2024 Cowley County Community Health Needs Assessment

2024

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I.   Executive Summary

William Newton Hospital, in partnership with community stakeholders, is pleased to present the 2024 Community Health Needs Assessment (CHNA) for Cowley County, Kansas. This CHNA serves as the fifth assessment cycle, building upon previous efforts to identify and address the critical health needs of our community.

A Collaborative Approach to Community Health

The CHNA process is a cornerstone of William Newton Hospital's commitment to serving the health needs of our residents. We recognize the importance of collaboration, and this year's CHNA reflects the combined efforts of a dedicated steering committee comprised of representatives from City-Cowley County Health Department, Community Health Center of Cowley County, Four County Mental Health, K-State Research and Extension – Cowley County, Legacy Regional Community Foundation, RISE Cowley, William Newton Hospital, and William Newton Healthcare Foundation. Representatives from SCK Health Medical Center also joined steering committee meetings during the primary research phase. This collaborative approach strengthens our ability to leverage resources, identify trends, and prioritize initiatives that will have the greatest impact on our community's health.

2024 CHNA Highlights

Comprehensive Needs Assessment

The 2024 CHNA employs a data-driven approach to identify the most pressing health needs in Cowley County. A variety of data sources were used, including surveys, community forums, and secondary data analysis, to create a comprehensive picture of our community's health landscape.

A group of stakeholders across Cowley County gather to review primary and secondary research findings.

Synergy with Ongoing Efforts

To streamline efforts and avoid duplication, collaboration with local organizations and groups was essential, such as Four County Mental Health, Legacy Regional Community Foundation – Cowley ACTS, RISE Cowley health coalition, and William Newton

Healthcare Foundation – Beats Go On community wellness initiative.

Moving Forward

The findings of the 2024 Cowley County Community Health Needs Assessment will serve as a roadmap for William Newton Hospital and our community partners as we work together to improve the health and well-being of Cowley County residents. Through a collaborative and data-driven approach, coordinators are confident the most critical health needs have been identified to enable community leaders to address them in the 2025 Community Health Improvement Plan (CHIP).

2024 Cowley County Unmet Health Needs

These top priorities were identified as a result of the 2024 Cowley County CHNA and will be used to develop a CHIP in early 2025.

- **Housing:** Increase availability of safe & affordable housing
- **Food & Nutrition:** Educate about food & nutrition to schools, families, & community (e.g. food is medicine)
- **Youth & Child Services:** Enhance the impact of existing resources (e.g. Parents as First Teachers, adult literacy programs, teen pregnancy, Cowley ACTS Childcare Team)
- **Substance Use/Misuse:** Develop a crisis-to-wellness process for multi-agency monitoring to address substance use/misuse
- **Healthcare Access:** Educate about health & wellness services to address lack of knowledge
- **Transportation**: Increased access to help residents get to/from healthcare appointments, obtain food, & utilize support & safety-net services

Access to Prior CHNAs

Previous CHNAs for Cowley County can be found on the William Newton Hospital website: https://www.wnhcares.org/about/community-health-needs-assessment

Additional Information

For more information about the 2024 CHNA or William Newton Hospital's commitment to community health, please contact coordinator Sarah Johnson at 620-222-6262.

II. OBJECTIVES

These key objectives for Cowley County's 2024 assessment were developed by the CHNA Steering Committee:

1. Determine trends and issues in the community
2. Understand and assess knowledge of current health & wellness resources and needs for additional or different health & wellness resources
3. Meet Federal requirements for the hospital, county health department, and county behavioral health services
4. Leverage data collected to generate support for change by identifying strengths and gaps of interest to policymakers and the general public
5. Gather meaningful data to help secure grant funding for our service area
6. Expand resident engagement and understanding (beyond key stakeholders) in the process by utilizing a community-engaged approach and engaging with populations of focus within our community
7. Include a collection of social determinants of health data in the survey
8. Build a stronger connection between key stakeholders within the service area to better align long-term planning initiatives to improve community health outcomes

III. COMPLIANCE FOR WILLIAM NEWTON HOSPITAL

In addition to helping improve community health and well-being, the federal Patient Protection and Affordable Care Act requires that each registered 501(c)3 hospital conduct a Community Health Needs Assessment (CHNA) at least once every three years and adopt a strategy to meet community health needs.

Any hospital that has filed an IRS 990 is required to conduct a CHNA. William Newton Hospital (WNH) must complete the following steps by December 31, 2024:

1. Define the community it serves.
2. Assess the health needs of that community.
3. In assessing the community's health needs, solicit and take into account input received from persons who represent the broad interests of that community, including those with special knowledge of or expertise in public health.
4. Document the CHNA in a written report (CHNA report) that is adopted for the hospital facility by an authorized body of the hospital facility.
5. Make the CHNA report widely available to the public.

William Newton Hospital, Winfield, KS

IV. PROCESS & METHODS

The CHNA Steering Committee followed the framework provided by the American Hospital Association Community Health Improvement (ACHI) to map its 2024 development process.

ACHI: https://www.healthycommunities.org/resources/community-health-assessment-toolkit

Map Development Process

| Phase	Timeframe	Task
1 & 2	July 2023	Assemble CHNA steering committee & review past efforts
1	July – Aug 2023	Develop a request for proposal
1	Sept – Dec 2024	Issue RFP for primary research & select vendor
3 & 4	Jan – Feb 2024	Develop and produce survey; train volunteers
3 & 4	Mar – May 2024	Perform secondary research
3 & 4	Mar – Apr 2024	Collect surveys
3 & 4	May – July 2024	Perform survey data entry & analysis
3 & 4	May – June 2024	Coordinate focus groups
3 & 4	July – Aug 2024	Hold focus groups
3 & 4	Sept – Nov 2024	Transcribe focus group recordings & analyze data
5 & 2	Dec 2024	Hold CHNA stakeholder meeting
6	By Dec 31, 2024	Prepare & publish CHNA
7 & 8	Jan – April 2025	Develop Community Health Improvement Plan
8	By May 15, 2025	WNH Board of Trustees adopts CHIP
9	Dec 2025	WNH Board of Trustees reviews CHNA/CHIP progress

Building Relationships

Preparations for the 2024 CHNA began in July 2023, when the CHNA Steering Committee was formed to represent broad interests in health and well-being in Cowley County. Throughout the CHNA, additional representation from various organizations and interests was included as needed. Further input from the public and community organizations was sought during the primary research and need prioritization phases.

Community members earn Chamber Checks for completing the HealthCounts in Cowley County public survey at the Marquee Performing Arts Center in Winfield, KS.

The following map identifies collaborating organizations during CHNA development:
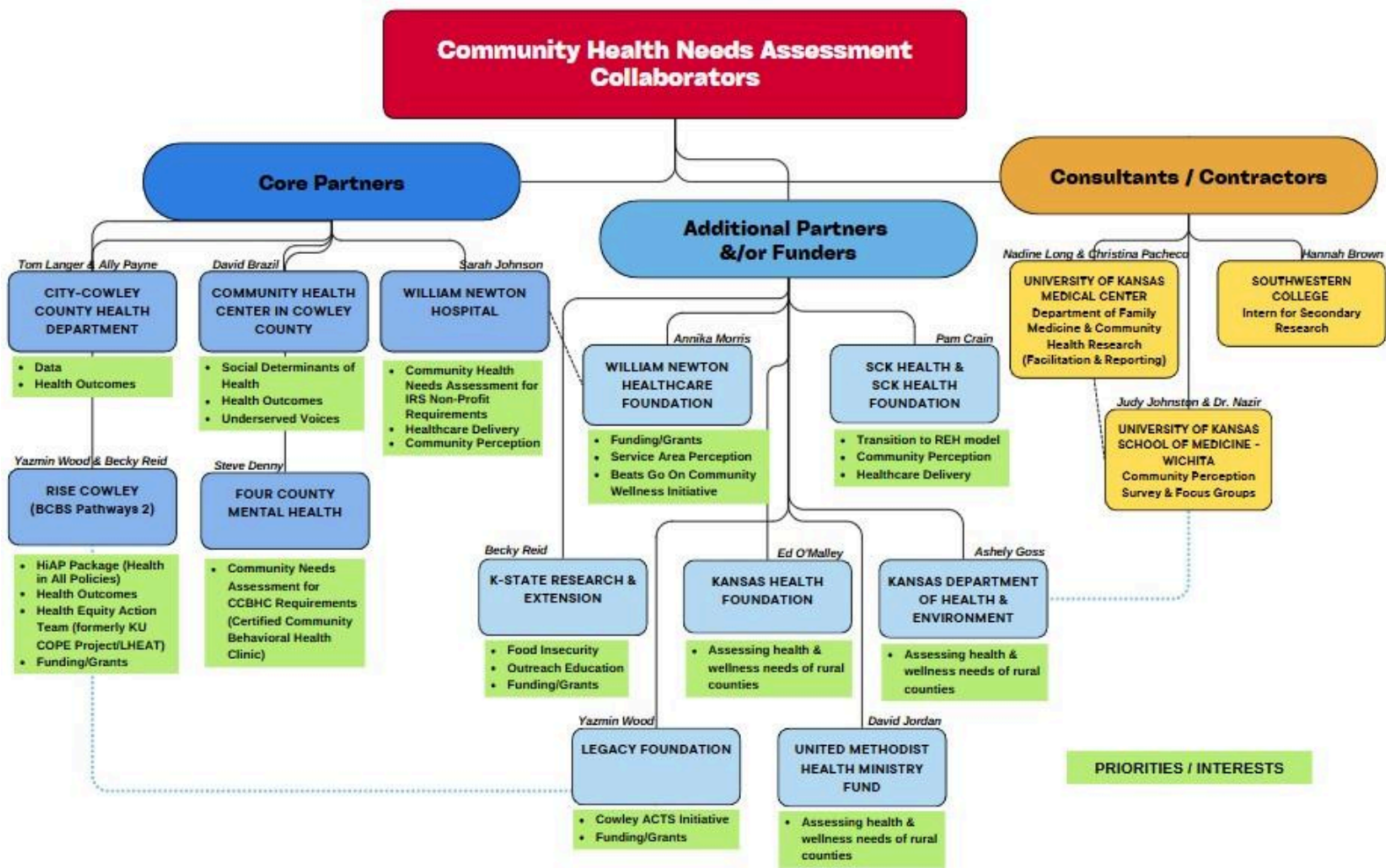
Develop Community Profile

Description of Community Served

The CHNA Steering Committee worked with the University of Kansas Medical Center Department of Family Medicine & Community Health Research to compile this information. Please reference the document in the Appendix titled "KUMC-Cowley County Community Health Needs Assessment" (pages 4-5).

Evaluation of 2021 CHNA

One of the functions performed by the 2024 CHNA Steering Committee was an evaluation of the impact of actions taken to address the significant health needs identified in the immediately preceding CHNA. The group made the following key observations:

1. **COVID-19**: The global pandemic presented numerous barriers to addressing

health needs including:
    a. Reprioritization to immediate healthcare needs
    b. Availability of resources (funding and manpower diverted to direct care)
    c. Physical barriers (inability to meet in person resulted in the cancelation of many outreach opportunities)
    d. Post-pandemic focus on recovery from the industry disruption

2. **Too many priorities**: The group noted that the last CHNA identified 12 priorities, which spread resources too thin and lacked focus. The team recommended narrowing the priorities to 3-5 (maximum of 6) as recommended by the ACHI.

3. **Increased collaboration**: One positive outcome since the 2021 CHNA is greater collaboration among entities in Cowley County. Several strategies referenced in the last CHIP (https://www.wnhcares.org/about/community-health-needs-assessment) have benefitted from this including:
    a. The thriving Downtown Doc Walks program in Winfield helps promote physical activity and raise awareness about local services through collaboration with William Newton Hospital, William Newton Healthcare Foundation's Beats Go On community wellness initiative, Winfield Area Chamber of Commerce, RISE Cowley, local businesses, and local healthcare providers. *5.g. (p. 97)*
    b. Enhanced development of the Cowley County Resource Directory (https://risecowley.org/rise-resource-directory) in partnership with RISE Cowley and the AmeriCorps Vista program through the local public libraries, funded in part through a grant from Legacy Regional Community Foundation. *5.d. (p. 97)*
    c. Increased public education on insurance plans, through RISE Cowley, William Newton Hospital, and the William Newton Healthcare Foundation's Beats Go On community wellness initiative. *12.a. (p.100)*
    d. Launch of the PRAPARE tool at the Community Health Center in Cowley County to collect data on social determinants of health to identify needs and refer for resources through the Unite Us platform. 6.*g.* & 9.*a.*
    e. The continuation of other initiatives already in place concerning childcare, substance abuse/misuse, and affordable housing (e.g. Cowley ACTS initiative).
    f. Enhanced cooperation between behavioral/mental health and healthcare providers and better awareness/destigmatization of behavioral & mental health among community members.
    g. Greater recognition of the local health coalition, RISE Cowley, within the county as an organization positioned to address health needs and advance health equity.

Community Health Status

Divided into two parts, the CHNA Steering Committee used a two-pronged approach using primary and secondary research to develop a complete picture of Cowley County's health status.

Primary Research: HealthCounts in Cowley County

The community-based participatory research, dubbed *HealthCounts in Cowley County*, was a countywide initiative to collect resident feedback about perceptions of health and wellness resources. The anonymous survey and focus groups covered sectors including healthcare, public health, mental health, worksites, early childcare & education, schools, faith communities, K-State Research & Extension, and the community environment.

Community members gather at SCK Health Medical Center for a focus group discussing Healthcare, Public Health & Mental Health.

The research study was funded by a Kansas Department of Health and Environment grant and conducted by the KU School of Medicine-Wichita. Following the retirement of the lead researcher, the University of Kansas Medical Center (KUMC) Department of Family Medicine and Community Health Research completed the analysis and

reporting. Representatives from KUMC also facilitated the CHNA stakeholder meeting to prioritize needs. KUMC's report, titled "KUMC-Cowley County Community Health Needs Assessment," can be found in the Appendix of this report.

A wide range of organizations in the county and region provided additional funding and support for *Health Counts in Cowley County*: Arkansas City Area Chamber of Commerce, City-Cowley County Health Department, Community Health Center in Cowley County, Four County Mental Health, K-State Research and Extension - Cowley County, Legacy Regional Community Foundation, RISE Cowley, SCK Health Medical Center, United Methodist Health Ministry Fund, William Newton Hospital, William Newton Healthcare Foundation, and Winfield Area Chamber of Commerce.

Local schools (Cowley College, Dexter Schools, and Southwestern College), public libraries (Arkansas City Public Library, Winfield Public Library, Udall Public Library), and city/county governments (City of Burden, City of Winfield, and Cowley County) also assisted with the project.

Secondary Research

Secondary research using publicly available data sources was conducted by a Southwestern College intern in the spring of 2024 with oversight from William Newton Hospital and City-Cowley County Health Department staff. Prior to the CHNA stakeholder meeting in December 2024, external data was reviewed and updated by William Newton Hospital. Internal hospital data was also integrated. This profile, titled "Cowley County Health Status: Secondary Research," can be found on pages 15-25.

Increase Equity with Data

The CHNA Steering Committee committed to identifying gaps within the community throughout the research and assessment process using the Social Drivers of Health (SDOH) framework.

SDOH factors have a major impact on people's health, well-being, and quality of life and contribute to wide health disparities and inequities.
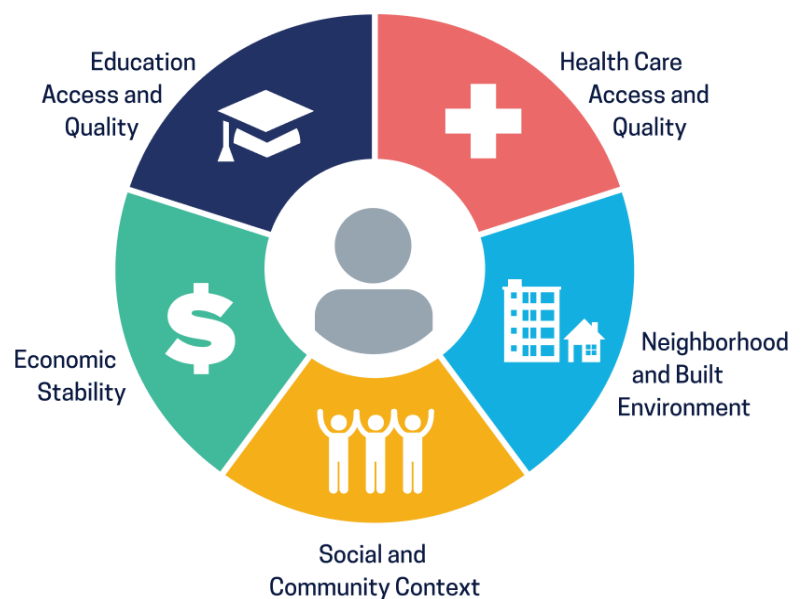
National Association of Community Health Centers

Examples of SDOH include:
- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

Prioritize Needs & Assets

William Newton Hospital and community partners hosted a work session with area stakeholders to review, discuss, and prioritize unmet health needs. This shared process helped to distinguish the most pressing community health needs and assets based on the data collected.

The gathering included 32 virtual and in-person participants and included representatives from the following organizations or sectors:

Arkansas City Community Member	K-State Research and Extension
City of Arkansas City	K-State Research and Extension - SNAP-Ed
City of Winfield	Legacy Regional Community Foundation
City-Cowley County Health Department	Mental Health / Research / Education
Community Health Center in Cowley County	Nursing
Cowley County Extension Council	Physician
Cowley County Head Start	RISE Cowley
Cowley County Historical Society Museum	USD 465 Winfield (Nursing)
Cowley CourierTraveler (Kansas Health Foundation grantee)	USD 465 Winfield (Social Worker)
Family Care Center	William Newton Healthcare Foundation
Four County Mental Health	William Newton Hospital
Kansas Children's Service League	Winfield Public Library
	Winfield Recreation Commission
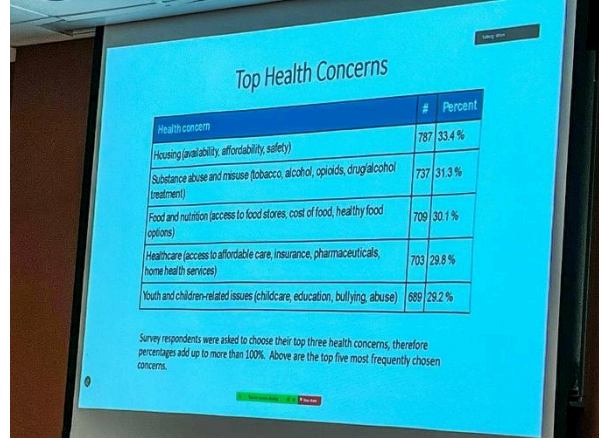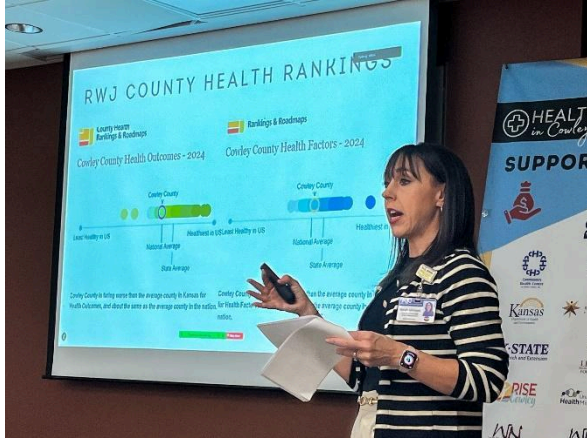
Left: WNH's Sarah Johnson reviews secondary research findings with area stakeholders.
Right: Primary research findings indicate Cowley County's top health concerns.

Criteria

Facilitated by a team from KUMC, the group reviewed the primary and secondary research conducted, ensuring data is viewed through a health equity lens. During the facilitation, participants were directed to select breakout groups focused on the top five health concerns most frequently chosen among primary research findings. The groups utilized a decision matrix with the following prompts to narrow priorities:

- Can it be accomplished within 3 years?
- Is anyone already doing this work?
- Are there resources available to support this work?
- Is it feasible?
- Is it something we can control?
- Can it be identified as a hospital-specific strategy?

KUMC's Nadine Long, right, guides stakeholders through the decision matrix.

