Photo: Kate Sommers

HARVEY COUNTY

2026

Community Health Needs Assessment

and 2026-2029 Community Health Improvement Plan

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ACKNOWLEDGEMENTS

This report reflects the collaborative efforts of partners across Harvey County. We extend our appreciation to both the individuals and organizations whose expertise and commitment were essential to the development and implementation of the Community Health Needs Assessment.

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EXECUTIVE SUMMARY

DETERMINING THE NEEDS OF THE COUNTY

Health outcomes are determined beyond medical care alone. The Community Health Needs Assessment (CHNA) identifies the main health needs and issues of Harvey County residents through a systematic process that uses vast data collection and analysis. Using principles such as collaboration, transparency, and evidence-based practices, the 2026 CHNA addresses the current and future needs of the community. This report addresses assets and priority issues related to individual and overall health in Harvey County and highlights how social drivers of health affect outcomes.

To complete the CHNA, two types of data collection were used: primary (qualitative) and secondary (quantitative) data analysis. Primary data was collected from first-hand sources, such as focus groups and surveys. Secondary data utilized existing information from institutes like the Centers for Disease Control and Prevention (CDC) and aggregators such as Kansas Health Matters. This year, a "data walk" was used to share results and gather feedback from the core team and the community. Population categories included age groups, ethnicity, race, and income level.

The CHNA assessment used a team with diverse backgrounds to make decisions based on evidence when selecting health priorities. These health priorities were used to create a Community Health Improvement Plan (CHIP) for the period of July 2026 to June 2029.

Lead agencies formed the core team to guide the planning of programs designed to produce successful health outcomes by July 2029. Stakeholders used the U.S. Department of Health and Human Services' Healthy People 2030 as a guide to set targets. This framework supported the core partners in the mission of improving health using evidence-based, measurable interventions.

Four health priorities have been identified as the focus of Harvey County's health initiatives for the next three years. These priorities drove the development of goals.

HEALTH PRIORITIES IDENTIFIED BY THE 2026 HARVEY COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT

Chronic Disease Prevention: This priority focuses on building a collaborative communication plan to increase awareness of services for diabetes, heart disease, and cancer.

Mental Health and Behavioral Health Services: This priority is to increase treatment for adults with mental illness. This involves partnering with local Chambers of Commerce and employers to share resource guides and direct residents to mental health support.

Social and Economic Factors (Transportation): This priority aims to improve local transportation systems by forming a transportation coalition and seeking funding for a public transit feasibility study. It also supports "Walk & Roll Harvey" programs, bike clinics, and non-vehicle options for students. Other Social and Economic Growth focus areas include housing affordability and increasing childcare services.

Prescription Access: Efforts will be made to reduce the number of people who cannot afford or access necessary medications. This includes surveying community needs to understand the problem better and training "navigators" (people who help others find resources) to connect residents with existing prescription assistance programs. Survey responses will allow for the evaluation of barriers when filling up medication prescriptions.

HEALTH PRIORITIES IDENTIFIED

HARVEY COUNTY ASSETS

2026 Community Snapshot

ECONOMY & INDUSTRY

- **Population:** 34,024 residents
- **Transportation Hub:** The Newton rail facility serves as a major economic engine, serving as both a transportation center and a key train maintenance base.
- **Agriculture & Manufacturing:** Anchored by major employers like Ardent Mills, AGCO, and Stanley Black & Decker. Two new manufacturers are slated to open in 2026, expanding industrial capacity and job opportunities.
- **Commerce Network:** Three chambers of commerce and a countywide Economic Development Council collaborate to support business growth and regional competitiveness.

EDUCATION & WORKFORCE

- **K-12 Systems:** Five unified school districts across the county.
- **Higher Education:** Two four-year colleges and one community college provide accessible degrees, certifications, and workforce training.
- **Career & Technical Education:** The Newton Career and Technical Education Center (CTE) supports multiple districts with hands-on, career-aligned training.

HEALTH & WELLNESS

- **Medical Care:** Residents have access to NMC Health (hospital), Health Ministries Clinic, private practices and eight long-term care facilities.
- **Mental & Behavioral Health:** Headquarters for state-wide leaders Prairie View, Inc. and Mirror, Inc., providing treatment, prevention, and behavioral health innovation services.

COMMUNITY & RECREATION

- **Prevention & Coalitions:** The Healthy Harvey Coalition, Walk & Roll Harvey, Harvey County Breastfeeding Coalition, and D-FY (Drug Free Youth Coalition) lead initiatives, foster vital life skills, and maintain Newton's landmark T-21 tobacco ordinance.
- **Parks & Trails:** Parks in every town, with five municipalities actively utilizing Master Bike or Pedestrian Plans for safe, active transportation. Harvey County maintains three county parks.

SUPPORT NETWORKS & JUSTICE

- **Faith & Crisis Support:** With 74 churches and the Community Crisis Response Team (CCRT), residents have access to disaster response and substance misuse recovery support.
- **Food Access:** The Harvey County Food & Farm Council and K-State Extension connect local producers to consumers. More than 30 Little Free Libraries and Pantries across the county further supplement 12 food pantries and five community meal sites.
- **Justice System:** The 9th Judicial District Recovery Courts offer wraparound services for individuals with substance misuse disorders. With oversight from the court, persons can complete drug treatment programs, engage with recovery peer support group, and gain life skills to promote long-term community reintegration.

METHODS

This report evaluates the key health needs and issues of Harvey County through a comprehensive and systematic assessment process grounded in extensive data collection and analysis. The report incorporates both primary data (qualitative) and secondary data (quantitative). Primary data was collected from first-hand sources, including a community health survey and 15 qualitative focus groups. Secondary data was taken from existing data sets from established organizations, such as the CDC and Kansas Department of Health and Environment (KDHE.)

To accurately identify community needs, the assessment notes representation across all population groups. Key demographic categories—such as age, ethnicity, race, income, and access to healthcare—are analyzed to provide a complete and impartial understanding of the county's health landscape and varying challenges.

Community Health Survey

Community health survey participants lived, visited, 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 emails. Participation was voluntary. Public libraries provided free internet access to complete the survey, as well as paper copies of the survey.

The Harvey County Community Health Survey, developed by the Harvey County CHNA Core Team, was expected to take approximately five minutes to complete. The full survey can be found in Appendix A. The survey included several questions regarding overall community health, personal health questions, and demographic questions with a variety of yes/no responses, multiple choice, and open responses. Responses were collected via Alchemer, an online platform provided by the health department. Paper responses were entered electronically.

The electronic survey, available in English and Spanish, utilized convenience sampling and could be accessed by following a hyperlink or QR code. After the closing of the survey, analysis tools were used to provide descriptive statistics including frequencies and percentage conversions to question responses. Open-ended questions were analyzed using a word analysis tool to count the frequency of words or phrases. Participant demographics were analyzed, including age, income, gender, race, ethnicity, zip code, and residency duration. Demographics were compared to local U.S. Census data to determine percentage of the population reached through the survey.

Focus Groups

The Core Team, drawing on lessons learned from previous CHNA processes, recognized that convenience sample surveys often miss important perspectives from underrepresented groups. To address this gap, the team proactively organized targeted focus groups to ensure the inclusion of voices that are frequently unheard, specifically individuals in the substance misuse recovery community, residents who are Spanish speaking, and residents across several locations with limited formal education.

Community members trained in focus group facilitation and note taking were recruited to serve as facilitators and recorders. Fifteen focus groups were conducted following a script that utilized the four community-oriented questions of the community health survey in an open-ended format to facilitate discussion. This discussion led to identifying the groups' health priorities. These focus groups captured 18 male voices and 22 female voices, including representation from Circle of Hope, a community initiative that supports families in reaching financial stability though education, mentoring, and communal activities; Mirror Outpatient Recovery Program, Prairie View, Inc., local mental health center, Alfa Y Omega, church for Spanish speakers, Railway Clubhouse, a community of support for recovery with mental illness, and Hesston Resource Center, a local pantry/resource referral office, Halstead Housing Authority, New Hope Shelter, New Jerusalem Missions, a pantry, community meal site, and housing for those in recovery, and others. The major themes of each focus group can be found in Appendix B.

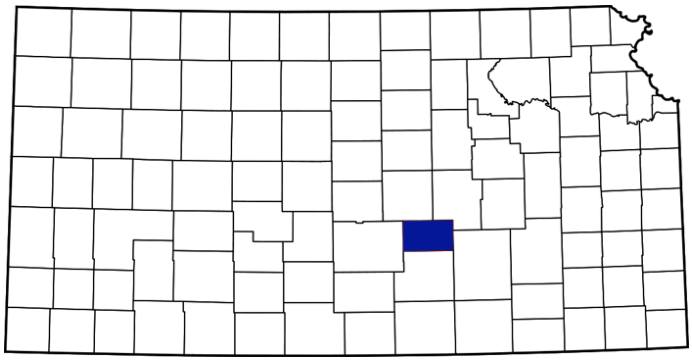
Secondary Data Analysis

Information collected in the secondary, or quantitative, data analysis came from statistically significant sources, such as the U.S. Census Bureau, Kansas Department of Health and Environment, CDC, and the Kansas Department of Agriculture. Data related to the selected indicators were accessed through public health databases and user-friendly data dashboards such as Kansas Health Matters and County Health Rankings. The collection of secondary data included demographic, economic, and health outcome indicators for Harvey County.

Health indicators from secondary sources were selected by the Harvey County CHNA core team to include county-specific items of interest, items representative of 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 provided at the end of the 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 343,919 acres (out of 346,000) dedicated to 690 farms.[1] In Harvey County, food and agriculture sectors account for 31% of the county's Gross Regional Product. The farm machinery and equipment manufacturing sector employs the most people in the county.

Harvey County has a population of 33,642 (2024). This number has fluctuated very little in the past few years, after dropping by almost 400 during the COVID-19 pandemic. The median age continues to be 40.5, which is consistent from previous years, and remains older than both the Kansas median (38.0) and the U.S. median (39.2), reflecting a more mature population profile. The gender distribution continues to remain equal. The racial diversity within Harvey County is predominantly White at 93.0%. This percentage of population identifying as White has dropped from 95% in 2020. Harvey County's Hispanic population (12.2%) is similar to the Hispanic population of the state of Kansas (12.9%), but reports a higher White population percentage than Kansas (85.8%).[2]

Harvey County, KS Demographics

Indicator	2018	2020	2022	2024
Population	34,210	34,434	33,959	33,756
Gender	M/17,200 F/17,355	M/17,117 F/17,317	M/16,679 F/17,280	M/16,639 F/17,117
Median Age	39.50	39.2	40.5	40.5
Race (white)	32,826 (95.0%)	32,694 (95.1%)	31,577 (92.9%)	31,401 (93.0%)
Hispanic or Latino	4,078 (11.8%)	4,199 (12.2%)	4,274 (12.6%)	4,129 (12.2%)

(U.S. Census Bureau, 2024)

Harvey County, KS Population Comparison 2024

Indicator	Total Population	Gender		Median Age	Race (White)	Race (Hispanic)
Harvey County	33,759	M/16,639	F/17,117	40.5	31,401 (93.0%)	4,129 (12.2%)
Kansas	2,970,606	M/1,487,233	F/1,483,373	38.0	2,561,352 (86.2%)	422,762 14.2(%)
United States	340,110,990	M/168,294,343	F/171,816,647	39.2	244,978,025 (72.0%)	68,013,553 (19.9%)

(U.S. Census Bureau, 2024)

Socioeconomic Factors

The median household income for Harvey County is $74,368 (2024); this is in keeping with the upward trend over the past few decades (adjusted for inflation). Harvey County's average median income is no longer higher than Kansas' ($75,514), a notable difference from prior years. Both Kansas and Harvey County fall below the United States ($81,604).[3] People living below the poverty line and who may not have insurance, put significant strain on Harvey County's overall health. Individuals without insurance often delay or neglect seeking medical care, which results in poorer health outcomes.

