2024

COMMUNITY HEALTH ASSESSMENT

CHASE AND MORRIS COUNTIES

MCH MORRIS COUNTY HOSPITAL

MCH MCH Medical Clinics

MCH Public Health Department

Chase County — Tradition · Pride · Family

USD417

ASSESSMENT CONDUCTED BY THE CENTER FOR APPLIED RESEARCH AND EVALUATION (CARE) AND THE CENTER FOR PUBLIC HEALTH INITIATIVES (CPHI)

WSU Wichita State University — COMMUNITY ENGAGEMENT INSTITUTE

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Brief Summary of Findings

Demographics

Respondents to the community survey were largely similar in demographics to those that tend to respond across many other CHNAs WSU CEI has conducted: primarily female, middle-aged to older, White, and mid- to high-income. While the survey sample of mostly White respondents is consistent with state and county populations, Hispanic/Latino/Spanish residents are underrepresented, as compared to state and county populations.

Notable Findings/Concerns/Needs

Housing (availability, affordability, safety), medical care (access to affordable care, insurance, access to needed specialists), and youth and children related issues (childcare, public education quality) were all identified as top needs in Chase County, Morris County, and in all other counties. In Chase County, food and nutrition (access to grocery stores, cost of food, access to healthy options) was the number one concern. This need is supported by secondary data, which indicates that 32% of the population in Chase County are low income and do not live close to a grocery store, more than three times the percentage for Morris County and for the state of Kansas.

Respondents report overall high levels of satisfaction with public schools for most indicators. Two items with consistently high levels of overall dissatisfaction were identified – support for students with mental health needs and school lunch options/nutrition. In Chase and Morris counties, about one-quarter to one-third of respondents were dissatisfied with these areas of their public schools. In all other counties, the dissatisfaction rate increases to nearly one-half. These rates of dissatisfaction indicate potential areas for improvement in public schools.

Respondents report high levels of insurance coverage, but for those who are uninsured, insurance cost is the biggest barrier. Overall, respondents report ease of access to and satisfaction with general healthcare in both counties. However, about half of respondents seek outside medical care in all areas – general healthcare, mental healthcare, and dental healthcare. Many respondents report having established providers outside of Chase and Morris County for all types of care. For mental healthcare, privacy and confidentiality concerns are paramount. Respondents report the biggest barrier to mental healthcare as discomfort seeking care at facilities where they know the employees, and that this dynamic is difficult to navigate in smaller communities. For dental healthcare, respondents note the extreme dearth of available services in Chase County both as a barrier to care and a reason to seek services outside their county of residence.

A combined one-quarter of respondents report 'fair' or 'poor' mental health status. Overall, 3% of the survey sample reporting 'poor' mental health status is much lower than reported among adults in Chase County, Morris County, and the state of Kansas in 2021, as seen in secondary data. While this may be due to the timing of data collection (2021 vs 2024), it is an important

consideration that the survey sample may not accurately reflect those individuals in the community who are most in need of mental health support.

Finally, respondents indicated that the services currently lacking but most needed in Chase and Morris County are related to behavioral health, including addiction treatment and behavioral health and counseling. This is supported by secondary data which shows elevated rates of suicide in Chase and Morris County, as compared to the state.

A more thorough description of all data is provided in the following sections.

Community Needs Assessment Introduction and Methods

In the winter of 2024, the Morris County Health Department contracted with WSU's Community Engagement Institute (CEI) to conduct a Community Health Assessment and Community Health Improvement Plan for Morris and Chase Counties. The Community Engagement institute's (CEI) Center for Applied Research and Evaluation (CARE) conducted the data compilation/data collection elements of the assessment while the Center for Public Health Initiatives (CPHI) facilitated the community listening and planning sessions.

Data Compilation/Collection Methods

Secondary Data

The Center for Applied Research and Evaluation (CARE) at the Community Engagement Institute was responsible for compiling secondary data for both Chase and Morris Counties. Secondary data is publicly available data that is typically collected at the census tract, zip code, town/city, county, state, or national level. Secondary data provides a broad perspective of community conditions but can be several years old due to the complexity of collection and analysis. It is often not available for smaller communities due to too few people reporting or experiencing certain conditions. The most well-known secondary data source is the US Census.

For the purposes of this project, CARE used the following sources: Kansas Health Matters (KHM) and County Health Rankings (both of which compile data from numerous secondary sources such as Kansas Department of Health and Environment (KDHE), National Center for Education Statistics (NCES), and United States Census Bureau American Community Survey (ACS)), the National Plan and Provider Enumeration System National Provider Identifier (NPPES NPI), US Department of Agriculture Economic Research Service (USDA ERS) Food Environment Atlas, and the Behavioral Risk Factor Surveillance System (BRFSS). The following acronyms are used in the secondary data tables throughout this report:

Acronym	Source
ACS	American Community Survey (Census)
BRFSS	Behavioral Risk Factor Surveillance System

Acronym	Source
CHR	County Health Rankings
KCTC	Kansas Communities That Care
KDHE	Kansas Department of Health and Environment
KHM	Kansas Health Matters
NCES	National Center for Education Statistics
NPPES NPI	National Plan and Provider Enumeration System National Provider Identifier
USDA ERS	US Department of Agriculture Economic Research Service Food Environment Atlas

In the secondary data tables below, the source is indicated along with data for Chase and Morris Counties.

Survey Methodology

CARE collaborated with the Design Team to identify existing CHNA survey questions as well as create new ones specific to Chase and Morris Counties for the community survey. The existing questions come from a question bank through the Academy of Sciences (AoS). CARE contributed to the development of the question bank for AoS for use by communities across the US for community health assessments. After selection of questions, CARE programmed the online survey into the Alchemer platform and provided the Chase/Morris County Design Team with a link, QR code, informational flyer, and electronic version of the survey (for use as a hard copy) for use in promotion of the survey to the community.

The Design Team members distributed the survey through multiple networks and social media platforms. A list of just some of the efforts to distribute the survey and publicize the community listening sessions to gain representative participation are:
- Local newspapers in Morris and Chase - An article promoting the survey and listening sessions, and multiple ads regarding the survey and listening sessions were placed
- Informational flyers were posted around town (common places like the senior center, laundry mat, grocery store, post office, etc.)
- Social media posts: Primarily using Facebook but posts were placed and shared by multiple entities (MCH, MCH Public Health, School Districts, etc.) and then shared by individuals associated with those entities and other readers/social media users
- School listserv – Information was emailed to all parents/guardians/staff at both school districts
- MCH listserve – Information was emailed out to all employees of MCH
- Paper surveys were offered at various functions in the community as well as in both health department offices

CARE provided access to real-time response rates and demographics of de-identified respondents in order to assist the Design Team in tailoring outreach efforts to promote the survey. The survey was open for approximately one month, at which time CARE performed the analyses of all data collected. All survey results are included below.

Community Listening Sessions
The Community Listening Session on July 1, 2024, was promoted through most of the same avenues as noted above for the survey. Staff of the Center for Public Health Initiatives (CPHI) at WSU CEI facilitated the Community Listening Session at which they presented an overview of secondary and survey data to community members in order to solicit their reactions, perceptions, and experiences related to priority needs related to health in Chase and Morris Counties. More details regarding the Community Listening Sessions are included below.

Survey Results and Supporting Secondary Data

This section contains analyses of all survey questions. It also contains secondary data that are relevant for the specific topics/questions in the survey.

A varying number of individuals responded to each item on the survey. For demographic questions at the beginning of the survey, 427 individuals initially responded. Survey items following these demographic questions were answered by far fewer individuals. To ensure the demographic analysis represents the individuals who responded to most survey items, respondents who only responded to initial demographic questions and top community concerns were removed from the demographic sample. Additional demographic questions were located at the end of the survey due to known issues regarding survey fatigue – research shows that participants are more likely to skip items that come at the end of a survey because they become tired of responding. For these reasons, items reported below will vary in frequency of responses. Total number of individuals responding to a survey item are reported above tables and figures.

Sample Characteristics

Tables 1 and 2 show the distribution of county and ZIP code of residence for survey respondents. More than half reside in Morris County (56.4%), followed by Chase County (34.9%), as seen in Table 1. About one-third (38.3%) reside in the 66846 ZIP code, associated with Morris County, as seen in Table 2. Together, ZIP codes 66845 and 66869 were reported by another one-third of respondents (30.8%), both associated with Chase County.

