

# Rawlins County Community Health Needs Assessment (CHNA) Executive Summary

Conducted October 1 – November 15, 2020

Final Report to be available by June 2021, available online at <https://www.rchc.us/health-needs-survey>

## **Scope and Purpose:**

Community Health Needs Assessments (CHNA) are part strategic plan and part grounding rod. The Patient Protection and Affordable Care Act of 2010 (ACA) requires critical access hospitals and community dental clinics to complete a CHNA every three years. While it is a required activity for compliance, it is a tool to help health care leadership throughout the community develop strategic plans which address community health needs and concerns.

There is no one definition of “community health need.” This is up to the interpretation of the stakeholders engaged in the process. To assess the health needs of its community, a broad representation of the community must be surveyed to identify the significant health needs to address. The leadership team must also prioritize those health needs, as well as identify potential resources available to tackle the needs. Resources can include, but are not limited to: organizations, facilities, groups, programs or individuals from a number of sources including the hospital / medical clinic facility, dental clinic, vision care, county health department, emergency medical services, mental health provider, pharmacy or other organizations.

## **CHNA Methodology:**

The process was developed and implemented utilizing the contracted professional services of Greater Northwest Kansas Community Foundation (GNWKCF). The CHNA Taskforce, comprised of health leaders in Rawlins County, included the following representation:

- Rawlins County Health Nurse
- Rawlins County Elected Official
- Hospital CEO
- Hospital Medical Director
- Health Care Clinic Manager
- Dental Clinic Manager
- Vision Services Representative
- Chiropractic Services Representative
- Local Pharmacist
- Hospital Quality Management
- Hospital Director of Nursing
- Skilled Nursing Home Director
- Northwest Kansas Home Health Director
- Northwest Kansas Hospice Director
- EMS Director
- High Plains Mental Health Representative
- Developmental Services of Northwest Kansas Representative
- LiveWell Kansas
- City of Atwood, McDonald, and Herndon Representatives
- Local Media Representative
- Local Business Owner / Community Advocate

The CHNA Task Force conducted the health needs assessment October 1 through November 15, 2020. The target audience was Rawlins County citizens age 18 and above (1,969 persons, based on 2010 census data.) The survey was widely distributed so that all Rawlins County citizens could respond. The survey was announced in the local newspaper including press releases and advertisements, posted on social media, and advertised on local radio shows. Business cards and flyers were distributed throughout the county via gathering places, churches and other public areas.

The primary survey was conducted through an online link (in both English and Spanish); however, printed copies in both languages were available and distributed throughout the county to Hispanic and elderly persons. The survey included 33 questions focused on the following main areas:

- Section 1: Community Assets and Concerns
- Section 2: Delivery of Health Care Services
- Section 3: Behavior / Mental Health Care Services
- Section 4: Demographic Information

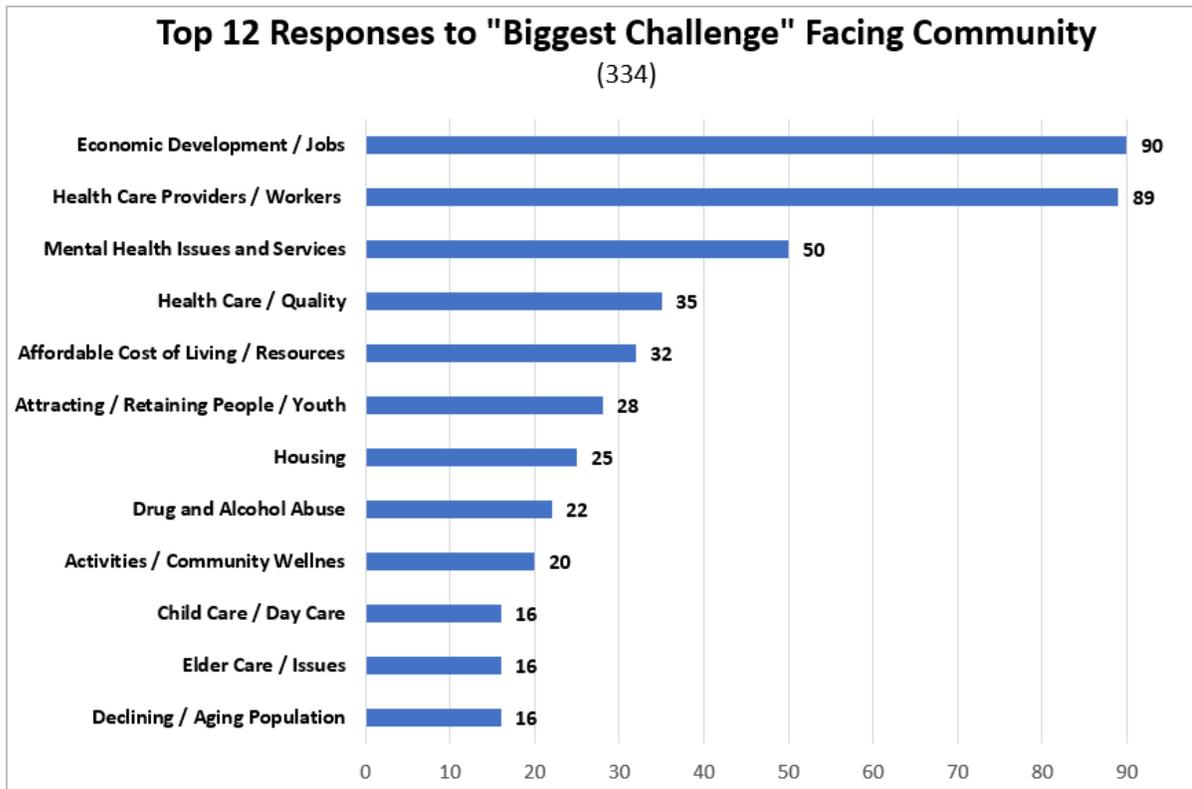
After the survey ended, data was compiled by GNWKCF staff and shared with the CHNA Taskforce for review. The Taskforce will perform a data interpretation of results and determine initial priorities which will be shared and discussed at a Public Forum in the Spring of 2021.

