HARVEY COUNTY, KS

COMMUNITY HEALTH IMPROVEMENT PLAN

2023-2026

Photo: Kyle McCaskey

TABLE OF CONTENTS

ACKNOWLEDGEMENTS

This report reflects a collaborative effort of Harvey County partners. We acknowledge these organizations and individuals who have played a key role in the development and implementation of the Community Health Needs Assessment.

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) addresses the current and future needs of any community appropriately. This report will address assets and priority issues related to community and individual health in Harvey County.

To complete the CHNA, two types of data collection were sought: primary (or qualitative) and secondary (or quantitative) data analysis. Primary data is collected by seeking first-hand generated sources, such as surveys, and focus groups qualitative research. Secondary data uses existing data from other individuals or larger institutes, such as the Centers for Disease Control and Prevention (CDC). To understand the needs of a community, all populations are recognized and represented. For an accurate report, population categories include age groups, ethnicity, race, income, health access, and more.

The CHNA assessment used a team with diverse backgrounds and expertise to make evidence-base decisions in selecting health priorities using the collected data. Based on the team's work, health priorities were identified in the best interest of Harvey County residents and employees, and used to create a Community Health Improvement Plan (CHIP).

Stakeholders, including the core team, used the US Department of Health and Human Services' Healthy People 2030 as a guide to identify the needs and priority population, set targets, find evidence-based and promising practices (*Healthy People in Action*) while designing the CHIP. The Healthy People 2023 framework follows five areas of interest to address its work to support its mission to improve health and well-being for all.[1] These key areas of interest are 1) health disparities, 2) health equity, 3) health literacy, 4) well-being, and 5) social determinants of health. Many of the indicators in this report are on the same *Leading Health Indicators* list under the Healthy People 2030 high-priority objectives.[2]

As a product of the 2023 Harvey County Community Health Needs Assessment, conducted by the core team in collaboration with local stakeholders, community leaders, and other county

residents, four health priorities have been identified as the focus of Harvey County's health initiatives for the period July 2023- June 2026. The priorities drove the development of Harvey County's CHIP. The data collected in this report and the health priorities were used for selecting SMARTIE (Specific, Measurable, Achievable, Relevant, Time-bound, Inclusive and Equitable) goals. To address these community health priorities, the stakeholders identified lead agencies to guide the planning and implementation of evidence-based policy, systems, programs, and environment changes designed to produce successful health-changing outcomes within three years.

HEALTH PRIORITIES IDENTIFIED BY THE 2023 HARVEY COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT

1. **Social & Economic Growth**- employment, housing, child care, transportation, food insecurity, and poverty.
2. **Chronic Diseases**- diabetes, heart disease, hypertension.
3. **Birth Outcomes/Family Planning**- low birth weight, infant mortality, pre- and post-natal care, and STI rates.
4. **Mental Health and Behavioral Health Services**- depression and substance misuse.

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 up to multiple opportunities of living, working and playing in Harvey County. With a population of 34,006 (U.S. Census Bureau, 2021), 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. The Newton rail 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 as well. Ardent Mills, America's leading supplier of flour, and 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 in the county related to agriculture are AGCO, manufacturer of tractors and agricultural implements, and Stanley Black & Decker, maker of the Hustler lawn mower. These wide-ranging business and industry operations enable a skilled workforce with strong ethics.

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. Newton High School, in the largest school district, is the home of Brooks Trade Center, which provides career and technical education to students from all five districts in the county, and a few school districts out of county. 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 two special education cooperatives demonstrate the extensive opportunities our residents have to better their education.

Employees spend a large portion of their day in 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 well-being, tobacco-free job sites, increased physical activity, and healthier food options at worksites. These changes have

shown direct links in increased productivity and reduced absenteeism while also potentially reducing healthcare costs.

Other businesses and services fill Harvey County. Examples include locally owned Burrton restaurant the Barn and the Historic Warkentin House museum. Each town has low-income housing units or a housing authority that assists individuals with disabilities and those with lower paying jobs.

Open to everyone, 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 growth in organized active transportation has occurred since the 2020 CHNA. Five municipalities now have either a Master Pedestrian and Bike Plan or a Master Bike Plan.

Investment from Kansas Department of Transportation and Blue Cross Blue Shield Foundation's 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 (HHC) is the umbrella entity that coordinates seven specific "Leadership Teams" and collaborates with three other coalitions with health-related missions. The Healthy Harvey Coalition reduces duplication of efforts and boosts efficient use of resources.

One collaborating coalition is D-FY (the drug-free youth coalition). D-FY has representation from 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 - a countywide teen-led prevention program of Mirror, Inc. – Prevention and Treatment Center. Additionally, D-FY 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 of the collaboration between Healthy Harvey Coalition, D-FY, and STAND along with other local and national partners was a T-21 ordinance in Newton. Effective January 1, 2020, this ordinance prohibits the sale of all tobacco and nicotine products to persons under the age of 21, removes the tobacco "Purchase, Use, and Possession" penalty for those under 21, and created a local retailer license fee for tobacco retailers. The T-21 ordinance enforcement focused on the tobacco retail license, not on the clerk or the youth attempting to purchase tobacco products.

Harvey County has a substantial number of faith-based organizations. Those organizations include 74 churches, four Ministerial Alliances, one Inter-faith Council and a Community Chaplain Response Team (CCRT). CCRT serves Harvey County in a number of ways; 1) coordinates emergency disaster response for first responders and those affected by the disaster, and 2) provides peer mentoring and support groups for those in substance misuse recovery.

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, beyond private providers, include the non-profit hospital-NMC Health, a federally qualified health center - Health Ministries Clinic, and the Harvey County Health Department working collaboratively to serve our residents. The county has eight long-term care facilities providing independent and assisted-living options along with nursing home care.

Two mental and behavioral health service organizations 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 McPherson and Marion Counties and in the City of Wichita. Mirror, Inc. is a substance abuse treatment center along with a model-based prevention center serving the entire state of Kansas. Also serving the mental health and/or behavioral health needs in Harvey County are multiple private service providers and non-profit organizations such as OVM, Inc. (Offender Victims Ministries).

Harvey County is part of the Ninth Judicial District for the courts system. Community Corrections work with the court system to change behavior of those convicted of crimes and to build community systems to prevent criminal activity and recidivism. In 2021, Harvey County instituted a drug court to increase individuals' success in treatment and reduce jail time for those with drug convictions.

Other examples of the collaborative spirit in Harvey County include the Harvey County Food and Farm Council and the Harvey County Resource Network. The Harvey County Food and Farm Council works to make healthy and local food accessible to all who live here. The council is building the local economy by connecting producers with the consumers to keep fresh, local food in the county. The Harvey County Resource Network is comprised of non-profit, health, social service, and education providers. The Network meets monthly to collaborate, not duplicate,

services, examining the needs of clients and residents, and find ways to meet those individuals where they are and lend a helping hand – which all makes for a stronger, vibrant Harvey County.

Additionally, several grassroots efforts that have emerged since the 2020 CHNA provide free to low-cost meals. Low-cost older adult food programs, daily free hot meals for lunch and dinner, and weekly dinners that encourage community bonding have all cropped up throughout the county. Food sharing boxes and a community pantry have been implemented out of the data-driven need for more food access found by the Harvey County Food & Farm Council and Network conversations. These resources allow those who can give to provide food items by dropping them off, while those in need of food may freely take it. Over the past three years, the Network's community connections and understanding of environmental change has blossomed into more than 30 "Little Free Libraries and Pantries" across the county.

METHODS

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. The methods of data collection in this report are: primary (or qualitative) and secondary (or quantitative) data analysis. Primary data is collected by using first-hand generated sources, such as a community health survey, and seven focus groups qualitative research. Secondary data uses existing data from other individuals or larger institutes, such as the CDC. To understand the needs of a community, all populations are recognized and represented. For an accurate report, population categories include age groups, ethnicity, race, income, health access, and more.

Community Health Survey

Community health survey participants lived or worked in Harvey County and were 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 at area events, and organization-wide e-mails. Participation was voluntary, and no incentives were given. Public libraries provided free internet access to complete the survey, as well as providing paper copies of the survey.

The Harvey County Community Health Survey, developed by the Harvey County CHNA Core Team, was a 39-item survey expected to take approximately seven-to-ten minutes to

complete. The survey included sixteen questions on overall community health, eight personal health questions (including health behaviors that occurred within the past 12 months), six community services questions, and nine demographic questions (including sex, age, race, ethnicity, education, income, zip code, and residency). Of the 39 questions 10 were yes/no responses, 14 were multiple choices, and 15 were multiple responses. The full survey can be found in the Appendices. Responses to the survey were collected via the online Survey Monkey application provided by the Harvey County Health Department. Paper survey responses were entered by a health department employee.

The electronic survey, in English and Spanish, was open from Thursday January 19, 2023, through Friday February 24, 2023. Additional promotions were conducted during the survey's open period. 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 including among Harvey County residents. After the closing of the Harvey County Community Health Survey on February 24, 2023, 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. Demographic were compared to local U.S. 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, residents with lower income level, and individuals with an education of high school degree or less. Harvey County CHNA Core Team members then arranged to conduct seven focus groups. Community members trained in focus group facilitation and note taking were recruited to serve as facilitator and recorders. Focus groups included Circle of Hope, a community initiative that supports families in reaching stability through education, mentoring, communal activities and dining; Casa Betania Church attended by a congregation of Spanish speakers, City of Halstead residents, Hesston Resource Center, a local pantry/resource referral

office, Halstead Housing Authority residents, Caring Place participants, a gathering location for those with mental illness, and Kidron Bethel assisted living residents, a long-term care facility in North Newton, Kansas.

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 which led to identifying the group's health priorities. Each group lasted between 60 and 90 minutes. The recorder was responsible for recording major themes of the discussion and sending reports to the Harvey County CHNA Core Team.

Secondary Data Analysis

Information collected in the secondary, or quantitative, data analysis came from statistically significant sources such as the U.S. Census Bureau, Kansas Action for Kids-Kids Count, CDC, and Kansas Department of Health & Environment.

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, and Kansas Communities that Care Student Survey. The collection of secondary data included demographics, economic, and health outcomes indicators for Harvey County.

Health indicators were determined through secondary data selected by the Harvey County CHNA core team to include items of interest, Healthy People 2030, and those recommended by the Centers for Disease Control and Prevention.

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

DATA ANALYSIS

County Demographics

Harvey County is semi-urban county located in South Central Kansas and is part of the Wichita Metropolitan Statistical Area. Harvey County's driving economic source stems from agriculture and farming, with 343,952 acres (out of 346,000) dedicated to 752 farms. [3]

Harvey County has a population of 34,006 in 2021 that drops nearly 400 from the previous year's number. [4] This is during the time of COVID-19, which could be the potential cause of the decrease in Harvey County's population. The median age is 39.3 that is consistent from previous years. The gender distribution continues to remain equal. The racial diversity within Harvey County has the majority identifying as White at 88.6%. The percentage of population identifying as White also drops from the previous year's value of 95.1%. Harvey County's population comparison has a similar composition among the Hispanic population (12.4%) to Kansas (12.3%), but a higher White population percentage than Kansas (81.4%).

Harvey County, KS Demographics

Indicator	2018		2019		2020		2021	
Population	34,210		34,503		34,434		34,006	
Gender	M/17,200	F/17,355	M/17,159	F/17,344	M/17,117	F/17,317	M/16,732	F/17,274
Median Age	39.5		39.2		39.2		39.3	
Race (white)	32,827 (95.0%)		32,126 (93.1%)		32,733 (95.1%)		30,012 (88.6%)	
Hispanic or Latino	4,078 (11.8%)		4,101 (11.9%)		4,199 (12.2%)		4,215 (12.4%)	

(U.S. Census Bureau, 2021)

Harvey County, KS Population Comparison 2021

Indicator	Total Population	Gender		Median Age	Race (White)	Race (Hispanic)
Harvey County	34,006	M/16,732	F/17,274	39.3	30,125 (88.6%)	4,215 (12.4%)
Kansas	2,932,099	M/1,468,512	F/1,463,947	37.0	2,386,766 (81.4%)	362,053 (12.3%)
United States	329,725,481	M/163,206,615	F/166,518,866	38.4	224,789,109 (68.2%)	60,806,969 (18.4%)

(U.S. Census Bureau, 2021)

Socioeconomic Factors

The median household income for Harvey County is $60,563 that is higher than the 2020 Community Health Needs Assessment and has continued to increase over the years.[5] While Harvey County's average median income is higher than Kansas' ($59,597), it still falls below the United States ($69,201). For people living below the poverty line and do not have insurance, it plays a significant role on Harvey County's overall health. Individuals without insurance often delay or eliminate seeking medical care which results in poorer health outcomes.[6] Since 2013, the rate of uninsured (8.4%) and people below the poverty line (9.8%) as improved.[7] However, just looking from within the last two reported years, the rate of uninsured is increasing slightly and should be a point to investigate what possible implication have occurred during this period (e.g., COVID-19).[6,7]

Income, Health Insurance, & Poverty Analysis					
Indicator	**2013**	**2015**	**2017**	**2019**	**2021**
Median Income	$50,287	$51,327	$55,687	57,982	$60,563
No Health Insurance	10.3%	8.8%	6.2%	8.2%	8.4%
People Below Poverty Level	12.8%	13.2%	11.2%	9.6%	9.8%

(U.S. Census Bureau, 2021)

Another important indicator that influences socioeconomic needs is the unemployment rate. The Local Area Unemployment Statistics (LAUS) program provides estimates of labor force, employment, unemployment, and unemployment rates. The labor force is the sum of employed and unemployed persons, and the unemployment rate is the number of unemployed persons expressed as a percent of the labor force. This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, health food, and other necessities that contribute to poor health status (Kansas Department of Labor). The total civilian labor force (not seasonally adjusted) for Harvey County in December 2022 was 17,237 of which 16,816 were employed and 421 were unemployed, a rate of 2.4%. Harvey County's unemployment rate is below Kansas and the United States rates.[8,9]

Unemployment Rates- December 2022				
Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Harvey County	17,237	16,816	421	2.4%
Kansas	1,516,314	1,477,115	39,199	2.6%
United States	165,456,929	160,031,490	5,425,440	3.3%

(Kansas Department of Labor, 2022)

The *Community Commons, Community Health Needs Assessment Reporting Tool* creates a graph of the average monthly unemployment.[8] The unemployment rate for Harvey County follows a similar trend with Kansas and the United States. Over the 12-month period of December 2021 to December 2022, there are two low points in unemployment in April and September. A potential influence on these trends is the availability of the COVID-19 vaccine and schools re-instated in person attendance. Employment among the working-age population is a leading health indicator under the Healthy People 2030 initiative.[9]

Average Monthly Unemployment

Average Monthly Unemployment Rate, December 2021 – December 2022

— Harvey County, KS — Kansas — United States
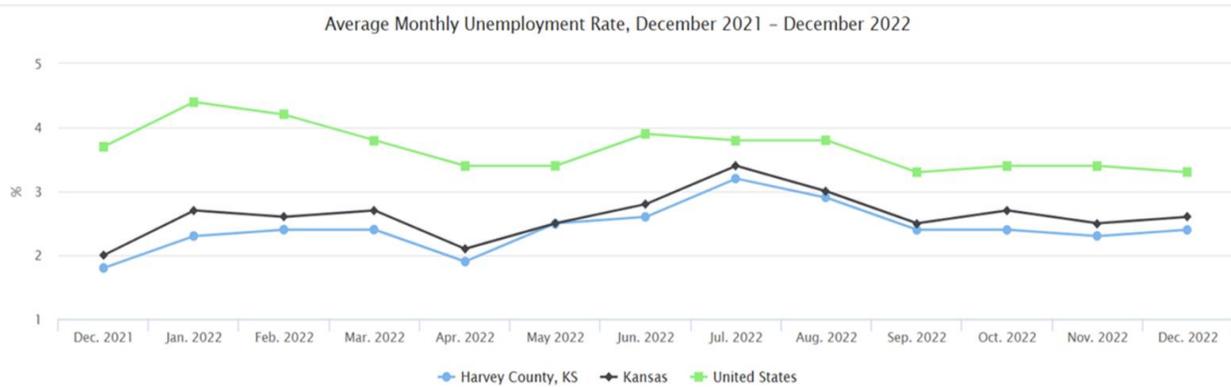
(Community Commons, CHNA Report)

Food insecurity is another indicator that is influenced by an individuals' socioeconomic status. The population of Harvey County that are food insecure is 3,504 or a rate of 10.3%.[10] Since 2017, the insecurity rate has decreased, but is still higher than Kansas' overall food insecurity (9.7%). Student who are eligible for free or reduced lunches is dependent on the income guidelines and household size. Household food insecurity and hunger is another leading health indicator under the Healthy People 2030 initiative.[11]

Food Insecurities 2020			
Indicator	Total Population	Food Insecure Population, Total	Food Insecurity Rate
Harvey County	34,024	3,504	10.3%
Kansas	2,937,880	284,974	9.7%
Unites States	331,449,281	39,111,015	11.8%

(Kansas Health Matters)

Harvey County participates in the National School Lunch Program that is dependent on the income guidelines of the household made by the Child Nutrition Program benefits (Kansas State Department of Education). From 2020-2022, there was a small decrease in the percentage of students eligible. However, in the most recent school year (2022-2023), the percentage of students that were eligible for free or reduced lunches was 47.20%.

Student Eligibility for Free/Reduced Price Lunches

Indicator	Total Students	Number of Free/Reduced Lunch Price Eligible	Percentage of Free/Reduced Lunch Price Eligible
2019-2020			
Harvey County	6,025	2,830	47.0%
Kansas	518,889	236,892	45.7%
2020-2021			
Harvey County	5,677	2,547	44.90%
Kansas	502,492	224,870	44.80%
2021-2022			
Harvey County	5,700	2,344	41.10%
Kansas	506,371	212,273	41.90%
2022-2023			
Harvey County	5,648	2,664	47.20%
Kansas	510,771	239,427	46.90%

(Kansas State Department of Education)

Housing Overview

As many community programs in Harvey County involve the family unit, the following data provides an overall view on the types of households in the county. The first type is family household which is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption. The second type is non-family household which is any household occupied by the householder alone or by the householder and one or more unrelated individuals. In Harvey County, the majority of household are family (67.87%) with non-family representing a smaller percentage (32.13%).[12] When comparing to Kansas (64.26%) and the United States (65.12%), Harvey County has a greater percentage of family households.

Housing Overview (2017-2021)					
Location	Total Households	Family Households	Family Households, Percent	Non-Family Households	Non-Family Households, Percent
Harvey County	13,263	9,002	67.87%	4,261	32.13%
Kansas	1,139,738	732,385	64.26%	407,353	35.74%
United States	124,010,992	80,755,759	65.12%	43,255,233	34.88%

(Community Commons, CHNA Report)

The cost burden of households provides information on the cost of monthly housing expenses for owners and renters.[13] The data give an insight to help with future development of housing programs to meet the needs of the population at different economic levels. For Harvey County, there are 13,263 total households in the report area; 2,765 or 20.85% of the population live in a cost burdened household. In comparison to the state and nation, Harvey County has a lower percentage of cost burdened households.