Table 1. County of Residence (n=162)

County of Residence	Frequency	%
Morris County	90	55.6
Chase County	59	36.4

Table 2. ZIP Code (n=162)

ZIP Code	Frequency	%
66846	62	38.3
66845	36	22.2

County of Residence	Frequency	%
Other	13	8.0

ZIP Code	Frequency	%
66869	14	8.6
66872	13	8.0
66801	9	5.6
66834	9	5.6
Other	19	11.6

Table 3 shows the distribution of survey respondents' age. Most respondents are 35-49 years old (40.1%), and another one-quarter are 50-64 years old (27.8%). Young people under age 24 and older adults over age 65 make up the smallest percentage of respondents, accounting for a combined 6.2%.

Table 3. Age (n=162)

Age	Frequency	%
18 to 24 years	3	1.9
25 to 34 years	20	12.3
35 to 49 years	65	40.1
50 to 64 years	45	27.8
65 to 74 years	22	13.6
75 years and over	7	4.3

Figure 1 shows the distribution of survey respondents who report guardianship for someone under or over the age of 18. A little more than half of respondents (54.3%) are guardians of someone under age 18, whereas only 5.6% are guardians of someone over age 18.

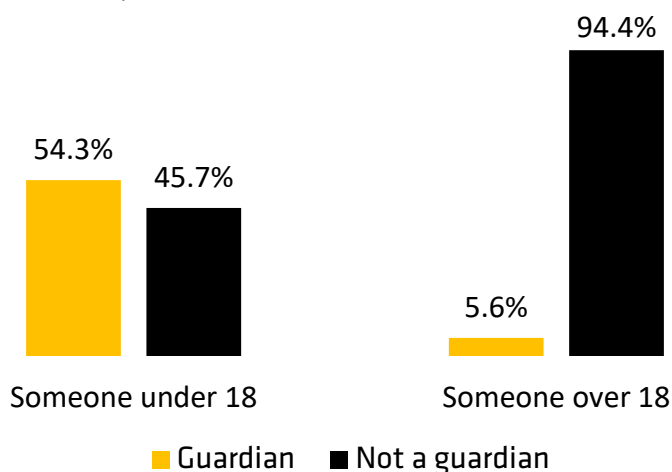Figure 1. Guardianship of Someone Under/Over 18 (n=162)

Table 4 shows the distribution of survey respondents' race. Nearly all respondents are White (89.4%). Five percent of respondents preferred not to report their race on the survey.

Table 4. Race (n=136)

Race	Frequency	%
White	126	92.6
Hispanic/Latino/Spanish	3	2.2
Asian	2	1.5
Black	2	1.5
American Indian/Alaska Native	1	0.7
Native Hawaiian/Pacific Islander	0	0.0
Prefer not to answer	7	5.1

Table 5 highlights secondary data that describes the sample population as compared to the state of Kansas. The survey sample of mostly White respondents is consistent with state and county populations, while Hispanic/Latino/Spanish residents are underrepresented among survey respondents, as compared to the state and county populations.

Table 5. Secondary Data of General Descriptors of Population

Indicators	Chase	Morris	Kansas	Source
Total Population, 2023	2,579	5,334	2,940,546	KHM
Households	1,065	2,288	1,148,635	KHM
Population under Age 18, 2022	19.4%	20.8%	23.5%	KHM
Population over Age 65, 2022	24.3%	25.8%	17.2%	KHM
Race, 2022				
American Indian and Alaska Native	0.9%	0.9%	1.2%	KHM
Asian	0.3%	0.8%	3.2%	KHM
Black/African American	2.2%	0.7%	6.2%	KHM
Hispanic/Latino	7.3%	5.5%	13.0%	KHM
Native Hawaiian and Other Pacific Islander	0.0%	0.1%	0.2%	KHM
White	94.1%	95.0%	85.9%	KHM
White, Non-Hispanic/Latino	87.1%	90.4%	74.3%	KHM
Other Indicators				
Foreign Born Persons, 2018-2022	3.6%	1.5%	7.1%	KHM
Population Age 5+ with Language Other than English Spoken at Home, 2018-2022	3.4%	2.5%	11.8%	KHM

Tables 6 and 7 show the distribution of survey respondents' sexual orientation and gender identity (SOGI). More than three-quarters are female (83.6%), as seen in Table 6. Nearly all participants are straight (90.6%), as seen in Table 7.

Table 6. Gender Identity (n=128)

Gender	Frequency	%
Female	107	83.6
Male	16	12.5
Prefer not to answer	4	3.1
Prefer to self-describe	1	0.8

Table 7. Sexual Orientation (n=128)

Sexual Orientation	Frequency	%
Straight	116	90.6
Gay or Lesbian	2	1.6
Bisexual	2	1.6
Prefer to self-describe	1	0.8
Prefer not to answer	7	5.5

Table 8 shows the distribution of relationship status reported by survey respondents, with three-quarters reporting to be married (75.8%).

Table 8. Relationship Status (n=128)

Relationship Status	Frequency	%
Married	97	75.8
Divorced	10	7.8
Widowed	7	5.5
Domestic partnership	6	4.7
Single	5	3.9
Prefer not to answer	3	2.3

Tables 9 and 10 show the distribution of educational attainment among survey respondents, as well as current student status. More than half have a college degree (52.4%), with another 17.5% reporting having attended some college, as seen in Table 10. A notable minority have received a high school diploma or GED (15.1%). Almost all respondents report not currently being a student (92.1%), as seen in Table 11.

As compared to secondary data, the survey sample has a higher level of education on average. Only one-quarter of the population over age 25 in Chase and Morris County have a bachelor's degree or higher (Table 11), compared to over 50% of the survey sample. In addition, Chase and Morris County have higher high school graduation rates than the state, as well as consistent percentages of people over age 25 with a high school diploma or higher degree.

Table 9. Educational Attainment (n=126)

Educational Attainment	Frequency	%
Less than 12th grade (no diploma)	1	0.8
High school graduate or GED or equivalent	19	15.1
Associate degree	12	9.5

Educational Attainment	Frequency	%
Vocational training	6	4.8
Some college no degree	22	17.5
Bachelor's degree	38	30.2
Graduate or professional degree	28	22.2

Table 10. Current Student Status (n=126)

Current Student	Frequency	%
Yes	10	7.9
No	116	92.1

Table 11. Secondary Data on Education

Indicators	Chase	Morris	Kansas	Source
High school graduation rate, 2022	96.0%	92.3%	89.1%	KHM
People age 25 and over with high school diploma or higher degree	93.3%	92.5%	91.8%	KHM
People age 25 and over bachelors or higher, 2018-2022	26.5%	27.9%	34.7%	KHM

Table 12 shows the distribution of employment status among survey respondents. More than half of respondents are employed full time – 53.2% have only one full time job, and another 11.9% work multiple jobs to reach full-time status.

Table 12. Employment Status (n=126)

Employment Status	Frequency	%
Full time, one job	67	53.2
Retired	17	13.5
Full time, multiple jobs	15	11.9
Self-employed	9	7.1
Part time	8	6.3
Unemployed for 1 year or less	4	3.2
Homemaker	3	2.4
Disabled	2	1.6
Unemployed for more than 1 year	1	0.8

Table 13 shows the distribution of current income among survey respondents. More than half (65.3%) report making more than $50,000 per year.

Table 13. Income (n=124)

Income	Frequency	%
$10,000 - $14,999	1	0.8

Income	Frequency	%
$15,000 - $24,999	5	4.0
$25,000 - $34,999	12	9.7
$35,000 - $49,999	11	8.9
$50,000 - $74,999	31	25.0
$75,000 - $99,999	18	14.5
$100,000 - $149,999	23	18.5
$150,000 - $199,999	8	6.5
$200,000 or more	1	0.8
I don't know/prefer not to answer	14	11.3

Table 14 shows secondary data on housing, income, and employment for Chase and Morris County and the state of Kansas. Both counties have lower median household income as compared to the state, with comparable rates of unemployment.

Table 14. Secondary Data on Housing, Income, and Employment

Indicators	Chase	Morris	Kansas	Source
Percent of homeownership, 2018-2022	54.9%	62.5%	60.1%	KHM
Median home rent, 2018-2022	$602	$706	$986	ACS
Median home value, 2018-2022	$108,300	$111,700	$189,000	KHM
Renters Excessive Housing Costs, 2018- 2022	28.2%	23.4%	43.7%	KHM
Percent of population experiencing severe housing problems (overcrowding, high housing costs, lack of kitchen/plumbing), 2016-2020	7.9%	7.7%	12.3%	KHM
No vehicles, 2018-2022	4.6%	3.9%	5.1%	USDA ERS
Median household income, 2018-2022	$52,481	$52,866	$69,747	ACS
Unemployment rate, 2024	3.3%	2.6%	2.9%	ACS
Households with an Internet Subscription, 2018-2022	78.9%	81.3%	83.6%	KHM

Table 15 shows the distribution of past or current service in the United States military. Nearly all survey respondents report no military service (94.4%).

