

2
0
2
4

SUMNER COUNTY

COMMUNITY HEALTH ASSESSMENT



ASSESSMENT CONDUCTED BY THE CENTER FOR APPLIED
RESEARCH AND EVALUATION (CARE) AND THE CENTER FOR
PUBLIC HEALTH INITIATIVES (CPHI)



Table of Contents

Brief Summary of Findings	4
Community Health Assessment Introduction	6
Data Compilation/Collection Methods	6
Survey Results and Supporting Secondary Data	8
Sample Characteristics	8
Top Three Issues of Most Concern	15
Childcare and Children	16
Health Insurance Coverage, Barriers, and Knowledge	19
General Healthcare/Primary Care	20
Mental Health and Substance Use	25
Dental Health	30
Additional Services Needed	32
Appendix A	37
About CEI	38

Brief Summary of Findings

Demographics

Respondents to the community survey were largely similar in demographics to those that tend to respond across many other CHNAs WSU CEI has conducted: primarily female, middle-aged, White, and mid- to high-income. Hispanic/Latino/Spanish residents are underrepresented among survey respondents, as compared to the county population.

Notable Findings/Concerns/Needs

Medical care (access to affordable care, insurance, and access to needed specialists), mental healthcare (access to affordable care and insurance), and illicit drug use were identified by survey respondents as the top three issues of greatest concern in Sumner County. These concerns are supported throughout the review of survey and secondary data.

Related to **medical care and general healthcare**, survey data indicates a sizeable minority of respondents experience difficulty accessing care and are dissatisfied with the care they receive. Appointment and provider availability are prominent barriers to care. This is supported by secondary data which indicates that the ratio of primary care physicians per patient in Sumner County is 7,506:1, as compared to 906:1 in the state. Further, while about three-quarters of respondents report staying up to date on all vaccinations recommended by a doctor or other healthcare provider, about one-third of those who do not stay up to date report personal beliefs about vaccines as a hindrance.

Related to **mental healthcare**, there is a similar sizable minority of respondents who experience difficulty accessing care and are dissatisfied with the care they receive. The most commonly reported barrier to care is a lack of available providers and services. This is supported by secondary data which indicates Sumner County has a substantially lower mental health provider rate per 100,000 as compared to the state overall (111 vs 238).

A combined one-quarter of survey respondents reported 'fair' or 'poor' mental health. Overall, 7% of the survey sample reporting 'poor' mental health status is much lower than reported among adults in Sumner County, and the state of Kansas in 2021, as seen in Table 31. While this may be due to the timing of data collection (2021 vs 2024), it is an important consideration that the survey sample may not accurately reflect those individuals in the community who are most in need of mental health support.

It should also be noted that secondary data shows a much higher suicide rate than the state (27.9 per 100,000 for Sumner County vs. 19.3 per 100,000 for the state). Although the actual number of completed suicides for the county would be relatively low each year, the elevated rate as compared to the state is still a concern. This is supported by survey data on additional services needed, where respondents identified mental health crisis services such as suicide intervention as the second-most needed service that is not currently available in Sumner County.

Related to **substance use**, secondary data indicate that among adults in Sumner County, a slightly higher percentage of adults smoke and a slightly lower percentage binge drink, as compared to the state. However, substance use among youth is higher in Sumner County across all indicators, as compared to the state – youth in Sumner County have higher percentages of alcohol, vaping, and marijuana use, and of binge drinking.

For survey respondents who utilize **childcare services**, a sizeable minority report difficulty setting up childcare, but satisfaction with services received is high.

Finally, in response to several questions about **community resources for families and children**, several key themes emerged. The feedback highlights **significant gaps in childcare options, specialized support services, and general health care accessibility**. The following are a summary of the themes across all questions.

Enhanced Childcare and Early Childhood Education

- **Affordable Childcare:** There is a strong demand for more affordable and accessible childcare options outside of school and for various shifts beyond the standard 9-5 workday. Responses highlight the need for expanded latchkey programs, summer camps, and after-school activities for older children and teens.
- **Early Childhood and Preschool:** A need for expanded early childhood and preschool programs was also apparent, especially for younger age groups (under 5 years old).

Improved Support for Children and Adults with Disabilities

- **Access to Specialized Services:** Many respondents expressed a need for better diagnostic and therapeutic services for children and adults with disabilities. This includes access to diagnostic and support services like occupational therapy, speech therapy, job training, transitional housing, and specialized programs for conditions like autism.
- **Educational and Behavioral Support Services in Schools:** There's a need for improved behavioral health services, specialized educational support, and more trained staff to provide care and support for children with special needs within schools.

Expanded Medical and Mental Health Services

- **Access to Medical and Mental Health Care:** There are significant concerns about the availability of medical services in Sumner County. This includes a lack of local specialists such as pediatricians, difficulties with accessing timely care, and the need for more mental health and crisis intervention resources. There is also a desire for more affordable healthcare options and funding opportunities to access these services.

This feedback reflects a need for enhanced childcare resources, specialized support services for people with disabilities, and improvements in mental health and general healthcare in Sumner County. Addressing these needs will be crucial for supporting the well-being and development of families within the community.

Community Health Assessment Introduction

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

Data Compilation/Collection Methods

Secondary Data

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

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

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

In the secondary data tables below, the source is indicated along with data for Sumner County.

Survey Methodology

CARE collaborated with the Design Team to identify existing CHNA survey questions as well as create new ones specific to Sumner County for the community survey. The existing questions come from a question bank through the Academy of Sciences (AoS). CARE contributed to the development of the question bank for AoS for use by communities across the US for community health assessments. Sumner County requested the addition of questions focused on childcare and issues for children to help meet data needs for Futures Unlimited, a Design Team member organization.

After selection of questions, CARE programmed the online survey into the Alchemer platform and provided the Sumner County Design Team with a link, QR code, informational flyer, and electronic version of the survey (for use as a hard copy) for use in promotion of the survey to the community.

The Design Team members distributed the survey through multiple networks and social media platforms. A list of just some of the efforts to distribute the survey and publicize the community listening sessions to gain representative participation are:

- Created frequent posts on social media accounts
- Shared social media posts to local community pages/groups
- Posted with local news sources
- Created flyers (see Appendix)
- Distributed flyers to local businesses and Chambers via email and in-person
- Sent flyers in newsletter
- Shared flyer with Sumner County employees

CARE provided access to real-time response rates and demographics of de-identified respondents in order to assist the Design Team in tailoring outreach efforts to promote the survey. The survey was open for approximately one month, at which time CARE performed the analyses of all data collected. All survey results are included below.

Community Listening Sessions

The Community Listening Sessions were promoted through most of the same avenues as noted above for the survey. Two sessions were held on July 17, 2024 to accommodate different schedules.

Staff of the Center for Public Health Initiatives (CPHI) at WSU CEI facilitated the two Community Listening Sessions at which they presented an overview of secondary and survey data to community members in order to solicit their reactions, perceptions, and experiences related to priority needs related to health in Sumner County. More details regarding the Community Listening Sessions are included below.

Survey Results and Supporting Secondary Data

This section contains analyses of all survey questions. It also contains secondary data that are relevant for the specific topics/questions in the survey.

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

Sample Characteristics

Tables 1 and 2 show the distribution of county and ZIP code of residence for survey respondents. Almost all reside in Sumner County (95.8%), as seen in Table 1. More than half reside in the 67152 ZIP code (66.7%), as seen in Table 2.

Table 1. County of Residence (n=237)

County of Residence	Frequency	%
Sumner County	227	95.8
Other	15	6.2

Table 2. ZIP Code (n=237)

ZIP Code	Frequency	%
67152	158	66.7
67022	26	11.0
67140	13	5.4
Other*	40	16.9

*67119, 67013, 67031, 67103, 67004, 67110, 67120

Table 3 shows the distribution of survey respondents' age. The highest percentage of respondents are 35 to 49 years old (35.9%), followed by 50 to 64 years old (23.2%), and 25-34 years old (20.2%).

