

Susan B. Allen Memorial Hospital and Butler County Health Department Community Health Needs Assessment 2022



WICHITA STATE
UNIVERSITY
COMMUNITY ENGAGEMENT
INSTITUTE

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Executive Summary

Process

What is a community health needs assessment (CHNA)?

A community health needs assessment (CHNA) is a systematic process by which counties and communities can identify key health needs and issues. The process is typically collaborative in nature, with individuals from multiple organizations/agencies participating in the preparation and planning. A CHNA involves secondary data compilation from publicly available data sources (often including comparison data for the state and/or other nearby or similar counties) and primary data collection from members of the community. Primary data collection can involve any or all of the following: surveys, interviews, focus groups, and/or community listening meetings. These two data components – primary and secondary – work together to create a picture of the health needs (and also assets) in the community. Once the key health needs and issues have been identified, additional community engagement will take place to develop appropriate strategies to address those needs and issues.

Butler County CHNA

Previous community health needs assessments have been completed for Butler County in 2016 and 2019. For the 2022 community health needs assessment, Susan B. Allen Memorial Hospital and the Butler County Health Department partnered with Wichita State University's Community Engagement Institute (CEI) for secondary data compilation, survey development and administration, data analysis, and report creation. CEI worked with a design team of representatives from Butler County to identify secondary data points that were of interest and to develop a survey to utilize for primary data collection.

Secondary data were compiled for Butler County during the last quarter of 2022. Staff from the Susan B. Allen Memorial Hospital and the Butler County Health Department promoted the survey link to their contacts during the month of December 2022. Nearly 350 individuals completed at least a portion of the survey, with 236 individuals completing the entire survey. Additional details related to the survey administration can be found in the Primary Survey Data section of the report (starting on p. 25).

Next Steps

One goal of the CHNA process is to use the data and information gathered to inform action in the community. Susan B. Allen Hospital and the Butler County Health Department will use the findings from the CHNA to help inform their work as well share the information with other organizations and initiatives in the community that are well positioned to make progress on the key needs and issues identified.

Key Findings

Overall Findings

Based on the key findings from the primary and secondary data sources, the top overall issues to consider in Butler County include mental health, children and youth, and housing.

When asked to respond to a series of statements regarding quality of life in Butler County the lowest rated statements were:

- There are enough childcare services available for families in our community.
- There is enough affordable housing in the community.
- My community has adequate mental health services for people who need them.

Additionally, when asked to identify the top issues in the community that need to be addressed, participants identified the following as their top three issues:

- Housing (availability, affordability, safety)
- Youth and Children Related Issues (childcare, education, bullying, abuse)
- Mental Health

Housing: While the median housing and rent values are lower for Butler County than for the state, community members still perceive affordable housing as an issue in the community. For those who are not satisfied with their current housing and/or indicated that they rent but would rather own, availability and affordability were two of their top concerns.

Children/Youth: Of those survey respondents with children, nearly 1 in 5 indicated that their child had been afraid to attend school or other related activities due to bullying, and more than a third of those who use childcare services indicated that childcare is not affordable. Consistent with that, the top issues identified for birth to age 12 were: childcare for children ages 0 to 5, afterschool programs, and bullying prevention. For ages 13-18, the top issues were bullying/relationship violence prevention, workforce training, and mental healthcare.

Mental Health: The most recent report released by Mental Health America on the State of Mental Health in America, Kansas is ranked last in the nation for overall mental health and second to last for youth mental health. Nearly half of survey respondents indicated that mental health care is difficult or very difficult to access when needed, two-thirds said they do not consult a mental health professional when they do not feel mentally healthy, and Butler County has a lower concentration of mental health providers. The mental health data available for the state and Butler County combined with the mental health related concerns that emerged in the survey data suggest that mental health might be a key issue to consider.

Secondary Data Findings

Secondary data were compiled from publicly available data sources such as Kansas Health Matters, the United States Census, Kansas Kids Count, and the Kansas Communities That Care survey. The following findings highlight possible areas of interest or elevated concern and also areas where Butler County is healthier or doing better than average for Kansas. Additional details can be found in the Secondary Data section.

- Based on population density, Butler County is classified as a semi-urban county, with between 40.0 and 149.9 persons per square mile. The population of Butler county is less diverse than the overall Kansas population (87.9% white for Butler County vs. 75.1% white for Kansas).
- Butler County has higher median income (\$71,651 vs. \$64,521 for Kansas) but lower median housing value (\$150,300 vs. \$157,600) and lower median rent (\$831 vs. \$863 for Kansas).
- Butler County is similar to Kansas regarding poverty rates. Hispanic residents have the highest rate of poverty (20.3%) followed by American Indian/Alaska Native (11.4%), White/Caucasian (10.3%), and Black/African Americans (8.5%).
- Health issues in Butler County are similar to Kansas overall; however, access to providers is much lower for mental health (116 providers per 100,000 persons in Butler County vs. 214 per 100,000 in Kansas) and dental care (27 per 100,000 to 61 per 100,000). There are fewer uninsured persons in Butler County than average for the state (5% of children in Butler County vs. 6% in Kansas; 9% of adults in Butler County vs. 11% for Kansas).
- Butler County has a lower percentage of infants fully immunized at 24 months (66.2% vs. 71.1% for Kansas) and a higher rate of births where mothers smoked during their pregnancy (13% vs. 8.7% for Kansas). Butler County also has slightly more premature births (10.3% vs. 9.8%) and lower monthly WIC participation (9.8 per 1,000 vs. 15.8 per 1,000 for Kansas).
- For adolescent mental health, even though the numbers are lower than for the state of Kansas, the percentage of youth who have tried to kill themselves (9.99%), made a plan to kill themselves (20.70%), seriously thought about killing themselves (30.88%), and/or felt so sad or hopeless that they stopped doing usual activities (37.73%) are cause for concern.
- The number of Butler County adults (age 50-74) who have had a mammogram in the past 2 years is somewhat low compared with the state average (38% vs. 46%). Butler County is similar on other risk indicators such as hospital admissions, cancer rates, hospital admissions for diabetes, disability, obesity, excessive drinking, and other risk indicators (see specific data under “Risk Indicators and Factors”).
- Butler County has higher mortality rates for cancer, heart disease, suicide, traffic injuries, and alcohol impaired driving as compared to the state. See the “Risk Indicators and Factors” section for specific data.

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- Rates of food insecurity, both in general and specific to children, are slightly higher than the state average in Butler County (10.5% vs. 9.7% for general; 15.2% vs. 14.6% for children).

Survey Findings (Primary Data Findings)

The following findings are highlights from the survey responses. See the Primary Survey Data section for more data from the community health needs assessment survey.

- Of the survey respondents with children, nearly 1 in 5 respondents reported that their child(ren) had been afraid to attend school or other related activities due to bullying.
- More than a third of those who used childcare services indicated that childcare is not affordable.
- When asked about quality of life, respondents rated Butler County relatively high on factors like safety, good place to raise children, and intention to stay in the community. The lowest rated items were enough childcare services, affordable housing, adequate mental health services, sufficient options for healthy eating, and economic opportunities.
- When asked about experiences with discrimination in the community, discrimination based on age, ethnicity, and/or sexual orientation were the top answers. More specifically, age discrimination in employment, and discrimination based on ethnicity and/or sexual orientation in public spaces were mentioned most often.
- Nearly 1 in 5 respondents reported that it is “difficult” or “very difficult” for them to access the healthcare they need. The top barriers to receiving healthcare are related to being able to make and attend appointments. Additionally, nearly 1 in 5 reported dental care being difficult or very difficult to access. The top barrier is no insurance or not having the right kind of insurance.
- Two-fifths of respondents reported they or someone in their household struggles with mental health. And nearly 50% of respondents report that mental health care is difficult or very difficult to access when needed. The most common reasons for not accessing mental health care are being uncomfortable seeking services, no available appointments/takes too long to get an appointment, no insurance, and cannot take time off work.
- Most respondents report being satisfied with their current housing, but those who are not were most likely to say expense is the reason. This is the same reason most mentioned for not owning (versus renting) as well as it being too hard to get financing and lack of suitable housing.
- The top three community issues respondents believe should be addressed were housing, youth and children-related issues, and mental health. Each of those issues were selected by over 30% of respondents. Healthcare in general was number four on the list with 29.6% of respondents selecting this issue.

Secondary Data

Demographics

Why is this important?

Understanding the total population and demographic characteristics is essential in understanding the health and health needs of a given population.

Population Characteristics

POPULATION CHARACTERISTICS		
	Butler County	Kansas
Total Population	66,992	2,913,805
Population per Square Mile	47.1	35.9
Percent Rural	40.9%	26.9%

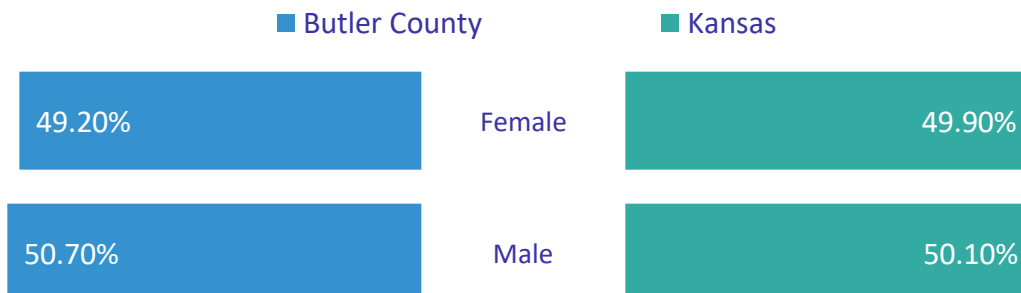
Sources: County Health Rankings, Census 2022 Quickfacts, Census 2010

Age Categories



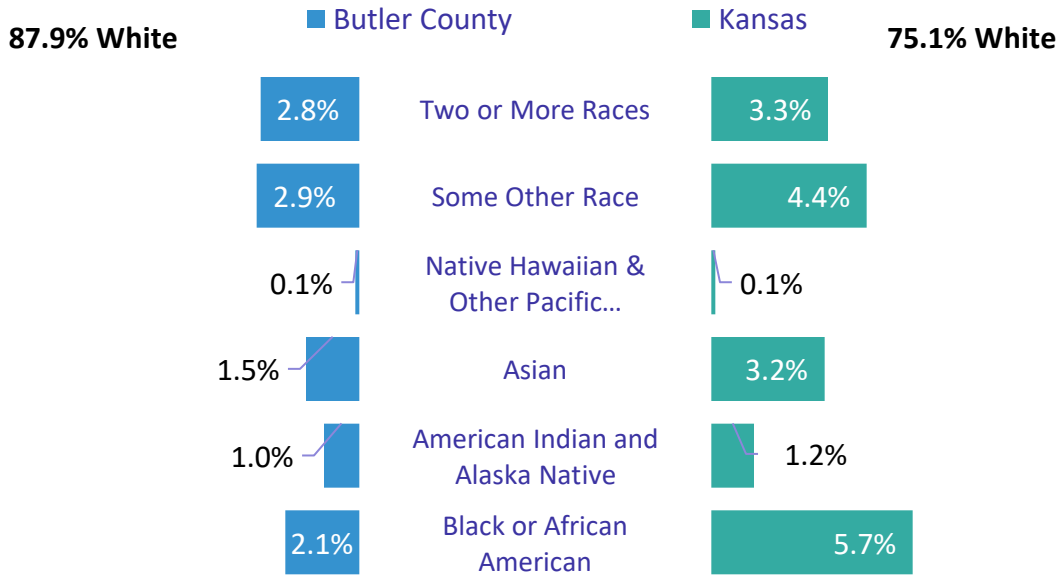
Sources: County Health Rankings, Kansas Health Matters

Sex Characteristics



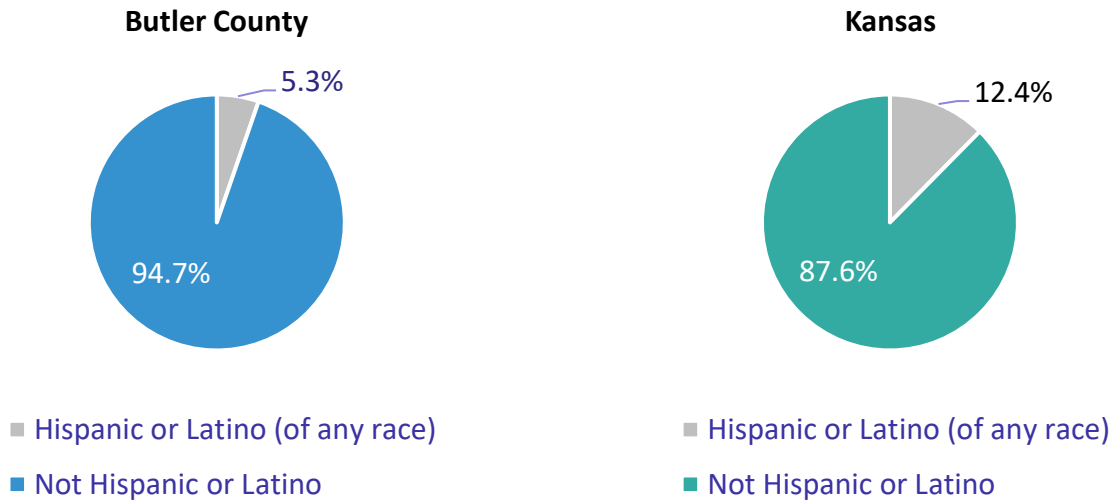
Source: Kansas Health Matters

Racial Characteristics



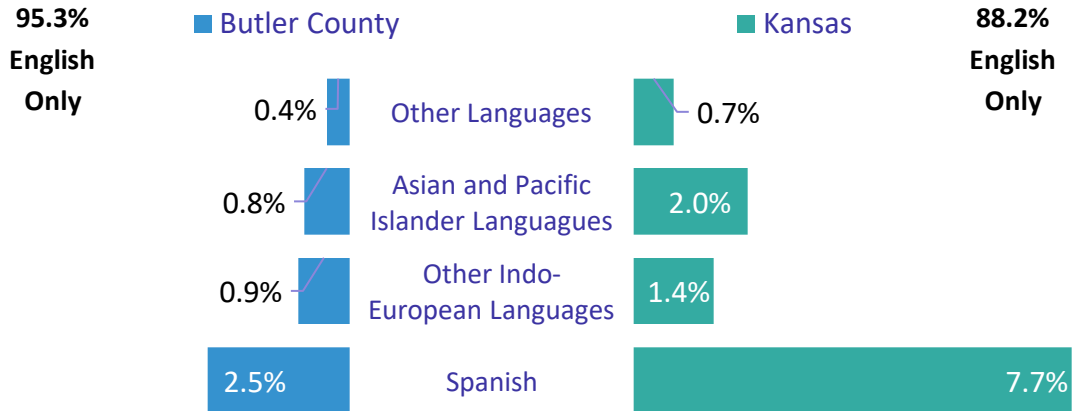
Source: County Health Rankings, Kansas Health Matters

Ethnicity



Source: County Health Rankings

Language Spoken at Home



Source: 2021 American Community Survey Estimates

Household Characteristics

HOUSEHOLD CHARACTERISTICS		
	Butler County	Kansas
Average Household Size	2.6	2.5
Number of Housing Units	23,176	1,131,200
Home Ownership	68.7%	59.1%

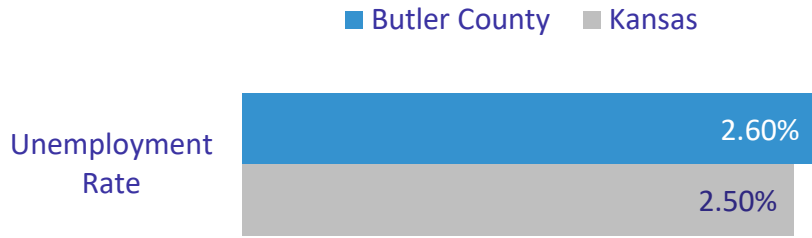
Source: Kansas Health Matters

Economics and Housing

Why is this important?

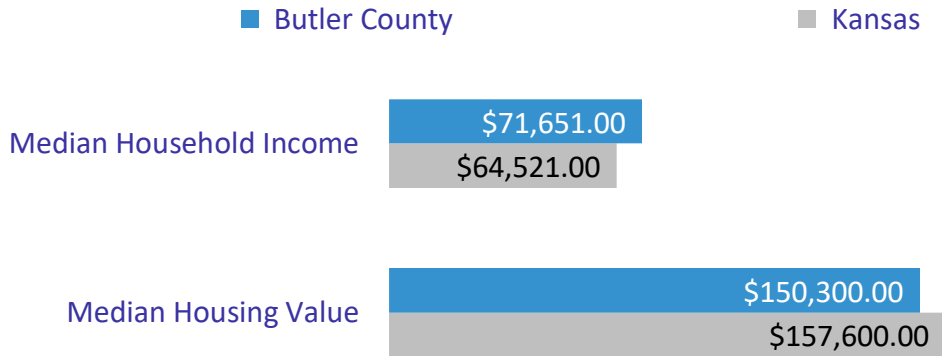
Household income is one of many factors related to overall health and well-being. Areas with higher median household incomes are more likely to have more educated residents and lower unemployment rates. Higher employment rates lead to better access to care and better overall health outcomes. Additionally, higher housing costs impact individuals' ability to afford other basic needs and/or necessities such as childcare and healthcare. Food insecurity and hunger are also important indicators of poverty and lack of resources that impact residents' health and well-being.

Employment Characteristics



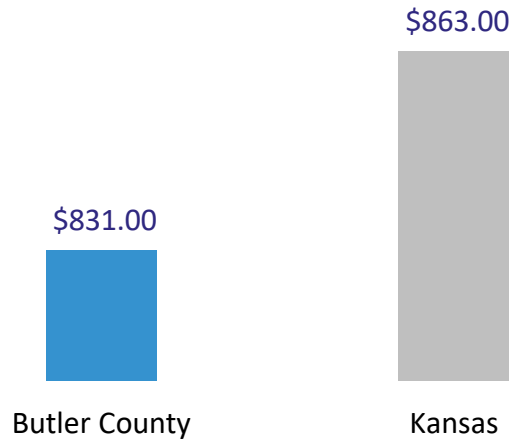
Source: Kansas Health Matters

Economic Characteristics



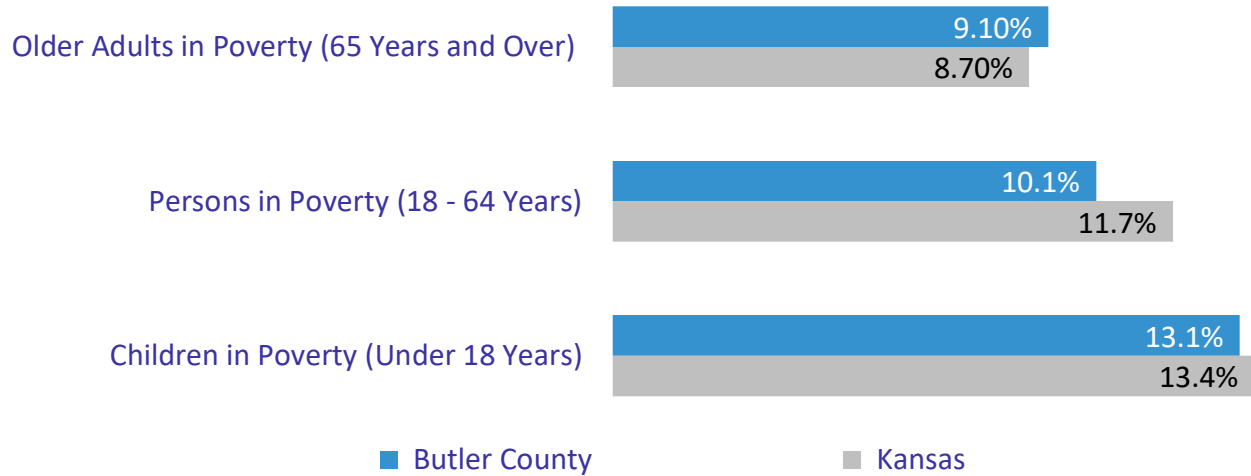
Source: 2021 American Community Survey 5-Year Estimates, Kansas Health Matters

Median Gross Rent



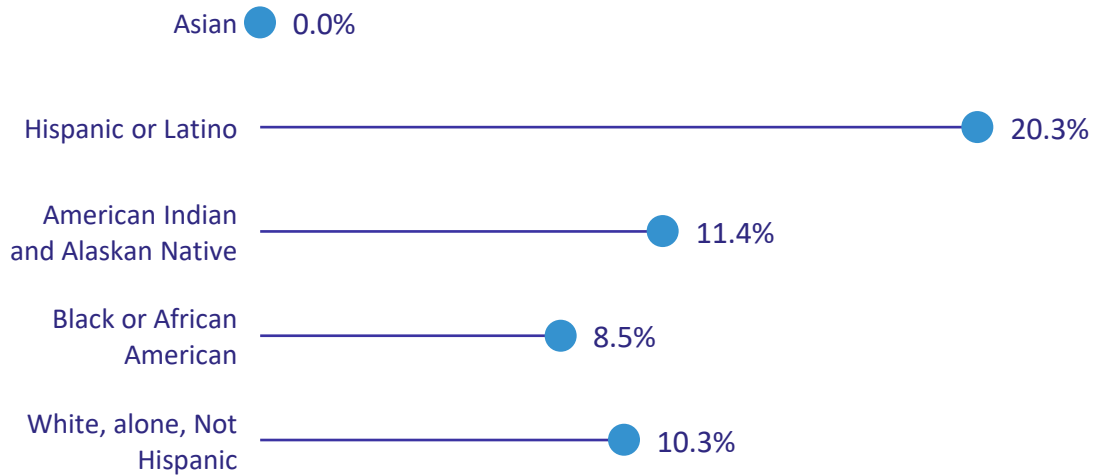
Source: Kansas Health Matters

Poverty



Source: 2021 American Community Survey 1-year Estimates

Percent Below Poverty by Race in Butler County



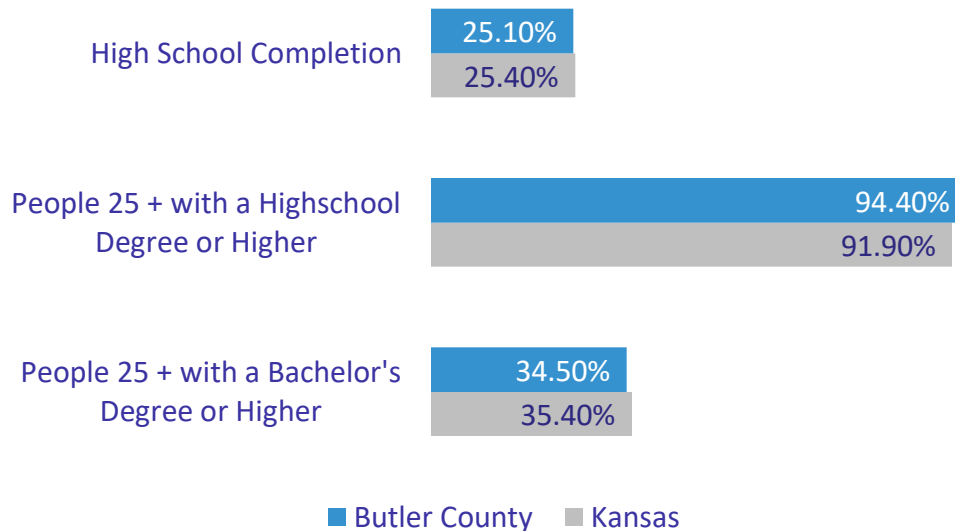
Source: 2021 American Community Survey 1-year Estimates

Education

Why is this important?