Income, Health Insurance & Poverty Analysis				
Indicator	2015	2018	2021	2024
Median Income	$51,327	$56,051	$60,563	$74,368
No Health Insurance	8.8%	8.9%	8.4%	8.7%
People Below Poverty Level	13.2%	11.2%	9.8%	8.2%

(U.S. Census Bureau, 2024)

According to United Way.org, the federal poverty level does not consider the wide variation in cost of living by location nor has its methodology been updated since it was formulated in the 1960s. Because of that, United Way created a metric called ALICE: Asset Limited, Income Constrained, Employed, for households earning above the federal poverty line but not enough to afford basic expenses in the county where they live.

While conditions vary among households, many continue to struggle, especially as wages fail to keep pace with the rising cost of household essentials (housing, childcare, food, transportation, health care, and a basic smartphone plan). Households below the ALICE Threshold — ALICE households plus those in poverty — can't afford the essentials.

2024 Point-in-Time-Data – ALICE in Harvey County
Population: 33,756 Number of Households: 13,700
Median Household Income: $74,368 (state average: $75,514)
Labor Force Participation Rate: 65% (state average: 67%)
ALICE Households: 25% (state average 24%) Households in Poverty: 10% (state average 11%)

(United for Alice, 2026)

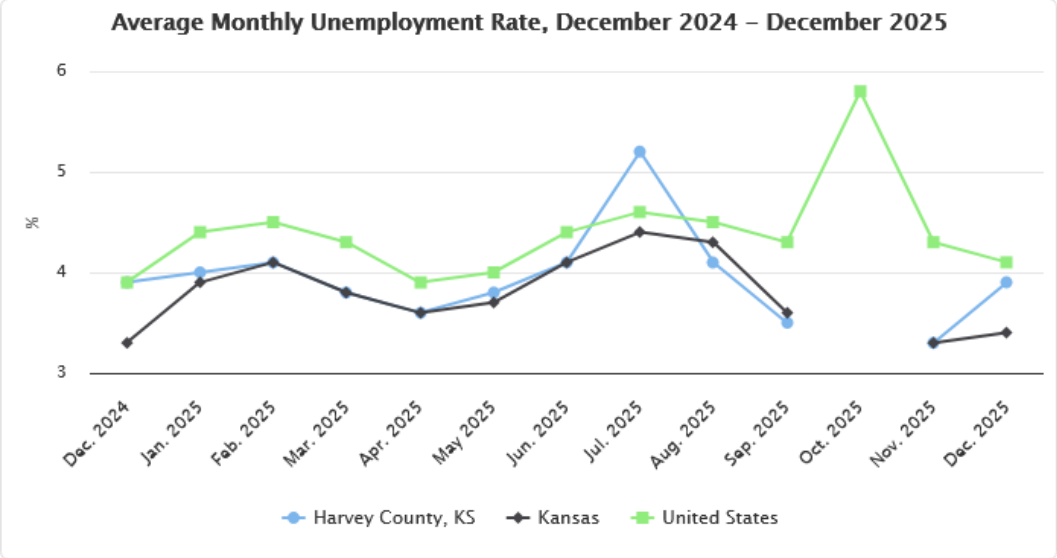
Another important indicator that influences socioeconomic needs is the unemployment rate. The Local Area Unemployment Statistics (LAUS) program provides estimates of the labor force, employment, and unemployment rates. The labor force is the sum of employed and unemployed persons, and the unemployment 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, healthy food, and other necessities that contribute to health status (Kansas Department of Labor).[4] The total civilian labor force (not seasonally adjusted) for Harvey County in December 2025 was 18,148 of which 17,436 were employed and 712 were unemployed, a rate of 3.9%. Harvey County's unemployment rate is comparable to the state of Kansas at 3.8% and slightly better than the national rate of 4.1%.[5]

Unemployment rates December 2025				
Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Harvey County	18,148	17,436	712	3.9%
Kanas	1,574,611	1,520,834	53,777	3.4%
United States	171,978,146	164,905,410	7,072,735	4.1%

(Community Commons, 2025)

The *Community Commons, Community Health Needs Assessment Reporting Tool* creates a graph of the average monthly unemployment rates.[5] Over the 12-month period of December 2024 to December 2025, the unemployment rate for Harvey County follows a similar trend with Kansas and the United States. The exception to this similarity (the missing data for October 2025) is due to the 43-day Federal Government shutdown that resulted in nation-wide disruptions. Employment among the working-age population is a leading health indicator under the Healthy People 2030 initiative.[6]

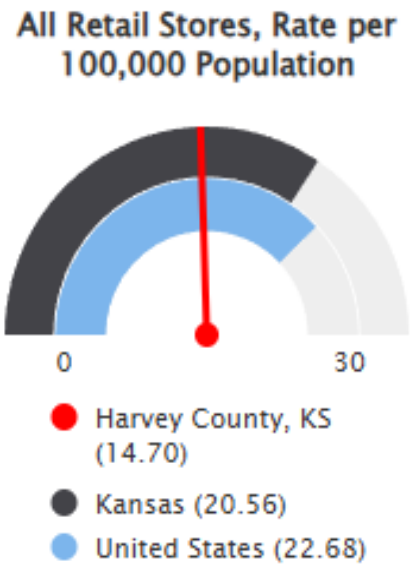
Average Monthly Unemployment

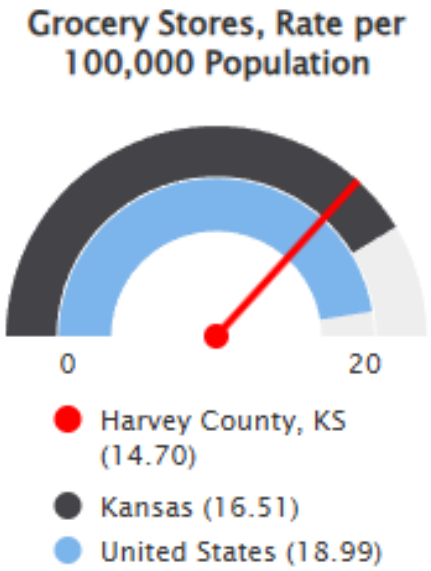


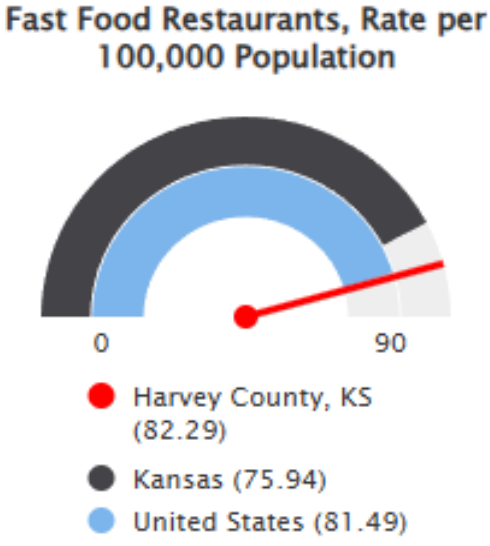
(Community Commons, CHNA Report)

Food insecurity is another indicator that is influenced by an individual's socioeconomic status. The population of Harvey County that is food insecure is 4,250 or a rate of 12.6%.[7] Food insecurity levels were at their lowest point in 2021 (8.6%) when SNAP payments were at their highest point amidst the COVID-19 pandemic. The food insecurity levels have continued to rise both in Harvey County and across the US (14.5%). Household food insecurity and hunger are leading health indicators under the Healthy People 2030 initiative.[8]

Food insecurity fits within the broader physical food environment. The All Retail Food Outlet graph shows Harvey County has a significantly lower rate than both the state of Kansas and the United States, with only 14.70 All Retail stores per 100,000 people. All Retail food outlets include all establishments primarily engaged in selling food and beverages for off-site consumption or immediate consumption, encompassing grocery stores, supermarkets, convenience stores, specialty food stores, and food and beverage vendors. This chart captures the overall availability and distribution of food sources, which can influence dietary behaviors, nutrition, and access to healthy and affordable food. Similarly, Harvey County also has a lower rate of grocery stores per 100,000 people. In contrast, Harvey County has more Fast Food Restaurants than both Kansas and the United States.[9]

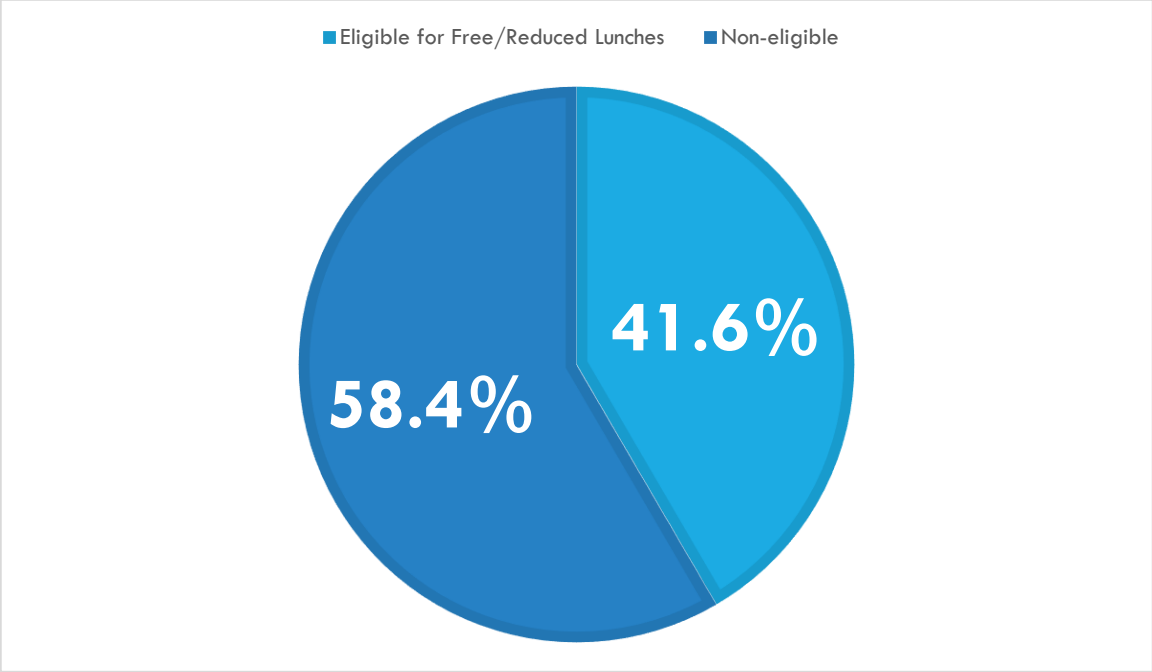






Harvey County participates in the National School Lunch Program that is dependent on the household income guidelines made by the Child Nutrition Program benefits (Kansas State Department of Education). The percent enrolled for Harvey County (41.6%) has remained relatively consistent over time and remains comparable to the US average (42.8%).