## Survey Highlights

### **Section 1: Community Assets and Concerns**

Overall, 334 total responses were received from the target population of 1,969 (17%). As is typical with surveys, some respondents did not complete the entire survey. By the end of the survey, there were 276 respondents (14%) remaining through the last question. The overall responses provided adequate data for analysis of community needs.

1. Considering **Community / Environmental Health in Rawlins County**, the biggest concerns are:
  - Attracting / Retaining Youth
  - Decrease in Population
  - Lack of Jobs / Livable Wages
  - Quality School Resources
  - Lack of Child Daycare Services
  
2. Considering **Availability / Delivery of Health Services**, the biggest concerns are:
  - Retaining Primary Care Providers and Medical Staff
  - Availability of Mental Health Services
  - Availability of Primary Care Providers
  - Adequacy of Health Insurance / Cost of Health Care Services
  - Providers Collaborating to Coordinate Patient Care
  
3. Top concerns based on age group of population mostly centered around **mental health** and **cost of living**.
  - **Youth Population:** drug and alcohol use, mental health (anxiety, stress, depression, suicide), and encouraging youth to return home / retain youth.
  - **Adult Population:** mental health (anxiety, stress, depression, suicide), availability of support services (fiscal, health, behavioral), and agricultural / farm stressors.
  - **Elderly Population:** resources to help elderly stay at home, availability of assisted living, and availability of services for those on a fixed income.
  
4. The top responses to the question "**What Is the Biggest Challenge Facing the Community**" are ranked in the graph below.



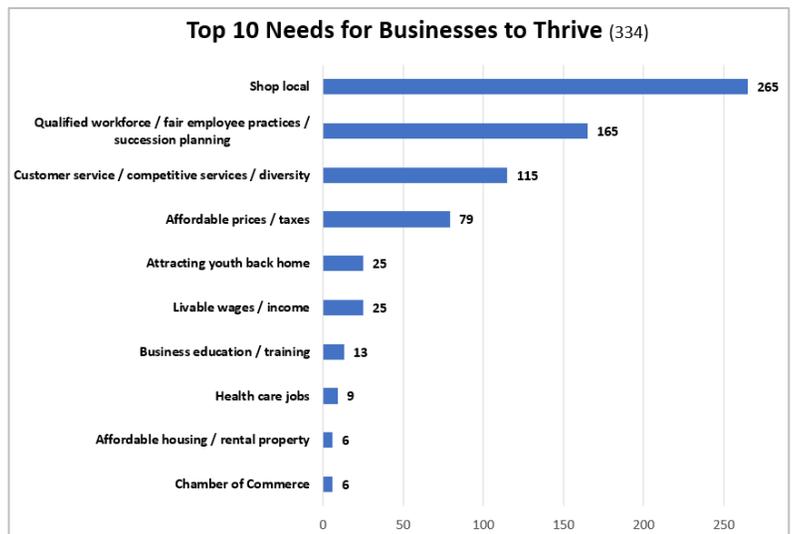
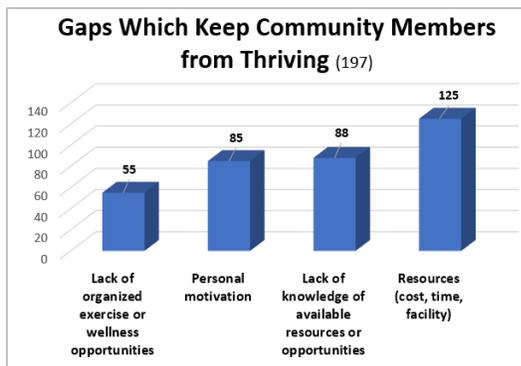
5. The most common **top concerns** expressed across multiple questions (community or delivery of health care) include (not in any particular order):
- Attracting and Retaining Youth / Businesses; Decrease in Population; Shop at Home
  - Cost of Health Care / Living; Including High Taxes and Health Insurance
  - Health Care Providers / Staff (Retain, Recruit, Consistency, Availability, Quality)
  - Mental Health Services (Local Availability and Cost); Including Substance Abuse
  - Elder Care Services
  - Child Care Services
  - Confidentiality / Trust

Two of these concerns were also **top concerns** expressed in the 2018 CHNA survey:

- Mental Health Services; Substance Abuse
- Elder Care Services

6. When asked what is impacting community members from thriving (to flourish and live the best life), 41% felt they are thriving. Of the remaining 59%, the majority indicated a lack of resources (cost, time or facility).

