

2019 COMMUNITY NEEDS ASSESSMENT

VOL. 2: NEEDS SURVEY & PRIORITY STUDY







COMMUNITY NEEDS ASSESSMENT SOUTH CENTRAL KANSAS

2019

VOLUME 2

Part 2: Needs Survey Part 3: Priority Study







ACKNOWLEDGEMENTS

Members of the United Way's Collective Impact Committee deserve special recognition for the time, energy and talent they shared in the completion of this Needs Assessment report.

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Hundreds of individuals played a role in sharing their priorities and goals for our community, and United Way of the Plains, Ascension Via Christi and the Sedgwick County Division of Health wish to recognize the efforts of those individuals from the community who have volunteered -- and continue to volunteer -- their time and expertise in both the initial work (visioning process and development of priorities) and the continuing work of ongoing re-evaluation. Their insights into the gifts and talents of other community members have strengthened the process far beyond United Way's initial outreach -- and for that, United Way, Ascension Via Christi, the Sedgwick County Division of Health and the community are grateful.

2019







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Introduction

Beginning in 1988, United Way of the Plains had been involved in a needs assessment process approximately every five years (1993, 1997, 2004 and 2006). In 2009, United Way's Board of Directors decided that because of changes occurring in the community, conducting the Community Needs Assessment on a three-year time frame would be of benefit to United Way and to other community entities which rely on its information in their decision making. The 2010 Community Needs Assessment was the first completed on this revised, three-year schedule; followed by the 2013 and 2016 reports; this report (2019) is the fourth completed on the revised schedule.

The 2019 report is the ninth such survey of Wichita/Sedgwick County residents providing information and perceptions of the social service needs of Wichita and those who live and/or work in the surrounding area. It is also the fifth such needs assessment to include the residents of Butler County

	O	(0		
	Community Needs Survey (Geographies)			
Year	Sedgwick County	Butler County		
1988	X			
1993	X			
1997	X			
2004	X			
2006	X	X		
2010	X	X		
2013	X	X		
2016	X	X		
2019	X	X		

In each case, after the results have been collected and tabulated, the information is used by United Way of the Plains' community volunteers to establish priorities for the allocation of United Way resources toward agency programs supplying social services to those in need.

The 2013 process represented the pilot year of a three-way collaboration between Via Christi Health, the Sedgwick County Health Department and United Way of the Plains in accomplishing the Community Needs Assessment. The collaboration continued for the 2016 assessment, although due to Sedgwick County's budget constraints, the Health Department's staff participation in the project concluded in 2015. During the timeframe for the 2019 assessment, funding was such that the renamed Sedgwick County Division of Health could again become a full partner in the process along with United Way and the rebranded Ascension Via Christi.

Among the core functions of the Sedgwick County Division of Health is examining community needs and perceptions related to health. Ascension Via Christi's interest in the collaboration is derived from its mission of special concern for those who are vulnerable and its core value of stewardship. In addition, this assessment helps meet the new requirement of the federal Patient Protection and Affordable Care Act which requires not-for-profit health systems, such as Ascension Via Christi, to conduct community health needs assessments every three years and to develop a plan to help build healthier communities in the areas where they own and operate hospitals.

These three mission-driven organizations are interested in community participation. Joining forces helps ensure that good use is being made of our community's charitable resources by identifying the most urgent health care needs of the underserved. In turn, this maximizes effort, reduces costs and coordinates research findings into a comprehensive document for use by others.







The actual needs assessment process is divided into three major parts.

I. Environmental Scan

The environmental scan consists mostly of secondary data about the community. It is a view of our community and service area based on data supplied by a wide range of organizations at the national, state and local levels. The report consists of seven subsections: Demographics; Education; Economic Outlook; Crime; Housing; Life Cycle; and Health Care and Health Access. Source citations appear at the end of the report, in the *Endnotes* section. The Environmental Scan should assist in providing a picture of the status of the community based on these already collected data.

II. Needs Survey

The Needs Survey gathers data from three sources in Sedgwick and Butler counties:

- Community Respondents: a random sample of South Central Kansas residents.
- **Community Leaders**: elected and/or appointed government officials and presidents/chief executive officers from the area's largest businesses.
- **Agency Executives:** Chief executive officers of social services agencies throughout South Central Kansas.

By design, the needs assessment seeks to assess needs of the overall community, beyond those needs directly impacted by programs provided by the collaborative partners.

III. Priority Study

The results of the needs assessment are then used to establish priorities for the allocation of United Way resources, yielding the third part of the needs assessment process, the Priority Study. As its purpose, this study will assist the United Way Board of Directors and various United Way committees in awareness, planning, funding, coordination and general provision of services to the community.

United Way of the Plains and its collaborative partners strive to continually improve its process of identifying and impacting community needs. To that end, we welcome constructive comments and suggestions from report users.

2019



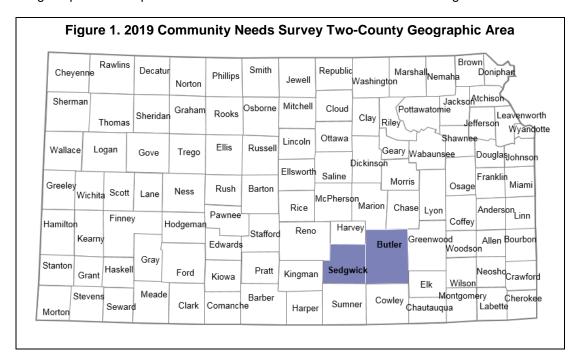




Project Overview – Needs Survey

A community needs assessment is a structured, data-driven process designed to identify the extent and depth of community concerns. Requests for information are usually based on a desire to educate the public, obtain federal or state assistance, estimate the number of people affected, or obtain grants. All of these requests are deemed appropriate and reflect United Way's desire to continue to proactively identify and impact critical human needs.

This report will summarize the research findings from the Community Needs Survey conducted by United Way of the Plains in collaboration with Ascension Via Christi and the Sedgwick County Division of Health, which sought input from respondents in two South Central Kansas counties: Sedgwick and Butler.



The first section of the report (Section I) compares and contrasts the findings from respondents from the three different survey segments (community respondents, community leaders, and agency executives) for the geographic area.

Section II details research findings from the random sample of households in the area, the community respondent segment. Section III provides the research findings from the community leader segment, and Section IV provides findings from the agency executive segment.

Surveying was conducted by mail in November/December 2018. Copies of the surveys sent to the various segments appear in Appendix A, including the English version of the community survey, the community leader survey and the agency executive surveys.

A detailed methodology appears in Appendix B; and verbatim responses to open-ended questions appear in Appendix C; tables of findings presented by survey/segment type (community respondent, community leader and agency executive) appear in Appendix D; and tables of findings for community respondents presented by county appear in Appendix E.







Recent local elections have experienced low voter turnout. For example, 7.7 percent of registered voters determined Wichita's mayoral, City Council and school board candidates in the 2011 primary elections¹ and in Wichita's 2011 mayoral primary², only 13.1 percent of registered voters cast ballots; in one Wichita district, only 9.1 percent voted.

Similarly, when Wichita State University's Hugo Wall School of Urban and Public Affairs distributed a survey to 25,000 registered voters in January 2013 regarding the Community Investment Plan and how Wichitans wanted their tax money spent, they received only 4,100 completed surveys, an approximate 16 percent response rate.³

While collecting input from registered voters has its challenges, collecting input from a random sample of households is even more difficult. As with other recent community studies conducted by United Way of the Plains by mail, the response rate from the community as a whole was relatively low, although nearly one in five community leaders responded, as did nearly half of agency executives.

Table 1. Summary of Community Needs Assessment Survey Response Rates (2006, 2010, 2013, 2016 and 2019)						
Year	Year Community Leader Executive Counties Included					
2019	5.9%	18.1%	45.0%	Sedgwick and Butler		
2016						
2013	13.0%	28.1%	32.6%	Sedgwick, Butler, Harvey, Sumner, Reno		
2010	12.1%	23.4%	42.7%	Sedgwick, Butler, Harvey, Sumner, Reno		
2006	9.3%	26.2%	43.2%	Sedgwick, Butler, Harvey		

Survey data were analyzed utilizing SPSS (Statistical Program for the Social Sciences) software. Significant differences, when reported, were found to be statistically significant at the 95 percent level of confidence based on t-test analysis for scale questions and Pearson chi-square analysis for categorical questions. Significant differences were examined on the basis of those responding to each question and reported in the body of the report. Appendix F supplements that information regarding the statistical significance of concerns identified by relatively fewer respondents.

Community members whose households were not randomly selected to participate were offered the opportunity to complete an abbreviated version of the Community Needs Survey electronically via SurveyMonkey. Along with the project's collaborative partners (Via Christi Health and the Sedgwick County Division of Health), several additional community organizations helped publicize this opportunity for providing input, including the Health Alliance, the Health & Wellness Coalition, the Coalition of Community Health Clinics and the Department for Children and Famlies' Community Project, among others. Input from these community members appears in Appendix G.

- Disappointing turnout, March 3, 2011, The Wichita Eagle, http://www.kansas.com/opinion/editorials/article1054940.html.
- ² East Wichita had best voter turnout, Brent Wistrom, April 8, 2011, The Wichita Eagle, http://www.kansas.com/news/local/news-columns-blogs/article1059337.html
- Survey reveals Wichitans' priorities for tax spending, officials say, Bill Wilson, April 17, 2013, The Wichita Eagle, http://www.kansas.com/news/article1113651.html#storylink=cpy













NEEDS SURVEY 2019

COMMUNITY NEEDS ASSESSMENT: Part 2







Executive Summary

The 2019 Community Needs Assessment was conducted through a collaborative effort involving United Way of the Plains, Ascension Via Christi and the Sedgwick County Division of Health. The Community Needs Survey was conducted in a two-county area in South Central Kansas, Sedgwick and Butler counties.

Three population segments from Sedgwick and Butler counties were surveyed – community respondents from a random sample of households, community leaders (presidents/chief executive officers of area employers, elected and appointed government officials, school principals and board presidents), and nonprofit agency executives whether they receive United Way of the Plains program funding or not.

Respondents reviewed 51 education, health and income/self-sufficiency concerns and the availability/access of 10 health or social services and rated each as a major concern, moderate concern, minor concern or not a concern. Community respondents and community leaders responded for their household or their neighborhood, while agency executives did so for clients of their organizations.

The intent of the Patient Protection and Affordable Care Act (sometimes called Affordable Care Act or ACA) was to reform the healthcare industry and provided much-needed relief for the uninsured and underinsured. The ACA was signed into law March 23, 2010. Survey findings indicate that health care remains a critical concern, even years later. Survey respondents in all three segments identified **health insurance** most often as a major concern for their households, their neighborhoods and clients of their agencies. In addition, more than one in five community respondents identified **basic medical care** a major concern for their household and their neighborhood.

In evaluating the needs of their clients, agency executives were far more likely than were community respondents or community leaders to rate concerns as major. More than half of agency executives rated health insurance; safe, affordable, accessible housing; behavioral/mental health counseling; or housing/ utility financial assistance as major concerns for clients their agencies serve. As seen below, community respondents and community leaders, speaking on behalf of their households and their neighborhoods, were far less likely to characterize the concerns as major.

Selected Concerns	Agency Executives	Community Respondents	Community <u>Leaders</u>
Health insurance	53.2%	29.5%	17.3%
Safe, affordable, accessible housing	51.9%	10.1%	11.1%
Counseling-behavioral/mental health	50.6%	14.9%	13.6%
Financial assistance (housing/utility)	50.6%	12.5%	6.2%

Community respondents were more likely than were community leaders or agency executives to identify environmental pollution and recycling as a major concern. Community respondents were also more likely than community leaders to have household members who had been laid off or lost a job due to a workforce reduction or the economy during the past 12 months, as well as being more likely to have missed a rent, mortgage or utility payment during that same timeframe.







Among the **Community Respondent** segment, research findings indicate:

- ⇒ Household and Neighborhood Concerns: More than 20 percent identified the following as major concerns for their household or neighborhood:
 - Health insurance
 - Preparing young people for the workforce
 - Juvenile delinquency/gang prevention
 - Bullying
 - Basic medical care
- ⇒ Reflective Pause: Nearly three-fourths take at least one reflective pause of at least two minutes at a time daily to pray, think deeply or use some other technique to gain mental clarity and spiritual balance. Approximately one in ten reflectively pauses five times or more a day.
- ⇒ Source of Basic Medical Care: Approximately 87 percent of household respondents identified a personal physician or private doctor as the usual source of their household's basic medical care. Second most often, households received their basic non-emergency medical care from nonprofit community clinics (approximately 7%).
- ⇒ Gaps in Household Health Care Services: Of Sedgwick and Butler County households which indicated dental care was needed during the previous 12 months, 16.5% did not receive it. Similarly, of the households indicating a need for behavioral/mental health care during that same time period, 15.6% did not receive it.
- ⇒ <u>Difficulty with Rent, Mortgage or Utility Payments:</u> During the previous 12 months, 14.3% of households missed a rent, mortgage or utility payment due to lack of money.
- ⇒ Education or Training: In nearly 16% of Sedgwick and Butler County households, someone sought education or training during the previous 12 months with the intent of qualifying for a higher-paying job.
- ⇒ **Employment Layoff:** In 6.0% of households, someone had been laid off from a job due to the economy and/or workforce reduction during the past 12 months.
- ⇒ Community Volunteerism: During the past 12 months, one or more household members had volunteered for a church or other religious organization in 47.9% of Sedgwick or Butler County households; in 44.6% of households, someone had volunteered for a nonprofit organization.

Many concerns cited (e.g., parenting education, emergency/temporary shelter, medical transportation, etc.) -- whether identified at the household, neighborhood or community level -- represent symptoms of deeper, underlying themes such as education, income/financial stability and health. While it is important to manage the symptoms, lasting change comes from changing the existing environment and addressing basic, underlying problems.

The following sections contain a detailed summary of the research findings – overall for the three segments, then for the community respondent segment, for community leader segment and for the agency executive segment.







Section I. Summary of Findings

<u>Purpose:</u> This section compares and contrasts findings from the three survey segments -- community respondents, community leaders and agency executives. Additionally, indepth information can be found in the section detailing each segment's results. The verbatim responses to open-ended questions are in Appendix C, and the tables of findings are identified as Appendices D and E.

Edcation Concerns

Community respondents and community leaders were asked to consider their households and other households in their neighborhoods and agency executives were asked to consider clients of their agencies or organizations. Respondents rated each of 10 education concerns as major, moderate, minor concerns or indicated that each had not been a concern in the past 12 months.

All three segments rated **preparing young people for the workforce** most often as a major education concern. Second most often, community respondents rated **juvenile delinquency/gang prevention** as a major education concern, while community leaders rated **youth development/character building programs** and agency executives rated **child day care** as major second most often.

Table 2 presents the 10 education concerns, sorted in order of percentage of community respondents rating each concern as major.

Table 2. Education Concerns				
		Major Concerns		
Education Concerns	Community Respondents	Community Leaders	Agency Executives	
Base	n=336	n=81	n=77	
Preparing young people for the workforce	28.0%	33.3%	32.5%	
Juvenile delinquency/gang prevention	22.0%	17.3%	15.6%	
Bullying	21.4%	13.6%	26.0%	
Early care and education for children	14.6%	18.5%	19.5%	
Student classroom attendance	14.0%	13.6%	20.8%	
Mentoring for children/youth	13.7%	13.6%	22.1%	
Child day care	12.5%	14.8%	27.3%	
Tutoring for children/youth	11.3%	8.6%	11.7%	
Before and/or after school services (latchkey)	11.0%	9.9%	14.3%	
Youth development/character building programs (e.g., scouting)	11.0%	21.0%	22.1%	

Significant Difference Between Population Segments:

- Agency executives were more likely to rate mentoring for children/youth, child day care or youth development/character building programs as a major education concern than were community respondents or community leaders.
- No additional significant differences were noted between community respondent, community leader and agency executive segments regarding education concerns.







Health Concerns

Community respondents and community leaders were asked to consider their households and other households in their neighborhoods and agency executives were asked to consider clients of their agencies or organizations. Respondents rated each of 17 health concerns as major, moderate, minor concerns or indicated that each had not been a concern in the past 12 months.

All three segments rated **health insurance** most often as a major health concern.

Community respondents then rated **basic medical care** as a major health concern second most often, as community leaders did for **domestic/family violence** and agency executives did for **behavioral/mental health counseling**.

Table 3 represents the 17 health concerns, sorted in order of percentage of community respondents rating each concern as major.

Table 3 Health Concerns			
	Major Concerns		
Health Concerns including Prevention/Education/Services	Community Respondents	Community Leaders	Agency Executives
Base	n=336	n=81	n=77
Health insurance	29.5%	17.3%	53.2%
Basic medical care	21.1%	12.3%	42.9%
Domestic/family violence	16.7%	14.8%	26.0%
Drug/alcohol abuse	16.7%	13.6%	39.0%
Sexual assault	16.4%	13.6%	26.0%
Child abuse	16.1%	12.3%	19.5%
Counseling – behavioral/mental health (children, youth, adults, families, seniors)	14.9%	13.6%	50.6%
Human/sex trafficking	14.9%	13.6%	14.3%
Obesity	13.4%	8.6%	28.6%
Diabetes	12.8%	6.2%	24.7%
Immunizations for adults (e.g., tetanus, seasonal flu)	11.0%	4.9%	13.0%
Prescription painkillers (opioids)	11.0%	12.3%	19.5%
Teen pregnancy	9.5%	11.1%	10.4%
Immunizations for children (e.g., measles/mumps/rubella; polio)	7.4%	6.2%	9.1%
Unintentional injuries (accidents, falls, etc.)	7.4%	4.9%	11.7%
Medical transportation services	7.1%	6.2%	36.4%
Gambling addiction	3.6%	2.5%	9.1%







Significant Difference Between Population Segments:

- Agency executives were more likely than were community respondents and community leaders to rate several health concerns as major, including:
 - health insurance
 - basic medical care
 - domestic/family violence
 - drug/alcohol abuse
 - sexual assault
 - counseling-behavioral/mental health
 - obesity
 - diabetes
 - prescription painkillers (opioids)
 - medical transportation services
- No additional significant differences were noted between community respondent, community leader and agency executive segments regarding health concerns.

Health or Social Services

People and families often look for help to address situations that impact their health. Community respondents and community leaders were asked to consider their households and other households in their neighborhoods and agency executives were asked to consider clients of their agencies or organizations. Respondents rated whether access and availability to each of 10 health or social services were major, moderate, minor concerns or indicated that each had not been a concern in the past 12 months.

All segments rated access and availability of treatment for life-threatening diseases most often as a major health or social service concern. Community leaders rated parenting education equally as often, as agency executives did with wellness/nutrition programs. Community respondents rated access and availability of home health care for homebound individuals second most often as a major health or social service concern.

Table 4 presents the 10 health or social services sorted in order of percentage of community respondents rating concern regarding access and availability to each as major.

Significant Difference Between Population Segments:

- Agency executives were more likely than were community respondents and community leaders to rate access and availability to several health or social service concerns as major, including:
 - home health care for homebound individuals
 - wellness/nutrition programs
 - physical activity program (children, youth, adults)
 - resources for caregivers/respite care
 - parenting education
- No additional significant differences were noted between community respondent, community leader and agency executive segments regarding health or social services.







Table 4. Health or Social Services			
	Major Concerns		
Health or Social Services Including Access and Availability	Community Respondents	Community Leaders	Agency Executives
Base	n=336	n=81	n=77
Treatment for life-threatening diseases (cancer, congestive heart failure, other organ failure)	18.2%	7.4%	23.4%
Home health care for homebound individuals	12.8%	6.2%	19.5%
Wellness/nutrition programs	11.6%	6.2%	23.4%
Physical activity program (children, youth, adults)	11.0%	6.2%	19.5%
Resources for caregivers/respite care	11.0%	6.2%	19.5%
Meal/food delivery for homebound individuals	10.7%	4.9%	11.7%
Homemaker services for homebound individuals (assistance w/personal hygiene/housekeeping/meals/etc.)	10.1%	6.2%	13.0%
Parenting education	8.3%	7.4%	19.5%
Adult day care services	7.7%	2.5%	6.5%
Injury prevention devices (smoke alarms, bike helmets, car seats)	7.1%	3.7%	6.5%

Income and Self-Sufficiency Concerns

Community respondents and community leaders were asked to consider their households and other households in their neighborhoods and agency executives were asked to consider clients of their agencies or organizations. Respondents rated each of 24 income and self-sufficiency concerns as major, moderate, minor concerns or indicated that each had not been a concern in the past 12 months.

Income and self-sufficiency concerns related to housing and to financial or other assistance for basic necessities were rated as major concerns by the three segments, as follows:

Community Respondent

- 1. Financial assistance (prescription medication)
- 2. Food assistance
- 3. (tie) Environmental pollution/recycling
- 3. (tie) Home repair/safety for seniors

Community Leaders

- I Employment assistance services
- 2 (tie) Food assistance
- 2 (tie) Safe, affordable, accessible housing

Agency Executives

- Safe, affordable, accessible housing
- 2. Financial assistance (housing/utility)
- Current, correct information on available services

Table 5 presents the 24 income/self-sufficiency concerns, sorted in order of percentage of community respondents rating each concern as major.







Table 5. Income and Self-Sufficiency Concerns			
	Major Household or Neighborhood Concerns		
Income and Self-Sufficiency Concerns	Community Respondents	Community Leaders	Agency Executives
Base	n=336	n=81	n=77
Financial assistance (prescription medication)	16.7%	8.6%	41.6%
Food assistance	15.5%	11.1%	35.1%
Environmental pollution/recycling	15.2%	4.9%	5.2%
Home repair/safety for seniors	15.2%	8.6%	14.3%
House construction and repair: low-income	14.3%	7.4%	10.4%
Assistance: active military/veterans, families	12.8%	9.9%	10.4%
Financial assistance (housing/utility)	12.5%	6.2%	50.6%
Current, correct information: available services	10.1%	3.7%	42.9%
Safe, affordable, accessible housing	10.1%	11.1%	51.9%
Emergency/temporary shelter	9.8%	7.4%	36.4%
Legal aid	8.9%	2.5%	16.9%
Assistance: offenders reintegrate/community	8.0%	4.9%	14.3%
Living facilities for children/youth	8.0%	7.4%	18.2%
Disaster response for fires, tornadoes, etc.	7.7%	6.2%	5.2%
Employment assistance/services: disabled	7.7%	9.9%	24.7%
Assistance/services to victims of crime	7.1%	3.7%	16.9%
Disaster response for acts of terrorism	6.8%	4.9%	2.6%
Adult basic education (job skills, computers)	5.7%	8.6%	27.3%
Job training/retraining assistance	5.7%	9.9%	36.4%
Employment assistance services	5.4%	12.3%	35.1%
Financial/credit counseling	5.4%	4.9%	18.2%
Housing counseling	5.4%	4.9%	15.6%
Sheltered workshops for disabled	4.8%	4.9%	13.0%
Adult literacy programs	2.7%	3.7%	16.9%

Significant Difference Between Population Segments:

- Community respondents were more likely to rate environmental pollution/recycling a major concern than were community leaders/agency executives.
- Agency executives were more likely to rate the following a major concern than were community respondents/community leaders:
 - Financial assistance (prescription medication)
 - Food assistance
 - Financial assistance (housing/utility)
 - Current, correct information: available svcs.
 - Safe, affordable, accessible housing
 - Emergency/temporary shelter
 - Legal aid
 - Assistance: offenders reintegrate/community
 - Living facilities for children/youth

- Employment assistance/services: disabled
- Assistance/services to victims of crime
- Adult basic education (job skills, computers)
- Job training/retraining assistance
- Employment assistance services
- Financial/credit counseling
- Housing counseling
- Sheltered workshops for disabled
- Adult literacy programs
- No additional significant differences were noted between community respondent, community leader and agency executive segments regarding income and self-sufficiency concerns.







Reflective Pause

Survey Question: How often during the day do you take a reflective pause of at least two minutes at a time to pray, think deeply or use some other technique to gain mental clarity and spiritual balance?

- Once
- 2 to 4 times
- 5 times or more
- Never

In order to gain mental clarity and spiritual balance, 77.8 percent of all community leaders, 71.7 percent of all community respondents and 59.8 percent of all agency executives indicated taking at least one pause per day to pray, think deeply or use some other technique.