Table 3. Age (n=237)

Age	Frequency	%
18 to 24 years	8	3.4
25 to 34 years	48	20.2
35 to 49 years	85	35.9
50 to 64 years	55	23.2
65 to 74 years	33	13.9
75 years and over	8	3.4

Figure 1 shows the distribution of survey respondents who report guardianship for someone under the age of 18. Less than half of respondents are parents or custodial guardians of someone under age 18 (41.8%). Of those, about half have children under the age of 5 years (48.0%), as seen in Figure 2. As seen in Figure 3, 9.3% of respondents report custodial guardianship of someone over the age of 18.

Figure 1. Guardianship of Someone Under Age 18 (n=237)

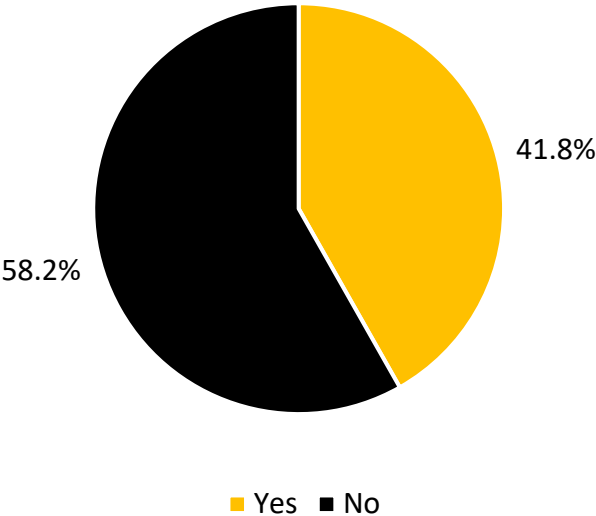


Figure 2. Children Under the Age of 5 Years (n=98)

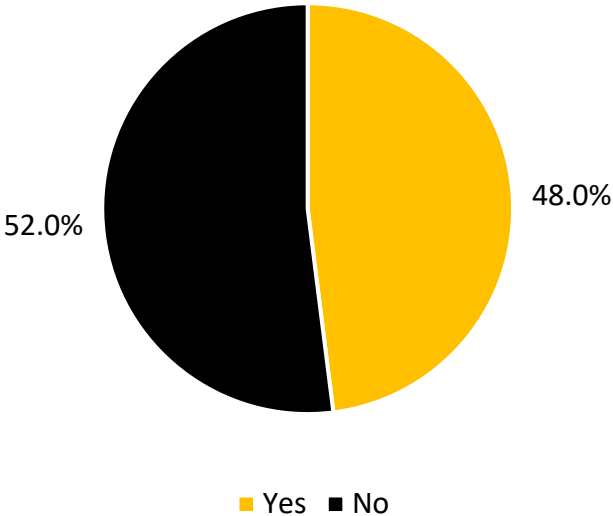


Figure 3. Guardianship of Someone Over Age 18 (n=237)

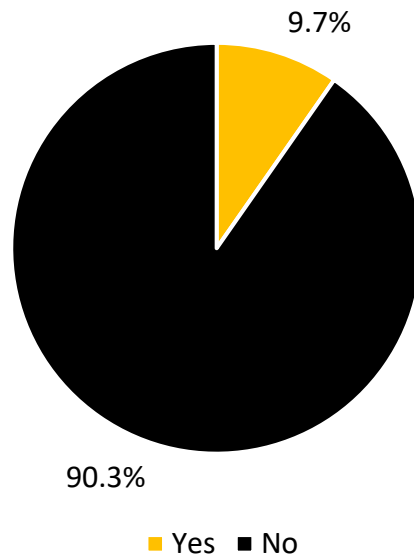


Table 4 shows the distribution of survey respondents' race. Nearly all respondents are White (93.6%), followed by American Indian or Alaska Native (3.4%), and Hispanic, Latino, or of Spanish origin (3.0%).

Table 4. Race (n=235)

Race	Frequency	%
Asian	3	1.3
American Indian or Alaska Native	8	3.4
Black	4	1.7
Hispanic, Latino, or of Spanish origin	7	3.0
Native Hawaiian or Pacific Islander	1	0.4
White	220	93.6
Additional race category	2	0.9
Prefer not to answer	9	3.8

Table 5 highlights secondary data that describes the sample population as compared to the state of Kansas. The survey sample of mostly White respondents is consistent with state and county populations, while Hispanic/Latino/Spanish residents are underrepresented among survey respondents, as compared to the county population.

Table 5. Secondary Data of General Descriptors of Population

Indicators	Sumner	Kansas	Source
Total Population, 2023	22,334	2,940,546	KHM

Indicators	Sumner	Kansas	Source
Households	8,977	1,148,635	KHM
Population under age 18, 2022	24.1%	23.5%	KHM
Population over age 65, 2022	20.2%	17.2%	KHM
Race, 2022			
American Indian and Alaska Native	1.3%	1.2%	KHM
Asian	0.7%	3.2%	KHM
Black/African American	1.5%	6.2%	KHM
Hispanic/Latino	6.3%	13.0%	KHM
Native Hawaiian and Other Pacific Islander	0.0%	0.2%	KHM
White	93.6%	85.9%	KHM
White, Non-Hispanic/Latino	88.3%	74.3%	KHM
Other Indicators			
Foreign Born Persons, 2018-2022	1.4%	7.1%	KHM
Population age 5+ with language other than English spoken at home, 2018-2022	1.8%	11.8%	KHM

Tables 6 and 7 show the distribution of survey respondents' sexual orientation and gender identity (SOGI). More than three-quarters are female (78.1%), as seen in Table 6. The majority of participants are straight (87.0%), as seen in Table 7.

Table 6. Gender Identity (n=224)

Gender	Frequency	%
Female	175	78.1
Male	39	17.4
Do not identify as female, male, or transgender	2	0.9
Prefer to self-describe	1	0.4
Prefer not to answer	7	3.1

Table 7. Sexual Orientation (n=223)

Sexual Orientation	Frequency	%
Straight	194	87.0
Gay or lesbian	1	0.4
Bisexual	8	3.6
Asexual	1	0.4
Pansexual	3	1.3
Prefer to self-describe	1	0.4
Prefer not to answer	15	6.7

Table 8 shows the distribution of relationship status reported by survey respondents, with over half reporting to be married (60.3%).

Table 8. Relationship Status (n=224)

Relationship Status	Frequency	%
Single	35	15.6
Domestic partnership	18	8.0
Married	135	60.3
Divorced	17	7.6
Widowed	12	5.4
Prefer not to answer	7	3.1

Tables 9 and 10 show the distribution of educational attainment among survey respondents, as well as current student status. About one-third have a bachelor's degree or higher (38.7%), with another 17.5% reporting having attended some college, as seen in Table 9. About one-quarter have received a high school diploma or GED (22.1%). Almost all respondents report not currently being a student (90.7%), as seen in Table 10.

As compared to secondary data, the survey sample has a higher level of education on average. Only one-quarter of the population over age 25 in Sumner County have a bachelor's degree or higher (Table 11), compared to over 38.7% of the survey sample. The percentage of survey respondents with at least a high school diploma is comparable to the overall county percentage of people age 25+ with a high school diploma or higher degree.

Table 9. Educational Attainment (n=217)

Educational Attainment	Frequency	%
Less than 12th grade (no diploma)	7	3.2
High school graduate or GED or equivalent	48	22.1
Associate degree	34	15.7
Vocational training	6	2.8
Some college no degree	38	17.5
Bachelor's degree	55	25.3
Graduate or professional degree	29	13.4

Table 10. Current Student Status (n=214)

Current Student	Frequency	%
Yes	20	9.3
No	194	90.7

Table 11. Secondary Data on Education

Indicators	Sumner	Kansas	Source
High school graduation rate, 2022	91.4%	89.1%	KHM
People age 25 and over with high school diploma or higher degree	93.5%	91.8%	KHM
People age 25 and over with bachelors or higher, 2018-2022	23.9%	34.7%	KHM

Table 12 shows the distribution of employment status among survey respondents. More than half of respondents are employed full time (62.5%). A notable minority of respondents are retired (12.5%).

