



**2023-2025**  
**AdventHealth**  
**Ottawa**  
Community  
Health Plan

**Executive Summary.....3**  
**About AdventHealth.....7**  
**Priorities Addressed.....9**  
Mental Health.....10  
Preventive Care and Screenings.....12  
Nutrition and Healthy Eating.....13  
**Priorities Not Addressed.....15**

# Table of Contents

## Acknowledgements

This community health plan was prepared by Sheila Robertson with contributions from members of AdventHealth Ottawa’s Hospital Health Needs Assessment Committee and the Live Healthy Franklin County Coalition both representing health leaders in the community and hospital leaders.

We are especially grateful for the internal and external partners who helped guide the development of the community health plan which will enable our teams to continue fulfilling our mission of Extending the Healing Ministry of Christ.



# EXECUTIVE SUMMARY



# I Executive Summary

AdventHealth Ransom Memorial, Inc. d/b/a AdventHealth Ottawa will be referred to in this document as AdventHealth Ottawa or the “Hospital”.

## Community Health Needs Assessment Process

AdventHealth Ottawa in Ottawa, Kansas, conducted a community health needs assessment (CHNA) in 2022. The assessment identified the health-related needs of the community including low-income, minority and other underserved populations. This assessment process was the most comprehensive to date and included survey questions related to diversity, equity and inclusion. In addition, the priorities were defined, when possible, in alignment with Healthy People 2030, national public health priorities to improve health and well-being. Learn more about Healthy People 2030 at <https://health.gov/healthypeople>.

In order to ensure broad community input, AdventHealth Ottawa partnered with the Live Healthy Franklin County Coalition to help guide the Hospital through the assessment process. The Coalition included representation from the Hospital, public health experts and the broad community. This included intentional representation from low-income, minority and other underserved populations. The prioritization process sought to balance our ability to impact the greatest number of people who are facing the greatest disparities.

AdventHealth Ottawa also convened a Hospital Health Needs Assessment Committee (HHNAC) to help select the needs the Hospital could most effectively address to support the community. The HHNAC made decisions by reviewing the priorities selected by the Coalition and the internal Hospital resources available.

The Coalition and HHNAC met throughout 2021-2022. The members reviewed the primary and secondary data, helped define the priorities to be addressed and helped develop the Community Health Plan to address those priorities.

## Community Health Plan Process

The Community Health Plan (CHP), or implementation strategy, is the Hospital’s action plan to address the priorities identified from the CHNA. The plan was developed by the Live Healthy Franklin County Coalition, HHNAC and input received from stakeholders across sectors including public health, faith-based, business and individuals directly impacted.

The CHP outlines targeted interventions and measurable outcomes for each priority noted below. It includes resources the Hospital will commit and notes any planned collaborations between the Hospital and other community organizations and hospitals.

The identified goals and objectives were carefully crafted, considering evidence-based interventions and AdventHealth’s Diversity, Equity, and Inclusion and Faith Accountability strategies. AdventHealth Ottawa is committed to addressing the needs of the community, especially the most vulnerable populations, to bring wholeness to all we serve.



# Executive Summary

## Priorities Addressed

The priorities addressed include:

1. Mental Health
2. Preventative Care and Screenings
3. Nutrition and Healthy Eating

*See page 9 for goals, objectives and next steps for each priority selected to be addressed.*

## Priorities Not Addressed

The priorities not addressed include:

1. Diabetes
2. Food Insecurity
3. Pregnancy and Maternal Health
4. Cancer
5. Housing
6. Obesity
7. Physical Health and Activity
8. Cardiovascular Disease: Hypertension
9. Cardiovascular Disease: Heart Disease
10. Health Insurance and Health Care Access

*See page 15 for an explanation of why the Hospital is not addressing these issues.*



**The Community Health Plan is a three-year strategic plan and may be updated during implementation based on changing community needs or availability of resources. AdventHealth recognizes community health is not static and high priority needs can arise or existing needs can become less pressing. The Hospital may pivot and refocus efforts and resources to best serve the community.**

# I Executive Summary

## Board Approval

On March 30, 2023, the AdventHealth Ottawa Board approved the Community Health Plan goals, objectives and next steps. A link to the 2023 Community Health Plan was posted on the Hospital's website prior to May 15, 2023.

## Ongoing Evaluation

AdventHealth Ottawa's fiscal year is January – December. For 2023, the Community Health Plan will be deployed beginning May 15, 2023, and evaluated at the end of the calendar year. In 2024 and beyond, the CHP will be evaluated annually for the 12-month period beginning January 1st and ending December 31st. Evaluation results will be attached to the Hospital's IRS Form 990, Schedule H. The collective monitoring and reporting will ensure the plan remains relevant and effective.