Nearly a fifth (25.9 percent) of all community respondents indicated they never pause reflectively to gain mental clarity and spiritual balance, as did 26.0 percent of all agency executives and 18.5 percent of all community leaders.

	Table 6. Reflective Pause		
Number of Times Daily	Community Community Respondents Leaders		Agency Executives
Base	n=336	n=81	n=77
Once	40.2%	43.2%	35.1%
2 to 4 times	20.8%	13.6%	10.4%
5 times or more	10.7%	21.0%	14.3%
Never	25.9%	18.5%	26.0%
No response	2.4%	3.7%	14.3%

Column percentages may not sum to 100.0 percent due to rounding.

Significant Difference Between Population Segments:

 No significant differences were noted between community respondent, community leader and agency executive segments regarding taking a reflective pause to gain mental clarity and spiritual balance.

Other Health Concerns

In addition to rating whether identified health concerns had been major, moderate or minor household/ neighborhood concerns or had not been concerns in their households and/or neighborhoods in the past 12 months, community respondents and community leaders provided input on the source of their household's basic medical care and insurance coverage, as well as whether anyone in their household had experienced a gap in health care services (i.e., medical, dental, behavioral/mental health, substance abuse and/or prenatal).







Source of Basic Medical Care

Survey Question: Where do you USUALLY go, when you or members of your household need basic, NON-EMERGENCY medical care? (Mark only one.)

- Nonprofit community clinics (such as GraceMed, Hunter, HealthCore, E.C. Tyree, Guadalupe, etc. in Sedgwick County; Augusta Family Practice, El Dorado Clinic, etc. in Butler County)
- Immediate care clinic (not at a hospital or medical center)
- Emergency department at a hospital pr medical center
- Our personal physician/private doctor
- Other
- Do not seek medical care

Approximately three-fourths (76.5 percent) of community respondents indicated the usual source of their household's basic medical care was their personal physician or private doctor. Second most often, 6.8 percent sought basic non-emergency healthcare at nonprofit community clinics.

An even larger percentage of community leaders (84.0 percent) indicated a personal physician or private doctor as their household's source for basic medical care, followed by immediate care clinics, which were cited by 6.2 percent of community leaders as their household's source for basic medical care.

Table 7. Source of Basic Medical Care			
Source of Basic Medical Care	Community Respondents	Community Leaders	
Base	n=336	n=81	
Personal physician/private doctor	76.5%	84.0%	
Nonprofit community clinics	6.8%	1.2%	
Immediate care clinic	6.5%	6.2%	
Emergency department	5.7%	2.5%	
Do not seek medical care	2.4%	3.7%	
Other	1.8%	1.2%	
No response	0.3%	1.2%	

A full list of verbatim responses from community respondents and community leaders identifying other sources of basic medical care appears in Appendix C.

Household Insurance Coverage

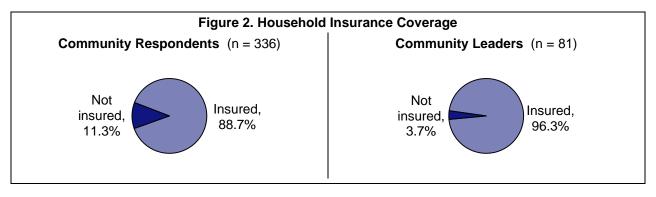
Survey Question: Is everyone in your household covered by health insurance?

When asked whether they and everyone in their household was covered with health insurance, the vast majority of community respondents (88.7 percent) and community leaders (96.3 percent) indicated they were.









Respondents whose household members were covered by health insurance were asked to identify the sources of that insurance.

Survey Question: Is everyone in your household covered by health insurance?

If YES, what coverage do you have? (Mark all that apply.)

- Medicare
- Private insurance
- State-funded Medicaid (KanCare Amerigroup, Sunflower, United Healthcare)
- Military insurance
- Other

Among insured community residents, nearly three-fourths (73.2 percent) had health insurance coverage through private or employer-provided insurance carriers, as did an even larger percentage (91.0 percent) of insured community leaders.

Table 8. Type of Health Insurance Coverage			
	Households With This Coverage		
Type of Health Insurance Coverage	Community Respondents*	Community Leaders**	
Private/employer insurance	73.2%	91.0%	
Medicare	51.0%	25.6%	
State-funded Medicaid (KanCare)	10.4%	3.8%	
Military/other government insurance	8.1%	3.8%	
No response	0.0%	1.3%	

*Base = 298 community respondents with all members of household insured

**Base = 78 community leaders with all members of household insured

Multiple responses possible; column percentages sum to more than 100 percent.

Significant Difference Between Population Segments:

- Community respondents' households were more likely to have health insurance coverage via
 Medicare or state-funded Medicaid than were community leaders' households.
- Community leaders' households were more likely to have private/employer-provided insurance than were community respondents' households.
- No additional significant differences were noted between community respondent, community leader and agency executive segments regarding type of health insurance coverage.







Gaps in Household Health Care Services

Respondents were asked whether they or anyone in their household needed five different types of health care – medical, dental, mental health, substance abuse or prenatal. For those indicating a need for each type of health care, a follow-up question asked as to whether that care was received.

Survey Question: During the past 12 months, did you or anyone in your household need:				
Medical care	Yes	□ No	IF YES, was that care received?	☐ Yes ☐ No
Dental care	Yes	□ No	IF YES, was that care received?	☐ Yes ☐ No
Behavioral/mental health care	☐ Yes	□ No	IF YES, was that care received?	☐ Yes ☐ No
Substance abuse care	Yes	☐ No	IF YES, was that care received?	☐ Yes ☐ No
Prenatal care	☐ Yes	□ No	IF YES, was that care received?	☐ Yes ☐ No

When asked whether someone in their household had needed health care during the past 12 months, nearly four in five community respondents' households had needed medical (86.9 percent) or dental (79.2 percent) care and similar percentages of community leaders' households had needed dental or medical care (88.9 percent each).

Table 9. Type of Health Care Needed				
	Households Needing This Care			
Type of Health Care	Community Community Respondents Leaders			
Base	n=336	n=81		
Medical care	86.9%	88.9%		
Dental care	79.2%	88.9%		
Behavioral/mental health care	19.0%	12.3%		
Substance abuse care	2.7%	0.0%		
Prenatal care	2.1%	2.5%		

Multiple responses possible.
Column percentages sum to more than 100.0 percent.

Table 10 presents the percentage of households needing but not receiving various health care services. The vast majority of community respondents' and community leaders' households needing health care reported having received that health care. Although not as many households needed prenatal care, of those which did, all received it.

Additional information regarding reasons needed health care was not received appears in the community respondent and community leader sections of the report.







	Table 10. Gaps in Health Care Services				
	Of Household	Of Households Needing Health Care, Health Care Received			
	Community I	Respondents	Communi	ty Leaders	
Type of Health Care	Yes	No	Yes	No	
Medical care	96.6%	3.4%	100.0%	0.0%	
Dental care	83.5%	16.5%	100.0%	0.0%	
Behavioral/mental	84.4%	15.6%	90.0%	10.0%	
health care	04.470	13.070	90.076	10.076	
Substance abuse care	44.4%	55.6%	N/A*	N/A*	
Prenatal care	100.0%	0.0%	100.0%	0.0%	

Base = households needing each type of health care; multiple responses possible.

Significant Difference Between Population Segments:

 No significant differences were noted between community respondent and community leader segments regarding gaps in health care services.

Access to Health Care (Agency Clients)

According to agency executives, the clients of the vast majority of agencies needed access to medical care (89.6 percent), behavioral/mental health care (84.4 percent) or dental care (81.8 percent) during the past 12 months.

Table 11. Access for Health Care		
Agencies Whose Clients Needed Type of Health Care Access Needed Access to this Care		
Medical care	89.6%	
Behavioral/mental health care	84.4%	
Dental care	81.8%	
Substance abuse care	55.8%	
Prenatal care	40.3%	

Base = 77 agency executives; multiple responses possible.

Additional information regarding access by agency's clients to health care appears in the agency executive section of the report.







^{*}No community leaders indicated needing substance abuse care for their household.

Health Procedures

Survey Question: For each of the following health procedures, please indicate the last time you yourself had the procedure done – in the past 12 months, in the last 1-5 years; more than 5 years or never.

- Blood pressure check
- Dental screening
- Flu shot
- Mammogram
- Pap smear
- Prostate exam

The vast majority of both community respondents (92.3 percent) and community leaders (96.2 percent) report having had their blood pressure checked with the past 12 months, and nearly as many report having had a dental screening during that same timeframe (72.4 percent, community respondents; 91.0 percent, community leaders).

Closer to two-thirds of community respondents (65.6 percent) and community leaders (68.4 percent) reported having had a flu shot during the past 12 months; at least one in ten reported never having had a flu shot (13,7 percent, community respondent; 10.5 percent, community leaders).

Table 12. Health Procedures (excluding No Response)			
	Households Needing This Care		
Procedure and Time Most Recently Completed	Community Respondents	Community Leaders	
Base	n=336	n=81	
Blood pressure check			
Past 12 months	92.3%	96.2%	
1 to 5 years	6.8%	3.8%	
5 years or more	0.3%	0.0%	
Never	0.6%	0.0%	
Dental screening			
Past 12 months	72.4%	91.0%	
1 to 5 years	17.8%	9.0%	
5 years or more	7.9%	0.0%	
Never	1.9%	0.0%	
Flu shot			
Past 12 months	65.6%	68.4%	
1 to 5 years	13.1%	14.5%	
5 years or more	7.6%	6.6%	
Never	13.7%	10.5%	

Significant Difference Between Population Segments:

 No significant differences were noted between community respondent and community leader segments regarding health procedures (that is, having had a blood pressure check, dental screening or flu shot during the past 12 months.)







Among females, two-thirds (66.7 percent) of community leaders and nearly half (49.1 percent) of community respondents indicated having had a mammogram within the past 12 months. Nearly half (46.7 percent) of female community leaders and a third (33.3 percent) of female community respondents indicated having had a pap smear during that same timeframe.

Table 13. Health Procedures			
Procedure and Time Most Recently Completed	Female Community Respondents	Female Community Leaders	
Base	n=222	n=30	
Mammogram			
Past 12 months	49.1%	66.7%	
1 to 5 years	20.3%	20.0%	
5 years or more	6.8%	6.7%	
Never	12.6%	0.0%	
No response	11.3%	6.7%	
Pap smear			
Past 12 months	33.3%	46.7%	
1 to 5 years	29.3%	33.3%	
5 years or more	15.3%	13.3%	
Never	2.3%	0.0%	
No response	19.8%	6.7%	

Column percentages may not sum to 100.0 percent due to rounding

Significant Difference Between Population Segments:

 No significant differences were noted between female community respondent and female community leader segments regarding having had a mammogram or pap smear during the past 12 months.

Among males, nearly half (47.1 percent) of community leaders and more than a third (36.0 percent) of community respondents indicated having had a prostate exam within the past 12 months.

Table 14. Health Procedures		
Procedure and Time Most Recently Completed	Male Community Respondents	Male Community Leaders
Base	n=114	n=51
Prostate exam		
Past 12 months	36.0%	47.1%
1 to 5 years	17.5%	19.6%
5 years or more	10.5%	11.8%
Never	24.6%	17.6%
No response	11.4%	3.9%

Significant Difference Between Population Segments:

 No significant differences were noted between male community respondent and male community leader segments regarding having had a prostate exam during the past 12 months.







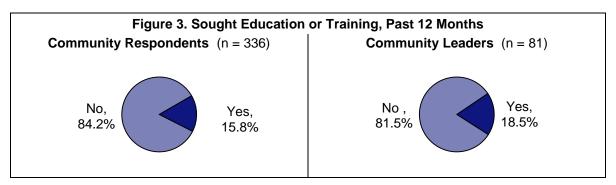
Other Income and Self-Sufficiency Concerns

Community respondents and community leaders were asked whether anyone in their household sought education or training to qualify for a higher-paying job during the past 12 months; whether anyone in their household had been laid off from any job due to the economy and/or workforce reduction during the past 12 months; and whether they had missed a rent, mortgage or utility payment during the past 12 months because they did not have enough money.

Education or Training

Survey Question: During the past 12 months, has anyone in your household sought education or training to qualify for a higher-paying job?

In 15.8 percent of community respondents' households and in 18.5 percent of community leaders' households, someone had sought further education or training within the past 12 months with the intent of qualifying for a higher-paying job.



Significant Difference Between Population Segments:

 No significant differences were noted between community respondent and community leader segments regarding having had a household member seek recent education or training during the past 12 months.



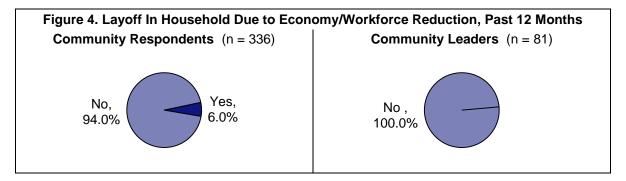




Employment Layoff

Survey Question: During the past 12 months, has anyone in your household been laid off from any job due to the economy and/or workforce reduction?

In 6.0 percent of community respondents' households someone had been laid off or lost a job during the past 12 months, although no one had in community leaders' households.



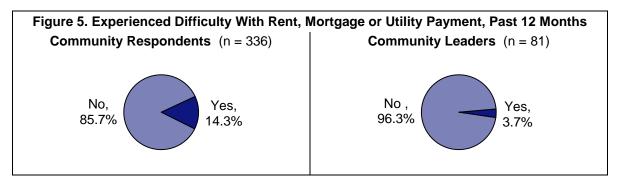
Significant Difference Between Population Segments:

• Community respondents were more likely than were community leaders to have household members who had been laid off or lost a job due to a workforce reduction or the economy.

Experienced Difficulty with Rent, Mortgage or Utility Payments

Survey Question: During the past 12 months, did you miss a rent, mortgage or utility payment because you did not have enough money?

In 14.3 percent of community respondents' households and in 3.7 percent of community leaders' households, a rent, mortgage or utility payment had been missed during the past 12 months because the household did not have enough money.



Significant Difference Between Population Segments:

• Community respondents were more likely than were community leaders to have missed a rent, mortgage or utility payment in the past 12 months.







Community Volunteerism

Survey Question: Within the past 12 months, have you or anyone in your household volunteered time at any of the following types of organizations:

- Church/other religious
- School
- Cultural arts
- Professional
- Civic/fraternal
- Other nonprofit

Members of community respondents' households had volunteered most often for a church or other religious organization; 47.9 percent of the households had done so in the past year. Second most often (44.6 percent), they had volunteered for nonprofit organizations other than those types listed.

Members of community leaders' households had volunteered most often for nonprofit organizations (74.1 percent), followed by churches or other religious organizations (67.9 percent).

Table 15. Community Volunteerism - Households Volunteering		
Type of Organization	Community Respondents	Community Leaders
Base	n=336	n=81
Church/other religious	47.9%	67.9%
Other nonprofit	44.6%	74.1%
School	27.1%	46.9%
Professional	23.5%	61.7%
Civic/fraternal	16.7%	65.4%
Cultural arts	13.1%	29.6%

Multiple responses possible.
Column percentages sum to more than 100.0 percent.

Significant Difference Between Population Segments:

• Community leaders were more likely to have had someone from their household volunteer at each of the six identified organization types than were community respondents.

Information regarding agencies' use of volunteers appears in the agency executive section of the report.







Demographics

Completed surveys were received from community respondents, community leaders and agency executives from two counties in South Central Kansas: Sedgwick and Butler counties.

Table 16. Composition of Survey Respondents per Segment			
	Respondent Segments		
County	Community Respondents	Community Leaders	Agency Executives
Base	n=336	n=81	n=77
Butler County	13.7%	23.5%	16.9%
Sedgwick County	86.3%	76.5%	83.1%

Household and Agency Demographics

Community respondents from 336 households represented a total of 794 individuals, and community leaders from 81 households represented a total of 204 individuals.

Table 17. Household Demographics		
Household Demographics	Community Respondents	Community Leaders
Household responses	n=336	n=81
Individuals represented in responding households	794	204
Composition of households		
Children under 18 years	18.5%	18.6%
Adults 18-64 years old	54.3%	58.3%
Seniors 65 years and older	27.2%	23.0%
Number of persons per household		
Average number of persons	2.4	2.5
Range (people)	1 to 9	1 to 7
Number of children per household		
Average number of children	0.4	0.5
Range (children)	0 to 6	0 to 4
Number of seniors per household		
Average number of seniors	0.6	0.6
Range (seniors)	0 to 3	0 to 2

Column percentages may not sum to 100,0 percent due to rounding.







The vast majority of community leaders (91.4 percent) reported 2017 annual household income of at least \$50,000, as did 51.1 percent of community respondent households.

Table 18. Household Income (2017)		
Household Income	Community Respondents	Community Leaders
Base	n=336	n=81
Less than \$25,000	20.8%	1.2%
\$25,000 - \$49,999	28.0%	7.4%
\$50,000 - \$99,999	31.5%	34.6%
\$100,000 or more	19.6%	56.8%

Column percentages may not sum to 100.0 percent due to rounding.

Based on reported annual operating budgets, respondents represented agencies of various sizes, with slightly more than two-fifths (41.6 percent) identifying an annual operating budget of at least \$1 million.

Table 19. Agency Annual Operating Budget		
Annual Operating Budget	Agencies	
Under \$100,000	24.7%	
\$100,000 to \$499,999	13.0%	
\$500,000 to \$999,999	14.3%	
\$1 million to \$4,999,999	24.7%	
\$5 million to \$9,999,999	5.2%	
\$10 million or more	11.7%	
Don't know/no response	6.5%	

Base = 77 agency executives
Column percentages do not sum to 100.0 percent due to rounding.

Employment Status

As Table 20 displays, at the time of the survey, 52.7 percent of community respondents and 83.9 percent of community leaders were employed either full-time or part-time.

Table 20. Employment Status		
Employment Status	Community Respondents	Community Leaders
Base	n=336	n=81
Employed		
Full-time	39.6%	80.2%
Part-time	13.1%	3.7%
Retired	31.3%	14.8%
Disabled	6.8%	0.0%
Retired/disabled	4.8%	0.0%
Homemaker	2.4%	0.0%
Unemployed	1.8%	1.2%
Student	0.3%	0.0%

Column percentages may not sum to 100.0 percent due to rounding.







Additional information comparing county of residence and county of employment appears in the community respondent and community leader sections of the report.

Respondent Demographics

Community respondents, community leaders, and agency executives provided information on their age, as well as their gender and race and whether they were of Hispanic ethnicity.

Table 21. Respondent Demographics					
Respondent Demographics	Community Respondents	Community Leaders	Agency Executives		
Base	n=336	n=81	n=77		
Age					
Under 34 years	8.6%	4.9%	9.1%		
35 to 44 years	11.3%	9.9%	15.6%		
45 to 54 years	15.2%	22.2%	14.3%		
55 to 64 years	25.6%	34.6%	33.8%		
65 to 74 years	22.0%	22.2%	22.1%		
75 to 84 years	11.6%	6.2%	5.2%		
85 years or older	5.7%	0.0%	0.0%		
Age Range (in years)	23 to 95	29 to 75	24 to 79		
Average Age (in years)	59.4	56.2	55.3		
Gender					
Male	33.9%	63.0%	27.3%		
Female	66.1%	37.0%	72.7%		
Race					
White/Caucasian	88.1%	95.1%	92.2%		
Black/African American	9.2%	4.9%	5.2%		
Native American/Alaskan Native	1.5%	0.0%	1.3%		
Asian/Pacific Islander	1.2%	0.0%	1.3%		
Ethnicity					
Hispanic	3.6%	1.2%	6.5%		
Non-Hispanic	96.4%	98.8%	93.5%		

Column percentages within demographic categories may not sum to 100.0 percent due to rounding.

Significant Difference Between Population Segments:

• Community respondents tended to be older, on average, than were community leaders or agency executives.







Section II. Community Respondent Segment

Purpose: This section summarizes the research findings from community surveys that were mailed to a random sample of households in Sedgwick and Butler counties in South Central Kansas. Additionally, the verbatim responses to open-ended questions appear in Appendix C, and the tables of findings appear in Appendices D and E.

Education Concerns

Education Concerns

Community respondents rated each of 10 education concerns as major, moderate, minor concerns or indicated that each had not been a concern for their household or other households in their neighborhood in the past 12 months. The five education concerns rated most often by community respondents as **major** concerns (along with the percentage of households indicating the concern as **major**) included:

•	Preparing young people for the workforce	28.0 percent
•	Juvenile delinquency/gang prevention	22.0 percent
•	Bullying	21.4 percent
•	Early care and education for children	14.6 percent
•	Student classroom attendance	14.0 percent

Table 22 presents the 10 education concerns, sorted in order of percentage of community respondents rating each concern as major.

Table 22. Education Concerns					
		Household or Neighborhood			
Education Concerns	Major Concern	Moderate Concern	Minor Concern	Not a Concern	Don't Know*
Preparing young people for the workforce	28.0%	20.2%	8.3%	29.2%	14.3%
Juvenile delinquency/gang prevention	22.0%	15.5%	8.0%	37.2%	17.3%
Bullying	21.4%	14.0%	13.1%	33.6%	17.9%
Early care and education for children	14.6%	15.8%	7.7%	47.3%	14.6%
Student classroom attendance	14.0%	12.8%	10.7%	44.0%	18.5%
Mentoring for children/youth	13.7%	14.9%	13.1%	39.3%	19.0%
Child day care	12.5%	11.9%	8.9%	51.8%	14.9%
Tutoring for children/youth	11.3%	15.2%	14.3%	41.1%	18.2%
Before and/or after school services (latchkey)	11.0%	13.1%	9.8%	49.7%	16.4%
Youth development/character building programs (e.g., scouting)	11.0%	19.6%	9.8%	43.8%	15.8%

Base = 336 community respondents
Row percentages may not sum to 100.0 percent due to rounding.
*Includes "no response"







Significant Differences Between Community Respondents:

NOTE: These differences are reported for concerns rated major by at least 15 percent of community respondents. Additional differences are reported in Appendix F.

- Non-Caucasian respondents were more likely to rate preparing young people for the workforce a major concern for their household or neighborhood.
- Low income respondents were more likely than were respondents with annual household income of at least \$35,000 to rate juvenile delinquency/gang prevention or bullying a major household or neighborhood concern.
- For education concerns identified as major by at least 15 percent of community respondents, no significant differences were noted between community respondents based on gender, age (under/over 55), presence or absence of children in the household or county of residence.

Health Concerns

Community respondents rated each of 17 health concerns as major, moderate, minor concerns or indicated that each had not been a concern for their household or other households in their neighborhood in the past 12 months. The five health concerns rated most often by community respondents as **major** concerns (along with the percentage of households indicating the concern as **major**) included:

Health insurance
Basic medical care
Domestic/family violence
Drug/alcohol abuse
Sexual assault
29.5 percent
16.7 percent (tie)
16.7 percent (tie)
16.4 percent

Table 23 presents the 17 health concerns, sorted in order of percentage of community respondents rating each concern as major:

Significant Differences Between Community Respondents:

NOTE: These differences are reported for concerns rated major by at least 15 percent of community respondents. Additional differences are reported in Appendix F.

- Households without children were more likely to rate **domestic/family violence**, **drug/alcohol abuse**, **sexual assault** or **child abuse** a major concern for their household or neighborhood.
- Low-income households were more likely than households with annual income of at least \$35,000 to rate the following a major household or neighborhood concern:

health insurance
 basic medical care
 domestic/family violence
 drug/alcohol abuse
 sexual assault
 child abuse

- Sedgwick County households were more likely than were Butler County households to rate health insurance or basic medical care a major concern for their household or neighborhood.
- For health concerns identified as major by at least 15 percent of community respondents, no significant differences were noted between community respondents based on gender, age (under/over 55), race or county of residence.