Housing Costs- Cost Burden (30%), 2017-2021			
Location	Total Households	Cost-Burdened Households	Cost-Burdened Households, Percent
Harvey County	13,263	2,765	20.85%
Kansas	1,139,738	277,030	24.31%
United States	124,010,992	37,625,113	30.34%

(Community Commons, CHNA Report)

To address housing needs, the community health survey asked, "What are the top three needs related to housing in the community that should be addressed? Select the top three." The top three most answered responses were affordable housing (i.e., 30% or less of income) at 63.41%, variety of affordable housing option at 53.45%, and assistance with property repair and maintenance at 34.29%.

Housing Needs for Community		
Answer Choices	**Responses**	
Accessible housing (for persons with disabilities)	11.88%	62
Affordable housing (i.e., 30% or less of income)	**63.41%**	331
Assistance with property repair and maintenance	**34.29%**	179
Code enforcement (e.g., overgrown lawns, broken windows, trash, etc.)	18.20%	95
Higher quality rentals	**23.37%**	122
Historic preservation	2.49%	13
Low-income housing assistance (Section 8)	15.71%	82
Neighborhood improvement programs	**24.33%**	127
Quality housing	22.22%	116
Safe housing	16.28%	85
Senior housing	7.28%	38
Variety of affordable housing options	**53.45%**	279
Other (please specify)	2.68%	14

There were five survey questions that prompted whether individuals or members of their household were able to afford a particular service or treatment in the past 12 months regarding their health. Of the types of services/treatment that respondents answered being unable to afford were: to visit a healthcare provider (18.58%), prescription (21.26%), dentist visit (22.99%), mental health assistance (17.05%), and drug use problem (2.87%). In cases when there is a question about routine health matter and where do they seek to get most of their information, the majority either inquired through the internet/websites (43.68%) or asked at the doctor's office (43.10%).

The survey asked respondents, "What are the top three needs for OLDER ADULTS in the community that should be addressed? Select three." Of the responses, the top three answers were transportation (27.20%), caregiver support (26.44%), and access to daily meals (23.75%).

Older Adults Needs		
Answer Choices	Responses	
Access to daily meals	**23.75%**	124
Age-appropriate entertainment	9.20%	48
Assisted living options	13.98%	73
Caregiver support	**26.44%**	138
Day programs	16.48%	86
Dental care	4.98%	26
Ease of mobility in the community	**23.18%**	121
Education about prescription medications	4.21%	22
Elder abuse prevention and support	10.34%	54
Employment	2.68%	14
Finances/Income	13.22%	69
Grocery delivery services	14.37%	75
Health insurance	11.30%	59
Home health care options	**19.73%**	103
End of life/Hospice care	1.92%	10
Independent living in a home/retirement community	10.34%	54
Legal services	4.79%	25
Long term care facility options	5.94%	31
Medical care	9.77%	51
Memory care options/dementia support	8.81%	46
Mental health services	10.15%	53
Safety	6.32%	33
Security (i.e., personal safety, cybersecurity)	12.07%	63
Substance abuse	0.19%	1
Transportation	**27.20%**	142
Vision care	1.92%	10
Other (please specify)	3.26%	17

Access to Care

The lack of health insurance is considered a key driver of health status because it is a primary barrier to healthcare access including regular primary care, specialty, and other health services that contribute to poor health status.[13] In Harvey County, 8.41% of the total civilian non-institutionalized population are without health insurance coverage. The rate of uninsured persons noted are less than the state average of 8.9% and the United States' 8.77%. Breaking down the uninsured rates further into age categories shows a unique perspective. For the group of *under age 18,* it has shown improvements when the previous value was 6.54% and is now at 2.98%. The

worsening age group is *age 18-64,* with its previous value at 12.88% is now at 13.80%. It is also worse than Kansas' value (12.82%) and the United States (12.29%). Persons with medical insurance (<65years) is among the list of *Leading Health Indicators* for Healthy People 2030.[14]

Uninsured Population, 2017-2021

Indicator	Total Population	Uninsured	Uninsured Population Percent
Harvey County	33,376	2,806	8.41%
Kansas	2,875,459	256,001	8.90%
United States	324,818,565	28,489,142	8.77%

(Community Commons, CHNA Report)

Uninsured Population by Age Group, Percent 2017-2021

Indicator	Under Age 18	Age 18-64	Age 65+
Harvey County	2.98%	13.80%	0%
Kansas	5.24%	12.82%	0.44%
United States	5.30%	12.29%	0.80%

(Community Commons, CHNA Report)

Access to services is restricted by the supply of facilities and physicians, the rate of uninsurance, financial hardship, transportation barriers, cultural competency, and coverage limitations. Rates of morbidity, mortality, and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests, and vaccinations. Prevention indicators can call attention to lack of access or knowledge regarding one or more health issues and can inform program interventions. The rate of preventable hospital stays among Medicare beneficiaries is presented in the table and chart below. Preventable hospitalizations include hospital admissions for one or more of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, bacterial pneumonia, or urinary tract infection.[15] In the latest

report period of 2020, there were 7,418 Medicare beneficiaries in Harvey County. The preventable hospitalization rate was 2,055; which is lower than Kansas (2,991) and the United States (2,865).

Chronic Conditions

Measuring morbidity and mortality rates allows for assessing linkages between social determinants of health and outcomes. By comparing the prevalence of certain chronic diseases to indicators in other categories with outcomes, various causal relationships may emerge. This can allow a better understanding of how certain community health needs may be addressed. In the chart below, the indicator for high blood pressure shows the percentage of adults who have been told they have high blood pressure (140/90 mm Hg or higher).[16] Adults with hypertension whose blood pressure is under control is on the list of *Leading Health Indicators* for Healthy People 2030.[41] The chart shows the percentage of adults ages 18 and older who have had their blood cholesterol checked within the past five years and have been told by a healthcare provider that it is high.[17] There is not a statistical difference from prior values for high blood pressure (34.9%) and high cholesterol (35.0%) rates. The diabetes indicator shows the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. Within Harvey County, 2,393 of adults aged 20 and older have diabetes which represents 7.9%.[16]

Chronic Conditions, 2019

Indicator	High Blood Pressure	Diabetes	High Cholesterol
Harvey County	32.7%	7.9%	34.2%
Kansas	33.5%	9.1%	34.9%
United States	32.6%	9.0%	33.6%

Kansas Health Matters/Community Commons

The *Community Commons, CHNA Report* tool displays a graph showing the trends of adults diagnosed with diabetes by year. The rate of those diagnosed with diabetes has increased since the first reported year of 2009. However, look at the trends since 2013. The diagnoses rate has fluctuated between 7.5% and 8.5%. New cases of diagnosed diabetes in the population are another L*eading Health Indicators* for Healthy People 2030.[2]

Diagnosed with Diabetes per Year

Adults with Diagnosed Diabetes by Year, 2004 through 2019
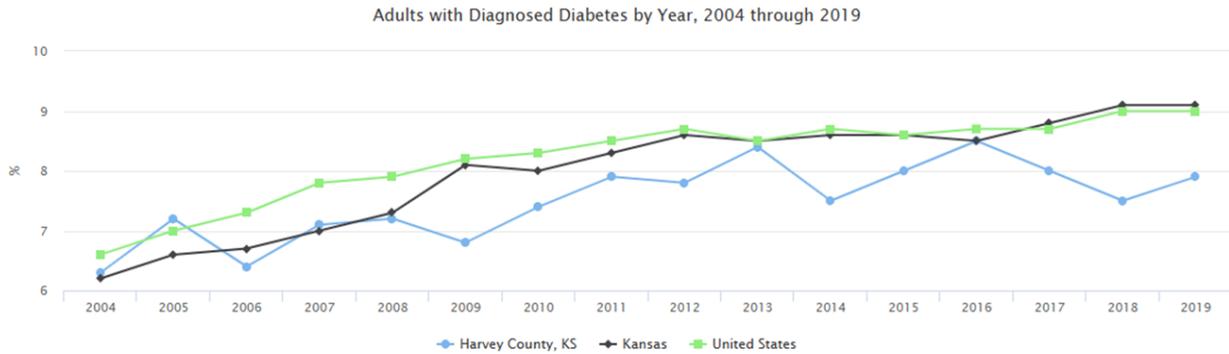
(Community Commons, CHNA Report)

Birth, Children, & Adolescent Indicators

The Women, Infants, and Children program (WIC) across the United States provides nutrition and health education, healthy food, and other services to families who qualify.[17] In 2020, there were 354 births and 93, or 26%, were Harvey County WIC participants.

Birth & WIC Participation

Harvey County Births Compared to WIC Participation
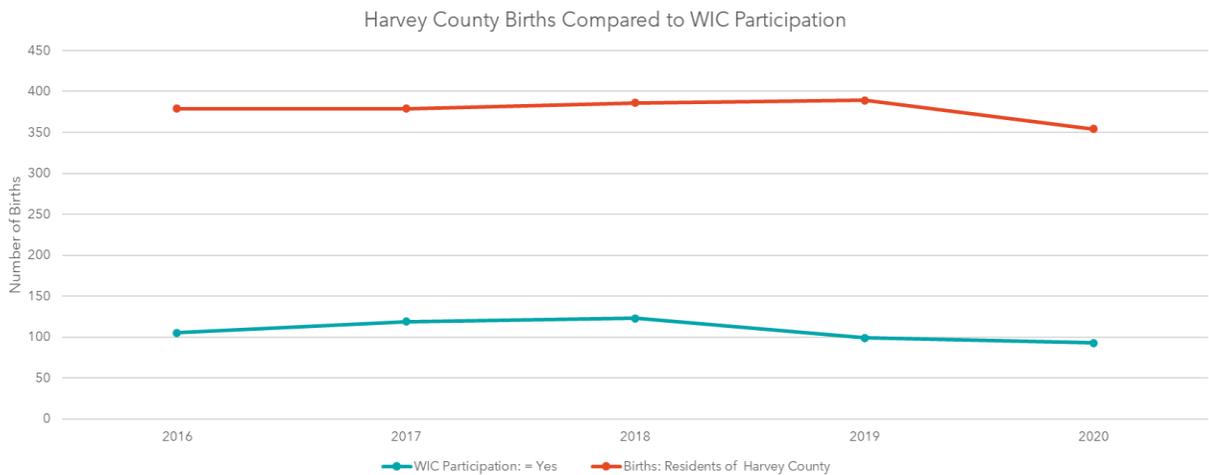
(Kansas Department of Health & Environment)

There are birth health indicators that influence a baby's overall health status that are shown in the table below. One of those is prenatal care which is the percentage of live births to mothers who received adequate or more than adequate prenatal care.[18] Over the last reported years, there has been a decrease in prenatal care. Harvey County was at 91.38% in 2018 but, as of 2021, is at

89.3%. Low birth-weight babies are calculated by the percentage of live births that are below the birth weight average (under 2,500 grams, or 5.5 pounds).[19] Harvey County's value is not the best it has seen but does show improvements from the past year which is currently 7.1%. One of the basic indicators of the health of a community or state is infant mortality, the death of an infant before one year of age.[20] Kansas has shown a statistically downward trend in annual infant mortality rate. In Harvey County, however, the infant mortality rate is much higher (9.2) and has not shown any improvements over the reported years (2018-2021). An important note is that since there is a small number of infant mortalities in Harvey County, the rate is determined by using a five-year range to calculate the rate (e.g., 2017-2021 rate is 9.2). The leading causes of death among infants are birth defects, pre-term delivery, low birth weight, sudden infant death syndrome (SIDS), and maternal complications during pregnancy.[21] Healthy People 2030 has set a goal to reduce to 5.0 infant death per 1,000 live births. Infant death is another *Leading Health Indicator* under the Healthy People 2030 initiative.[2]

Birth Health Indicators

Location	2018	2019	2020	2021
Prenatal Care				
Harvey	91.38%	89.18%	87.78%	89.3%
Kansas	83.40%	83.82%	83.40%	84.1%
Low Birth-Weight Babies				
Harvey	4.66%	10.28%	8.19%	7.1%
Kansas	7.43%	7.60%	7.29%	7.4%
Infant Mortality (rate per 1,000)				
Harvey	9.1	9.3	9.0	9.2
Kansas	6.1	5.9	6.0	5.3

(Kansas Action for Children, Kansas Health Mattes, KDHE Vital Statistics)

Childcare is an investment in the future of our children, our families, and our communities.[22] The quality-of-care setting provides a safe environment for children to thrive. The childcare system also assists parents in pursuing career goals that support the household needs. Another positive effect of the childcare settings is increasing the labor force. There are about four

children for every available slot for children under six. For children under three, there are at least 21 children for every available slot. The number of available slots influenced by the number of facilities available in Harvey County only provides care to 26% of the children in the community that may need it. In the county, there are 29 Licensed Family and Group Childcare Homes and 3 Licensed Child Care Centers.

Adolescent Health Coverage, like adults, is a key driver in overall health status. The percentage of children under the age 19 without health insurance in Harvey County is displayed in the table below.[23] There is one in 47 individuals under 19 that do not have health insurance. In general, the uninsured rate of children is decreasing which is reflected in the increasing enrollment of health insurance (Medicaid & CHIP). One note is that there is no data available for the year 2020, which is the time of COVID-19.

Uninsured Children (Percent)			
Location	2018	2019	2021
Harvey	4.6%	5.6%	2.2%
Kansas	5.0%	5.7%	NA

(Kansas Action for Children, Kids Count)

Harvey Insurance Enrollment			
Location	2018	2019	2021
Medicaid	2,798	2,611	2,823
CHIP	560	598	691

(Kansas Action for Children, Kids Count)

Mental health in our children is another topic of interest since it may lead to deteriorating health status and suicide. In the table below is the number of child hospital discharges of mental health diagnoses per 1,000 children under the age 18.[23] The rate of mental health is decreasing in the county from 5.6 (2018) to 2.3 in 2020. According to the CDC YRBFSS (Youth Behavioral Risk Factor Surveillance System), the percentage of Kansas high school students who report they

seriously considered attempting suicide (in the 12 months prior to the survey) in 2019 was 22.4% among females and 14.4% among males.[24] In Harvey County, 2023, 15.73% of students have seriously thought about killing themselves and 36.38% of students have felt sad or hopeless for several weeks.[25,26] Adolescents with major depressive episodes (MDEs) who receive treatment are also on the list of *Leading Health Indicators* for Healthy People 2030.[2] The teen violent deaths include the number of deaths caused by homicide, suicide, and motor vehicle accidents among teens 15-19 years of age per 100,000.[23]

Mental Health (Rate Per 1,000)			
Location	2018	2019	2020
Harvey	5.6	4.0	2.3
Kansas	4.8	6.1	5.9

(Kansas Action for Children, Kids Count)

Teen Violent Deaths			
Location	2018	2019	2021
Harvey	77.8	77.0	NA
Kansas	43.9	41.4	96.0

(Kansas Action for Children, Kids Count)

Tobacco

Nearly one in four (23.6%) of Kansas adults use some form of tobacco products (e.g., conventional cigarettes, e-cigarettes, smokeless tobacco).[26] Tobacco is the agent most responsible for avoidable illness and death in America. It contributes to premature death to almost half a million Americans each year and contributes to profound disability (CDC). The World Health Organization states that approximately one-third of all tobacco users in this country will die prematurely because of the dependency to tobacco. Tobacco use is among the Healthy People 2030 *Leading Health Indicators*.[41] In the table below, the percentage of adults who smoke is shown for Harvey County. The most up-to-date data indicate that 16.7% of Harvey County adults smoke tobacco.[29]

| Adults who Smoke	2018	2019	2020
Harvey	16.7%	14.9%	16.7%

(Kansas Health Matters)

E-cigarette use is an emerging issue nationally and in Kansas. Most e-cigarettes contain nicotine, which has known adverse health effects. Additionally, e-cigarettes aerosols contain harmful substances and cancer-causing chemicals.[27] The long-term effects of e-cigarettes are still being research due to being a new market compared to conventional cigarettes. There are approximately 121,305 Kansas adults who use e-cigarettes. It is important to note the dual usage of conventional and e-cigarettes. In Kansas, 47.3% of adults who use e-cigarettes also smoke conventional cigarettes and 30.3% are former smokers, while 22.4% have never smoked cigarettes before.[28]

Tobacco use among Harvey County youth poses a serious threat. Current use of any tobacco products among adolescents is another *Leading Health Indicator* for Healthy People 2030.[2] In an annual survey performed by Kansas Communities that Care, students in middle school (6th & 8th grade) and high school (10th & 12th grade) provide insights to a number of health-related topics. The question below and graphs display the cigarette usage, which is showing a decrease in the reported years.[29] In 2022, among 6th and 8th grade student, 0.65% had smoke cigarettes. For 10th and 12th grade students, 1.71% had smoked cigarettes in the last 30 days prior to taking the survey.

How frequently have you smoked cigarettes during the past 30 days? (at least once)

6th & 8th grade
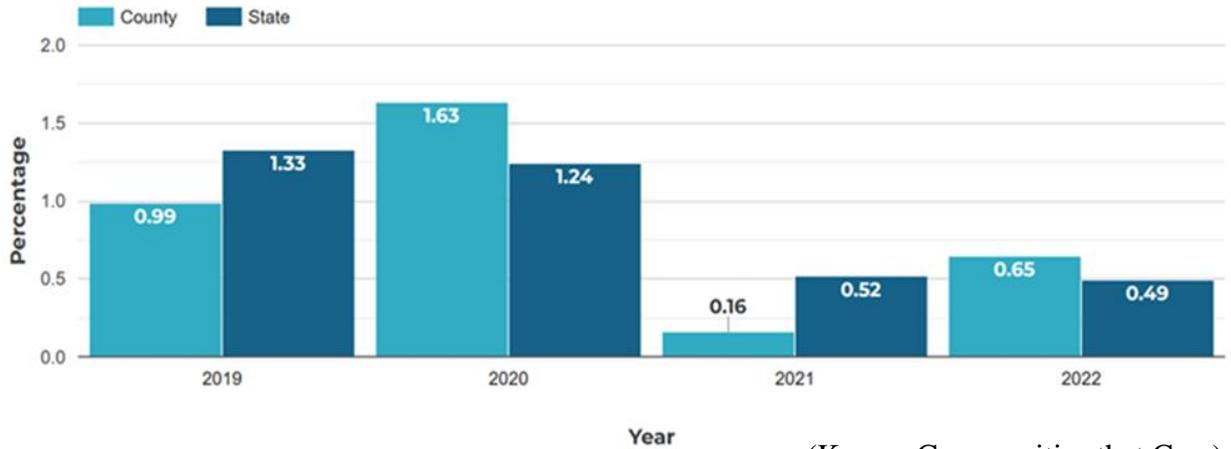
(Kansas Communities that Care)

How frequently have you smoked cigarettes during the past 30 days? (at least once)

10th & 12th grade
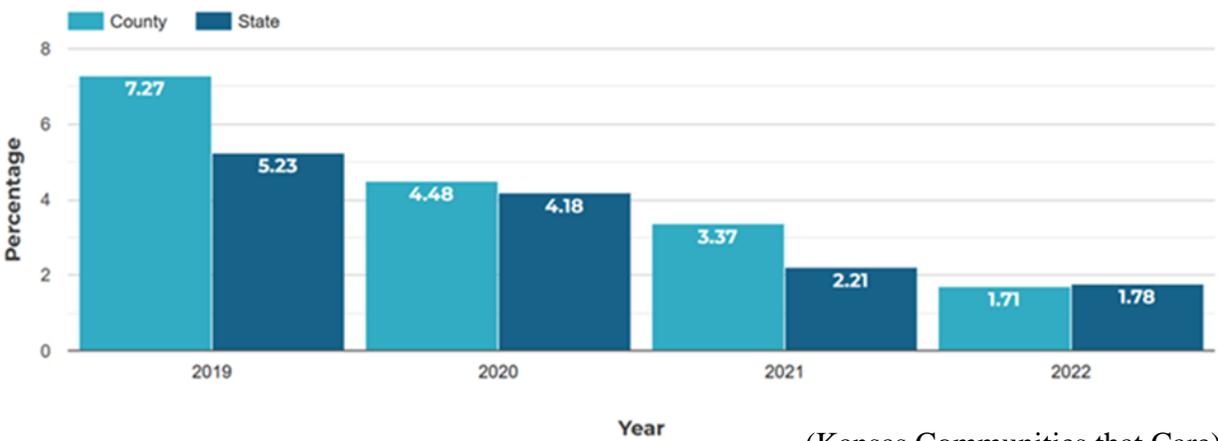
(Kansas Communities that Care)

The trend of e-cigarette use among Harvey County students shows different results compared to conventional cigarettes. In the same survey by Kansas Communities that Care, they asked the question regarding e-cigarette usage.[30] Among the two grade groups, shown below, there is an increase in e-cigarette use by Harvey County students. In the most recent report year, 2020, 3.84% of 6th and 8th grade students use e-cigarettes and 18.38% 10th and 12th grade students use e-

cigarettes. According to Kansas Department of Health and Environment (KDHE), the most common reasons among Kansas high school students as to why they use e-cigarettes are: 1) friend or family member uses (40.2%), 2) available in flavors, such as mint, candy, fruit, or chocolate (10.7%), and 3) less harmful than other forms of tobacco (7.7%).[31]

During the past 30 days, on how many days have you used electronic cigarettes (e-cigarettes)?