Education level is one of many factors related to overall health and well-being. Higher educational attainment is associated with better access to care and better overall health outcomes. Being aware of the number of students with an individualized educational plan (IEP) and the number of dual language learners (ELL/LEP) is also an important factor in ensuring the health needs of all individuals within the community are met.

Educational Attainment



Source: 2021 American Community Survey 1-year Estimates

Healthcare

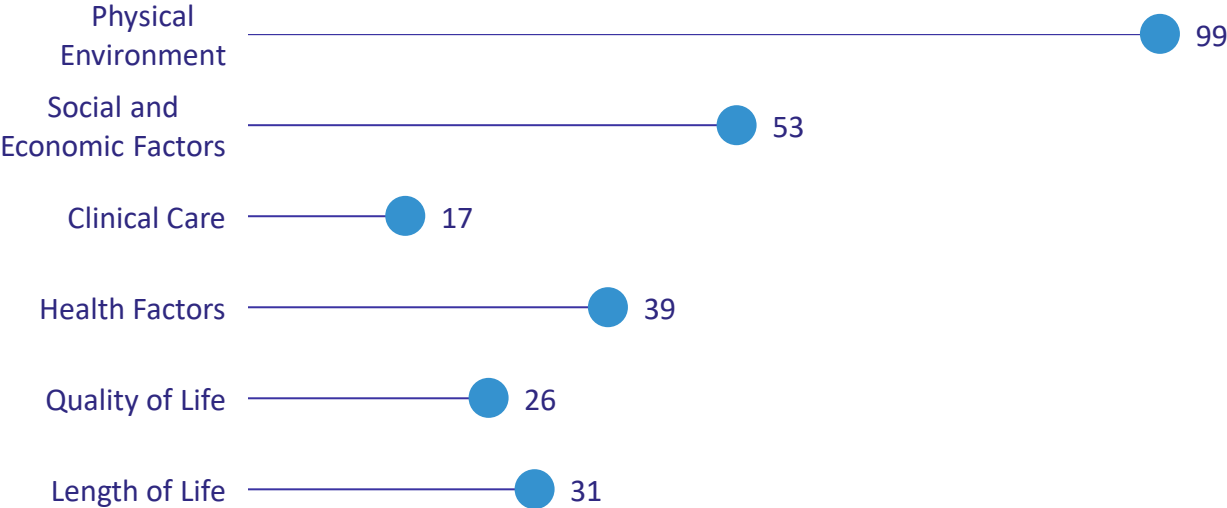
Why is this important?

Knowing the health-related characteristics of a community can help understand where the gaps are, what smaller communities may need help, and where additional services may be needed. Knowing the health-related characteristics of a community can help understand where the gaps are, what smaller communities may need help, and where additional services may be needed. Adequate healthcare includes access to needed services and having insurance or other ways to pay for services.

According to County Health Rankings, Butler County ranks #20 out of 105 counties in Kansas in terms of overall health outcomes. Butler County's ranking for more specific health indicators includes the following:

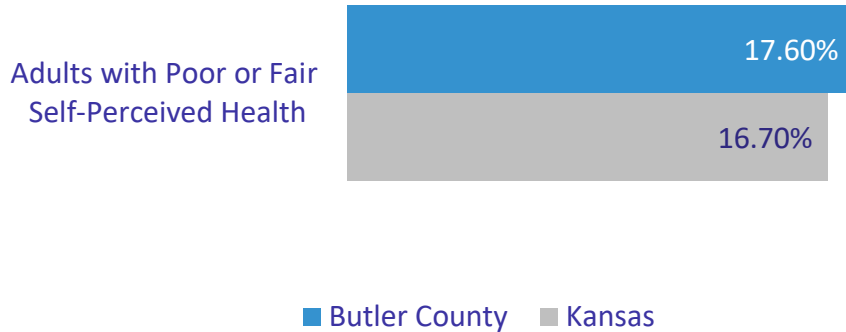
- Length of Life - #31
- Quality of Life - #26
- Health Factors - #39
- Clinical Care - #17
- Social and Economic Factors - #53
- Physical Environment - #99 (Note: No individual indicator that contributes to this aggregate ranking appears to be especially problematic. See County Health Rankings for more information [here](#).)

County Health Rankings for Butler County



Source: County Health Rankings

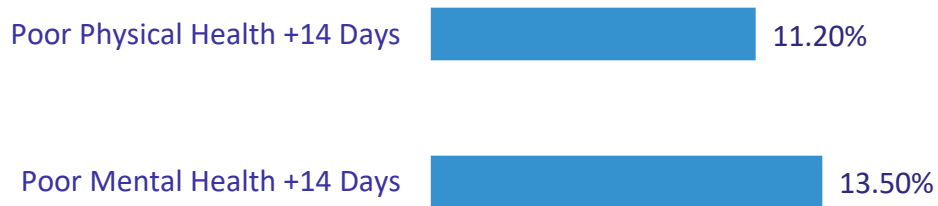
Physical Health Characteristics



Source: Kansas Health Matters

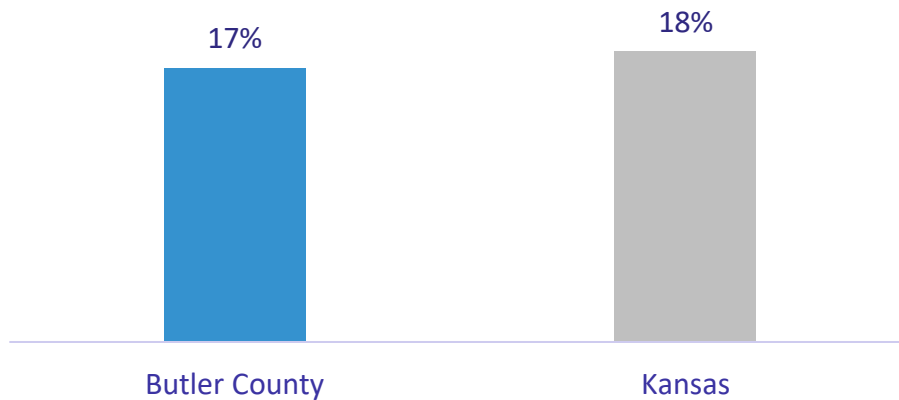
Poor Health +14 Days in Butler County

This displays the percentage of adults who stated their physical health and/or mental health was not good on 14 or more days in the last month.



Source: Kansas Health Matters

Medicare Beneficiaries Treated for Depression



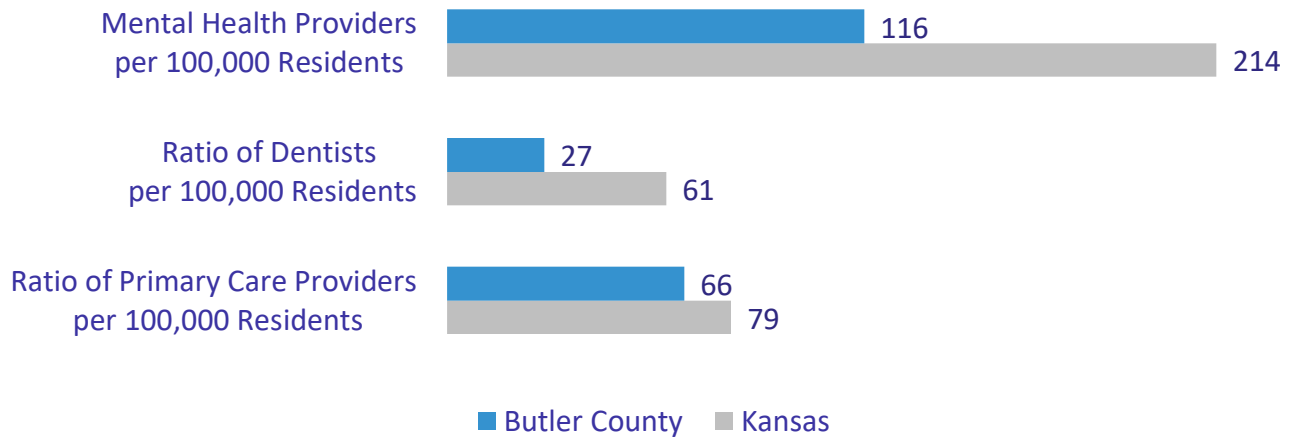
Source: Kansas Health Matters

Number per 1,000 Children (under 19) Hospitalized for Mental Health



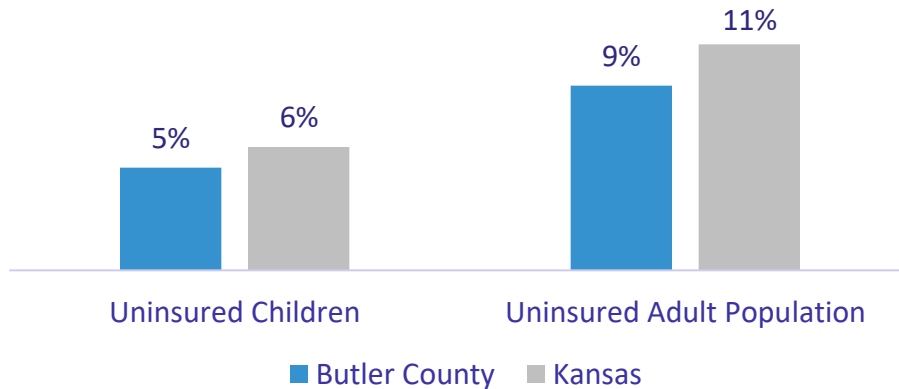
Source: 2020 Kansas Kids Count

Access to Care – Provider Characteristics



Source: Kansas Health Matters

Insurance Characteristics

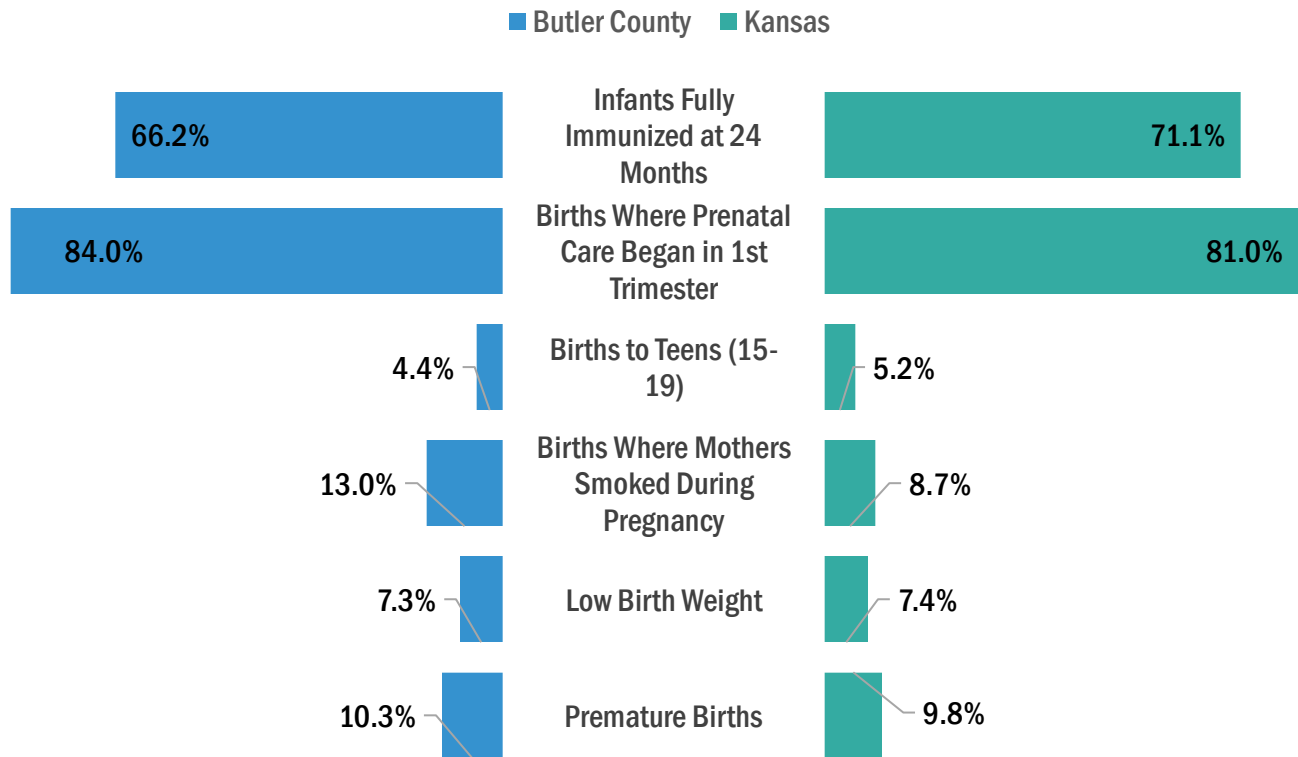


Source: County Health Rankings

Maternal and Infant Health

Why is this important?

Identifying problems early on during or even before a pregnancy occurs is beneficial because it may help identify existing health risks of the mother, which can then prevent future problems for both mother and child.



Source: Kansas Health Matters

Additional Maternal and Infant Health Characteristics

ADDITIONAL MATERNAL AND INFANT HEALTH CHARACTERISTICS		
	Butler County	Kansas
Infant Mortality Rate (per 1,000 Live Births)	5.6	6.0
Average Monthly WIC Participation per 1,000 Population*	9.8	15.8

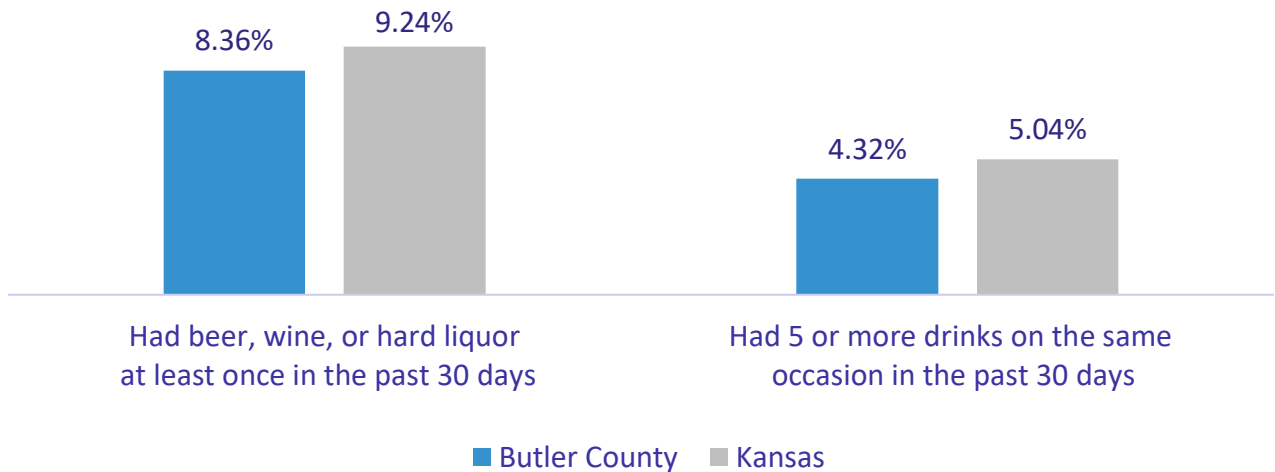
Source: Kansas Health Matters

Adolescent Health

Why is this important?

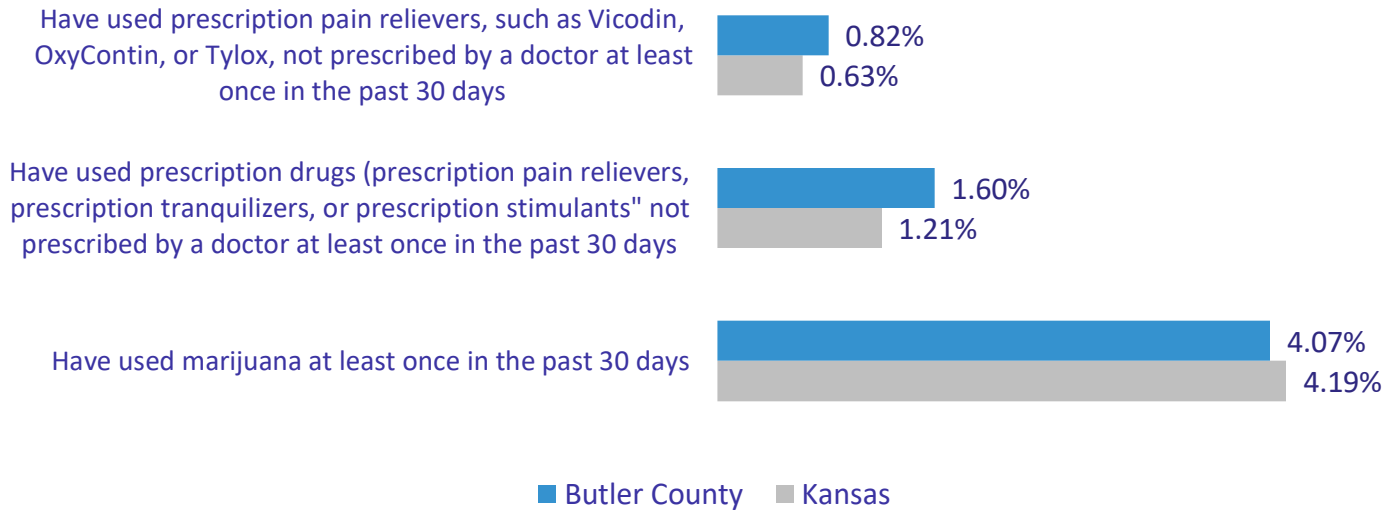
Identifying the health behaviors and risk-taking behaviors of adolescents allows for an understanding of areas in which programs and services may be needed to encourage and establish healthy behaviors. Establishing healthy behaviors will help set a positive pattern into adulthood.

**Adolescent Alcohol Use:
Percentage of 6th, 8th, 10th, and 12th Graders Reporting...**



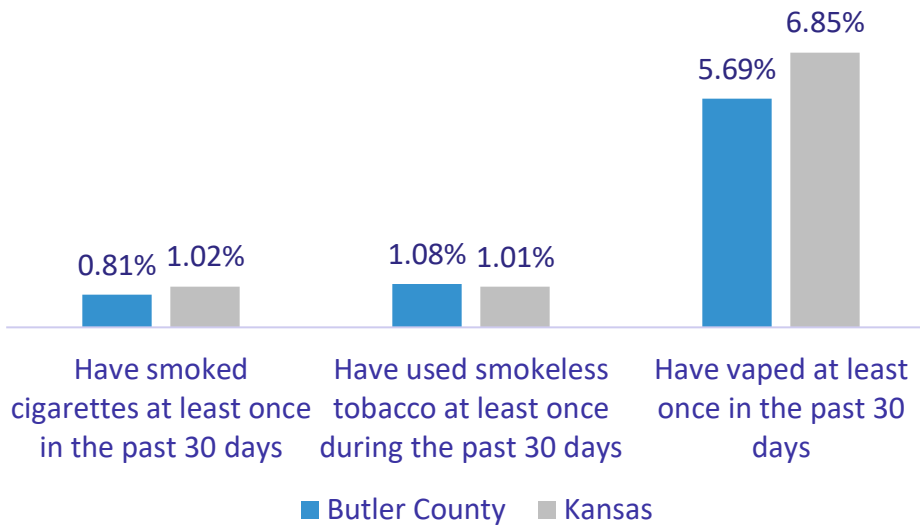
Source: *Kansas Communities That Care 2022*

Adolescent Marijuana and Prescription Drug Use Percentage of 6th, 8th, 10th, and 12th Graders Reporting...