When asked a similar question regarding what is needed to ensure local businesses can thrive, nearly 80% of respondents indicated people need to **shop locally to support the community**.

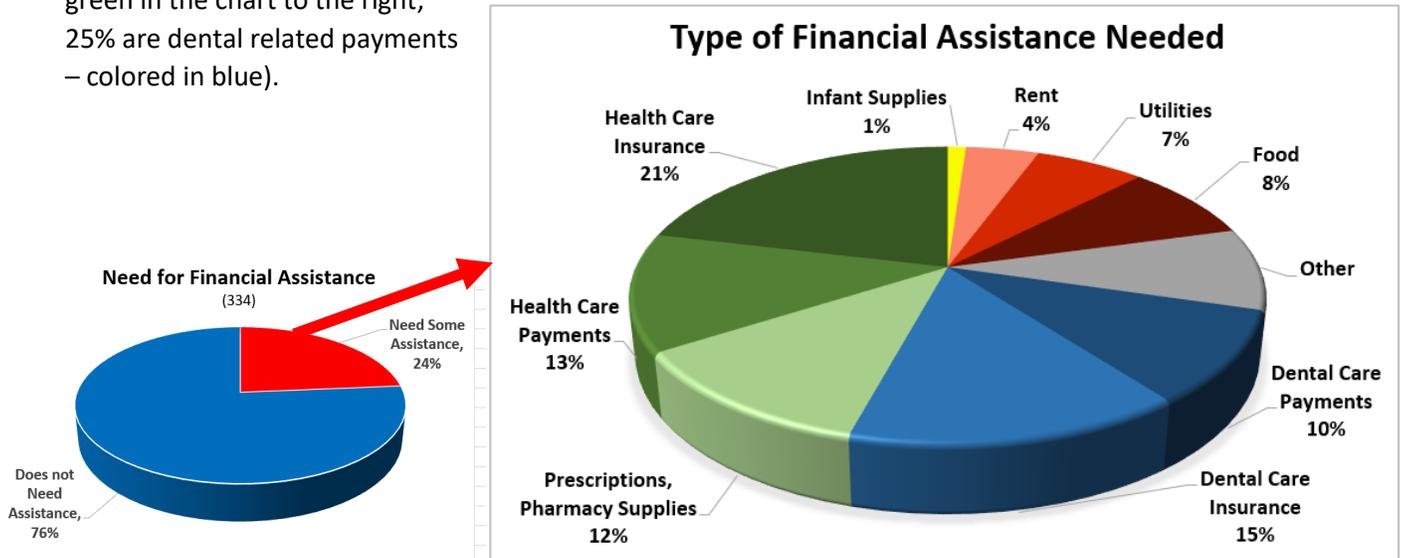


7. Respondents indicated that there has been some improvement on the community needs identified in the 2018 CHNA. Access to care (transportation) showed significant improvement, most likely as a result of the county purchasing a second transportation vehicle to serve the public needs.

Survey indications are that mental health issues remain relatively unchanged or have worsened in the past three years. Mental health continued to pop up as a top concern throughout the 2020 survey responses.

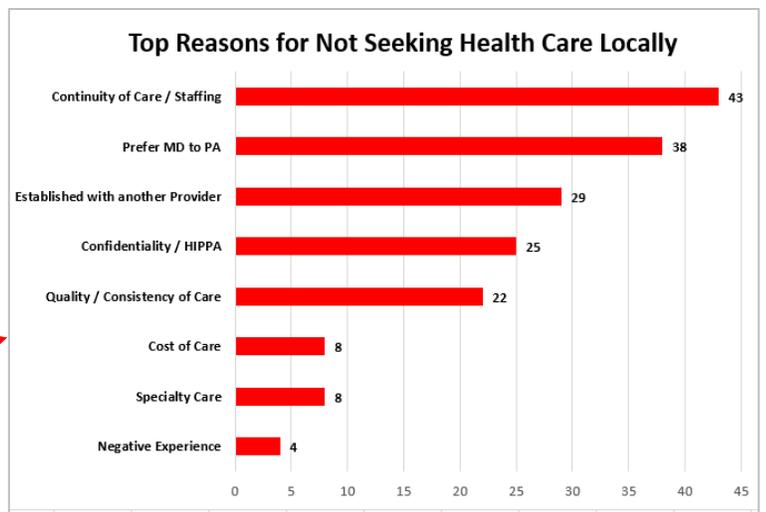
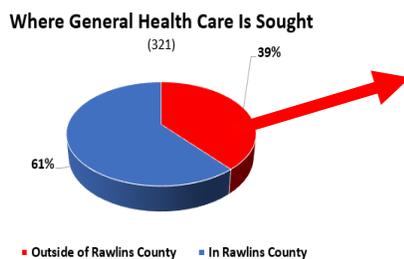
	Significantly Improved	Slightly Improved	No Change	Worsened	Unsure
<b>Access to care (Transportation)</b>	90 30.2%	76 25.5%	51 17.1%	2 0.7%	79 26.5%
<b>Drug and alcohol abuse</b>	5 1.7%	24 8.1%	112 37.7%	30 10.1%	126 42.4%
<b>Elder care services</b>	2 0.7%	53 17.8%	96 32.3%	28 9.4%	118 39.7%
<b>Exercise / physical activity (obesity)</b>	21 7.1%	92 31.1%	78 26.4%	12 4.1%	93 31.4%
<b>High risk of heart disease and stroke</b>	4 1.4%	47 15.9%	102 34.5%	10 3.4%	133 44.9%
<b>Mental health / depression / suicide</b>	8 2.7%	32 10.8%	94 31.8%	58 19.0%	104 35.1%

8. More than three quarters of respondents (76%) indicated they do not need or receive financial assistance. The remaining 24% indicated they need some type of assistance (46% are medical related payments – colored in green in the chart to the right; 25% are dental related payments – colored in blue).