Student Eligibility for Free/Reduced Price Lunches



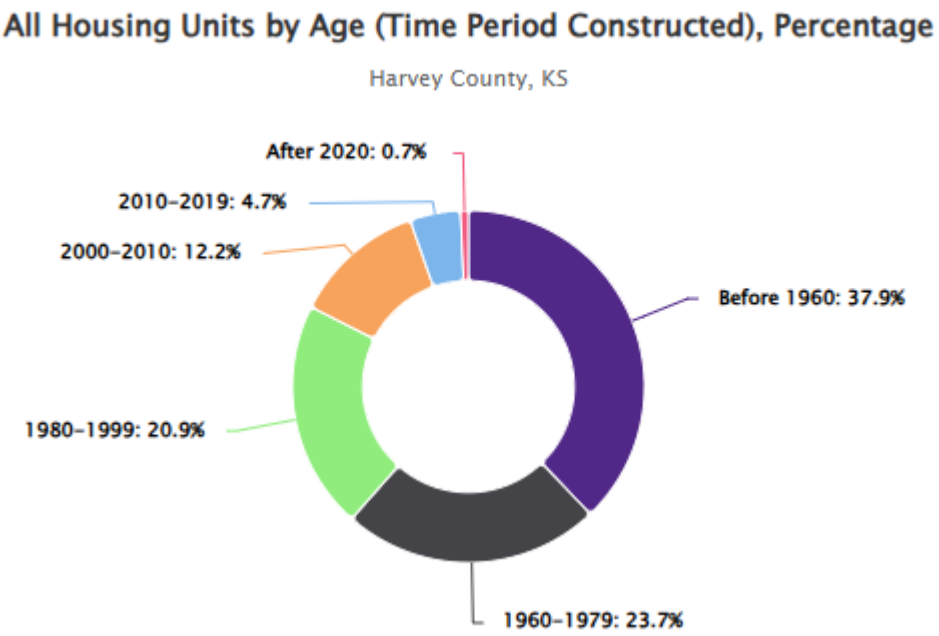
(Kansas Health Matters 2023-2024) [10]

Housing Overview

Housing conditions across Harvey County present a set of interconnected challenges related to housing supply, affordability, housing quality, and stability. The recent Fall 2025 Harvey County Housing Report identified four key issues currently facing the community.[11]

1. Insufficient housing supply limits choice and flexibility across the county
2. Housing affordability pressures are increasing, especially for renters
3. Aging housing stock and repair needs compound affordability and stability challenges
4. Housing instability and gaps in supportive housing persist

This report highlights the effect these housing conditions have on residents' ability to remain stably housed, maintain employment, support family needs and age in place. Housing is foundational in supporting health, education, employment and overall quality of life.



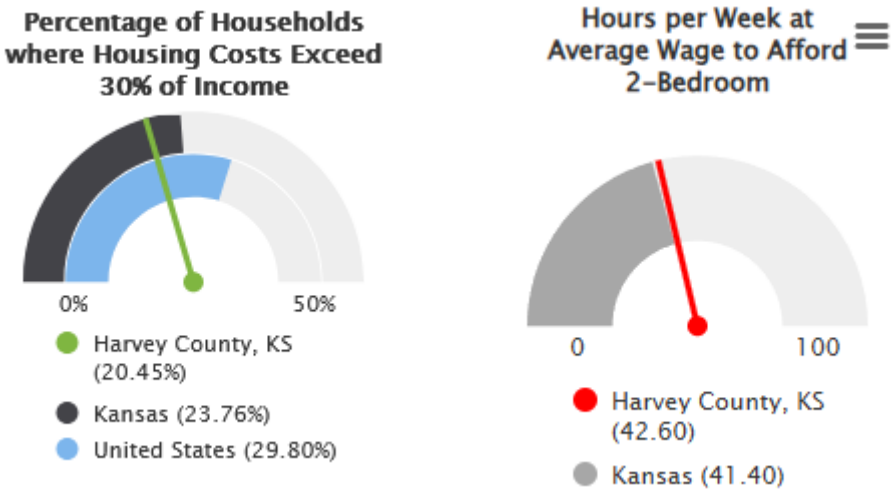
Kansas State University Housing Report [12]

Transportation and Commuting

Most residents rely on personal vehicles to commute, with 79.8% driving alone to work and an average travel time of 20.7 minutes.[13] As there is no mass transit system in the county, public transit use is negligible and further reinforces the importance of housing affordability alongside transportation costs, especially for lower-income households and those who cannot work remotely.

Cost Burden

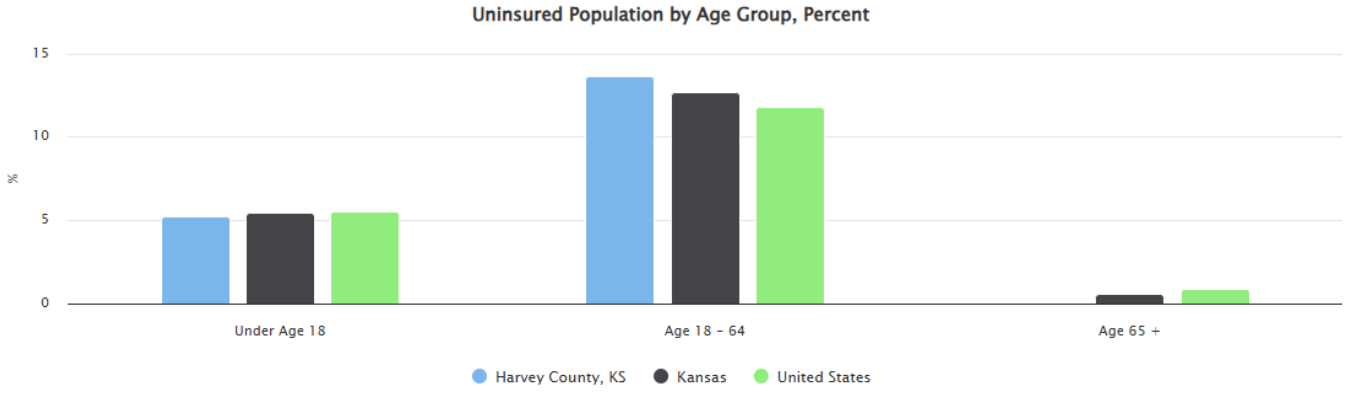
The cost burden indicators report the percentage of households where housing costs are 30% or more of total household income. This information offers a measure of housing affordability and excessive shelter costs, for both owners and renters. For Harvey County, there are 13,700 total households in the report area; 2,801 or 20.45% 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. These indicators are important because housing issues like overcrowding and affordability have been linked to multiple health outcomes, including infectious disease, injuries and mental disorder (Community Commons, CHNA Report).



(Community Commons, CHNA Report)[14]

Access to Care

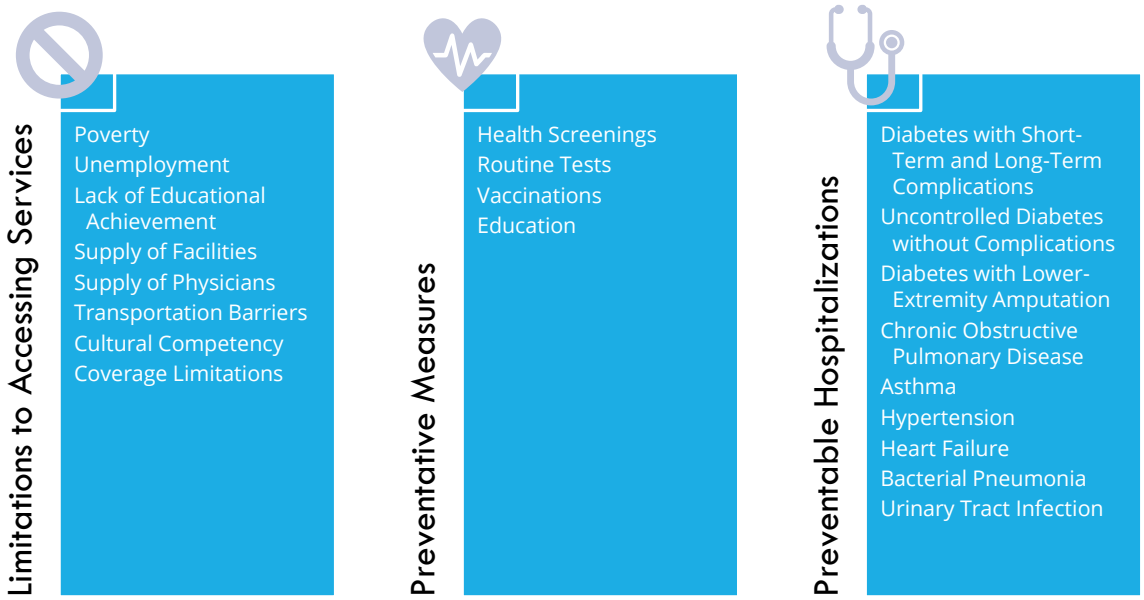
The lack of health insurance is considered a key driver of health status because it is a primary barrier to healthcare access including regular primary care, specialty, and other health services that contribute to poor health status.[15] In Harvey County, 8.75% of the total civilian noninstitutionalized population are without health insurance coverage. The rate of uninsured persons noted is very similar to the state average of 8.78% and the United States' 8.41%. Breaking down the uninsured rates further into age categories shows a unique perspective. For the age group *18-64*, a slight improvement has occurred from 13.80% to 13.60%, but the *Under Age 18* group shows a worsening trend from 2.98% to 5.24%. It is also worse than Kansas' value (5.41%) and the United States (5.47%)[16]. Persons with medical insurance (<65 years) is among the list of *Leading Health Indicators* for Healthy People 2030.[16]



(Community Commons, CHNA Report)

In addition to the rate of uninsured individuals, access to care can be limited by poverty, unemployment, and lack of educational achievement. Economic and social insecurity are often associated with poor health outcomes.[15] Access to preventative healthcare can have drastic impacts on the rates of morbidity, mortality, and emergency hospitalizations. These preventative measures include things 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.[17] In the

latest report period of 2023, there were 5,084 Medicare beneficiaries in Harvey County. The Prevention Quality Overall Composite was 114 or 2.24% in Harvey County; which is lower than Kansas (2.53%) and the United States (2.77%), indicating substantial prevention measures are in place.[17]



Despite prevention measures being in place, access to health and behavioral care remains a challenge for some residents. Local health providers have suspected that more people are signing up for high-deductible health plans, so they have lower monthly premiums. These higher deductibles can result in more out of pocket payments when the need for treatment arises. While a significant number of people have private insurance, high deductibles mean they might still struggle to pay for care. In practice, residents may have little to no coverage for everyday medical needs such as routine prescriptions or minor illnesses care.

To help protect people from unlimited medical costs, the Centers for Medicare & Medicaid Services (CMS) requires health plans to include an out-of-pocket maximum (MOOP). This is a cap on how much a person must pay each year for covered in-network medical care. It includes the deductible, copayments, and coinsurance, but not monthly premiums or specific services the plan doesn't cover. Once someone reaches this limit, their insurance plan pays 100% of the cost for any additional covered, in-network care for the rest of the year.