Table 23. Health Concerns					
	Household or Neighborhood				
Health Concerns including Prevention/Education/Services	Major Concern	Moderate Concern	Minor Concern	Not a Concern	Don't Know*
Health insurance	29.5%	19.3%	10.1%	31.8%	9.2%
Basic medical care	21.1%	19.0%	13.1%	37.8%	8.9%
Domestic/family violence	16.7%	7.7%	7.1%	53.9%	14.6%
Drug/alcohol abuse	16.7%	12.5%	7.1%	50.6%	13.1%
Sexual assault	16.4%	5.4%	6.5%	54.8%	17.0%
Child abuse	16.1%	6.8%	6.3%	54.8%	16.1%
Human/sex trafficking	14.9%	8.3%	5.7%	54.8%	16.4%
Counseling – behavioral/mental health (children, youth, adults, families, seniors)	14.9%	11.3%	10.1%	48.5%	15.2%
Obesity	13.4%	15.8%	16.4%	41.4%	13.1%
Diabetes	12.8%	14.3%	15.5%	45.2%	12.2%
Immunizations for adults (e.g., tetanus, seasonal flu)	11.0%	14.0%	14.6%	47.9%	12.5%
Prescription painkillers (opioids)	11.0%	11.6%	8.0%	54.5%	14.9%
Teen pregnancy	9.5%	8.3%	7.4%	57.7%	17.0%
Immunizations for children (e.g., measles/mumps/rubella; polio)	7.4%	9.2%	8.9%	56.5%	17.9%
Unintentional injuries (accidents, falls, etc.)	7.4%	14.9%	15.2%	45.8%	16.7%
Medical transportation services	7.1%	9.8%	12.2%	58.9%	11.9%
Gambling addiction	3.6%	6.8%	10.7%	61.3%	17.6%

Base = 336 community respondents
Row percentages may not sum to 100.0 percent due to rounding.
*Includes "no response"

Health or Social Services

People and families often look for help to address situations that impact their health. Community respondents were asked to consider their households and other households in their neighborhoods and rate whether access and availability to each of 10 health or social services were major, moderate, minor concerns or indicated that each had not been a concern in the past 12 months.

The five health or social services rated most often by community respondents as **major** concerns (along with the percentage of households indicating the concern as **major**) included:

•	Treatment for life-threatening diseases	18.2 percent
•	Home health care for homebound individuals	12.8 percent
•	Wellness/nutrition programs	11.6 percent
•	Physical activity program (children, youth, adults)	11.0 percent (tie)
•	Resources for caregivers/respite care	11.0 percent (tie)







Table 24 presents the 10 health or social services sorted in order of percentage of community respondents rating concern regarding access and availability to each as major.

Table 24. Health or Social Services					
	Household or Neighborhood				
Health or Social Services Including access and availability	Major Concern	Moderate Concern	Minor Concern	Not a Concern	Don't Know*
Treatment for life-threatening diseases (cancer, congestive heart failure, other organ failure)	18.2%	13.4%	10.4%	42.0%	16.1%
Home health care for homebound individuals	12.8%	12.2%	10.4%	51.8%	12.8%
Wellness/nutrition programs	11.6%	14.3%	17.0%	44.6%	12.5%
Physical activity program (children, youth, adults)	11.0%	17.9%	16.4%	42.3%	12.5%
Resources for caregivers/respite care	11.0%	13.7%	12.5%	49.1%	13.7%
Meal/food delivery for homebound individuals	10.7%	12.5%	9.5%	54.5%	12.8%
Homemaker services for homebound individuals (assistance w/personal hygiene/housekeeping/meals/etc.)	10.1%	12.2%	9.5%	54.5%	13.7%
Parenting education	8.3%	10.7%	14.6%	52.1%	14.3%
Adult day care services	7.7%	10.4%	10.1%	56.3%	15.5%
Injury prevention devices (smoke alarms, bike helmets, car seats)	7.1%	12.5%	17.3%	49.7%	13.4%

Base = 336 community respondents
Row percentages may not sum to 100.0 percent due to rounding.
*Includes "no response"

Significant Differences Between Community Respondents:

NOTE: These differences are reported for concerns rated major by at least 15 percent of community respondents. Additional differences are reported in Appendix F.

- Sedgwick County households were more likely than were Butler County households to rate treatment for life-threatening diseases a major concern for their household or neighborhood.
- For health or social services identified as major by at least 15 percent of community respondents, no significant differences were noted between community respondents based on gender, age (under/over 55), race, presence or absence of children in the household or annual household income (under/over \$35,000).

Income and Self-Sufficiency Concerns

Income and Self-Sufficiency Concerns

Community respondents rated each of 24 income and self-sufficiency concerns as major, moderate, minor concerns or indicated that each had not been a concern for their household or other households in their neighborhood in the past 12 months.







The five income/self-sufficiency concerns rated most often by community respondents as **major** concerns (along with the percentage of households indicating the concern as **major**) included:

Financial assistance (prescription medication)
 Food assistance
 Environmental pollution/recycling
 Home repair/safety for seniors
 House construction and repair: low-income
 16.7 percent
 15.2 percent (tie)
 15.2 percent (tie)
 14.3 percent

Table 25 presents the 24 income/self-sufficiency concerns, sorted in order of percentage of community respondents rating each concern as major:

Table 25. Income and Self-Sufficiency Concerns					
	Household or Neighborhood				
	Major	Moderate	Minor	Not a	Don't
Income and Self-Sufficiency Concerns	Concern	Concern	Concern	Concern	Know*
Financial assistance (prescription medication)	16.7%	11.9%	10.4%	48.5%	12.5%
Food assistance	15.5%	10.1%	9.8%	53.3%	11.3%
Environmental pollution/recycling	15.2%	12.8%	15.5%	45.2%	11.3%
Home repair/safety for seniors	15.2%	15.2%	10.1%	47.0%	12.5%
House construction and repair: low-income	14.3%	11.3%	11.6%	50.3%	12.5%
Assistance: active military/veterans, families	12.8%	10.1%	11.6%	50.9%	14.6%
Financial assistance (housing/utility)	12.5%	14.6%	11.0%	50.3%	11.6%
Current, correct information: available services	10.1%	14.3%	17.3%	44.6%	13.7%
Safe, affordable, accessible housing	10.1%	14.0%	10.1%	54.8%	11.0%
Emergency/temporary shelter	9.8%	7.4%	10.4%	60.1%	12.2%
Legal aid	8.9%	9.8%	11.9%	56.0%	13.4%
Assistance: offenders reintegrate/community	8.0%	8.6%	10.1%	57.4%	15.8%
Living facilities for children/youth	8.0%	8.9%	9.8%	58.6%	14.6%
Disaster response for fires, tornadoes, etc.	7.7%	7.7%	12.8%	58.9%	12.8%
Employment assistance/services: disabled	7.7%	12.2%	6.3%	60.7%	13.1%
Assistance/services to victims of crime	7.1%	12.2%	12.2%	53.3%	15.2%
Disaster response for acts of terrorism	6.8%	7.4%	9.5%	60.1%	16.1%
Adult basic education (job skills, computers)	5.7%	9.8%	11.0%	62.5%	11.0%
Job training/retraining assistance	5.7%	12.8%	11.0%	58.6%	11.9%
Employment assistance services	5.4%	13.4%	10.7%	58.9%	11.6%
Financial/credit counseling	5.4%	13.1%	16.1%	53.3%	12.2%
Housing counseling	5.4%	7.4%	10.7%	62.2%	14.3%
Sheltered workshops for disabled	4.8%	7.4%	9.8%	61.6%	16.4%
Adult literacy programs	2.7%	6.8%	9.2%	68.8%	12.5%

Base = 336 community respondents
Row percentages may not sum to 100.0 percent due to rounding.
*Includes "no response"







Significant Differences Between Community Respondents:

NOTE: These differences are reported for concerns rated major by at least 15 percent of community respondents. Additional differences are reported in Appendix F.

- Non-Caucasian respondents were more likely to rate food assistance a major household or neighborhood concern.
- Households without children were more likely to rate environmental pollution/recycling a
 major concern for their household or neighborhood.
- Low-income households were more likely than were households with annual income of at least \$35,000 to rate financial assistance (prescription medication), food assistance or home repair/safety for seniors a major concern for their household or neighborhood.
- For income/self-sufficiency concerns identified as major by at least 15 percent of community respondents, no significant differences were noted between community respondents based on gender, age (under/over 55) or county of residence.

Reflective Pause

Survey Question: How often during the day do you take a reflective pause of at least two minutes at a time to pray, think deeply or use some other technique to gain mental clarity and spiritual balance?

- Once
- 2 to 4 times
- 5 times or more
- Never

Among community respondents who indicated how often they take a reflective pause during the day, nearly three-fourths (73.5 percent) indicated taking at least one pause per day, while slightly more than a fourth (26.5 percent) indicated they never pause reflectively to gain mental clarity and spiritual balance.

	Table 26. Reflective Pause			
	Community Respondents			
	All Excluding			
Number of Times Daily	Respondents	No Response		
Once	40.2%	41.2%		
2 to 4 times	20.8%	21.3%		
5 times or more	10.7%	11.0%		
Never	25.9%	26.5%		
No response	2.4%			

Base = 336 community respondents

Significant Difference Between Community Respondents:

 No significant differences were noted between community respondents based on gender, age (under/over 55), race, presence or absence of children in the household, annual household income (under/over \$35,000) or county of residence regarding taking a reflective pause.







Other Health Concerns

In addition to rating whether identified health concerns had been major, moderate or minor household/ neighborhood concerns or had not been concerns in their households and/or neighborhoods in the past 12 months, community respondents provided input on the source of their household's basic medical care and insurance coverage, as well as whether anyone in their household has experienced a gap in health care services (i.e., medical, dental, mental health, substance abuse and/or prenatal).

Source of Basic Medical Care

Survey Question: Where do you USUALLY go, when you or members of your household need basic NON-EMERGENCY medical care?

- Nonprofit community clinics (such as GraceMed, Hunter, HealthCore, E.C. Tyree, Guadalupe, etc. in Sedgwick County; Augusta Family Practice, El Dorado Clinic, etc. in Butler County)
- Immediate care clinic (not at a hospital or medical center)
- Emergency department at hospital/medical center
- Our personal physician/private doctor
- Other
- Do not seek medical care

More than three in four (76.5 percent) community respondents indicated the usual source of their household's basic medical care was their personal physician or private doctor. Second most often, 6.8 percent identified the nonprofit community clinics as the usual source of their household's basic, non-emergency medical care.

Table 27. Source of Basic Medical Care			
Source of Basic Medical Care	Households Usually Using This Source		
Personal physician/private doctor	76.5%		
Nonprofit community clinics	6.8%		
Immediate care clinic	6.5%		
Emergency department	5.7%		
Do not seek medical care	2.4%		
Other	1.8%		
No response	0.3%		

Base = 336 community respondents

Other sources identified for basic medical care included the "VA Medical Center", "McConnell Air Force Base" or "military facility." One respondent identified "Teledoc" as the source for basic non-emergency care.

A full list of verbatim responses from community respondents identifying other sources of basic medical care appears in Appendix C.







Significant Differences Between Community Respondents:

- Low-income households were more likely to identify nonprofit community clinics or emergency departments as their usual source of basic medical care.
- Households with income over \$35,000 were more likely to identify immediate care clinics as their usual source for basic medical care.
- No significant differences were noted between community respondents based on gender, age (under/over 55), race, presence or absence of children in the household or county of residence regarding source of basic medical care.

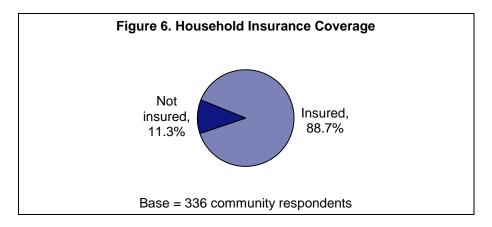
Household Insurance Coverage

Survey Question: Is everyone in your household covered by health insurance?

If YES, what types of coverage do you have? (Mark all that apply.)

- Medicare
- Private/employer insurance
- State-funded Medicaid (KanCare Amerigroup, Sunflower, United Healthcare)
- Military/other government insurance
- Other

The vast majority (88.7 percent) of community respondents indicated that everyone in their household was covered by health insurance.



Significant Differences Between Community Respondents:

 No significant differences were noted between community respondents based on gender, age (under/over 55), race, presence or absence of children in the household, annual household income (under/over \$35,000) or county of residence regarding whether everyone in the household had insurance coverage.

As previously stated, the vast majority of households reported health insurance coverage for all household members. However, the flip side of the coin was that 11.3 percent of households had one or more individuals not covered by health insurance at the time of the survey. Survey data are unable to determine the number of uninsured individuals.







Among insured community residents, nearly three-fourths (73.2 percent) had health insurance coverage through private insurance carriers and/or programs offered through their employers.

Table 28. Type of Health Insurance Coverage			
Type of Health Insurance Coverage	Households Using This Source		
Private/employer insurance	73.2%		
Medicare	51.0%		
State-funded Medicaid (KanCare)	10.4%		
Military/other government insurance	8.1%		

Base = 298 community respondents with all household members insured
Multiple responses possible.
Column percentages sum to more than 100.0 percent

Significant Differences Between Community Respondents:

- Households without children or respondents at least 55 years of age were more likely to have Medicare coverage. Respondents at least 55 years of age also were more likely to have military/other government coverage.
- Households with children were more likely to have state funded Medicaid coverage.
- Households with annual income below \$35,000 were more likely than were higher-income households to have **Medicare** or **state-funded Medicaid coverage.**
- Households with annual income of at least \$35,000 were more likely than were low-income households to have private/employer-provided coverage.
- No significant differences were noted between insured community respondents based on gender, race, or county of residence regarding type of health insurance coverage.

Gaps in Household Health Care Services

Respondents were asked whether they or anyone in their household needed five different types of health care – medical, dental, mental health, substance abuse or prenatal. For those indicating a need for each type of health care, a follow-up question asked as to whether that care was received.

Survey Question: During the past 12 months, did you or anyone in your household need:					
Medical care	☐ Yes ☐	□ No	IF YES, was that care received?	☐ Yes	□ No
Dental care	☐ Yes ☐	□ No	IF YES, was that care received?	Yes	☐ No
Behavioral/mental health care	☐ Yes □	⊒ No	IF YES, was that care received?	☐ Yes	□ No
Substance abuse care	☐ Yes ☐	□ No	IF YES, was that care received?	Yes	☐ No
 Prenatal care 	☐ Yes ☐	□ No	IF YES, was that care received?	Yes	☐ No







Not surprisingly, medical and dental care were needed by a vast majority of households in South Central Kansas during the past 12 months, with more than four in five households (86.9 percent) needing medical care and nearly four in five households (79.2 percent) needing dental care.

Table 29. Type of Health Care Needed			
Type of Health Care Households Needing This Type of Care			
Medical care	86.9%		
Dental care	79.2%		
Behavioral/mental health care	19.0%		
Substance abuse care	2.7%		
Prenatal care	2.1%		

Base = 336 community respondents

Multiple responses possible.

Column percentages sum to more than 100.0 percent.

The vast majority (96.6 percent) of households needing medical care in Sedgwick and Butler counties during the past 12 months received it, as did 83.5 percent of the households needing dental care. Although not as many households needed prenatal care, of those which did, 100.0 percent indicated receiving it.

Of households needing behavioral/mental health care, 15.6 percent went unserved during the past 12 months. Of households indicating a need for substance abuse care this past year, 55.6 percent went unserved.

Table 30. Gaps in Health Care Services						
	Household	ls Needing	Health	lds Needing Care, e Received		
Type of Health Care	Health	n Care	Yes	No		
Medical care	n=292	86.9%	96.6%	3.4%		
Dental care	n=266	79.2%	83.5%	16.5%		
Behavioral/mental health care	n= 64	19.0%	84.4%	15.6%		
Substance abuse care	n= 9	2.7%	44.4%	55.6%		
Prenatal care	n= 7	2.1%	100.0%	0.0%		

Row percentages of households receiving needed care sum to 100 percent.

Base = households needing each type of health care

Significant Differences Between Community Respondents:

- Households with children were more likely to have needed **behavioral/mental health care** or **prenatal care** than were households without children.
- Younger respondents were more likely than those at least 55 years old to have someone in their household need dental care or behavioral/mental health care.
- No significant differences were noted between community respondents based on gender, race, annual household income (under/over \$35,000) or county of residence regarding gaps in health care services.







According to the most recent U.S. Census Bureau data available, there were 219,430 occupied households in Sedgwick and Butler counties.

Table 31. Number of Occupied Households			
County Households			
Sedgwick County 195,072			
Butler County 24,358			
Total	219,430		

Table DP04. 2013-2017 5-Year Estimates
American Community Survey, U.S. Census Bureau

Projecting the research findings to the universe of occupied households as a whole indicates that during the past 12 months, 79.2 percent of households in Sedgwick and Butler County (or approximately 173,789 households) needed dental care, and of those, 16.5 percent (or approximately 28,675 households) did not receive that care.

Similarly, 86.9 percent of Sedgwick and Butler County households (or approximately 190,685 households) needed medical care, and 3.4 percent (or approximately 6,483 households) did not receive that care.

A total of 50 respondents indicated that someone in their household had needed but not received one or more types of health care during the past 12 months; those respondents were asked to provide the reason that health care was not received. Most often, either the care was too expensive (56.0 percent) or the household member with the medical need did not have insurance (52.0 percent).

Table 32. Reason for Not Receiving Health Care			
Reason for Not Receiving Care	Households Not Receiving Care		
Care was too expensive	56.0%		
Did not have insurance	52.0%		
Insurance wouldn't cover	30.0%		
High insurance deductible	20.0%		
Care was not available	16.0%		
Did not seek care	14.0%		
Other	8.0%		
No response	4.0%		

Base = 50 community respondents
Multiple responses possible.
Column percentages sum to more than 100.0 percent.

Other reasons identified for needing but not receiving health care included blood pressure having been too high, not qualifying for low-income help and being "unemployed and uninsured." One respondent didn't receive care due to "searching for another therapist."

A full list of verbatim responses from community respondents identifying other reasons for needing but not receiving health care appears in Appendix C.







Health Procedures

Survey Question: For each of the following health procedures, please indicate the last time you yourself had the procedure done – in the past 12 months, in the last 1-5 years; more than 5 years or never.

Blood pressure check
 Dental screening
 Flu shot
 Mammogram
 Pap smear
 Prostate exam

Among all community respondents, nearly nine in ten (89.3 percent) had had their blood pressure checked within the past 12 months. Approximately two-thirds (67.9 percent) had had a dental screening during that same timeframe, and approximately three in five (61.3 percent) had had a flu shot.

	Table 33. Health Procedures					
	Past 12	1 – 5	More than		No	Not
Health Procedure	months	years	5 years	Never	Response	Applicable
Blood pressure check	89.3%	6.5%	0.3%	0.6%	3.3%	0.0%
Dental screening	67.9%	16.7%	7.4%	1.8%	6.3%	0.0%
Flu shot	61.3%	12.2%	7.1%	12.8%	6.5%	0.0%
Mammogram	32.4%	13.4%	4.5%	8.3%	7.4%	33.9%
Pap smear	22.0%	19.3%	10.1%	1.5%	13.1%	33.9%
Prostate exam	12.2%	6.0%	3.6%	8.3%	3.9%	66.1%

Base = 336 community respondents
Row percentages may not sum to 100.0 percent due to rounding

Excluding those who did not respond to questions regarding the various health procedures increases the percentages of those who had undergone a blood pressure check (92.3 percent) or a dental screening (72.4 percent) or had a flu shot (65.6 percent) within the past 12 months, although 13.7 percent of respondents indicated never having had a flu shot.

	Table 34. Health Procedures (excluding No Response)							
	Past 12	Past 12 1 – 5 More than						
Health Procedure	months years 5 years Never							
Blood pressure check	92.3%	6.8%	0.3%	0.6%				
Dental screening	72.4%	17.8%	7.9%	1.9%				
Flu shot	65.6%	13.1%	7.6%	13.7%				

Base = 336 community respondents, excluding those not responding

Significant Differences Between Community Respondents:

- Older respondents were more likely than those younger than 55 years old to have gotten a **flu shot** in the past 12 months.
- No significant differences were noted between community respondents based on gender, race, presence or absence of children in the household, annual household income (under/over \$35,000) or county of residence regarding health procedures (that is, having had a blood pressure check, dental screening or flu shot during the past 12 months).







Among female community respondents, nearly half (49.1 percent) indicated having had a mammogram within the past 12 months and a third (33.3 percent) indicated having had a pap smear during that same timeframe.

	Table 35. Health Procedures (Female Respondents)				
	Past 12	Past 12 1 – 5 More than No			
Health Procedure	months	years	5 years	Never	Response
Mammogram	49.1%	20.3%	6.8%	12.6%	11.3%
Pap smear	33.3%	29.3%	15.3%	2.3%	19.8%

Base = 222 female community respondents Row percentages may not sum to 100.0 percent due to rounding

Significant Differences Between Community Respondents:

- Older female respondents or those in households with no children were more likely than those
 younger than 55 years old or in households with children to have gotten a mammogram in the
 past 12 months.,
- Younger female respondents were more likely than those 55 years old or older to have gotten a **pap smear** in the past 12 months.,
- No significant differences were noted between female community respondents based on race, annual household income (under/over \$35,000) or county of residence regarding having had a mammogram or pap smear during the past 12 months.

Among male community respondents, more than a third (36.0 percent) indicated having had a prostate exam within the past 12 months.

	Table 36. Health Procedures (Male Respondents)				
	Past 12				No
Health Procedure	months	years	5 years	Never	Response
Prostate exam	36.0%	17.5%	10.5%	24.6%	11.4%

Base = 114 male community respondents

Significant Differences Between Community Respondents:

- Older male respondents or those in households with no children were more likely than those
 younger than 55 years old or in households with children to have had a prostate exam in the
 past 12 months.,
- No significant differences were noted between male community respondents based on race, annual household income (under/over \$35,000) or county of residence regarding having had a prostate exam during the past 12 months.

Other Income and Self-Sufficiency Concerns

Community respondents were asked whether anyone in their household sought education or training to qualify for a higher-paying job during the past 12 months; whether anyone in their household had been laid off from any job due to the economy and/or workforce reduction during the past 12 months; and whether they had missed a rent, mortgage or utility payment during the past 12 months because they did not have enough money.



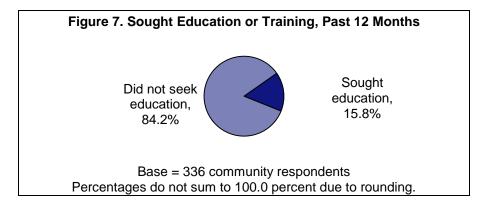




Education or Training

Survey Question: During the past 12 months, has anyone in your household sought education or training to qualify for a higher-paying job?

In 15.8 percent of responding households, someone sought further education or training within the past 12 months with the intent of qualifying for a higher-paying job.



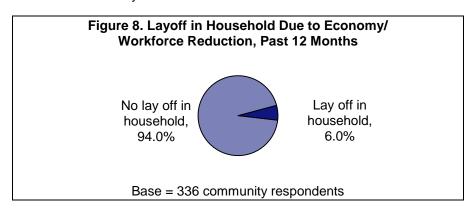
Significant Differences Between Community Respondents:

- Households with children were more likely than those without children to have a household member who had sought education or training to qualify for a higher-paying job.
- Households with respondents younger than 55 years old were more likely to have someone
 who had sought education or training than were older respondents' households.
- No significant differences were noted between community respondents based on gender, race, annual household income (under/over \$35,000) or county of residence regarding having sought education or training during the past 12 months.

Employment Layoff

Survey Question: During the past 12 months, has anyone in your household been laid off from any job due to the economy and/or workforce reduction?

In 6.0 percent of responding households, one or more individuals had been laid off from a job during the past 12 months due to the economy and/or a workforce reduction.









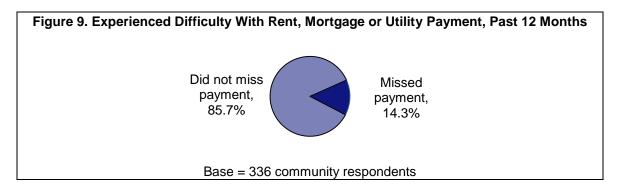
Significant Differences Between Community Respondents:

 No significant differences were noted between community respondents based on gender, age (under/over 55), race, presence or absence of children in the household, annual household income (under/over \$35,000) or county of residence regarding layoffs in the household during the past 12 months.

Experienced Difficulty with Rent, Mortgage or Utility Payments

Survey Question: During the past 12 months, did you miss a rent, mortgage or utility payment because you did not have enough money?

In 14.3 percent of responding households, a rent, mortgage or utility payment had been missed during the prior 12 months because the household did not have enough money.



