

Rawlins County Community Health Needs Assessment/Community Health Improvement Planning June 2024



Assessment conducted by the Center for Applied Research and
Evaluation (CARE);
Planning facilitated by the Center for Public Health Initiatives
June 2024



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 higher income. The Rawlins County Design Team made attempts to reach out to populations that weren't as well represented, including through the Community Listening Sessions.

Notable Findings/Concerns/Needs

- Survey respondents largely agreed that Rawlins County has good quality of life across multiple indicators.
- Although it's possible survey respondents were healthier than might be typical for non-responders, health behaviors such as eating enough fruit and vegetables, getting enough exercise, and avoiding tobacco use/problem alcohol use don't appear to be major issues based on secondary and survey data. For those indicators where secondary data is available, however, Rawlins County has somewhat higher rates of poor physical health and no leisure time activities as compared to Kansas overall.
- Both secondary and survey data indicate access to medical, dental, and mental health care are concerns for Rawlins County. Many survey respondents indicated having to leave the community to access services, especially for mental health care. These issues were echoed in the Community Listening sessions.
- Secondary data from Kansas Communities That Care school survey (6th-12th grade) indicates that youth in Rawlins County are more likely to use alcohol, vape/use tobacco, marijuana, and binge drink as compared to Kansas average.
- The primary concerns as identified through the survey were:
 - Housing (availability, affordability, safety)
 - Youth and Child Related Issues (childcare, education, socialization, bullying, abuse)
 - Mental Health (anxiety, stress, depression, suicide)
 - Aging Related Issues (caregiving, assisted living, services, safety)
- Input from the Community Listening Sessions helped illuminate issues behind the top concerns as well as provide ideas for ways to address these concerns going forward.

A more thorough description of all data and Community Listening Sessions input is provided in the following sections.

Community Needs Assessment Introduction and Methods

In 2023, the Rawlins County Health Center took the lead in gathering multiple partners to plan for and conduct a community health needs assessment. A previous assessment had been conducted in 2021. The Wichita State University Community Engagement Institute (WSU CEI) was engaged to gather secondary data related to community conditions, administer, and analyze responses from a community survey on health-related issues, and conduct two community listening sessions to gather reactions to the data and gain input on needed actions moving forward. A Design Team was established that provided guidance and approval of all work completed by WSU CEI. Team members represented the following organizations:

- Rawlins County Health Center
- Rawlins County Public Health
- Rawlins County Dental Clinic
- Rawlins County Economic Development
- LiveWell Northwest Kansas

The Design Team met bi-weekly to provide input and approval on survey questions, review progress on survey response rates, determine activities to increase survey response rate, and plan for the community listening session. As noted WSU CEI created the survey based on the Design Team's input and coordinated and facilitated the in-person Community Listening Sessions (on May 6 and 7, 2024).

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. 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
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 Rawlins County and Kansas.

Survey Methodology

CARE collaborated with the Design Team to identify existing CHNA survey questions as well as create new ones specific to Rawlins County 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 Rawlins 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:

- Repeated promotional pieces in the Rawlins County Square Deal newspaper:
 - Notice regarding the survey
 - Information about the survey included “News at a Glance” section
 - Paid print advertisement insert
- Multiple social media posts including:
 - Facebook
 - Instagram
 - LinkedIn
- Advertising on radio
- Emails promoting the survey sent to Human Resources departments at organizations/entities such as:
 - SurePoint Ag
 - Vap Construction

- Beaver Valley
- USD 105
- Outreach to community groups such as Rawlins Core Group and Atwood Rotary
- Flyers posted at Atwood and McDonald businesses
- Design Team members distributed the survey to their networks
- Paper copies of survey available at:
 - Rawlins County Health Center
 - Rawlins Public Health Department
 - Rawlins County Dental Clinic
 - Rawlins County Economic Development

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 including below of all data collected. All survey results are included below.

Community Listening Sessions

The Community Listening Sessions were promoted through most of the same avenues as noted above for the survey. Two sessions were held, one each on May 6 and May 7, 2024 to accommodate different schedules.

Staff of the Center for Public Health Initiatives (CPHI) at WSU CEI facilitated the two Community Listening Sessions 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 Rawlins County. More details regarding the Community Listening Sessions are included below.

Results

One hundred and eighty-three individuals answered at least some survey items. Of these, 44 (24%) only answered some items, whereas the remaining three quarters (n=139) completed the survey. For this reason, items reported below will vary on how many people answered each item.

Sample Characteristics

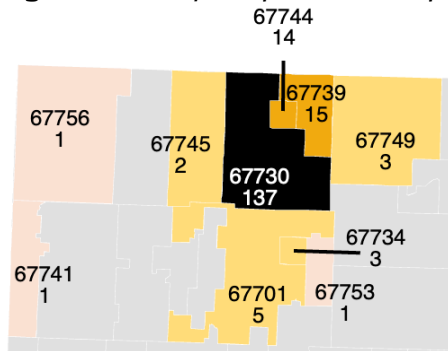
Ninety-six percent (n=175) of survey respondents reported that their current residence is their permanent address, and of these 173 (95% of the total sample) live in Rawlins County. Table 1 displays the frequencies and percentages of respondents' county of residence.

Table 1. Survey Respondents' County of Residence (N=183).

County	Frequency	%
Rawlins	173	95%
Thomas	5	3%
Decatur	3	2%
Cheyenne	1	1%
Other – Hitchcock, NE	1	1%

Survey respondents also reported the zip code of their residence. Seventy-five percent (n=137) live in the 67730 zip code. One respondent reported living in a zip code in Nebraska, just north of the state border. The remaining respondents all reported Kansas zip codes. Figure 1 displays the frequencies of reported zip codes.

Figure 1. Survey Respondents' Zip Code of Residence (n=182)



Survey items asked for respondents' age, gender, race, ethnicity, household income, and highest level of education completed to help assess the comparability of the respondents with the general population in Rawlins County, as outlined by the 2020 U.S. Census Estimate. Items probing marital status and sexual orientation, military service, student status, employment status, and access to the internet were also included in the survey in order to supplement interpretation of the survey results.

