



**Community Health Needs Assessment**  
**Amberwell Atchison**  
Atchison County, Kansas



**October 2025**

VVV Consultants LLC  
Olathe, KS

# Community Health Needs Assessment

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# I. Executive Summary

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# I. Executive Summary

## Amberwell Atchison (Primary Service Area) – Atchison County, KS - 2025 Community Health Needs Assessment (CHNA)

The previous Community Health Needs Assessment for Amberwell Atchison and its primary service area was completed in 2022. (Note: The Patient Protection and Affordable Care Act (ACA) requires non-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). The Round 5 Atchison County, KS CHNA began in early January 2025 and was facilitated/created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandehaar, MBA.

Creating healthy communities requires a high level of mutual understanding and collaboration among community leaders. The development of this assessment brings together community health leaders, providers, and other residents to research and prioritize county health needs while documenting community health delivery success. This health assessment will serve as the foundation for community health improvement efforts for the next three years.

**Important community CHNA Benefits** for both the local hospital and the health department, are as follows: 1.) Increases knowledge of community health needs and resources 2.) Creates a common understanding of the priorities of the community’s health needs 3.) Enhances relationships and mutual understanding between and among stakeholders 4.) Provides a basis upon which community stakeholders can make decisions about how they can contribute to improving the health of the community 5.) Provides rationale for current and potential funders to support efforts to improve the health of the community 6.) Creates opportunities for collaboration in delivery of services to the community and 7.) Guides the hospital and local health department on how they can align their services and community benefit programs to best meet needs, and 8.) fulfills the Hospital's “Mission” to deliver.

## County Health Area of Future Focus on Unmet Needs

Area Stakeholders held a community conversation to review, discuss, and prioritize health delivery. Below are two tables reflecting community views and findings:

2025 CHNA Unmet Needs				
Amberwell Atchison (Primary Service Area)				
Atchison Co, KS - 7/23/25 Town Hall: (50 Attendees, 166 Total Stakeholder Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Mental Health (Treatment)	26	16%	16%
2	Substance Abuse (Alcohol & Drugs)	23	14%	30%
3	Transportation (all)	21	13%	42%
4	Poverty & Economic Development	18	11%	53%
5	Childcare (Affordable & Accessible)	15	9%	62%
6	Food Insecurity / Cost of Health Foods	8	5%	67%
7	Obesity (Food & Fitness)	8	5%	72%
8	Housing (Affordable, Quality, Rental Options)	8	5%	77%
Total Votes		166		
Other Items receiving votes: Underinsured and Underinsured, Urgent Care / Afterhours (All Services), Telehealth Education, Elderly Care (Health), Holistic Health / Alternative Medicine, Family Support, EMS Response Time, Life Skills, and Recruit Quality Providers.				

## Town Hall CHNA Findings: Areas of Strengths

Atchison County, KS - Community Health Strengths Recalled			
#	Topic	#	Topic
1	Access to Quality Healthcare	8	Healthcare and Community Leadership
2	Chiropractors and Maternity Care	9	Housing Quality is Improving
3	Community members staying home for healthcare	10	Local OB Services
4	Dentist and Optometrists	11	Mental Health Providers
5	Education System (higher education)	12	Multiple Sites for Primary Care
6	Engaged and Supportive Community	13	Spiritual Outreach
7	Free school lunch and breakfast		

### Key CHNA Round #5 Secondary Research Conclusions found:

**KANSAS HEALTH RANKINGS:** According to the 2023 Robert Woods Johnson County Health Rankings, Atchison Co, KS, on average was ranked 41<sup>st</sup> in Health Outcomes, 77<sup>th</sup> in Health Factors, and 61<sup>st</sup> in Physical Environmental Quality out of the 105 Counties.

**TAB 1.** Atchison County's population is 16,108 (based on 2023 findings). About five percent (5.4%) of the population is under the age of 5, while the population that is over 65 years old is 18.6%. Children in single parent households make up a total of 16.7% compared to the rural norm of 15.8%, and 87.7% are living in the same house as one year ago.

**TAB 2.** In Atchison County, the average per capita income is \$27,644 while 14.7% of the population is in poverty. The severe housing problem was recorded at 10.7% compared to the rural norm of 10%. There are 12.2% of those with food insecurity in Atchison County and 9.1%, and those having limited access to healthy foods (store). Individuals recorded as having a long commute while driving alone is 26.3% compared to the norm of 34.6%.

**TAB 3.** Children eligible for a free or reduced-price lunch in Atchison County is 53.1%. Findings found that 93.8% of Atchison County ages 25 and above graduated from high school while 22.2% has a bachelor's degree or higher (2022).

**TAB 4.** The percent of births where prenatal care began in the first trimester was recorded at 79.7% compared to the rural norm of 79%. Additionally, the percentage of births with low birth weight was 7.8%. Atchison County recorded 5.4% of births occurring to teens between ages 15-19. The percentage of births where mother smoked during pregnancy was 17.4% compared to the rural norm of 10.8%.

**TAB 5.** The Atchison County primary care service coverage ratio is 1 provider (county based officed physician who is a MD and/or DO) to 2,288 residents. There were preventable hospital stays in compared to the rural norm of 3,301. Patients who gave their hospital a rating of 9 or 10 (scale 0-10) was 71% while patients who reported they would definitely recommend the hospital was recorded at 71%.

## Secondary Research Continued

**TAB 6.** In Atchison County, adults ever diagnosed with depression as of 2021 was 20.8%. The age-adjusted suicide mortality rate per 100k was 23.9. The mental behavioral admission rates per 100k is 63.2.

**TAB 7a – 7b.** Atchison County has an obesity percentage of 36.2% and a physical inactivity percentage is 24.2%. The percentage of adults who smoke is 20%, while the excessive drinking percentage is 19.6%. Adults who take medication for high blood pressure is 79.6%. Those with kidney disease is 3.1%. Adults with diabetes as of 2021, was recorded at 10% compared to 8.4%. Those reported having experienced a stroke 3.3%.

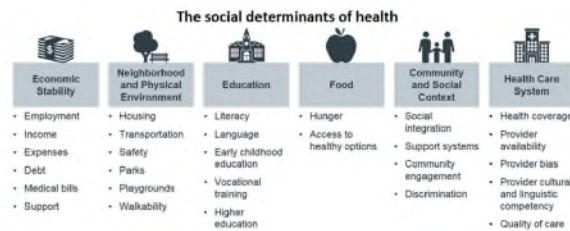
**TAB 8.** The adult uninsured rate for Atchison County is 8.8% compared to the rural norm of only 9.6%. Those with Kansas Medical Assistance Program (per 1k) is 129.7.

**TAB 9.** The life expectancy rate in Atchison County for males and females is roughly 78 years of age (77.7). Alcohol-impaired driving deaths for Atchison County is 18.8% while age-adjusted Cancer Mortality rate per 100,000 is 177.2. The age-adjusted heart disease mortality rate per 100,000 is at 177.2.

**TAB 10.** A recorded 82.3% of Atchison County has access to exercise opportunities. Continually, 39% of women have done a mammography screening compared to the rural norm of 43.3%. Adults recorded in Atchison County who have had a regular routine check-up is 73.7%.

**Social Determinants Views Driving Community Health:** From Town Hall conversations the Economy followed by Provider Access and Community/Social Support are impacting community health, see Sec V for a detailed analysis.

### Social Determinants Online Community Feedback – Amberwell Atchison PSA (N=353)



Amberwell Atchison PSA "KEY" Social Determinant Takeaways to Improve Our Community Health	
<b>Affordable housing initiatives</b> , including the development of low-income housing and home repair programs...	<b>Collaboration across all organizations</b> to ensure the patients are getting the right access to their care or needs.
<b>Economic stability</b> is especially concerning as the price of basic necessities (food and safe housing primarily) have increased in cost dramatically over the last 5 years.	<b>Increased education</b> on the importance of health and wellness as part of our daily lives would be essential!
<b>Transportation</b> may be the greatest deterrent ...	<b>Nutrition</b> is so important can't empathize to much

## Key CHNA Round #5 Primary Research Conclusions found:

Community feedback from residents, community leaders, and providers (N=353) provided the following community insights via an online perception survey:

- Using a Likert scale, the average between Atchison County stakeholders and residents that would rate the overall quality of healthcare delivery in their community as either Very Good or Good; is 64.8%.
- Atchison County stakeholders are very satisfied with some of the following services: Ambulance Services, Chiropractors, Dentists, Optometry, Hospice / Palliative, and Outpatient Services.
- When considering past CHNA needs, the following topics came up as the most pressing: Mental Health Services, Substance Abuse, Childcare Services, Obesity, Additional Providers, Poverty, Uninsured / Underinsured, Transportation, and Wellness / Prevention.

During the Town Hall on July 23<sup>rd</sup>, 2025, a discussion was held to evaluate the impact of any actions taken to address the 2022 significant health needs identified. Any meaningful actions taken to address the 2022 unmet needs would be referenced in the Town Hall notes located in sec V. The table below was reviewed in-depth asking for feedback on which needs are still pressing and ongoing, thus evaluating actions taken in 2022.

Amberwell Atchison PSA - CHNA YR 2025 N=353					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Mental Health (Diagnosis, Placement, Aftercare, Awareness, Providers)	130	11.4%		1
2	Substance Abuse (Drugs & Alcohol)	116	10.2%		2
3	Childcare Services (Affordable, Accessible, Ease License Requirements)	110	9.6%		3
4	Obesity (Nutrition / Exercise)	107	9.4%		4
5	Poverty	103	9.0%		6
6	Add Providers (PC, IM, Surg, Derm, Peds, Onc, Pulm)	99	8.7%		5
7	Uninsured/Underinsured	79	6.9%		7
8	Transportation (General)	79	6.9%		8
9	Wellness / Prevention	64	5.6%		10
10	Senior Care Providers	52	4.6%		9
11	Community Education / Communication	51	4.5%		12
12	Emergency Room Access (Timeliness of Care)	42	3.7%		11
13	Coordination of Atchison County Social Services	40	3.5%		15
14	Dialysis	36	3.2%		13
15	Sexual Education	21	1.8%		15
15	Limit Free Handouts	12	1.1%		14
Totals		1,141	100.0%		

# II. Methodology

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## II. Methodology

### a) CHNA Scope and Purpose

The federal Patient Protection and Affordable Care Act (ACA) requires that each registered 501(c)3 hospital conduct a Community Health Needs Assessment (CHNA) at least once every three years and adopt a strategy to meet community health needs. Any hospital that has filed a 990 is required to conduct a CHNA. IRS Notice 2011-52 was released in late fall of 2011 to give notice and request comments.

#### **JOB #1: Meet/Report IRS 990 Required Documentation**

1. A definition of the community served by the hospital facility and a description of how the community was determined.
2. A description of the process and methods used to conduct the CHNA.
3. A description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves.
4. A prioritized description of the significant health needs of the community identified through the CHNA. This includes a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs.
5. A description of resources potentially available to address the significant health needs identified through the CHNA.
6. An evaluation of the impact of any actions that were taken to address the significant health needs identified in the immediately preceding CHNA.

Section 501(r) provides that a CHNA must take into account input from persons who represent the broad interests of the community served by the hospital facility, including individuals with special knowledge of or expertise in public health. Under the Notice, the persons consulted must also include: Government agencies with current information relevant to the health needs of the community and representatives or members in the community who are medically underserved, low-income, minority populations, and populations with chronic disease needs. In addition, a hospital organization may seek input from other individuals and organizations located in or serving the hospital facility's defined community (e.g., health care consumer advocates, academic experts, private businesses, health insurance and managed care organizations, etc.).

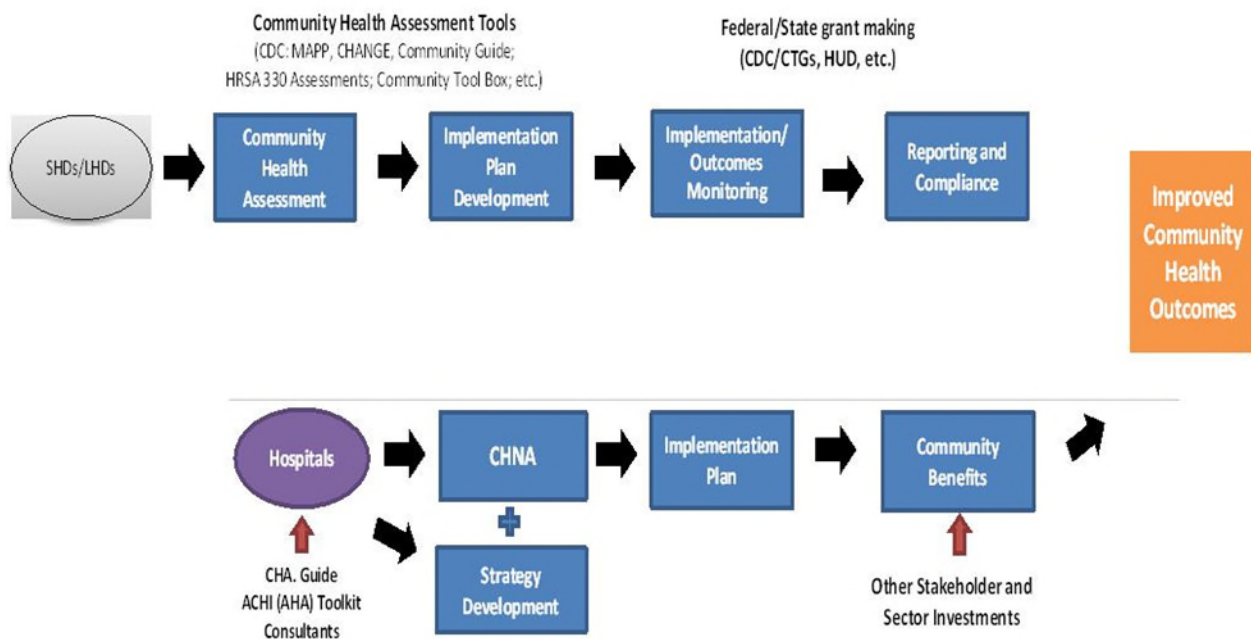
#### **JOB #2: Making a CHNA Widely Available to the Public**

The Notice provides that a CHNA will be considered to be "conducted" in the taxable year that the written report of the CHNA findings is made widely available to the public. The Notice also indicates that the IRS intends to pattern its rules for **making a CHNA "widely available to the public"** after the rules currently in effect for Form 990. Accordingly, an organization would make a **facility's written report** widely available by posting the final report on its website either in the form of (1) the report itself, in a readily accessible format or (2) a link to another organization's website, along with instructions for accessing the report on that website. *The Notice clarifies that an organization must post the CHNA for each facility until the date on which its subsequent CHNA for that facility is posted.*

### **JOB #3: Adopt an Implementation Strategy by Hospital**

Section 501(r) requires a hospital organization to adopt an implementation strategy to meet the needs identified through each CHNA. The Notice defines an “implementation strategy” as a written plan that addresses each of the needs identified in a CHNA by either (1) describing how the facility plans to meet the health need or (2) identifying the health need as one that the facility does not intend to meet and explaining why the facility does not intend to meet it. A hospital organization may develop an implementation strategy in collaboration with other organizations, which must be identified in the implementation strategy. As with the CHNA, a hospital organization that operates multiple hospital facilities must have a separate written implementation strategy for each of its facilities.

Great emphasis has been given to work hand-in-hand with leaders from hospitals, the state health department and the local health department. A common approach has been adopted to create the CHNA, leading to aligned implementation plans and community reporting.



## IRS Requirements Overview (Notice 2011-52)

### Notice and Request for Comments Regarding the Community Health Needs Assessment Requirements for Tax-exempt Hospitals

#### Applicability of CHNA Requirements to “Hospital Organizations”

The CHNA requirements apply to “hospital organizations,” which are defined in Section 501(r) to include (1) organizations that operate one or more state-licensed hospital facilities, and (2) any other organization that the Treasury Secretary determines is providing hospital care as its principal function or basis for exemption.

#### How and When to Conduct a CHNA

Under Section 501(r), a hospital organization is required to conduct a CHNA for each of its hospital facilities once every three taxable years. ***The CHNA must take into account input from persons representing the community served by the hospital facility and must be made widely available to the public. The CHNA requirements are effective for taxable years beginning after March 23, 2012.*** As a result, a hospital organization with a June 30 fiscal year end must complete a CHNA full report every 3 years for each of its hospital facilities by fiscal June 30th.

#### Determining the Community Served

A CHNA must identify and assess the health needs of the **community served** by the hospital facility. Although the Notice suggests that geographic location should be the primary basis for defining the community served, it provides that the organization may also take into account the target populations served by the facility (e.g., children, women, or the aged) and/or the facility’s principal functions (e.g., specialty area or targeted disease). *A hospital organization, however, will not be permitted to define the community served in a way that would effectively circumvent the CHNA requirements (e.g., by excluding medically underserved populations, low-income persons, minority groups, or those with chronic disease needs).*

#### Persons Representing the Community Served

Section 501(r) provides that a CHNA must take into account input from **persons who represent the broad interests of the community** served by the hospital facility, including individuals with special knowledge of or expertise in public health. Under the Notice, the persons consulted must also include: (1) government agencies with current information relevant to the health needs of the community and (2) representatives or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs, in the community. In addition, a hospital organization may seek input from other individuals and organizations located in or serving the hospital facility’s defined community (e.g., health care consumer advocates, academic experts, private businesses, health insurance and managed care organizations, etc.).

#### Required Documentation

The Notice provides that a hospital organization will be required to separately document the CHNA for each of its hospital facilities in a **written report** that includes the following information: 1) a description of the community served by the facility and how the community was determined; 2) a description of the process and methods used to conduct the CHNA; 3) the identity of any and all organizations with which the organization collaborated and third parties that it engaged to assist with the CHNA; 4) a description of how the organization considered the input of persons representing the community (e.g., through meetings, focus groups, interviews, etc.), who those persons are, and their qualifications; 5) a prioritized

description of all of the community needs identified by the CHNA and an explanation of the process and criteria used in prioritizing such needs; and 6) a description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA.

## **Making a CHNA Widely Available to the Public**

The Notice provides that a CHNA will be considered to be **“conducted”** in the taxable year that the written report of the CHNA findings is made widely available to the public. The Notice also indicates that the IRS intends to pattern its rules for making a CHNA “widely available to the public” after the rules currently in effect for Forms 990. *Accordingly, an organization would make a facility’s written report widely available by posting on its website either (1) the report itself, in a readily accessible format, or (2) a link to another organization’s website, along with instructions for accessing the report on that website. The Notice clarifies that an organization must post the CHNA for each facility until the date on which its subsequent CHNA for that facility is posted.*

## **How and When to Adopt an Implementation Strategy**

Section 501(r) requires a hospital organization to adopt an implementation strategy to meet the needs identified through each CHNA. **The Notice defines an “implementation strategy” as a written plan that addresses each of the needs identified in a CHNA by either (1) describing how the facility plans to meet the health need, or (2) identifying the health need as one that the facility does not intend to meet and explaining why the facility does not intend to meet it.** A hospital organization may develop an implementation strategy in collaboration with other organizations, which must be identified in the implementation strategy. As with the CHNA, a hospital organization that operates multiple hospital facilities must have a separate written implementation strategy for each of its facilities.

Under the Notice, an implementation strategy is considered to be “adopted” on the date the strategy is approved by the organization’s board of directors or by a committee of the board or other parties legally authorized by the board to act on its behalf. Further, the formal adoption of the implementation strategy must occur by the end of the same taxable year in which the written report of the CHNA findings was made available to the public. For hospital organizations with a June 30 fiscal year end, that effectively means that the organization must complete and appropriately post its first CHNA no later than its fiscal year ending June 30, 2013, and formally adopt a related implementation strategy by the end of the same tax year. *This final requirement may come as a surprise to many charitable hospitals, considering Section 501(r) contains no deadline for the adoption of the implementation strategy.*

## **IRS Community Health Needs Assessment for Charitable Hospital Organizations - Section 501(0)(3) Last Reviewed or Updated: 21-Aug-2020**

In addition to the general requirements for tax exemption under Section 501(c)(3) and Revenue Ruling 69-545 hospital organizations must meet the requirements imposed by Section 501(r) on a facility-by-facility basis in order to be treated as an organization described in Section 501(c)(3). These additional requirements are:

1. Community Health Needs Assessment (CHNA) - Section 501(r)(3),
2. Financial Assistance Policy and Emergency Medical Care Policy - Section 501(r)(4),
3. Limitation on Charges - Section 501(r)(5), and
4. Billing and Collections - Section 501(r)(6).

Medically underserved populations include populations experiencing health disparities or that are at risk of not receiving adequate medical care because of being uninsured or underinsured, or due to geographic, language, financial, or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility’s service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma, or other barriers.

Additionally, in determining its patient populations for purposes of defining its community, a hospital facility must take into account all patients without regard to whether (or how much) they or their insurers pay for the care received or whether they are eligible for assistance under the hospital facility's financial assistance policy. If a hospital facility consists of multiple buildings that operate under a single state license and serve different geographic areas or populations, the community served by the hospital facility is the aggregate of these areas or populations.

### **Additional Sources of Input**

In addition to soliciting input from the three required sources, a hospital facility may solicit and take into account input received from a broad range of persons located in or serving its community. This includes, but is not limited to:

- Health care consumers and consumer advocates
- Nonprofit and community-based organizations
- Academic experts
- Local government officials
- Local school districts
- Health care providers and community health centers
- Health insurance and managed care organizations,
- Private businesses, and
- Labor and workforce representatives.

Although a hospital facility is not required to solicit input from additional persons, it must take into account input received from any person in the form of written comments on the most recently conducted CHNA or most recently adopted implementation strategy.

### **Collaboration on CHNA Reports**

A hospital facility is permitted to conduct its CHNA in collaboration with other organizations and facilities. This includes related and unrelated hospital organizations and facilities, for-profit and government hospitals, governmental departments, and nonprofit organizations.

In general, every hospital facility must document its CHNA in a separate CHNA report unless it adopts a joint CHNA report. However, if a hospital facility is collaborating with other facilities and organizations in conducting its CHNA, or if another organization has conducted a CHNA for all or part of the hospital facility's community, portions of a hospital facility's CHNA report may be substantively identical to portions of the CHNA reports of a collaborating hospital facility or other organization conducting a CHNA, if appropriate under the facts and circumstances.

If two hospital facilities with overlapping, but not identical, communities collaborate in conducting a CHNA, the portions of each hospital facility's CHNA report relevant to the shared areas of their communities might be identical. So, hospital facilities with different communities, including general and specialized hospitals, may collaborate and adopt substantively identical CHNA reports to the extent appropriate. However, the CHNA reports of collaborating hospital facilities should differ to reflect any material differences in the communities served by those hospital facilities. Additionally, if a governmental public health department has conducted a CHNA for all or part of a hospital facility's community, portions of the hospital facility's CHNA report may be substantively identical to those portions of the health department's CHNA report that address the hospital facility's community.

Collaborating hospital facilities may produce a joint CHNA report as long as all of the collaborating hospital facilities define their community to be the same and the joint CHNA report contains all of the same basic information that separate CHNA reports must contain. Additionally, the joint CHNA report must be clearly identified as applying to the hospital facility.

### **Joint Implementation Strategies**

As with the CHNA report, a hospital facility may develop an implementation strategy in collaboration with other hospital facilities or other organizations. This includes but is not limited to related and unrelated hospital organizations and facilities, for-profit and government hospitals, governmental departments, and

nonprofit organizations. In general, a hospital facility that collaborates with other facilities or organizations in developing its implementation strategy must still document its implementation strategy in a separate written plan that is tailored to the particular hospital facility, taking into account its specific resources. However, a hospital facility that adopts a joint CHNA report may also adopt a joint implementation strategy. With respect to each significant health need identified through the joint CHNA, the joint implementation strategy must either describes how one or more of the collaborating facilities or organizations plan to address the health need or identify the health need as one the collaborating facilities or organizations do not intend to address. It must also explain why they do not intend to address the health need.

A joint implementation strategy adopted for the hospital facility must also: Be clearly identified as applying to the hospital facility, Clearly identify the hospital facility's role and responsibilities in taking the actions described in the implementation strategy as well as the resources the hospital facility plans to commit to such actions, and Include a summary or other tool that helps the reader easily locate those portions of the joint implementation strategy that relate to the hospital facility.

### **Adoption of Implementation Strategy**

An authorized body of the hospital facility must adopt the implementation strategy. See the discussion of the Financial Assistance Policy below for the definition of an authorized body. This must be done on or before the 15th day of the fifth month after the end of the taxable year in which the hospital facility finishes conducting the CHNA. This is the same due date (without extensions) of the Form 990.

**Acquired Facilities** A hospital organization that acquires a hospital facility (through merger or acquisition) must meet the requirements of Section 501(r)(3) with respect to the acquired hospital facility by the last day of the organization's second taxable year beginning after the date on which the hospital facility was acquired. In the case of a merger that results in the liquidation of one organization and survival of another, the hospital facilities formerly operated by the liquidated organization will be considered "acquired," meaning they will have until the last day of the second taxable year beginning after the date of the merger to meet the CHNA requirements. Thus, the final regulations treat mergers equivalently to acquisitions.

### **New Hospital Organizations**

An organization that becomes newly subject to the requirements of Section 501(r) because it is recognized as described in Section 501(c)(3) and is operating a hospital facility must meet the requirements of Section 501(r)(3) with respect to any hospital facility by the last day of the second taxable year beginning after the latter of: The effective date of the determination letter recognizing the organization as described in Section 501(c)(3), or · The first date that a facility operated by the organization was licensed, registered, or similarly recognized by a state as a hospital.

### **New Hospital Facilities**

A hospital organization must meet the requirements of Section 501(r)(3), with respect to a new hospital facility it operates by the last day of the second taxable year beginning after the date the facility was licensed, registered, or similarly recognized by its state as a hospital.

### **Transferred/Terminated Facilities**

A hospital organization is not required to meet the requirements of Section 501(r)(3) with respect to a hospital facility in a taxable year if the hospital organization transfers all ownership of the hospital facility to another organization or otherwise ceases its operation of the hospital facility before the end of the taxable year. The same rule applies if the hospital facility ceases to be licensed, registered, or similarly recognized as a hospital by a state during the taxable year. By extension, a government hospital organization that voluntarily terminates its Section 501(c)(3) recognition as described in Rev. Proc. 2018-5 (updated annually) is no longer considered a hospital organization for purposes of Section 501(r) and therefore is not required to meet the CHNA requirements during the taxable year of its termination.

## **Public Health Criteria:**

### **Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community.**

Domain 1 focuses on the assessment of the health of the population in the jurisdiction served by the health department. The domain includes systematic monitoring of health status; collection, analysis, and dissemination of data; use of data to inform public health policies, processes, and interventions; and participation in a process for the development of a shared, comprehensive health assessment of the community.

#### **DOMAIN 1 includes 4 STANDARDS:**

- **Standard 1.1** - Participate in or Conduct a Collaborative Process Resulting in a Comprehensive Community Health Assessment
- **Standard 1.2** - Collect and Maintain Reliable, Comparable, and Valid Data That Provide Information on Conditions of Public Health Importance and on the Health Status of the Population
- **Standard 1.3** - Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors That Affect the Public's Health
- **Standard 1.4** - Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Interventions

#### **Required CHNA Planning Process Requirements:**

- a. Participation by a wide range of community partners.
- b. Data / information provided to participants in CHNA planning process.
- c. Evidence of community / stakeholder discussions to identify issues & themes. Community definition of a "healthy community" included along with list of issues.
- d. Community assets & resources identified.
- e. A description of CHNA process used to set priority health issues.

