

Ascension Via Christi Hospital Manhattan, Inc. Community Health Needs Assessment

Riley County Market

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Ascension

Ascension Via Christi Community Health Needs Assessment Riley County Market

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Ascension Via Christi Hospital Manhattan, Inc, April 15, 2020

Ascension Via Christi Health, Inc., May 15, 2020

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Executive Summary

The purpose of this Community Health Needs Assessment (CHNA) is to identify and prioritize the significant health needs of Riley County served by Ascension Via Christi Hospital Manhattan, Inc. in Manhattan, Kansas. The priorities which have been identified in this report by the community help to guide the hospital's leadership and other stakeholders in planning for community health improvement programs and community benefit activities. Additionally, these priorities will encourage collaborative efforts with other organizations that share in the mission to improve community health. This CHNA report meets the requirements of the Patient Protection and Affordable Care Act in which not-for-profit hospitals conduct a CHNA at least once every three years.

The geographical area of Riley County was chosen for this CHNA because that is where Ascension Via Christi Hospital Manhattan, Inc.(AVCH-M) is located and where the bulk of their patients live or work. The actual survey instrument is available for review in Appendix B of this report.

In an effort to gain insights from the community for the purposes of planning and community improvement, Wichita State University's Center for Applied Research and Evaluation (WSU-CARE) was contracted by the Flint Hills Wellness Coalition¹ to conduct a community-wide needs assessment for Riley County, which included the compilation of selected secondary data, administration of a community survey, community member interviews, and focus groups. Secondary data, which is publicly available data such as the Census, Kansas Behavioral Risk Factor Surveillance System (BRFSS), and others, were compiled for the most recent years available.

In order to gain additional insight on the issues addressed in the survey as well as any other concerns, 25 community members representing a wide range of interests, ages, residency in the community, and professions were interviewed. Additionally, two focus groups were held for populations that were underrepresented in the survey – persons with low income and Hispanics/Latinos – as well as an additional group with community/governmental organization representatives. The strengths and needs that were identified for Riley County were remarkably consistent across all methods of data collection.

Similar to the findings of past community health needs assessments (CHNA), the overarching themes for all of the data collected are Riley County is a community that enjoys a high quality of life and vibrancy, but is beginning to show negative signs of growth (i.e., increased housing and property costs, too few living wage jobs, and an expanding gap between “haves” and “have nots”) resulting in need for more resources for those in need. More specifically, the primary findings across all methods are:

- **HIGH QUALITY OF LIFE** – As in 2014-2015, and in 2018, the high quality of life in Riley County remains a primary theme for the survey and interviews/focus groups. Riley County has a reputation as a good place to raise a family, with good schools, including Kansas State University as an anchor for education as well as culture/activity, good size, good physical and natural environment, and a strong sense of community and collaboration. While the diversity fostered by the university and larger businesses was noted as a key element of the quality of life, discrimination regarding race/ethnicity, income, sexual orientation/ gender identity, and disability was also noted as an issue.
- **GROWTH AS A BOTH A STRENGTH AND A CHALLENGE** – While nearly all participants in interviews and focus groups acknowledged that growth in Riley County, and Manhattan

¹ See listing of Flint Hills Wellness Coalition organizations and funding sources of this CHNA on page 11 of this report.

especially, has brought good things like increased diversity and new businesses, they also frequently connected this growth with increasing problems such as higher than average housing costs and property taxes, a lack of living wage jobs, and concerns about insufficient infrastructure. In a domino effect, increasing costs to live amidst such growth has created greater needs for services such as food pantries/community meals and other services for persons with lower and even moderate incomes. Some participants felt the community is prematurely preparing for an influx of higher incomes while forgetting about the needs of those who currently live and struggle there. Additionally, the growth of “big box” stores has primarily brought minimum wage jobs, not the living wage jobs that are considered a primary need in the community.

- **LACK OF AFFORDABLE HOUSING** – Affordable housing remains a major issue across the community with the median value being \$194,800 in Riley County versus \$145,400 in Kansas (2014-2018 estimate). The current median rent is \$938 for Riley County (\$831 for Kansas). As noted above, many participants feel the cost of housing is being driven by current or expected growth, which is in turn increasing property taxes and the need for services to help those who are falling behind economically due to these costs. Additionally, residents are finding that new housing is primarily for those with higher incomes while those with moderate or lower incomes are priced out of the market, even for older or less desirable properties. A lack of accountability for landlords is also an issue as deficient properties are not properly addressed, but are often the only affordable options for students and those with lower incomes.
- **LACK OF ADEQUATE AND AFFORDABLE HEALTHCARE SERVICES** – In the 2014-2015 assessment, as well as in the 2018 CHNA, mental health services emerged as one of the primary issues. Although the lack of mental health services remains a concern, the recent addition of the Pawnee Mental Health Crisis Stabilization Unit has helped address at least some of the need. However, the lack of adequate and affordable healthcare has risen to the top for 2019-2020, most particularly related to the hospital. A number of participants noted the limited services offered through the hospital means that many Riley residents must travel or be transported to Topeka for issues as common as heart attacks. Additionally, it was noted that the community lacks specialists and affordable options for those with lower incomes. Although participants in focus groups noted a few clinics that provide affordable, accessible services, an issue still remains with some providers requiring full payment for services up front, which is typically not an option for lower income persons.
- **LACK OF LIVING WAGE JOBS** – As noted previously, this issue is tied in with growth, housing, and the expanding need for services for persons with low income in the community. This issue was brought up across all data collection methods, and a number of interview participants noted the difficulty of keeping talented people in Manhattan unless they are being brought in for the National Bio and Agro-defense Facility (NBAF) or similar high-paying, but highly targeted positions. And even though there may be a reasonable number of job opportunities in the community, a large number are minimum wage or are filled by students. This leaves few job options beyond entry level and which allow people to have a decent standard of living.

Community Feedback on Preliminary Results

A report of preliminary findings from all methods of this assessment was created and released for online public comment from December 23, 2019, to January 9, 2020. The comments supported the findings, including concerns regarding housing costs, living wage jobs, and physical and mental healthcare. A number of commenters shared personal experiences supporting the findings. One questioned whether housing had risen to the top of community concerns due to recent grassroots efforts on this issue. However, that person also concurred that living wage jobs and housing costs are linked.

A Note About Students in the Community

In Appendix A, WSU-CARE has provided an analysis of data that was designed to account for discrepancies between the survey respondent demographics and Census data for Riley County. In particular, few persons under 25 responded to this survey, yet that age group (18-24 year olds) is the largest population in Riley County due to the presence of K-State. A more detailed description of this analysis is in Appendix A. The general findings are that when the top needs were analyzed to determine if the preponderance of persons older than age 25 skewed the results, the answer was no; the results stayed basically the same when controlling for the lack of younger respondents. And when the responses of younger persons were analyzed separately, they largely matched those of all respondents. Additionally, there have been concerns that although 18-24 year olds make up such a significant population in the community, their needs are often not considered or are discounted because they are students. The following provides a brief overview of the issues that face young people in the community. It underscores that the top issues for Riley County (i.e., lack of affordable housing, lack of affordable mental and physical healthcare, poverty, lack of living wage jobs, and a need for expanded services) are equally concerning and require investment in services, just as they do for those who are older.

- According to the U. S. Census American Community Survey estimates (ACS 2013-2017), the unemployment rate (those who are unemployed but are looking for work) for 16-19 year olds accounts for the bulk of the overall rate for Riley County (19.7% for 16-19 year olds vs. 5.6% for the county). Excluding 16-19 year olds, the unemployment rate for 20-24 year olds (5.7%) is higher than all other age groups except those 30-34 years old (5.9%).
- In general, 22% of the residents in Riley County are considered under the federal poverty level. For those who are 18-34 years old, the percentage is 37.1% (ACS 2013-2017). No other age group, including those age 60 and over, has a higher poverty rate.
- According to the U.S. Census Quick Facts (2014-2018), the average rent in Riley County (\$938 per month) is more than \$100 higher than the state average (\$831).
- In Kansas, 17.2% of adults reported binge drinking (2017 BRFSS). Riley County has one of the highest rates of binge drinking in Kansas (24.9%), along with Douglas County (26.2%), which is likely due to the large college population.
- According to the Robert Wood Johnson Foundation (RWJF) County Health Rankings (2019), the percentage of driving deaths with alcohol involvement in Riley County (22%) is higher than the state average (13%).
- The incidence of sexually transmitted infections (STIs) in Riley County is much higher than in Kansas overall (683.1 versus 417.6 per 100,000) according to the 2019 RWJF County Health Rankings.

Significant needs in 2020

The top five needs identified by the 2020 CHNA respondents for the various target populations are:

Physical Health

1. Affordable health services
2. Affordable health insurance
3. Affordable prescriptions
4. Facilities for physical activity (including parks, trails, rec centers)
5. Availability of healthcare specialists (new)

Mental Health

1. Affordable mental health services
2. Affordable health insurance that includes mental health care (new)
3. Addressing the stigmatization of those with mental health issues (new)
4. Increased number of mental healthcare providers
5. High quality mental health services

Children birth to Age 12

1. Child care for children 0-5
2. After school programs
3. Financial assistance to families (for nutrition, childcare, housing, etc.)
4. Parenting education/skills development
5. Bullying prevention

Teens (13 to 18 years old)

1. Mental health care
2. Workforce training for teens (new)
3. Financial skills training (new)
4. Employment opportunities
5. Substance abuse prevention/treatment & opportunities to contribute to community

Older Adults

1. Affordable housing
2. Affordable prescriptions
3. Independent living in the home
4. Medical care (new)
5. Home health care options (new)

Themes from Focus Group Discussions

Spanish-speaking Hispanics/Latinos

1. Good quality of life
2. Lack of accessible/affordable healthcare
3. Transportation
4. Cost and condition of housing
5. Cost of living/access to resources

Persons with low incomes

1. Good quality of life
2. Cost of living/access to resources
3. Cost and condition of housing
4. Lack of accessible/affordable healthcare
5. Transportation

Community and governmental organizations

1. Good Quality of Life
2. Lack of accessible/affordable healthcare
3. Cost and condition of housing
4. Cost of living/lack of resources
5. Economic/infrastructure development

Riley County Community Profile

Riley County is located in the northeast portion of the State of Kansas. The population estimate on July 1, 2019 reported by the United States Census Bureau was 73,703.² The county seat for Riley County is Manhattan Kansas which is also the largest city and home of Kansas State University, one of the county's largest employers along with Fort Riley.

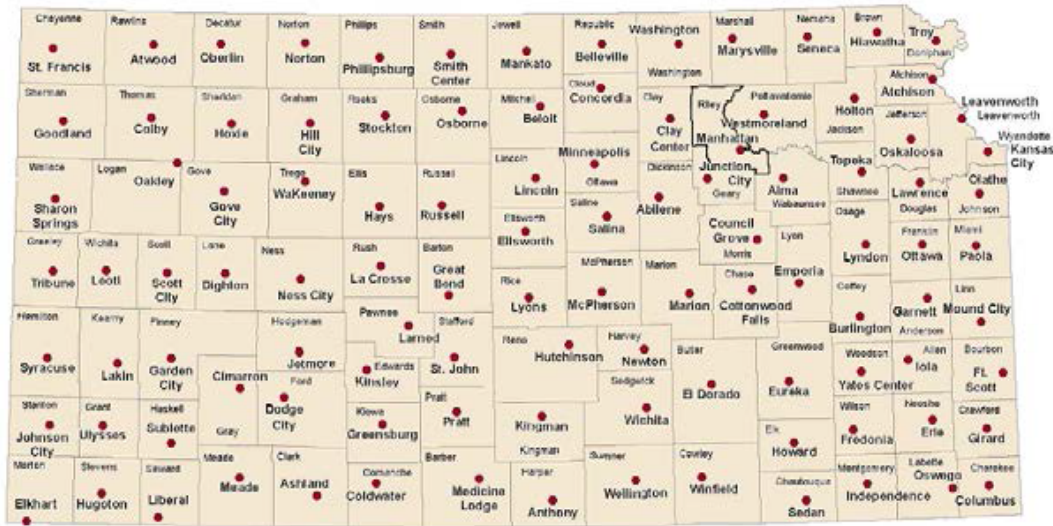
According to the 2010 United States Census, the county has a total area of 609.77 square miles of land in Northeast Kansas with approximately 117 people per square mile (compared to an average of 35 persons per square mile across Kansas.) Manhattan is the largest city in the county with a population of 54,959 (2018 Census estimate) that includes over 21,000 Kansas State University students (2018 enrollment) and a large number of Fort Riley soldiers and their families.

Riley County is slightly more diverse than the norm for the state with approximately 84 percent white, 7 percent African American, 9 percent Hispanic or Latino, 5 percent Asian, 4 percent two or more races, less than 1 percent American Indian and Alaskan Native, and less than 1 percent Native American or Pacific Islander. Due to the large number of Kansas State University (K-State) students, the population tends to be younger than the state average (24.9 in Riley county and 36.3 in Kansas overall). Although agriculture plays a large role in the economy and culture of Riley County, the largest employers are Fort Riley (military and civilian employees), Kansas State University, and the Manhattan/Ogden Unified School District (USD 383). Manhattan is also home to the National Bio and Agro-defense Facility (NBAF), which brings revenue and additional (albeit highly specialized) employment. Riley County typically experiences lower rates of unemployment, crime, and a number of other indicators that negatively impact quality of life as compared to state averages and is rated the fifth healthiest county in Kansas according to the 2019 Robert Wood Johnson Foundation *County Health Rankings and Roadmaps*.

Figure 1: Map of Kansas with Riley County Outlined³

² United States Census Bureau, QuickFacts, Riley County, Kansas, downloaded on Jan. 14, 2020 from <https://www.census.gov/quickfacts/fact/table/rileycountykansas,US/PST045219>

³ Institute for Policy & Social Research, The University of Kansas, downloaded March 12, 2018 from <http://ipsr.ku.edu/ksdata/ksah/ksa34.shtml>



In addition in 2010, there were 28,212 housing units; however, that number increased to 31,337 by July 1, 2018. The owner-occupied housing unit rate was 42.4 percent with the median value of owner-occupied housing units at \$194,800. The median gross rent for Riley County is \$935 which is \$104 more a month than other Kansans pay and \$172 more than residents of the neighboring county of Pottawatomie pay for rent.⁴

In 2018, there were 26,648 households in which on average 2.46 people were living. Approximately 11.8 percent of the households identified that another language, other than English, was spoken at home although 9.0 percent identified they were born in a different country.⁵

Approximately 17 percent of the population is under the age of 18 and 9.5 percent over the age of 65. In 2018, females represented 47.5 percent of the population compared to the 52.5 percent of their male counterparts.⁶

The education achievement of residents living in Riley County is higher than those living in the State of Kansas as 95.8 percent reported graduating from high school compared to 90.7 percent for State residents and 46.0 percent reported having a bachelor's degree or higher compared to 32.9 percent for the State.⁷

According to 2019 Quick Facts, 8.3 percent of the Riley County residents live with a disability; these are people under the age of 65. In addition, 9 percent under the age of 65 reported having no health insurance coverage.⁸

The median household income for Riley County (in 2018 dollars) was \$49,910. This was nearly \$10,383 less than what was reported as the median household income for all Kansans and a broadening gap from the \$7,000 difference noted in the prior CHNA. In addition, 20.7 percent of the Riley County residents are living in poverty compared to 11.8 percent in the State. How much of the lower income and

⁴ Ibid

⁵ United States Census Bureau, QuickFacts, Riley County, Kansas, downloaded on Jan. 14, 2020 from <https://www.census.gov/quickfacts/fact/table/rileycountykansas,US/PST045219>

⁶ Ibid

⁷ Ibid

⁸ Ibid

poverty status is represented by the large number of students and entry level military living in the area is not known but may be a factor in this variance.⁹

⁹Ibid



Ascension Via Christi Hospital Manhattan, Inc. and community participant descriptions

About Ascension and Ascension Via Christi Hospitals¹⁰

Ascension Via Christi (AVC), a part of Ascension, has a rich history of serving the people of Kansas and the surrounding region dating back more than 100 years to the healing ministries of our founding congregations. Today, Ascension Via Christi is the largest provider of healthcare services in Kansas. AVC serves Kansas and northeast Oklahoma through our doctors, hospitals and health services. In fiscal year 2019, AVC provided \$33.6 million in benefit to the communities we serve.

Ascension Via Christi values include:

Service of the Poor – Generosity of spirit, especially for persons most in need

Reverence – Respect and compassion for the dignity and diversity of life

Integrity – Inspiring trust through personal leadership

Wisdom – Integrating excellence and stewardship

Creativity – Courageous innovation

Dedication – Affirming the hope and joy of the AVC ministry

About Ascension

Ascension is a faith-based healthcare organization dedicated to transformation through innovation across the continuum of care. As the largest non-profit health system in the U.S. and the world's largest Catholic health system, Ascension is committed to delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable. Ascension includes approximately 150,000 associates and 40,000 aligned providers. Ascension's Healthcare Division operates 2,600 sites of care – including 150 hospitals and more than 50 senior living facilities – in 20 states and the District of Columbia.

About Ascension Via Christi Hospital Manhattan, Inc. in Manhattan, Kansas¹¹

Ascension Via Christi Hospital Manhattan, Inc. (AVCH-M) is a healthcare leader in northeastern Kansas, with 150 physicians, 500 employees and 300 volunteers serving the people of Manhattan and the surrounding areas with a wide range of quality health and wellness services. Other services offered in Manhattan include:

Outpatient behavioral health

Ascension Via Christi's Outpatient Behavioral Health offers comprehensive treatment for a wide range of emotional and mental conditions. An interdisciplinary team of healthcare professionals, which include

¹⁰ Ascension Via Christi (2020) Via Christi Hospital Locations and Services webpage. Downloaded on Jan. 14, 2020 from viachristi.org/about-via-christi

¹¹ Ascension Via Christi (2020) Via Christi Hospital Locations and Services webpage. Downloaded on Jan. 14, 2020 from viachristi.org/manhattan



board-certified psychiatrists, psychologists, social workers and registered nurses, are available to assist each individual in meeting their needs and goals. Behavioral Health professionals work with people 18 and older and can assist with challenges such as depression, anxiety, mood disorders, stress, grief and marital problems.

Full-service emergency room

The ER at Ascension Via Christi Hospital Manhattan, Inc. offers high-quality medical services by physicians with specialty training in emergency medicine to more than 23,000 patients in 2019. The ER is physician-staffed 24 hours a day, with physician assistants, nurses, technicians and other staff providing additional support with 16 treatment rooms available for a variety of emergency situations.

Sexual Assault Nurse Examiner (SANE)/Forensic Nursing program

Ascension Via Christi Hospital Manhattan, Inc. has a team of Sexual Assault Nurse Examiner (SANE) on staff to provide a comprehensive forensic examination in the event a patient has been sexually assaulted. Beyond immediate medical care by a trained Emergency Room physician, services include forensic examination with a trained Sexual Assault Nurse Examiner (SANE), advocacy support from the Crisis Center, Sexually Transmitted Infection (STI) preventative treatment, assistance with coordinating follow-up care and support and follow-up contact from the SANE program.

Heart care and cardiac rehabilitation

Heart and cardiac care at AVCH-M allows residents of the region to receive quality diagnostic and interventional cardiac services without traveling far from home. In addition to routine cardiac testing and monitoring, cardiologists perform interventional procedures such as angioplasty and stent placements within AVCH-M's state-of-the-art catheterization laboratory. The Imaging Center includes a 128-slice CT scanner that provides access to advanced images of the heart and other organs.

Cardiology services at AVCH-M includes: ambulatory blood pressure monitoring; ambulatory blood pressure monitoring; cardiac event monitoring; cardiac stress testing, thallium and dual isotope exams and pharmacologic; echocardiogram; electrocardiogram; full-service catheterization lab testing for diagnostic procedures, stent placement, angioplasty and peripheral capabilities; Holter monitoring and vascular ultrasound, cardiac rehabilitation as well as cardiac rehabilitation to reduce the risk of recurrent heart problems.

Physical rehabilitation and therapy

Rehabilitation services at AVCH-M provide treatment for patients of all ages and diagnoses. Whether the patient is hospitalized, recovering in the inpatient rehabilitation unit, or receiving treatment on an outpatient basis, AVCH-M rehabilitation team will help each patient regain as much independence as possible by rebuilding important skills and abilities lost as a result of illness, injury or disability. Services may include worker rehabilitation, pre-employment screens, aquatic therapy, voice therapy, swallowing dysfunction, lymphedema, women's health, speech therapy, physical therapy, cardiac rehabilitation, occupational therapy or multiple types of treatment in addition to education, support and introduction of the latest equipment to augment each patient's quality of life.

The inpatient rehabilitation team works with patients who have been diagnosed with a number of illnesses or injuries, including but not limited to: stroke, multiple trauma, orthopedic injury or surgery,

joint replacement, neurological disorders, heart disease, arthritis, brain injury, amputation, Parkinson's, pneumonia, hip fracture or spinal surgery

Orthopedics

AVCH-M provides pre-procedure education, treatment from a highly qualified group of orthopedic professionals and excellent rehabilitation care all in one place. Located within the surgical unit, the Joint Care Center (JCC) is a full-service, specialized unit dedicated to joint replacement surgery with a focus on hip and knee replacement surgery. The JCC emphasizes patient education, family involvement and specialized quality care. Specific surgeries include: knee and hip replacement; pre and post-surgical care; pre-surgery class before procedure and post-surgical rehabilitation.

Pain Management Clinic

AVCH-M provides comprehensive pain management through a team approach, with a staff of registered nurses and an anesthesiologist who specializes in pain management. The team works with each patient from evaluation to treatment, giving professional advice on lifestyle recommendations, pharmacological treatments and alternative pain relief methods. Some of the services provided at AVCH-M Pain Management Clinic include: vertebroplasty; dorsal column stimulator trials and permanent implantations; cervical, thoracic and lumbar epidural steroid injections; epidural adhesiolysis; facet injections/medial branch blocks; radio-frequency ablation for facet joint/medial branch nerves; peripheral nerve blocks; knee, hip and shoulder intra articular injections; major/minor bursa injections and trigger point injections.

Labor and delivery

The AVCH-M Birth and Women's Center gives women patients the best of both worlds. AVCH-M offers advanced medical services and technologies to keep mother and child safe in a family-focused environment. The family-centered model includes: a homelike environment for labor delivery and recovery; a wide range of non-invasive, low-tech birthing techniques, including a whirlpool hot tub and birthing ball; rooming-in with baby with new bassinets; double-sized beds; state-of-the-art monitoring equipment for the safety of each new mom and her baby; a breastfeeding-friendly facility where a full-time lactation consultant can assist the new mom with questions on feeding. The Birth and Women's Center is the only AAP-registered Level II neonatal intensive care nursery in the area, meaning they are prepared to care for premature babies or for new infants who have other special medical needs.

Sleep medicine

AVCH-M sleep disorder lab is accredited by the American Academy of Sleep Medicine, and is a cutting-edge facility that assesses why a person is having difficulty sleeping and identifies what can be done to address the problem. The sleep lab offers a full range of services designed to evaluate, diagnose, treat and help manage sleep disorders. Sleep studies conducted by the lab include polysomnogram (PSG), CPAP titration, split-night polysomnogram and multi sleep latency test. For example, the PSG, through small sensors attached to key points on the body, test, measures and records brain waves, heart rhythms, muscle activity, breathing patterns, and leg and eye movements. Results from this type of study can reveal a lot about snoring, daytime sleepiness, unexplained headaches and severe nasal obstructions.