## For More Information

Learn more about the Community Health Needs Assessment and Community Health Plan for AdventHealth Ottawa at <https://www.adventhealth.com/community-health-needs-assessments>.



# ABOUT ADVENTHEALTH



## **| About AdventHealth**

**AdventHealth Ottawa is part of AdventHealth. With a sacred mission of Extending the Healing Ministry of Christ, AdventHealth strives to heal and restore the body, mind and spirit through our connected system of care. More than 80,000 skilled and compassionate caregivers serve 4.7 million patients annually. From physician practices, hospitals, outpatient clinics, skilled nursing facilities, home health agencies and hospice centers, AdventHealth provides individualized, wholistic care at nearly 50 hospital campuses and hundreds of care sites throughout nine states.**

**Committed to your care today and tomorrow, AdventHealth is investing in research, new technologies and the people behind them to redefine medicine and create healthier communities.**

### **About AdventHealth Ottawa**

As the only full-service hospital in the rural community of Franklin County, AdventHealth Ottawa has a 90-year tradition of providing compassionate, competent care to residents in and around the city of Ottawa. Located about 40 miles southwest of metropolitan Kansas City, the 44-bed, full-service hospital and outpatient care clinics employ almost 400 team members. Formerly known as Ransom Memorial Health, the well-established hospital joined the AdventHealth network in 2019 and became AdventHealth Ottawa.





# PRIORITIES ADDRESSED



# Mental Health

In the Hospital’s community, 20.6% of residents have a prevalence of depression, while 14.9% of the residents report poor mental health. According to community survey respondents, 22.8% have been diagnosed with a depressive disorder and 27.6% have been diagnosed with an anxiety disorder.

**Goal 1:** Expand behavioral health program offerings and awareness in our community to reduce poor mental health, drug overdoses, suicide attempts, and associated morbidity/mortality.

**Objective 1.1:** By December 31, 2025, hospital leadership and staff will provide 30 hours of professional expertise and support to the development and implementation of the Franklin County Substance Use Prevention Coalition’s (SUPC) prevention and education strategies.

**Objective 1.2:** By December 31, 2025, disseminate the partner-provided mental health resources list through hospital channels 12 times.

**Target Population:** Teens and adults (including older adults) in Franklin County.

Activities/Strategies	Outputs	Hospital Contributions	Community Partnerships	Timeline		
				Y1	Y2	Y3
Actively participate in the Franklin County Substance Use Prevention Coalition (SUPC). Work with SUPC to implement prevention and education strategies.	30 hours of staff time	Hospital leadership and staff to provide professional expertise to SUPC on paid staff time  Hospital to provide \$3,000 over three years to SUPC for education strategy implementation	Franklin County SUPC and its partners	X	X	X
Disseminate the mental health resources list produced by the Franklin County Health Department through hospital channels and selected external locations.	12 placements of resource list	Staff time  Hospital communication channels  Signage/funding for external strategic community locations	Franklin County Health Department  Elizabeth Layton Center for Hope and Guidance  Health Partnership Clinic	X	X	X

# Mental Health

**Goal 1 continued:** Expand behavioral health program offerings and awareness in our community to reduce poor mental health, drug overdoses, suicide attempts, and associated morbidity/mortality

**Objective 1.3:** By December 31, 2025, increase positive impacts on youth social behavior by contributing 90 hours of hospital leadership/staff time to mentoring youth in after-school or summer partner-led programs.

**Objective 1.4:** By December 31, 2025, increase partner-led mental health and suicide prevention training programs by funding and publicizing 6 trainings.

**Objective 1.5:** By December 31, 2023, increase the number of individuals receiving mental and behavioral health care from a baseline of 0.

**Target Population:** Teens and adults (including older adults) in Franklin County

Activities/Strategies	Outputs	Hospital Contributions	Community Partnerships	Timeline		
				Y1	Y2	Y3
Actively participate in community youth mentoring, after-school, and/or summer programs.	90 hours of staff time # youth mentored	Staff time	United Way	X	X	X
Support partner-led mental health and suicide prevention training programs (eg, Question-Persuade-Refer [QPR]).	6 trainings # participants	Hospital will provide \$3,000 in funding over three years  Staff time for assistance in coordinating, promoting, and/or presenting  Meeting space	K-State Research and Extension Frontier District  Elizabeth Layton Center for Hope and Guidance	X	X	X
Recruit and onboard 1 new staff to provide mental and behavioral health treatment for patients in our community.	New staff	Hire and train staff	Elizabeth Layton Center for Hope and Guidance  Primary care and specialty providers within Franklin County	X		

# Preventive Care & Screenings

According to community survey respondents, 29.7% are not aware of what preventive screenings are needed. Among those that are aware, 23.9% report not getting regular screenings. Preventive care has been shown to reduce the risk of disease, disabilities and death.