All of these items, except for age, 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. On this survey, there were 44 individuals (24%) who did not answer any of the personal characteristic items at the end of the survey. Individual respondents also skipped various items at random. The number of respondents who replied to each item is found with the table or figure associated with that item.

Table 2 displays the frequencies and percentages of respondents that fell into each category of age. Over three quarters of the survey respondents were between the ages of

35 and 74 years. Just 5% of respondents were under 25 years old. This distribution of age is common with these types of surveys in other communities.

United States Census data indicates that the median age of Rawlins County residents is 46 years and estimates that about 8% of residents are aged 18-24 years and 13% of are over the age of 75. Comparing Table 2 this data to Table 2, the survey sample seems to be representative of the residents of Rawlins County.

Table 2. Survey Respondents' Age (N=183).

Age	Frequency	%
18-24 years	10	5%
25-34 years	28	15%
35-49 years	49	27%
50-64 years	48	26%
65-74 years	36	20%
75 years and over	12	7%

Figure 2 shows the distribution of survey respondents' sex assigned at birth. Over half of survey respondents were female, and about a quarter did not respond. Current gender identity matched with birth sex for all participants, except one who currently identifies as non-binary. As with age, this distribution of survey respondents is common, as women are more likely to complete these types of community surveys.

United States Census data does not estimate gender identities such as non-binary. According to the census data tables, about 48.7% of the residents of Rawlins County are female. Unfortunately, we cannot know the gender of the 26% of survey respondents who did not answer the item, but the percentage of females in Figure 2 is slightly higher than the census estimates of the population, suggesting that males are at least somewhat underrepresented.

Figure 2. Survey Respondents' Gender (n=139).

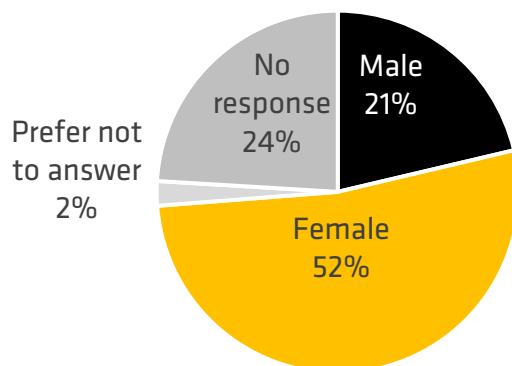


Figure 3 shows that all respondents who provided race information indicated that they were White (n=129), and 1% of respondents were Hispanic. According to United States Census data, 92.8% of Rawlins County residents are white, 2.7% are “two or more races,” and less than 1% fall into the Black or African American, American Indian or Alaska Native, and Asian categories. The census data also indicates that 7.7% of residents are Hispanic/Latino. There is no way to determine if the 5% of respondents who preferred not to answer and the 25% of respondents who skipped the item entirely are in a category of race other than white. It does seem that Hispanic/Latino Rawlins County residents are underrepresented in the survey responses.

Figure 3. Survey Respondents’ Race and Ethnicity.

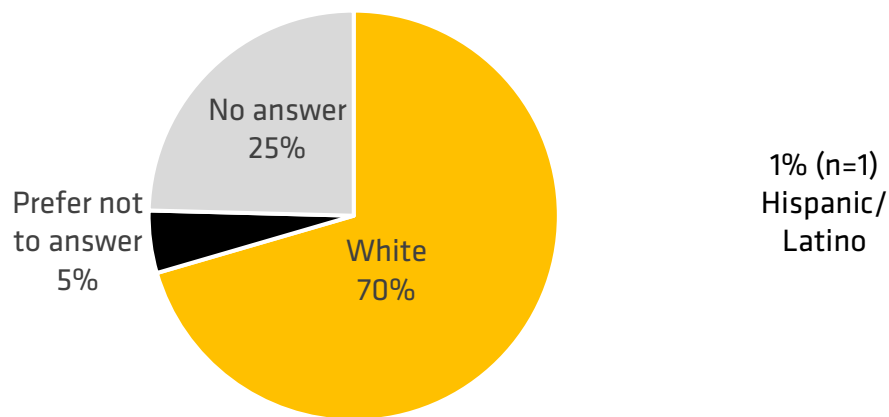


Table 3 shows the reported annual household income for survey respondents. A significant portion of respondents did not provide their household income (35%), but the majority of those who did reported incomes above \$50,000 per year. According to the census data, the median household income in Rawlins County is \$61,827 (compared to \$69,747 in Kansas) and about 11% of residents are below the poverty level (compared with 11.6% in Kansas). The average household size amongst survey respondents was 2.74 (SD=1.33, range 1 to 9 individuals). This suggests the survey sample is a fair representation of the residents of Rawlins County.

Table 3. Survey Respondents’ Annual Household Income (N=183).

Income	Frequency	%
\$10,000 – \$14,999	1	1%
\$15,000 – \$24,999	7	4%
\$25,000 – \$34,999	7	4%
\$35,000 – \$49,999	7	4%
\$50,000 – \$74,999	26	14%
\$75,000 – \$99,999	23	13%
\$100,000 – \$149,999	22	12%

\$150,000 – \$199,999	14	8%
\$200,000 or more	12	7%
I don't know/Prefer not to answer	19	10%
No Response	45	25%

Secondary data from KHM (via ACS) indicates that 94.7% of adults 25 years old or older in Rawlins County have at least a high school diploma, compared with 91.8% in the state of Kansas. In line with this, the majority of survey respondents reported something beyond a high school diploma as their highest level of education completed, see Table 4.

Table 4. Survey Respondents' Highest Level of Education (N=183).