Table 15. Past or Current Military Service (n=126)

Military Service	Frequency	%
Yes	7	5.6
No	119	94.4

Top Three Issues of Most Concern, by County

Survey respondents were provided a list of issues that they may find relevant in their communities and were asked to choose the top three they feel are of most concern. Responses are grouped into three county groups: Chase County, Morris County, and all other counties, as seen in Tables 16-18.

Survey respondents identified the same issues of concern, with one notable exception. Across all three groups, housing and medical care are of utmost concern. Housing availability, affordability, and safety was listed as the top concern in Morris County and in all other counties and was the second biggest concern in Chase County. Medical care, including access to affordable care, insurance, and specialists, was the third biggest concern for all three groups. In Morris and all other counties, youth and children-related issues such as childcare and public education quality was the second biggest concern. This issue was chosen fourth-most often in Chase County, allowing for the one notable difference of the top issue for this community – food and nutrition, including access to grocery stores, cost of food, and access to healthy options, indicating a unique need in Chase County. This is supported by secondary data, which indicates that 32% of the population in Chase County are low income and do not live close to a grocery store, as seen in Table 25 later in the report. This is more than three times the percentage for Morris County and for the state of Kansas.

Table 16. Top Three Issues of Most Concern, Chase County (n=129)

Top Concerns - Chase County	Frequency	%
Food and nutrition (access to grocery stores, cost of food, access to healthy options)	64	49.6
Housing (availability, affordability, safety)	58	45.0
Medical care (access to affordable care, insurance, access to needed specialists)	38	29.5
Youth and children related issues (childcare, public education quality)	35	27.1
Aging-related issues (caregiving, assisted living, aging services, safety)	31	24.0
Prescription medications (access to pharmacy services, affordability, insurance)	26	20.2
Employment (joblessness, wages, quality of available jobs)	19	14.7
Mental health care (access to affordable care, insurance)	13	10.1
Economy (inflation, interest rates)	13	10.1
Illicit drug use	12	9.3
Dental care (access to affordable care, insurance)	11	8.5
Poverty (fixed or low-income households)	10	7.8
Infant and toddler related issues (education for parents, early intervention programs)	9	7.0
Chronic diseases (cancer, diabetes, heart disease)	9	7.0
Reproductive health services and family planning	7	5.4
Physical activity (access to exercise opportunities)	5	3.9

Top Concerns - Chase County	Frequency	%
Alcohol misuse and abuse	5	3.9
Immunizations	4	3.1
Tobacco use (smoking, vaping)	4	3.1
Transportation	2	1.6
Social issues (intolerance, discrimination, bullying/cyberbullying)	2	1.6
Social engagement (community events, community engagement, volunteerism)	1	0.8
Other	1	0.8

Table 17. Top Three Issues of Most Concern, Morris County (n=197)

Top Concerns – Morris County	Frequency	%
Housing (availability, affordability, safety)	79	40.1
Youth and children related issues (childcare, public education quality)	57	28.9
Medical care (access to affordable care, insurance, access to needed specialists)	55	27.9
Aging-related issues (caregiving, assisted living, aging services, safety)	54	27.4
Mental health care (access to affordable care, insurance)	44	22.3
Economy (inflation, interest rates)	44	22.3
Food and nutrition (access to grocery stores, cost of food, access to healthy options)	42	21.3
Employment (joblessness, wages, quality of available jobs)	28	14.2
Prescription medications (access to pharmacy services, affordability, insurance)	25	12.7
Illicit drug use	25	12.7
Poverty (fixed or low-income households)	23	11.7
Physical activity (access to exercise opportunities)	17	8.6
Chronic diseases (cancer, diabetes, heart disease)	16	8.1
Social issues (intolerance, discrimination, bullying/cyberbullying)	15	7.6
Dental care (access to affordable care, insurance)	12	6.1
Physical and mental safety (child abuse, domestic violence, crime, gun violence)	11	5.6
Infant and toddler related issues (education for parents, early intervention programs)	8	4.1
Reproductive health services and family planning	7	3.6
Transportation	6	3.0
Alcohol misuse and abuse	6	3.0
Tobacco use (smoking, vaping)	6	3.0
Prescription drug misuse and abuse	3	1.5
Immunizations	1	0.5

Top Concerns – Morris County	Frequency	%
Social engagement (community events, community engagement, volunteerism)	1	0.5
Other	3	1.5

Table 18. Top Three Issues of Most Concern, All Other Counties (n=27)

Top Concerns – Other Counties	Frequency	%
Housing (availability, affordability, safety)	13	48.1
Youth and children related issues (childcare, public education quality)	8	29.6
Medical care (access to affordable care, insurance, access to needed specialists)	7	25.9
Food and nutrition (access to grocery stores, cost of food, access to healthy options)	7	25.9
Aging-related issues (caregiving, assisted living, aging services, safety)	6	22.2
Mental health care (access to affordable care, insurance)	6	22.2
Poverty (fixed or low-income households)	6	22.2
Infant and toddler related issues (education for parents, early intervention programs)	5	18.5
Economy (inflation, interest rates)	4	14.8
Illicit drug use	4	14.8
Physical and mental safety (child abuse, domestic violence, crime, gun violence)	3	11.1
Prescription medications (access to pharmacy services, affordability, insurance)	2	7.4
Dental care (access to affordable care, insurance)	2	7.4
Employment (joblessness, wages, quality of available jobs)	2	7.4
Social issues (intolerance, discrimination, bullying/cyberbullying)	2	7.4
Chronic diseases (cancer, diabetes, heart disease)	1	3.7
Physical activity (access to exercise opportunities)	1	3.7
Tobacco use (smoking, vaping)	1	3.7

Children, Teens, and Public Schools

Table 19 shows secondary data on birth, infants, children, and teens for Chase and Morris County and the state of Kansas. Both counties have lower rates of infant mortality and percentage of persons under age 18 below poverty level. However, both counties have slightly higher rates of uninsured persons under age 18. In Chase County, there are a higher percentage of households receiving SNAP as compared to Morris County and the state.

Table 19. Secondary Data on Birth, Infants, Children, and Teens

Indicators	Chase	Morris	Kansas	Source
Percent of Births Prenatal Care in First Trimester, 2019-2021	84.0%	80.2%	81.3%	KHM
Infant mortality rate (deaths per 1000 live births), 2016-2020	0	0	6	KHM
Under 18 Below Poverty Level, 2018-2022	10.5%	11.3%	13.9%	ACS
Percent of all births occurring to teens (15-19), 2019-2021	N/A	0.0%	5.0%	KHM
Under 18 Uninsured, 2018-2022	8.7%	6.4%	5.2%	ACS
Students eligible for free lunch program, 2022-2023	30.5%	44.8%	40.8%	KHM
Households receiving SNAP (Food stamps) with children, 2018-2022	69.5%	36.1%	48.9%	ACS
Average Monthly WIC Participation per 1,000, 2023	6.6	10.7	16.0	KHM

Table 20 shows secondary data on youth substance use, defined as the percent of 6th, 8th, 10th, and 12th graders using substances within the prior 30 days. Both counties have lower youth vaping and marijuana use compared to the state. However, Chase County has a much higher percentage of youth binge drinking, as compared to both Morris County and the state.

Table 20. Secondary Data on Youth Substance Use

Indicators	Chase	Morris	Kansas	Source
Youth Vaping Use, 2024	2.7%	4.1%	5.2%	KCTC
Youth Marijuana Use, 2024	1.4%	1.5%	3.2%	KCTC
Youth Binge Drinking in Prior 30 Days (having 5+ consecutive drinks on at least on occasion in the past two weeks)	14.9% (2023)	4.3% (2024)	4.4% (2024)	KCTC

Survey respondents were asked to think about the public schools in their communities and rate how satisfied or dissatisfied they are with several listed items. Responses are grouped

into three county groups: Chase County, Morris County, and all other counties, as seen in Figures 2-4 below.

Across all three groups, overall satisfaction was greater than 75% for almost all items: availability of the school nurse, health office services, support for students with disabilities, wellness policies, physical education and exercise options, athletic teams, and health education. For Chase County, overall satisfaction was highest for athletic teams (87%), whereas in Morris and all other counties, satisfaction was highest for availability of the school nurse (96% and 91%, respectively). In all other counties, satisfaction with wellness policies was also high (91%). It should be noted that responses to questions about public schools could apply to White City or USD 417. There was no distinction made between answers for these two districts.