Weight loss services (Via Christi LIGHT)

According to the Centers for Disease Control and Prevention, more than one-third of adult Americans are obese which puts them at greater risk for developing life-threatening complications such as: certain



forms of cancer, coronary heart disease, diabetes, gallbladder disease, high blood pressure, high LDL cholesterol, osteoarthritis, pregnancy complications, sleep apnea and stroke. AVCH-M LIGHT, is a physician-supervised weight-management program to help individuals lose inches and weight and get healthy. LIGHT includes five components: medical supervision, psychological evaluation, nutritional counseling, personal training and surgical intervention.

Diabetes Center

AVCH-M Diabetes Center is dedicated to serving people with diabetes and their families. The purpose of the Center is to educate patients about diabetes, give them the confidence they need to manage the daily challenges of living with diabetes and to prevent long-term complications. Accredited by the American Diabetes Association, the Diabetes Center is designed to help patients at any stage of the disease, whether newly diagnosed or looking for ongoing support. With a staff of educators certified by the AADE, AVCH-M offers information, classes and one-on-one support to help patients become informed and live well with the disease.

Stroke Center

The stroke center at Ascension Via Christi Hospital Manhattan, Inc. is committed to preventing stroke, minimizing stroke's effects and maximizing patient recovery. The stroke center at the hospital uses education as well as several diagnostic tests to help with early detection and treatment of stroke patients. These tests evaluate everything from heart disease (a heart attack can lead to stroke, and vice versa), to bleeding in the brain, to the amount of damage to the brain. For strokes that are identified immediately, we are able to administer tissue plasminogen activator (tPA), the only FDA-approved drug to treat ischemic stroke. When given to qualifying patients within three hours of stroke occurrence, this blood thinner can help minimize disability. For treatment following the occurrence of a stroke, we offer the rapid, coordinated care necessary to help patients reduce the effects of stroke and regain as much function as possible.

Wound Care

Ascension Via Christi Wound Care provides outpatient services for those who have chronic wounds — those that have not shown significant healing in 30 days, or that haven't completely healed in eight weeks. Often, these wounds relate to other medical conditions, such as ulcers (diabetic, neuropathic, pressure, ischemic), venous insufficiency (impairment of blood flow through veins), traumatic wounds, surgical wounds, vasculitis (inflammation in the blood vessels) or peristomal skin irritations.

Directed by a physician specializing in wound care, the wound care team will develop a treatment plan with the referring physician and the patient and adapt it later as necessary. The tools for treatment may include a whirlpool, electrical stimulation, vacuum-assisted closure, compression wraps, biological skin substitutes, vascular elevations and patient and family education.

Other community 2020 CHNA participants--listed in alphabetical order

This assessment was conducted by Wichita State University's Center for Applied Research and Evaluation (WSU-CARE) at the Community Engagement Institute under the direction of the Flint Hills Wellness Coalition. However, this community needs assessment was the culmination of a collaborative effort by multiple persons and organizations. In addition to Ascension Via Christi Hospital Manhattan, Inc. these organizations provided coordination, funding and/or, in some cases, design input on the assessment tool.

Caroline F. Peine Foundation

The Manhattan Fund – Caroline Peine Charitable Foundation exists to improve the quality of life in the City of Manhattan, Kansas, to benefit the KONZA Prairie and to provide for recreational development in the town of Keats, Kansas.¹²

City of Manhattan

The City of Manhattan, Kansas, provides municipal services for more than 50,000 residents. Located in northeastern Kansas at the junction of the Kansas River and Big Blue River, it is the county seat of Riley County, although it extends into Pottawatomie County.¹³

Flint Hills Wellness Coalition

The Flint Hills Wellness Coalition works cooperatively with citizens and groups throughout the City of Manhattan and Riley County to develop community norms that support healthy behaviors and environments. Their mission is to create a healthy, equitable community for our residents through policy, system, environmental, and personal change. The coalition has been successful in improving access to healthy foods, reducing exposure to tobacco in public parks, and advocating for bicycle/pedestrian-friendly environments.¹⁴

Greater Manhattan Community Foundation

Established in 1999, the Greater Manhattan Community Foundations is a tax-exempt public charity created by and for the people in a local area. It enables people with philanthropic interests to easily and effectively support the issues they care about - immediately, or through their will. Donors can establish a charitable fund at the Foundation by contributing a variety of assets and may also recommend grants - in their name, if they choose - to nonprofit groups they want to support.¹⁵

Kansas State University

Kansas State University (KSU), commonly shortened to Kansas State or K-State, is a public research university with its main campus in Manhattan, Kansas. It was opened as the state's land-grant college in 1863 and was the first public institution of higher learning in the state of Kansas. Kansas State's academic offerings are administered through nine colleges, including the College of Veterinary Medicine and the College of Technology and Aviation in Salina. Graduate degrees offered include 65 master's degree programs and 45 doctoral degrees.¹⁶

Konza Prairie Community Health & Dental Center

Konza Prairie Community Health Center is a not-for-profit charitable organization and partially funded by the federal government. One of the chief objectives of the Community Health Center is to make it a place where people want to come for their health care. Our clients can access primary and preventive health care, dental services and mental health and substance abuse treatment provided in a compassionate, respectful, and professional manner.¹⁷

¹² peinefoundation.org

¹³ cityofmhk.com

¹⁴ flinthillswellness.org

¹⁵ mcfks.org

¹⁶ k-state.edu/about

¹⁷ konzaprairiechc.com

Konza United Way

Konza United Way is working to ensure access to affordable and quality healthcare, improving education outcomes for children and improving the economic opportunities and financial security for families. Konza United Way's goal is to create long-lasting changes by addressing the underlying causes of these problems in Clay, Marshall, Pottawatomie, Riley, Wabaunsee and Washington counties.¹⁸

Manhattan Surgical Hospital

Manhattan Surgical Hospital was established in 2001 as a physician-owned hospital with a commitment to patient satisfaction and care. Serving the the needs of the growing patient population in northeast central Kansas, Manhattan Surgical Hospital provides efficient and quality care. The facility is comprised of six operating rooms, 13 inpatient rooms, three endoscopy suites, and five pain management treatment rooms.¹⁹

Riley County Health Department

The Riley County Health Department has been serving Riley County for well over 50 years with the goal of providing services that strengthen the health and quality of life of our communities in Riley County. A workforce of approximately 40 employees includes nurses, social workers, dietitians, support staff, and administration.²⁰

Survey dissemination and collection partners

In addition, the following organizations provided input regarding the draft assessment and/or were instrumental in encouraging the community to complete the survey or in disseminating and collecting surveys in Riley County. Because many organizations participated in disseminating or collecting surveys, our apologies to any that were inadvertently left off this list:

Ascension Via Christi Hospital Manhattan, Inc., Big Lakes Developmental Center, Inc., Boys & Girls Club of Manhattan, City of Leonardville, City of Manhattan, City of Ogden, City of Randolph, City of Riley, Catholic Charities of Northern Kansas, Common Table, Community Health Ministry – Wamego, Downtown Manhattan Inc., Flint Hills Area Transportation Agency, Flint Hills Breadbasket, Flint Hills Community Clinic, Flint Hills Human Rights Project, Flint Hills Job Corps, Flint Hills Metropolitan Planning Organization, Flint Hills Volunteer Center, Food & Farm Council, Friendship Meals Program, Girls on the Run, Greater Manhattan Community Foundation, Homecare & Hospice, Kansas Guardianship Program, Kansas Legal Services, Kansas State University, Kansas State University Public Health Program, Konza Prairie Community Health Center, Konza United Way, KSNT News, Lafene Student Health Center, League of Women Voters of Manhattan/Riley County, Manhattan Alliance for Peace & Justice, Manhattan Area Chamber of Commerce, Manhattan Area Habitat for Humanity, Manhattan Area Housing Partnership, Manhattan Arts Center, Manhattan Emergency Shelter, Inc., Manhattan Housing Authority, Manhattan Medical Group, Manhattan Public Library, Manhattan Surgical Hospital, Meadowlark, Morningstar CRO, News Radio KMAN, North Central Flint Hills Area Agency on Aging, Northeast Kansas Community Action Program, Pawnee Mental Health Services Inc., Region Reimagined, Riley County, Riley County Council on Aging, Riley County Council of Social Service Agencies, Riley County Department of Community Corrections, Riley County Emergency Medical Services, Riley County Extension, Riley County Health Department, Riley County Police Department, Riley County Seniors' Service Center, Salvation Army, Shepherd's

¹⁸ konzaunitedway.org

¹⁹ manhattansurgical.com

²⁰ rileycountyks.gov/286/health-department



Crossing, Stormont Vail Health, Sunflower CASA Project, The Crisis Center Inc., The FIT Closet, The Manhattan Mercury, Thrive! Flinthills, UFM Community Learning Center, USD 320 Wamego, USD 332 Rock Creek, USD 378 Riley, USD 383 Manhattan/Ogden, USD 384 Blue Valley, Wamego Chamber of Commerce, Wamego Health Center, Wamego Smoke Signal, WIBW News and Wonder Workshop.

Community Health Needs Assessment Methodology

Community Health Needs Assessments (CHNA) are a valuable tool in determining community perceptions, strengths, and concerns for the purposes of planning and community improvement. Community assessments are also helpful or required for accreditation of local health departments and hospitals.

The 2020 Community Needs Assessment is the fifth such survey of Manhattan/Riley County residents conducted by Ascension Via Christi Hospital Manhattan, Inc. either as an individual ministry or in partnership with other community organizations. The first one, conducted in 2010 was based on interviews conducted with individuals representing businesses, healthcare providers, government agencies, school districts, faith communities and other not-for-profits in Manhattan, Wamego, Ogden and Junction City. The 2012 CHNA, conducted by Via Christi Health, focused solely on the healthcare needs of the aging population in all of the Via Christi markets. The 2018 CHNA, also conducted by Via Christi Health was done in collaboration with Wamego Health Center, a joint venture hospital of Ascension Via Christi but located in the neighboring county of Pottawatomie.

The 2015 and 2020 CHNA, also conducted by Wichita State University's Center for Applied Research and Evaluation (WSU-CARE), was lead and coordinated by Riley County Seniors' Service Center through a grant from the Caroline Peine Charitable Foundation and in which Ascension Via Christi Hospital Manhattan, Inc., City of Manhattan, Greater Manhattan Community Foundation, Kansas State University, Konza Prairie Community Health Center, Konza United Way, Manhattan Surgical Hospital and Riley County Health Department were funding partners. The 2018 and 2020 assessments are available for download on Ascension Via Christi's webpage <https://www.viachristi.org/about-via-christi/mission/community-benefit>.

For the purpose of gathering responses from a broad cross-section of the community, the partners and supporters of the Riley County community needs assessment solicited participation from people of all ages, ethnicities, income brackets, professions, and other qualifiers that might impact one's experience and perception of the community. Every effort was made to gather input from a representative sample that is consistent with Census data for Riley County. As is noted in the demographics section below, despite all efforts, populations such as younger adults, Latino/Hispanic persons, and persons with lower incomes are not proportionately represented; however, this is a common limitation of a convenience sample because the response rate and demographics are dependent upon the willingness of community members to respond. As noted in the section on the Subsample Analysis (Appendix A), this limitation was addressed through an analysis of a random subsample of survey responses that reflect the Census data for Riley County relative to age.

The following report includes detailed information about the methodology of the community survey, demographics of respondents, and survey data for Riley County. An overview of relevant secondary data (i.e., data available through public sources such as the most recent Census, Kansas Behavioral Risk Factor Surveillance System (BRFSS), Kansas Department for Children and Families, Kansas Kids Count, Kansas Communities That Care, etc.) has also been included to provide comparison points. Additionally, this report contains the qualitative findings from key informant interviews and focus groups. Survey data regarding Quality of Life is presented first followed by sections on Physical Health, Mental Health, Social Issues, Children and Youth, Education, Aging, Housing, Transportation, and Economics/Personal Finance. As noted, each topic section except Quality of Life begins with the related secondary data. Survey data are from the Community Needs Assessment survey that was completed (at least partially) by 1,229 Riley County residents. The survey was administered via the internet, and hard copies were

distributed through community events and organizations. The survey was offered in Spanish online and in hard copy. A postcard was mailed to a random sample of addresses in Manhattan and Riley County to encourage recipients to take the survey. The survey was open from September through November 2019.

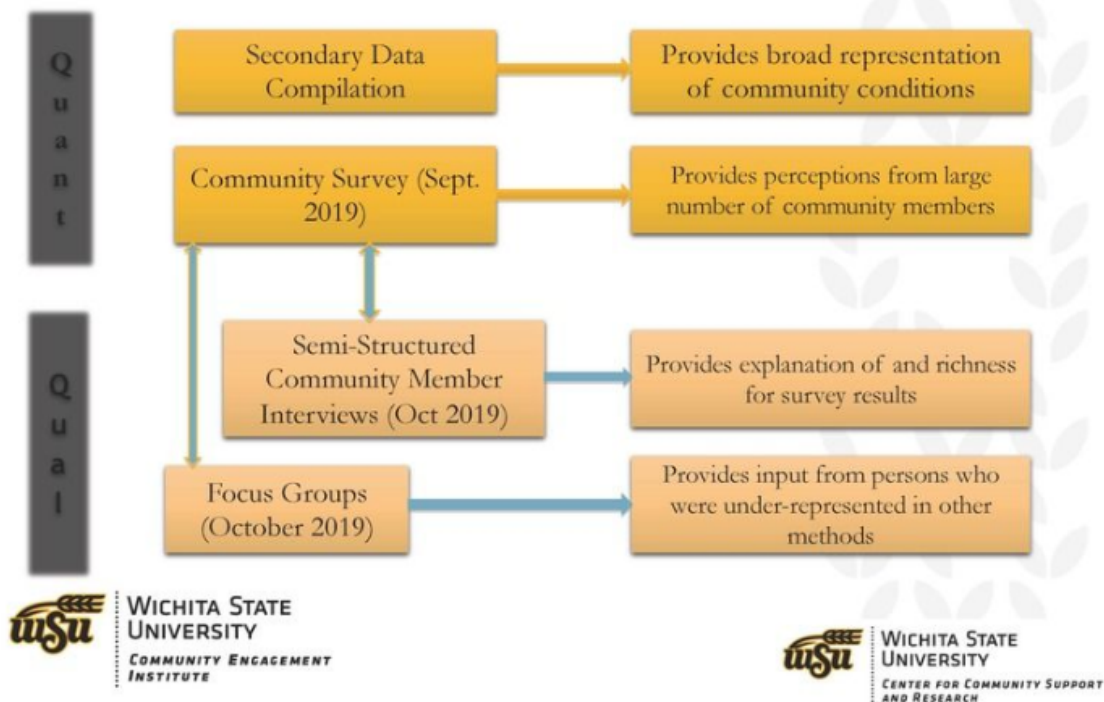
In order to gather further information on community perceptions, especially with underrepresented populations, community member interviews and focus groups were conducted with 25 community members representing a diverse range of ages, professions, and interests (e.g., non-profit, ecumenical, educational, business, healthcare, retired, volunteer) during October and November 2019. Two focus groups were conducted with persons from populations that were underrepresented in the community survey (i.e., Spanish-speakers and persons with low incomes) and with representatives of non-profit, educational, and governmental organizations. Thirty five (35) persons participated across all groups. The qualitative data from the interviews and focus groups help add richness to the secondary and survey findings as well as providing confirmation as to whether the quantitative data are truly descriptive of the experiences of persons in the community, particularly those who may not have been well-represented among survey respondents.

Design

As noted, WSU-CARE revised the survey used in 2014-2105 with input from community members. The original survey was based on questions that were common in other community needs assessments, and community members were also involved at that time in reviewing and suggesting changes. The changes made for the 2019 survey were primarily focused on:

- Removing questions that were covered in a recent community survey of Manhattan residents that focused on infrastructure and community services
- Removing questions that did not provide useful information in 2014-2015 (e.g., questions about where people purchase various items or services)
- Reorganizing the survey, such as combining Physical and Mental Health, and better identifying topics of subsections to make it easier to follow
- Adding questions and/or definitions to better quantify issues such as healthy eating, social isolation, custodial care of grandchildren, percentage of income spent on housing, etc.
- Adding a question regarding the neighborhood/area in which Manhattan residents live was added to better determine localized issues (WSU-CARE did not perform this analysis but has provided the data set to the Flint Hills Wellness Coalition)

Overall Process – Multi-Method Approach



Once WSU-CARE revised the survey based on initial feedback from a small design team, community partners were then invited to a community meeting to provide input. After the design team approved the final survey, WSU-CARE submitted the survey and information regarding methodology to the Wichita State University Institutional Review Board (IRB). Because the survey was not meant to be used for research purposes and no individually identifiable or sensitive information was to be collected from participants, the IRB determined this survey did not require their oversight.

As opposed to the 2014-2015 assessment, in which key informants from community and governmental organizations were interviewed, community members were invited to complete the 2019 interview. Information about the interviews was distributed through social media and other community mechanisms. A total of 25 semi-structured interviews were conducted with those who volunteered. Questions allowed interviewees to provide information regarding their general perceptions of the community, specific needs/concerns, specific strengths, and any suggestions on addressing issues or enhancing strengths.

Three focus groups were held with a total of 35 participants. The focus group questions were designed with a similar purpose as the interviews, but also allowed participants to provide feedback as to whether findings from the survey results were reflective of their own experiences.

The elements of this community needs assessment were designed to provide triangulation in three areas: triangulation of methods, triangulation of sources, and triangulation of analysts (Patton, 1999). These are recommended methods for increasing the likelihood that the data gathered and findings provided are accurate and truly representative of perceptions of the entire community. Triangulation of methods was achieved through the use of secondary data sources, survey data, and qualitative data

from interviews and focus groups. Triangulation of sources involved gathering input from the general public through the survey and interviews, from key community leaders and service providers through one of the focus groups, and from members of groups that were underrepresented in other methods through two focus groups. Finally, three primary researchers led this project, reviewed each other's work, and provided reliability checks on the qualitative analysis.

Secondary data

Secondary data are typically collected by large institutions or organizations and made available publicly. The most well-known example of a secondary data source is the U. S. Census. For the purposes of this community assessment, WSU-CARE compiled relevant pieces of secondary data to complement and compare to the survey, interview, and focus group data. The most recent secondary data available were used whenever possible; however, these data can often be several years old due to the arduousness of collection across large populations. Additionally, some secondary data are not available on a county level due to limitations in data collection or ethical issues in reporting on issues that affect a small number of persons in a given community. Given that multiple entities publish data on the same issues, it is also possible to find differences in what appears to be similar data. This is often due to slight differences in the reporting period, characteristics of the sample, method of data collection, or other variables. This report includes secondary data that are 1) easily understandable, 2) most relevant to the general community, and 3) from credible, well-respected sources. All data reported include the exact source and year from which the numbers were taken.

Community survey methodology

Sample selection

A convenience sample was used for online and hard copy surveys. This means that the survey was promoted widely across the community but participants were not targeted due to particular traits, location, or other factors. Anyone who wanted to complete the survey was considered part of the sample. The same survey was used for both online and hard copy versions. A postcard was mailed to a random sample of addresses in Manhattan and Riley County to encourage participation. However, the responses are still considered to be a convenience sample since participation was not limited to those who received a card. A total of 1,229 usable surveys (i.e., respondents answered more than demographics questions) for Riley County were gathered across both methods of administration.

Online survey

The online survey was created and administered in Qualtrics and posted on a dedicated website, <http://www.rileycountycommunityneedsassessment.org/>. The Chair of the Flint Hills Wellness Coalition worked closely with the survey sponsors to create a roster of community partners across Riley County who would assist with disseminating the survey website. The community partners were asked to promote and distribute the website via their own websites, social media accounts, internal staff email, and other regular media outlets. The list of community partners can be seen under the Acknowledgments. The survey was opened on Sept. 22, 2019 and closed on Nov. 18, 2019. The online survey was offered in English and Spanish, but no surveys were completed in Spanish. Surveys with only demographics completed were removed because they did not offer substantive information about community needs. A total of 1,189 online surveys were used for analysis.

Paper Survey

The paper survey was made available at multiple locations throughout the community through the efforts of the community partners. Surveys were collected by a designated person at the site/location and sent in bulk back to WSU-CARE. Special efforts were made to administer surveys at community events and/or at organizations that cater to populations that tend to be underrepresented in community discussions and planning (i.e., Latino, older adults, youth, persons with disabilities, etc.). The paper survey was offered in English and Spanish, but no Spanish surveys were submitted. All 40 paper surveys submitted to WSU-CARE were included for analysis.

Postcard Mailing

Dr. Josie Shaffer of the University of Omaha created a random sample of addresses for Manhattan and Riley County using lists provided by the city and county governments. Postcards were mailed to 814 Manhattan and 400 Riley County residents. One hundred seventy-seven (177) postcards were returned as undeliverable across Manhattan and Riley County. The corresponding addresses were removed from the list and reminder postcards were sent to the remaining addresses in early November.

Table 1. Survey type for Riley County (n=1247)

Survey type	Frequency	%
Online	1207	96.8%
Paper	40	3.2%

Table 2. Survey language for Riley County

Language	Frequency	%
English	1244	99.8%
Spanish	3	0.2%

Table 3. How did you find out about this survey?

Notification Method	Frequency	%
Postcard with web address	67	5.5%
Through an organization I work with	280	22.8%
Media	508	41.3%
Word of Mouth	112	9.1%
Other	139	11.3%
Not Answered	123	10.0%

Geographic distribution of survey participants

For the data in this section and those that follow, most percentages are figured based on surveys from 1229 persons (i.e., N=1229) unless otherwise specified. Particularly for demographics, the number and percentage of the total who did not answer the question is included with the data.

Table 4. Is this county your permanent residence?

Answer	Frequency	%
Yes	998	81.2%
No	24	2.0%
Not answered	207	16.8%

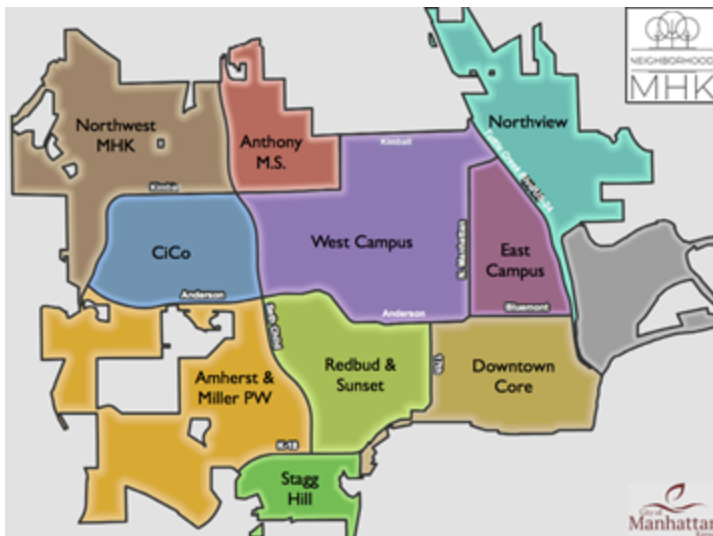


Table 5. If you live in Manhattan, please select the name of the area in which you currently live based on the map

Neighborhood	Frequency	%
Northview	152	12.4%
CiCo	109	8.9%
West Campus	103	8.4%
Amherst & Miller PW	98	8.0%
Downtown Core	98	8.0%
Northwest MHK	92	7.5%
Anthony M.S.	72	5.9%
Redbud & Sunset	48	3.9%
East Campus	36	2.9%

Stagg Hill	34	2.8%
Not Answered	387	31.5%

Table 6. What is your zip code?				
	2020 CHNA (N = 1,229)		2018 CHNA (N=684)	
Answer	Frequency	Percent	Frequency	Percent
66502	604	49.1%	258	37.7%
66503	350	28.5%	91	13.3%
66531	43	3.5%	6	0.88%
66554	21	1.7%	2	0.30%
66449	18	1.5%	1	0.15%
66517	13	1.1%	4	0.59%
66505	4	0.3%	0	0.0%
66506	3	0.2%	0	0.0%
66442	1	0.1%	0	0.0%
67447	2	0.2%	1	0.15%
Not Answered	169	13.8%	7	1.02%
All Other Zips	0	0.0%	314	46.0%

The 2020 CHNA had more respondent participation by City of Manhattan residents than the 2018 CHNA that appeared to have more respondents from the surrounding rural areas of Riley and Pottawatomie Counties. Although in both efforts, the number and percentage of respondents were highest for the 66502 and 66503 zip codes. The overall results, in terms of the needs identified, did not change much given the geographic locations represented by the respondents.

