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SHERMAN COUNTY

COMMUNITY HEALTH ASSESSMENT & COMMUNITY HEALTH IMPROVEMENT PLANNING



Goodland
Regional Medical Center

An affiliate of CommonSpirit Health



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ASSESSMENT BY THE CENTER FOR APPLIED RESEARCH AND EVALUATION (CARE).

PLANNING FACILITATED BY THE CENTER FOR PUBLIC HEALTH INITIATIVES (CPHI)



**COMMUNITY
ENGAGEMENT
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Brief Summary of Findings

Demographics

Respondents to the community survey were largely similar in demographics to those that tend to respond across many other community health assessments that Wichita State University Community Engagement Institute has conducted: primarily female, middle-aged, White, and mid- to high-income. Hispanic/Latino/Spanish residents are underrepresented among survey respondents when compared to the county population. Survey respondents also appear to be somewhat “healthier” than secondary data indicates for Sherman County, related to issues such as healthy nutrition and physical activity, substance use, and general perceptions of personal health.

Notable Findings

The following section provides a summary of findings and highlights from the community survey responses and secondary data. The full results follow this section.

Housing. Respondents identified housing as the biggest issue (25.2%), followed by healthcare (16.8%). Housing includes availability, affordability, and safety. Secondary data on housing, supports the data from the survey – 42.5% of Sherman County renters have excessive housing costs, which means their housing costs are over 30% of their income.

Healthcare. The ratio of population to primary care providers is more than double for Sherman County as compared to Kansas in general (1980:1 vs. 906:1). Most respondents to the survey indicate mainly receiving healthcare in Sherman County. However, opinions are mixed about overall ease of accessing healthcare with about 1/3 saying it’s difficult or very difficult. Also, respondents’ satisfaction with healthcare services is split between satisfied (53.5% very satisfied or satisfied) and dissatisfied (46.5% very dissatisfied or dissatisfied).

Food Access. The percentage of Sherman County residents without close proximity to healthy food options is much higher than the state average (24% vs. 8%) and survey responses indicate a small (but possibly concerning) number of residents need food assistance.

Mental Health. For mental health, secondary data shows that Sherman County has substantially fewer providers per 100,000 compared to Kansas (34 vs 238) and results are again mixed in terms of perceptions of access and satisfaction. 57.2% of respondents indicated some level of difficulty and 42.8% indicated it was easy or very easy. Satisfaction with mental healthcare is 51.4% dissatisfied or very dissatisfied and 48.6% satisfied or very satisfied.

Youth. For youth, the teen birth rate and percentage of households receiving SNAP that have children is higher in Sherman County than in Kansas. The percentage of students eligible for free lunch program and WIC participation is also slightly higher in the county than the state. The top three needs for youth were availability of childcare services/afterschool programs (56.7%), followed by quality of public education (35.7%) and bullying/cyberbullying (29.2%). Secondary

data shows that youth in Sherman County have higher percentages of alcohol use, vaping, marijuana use, and binge drinking, as compared to the state – over twice as high across almost all substances.

Adults. For top concerns for adults, respondents most frequently identified employment opportunities and desirable jobs with livable wages as a top concern (57.4%), followed by availability of social activities (46.3%).

Seniors. For top concerns for seniors, respondents identified living environments that match needs as the top concern (73.7%), followed by fixed income support services (55.8%).

Quality of Life. Perceptions of quality of life in Sherman County are largely positive except for local government and networks of support.

Needed Services. When asked about other needed health services, the most frequently identified services are obstetrics (68.7%), dermatology (42.5%) and pediatrics (36.6%).

Community Health Assessment

In the spring of 2024, the Goodland Regional Medical Center contracted with WSU’s Community Engagement Institute (CEI) to conduct a Community Health Assessment and Community Health Improvement Plan for Sherman County. CEI’s Center for Applied Research and Evaluation (CARE) conducted the data compilation/data collection elements of the assessment while the Center for Public Health Initiatives (CPHI) facilitated the community listening and planning sessions.

Data Compilation/Collection Methods

Secondary Data

CARE was responsible for compiling secondary data for Sherman County. Secondary data is publicly available data that is typically collected at the census tract, zip code, town/city, county, state, or national level. Secondary data provides a broad perspective of community conditions but can be several years old due to the complexity of collection and analysis. It is often not available for smaller communities due to too few people reporting or experiencing certain conditions. The most well-known secondary data source is the United States Census.

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

Acronym	Source
ACS	American Community Survey (Census)
CHR	County Health Rankings
AHAR	Annual Homeless Assessment Report
KCTC	Kansas Communities That Care
KDHE	Kansas Department of Health and Environment
KHM	Kansas Health Matters
NPPES NPI	National Plan and Provider Enumeration System National Provider Identifier
ERS	Economic Research Service Food Environment Atlas

Survey Methodology

CARE collaborated with the Design Team to identify existing CHNA survey questions as well as create new ones specific to Sherman County for the community survey. The existing questions come from a question bank through the Academy of Sciences (AoS). CARE contributed to the development of the question bank for AoS for use by communities across the United States for community health assessments.

In order to reach younger community members, which tends to be difficult with most community surveys, the Design Team asked CARE to create and administer a survey to students at the Northwest Technical College. The survey consisted of fewer questions than the larger community survey (in which Tech College students were also welcome to participate) and focused primarily on the top concerns/needs.

After selection of questions, CARE programmed the online community survey into the Alchemer platform and provided the Sherman County Design Team with a link, QR code, informational flyer, and electronic version of the survey (for use as a hard copy) for use in promotion of the survey to the community. The Northwest Technical College survey was programmed into the ThoughtExchange platform. The two platforms are similar and ThoughtExchange was used just as a trial of its capabilities.

The Design Team distributed the survey and publicized the community listening sessions in a variety of ways. For both the survey and listening sessions, the team promoted on the following social media platforms: Facebook, Instagram, LinkedIn, and Google My Business, including boosted posts on Facebook. Additionally, advertising in the local newspaper and radio were used for both as well. Local church bulletins and emails to businesses for distribution to employees were used to promote the survey. Participants at the Sherman County Strategic Doing meeting on August 27th were verbally invited to the community listening session. Paper copies of the survey were distributed to various locations to be available for those unable to participate electronically.

CARE provided access to real-time response rates and demographics of de-identified respondents to support the Design Team's efforts in tailoring survey promotion and outreach. The survey was open between May and July of 2024. Afterwards, CARE analyzed all data collected. All survey results are included below.

Community Listening Sessions

The Community Listening Sessions were promoted through most of the same avenues as noted above for the survey. Two sessions were held on September 4th at 6pm and September 5th at 9am to accommodate different schedules. CPHI staff facilitated the two Community Listening Sessions. They presented an overview of secondary and survey data to community members to provide context to the current climate related to community needs and request information

regarding their perceptions and experiences in Sherman County. More details regarding the Community Listening Sessions are included below.

Survey Results and Supporting Secondary Data

This section contains analyses of all community survey questions. Results from the Northwest Technical College survey are included following this section. This section also contains secondary data that are relevant for the specific topics/questions in the survey.

A varying number of individuals responded to each item on the survey. Additional demographic questions were located at the end of the survey due to known issues regarding survey fatigue – research shows that participants are more likely to skip items that come at the end of a survey because they become tired of responding. For these reasons, items reported below will vary in frequency of responses.

Survey Respondent Characteristics

The following tables show the distributions of survey respondents county of residence, ZIP code, age, race/ethnicity, gender, sexuality, relationship status, household size, income, primary language used at home, educational attainment, student status, employment status, field of employment, and county where they work. There are also tables that display supporting secondary data for population, age, language, race, economic factors, and education to contextualize the survey data for respondent demographics.

Tables 1 and 2 show the distribution of county and ZIP code of residence for survey respondents. Almost all reside in Sherman County (96%) and in the 67735 ZIP code (92%) as seen in Tables 1 and 2.

TABLE 1. COUNTY OF RESIDENCE

Counties	Freq.	%
<i>Sherman County</i>	168	96
<i>Other*</i>	7	4
<i>Total</i>	<i>175</i>	<i>100</i>

*Other counties of residence include Cheyenne, Rawlins, Wallace, Greeley, County in Nebraska.

TABLE 2. ZIP CODE

ZIP	Freq.	%
67735	161	92
<i>Other*</i>	14	8
<i>Total</i>	<i>175</i>	<i>100</i>

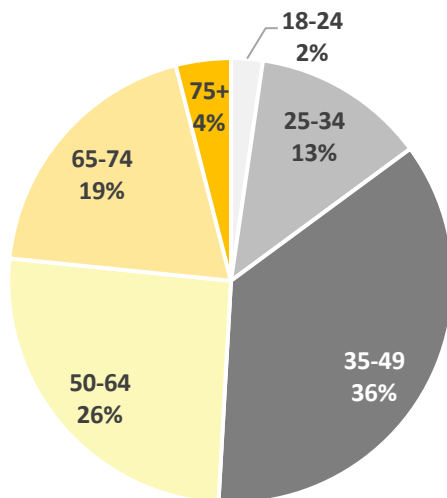
*Other ZIP codes include 67758, 67733, 67741, 57735, 67330, 67731, 67732, 67736, 67879, 68901.

Table 3 highlights secondary data that describes the sample population as compared to the state of Kansas. There is a higher percentage of people over the age of 65 in Sherman County than in Kansas. Figure 1 shows the distribution of age for survey respondents, where we see respondents are most commonly ages 35-49.

TABLE 3. SECONDARY DATA ON GENERAL DEMOGRAPHICS

General Demographics	Sherman	Kansas	Source
<i>Total Population, 2023</i>	5,844	2,940,546	KHM
<i>Households, 2023</i>	2,317	1,148,635	KHM
<i>Under age 18, 2023</i>	24.2%	23.6%	KHM
<i>Over age 65, 2023</i>	21.8%	17.5%	KHM
<i>Foreign born, 2018-2022</i>	2.3%	7.1%	KHM
<i>Language other than English spoken at home, 2018-2022</i>	10.1%	11.8%	KHM

FIGURE 1. AGE (N=175)



Tables 4 and 5 along with Figure 2 show that the survey sample of mostly White respondents is consistent with state and county populations, but Spanish-speaking and Hispanic/Latine

residents are underrepresented among survey respondents when compared to the county population.

Specifically, while the population that speaks a language other than English at home is similar for the county and the state (10.1% and 11.8% respectively), almost all of the sample population (97.5%) indicate they speak English the most at home and less than 2% of the sample population speaks predominantly Spanish in their home, as seen in Table 4. This could be related to the substantially lower percentage of foreign-born people in Sherman County (2.3%) as compared to Kansas (7.1%), as shown in Table 3.

Secondary data shows that Sherman County has a higher white population than the state – 94.7% vs 85.9% as shown in Table 5. Figure 2 shows the sample has a lower white population at 90.8%, which possibly could be explained, at least in part, by the 6.4% of respondents who preferred to not answer about their race.

TABLE 4. LANGUAGE USED MOST AT HOME (N=162)

Language	Frequency	Percent
<i>English</i>	158	97.5
<i>Spanish</i>	3	1.9
<i>Prefer not to answer</i>	1	0.6

TABLE 5. SECONDARY DATA ON RACE

Race/Ethnicity, 2023	Sherman	Kansas	Source
<i>Hispanic/Latino</i>	13.4%	13.7%	KHM
<i>Black/African American</i>	1.4%	6.2%	KHM
<i>Multiracial</i>	2.3%	3.3%	KHM
<i>Asian</i>	0.6%	3.2%	KHM
<i>American Indian and Alaska Native</i>	0.9%	1.3%	KHM
<i>Native Hawaiian and Other Pacific Islander</i>	0.1%	0.2%	KHM
<i>White</i>	94.7%	85.9%	KHM
<i>White, Non-Hispanic/Latino</i>	82.4%	73.7%	KHM

FIGURE 2. RACE/ETHNICITY (N=173)



Figure 3, Tables 6, 7, and 8 show that most respondents are female (75.9%), straight (92.4%), married (70.6%), and nearly all respondents reported no military service (96.3%).

FIGURE 3. GENDER (N=170)

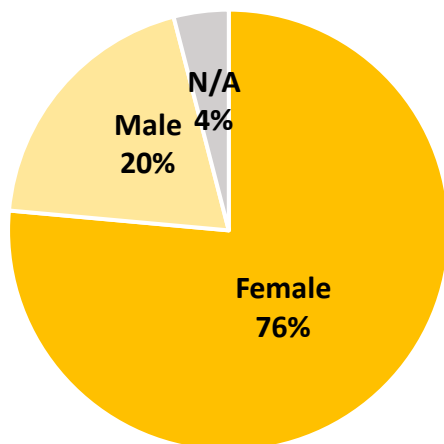


TABLE 6. SEXUAL ORIENTATION (N=170)

Sexuality	Freq.	%
<i>Straight</i>	157	92.4
<i>Prefer not to answer</i>	10	5.9
<i>Bisexual</i>	3	1.8

TABLE 7. RELATIONSHIP STATUS (N=170)

Relationship Status	Freq.	%
<i>Married</i>	120	70.6
<i>Single</i>	18	10.6
<i>Widowed</i>	13	7.6
<i>Divorced</i>	10	5.9
<i>Prefer not to answer</i>	5	2.9
<i>Domestic partnership</i>	4	2.4

TABLE 8. PAST OR CURRENT MILITARY STATUS (N=162)

Military Service	Frequency	Percent
<i>No</i>	156	96.3
<i>Yes</i>	6	3.7

Table 9, Figure 4, and Table 10 show the secondary data for indicators related to education for Sherman County and Kansas, the distribution of educational attainment among survey respondents, and whether survey respondents are currently a student. When compared to the

secondary data, survey respondents have higher levels of educational attainment on average. The percentage of the survey sample with a bachelor’s degree or higher is 46.9% while the percentage for Sherman County is only 26.1%. There were no survey respondents that did not have a diploma or equivalent, meaning 100% of survey respondents have a high school diploma or higher, compared to 89.7% for Sherman County’s population over the age of 25. Most of the survey sample is not currently a student, as shown in Table 10.