Across all three groups, two items were consistently the highest for levels of overall dissatisfaction and for the response option "very dissatisfied" – support for students with mental health needs and school lunch options/nutrition. In Chase and Morris counties, about one-quarter to one-third of respondents were dissatisfied with these areas of their public schools. In all other counties, the dissatisfaction rate increases to nearly one-half. These rates of dissatisfaction indicate potential areas for improvement in public schools.

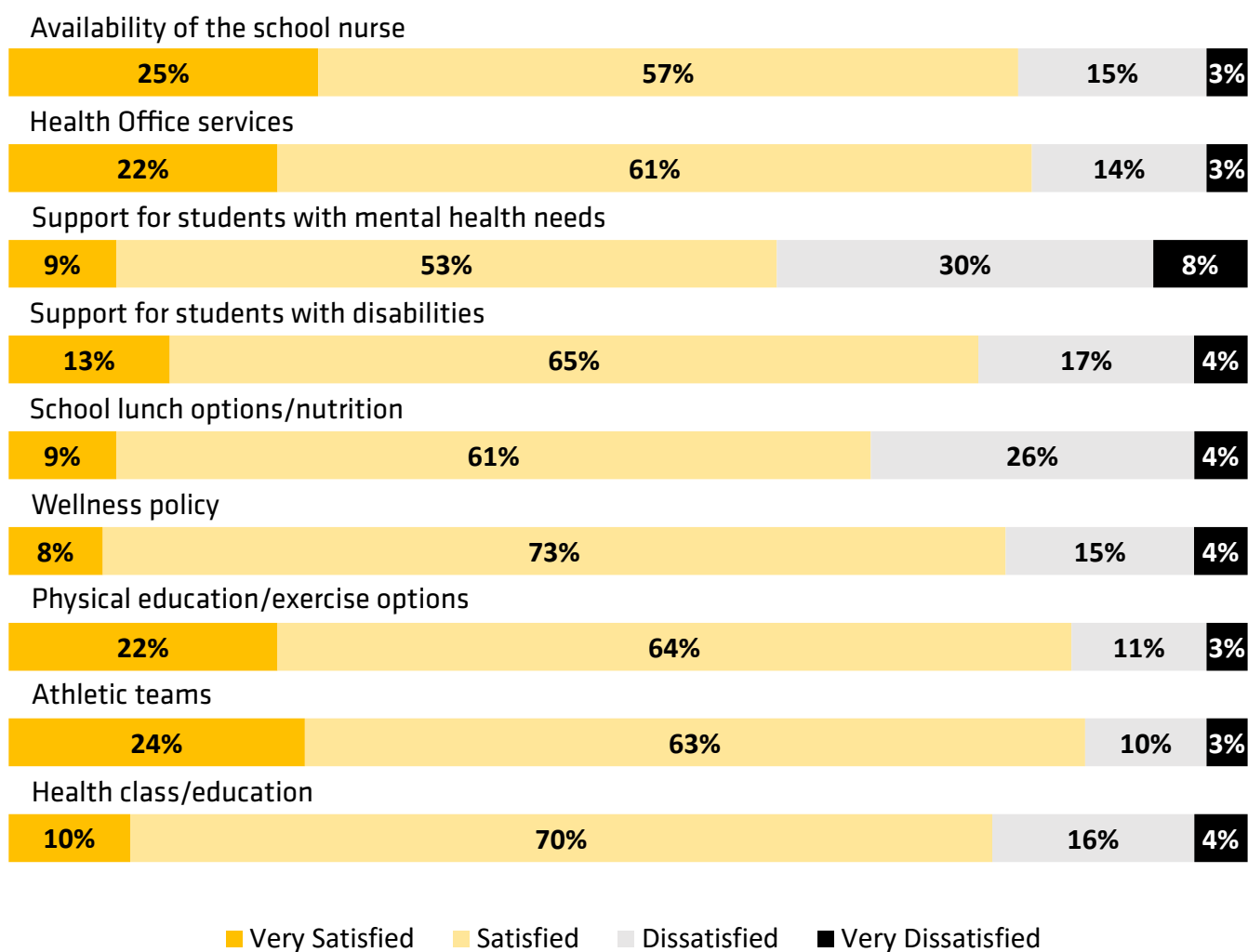Figure 2. Public School Satisfaction, Chase County (n=92)

Availability of the school nurse

Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
25%	57%	15%	3%

Health Office services

Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
22%	61%	14%	3%

Support for students with mental health needs

Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
9%	53%	30%	8%

Support for students with disabilities

Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
13%	65%	17%	4%

School lunch options/nutrition

Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
9%	61%	26%	4%

Wellness policy

Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
8%	73%	15%	4%

Physical education/exercise options

Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
22%	64%	11%	3%

Athletic teams

Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
24%	63%	10%	3%

Health class/education

Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
10%	70%	16%	4%

Legend: ■ Very Satisfied ■ Satisfied ■ Dissatisfied ■ Very Dissatisfied

Figure 3. Public School Satisfaction, Morris County (n=144)

Availability of the school nurse
| Very Satisfied | Satisfied | Dissatisfied | Very Dissatisfied |
| 48% | 48% | 3% | |

Health Office services
| 38% | 56% | 6% | |

Support for students with mental health needs
| 8% | 56% | 30% | 6% |

Support for students with disabilities
| 13% | 67% | 18% | |

School lunch options/nutrition
| 24% | 50% | 20% | 6% |

Wellness policy
| 17% | 73% | 10% | |

Physical education/exercise options
| 26% | 59% | 13% | |

Athletic teams
| 22% | 68% | 9% | |

Health class/education
| 10% | 75% | 12% | 3% |

■ Very Satisfied ■ Satisfied ■ Dissatisfied ■ Very Dissatisfied

Figure 4. Public School Satisfaction, All Other Counties (n=21)

Availability of the school nurse

Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
59%	32%	5%	5%

Health Office services

Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
50%	32%	14%	5%

Support for students with mental health needs

Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
14%	46%	36%	5%

Support for students with disabilities

Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
32%	50%	9%	9%

School lunch options/nutrition

Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
9%	46%	18%	27%

Wellness policy

Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
23%	68%	5%	5%

Physical education/exercise options

Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
32%	55%	9%	5%

Athletic teams

Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
36%	46%	9%	9%

Health class/education

Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
27%	55%	9%	9%

Legend: ■ Very Satisfied ■ Satisfied ■ Dissatisfied ■ Very Dissatisfied

Health Insurance Coverage, Barriers, and Knowledge

Figure 5 shows the distribution of survey respondents whose entire household is currently covered by health insurance. More than three-quarters are currently covered (87%), while 13% are not. Table 21 elaborates on barriers survey respondents face obtaining or using health insurance. The most common barrier reported is an inability to afford insurance coverage (50.6%). Other common barriers include not understanding how insurance plans work (24.7%), lack of eligibility for health insurance (17.9%), and challenges navigating healthcare.gov (17.9%). Later in the report (Table 25), we see that secondary data indicates that the percentage of uninsured adults aged 19-64 is 12.9% for the state, 15.2% for Chase County, and 12.5% for Morris County, which is relatively consistent with the survey sample.

Figure 5. Household Health Insurance Coverage (n=162)

13.0%

87.0%

■ Has coverage ■ Does not have coverage
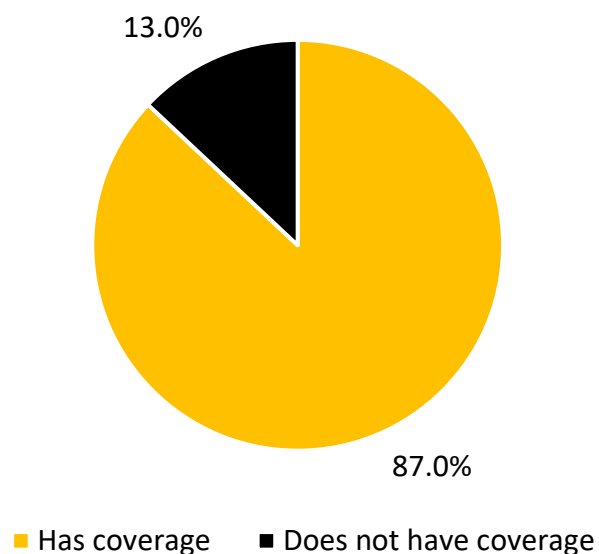
Table 21. Barriers Obtaining or Using Health Insurance (n=162)

Health Insurance Barriers	Frequency	%
Unable to afford insurance coverage	82	50.6
Did not understand how insurance plans worked (i.e., coverage policies, co-pays, finding in-network providers, etc.)	40	24.7
Not eligible for insurance coverage	29	17.9
Felt that using Healthcare.gov to obtain coverage was too difficult	29	17.9
Could not find an insurance plan that met my/their needs	27	16.7
Lost job	25	15.4
Did not understand how to use Healthcare.gov to obtain coverage	19	11.7
Did not know how to find insurance options/resources	16	9.9
Did not believe insurance was needed	10	6.2
Other*	25	15.4

*Other responses include pre-existing conditions, gaps in coverage, and inability to afford healthcare/prescriptions despite having insurance coverage (e.g., out of pocket costs)

When asked about their knowledge of certain public health insurances, respondents indicated they know the most about Medicare, but know very little about Medicare Advantage and other ACA marketplace healthcare plans, as seen in Figure 6.