Table 12. Employment Status (n=216)

Employment Status	Frequency	%
Employed full-time	135	62.5
Employed part-time	11	5.1
Self-employed	8	3.7
Homemaker	14	6.5
Retired	27	12.5
Disabled	14	6.5
Unemployed for 1 year or less	5	2.3
Unemployed for more than 1 year	2	0.9

Table 13 shows the distribution of current income among survey respondents. The largest percentage of respondents make \$50,000-\$74,999 per year (20.6%). Overall, more than half of respondents make at least \$50,000 per year (57.8%).

Table 13. Income (n=223)

Income	Frequency	%
Less than \$10,000	5	2.2
\$10,000 - \$14,999	10	4.5
\$15,000 - \$24,999	11	4.9
\$25,000 - \$34,999	18	8.1
\$35,000 - \$49,999	18	8.1
\$50,000 - \$74,999	46	20.6
\$75,000 - \$99,999	31	13.9
\$100,000 - \$149,999	39	17.5
\$150,000 - \$199,999	5	2.2
\$200,000 or more	8	3.6
I don't know/Prefer not to answer	32	14.3

Table 14 shows secondary data on housing, income, and employment for Sumner County and the state of Kansas. Sumner County has lower median household income as compared to the state and a higher unemployment rate. Percentage of home ownership is slightly higher compared to the state, and Sumner County has slightly lower percentages of renters experiencing excessive housing costs and severe housing problems.

Table 14. Secondary Data on Housing, Income, and Employment

Indicators	Sumner	Kansas	Source
Percent of homeownership, 2018-2022	64.3%	60.1%	KHM
Median home rent, 2018-2022	\$838	\$986	ACS
Median home value, 2018-2022	\$116,400	\$189,000	KHM
Renters excessive housing costs, 2018- 2022	38.3%	43.7%	KHM
Median household income, 2018-2022	\$59,397	\$69,747	ACS
Percent of population experiencing severe housing problems (overcrowding, high housing costs, lack of kitchen/plumbing), 2016-2020	10.5%	12.3%	KHM
Households with an internet subscription, 2018-2022	84.1%	83.6%	KHM
No vehicles, 2018-2022	4.9%	5.1%	ERS
Homeless population (count), 2023	N/A	2636	AHAR
Homeless families (count), 2023	N/A	240	AHAR
People below poverty level, 2018-2022	11.6%	11.6%	ACS
Unemployment rate, 2024	5.2%	2.9%	ACS

Table 15 shows the distribution of past or current service in the United States military. Nearly all survey respondents report no military service (96.3%).

Table 15. Past or Current Military Service (n=214)

Military Service	Frequency	%
Yes	8	3.7
No	206	96.3

Top Three Issues of Most Concern

Survey respondents were provided a list of issues that they may find relevant in their communities and were asked to choose the top three they feel are of most concern.

Respondents identified medical care, mental healthcare, and illicit drug use as the top three issues of concern in Sumner County, as seen in Table 16. Medical care includes access to affordable care, insurance, and access to needed specialists. Mental health care includes access to affordable care and insurance.

Table 16. Top Three Issues of Most Concern (n=237)

Top Concerns	Frequency	%
Medical care (access to affordable care, insurance, access to needed specialists)	87	36.7
Mental healthcare (access to affordable care, insurance)	56	23.6
Illicit drug use	53	22.4
Economy (inflation, interest rates)	51	21.5
Youth and children related Issues (childcare, public education quality)	47	19.8
Aging related Issues (caregiving, assisted living, aging services, safety)	45	19.0
Food and nutrition (access to grocery stores, cost of food, access to healthy options)	44	18.6
Housing (availability, affordability, safety)	44	18.6
Employment (joblessness, wages, quality of available of jobs)	37	15.6
Disability services (accommodations, affordable care)	32	13.5
Poverty (fixed or low-income households)	26	11.0
Dental Care	24	10.1
Physical activity (access to exercise opportunities)	21	8.9
Infant and toddler related issues (education for parents, early intervention programs)	19	8.0
Prescription medications (access to pharmacy services, affordability, insurance)	17	7.2
Physical and mental safety (child abuse, domestic violence, crime, gun violence)	16	6.8
Social issues (intolerance, discrimination, bullying/cyberbullying)	15	6.3
Reproductive health services and family planning	14	5.9
Alcohol misuse and abuse	12	5.1
Chronic Diseases (cancer, diabetes, heart disease)	11	4.6
Prescription drug misuse and abuse	11	4.6
Transportation	8	3.4
Social engagement (community events, community engagement, volunteerism)	8	3.4
Tobacco use (smoking, vaping)	7	3.0

Top Concerns	Frequency	%
Immunizations	2	0.8
Infectious disease	1	0.4
Medical care (access to affordable care, insurance, access to needed specialists)	87	36.7
Mental health care (access to affordable care, insurance)	56	23.6
Illicit drug use	53	22.4
Other	3	1.3

Childcare and Children

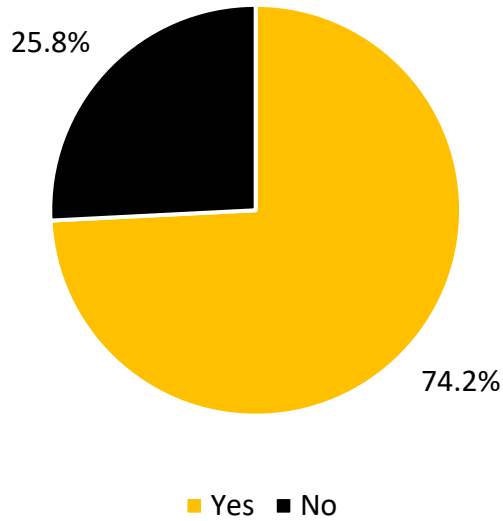
Childcare

Survey respondents who reported being a parent or guardian to someone under age 18 were asked about availability of childcare resources in their communities, as seen in Table 17. Licensed home day care was most frequently reported as available (81.9%), followed by preschool/Head Start (79.8%), and afterschool programs (64.9%). Three-quarters of participants have utilized at least one of these childcare services, as seen in Figure 4.

Table 17. Available Childcare Resources (n=94)

Childcare Resources	Frequency	%
Licensed Day Care Home	77	81.9
Preschool/Head Start	75	79.8
Afterschool/Latchkey Program	61	64.9
Child Care Center	42	44.7
Group Day Care Home	29	30.9
Other	4	4.3

Figure 4. Utilization of Childcare Services (n=97)



For survey respondents who have used childcare services in their communities, opinions are mixed on the relative ease or difficulty in setting up these services. While more than half found it to be easy or very easy (64%), about one-third reported some difficulty, as seen in Figure 5. Satisfaction with childcare services is less divided, with a large majority of respondents indicating that are satisfied or very satisfied with available services (86%), as seen in Figure 6.

Figure 5. Ease or Difficulty Setting Up Childcare Services (n=69)

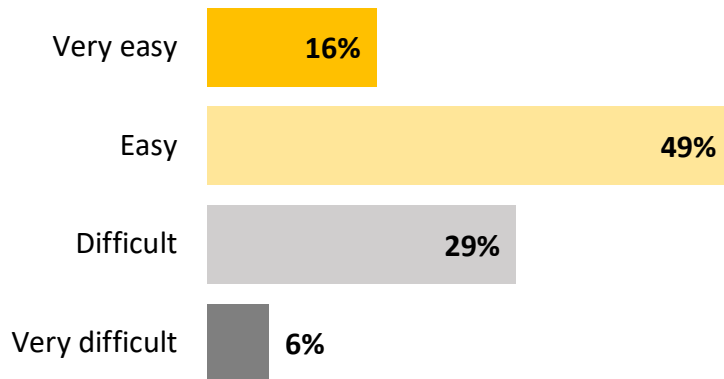
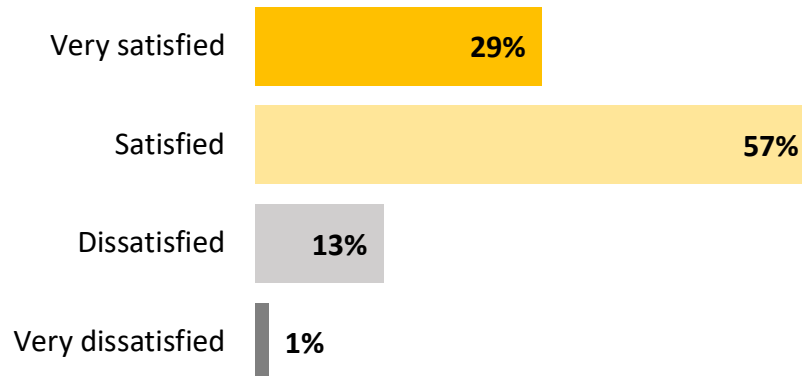


Figure 6. Childcare Satisfaction (n=69)



Survey respondents who have children were given the opportunity to write in additional resources their communities could provide them to help care for their children. Two primary themes arose from these responses: 1) expanded childcare options, and 2) specialized services and supports.