Education	Frequency	%
Bachelor's degree	34	19%
Associate degree	28	15%
Graduate or professional degree	26	14%
Some college (no degree)	26	14%
High school graduate/GED	19	10%
Vocational training	6	3%
No Response	44	24%

In terms of sexual orientation, 70% of survey respondents were straight/heterosexual, whereas 28% provided no response for this question. A similar percentage did not indicate their relationship status (25%), but over half of those who did report were married (see Table 5). Census data estimates that 60.4% of Rawlins County residents are married, 17.2% never married, and 15.3% are divorced or separated. Divorced residents seem to be underrepresented in the survey sample, but married and single individuals are well represented.

Table 5. Survey Respondents' Relationship Status (N=183)

Relationship Status	Frequency	%
Married	101	55%
Single	18	10%
Domestic Partnership	9	5%
Widowed	5	3%
Prefer not to answer	4	2%
Divorced	2	1%
No response	44	24%

Only 5% (n=10) of survey respondents indicated that they were current or former members of the military, and only 4% (n=8) indicated that they are currently enrolled in courses for credit.

The most frequent employment status for survey takers were full-time (39%) and retired (16%), though 24% did not answer this item (see Table 6). The unemployment rate in Rawlins County is 1% (compared with 4% in Kansas) according to census data, suggesting that survey respondents were an accurate reflection of the county.

Table 6. Survey Respondents' Employment Status (N=183)

Employment Status	Frequency	%
Employed full-time (one job)	72	39%
Retired	30	16%
Working full-time (more than one job)	15	8%
Self-employed	11	6%
Employed part-time only	5	3%
Homemaker	4	2%
Disabled	1	1%
Unemployed for more than 1 year	1	1%
No Response	44	24%

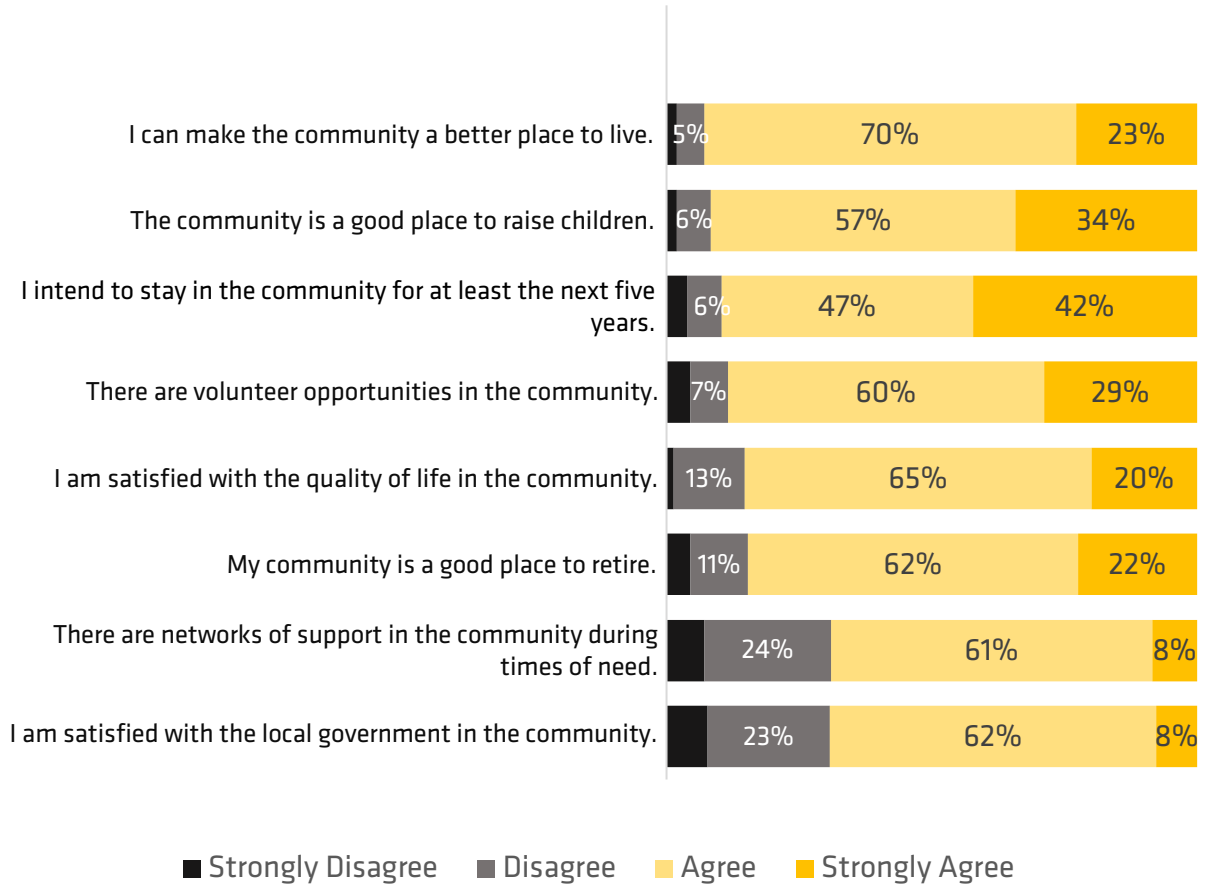
A follow-up item did ask for respondents' field of employment. Over half of respondents did not answer this item (n=98). Nineteen percent of respondents are in healthcare (n=35) and 9% are in agriculture (n=16). Remaining categories were selected by six (3%) or fewer respondents. Ninety-six percent (n=82 of 85 who answered) of respondents work in Rawlins County.

The majority of respondents have internet access (99%), and 80% reported it was reliable. The top three devices used to access the internet were: smart phones (n=134), PCs/laptops (n=124), and tablets (n=81). Internet access was more common among survey respondents would be expected from data on Rawlins County reported by KHM (via ACS). This data source indicates that 84.4% of households in the county have internet access (compared with 88.2% in Kansas).

Quality of Life in Rawlins County

Figure 4 shows survey respondents' level of agreement with eight quality of life survey items. The majority of respondents feel the community is a good place to raise children and retire, they are satisfied with their quality of life in the community, and they intend to stay for at least the next five years. Respondents also felt that there are opportunities to volunteer and they personally could make the community a better place to live. In terms of the local government and networks of support, respondents showed somewhat lower levels of agreement, suggesting that there is room for improvement in these areas.