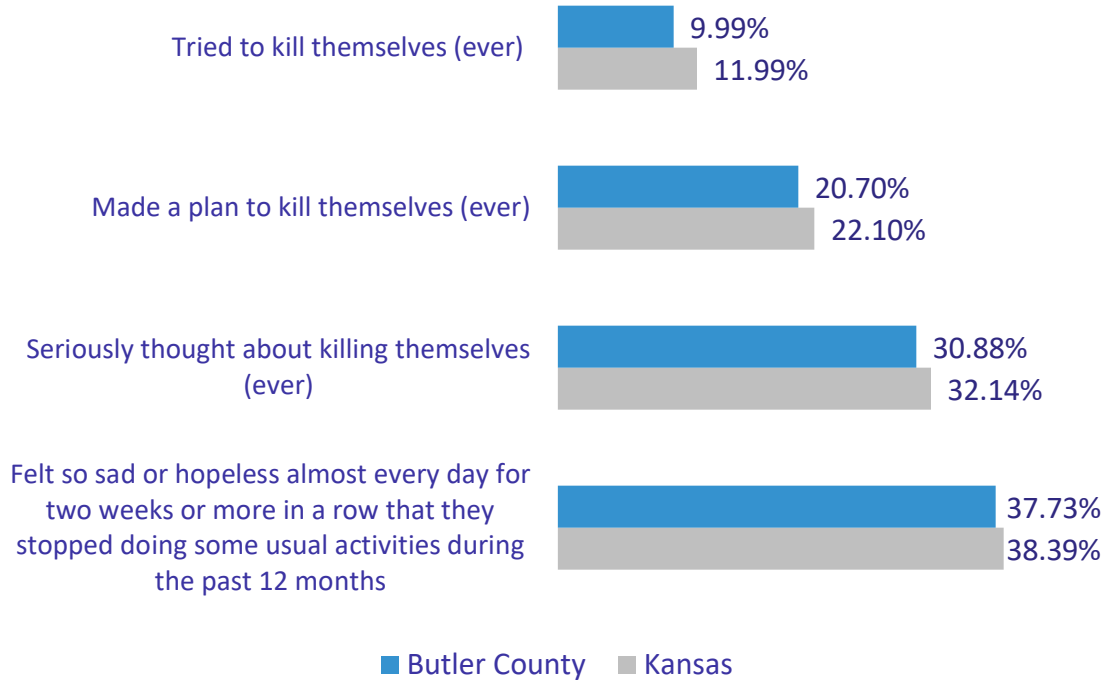
Source: Kansas Communities That Care 2022

Adolescent Tobacco Use Percentage of 6th, 8th, 10th, and 12th Graders Reporting...



Source: Kansas Communities That Care 2022

Adolescent Behavioral Health



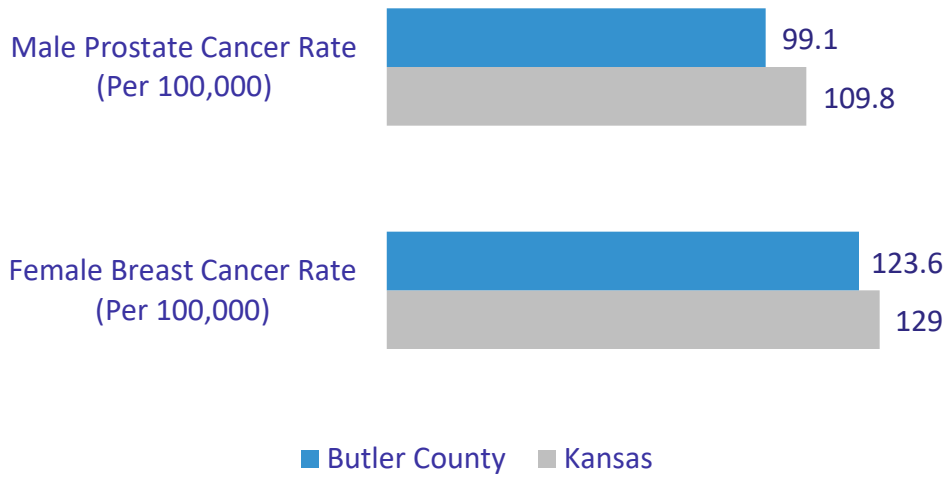
Source: *Kansas Communities That Care, 2022*

Risk Indicators and Factors

Why is this important?

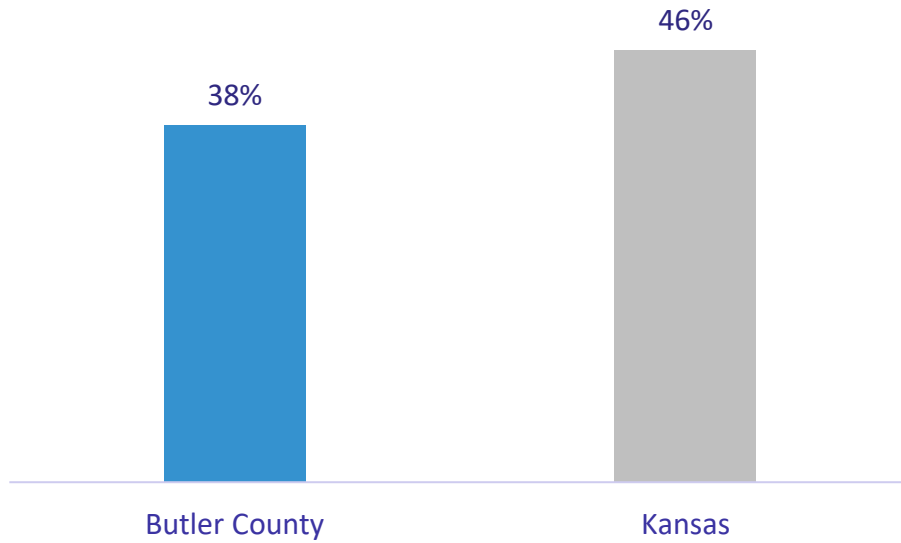
Risk indicators help to identify additional health-related factors within one's community. This can help identify how many people are potentially at risk, which can influence healthcare services.

Cancer Rates

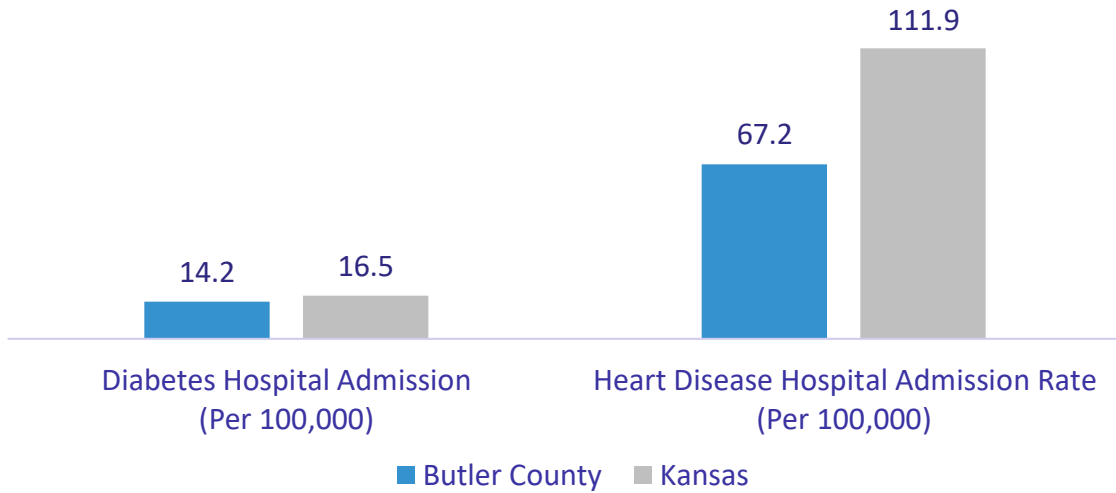


Source: Kansas Health Matters

Mammogram in the Past 2 Years (Adults 50-74 years)

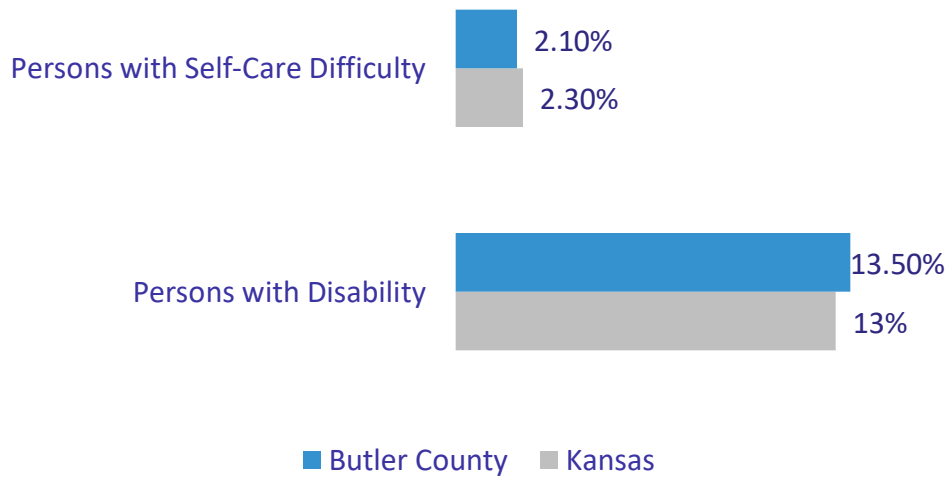


Hospital Admission Characteristics



Source: Kansas Health Matters

Disability Characteristics



Source: Kansas Health Matters

ADDITIONAL RISK AND INDICATOR FACTORS		
	Butler County	Kansas
Physical Inactivity	28.0%	27.0%
Adults who have had a routine check-up	72.5%	N/A
Excessive Drinking	19.0%	20.0%
Adult Obesity	35%	36%
Adults who Experienced Coronary Heart Disease	5.9%	N/A
Sexually Transmitted Disease Rate (Per 1,000)	4.6	7.1
<i>Source: County Health Rankings, Kansas Health Matters</i>		

Mortality

Why is this important?

Much like risk indicators and factors, mortality rates are beneficial in identifying potential risk and services that may be needed.

MORTALITY STATISTICS		
	Butler County	Kansas
Age-Adjusted Cancer Mortality Rate (Per 100,000)	160.2	151.4
Age-Adjusted Diabetes Mortality Rate (Per 100,000)	16.1	25.0
Age-Adjusted Heart Disease Mortality Rate (Per 100,000)	185.1	162.0
Age-Adjusted Suicide Mortality Rate (Per 100,000)	24.0	18.5
Age-Adjusted Traffic Injury Mortality Rate (Per 100,000)	15.9	13.6
Alcohol-Impaired Driving Deaths	24%	19%

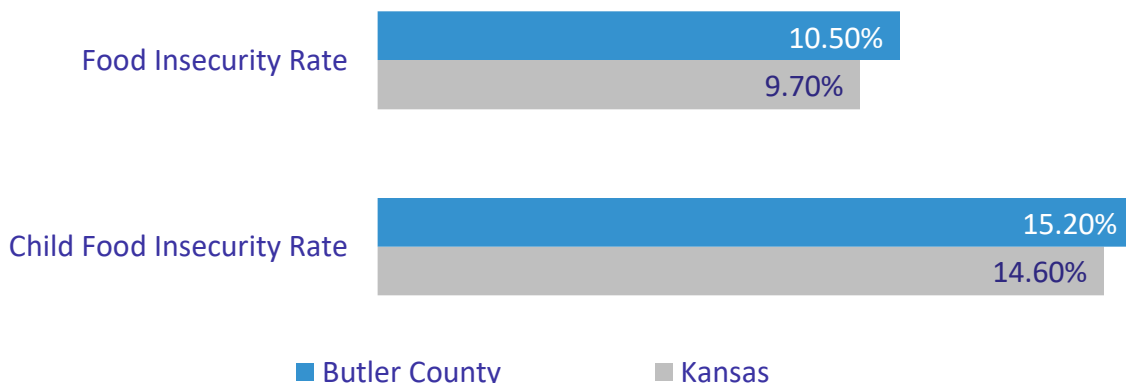
Source: Kansas Health Matters

Additional Social Factors

Why is this important?

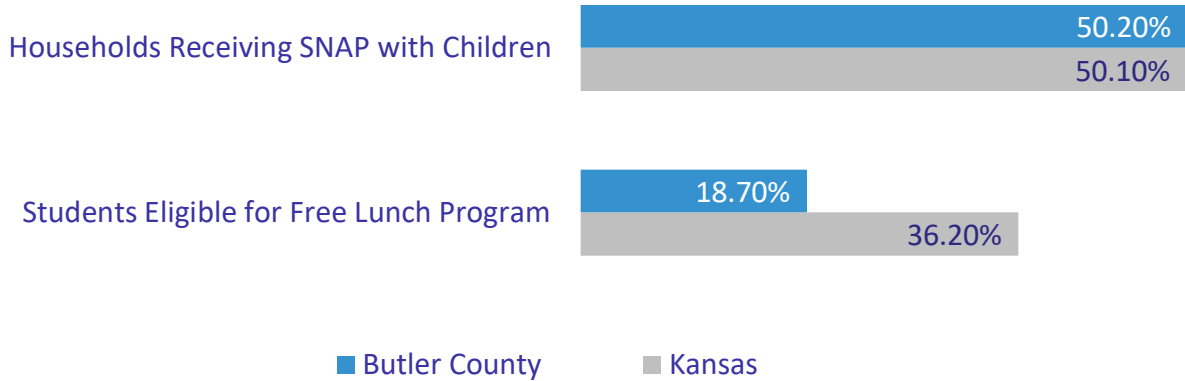
Social factors help identify further factors related to health outcomes. They provide a holistic view to the issues surrounding a community's health needs.

Food Insecurity Characteristics



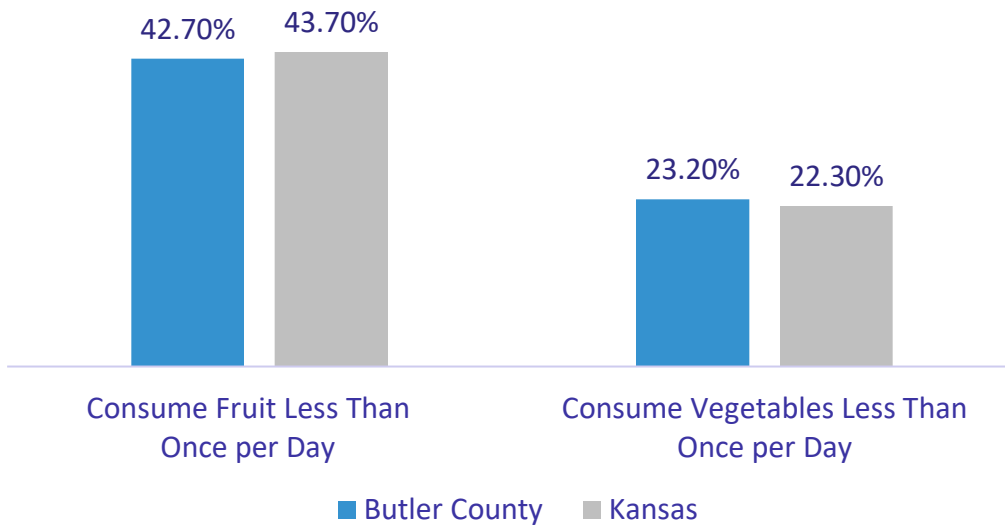
Source: Kansas Health Matters

SNAP and Reduced Price Lunch Characteristics



Source: Kansas Health Matters

Adults Consuming Fruits and Vegetables



Source: Kansas Health Matters

Primary Survey Data

Survey Response Characteristics

The online survey was created and administered in Alchemer and shared by the Susan B. Allen Memorial Hospital with the Butler County Health Department and other community partners.

This survey was created by the Kansas Local Health Department Academy of Sciences (AoS) Survey Library Workgroup. Members of this workgroup meet monthly with the goal of creating generalized templates of commonly used surveys, which are made available to local health department staff. Over the past 18 months, the workgroup has prioritized developing online survey questions that could be utilized for a Community Health Needs Assessment (CHNA). Staff from the Wichita State University Community Engagement Institute's Center for Applied Research and Evaluation (CARE) and the Center for Public Health Initiatives (CPHI) evaluated the CHNA questions developed by the workgroup and included those that were most applicable to Butler County. Staff from the Susan B Allen Memorial Hospital and the Butler County Health Department were invited to provide feedback and edits prior to the distribution of the online survey.

The survey was opened on December 6, 2022, and closed on December 19, 2022. The online survey was provided in English and was completed by 236 respondents. An additional 143 respondents completed the survey at varying levels. A total of 346 online surveys were used for analysis.

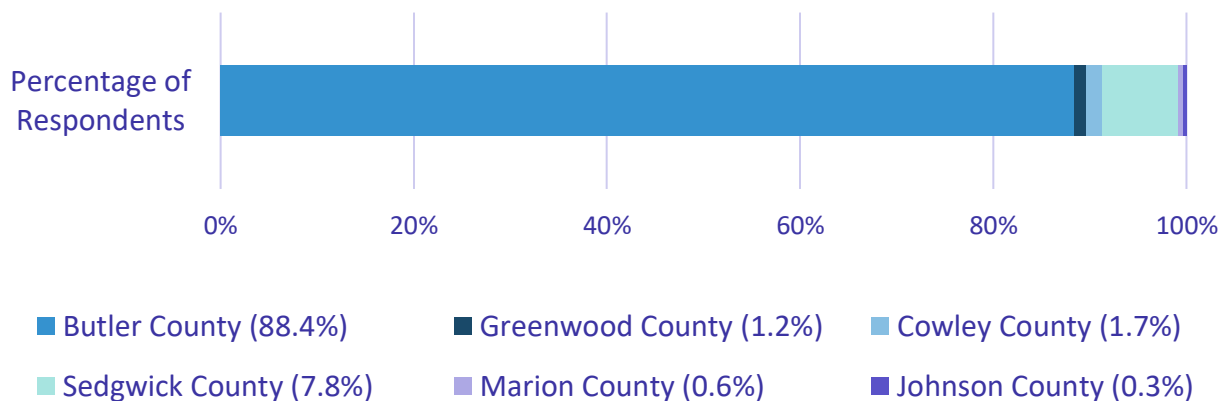
Respondents were asked a series of questions about age, gender, race, ethnicity, income, and education to help assess the comparability of the survey respondents with the general population in Butler County, as reflected in the 2018 U. S. Census Estimate. Additionally, marital status, military service, employment status, student status, and access to the internet were also asked to help with the interpretation of the survey results.

Geographic Distribution of Survey Participants

The majority of persons who responded to this survey reside in Butler County (n=305, 88.4%). Other represented counties include:

- Greenwood County (n=4, 1.2%)
- Cowley County (n=6, 1.7%)
- Sedgwick County (n=28, 7.8%)
- Marion County (n=2, 0.6%)
- Johnson County (n=1, 0.3%)

In which county do you currently live? (n=346)

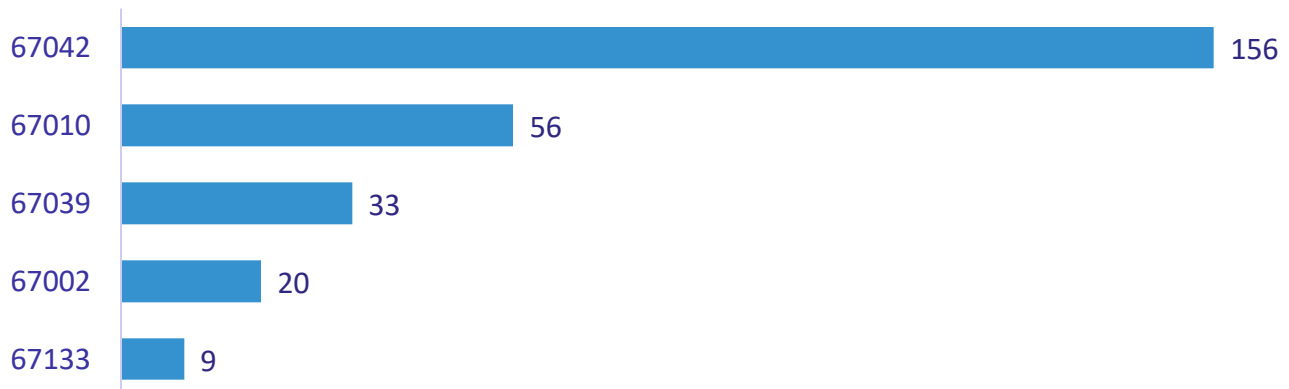


Is this county your permanent residence?

Among those who indicated that they currently live in Butler County (305), 98.6% permanently reside in Butler County (n=301).

What is your zip code?

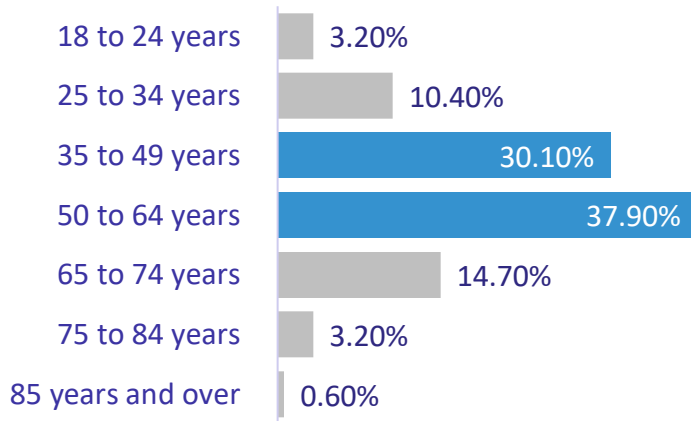
The five counties with the most responses are listed below. Most participants (156) resided in zip code 67042.



Sample Characteristics

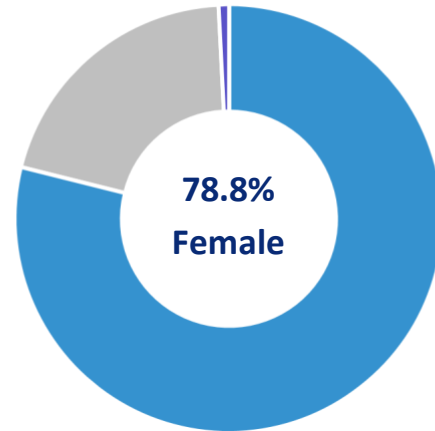
Demographics

Most respondents were between 35 and 64 years old.