Expanded Childcare Options. The most prominent response was the need for more childcare and activities for children and youth. Respondents called for “additional affordable daycare, more preschool spots” and “more daycares,” stating “the need is very high.” Specifically, the need for affordable childcare and extended hours for care (evenings, weekends, and summer) was noted, “We need something open for other shift workers and people not working just 9-5.” Others suggested a need for “after school activities for teens” and “something safe to do during summer,” reflecting a desire for structured, engaging activities beyond the school day.

A need for more early childhood/preschool programs and “all-day preschool” was also mentioned: “More help and assistance for families from birth! We miss the 1st 3-5 years of a child's development because of the lack of resources for families in our community before they hit preschool age.” Another respondent said, “For parents with children under 5 years, the waiting list is long. [There is] limited childcare for those under 18 months.” Parents noted the need for inclusive activities available to all families regardless of disability status or income, “Make sure every kid can participate in everything, don't exclude low-income children.”

Specialized Services & Supports. The second most common theme was the need for services and resources for children with developmental disabilities and special needs. Examples include childcare, “There is a lack of daycare for children with special needs,” and a need for “trained/certified individuals to take care of children with autism or other complex needs.” Respondents also noted a need for school-related resources like “better gifted programs in schools” and “more mentors for children with autism, specialized school and recreational activities for children with autism and other developmental issues.” A need for respite care for people with developmental disabilities was also mentioned.

Other mentions included the need for a pediatrician in the community and for mental health services in schools. WIC, bus assistance, and a dentist that accepts state insurance were also mentioned.

Birth, Infants, Children, and Teens

Table 18 shows secondary data on birth, infants, children, and teens for Sumner County and the state of Kansas. Notably, the infant mortality rate in Sumner County is double that of the state. Sumner County has slightly lower percentages of children under 18 below poverty level, teen births, and uninsured children compared to Kansas as a whole. There is a substantially lower percentage of households with children receiving SNAP, and a slightly lower average rate of monthly WIC participation in Sumner County.

Table 18. Secondary Data on Birth, Infants, Children, and Teens

Indicators	Sumner	Kansas	Source
Births prenatal care in first trimester, 2019-2021	83.1%	81.3%	KHM
Infant mortality rate (deaths per 1000 live births), 2016-2020	12	6	KHM
Under 5 below poverty level, 2018-2022	11.4%	16.0%	ACS
Under 18 below poverty level, 2018-2022	12.4%	13.9%	ACS
Percent of all births occurring to teens (15-19), 2019-2021	4.8%	5.0%	KHM
Under 18 uninsured, 2018-2022	4.1%	5.2%	ACS
Students eligible for free lunch program, 2022-2023	43.3%	40.8%	KHM
Households receiving SNAP (Food stamps) with children, 2018-2022	12.0%	48.9%	ACS
Single householder with children under 5 below poverty level, 2018-2022	8.5%	17.6%	ACS
Homeless students (count), 2020-2021	N/A	5632	EDFacts
Average monthly WIC participation per 1,000, 2023	12.3	16	KHM

Health Insurance Coverage, Barriers, and Knowledge

Figure 7 shows the distribution of survey respondents whose entire household is currently covered by health insurance. Almost all households are currently covered (90.7%), while 9.3% are not. Table 19 elaborates on reasons for being uninsured, with most respondents reporting that they cannot afford insurance coverage (83.3%), followed by job loss (16.7%). Later in the report (Table 23) we see that secondary data indicates that the percentage of uninsured adults aged 19-64 is 12.9% for the state and 14.6% for Sumner County, which is slightly higher than the sample population.

Figure 7. Household Health Insurance Coverage (n=236)

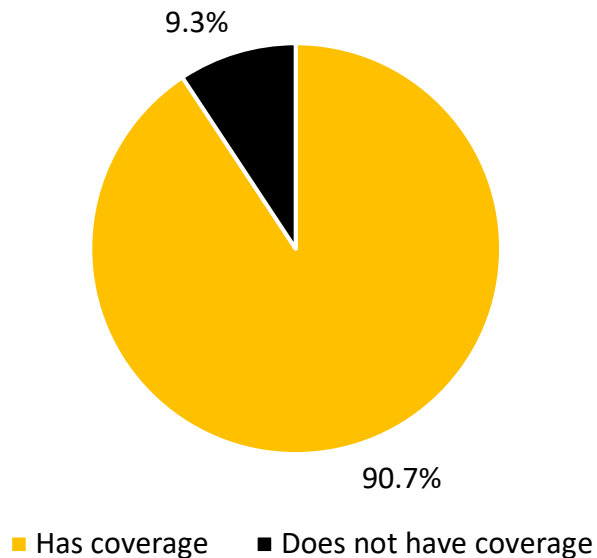


Table 19. Reasons for Being Uninsured (n=18)

Reasons for Being Uninsured	Frequency	%
Can't afford insurance coverage	15	83.3
Lost job	3	16.7
Signing up for insurance coverage is too difficult or confusing	2	11.1
Can't find an insurance plan that meets my/their needs	2	11.1
Not eligible for insurance coverage	1	5.6
Do not need or want insurance coverage	1	5.6
Other	1	5.6

General Healthcare/Primary Care

When asked which county they seek healthcare (primary/routine doctor visits) in, about half of respondents report seeking healthcare both in Sumner County and outside of Sumner County (46.0%), as seen in Table 20. Slightly less than half seek healthcare only in Sumner County (41.8%). For those who seek healthcare outside Sumner County, about half report having an established provider outside the county (53.8%) and/or not being happy with the quality of services in the county (50.0%), as seen in Table 21.

Table 20. County Where Healthcare is Sought (n=237)

Healthcare County	Frequency	%
In Sumner County	99	41.8
Outside Sumner County	29	12.2

Both in Sumner County and outside of Sumner County	109	46.0
Doesn't Seek Healthcare	0	0.0

Table 21. Reasons for Outside County Healthcare (n=26)

Reasons for Outside County Healthcare	Frequency	%
Have an established provider outside of Sumner County	14	53.8
Not happy with the quality of services in Sumner County	13	50.0
Privacy reasons	5	19.2
Not able to access needed services in Sumner County	4	15.4
Other*	2	7.7

*Other responses include insurance reasons

Regarding overall ease or difficulty in accessing healthcare in Sumner County, opinions are mixed. While over half of respondents find this process to be easy (60% easy or very easy), more than one-third report difficulty, as seen in Figure 8. Satisfaction with healthcare in Sumner County follows a similar trend, with two-thirds reporting satisfaction (66% satisfied or very satisfied) and one-third reporting dissatisfaction, as seen in Figure 9.