Significant Differences Between Community Respondents:

- Non-Caucasian respondents or respondents younger than 55 years old were more likely to have missed a recent rent, mortgage or utility payment.
- Households with children or households with annual income below \$35,000 were more likely to have missed a recent rent, mortgage or utility payment.
- No significant differences were noted between community respondents based on gender or county of residence regarding experiencing difficulty with housing or utility payments during the past 12 months.

Other Concerns

Finally, community respondents were asked to identify any other concerns of special importance in the past 12 months and to indicate whether it was a major, moderate or minor concern. Each could identify up to three additional concerns. A sample of concerns identified by community respondents included:

Financial

"Can't afford someone to do back taxes."

"Education on budget (home finances)."

"Education on payday loans."

"Making enough money on the side to make ends meet."

"No financial help for middle class."







Health

"Affordable healthcare for those having to purchase their own yet don't qualify for assistance. No competition-very high rates with very high deductible."

"Drug/alcohol use/addiction by family members, not in my household."

"Hearing aids and eyeglasses."

"Help for long-term care for mentally challenged."

"No funds for eyeglasses."

"No help with major dental issues."

Infrastructure

"Public restrooms along River Walk, Veterans Park, etc."

"Road construction everywhere."

"Tornado shelters."

"Traffic on 13th Street west of Zoo."

"Water purity."

Public and personal safety

"Cop harassment."

"Crime in the neighborhood and what to do about it."

"Gun control for automatic weapons."

"House break-ins."

"Neighborhood Watch."

"Poor 911 responses."

"Reckless drivers/lack of enforcement of traffic laws."

"Too many firearms; gunshots in the 'hood are a regular occurrence."

Transportation

"Assistance with transportation."

"Public transportation."

"Transportation for grocery shopping for seniors, disabled and vulnerable individuals."

"Transportation options."

A full list of community respondents' verbatim responses identifying other concerns as well as whether each was identified as a major, moderate or minor concern appears in Appendix C.

Community Volunteerism

Survey Question: Within the past 12 months, have you or anyone in your household volunteered time at any of the following types of organizations:

- Church/other religious

- Professional

- School

- Civic/fraternal

- Cultural arts

- Other nonprofit







Most often, members of community respondents' households in Sedgwick and Butler County have volunteered in the past 12 months for a church or other religious organization, with 47.9 percent of the households having done so. The second most frequently cited place to volunteer was for nonprofit organizations (44.6 percent).

Table 37. Community Volunteerism			
Type of Organization Households Volunteering			
Church/other religious	47.9%		
Other nonprofit	44.6%		
School	27.1%		
Professional	23.5%		
Civic/fraternal	16.7%		
Cultural arts	13.1%		

Base = 336 community respondents

Multiple responses possible.

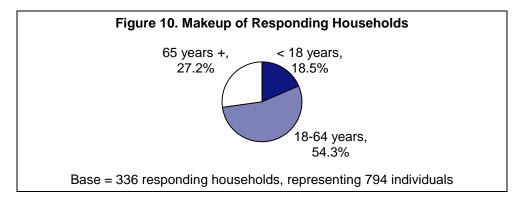
Column percentages sum to more than 100.0 percent.

Significant Differences Between Community Respondents:

- Households with children were more likely to have volunteered at a school.
- Respondents younger than 55 years old were more likely than were older respondents to have had someone from their households volunteer at a school or for a professional organization.
- Households with annual income of at least \$35,000 were more likely to have volunteered at a **school**, for a **professional organization** or for a **nonprofit organization**.
- No significant differences were noted between community respondents based on gender, race or county of residence regarding community volunteerism.

Demographics

Community respondents from 336 households in Sedgwick and Butler County represented a total of 794 individuals. Of those, approximately one in five household members was a child younger than 18 years of age; more than half were adults between the ages of 18 and 64 years and the remaining 27.2 percent were at least 65 years old.



The number of persons in households ranged from one to nine and averaged 2.4 persons per household.







Significant Differences Between Community Respondents:

- Community respondents' households with children tended to be larger than households without children (4.5 to 1.8 persons, respectively).
- Households of younger community respondents tended to be larger than those of community respondents at least 55 years of age (3.1 to 2.0 persons, respectively).
- Lower income households tended to be smaller than were households with annual household income at or above \$35,000 (2.0 to 2.5, respectively).
- No significant differences were noted between community respondents based on gender, race, or county of residence (Sedgwick/non-Sedgwick) regarding household size.

Respondent Age

Among those who provided their age, community respondents' ages ranged from 23 to 95 years and averaged 59.4 years. Sixty-one years was the median age, the point at which approximately half of the adult respondents' ages were younger than and approximately half of the adult respondents' ages were older than 61 years.

Among community respondents, 28.0 percent refused to provide their exact age in years, but were willing to indicate a range that included their age.

Table 38. Age		
Age Category Community Respondents		
18 to 24 years	1.5%	
25 to 34 years	7.1%	
35 to 44 years	11.3%	
45 to 54 years	15.2%	
55 to 64 years	25.6%	
65 to 74 years	22.0%	
75 to 84 years	11.6%	
85 years or older	5.7%	

Base = 336 community respondents

Significant Differences Between Community Respondents:

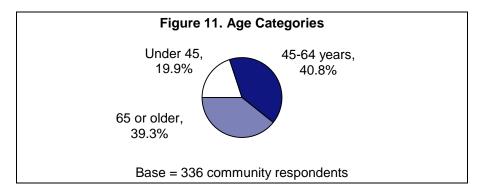
- Respondents from households with children tended to be younger than households without children (46.2 years to 63.0 years, respectively).
- Respondents from lower income households tended to be older than were respondents from households with annual household income of at least \$35,000 (63.3 years to 57.4 years, respectively).
- No significant differences were noted between community respondents based on gender, race, or county of residence regarding respondent age.







Nearly one in five (19.9 percent) community respondents was under 45 years of age.



County of Residence

The vast majority of community respondents resided in Sedgwick County (86.3 percent).

Table 39. County of Residence		
County Community Respondents		
Sedgwick County 86.3%		
Butler County	13.7%	

Base = 336 community respondents

Employment Status

At the time of the survey, 52.7 percent of community respondents were employed either full-time or part-time.

Table 40. Employment Status		
Employment Status Community Respondent		
Employed		
Full-time	39.6%	
Part-time	13.1%	
Retired	31.3%	
Disabled	6.8%	
Retired/disabled	4.8%	
Homemaker	2.4%	
Unemployed	1.8%	
Student	0.3%	

Base = 336 community respondents
Column percentages do not sum to 100.0 percent due to rounding.







Among community respondents who were employed and who indicated the county in which they were employed, 84.6 percent worked in Sedgwick County and an additional 4.5 percent worked in Sedgwick County and at least one additional county (besides Butler County). One respondent indicated living in Sedgwick County but working in Harvey County.

Table 41. County of Employment For Those Working Full-time or Part-time			
Employed Community County of Employment Respondents			
Sedgwick County 84.7%			
Butler County	10.2%		
Sedgwick and other counties	2.8%		
Sedgwick and Butler counties	1.7%		
Harvey County	0.6%		

Base = 177 employed community respondents

Gender

As is typically seen in surveys of the general population, a greater proportion of women than men responded. Females accounted for 66.1 percent of community survey respondents, while males accounted for 33.9 percent.

According to the U.S. Census Bureau (*Table DP05. 2013-2017 5-Year Estimates, American Community Survey*), in 2017, the combined total population of Sedgwick and Butler counties was 576,744, comprised of 49.6 percent male and 50.4 percent female residents. The comparable population of adults 18 years old and older was 425,438 individuals, comprised of 49.0 percent male, 51.0 percent female.

Statistical testing was conducted on responses to survey questions to determine whether statistically significant differences existed between male and female respondents. Where such differences were detected, they have been noted in the report.

Race and Ethnicity

Identical to the methodology used by the U.S. Census, community respondents were asked about their Hispanic ethnicity and their race as two separate questions.

Non-Hispanics accounted for 96.4 percent of community survey respondents and those of Hispanic ethnicity accounted for 3.6 percent.

According to the U.S. Census Bureau (*Table DP05. ACS Demographic and Housing Estimates, 2013-2017 5-Year Estimates, American Community Survey*), in 2017, the combined total population of Sedgwick and Butler counties was 576,744, comprised of 87.0 percent (n=501,648) non-Hispanic and 13.0 percent (75,096) Hispanic.

Initial postcards and the letters accompanying the community surveys both contained information offering potential Spanish-speaking respondents the opportunity to request and receive their community survey in Spanish rather than in English.







Regarding respondent race, unlike the U.S. Census which captures and categorizes numerous racial responses per individual, the community survey focused in on the race respondents considered to be their "primary" one. For this reason, survey results may over-represent the White/Caucasian population segment and under-represent other population segments.

According to the U.S. Census Bureau (*Table DP05. ACS Demographic and Housing Estimates, 2013-2017 5-Year Estimates, American Community Survey*), in 2017 in Sedgwick and Butler counties, approximately one in five (19.3 percent, n=111,183) residents was non-White.

Table 42. Race					
Race Community Popu Respondents (2017 U.S					
White/Caucasian	88.1%	80.7%			
Black/African American	9.2%	8.3%			
Native American/Alaskan Native	1.5%	0.9%			
Asian/Pacific Islander	1.2%	4.0%			
Some Other Race		2.4%			
Two or more Races		3.7%			

Base = 336 community respondents

Statistical testing was conducted on responses to survey questions to determine whether statistically significant differences existed between Hispanic and non-Hispanic respondents and between White/Caucasian respondents and respondents of other race categories. Where such differences were detected, they have been noted in the report.

Household Income

According to the U.S. Census Bureau, in 2017 in Sedgwick and Butler counties, there were 219,430 occupied households. Comparing community respondents to 2017 U.S. Census data, survey results fairly closely mirrored the ratio of households' annual income categories.

	Table 43. Household Income		
Household Income	Community Respondents	U. S. Census** (2017 Income)	
Less than \$25,000	20.8%	21.8%	
\$25,000 - \$49,999	28.0%	24.6%	
\$50,000 - \$99,999	31.5%	31.8%	
\$100,000 or more	19.6%	21.8%	

Base = 336 community respondents

Statistical testing was conducted on responses to survey questions to determine whether statistically significant differences existed between households with income below and at or above \$35,000. Where such differences were detected, they have been noted in the report.







^{**}Table DP03, 2013-2017 American Community Survey, Five Year Estimates Column percentages may not sum to 100.0 percent due to rounding.

Section III. Community Leader Segment

Purpose: This section summarizes the research findings from surveys that were mailed to individuals identified as leaders in their communities including elected and appointed government officials as well as presidents and chief executive officers of the area's largest employers. Additionally, the verbatim responses to open-ended questions appear in Appendix C, and the tables of findings appear in Appendix D.

Education Concerns

Community leaders rated each of 10 education concerns as major, moderate, minor concerns or indicated that each had not been a concern for their household or other households in their neighborhood in the past 12 months. The five education concerns rated most often by community leaders as **major** concerns (along with the percentage of community leaders indicating the concern as **major**) included:

•	Preparing young people for the workforce	33.3 percent
•	Youth development/character building programs	21.0 percent
•	Early care and education for children	18.5 percent
•	Juvenile delinquency/gang prevention	17.3 percent
•	Child day care	14.8 percent

Table 44 presents the 10 education concerns, sorted in order of percentage of community leaders rating each concern as major:

Table 44. Education Concerns					
	Household or Neighborhood				
Education Concerns	Major Concern	Moderate Concern	Minor Concern	Not a Concern	Don't Know*
Preparing young people for the workforce	33.3%	22.2%	12.3%	27.2%	4.9%
Youth development/character building programs (e.g., scouting)	21.0%	17.3%	19.8%	35.8%	6.2%
Early care and education for children	18.5%	14.8%	16.0%	43.2%	7.4%
Juvenile delinquency/gang prevention	17.3%	17.3%	19.8%	38.3%	7.4%
Child day care	14.8%	17.3%	11.1%	49.4%	7.4%
Bullying	13.6%	23.5%	17.3%	35.8%	9.9%
Mentoring for children/youth	13.6%	23.5%	19.8%	34.6%	8.6%
Student classroom attendance	13.6%	18.5%	17.3%	42.0%	8.6%
Before and/or after school services (latchkey)	9.9%	16.0%	19.8%	46.9%	7.4%
Tutoring for children/youth	8.6%	22.2%	22.2%	37.0%	9.9%

Base = 81 community leaders
Row percentages may not sum to 100.0 percent due to rounding.
*Includes "no response"







Significant Differences Between Community Leaders:

 No significant differences were noted between community leaders based on gender, age, (under 55/55 years or older), presence or absence of children in the household or county of residence regarding education concerns.

Health Concerns

Community leaders rated each of 24 health concerns as major, moderate, minor concerns or indicated that each had not been a concern for their household or other households in their neighborhood in the past 12 months. The health concerns rated most often by community leaders as **major** concerns (along with the percentage of households indicating the concern as **major**) included:

•	Health insurance	17.3 percent
•	Domestic/family violence	14.8 percent
•	Counseling – behavioral/mental health	13.6 percent (tie)
•	Drug/alcohol abuse	13.6 percent (tie)
•	Human/sex trafficking	13.6 percent (tie)
•	Sexual assault	13.6 percent (tie)

Table 45 presents the 17 health concerns, sorted in order of percentage of community leaders rating each concern as major.

Significant Differences Between Community Leaders:

 No significant differences were noted between community leaders based on gender, age, (under 55/55 years or older), presence or absence of children in the household or county of residence regarding health concerns.







Table 45. Health Concerns					
	Household or Neighborhood				
Health Concerns including Prevention/Education/Services	Major Concern	Moderate Concern	Minor Concern	Not a Concern	Don't Know*
Health insurance	17.3%	21.0%	14.8%	42.0%	4.9%
Domestic/family violence	14.8%	12.3%	7.4%	59.3%	6.2%
Counseling – behavioral/mental health (children, youth, adults, families, seniors)	13.6%	12.3%	18.5%	49.4%	6.2%
Drug/alcohol abuse	13.6%	17.3%	11.1%	53.1%	4.9%
Human/sex trafficking	13.6%	12.3%	8.6%	54.3%	11.1%
Sexual assault	13.6%	8.6%	7.4%	61.7%	8.6%
Basic medical care	12.3%	19.8%	14.8%	46.9%	6.2%
Child abuse	12.3%	14.8%	4.9%	59.3%	8.6%
Prescription painkillers (opioids)	12.3%	8.6%	13.6%	56.8%	8.6%
Teen pregnancy	11.1%	9.9%	9.9%	58.0%	11.1%
Obesity	8.6%	21.0%	19.8%	40.7%	9.9%
Diabetes	6.2%	14.8%	22.2%	49.4%	7.4%
Immunizations for children (e.g., measles/mumps/rubella; polio)	6.2%	8.6%	18.5%	55.6%	11.1%
Medical transportation services	6.2%	8.6%	19.8%	61.7%	3.7%
Immunizations for adults (e.g., tetanus, seasonal flu)	4.9%	17.3%	24.7%	46.9%	6.2%
Unintentional injuries (accidents, falls, etc.)	4.9%	14.8%	27.2%	45.7%	7.4%
Gambling addiction	2.5%	4.9%	14.8%	66.7%	11.1%

Base = 81 community leaders
Row percentages may not sum to 100.0 percent due to rounding.
*Includes "no response"

Health or Social Services

People and families often look for help to address situations that impact their health. Community leaders were asked to consider their households and other households in their neighborhoods and rate whether access and availability to each of 10 health or social services were major, moderate, minor concerns or indicated that each had not been a concern in the past 12 months.

The health or social services rated most often by community leaders as **major** concerns (along with the percentage of households indicating the concern as **major**) included:

Parenting education
 7.4 percent (tie)

Treatment for life-threatening diseases
 7.4 percent (tie)

All other health or social services were rated as **major** concerns by fewer than 7 percent of community leaders.







Table 46 presents the 10 health or social services sorted in order of percentage of community leaders rating concern regarding access and availability to each as major.

Table 46. Health or Social Services					
	Household or Neighborhood				
Health or Social Services Including Access and Availability	Major Concern	Moderate Concern	Minor Concern	Not a Concern	Don't Know*
Parenting education	7.4%	8.6%	22.2%	53.1%	8.6%
Treatment for life-threatening diseases (cancer, congestive heart failure, other organ failure)	7.4%	8.6%	13.6%	55.6%	14.7%
Wellness/nutrition programs	6.2%	16.0%	22.2%	49.4%	6.2%
Physical activity program (children, youth, adults)	6.2%	18.5%	24.7%	43.2%	7.4%
Resources for caregivers/respite care	6.2%	16.0%	22.2%	45.7%	9.9%
Home health care for homebound individuals	6.2%	14.8%	19.8%	46.9%	12.3%
Homemaker services for homebound individuals (assistance w/personal hygiene/housekeeping/meals/etc.)	6.2%	9.9%	18.5%	53.1%	12.3%
Meal/food delivery for homebound individuals	4.9%	12.3%	21.0%	50.6%	11.1%
Injury prevention devices (smoke alarms, bike helmets, car seats)	3.7%	9.9%	24.7%	53.1%	8.6%
Adult day care services	2.5%	13.6%	16.0%	58.0%	9.9%

Base = 81 community leaders
Row percentages may not sum to 100.0 percent due to rounding.
*Includes "no response"

Significant Differences Between Community Leaders:

 No significant differences were noted between community leaders based on gender, age (under 55/55 years or older), presence or absence of children in the household or county of residence regarding health or social services.

Income and Self-Sufficiency Concerns

Community leaders rated each of 24 income and self-sufficiency concerns as major, moderate or minor concerns or indicated that each had not been a concern for their household or other households in their neighborhood in the past 12 months. The income/self-sufficiency concerns rated most often as **major** concerns (along with the percentage of households indicating the concern as **major**) included:

•	Employment assistance services	12.3 percent
•	Food assistance	11.1 percent (tie)
•	Safe, affordable, accessible housing	11.1 percent (tie)
•	Assistance: active military/veterans, families	9.9 percent (tie)
•	Employment assistance/services: disabled	9.9 percent (tie)
•	Job training/retraining assistance	9.9 percent (tie)

Table 47 presents the 24 income/self-sufficiency concerns, sorted in order of percentage of community leaders rating each concern as major.







Table 47. Income and Self-Sufficiency Concerns					
	Household or Neighborhood				
	Major	Moderate	Minor	Not a	Don't
Income and Self-Sufficiency Concerns	Concern	Concern	Concern	Concern	Know*
Employment assistance services	12.3%	8.6%	9.9%	58.0%	11.1%
Safe, affordable, accessible housing	11.1%	12.3%	12.3%	56.8%	7.4%
Food assistance	11.1%	9.9%	14.8%	54.3%	9.9%
Job training/retraining assistance	9.9%	13.6%	9.9%	56.8%	9.9%
Employment assistance/services: disabled	9.9%	7.4%	12.3%	59.3%	11.1%
Assistance: active military/veterans, families	9.9%	16.0%	8.6%	54.3%	11.1%
Adult basic education (job skills, computers)	8.6%	13.6%	6.2%	60.5%	11.1%
Home repair/safety for seniors	8.6%	13.6%	13.6%	56.8%	7.4%
Financial assistance (prescription medication)	8.6%	12.3%	13.6%	53.1%	12.3%
House construction and repair: low-income	7.4%	18.5%	8.6%	56.8%	8.6%
Emergency/temporary shelter	7.4%	12.3%	11.1%	61.7%	7.4%
Living facilities for children/youth	7.4%	12.3%	9.9%	61.7%	8.6%
Financial assistance (housing/utility)	6.2%	11.1%	17.3%	56.8%	8.6%
Disaster response for fires, tornadoes, etc.	6.2%	3.7%	16.0%	65.4%	8.6%
Financial/credit counseling	4.9%	12.3%	18.5%	53.1%	11.1%
Sheltered workshops for disabled	4.9%	11.1%	11.1%	63.0%	9.9%
Housing counseling	4.9%	7.4%	14.8%	60.5%	12.3%
Disaster response for acts of terrorism	4.9%	3.7%	12.3%	70.4%	8.6%
Assistance: offenders reintegrate/community	4.9%	6.2%	16.0%	61.7%	11.1%
Environmental pollution/recycling	4.9%	8.6%	22.2%	55.6%	8.6%
Current, correct information: available services	3.7%	18.5%	21.0%	45.7%	11.1%
Adult literacy programs	3.7%	8.6%	11.1%	65.4%	11.1%
Assistance/services to victims of crime	3.7%	13.6%	11.1%	61.7%	9.9%
Legal aid	2.5%	3.7%	28.4%	55.6%	9.9%

Row percentages may not sum to 100.0 percent due to rounding.

Base = 81 community leaders *Includes "no response"

Significant Differences Between Community Leaders:

 No significant differences were noted between community leaders based on gender, age (under 55/55 years or older), presence or absence of children in the household or county of residence regarding income and self-sufficiency concerns.

Reflective Pause

Survey Question: How often during the day do you take a reflective pause of at least two minutes at a time to pray, think deeply or use some other technique to gain mental clarity and spiritual balance?

- Once - 5 times or more

- 2 to 4 times - Never







Among community leaders who indicated how often they take a reflective pause during the day, nearly four-fifths (80.8 percent) indicated taking at least one pause per day, while nearly a fifth (19.2 percent indicated they never pause reflectively to gain mental clarity and spiritual balance.

Table 48. Reflective Pause				
	Community Leaders			
	All Excluding			
Number of Times Daily	Respondents No Respons			
Once	43.2%	44.9%		
2 to 4 times	13.6%	14.1%		
5 times or more	21.0%	21.8%		
Never	18.5%	19.2%		
No response	3.7%			

Base = 81 community leaders

Significant Differences Between Community Leaders:

 No significant differences were noted between community leaders based on gender, age (under 55/55 years or older), presence or absence of children in the household or county of residence regarding taking a reflective pause.

Other Health Concerns

In addition to rating whether identified health concerns had been major, moderate or minor household/ neighborhood concerns or had not been concerns in their households and/or neighborhoods in the past 12 months, community leaders provided input on the source of their household's basic medical care and insurance coverage, as well as whether anyone in their household has experienced a gap in health care services (i.e., medical, dental, mental health, substance abuse and/or prenatal).

Source of Basic Medical Care

Survey Question: Where do you USUALLY go, when you or members of your household need basic NON-EMERGENCY medical care?

- Nonprofit community clinics (such as GraceMed, Hunter, HealthCore, E.C. Tyree, Guadalupe, etc. in Sedgwick County; Augusta Family Practice, El Dorado Clinic, etc. in Butler County)
- Immediate care clinic (not at a hospital or medical center)
- Emergency department at hospital/medical center
- Our personal physician/private doctor
- Other
- Do not seek medical care

The vast majority (84.0 percent) of community leaders indicated the usual source of their household's basic medical care was their personal physician or private doctor. Second most often, community leaders sought non-emergency care at immediate care clinics, with 6.2 percent identifying this medical care source.







Table 49. Source of Basic Medical Care				
Source of Basic Medical Care Households Using This Source				
Personal physician/private doctor	84.0%			
Immediate care clinic	6.2%			
Do not seek medical care	3.7%			
Emergency department	2.5%			
Nonprofit community clinics	1.2%			
Other	1.2%			
No response	1.2%			

Base = 81 community leaders

The community leader identifying an "other" source for basic medical care indicated receiving care at McConnell Air Force Base.

Significant Differences Between Community Leaders:

 No significant differences were noted between community leaders based on gender, age (under 55/55 years or older), presence or absence of children in the household or county of residence regarding the source of their basic medical care.

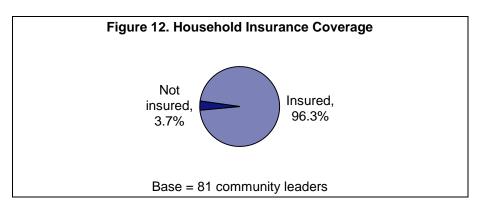
Household Insurance Coverage

Survey Question: Is everyone in your household covered by health insurance?

If YES, what types of coverage do you have? (Mark all that apply.)

- Medicare
- Private/employer insurance
- State-funded Medicaid (KanCare Amerigroup, Sunflower, UnitedHealthcare)
- Military/other government insurance
- Other

The vast majority (96.3 percent) of community leaders indicated that everyone in their household was covered by health insurance.









Among insured community leaders' households, most are covered by private/employer insurance, Medicare or a combination of the two.