Interview Methodology

In order to gain qualitative input from a broad range of community members (not just key informants or community leaders), an announcement was placed on social media seeking volunteers for interviews. WSU-CARE initially intended to draw a sample from those who applied if there were a large number of applicants. However, this was not necessary, and a total of 28 potential interviewees were identified through the social media announcement or personal contact from the Flint Hills Wellness Coalition. The potential interviewees were then contacted by via e-mail by CARE researchers, and the interviews were scheduled across three weeks in Manhattan. Twenty-five of the potential interviewees scheduled interviews. Although one person cancelled and did not reschedule, an additional person came with a friend and participated in the interview, so a total of 25 persons were interviewed in-person. All interviews were held at the Manhattan Public Library. Two WSU-CARE researchers conducted concurrent interviews in separate rooms. Each interview lasted between 30 to 60 minutes.

The interviews were semi-structured, meaning that WUS-CARE researchers had a list of specific open ended questions to cover, but participants were able to address any topic they wished related to the community. During the interviews, the interviewers took extensive notes on each question. All interviewees were asked the same questions concerning their perspective on strengths and needs in the community. WSU-CARE researchers asked follow-up questions to clarify anything that was not clear, but allowed interviewees to talk as much or as little as they desired in response to any given question.

Interview responses were analyzed using exploratory thematic analysis (Guest & Namey, 2011). Exploratory thematic analysis is a method of categorizing qualitative data for the purpose of discerning a pattern in comments from participants. The exploratory nature (versus confirmatory) allows the content of participants' comments to drive the analysis rather than being directed by the hypothesis of the researcher. Using this method, the two WSU-CARE researchers identified themes across their individual interviews, then compared and came to consensus on themes present across all interviews. A third researcher who did not conduct any of the interviews reviewed the notes from all interviews and created her own list of themes. The list from the third researcher was reviewed by the other two researchers. Any differences were discussed, and the final list of themes was developed. This technique was used as a way of verifying the accuracy of the analysis and can be considered a form of inter-rater reliability (Creswell, 2007).

Focus Group Methodology

Although every effort was taken to ensure that respondents to the survey were representative of the population of Riley County, participants tended to be female, Caucasian, middle-aged or older, and have higher income than average. This is a typical issue for community surveys that deal with a large range of topics for which it is not appropriate to target particular populations. To compensate for this limitation, focus groups were conducted with persons from populations that were underrepresented in the survey, namely Spanish-speaking Hispanics/Latinos and persons with low income. It is acknowledged that the limited number of persons in a focus group cannot adequately speak for the group they represent; however, gathering input from at least a few persons from a population can provide a foundation for confirming whether the survey data can be considered reflective of the bulk of the community. An additional focus group was arranged with community and governmental organization representatives.

WSU-CARE provided data to representatives of sponsoring organizations regarding demographics of survey respondents. Based on this information and knowledge of the community, representatives from the sponsoring organizations identified which groups to target for participation in focus groups. A representative from the sponsoring organizations set up the two focus groups, one with persons with low income and one with Spanish-Speaking Hispanics/Latinos. The focus group with persons with low income was set up through the Manhattan First United Methodist Church, and the focus group with Spanish-speaking Hispanics/Latinos was arranged through Manhattan-Ogden USD 383. The Chair of the Flint Hills Wellness Coalition invited community and governmental organization representatives to the third focus group.

Focus groups were conducted in November. Eleven persons participated in the group for persons with low income, six participated in the focus group for Hispanics/Latinos, and 18 participated in the group for community/governmental organizations. Each focus group lasted between 50 and 90 minutes.

WSU-CARE researchers designed the focus group questions to allow participants to provide feedback on findings from all sources of data collected to date (i.e., secondary data, community survey, and interviews) as well as add their own input on primary strengths and needs of the community. WSU-CARE researchers wrote down all comments on a flipchart so participants could provide corrections if needed.

As with key informant interviews, WSU-CARE researchers used exploratory thematic analysis (Guest & Namey, 2011) to identify themes in participant comments. The same process as was used for interviews was also used to theme focus group comments. The two researchers who conducted the groups identified themes, and a third researcher who had not participated in the focus groups reviewed the notes and developed her own themes. Consensus was reached regarding the final themes. The comments from each group were analyzed separately and collectively in order to identify any unique issues by group as well as those that occur across populations.

Community Health Needs Assessment findings

Sample characteristics

Respondents were asked a series of questions about age, gender, race, ethnicity, income, and education to help assess the comparability of the survey respondents with the general population in Riley County, as reflected in the 2019 U. S. Census Estimate. Additionally, marital status, military service, employment status, student status, religious involvement, access to the internet, and access to community information were also asked to help with the interpretation of the survey results.

In the 2020 CHNA survey, a fairly high percentage of participants did not respond to most of the demographics questions. In an attempt to avoid an issue with survey fatigue, WSU-CARE placed the most essential demographic questions to help describe the sample at the beginning of the survey. However, nearly 50 percent did not respond to the questions other than the one about age. Therefore, it is difficult to describe the survey sample accurately. Of those who did provide demographic information, the largest groups were between 35 and 64 years old, female, white, and had incomes above \$50,000 per year. The largest percentages also had graduate/professional degrees and were married. Again, it is not known whether this is reflective of all respondents due to the number who did not provide demographic information.

In comparison, the 2018 CHNA survey did not encounter a high non-response rate for most questions. However, the CHNA is a fairly long survey that offers no incentive for participating and the 2020 effort was a year ahead of schedule so some respondents may have been fatigued by answering so many questions without any tangible return on the investment of time. The distribution of the survey from late September to late November could have impacted participation as people prepare for the celebration of traditional holidays and traveling starting in mid-November through the first of the new year.

In a recent study by the U. S. Census Bureau (McGeeney, Kriz, Mullenax, et al., 2019) regarding intention to respond to the 2020 Census, the authors concluded that interest in responding to the Census has eroded over the years due to lack of trust in public institutions and the government, and the overall trend toward lower response rates across all surveys. So, the low number of responses to demographic questions is consistent with current trends related to surveys. At the same time, the response rates to the more substantive questions regarding conditions in Riley County were much higher.

Women, regardless of age category, out-responded their male counterparts on both CHNA surveys. This is consistent with other CHNAs that have been conducted by Ascension Via Christi regardless of the geographic location of the hospital. Research has shown that the majority of women also make the health care decisions in their family.

Table 7: Gender of Respondents

Gender	2020 CHNA Respondents	Riley County Population (2019 U.S. Census estimate) ²¹	2018 Survey Respondents
Female	41.3%	47.5%	83.9%
Male	15.2%	52.5%	16.1%
Prefer not to answer	0.8%	n/a	n/a
Not answered	42.6%	n/a	n/a

Table 8: Age of Respondents

Age	2020 CHNA Respondents	Riley County Population ²² (2019 U.S. Census estimate)	2018 CHNA Respondents
Under 18	0.0%	21.1%	0.0%
18 to 24 years	3.7%	26.4%	3.7%
25-34 years	18.0%	18.7%	21.3%
35-49 years	28.3%	13.4%	30.4%
50-64 years	25.1%	12.5%	27.2%
65-74 years	11.6%	4.1%	10.4%
75 years and older	6.9%	3.8%	7.0%
Not answered	6.3%	0.0%	n/a

In looking at the two CHNAs, the percentage of respondents representing the various age groups are quite similar. However, respondents between the ages of 18 to 24 years are under represented for both the 2018 and 2020 CHNAs. As research has shown, this age group is growing increasingly challenging in recruiting for survey research.²³ In 2018, an effort to reach out using social media was tried with the survey placed on SurveyMonkey and invitation banners on automatic pop-ups. This had a positive impact on all age groups but the 18 to 24 year old population. All other 2018 CHNA respondent groups outpaced their population percentage as shown on the 2019 U.S. Census estimate in Table 8 and the 2020 CHNA.

More than 52 percent of the respondents identified their primary race as white. Table 9 shows the race and ethnic breakout for Riley County for both the CHNA and the 2019 Census. The rate of response by minority populations for the 2020 CHNA was 4.6 compared to the general population of 16.4 percent and in 2018 it is only 2.8 percent. Only 1.7 percent of the 2020 CHNA respondents identified themselves as Hispanic and are underrepresented when compared to the general population.

²¹ U.S. Census QuickFacts, Riley County, Kansas, downloaded on Jan. Feb. 7, 2020 from <https://www.census.gov/quickfacts/fact/table/rileycountykansas,KS,US/PST045219>

²² Suburban Stats, Riley County, Kansas, downloaded on Jan. 24, 2020 from <https://suburbanstats.org/population/kansas/how-many-people-live-in-riley-county>

²³ Dalessandro, Cristen, Recruitment Tools for Reaching Millennials: The Digital Difference, International Journal of Qualitative Methods, Volume 17: 1-7, 2018 downloaded on February 19, 2020 from <https://journals.sagepub.com/doi/pdf/10.1177/1609406918774446>

While minority participation has improved, community leaders should also take into account the impact of education, household income, employment, current health status in addition to race when looking for trends of health access and outcomes. As stated earlier, in the 2020 CHNA, this question was left blank by nearly 43.0 percent, making it difficult to draw any conclusions based on race or ethnicity.

Table 9: Race of Respondents

Race	2020 CHNA Respondents	Riley County Population ²⁴ (2019 U.S. Census estimate)	2018 CHNA Respondents
American Indian	1.1%	0.7%	0.4%
Asian	0.7%	5.1%	0.3%
African American/Black	1.6%	6.8%	0.3%
White	52.8%	83.6%	96.0%
Native Hawaiian/Pacific Islander	0.1%	0.3%	0.0%
Two or more races	1.1%	3.5%	1.8%
Hispanic or Latino	1.7%	8.5%	2.4%

Table 10: Annual Household Income of Respondents

Amount	2020 CHNA Respondents	Riley County Households (ACS) ²⁵ (2018 U.S. Census estimate)	2018 CHNA Respondents
Less than \$10,000	0.9%	9.6%	2.2%
\$10,000-\$14,999	1.5%	4.5%	3.6%
\$15,000-\$24,999	3.6%	9.5%	5.2%
\$25,000-\$34,999	4.0%	12.2%	7.3%
\$35,000-\$49,999	6.0%	15.9%	12.6%
\$50,000-\$74,999	11.2%	18.6%	23.4%
\$75,000-\$99,999	10.3%	10.5%	20.6%
\$100,000-\$199,999	10.4%	15.3%	21.8%
\$200,000 or more	3.7%	4.0%	3.3%
Not answered	48.4%	n/a	0.0%

The median household income for those responding to the 2020 CHNA was estimated to be nearly \$75,000 compared to a median household income for Riley county of \$49,910 estimate. The median household income for respondents to the 2018 CHNA was a little higher at nearly \$80,000. Table 10

²⁴ U.S. Census QuickFacts, Riley County, Kansas, downloaded on Jan. 22, 2020 from

<https://www.census.gov/quickfacts/fact/table/rileycountykansas,pottawatomiecountykansas,KS,US/PST045219>

²⁵ American Community Survey, 2017, Riley County, Kansas, downloaded on Jan 24, 2020 from

https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_S1901&prodType=table

shows the annual household income of 2020 and 2018 CHNA survey respondents along with the 2018 income data taken from the American Community Survey.

According to the Census Bureau FactFinder 2013-17, 95.9 percent of Riley County residents over the age of 25 years reported graduating from high school or higher with 24.6 percent reporting they had received a bachelor's degree or higher. How the 2020 CHNA respondents level of education compares with the 2018 and 2015 CHNA is shown in Tables 11.1 and 11.2. Note in Table 11.2 the 42.5 percent non-response rate for the 2020 CHNA on this variable making it challenging to compare to previous CHNA respondent groups.

Table 11.1: Education comparison of CHNA Respondents with other populations			
Education Level	2020 CHNA Survey Sample	Riley County Census Data	Kansas Census Data
High school graduate	99.1%	95.9%	90.5%
Bachelor's degree (25+ pop)	28.5%	24.6%	20.6%
Graduate or professional degree (25+ pop)	43.3%	20.9%	11.7%
Note: Survey sample does not include the percentage not answered.			

Table 11.2: Highest level of education achieved			
Education Level	2020 CHNA Respondents	2018 CHNA Respondents	2015 CHNA Respondents
Less than 9th grade	0.0%	0.0%	0.2%
9th-12th grade	0.5%	0.3%	0.8%
High School graduate	3.6%	8.1%	4.7%
Associate's degree or vocational training	5.1%	10.2%	7.3%
Some college (no degree)	7.0%	12.7%	11.3%
Bachelor's degree	16.4%	36.5%	25.3%
Graduate or professional degree	24.9%	32.2%	31.0%
No response	42.5%	0.0%	19.4%

While there has been some variation across the three CHNAs show similar percentages for respondents with associate degrees or less, those reporting BA/BS, MA/MS or professional degrees have been the largest response groups for all recent assessments as 41.3 percent in 2020; 68.7 percent in 2018 and 56.3 percent in 2015 reportedly graduated from college.

More than 66 percent of the 2018 CHNA respondents are married. This is about 13 percent higher than the previous CHNA. Table 12 compares the respondent breakout for all three CHNA efforts.

Table 12: Marital status			
Marital Status	2020 CHNA Respondents	2018 CHNA Respondents	2015 CHNA Respondents

Single, never married	5.9%	13.0%	9.9%
Married	38.9%	66.3%	53.6%
Divorced	5.9%	12.4%	8.2%
Widowed	3.7%	6.5%	5.5%
Not married, but living together	2.0%	1.9%	1.9%
Domestic partnership or civil union	0.7%	0.0%	1.0%
No response	42.7%	0.0%	20.1%

When respondents were asked if they are currently or if they had been a member of the Armed Services more than six percent identified that they are or have served in the military in the 2020 CHNA. This has declined from the 2015 and 2018 CHNA when nearly 11.0 and 7.0 percent respectively stated they were either engaged or had served in a branch of the military.

When asked what their military status was right now, in the 2020 CHNA less than 1 percent stated they were currently active compared to 4.6 percent in the 2018 CHNA. However, of those who had a background in the military, there was an increase in the number of respondents who identified themselves as now being disabled or injured.

When it came to the question of employment status, only 25.1 percent indicated they were employed full-time compared to 54.5 percent in 2018 and nearly 40 percent in 2015. Those working more than one job remained stable at 6-7 percent over the last three CHNA surveys. Respondents also reported that an average of 1.4 people in their household were working and that 87 percent of respondents work close-to-home in Riley County. How the current respondents compare with the 2015 and 2018 CHNA respondents when it comes to employment status is summarized in Table 13.

Other socio demographic variables that were asked for previous CHNAs efforts are listed below in Table 14. The 2020 CHNA respondent group has an decreased percentage of students attending a four-year college or university, but the response rate for this question was extremely low with 97.3 percent of respondents choosing not to answer the question.

The percentage of faith participants in this research effort remained relatively stable when compared to the previous CHNAs.

Table 13: Employment status

Employment Status	2020 CHNA Respondents	2018 CHNA Respondents	2015 CHNA Respondents
Self-employed	3.4%	3.7%	4.8%
Employed full time (one job)	25.1%	54.5%	39.2%
Homemaker	1.6%	4.1%	2.3%
Disabled	1.5%	3.1%	1.8%
Unemployed for more than one year	0.5%	0.3%	1.0%
Unemployed for 1 year or less	0.7%	0.9%	0.8%
Working more than one job	6.0%	6.2%	7.1%
Employed part time	5.3%	11.8%	6.7%
Retired	13.0%	13.4%	15.9%
Other/not answered	42.8%	1.9%	20.5%

Table 14: Other socio demographic variables tracked

Variable Description	2020 CHNA Respondents	2018 CHNA Respondents	2015 CHNA Respondents
Yes, I am a student taking courses for credit	2.8%	2.2%	6.6%
Yes, I am attending a 4-yr college or university	0.6%	7.7%	4.6%
Yes, I do participate in a religious faith community	57.7%	60.7%	51.4%

More than 41 percent of all respondents in the 2020 CHNA stated they get their news about community events through social media (Facebook, Twitter, etc.), reflecting a continued reliance on social media as an information source. When asking the respondents how they access the internet, most respondents indicated they have multiple ways and the most popular forms are through a home computer and a mobile application of some form.

The percentage of these two forms has increased dramatically since the 2015 CHNA. See Table 15 for specific breakout. It is surprising that fewer 2020 CHNA respondents identified accessing the internet from a home or work computer, as well as a mobile application when compared to the 2018 CHNA respondents. It could be that fewer 2020 CHNA respondents are accessing the internet but may be using technology for staying in touch with family and friends through texting. It was a surprising find in the 2018 CHNA that regardless of the respondent's age, more people are embracing technology in multiple ways. Surfing the web, texting, tweeting, using Facebook and/or Instagram was thought to be an "addiction" of the millennials but a growing number of seniors are also catching the "bug" and using technology for business, social connectedness, health access and advice, as well as hobbies.

Table 15: How internet is accessed

Education Level	2020 CHNA Respondents	2018 CHNA Respondents	2015 CHNA Respondents
Home computer	46.3%	82.1%	70.3%
Public computer	3.1%	4.7%	5.1%
Work computer	27.6%	37.9%	44.3%
Mobile (tablet, cell phone, etc.)	44.9%	74.0%	51.3%
I don't access the internet	0.4%	2.8%	2.9%

Quality of life

In general, respondents to the needs assessment survey rated the quality of life in Riley County highest in areas related to being a good place to raise children (mean=4.1), having good schools (mean=4.0), and having opportunities to contribute (mean=4.0). The lowest rated areas of quality of life, which largely fell into the “neither agree nor disagree” category, were healthcare (mean=3.0), accessibility (mean=3.2), and economic opportunity (mean=3.2)

When asked what contributes most to quality of life, affordable housing was selected by 23.8% of respondents (and ranked number one by 13.6% of respondents), followed by safe neighborhoods and good schools. Jobs paying a living wage was 4th overall (17.9%), but was ranked #2 more than any other answer (8.1%). Based on other feedback in the survey, Riley County does well in two areas that are considered priorities for quality of life (safe neighborhoods and good schools), but residents have concerns about the other two areas (affordable housing and living wage jobs).

Physical health

(including physical activity, nutrition and tobacco use)

Secondary data show that Riley County residents are largely healthier than average for Kansas on many health indicators. Respondents to the survey tended to report themselves as being relatively healthy, with behaviors that are more in line with recommended standards regarding physical activity and nutrition than is evidenced in secondary data. Additionally, Riley County has a higher percentage of food insecure households than average for the state (17.5 percent versus 12.7 percent), and 42.5 percent have low access to grocery stores (19.8 percent have low income and low access).

On the 2020 assessment, 11.2 percent reported having ever been concerned about having enough to eat, and 5.1 percent had skipped meals in the last week because they could not afford food. And for those that said they do not eat enough fruit or vegetables, the most common reason was expense.

Table 16. Rate the following statements about the *quality of life* in the community based on your experiences. (1=Strongly Disagree, 5=Strongly Agree)

Answer	N	% Strongly Disagree	% Disagree	%	% Agree	% Strongly Agree	Mean (Range 1-5)
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				Neither Agree nor Disagree			
I am satisfied with the quality of life in the community.	882	1.9	8.7	11.9	58.6	18.8	3.8
I am satisfied with the health care system in the community.	884	9.5	28.4	21	33.3	7.8	3.0
I am satisfied with the local schools in the community.	881	1.8	8.4	25	47.2	17.6	3.7
I am satisfied with the local government in the community.	882	6.8	15.6	28.8	41.8	6.9	3.3
The community is a good place to raise children.	883	1.1	2.8	14.9	51.3	29.8	4.1
My community is a good place to retire.	882	3.6	11.3	21.7	43	20.4	3.7
This is a safe place to live.	881	0.8	5	13.7	53	27.5	4.0
There is economic opportunity in the community.	876	8.1	18	27.1	36.8	10	3.2
There are networks of support for individuals during times of need in the community.	876	5.1	15.3	28.1	42.1	9.4	3.4
There are networks of support for families during times of need in the community.	876	4.2	12.4	30.6	44.1	8.7	3.4
There are plenty of recreational activities in the community.	880	6	18.5	18.2	41.6	15.7	3.4
There are volunteer opportunities in the community.	882	0.7	3.6	13.9	53.5	28.2	4.0
I can make the community a better place to live.	878	0.8	1.8	19.4	53.3	24.7	4.0
The community is strengthened by its diversity.	878	2.3	6.8	18	43.5	29.4	3.9
I intend to stay in the community over the next five years.	880	3	4.3	11.8	38	43	4.1
I am satisfied with accessibility in this community for persons with disabilities.	876	4.9	15.4	43.4	27.7	8.6	3.2

Table 17. What are the three most important factors contributing to the quality of life in the community?

Answer	Overall Frequency (any ranking)	Overall % (any ranking)	% Ranked 1 st	% Ranked 2 nd	% Ranked 3 rd
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Affordable housing	293	23.8	13.6	6.0	4.2
Safe neighborhoods	243	19.8	6.1	7.2	6.4
Good schools	229	18.6	5.5	6.8	6.3
Jobs paying a living wage	220	17.9	5.5	8.1	4.3
Low crime	208	16.9	3.7	6.7	6.5
Good place to raise children	200	16.3	6.8	5.5	4.0
Healthy economy	158	12.9	3.7	4.1	5.0
Parks and recreation	115	9.4	1.1	2.3	6.0
Arts and cultural events	102	8.3	1.7	2.6	4.0
Strong family life	97	7.9	2.6	2.7	2.6
Access to affordable health insurance	86	7.0	2.8	1.7	2.4
Religious or spiritual values	83	6.8	2.7	2.5	1.5
Healthy behaviors and lifestyles	65	5.3	1.4	1.4	2.5
Other	45	3.7	1.9	0.4	1.4
Equality	42	3.4	1.0	1.1	1.4
Resources for parents	17	1.4	0.2	0.3	0.8
Physical access to public facilities	15	1.2	0.1	0.5	0.7
Low level of child abuse	12	1.0	0.2	0.4	0.3
Low disease rates	4	0.3	0.1	0.1	0.2

Respondents to the 2020 CHNA were relatively neutral in their responses about how easy it is to access healthcare and dental care (mean for both was 3.2). However, secondary data show that Riley County has a higher ratio of population to primary care physicians than Kansas in general (1,530:1 versus 1,310:1). Regarding options for physical activity, respondents on the survey were somewhat neutral regarding having plenty of options for physical activity in the community (mean=3.4) and skewed toward disagreeing that there are enough accessible options for persons with disabilities (mean=2.8).

The top physical health needs overall were affordable health services, affordable insurance, and affordable prescriptions. Affordable health services and affordable insurance were ranked number one far more often than any other option (16.3 percent and 12.5 percent, respectively). No question was asked specifically regarding top needs related to physical activity, nutrition, or tobacco use.