Figure 6. Knowledge of Public Health Insurances

Medicare (n=132)

| 25% | 49% | 26% |

Medicare Advantage (n=133)

| 18% | 30% | 52% |

Other ACA marketplace healthcare plans (n=132)

| 12% | 38% | 50% |

■ I know a lot   ■ I know a little   ■ I don't know anything
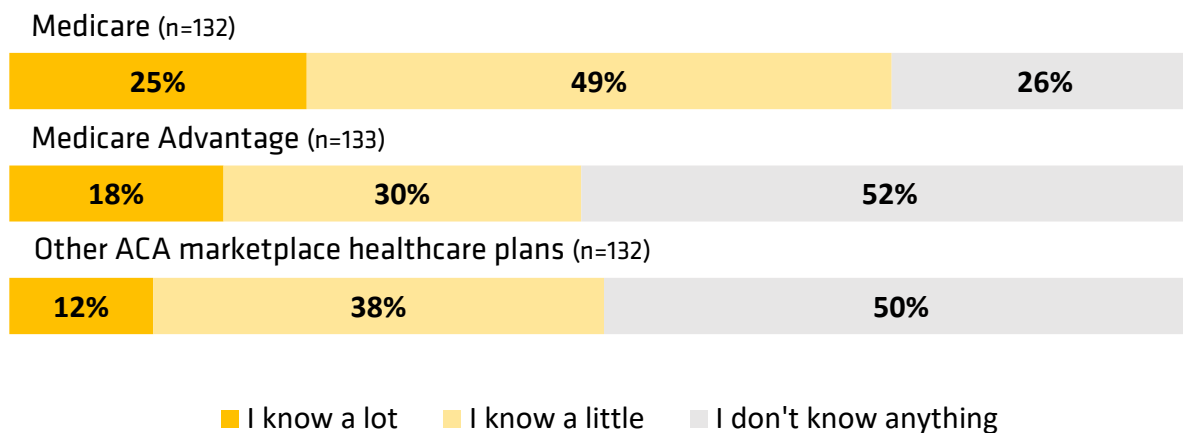
General Healthcare/Primary Care

When asked which county they seek healthcare in, almost half of respondents reported seeking healthcare outside of Chase or Morris County (55.9%). A similar percentage seek healthcare within Morris County (52.2%), as seen in Table 22. When asked about the reasons they choose to seek healthcare outside of Chase or Morris County, more than half indicated they have established providers outside of these counties (61.1%). About one-third of respondents indicated they are unhappy with the quality of services in these counties (37.8%) and/or are not able to access the services they need (35.6%), as seen in Table 23.

Table 22. County Where Healthcare is Sought (n=161)

Healthcare County	Frequency	%
Chase County	26	16.1
Morris County	84	52.2
Outside Chase or Morris County	90	55.9
Doesn't Seek Healthcare	2	1.2

Table 23. Reasons for Outside County Healthcare (n=90)

Reasons for Outside County Healthcare	Frequency	%
Have an established provider outside of these counties	55	61.1
I'm not happy with the quality of services in these counties	34	37.8
I'm not able to access the services I need in these counties	32	35.6
Privacy reasons	25	27.8
Other*	11	12.2

*Other responses include convenience, insurance not accepted, need for specialists, high cost, long wait times, and personal differences

Regarding overall ease or difficulty in accessing healthcare in Chase and Morris counties, more than half of survey respondents indicated that it is 'easy' to access healthcare in both counties (63% and 64%, respectively). Another one-quarter reported this is 'very easy' in Morris County (24%), compared to one-quarter who find it 'difficult' in Chase County (25%), as seen in Figure 7.

Figure 7. Healthcare Access, by County (Chase County n=24, Morris County n=81)
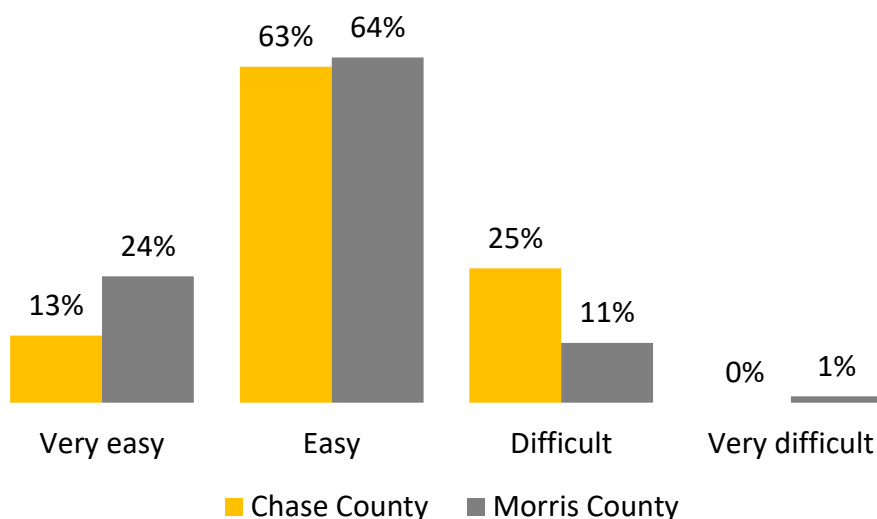
Over 80% of respondents reported satisfaction with healthcare in both counties. Chase County shows a slightly higher percentage of dissatisfaction, with 17% of respondents, as seen in Figure 8.

Figure 8. Healthcare Satisfaction, by County (Chase County n=24, Morris County n=81)
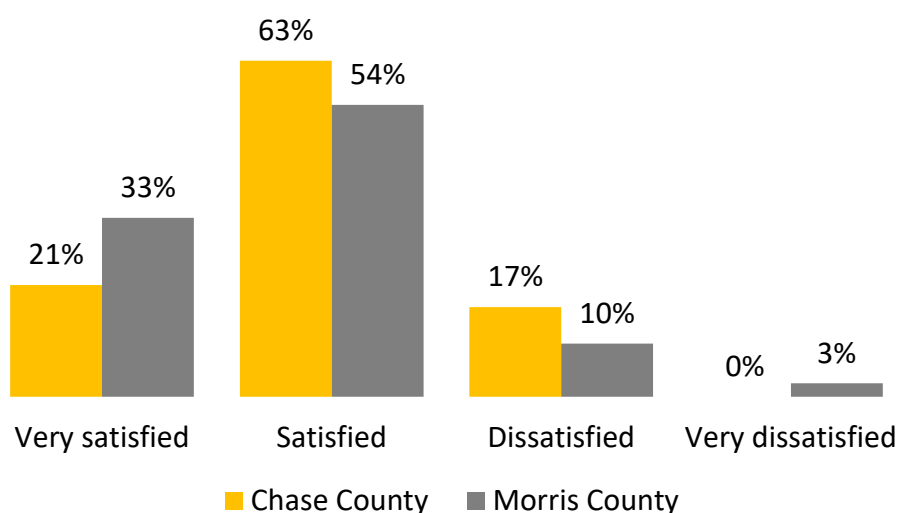
When asked about barriers to healthcare for themselves or their families, about one-fifth indicated their family does not experience barriers to healthcare (21.3%). For those who do experience barriers, respondents most often indicated they are concerned about confidentiality/inappropriate sharing of health information (25.0%) and that there are long waitlists for appointments (22.1%). Other prominent concerns include a need for extended appointment hours such as nights and weekends (19.9%), inability to take time off work (16.9%), and inability to afford out of pocket costs such as co-pays and deductibles (16.9%), as seen in Table 24.