Figure 4. Quality of Life in Rawlins County



Physical Health in Rawlins County

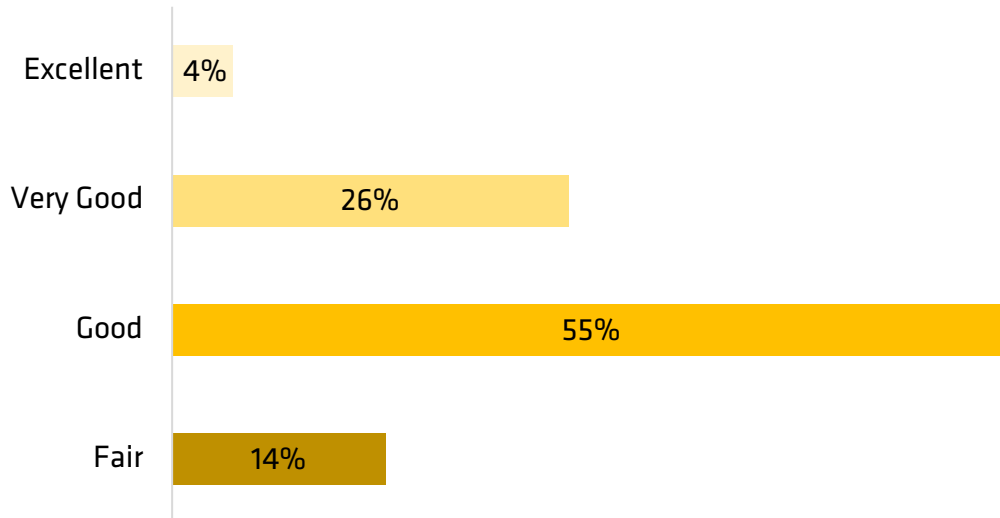
Table 7 contains secondary data relevant to the physical health of Rawlins County residents, in comparison with the same data for the state of Kansas.

Table 7. Secondary Data on Health-Related Factors in Rawlins County.

Adult Health	Rawlins	Kansas	Source
Poor physical health among adults, 2021	12.9%	10.1%	BRFSS
No leisure-time physical activity among adults, 2021	30%	24.5%	BRFSS
Percent of adults who reported consuming fruit less than one time per day, 2021	N/A	43.7%	KHM via KDHE
Percent of adults who reported consuming vegetables less than one time per day, 2021	N/A	19.7%	KHM via KDHE

Survey respondents were asked to rate their overall physical health. None of the respondents indicated that they had poor health, in contrast to the 12.9% of adults with poor health estimated in the secondary data in Table 7. Indeed, over three quarters of respondents rated their health as good or better (See Figure 5).

Figure 5. Survey Respondents' Self-Reported Health Status



The survey also contained items that asked about the frequency of health behaviors. The secondary data separates consumption of vegetables and fruits, estimating the frequency of this behavior in adults at 19.7% and 43.7% respectively (see Table 7) in the state of Kansas, but does not provide estimates for Rawlins County specifically. The survey item combined the two food types and 37% of respondents indicated that they ate 5 or more servings of both per day.

In terms of physical activity, 54% of survey respondents indicated that they exercised 2-3 times per week in a manner unrelated to their job. This is compatible with the secondary data indicating that 30% of the county adults do not have time for leisure activities (Table 7) but does indicate that the survey population may be more active than the non-responders in the community.

According to secondary data (BRFSS), about 17.5% of adults in Rawlins County smoke regularly (compared with 16.7% in Kansas). Among survey respondents, 14% reported using tobacco products or vaping. BRFSS also reports that about 14.6% of adults in Rawlins County binge drink (compared with 18.2% of adults in Kansas), which is slightly higher than the 12% of survey respondents who reported regularly consuming three or more alcoholic beverages in a day. Only 1% of survey respondents reported using illicit drugs.

Healthcare and Dental Care Access in Rawlins County

Table 8 contains secondary data related to healthcare and dental care access. The US Census Bureau estimates that about 12.6% of adults 19-64 years old are uninsured. Amongst survey respondents, 4% (n=7) were uninsured. The reasons listed for this included: Can't afford it n=4, Do not need or want it n=2, Lost job n=2, Don't know how to find options n=2, and Other n=2 ("self-employed" and "n/a").

Table 8. Secondary Data Related to Healthcare and Dental Care Access.

Healthcare Access	Rawlins	Kansas	Source
Health insurance coverage age 19-64 – uninsured, 2018-2022	12.6%	12.9%	ACS
Primary care physician ratio, 2023	1:2544	1:806	NPPES NPI
Dentist ratio, 2023	1:1272	1:1657	NPPES NPI

According to the data in Table 8, the ratio of primary care physicians and dentists to patients is low. On the survey, respondents were asked to indicate both where they go to access care and how easy or difficult it was for them to access each type of care within Rawlins County. For healthcare, 46% of respondents reported seeking care in Rawlins County, whereas 35% reported seeking care elsewhere. Overall, 20% of respondents indicated it was difficult (17%) or very difficult (3%) to access care in the county. For dental care, 35% of respondents reported seeking care in Rawlins County, whereas 43% reported seeking care elsewhere. Overall, 27% of respondents indicated it was difficult (24%) or very difficult (3%) to access care in the county.

Survey respondents were also asked to indicate how satisfied they are with the healthcare and dental care they receive in Rawlins County. Table 9 shows that 47% were satisfied or very satisfied with the quality of healthcare, whereas 34% were not.

Table 9. Survey Respondents' Satisfaction with Healthcare in Rawlins County.

Care Satisfaction	Frequency	%
Very Dissatisfied	17	9%
Dissatisfied	45	25%
Satisfied	66	36%
Very Satisfied	21	11%
No response	34	19%

Satisfaction with services was lower for dental care, with only 41% of survey respondents indicating that they were satisfied or very satisfied with care received in Rawlins County (Table 10).