Table 18. Selected Secondary Physical Health Data
Secondary Physical Health, Physical Activity, Nutrition, and Tobacco Use Data

Personal Health	Riley County	Kansas	Source
Percent of adults with fair or poor self-perceived health status, 2017	9.4%	17%	BRFSS
Percent of adults without health insurance, 2017	7.9%	12.5%	BRFSS
Ratio of population to primary care physicians, 2016	1,530:1	1,310:1	Robert Wood Johnson Foundation County Health Rankings
Ratio of population to dentists, 2017	1,610:1	1,740:1	Robert Wood Johnson Foundation County Health Rankings
Percent of adults with hypertension, 2017	23.3%	32.8%	BRFSS
Percent of adults who had heart attack (MI), angina, or heart failure after MI, 2017	22.3%	26.4%	Centers for Medicare & Medicaid Services
Percent of adults tested and diagnosed with high cholesterol, 2017	22.3%	34.1%	BRFSS
Rate of age-adjusted cancer (all cancer sites), per 100,000, 2011-2015	443.64	455.84	KS Cancer Registry
Female Breast Cancer Rate (per 100,000 female population)	137.3	124.9	Kansas Health Matters
Percent of adults diagnosed with diabetes, 2017	5.5%	10.5%	BRFSS
Percentage of adults aged 18 years and older who did not get immunized against influenza during the past 12 months, 2017	60.5%	61.6%	BRFSS
Percent of adults who are obese, 2017	23%	32.3%	Kansas Health Matters via Kansas Department of Health and Environment
Percent of adults living with a disability, 2017	18%	25.9%	BRFSS
Percent of adults not doing enough physical activity to meet both aerobic and strengthening exercise recommendations, 2017	25.3%	19%	Kansas Health Matters via Kansas Department of Health and Environment
Personal Health	Riley County	Kansas	Source
Percent of adults who reported consuming fruit less than one time per day, 2017	36.1%	37.5%	BRFSS
Percent of adults who reported consuming vegetables less than one time per day, 2017	14.9%	17.3%	BRFSS
Percent of food insecure households, 2017	17.5%	12.7%	Kansas Health Matters via Feeding America

Percent of people with low access to grocery store, 2015	42.5%	(State not available)	Kansas Health Matters via US Department of Agriculture – Food Environment Atlas
Percent of total population, low-income and low access to a grocery store, 2015	19.8%	(State not available)	Kansas Health Matters via US Department of Agriculture – Food Environment Atlas
Percent of adults who currently smoke cigarettes, 2017	11.4%	17.4%	BRFSS
Percent of Medicare Part D Beneficiaries having Daily Opioid Dosage >= 90 MME, 2017	18.5%	16.6%	Kansas Health Matters via Kansas Foundation for Medical Care

Physical health survey data

When asked to identify all the sources for health-related information, 73.6 percent of the Riley County CHNA respondents reported from a doctor or nurse with the internet coming in second at 68.6 percent (2018 data). Table 19 compares the 2020 CHNA with 2018 and 2015 CHNA responses.

Table 19: How do you get most of your health related information?						
Community Health Needs Assessment						
Source	Riley County			Pottawatomie County		
	2020	2018	2015	2020	2018	2015
Traditional media	7.0%	n/a	n/a	5.1%	n/a	n/a
Social media	4.8%	n/a	n/a	3.4%	n/a	n/a
Internet	n/a	68.6%	54.1%	n/a	61.4%	45.4%
Health professional (e.g., doctor, nurse, technician, dentist, hygienist, etc.)	73.6%	76.8%	76.8%	80.2%	81.2%	74.5%
Friends/family	4.6%	34.8%	38.5%	5.1%	31.4%	34.5%
Other	9.9%	4.9%	21.9%	6.3%	6.9%	45.4%
Note: Survey sample does not include the percentage not answered.						

It is interesting to note that in the 2020 CHNA, friends/family no longer play a vital role as a resource to turn to for respondents when it comes to health related questions or information. It is difficult to know whether this decline is due to an increase on health information available on the internet since this specific question was not included in the 2020 CHNA.

When asked to rate their overall health, only 41.4 percent of Riley County 2020 CHNA respondents indicated their health was “very good to excellent.” That is down from both the 2018 and 2015 CHNA response ratings for Riley County and much lower than how Pottawatomie respondents rated their health. See Table 20 for a breakout of responses. It is interesting to see the shift away from “excellent and very good” to just “good”, even though Riley County ranks fifth and Pottawatomie County ranks third in the 2018 Robert Wood Johnson’s County Rankings out of 103 counties in Kansas for health outcomes.²⁶

Table 20: How would you describe your overall health?

²⁶ Robert Wood Johnson (2019) County Health Rankings. Downloaded on Feb. 10, 2020 from <https://www.countyhealthrankings.org/app/kansas/2019/rankings/outcomes/overall>.

	Community Health Needs Assessment					
Rating	Riley County			Pottawatomie County		
	2020	2018	2015	2020	2018	2015
Excellent	12.4%	11.6%	20.3%	13.3%	9.5%	18.9%
Very Good	29.0%	41.3%	39.3%	46.6%	35.9%	39.8%
Good	21.1%	36.8%	27.4%	31.7%	37.5%	28.1%
Fair	8.3%	7.9%	6.4%	7.6%	14.5%	7.8%
Poor	1.1%	2.1%	1.5%	0.8%	2.6%	0.6%
Not sure/Not answered	28.1%	0.3%	4.7%	0.0%	0.0%	4.5%

In looking at specific diseases, the majority of respondents identified they had not yet been diagnosed with any major illnesses. But if they were having health related challenges, it was more likely to be from high blood pressure or high cholesterol. See Table 21 for the specific breakout of diseases listed. Some variables show a positive decline (e.g. high cholesterol and heart disease) but keep in mind that the swing may be due more to the population of survey respondents (e.g. respondents with insurance coverage, higher household incomes, medical home, etc.) and some of the decline may be due to the qualifier of “diagnosed”. There was little difference reported between Riley and Pottawatomie Counties.

Table 21: Diagnosed by health professional with following diseases						
	Community Health Needs Assessment					
Responses	Riley County			Pottawatomie County		
	2020	2018	2015	2020	2018	2015
Alzheimer's/dementia	0.3%	0.0%	0.4%	0.0%	0.7%	0.6%
Cancer	8.6%	7.9%	7.3%	7.6%	8.9%	6.8%
Chronic lung disease	3.6%	2.1%	2.5%	5.7%	2.3%	1.6%
High cholesterol	15.5%	20.4%	22.6%	16.0%	17.2%	18.9%
Heart disease	4.0%	4.0%	5.0%	5.3%	4.0%	4.3%
Diabetes	5.4%	9.8%	7.7%	8.8%	10.0%	8.8%
High blood pressure	19.1%	26.6%	23.4%	25.2%	28.2%	24.0%

When comparing the 2020 CHNA data with the previous CHNA, the percentage of people getting an annual flu shot has remained relatively stable in Riley County but dropped somewhat in Pottawatomie County. More than 94 percent of all survey respondents in Riley County identified they were covered by health insurance and more than 96 percent of survey respondents in Pottawatomie County were covered by health insurance.

When asked whether or not the respondents consult a professional when they are sick, 87 percent of the respondents in Riley County and 84 percent in Pottawatomie County said yes they did. See Table 22 for a breakout comparison of health behaviors between 2020, 2018 and 2015 CHNA respondents for Riley and Pottawatomie County.

Table 22: Health behaviors comparison	
	Community Health Needs Assessment

"Yes" Responses	Riley County			Pottawatomie County		
	2020	2018	2015	2020	2018	2015
Have health insurance	94.9%	95.7%	92.6%	96.6%	96.7%	92.8%
Consult a professional when sick	87.3%	85.7%	87.1%	83.6%	83.1%	88.9%
Received a flu shot or nasal spray in the last 12 months	71.4%	74.0%	64.7%	67.6%	73.0%	58.5%

When asked where Riley and Pottawatomie County respondents go most often when they get sick, most indicated they go to their doctor's office. The same response was given for this question in the 2018 and 2015 CHNA as well. Table 23 shows the responses for this question. Note the growing impact that urgent care centers initially had on emergency rooms, although their growth has slowed since 2018.

Table 23: Where people go most often when sick						
Responses	Community Health Needs Assessment					
	Riley County			Pottawatomie County		
	2020	2018	2015	2020	2018	2015
My doctor's office	79.1%	81.5%	75.8%	72.5%	81.9%	76.6%
Medical clinic	2.8%	1.9%	4.1%	8.4%	2.7%	5.7%
Health department	0.5%	0.3%	0.8%	0.4%	0.0%	0.4%
Urgent care center	10.7%	10.5%	3.1%	8.8%	10.4%	2.7%
Hospital emergency center	1.9%	0.9%	1.5%	0.8%	1.3%	0.8%
Free clinic	1.4%	0.3%	0.5%	0.8%	1.7%	0.4%
Other	3.8%	4.6%	1.2%	2.3%	2.0%	2.5%
Note: Survey sample does not include the percentage not answered.						

The vast majority of respondents agreed to the statement "I can access the healthcare I need in this community for both healthcare and dental care." More than 87 percent of Riley County respondents agreed with this statement regarding their healthcare and nearly 86 percent agreed regarding dental care. See Table 24 for a breakout of Riley versus Pottawatomie County in 2020. For Pottawatomie County, nearly 91 percent agreed with this statement regarding their healthcare and nearly 83 percent agreed regarding dental care.

Table 24. When you need healthcare or dental care, how easy is it for you to access in the community?				
Rating	Community Health Needs Assessment			
	Riley County 2020		Pottawatomie County 2020	
	Healthcare	Dental care	Healthcare	Dental Care
Very difficult	3.5%	6.3%	1.6%	5.3%
Difficult	9.3%	7.8%	7.7%	12.2%
Not too difficult	45.2%	36.1%	43.1%	40.2%
Very easy	42.0%	49.7%	47.6%	42.3%
Note: Question was new or reworded from prior years; no comparative data.				

Physical Activity

When asked how many hours per week the respondents engage in physical activity or exercise outside of their jobs, the collective majority of respondents selected between one and two hours; the next most frequent answer was three or more hours of exercise per week. In Riley County, the majority of respondents indicated three hours or more which was also true of Pottawatomie County residents by a smaller margin. The average number of hours spent in physical exercise in 2020 is more than what was reported in 2018 or 2015 for Riley County.

Table 25: Hours per week engaged in physical activity or exercise						
	Community Health Needs Assessment					
Responses	Riley County			Pottawatomie County		
	2020	2018	2015	2020	2018	2015
None	3.2%	3.7%	3.0%	4.6%	6.3%	2.9%
Less than 1 hour	15.7%	15.3%	10.6%	17.6%	20.5%	12.7%
Between 1-2 hours	21.3%	26.0%	25.7%	24%	31.7%	22.8%
Between 2-3 hours	22.4%	25.1%	20.2%	19.8%	17.8%	23.8%
3 hours or more	37.4%	30.0%	35.6%	27.5%	23.8%	32.2%
Note: Survey sample does not include the percentage not answered.						

Most Riley respondents indicated that they exercise at home (37.8%), neighborhood (29.4%) in the park (23.7%) or at a private gym (15.5%). Others identified the public recreation center, school or specific locations. Similar behaviors were reported with Pottawatomie County residents but with a much higher percentage reporting that they exercise at home (59.9%). A recurring theme in the comments section of the survey was the perceived need for a YMCA facility that would offer aquatic activities.

Table 26: Where do you go to exercise?		
	Community Health Needs Assessment	
Responses	Riley County	Pottawatomie County
	2020	2020
A school	3.1%	3.8%
Private gym/studio	15.5%	17.2%
Park	23.7%	18.7%
Neighborhoods	29.4%	26.3%
Home	37.8%	59.9%
Public recreation center	5.5%	6.5%
Other	10.3%	12.2%
Note: Question was new or reworded from prior years; no comparative data.		

Approximately 22.9 percent of all 2020 CHNA respondents in Riley County disagreed that there are enough options for physical activity in their community and 23.3 percent of Pottawatomie County

disagreed with this statement. However, it should also be noted that 56.4 percent of Riley County survey respondents agreed that their community already had enough options. A much smaller number (15.8% and 16.3% respectively) responded that there are enough accessible physical activity/recreation options in the community for persons with physical disabilities in Riley and Pottawatomie Counties.

The response rate was exceptionally low in 2020 as to why respondents do not exercise. In past years, respondents had indicated that they have health issues that inhibit their physical activities. Others expressed a need for an affordable indoor therapy pool for water aerobics. Some suggested there wasn't enough time in the day to exercise and several suggested that between school, work and required work around home, they didn't have energy to do more. Only a few admitted to not making exercise a priority.

Table 27: Perceived importance of select community values

	Community Health Needs Assessment					
Agree to Strongly Agree	Riley County			Pottawatomie County		
	2020	2018	2015	2020	2018	2015
This community values physical activity	56.7%	59.3%	62.5%	46.8%	49.7%	54.9%
This community values healthy eating	35.0%	39.0%	43.6%	32.0%	32.4%	38.8%
There are plenty of options for exercise in this community	56.4%	n/a	n/a	58.3%	n/a	n/a
There are enough accessible physical activity/recreation options in this community for persons with physical disabilities	15.8%	n/a	n/a	16.3%	n/a	n/a

Nutrition

The CHNA included a series of questions regarding food supply and diet selection to capture possible contributing factors, including environment, housing, civic and faith participation, education and literacy, and social services.

More respondents in Riley County (56.7%) agree or strongly agree with the statement "this community values exercise," than those who agree or strongly agree that "this community values healthy eating" (35%).

The responses indicate that residents value physical activity but perceive that healthy eating is not equally valued in the community. Availability of healthy, affordable food options and nutritional counseling may be a concern in the community. In 2018, Manhattan was ranked 2nd in the Top 100 Best Places to Live based on its livability scores. In 2019, the City ranked 16th. The City competed with more than 2,300 cities with populations between 20,000 and 350,000 on 40 data points selected by the research partnerships.

Some of the rankings were based on economics, housing, amenities, infrastructure, demographics, social and civic capital, education and health care. While Wamego isn't large enough to be considered in

this ranking, its proximity to Manhattan affords Wamego residents the opportunity to access many of the services and amenities the City of Manhattan offers.²⁷

Table 28: Overall, I eat healthy foods						
	Community Health Needs Assessment					
Rating	Riley County			Pottawatomie County		
	2020	2018	2015	2020	2018	2015
Strongly agree	19.5%	10.3%	15.5%	13.7%	9.2%	10.9%
Agree	52.1%	59.9%	57.9%	60.2%	51.8%	63.2%
Neither disagree/agree	17.1%	20.4%	14.6%	17.0%	27.7%	13.6%
Disagree	9.9%	8.5%	6.0%	8.3%	10.6%	6.2%
Strongly disagree	1.4%	0.9%	0.8%	0.8%	0.7%	0.0%

While the majority of all respondents reported they **eat** healthy foods as shown in Table 28 they also indicate they have **easy access** to healthy food, yet there is a difference between counties. For respondents living in Riley County, 70.3 percent of the respondents either agreed or strongly agreed they had easy access. But in Pottawatomie County, only 62.5 percent of the respondents felt the same way when it came to their ability to access healthy food. However, this is a marked improvement over the 2018 CHNA when only 56 percent of Wamego residents felt they had access to healthy food.

The Wamego community has partnered with organizations, including the Wamego Health Center, to establish a community garden to grow vegetables and make them free of charge to those willing to harvest them. Excess produce is donated to the food pantry for distribution to the low income residents.

More than 11 percent of the respondents from Riley County and more than 10 percent of Pottawatomie respondents identified they are concerned about having enough food. Additionally, more than 5 percent of Riley residents and 3 percent of Pottawatomie have skipped meals in the last seven days because they couldn't afford food. Given the demographics of the CHNA respondents, this figure is likely to be low.

Table 29: Do you eat at least two cups of fruits and vegetables each day?				
	Community Health Needs Assessment			
	Riley County - 2020		Pottawatomie County - 2020	
	Yes	No	Yes	No
Fruit - 2+ cups	31.7%	37.3%	38.9%	50.8%
Vegetables - 2+ cups	44.1%	26.2%	59.5%	32.4%

Thirty-nine percent of all respondents in the 2020 stated they eat at least two cups of fruit and two cups of vegetables each day as shown in Table 29. The top three reasons respondents in both Riley and Pottawatomie Counties gave for not eating more fruits and vegetables are:

- They perceive these products cost too much
- They don't have time to purchase and prepare them

²⁷ Journal Communications, Inc. *Livability 2019 Top 100 Best Places to Live*. Downloaded on Feb. 11, 2020 from <https://livability.com/list/top-100-best-places-to-live/2019/10?page=1>

- They, or members of their family, don't like them

Smoking/Tobacco use

When asked about their use of tobacco products, 5.1 percent of Riley County residents and 10.3 percent of Pottawatomie County respondents indicated that they currently smoke, use tobacco products or e-cigarettes.

Respondents from Pottawatomie County were more likely than respondents from Riley to self-identify as users. The overall Riley County rate of 5.1 percent is a slight decrease from the 2018 CHNA of 6.6 percent and from the the 2015 CHNA which was 7.6 percent. For Pottawatomie, the users increased to 11.4 percent. When the respondents who smoke/use tobacco products were asked where they would go if they wanted to quit, the highest percent indicated their doctor.

Other Health Needs

When asked to identify the top three physical health needs for the community, Riley County respondents most frequently selected affordable health services, affordable health insurance and affordable prescriptions. Residents in Pottawatomie County were very similar, selecting affordable health services, facilities for physical activity and affordable prescriptions. In addition to the four variables already mentioned, an increased number of care providers and increased availability of healthcare specialists were also frequently mentioned. Table 30 shows the list of identified physical health needs with the response ratings.

Table 30: Top 3 needs related to physical health						
Responses	Community Health Needs Assessment					
	Riley County			Pottawatomie County		
	2020	2018	2015	2020	2018	2015
Access to healthy food options	13.4%	14.5%	17.1%	4.2%	28.8%	21.2%
Affordable health insurance	28.7%	49.4%	29.9%	20.2%	45.1%	24.2%
Affordable health services	33.0%	45.1%	33.7%	40.1%	32.3%	29.2%
Affordable prescriptions	18.8%	26.9%	18.9%	23.3%	23.4%	20.9%
Children's health services	6.3%	7.7%	7.7%	2.7%	11.2%	8.6%
Dental care options	7.8%	18.5%	14.3%	1.1%	10.9%	13.1%
Maternal health services	3.4%	8.0%	5.2%	0.8%	6.4%	4.5%
Prevention of infant mortality	0.2%	1.2%	1.0%	0%	1.4%	0.4%
Healthcare assistance for older adults	7.7%	14.8%	14.5%	10.7%	18.3%	12.3%
Healthcare assistance for veterans	3.7%	6.5%	7.8%	5%	9.2%	5.3%
Increased number of healthcare providers	12.2%	21.6%	16.2%	17.6%	15.3%	13.9%
Availability of transportation to health services	1.3%	11.1%	16.1%	9.9%	11.9%	10.9%
Facilities for physical activity	18.0%	24.4%	28.5%	30.5%	34.6%	33.7%
Increased health education/prevention	2.0%	15.1%	22.1%	15.3%	18.3%	20.3%
Availability of health care specialists	17.6%	n/a	n/a	13.4%	n/a	n/a
Tobacco use cessation services	1.6%	3.7%	3.6%	1.1%	5.4%	5.1%

Other	6.9%	15.4%	11.2%	2.7%	7.8%	14.8
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Mental Health

Mental health has become a growing concern at all levels as federal and state resources have been slashed yet demand for services has not decreased. Prisons, nursing homes, and homeless shelters have all seen an increase in population due to limited housing resources for people in need of mental health services. When the CHNA respondents were asked to describe their mental health, more than half of all respondents stated very good to excellent. Table 31 summarizes the status of mental health for the CHNA respondents.

Secondary data sources for Riley County show slightly higher percentages reporting that their mental health wasn't good on 14 or more of the past 30 days than is typical for Kansas (13.5% versus 11.4%). Also, the percentage of Medicare recipients with depression is also on the rise for Riley County (19.2% versus 18.9% for Kansas). The same is true for Medicare recipients with schizophrenia and other mental illness diagnoses (3.1% for Riley County versus 2.9% for Kansas). However, respondents to the survey generally said their mental health was very good (mean=3.7). Survey respondents were neutral about whether there are adequate services in the community for people who need them (mean=2.7). The top needs for mental health were affordable health insurance that includes mental health care, affordable mental health services, and addressing stigmatization.

Table 31. Selected Secondary Mental Health Data

Mental Health	Riley County	Kansas	Source
Percent of adults reporting that mental health was not good on 14 or more days in the past 30 Days, 2017	13.5%	11.4%	BRFSS
Percent of adults ever diagnosed with a depressive disorder, 2017	18.4%	20.9%	BRFSS
Percent of Medicare recipients with depression, 2017	19.2%	18.9%	Kansas Health Matters
Percent of Medicare recipients with schizophrenia and other psychotic diagnoses, 2017	3.1%	2.9%	Centers for Medicare and Medicaid Services
Rate of children Under 18 hospitalized for mental health (per 1,000), 2017	5.4	5.9	Kansas Kids Count via Kansas Hospital Discharge Data
Ratio of population to mental health providers, 2018	470:1	530:1	Robert Wood Johnson Foundation County Health Rankings

Table 32 summarizes the status of mental health for the CHNA respondents in Riley and Pottawatomie Counties. Riley County respondents rating their mental health as fair or poor increased from 8.8% in 2018 to 11.2% in the 2020 CHNA while Pottawatomie County respondents remained similar to 2018 numbers. When asked if the Riley County respondents consult a mental health professional when their mental status is not good, 19.9 percent said no while 30.2 percent of the Pottawatomie County respondents said no.

Table 32: How would you describe your overall mental health?

	Community Health Needs Assessment					
Rating	Riley County			Pottawatomie County		
	2020	2018	2015	2020	2018	2015
Excellent	25.1%	21.7%	43.0%	23.0%	21.5%	44.6%
Very Good	37.0%	36.0%	32.0%	45.7%	38.4%	32.0%
Good	26.6%	32.6%	21.0%	23.0%	30.5%	18.8%
Fair	9.4%	7.3%	4.0%	7.4%	7.3%	4.3%
Poor	1.8%	1.5%	0.5%	0.8%	2.3%	0.0%
Not sure	n/a	0.9%	1.0%	n/a	0.0%	0.2%

When asked to identify the top three needs related to mental health in their community, the number one need identified was affordable mental health services. Table 33 shows the list of mental health needs identified and how they ranked previously for a comparative analysis.

Table 33: What are the top three needs related to mental health in your community?						
Community Health Needs Assessment						
Responses	Riley County			Pottawatomie County		
	2020	2018	2015	2020	2018	2015
Affordable mental health services	31.7%	68.0%	39.9%	37.0%	57.8%	34.5%
Affordable health insurance that includes mental health	27.9%	n/a	n/a	17.6%	n/a	n/a
Addressing the stigmatization of those with mental health issues	20.8%	n/a	n/a	23.3%	n/a	n/a
Suicide prevention	12.6%	n/a	n/a	17.6%	n/a	n/a
Affordable prescriptions	12.2%	18.4%	15.1%	15.6%	16.2%	11.1%
Children mental health services	11.2%	19.3%	17.0%	23.3%	31.1%	20.3%
High quality mental health services	18.1%	44.6%	31.6%	24.4%	42.2%	28.7%
Increased mental health education/prevention	13.4%	38.6%	27.7%	22.5%	45.6%	26.1%
Increased number of mental healthcare providers	19.0%	46.2%	27.2%	28.2%	42.9%	24.0%
Substance abuse prevention/treatment	14.2%	21.8%	19.0%	21.8%	28.4%	22.6%
Availability of transportation for mental health services	5.6%	10.8%	12.1%	6.5%	16.2%	10.9%
Other	4.4%	10.8%	5.3%	2.3%	7.4%	3.9%

Social issues

As noted previously, Riley County has a higher percentage of persons at the federal poverty level than the state average (22.0% versus 12.8%) and also experiences a higher level of food insecurity (17.5% for Riley County versus 12.7% for Kansas). Additionally, secondary data sources show that the percentage who report binge drinking is higher than the state average (24.9% versus 17.2%). However, on the needs assessment survey, very few respondents reported substance abuse (including opioids) in their household. Additionally, only a small percentage of respondents reported experiencing other social issues such as domestic violence or homelessness. Secondary data also show that Riley County

experiences a relatively low level of crime (20.9 incidents per 1000 compared with 31.5 per 1000 for Kansas).

