

HARVEY COUNTY, KANSAS

COMMUNITY HEALTH NEEDS ASSESSMENT

2020



SAND CREEK STATION - NEWTON, KS

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EXECUTIVE SUMMARY

DETERMINING THE FUTURE AND PRESENT NEEDS OF THE COUNTY

This report assesses the principal health needs and issues of Harvey County through a comprehensive, systematic process that results from vast data collection and analysis. Using principles such as collaboration, engagement, transparency and evidence-based practices a community health needs assessment (CHNA) is used to appropriately address current and future needs of any community. This report will address key problems as well as assets related to community and individual health within Harvey County.

Two phases of data collection were used within this report: secondary and primary data analysis. Primary data is qualitative data that has been collected by a researcher using first-hand, primary sources. Sources include surveys and focus groups. Secondary data is quantitative data that has been collected from other individuals and institutions. Sources include objective studies or surveys. The final step in the community health needs assessment is establishing a team with diverse backgrounds and expertise to make evidence-based decisions in selecting appropriate health priorities, using above data, that will drive forward the health priority efforts of the community, thus creating a Community Health Improvement Plan (CHIP).

To understand the unique characteristics and needs of a community, all populations must be recognized and represented. These populations may include those of a particular age, ethnicity, race, those without health insurance coverage and many more. Every population adds to the true diversity of the community they live and work. By addressing the populations within Harvey County, all backgrounds are represented and heard in order to portray a more accurate report.

The Healthy People 2030 Action Model (see page 5) was adopted by the core team as a comprehensive model for our assessment. Cultivating healthier environments, increasing knowledge and action, and closing gaps will lead to improved health and well-being across the lifespans. Actionable data (as in this report), evidence-based interventions, and strategic resources must be garnered, identified, and appropriately employed to meld the elements for inclusivity and success.

As a product of the 2020 Harvey County Community Health Needs Assessment, conducted by the core team in collaboration with local stakeholders, community leaders, and other county residents, three health priorities were identified as the focus for Harvey County's health initiatives for the timeframe July 2020- June 2023. The data collected in this report, along with the health priorities, will be used for

selecting SMART (Specific, Measurable, Achievable, Relevant, and Time-bound) goals. These goals will drive the Harvey County's Community Health Improvement Plan (CHIP) development. To address these community health priorities, the stakeholders will identify lead agencies to guide the planning and implementation of evidence-based policy, systems, programs, and environmental changes designed to produce successful health-changing outcomes within three years.

HEALTH PRIORITIES IDENTIFIED BY THE 2020 HARVEY COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT:

1. Prevent and Manage Chronic Diseases

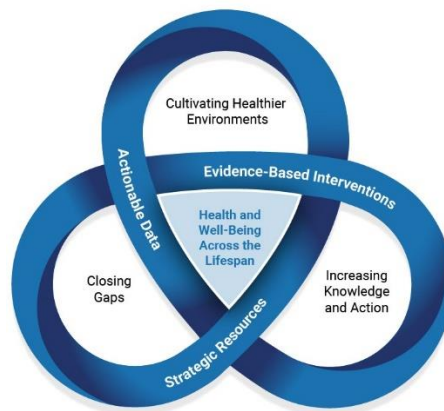
Key indicators of need were improving prevalence and outcomes of chronic diseases, such as diabetes and heart disease, and improving health literacy aided by adoption of digital connectivity and data.

2. Increase Mental Health and Behavioral Health Services and Education

Depression and substance misuse were key indicators from data and perceptions.

3. Increase Economic Stability

Areas of employment, food insecurity, housing instability, and poverty were key indicators.



Source: *Recommendations for Implementation and the Framework Graphic for Healthy People 2030, Secretary's Advisory Committee, Report #8, Appendix 1-page 19.*

HARVEY COUNTY ASSETS

With 15 townships, Harvey County has a substantial number of assets that build on our history, creativity, and uniqueness of who we are. Business, education, agriculture, parks and recreation, and local employers add to the dimension and exponential opportunity of living, working and playing in Harvey County. With a population of 34,210, our workforce, recreation, and tourism assets create distinctive opportunities for residents and visitors alike.

One long-standing employer in Harvey County is the railroad industry, which provides a strong employment base. Newton facility serves as a train maintenance hub, Train traffic is a reminder to all residents of the economic impact the rails bring to the county. Agriculture and farming have a strong history in Harvey County. Ardent Mills, America's leading supplier of flour, as well as other agriculture manufacturers reflect employment opportunities that also provide sustainable living. Farmers utilize a number of acres to produce food for animals, residents and many outside of the county, state and in the world. [Additional large employers related to agriculture is AGCO, manufacturer of tractors and agricultural implements, and Excel Industries, maker of the Hustler lawn mower.](#)

Another pillar of the community is the education entities that are equipping our children as well as those continuing their education for trades and other future employment. Two four-year colleges, one community college, a learning center for those completing general education development or diploma requirements, five unified school districts, private schools, early education program, Head Start and special education cooperative demonstrate the extensive opportunities our residents have to better their education. These wide-ranging business and industry operations enable a skilled workforce with strong ethics.

Employees spend a large portion of their day at the workplace, so Harvey County employers are working to create healthier worksites with the help of the WorkWell KS evidence-based model. Those improvements include consciously focusing on stress, tobacco-free job sites, increased physical activity, and healthier food options at worksites. These changes have shown direct links in increased productivity and reducing absenteeism while also potentially reducing healthcare costs.

Other noted businesses and services fill Harvey County. A couple examples are the locally-owned Burrton restaurant theBarn and visitor attraction the Historic Warkentin House. Each township has a low-income housing unit or authority that assists individuals with disabilities and those with lower paying jobs.

Open to anyone, parks and recreation allows for residents and visitors to explore the county. Each town has no less than one park and walking paths available for its residents to enjoy in addition to three county parks. A number of the towns are implementing bicycle and pedestrian plans.

Investment from Kansas Department of Transportation and Blue Cross Blue Shield Pathway to a Healthy Kansas are examples of grant funds coming into the county from private, local, state and federal funds based on the collaborative work of organizations. The Healthy Harvey Coalition is the overriding entity that coordinates nine specific health teams and interacts with four entities with health-related missions. This coalition reduces duplication of efforts and extends and efficiently uses resources.

One example of an entity is DF-Y (the drug-free youth coalition). DF-Y is represented by twelve community sectors with a mission to reduce the use of drugs by youth while changing the perception of youth drug use. Among those twelve sectors include a youth presence with STAND; youth prevention group of Mirror, Inc. – prevention and treatment center. Additionally, DF-Y provides strong leadership opportunities that benefit and enable our children and youth to better understand themselves while also building life skills. One major success in 2019 from STAND youth and DF-Y's collaboration with other local, regional, state, and national health partners was a T-21 ordinance introduction and passing by Newton City Commission. Effective July 1, 2020, this ordinance prohibits the sale of all tobacco and nicotine products to persons under the age of 21. The T-21 ordinance enforcement will be directed to the seller, as not to deter efforts of education and intervention for the youth.

Harvey County has a substantial number of faith-based organizations. Those organizations include 76 churches, four Ministerial Alliances, one Inter-faith Council and a Chaplain Community Response Team.

Where safety and health are concerned, Harvey County has a number of resources. Law enforcement and Fire/EMS are readily available to each community. Healthcare partners from the non-profit hospital- Newton Medical Center, a federally qualified health center - Health Ministries Clinic, and the Harvey County Health Department work collaboratively to serve our residents. The county has eight long-term care facilities providing independent and assisted-living options along with nursing home care.

The service headquarters for region and state-serving health agencies are headquartered in Harvey County. Prairie View, Inc. is the Community Mental Health Center of Harvey County and serves individuals' mental health needs by both treatment and prevention education. Prairie View's offices are in Newton with other locations in neighboring cities of Wichita, McPherson and Marion. Mirror, Inc. is a substance abuse treatment center along with a model-based prevention center serving the state. Also serving the mental health and/or behavioral health needs in Harvey County are Offender-Victim Ministries and Substance Abuse Center of Kansas.

Assets of the county judicial system include intake, Community Correction and the court systems who, with joint efforts, work to change the behaviors and build up the communities. These entities are currently investigating initiation of a drug court to reduce recidivism and assist those needing treatment, not jail time.

Resources that show more collaborative spirit in Harvey County are from two distinct groups. Harvey County Food and Farm Council is working to make healthy and local food accessible to all who live here. These individuals are also building the local economy by connecting producers with the consumers to keep fresh, local food in the county. The other group is the Harvey County Resource Council. From senior centers, libraries, early childcare providers, to shelter representatives and beyond, the Harvey County Resource Council is made up of non-profit, social service and education entities serving county residents. The council meets monthly to collaborate, not duplicate, services examining the needs of the clients and residents which find ways to meet those individuals where they are and lend a helping hand – which all makes for a stronger, vibrant Harvey County.

METHODS

COMMUNITY HEALTH SURVEY

Community health survey participants were required to be Harvey County residents 18 years of age or older. The survey was promoted by the Community Health Needs Assessment (CHNA) Core Team and community stakeholders using flyers, social media postings, public announcements, pop-up tents at towns' library computers, and organization-wide e-mails. Participation was voluntary, and no incentives were given. Public libraries provided free internet access to complete the survey.

The Harvey County Community Health Survey, developed by the Harvey County CHNA Core Team, was a 41-item survey expected to take approximately seven-to-ten minutes to complete. The survey included five community health questions regarding perceptions of overall health in Harvey County, 19 personal health questions regarding health behaviors within the past 12 months, eight quality-of-life questions (such as the availability of safe paths to walk and exercise and access to health food), and eight demographic questions including sex, age, race, ethnicity, education, income, zip code, and residency. Of the 41 questions, eight were multiple responses, 22 were multiple choices, 10 were yes/no responses, and one was an open-ended response. Responses to the survey were collected on Harvey County's Survey Monkey account.

The electronic survey, in English and Spanish, was open from Tuesday, January 7, 2020 through Monday, January 27, 2020. While the survey was open additional promotion was made with social media postings and organization-wide e-mails sent by stakeholders. The electronic community health survey utilized convenience sampling and could be accessed online either by following a hyperlink or QR (Quick Response) code. In addition, the community survey was translated to Spanish to remove language barriers and promote inclusion among Harvey County residents. After the closing of the Harvey County Community Health Survey on January 27, 2020, Survey Monkey data analysis tools were used to assess descriptive statistics including frequencies and percentage questions. The general comments of respondents to comments and open-ended questions were analyzed using word analysis tools of Survey Monkey to count the frequency of words or phrases. Participant demographics were analyzed, including age, education, income, gender, race, ethnicity, zip code, and residency duration. Demographics were compared to local US Census data to determine percent of outreach through the survey.

FOCUS GROUPS

After the demographics comparison was complete, areas lacking in representation were males, ethnicity of Hispanic, lower income level, and individuals with an education of high school degree or less. Harvey County CHNA Core Team members then arranged to conduct two focus groups. Community members trained in focus group facilitation and note taking were recruited to serve as facilitator and recorder. Focus groups included Circle of Hope, a community initiative that supports families in reaching stability through education, mentoring, communal activities and dining; and New Jerusalem Missions, a ministry that serves males who are homeless, suffer from addiction, experiencing illness or coming from a previous incarceration.

Focus groups were conducted by a facilitator who followed a script that utilized the four community-oriented questions of the community health survey in an open-ended format to facilitate discussion and the identification of health priorities. Each group lasted between 60 and 90 minutes. The Circle of Hope group had 23 participants with six males and 17 females; one Hispanic and 22 White. No education-level data was recorded. New Jerusalem Missions group consisted of six males; three African American and three White. The recorder was responsible for identifying and recording major themes of the discussion and sending reports to the Harvey County CHNA Core Team.