Priorities

Stakeholders developed these priorities to address the top health concerns:

- **Housing:** Increase availability of safe & affordable housing
- **Food & Nutrition:** Educate about food & nutrition to schools, families, & community (e.g. food is medicine)
- **Youth & Child Services:** Enhance the impact of existing resources (e.g. Parents as First Teachers, adult literacy programs, teen pregnancy, Cowley ACTS Childcare Team)
- **Substance Use/Misuse:** Develop a crisis-to-wellness process for multi-agency monitoring to address substance use/misuse
- **Healthcare Access:** Educate about health & wellness services to address lack of knowledge

A common theme that emerged from three health concerns was the need to **enhance the impact of existing resources by expanding education/awareness and increasing the utilization of referral systems.** This will be a key strategy for the Community Health Improvement Plan (CHIP) to address multiple health concerns.

In addition, although **transportation** was not listed among the top five health concerns, three work groups recommended greater access to transportation to help address unmet health needs.

- **Transportation:** Increased access to help residents get to/from healthcare appointments, obtain food, & utilize support & safety-net services

Each of these identified priorities will be addressed using implementation strategies during the CHIP phase. Additionally, William Newton Hospital was recognized as a potential partner for healthcare access, transportation, substance abuse, and food & nutrition.

Document & Communicate Results

The 2024 CHNA will be published and posted on William Newton Hospital's website: https://www.wnhcares.org/about/community-health-needs-assessment. A link to the document will be shared by email with all participants in the CHNA Stakeholder Meeting and *HealthCounts in Cowley County* Focus Groups. The CHNA will also be shared by community partners and the local health coalition RISE Cowley.

William Newton Hospital has also received funding from the Kansas Health Foundation to assist in publicizing the CHNA and CHIP among Cowley County residents. A communication plan will be developed in conjunction with the CHIP to further share results with the public including:

- Web/Digital Accessibility
- Speakers Bureau
- Social Media
- News Media
- Print Materials
- Interest groups connected to top health concerns: Housing, Food & Nutrition, Substance Abuse/Misuse, Youth & Child Services, Healthcare Access, and Transportation

Plan Equity Strategy, Develop Action Plan, & Evaluate Process

Beginning in early 2025, the CHNA Steering Committee will work with the Wichita State University Community Engagement Institute (WSU-CEI) to develop a three-year Community Health Improvement Plan (CHIP). WSU-CEI will engage community partners and seek additional feedback from stakeholders, interest groups, or the public as needed.

Stone Arch Bridge In Cowley County

Cowley County's CHIP will:
- Outline strategies and tactics to address Cowley County's top health concerns and reduce health disparities.
- Identify collaboration between hospitals, healthcare providers, governmental departments, nonprofit organizations, and others.
- Identify potential resources and funding currently and potentially available.
- Describe how William Newton Hospital (WNH) plans to address the greatest health need(s), identify health need(s) the hospital will not intend to address, and explain why WNH does not intend to address the health need(s).
- Be adopted by the WNH Board of Trustees by May 15, 2025, and then added to the hospital's website for public access.
- Be shared with community leaders and policymakers to align with Cowley County's long-term planning initiatives.
- Be evaluated on at least an annual basis by the WNH Board of Trustees and CHNA Steering Committee.

V. Cowley County Health Status: Secondary Research

This section reviews published quantitative community health indicators from public health sources for Cowley County, KS. Where possible, trends have been identified as follows:

🟢 **GREEN** = improving/high performance indicators

🟡 **YELLOW** = minimal change/average performance indicators

🔴 **RED** = declining/low performance indicators

When data was available, Cowley County was compared to aggregate values among rural counties in south-central Kansas including Barber, Clark, Comanche, Cowley, Edwards, Ford, Gray, Harper, Haskell, Hodgeman, Kingman, Kiowa, Meade, Pratt, Seward, Sumner (n=16).

Data from various sources have been organized into profiles as follows:
- RWJ County Health Rankings
- Demographic
- Economic
- Education
- Maternal & Infant
- Hospital & Provider
- Behavioral & Mental Health
- High Risk & Chronic Risk
- Uninsured & Community Benefit
- Mortality
- Preventative Measures

RWJ County Health Rankings

The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to release annual *County Health Rankings*.

 Health Outcomes and Health Factors summaries have replaced the numerical ranking provided in

County Health Rankings model © 2014 UWPHI
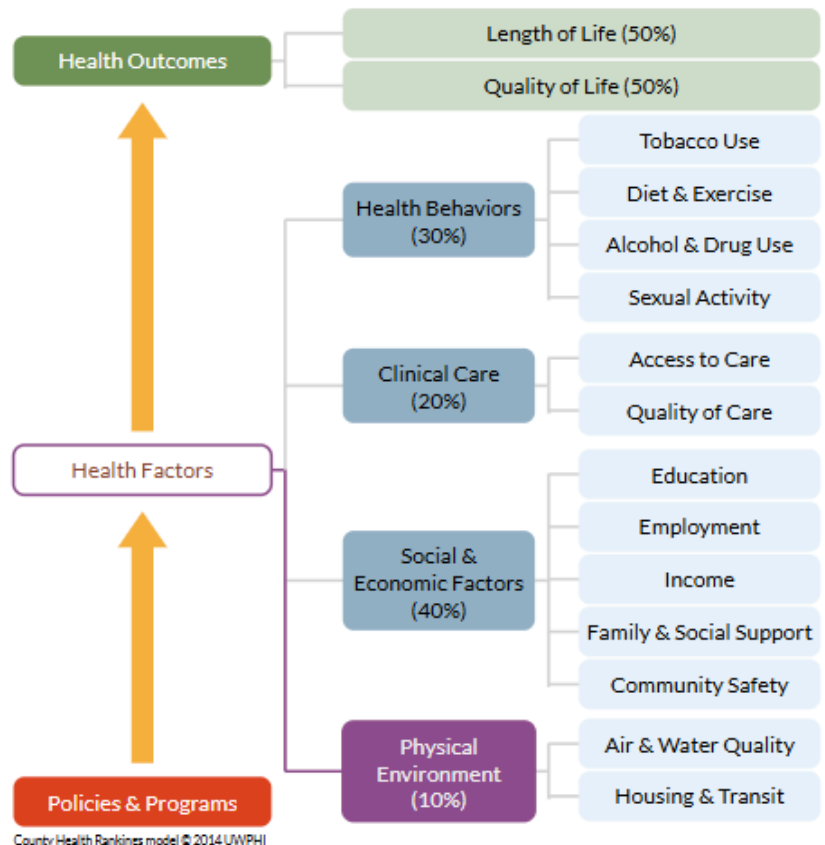
previous years. Each Kansas county with sufficient data is represented by a dot, placed on a continuum from least healthy to healthiest in the nation.

Cowley County's health is not as good as the health of the average Kansas county, but it is closely comparable to the health of an average county in the United States.

County Health Rankings & Roadmaps
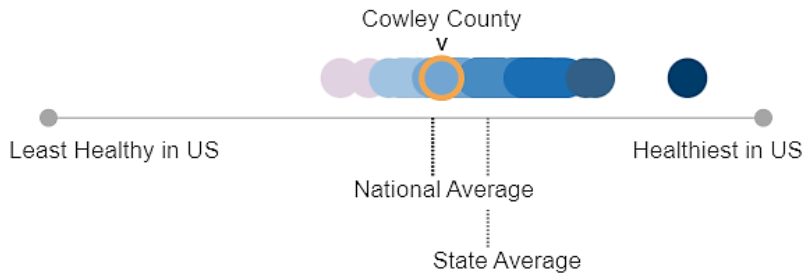
Cowley County Health Outcomes - 2024
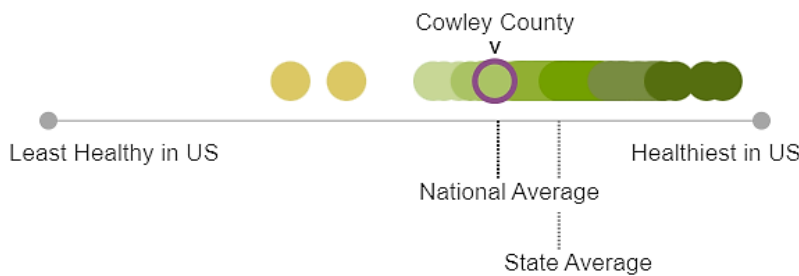
Cowley County is faring worse than the average county in Kansas for Health Outcomes, and about the same as the average county in the nation.

Health Outcomes				
Length of Life		Cowley County	Kansas	United States
Premature Death	⟋	10,000	8,100	8,000
Quality of Life		Cowley County	Kansas	United States
Poor or Fair Health		17%	14%	14%
Poor Physical Health Days		4.0	3.2	3.3
Poor Mental Health Days		5.7	5.0	4.8
Low Birthweight		8%	7%	8%
Additional Health Outcomes (not included in summary)		Cowley County	Kansas	United States
Life Expectancy		74.3	77.0	77.6
Premature Age-Adjusted Mortality		510	400	390
Child Mortality		70	60	50
Infant Mortality			6	6
Frequent Physical Distress		12%	10%	10%
Frequent Mental Distress		18%	16%	15%
Diabetes Prevalence		12%	10%	10%
HIV Prevalence		108	143	382

County Health Rankings & Roadmaps

Cowley County Health Factors - 2024

Cowley County is faring slightly worse than the average county in Kansas for Health Factors, and about the same as the average county in the nation.

Health Factors				
Health Behaviors		Cowley County	Kansas	United States
Adult Smoking		21%	16%	15%
Adult Obesity		44%	37%	34%
Food Environment Index		7.5	7.1	7.7
Physical Inactivity		30%	23%	23%
Access to Exercise Opportunities		72%	80%	84%
Excessive Drinking		18%	20%	18%
Alcohol-Impaired Driving Deaths	〰	10%	20%	26%
Sexually Transmitted Infections	〰	414.5	506.1	495.5
Teen Births		26	19	17
Clinical Care		Cowley County	Kansas	United States
Uninsured	〰	11%	11%	10%
Primary Care Physicians	〰	2,460:1	1,280:1	1,330:1
Dentists	〰	1,810:1	1,580:1	1,360:1
Mental Health Providers		600:1	420:1	320:1
Preventable Hospital Stays	〰	2,180	2,576	2,681
Mammography Screening	〰	39%	48%	43%
Flu Vaccinations	〰	48%	47%	46%

Social & Economic Factors		Cowley County	Kansas	United States
High School Completion		92%	92%	89%
Some College		62%	71%	68%
Unemployment	∿	3.0%	2.7%	3.7%
Children in Poverty	∿	22%	14%	16%
Income Inequality		4.3	4.4	4.9
Children in Single-Parent Households		29%	21%	25%
Social Associations		15.7	13.2	9.1
Injury Deaths		89	82	80

Physical Environment		Cowley County	Kansas	United States
Air Pollution - Particulate Matter	∿	8.2	6.7	7.4
Drinking Water Violations		No		
Severe Housing Problems		12%	12%	17%
Driving Alone to Work		80%	78%	72%
Long Commute - Driving Alone		23%	22%	36%

Demographic Profile

Cowley County's population is 34,496 (based on 2023) and is declining slightly, but less than in prior cycles. The number of citizens speaking a language other than English in their homes has declined slightly. Children in single-parent households make up a total of 29% compared to the rural norm of 17.56% and 21% in the state of KS.

Item	Demographic - Health Indicators	Cowley	Trend	State of KS	Rural Norm	Source
A	Population Estimates, July 01, 2023	34,496		2,934,582	9,500	People Quick Facts
B	Population, Percentage Change (to July 2023)	-1.10%		0.10%	-2.80%	People Quick Facts
C	Population Per Square Mile, 2020	31		36	64	Geography Quick Facts
D	Persons Under 5 Years, Percent, 2024	5.90%		6.00%	6.23%	People Quick Facts
E	Persons 65 Years and Older, Percent, 2024	18.70%		17.20%	19.63%	People Quick Facts
F	Female Persons, Percent, 2024	49.70%		49.80%	46.07%	People Quick Facts
G	White Alone, Percent, 2024	88.20%		85.90%	92.72%	People Quick Facts
H	Black or African American Alone, percent, 2024	3.10%		6.20%	1.86%	People Quick Facts
I	Hispanic or Latino, Percent, 2024	12.20%		13.00%	18.79%	People Quick Facts
J	Language other than English spoken at home, Percent of Persons age 5+ Years, 2024	4.80%		11.80%	15.75%	People Quick Facts
K	Living in the Same House 1 Year Ago, Percent of Persons age 1+ Years, 2024	82.20%		84.40%	88.49%	People Quick Facts
L	Children in Single-Parent Households, Percent, 2024	29.00%		21.00%	17.56%	County Health Rankings
M	Total Veterans, 2022	2,309		163,472	455	People Quick Facts

Economic Profile

The average per capita income in Cowley County is $29,977, while 16% of the population is in poverty (an increase from 13.5% in the previous cycle). The severe housing problem is about the same as the state of Kansas.

Those with food insecurity in Cowley County is slightly higher than the Kansas rate.

Item	Economic - Health Indicators	Cowley	Trend	State of KS	Rural Norm	Source
A	Per Capita Income in Past 12 Months, 2022	29,977		38,108	32,057	People Quick Facts
B	Persons in Poverty, Percent, 2024	16.00%		12.00%	11.07%	People Quick Facts
C	Total Housing Units, March 01, 2024	15,660		1,292,622	4,505	People Quick Facts
D	Total Persons Per Household, 2022	2.47		2.48	2.48	People Quick Facts
E	Severe housing problems, Percent, 2024	12.00%		12.00%	9.44%	County Health Rankings
F	Total Employer Firms, 2024	2,604		139,118	944	Business Quick Facts
G	Unemployment, Percent, 2024	3.00%		2.70%	2.20%	County Health Rankings
H	Food Insecurity, Percent, 2024	11.00%		10.00%	8.80%	County Health Rankings
I	Limited Access to healthy Foods, Percent, 2024	10.00%		8.00%	10.25%	County Health Rankings
J	Long Commute- Driving Alone, Percent, 2024	23.00%		22.00%	20.90%	County Health Rankings

Educational Profile

Children eligible for a free or reduced-price lunch in Cowley County is 59%, higher than both the Kansas and the rural norm. The number of residents with a bachelor's degree or higher is declining, 24.5% compared to 34.7% in the state of Kansas.

Item	Educational - Health Indicators	Cowley	Trend	State of KS	Rural Norm	Source
A	Children eligible for free or reduced-priced lunch, percent, 2023 (2024)	59%		45%	52.80%	County Health Rankings
B	High school graduate or higher, percent of persons ages 25+ 2022 (2024)	91.70%		91.80%	87.04%	People Quick Facts
C	Bachelors Degree or higher, percent of persons ages 25+ 2022 (2024)	24.50%		34.70%	22.21%	People Quick Facts

Maternal & Infant Profile

Cowley County's maternal and infant health indicators are improving or staying the same. Prenatal care received in the first trimester is below the state of Kansas and rural norm. The percentage of mothers who reported smoking during pregnancy is improving, but still higher than peer groups at 13.8%.

Item	Maternal & Infant - Health Indicators	Cowley	Trend	State of KS	Rural Norm	Source
A	Percent of Births Where Prenatal Care Began in the First Trimester, 2020-2022 (2024)	70.00%		81.30%	78.00%	Kansas Health Matters
B	Percentage of Premature Births, 2020-2022 (2024)	12.90%		10.10%	9.00%	Kansas Health Matters
C	Percent of Infants Fully Immunized at 24 Months, 2017-2018 (2019)	60.40%		71.10%	73.00%	Kansas Health Matters
D	Percent of Births With Low Birth Weight, 2020-2022 (2024)	8.00%		7.50%	7.30%	Kansas Health Matters
E	Percentage of WIC Mothers Breastfeeding Exclusively, percent, 2020-2022 (2024)	14.80%		18.20%	19.00%	Kansas Health Matters
F	Percentage of All Birth Occurring to Teens (15-19), 2020-2022 (2024)	8.30%		4.80%	5.60%	Kansas Health Matters
G	Percentage of Births Where Mother Smoked During Pregnancy, 2020-2022 (2024)	13.80%		6.90%	8.10%	Kansas Health Matters

Item	Vital Statistics - Health Indicators	Cowley	Trend	State of KS	Rural Norm	Source
A	Total Live Births, 2020	397		34,368	134	KDHE Birth Report
B	Total Live Births, 2021	408		34,696	138	KDHE Birth Report
C	Total Live Births, 2022	388		34,376	137	KDHE Birth Report
D	Total Live Births, 2023	414		34,039	137	KDHE Birth Report

Hospitalization & Provider Profile

The Cowley County primary care service coverage ratio is 1 provider to 2,310 residents (a county-based officed physician who is an MD or DO). The percentage of patients who gave their hospital a rating of 9 or 10 out of 10 is 71%, while 70% of patients reported Yes, They Would Definitely Recommend the Hospital.

Item	Hospital & Provider - Health Indicators	Cowley	Trend	State of KS	Rural Norm	Source
A	Primary Care Physicians, 2023 (2024)	2,310:1		1,260:1	2,200:1	County Health Rankings
B	Other Primary Care Providers, 2023 (2024)	1,280:1		670:1		County Health Rankings
C	Preventable hospital per 100,000, 2023 (2024) (Lower the Better)	2,130		2,701	2,569	County Health Rankings

Item	Hospital & Provider - Health Indicators	WNH	Trend	State of KS	Rural Norm	Source
C	Patients Who Rate Their Hospital 9 or 10 on a Scale of 1 (Lowest) to 10 (Highest)	71.00%		79.00%	40.75%	CMS Hospital Compare
D	Patients Who Reported Yes, They Would Recommend This Hospital	70.00%		76.00%	38.00%	CMS Hospital Compare
E	Average (Median) time Spent in the ER Before Leaving (mins) (Q1 2024)	141 min		118 min	105 min	CMS Hospital Compare

KHA

Inpatient Utilization by Hospital
COWLEY, KS
2020 Q1 - 2024 Q4

Top N Hospitals
10

Patient State
KS

County
COWLEY, KS

Inpatient Hospital Volume

| Rank	Hospital	2020 Count of Cl..	2020 % of Market..	2021 Count of Cl..	2021 % of Market..	2022 Count of Cl..	2022 % of Market..	2023 Count of Cl..	2023 % of Market..	2024 Count of Cl..	2024 % of Market..
1	Wesley Healthcare - Wichit..	750	23.79%	717	23.71%	584	20.99%	692	25.15%	1,007	36.13%
2	William Newton Hospital - ..	1,091	34.61%	1,062	35.12%	843	30.30%	913	33.18%	969	34.77%
3	Ascension Via Christi Hospi..	475	15.07%	450	14.88%	353	12.69%	442	16.06%	466	16.72%
4	Wesley Woodlawn Hospital..	102	3.24%	75	2.48%	42	1.51%	60	2.18%	101	3.62%
5	The University of Kansas H..	21	0.67%	57	1.88%	65	2.34%	57	2.07%	47	1.69%
6	Ascension Via Christi Hospi..	9	0.29%	16	0.53%	20	0.72%	16	0.58%	43	1.54%
7	Kansas Heart Hospital - Wi..					5	0.18%	44	1.60%	34	1.22%
8	Stormont Vail Health - Tope..	9	0.29%	27	0.89%	38	1.37%	36	1.31%	25	0.90%
9	Children's Mercy Kansas Ci..	4	0.13%	10	0.33%	32	1.15%	23	0.84%	19	0.68%
10	Overland Park Regional Me..	4	0.13%	4	0.13%	17	0.61%	13	0.47%	9	0.32%
	Salina Regional Health Cen..	4	0.13%	13	0.43%	11	0.40%	11	0.40%	9	0.32%

(continued)

Hospital

- Ascension Via Christi Hospital S..
- Children's Mercy Kansas City - ..
- Overland Park Regional Medica..
- Stormont Vail Health - Topeka, ..
- The University of Kansas Health..
- Ascension Via Christi Hospitals ..
- Kansas Heart Hospital - Wichita..
- Salina Regional Health Center -..
- Susan B. Allen Memorial Hospit..
- Wesley Healthcare - Wichita, KS

Inpatient Hospital Market Trend
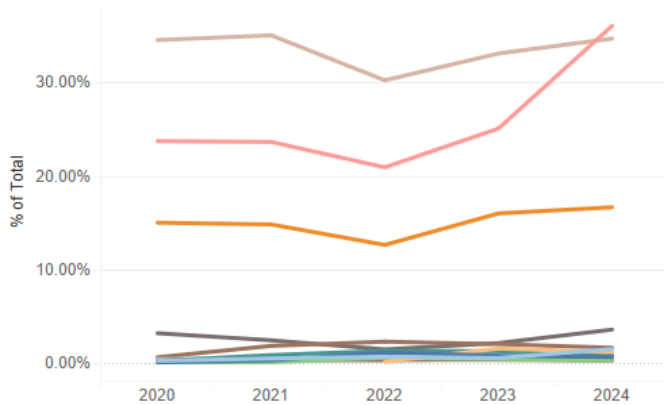
©2024 Hospital Industry Data Institute
2024-12-16 14:11:44.643