6th & 8th grade

(Kansas Communities that Care)

10th & 12th grade
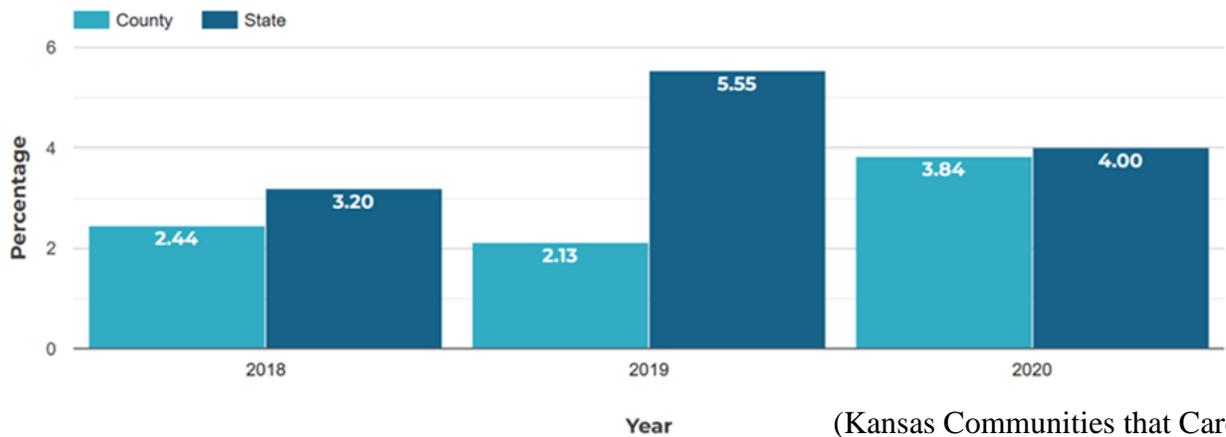
(Kansas Communities that Care)
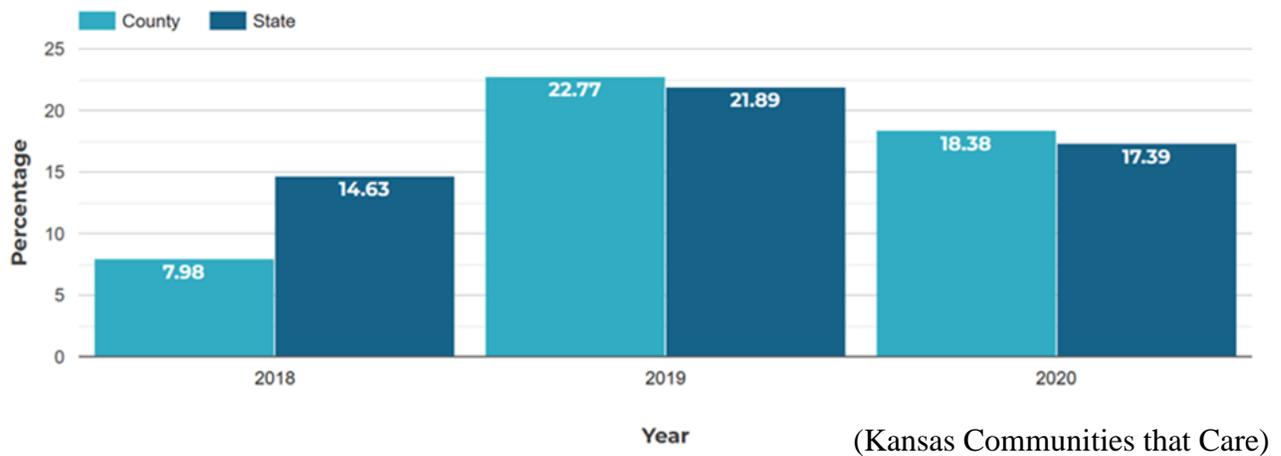
Mental Health & Wellness

Mortality by suicide is an indicator of poor mental health. In the table below, it reports the 2016-2020 five-year average rate of death due to intentional self-harm (suicide) per 100,00 population.[32] Within Harvey County, there are a total of 22 deaths due to suicide that represent an age-adjusted rate of 14.3. This value is better compared to Kansas (18.6) but is over the United States' rate (13.8). Suicides are among the list of Healthy People 2030's *Leading Health Indicators*.[2]

Mortality-Suicide 2016-2020				
Location	Total Population, Average	Five Year Total Deaths	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Harvey	34,477	22	12.8	14.3
Kansas	2,911,087	2,677	18.4	18.6
United States	326,747,554	233,972	14.3	13.8

(Community Commons)

Depression is a chronic disease that negatively affects a person's feelings, behaviors, and thought processes. It may present in a variety of symptoms such as feelings of sadness, fatigue, and marked loss of interest in activities that used to be pleasurable. Many people do not seek treatment for their depression.[33] In the below graph, the percentage of Medicare beneficiaries who were treated for depression is displayed and shows an increasing trend, but not significantly. In 2021, there were 22.0% of Medicare beneficiaries treated for depression. When comparing to Kansas (18.0%) and the United States (16.0%), Harvey County's value is higher.

Percentage of Medicare Population with Depression by Year

Depression: Medicare Population
County: Harvey

www.kansashealthmatters.org

17.6% 19.1% 21.0% 19.7% 19.5% 20.1% 20.2% 22.2% 23.3% 22.2% 20.0% 21.0% 22.0%

percent
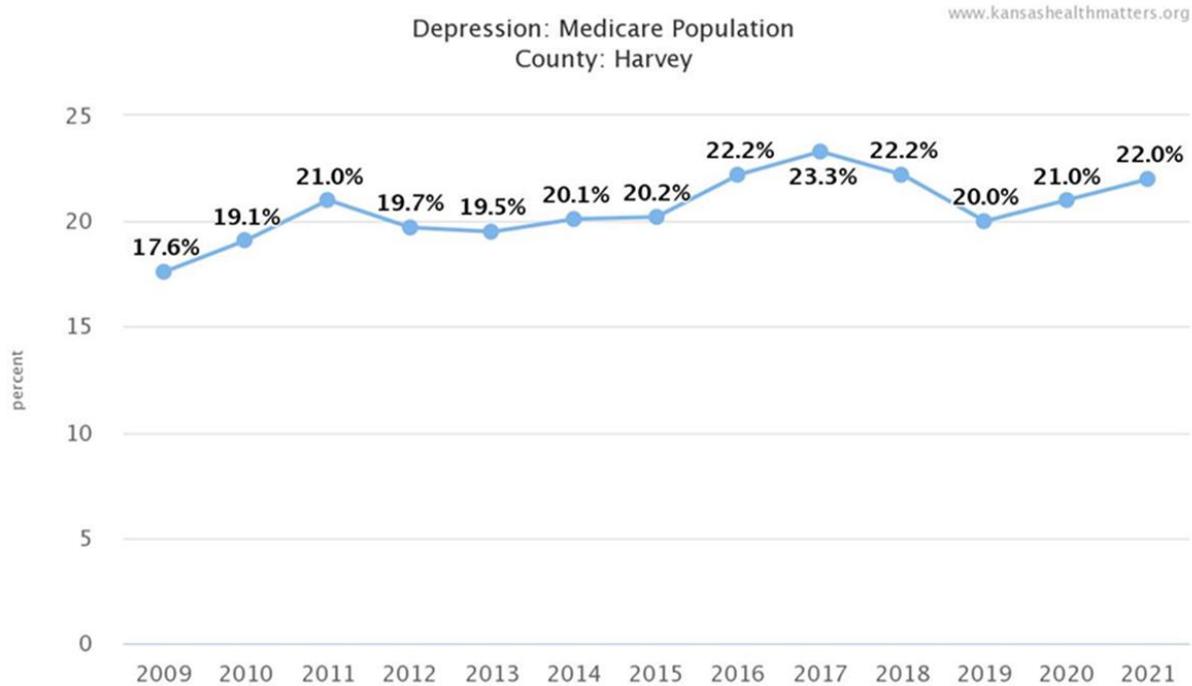
Source: Centers for Medicare & Medicaid Se

(Kansas Health Matters)

Addiction

Drug overdose deaths are the leading cause of injury death in the United States, with over 100 drug overdose deaths occurring every day.[34] The death rate due to drug overdose has been increasing over the last few decades. Most deaths due to pharmaceutical overdose involve opioid analgesics (prescription painkillers). Those who die from drug overdose are more likely to be male, Caucasian, or between the ages of 45 and 49. Although many drug overdose deaths are accidental, they may also be intentional or of undetermined intent. The death rate due to drug poisoning from 2017-2019 is 9.7 per 100,000 population in Harvey County which is lower than the previous year (13.4). Over time, Harvey County's value has increased but not significantly. Drug overdose deaths are also on the Healthy People 2030 *Leading Health Indicators* lists.[2]

Drug Overdose Mortality

Death Rate due to Drug Poisoning
County: Harvey

www.kansashealthmatters.org
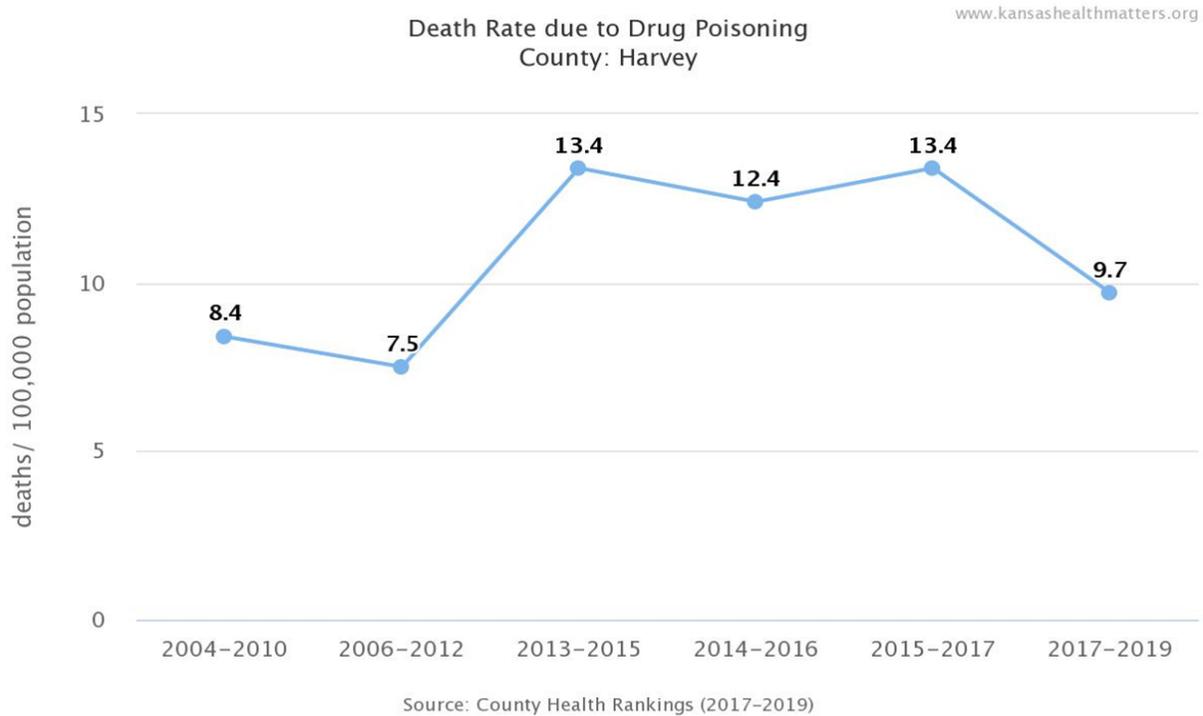
(Kansas Health Matters)

Crimes

An indicator of well-being in a community is crimes. The Federal Bureau of Investigation (FBI) index crimes includes murder, rape, robbery, aggravated assault/battery, burglary, theft, and motor vehicle theft.[35] In the table below, the crime index rate per 1,000 for Harvey County (24.6) is lower than Kansas' (27.6). Looking at the reported years, it shows that the crime index rate is increasing.

Crime Index Offenses- Rate Per 1,000			
Location	2019	2020	2021
Harvey	18.9	21.2	24.6
Kansas	29.3	29.7	27.6

(Kansas FBI)

The violent crimes index includes homicide, rape, robbery, and aggravated assault.[36] Within Harvey County, the 2015-2017 three-year total of reported violent crimes was 395, which

equates to annual rate of 375.4 crimes per 100,000 people; higher than the statewide rate of 368.8 but not the nation at 416.0. Homicides is on the list of *Leading Health Indicators* for Healthy People 2030.[2]

Violent Crime- Total (2015-2017)			
Location	Total Population	Violent Crimes	Violent Crimes, Annual Rate (Per 100,000)
Harvey	35,073	395	375.4
Kansas	3,004,489	33,242	368.8
United States	366,886,849	4,579,031	416.0

(Kansas FBI)

The 911 calls received by Harvey County in 2019 and 2022 are listed below.[37,38] In the first table, the 911 general calls include all types such as health, disputes, complaints, crimes, and violations to name a few. The categories that increased in 2022 (in bold) between the two reported years are disputes, general information, alarms, accidents, community services, and fires. The majority of the 911 general calls were vehicle (26%), miscellaneous (22%), and community services (19%).[38] A few examples of miscellaneous calls include 911 disconnect, attempt to contact/locate, citizen contact, drill/exercise, eviction, follow-up, remove unwanted, siren test, and suspicious activity.

Type of Event, 911 Calls	2019	2022
Health	8,012	4,209
Disputes	**1,189**	**1,297**
General Info	**2,417**	**4,719**
Misc.	9,779	12,877
Alarms	**1,799**	**2,290**
Complaints	694	496
Accidents	**907**	**971**
Assault/Abuse	785	760
Crimes	2,010	1,660
Community Services	**3,496**	**10,634**
Violations	648	477
Fire	**993**	**1,090**
Vehicle	20,541	15,107
Individual	1,613	991
Total	54,883	57,578

(Harvey County Communications)

Criminal 911 calls are listed in the next table for 2019 and 2022. Of the reported years, the categories that increased (in bold) in 2022 are rape, sex offense, and child-in-need-of-care. The majority of criminal 911 calls were of child-in-need-of-care (47%) and harassment (18%).[38]

Type of Event, 911 Calls	2019	2022
Abuse of Child/Elderly	22	36
Aggravated Assault	3	1
Assault	26	23
Fight	65	36
Harassment	148	138
Lewd/Lascivious Behavior	14	4
Phone Harassment	45	33
Prowler	36	22
Rape	**6**	**10**
Sex Offense	**2**	**49**
Stabbing	2	3
Trauma	127	56
Child in Need of Care	**289**	**359**
Total	785	770

(Harvey County Communications)

The pie chart shows the distribution of 911 health event calls. The top five health related 911 calls are falls (18%), sick person (15%), breathing problem (11%), injury accident (9%), and chest pain (7%).

911 CALLS REGARDING HEALTH 2022
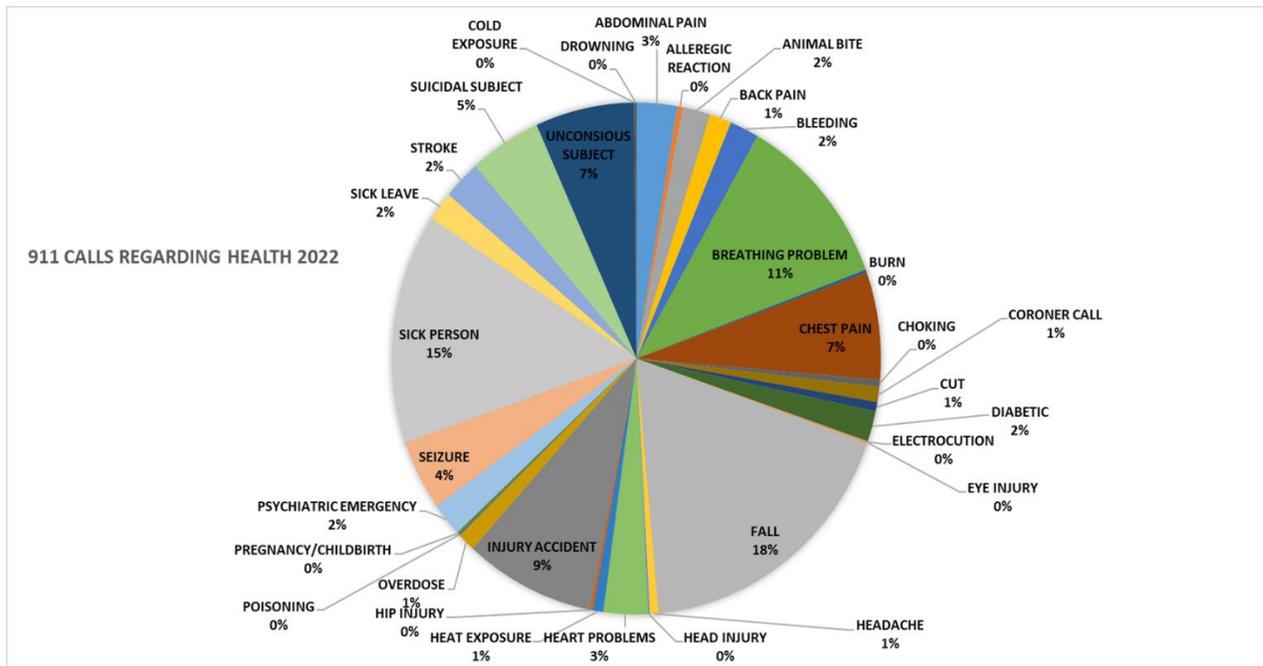
(Harvey County Communications)

Community Health Survey

There was a total or 525 responses accumulated from the Harvey County Community Health survey questionnaire. Of the responses, 74.52% reported female and 20.31% reported male, but other options were available for gender identity as well shown in the table below. From recent U.S. Census Bureau data, the responses do not have a similar gender composition of Harvey County since there is an approximately 50/50 gender distribution.[4] From the total responses, 94.25% were White, 1.72% Black/African American, 5.75% Hispanic, 1.53% American Indian/Alaska Native, 0.5% Asian, and 0.19 Hawaiian/Pacific Islander. There was an even distribution from ages 45-65+ with few responses among those younger than 44 years. Many of the responses had resided in Harvey County for over 10+ years at 69.54%. Those who lived in Newton made up most of the residents who responded to the survey at 58%. The three highest categories for income were $40,000-$49,999 at 11.49%, $50,000-$59,999 at 10.54%, and $100,000-$149,999 at 17.05%.