SECONDARY DATA ANALYSIS

Information collected in the secondary data analysis came from reputable sources such as the U.S. Census Bureau, Kids Count, and the Behavioral Risk Factor Surveillance System that previously surveyed Harvey County residents by phone, mail, or interview.

Data related to the selected indicators were accessed through public health databases and user-friendly data dashboards such as *Kansas Health Matters*, *County Health Rankings*, accesskansas.org, and Kansas Communities that Care. This collection of secondary data included demographic, economic, and health outcome indicators for Harvey County.

Health indicators were accessed through secondary data selected by the Harvey County CHNA core team to include items of interest, Healthy People 2020, and those recommended by the Centers for Disease Control and Prevention (Boothe, Sinha, Bohn, & Yoon, 2013).

Aggregate univariate data were collected from multiple, reliable data sources for descriptive statistics. References for all data are at the end of this narrative.

SECONDARY DATA ANALYSIS

County Demographics:

Harvey County has a population of 34,210, which demonstrates a decrease in population since the previous Community Health Needs Assessment (U.S. Census Bureau, 2018). The gender distribution continues to remain reasonably equal. The median age in Harvey County has trended upward since the previous assessment at 39.5, which is higher than both Kansas (36.5) and the United States (37.9), overall.

The racial diversity of Harvey County represents a majority identifying themselves as White (95.0%). This racial identifier trends higher than both Kansas (87.8%) and The United States (75.5%). Hispanic populations in Harvey County (11.8%) are higher than Kansas but less than the United States (17.8%), according to the U.S. Census Bureau, 2018: ACS 5-Year Estimates.

Harvey County, KS Demographics

Indicator	2010		2013		2015		2018	
Population	34,150		34,722		34,835		34,210	
Gender	M/16,405	F/17,745	M/16,704	F/18,018	M/17,026	F/17,809	M/17,200	F/17,355
Median Age	38.7		38.5		38.6		39.5	
Race (White)	31,070 (91.0%)		32,181 (92.7%)		32,367 (92.9%)		32,826 (95.0%)	
Race (Hispanic)	3,536 (10.4%)		3,782 (10.9%)		3,951 (11.3%)		4,078 (11.8%)	

(U.S. Census Bureau, 2018)

Harvey County, KS Population Comparison

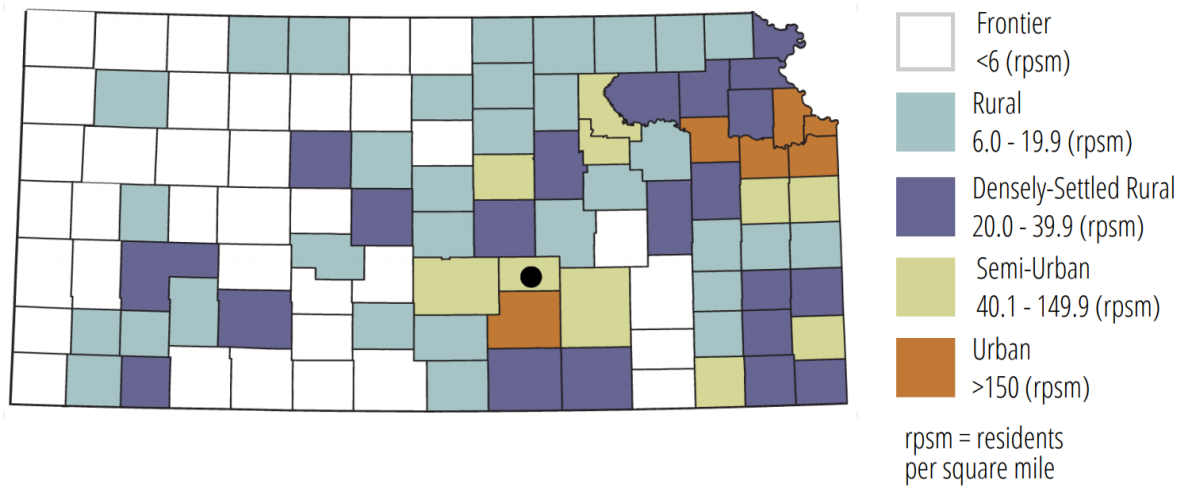
Indicator	Total Population	Gender		Median Age	Race (White)	Race (Hispanic)
Harvey County	34,555	M/17,200	F/17,355	39.5	32,826 (95.0%)	4,078 (11.8%)
Kansas	2,908,776	M/1,449,413	F/1,459,363	36.5	2,553,447 (87.8%)	340,616 (11.7%)
United States	322,903,030	M/158,948,190	F/163,918,840	37.9	243,832,540 (75.5%)	57,517,935 (17.8%)

(U.S. Census Bureau, 2018)

The 2019 Kids Count provides an annual representation, statewide, of how children are doing, while also comparing the data on a county level. Harvey County is considered a semi-urban population layout with 40.1 -149.9 resident per square mile.

Within the state of Kansas, Harvey County is one of ten total semi-urban counties, with only six boasting larger population layouts. The remaining 89 counties having fewer than 39.9 residents per square mile (being either densely-settled rural, rural or frontier).

Population Layout: County Peer Groups



(2019 Kids Count, Harvey County)

Socioeconomic Factors:

Harvey County has a median household income of \$55,687, which boasts an increase since the previous Community Health Needs Assessment, and an overall trending increase since 2010 (U.S. Census Bureau, 2018). In 2017, however, the United States listed a median household income of \$61,372 (U.S. Census Bureau, 2017). This indicates that even with a continuous increase in median income, Harvey County still falls behind the average median income of the United States.

Lack of health insurance and those living below the poverty level also play a significant role on the health and socioeconomic impact on Harvey County residents. Health insurance determines when and whether individuals will get the necessary medical care, which, in turn, determines how healthy they are. Without health insurance, individuals are more likely to postpone or eliminate health care and maintenance, which can result in poor outcomes such as worsening or undetected chronic medical conditions. According to the *Kaiser Family Foundation analysis of the 2017 National Health Interview Survey*, individuals who are uninsured are three times more likely to bypass a primary care or specialty clinic visit than those who are insured.

Harvey County is showing positive improvements in individuals with no health insurance (6.2%) and those below the poverty level (11.2%). Both data points indicate a trend downward since 2015, and for individuals with no health insurance, this expresses a continuous decline since 2013 (U.S. Census Bureau, 2018).

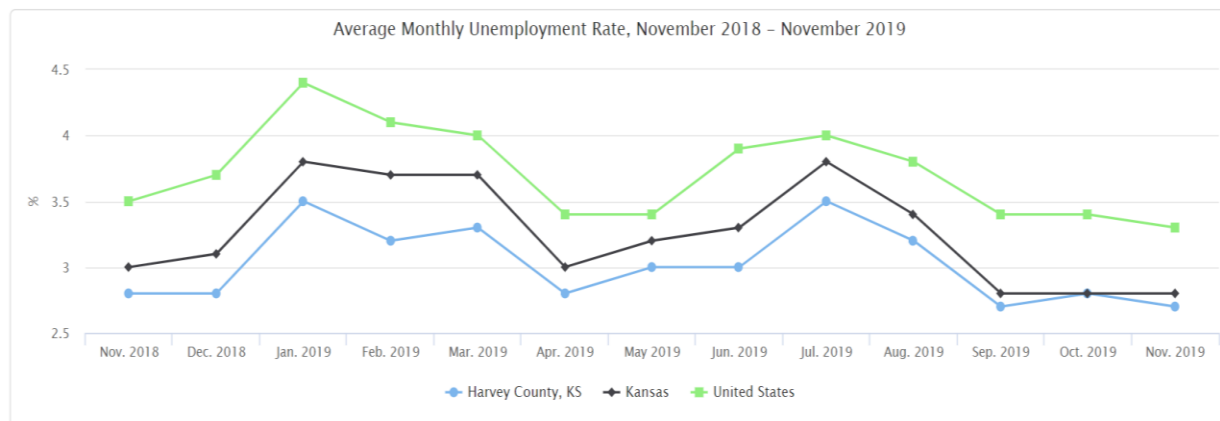
Income, Health Insurance & Poverty Analysis

Indicator	2010	2013	2015	2017
Median Income	\$46,604	\$50,287	\$51,327	\$55,687
No Health Insurance	N/A	10.3%	8.8%	6.2%
People Below Poverty Level	N/A	12.8%	13.2%	11.2%

(U.S. Census Bureau, 2018)

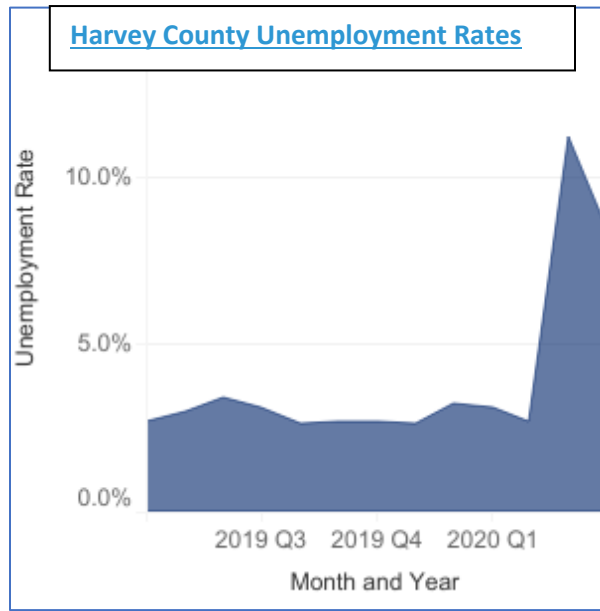
Another indicator of the socioeconomic needs of a community is the number of unemployed individuals. The Average Monthly Unemployment Rate graph was created using the *Community Commons, Community Health Needs Assessment Reporting* tool. Harvey County, as well as Kansas and the United States, have seen a decrease in the overall unemployment rates since 2018. ~~Overall, Harvey County follows the trends of Kansas and the United States, but continues to have fewer total unemployment cases within the community. Unfortunately, due to the COVID-19 pandemic March 2020, unemployment rates rose to 4.4% and 701,000 jobs lost nationwide (United States Department of Labor). In lieu of the pandemic, the third Harvey County Health Priority, increasing economic stability, appears more appropriate than ever moving forward.~~

Unemployment Rate



(Community Commons, CHNA Report)

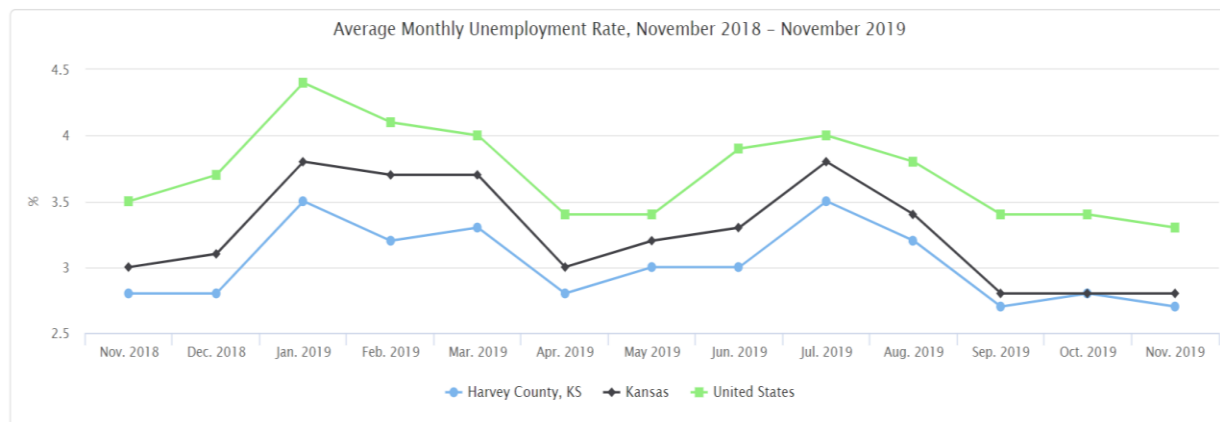
~~Unfortunately, due to the COVID-19 pandemic March 2020, unemployment rates rose to 4.4% and 701,000 jobs lost nationwide (United States Department of Labor). Kansas Department of Labor data show the dramatic change in unemployment rates in Harvey County. In March 2020, county unemployment rate was 2.7%, rising to 11.2% in April and then down to 7.1% in July.~~