For 2026, CMS has raised these limits to $10,600 for individual coverage and $21,200 for family coverage. This is an increase from the 2025 limits, which were $9,200 and $18,400. These limits apply to nearly all health plans, including those offered by employers and those purchased through the Health Insurance Marketplace. The limits are adjusted every year to keep up with inflation. While MOOPs act as a consumer protection, these high figures might also indicate a gap between having insurance and having affordable access to health care.

Chronic Diseases

Chronic diseases are defined as illnesses that last one year or longer and require ongoing medical care, attention, and management. They typically impact and/or limit daily activities and quality of life. Typically, chronic diseases progressively worsen over time, and while they can be managed, there is often no cure. Chronic diseases are the leading causes of death and disability in the United States, making them a key public health issue. According to the Centers for Disease Control and Prevention, most chronic diseases are caused by specific risk factors: tobacco use, poor nutrition, physical inactivity, and excessive alcohol use. By avoiding these risks and getting adequate preventative care, people can improve their chance of staying well, feeling good, and living longer. [18]

Knowing that chronic diseases are a leading cause of death, Kansas Health Matters data shows where Harvey County is higher than the overall rate in the state of Kansas for several specific chronic conditions:

Chronic Disease	Harvey County age-adjusted mortality rate per 100,000 (2021-2023)	Kansas age-adjusted mortality rate per 100,000 (2021-2023)
Alzheimer's	**25.5**	**23.5**
Heart disease	**186.9**	**170.7**
Cerebrovascular disease	**38.1**	**36.2**
Diabetes	**37.8**	**25.3**

(Kansas Health Matters, 2023[19])

Hospital admission rates for chronic diseases are a significant source of hospitalizations in Harvey County, as Kansas Health Matters data shows.

Chronic Disease	Harvey County hospital admission rate per 100,000 (2019-2021)	Kansas age-adjusted mortality rate per 100,000 (2019-2021)
Diabetes	**17.7**	**16.3**
Acute Cerebrovascular (Stroke) Disease	**12.2**	**11.6**
Heart Disease	**109.0**	**110.5**
Asthma	**2.5**	**2.6**
Chronic Obstructive Pulmonary Disease (COPD)	**9.2**	**8.1**

(Kansas Health Matters, 2023[20])

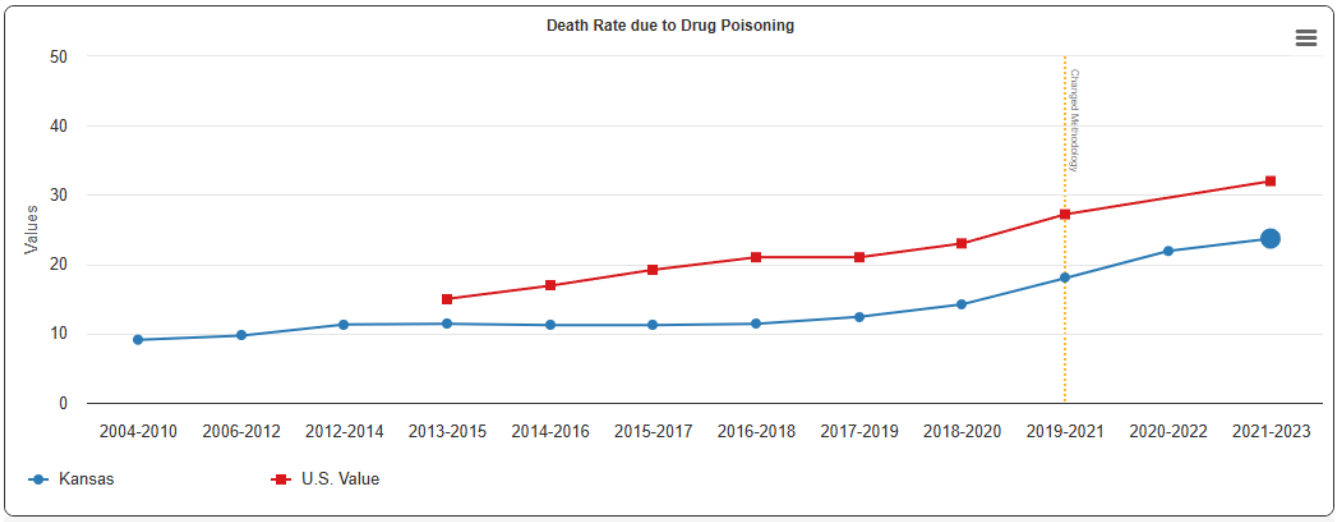
Substance Use Disorder, not Addiction

Substance Use Disorder (SUD) is a chronic brain disease that can be treated and is characterized by periods of relapse and remission. It occurs when the recurrent use of alcohol or drugs causes clinically significant impairment including health problems, disability, and failure to meet major responsibilities at work, school, or home. (Substance Use Disorder & Overdose Prevention | KDHE, KS).[21] SUD is the preferred term over the commonly used "addiction" as SUD more readily emphasizes this as a brain disease.

Drug Overdose Mortality

Drug overdose deaths are the leading cause of injury death in the United States, with over 100 drug overdose deaths occurring every day.[22] The death rate due to drug overdose has been increasing over the last few decades. Most deaths are due to pharmaceutical overdoses involving 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 2021-2023 is 17.8 per 100,000 population in Harvey County, which is lower than the Kansas rate of 23.7 deaths per 100,000. Drug overdose deaths are also on the Healthy People 2030 *Leading Health Indicators* lists.[6]

The Kansas Health Matters graphic shows continuity between Kansas and the US Value death rate due to Drug Poisoning over the last 20 years, with averages during each 2-year period. Note that 2024 data is not yet available.[22]

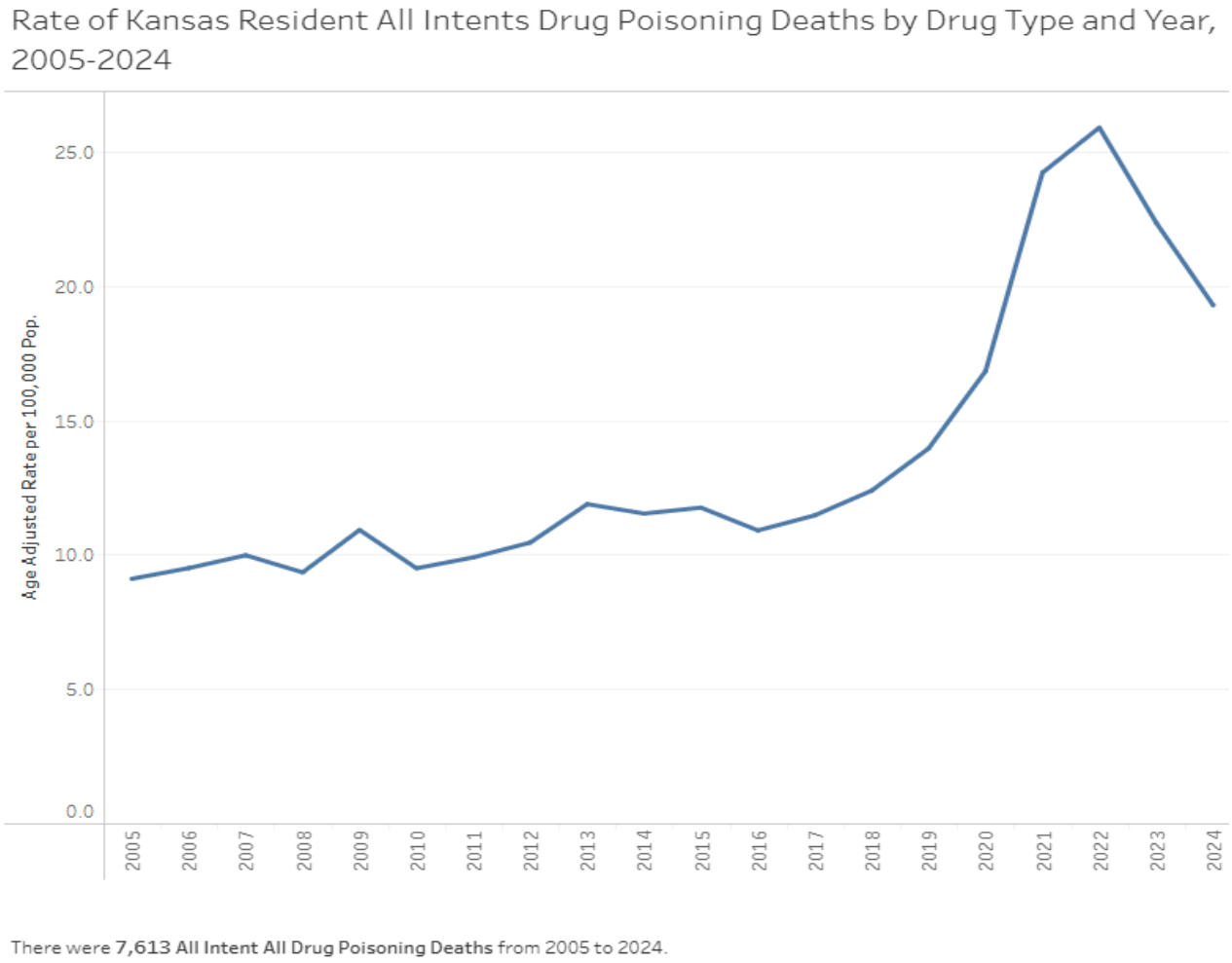


Change in methodology for 2019-2021:
Beginning with County Health Rankings' 2024 Annual Data Release, data from the Census Bureau's Population Estimates Program were used in the calculation of the denominator for this measure. In previous data releases, the denominator was calculated from the National Center for Health Statistics Bridged-Race Population Estimates.

In contrast, KDHE presents the next graph with annual data points and not segments of time. This graph shows the height of Drug Poisoning Deaths in Kansas was in 2022 with 739 deaths; the most recent data for 2024 shows a significant decrease to 559 drug poisoning deaths.[21] From 2015 to 2024, there were 24 All Intent drug poisoning/overdose deaths among Harvey County residents. This is equivalent to an age adjusted rate of 13.8 deaths per year for every 100,000 population.

The drop in deaths due to overdose is not unique to Kansas but happening nationwide and is now at the lowest levels since pre-covid years. Many credit this change in trajectory to the increased emphasis

on harm reduction in the community. This public health response includes access and distribution of medications, such as Narcan, that can reverse the effects of a fentanyl or opioid overdose, as many individuals may have died without it.