Table 50. Type of Health Insurance Coverage			
Type of Health Insurance Coverage	Households Using This Source		
Private/employer	91.0%		
Medicare	25.6%		
Military/other government	3.8%		
State-funded Medicaid (KanCare)	3.8%		
No response	1.3%		

Base = 78 community leaders with all members of household insured Multiple responses possible.

Column percentages sum to more than 100.0 percent.

Significant Differences Between Community Leaders:

- Community leaders at least 55 years old were more likely to have health insurance coverage through **Medicare**.
- No significant differences were noted between community leaders based on gender, presence
 or absence of children in the household or county of residence regarding type of health
 insurance coverage.

Gaps in Household Health Care Services

Community leaders were asked whether they or anyone in their household needed five different types of health care – medical, dental, mental health, substance abuse or prenatal. For those indicating a need for each type of health care, a follow-up question asked as to whether that care was received.

Survey Question: During the past 12 months, did you or anyone in your household need:						
 Medical care 	☐ Yes	□ No	IF YES, was that care received?	Yes	☐ No	
 Dental care 	☐ Yes	☐ No	IF YES, was that care received?	Yes	☐ No	
 Behavioral/mental health care 	☐ Yes	□ No	IF YES, was that care received?	☐ Yes	□ No	
 Substance abuse care 	☐ Yes	□ No	IF YES, was that care received?	Yes	☐ No	
 Prenatal care 	☐ Yes	□ No	IF YES, was that care received?	Yes	☐ No	

Medical and dental care were needed by a vast majority of community leaders' households, with nearly nine in ten households needing medical or dental care (88.9 percent each) during the past 12 months. No community leaders' households indicated a need for substance abuse care during that same timeframe.







Table 51. Type of Health Care Needed				
Type of Health Care	Households Needing This Type of Care			
Medical care	88.9%			
Dental care	88.9%			
Behavioral/mental health care	12.3%			
Prenatal care	2.5%			
Substance abuse care	0.0%			

Base = 81 community leaders
Multiple responses possible.
Column percentages sum to more than 100.0 percent.

Significant Differences Between Community Leaders:

 No significant differences were noted between community leaders based on gender, age (under 55/55 years or older), presence or absence of children in the household or county of residence regarding types of health care needed.

All (100.0 percent) community leaders' households needing medical, dental or prenatal care received it, as did 90.0 percent of community leaders' households needing behavioral/mental health care.

Table 52. Gaps in Health Care Services						
	Household	ls Needing	Of Households Needing Health Care, Health Care Received			
Type of Health Care	Health	n Care	Yes	No		
Dental care	n=72	88.9%	100.0%	0.0%		
Medical care	n=72	88.9%	100.0%	0.0%		
Behavioral/mental health care	n=10	12.3%	90.0%	10.0%		
Prenatal care	n= 2	2.5%	100.0%	0.0%		
Substance abuse care	n= 0	0.0%	N/A*	N/A*		

Base = households needing each type of health care; multiple responses possible.
Row percentages of households receiving needed care sum to 100.0 percent.
*No community leaders indicated needing substance abuse care for their household.

The community leader who indicated an unmet need for behavioral/mental health care for a household member cited the reason for not receiving that care as "did not seek care."

Significant Differences Between Community Leaders:

 No significant differences were noted between community leaders based on gender, age (under 55/55 years or older), presence or absence of children in the household or county of residence regarding gaps in health care services.







Health Procedures

Survey Question: For each of the following health procedures, please indicate the last time you yourself had the procedure done – in the past 12 months, in the last 1-5 years; more than 5 years or never.

Blood pressure check
 Dental screening
 Flu shot
 Mammogram
 Pap smear
 Prostate exam

Among all community leaders, more than nine in ten (92.6 percent) had had their blood pressure checked within the past 12 months and 87.7 percent had had a dental screening during that same timeframe. Nearly two-thirds (64.2 percent) had had a flu shot.

	Table 53. Health Procedures					
Health Procedure	Past 12 months	1 – 5 years	More than 5 years	Never	No Response	Not Applicable
Blood pressure check	92.6%	3.7%	0.0%	0.0%	3.7%	0.0%
Dental screening	87.7%	8.6%	0.0%	0.0%	3.7%	0.0%
Flu shot	64.2%	13.6%	6.2%	9.9%	6.2%	0.0%
Mammogram	24.7%	7.4%	2.5%	0.0%	2.5%	63.0%
Pap smear	17.3%	12.3%	4.9%	0.0%	2.5%	63.0%
Prostate exam	29.6%	12.3%	7.4%	11.1%	2.5%	37.0%

Base = 81 community leaders
Row percentages may not sum to 100.0 percent due to rounding

Excluding those who did not respond to questions regarding the various health procedures increases the percentages of those who had undergone a blood pressure check (96.2 percent), completed a dental screening (91.0 percent) or had a flu shot (68.4 percent) within the past 12 months, although 10.5 percent of community leaders indicated never having had a flu shot.

	Table 54. Health Procedures (excluding No Response)					
Health Procedure	Past 12 months	1 - 5 years	More than 5 years	Never		
Blood pressure check	96.2%	3.8%	0.0%	0.0%		
Dental screening	91.0%	9.0%	0.0%	0.0%		
Flu shot	68.4%	14.5%	6.6%	10.5%		

Base = 81 community leaders, excluding those not responding Row percentages may not sum to 100.0 percent due to rounding

Significant Differences Between Community Leaders:

- Sedgwick County community leaders were more likely than were Butler County community leaders to have gotten a **flu shot** in the past 12 months.
- No significant differences were noted between community leaders based on gender, age (under 55/55 years or older) or presence or absence of children in the household regarding health procedures (that is, having had a blood pressure check, dental screening or flu shot during the past 12 months).







Among female community leaders, two-thirds (66.7 percent) indicated having had a mammogram within the past 12 months and nearly half (46.7 percent) indicated having had a pap smear during that same timeframe.

	Table 55. Health Procedures (Female Respondents)				
Health Procedure	Past 12 months	1 – 5 vears	More than 5 years	Never	No Response
Mammogram	66.7%	20.0%	6.7%	0.0%	6.7%
Pap smear	46.7%	33.3%	13.3%	0.0%	6.7%

Base = 30 female community leaders
Row percentages may not sum to 100.0 percent due to rounding

Significant Differences Between Female Community Leaders:

 No significant differences were noted between female community leaders based on age (under 55/55 years or older), presence or absence of children in the household or county of residence regarding having had a mammogram or pap smear during the past 12 months.

Among male community leaders, nearly half (47.1 percent) indicated having had a prostate exam within the past 12 months.

	Table 56. Health Procedures (Male Respondents)				
Health Procedure	Past 12 months	1 - 5 vears	More than 5 years	Never	No Response
		y ca. c	o you.o	11010.	жооронос
Prostate exam	47.1%	19.6%	11.8%	17.6%	3.9%

Base = 51 male community leaders

Significant Differences Between Male Community Leaders:

• No significant differences were noted between male community leaders based on age (under 55/55 years or older), presence or absence of children in the household or county of residence regarding having had a prostate exam during the past 12 months.

Other Income and Self-Sufficiency Concerns

Community leaders were asked whether anyone in their household sought education or training to qualify for a higher-paying job during the past 12 months; whether anyone in their household had been laid off from any job due to the economy and/or workforce reduction during the past 12 months; and whether they had missed a rent, mortgage or utility payment during the past 12 months because they did not have enough money.



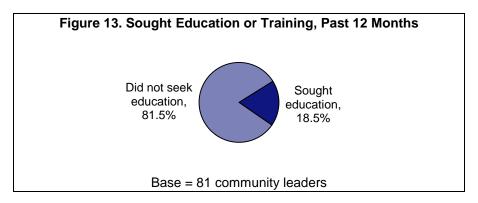




Education or Training

Survey Question: During the past 12 months, has anyone in your household sought education or training to qualify for a higher-paying job?

Among community leaders, in nearly one in five households (18.5 percent), someone sought further education or training within the past year with the intent of qualifying for a higher-paying job.



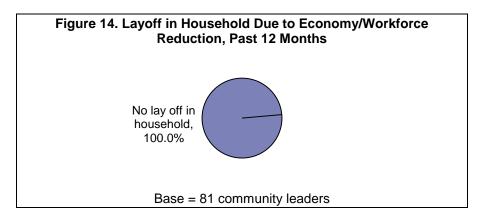
Significant Differences Between Community Leaders:

- Younger community leaders were more likely than were those at least 55 years old to have had someone from their household seek education or training during the past 12 months.
- No significant differences were noted between community leaders based on gender, presence
 or absence of children in the household or county of residence regarding having sought
 education or training during the past 12 months.

Employment Layoff

Survey Question: During the past 12 months, has anyone in your household been laid off from any job due to the economy and/or workforce reduction?

Among community leaders' households, none reported having had someone laid off or having lost a job during the past 12 months due to the economy.









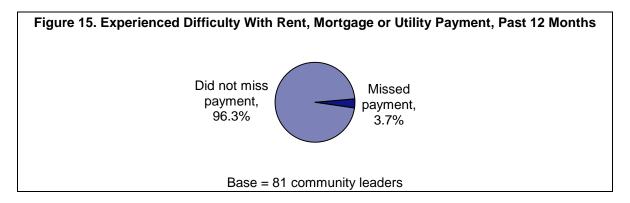
Significant Differences Between Community Leaders:

 No significant differences were noted between community leaders based on gender, age (under 55/55 years or older), presence or absence of children in the household or county of residence regarding layoffs in the household during the past 12 months.

Experienced Difficulty with Rent, Mortgage or Utility Payments

Survey Question: During the past 12 months, did you miss a rent, mortgage or utility payment because you did not have enough money?

Among community leaders' households, a rent, mortgage or utility payment had been missed during the past 12 months in 3.7 percent of them because the household did not have enough money.



Significant Differences Between Community Leaders:

 No significant differences were noted between community leaders based on gender, age (under 55/55 years or older), presence or absence of children in the household or county of residence regarding experiencing difficulty with housing or utility payments during the past 12 months.

Other Concerns

Finally, community leaders were asked to identify any other concerns of special importance in the past 12 months and to indicate whether it was a major, moderate or minor concern. A sample of concerns identified by community leaders included:

"Abandoned children,"

"Balanced growth/economic development,"

"Disintegration of respect for others."

"Homelessness."

"Lack of concern for the disadvantaged."

"Police/community relations."

A full list of community leaders' verbatim responses identifying other concerns appears in Appendix C.







Community Volunteerism

Survey Question: Within the past 12 months, have you or anyone in your household volunteered time at any of the following types of organizations:

- Church/other religious

- Professional

- School

- Cultural arts

- Civic/fraternal

- Other nonprofit

Most often within the past 12 months, members of community leaders' households had volunteered for a nonprofit organization, with 74.1 percent of the households having done so. Second most frequently, members of community leaders' households had volunteered for a church or other religious organization (67.9 percent).

Table 57. Community Volunteerism				
Type of Organization	Households Volunteering			
Other nonprofit	74.1%			
Church/other religious	67.9%			
Civic/fraternal	65.4%			
Professional	61.7%			
School	46.9%			
Cultural arts	29.6%			

Base = 81 community leaders
Multiple responses possible.
Column percentages sum to more than 100.0 percent.

Significant Differences Between Community Leaders:

- Community leaders' households with children were more likely to have volunteered at a **school** during the past 12 months.
- No additional significant differences were noted between community leaders based on gender, age (under 55/55 years or older) or county of residence regarding community volunteerism.

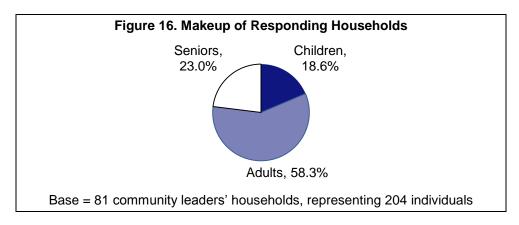






Demographics

Community leaders from 81 households in Sedgwick and Butler County represented a total of 204 individuals. Of those, 18.6 percent were children younger than 18 years of age; slightly fewer than a fourth (23.0 percent) were seniors at least age 65 years old, and the remaining 58.3 percent were adults.



The number of persons in households ranged from one to seven and averaged 2.5 persons per household. The number of seniors (at least 65 years old) ranged from none to two and averaged 0.6 per household; and the number of children younger than 18 years old ranged from none to four and averaged 0.5 per household.

Significant Differences Between Community Leaders:

- The average household size of male community leaders tended to be larger than the average household size of female community leaders (2.7 to 2.2 persons, respectively).
- Households of younger community leaders tended to be larger than those of community leaders at least 55 years of age (3.3 to 2.1 persons, respectively).
- Households of community leaders with children tended to be larger than similar households without children (4.4 to 2.0 persons, respectively).
- No significant differences were noted between community leaders based on county of residence regarding household size.

Respondent Age

Among those who provided their age, community leaders' ages ranged from 29 to 75 years and averaged 56.2 years. Fifty-nine years was the median age, the point at which approximately half of the community leaders' ages were lower than and approximately half were higher than 59 years.

Among community leaders, 29.6 percent refused to provide their exact age in years, but were willing to indicate a range that included their age.







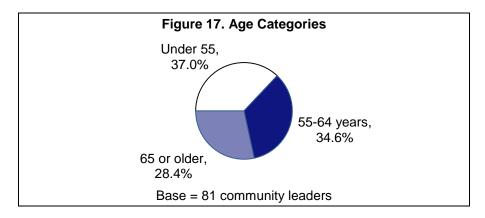
Table 58. Age				
Age Category Community Leaders				
25 to 34 years	4.9%			
35 to 44 years	9.9%			
45 to 54 years	22.2%			
55 to 64 years	34.6%			
65 to 74 years	22.2%			
75 to 84 years	6.2%			

Base = 81 community leaders

Significant Differences Between Community Leaders:

- Community leaders with children in their households tended to be younger than community leaders in households without children (44.6 years to 60.0 years).
- No significant differences were noted between community leaders based on gender or county of residence regarding respondent age.

Nearly two-fifths (37.0 percent) of the community leaders were under 55 years of age.



Employment Status

At the time of the survey, 84.0 percent of community leaders were employed either full-time or part-time.

Table 59. Employment Status					
Employment Status Community Leaders					
Employed					
Full-time	80.2%				
Part-time 3.7%					
Retired 14.8%					
Unemployed 1.2%					

Base = 81 community leaders
Column percentages do not sum to 100.0 percent due to rounding.







Among community leaders who were employed, 82.4 percent worked in Sedgwick County.

Table 60. County of Employment			
County Employed Community Leaders			
Sedgwick County 82.4%			
Butler County 17.6%			

Base = 68 employed community leaders

Gender

Females accounted for 37.0 percent of community leader survey respondents, while males accounted for. 63.0 percent. Statistical testing was conducted on responses to survey questions to determine whether statistically significant differences existed between male and female respondents. Where such differences were detected, they have been noted in the report.

Ethnicity and Race

Identical to the methodology used by the U.S. Census, community leaders were asked about their Hispanic ethnicity and their race as two separate questions. Non-Hispanics accounted for 98.8 percent of community leader survey respondents and respondents who identified a Hispanic ethnicity accounted for 1.2 percent.

Regarding respondent race, unlike the U.S. Census which captures and categorizes numerous racial responses per individual, the community leader survey focused on the race respondents considered to be their "primary" one. For this reason, survey results may over-represent the White/Caucasian population segment and under-represent other population segments.

Table 61. Race		
Race Community Leaders		
White/Caucasian	95.1%	
Black/African American	4.9%	

Base = 81 community leaders

Sample sizes for race and for Hispanic ethnicity among community leaders were too small to allow reliable statistical testing for these variables.

Household Income

The vast majority of community leaders' households had annual income of at least \$50,000, and more than half had annual income of at least \$100,000.

Table 62. Household Income				
Household Income Category	Community Leaders			
Less than \$25,000	1.2%			
\$25,000 - \$49,999	7.4%			
\$50,000 - \$99,999	34.6%			
\$100,000 or more	56.8%			

Base = 81 community leaders







Section IV. Agency Executive Segment

<u>Purpose:</u> This section summarizes the research findings from surveys that were mailed to presidents and chief executive officers of agencies providing health and human services in Sedgwick or Butler County. Additionally, verbatim responses to open-ended questions appear in Appendix C, and the tables of findings appear in Appendix D.

Education Concerns

Survey Question (Education): People and families often face problems and look for help. For each concern, please tell whether – in the past 12 months – it has been a major concern, a moderate concern, a minor concern or not a concern for clients of your agency or organization.

Agency executives rated each of 10 education concerns as major, moderate, minor concerns or indicated that each had not been a concern for clients their agency serves in the past 12 months. The five education concerns rated most often by agency executives as **major** concerns (along with the percentage of agencies indicating the concern as **major**) included:

Preparing young people for the workforce
 Child day care
 Bullying
 Mentoring for children/youth
 Youth development/character building programs
 32.5 percent
 27.3 percent
 26.0 percent
 22.1 percent (tie)
 22.1 percent (tie)

Table 63 presents the 10 education concerns, sorted in order of percentage of agency executives rating each concern as major:

Table 63. Education Concerns					
	C	lients of Ag	encies/Org	anizations	
Education Concerns	Major Moderate Minor Not a Concern Concern Concern Concern				
Preparing young people for the workforce	32.5%	28.6%	15.6%	6.5%	16.9%
Child day care	27.3%	23.4%	22.1%	14.3%	13.0%
Bullying	26.0%	19.5%	22.1%	10.4%	22.1%
Mentoring for children/youth	22.1%	27.3%	15.6%	15.6%	19.5%
Youth development/character building programs (e.g., scouting)	22.1%	22.1%	20.8%	18.2%	16.9%
Student classroom attendance	20.8%	24.7%	19.5%	14.3%	20.8%
Early care and education for children	19.5%	28.6%	19.5%	16.9%	15.6%
Juvenile delinquency/gang prevention	15.6%	27.3%	19.5%	14.3%	23.4%
Before and/or after school services (latchkey)	14.3%	24.7%	31.2%	13.0%	16.9%
Tutoring for children/youth	11.7%	24.7%	24.7%	15.6%	23.4%

Base = 77 agency executives
Row percentages may not sum to 100.0 percent due to rounding.
*Includes "no response"







Significant Differences Between Agency Executives:

 No significant differences were noted between agency executives based on gender or county of residence regarding education concerns.

Health Concerns

Survey Question (Health): People and families often face problems and look for help. For each concern, please tell whether – in the past 12 months – it has been a major concern, a moderate concern, a minor concern or not a concern for clients of your agency or organization.

Agency executives rated each of 17 health concerns as major, moderate, minor concerns or indicated that each had not been a concern for clients their agency serves in the past 12 months. The five health concerns rated most often by agency executives as **major** concerns (along with the percentage of agencies indicating the concern as **major**) included:

•	Health insurance	53.2 percent
•	Counseling – behavioral/mental health	50.6 percent
•	Basic medical care	42.9 percent
•	Drug/alcohol abuse	39.0 percent
•	Medical transportation services	36.4 percent

Table 64 presents the 17 health concerns, sorted in order of percentage of agency executives rating each concern as major.

Significant Differences Between Agency Executives:

- Female agency executives were more likely to identify health insurance or counseling behavioral/mental health as a major concern for clients their agencies serve.
- No significant differences were noted between agency executives based on county of residence regarding health concerns.







Table 64. Health Concerns					
	Clients of Agencies/Organizations				
Health Concerns including Prevention/Education/Services	Major Concern	Moderate Concern	Minor Concern	Not a Concern	Don't Know*
Health insurance	53.2%	19.5%	6.5%	9.1%	11.7%
Counseling – behavioral/mental health (children, youth, adults, families, seniors)	50.6%	18.2%	14.3%	3.9%	13.0%
Basic medical care	42.9%	26.0%	9.1%	10.4%	11.7%
Drug/alcohol abuse	39.0%	19.5%	15.6%	7.8%	18.2%
Medical transportation services	36.4%	23.4%	19.5%	7.8%	13.0%
Obesity	28.6%	24.7%	15.6%	11.7%	19.5%
Domestic/family violence	26.0%	29.9%	16.9%	9.1%	18.2%
Sexual assault	26.0%	16.9%	20.8%	10.4%	26.0%
Diabetes	24.7%	24.7%	19.5%	13.0%	18.2%
Child abuse	19.5%	22.1%	19.5%	16.9%	22.1%
Prescription painkillers (opioids)	19.5%	22.1%	19.5%	14.3%	24.7%
Human/sex trafficking	14.3%	14.3%	27.3%	20.8%	23.4%
Immunizations for adults (e.g., tetanus, seasonal flu)	13.0%	14.3%	33.8%	16.9%	22.1%
Unintentional injuries (accidents, falls, etc.)	11.7%	13.0%	31.2%	18.2%	26.0%
Teen pregnancy	10.4%	16.9%	26.0%	23.4%	23.4%
Immunizations for children (e.g., measles/mumps/rubella; polio)	9.1%	15.6%	22.1%	28.6%	24.7%
Gambling addiction	9.1%	9.1%	19.5%	26.0%	36.4%

Base = 77 agency executives
Row percentages may not sum to 100.0 percent due to rounding.
*Includes "no response"

Health or Social Services

People and families often look for help to address situations that impact their health. Agency executives rated each of 10 health or social services as to whether access and availability to those services during the past 12 months created major, moderate, minor concerns for clients of their agencies or whether that access and availability had not been a concern for clients their agency serves in the past 12 months.

The health or social services rated most often by agency executives as **major** concerns (along with the percentage of agencies indicating the concern as **major**) included:

• Treatment for life-threatening diseases 23.4 percent (tie)

• Wellness/nutrition programs 23.4 percent (tie)

All other health or social services were rated as **major** concerns by fewer than 20 percent of agency executives.

Table 65 presents the 10 health or social services sorted in order of percentage of agency executives rating concern regarding access and availability to each as major.







Table 65. Health or Social Services					
	Clients of Agencies/Organizations				
Health or Social Services Including Access and Availability	Major Concern	Moderate Concern	Minor Concern	Not a Concern	Don't Know*
Treatment for life-threatening diseases (cancer, congestive heart failure, other organ failure)	23.4%	23.4%	14.3%	19.5%	19.5%
Wellness/nutrition programs	23.4%	28.6%	29.9%	5.2%	13.0%
Home health care for homebound individuals	19.5%	11.7%	18.2%	22.1%	28.6%
Parenting education	19.5%	27.3%	20.8%	16.9%	15.6%
Physical activity program (children, youth, adults)	19.5%	24.7%	28.6%	11.7%	15.6%
Resources for caregivers/respite care	19.5%	9.1%	26.0%	20.8%	24.7%
Homemaker services for homebound individuals (assistance w/personal hygiene/housekeeping/meals/etc.)	13.0%	16.9%	16.9%	27.3%	26.0%
Meal/food delivery for homebound individuals	11.7%	14.3%	18.2%	28.6%	27.3%
Adult day care services	6.5%	14.3%	27.3%	28.6%	23.4%
Injury prevention devices (smoke alarms, bike helmets, car seats)	6.5%	15.6%	41.6%	18.2%	18.2%

Base = 77 agency executives
Row percentages may not sum to 100.0 percent due to rounding.
*Includes "no response"

Significant Differences Between Agency Executives:

 No significant differences were noted between agency executives based on gender or county of residence regarding health or social services.

Income and Self-Sufficiency Concerns

Survey Question (Income/Self-Sufficiency): People and families often face problems and look for help. For each concern, please tell whether – in the past 12 months – it has been a major concern, a moderate concern, a minor concern or not a concern for clients of your agency or organization.

Agency executives rated each of 24 income and self-sufficiency concerns as major, moderate, minor concerns or indicated that each had not been a concern for clients their agency serves in the past 12 months. The income/self-sufficiency concerns rated most often by agency executives as **major** concerns (along with the percentage of agencies indicating the concern as **major**) included:

•	Safe, affordable, accessible housing	51.9 percent
•	Financial assistance (housing/utility)	50.6 percent
•	Current, correct information: available svcs.	42.9 percent
•	Financial assistance (prescription medication)	41.6 percent
•	Emergency/temporary shelter	36.4 percent (tie)
•	Job training/retraining assistance	36.4 percent (tie)







Table 66 presents the 24 income/self-sufficiency concerns, sorted in order of percentage of agency executives rating each concern as major.