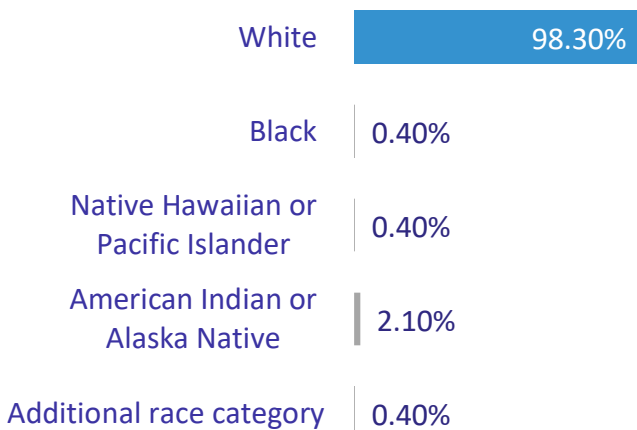


Most respondents were female.

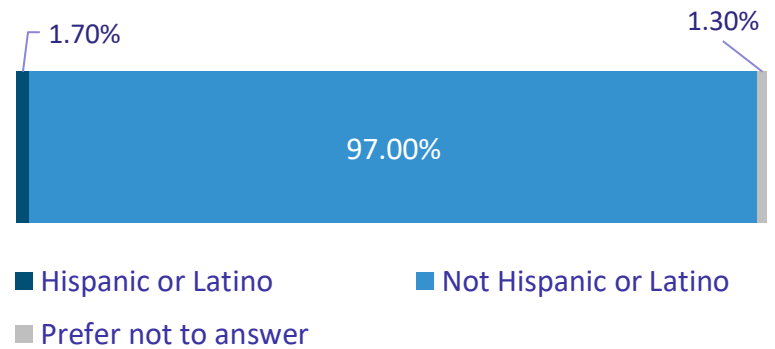
Male Female Prefer not to answer



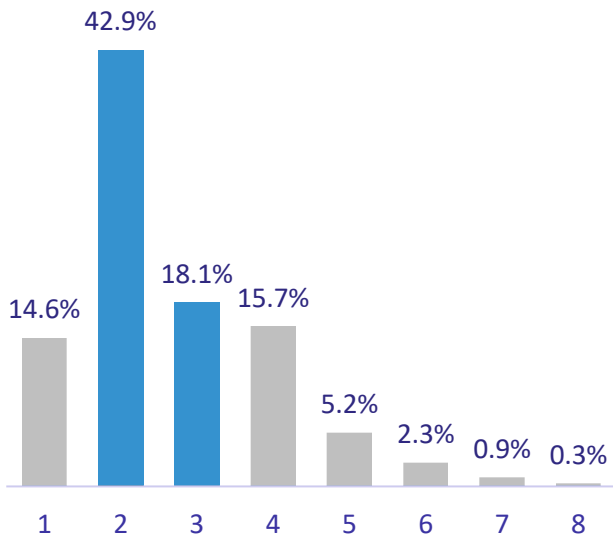
Most respondents were white.



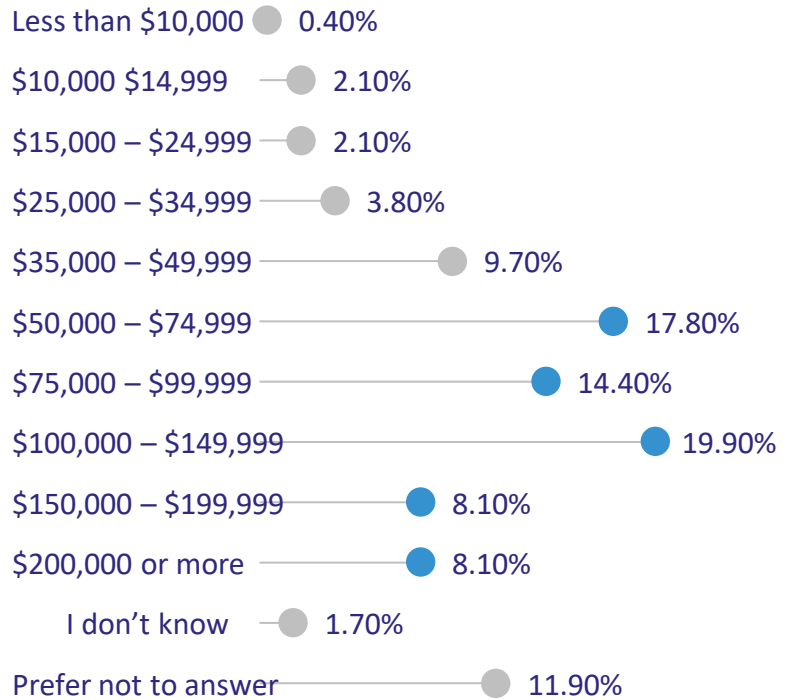
Most respondents were not Hispanic or Latino.



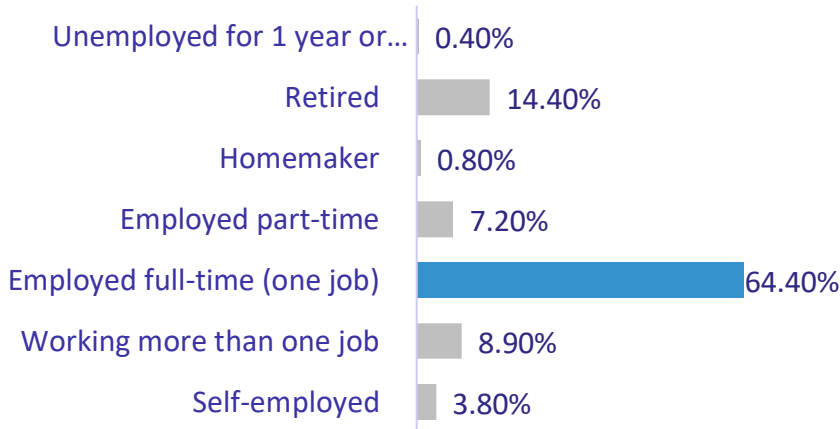
Most respondents live in a 2-3 person household.



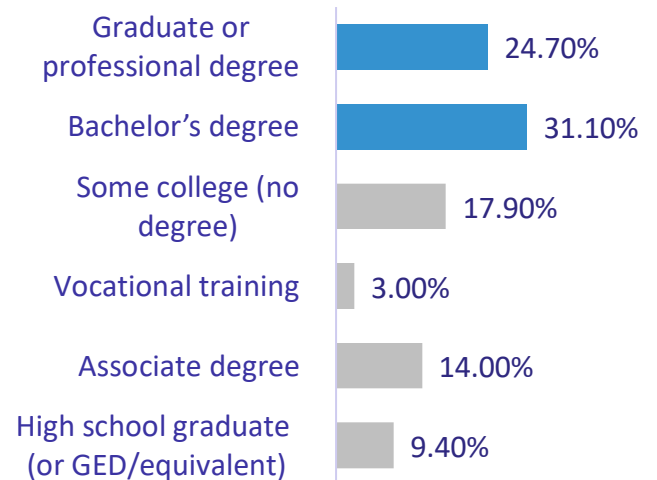
Most respondents have an annual household income greater than \$50,000.



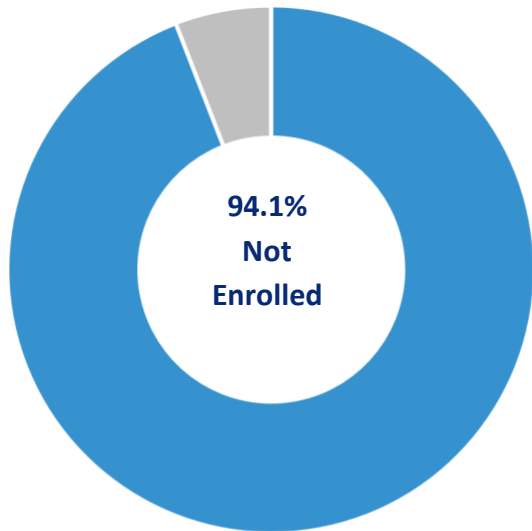
Most of the respondents have one full-time job.



More than half of respondents have completed a Bachelor's degree or higher degree.

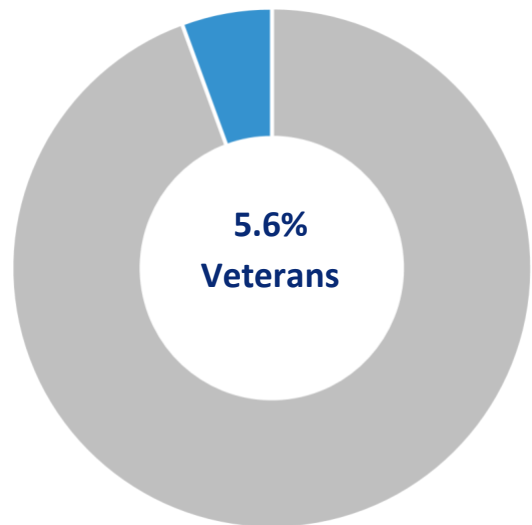


Most respondents are not currently taking college courses for credit.

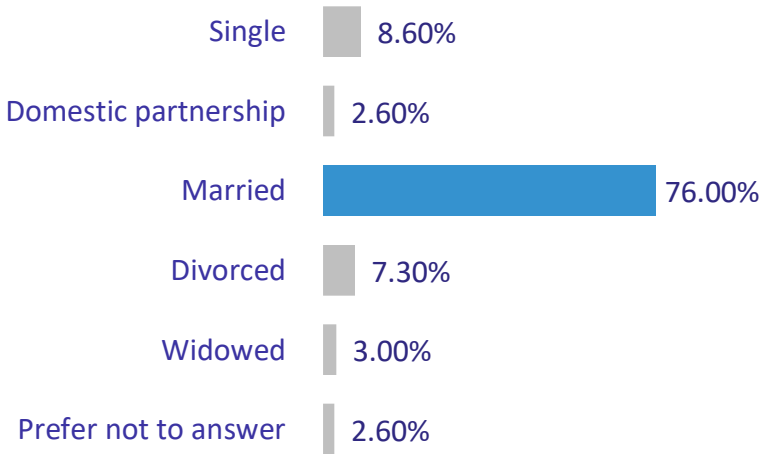


■ Taking College Courses ■ Not Taking College Courses

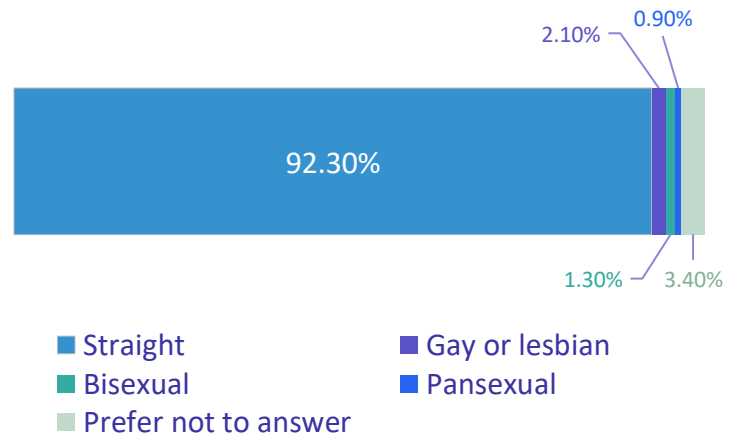
Veterans account for 5.6% of respondents.



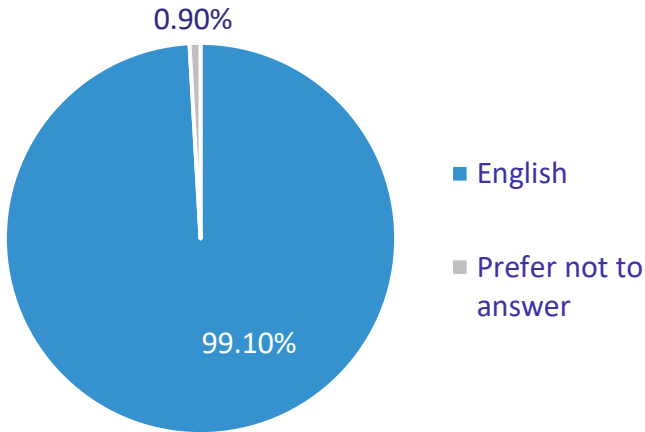
More than ¾ of respondents are married.



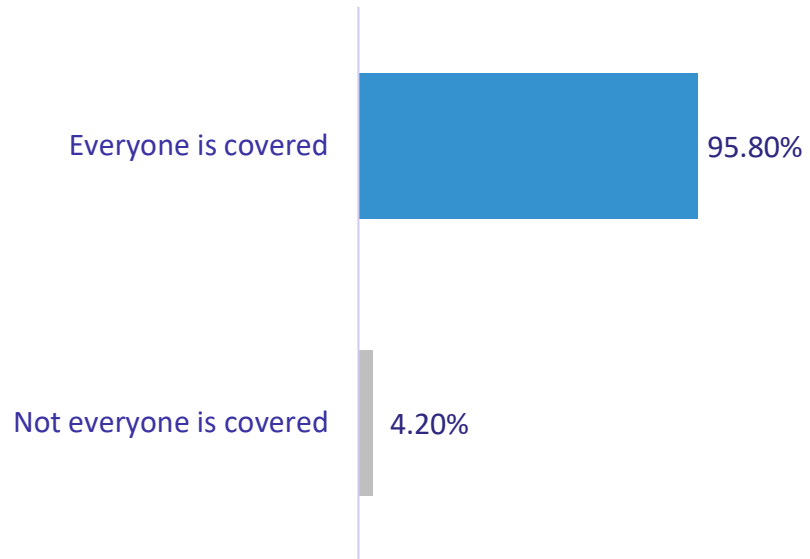
Most respondents' sexual orientation is straight.



Almost every respondent speaks English in their home.

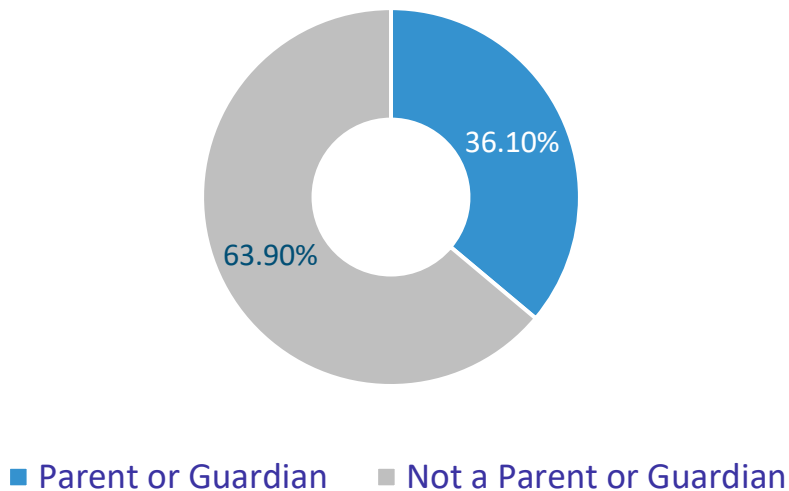


Everyone in most respondents' households is covered by insurance.

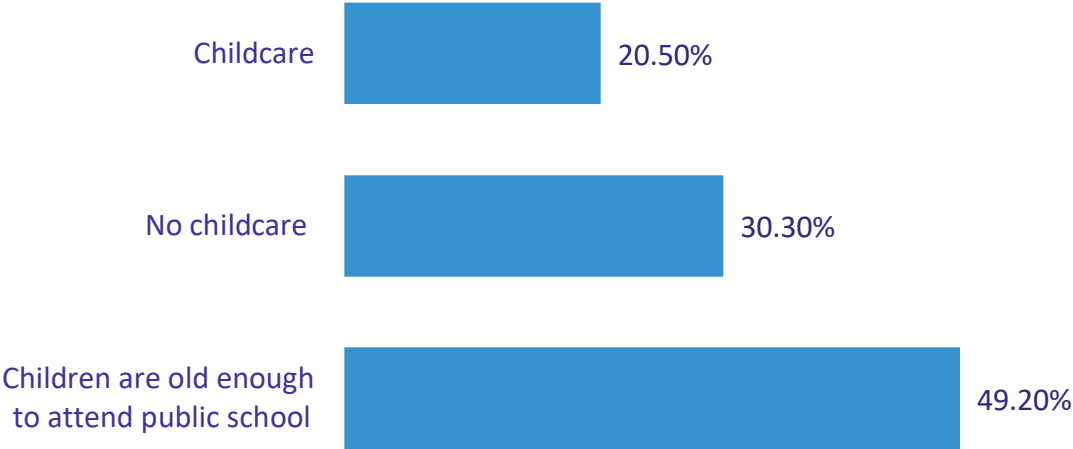


Children and Childcare

Participants were asked to indicate if they were a parent or guardian to someone under the age of 18. **More than 1/3 of respondents indicated that they are parents or guardians to someone under the age of 18.**



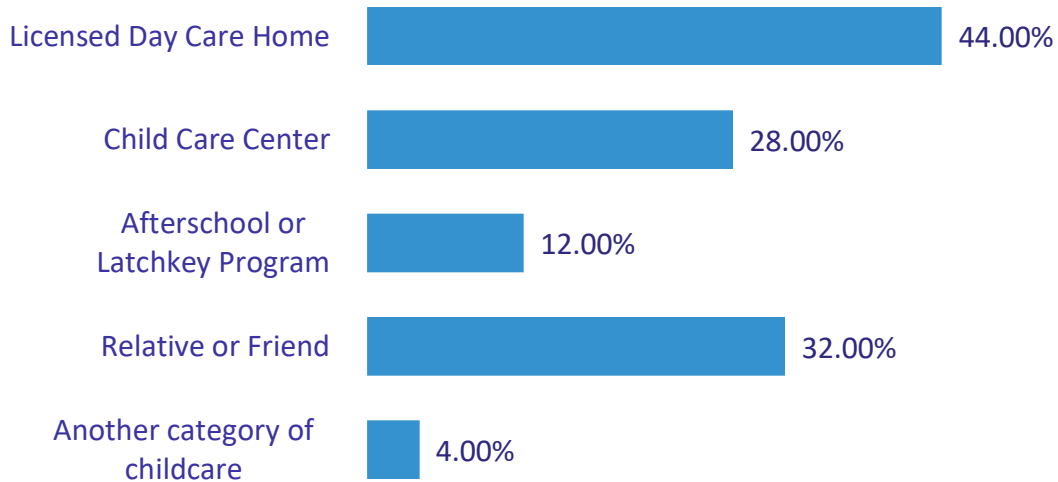
The 125 individuals who indicated they are a parent or guardian were asked if they use childcare for their child/children. **While the majority indicated that their children are old enough to attend public school, 1 in 5 people report that they use childcare services.**



Additionally, the 125 individuals who indicated that they are a parent or guardian were asked if any of their children had been afraid to attend school or other school related activities due to bullying. While the majority indicated that their children have not been afraid to attend school or other related activities due to bullying, nearly 1 in 5 people report that their children were afraid to attend school or other related activities due to bullying.



The 25 individuals who indicated that they use childcare services were asked a set of follow-up questions about the types of childcare they use. **The most commonly used type of childcare was Licensed Day Care Homes.**



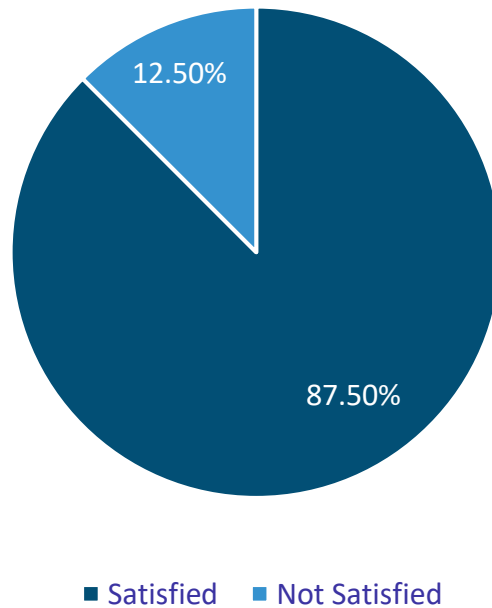
Participants who indicated that they use another category of childcare were given the opportunity to specify the type of childcare they use. One participant commented:

“Used to use daycare facility... none available now!!”