Overdose Data Dashboard | KDHE, KS

Tobacco

Nearly one in four (23.6%) Kansas adults use some form of tobacco products (e.g., conventional cigarettes, e-cigarettes, smokeless tobacco).[23] Tobacco is the leading cause of preventable death and illness in Kansas and the broader United States. Tobacco use is among the Healthy People 2030 *Leading Health Indicators*.[6]

Tobacco smoking is the most important risk factor for chronic bronchitis and emphysema, accounting for about 80% of cases of Chronic Lower Respiratory Disease (CLRD) (the other 20% includes asthma). Cigarette smokers are 10 times more likely to die from these diseases than nonsmokers. CLRD is among the top five leading causes of death in Kansas and the United States. Over 1,700 Kansans die from it each year, and 124,000 nationwide. These estimates are considered low, because CLRD is often cited as a contributory, not underlying, cause of death on the death certificate.[24]

The table below shows the percentage of adults who smoke in Harvey County, and shows the downward trend over the past few years. While Harvey County continues to show improvement at 13.8%, this remains higher than the nationwide average of 11.4% .[25]

Adults who Smoke	2020	2021	2022	2023
Harvey County	16.7%	15.0%	14.0%	13.8%

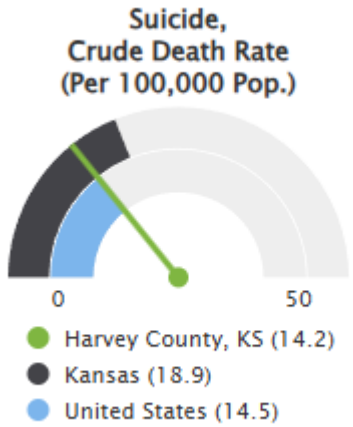
(Kansas Health Matters)

Harvey County was highlighted in the 2024 KDHE Annual Report, published February 2026, noting that Harvey County health officials and youth groups collaborated to propose a non-punitive tobacco-free policy for parks and recreational spaces.[26]

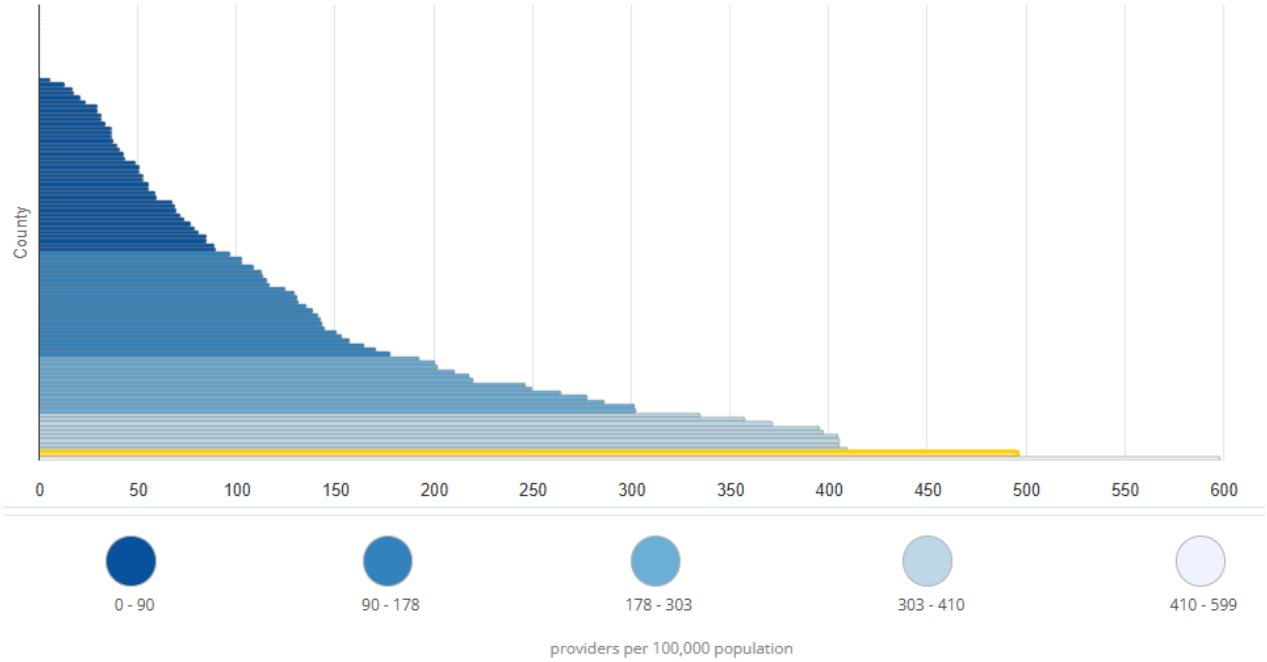
Mental Health

Mental health conditions are very common, with 1 in 5 adults experiencing anxiety and depression each year in the United States. Mental Health America reports 46% of Americans will meet the criteria for a diagnosable mental health condition sometime in their life. Half of those people will develop conditions by age 14.[27]

Suicide deaths have increased by 30.8% in Kansas from 2011 to 2024.[28] The below graph shows the five-year average rate of death due to intentional self-harm (suicide) per 100,000 population.[29] Within Harvey County, there were a total of 24 deaths due to suicide from 2020-2024. This represents a crude death rate of 14.2 per every 100,000 total population, which is comparable to the nationwide rate of 14.5 per every 100,000. The state of Kansas has a higher rate of 18.9 deaths per every 100,000 total population.



Poor mental health (including anxiety and depression) and suicide are largely preventable, making mental health a critical public health issue. Gaps in our mental health care system may leave a substantial number of people needing care. According to Kansas Health Matters, Harvey County has a Mental Health Provider Rate of 496 providers per 100,000 population (2019-2021), compared to the state average of 266 providers per 100,000 population.[30] The next chart indicates Harvey County having a significantly higher mental health provider ratio (indicated in yellow) than any other Kansas county.



(Kansas Health Matters)

Crimes- 911 Data

The well-being of a community can be viewed in terms of crime rates. The Federal Bureau of Investigation (FBI) index crimes include murder, rape, robbery, aggravated assault/battery, burglary, theft, and motor vehicle theft. The below table shows Harvey County consistently has a lower crime index rate per 1,000, as compared to the state, while both numbers have decreased in the past year. The 2024 Kansas index of 23.3 is noteworthy as it is the lowest reported in over 20 years.

Crime Index Offenses- Rate per 1,000			
Location	2022[31]	2023[32]	2024[33]
Harvey County	21.0	19.6	15.6
Kansas	26.7	27.0	23.3

911 call data in Harvey County with EMS natured calls is shown in the chart below. The call names in bold show the increase in numbers from 2021 to 2025. Seven of the 8 categories have seen increased numbers of calls.

Top 8 Call Natures- EMS [34]		
	2021	**2025**
Fall	765	885
Transfer	679	804

Sick Call	580	767
Breathing Problems	580	767
Injury Accident	438	354
Chest Pain	245	286
Unconscious	230	246
Medical Alarm	203	246

2026 COMMUNITY HEALTH NEEDS SURVEY RESULTS SUMMARY

The 2026 Community Health Needs Survey provided a clear, measurable picture of the health and daily realities of Harvey County residents. During January and February of 2026, adults living, working and visiting Harvey County were asked to fill out the survey in either English or Spanish. There were 571 surveys completed and five partials. These findings guided informed prioritization and helped community partners and stakeholders focus their efforts to create the greatest impact through the Community Health Improvement Plan process.

The following results were obtained through community surveys. Food costs are one of the main challenges for Harvey County: 43% of respondents said the cost of healthier food is a top concern. Mental health and housing are close behind: stress and anxiety (27%) and lack of affordable housing (23%) rank among the most common challenges. Childcare is the hardest service to access: 35% of respondents said it is hard to find, and 73% of parents who use childcare rated it difficult or very difficult to find affordable options. Most residents can access basic care: 92% saw a doctor in the past year. Cost was still the main reason people skipped care when they needed it.

Age and Life Stage: About 29% were ages 30–44 (the largest group), followed closely by people ages 45–59 (27%) and 60–74 (25%). Younger adults (18–29) made up 14% of respondents, and seniors age 75 and older represented 5%. This means the survey captured the perspectives of working-age adults, parents, middle-aged residents, and older adults.

Gender: About 70% of respondents identified as female, 27% as male, and 3% preferred not to answer or identified as other genders. This female-skewed response is common in health surveys, as women often take the lead in family health decisions and community engagement.

Race and Ethnicity: The survey respondents were predominantly White/Caucasian (84%). Hispanic or Latino residents made up 10% of responses. Black or African American residents, American Indian or Alaska Native residents, and Asian residents each represented 1–2% of the survey.

Household Income: About 31% earned $50,001–$100,000 per year, 19% earned $100,001–$150,000, and 13% earned $150,001 or more. On the lower end, 16% earned $0–$35,000 and 13% earned $35,001–$50,000. About 9% preferred not to answer. This distribution shows that the survey included both lower-income and higher-income households, though middle-income households (50K–50K–50K–100K) were the largest group.

Insurance Coverage: Most respondents (68%) had private insurance through an employer. About 22% had Medicare (indicating older adults), 9% had Medicaid, and 6% had marketplace insurance. About 6% reported having no insurance. A small number had VA or military insurance (3%) or faith-based insurance (2%). About 6% were uninsured, which can represent a significant barrier to care.

Household Size: Most respondents (80%) lived in households of 2–5 people, reflecting typical family structures. About 15% lived alone, 3.5% lived in households of 6–8 people, and about 2% lived in households of 9 or more people.

2026 COMMUNITY FOCUS GROUP RESULTS SUMMARY

Across the 15 focus groups, a consistent positive theme identified was the strong sense of community support. Participants described Harvey County as a place where people help one another, with informal networks, faith-based organizations, and community partners playing a key role in meeting needs.

Key findings were categorized into the following themes.

Transportation Access: Transportation challenges were identified in almost every focus group. Limited access, cost, and scheduling constraints impact access to healthcare, employment, food, and social supports, particularly for rural residents, older adults, and low-income populations.

Cost of living / Affordability: Participants consistently described financial strain related to housing, food, and healthcare. Many individuals are making trade-offs between basic needs, with healthier options often being less affordable.

Housing Stability & Access: Limited availability of affordable housing and rising costs were commonly reported. Housing instability contributes to stress, affects mental health, and impacts individuals' ability to maintain stability in other areas of life.

Healthcare Access & Affordability: While services exist, participants described barriers related to cost, trust, and system navigation. Difficulty understanding how to access care and feeling overwhelmed by the process were common themes.

Resource Awareness & Navigation: Across all groups, participants indicated that resources are available, but many residents do not know how to access them. Lack of clear communication and system complexity limit utilization of existing services.

CONCLUSION

Through incorporation of community responses, experiences, and broader county data, a three-year Community Health Improvement Plan (Appendix F) was developed to strengthen the health of Harvey County through targeted goals. Priority health areas of mental and behavioral health, including the treatment of depression; chronic disease prevention, such as increasing health literacy and cancer prevention efforts; prescription access, and social and economic factors of transportation to access care, childcare access, and housing affordability will be addressed through community partnerships. The proposed activities are based on the Healthy People 2030 framework and goals include codes such as MH-02 to align local efforts with national targets, standard data, methodologies and evidence-based implementation resources.

Appendix A: Harvey County Community Health Needs Assessment Survey 2026

Demographics of Survey Participants

Age Group	Gender	Race/Ethnicity	Income
18–29: 14% 30–44: 29% 45–59: 27% 60–74: 25%	Female: 70% Male: 27% Other: 3%	White: 84% Hispanic: 10% Other: 6%	Under $35K: 16% $35K–$50K: 13% $50K–$100K: 31% $100K–$150K: 18%

Results

What Makes a Healthy Community?

Respondents could pick up to 3 things. The top answers were safe neighborhoods, a good place to raise kids, and access to primary care.

Response	Count	% of Respondents
Safe neighborhoods / low crime	279	49%
Good place to raise kids	250	44%
Access to primary care	239	42%
Parks, trails, and recreation	217	38%
Good jobs and a strong economy	199	35%

Top Challenges in Harvey County

Respondents selected their top 3 challenges for themselves or someone they know. Cost of healthy food, mental health, and housing were the most common concerns.