Table 10. Survey Respondents' Satisfaction with Dental Care in Rawlins County.

Care Satisfaction	Frequency	%
Very Dissatisfied	11	6%
Dissatisfied	47	26%
Satisfied	54	30%
Very Satisfied	20	11%
No response	51	28%

Rawlins County Public Health Department and Nursing Home Services

Three quarters (75%) of respondents indicated that they had used services from the public health department. Of those that hadn't used the public health department, they either did not know what services were available (65%, N=13) or did not want/need services offered (35%, N=7). Ninety-five percent of those who utilized public health services were satisfied or very satisfied with those services.

Only 17% of respondents had utilized the nursing home in Rawlins County. Of these individuals, 62% were satisfied or very satisfied with services they had received.

Mental Health in Rawlins County

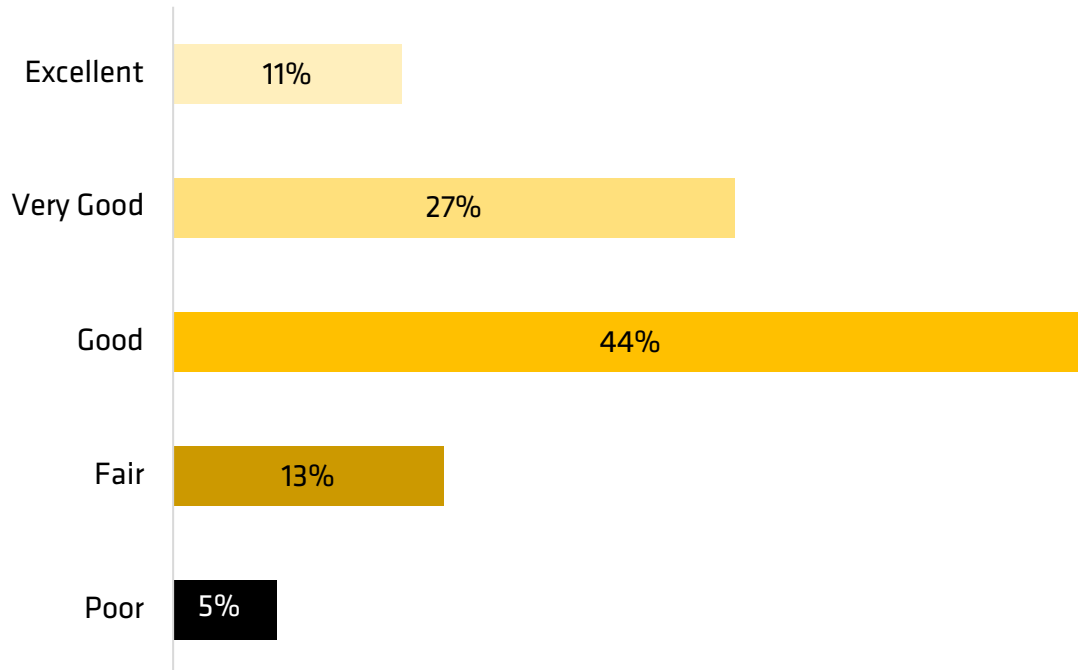
Table 11 contains secondary data relevant to mental health in Rawlins County.

Table 11. Secondary Data Related to Mental Health in Rawlins County.

Adult Behavioral Health	Rawlins	Kansas	Source
Suicide mortality rate (age adjusted per 100,000), 2019-2021	116.3	18.5	KDHE
Poor mental health among adults (Percent of adults reporting that mental health was not good on 14 or more days in the past 30 days), 2021	14.3%	15.6%	BRFSS

Survey respondents were asked to indicate the state of their own mental health. Unlike physical health, some survey respondents did rate their overall mental health as poor – Figure 8 shows the percentage of respondents who rated their mental health as poor was 5%, which is somewhat lower than the secondary data would lead us to expect.

Figure 8: Survey Respondents' Ratings of Their Mental Health



Mental Health Access in Rawlins County

According to County Health Rankings, there are 238 mental health providers per 100,000 residents in the state of Kansas. This information is not available for Rawlins County, though the county resources website does list available mental health service locations (https://www.kancare.ks.gov/docs/default-source/kancare-ombudsman/community-resource-guides/rawlins-county-community-resources.pdf?sfvrsn=5da8501b_0). Over half of survey respondents (54%) had not sought mental health care, but of the 27% of respondents who indicated they do seek care, only 5% do so within Rawlins County. Fifty-three percent of the respondents indicated that it is difficult (28%) or very difficult (25%) to access mental health care in Rawlins County. Table 12 shows that 49% of respondents are not satisfied with the mental health care available in Rawlins County.

Table 12. Survey Respondents' Satisfaction with Mental Health Care in Rawlins County.

Care Satisfaction	n	%
Very Dissatisfied	39	21%
Dissatisfied	51	28%
Satisfied	18	10%
Very Satisfied	1	1%
No response	74	40%

Barriers to Accessing Healthcare, Dental Care, and Mental Health Care in Rawlins County

Data shared so far has indicated that a significant percentage of survey respondents leave Rawlins County to access healthcare, dental care, and mental health care and that some respondents feel it is difficult to get each kind of care in the county. In order to drill down a bit more, respondents were asked to specify what barriers they've encountered trying to access care in Rawlins County. Table 13 summarizes these responses for all three types of care. Across all types of care, the lack of providers in the county was the most common barrier. For health and dental care, the second most cited barrier was being unable to establish regular care with a provider. Individuals also had confidentiality concerns and cited a lack of follow-up on referrals as barriers to healthcare, while dental care was hindered by the lack of ability to get appointments within 48 hours and general unavailability of appointments. Additional barriers to mental health care access included not knowing what providers were available/how to find them, confidentiality concerns, and discomfort seeking care at facilities where the individual knows the staff.