Additionally, participants were asked if the childcare they utilize is affordable. **While the majority indicated that their childcare is affordable, more than a third of participants indicated that childcare is not affordable.**



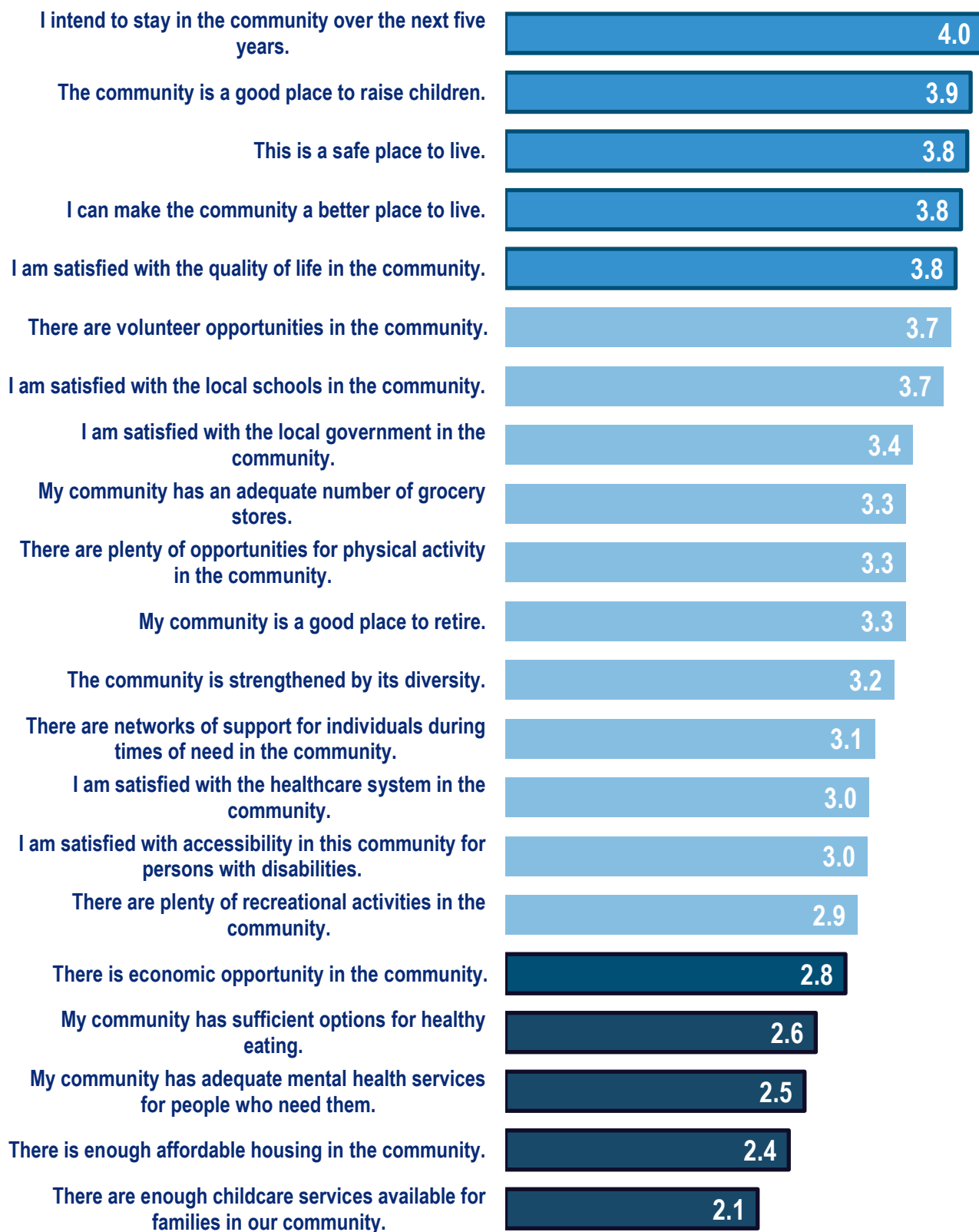
Participants were also asked to indicate if they were satisfied or unsatisfied with the overall quality of the childcare they use. **The majority of respondents indicated that they are satisfied with the overall quality of childcare.**



Quality of Life

Participants were asked to indicate their level of agreement or disagreement with a series of statements regarding the quality of life in the community based on their experiences. They could rate their agreement on a 5-point scale where 1=Strongly Disagree, 2=Disagree, 3=Neither Agree nor Disagree, 4=Agree, and 5=Strongly Agree. The bar chart on the next page displays the average of responses for each quality of life statement. The top five statement (i.e., those with the highest numbers of participants agreeing with the statement) are highlighted at the top, and the five lowest rated statements (i.e., those with the highest number of participants disagreeing with the statement) are highlighted at the bottom.

Quality of Life



Discrimination

Participants were asked to indicate in what ways and in what settings they have personally experienced or witnessed discrimination in the community. Examples of discrimination included by sexual orientation, religion, ethnicity, age, gender, and disability. Settings in the community included housing, employment, public spaces (e.g., retail stores, restaurants, educational institutions, recreational facilities), and healthcare settings (e.g., doctor’s office, hospital). Individuals could also select the option “N/A – I have not personally experienced or witnessed discrimination” for each example.

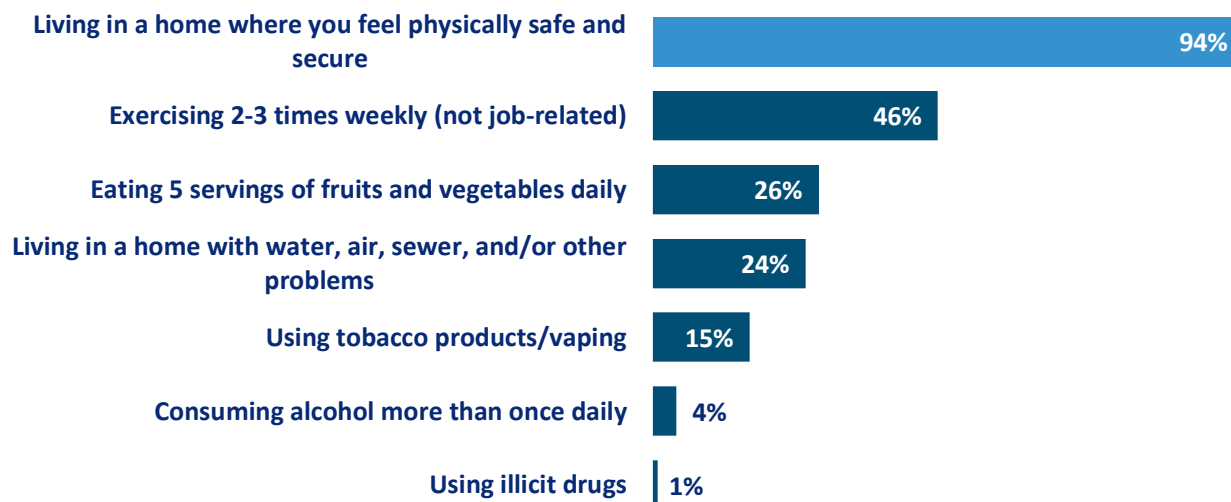
The largest numbers were related to discrimination based on age, ethnicity, and/or sexual orientation, specifically age discrimination in employment, and discrimination based on ethnicity and/or sexual orientation in public spaces.

	Total	Housing	Employment	Public Spaces	Healthcare Settings	N/A
Sexual Orientation	75	7	20	38	10	215
Religion	45	4	13	20	8	232
Ethnicity	83	13	24	38	8	212
Age	102	15	47	22	18	208
Gender	62	6	25	19	12	226
Disability	68	10	18	31	9	222

Overall Health and Health Practices

The majority of respondents reported living in a home where they feel physically safe and secure. **Fewer than half indicated that they are getting the recommended amount of exercise or daily intake of fruits and vegetables.**

The bar chart displays the percent of people who responded YES when asked about the following health practices:

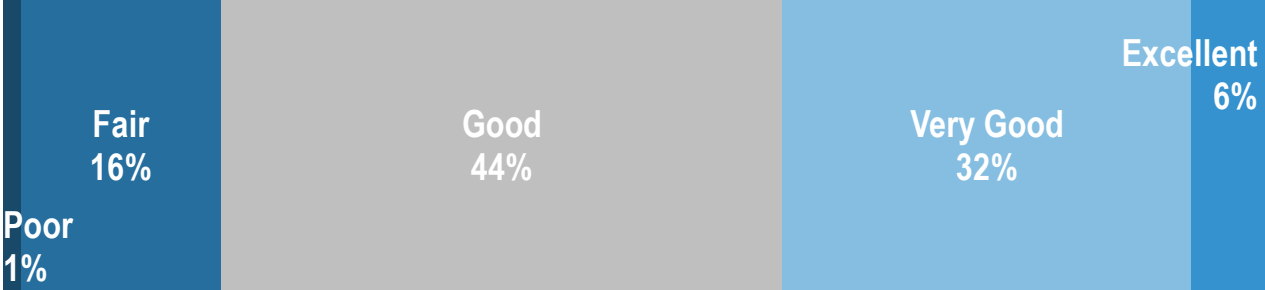


The 42 individuals who indicated they use tobacco products/vape were asked a set of follow up questions about the types of products they use and how often. **The most commonly used tobacco product was cigarettes.**

	Not at all	Some days	Everyday
Cigarettes	16	3	21
Electronic cigarettes (also known as e-cigs, personal vaporizers, electronic nicotine delivery systems)	28	6	6
Chewing tobacco or snuff	29	1	10
Cigars (either full-size cigars or little cigars/cigarillos)	37	2	0

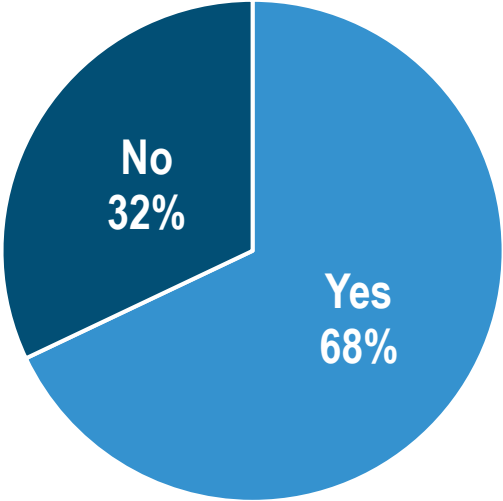
The 10 individuals who indicated they consume alcohol more than once daily were asked a follow up question about how many alcoholic beverages they consume in one week. The largest number of drinks consumed per week was 25, with the average being between 11 and 12 drinks per week.

Participants were asked how they would rate their overall health. **Just under 40% said they would describe their overall health as Very Good or Excellent.**

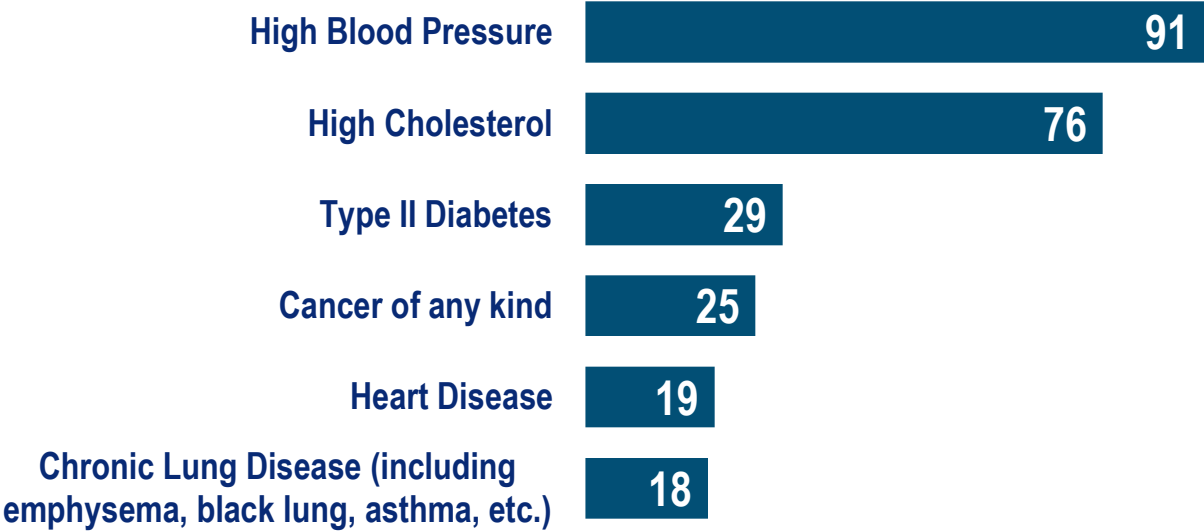


Physical Health

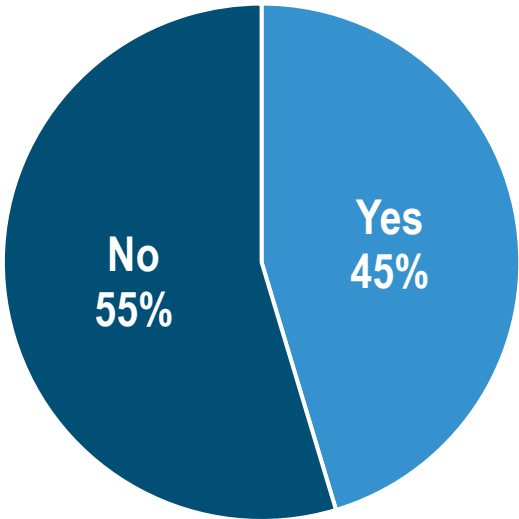
More than two-thirds of survey respondents reported they had received a flu shot or nasal spray in the last 12 months.



Participants were asked to indicate if a health professional had ever diagnosed them with any of the following conditions. **High blood pressure and high cholesterol were the most commonly reported conditions.** Dementia, Alzheimer’s-type Dementia, and Type I Diabetes were also included on the list of conditions; however, no one indicated they had ever been diagnosed with those.

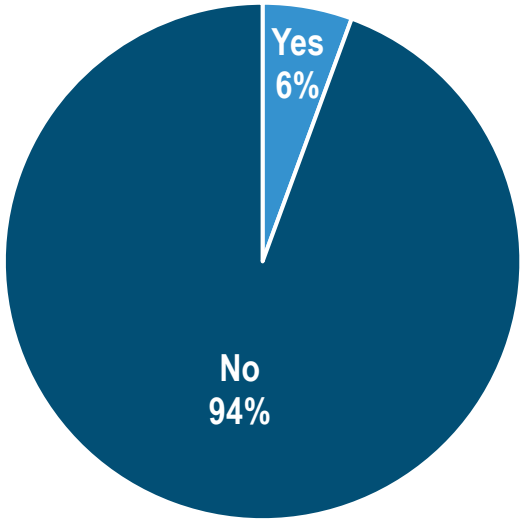


Just under half of participants (45%) indicated that someone in their household had a chronic disease (e.g., asthma, COPD, diabetes, obesity).



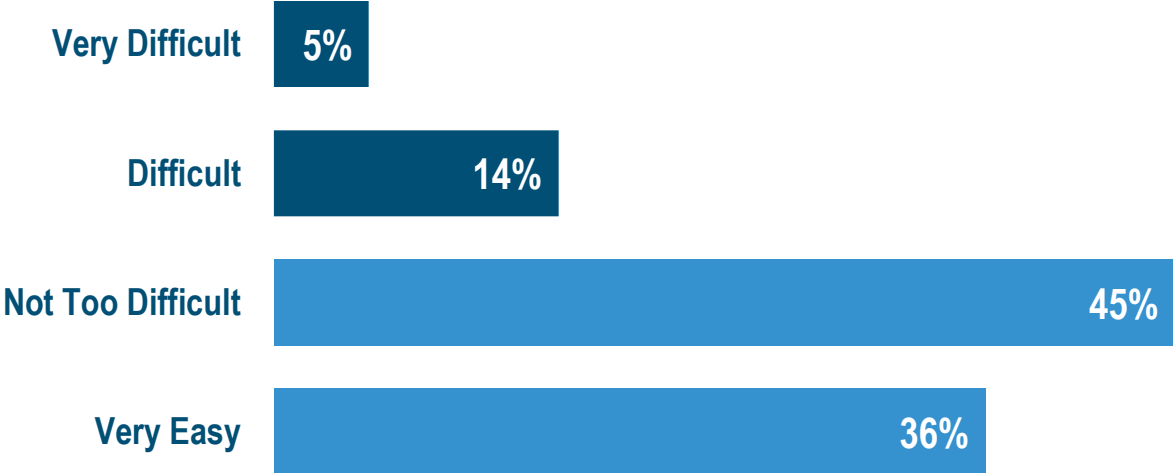
Of those who indicated someone in their household had a chronic condition, **89% said the household knew how to manage the chronic disease.**

The majority of respondents (94%) reported that neither they nor anyone in their household had a substance use issue (e.g., frequently drinks too much alcohol, has a problem with legal prescriptions or illegal drugs).

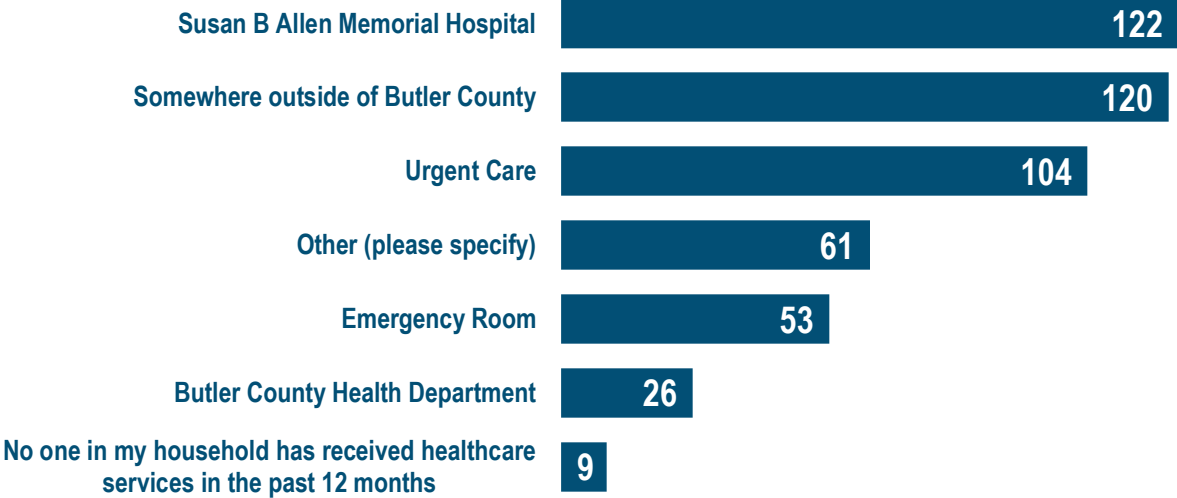


The 15 individuals who responded “yes” regarding a substance use issue were also asked a follow up question about whether they or anyone in the household had an abuse issue with opioids (e.g., Oxycontin, Percocet, Vicodin, heroin, etc.). Three people said yes, there was an opioid abuse issue in their household.

Participants were asked how easy it is to access healthcare in the community when they need it. **While the majority indicated it was “very easy” or “not too difficult” to access healthcare when needed, nearly 1 in 5 people reported that it is “difficult” or “very difficult” for them to access the healthcare they need.**



The survey then asked participants where they or members of their household had received healthcare in the past 12 months.

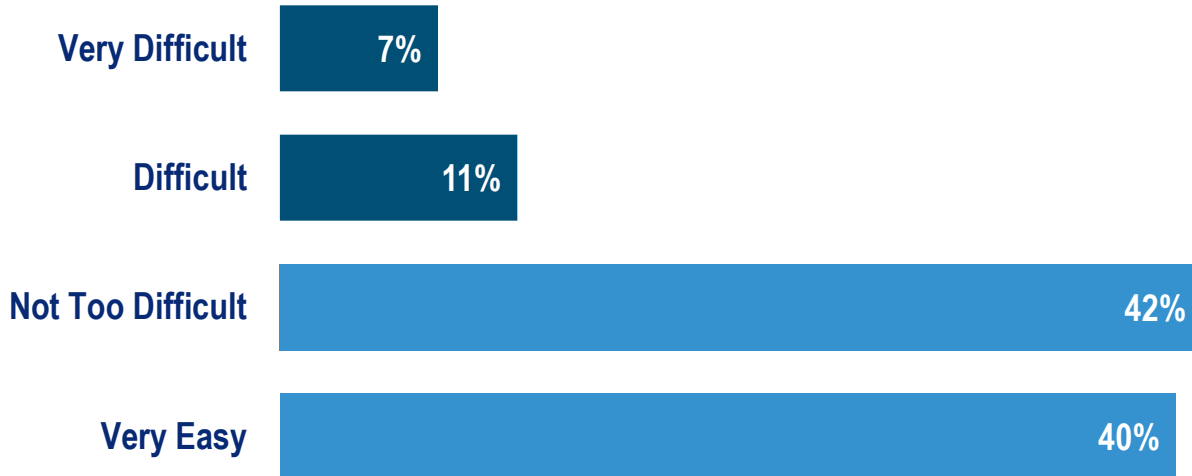


While 117 participants indicated that their household does not experience any barriers in getting the healthcare they need, for those who do experience barriers, **the top barriers to receiving healthcare are related to being able to make and attend appointments.**

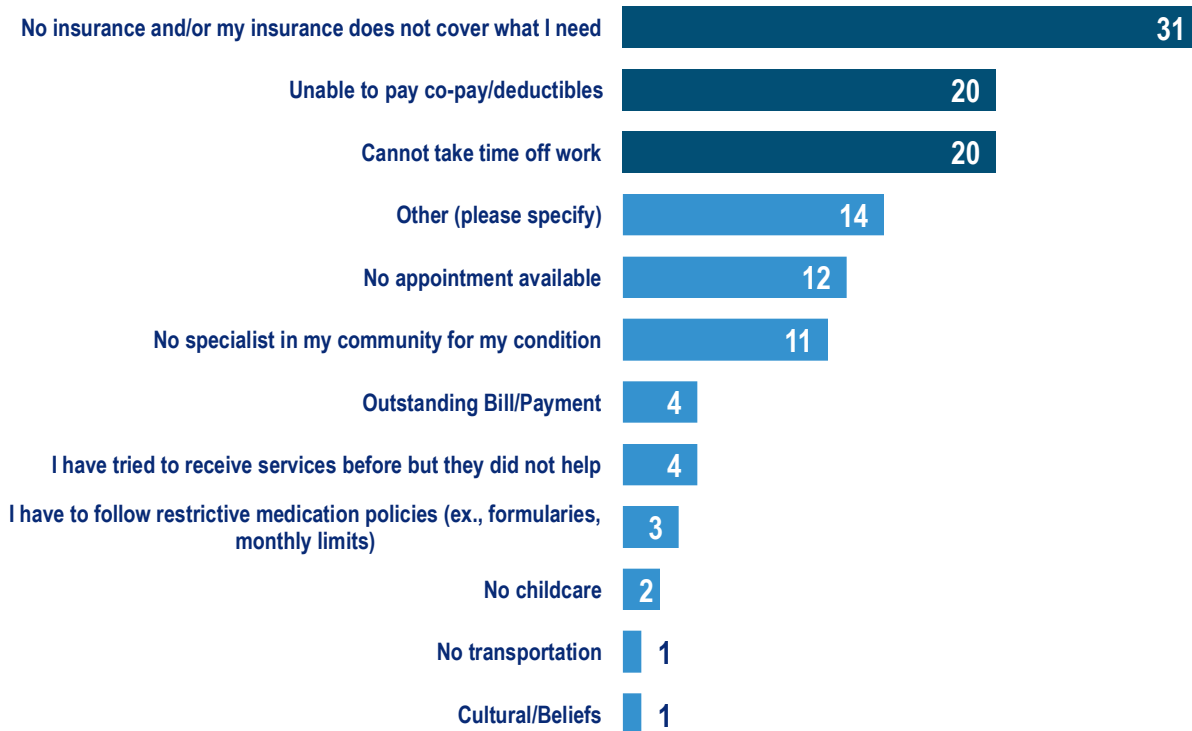


Participants were also asked about barriers to receiving medication when needed. Again, most participants (n=171) indicated that their household did not experience barriers to receiving medication; however, 40 said that money/cost was a barrier, and 30 said that insurance issues were an issue to receiving medication.