Month: July
2020
County: Harvey
Labor Force: 16,963
Employed: 15,760
Unemployed: 1,203
Unemployment 7.1%
Rate:

(Kansas Department of Labor)

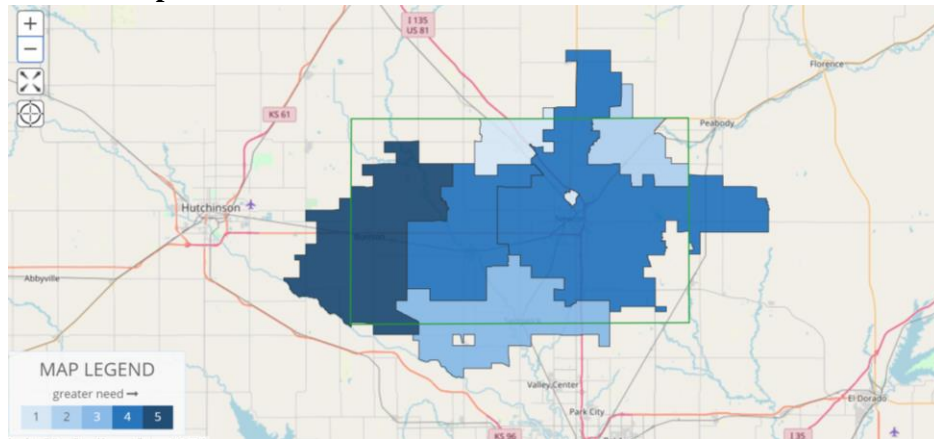
Unemployment Rate



(Community Commons, CHNA Report)

The Economic Variables Map of Harvey County, shown below, was created using the 2020 SocioNeeds Index, created by the Conduent Health Communities Institute and maintained by *kansashealthmatters.org*. As indicated on the map legend, one represents low need while five represents an area of great need. Harvey County shows a full scale of socioeconomic needs based on this geographical representation, in the graphic below, with the highest needs in the west region of the county or zip code 67020.

Economic Variables Map



(Kansas Health Matters, 2020)

Another important socioeconomic factor is food insecurity, which is a household's failure to supply nutritionally adequate food for every individual to lead an active and healthy lifestyle. Food insecurity provides ways to assess and measure the risks of hunger in each community and the United States. Unemployment and poverty provide excellent predictors of the food insecurity in a community. Food insecurity can also be connected with various chronic health problems such as diabetes, heart disease, etc.. According to *Feeding America*, one in every nine people struggle with hunger in the United States. A similar study by the *Food Research and Action Center* found that one in four Americans worry about if they will be able to provide adequate meals for their family within the next year.

In the table below, Harvey County displays an 11.6% food insecurity rate, which is lower than both Kansas and the United States. One connection to the lower number could be the average living costs in the county is much lower than that of the United States (U.S. Census Bureau, ACS 5-year Estimates).

Food Insecurities 2017

HARVEY COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT

Indicator	Total Population	Food Insecure Population, Total	Food Insecurity Rate
Harvey County	34,683	4,023	11.6%
Kansas	2,913,123	369,967	12.7%
United States	325,084,756	40,635,595	12.5%

(Kansas Health Matters, 2017)

In Kansas, the eligibility for reduced or free lunches for students is dependent on income guidelines and household size. Harvey County's participation in the National School Lunch Program has decreased since the 2016-2017 school year from 48.8% to 47.0% in the 2019-2020 year. This trend downward could work in correlation with table shown previously indicating a higher median income trend for Harvey County.

Although there is a continuous trend downward, Harvey County still falls behind Kansas showing a greater need and dependence on free and reduced-price lunches. This could be explained by the fact that Harvey County's median income is still less than Kansas' overall median income, delegating a greater need for the community than the state (U.S. Census Bureau, 2018).

Student Eligibility for Free/Reduced Price Lunches

Indicator	Total Students	Number of Free/Reduced Lunch Price Eligible	Percentage of Free/Reduced Lunch Price Eligible
2016-2017			
Harvey County	6,012	2,933	48.8%
Kansas	517,336	240,835	46.6%
2017-2018			

Harvey County	6,025	2,918	48.4%
Kansas	518,712	240,725	46.4%
2018-2019			
Harvey County	6,043	2,830	46.8%
Kansas	518,836	237,248	45.7%
2019-2020			
Harvey County	6,025	2,830	47.0%
Kansas	518,889	236,892	45.7%

(Kansas Department of Education)

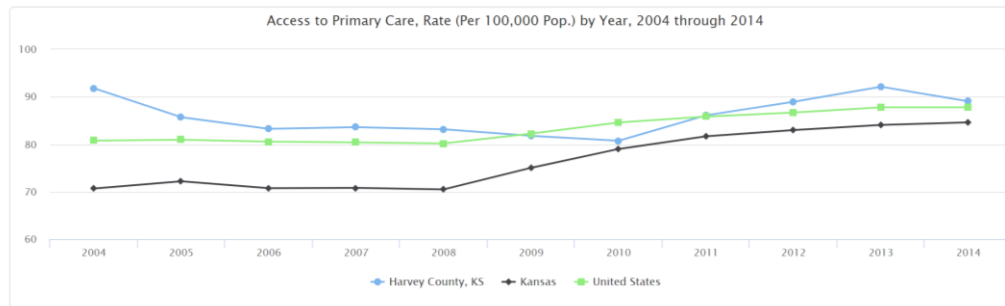
Health Outcomes:

Access to health care services is a crucial component in promoting and maintaining health in a community. Other benefits such as preventing disease, reducing premature deaths and disabilities as well as attaining quality healthcare for all members of a community and the United States depend on the availability of healthcare options within and around a community. Certain factors such as insurance coverage, geographical convenience and a trusted relationship with a provider are key components to creating and sustaining a healthy community. Healthcare impacts many areas of life such as physical, mental, and social health.

The graph below shows the geographical access to primary care (a healthcare at a basic rate rather than a more specialized level). Harvey County boasts a higher than average availability than both Kansas and the United States, while also following the slightly upward trend since 2011. The table below indicates the rate per 100,000 primary care physicians in an area. Harvey County, again, shows a greater representation of primary care providers than both Kansas and the United States.

Health Care Access

HARVEY COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT



(Community Commons, CHNA Report)

Health Care Access, 2017

Indicator	Total Population	Primary Care Physicians (2017)	Primary Care Physicians, Rate per 100,000 Population
Harvey County	34,413	29	84.7%
Kansas	2,910,869	2,250	77.3%
United States	325,147,121	249,103	76.6%

(Community Commons, CHNA Report)

As mentioned above, insurance creates and maintains a healthy community. Without health insurance, individuals are less likely to receive proper and timely medical care which may results in poor or worsening health outcomes. The Affordable Care Act searched for gaps found in the healthcare system, which extended Medicaid coverage to those below the poverty level. Those most likely to be uninsured are adults 18-64, who are in working families with low income (Kaiser Family Foundation). The uninsured populations in Harvey County are highest in the 18-64 age group (12.82%), while those under 18 have a higher uninsured population than both Kansas and the United States at 6.54% (*Community Commons*). The middle age group percentage supports the claim that those in that specific age class provide the highest levels of uninsured populations.

Uninsured Population by Age Group, Percent

Indicator	Under Age 18	Age 18 - 64	Age 65 +
Harvey County	6.54%	12.82%	0.00%
Kansas	5.15%	12.88%	0.44%
United States	5.22%	13.16%	0.82%

(Community Commons, CHNA Report)

The Centers for Disease Control and Prevention (CDC) defines chronic conditions as those that last more than one year which require continued medical attention and limit daily activities. Heart disease, cancer, and diabetes are the leading causes of disability and death in the United States and have cost the nation \$3.5 trillion in annual health care costs. The CDC also reports that six out of every ten adults in the United States have a chronic~~ornie~~ medical condition, while four in ten experience two or more. Risky behaviors such as tobacco use, poor nutrition, lack of exercise, and alcohol use can contribute to the advancement and onset of chronic diseases (Centers for Disease Control and Prevention). Moving forward, the Healthy People 2030 framework has established overarching goals that progress for all individuals, young and old, working towards a life free of preventable diseases, such as chronic conditions. This also further emphasizes one of the 2020-2023 Harvey County Community Health Priorities: prevent and manage chronic diseases.

Cholesterol can be broken down into two categories, blood cholesterol and dietary cholesterol. Blood cholesterol is a fat-like substance made by the liver while dietary cholesterol is found in animal products. Cholesterol travels through the body on lipoproteins. There are two different types of lipoproteins, low-density lipoproteins (LDL) or high-density lioproteins (HDL). LDL proteins are often referred to as “bad” cholesterol because it raises the risk for heart disease and stroke, two common chronic diseases. HDL is often referred to as “good” cholesterol because it can act to lower the risk of stroke and heart attack. In the 2017-2020 Community Health Needs Assessment, the cholesterol goals were to reduce adults with high cholesterol to 13.5%. Harvey County unfortunately did not meet this goal, however the county did make great strides of improvement from 2015 to 2017, decreasing population high cholesterol by about 10%. Harvey County made the biggest improvement over Kansas and the United States of the three chronic diseases listed below from 2015 to 2017.

Chronic Conditions

Indicator	High Blood Pressure	Diabetes	High Cholesterol
2015			
Harvey County	33.6%	9.8%	39.7%
Kansas	31.6%	9.7%	37.4%
United States	31.9%	10.4%	37.1%
2017			

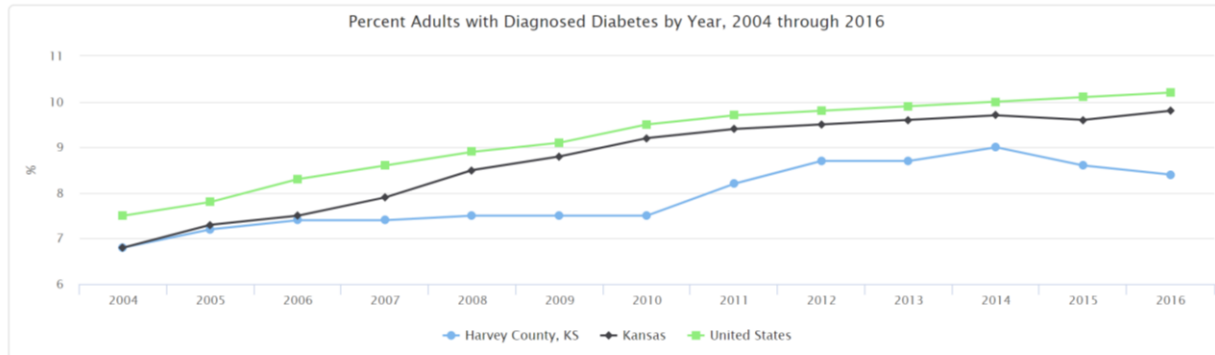
HARVEY COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT

Harvey County	30.2%	10.4%	29.8%
Kansas	32.8%	10.5%	34.1%
United States	32.4%	10.8%	34.1%

(Kansas Health Matters)

One of the objectives of Healthy People 2020 was to reduce the number of annual new cases of newly diagnosed diabetes within a population, which is also a continued objective of the Healthy People 2030 framework. According to the *American Diabetes Association* there are 1.5 million Americans who are diagnosed with diabetes each year, however there are an estimated 7.3 million currently undiagnosed. According to the ~~below~~ graph, below, Harvey County has shown to have lower percentages of individuals diagnosed with diabetes than both Kansas and the United States, with ~~a~~ the county showing a downward trend since 2014. In 2017, The Kansas Department of Health and Environment found ~~in 2017 that~~, the percent of adults with diagnosed diabetes for Harvey County was 10.4%, and in 2015, it was 9.8%. Notable to Harvey County is a federally-qualified health center (Health Ministries Clinic) who focuses ~~on and providers whose focus is to~~ addressing the diagnosing of e-diabetes and relationships of, rates of obesity. ~~presence of endrocrinology~~ [KB1][LR2].