Community Health Survey Demographic Summary

Gender	Female 74.52%	Male 20.31%	Non-binary 0.96%	Other 0.57%	Prefer not to answer 3.64%		
Race	White/ Caucasian 94.25%	Black/African American 1.72%	Hispanic 5.75%	American Indian/Alaska Native 1.53%	Asian 0.57%	Hawaiian/Pacific Islander 0.19%	
Age	18-24 2.11%	25-34 15.13%	35-44 18.20%	45-54 21.0%	55-64 21.65%	65+ 21.84%	
Education	Less than high school 0.38%	High school diploma or GED 10.15%	Some college/ Associates 26.44%	Bachelor's degree or higher 57.85%	Other 5.17%		
Residence Duration	Does not reside 8.81%	<1 Year 2.11%	1-5 Years 10.54%	6-10 Years 9%	10+ Years 69.54%		
Location	Walton 1%	Sedgwick 2%	Burrton 3%	Halstead 7%	Other 7%	North Newton 9%	Hesston 13%	Newton 58%

Survey Responses by Location
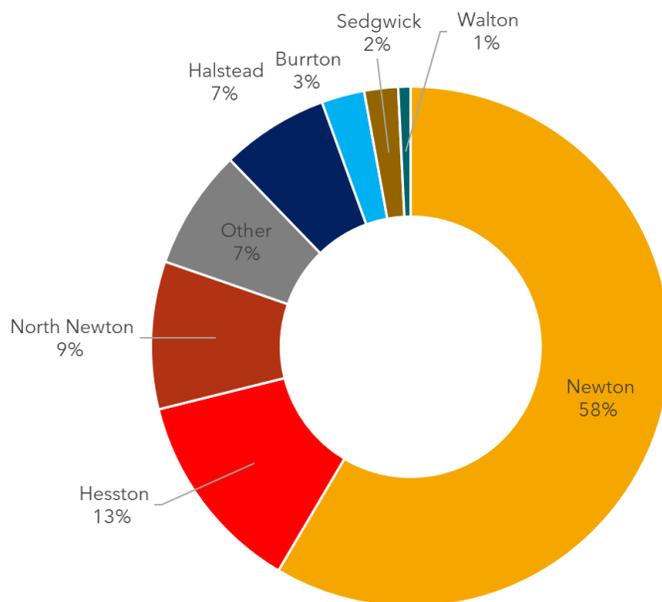
Survey Responses by Income

Less than $10,000	1.34%
$10,000 to $19,999	2.49%
$20,000 to $29,999	7.85%
$30,000 to $39,999	8.43%
$40,000 to $49,999	11.49%
$50,000 to $59,999	10.54%
$60,000 to $69,999	8.81%
$70,000 to $79,999	7.47%
$80,000 to $89,999	7.28%
$90,000 to $99,999	8.05%
$100,000 to $149,999	17.05%
$150,000 to $199,999	5.36%
$200,000 or more	3.83%

One of the prompted questions asked the respondents, "In the following list, what do you think are the three most key factors for a 'Health Community' (Those factors which most improve the quality of life in a community.) Check only three." The five most common answers were healthy economy with good paying jobs (44.3%), low crime/safe neighborhoods (41.76%), good schools (37.93%), access to healthcare (36.40%), and good place to raise children (30.65%). When asked "In general, how would you rate the overall health of your community," the majority answered "Somewhat healthy" which has been the consensus in the last two community health survey responses in 2017 and 2020.

Community Health Factors		
Answer Choices	Responses	
Good place to raise children	**30.65%**	**160**
Strong religious or spiritual values	18.20%	95
Low crime/safe neighborhoods	**41.76%**	**218**
Healthy economy with good paying jobs	**44.83%**	**234**
Low level of child abuse	3.83%	20
Arts and cultural events	4.79%	25
Good schools	**37.93%**	**198**
Healthy behaviors and lifestyles	16.09%	84
Access to health care (e.g., family doctor)	**36.40%**	**190**
Low adult death and disease rates	2.30%	12
Parks and recreation	8.81%	46
Low infant deaths	2.30%	12
Affordable housing	25.48%	133
Drug treatment for those who need help	2.87%	15
Access to dental services	2.87%	15
Access to mental health services	17.24%	90
Other (please specify)	3.83%	20

Another question asked, "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." The top three responses were drug abuse (66.86%), alcohol abuse (38.70%), and child abuse/neglect (33.91%).

Risky Behavior Factors		
Answer Choices	Responses	
Alcohol abuse	**38.70%**	202
Child abuse/neglect	**33.91%**	177
Being overweight	**29.50%**	154
Tobacco use	10.92%	57
Dropping out of school	16.86%	88
Not using seat belts/child safety seats	2.30%	12
Drug abuse	**66.86%**	349
Unsafe sex	4.79%	25
Lack of exercise	19.92%	104
Anger/rage	16.28%	85
Poor eating habits	**24.52%**	128
Not getting "shots" to prevent disease	16.48%	86
Self-harming	4.02%	21
Other (please specify)	9.20%	48

When prompted to answer, "We would like to know about the problems in the community that can have the greatest impact on people. Which life stressors impact our community members most, in your opinion? Select the top three." The top five answers were debt (50.57%), work or school stress (47.51%), family-related issues (33.52%), traumatic event (26.82%), and loss of job (26.44%).

Community Life Stressors		
Answer Choices	Responses	
Conflict with others	19.92%	104
Discrimination	13.41%	70
Family-related issues	**33.52%**	175
Debt	**50.57%**	264
Marital status change	1.92%	10
Illness or injury	14.56%	76

Loneliness	16.86%	88
Loss of a job	**26.44%**	138
Moving to a new home	1.15%	6
Neighborhood crime/safety	12.84%	67
Separation or divorce	13.60%	71
The death of a loved one	7.85%	41
Traumatic event	**26.82%**	140
Work or school stress	**47.51%**	248
Other (please specify)	9.00%	47

Regarding community mental health, the survey asked, "Overall, what are the top three mental health needs in the community that should be addressed? Selected the top three." From the given list, the top three responses were affordable health insurance that includes mental health care (49.81%), affordable mental health services (39.85%), and substance abuse prevention/treatment (34.67%)

Mental Health Needs		
Answer Choices	**Responses**	
Addressing the stigmatization of those with mental health issues	20.69%	108
Affordable health insurance that includes mental health care	**49.81%**	260
Affordable mental health services	**39.85%**	208
Affordable medicine/prescriptions	**26.05%**	136
Availability of transportation to mental health services	15.90%	83
Care for Caregivers	17.82%	93
Children's mental health services	**31.23%**	163
High quality mental health services	18.58%	97
Increase mental health education/prevention	23.18%	121
Substance abuse prevention/treatment	**34.67%**	181
Suicide prevention	10.92%	57
Another mental health need (please specify)	6.13%	32

A survey question regarding income and budget asked, "What are the top three needs related to income/household budget in your community that should be addressed? Select the top three." The top three most common answers were jobs that at least pay a living wage at 64.75%, emergency assistance to individuals or families at 35.06%., and public transportation at 32.57%.

Household Budget Needs		
Answer Choices	Responses	
Access to Wi-Fi/internet/broadband	**23.95%**	125
Assistance with searching for and gaining employment	17.62%	92
Availability of college or career preparation in schools	11.69%	61
Availability of jobs	**29.50%**	154
Availability of low-interest loans	9.00%	47
Emergency assistance to individuals or families (e.g., for utilities, food, rent, etc.)	**35.06%**	183
Employment opportunities for older adults	6.51%	34
Employment opportunities for youth	9.96%	52
Jobs that at least pay a living wage (the minimum income necessary for a worker to meet basic needs like food, housing, clothing, etc.)	**64.75%**	338
Low-cost resources to help with personal finance management	18.97%	99
Public transportation	**32.57%**	170
Small business development	12.45%	65
Workforce development training	14.56%	76
Other (please specify)	7.28%	38

Focus Groups

Seven focus groups were engaged to provide insights to the health needs of Harvey County. Following is a chart of demographics for each focus group. The first four questions of the community health survey were presented to each group. Comments were carefully recorded and the summary of all groups is noted here. Responses for each focus group are in the Appendices A-G.

Group	Gender		Newton Resident (or noted)	Ethnicity	
	Male	Female		Hispanic	Non-Hispanic
Circle of Hope	14	15	29		majority
Casa Betania	6	9	14, 1 Wichita	13	1
City of Halstead	0	2	1, 1 Halstead		2
Hesston Resource Center	0	4	4 Hesston		4
Halstead Housing	1	5	6 Halstead		6
Caring Place	4	2	5, 1 No. Newton		6
Kidron Bethel	4	5	9 No. Newton		9

The participants of the focus groups felt that, overall, Harvey County is somewhat healthy, but that some people fall into gaps. Areas of particular concern were access to healthy foods, access to parks and fitness spaces, access to health care, and community engagement. When discussing risks to health, obesity was the most common answer, closely followed by tobacco use and self-harm. Other areas of concern were safe housing, lack of socialization spaces, and lack of resources such as transportation and interpreters.

PRIORITY SETTING PROCESS

The Harvey County CHNA Core Team presented the data to the community stakeholders to assist them 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. After watching and reading the results of the CHNA data, stakeholders and core members were asked to rank the importance (low, medium or high), the appropriateness (capability of addressing the issue in the next three years – yes or no) and if they had professional expertise. Fifty-two respondents completed the survey. The issues were ranked based on high importance and appropriateness.

0	High Importance	Appropriateness	Expertise	Importance + Appropriateness
Behavioral/Mental Health	39	42	9	81
Birth Outcomes	26	37	8	63
Chronic disease	23	39	4	62
Substance use	23	39	2	62
Community Safety	13	48	4	61
Access to services	21	39	2	60
Education	20	39	7	59
Health care access	20	39	1	59
Poverty	15	39	1	54
Family Planning	15	36	3	51
Housing	13	36	1	49
Food environment	17	30	2	47
Violence and Crime	14	32	1	46
Environmental health	5	32	1	37
Social & Community engagement	6	29	1	35
Tobacco/Nicotine Use	5	26	2	31

On April 13, 2023, stakeholders and core members had the opportunity to discuss the priorities and identified the following health priorities. To ensure an open process, public feedback was open until April 20, 2023.

Harvey County Health Needs Assessment Priorities for 2023-2026

1. **Social & Economic Growth-** employment, housing, child care, transportation, food insecurity, and poverty.

2. **Chronic Diseases-** diabetes, heart disease, hypertension.

3. **Birth Outcomes/Family Planning-** low birth weight, infant mortality, pre- and post-natal care, and STI rates.

4. **Mental Health and Behavioral Health Services-** depression and substance misuse.

Behavioral/mental health and chronic disease remained priorities identified from the 2020 CHNA. Birth outcomes merged with family planning to be its own health priority. In addition, social and economic growth incorporated several non-medical factors that affect general health, often referred to social determinants of health.

On April 25, 2023, stakeholders with core members met in priority groups, discussed community input, and reviewed Healthy People 2030 goals of the priority areas. This tool was selected to provide consistency and measurable outcomes while being relevant to Harvey County's specific health issues. Healthy People 2030 provides evidence-based and promising practice strategies to make positive changes to these health needs. Harvey County's Community Health Improvement Plan (CHIP) (Appendix J) was then developed during these last two meetings; with some groups meeting in-between.

SMARTIE (Specific, Measurable, Achievable, Relevant, Time-bound, Inclusive and Equitable) goals were included as part of the CHIP. To produce successful outcomes within three years, stakeholders identified lead agencies to guide the implementation of each priority area.

APPENDIX A: CIRCLE OF HOPE FOCUS GROUP DATA

January 31, 2023

Demographics:

29 people in total   29 Newton residents

Evenly split between men and women   Majority Caucasian

1. **What are the most important factors for a healthy community?**
   a. Transportation
      i. Public transportation
   b. Accessible grocery stores
   c. Clean drinking water
   d. Connection to resources
   e. Accessible and affordable health care
      i. Children's health care
      ii. Mental health care
      iii. Dental care
      iv. No long wait times
      v. Prescription coverage
   f. Good schools
   g. Connections with others
   h. Opportunities to connect with others
      i. Free place for people to build community
   i. Accessible and affordable child care
      i. Before school, after school, at all hours
      ii. Infant care
         1. Home support for newborns
   j. Respect for each other
   k. Healthy relationships
   l. Affordable fitness centers
   m. More outdoor areas for children and adults
   n. Affordable housing
      i. For single parent families
   o. Non-electronic person responding to needs
   p. Safe and accessible outdoor spaces (such as crosswalks) for people with disabilities

q. Home repair services
r. Information and support for people with special help conditions
    i. Allergies
s. Bridges over railroads
t. Extensive resources and services for homeless people
    i. Mental health services for the homeless
u. Substance use disorder services
    i. Opioid crisis services
v. More quality community lighting
w. More dog parks
x. Welcoming refugees and asylum seekers
y. Community collaboration
z. Cooking classes for healthy meals
aa. Better outdoor recreational parks - splash park at old Roosevelt school site
bb. Access to alternative medicine focused on prevention
cc. Support for parents with kids of all ages
    i. Parenting classes
dd. Better infrastructure
    i. Road and sidewalk improvements
ee. Reintegration for previously incarcerated people
ff. Stricter dog leash laws

2. **In general, how would you rate the overall health of our community?**
    a. Very Unhealthy
    b. Unhealthy
        i. 2
    c. Somewhat Healthy
        i. 17
    d. Healthy
        i. 10
    e. Very Healthy

3. **What are things that happen in your county that are risky (put people in difficult situations, or need more support to overcome)?**
    a. High rates of illegal drug use
        i. Teenage smoking
    b. High rates of teenage suicide
    c. Unhealthy response from systems to crisis situations
        i. Hypervigilance and over policing young people for drug use
    d. Drinking and driving
    e. Risky sexual behaviors
    f. People not staying connected with who/what helps them
    g. Low quality infrastructure
        i. Bad sidewalks and many dead ends
    h. Lack of social connections
    i. Unsafe driving
        i. Racing
        ii. Inattentive driving (cell phone use)
    j. Unsupervised children
        i. Walking unsupervised in dangerous areas
    k. Unhealthy parenting
        i. Premature responsibility
        ii. Lack of communication
    l. No affordable health care for adults
    m. Expensive fitness centers
    n. Lack of telemed
    o. Affordable healthy food (i.e. fruits and vegetables)
    p. Doctors who don't see patients as people
        i. Don't listen
        ii. Long wait times
        iii. Especially with elderly
    q. Unhealthy eating
        i. Obesity

4. **Other concerns**
    a. Behavioral resources for families
    b. Affordable vehicles
    c. Dental care for people who need it
    d. Lack of church involvement towards community needs
    e. More accessible LGBTQ+ friendly health care
    f. Train whistles are disruptive, especially at night
    g. Medicaid expansion

APPENDIX B: CASA BETANIA FOCUS GROUP DATA

February 5, 2023

Demographics: 15 total   2 facilitators
9 women   6 men
1 Wichita resident   14 Newton residents
13 Hispanic, 1 Caucasian

Spanish:
1. **¿Cuáles son los factores más importantes para una comunidad saludable?**
   a. Servicios dentales accesibles
   b. Atención medica
   c. Comunicación
      i. Especialmente para los que hablan español
   d. Servicios para Hispanos/Latinos
      i. Para los que no tienen estatus legal
      ii. Intérpretes
   e. Información de servicios
   f. Fuertes valores religiosos o espirituales
   g. Clases de inglés
   h. Orientación para hispanos
   i. Farmacias accesibles
      i. Medicaciones asequibles
   j. Citas mensuales gratuitas
   k. Parques o centros de recreación públicos
      i. Gratuitos
         1. Para los mayor de edad
2. **En general cómo calificaría la salud de su comunidad?**
   a. Nada saludable
   b. Poco saludable
      i. 1
   c. Algo saludable
      i. 5
   d. Saludable
      i. 5
   e. Muy saludable
      i. 2
3. **Cuáles cree que son los tres comportamientos más riesgosos en el condado de Harvey?**
   a. Abuso de sustancias
      i. Alcohol, drogas, fumar
   b. Pobre alimentación en la escuela

c. Sobrepeso
        d. Salir de la escuela en el tiempo de comer
        e. Falta de ejercicio
        f. Falta de ayuda para los que no tienen aseguranza médica
        g. Cultura de no ir al doctor hasta que ya es muy tarde

4. **¿Tiene alguna inquietud general sobre la salud o la atención médica en el condado de Harvey?**
        a. No hay suficientes interpretes
        b. No hay suficientes doctores o personal que hable español
        c. Pocos consejeros que hablen español

English:

1. **What are the most important factors for a healthy community?**
        a. Accessible and affordable dental care
        b. Accessible and affordable medical care
        c. Communication
                i. For Spanish speakers
        d. Services for Latinx community
                i. For undocumented people
                ii. Translators
        e. Information over services available
        f. Strong religious/spiritual values
        g. English classes
        h. Orientation for Latinx people
                i. Newcomers
        i. Affordable pharmacies
                i. Affordable medications
        j. Free monthly checkups
        k. Free recreation centers
                i. Including elderly

2. **In general, how would you rate the overall health of our community?**
        a. Very unhealthy
        b. Unhealthy
                i. 1

   c. Somewhat healthy
       i. 5
   d. Healthy
       i. 5
   e. Very Healthy
       i. 2

3. **What are things that happen in your county that are risky (put people in difficult situations, or need more support to overcome)?**
   a. Illegal substance use
   b. Poor nutrition in schools
   c. Obesity
   d. Lack of exercise
   e. Lack of help for those without health insurance
   f. Waiting to go to the doctor until it is too late
   g. Option to go out for lunch for High School students

4. **Other concerns**
   a. Lack of translators
       i. Especially in hospitals/medical centers
   b. Lack of Spanish-speaking doctors and other staff
   c. Lack of Spanish-speaking counselors

APPENDIX C: CITY OF HALSTEAD FOCUS GROUP DATA

Feb 11, 2023
Demographics: 2 Female, Caucasian, 1 Halstead, 1 Newton

1. **Most important factor for a healthy community**
   a. Safe water
   b. Good infrastructure for a sidewalk
   c. Community spaces, like a park. It is helpful for low income so they can avoid paying for any public spaces for exercise and community interaction.
   d. Accessibility to healthcare, and having quality healthcare services locally because many people are limited with transportation and on disability.
   e. More local access to transportation -(more affordable transportation for health needs.
   f. Food Access and food sources
      i. Good to know about the resources that are around
      ii. Having affordable healthy foods- but there needs to be more volume of people to be able to lower prices of good healthy food.
   g. Good to have cross-community engagement

2. **Overall health of the community (Rate)**
   a. Healthier than what is thought. (healthy)
   b. Hopeful- seeing a lot of people make healthy choices, but there are a lot of families struggling w/ mental health factoring with others struggling. A lot of the middle class gets missed with assistance because they make too much. (falling into a gap)
   c. Increase the amount that nonprofit organizations offer when assisting
   d. Unhealthy- a lot of people are struggling that don't think that they can say anything. And a lot of health problems that they don't know what's going on. - pandemic recovery

3. **What are risky behaviors?**
   a. Everything is with alcohol. (Substance use and abuse.)
      i. The schools are doing things with drugs.
   b. Drug use and abuse connected with poverty and crime – drug and alcohol perpetuate risky behavior
   c. And safe sex practices starting in fifth grade. It affects high schoolers and young early college students as well – connecting to lots of problems with mental health that children don't understand.