TABLE 9. SECONDARY DATA ON EDUCATION

<i>Education</i>	Sherman	Kansas	Source
<i>High school graduation rate, 2022</i>	85.0%	89.1%	KHM
<i>Age 25+ with high school diploma or higher, 2018-2022</i>	89.7%	91.8%	KHM
<i>Age 25+ with bachelor’s degree or higher, 2018-2022</i>	26.1%	34.7%	KHM

FIGURE 4. EDUCATIONAL ATTAINMENT (N=162)

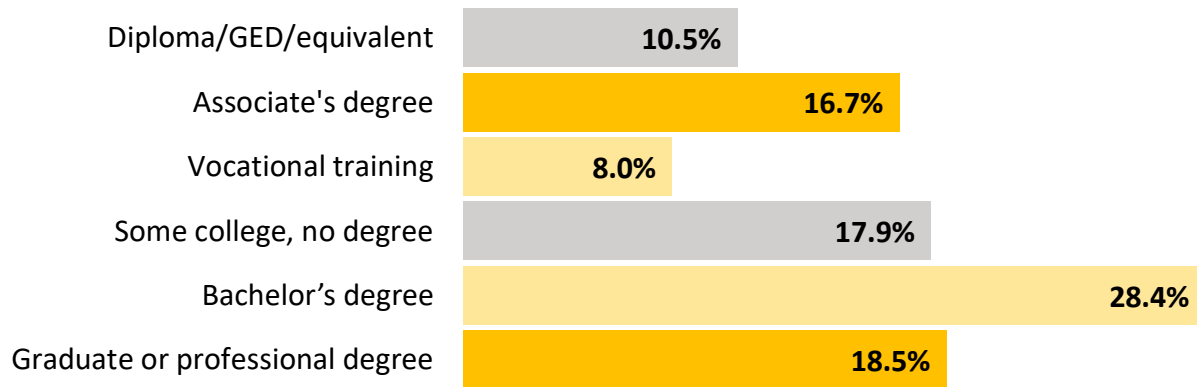


TABLE 10. STUDENT STATUS (N=162)

Current Student	Freq.	%
<i>No</i>	154	95.1
<i>Yes</i>	8	4.9

Table 11 shows secondary data on employment, income, housing, internet access, and transportation for Sherman County and Kansas. Sherman County has a higher rate of unemployment and lower median household income, median home value, homeownership, and median home rent, than Kansas.

TABLE 11. ECONOMIC INDICATORS

<i>Economy</i>	Sherman	Kansas	Source
<i>Unemployment rate, 2024</i>	4.0%	3.2%	ACS
<i>Median household income, 2018-2022</i>	\$61,404	\$69,747	KHM
<i>Median home value, 2018-2022</i>	\$123,900	\$189,000	KHM

<i>Homeownership, 2018-2022</i>	51.1%	60.1%	KHM
<i>Median home rent, 2018-2022</i>	\$827	\$986	KHM
<i>Renters' excessive housing costs, 2018-2022</i>	42.5%	43.7%	KHM
<i>Severe housing problems*, 2016-2020</i>	8.0%	12.3%	KHM
<i>Households with an internet subscription, 2018-2022</i>	89.4%	88.2%	KHM
<i>Persons with an internet subscription, 2018-2022</i>	91.10%	91.10%	KHM
<i>No vehicles, 2018-2022</i>	3.3%	5.1%	KHM

*overcrowding, high housing costs, lack of kitchen/plumbing

Table 12 shows the distribution of current household income among survey respondents. The largest percentage of respondents make \$100,000-\$149,999 per year (23.5%). While the median household income for Sherman County is only \$61,404 (see Table 11 above), almost half of survey respondents make more than \$75,000 per year (47%). Respondents most frequently reported being a 2-person household as shown in Table 13.

TABLE 12. INCOME (N=162)

<i>Income</i>	Freq.	%
<i>Less than \$10,000</i>	1	0.6
<i>\$10,000 \$14,999</i>	3	1.9
<i>\$15,000 – \$24,999</i>	1	0.6
<i>\$25,000 – \$34,999</i>	5	3.1
<i>\$35,000 – \$49,999</i>	20	12.3
<i>\$50,000 – \$74,999</i>	26	16
<i>\$75,000 – \$99,999</i>	17	10.5
<i>\$100,000 – \$149,999</i>	38	23.5
<i>\$150,000 – \$199,999</i>	12	7.4
<i>\$200,000 or more</i>	9	5.6
<i>I don't know/Prefer not to answer</i>	30	18.5

TABLE 13. HOUSEHOLD SIZE (N=162)

Household Size	Freq.	%
1	28	17.3
2	60	37
3	20	12.3
4	27	16.7
5	16	9.9
6	7	4.3
8	4	2.5

Table 14 shows the distribution of employment status among survey respondents. More than half of respondents are employed full-time (67.3%). A notable minority of respondents are retired (14.2%). Table 15 shows that healthcare is the most common field of employment for employed survey respondents (33%). Table 16 shows that most employed respondents work in Sherman County (89.6%).

TABLE 14. EMPLOYMENT STATUS (N=162)

Employment Status	Freq.	%
<i>Employed full-time (one job)</i>	93	57.4
<i>Retired</i>	23	14.2
<i>Working full-time (more than one job)</i>	16	9.9
<i>Employed part-time only</i>	12	7.4
<i>Self-employed</i>	11	6.8
<i>Homemaker</i>	6	3.7
<i>Disabled</i>	1	0.6

TABLE 15. FIELD OF EMPLOYMENT (N=115)

Employment Sector/Industry	Freq.	%
<i>Healthcare (Medical, Dental, etc.)</i>	38	33
<i>Education</i>	15	13
<i>Professional Service (accounting, IT, legal, etc.)</i>	14	12.2
<i>Agriculture</i>	13	11.3
<i>Other</i>	12	10.4
<i>Government</i>	9	7.8
<i>Retail</i>	4	3.5
<i>Transportation</i>	4	3.5
<i>Construction</i>	3	2.6
<i>Nonprofit</i>	3	2.6

TABLE 16. COUNTY OF EMPLOYMENT (N=115)

Work County	Freq.	%
<i>Sherman County</i>	103	89.6
<i>Cheyenne County</i>	2	1.7
<i>Thomas County</i>	5	4.3
<i>Other</i>	5	4.3

Biggest Community Issue

Survey respondents were provided a list of issues that they may find relevant in their community and asked to choose the single biggest challenge/issue.

Respondents identified housing as the biggest issue (25.2%), followed by healthcare (16.8%), as seen in Table 17. Housing includes availability, affordability, and safety. Secondary data on housing, as shown in Table , supports the data from the survey – 42.5% of Sherman County renters have excessive housing costs, which means their housing costs are over 30% of their income.

TABLE 17. BIGGEST COMMUNITY ISSUE (N=155)

<i>Single Biggest Community Challenge/Issue</i>	Freq.	%
<i>Housing (availability, affordability, safety)</i>	39	25.2
<i>Healthcare (affordable care, insurance, pharmaceuticals, home health services)</i>	26	16.8
<i>Youth and Child Related Issues (childcare, education, socialization, bullying, abuse)</i>	17	11
<i>Personal Finance/Economy (unemployment, wages, quality of available jobs)</i>	16	10.3
<i>Mental Health (anxiety, stress, depression, suicide)</i>	12	7.7
<i>Aging Related Issues (caregiving, assisted living, services, safety)</i>	11	7.1
<i>Food and Nutrition (access to grocery stores, cost of food, health food options)</i>	9	5.8
<i>Other*</i>	7	4.5
<i>Physical Activity and Wellness Activities (community engagement)</i>	6	3.9
<i>Chronic Diseases (cancer, diabetes, heart disease)</i>	4	2.6
<i>Transportation (within the community and region)</i>	3	1.9
<i>Substance Abuse and Misuse (tobacco, alcohol, opioids, treatment options)</i>	2	1.3
<i>Dental Care</i>	1	0.6
<i>Family Planning</i>	1	0.6
<i>Social Issues (domestic violence, crime, gun violence, discrimination)</i>	1	0.6

Housing

Figure 5 shows that most survey respondents are satisfied with their current housing (86.8%). Those who are unsatisfied with their housing were asked to select the reasons they felt unsatisfied from a provided list. Figure 6 shows the distribution of reasons for being unsatisfied with their housing. Notably, the most common reasons selected were their housing being too

small (40.9%) and too expensive (36.4%). This is supported by the data in Table 18: though it is a substantially smaller sample, most of those who did respond to the question felt that assistance with rent and utilities would benefit their household (92.3% and 92.9% respectively).

FIGURE 5. HOUSING SATISFACTION (N=167)

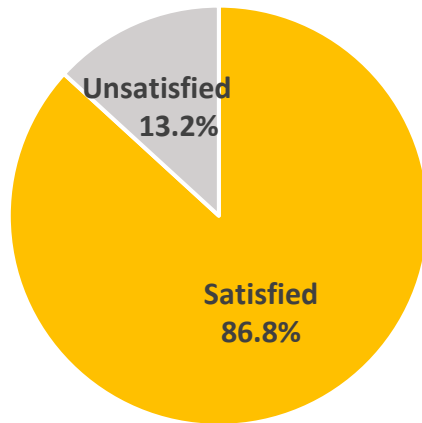
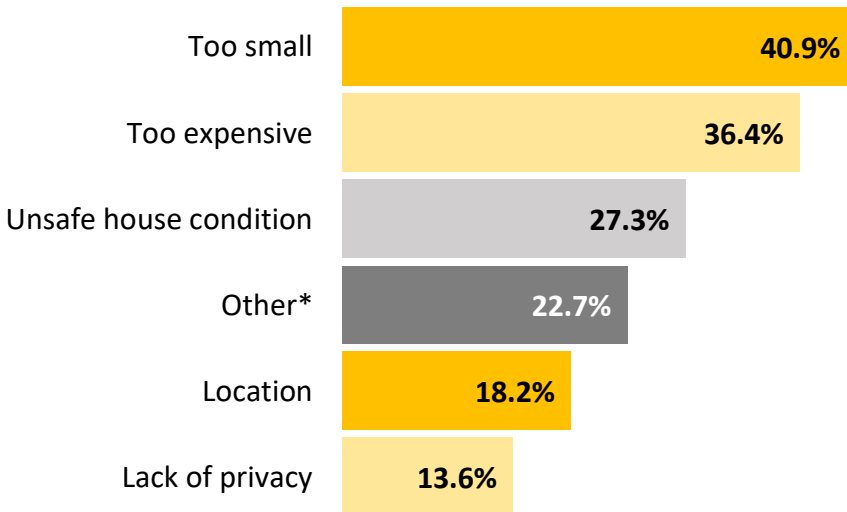


FIGURE 6. REASONS FOR DISSATISFACTION WITH HOUSING (N=22)



*Other includes: need more renting options, cannot afford necessary fixes.

TABLE 18. RECEIVE OR BENEFIT FROM HOUSING ASSISTANCE

<i>Assistance Types</i>	Currently receive	Would benefit my household
<i>Rental Assistance (N=13)</i>	7.7%	92.3%
<i>Utilities Assistance (N=14)</i>	7.1%	92.9%

Table 19 shows the distribution of respondents who own or rent their housing. 79% of respondents owned their homes, which is much higher than the county’s rate of homeownership at 51.1% (see Table 11). This means homeowners are overrepresented in the sample population. This likely is related to the earlier discussion of the sample population’s income distribution being higher compared to the county.

Those who rent their homes were asked to select the reasons they did not own a home from a provided list. Table 20 shows that most renters cited that they do not own a home because it is too expensive (70%). This may be related to 42.5% of Sherman County’s renters experiencing excessive housing costs (see Table 11) and the sizeable minority of respondents that either receive or would benefit from assistance with rent and utilities (see Table 18).

Table 21 shows the distribution of length of time at their current residence. Most respondents have lived at their current residence for more than five years (68.3%), which may not accurately represent the county, due to higher rates of homeownership in the sample population as previously discussed.

Because almost all respondents use a personal vehicle as their primary mode of transportation (99.4%) while 3.3% of the county’s population reports not having a vehicle for their household, the survey results do not accurately reflect the population that experiences transportation barriers.

TABLE 19. TYPE OF HOUSING (N=162)

Housing	Freq.	%
<i>Own</i>	132	79
<i>Rent</i>	30	18
<i>Other</i>	5	3

TABLE 20. REASONS FOR NOT OWNING HOME (N=30)

Reason	N	%
<i>Too expensive to buy</i>	21	70.0%
<i>Too hard to get financing</i>	14	46.7%
<i>Lack of availability of suitable housing to buy</i>	12	40.0%
<i>Too costly to maintain</i>	9	30.0%
<i>I prefer to rent</i>	7	23.3%
<i>Too costly to insure</i>	6	20.0%
<i>I would be the only occupant</i>	4	13.3%
<i>Too much responsibility</i>	3	10.0%
<i>Other*</i>	2	6.7%

TABLE 21. LENGTH OF TIME AT CURRENT RESIDENCE (N=167)

Length of Current Residence	Freq.	%
<i>Less than 12 months</i>	5	3
<i>1-2 years (12 to 24 months)</i>	8	4.8
<i>2-3 years (25 to 36 months)</i>	13	7.8
<i>3-4 years (37 to 48 months)</i>	14	8.4
<i>4-5 years (49 to 60 months)</i>	13	7.8
<i>More than 5 years</i>	114	68.3

TABLE 22. PRIMARY MODE OF TRANSPORTATION (N=171)

Transportation	Freq.	%
<i>Personal vehicle</i>	170	99.4
<i>Friend/Family members vehicle</i>	1	0.6

General Health

Table 23 shows secondary data for general health and food-related indicators of Sherman County and Kansas. Sherman County’s population to primary care physician ratio is over twice as high compared to Kansas. The percentage of the population below poverty level and that has health insurance is about the same for the county and the state. The food insecurity rate is also similar for the county and the state, but the percentage of people that are low income and do not live close to a grocery store is much higher in Sherman County (24%) than it is for Kansas (8%).

While the sample for Table 24 is small compared to most other survey data, it does provide some insight on the potential need for food assistance.

Table 25 shows that the percentage of uninsured adults and adults who smoke are similar in Sherman County compared to Kansas. The percentage of adults who binge drink is slightly higher in Sherman County than the state.