Inpatient Hospital Map

© 2024 Mapbox © OpenStreetMap
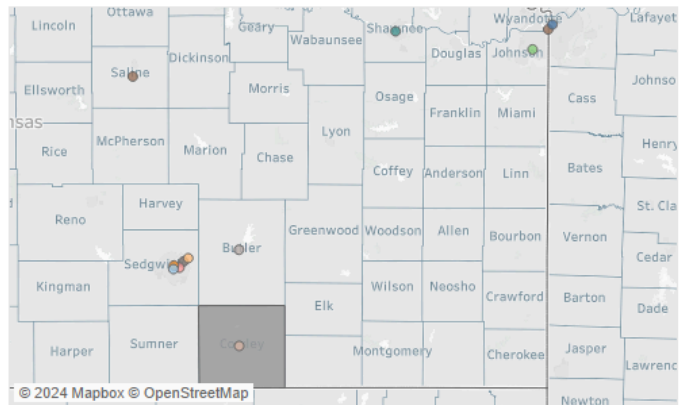
Outpatient Emergency Utilization by Hospital
COWLEY, KS
2020 Q1 - 2024 Q4

	Top N Hospitals	10
Patient State	KS
County	COWLEY, KS

Emergency Hospital Volume

| Rank	Hospital	2020 Count of Claim ID	2020 % of Market Share Hospi..	2021 Count of Claim ID	2021 % of Market Share Hospi..	2022 Count of Claim ID	2022 % of Market Share Hospi..	2023 Count of Claim ID	2023 % of Market Share Hospi..	2024 Count of Claim ID	2024 % of Market Share Hospi..
1	William Newton Hospital - ..	6,219	51.76%	7,013	56.84%	7,190	55.50%	7,435	55.03%	7,507	55.57%
2	SCK Health - Arkansas City..	4,671	38.88%	4,143	33.58%	4,453	34.37%	4,716	34.91%	4,570	33.83%
3	Wesley Healthcare - Wichit..	654	5.44%	679	5.50%	655	5.06%	670	4.96%	780	5.77%
4	Ascension Via Christi Hospi..	251	2.09%	282	2.29%	399	3.08%	419	3.10%	373	2.76%
5	Wesley Woodlawn Hospital..	54	0.45%	49	0.40%	50	0.39%	56	0.41%	66	0.49%
6	Susan B. Allen Memorial H..	56	0.47%	43	0.35%	49	0.38%	62	0.46%	34	0.25%
7	Ascension Via Christi Hospi..	5	0.04%	7	0.06%	17	0.13%	23	0.17%	26	0.19%
8	Sedan City Hospital - Seda..	15	0.12%	5	0.04%	13	0.10%	13	0.10%	18	0.13%
9	Hutchinson Regional Medic..	8	0.07%	7	0.06%	5	0.04%	5	0.04%	11	0.08%
10	Caldwell Regional Medical ..	4	0.03%	4	0.03%	5	0.04%	3	0.02%	9	0.07%

Hospital

- Ascension Via Christi Hospital ..
- Caldwell Regional Medical Ce..
- SCK Health - Arkansas City, KS
- Susan B. Allen Memorial Hosp..
- Wesley Woodlawn Hospital & ..
- Ascension Via Christi Hospital..
- Hutchinson Regional Medical ..
- Sedan City Hospital - Sedan, ..
- Wesley Healthcare - Wichita, ..
- William Newton Hospital - Winf..

Emergency Hospital Market Trend
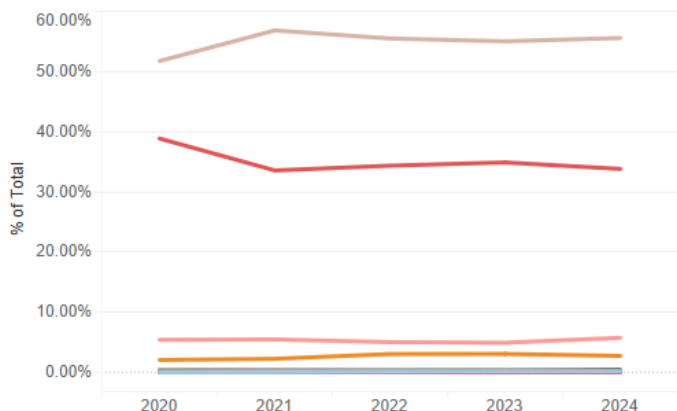
©2024 Hospital Industry Data Institute
2024-12-16 14:11:44.643

Emergency Hospital Map

© 2024 Mapbox © OpenStreetMap
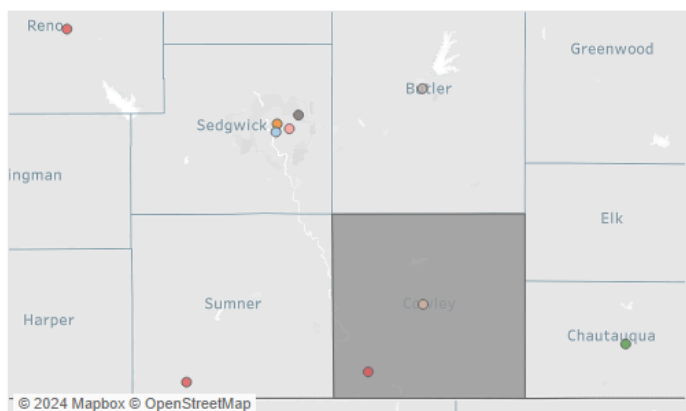
*Emergency - All Outpatient records containing a 45x Revenue Code.

KHA

Outpatient Clinical Utilization by Hospital
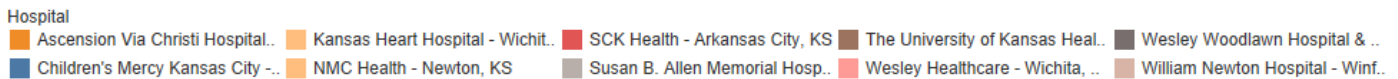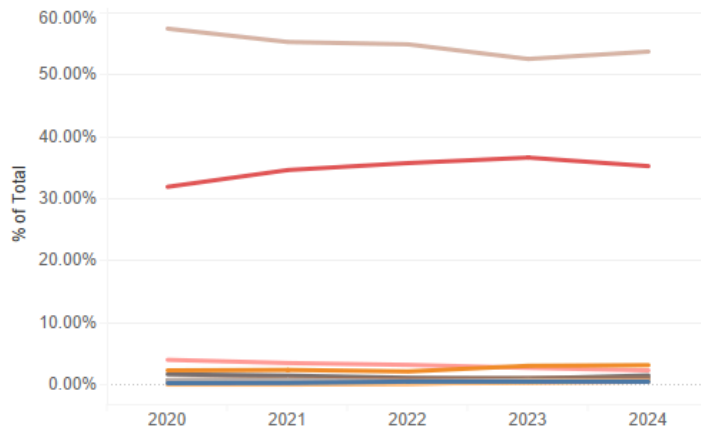COWLEY, KS
2020 Q1 - 2024 Q4

Top N Hospitals
10

Patient State
KS

County
COWLEY, KS

Clinical Hospital Volume

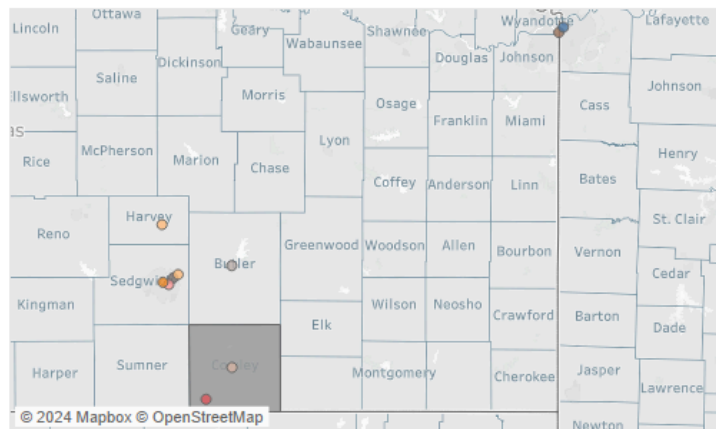|		2020		2021		2022		2023		2024	
Rank	Hospital	Count of Claim ID	% of Market Share Hospi..	Count of Claim ID	% of Market Share Hospi..	Count of Claim ID	% of Market Share Hospi..	Count of Claim ID	% of Market Share Hospi..	Count of Claim ID	% of Market Share Hospi..
1	William Newton Hospital - ..	11,208	57.46%	11,128	55.31%	11,603	54.93%	11,550	52.57%	11,102	53.75%
2	SCK Health - Arkansas City..	6,229	31.94%	6,970	34.64%	7,555	35.77%	8,053	36.65%	7,285	35.27%
3	Ascension Via Christi Hospi..	452	2.32%	481	2.39%	450	2.13%	670	3.05%	651	3.15%
4	Wesley Healthcare - Wichit..	783	4.01%	703	3.49%	676	3.20%	596	2.71%	477	2.31%
5	Wesley Woodlawn Hospital..	329	1.69%	294	1.46%	236	1.12%	213	0.97%	308	1.49%
6	The University of Kansas H..	144	0.74%	192	0.95%	198	0.94%	235	1.07%	221	1.07%
7	Kansas Heart Hospital - Wi..					15	0.07%	121	0.55%	125	0.61%
8	Susan B. Allen Memorial H..	137	0.70%	157	0.78%	119	0.56%	162	0.74%	106	0.51%
9	NMC Health - Newton, KS	15	0.08%	19	0.09%	41	0.19%	59	0.27%	100	0.48%
10	Children's Mercy Kansas Ci..	49	0.25%	57	0.28%	104	0.49%	107	0.49%	99	0.48%

Hospital

■ Ascension Via Christi Hospital.. ■ Kansas Heart Hospital - Wichit.. ■ SCK Health - Arkansas City, KS ■ The University of Kansas Heal.. ■ Wesley Woodlawn Hospital & ..
■ Children's Mercy Kansas City -.. ■ NMC Health - Newton, KS ■ Susan B. Allen Memorial Hosp.. ■ Wesley Healthcare - Wichita, .. ■ William Newton Hospital - Winf..

Clinical Hospital Market Trend

Clinical Hospital Map

*Clinical - All Outpatient records not categorized as Emergency, Observation or Surgery.

KHA

Outpatient Surgery Utilization by Hospital
COWLEY, KS
2020 Q1 - 2024 Q4

Top N Hospitals
10

Patient State
KS

County
COWLEY, KS

Surgery Hospital Volume

|		2020		2021		2022		2023		2024	
Rank	Hospital	Count of Claim ID	% of Market Share Hospi..	Count of Claim ID	% of Market Share Hospi..	Count of Claim ID	% of Market Share Hospi..	Count of Claim ID	% of Market Share Hospi..	Count of Claim ID	% of Market Share Hospi..
1	SCK Health - Arkansas City..	668	22.88%	742	27.26%	993	39.31%	904	35.48%	817	34.33%
2	William Newton Hospital - ..	1,592	54.54%	1,275	46.84%	804	31.83%	836	32.81%	670	28.15%
3	Wesley Healthcare - Wichit..	299	10.24%	294	10.80%	301	11.92%	266	10.44%	332	13.95%
4	Ascension Via Christi Hospi..	216	7.40%	252	9.26%	222	8.79%	318	12.48%	331	13.91%
5	Wesley Woodlawn Hospital..	85	2.91%	85	3.12%	109	4.32%	111	4.36%	120	5.04%
6	The University of Kansas H..	16	0.55%	24	0.88%	25	0.99%	36	1.41%	25	1.05%
7	Kansas Heart Hospital - Wi..					3	0.12%	12	0.47%	22	0.92%
8	Ascension Via Christi Hospi..	7	0.24%	17	0.62%	16	0.63%	22	0.86%	18	0.76%
9	Susan B. Allen Memorial H..	11	0.38%	10	0.37%	19	0.75%	6	0.24%	15	0.63%
10	Children's Mercy Kansas Ci..	7	0.24%	5	0.18%	7	0.28%	8	0.31%	6	0.25%

Hospital

- Ascension Via Christi Hospital ..
- Children's Mercy Kansas City -..
- SCK Health - Arkansas City, KS
- The University of Kansas Heal..
- Wesley Woodlawn Hospital & ..
- Ascension Via Christi Hospital..
- Kansas Heart Hospital - Wichit..
- Susan B. Allen Memorial Hosp..
- Wesley Healthcare - Wichita, ..
- William Newton Hospital - Winf..

Surgery Hospital Market Trend
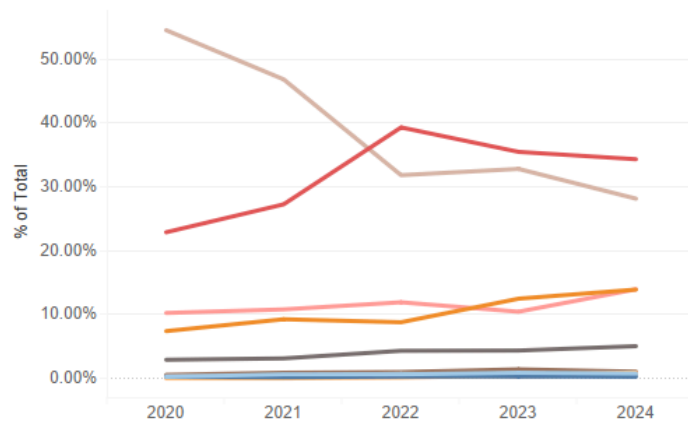
Surgery Hospital Map
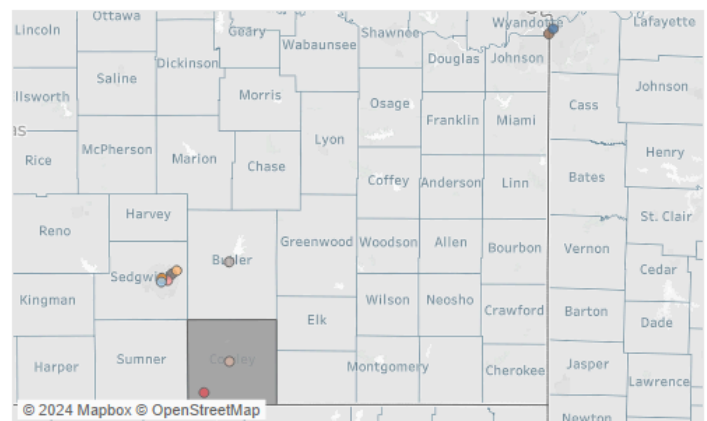
*Surgery - All Outpatient records containing a 36x or 49x Revenue Code.

Behavioral / Mental Profile

In Cowley County, 20% of the Medicare population has depression. The percentage of Medicare Part D beneficiaries receiving an opioid day supply >10 Days is 76.4%, an increase from 50.6% since the last cycle. The average mentally unhealthy days last reported (2020) is 5.7 days in a one-week period, while the age-adjusted suicide mortality rate (per 100,000) is 25.7.

Item	Behavioral & Mental - Health Indicators	Cowley	Trend	State of KS	Rural Norm	Source
A	Depression: Medicare Population, Percent 2022 (2023)	20.00%		18.00%	15.30%	Kansas Health Matters
B	Age-adjusted Suicide Mortality rate per 100,000 population, 2020-2022 (2024)	25.70%		19.30%	11.70%	Kansas Health Matters
C	Mental Behavioral Hospital Admission Rates per 10,000 2018-2020 (2022)	39.10%		70.60%	48.40%	Kansas Health Matters
D	Percentage of Medicare Part D Beneficiaries Receiving Opioids >10 Day 2017 (2019	76.40%		71.00%		Kansas Health Matters
E	Average # of mentally unhealthy days (30 days) (2024)	5.7		5		County Health Rankings

High-Risk & Chronic Risk Profile

Overall, high-risk and chronic risk indicators in Cowley County appear to be getting worse. Residents have an obesity percentage of 44% and a physical inactivity percentage is 30%. The percentage of adults who smoke is declining, but still higher than the state of Kansas and rural norm. The Medicare hypertension percentage is 72% (an increase from 58.5% since the last cycle), while the heart failure percentage has improved to 11% (from 15.2% in the last cycle). Those with chronic kidney disease amongst the Medicare population are 22% compared to the rural norm of 15.63%. The percentage of individuals who were recorded with COPD was 13%.

Item	High Risk - Health Indicators	Cowley	Trend	State of KS	Rural Norm	Source
A	Adult Obesity, Percent, 2024	44.00%		37.00%	38.00%	County Health Rankings
B	Adult Smoking, Percent, 2024	21.00%		16.00%	19.00%	County Health Rankings
C	Excessive Drinking, Percent, 2024	18.00%		20.00%	19.00%	County Health Rankings
D	Physical Inactivity, Adults, Percent, 2024	30.00%		23.00%	26.00%	County Health Rankings
E	# of Physically Unhealthy Days, 2024	4.0		3.2	3.0	County Health Rankings
F	Sexually Transmitted Infections Rate Per 100,000, 2024	414.5		506.1	330.6	County Health Rankings

Item	Chronic Risk - Health Indicators	Cowley	Trend	State of KS	Rural Norm	Source
A	Hypertension: Medicare Population, 2022 (2024)	72.00%		66.00%	66.75%	Kansas Health Matters
B	Hyperlipidemia: Medicare Population, 2022 (2024)	61.00%		63.00%	55.94%	Kansas Health Matters
C	Heart Failure: Medicare Population, 22022 (2024)	11.00%		11.00%	12.51%	Kansas Health Matters
D	Chronic Kidney Disease: Medicare Population, 2022 (2024)	22.00%		17.00%	15.63%	Kansas Health Matters
E	COPD: Medicare Population, 2022 (2024)	13.00%		12.00%	11.20%	Kansas Health Matters
F	Atrial Fibrillation: Medicare Population, 2022 (2024)	15.00%		15.00%	15.10%	Kansas Health Matters
G	Cancer: Medicare Population, 2022 (2024)	10.00%		11.00%	9.90%	Kansas Health Matters
H	Osteoperosis: Medicare Population, 2022 (2024)	7.00%		11.00%	10.00%	Kansas Health Matters
I	Asthma: Medicare Population, 2022 (2024)	5.00%		6.00%	5.00%	Kansas Health Matters
J	Stroke: Medicare Population, 2022 (2024)	3.00%		5.00%	6.94%	Kansas Health Matters

Uninsured Profile & Community Benefit

The adult uninsured rate for Cowley County has improved to 9.2% (from 12.9% in the last cycle) and is better than the rural norm of only 15.26%.

Item	Uninsured - Health Indicators	Cowley	Trend	U.S.	Rural Norm	Source
A	Adults without Insurance, Percent, 2022 (2024)	9.20%		10.80%	15.26%	Kansas Health Matters

Item	William Newton Hospital - Winfield KS	YR 2021	YR 2022	YR 2023	YR 2024 6M	Source
A	Bad Debt / Insurance Writeoff (Cant' Pay Bill)	$3,918,079	$4,046,603	$5,078,303	$3,949,093	Internal Hospital Records
B	Charity Care (Free Care Given)	$545,790	$593,647	$475,846	$478,106	Internal Hospital Records

Mortality Profile

The life expectancy rate in Cowley County is slightly lower than in the state of Kansas but about the same as the rural norm. Alcohol-impaired driving deaths for Cowley County are lower than peer groups. Age-adjusted Cancer Mortality rate per 100,000 is 173. The age-adjusted heart disease mortality rate per 100,000 is 201.4.