#### **Seven Steps of Public Health Department Accreditation (PHAB):**

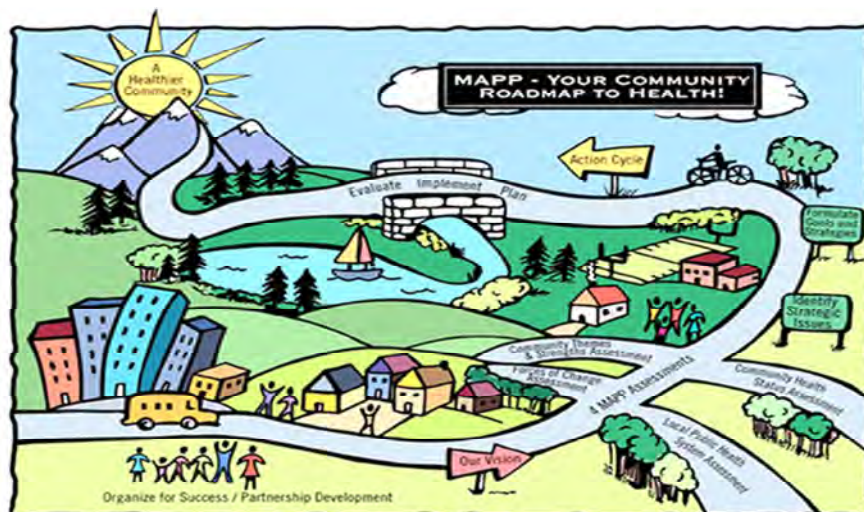
1. Pre-Application
2. Application
3. Document Selection and Submission
4. Site Visit
5. Accreditation Decision
6. Reports
7. Reaccreditation

## MAPP Process Overview

**Mobilizing for Action through Planning and Partnerships (MAPP)** is a flexible strategic planning tool for improving the health and quality of life for the community. Like most strategic planning, MAPP involves organizing partners, creating a vision and shared values, collecting data, identifying areas for improvement, and developing goals and strategies to address them. Through collaboration with partners and the community, MAPP allows us to focus our efforts and work on issues to strengthen the local public health system.

**The MAPP process includes the following six phases.** It's important to note that MAPP has no set end point and will continue throughout the life cycle of the Community Health Improvement Plan (CHIP).

1. In this first phase, **Organize for Success/Partnership Development**, various sectors of the community with established relationships are reviewed, leading to the identification of areas for partnership development and creation of new relationships to enhance the MAPP process.
2. In the second phase, **Visioning**, a shared community vision and common values for the MAPP process are created.
3. In the third phase, **Four MAPP Assessments**, data is collected from existing and new sources about the health of our community, which results in a Community Health Assessment (CHA).
4. In the fourth phase, **Identify Strategic Issues**, community partners and health professionals select issues based on data collected from the third phase that are critical to the local public health system and align with the vision from the second phase.
5. In the fifth phase, **Formulate Goals and Strategies**, potential ways to address the strategic issues are identified by the community along with the setting of achievable goals. The final result is a Community Health Improvement Plan (CHIP).
6. The sixth and final phase of the MAPP process is the **Action Cycle**, which is where the work happens for meeting the objectives set in the previous phase. Through these collaborative efforts, the health of the community is improved.



## Social Determinants of Health

What Are Social Determinants of Health?



[Social determinants of health \(SDOH\)external icon](#) are defined as the conditions in which people are born, grow, live, work, and age. SDOH are shaped by the distribution of money, power, and resources throughout local communities, nations, and the world. Differences in these conditions lead to health inequities or the unfair and avoidable differences in health status seen within and between countries.

[Healthy People 2030external icon](#) includes SDOH among its leading health indicators. One of Healthy People 2030's five overarching goals is specifically related to SDOH: Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.

Through broader awareness of how to better incorporate SDOH throughout the multiple aspects of public health work and the [10 Essential Public Health Services](#), public health practitioners can transform and strengthen their capacity to advance health equity. Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health, such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

## **Round #5 CHNA focuses on Social Determinants & Health Equity.**

### **Centers for Medicare & Medicaid Services Health Equity Domains**

CMS' Hospital Commitment to Health Equity has introduced two equity-focused process measures in 2023: screening for Social Drivers of Health (SDOH-01) and Screen Positive Rate for Social Drivers of Health (SDOH-02). (Although these measures will not be required until 2024, it is highly recommended that hospitals begin tracking them in 2023.)

#### **Domain 1: Equity as a Strategic Priority**

The hospital has a strategic plan for advancing health care equity that accomplishes the following:

- Identifies priority populations who currently experience health disparities.
- Establishes health care equity goals and discrete action steps to achieve them.
- Outlines specific resources that are dedicated to achieving equity goals.
- Describes an approach for engaging key stakeholders, such as community partners.

#### **Domain 2: Data Collection**

The hospital is engaging in the following three key data collection activities.

- Collecting demographic information, including self-reported race and ethnicity, and SDOH information, on a majority of patients
- Training staff in the culturally sensitive collection of demographics and SDOH information
- Inputting patient demographic and/ or SDOH information into structured interoperable data elements using a certified electronic health record technology.

#### **Domain 3: Data Analysis**

The hospital stratifies key performance indicators by demographic and/ or SDOH variables to identify equity gaps and includes this information on hospital performance dashboards.

#### **Domain 4: Quality Improvement**

The hospital participates in local, regional and or national quality improvement activities that are focused on reducing health disparities.

#### **Domain 5: Leadership Engagement**

The hospital's senior leadership, including the chief executives and the entire hospital board of trustees, demonstrates a commitment to equity through the following two activities.

- Annual reviews of the hospital's strategic plan for achieving health equity
- Annual reviews of key performance indicators stratified by demographic and/ or social factors.

#### Sources:

The Joint Commission. (2022, June 20). R3 Report: New Requirements to Reduce Health Care Disparities. Retrieved from [https://www.jointcommission.org/-/media/tje/documents/standards/r3-reports/r3\\_disparities\\_july2022-6-20-2022.pdf](https://www.jointcommission.org/-/media/tje/documents/standards/r3-reports/r3_disparities_july2022-6-20-2022.pdf)

Health Equity Innovation Network. (2022, August 29). Quick Start Guide: Hospital Commitment to Health Equity Measure. Retrieved from <https://hqin.org/wp-content/uploads/2022/08/Quick-Start-Guide-Hospital-Commitment-to-Health-Equity-Measure.pdf>

## **The Joint Commission (TJC) Elements of Performance - Regulatory and Accreditation Requirements Related to Health Equity and Social Determinants of Health**

New and revised TJC requirements to reduce health care disparities went into effect Jan. 1, 2023. Below are the six elements of performance.

### **Element of Performance 1:**

The organization designates an individual to lead activities aimed at reducing healthcare disparities. **(Hospital Responsibility)**

### **Element of Performance 2:**

The organization assesses the patient's health-related social needs and provides information about community resources and support services. **(CHNA full report- Section I and III)**

Examples of health-related social needs may include the following:

- Access to transportation
- Difficulty paying for prescriptions or medical bills.
- Education and literacy
- Food insecurity
- Housing insecurity

### **Element of Performance 3:**

The organization identifies healthcare disparities in its patient population by stratifying quality and safety data. **(CHNA Town Hall)** Examples of sociodemographic characteristics may include but are not limited to the following: Age, Gender, Preferred Language, Race, and ethnicity.

### **Element of Performance 4:**

The organization develops a written action plan that describes how it will address at least one of the healthcare disparities identified. **(CHNA IMPL Development Plan)**

### **Element of Performance 5:**

The organization acts when it does not achieve or sustain goal(s) in its action plan to reduce health care disparities.

### **Element of Performance 6:**

At least annually, the organization informs key stakeholders, identifying leaders, licensed practitioners, and staff, about its progress in reducing identified healthcare disparities. **(Hospital Responsibility)**

## II. Methodology

### b) Collaborating CHNA Parties

Working together to improve community health takes collaboration. Listed below is an in-depth profile of the local hospital and health department CHNA partners:

#### Amberwell Atchison

**800 Raven Hill Dr  
Atchison, KS 66002  
CEO: Jared Abel  
913-367-2131**

**About Us:** Amberwell Atchison has been the leading healthcare provider in the Atchison community and surrounding area since 1912. In 2010 a new facility was built and was designed with patient care in mind. Our 85,000 square foot, single story building allows all departments and nurses stations to be in close proximity which increases efficiency in patient care. Why go anywhere else when you can get the best care right here.

#### Features of Amberwell Atchison Hospital

- Single-story facility design allowing for all departments to be in close proximity, increasing efficiency that is entirely patient focused.
- 25 private family friendly patient rooms each with their own bathroom; designed for patient comfort and privacy.
- The Emergency Department has private rooms, and a separate entry as well as dedicated parking.
- A four-bed Intensive Care Unit (ICU) located in the center of the Inpatient Care area. Each ICU room has its own restroom.
- Three large surgical suites with comfortable pre-op and post-op areas that accommodate video and fiber-optic technology to perform minimally invasive surgery.
- A Gastrointestinal (GI) Lab and an Infusion Services room.
- Comfortable, hotel-like, family friendly OB rooms that accommodate all phases of having a baby. Nurse's stations located closer to patient's rooms and the technology that allows the nursing staff to observe the patient's bedside fetal monitor from the nurse's station.

We do our best to keep up with technology so that our staff has the newest resources to provide the best care for our patients. We appreciate you taking the time to look at what our facility has to offer and we encourage you to come and take a look around for yourself.

**Our Mission:** Amberwell Health Atchison is the trusted regional provider of healthcare expertise, offering exceptional patient experience through local clinical services and coordinated specialty care. As a regional leader in workplace culture, we foster an environment where employees thrive, and providers excel. Recognized as an integral part of our communities, we drive economic vitality and positive change in physical, mental, and civic wellness.

**Our Vision:** Amberwell Health Atchison strives to be the leading provider of local healthcare, promoting community well-being through exceptional care, workplace excellence, and positive regional impact.

**Our Values:**

- **Quality:** Delivering consistent excellence in patient care and services.
- **Collaboration:** Fostering teamwork within and across departments and with external partners.
- **Appreciation:** Valuing and recognizing the contributions of staff, patients, and community.
- **Respect:** Valuing the dignity and needs of every patient, staff member, and community member.
- **Integrity:** Consistently doing what is right by being reliable, accountable, and trustworthy in all actions.

**Our Services:** We work hard to make sure that most of your health care needs can be met close to home, for both inpatient and outpatient care. Our team of visiting specialists complements our own local medical staff, and our highly trained employees give you the best care, right here. If you ever need more advanced care, our relationships with larger hospitals in St. Joseph or Kansas City can make a referral or transfer a much better experience for you and your family.

- Emergency Care
- General Surgery
- Home Health & Hospice Care
- Inpatient Care
- Acute
- ICU
- Swing Bed
- Orthopedic Surgery
- Obstetrics
- Primary Care
- Anesthesia
- Amberwell Lansing Clinic
- Amberwell Troy Clinic
- Cardiac Rehabilitation
- Dietitian
- Infusion Clinic
- Laboratory
- Physical, Occupational, Respiratory, and Speech Therapy
- Radiology
- MRI, CT, 3D Mammography
- Amberwell Eighth Street Clinic
- Amberwell Horton Clinic

## **Live Well Live Atchison**

**200 South 10<sup>th</sup> St  
Atchison, KS 66002  
Executive Director: Jeff Schuele  
913-367-2427**

Since 2011, *Live Well Live Atchison* has been a vibrant community action group focused on improving the overall health and well-being of Atchison County residents. Our work is organized under four priorities – physical activity, healthy eating, tobacco-free living, and behavioral health. Our aim is to help people feel inspired, capable, motivated, and prepared to improve their health. We want to get people moving more, eating healthier, feeling better, and enjoying more energized lives. LWLA believes that changes to policy systems and environments are the most effective means of promoting and sustaining healthy lifestyles and uses advocacy and education across key sectors to effect these changes.

**Mission:** Our Mission is to promote and sustain healthy behaviors through education, community action, and advocacy.

**Vision:** Our Vision is to inspire vibrant and thriving communities within the Atchison area.

### **Values**

- Accountability
- Supporting families in all their forms
- Forward thinking
- Respect for community
- Education
- Everyone is valuable

### **What We Do**

We encourage people to:

- Get active. Walk, bike, play outside—just get moving.
- Eat healthier. Eat more fresh fruit and vegetables and less processed food. Cook at home and use whole foods.
- Reduce/eliminate tobacco use.
- Refrain from underage drinking and youth prescription-drug misuse.
- Get happy and be connected. We're social beings and when we're connected to neighbors, friends, family, and community organizations, well-being and happiness increase.

We strive to accomplish these goals by engaging with the community through community policy, schools, healthcare, workplaces, restaurants, and food retailers.

## **NEK Multi-County Health Department., Inc. - Atchison County Health Department**

**616 Commercial St  
Atchison, KS 66002**

**Hours: Monday- Friday 8:00 a.m. to 4:30 p.m. (closed 12:00-1:00 p.m.)**

**913-367-5152**

**Executive Director: Deanna Lamb**

**NEK Multi County is a single non-profit agency offering public health, home health and hospice services across the tri-county area (Atchison, Brown and Jackson counties) for over 35 years.**

NEK Multi County Health Departments, Inc. offers public health services across three counties. Some of those services include WIC (Women, Infants, Children), Healthy Start home visiting, immunizations for both children and adults, family planning, adult and child health assessments and communicable disease control. Our staff of registered nurses are professional, knowledgeable, compassionate and have extensive experience in the field of public health!

**Services:** WIC, immunizations, well baby checks, hearing screenings and more!

## II. Methodology

### b) Collaborating CHNA Parties Continued

#### Consultant Qualifications:

VVV Consultants LLC 601 N. Mahaffie, Olathe, KS 66061 (913) 302-7264

VVV Consultants LLC is an Olathe, KS based “boutique” healthcare consulting firm specializing in Strategy, Research and Business Development services. To date we have completed 83 unique community CHNA’s in KS, MO, IA, NE and WI (references found on our website [VandehaarMarketing.com](http://VandehaarMarketing.com))

#### Introduction: Who We Are

##### Background and Experience



VVV Consultants LLC



##### Vince Vandehaar, MBA – Principal

VVV Consultants LLC (Olathe, KS) – start 1/1/09 \*

- Adjunct Full Professor @ Avila & Webster Universities
- 35+ year veteran marketer, strategist and researcher
- Saint Luke’s Health System, BCBS of KC,
- Tillinghast Towers Perrin, and Lutheran Mutual Life
- Hometown: Bondurant IA



##### Olivia G Hewitt BA – Associate Consultant

VVV Consultants LLC – May 2024

- Emporia University – BS Marketing
- Hometown: Olathe, KS



##### Cassandra Kahl, BHS – Director, Project Management

VVV Consultants LLC – Nov 2020

- University of Kansas – Health Sciences
- Park University - MHA
- Hometown: Maple, WI

VVV Consultants LLC (EIN 27-0253774) began as “VVV Research & Development INC” in early 2009 and converted to an LLC on 12/24/12. Web: [VandehaarMarketing.com](http://VandehaarMarketing.com)

**Our Mission:** to research, facilitate, train, create processes to improve market performance, champion a turnaround, and uncover strategic “critical success” initiatives.

**Our Vision:** to meet today’s challenges with the voice of the market solutions.

#### Our Values:

**Engaged** – we are actively involved in community relations & boards.

**Reliable** – we do what we say we are going to do.

**Skilled** – we understand business because we’ve been there.

**Innovative** – we are process-driven & think “out of the box.”

**Accountable** – we provide clients with a return on their investment.

## II. Methodology

### c) CHNA and Town Hall Research Process

Round #5 Community Health Needs Assessment (CHNA) process began in January of 2025 for Amberwell Atchison in Atchison County, KS to meet Federal IRS CHNA requirements.

In early August 2024, a meeting was called amongst the Amberwell Atchison leaders to review CHNA collaborative options. <Note: VVV Consultants LLC from Olathe, KS was asked to facilitate this discussion with the following agenda: VVV CHNA experience, review CHNA requirements (regulations) and discuss CHNA steps/options to meet IRS requirements and to discuss next steps.> Outcomes from discussion led to Amberwell Atchison to request VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

#### VVV CHNA Deliverables:

- Document Hospital Primary Service Area - meets the 80% Patient Origin Rule.
- Uncover / document basic secondary research county health data, organized by 10 tabs.
- Conduct / report CHNA Community Check-in Feedback Findings (primary research).
- Conduct a Town Hall meeting to discuss with community secondary & primary data findings leading to determining (prioritizing) county health needs.
- Prepare & publish CHNA report which meets ACA requirements.

To ensure proper PSA Town Hall representation (that meets the 80% Patient Origin Rule), a patient origin three-year summary was generated documenting patient draw by zips as seen below:

Source from KHA HIDI						
Amberwell Atchison - Defined PSA				Overall (IP/ER/OP) FFY22-24 Total=155,823		
#	ZIP	City	County	Total 3YR	%	ACCUM
1	66002	Atchison, KS	Atchison	95,758	61.5%	61.5%
2	66023	Effingham, KS	Atchison	6,365	4.1%	65.5%
3	66048	Leavenworth, KS	Leavenworth	4,825	3.1%	68.6%
4	66041	Lancaster, KS	Atchison	4,665	3.0%	71.6%
5	66087	Troy, KS	Doniphan	4,405	2.8%	74.5%
6	66439	Horton, KS	Brown	4,001	2.6%	77.0%
7	64484	Rushville, MO	Buchanan	3,714	2.4%	79.4%
8	66016	Cummings, KS	Atchison	3,008	1.9%	81.3%
9	66058	Muscotah, KS	Atchison	964	0.6%	82.0%
			<b>Other Zips</b>	<b>28,118</b>		

**To meet IRS aligned CHNA requirements and meet Public Health accreditation criteria stated earlier, a four-phase methodology was followed:**

**Phase I—Discovery:**

Conduct a 30-minute conference call with the CHNA county health department and hospital clients. Review / confirm the CHNA calendar of events, explain / coach clients to complete the required participant database, and schedule / organize all Phase II activities.

**Phase II—Qualify Community Need:**

A) Conduct secondary research to uncover the following historical community health status for the primary service area. Use Kansas Hospital Association (KHA), Vital Statistics, Robert Wood Johnson County Health Rankings, etc. to document current state of county health organized as follows:

<b>Health Indicators - Secondary Research</b>
<b>TAB 1. Demographic Profile</b>
<b>TAB 2. Economic Profile</b>
<b>TAB 3. Educational Profile</b>
<b>TAB 4. Maternal and Infant Health Profile</b>
<b>TAB 5. Hospital / Provider Profile</b>
<b>TAB 6. Behavioral / Mental Health Profile</b>
<b>TAB 7. High-Risk Indicators &amp; Factors</b>
<b>TAB 8. Uninsured Profile</b>
<b>TAB 9. Mortality Profile</b>
<b>TAB 10. Preventative Quality Measures</b>

**Phase III—Quantify Community Need:**

Conduct a 90-minute Town Hall meeting with required community primary service area residents. At each Town Hall meeting, CHNA secondary data will be reviewed, an evaluation of past CHNA needs actions taken, a facilitated group discussion will occur, and a group ranking activity to determine the most important community unmet health needs was administered.

**Phase IV—Complete Data Analysis and Create Comprehensive Community Health Needs Assessment:**

Complete full documentation to create each CHNA section documented in the Table of Contents. Publish hard copy reports (2) for client usage plus create a full CHNA report pdf to be posted on the hospital website to meet government CHNA regulation criteria.

Specific project CHNA roles, responsibilities, and timelines are documented in the following calendar.

<b>Amberwell Health - Atchison</b> <b>VVV CHNA Round #5 Work Plan - Year 2025</b>			
<b>Project Timeline &amp; Roles - Working Draft as of 1/27/25</b>			
Step	Timeframe	Lead	Task
1	8/19/2024	VVV / Hosp	Meeting Leadership information regarding CHNA Round #5 for review.
2	9/19/2024	Hosp	Select/approve CHNA Round #5 Option B - VVV quote—work to start 2025
3	1/31/2025	VVV	Hold Client Kick-off Meeting. Review CHNA process / timeline with leadership. Request KHA PO reports for FFY 22, 23 and 24 and hospital client to complete PSA IP/OP/ER/Clinic patient origin counts file (Use <b>ZipPSA_3yrPOrigin.xls</b> )
4	1/31/2025	VVV	Send out <b>REQCommInvite Excel</b> file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
5	1/31/2025	VVV	Prepare CHNA Round#5 Stakeholder Feedback "online link". Send link for hospital review.
6	February / March 2025	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	1/31/2025	VVV / Hosp	Prepare/send out PR #1 story / E Mail Request announcing upcoming CHNA work to CEO to review/approve.
8	5/19/2025	VVV / Hosp	Place PR story to local media CHNA survey announcing "online CHNA Wave #5 feedback". Request public to participate. Send E Mail request to local stakeholders
9	5/19/2025	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. <b>Cut-off 6/19/2025 for Online Survey</b>
10	On or before 6/12/2025	Hosp	Prepare PR #2 story / E Mail (E#2) Request announcing upcoming Town Hall. VVV will send to CEO to review/approve.
11	6/19/2025	VVV / Hosp	Place PR #2 story to local media announcing upcoming Town Hall. Request public to participate. Send E Mail (E#2) request to local stakeholders
12	7/17/2025	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	7/23/2025	VVV	Conduct CHNA Town Hall. Time - <b>Lunch 11:30am - 1:00 pm at Amberwell Atchison</b> Review & Discuss Basic health data plus RANK Health Needs.
14	On or Before 9/15/2025	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 9/30/2025	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	11/4/2025	Both	Conduct Client Implementation Plan PSA Leadership meeting
17	By 10/31/2025	Hosp	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.



**2025 Community Health Needs Assessment**  
**Amberwell Atchison (Atchison Co, KS)**  
 Atchison, KS Town Hall July 23<sup>rd</sup>, 2025

**VVV Consultants LLC**  
 Olathe, Kansas 66061

VandehaarMarketing.com  
 913-302-7264


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**Community Health Needs Assessment (CHNA) Onsite Town Hall Discussion Agenda**

- > **Opening Welcome / Introductions / Review CHNA Purpose and Process (5 mins)**
- > **Discuss New Focus: Social Determinants of Health (5 mins)**
- > **Review Current Service Area “Health Status”**  
*Review Secondary Health Indicator Data (10 TABs)*  
*Review Community Online Feedback (30 mins)*
- > **Collect Community Health Perspectives**  
*Share Table Reflections to verify key takeaways*  
*Conduct an Open Community Conversation / Stakeholder Vote to determine the Most Important Unmet Needs (45 mins)*
- > **Close / Next Steps (5 mins)**

3

**Introduction: Who We Are**  
 Background and Experience



**Vince Vandehaar, MBA – Principal**  
 VVV Consultants LLC (Olathe, KS) – *start 1/1/09 \**

- Adjunct Full Professor @ Avila & Webster Universities
- 35+ year veteran marketer, strategist and researcher
- Saint Luke’s Health System, BCBS of KC,
- Tillinghast Towers Perrin, and Lutheran Mutual Life
- Hometown: Bondurant IA

**Olivia G Hewitt BS – Associate Consultant**  
 VVV Consultants LLC – May 2024

- Emporia University – BS Marketing
- Hometown: Olathe, KS

**Cassandra Kahl, BHS – Director, Project Management**  
 VVV Consultants LLC – Nov 2020

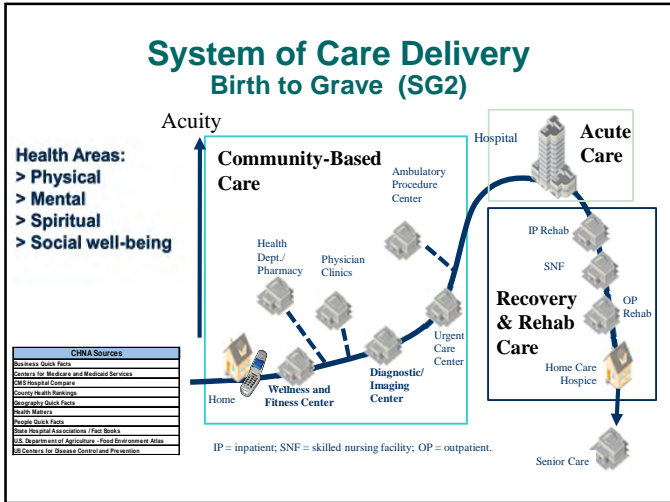
- University of Kansas – Health Sciences
- Park University - MHA
- Hometown: Maple, WI

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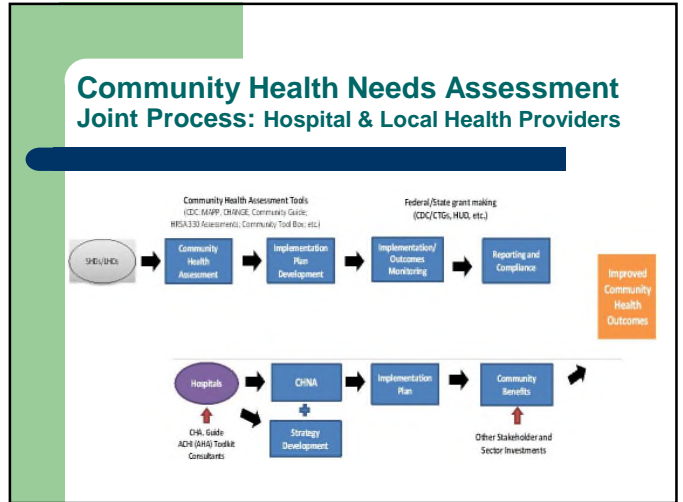
**Town Hall Participation / Purpose & Parking Lot**

- ALL attendees practice “Safe Engagement”, working together in table teams.
- ALL attendees are welcome to share. Engaging conversation (No right or wrong answer)
- Request ALL to Take Notes of important health indicators
- Please give truthful responses – Serious community conversation.
- Discuss (Speak up) to uncover unmet health needs
- Have a little fun along the way

6



7



8



9

### Amberwell Atchison Define Service Area (Z=9)

Source from KHA HID

Amberwell Atchison - Defined PSA				Overall (IP/ER/OP) FFY22-24 Total=155,823		
#	ZIP	City	County	Total 3YR	%	ACCUM
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9	66058	Muscotah, KS	Atchison	964	0.6%	82.0%
			<b>Other Zips</b>	<b>28,118</b>		

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## A Conversation with the Community & Stakeholders

### Community Stakeholder – An Inclusive Conversation

**Consumers:** Uninsured/underinsured people, Members of at-risk populations, Parents, caregivers and other consumers of health care in the community, and Consumer advocates.

**Community leaders and groups:** The hospital organization's board members, Local clergy and congregational leaders, Presidents or chairs of civic or service clubs -- Chamber of Commerce, veterans' organizations, Lions, Rotary, etc., Representatives from businesses – owners/CEO's of large businesses (local or large corporations with local branches), Business people & merchants (e.g., who sell tobacco, alcohol, or other drugs), Representatives from organized labor, Political, appointed and elected officials, Foundations, United Way organizations. And other "community leaders."

**Public and other organizations:** Public health officials, Directors or staff of health and human service organizations, City/Community planners and development officials, Individuals with business and economic development experience, Welfare and social service agency staff, Housing advocates - administrators of housing programs: homeless shelters, low-income-family housing and senior housing, Education officials and staff - school superintendents, principals and teachers, Public safety officials, Staff from state and area agencies on aging, Law enforcement agencies - Chiefs of police, Local colleges and universities, Coalitions working on health or other issues.