## Section 2: Delivery of Health Care Services

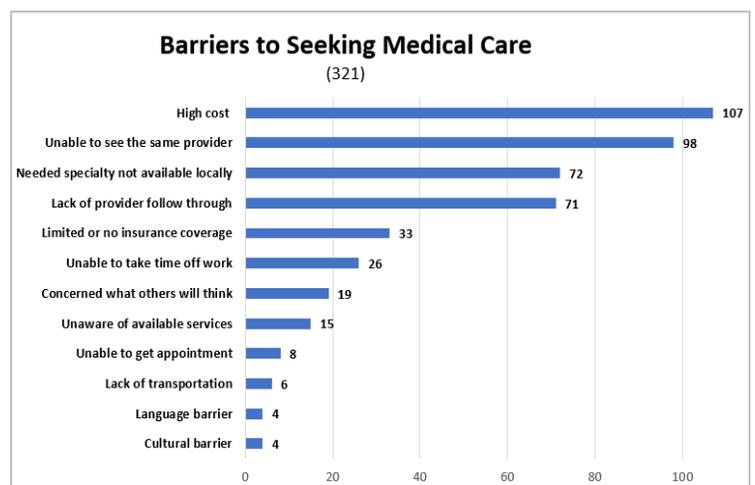
9. Regarding **Delivery of Health Care Services**, 61% of respondents indicated they seek general health care within Rawlins County. For the 39% of respondents that look outside of Rawlins County for health care services, the reasons provided were as follows in the chart to the right.



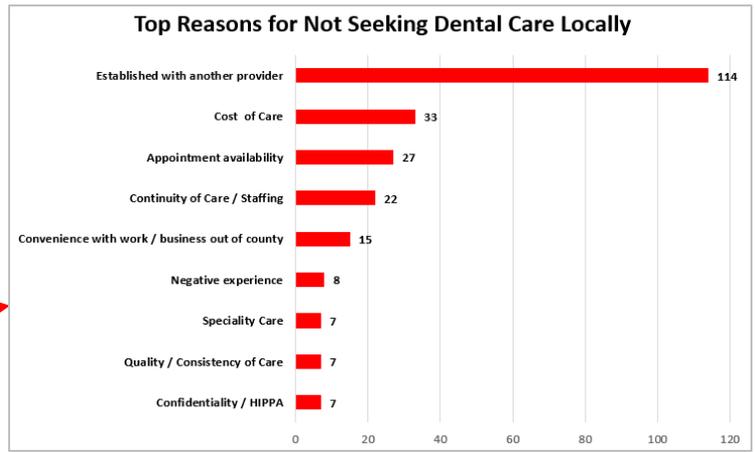
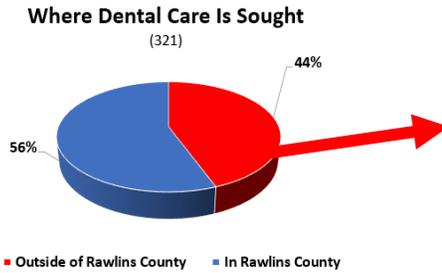
10. An overwhelming majority (70%) of respondents indicated there was some form of a **barrier that kept them or their family from receiving health care**.

Of those experiencing obstacles, 32% indicated the **high cost of co-pays, prescriptions or other health care services** keep them from seeking medical care, followed closely by not being able to see the same provider each time (consistency / continuity of care).

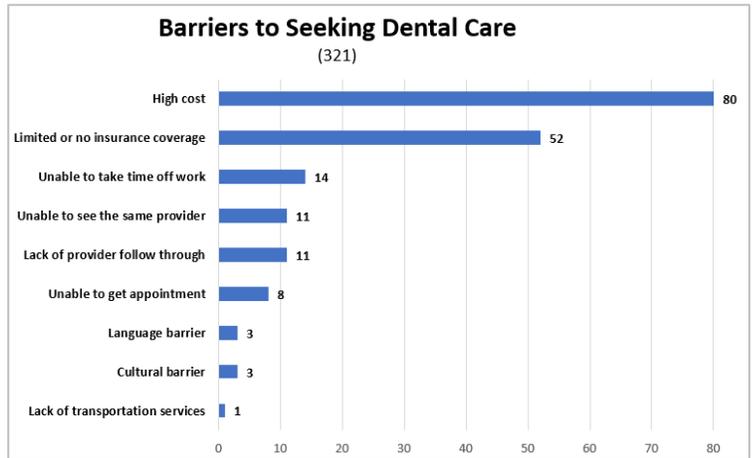
While the overall responses show a small number of **language and cultural barrier** responses, they represent 36% of the minority population that participated making it noteworthy.