**Goal 1:** Increase efforts addressing prevention and screening to reduce preventable morbidity/mortality.

**Objective 1.1:** By December 31, 2025, in partnership with community events, provide prevention and/or screening services and education to 450 people.

**Objective 1.2:** By December 31, 2025, increase patient capacity for clinics serving the underserved by 40 patients each year through financial support and patient referrals.

**Target Population:** All ages in Franklin County.

Activities/Strategies	Outputs	Hospital Contributions	Community Partnerships	Timeline		
				Y1	Y2	Y3
<p>Coordinate with community partners/events to offer prevention and/or screening services/education.</p> <p>Consider how to help overcome barriers to participation; eg, assist with transportation for low-access areas.</p>	<p>Average of 6 events per year</p> <p>450 people served by efforts</p>	<p>Staff and resources/funding to promote and provide screenings, services, and education</p> <p>AdventHealth Whole Health Institute and Community Wellness</p>	<p>Franklin County Health Department</p> <p>Ottawa Recreation Commission</p> <p>Renewed Hope Food Pantry</p> <p>Churches, schools, and community centers</p>	X	X	X
<p>Provide funding to community partners providing preventive/screening care to the underserved.</p>	<p># individuals seen</p>	<p>Hospital to provide \$15,000 to community partners providing preventive/screening care to the underserved</p>	<p>Health Partnership Clinic</p>	X	X	X

# Nutrition & Healthy Eating

Almost 60% of residents in the Hospital’s community live in a low food access area and 42% of community survey respondents reported eating fruits and vegetables less than two days a week. Stakeholder survey respondents also considered poor nutrition and low food access to be top factors in the community impacting health.

**Goal 1:** Increase consumption of healthy food to reduce negative impacts of poor diet.

**Objective 1.1:** By December 31, 2025, increase healthy food offerings at community programming by facilitating and donating healthy food for 450 program participants.

**Objective 1.2:** By December 31, 2025, increase participating community member skills in healthy cooking/food prep by offering two healthy cooking or shopping demo/classes per year.

**Target Population:** Low-income populations, youth, and those with or at greater risk for chronic disease in Franklin County, specifically focused on zip code 66067.

Activities/Strategies	Outputs	Hospital Contributions	Community Partnerships	Timeline		
				Y1	Y2	Y3
Facilitate or donate healthy food to programs for target populations	Funding  # participants impacted	Funding for healthy food for program participants  Staff hours	Junior Jazzercise  Franklin County Food Policy Council  After school/summer programs	X	X	X
Schedule events  Recruit participants  Follow-up with participants to measure impact	# sessions held  Pre/post survey on knowledge, planned changes  Follow-up on sustained changes	Staff hours  Funding for class materials, transportation, facility  AdventHealth Whole Health Institute and Community Wellness	K-State Research and Extension Frontier District	X	X	X

# Nutrition & Healthy Eating

**Goal 1 continued:** Increase consumption of healthy food to reduce negative impacts of poor diet.

**Objective 1.3:** By December 31, 2025, increase availability of healthy food in low-food access areas by sponsoring two new Blessing Boxes. Blessing Boxes are “Little Free Pantries” around the community containing food and hygiene items, where people leave what they can and take what they need.

**Objective 1.4:** By December 31, 2025, increase availability of healthy food in low-food access areas by arranging 12 Renewed Hope Food Pantry (“Hope Bus”) visits to Franklin County.

**Objective 1.5:** By December 31, 2025, increase availability of healthy food in low-food access areas by sponsoring a food drive for the CONNECT mobile pantry annually.

**Target Population:** Low-income populations, youth, and those with or at greater risk for chronic disease in Franklin County, specifically focused on zip code 66067.

Activities/Strategies	Outputs	Hospital Contributions	Community Partnerships	Timeline		
				Y1	Y2	Y3
Identify locations and materials for 2 new Blessing Boxes  Arrange regular purchases or donations to stock new Blessing Boxes with healthy food at least once per month	Funding  Staff time	Funding for materials and food  Staff hours	Blessing Box Foundation	X	X	X
Schedule dates/locations, coordinate screenings and health education to coincide with bus visits where possible  Promote to encourage target population participation	12 Hope Bus visits to low-food access areas  # individuals served	Funding  Staff hours  Screening/education materials and supplies	Renewed Hope Food Pantry  Ottawa Recreation Commission and other host locations	X	X	X
Hospital to sponsor one month per year of CONNECT mobile pantry through hosting food drives	Staff time  # of food drives	Staff hours  Funding for food donations	Franklin County Food Policy Council via Franklin County Health Department  Ottawa Unified School District 290	X	X	X

# PRIORITIES NOT ADDRESSED



# I Priorities Not Addressed

**AdventHealth Ottawa also identified the following priorities during the CHNA process. In reviewing the CHNA data, available resources, and ability to impact the specific identified health need, the Hospital determined these priorities will not be addressed.**

## **Diabetes**

Diabetes is shown to impact 9.7% of residents in the Hospital's community according to public data, while 22.8% of community survey respondents report having diabetes. Diabetes related conditions are also shown to be one of the top ten codes in Hospital visits by uninsured patients. The Hospital did not select diabetes as a priority, as it is not positioned to directly address this in the community at large. The Hospital did choose preventive care and screenings and nutrition and healthy eating, however, and hopes to have an indirect impact on diabetes through these efforts.