Table 24. Barriers to Healthcare (n=136)

Healthcare Barriers	Frequency	%
I worry about confidentiality/inappropriate sharing of health information	34	25.0
Takes too long for an appointment	30	22.1
Extended appointment hours (evenings, weekends) are not offered	27	19.9
I cannot take time off work	23	16.9
Unable to pay co-pay/deductibles	23	16.9
Lack of providers/services in my community/county	22	16.2
My insurance does not cover what I need and/or my insurance isn't accepted	19	14.0
No appointments are available	18	13.2
I am uncomfortable seeking care at facilities where I know employees	17	12.5
Outstanding bill/payment	12	8.8
Lack of provider/staff follow-through on referrals, consults, etc.	11	8.1
I am uncomfortable seeking healthcare	8	5.9
Not able to establish a regular provider to manage my care	8	5.9
No childcare available	7	5.1
I do not have insurance	7	5.1
Don't know how to find providers/what services are available	6	4.4
I have tried to receive services before, but they did not help	5	3.7
I have to follow restrictive policies (ex., formularies, monthly limits)	4	2.9
Cultural or personal beliefs about healthcare	3	2.2
No transportation or transportation services	3	2.2
Other*	13	9.6
Not applicable - My household has not had any barriers	29	21.3

*Other responses include lack of prioritization of personal health, differing opinions on treatment approaches/mistrust, lack of follow through and communication from doctor's offices, and long wait times in office settings

When asked to rate their overall physical health, almost half of respondents reported 'good' (46%). About one-third view their physical health as 'excellent' or 'very good' (31%). A combined 24% report fair or poor physical health, as seen in Figure 9. This is higher than the reported percentage for the state (14.7%), as seen in Table 25.
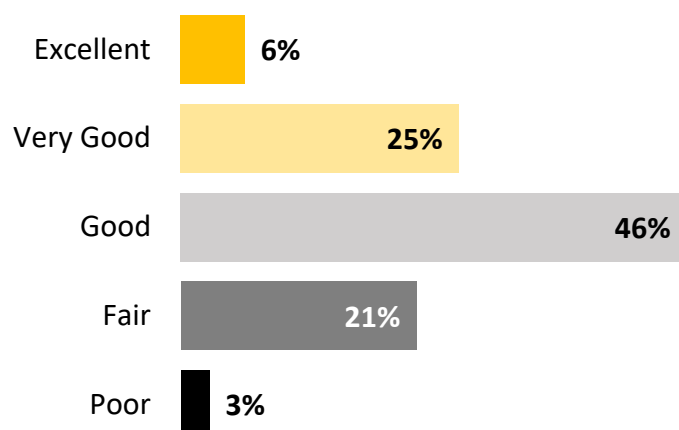
Figure 9. Physical Health Rating (n=156)

Rating	Percentage
Excellent	6%
Very Good	25%
Good	46%
Fair	21%
Poor	3%

Table 25. Secondary Data on Health, Healthcare Access, and Food/Nutrition

Indicators	Chase	Morris	Kansas	Source
Primary care physician ratio, 2023 (patients per provider)	N/A	1077:1	906:1	NPPES NPI
Uninsured Age 19-64, 2018-2022	15.2%	12.5%	12.9%	ACS
Percent of Adults with Fair or Poor Self-Perceived Health Status, 2021	N/A	N/A	14.7%	KHM
Adults Who Smoke, 2020	16.7%	16.6%	16.7%	KHM
Adults Who Binge Drink, 2021	15.8%	16.8%	18.2%	KHM
Percent of adults who reported consuming fruit less than one time per day, 2021	N/A	N/A	43.7%	KHM
Percent of adults who reported consuming vegetables less than one time per day, 2021	N/A	N/A	19.7%	KHM
Food insecurity rate, 2021	11.9%	13.1%	9.9%	KHM
Percent of people that are low income and do not live close to a grocery store, 2019	32%	10%	8%	CHR
People below poverty level, 2018-2022	8.4%	10.8%	11.6%	ACS

Mental Health

When asked which county they seek mental healthcare in, over half of respondents reported not seeing mental healthcare (56.3%). About one-third seek mental healthcare in outside counties (31.8%), as seen in Table 26. When asked about the reasons they choose to seek mental healthcare outside of Chase or Morris County, almost half indicated they have established providers outside of these counties (43.8%). About one-third of respondents indicated they are not able to access the services they need (33.3%) and/or are unhappy with the quality of services in these counties (29.2%). Privacy concerns took a more prominent role here as compared to primary care access, with about one-third of respondents indicating this influences their decision to seek outside mental healthcare (31.3%), as seen in Table 27.

Table 26. County Where Mental Healthcare is Sought (n=151)

Mental Healthcare County	Frequency	%
Chase County	2	1.3
Morris County	25	16.6
Outside Chase or Morris County	48	31.8
Doesn't Seek Mental Healthcare	85	56.3

Table 27. Reasons for Outside County Mental Healthcare (n=48)

Reasons for Outside County Mental Healthcare	Frequency	%
Have an established provider outside of these counties	21	43.8
I'm not able to access the services I need in these counties	16	33.3
Privacy reasons	15	31.3
I'm not happy with the quality of services in these counties	14	29.2
Other*	7	43.8

*Other responses include services not being available in county, bad experiences with local providers, lack of specialty services, necessity of telehealth services, and knowing too much about counselors/patients due to living in a small town

Regarding overall ease or difficulty in accessing mental healthcare in Chase and Morris counties, data includes only Morris County. While Chase County was asked about this in the survey, the number of respondents was so small that they have been excluded from analysis to ensure confidentiality. It should be noted that a mental health office recently opened in Chase County. So that might have impacted some answers. In Morris County, about three-quarters of respondents indicated that it is easy to access mental healthcare (68%, very easy and easy). About one-quarter reported this is difficult (32%, difficult and very difficult), as seen in Figure 10.

Figure 10. Mental Healthcare Access, Morris County (n=22)
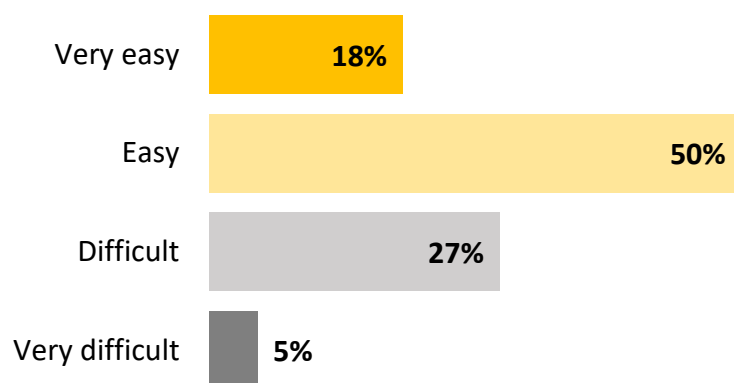
Category	Percentage
Very easy	18%
Easy	50%
Difficult	27%
Very difficult	5%

For mental healthcare satisfaction, data includes only Morris County consistent with the reasoning presented above. Three-quarters of respondents are satisfied with mental healthcare in Morris County (73%, very satisfied and satisfied), compared to one-quarter who are dissatisfied (28%, dissatisfied and very dissatisfied), as seen in Figure 11.

Figure 11. Mental Healthcare Satisfaction, Morris County (n=22)

Category	Percentage
Very satisfied	14%
Satisfied	59%
Dissatisfied	14%
Very dissatisfied	14%
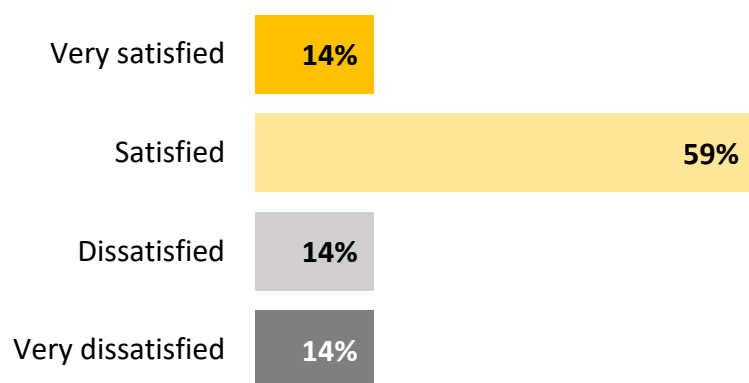
When asked about barriers to mental healthcare for themselves or their families, over one-third indicated their family does not experience barriers to mental healthcare (42.1%). For those who do experience barriers, respondents most often indicated they have privacy and confidentiality concerns, including discomfort seeking care at facilities where they know employees (26.3%) and concerns about confidentiality/inappropriate sharing of health information (22.8%). Lack of local providers and necessary services is also a common barrier, reported by about one-fifth of respondents (21.9%), as seen in Table 28. This is supported by secondary data which indicates Morris County has a substantially lower mental health provider rate per 100,000 as compared to the state overall (56 vs 238), as seen in Table 29 later in the report. This secondary indicator is not reported for Chase County.