Diagnosed with Diabetes per Year



(Kansas Health Matters)

Physically active adults are able to significantly reduce their risks of chronic conditions like type 2 diabetes, heart disease, cancer, depression, anxiety, and dementia. One of the most modifiable risks in the prevention of type 2 diabetes is obesity. Adult obesity is defined as a BMI 30.0 or greater while overweight is a BMI between 25.0 and 30.0. Healthy People 2020 also set a goal of reducing obesity in adults to 30.5%, while also setting a goal of 20.1% of adults meeting the physical activity recommendation.

According to the two tables below, Harvey County significantly reduced the total number of adults who were overweight by 6.2% from 2015 to 2017, however the county still did not reach to recommended goal of 30.5%. The total adults who met the physical activity recommendation rose, from 2015 to 2017, again, not meeting the goal but nevertheless still making strong improvements towards a healthier community.

The following table relates to “Issues with Weight” because this explains the “why” behind why some individuals are not meeting the recommended activities. This also introduces the idea that mental health plays a key role in physical health. Often times the mind and body are considered as separate entities, however the two coincide. For example, depression has been linked to an increased risk of coronary heart disease. Harvey County has seen improvement from 2015 to 2017, which can also connect to the improved statistics of those meeting the physical activity recommendation.

Issues with Weight

Issues of Weight	2011	2013	2015	2017
Percentage of Adults who are Overweight	29.8%	37.5%	38.1%	31.9%
Percentage of Adults who are Obese	36.8%	28.7%	36.9%	32.1%
Meet Physical Activity Recommendation	12.6%	17.5%	17.1%	18.3%

(Kansas Health Matters)

Poor Physical or Mental Health Kept from Doing Usual Activities, 2017

Indicator	2011	2013	2015	2017
Weighted percentage of adults who reported their poor physical or mental health kept them from doing their usual activities, such as self-care, work or recreation in the past 30 days	39.0%	41.5%	41.5%	40.0%

(2017 Kansas Behavioral Risk Factor Surveillance System Local Data, Harvey County)

According to the CDC, only one in every ten adults consumes enough fruits and vegetables and those who live in impoverished communities get the fewest fruits and vegetables. The federal guidelines currently recommend adults consuming at least 1.5 to 2 cups of fruit and 2 to 3 cups of vegetables per day. Without following these recommended guidelines adults are putting themselves up for yet another risk of chronic diseases. Some barriers that limit individuals from consuming the recommended portions are high cost, availability, and lack of knowledge on preparation. In Harvey County, only 20.6% of adults met the recommended guidelines of fruit and vegetables, leaving 79.40% not consuming the correct amount.

Fruit/Vegetable Consumption

Location	Total Adults w/ Inadequate Fruit/Vegetable Consumption	Percent Adults with Inadequate Fruit/Vegetable Consumption
Harvey County	19,991	79.40%
Kansas	1,682,223	80.90%
United States	171,972,118	75.70%

(Community Commons, CHNA Report)

Another major factor to any health system is the health status of those under the age of 18. A goal of Healthy People 2020 was to improve the healthy development, well-being, safety and health of adolescents and young adults. 22% of the United States total population is made up of adolescents and young adults (The Lancet). Additionally, individuals in these age demographics are developing behavioral patterns which establish their current and future health risks. Social problems, as well as health issues, can peak during this phase of life, especially with the elevated risk of social influence of their day-to-day lives (i.e. mental disorders, substance use, tobacco use, teen pregnancy, suicidal thoughts).

The table below explores the spectrum of health indicators that directly affect the lives of adolescents and young adults. Some notable discrepancies are found in “Infant Mortality” and “Prenatal Care” indicators. Although the two seem to be aligned in similar nature, the outcomes could not be more different. According to the 2019 Kid’s Count data, Harvey County displays a higher level of prenatal care than Kansas, however the county unfortunately has double the infant mortalities that Kansas presents. Another significant indicator displayed below is “Mental Health.” The data explores those children under 18 who have been hospitalized for mental health indicators. Harvey County presents a higher number of youth hospitalizations than Kansas. A possible explanation could be the rise of social media and cyber-bullying which has been directly linked to self-harm, depression and suicidal thoughts (American Journal of Managed Care).

Adolescent Health Indicators

Adolescent Health Indicators	Harvey County	Kansas
Immunizations (Kindergarteners fully immunized, 2017-2018)	63.00%	71.00%
Prenatal Care (% of live births to mothers who received adequate care, 2018)	91.38%	83.40%
Low Birth Weight Babies (weighing under 5.5 lbs, 2018)	4.66%	7.43%
Infant Mortality (per 1,000 live births, 2018)	12.95	6.37
Teen Violent Deaths (per 100,000 of 15 - 19-year-olds who died due to suicide, homicide or motor vehicle accidents, 2017)	38.67	44.94
Uninsured Children (per 1,000 children under 19, 2017)	4.81%	5.15%
Mental Health (per 1,000 children under 18 hospitalized for mental health), 2018	5.58	4.81
Medicaid Enrollment (Average monthly enrollment of children under 19 in Medicaid, 2018)	2,798	236,189
CHIP Enrollment (Average monthly enrollment of children under age 19 in Children’s Health Insurance Program, 2018)	560	41,090

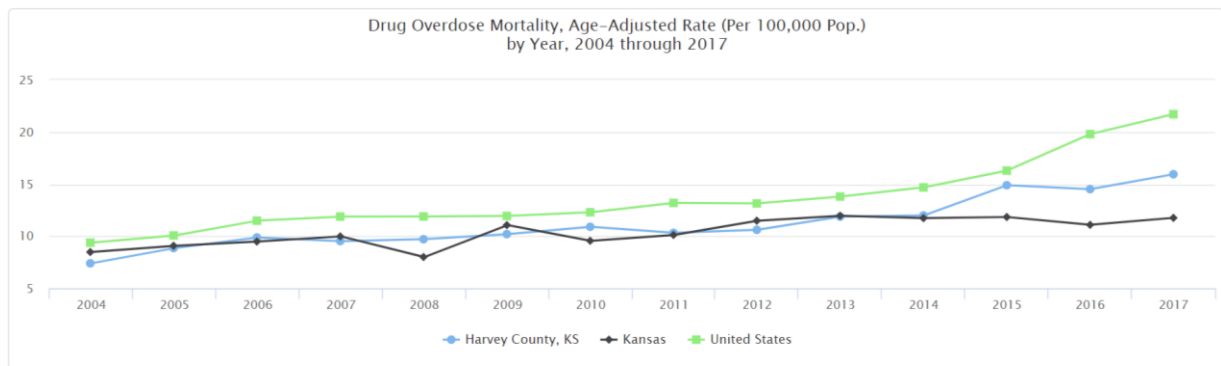
(2019 Kids Count, Harvey County – Kansas Action for Children)

Addiction is a chronic disease in which the user is characterized by compulsive behavior which can turn into difficult to control behavior, despite the consequences that may occur. Initially the decision to take drugs or alcohol is voluntary, however continued use over time changes the composition in the brain which challenges an individual's self-control and ability to resist continued use. Substances cause a euphoric reaction by flooding the reward center of the brain with dopamine. This reaction is often repeated over and over with continued substance use. The brain starts to adapt by reducing the dopamine response. This diminishes the high that an individual felt the first time he/she took the substance. In response, users often take more of the substance in order to experience the euphoric high, which can make it harder for them to find pleasure in other things they once enjoyed (Drugabuse.gov).

Substance abuse cannot be determined by one factor alone, however a combination of factors elicit a risk for addiction. With more risks, the greater the opportunity for drug misuse. Some risk factors include biology, environment, and development. The CDC reports that from 2017 to 2018 the number of drug overdose deaths had decreased by 4%, yet this number is still four times greater than in 1999. 450,000 people have died from 1999-2018 from an overdose (cdc.gov).

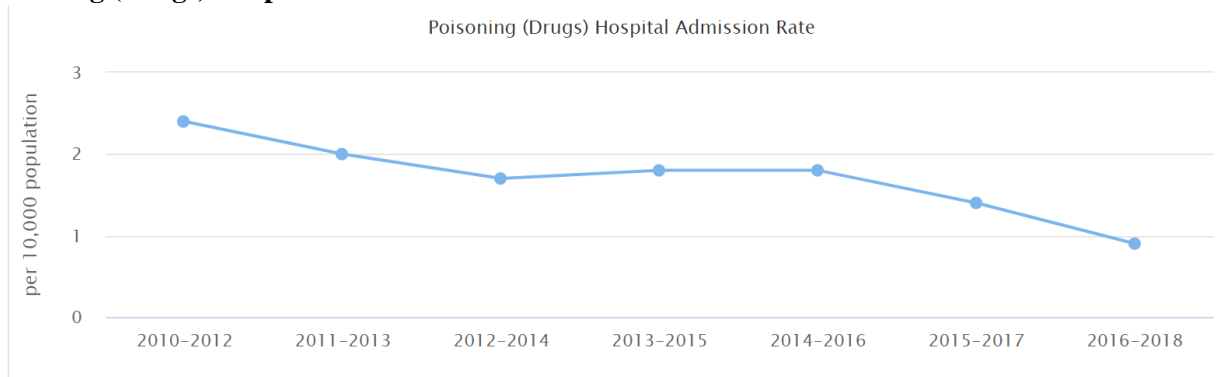
The two graphs below explore the overdose total occurrences in Harvey County, Kansas and the United States. Harvey County has seen a rise in drug overdose mortalities over the last decade. Contradictory to the above information, drug poisoning hospital admission rates has seen a decrease in the last decade for Harvey County.

Drug Overdose Mortality



(Community Commons, CHNA Report)

Poisoning (Drugs) Hospital Admission Rate

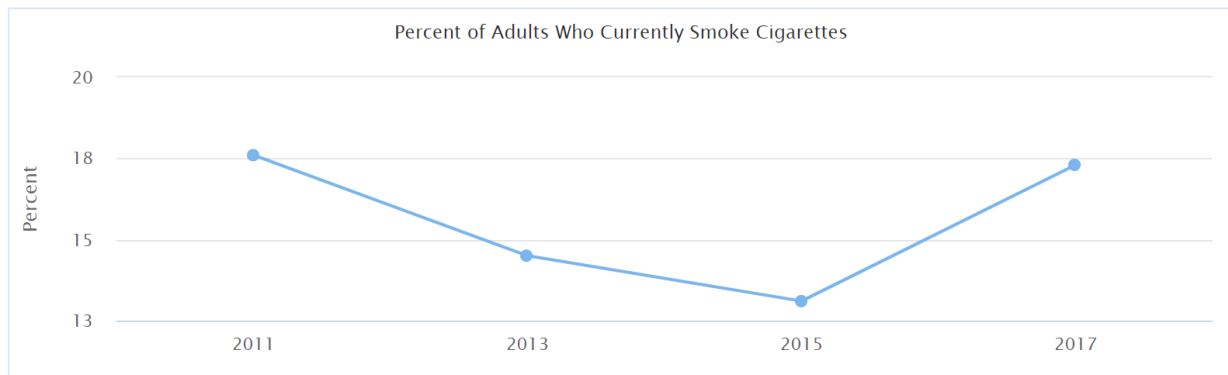


(Community Commons, CHNA Report)

Another risky behavior prevalent in many communities is tobacco use. Smoking has been found to impact nearly every organ of the body and is the single most preventable cause of disability, disease, and death in the United States. Smokeless tobacco also displays many deadly consequences, such as lung, larynx, esophageal and oral cancers. On top of the negative impact on an individual, society has also seen a financial burden with over 480,000 deaths and \$133 billion in medical care costs. Efforts have been implemented in order to reduce the use of tobacco products such as increasing the price, media campaigns and smoke-free policies (cdc.gov).