Figure 8. Ease or Difficulty Accessing Healthcare in Sumner County (n=214)

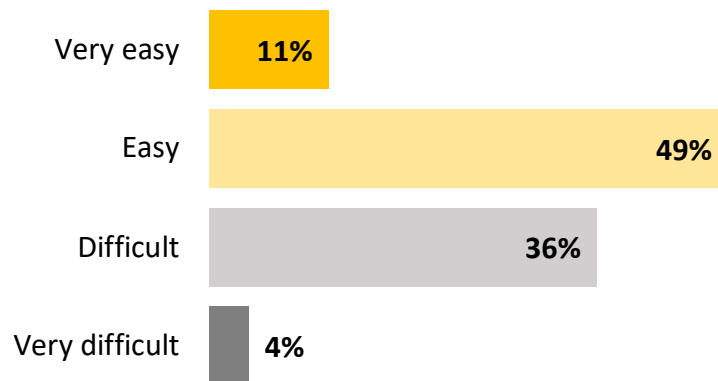
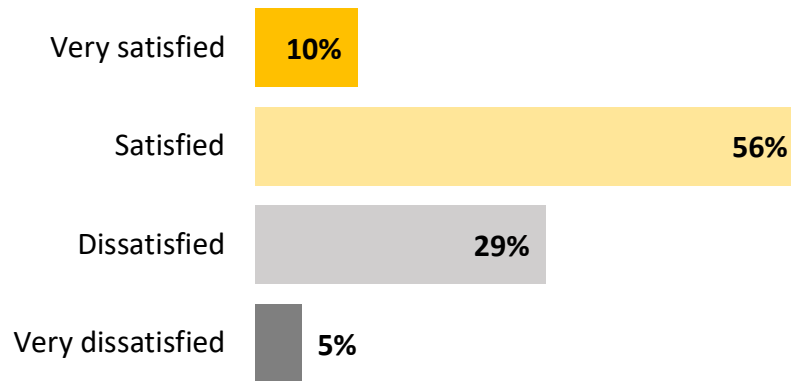


Figure 9. Healthcare Satisfaction in Sumner County (n=214)



When asked about barriers to healthcare for themselves or their families, about one-quarter indicated their family does not experience barriers to healthcare (24.9%), as seen in Table 22. For those who do experience barriers, respondents most often indicated challenges with appointment availability or expedience of care. The three top barriers reported are long wait times for appointments, no appointments available, and a need for extended appointment hours such as evenings and weekends. A lack of providers and services in the community is also prominent. This is supported by secondary data which indicates that the ratio of primary care physicians per patient in Sumner County is 7,506:1, as compared to 906:1 in the state (Table 23).

Table 22. Barriers to Healthcare (n=209)

Healthcare Barriers	Frequency	%
Takes too long for an appointment/ Can't get an appointment within 48 hours	65	31.1
No appointments are available	62	29.7
Extended appointment hours (evenings, weekends) are not offered	56	26.8
Lack of providers/services in my community/Sumner County	52	24.9
I worry about confidentiality/inappropriate sharing of health information	36	17.2
Unable to pay co-pay/deductibles	24	11.5
I am uncomfortable seeking care at facilities where I know employees	21	10.0
Lack of provider/staff follow-through on referrals, consults, etc.	21	10.0
My insurance does not cover what I need and/or my insurance isn't accepted	20	9.6
I cannot take time off work	17	8.1
I do not have insurance	15	7.2
No childcare available	11	5.3
No personal transportation	9	4.3
Public transportation unavailable or hard to schedule	8	3.8

Healthcare Barriers	Frequency	%
I have tried to receive services before, but they did not help	8	3.8
I am uncomfortable seeking healthcare	7	3.3
Outstanding bill/payment	7	3.3
Don't know how to find providers/what services are available	6	2.9
Cultural or personal beliefs about healthcare	6	2.9
Not able to establish a regular provider to manage my care	3	1.4
I have to follow restrictive policies (e.g., formularies, monthly limits)	3	1.4
English is not my preferred language	1	0.5
Other*	11	5.3
Not applicable - My household has not had any barriers	52	24.9

*Other responses include lack of trust in providers and healthcare institutions, lack of provider follow-up, lack of necessary specialty care, and long wait times for appointments and in clinic settings

When asked to rate their overall physical health, almost half of respondents reported 'good' (47%). About one-quarter view their physical health as 'excellent' or 'very good' (26%). A combined 27% report fair or poor physical health, as seen in Figure 10. This is substantially higher than the reported percentage for the county (10.4%) and state (14.7%), as seen in Table 23.

Figure 10. Physical Health Rating (n=214)

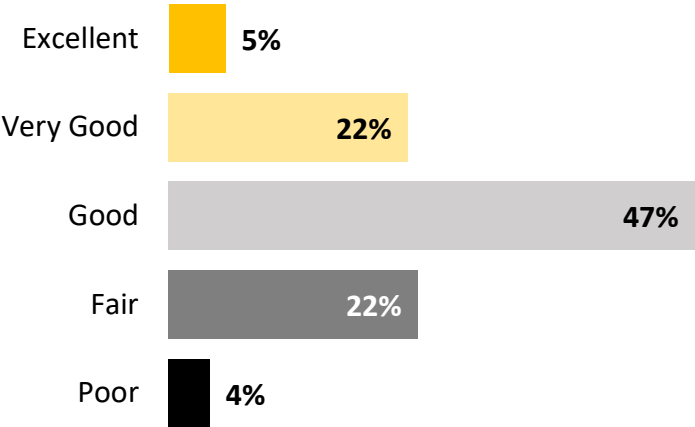


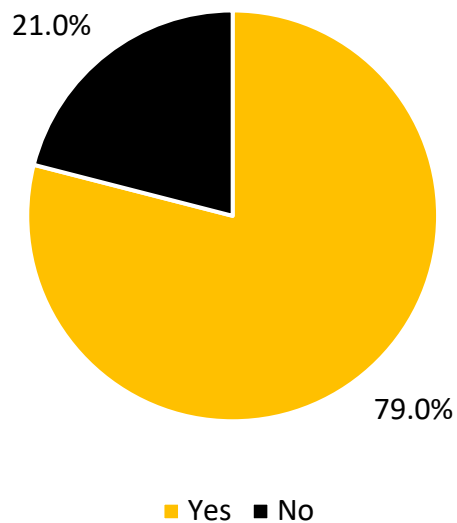
Table 23. Secondary Data on Health, Healthcare Access, and Food/Nutrition

Indicators	Sumner	Kansas	Source
Primary care physician ratio (patients per provider), 2023	7506:1	906:1	NPPES NPI
Uninsured adults, 2018-2022	14.6%	12.9%	ACS
Adults with fair or poor self-perceived health status, 2021	10.4%	14.7%	KHM

Adults who reported consuming fruit less than one time per day, 2021	50.0%	43.7%	KHM
Adults who reported consuming vegetables less than one time per day, 2021	27.4%	19.7%	KHM
Food insecurity rate, 2021	13.5%	9.9%	KHM
People who are low income and do not live close to a grocery store, 2019	5%	8%	CHR

Regarding vaccination status, about three-quarters of respondents (79%) report staying up to date on all vaccinations recommended by a doctor or other healthcare provider (e.g., yearly flu vaccine, etc.), as seen in Figure 11.

Figure 11. Follows Vaccination Recommendations (n=200)



Among individuals who do not generally stay up to date on recommended vaccinations, about one-third report a belief that vaccines cause side effects (36.6%), as seen in Table 24. About one-quarter indicate they believe vaccines contain something other than the vaccine (24.4%) and/or do not believe vaccines are effective (22.0%).

Table 24. Reasons for Being Unvaccinated (n=41)

Healthcare Barriers	Frequency	%
Vaccines cause side effects	15	36.6
Vaccines contain something other than the vaccine	10	24.4
Vaccines are not effective	9	22.0
Vaccines are not needed for diseases that are not common anymore	5	12.2

Healthcare Barriers	Frequency	%
Vaccines cause disease	3	7.3
Recommended vaccines are expensive	1	2.4
Other*	20	48.8

*Other responses include getting most vaccines aside from the flu vaccine, personal choice, difficulty getting an appointment/getting to appointment, lack of knowledge on what is needed, not in the habit of getting them/forget to get them, and beliefs such as: they are not needed, they weaken the immune system, they are placebos

Mental Health and Substance Use

Mental Health

When asked where they seek mental healthcare, over half of respondents reported not seeking mental healthcare (52.8%). Of those who do, about one-quarter seek mental healthcare in Sumner County (28.1%), as seen in Table 25. Of those respondents who choose to seek mental healthcare outside of Sumner County, almost half indicated they either have established providers outside of Sumner County (44.0%) and/or are not happy with the quality of services in Sumner County (44.0%), as seen in Table 26.