Item	Mortality - Health Indicators	Cowley	Trend	State of KS	Rural Norm	Source
A	Life Expectancy, 2019-2021 (2024)	74.3		77.0	74.7	Kansas Health Matters
B	Age-Adjusted Cancer Mortality Rate Per 100,000, 2020-2022 (2024)	173.0		148.3	147.6	Kansas Health Matters
C	Age-Adjusted Heart Disease Mortality Rate Per 100,000, 2020-2022 (2024)	201.4		170.4	183.6	Kansas Health Matters
D	Age-Adjusted Chronic Lower Respiratory Disease Mortality Rate Per 100,000, 2020-2022 (2024)	57.5		43.0	36.4	Kansas Health Matters
E	Alcohol Impared Driving Deaths, percent, 2024	10.00%		20.00%	17.00%	County Health Rankings

Item	Causes of Death - Health Indicators	Frequency Cowley	Rate per 100,000	Frequency State of KS	KS Rate per 100,000	Rural Rate per 100,000	Source (2022)
A	TOTAL	489	1,419.3	18,446	1,060.6	1,397.2	Kansas Information for Communities
B	Heart Disease	93	269.9	6,374	217.0	288.3	Kansas Information for Communities
C	Cancer	88	255.4	5,429	184.8	248.2	Kansas Information for Communities
D	Chronic Lower-Respiratory Disease	32	92.9	1,665	56.7	76.1	Kansas Information for Communities
E	Chronic Liver Disease	9	26.1	467	15.9	18.2	Kansas Information for Communities
F	Suicide	8	23.2*	591	20.1	24.0	Kansas Information for Communities
G	Kidney Disease	8	23.2*	633	21.6	25.8	Kansas Information for Communities

*Rate Considered Unreliable, Events Equal To or Below 20

Preventive Measures Profile

Access to exercise opportunities in Cowley County has improved since the last cycle to 72% (from 70.5%). Those reported having diabetes are 10%. At 45%, Cowley County has a higher percentage than the rural norm of women seeking annual mammography screenings.

Item	Preventative Measures - Health Indicators	Cowley	Trend	State of KS	Rural Norm	Source
A	Access to Exercise Opportunities, Percent 2024	72.00%		80.00%	57.00%	County Health Rankings
B	Adults with Diabetes, Monitoring, Percent, 2024	10.00%		10.00%	10.00%	County Health Rankings
C	Mammography screening, Medicare population, 2022 (2023)	45.00%		50.00%	33.00%	Kansas Health Matters
D	Limited Access to Healthy Foods	10.00%		8.00%		County Health Rankings

VI. COMMUNITY HEALTH RESOURCES

A list of community health resources in Cowley County is maintained by the local health coalition RISE Cowley and is available to the public: https://risecowley.org/rise-resource-directory/

As part of the Community Health Improvement Plan (CHIP) process taking place from January to April 2025, resources and assets currently or potentially available to address Cowley County's greatest health concerns will be identified and published.

VII. APPENDIX

Secondary Research Sources

Secondary research was conducted between March and May 2024, and then updated in December 2024.

- County Health Rankings: https://www.countyhealthrankings.org/
- U.S. Census Bureau: https://www.census.gov/programs-surveys/sis/resources/data-tools/quickfacts.html
- Kansas Health Matters: https://www.kansashealthmatters.org/
- CMS Hospital Compare: https://www.medicare.gov/care-compare/?providerType=Hospital
- KDHE Birth Report 2023: https://www.kdhe.ks.gov/DocumentCenter/View/40699/Preliminary-Birth-Report-2023-PDF
- Kansas Information for Communities: http://kic.kdheks.gov/
- Kansas Health Institute 2024 County Health Rankings County Profiles: https://www.khi.org/wp-content/uploads/2024/03/Cowley-County-2024.pdf
- Kansas Hospital Association: KHA HIDI Advantage Optics Website for participating KHA member hospitals access hospital-level data

Primary Research Document

The following document was prepared by the University of Kansas Medical Center (KUMC) Department of Family Medicine and Community Health Research. It contains the Cowley County community profile and primary research analysis and reporting.

Cowley County
Community Health Needs Assessment

December 2024

Report prepared by the University of Kansas Medical Center, Department of Family Medicine and Community Health Research Division.

Table of Contents

Executive Summary

William Newton Hospital in Cowley County, KS, presents this community health needs assessment in response to the Internal Revenue Service (IRS) requirement that hospitals with nonprofit 501(c)3 status conduct a community health needs assessment every three years. Cowley is home to approximately 34,661 people and considered a rural area. In the summer of 2024, researchers from the University of Kansas School of Medicine developed a quantitative survey (distributed to households primarily via email) and held in-person and virtual focus groups to determine the current state of health resources in Cowley and identify community health needs and strengths according to residents' thoughts and opinions. Based on these data sources, researchers identified the **top health-related priorities in Cowley** to be housing, substance use/misuse, food and nutrition, healthcare access, and child and youth issues as the top health concerns. However, researchers also identified **many health-related strengths**, such as ambulance/first responder services, immunizations/other health department services, and support and enforcement of smoking/tobacco-free zones. Residents also noted **several specific needs**, notably increased healthcare quality, affordable childcare options, transportation for medical services (both locally and to Wichita), and a community-supported agriculture (CSA) subscription service. It is the hope of the researchers and authors of this report that these data and recommendations from Cowley residents inform and guide the upcoming community health improvement plan and yield future benefits for residents.

IMAGE: Healthcare provider taking blood pressure of older man.

Introduction/Purpose

William Newton Hospital, in Cowley County, KS, will use this report to shape current and future programmatic goals and performance objectives. A community health needs assessment (CHNA) provides community-serving organizations data on the current well-being of the populations they serve. The federal Patient Protection and Affordable Care Act (ACA) requires that each registered 501(c)3 hospital conduct a CHNA at least once every three years and develop strategies to meet community health needs. Any hospital that has filed a 990 is subject to this requirement as a condition of maintaining status with the IRS.

When thoroughly conducted, a CHNA gives community members a forum in which to discuss their current health concerns, challenges, needs, strengths, and priorities. A CHNA evaluates not just healthcare resources in a community, such as availability of primary care providers, but also accounts for social determinants of health, such as food availability, education access, or housing safety. Once complete, the hospital is required to make the CHNA widely available to the public as a written report.

County Profile

IMAGE: Winfield is home of the world-renowned Walnut Valley Festival for bluegrass music.

Based on 2022 US Census Data, Cowley County has a population of 34,661 people across 1,125.7 square miles, with an average density of 30.8 people per square mile. In 2024, 32% of Cowley County residents lived in rural, or low population density, areas (according to the Robert Wood Johnson Health Foundation).

In the 2022 US Census, the median age of Cowley residents was 38.1 years (slightly higher than the Kansas median age of 37.1 and about the same as the US median age). According to the Robert Wood Johnson foundation in 2024, 23.4% of residents are under the

age of 18 (approximately the same as the state of Kansas) and 18.7% of residents are over the age of 65 (1.5% higher than the state of Kansas).

According to the 2020 US Census, 79% of residents identify as white/non-Hispanic or non-Latino, 11% identify as Hispanic or Latino of any race, 2.3% identify as Native American or American Indian, 1.5% identify as Asian, 2.6% identify as Black or African American, and 14% identify as another race or two or more races.

In 2024, median household income was $56,400 per year, which is about 18% less than the annual household income across Kansas ($68,800), and 25% less than the annual household income across the United States ($74,800). In 2022, according to the US Census, approximately 14% of Cowley residents lived below the poverty line (a rate 20% higher than across Kansas and 10% higher than across the United States).

Housing problems within the last year (e.g. overcrowding) were reported by 12% of residents. Severe housing cost burdens were reported among 11% of residents. Both rates were on par with the rate across Kansas and lower than the nationwide rates of 17% and 14%, respectively.

In 2024, 22% of children lived in poverty in Cowley (compared to 14% across Kansas and 16% across the US). Of children in Cowley public schools, 64% qualified for free or reduced-price school meals (compared to 43% across Kansas and 51% across the United States).

In 2024, according to the Robert Wood Johnson Foundation, adult residents in Cowley had noticeably higher rates of several negative health factors compared to the rest of Kansas and the United States, including the following: 44% having a BMI of 30 or greater (vs. 37% in Kansas and 34% in the US), 21% smoking cigarettes (vs. 16% and 15%, respectively), 30% reporting no physical activity outside of work (vs. 23% and 23%), 23 suicides per 100,000 people (vs 19 and 14), 21 firearm fatalities per 100,000 people (vs 16 and 13), and a teen pregnancy rate of 26 live births per 1000 females aged 15-19 (vs. 19 and 17).

Per the Robert Wood Johnson Foundation, the ratios of clinical care availability are noticeably higher in Cowley than both Kansas and the United States, despite the 11% rate of uninsured Cowley residents being comparable to Kansas and the United States (11% and 10%, respectively). There is one primary care physician for every 2,460 residents (compared to one for every 1,280 in Kansas and 1,330 in the US). There is one dentist for every 1,810residents (compared to one for every 1,580 in Kansas and 1,360 in the US). Finally, there is one mental health care provider for every 600 residents (compared to one for every 420 in Kansas and 320 in the US).

Cowley has numerous indicators of health-related strengths with significantly lower rates than Kansas and the US in the following areas: binge drinking and alcohol-associated driving deaths, sexually transmitted infections, and residential segregation (noted in 2024 by Robert Wood Johnson). Cowley also has higher rates than Kansas of graduating high school or earning a GED by age 25. Also, more residents live close to a park or recreation facility than Kansas as a whole. Despite these strengths, Cowley's health is, "fair to average," based on factors measured by the Robert Wood Johnson Health Foundation (comparatively lower than Kansas and about equal to the US).

Methods

IMAGE: Cowley County Fair attendees entering fair competition.

This health assessment was a mixed-methods effort (i.e., both quantitative and qualitative data were gathered and analyzed). The methods are detailed below.

Qualitative

In July 2024, 13 focus groups were conducted with adult residents throughout Cowley, each lasting approximately ninety minutes. The subjects, location, and number of participants are noted in the chart below. A total of 109 people participated, and each was given a $50 gift card for their time.

Table 1: Focus group subject, location, and number of participants.

Focus group subject	Location	Number of participants
Health Care	Winfield	12
Health Care	Arkansas City	13
Health Care	*Virtual*	*5*
Community Environment	Burden/Hybrid	9
Community Environment	*Virtual*	*12*
Early Childhood Services	Arkansas City	7
Early Childhood Services	Winfield	10
Schools	Winfield	8
Schools	Arkansas City	5
Faith Communities	Winfield	6
K-State Research Extension	Winfield	12
K-State Research Extension	*Udall*	*8*
Worksites	*Virtual*	*2*

The focus groups themselves were recorded with audio software and then transcribed. Four of the transcripts/recordings of the focus were available for analysis, which is noted with italicized print in the chart above Each transcript was coded by a reader, using a code book developed through an iterative and recursive process. Transcripts were coded a second time by a different reader for reliability. Codes were then merged into a single Excel workbook, and discrepancies resolved through discussion. Two major themes emerged: current resources and needed resources. Secondary codes of 'most important,' 'challenge,' 'access,' and 'facilitator.' Quotations and recommendations from focus group participants have been used throughout this report to contextually illustrate findings from the quantitative survey and data analyses.

Quantitative

A digital survey was developed, refined through iterative feedback, and distributed to participants via email or in person, and was available both in Spanish and English. This survey asked both demographic questions and questions about their perceptions and thoughts regarding the state of health and health resources in the county. The survey was all multiple-choice questions and intended to be completed only once per household; approximately 2,500 households participated. Participants were given a $10 in Cowley County Chamber bucks for their time in completing the survey. Participants were asked to only complete questions that applied to them or their household members (skipping non-applicable questions), which created variable n-values for several categories.

The survey responses were gathered and analyzed using the frequencies for each response from the number of participants that chose to answer the question. The analysis of survey responses included an evaluation of the association between responses and demographics using chi-square tests of association. The significant demographic associations with fulfilled and unmet needs were reported. Disparities between groups (based on demographic categories, e.g., race, income, geographic location) were identified using logistic regression to identify significant differences in the unmet needs of the residents who participated in the study. Groups with a significant relationship to the majority group of the demographics were reported. Only participants that answered the questions related to their demographics were included in the analysis (n~2000). Results were then compiled into the tables provided throughout the report.
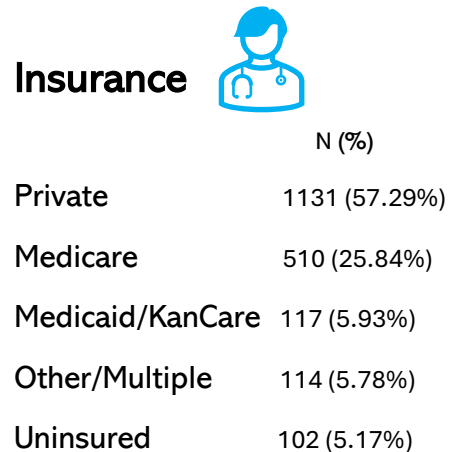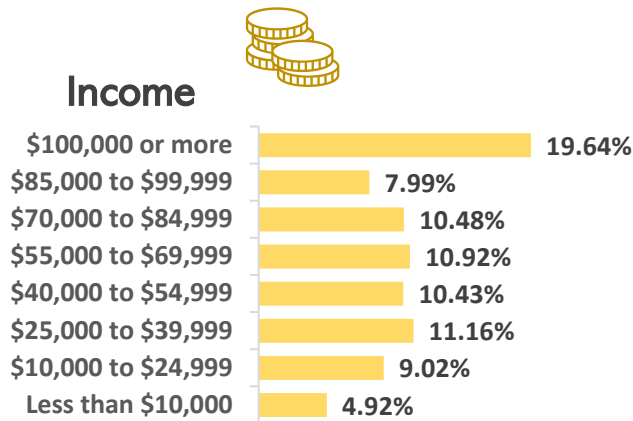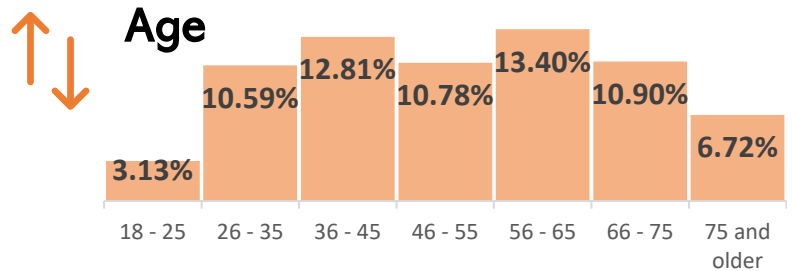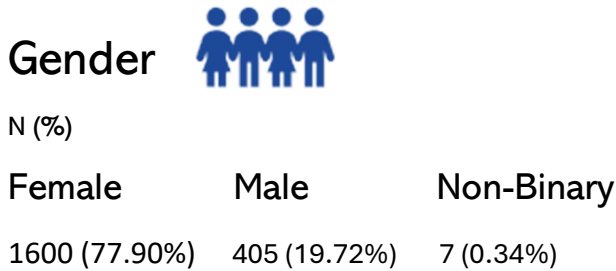

IMAGE: Winfield 150th celebration held in June, 2023

Survey Demographic Results

The quantitative survey administered to residents captured a variety of demographic information from approximately 2,500 respondent households. Like Cowley County itself, the majority of respondents identified as white/non-Hispanic or non-Latino (86.2%), though the number of Hispanic/Latino respondents was much lower in proportion (3.5%) compared to the county population (11%). The majority of respondents who noted their gender were female (77.9%), and the median age of respondents was 52.3 years of age, notably higher than the median Cowley County population age of 38.1 years. The majority of respondents live in Winfield, followed by Arkansas City, which are the two largest cities in Cowley County.

Below are other data collected from the demographic portion of the survey about respondent's home location, education, income levels, and source of health insurance.

Gender

N (%)

Female	Male	Non-Binary
1600 (77.90%)	405 (19.72%)	7 (0.34%)

Age

Age Range	Percentage
18 - 25	3.13%
26 - 35	10.59%
36 - 45	12.81%
46 - 55	10.78%
56 - 65	13.40%
66 - 75	10.90%
75 and older	6.72%

Income

Income Range	Percentage
$100,000 or more	19.64%
$85,000 to $99,999	7.99%
$70,000 to $84,999	10.48%
$55,000 to $69,999	10.92%
$40,000 to $54,999	10.43%
$25,000 to $39,999	11.16%
$10,000 to $24,999	9.02%
Less than $10,000	4.92%

Insurance

N (%)

Private	1131 (57.29%)
Medicare	510 (25.84%)
Medicaid/KanCare	117 (5.93%)
Other/Multiple	114 (5.78%)
Uninsured	102 (5.17%)

Race

	N (%)
White	1733 (84.13%)
Hispanic	104 (5.05%)
Other/multiracial	63 (3.06%)
Native American or American Indian	29 (1.41%)
Black	23 (1.12%)
Asian or Pacific Islander	8 (0.39%)

Education

Advanced degree (e.g., Master's, PhD, MD, DO, JD)	20.17%
Graduated college with a bachelor's degree	23.53%
Graduated college with an associate degree	15.98%
Some college	20.41%
High School	16.42%
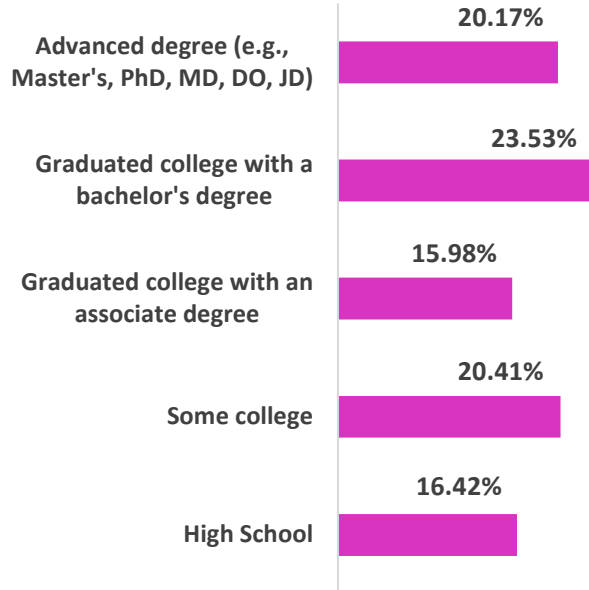
Language

	N (%)
English	2004 (97.23%)
Spanish	15 (0.73%)
Both	33 (1.60%)
Other	9 (0.44%)

Geographic Representation of Respondents
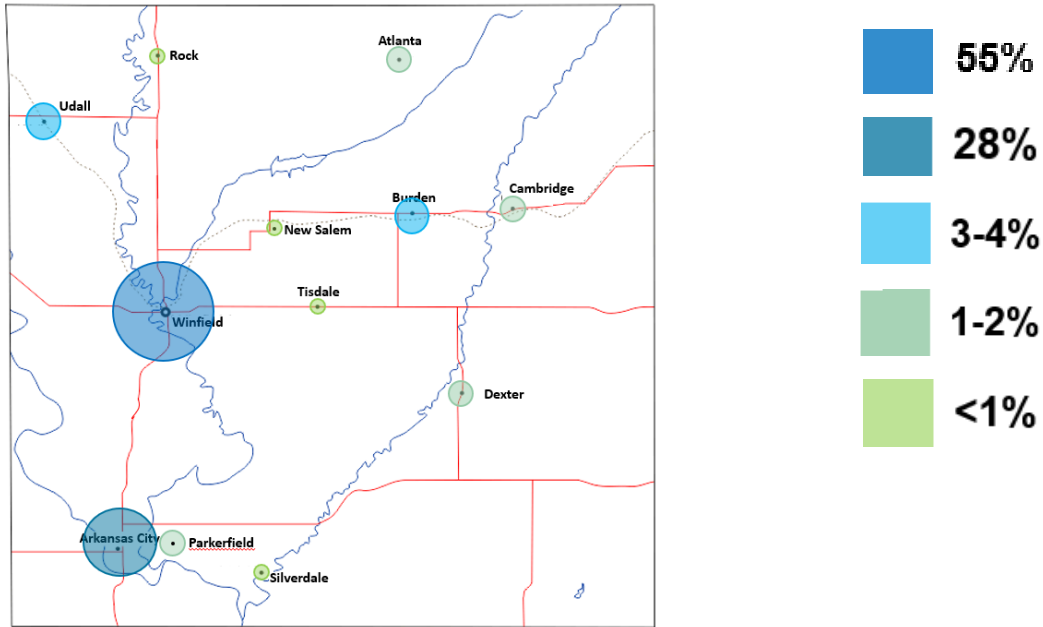
Circle sizes represent the percentage of total survey responses from each city, highlighting only cities with at least one response. The figure excludes individuals who work but do not reside in the county, accounting for 37% of respondents, and n=506 were excluded for missing responses.