The graph below shows a decrease from 2011 to 2015, but then a rise from 2015 to 2017 of adults who smoke cigarettes in Harvey County. The table below also shows a similar pattern of decrease, but then a sharp rise from 2015 to 2017. The United States, however, shows a prominent decreased of tobacco use of 20.9% in 2005 to 13.7% in 2018.

Percentage of Adults Who Currently Smoke Cigarettes – Change Over Time



(Community Commons, CHNA Report)

Adults who Smoke Cigarettes, Harvey County

Adults who Smoke Cigarettes	2011	2013	2015	2017
Harvey County	17.60%	14.50%	13.10%	17.30%

(Kansas Department of Health and Environment)

Although standard cigarette use has seen a decline over the past decades, the use of other tobacco products has seen a rise in recent years. One of the most substantial increases has been the use of electronic cigarettes (e-cigarettes) among young adults and youth which has become a public health concern. The CDC reports that one in four high school students has tried or used a tobacco product in the past 30 days. E-cigarettes includes many different devices that allow the user to inhale an aerosol which contains a flavored/non-flavored nicotine and other additives. The use of e-cigarettes can expose chemicals like nicotine, carbonyl compounds, and volatile organic compounds to the brain which can have adverse effects. The consumption of e-cigarette liquids can lead to acute toxicity and possibly death. In 2020, Kansas has had 23 confirmed/probably hospitalized cases, 4 confirmed/probably non-hospitalized cases and two confirmed deaths due to e-cigarette product use. The average age of e-cigarette users in Kansas is a 27-year-olds, with 41% under 24-years-old, 41% 22 to 44-years-old and 18% older than 45-years-old. The majority of e-cigarette users is 74% male.

The ~~below~~ two graphs, below, analyze cigarette and e-cigarette usage from 2015-2019 in Harvey County and Kansas. A main trend noted on these graphs indicates that there has been a decrease in youth cigarette users but an increase in e-cigarette users. A substantial trend is noticed from 2017 to 2019 in e-cigarette users. In 2017, there was only 7.61% of 10th and 12th graders using e-cigarettes, however in 2019 that number spiked to 22.77%. The line directly below indicates the total average users and in 2017, only 4.40% of students (in 6th, 8th, 10th and 12th grades) used e-cigarettes at least once to 11.89% in 2019 in Harvey County. Cigarette totals decreased from 4.52% in 2017 to 3.97% in Harvey County. One explanation could be the recent popularity of e-cigarettes and the various different flavors they boast on the market. Harvey County does show lower numbers than the average total Kansas users. The use of e-cigarette use by youth was one argument used by health partners to lead the Newton City Commission in 2019, to the adoption of a T-21 ordinance. This ordinance prohibits the sale of all tobacco and nicotine products to persons under the age of 21, effective July 1, 2020.

30-Day Cigarette Use – At Least Once

Indicator	2015	2017	2019
Harvey County			
6 th & 8 th Grade	0.87%	1.07%	0.99%
10 th & 12 th Grade	N/A	7.92%	7.27%
Total	3.16%	4.52%	3.97%
Kansas			
6 th & 8 th Grade	N/A	1.39%	1.33%
10 th & 12 th Grade	N/A	6.38%	5.23%
Total	N/A	3.51%	3.02%

(Kansas Communities that Care)

30-Day E-Cigarette Use – At Least Once

Indicator	2015	2017	2019
Harvey County			
6 th & 8 th Grade	N/A	1.28%	2.13%
10 th & 12 th Grade	N/A	7.61%	22.77%
Total	N/A	4.40%	11.89%
Kansas			
6 th & 8 th Grade	N/A	2.72%	5.55%
10 th & 12 th Grade	N/A	9.07%	21.89%
Total	N/A	5.39%	12.60%

(Kansas Communities that Care)

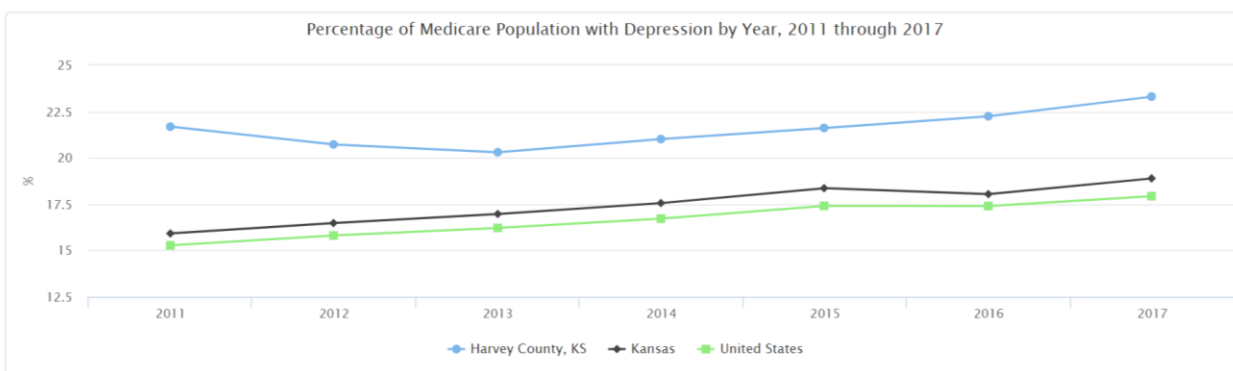
Mental Health & Wellness

Mental health impacts a community's quality of life, so similar to physical health, mental health must be maintained and cared for. Mental health is the emotional, psychological, and social well-being of

an individual which affects thoughts, feelings, and actions. Two common mental health issues in the United States are suicidal thoughts and depression. Depression can be caused from a variety of elements such as genetic, biological, environmental, and psychological factors. One of every six people reports having depression at some point of their life. There are no age or gender restrictions; anyone can get depression at any age. The CDC reports that suicide is the tenth leading cause of death in the United States and rates have increased by more than 30% since 1999. Several factors can lead to suicide and suicidal thoughts such as prior violence like bullying or sexual assault (CDC). These unfortunate statistics aid in the assignment of the second Community Health Priority for 2020-2023: increase mental health and behavioral health services and education.

Below are three separate evaluations of mental health in Harvey County and Kansas, as well as the Medicare population and adolescent age groups. The first graph shows those in the Medicare population have seen a growth in being diagnosed with depression each year, since 2013. The next two tables indicate how Kansas and the United States compare in depression and suicidal thoughts. Overall, there is no difference in the percentages of adolescents who have had at least one depressive episode. Adolescent suicidal thoughts show an interesting trend in male versus female evaluations. Females in both Kansas and the United States show to have a significantly higher number of suicidal thoughts than their male counterparts. Both show similar percentage comparisons of Kansas to the United States, also following that same percentage analysis in male versus female.

Percentage of Medicare Population with Depression by Year



(Community Commons, CHNA Assessment)

Adolescent Depressive Episode, 2015-2016

Percentage of adolescents ages 12-17 who report they had at least 1 major depressive episode	Kansas	United States
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Total	13%	13%
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(Substance Abuse and Mental Health Services Administration)

Adolescent Suicidal Thoughts, 2017

Percentage of high school students who report they seriously considered attempting suicide	Kansas	United States
Total	16%	17%
Male	11%	12%
Female	20%	22%

(Centers for Disease Control and Prevention, 2018)

911 Calls & Crime

One foundation of Healthy People 2020 is to promote healthy physical, social, and economic environments, these, in turn, strengthen a community's potential to achieve overall health and well-being (Healthy People 2020). An indicator of the well-being of a community is to analyze the 911 calls received, which evaluates the immediate and long-term needs of the community. These calls can range from disputes between neighbors to crimes or fire being reported. The data in the below two tables show the variations in 911 calls in Harvey County in 2019; the first being generalized calls and the second being criminal 911 calls. The most frequent general call was vehicle 911 calls (20,541) and the fewest number being complaint calls (694). For criminal 911 calls, the highest number came from child-in-need-of-care calls (289) and the fewest came from sex offenses and stabbing calls (both at two). Overall, there were 54,883 phone calls to 911 in 2019.

Call Types, *General*

Type of Event, 911 Calls	Sum
Health	8,012
Disputes	1,189
General Info	2,417
Misc.	9,779
Alarms	1,799
Complaints	694
Accidents	907
Assault/Abuse	785
Crimes	2,010
Community Services	3,496
Violations	648
Fire	993
Vehicle	20,541
Individual	1,613

(Harvey County Communications/911, 2019)

Call Types, *Criminal*

Type of Event, 911 Calls	Sum
Abuse of Child/Elderly	22
Aggravated Assault	3
Assault	26
Fight	65
Harassment	148
Lewd/Lascivious Behavior	14
Phone Harassment	45
Prowler	36
Rape Attempt	6
Sex Offense	2
Stabbing	2
Trauma	127
Child in Need of Care	289

(Harvey County Communications/911, 2019)

Harvey County shows lower than the average crime index offenses compared to the state of Kansas. A drop in crimes from 2017 to 2018 are indicated on the tables below, yet an increase in both Kansas and Harvey County is indicated from 2015 to 2017. Overall, from 2013 to 2018 there was a drop in crime index offenses.

Crime Index Offenses – Rate/1,000

Crime Index Offenses – Rate/1,000	2013	2015	2017	2018
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Harvey County	30.1	28.1	30.4	26.2
Kansas	31.4	29.9	31.5	31.4

(accesskansas.org)

Crime Index Offenses – Total Number

Crime Index Offenses – Rate/1,000	2013	2015	2017	2018
Harvey County	1,056	951	1,040	884
Kansas	93,054	88,578	92,913	92,062
United States	316,497,531	320,896,618	325,147,121	N/A

(accesskansas.org)

COMMUNITY HEALTH PERCEPTION

An important component of the Community Health Needs Assessment is the perception community residents have on their location. By asking community members, from all backgrounds, questions about issues that they face in their daily lives, this assessment is able to more appropriately address the legitimate needs of Harvey County.

The information for this community health perception has been compiled from two primary sources, focus groups and survey responses. The perceptions the community has on its surroundings adds value and meaning behind the future of the county, however these data compilations do not replace the reliable, objective data gathered above. The following information should be assessed with caution and should be understood that these sampling methods have been the result of convenient sampling. These results should no way indicate the overall opinions of the entirety of Harvey County.

FOCUS GROUPS

After the demographics comparison was complete, the Harvey County CHNA Core Team acknowledged several underrepresented groups as potential participants in focus groups. Areas lacking in representation were males, ethnicity of Hispanic, lower income level, and individuals with an education of high school degree or less. Harvey County CHNA Core Team identified two focus group audiences.