Table 13. Survey Respondents' Barriers to Accessing Care.

Barrier	Healthcare		Dental		Mental Health	
	n	%	n	%	n	%
Don't know how to find providers/what services are available	10	7%	3	2%	34	24%
Cultural or personal beliefs about healthcare	1	1%	0	0%	6	4%
I am uncomfortable seeking healthcare	6	4%	7	5%	15	11%
I am uncomfortable seeking care at facilities where I know employees	23	17%	8	6%	26	19%
I worry about confidentiality/inappropriate sharing of health information	48	35%	12	9%	32	23%
No appointments are available	7	5%	18	13%	6	4%
Lack of providers/services in my community/Rawlins County	65	47%	50	36%	56	40%
Takes too long for an appointment/Can't get an appointment within 48 hours	7	5%	19	14%	7	5%
I cannot take time off work	6	4%	3	2%	2	1%
Extended appointment hours (evenings, weekends) are not offered	10	7%	7	5%	4	3%

English is not my preferred language	0	0%	0	0%	0	0%
No childcare	8	6%	2	1%	1	1%
No transportation	0	0%	0	0%	2	1%
Lack of provider/staff follow-through on referrals, consults, etc.	39	28%	9	6%	12	9%
Not able to establish a regular provider to manage my care	60	43%	24	17%	8	6%
I have to follow restrictive policies	0	0%	0	0%	1	1%
I have tried to receive services before, but they did not help	9	6%	2	1%	2	1%
I do not have insurance	1	1%	6	4%	2	1%
My insurance does not cover what I need and/or my insurance isn't accepted	7	5%	9	6%	6	4%
Outstanding bill/payment	7	5%	3	2%	3	2%
Unable to pay co-pay/deductibles	6	4%	3	2%	3	2%
Not applicable - My household has not had any barriers	31	22%	51	37%	46	33%
Other	14	10%	11	8%	4	3%

One last area where barriers may exist is in obtaining prescription medications. Eighty-three percent of survey respondents (n=115) reported no barriers in this area, 17% reported financial/cost as a barrier, 9% cited insurance issues, and 1% cited a lack of transportation. Overall, most respondents seem to have little trouble accessing prescriptions when needed.

Social Issues

Table 14 contains secondary data on other general community issues that may impact needs in Rawlins County.

Table 14. Secondary Data on General Community Issues in Rawlins County.

General Community Issues	Rawlins	Kansas	Source
Percent of homeownership, 2018-2022	58.5%	60.1%	KHM via ACS
Median home rent, 2018-2022	\$695	\$986	ACS
Median home value, 2018-2022	\$108,500	\$189,300	KHM via ACS

Renters spending 30% or more of household income on rent, 2014- 2018	27.4%	43.7%	KHM via ACS
Percent of population experiencing severe housing problems (overcrowding, high housing costs, lack of kitchen/plumbing), 2016-2020	10.3%	12.3%	KHM via County Health Rankings
Percent of people that are low income and do not live close to a grocery store, 2019	14%	8.0%	County Health Rankings
No vehicle, 2018-2022	5.5%	5.1%	USDA ERS

Among survey respondents, 89% own their home and 9% rent. Reasons for renting included: Too expensive to buy n=8, Lack of availability n=7, Too hard to get financing n=6, Too costly to insure n=4, Too costly to maintain n=3, Too much responsibility n=2, and Prefer to rent n=2. Overall, 92% of respondents are satisfied with their current housing, and have lived in it for an average 4.96 years (SD=1.53, range 1 to 6 years). Reasons for being dissatisfied with housing included: Too small n=7, Too expensive n=4, Location n=4, Lack of privacy n=2, Unsafe, n=1, and Other n=2 (“taxes are high” and “neighborhood gone downhill”). The majority of respondents (91%) indicated that they feel physically safe and secure in their homes, but 16% did indicate that they live in a home with water, air, sewer, and/or other problems.

Regarding transportation, 97% of survey respondents have a personal vehicle, 1.5% use a friend or family member’s vehicle, and 1.5% walk as their primary mode of transportation.

Table 15 contains secondary data on issues related to children/youth that may impact needs in Rawlins County. For survey respondents, 28% (n = 52) were parents or guardians of children under 18 and 4% (n = 7) were a guardian of someone over 18.