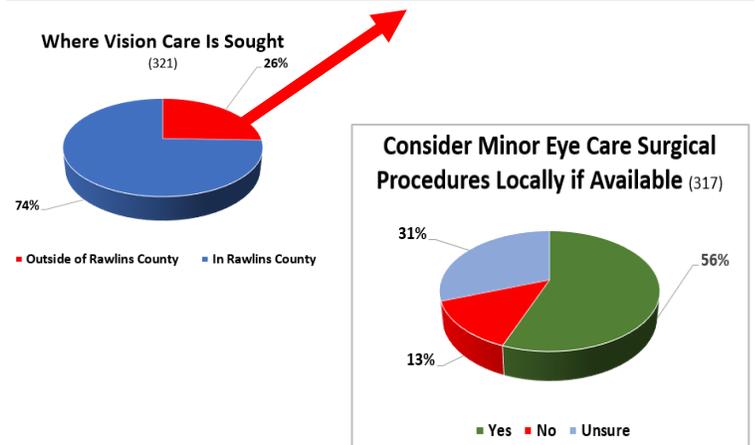
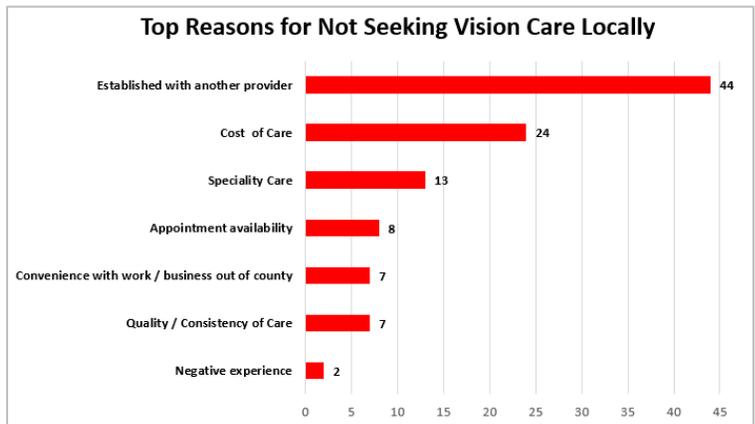
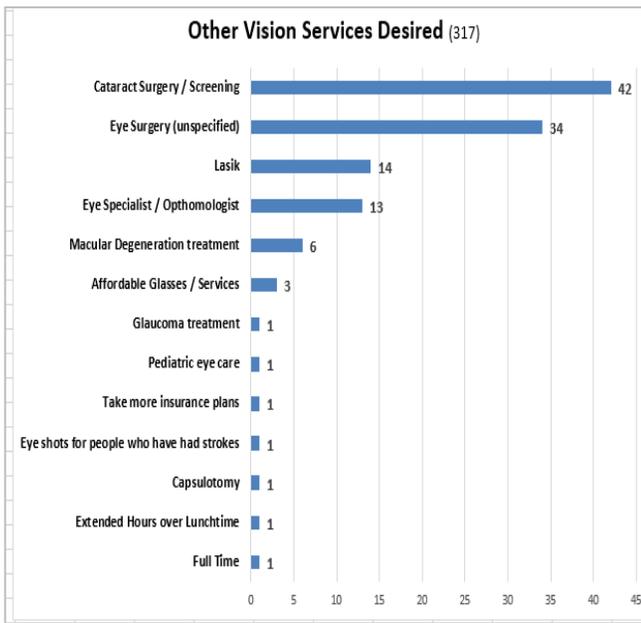
11. More than half of the respondents (56%) seek dental care within Rawlins County. Of the 44% that seek care outside the county, the reasons given are in the chart to the right.



12. Just over half of the respondents (54%) indicated they do not experience any barriers with regards to seeking dental care. Of the 46% that expressed some obstacle, 24% cited the high cost as a barrier followed closely by the lack of insurance.

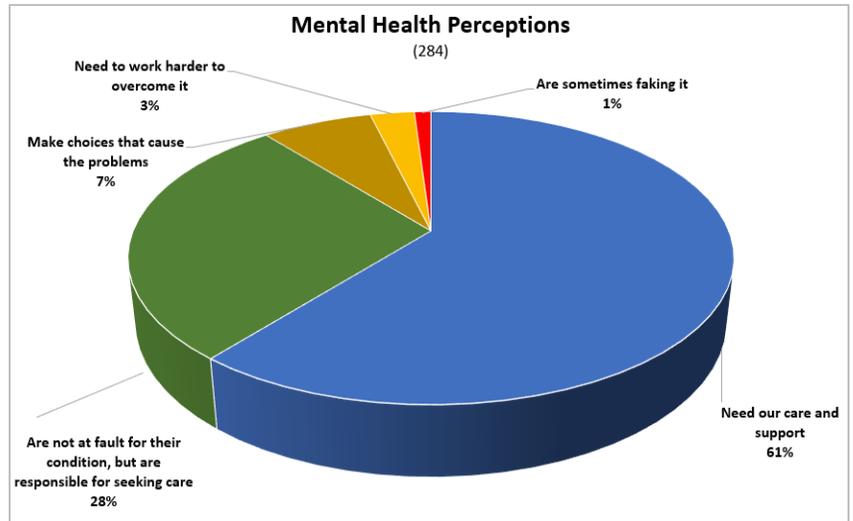


13. Nearly three-quarters (74%) of the respondents seek vision care within Rawlins County. Of the 26% that go outside of county for vision services, the reasons given are in the chart to the right.