**Other providers:** Physicians, Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services, Leaders from Catholic Charities and other faith-based service providers, Mental health providers, Oral health providers, Health insurers, Parish and congregational nursing programs, Other health professionals

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## II. Review of a CHNA

- **What is a Community Health Needs Assessment (CHNA)..?**
  - Systematic collection, assembly, analysis, and dissemination of information about the health of the community.
- **A CHNA's role is to....**
  - **Identify** factors that affect the health of a population and **determine** the availability of resources to adequately address those factors.
- **Purpose of a CHNA – Why Conduct One?**
  - Determine health-related trends and issues of the community
  - Understand / evaluate health delivery programs in place.
  - Meet Federal requirements – both local hospital and health department
  - Develop Implementation Plan strategies to address unmet health needs (4-6 weeks after Town Hall)

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## CHNA Written Report Documentation to meet IRS 990 CHNA Requirements: Table of Contents

- A description of the community served
- A description of the CHNA process
- The identity of any and all organizations and third parties which collaborated to assist with the CHNA
- A description of how the organization considered the input of persons representing the community (e.g., through meetings, focus groups, interviews, etc.), who those persons are, and their qualifications
- A prioritized description of all of the community needs identified by the CHNA.
- A description of the existing healthcare facilities and other resources within the community available to meet the needs identified through the CHNA

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## Social Determinants of Health



**Social determinants of health** are the conditions in the places where people live, learn, work, play, and worship **that affect a wide range of health risks and outcomes.**

**Health equity** is when everyone has the opportunity to attain their full health potential, and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstances.

**TASK A: Your Initial Thoughts on SDOH? (Small White Card)**

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**IV. Review Current County Health Status:**  
 Secondary Data by 10 Tab Categories with a focus on Social Determinants with a Local Norm & State Rankings

Trends: **Good** **Same** **Poor**

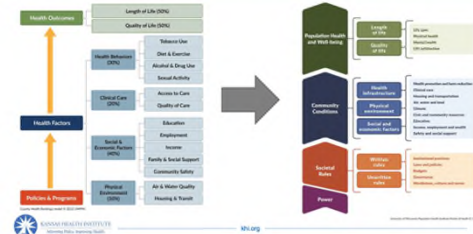
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TAB 7. High-Risk Indicators & Factors
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TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

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**County Health Rankings Scoring**

Robert Wood Johnson Foundation and University of WI Health Institute

**New County Health Rankings Model**



Users of the 2024 RWJ report will find representation of county health has changed significantly. *Rather than a numerical ranking, each county in a state is represented by a dot, shaded a certain color and placed on a scale from least healthy to healthiest in the nation. The new visual tool then shows where one county falls on a "continuum" of health nationally, compared to the least healthy and most healthy counties, which are unnamed in the visualization.*

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**IV. Community Health Conversation:**  
**Your Perspectives / Suggestions !**

**Tomorrow:**

What is occurring or might occur that would affect the "health of our community"?

**Today:**

- 1) What are the **Healthcare Strengths** of our community that contribute to health? (**BIG White Card**)
- 2) Are there healthcare services in your community/neighborhood that you feel **need to be improved and/or changed**? (**Small Color Card**)
- 3) *What other Ideas do you have to address Social determinants?* (**Small White Card - A**)

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**Community Health Needs Assessment**  
**Round #5 Year 2025**

**Thank You**  
**Next Steps**



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## Data & Benchmarks Review

Community health assessments typically use both primary and secondary data to characterize the health of the community:

- **Primary data** are collected first-hand through surveys, listening sessions, interviews, and observations.
- **Secondary data** are collected by another entity or for another purpose.
- **Indicators** are secondary data that have been analyzed and can be used to compare rates or trends of priority community health outcomes and determinants.

Data and indicator analyses provide descriptive information on demographic and socioeconomic characteristics; they can be used to monitor progress and determine whether actions have the desired effect. They also characterize important parts of health status and health determinants, such as behavior, social and physical environments, and healthcare use.

Community health assessment indicators should be.

- Methodologically sound (valid, reliable, and collected over time)
- Feasible (available or collectable)
- Meaningful (relevant, actionable, and ideally, linked to evidence-based interventions)
- Important (linked to significant disease burden or disparity in the target community)

Jurisdictions should consider using data and indicators for the smallest geographic locations possible (e.g., county-, census block-, or zip code-level data), to enhance the identification of local assets and gaps.

Local reporting (County specific) sources of community-health level indicators:

<b>CHNA Detail Sources</b>
Quick Facts - Business
Centers for Medicare and Medicaid Services
CMS Hospital Compare
County Health Rankings
Quick Facts - Geography
Kansas Health Matters
Kansas Hospital Association (KHA)
Quick Facts - People
U.S. Department of Agriculture - Food Environment Atlas
U.S. Center for Disease Control and Prevention

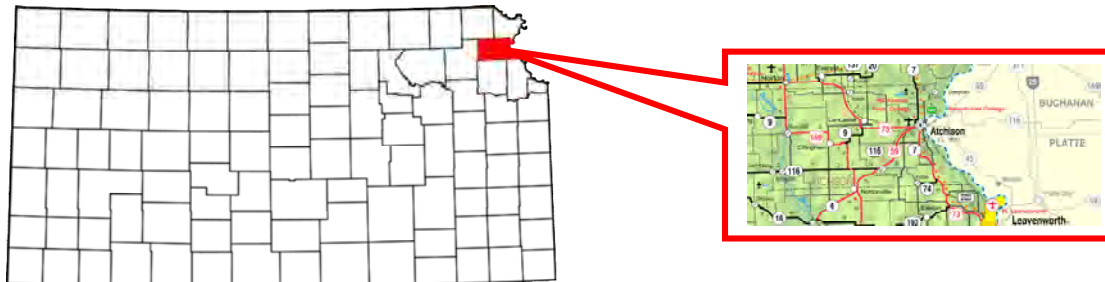
## Sources of community-health level indicators:

- [County Health Rankings and Roadmaps](#)  
The annual Rankings measure vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income inequality, and teen births in nearly every county in America. They provide a snapshot of how health is influenced by where we live, learn, work and play.
- [Prevention Status Reports \(PSRs\)](#)  
The PSRs highlight—for all 50 states and the District of Columbia—the status of public health policies and practices designed to prevent or reduce important public health problems.
- [Behavioral Risk Factor Surveillance System](#)  
The world's largest, ongoing telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Data is collected monthly in all 50 states, the District of Columbia, Puerto Rico, the US Virgin Islands, and Guam.
- The [Selected Metropolitan/ Micropolitan Area Risk Trends](#) project was an outgrowth of BRFSS from the increasing number of respondents who made it possible to produce prevalence estimates for smaller statistical areas.
- [CDC Wonder](#) Databases using a rich ad-hoc query system for the analysis of public health data. Reports and other query systems are also available.
- [Center for Applied Research and Engagement Systems external icon](#)  
Create customized interactive maps from a wide range of economic, demographic, physical and cultural data. Access a suite of analysis tools and maps for specialized topics.
- [Community Commons external icon](#)  
Interactive mapping, networking, and learning utility for the broad-based healthy, sustainable, and livable communities' movement.
- [Dartmouth Atlas of Health Care external icon](#)  
Documented variations in how medical resources are distributed and used in the United States. Medicare data used to provide information and analysis about national, regional, and local markets, as well as hospitals and their affiliated physicians.
- [Disability and Health Data System](#)  
Interactive system that quickly helps translate state-level, disability-specific data into valuable public health information.
- [Heart Disease and Stroke Prevention's Data Trends & Maps](#)  
View health indicators related to heart disease and stroke prevention by location or health indicator.
- [National Health Indicators Warehouse external icon](#)  
Indicators categorized by topic, geography, and initiative.
- [US Census Bureau external icon](#)  
Key source for population, housing, economic, and geographic information.
- [US Food Environment Atlas external icon](#)  
Assembled statistics on food environment indicators to stimulate research on the determinants of food choices and diet quality, and to provide a spatial overview of a community's ability to access healthy food and its success in doing so.
- [Centers for Medicare & Medicaid Services Research and Data Clearinghouse external icon](#)  
Research, statistics, data, and systems.
- [Environmental Public Health Tracking Network](#)  
System of integrated health, exposure, and hazard information and data from a variety of national, state, and city sources.
- [Health Research and Services Administration Data Warehouse external icon](#)  
Research, statistics, data, and systems.
- [Healthy People 2030 Leading Health Indicators external icon](#)  
Twenty-six leading health indicators are organized under 12 topics.
- [Kids Count external icon](#)  
Profiles the status of children on a national and state-by-state basis and ranks states on 10 measures of well-being; includes a [mobile site external icon](#).
- [National Center for Health Statistics](#)  
Statistical information to guide actions and policies.
- [Pregnancy Risk Assessment and Monitoring System](#)  
State-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy.
- [Web-based Injury Statistics Query and Reporting System \(WISQARS\)](#)  
Interactive database system with customized reports of injury-related data.
- [Youth Risk Behavior Surveillance System](#)  
Monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults.

## II. Methodology

### d) Community Profile (A Description of Community Served)

#### Atchison County, Kansas Community Profile



**Atchison County** is a county located in the northeastern portion of the U.S. state of Kansas. Its county seat and most populous city is Atchison. As of the 2020 census, the county population was 16,348. The county was named in honor of David Atchison, a U.S. Senator from Missouri and border ruffian during the "Bleeding Kansas" era.

**The major highway transportation** is by U.S. Route 59, U.S. Route 73, U.S. Route 159, Kansas Highway 7, Kansas Highway 9 and Kansas Highway 116.

#### **Atchison County (KS) Public Schools<sup>1</sup>**

Name	Address	Phone	Levels
Atchison Alternative School	215 N 8th St Atchison, KS 66002	913-360-6540	1-12
Atchison County Community Elem	607 8th St Effingham, KS 66023	913-833-4420	PK-6
Atchison County Community Jr/Sr High	908 Tiger Rd Effingham, KS 66023	913-833-2240	7-12
Atchison Elem	825 N 17th St Atchison, KS 66002	913-367-1161	PK-5
Atchison High	1500 W Riley St Atchison, KS 66002	913-367-4162	9-12
Atchison Middle	301 N 5th Atchison, KS 66002	913-367-5363	6-8

<sup>1</sup> [https://kansas.hometownlocator.com/schools/sorted-by-county\\_n,atchison.cfm](https://kansas.hometownlocator.com/schools/sorted-by-county_n,atchison.cfm)

## Atchison County (KS) - Detail Demographic Profile

ZIP	City	ST	County	Population			Households		HH Avg Size23	Per Capita23
				Year 2023	Year 2028	5yr CHG	Year 2023	Year 2028		
66002	Atchison	KS	ATCHISON	13,096	12,840	-2.0%	4,848	4,810	2.4	\$26,841
66016	Cummings	KS	ATCHISON	501	486	-3.0%	193	190	2.6	\$34,071
66023	Effingham	KS	ATCHISON	1,040	1,007	-3.2%	425	418	2.5	\$27,382
66041	Lancaster	KS	ATCHISON	677	663	-2.1%	283	280	2.4	\$29,921
66058	Muscotah	KS	ATCHISON	314	311	-1.0%	125	126	2.5	\$29,631
<b>Totals</b>				<b>15,628</b>	<b>15,307</b>	<b>-2.2%</b>	<b>5,874</b>	<b>5,824</b>	<b>2.5</b>	<b>\$29,569</b>

ZIP	City	ST	County	Population				Year 2020		Females
				Pop 21+	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
66002	Atchison	KS	ATCHISON	8970	2365	3762	2640	6,425	6671	2060
66016	Cummings	KS	ATCHISON	390	124	104	113	269	232	74
66023	Effingham	KS	ATCHISON	763	220	264	254	538	502	155
66041	Lancaster	KS	ATCHISON	524	145	149	184	342	335	100
66058	Muscotah	KS	ATCHISON	235	58	74	79	161	153	41
<b>Totals</b>				<b>10,882</b>	<b>2,912</b>	<b>4,353</b>	<b>3,270</b>	<b>7,735</b>	<b>7,893</b>	<b>2,430</b>

ZIP	City	ST	County	Population 2020				Year 2023		
				White%	Black%	Asian%	Hispan%	Housing Units	% Rentals	Soc Econ Index
66002	Atchison	KS	ATCHISON	84.0%	5.8%	0.6%	4.4%	5,427	27%	52
66016	Cummings	KS	ATCHISON	94.2%	2.2%	0.0%	1.0%	214	13%	56
66023	Effingham	KS	ATCHISON	92.5%	0.7%	0.1%	1.5%	498	24%	63
66041	Lancaster	KS	ATCHISON	95.1%	0.4%	0.1%	1.3%	295	12%	57
66058	Muscotah	KS	ATCHISON	93.3%	0.3%	0.0%	1.9%	154	10%	64
<b>Totals</b>				<b>91.8%</b>	<b>1.9%</b>	<b>0.2%</b>	<b>2.0%</b>	<b>6,588</b>	<b>16.9%</b>	<b>58</b>

Source: ERSA Demographics 2023

# III. Community Health Status

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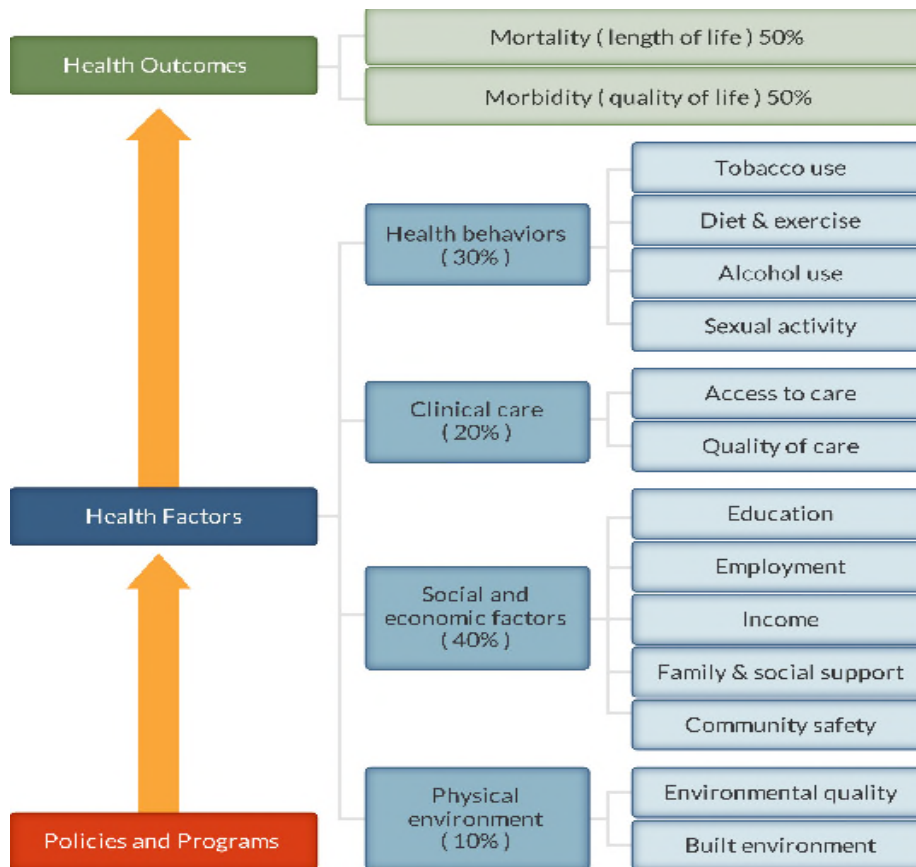
### III. Community Health Status

#### a) Historical Health Statistics- Secondary Research

#### Health Status Profile

This section of the CHNA reviews published quantitative community health indicators from public health sources and results of community primary research. To produce this profile, VVV Consultants LLC staff analyzed & trended data from multiple sources. This analysis focuses on a set of published health indicators organized by ten areas of focus (10 TABS), results from the 2020 RWJ County Health Rankings and conversations from Town Hall participates. Each table published reflects a Trend column, with GREEN denoting growing/high performance indicators, YELLOW denoting minimal change/average performance indicators and RED denoting declining/low performance indicators.

Note: The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to release annual *County Health Rankings*. As seen below, RWJ’s model uses a number of health factors to rank each county.



County Health Rankings model ©2012 UWPHI

## National Research – Year 2023 RWJ Health Rankings:

#	2023 KS Rankings - 105 Counties	Definitions	Atchison County 2023	Atchison County 2021	Trend	Doniphan Co 2023	NEC_KS Norm (N=12)
1	Health Outcomes		41	49	+	65	29
	Mortality	Length of Life	35	35		36	27
	Morbidity	Quality of Life	47	62	+	84	33
2	Health Factors		77	82		70	45
	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	56	81	+	79	49
	Clinical Care	Access to care / Quality of Care	65	47	-	61	43
	Social & Economic Factors	Education, Employment, Income, Family/Social Support, Community Safety	86	86		50	39
3	Physical Environment	Environmental quality	61	62		100	76
NECKS Counties: Anderson, Atchison, Brown, Chase, Coffey, Doniphan, Franklin, Greenwood, Jackson, Jefferson, Linn, Lyon, Miami, Marshall, Morris, Nemaha, Osage, Pottawatomie, Riley, and Wabaunese							
<a href="http://www.countyhealthrankings.org">http://www.countyhealthrankings.org</a> , released 2023							

## PSA Secondary Research:

When studying community health, it is important to document health data by topical areas for primary service area (PSA). Below is a summary of key findings organized by subject area.

*Note: Each Tab has been trended to reflect County trends to NORM.*

Health Indicators - Secondary Research
TAB 1. Demographic Profile
TAB 2. Economic Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospital / Provider Profile
TAB 6. Behavioral / Mental Health Profile
TAB 7. High-Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

### Tab 1: Demographic Profile

Understanding population and household make-up is vital to start CHNA evaluation.

1	Population Health Indicators	Atchison County 2025	Atchison County 2022	Trend	State of KS	Doniphan Co KS 2025	NECKS Norm (N=12)	Source
a	Population estimates, 2020-2022	16,108	16,239		2,936,716	7,440	16,204	People Quick Facts
b	Persons under 5 years, percent, 2020-2022	5.4%	5.6%		6.0%	4.9%	5.9%	People Quick Facts
c	Persons 65 years and over, percent, 2020-2022	18.6%	17.6%		17.2%	20.6%	19.9%	People Quick Facts
d	Female persons, percent, 2020-2022	51.0%	51.4%		49.8%	49.2%	49.4%	People Quick Facts
e	White alone, percent, 2020-2022	91.0%	90.9%		85.9%	91.9%	92.6%	People Quick Facts
f	Black or African American alone, percent, 2020-2022	4.6%	4.8%		6.2%	3.2%	1.7%	People Quick Facts
g	Hispanic or Latino, percent, 2020-2022	3.5%	3.2%		13.0%	3.3%	4.3%	People Quick Facts
h	Language other than English spoken at home, percent of persons age 5 years+, 2017-2021	3.2%	2.4%		11.8%	3.0%	17.7%	People Quick Facts
i	Living in same house 1 year ago, percent of persons age 1 year+, 2017-2021	87.7%	87.5%		84.4%	86.5%	75.3%	People Quick Facts
j	Children in single-parent households, percent, 2018-2022	16.7%	14.7%	-	21.0%	14.4%	15.8%	County Health Rankings
k	Veterans, 2017-2021	822	950		163,472	367	1,041	People Quick Facts

### Tab 2: Economic Profile

Monetary resources will (at times) drive health “access” and self-care.

2	Economic - Health Indicators	Atchison County 2025	Atchison County 2022	Trend	State of KS	Doniphan Co KS 2025	NECKS Norm (N=12)	Source
a	Per capita income in past 12 months (in 2021 dollars), 2017-2021	\$27,644	\$24,250	+	\$38,108	\$31,314	34,058	People Quick Facts
b	Persons in poverty, percent, 2020-2022	14.7%	13.1%	-	12.0%	10.6%	10.0%	People Quick Facts
c	Total Housing units, 2022	6,808	6,947		1,292,622	3,374	6,992	People Quick Facts
d	Persons per household, 2017-2021	2.5	2.4		2.5	2.5	2.5	People Quick Facts
e	Severe housing problems, percent, 2016-2020	10.7%	11.2%		12.5%	11.5%	10.0%	County Health Rankings
f	Total employer establishments, 2021	355	NA		75,057	152	368	Business Quick Facts
g	Unemployment, percent, 2022	3.8%	6.9%	+	3.2%	2.7%	2.7%	County Health Rankings
h	Food insecurity, percent, 2021	12.2%	14.3%		9.7%	11.5%	10.0%	County Health Rankings
i	Limited access to healthy foods, percent, 2019	9.1%	9.1%		8.4%	8.8%	8.6%	County Health Rankings
j	Long commute - driving alone, percent, 2018-2022	26.3%	25.7%		21.7%	33.8%	34.6%	County Health Rankings
k	Community Spend on Food, 2023 *SDOH	13.2%	NA		12.7%	13.4%	13.2%	Kansas Health Matters
l	Community Spend on Transportation, 2023 *SDOH	18.6%	NA		18.1%	19.7%	19.8%	Kansas Health Matters
m	Households With Internet Sub (2017-2021) *SDOH	81.3%	NA		86.7%	82.4%	82.6%	Kansas Health Matters
n	Student Loan Spending-to-Income, 2023 *SDOH	5.1%	NA		4.6%	5.2%	4.5%	Kansas Health Matters

\*\*New Social Determinant Data Resources

### Tab 3: Educational Profile

Currently, school districts are providing on-site primary health screenings and basic care.

3	Education - Health Indicators	Atchison County 2025	Atchison County 2022	Trend	State of KS	Doniphan Co KS 2025	NECKS Norm (N=12)	Source
a	Children eligible for free or reduced price lunch, percent, 2021-2022	53.1%	56.5%		48.0%	37.8%	39.5%	County Health Rankings
b	High school graduate or higher, percent of persons age 25 years+, 2017-2021	93.8%	92.7%	+	91.0%	91.2%	93.8%	People Quick Facts
c	Bachelor's degree or higher, percent of persons age 25 years+, 2017-2021	22.2%	20.8%	+	34.7%	18.9%	24.4%	People Quick Facts

### Tab 4: Maternal / Infant Profile

Tracking maternal / infant care patterns are vital in understanding the foundation of family health.

4	Maternal/Infant - Health Indicators (Access/Quality)	Atchison County 2025	Atchison County 2022	Trend	State of KS	Doniphan Co KS 2025	NECKS Norm (N=12)	Source
a	Percent of Births Where Prenatal Care began in First Trimester, 2019-2021	79.7%	76.1%	+	81.3%	85.0%	79.0%	Kansas Health Matters
b	Percentage of Premature Births, 2019-2021	8.5%	8.6%		9.1%	11.2%	9.2%	Kansas Health Matters
c	Percent of Infants up to 24 months that received full Immunizations, 2017-2018	71.0%	71.0%		69.2%	75.2%	75.1%	Kansas Health Matters
d	Percent of Births with Low Birth Weight, 2019-2021	7.8%	6.8%	-	7.3%	7.4%	6.3%	Kansas Health Matters
e	Percent of all Births Occurring to Teens (15-19), 2019-2021	5.4%	4.9%	-	5.5%	5.6%	4.3%	Kansas Health Matters
f	Percent of births Where Mother Smoked During Pregnancy, 2019-2021	17.4%	18.0%	-	10.0%	11.6%	10.8%	Kansas Health Matters
g	Child Care Ctrs per 1,000 Children, 2010-22 *SDOH	5.7	NA		7.0	8.0	6.6	County Health Rankings

Tracking maternal / infant care patterns are vital in understanding the foundation of family health.

#	Criteria - Vital Statistics Rate per 1,000	Atchison Co. 2025	Trend	Doniphan Co. 2025	Kansas
a	Total Live Births, 2017	10.7		8.9	12.5
b	Total Live Births, 2018	11.4		11.7	12.5
c	Total Live Births, 2019	11.9		9.5	12.1
d	Total Live Births, 2020	10.6		7.5	11.8
e	Total Live Births, 2021	11.0		11.8	11.8

**Tab 5: Hospitalization and Provider Profile**

Understanding provider access and disease patterns are fundamental in healthcare delivery. Listed below are several vital county statistics.

s	Hospital/Provider - Health Indicators (Access/Quality)	Atchison County 2025	Atchison County 2022	Trend	State of KS	Doniphan Co KS 2025	NECKS Norm (N=12)	Source
a	Primary Care Physicians (Pop Coverage per MDs & DOs) - No extenders Included, 2021	2288:1	2296:1	+	1260:1	2499:1	1918:1	County Health Rankings
b	Preventable hospital rate per 100,000, 2021 (lower the better)	4,326	4,312	-	2,708	3,605	3,301	County Health Rankings
c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	71%	77%	-	78%	NA	79%	CMS Hospital Compare, Latest Release
d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	71%	75%	-	77%	NA	75%	CMS Hospital Compare, Latest Release
e	Average (Median) time patients spent in the emergency department, before leaving from the visit (mins)	96	128	+	112	NA	111	CMS Hospital Compare, Latest Release

**Tab 6: Behavioral / Mental Health Profile**

Behavioral healthcare provides another important indicator of community health status.

6	Mental - Health Indicators	Atchison County 2025	Atchison County 2022	Trend	State of KS	Doniphan Co KS 2025	NECKS Norm (N=12)	Source
a	Adults Ever Diagnosed with Depression, 2021 *SDOH	20.8%	NA		NA	21.10%	20.0%	Kansas Health Matters
b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2018-2020	23.9	23.9		18.7	NA	19.4	Kansas Health Matters
c	Mental Behavioral Hospital Admission Rates per 100,000, 2018-2020	63.2	63.2		75.1	57.4	58.2	Kansas Health Matters
d	Average Number of mentally unhealthy days, 2021	4.2	4.6	+	4.4	4.5	4.3	County Health Rankings

\*\*New Social Determinant Data Resources

CDC - 2023 U.S. County Opioid Dispensing			
State	County	FIPS	Opioid Dispensing Rate per 100
KS	Atchison County	20005	55.3
	KS Average 2023		41.3

Source: U.S. County Opioid Dispensing Rates, 2023 | Drug Overdose | CDC Injury Center

**Tab 7a: Risk Indicators & Factors Profile**

Knowing community health risk factors and disease patterns can aid in the understanding next steps to improve health.

7a	High-Risk - Health Indicators	Atchison County 2025	Atchison County 2022	Trend	State of KS	Doniphan Co KS 2025	NECKS Norm (N=12)	Source
a	Adult obesity, percent, 2021	36.2%	36.6%		35.8%	36.7%	37.0%	County Health Rankings
b	Adult smoking, percent, 2021	20.0%	20.5%		17.2%	20.6%	18.9%	County Health Rankings
c	Excessive drinking, percent, 2021	19.6%	19.1%		19.7%	19.2%	19.7%	County Health Rankings
d	Physical inactivity, percent, 2021	24.2%	31.0%	+	21.4%	24.3%	23.2%	County Health Rankings
e	Age-Adjusted Prevalence of Sleeping less than 7 Hours Among Adults	33.1%	NA		32.8%	33.6%	32.2%	ephracking.cdc.gov
f	Sexually transmitted infections (chlamydia), rate per 100,000 - 2020	261	280	+	502	382	271	County Health Rankings

**Tab 7b: Chronic Risk Profile** \*\*New Social Determinant Data Resources

7b	Chronic - Health Indicators *New SDOH	Atchison County 2025	Atchison County 2022	Trend	State of KS	Doniphan Co KS 2025	NECKS Norm (N=12)	Source
a	Adults who Have Taken Medication for High Blood Pressure, 2021, percent	79.6%	NA		55.2%	80.5%	81.0%	Kansas Health Matters
b	Congestive Heart Failure Hospital Admission Rate, 2018-2020	25.2	NA		24.1	19.6	23.4	Kansas Health Matters
c	Adults with Kidney Disease, percent, 2021	3.1%	NA		NA	3.4%	3.2%	Kansas Health Matters
d	Adults with COPD, percent, 2021	7.5%	NA		NA	8.5%	7.6%	Kansas Health Matters
e	Adults 20+ with Diabetes, percent, 2021	10.0%	NA		NA	7.5%	8.4%	Kansas Health Matters
f	Adults with Cancer, percent, 2021	7.4%	NA		NA	8.1%	8.2%	Kansas Health Matters
g	Adults with Current Asthma, percent, 2021	10.5%	NA		NA	10.3%	9.9%	Kansas Health Matters
h	Adults who Experienced a Stroke, percent, 2021	3.3%	NA		NA	3.6%	3.4%	Kansas Health Matters

**Tab 8: Uninsured Profile and Community Benefit** \*\*New Social Determinant Data Resources

Based on state estimations, the number of insured is documented below. Also, the amount of charity care (last three years of free care) from area providers is trended below.