TABLE 23. SECONDARY DATA ON HEALTH AND FOOD ACCESS

General Health and Food Access	Sherman	Kansas	Source
<i>Primary care physician ratio, 2023</i>	1980:1	906:1	NPPES NPI
<i>Disabled, 2018-2022</i>	18.10%	13.40%	KHM
<i>Below poverty level, 2018-2022</i>	10.5%	11.6%	KHM
<i>With health insurance, 2021</i>	88.9%	89.1%	KHM
<i>Food insecurity rate, 2022</i>	13.6%	13.1%	KHM
<i>Limited access to healthy foods*, 2019</i>	24%	8%	CHR

*Low income and do not live close to a grocery store

TABLE 24. RECEIVE OR BENEFIT FROM FOOD ASSISTANCE

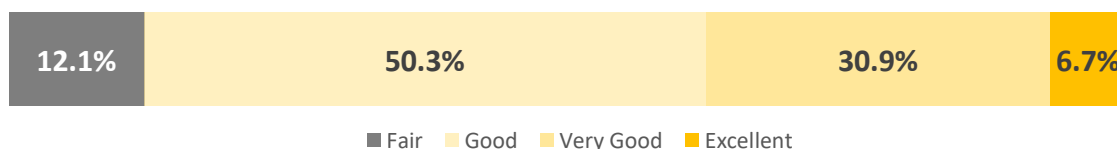
<i>Assistance Type</i>	Currently receive	Would benefit my household
<i>Food assistance (N=16)</i>	12.5%	87.5%

TABLE 25. SECONDARY DATA ON ADULT HEALTH

<i>Adult Health</i>	Sherman	Kansas	Source
<i>Uninsured adults, 2018-2022</i>	12.0%	12.9%	ACS
<i>Adults who binge drink, 2021</i>	17.5%	15.5%	KHM
<i>Adults who smoke, 2020</i>	16.7%	16.7%	KHM
<i>Percent of adults with fair or poor self-perceived health status, 2021</i>	N/A	14.7%	KHM
<i>Percent of adults who reported consuming fruit less than one time per day, 2021</i>	N/A	43.7%	KHM
<i>Percent of adults who reported consuming vegetables less than one time per day, 2021</i>	N/A	19.7%	KHM

Figure 7 shows the distribution for respondents’ self-ratings of their physical health. Most respondents’ self-perceived health status is good or better (87.9%). The most frequently selected rating is ‘good’ (50.3%). No respondents report ‘poor’ health and only 12.1% of respondents reported ‘fair,’ which is less than the percentage for the state (14.7%).

FIGURE 7. RATING PHYSICAL HEALTH (N=165)



When asked about lifestyle habits, almost two thirds of survey respondents are not eating five servings of fruits and vegetables daily (66.5%) and more than half reported exercising 2-3 times a week (57.5%), as shown in Figure 8. As seen in Figure 9, most report not using tobacco products or vaping (91.6%), not consuming 3 or more alcoholic beverages on any day (93.4%), and there were no respondents that report using illicit drugs. Most did not report living in a home with water/air/sewer/other problems (81.4%) and most reported living in a home where they feel physically safe and secure (91.6%), as shown in Figure 10.

FIGURE 8. HEALTH HABITS (N=167)

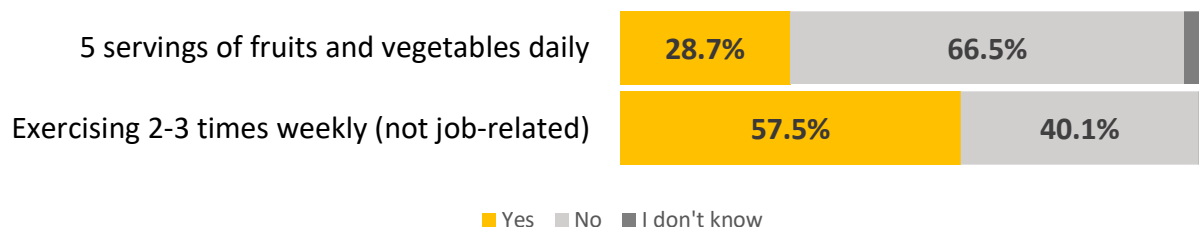


FIGURE 9. SUBSTANCE USE (N=167)

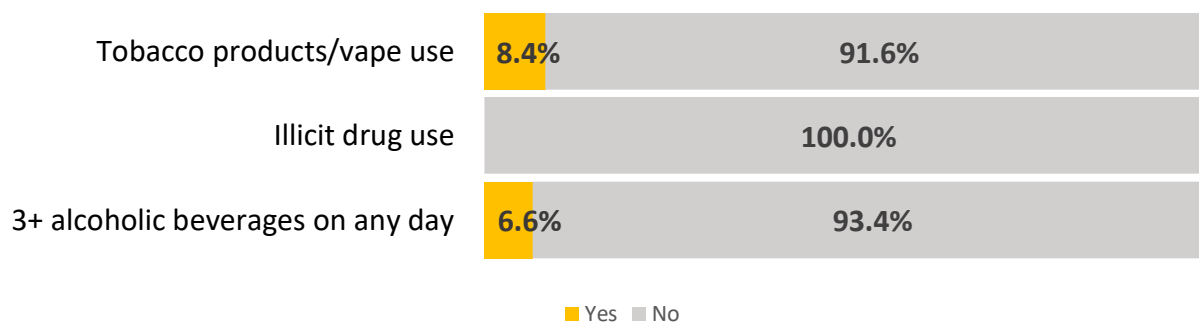
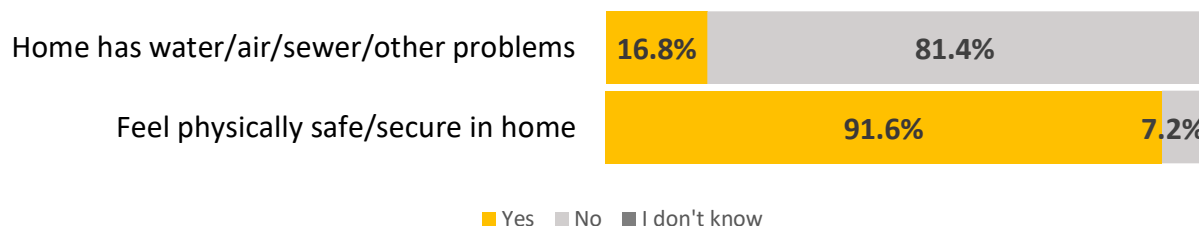


FIGURE 10. HOME CONDITION AND SAFETY (N=167)



Most respondents' households have health insurance coverage (93.1%), as shown in Table 26. As secondary data earlier in the report shows, the percentage of uninsured adults in Sherman County is 12%, which is higher than the sample population, meaning uninsured adults are underrepresented in this survey data. This may be related to the distribution of current household income among survey respondents explained earlier in the report: the largest percentage of respondents make \$100,000-\$149,999 per year (23.5%) and almost half of survey respondents make more than \$75,000 per year (47%) while the median household income for Sherman County is only \$61,404.

Respondents that reported they did not have health insurance coverage were asked to select their reasons for being uninsured from a provided list, which Table 27 shows the distribution for. The most common reason reported is not being able to afford insurance coverage (83.3%).

While the sample for Table 28 is small compared to most other survey data, possibly for the same reasons just explained, it does provide some insight on the potential need for healthcare-related assistance.

TABLE 26. HOUSEHOLD HEALTH INSURANCE COVERAGE (N=175)

	Freq.	%
<i>Yes</i>	163	93.1
<i>No</i>	12	6.9

TABLE 27. REASONS FOR NOT HAVING HEALTH INSURANCE FOR HOUSEHOLD (N=12)

	Reason	N	%
	<i>Can't afford insurance coverage</i>	10	83.3%
	<i>Not eligible for insurance coverage</i>	4	33.3%
	<i>Signing up for insurance coverage is too difficult or confusing</i>	1	8.3%
	<i>Don't know how to find insurance options/resources</i>	1	8.3%

TABLE 28. RECEIVE OR BENEFIT FROM HEALTHCARE ASSISTANCE

Assistance Type	Currently receive	Would benefit my household
<i>Healthcare Payments (N=17)</i>	0.0%	100.0%
<i>Healthcare Insurance (N=25)</i>	72.0%	28.0%
<i>Prescriptions/Pharmacy Supplies (N=18)</i>	38.9%	61.1%

As shown in Table 29, respondents were most frequently seeking healthcare in only Sherman County (40%), though the percentage of respondents seeking healthcare in Sherman County and outside of Sherman County is very similar (38.8%). Overall, most respondents seek healthcare in Sherman County (73.8%). Those that seek healthcare outside of the county were asked to select reasons why they do so from a provided list. Table 30 shows that the most frequent reason reported is being unhappy with the quality of services in Sherman County (66.7%), followed by having an established provider outside of Sherman County. A couple of the reasons respondents selected “Other” which includes cost and no OB services.

Regarding overall ease or difficulty in accessing healthcare, opinions are mixed. About two-thirds of respondents (66.6%) reported healthcare access to be easy or very easy, there is still one-third that reported it to be difficult or very difficult, as shown in Figure 11. In Figure 12, data shows that respondents’ satisfaction of healthcare services is almost evenly split between dissatisfied and satisfied, slightly favoring satisfaction – 53.5% of respondents reported being very satisfied or satisfied and 46.5% of respondents reported being very dissatisfied or dissatisfied.

TABLE 29. COUNTY IN WHICH RESPONDENT SEEKS HEALTHCARE IN (N=175)

<i>Healthcare County</i>	Freq.	%
<i>In Sherman County</i>	70	40.0
<i>Both in Sherman County and outside of Sherman County</i>	68	38.8
<i>Outside Sherman County</i>	36	20.6
<i>Neither of these - no one in my household seeks out healthcare</i>	1	0.6

TABLE 30. REASONS FOR SEEKING HEALTHCARE OUTSIDE OF SHERMAN COUNTY (N=36)

<i>Reasons for Outside County Healthcare (N=36)</i>	N	% of Total N
<i>I'm not happy with the quality of services in Sherman County</i>	24	66.7%
<i>Have an established provider outside of Sherman County</i>	18	50.0%
<i>I'm not able to access the services I need in Sherman County</i>	10	27.8%
<i>Other</i>	10	27.8%
<i>Privacy reasons</i>	3	8.3%

FIGURE 11. DIFFICULTY/EASE OF HEALTHCARE ACCESS (N=168); MEAN: 2.76

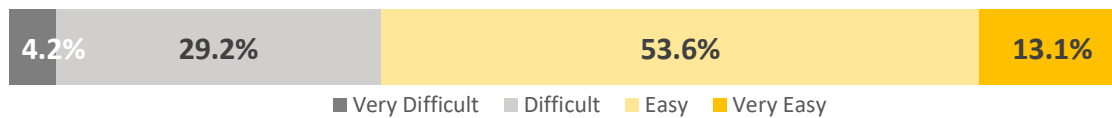


FIGURE 12. HEALTHCARE SATISFACTION (N=170); MEAN: 2.46



When asked about barriers to healthcare for themselves or their families, 19% of respondents indicated they do not experience barriers to healthcare, as seen in Table 31. For those who do experience barriers, respondents most often indicated challenges with availability of providers, services in their community/county, and provider/staff communication. Secondary data stated earlier in this report supports these opinions – the ratio of primary care physicians per patient in Sherman County is 1980:1 compared to the state’s ratio of 906:1 (Table 23).

TABLE 31. HEALTHCARE BARRIERS (N=168)

<i>Barrier</i>	N	%
<i>Lack of providers/services in my community/Sherman County</i>	75	44.6%
<i>Lack of provider/staff follow-through on referrals, consults, etc.</i>	54	32.1%

<i>Not applicable - My household has not had any barriers</i>	32	19.0%
<i>Extended appointment hours (evenings, weekends) are not offered</i>	29	17.3%
<i>I worry about confidentiality/inappropriate sharing of health information</i>	26	15.5%
<i>Takes too long for an appointment/Can't get an appointment within 48 hours</i>	26	15.5%
<i>I am uncomfortable seeking care at facilities where I know employees</i>	21	12.5%
<i>Outstanding bill/payment</i>	16	9.5%
<i>I have tried to receive services before, but they did not help</i>	15	8.9%
<i>Unable to pay co-pay/deductibles</i>	14	8.3%
<i>I cannot take time off work</i>	10	6.0%
<i>My insurance does not cover what I need and/or my insurance isn't accepted</i>	10	6.0%
<i>Other*</i>	9	5.4%
<i>Don't know how to find providers/what services are available</i>	8	4.8%
<i>Not able to establish a regular provider to manage my care</i>	8	4.8%
<i>No appointments are available</i>	6	3.6%
<i>I do not have insurance</i>	5	3.0%
<i>I am uncomfortable seeking healthcare</i>	4	2.4%
<i>No childcare available</i>	3	1.8%
<i>No transportation or transportation services</i>	3	1.8%
<i>Cultural or personal beliefs about healthcare</i>	2	1.2%
<i>English is not my preferred language</i>	1	0.6%
<i>I have to follow restrictive policies (ex. formularies, monthly limits)</i>	1	0.6%

*Other responses include cost, not having access to dialysis, lack of specialists, not having insurance, discomfort with providers, dissatisfaction with appointments/service.

Dental Health

When asked in which county they seek dental healthcare, over half seek dental healthcare in Sherman County (57%) and about half seek it outside of the county (51.5%), as shown in Table 32. When asked about the reasons they choose to seek dental healthcare outside of Sherman County, two-thirds indicated they have established providers outside of the county (65.2%), as seen in Table 33.

TABLE 32. SEEK DENTAL HEALTHCARE IN COUNTY (N=165)

Dental Healthcare County	Freq.	%
<i>In Sherman County</i>	75	45.5
<i>Outside Sherman County</i>	66	40.0

<i>Both in Sherman County and outside of Sherman County</i>	19	11.5
<i>Neither of these - no one in my household seeks out dental care</i>	5	3

TABLE 33. REASONS FOR SEEKING DENTAL HEALTHCARE OUTSIDE OF COUNTY (N=66)

<i>Reason</i>	N	%
<i>I have an established provider outside of Sherman County</i>	43	65.2%
<i>I'm not happy with the quality of services in Sherman County</i>	13	19.7%
<i>I'm not able to access the services I need in Sherman County</i>	10	15.2%
<i>Other*</i>	5	7.6%

*Other responses include providers accepting insurance, providers not having appointment availability, and access to sedation.