Table 66. Income and Self-Sufficiency Concerns					
	C	Clients of Agencies/Organizations			
	Major	Moderate	Minor	Not a	Don't
Income and Self-Sufficiency Concerns	Concern	Concern	Concern	Concern	Know*
Safe, affordable, accessible housing	51.9%	18.2%	9.1%	3.9%	16.9%
Financial assistance (housing/utility)	50.6%	18.2%	6.5%	6.5%	18.2%
Current, correct information: available services	42.9%	23.4%	19.5%	2.6%	11.7%
Financial assistance (prescription medication)	41.6%	22.1%	9.1%	9.1%	18.2%
Emergency/temporary shelter	36.4%	13.0%	16.9%	10.4%	23.4%
Job training/retraining assistance	36.4%	26.0%	15.6%	7.8%	14.3%
Employment assistance services	35.1%	26.0%	15.6%	6.5%	16.9%
Food assistance	35.1%	28.6%	16.9%	3.9%	15.6%
Adult basic education (job skills, computers)	27.3%	27.3%	22.1%	5.2%	18.2%
Employment assistance/services: disabled	24.7%	23.4%	14.3%	14.3%	23.4%
Financial/credit counseling	18.2%	29.9%	26.0%	6.5%	19.5%
Living facilities for children/youth	18.2%	19.5%	16.9%	19.5%	26.0%
Adult literacy programs	16.9%	20.8%	22.1%	15.6%	24.7%
Assistance/services to victims of crime	16.9%	15.6%	26.0%	13.0%	28.6%
Legal aid	16.9%	27.3%	13.0%	15.6%	27.3%
Housing counseling	15.6%	15.6%	29.9%	11.7%	27.3%
Assistance: offenders reintegrate/community	14.3%	16.9%	22.1%	15.6%	31.2%
Home repair/safety for seniors	14.3%	11.7%	20.8%	23.4%	29.9%
Sheltered workshops for disabled	13.0%	13.0%	23.4%	22.1%	28.6%
Assistance active military/veterans, families	10.4%	16.9%	19.5%	16.9%	36.4%
House construction and repair: low-income	10.4%	24.7%	18.2%	15.6%	31.2%
Disaster response for fires, tornadoes, etc.	5.2%	3.9%	26.0%	31.2%	33.8%
Environmental pollution/recycling	5.2%	6.5%	27.3%	27.3%	33.8%
Disaster response for acts of terrorism	2.6%	2.6%	15.6%	42.9%	36.4%

Base = 77 agency executives
Row percentages may not sum to 100.0 percent due to rounding.
*Includes "no response"

Significant Differences Between Agency Executives:

- Female agency executives were more likely to identify the following as a major concern for clients their agencies serve:
 - safe, affordable, accessible housing
 - financial assistance (housing/utility)
 - food assistance
 - employment assistance/services: disabled
- No significant differences were noted between agency executives based on county of residence regarding income and self-sufficiency concerns.







Reflective Pause

Survey Question: How often during the day do you take a reflective pause of at least two minutes at a time to pray, think deeply or use some other technique to gain mental clarity and spiritual balance?

- Once - 5 times or more

- 2 to 4 times - Never

Among agency executives who indicated how often they take a reflective pause during the day, nearly seven in ten (69.7 percent) indicated taking at least one pause per day, while slightly more than three in ten (30.3 percent indicated they never pause reflectively to gain mental clarity and spiritual balance.

Table 67. Reflective Pause					
	Agency Executives				
	All Excluding				
Number of Times Daily	Respondents No Response				
Once	35.1%	40.9%			
2 to 4 times	10.4%	12.1%			
5 times or more	14.3%	16.7%			
Never	26.0%	30.3%			
No response	14.3%				

Base = 77 agency executives
Column percentages may not sum to 100.0 percent due to rounding.

Significant Differences Between Agency Executives:

 No significant differences were noted between agency executives based on gender or county of residence regarding taking a reflective pause.

Other Health Concerns

In addition to rating whether identified health concerns had been major, moderate or minor concerns or had not been concerns for clients of their agencies in the past 12 months, agency executives provided input regarding their clients' access to and coverage for medical, dental, behavioral/mental health, substance abuse and prenatal care.

Access to Health Care

Survey Question: During the past 12 months, did clients of your agency need access to:				
Medical care	Yes	□ No	IF YES, did they have that access?	☐ Yes ☐ No
Dental care	Yes	□ No	IF YES, did they have that access?	☐ Yes ☐ No
Behavioral/mental health care	☐ Yes	□ No	IF YES, did they have that access?	☐ Yes ☐ No
Substance abuse care	Yes	□ No	IF YES, did they have that access?	☐ Yes ☐ No
Prenatal care	Yes	□ No	IF YES, did they have that access?	☐ Yes ☐ No







According to agency executives, more than four in five agencies had clients who had needed access to medical (89.6 percent), dental (84.4 percent) or behavioral/mental health (81.8 percent) during the past 12 months.

Table 68. Agency Clients Who Needed Access to Health Care		
Type of Health Care Access Needed Access to This Care		
Medical care 89.6%		
Behavioral/mental health care 84.4%		
Dental care	81.8%	
Substance abuse care	55.8%	
Prenatal care 40.3%		

Base = 77 agency executives; multiple responses possible.

Among agencies whose clients needed access to health care services, the largest unmet need was for dental care, with 42.9 percent of agency executives indicating their clients needed access to dental care but did not have that access. Agency executives also indicated unmet need for substance abuse care (34.9 percent) and behavioral/mental health care (30.8 percent) with agency's clients needing but not having access to each type of care.

Table 69. Agency Clients' Access to Health Care					
	Agencies Whose Clients Needed Access to Care			ies Whose (ss to Care, F	Clients Needed lad Access
Type of Health Care			Yes	No	Don't Know/ No Response
Medical care	n=69	89.6%	75.4%	21.7%	2.9%
Behavioral/mental health care	n=65	84.4%	67.7%	30.8%	1.5%
Dental care	n=63	81.8%	54.0%	42.9%	3.2%
Substance abuse care	n=43	55.8%	60.5%	34.9%	4.7%
Prenatal care	n=31	40.3%	74.2%	19.4%	6.5%

Base = agencies whose clients needed access to each type of health care; multiple responses possible.

Row percentages of agencies' clients receiving needed care

may not sum to 100.0 percent due to rounding.

A total of 39 agency executives indicated their agency's clients had needed access to one or more types of health care during the past 12 months, but had not had that access; those respondents were asked to provide the reason that health care access was not available.

More than three-fourths of agency executives believed that barriers to their clients' accessing health care services were that the care was too expensive (79.5 percent) or that the client did not have insurance (76.9 percent).







Table 70. Reason for Not Having Health Care Access		
Reason for Not Receiving Care Agency Clients Not Receiving Care		
Care was too expensive	79.5%	
Did not have insurance	76.9%	
Care was not available	43.6%	
Insurance wouldn't cover	43.6%	
High insurance deductible	35.9%	
Did not seek care	25.6%	
Other reason	17.9%	

Base = 39 agency executives
Multiple responses possible.
Column percentages sum to more than 100.0 percent.

A sample of the other reasons identified for needing health care access but not having that access included lack of transportation, an out-of-network service provider, "homophobia in the medical field," and a dissatisfaction with Federally Qualified Health Centers and their sliding-fee scale payment.

A full list of verbatim responses from agency executives identifying other reasons for needing but not receiving health care access appears in Appendix C.

Other Concerns

Finally, agency executives were asked to identify any other concerns of special importance in the past 12 months and to indicate whether it was a major, moderate or minor concern. A sample of concerns identified by agency executives as major or moderate concerns includes:

"Cliff effect - benefits taken away faster than clients can increase income."

"Navigating health and social services."

"New state government and generational poverty."

"Multiple agencies' ability to work together with specific clients."

"Local transportation."

A full list of verbatim responses from agency executives identifying other concerns appears in Appendix C.

Community Volunteerism

Survey Question: Within the past 12 months, has your agency used volunteers from the community in the following capacities?

- Fundraising

- Training

- Interacting directly with clients

- Agency/board oversight

- Office/administrative support

- Professional services

- Speakers Bureau







Most often, agencies used community volunteers in capacities where they interacted directly with the agency's clients (77.9 percent). More than half of all agencies used volunteers for oversight (74.0 percent), in fundraising efforts (66.2 percent) or for office/ administrative support (59.7 percent).

Table 71. Agencies' Utilization of Volunteers		
Type of Volunteer Opportunity Agencies Utilize		
Interacting directly with clients	77.9%	
Agency/board oversight	74.0%	
Fundraising	66.2%	
Office/administrative support	59.7%	
Professional services	48.1%	
Training	39.0%	
Speakers Bureau	22.1%	

Base = 77 agency executives

Multiple responses possible; column percentages sum to more than 100.0 percent.

Significant Differences Between Community Leaders:

• No significant differences were noted between agency executives based on gender or county of residence regarding agency utilization of community volunteers.

Demographics

Agency Demographics

Of responding agencies, 83.1 percent were located in Sedgwick County.

Table 72. Physical Location of Agency		
Counties Agencies		
Butler County 16.9%		
Sedgwick County 83.1%		

Base = 77 agency executives

Based on reported annual operating budgets, respondents represented agencies of various sizes, with more than two in five (44.5 percent) reporting an annual operating budget of at least \$1 million.

Table 73. Agency Annual Operating Budget			
Annual Operating Budget	Agencies	Agencies*	
Under \$100,000	24.7%	26.4%	
\$100,000 to \$499,999	13.0%	13.9%	
\$500,000 to \$999,999	14.3%	15.3%	
\$1 million to \$4,999,999	24.7%	26.4%	
\$5 million to \$9,999,999	5.2%	5.6%	
\$10 million or more	11.7%	12.5%	
Don't know	6.5%		

Base = 77 agency executives
Column percentages may not sum to 100.0 percent due to rounding.

*Excludes don't know







Nearly a third (31.2 percent) of agencies reported providing services for clients of all ages. More agencies reported serving adults or young adults (37.7 and 31.2 percent, respectively) than reported providing services to children or youth (20.8 percent each).

Table 74. Agency Target Population		
Population Served	Agencies	
All Ages	31.2%	
Children	20.8%	
Youth (13 to 17 years)	20.8%	
Young Adults (18 to 24 years)	31.2%	
Adults	37.7%	
Older Adults	24.7%	

Base = 77 agency executives

Multiple responses possible; column percentages sum to more than 100.0 percent.

Respondent Demographics

Identical to the methodology used by the U.S. Census, agency executives asked about their Hispanic ethnicity and their race as two separate questions. The vast majority of agency executives were non-Hispanic and Caucasian. Approximately a third (33.8 percent) were 55 to 64 years old.

Table 75. Respondent Demographics		
Gender		
Male	27.3%	
Female	72.7%	
Age		
18 to 24 years	1.3%	
25 to 34 years	7.8%	
35 to 44 years	15.6%	
45 to 54 years	14.3%	
55 to 64 years	33.8%	
65 to 74 years	22.1%	
75 to 84 years	5.2%	
Age Range (in years)	24 to 79	
Average Age (in years)	55.3	
Race		
White/Caucasian	92.2%	
Black/African American	5.2%	
Native American/Alaskan Native	1.3%	
Asian/Pacific Islander	1.3%	
Ethnicity		
Hispanic	6.5%	
Non-Hispanic	93.5%	

Base = 77 agency executives
Column percentages within demographic categories
may not sum to 100.0 percent due to rounding.







PRIORITY STUDY 2019

COMMUNITY NEEDS ASSESSMENT, Part 3







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United Way of the Plains Funding Priorities	2













Community Needs (Community Respondents only)

The following table details 61 categories of community needs identified as a major concern for their household or neighborhood by the random sample of community respondents from Sedgwick and Butler counties. These need categories are presented in order of the number of times respondents indicated each need as major and are divided into quartiles on a strictly numeric basis.

Community Needs

First Quartile	Second Quartile
Health insurance Preparing young people for the workforce Juvenile delinquency/gang prevention Bullying Basic medical care Treatment for life-threatening diseases Domestic/family violence Drug/alcohol abuse Financial assistance (prescription medication) Sexual assault Child abuse Food assistance Environmental pollution/recycling Home repair/safety for seniors	Counseling - behavioral/mental health Human/sex trafficking Early care and education for children House construction and repair: low-income Student classroom attendance Mentoring for children/youth Obesity Assistance active military/veterans, families Diabetes Home health care for homebound individuals Child day care Financial assistance (housing/utility) Wellness/nutrition programs Tutoring for children/youth

Third Quartile	Fourth Quartile
Before and/or after school services	Adult day care services
Immunizations for adults	Disaster response for fires, tornadoes, etc.
Physical activity program	Employment assistance/services: disabled
Prescription painkillers (opioids)	Immunizations for children
Resources for caregivers/respite care	Unintentional injuries (accidents, falls, etc.)
Youth development/character building	Assistance/services to victims of crime
Meal/food delivery: homebound individuals	Injury prevention devices
Current/correct information-available services	Medical transportation services
Homemaker services for homebound	Disaster response for acts of terrorism
Safe, affordable, accessible housing	Adult basic education (job skills, computers)
Emergency/temporary shelter	Job training/retraining assistance
Teen pregnancy	Employment assistance services
Legal aid	Financial/credit counseling
Parenting education	Housing counseling
Assistance: offenders reintegrate/community	Sheltered workshops for disabled
Living facilities for children/youth	Gambling addiction
	Adult literacy programs







United Way of the Plains Funding Priorities

At this point, United Way of the Plains' Collective Impact committee met to discuss the information obtained from the 2019 Environmental Scan and the 2019 Community Needs Survey, to determine prioritization of the needs suitable for United Way attention and funding.

United Way volunteers ranked each identified community need into one of four level:

- **Level 1**: Areas that are critical in nature, may affect a growing population of people, and where UWP monies may have a greater impact. Many of these areas involve basic life necessities, may mean prolonged independent lifestyles or are preventive in nature.
- **Level 2**: Areas that are a major concern but are less preventive in nature and/or are preventive in nature but affect a smaller number of people.
- **Level 3:** Areas that are important but lack a more critical nature, involve small populations or areas in which UWP monies may not have much impact in addressing the need.
- **Level 4**: Areas that are important but are cost prohibitive to the point that UWP monies would not have a major impact on the problem, or services the community believes would be nice to have but currently may not be as critical as other areas.

United Way of the Plains funding priority grid appears on the following page. Within each level of the priority grid, need areas are listed alphabetically.







UNITED WAY OF THE PLAINS Funding Priorities

Level 1	Level 2
Bullying Child abuse Domestic/family violence Drug/alcohol abuse Environmental pollution/recycling Financial assistance (prescription medication) Food assistance Home repair/safety for seniors Juvenile delinquency/gang prevention Preparing young people for the workforce Sexual assault	Assistance active military/veterans, families Child day care Counseling - behavioral/mental health Diabetes Early care and education for children Financial assistance (housing/utility) Home health care for homebound individuals House construction and repair: low-income Human/sex trafficking Mentoring for children/youth Obesity Student classroom attendance
Level 3	Level 4
Assistance: offenders reintegrate/community Before and/or after school services Current, correct information: available services Emergency/temporary shelter Homemaker services for homebound Immunizations for adults Legal aid Living facilities for children/youth Meal/food delivery for homebound individuals Parenting education Physical activity program Prescription painkillers (opioids) Resources for caregivers/respite care Safe, affordable, accessible housing Tutoring for children/youth Wellness/nutrition programs Youth development/character building	Adult basic education (job skills, computers) Adult day care services Adult literacy programs Assistance/services to victims of crime Basic medical care (from 1 to 4) Employment assistance services Employment assistance/services: disabled Financial/credit counseling Gambling addiction Health insurance (from 1 to 4) Housing counseling Immunizations for children Injury prevention devices Job training/retraining assistance Life-threatening disease treatment (from 1 to 4) Medical transportation services Sheltered workshops for disabled

Need categories appear alphabetically within each level.

Traditionally, United Way of the Plains has had a role in disaster preparedness and disaster response. When called upon to respond to a disaster, the priority increases to Level 1. This includes both natural and manmade disasters.













APPENDICES 2019







Appendix A

Questionnaires

Community Respondent (Household) English Community Leaders and Health and Human Service Agency Executives









What issues do you see in our community? Have a say! Take this survey today.

Complete this survey to tell us what health and human service issues are facing our community. Your responses will help United Way, Via Christi, Sedgwick County and other organizations make decisions to address our community's top needs in the areas of education, income and health.

Return your survey by Monday, Nov. 26, in the enclosed, postage-paid envelope.

The survey does not ask for your name, address or phone number. All of your answers are confidential. If you have questions, contact Gloria Summers, United Way Director of Research, at (316) 267-1321 or gsummers@unitedwayplains.org.

Si usted prefiere recivir esta encuesta en Espanol, por favor llame al (316) 268-7748 y deje su nombre y direccion.

The Community Needs Assessment is conducted by United Way of the Plains in collaboration with Ascension's Via Christi Health and the Sedgwick County Division of Health.









Household Survey 2019 Community Needs Assessment

Please return your completed survey to United Way of the Plains by: Monday, November 26, 2018

RE	SPONDENT CHARACTERISTICS					
1.	What is the ZIP code of your home (street) address?					
2.	In what county do you <u>live</u> ? □ Butler □ Sedgwi	ick	☐ Other (Sp	ecify:		_)
3.	Are you currently employed? □ Yes-f	ull-time	☐ Yes – Pa	ırt-time 🚨	No	
	a. IF YES : In what county do you work? Butler Harvey Kingma			Other (Speci None, do no	•)
	b. IF NO: are you: Homemaker Retired	□ D	isabled 🚨	Student	☐ Unemplo	oyed
4.	How many people currently live in your house?		people (total)			
	a. How many are adults age 65 years or older?		(Be sure to in	clude yoursel	lf, if appropriat	te.)
	b. How many are children (under 18 years old)?		_ children			
EC	DUCATION CONCERNS					
5.	People and families often face problems and look for he past 12 months it has been a major concern, a modern household and other households within your neighborhouseholds.	ate concer				
	Education Concerns	Major Concern	Moderate Concern	Minor Concern	Not a <u>Concern</u>	Don't Know
a.	Early care and education for children					
b.	Child day care					



Before/after school services (latchkey)

Juvenile delinquency/gang prevention

Preparing young people for the workforce

Student classroom attendance

Tutoring for children/youth

Mentoring for children/youth

Youth development/character building programs

c.

e.

f.

g.

h.

i.

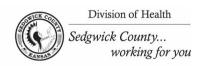
j.

(e.g., scouting)

Bullying







HEALTH CONCERNS

6.		ere do you USUALLY go, when you or moark only one.)	embers	s of ye	our house	ehold r	eed bas	ic, NON-	EMER	GENC)	/ medi	ical care?
		□ Nonprofit community clinics (such a in Sedgwick County; Augusta Famil								dalupe,	etc.	
		☐ Immediate care clinic (not at a hosp	ital or	medi	cal cente	-)						
		☐ Emergency department at a hospital	al or mo	edical	l center							
		☐ Our personal physician/private doct	or									
		☐ Other: (Specify:							_)			
		☐ Do not seek medical care										
7.	ls e	veryone in your household covered by he	ealth in	surar	nce?				Yes		No	
		If YES: what types of coverage do you h	ave: (I	Mark :	all that ap	ply.)						
		☐ a. Medicare ☐ c. Militar	•				Other:					
		□ b. Private insurance □ d. State-	funded	d Med	licaid (Ka	nCare	- Amerio	group, Su	inflowe	r, Unite	dHeal	thcare)
8.	Dui	ring the past 12 months, did you or anyon	ie in yc	our ho	usehold	need:						
	•	Medical care □ No		Yes	IF YES,	was th	at care i	eceived	? 🗖	Yes	□ N	0
	•	Dental care ☐ No		Yes	IF YES,	was th	at care i	eceived	2 🗆	Yes	□ No	0
	•	Behavioral/mental health care No		Yes	IF YES,	was th	at care i	eceived		Yes	□ No	0
	•	Substance abuse care No		Yes	IF YES,	was th	at care i	eceived	2 🗆	Yes	□ N	0
	•	Prenatal care		Yes	IF YES,	was th	at care i	eceived		Yes	□ N	0
		If one or more type of care was needed and not received, why not? (Mark all that apply.)		o. Car c. Inst	re was no re was too urance wo not seek	expe	nsive	□ e. □ f. H □ g. C		ırance	deduc	tible
9.	pas	ople and families often face problems and that 12 months it has been a major conce usehold and other households within your	rn, a m	odera	ate conce							
		lealth Concerns			Majo	r N	loderate	e Mir	or	Not	а	Don't
		including prevention/ education/serv	rices		Conce		Concern		-	Conc		Know
a.	H	lealth insurance)			
b.	В	sasic medical care							1			
C.	N	ledical transportation services							1			
d.	Ir	mmunizations for children (e.g., measles/i rubella; polio)	mumps	s/)			
e.	lr	mmunizations for adults (e.g., tetanus, sea	asonal	flu))			
f.	C	child abuse)			
g.		omestic/family violence							1			
h.	S	exual assault)			
i.	T	een pregnancy							1			
j.	H	luman/sex trafficking)			