8	Insurance Coverage - Health Indicators	Atchison County 2025	Atchison County 2022	Trend	State of KS	Doniphan Co KS 2025	NECKS Norm (N=12)	Source
a	Uninsured, percent, 2020	8.8%	8.6%	-	10.3%	10.9%	9.6%	County Health Rankings
b	Persons With Health Insurance, 2021 *SDOH	90.9%	NA		89.1%	90.3%	90.5%	Kansas Health Matters
c	Kansas Medical Assistance Programs - Adults per 1,000 (ages 20-64), 2022 *SDOH	129.7	NA		99.4	102.0	99.9	Kansas Health Matters

#	Amberwell Atchison (CHNA 2025)	YR 2022	YR 2023	YR 2024
1	Bad Debt - Write off	\$1,444,115	\$2,103,171	\$2,065,798
2	Charity Care - Free Care Given	\$2,143,793	\$1,356,793	\$1,306,456

### Tab 9: Mortality Profile

The leading causes of county deaths from Vital Statistics are listed below.

9	Mortality - Health Indicators	Atchison County 2025	Atchison County 2022	Trend	State of KS	Doniphan Co KS 2025	NECKS Norm (N=12)	Source
a	Life Expectancy, 2018 - 2020	77.7	77.9		77.8	77.3	78.2	Kansas Health Matters
b	Age-adjusted Cancer Mortality Rate per 100,000 population, 2018-2020 (lower is better)	177.2	177.2		151.4	189.0	156.0	Kansas Health Matters
c	Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2018-2020 (lower is better)	177.2	177.2		162.0	158.2	167.9	Kansas Health Matters
d	Age-adjusted Chronic Lower Respiratory Disease Mortality Rate per 100,000, 2018-2020 (Lower is better)	61.6	61.6		47.1	73.3	51.7	Kansas Health Matters
e	Alcohol-impaired driving deaths, percent, 2016-2020	18.8%	18.8%		19.4%	42.9%	29.7%	County Health Rankings

Causes of Death by County of Residence, 2018-2022	Atchison Co. 2025	%	Trend	Doniphan Co. 2025	%	Kansas	Kansas %
<b>TOTAL (All Causes)</b>	167			86		27,312	
Chronic Lower Respiratory Disease	37	22.2%		17	19.8%	5,520	20.2%
Suicide & Self-Inflicted Injury	35	21.0%		20	23.3%	6,058	22.2%
Cancer	27	16.2%		16	18.6%	5,537	20.3%
Diabetes	20	12.0%		16	18.6%	3,085	11.3%
Heart disease	17	10.2%		14	16.3%	3,603	13.2%
Alzheimer's disease	12	7.2%		3	3.5%	1,283	4.7%
Kidney disease	11	6.6%		8	9.3%	1,774	6.5%
Pneumonia	11	6.6%		4	4.7%	879	3.2%

### Tab 10: Preventive Quality Measures Profile

The following table reflects future health of the county. This information also is an indicator of community awareness of preventative measures.

10	Preventative - Health Indicators	Atchison County 2025	Atchison County 2022	Trend	State of KS	Doniphan Co KS 2025	NECKS Norm (N=12)	Source
a	Access to exercise opportunities, percent, 2020 & 2022	82.3%	67.3%	+	79.7%	22.1%	50.1%	County Health Rankings
b	Age-Adjusted Prevalence of Hearing Disability Among Adults >=18, 2021*	6.7%	NA		6.9%	7.1%	6.6%	epitracking.cdc.gov
c	Age-Adjusted Prevalence of High Cholesterol Among Adults >=18, 2021 (Screened in the last 5 years)*	33.1%	NA		32.7%	34.3%	32.5%	epitracking.cdc.gov
d	Age-Adjusted Prevalence of High Blood Pressure Among Adults >=18, 2021*	34.7%	NA		32.2%	32.9%	31.7%	epitracking.cdc.gov
e	Mammography annual screening, percent, 2017	39.0%	41.0%	-	42.0%	44.0%	43.3%	County Health Rankings
f	Adults who have had a Routine Checkup, percent, 2021 *SDOH	73.7%	74.6%	-	45.0%	74.1%	75.0%	Kansas Health Matters
g	Percent Annual Check-Up Visit Dentist 2020 *SDOH	63.3%	61.5%	+	63.0%	61.2%	62.0%	Kansas Health Matters
h	Percent Annual Check-Up Visit with Eye Doctor	TBD	TBD		TBD	TBD	TBD	TBD

\*\*New Social Determinant Data Resources

## PSA Primary Research:

For each CHNA Round #5 evaluation, a community stakeholder survey has been created and administered to collect current healthcare information for *Atchison County, Kansas*.

**Chart #1 – Atchison County, KS PSA Online Feedback Response (N=353)**

Amberwell Atchison PSA - CHNA YR 2025 N=353			
For reporting purposes, are you involved in or are you a ...? (Check all that apply)	Amberwell Atchison PSA N=353	Trend	*Round #5 Norms N=8,289
Business/Merchant	16.1%		9.8%
Community Board Member	11.4%		8.6%
Case Manager/Discharge Planner	1.2%		1.0%
Clergy	1.5%		1.3%
College/University	5.0%		3.0%
Consumer Advocate	1.2%		2.0%
Dentist/Eye Doctor/Chiropractor	0.9%		0.8%
Elected Official - City/County	3.5%		1.9%
EMS/Emergency	0.9%		2.5%
Farmer/Rancher	5.8%		8.3%
Hospital	8.8%		20.9%
Health Department	0.6%		1.4%
Housing/Builder	0.3%		0.8%
Insurance	1.2%		1.2%
Labor	0.6%		3.2%
Law Enforcement	0.9%		0.9%
Mental Health	2.6%		2.4%
Other Health Professional	8.8%		12.3%
Parent/Caregiver	12.3%		17.3%
Pharmacy/Clinic	1.2%		2.4%
Media (Paper/TV/Radio)	0.3%		0.4%
Senior Care	1.8%		3.8%
Teacher/School Admin	11.7%		7.1%
Veteran	1.8%		3.0%
<b>TOTAL</b>	<b>342</b>		<b>6,211</b>
*Norms: IA Counties: Carroll, Page, Sac Mo Counties: Atchison, Holt, Harrison, Clinton, Caldwell, DeKalb, Daviess, Boone KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, Ellsworth, Republic, Meade, Atchison, Brown WI County: Richland NE Counties: Furnas, Custer			

Typical Sample Sizes Research Studies		
Number of Subgroup Analyses	Households	Firms
	Regional	Regional
None / Few (1-2)	200-500	50-200
Average (3-4)	500-1,000	200-1,000
Many (5+)	1,000+	1,000+

Sudman Applied Sampling, (Academic Press, 1976), 87. Ibid., 30

**Quality of Healthcare Delivery Community Rating**

Amberwell Atchison PSA - CHNA YR 2025 N=353			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Amberwell Atchison PSA N=353	Trend	*Round #5 Norms N=8,289
<b>Top Box %</b>	<b>20.9%</b>		<b>26.5%</b>
<b>Top 2 Boxes %</b>	<b>64.8%</b>		<b>69.8%</b>
Very Good	22.2%		26.5%
Good	46.5%		43.3%
Average	29.8%		23.9%
Poor	6.4%		5.1%
Very Poor	1.2%		1.2%
Valid N	349		8,260
*Norms: IA Counties: Carroll, Page, Sac Mo Counties: Atchison, Holt, Harrison, Clinton, Caldwell, DeKalb, Daviess, Boone KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, Ellsworth, Republic, Meade, Atchison, Brown WI County: Richland NE Counties: Furnas, Custer			

**Re-evaluate Past Community Health Needs Assessment Needs**

Amberwell Atchison PSA - CHNA YR 2025 N=353					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Mental Health (Diagnosis, Placement, Aftercare, Awareness, Providers)	130	11.4%		1
2	Substance Abuse (Drugs & Alcohol)	116	10.2%		2
3	Childcare Services (Affordable, Accessible, Ease License Requirements)	110	9.6%		3
4	Obesity (Nutrition / Exercise)	107	9.4%		4
5	Poverty	103	9.0%		6
6	Add Providers (PC, IM, Surg, Derm, Peds, Onc, Pulm)	99	8.7%		5
7	Uninsured/Underinsured	79	6.9%		7
8	Transportation (General)	79	6.9%		8
9	Wellness / Prevention	64	5.6%		10
10	Senior Care Providers	52	4.6%		9
11	Community Education / Communication	51	4.5%		12
12	Emergency Room Access (Timeliness of Care)	42	3.7%		11
13	Coordination of Atchison County Social Services	40	3.5%		15
14	Dialysis	36	3.2%		13
15	Sexual Education	21	1.8%		15
15	Limit Free Handouts	12	1.1%		14
Totals		1,141	100.0%		

**Community Health Needs Assessment “Causes of Poor Health”**

Amberwell Atchison PSA - CHNA YR 2025 N=353			
In your opinion, what are the root causes of "poor health" in our community? Please select top three.	Amberwell Atchison PSA N=353	Trend	*Round #5 Norms N=8,289
Chronic Disease Management	6.8%		8.6%
Lack of Health & Wellness	12.0%		11.7%
Lack of Nutrition / Access to Healthy Foods	12.0%		10.7%
Lack of Exercise	15.3%		14.0%
Limited Access to Primary Care	4.3%		5.4%
Limited Access to Specialty Care	4.9%		5.9%
Limited Access to Mental Health	11.3%		14.7%
Family Assistance Programs	3.1%		4.7%
Lack of Health Insurance	14.3%		12.0%
Neglect	10.5%		8.6%
Lack of Transportation	5.5%		5.0%
Total Votes	750		15,621
*Norms: IA Counties: Carroll, Page, Sac Mo Counties: Atchison, Holt, Harrison, Clinton, Caldwell, DeKalb, Daviess, Boone KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, Ellsworth, Republic, Meade, Atchison, Brown WI County: Richland NE Counties: Furnas, Custer			

**Community Rating of HC Delivery Services (Perceptions)**

Amberwell Atchison PSA - CHNA YR 2025 N=353	Amberwell Atchison PSA N=353		Trend	*Round #5 Norms N=8,289	
	Top 2 boxes	Bottom 2 boxes		Top 2 boxes	Bottom 2 boxes
How would our community rate each of the following?					
Ambulance Services	76%	3.7%		82.4%	3.5%
Child Care	56%	8.2%		40.6%	21.1%
Chiropractors	84%	2.4%		71.3%	6.7%
Dentists	91%	1.6%		63.9%	13.9%
Emergency Room	63%	10.8%		73.4%	7.8%
Eye Doctor/Optomtrist	78%	3.6%		70.6%	9.8%
Family Planning Services	46%	11.7%		45.9%	16.5%
Home Health	69%	5.4%		57.4%	10.9%
Hospice/Palliative	71%	4.4%		65.4%	7.8%
Telehealth	47%	15.5%		51.3%	12.6%
Inpatient Hospital Services	71%	6.8%		75.4%	5.8%
Mental Health Services	49%	23.3%		35.2%	29.4%
Nursing Home/Senior Living	48%	13.1%		48.4%	18.1%
Outpatient Hospital Services	72%	6.7%		74.8%	5.2%
Pharmacy	90%	1.7%		82.9%	3.2%
Primary Care	79%	5.7%		76.8%	6.4%
Public Health	58%	9.7%		62.4%	8.8%
School Health	58%	8.6%		58.9%	8.3%
Visiting Specialists	59%	8.4%		68.0%	7.1%
*Norms: IA Counties: Carroll, Page, Sac Mo Counties: Atchison, Holt, Harrison, Clinton, Caldwell, DeKalb, Daviess, Boone KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, Ellsworth, Republic, Meade, Atchison, Brown WI County: Richland NE Counties: Furnas, Custer					

**Community Health Readiness**

Amberwell Atchison PSA - CHNA YR 2025 N=353	% Bottom 2 Boxes (Lower is better)		
Community Health Readiness is vital. How would you rate each? (% Poor / Very Poor)	Amberwell Atchison PSA N=353	Trend	*Round #5 Norms N=8,289
Behavioral/Mental Health	25.8%		32.1%
Emergency Preparedness	9.7%		7.4%
Food and Nutrition Services/Education	20.3%		16.4%
Health Wellness Screenings/Education	12.2%		10.1%
Prenatal/Child Health Programs	7.4%		13.3%
Substance Use/Prevention	31.9%		33.2%
Suicide Prevention	30.2%		34.5%
Violence/Abuse Prevention	31.4%		32.7%
Women's Wellness Programs	15.7%		18.4%
Exercise Facilities / Walking Trails etc.	13.9%		15.4%
*Norms: IA Counties: Carroll, Page, Sac Mo Counties: Atchison, Holt, Harrison, Clinton, Caldwell, DeKalb, Daviess, Boone KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, Ellsworth, Republic, Meade, Atchison, Brown WI County: Richland NE Counties: Furnas, Custer			

**Healthcare Delivery "Outside our Community"**

**Specialties:**

Amberwell Atchison PSA - CHNA YR 2025 N=353			
In the past 2 years, did you or someone you know receive HC outside of our community?	Amberwell Atchison PSA N=353	Trend	*Round #5 Norms N=8,289
<b>Yes</b>	<b>71.1%</b>		<b>69.1%</b>
<b>No</b>	<b>28.9%</b>		<b>30.9%</b>
*Norms: IA Counties: Carroll, Page, Sac Mo Counties: Atchison, Holt, Harrison, Clinton, Caldwell, DeKalb, Daviess, Boone KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, Ellsworth, Republic, Meade, Atchison, Brown WI County: Richland NE Counties: Furnas, Custer			

SPEC	Total
OBG	13
CARD	11
PRIM	10
CLIN	9

**Access to Providers / Staff in our Community**

Amberwell Atchison PSA - CHNA YR 2025 N=353			
Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?	Amberwell Atchison PSA N=353	Trend	*Round #5 Norms N=8,289
<b>Yes</b>	<b>51.8%</b>		<b>55.8%</b>
<b>No</b>	<b>48.2%</b>		<b>44.2%</b>

**What healthcare topics need to be discussed further at our Town Hall?**

<b>Amberwell Atchison PSA - CHNA YR 2025 N=353</b>			
What needs to be discussed further at our CHNA Town Hall meeting? Top 3	Amberwell Atchison PSA N=353	Trend	*Round #5 Norms N=8,289
Abuse/Violence	4.1%	Yellow	3.9%
Access to Health Education	3.0%	White	3.5%
Alcohol	2.2%	White	3.7%
Alternative Medicine	3.2%	White	3.7%
Behavioral/Mental Health	7.7%	Red	9.2%
Breastfeeding Friendly Workplace	1.1%	White	1.2%
Cancer	1.5%	White	2.7%
Care Coordination	2.9%	White	3.2%
Diabetes	2.4%	White	2.7%
Drugs/Substance Abuse	6.3%	Red	6.6%
Family Planning	1.9%	White	2.1%
Health Literacy	2.9%	White	3.2%
Heart Disease	1.2%	White	1.6%
Housing	5.2%	Red	5.9%
Lack of Providers/Qualified Staff	3.8%	White	5.1%
Lead Exposure	0.3%	White	0.5%
Neglect	1.7%	White	2.0%
Nutrition	4.8%	Yellow	4.6%
Obesity	5.2%	Red	5.6%
Occupational Medicine	0.5%	White	0.6%
Ozone (Air)	0.7%	White	0.4%
Physical Exercise	4.4%	Yellow	5.0%
Poverty	5.1%	Red	4.8%
Preventative Health/Wellness	5.9%	Red	5.5%
Sexually Transmitted Diseases	1.4%	White	1.5%
Suicide	4.5%	Yellow	6.0%
Teen Pregnancy	2.4%	White	1.7%
Telehealth	2.1%	White	2.1%
Tobacco Use	1.8%	White	2.1%
Transportation	4.4%	Yellow	3.1%
Vaccinations	2.5%	White	2.2%
Water Quality	2.9%	White	2.6%
<b>TOTAL Votes</b>	<b>1,258</b>		<b>23,172</b>
<small>*Norms: IA Counties: Carroll, Page, Sac Mo Counties: Atchison, Holt, Harrison, Clinton, Caldwell, DeKalb, Daviess, Boone KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, Ellsworth, Republic, Meade, Atchison, Brown WI County: Richland NE Counties: Furnas, Custer</small>			

# **IV. Inventory of Community Health Resources**

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[VVV Consultants LLC]

## Inventory of Health Services Atchison County, KS - 2025

Cat	Healthcare Services Offered in County: Yes / No	Hospital	Health Dept	Other
Clinic	Primary Care	yes	yes	yes
Hosp	Alzheimer Center			
Hosp	Ambulatory Surgery Centers	yes		
Hosp	Arthritis Treatment Center			
Hosp	Bariatric / Weight Control Services			
Hosp	Birthing / LDR / LDRP Room	yes		
Hosp	Breast Cancer			
Hosp	Burn Care			
Hosp	Cardiac Rehabilitation	yes		
Hosp	Cardiac Surgery			
Hosp	Cardiology Services	yes		
Hosp	Case Management	yes		
Hosp	Chaplaincy / Pastoral Care Services	yes	yes	yes
Hosp	Chemotherapy			yes
Hosp	Colonoscopy	yes		
Hosp	Crisis Prevention	yes	yes	yes
Hosp	CT Scanner	yes		
Hosp	Diagnostic Radioisotope Facility	yes		
Hosp	Diagnostic / Invasive Catheterization			
Hosp	Electron Beam Computed Tomography (EBCT)			
Hosp	Enrollment Assistance Services	yes	yes	yes
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)			
Hosp	Fertility Clinic			
Hosp	FullField Digital Mammography (FFDM)	yes		
Hosp	Genetic Testing / Counseling			
Hosp	Geriatric Services	yes	yes	yes
Hosp	Heart	yes		
Hosp	Hemodialysis			
Hosp	HIV / AIDS Services			
Hosp	Image-Guided Radiation Therapy (IGRT)			
Hosp	Inpatient Acute Care - Hospital Services	yes		
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161			
Hosp	Intensive Care Unit	yes		
Hosp	Intermediate Care Unit			
Hosp	Interventional Cardiac Catheterization			
Hosp	Isolation room	yes		
Hosp	Kidney			
Hosp	Liver			
Hosp	Lung			
Hosp	Magnetic Resonance Imaging (MRI)	yes		
Hosp	Mammograms	yes		
Hosp	Mobile Health Services	yes		
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)	yes		
Hosp	Multislice Spiral Computed Tomography (<64+ slice CT)	yes		
Hosp	Neonatal	yes		
Hosp	Neurological services	yes		
Hosp	Obstetrics	yes		
Hosp	Occupational Health Services	yes		
Hosp	Oncology Services			yes
Hosp	Orthopedic Services	yes		
Hosp	Outpatient Surgery	yes		
Hosp	Pain Management	yes		
Hosp	Palliative Care Program	yes	yes	yes
Hosp	Pediatric	yes	yes	yes
Hosp	Physical Rehabilitation	yes		yes
Hosp	Positron Emission Tomography (PET)			
Hosp	Positron Emission Tomography / CT (PET / CT)	yes		
Hosp	Psychiatric Services			yes
Hosp	Radiology, Diagnostic	yes		
Hosp	Radiology, Therapeutic	yes		

## Inventory of Health Services Atchison County, KS - 2025

Cat	Healthcare Services Offered in County: Yes / No	Hospital	Health Dept	Other
Hosp	Reproductive Health	yes		yes
Hosp	Robotic Surgery			
Hosp	Shaped Beam Radiation System 161			
Hosp	Single Photon Emission Computerized Tomography			
Hosp	Sleep Center	yes		
Hosp	Social Work Services	yes	yes	yes
Hosp	Sports Medicine	yes		yes
Hosp	Stereotactic Radiosurgery			
Hosp	Swing Bed Services	yes		yes
Hosp	Transplant Services			
Hosp	Trauma Center-Level IV			
Hosp	Ultrasound	yes		yes
Hosp	Women's Health Services	yes	yes	yes
Hosp	Wound Care	yes		yes
SR	Adult Day Care Program			yes
SR	Assisted Living			yes
SR	Home Health Services	yes	yes	yes
SR	Hospice	yes	yes	yes
SR	LongTerm Care			yes
SR	Nursing Home Services			yes
SR	Retirement Housing			yes
SR	Skilled Nursing Care	yes		yes
ER	Emergency Services	yes		
ER	Urgent Care Center	yes		
ER	Ambulance Services			yes
SERV	Alcoholism-Drug Abuse			yes
SERV	Blood Donor Center			
SERV	Chiropractic Services			yes
SERV	Complementary Medicine Services			yes
SERV	Dental Services			yes
SERV	Fitness Center			yes
SERV	Health Education Classes	yes	yes	yes
SERV	Health Fair (Annual)	yes	yes	yes
SERV	Health Information Center	yes	yes	yes
SERV	Health Screenings	yes	yes	yes
SERV	Meals on Wheels			yes
SERV	Nutrition Programs			yes
SERV	Patient Education Center			
SERV	Support Groups	yes	yes	yes
SERV	Teen Outreach Services			yes
SERV	Tobacco Treatment / Cessation Program	yes		yes
SERV	Transportation to Health Facilities			yes
SERV	Wellness Program	yes	yes	yes

<b>Providers Delivering Care in Atchison County, KS</b>			
<b>2025 Amberwell Atchison Primary Service Area</b>			
<b># of FTE Providers Working in PSA</b>	<b>Physicians</b>		<b>Allied Staff</b>
	<b>PSA Based DRs</b>	<b>Visiting</b>	<b>PSA Based PA / NP</b>
<b>Primary Care:</b>			
Family Practice	8.0		10.0
Internal Medicine / Geriatrician			
Obstetrics/Gynecology			
Pediatrics			
<b>Medicine Specialists:</b>			
Allergy/Immunology			
Audiology			2.0
Cardiology		11.0	
Dermatology			
Endocrinology			
Gastroenterology			
Oncology/RADO		1.0	
Infectious Diseases			
Nephrology			
Neurology		2.0	
Psychiatry			1.0
Pulmonary		1.0	
Rheumatology		1.0	
<b>Surgery Specialists:</b>			
General Surgery / Colon / Oral	1.0		2.0
Neurosurgery			
Ophthalmology		1.0	
Orthopedics	3.0	0.0	2.0
Otolaryngology (ENT)		1.0	
Plastic/Reconstructive			
Thoracic/Cardiovascular/Vasc			
Urology		1.0	
<b>Hospital Based:</b>			
Anesthesia/Pain			5.0
Emergency	4.0		4.0
Radiology		23.0	
Pathology		20.0	
Hospitalist	3.0		1.0
Neonatal/Perinatal			
Physical Medicine/Rehab			
Occupational Medicine	1.0		1.0
Podiatry		1.0	
Chiropractor			
Optometrist OD			
Dentists			
<b>TOTALS</b>	<b>20.0</b>	<b>63.0</b>	<b>28.0</b>

\* Total # of FTE Specialists serving community whose office outside PSA.