Response	Count	% of Respondents
Cost of healthier food	246	43%
Stress, sadness, or anxiety	152	27%
Lack of affordable housing	132	23%

Mental health	132	23%
Unable to pay for medical care	114	20%
Feeling disconnected from community	107	19%
Trouble affording medications	103	18%
Lack of affordable childcare	103	18%

Hardest Services to Access

When asked which services are hardest to access in Harvey County, childcare, affordable food, and transportation were the top responses.

Response	Count	% of Respondents
Childcare	199	35%
Affordable food	183	32%
Transportation	180	32%
Housing resources	158	28%
Mental health services	107	19%

Healthcare Use and Access

Most residents reported seeing a doctor in the past year and getting preventive screenings.

Measure	Yes	No
Seen a doctor in the past 12 months	523 (92%)	47 (8%)
Had blood pressure or cholesterol check	498 (88%)	71 (12%)
Skipped a recommended cancer screening	73 (13%)	495 (87%)
Had a blood sugar test in the past 12 months	370 (64%)	206 (36%)

The most common reasons for skipping care were: cost (66 people), not being able to take time off work (28), and fear or anxiety (27).

Childcare

Most respondents affirm it is difficult or very difficult to find affordable, quality childcare in Harvey County.

Value	Percent
Very difficult	33.2%
Difficult	37.2%
Neither easy nor difficult	25%
Easy	4.1%
Very easy	0.5%

Improvements related to raising children

- **Affordable Childcare:** Increasing safe, quality daycare options that don't cost an entire income.
- **Youth Activities:** Creating dedicated gathering spaces, community centers, and after-school programs to keep teens engaged and safe.
- **Robust Schools:** Investing in school facilities, recruiting high-quality teachers, providing universal busing, and strictly tackling bullying.

- **Community Well-being:** Enhancing neighborhood safety through walkable streets, expanding mental health resources for youth and caregivers, and easing economic pressures with affordable housing and livable wages.

Improvements related to older adults

- **Accessible Transportation:** Expanding regular, low-cost public transit and rural transportation options to help seniors easily reach medical appointments, grocery stores, and community hubs.
- **Affordable & Walkable Housing:** Updating senior housing options, making them affordable, and integrating them into walkable neighborhoods.
- **Social Connection & Engagement:** Increasing community events, after-sound options, and intergenerational programming such as student-senior visitation programs to foster connection and prevent isolation.
- **Health & Wellness:** Improving local access to healthcare services, affordable fitness centers, meal programs, and safe walking paths.

Transportation without reliable transportation (multiple choice)

When respondents stated not having reliable transportation, they stated walking, biking and walking are the most frequent methods of travel, utilized by 51.5% of respondents, followed by relying on rides from family or friends is nearly as common at 50.0%, while borrowing a car supports 11.8% of participants. A combined 22.1% rely on alternative means, which write-in data reveals includes utilizing agency-provided transit from local organizations like Mirror, Prairie View, and Health Ministries Clinic. Formal transit systems see lower utilization, with taxi/rideshare services at 8.8% and public transportation at 7.4%.

Healthcare, support services and resource utilization (multiple choice)

- **Primary Health & Wellness:** Local medical clinics (74.9%), dental clinics (53.9%), and urgent care centers (42.5%) are the most widely used services in the community.
- **Community & Faith-Based Support:** Public spaces and faith communities serve as major pillars, with 51.1% utilizing libraries or community centers and 34.0% engaging with faith-based organizations.

- **Mental Health Services:** Specialized care is vital for a segment of the population, with 16.5% accessing standard mental health centers (such as Prairie View) and 4.2% utilizing crisis mental health care.
- **Basic Needs & Safety Nets:** Residents also frequently rely on schools or school-based services (9.5%), local food banks or pantries (8.8%), United Way/Resource Navigation (6.7%), and senior centers (5.8%).
- **Crisis & Specialized Support:** A smaller but critical percentage of respondents utilized housing assistance (4.0%), substance use treatment (3.9%), transportation services (2.6%), and crisis hotlines or domestic violence services (1.9%).
- **No Services Needed:** Only 6.5% of respondents indicated they did not use any of these services in the past year.

Where residents turn for support and basic needs (multiple choice)

When seeking assistance for themselves or their families, residents heavily rely on personal networks and formal healthcare systems as their primary lines of defense, supplemented by faith communities and localized services:

- **Primary Support Systems:** Informal networks and trusted healthcare providers are the most utilized resources, with friends or family (74.2%) and doctors or healthcare clinics (74.0%) being nearly identical.
- **Faith and Crisis Care:** Spiritual communities and acute medical facilities serve as critical secondary pillars, with 41.0% turning to a church or faith community and 32.6% utilizing a hospital or emergency room.
- **Independent and Mental Health Resources:** Residents frequently navigate challenges using online resources (24.1%) or by seeking professional care through a mental health provider (19.0%).
- **Community and Navigation:** Localized support systems see steady utilization, including local nonprofit organizations (12.9%), school staff (8.6%), and the health department (7.3%). Additionally, a combined minority utilizes formal social services (3.8%) or community health workers and navigators (3.5%). Write-in responses highlight localized safety nets like the New Jerusalem Mission, CCRT and Salvation Army.

Respondents' comments

Open comments from the survey ranged from satisfied residents to those facing barriers to a healthy life. The most frequent theme was mental health services, followed by access to care and after-hours services. Financial and affordability barriers concerns were followed by transportation and mobility requests. Here are some highlights:

"Mental health is a huge problem. They end up at the hospital for days, getting no help bc the hospital is not a mental health hospital."

"Keeping making it normal to talk about mental health self care and substance recovery care."

"After hours medical, dental, and chiropractic care is non existent. So absenteeism from work can have negative impact."

"Everything shuts down at 5pm, there aren't any social spots for young people"

"Having primary care, hospital, dental, and vision in town is fantastic."

"What about financial help. Services that help with finance/budget for those struggling."

"If you have financial resources, it is fairly simple to access needed resources."

"Rx drug prices are skyrocketing. This will be hard for those on SSI."

"Overall it's pretty good because I have Medicare and insurance. However my daughter can't afford insurance."

"proportion of housing fees, food, and medical expenses in relation to income. Groceries, Gas, Rent + Utilities should not take up more than 30% of household income. Most folks are stretched too thin."

"Need better bike lanes and better sidewalks."

"Could we make a multi city trail (like the sand creek trail) except between like Hesston/Newton or Halstead/Newton?"

"We have two colleges in Harvey county with students who need better access to public transportation."

"Can we get the rentable bikes like Wichita?"

"Thanks for all the work in having excellent walking paths and trails."

"Needs to be countywide services, focused on all communities."

"Need for more bi-lingual services."

"With Newton operating as the center of most things, it is challenging for outside communities to access services. Especially if there are transportation or other barriers."

"Please don't ignore the area west of Newton."

"I acknowledge my privilege as a white, financially secure woman. Yet as an employee of public school, I see needs that should not be unmet in a caring society."

"I feel like sometimes the people you are supposed to call for help don't, or can't help. They are probably overwhelmed, but giving someone another list of resources doesn't really help."

"Having lived and worked in other counties, Harvey County is miles above in care, community, and forward thinking."

Appendix B: Focus Group Notes

Focus Group: Mirror Inc. Outpatient Program

Participants: 8 total (7 male clients, 1 female staff)

1. When you hear the words "Healthy Community," what comes to mind?

a. Community support and willingness to help others at any stage of life
b. Inclusivity and not overlooking marginalized populations
c. Access to resources for all individuals
d. Safety, low crime, and reduced stress
e. Respectful and kind community interactions
f. Strong local systems
    i. Schools
    ii. Healthcare
    iii. Transportation
g. Culture of service, second chances, and supporting one another
h. Peaceful community free from daily survival stressors
i. Community resources (e.g., bicycle program at Et Cetera Shop)
j. Transportation barriers as a cycle
    i. Need employment to afford fines and regain driving privileges
    ii. Need transportation to obtain employment

2. What helps you stay healthy?

a. Peer support and sober community connections
b. Access to local resources and services
c. Purpose, belonging, and giving back
d. Availability of healthcare and insurance support
e. Transportation limitations
f. Difficulty accessing identification documents
    i. ID
    ii. Social Security card
    iii. Birth certificate
g. Lack of awareness of available resources among individuals still struggling with addiction
h. Being surrounded by others in recovery creates a sense of family and accountability
i. Health Ministries Clinic
j. Mirror Inc. outpatient services
k. Block Grant funding
l. Prairie View services
m. Next Step / Next Home programming
n. Newton described as resource-rich compared to larger cities (e.g., Wichita)
o. Strong community culture of helping one another and sharing information
p. Transportation as a key factor in maintaining health and employment
q. Access to phones (through assistance programs) is essential for staying connected
r. Need to leave the county to obtain documents creates barriers without transportation

3. What are the top three challenges in Harvey County?

a. Transportation
    i. Most frequently identified barrier
    ii. Impacts employment opportunities
    iii. Impacts healthcare access
    iv. Impacts ability to obtain essential documents
    v. Income differences tied to transportation access
b. Housing – Limited Options
c. Access to resources / system navigation
    i. Difficulty finding and accessing services
    ii. Limited availability of classes (e.g., court-ordered) that fit work schedules
    iii. Need for centralized resource hub or starting point
    iv. United Way resource navigation (limited availability)
    v. Welcome Center
    vi. Individuals must often do the legwork themselves
d. "Us vs. them" mentality between organizations
e. Need for greater collaboration
f. "Hand up, not a handout" mindset
g. Cultural barriers to treatment (noted in African American and Latino communities, though shifting)
h. Increased acceptance and employment opportunities after treatment

4. Is there anything else you want to say about health in the community?

a. Need for more flexible and compassionate systems of care
    i. Recognition that relapse is part of recovery
    ii. Concern about individuals being discharged too quickly
b. Need for detox services or alternative placement options
c. Importance of multiple levels of support
d. Prairie View BUC unit
e. Strong peer-driven recovery support
f. Community members connecting others to resources
g. Recovery Room safe, sober environment
h. Increased collaboration among recovery homes
i. Centralized resource hub
j. Expanded access to training
    i. CPR
    ii. First Aid
    iii. Narcan
k. More inclusive and supportive community culture

l. Increased culturally relevant resources

m. Individual transitioned from homelessness in Wichita to services through Prairie View and treatment at Mirror Inc.