Table 15. Secondary Data on Child/Youth Issues in Rawlins County

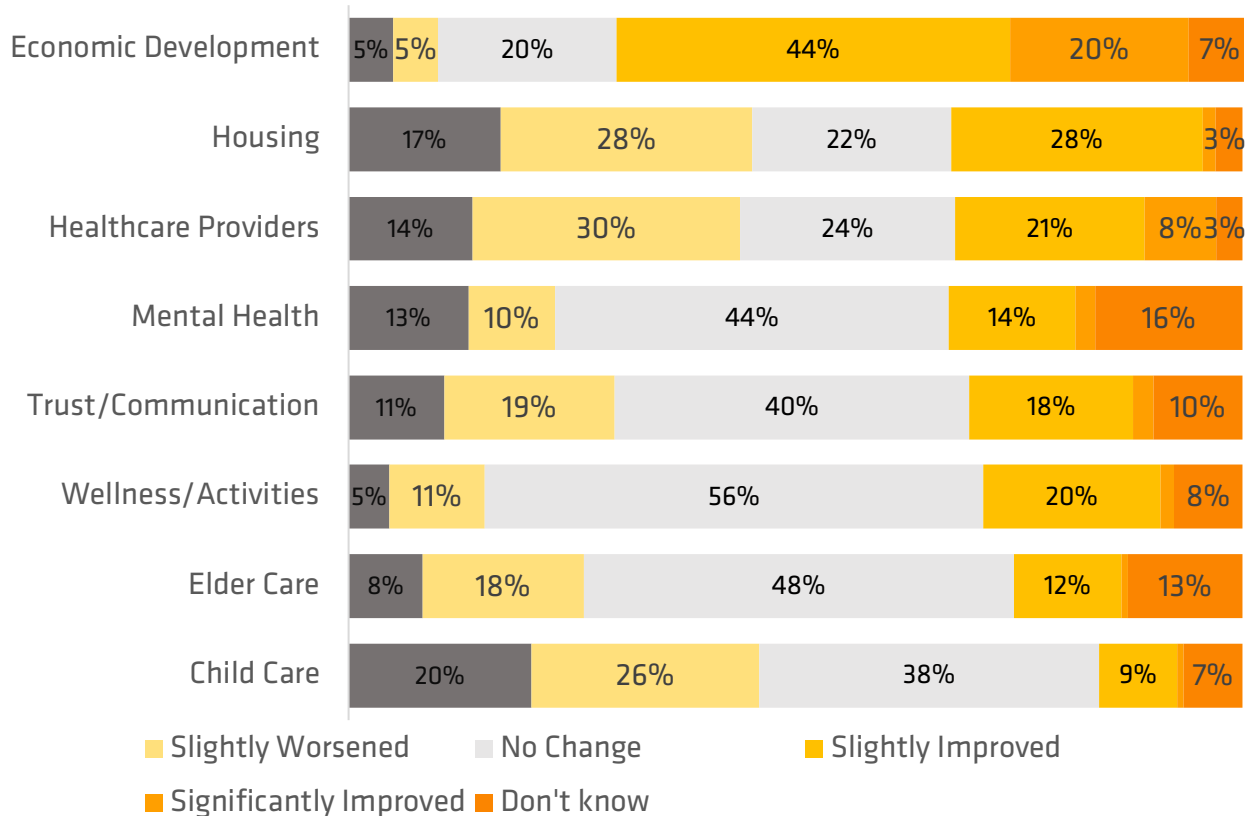
Child- and Youth-Related Issues	Rawlins	Kansas	Source
Children below poverty level, 2018-2022	9.9%	13.9%	ACS
Percent of all births occurring to teens (15-19), 2019-2021	6.5% (2015-2017)	5.0%	KHM via KDHE
Children uninsured, 2018-2022	7.1%	5.2%	ACS
Students eligible for free lunch program, 2022-2023	41.9%	40.8%	KHM via NCES
Households with children receiving SNAP, 2018-2022	21.1%	11.1%	ACS
Percent people participating in WIC, 2017	1.9%	1.9%	USDA ERS

Youth alcohol use within prior 30 days, 2022	14.6%	9.2%	KCTC
Youth vaping use within prior 30 days, 2022	12.7%	6.9%	KCTC
Youth binge drinking within prior 30 days, 2022	8.4%	5.0%	KCTC
Youth marijuana use within prior 30 days, 2022	5.4%	4.2%	KCTC
Youth cigarette use within prior 30 days, 2022	2.7%	1.0%	KCTC

Issues of Concern to Residents of Rawlins County

In addition to asking residents about the current state of affairs in Rawlins County, survey respondents were asked to indicate what areas they think should be a priority going forward and how much progress they believe has been made since the last community assessment in 2021. Figure 10 lists priority areas identified in the 2021 assessment and shows how much progress survey respondents feel has been made on each since then.

Figure 10. Survey Respondents' Ratings of Progress Since 2021.



Survey respondents were asked to select the three biggest issues in Rawlins County for various age groups and overall. Table 16 shows the response frequencies and percentages. Residents were concerned about housing, youth issues, mental health, and aging issues.

Table 16. Survey Respondents' Biggest Community Concerns.

Group	Issue	n	%
Overall	Housing (availability, affordability, safety)	88	63%
	Youth and Child Related Issues (childcare, education, socialization, bullying, abuse)	77	55%
	Mental Health (anxiety, stress, depression, suicide)	57	41%
	Aging Related Issues (caregiving, assisted living, services, safety)	56	40%
Birth to 12 Years	Availability of childcare services/afterschool programs	128	92%
	Bullying/cyberbullying	100	72%
	Quality of public education	61	44%
13 to 17 Years	Anxiety, stress, depression, suicide	100	72%
	Bullying/cyberbullying	89	64%
	Drug and alcohol use	78	56%
18 to 64 Years	Anxiety, stress, depression, suicide	91	65%
	Employment opportunities, desirable jobs with livable wages	74	53%
	Drug and alcohol use	53	38%
65 Years and Older	Availability of social activities	52	37%
	Living situations to match an individual's needs	116	83%
	Dementia/Alzheimer's	65	47%
	Fixed income support services	62	45%

Survey respondents were also asked about specific needed services in the community. Forty-two percent said there are not enough treatment options for substance use issues, 23% said that the emergency services are not readily available, and 83% agreed that Rawlins County would benefit from collaborating with neighboring communities to address health needs and arrange regional transportation for care.

Respondents specifically identified the following services as being needed: A female MD, Regular, full-time doctor, Wellness center, Disability services, Affordable health services, Assisted Living, Mental health services, Addiction treatment services, Specialists (OB/GYN, Pediatrics (especially infant), Family Planning services, Dermatology, Oncology and chemo services, endocrinologist, allergist/immunologist, cardiology/heart surgery, eye doctor that

takes state insurance and performs cataracts surgery, homeopathic medicine, orthopedics, urology). Table 17 shows which education topics respondents feel are needed.

Table 17. Needed Education Topics

Education Topic	Frequency
Mental health/anxiety/stress/depression/suicide	78
Elder care services	65
Financial resources for individuals with low income	65
Drug and alcohol abuse	59
Exercise/physical activity	50
Cancer	47
Diabetes	46
Maternal health (prenatal, postnatal)	45
Importance of routine wellness exams	42
Blood pressure	41
Nutrition	39
Emergency preparedness	34
Heart disease	34
Sexual health, sexually transmitted infections	31
Dental	29
Eating disorders	28
Vaccinations/immunizations	28
Other	6

Other topics: indoor water therapy, Cooking classes to assist low income families in preparation of affordable meals from scratch instead of purchasing less nutritional pre-prepared meals., All the above

Community Listening Session Input

Community Listening Session Background

Members of the Rawlins County community were invited to participate in Community Listening Sessions on May 6-7 at the Shirley Opera House in Atwood, Kansas. These sessions were promoted through email campaigns, social media, local news outlets, word of mouth, and other methods.