The CHNA Core Team then reached out to primary contacts among the identified groups to recruit participants for focus groups. Community members trained in focus group facilitation and note

taking were then contracted to serve as facilitator and recorder. Focus groups included clients of Circle of Hope, a community initiative that supports families in reaching stability through education, mentoring, communal activities and dining, and New Jerusalem Missions, a ministry that serves males who are homeless, suffer from addiction, experiencing illness or coming from a previous incarceration.

Focus groups were conducted by a facilitator who followed a script that utilized the four community-oriented questions of the community health survey. This was an open-ended format to facilitate discussion and the identification of health priorities. Each group lasted between 60 and 90 minutes. No education-level data was recorded at either focus group. The Circle of Hope group had 23 participants with six males and 17 females; one Hispanic, and one African American and 22 White. New Jerusalem Missions group consisted of six males; three African American and three White. The recorder was responsible for identifying and recording major themes of the discussion and sending reports to the Harvey County CHNA Core Team. The focus groups were not audio recorded.

The focus groups' responses identified five core areas deficient in resources in Harvey County: housing, economic needs, healthcare, mental health, and service. In the housing category, individuals voiced concern that safe, affordable, and hygienic housing for all people, whether with felony convictions or single parents, are needed in the county, as well as the need for more homeless services. Economic areas reflected concerns about jobs that pay enough for people to live (livable wage) and jobs that allow people to deal with health issues (allow time off for such). A comment not revealed in the community survey was the lack of repair services for mobility devices such as electronic scooters. Healthcare discussion flagged the need for convenient healthcare service hours to fit diverse work schedules, including dental and vision. Another concern voiced was not enough time during a health visit to develop a provider/patient relationship. Mental health concerns indicated a need for more specific options regarding the impact of abuse and trauma on children and needing to have more preventative services to promote healthy relationships. Finally, the discussion on service within Harvey County recognized a need for assistance in locating needed resources. One participant noted, "Some people don't know where to start to look for help." Comments also revealed concerns for the availability of specific resources for all individuals, not just a specific group or demographic. Examples of those options include daycare for adults, elderly care, and disability care.

There were some issues that did not fit the five core areas noted above. Some were beyond the scope of the Community Health Improvement Plan because they address state and federal issues; others represented a small sample of people's needs not being met, even if the needs of most are. Some of those issues included churches not living their faith, police discrimination, systemic issues, and the state financial situation. The comment about faith included more discussion about some churches not accepting

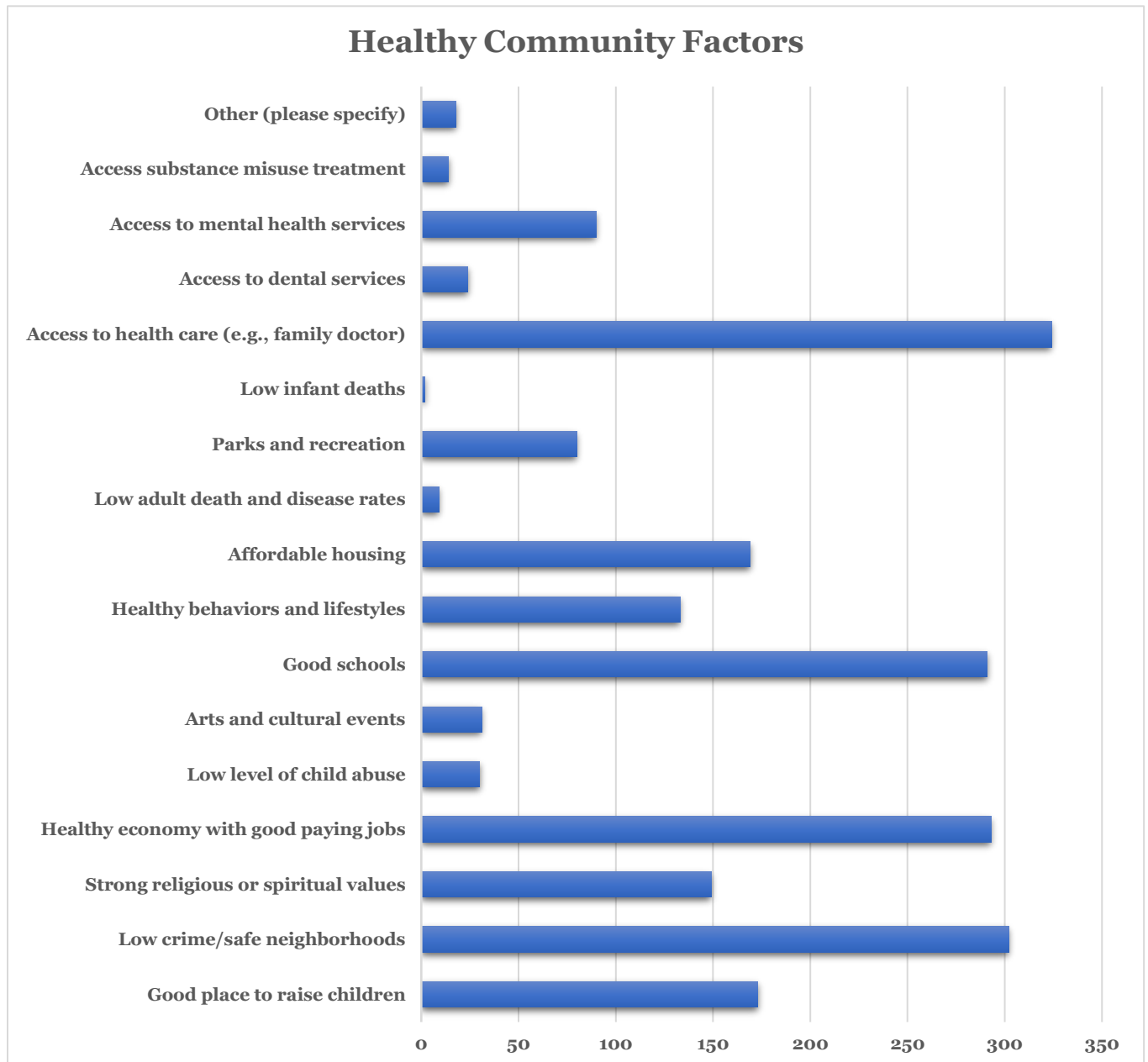
all people and denying service to “undesirables”. Appendix A and B contain the focus group recorded notes.

COMMUNITY HEALTH SURVEY

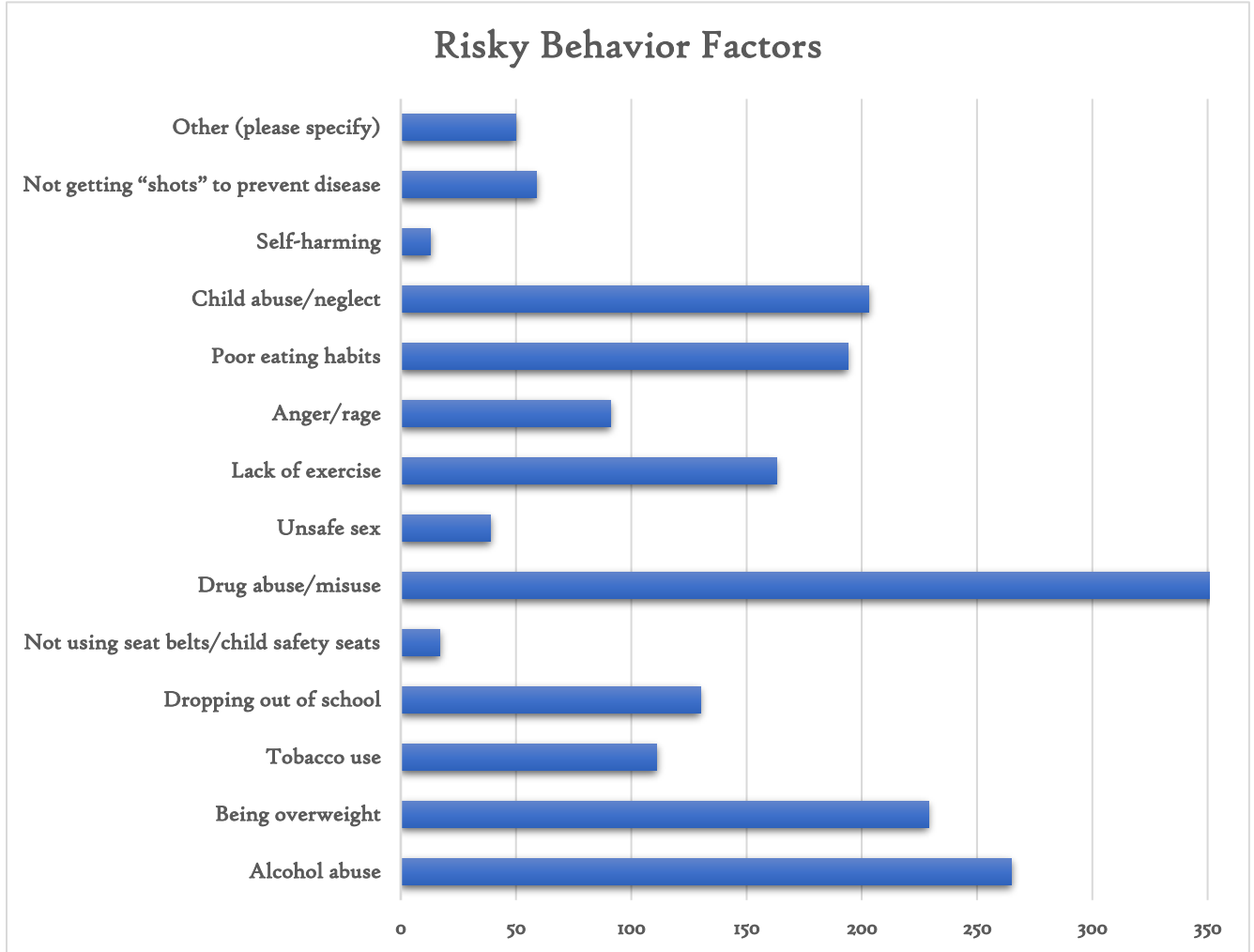
There was a total of 653 responses accumulated from the Harvey County Community Health survey questionnaire. The primary responses were 75% female, while only 23% male. Of that total number, 95% of respondents were white, 5% Hispanic, 2% Native American, 2% Other, 1% African American and 1% Asian/Pacific Islander. According to the U.S. Census Bureau, the demographic data for those identifying as White remains generally accurate to the population of Harvey County, but lower than expected representation from those that identify their ethnicity as Hispanic. Overall, there was a fair distribution of responses from residents of all ages, with 40-54 being the highest majority at 29%. Those that lived in Harvey County for six or more years overwhelmed the majority at 80% of responses. The income analysis presented that those making more than \$50,000 answered 61% of the surveys, which reflects a good estimate of the median income reported by the U.S. Census Bureau at \$55, 687. The greatest geographical representation was Newton at 61% with the remaining locations each providing less than 10% of responses.

Community Health Survey Demographic Summary							
Gender	Female (75%)			Male (23%)			
Race	African American/Black (1%)	Asian/Pacific Islander (1%)	Hispanic (5%)	Native American (2%)	White (95%)	Other (2%)	
Age	>25 (3%)	25-39 (25%)	40-54 (29%)	55-64 (21%)	<65 (23%)		
Education	Less than High School (1%)	High School/GED (11%)	Some College/Associates (27%)	Bachelor's Degree or More (55%)	18 Years Plus (5%)		
Income	> \$20,000 (7%)		\$20,000-\$29,000 (13%)		\$30,000-\$49,000 (19%)		<\$50,000 (61%)
Residence Duration	> 1 Year (2%)		1-5 Years (12%)		<6 Years (80%)		Don't live in Harvey County (6%)
Location	Burrton (2%)	Halstead (8%)	Hesston (9%)	Newton (60%)	North Newton (9%)	Sedgwick (4%)	Walton (2%)

The next prompt on the survey asked the respondents “In the following list, what do you think are the three most important factors for a ‘Healthy Community?’ (Those factors which most improve the quality of life in a community.) Check only three:” Below are a total list of all the healthy community questions and the overall percentages. The three healthy factors which were most often chosen include: Access to health care (e.g., family doctor) (324), Low crime/safe neighborhoods (302) and Healthy economy with good paying jobs (293).