When asked specifically about discrimination of any type, it is most commonly based on race, (13.7%), age (10.1%), sexual orientation (9.5%), and gender (8.9%). When broken down by where discrimination occurs, it is most common in public spaces (especially for race, sexual orientation, ethnicity, disability, and gender identity). Discrimination in housing is by far most prevalent for race, while discrimination in employment is most prevalent for age, gender, and race.

Respondents were provided with space for comments to provide further explanation of their experiences with discrimination. Comments were most often regarding experiences of discrimination for race/ethnicity (e.g., receiving comments such as “go back where you belong”), socioeconomic status (people with lower incomes being treated unfairly or disrespectfully), disability (lack of accessible facilities/accommodations), and sexual orientation/gender identity (experiences of harassment and fear about living openly due to possible violence/discrimination). A number of respondents said they had never seen and/or experienced discrimination while some comments mentioned “reverse discrimination” against whites, males, and/or Christians.

The survey questions regarding social issues included one to identify what issues respondents were most concerned about as well as one to indicate the top needs to be addressed. Their top concerns were poverty, mental illness, and inattentive driving. The top three needs were availability of services for people with low incomes, child care, and availability of mental health services. It should be noted that although it did not come up as the overall top need, child care was selected as the top need most frequently (13.6%), and availability of mental health services was selected as the top need second most often (10.0%). However, availability of services for people with low incomes was number one overall because it was ranked in one of the top three places more than child care and mental health services.

Table 34. Selected secondary social issues data

Community Health Needs Assessment			
Social Issues	Riley County	Kansas	Source
Percent of persons (all ages) below federal poverty level, 2013-2017	22%	12.8%	Kansas Health Matters via American Community Survey
Children living below poverty, 2013-2017	14%	16.4%	Kansas Health Matters via American Community Survey
Percent of persons with food insecurity, 2017	17.5%	12.7%	Feeding America
Percent of single-parent households, 2019	25%	29%	County Health Rankings
Average cases of children receiving child care assistance, 2019	86	9,263	Kansas Department for Children and Families
High school graduation, 2018	83.89%	87.23%	Kids Count
Rate of infant mortality (deaths per 1,000 live births), 2017	3.40	5.95	Kids Count via Kansas Department of Health and Environment
Teen pregnancy, percent of all birth occurring to teens (15-19), 2015-2017	4.4%	5.9%	Kansas Health Matters via Kansas Department of Health and Environment

Percent of births occurring to unmarried women, 2016-2018	20.2%	36.0%	Kansas Health Matters
Percent of adults who are binge drinkers, 2017	24.9%	17.2%	Kansas Behavioral Risk Factor Surveillance System (BRFSS)
Index of crime offenses (per 1,000), 2018	20.9	31.4	KBI Crime Index 2018
Rate of violent crime (per 1,000), 2018	3.4	4.2	KBI Crime Index 2018
Social Issues	Riley County	Kansas	Source
Rate of teen violent deaths (per 100,000 15- to 19-year-olds due to suicide, homicide, or motor vehicle accident), 2017	27.5	44.9	Kids Count
Age-adjusted suicide mortality rate per 100,000 population, 2016-2018	13.9	18.6	Kansas Health Matters via Kansas Department of Health and Environment
Number of domestic violence incidents, 2017	486	22,708	Kansas Bureau of Investigation
Number of domestic violence arrests, 2017	262	12,210	Kansas Bureau of Investigation
Rape incidents, 2017	53	1,239	Kansas Bureau of Investigation
Rape arrests, 2017	8	164	Kansas Bureau of Investigation
Alcohol-impaired driving deaths, 2013-2017	22.2%	23.6%	Kansas Health Matters via County Health Rankings

Table 35: Social issues impacting respondents' households						
Social Issue Description	Community Health Needs Assessment					
	Riley County			Pottawatomie County		
	2020	2018	2015	2020	2018	2015
Yes, I or someone in my household has a substance use issue	3.9%	5.5%	5.2%	4.2%	5.3%	5.8%
Yes, I or someone in my household currently experiences domestic violence	0.9%	0.3%	0.7%	0.8%	0.7%	1.2%
Yes, excluding mental illness, there are other adults living in my household who have a physical or developmental disability	16.18%	14.8%	13.2%	19.1%	13.0%	14.0%
Yes, there is someone in my immediate family that is currently homeless	0.6%	1.8%	0.9%	1.1%	0.3%	0.9%

Children and youth

A number of pieces of secondary data indicate that Riley County has higher numbers of residents with children receiving inadequate prenatal care as well as participating in WIC (Special Supplemental Nutrition Program for Women, Infants, and Children) and SNAP (Supplemental Nutrition Assistance Program). These numbers are likely a by-product of the elevated rates of poverty and issues with affordable/accessible healthcare in the community. In the survey, 22.2% of respondents identified as parents, with 2.1% indicating they are custodial grandparents.

Most respondents reported being relatively satisfied with services and resources for children and youth in the community except related to child care affordability and options. Again, even though respondents to the survey tended to have higher than average incomes for Riley County residents, child care affordability is a special concern given the secondary data showing a higher percentage of children and families receiving some sort of assistance for basic needs.

Table. 36 Selected secondary children and youth data			
Children and Youth	Riley County	Kansas	Source
Percent of births with inadequate prenatal care, 2017	21.93%	16.57%	Kids Count via Kansas Department of Health and Environment
Percent of births with reported smoking by mothers during pregnancy, 2016-2018	6.9%	10.0%	Kansas Health Matters via Kansas Department of Health and Environment
Percent of premature births, 2015-2017	8.2%	8.2%	Kansas Health Matters via Kansas Department of Health and Environment
Rate of infant mortality (deaths under age 1 per 1,000 live births), 2017	3.40	5.95	Kids Count via Kansas Department of Health and Environment
Percent of kindergarteners fully immunized by 35 months, 2017	63.0%	70%	Kids Count via Kansas Department of Health and Environment
Percent of live births to mothers without a high school diploma, 2011	4.71%	12.53%	Kids Count via Kansas Action for Children
Percent of single parent households (per 1,000), 2019	25.0%	29%	County Health Rankings
Percent of children under age 18 living below federal poverty line, 2014-2018	11.0%	14.9%	Kansas Health Matters via American Community Survey, 2018
Percent of children under 18 with no health insurance coverage, 2015	4.6%	5.1%	Kids Count via US Census Bureau, Small Area Health Insurance Estimates (SAHIE)
Average monthly enrollment of children under 19 in Medicaid, 2017	2,858	238,703	Kansas Health Institute
Free and reduced lunch, 2017	38.8%	48.0%	Kids Count via Kansas Action for Children
Food assistance (SNAP), Avg. monthly persons, 2018	2,768	219,738	Kansas Department for Children and Families
Households receiving SNAP with children, 2013-2017	63.4%	54.0%	Kansas Health Matters via American Community Survey
Average Monthly WIC Participation per 1,000 population, 2017	26.0	17.1	Kansas Health Matters via Kansas Department of Health and Environment
TANF cash assistance average monthly persons, 2018	155	9,605	Kansas Department for Children and Families
Rate of teen violent deaths (per 100,000 15- to 19-year olds due to suicide, homicide, or motor vehicle accident), 2017	27.5	44.9	Kids Count via Kansas Department of Health and Environment & US Census Bureau

Percent of 6 th 8 th , 10 th , and 12 th graders who reported using cigarettes in the last 30 days, 2019	2.34%	3.02%	Kansas Communities that Care Survey
Children and Youth	Riley County	Kansas	Source
Percent of 6 th 8 th , 10 th , and 12 th graders who reported binge drinking (having 5+ consecutive drinks on at least on occasion in the past two weeks) in the last 30 days, 2019	5.39%	8.82%	Kansas Communities that Care Survey
Percent of 6 th 8 th , 10 th , and 12 th graders who reported using marijuana in the last 30 days, 2019	6.26%	7.24%	Kansas Communities that Care Survey
Rate of children under age 18 hospitalized for mental health (per 1,000 children), 2017	5.4	5.9	Kids Count via Kansas Hospital Discharge Data

**Table 37: How well community meets the needs of children &/or adolescents
"Excellent or Good" responses only**

	Community Health Needs Assessment					
Need Description	Riley County			Pottawatomie County		
	2020	2018	2015	2020	2018	2015
Prenatal care (pregnancy)	35.0%	72.8%	77.1%	39.9%	61.5%	68.2%
Postnatal care (birth through first year)	35.6%	73.4%	80.1%	39.6%	64.0%	71.0%
Parental support/training	21.0%	46.7%	51.8%	22.8%	35.7%	55.2%
Support for single parents	7.3%	26.5%	31.1%	7.7%	20.5%	36.0%
Needs of children/youth with disabilities	19.6%	28.4%	56.2%	29.5%	37.2%	63.9%
Dental health	41.6%	52.5%	61.6%	47.6%	61.9%	70.8%
Mental health	23.8%	24.7%	41.1%	23.7%	19.5%	41.9%
Physical health	46.2%	58.4%	74.4%	56.8%	59.6%	76.7%
Recreational opportunities	52.6%	58.4%	70.2%	49.6%	56.1%	60.2%
Basic needs of low income children/youth	13.4%	21.7%	32.9%	10.3%	20.0%	44.0%

The top identified needs for children in Riley County, birth to age 12, were child care, afterschool programs, and financial assistance to families. For Pottawatomie County, the top two needs were child care, after school programs, followed by a two-way tie for bullying prevention and early childhood intervention programs. See Table 38 for comparisons.

For youth ages 13 to 18 in Riley County, the top three related needs were mental health care, substance abuse prevention/treatment and bullying/relationship violence prevention. In Pottawatomie County, the top three needs were mental health care, substance abuse prevention/treatment and opportunities to contribute to community. Table 39 summarizes the CHNA responses.

Table 38: Top Three Needs for Newborns to 12 Year Old Children

	Community Health Needs Assessment					
Need Description	Riley County			Pottawatomie County		
	2020	2018	2015	2020	2018	2015
After school programs	14.3%	30.7%	22.4%	23.3%	40.9%	33.5%
Bullying prevention	11.5%	26.5%	12.8%	15.6%	35.0%	12.3%
Childcare for children newborn to age 5	23.2%	44.4%	23.4%	25.3%	32.9%	17.0%
Financial assistance to families	13.2%	32.0%	22.9%	13.0%	29.0%	17.0%
Recreational opportunities	8.3%	n/a	n/a	21.0%	n/a	n/a
Dental care	5.0%	10.8%	6.4%	3.4%	9.1%	7.2%
Early childhood intervention programs	10.3%	16.0%	14.0%	15.6%	23.4%	9.4%
Medical care	7.8%	11.8%	6.6%	5.7%	13.6%	5.7%
Mental health care	10.3%	19.9%	9.1%	13.7%	19.9%	6.2%
Mentoring programs for children	7.5%	19.3%	14.7%	15.6%	25.5%	15.8%
Nutrition programs	10.0%	14.7%	11.6%	7.6%	11.5%	8.4%
Parenting education/skills development	12.8%	31.1%	18.3%	15.6%	27.6%	18.1%
Services for children with physical or developmental disabilities	5.9%	19.6%	10.0%	7.6%	14.7%	0.0%

Table 39: Top three needs for teens

	Community Health Needs Assessment					
Need Description	Riley County			Pottawatomie County		
	2020	2018	2015	2020	2018	2015
Employment opportunities for teens	12.4%	n/a	n/a	24.4%	n/a	n/a
Workforce training for teens	14.3%	n/a	n/a	20.2%	n/a	n/a
Financial skills training	13.3%	n/a	n/a	17.9%	n/a	n/a
Appropriate internet/technology use	8.0%	31.6%	13.7%	9.9%	45.3%	11.1%
Bullying/relationship violence prevention	9.4%	36.8%	14.2%	10.7%	40.4%	10.3%
Dental care	2.1%	5.9%	1.9%	0.8%	4.2%	1.8%
Medical care	3.3%	7.6%	1.2%	1.1%	4.9%	0.8%
Mental health care	14.6%	32.6%	6.7%	18.3%	26.7%	4.3%
Parenting education/skills development	6.8%	19.7%	8.6%	9.9%	23.2%	7.6%
Opportunities to contribute to community	8.1%	26.6%	17.8%	11.1%	28.4%	0.0%
Services for children with physical or developmental disabilities	2.2%	13.5%	5.0%	1.1%	8.4%	2.9%
Substance abuse prevention/treatment	10.3%	22.7%	10.6%	16.8%	30.9%	14.4%

Older adults

With a median age of 24.9 and 31.3% of the population being under 21 years old (U. S. Census Estimate, 2017), the population of Riley County is skewed toward younger people. However, 11.2% of the population (8,478 persons) is 60 years or older (U. S. Census Estimate, 2017). While the need may not be as great for services for older adults in Riley County as in other communities, respondents to the survey were neutral about whether current services are adequate (mean=3.1). Of all survey respondents, five percent reported being a caretaker for an older adult. Of those, half say they are not receiving the supportive services they need.

In an open-ended question regarding what they need, the primary responses included more options for support groups and respite for caregivers. Additionally, participants mentioned needing better guidance on what services are available and where to access them for the person for whom they care, mental health services for caregivers, and affordable in-home care. In general, caregivers noted how challenging it can be to take care of a loved one. The caregivers need information and support to do their best. For those who indicated they are 55 or older, staying healthy, staying mentally sharp, and being able to stay in their own homes were most important to them.

Table 40. Selected secondary aging data

Aging	Riley County	Kansas	Source
Percent of population 65 years and over, 2014-2018	9.5%	15.9%	US Census Bureau State & County QuickFacts
Number of assisted living facilities (regulated by KDADS), 2014	5	220	Kansas Department for Aging and Disability Services
Nursing homes (regulated by KDADS), 2014	4	317	Kansas Department for Aging and Disability Services
Home Plus facilities (regulated by KDADS), 2014	2	165	Kansas Department for Aging and Disability Services
Alzheimer's/memory care units (regulated by KDADS), 2014	0	139	Kansas Department for Aging and Disability Services
Number of persons enrolled in Medicare (hospital and/or supplemental medical for aged), 2018	7,161	434,270	Centers for Medicare and Medicaid Services
Age-Adjusted Alzheimer's Disease Mortality Rate per 100,000, 2016-2018	31.3	23.4	Kansas Health Matters via Kansas Department of Health and Environment

The top overall needs for Riley County respondents were affordable housing, affordable prescriptions, and independent living in the home. Pottawatomie County residents responded similarly with top needs identified as affordable prescriptions, independent. The item that was ranked number one most often, but did not make the top three, was medical care. See Table 41 on the next page for ranking of needs for this target population.

Table 41: Top three health needs for older adults

Need Description	Community Health Needs Assessment	
	Riley County	Pottawatomie County

	2020	2018	2015	2020	2018	2015
Access to daily meals	4.8%	21.0%	8.3%	5.0%	21.8%	4.7%
Affordable prescriptions	15.5%	38.2%	12.5%	23.7%	30.5%	10.9%
Affordable housing	16.7%	38.8%	21.8%	13.7%	36.1%	17.9%
Assisted living options	8.0%	16.2%	8.0%	8.4%	22.1%	9.9%
Caregiver support groups	2.5%	14.6%	11.5%	6.5%	16.5%	9.0%
Day programs	4.1%	9.7%	6.5%	1.1%	14.4%	8.0%
Dental care	3.6%	5.8%	2.8%	4.2%	2.5%	2.5%
Ease of mobility in the community	6.8%	15.2%	13.3%	8.8%	10.5%	11.3%
Elder abuse	1.2%	2.9%	1.2%	1.9%	2.8%	0.6%
Health insurance	6.3%	13.9%	6.1%	8.0%	13.7%	5.3%
Home Health care options	9.0%	13.6%	11.7%	11.5%	12.3%	8.8%
Hospice care	0.7%	1.3%	1.7%	0.0%	2.8%	1.6%
Independent living in retirement community	3.7%	5.2%	5.5%	8.8%	7.4%	8.2%
Independent living in the home	15.4%	21.7%	18.7%	23.3%	15.8%	15.2%
Long term care options	5.1%	12.3%	7.2	4.6%	11.9%	7.6%
Medical care	15.1%	8.4%	8.9%	16.0%	7.0%	6.0%
Memory care options/dementia support	4.2%	11.0%	6.1%	6.1%	11.9%	5.5%
Mental health services	4.2%	8.4%	8.9%	6.9%	7.0%	6.0%
Personal care services	4.1%	9.4%	5.1%	4.6%	8.8%	3.5%
Respite services for caregivers	4.7%	10.7%	6.7%	5.3%	8.8%	6.6%
Safety	2.2%	3.9%	2.8%	1.5%	3.5%	2.1%
Substance abuse	0.7%	1.3%	0.1%	0.8%	0.4%	0.8%
Transportation	4.7%	17.8%	16.1%	6.5%	17.9%	13.6%
Vision care	1.6%	2.9%	2.0%	1.5%	1.8%	1.2%

Interviews and focus groups

CARE researchers conducted one-on-one in-person **interviews** with 25 community members who volunteered via an online application or through being recruited by one of the sponsoring partners. The interviewees reflected a broad range of residents of Riley County, including diverse ages, sex/gender, occupations (including being retired), volunteer positions, income levels, and location of residence (in Manhattan or other areas of the county). Interviews were semi-structured and generally covered questions regarding community strengths and needs. Notes from all interviews were analyzed to determine overarching themes.

Focus groups were held with two populations that were under-represented in the survey responses: Spanish-speaking Hispanic/Latinos and persons with low incomes. An additional group was held with representatives from community and governmental organizations. A total of 35 people participated across all groups. During the focus groups, researchers gave a brief presentation of preliminary findings from the survey and interviews at the beginning of each focus group. Participants were then asked for

their reactions to the findings (i.e., are findings consistent with your experience, what stands out to you). Participants were also given the chance to provide input on community strengths and needs. All comments were written on flip charts by the researchers. The comments on the flip charts were then themed by the researchers who conducted the focus groups. Themes were developed overall as opposed to by question because participants tended to intermingle comments about strengths and needs.

The themes that emerged following analysis of interviews and focus groups were remarkably similar regardless of the data collection method. The only difference was the order of how often the themes were mentioned. The themes from interviews and focus groups are presented below in order of frequency mentioned for each method, followed by descriptions of the content for each theme. Frequency was determined by the number of times a topic/issue came up regardless of the question. As an example, a topic such as cost and condition of housing came up multiple times from multiple people in response to multiple questions. Additionally, the themes by focus group population (persons with low-income, Spanish-speakers, and community and governmental organization representatives) are briefly summarized.

Themes in Order of Frequency of Mentions for **Interviews**

1. Good quality of life
2. Cost and condition of housing
3. Lack of accessible/affordable healthcare
4. Cost of living/access to resources
5. Economic/infrastructure development
6. Transportation

Themes in Order of Frequency of Mentions for **Focus Groups**

1. Good quality of life
2. Lack of accessible/affordable healthcare
3. Cost and condition of housing
4. Cost of living/access to resources
5. Transportation
6. Economic/infrastructure development

Description of themes

Quality of life

Participants almost universally described Riley County as a great place to live and a great place to raise a family due to things like: community size (small enough to feel safe, easy to navigate, large enough to have good resources), the diversity that Fort Riley and K-State bring, the community overall is friendly and accepting (at least more accepting than other parts of Kansas), natural environment, things to do (some related to K-State – arts, sporting events, etc.), and collaborative efforts in the community.

Note: Although diversity was identified as a strength, discrimination and inequitable treatment was often brought up as an issue, particularly for persons of color. An example is the lack of meaningful job opportunities for minorities. If the person is not already known or connected, he/she does not typically get the job. This is particularly true for men of color.

Cost and condition of housing

Housing was mentioned as an issue due to reasons like high rent, an excess of higher priced newly-built homes, lack of reasonably-priced houses for middle-class buyers, lack of low income housing, multiple

houses or apartments in disrepair in certain neighborhoods/issues with the quality of rental properties, and lack of accountability for landlords. A number of participants also connected high property taxes, homelessness, and even food insecurity to the high cost of housing. Participants who had lived in the community for many years, especially Manhattan, were concerned about how expensive the market is for newcomers and also noted that they would personally have difficulty affording a new house in the current market if they sold theirs.

Lack of accessible/affordable healthcare

A number of participants noted that the local hospital is not equipped to deal with a number of medical issues, which results in patients being sent to Topeka for care. Most participants felt that a community the size of Manhattan should have better access to care at the hospital. More specifically, participants felt the hospital needs to improve quality and increase staffing (more doctors and nurses), increase services (including emergency services), and access to specialists. Additionally, while the clinics in Riley County provide quality services, persons with lower incomes cannot afford to pay costs for services upfront as is required by some healthcare providers. Other issues related to healthcare in the community included the need for affordable dental care, more specialists, increased emergency services, and more mental/behavioral health services (even though they acknowledged this particular service has increased over the last few years).

Cost of living/access to resources

Cost of living was often linked to the high cost of housing, but also included issues like lack of living wage jobs, high property and sales taxes, and expensive childcare. Some participants said they could not afford to move to Manhattan now if they were not already established there. Overall, Manhattan is seen as a place that is becoming too expensive for most low to middle-income persons to live. Participants identified a growing income disparity between the “haves” and the “have nots.” Those with lower incomes have a particularly difficult time with the cost of living, which increases the need for services and resources to address concerns like hunger/food insecurity and homelessness. And while most participants acknowledged the many valuable community services to assist those with lower incomes, these services do not fully meet the need and can be difficult for some to access (due to location, requirement of upfront payment or a permanent address). As one participant noted “everything becomes expensive when you’re poor.” Another said “too many people [are] trying to live on too little.”

Economic/infrastructure development

Most interviewees mentioned the National Bio and Agro-defense Facility (NBAF) as a question mark in terms of whether it will be a true boon to economic and community development or will tax the current infrastructure in a way that could change Riley County for the worse. Some are concerned the influx of NBAF employees will exacerbate the issue with affordable housing. Others had concerns regarding whether schools and services will be adequate to meet the needs of NBAF staff who will expect resources commonly found in larger cities. Other issues related to economic development included concerns about decreased enrollment at K-State impacting the local economy as well as high rents and the influx of “big box” stores contributing to the loss of small businesses. The lack of entry-level living wage jobs for young people was also mentioned. Additionally, participants brought up flooding specifically as an increasing infrastructure issue over the past few years. They noted that this isn’t just a Riley County problem; regional coordination is needed to address flooding that threatens homes and livelihoods.

Transportation

While public transportation has improved over the past few years with the addition of aTa bus routes and services, many noted that service is still limited in regard to hours and locations. Additionally, there is a

need for sheltered bus stops. A number of participants mentioned the bus system as a strength in the community, and they see the value of this service even though there are areas for improvement. Otherwise, participants felt the area is easy to navigate if you have access to reliable transportation. However, they also mentioned consistent parking and traffic challenges in the areas around campus and Aggieville. Some connected parking and traffic issues with concerns about community infrastructure.