Focus Group: Circles of Hope

Participants: 9 total (2 male, 7 female)

4 Newton residents, 2 North Newton residents, 1 rural Newton

1. When you hear the words "healthy community," what comes to mind?

a. Transportation to doctor appointments
b. Parks and open, safe spaces for people to gather
c. Access to medical treatment
d. Walking paths wide enough for three-wheeled bikes
e. People in the community help each other
f. Strong community support (e.g., Circles of Hope)
g. Community helping one another through informal support
    i. Social media (e.g., Facebook) used to request and offer help
    ii. Picking up food boxes for others (e.g., Salvation Army)
    iii. Providing rides for individuals without transportation
h. Need for more safe places for kids to gather
    i. Loss of arcades and youth spaces
    ii. Lack of free activities for adults
    iii. Cost is a barrier to participation

2. What helps you stay healthy?

a. Participation in 4-H and agricultural-based learning
b. Physical activity
    i. Silver Sneakers at the YMCA
    ii. Working out at the YMCA
    iii. Newton Rec water aerobics
    iv. Walking paths in North Newton
c. Having pets that encourage walking and activity
d. Support systems
    i. Support groups in Newton
    ii. Social connection through Facebook groups
e. Lack of awareness of available support groups
f. Transportation barriers
g. Cost barriers
h. Loss of agricultural education opportunities for youth
    i. Walton Rural Life Center mentioned
    ii. Desire for earlier exposure (before high school)

3. What are the top three challenges in Harvey County?

a. Transportation
    i. Needed for appointments, social events, and grocery shopping
    ii. Taxi services have limited hours
    iii. Taxi services are expensive

iv. Taxi services require cash
v. Harvey County Interurban has limited hours

b. Prescription medication costs and lack of insurance
i. Individuals unable to afford prescriptions
ii. Medications for mental health more likely to go unfilled

c. Cost of healthy food
i. Fresh fruits, vegetables, and meats are expensive
ii. Cheaper to purchase unhealthy food options
iii. Specialty diets (e.g., gluten-free, dairy-free) increase costs

d. Populations mentioned
i. Uninsured individuals
ii. Low-income individuals
iii. Children

4. Is there anything else you want to say about health in the community?

a. Lack of mental health resources for children
b. Need for more supportive school environments
i. Teachers addressing student mental health needs
c. High utility costs in Newton
d. Need for additional resources for children
e. Volunteer-based transportation system
i. Community members willing to provide rides
ii. Need for coordination to connect volunteers with those in need
f. Need for better awareness of community resources
g. Parenting classes
h. Strong schools, but need for continued investment (e.g., bond support)

Focus Group: Prairie View (Newton, Harvey County)

Participants: 6 total (4 female, 2 male)

Date: February 24, 2026

1.When you hear the words "healthy community," what comes to mind?

a. A community that is growing and engaged
i. People doing well emotionally and socially
ii. Positive attitudes and community involvement
iii. Community pride

b. Safety
i. Feeling safe walking around town
ii. Not afraid of others
iii. Safe driving and road safety

c. Visible upkeep and infrastructure
i. Well-maintained roads (e.g., absence of potholes)
ii. Signs of community investment

d. Community activities that bring people together
i. Farmers market or community market/bazaar

ii. Regular community events (e.g., first and third Fridays)
iii. Seasonal and holiday events

2. What helps you stay healthy?

a. Walking and physical activity
i. Daily walking
ii. Access to local track and walking spaces
iii. Exercise programs at the senior center

b. Social connection and shared meals
i. Monthly birthday potlucks at the senior center
ii. Community meals and gatherings
iii. Block parties and neighborhood events

c. Family and youth supports
i. Four-day school week
ii. Friday programming for children through local church
iii. Free school lunches
iv. Shared community space (e.g., Common Ground building)

d. Outdoor time and routines
i. Spending time outside
ii. Staying active
iii. Bible studies and regular gatherings

e. Local amenities
i. Coffee shop as a community gathering place

3.What are the top three challenges in Harvey County?

a. Access for individuals who cannot easily get out
i. Transportation barriers
ii. Difficulty getting to doctor appointments
iii. Difficulty accessing groceries and errands
iv. Need for more volunteer support

b. Limited local food access
i. No full grocery store in town
ii. Reliance on Dollar General for basic needs
iii. Travel required for fresh produce and full grocery options

c. Communication and community engagement
i. Difficulty sharing information
ii. Lack of awareness of events and resources
iii. Need to increase participation

d. Additional challenges
i. Housing conditions

4. Is there anything else you want to say about health in the community?

a. Lack of local services
i. No local doctors
ii. No laundromat
iii. No high school sports teams

b. Recreation and community efforts
    i. Recreation group developing sports opportunities
    ii. Underused existing facilities (e.g., ball diamonds)
c. Park improvements
    i. Grant efforts to improve local park
    ii. Parks support exercise, youth activity, and family time
d. Potential community additions
e. Housing affordability concerns
    i. Overpriced homes
    ii. Concerns about design and livability of new builds

Focus Group: Railway Clubhouse (Newton, Harvey County)

Participants: 5 total (2 female, 3 male)

Date: February 24, 2026

1. When you hear the words "healthy community," what comes to mind?
a. Safety and stability
    i. Safe neighborhoods
    ii. Ability to walk without fear
    iii. Children playing safely
    iv. Feeling comfortable leaving doors unlocked
b. Safety across key areas
    i. Housing
    ii. Transportation
    iii. Access to food
    iv. Employment
    v. Sexual health
c. Affordable and accessible basic needs
    i. Access to healthy food
    ii. Affordable food options
    iii. Sexual health services
        1. Appointments
        2. Birth control
        3. Therapy for sex addiction
    iv. Non-smoking environments
    v. Transportation access
d. Housing affordability and flexibility
    i. Rising rent costs
    ii. Difficulty accessing affordable housing (HUD, Housing Authority)
    iii. Need for flexible rent options
    iv. Repurposing empty buildings for housing
    v. Need for low-cost transitional housing options
e. Employment and opportunity
    i. Need for more jobs
    ii. Need for training and education opportunities

iii. Opportunities for individuals with disabilities
iv. Concerns about SSI income limits
v. Fear of losing benefits with increased income
vi. Experiences of job discrimination
vii. Desire for independence and career advancement

2. What helps you stay healthy?

a. Railway Clubhouse
i. Social connection and support
ii. Help with job and college applications
iii. Assistance with scholarships
iv. Technology support
v. Provision of healthy meals
vi. Teaching independent living skills
vii. Preparation for employment and self-sufficiency

b. The Caring Place
i. Safe space physically and emotionally
ii. Mental health support
iii. Quiet space to reduce stress
iv. Support during unstable housing situations

c. Clinical supports
i. Therapy
ii. Medication management
iii. Case management through Prairie View
iv. Stable housing (when available)

d. Food banks
i. Salvation Army
ii. New Jerusalem
iii. Need for more frequent access
iv. Need for healthier food options

3. What are the top three challenges in Harvey County?

a. Transportation
i. High cost of taxi services
ii. Lack of nighttime transportation
iii. Jobs requiring night shifts
iv. Safety concerns walking or biking at night
v. Transportation limits employment opportunities

b. Housing
i. Rising rent costs
ii. Disability income insufficient for housing costs
iii. Limited transitional housing options
iv. Limited financial support resources
v. Housing instability impacts mental health

c. Job opportunities
    i. Employer hesitation to hire individuals with disabilities
    ii. Stigma and discrimination
    iii. SSI income limitations
    iv. Need for stable employment
    v. Desire for independence and self-sufficiency
d. Affordable medications
    i. High medication costs
    ii. Insurance and billing barriers
    iii. Individuals going without medications
    iv. Limited sliding-scale resources
    v. Health Ministries Clinic as partial support

4. Is there anything else you want to say about health in the community?
a. Need for more affordable exercise facilities
b. Need for recreation opportunities without cost barriers
c. Need for more social and recreational activities
d. Importance of community listening without judgment
e. Community strengths
    i. Railway Clubhouse
    ii. The Caring Place
    iii. Food banks
    iv. Faith-based assistance programs
    v. Community members supporting one another

Interview: Alfa y Omega Church (Spanish Interview)

Participants: 1 total (Male)

1. When you hear the words "Healthy Community," what comes to mind?
a. Healthy individuals working together to create a safe and healthy community
b. Following health department recommendations during illness outbreaks
    i. Ensuring community members follow guidance
    ii. Supporting implementation within the church
2. What helps you stay healthy?
a. Following health and safety guidelines
    i. Implementing precautions at church
    ii. Implementing precautions at home
b. Barriers
    i. Limited access to transportation
    ii. Lack of health insurance
    iii. Limited access to healthcare for undocumented individuals

3. What are the top three challenges in Harvey County?
a. Need for more food pantries
b. Need for basic necessities
    i. Clothing

ii. Shoes
iii. Hygiene products

c. Need for Spanish-language resources
i. Support for older individuals
ii. Assistance provided through church support

d. Large Spanish-speaking population within the church
i. Implementation of English-language services
ii. Focus on supporting youth in the community

4. Is there anything else you want to say about health in the community?

a. Need for more youth-focused resources
i. Education on birth control
ii. Education on pregnancy
iii. Education on drugs and addiction
iv. Education on long-term life impacts

b. Community volunteer efforts
i. Organizing monthly clean-up events
ii. Maintaining parks and recreational areas

c. Free marriage support offered through the church

d. Encouraging Hispanic community participation in community events

e. Church space available for community use

Interview: Burrton Food Pantry (Harvey County)

Participants: 1 total (1 female)

Date: February 21, 2026

1. When you hear the words "healthy community," what comes to mind?

a. Community connection and support
i. Safe, active community
ii. Neighbors supporting one another
iii. Strong sense of belonging and mutual care
iv. Community stepping up during needs or crises

b. Informal systems and shared responsibility
i. Needs shared and met through neighbors and social media
ii. Community known for "taking care of its own"
iii. Reliance on local relationships and trust

c. Health as more than physical
i. Emotional, social, and spiritual health matter
ii. Physical health is only one part of overall wellness

d. Local resourcefulness
i. Repurposed community spaces (former church used for pantry/AA meetings)
ii. Local support keeps services and utilities running

2. What helps you stay healthy?

a. Faith and purpose
    i. Serving others as motivation
    ii. Faith-based sense of responsibility
b. Focus on close community
    i. Family and neighbors as primary focus
    ii. Helping within a manageable “small circle”
c. Barriers
    i. Time
    ii. Money

3.What are the top three challenges in Harvey County?

a. Time
    i. Day-to-day survival limits focus on health and prevention
b. Money
    i. Healthy food is expensive
    ii. Financial strain limits healthy choices
c. Limited resources
    i. No local fitness center
    ii. Short-term programs lack sustainability
    iii. Need to travel for services

4. Is there anything else you want to say about health in the community?

a. Health trends and consistency
    i. Frustration with changing “fad” approaches
    ii. Need for more stable, realistic solutions
b. Cost barriers
    i. Healthy living tied to financial ability
c. Community strengths
    i. Strong informal support networks
    ii. Small, local efforts have meaningful impact
    iii. Community resilience and willingness to help others

Interview: Halstead Housing (Phone Interview, Harvey County)

Participants: 1 total (1 female)

Date: February 9, 2026

1.When you hear the words “healthy community,” what comes to mind?

a. Community connection
    i. People knowing one another
    ii. Strong sense of local familiarity
b. Civic and social engagement
    i. Participation in local events
    ii. Investment in community activities

c. Community anchors
    i. Grocery store
    ii. Senior center
    iii. Churches

2.What helps you stay healthy?
a. Activity and engagement
    i. Staying physically active
    ii. Being involved in the local community
    iii. Knowing and connecting with others
b. Barriers
    i. No local exercise facility in Halstead
    ii. Need to travel to Newton or other communities for fitness options

3.What are the top three challenges in Harvey County?
a. Transportation
    i. Especially difficult for elderly and disabled individuals
    ii. Limits access to services and activities
b. Navigation of systems and resources
    i. Need for help with Social Security, insurance, and government forms
    ii. General need for education and assistance with systems
c. Community engagement
    i. Some residents do not participate in available activities
    ii. Limited engagement despite local opportunities
Populations mentioned:
    i.Low-income individuals
    ii. Elderly and disabled residents