## Visiting Specialists to Amberwell Atchison (KS) - 2025

Specialty	Physician Name/Group	Office Location	Schedule	Annual Days	Location of Outreach Clinic
Audiology	A&D Hearing Center	Leavenworth, KS	1st and 3rd Wednesday	24	Suite 110, 810 Raven Hill Dr
Audiology	Topeka ENT	Topeka, KS	1st Monday	12	Suite 110, 810 Raven Hill Dr
Cardiology	Mosaic Cardiovascular Consultants	St. Joseph, MO	Mon/Thurs	104	Suite 103, 820 Raven Hill Dr
Cardiology	University of KS Health System Dept. Of Cardiovascular Medicine	Kansas City, KS	Tuesday/Thursday	104	Suite 106, 820 Raven Hill Dr
Ear, Nose, Throat (ENT)	Topeka ENT	Topeka, KS	Mon/4th Wed	24	Suite 110, 810 Raven Hill Dr
Endocrinology / Metabolism	Mosaic Life Care	St. Joseph, MO	1st Tuesday	12	Suite 103, 820 Raven Hill Dr
Nephrology	Mosaic Life Care	St. Joseph, MO	1st and 4th Friday	12	Suite 103, 820 Raven Hill Dr
Neurology	Fariz Habib, MD Office	Lansing, KS	Every Tuesday	52	Suite 110, 810 Raven Hill Dr
Neurology	Mosaic Life Care	St. Joseph, MO	2nd Wednesday	24	Suite 103, 820 Raven Hill Dr
Oncology	Mosaic Life Care	St. Joseph, MO	Every Wednesday	52	104 N 6th, Atchison, KS
Podiatry	Mosaic Life Care	St. Joseph, MO	1st and 3rd Wednesday	24	Suite 103, 820 Raven Hill Dr
Pulmonary	Mosaic Life Care	St. Joseph, MO	4thMonday	12	Suite 103, 820 Raven Hill Dr
Rheumatology	HCH Midwest Health	Overland Park, KS	1st Wednesday	12	Suite 110, 810 Raven Hill Dr
Urology	Phoenix Urology of St. Josept	St. Joseph, MO	1st and 3rd Tuesday	24	Suite 110, 810 Raven Hill Dr

# **Atchison County, KS – 2025 Area Health Services**

## **Emergency Numbers**

<b>Police/Sheriff</b>	<b>911</b>
<b>Fire</b>	<b>911</b>
<b>Ambulance</b>	<b>911</b>

## **Non-Emergency Numbers**

<b>Atchison County Sheriff</b>	<b>913-367-0216</b>
<b>Atchison County Ambulance</b>	<b>913-833-4025</b>

## **Municipal Non-Emergency Numbers**

	<b>Police/Sheriff</b>	<b>Fire</b>
Atchison	913-367-4323	913-367-4329
Cummings	913-367-4323	913-367-4329
Effingham	913-367-4323	913-367-4329
Lancaster	913-367-4323	913-367-4329
Muscotah	913-367-4323	913-872-3222

## **Other Emergency Numbers**

**Kansas Child/Adult Abuse and Neglect Hotline**  
1-800-922-5330

**Domestic Violence Hotline**  
1-800-799-7233

**Emergency Management (Topeka)**  
785-274-1409

**Kansas Crisis Hotline**  
Manhattan 785-539-7935

**Federal Bureau of Investigation**  
1-866-483-5137

**Kansas Arson/Crime Hotline**  
1-800-KS-CRIME 800-572-1763

**Kansas Bureau of Investigation (Topeka)**  
785-296-8200

**Kansas Crisis Hotline (Domestic Violence/Sexual Assault)**  
1-888-END-ABUSE

**Kansas Road Conditions**  
1-866-511-KDOT 511

**Poison Control Center**  
1-800-222-1222

**Suicide Prevention Hotline**  
1-800-SUICIDE  
1-800-273-TALK

**Toxic Chemical and Oil Spills**  
1-800-424-8802

**Domestic/Family Violence Child/Adult Abuse Hotline**  
1-800-922-5330

**Alliance Against Family Violence**  
Hotline: 913-675-7217  
Business: 913-675-7220

## **Hospital**

**Amberwell Atchison**  
800 Raven Hill Drive  
Atchison, KS 66002  
913-367-2131

## **Mental Health**

**Atchison Counseling Service**  
107 North 6th Street #4  
Atchison, KS  
913-367-2002

**The Guidance Center**  
201 Main St  
Atchison, KS 66002  
913-367-1593

**Hope Family Therapy**  
104 N 6<sup>th</sup> St Suite 7  
Atchison, KS 66002  
913-674-0057

**Kerry A. Marvin**  
710 Parallel Street  
Atchison, KS 66002  
913-367-5419

## **City Offices**

**City of Atchison**  
515 Kansas Ave  
Atchison, KS 66002  
913-367-5500

## **Ambulance**

**Atchison County EMS**  
10443 US-59  
Atchison, KS 66002  
913-804-6150

## **Chiropractors**

**Atchison Chiropractic Clinic**  
1500 Main Street  
Atchison, KS 66002  
913-367-4441

**ChiroHealthCare**  
940 Commercial St #A  
Atchison, KS 66002  
913-367-3963

**Koenen Chiropractic Clinic**  
522 Commercial St  
Atchison, KS 66002  
913-367-5371

**Stephen W. Wheatley**  
104 North Sixth Street Suite F  
Atchison, KS 66002  
913-367-2269

**Trusted Care Chiropractic**  
310 Commercial  
Atchison, KS 66002  
913-426-3913

## **Clinics**

**Allways Community Health Clinic**  
1412 North 2nd Street  
Atchison, KS 66002  
913-367-4879

**Amberwell Atchison**  
800 Raven Hill Dr  
Atchison, KS 66002  
913-367-7300

### **Specialty Clinics**

**Mid-America Cardiology (KU Medical)**  
820 Ravenhill Drive  
Atchison, KS 66002  
913-367-6227

**Atchison Hospital, The University of Kansas Health System Cardiovascular Medicine**  
820 Ravenhill Dr Ste 106A  
Atchison, KS 66002  
913-588-1227

### **Dentists**

**Atchison Dental Associates, P.A.**  
111 North 5th St  
Atchison, KS 66002  
913-367-0212

**Heartland Dental Group**  
Berger Building, 104 North 6th St  
Atchison, KS 66002  
913-724-1880

**Hummelgard Family Dentistry**  
817 Santa Fe St  
Atchison, KS 66002  
913-367-7270

**Northwest Missouri Oral Surgery**  
110 South 6th St  
Atchison, KS 66002  
913-367-3400 *Donald L. Gossett*

**Choice Orthodontics**  
110 South 6th St  
Atchison, KS 66002  
816-279-8300

**Atchison Family Dentistry**  
413 South 10th St  
Atchison, KS 66002  
913-367-0203

### **Optometrists**

**Atchison Eye Center**  
727 Commercial St  
Atchison, KS 66002  
913-367-4989

**Eye Specialists of Atchison – Andrea L Bock-Kunz MD**  
605 Commercial St  
Atchison, KS 66002  
913-367-4451

### **Pharmacies**

**CVS Pharmacy**  
400 South 10th St  
Atchison, KS 66002  
913-367-1518

**Kex Rx Pharmacy & Home Care**  
807 Main St  
Atchison, KS 66002  
913-367-5252

**Wal-Mart Pharmacy**  
1920 US-73  
Atchison, KS 66002  
913-367-6142

### **General Health Services**

**Atchison County Health Department**  
616 Commercial St  
Atchison, KS 66002  
913-367-5152

**NEK Multi County Health Department/Atchison County Health Department**  
907 S 2<sup>nd</sup> St  
Hiawatha, KS 66434-2774  
913-367-5152

### **Rehabilitation**

**Medicalodges**  
1637 W Riley St  
Atchison, KS 66002  
913-367-6066

**SERC Physical Therapy**  
415 S 10<sup>th</sup> St  
Atchison, KS 66002  
913-370-9501

**Key Rehabilitation**  
1637 W Riley St  
Atchison, KS 66002  
913-367-4037

### **Health and Fitness Centers**

**Snap Fitness Atchison**  
409 Commercial St  
Atchison, KS 66002  
913-367-1511

**YMCA**

321 Commercial St  
Atchison, KS 66002  
913-367-4948

**Home Health/Hospice****Amberwell Health at Home**

800 Raven Hill Drive  
Atchison, KS 66002  
913-360-5520

**St. Croix Hospice**

1642 Main St Suite 2  
Atchison, KS 66002  
913 600-5955

**Public Schools****Atchison Elementary School**

825 North 17th St  
Atchison, KS 66002  
913-367-1161

**Atchison Middle School**

301 North 5<sup>th</sup> St  
Atchison, KS 66002  
913-367-5363

**Atchison High School**

1500 West Riley St  
Atchison, KS 66002  
913-367-4162

**Food Pantry****First Christian Church**

301 N. 7<sup>th</sup> St  
Atchison, KS 66002  
913-367-3036

**Blessing Boxes—Atchison**

411 Commercial St  
Atchison, KS 66002  
913-367-1207

**Catholic Charities**

502 Kansas Ave  
Atchison, KS 66002  
913-367-5070

**Loaves and Fishes**

301 N 7<sup>th</sup> St  
Atchison, KS 66002  
913-367-3036

**Salvation Army**

926 Commercial St  
Atchison, KS 66002  
913-367-1207

**Second Harvest Mobile Pantry**

915 Douglas Street  
St. Joseph, MO 64505  
816-364-3663

**Housing & Homeless Services****NEK – CAP, Inc. Atchison County Outreach Office**

509 Commercial St  
Atchison, KS 66002  
913-367-7114

**Effingham Housing Authority**

103 South 7<sup>th</sup> St  
Atchison, KS 66002  
913-367-3323

**Low-Income Santa-Fe Place Apartments**

807 Sante-Fe Pl  
Atchison, KS 66002  
913-367-5534

**Terrace Hills (Section 8 Housing)**

1200 North 6<sup>th</sup> St  
Atchison, KS 66002  
913-674-0947 TTY dial 711

**Mall Towers**

103 S. 7<sup>th</sup> St  
Atchison, KS 66002  
913-367-3323

**832 The Lofts (Subsidized)**

832 Commercial St  
Atchison, KS 66002  
913-372-0200

**Applegate Apartments (Section 8)**

1501 Applegate Dr  
Atchison, KS 66002  
913-367-7808

**Atchison Area United Way**

625 Commercial Street #7 (Atchison)  
913-367-6510

**RoseVilla Safe Haven**

523 SW Limit St  
Leavenworth, KS 66048  
913-250-5790

**Senior Services****Project Concern**

504 Kansas Ave  
Atchison, KS 66002  
913-367-4655

**Atchison Senior Village**

1419 North 6th St  
Atchison, KS 66002  
913-367-1905

**Trinity Place Senior Residences**  
600 North 9th St  
Atchison, KS 66002  
913-367-1185

**The Gran Villas of Atchison**  
1635 Riley St  
Atchison, KS 66002  
913-367-2077

**Vintage Park At Atchison**  
1301 North 4<sup>th</sup> St  
Atchison, KS 66002  
913-367-2655

**Assisted Living/Nursing Homes/TLC  
Atchison Senior Village**  
1419 North 6th St  
Atchison, Ks 66002  
913-367-1905

**The Gran Villas of Atchison-  
Assisted Living**  
1635 Riley St  
Atchison, KS 66002  
913-367-2077

## **Alcohol and Drug Treatment**

**Alcohol and Drug Abuse Services**  
1-800-586-3690

**Alcohol Detoxification 24-Hour Helpline**  
1-877-403-3387

**Center for Recovery**  
1-877-403-6236

**G&G Addiction Treatment Center**  
1-866-439-1807

**Heartland Regional Alcohol & Drug Assessment  
Center**  
1-913-789-0951

**The Guidance Center**  
201 Main Street  
Atchison, KS 66002  
913-367-1593

**Road Less Traveled**  
1-866-486-1812

**Seabrook House**  
1-800-579-0377

**The Treatment Center**  
1-888-433-9869

**Valley Hope Alcohol and Drug Treatment Center**  
1816 N. 2<sup>nd</sup> St  
Atchison, KS 66002  
1-913-367-1618

## **Child Care**

**Atchison Child Care Association**  
1326 Kansas Ave  
Atchison, KS 66002  
913-367-6441

**First Steps**  
1421 Main St  
Atchison, KS 66002  
913-367-6060

**NEK Cap Head Start Center**  
751 South 8th St  
Atchison, KS 66002  
913-367-7848

## **Recreation**

**Atchison County Park**  
Grasshopper Township  
Atchison, KS

**Atchison Lions Pool**  
1201 Commercial St  
Atchison, KS  
913-367-1018

**Jackson Park**  
1500 S 6<sup>th</sup> St  
Atchison, KS 66002  
913-367-5500

## **Veteran Services**

**Veterans of Foreign Wars**  
2201 Main St  
Atchison, KS 66002  
913-367-0210

# V. Detail Exhibits

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[VVV Consultants LLC]

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## a.) Patient Origin Source Files

[VVV Consultants LLC]

## Patient Origin History 2022- 2024 for IP, OP and ER – Atchison County, KS

<b>Atchison County, Kansas Residents</b>				
#	Inpatients - KHA HIDI	FFY24	FFY23	FFY22
1	Amberwell Health Atchison - Atchison, KS	635	636	741
	% of Patients Staying Home	38.3%	37.6%	42.3%
2	Mosaic Life Care at St. Joseph Medical Center - St. Joseph, MO	414	334	318
3	The University of Kansas Health System - Kansas City, KS	247	276	257
4	Stormont Vail Health - Topeka, KS	63	77	81
5	Children's Mercy Kansas City - Kansas City, MO	62	58	53
	Other Hospitals	236	312	302
	<b>Total</b>	<b>1,657</b>	<b>1,693</b>	<b>1,752</b>

#	Outpatients - KHA HIDI	FFY24	FFY23	FFY22
1	Amberwell Health Atchison - Atchison, KS	29,828	29,274	31,194
	% of Patients Staying Home	75.5%	76.0%	77.6%
2	The University of Kansas Health System - Kansas City, KS	4,729	4420	4203
3	Children's Mercy Kansas City - Kansas City, MO	1,082	945	943
4	Amberwell Hiawatha - Hiawatha, KS	566	564	582
5	The University of Kansas Health System St. Francis Campus - Topeka, KS	470	563	489
6	Holton Community Hospital - Holton, KS	455	489	592
7	Children's Mercy Hospital Kansas - Overland Park, KS	324	316	284
8	Stormont Vail Health - Topeka, KS	284	283	312
	Other Hospitals	1,757	1,664	1,612
	<b>Total</b>	<b>39,495</b>	<b>38,518</b>	<b>40,211</b>

#	Emergency - KHA HIDI	FFY24	FFY23	FFY22
1	Amberwell Health Atchison - Atchison, KS	6,200	6,086	6,166
	% of Patients Staying Home	86.0%	86.4%	85.8%
2	Mosaic Life Care at St. Joseph Medical Center - St. Joseph, MO	169	139	152
3	The University of Kansas Health System - Kansas City, KS	129	122	134
4	Children's Mercy Kansas City - Kansas City, MO	90	91	129
5	Saint John Hospital - Leavenworth, KS	104	82	113
6	Holton Community Hospital - Holton, KS	67	70	72
	Others	454	456	421
	<b>Total</b>	<b>7,213</b>	<b>7,046</b>	<b>7,187</b>

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## b.) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Attendance Atchison Co, KS CHNA Town Hall 7/23/25 11:30-1pm N=50						
#	Table	Lead	Attend	Last	First	Organization
1	A	XX	x	Quinn	Casey	Atchison County
2	A		x	Buessing	Larry	Mass Mutual
3	A		x	Birnbaum	David	Trinity Lutheran School
4	A		x	Dudzinski	Chase	Amberwell
5	A		x	Campbell	James	Atchison County
6	B	XX	x	Abel	Jared	Amberwell Health
7	B		X	Seaberg	Karen	MGP Ingredients
8	B		x	Sluder	Stan	Benedictine College
9	B		x	Tulipana	Kevin	Benedictine College SOM
10	B		x	Berger	Rick	Berger Company
11	B		x	Thornton	William	Retired
12	C	XX	x	Irwin	Crystal	Amberwell Atchison
13	C		x	Flack	Bob	Riverbend Bible Church
14	C		x	Smith	Lindsey	Amberwell Atchison
15	C		x	PORTER	Maggie	AMBERWELL HEALTH ATCHISON
16	D	XX	x	Domann	Megan	NEK Multi Co Health Dept-Atchison
17	D		x	Baker	Kelli	Snap Fitness 24/7
18	D		x	Chartier	Margo	Amberwell
19	D		x	Doyle	Meredith	Benedictine College
20	E	XX	x	Sorensen	Alicia	Amberwell Atchison
21	E		x	Brockhoff	Jennifer	Amberwell Atchison
22	E		x	Pierce	Lisa	USD 377
23	E		x	Vanderweide	Randell	BRT Construction
24	E		x	Ostertag	Jenny	
25	F	XX	x	Glenski	William	Amberwell Health
26	F		x	Gaddis	Andrew	USD 377- Atchison County Community Schools
27	F		x	Emanuel	Kathleen	Amberwell Atchison
28	F		x	Sowers	Carrie	Atchison Child Care
29	F		x	Kiel	Jennifer	The Y
30	G	XX	x	Durkin	Stevie	The Guidance Center
31	G		x	Mize	Jonathan	Blish-Mize Co.
32	G		x	Glenski	Anna	Wellness Center
33	G		x	Regenstein	Louise	
34	G		x	Pregont	Melinda	
35	H	XX	x	Krick	Christie	Amberwell Health At Home
36	H		x	Kreider	Angela	Rainbow Communications
37	H		x	Parks	Eric	HOPE Family Therapy Inc
38	H		x	South	Katie	Amberwell Atchison
39	I	XX	x	Birkinsha	Heather	
40	I		x	Lee	Rachel	Amberwell
41	I		x	Folsom	Amy	Amberwell
42	I		x	Cassity	Sarah	Amberwell
43	J	XX	x	Turner	Elizabeth	Amberwell Health
44	J		x	Westhoff	Mark	City of Atchison
45	J		x	Walsh	Jane	Amberwell
46	J		x	Ogle	Paul	Pastor
47	K	XX	x	Weishaar	Patrick	Atchison Fire Department
48	K		x	Phillips	Ashley	The Guidance Center
49	K		x	Malm	Brian	Atchison County Community Schools
50	K		x	Schafer	Darby	True Roots Massage

# Amberwell Atchison Town Hall Event Notes

Date: 7/23/2025 – 11:30-1 p.m. @ Elizabeths Special Events and Catering Attendance: N=50

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INTRO: Following is a recap of the community conversation during CHNA 2025 Town Hall

- Mental Health data is not getting reported.
- Other than English, the community is speaking Mandarin, Spanish, ASL.
- For care, Veterans go to the VA in Leavenworth, Cameron MO, or the Wathena KS nursing home.
- The wealth gap is growing wider apart in the PSA.
- There are homeless in the community and the problem is growing. There is no ordinance.
- Food insecurity is a growing issue affecting the health of the community of all ages.
- For OB delivery, mothers are going to Atchison, Hiawatha, KU Med, OPR, LMH, Mosaic, or Stormont Vail. You can't do a planned V-Back in the PSA.
- Childcare is a need in the community (specifically birth – three). Shift workers need childcare and affordability is a barrier for the community.
- The local Health Department needs assistance and very busy.
- Depression across all generations (youth & seniors) that is going undiagnosed and untreated.
- Drugs in the community include Opioids, Fentanyl, Oxycodone, Meth, Cocaine, Marijuana, and Alcohol.
- STDs are a concern in the community.
- Child obesity is a concern as it is not being reported.
- Exercise opened in the community (YMCA and SNAP Fitness) to improve health.
- The ambulance has trouble getting to rural areas (long wait).
- There is a lack of places for people to walk in the community (walking trails and sidewalks).

What is coming/occurring that will affect health of the community:

- AI
- Competitive Healthcare
- Insurance and Pharmacy prices
- Medicaid changes (Big Beautiful Bill)
- New Medical School

Things going well for healthcare in the community:

- Access to Quality Healthcare
- Chiropractors and Maternity Care
- Community members staying home for healthcare
- Dentist and Optometrists
- Education System (higher education)
- Engaged and Supportive Community
- Free school lunch and breakfast
- Healthcare and Community Leadership
- Housing Quality is Improving
- Local OB Services
- Mental Health Providers
- Multiple sites for Primary Care
- Spiritual Outreach

Areas to improve or change in the community:

- Childcare (Affordable & Accessible)
- Elderly Care (Health)
- EMS Response Time
- Family Support
- Food Insecurity / Cost of Health Foods
- Holistic Health / Alternative Medicine
- Housing (Affordable, Quality, Rental Options)
- Life Skills
- Mental Health (Treatment)
- Obesity (Food & Fitness)
- Poverty & Economic Development
- Recruit Quality Providers
- Substance Abuse (Alcohol & Drugs)
- Telehealth Education
- Transportation (all)
- Underinsured and Uninsured
- Urgent Care / Afterhours (All Services)

## Round #5 CHNA - Atchison Co KS

### Town Hall Conversation - Strengths (Big White Cards) N=50

Card #	What are the strengths of our community that contribute to health?	Card #	What are the strengths of our community that contribute to health?	Card #	What are the strengths of our community that contribute to health?
43	94% High School Graduation Rate	10	Family Resources	39	OB Care
22	Able to Deliver Baby Locally	6	Farmers Market	29	OB Care
27	Access (Emergency Room)	14	Farmers Market	40	OB Care
34	Access to Care (Dentists, Chiro, OB Care)	27	Farmers Market	17	OB Healthcare Locally
37	Access to Care in Timely Manner	31	Federally Qualified Health Center	28	OB Services Available
17	Access to Exercise	31	Financially Stable Hospital	24	Parks / Side Walks / Outdoor Activities / Pool
20	Access to Quality Care	42	Fitness Options	33	Patient Origin
38	Access to Fitness Centers	9	Food Availability	5	Patients are Staying "Home" for More Care
4	Access to Food	41	Food Distribution (Food Banks - Meals on Wheels)	9	People Staying Home / Local for Health Care
23	Access to Grocers	24	Free Breakfast / Lunches at AES	17	Pharmacy
22	Access to Mental Health	26	Free Lunches for AES	23	Pharmacy Access
35	Access to Quality Care	22	Good Community Resources	35	Pharmacy Access
23	Access to Walking Parks & Exercise Options	35	Good Education / Services	13	Population
13	Accessibility to Healthcare (Emergency)	25	Graduation Rates	12	Population Maintaining
11	Amberwell Services - Clinic & Specialty Services	1	Grant for Childcare	16	Population Stability
33	Ambulance	14	Growth at BC	18	Prenatal / Obstetrics Care
42	Benedictine College / Spiritual Community	11	Guidance Center - Access to Mental Health	24	Prenatal Care
27	Birth Rate	41	Guidance Center (Leadership)	25	Prenatal Care
37	Birthing Center	8	Having an ER in the size of Community	26	Prenatal Care
10	Birthrate Increasing	42	Health Care Options	5	Prenatal Care is Improving
42	Bringing Folks in From out of County	41	Health Clinic (Community)	4	Preventative Care
37	Bringing Providers In	27	Health Department	22	Preventative Care
25	Charitable Resources	39	Health Department	38	Preventative Care (Dental, Vision)
1	Chiropractic Care	25	Health Department Resources	33	Preventative Health Measures
30	Chiropractic Care	40	Health Organizations (#)	10	Primary Care
45	Chiropractors	18	Health Screenings & Services in Schools	45	Primary Care
29	Clean Water	28	Healthcare Access / ER / Acute Care	18	Primary Care Providers
33	Community County Use	26	Higher Education Opportunities	23	Primary Care Providers
26	Community Based Motivators from College	21	Hospice Care	44	Primary Care Providers Availability
22	Community Collaboration	12	Hospital Primary Care Access - Ability to Have Resources	20	Primary Care Resources & Multiple Sites
2	Community Engagement / Leadership & Culture	2	Hospital - Healthcare Options	9	Provider Accessibility
14	Community Events	39	Hospital / Healthcare	16	Provider Services
11	Community Health Clinic	43	Hospital & Ambulance Accessibility	2	Providers
7	Community Health Department	2	Hospital Health Care Overall	35	Providers
40	Community Involvement	33	Hospital Rating	27	Providers - Commitment to Community
20	Community Resources: Health Department, Area Agency	6	Hospital Services	29	Providers - Emergency
16	Community Support Organizations	32	Hospital System	24	Quality of Childcare
17	Community Support Organizations	38	Hospital Utilization (ER)	3	Quality of Labor / Delivery
19	Continued Fitness Awareness	36	Housing	34	Quality Providers Across Continuum
6	Cost of Living	18	Improved Sidewalks, Walkways	41	Religious Outreach
12	Counseling Services	15	Improved Walkability	24	School Food Banks
44	Critical / Emergency Care	36	Improving Sidewalks	10	Schools
30	Dental Care	19	Increased PA - NP at Hospital Easier to Get Appointment	11	Schools - Higher Learning - HCC, BC
45	Dentist / Eyecare / Chiropractors	30	Keeping Care Local	28	Schools / College
2	Economic Opportunity	5	Kids are Graduating	10	Screening in Schools
30	Education	4	Labor	3	Secondary Providers - Chiropractor / Counseling
4	Education	1	Leaders Who Care	5	Specialists at Hospitals
29	Education - Preventative Care	42	Leadership to do Something	20	Specialists that Come to Our Hospital
12	Education Access - Elementary, College, Votech	21	Literacy	32	Specialists that Visit Here
2	Education System	31	Loads of Organizations Positioned to Address Various Needs	7	Specialty Care Coming Locally
13	Educational Opportunities	31	Local Community Support at Times	43	Spiritual Support
24	Educational Opportunities - HS & College	17	Local Healthcare / Hospital	34	State of the Art Tech (Rad/Lab) in Community
18	Emergency Care Access	14	Local Hospital	32	Strong Allied Health - Dental, Chiropractor, Etc.
19	Emergency Room Care	27	Local OB's	19	Strong Hospital Presence - Community Wide
39	Emergency Services	15	Many Resources to Meet Needs	32	Support Services - Physical Therapy, Etc.
44	Emergency Services (Fire, EMS, Police)	36	Mental Health	28	Supporting Services Dental & Vision
43	Emergency Wait Time (Very Low Compared to Norm)	14	Mental Health (Hope, Guidance Center)	23	Surgery (General)
32	EMS is Excellent	4	Mental Health Services	28	Technology at Hospital
19	Engaged Community	9	Mental Health Services	45	Urgent Care
21	ER Care	20	Multiple Mental Health Clinics	43	Walkability (Sidewalks are Improving)
5	ER in Community	20	Multiple Primary Care Sites	7	Walkways Built in Town - Keep Going!
45	ER in Community	1	New Med School @ BC	10	Willingness to Have Conversations about Needs
34	Excellent Childcare Options	9	New Med School @ BC	6	YMCA
1	Exercise - YMCA, SNAP Fitness - Parks & Trails	19	New Medical School	12	YMCA / Rec / Snap Fitness
13	Exercise Facilities	40	Newer Hospital	11	YMCA / Recreation Comm. - Child Activities / Sports
29	Exercise Opportunities	3	Non - Medicine Providers (Dental, Vision)	34	YMCA, Sports / Activities
31	Expanded Mit Services @ TGC	44	Non-Profit /Community Involvement	6	Youth Programs
30	Eye Doctors / Optometry	21	No DUI Driving		
15	Families Stay, 16% Single Parent Homes	21	OB / Delivery		

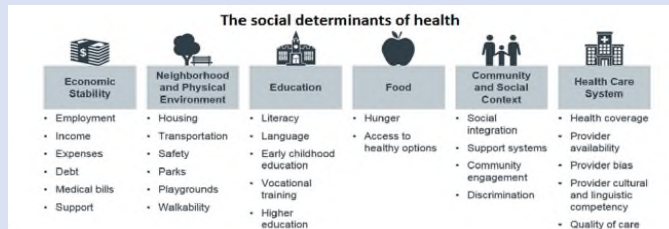
## Round #5 CHNA - Atchison Co KS

Town Hall Conversation - Weaknesses (Color Cards) N= 50

Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?
19	Ability to Address Negative Factors	15	Family Stability - Low Income	37	Poverty
36	Access / Affordability of Child Care	12	Family Support / Neglect	11	Poverty
36	Access to Healthy Food	5	Fed / State Budget Cuts	26	Poverty
42	Access to Healthy Food	13	Financing Urgent Care / Hospitals	28	Poverty
45	Access to Healthy Food	16	Food Insecurity	31	Poverty
36	Access to Mental Health Providers / Treatment	27	Food Insecurity	32	Poverty
6	Access to Mental Health Services	31	Food Insecurity	34	Poverty
10	Access to Services	17	Free & Reduce Lunch Level of Child	41	Poverty
7	Acute Mental health Services - Intake, Crisis Situations	15	Funding / Coordination Between Free Clinic & Hospital	48	Poverty
3	Add "NFP" OB - Many Catholic Women Want This	44	Good Rentals / Housing	8	Poverty (Includes Assess to Care / Food / Resources)
3	Add More Urgent Care Hours	12	Grants / Funding for Local Organizations	10	Poverty / Food Support Services
32	Addiction Services	47	Health Care Access	45	Poverty Level
42	Addressing Depression (Teens & Elderly)	23	Healthcare Services - Wound Care	38	Poverty Level / Uninsured
7	Adolescent Wellness Services	20	Healthy Affordable Food	18	Poverty Rate
6	Affordable Housing	2	Healthy Food Availability	30	Poverty, Food Scarcity / Cost
20	Affordable Housing / Homelessness	48	Healthy Food Availability	28	Preventable Hospital Rate
36	Affordable, Quality Housing	12	Higher Paying Jobs	33	Preventative - Value Based Care Model
24	Age specific Care for Peds & Geriatrics	2	Holistic Practitioners	35	Preventative Care
17	Air Quality - Respiratory & Asthma Issues	40	Homeless	42	Preventative Care with Access to Community Support
5	Ambulance / Emergency Management	28	Homeless Housing	1	Preventative Med.
27	Ambulance Service in Western Atco & Horton	21	Homelessness - Lack of Resources	9	Preventative Medicine / Programs
20	Appointment / PCP / Specialist Availability	38	Households & Cost of Living	13	Primary Care - Sometimes Hard to Get Into
38	Availability of Specialty Care	34	Housing	45	Primary Care (Providers)
23	Behavioral / Mental Health	24	Housing - Affordability, Availability	39	Prioritization of Health Needs & Focus
11	Behavioral Health	29	Housing - Affordable, Available	9	Public Schools - Bad Kids - Lack of Parental Control
32	Behavioral Health	31	Housing Access	11	Risk Indicators
14	Behavioral Health - Need More	15	Housing Availability	39	School-Based Services Improve Outcomes
34	Behavioral Health / Suicide Access	8	Housing Supports - Affordable Rent	4	Senior Care is Limited
25	Behavioral Health Resources	27	Increase Mental Health Care Awareness	20	Senior Care Providers
19	Behavioral, Mental Health Options	21	Insurance - Advantage Plans	46	Senior Care Quality
2	Better Ways to Address Bullying at Schools	12	Insurance Coverage (Inadequate Locally)	26	Senior Housing
17	Child Care Needs	25	Insured Costs / Coverage	29	Services for SI / Suicide Attempts
8	Child Supports / Daycare / Affordability	4	Lack of Health & Wellness Ed	12	Shift Childcare
30	Childcare	1	Life Skills	39	Siloed lack of Collaboration Between Non-Profits
34	Childcare	46	Local Cancer Treatment	40	Single Household
37	Childcare	4	Low Childcare Opportunities	41	Single Parent Households
14	Childcare - Affordable, Flexibility	9	Mental Health	16	Smoking
20	Childcare (Birth - 3 year old)	33	Mental Health	40	Smoking
35	Childcare (Birth to 3 yrs)	37	Mental Health	44	Smoking & Drug Abuse
26	Childcare Access	40	Mental Health	15	Social Life Skills
10	Childcare Availability	13	Mental Health - Drug Abuse	32	Specialty Care
38	Childcare Availability	30	Mental Health Access - Medication Management	30	Specialty Care (Dermatology, Psychiatry)
28	Children Eligible for Free & Reduced Lunch	10	Mental Health Availability / Access	9	Stagnant Population
30	Chronic Disease Management (COPD, Diabetes)	18	Mental Health Care	27	Student Health in Schools
4	Chronic Diseases	22	Mental Health Funding	18	Substance Abuse
19	Clean, Quality, Affordable Housing	2	Mental Health Providers	31	Substance Abuse
22	Clients Broadband Access	16	Mental Health Services	35	Substance Abuse
19	Collaboration and Consolidation	35	Mental Health Services	40	Substance Abuse
8	Communication & Collaboration Between City & County	8	Mental Health Supports / Funding	41	Substance Abuse
36	Compliance with Vaccinations	24	More Access to Mental Health Services	43	Substance Abuse
44	Concern on how Rural Hospital will deal with BBB	46	More Primary Care	48	Substance Abuse
23	Cost of Healthcare - Uninsured / Limited Access	25	More Providers for Primary Care	33	Substance Abuse - Behavioral Root Cause (Addiction)
25	Cost of Healthcare - Uninsured / Limited Access	39	More Recovery Services	48	Suicidal / MH Treatment
23	Costs & Childcare - Access	4	Need for Underinsured or Not Insured	37	Suicide
17	D.O. / Specialists Lacking	39	Need more Providers & Referral Processes in Place	38	Suicide
13	Dentist - Hard to Get Into Sometimes	13	Need More Specialties	42	Telehealth Access
26	Depression	22	No Local Physicians	33	Telehealth Access
45	Depression / Mental Health	15	Nutrition	27	Telehealth Education
31	Depression / Suicide	16	Nutrition Access	5	Transportation
29	Diabetes Education / Services	42	Nutrition Education	11	Transportation
15	Domestic Violence	6	Nutritious Food Access	23	Transportation
9	Drug & Alcohol Abuse	16	Obesity	26	Transportation
26	Drug Abuse	43	Obesity	29	Transportation
45	Drug Abuse	31	Obesity	34	Transportation
15	Drug Abuse Prevention / Enforcement	33	Obesity	21	Transportation - EMS
1	Drug Use	37	Obesity	24	Transportation-Special Needs, Limited Mobility Healthcare
14	Drugs in Community	44	Obesity	17	Transportation (To Dialysis)
21	Drugs in Community	48	Obesity	20	Transportation (To Dialysis)
14	Economic - Food - Housing	15	Obesity / Exercise	25	Transportation Options
47	Economic Stability	2	Obesity Education	41	Trauma
1	Education	4	Obesity Education	29	Under Insured / Uninsured
18	Education (Public)	42	Obesity Rates	14	Unemployment
47	Education / Improvement of Diet / Exercise	6	Opiod and Other Addictions	43	Uninsured
18	Elder Care - Outpatient Home Health	11	Patient / Dr. Ratio	44	Uninsured - Poverty
21	Emergency Mental Health Care	12	PCP Access	22	Uninsured / Underinsured
10	Emergency Responses - Time & Care	47	PCP Access / Telehealth	34	Uninsured / Underinsured
5	ER Visit Time - Urgent Care	46	Pediatricians	24	Uninsured / Underinsured
22	Evening / Weekend Access to Care	28	Percent of Birthing Mothers that Smoke / Adult Smoking	27	Wellness Care not just Sick Care
6	Expenses out of Balance with Income	15	Poverty	19	Youth and Senior Resources