k. Drug/alcohol abuse	9.	Health Concerns (Co	ontinued) ention/ education/servi	ces	Majo Conce		Moderate Concern	Minor Concern	Not a <u>Concern</u>	Don't Know
m. Gambling addiction n. Counseling - behavioral/mental health (children, youth, adults, families, seniors) o. Unintentional injuries (accidents, falls, etc.) p. Diabetes q. Obesity 10. People and families often look for help to address situations that impact their health. For each concern listed below, please tell whether - in the past 12 months - accessing such assistance has been a major concern, a moderate concern, a minor concern or not a concern for your household and other households within your neighborhood. Health or Social Services (access and availability) a. Wellness/furtition programs b. Physical activity programs (children, youth, adults) b. Physical activity programs (children, youth, adults) c. Parenting education d. Injury prevention devices (smoke alarms, bike helmets, car seats) e. Adult day care services f. Resources for caregivers/respite care g. Home health care for homebound individuals h. Meal/food delivery for homebound individuals (assistance wpersonal hygiene/housekeeping/meals/etc.) j. Treatment for life-threatening diseases (cancer, congestive heart failure, other organ failure) 11. For each of the following health procedures, please indicate the last time you yourself had the procedure done. In past 12 months, have you needed to access any health services and found them unavailable to you? If YES: What health service(s) was needed? Why was it not available to you? In past 12 months Last 1-5 years More than 5 years Never Not Applicable a. Blood pressure check b. Dental screening c. Flu shot d. Mammogram e. Pap smear	k.	Drug/alcohol abuse								
n. Counseling - behavioral/mental health (children, youth, adults, families, seniors) o. Unintentional injuries (accidents, falls, etc.)	l.	Prescription painkiller	rs (opioids)							
youth, adults, families, seniors) 0. Unintentional injuries (accidents, falls, etc.)	m.	Gambling addiction								
p. Diabetes q. Obesity	n.			dren,						
q. Obesity	0.	Unintentional injuries	(accidents, falls, etc.)							
10. People and families often look for help to address situations that impact their health. For each concern listed below, please tell whether – in the past 12 months – accessing such assistance has been a major concern, a minor concern or not a concern for your household and other households within your neighborhood. Health or Social Services Major Moderate Concern Concer	p.	Diabetes								
please tell whether – in the past 12 months – accessing such assistance has been a major concern, a moderate concern, a minor concern or not a concern for your household and other households within your neighborhood. Health or Social Services	q.	Obesity								
a. Wellness/nutrition programs b. Physical activity programs (children, youth, adults) c. Parenting education d. Injury prevention devices (smoke alarms, bike helmets, car seats) e. Adult day care services f. Resources for caregivers/respite care g. Home health care for homebound individuals h. Meal/food delivery for homebound individuals i. Homemaker services for homebound individuals (assistance w/personal hygiene/housekeeping/meals/etc.) j. Treatment for life-threatening diseases (cancer, congestive heart failure, other organ failure) k. Within the past 12 months, have you needed to access any health services and found them unavailable to you? If YES: What health service(s) was needed? Why was it not available to you? 11. For each of the following health procedures, please indicate the last time you yourself had the procedure done. a. Blood pressure check b. Dental screening c. Flu shot d. Mammogram e. Pap smear	p	blease tell whether – in concern, a minor conce <u>Health or Social Ser</u>	the past 12 months – rn or not a concern fo vices	accessing	such a sehold a Maj	ssista and ot or	nce has bee her househo Moderate	n a major co lds within yo Minor	ncern, a mode ur neighborho Not a	rate od. Don't
b. Physical activity programs (children, youth, adults)	2	•								
c. Parenting education		•	J	adulte)						
d. Injury prevention devices (smoke alarms, bike helmets, car seats) e. Adult day care services f. Resources for caregivers/respite care g. Home heath care for homebound individuals h. Meal/food delivery for homebound individuals (assistance w/personal hygiene/housekeeping/meals/etc.) j. Treatment for life-threatening diseases (cancer, congestive heart failure, other organ failure) k. Within the past 12 months, have you needed to access any health services and found them unavailable to you? If YES: What health service(s) was needed? Why was it not available to you? In past 12 months		, , , ,	rams (children, youth,	adults)	_		_	_	_	_
e. Adult day care services f. Resources for caregivers/respite care g. Home health care for homebound individuals h. Meal/food delivery for homebound individuals i. Homemaker services for homebound individuals (assistance w/personal hygiene/housekeeping/meals/etc.) j. Treatment for life-threatening diseases (cancer, congestive heart failure, other organ failure) k. Within the past 12 months, have you needed to access any health services and found them unavailable to you? If YES: What health service(s) was needed? Why was it not available to you? 11. For each of the following health procedures, please indicate the last time you yourself had the procedure done. 12. Blood pressure check b. Dental screening c. Flu shot d. Mammogram e. Pap smear		Injury prevention devi			_		_	_	_	
g. Home health care for homebound individuals h. Meal/food delivery for homebound individuals i. Homemaker services for homebound individuals (assistance w/personal hygiene/housekeeping/meals/etc.) j. Treatment for life-threatening diseases (cancer, congestive heart failure, other organ failure) k. Within the past 12 months, have you needed to access any health services and found them unavailable to you? If YES: What health service(s) was needed? Why was it not available to you? 11. For each of the following health procedures, please indicate the last time you yourself had the procedure done. a. Blood pressure check b. Dental screening c. Flu shot d. Mammogram e. Pap smear	e.		,							
g. Home health care for homebound individuals h. Meal/food delivery for homebound individuals i. Homemaker services for homebound individuals (assistance w/personal hygiene/housekeeping/meals/etc.) j. Treatment for life-threatening diseases (cancer, congestive heart failure, other organ failure) k. Within the past 12 months, have you needed to access any health services and found them unavailable to you? If YES: What health service(s) was needed? Why was it not available to you? Why was it not available to you? 11. For each of the following health procedures, please indicate the last time you yourself had the procedure done. a. Blood pressure check b. Dental screening c. Flu shot d. Mammogram e. Pap smear	f.	Resources for caregiv	vers/respite care							
h. Meal/food delivery for homebound individuals i. Homemaker services for homebound individuals (assistance w/personal hygiene/housekeeping/meals/etc.) j. Treatment for life-threatening diseases (cancer, congestive heart failure, other organ failure) k. Within the past 12 months, have you needed to access any health services and found them unavailable to you? If YES: What health service(s) was needed? Why was it not available to you? Why was it not available to you? In past 12 months Last 1-5 years More than 5 years Never Not Applicable a. Blood pressure check b. Dental screening c. Flu shot d. Mammogram e. Pap smear		<u>-</u>	•	als						
i. Homemaker services for homebound individuals (assistance w/personal hygiene/housekeeping/meals/etc.) j. Treatment for life-threatening diseases (cancer, congestive heart failure, other organ failure) k. Within the past 12 months, have you needed to access any health services and found them unavailable to you? If YES: What health service(s) was needed? Why was it not available to you? Why was it not available to you? In past 12 months least 1-5 years More than 5 years Never Not Applicable a. Blood pressure check	_									
j. Treatment for life-threatening diseases (cancer, congestive heart failure, other organ failure) k. Within the past 12 months, have you needed to access any health services and found them unavailable to you? If YES: What health service(s) was needed? Why was it not available to you? Why was it not available to you? 11. For each of the following health procedures, please indicate the last time you yourself had the procedure done. In past 12 months	_	Homemaker services	for homebound indivi	duals						
any health services and found them unavailable to you? If YES: What health service(s) was needed? Why was it not available to you? 11. For each of the following health procedures, please indicate the last time you yourself had the procedure done. In past 12 months	j.									
11. For each of the following health procedures, please indicate the last time <u>you yourself</u> had the procedure done. In past 12 months Last 1-5 years More than 5 years Never Not Applicable	k.	any health services	and found them unav	/ailable to y	ou?					
In past 12 months Last 1-5 years More than 5 years Never Not Applicable a. Blood pressure check b. Dental screening c. Flu shot d. Mammogram e. Pap smear		Why was it not avai	ilable to you?							
a. Blood pressure check b. Dental screening c. Flu shot d. Mammogram e. Pap smear	11. F	For each of the followin	g health procedures,	please indic	cate the	last t	ime <u>you you</u>	rself had the	procedure do	ne.
b. Dental screening c. Flu shot d. Mammogram e. Pap smear					ears	More			Not Applical	ble
c. Flu shot d. Mammogram e. Pap smear		·								
d. Mammogram e. Pap smear	b. D									
e. Pap smear	c. Flu shot									
	d. Mammogram									
f. Prostate exam	e. P	ap smear								
	f. P	rostate exam								

INCOME AND SELF-SUFFICIENCY CONCERNS

	During the past 12 months, has anyone in your household ducation or training to qualify for a higher-paying job?	d sought	0	Yes	□ No	
	During the past 12 months, has anyone in your household aid off from any job due to the economy and/or workforce			Yes	□ No	
	Ouring the past 12 months, did you miss a rent, mortgage tillity payment because you did not have enough money?			Yes	□ No	
pa	eople and families often face problems and look for help. ast 12 months it has been a major concern, a moderate ousehold and other households within your neighborhood	e concern, a r				
a.	Income and Self-Sufficiency Concerns Current, correct information about available services	Major Concern □	Moderate Concern	Minor Concern	Not a Concern □	Don't Know □
b.	Financial/credit counseling					
C.	Employment assistance services					
d.	Job training/retraining assistance					
e.	Adult literacy programs					
f.	Adult basic education (job skills, computers, etc.)					
g.	Employment assistance/services for disabled					
h.	Sheltered workshops for disabled					
i.	Safe, affordable, accessible housing					
j.	Housing counseling (1st time owner/reverse mortgage)					
k.	House construction/repair for low-income					
I.	Home repair/safety for seniors					
m.	Emergency/temporary shelter					
n.	Living facilities for children/youth					
0.	Financial assistance (housing/utility)					
p.	Financial assistance (prescription medication)					
q.	Food assistance					
r.	Disaster response for fires, tornadoes, etc.					
s.	Disaster response for acts of terrorism					
t.	Legal aid					
u.	Assistance/services to victims of crime					
٧.	Assistance to offenders reintegrating into community					
w.	Assistance to active military/veterans & their families					
х.	Environmental pollution/recycling					
16. a.	OTHER CONCERNS of special importance to you in the past 12 months:	Major Concern □	Moderate Concern □	Minor Concern	Not a Concern □	Don't Know □
b.						
_						

17.											t least two mi ental clarity ar				nce?		
			Never			Once) 2	2 to 4 times		 5	times	or mo	ore	
СО	MMUN	ITY VO	LUNT	EERI	SM												
18.	at any	of the fol	lowing t	types o	of organ			n yc	our h	nou	sehold volunt	eer	ed time	Э			
	(Mark	each cate	egory Y	ES or	NO.)				1								
	a.	Church	other r	eligiou	s 🗖	Yes		No		d.	Professiona			Yes		No	
	b.	School				Yes		No		e.	Civic/fratern	al		Yes		No	
	C.	Cultura	l arts			Yes		No		f.	Other nonpr	ofit		Yes		No	
RE	SPONE	DENT D	ЕМОС	SRAF	PHICS												
	the	entire co	mmunit	y. Yo	ur resp	onses w	/ill re	emai	n ar	non	o that we are ymous. No i I be summari	ndiv	vidual s	survey	s will	be sh	nared,
19.	How ol	ld are you	u?		years	OR	Te	o wł	nich	of t	the following	age	group	s do y	ou cu	rrentl	y belong?
									Un	der	18		35 – 4	44			65 – 74
									18	- 2	4		45 – 5	54			75 – 84
									25	- 3	4		55 – 6	64			85 or older
20.	Are yo	u:			Male		Fe	ema	le								
21.	Are yo	u Hispan	ic?		Yes		No	0									
22.	□ V □ B □ N	of the fol White/Cau Black/Afri Native An Asian/Pac Other (Ple	ucasian can Am nerican/ cific Isla	erican 'Alaska nder			you	r pri	mar	ry ra	ace? 						
23.		ng incom -tax annu						ving	in y	youi	household, v	whic	ch cate	gory b	oelow	repre	esents your
		Less th	an \$10,	,000			\$7	5,00	0 -	99,	999						
		\$10,00									19,999						
		\$15,00									9,999						
		\$25,00									nore						
		\$35,00 \$50,00					Do Pre				answer						
	_	ψου,συ	·,0			_		0.01			2						
			Τ	hank	vou t	for not	ntic	ina	tin	a i	n this rese	ear	rch et	ffort			

I nank you for participating in this research effort.

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What issues do you see in our community? Have a say! Take this survey today.

November 2018

Community Leaders, we want to hear from you!

What health and human service issues are facing our community? Complete this survey to tell us. Your responses will help United Way, Via Christi, Sedgwick County and other organizations make decisions to address our community's top needs in the areas of education, income and health.

Please return your completed survey by Monday, Nov. 26, in the enclosed postage-paid envelope. The survey does not ask for your name, address or phone number. All of your answers are confidential. If you received more than one survey, you only need to complete one. Simply mark the second copy "Already Completed" and return both. If you have questions, contact Gloria Summers, United Way Director of Research, at (316) 267-1321 or gsummers@unitedwayplains.org.

Thank you,

Richard Kerschen

Chairman of the Board of Directors, United Way of the Plains CEO and Chairman of the Board, The Law Company, Inc.

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Community Leader Survey 2019 Community Needs Assessment

Please return your completed survey to United Way of the Plains by: Monday, November 26, 2018

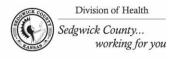
1.	What is the ZIP code of your home (street) addre	ess?					
2.	In what county do you <u>live</u> ? □ Butler □ \$	Sedgwick		☐ Other (Spe	ecify:		_)
3.	Are you currently employed? □	Yes-full-	time	☐ Yes – Pa	rt-time 🗖	No	
	<u> </u>	Butler Harvey Kingman			Other (Speci None, do no	•)
	b. IF NO: are you:	Retired		Disabled 🔲	Student	☐ Unempl	oyed
4.	How many people currently live in your house?	_		_ people (total)			
	a. How many are adults age 65 years or older?	_		_ (Be sure to ind	clude yoursel	lf, if appropria	te.)
	b. How many are children (under 18 years old)?	_		_ children			
ΕC	DUCATION CONCERNS						
5.	People and families often face problems and look past 12 months it has been a major concern, a household and other households within your neighbors.	moderate	conce				
	Education Concerns	_	Major oncerr	Moderate Concern	Minor Concern	Not a Concern	Don't Know
a.	Early care and education for children	<u>C(</u>					
b.	Child day care			_	_	_	_
C.	Before/after school services (latchkey)						
d.	Youth development/character building programs (e.g., scouting)	3					
e.	Bullying						
f.	Student classroom attendance						
g.	Tutoring for children/youth						
h.	Mentoring for children/youth						
i.	Juvenile delinquency/gang prevention						
i.	Preparing young people for the workforce						



RESPONDENT CHARACTERISTICS







HEALTH CONCERNS

6.		ere do you USUALLY go, when you or moark only one.)	embers	of yo	ur house	ehold ı	need bas	ic, NON-	EMER	GENC'	Y medio	cal care?
		Nonprofit community clinics (such a in Sedgwick County; Augusta Famil								dalupe,	etc.	
		☐ Immediate care clinic (not at a hosp	•				,		,			
		☐ Emergency department at a hospita	al or med	dical o	center	,						
		Our personal physician/private doct										
		☐ Other: (Specify:							_)			
		☐ Do not seek medical care										
7.	ls e	veryone in your household covered by he	ealth ins	uranc	e?				Yes		No	
		If YES: what types of coverage do you h	ave: (Ma	ark a	I that ap	oply.)						
		☐ a. Medicare ☐ c. Militar	•				Other:					
		□ b. Private insurance □ d. State-	funded I	Medio	caid (Ka	nCare	- Amerig	group, Su	ınflowe	r, Unite	edHealt	hcare)
8.	Du	ring the past 12 months, did you or anyon	e in you	r hou	sehold	need:						
	•	Medical care □ No	☐ Ye	es	F YES,	was th	nat care r	eceived	? 🗖	Yes	☐ No)
	•	Dental care ☐ No	□ Ye	es	F YES,	was th	nat care r	eceived	? 🗖	Yes	☐ No)
	•	Behavioral/mental health care No	☐ Ye	es	F YES,	was th	nat care r	eceived	? 🗖	Yes	☐ No)
	•	Substance abuse care	☐ Ye	es	F YES,	was tl	nat care r	eceived	? 🗖	Yes	☐ No)
	•	Prenatal care	☐ Ye	es	F YES,	was tl	nat care r	eceived	? 🗖	Yes	□ No)
		If one or more type of care was needed and not received, why not? (Mark all that apply.)	□ b.□ c.	Care Insur	was no was too ance wo	o expe ouldn't	nsive	□ e. [□ f. H □ g. (ırance	deduct	tible
9.	Ped	ople and families often face problems and	l look for	r help	. For ea	ich coi	ncern list	ed below	, please	e tell w	hether	– in the
	•	at 12 months it has been a major conce usehold and other households within your				ern, a r	minor cor	ncern or	not a co	ncern	for you	ır
	H	lealth Concerns			Majo	r l	/loderate	e Mii	nor	Not	а	Don't
		including prevention/ education/serv	rices		Conce	<u>rn</u>	<u>Concern</u>			Conc	<u>ern</u>	Know
а		lealth insurance										
b		asic medical care]			
С		ledical transportation services]			
d	. Ir	mmunizations for children (e.g., measles/r rubella; polio)	mumps/						1			
е	. Ir	mmunizations for adults (e.g., tetanus, sea	asonal fl	lu))			
f	. C	child abuse)			
g	_	omestic/family violence						Г]			
_	. L	omodiomanny violonoo			_		_	_				
h		Sexual assault)			
	. S	•					_		_			<u> </u>

9.	Health Concerns (Co including preve	ontinued) :ntion/ education/servi	ces	Major <u>Concern</u>	Moderate Concern	Minor <u>Concern</u>	Not a <u>Concern</u>	Don't <u>Know</u>
k.	Drug/alcohol abuse							
l.	Prescription painkiller	rs (opioids)						
m.	Gambling addiction							
n.	Counseling - behavio youth, adults, families		dren,					
ο.	Unintentional injuries	(accidents, falls, etc.)						
p.	Diabetes							
q.	Obesity							
10.	People and families ofte please tell whether – in concern, a minor conce <u>Health or Social Ser</u>	the past 12 months – rn or not a concern fo	accessing s	uch assist	ance has beer	n a major coi	ncern, a mode	rate
	(access and av			Concern	Concern	Concern	Concern	Know
a.	Wellness/nutrition pro	ograms						
b.	Physical activity prog	rams (children, youth,	adults)					
C.	Parenting education							
d.	Injury prevention devi bike helmets, car sea							
e.	Adult day care service	es						
f.	Resources for caregive	vers/respite care						
g.	Home health care for	homebound individua	als					
h.	Meal/food delivery for	homebound individu	als					
i.	Homemaker services (assistance w/personal							
j.	Treatment for life-thre congestive heart fa	eatening diseases (ca ailure, other organ fail						
k.	any health services	months, have you nee and found them unav n service(s) was need	ailable to yo	u?	00 _	No		
	Why was it not avai	ilable to you?						
11.	For each of the followin							
	D	In past 12 months	Last 1-5 ye	ars More	e than 5 years	1	Not Applica	ble
	Blood pressure check							
	Dental screening							
	Flu shot							
	Mammogram							
e.	Pap smear							
f.	Prostate exam							

INCOME AND SELF-SUFFICIENCY CONCERNS

	During the past 12 months, has anyone in your household education or training to qualify for a higher-paying job?	sought		Yes	□ No	
	During the past 12 months, has anyone in your household laid off from any job due to the economy and/or workforce			Yes	□ No	
14.	During the past 12 months, did you miss a rent, mortgage utility payment because you did not have enough money?	or		Yes	□ No	
-	People and families often face problems and look for help. past 12 months it has been a major concern, a moderate household and other households within your neighborhood	e concern, a r				
	Income and Self-Sufficiency Concerns	Major Concern	Moderate Concern	Minor Concern	Not a Concern	Don't Know
a						
b	S					
С	. ,	_			_	_
d	3					
е	a. Adult literacy programs					
f	f. Adult basic education (job skills, computers, etc.)					
g	. Employment assistance/services for disabled					
h	. Sheltered workshops for disabled					
i	i. Safe, affordable, accessible housing					
j	i. Housing counseling (1st time owner/reverse mortgage)					
k	House construction/repair for low-income					
	l. Home repair/safety for seniors					
m						
n						
0						
р						
q					_	_
	: Disaster response for fires, tornadoes, etc.				_	_
S					_	
	t. Legal aid	_			_	_
u						
V				_	_	_
W		_			_	_
X	- · · · · · · · · · · · · · · · · · · ·	_			_	_
^	Environmental politicon/recycling					
16.	OTHER CONCERNS of special importance to you in the past 12 months:	Major Concern	Moderate Concern	Minor Concern	Not a Concern	Don't Know
a.						
b.						
_						

17.			g the day do eply or use s	•		•						nce?		
			Never		Once			2 to 4 time	es	- 5	times	or mo	ore	
СО	MMUN	ITY VO	LUNTEEF	RISM										
18.	at any	of the fol	12 months, lowing types egory YES o	s of organ			our ho	ousehold vo	lunteer	ed tim	е			
	a.	Church	other religio	ous 🗆	Yes	□ No	d	. Professi	onal		Yes		No	
	b.	School			Yes	☐ No	е	. Civic/fra	ternal		Yes		No	
	C.	Cultura	l arts		Yes	□ No	f	. Other no	onprofit		Yes		No	
RE	SPONE	DENT D	EMOGRA	PHICS										
	the	entire co	of the surve mmunity. \ respondent l	our resp	onses w	ill rema	in and	onymous.	No indi	vidual	survey	s will	be sh	nared,
19.	How ol	ld are you	u?	years	OR	To w	hich c	of the follow	ing age	group	s do y	ou cu	rrentl	y belong?
							Und	er 18		35 –	44			65 – 74
							18 -			45 –				75 – 84
							25 -	34		55 –	64			85 or older
20.	Are yo	u:		I Male		Fema	ale							
21.	Are yo	u Hispan	ic? □	Y es		No								
22.	□ V □ B □ N	White/Cau Black/Afric Native Am Asian/Pac	lowing do youcasian can America nerican/Alas cific Islander ase specify)	an kan Nativ										
23.			e from all so al househol				j in yo	our househo	old, whic	ch cate	egory b	oelow	repre	esents your
			an \$10,000			\$75,00		•						
			0 - 14,999					149,999						
			0 - 24,999 0 - 34,999			\$150,0 \$200,0		199,999						
			0 - 34,999			Don't		illole						
			0 - 74,999					o answer						
			Then	k vou 4	San na	tioire	tina	in this r	10505	ah a	ffans	.		

Thank you for participating in this research effort.

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This survey is being sent to health and human service agencies, including those not receiving funding from United Way. It does not ask for your name, address, phone number or any identifying information about your agency. All of your answers are confidential. If you have questions, contact Gloria Summers, United Way Director of Research, at (316) 267-1321 or gsummers@unitedwayplains.org.

Thank you,

Richard Kerschen

Chairman of the Board of Directors, United Way of the Plains CEO and Chairman of the Board, The Law Company, Inc.

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Agency Executive Survey 2019 Community Needs Assessment

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KE	SPONDENT CHARACTERIS	IICS									
1.	What is the ZIP code of your home	(street)	address	?	_						
2.	In what county do you live?	□ Вс	ıtler		Sedgv	vick		Other ((Specify:)
3.	Are you currently employed?	□ Y	es-full-tim	ne		Yes –	Part-tim	ne	□ No		
	a. IF YES : In what county do you we	ork?	□ Butl □ Har □ Kin	vey		Ren Sed Sun	lgwick		Other (Speci None, do not	fy: : work)
4.	Which of the following categories be	est des	cribes the	siz	e of yo	ur age	ency's ar	nnual	operating b	udget? (Mark	only one.)
	□ \$99,999 or less				\$1,000	0,000	to \$4,99	9,999)		
	□ \$100,000 to \$499,99	99			\$5,000	0,000	to \$9,99	9,999)		
	□ \$500,000 to \$999,99	9			\$10,00	00,000	or more	е			
5.	Your agency's target populations: (Mark a	ıll that app	oly.)							
	□ All Ages				Young	g Adul	ts (18 to	24 ye	ears)		
	☐ Children				Adults	;					
	Youth (13 to 17 year	s)			Older	Adults	8				
EC	OUCATION CONCERNS										
6.	People and families often face problems 12 months it has been a majoryour agency or organization.										
					Мајо		Modera	ate	Minor	Not a	Don't
	Education Concerns				Conc	<u>ern</u>	Conce	<u>rn</u>	<u>Concern</u>	<u>Concern</u>	<u>Know</u>
a.	Early care and education for childre	en									
b.	Child day care										
C.	Before/after school services (latchk	• /									
d.	Youth development/character build (e.g., scouting)	ing pro	grams								
e.	Bullying										
f.	Student classroom attendance										
g.	Tutoring for children/youth										
h.	Mentoring for children/youth										
i.	Juvenile delinquency/gang preventi	on									
j.	Preparing young people for the wor	kforce									









HEALTH CONCERNS

7.	During the past 12 months, did clients of	your agency or	organization	need:			
•	Access to medical care	□ No □ Yes	IF YES, did	they get that	access?	□ Yes □	l No
•	Access to dental care	□ No □ Yes	IF YES, did	they get that	access?	□ Yes □	l No
•	Access to behavioral/mental health care	□ No □ Yes	IF YES, did	they get that	access?	□ Yes □	l No
•	Access to substance abuse care	□ No □ Yes	IF YES, did	they get that	access?	□ Yes □	l No
•	Access to prenatal care	□ No □ Yes	IF YES, did	they get that	access?	□ Yes □	l No
	If access to one or more type of care was	needed but no	ot available, v	why is that? (I	Mark all that	apply.)	
	☐ a. Care was not available		e. Client did r	not have insur	ance		
	□ b. Care was too expensive	- 1	f. High insura	nce deductibl	е		
	☐ c. Insurance wouldn't cover	-	g. Other:				
	☐ d. Client did not seek care						
8.	People and families often face problems past 12 months it has been a major coryour agency or organization.		ate concern,	a minor conce	ern or not a	concern fo	r clients of
	Health Concerns including prevention/ education/s	services	Major <u>Concern</u>	Moderate Concern	Minor <u>Concern</u>	Not a <u>Concer</u>	Don't <u>Now</u>
a.	Health insurance						
b.	Basic medical care						
C.	Medical transportation services						
d.	Immunizations for children (e.g., measl rubella; polio)	es/mumps/					
e.	Immunizations for adults (e.g., tetanus,	seasonal flu)					
f.	Child abuse						
g.	Domestic/family violence						
h.	Sexual assault						
i.	Teen pregnancy						
j.	Human/sex trafficking						
k.	Drug/alcohol abuse						
I.	Prescription painkillers (opioids)						
m	. Gambling addiction						
n.	Counseling - behavioral/mental health youth, adults, families, seniors)	(children,					
0.	Unintentional injuries (accidents, falls,	etc.)					
p.	Diabetes						
q.	Obesity						

9.	People and families often look for help to address situations that impact their health. For each concern listed below,
	please tell whether – in the past 12 months – accessing such assistance has been a major concern, a moderate
	concern, a minor concern or not a concern for clients of your agency or organization.