Where Respondents Obtained Healthcare Within the Last Year

Family physician or regular provider	79%
Urgent care	41%
A provider outside of Cowley County (including telehealth)	39%
Specialty care provider (cardiologist, podiatrist, orthopedist, general surgeon, etc.)	36%
Emergency room	28%
Community hospital	23%
Complementary (alternative) health & wellness care (ex. chiropractor, acupuncture)	17%
City-Cowley County Health Department	16%
No one in my household has received healthcare services in the past 12 months)	4%
Other	2%
Mobile healthcare	1%

Total responses to question: 2333

Number of Responses

Participants were able to choose more than one option, percentages will add up to greater than 100%. The reported frequencies represent the proportion of those who selected the option out of those who responded to the question.

Top Health Concerns

Image: Healthcare provider taking notes from discussion with mother and child.

The quantitative survey also included an assessment of community perceptions around health, in order to understand community priorities, challenges, needs, and assets that affect the health of those living in Cowley County. Additionally, live and virtual focus groups held throughout the county allowed residents to express their health priorities and concerns in ways that may or may not have been captured by the quantitative survey questions. We will be discussing the top five noted health concerns from the survey. Below, survey respondents noted their top three health priorities in Cowley County, which are ranked by percentage frequency.

TABLE 2: The table below shows the distribution of health concerns among residents from greatest concern at the top, to least concern at the bottom. Participants could choose up to three options for their top health concerns, therefore the total percentage exceeds 100%.

Health concern	#	Percent
Housing (availability, affordability, safety)	787	33.4 %
Substance abuse and misuse (tobacco, alcohol, opioids, drug/alcohol treatment)	737	31.3 %
Food and nutrition (access to food stores, cost of food, healthy food options)	709	30.1 %
Healthcare (access to affordable care, insurance, pharmaceuticals, home health services)	703	29.8 %

Youth and children-related issues (childcare, education, bullying, abuse)	689	29.2 %
Personal finance and economy (jobless, wages, quality of available jobs)	663	28.1 %
Aging-related issues (care giving, assisted living, services, safety)	482	20.4 %
Mental health	431	18.3 %
Poverty	422	17.9 %
Social issues (domestic violence, crime, gun violence, intolerance/discrimination)	319	13.5 %
Chronic diseases (cancer, diabetes, heart disease)	236	10.0 %
Transportation	164	6.9 %
Physical inactivity	155	6.5 %
Dental care	138	5.8 %
Other	104	4.4 %
Family planning	87	3.6 %
Immunizations	21	0.8 %
Total	2354	

Housing

TABLE 3: Participants were asked to choose their top reason for not owning a home.

Reasons for residents to not own their own home	#	Percent
Not applicable. I own my home.	1705	72.2 %
Too expensive to buy	380	16.0 %
Too hard to get financing	244	10.3 %
Too costly to maintain	190	8.0 %
Lack of availability of suitable housing to buy	173	7.3 %
Too costly to insure	168	7.1 %
I prefer to rent	110	4.6 %

Other	84	3.5 %
I would be the only occupant	59	2.4 %
Total	2361	

TABLE 4: Participants were asked to choose the top reason they might be unsatisfied with their current housing.

Housing satisfaction	N	Percent
Not applicable. I am satisfied with my current housing.	1646	69.5 %
Too expensive	243	10.2 %
Too small	209	8.8 %
Lack of privacy	156	6.5 %
Other	155	6.5 %
Location	152	6.4 %
Unsafe because of the condition of housing	95	4.0 %
Unsafe because of my neighborhood	88	3.7 %
Total	2365	

Reflections from the community: While no focus group was specifically held on the topic of housing, it did come up in several conversations. The most commonly mentioned housing issue was a lack of availability of healthy housing. The deficit has potentially contributed to health issues, increased housing costs due to maintenance and updates, and increases in unhoused populations.

"Healthy housing has always been a big concern for the last 20 years, so we know that we have a lot of work to do in this community…"

"…if it's priced reasonably and it's a good house, it's snatched up…quick."

"…there's just not a lot of new construction. My husband and I…we've had to fix both of [the houses] up just to update…There just hasn't been a lot of new builds in the area…I feel like there's always people looking for quality housing, and sometimes that's hard to come by."

"…we have families who are living in unsafe housing environment for lack of resources of being able to tear down and rebuild financially. We have kiddos that are in an unsafe living environment…and there are some kids that have horrible asthma and I have had a child where they were literally admitted into the hospital and within hours, they were fine. We go and ask more about the environment at home and it turns out it was basically issues with housing, sanitation, lead, something, but I mean that's, I think a lot of our allergies, asthma, type problems we see could be related to their environment."

Substance Use and Misuse

TABLE 5: Participant agreement with policies restricting outdoor tobacco. Tobacco policies include smoking, vaping, and smokeless tobacco (chew).

Support for policies prohibiting tobacco use in public outdoor spaces	#	Percent
Strongly agree	1019	41.87%
Agree	629	25.84%
Neither agree nor disagree	333	13.68%
Disagree	271	11.13%
Strongly disagree	155	6.37%
I don't know	27	1.11%
Total	2434	

TABLE 6: Participant agreement with policies restricting indoor tobacco use. Tobacco policies include smoking, vaping, and smokeless tobacco (chew).

Support for policies that prohibit tobacco use in all indoor spaces	#	Percent
Strongly agree	1430	58.85%
Agree	691	28.44%
Neither agree nor disagree	144	5.93%
Strongly disagree	79	3.25%
Disagree	70	2.88%
I don't know	16	0.66%
Total	2430	

Reflections from the community: While no focus group was specifically held on the topic of substance use and misuse, it did come up in several conversations. Generally, residents were supportive of local smoking policies but felt they could be strengthened and more often enforced. Having resources such as narcotics anonymous, mental health specialists, and social service providers offering services to address substance use, but there is still a lack of trained medical providers to address addiction issues, or long waits/hard to get into. Further, the school offers substance abuse education within their health curriculum and administrators receive some training; however, school teachers and staff still mentioned lack of knowledge on actionable steps they can take when a student is under the influence and with no substance abuse screener they are left to referrals to a community organization or calling law enforcement.

> *"And PE is one of those things that came across my plate as far as safety and security because kids are going out the side gym door, some are vaping, they're doing who knows what."*

"I apply [the policy] to vaping. It's just harder to control. It's hard to see and control. It's hard to see. It's hard to enforce consistently because we don't always see it"

"Substance abuse is covered within the health curriculum but as far as are there general screeners for it, no. Now we really do have a good, again that relationship with Four County Mental Health if we have a student who has had issues with that, whenever the student is for example, suspended or unfortunately expelled they are given here are the phone numbers to call and Four County Mental Health a lot is involved with that, and again when law enforcement is involved there may not be a charge for that but they have juvenile intake that a student would be required to go through that juvenile intake process which in theory includes that what else does that student need before potential addiction."

"Go back to the if you observe a student under the influence, as a resident I just am really hesitant about burdening the school district with another problem that I think is the responsibility of the community. Someone can observe something in a classroom but the community needs to have services that the school district can say this is out of our hands, this is not what we specialize in, move this child to a community facility and notify the parents. …I will say with Four County they can run a wait, like a month wait or two months wait because…we don't have that many resources…we need more workers….And I think that on the community side, if we could shift thinking a little bit, in my mind it is an emergency when you see a child in a situation like that, but I don't think we handle it like an emergency so…How do we shift our thinking to they need medical intervention, they need social and wellness intervention, because especially if they are addicted at a certain point but we as a community don't always respond that way."

Food and Nutrition

TABLE 7: Participants identified their top two sources of food. Percentage totals equal more than 100, as participants could choose more than one option.

Source of food	#	Percent
Grocery store	1986	96.4 %
Local restaurants	587	28.4 %
Fast food/takeout	498	24.1 %
Out of town	202	9.8 %
Grow my own food	160	7.7 %
Farmers markets	154	7.4 %
Food bank/food pantry)	115	5.5 %
Convenience store	49	2.3 %
Gas station	37	1.7 %
I prefer not to answer	16	0.7 %
I don't know	9	0.4 %
Total	2060	

TABLE 8: Participants were asked if they agree or disagree that there adequate healthy food options in Cowley County

Sufficient options for healthy eating	#	Percent
Disagree	982	39.74%
Agree	654	26.47%
Neither agree nor disagree	444	17.97%
Strongly disagree	275	11.13%
Strongly agree	88	3.56%
I don't know	28	1.13%
Total	2471	
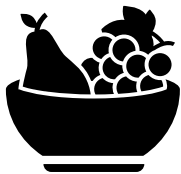
Reflections from the community: While no focus group was specifically held on the topic of food and nutrition, it did come up in several conversations, especially in relation to schools and the K-State Research Extension (KSRE) program. Residents noted that there were some resources to assist county residents with food insecurity, but that school lunches may not be adequate to meet nutrition needs and that sometimes transportation is a barrier to obtain fresh food. However, KSRE was mentioned as a resource for learning about healthy foods and eating.

"I had an exchange student last year and our food compared to what they get at their schools was completely different. Like she came in and I was like oh, try this school food and she came home the first day and she is like I'm not eating that. It's supposed to be nutritious but she was like it seems like it's prepackaged stale food. It wasn't what they would consider fresh. So that's a big difference, and for athletes I think, and middle schools, some of those kids eat at 10:30 and they don't practice until 4:00 and that's a big gap of not having food and if it's not something that's nutritious and filling they are struggling to get through."

"Another concern I have to say for breakfast sometimes the option is a Pop-Tart and we're teaching our kids that that is a healthy start to the day because it checks the boxes, it has grains and it has this and that but then they are having their blood sugar crash and they can't think and they can't focus and they have this test but I didn't eat enough breakfast which is another whole conversation, maybe you should get up earlier, kids, but a lot of kids, right, they get themselves to school, they walk themselves, their parents aren't there to teach them that and then they come to school and they say here is your Pop-Tart and your orange juice and that is considered healthy and so we are setting them up for failure down the road to think that's healthy eating."

"I don't know if they [KSRE] still are doing it, but I know a couple years ago they were doing a series in schools, Farm to Fork, and so they learned about different types of vegetables and fruits. And they even would do cooking, like, it was egg in a basket, I think. And they learned about chicken biology and hatching chicks."

"We don't have grocery stores...there are limited groceries available at the one-stop. But it's cheaper to pay for the gas to go to Winfield and get it from there."

Health Care Access

TABLE 9: Participants rated the overall health of the county.

Overall health of the county	#	Percent
Somewhat Healthy	1684	66.25%
Healthy	518	20.38%
Very Unhealthy	280	11.01%
Very Healthy	60	2.36%
Total	2542	

TABLE 10: Participants were asked if they agree or disagree that the county has adequate healthcare systems.

Adequate healthcare systems	#	Percent
Agree	1032	41.50%
Disagree	648	26.06%
Neither agree nor disagree	439	17.65%
Strongly disagree	179	7.20%
Strongly agree	150	6.03%
I don't know	39	1.57%
Total	2487	

Reflections from the community: Two focus groups were held on the topic of health care, mental health, and public health services in Cowley County. Residents felt that there were some good resources for health care in the community, but specialist and mental health care may not be adequate to address the needs of residents, leading to a need to travel out of the county. This led into to the frequent theme of transportation needs for medical services. Clinician recruitment and turnover were noted challenges, as well.

"I would add to that the urgent care that has been added in the last few years, the urgent care offering that is available that doesn't tie up the emergency room services for people who may be ill, at times if they don't want to wait two weeks for an appointment."

"I would like to reiterate that I think there is a lot of healthcare services that you wouldn't expect in the small population and community that we have. We have a cardiologist, we have a heart cath lab, I wouldn't expect that to be in a county this size, and it's

functional, it's not, as far as I know it's generating enough funding to stay alive on its own, it's not like a special service, we didn't have to steal every other healthcare resource to have I guess, which I think cardiovascular health is a pretty important thing for adults."

"I would like to comment on that. I work as a nurse at the cancer center and I think one thing we could use more of in this county is transportation help, like getting people to like doctor's treatments, radiation treatments, cancer treatments, it seems like we have a little bit of a disconnect there. I hope I am not stepping on any toes by saying this but people need like logistical help, and that's something that I would like to see that we work on in the county."

"We went to the hospital…and they said, "Well, we don't really do that here. We don't evaluate a mental health crisis, you need to go to Ford County." "I just came from there and nobody's there." And they gave me a hotline. The last time I called the hotline, the person completely, it was when he disappeared, they just talked over me. It wasn't a very supportive thing for me."

Youth and Children-Related Issues

From the survey, about a third (34.25%) of respondents did not agree that there were adequate childcare services available in the community and a fifth of those did not know if childcare services were available to them.

Table 11: Participants were asked if they agree or disagree that the county has adequate childcare services available.

Adequate childcare services in the county	#	Percent
Disagree	843	34.25%
I don't know	539	21.90%
Neither agree nor disagree	425	17.27%
Strongly disagree	313	12.72%
Agree	283	11.50%
Strongly agree	58	2.36%
Total	2461	

Reflections from the community: Two focus groups were held specifically on schools in Cowley County and one on early childhood care. Participants in the groups noted the importance schools and daycares play in not just educating students, but in providing screenings and support services for students and their families. They also noted that childcare or daycare was an essential service, but finding open slots and ability to pay for quality childcare were often major challenges for community residents.

"And taking it further from like student education, especially around health and wellness, as a school nurse we deal a lot with parent education so educating them, you know,

bath, book, bed, they are going to wake up refreshed, they are going to stay awake during class that way, you may not see as much behavioral, brushing their teeth twice a day and why do I need to take my kid to the eye doctor if you screened them already, what's the importance of getting their glasses right now versus whenever, or taking them to the audiologist or getting their immunizations, just anything health related to that child that they may need, educating the parents on the why and what it could lead to if they don't. Or poor diet in a student, high blood pressure, asthma that's not taken care of, just getting that education piece out to parents and that it's receptive and that they are able to do something and be able to help break those barriers."

"These young parents they need to understand, I would do a lot of parenting of parents, but they need to understand that to me housing, transportation, daycare, if you don't have solid childcare, you can count on, they end up losing their jobs and then they just go downhill from there. It's important to pay daycare and get that taken care of so you can work and you can provide for your family."

"I think the relationships with parents are really important. So, if their child is misbehaving or hurting or biting someone I would go to that parent and tell them how his day went and might ask them how things are going, if something is changing at home, but try and help that parent because there is probably stress going on that's happening in the home so if you can help that family somehow."

Community Strengths

IMAGE: Members of a team put hands together in center of circle.

A second part of the quantitative survey involved asking residents about services and resources that are available in the community, giving the options that the resource is available, not available and wanted/needed, and not available but not wanted/needed. This was used as a proxy for community strengths related to health. If more than 80% of respondents answered that the service or resource was available, the service or resource was considered a community strength. The strengths are categorized in Table 12. The percent of responses for available is provided in the table. Additionally, a chi-square test of association was performed to identify significant associations between the availability of a resource and the demographics. The significant associations are reported in the associated characteristics column of the table, for each demographic the groups with the highest reported availability of the resource are reported in parentheses.

TABLE 12: The series of tables displays available resources, the proportion of respondents who identified them as available, demographics characters significantly associated with having access to those resource.

Health Care System Resource	%	Associated Characteristic(s)
Ambulance Services	96.88	Race (White, Black, Hispanic, Native American, Other/Multiracial), Income (All incomes except Less than $10,000), City (Arkansas City, Burden, Dexter, Parkerfield, Udall, Winfield)
Eye/vision care	95.71	Race (White, Native American, Other/Multiracial), Income (Greater than $25,000)
Emergency care	94.4	Race (White, Black, Other/Multiracial), Income (Greater than $40,000), City (Arkansas City, Burden, Cambridge,

		Dexter, Parkerfield, Udall, Winfield), Education (associate degree or greater)
Physical therapy	92.38	Race (White, Black), Income (Greater than $25,000), City (Arkansas City, Burden, Dexter, Winfield)
Preventative care (eg cancer screenings)	92.15	Race (White, Black), Income (Greater than $25,000), City (Arkansas City, Burden, Dexter, Parkerfield, Winfield), Education (Some College or greater)
Family Medicine	92.12	Race (White, Black), Income (Greater than $40,000), Education (Some College or greater)
Preventative dental care (eg cleanings)	92.01	Race (White), Income (Greater than $40,000), Education (associate degree or greater)
Nursing home care	91.89	Race (White, Other/Multiracial), Income (Greater than $25,000), City (Arkansas City, Burden, Cambridge, Dexter, Parkerfield, Winfield)
Physical exams for school, daycare, etc.	91.64	Income (Greater than $25,000), City (Arkansas City, Burden, Dexter, Parkerfield, Udall, Winfield), Education (associate degree or greater)
Dental procedures (eg root canals)	90.9	Race (White), Income (Greater than $40,000), Education (associate degree, High school, Some college), City (Arkansas City, Burden, Parkerfield, Winfield), Education (associate degree or greater)
Assisted Living Communities	88.33	Race (White), Income (Greater than $85,000), City (Burden, Cambridge, Winfield)
Obstetrical/prenatal care	83.29	City (Burden), Education (Advanced degree)
Developmental screenings (eg speech)	82.49	City (Udall)
Home health care	82.33	none

Public Health Resource	%	Associated Characteristic(s)
Immunizations	92.81	Race (White, Other/Multiracial), Income (Greater than $25,000), City (Arkansas City, Burden, Udall, Winfield), Education (Some college or greater)
Physical exams for school, daycare, etc	89.85	Income (Greater than $40,000), City (Arkansas City, Burden, Winfield), Education (bachelor's degree or greater)
WIC (Special Supplemental Nutrition Program for Women Infants, and Children)	87.73	Race (White, Other/Multiracial)
Developmental screenings	82.28	none

Work Site Health Resource	%	Associated Characteristic(s)
Health Insurance	82.91	Income (Greater than $85,000)
Dental Insurance	80.73	Income (Greater than $85,000)

School Health Resource	%	Associated Characteristic(s)
Health services/school nurse	90.86	City (Burden, Udall, Winfield)
Developmental screenings	88.28	none
Hearing screenings	87.57	Race (White), Education (associate degree)
Smoke-free environment	87.35	Race (White), City (Burden, Udall)
Physical Activity opportunities	86.82	City (Arkansas City, Burden)
Vision screenings	85.92	City (Burden, Udall)
Dental screenings	84.9	none
Tobacco-free environment	83.39	none

Faith Community Health Resource	%	Associated Characteristic(s)
Prayer/meditation opportunities	88.84	Race (White, Black), Income (Greater than $40,000), Education (bachelor's degree or greater)
Smoke-free environment	88.35	Race (White, Other/Multiracial), Income (Greater than $55,000), City (Atlanta, Burden, Cambridge, Parkerfield, Udall, Winfield), Education (bachelor's degree or greater
Food bank/pantry	83.66	Race (Black), City (Parkerfield)
Community social events/celebrations	83.42	Income (Greater than $100,000), Education (advanced degree)
Tobacco-free environment	83.39	none

Community Environment Health Resource	%	Associated Characteristic(s)
Farmers' markets	93.2	Race (White, Black, Other/Multiracial), Income (Greater than $10,000), City (Arkansas City, Parkerfield,

		Winfield), Education (some college or greater)
Food banks/pantries	90.35	Race (White, Black, Other/Multiracial), Income (Greater than $55,000), City (Burden, Dexter, Parkerfield, Winfield), Education (some college or greater)
Access to exercise facilities	85.61	Race (Black), Income (Greater than $100,000), Education (advanced degree), City (Parkerfield, Udall)
Access to gyms	85.61	Race (Black), Income (Greater than $40,000), Education (bachelor's degree or greater)
Community social events/celebrations	84.33	Race (Black), Income (Greater than $55,000), Education (bachelor's degree or greater)
Walking/running trails	83.03	Race (Black), Income (Greater than $40,000), City (Arkansas City)

Reflections from the community: Focus group participants were asked to identify current resources throughout each themed conversation. Participants noted a number of resources and services were available, particularly in Winfield and Arkansas City. Resources that were mentioned multiple times or were verbally identified by participants as very important were noted during coding.