# Round #5 CHNA - Atchison Co, KS

Social Determinants "A" Card Themes (N = 50 with 96 Votes): E=37, N=10, ED=5, C=20, F=3 & P=21



Card #	Code	First Impressions on Social Determinants Impacting Delivery	Card #	Code	First Impressions on Social Determinants Impacting Delivery
2	C	Community & Social Context	40	E	Economic Stability
5	C	Community & Social Context	41	E	Economic Stability
8	C	Community & Social Context	42	E	Economic Stability
10	C	Community & Social Context	43	E	Economic Stability
12	C	Social & Community Context	44	E	Economic Stability
14	C	Community & Social Context	46	E	Economic Stability
15	C	Community & Social Context	47	E	Economic Stability
18	C	Community & Social Context	48	E	Economic Stability
22	C	Community & Social Context	49	E	Economic Stability
25	C	Community & Social Context	3	ED	Education
26	C	Community & Social Context	20	ED	Education
30	C	Community & Social Context	21	ED	Education
31	C	Community & Social Context	28	ED	Education
35	C	Community & Social Context	36	ED	Education
36	C	Community & Social Context	1	F	Food
40	C	Community & Social Context	2	F	Food
41	C	Community & Social Context	47	F	Food
45	C	Community & Social Context	20	P	Health Care System
48	C	Community & Social Context	4	N	Neighborhood & Physical Environment
49	C	Community & Social Context	6	N	Neighborhood & Physical Environment
1	E	Economic Stability	9	N	Neighborhood & Physical Environment
3	E	Economics	19	N	Neighborhood & Physical Environment
4	E	Economic Stability	22	N	Neighborhood & Physical Environment
5	E	Economic Stability	24	N	Neighborhood & Physical Environment
7	E	Economic Stability	34	N	Neighborhood & Physical Environment
8	E	Economic Stability	39	N	Neighborhood & Physical Environment
9	E	Economic Stability	42	N	Neighborhood & Physical Environment
11	E	Economic Stability	10	N	Neighborhood & Physical Environment
13	E	Economic Stability	16	P	Health Care System
14	E	Economic Stability	17	P	Health Care System
15	E	Economic Stability	18	P	Health Care System
16	E	Economic Stability	21	P	Health Care System
17	E	Economic Stability	23	P	Health Care System
19	E	Economic Stability	27	P	Health Care System
23	E	Economic Stability	28	P	Health Care System
24	E	Economic Stability	29	P	Health Care System
25	E	Economic Stability	32	P	Health Care System

## EMAIL Request to CHNA Stakeholders

**From:** Jared Abel, CEO

**Date:** 5/1/2025

**To:** Community Leaders, Providers, Hospital Board and Staff

**Subject:** CHNA Round #5 Community Online Feedback Survey – Atchison Co. KS & Brown Co. KS

Amberwell Atchison & Amberwell Hiawatha will be working with other area providers over the next few months to update the 2022 Atchison County, KS Community Health Needs Assessment (CHNA) & 2022 Brown County, KS Community Health Needs Assessment. We are seeking input from community members regarding the healthcare needs in Atchison County and Brown County in order to complete the 2025 CHNA.

The goal of this assessment update is to understand progress in addressing community health needs cited in 2016, 2019, and 2022 CHNA reports while collecting up-to-date community health perceptions and ideas.

Your feedback and suggestions regarding current community health delivery are especially important to collect in order to complete this comprehensive report. To accomplish this work, a short online survey has been developed for community members to take. **Please note that there will be two separate links for the survey: one for stakeholders residing in Atchison County KS and one for stakeholders residing in Brown County KS.** Visit our hospital webpage, facebook page, or utilize the link below to complete this survey.

Atchison Co: [https://www.surveymonkey.com/r/Amberwell\\_Atchison2025CHNA](https://www.surveymonkey.com/r/Amberwell_Atchison2025CHNA)

Brown Co: [https://www.surveymonkey.com/r/Amberwell\\_Hiawatha2025CHNA](https://www.surveymonkey.com/r/Amberwell_Hiawatha2025CHNA)

All community residents and business leaders are encouraged to **complete the 2025 online CHNA survey by June 19<sup>th</sup>, 2025.** All responses are confidential.

**Please Hold the Date:**

For Brown County, a community Town Hall is scheduled for **Tuesday, July 22<sup>nd</sup>, 2025, for lunch from 11:30-1:00 pm at The Alley.**

For Atchison County, a community Town Hall is scheduled for **Wednesday, July 23<sup>rd</sup>, 2025, for lunch from 11:30-1:00 pm at Amberwell Atchison.**

These meetings are to discuss the survey findings and identify unmet needs. If you have any questions about CHNA activities, please call (913) 367-2131

## PR#1 News Release

Local Contact: Elizabeth Turner, Chief Communications & Marketing Officer

**Media Release: 5/1/2025**

### **2025 Community Health Needs Assessment to be Hosted by Amberwell Atchison & Amberwell Hiawatha**

Over the next few months, **Amberwell Atchison & Amberwell Hiawatha** will be working together with other area community leaders to update the Atchison County, KS 2022 Community Health Needs Assessment (CHNA) and the Brown County, KS 2022 Community Health Needs Assessment. Today we are requesting Atchison County and Brown County community members' input regarding current healthcare delivery and unmet resident needs.

The goal of this assessment update is to understand progress from past community health needs assessments conducted in 2022, 2019 and 2016, while collecting up-to-date community health perceptions and ideas. VVV Consultants LLC, an independent research firm from Olathe, KS has been retained to conduct this countywide research.

A brief community survey has been developed to accomplish this work. **Please note that there will be two separate links/QR codes for the survey: one for stakeholders residing in Atchison County KS and one for stakeholders residing in Brown County KS** The CHNA survey link can be accessed by visiting the Amberwell Atchison or Amberwell Hiawatha website and/or Facebook page. You may also utilize the QR code below for quick access.



**Atchison County, KS**



**Brown County, KS**

All community residents and business leaders are encouraged to complete this online survey by **June 19<sup>th</sup>, 2025**. In addition, a CHNA Town Hall meeting to discuss the survey findings and identify unmet needs will be held for **Brown County on Tuesday, July 22<sup>nd</sup> for lunch from 11:30am – 1:00pm** and for **Atchison County on Wednesday, July 23<sup>rd</sup> for lunch from 11:30am-1:00 pm**. More info to come soon! Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call (913) 367-2131

## EMAIL #2 Request Message

**From:** Elizabeth Turner

**Date:** 6/19/25

**To:** Area Community Leaders, Providers and Hospital Board & Staff

**Subject:** Atchison County Community Health Needs Assessment Town Hall lunch– July 23, 2025

**Amberwell Atchison** will host a Town Hall Community Health Needs Assessment (CHNA) luncheon on Wednesday July 23<sup>rd</sup>. The purpose of this meeting will be to review collected community health indicators and gather community feedback opinions on key unmet health needs for Atchison Co KS. **Note: This event will be held on Wednesday, July 23<sup>rd</sup> from 11:30 a.m. - 1:00 p.m. at Amberwell Atchison with check-in starting at 11:15am.**

We hope you find the time to attend this important event. All business leaders and residents are encouraged to join us. To adequately prepare for this event, it is imperative all RSVP who plan to attend town hall.

LINK: [https://www.surveymonkey.com/r/AmberwellAtchison\\_TH\\_RSVP](https://www.surveymonkey.com/r/AmberwellAtchison_TH_RSVP)



*Thanks in advance for your time and support!*

If you have any questions regarding CHNA activities, please call (913) 367-2131.

## **Join Amberwell Atchison's CHNA Town Hall Wednesday, July 23, 2025.**

Media Release: 06/19/25

To gauge the overall community health needs of residents, **Amberwell Atchison**, in conjunction with other area providers, invites the public to participate in a Community Health Needs Assessment Town Hall roundtable on **Wednesday, July 23<sup>rd</sup> for lunch from 11:30 a.m. to 1:00 p.m.** located at **Amberwell Atchison**.

This event is being held to identify and prioritize the community health needs. Findings from this community discussion will also serve to fulfill both federal and state mandates.

To adequately prepare for this event, it is vital everyone planning to attend this event RSVPs. Please visit our hospital website and social media sites to obtain the link to complete your RSVP OR please utilize the QR code below.



We hope that you will be able to join us for this discussion on July 23<sup>rd</sup>. Thanks in advance for your time and support!

If you have any questions about CHNA activities, please call (913) 367-2131.

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## d.) Primary Research Detail

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[VVV Consultants LLC]

## CHNA 2025 Community Feedback: Amberwell Atchison PSA (N=353)

ID	Zip	Rating	c1	c2	c3	Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)
1063	66002	Good	ACC	AMB	SW	Access to Ambulatory social work/wellness coaching
1131	66002	Good	ACC	ECON		In a perfect world, all these issues could be resolved (as they are in other countries) with an universal health care system. Economic Stability could be the root of many determinants.
1123	66002	Good	ACC	FINA		Need access to health care, needs to be affordable to all
1128	66002	Very Poor	ACC	QUAL		5) Access to Quality Health Services -- big pPharma and the medical mafia are the problem The so-called food industry / fda are also the problem. This garbage is everywhere.... so much, it's considered "normal".
1287	66002	Very Good	ACC	QUAL		When we visit the poor in our community as we deliver Catholic Charity food boxes, I see the poor living environments many of these folks are in. Combining the delivery of food with cleaning supplies/directions for use is one thought. For access to quality health services---a Health Mobile, sort of like the old book mobile??? Thinking outside the box.
1242	66002	Good	ACC	SCH	SCH	Some of those determinants are outside of what any health system is going to be able to address (i.e. I don't think Amberwell will be doing any national policy-making for greater economic stability any time soon), but ensuring access to quality health services and providing for healthier neighborhoods and communities is certainly something we are well-positioned in which to help. Community outreach and engagement help here. Trying to offer as many services without patients needing to leave town goes a long way to improving the health of the community. I guess a short answer would be, "Make healthcare convenient" in Atchison. And not just bringing people the services they want/need, but allowing the scheduling flexibility to offer people plenty of times to get and and get seen when needed. This is very much a working-class town and people here will base their visits off their work schedule, not the other way around.
1142	66002	Good	ACC	TELE	PREV	Expanding access to healthcare services through telehealth and mobile clinics ensures that residents receive necessary medical care without the burden of travel. Enhancing transportation options, such as community ride programs, facilitates access to vital services, including healthcare and grocery shopping. Affordable housing initiatives, including the development of low-income housing and home repair programs, can significantly improve living conditions. Food security can be bolstered by establishing community gardens and supporting local farmers' markets, providing fresh produce to residents. Additionally, job training and educational workshops empower individuals with the skills needed for employment, while local mental health services and support groups address emotional well-being. Engaging the community through health councils and partnerships with local organizations fosters collaboration and advocacy for necessary resources. Finally, promoting policies that prioritize rural health initiatives can create a sustainable framework for ongoing improvements in community health and well-being.
1301	66002	Good	ACC			Make what we have more visible & accessible
1326	66002	Poor	AWARE	RESO	DOCS	Awareness and availability of programs and resources I think the resources are there but no one knows how to access or utilize them. Also I think the attitude and morale of providers deters people from seeking treatment
1299	66002	Average	CLIN	ACC	TRAN	Free clinic located way north of town that is hard to access for those without transportation is an issue. Homelessness is an issue which leads to all of the above.
1047	64504	Good	CLIN	CANC	RESO	Publicize the free clinics and education opportunities-for example the free skin cancer clinic that Amberwell provides and all the resouces in the previous question. Affordable Housing
1279	66002	Average	COLLAB	ACC	INSU	Collaboration across all organizations to ensure the patients are getting the right access to their care or needs. Example, uninsured patients being directed to care or resources that make sense for them. Better communication and collaboration across all nonprofits so that all are aware of the resources that they can offer, and who they can offer them to.
1238	66002	Good	COVD	OWN		Unfortunately you can provide many different things to help people, but most of them really don't want to better themselves. Since covid all they want to do is as little as possible and just get by.
1154	66023	Average	CULT	RESO		remove illegal immigrants who consume great amounts of resources.
1254	66002	Good	DOCS	ACC		One stop shop event for all health care providers in town.
1001	66002	Poor	DOCS	ADMIN		I believe it takes our community input to know the strong issues we have to take them a few at a time to work on them and then doctors and administrators can work on them also to obtain a goal for the community.
1349	66002	Average	DOCS	FINA	SPRT	I feel like the cost of healthcare is one reason why people don't seek out help from doctors. Chick care is second due to the cost which means they either miss work or have to stay home. Childcare is expensive and for those with two income family gets the short in the stick. They can have two income they feel like they can't get help but they are barely making it themselves without the assistance of food stamp, etc like the help single income home gets
1328	66002	Average	DOH	TRAN	NUTR	More health fairs. More public transportation. Healthier fast food options.
1073	66002	Average	DRUG	MH	RESO	Drug use continues to be a huge detriment and focal point of the downfall of our community. Drug use leads to mental health deterioration, poor hygiene, broken homes, suffering children... We have so many free resources that it seems like maybe we are encouraging or enabling people to continue to live this way? "I can buy another round because the ABC organization will give me food"
1150	66002	Average	DRUG	REC	PREV	Focus on preventing the community from being over ran by illicit drug users. Provide resources, more community wellness gatherings, walks, runs etc. adult tournaments (volleyball, pickle ball), support groups for multiple causes.
1290	66002	Good	ECON	EDU		Our overall low socioeconomic status is the driving force behind poor health. It leads to lack of education and poor lifestyle habits
1216	66002	Good	ECON	HOUS	WAG	Economic stability is especially concerning as the price of basic necessities (food and safe housing primarily) have increased in cost dramatically over the last 5 years. Wages have increased much slower and program budgets have been cut. This leaves many people in a very challenging place to care for their families, they often forgo the preventative measures for themselves.

## CHNA 2025 Community Feedback: Amberwell Atchison PSA (N=353)

ID	Zip	Rating	c1	c2	c3	Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)
1268	66002	Very Good	ECON	MH	CLIN	For a city with our demographics, I believe we do a fair job of addressing the needs of our people. Too many health and mental health issues are generational. I believe Amberwell and the community health clinic, along with separate providers are doing an admirable job of meeting community needs.
1226	66002	Very Good	ECON	SPRT	YOUTH	1. Job creation through economic growth 2. Adequate family support (childcare, after school care, youth centric activities) 3. City programs that encourage youth to participate in civic activities (neighborhood cleanup initiatives, senior care programs, and transportation assistance-youth involvement will be encouraged by offering social engagement while performing the activity) 4. Strong church and community connection, church leaders being involved civically to create a better community for parishoners, and to recognize families in true need. 5. Judgement free medical assistance, the treatment of patients with compassion instead of exasperation-medical professionals that actually truly care for the health of the community.
1347	66002	Very Good	ECON			Economic stability
1157	66002	Very Good	ECON			Generational instability is a cycle that's difficult to break
1021	66016	Good	EDU	ACC	RESO	Our community needs to continue to educate our citizens on what is available to them. It feels that there are services and resources available, but they do not advantage of those services.
1229	66002	Poor	EDU	ACC		Invest in our future and education. Provide access to health care via universal coverage.
1241	66002	Average	EDU	AWARE		Education=self awareness and awareness of surroundings=wanting to better one's self and surroundings.
1183	66002	Poor	EDU	CLIN	SCH	there is no lack of education; there are free clinics; why do you need social/community support of neighborhood/environment involved?????; there are quality health services available but the wait time is horrendous!
1137	66002	Very Good	EDU	CLIN	SH	Low educational levels;belief in misinformation. Portable health clinicspossiblebenefits; health clinics in school settings.
1056	66041	Average	EDU	NUTR	POV	I feel like just giving the community things without education and expectations from them to learn defeats the whole purpose for helping citizens. Education about nutrition and exercise will help citizens but then also need to know how important it is to break the cycle of poor nutrition/poverty in families.
1179	66002	Good	EDU	NUTR	YOUTH	One finding from the Farmers Market is that fewer people cook or want to learn. Fast food has lots of appeal but focuses on unhealthy ingredients. Added to this is fact that nutritious foods cost more. Children's activities also contribute to less time for cooking.
1270	66002	Average	EDU	PREV	RESO	Increased education on the importance of health and wellness as part of our daily lives would be essential! For example, moving during the work day, eating healthier options, investing in physically and mentally stimulating activities. Access is another big one. We need to help people take the steps necessary to acquire health insurance. Many people are scared/embarrassed and so they just avoid conversations about it. Continuing that open dialogue of possibilities would be great!
1235	66002	Very Good	EDU	RESO	DRUG	I believe we need more ways to get people to take ownership of their health and behavior choices. The federal and state welfare/disability mentality is hurtful to many of these people. We need more programs to educate individuals on how to get their education, get a career and get off the 'system'. We must get the drug use down! If we get drugs reduced and education up, we have people contributing to society and Atchison! We do not need to increase handouts unless there is an incentive for them to succeed.
1177	66002	Very Good	EDU	SERV	SPRT	We have excellent education in our town from early childhood all the way through college and trade schools. We have excellent healthcare services and most people have a social community support if they want one... The economic stability is a little bit scary because with the tariffs coming up, who knows
1202	66002	Average	EDU	SPRT		Educate people how to cook; support groups for various groups; educate on the importance on positive social interaction; importance of volunteering/giving back
1267	66002	Good	EDU			Education
1024	66002	Good	EDU			More education
1007	66002	Average	FINA	FIT	MH	Most people can't afford a gym membership, and the trails all have places that are out of view where some females don't feel safe and Memorial Hall is too small. Quality mental health services are lacking but not just here it's lacking everywhere. Counselors or people with education to reach out with programs for youth, teens, and young adults for issues like bullying, drug addiction, and abuse. Atchison definitely needs more affordable housing.
1050	66002	Good	FINA	QUAL	INSU	People are struggling financially. Particularly middle class. We don't qualify for Medicaid and have either no insurance, or insurance that doesn't cover much. And medical bills are not in the budget. So we don't go unless it's critical.
1181	66002	Average	FINA			Make affordable
1026	66002	Poor	HOME	DRUG	POV	Stop treating homeless people worse than stray cats and actually help addicts get sober. A living wage or decent insurance, esp. when you work at a hospital who you can't afford to pay, fear of being sued because POVERTY. 40k a year is poverty. Look at our town demographics.
1217	66002	Good	HOME	INSU	TRAN	I have noticed an increase in the homeless population resulting in patients who are uninsured and do not have transportation and often are experiencing mental health issues. The community seems to have a great need for mental health and drug abuse support.
1017	66002	Average	HOUS	EDU	TRAN	More affordable housing, more education and promotion on free transportation, Community education groups monthly, free workout support groups (walk and talk every morning)
1032	66002	Very Good	HOUS	FINA	SPRT	Housing, financial support to the underserved including transportation, food pantries, child care so parents can attend appointments

CHNA 2025 Community Feedback: Amberwell Atchison PSA (N=353)						
ID	Zip	Rating	c1	c2	c3	Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)
1331	66002	Average	HOUS	FINA	WAG	Housing costs are too high for a small community. The taxes are driving up the housing market. The job availability and pay does not equal the sudden hike in housing prices. People are struggling to raise their children correctly because of low morale leading to drug addiction which causes problems in the home, financial hardships, homelessness, poor health, etc. our educational system needs to give more guidance to new moms, help in homes with drug addiction providing recovery systems. Our churches can offer recovery support classes to help. Our churches can provide courses addressing raising children. Maybe there could be more communication between healthcare providers and churches to partner ways to help our community to heal spiritually as well as physically.
1161	66002	Very Good	HOUS	FINA		Better affordable housing.
1195	66002	Good	HOUS	FUND		Housing in Atchison is awful! So many young families are living in horrible rentals, the city needs to hold land lords accountable. Tenants put up with the horrible conditions as there is no other options. Grants are provided for developers to benefit their own financial benefit.
1120	66017	Good	HOUS	NUTR	ACC	Food and Housing appear to be an issue, with grocery prices rising, i feel that the elderly are having difficulty with financially purchasing food, medication and paying other expenses to maintain their home and themselves
1106	66002	Good	HOUS	POV		We need low-income housing.
1324	66002	Average	HOUS	RESO	SEN	Regulate/enforce rentals from slumlords. More resources for seniors, for in home caregivers.
1140	66002	Very Good	HOUS	TRAN	FINA	Affordable housing, transportation
1260	66002	Good	HOUS	TRAN	FINA	Lack of affordable housing and public transportation. Building more section 8 housing, holding slumlords accountable, utilizing public transit-sometimes they refuse to transport because they don't have a minimum met
1062	66002	Good	HOUS	TRAN	MH	These social determinants are hard to reverse, but A lot can be done if we make some good policy changes in our community. 1) Good housing-we have a lot of bad slumlords in Atchison that really control the market. City Of Atchison and County government need to make some policies on housing minimums and hold them accountable. Also, they need to incentivize building in Urban core areas not Greenfield. 2) Good transportation system that includes a much more progressive, active transportation system with bike lanes and more paths and sidewalks to connect a lot of neighborhoods that have none. 3) Mental health access and support. We don't have enough mental health providers in Atchison relative to population, and Atchison County government decided to cut funding for one big source of mental health in our community.
1223	66002	Average	HOUS	TRAN	REC	Affordable housing - to rent or to buy - is hard to come by in this community. Also, transportation is limited and, while the community is more walkable than some other cities of this size, it is still difficult to get by without a reliable car.
1025	66048	Average	HOUS	TRAN		Housing is hard in this community due to the vast incomes and length of stay in this community. Transportation is an issue and layout of the city is also an issue.
1304	66002	Good	INSU	FINA		It starts at the top with the health insurance industry which is outside of your control. I want to see more affordable healthcare for all americans.
1313	66002	Average	INSU	SERV		The hospital needs to negotiate with insurance companies so that people in Atchison do not seek healthcare out of town in order to have services covered by insurance policies.
1194	64506	Very Good	MH	HOME	TRAN	Mental health/substance abuse services and services for homeless, as well as transportation needed.
1103	66023	Good	MRKT	FINA	INSU	I would suggest advertising AllWays Community Health Center (ACHC) as an option for everyone, with or without ability to pay, with or without insurance.
1115	66041	Average	NO			I really am not sure what to suggest
1273	66020	Very Good	NUTR	ACC	RESO	Finding a way to provide appropriate and appealing meals to those that qualify. For example a lot of the elderly decline meals on wheels due to the quality of the food. Transportation is also barrier to those that either need to come in for care, follow up with care or returning home after receiving care. Easier process to utilize community resources.
1294	66002	Very Good	NUTR	EDU	TRAIN	This isn't an Atchison-specific problem, but the American food-supply system is unhealthy. It is a struggle to find healthy food, and a struggle to pay for it once it is found. The farmers' market is terrific, and we have plenty of safe parks and places to walk or be active. Education is, of course, a good thing. We need more health education. More job training programs and better-paying local jobs would help families stay healthier. I realize I am saying that more money would be better, which is not groundbreaking news to anyone, but it's still true.
1113	66002	Good	NUTR			Nutrition is so important can't empathize to much
1276	66002	Average	OBG	ALT	EDU	Increase the type of care women can get for wellness and maternity - bring in midwives. Focus on wholistic care - education about chemicals and additives in foods and how that contributes to health concerns; education about movement and taking care of the body through natural means, not just giving drugs to treat symptoms; caring for the whole person.
1184	66434	Very Good	OTHR	RESO	SPRT	I'd like to see a strong mentoring program implemented whereby parents who were identified as in need of help could receive coaching and support regarding parenting skills, food choices, and basic finance training including job interview and prep coaching. I think this would empower people to be more prepared for employment, sound financial decision making, and therefore reduce economic insecurity and food insecurity. This would create a better framework for their children to be successful.
1083	66002	Good	OTHR			I think changing the mindset of a lot of people that once they have an issue think there isn't anything they can do, is a big thing. It's easier to do nothing. Putting in effort isn't high on the priority list for people in this community. They want to blame someone else and get the pity party started.
1234	66002	Good	OTHR			Its really hard to say as we are in such a transition period which I feel is going to make everything much more difficult
1148	66002	Very Good	OTHR			Surveys
1092	66002	Good	OWN			Health care is complicated by people unwilling to assume responsibility for their care.