## **Food Insecurity**

In the Hospital's community, 13.5% of the residents are food insecure according to Feeding America and 59.2% live in a low food access area. According to community survey respondents, 33% received SNAP benefits last year, while 25.5% felt they ate less than they should have due to cost. The Hospital believes that other organizations are better positioned in the community to address this need directly and will support those efforts when able.

## **Pregnancy and Mental Health**

In Franklin County, the primary county served by the Hospital, 10.8% of births are premature and 80.4% of births receive prenatal care in the first trimester. Pregnancy related diagnosis codes are also shown to be among the top ten codes in Hospital visits by uninsured patients.

The Hospital did not select pregnancy and maternal health as a priority as it is not resourced to directly address this in the community but will support other community partners where possible in their efforts. The Hospital did choose preventive care and screenings, however, knowing that preventive care is an important factor in maternal health and maternal health outcomes and hopes to have an indirect impact through these efforts.

## **Cancer**

In the Hospital's community 7.4% of the residents have had cancer according to secondary data. There is also a higher mortality rate per 100,000 than both state and the nation for breast cancer and lung, trachea and bronchus cancer in Franklin County. The Hospital did not choose cancer as a priority, instead focusing its efforts and resources on preventive care and screenings, where there is an opportunity to indirectly impact several of the needs identified in the assessment, including cancer.



# I Priorities Not Addressed

## Housing

In the Hospital's community, 26.4% of residents are housing cost burdened or paying over 30% of their income to housing costs per public data. According to community survey respondents 21.9% report being worried they would not have stable housing in the next two months. More than 70% of the community and public health experts surveyed do not consider housing in the area affordable. The Hospital did not select housing as a priority, as it is not positioned to directly address this in the community at large.

## Physical Health and Activity

In the Hospital's community, 27.4% of residents report not engaging in physical activities outside of their jobs according to secondary data, and stakeholder survey respondents consider lack of exercise to be a top health behavior concern. Community members in the assessment however cited a need for more low-cost fitness centers and accessible community spaces for recreation, which may be a factor in activity level. The Hospital believes that other organizations are better positioned in the community to address this need directly and will support those efforts when able.

## Obesity

More than one third of residents in the Hospital's community have been told they are obese according to public data and stakeholders consider obesity to be a top health risk factor. Obesity related codes also appear in the top ten codes in Hospital visits by uninsured patients. The Hospital did not select obesity as a priority, as it is not positioned to directly address this in the community at large. The Hospital did choose Nutrition And Healthy Eating, however, and hopes to have an indirect impact on obesity through these efforts.

## Cardiovascular Disease: Hypertension

Almost one third of residents in the Hospital's community have been told they have hypertension per public data. The number of community survey respondents reporting hypertension is even higher at 38.4%, and hypertension related conditions are shown to be one of the top ten codes in Hospital visits by uninsured patients. The Hospital did not select hypertension as a priority, as it is not positioned to directly address this in the community at large. The Hospital did choose nutrition and healthy eating however, knowing that how individual eats is an integral step in treating hypertension and hopes to have an indirect impact through these efforts.

## Cardiovascular Disease: Heart Disease

According to secondary data, individuals in the Hospital's community have higher rates of coronary heart disease, and in Franklin County the heart disease mortality rate per 100,000 is higher than elsewhere in Kansas and the nation. The Hospital did not choose heart disease as a priority, instead focusing its efforts and resources on preventive care and screenings, where there is an opportunity to indirectly impact several of the needs identified in the assessment, including cardiovascular needs.

## Health Insurance and Health Care Access

In the Hospital's community, 6.9% of residents had no health insurance, according to public data. Of community survey respondents, 3.6% were uninsured. A need for increasing access to available services was heard from community and stakeholder survey respondents as well. The Hospital believes that other organizations are better positioned in the community to address this and will support those efforts when able in the Community Health Plan through the preventive care and screenings priority.



**AdventHealth Ransom Memorial Inc. d/b/a  
AdventHealth Ottawa**

CHP Approved by the Hospital Board on: March 30, 2023

For questions or comments please contact:  
[corp.communitybenefit@adventhealth.com](mailto:corp.communitybenefit@adventhealth.com)