4. **Any other concerns or worries:**

a. Aversion to mental health and stigma, we need to encourage people to go get help for their mental health and understand the importance of mental health.
    i. Not having quality health providers
b. Not having the pharmacy deliver access
c. Availability of healthy, easy access to healthy food- healthy fast food - additional healthy cooked meals. (meals that are healthy and convenient)
d. Affordable housing for low-income people.
e. Transportation for individuals that need a ride into a certain place, to a homeless, shelter, or where they need to go for help.

APPENDIX D: HESSTON RESOURCE CENTER FOCUS GROUP DATA

February 6, 2023

Demographics: 4 Female, Caucasian, Older than 50

1. **What are the most important factors for a healthy community?**
   a. Medical care
   b. Activities for kids.
   c. Schools
   d. Quality of school, places for kids to work, a variety of employment
   e. Grocery stores here
   f. Restaurants, we don't have much
   g. Affordable housing for low-income people. People who are just married or have kids can't afford $2,000 houses, Then we can have grocery stores
   h. I like the walkability of Hesston, I feel safe
   i. The sidewalks need to be bigger, so couples to walk
   j. And wheelchairs
   k. I don't like that there are sidewalks only on one side of the streets
   l. I agree
   m. They want old people crossing the streets all the time
   n. Outdoor places to exercise

2. **The overall health of the county**
   a. More room for improvement but overall "we are healthy"
   b. Somewhat Healthy. I have a granddaughter in low incoming housing, the quality is bad, that is why I think somewhat.
   c. I was thinking Healthy, only Hesston, but somewhat healthy for the county
   d. The larger the town the harder it is.
   e. Availability of in-home healthcare, Unhealthy is general

3. **What are things that happen in your county that are risky (put people in difficult situations, or need more support to overcome)?**
   a. Drugs would come to the top
   b. Newton has a homeless shelter. If we as a county can support people that want to go to rehab, If we can help them get help
   c. homelessness, we do have some living in cars, but Newton has more. It would be nice to have a place where these people can go
   d. affordable housing, if people complain about what is going on in their apartments the landlord makes them want to leave
   e. Child safety
   f. I've wondered about activities starting in 7th grade for the kids that are not in sports, middle school, and high school, having a place for them to be.
   g. If we could get free counseling, to help families and newly married couples

4. **Other concerns**
   a. How does a person get around if they can't drive, its expensive
   b. Do they have bus services?

APPENDIX E: HALSTEAD HOUSING FOCUS GROUP DATA

February 23, 2023

Demographics: 1 Male   5 Female; All Caucasian

1. **What are the most important factors for a healthy community?**
    a. Opportunities for exercise
    b. Food
        i.   Meal deliveries
        ii.   Variety of choice
    c. Public transportation
        i.   Need more regular trips
        ii.   Need trips going to several places
        iii. Need trips that include going out to eat
    d. Recreational & volunteer opportunities

2. **In general, how would you rate the overall health of our community?**
    a. Somewhat Healthy (5)
    b. Kids may have more opportunity of recreation/exercise with basketball programs in town.

3. **What are things that happen in your county that are risky (put people in difficult situations, or need more support to overcome)?**
    a. Careless driving
        i.   Driving under the influence
        ii.   Fast driving
        iii. Distracted driving
    b. Smoking & second-hand smoking
    c. Children behavior
        i.   Lack of proper parenting
        ii.   School administration not handling problems
        iii. Bullying
    d. People do not know how to take care of themselves
        i.   Isolation because of COVID – people are just now going back to going to the doctor or to the grocery store.

We should not be discussing this because there's nothing we can do about it.

4. Other concerns
   a. There should be a combined transportation system between Halstead, Newton and Hesston even if it is one day a week – to several destinations and then go to lunch together.
   b. There could be a transportation to go see the Christmas lights.
   c. We need meals again; senior center not doing monthly breakfast and other meals.

APPENDIX F: CARING PLACE FOCUS GROUP DATA

February 16, 2023

Demographics: 6 participants
4 men 2 women; 6 Caucasian; 5 Newton residents 1 North Newton resident

1. **What are the most important factors for a healthy community?**
   a. Safety
      i. Security firms
   b. Respectful interactions
   c. Affordable housing
   d. Low crime rates
   e. Free public transportation
   f. Spiritual fellowship
   g. Affordable health care
      i. Including mental health care
   h. Community improvement efforts
      i. Group for brainstorming and planning
   i. 24 hour, walkable access to basic essentials
      i. More Walmart/Dillons locations open more hours
   j. Opportunities for socialization
   k. Good morals

2. **In general, how would you rate the health of Harvey County?**
   a. Very Unhealthy
   b. Unhealthy
   c. Somewhat Healthy - 4
   d. Healthy- 2
   e. Very Healthy

3. **What are the significant risky behaviors in Harvey County?**
   a. Alcohol abuse
   b. Obesity
   c. Drug abuse
   d. Poor eating habits
   e. Low school attendance
   f. Anger/rage

4. **Any general thoughts/concerns?**
   a. Not enough resources
      i. Mental health, homelessness, etc.

b. Not enough opportunities for socialization
    i.   Arcade
    ii. "The Porch" but for adults
    iii. Safe spaces for children

APPENDIX G: KIDRON BETHEL FOCUS GROUP

DATA

Demographics: 9 participants
4 men, 5 female, 9 North Newton residents; 9 Caucasian

1. **What are the most important factors for a healthy community?**
   a. Access to outside spaces
      i. Trails
      ii. Preserving nature
   b. Equity and access to healthcare
      i. Medicaid expansion
   c. Help managing support/resources
   d. Free transportation
   e. Respectful community interactions
   f. Access to basic needs
      i. Food, housing, medical, etc.
   g. Opportunities for social interactions
      i. Face to face
   h. Living wage
   i. More open city commissioners
      i. Communication over city decisions
   j. COVID interventions
   k. Affordable housing

2. **In general how would you rate the overall health of our community?**
   a. Very healthy
   b. Healthy- 2
   c. Somewhat Healthy - 7
   d. Unhealthy
   e. Very Unhealthy

3. What are the most significant risky behaviors in Harvey County?
   a. Substance abuse
   b. Obesity
   c. Anger/rage
   d. Child abuse/neglect
   e. Alcohol abuse
   f. Not getting vaccinations
   g. Violence

4. General concerns
   a. Loneliness
      i. Older populations
      ii. Have regular visitors for lonely populations
      iii. Visual directories
   b. Rise of anxiety in younger generations
      i. Social media, gun violence, etc.
   c. Issues with law enforcement
      i. Lack of involvement or response
      ii. Racism
      iii. Ageism
      iv. Lack of communication
   d. Enhance green spaces
      i. More community gardens
   e. Run-down houses
   f. Drug use in younger generations

APPENDIX H: COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY 2023

Harvey County Community Health Needs Assessment -2023

This survey is being conducted by a partnership of NMC Health, Prairie View, Inc., Health Ministries Clinic, Inc., Mirror, Inc., *Pathways to a Healthy Kansas*, Blue Cross and Blue Shield of Kansas initiative, KU COPE Project, Healthy Harvey Coalition, and Harvey County Health Department.

Your input matters and will help Harvey County to work on health issues across the county.
Please complete this survey only once. If taking the survey on paper, return the survey to this location.

Your responses will not be tracked. We only share the total responses received. By completing this survey, you are agreeing to participate. If you are under 18, do not complete the survey.

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.

___Good place to raise children

___Low crime/safe neighborhoods

___Low level of child abuse

___Good schools

___Access to health care (e.g., family doctor)

___Parks and recreation

___Affordable housing

___Access to dental services

___Access to mental health services

___Strong religious or spiritual values

___Healthy economy with good paying jobs

___Arts and cultural events

___Healthy behaviors and lifestyles

___Low adult death and disease rates

___Low infant deaths

___Drug treatment for those who need help

___

Other:_____

___

Other:_____

2. In general, how would you rate the overall health of your 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   ___Maybe

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

___Being overweight

___Dropping out of school

___Drug abuse

___Lack of exercise

___Poor eating habits

___Self-harming

___Child abuse/neglect

___Tobacco use

___Not using seat belts/child safety seats

___Unsafe sex

___Anger/rage

___Not getting "shots" to prevent disease

___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.):

6. How well does your community currently meet the needs of <u>children, including adolescents</u> in the following areas?

	Very Poor: No needs are met	**Poor: Some needs are met**	**Fair: Many needs are met**	**Good: Most needs are met**	**Very Good: All needs are met**
Childcare for children birth to age 5	( )	( )	( )	( )	( )
Basic needs of children/youth	( )	( )	( )	( )	( )
College or career preparation	( )	( )	( )	( )	( )
Dental health	( )	( )	( )	( )	( )
Mental health	( )	( )	( )	( )	( )
Needs for non-English speaking children	( )	( )	( )	( )	( )
Needs of children/youth with disabilities/special needs	( )	( )	( )	( )	( )
Parental support/training	( )	( )	( )	( )	( )
Physical health	( )	( )	( )	( )	( )
Care for pregnant moms and newborns	( )	( )	( )	( )	( )
Quality education	( )	( )	( )	( )	( )
Quality of childcare for children 0-5	( )	( )	( )	( )	( )
Recreational opportunities	( )	( )	( )	( )	( )
Support for single parents	( )	( )	( )	( )	( )

Violence/bullying prevention	( )	( )	( )	( )	( )
Volunteer opportunities	( )	( )	( )	( )	( )

7. In general, my community has sufficient opportunities for physical activity.
   a. Strongly disagree
   b. Disagree
   c. Neither agree nor disagree
   d. Agree
   e. Strongly agree

8 In general, my community has sufficient options for healthy eating.
   a. Strongly disagree
   b. Disagree
   c. Neither agree nor disagree
   d. Agree
   e. Strongly agree

9 Please rate your level of support for policies that prohibit use of all commercial tobacco products, including cigarettes, chewing tobacco, vaping products and any other products, in all **OUTDOOR** spaces that are open to the general public (e.g., parks, trails, sidewalks).
   a. Definitely not supportive
   b. Not supportive
   c. Neutral
   d. Supportive
   e. Very Supportive

10 Please rate your level of support for policies that prohibit use of all commercial tobacco products, including cigarettes, chewing tobacco, vaping products and any other products, in all **INDOOR** spaces that are open to the general public, including private businesses where the public may go (e.g., food pantries, restaurants, hospitals).
   a. Definitely not supportive
   b. Not supportive
   c. Neutral
   d. Supportive
   e. Very Supportive

11. Community conditions (e.g., housing, transportation, education) impact overall health.
   a. Strongly disagree
   b. Disagree
   c. Neither agree nor disagree

d. Agree

e. Strongly agree

12. We would like to know about the problems in the community that can have the greatest impact on people. Which <u>life stressors impact our community members</u> most, in your opinion? **Select the top three**.

[ ] Conflict with others

[ ] Discrimination

[ ] Family-related issues

[ ] Debt

[ ] Marital status change

[ ] Illness or injury

[ ] Loneliness

[ ] Loss of a job

[ ] Moving to a new home

[ ] Neighborhood crime/safety

[ ] Separation or divorce

[ ] The death of a loved one

[ ] Traumatic event

[ ] Work or school stress

[ ] Other: _____

13. Overall, what are the <u>top three mental health needs in the community</u> that should be addressed? **Select the top three**.

[ ] Addressing the stigmatization of those with mental health issues

[ ] Affordable health insurance that includes mental health care

[ ] Affordable mental health services

[ ] Affordable medicine/prescriptions

[ ] Availability of transportation to mental health services

[ ] Care for Caregivers

[ ] Children's mental health services

[ ] High quality mental health services

[ ] Increase mental health education/prevention

[ ] Increase number of mental health care providers

[ ] Substance abuse prevention/treatment

[ ] Suicide prevention

[ ] Another mental health need (please specify):

14. What are the <u>top three needs related to income/household budget</u> in your community that should be addressed? **Select the top three.**

( ) Access to Wi-Fi/internet/broadband

( ) Assistance with searching for and gaining employment

( ) Availability of college or career preparation in schools

( ) Availability of jobs

( ) Availability of low-interest loans

( ) Emergency assistance to individuals or families (e.g., for utilities, food, rent, etc.)

( ) Employment opportunities for older adults

( ) Employment opportunities for youth

( ) Jobs that at least pay a living wage (the minimum income necessary for a worker to meet basic needs like food, housing, clothing, etc.)

( ) Low-cost resources to help with personal finance management

( ) Public transportation

( ) Small business development

( ) Workforce development training

( ) Other (please specify): _____

15. What are the <u>top three needs related to housing</u> in the community that should be addressed? **Select the top three**.

[ ] Accessible housing (for persons with disabilities)

[ ] Affordable housing (i.e. 30% or less of income)

[ ] Assistance with property repair and maintenance

[ ] Code enforcement (e.g. overgrown lawns, broken windows, trash, etc.)

[ ] Higher quality rentals

[ ] Historic preservation

[ ] Low-income housing assistance (Section 8)

[ ] Neighborhood improvement programs

[ ] Quality housing

[ ] Safe housing

[ ] Senior housing

[ ] Variety of affordable housing options

[ ] Other (please specify): _____*

16. What are the top three needs for OLDER ADULTS in the community that should be addressed? **Select three.**

[ ] Access to daily meals

[ ] Age-appropriate entertainment

[ ] Assisted living options

[ ] Caregiver support

[ ] Day programs

[ ] Dental care

[ ] Ease of mobility in the community

[ ] Education about prescription medications

[ ] Elder abuse prevention and support

[ ] Employment

[ ] Finances/Income

[ ] Grocery delivery services

[ ] Health insurance

[ ] Home health care options

[ ] End of life/Hospice care

[ ] Independent living in a home/retirement community

[ ] Legal services

[ ] Long term care facility options

[ ] Medical care

[ ] Memory care options/dementia support

[ ] Mental health services

[ ] Safety

[ ] Security (i.e. personal safety, cybersecurity)

[ ] Substance abuse

[ ] Transportation

[ ] Vision care

[ ] Other (please specify): _____

PERSONAL HEALTH

17. 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			

18. 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   ___No transportation
condition
___Cannot afford it   ___Other:_____
___No childcare   ___N/A - able to visit a provider when/if needed

19. During the past 12 months, was there any time you or any member of your household **needed a prescription** 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

20. During the past 12 months, have you or any member of your household skipped going to a dentist 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   ___No transportation
condition
___Cannot afford it   ___Other:_____
___No childcare   ___N/A - able to visit a provider when/if needed

21. 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.**
___No appointment available   ___Cannot take time off work

___ No specialist in my community for my   ___No transportation
condition
___Cannot afford it   ___Other:_____
___No childcare   ___N/A - able to visit a provider when/if
                                            needed

22. During the past 12 months, have you or any member of your household skipped getting help with a drug use problem 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   ___No transportation
condition
___Cannot afford it   ___Other:_____
___No childcare   ___N/A - able to visit a provider when/if
                                             needed

23. 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   ___Don't need information
                        emergency room

24. 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:

25. If you're not satisfied with your current housing, please tell us why? **Select all that apply.**

[ ] Too expensive
[ ] Location
[ ] Unsafe because of the condition of housing
[ ] Too small
[ ] Lack of privacy
[ ] Other: _____

26. Do you spend more than 30% of your yearly income on housing (including utilities)?

( ) Yes
( ) No

27. Over the last 12 months, have you had a problem with any of the following? **Select the top three**.

[ ] Affording the medication you need

[ ] Affording your utilities

[ ] Affordable healthcare insurance plan

[ ] Having a healthcare insurance plan you understand

[ ] Being hungry/unable to afford food

[ ] Dealing with legal issues

[ ] Having financial problems

[ ] Lack of transportation

[ ] Housing that meets your needs

[ ] Providing care for another person

[ ] Your physical health

[ ] Other (please specify): _____

28. Do you have access to a smart cell phone with internet)**?**
( ) Yes
( ) No

29. Have you ever quit or lost a job because you did not have the childcare you needed?
( ) Yes
( ) No

30. If you are the primary caregiver for a person who is 65 years or older, 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
31.Mark zip code where you live:

___67020- Burrton   ___67114- Newton   ___67151- Walton

___67056- Halstead   ___67117- North Newton   ___   Other
_____
___67062- Hesston   ___67135- Sedgwick

32. Age:

___18- 24   ___25 – 34   ____35 – 44 ___45 – 54   ___55 – 64   ___65 or over

33. What is your gender identity?

___Male   ___Female   ____ Non-binary   ___ Prefer not to answer   ___ Other
_____

34. Race (mark all that apply):

___Black/African American   ___White/Caucasian   ____Asian
___Hawaiian/Pacific   ___American Indian/Alaska ____ Other
Islander   Native

35. Ethnicity: Are you of Hispanic, Latinx or Spanish origin?
( ) Yes
( ) No

36. Education:
___Less   than   high ___   Some   college/ ___Other_____
school   Associate's degree
___High   school ___ Bachelor's degree or
diploma or GED   higher

37. What is your annual household income (before taxes)?

___Less than $10,000
___$10,000 to $19,999
___$20,000 to $29,999
___$30,000 to $39,999
___$40,000 to $49,999
___$50,000 to $59,999
___$60,000 to $69,999
___$70,000 to $79,999
___$80,000 to $89,999
___$90,000 to $99,999
___$100,000 to $149,999
___$150,000 to $199,999

___$200,000 or more

38. How long have you lived in Harvey County?
   ___Less than 1 year   ___1-5 years
   ___6-10 years   ___10+ years
   ___ I do not live in Harvey County

39. Which describes your household?

( ) I live alone

( ) I live with my spouse/partner/significant other

( ) I live in college housing (example: dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university)