The survey then asked the following prompt, “In the following list, what do you think are the three most important “risky behaviors” in Harvey County? (Those behaviors which you believe have the greatest impact on overall community health.) Check only three:” Those chosen most often were Drug abuse/misuse (539), Alcohol abuse (265) and Being overweight (229).



Finally, respondents were asked “Do you have any general concerns about health or healthcare in Harvey County?” Overall, the answers reflected an evenly distributed response, as shown in the table below, with a majority of “No”, by only .7% above “Don’t Know.”

Answer Option	Responses	Percentage
No	246	34.5%
Don’t Know	241	33.8%

Yes	226	31.7%
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Individuals who had concerns were provided the ability to comment. Comments were summarized into categories with the number of respondents next to it.

Equity/poverty/high cost/access – 69

Drug/Crimes – 37

Mental Health – 29

Hospital/Health Dept/providers – 27

Obesity/exercise/food – 20

Attitude – 10

Federal/State – 8

Abuse/Neglect – 4

Schools – 3

PRIORITY SETTING PROCESS

The data was presented by the Harvey County CHNA Core Team to the 34 community stakeholders on March 24, to assist the team in identifying the greatest community health needs. The data from health surveys and focus groups provided direct community perceptions (primary data) which would later guide the community stakeholders as they examined the county's secondary data. Stakeholders represented the following sectors: healthcare, education, transportation, seniors, social services, public libraries, identify-based organization, environmental, law enforcement, faith-based, emergency services, community members, business, courts, foundation/non-profit, mental health, behavioral health, county and state government, and chamber of commerce.

On April 7, after deliberation and input from 23 stakeholder the following health needs were identified and posted publicly for two weeks in order to gather additional community feedback regarding the selection. The full stakeholder list can be found in APPENDIX D. After reviewing comments, the three health priorities identified were:

1. Prevent and Manage Chronic Diseases

Key indicators of need were improving prevalence and outcomes of chronic diseases, such as diabetes and heart disease, and improving health literacy aided by adoption of digital connectivity and data.

2. Increase Mental Health and Behavioral Health Services and Education

Depression and substance misuse were key indicators from data and perceptions.

3. Increase Economic Stability

Areas of employment, food insecurity, housing instability, and poverty were key indicators.

CONCLUSION

The data collected in this report, along with the health priorities identified with public input, will be used to develop SMART (Specific, Measurable, Achievable, Relevant, and Time-bound) goals. These goals will drive the Harvey County's Community Health Improvement Plan (CHIP) development. To address these community health priorities, the stakeholders will identify lead agencies to guide the planning and implementation of evidence-based policy, systems, programs, and environmental changes designed to produce successful outcomes within three years.

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APPENDIX A: CIRCLE OF HOPE FOCUS GROUP DATA

Circle of Hope Focus Group March 10, 2020

Demographics: 6 Male 17 Female 1 Hispanic, 22 Caucasian 1 African American
All Newton residents except 1 Hesston, 2 from other counties

1. What are the most important factors for a healthy community?

Focus group responses

- Money
- Access to Good Healthcare-access to insurance, free clinics, regular relationship with a healthcare provider (patient/provider relationship), affordable insurance
- Resources for Mental Health
- Nutrition and exercise
- Transportation to healthcare
- Affordable housing
- Jobs
- Quality daycare for children and adults
- Dental care/Vision care
- Affordable low cost loans
- Resource guidance-some people don't know where to start to look for help, centralized services (one stop shop) for services

2. In general, how would you rate the health of our community? Check one.

___ Very unhealthy _2_ Unhealthy _15_ Somewhat healthy __2_ Healthy ___ Very Healthy

(not everyone voted)

Focus group comments

- in comparison to Wichita we are very healthy
- community has a lot of resources but not always reasonable cost wise to access, or people choose not to access

3. What do you think are the three most important “risky behaviors” in Harvey County?

Focus group responses

- The town as a whole (declined to elaborate)
- Substance abuse
- Diet and exercise
- Suicide (needs to be addressed)
- Elderly and disability care
- Abuse-overall but mainly how children are impacted by abuse
- Healthy relationships
- Homeless population (waiting list for HUD housing is very long)
- Cycle of poverty
- Domestic violence
- Systemic issues-state financial situation
- Police discrimination-see police as a threat rather than a resource

4. Do you have any general concerns about health or health care in Harvey County?

Focus group responses

- See comments above
- Transportation for “tasks of life”-get to work, go get groceries, get kids to school-
- Nowhere in town that fixes electric scooters
- Workplace illness-if you get very sick (more than a week) you lose your job
- Newton has a lot of resources available at a good price or no price if people choose to use them

APPENDIX B:

NEW JERUSALEM MISSIONS FOCUS GROUP DATA

New Jerusalem Missions (NJM) Focus Group February 3, 2020

Demographics:

6 males 3 African Americans 3 Caucasian
All currently live in Harvey County (main residence in 5 Newton, 1 Halstead)

1. What are most important factors for a healthy community?

- medical care-availability and cost, can't afford flu vaccination
- affordable housing
- Jobs that pay well
- Housing for felons with kids/family-HUD-can't get in if you've been in penitentiary
- Community Living Center for women more services for men than women (something similar to New Jerusalem (NJ) for women)
- Churches that provide support to social service agencies-churches in Newton don't provide support through volunteers for "undesirables"-missing the point of church/helping others-put faith into action, people going to church don't live their faith
- Street outreach-outreach programs-to address a multitude of needs, not just for homeless, also for shut-ins, low income
- need overflow in cold weather when NJM is full or homeless shelter is full
- bike shop in town

2. Health of our community

Votes: 2 somewhat healthy 4 unhealthy

3. Most important risky behavior to address

- 1 -drug use-meth, heroin, alcohol, lots of liquor stores in town
- 2 -parenting-single parent homes, abusive homes, broken homes, kids not being taken care of, hygiene issues, beg bugs,
- 3 -mental illness/mental health-people have abuse issues, sexual abuse, need help for these issues, money is a barrier, need \$40 to be seen, PV-\$100 a session
4. Affordable housing-most low income housing draws drug users, then it's not a safe environment, also makes it hard for those in recovery to stay clean,

4. How do Focus Group members get their health needs met?

- try not to get sick, use OTC meds
- one has insurance- but insurance doesn't always cover stuff,
- one uses bike to get to doctor, feels safe riding his bike in community,
- NMC is able to provide transportation to appts
- Harvey County (Inter)Urban is a positive service in the community-as long as you know ahead of time
- services at NMC were good when he had good insurance, but also caught pneumonia at NMC

Miscellaneous comments

- need new library-need more room
- Look at using existing buildings for needs rather than building new
- leaders of community need to know the needs of the community
- feels like this focus group/conversation is an exercise in futility-do a lot of talking and nothing changes
- suit up or shut up-church shouldn't let government do everything

- community doesn't see homeless or low income as people-look down on them,
 - Newton is not used to homeless population-don't know how to serve them, stand offish about it
 - these questions are community based but Newton is not a "community"-very few selfless people who truly want to work as a community-no unity in community-people just live their separate lives
 - USD 373-intolerance, too much self-directed learning, sit in front of computers, too much detachment, feels like administration in USD 373 don't want to send their kids here, send them to other districts, don't build relationships,
 - Drivers in Newton are inattentive, on their phone, it's not safe for those who have to walk or bike places
- ***very long discussion on the role of churches; the group consensus was that while there are numerous churches in Newton, the group feels the churches are not welcoming and not doing enough outreach for the "needy" in the community

APPENDIX C: COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY 2020



Harvey County Community Health Needs Assessment -2020

This survey is being conducted by a partnership of Newton Medical Center, Newton Fire/EMS, Prairie View, Inc., Health Ministries Clinic, Inc., Mirror, Inc., Blue Cross and Blue Shield of Kansas Pathways to a Healthy Kansas program, Healthy Harvey Coalition and Harvey County Health Department.

Your input is essential. The results of this survey will be used in helping to identify health issues across the county.

Once completed return this survey in the box located where you picked up the survey. Please complete this survey only once.

Your individual responses will remain confidential and anonymous; only total survey results will be shared. You are not obligated in any way to complete this survey. Completion of this survey indicates your willingness to participate and that you are at least 18 years old.

Watch for a complete report and 3-year plan developed from this and other data on the Harvey County Health Department website. www.harveycounty.com

If you have questions regarding this survey or its intended use, please contact Lynnette at 316-283-5667 x 217. Thank you for your help.

COMMUNITY HEALTH

1. In the following list, what do you think are the three most important factors for a “Healthy Community?” (Those factors which most improve the quality of life in a community.) Check only three:

- | | |
|----------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Good place to raise children | <input type="checkbox"/> Strong religious or spiritual values |
| <input type="checkbox"/> Low crime/safe neighborhoods | <input type="checkbox"/> Healthy economy with good paying jobs |
| <input type="checkbox"/> Low level of child abuse | <input type="checkbox"/> Arts and cultural events |
| <input type="checkbox"/> Good schools | <input type="checkbox"/> Healthy behaviors and lifestyles |
| <input type="checkbox"/> Access to health care (e.g., family doctor) | <input type="checkbox"/> Low adult death and disease rates |
| <input type="checkbox"/> Parks and recreation | <input type="checkbox"/> Low infant deaths |

HARVEY COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT

- ☐ Affordable housing
 ☐ Access substance misuse treatment
☐ Access to dental services
 ☐ Other: _____
☐ Access to mental health services
 ☐ Other: _____

2. In general, how would you rate the health of our community? Check one.

☐ Very unhealthy
 ☐ Unhealthy
 ☐ Somewhat healthy
 ☐ Healthy
 ☐ Very healthy

3. Were you aware of the Pathways to a Healthy Kansas Initiative that is being implemented by the Healthy Harvey Coalition in your community?

☐ No
 ☐ Yes
 ☐ Unsure

4. In the following list, what do you think are the three most important “**risky behaviors**” in Harvey County? (Those behaviors which you believe have the greatest impact on overall community health.)

Check only three:

- ☐ Alcohol abuse
 ☐ Child abuse/neglect
☐ Being overweight
 ☐ Tobacco use
☐ Dropping out of school
 ☐ Not using seat belts/child safety seats
☐ Drug abuse
 ☐ Unsafe sex
☐ Lack of exercise
 ☐ Anger/rage
☐ Poor eating habits
 ☐ Not getting “shots” to prevent disease
☐ Self-harming
 ☐ Other: _____

5. Do you have any general concerns about health or health care in Harvey County?

☐ No
 ☐ Yes, please comment.
 ☐ Don't know

COMMENT (Feel free to add more at the end of the survey.):

PERSONAL HEALTH

6. For each of the following health behaviors, check if you have utilized them **in the past 12 months:**

Health Behavior	Yes	No	N/A
a. Visited a dentist or dental clinic for any reason.			
b. Had a flu shot/vaccination.			
c. Had a colorectal cancer screening.			
d. Had your blood pressure checked.			

e. Had your cholesterol checked.			
f. Been checked for skin cancer.			
g. Had a diabetes screening.			
h. Had a routine checkup by a healthcare provider.			
i. Had an eye exam to test vision and eye health.			
j. Visited mental health professional.			
k. Visited substance misuse professional			

7. During the last 12 months if you or any member of your household was unable to **visit a healthcare provider** when needed, check all that apply.