> *"In our maternal and child health program, we have home visitors but they are geared towards expecting and postpartum moms and the child through the first year…it's a tremendous program. We see families, we get inside homes, we have computers, referred a case for a child that had a severely high blood lead level. I went and visited their home as a public health officer and talked to the family so we can see what their environment is and offer some things but a lot of times it is connected to what he was talking about, the status of the capacity to provide…The health department does a phenomenal job with the resources it's given."*

> *"Obstetrical and gynecological services. Child death rates are rising nationwide right now. And so having those actually in our system, where people are having a chance to get early care as soon as they find out that they need it, it's important to keeping the child population safe."*

> *"We have a super good recreation center. The rec center provides so many services in town…it's city based so the taxes go into it and pays for it and I feel like that's a real strength in Winfield."*

Unmet Community Needs

Along with the resources and services that residents noted were available, residents also noted several resources and services which are not available to them and desired, which was used as a proxy for health needs and challenges in Cowley County. Top needs were identified for resources and services for which "unmet need" was the majority response and exceeded 40% of total survey responses. The needs are listed below, with the unmet need percentage noted. Additionally, demographics with a significant association to the resource or service is listed as well. A logistic regression model was used to evaluate the strength of the relationships between the groups within each demographic and the availability of the resource in the community. Groups with disparities for unmet need are listed in parentheses. Each demographic in the model is compared to the reference group, the majority in the demographic, which are as follows. Race – White, Income - $100,000 and greater, Education – Professional degree, City – Winfield.

TABLE 13: This tables displays community needed resources, the proportion of respondents who identified them as unmet needs, demographics characters significantly associated with those in need of that resource.

Resource/Service	%	Associated Characteristic(s)
Childcare during evenings, nights, and weekends	63.16%	Education (associate degree)
CSA (community supported agriculture) subscription	56.91%	Income (Less than $10,000)
Incentives for practicing healthy behaviors (eg insurance premium discounts)	56.82%	none
Access to healthy foods for residents of all income levels	56.18%	none
Quality, affordable childcare	55.9%	none
Support for caregivers	55.05%	Education (High School)
Community gardens	54.91%	none
Childcare for children with special needs	54.67%	Education (associate degree)
Childcare assistance (matching funds or stipends)	52.04%	Race (Other/Multiracial), Income (Less than $10,000), Education (bachelor's degree, Some college, High School), City (Arkansas City)
Access to healthy food options at work	51.12%	Income (Less than $10,000)
Support and care for drug-endangered children	50.86%	Income (Less than $10,000)
Weight management education/coaching	50.03%	City (Arkansas City)

Work/life balance programs	49.3%	City (Arkansas City)
Financial wellness education	48.49%	City (Arkansas City), Race (Native American or American Indian), Income (Less than $10,000)
Health and parenting education	48.1%	City (Arkansas City)
Sexual violence prevention and survivor support	46.92%	City (Arkansas City), Education (associate degree)
Chronic disease self-management program	46.5%	City (Arkansas City), Education (Some College)
Health risk appraisals with feedback	46.31%	City (Arkansas City),Income ($85,000 – $99,000), Education (Some college, High School)
Dementia/Alzheimer's Disease care	44.28%	none
Access to exercise facilities/opportunities at work	43.47%	City (Dexter), Education (associate degree)
Safety and ergonomics assessments	42.67%	none
Health education classes	42.43%	none
Employee wellness programs	41.16%	Race (Other/Multiracial)

IMAGE: Participants in a cooking class chop and stir-fry vegetables.

Reflections from the community: Focus group participants were asked to identify current gaps or needs throughout each themed conversation. Additionally, while none of the focus groups included questions about specific recommendations, participants sometimes offered recommendations about what might be helpful to address needs, or resources that were no

longer available, therefore creating a need. Along with identifying needs from the focus groups, challenges and facilitators for meeting needs were also identified and recorded by coders.

"It would be nice if employers would have some incentives either by providing daycare with their employment or some kind of incentive so if you have daycare maybe that's part of, like healthcare is. In some places, I know the schools are now providing, I know Irving   has a daycare."

"I wonder if it would be possible to offer like parish nurse training like a workshop if there's enough demand out there so if we had a corporate sponsor that paid for that. I know there's a lot of retired nurses out there that I feel like could be providing some services in their churches but they don't know that you could or even what that looks like so that's what I thought might be something to offer."

"Well, a lot of families became caregivers that in no way, were equipped. I had a mentally ill son that died three years ago. And the only time that I was ever able to have a conversation with the therapy team was when I requested it. And because I wanted to know that, are we on the same page? You know, the way I handled him and the way... He told me, "You're my case manager and I would be living under a bridge if you weren't in my life." But because of the privacy, an adult, nobody would talk to me, you know. So I don't know what he's telling them. I don't know what he's going through. You know, he was an intelligent and charming person. So, you know, they probably saw a side of him and I saw the other side of him. But I said, we don't integrate families into the care. And there's more chance of it when they're children because you have to make those decisions. But nobody really listens to you beyond that point."

"Years ago when I was a young mother, they had a cooking class here. And at that time, microwaves were coming out and big deal. And we learned to make candy, how to cook meat in the microwave, how to make all kinds of dishes. And I still use that cookbook, the little paper cookbook for certain recipes I make all year. And I don't know if that's something the Extension still does or not, but that was something for me anyway as a young mother was really, really helpful, and a young farm mother at the time."

Discussion and Recommendations from Residents

IMAGE: Man in glasses writes on white board, while others look on.

While neither the survey nor the focus groups contained questions asking for specific recommendations, the challenges/needs identified through the quantitative survey do offer some areas where actions or new services can be established. However, during the focus group sessions, participants named services or solutions to health gaps in the community in every session; these suggestions formed the basis of the action recommendations, along with a number of the top unmet needs identified from the quantitative survey.

TABLE 14: Shown below is each of the identified priority health issues and summarized recommendations for action.

Health Issue	Action Recommendation(s)
Housing	-Assistance and education for homebuyers -Assistance and education for repairs and refurbishment to make housing safe
Substance Use and Misuse	-Providers and facilities for patients with dual diagnosis of mental illness and substance misuse
Food and Nutrition	-Local CSA service -Classes and demos on food supply and cooking (e.g. through KSRE)
Health Care Access	-Increased transportation to/from appointments -Use of care managers/CHWs
Youth and Children-Related Issues	-Increased childcare slots -Child care funding assistance -Support for early childhood professionals

Housing: There was relatively little discussion of housing in the focus groups, but participants did note that buying a home could be difficult due to cost and availability; however, among

survey respondents who did not own their own homes, the cost and difficulty of obtaining financing were the top barriers. Providing assistance and education on home buying, financing, ownership, maintenance budgeting, etc. may help alleviate this need. Additionally, focus group participants stated that they were aware that some county residents lived in substandard housing that could lead to health problems, such as asthma, particularly in children. They noted that they health department did do lead testing but were not sure of other existing resources to identify and address housing hazards, which is another gap that may be filled, either by raising awareness of such resources, or by making resources/funds available to residents.

Substance Use/Misuse: Focus group participants talked about substance misuse within the context of mental health services in Cowley, and noted that the biggest need was around services and professionals who could care for residents who wanted treatment for both substance misuse disorders and mental health issues, and that there are very few inpatient slots in the county. Establishing more dual-diagnosis inpatient slots and recruiting more providers who treat dual-diagnosed patients, were put forth as solutions to this gap.

Food and Nutrition: Food and nutrition frequently came up in the focus groups. A number of participants noted that school lunches, while providing calories, may not be the most nutritionally dense or balanced, and also that outside of Winfield and Arkansas City, residents had relatively few options for obtaining groceries. They did identify some existing local resources for residents who are food insecure, such as pantries and community meals, however. As noted in survey data, there is a strong desire for a CSA (community-supported agriculture) program, the establishment of which may make fresh produce accessible to residents, especially if the cost is done on a sliding scale and home delivery is possible. Focus group participants mentioned the master gardener program at Winfield Prison as a point of pride and community asset and leveraging that to start or augment a CSA program may be a feasible option. Additionally, focus group participants expressed that they found K-State's Research and Extension programs around cooking to be very useful, but felt their agent was over-extended and could only do so much, so developing other programs to supplement her work, could also be a way to address food and nutritional needs in Cowley.

Health Care Access: The most frequent recommendation that was mentioned in the focus groups in regard to health care was the need for transportation to access it. Participants noted that Cowley has a number of specialists, but many residents must go to Wichita, about an hour north, for many services, and even those who live locally may still require transportation support. A more robust medical transportation service may also serve as a way to support caregivers, a need noted by the quantitative survey. Related to transportation needs was the desire for increased care coordination for patients with complex or multiple needs, decreasing the mental load and time burden on caregivers or patients themselves. This could be accomplished through the use of community health workers (CHWs) or care managers.

Youth and Child-Related Issues: The importance of quality, affordable childcare was noted in both the quantitative survey and the focus groups. The survey notes especially the need for childcare slots during evenings, nights, and weekends, along with childcare funding assistance and childcare for children with special needs. The focus groups also noted these needs in addition to highlighting challenges on the provider side, notably that providing care to children with special needs and/or who are in the foster care system requires increased training and special licensure, which may not always be easy for providers to obtain. The focus group noted that support groups/networks for providers could be helpful to prevent provider burnout and

therefore keep more childcare slots available to the community; the focus groups also noted that these groups or networks could be a good way to provide low-cost continuing education to providers. Additionally, the focus groups discussed the provider certification process, and how support and education for providers trying to get certified, to help navigate the paperwork and process, could be helpful. Finally focus group participants noted that many parents often struggle to find open slots or don't know they need to get on waiting lists for childcare, and some kind of centralized resource or list, that is updated frequently, with the local libraries or health department, would be welcome.

Recommendations for Future Assessments

IMAGE: Person filling out a form on a clipboard.

Assessments like these are, by their nature, a single snapshot in time, and therefore, always come with some limitations. Additionally, research is often an iterative process, involving continuous refocusing and improvements to seek out the desired data. Recognizing that, we have some recommendations that may be helpful in the 2027 CHNA:

- Include a "not applicable" option on questions and require all questions to be answered to submit the survey, in order to prevent a shifting n-value.
- Specifically ask for recommendations from participants on both the survey (if participant has none, they could write "not applicable") and in every focus group.
- Develop qualitative and quantitative instruments alongside each other or hold focus groups after top health concerns have already been identified, to allow the data sets to more readily complement each other.
- Include a focus group composed of those who provide services in Cowley, such as clinicians, police/first responders, public services (eg parks, library, health department).
- Asking some questions that apply to the last three years may provide a more longitudinal and holistic perspective on the current state of the health of Cowley and needed services and resources.

Conclusion

Thanks to the 2,500 Cowley households and 109 focus group participants, a number of strengths and areas for improvement have emerged from this 2024 community health needs assessment. Current top health concerns include housing, substance use and misuse, food and nutrition, healthcare, and child and youth matters. By further identifying areas in which the community does well (the strengths) and faces challenges (the needs), through both the survey and focus groups, several specific recommendations for services or resources have surfaced. Additionally, several suggestions for future CHNAs have been put forward, both for quantitative and qualitative data gathering. These recommendations and data will hopefully inform Cowley's Community Health Improvement Plan and give Cowley residents a healthier future.

Appendix A: Quantitative Survey Questions

HealthCounts in Cowley County Survey

The purpose of this anonymous survey is to gather information about your health beliefs. It will also collect your perceptions of available and unavailable but desired, health and wellness resources in Cowley County, and some information about you and your household. The information gathered in this survey will be reviewed by healthcare leaders across Cowley County and will help develop a health improvement plan for your community. Your participation is greatly needed and appreciated.

This survey is estimated to take 20-25 minutes to complete fully. You may skip questions that do not apply to you or your household. **Carefully read each question and its instructions.** This survey is completely voluntary and in no way will affect any Federal and/or State benefits you may receive. You may choose to skip any questions, and you may stop at any time. Our goal is to collect one completed survey from at least 65% of the households in Cowley County, KS. **As we aim to collect only one survey per household, please tell household members when you complete the survey so that they do not also complete it.**

To thank you for helping your community, the first 3,500 households completing the survey will receive $10.00 in your choice of Chamber Checks to be used at participating local businesses. You will also complete a separate verification form that will include your street address. The verification form cannot be connected to your survey. It only allows us to ensure we have completed surveys from all areas of our county. Your numbered Chamber Checks will be issued when the verification form is completed.

Your responses to this survey will remain anonymous. We assure you no information will be collected to personally identify you. Your responses will be compiled with responses from other participants in Cowley County. There are no foreseeable risks in completing this survey.

If you have any questions about this survey or need any assistance completing it, please contact:
Sarah Johnson, William Newton Hospital, sarah.johnson@wnmh.org or
620.222.6262, or Judy Johnston, KU School of Medicine – Wichita,
jjohnsto@kumc.edu

Thank you for your participation!

1. **In general, how would you rate the overall health of Cowley County?**
   ☐ Very unhealthy
   ☐ Somewhat healthy
   ☐ Healthy
   ☐ Very healthy

2. **I intend to stay in Cowley County for at least the next five years.** ☐ No   ☐ Yes   ☐ Unsure

   Please indicate your level of agreement with each of the statements below.

3. **In general, there are economic opportunities in Cowley County.**
   - ☐ Strongly disagree
   - ☐ Disagree
   - ☐ Neither agree nor disagree
   - ☐ Agree
   - ☐ Strongly agree
   - ☐ I don't know.

4. **In general, Cowley County has adequate healthcare systems.**
   - ☐ Strongly disagree
   - ☐ Disagree
   - ☐ Neither agree nor disagree
   - ☐ Agree
   - ☐ Strongly agree

5. I don't know **In general, Cowley County has sufficient opportunities for physical activity.**
   - ☐ Strongly disagree
   - ☐ Disagree
   - ☐ Neither agree nor disagree
   - ☐ Agree
   - ☐ Strongly agree
   - ☐ I don't know.

6. **In general, Cowley County has sufficient options for healthy eating.**
   - ☐ Strongly disagree
   - ☐ Disagree
   - ☐ Neither agree nor disagree
   - ☐ Agree
   - ☐ Strongly agree
   - ☐ I don't know.

7. **Community conditions (e.g., housing, transportation, education) impact overall health.**
   - ☐ Strongly disagree
   - ☐ Disagree
   - ☐ Neither agree nor disagree
   - ☐ Agree
   - ☐ Strongly agree
   - ☐ I don't know.

8. **In general, there are enough childcare services available for families in Cowley County.**
   - ☐ Strongly disagree
   - ☐ Disagree
   - ☐ Neither agree nor disagree
   - ☐ Agree
   - ☐ Strongly agree
   - ☐ I don't know.

9. My health/wellness is affected by the environments where I live, learn, work, play, and pray.
☐ Strongly disagree
☐ Disagree
☐ Neither agree nor disagree
☐ Agree
☐ Strongly agree
☐ I don't know.

10. My personal choices affect how healthy/well I am.
☐ Strongly disagree
☐ Disagree
☐ Neither agree nor disagree
☐ Agree
☐ Strongly agree
☐ I don't know.

11. The healthcare system has control over my health/wellness.
☐ Strongly disagree
☐ Disagree
☐ Neither agree nor disagree
☐ Agree
☐ Strongly agree
☐ I don't know.

12. I support policies that prohibit the use of all commercial tobacco products, including cigarettes, chewing tobacco, vaping products, and any other products, in all <u>outdoor</u> spaces that are open to the general public (e.g., parks, trails, sidewalks).
☐ Strongly disagree
☐ Disagree
☐ Neither agree nor disagree
☐ Agree
☐ Strongly agree
☐ I don't know.

13. I support policies that prohibit the use of all commercial tobacco products, including cigarettes, chewing tobacco, vaping products, and any other products, in all <u>indoor</u> spaces that are open to the general public, including private businesses where the public may go (e.g., food pantries, restaurants, hospitals).
☐ Strongly disagree
☐ Disagree
☐ Neither agree nor disagree
☐ Agree
☐ Strongly agree
☐ I don't know.

14. How long have you lived in your current residence?
- ☐ Less than 1 year
- ☐ 1-2 years
- ☐ 2-3 years
- ☐ 3-4 years
- ☐ More than 5 years

15. <u>If you would prefer to own your residence but don't</u>, what are the reasons? Select all that apply.
- ☐ Not applicable. I own my home.
- ☐ I prefer to rent
- ☐ I would be the only occupant
- ☐ Lack of availability of suitable housing to buy
- ☐ Too expensive to buy
- ☐ Too hard to get financing
- ☐ Too costly to maintain
- ☐ Too costly to insure
- ☐ Other (please specify) _____

16. What are the reasons that you are not satisfied with your current housing? Select all that apply.
- ☐ Not applicable. I am satisfied with my current housing.
- ☐ Too expensive
- ☐ Location
- ☐ Unsafe because of the condition of housing
- ☐ Unsafe because of my neighborhood
- ☐ Too small
- ☐ Lack of privacy
- ☐ Other (please specify) _____

17. How would you describe your overall mental health?
- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very Good
- ☐ Excellent

18. When you or others in your household need mental health care (including addiction treatment services), how easy is it for you to access it in your community?
- ☐ Very difficult
- ☐ Difficult
- ☐ Not too difficult
- ☐ Very easy

☐ N/A I have not attempted to access mental health care

19. Where do you or others in your household usually receive mental health care when needed? Select all that apply.
☐ Four County Mental Health
☐ Private mental health provider
☐ Hospital emergency department
☐ Primary care provider
☐ Veterans Administration Hospital (VA)
☐ Online/virtual provider (ex. BetterHelp or TalkSpace)
☐ N/A I do not consult a mental health professional.

20. What barriers, if any, have prevented you or others in your household from receiving mental health care when needed? Select all that apply.
☐ Cannot take time off work
☐ Cultural beliefs
☐ English is not my preferred language
☐ I have to follow restrictive policies (ex. prescription drug plan, monthly limits)
☐ I have tried to receive services before but they did not help
☐ I am uncomfortable seeking mental health services
☐ Lack of mental health providers/services in my community
☐ No appointment available
☐ Takes too long to get an appointment
☐ No childcare available
☐ Can't afford childcare
☐ No insurance
☐ My insurance does not cover what I need
☐ My insurance is out of network or isn't accepted
☐ Outstanding bill/payment
☐ Unable to pay co-pay/deductibles
☐ No specialist in my community for my condition
☐ No transportation
☐ N/A My household has not experienced any barriers that have kept me from getting mental health care when needed.
☐ Other (please specify)

_____

21. What are the <u>top three (3)</u> issues in Cowley County that should be addressed? Select only three options from the list below.
☐ Aging-related issues (caregiving, assisted living, services, safety)
☐ Chronic diseases (cancer, diabetes, heart disease)
☐ Dental care
☐ Family planning
☐ Food and nutrition (access to food stores, cost of food, healthy food options)
☐ Healthcare (access to affordable care, insurance, pharmaceuticals, home health services)
☐ Housing (availability, affordability, safety)
☐ Immunizations

☐ Mental health
☐ Personal finance and economy (jobless, wages, quality of available jobs)
☐ Physical inactivity
☐ Poverty
☐ Social issues (domestic violence, crime, gun violence, intolerance/discrimination)
☐ Substance abuse and misuse (tobacco, alcohol, opioids, drug/alcohol treatment)
☐ Transportation
☐ Youth and children-related issues (childcare, education, bullying, abuse)
☐ Other (please specify) _____

22. What barriers, if any, have prevented you or others in your household from receiving dental care when needed? Select all that apply.
☐ Cannot take time off work
☐ Cultural beliefs
☐ English is not my preferred language
☐ I have to follow restrictive policies (ex. prescription drug plan, monthly limits)
☐ I have tried to receive services before but they did not help
☐ I am uncomfortable seeking dental care
☐ Lack of dental health providers/services in my community
☐ No appointment available
☐ Takes too long to get an appointment
☐ No childcare available
☐ Can't afford childcare
☐ No insurance
☐ My insurance does not cover what I need
☐ My insurance is out of network or isn't accepted
☐ Outstanding bill/payment
☐ Unable to pay co-pay/deductibles
☐ No specialist in my community for my condition
☐ No transportation
☐ N/A My household has not experienced any barriers that have kept me from getting dental care, when needed.
☐ Other (please specify) _____

23. What barriers, if any, have prevented you or anyone in your household from getting medication when needed? Select all that apply.
☐ No transportation
☐ Money/cost
☐ Insurance issues
☐ N/A My household has not experienced any barriers getting medication when needed
☐ Other (please specify) _____

24. Please <u>select one (1)</u> definition of health/wellness that you prefer from the list below:
☐ Health/wellness is the lack of disease.
☐ Health/wellness is a state of best physical, mental, and social welfare and not just the lack of disease.