Respondents most frequently report access to dental healthcare to be easy or very easy (62.9%) and are satisfied with the care they receive (67.9%) as seen in Figures 13 and 14.

FIGURE 13. DENTAL HEALTHCARE ACCESS (N=156); MEAN: 2.69



FIGURE 14. DENTAL HEALTHCARE SATISFACTION (N=156); MEAN: 2.77



When asked about barriers to dental healthcare for themselves and/or their household, over one-third indicated their family does not experience barriers to dental healthcare (38%), as seen in Table 35. For those who do experience barriers, respondents most often indicated the time it takes to get an appointment is too long and/or they cannot get an appointment within 48 hours (24.7%), which is supported by secondary data that shows the dentist ratio for Sherman County is lower than it is for the state, as seen in Table 34.

TABLE 34. SECONDARY DATA ON DENTAL HEALTHCARE

<i>Dental Healthcare</i>	Sherman	Kansas	Source
<i>Dentist ratio, 2023</i>	1485:1	1813:1	NPPES NPI

TABLE 35. DENTAL HEALTHCARE BARRIERS (N=158)

<i>Barrier</i>	N	%
<i>Not applicable - My household has not had any barriers</i>	60	38.0%
<i>Takes too long for an appointment/Can't get an appointment within 48 hours</i>	39	24.7%
<i>My insurance does not cover what I need and/or my insurance isn't accepted</i>	29	18.4%
<i>Lack of providers/services in my community/Sherman County</i>	27	17.1%
<i>No appointments are available</i>	24	15.2%
<i>Extended appointment hours (evenings, weekends) are not offered</i>	18	11.4%
<i>Other*</i>	14	8.9%
<i>I do not have insurance</i>	11	7.0%
<i>I cannot take time off work</i>	7	4.4%
<i>I am uncomfortable seeking dental care</i>	6	3.8%
<i>Lack of provider/staff follow-through on referrals, consults, etc.</i>	6	3.8%
<i>Unable to pay co-pay/deductibles</i>	6	3.8%
<i>Not able to establish a regular provider to manage my care</i>	5	3.2%
<i>I worry about confidentiality/inappropriate sharing of health information</i>	3	1.9%
<i>Don't know how to find providers/what services are available</i>	2	1.3%
<i>I am uncomfortable seeking care at facilities where I know employees</i>	2	1.3%
<i>I have to follow restrictive policies (ex , formularies, monthly limits)</i>	2	1.3%
<i>Outstanding bill/payment</i>	2	1.3%

*Other responses include cost, not accepting insurance, surgery complications and dissatisfaction, lack of access to sedation, and dissatisfaction with provider/care/quality of services.

Mental Health

Secondary data in Table 36 on mental healthcare shows that Sherman County has substantially fewer providers per 100,000 compared to Kansas (34 vs 238), though the suicide mortality rate is much lower.

Figure 15 shows the distribution for respondents' self-ratings of their mental health. Most respondents' self-perceived mental health status is good or better (87.9%). The most frequently selected rating is 'very good' (43.1%). While only 3.8% rated their mental health as 'poor', compared to the county's 14.7% and the state's 15.6%, the lower percentage rate could be due to timing of data collection (2021 vs 2024), and the method of measuring 'poor' mental health being different between the data. The secondary data reflects the percentage of the population who reported that their mental health was not good on 14 or more days in the last 30 days, while the survey data reports a self-perceived status of mental health, simply providing 'poor' as an option rather than asking to be specific. Additionally, it is important to consider that the

survey sample may not accurately reflect the community members who are most in need of mental health support.

When asked where they seek mental healthcare, almost three-quarters of respondents reported not seeking mental healthcare (73%), as shown in Table 37. For those that seek mental healthcare outside of Sherman County, over half indicated they do so for privacy reasons (55.6%), as seen in Table 38.

TABLE 36. SECONDARY DATA ON ADULT MENTAL WELLNESS

Adult Mental Wellness	Sherman	Kansas	Source
<i>Mental health provider rate per 100,000, 2023</i>	34	238	KHM
<i>Poor mental health among adults*, 2021</i>	14.7%	15.6%	KHM
<i>Age-adjusted suicide mortality rate per 100,000, 2020-2022</i>	0	19.3	KHM

*Reported mental health was not good on 14+ days in the past 30 days

FIGURE 15. RATING MENTAL HEALTH (N=160)

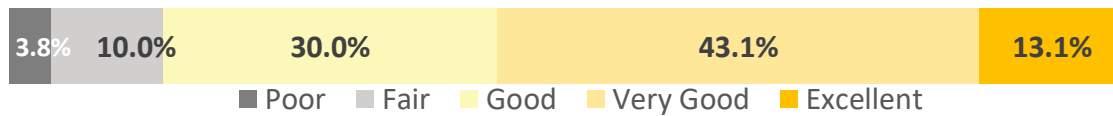


TABLE 37. SEEK MENTAL HEALTHCARE IN COUNTY

Mental Health Care County	Freq.	%
<i>Neither of these - no one in my household seeks out mental health care</i>	119	73.0
<i>Outside Sherman County</i>	18	11.0
<i>In Sherman County</i>	17	10.5
<i>Both in Sherman County and outside of Sherman County</i>	9	5.5
<i>Total</i>	163	100

TABLE 38. REASONS FOR SEEKING MENTAL HEALTHCARE OUTSIDE OF SHERMAN COUNTY (N=18)

Reason	N	%
<i>Privacy reasons</i>	10	55.6%
<i>I have an established provider outside of Sherman County</i>	7	38.9%
<i>I'm not happy with the quality of services in Sherman County</i>	7	38.9%
<i>I'm not able to access the services I need in Sherman County</i>	6	33.3%

Regarding overall ease or difficulty in accessing mental healthcare, opinions are mixed again, leaning towards difficult. 57.2% of respondents indicated some level of difficulty and 42.8% indicated it was easy or very easy. The largest percentage overall report difficult access (41.8%), as seen in Figure 16. Respondent satisfaction with mental healthcare is split similarly – 51.4%

report being dissatisfied or very dissatisfied while 48.6% report being satisfied or very satisfied, though the largest overall percentage reports being satisfied (41.1%), as seen in Figure 17.

FIGURE 16. MENTAL HEALTHCARE ACCESS (N=110); MEAN: 2.33

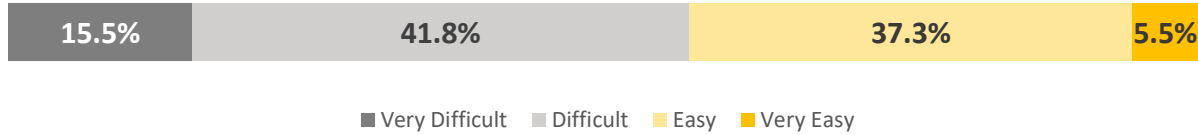


FIGURE 17. MENTAL HEALTHCARE SATISFACTION (N=107); MEAN: 2.38

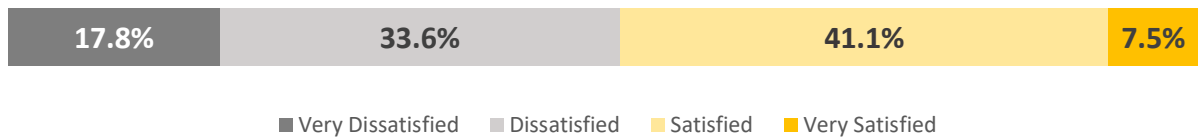


Table 39 shows the distribution for mental healthcare barriers for survey respondents. Almost half indicated their household does not experience barriers to mental healthcare (47%). For those who do experience barriers, respondents most often indicated there is a lack of providers and services available (27.3%). Other common barriers include privacy concerns such as confidentiality (15.2%) and discomfort seeking care at facilities where they know employees (13.6%). This is supported by secondary data which indicates Sherman County has a substantially lower mental health provider rate per 100,000 as compared to the state (34 vs 238), as seen above in Table 36.

TABLE 39. MENTAL HEALTHCARE BARRIERS (N=132)

Barrier	N	%
Not applicable - My household has not had any barriers	62	47.0%
Lack of providers/services in my community/Sherman County	36	27.3%
I worry about confidentiality/inappropriate sharing of health information	20	15.2%
Don't know how to find providers/what services are available	18	13.6%
I am uncomfortable seeking care at facilities where I know employees	18	13.6%
Extended appointment hours (evenings, weekends) are not offered	11	8.3%
I am uncomfortable seeking mental health care	9	6.8%
Takes too long for an appointment/Can't get an appointment within 48 hours	9	6.8%
Lack of provider/staff follow-through on referrals, consults, etc.	8	6.1%
Other*	8	6.1%

I cannot take time off work	7	5.3%
I have tried to receive services before, but they did not help	7	5.3%
My insurance does not cover what I need and/or my insurance isn't accepted	7	5.3%
No appointments are available	6	4.5%
Not able to establish a regular provider to manage my care	3	2.3%
I do not have insurance	3	2.3%
Outstanding bill/payment	2	1.5%
Unable to pay co-pay/deductibles	2	1.5%
English is not my preferred language	1	0.8%
No transportation or transportation services	1	0.8%
<i>Total</i>		<i>238</i>

*Other responses include appointment set up time, comfort with provider that is in-network with insurance, and better crisis centers.

Youth

Table 40 shows secondary data on youth in Sherman County and Kansas. The infant mortality rate is substantially lower in Sherman County compared to the state. The teen birth rate and percentage of households receiving SNAP that have children is higher in Sherman County than in Kansas. The percentage of students eligible for free lunch program and WIC participation is slightly higher in the county than the state.

When asked about guardianship, over half reported not being a guardian of someone under 18 years old (58.3%), and almost all reported not being a guardian of someone over 18 (90.9%), as seen in Tables 41 and 42. No respondents report receiving assistance for infant supplies, but a small sample report that they would benefit from it (see Table 43).

TABLE 40. SECONDARY DATA ON YOUTH: BIRTH, INFANTS, CHILDREN, TEENS

<i>Birth, Infants, Children, Teens</i>	Sherman	Kansas	Source
<i>Infant mortality rate*, 2016-2020</i>	0	5.9	KHM
<i>Teen birth rate (15-19), 2019-2021</i>	7.1%	4.8%	KHM
<i>Births with prenatal care in first trimester, 2020-2022</i>	80.6%	81.2%	KHM
<i>Children living below poverty level, 2018-2022</i>	12.3%	13.9%	KHM
<i>Households receiving SNAP with children, 2018-2022</i>	62.1%	48.9%	KHM
<i>Students eligible for free lunch program, 2022-2023</i>	42.0%	40.8%	KHM
<i>Average monthly WIC participation per 1,000, 2023</i>	21	16	KHM
<i>Uninsured children, 2018-2022</i>	8.3%	5.2%	ACS

*Deaths per 1000 live births

TABLE 41. GUARDIAN OF SOMEONE UNDER 18 (N=175)

	Freq.	%
<i>No</i>	102	58.3
<i>Yes</i>	73	41.7

TABLE 42. GUARDIAN OF SOMEONE OVER 18 (N=175)

	Freq.	%
<i>No</i>	159	90.9
<i>Yes</i>	16	9.1

TABLE 43. RECEIVE OR BENEFIT FROM ASSISTANCE

Assistance Type	Currently receive	Would benefit my household
<i>Infant Supplies (N=5)</i>	0.0%	100.0%

Respondents were provided a list of issues related to youth that they may find relevant in their communities and asked to select up to three they felt are of most concern. Respondents identified availability of childcare services/afterschool programs as the top concern (56.7%), followed by quality of public education (35.7%) and bullying/cyberbullying (29.2%), as seen in Table 44.

TABLE 44. TOP CONCERNS FOR YOUTH (N=171)

Concern	N	%
<i>Availability of childcare services/afterschool programs</i>	97	56.7%
<i>Quality of public education</i>	61	35.7%
<i>Bullying/cyberbullying</i>	50	29.2%
<i>Availability of recreational activities</i>	48	28.1%
<i>Anxiety, stress, depression, suicide</i>	44	25.7%
<i>Tobacco product use (smoking, vaping)</i>	30	17.5%
<i>Community engagement, volunteerism</i>	28	16.4%
<i>Infant care and safety education for parents</i>	27	15.8%
<i>Abuse (physical, verbal, mental, or sexual)</i>	26	15.2%
<i>Availability of early intervention programs (Head Start, etc.)</i>	23	13.5%
<i>College or career preparation</i>	23	13.5%
<i>Nutrition programs (WIC, free/reduced lunch, etc.)</i>	22	12.9%
<i>Underage drinking</i>	18	10.5%
<i>Other*</i>	9	5.3%
<i>Access to technology/computers and the internet</i>	7	4.1%

*Other responses include access to recreational drugs, activities for children in the winter, low-income preschool, OB hospital services, homelessness and food access, lack of quality healthcare for young adults, and private school options.

Table 45 shows secondary data on youth substance use, defined as the percent of 6th, 8th, 10th, and 12th graders who reported using substances within the past 30 days. Youth in Sherman County have higher percentages of alcohol, vaping, and marijuana use, and of binge drinking, as compared to the state – over twice as high across all substances except for binge drinking, which is still higher for Sherman County than Kansas.

TABLE 45. SECONDARY DATA ON YOUTH SUBSTANCE USE*

Substance	Sherman, 2021	Kansas, 2024	Source
<i>Alcohol</i>	19.7%	7.5%	KCTC
<i>Vaping</i>	12.1%	5.2%	KCTC
<i>Marijuana</i>	7.3%	3.2%	KCTC
<i>Binge Drinking**</i>	7.2%	4.4%	KCTC

*6th, 8th, 10th, and 12th graders who reported using substance in the past 30 days; **Having 5+ consecutive drinks on at least on occasion in the past two weeks

Top Concern for Adults

Survey respondents were provided a list of issues regarding adults that they may find relevant in their community and asked to select up to three they felt are of most concern. In Table 46, data indicates respondents most frequently identified employment opportunities and desirable jobs with livable wages as a top concern (57.4%), followed by availability of social activities (46.3%) as top concerns for adults.