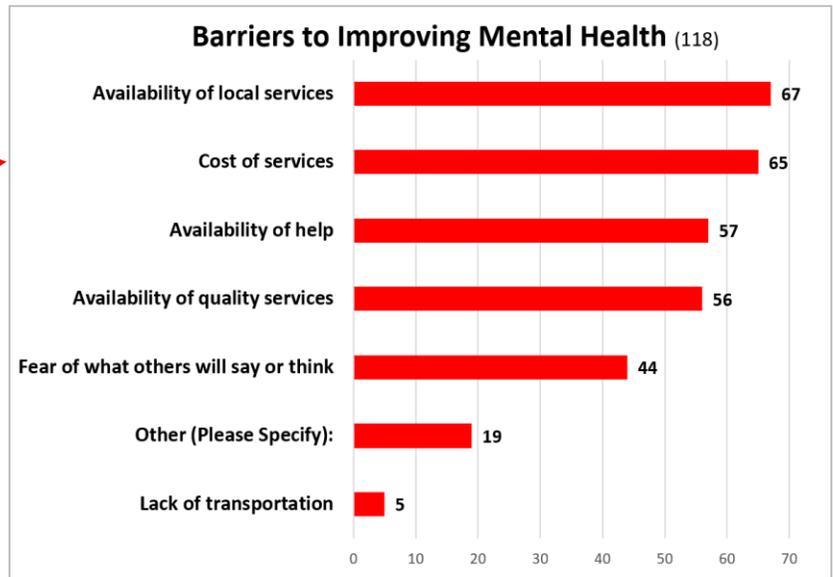
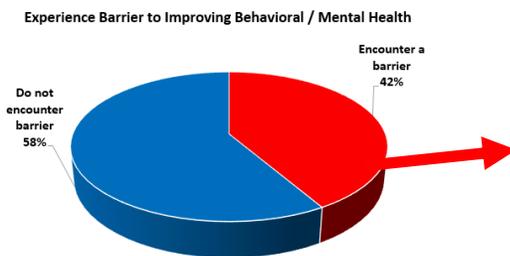


### Section 3: Behavioral / Mental Health Care Services

14. With regards to perception of people with mental / behavior health issues, overwhelmingly most people (89%) responded that they are sympathetic and indicate these people need care and support.



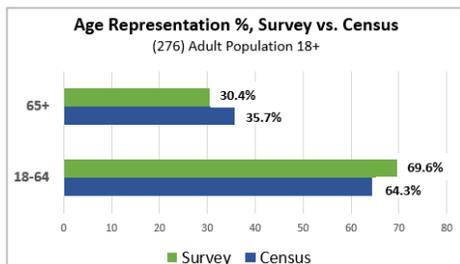
15. More than 40% of respondents indicated they struggle with improving behavioral / mental health. Availability of local services and the cost of service were evident barriers for improving behavioral / mental health.



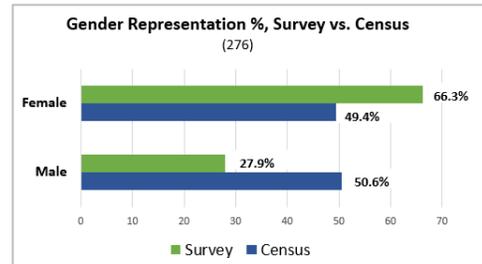
### Section 4: Demographic Information

Respondents closely mirrored age groups and geographic locations within the county (based on zip code) compared to the actual population. Females were over-represented compared to census demographic information. The Hispanic / Latino / Latina population was under-represented despite efforts by the task force members to reach out to this population directly including providing a Spanish version of the survey both online and in hard copy.

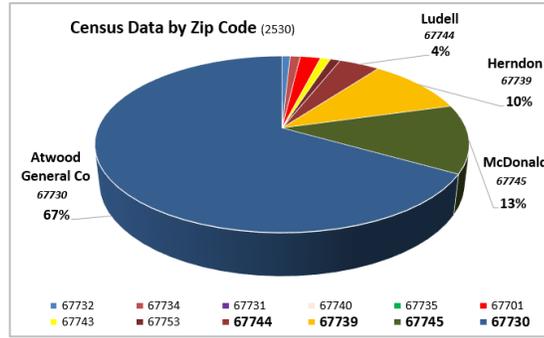
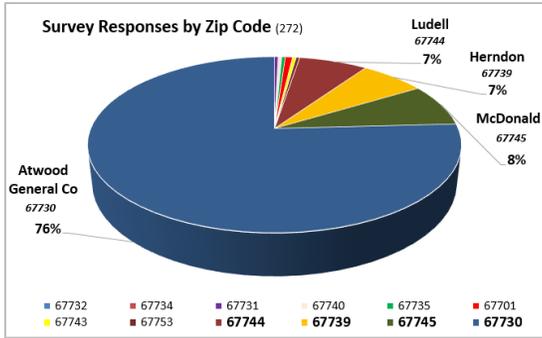
#### Responses by Age:



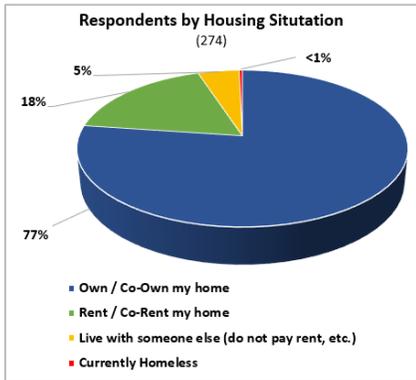
#### Responses by Gender:



**Responses by Zip Code:**

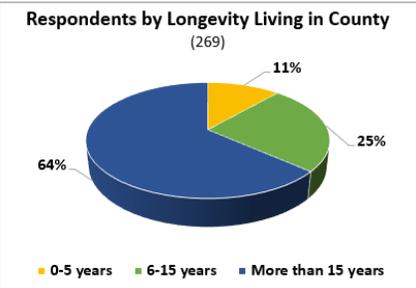
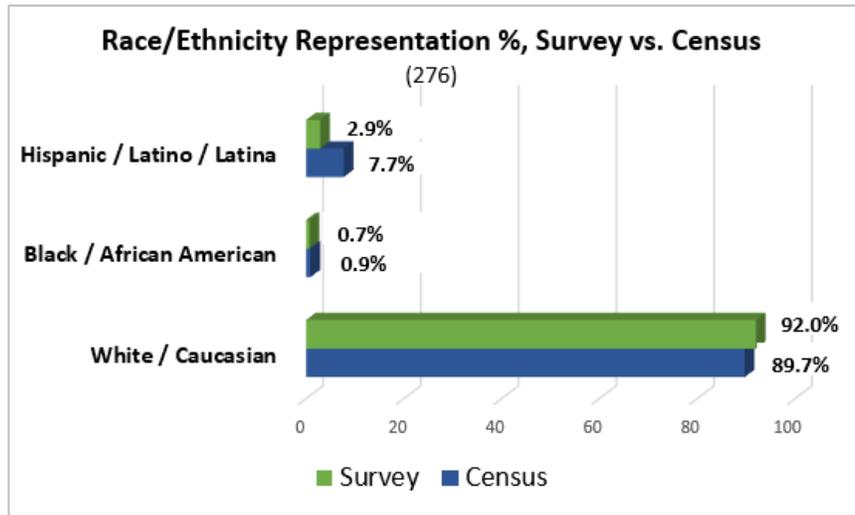


**Responses by Housing Situation:**

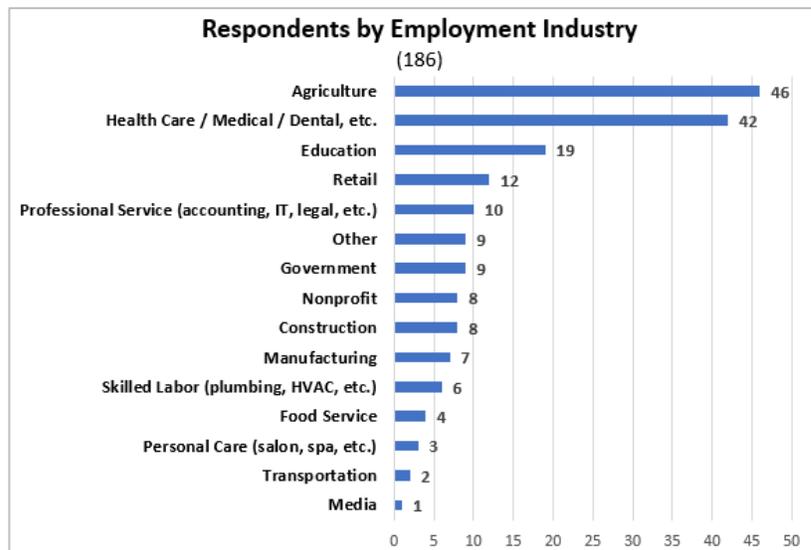
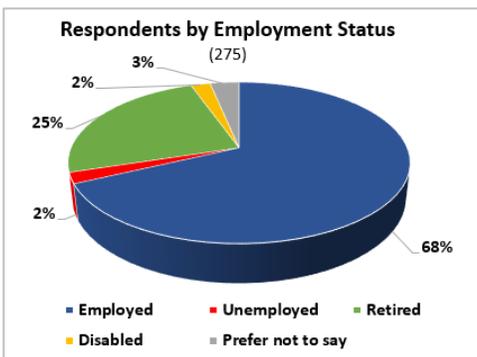


The average number of people per household for Rawlins County per the 2010 census data is 2.1 persons. The average number of people per household for those that responded to the survey is 2.69 persons.