Table 28. Barriers to Mental Healthcare (n=114)

Mental Healthcare Barriers	Frequency	%
I am uncomfortable seeking care at facilities where I know employees	30	26.3
I worry about confidentiality/inappropriate sharing of health information	26	22.8
Lack of providers/services in my community/county	25	21.9
Don't know how to find providers/what services are available	14	12.3
I am uncomfortable seeking mental health care	14	12.3
My insurance does not cover what I need and/or my insurance isn't accepted	14	12.3
Extended appointment hours (evenings, weekends) are not offered	13	11.4
Takes too long for an appointment	12	10.5
I cannot take time off work	12	10.5
Not able to establish a regular provider to manage my care	7	6.1
Unable to pay co-pay/deductibles	7	6.1
Cultural or personal beliefs about mental health care	6	5.3
Lack of provider/staff follow-through on referrals, consults, etc.	5	4.4
Outstanding bill/payment	5	4.4
I have tried to receive services before, but they did not help	4	3.5
No childcare available	3	2.6
I do not have insurance	3	2.6
No appointments are available	2	1.8
Other*	5	4.4
Not applicable - My household has not had any barriers	48	42.1

*Other responses include mistrust, full caseloads/facilities, and desire for in-person care (vs telehealth)

When asked to rate their overall mental health, about half of respondents reported 'excellent' or 'very good' mental health (43%), with another one-third reporting 'good' mental health (31%). A combined 26% reported 'fair' or 'poor' mental health, as seen in Figure 12. Overall, 3% of the survey sample reporting 'poor' mental health status is much lower than reported among adults in Chase County, Morris County, and the state of Kansas in 2021, as seen in Table 29. While this may be due to the timing of data collection (2021 vs 2024), it is an important consideration that the survey sample may not accurately reflect those individuals in the community who are most in need of mental health support.

It should be noted that secondary data shows a much higher suicide rate, especially for Morris County (23.6 and 36.5 per 100,000 for Chase and Morris respectively vs. 19.3 per 100,000 for the state). Although the actual number of completed suicides for Chase and Morris would be relatively low each year, the elevated rate as compared to the state is still a concern.
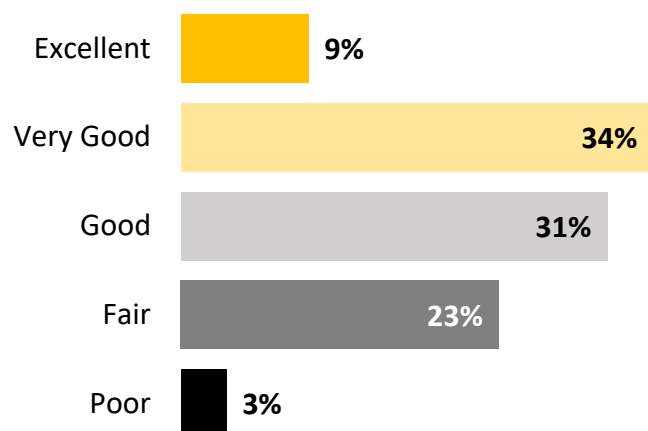
Figure 12. Mental Health Rating (n=153)

Excellent		**9%**
Very Good		**34%**
Good		**31%**
Fair		**23%**
Poor		**3%**

Table 29. Secondary Data on Adult Mental Wellness

Indicators	Chase	Morris	Kansas	Source
Age-adjusted suicide mortality rate per 100,000 population, 2020-2022	23.6	36.5	19.3	KHM
Poor Mental Health Among Adults (Percent of adults reporting that mental health was not good on 14+ days in the past 30 Days), 2021	14.3%	13.7%	15.6%	KHM
Mental health provider rate per 100,000, 2023	N/A	56	238	KHM

Dental Health

When asked which county they seek dental healthcare in, nearly three-quarters of respondents reported seeking care outside Chase or Morris County (69.3%). About one-third seek dental healthcare in Morris County (33.3%), as seen in Table 30. When asked about the reasons they choose to seek dental healthcare outside of Chase or Morris County, more than half indicated they have established providers outside of these counties (62.1%). About one-third of respondents indicated they are not able to access the services they need in these counties (32.0%), as seen in Table 31. It should be noted that Chase County has no dental care services. So it's predictable that respondents would note the need to secure services elsewhere or a lack of services in the county.

Table 30. County Where Dental Healthcare is Sought (n=150)

| Dental Healthcare County	Frequency	%
Chase County	1	0.7%
Morris County	50	33.3%
Outside Chase or Morris County	104	69.3%
Doesn't Seek Dental Healthcare	7	4.7%

Table 31. Reasons for Outside County Dental Healthcare (n=103)

Reasons for Outside County Dental Healthcare	Frequency	%
Have an established provider outside of these counties	64	62.1
I'm not able to access the services I need in these counties	33	32.0
I'm not happy with the quality of services in these counties	12	11.7
Privacy reasons	1	1.0
Other*	13	12.6

*Other responses include convenience of services near work, lack of available services in county (in general, specialty, pediatrics), and insurance not accepted

Regarding overall ease or difficulty in accessing dental healthcare in Chase and Morris counties, data includes only Morris County. While Chase County was asked about this in the survey, the number of respondents was so small that they have been excluded from analysis to ensure confidentiality. Half of survey respondents indicated that it is 'easy' to access dental healthcare (50%). Another one-third reported this is 'very easy' (33%), as seen in Figure 13.

Figure 13. Dental Healthcare Access, Morris County (n=48)
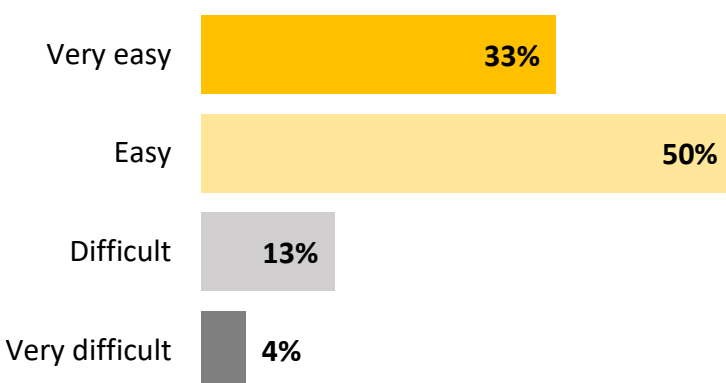
Very easy	33%
Easy	50%
Difficult	13%
Very difficult	4%

For dental healthcare satisfaction, data includes only Morris County consistent with the reasoning presented above. Almost all respondents are satisfied with dental healthcare in Morris County (93%), as seen in Figure 14.

Figure 14. Dental Healthcare Satisfaction, Morris County (n=48)

Very satisfied	35%
Satisfied	58%
Dissatisfied	4%
Very dissatisfied	2%
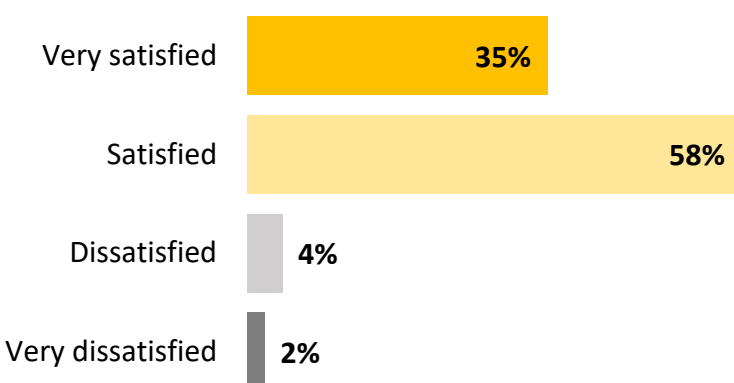
When asked about barriers to dental healthcare for themselves or their families, about one-third indicated their family does not experience barriers to dental healthcare (35.8%). For those who do experience barriers, respondents most often indicated that their community/county lacks providers and services (28.5%), as seen in Table 32. Secondary data on ratio of dentists is not reported for Chase County but indicates a lower ratio of dentists in Morris County as compared to the state, as seen in Table 33.

Other barriers to dental healthcare include insufficient dental insurance coverage or insurance acceptance, experienced by about one-fifth of respondents (18.2%), and long waitlists/lack of timely appointments, experienced by 13.1% of respondents, also seen in Table 32.