TABLE 46. TOP CONCERNS FOR ADULTS (N=162)

Concern	N	%
<i>Employment opportunities, desirable jobs with livable wages</i>	93	57.4%
<i>Availability of social activities</i>	75	46.3%
<i>Anxiety, stress, depression, suicide</i>	57	35.2%
<i>Wellness and disease prevention</i>	53	32.7%
<i>Chronic disease (cancer, diabetes, heart disease)</i>	46	28.4%
<i>Illegal drug use</i>	45	27.8%
<i>Financial planning (retirement, succession)</i>	24	14.8%
<i>Availability of social support</i>	18	11.1%
<i>Alcohol use</i>	18	11.1%
<i>Domestic violence</i>	15	9.3%

<i>Reproductive health services</i>	14	8.6%
<i>Prescription drug abuse</i>	9	5.6%
<i>Tobacco product use (smoking, vaping)</i>	8	4.9%
<i>Other*</i>	8	4.9%
<i>Crime, gun violence</i>	3	1.9%

*Other responses include ability to meet people in the same age range, activities such as sports leagues, sports bars, trivia nights, affording housing, daycare, and OB services.

Top Concern for Seniors

Respondents were provided a list of issues related to seniors that they may find relevant in their communities and asked to select up to three they felt are of most concern. Respondents identified living environments that match needs as the top concern (73.7%), followed by fixed income support services (55.8%), as seen in Table 47. Living situations that match needs includes support to stay in home, assisted living, and long-term/skilled nursing options.

TABLE 47. TOP CONCERNS FOR SENIORS (N=156)

Concern	N	%
<i>Living situations to match an individual's needs (support to stay in home, assisted living, long-term/skilled nursing care options)</i>	115	73.7%
<i>Fixed income support services</i>	87	55.8%
<i>Aging well</i>	56	35.9%
<i>Chronic disease (cancer, diabetes, heart disease)</i>	46	29.5%
<i>Availability of social activities</i>	39	25.0%
<i>Dementia/Alzheimer's</i>	39	25.0%
<i>Availability of social support</i>	30	19.2%
<i>Anxiety, stress, depression, suicide</i>	25	16.0%
<i>Elder abuse</i>	20	12.8%
<i>Other*</i>	5	3.2%
<i>Alcohol use</i>	3	1.9%
<i>Tobacco product use (smoking, vaping)</i>	2	1.3%
<i>Prescription drug abuse</i>	1	0.6%

*Other responses include available quality healthcare, distrust, and Medicare questions.

Quality of Life

Table 48 shows survey respondents' level of agreement with eight quality of life survey items. 69.1% of respondents feel satisfied with the quality of life in the community. About two-thirds feel it is a good place to retire (65.7%) and there are volunteer opportunities available (73.1%).

Most respondents feel the community is a good place to raise children (87.5%), that they can make the community a better place to live (89.8%), and intend to stay in the community for at least the next five years (86.3%).

Opinions are mixed regarding the local government in the community – 43.5% report not being satisfied and 50.8% report being satisfied. Overall, respondents showed lower levels of agreement regarding the local government and networks of support, suggesting that there is room for improvement in these areas.

TABLE 48. QUALITY OF LIFE (N=175)

	Strongly Disagree	Disagree	Agree	Strongly Agree	NA	Mean
<i>I am satisfied with the quality of life in the community</i>	4.6%	24.0%	61.1%	8.0%	2.3%	2.88
<i>I am satisfied with the local government in the community</i>	12.6%	30.9%	47.4%	3.4%	5.7%	2.81
<i>The community is a good place to raise children</i>	1.7%	8.6%	64.6%	22.9%	2.3%	3.25
<i>My community is a good place to retire</i>	6.9%	24.6%	52.0%	13.7%	2.9%	2.93
<i>There are networks of support for individuals during times of need in the community</i>	9.1%	30.9%	49.1%	7.4%	3.4%	2.79
<i>There are volunteer opportunities in the community</i>	4.6%	18.9%	57.1%	16.0%	3.4%	3.09
<i>I can make the community a better place to live</i>	1.1%	5.7%	70.9%	18.9%	3.4%	3.31
<i>I intend to stay in the community for at least the next five years</i>	1.7%	8.0%	61.7%	24.6%	4.0%	3.37

Sherman County Public Health Department

About two-thirds of respondents reported having received services or healthcare from the Sherman County Public Health Department (SCPHD) (67.7%) as seen in Table 49. For those that did, almost all report being satisfied or very satisfied (96.1%) and none report being very

dissatisfied, as seen in Figure 18. For those that have not received services from SCPHD, the most common reason cited is not wanting or needing services offered (65.9%), as seen in Table 50. Over one-third report not knowing what services are available (36.6%).

Respondents report highest levels of satisfaction for ambulance services and lowest levels for developmental disability services, as shown in Figure 19.

TABLE 49. RECEIVED SERVICES/HEALTHCARE FROM SCPHD (N=155)

	Freq.	%
Yes	105	67.7
No	44	28.4
Not sure/don't know	6	3.9

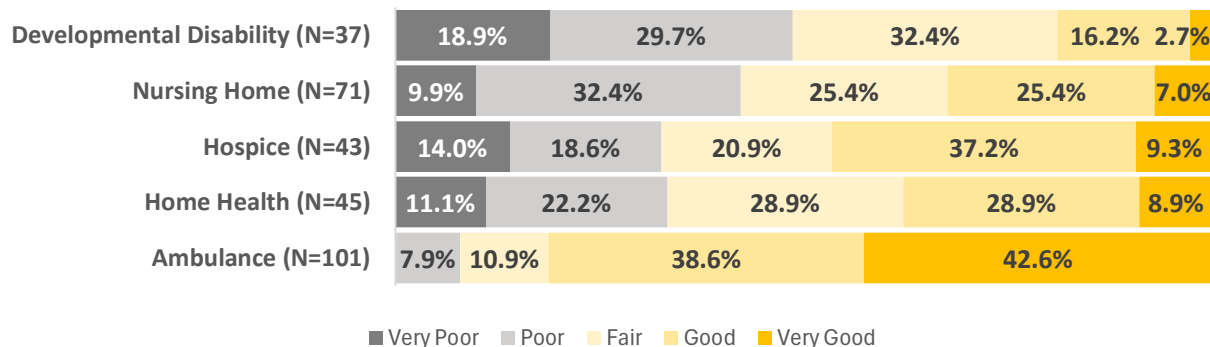
FIGURE 18. SCPHD SATISFACTION (N=105); MEAN: 3.53



TABLE 50. REASONS FOR NOT SEEKING SERVICES/HEALTHCARE FROM SCPHC (N=41)

Reason	N	%
No one in my household has wanted or needed the services offered	27	65.9%
Don't know what services are available	15	36.6%
Extended appointment hours (evenings, weekends) are not offered	2	4.9%
I have tried to receive services before, but they did not help	2	4.9%
No appointments are available	1	2.4%
Other	1	2.4%

FIGURE 19. SATISFACTION WITH SERVICES IN COUNTY;
MEAN FROM TOP TO BOTTOM: 2.54, 2.87, 3.09, 3.02, 4.16



Additional Services Needed

When asked whether there are healthcare services that are needed but not available in Sherman County, most respondents said ‘yes’, as seen in Figure 20. When asked which additional services are needed, many different options were indicated. The most frequently identified service is OB services (68.7%). Other services commonly identified are dermatology (42.5%) and pediatrics (36.6%), as seen in Table 51.

Respondents most frequently identify needing education regarding financial resources for low-income individuals (46.3%), followed by health screenings for diabetes (42.9%), as seen in Table 52.

FIGURE 20. ARE ADDITIONAL SERVICES NEEDED? (N=160)

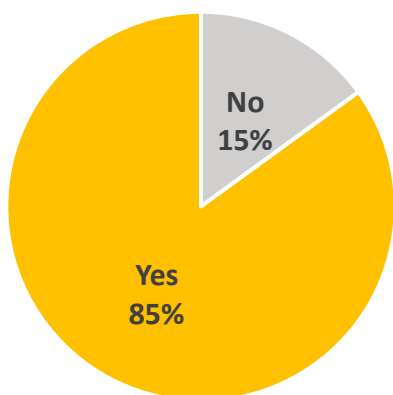


TABLE 51. SERVICES NEEDED (N=134)

Service	N	%
<i>Obstetrics (OB)</i>	92	68.7%
<i>Dermatology</i>	57	42.5%
<i>Pediatrics</i>	49	36.6%
<i>Oral Surgeon</i>	39	29.1%
<i>Oncology</i>	34	25.4%
<i>Endocrinology</i>	30	22.4%
<i>Psychiatry</i>	30	22.4%
<i>Dietician/Nutritionist</i>	29	21.6%
<i>Rheumatology</i>	27	20.1%
<i>Regional transportation services</i>	24	17.9%
<i>Substance Abuse Treatment</i>	24	17.9%
<i>Other*</i>	19	14.2%

*Other responses include allergist, alternative medicine (i.e. acupuncture), dialysis, better emergent care, ENT, hand specialist, immunologist, telehealth, and in-patient mental health facilities.

TABLE 52. EDUCATION TOPICS/HEALTH SCREENING NEEDED IN COUNTY (N=147)

<i>Topics</i>	N	%
<i>Financial resources for individuals with low income</i>	68	46.3%
<i>Diabetes</i>	63	42.9%
<i>Maternal health (prenatal, postnatal)</i>	59	40.1%
<i>Mental health/anxiety/stress/depression/suicide</i>	58	39.5%
<i>Cancer</i>	57	38.8%
<i>Elder care services</i>	55	37.4%
<i>Drug and alcohol abuse</i>	50	34.0%
<i>Exercise/physical activity</i>	48	32.7%
<i>Importance of routine wellness exams</i>	41	27.9%
<i>Heart disease</i>	37	25.2%
<i>Blood pressure</i>	34	23.1%
<i>Nutrition</i>	34	23.1%
<i>Eating disorders</i>	33	22.4%
<i>Emergency preparedness</i>	30	20.4%
<i>Dental</i>	24	16.3%
<i>Sexual health, sexually transmitted infections</i>	21	14.3%
<i>Vaccinations/immunizations</i>	16	10.9%
<i>Other*</i>	8	5.4%

*Other responses include “all of the above,” disability services for children, long COVID support, and sentiments about already having these resources but being limited.

CHNA Improvement

Over two-thirds of respondents report not knowing or feeling like their health was impacted by the internet expansion efforts (94.2%), as shown in Table 53.

TABLE 53. HEALTH IMPACTED BY INTERNET EXPANSION EFFORTS (N=172)

	Freq.	%
<i>No</i>	124	72.1
<i>Yes</i>	10	5.8
<i>I don't know</i>	38	22.1

Respondents were asked to indicate their opinion on progress addressing issues/areas previously identified in the 2021 CHNA. The area of Economic Development has the highest percentage of respondents reporting at least some level of improvement (40.7%) and Mental

Health has the lowest percentage reporting at least some level of improvement (18%), as shown in Figure 21.

FIGURE 21. RATING CHNA IMPROVEMENT (N=167); MEAN FROM TOP TO BOTTOM: 2.14, 2.77, 2.76, 2.60



Final Thoughts to Share

Respondents were asked if there was anything else they would like to share about their health needs or the health needs of your community/Sherman County. In addition to echoing the themes mentioned above, responses reflect concerns about availability/accessibility of local medical services, a need for more providers, and the quality of facilities.

Respondents frequently note having to travel to Colby and surrounding areas for care, “If you are ill, it almost always requires you go out of town!” “Many people are going out of town for health care!” They cite several reasons for this issue, as explained below.

OB Services. There is a strong call for OB services, which is supported by the data from the survey. One respondent explains, “the fact that we can't deliver a baby in our county is detrimental to the growth of our community. It also hurts the growth of our healthcare clinic, because once you've established with an OB/family practice provider elsewhere why would you switch to a different provider for your baby?” which highlights the need for OB services.

Medical Provider Shortages. There is frustration with the lack of available providers, including female providers and specialists: “We need more doctors to ease the load for other providers,” “Many times you want to see a doctor instead of a nurse practitioner – but you also want a female – so people drive to Colby or St Francis to get this care,” and “The need for specialists in our community is a huge need... It is very sad the number of locals that travel outside of Sherman County to seek medical attention for all needs...” reflect the need for more providers.

Other Services. Concerns about the quality of care were expressed, “Our regular providers in the clinic need to take the time to listen and help people.” EMS is also of concern: Respondents call for a review of the EMS system, citing that transport being contingent on the ability to pay and subsequent refusal of care as an issue. There are also mentions of a need for providing telehealth and mental healthcare.

Hospital. The physical state of the hospital building is a major concern. “Sherman County deserves a new hospital with updated and modern facilities” and “we need to address building a new hospital. Ours is quite outdated and I believe affects whether or not people go here or out of town for their health services” highlight the need for hospital renovation.

A couple less frequently expressed themes are detailed below.

Economy. Respondents express needs for more economic development, including employment opportunities “that pay a livable wage with benefits” and more positive support for business owners. There is a need for “more housing for people moving here for jobs” and concern about the impact of high living expenses for seniors’ ability to afford medication, “many elderly go without meds due to high living expenses.”

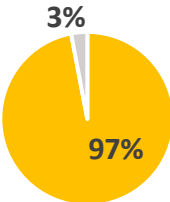
Children. There are concerns related to children such as affordable quality childcare, education, and food access.

Northwest Tech Student Survey Results

Survey Respondent Characteristics

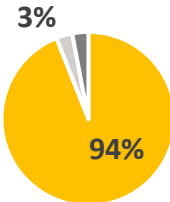
Most respondents are enrolled full-time (97%), ages 18-24 (94%), and live in Sherman County (70%) as shown in Figures 22 and 23. Over half of respondents are permanent residents of a county outside of Sherman County, within Kansas or the United States (58%) and 38% are Sherman County residents as seen in Figures 24 and 25.