Table 25. County Where Mental Healthcare is Sought (n=199)

Healthcare County	Frequency	%
In Sumner County	56	28.1
Outside Sumner County	25	12.6
Both in Sumner County and outside of Sumner County	13	6.5
Doesn't Seek Mental Healthcare	105	52.8

Table 26. Reasons for Outside County Mental Healthcare (n=25)

Reasons for Outside County Mental Healthcare	Frequency	%
Have an established provider outside of Sumner County	11	44.0
Not happy with the quality of services in Sumner County	11	44.0
Privacy reasons	6	24.0
Not able to access needed services in Sumner County	5	20.0
Other*	3	12.0

*Other responses include long wait times, faith-based preference, and living in another county

Regarding overall ease or difficulty in accessing mental healthcare in Sumner County, opinions are once again mixed. About half of respondents report ease in access (54% easy or very easy), while the other half report difficulty (47% difficult or very difficult). The largest percentage overall report easy access – 48%, as seen in Figure 12. Opinions on satisfaction with mental health care in Sumner County are also divided, with nearly the same percentages reporting

satisfaction (54%) and dissatisfaction (47%). Again, the largest overall percentage reports satisfaction – 46%, as seen in Figure 13.

Figure 12. Mental Healthcare Access (n=158)

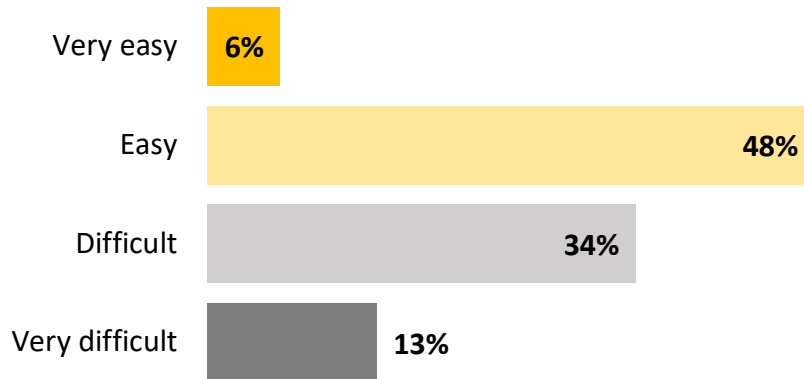
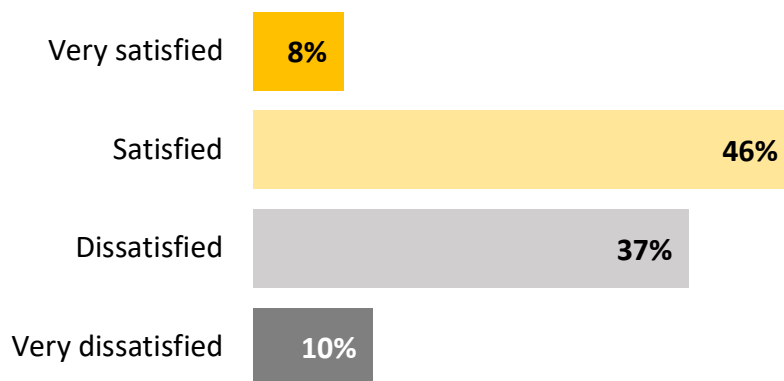


Figure 13. Mental Healthcare Satisfaction (n=158)



When asked about barriers to mental healthcare for themselves or their families, over one-third indicated their family does not experience barriers to mental healthcare (43.6%). For those who do experience barriers, respondents most often indicated they there is a lack of providers and services available (19.6%), as seen in Table 27. Other common barriers include privacy concerns such as discomfort seeking care at facilities where employees are known to them (15.1%), and concerns about confidentiality (15.1%). This is supported by secondary data which indicates Sumner County has a substantially lower mental health provider rate per 100,000 as compared to the state overall (111 vs 238), as seen in Table 28 later in the report.

Table 27. Barriers to Mental Healthcare (n=179)

Mental Healthcare Barriers	Frequency	%
Lack of providers/services in my community/Sumner County	35	19.6
I am uncomfortable seeking care at facilities where I know employees	27	15.1

Mental Healthcare Barriers	Frequency	%
I worry about confidentiality/inappropriate sharing of health information	27	15.1
I am uncomfortable seeking mental health care	25	14.0
Takes too long for an appointment/Can't get an appointment within 48 hours	24	13.4
Don't know how to find providers/what services are available	19	10.6
Extended appointment hours (evenings, weekends) are not offered	19	10.6
Unable to pay co-pay/deductibles	15	8.4
No appointments are available	14	7.8
My insurance does not cover what I need and/or my insurance isn't accepted	13	7.3
I cannot take time off work	9	5.0
Not able to establish a regular provider to manage my care	7	3.9
I do not have insurance	7	3.9
Lack of provider/staff follow-through on referrals, consults, etc.	6	3.4
No childcare available	5	2.8
No personal transportation	5	2.8
Cultural or personal beliefs about mental health care	4	2.2
Public transportation unavailable or hard to schedule	4	2.2
I have tried to receive services before, but they did not help	4	2.2
Outstanding bill/payment	4	2.2
I have to follow restrictive policies (e.g., formularies, monthly limits)	3	1.7
Other*	13	7.3
Not applicable - My household has not had any barriers	78	43.6

*Other responses include appointments being cancelled, mistrust in clinicians/facilities, not wanting to be treated by people they know, lack of providers and specialists, privacy concerns, poor quality providers, lack of empathy among providers, unwillingness to prescribe medication, and affordability

When asked to rate their overall mental health, about one-third of respondents reported 'excellent' or 'very good' mental health (35%), with another one-third reporting 'good' mental health (38%). A combined 27% reported 'fair' or 'poor' mental health, as seen in Figure 14. Overall, 7% of the survey sample reporting 'poor' mental health status is much lower than reported among adults in Sumner County, and the state of Kansas in 2021, as seen in Table 31. While this may be due to the timing of data collection (2021 vs 2024), it is an important consideration that the survey sample may not accurately reflect those individuals in the community who are most in need of mental health support.

It should be noted that secondary data shows a much higher suicide rate than the state (27.9 per 100,000 for Sumner County vs. 19.3 per 100,000 for the state), as seen in Table 28.

Although the actual number of completed suicides for the county would be relatively low each year, the elevated rate as compared to the state is still a concern.

Figure 14. Mental Health Rating (n=194)

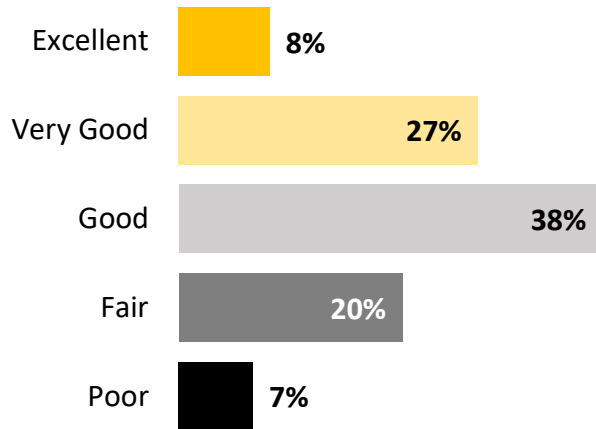


Table 28. Secondary Data on Adult Mental Wellness

Indicators	Sumner	Kansas	Source
Age-adjusted suicide mortality rate per 100,000 population, 2020-2022	27.9	19.3	KHM
Poor mental health among adults (Percent of adults reporting that mental health was not good on 14+ days in the past 30 Days), 2021	14.8%	15.6%	KHM
Mental health provider rate per 100,000, 2023	111	238	KHM

Substance Use

Survey respondents were asked about their personal beliefs related to substance use. More than three-quarters of respondents (83%) believe that substance use is a medical disorder requiring treatment just like other chronic diseases, as seen in Figure 15. Another 18% report disagreeing or strongly disagreeing with this statement. Respondents also report the belief that most people think less of a person who has been in treatment for substance use (72% agree or strongly agree). These factors combined may indicate that stigma against people with substance use disorder may be a necessary area of focus for Sumner County.

