my.sharepoint.com/:x/r/personal/pamelaholaday_chcsks_org/Documents/2025%20Survey%20Questions%20and%20Results.xlsx?d=wd1fd1c8f7ec9446fac03431c49687ebc&csf=1&web=1&e=hsOXmA&nav=MTVfezE0NkFFRjdBLTQ0MDYtNDczMC04RjZDLUVEREZEOTY4ODY5RX0

The password required for access is: CHNA2025!

Please direct any questions regarding the survey or this 2025 Community Health Needs Assessment to the Director of Communications at 785-889-5133 or info@chcsks.org.



Community
HealthCare System

NE Kansas

**120 West 8th St
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**Our Mission:
To enrich the health and lives
of the people we serve.**