FIGURE 22. STUDENT STATUS (N=66)



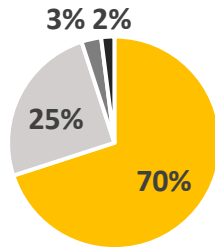
■ Full-time ■ Part-time

FIGURE 23. AGE (N=64)



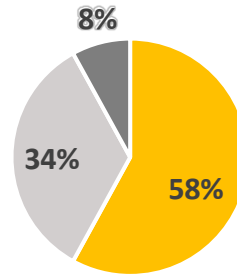
■ 18 to 24 ■ 25 to 34 ■ 35 to 49

FIGURE 24. COUNTY OF RESIDENCE (N=64)



- Sherman County
- Thomas County
- Other
- Decatur County

FIGURE 25. PERMANENT RESIDENCE (N=64)



- Other County in KS/US
- Sherman County
- Outside of the US/International Student

*Other counties of residence include Jefferson, Tulsa, Ellis, Lincoln, Logan, Ft. Morgan (Colorado), Yuma, Cheyenne, Norton, Goodland, Kit Carson, Otero, Dundy, Butler.

Figure 26 shows that respondents were most frequently in the Kansas Institute of Diesel Technology program by a significant percentage (48%), followed by carpentry and medical assistant (11%). Half of respondents are using other scholarships to pay for their education (50%), and 44% are using federal student loans as displayed in Figure 27. Respondents are most commonly employed part-time (53%) as seen in Figure 28.

FIGURE 26. ACADEMIC PROGRAM (N=64)

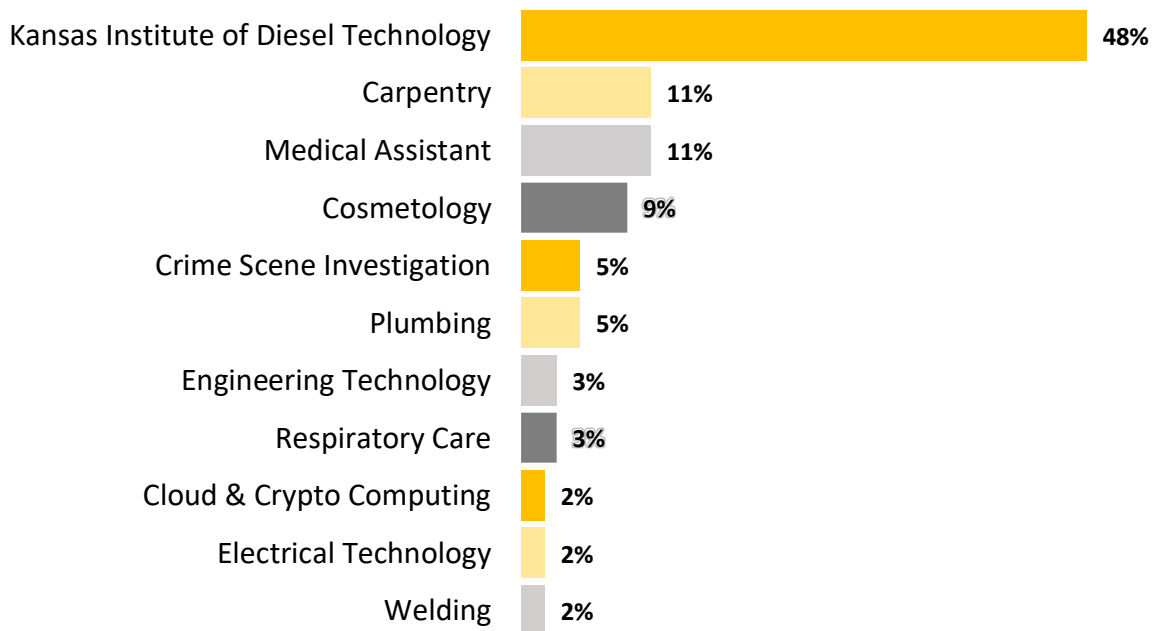
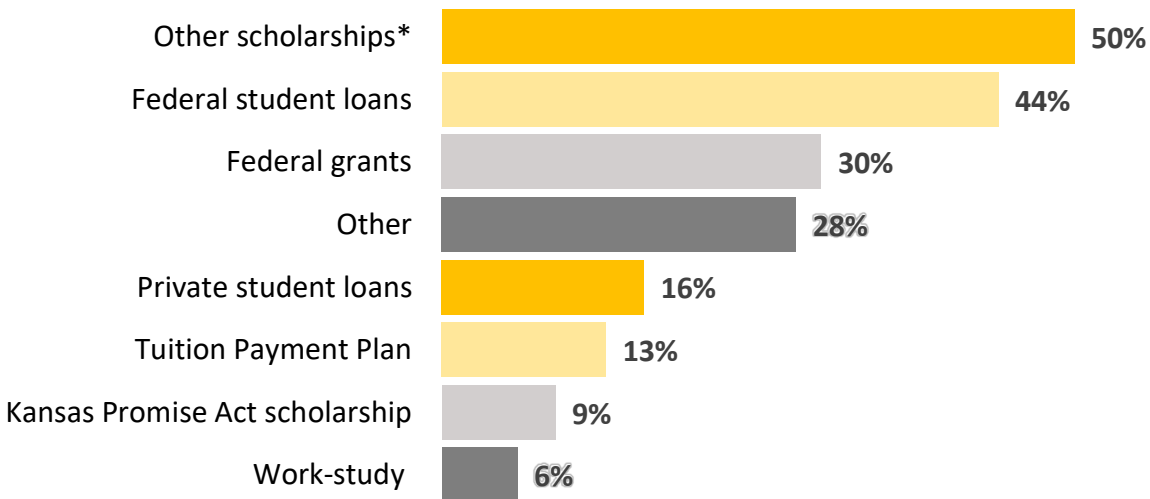
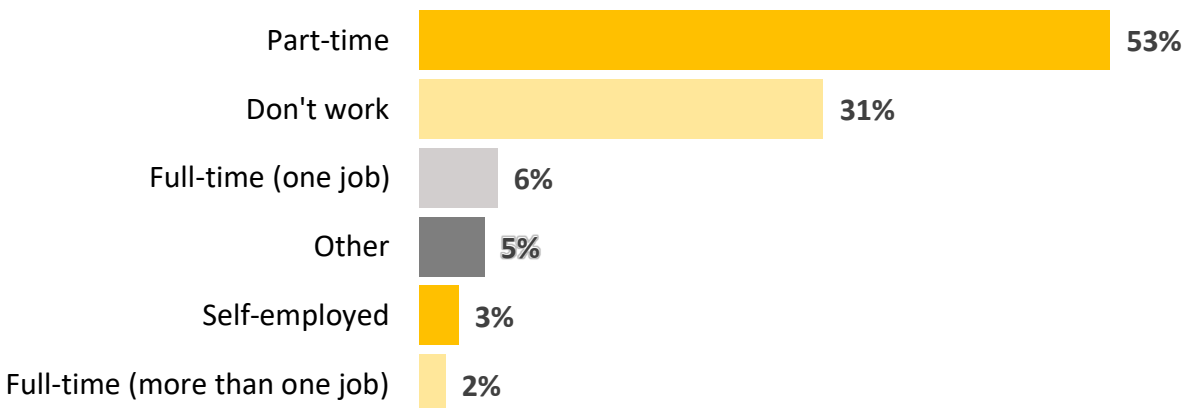


FIGURE 27. EDUCATION PAYMENT TYPE (N=64)



*Other scholarship types include KCIC grant, KCAC grant, athletic scholarship, army student loan repayment and GI bill, company sponsorship, out of pocket/self-pay, work, saved up money, parents, VR and E.

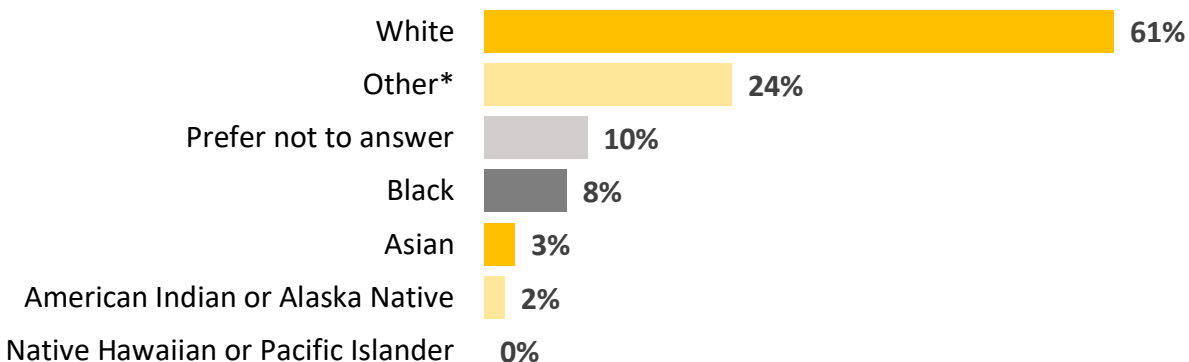
FIGURE 28. EMPLOYMENT STATUS (N=64)



*Other responses include work for my dad on the weekends, work on a farm in Kanorado, Walmart.

61% report their race as White and 32% report being Hispanic or Latino (Figures 29 and 30). The responses for the 15 students that selected 'Other' as their race included Hispanic, Mexican, and Brown. A possible explanation for this is the common misunderstanding of race and ethnicity, often resulting in the conflation and interchangeable synonymous use of race and ethnicity. Additionally, the ethnicity question came after the race question, which may have contributed to the confusion. The data on race, including the application of the possible explanation provided, is open to interpretation and can be utilized according to how useful it may be for the intention at hand. Though this is separate from the question displayed in Figure 31, that asks which language is predominantly spoken at home, to which 81% of respondents answered English and 16% answered Spanish.

FIGURE 29. RACE (N=62)



*Other responses include Hispanic, Mexican, Brown.

FIGURE 30. HISPANIC/LATINO (N=62)

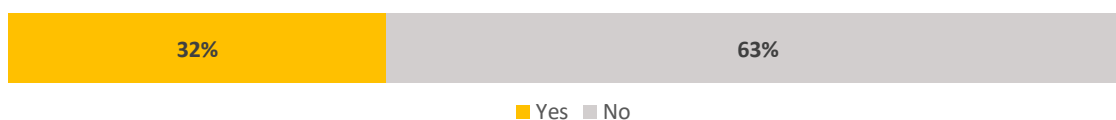


FIGURE 31. LANGUAGE PREDOMINANTLY SPOKEN AT HOME (N=62)

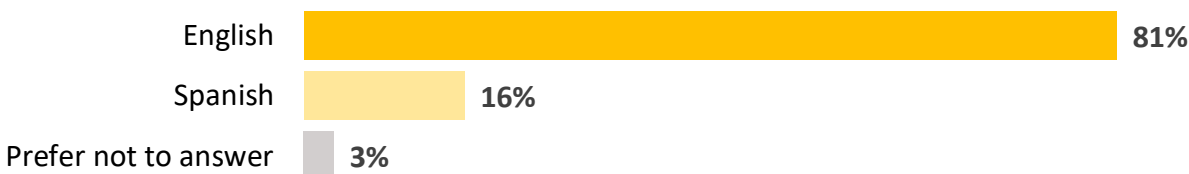


Table 54 shows that a notable percentage of respondents (60%) selected they do not know their income or prefer not to answer. Almost all respondents were not a parent or custodial guardian of someone under 18 years old as shown in Figure 32. Tables 55 and 56 show that almost three-quarters of respondents are male (74%) and almost all are straight (92%). Two-thirds are single (66%) and almost all report no military service (95%) as shown in Tables 57 and 58.

TABLE 54. INCOME (N=62)

<i>Income</i>	<i>Freq.</i>	<i>%</i>
<i>Less than \$10,000</i>	7	11
<i>\$10,000 – \$14,999</i>	6	10
<i>\$15,000 – \$24,999</i>	5	8
<i>\$25,000 – \$34,999</i>	3	5

\$35,000 – \$49,999	1	2
\$50,000 – \$74,999	1	2
\$75,000 – \$99,999	0	0
\$100,000 – \$149,999	0	0
\$150,000 – \$199,999	1	2
\$200,000 or more	1	2
<i>I don't know/Prefer not to answer</i>	37	60

FIGURE 32. PARENT/GUARDIAN OF SOMEONE UNDER 18 (N=29)

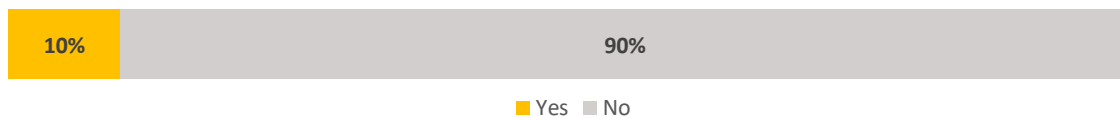


TABLE 55. GENDER (N=62)

Gender	Freq.	%
<i>Male</i>	46	74
<i>Female</i>	13	21
<i>Prefer not to answer</i>	2	3
<i>Transgender</i>	1	2

TABLE 56. SEXUAL ORIENTATION (N=62)

Sexuality	Freq.	%
<i>Straight</i>	57	92
<i>Prefer not to answer</i>	3	5
<i>Bisexual</i>	1	2
<i>Pansexual</i>	1	2

TABLE 57. RELATIONSHIP STATUS (N=62)

Relationship Status	Freq.	%
<i>Single</i>	41	66
<i>Domestic partnership</i>	16	26
<i>Prefer not to answer</i>	3	5
<i>Married</i>	2	3

TABLE 58. PAST OR CURRENT MILITARY STATUS (N=62)

Military Service	Frequency	Percent
<i>No</i>	59	95
<i>Yes</i>	3	5

Top Concern

Table 59 shows the top concerns for students at Northwest Tech are food and nutrition (42%), employment opportunities (35%), and financial concerns (35%).