( ) I live with other family, friends, or roommates

( ) I have no place to live

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 I: COMMUNITY STAKEHOLDERS

Name		Sector Representation	Agency/Organization
Chris	Allen	Health	KU Community Health Workers
Curtis	Allen	Health	KU Community Health Workers
Aline	Albrecht	Health	Harvey Co Health Department
Rebecca	Barrett-Fox	Community	University of Kansas Local Health Equity Action Team (LHEAT)
Libby	Baumgartner	Community	Newton
Dr. Jodie	Beeson	Health	Prairie View
LaMar	Bender	Social Services	NAMI
Jonni	Brown	Education	Infant Toddler Program-Cooper
Russ	Buller	Health	Hesston EMS/Fire
Kendra	Davila	Social Service	Peace Connections
Alyssa	Durham	Health	Health Ministries Clinic
Rick	Edmonds	Health	Health Ministries Clinic
Taylor	Esau	Health	Health Ministries Clinic
Patrick	Flaming	Health	Prairie View
Chad	Frey	Media	The Newton Kansan
Lisa	Frey Blume	Health-Government	KS Department of Health & Environment
Dr. Barbara	Gibson	Community	Community Member
Val	Gleason	Health	NMC Health
Jason	Greever	Health	Mirror Inc
Lori	Hardin	Social Services	Kansas Division of Children & Families
Toby	Harkins	Health	Harvey Co Health Department
Jay	Hawes	Health	KU Community Health Workers
Carrie	Herman	Education	KS Learning Center for Health
Melinda	Hiebert	Social Services	Mirror Inc.
Jill	Hoopes	Education	Bethel College
Marcy	Johnson	Health	Prairie View
Jason	Jones	Recreation	Schowalter Recreation
Lona	Kelly	Government	Harvey Co Department on Aging
Megan	Kershner	Education	Bethel College
Lorrie	Kessler	Health	Harvey Co Health Department
Kimberly	Kirchmer	Community	Community Member
Sondra	Leatherman	Health	NMC Health
Rebecca	Likiardopoulos	Government	City of Newton
Kyle	McCaskey	Government	Harvey County
Benjamin	Meier	Health	Mirror Inc
Melissa	Meyer	Social Services	KS Children's Service League

Julie	Opat	Social Services	Kansas Division of Children & Families
Amanda	Perkins	Education	University of Kansas Intern
Anne	Pitts	Education	K-State Research & Extension
Heather	Porter	Health	NMC Health
Lynnette	Redington	Health	Harvey Co Health Department
Stephanie	Regier	Faith-based	Grace Community Church
Will	Regier	Faith-based	Grace Community Church
Becky	Reimer	Government	Harvey County
Dr. Daniel	Reimer	Health	Community Member
Nickaila	Sandate	Social Services	Emberhope
Matt	Schmidt	Health	Health Ministries Clinic
Melissa	Schreiber	Social Services/Education	Mirror Inc./BOE
Don	Schroeder	Government	Harvey County
Christy	Schunn	Community	KIDS Network/Resident
Dana	Shifflett	Community	Walk & Roll Harvey
Pam	Stevens	Business	Newton Area Chamber
Anthony	Swartzendruber	Government	Harvey County
Tasha	Vela	Health- Long-term care	KS Christian Home
Allen	Wedel	Community	Walk & Roll Harvey/Habitat for Humanity
Mike	Yoder	Law Enforcement	Newton Police Department
Jennifer	Zuercher	Education	K-State Research & Extension

APPENDIX J: HARVEY COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) 2023-2026

SOCIAL AND ECONOMIC GROWTH

Goal: Housing

By June 2026,

Decrease the percentage of Harvey County renters spending more than 30% of income on housing. (HP2030 SDOH-04)
- **Baseline**: 36.3%   **Target:** 30%   **HP2030 Target:** 25.5%   **CHIP 2023 Target:** 45%
- **Data Source:** Kansas Health Matters (ACS SCKMetro 2017-2021)

Decrease the percentage of households with sever housing cost burden (more than 50% of income on housing).
- **Baseline:** 8%   **Target:** 7%   **HP2030 Target:** NA   **CHIP 2023 Target:** 8.5%
- **Data Source:** County Health Rankings 2023

Decrease the percentage of households with severe housing problems (1 of 4: overcrowding, high housing costs, lack of kitchen, lack of plumbing)
- **Baseline:** 10%   **Target:** 9%   **HP2030 Target:** NA   **CHIP 2023 Target:** 10%
- **Data Source:** County Health Rankings 2023

Decrease percentage of homes that have an entrance without steps.
- **Baseline:** TBD   **Target:**   **HP2030 Target:** 53.1%   **CHIP 2023 Target:** NA
- **Data Source:**

Decrease rate of emergency department visits due to falls among older adults.
- **Baseline:** TBD   **Target:**   **HP2030 Target:** 5,447/100,000   **CHIP 2023 Target:** NA
- **Data Source:** NMC Health

Decrease fall-related deaths among older adults.
- **Baseline:** TBD   **Target:**   **HP2030 Target:** 63.4/100,000   **CHIP 2023 Target:** NA
- **Data Source:** TBD

Decrease code violations due to lack of maintenance.
- **Baseline:** TBD   **Target:**   **CHIP 2023 Target:** NA
- **Data Source:** Municipality records

Number of residents engaged in efforts.

Number of Policy, System, and Environmental Changes.
- **Data Source:** Supervising agency

STRATEGIES	ACTION STEP	OUTPUTS		
		Short-term (6 mo. – 1 year)	Intermediate (1.5 - 2 years)	Long-term (2-3 years)
POLICY CHANGES	• Code/inspections for habitability of rental units in each municipality and county.	Identify local baselines.		Ordinance change for safety and habitability inspections of rental properties.
	• Collaborate with municipal planning and zoning to meet a base level of home development within the under 30% of annual income.			Guidelines created for proportion of housing developed to meet income needs.
	• Create a Harvey County Housing Coalition.	Housing Coalition established either within a host agency or stand-alone.		
SYSTEMS CHANGES	• Financial literacy, budgeting, and "Framework" classes in teenage years and for adults who have not had it.		Financial literacy classes added to curriculum in high school and resource for social service agencies.	
	• Implement a "Brush Up" program.		Housing Coalition collaborate with local partners to develop a "Brush Up" style program.	
	• Build awareness of renter's rights.		Marketing campaign of renter's rights.	

	• Basic home maintenance education.			A home maintenance education program will be developed and a host agency identified.
	• Agencies hosting, physically and fiscally, Community Health Workers to assist those with housing difficulties to access services.	Agencies identified to host CHWs.		
ENVIRONMENTAL CHANGES	• Program to upgrade houses to meet life needs (ADA compliance).			Program developed to assist those with mobility issues to upgrade homes to meet needs and a host agency identified.
CROSS-WALK	Safety, Employment, Education, Chronic Disease, Poverty			
PREVIOUS WORK	2020-2023 CHIP			
Lead Agency/Organization: New Housing Coalition?				

SOCIAL AND ECONOMIC GROWTH

Goal: Child Care

By June 2026,

Increase number of licensed childcare centers in Harvey County and slots available for all age ranges and shifts.
- o **Baseline:** 45   **Target:** 55
- o **Data Source:** Child Care Aware, 2023

Number of childcare slots available to meet needs (capacity) of Harvey County.
- o **Baseline:** 544 of 1884   **Target:** 700 of 1884
- o **Data Source:** Child Care Aware, 2023

STRATEGIES	ACTION STEPS	OUTPUTS		
		Short-term (6 mo. – 1 year)	**Intermediate (1.5 - 2 years)**	**Long-term (2-3 years)**
POLICY CHANGES	• Create necessary policies and practices to provide scholarships for new provider licensing fees and trainings. • Create system to track and advocate for state and federal programming changes that would help grow and maintain childcare in Harvey County.	Policy changed/created to provide financial assistance		
SYSTEMS CHANGES	• Assess needs for parents (such as shifts needed and for price ranges). • Assess barriers for local providers to being licensed and develop plan to overcome.	Assessments completed Liaison contracted.	Plan developed.	

	• Assess barriers for maintaining local providers and develop plan to overcome. • Contract with a liaison to help recruit new childcare workers and help navigate licensing process. • Contract with a liaison to work with local employers to promote resources to help employees pay for childcare.			
ENVIRONMENTAL CHANGES	• Create marketing campaigns to recruit providers, promote assistance available for parents to pay for childcare and for providers to register to accept that assistance.	Marketing campaign created and delivered.		
CROSS-WALK	Poverty, Employment; Behavioral Health Priority; Birth Outcomes/Family Planning/STI Priority To invite: DCF, Ministerial Alliances			
PREVIOUS WORK	2020-2023 CHIP; Leadership Team created under HHC – partnership of Newton Public-Private Partnership & Chamber of Commerce, HvCnty ICC, Harvey County United Way, Healthy Harvey Coalition, and area businesses, Child Care Licensing (numbering from strategic planning timeline from the Leadership Team)			
Lead Agency/Organization: Child Care Leadership Team and Harvey County United Way				

SOCIAL AND ECONOMIC GROWTH

Goal: Transportation

By June 2026,

Increase the proportion of adults who walk or bike to get places (HP2030 Target: 26.8% - PA-10)

- **Workers who walk to work - Baseline:** 4%   **Target: 8%**
- **Data Source:** Kansas Health Matters

Increase the proportion of Bike Friendly Businesses, Bike Friendly Universities, and Bike Friendly Communities in Harvey County

- **BFB Baseline:** 0   **Target: 3**
- **BFU Baseline:** 0   **Target: 1**
- **BFC Baseline:** 0   **Target: 1**
- **Data Source:** League of American Bicyclists

Number of new policies adopted to support public and active transportation

- **Baseline:** 0   **Target: 3**
- **Data Source:** Lead Agencies records

STRATEGIES	ACTION STEPS	OUTPUTS		
		Short-term (6 mo. – 1 year)	**Intermediate (1.5 - 2 years)**	**Long-term (2-3 years)**
POLICY CHANGES	• Develop needed policy or MOUs to expand public transportation services for those without access to a car. • Increase the number of Bike Friendly Business in Harvey County.	Explore policies, services and funding sources.	Make policy changes or adopt MOUs needed to implement systems change.	3 businesses apply for Bike Friendly Business in Newton. Bethel and Hesston Colleges apply for Bike Friendly University.

	• Increase the number of Bike Friendly Universities in Harvey County.			Newton apply for Bike Friendly Community. Complete Streets or Safe Systems adopted by Newton and Harvey County per guidance from KDOT.
	• Increase the number of Bike Friendly Communities in Harvey County. • Zoning to support walking and biking/Safe Systems adopted by the City of Newton and the County.			
				Way to support sidewalk maintenance identified and policy introduced in 2 municipalities.
	• Policies to support sidewalk maintenance in all municipalities.		Curriculum change approved in 4 districts and all drivers education programs.	
	• Active transportation safety imbedded in PE curriculum and in drivers education classes.	Explore funding source for study.	Conduct study.	
	• Feasibility study for bike share program in Newton and North Newton.			
SYSTEMS CHANGES	• Expansion of public transportation services for those without access to a car.		Implement systems change for expanded services.	Sustainability plan for expanded services.

	• Stable helmet and lock distribution program.		Funding and supply source for program identified and warehouse/distribution site agreement made.	
	• Confident City Cycling or similar program regularly offered.		Trainers contracted with to provide bi-annual trainings.	
	• Regularly scheduled walking and biking activities.	Calendar created for promotion of events.		
	• Active transportation safety imbedded in PE curriculum and in drivers education classes.			Implementation of programs in 4 districts and all drivers education programs.
	• Expand economic development and/or business engagement in support of biking and walking as an economic driver.		Unified plan developed with Harvey County Economic Development Center and area Chambers of Commerce for biking and walking as an economic driver.	
	• Create a google map with bike parking and bike fixit stations.	Google map created and marketed in the county.		
	• With Etcetera Shop or ReCycle program, work with police for	Implement a program with police distributing contact info for bike collection by identified		

	collection of unclaimed abandoned bikes.	agency for use in the "ReCycle" program.		
ENVIRONMENTAL CHANGES	• Improve or add appropriate lighting on bicycle and pedestrian facilities. • Bike Share.		Recommendations for lighting on biking and pedestrian presented to each municipality and the County.	Based on results of feasibility study, implement a bike share program in Newton and North Newton.
CROSS-WALK	Poverty, Employment, Child Care, Food Insecurity,			
PREVIOUS WORK	2017-2020 CHIP; Interurban, Find a Way, Simply Safe, Regional Transportation, Walk & Roll Harvey Strategic Plan 2021-2024			
Lead Agency/Organization: Department on Aging, Walk & Roll Harvey/Healthy Harvey Coalition, Chamber of Commerce, local churches				

84

SOCIAL AND ECONOMIC GROWTH

Goal: Employment

By June 2026,

Reduce the proportion of adolescents and young adults who are not in school or working. (HP2030 AH-09)

- **Baseline**: 1.5%   **Target:** 1%   **HP2030 Target:** 10.1%   **CHIP 2023 Target:** NA
- **Data Source:** Kansas Health Matters

Increase employment among the working-age people. (HP2030 SDOH-02)

- **Baseline:** 64%   **Target:** 66%   **HP2030 Target:** 75%   **CHIP 2023 Target**: 66%
- **Data Source:** Census 2021 ACS 5-year estimates (Employment/Population Ratio)

Increase the percentage of households with broadband internet. (HP2030 HC/HIT-05)

- **Baseline:** 83.1%   **Target:** 85%   **HP2030 Target:** 60.8% (adults with)   **CHIP 20-23 Target:** 81%
- **Data Source:** Census Quick Facts

STRATEGIES	ACTION STEPS	OUTPUTS		
		Short-term (6 mo. – 1 year)	Intermediate (1.5 - 2 years)	Long-term (2-3 years)
POLICY CHANGES	• Change curriculum to expand access to job prep skills training in middle, high and tech schools, and in college. Including "soft skills" such as interviewing and resumes. • Find funding for job prep program through the Greater Wichita YMCA. • Find a host for the older adult retraining programs.	Host site identified.	Curriculum changes adopted in at least 2 area educational institutions. Funding applied for host agency and program.	Curriculum changes adopted in at least 4 area educational institutions. Implement the program through the Newton YMCA.
SYSTEMS CHANGES	• Expand access to job prep skills training in middle, high and tech schools, and in			Curriculum implemented in at least

	college. Including "soft skills" such as interviewing and resumes.		2 educational institutions
	• Expand services in schools for emotional intelligence and regulation.		Services expanded in at least 1 school district.	Each church adopt a school in USD 373 to build connection with schools.
	• Expand resources available at local libraries for future employees.		
ENVIRONMENTAL CHANGES	• Collaborate with community partners to improve "quality of life" as an economic recruitment strategy. Include opportunities for outdoor recreation, retail and dining, housing, and educational excellence.	Collaboration developed and strategy adopted.		
CROSS-WALK	Child Care, Housing, Poverty, Chronic Disease, Behavioral Health, Education; CTE at NHS; Economic Development Center			
PREVIOUS WORK	CHA/CHIP 2020-2023			
Lead Agency/Organization: Department on Aging, Ministerial Alliances, Libraries, YMCA, EDC, Healthy Harvey Coalition, Chambers				

SOCIAL AND ECONOMIC GROWTH

Goal: Food Insecurity

By June 2026,

Eliminate very low food security in children. (HP2030 NWS-02)

- **Baseline:** TBD   **Target:** 0   **HP2030 Target:** 0
- **Data Source:**

Decrease the percentage of children in Harvey County living with food insecurity

- **Baseline:** 15.3%   **Target:** 13.5%   **HP2030 Target:**   **CHIP 2023 Target**: 17.5%
- **Data Source:** Kansas Health Matters

Decrease the percentage of Harvey County residents living with food insecurity (HP2030NWS-01)

- **Baseline:** 10%   **Target:** 8%   **HP2030 Target:** 6%   **CHIP 2023 Target:** 11%
- **Data Source:** County Health Rankings 2020

Increase the Food Environment Index for Harvey County

(The food environment index combines two measures of food access: the percentage of the population that is low-income and has low access to a grocery store, and the percentage of the population that did not have access to a reliable source of food during the past year (food insecurity). The index ranges from 0 (worst) to 10 (best) and equally weights the two measures.)

- **Baseline:** 8.6   **Target:** 9   **HP2030 Target:**   **CHIP 2023 Target:** 8.5
- **Data Source:** County Health Rankings 2023

Decrease the percentage of Harvey County students qualify for free or reduced lunch.

- **Baseline:** 41.6%   **Target:** 40%   **HP2030 Target:**   **CHIP 2023 Target:** 35.8%
- **Data Source:** KIDS Count 2022

Number of people engaged in efforts

- **Data Source:** Supervising Agency

STRATEGIES	ACTION STEPS	OUTPUTS		
		Short-term (6 mo. – 1 year)	**Intermediate (1.5 - 2 years)**	**Long-term (2-3 years)**
POLICY CHANGES	• At least 1 food pantry/resource center in Harvey County will adopt and implement Supporting Wellness at Pantries (SWAP) system.	Policy change at one pantry.		

	• At least 2 government or educational facilities in Harvey County will change or adopt a policy allowing public orchards or food plants on public or education facility spaces.		Policy in 2 government or educational facilities.
	• A Basket produce program will be implemented in Harvey County.		MOUs for produce program.
	• Asset Based Community Development (ABCD), or a similar model, will be adopted in a minimum or 2 food pantry, resource center/agency, or church locations in Harvey County.		Policy or MOU in 2 agencies.
	• Change school policy in 2 school districts, if needed, to allow for outdoor classroom setting.		Policy/curriculum in 2 school districts
	• Incorporate grade school science lessons with garden and plants.		Curriculum change in 2 school districts
	• Adapt other lessons in math and English to incorporate garden aspects (i.e. math in garden plot lay out and seed/plant distribution for growing, reading directions and interpreting those directions, etc.)		Curriculum change in 2 districts Policy or MOU in 1 district MOUs with all area pantries
	• Investigate and, if applicable, assist to create policy for use of school-grown produce in school lunches.		MOUs with agencies serving SNAP recipients

	• Work with area food pantries and KSRE to provide cooking classes to prepare healthy meals utilizing common food pantry items.			
	• KSRE will utilize SNAP-ED grant funding to reach families using food pantries.	Report regarding regulations		Policy at County and/or municipal level
	• Review city/county regulations that define agricultural land and urban farming.			
	• Develop an incentive program that promotes producers to come to Harvey County, i.e. low taxes, limited land for farm size, etc.			
SYSTEMS CHANGES	• Create/adopt a tool to track and advertise food safety net locations, hours, and processes.	Tool in use		
	• Collaborate with KS Appleseed to advocate for state policy changes to ease access to SNAP and to add food backpacks for pre-K students.	Investigate missing local baselines.		Collaboration in place
	• Collaborate with Department on Aging and others to create a solution to transportation access to food resources.			Collaboration in place
	• Bring together stakeholders to assess the feasibility of a mobile food pantry or grocery store or food delivery system to			Feasibility report completed

	address needs in communities without a full service food pantry or grocery store.		
	• Partner with a representative from 2 school districts and get donations from local growers & farm stores for seeds & supplies.		MOUs with 2 districts
	• Partner with KSRE horticulture agent and/or Master Gardeners for garden planning.		MOU with KSRE
	• Recruit volunteers for preparing a garden space.		Volunteer data base
	• First quarter of each year through March 31, 2027, ask for donations and grant funding to provide cooking supplies/equipment for people in need.		List and process for soliciting donations and applying for grants
	• Provide cooking classes/nutrition education monthly.		MOU and calendar
	• Add recipe cards to food pantries' boxes and Blessing boxes around county monthly.		MOU with area pantries and process for filling boxes
	• Survey/converse with farmers/producers to discuss food needs and hub.		Ongoing process for soliciting input
	• Investigate Derby's Co-op model.	Report on Derby Co-op model	

ENVIRONMENTAL CHANGES	• Collaborate with Harvey County United Way on any projects for physical location resource center.			Collaboration on potential development of a kind of county wide resource center
	• Explore location options for Harvey County Farmers' Market.		Possible creation of a permanent Farmers Market facility/location	
CROSS-WALK	Transportation, Education, Child Care, Chronic Disease			
PREVIOUS WORK	Harvey County Food and Farm Council, Strategic Plan 2023-2028			
Lead Agency/Organization: Harvey County Food and Farm Council				

SOCIAL AND ECONOMIC GROWTH

Goal: Poverty

By June 2026,
Reduce the proportion of people living in poverty (HP2030 SDOH-01)
- **Baseline:** 47%   **Target:** 45%   **HP2030 Target:** 8%   **CHIP 2023 Target:** NA
- **Data Source:** Census ACS 2021

Increase the proportion of people with health insurance (HP2030 AHS-01)
- **Baseline:** 89.4%   **Target:** 91%   **HP2030 Target:** 92.4%   **CHIP 2023 Target:** NA
- **Data Source:** Kansas Health Matters

Increase the proportion of 4th graders with reading skills at or above the proficient level (HP2030 AH-05)
- **Baseline:**   **Target:**   **HP2030 Target:** 41.5%   **CHIP 2023 Target:** NA
- **Data Source**

Increase the proportion of 4th graders with math skits at or above the proficient level (HP2030 AH-06)
- **Baseline:**   **Target:**   **HP2030 Target:** 43.1%   **CHIP 2023 Target:** NA
- **Data Source:**

Reduce chronic school absence among early adolescents (HP2030 AH-07)
- **Baseline:**   **Target:**   **HP2030 Target:** 16.4%   **CHIP 2023 Target:** NA
- **Data Source:**

STRATEGIES	ACTION STEPS	OUTPUTS		
		Short-term (6 mo. – 1 year)	**Intermediate (1.5 - 2 years)**	**Long-term (2-3 years)**
POLICY CHANGES	• Attendance of elected officials at poverty simulation or Bridges Out of Poverty Training.		Develop an outreach team to invite elected officials.	
	• Promote insurance options for those without insurance through their employers.			Promotion campaign for other insurance options.
	• Availability of small and short term loans from reputable financial	List of institutions able to provide trainings and MOUs signed.	Implementation of trainings.	Develop a program to help people living in

	institutions such as banks and credit unions.			poverty open a bank account.
	• System of collaboration between financial institutions, schools, and social service agencies to increase financial literacy.	Agencies identified to host CHW.	Add one additional school district with the program. Plan developed.	
	• Agencies hosting, physically and fiscally, Community Health Workers to assist those living in poverty to access services.			
	• Support expansion of therapist/counselors in schools.			
	• Support development of a truancy prevention program in one school district.			
SYSTEMS CHANGES	• Regularly scheduled poverty simulations • Regularly scheduled Bridges Out of Poverty Trainings.		Funding acquired to host regular simulations and trainings; MOUs signed for training locations.	
	• Collaborate with United Way to expand reading promotion programs.	Expanded promotion program for reading.		