Figure 15. Beliefs About Substance Use

Substance abuse is a medical disorder that requires treatment, just like other chronic diseases such as heart disease and cancer. (n=234)



Most people think less of a person who has been in treatment for substance use. (n=225)



■ Strongly agree ■ Agree ■ Disagree ■ Strongly disagree

In Table 29 data shows a slightly higher percentage of adults smoke and a slightly lower percentage binge drink, as compared to the state. However, substance use among youth is higher in Sumner County across all indicators, as compared to the state. Table 30 shows secondary data on youth substance use, defined as the percent of 6th, 8th, 10th, and 12th graders using substances within the prior 30 days. Youth in Sumner County have higher percentages of alcohol, vaping, and marijuana use, and of binge drinking, as compared to the state.

Table 29. Secondary Data on Adult Substance Use

Indicators	Sumner	Kansas	Source
Adults who smoke	18.8% (2021)	16.7% (2020)	KHM
Adults who binge drink, 2021	16.9%	18.2%	KHM

Table 30. Secondary Data on Youth Substance Use

Indicators	Sumner	Kansas	Source
Youth alcohol use, 2024	8.9%	7.5%	KCTC
Youth vaping use, 2024	7.4%	5.2%	KCTC
Youth marijuana use, 2024	5.4%	3.2%	KCTC
Youth binge drinking (having 5+ consecutive drinks on at least on occasion in the past two weeks), 2024	5.4%	4.4%	KCTC

Dental Health

When asked in which county they seek dental healthcare, one-half report not seeking dental healthcare (52.8%), as seen in Table 31. Of those who do, about half seek dental healthcare in Sumner County (47.5%) and 39.6% go outside of Sumner County. When asked about the reasons they choose to seek dental healthcare outside of Sumner County, about half indicated they have established providers outside of the county (52.5%), as seen in Table 32. About one-third are not happy with the quality of services in Sumner County (33.8%), and one-quarter are not able to access the services they need (26.3%).

Table 31. County Where Dental Healthcare is Sought (n=202)

Healthcare County	Frequency	%
In Sumner County	96	47.5
Outside Sumner County	80	39.6
Both in Sumner County and outside of Sumner County	23	11.4
Doesn't Seek Dental Healthcare	105	52.8

Table 32. Reasons for Outside County Dental Healthcare (n=80)

Reasons for Outside County Dental Healthcare	Frequency	%
Have an established provider outside of Sumner County	42	52.5
Not happy with the quality of services in Sumner County	27	33.8
Not able to access needed services in Sumner County	21	26.3
Privacy reasons	5	6.3
Other*	16	20.0

*Other responses include providers not accepting insurance or Medicaid, lack of trust/confidentiality, preference for provider with more up-to-date technology, cost, and accessibility to home

Regarding overall ease or difficulty in accessing dental healthcare in Sumner County, and overall satisfaction with the quality of care, the highest percentage of respondents find it easy and are satisfied (48% each), as seen in Figures 16 and 17. However, consistent with feedback for general healthcare and mental healthcare in Sumner County, a sizeable majority report overall difficulty accessing dental healthcare (44%, difficult or very difficult) and overall dissatisfaction with the quality of available care (41%, dissatisfied or very dissatisfied).

Figure 16. Dental Healthcare Access (n=190)

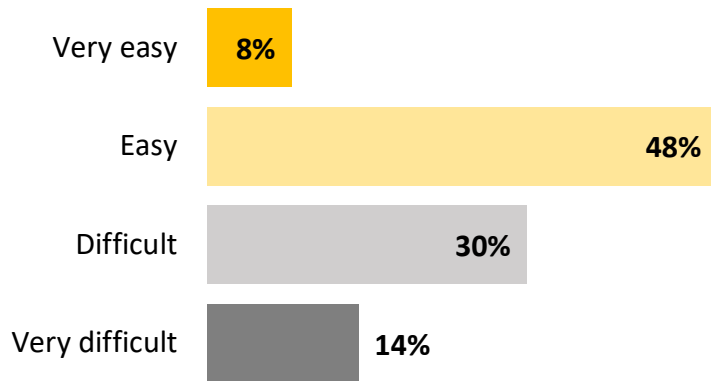
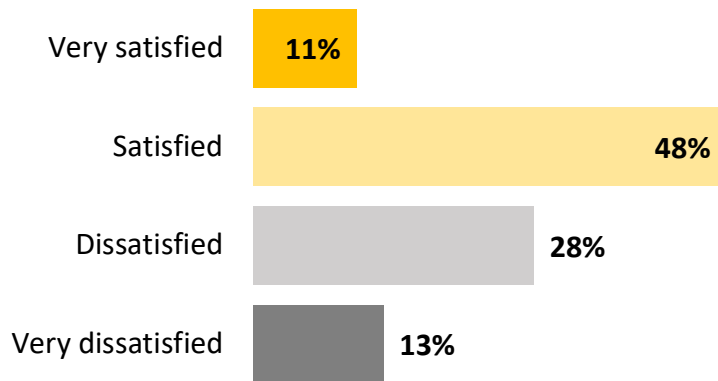


Figure 17. Dental Healthcare Satisfaction (n=190)



When asked about barriers to dental healthcare for themselves or their families, about one-third indicated their family does not experience barriers to dental healthcare (33.2%), as seen in Table 33. For those who do experience barriers, respondents most often indicated that their insurance does not cover what they need or is not accepted (24.6%) and a lack of providers and services in Sumner County (20.3%). Secondary data on ratio of dentists indicates a lower ratio of dentists in Sumner County as compared to the state, as seen in Table 34.

Table 33. Barriers to Dental Healthcare (n=187)

Dental Healthcare Barriers	Frequency	%
My insurance does not cover what I need and/or my insurance isn't accepted	46	24.6
Lack of providers/services in my community/Sumner County	38	20.3
Takes too long for an appointment/Can't get an appointment within 48 hours	26	13.9
Unable to pay co-pay/deductibles	24	12.8
Extended appointment hours (evenings, weekends) are not offered	23	12.3

Dental Healthcare Barriers	Frequency	%
I do not have insurance	16	8.6
No appointments are available	15	8.0
I cannot take time off work	11	8.0
I am uncomfortable seeking dental care	7	5.1
I am uncomfortable seeking care at facilities where I know employees	6	4.4
Don't know how to find providers/what services are available	5	3.6
I worry about confidentiality/inappropriate sharing of health information	4	2.9
No childcare available	4	2.9
Outstanding bill/payment	3	2.2
No personal transportation	2	1.5
Public transportation unavailable or hard to schedule	1	0.7
Not able to establish a regular provider to manage my care	1	0.7
I have to follow restrictive policies (e.g., formularies, monthly limits)	1	0.7
Lack of provider/staff follow-through on referrals, consults, etc.	1	0.7
I have tried to receive services before, but they did not help	6	4.4
Cultural or personal beliefs about dental care	49	35.8
English is not my preferred language	1	0.5
Other*	14	7.5
Not applicable - My household has not had any barriers	62	33.2

*Other responses include lack of pediatric services, lack of trying to access, poor quality services, insurance acceptance problems, cost, and stigma

Table 34. Secondary Data on Dentist Ratio

Indicators	Sumner	Kansas	Source
Dentist ratio (patients per provider), 2023	3753:1	1813:1	NPPES NPI

Additional Services Needed

When asked whether there are healthcare services that are needed but not available in Sumner County, more than half of respondents said ‘yes’, as seen in Figure 18. When asked which additional services are needed, many different options were indicated. The most commonly identified services are urgent care (46.9%), addiction treatment (42.9%), and mental health crisis services such as suicide intervention (41.5%), as seen in Table 35.