## CHNA 2025 Community Feedback: Amberwell Atchison PSA (N=353)

ID	Zip	Rating	c1	c2	c3	Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)
1240	66060	Good	POV	EDU	PREV	Tie low income and other state-sponsored benefits to mandatory education on health, wellness & nutrition. Partner with local clergy to improve family life, marriage, proper behavior.
1266	66002	Very Good	POV	HOME		There is a fair amount of poverty in the community that, if addressed, might help some or all of these. Do we need some sort of homeless shelter or something similar?
1027	66002	Very Good	POV	SPRT	ECON	Focus on programs to get poverty level citizens off the numerous options for support/assistance available in town and into the numerous jobs available.
1089	66002	Good	POV	TRAN	ECON	Residents living in poverty struggle greatly with lack of adequate housing, especially if they have a prior criminal record. Public transportation is available only to certain residents which makes it hard for many to access services. Our health services are good but require people to get to their locations. Better access would be helpful. Economic challenges affect a large part of our community. Lack of decent paying full time work is challenging. Community support and expectations for individuals to work and support themselves is almost non-existent for those living in poverty (generational lack of hope and expectations)
1330	66002	Good	POV	TRAN		Many low income individuals have limited access to transportation to get to their medical appointments. Some people can't afford to pay project concern for transportation or are not able to safely get in and out of the van on their own. Additional medical transport would be beneficial for low income and elders.
1078	66058	Good	PREV	EDU	NUTR	More community/county programs on Health and Wellness. Education classes on nutrition and exercise.
1116		Very Good	PREV	FIT		Maybe varying times and locations of talks & opportunities on wellness, prevention & exercise.
1213	66002	Good	PREV	PHY		More prevention efforts and rehabilitative efforts need to be taken/
1233	66002	Good	PRIM	NUTR	EDU	From my perspective, Atchison is fortunate to have strong primary care and alternative health care options available. However, many of the ongoing challenges we face in improving community health outcomes seem to be tied more to individual lifestyle factors (poor nutrition, physical inactivity, and substance use) than to gaps in services. In my opinion, lasting improvement will require a broader cultural shift at both the individual and family levels with education playing a key role in supporting that shift. I do wonder whether primary care providers feel they have the time and resources necessary to provide meaningful health education to their patients. With the current system often prioritizing volume - how many patients can be seen - and metrics like patient satisfaction, it may be difficult for providers to spend the kind of time some patients really need for deeper conversations about prevention and long-term health. That being said, I also recognize that time and education alone may not be enough. There are complex, systemic issues at play, and it can sometimes feel like we're fighting an uphill battle. But I still believe we need to ask hard questions and explore whether we can align our health care priorities more closely with what will truly move the needle in communities like ours.
1156	66002	Very Good	QUAL	FINA	EDU	Need Quality, safe rental units for lower income families and programs to teach them how to manage healthy lives.
1319	66002	Very Good	QUAL			Continue to focus on excellent quality care.
1117	66002	Average	REC	YOUTH	SH	We need better and accessible walking paths and maintenance of current ones. We have one tennis court in town and it is not maintained. Bromley Park needs maintenance and improvements, we need increased trails and outdoor activities of movement. We need to have dogs not running loose threatening the health and well being of children and adults and making people not want to take walks. We need people to be able to walk beside skyway (59 highway) to get to the viaduct on 6th street and get over without having to walk through dangerous drug infested neighborhoods on south 6th and spring street block area imparitcular. We need our standards of health and wellness raised in our community. I mean people wanted to take away the one accessible and cost effective walking site for indoors, the rec center. Speaking of the recreation commission needs an overhaul and new insight into what stronger communities are doing for their youth programs and engagement. Health and activity begins at a young age and we are not offering appropriate youth services. They wait to get communication out and then delay starting programs to allow more time for sign ups bc they failed to get the word out. There is dwindling youth sports at the recreation bc of how it is ran. They are still doing the same stuff from the 1990s when we were kids. We should coop with communities (Effingham/Pleasant Ridge etc. For baseball) they have only 3 teams for ages 5-8th grade boys. Go be part of a summer league and rotate playing fields. We need to do better Atchison Recreation.
1280	66002	Good	RESO	ACC		It feels like there is multiple organizations addressing overlapping concerns. Ideally there would be in impartial body overseeing and coordinating information and activities in a manner that benefited both the needs of individuals in the community and the agencies working with those needs. The problem is that no body is completely impartial or biased, thus groups each go their own way.
1317	66002	Very Good	RESO	CLIN	EDU	We have so many resources available. The community health clinic is there for anyone. Perhaps educating people on its availability and providing transportation.
1193	66002	Good	RESO	COMM	AWARE	Honestly I believe Atchison has many resources and connections... unfortunately the lack of communication within the community to spread awareness to those things seems to be the biggest concern. I've personally met many people who don't know about the amberwell health clinic near the college for low income families. Many citizens are unaware of the supports that are out there.
1251	66002	Good	RESO	COMM		This is a challenging and broad aspect of healthcare. It seems to me that it's possible that many people who are in the most need may also be the least likely to seek out available resources for a variety of reasons, some of which they are not conscious of. To reach these people, it would take direct communication and guidance.

## CHNA 2025 Community Feedback: Amberwell Atchison PSA (N=353)

ID	Zip	Rating	c1	c2	c3	Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)
1015	66002	Good	RESO	SPRT	ACC	I think you can have the best community with all the resources and it is up to people to utilize and use. An incentive program for healthy living related to water bill costs, etc. would be a way to get people forming new habits. People have to want to improve these things before anyone can make a difference. It would help if there wasn't a divide between agencies and the community and truly working with each other to see how services can coordinate and compliment one another instead of working against each other would be a vital piece to addressing issues in the community. The idea would be care could be provided to more people if the right people are accessing the right resources. That way services are spending their money appropriately and we could see where the gaps truly are
1187	66058	Good	RURAL	TRAN	HOUS	tough questions...it is far bigger than you can even imagine...some suggestions could be addressing transportation and food insecurities by offering a pop-up farmers market in different areas of the community - where families can access them, rural pharmacies so you are not creating deserts and reducing barriers for those without transportation to get meds.. Transportation - there has to be a solution a 18-24 hour service, funding DOT grants, infrastructure grant or community ride share. Housing must be more than houses; apartments lower costs must be addressed - ideally I think it would be cool to have a coffee shop community center where people can come in and use internet, get a shower, have a conversation about substance abuse or have 12 step programs available, have local services man the center or work out of the center several days a week. I know my Housing Choice Voucher Family Self Sufficiency grant has some administrative restrictions and as a Program Coordinator we look for ways to reduce those costs in our agency, working in a place where I can help people and still do my work could be like office space sharing of the costs associated with non-profits. We have to address the elephants in the room and create a place where we are talking openly without judgements solution solving opportunities. We really need dental care...and reduction of use of ER services - just idea flowing and people to the table that are willing to give hand ups and not hand outs.
1129	66002	Good	RURAL			Maybe a town-wide plan or program? I read in Reader's Digest a while ago about a small town that set a goal of losing 10,000 pounds collectively, and they surpassed that.
1315	66002	Good	SCH	EDU		Scheduled, consistent and relevant education on all subjects for the community.
1054	66002	Good	SEN	TRAN		A lot of the elderly or low income people in our community. Do not have transportation.
1136	66002	Good	SEN	TRAN		Need senior living facility and transportation to appointments.
1269	66002	Good	SERV	RESO	INSU	The Guidance Center and ACHC do their best to provide help and services to the underprivileged but i feel we are still missing the mark on some things. More resources for health insurance would be great. I wish there was more interest from the community for Town Hall meetings to discuss social awareness. We have a great amount of support from local families but we need to be able to get the town involved in discussing issues.
1077	66023	Average	SERV			Services added to rest of county not just in the city
1097	66002	Very Good	SH	DOH		More community health outreach in schools and within community events. ( I.e. health fair)
1309	66002	Good	SH	EDU		Partnering with the school systems for health education could be beneficial.
1327	66002	Good	SH	PREV	COMM	Pushing in to more events at schools for families and children and doing outreach could be an option. Younger children love learning about science, health, and wellness so starting young and at school where teachers can help facilitate could be a good opportunity. I think starting young and staying in consistent communication with k-12 students can help in the long term.
1262	66002	Average	SPRT	COLLAB	DOCS	The community should support collaborative care between organizations. Non-profits should not silo off from one another, leading to poor use of public dollars and lack of quality outcomes for those that we serve. Transportation is a major issue for our community and the County and City should support this. We've got great providers in our community and a strong hospital. We have many residents living in poverty due to poor paying jobs.
1074	66002	Good	SPRT	ECON	SPRT	Seek ways to raise the value and importance of families because most habits that affect these societal concerns develop within the bonds of family. Honor parents' authority and support them with resources that empower them, not make them dependent. One example: Support parents who want to significantly reduce or eliminate their children's screen time. Develop policies and curriculum in our schools to help in this effort.
1040	66002	Good	SPRT	FINA	DRUG	Healthy communities are built on healthy families. Parents, particularly young parents with limited financial and social supports need parenting support and mentorship, as well as access to mental health and substance abuse services. Youth need healthy adults investing in their lives. Programs such as Big Brothers Big Sisters, and Boys and Girls Club are very important. Housing is getting difficult for those families that need to rent, as landlords focus on the higher income they can receive from renting to college students and housing prices have skyrocketed as the college has grown. This leaves low income families with more limited options.
1048	66532	Good	SPRT			I wonder if there's anything we can do to encourage intergenerational community support. We have kids and teens who would benefit from interaction with older members of the community where they are seen as helpers and not as hooligans. I wonder if there is something we could do in order to incentivize a program like this. It's also hard because the kids who would benefit from something like that the most are also the ones who will turn to illegal means of getting money and the things they want because they're poor. So, asking them to volunteer without getting anything out of it but 'good feelings' doesn't seem like it would be productive. Maybe a community dinner or something?
1198	66002	Good	TRAN	ACC	POV	I do believe that our lack of transportation and walkability create struggles for families who need to seek healthcare options at the hospital. We have a large population of people that live close to or under the poverty line and I think it creates a unique situation for our community. Partnering with local agencies such as AllWays Community Health Clinic, Head Start, Catholic Charities, etc, that directly work with this population is a missed opportunity.
1255	66002	Good	TRAN	ACC		Local transportation would assist in healthcare access.

## CHNA 2025 Community Feedback: Amberwell Atchison PSA (N=353)

ID	Zip	Rating	c1	c2	c3	Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)
1196	66002	Average	TRAN	CLIN	FUND	We need general transportation that goes from Guidance center, up to Benedictine, up to Community Clinic, to Harper Street with stops at low income housing complex, down 17th Street, stop at Elementary school, stop at Casey's area, out to hospital and Walmart, back to beginning by Guidance center. Supported by grants. Wait lists are 2 years for childcare positions. Autism is on the increase and no services
1295	66002	Very Good	TRAN	ECON		Transportation may be the greatest deterrent as well as economic stability. The more community fairs and services the better.
1224	66002	Average	TRAN	EDU	SPRT	The addition of community paramedicine would be a fantastic addition for those that require assessment and can not get transportation or needs help to get to a appointment. Community paramedicine can also help with health education, provide community support, and enhance access to health services. When it comes to food and housing we have a rather large amount of housing available in the area. We could however use better information on where our food related assistance is located.
1095	66002	Good	TRAN	FIT		Offer options of transporting older people from neighborhoods to the Riverfront to walk or do the exercise area in the parking loop off the river walk. Create more outdoor walking/sitting areas within the grounds of the four current senior citizens residences here! They are built with not much ground areas outside to offer gardens for residents to sit in or to walk. Their just put in the 'box' of a place to live but no outdoor activities
1085	64484	Very Good	TRAN	HOME	MH	Options for public transportation, support for the homeless in the community with expanded mental health services during a crisis or options for alternative therapy such as EMDR.
1252	66434	Average	TRAN	HOUS	NH	Better low cost transportation. Decent housing for low income and elderly, balanced meal delivery for elderly and disabled and access to pharmacies.
1215	66002	Average	TRAN	NUTR		Transportation is a huge issue when it comes to getting to care and also the types of food available. Most people in town do not realize they can use transportation from orgs like Project Concern or NEK-CAP, so they are limited to walking or biking to the hospital or to a local grocery store.
1033	66002	Very Good	TRAN	RESO	MH	Increasing access to transportation, including out of town appointments. Increasing resources for healthy eating and exercise. A concentrated coordination effort between mental health services and medical care for the most vulnerable populations. And social worker support for application to resources.
1038	66002	Poor	TRAN	SCH	DRUG	Transportation, ease in prompt care appointment set up and where to go, drug prevention, people do not feel safe walking on Commercial and areas at night.
1134	66002	Good	TRAN	SCH		It would be great to have more transportation options for citizens to use to get to health care appts
1277	66002	Good	TRAN	SCH		There is a very real need for not just transport, but specialized medical transport that can get patients with medical devices or special needs to appointments.
1343	66002	Average	TRAN	SEN	EDU	Transportation somehow to appointments out of the area for seniors, housing for seniors only, education to services that are available
1086	66434	Very Good	TRAN	SPEC		In this community transportation is an issue we did provide a service to help transport patients, but I think it did not work out. From the perspective of a running a surgery department I think we can offer additional specialist, but we will always be limited on surgical services. I think a comprehensive data collection by tracking what service we are sending patients away from our system would be helpful in determining what additional services we could provide. Chronic pain management is a service that look into helping our community with. Dr. Duncan has mentioned an obesity management program would be helpful for growing his total joint program.
1190	66048	Very Good	TRAN			Transportation has shown to be a problem for some as we have screened inpatients this last year. Public transportation options are very limited.
1201	66002	Average	TRAN			Transportation is always a source of contention in our community. We have limited options or none at all for public transportation.
1310	64484	Good	TRAN			We need a private transportation service within the community to assist patient's and/or families to higher levels of care.
1014	66002	Good	TRAN			Would be awesome to have something like Uber for health/medical needs that could be a ride share for people that need it.
1037	66020	Average	VIO	DRUG		When people call in for abuse, don't give the family a time/date when they are going to show up. If the child is non verbal it doesn't mean something is not going on at home. Make a surprise visit. Kids need to be seen by a Dr. when people report, Dr's need to listen to more people than just the stories from parents. Drug and alcohol abuse programs should be made mandatory the people that need them should help pay by working in a program. Helping cleaning up the community, learning a skill.

## CHNA 2025 Community Feedback: Amberwell Atchison PSA (N=353)

ID	Zip	Rating	c1	c2	c3	Q8. In your opinion, what are the root causes of "poor health" in our community? Other (Be Specific)
1063	66002	Good	ACC	SPRT		Access to support in following Dr's recommendations
1196	66002	Average	AUT	EDU		No autism services
1218	66002	Good	DRUG	ALC		drugs and alcohol addictions
1321	66002	Average	DRUG	OWN		Laziness and addictions to drugs
1073	66002	Average	DRUG			Drug use
1120	66017	Good	DRUG			Substance Abuse
1290	66002	Good	ECON	EDU		Poor socioeconomic status, lack of health education
1069	66002	Good	EDU	NUTR		Education of nutrition and effects of poor diet.
1202	66002	Average	EDU			Education on how to cook properly
1168	66002	Very Good	EDU			Lack of education in these areas
1241	66002	Average	EDU			Lack of education.
1130		Very Poor	EDU			Lack of whole health education
1177	66002	Very Good	EDU			The generational curse... The more we hand out the more hands we have reaching... Our town lacks driven people... Sometimes the mindset is my grandmother did it this way my mother did it this way so I'm gonna do it this way... Some see no hope for me, I saw incredible opportunities
1065	66016	Good	FINA	PREV		People on fixed income choosing necessities over health
1248		Good	FINA			Cost of healthcare
1259	66002	Poor	FINA			Over priced health care
1001	66002	Poor	IM	DIAG		Lack of internists and good diagnoses of issues.
1271	66023	Good	INSU	PREV		High Deductible Insurance may hinder routine care (non-preventative)
1264			NUTR	EDU		lack of comprehension of what foods are healthy
1233	66002	Good	NUTR	FIT	DRUG	Individual behaviors such as unhealthy diets, lack of physical activity and substance abuse; poverty
1232		Good	NUTR	FIT	EDU	individual behaviors such as unhealthy eating, lack of physical activity and substance abuse; poverty; lack of healthcare education
1190	66048	Very Good	NUTR	PREV		patient unhealthy choices leading to many of these conditions.
1128	66002	Very Poor	NUTR			Toxic, garbage "food" is EVERYWHERE!!
1195	66002	Good	OBES	PREV	EDU	So many people are taking shots to lose weight, isn't there a program you can visit doctor and be placed on a guided diet? Rather than be told try to lose weight...don't feel there are options.
1129	66002	Good	OTHR			Screen addiction
1018	66002	Poor	OWN	DOCS		Apathy of residents, but also limited number of quality providers. Most are PA's.
1169	66439	Average	OWN	NUTR		People are lazy and eat out to much. Consuming to much junk food
1186		Average	OWN	TRAN	EDU	I feel like personal choice is part of the problem unlined by transportation and education
1164	66002	Good	OWN			Lack of overall motivation / cause for care
1183	66002	Poor	OWN			LAZINESS/NOT WANTING TO TAKE CARE OF THEMSELVES
1083	66002	Good	OWN			People are just lazy.
1132	66002	Average	OWN			This also comes down to the individual and whether or not they CHOOSE to live a healthy lifestyle
1124	66002	Good	PEDS	EDU	ACC	Amount of time spent inside by children, especially on devices (need for education regard healthy/limited use and suggestions to raise ages where kids access media freely).
1137	66002	Very Good	POV	INSU	TRAN	Poverty; lack of insurance, access: transportation, childcare
1048	66532	Good	POV			Poverty
1050	66002	Good	POV			Poverty
1305	66002	Average	POV			Poverty
1026	66002	Poor	POV			POVERTY
1144	66002	Good	POV			Poverty
1117	66002	Average	REC	ACC	FIT	Yes, we have the YMCA, not everyone can afford that. We need accessible health and wellness and a community that thrives on activity/exercise but that means maintained walking paths and accessibility for walking outdoors in our community, SAFELY without dogs running around free.
1187	66058	Good	REC	TRAN	CHRON	walking trails / transportation is really bad/ chronic health is poor health
1038	66002	Poor	REC			There are no bike lanes or safe ways to walk or bike on Harper or 17th etc.
1272		Very Good	RESO	FINA	DRUG	Healthy communities are built on healthy families, meaning that wellness resources for parents and children are vital. Particularly, affordable and local substance abuse support, access to healthy food for children, and strong mentorship programs for youth (Boys and Girls Club/Big Brothers Big Sister, or similar mentors that can invest in youth when parents are not mentally able.)
1325		Good	SPRT	EDU		Family enrichment
1240	66060	Good	SPRT	RESO		Lack of intact strong families
1215	66002	Average	SPRT			Stress from parenting without help
1280	66002	Good	WAG	REC	ACC	Lack of adequately paying jobs, Lack of recreational and entertainment opportunities

## CHNA 2025 Community Feedback: Amberwell Atchison PSA (N=353)

ID	Zip	Rating	c1	c2	c3	Q13. What "new" community health programs should be created to meet current community health needs?
1343	66002	Average	ACC	DIAB	EDU	Access to diabetic education.
1326	66002	Poor	ACC	PHY		Access to medications, rehabilitation, and long term care
1117	66002	Average	ACC	REC	MH	Increased accessibility and maintenance of walking paths, trails and parks in our community. A healthy community has a thriving outdoor activity availability and accessibility of walking safely in the and throughout the town. That is where health begins with love of movement in your everyday. People need to be outside more. So many mental, physical and spiritual benefits for our mind, body and souls to be in nature and moving.
1317	66002	Very Good	ACC			I'm not sure what's missing. It seems we have everything we need. And if not there is easy access close by.
1287	66002	Very Good	ACC			Very proud of what is offered in our community!
1128	66002	Very Poor	ALT	NUTR	EDU	Holistic health; nutrition education
1034	66002	Good	ALT			Alternative/holistic care
1063	66002	Good	AMB	SCH	DOCS	Ambulatory Social work and/or wellness coaches. Patients receive a slew of recommendations from MD but often no idea how to actually get those things accomplished. Patients have a lot of questions as they leave the appointment, but most of the time the provider cannot spend the time required to answer comprehensively for that person.
1196	66002	Average	AUT			Autism services
1179	66002	Good	AWARE	MH		I am aware of the mental health program to be added at Atchison Amberwell.
1074	66002	Good	BILL			Address the issue of the poor being dragged into court over medical bills. Let's find creative solutions to hold people accountable to pay something for the care they receive while helping those who are in need and delaying the use of the justice system to collect.
1119	66002	Very Good	CANC			cancer care
1026	66002	Poor	CART	STRK		Mutual aid for where our capitalistic healthcare system falls short. My uncle had a stroke because Medicare didn't cover his specialty blood thinner who's generic is about \$400. He's been farming for 65 years in this community and nearly died over a copay.
1349	66002	Average	CC			Childcare !! A lot of parent would go to work or be able to hold a job if childcare was available
1271	66023	Good	CLIN	HRS	EMER	A true walk-in clinic or after hours care other than the ER.
1299	66002	Average	CLIN	HRS		centralized clinic with extended hours or 24 hour access.
1238	66002	Good	CLIN	INSU		I guess clinics for people who really can't afford health insurance.
1137	66002	Very Good	CLIN			Health care clinic at school possibly.
1241	66002	Average	CLIN			Same day sick care.
1218	66002	Good	CLIN			The walk in sports clinic through mosaic is amazing for athletes.
1345	66002	Very Poor	CLIN			Urgent care
1262	66002	Average	COLLAB			Efforts for collaborative and integrated care.
1062	66002	Good	COLLAB			I'm not sure we need any new health programs, but I think we need to really get serious and work together as several different entities are doing similar things to work together and really attack it from a population based health strategy.
1109	66030	Good	COLLAB			work together with ACHC
1129	66002	Good	COMM			Maybe people could be paired with someone with similar health problems and/or goals to hold each other accountable.
1255	66002	Good	DENT			Annual free dental clinic
1085	64484	Very Good	DERM	WOU	MH	Dermatology, wound care, options for EMDR for mental health
1306	66516	Good	DIAB			Diabetes Management Services
1046	66002	Very Good	DIAL	DERM	LAB	Dialysis, Cath lab, Dermatology availability, a 2nd General Surgeon like Dr Warren
1168	66002	Very Good	DIAL			Dialysis
1103	66023	Good	DOCS	ACC		Physical activity promotion, with access to for everyone to facilities
1041	66002	Average	DOCS	ALT		We prefer to doctor mostly with a homeopathic or functional medicine doctor.
1105	64484	Good	DOCS	WOU		mobile physician and local wound care services
1161	66002	Very Good	DOCS			Enough Providers
1347	66002	Very Good	DOH			Enhanced public health
1309	66002	Good	DOH			Health Fairs on a regular basis.
1025	66048	Average	DRUG	MH	TRAN	Drug Court. Mental health services and transportation. Location of services so people are not "walking out of town" to get services when they live "downtown"
1097	66002	Very Good	DRUG	MH		Drug, alcohol, and mental health education events.
1194	64506	Very Good	DRUG	MH		Substance abuse and mental health
1037	66020	Average	DRUG	OBG		Drug/alcohol abuse better pre-natal care
1047	64504	Good	DRUG	RESO		Substance Abuse-How do we encourage participation? As well as participation in all of the free programs that are available.
1331	66002	Average	DRUG	SH	MH	A drug task force to get rid of our extremely high drug abuse problrms. Vaping in the schools is impossible to deal with. Kids laugh at the administrations inability to control the problem. We need churches involved in being places to provide educational programs to help combat drug abuse. We need the sidewalks fixed on the river, not just gravelled. That is so difficult to use strollers, walkers, wheelchairs, etc. on. Some partnerships of churches and healthcare and mental care providers may allow for think tanks that will better answer this question.
1213	66002	Good	DRUG	SUIC		Fentanyl Prevention and Suicide Prevention
1089	66002	Good	ECON			Better outreach to residents with lower economic status. Understand what they need and what makes it difficult for them to ask for or get help.
1315	66002	Good	EDU	ACC		Education on chronic illnesses and how to access health care.
1054	66002	Good	EDU	OBES		Health education, there seems to be a lot of obesity and children.
1134	66002	Good	EDU	SUB		Education of teens and young adults about substance abuse, detriments of vaping, domestic violence
1187	66058	Good	EDU			cooking education - how to stretch - a meal - maybe a partnership with social services - like NEKCAP, central office, DCF. Extension
1216	66002	Good	EDU			DV is very rampant in Atchison, I don't know how to solve it other than more education on how to handle conflict. A shelter is needed here

## CHNA 2025 Community Feedback: Amberwell Atchison PSA (N=353)

ID	Zip	Rating	c1	c2	c3	Q13. What "new" community health programs should be created to meet current community health needs?
1270	66002	Average	EDU			Education on the importance of being active throughout the day! I am amazed at how many (well educated) people do not know about the need to get up and move throughout the work/school day! I think this could be a game changer for our community!!
1095	66002	Good	EDU			Not sure what community health programs means... but we notice too many young families with parents screaming at their children in public, looking disheveled & not clean, buying wrong foods at grocery store & Walmart
1224	66002	Average	EMS			Community Paramedicine would be a fantastic start.
1143	66002	Poor	FINA	ACC	PRIM	A program or something similar to what Big Tree offered would be great. It was affordable. Allowed patients to physically see their doctor and telehealth if needed and had affordable access to medications. Some people make money on paper, and don't really qualify for help but can not actually afford insurance or proper treatment. Having a primary membership for you daily concerns and maintenance medications and monitoring was fantastic.
1123	66002	Good	FINA			Affordable care
1259	66002	Poor	FINA			Affordable service
1223	66002	Average	FIT	CC		Maybe (further) subsidized rates for the YMCA or other gym memberships? Or additional childcare opportunities at other exercise facilities.
1328	66002	Average	FIT	NUTR	EDU	Open houses at least once a month at gyms. Nutrition/health education at all grade levels.
1017	66002	Average	FIT	OBES	REC	Exercise groups - help with obesity by having free community walks or workouts. Better lighting on walking trails, community education group. Have a monthly meeting to educate community on resources. Increased sexual education for all age groups, but especially teens/young adults
1045	66002	Very Good	FIT	PREV	OBES	Something to encourage people to get outside and exercise. Walk. Get healthy. Lose weight.
1153	66002	Average	FIT			Someone that you can talk to about health and exercise. If there is such a program that does cost money I have not heard about it.
1332		Good	GER	SEN		More geriatric care services to deal with our aging population.
1324	66002	Average	HH			We use Amberwell Home Health, but you don't have aids or help for caregivers. In home caregivers is exhausting without any kind of assistance.
1217	66002	Good	HOME	SPRT	MH	Homeless population outreach and support, Mental health support and education, grief support groups
1001	66002	Poor	IM	DOCS		We need internists and good doctors to give us our community health needs.
1280	66002	Good	INSU			An insurance program to replace the Chamber Insurance Program that was shut down after a law change.
1294	66002	Very Good	INSU			Medicaid expansion (which is not up to the Hospital) would be beneficial. We could use a good healthcare navigator program.
1053	66002	Good	MH	ACC		More mental health access for people with more physicians available
1285	66002	Good	MH	DOCS		We need more mental health providers.
1229	66002	Poor	MH	DOH		Let's start with our next generation by providing mental and physical healthcare in public schools.
1140	66002	Very Good	MH	DRUG		Mental health programs and drug abuse programs.
1327	66002	Good	MH	EDU	MRKT	More community outreach. More mental health services including community education and advertisement
1136	66002	Good	MH	HOME		Mental health and homeless
1139	66002	Good	MH	POV	OBES	Mental health, help for the poverty situation and obesity
1244	66002	Very Good	MH			Mental health
1240	66060	Good	MOB	PRIM	EDU	Traveling health clinics to several outlying towns, to provide both primary care as well as practical education on nutrition, health and wellness.
1014	66002	Good	MOB	STFF	SEN	Mobile Health Units at events/festivals that could be staffed by therapists/nurses. Offer medication management. Monthly or quarterly visits to schools. Mental health, education on climate issues (heat stress), emergency health response planning. Do nutrition, fitness and health coaching classes. Social Connection Hubs that could match interest-based companionship for elderly to combat loneliness. Create a Youth Health Leadership Corp. with local high school kids that are interested in being health ambassadors in their schools. Create a ride sharing program (like UBER) for the community. Partner with the YMCA to do cooking classes and nutrition coaching.
1295	66002	Very Good	NUTR	DIAB		We need more nutrition and diabetes community health programs.
1177	66002	Very Good	NUTR	FIT	SPRT	Menu planning, family, nutrition, and exercise program programs that are not the YMCA most people here cannot afford the Y, even though they say there's scholarships available... Perhaps use of the pool that people could have lap swim at night again nothing except the Y - parenting classes for families
1195	66002	Good	NUTR	OBES	PREV	Nutrition, weight loss (not shots), preventative care.
1156	66002	Very Good	NUTR	POV		More nutrition classes, particularly for lower income families.
1006	66002	Good	NUTR	PREV		Nutrition and real wellness lifestyle information/education
1078	66058	Good	NUTR	PREV		Nutrition classes Wellness campaign to encourage good health & exercise
1198	66002	Good	NUTR			Cooking classes at the Farmer's market with fresh produce would be awesome! Kids movement classes such as yoga.
1032	66002	Very Good	NUTR			Food pantries not associated with certain churches/religions. A general food bank.
1301	66002	Good	NUTR			Nutrition programs to promote healthy eating
1086	66434	Very Good	OBES	CHRON	URL	Obesity management Chronic pain management urology services
1120	66017	Good	OBG	DRUG	SCH	Women's Health that addresses all ages and stages of life Substance abuse outpatient rehab program that has appointments, counseling and is able to prescribe medication for patients to maintain sobriety
1277	66002	Good	OBG	PEDS		Women's health, pediatrics,
1310	64484	Good	OP	DRUG		More outpatient behavioral health programs including drug and alcohol addiction/treatment