ENVIRONMENTAL CHANGES	• Walking/Biking audits of locations of businesses providing financial services such as banks and credit unions for accessibility.	Audits of all municipalities completed and public report published on accessibility.		
CROSS-WALK	Housing, employment, chronic disease, education, behavioral health, transportation			
PREVIOUS WORK	Peace Connections/Circle of Hope			
Lead Agency/Organization: Ministerial Alliances, Peace Connection, Walk & Roll Harvey, Healthy Harvey Coalition				

PREVENT AND MANAGE CHRONIC DISEASE

Goal: Diabetes

By June 2026, Harvey County will decrease the diabetes hospital admission rate by increasing the proportion of people with diabetes who get formal diabetes education and resources. (HP2030 D-06)

- **Baseline:** 16.8 per 10,000   **Target:** 13 per 10,000   **HP2030 Target:** 55.2%   **CHIP 2023 Target:** NA
- **Data Source:** Kansas Health Matters (retrieved 5/2023)

STRATEGIES	ACTION STEPS	OUTPUTS		
		Short-term (6 mo. – 1 year)	**Intermediate (1.5 - 2 years)**	**Long-term (2-3 years)**
POLICY CHANGES	• Increase the number of employers who use incentives to promote employees' health improvement. • Partner with schools wellness committee.	Propose to partner with chambers to promote the importance of health incentives to lower insurance costs. Discuss needs from school wellness committees.	Make an inventory of employers who have health incentives.	Promote employers who have health incentives.
	Development and Implementation of the Community Health Resource Guide will include a comprehensive Diabetes resource component.	Task of resource guide development assigned to Wellness Committee Task Force.	Resource Guide completed and distribution (paper and electronic) available to all healthcare providers in the county and beyond.	Have two local clinics develop policy to promote Harvey County Chronic Disease Resource Guide to staff.
SYSTEM CHANGES	• Increase the proportion of people with diabetes who get formal diabetes education.	Investigate current diabetes resources in the county.	Development of bilingual diabetic educators or scholarship.	Have two bilingual diabetes educators working in the county. Development of scholarship to youth recently diagnosed with diabetes to go to a diabetes camp.

ENVIRONMENTAL CHANGES				
	• Increase the opportunity for physical activity.	Count the numbers of bike racks in 1 town.	Increase the number of bike racks in 1 town Count the number of bike racks in 1 additional town.	Increase the number of bike racks in said additional town.
	• Increase free exercise opportunities.	Implement walk with Ease program in long-term care facilities/senior centers.	Promote events for active movement such as pop-up exercise events or open streets.	
			Recruit older adults to develop relevant pop-up events in the community.	Have at least 1 older adult-oriented pop-up exercise event.
	• Provide diabetes screening regardless of medical care access.	Quantify annual diabetes screening events in the county. Study the possibility to partner with the Newton Lions Club and promote type 2 screening.	Offer one additional diabetes screening events in the county.	Have an annual diabetes screening in 4 cities by including Diabetes Screening at community health fairs.
	• Increase healthy foods access.	Study possibility to partner with Food & Farm to see if there is room for improvement on the Double Dollars program.	Search for grants/partners to work with a developing a community commercial kitchen.	Have a commercial kitchen in 1 town that would serve the community.
CROSS-WALK	High blood pressure, healthy food access. Focus on previous CHIP walking trails, Lions Club diabetes			
PREVIOUS WORK	Walking trails, Walkie-Talkies at NMC			
LEAD AGENCIES/ORGANIZATIONS: Newton Medical Center; Health Ministries Clinic; Health Department; K-State Research and Extension				

PREVENT AND MANAGE CHRONIC DISEASE

Goal: Cancer screenings

By June 2026, increase the proportion of people completing cancer screenings by increasing the proportion of people who discuss intentions to prevent cancer with their providers (HP 2030 C-R02), increasing the episodes of educational offerings, informing of suggested screening protocols and engaging Family Practice Providers to talk about low-cost/no-cost screening offerings.

- **Baseline:** 71.4% of Mammogram in past 2 years (50-74); Cervical Cancer Screening: 21-65 (82.8%); 70% Colon Cancer Screening USPSTF*

- **HP2030/CHIP Target:** 80.5% of Mammogram in past 2 years (50-74); Cervical Cancer Screening: 21-65 (84.3%); 74.4% Colon Cancer Screening USPSTF*

- **2023 CHIP:** NA

- **Data Source:** Kansas Health Matters (retrieved 5/2023)

STRATEGIES	SMART OBJECTIVES	OUTPUTS		
		Short-term **(6 mo. – 1 year)**	**Intermediate** **(1.5 - 2 years)**	**Long-term** **(2-3 years)**
POLICY **CHANGES**	• Create a community wide wellness task force to address pre-cancer screenings.	Create wellness committee that meets regularly to put plans in writing to duplicate - taskforce (Free screenings from EDW).	Create communication plan to promote free screenings.	Evaluate and determine comprehensive use by March 2026.
	• Assure integration of cancer screening activities into community primary healthcare delivery locations.	Investigate current screenings done by local providers.	Develop community communication plan for screening opportunities and patient navigation services (ensure health literacy is a	

	• The community wide task force for pre-cancer screenings will assess and make recommendations for pre-cancer screening opportunities by June of 2024. • Assess and add as indicated cancer screening activities for school/college aged students.	Explore needs with Community Health Workers.	considered in the communication plan). Find funding for sunscreen dispensers if deemed acceptable.	
SYSTEM CHANGES	• Promote opportunities for Pre-cancer screenings through June of 2026. • Consider cultural and linguistic barriers when promoting cancer screenings.	Add SHICK to free screenings communication. Create plan to adopt strategies that address barriers.	Guidelines for cultural and linguistic guidelines will be created and distributed via a brochure to local healthcare providers.	
ENVIRONMENT AL CHANGES	• Increase screening locations opportunities for improved access, with a focus on underserved populations.	Identify gaps in populations being served.	Offer one mobile screening offering to underserved (maybe at grocery store) -skin -mobile mammography -cologuard	Offer a second mobile screening offerings to underserved populations skin -mobile mammography -cologuard

	• Place visible communication in medical offices and hospital regarding free screenings in English and Spanish.		-PSA checks (MEDIA RELEASE - if they can't go to the event, where can they get these services?)	-PSA checks
CROSS-WALK				
PREVIOUS WORK	In the past CHIP one of the goals was to engage Family Practice to increase usage of ADA pre-diabetic screening tool.			
LEAD AGENCIES/ORGANIZATIONS: Newton Medical Center; Health Ministries Clinic; Healthy Harvey Coalition				

PREVENT AND MANAGE CHRONIC DISEASE

Goal: Cardiac Disease

By June 2026, decrease the proportion of adults diagnosed with hypertension (HP2030 HDS-04) by improving access for BP checks, and referring to existing resources such as the Healthy heart ambassador or K-State Research & Extension programs. The goal is for individuals to develop their "disease" care plan.

- **Baseline:** 30.2%   **Target:** 27.7%   **HP2030 Target:** 27.7%   **CHIP 2023 Target:** NA
- **Data Source:** Kansas Health Matters (retrieved 5/2023)

STRATEGIES	ACTION STEP	OUTPUTS		
		Short-term (6 mo. – 1 year)	**Intermediate (1.5 - 2 years)**	**Long-term (2-3 years)**
POLICY CHANGES	• Determine major employers who have health/wellness incentives built into their Healthcare benefits. • Increase number of employers with policies that promote wellness in the workplace to help reduce the risk of high blood pressure among employees. • Develop policies that integrate blood pressure checks at work, school enrollment, and church	Measure the number of employers that currently offer a type of wellness in the workplace. Harvey Co Health Dept studies the policy of referring patients to Hypertension program from K-State Research & Extension (18y and older). Create & execute a promotion plan to announce employers that offer wellness benefits that include blood pressure monitoring and smoke cessation.	Have a workgroup with Chamber to facilitate conversation on improving health outcomes from employees (workplace wellness). Health Department studies the possibility of a policy to have HIPAA form that allow nurses to take and report blood pressure numbers from students to primary doctors. Study the possibility to have Community Health Workers study and report barriers in improving hypertension self-management.	Create policy that assures that one of the partner organizations has to provide or promote at least three annual community blood pressure checks.

100

	and community events. • Develop policies that introduce partnering organizations to Chronic Disease Resource Guide.	Partner with Community Health Workers or similar organization to develop Chronic Disease Resource Guide.	Create resource guide for physicians to educate patients on chronic disease, risk factors and resources + distribution plan.	Evaluate usefulness of Chronic Disease Resource Guide.
SYSTEM CHANGES	• Improve the proportion of adult stroke and heart attack survivors that participate in rehab services.	Measure the number of adult stroke and heart attack survivors that participate in rehab services.	Study measures to address the factors that prevent survivors to participate in rehab services. Launch plan that addresses participation in rehab services.	Evaluate Plan for addressing participation in Rehab services.
ENVIRONMENTAL **CHANGES**	• Develop educational opportunities regarding healthy food options, healthy steps, and weight management. • Expand and communicate free exercise offerings that enhance health.	Collect available resources for people diagnosed with hypertension. Work with an exercise facility to offer 3 pop-up exercises to public in one town.	Create Hypertension chapter in chronic disease local guide. Have an Open Streets even in Newton that promotes movement.	Have an Open streets event in one other city in the county.

CROSS-WALK	Food & Farm, Creative Placemaking, Diabetes & Social and Economic Growth CHIP
PREVIOUS WORK	K-State Research & Extension HAARP, Health Ministries blood pressure checks on mobile unit, CHIP
LEAD AGENCIES/ORGANIZATIONS: Newton Medical Center; Health Ministries Clinic; Health Department	

BIRTH OUTCOMES

Goal: Prevent pregnancy complications and maternal deaths and improve women's health before, during, and after pregnancy

By June 2026, increase the proportion of pregnant women who receive early and adequate prenatal care, as defined by the adequacy of prenatal care utilization (APNCU) measure. (HP2030: MICH-08)

- **Baseline:** 48.5% (or 164 of 340 births)   **Target:** 53% of births   **HP2030 Target:** 80.5%   **CHIP 2023**
  Target: NA
- **Data source:** CMS access

STRATEGIES	ACTION STEPS	OUTPUTS		
		Short-term (6 mo. – 1 year)	**Intermediate (1.5 - 2 years)**	**Long-term (2-3 years)**
POLICY CHANGES	• Improve the health and well-being of mothers, infants, children and youth, including those with special health care needs, and their families with policy additions and/or adaptations. (KDHE's Maternal & Child Health purpose)	Investigate in January 2024/Apply for KDHE Title V grant in March 2024 by Harvey Co Health Department.	Implement/Adapt agency policy(ies), if needed, for full implementation of Title V funding & this goal	
SYSTEMS CHANGES	• Establish accountable system of prenatal & postnatal care and education with multi-level providers	Investigate/Inventory current in-county pre & post-natal visiting models to accommodate diverse audiences (i.e. Fourth Trimester Initiative https://kansaspqc.org/initiatives/fourth-trimester-initiative/ ,Healthy Families, Parent As Teachers, etc.) *Include referral process *Identify unreached, if any, demographics	Create MOAs/MOUs with providers, as needed Expand virtual perinatal support services (lactation, follow up care, patient navigation, birth education) Promote visits through agencies at established events (i.e. PAT Touch-a-Truck)	Educate providers on KS Perinatal Quality Collaborative (KPQC) and 4th Trimester Initiative as appropriate

		Introduce pre & post-natal visiting models to providers (medical/mental health, breastfeeding, case workers/community health workers, Healthy Families, Interagency Coordinating Council (ICC), etc.) Re-energize Infant Transition Team (ITT) (members include at least Infant Toddler Services (ITS), Healthy Families, NMC Health) to introduce ('normalize') visiting for pre/post natal care. • Within 6 months, educate staff of HMC Mobile Unit regarding visiting program- provide brochures • Within 9 months of ITT, Community Health Worker making contact with moms & provide agency warm hand-offs	Develop resource (brochure, app, etc.) for providers for easy access Provide prenatal classes between annual Baby Shower events Evaluate number of referrals from ITT Instill strategies for more outreach (i.e. visit mom groups, explore brochure placement options, etc.)	
CROSS-WALK				

PREVIOUS WORK	Active Infant Transition Team pre-COVID, WIC, Breastfeeding Coalition, Connection Moms (virtual mainly new mom community through Central KS Community Fdn grant), NMC Health conversations as of March 2023, Baby Shower events (pop-up and full)
Lead Agency/Organization	Community Health Worker – Chris Allen & NMC Health

BIRTH OUTCOMES

Goal: Prevent pregnancy complications and maternal deaths and improve women's health before, during, and after pregnancy

By June 2026, reduce the rate of infant deaths (within 1 year of age). from 9.2/1,000 to 8.0/1,000. (HP2030: MICH02)

- **Baseline:** 9.2/1,000   **Target:** 8.0/1,000   **HP2030 Target:** 5.0/1,000   **CHIP 2023 Target:** NA
- **Data source:** Kansas Health Matters (accessed 5/2023)

	ACTION STEP	OUTPUTS		
		Short-term (6 mo. – 1 year)	**Intermediate (1.5 - 2 years)**	**Long-term (2-3 years)**
POLICY CHANGES	• Encourage obstetric, pediatric and family medicine practices to adopt policies to support safe sleep, breastfeeding, tobacco cessation, mental health care, substance use, interconception care, pregnancy intention.	Increase education on maternal warning signs, perinatal mental health, substance misuse, breastfeeding, health equity and current local resources in these areas. Contact-Harvey County Medical Society-Dr. Koontz) Educate providers on 'why' to adopt/adapt policy and inform of current resources to support the policy using common language for better understanding. (Reduce infant mortality, low birthweights, and positive maternal health.)	Increase engagement of Community Health Worker (CHW) with NMC Health to connect clients with services Continue education outreach. Report number of providers educated.	Report number of client connections made by CHW Implement quality assurance project & report. 35% of educated providers adopt a new policy.

	Report number of providers educated.		
SYSTEMS CHANGES	• Engage more mental health partners in maternal mental health training.	Inquire/encourage therapist from Prairie View to become a PMH-C (certified perinatal mental health provider) (Trainings through Kansas Connecting Communities). Recruit agency and individual providers with interest in maternal MH training and introduce KS Association for Infant & Early Childhood Mental Health Endorsement (KAIMH). Gain a list of current local KAIMH Endorsement providers and extend partnership in CHIP work.	Track attending trainings Engage providers by surveys or other work of Birth Outcomes CHIP Evaluate number of newly engaged partners	Certification received Report number of newly endorsed providers Report on progress of engagement
CROSS-WALK			
PREVIOUS WORK	Breastfeeding Coalition- baby showers, Safe Sleep/Back to Sleep education, Infant Toddler Services- specifically special education, KAIMH agency interaction		
Lead Agency/Organization NMC Health & Community Health Worker			

FAMILY PLANNING

Goal: Improve pregnancy planning and prevent unintended pregnancy.

By June 2026, increase the proportion of adolescents who receive formal instruction on delaying sex, birth control methods, HIV/AIDS prevention, and sexually transmitted disease before they were 18 years old. (HP2030:FP-08)

- **Baseline:** TBD   **Target:** TBD   **HP2030 Target:** 59.1%   **CHIP 2023 Target:** NA
- **Data Source: Schools and Community partners**

STRATEGIES	ACTION STEP	OUTPUTS		
		Short-term (6 mo. – 1 year)	**Intermediate (1.5 - 2 years)**	**Long-term (2-3 years)**
SYSTEMS CHANGES/ INFORMATION	• Ensure formal instruction on delaying sex, birth control methods, HIV/AIDS prevention, and sexually transmitted disease are in health education curriculum in county schools.	Gather baseline data. Gain education on current county schools' pre/adolescent school/health curriculum and attitudes. Research and consider applying for KDHE Teen Pregnancy Targeted Case Management (TPTCM) funding in March 2024 Investigate and consider introducing implementing "Our Whole Lives" in reproductive education.	Dependent on Short term outputs	Evaluate
CROSS-WALK	Mental Health			
PREVIOUS WORK	KS Learning Center for Health providing education to Hesston and Halstead schools.			
Lead Agency/Organization K-State Research & Extension				

FAMILY PLANNING

Goal: Improve pregnancy planning and prevent unintended pregnancy.