	Health or Social Services (access and availability)	Major <u>Concern</u>	Moderate Concern	Minor <u>Concern</u>	Not a <u>Concern</u>	Don't <u>Know</u>	
a.	Wellness/nutrition programs						
b.	Physical activity programs (children, youth, adults)						
c.	Parenting education						
d.	Injury prevention devices (smoke alarms, bike helmets, car seats)						
e.	Adult day care services						
f.	Resources for caregivers/respite care						
g.	Home health care for homebound individuals						
h.	Meal/food delivery for homebound individuals						
i.	Homemaker services for homebound individuals (assistance w/personal hygiene/housekeeping/meals/etc.)						
j.	Treatment for life-threatening diseases (cancer, congestive heart failure, other organ failure)						

INCOME AND SELF-SUFFICIENCY CONCERNS

10. People and families often face problems and look for help. For each concern listed below, please tell whether – in the past 12 months -- it has been a major concern, a moderate concern, a minor concern or not a concern for clients of your agency or organization.

·	Income and Self-Sufficiency Concerns	Major Concern	Moderate Concern	Minor Concern	Not a Concern	Don't Know	
a.	Current, correct information about available services					Kilow □	
b.	Financial/credit counseling						
C.	Employment assistance services						
d.	Job training/retraining assistance						
e.	Adult literacy programs						
f.	Adult basic education (job skills, computers, etc.)						
g.	Employment assistance/services for disabled						
h.	Sheltered workshops for disabled						
i.	Safe, affordable, accessible housing						
j.	Housing counseling (1st time owner/reverse mortgage)						
k.	House construction/repair for low-income						
I.	Home repair/safety for seniors						
m.	Emergency/temporary shelter						
n.	Living facilities for children/youth						
Ο.	Financial assistance (housing/utility)						
p.	Financial assistance (prescription medication)						
q.	Food assistance						
r.	Disaster response for fires, tornadoes, etc.						
s.	Disaster response for acts of terrorism						
t.	Legal aid						

	ne and Self-Sufficie	ncy Conc	erns	(Conti	nued)		Major oncern	Moderate Concern	Minor Concern	Not Cond		Don Kno
	Assistance/services t										 j	
	Assistance to offende				mmun	ity					ı	
	Assistance to active r	_	_			-					ı	
	Environmental polluti	•									1	
_	<u> </u>											
	THER CONCERNS of our agency or organize						Major Concern	Moderate Concern			ot a ncern	Do Kn
_												
_												
_												
to	w often during the da oray, think deeply or u	use some	other t			gain me		and spiritu		nore		
VIΝ	IUNITY VOLUNT	EERISM	I									
	ithin the past 12 mon								the			
a.	Fund-raising			Yes	□ N	lo e.	Trainin	g	[☐ Yes		No
b.	Interacting directly v	with clients	; 	Yes	□ N	lo f.	. Agenc	y board/ove	rsight [☐ Yes		No
c.	Office/administrative			Yes		lo g.	•	sional servic	•	☐ Yes		No
d.	Speakers Bureau	о опрол		Yes		lo g.		nting, legal, i	` •			
3P	ONDENT DEMO	3RAPHI	CS									
	This section of the s	ty. Your r	espon	ses wi	II rema	in anony	ymous. N	No individua	surveys wi	ll be sh	ared,	
	nor will any respond	dent be ide						1411204 101 4		reporti		
H		dent be ide		OR	To wh	hich of tl	he followi	ng age grou		•		ng?
Н	nor will any respond			OR	To wh	hich of tl Under			ps do you c	urrently		_
Н	nor will any respond			OR	_		18	ng age grou	ps do you c	urrently	y belor	74
Н	nor will any respond			OR		Under	18 I	ng age grou	ps do you c 44 54	urrently	y belon 65 – 7	74 84
	nor will any respond		ars	OR		Under 18 - 24 25 - 34	18 I	ng age grou 35 – 45 –	ps do you c 44 54	urrently	y belor 65 – 7 75 – 8	74 84
Aı	nor will any respond	yea	ars			Under 18 - 24 25 - 34	18 I	ng age grou 35 – 45 –	ps do you c 44 54	urrently	y belor 65 – 7 75 – 8	74 84
Aı Aı	nor will any respond ow old are you? re you: re you Hispanic?	yea	ars ale	0	□ □ □ Fema	Under 18 - 24 25 - 34 ale	18 ! !	ng age grou 35 – 45 –	ps do you c 44 54	urrently	y belor 65 – 7 75 – 8	74 84
Aı Aı	nor will any respond ow old are you? Te you:	yea Ma Ye do you cor	ars ale	0	Fema No	Under 18 - 24 25 - 34 ale imary ra	18 ! !	ng age grou 35 – 45 – 55 –	ps do you c 44 54	urrently	y belor 65 – 7 75 – 8	74 84

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Appendix B

Methodology

Community Respondents, Community Leaders and Health and Human Service Agency Executives







Methodology

Community Respondent (Household) Survey

For the community respondent (household) survey, a random sample of 6,500 Sedgwick and Butler County households was selected. This represented 4,500 randomly selected Sedgwick County households, 1,000 randomly-selected Butler County households. In addition, 1,000 Sedgwick County households were randomly-selected from nine ZIP codes with the lowest household income (67203, 67208, 67210, 67211, 67213, 67214, 67216, 67218 and 67219); this area was "oversampled" in an attempt to obtain additional responses from a population which has historically demonstrated high residential mobility accompanied by low survey response rates

Pre-survey postcards were mailed via first class on October 26, 2018. The postcard's purpose was to inform potential respondents about the upcoming community needs assessment and to ask them to watch for and complete their surveys. It also gave them the opportunity to request the survey in Spanish, if preferred.

Surveys accompanied by postage-paid return envelopes were mailed November 6, 2018, via first class with a requested return date of November 22.

Follow-up reminder postcards were mailed via first class on November 15. These postcards also provided potential respondents with the opportunity to complete the survey electronically via SurveyMonkey. Surveys were accepted through December 12, 2018.

Of the 6,500 households mailed surveys, the post office returned 817 as undeliverable (e.g., "vacant," "attempted, not known," "deceased," "moved left no address," etc.).

Of the 5,683 valid household surveys distributed (that is, 6,500 – 817), 336 completed surveys were returned, a 5.9 percent response rate. The chart on page B-4 displays response rate information in total and by county. While this response rate may seem low, according to the Direct Marketing Association, the average response rate is 3.4 percent for household surveys.

Valid research techniques were utilized to obtain a sample of all Sedgwick and Butler, County households proportional to the number of occupied households in each county and to randomize the selection of survey households within each county in an attempt to be as thorough as possible in the collection about needs in the community. While a higher response rate is always desirable, from a research perspective a response of 336 households from a randomly selected sample of 5,683 households provides an overall margin of error of plus or minus 5.3 percentage points at the 95 percent level of confidence. That is, if United Way were to conduct the exact same survey 100 times the exact same way -- each time drawing randomly from the same population (i.e., Sedgwick and Butler counties) -- the expected result would be that 95 times out of 100, the findings would fall within 5.3 percentage points either lower or higher from the numbers presented in this report.

For example, the community respondent (household) segment of the research showed that 61.3 percent of respondents had gotten a flu shot during the past 12 months. If the Community Needs survey were to be repeated 99 more times, 95 of those times one would expect the percentage of community respondents having gotten a flu shot within the past 12 months to fall between 56.0 and 66.6 percent (that is, 61.3 - 5.3 and 61.3 + 5.3).

The Sedgwick County subset of the Community Respondent (Household) survey yielded 290 completed surveys from 4,739 valid households, resulting in a margin of error for this subset of the data of plus or minus 5.75 percentage points at the 95 percent level of confidence.







Community Leader Survey

In an effort to draw upon the recognition and reputation of formal and informal leaders in Sedgwick and Butler counties, United Way of the Plains solicited input from nonprofit health and human service agencies in these counties by asking each executive director to identify up to ten community leaders they believed should be surveyed. Input was provided via SurveyMonkey.

All community leaders identified by at least three agency executive directors were included, as were the presidents/chief executive officers of the area's largest employers (based on number of people employed), local elected and appointed government officials, public school district superintendents and public school board presidents. The final list included 456 individuals identified as "community leaders."

These individuals were contacted in mid-September 2018, advising them that their name was among those identified most frequently as being "a leader in the community" and inquiring whether they would be willing to complete a survey to gauge the community's pulse as it pertained to the area's health and human service needs.

Surveys accompanied by postage-paid return envelopes were mailed on November 6, 2018, via first class to 456 community leaders in Sedgwick and Butler counties, with a requested return date of November 22, 2018. Follow-up reminder postcards were mailed via first class on November 15. These postcards also provided potential respondents with the opportunity to complete the survey electronically via SurveyMonkey. Surveys were accepted through December 13, 2018.

Of the 456 community leader surveys mailed, a total of 8 were either returned by the post office as undeliverable or the community leader opted out of participating. From the 448 community leaders (that is, 456 - 8), a total of 81 completed surveys were returned. an 18.1 percent response rate. The chart on page B-4 displays response rate information in total and by county.

Community leaders were identified based on where they were employed or where they were elected or appointed to serve. Survey results have been reported based on the community leader's county of residence.

Agency Executive Survey

On August 21, 2018, United Way of the Plains accessed its statewide information and referral database, 2-1-1 of Kansas, to identify and obtain contact names and information for nonprofit health and human service agencies in Sedgwick and Butler counties. Contact was made with identified agency personnel via email, to verify contact information.

Surveys, cover letters and postage-paid return envelopes were mailed on November 6, 2018, via first class mail to the executive directors of 174 area nonprofit agencies in Sedgwick and Butler counties, with a requested return date of November 22. Follow-up reminder postcards were mailed on November 15. Surveys were accepted through December 7, 2018.

Of the 174 agency executive surveys mailed, a total of 3 were either returned by the post office as undeliverable or the executive director opted out of participating.

From the 171 agency executive surveys (that is, 174 - 3), a total of 77 completed surveys were returned, a 45.0 percent response rate. The chart on page B-4 displays response rate information by county.







Statistical Analysis

Survey data were analyzed utilizing SPSS (Statistical Program for the Social Sciences) software. Significant differences are reported when found to be statistically significant at the 95 percent level of confidence based on t-test analysis for scale questions and Pearson chi-square analysis for categorical questions. Significant differences were examined on the basis of those responding to each question; missing values were excluded.

Differences were examined between the three population segments surveyed (community leaders, health and human service agency executives and the randomly-selected households).

Within the randomly selected household population, differences were examined on the basis of:

- Gender (male; female)
- Race (White/Caucasian; other)
- Presence of child in household under 18 years old
- County of residence (Sedgwick/not Sedgwick)
- Age (under/over 55)
- Annual household income (Under/over \$35,000)

Within the community leader segment, differences were examined on the basis of:

- Gender (male; female)
- Presence of child in household under 18 years old
- County of residence (Sedgwick/not Sedgwick)
- Age (under/over 55)

Within the agency executive segment, differences were examined on the basis of:

- Gender (male; female)
- County of employment (Sedgwick/not Sedgwick)

Research Collaboration Partners:

Ascension Via Christi Sedgwick County Division of Health United Way of the Plains

Research Conducted by:

United Way of the Plains, Wichita, Kansas 67202

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It is always possible to overlook a specific group or agency, even in efforts to be thorough, but United Way of the Plains believes that to the best of our ability every effort was made to include any agency, person or groups of persons who could help identify needed areas of service in the defined geographical areas.

United Way of the Plains strives to continually improve its process of identifying and impacting community needs. To that end, we welcome constructive comments and suggestions from report users.







Summary – 2019 Community Needs Assessment Surveys Sent, Undeliverable (Invalid) Surveys, Valid Surveys, Number of Completed Surveys and Response Rate Overall, by Survey Population Type and by County

Sent (Invalid) CM (Invalid) Response (Invalid) (Invalid) (Invalid) CM (Invalid) Response (Invalid) CM (Invalid)		Total by Survey Pop	y Popula	oulation Type	Sedgw	Sedgwick County*	; y *	Butle	Butler County	
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5.261	Subtotal	(828)	494	;	(718)	416	1	(110)	28	ł
		6,302			5,261			1,041		

*Includes random sample and oversample

Invalid = undeliverable or refused; CM = completion

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Volunteer Community Respondents

Additional Information on Sedgwick County Responses:

	Sedgwic	ick County	ty	Sedgwick-Random Sample	Random S	Sample	Sedgwick-Oversample	-Oversal	nple
	Sent (Invalid) Valid	Count	Response Rate	Sent (Invalid) Valid	Count	Response Rate	Sent (Invalid) Valid	Count	Response Rate
Community (Household)	5,500 (707) 4,793	290	6.1%	4,500 (523) 3,977	236	5.9%	1,000 (183) 817	54	%9.9







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Appendix C

Verbatim Responses to Open-Ended Questions

Community Respondents, Community Leaders and Health and Human Service Agency Executives







Verbatim Responses -- Community Respondents

SOURCE OF USUAL BASIC, NON-EMERGENCY MEDICAL CARE: Where do you usually go when you or members of your household need basic, non-emergency medical care? If Other:

Butler County Community Respondents

Military facility.

VA Medical Center.

Sedgwick County Community Respondents

McConnell Air Force Base.

Teledoc.

VA Medical Center.

VA Medical Center.

REASONS NEEDED HEALTH CARE WAS NOT RECEIVED: If one or more types of care was needed and not received, why is that? If Other:

Sedgwick County Community Respondents

Blood pressure was too high.

Don't qualify for low-income help.

Searching for another therapist.

Unemployed and uninsured; now, employed.

HEALTH OR SOCIAL SERVICES: People and families often look for help to address situations that impact their health. Within the past 12 months, have you needed to access any health services and found them unavailable to you? If YES, what health service(s) was needed and why was it not available to you?

If OTHER:

Butler County Community Respondents

Counseling and dental; can't afford them right now.

Mental health therapy and medication management; no insurance, no income.

No response. (1 respondent)

Sedgwick County Community Respondents

Back problems; no reason given.

Care after surgery; I'm alone.

Dental and medical; no insurance money.

Dental care; cost.

Dental care; couldn't afford.

Dental, eyeglasses; not covered under Medicare.

Dental; too expensive.







HEALTH OR SOCIAL SERVICES - If OTHER: (Continued)

Sedgwick County Community Respondents (Continued)

Dental; no reason given.

Dentist; no reason given.

Endocrinologist; no appointments available at one; another not covered by insurance.

Endodontics that takes KanCare insurance; endodontics don't take KanCare insurance.

Flu shot. Doctor's assistant appointment; they were one hour late; didn't have yet (flu shot). Appointment put someone before me.

Fractured my nose and had to go to emergency room; no money to go to clinic.

High-risk pregnancy and pre-cancer hysterectomy; almost bankrupted us with private insurance. Would have been cheaper if unemployed/low income and on public benefits.

Medical; didn't have coverage for three months.

Medicine (insulin); cost.

Mental health counseling disrupted several times; therapists kept quitting.

Oxygen therapy. Sleep study to determine need for CPAP machine; not covered by insurance.

Physical therapy; hit Medicare limit on number of sessions for shoulder and none available for knees to strengthen prior to surgery.

Preventative health, skin care, dental, eyes; no insurance at the time.

No response. (5 respondents)

COMMUNITY ISSUES: OTHER CONCERNS: Community respondents rated education, health and income/self-sufficiency issues as major, moderate, minor concerns or indicated that each had not been a concern for their household or other households in their neighborhood in the past 12 months. In each category, respondents were permitted to identify "other" issues and to rate their concern as major, moderate or minor household or neighborhood concerns. (Level of concern as assigned by respondent.) If Other:

Butler County Community Respondents

First concern:

Major Affordable day care/day care centers; \$65 per day per child.

Major Affordable help with lawn.

Major Cost of insurance.

Major Crime in the neighborhood and what to do about it.

Major Education on payday loans.

Major Fitness facility.

Major House break-ins.

Major Public education.

Major Public education.

Major Uninsured family members.







Butler County Community Respondents (Continued)

Second concern:

Major Cost of hospital care.

Major Education on scams/scammers.

Major Team bonding facility.

Third concern:

Major Education on budget (home finances).

Major Lack of jobs for single parents with no assistance with caring for minor children.

Major Neighborhood watch.

Sedgwick County Community Respondents

First concern:

Major Adequate dental insurance coverage.

Major Adult drug addictions.

Major Affordable healthcare for those having to purchase their own yet don't qualify for

assistance. No competition-very high rates with very high deductible.

Major Assistance with transportation.

Major Cancer assistance.

Major Can't get landlord to do anything.

Major Cop harassment.

Major Cost of medicine.

Major Crime, theft.

Major Domestic violence prevention resources.

Major Donald Trump.

Major Drug/alcohol use/addiction by family members, not in my household.

Major Early childhood development/education needs.

Major Environmental changes/weather.

Major Free after-school programs for children with working parents.

Major Global warming.

Major Health insurance price and availability; lost insurance with loss of employment.

Major Help for long-term care for mentally challenged.

Major Immigrant protection assistance.

Major Importance of healthy nutrition.

Major Increasing utility bills.

Major Insurance premiums.

Major K-12 education.

Major Leadership at the national level.

Major LGBTQ.







Sedgwick County Community Respondents (Continued)

First concern: (Continued)

Major Making enough money on the side to make ends meet

Major Medical.

Major Medical/financial help-insurance/not available if income above \$600/month.

Major Mental health care.

Major More money.

Major Neighbor's environmental pollution.

Major No financial help for middle class.

Major No funds for eyeglasses.

Major People with major mental disabilities causing anxiety due to threats.

Major Public restrooms along River Walk, Veterans Park, etc.

Major Public transportation.

Major Quality of programs for youth.

Major Receiving correct paracentesis.

Major Reckless drivers/lack of enforcement of traffic laws.

Major Reinforcement for foster families.

Major Services for seniors.

Major Son unemployed, no insurance.

Major The number of homeless. Mental persons. Incarcerated.

Major The president.

Major Too many firearms; gunshots in the neighborhood are a regular occurrence.

Major Too many on welfare that don't need it.

Major Tornado shelters.

Major Traffic on 13th Street west of Zoo.

Major Transportation for grocery shopping for seniors, disabled and vulnerable individuals.

Major Water purity (Haysville).

Major Water/pollution.

Major Road construction everywhere.

Major Transportation options.

Second concern:

Major Assistance with getting in to see a doctor.

Major Bullying, stalking.

Major Can't get garage door opener.

Major Discrimination against LGQBT.

Major Domestic violence response resources.

Major Drug and alcohol use and abuse.

Major Financial assistance for auto brakes.







Sedgwick County Community Respondents (Continued)

Second concern: (Continued)

Major Gas prices.

Major Gun control for automatic weapons.

Major Homeless people.

Major Illegals getting too much help.

Major Importance of regular exercise.

Major Increasing taxes.

Major Lack of options for low-income seniors.

Major Lack of social morals.

Major Liars. Words matter. New president?

Major Meals on Wheels meals are not edible.

Major Medical and nursing care for seniors.

Major Minority civil rights.

Major More fish in the local lakes.

Major No dental insurance.

Major No help with major dental issues.

Major Patriotism.

Major Prescription medicine.

Major Prevalence of firearms.

Major Rage, hate, violence in Wichita.

Major Recycling.
Major School.

Major The people that like Donald Trump.

Major Too many cops being paid too much.

Major Better insurance.

Major Adequate vision insurance coverage.

Moderate Economic development of West 13th Street.

Third concern:

Major Can't afford someone to do back taxes.

Major Child endangerment in Haysville.

Major Climate change, up two degrees Celsius.

Major Cost of higher education.

Major Cost of living.

Major Fishing events for kids.

Major Gun laws.

Major Healthcare and health insurance Major Hearing aids and eyeglasses.







Sedgwick County Community Respondents (Continued)

Third concern: (Continued)

Major Importance of living below one's means financially.

Major Insurance/medical care.

Major Less to pay.

Major People not paying for materials and labor on work I performed.

Major Pit bull dogs on the loose.

Major Police that shoot and ask questions later.

Major Poor 911 responses.

Major Road rage, hit & runs.

Major Too much African American presence on television.

Major Welfare reform; need to work.

Not rated Social Security







Verbatim Comments -- Community Leaders

HEALTH OR SOCIAL SERVICES: People and families often look for help to address situations that impact their health. Within the past 12 months, have you needed to access any health services and found them unavailable to you? If YES, what health service(s) was needed and why was it not available to you?

If OTHER:

Sedgwick County Community Leaders

Physical, flu; no reason given.

COMMUNITY ISSUES: OTHER CONCERNS: Community leaders rated education, health and income/self-sufficiency issues as major, moderate, minor concerns or indicated that each had not been a concern for their household or other households in their neighborhood in the past 12 months. In each category, respondents were permitted to identify "other" issues and to rate their concern as major, moderate or minor household or neighborhood concerns. (Level of concern as assigned by respondent.) If Other:

Sedgwick County Community Leaders

First concern:

Major Abandoned children.

Major Access to clean water.

Major Homelessness.

Major Lack of civility in political discourse.

Major Mental health services for family member.

Major More mental health resources. More peer support and case manager time in mental

health.

Major Police/community relations.

Major Racial equality.

Major Social/economic divisiveness.

Major Transitioning non-college bound high school graduates to the work force.

Second concern:

Major Grandparents having to raise grandchildren.

Major Lack of concern for the disadvantaged.

Major Poverty alleviation.

Third concern:

Major Balanced growth/economic development.

Major Disintegration of respect for others.

Major Self-centered attitude by many.







Verbatim Responses -- Agency Executives

REASONS AGENCY CLIENTS NEEDED ACCESS TO HEALTH CARE BUT DID NOT HAVE THAT ACCESS: If access to one or more types of care was needed but not available, why is that? If Other

Butler County Agency Executives

Transportation.

Sedgwick County Agency Executives

Federally Qualified Health Centers (FQHCs) in our area no longer feel it is their mandate to help everyone who needs service. Instead they turn people away and send them to the emergency room or to Guadalupe Clinic if they cannot afford their (sometimes very high) sliding-fee scale payment. This includes turning away people with severe mental health concerns who were later hospitalized.

Homophobia in the medical field.

Lack of transportation.

Out-of-network provider.

No response. (2 respondents)

COMMUNITY ISSUES: OTHER CONCERNS: Agency executives rated education, health and income/self-sufficiency issues as major, moderate, minor concerns or indicated that each had not been a concern for clients their organization served in the past 12 months. In each category, respondents were permitted to identify "other" issues and to rate their concern as major, moderate or minor household or neighborhood concerns. (Level of concern as assigned by respondent.) If Other:

Butler County Agency Executives

First concern:

Major Health care.

Moderate Local transportation.

Second concern:

Major Parenting.

Third concern:

Major Summer programs for the disabled.

Sedgwick County Agency Executives

First concern:

Major Assistance with rent and utilities outside the limitations of Center of Hope.

Major Bus service.

Major Cliff effect - benefits taken away faster than clients can increase income.

Major Criminalization of mental illness.







Sedgwick County Agency Executives (Continued)

First concern: (Continued)

Major Dental services to undocumented.

Major Employment. Major Employment.

Major Families of the incarcerated.

Major Hormone therapy.

Major In-home support for families of children with disabilities.

Major Lack of support groups for immigrants.

Major Mental health coverage. Major Mental health services.

Major Navigating health and social services.

Major Need affordable, temporary housing for out of town families while child is in the hospital or needing medical care.

Major New state government and generational poverty.

Major Ongoing trauma support after crisis.

Major Social isolation.

Major Transportation for seniors and disabled.

Major Transportation improvement in Wichita, especially for veterans.

Major Transportation to events that improve quality of life.

Major Transportation to school for middle/high school.

Moderate Livable communities for all ages.

Moderate Multiple agencies' ability to work together with specific clients.

Moderate Parent engagement with children for education and character building.

Second concern:

Major Children of imprisoned parents.

Major Education services available outside of the traditional format.

Major Elder abuse and financial exploitation.

Major Gas, bus cards and car repairs.

Major Homophobia in schools.

Major Housing.

Major Lack of affordable health care.

Major Lack of community support for people with mental illness.

Major Lack of free health clinics/care.

Major Low income.

Major Managing the cliff effect for those on financial assistance.

Major Medical care for undocumented.







Sedgwick County Agency Executives (Continued)

Second concern: (Continued)

Major Need affordable, temporary food source for out of town families while child is in the

hospital or needing medical care.

Major Overcrowding in homeless shelters.

Major Prescription co-pays.

Major Transportation.

Major Transportation.

Third concern:

Major Child care.

Major Diabetic supplies and insulin.

Major Extremely low academic and literacy skills in our area.

Major Tobacco cessation.

Major Transportation.

Not rated Assistance with getting IDs and applying for social security benefits.









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