## CHNA 2025 Community Feedback: Amberwell Atchison PSA (N=353)

ID	Zip	Rating	c1	c2	c3	Q13. What "new" community health programs should be created to meet current community health needs?
1242	66002	Good	OTHR			Hear me out: Radon detection. This is a uniquely Atchison issue compared to much of Kansas because we have rocky hills and terrain here that off-gas radon in far higher concentrations than what you normally find in the state and many of the residents have no clue. When we moved here our home inspector all but forced us to get an active-radon mitigation system and said levels were basically high everywhere around here. "Amberwell reminds you to screen you home for radon; a leading cause of lung cancer" can very easily turn into "and after you screen your house, screen yourself for colon cancer!" Yeah, I don't do PR.
1269	66002	Good	OTHR			I would like to see more psycho social group sessions, but i'm not sure ppl would attend. I sometimes feel our community likes to complain but not look for solutions. (no offense)
1250	66002	Good	OWN			Overall self-care
1193	66002	Good	PEDS	PATH	TRAV	I fully believe bringing in pediatric occupation and pediatric speech pathology. Is a dire need for our community I personal travel an hour away for theses services and know many parents of special needs children who do the same. I spent three months in 2023 with the current SLP & OT for my nonverbal autistic son and they simply told me they were not qualified for his needs. They decided to cancel our follow up care and recommended we travel outside of Atchison for support.
1286	66002	Very Good	POV	PEDS		Anything to help those in poverty receive the health care they need, especially for children.
1043	66002	Average	POV			Programs to help middle class families
1126	66002	Very Good	PREV	INSU		A free health check up once a year for those non insured.
1033	66002	Very Good	PREV	NUTR	INSU	Some kind of incentive for healthy eating and foods; an incentive program or reward system for weight loss. Helpers who have knowledge of social work issues (for instance, Three Rivers) and can help patients navigate insurance, disability, etc.
1253	66002	Good	PREV			Know your Numbers program with opportunities to have blood pressure, cholesterol, etc checks for free and promotion about how important it is to know those numbers to prevent negative health episodes. I've heard of this program in other communities.
1044	66002	Average	PRIM	PEDS		Direct Primary Care and Pediatric Care.
1068	66002	Average	PRIM	SCH	CLIN	Adding another PC so more day of appointments can be taken without having to go to the walk-in clinic - I don't care much for it. I don't know enough about health services to give ideas.
1233	66002	Good	QUAL	SPRT		While the creating new community health programs is a lot of times seen as a solution to our community challenges, I really think our current priority should be optimizing and strengthening the programs that already exist. In my opinion, our community is already saturated with well-intentioned initiatives that unfortunately compete for limited resources and often overlap in services. Rather than expanding the number of programs, I believe we should focus more on increasing coordination, efficiency, and measurable outcomes within the current framework. And beyond that, no program, no matter how well designed or well intentioned, will make a lasting difference without a cultural shift in how health is valued and prioritized within the communities we're trying to serve. Until those deeper, systemic dynamics are addressed new programs won't fix what seems to be fundamentally broken.
1083	66002	Good	QUAL			I'm not sure we need new. I think we have a lot to offer as it is. Maybe just figure out how to polish them.
1060	66002		QUAL			I'm not sure. But I don't know that new programs are more important than improving quality of care.
1146	66002	Good	QUAL			Just improve on ones that are struggling
1292	66002	Good	QUAL			Not sure new health programs would help at all. People have to be interested in helping themselves before they will take any program seriously. We have a huge "lack of interest" population here.
1215	66002	Average	RESO	TRAN	SPRT	I think there are already great programs established that need more visibility. For example, the bike share program through Live Well, Atchison Farmers' Market takes SNAP (but many don't know that), First Steps is opening a new childcare center this year with the Abbey, Project Concern already offers transport, etc. These programs are good starts and need help to get the word out about their programs.
1254	66002	Good	RESO			Event to know all health care programs and providers in the community.
1305	66002	Average	RURAL	ECON	TOB	I'm not sure there's some new program that can address the extent to which the culture in rural and lower socioeconomic communities drives poor health behaviors and poor health outcomes. Examples: lots of sitting, proliferation of chewing tobacco, drive through/fast food, etc...
1038	66002	Poor	SAFE	HRS	INSU	Self defense classes. A "prompt care" with better hours so don't have to go through ER. A phlabotomist site by campus that works with Quest for insurance to cover through Benedictine College.
1201	66002	Average	SCH	OBG	PREV	need a way for people to get to their appointments, more women's health and wellness programs and gynecologist and also minority women's health and wellness specialist
1148	66002	Very Good	SEN	DOCS		Partnerships with YMCA, senior care, and other health care providers
1007	66002	Average	SEN	FINA	BILL	Not new but the hospital needs to work with people (especially seniors) on collections. I realize you need money for operations but there should be a certain percentage that you could work with on payment plans.
1065	66016	Good	SEN			maybe - elderly check ups at a reduced price like school physicals and then they might be more apt to take care of issues before they are too late
1337	66439	Poor	SERV			Increased local services
1115	66041	Average	SH			I believe we need more programs in schools
1235	66002	Very Good	SMOK	NUTR	OBES	If there is a program for smoking cessation, Nutrition and Obesity- that is what we need. It would be a great start.
1024	66002	Good	SMOK	OBES	PREV	Anti-vaping, obesity prevention and treatment
1190	66048	Very Good	SPRT	FIT	PREV	In my opinion, we need people to value their own health more. This could be improved via social media and other community campaigns that promote all areas of well being (healthy values, family, working, hobbies, volunteerism, exercise, eating healthy, healthy relationships, healthy sexuality) There are studies that demonstrate how these areas can have a significant impact on a person's physical health.

### CHNA 2025 Community Feedback: Amberwell Atchison PSA (N=353)

ID	Zip	Rating	c1	c2	c3	Q13. What "new" community health programs should be created to meet current community health needs?
1021	66016	Good	SPRT	FUND		Just need to support the programs we have. More funding sources.
1202	66002	Average	SPRT	NUTR	EDU	Organized support groups; need a nutritionist to help educate how to cook
1096	66002	Average	SPRT	RESO	COMM	Creating an all-in-one health and community support center or buildings next to each other making it a centralized location for example having Allways, The Guidance Center, Three Rivers, and Health Department for neutralize transportation and getting all your appointments in one day. Increasing health, resource services and mental ability to provide all round care and communication between providers.
1330	66002	Good	SPRT	RESO	SEN	Outreach programs for elders that are home bound.
1015	66002	Good	SPRT	THER	MH	We need more support for children with autism, ABA therapy would be awesome for this community. Mental health programming, such as a crisis clinic that people could stay a couple days if needed, etc. Respid care for those people caring for family members so they can take some time for themselves
1040	66002	Good	SPRT	YOUTH	FIT	Support for single mothers Support for postpartum mothers Children exercise programs/camps
1150	66002	Average	SPRT			Groups that can form to participate in many different facets. Helping citizens form groups with like minded individuals.
1302	66023	Average	SPRT			More outreach programs
1234	66002	Good	STFF			Maybe not so many new programs as much as staff the ones you have
1142	66002	Good	TELE			Telehealth
1311	66002	Good	THER	TELE		Therapy and/or telehealth for mental health
1273	66020	Very Good	TRAN	RESO	NUTR	Transportation resource with more availability. Meals available that meet dietary restrictions Ease of use of community resources to assist in meeting patient's needs. Affordable housing
1144	66002	Good	TRAN			Transportation
1313	66002	Average	TRAN			Transportation.
1226	66002	Very Good	VACC	DENT	EDU	1. Vaccination drive through events 2. Student dental hygiene education programs 3. Adult health/nutrition/ healthy living made easy educational programs
1077	66023	Average	YOUTH			Youth services

Year 2025 - Let Your Voice Be Heard!

**Amberwell Atchison (Atchison Co. KS) along with area providers have begun the process of updating a comprehensive community-wide 2025 Community Health Needs Assessment (CHNA) to identify unmet health needs. To gather current area feedback, a short online survey has been created to evaluate current community health needs and delivery. NOTE: Please consider your answers to the survey questions as it relates to ALL healthcare services in our community, including but not limited to our local hospital.**

**While your participation is voluntary and confidential, all community input is valued. Thank you for your immediate attention! CHNA 2025 online feedback deadline is set for June 19th, 2025.**

1. In your opinion, how would you rate the "Overall Quality" of healthcare delivery in our community?

- Very Good     Good     Average     Poor     Very Poor

2. How would our community area residents rate each of the following health services?

	Very Good	Good	Fair	Poor	Very Poor
Ambulance Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chiropractors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dentists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eye Doctor/Optomtrist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Planning Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospice/Palliative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telehealth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. How would our community area residents rate each of the following health services?  
(Continued)

	Very Good	Good	Fair	Poor	Very Poor
Inpatient Hospital Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing Home/Senior Living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient Hospital Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visiting Specialists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. In your own words, what is the general perception of healthcare delivery for our community (i.e. hospitals, doctors, public health, etc.)? Be Specific.

5. In your opinion, are there healthcare services in our community/your neighborhood that you feel need to be improved, worked on and/or changed? (Please be specific)

6. From our past CHNA, a number of health needs have been identified as priorities. Are any of these an ongoing problem for our community? Please select top three.

- |   |  |
|---|--|
| <input type="checkbox"/> Mental Health (Diagnosis, Placement, Aftercare, Awareness, Providers)  | <input type="checkbox"/> Dialysis  |
| <input type="checkbox"/> Substance Abuse (Drugs & Alcohol)                                      | <input type="checkbox"/> Community Education / Communication                 |
| <input type="checkbox"/> Uninsured/Underinsured   | <input type="checkbox"/> Obesity (Nutrition / Exercise)                      |
| <input type="checkbox"/> Poverty  | <input type="checkbox"/> Senior Care Providers                               |
| <input type="checkbox"/> Childcare Services (Affordable, Accessible, Ease License Requirements) | <input type="checkbox"/> Limit Free Handouts                                 |
| <input type="checkbox"/> Wellness / Prevention  | <input type="checkbox"/> Add Providers (PC, IM, Surg, Derm, Peds, Onc, Pulm) |
| <input type="checkbox"/> Sexual Education   | <input type="checkbox"/> Emergency Room Access (Timeliness of Care)          |
| <input type="checkbox"/> Transportation (General)   | <input type="checkbox"/> Coordination of Atchison County Social Services     |



7. Which past CHNA needs are NOW the most pressing for improvement? Please select top 3.

- |   |  |
|---|--|
| <input type="checkbox"/> Mental Health (Diagnosis, Placement, Aftercare, Awareness, Providers)  | <input type="checkbox"/> Dialysis  |
| <input type="checkbox"/> Substance Abuse (Drugs & Alcohol)                                      | <input type="checkbox"/> Community Education / Communication                 |
| <input type="checkbox"/> Uninsured/Underinsured   | <input type="checkbox"/> Obesity (Nutrition / Exercise)                      |
| <input type="checkbox"/> Poverty  | <input type="checkbox"/> Senior Care Providers                               |
| <input type="checkbox"/> Childcare Services (Affordable, Accessible, Ease License Requirements) | <input type="checkbox"/> Limit Free Handouts                                 |
| <input type="checkbox"/> Wellness / Prevention  | <input type="checkbox"/> Add Providers (PC, IM, Surg, Derm, Peds, Onc, Pulm) |
| <input type="checkbox"/> Sexual Education   | <input type="checkbox"/> Emergency Room Access (Timeliness of Care)          |
| <input type="checkbox"/> Transportation (General)   | <input type="checkbox"/> Coordination of Atchison County Social Services     |



8. In your opinion, what are the root causes of "poor health" in our community? Please select top three.

- |  |  |
|--|--|
| <input type="checkbox"/> Chronic Disease Management                  | <input type="checkbox"/> Limited Access to Mental Health |
| <input type="checkbox"/> Lack of Health & Wellness                   | <input type="checkbox"/> Family Assistance Programs      |
| <input type="checkbox"/> Lack of Nutrition / Access to Healthy Foods | <input type="checkbox"/> Lack of Health Insurance        |
| <input type="checkbox"/> Lack of Exercise                            | <input type="checkbox"/> Neglect                         |
| <input type="checkbox"/> Limited Access to Primary Care              | <input type="checkbox"/> Lack of Transportation          |
| <input type="checkbox"/> Limited Access to Specialty Care            |  |

Other (Be Specific).

9. Community Health Readiness is vital. How would you rate each of the following?

	Very Good	Good	Fair	Poor	Very Poor
Behavioral/Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Preparedness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food and Nutrition Services/Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Wellness Screenings/Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prenatal/Child Health Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use/Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicide Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence/Abuse Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Women's Wellness Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise Facilities / Walking Trails etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Social Determinants are impacting healthcare delivery. These determinants include 1) Education Access and Quality, 2) Economic Stability, 3) Social / Community support, 4) Neighborhood / Environment, and 5) Access to Quality Health Services. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? Be Specific

11. Over the past 2 years, did you or someone in your household receive healthcare services outside of your county?

- Yes  No

If yes, please specify the services received

12. Access to care is vital. Are there enough providers/staff available at the right times to care for you and your community?

- Yes  No

If NO, please specify what is needed where. Be specific.

13. What "new" community health programs should be created to meet current community health needs?

14. Are there any other health needs (listed below) that need to be discussed further at our upcoming CHNA Town Hall meeting? Please select all that apply.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Abuse/Violence                   | <input type="checkbox"/> Health Literacy                   | <input type="checkbox"/> Poverty                       |
| <input type="checkbox"/> Access to Health Education       | <input type="checkbox"/> Heart Disease                     | <input type="checkbox"/> Preventative Health/Wellness  |
| <input type="checkbox"/> Alcohol                          | <input type="checkbox"/> Housing                           | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Alternative Medicine             | <input type="checkbox"/> Lack of Providers/Qualified Staff | <input type="checkbox"/> Suicide                       |
| <input type="checkbox"/> Behavioral/Mental Health         | <input type="checkbox"/> Lead Exposure                     | <input type="checkbox"/> Teen Pregnancy                |
| <input type="checkbox"/> Breastfeeding Friendly Workplace | <input type="checkbox"/> Neglect                           | <input type="checkbox"/> Telehealth                    |
| <input type="checkbox"/> Cancer                           | <input type="checkbox"/> Nutrition                         | <input type="checkbox"/> Tobacco Use                   |
| <input type="checkbox"/> Care Coordination                | <input type="checkbox"/> Obesity                           | <input type="checkbox"/> Transportation                |
| <input type="checkbox"/> Diabetes                         | <input type="checkbox"/> Occupational Medicine             | <input type="checkbox"/> Vaccinations                  |
| <input type="checkbox"/> Drugs/Substance Abuse            | <input type="checkbox"/> Ozone (Air)                       | <input type="checkbox"/> Water Quality                 |
| <input type="checkbox"/> Family Planning                  | <input type="checkbox"/> Physical Exercise                 |  |

Other (Please specify).

15. For reporting purposes, are you involved in or are you a....? Please select all that apply.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Business/Merchant               | <input type="checkbox"/> EMS/Emergency     | <input type="checkbox"/> Mental Health             |
| <input type="checkbox"/> Community Board Member          | <input type="checkbox"/> Farmer/Rancher    | <input type="checkbox"/> Other Health Professional |
| <input type="checkbox"/> Case Manager/Discharge Planner  | <input type="checkbox"/> Hospital          | <input type="checkbox"/> Parent/Caregiver          |
| <input type="checkbox"/> Clergy                          | <input type="checkbox"/> Health Department | <input type="checkbox"/> Pharmacy/Clinic           |
| <input type="checkbox"/> College/University              | <input type="checkbox"/> Housing/Builder   | <input type="checkbox"/> Media (Paper/TV/Radio)    |
| <input type="checkbox"/> Consumer Advocate               | <input type="checkbox"/> Insurance         | <input type="checkbox"/> Senior Care               |
| <input type="checkbox"/> Dentist/Eye Doctor/Chiropractor | <input type="checkbox"/> Labor             | <input type="checkbox"/> Teacher/School Admin      |
| <input type="checkbox"/> Elected Official - City/County  | <input type="checkbox"/> Law Enforcement   | <input type="checkbox"/> Veteran                   |

Other (Please specify).



\* 16. For reporting analysis, please enter your home 5-digit ZIP code.

## e.) County Health Rankings & Roadmap Detail

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[VVV Consultants LLC]

# Atchison County

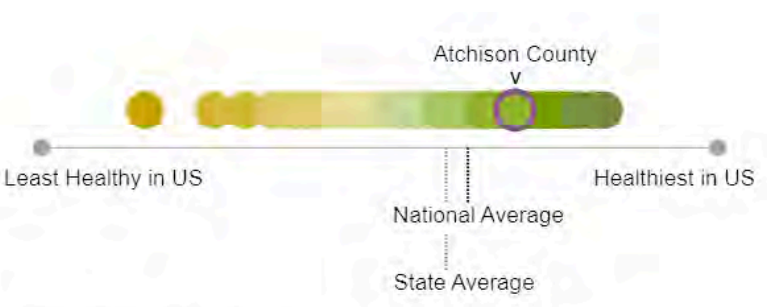
# 2024

Health Outcomes and Health Factors summaries replace the numerical ranking provided in previous years. Each Missouri county with sufficient data is represented by a dot, placed on a continuum from least healthy to healthiest in the nation. The color of each dot represents data-informed groupings of counties nationwide with similar Health Outcomes and Health Factors on the continuum.

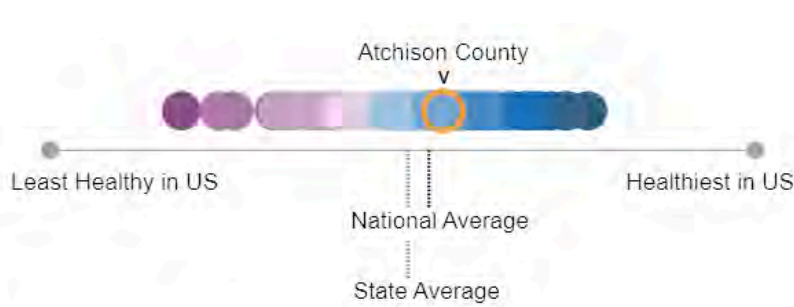


<https://www.countyhealthrankings.org/health-data/missouri/atchison?year=2024>

## Health Outcomes



## Health Factors



**Population: 5,182**











Health Outcomes				
	Atchison County	Missouri	United States	
Length of Life				—
Premature Death	10,500	9,500	8,000	▼
Quality of Life				—
Poor or Fair Health	19%	16%	14%	▼
Poor Physical Health Days	4.2	3.7	3.3	▼
Poor Mental Health Days	5.3	5.2	4.8	▼
Low Birthweight	3%	9%	8%	▼
Additional Health Outcomes (not included in summary)				
Life Expectancy	74.5	75.8	77.6	▼
Premature Age-Adjusted Mortality	530	460	390	▼
Child Mortality		60	50	▼
Infant Mortality		6	6	▼
Frequent Physical Distress	13%	12%	10%	▼
Frequent Mental Distress	18%	17%	15%	▼
Diabetes Prevalence	10%	10%	10%	▼
HIV Prevalence		252	382	▼

Note: Blank values reflect unreliable or missing data.

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What do these drivers mean? The drivers indicate the measures with the greatest impact on the health of the county. Drivers labeled with a green plus sign are measures on which the county performed particularly well compared to all counties nationwide. Those labeled with a red minus sign are measures which could be improved and may warrant additional attention.

### Health Factors: Drivers with the greatest impact on health, Atchison County, MO - 2024

Health Behaviors		Atchison County	Missouri	United States
Adult Smoking		22%	18%	15%
Adult Obesity		39%	38%	34%
Food Environment Index		8.1	6.9	7.7
Physical Inactivity		28%	24%	23%
Access to Exercise Opportunities		38%	77%	84%
Excessive Drinking		16%	19%	18%
Alcohol-Impaired Driving Deaths		33%	28%	26%
Sexually Transmitted Infections		133.7	517.4	495.5
Teen Births			20	17
Clinical Care		Atchison County	Missouri	United States
Uninsured		15%	11%	10%
Primary Care Physicians		2,620:1	1,420:1	1,330:1
Dentists		2,590:1	1,600:1	1,360:1
Mental Health Providers		1,730:1	410:1	320:1
Preventable Hospital Stays		4,188	3,016	2,681
Mammography Screening		43%	45%	43%
Flu Vaccinations		35%	45%	46%
Social & Economic Factors		Atchison County	Missouri	United States
High School Completion		91%	91%	89%
Some College		55%	67%	68%
Unemployment		2.4%	2.5%	3.7%
Children in Poverty		17%	17%	16%
Income Inequality		4.6	4.5	4.9
Children in Single-Parent Households		20%	24%	25%
Social Associations		28.7	11.4	9.1
Injury Deaths		81	100	80
Physical Environment		Atchison County	Missouri	United States
Air Pollution - Particulate Matter		7.4	7.6	7.4
Drinking Water Violations		No		
Severe Housing Problems		9%	13%	17%
Driving Alone to Work		79%	78%	72%
Long Commute - Driving Alone		23%	32%	36%

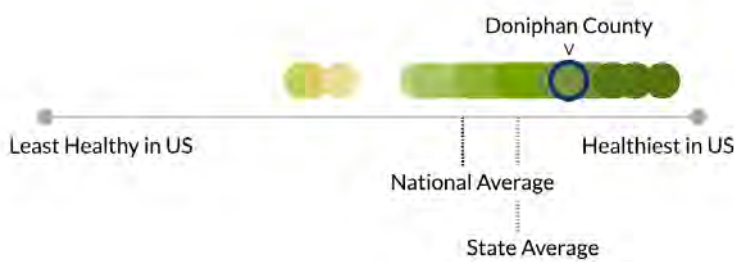
# Doniphan County 2025

Health Outcomes and Health Factors summaries replace the numerical ranking provided in previous years. Each Kansas county with sufficient data is represented by a dot, placed on a continuum from least healthy to healthiest in the nation. The color of each dot represents data-informed groupings of counties nationwide with similar Health Outcomes and Health Factors on the continuum.

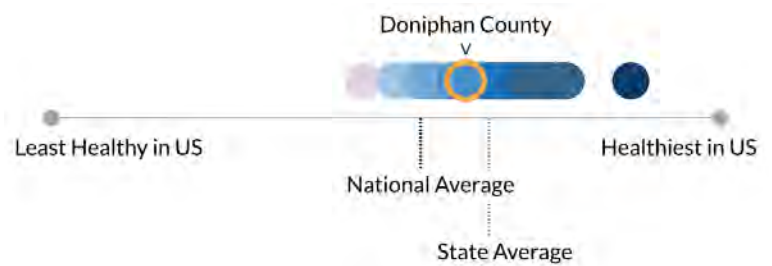


<https://www.countyhealthrankings.org/health-data/kansas/doniphan?year=2025>

## Health Outcomes



## Health Factors



## Population: 7,493

Population Health and Well-being				
Length of life	Doniphan County	Kansas	United States	—
Premature Death	6,800	8,600	8,400	▼
Additional Length of life (not included in summary)	Doniphan County	Kansas	United States	—
Life Expectancy	76.9	76.4	77.1	▼
Premature Age-Adjusted Mortality	390	420	410	▼
Child Mortality		60	50	▼
Infant Mortality		6	6	▼
Quality of life	Doniphan County	Kansas	United States	—
Poor Physical Health Days	3.8	3.7	3.9	▼
Low Birth Weight	7%	7%	8%	▼
Poor Mental Health Days	5.3	5.2	5.1	▼
Poor or Fair Health	17%	15%	17%	▼
Additional Quality of life (not included in summary)				+

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### Health Factors: Drivers with the greatest impact on health, Doniphan County, KS - 2025

Health infrastructure	Doniphan County	Kansas	United States	
Flu Vaccinations	43%	49%	48%	+
Access to Exercise Opportunities	22%	80%	84%	-
Food Environment Index	8.0	6.8	7.4	-
Primary Care Physicians	1,870:1	1,280:1	1,330:1	-
Mental Health Providers	7,490:1	400:1	300:1	-
Dentists		1,580:1	1,360:1	-
Preventable Hospital Stays	3,443	2,529	2,666	-
Mammography Screening	50%	49%	44%	-
Uninsured	9%	10%	10%	-

Physical environment	Doniphan County	Kansas	United States	
Severe Housing Problems	12%	12%	17%	-
Driving Alone to Work	80%	77%	70%	-
Long Commute - Driving Alone	28%	22%	37%	-
Air Pollution: Particulate Matter	8.0	7.3	7.3	-
Drinking Water Violations	Yes			-
Broadband Access	87%	89%	90%	-
Library Access	3	3	2	-

Social and economic factors	Doniphan County	Kansas	United States	
Some College	65%	70%	68%	-
High School Completion	93%	92%	89%	-
Unemployment	2.5%	2.7%	3.6%	-
Income Inequality	4.5	4.4	4.9	-
Children in Poverty	15%	13%	16%	-
Injury Deaths	61	85	84	-
Social Associations	12.1	13.2	9.1	-
Child Care Cost Burden	17%	19%	28%	-



VAV Consultants LLC



## VAV Consultants LLC

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**VAV Consultants LLC** is an Olathe, KS-based “boutique” healthcare consulting firm specializing in Strategy; Research, and Business Development services. We partner with clients. Plan the Work; Work the Plan