☐ No appointment available

☐ Cannot take time off work

☐ No specialist in my community for my condition

☐ No transportation

☐ Cannot afford it

☐ Other: _____

☐ No childcare

☐ N/A - able to visit a provider when/if needed

8. During the past 12 months, was there any time you or any member of your household **needed prescription medicines** but did not get it due to the cost?

☐ No

☐ Yes

☐ Don't know

☐ N/A- was able to get prescription medicines when/if needed

9. During the past 12 months, have you or any member of your household skipped seeking **dental treatment** due to any of the following? Check all that apply

☐ No appointment available

☐ Cannot take time off work

☐ No specialist in my community for my condition

☐ No transportation

☐ Cannot afford it

☐ Other: _____

☐ No childcare

☐ N/A - able to visit a provider when/if needed

10. During the past 12 months, have you or any member of your household skipped seeking **mental health assistance due to any of the following? Check all that apply**

- | | |
|-------------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> No appointment available | <input type="checkbox"/> Cannot take time off work |
| <input type="checkbox"/> No specialist in my community for my condition | <input type="checkbox"/> No transportation |
| <input type="checkbox"/> Cannot afford it | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> No childcare | <input type="checkbox"/> N/A - able to visit a provider when/if needed |

11. During the past 12 months, have you or any member of your household skipped seeking **substance misuse treatment due to any of the following? Check all that apply**

- | | |
|-------------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> No appointment available | <input type="checkbox"/> Cannot take time off work |
| <input type="checkbox"/> No specialist in my community for my condition | <input type="checkbox"/> No transportation |
| <input type="checkbox"/> Cannot afford it | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> No childcare | <input type="checkbox"/> N/A - able to visit a provider when/if needed |

12. What city do you go to the most when you see your doctor or primary health care provider?

- | | | |
|-------------------------------------------------|-------------------------------------|----------------------------------------|
| <input type="checkbox"/> Newton | <input type="checkbox"/> Hillsboro | <input type="checkbox"/> Peabody |
| <input type="checkbox"/> Wichita / Wichita Area | <input type="checkbox"/> Hutchinson | <input type="checkbox"/> Valley Center |
| <input type="checkbox"/> Halstead | <input type="checkbox"/> McPherson | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hesston | <input type="checkbox"/> Moundridge | |

13. Which best describes your tobacco use status?

- | | |
|-------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> Never smoked/chewed | <input type="checkbox"/> Tried it a few times but never smoked/chewed regularly |
| <input type="checkbox"/> Don't smoke/chew now but I used to | <input type="checkbox"/> Smoke/chew occasionally |
| <input type="checkbox"/> Smoke/chew daily | <input type="checkbox"/> Don't know |

14. Which best describes your use of electronic cigarettes, such as a vape pen or JUUL?

- | | |
|------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Never used | <input type="checkbox"/> Tried it a few times but never used regularly |
| <input type="checkbox"/> Don't use now but I used to | <input type="checkbox"/> Use occasionally |
| <input type="checkbox"/> Use daily | <input type="checkbox"/> Don't know |

15. Do you know if electronic cigarettes, such as a vape pen or JUUL, contain nicotine?

- | | | |
|-----------------------------|------------------------------|-------------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Don't know |
|-----------------------------|------------------------------|-------------------------------------|

16. If you have children at home under age 21, have they used electronic cigarettes, such as a vape pen or JUUL?

___ No ___ Yes ___ Don't know ___ NA- no children under 21 in home

If yes, do they still use? ___ Yes ___ No ___ Don't know

17. If you have children at home under age 21, have they used tobacco?

___ No ___ Yes ___ Don't know ___ NA- no children under 21 in home

If yes, do they still use tobacco? ___ Yes ___ No ___ Don't know

18. Are you exposed to secondhand smoke at any of the following locations? (Check all that apply.)

___ Home ___ Work ___ None ___ Other _____

19. Are you aware of efforts in your community to promote quitting tobacco, such as cigarettes, chew, vapes, etc.?

___ No ___ Yes ___ Unsure

20. Rate your level of support for policies that prohibit tobacco use (i.e. smoking, chew, vapes) in the following settings:

Local Parks

___ Definitely not supportive ___ Not supportive ___ Neutral ___ Supportive ___ Very supportive

School grounds

___ Definitely not supportive ___ Not supportive ___ Neutral ___ Supportive ___ Very supportive

Hospital grounds

___ Definitely not supportive ___ Not supportive ___ Neutral ___ Supportive ___ Very supportive

Worksites

___ Definitely not supportive ___ Not supportive ___ Neutral ___ Supportive ___ Very supportive

21. What is your overall level of satisfaction of Emergency Medical Services (EMS) in Harvey County?

___ Very dissatisfied ___ Dissatisfied ___ Neither satisfied nor dissatisfied ___ Satisfied ___ Very Satisfied

___ N/A - have not used the EMS services

COMMENT if you wish:

22. Note the reason you visited a hospital emergency room this past year. (Check all that apply.)

- ☐ Have not used in past year ☐ Had a health emergency ☐ Only medical facility open at the time
- ☐ Location easy to get to ☐ Have no primary healthcare provider ☐ Other: _____

23. What is your overall level of satisfaction with the services of Harvey County Health Department?

☐ Very dissatisfied ☐ Dissatisfied ☐ Neither satisfied nor dissatisfied ☐ Satisfied ☐ Very Satisfied

☐ N/A - have not used the services of the Harvey County Health Department

COMMENT if you wish:

24. When you have a question about routine health matters, where do you get most of your information? Check only one.

- ☐ Internet/websites ☐ Friends or family ☐ Library/librarian
- ☐ Community clinic ☐ Doctor's office ☐ Other: _____
- ☐ Health department ☐ Hospital emergency room ☐ Don't need information

25. Have you needed specialty medical services that were not available to you in Harvey County?

☐ No ☐ Yes If yes, list what services you'd like.

COMMENT:

QUALITY OF LIFE

26. Does the neighborhood in which you live have safe walking/biking routes to destinations such as schools, parks, grocery stores?

☐ No ☐ Yes ☐ Don't know

27. Rate your level of agreement with this statement.

In general, my community has sufficient opportunities for physical activity.

☐ Strongly disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly agree

28. What is your greatest barrier(s) to get physical activity? Check all that apply.

- ☐ Cost ☐ Transportation ☐ Health issues ☐ No barriers
- ☐ Unable to access parks/recreation areas ☐ Other _____

29. Rate your level of agreement with this statement.

In general, my community has sufficient options for healthy eating.

☐ Strongly disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly agree

30. What is your greatest barrier(s) to get fresh food? (Not fast food or convenience food.)

Check all that apply.

☐ Cost ☐ Transportation ☐ Limited shopping outlets/stores ☐ No barriers
☐ Limited choice of food in stores ☐ Other _____

31. If you are the primary caregiver for a person who is 65 years or older, are you experiencing any significant challenges providing care for an older person?

☐ N/A - not the primary caregiver for a person who is 65 years or older

☐ No ☐ Yes, if yes, please comment ☐ Don't know

COMMENT:

32. If you are the primary caregiver for a person (adult or child) with disabilities, are you experiencing any significant challenges providing care for that person?

☐ N/A - not the primary caregiver for a person with disabilities

☐ No ☐ Yes, if yes, please comment ☐ Don't know

COMMENT:

33. Do you feel you can access assistance for caregiving needs in Harvey County?

☐ N/A - not a primary caregiver

☐ No, please comment ☐ Yes ☐ Don't know

COMMENT:

DEMOGRAPHICS

34. Zip code where you live:

☐ 67020- Burrton ☐ 67114- Newton ☐ 67151- Walton
☐ 67056- Halstead ☐ 67117- North Newton ☐ Other _____
☐ 67062- Hesston ☐ 67135- Sedgwick

35. Age:

☐ Less than 25 ☐ 25 – 39 ☐ 40 – 54 ☐ 55 – 64 ☐ 65 or over

36. Gender:

☐ Male ☐ Female ☐ Other ☐ Prefer not to answer

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37. Race you most identify with:

☐ African American/Black ☐ White/Caucasian ☐ Other: _____
☐ Asian/Pacific Islander ☐ Native American

38. Ethnicity you most identify with:

☐ Hispanic/Latino ☐ Non Hispanic/Latino

39. Education:

☐ Less than high school ☐ Some college/ Associate's degree
☐ High school diploma or GED ☐ Bachelor's degree or higher
☐ Other: _____

40. Household income:

☐ Less than \$20,000 ☐ \$30,000 to \$49,999
☐ \$20,000 to \$29,999 ☐ Over \$50,000

41. How long have you lived in Harvey County?

☐ Less than 1 year ☐ 1-5 years
☐ 6-10 years ☐ 10+ years

Thank you for helping in the Community Health Needs Assessment process for Harvey County. If you have questions regarding this survey or its intended use, please contact Lynnette at 316-283-5667 x 217.

APPENDIX D: COMMUNITY STAKEHOLDERS

Libby Albers – **Environmental**, Kansas Alliance of Wetlands and Streams

Angie Tatro – **Foundations/Non-profits**, Central Kansas Community Foundation

Ron Barry – **Education**, Superintendent, Halstead USD 440

Joanna Bjerum – **Education and Identity Based Organizations**, Lambda Health Initiative

Russ Buller – **Emergency Response**, Hesston Fire EMS

Kaely Burgess – **Healthcare**, Health Ministries Clinic

Robert Carlton – **Transportation/Seniors**, Harvey County Department on Aging

Evelyn Chavez, Toby Harkins, Lorrie Kessler, Lynnette Redington – **Healthcare**, Harvey County Health Department

Kendra Davila – **Foundations/Non-profits**, Peace Connections

Storm Dial – **Healthcare/Identity Organizations**, Positive Directions, Lambda Health Initiative

Marianne Eichelberger – **Library** – Newton Public Library

Jenn Fast - **Business**, Masterbrand, Inc.

Jan Fenske – **Healthcare**, Newton Medical Center

Dr. Barbara Gibson, **Mental Health**, Caring Place

Sheralyn Goering – **Identity Based Organizations**, Lambda Health Initiative

Tara Goering – **Seniors**, Grand Central

Don Gruver – **Emergency Response**, Communications

Lori Hardin – State Agency, Kansas Division of Children and Families

Julie Hendricks – **Healthcare-behavioral health**, Substance Abuse Center of Kansas

Carrie Herman – **Education**, Kansas Learning Center for Health

Frederique Hunnecut – **Healthcare**, Student KU Med School

Jessie Kaye, Patrick Flaming – **Mental Health**, Prairie View, Inc.

Madison Klein – **Contractor**, Harvey County Health Department

Stephanie Kreutzer – **Healthcare/Identity Organizations**, Positive Directions, Lambda Health Initiative

Susan Lamb - **Education**, Hesston School Board member

Isaac Landis, **Faith-Based**, Whitestone Mennonite Church, Hesston

Sondra Leatherman – **Healthcare**, Newton Medical Center

Cory Lehman – **Emergency Response**, Newton Fire EMS

Karen Lehman – **Healthcare**, Newton Medical Center

Des Martens, Jason Greever – **Healthcare- behavioral health**, Mirror Inc.

Andy Ortiz – **Community member/Business**, owner

Steve Roberson – **Emergency Response**, Newton Fire

Jennifer Rose – **Foundations/Non-profits**, Peace Connections

Larry Roth - **Education**, Superintendent, Sedgwick USD 369

Matthew Schmidt – **Healthcare**, Health Ministries Clinic

Megan Smith- **Chamber of Commerce**, Hesston

Pam Stevens – **Chamber of Commerce**, Newton Area

Ashli Teel – **Social Services**, New Hope Shelter

Judge Wilder – **Courts**, 9th Judicial District