Themes by focus group population

Spanish-speaking Hispanics/Latinos

1. Good quality of life
2. Lack of accessible/affordable healthcare
3. Transportation
4. Cost and condition of housing
5. Cost of living/access to resources

Members of this group were largely positive about their experiences in Riley County. As noted in the descriptions above, they appreciate the resources available in the community (most particularly programs at the library and at the recreation centers). But, they also noted difficulty in accessing affordable healthcare in the community, including dental care, especially when the provider requires full payment in advance. They felt that the bus is a valuable community asset, but routes could be expanded. Housing is more expensive in Manhattan than elsewhere, as is the general cost of living. They did mention discrimination against and lack of resources for those who speak Spanish, including in workplaces (e.g., Hispanics/Latinos do not get paid as well as their white counterparts) and the lack of interpreters for healthcare as examples.

Persons with low incomes

1. Good quality of life
2. Cost of living/access to resources
3. Cost and condition of housing
4. Lack of accessible/affordable healthcare
5. Transportation

It should be noted that a number of the persons in this group identified as homeless. Many of their comments related to good quality of life were focused on resources available in the community, especially at churches, such as the Common Table meals and availability of showers. They expressed that churches are typically “welcoming and diplomatic” and do more than some other social services in the community. On the downside related to quality of life, they feel a great deal of discrimination because of being poor or homeless, including being sent away from businesses, not being seen as potential resources in the community, and not having bus services in some of the lower income areas as examples. In terms of access to resources, they mentioned barriers such as having no centralized location for needed services, which requires people without reliable transportation and little money to go from place to place around town to get what they need. They acknowledged collaboration efforts among organizations, but encouraged more to help those in need. Additionally, they suggested increased access to life skills education (how to fill out applications, make change, how to access resources, etc.) and greater availability of living wage jobs. As with other groups, housing is an issue, but lack of accountability of landlords and the need for more/better shelter options were additional concerns. Regarding healthcare, they noted the need for more mental/behavioral health services, specifically related to adverse childhood experiences (ACEs) and trauma.

Community and governmental organizations

1. Good Quality of Life
2. Lack of accessible/affordable healthcare
3. Cost and condition of housing
4. Cost of living/lack of resources
5. Economic/infrastructure development

As with other groups, good quality of life was the top theme for representatives from community and governmental organizations. They mentioned such things as diversity, the resources of the university, outdoor spaces, a variety of activities, collaboration among agencies, and the reputation of the community as factors. Several concurred that the community is “big enough and small enough.” Again, some mentioned discrimination as a concern regarding quality of life. They echoed concerns about a sustainable healthcare system, including the lack of services at the hospital and affordable dental and mental health care. Although there was some discussion as to whether the cost of housing is just a perception or reality, most felt it is a true concern, with a great need for affordable, accessible, and safe family housing as well as increased efforts to maintain properties appropriately. Concerns about a lack of living wage jobs were also discussed along with the connected issues of hunger, homelessness, generally needing more services for those with low incomes, and more affordable childcare. Finally, they noted the need for increased attention to infrastructure, including land use, investment in downtown and Aggieville, accessible sidewalks and crosswalks, and solutions to flooding.

Significant community health needs

Prioritizing significant needs

Needs are prioritized based on the findings of the CHNA the available resources that AVCH-M has to effectuate change, the number of people impacted, whether or not other organizations are already addressing the need, and whether or not the need area is aligned with the Hospital's mission.

What are the significant needs in 2020?

The top five needs identified by the 2020 CHNA respondents

Physical health

1. Affordable health services
2. Affordable health insurance
3. Affordable prescriptions
4. Facilities for physical activity (including parks, trails, rec centers)
5. Availability of healthcare specialists (new)

Mental health

1. Affordable mental health services
2. Affordable health insurance that includes mental health care (new)
3. Addressing the stigmatization of those with mental health issues (new)
4. Increased number of mental healthcare providers
5. High quality mental health services

Children birth to age 12

1. Child care for children 0-5
2. After school programs
3. Financial assistance to families (for nutrition, childcare, housing, etc.)
4. Parenting education/skills development
5. Bullying prevention

Teens (13 to 18 years old)

1. Mental health care
2. Workforce training for teens (new)
3. Financial skills training (new)
4. Employment opportunities
5. Substance abuse prevention/treatment & opportunities to contribute to community

Older adults

1. Affordable housing
2. Affordable prescriptions
3. Independent living in the home
4. Medical care (new)
5. Home health care options (new)

How Ascension Via Christi Hospital Manhattan, Inc. is addressing the significant needs?

Physical health

The hospital offers its services to all people presenting themselves without regard for their ability to pay. AVCH-M serves Medicaid and Medicare beneficiaries and offers financial assistance when appropriate. Central to the mission of AVCH-M is its commitment to make financial assistance available to uninsured or underinsured patients to the extent possible. Hospital staff assist patients with application completion through submission of government public benefit forms when they are in need of obtaining financial assistance for health care and may not be aware that they qualify for existing programs.

The hospital staff is a regular participant on the Flint Hills Wellness Coalition and the Neighbor to Neighbor Project. Both community initiatives promote the importance of nutrition and overall wellness for good health outcomes. In addition, the staff participated on the planning committee for the area's Everybody Counts event. This last event brought together community partners who provided free healthcare to the poor and vulnerable living in the Riley County area, as well as an array of other social support services.

In the last year, hospital staff also publicized, collected donations and delivered non-perishable food and supplies to the K-State Food Pantry, Cats' Cupboard. Cats' Cupboard is open to all K-State students with food scarcity. Students may access donated food, hygiene, and cooking equipment. Food insecurity has become a growing concern on college campuses nationwide because it not only affects academic achievement, but overall student wellbeing. According to the USDA, food insecurity is a state in which "consistent access to adequate food is limited by a lack of money and other resources at times during the year."

Staff has partnered with the Crisis Center in working to identify and treat victims of human trafficking. All staff receive education at town halls and various formats around how to identify red flags of victims of human trafficking with additional training on pediatric victims. The hospital has an active task force in place and a response team to address the needs when victims are identified.

The hospital offers shadowing opportunities and assists area college students on Capstone projects. AVCH-M provides direct supervision and training of nursing students, establishing an important channel for new nurses to affiliate with the hospital or stay in the community upon completion of their training.

The hospital works with the community to raise funds for health equipment such as heart catheterization equipment and 3D mammography screening equipment. While additional equipment benefits the hospital, it also benefits the community as community members participate in prioritizing equipment/services that they want access to be closer-to-home.

Mental health

The hospital arranges and pays for secure transportation for low income qualified persons when they are needing to be transported to a different hospital for specialized treatment that may not be available locally (e.g. Osawatomie Psychiatric Hospital)



Hospital staff regularly attend Health and Human Services Committee meetings in the State Capitol and advocate and give testimony to legislators on the need for expansion of Medicaid and additional resources needed for mental health care services.

Young children

A variety of classes are held to prepare expectant parents about basic care of newborns and young children. Some of the classes offered include: First Aid for Children, Daddy Basics, Breastfeeding Basics, Childbirth Education, and Safe Sitter to ensure young children are kept safe and are able to thrive.

Teens

The hospital offers volunteer opportunities to teens to give them hands-on experience for possible health career choices. They have opportunities to interact with health care personnel and patients to explore all kinds of career choices in addition to adopting a good work ethic that will be required when they seek employment.

Staff routinely make presentations to area high schools, vocational training schools, and colleges on health careers to assist them in making career choices and answer their questions regarding the process involved in becoming a healthcare professional.

Older adults

Staff have presented talks to community members on a variety of aging topics (e.g. pain, movement and exercise, fall prevention, spirituality, etc.) to further enhance their knowledge on the aging process.

Staff participates in the Manhattan Ministerial Association meeting for the purpose of communicating and collaborating with local partners regarding community meals and resources available in the community to help the poor and vulnerable populations.

Ascension Via Christi Home Medical offers a wide range of home medical equipment and supplies to assist people to live independently for as long as they can. AVCH-M offers everything from diabetic testing supplies to mobility equipment and everything in between.

What Significant Needs are not being addressed and why?

NOTE: The resources identified under each heading is not intended to be an exhaustive list but offers the reader a few suggestions on where they can turn for assistance. Most resources cited are located in Manhattan but a few may be in Junction City or Wamego which are not too far away. Some additional ones are located in Topeka or may be national hotlines that can provide information regarding other programs that better serve the needs of the person experiencing a specific problem.

Affordable health insurance – the hospital does not have the resources to go above and beyond what it is currently providing through its financial assistance program. It does offer healthcare to its own employees and their family but its resources are limited when it comes to providing health insurance for the community.

Resources Available:

- 1) Health Insurance Marketplace Call Center (800) 318-2596
- 2) Kansas Insurance Department (800) 432-2482
- 3) Senior Health Insurance Counseling for KS (SHICK) (800) 860-5260
- 4) Kansas Statewide Farmworker Health Program (KDHE) (785) 296-1200
- 5) North Central – Flint Hills Area Agency on Aging (800) 432-2703
- 6) KanCare – (800) 792-4884

Facilities for physical activity – there are parks, bike trails and recreational centers available in the community. While this was identified as a need, many of the 2020, as well as the 2018 CHNA respondents did not feel that it was a great need. Given, the community already has 28 parks, 13 which have playgrounds and 3 pools or the splash park; the hospital doesn't feel it should expend its limited resources on addressing this issue.

Affordable prescriptions – while the hospital doesn't directly address this on a wide scale, AVCH-M will assist with some limited prescriptions for patients by contacting the manufacturer to see if there are samples available if an individual has no other options or resources.

Resources Available:

- 1) Kansas Statewide Farmworker Health Program (KDHE) (785) 296-1200
- 2) Konza Prairie Community Health and Dental Center (785) 238-4711
- 3) Medical Services in Wamego – (785) 456-7872
- 4) National Organization for Rare Disorders (800) 999-6673
- 5) Kansas Drug Card – (913) 638-8415
- 6) Familywise – (800) 222-2818 Increase Number of Mental Healthcare Providers and High Quality

Mental health services – AVCH-M regularly seeks to find new physicians, including psychiatrists, who may be interested in moving into the Manhattan/Wamego area. There has been some success in getting new practitioners to set-up practices in the area but psychiatrists, especially child psychiatrists are in great demand and difficult to recruit to a small city. But the staff of the hospital continues to try. Given the reduction of financial support from the State of Kansas for mental health, it is difficult to recruit highly trained mental health specialists. The current demand for services is greater than the resources available making the waiting time longer than is expected by patients and their families and problematic for providers especially in critical situations.

Resources available:

- 1) Pawnee Mental Health Services (785) 587-4300
- 2) Family Center (785) 532-6984
- 3) Family Care Center of Junction City (785) 762-4210
- 4) Cornerstone Family Counseling (785) 776-4105
- 5) Veridian Behavioral Health in Salina (785) 452-6113
- 6) Catholic Charities (785) 323-0644

Affordable child care – the hospital does not have adequate space nor is child care a part of our mission when it comes to healthy children. There are several places in Manhattan where parents can go to get referrals but as more people move into the area, there is a need for more providers as openings are not vacant for long.

Resources available:

- 1) Maternal & Infant/Family Connections (785) 776-4779
- 2) Family and Child Resource Center (785) 776-4779
- 3) Economic & Employment Services (833) 765-2003
- 4) K-State Center for Child Development (785) 532-3700
- 5) Flint Hills Child Care Resource & Referral Agency

After school programs – like affordable child care, the hospital does not have adequate space nor does opening a facility that would offer after school programs fit our mission statement. Here are existing organizations that do offer some programming for those interested.

Resources available:

- 1) Boys & Girls Club of Manhattan (785) 539-1947
- 2) City of Manhattan Parks & Recreation (785) 587-2757

Financial assistance to families – the hospital provides financial assistance to families when they meet the financial assistance guidelines when hospitalized. However, since resources are limited, financial assistance is not available for other needs like rent or utility assistance. Here are a few programs that may be in a position to help with those kinds of expenses on a temporary basis.

Resources available:

- 1) Shepherd's Crossing (785) 776-1470
- 2) Assistance – Homeless Prevention (785) 539-9399
- 3) Homeless Rental Assistance Program (785) 537-3113
- 4) Economic & Employment Services: Food Assistance (785) 776-4011
- 5) Consumer Credit Counseling (785) 539-6666

Bullying prevention & inappropriate internet/technology use – AVCH-M is not in a position to assist with this needed area due to limited resources and expertise but most of the counseling agencies identified above and here in this section may be able to help youth who feel the need to bully others either in person or via the internet.

Resources available:

- 1) Parents and Teachers as Allies (785) 233-0755
- 2) KU Child and Family Services Clinic in Lawrence (785) 864-4416
- 3) Cornerstone Family Counseling (785) 776-4105

- 4) Parents as Teachers (785) 587-2058
- 5) Family Center (785) 532-6984

Financial skills training for teens – The hospital is not in a position to assist with this needed area due to limited resources and expertise. An internet search for resources in Manhattan, Kansas did not result in programs in the community. However, several respected money management companies have money management/financial skills training programs that are free and online. The two examples listed do not represent an exhaustive search or endorsement of their programs.

Resources available:

- 1) Wells Fargo Bank, <https://handsonbanking.org>
- 2) Northwestern Mutual Life Insurance Company, <http://www.themintgrad.org/>

Employment opportunities – The hospital works with high schools, vocational training schools and colleges to give their students a bird's eye view of health care careers or hands-on training to assist them in meeting requirements for grades or certifications for graduation. When vacancy arises within the hospital, those positions are advertised to find an appropriate match. However, for people who may need additional assistance in finding gainful employment, the resources listed below are recommended.

Resources available:

- 1) Economic & Employment Services: Work Programs (785) 776-4011
- 2) Manhattan Workforce Center (785) 539-5691

Substance abuse prevention/treatment – while many times the hospital will treat these individuals because they have been brought to the ER by law enforcement, family or friends, the hospital is not currently able to treat large volumes of these types of patients due to limited resources and staff expertise. There are other organizations who are the experts in dealing with this type of challenge and offer counseling, education/prevention for drug use disorders as well as alcohol, psychological testing and assessment, mental health hotlines, counseling and psychiatric medication services.

Resources Available:

- 1) Pawnee Mental Health Services of Riley County (785) 587-4300
- 2) Mental Health Services in Wamego (785) 456-7872
- 3) Peer to Peer Recovery Education Program (785) 233-0755
- 4) Central Kansas Foundation in Junction City (785) 762-3700

Affordable housing – The hospital is not in a position to assist with this community need due to lack of resources and expertise. Housing in the Manhattan area has risen and is expected to continue to rise as more people move in but this need does not complement our mission of providing health care.

Resources available:

- 1) North Central – Flint Hills Area Agency on Aging (800) 432-2703
- 2) KS Department for Aging & Disability Services (800) 432-3535
- 3) Manhattan Housing Authority (785) 776-8588

Independent Living in the home – The hospital does not provide Independent Living in the Home but with a growing aging population in Kansas other assisted living options may be needed. Some aging individuals still want to remain in their home but may need help with medication management, bathing/showering, preparing meals and shopping. So, there are a few other resources listed below



which may help to accommodate those needs without having to move out of the house and into a specific facility.

Resources available

- 1) North Central – Flint Hills Area Agency on Aging (800) 432-2703
- 2) Medical Services in Wamego (785) 456-7872
- 3) At Home Care with offices in Manhattan and Wamego (785) 473-7007
- 4) Heartland at Home Care (785) 456-2273

Home Health Care - The hospital does not provide Home Health Care as part of its service offerings but there are numerous Home Health and Home Medical providers in the Manhattan community.

Resources available:

- 1) North Central – Flint Hills Area Agency on Aging (800) 432-2703
- 2) Ascension Via Christi Home Medical (785) 537-3699
- 3) Heartland at Home Care (785) 456-2273
- 4) Meadowlark Wellness Partners (785) 537-9497

Impact evaluation of each Significant Need being addressed

The action plans that were presented following the 2018 CHNA are addressed below. The individual goals that were addressed as well as actions implemented to attempt to improve these significant needs are below:

1. Increase access to healthy food options through proactive community partnerships and education.

Strategy:

Work with local partners to enable community members to access healthy food options

Impact Evaluation:

The hospital staff is a regular participant on the Flint Hills Wellness Coalition and the Neighbor to Neighbor Project. Both community initiatives promote the importance of nutrition and overall wellness for good health outcomes. In addition, the staff participated on the planning committee for the area's Everybody Counts event. This last event brought together community partners who provided free healthcare to the poor and vulnerable living in the Manhattan area, as well as an array of other social support services. Health eating food demonstrations and healthy food selection education was provided to participants at the event.

AVCH-M hosts an educational booth at the Fort Riley Middle School Wellness Fair. This is an opportunity to provide demonstrations and information about making healthy food and lifestyle choices. The most recent fair educated students about sugar consumption and the shocking amounts of sugar found in commonly consumed foods. Dietary staff at the hospital continue to provide healthy food preparation demonstrations at the hospital's Wednesday Farmer's Markets and at a Community Days event at the Flint Hills Discovery Center.

AVCH-M actively participates on Flint Hills Wellness Coalition and the Public Health Advisory Councils to ensure the hospital has a seat at the table to advocate for patients and community members in public health and wellness matters.

In March 2019, hospital staff also publicized, collected donations and delivered non-perishable food and supplies to the K-State Food Pantry, Cats' Cupboard. Cats' Cupboard is open to all K-State students with food scarcity. Students may access donated food, hygiene, and cooking equipment. Food insecurity has become a growing concern on college campuses nationwide because it not only affects academic achievement, but overall student wellbeing. According to the USDA, food insecurity is a state in which "consistent access to adequate food is limited by a lack of money and other resources at times during the year."

2. Expand Behavioral Health/Mental Health Providers to increase high quality mental health services provided to community members and work with recruitment partners to employ two additional mental healthcare providers in Manhattan.

Strategy:

Work within hospital and with local partners to increase quality of mental health services.

Impact Evaluation:

According to the Behavioral Risk Factor Surveillance System from 2017, Riley County has a lower percentage of adults diagnosed with a depressive disorder (18.4%) than does the state of Kansas (20.9 %). However, the percent of Medicare recipients with depression was 19.2 percent for Riley County compared to 18.9 percent for the State of Kansas. The ratio of population to mental health providers in Riley County is 470:1 compared to 530:1 for the State of Kansas. While these numbers are showing some improvement, it should be noted that this was not solely the efforts of the hospital and is related to efforts across the county.

As per the stated goal, AVCH-M attempted to recruit two additional mental healthcare providers but were not successful in securing this outcome. The hospital often encounters challenges in recruiting in behavioral health and other service lines. Common reasons cited by prospective candidates are the relatively high cost of living/taxes in a small Kansas community. Further, the lack of a support network for behavioral health providers results in coverage and other practice challenges that are difficult to overcome.

AVCH-M is one of the founding partners of the Riley County Community Care Team (CCT) pilot in partnership with the local Health Department in which representatives from various social service and healthcare agencies come together weekly to discuss individual patients and ensure they have access to and can coordinate services they need to thrive. This group considers the broader perspective of the social determinants of health. Often patients struggle with mental health resources and with mental health professionals also at the table, this group advocates and navigates the system for these individuals.

AVCH-M continues to have a presence on the Riley County Mental Health Task Force which serves as the Mental Health workgroup for the Flint Hills Wellness Coalition. This collaborative group discusses the ongoing need for advocacy and mental health services reform. A huge win for the community was the recent opening of the Pawnee Crisis Stabilization Center. The hospital is grateful to the work of this group which complements the work of the hospital very well.

AVCH-M works with Pawnee Mental health to do remote virtual mental health screenings on inpatients as needed. This has enabled patients to receive the care they need in a timely manner. AVCH-M has also completed the renovation of two hospital rooms that offer a calming transitional environment space for behavioral health patients waiting to go to inpatient facilities.

The hospital arranges and pays for secure transportation for low income qualified persons when they are needing to be transported to a different hospital for specialized treatment that may not be available locally (e.g. Osawatimie Psychiatric Hospital). In fiscal year 2019, AVCH-M has provided 229 security transportation occurrences at a cost of more than \$55,477.

Hospital staff regularly attend Health and Human Services Committee meetings in the State Capitol and advocate and give testimony to legislators on the need for expansion of Medicaid and additional resources needed for mental health care services.

3. Expand access to affordable prescriptions for low income residents

Strategy:

- Create a plan that integrates affordability and access to prescriptions



AVCH-M invested significant effort into evaluating a Dispensary of Hope program in Riley County and it was determined that the program would not be feasible. In partnership with the local Mercy Community Health foundation, AVCH-M has worked to partner with local pharmacies in the Manhattan Community to be able to offer drug prices at cost for individuals needing financial assistance. We are extremely grateful for this partnership with the patient prescription assistance program. With their assistance we are able to bring patients back to optimum health, reduce readmissions, provide a great number of patients with prescription assistance, and be better stewards of funds for long-term sustainability of the program.

Appendix A: Subsample analysis of survey data

A subsample of the survey data was created to further examine the findings of the survey and understand any differences between the total sample and the subsample, which reflects more closely the age demographics as reported by the Census.

METHODOLOGY

The subsample was created to match the exact age proportions based on the U. S. Census. Since 40.2% of Riley County is 18-24 years old, all of the total survey participants (n=46) were used to create a random subsample. SPSS was used to pull random selections from each of the other age groups based on the U. S. Census age proportions to create a random subsample reflective of the population based on age. Once the subsample was created, questions related to physical health, mental health, social issues, housing, and economics were analyzed using SPSS.

SUMMARY OF FINDINGS

In general, many of the things found to be important to the entire sample were also important to the subsample. The differences within each domain tended to be in terms of how frequently each concern or need was ranked. Overall, the broad agreement between samples suggests that including a higher proportion of young adults does not substantially change how the community views its priorities, though there are some exceptions. Below is a description of the differences, where they occur between the total sample and the subsample.

TOP NEEDS/ISSUES ACROSS SAMPLES

Physical Health

The domain of physical health saw the greatest amount of agreement across samples. Both the total sample and the subsample ranked the same three things as a first priority in the same order of frequency: Affordable Health Services, Affordable Health Insurance, and Facilities for Physical Activity. The only difference was that the third most frequent need overall (including a ranking of either first, second, or third priority) was identified as Affordable Prescriptions for the total sample and Facilities for Physical Activity for the subsample.

Mental Health

There was also a great deal of agreement in the domain of Mental Health. For the overall needs, there was total agreement in both the needs identified most frequently and for the order in which they were prioritized. The only difference was the order of how frequently the three needs (Affordable Mental Health Services, Affordable Health Insurance that Includes Mental Health, and Addressing Stigmatization of Those with Mental Health Issues) were ranked first.

Social Issues

Similar to the Mental Health domain, the top three issues ranked as important concerns were the same for both samples: Poverty, Mental Illness, and Inattentive Driving. For the issues ranked as a first priority, Poverty remained the most frequent issue, but the total sample ranked Inattentive Driving then Mental Illness as a first priority while the subsample ranked Drinking and Driving and Child Neglect as a first priority more frequently.

When it came to social needs, Availability of Services for People with Low Incomes and Child Care filtered to the top of overall rankings for both samples; however, the total sample ranked Availability of Mental Health Services as a top three need while the subsample ranked Housing Options for Homeless

Persons. The frequency of needs that were ranked first most often were shared between the two samples, but the order of importance was slightly different.

Housing

The primary difference between the two samples in the Housing came down to a difference between affordable housing and quality housing. Both samples rank Affordable Housing as a need overall and as a first priority most often, but when it came to second and third rankings there were distinctions that tended to lean towards affordability on the side of the total sample and quality on the side of the subsample.

Economics and Personal Finance

The Economics domain saw prioritization of Jobs that at Least Pay a Living Wage as the most important overall need as well as the need ranked first most often. Differences occur in secondary ranked needs where the subsample tended to identify assistance for others more often than availability of jobs or small business development as identified by the total sample.