Figure 18. Are Additional Services Needed? (n=220)

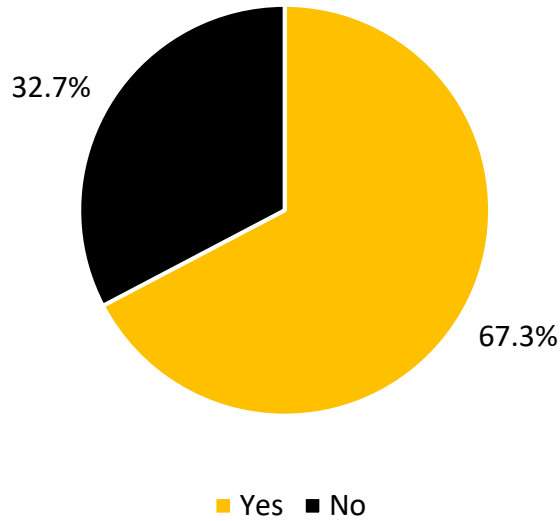


Table 35. Additional Services Needed (n=147)

Services Needed	Frequency	%
Urgent care	69	46.9
Addiction treatment services	63	42.9
Mental health crisis services (suicide intervention)	61	41.5
Non-emergency medical transportation services	55	37.4
Allergist	48	32.7
Surgery	46	31.3
Dermatology	45	30.6
Dietician/Nutritionist	42	28.6
Obstetric care	42	28.6
Pediatrics	40	27.2
Oral surgery	37	25.2
Behavioral health/counseling services	36	24.5
Imaging services	35	23.8
Endocrinology	33	22.4
Cardiology	32	21.8
Psychiatry	32	21.8
Rheumatology	32	21.8
Assisted living services	28	19.0
Ambulance services	26	17.7

Services Needed	Frequency	%
Services for children with disabilities	24	16.3
Oncology	18	12.2
Emergency room	17	11.6
Services for adults with disabilities	16	10.9
Physical therapy and rehabilitation services	9	6.1
Home health assistance	8	5.4
Immunization services	2	1.4
Hospice	1	0.7
Other*	8	5.4

*Other responses include dental support for uninsured, substance use detox facility, hospital, integrative medicine, nephrology, speech therapy, and greater availability of all services

Additional Services for Children and Adults with Disabilities

Respondents were asked to explain what services were not available for children or adults with disabilities. Common themes were the need for: 1) specialized services (e.g., OT, SLP, PT), 2) mental health and behavioral support services, and 3) special programs and trained providers in schools.

Lack of Specialized Services. Availability of specialized services for adults and children with disabilities was a major concern. Respondents overwhelmingly noted a lack of specialized services in the community: “Speech and occupational therapy for children and adults with disabilities is not available unless it's provided to children during the school months at the school for children but that's it.” There was also a call for “specialized therapists for kids with rare conditions.” Other services mentioned were Applied Behavior Analysis (ABA), Physical Therapy, and Speech-Language Pathology. Respondents noted having to drive to Sedgwick County or other communities to access services. One family had to choose between prioritizing school or services for their child with autism because appropriate services were not available. Their story reflects the significant burden of having to travel long distances for essential care:

“We had to drive 100-200 miles a day for our child with autism to receive ABA therapy for five years. It was a heavy burden on our family financially and timewise. Ultimately, even though she could still use and does qualify for ABA services, we had to choose between school to get academics or ABA for behavioral therapy. We choose to place her full time in school, but she would benefit more if we were able to access ABA therapy at home or in a center closer to [us] where driving wouldn't cut into school hours and reduce instruction time.”

Respondents noted a lack of diagnostic services and the potential negative impact this can have, “Kids with [disabilities] often don't get the help they need whether in education or in healthcare and many kids get misdiagnosed with autism or ADHD when it's something else

and it effects [sic] them for the rest of their life.” Other needs mentioned for people with disabilities were job training and employment services, supervised living and transitional housing opportunities, transportation services, and education classes for parents of children with special needs or behavior issues.

Mental & Behavioral Health Services. Another common theme was the need for affordable mental health and behavioral support services, including crisis and recovery services: "We need mobile crisis units" and a "crisis center, recovery center for people with mental illness to stabilize" indicating a need for immediate and longer-term support for mental health needs. There were also concerns about the needs of homeless individuals. As one person suggested that "access to mental health assistance and homeless assistance for adult men is non-existent in this county" highlighting the shortage of services for mental health and homelessness.

Concerns were raised about the difficulty in accessing mental health services and difficult process to obtain financial assistance. As noted, "HCBS funding is ridiculously difficult for people to get services due to wait list. Mental health services in general are ridiculous. People with mental health issues that do not have someone to advocate for them do not stand a chance with getting any kind of help." Access to services is often impeded by financial barriers. One respondent mentioned, "My employer-provided insurance will not cover my teenage daughter's therapy appointments till we hit our deductible. It's costing me thousands of dollars a year."

School-Based Supports & Resources. Finally, respondents mentioned a need for specialized therapies and trained providers in schools to address the educational and behavioral needs of children with disabilities and special needs. There was a clear call for "properly trained staff to handle children with behavioral issues" in school. One respondent noted "children with anger management issues in public school classrooms [cause] disturbances in [the] learning environment, intimidating and scaring teachers. High turnover. Not enough specialists at the alternative school who are properly trained for behavioral mental health."

These themes illustrate a need for more specialized support services people with disabilities, expanded and affordable mental health services, and special need programs and trained caregivers in schools.

Final Thoughts to Share

Respondents were asked if there was anything else they'd like to share about their health needs or those of their family. In addition to echoing the themes mentioned above, responses reflect concerns about the availability and quality of medical services, a need for crisis intervention services, affordability and health insurance, and accessibility.

Medical Provider Shortages. There is frustration with the lack of available medical care, including specialists: "We need more specialist here in town". Respondents frequently noted having to travel to Sedgwick County or surrounding areas for care. They noted having trouble getting in to see doctors and long wait times for appointments.

Quality of Hospital Services. Concerns about the quality and accessibility of current medical services were expressed, such as not having a doctor on site at the hospital in Caldwell, "Right now I feel our new hospital is not much more than a first aid station." Statements such as "Ascension healthcare needs to be changed to a different healthcare in the ER and clinic" and "The hospital needs to do more than stabilize you and send you to Wichita" reflect dissatisfaction with local healthcare facilities.

Need for Crisis & Recovery Programs. There is a call for better crisis intervention and recovery services. "Sumner County would benefit from a more robust intervention program for drug dependence" and "We need mobile crisis units" reflect the urgency for improved crisis management and support systems.

Transportation & Accessibility. Accessibility is a major concern, with requests for better infrastructure and transportation options. "Wellington needs sidewalks! Especially ADA!" and "Very limited public transportation available handicapped or disabled" highlight the need for improved physical access and transportation for people with disabilities.

Cost of Healthcare. There are concerns about the affordability of healthcare services. "Health insurance is too expensive" and "The cost of x-rays is absolutely out of this world" reflect the financial burden of accessing necessary medical care.

Insurance & Medicare. Issues with insurance coverage were also noted. "A lot of health services in Sumner County have opted out of Medicare insurance" highlighting problems with insurance accessibility and coverage. One participant suggested, "If you don't have insurance, you are treated as if you are less than human" indicating the challenges in accessing quality care, especially for those without insurance.

Appendix



Summer County
HEALTH SURVEY

What does our community need to serve you better?

Complete the survey
by May 31

SCAN ME! 

In partnership with:

Questions? 316.978.3714 or tara.gregory@wichita.edu



Community Listening Sessions

Summer County
HEALTH SURVEY

Two Sessions:

July 17, 2024 @ 10 am
Cowley College - Sumner Campus
2208 Davis - White Loop
Wellington, Ks

July 17, 2024 @ 2 pm
KanOkla Downtown
21 N Main St
Caldwell, KS

In partnership with:

About CEI

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