Similar to the question about healthcare access, participants were asked how easy it is to access dental care in the community when they need it. **More than 80% indicated it is “very easy” or “not too difficult” to access the dental care they need.**



The top barrier related to accessing needed dental care is related to having insurance.

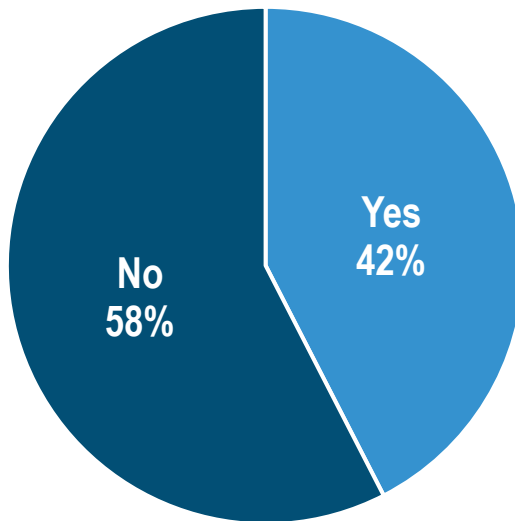


Mental Health

Participants were asked how they would describe their overall mental health. **More than half (52%)** said they would describe their overall mental health as **Very Good or Excellent**.



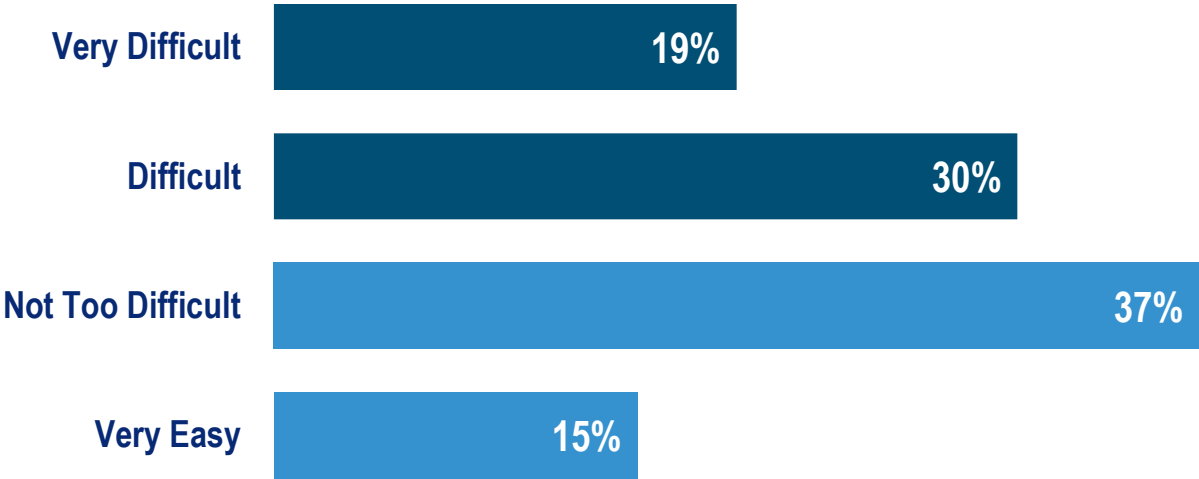
Just over 40% of survey respondents indicated that they or someone in their household struggled with mental health.



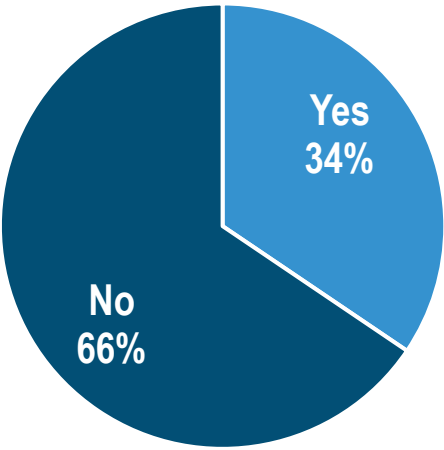
19% indicated that someone in their household had serious difficulty concentrating, remembering, or making decisions due to a physical, mental, or emotional condition

85% of participants said their household knew how to access mental health care if someone in their household needed it.

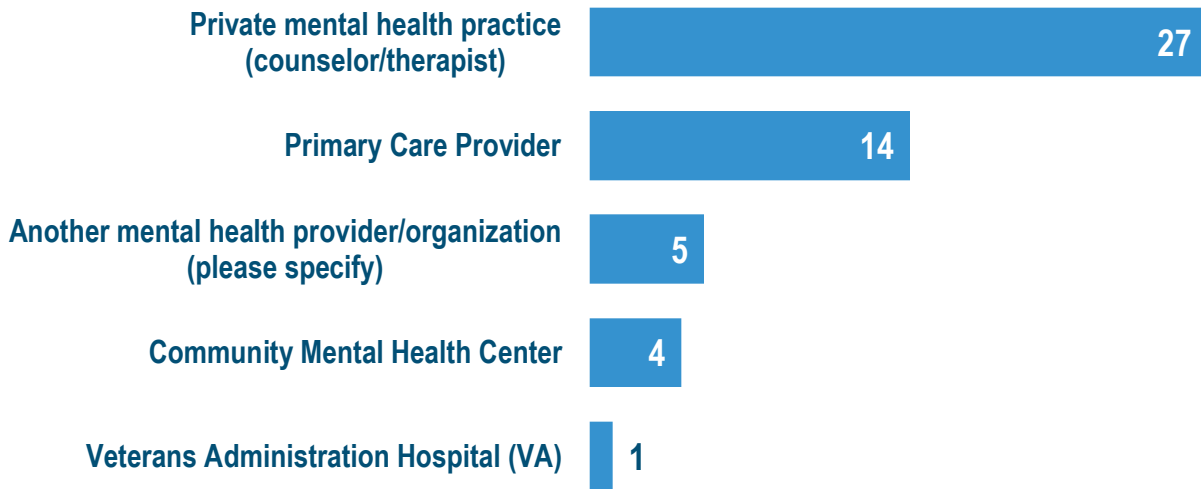
Participants were asked how easy it is to access mental health care in the community when they need it. While 100 selected the response “N/A – My mental health is always good,” **nearly half (49%) of those who need mental health care indicated that it is “very difficult” or “difficult” for them to access the mental health care they need in the community.**



In addition, participants were asked if they consult a mental health professional when they are not feeling mentally healthy. **Nearly two-thirds said they do not consult a mental health professional when they are not feeling mentally healthy.**

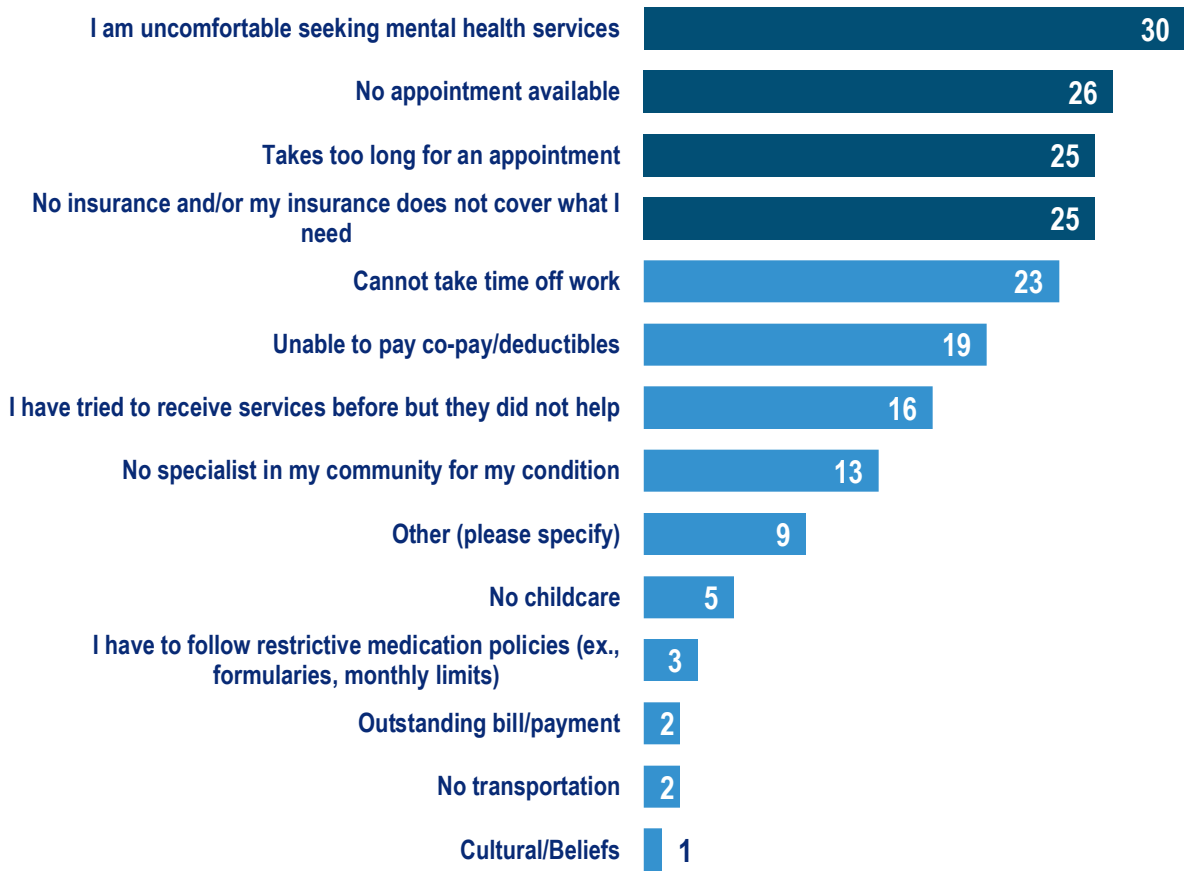


Those who indicated they did seek services when their mental health was not good where asked where they usually go to receive services.



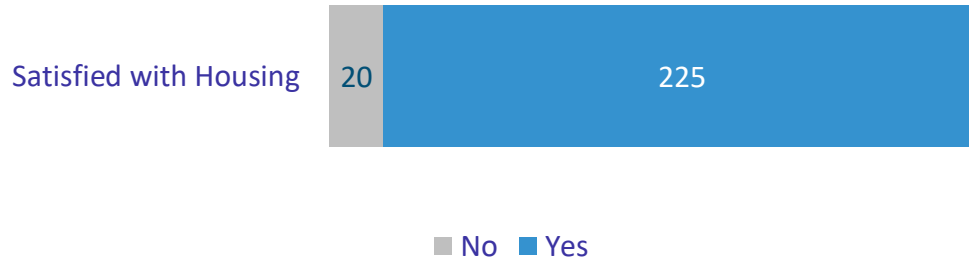
Those who said they seek services when their mental health is not good were also asked whether they receive those services in person, virtually (e.g., video chat, phone call), or a mix of both. Nearly 60% indicated they receive services in person, a third indicated they receive a mix of both, and the remainder indicated receiving services virtually.

While 134 participants indicated that their household does not experience any barriers in getting the mental health they need, for those who do experience barriers, **the top barrier to receiving healthcare is that individuals are uncomfortable seeking mental health services.**

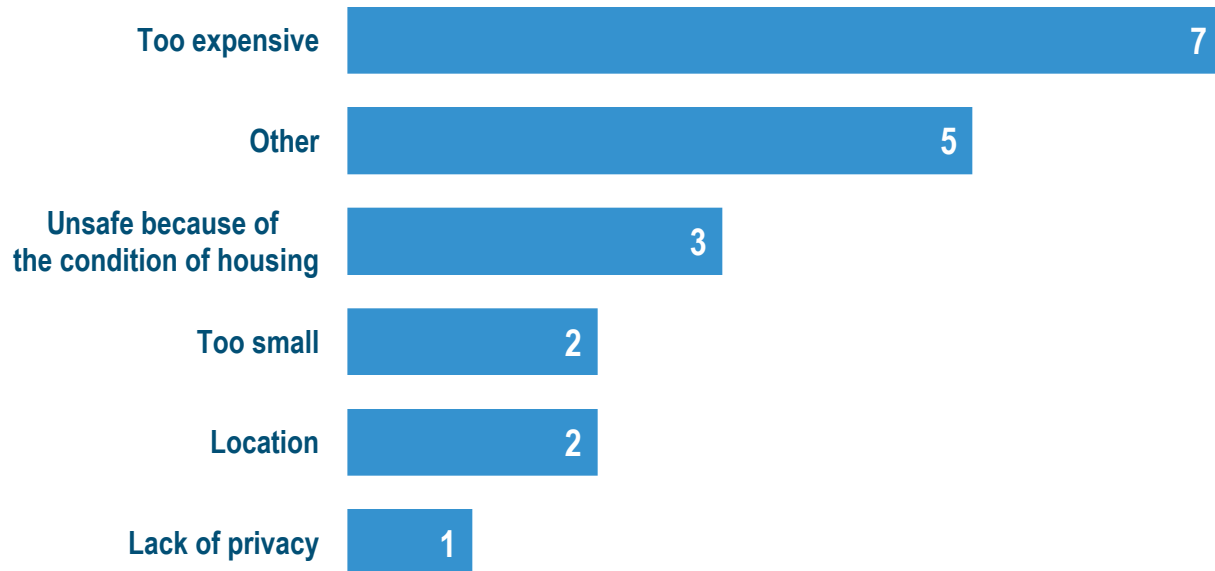


Living Arrangements

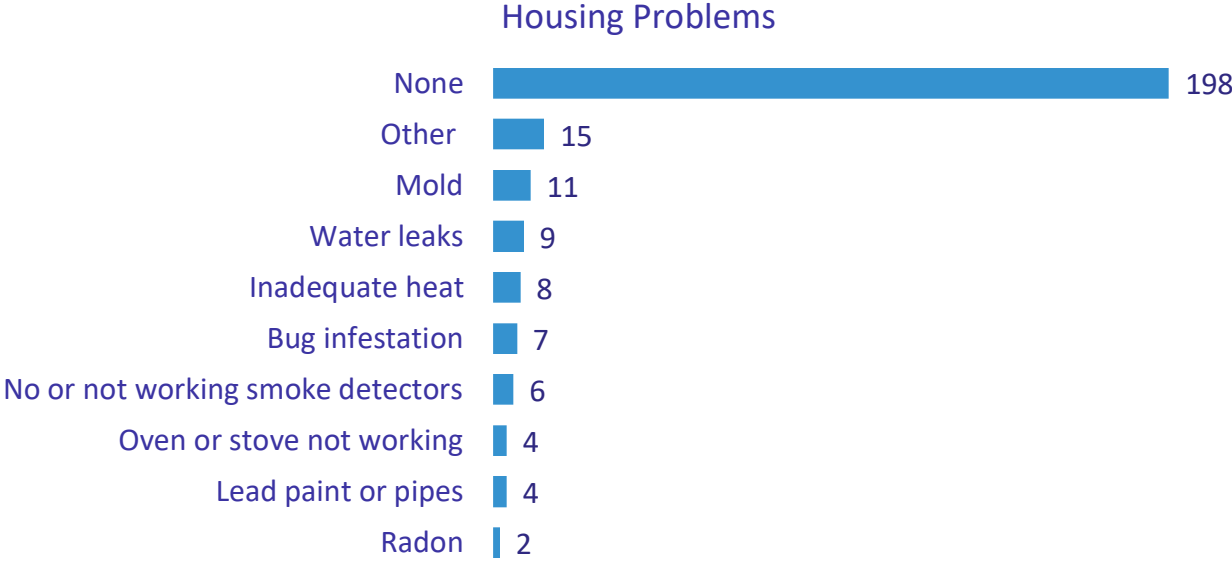
Most respondents report being satisfied with their current housing.



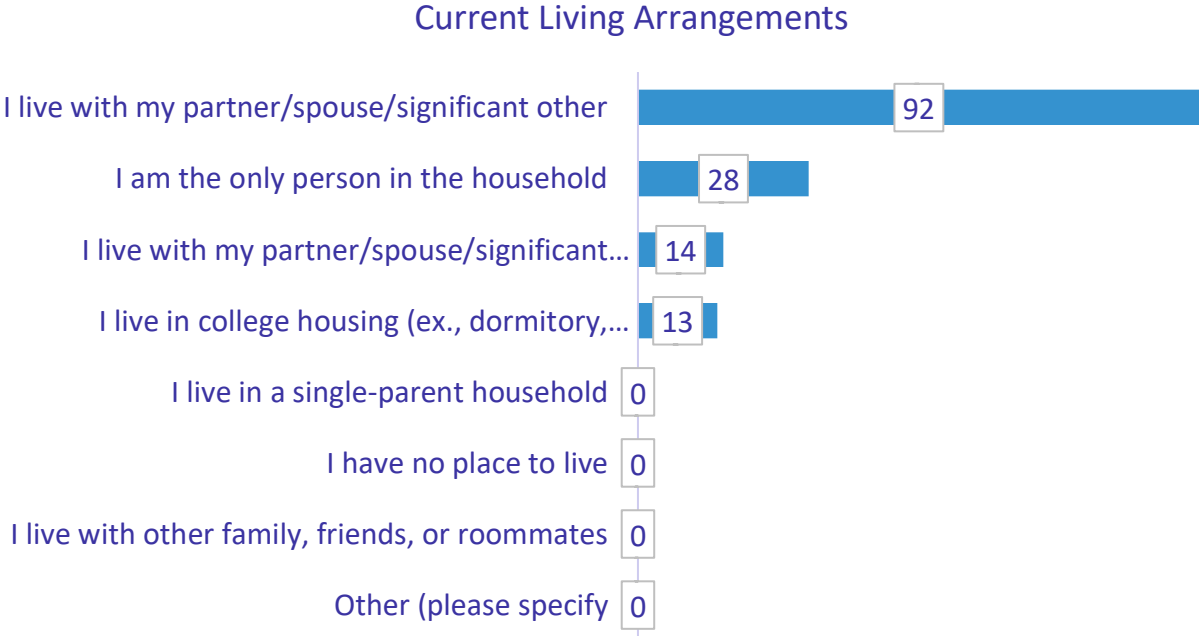
Reasons for Dissatisfaction



When asked if they have any problems with the following (see chart below), most participants reported having none. Of those who selected “Other,” comments most often focused on electrical or plumbing issues, poorly built, or quality or source of water.



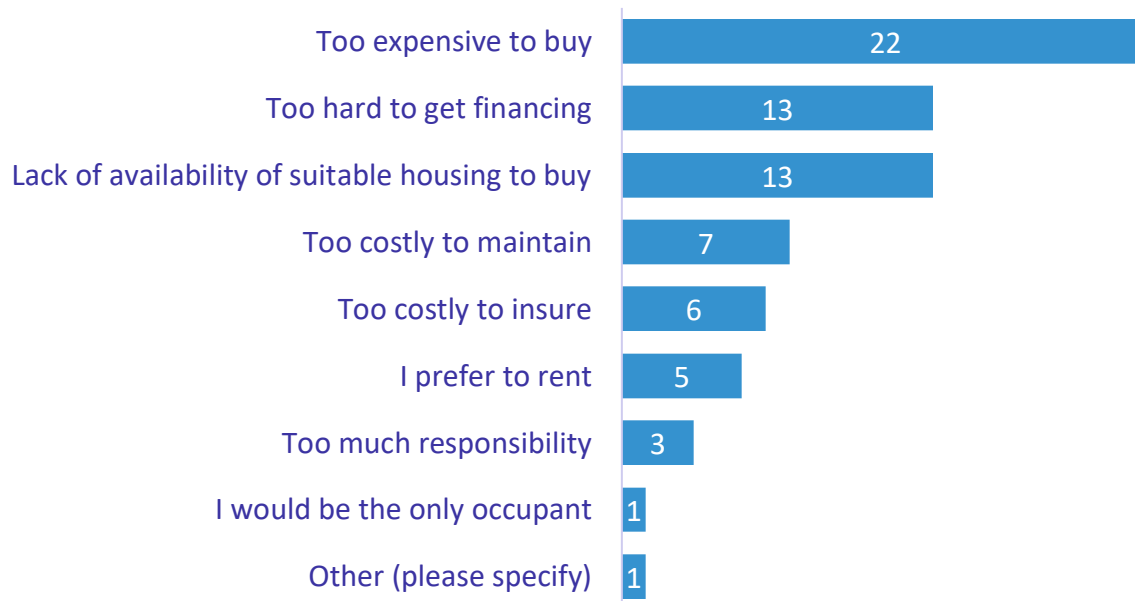
The large majority of respondents live with a partner/spouse/significant other. The large majority also own their residences. The most frequent reasons for not owning (if they wanted to) were too expensive, too hard to get financing, and lack of availability.