TABLE 59. TOP CONCERNS FOR NORTHWEST TECH STUDENTS (N=62)

Concern	Freq.	%
<i>Food and nutrition (access to grocery stores, cost of food/food budget, healthy options)</i>	26	42
<i>Employment opportunities</i>	22	35
<i>Financial concerns (tuition, budgeting)</i>	22	35
<i>Availability of social activities</i>	14	23
<i>Campus culture</i>	12	19
<i>Transportation</i>	11	18
<i>Physical activity and wellness activities</i>	9	15
<i>Other*</i>	9	15
<i>Drug use/abuse</i>	8	13
<i>Mental health (anxiety, depression, suicide)</i>	7	11
<i>Availability of social support</i>	5	8
<i>Alcohol use/abuse</i>	5	8
<i>Reproductive health services</i>	3	5
<i>Domestic violence</i>	2	3
<i>Tobacco product use (smoking, vaping)</i>	1	2
<i>Crime, gun violence</i>	0	0

*Other responses include classmates and I are extremely disappointed with cafeteria food quality, more student activities, gym should be open past 9.

General Health

90% of respondents rate their physical health good and above (Figure 34). Figure 35 displays the distributions for several questions regarding respondent lifestyle. Most respondents report not eating 5 servings of fruits and vegetables daily (69%), no tobacco/vape use (75%), no illicit drug use (94%), binge drinking (95%), and do not live in a home without water/air/sewer problems (79%). Most report exercising 2-3 a week (65%), being up to date on vaccines (55%), and feeling physical safe and secure in their homes (92%).

FIGURE 34. PHYSICAL HEALTH RATING (N=62)

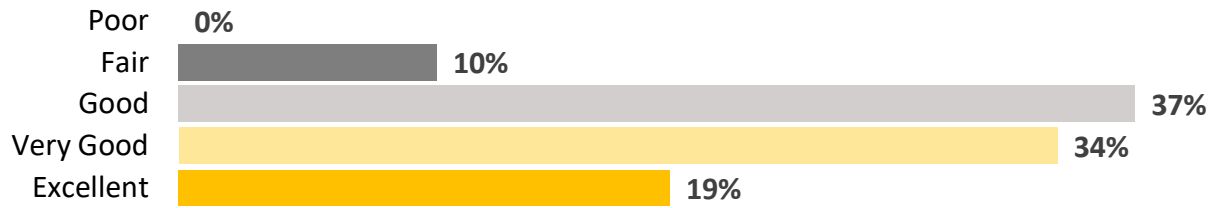


FIGURE 35. LIFESTYLE AND HOME (N=62)

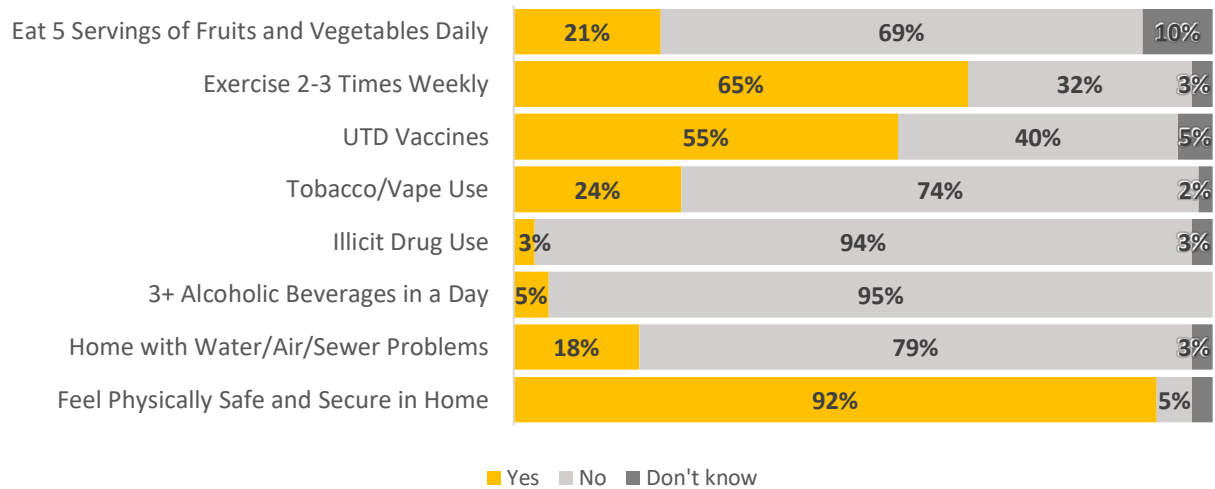


Figure 36 shows that most do not receive healthcare at GRMC (86%). Almost all that do receive healthcare at GRMC find it easy or very easy to access (89%) and are satisfied or very satisfied with the quality of care (89%) as shown in Figures 37 and 38. Most who do not receive services at GRMC say they have not needed services while in Sherman County (52%) and/or receive services in another county when needed (30%) as shown in Figure 39.

FIGURE 36. RECEIVE HEALTHCARE AT GRMC (N=64)



FIGURE 37. ACCESSIBILITY OF HEALTHCARE AT GRMC (N=9)

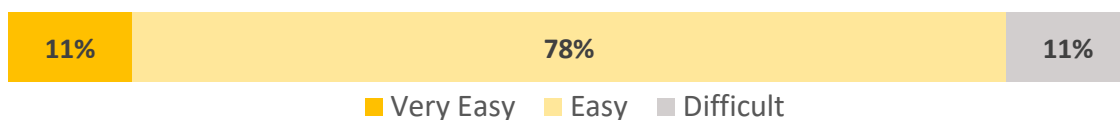


FIGURE 38. SATISFACTION OF HEALTHCARE AT GRMC (N=9)

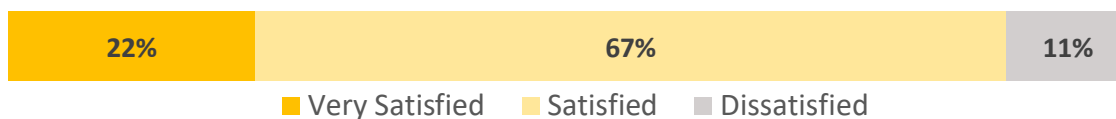
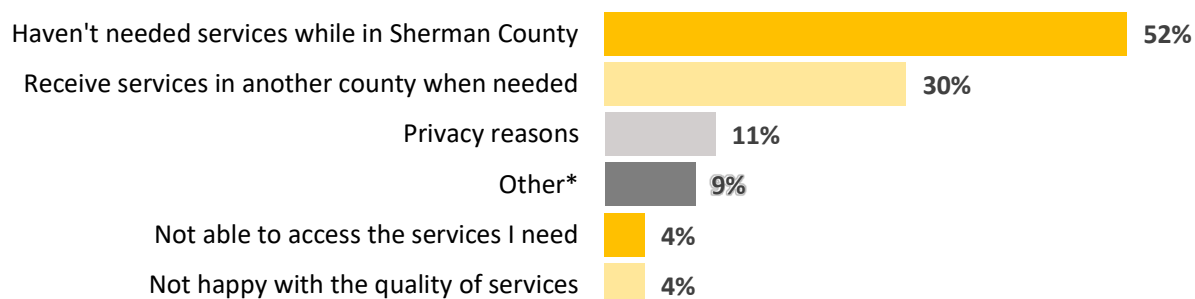


FIGURE 39. REASONS FOR NOT SEEKING HEALTHCARE AT GRMC (N=54)



*Other responses include no insurance, I go to my hometown, not sure what this is, international student, I'm not sure if I even have it.

TABLE 60. HEALTHCARE IN OTHER COUNTIES (N=25)

County	Freq.	%
<i>Other*</i>	12	75
<i>Cheyenne County</i>	2	13
<i>Thomas County</i>	2	13
<i>Decatur County</i>	0	0
<i>Rawlins County</i>	0	0
<i>Sheridan County</i>	0	0

*Other counties include Greeley, Ellis, Finney, Yuma, Kit Carson, Chase, Red Willow, Norton, Hamilton, Finery.

About three-quarters of respondents have health insurance (74%) as shown in Figure 40. For those who do not have health insurance coverage, they most frequently report not needing or wanting insurance coverage (31%) followed by not being able to afford insurance coverage (25%), as shown in Figure 41. Almost half report not having any barriers to healthcare, including dental and mental healthcare, in Sherman County (47%) as seen in Table 61. For those that do, insurance is a barrier.

FIGURE 40. HEALTH INSURANCE COVERAGE (N=62)



FIGURE 41. REASONS FOR NO HEALTH INSURANCE COVERAGE (N=16)

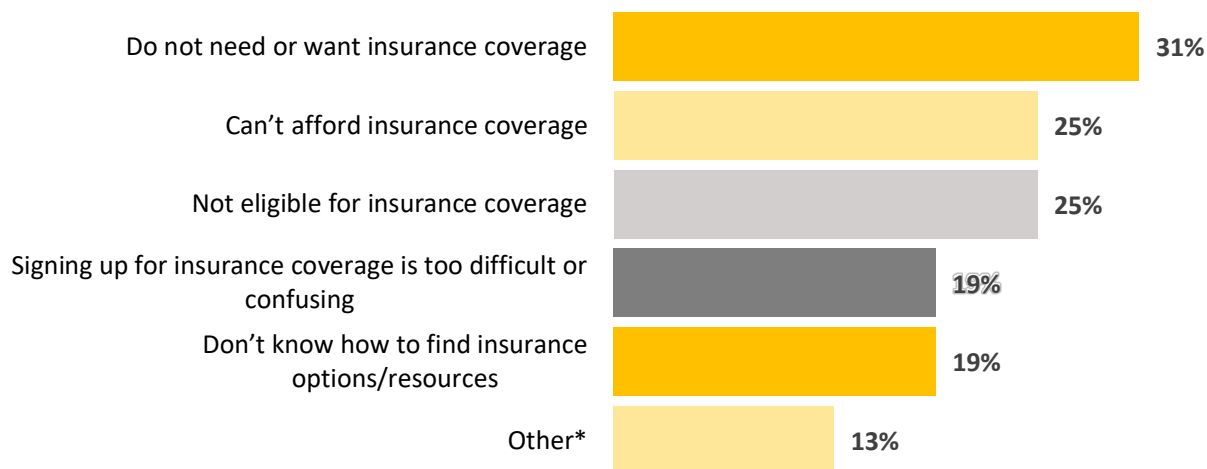


TABLE 61. BARRIERS FOR HEALTHCARE (INCLUDING DENTAL OR MENTAL) IN SHERMAN COUNTY (N=32)

Barrier	Freq.	%
<i>N/A – I have not had any barriers</i>	15	47
<i>Other*</i>	6	19
<i>I do not have insurance</i>	5	16
<i>Don't know how to find providers/what services are available</i>	3	9
<i>I cannot take time off work or school</i>	3	9
<i>I am uncomfortable seeking care for personal reasons</i>	2	6
<i>No transportation</i>	2	6
<i>My insurance does not cover what I need and/or isn't accepted at all</i>	2	6
<i>Outstanding bill/payment</i>	2	6
<i>Cultural or personal beliefs about seeking care</i>	1	3
<i>I am uncomfortable seeking care at facilities where I know employees</i>	1	3
<i>Takes too long for an appointment/Can't get in within 48 hours</i>	1	3
<i>Extended appointment hours (evenings, weekends) are not offered</i>	1	3
<i>English is not my preferred language</i>	1	3
<i>Lack of provider/staff follow-through on referrals, consults, etc.</i>	1	3
<i>I worry about confidentiality/inappropriate sharing of health information</i>	0	0
<i>No appointments are available</i>	0	0
<i>Lack of providers/services in my Sherman County</i>	0	0
<i>No childcare available</i>	0	0

<i>Not able to establish a regular provider to manage my care</i>	0	0
<i>I have to follow restrictive policies (ex., formularies, monthly limits)</i>	0	0
<i>I have tried to receive services before, but they did not help</i>	0	0
<i>Unable to pay co-pay/deductibles</i>	0	0

*Other responses include don't use it here, I go to a different hospital, I go to Thomas County, haven't looked into it, haven't needed any.

Dental Health

Similarly to healthcare, most do not receive dental care in Sherman County (89%) as shown in Figure 42. Again, almost all that do find it easy to access (86%) and all are satisfied with the quality of care (100%) as seen in Figures 43 and 44. Figure 45 shows that those who do not receive services in Sherman County say they receive services in another county when needed (45%) and/or have not needed services while in the county (41%).

FIGURE 42. RECEIVE DENTAL HEALTHCARE IN SHERMAN COUNTY (N=63)

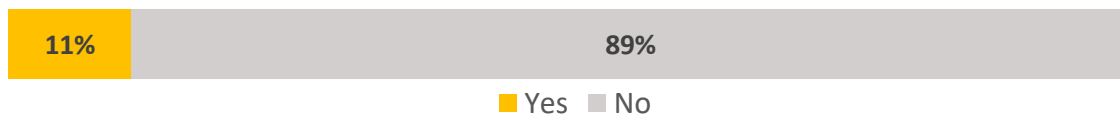


FIGURE 43. ACCESSIBILITY OF DENTAL HEALTHCARE IN SHERMAN COUNTY (N=7)

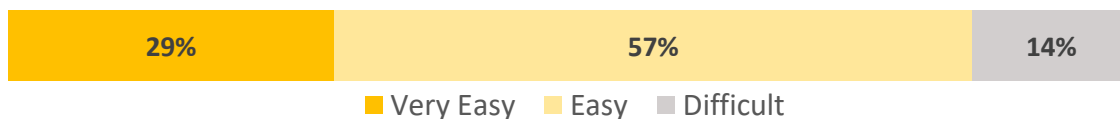
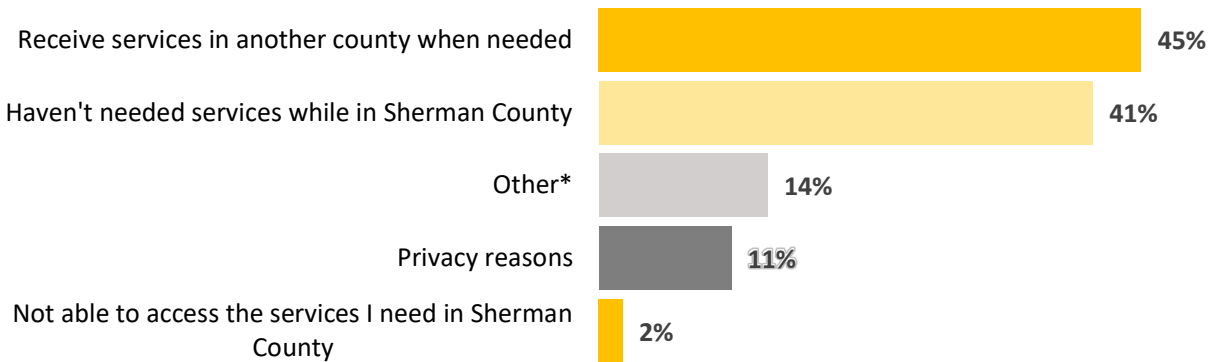


FIGURE 44. SATISFACTION OF DENTAL HEALTHCARE IN SHERMAN COUNTY (N=7)



FIGURE 45. REASONS FOR NOT SEEKING DENTAL HEALTHCARE IN SHERMAN COUNTY (N=56)



*Other responses include I go somewhere else, receive services in my hometown, parents, don't need dental.