By June 2026, reduce the proportion of pregnancies conceived within 18 months of a previous birth by 10%. (HP2030: FP-02)

- **Baseline:** TBD   **Target:** TBD   **HP2030 Target:** 26.9%   **CHIP 2023 Target:** NA
- **Data Source:** NMC Health

STRATEGIES	ACTION STEP	OUTPUTS		
		Short-term (6 mo. – 1 year)	Intermediate (1.5 - 2 years)	Long-term (2-3 years)
SYSTEMS CHANGES/POLICY	• Engage and educate agency/organization partners in ways to ask about pregnancy intention	Work with NMC Health Informatics for baseline data. Research what agencies/orgs are already doing. Track agencies implementing inquiries, barriers to asking. Inquire if tracking on Electronic Health Record.	Follow up with agencies if more education is needed for new staff or client follow up Record annual provider 'ask's and compare with births statistics	Record annual provider 'ask's and compare with births statistics
CROSS-WALK	Mental Health			
PREVIOUS WORK	Incorporated at Community Baby Shower			
Lead Agency/Organization Harvey County Health Department				

MENTAL AND BEHAVIORAL HEALTH

Goal: Reduce youth substance use and increase positive mental health measures in adolescents in the county

By June 2026, the following results will occur:
- **Reduction of current tobacco use in adolescents**
- **Increase the proportion of children and adolescents who show resilience to challenges and stress**
- **Increase the proportion of adolescents who think substance abuse is risky**

Increase the proportion of children and adolescents who get preventive mental health care in school (HP2030 EMC-D06 – Developmental Status; no target at this time)

Depression
- **Baseline:** 36.4%   **Target:** 33.5%

Suicide attempts
- **Baseline:** 10.8%   **Target:** 9.5%

30-day use of vapes, alcohol, and marijuana
- **Baseline:** 4.2%, 6.5%, 3% respectively   **Target:** 3.5%, 5.5%, 2%

Risk of harm of vaping, alcohol, and marijuana
- **Baseline:** 6.9%, 9.5%, 10.4% respectively   **Target:** 6.5%, 9%, 10%

- **Data Source:** Kansas Communities that Care survey - Harvey County

STRATEGIES	ACTION STEP	OUTPUTS		
		Short-term (6 mo. – 1 year)	Intermediate (1.5 - 2 years)	Long-term (2-3 years)
SYSTEMS CHANGES	• Incorporate mental health symptom identification tools into STAND's yearly student education with every middle school in Harvey County.	Engage high school students in creating effective middle school prevention and mental health education tools to provide to their peers and middle school students in Harvey County, annually.	Continue to incorporate youth-led tools into middle school presentations and partnerships.	Build on youth-created mental health tools, sharing with middle school students. Evaluate effectiveness of the tools and impact on local KCTC data.
CROSS-WALK	Mental health			
PREVIOUS WORK	STAND carries out youth-led middle school presentations each year, so the focus would be strengthening the mental health peer-to-peer aspect of their work.			
Lead Agency/Organization: Mirror, Inc.; STAND; school districts				

MENTAL AND BEHAVIORAL HEALTH

Goal: Improve Mental Health

By June 2026, increase the proportion of Medicare adults who were treated for depression from 22% to 24% (HP 2030: MHMD-05)

- **Baseline**: 22%   **Target:** 24%   **HP2030 Target:** 69.5%   **CHIP 2023 Target:** NA
- **Data source:** Kansas Health Matters

STRATEGIES	ACTION STEPS	OUTPUTS		
		Short-term (6 mo. – 1 year)	**Intermediate (1.5 - 2 years)**	**Long-term (2-3 years)**
SYSTEMS CHANGES	• Investigate and/or develop a Train the Trainer curriculum for a model intervention aimed at community gatekeepers/lay persons	Prepare curriculum Approach Hosting agencies such as churches, community social service agencies, Chamber of Commerce, area clubs, etc.	Introduction/pilot to small population Evaluate after first year of implementation.	Add secondary population and virtual engagement options
CROSS-WALK	Youth not affected by Behavioral Health 2023-26 other goal, Partner agency			
PREVIOUS WORK	Mental Health First Aid classes by Prairie View			
Lead Agency/Organization: Prairie View				

112

REFERENCES:

Demographics

1. Kansas Department of Agriculture. (2022). *Harvey County, Kansas: 2022 Economic Contribution Report.* https://agriculture.ks.gov/docs/default-source/ag-marketing/county-ag-stats/2022-county-ag-stats/harvey.pdf?sfvrsn=ff199bc1_2
2. United States Census Bureau. (2019). *ACS 5-Year Estimates Data Profiles: DP05 ACS Demographic and Housing Estimates.* American Community Survey. https://data.census.gov/table?q=Harvey+COunty,+kansas&g=050XX00US20079&tid=ACSDP5Y2019.DP05
3. United States Census Bureau. (2020). *ACS 5-Year Estimates Data Profiles: DP05 ACS Demographic and Housing Estimates.* American Community Survey. https://data.census.gov/table?q=Harvey+COunty,+kansas&g=050XX00US20079&tid=ACSDP5Y2020.DP05
4. United States Census Bureau. (2021). *ACS 5-Year Estimates Data Profiles: DP05 ACS Demographic and Housing Estimates.* American Community Survey. https://data.census.gov/table?q=Harvey+COunty,+kansas&g=050XX00US20079&tid=ACSDP5Y2021.DP05

Socioeconomic Factors

5. Okoro, C., Zhao, G., Fox, J., Eke, P., Greenlund, K., & Town, M. (2017). Surveillance for Health Care Access and Health Services Use, Adults Aged 18-64 Years- Behavioral Risk Factor Surveillance System, United States, 2014. Morbidity and mortality weekly report. Surveillance summaries (Washington, D.C.: 2002), 66(7), 1-42. https://dx.doi.org/10.15585%2Fmmwr.ss6607a1
6. United States Census Bureau. (2019). *ACS 5-Year Estimates Data Profiles: DP03 Selected Economic Characteristics.* American Community Survey. https://data.census.gov/table?g=050XX00US20079&d=ACS+5-Year+Estimates+Data+Profiles&tid=ACSDP5Y2019.DP03
7. United States Census Bureau. (2021). *ACS 5-Year Estimates Data Profiles: DP03 Selected Economic Characteristics.* American Community Survey. https://data.census.gov/table?g=050XX00US20079&d=ACS+5-Year+Estimates+Data+Profiles&tid=ACSDP5Y2021.DP03
8. Community Commons. (2022, December). *Community Needs Assessment- Income and Economics: Unemployment*. University of Missouri. Community Needs Assessment - SparkMap
9. Kansas Department of Labor. (2022, December). *Local Area Unemployment Statistics.* https://klic.dol.ks.gov/vosnet/GSIPub/documentView.aspx?enc=8tN1q+AbJrnen15P7gIyqa17BVqt5hRY4Gw+okXDtzQ=
10. Kansas Health Matters. (2020). *Food Insecurity Rate: Harvey.* Conduent Health Communities Institute. https://www.kansashealthmatters.org/indicators/index/view?indicatorId=2107&localeId=979

Housing Overview

11. Community Commons. (2021). *Community Needs Assessment- Housing and Families: Households.* University of Missouri. [Community Needs Assessment - SparkMap](#)
12. Community Commons. (2021). Community Needs Assessment- Housing Cost Burden (30%). University of Missouri. [Community Needs Assessment - SparkMap](#)

Access to Care

13. Community Commons. (2021). *Community Needs Assessment- Uninsured Population, 2017-2021.* University of Missouri. [Community Needs Assessment - SparkMap](#)
14. Community Commons. (2020). *Community Needs Assessment- Preventable Hospitalizations.* University of Missouri. [Community Needs Assessment - SparkMap](#)

Chronic Conditions

15. Community Commons. (2019). *Community Needs Assessment- Diabetes.* University of Missouri. [Community Needs Assessment - SparkMap](#)
16. Kansas Health Matters. (2019). *High Blood Pressure Prevalence, Harvey.* Conduent Health Communities Institute. https://www.kansashealthmatters.org/indicators/index/view?indicatorId=253&periodId=244&localeId=979&
17. Kansas Health Matters. (2019). *High Cholesterol Prevalence: Adults 18+, Harvey.* Conduent Health Communities Institute. https://www.kansashealthmatters.org/indicators/index/view?indicatorId=5677&periodId=244&localeId=979&comparisonId=6695
18. Kansas Department of Health and Environment. (2016-2020). *Harvey County Births Compared to WIC Participation.* Kansas Information for Communities. http://kic.kdheks.gov/birth.php
19. Kansas Actions for Children. (2021). *Custom Report: Kids Count Indicators for County in Kansas, Harvey.* Kids Count Data Center. https://datacenter.kidscount.org/data/customreports/2853/1259-1261,1263-1265,1267,1276,5880,6697-6698,7434,7896
20. Kansas Health Matters. (2016-2020). *Infant Mortality Rate, Harvey.* Conduent Health Communities Institute. https://www.kansashealthmatters.org/indicators/index/view?indicatorId=1364&localeId=979
21. Kansas Department of Health and Environment. (2021). *Kansas Annual Summary of Vital Statistics.* Division of Public Health. [2021-Annual-Summary-Full-Report- (ks.gov)](#)
22. Child Care Aware of Kansas, *Point in Time Data,* https://ks.childcareaware.org/data-research/
23. Kansas Communities that Care. (2019-2023). *Suicide, Harvey.* [- results.kctcdata.org](#)
24. Kansas Communities that Care. (2019-2023). *Depression, Harvey.* [- results.kctcdata.org](#)
25. Center for Disease Control and Prevention. (2019). *High School YRBSS- Kansas 2019 and United States 2019 Results.* Youth Online: High School YRBS - T-Test Kansas 2019 and United States 2019 Results | DASH | CDC

26. Kansas Department of Health and Environment. (2020). *Adults Tobacco Use in Kansas.* Adult-Tobacco-Use-in-Kansas-PDF (ks.gov)
27. Kansas Health Matters. (2018). *Adults who Smoke, Harvey.* Conduent Health Communities Institute. https://www.kansashealthmatters.org/indicators/index/view?indicatorId=8&localeId=979&periodId=243
28. Kansas Health Matters. (2019). *Adults who Smoke, Harvey.* Conduent Health Communities Institute. https://www.kansashealthmatters.org/indicators/index/view?indicatorId=8&localeId=979&periodId=244
29. Kansas Health Matters. (2020). *Adults who Smoke, Harvey.* Conduent Health Communities Institute. https://www.kansashealthmatters.org/indicators/index/view?indicatorId=8&localeId=979&periodId=227
30. Kansas Communities that Care. (2019-2022). *Tobacco- Cigarette Use, Harvey*. -results.kctcdata.org
31. Kansas Communities that Care. (2019-2022). *Tobacco- Electronic Cigarette Use, Harvey*. -results.kctcdata.org

Mental Health & Wellness

32. Community Commons. (2016-2020). *Health Outcomes: Mortality-Suicide.* University of Missouri. Community Needs Assessment - SparkMap
33. Kansas Health Matters. (2021). *Depression: Medicare Population, Harvey.* Conduent Health Communities Institute. https://www.kansashealthmatters.org/indicators/index/view?indicatorId=2058&localeId=979

Addiction

34. Kansas Health Matters. (2017-2019). *Death Rate due to Drug Poisoning, Harvey.* Conduent Health Communities Institute. https://www.kansashealthmatters.org/?module=indicators&controller=index&action=view&comparisonId=923&indicatorId=2370&localeTypeId=2&localeId=979

911 Calls & Crimes

35. Kansas Bureau of Investigation. (2019). *Kansas Crime Index.* Incident Based Reporting Unit. CrimeIndex2019.pdf (kansas.gov)
36. Kansas Bureau of Investigation. (2020). *Kansas Crime Index.* Incident Based Reporting Unit. White and Grey Minimalist Annual Report (kansas.gov)
37. Kansas Bureau of Investigation. (2021). *Kansas Crime Index.* Incident Based Reporting Unit. 2021 Crime Index.pdf (kansas.gov)
38. Community Commons. (2015-2017). *Community Needs Assessment: Violent Crimes, Harvey.* University of Missouri. Community Needs Assessment - SparkMap
39. Harvey County Communications. (2019). *911 Calls*.
40. Harvey County Communications. (2022). *911 Calls*.

[1] Office of Disease Prevention and Health Promotion. (n.d.). *Healthy People 2030 Framework.* U.S. Department of Health and Human Services. Healthy People 2030 Framework - Healthy People 2030 | health.gov

[2] Office of Disease Prevention and Health Promotion. (n.d.). *Leading Health Indicators.* U.S. Department of Health and Human Services. Leading Health Indicators - Healthy People 2030 | health.gov

[3] Kansas Department of Agriculture. (2022). *Harvey County, Kansas: 2022 Economic Contribution Report.* https://agriculture.ks.gov/docs/default-source/ag-marketing/county-ag-stats/2022-county-ag-stats/harvey.pdf?sfvrsn=ff199bc1_2

[4] United States Census Bureau. (2021). *ACS 5-Year Estimates Data Profiles: DP05 ACS Demographic and Housing Estimates.* American Community Survey. https://data.census.gov/table?q=Harvey+COunty,+kansas&g=050XX00US20079&tid=ACSDP5Y2021.DP05

[5] United States Census Bureau. (2021). *ACS 5-Year Estimates Data Profiles: DP03 Selected Economic Characteristics.* American Community Survey. https://data.census.gov/table?g=050XX00US20079&d=ACS+5-Year+Estimates+Data+Profiles&tid=ACSDP5Y2021.DP03

[6] Okoro, C., Zhao, G., Fox, J., Eke, P., Greenlund, K., & Town, M. (2017). Surveillance for Health Care Access and Health Services Use, Adults Aged 18-64 Years- Behavioral Risk Factor Surveillance System, United States, 2014. Morbidity and mortality weekly report. Surveillance summaries (Washington, D.C.: 2002), 66(7), 1-42. https://dx.doi.org/10.15585%2Fmmwr.ss6607a1

[7] United States Census Bureau. (2021). *ACS 5-Year Estimates Data Profiles: DP03 Selected Economic Characteristics.* American Community Survey. https://data.census.gov/table?g=050XX00US20079&d=ACS+5-Year+Estimates+Data+Profiles&tid=ACSDP5Y2021.DP03

[8] Kansas Department of Labor. (2022, December). *Local Area Unemployment Statistics.* https://klic.dol.ks.gov/vosnet/GSIPub/documentView.aspx?enc=8tN1q+AbJrnen15P7gIyqa17BVqt5hRY4Gw+okXDtzQ=

[9] Office of Disease Prevention and Health Promotion. (n.d.). *Leading Health Indicators.* U.S. Department of Health and Human Services. Leading Health Indicators - Healthy People 2030 | health.gov

[10] Kansas Health Matters. (2020). *Food Insecurity Rate: Harvey.* Conduent Health Communities Institute. https://www.kansashealthmatters.org/indicators/index/view?indicatorId=2107&localeId=979

[11] Office of Disease Prevention and Health Promotion. (n.d.). *Leading Health Indicators.* U.S. Department of Health and Human Services. Leading Health Indicators - Healthy People 2030 | health.gov

[12] Community Commons. (2021). *Community Needs Assessment- Housing and Families: Households.* University of Missouri. Community Needs Assessment - SparkMap

[13] Community Commons. (2021). Community Needs Assessment- Housing Cost Burden (30%). University of Missouri. Community Needs Assessment - SparkMap

[14] Office of Disease Prevention and Health Promotion. (n.d.). *Leading Health Indicators.* U.S. Department of Health and Human Services. Leading Health Indicators - Healthy People 2030 | health.gov

[15] Community Commons. (2020). *Community Needs Assessment- Preventable Hospitalizations.* University of Missouri. Community Needs Assessment - SparkMap

[16] Community Commons. (2019). *Community Needs Assessment- Diabetes.* University of Missouri. Community Needs Assessment - SparkMap

[17] Kansas Department of Health and Environment. (2016-2020*). Harvey County Births Compared to WIC Participation.* Kansas Information for Communities. http://kic.kdheks.gov/birth.php

[18] Kansas Actions for Children. (2021). *Custom Report: Kids Count Indicators for County in Kansas, Harvey.* Kids Count Data Center. https://datacenter.kidscount.org/data/customreports/2853/1259-1261,1263-1265,1267,1276,5880,6697-6698,7434,7896

[19] Kansas Actions for Children. (2021). *Custom Report: Kids Count Indicators for County in Kansas, Harvey.* Kids Count Data Center. https://datacenter.kidscount.org/data/customreports/2853/1259-1261,1263-1265,1267,1276,5880,6697-6698,7434,7896

[20] Kansas Health Matters. (2016-2020). *Infant Mortality Rate, Harvey*. Conduent Health Communities Institute. https://www.kansashealthmatters.org/indicators/index/view?indicatorId=1364&localeId=979

[21] Kansas Department of Health and Environment. (2021*). Kansas Annual Summary of Vital Statistics.* Division of Public Health. 2021-Annual-Summary-Full-Report- (ks.gov)

[22] Child Care Aware of Kansas, *Point in Time Data,* https://ks.childcareaware.org/data-research/

[23] Kansas Actions for Children. (2021). *Custom Report: Kids Count Indicators for County in Kansas, Harvey.* Kids Count Data Center. https://datacenter.kidscount.org/data/customreports/2853/1259-1261,1263-1265,1267,1276,5880,6697-6698,7434,7896

[24] Center for Disease Control and Prevention. (2019). *High School YRBSS- Kansas 2019 and United States 2019 Results.* Youth Online: High School YRBS - T-Test Kansas 2019 and United States 2019 Results | DASH | CDC

[25] Kansas Communities that Care. (2019-2023). *Suicide, Harvey.* - results.kctcdata.org

[26] Kansas Communities that Care. (2019-2023). *Depression, Harvey.* - results.kctcdata.org

[27] Kansas Department of Health and Environment. (2020). *Adults Tobacco Use in Kansas.* Adult-Tobacco-Use-in-Kansas-PDF (ks.gov)

[28] Kansas Department of Health and Environment. (2020). *Adults Tobacco Use in Kansas.* Adult-Tobacco-Use-in-Kansas-PDF (ks.gov)

[29] Kansas Communities that Care. (2019-2022). *Tobacco- Cigarette Use, Harvey.* - results.kctcdata.org

[30] Kansas Communities that Care. (2019-2022). *Tobacco- Electronic Cigarette Use, Harvey.* - results.kctcdata.org

[31] Center for Disease Control and Prevention. (2019). *High School YRBSS- Kansas 2019 and United States 2019 Results.* Youth Online: High School YRBS - T-Test Kansas 2019 and United States 2019 Results | DASH | CDC

[32] Community Commons. (2016-2020). *Health Outcomes: Mortality-Suicide.* University of Missouri. Community Needs Assessment - SparkMap

[33] Kansas Health Matters. (2021). *Depression: Medicare Population, Harvey.* Conduent Health Communities Institute. https://www.kansashealthmatters.org/indicators/index/view?indicatorId=2058&localeId=979

[34] Kansas Health Matters. (2017-2019). *Death Rate due to Drug Poisoning, Harvey.* Conduent Health Communities Institute. https://www.kansashealthmatters.org/?module=indicators&controller=index&action=view&comparisonId=923&indicatorId=2370&localeTypeId=2&localeId=979

[35] Kansas Bureau of Investigation. (2021). *Kansas Crime Index.* Incident Based Reporting Unit. 2021 Crime Index.pdf (kansas.gov)

[36] Community Commons. (2015-2017). *Community Needs Assessment: Violent Crimes, Harvey.* University of Missouri. Community Needs Assessment - SparkMap

[37] Harvey County Communications. (2019). *911 Calls*.

[38] Harvey County Communications. (2022). *911 Calls*.

This document was reviewed and approved by the
NMC Health Board of Directors on September 7, 2023