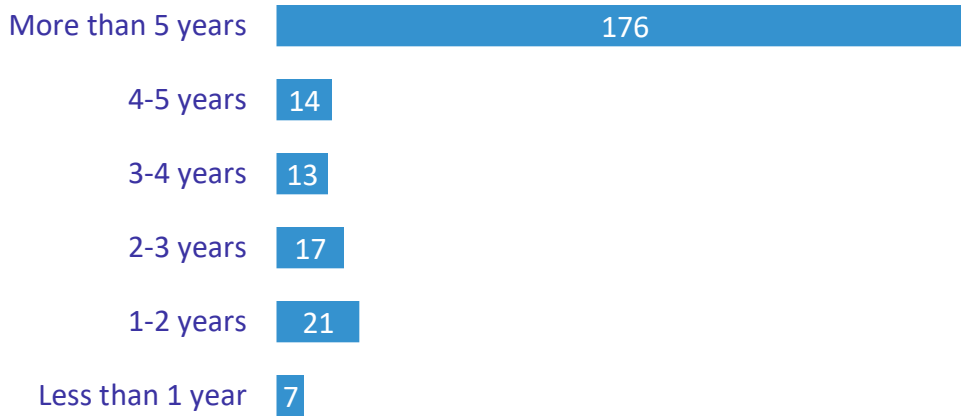
Living Arrangements - Own or Rent



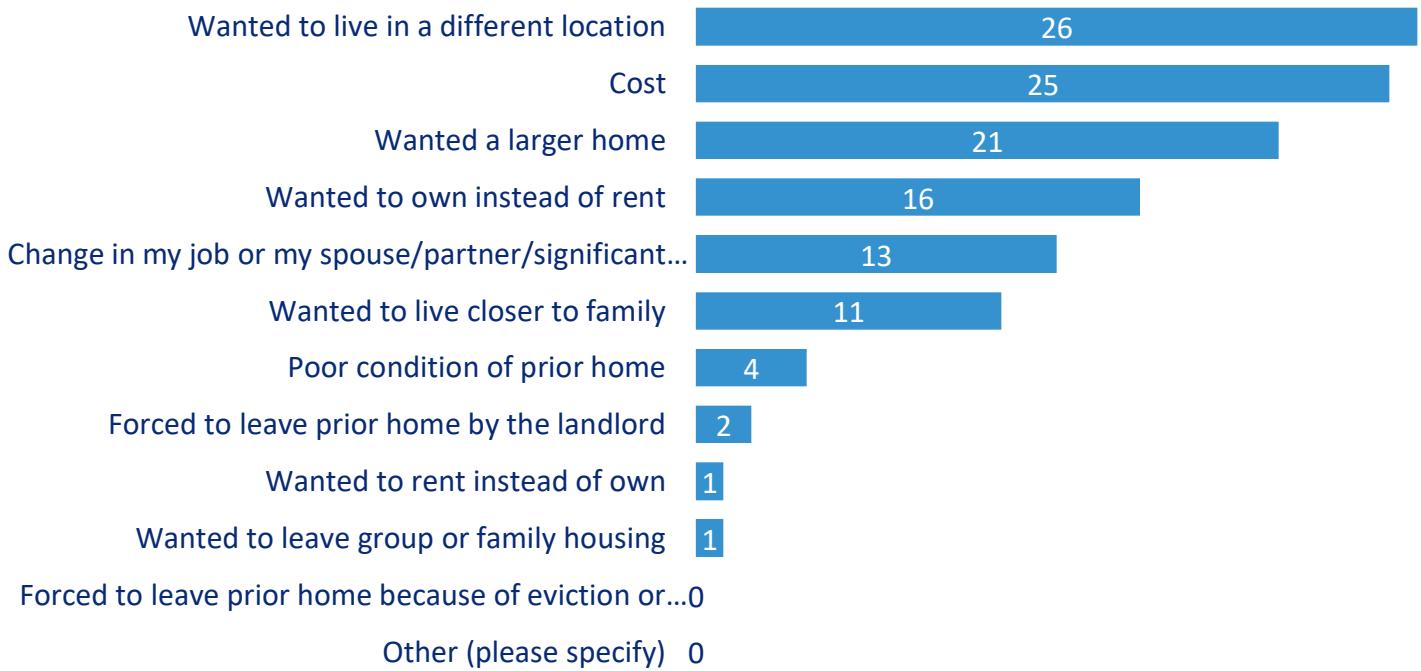
Reasons for Not Owning



How Long at Current Residence



Reasons for Moving



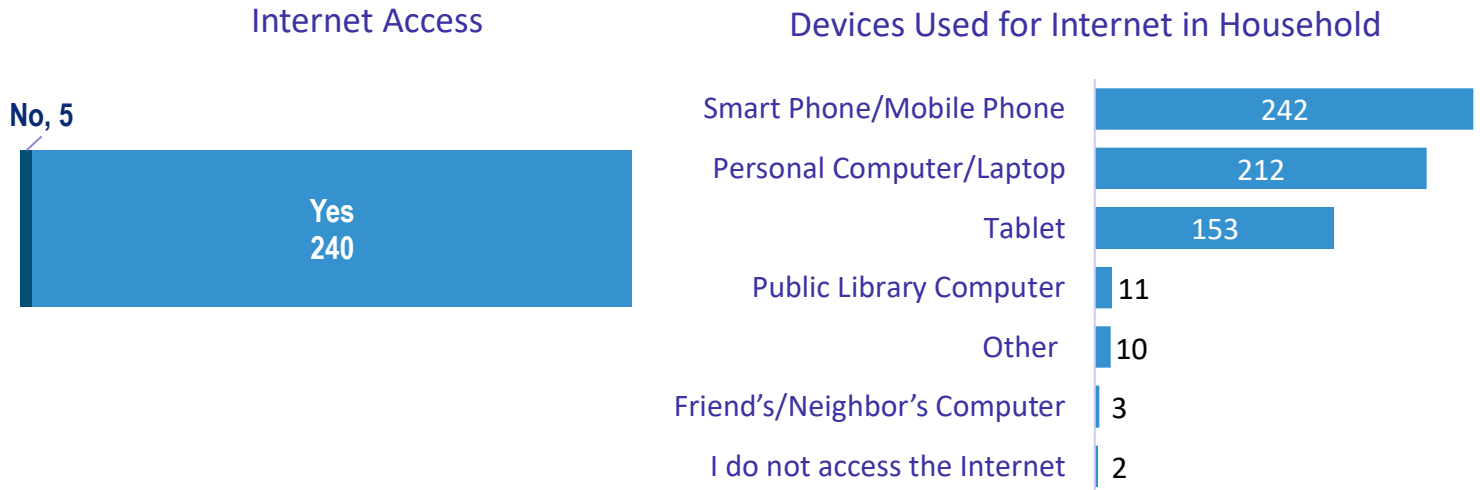
Respondents were asked how often they or members of their household experience any of the following:

	Never	Rarely	Sometimes	Usually	Always
Feel safe in school (n=92)	1 (1%)	1 (1%)	3 (3%)	40 (43%)	47 (51%)
Feel safe in your community (community being the city or county in which you live) (n=247)	1 (<1%)	2 (1%)	10 (4%)	147 (60%)	87 (35%)
Feel worried or stressed about having enough money to pay your rent/mortgage and household utilities (n=248)	68 (27%)	73 (29%)	70 (28%)	15 (6%)	22 (9%)
Feel worried or stressed about having enough money to buy nutritious meals (n=249)	96 (39%)	70 (28%)	44 (18%)	20 (8%)	19 (8%)

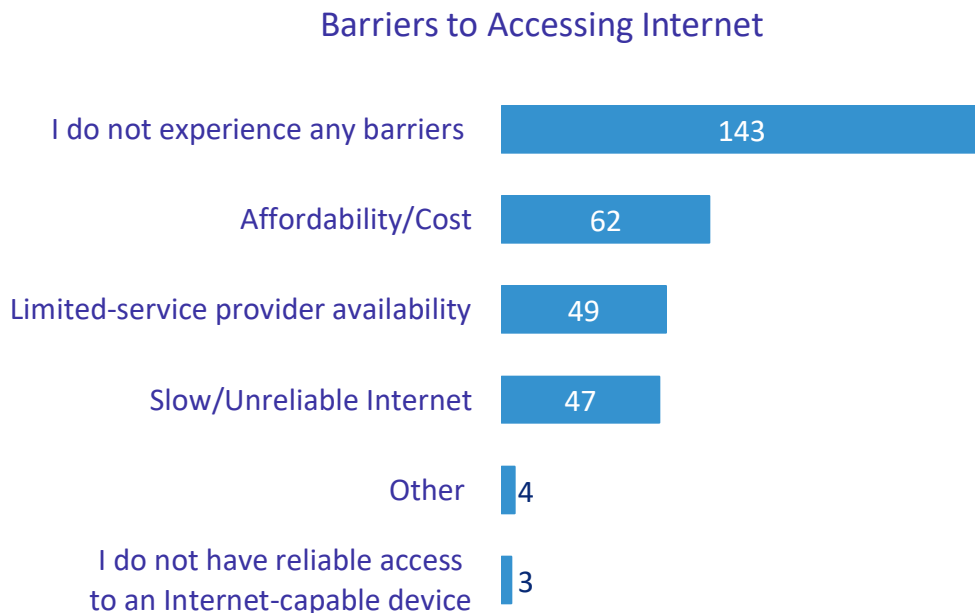
When asked if anyone in the household currently experiences domestic violence, only one out of 241 respondents said yes.

Internet Access

The large majority of respondents have internet access at home either via mobile device or internet service provider. The answers given regarding where they get internet if not at home were at work, family member or friends, library, or other hotspots.



The barriers to accessing the internet were reported as follows. The only “other” comments were related to cost and the internet being too slow.



Transportation

When asked about their household's primary form of transportation, all 245 respondents reported using their personal car. No other options (e.g., public transportation, walking, etc.) were selected.

When asked how they get to their primary healthcare provider, 245 out of 246 respondents reported using their own car. One reported a family member or friend drives them.

Food

Respondents were asked if anyone in their household had experienced the following in the past 12 months.

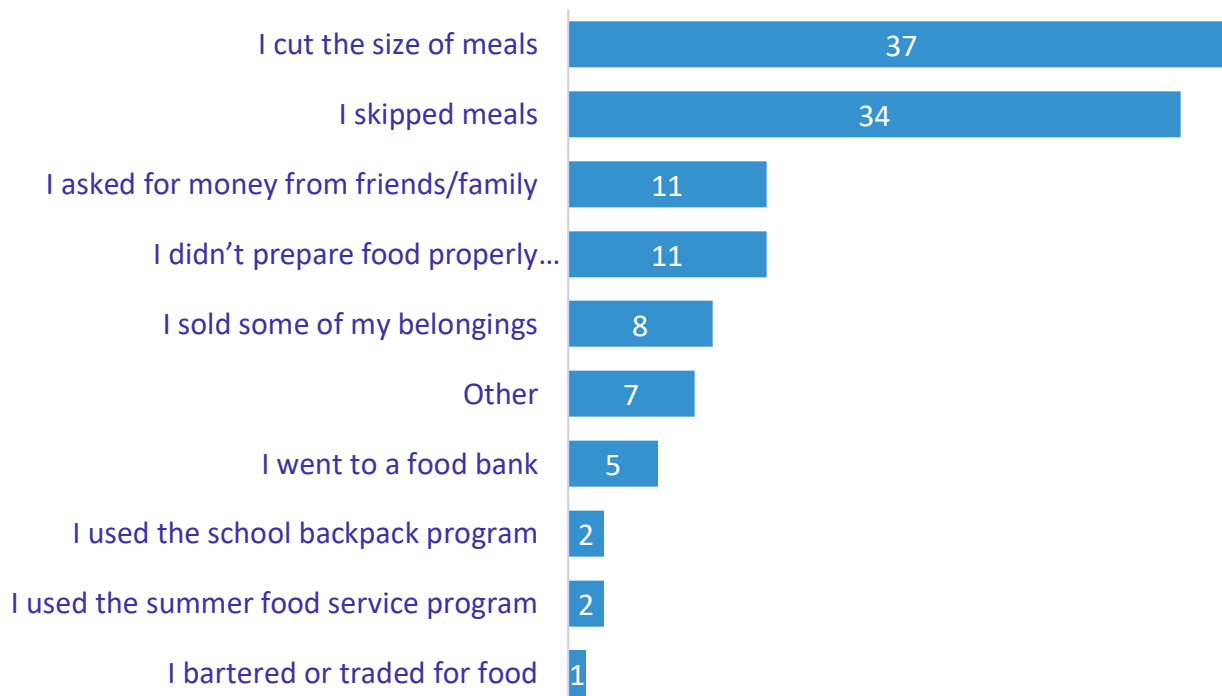
	Yes	No	Unsure
Stretching your food budget to the end of the month (n=241)	78 (32%)	156 (65%)	7 (3%)
Had to skip a meal due to lack of money or resources (n=240)	30 (13%)	210 (88%)	0
Had to go a whole day without eating due to lack of money or resources (n=239)	9 (4%)	228 (95%)	2 (1%)

When asked what they did to get food in the months when they had to stretch their food budget, respondents most often cut the size of or skipped meals. Comments in the “other” category included options such as using credit cards, buying clearance items, budgeting/making less expensive meals, and doing without other things in order to afford food.

How Often Stretch Food Budget

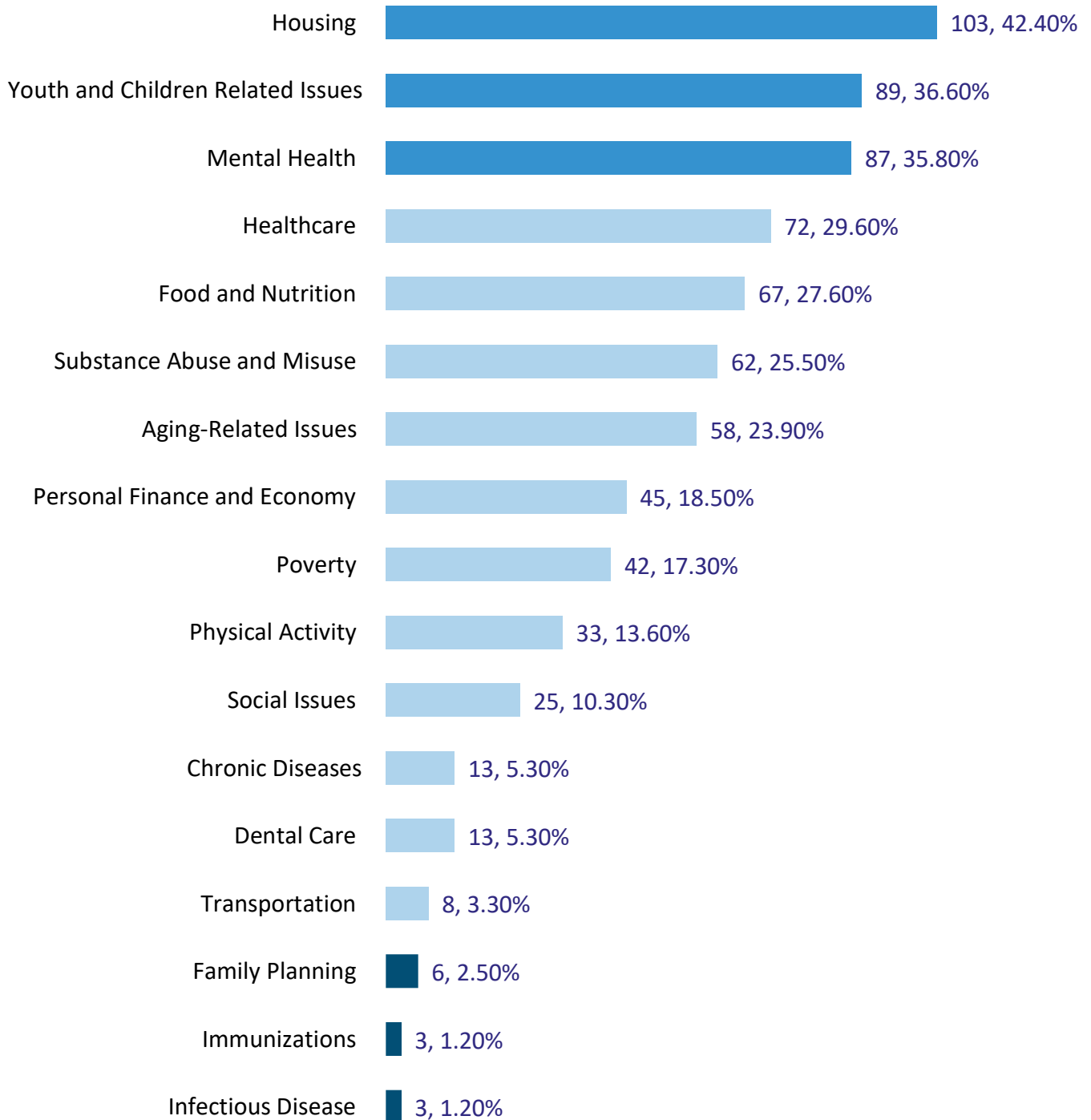


What Done to Get Food



Top Community Issues

Participants were asked to indicate what they believe are the top three issues in the community that should be addressed. **Respondents indicated that housing, issues related to youth and children, and mental health are three of the most important issues that should be addressed in Butler County.**



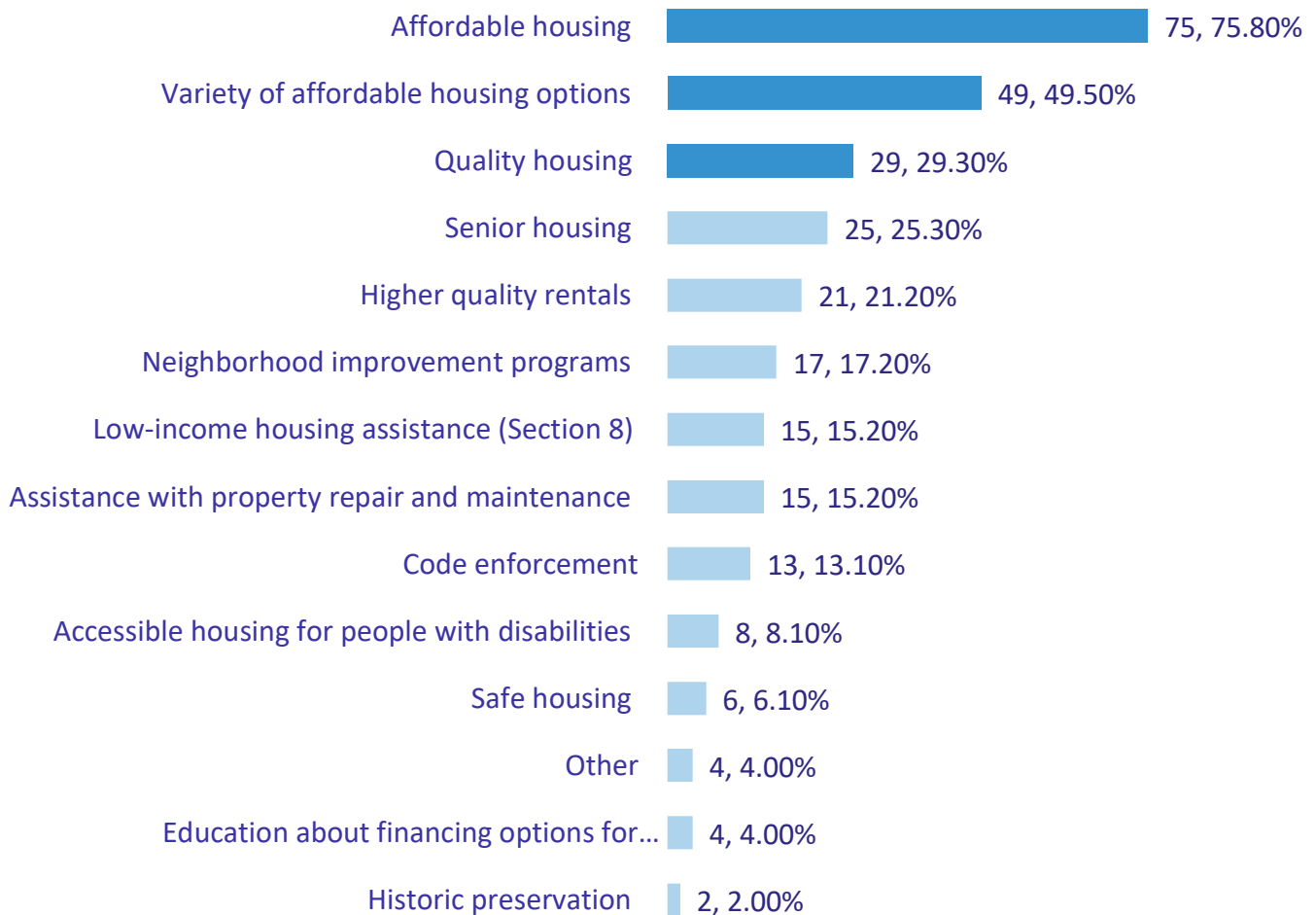
Housing as a Top Community Issue

The 103 individuals who indicated that housing was one of the top three community issues were asked an additional follow-up question to assess the top three needs related to housing that should be addressed in Butler County. **The most commonly selected options include affordable housing, a variety of affordable housing options, and quality housing.**

Comments in the “other” category included the following:

- Housing options for people who have felony records that allow them to make a new start that is affordable and safe for everyone...them and other residents.
- Landlords not fixing properties
- Lower taxes
- Reliable, good repair people for basic repairs not related to plumbing, electricity, or HVAC

Top Housing Issues

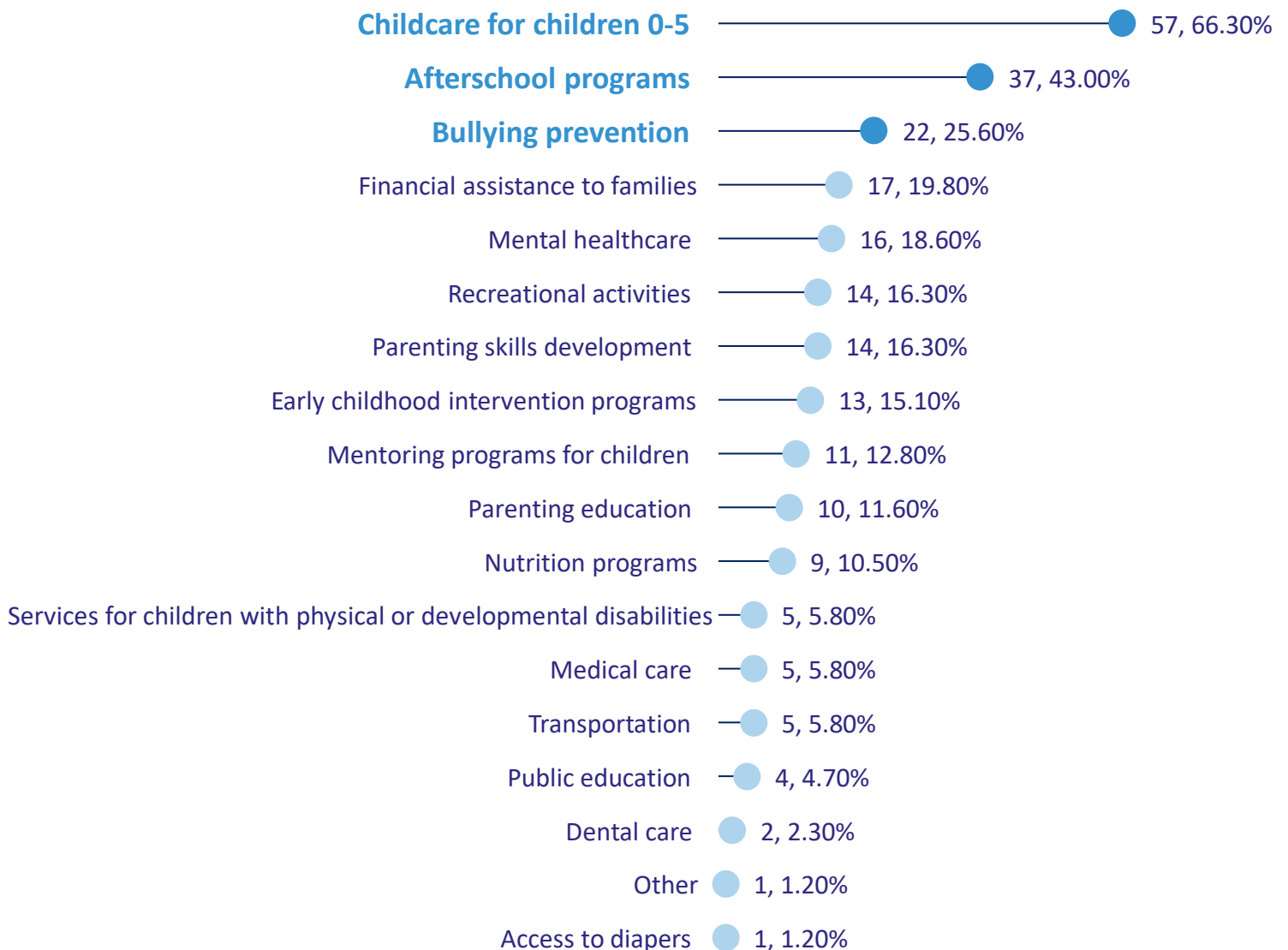


Youth and Children Related Issues as a Top Community Issue

The 89 individuals who indicated that issues related to youth and children were one of the top three community issues were asked three follow-up questions to assess the top three needs related to youth and children that should be addressed in Butler County.