TABLE 62. DENTAL HEALTHCARE IN OTHER COUNTIES (N=25)

County	Freq.	%
<i>Other*</i>	21	84
<i>Rawlins County</i>	2	8
<i>Cheyenne County</i>	1	4
<i>Thomas County</i>	1	4
<i>Decatur County</i>	0	0
<i>Sheridan County</i>	0	0

*Other counties include Jefferson, Hamilton, Finney, Lincoln, Denver, Ft. Morgan, Wichita, Kit Carson, Hamilton, Norton, Washington, Pueblo, Yuma, Red Willow, Seward, Prowers.

Mental Health

The distribution for mental health ratings is mixed, as shown in Figure 46. All respondents report they do not receive mental healthcare in Sherman County and most commonly cite not needing services while in Sherman County as the reason (Tables 63 and 64).

FIGURE 46. MENTAL HEALTH RATING (N=62)

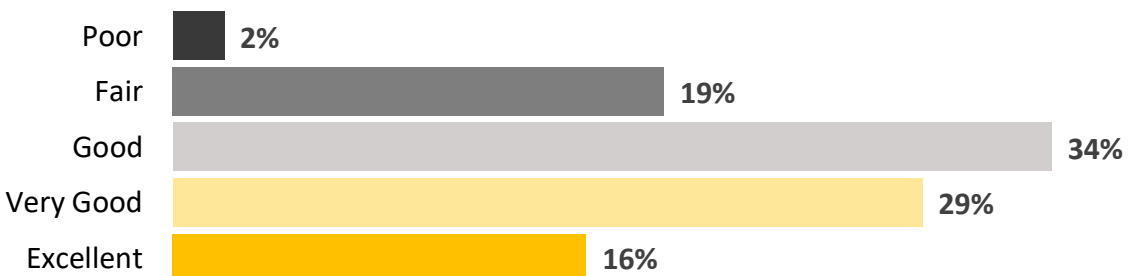


TABLE 63. RECEIVE MENTAL HEALTHCARE IN SHERMAN COUNTY (N=63)

	Freq.	%
Yes	0	0
No	63	100

TABLE 64. REASONS FOR NOT RECEIVING MENTAL HEALTHCARE IN SHERMAN COUNTY (N=62)

Reason	Freq.	%
<i>I have not needed services while in Sherman County</i>	39	63
<i>I receive services in another county when needed</i>	7	11
<i>Privacy reasons</i>	7	11
<i>Other*</i>	7	11
<i>I'm not able to access the services I need in Sherman County</i>	1	2
<i>I'm not happy with the quality of services in Sherman County</i>	1	2

*Other responses include don't need it, other place.

TABLE 65. OUTSIDE COUNTY MENTAL HEALTHCARE (N=7)

	Freq.	%
<i>Other*</i>	4	57
<i>Thomas County</i>	2	29
<i>Cheyenne County</i>	1	14
<i>Decatur County</i>	0	0
<i>Rawlins County</i>	0	0
<i>Sheridan County</i>	0	0

Transportation

81% use a personal vehicle as their primary mode of transportation (Table 66).

TABLE 66. PRIMARY MODE OF TRANSPORTATION (N=62)

Transportation	Freq.	%
<i>Personal vehicle</i>	50	81
<i>Friend/Family member's vehicle</i>	7	11
<i>Walking</i>	3	5
<i>Public transportation</i>	1	2
<i>Other</i>	1	2
<i>Bicycle</i>	0	0

Housing

More than three-quarters of respondents are satisfied with their housing (77%) as seen in Figure 47. The students who are not satisfied with their housing most commonly report lack of privacy as a reason for their dissatisfaction (Figure 48). Respondents are most commonly living on campus in the dorms (44%), almost half have three people in their residence (48%), almost three-quarters share living expenses (74%), and two-thirds rent/co-rent their housing (66%) as shown in Figures 49-52.

FIGURE 47. SATISFIED WITH HOUSING (N=62)

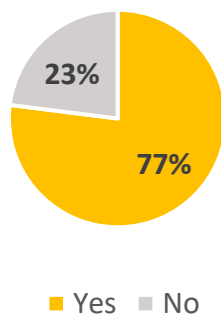


FIGURE 48. REASON FOR DISSATISFACTION WITH HOUSING (N=14)

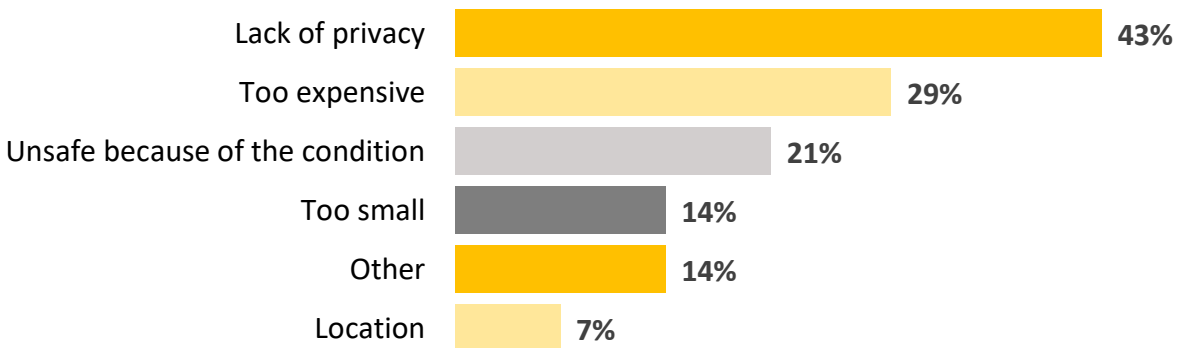


FIGURE 49. LIVING SITUATION (N=62)

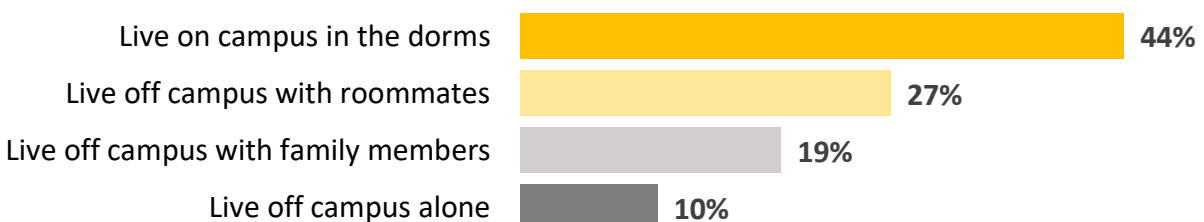


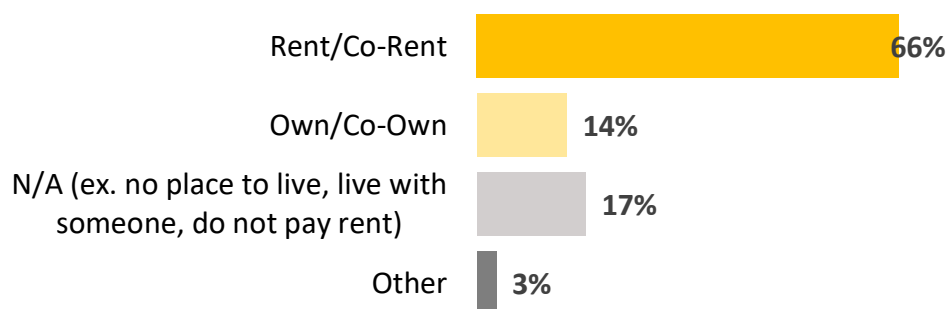
FIGURE 50. NUMBER OF PEOPLE IN RESIDENCE, INCLUDING SELF (N=62)



FIGURE 51. SHARE LIVING EXPENSES (N=23)



FIGURE 52. HOUSING TYPE (N=35)



Internet Access

All respondents have home internet access and all except one respondent has reliable internet access (Tables 67 and 68). 97% of respondents report having internet access via their cellphone (Table 69).

TABLE 67. HOME INTERNET ACCESS (N=62)

	Freq.	%
Yes	62	100
No	0	0

TABLE 68. RELIABLE INTERNET ACCESS (N=62)

	Freq.	%
Yes	61	98
No	1	2

TABLE 69. DEVICES TO ACCESS INTERNET (N=62)

<i>Device</i>	Freq.	%
<i>Smart Phone/Mobile Phone</i>	60	97
<i>Tablet</i>	50	81
<i>Personal computer/Laptop</i>	48	77
<i>Other</i>	5	8
<i>I do not access the Internet</i>	0	0

*Other responses include TV, Video game consoles, PS5, Echo dot, Xbox, Roku TV.

Open Thoughts

Lastly, in the qualitative, open-ended portion of the survey, students cite food access to be an issue, which is supported by the survey data earlier that identifies food and nutrition as the highest concern for Northwest Tech students. Specifically, students explain that food insecurity becomes an issue for those who live on campus since the cafeteria is closed during breaks, the food offered in the cafeteria is unhealthy and low-quality, and other food options available are high in cost. Respondents also identify illness to be of concern. Specifically, spreading illness due to not being able to take time off school. Additionally, concerns related to dorms are mentioned – food waste/other trash pile up and lack of privacy in the dorms cause an unpleasant/smelly environment. They also express a need for more social activities, a physical activity center with night-time hours, and health education on available resources.

Community Listening Sessions

Members of the Sherman County community were invited to participate in Community Listening Sessions on September 4th at 6pm and September 5th at 9am. Both sessions were held in Goodland at the Wolak Building. These sessions were promoted through email campaigns, social media, local news outlets, word of mouth, and other methods.

The objectives of the sessions were to gather community feedback on priority health concerns identified through the community survey and secondary data collection, demonstrate transparency and provide an opportunity for community input, and collect feedback on possible next steps or resources needed to address community health concerns.

Each session included welcome and introductions, a brief summary of Community Health Needs Assessment Survey participation, a review of top concerns identified through the survey, and facilitated discussions to gain insights and ideas from participants. Below is a themed summary of the responses gathered during these discussions.

Top Area of Concern: Housing

What specific challenges or barriers are you or your community currently facing or witnessing related to this area?

- There is a lack of affordable housing
- Financial barriers to homeownership and maintenance
- Lack of safe and affordable rental housing
- Barriers to accessing current rental housing
- Barriers to new-home building and remodeling, like skilled laborers and home inspections
- Connecting job seekers to available jobs
- Lack of housing impacts progress on economic development
- Less access to housing for those who are justice-involved

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

- Promote availability of current grants and programs
- Assist those needing income-based housing
- How can job seekers get connected to open positions in the community?
- Community innovation and collaboration
- Formal and informal networks for sharing information
- Recent housing assessment and current energy around this topic
- Current options for housing for elderly and individuals with low income

Top Area of Concern: Healthcare

What specific challenges or barriers are you or your community currently facing or witnessing related to this area?

1. Availability of labor and delivery and/or birthing center
2. Community members traveling elsewhere for health care services
3. Barriers to health insurance and navigating options
4. Customer service challenges at the hospital
5. Hospital infrastructure and accessibility of certain hospital services
6. Recruiting and retaining healthcare providers who want to be part of the community
7. Community members aren't aware of available healthcare services
8. Lack of available mental health care for the uninsured

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

- Existing patient navigation services for insured and uninsured

- Strong community involvement from providers, organizations, and other volunteers
- Leverage transportation assistance through local and state resources
- Build on services available to the community through telehealth
- Strong healthcare and public health infrastructure and staff
- Many community members are supportive of addressing these concerns

Top Area of Concern: Personal Finance/Economy

What specific challenges or barriers are you or your community currently facing or witnessing related to this area?

- Shortage of affordable childcare facilities
- High cost of living and low wages
- Barriers to accessing income-based programs and affordable health insurance
- Employment challenges
- Local business and economic development
- Low per capita income for Sherman County and challenges for low-income families
- State regulations governing licensed childcare facilities

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

- Promote health and community support services like the local health department, Genesis, Hope's Place, Senior Center
- Develop the local workforce through partnerships involving local employers, USD 252, Fort Hays, NWK Tech
- Promote and expand food and nutrition programs
- Investments in the hospital and its workforce
- Support to the Sherman County Childcare Coalition and after school programs
- Strategic Doing work led by Sherman County Community Foundation

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

Day 1

- Communication
- Positive partnerships
- Emergency hospital services are A+
- Reach out to low income residents for their thoughts and opinions
- Great ER experiences and staff
- Great ideas from community members ready to take action
- Communication between all parts of the community
- Networks are needed for jobs and housing availability
- Hospital has great staff and caregivers
- Day care

- A way to communicate job opportunities on a wide scale
- Housing for all who need it

Day 2

- Everything connects!
- Promotion of resources community-wide
- Low wages and housing are a barrier common to all topics
- The 3 top health concerns are interconnected
- Need to communicate about available resources
- Sherman County citizens want to grow and have more common struggles than we think.
- How do we follow through and keep community engagement?
- Hospital services lines expanding including specialty, collaboration with other networks, and telehealth
- Proactive planning for bringing in new families, professionals and people
- Where can new community members live the first 2-3 years with current lack of starter or affordable homes?
- How can they get open jobs in the community?
- What would make you want to interact/be active in the community/economy?

About CEI

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