☐ Health/wellness is an active, lasting process of becoming aware of choices and making decisions toward a more satisfying life.
☐ Health/wellness is the state of being strong, undamaged, or whole, in body, mind, or soul; especially, the state of being free from physical disease or pain.
☐ I don't know
☐ I prefer not to answer

25. In the past 12 months, where have members of your household received healthcare? Select all that apply.

☐ City-Cowley County Health Department
☐ Family physician or regular provider
☐ Community hospital
☐ Emergency room
☐ Urgent care
☐ Mobile healthcare
☐ Specialty care provider (cardiologist, podiatrist, orthopedist, general surgeon, etc.)
☐ Complementary (alternative) health & wellness care (ex. chiropractor, acupuncture)
☐ A provider outside of Cowley County (including telehealth)
☐ No one in my household has received healthcare services in the past 12 months
☐ Other (please specify)

_____

For questions 26-34: In Column 1, mark the resources you think or know are available in Cowley County. In Column 2, mark the resources that are not available in Cowley County but you want or need. In Column 3, mark the resources that are not available in Cowley County and you don't want or need.

26. Healthcare System Resources and Services

Available	Not available, want	Not available, don't want	
☐	☐	☐	Acute hospital care
☐	☐	☐	After-hours non-emergency care
☐	☐	☐	Ambulance service
☐	☐	☐	Assisted living communities
☐	☐	☐	Breastfeeding support
☐	☐	☐	Complementary (alternative) health & wellness care (ex. chiropractor, acupuncture)
☐	☐	☐	Chronic disease self-management program
☐	☐	☐	Dementia/Alzheimer's disease care
☐	☐	☐	Dental cleanings, preventive dental care
☐	☐	☐	Dental procedures (such as fillings, and extractions)
☐	☐	☐	Developmental screenings (age 0-5 speech, vision, hearing, & dental)
☐	☐	☐	Domestic violence prevention and support
☐	☐	☐	Diabetes prevention support
☐	☐	☐	Diabetes management support
☐	☐	☐	Drug and alcohol abuse prevention, support and treatment
☐	☐	☐	Early Detection Works program (mammography for uninsured women)

☐	☐	☐	Emergency care
☐	☐	☐	Emotional well-being support services

Survey continues on next page

Available want	Not available,	Not available, don't want	
☐	☐	☐	Eye doctor/ Optometrist
☐	☐	☐	Family medicine clinic
☐	☐	☐	Health information and advisory services
☐	☐	☐	High-risk obstetrical (pregnancy care)
☐	☐	☐	Hospice care
☐	☐	☐	In-home care/home health care
☐	☐	☐	Medical equipment resources
☐	☐	☐	Mental health care (including access to addiction treatment services)
☐	☐	☐	Nursing home care
☐	☐	☐	Nutrition/ diet counseling
☐	☐	☐	Obstetrical/prenatal (pregnancy) care
☐	☐	☐	Physical exams required for admission to school, sports, pre-school, and day-care
☐	☐	☐	Physical therapy
☐	☐	☐	Preventative care (immunizations, disease screening, etc.)
☐	☐	☐	Specialty care (cardiologist, podiatrist, orthopedist, general surgeon, etc.)
☐	☐	☐	Sexual violence prevention & support
☐	☐	☐	Support for caregivers
☐	☐	☐	Telemedicine options
☐	☐	☐	Weight management coaching
	☐		I prefer not to answer

27. Public Health Resources and Services

Available	Not available, want	Not available, don't want	
☐	☐	☐	Breastfeeding support
☐	☐	☐	Communicable disease investigation
☐	☐	☐	Community water fluoridation
☐	☐	☐	Developmental Screenings (age 0-5 speech, vision, hearing, & dental)
☐	☐	☐	Environmental health monitoring (air, water, sewer, & septic)
☐	☐	☐	Family planning services
☐	☐	☐	Health education (classes on health topics)
☐	☐	☐	Health screening (blood pressure, blood sugar, height and weight, hearing, vision)
☐	☐	☐	Immunizations (infant/child, influenza, COVID-19, etc.)
☐	☐	☐	Physical exams required for admission to school, pre-school, and daycare
☐	☐	☐	Programs to support pregnant women and families with babies
☐	☐	☐	Provide support and care for drug-endangered children

☐	☐	☐	Sexually Transmitted Disease (STD)/Sexually Transmitted Infections (STI) information, testing, & treatment
☐	☐	☐	Tuberculosis testing & treatment
☐	☐	☐	WIC (Special Supplemental Nutrition Program Women, Infants, & Children)
	☐		I prefer not to answer

28. Do you or any member of your household currently work at a job outside the home?
- ☐ No
- ☐ Yes
- ☐ Unsure
- ☐ Prefer not to answer

29. What is your employment status?
- ☐ Employed full-time (one job)
- ☐ Employed part-time
- ☐ Working more than one job
- ☐ Unemployed for 1-year or less
- ☐ Unemployed for more than 1-year
- ☐ Self-employed
- ☐ Retired
- ☐ Disabled

30. In which county do you currently work?
- ☐ Cowley
- ☐ Sumner
- ☐ Butler
- ☐ Elk
- ☐ Chautauqua
- ☐ Sedgwick
- ☐ Kay County, Oklahoma
- ☐ Osage County, Oklahoma
- ☐ Not applicable
- ☐ Other (please specify)

_____

If you answered "No," "Don't know," or "Prefer not to answer" to Question #28, skip Question #31 and go to Question #32: Preschool/Daycare Health/Wellness Resources. If you answered "Yes" to Question #28, please answer Question #31: Work Site Health/Wellness Resources

31. Work Site: Health and Wellness Resources

Available	Not available, want	Not available, don't want	
☐	☐	☐	Access to exercise facilities/programs at work
☐	☐	☐	Access to healthy food options at work
☐	☐	☐	Breastfeeding support through access to private breastfeeding spaces at work
☐	☐	☐	Childcare assistance (matching funds or stipends)
☐	☐	☐	Community Supported Agriculture ("subscription" service to buy local seasona food directly from a local farmer)
☐	☐	☐	Employee wellness program
☐	☐	☐	Health education (classes on health topics and nutrition)
☐	☐	☐	Health insurance
☐	☐	☐	Incentives for practicing healthy behaviors (insurance discounts, gift cards, fre items)
☐	☐	☐	Dental insurance

☐	☐	☐	Employee Assistance Program (provides free and confidential assessments, short-term counseling, referrals, and follow-up services to help employees deal with issues that affect their emotional well-being)
☐	☐	☐	Flexible work schedules
☐	☐	☐	Health risk appraisals with feedback
☐	☐	☐	Safety and ergonomics assessments
☐	☐	☐	Tobacco cessation programs and support quitting tobacco use
☐	☐	☐	Tobacco-free environment (no tobacco of any kind may be used on property including e-cigarettes)
	☐		I prefer not to answer

32. Is any member of your household currently attending or in need of a daycare or preschool of any kind (center or in-home care)?

☐ No
☐ Yes
☐ Unsure
☐ Prefer not to answer

If you responded "No," "Unsure," or "Prefer not to answer" to Question #32, skip Question #33 and go to Question #34: School-Based Health and Wellness Resources. If you responded "Yes," please answer Question #33: Preschool/Daycare Health/Wellness Resources.

33. Preschool/Daycare: Health and Wellness Resources

Available	Not available, want	Not available, don't want	
☐	☐	☐	Access to childcare for children with special needs
☐	☐	☐	Access to childcare in the evenings, nights, and on weekends
☐	☐	☐	Access to healthy foods at childcare/pre-school (healthy meals/snacks/low-sugar served)
☐	☐	☐	Access to physical activity opportunities at childcare/pre-school throughout the day
☐	☐	☐	Access to quality, affordable childcare
☐	☐	☐	Access to quality, affordable pre-school
☐	☐	☐	Breastfeeding support at childcare/pre-school (e.g., use of pumped breast milk
☐	☐	☐	Dental screenings
☐	☐	☐	Gardening activities at childcare/pre-school
☐	☐	☐	Health and parenting education for parents at childcare/pre-school
☐	☐	☐	Health education for kids at childcare/pre-school
☐	☐	☐	Smoke-free environment (No smoking allowed on daycare/preschool property)
☐	☐	☐	Tobacco-free environment (no tobacco of any kind may be used on daycare/preschool property)
	☐		I prefer not to answer

34. Is any member of your household currently going to grade school, middle school/junior high school, or high school?

☐ No

☐ Yes
☐ Unsure
☐ Prefer not to answer

If you responded "No," "Unsure," or "Prefer not to answer" to Question #34, skip Questions #35 and #36 and go to Question #37: Health/Wellness Resources in Faith Communities. If you answered "Yes," please answer Questions #35 and #36.

35. **Please check which schools your child/children attend:** *Options continue on the back of this page*

☐ Arkansas City USD 470 – High School
☐ Arkansas City USD 470 – Middle School
☐ Arkansas City USD 470 – Adams Elementary
☐ Arkansas City USD 470 – C-4 Elementary
☐ Arkansas City USD 470 – Frances Willard Elementary
☐ Arkansas City USD 470 – IXL Elementary
☐ Arkansas City USD 470 – Jefferson Elementary
☐ Arkansas City USD 470 – Roosevelt Elementary

☐ Central USD 465 – High School
☐ Central USD 465 – Junior High School
☐ Central USD 465 – Elementary
☐ Dexter USD 471 – High School
☐ Dexter USD 471 – Junior High School
☐ Dexter USD 471 – Elementary
☐ Udall USD 463 – High School
☐ Udall USD 463 – Middle School
☐ Udall USD 463 – Elementary

☐ Winfield USD 465 – High School
☐ Winfield USD 465 – Middle School
☐ Winfield USD 465 – Country View Elementary
☐ Winfield USD 465 – Irving Elementary
☐ Winfield USD 465 – Lowell Elementary
☐ Winfield USD 465 – Whittier Elementary
☐ Winfield USD 465 – Community Day School
☐ Ark City Christian Academy

☐ Cowley County Special Education
☐ Holy Name Catholic School
☐ Sacred Heart School
☐ Trinity Lutheran School
☐ Home School
☐ Virtual School
☐ Other (please specify) _____
☐ I don't know

36. **School-Based Health and Wellness Resources**

Available	Not available, want	Not available, don't want	
☐	☐	☐	Access to behavioral/mental health services
☐	☐	☐	Access to healthy foods (cafeteria, vending, school stores, & concessions)
☐	☐	☐	Access to physical activity opportunities
☐	☐	☐	Access to substance abuse prevention services
☐	☐	☐	Dental screenings
☐	☐	☐	Developmental screenings (age 0-5 speech, vision, hearing, & dental)
☐	☐	☐	Health education (classes on health topics)
☐	☐	☐	Health services/ school nurse
☐	☐	☐	Hearing screening
☐	☐	☐	Hearing specialist
☐	☐	☐	Opportunities for family involvement
☐	☐	☐	Psychological counseling
☐	☐	☐	Psychological testing

☐	☐	☐	Smoke-free environment throughout the day (PE, recess, sports practices, etc.)
☐	☐	☐	Tobacco cessation services
☐	☐	☐	Tobacco-free environment
☐	☐	☐	Vision screening
	☐		I prefer not to answer

37. Do you or any member(s) of your household currently go to a faith community or place of worship (church, synagogue, temple, or mosque)?
  ☐ No
  ☐ Yes
  ☐ Unsure
  ☐ Prefer not to answer

If you answered "No," "Unsure," or "Prefer not to answer" to Question #37, skip Question #38 and go to Question #39: Cowley County K-State Research and Extension. If you answered "Yes," please answer Question #38.

38. Faith Communities: Health and Wellness Resources

Available	Not available, want	Not available, don't want	
☐	☐	☐	Access to healthy foods (healthy food options at church-sponsored events)
☐	☐	☐	Community garden
☐	☐	☐	Community social events/celebrations
☐	☐	☐	Counseling
☐	☐	☐	Food bank/food pantry
☐	☐	☐	Health education (classes on health topics)
☐	☐	☐	Health screening (blood pressure, blood sugar, etc.)
☐	☐	☐	Physical activity opportunities with other members
☐	☐	☐	Prayer/meditation options
☐	☐	☐	Smoke-free environment (no smoking anywhere on church property)
☐	☐	☐	Social support (Moms' day out, women's group, men's group, youth group)
☐	☐	☐	Summer Food Program
☐	☐	☐	Tobacco-free environment (no tobacco of any kind anywhere on church property
	☐		I prefer not to answer

39. Cowley County K-State Research and Extension Office: Health and Wellness Resources

Available	Not available, want	Not available, don't want	
☐	☐	☐	Diabetes and/or hypertension education
☐	☐	☐	Education to help stretch food resources (meal planning, shopping, preparation)
☐	☐	☐	Food and nutrition classes and resources
☐	☐	☐	Gardening and/or food preservation classes and resources

Available	Not available, want	Not available, don't want	
☐	☐	☐	Physical activity classes and programs (Walk Kansas; strength training; walking)
☐	☐	☐	Research-based publications and newsletters
☐	☐	☐	Youth development classes and resources
	☐		I prefer not to answer

40. Community Environment: Health and Wellness Resources

Available	Not available, want	Not available, don't want	
☐	☐	☐	Access to exercise facilities
☐	☐	☐	Access to gyms
☐	☐	☐	Access to healthy foods (grocery stores with fresh, affordable food, healthy options in restaurants and take-out food)
☐	☐	☐	Access to healthy foods for residents of all income levels
☐	☐	☐	Accessibility for persons with disabilities
☐	☐	☐	Adequate numbers of trained first responders
☐	☐	☐	Biking trails/lanes
☐	☐	☐	Camping facilities
☐	☐	☐	Community social events/celebrations
☐	☐	☐	Community Supported Agriculture ("subscription" service to buy local, seasonal food directly from a farmer)
☐	☐	☐	Community water fluoridation

Survey continues on the back of this page

Available	Not available, want	Not available, don't want	
☐	☐	☐	Farmers' market
☐	☐	☐	Financial wellness education
☐	☐	☐	Food bank/food pantry
☐	☐	☐	Healthcare Insurance (how to use, options, rules/guidelines) education, and resources
☐	☐	☐	Information on regulations and food safety for farmers' market vendors
☐	☐	☐	Life balance programs (work/life balance)
☐	☐	☐	Medicare Health Insurance (Senior Health Insurance Counseling for Kansas -SCHICK)
☐	☐	☐	Marketplace Healthcare (Affordable Care Act) education, assistance, and resources
☐	☐	☐	Nutrition programs for low-income families
☐	☐	☐	Partnerships with law enforcement
☐	☐	☐	Public safety initiatives
☐	☐	☐	Recreation center-sponsored activities and classes for individuals of all ages, abilities & income levels
☐	☐	☐	Smoke-free environment in all public places
☐	☐	☐	Tobacco-free policies in all public places
☐	☐	☐	Walking/running trails
☐	☐	☐	Workplace wellness resources
	☐		I prefer not to answer

DEMOGRAPHIC INFORMATION

How old is the person completing this survey? Age in years: _____ ☐ Prefer not to answer

Gender of the person completing the survey
☐ Male
☐ Female
☐ Non-binary
☐ Prefer not to answer

Where do you live?

☐ Arkansas City   ☐ Rock
☐ Atlanta   ☐ Silverdale
☐ Burden   ☐ Tisdale
☐ Cambridge   ☐ Udall
☐ Dexter   ☐ Winfield
☐ New Salem   ☐ I live elsewhere but work in Cowley County.
☐ Parkerfield

How long does it usually take for you to travel to your primary healthcare provider? (Write your answer in minutes). _____ **minutes**   ☐ Don't know ☐ Prefer not to answer

How do you usually get to your primary healthcare provider?
☐ I drive my own car
☐ A family member or friend drives me
☐ I use public transportation
☐ I don't have transportation options
☐ I don't know
☐ I prefer not to answer

Survey continues on next page

What are the two sources you use most often to obtain food?
☐ Grocery store
☐ Food bank/food pantry
☐ Convenience store
☐ Gas station
☐ Fast food/takeout
☐ Local restaurants
☐ Farmers' markets
☐ Grow my own food
☐ Out of town
☐ I don't know
☐ I prefer not to answer

How do you usually get to your primary source of food?
☐ I drive my own car
☐ A family member or friend drives me

☐ I don't have transportation options
☐ I use public transportation
☐ I don't know
☐ I prefer not to answer

Household Income – What is your approximate total household income?
☐ Less than $10,000
☐ $10,000 to $24,999
☐ $25,000 to $39,999
☐ $40,000 to $54,999
☐ $55,000 to $69,999
☐ $70,000 to $84,999
☐ $85,000 to $99,999
☐ $100,000 or more
☐ I prefer not to answer

What is the highest level of education that the <u>head of your household</u> has completed?
☐ Some high school
☐ Graduated from high school
☐ Some college
☐ Graduated college with an associate degree
☐ Graduated college with a bachelor's degree
☐ Advanced degree (e.g., Master's, PhD, MD, DO, JD)
☐ Prefer not to answer

Health Insurance status of person completing the survey. Select all that apply.
☐ Insured through my employer or other family member's employer
☐ Buy my own health insurance in an open market
☐ Buy health insurance through the Market Place
☐ Medicaid/KanCare
☐ Medicare plus Medicare Supplemental Insurance
☐ Medicare Advantage
☐ Medicare no Medicare Supplement
☐ Uninsured
☐ I don't know
☐ Prefer not to answer

Survey continues on the back of this page

Ethnic origin (or race) of the person completing the survey. Select all that apply.
☐ White, <u>not</u> of Hispanic origin
☐ Black, <u>not</u> of Hispanic origin
☐ Hispanic or Latino
☐ White, of Hispanic origin
☐ Black, of Hispanic origin
☐ Native American or American Indian
☐ Asian or Pacific Islander
☐ Other (please specify)_____
☐ Prefer not to answer

Language spoken most of the time in your home:

    ☐ English
    ☐ Spanish
    ☐ Both English & Spanish
    ☐ Other (Please specify) _____

Number of people in each category who live in your home:

_____ Under 5 years old

_____ 5-17 years old

_____ 18-64 years old

_____ 65 years old or older

_____ I prefer not to answer.

Thank you for completing the HealthCounts in Cowley County survey!

These efforts are made possible through collaboration and funding from: Arkansas City Area Chamber of Commerce, City-Cowley County Health Department, Community Health Center in Cowley County, Four County Mental Health, Kansas Department of Health & Environment, Kansas Health Foundation, K-State Research & Extension – Cowley County, KU School of Medicine – Wichita, Legacy Regional Community Foundation, RISE Cowley, SCK Health, William Newton Hospital, William Newton Healthcare Foundation, and Winfield Area Chamber of Commerce.

Please complete the verification form to receive your Chamber Checks.

Appendix B: Focus Group Moderator Guides

The following moderator guides were used for each group to facilitate focus group discussion. Each one is labelled with the day's focus group topic. Please note that not every focus group got through all the listed questions. Please also note that the moderator guide for the childcare focus group was not available for inclusion.

Cowley County Focus Group Moderator Guide on Faith Communities

Welcome & thank you for your participation today! My name is XXX. I am a Research Instructor in the Department of Population Health at the KU School of Medicine in Wichita. As you know thousands of households in Cowley County completed the Health Counts in Cowley County survey this spring. Those surveys are being analyzed and your community leadership team will receive that survey data graphed to share with community members.

Today, we are going to talk about your personal experiences, priorities & recommendations. I would like to record our discussion. My transcriptionist will remove any names that get mentioned so that everything you say will be anonymous. I will put together a report for your leadership team that includes themes discussed, some quotes and recommendations. Does anyone object to this discussion being recorded? Thank you! **I'll start the recorder now.**

A focus group is a discussion focused on specific topics. I will ask the group some questions. You do not each have to answer every question. I will not go around the group or call on people with each question. If you have something to say in response to my question, simply wait until no one else is speaking and jump in. Please do not hold side conversations, as it is distracting to everyone else & it makes it challenging for my transcriptionist.

We have 1 ½ hours allotted for this discussion and I will not exceed that time. If I ask all of my questions in less than 1 ½ hours, we will stop early. Lets get started.

1. What, if any, community gardens are currently located on properties owned by faith communities?
   a. How do those work? Who is allowed to garden there? What is done with the food grown there?
2. What, if any health education is offered by faith communities in Cowley County?
   a. What specific topics would you find useful if health classes were offered in your faith community?
      i. Healthy eating
      ii. Physical activity
      iii. Sleep
      iv. Healthy relationships
      v. Parenting
      vi. Financial health
      vii. Emergency preparedness
      viii. Other??
   b. Who should teach health classes in your faith community?
   c. When should classes be offered?

A. On a scale of 1-10 with 1 being very unlikely and 10 being very likely, how likely are you to participate in health education classes if they are offered by your faith community? Why?