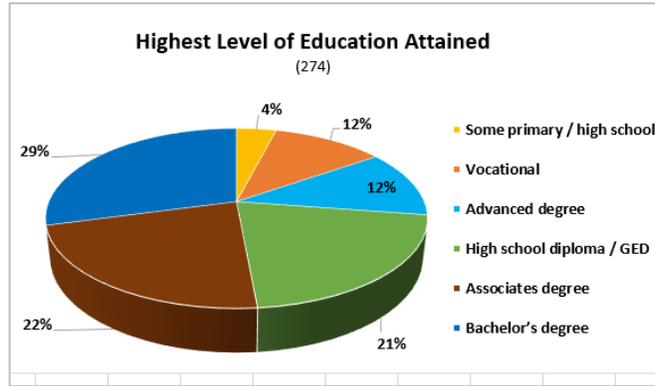
**Responses by Ethnicity/Race:**



**Responses by Employment Status:**

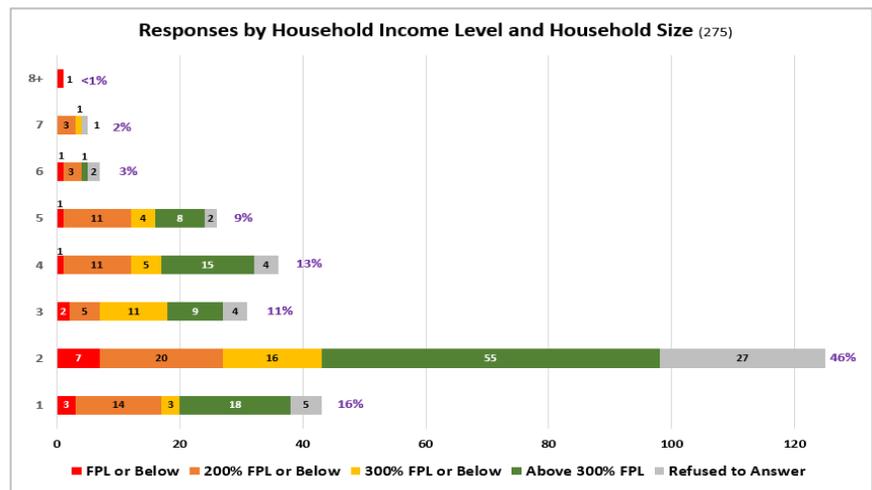
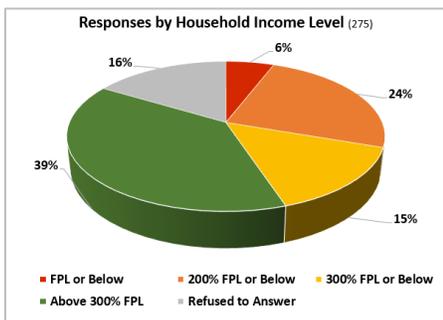


**Responses by Education Level Attained:**



**Responses by Income and Household Size:**

The Federal Poverty Level (FPL) is an economic measure, based on household size and correlating household income, which is used to decide whether the income level of an individual or family qualifies them for certain federal and state assistance programs. Those at or below the Federal Poverty Level generally qualify for Medicaid and Child Health Insurance Program (CHIP) benefits. **Generally, all households living at or below 200% FPL are considered to be families in need of assistance.** Some families living at or below 300% FPL are still eligible for some financial assistance programs including premium tax credits based on the Affordable Health Care Act. Households earning above 300% FPL are considered to be at a livable financial level with limited or no federal or state assistance.



**Income Chart for Federal Poverty Level (FPL)**

Size of Household	100% FPL	200% FPL
1	\$ 12,760.00	\$ 25,520.00
2	\$ 17,240.00	\$ 34,480.00
3	\$ 21,720.00	\$ 43,440.00
4	\$ 26,200.00	\$ 52,400.00
5	\$ 30,680.00	\$ 61,360.00
6	\$ 35,160.00	\$ 70,320.00
7	\$ 39,640.00	\$ 79,280.00
8+	\$ 44,120.00	\$ 88,240.00

Size of Household	300% FPL	> 300% FPL
1	\$ 38,280.00	Above
2	\$ 51,720.00	Above
3	\$ 65,160.00	Above
4	\$ 78,600.00	Above
5	\$ 92,040.00	Above
6	\$ 105,480.00	Above
7	\$ 118,920.00	Above
8+	\$ 132,360.00	Above

According to the 2010 US Census, 12.9% of the Rawlins County population lives at or below FPL. Survey respondents living at or below poverty were under-represented with just 5.8% responses.

However, 30.3% responded that they live at or below 200% FPL. According to Kansas Health Matters data, 32.3% of Rawlins County residents live below 200% FPL indicating the survey responses for those 200% or below FPL do mirror the actual population.

40% of respondents with only one person in the household indicated they are living at or below 200% of FPL.

## **Next Steps**

With the community health needs survey completed and results compiled, the next step in the Community Health Needs Assessment process was to seek input from the CHNA Task Force. The team met on February 17, 2021 to review these findings and establish potential priorities to share with the general public.

**A Stakeholder Forum / Town Hall Meeting should be scheduled in March or April 2021** to present these findings to the community and seek input from stakeholders that represent a broad spectrum of the Rawlins County population. The purpose of the public forum is to determine overall priorities, resources needed to address those priorities, and action plans to tackle these community needs and concerns. Due to the Covid-19 pandemic, it will be necessary to include an online option to participate to ensure public safety.

Based on the Task Force review meeting and the public forum, a final report will be developed by the consultant. This CHNA report will be used to assist local health care leaders at the county, hospital/clinic, dental clinic, and other health care providers create action plans for improvement.

*Results compiled by Carol Sloper, Consultant, Greater Northwest Kansas Community Foundation, PO Box 593, Bird City, KS 67731, 785-734-2406, carol@gnwkc.org.*