The objectives of the sessions were 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.

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

Top Area of Concern: Healthcare

What challenges or issues are you or your community currently facing or witnessing related to the theme area?

- Recruitment and Retention
- Transportation and Accessibility
- Community Perception and Needs
- Motivation and Action
- Hospital Planning and Reporting

What do you think could be effective solutions or strategies to address the theme area?

- Cultural Respect and Communication
- Transportation and Accessibility
- Community Engagement and Retention
- Collaboration and Coordination
- Funding and Advocacy
- Healthcare Delivery Models

Top Area of Concern: Mental Health

What challenges or issues are you or your community currently facing or witnessing related to the theme area?

- Mental Health in Education
- Infant and Toddler Care
- Behavioral Health for Aging Population
- Workforce and Infrastructure Challenges
- Access and Coordination Issues
- Onsite and In-Person Services
- Cardinal Initiative
- Overall Community Mental Health Needs

What do you think could be effective solutions or strategies to address the theme area?

- Addressing Poverty and Socioeconomic Issues
- Mental Health Integration and Stigma Reduction
- Insurance and Access to Care
- Enhancing Healthcare Services
- Policy Work and Licensing
- Privacy, Stakeholder Engagement, and Resource Sharing

What would motivate or enable you to take action to address the theme area in the community?

- Implementing training programs that educate residents on trauma-informed approaches can foster a more empathetic and supportive community environment.
- Developing both proactive and reactive strategies ensures that the community can effectively address issues as they arise while also working to prevent them in the future.
- Providing specialized training for a core group within the community can help create a network of individuals who are well-equipped to address the theme area's challenges.
- Leveraging public health initiatives as a strategic approach can help convene various partners, including government agencies, nonprofits, and community organizations, to collaborate on addressing the theme area.
- Establishing a Chief Health Strategist role within the Local Health Department can provide focused leadership and coordination for efforts related to the theme area, ensuring that resources are effectively utilized and goals are achieved.

Top Area of Concern: Aging Related Issues

What challenges or issues are you or your community currently facing or witnessing related to the theme area?

- Financial Challenges
- Dementia and Hospice Care
- Availability and Accessibility of Services
- Stigma and Awareness
- Transportation
- Nursing Home Availability
- Local Services and Resources
- Key Challenges Summary

What do you think could be effective solutions or strategies to address the theme area?

- Access to Care and Assisted Living
- Built Environment and Accessibility
- Comfort Care and End-of-Life Options
- Navigating Resources and Education
- Community Engagement and Support
- Outreach and Open Houses
- Specialized Education for Rural Communities
- Social Services and Coordinators
- Training and Independent Living Support

What would motivate or enable you to take action to address the theme area in the community?

- Engaging in advocacy efforts can raise awareness and drive policy change to address the theme area effectively.
- Increasing awareness about the theme area's significance and impact can motivate community members to act.
- Securing funding resources is essential to support initiatives and programs aimed at addressing the theme area.
- Advocating for policy changes can create a more conducive environment for addressing the theme area's challenges.
- Educating community members on how they can get involved and contribute to addressing the theme area is key to fostering engagement.
- Demonstrating the importance of the theme area to others and how it aligns with their vested interests can motivate greater involvement.
- Having a designated lead person to coordinate action and initiatives related to the theme area is essential for effective implementation.
- Exploring and learning from the experiences of other communities that have successfully addressed similar theme areas can provide valuable insights and strategies.
- Providing space and support for community members to gather, collaborate, and receive education and training is critical for building capacity and sustaining action.

Top Area of Concern: Youth and Child Related Issues

What challenges or issues are you or your community currently facing or witnessing related to the theme area?

- Childcare Challenges
- Bullying and Youth Safety
- Recruitment and Retention
- Health and Physical Activity
- Community Engagement and Recreation
- Key Challenges Summary

What do you think could be effective solutions or strategies to address the theme area?

- Childcare and Youth Programs
- Education and School Transparency
- Trauma-Informed and Anti-Bullying Programs
- Communication and Community Engagement
- Recognizing Volunteers and Community Involvement

What would motivate or enable you to take action to address the theme area in the community?

- Support from the community for ideas and initiatives aimed at addressing bullying.
- Access to funding or resources to increase childcare availability.
- Programs that help families learn coping skills for dealing with anxiety and stress, especially for teens.
- Greater involvement and leadership from elected officials and community leaders to change policies and improve community well-being.
- Encouragement and facilitation of meaningful conversations and civic discourse.
- Identifying and empowering champions within the community, such as Gloria or Summer Rec, to drive change.
- Establishing a clear structure or framework for addressing community issues.
- Increasing awareness and understanding of the importance of the issue, making it a priority for action.
- Recognizing when the need becomes urgent, prompting action.

Key Takeaways

What is a key theme or big idea that you're taking away from this listening session?

- Emphasizing the need for the community to be more aware and involved in local initiatives and utilize existing resources.

- Highlighting the necessity of improved communication to ensure that community members are aware of available resources and services.
- Recognizing the interconnection between education and mental health, and the importance of community action to support schools and youth.
- Need to enhance mental health services and promote the new providers in Rawlins County.
- Encouraging leaders to lead by example and work collaboratively to drive positive change.
- Stressing the importance of organizations working together to bring various resources and services together.
- Identifying the need for structural support such as coalition or lead entity to implement changes effectively.
- Establishing employer-based child care centers to support working families.
- Acknowledging the efforts of local healthcare entities and the need for greater community participation in forums.
- Reiterating the importance of improving communication among different partners and stakeholders.
- Promoting teamwork and collaboration to ensure the success of new mental health services and other community initiatives.
- Urging community leaders to support their workers and staff to empower positive change.

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.