B. Is there any other way that your faith community might offer health education?
- a) Pamphlets
- b) Articles in newsletter/bulletin
- c) Bulletin boards
- d) Promoting health education opportunities offered by other organizations in the community
- e) Other???

C. Are you aware of any faith communities that provide health screenings?

D. What specific health screenings would you find useful if health screenings were offered in your faith community?
- a) Blood pressure
- b) Cholesterol
- c) Blood sugar
- d) Others?

E. How important is it to offer education with any health screenings that are offered at your faith community? Why?

F. Who should provide the health screenings at your faith community? Why?

G. What cost are you willing to pay if health screenings are offered at your faith community?

H. On a scale of 1-10 with 1 being very unlikely and 10 being very likely, how likely are you to participate in health screenings if they are offered by your faith community? Why?

I. Let's discuss counseling in faith communities. In the broadest sense, faith-based counseling can refer to providing information, education, guidance, coaching, advice, and/or supportive listening. This may include:
- a. Making sense of suffering and challenges in one's life
- b. Learning how to use spiritual or religious interventions to deepen one's faith and increase coping skills
- c. Finding purpose or meaning in life
- d. Identifying religious or spiritual values to help to guide life decisions and choices
- e. Learning how to forgive others or oneself, and how to ask for forgiveness
- f. Connecting or reconnecting with a religious community

A. Describe the scope of counseling that you feel is appropriate to be offered by faith communities.
- a. Who should offer the services. Trained clergy, trained laity, others?
- b. What should it look like? (individual, group, virtual/in-person etc.)

B. How important do you think it is for most people that the counseling they receive is faith-based?

C. What counseling service options currently exist in Cowley County – either faith based or other?
- 1. Where are the services housed?
- 2. How do you access the services?

3. Are the services both available and accessible to most people?
D. What do you think of when you hear the term "social support" connected to faith communities?
   a. Has the need or your thoughts about social support changed because of COVID 19?
      i. How has it changed?
      ii. What specific group or groups do you think probably need social support due to the pandemic?
      iii. Please describe specific social support needs that you have observed?
   b. Social support might involve volunteers making connections with specific congregant groups (older adults, youth, new moms, etc.)
      i. Describe groups like this that you are aware of
      ii. What else could volunteers do?
   c. Social support might involve support groups (moms' day out, youth ministry, grief groups, parents of teens, etc.)
      i. Describe groups like this that you are aware of
      ii. What else could volunteers do?
   d. Social support might involve regularly scheduled activities targeting specific groups (exercise classes, cooking classes, walking groups, Bible studies, etc.)
      i. Describe groups like this that you are aware of
      ii. What else could volunteers do?

   e. Social support might involve community programs offered in faith community facilities (i.e., AA)
      i. Describe groups like this that you are aware of in Cowley County
      ii. What else could volunteers do?
E. Who do you think might be responsible for organizing and providing this social support?
F. Are there specific programs that you think would be valuable in providing social support in your faith community?
   a. Who should lead those programs?
   b. Who is the target audience for those programs?

Moderator Guide on Healthcare, Mental Health, and Public Health Resources

Welcome & thank you for your participation today! My name is XXX. I am a Research Instructor in the Department of Population Health at the KU School of Medicine in Wichita. As you know thousands of households in Cowley County completed the Health Counts in Cowley County survey this spring. Those surveys are being analyzed and your community leadership team will receive that survey data graphed to share with community members.

Today, we are going to talk about your personal experiences, priorities & recommendations. I would like to record our discussion. My transcriptionist will remove any names that get mentioned so that everything you say will be anonymous. I will put together a report for your leadership team that includes themes discussed, some quotes and recommendations. Does anyone object to this discussion being recorded? Thank you! **I'll start the recorder now.**

A focus group is a discussion focused on specific topics. I will ask the group some questions. You do not each have to answer every question. I will not go around the group or call on people with each question. If you have something to say in response to my question, simply wait until no one else is speaking and jump in. Please do not hold side conversations, as it is distracting to everyone else & it makes it challenging for my transcriptionist.

We have 1 ½ hours allotted for this discussion and I will not exceed that time. If I ask all of my questions in less than 1 ½ hours, we will stop early. Lets get started.

1. Please name what currently available health & wellness resource in your **healthcare system** that you think is the most important or most valuable & tell us why you think so.
2. Please name a health & wellness resource in your healthcare system that is not currently available but that you think is needed the most & tell us why you think so.
3. What specific recommendations do you have as to what that resource should look like?
4. Please name what currently available health & wellness resource in your mental health system that you think is the most important or most valuable & tell us why you think so.
5. Please name a health & wellness resource in your mental health system that is not currently available but that you think is needed the most & tell us why you think so.
6. What specific recommendations do you have as to what that resource should look like?
7. Please name what currently available health & wellness resource in your public health system that you think is the most important or most valuable & tell us why you think so.
8. Please name a health & wellness resource in your public health system that is not currently available but that you think is needed the most & tell us why you think so.
9. What specific recommendations do you have as to what that resource should look like?
10. What, if any, positive experiences have you or your family members encountered when using the healthcare system?
11. What, if any, challenges have you or your family members encountered when using the healthcare system?
12. What, if any, positive experiences have you or your family members encountered when using the mental health system?
13. What, if any, challenges have you or your family members encountered when using the mental health system?
14. What, if any, positive experiences have you or your family members encountered when using the public health system?
15. What, if any, challenges have you or your family members encountered when using the public health system?

Moderator Guide on K-State Research and Extension

Welcome & thank you for your participation today! My name is _____. I am a Research Instructor in the Department of Population Health at the KU School of Medicine in Wichita. As you know thousands of households in Cowley County completed the Health Counts in Cowley County survey this spring. Those surveys are being analyzed and your community leadership team will receive that survey data graphed to share with community members.

Today, we are going to talk about your personal experiences, priorities & recommendations. I would like to record our discussion. My transcriptionist will remove any names that get mentioned so that everything you say will be anonymous. I will put together a report for your leadership team that includes themes discussed, some quotes and recommendations. Does anyone object to this discussion being recorded? Thank you! **I'll start the recorder now.**

A focus group is a discussion focused on specific topics. I will ask the group some questions. You do not each have to answer every question. I will not go around the group or call on people with each question. If you have something to say in response to my question, simply wait until no one else is speaking and jump in. Please do not hold side conversations, as it is distracting to everyone else & it makes it challenging for my transcriptionist.

We have 1 ½ hours allotted for this discussion and I will not exceed that time. If I ask all of my questions in less than 1 ½ hours, we will stop early. Lets get started.

1. Please name what currently available health & wellness resource from the Cowley County Extension Office that you think is the most important or most valuable & tell us why you think so.
2. Please name a health & wellness resource from the Cowley County Extension Office that is not currently available but that you think is needed the most & tell us why you think so.
3. What specific recommendations do you have as to what that resource should look like?
4. What, if any, positive experiences have you or your family members encountered when using the resources of the Cowley County Extension Office?
5. What, if any, challenges have you or your family members encountered when using the resources of the Cowley County Extension Office?

Moderator Guide on Schools

Welcome & thank you for your participation today! My name is Judy Johnston. I am a Research Instructor in the Department of Population Health at the KU School of Medicine in Wichita. As you know thousands of households in Cowley County completed the Health Counts in Cowley County survey this spring. Those surveys are being analyzed and your community leadership team will receive that survey data graphed to share with community members.

Today, we are going to talk about your personal experiences, priorities & recommendations. I would like to record our discussion. My transcriptionist will remove any names that get mentioned so that everything you say will be anonymous. I will put together a report for your leadership team that includes themes discussed, some quotes and recommendations. Does anyone object to this discussion being recorded? Thank you! **I'll start the recorder now.**

A focus group is a discussion focused on specific topics. I will ask the group some questions. You do not each have to answer every question. I will not go around the group or call on people with each question. If you have something to say in response to my question, simply wait until no one else is speaking and jump in. Please do not hold side conversations, as it is distracting to everyone else & it makes it challenging for my transcriptionist.

We have 1 ½ hours allotted for this discussion and I will not exceed that time. If I ask all my questions in less than 1 ½ hours, we will stop early. Lets get started.

1. How important are healthy food options in schools?
2. Describe your perceptions of the meals offered by the schools? How satisfied are you that the food is nutritious? Tasty? Enjoyed by students?
3. Should food/beverages in vending machines, school stores & concession stands include healthy options?
4. Are you satisfied with the proportion of healthy options currently offered in your community's schools?
   a. What specific suggestions do you have for improving access to healthy foods in Cowley County schools, both during the school day and before & during after schools activities?
   b. What resources currently exist to make the changes?
   c. What additional resources would be needed?
   d. What challenges do you anticipate?

5. What, if any, non-competitive physical activities are currently available in your community's schools?
6. What, if any, additional physical activity opportunities would you like to see offered?
7. What, if any, behavioral health services are currently available in your community's schools?
8. Who provides those services?
9. Is psychological testing currently conducted in your community's schools?
   A. What, if any, do you think are the specific benefits of psychological testing in schools?
   B. What, if any, concerns do you have about inclusion or expanded use of psychological testing in schools?
   C. What, if any, are the psychological testing methods with which you are familiar?
   D. Who benefits from psychological testing in schools? How do they benefit?
   E. If your school district currently offers psychological testing, how satisfied are you with the services? How could the services be improved?
   F. If your school district doesn't currently offer psychological services, what specific services would you most like to see made available?
      i. What, if any, community resources might support those services in schools?
      ii. What, if any, resources would be needed by the schools to offer those intervention services?
      iii. Are those resources currently available in the schools?

2. What, if any, health education curriculum is currently taught by the schools in Cowley County? At what levels is it taught and by whom?
    A. Personal health
    B. Family health
    C. Community health
    D. Proper substance use
    E. State and local laws about substance use
    F. Decision-making skills
    G. Goal-setting skills
    H. Self-management skills
    I. Bystander intervention skills
3. What, if any, resources exist in the Cowley County schools to screen youth for substance use, possible substance abuse disorders, depression, and/or anxiety?
    A. Who administers the screening tool?
    B. How are students identified for screening?
    C. How are screening results used?
    D. How effective do you think the current strategy is and why?
4. What if any, resources exist in the Cowley County schools to conduct brief interventions, such as motivational interviewing, with adolescents who use substances at least monthly or who have at least one consequence associated with their use?
    A. Who conducts the brief intervention or refers to a resource to conduct it?
    B. How are students identified for brief intervention?
    C. How effective do you think the current strategy is and why?
5. What, if any, resources for substance abuse treatment exist in or around Cowley County?
    A. What is the process for voluntarily accessing treatment?
    B. What is the process for involuntarily commitment to treatment?
6. What are your thoughts about public schools carrying and administering the overdose reversal drug Naloxone?
7. Some school districts are determining ways to place more of an emphasis on helping students with addiction recovery and less on disciplining them for drug abuse. Discuss your thoughts about this approach and strategies you would suggest Cowley County schools adopt to deal with youth substance abuse.

Appendix C: Thematic Analysis by Focus Group

The analysis of the focus groups revealed key themes that highlight participants' insights and concerns. Each theme is organized and labeled according to the specific day's focus group topic for clarity and context.

Faith Communities

Theme	Transcript Quote
Sustainability	*…we were going to get together and…start another nightly meal program and then that priest left, they got a new priest, and yeah.*
	We did until COVID hit….It's been hard to get things restarted.
Material Resources	*…connected to a church…it's a store that has used clothes…you can call and make appointments and then you can completely outfit a whole family and sometimes they have equipment too and household appliances.*
	…they help with utility bills and stuff. If somebody can't pay their gas bill or electric bill or something, especially in the winter months.
Services	*…they have a wide variety of education including some counseling, but there's a lot of other things they do besides that.*

Healthcare, Mental Health, and Public Health Resources

Theme	Transcript Quote
Urgent care	*I think the emergency room that we have in Winfield and…Ark City are very important because it's the first line of help when there is some sort of situation.*
	I believe there is more work to do with the general public in…understanding the difference between using emergency services, urgent care services, and primary care services.
Mental Health	*…my second [issue] is our mental health system and our traditional system, especially our police department, you can call and say this person is acting this way because of the situation and instead of that person getting the help they need for that mental [issue], it turns [them] into a criminal and they are put in jail.*
	A lot of the services…don't deal with some of the underlying issues. You know, if you get in House of Hope, you have 48 hours. And that's not really, honestly enough time for a person to actually become stabilized…we don't have like a harm reduction approach to dealing with people who are unhoused and also dealing with addiction and simultaneous health problems.
Capacity of Mental Health Facilities	*…with persistent mental illness it's 30 days before they get in for the actual counseling and that's related to the staff shortages, especially psychiatrists and clinical social workers.*
	…it's not stable at the mental health center. I have heard from so many people that they go through doctors like crazy…
Resource Awareness & Education	*…I have lived here for 30 years,…sometimes I don't know if I know everything that's available…I was thinking like having a central information where all the resources are available.*
	…CHWs could be utilized to go out there and do those things to help in the public health because you do get that training…So, utilizing some of these positions that have already been created to be part of that public health would be great in this rural community.
Transportation	*…public transportation only runs certain hours and if you are not done with the treatment by when…they have to pick them up…they don't have any other way to get home…*
	Some organizations have transportation but you have to be part of that organization to know about it and to access it.
Recruitment & Retention	*…My biggest issue…is pay grade, we can't get anybody to come in because of pay grades, they are going to migrate to the bigger cities.*
	Well, that's why we've had doctors leave is because [of] the hours…
Coordinated Care	*…having CHWs…in place because a lot of people will go into the hospital, doctor's offices or what not and have more than just medical. The medical could be because they are homeless, they have food insecurities or even childcare problems that are going to keep them from going to the doctors so having those community health workers that know about resources in the area has been beneficial in the healthcare system.*
	From like a healthcare provider standpoint if I make a referral to the county mental health their answer is you need to show up at this time for intake at noon, so there's no connecting the loop for me, I just tell the family you need to go and use the resource and it works when they do it but it's just not the closure…
Specialized Care	*I think also having the specialists that come to our community is very helpful.*

K-State Research and Extension

Personnel	*They cut our budget so that we had to cut down to two agents instead of three….and I do think there's a definite disconnect because of that.*
Resource Awareness & Communication	*…a lot of it is just by word of mouth or you catch it on social media….if you don't know about the Extension Office, you don't know what all is available unless you have heard it from somebody who has had the experiences.*
	[Information] doesn't go very far down the chain of command in our city….it has to go through district office before it can go through the principals…sometimes it doesn't make it to the principals. And then if it does, [it] doesn't make it to the teachers.
Culturally Relevant Services	*As far as challenges…there's a large Hispanic population in Cowley County. I think the extension has a little challenge with trying to get the communication lines open and knowing what they really want and need.*
Resources & Services	*All different aspects of food, cooking, and other things as well, and some ag.*
	…if there's something specific you want, you can actually contact the office and ask and they'll bring that out to you.

Schools

Theme	Transcript Quote
Nutrition Education	*Schools are probably the first point of contact for a full nutritional spread for a lot of these kids and their families. There's not a lot of knowledge in every family in this area about how to fill a plate with every food group…*
	Their parents aren't there to teach them [healthy eating] and then they come to school and they say here is your Pop-Tart and your orange juice and that is considered healthy and so we are setting them up for failure down the road to think that's healthy eating.
School Lunches	*She's like, 'I'm not eating that. It's supposed to be nutritious, but she was like it seems like it's prepackaged stale food.'*
	…not only that the foods are not healthy but I think the amount of time kids have to eat the food is not healthy.
Mental Health & Substance Use	*…the high school as well as the counselors have a really good relationship with Four County Mental Health and so when a student is identified through…the school counseling services, there is a…referral to,…Four County Mental Health…*
	You knew to refer them to the counselor but even then the counselors are like what do we do and then they come back to class and then you…have to navigate it…and know that a lot more medical and help assistance that is needed to deal with things like that,…seems like an area where we could have improvement.
Diagnostic Testing	*I'm okay with [diagnostic testing] as long as…it's explained well, especially to a student…I have a feeling a lot of kids would freak out about it.*
	If it's going for behavioral issues then testing or screening you are going to pick up some things that may be happening in the home that will give not only school administration and school officials a red flag but it can also give a red flag to community sources.
Collaboration	*I just think that any time we have an opportunity to work collaboratively across the community, so school district with the library…the more partners we have the more places that the same message is going out and the more audience that we can draw on together so having it be school based where it's appropriate and having it be community based both, then we are going to reach more people and we are going to have richer contact.*
Transportation	*…we have a lot of grandparents taking care of their kids nowadays… So being able to connect them to resources, especially transportation, has been a hard one because we can't transport them to their appointments legally.*
	…that's a big issue in Ark City and Winfield, especially Winfield….or even the small outlying communities….It's just non-existent.

Childcare

Theme	Transcript Quote
Resource Awareness	*One thing that we keep coming back to is trying to centralize information…the library would be a perfect place for us to have some kind of resource where they could get on the computer and look it up…Because I don't know that we have all the information that somebody who moved into town would need or someone looking for daycare or needs a house…*
Prioritizing Safe Environments	*I'd say the first thing would be a safe environment…an experienced provider…a nurturing environment. That provides some stimulation and education but also some down time or just play and interacting.*
	Part of the skills that we deem necessary for them to be successful in their education,....read to them a lot, teach them about teases and how to get along with others and working through how to get along with their problems, how to play nice, be kind.
Operational Costs & Personnel	*Someone in charge of the daycare, they are paid $15 an hour and we have to figure out a way to subsidize, grants or something, you have to pay people more than that….Providers and administrators need a living wage.*
	Butler Community College used to have a program…Just the cost of accreditation to keep the center open and insurance costs was outstripping the college's ability to hold the program over. And Butler is a larger institution than our high school.
Community Education	*Talk…about the importance of having a good early childhood education and giving kids a good start to…providers…employers…maybe they want to donate money towards it, trying to get the message out of the importance of having a good start.*
	I would do a lot of parenting of parents, but they need to understand…housing, transportation, daycare, if you don't have solid childcare, you can count on, they end up losing their jobs and then they just go downhill from there. It's important to pay daycare and get that taken care of so you can work and you can provide for your family.

Environment

Theme	Transcript Quote
Main Street Building Conditions	*And I think it deteriorates from those that are trying to have quality businesses on Main Street. You don't even really notice that they have a nice business there because the building to the right and left of them are falling down.*
	I live in Ark City and I work in Winfield and it's the same problem there, too. I can name one or two…[downtown] building[s] falling down or the roof caving in….It's been a challenge to get the owners to do anything with them.
Housing Conditions	*"…we have families who are living in unsafe housing environment for lack of resources of being able to tear down and rebuild financially. We have kiddos that are in an unsafe living environment…and there are some kids that have horrible asthma and I have had a child where they were literally admitted into the hospital and within hours, they were fine. We go and ask more about the environment at home and it turns out it was basically issues with housing, sanitation, lead, something, but I mean that's, I think a lot of our allergies, asthma, type problems we see could be related to their environment."*
Community Events	*And I think that's more vital than ever, especially in our small towns. You know, funding for those types of resources is very difficult. People volunteering for those types of resources on top of... Because those are the same people who are planning the community events, who are doing all those things. But as much as we can keep those resources alive and thriving in our small towns, that's what's going to keep people coming to the area, knowing that that is available.*
	That's our goal over the next year, is to continue to build community events and family partnerships.
Resource Awareness & Communication	*I think people don't know about things that are around us….I've seen a large population aging as well, and limited resources for a lot of our aging families….I don't know how they would know about resources like that if they aren't on social media or the internet or different things like that. And so, sometimes I do think that there's a discrepancy in how our elderly are getting resources and are getting help, you know, or information.*
	a lot of people don't access their information on the internet…So, you probably need to get back to the analog systems of notifying people in a lot of our rural communities, like mailers, windshield flyers.
Sidewalks	*…we have a lot of traffic when…kids [are] walking to and from school, and there's sections of that sidewalk that...a kiddo can't ride their bike on the sidewalk. They have to ride their bike in the street to get to school.*
Food Access	*We don't have grocery stores….There are limited groceries available at the one-stop…it's cheaper to pay for the gas to go to Windfield and get it from there…And there's no grocery store in any of these small towns around here.*
	….that's one thing we really need more of is…community gardens that can be used for supplementing people's nutrition and food…The prison garden [and] Master Gardeners…they're giving thousands of pounds of food to the food pantry here at Winfield and other not-for-profit agencies. And it's been good.