Appendix B: About the research team

Wichita State University's Community Engagement Institute is dedicated to improving the health of Kansans through leadership development, research and evaluation, organizational capacity building, community collaboration, and public health and behavioral health initiatives. The Community Engagement Institute maintains six Centers with skilled staff that work directly with community coalitions, nonprofits, government entities, health and human services organizations, and support groups. The Centers are:

- Center for Applied Research and Evaluation
- Center for Behavioral Health Initiatives
- Center for Leadership Development
- Center for Organizational Development and Collaboration
- Center for Public Health Initiatives
- IMPact Center

Contact: **Dr. Tara Gregory** at tara.gregory@wichita.edu

Appendix C: Copy of Riley County CHNA Community Survey

Riley County Community Needs Assessment

Welcome to the Riley County Community Needs Assessment

Thank you for your interest in taking the Riley County Community Needs Assessment Survey. Anyone who lives in Riley County is invited to take this survey. The purposes of this survey are:

- 1) to get your input on the quality of life in the community and
- 2) to identify the unmet needs in the community.

Some questions ask you about your personal experiences in the community and some ask for your opinions about the community in general.

This survey is completely anonymous and confidential. We do not need your name or any identifying information, so please feel free to be completely honest. We would like you to answer every question as completely and honestly as possible.

This survey will take about 30 minutes to complete and you may stop at any time without penalty. If you are using a public computer or a mobile device (i.e. phones or tablets), you need to complete the survey all at once. If you are using a personal computer, you may stop taking the survey at any point and come back to it later as long as you use the same computer. You just need to complete the survey within 2 weeks. Please take the survey only once.

The survey will close on October 11, 2019. Again, thank you!

The following is a standard consent form. The survey will start on next page.

Purpose: You are invited to take part in a survey about the quality of life in Riley County that includes questions about your experiences and opinions about your community. The information from this survey will be used to help organizations in Riley County better understand what residents think and the needs that are present in communities in this area.

Participant Selection: You are being asked to participate in this survey because you are a resident of Riley County. Anyone over the age of 18 is invited to complete this survey.

Explanation of Procedures: If you decide to proceed with the survey, it asks some questions about you (e.g., your age, your zip code, whether you've had certain experiences such as substance abuse within your household, etc.) but will mainly focus on what you think about the community you live in. A few questions may seem sensitive (i.e., how would you describe your mental health on a scale of poor to excellent) but the information will only be used to gain an idea of how many people in the community deal with common issues. The survey is broken into sections focusing on various issues that may affect your community. The survey will take approximately 30 minutes to complete. You are asked to answer as many questions as possible, but you can skip questions that make you uncomfortable, aren't applicable to you or if you don't know the answer.

Confidentiality: This survey is anonymous and does not require you to provide your name or other identifying information. All of your responses will be combined with those of others so that we can compile a report on general opinions and experiences without reporting any individual answers. The report on the combined responses will be provided to the Flint Hills Wellness Coalition to distribute for use in Riley County.

Contact: If you have any questions about this survey, you can contact me at: Dr. Tara Gregory, 316-978-3714 or tara.gregory@wichita.edu.

Participation in this survey is completely voluntary. By proceeding past this page, it indicates that you have read the information above and have voluntarily decided to participate.

Pottawatomie County Community Needs Assessment

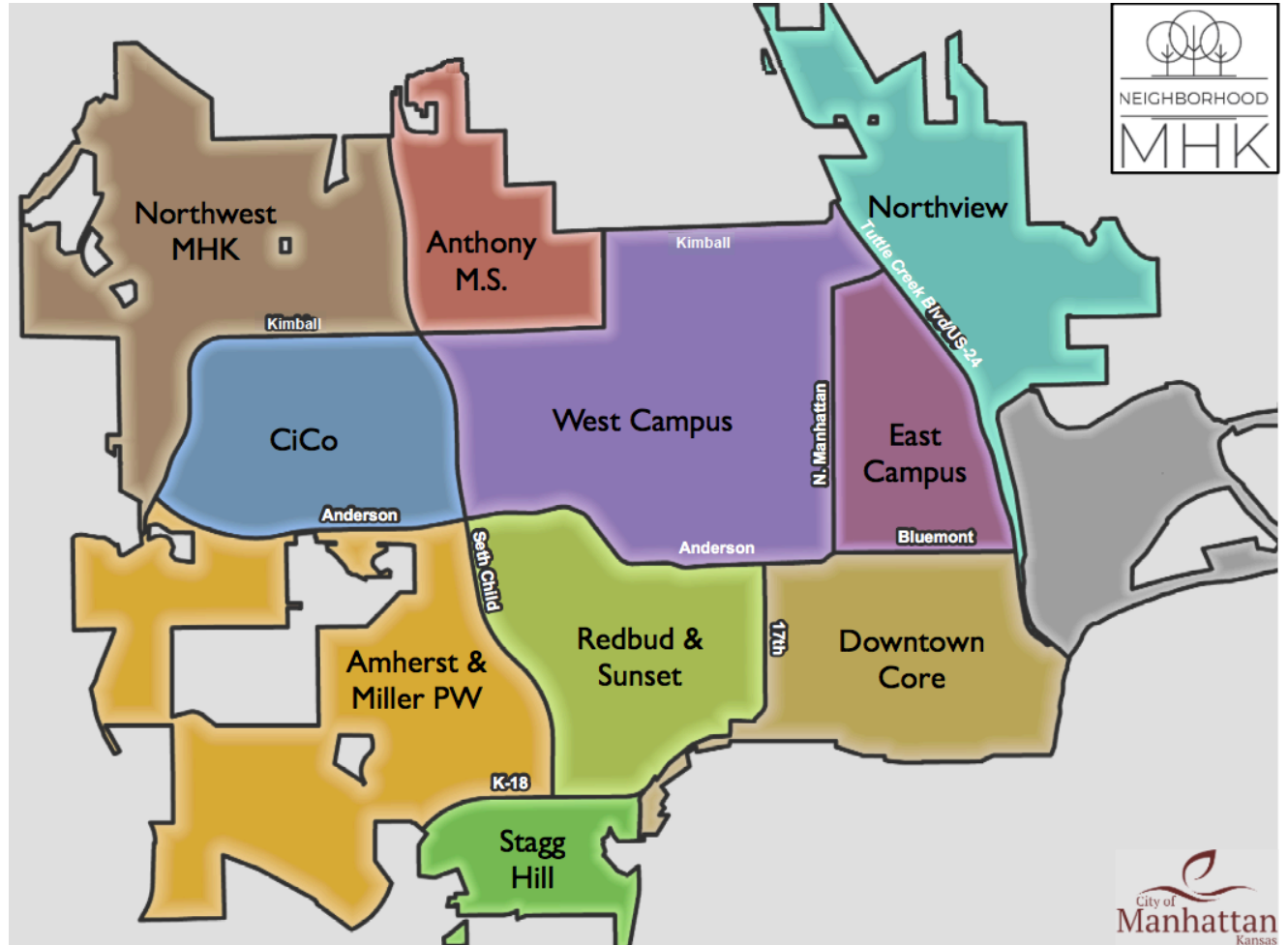
How did you find out about this survey?

- ☐ I received a postcard with the web address
- ☐ I heard about it through an organization I'm involved with
- ☐ I heard about it through media (radio, newspaper, social media)
- ☐ Word of mouth (someone else told me about it)
- ☐ Other

Demographics

1. What is your age?
 - ☐ Under 18 years
 - ☐ 18 to 24 years
 - ☐ 25 to 34 years
 - ☐ 35 to 49 years
 - ☐ 50 to 64 years
 - ☐ 65 to 74 years
 - ☐ 75 to 84 years
 - ☐ 85 years and over
2. In what county do you currently live?
 - ☐ Riley County
 - ☐ Pottawatomie
3. Is this county your permanent residence?
 - ☐ Yes
 - ☐ No
4. What is your zip code?
 - ☐ 66449
 - ☐ 66502
 - ☐ 66503
 - ☐ 66505
 - ☐ 66506
 - ☐ 66517
 - ☐ 66531
 - ☐ 66554
 - ☐ Other (please specify) _____

5. If you live in Manhattan, please select the name of the area in which you currently live based on the map below.



- ☐ Amherst & Miller PW
- ☐ Anthony M.S.
- ☐ CiCo
- ☐ Downtown Core
- ☐ East Campus
- ☐ Northwest MHK
- ☐ Northview
- ☐ Redbud & Sunset
- ☐ Stagg Hill
- ☐ West Campus
- ☐ I don't live in Manhattan

In the following sections, most of the questions ask about **“the community.”** **“Community”** in this survey means the area where you live. For most people, this will be their city or town. For those who live in rural areas, this may include the town where you access services.

Some questions ask about **“needs”** in the community. When you answer questions about **"needs,"** think about things that are either lacking or should be changed to improve the quality of life in the community. These might include schools, housing, roads and bridges, access to various services, etc.

Quality of Life

6. Please rate the following statements about the *quality of life* in the community based on your experiences.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
I am satisfied with the quality of life in the community.					
I am satisfied with the health care system in the community.					
I am satisfied with the local schools in the community.					
I am satisfied with the local government in the community.					
The community is a good place to raise children.					
My community is a good place to retire.					
This is a safe place to live.					
There is economic opportunity in the community.					
There are networks of support for individuals during times of need in the community.					

Quality of Life (continued)

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
There are networks of support for families during times of need in the community.					
There are plenty of recreational activities in the community.					
There are volunteer opportunities in the community.					
I can make the community a better place to live.					
The community is strengthened by its diversity.					
I intend to stay in the community over the next five years.					
I am satisfied with accessibility in this community for persons with disabilities.					

7. What are the **three most important factors** contributing to the quality of life in the community?

Instructions: Please rank your selections by typing 1, 2, or 3 in the box next to your choice. A 1 shows the most important, a 2 shows the second important, and a 3 shows the third important. You will only be able to rank three choices.

- | | |
|--|--|
| ___ Access to affordable health insurance | ___ Jobs paying a living wage |
| ___ Affordable housing | ___ Low disease rates |
| ___ Arts and cultural events | ___ Low crime |
| ___ Availability of health care | ___ Low level of child abuse |
| ___ Career enhancement | ___ Parks and recreation |
| ___ Clean environment (including water, air, and soil) | ___ Physical access to public facilities |
| ___ Equality | ___ Religious or spiritual values |
| ___ Good schools | ___ Resources for parents |
| ___ Good place to raise children | ___ Safe neighborhoods |
| ___ Healthy behaviors and lifestyles | ___ Strong family life |
| ___ Healthy economy | ___ Other (please specify) _____ |

Physical and Mental Health

Based on your personal experience, please rate the following statements about *health* in the community. "Health" for this purpose is defined as "a person's physical and mental health, being free from disease and pain, and generally being satisfied with life." This section also includes questions about physical activity/exercise, nutrition, and health-related issues.

Health Outcomes

Physical Health

8. My overall health is...
- ☐ Poor
 - ☐ Fair
 - ☐ Good
 - ☐ Very good
 - ☐ Excellent
9. During your lifetime, please check any of the following a health professional has diagnosed you with:
Check all that apply.
- ☐ Dementia
 - ☐ Alzheimer's-type Dementia
 - ☐ High Blood Pressure
 - ☐ High Cholesterol
 - ☐ Type I Diabetes
 - ☐ Type II Diabetes
 - ☐ Chronic Lung Disease (including emphysema, black lung, asthma, etc.)
 - ☐ Heart Disease
 - ☐ Cancer of any kind
10. In the last 12 months, have you received a flu shot or nasal spray?
- ☐ Yes
 - ☐ No
11. Do you consult a health professional when you are sick?
- ☐ Yes
 - ☐ No

12. When you feel sick enough to require medical attention, where do you **most often** go for healthcare... Please check only one.

- ☐ My doctor's office
- ☐ Medical clinic
- ☐ Health department
- ☐ Urgent care center
- ☐ Hospital emergency room
- ☐ Free clinic
- ☐ Other (please specify) _____

13. When you need healthcare, how easy is it for you to access in the community?

- ☐ Very difficult
- ☐ Difficult
- ☐ Not too difficult
- ☐ Very easy

14. When you need dental care, how easy is it for you to access in the community?

- ☐ Very difficult
- ☐ Difficult
- ☐ Not too difficult
- ☐ Very easy

Mental Health

15. How would you describe your overall mental health?

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very Good
- ☐ Excellent

16. I consider myself to be a lonely person (i.e., having frequent discomfort due to feeling alone).

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither disagree nor agree
- ☐ Agree
- ☐ Strongly agree

17. I consider myself to be a socially isolated person (i.e., lacking adequate contact with other people).

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither disagree nor agree
- ☐ Agree
- ☐ Strongly agree

18. When you're not feeling mentally healthy, do you consult a mental health professional?

- ☐ Yes
- ☐ No
- ☐ N/A - My mental health is always good.

19. Where do you go most often when your mental health is not good?

- ☐ Private practice
- ☐ Community mental health center
- ☐ Hospital emergency room
- ☐ Fort Riley Mental Health Services
- ☐ Veterans Administration (VA) Hospital
- ☐ Other (please specify) _____

20. The community has adequate mental health services for people who need them.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither disagree or agree
- ☐ Agree
- ☐ Strongly Agree

Health Behaviors

Physical Activity

21. How many hours a week, on average, do you engage in physical activity or exercise that is not job related?

- ☐ None
- ☐ Less than 1 hour
- ☐ 1-2 hours
- ☐ 2-3 hours
- ☐ 3 hours or more

22. Where do you go to exercise? **Select all that apply.**

- ☐ A school
- ☐ Private gym/studio
- ☐ Park
- ☐ Neighborhoods
- ☐ Home
- ☐ Public Recreation Center
- ☐ Other (please specify) _____

23. If you don't exercise, what are the reasons? **Select all that apply.**

- ☐ My job involves physical labor
- ☐ Exercise is not important to me
- ☐ I don't have enough time
- ☐ I don't have child care
- ☐ I don't have anyone with whom to exercise
- ☐ I don't like to exercise
- ☐ It costs too much to exercise
- ☐ The only place where I can exercise is unsafe
- ☐ I have physical limitations that don't allow me to exercise
- ☐ Other (please specify) _____

24. There are plenty of options for exercise in this community.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither disagree or agree
- ☐ Agree
- ☐ Strongly Agree

25. There are enough accessible physical activity/recreation options in this community for persons with physical disabilities.
- ☐ Strongly Disagree
 - ☐ Disagree
 - ☐ Neither disagree or agree
 - ☐ Agree
 - ☐ Strongly Agree
26. This community values exercise.
- ☐ Strongly Disagree
 - ☐ Disagree
 - ☐ Neither disagree or agree
 - ☐ Agree
 - ☐ Strongly Agree

Nutrition

27. I eat healthy foods. (Healthy foods are defined as: nutritious foods and beverages, especially vegetables, fruits, low-fat and fat-free dairy products, and whole grains; foods low in saturated and trans fats, sodium, and added sugars).
- ☐ Strongly Disagree
 - ☐ Disagree
 - ☐ Neither Agree nor Disagree
 - ☐ Agree
 - ☐ Strongly Agree
28. Do you eat **at least** two cups of fruit each day?
- ☐ Yes
 - ☐ No
 - ☐ N/A – I don't eat fruit.

IF you answered NO or N/A to question 28:

29. What keeps you from eating at least two cups of **fruit** per day? **Select all that apply OR "Not applicable; I eat at least two cups of fruit every day"**
- ☐ I'm not able to get to a grocery store.
 - ☐ It costs too much.
 - ☐ I don't have enough time to purchase and prepare them.
 - ☐ I don't know how to prepare them.
 - ☐ I don't like them.
 - ☐ I have dietary restrictions
 - ☐ Other (please specify) _____
 - ☐ Not applicable; I eat at least two cups of fruit every day.

30. Do you eat **at least** two cups of vegetables each day?

- ☐ Yes
- ☐ No
- ☐ N/A - I don't eat vegetables

IF you answered NO or N/A to question 30:

31. What keeps you from eating at least two cups of **vegetables** per day? **Select all that apply OR "Not applicable; I eat at least two cups of vegetables every day"**

- ☐ I'm not able to get to a grocery store.
- ☐ It costs too much.
- ☐ I don't have enough time to purchase and prepare them.
- ☐ I don't know how to prepare them.
- ☐ I don't like them.
- ☐ I have dietary restrictions
- ☐ Other (please specify) _____
- ☐ Not applicable; I eat at least two cups of vegetables every day.

32. The community values healthy eating.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither disagree or agree
- ☐ Agree
- ☐ Strongly Agree

33. It is easy for me to access healthy food.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither disagree nor agree
- ☐ Agree
- ☐ Strongly Agree

34. Have you ever been concerned about having enough food to eat?

- ☐ Yes
- ☐ No

35. In the past seven days did you skip meals because you couldn't afford food?

- ☐ Yes
- ☐ No

Smoking/Tobacco

36. Do you currently use tobacco products including cigarettes, cigars, chewing tobacco, or e-cigarettes?

- ☐ Yes
- ☐ No

37. Where would you go for help if you wanted to quit using tobacco products (including vaping)? **Select all that apply.**

- ☐ KS Quitline
- ☐ Doctor
- ☐ Church
- ☐ Pharmacy
- ☐ Private counselor/therapist
- ☐ Health Department
- ☐ I don't know
- ☐ Other (please specify) _____
- ☐ Not applicable; I don't want to quit.

Access to Insurance and Health Information

38. Do you have health insurance?

- ☐ Yes
- ☐ No

39. How do you receive **most of your health-related information**? Please check only one response.

- ☐ Health professionals (e.g., doctor, nurse, technician, dentist, hygienist, etc.)
- ☐ Friends and family
- ☐ Social media (e.g., Facebook, Twitter, Instagram, etc.)
- ☐ Traditional media (e.g., local/state newspaper, TV, magazines, etc.)
- ☐ Other (please specify) _____

Overall Health Needs in the Community

Physical Health

40. What are the **top three physical health needs** in the community that should be addressed?

Instructions: Please rank your selections by typing 1, 2, or 3 in the box next to your choice. A 1 shows the most important, a 2 shows the second important, and a 3 shows the third important. You will only be able to rank three choices.

- ___ Affordable health services
- ___ Affordable health insurance
- ___ Increased number of health care providers
- ___ Maternal health services
- ___ Children's health services
- ___ Prevention of infant mortality
- ___ Access to healthy food options
- ___ Increased health education/prevention (e.g., healthy eating, disease prevention, etc.)
- ___ Facilities for physical activity (including parks, trails, rec centers)
- ___ Tobacco use cessation (quitting) services
- ___ Availability of transportation for health services
- ___ Affordable prescriptions
- ___ Dental care options
- ___ Health care assistance for older adults
- ___ Health care assistance for veterans/military
- ___ Availability of health care specialists
- ___ Other (please specify) _____

Mental Health

41. What are the **top three mental health needs** in the community that should be addressed?

Instructions: Please rank your selections by typing 1, 2, or 3 in the box next to your choice. A 1 shows the most important, a 2 shows the second important, and a 3 shows the third important. You will only be able to rank three choices.

- ___ Affordable health insurance that includes mental health care
- ___ Affordable mental health services
- ___ Affordable prescriptions
- ___ Availability of transportation to mental health services
- ___ Children's mental health services
- ___ Adolescents' mental health services
- ___ Young adults' mental health services
- ___ Older adults' mental health services
- ___ High quality mental health services
- ___ Increased mental health education/prevention
- ___ Increased number of mental health care providers
- ___ Substance abuse prevention/treatment
- ___ Addressing the stigmatization of those with mental health issues
- ___ Suicide prevention
- ___ Other (please specify) _____

Social Issues

Social issues are a broad range of concerns that affect individuals but can also have a significant impact on the health and safety of the community. They're often described as public health issues. This section includes questions on issues such as substance abuse, domestic/sexual violence and abuse, homelessness, discrimination, etc. Please remember that your answers are anonymous and will never be reported individually. You may also choose not to answer questions that are uncomfortable. But, your responses to these questions are important in addressing community needs.

42. Do you or anyone in your household have a substance use issue (e.g., frequently drinks too much alcohol, has a problem with legal prescriptions or illegal drugs)?

- ☐ Yes
- ☐ No

IF you answered YES to question 42:

43. If yes, do you or anyone in your household have an abuse issue with opioids (e.g., Oxycontin, Percocet, Vicodin, heroin, etc.)?

- ☐ Yes
- ☐ No

44. Does anyone in your household currently experience domestic violence (e.g., violence between adult partners or between adults and children)?

- ☐ Yes
- ☐ No

45. Excluding mental health issues, do you or anyone in your household have a physical disability?

- ☐ Yes
- ☐ No

46. Excluding mental health issues, do you or anyone in your household have a developmental disability?

- ☐ Yes
- ☐ No

47. Are you or anyone in your immediate family currently homeless (e.g., no permanent place to live on a daily basis)?

- ☐ Yes
- ☐ No

48. Have you **personally** experienced or witnessed discrimination in the community based in any of the ways listed below? Please **check all that apply** and indicate where the discrimination you experienced or witnessed occurred.

	Discrimination based on:	In Housing	In Public Spaces (e.g., retail stores, service establishments, educational institutions, recreation facilities, etc.)	In Employment
Race				
Religion				
Ethnicity				
Sexual Orientation				
Age				
Gender				
Gender Identity				
Disability				

49. Please use the space below to provide information on any additional ways you have personally experienced or witnessed discrimination not included above, and/or provide information about other places the discrimination has occurred.

50. What are the **top three social issues** in the community that most concern you.

Instructions: Please rank your selections by typing 1, 2, or 3 in the box next to your choice. A 1 shows the most important, a 2 shows the second important, and a 3 shows the third important. You will only be able to rank three choices.

- | | |
|---|--|
| <input type="checkbox"/> Adult drug use | <input type="checkbox"/> Persistent hunger |
| <input type="checkbox"/> Adult alcohol use | <input type="checkbox"/> Inattentive driving |
| <input type="checkbox"/> Adult tobacco (all products) use | <input type="checkbox"/> Manufacture or selling of drugs |
| <input type="checkbox"/> Child physical abuse | <input type="checkbox"/> Mental illness |
| <input type="checkbox"/> Child sexual abuse | <input type="checkbox"/> Poverty |
| <input type="checkbox"/> Child abuse | <input type="checkbox"/> Property crime |
| <input type="checkbox"/> Child neglect | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Cybercrime (including identity theft, online scams, phishing, etc.) | <input type="checkbox"/> Teen pregnancy |
| <input type="checkbox"/> Discrimination (including gender, race, ethnicity, sexual orientation, etc.) | <input type="checkbox"/> Violent crime (including assault, rape, murder) |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Youth drug use |
| <input type="checkbox"/> Drinking and driving | <input type="checkbox"/> Youth alcohol use |
| <input type="checkbox"/> Drug use and driving | <input type="checkbox"/> Youth tobacco (all products including vaping) use |
| <input type="checkbox"/> Elder abuse | <input type="checkbox"/> Youth/gang violence |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Food insecurity | |

51. What are the **top three needs related to social issues** in the community that should be addressed?

Instructions: Please rank your selections by typing 1, 2, or 3 in the box next to your choice. A 1 shows the most important, a 2 shows the second important, and a 3 shows the third important. You will only be able to rank three choices.

- Child care
- Services for older adults
- Services for persons with disabilities
- Availability of mental health services
- Better enforcement of laws
- Changing local laws
- Options for arts and entertainment activities
- Positive activities for youth
- Availability of employment
- Availability of support groups/peer support
- Substance abuse prevention or treatment
- Housing options for homeless persons
- Availability of services for people with low incomes
- Services for domestic/sexual violence survivors
- Services to veterans/military
- Other (please specify) _____

Children

This section focuses on issues that affect children (0-12 years old) and youth (13-18 years old) and their families. You DO NOT have to have children/youth to be affected by conditions in the community that

impact children and families. A few questions in this section are just for those who have children or grandchildren. Otherwise, please answer the questions whether you have children/grandchildren or not.