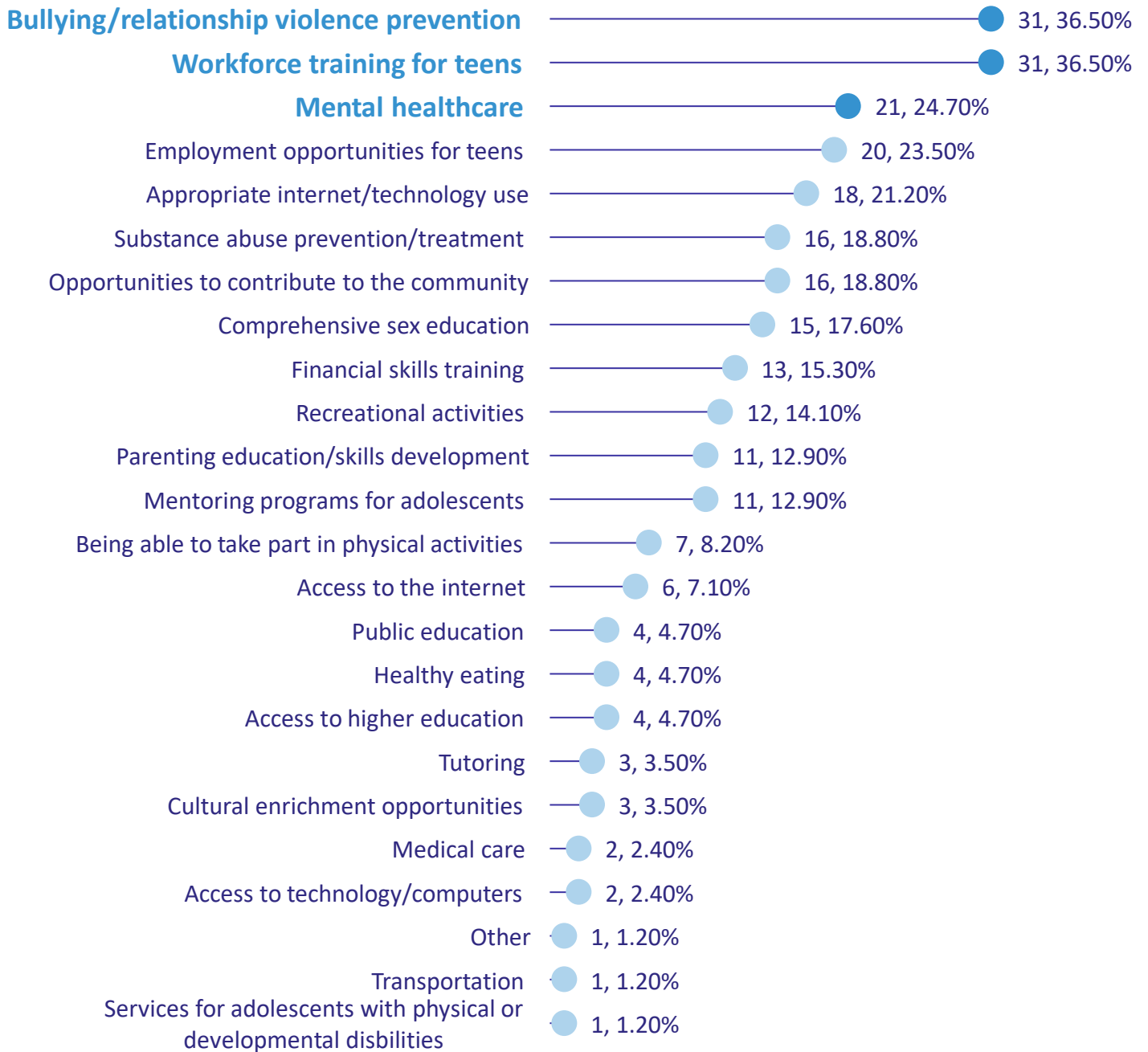
The first follow-up question asked participants to indicate the top three needs for **children ages birth to 12** in the community that should be addressed. **The most commonly selected options included childcare for children ages 0-5, afterschool programs, and bullying prevention.** Comments in the “other” category included the following: Meals for children outside of the school day.

Youth and Children Community Issues: Ages Birth to 12



The second follow-up question asked participants to indicate the top three needs for **adolescents ages 13 to 18** in the community that should be addressed. **The most commonly selected options include bullying/relationship violence prevention, workforce training for teens, and mental healthcare.** Comments in the “other” category included the following: Use of machines at the YMCA for kids under 16.

Youth and Children Related Issues: Ages 13 - 18



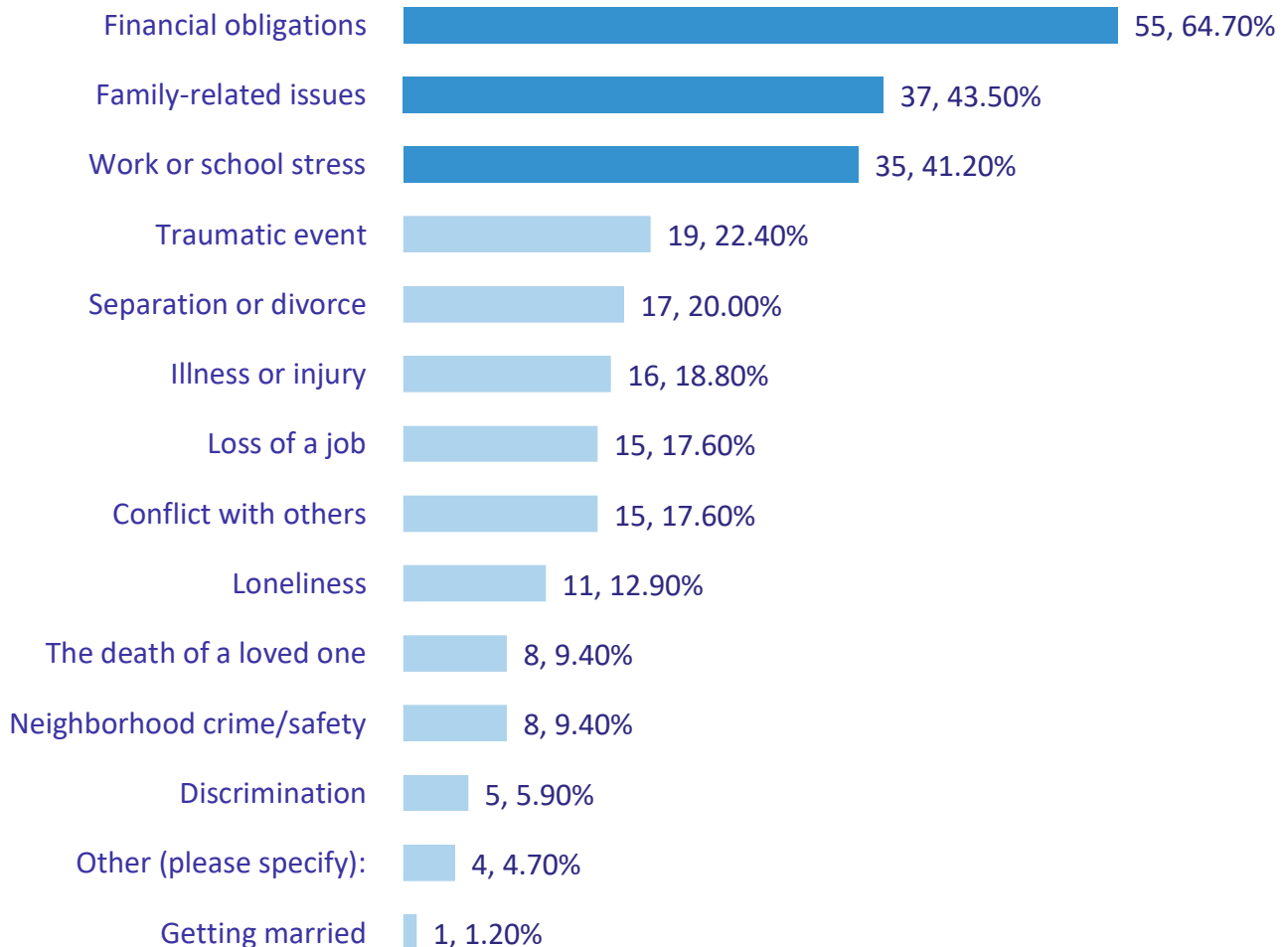
Mental Health as a Top Community Issue

The 87 individuals who indicated that mental health was one of the top three community issues were asked an additional follow-up question to assess the top three problems that can have the biggest impact on people’s mental health in Butler County. **The most commonly selected options include financial obligations, family-related issues, and work or school stress.**

Comments in the “other” category included the following:

- Recovering from the effects of lockdown during the pandemic
- Depression
- Homeless Population
- People with mental illness or mental health needs that cannot afford it including the sliding scale fee due to other financial obligations

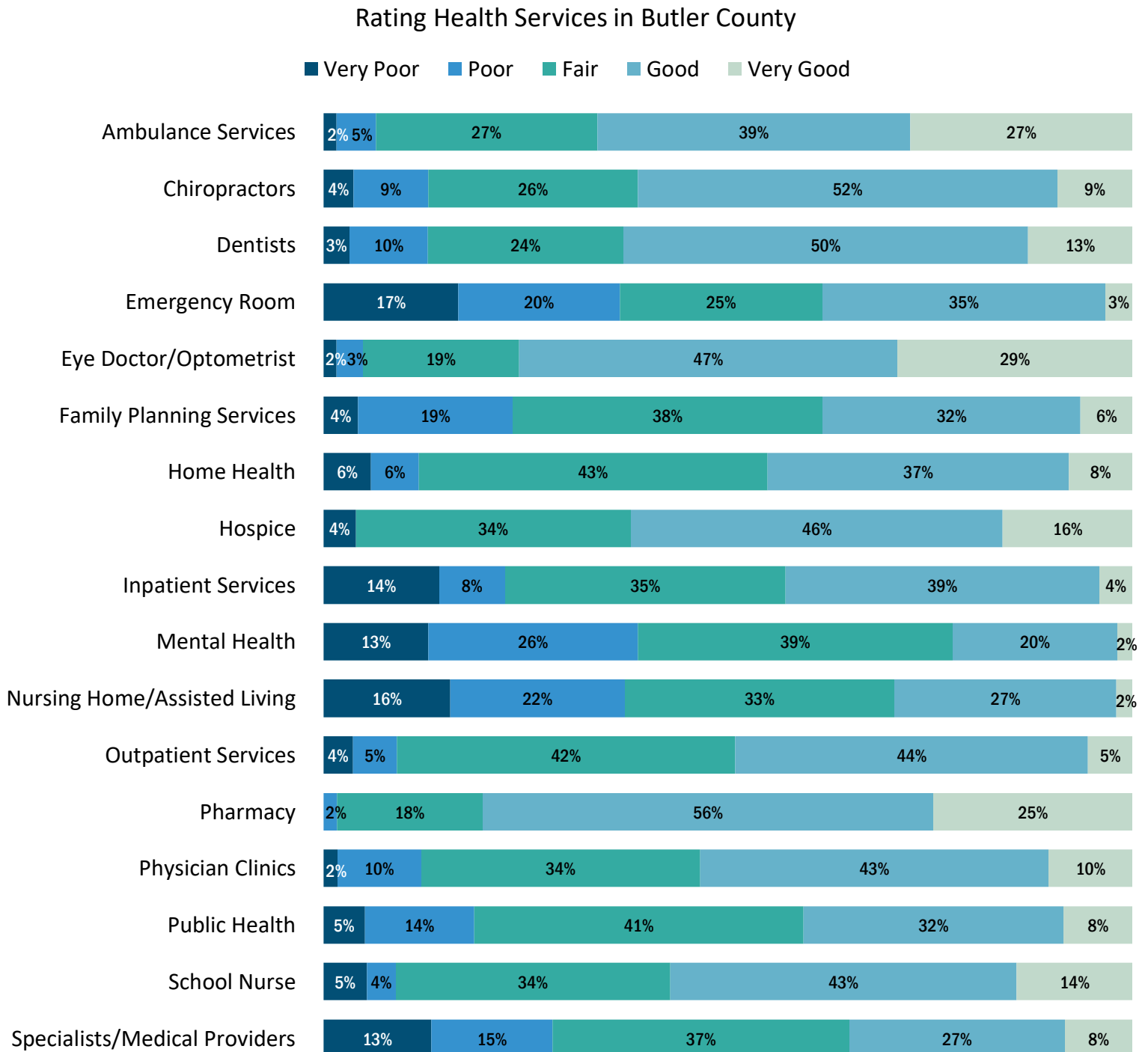
Top Mental Health Issues



Healthcare as a Top Issue

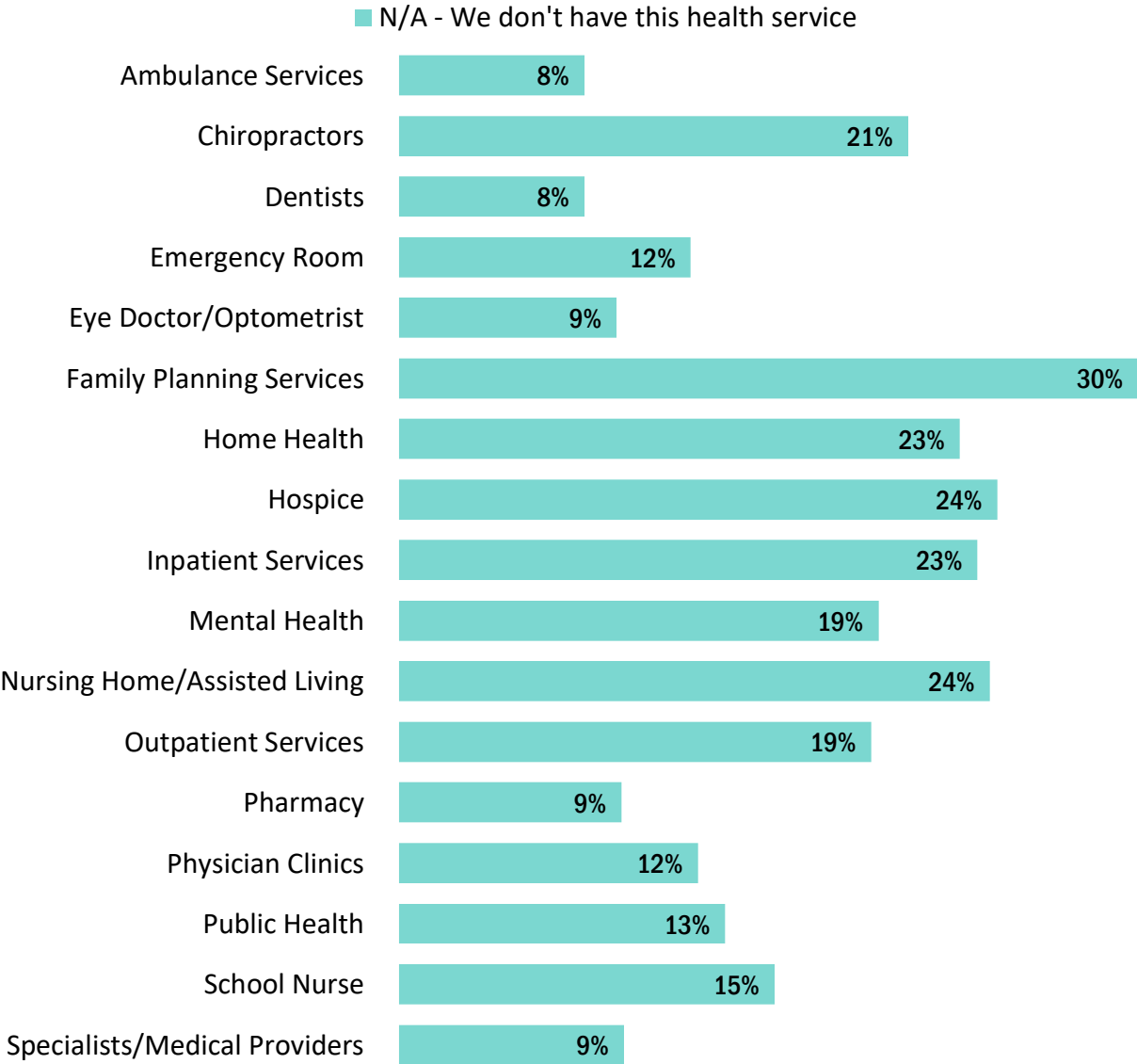
The 72 individuals who indicated that healthcare was one of the top three community issues were asked additional follow-up questions to assess the top three needs related to healthcare services, accessibility, and availability in Butler County.

The first follow-up question asked participants to rate healthcare services offered in Butler County.



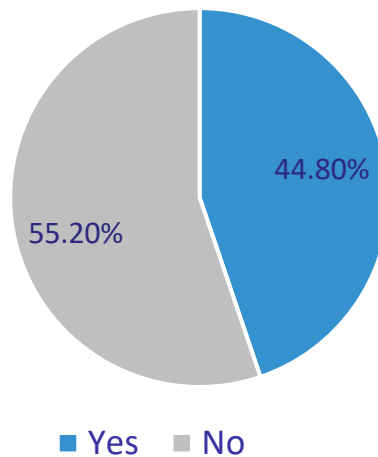
Participants were also given the option to respond with “N/A – We don’t have this health service” rather than provide a rating for that service. The bar chart on the previous page displays data only for those participants who rated that particular healthcare service (i.e., does not include those who selected “N/A”). **The bar chart below displays the overall percentage of participants who indicated they did not believe a particular service was available in Butler County.** (Note: Just because someone believes a particular service does not exist in the community does not mean the service does not actually exist. This is a *perception* of health service availability in the community, not a reflection of the *actual* health service availability in the community.)

Rating Health Services in Butler County



The second follow-up question asked participants **if there are health care services that are needed but not available in Butler County**. More than 1/3 of respondents indicated that there are healthcare services needed in Butler County, but are not available.

Are there healthcare services that are needed but not available in Butler County?



The third follow-up question asked participants who said “Yes” to the previous question to specify **what healthcare services are needed but are not available in Butler County**. Responses were as follows:

- Specialists that provide services at local hospitals
- Affordable or free primary care that is accessible to community residents who lack transportation that will spare them from going to the ER for primary care
- Specialist
- Pediatric specialists, more providers that accept Medicaid for dental and vision care, speech therapy for children outside of the public school, orthodontics
- Critical Care - Acute Care Hospital beds
- specialists that provide services more than once or twice a month
- Adequate specialists
- Full-time Dermatologist, Allergist, more quality pharmacy options (not from chain grocers/superstores)
- Affordable
- Psychiatrist
- Injury and chronic pain services.
- Mental health
- Not enough nurses and family doctors
- An emergency room that will care for patients in a timely fashion

-
- Education about the services, people don't know what is available
 - neurosurgery, diagnostic, ENT, stress test, etc.
 - Neurologist
 - mental health
 - All specialists. Some visit one day a week. Not invested in community. Wait is long for an appointment.
 - more mental health
 - Rheumatology
 - Pediatric Surgeons
 - mental health
 - pediatrics services
 - Educated, professional people! Not a \$15/hourly person
 - More mental health services
 - Clinic/pharmacy in Douglass
 - Urgent care with longer hours, endocrinologist, pediatrician