Table 32. Barriers to Dental Healthcare (n=137)

Dental Healthcare Barriers	Frequency	%
Lack of providers/services in my community/county	39	28.5
My insurance does not cover what I need and/or my insurance isn't accepted	25	18.2
Takes too long for an appointment/Can't get an appointment within 48 hours	18	13.1
Unable to pay co-pay/deductibles	15	10.9
No appointments are available	13	9.5
I am uncomfortable seeking dental care	12	8.8
Extended appointment hours (evenings, weekends) are not offered	12	8.8
I do not have insurance	11	8.0
I cannot take time off work	7	5.1
Don't know how to find providers/what services are available	6	4.4
I worry about confidentiality/inappropriate sharing of health information	5	3.6
I am uncomfortable seeking care at facilities where I know employees	4	2.9
Lack of provider/staff follow-through on referrals, consults, etc.	4	2.9
Outstanding bill/payment	3	2.2
I have to follow restrictive policies (ex., formularies, monthly limits)	2	1.5
No childcare available	1	0.7
No transportation or transportation services	1	0.7
Not able to establish a regular provider to manage my care	1	0.7
I have tried to receive services before, but they did not help	1	0.7
Other	6	4.4
Not applicable - My household has not had any barriers	49	35.8

Table 33. Secondary Data on Dentist Ratio

Indicators	Chase	Morris	Kansas	Source
Dentist Ratio, 2023 (patients per provider)	N/A	5385:1	1813:1	NPPES NPI

Health Information

Respondents prefer to get information about health services in their community from a variety of sources, with information from a doctor or other health professional being most preferred (73.4%). About half prefer to get information from family and friends (50.4%), and one-third prefer hospitals/clinics (34.5%) and the internet (34.5%) as seen in Table 34.

Table 34. Preferred Source for Health Information (n=139)

Information Source	Frequency	%
Doctor/health professional	102	73.4
Family or friend	70	50.4
Hospital/clinic	48	34.5
Internet	48	34.5
Health Departments	42	30.2
Social media	41	29.5
School/college	13	9.4
Worksite	12	8.6
Newspaper/magazines	11	7.9
Television	6	4.3
Other*	5	3.6

*Other responses include books and church

Additional Services Needed

When asked whether there are healthcare services that are needed but not available in Chase and Morris County, more than half of respondents said 'yes', as seen in Figure 15. When asked which additional services are needed, many different options were indicated. The most commonly identified services are related to behavioral health, including addiction treatment (32.9%) and behavioral health and counseling (30.5%). Other services identified by at least one-quarter of respondents include urgent care, dietician/nutritionist, pediatrics, and oral surgery, as seen in Table 35.

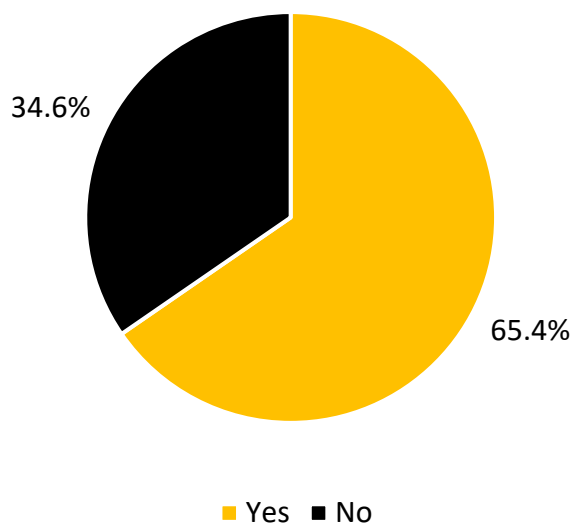Figure 15. Are Additional Services Needed? (n=127)

34.6%

65.4%

■ Yes ■ No

Table 35. Additional Services Needed (n=82)

Services Needed	Frequency	%
Addiction treatment services	27	32.9
Behavioral health/counseling services	25	30.5
Urgent Care	23	28.0
Dietician/Nutritionist	21	25.6
Pediatrics	21	25.6
Oral surgery	20	24.4
Non-emergency medical transportation services	17	20.7
Dermatology	17	20.7
Home health assistance	16	19.5
Allergist	16	19.5
Psychiatry	16	19.5

Services Needed	Frequency	%
Surgery	16	19.5
Endocrinology	14	17.1
Physical therapy and rehabilitation services	13	15.9
Assisted living services	13	15.9
Cardiology	13	15.9
Oncology	12	14.6
Rheumatology	11	13.4
Hospice	9	11.0
Emergency room	8	9.8
Imaging services	8	9.8
Obstetric care (OB)	6	7.3
Ambulance services	4	4.9
Immunization services	2	2.4
Other*	8	9.8

*Other responses include dental health/orthodontia, sleep clinics, audiology, dialysis, community education for mental health, gastroenterology, massage therapy, more mental health options, pulmonology, speech therapy, wellness/fitness, naturopathic medicine, and all of the above.

Community Listening Session Results

Members of the Chase County community were invited to participate in a Community Listening Session July 1 at the Chase County High School in Cottonwood Falls, KS. The session was promoted though email campaigns, social media, local news outlets, word of mouth, and other methods.
The objective of the session was to:
- Gather community feedback on priority health concerns identified through the community survey and secondary data collection.
- Demonstrate transparency and provide an opportunity for community input.
- Collect feedback on possible next steps or resources needed to address community health concerns.

The session included a summary of the CHNA Survey findings and facilitated discussion to gain insights and ideas from participants. Below is a themed summary of the responses gathered during the discussion.

It should be noted that the items below reflect the comments of participants. At times, comments/themes may reflect perceptions that are not entirely accurate (e.g., perceptions that services are not available at all, etc). However, it is worth noting when perceptions are

common enough to rise to the top of the themes across all comments. That indicates a possible need for better communication/promotion of services or a need for public education.

Top Area of Concern: Medical Care
What specific challenges or barriers are people in your community facing?
- Services
    - Limited services beyond seeing provider at clinic
    - No dental coverage
    - PCP/P.A. designated healthcare shortage area
    - Parents declining screening services
- Accessibility
    - Lack of public transportation unless you are a senior
    - Clinic hours make it difficult to schedule if you are unable/can't afford to take off work
    - No capacity for extended hours at clinic
- Other
    - Community awareness of Health clinics
    - Fear of stigma associated with having a small community know your medical information
    - IT-Internet inconsistency: Makes Telehealth a challenge

What existing strengths or resources can we build upon to address this health concern, and what actions or support might be needed?
- Access
    - Chase County has Physician Assistant
    - Crosswinds (Mental health) is opening up their own site
    - Chase County Health Fair 2x year
    - School based programs
    - KDHE SRSA data & partnership
    - Senior Center is strong
    - Friendly willing staff
    - Apothecary Pharmacy starting up
    - Chase County has Xray/Radiology services starting back up.

Top Area of Concern: Children and Youth Related
What specific challenges or barriers are people in your community facing?
- MCOs
    - More aggressive marketing on the MCO part. People need more insurance education
    - Need more MCO communication with patients
- Services
    - Limited daycare availability
    - Limited resources for special needs children

- Need to drive out of town
- Parents as Teachers (PAT) program provided by the district that provides practical and timely information to all families. They support by sharing age-appropriate child development information, addressing parenting concerns, and engaging the family in activities full
- The resources that are available don't really do nothing to help families with special needs children
  - o Parents decline to let students seek mental health
  - o Outside of library and pool- there is a lack of affordable and accessible youth activities
- Other
  - o Skewed data due to ranches/poverty. There are some extremely rich people who tend to take surveys/vote yet there's a high poverty rate that doesn't really get looked at due to the high-income earners

What existing strengths or resources can we build upon to address this health concern, and what actions or support might be needed?
- Activities
  - o Great Trail & Park
  - o Access to community rec facilities
  - o The library is really active in youth programming
  - o Strong public library
- Other
  - o HINK Sunflower grant-MCH participating focus=behavioral health
  - o Wealthy families
  - o Knowing context=help target efforts to combat uninsurance
  - o Getting access to pre-covid insurance data

Top Area of Concern: Food and Nutrition
What specific challenges or barriers are people in your community facing?
- Access
  - o No fresh groceries
  - o Lack of grocery within 30 miles
  - o No summer food program
  - o Food pantry is only open one day a month
  - o Food commodity box is only every other month
  - o No My Plate in schools since COVID
  - o Transportation is a barrier
- Other
  - o Free and reduced stigma which lead to a lack of applying
  - o Need more awareness of lack of input from community in order to know what benefits the County can receive

What existing strengths or resources can we build upon to address this health concern, and what actions or support might be needed?

- How to create momentum or buy in?
- Food Pantry & Dollar General
- Promote Free and Reduced lunch
- Food/Drink on premise as well as wellness committee
- Multiple point to assist with Food Programs

Key Themes

- Communication
- Accessibility
- How to get buy-in
- Medical services board members for support
- Important to build on successful programs
- If you get kids excited, program/project will be more successful
- Consider best timing for events based on parent/kid preference

About CEI

For 40 years, the Community Engagement Institute has been dedicated to research/evaluation, facilitating learning, developing innovative solutions and building capacity with organizations across the state of Kansas. We look forward to partnering with you to support, design and implement the vision, purpose and goals of your organization.