This section includes questions on child care, education, medical/dental care, support for parents/families, etc.

52. Are you a parent or custodial guardian of someone under 18 years of age?

- ☐ Yes
- ☐ No

53. If you have grandchildren, are you a custodial or primary caregiver for any of your grandchildren that are under the age of 18?

- ☐ Yes
- ☐ No

If you are not the parent or custodial grandparent/guardian of someone under 18 years of age please skip to question 58.

If you are the parent or custodial grandparent/guardian of someone under 18 years of age, please answer the following:

54. Please answer the following questions about your child/children. Please select only one answer per question.

	Yes	No
Are you a single parent?		
Do any of your children have a developmental disability?		
Do any of your children have a physical disability?		
Do any of your children have a chronic disease?		
Have any of your children been diagnosed with a mental illness or emotional disturbance?		
Are you satisfied with the education your children are receiving?		
Are your children home-schooled?		
Have any of your children been afraid to attend school/other activities due to bullying?		
Are you satisfied with non-school activities for children in your community?		
Have you ever quit or lost a job because you did not have the child care you needed?		

55. Do you use child care for your child/children?

- ☐ Yes
- ☐ No

If you do not use any type of child care for your child/children please skip to question 58.

56. What type of child care do you use? **Check all that apply.**

- ☐ Licensed Day Care Home
- ☐ Group Day Care Home
- ☐ Child Care Center
- ☐ Preschool
- ☐ Afterschool/Latchkey Program
- ☐ Relative or Friend
- ☐ Other (please specify) _____

57. Please answer the following questions about child care.

	Yes	No
Are you satisfied with the overall quality of the child care you currently receive?		
Are you satisfied with the child care options that are available to you?		
Do you receive any type of child care assistance?		
Is your child care affordable?		

58. How well does your community currently meet the needs of children, including adolescents in the following areas?

	Very Poor: No needs are met	Poor: Some needs are met	Fair: Many needs are met	Good : Most needs are met	Very Good: All needs are met	I Don't Know
Prenatal care (pregnancy)						
Postnatal care (birth through first year)						
Access to child care for children 0-5						
Quality of child care for children 0-5						
Parental support/training						
Support for single parents						
Quality education						
College or career preparation						
Needs of children/youth with disabilities						

How well does your community currently meet the needs of children, including adolescents in the following areas? (Continued)

	Very Poor: No needs are met	Poor: Some needs are met	Fair: Many needs are met	Good : Most needs are met	Very Good: All needs are met	I Don't Know
Dental health						
Mental health						
Physical health						
Violence/bullying prevention						
Recreational opportunities						
Volunteer opportunities						
Needs of parents/guardians whose first language isn't English						
Needs of children whose first language isn't English						
Basic needs of low-income children/youth						
Employment for youth						

59. What are the **top three needs for children (ages birth to 12)** in the community that should be addressed?

Instructions: Please rank your selections by typing 1, 2, or 3 in the box next to your choice. A 1 shows the most important, a 2 shows the second important, and a 3 shows the third important. You will only be able to rank three choices.

- ___ Parenting education
- ___ Parenting skills development
- ___ Afterschool Programs
- ___ Mentoring programs for children
- ___ Child care for children 0-5
- ___ Mental health care
- ___ Nutrition programs (e.g. WIC, free and reduced lunch, etc.)
- ___ Recreational activities
- ___ Transportation
- ___ Public education
- ___ Financial assistance to families (for nutrition, child care, housing, etc.)
- ___ Medical care
- ___ Dental care
- ___ Early childhood intervention programs (e.g., Head Start, etc.)
- ___ Services for children with physical or developmental disabilities
- ___ Bullying prevention
- ___ Other (please specify) _____

60. What are the **top three needs for youth/adolescents (ages 13-18)** in the community that should be addressed?

Instructions: Please rank your selections by typing 1, 2, or 3 in the box next to your choice. A 1 shows the most important, a 2 shows the second important, and a 3 shows the third important. You will only be able to rank three choices.

- ___ Access to higher education
- ___ Public education
- ___ Employment opportunities for teens
- ___ Workforce training for teens
- ___ Substance abuse prevention/treatment
- ___ Parenting education/skills development (for parents of adolescents)
- ___ Mental health care
- ___ Mentoring programs for adolescents
- ___ Comprehensive sex education (including teen pregnancy prevention, STDs, etc.)
- ___ Healthy eating
- ___ Being able to take part in physical activities
- ___ Cultural enrichment opportunities
- ___ Transportation
- ___ Appropriate internet/technology use (e.g., sexting, cyber-bullying, etc.)
- ___ Services for adolescents with physical or developmental disabilities
- ___ Tutoring
- ___ Recreational activities
- ___ Access to technology/computers
- ___ Access to the Internet
- ___ Financial skills training
- ___ Opportunities to contribute to the community (e.g., volunteering, leadership development, participation in community decision-making)
- ___ Medical care
- ___ Dental care
- ___ Bullying/relationship violence prevention
- ___ Other (please specify) _____

Public Education

Public education refers to the system that is maintained at **public** expense for the **education** of the children of a community or district and commonly including primary (K-5) and secondary schools (6-12). This refers specifically to public schools, not private or religiously affiliated. Again, a person does not have to have children to be impacted by the public education system. Please answer the following questions to your best ability whether you have children/grandchildren or not.

How would you rate public K-12 education in the community in the following areas?

61. Rate the extent to which you are satisfied with your community's public k-12 education in the following areas:

	Very Poor: Very dissatisfied	Poor: Dissatisfied	Fair: Somewhat satisfied	Good: Satisfied	Excellent: Very satisfied	N/A or Don't Know
The quality of the school your child attends.						
The overall quality of schools.						
The quality of teachers.						
The amount of parental involvement in the child's education.						
The availability of support resources at the school (counselors, tutors, etc.).						
The availability of up-to- date technology for students to use.						
The availability of extracurricular programs, clubs, or sports.						
The amount of money a school spends per student.						
The quality of school buildings.						
The quality of curriculum.						
Availability of afterschool programs.						

62. What are the **top three needs related to public education** in the community that should be addressed?

Instructions: Please rank your selections by typing 1, 2, or 3 in the box next to your choice. A 1 shows the most important, a 2 shows the second important, and a 3 shows the third important. You will only be able to rank three choices.

- ___ Increased expectations for student achievement
- ___ Equality in funding among school districts
- ___ Getting and keeping good teachers
- ___ Increased parental involvement
- ___ Increased student discipline
- ___ Increased quality of instruction
- ___ Addressing bullying
- ___ Raising standardized test scores
- ___ Increased quality of curriculum
- ___ More artistic and musical activities
- ___ Addressing overcrowding in schools
- ___ Addressing fighting, violence, and/or gangs
- ___ Increased amount of time students spend in school
- ___ Availability of physical activities and sports
- ___ Availability of quality computers and technology
- ___ Updated textbooks
- ___ Addressing the condition of school buildings
- ___ More extracurricular activities
- ___ More involvement of students in decision-making
- ___ Other (please specify) _____

Aging

In this section, older adults are defined as 55 or older. As with other sections, a person does not have to belong to this age group in order to have an understanding of conditions related to aging in Pottawatomie County. A few questions are specifically for those who are 55 or older. Otherwise, please answer all other questions to the best of your knowledge whether you're 55 or older or not. The questions in this section focus on quality of life for people 55 or older as well as services in the community.

Please keep in mind this definition of healthy aging while filling out these questions: Healthy aging involves developing and maintaining the **functional ability** that enables **well-being** in older age, including meeting basic needs; ability to make decisions; mobility; building and maintaining relationships; and contributing to the community.

63. The community supports healthy aging.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither disagree or agree
- ☐ Agree
- ☐ Strongly Agree

64. There are an adequate number of services in the community to meet the needs of older adults

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither disagree or agree
- ☐ Agree
- ☐ Strongly Agree

65. What are the **top three needs for older adults in the community** that should be addressed?

Instructions: Please rank your selections by typing 1, 2, or 3 in the box next to your choice. A 1 shows the most important, a 2 shows the second important, and a 3 shows the third important. You will only be able to rank three choices.

- | | |
|---|--|
| <input type="checkbox"/> Medical care | <input type="checkbox"/> Mental health services |
| <input type="checkbox"/> Dental care | <input type="checkbox"/> Legal services |
| <input type="checkbox"/> Vision care | <input type="checkbox"/> Personal care services |
| <input type="checkbox"/> Affordable prescriptions | <input type="checkbox"/> Respite services for caregivers |
| <input type="checkbox"/> Independent living in the home | <input type="checkbox"/> Access to daily meals |
| <input type="checkbox"/> Independent living in a retirement community | <input type="checkbox"/> Utility assistance |
| <input type="checkbox"/> Assisted living options | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Long term care facility options | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Memory care options/dementia support | <input type="checkbox"/> Finances/Income |
| <input type="checkbox"/> Home health care options | <input type="checkbox"/> Ease of mobility in the community |
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Day programs | <input type="checkbox"/> Hospice care |
| <input type="checkbox"/> Caregiver support groups | <input type="checkbox"/> Elder abuse |
| <input type="checkbox"/> Health insurance | <input type="checkbox"/> Substance abuse |
| | <input type="checkbox"/> Other (please specify) _____ |

66. Are you a caregiver of an older adult (spouse, parent, grandparent, etc.)? **If NO, skip to question 69.**

- ☐ Yes
- ☐ No

67. If you are the caregiver of an older adult, are you receiving the supportive services you need?

- ☐ Yes
- ☐ No

68. If you are not receiving the services that could support you in your caregiver role what services do you need? Please write in your response.

69. Are you 55 years or older?

- ☐ Yes
- ☐ No

If you are not 55 years or older, please skip to question 71.

70. How important are the following in your life right now?

	Not Important	Somewhat Important	Moderately Important	Important	Very Important
Staying mentally sharp					
Spending time with family and friends					
Learning new things					
Receiving or continuing to receive Social Security benefits					
Receiving or continuing to receive Medicare benefits					
Having enough money to meet daily living expenses like groceries, gasoline, utilities, clothing, mortgage or rent, etc.					
Having adequate health insurance coverage					
Affording the cost of out-of-pocket health care expenses and prescription drugs					
Having quality long-term care for yourself or a family member					

How important are the following in your life right now? (Continued)

	Not Important	Somewhat Important	Moderately Important	Impor tant	Very Important
Staying healthy					
Being able to stay in your own home					
Protecting yourself from consumer fraud					
Having enough money to live comfortably and do the things you want to do					
Having access to public transportation					
Enforcement of quality standards for nursing homes					
Being able to volunteer in your community					
Being able to use your cell phone with confidence					
Being able to go online to manage your finances with confidence					

Housing

This section focuses on conditions related to housing for persons in Pottawatomie County. It does not matter whether you own or rent. Please answer these questions as thoroughly as possible. The questions focus on the suitability of housing (e.g., affordability, safety) and needs related to housing.

71. Do you own your home or rent?

- ☐ Own
- ☐ Rent
- ☐ Not applicable (e.g., I live with friend or family member)

72. Which of the following best describes your current living arrangements?

- ☐ I am the only person in the household.
- ☐ I live with my spouse/partner/significant other.
- ☐ I live with other family, friends, or roommates.
- ☐ I have no place to live.

Suitability of Housing

Suitable housing refers to the condition of a) spending no more than 30% of your income on housing and b) living in a home that meets local safety (code) standards.

73. Do you spend more than 30% of your gross annual income on housing (including utilities)?

- ☐ Yes
- ☐ No

74. Do you think your current housing is safe?

- ☐ Yes
- ☐ No

75. Are you happy with your current housing?

- ☐ Yes
- ☐ No

76. If you're not happy with your current housing, please tell us why? **Check all that apply.**

- ☐ Too expensive
- ☐ Location
- ☐ Unsafe because of condition of the housing
- ☐ Too small
- ☐ Other (please specify) _____

77. If you would prefer to own your residence, but don't, what are the reasons? **Check all that apply.**

- ☐ Too expensive to buy
- ☐ Too hard to get financing
- ☐ Too much responsibility
- ☐ I'd be the only occupant
- ☐ Too costly to maintain
- ☐ Too costly to insure
- ☐ N/A – I own my own residence
- ☐ Other (please specify) _____

78. There is enough affordable housing in the community.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither disagree or agree
- ☐ Agree
- ☐ Strongly Agree

79. There is enough accessible housing (for persons with disabilities) in the community.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither disagree or agree
- ☐ Agree
- ☐ Strongly Agree

80. What are the **top three needs related to housing** in the community that should be addressed?

Instructions: Please rank your selections by typing 1, 2, or 3 in the box next to your choice. A 1 shows the most important, a 2 shows the second important, and a 3 shows the third important. You will only be able to rank three choices.

- ___ Education about responsible homeownership
- ___ Education about financing options for homeownership
- ___ Higher quality rentals
- ___ Senior housing
- ___ Low-income housing assistance (Section 8)
- ___ Neighborhood improvement programs
- ___ Code enforcement (e.g. overgrown lawns, broken windows, trash, etc.)
- ___ Assistance with property repair and maintenance
- ___ Variety of affordable housing options
- ___ Historic preservation
- ___ Quality housing
- ___ Safe housing
- ___ Affordable housing
- ___ Accessible housing (for persons with disabilities)
- ___ Other (please specify) _____

Transportation

This section focuses on the availability and use of transportation in Pottawatomie County. It includes questions that ask about your own transportation options and those in the community as well as overall needs.

81. Which of the following types of transportation do you use to get around your community: **Check all that apply.**

- ☐ A car, truck, or motorcycle you own or have use of
- ☐ Ride sharing (i.e., vanpool or carpool)
- ☐ Public transportation (e.g., bus, van, etc.)
- ☐ One of the ride services, Uber or Lyft
- ☐ Taxi
- ☐ Horse
- ☐ A friend or relative
- ☐ Bicycle
- ☐ Walk
- ☐ Other (please specify) _____
- ☐ N/A – I don't need transportation

82. Of the transportation types above, which one do you use most frequently? **Check ONLY one.**

- ☐ A car, truck, or motorcycle you own or have use of
- ☐ Ride sharing (i.e., vanpool or carpool)
- ☐ Public transportation (e.g., bus, van, etc.)
- ☐ One of the ride services, Uber or Lyft
- ☐ Taxi
- ☐ Horse
- ☐ A friend or relative
- ☐ Bicycle
- ☐ Walk
- ☐ Other (please specify) _____
- ☐ N/A – I don't need transportation

83. Estimate how often you have reliable transportation to get you to the places you want to go

- ☐ None of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time
- ☐ I don't need transportation

84. There are multiple transportation options in the community

- ☐ Yes
- ☐ No
- ☐ N/A – I don't need transportation

85. I have access to the transportation I need to get around the community

- ☐ Yes
- ☐ No
- ☐ N/A – I don't need transportation

86. Do transportation issues regularly prevent you from doing what you need or want to do?

- ☐ Yes
- ☐ No

87. What are the **top three needs related to transportation** in your community that should be addressed?

Instructions: Please rank your selections by typing 1, 2, or 3 in the box next to your choice. A 1 shows the most important, a 2 shows the second important, and a 3 shows the third important. You will only be able to rank three choices.

___ Widen existing roads

___ Build new roads

___ Provide maintenance and improvements to existing roadways (including intersections or interchanges, pavement of gravel roads, potholes, bridge repairs, etc.)

___ Improve traffic signals

___ Improve public transit service (including increased service hours, shorter wait times, more routes, bus shelters, benches, etc.)

___ Improve driver education

___ Develop a pedestrian friendly transportation system to make areas more walkable (improve sidewalks, crosswalks, signals, etc.)

___ Expand and improve the bike route system (bike paths, bike lanes) to increase the number of people who bike as a form of transportation

___ Increase specialized transportation services for people with disabilities and/or special needs

___ Address texting and driving

___ Increase options for overnight public parking

___ Expand local taxi services

___ Other _____

Economics and Personal Finances

This section focuses on your perceptions of your own economic and financial situation as well as within the community in general. It also includes questions about employment and taxes as well as needs related to economics and personal finance.

88. The overall local economy is doing well.

- ☐ Yes
- ☐ No

89. How satisfied are you with your current financial situation?

- ☐ Not at all satisfied
- ☐ Barely satisfied
- ☐ Somewhat satisfied
- ☐ Mostly satisfied
- ☐ Very satisfied

90. How optimistic are you about your personal financial future?

- ☐ Not at all optimistic
- ☐ Barely optimistic
- ☐ Somewhat optimistic
- ☐ Mostly optimistic
- ☐ Very optimistic

91. In a typical month, how difficult is it for you to cover your expenses?

- ☐ Very Difficult
- ☐ Difficult
- ☐ Neither difficult or easy
- ☐ Easy
- ☐ Very Easy
- ☐ N/A

92. Do you make enough money to save for the future?

- ☐ Yes
- ☐ No
- ☐ N/A – I don't work

93. In the past 12 months, have you personally experienced a large unexpected drop in income?

- ☐ Yes
- ☐ No
- ☐ N/A

94. In the past 12 months has your household experienced a large unexpected drop in income?

- ☐ Yes
- ☐ No
- ☐ N/A

95. Do you make enough money to support your own basic needs?

- ☐ Yes
- ☐ No

96. Do you make enough money to support your family's needs?

- ☐ Yes
- ☐ No
- ☐ N/A – I only support myself

97. Do you need to work more than one job in order to earn enough to meet your basic needs?

- ☐ Yes
- ☐ No

98. Has your employer put limits on the number of hours you can work due to insurance costs?

- ☐ Yes
- ☐ No
- ☐ I don't know

99. Do you feel your education is being fully used in your current job?

- ☐ Yes
- ☐ No
- ☐ N/A - I don't have a job

100. Do you feel your skills are being fully used in your current job?

- ☐ Yes
- ☐ No
- ☐ N/A - I don't have a job

101. If you are retired, to what extent do you feel your education is being utilized?

- ☐ It is not being utilized
- ☐ It is barely being utilized
- ☐ It is somewhat being utilized
- ☐ It is being utilized a lot
- ☐ It is being utilized to a great extent
- ☐ N/A – I am not retired

102. If you are retired, to what extent do you feel your skills are being utilized?

- ☐ They are not being utilized
- ☐ They are barely being utilized
- ☐ They are somewhat being utilized
- ☐ They are being utilized a lot
- ☐ They are being utilized to a great extent
- ☐ N/A – I am not retired

103. There are a variety of jobs available in my community.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither disagree or agree
- ☐ Agree
- ☐ Strongly Agree

104. There are enough well-paying jobs in my community.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither disagree or agree
- ☐ Agree
- ☐ Strongly Agree

105. There are opportunities in my community for increasing my job skills.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither disagree or agree
- ☐ Agree
- ☐ Strongly Agree

106. Property taxes are reasonable.
- ☐ Strongly Disagree
 - ☐ Disagree
 - ☐ Neither disagree or agree
 - ☐ Agree
 - ☐ Strongly Agree
 - ☐ N/A - I don't pay property taxes

107. Sales taxes in are reasonable.
- ☐ Strongly Disagree
 - ☐ Disagree
 - ☐ Neither disagree or agree
 - ☐ Agree
 - ☐ Strongly Agree

108. What are the **top three needs related to economic/personal finance** in the community that should be addressed?

Instructions: Please rank your selections by typing 1, 2, or 3 in the box next to your choice. A 1 shows the most important, a 2 shows the second important, and a 3 shows the third important. You will only be able to rank three choices.

- ___ Workforce development training
- ___ Low-cost resources to help with personal finance management
- ___ Assistance with searching for and gaining employment
- ___ Small business development
- ___ Emergency assistance to individuals or families (e.g., for utilities, food, rent, etc.)
- ___ Availability of jobs
- ___ Access to education
- ___ Availability of low-interest loans
- ___ Availability of college or career preparation in schools
- ___ Employment opportunities for youth
- ___ Employment opportunities for older adults
- ___ Jobs that at least pay a living wage (the minimum income necessary for a worker to meet basic needs like food, housing, clothing, etc.)
- ___ Other (please specify) _____

Demographic Information

The following questions will help us understand a little more about the people who respond to this survey. This information will not be linked to your individual answers in any way. Analysis may be done to see how people with similar demographics (e.g., age, income, etc.) answer certain questions. But, all data from the group of interest will be combined for these purposes. Please answer as completely as possible.

109. Gender:

- ☐ Male
- ☐ Female
- ☐ Transgender male
- ☐ Transgender female
- ☐ Gender variant/non-conforming
- ☐ Not listed other (please specify) _____
- ☐ Prefer not to answer

110. Racial Categories (**Select all that apply**)

- ☐ White
- ☐ Asian
- ☐ African American/Black
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or Pacific Islander
- ☐ Multiracial
- ☐ Other (please specify) _____

111. Ethnic Category

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

112. What is the highest level of school, college or vocational training that you have finished?

- ☐ Less than 9th grade
- ☐ 9-12th grade, no diploma
- ☐ High school graduate (or GED/equivalent)
- ☐ Associate's degree or vocational training
- ☐ Some college (no degree)
- ☐ Bachelor's degree
- ☐ Graduate or professional degree

113. What best describes your current marital status?

- ☐ Single, never married
- ☐ Married
- ☐ Divorced
- ☐ Widowed
- ☐ Not married, but living together
- ☐ Domestic partnership or civil union

114. What was your total household income last year, before taxes?

- ☐ Less than \$10,000
- ☐ \$10,000 to \$14,999
- ☐ 15,000 to \$24,999
- ☐ \$25,000 to \$34,999
- ☐ \$35,000 to \$49,999
- ☐ \$50,000 to \$74,999
- ☐ \$75,000 to \$99,999
- ☐ \$100,000 to \$199,999
- ☐ \$200,000 or more
- ☐ Prefer not to answer

115. How many people does this income support?

116. Have you been a member of the Armed Services/Military?

- ☐ Yes
- ☐ No

117. What is your current status?

- ☐ Active
- ☐ Retired
- ☐ Disabled or Injured
- ☐ Inactive

118. What is your employment status?

- ☐ Self-employed
- ☐ Working more than one job
- ☐ Employed full-time (one job)
- ☐ Employed part-time
- ☐ Homemaker
- ☐ Retired
- ☐ Disabled
- ☐ Unemployed for 1 year or less
- ☐ Unemployed for more than 1 year

119. How many people in your household are working?

120. What county do you currently work in?

- ☐ Riley
- ☐ Pottawatomie
- ☐ Geary
- ☐ Other (please specify) _____

121. Are you a student taking courses for credit?

- ☐ Yes
- ☐ No

122. What is your student status?

- ☐ Part-time
- ☐ Full-time

123. Which of the following best describes the school you are attending?

- ☐ Graduate school (on campus)
- ☐ Graduate school (on-line)
- ☐ Four year undergraduate college/university (on campus)
- ☐ Four year undergraduate college/university (on-line)
- ☐ Two-year community/junior college (on campus)
- ☐ Two year community/junior college (distance learning)
- ☐ Vocational, technical, or trade school (on campus)
- ☐ GED/high school equivalency program
- ☐ Other (please specify) _____

124. Do you participate in a religious/faith community?

- ☐ Yes
- ☐ No

125. Which of the best describes how you access the Internet? **Check all that apply.**

- ☐ Home Computer
- ☐ Work Computer
- ☐ Public Computer
- ☐ Mobile (cell phone, tablet, etc.)
- ☐ I don't access the Internet

126. How do you normally get your news about community events? **Check all that apply.**

- ☐ Newspaper
- ☐ Community flyers
- ☐ Social media (Facebook, Twitter, etc.)
- ☐ Newsletters
- ☐ Email/RSS
- ☐ Friends/Family
- ☐ Internet
- ☐ Radio
- ☐ TV/local cable

Other Comments

Please share any additional comments about the community here:

Thank you for your participation.