4. Is there anything else you want to say about health in the community?
a. Resource navigation needs
    i. Need help connecting people to programs and services
    ii. Need for better access to phone and internet resources
b. Community strengths
    i. Health Ministries Clinic Mobile Unit as a key asset
    ii. Sliding fee scale increases access to care

Interview: Hesston Resource Center (Harvey County)

Participants: 1 total (1 female)

Date: February 3, 2026

1. When you hear the words "healthy community," what comes to mind?
a. Basic health and stability
    i. Being physically healthy / not sick
    ii. Having enough food

iii. Ability to cook and share meals

b. Social connection

i. Relationships with friends and peers

ii. Staying connected, especially as people age

iii. Socializing as an important part of well-being

c. Hope and engagement

i. Optimism about the future

ii. Making plans with friends (travel, meals, gatherings)

2. What helps you stay healthy?

a. Illness prevention and safety behaviors

i. Avoiding others when illness is circulating

ii. Monitoring COVID and staying home when needed

iii. Handwashing and basic hygiene

iv. Using precautions and changing plans as needed

b. Alternative ways to stay connected

i. Watching church services online

ii. Calling friends instead of visiting in person when necessary

3.What are the top three challenges in Harvey County?

a. Communication and awareness of resources

i. People may miss flyers or announcements

ii. Word-of-mouth is essential for connecting people to services

b. Transportation

i. Difficulty traveling even short distances for seniors

c. Community engagement decline

i. Reduced participation in gatherings since COVID

ii. Example: potlucks dropped from 20+ people to about 6

4. Is there anything else you want to say about health in the community?

a. Social connection and programming

i. Community meals and group activities are important

ii. Senior housing activities help maintain engagement

b. Ideas and strengths

i. Mailing resource guides to adults 50+

ii. Community meals (e.g., school Thanksgiving event) as successful engagement opportunities

iii. Strong appreciation for local senior housing communities and activities

Focus Group/Interview: Hesston Resource Center (Harvey County)

Participants: 1 total (1 female)

Date: February 3, 2026

1.When you hear the words "healthy community," what comes to mind?

a. Physical activity and built environment

i. Opportunities to exercise and stay active
ii. Safe, well-maintained sidewalks for walking

b. Community infrastructure and quality of life
i. Strong local schools
ii. Leadership focused on growth and community improvement

c. Community resources
i. Wellness Center at Showalter Villa as a key asset

2. What helps you stay healthy?

a. Personal health behaviors
i. Maintaining a good diet
ii. Staying physically active

3. What are the top three challenges in Harvey County?

a. Transportation limitations
i. Reliance on others when not able to drive
ii. Post-surgery or temporary disability creates major barriers

b. Social connection and access
i. Limited ability to participate without friends who can drive
ii. Reduced independence affects engagement in community activities

c. Income and aging-related barriers
i. Challenges for low-income seniors in HUD housing (Hickory Homes)
ii. Reduced ability to travel and participate independently

4. Is there anything else you want to say about health in the community?

a. Available resources and supports
i. Hesston has strong resources; Newton offers even more options
ii. Salvation Army, Agape, and churches provide key assistance
iii. Information about resources is often shared through word-of-mouth

Interview: Hesston Resource Center (Harvey County)

Participants: 1 total (1 female)

Date: February 3, 2026

1. When you hear the words "healthy community," what comes to mind?

a. Children and family health
i. Keeping up with children's doctor appointments
ii. Homeschooling and access to good education

b. Safety and environment
i. Opportunities for children and families to be outside
ii. Positive relationship with local police

c. Community spaces
i. Access to local nature spaces (arboretum, wildlife like turtles)

2. What helps you stay healthy?

a. Healthy lifestyle habits
    i. Eating “clean”
    ii. Staying flexible while learning alongside children

3. What are the top three challenges in Harvey County?

a. Lack of support for single parents
    i. Especially single mothers
    ii. Homeschooling limits ability to work and earn income
b. Safety and community concerns
    i. Experiences of property damage and harm (e.g., tire slashing)
    ii. Strong reliance on police support noted as positive
c. Transportation barriers
    i. Lack of money for vehicle repairs (e.g., tires)
    ii. No public transportation options to fill gaps

Populations mentioned:
    i. Low-income individuals
    ii. Single parents (especially single mothers)

4. Is there anything else you want to say about health in the community?

a. Transportation and access needs
    i. Need for more transportation options in small communities
b. Mental health awareness
    i. Depression and mental health issues are often hidden or misunderstood
    ii. Need for better education and awareness
c. Community support and relationships
    i. Strong appreciation for local staff/support workers (e.g., Resource Center staff)
    ii. Importance of neighbors checking on each other
d. Community responsibility
    i. Strong emphasis on mutual care and accountability within communities

Interview: Midwest Transformer (Phone Interview, Harvey County)

Participants: 1 total (1 male)

Date: February 10, 2026

1. When you hear the words “healthy community,” what comes to mind?

a. Access to healthcare
    i. Affordable co-pays
    ii. Easy access to healthcare information and services
    iii. Ability to contact providers easily
    iv. Trust in healthcare relationships
b. Healthy lifestyle opportunities
    i. Ability to choose a healthy lifestyle
    ii. Access to parks and gyms nearby
    iii. Local primary care providers within the community

2. What helps you stay healthy?

a. Support systems and accountability
    i. Trusted accountability partner outside of the internet
    ii. Someone nearby who can track health changes and support planning

b. Access and environment
    i. Easy access to healthcare when needed
    ii. Availability of recreational spaces

3. What are the top three challenges in Harvey County?

a. Lack of trusted medical connection
    i. No consistent, accessible medical contact person
    ii. Need for someone local, affordable, and trustworthy (not a family member)
    iii. Difficulty navigating the healthcare system without guidance

b. Language and communication barriers
    i. Limited translation services in healthcare settings
    ii. Challenges for Spanish speakers and other language groups
    iii. Difficulty advocating for oneself in medical environments

c. Transportation
    i. Missed or skipped medical appointments due to lack of transportation

4. Is there anything else you want to say about health in the community?

a. Access to health resources
    i. Desire for more nutritious food and supplement access
    ii. Appreciation for existing parks and recreation opportunities, but desire for more

b. System limitations
    i. Financial constraints limit expansion of services
    ii. Healthcare system viewed as difficult to navigate

c. Community strengths and supports
    i. Health Ministries Clinic identified as a strong community resource
    ii. Need for lower barriers for individuals new to the healthcare system

Interview: New Hope Shelter (Phone Interview, Harvey County)

Participants: 1 total (1 male)

Date: February 9, 2026

1. When you hear the words "healthy community," what comes to mind?

a. Economic and civic strength
    i. Economic growth
    ii. Strong local leadership (mayor, council)
    iii. Availability of varied community resources

b. Faith and social support systems
    i. Strong church/community faith presence

c. Basic needs and recovery supports
    i. Access to housing and therapy
    ii. Services that help people stabilize and "get back on their feet"
    iii. Nonprofits viewed as supportive partners, not enablers

2. What helps you stay healthy?

a. Physical health habits
    i. Eating a healthy diet
    ii. Walking and regular exercise
    iii. Waking up early and maintaining routine

b. Spiritual health
    i. Reading the Bible
    ii. Prayer

c. Barriers
    i. Cost of healthy food

3. What are the top three challenges in Harvey County?

a. Transportation
    i. Limited access impacts daily needs and stability

b. Health behavior challenges
    i. Smoking
    ii. Poor dietary choices

c. Social and motivational factors
    i. Lack of strong church/community engagement
    ii. Reduced motivation and support systems

4. Is there anything else you want to say about health in the community?

a. Community observations
    i. Still new to the area and learning about available supports
    ii. Views society as increasingly disconnected and fragmented

b. System and values perspectives
    i. Belief that government helps but is not the sole solution
    ii. Emphasis on personal responsibility and family structure

c. Community strengths and opportunities
    i. Housing coalition and future development efforts
    ii. Potential for expanded recovery and support services

Interview: Library

Participants: 1 female

Date: 2026

1. When you hear the words "healthy community," what comes to mind?

a. Holistic view of health
    i. Social and spiritual health are key components of well-being

b. Basic needs and access to care
    i. Meeting basic needs is necessary to maintain health
    ii. Barriers to healthcare include communication gaps, legal status, economic hardship, safety concerns, gender-related barriers, and substance use

2. What helps you stay healthy?

a. Health supports and structure
    i. Regular medical appointments and specialist care
    ii. Having a support person

iii. Supported employment

b. Barriers to staying healthy

i. Cost of medication

ii. Health insurance limitations

iii. High stress levels

iv. Overbooked systems and scheduling challenges

3. What are the top three challenges in Harvey County?

a. Housing stability

i. Lack of access to stable housing

b. Food access

i. Limited access to healthy food

c. Healthcare access barriers

i. Financial, structural, and communication barriers to care

Populations mentioned:

i. Families

ii. White, Hispanic, and African American communities

4. Is there anything else you want to say about health in the community?

a. Service approach and system needs

i. Importance of meeting clients where they are

ii. Need for non-judgmental, person-centered support

iii. Value of spending time with clients to understand needs

Interview: The Lord's Pantry/New Jerusalem Missions (Phone Interview, Harvey County)

Participants: 1 female

Date: 2026

1. When you hear the words "healthy community," what comes to mind?

a. Access to resources

i. Helping others access food and health resources

ii. Ensuring basic needs are met

b. Financial stability and support

i. Assistance with bills, rent, and healthcare needs

2. What helps you stay healthy?

a. Personal health habits

i. Prioritizing personal health

ii. Regular medical appointments

iii. Eating healthy and exercising

b. Social and emotional well-being

i. Staying involved in church and community

ii. Maintaining friendships and social connection

iii. Benefits to both emotional and physical health

3. What are the top three challenges in Harvey County?

a. Financial strain

i. High cost of bills across the county

b. Housing instability
    i. Housing is a major barrier for many residents
c. Food access
    i. Limited food resources available in the community

4. Is there anything else you want to say about health in the community?
a. Collaboration and partnerships
    i. Positive engagement with agencies such as Peace Connections and Circles of Hope
    ii. Interest in maintaining and expanding partnerships
    iii. Value in sharing resources and coordinating efforts between organizations

Focus Group/Interview: Prairie View (Newton, Harvey County)
Participants: 2 females
Date: February 24, 2026

1. When you hear the words "healthy community," what comes to mind?
a. Access to resources
    i. Broad, accessible resources for all ages
    ii. Strong link between mental and physical health
    iii. Community well-being depends on whether people can access needed supports
b. Working together as a community
    i. Community functions best when people work together as a unit
    ii. Transition out of structured environments (e.g., military) can create isolation
    iii. Connection and belonging are key to mental health
c. Belonging, dignity, and equality
    i. Knowing what resources are available and how to access them
    ii. Increased help-seeking seen as a positive sign of community health
    iii. Equal treatment regardless of job or income level ("no hierarchy")
    iv. Respect and dignity across all social roles
d. Connecting people to systems of care
    i. Organizations like Prairie View help connect individuals to mental health care and other resources
    ii. Support includes housing, food, healthcare, and veteran services

2. What helps you stay healthy?
a. Community engagement
    i. Participation in community events increases connection and awareness
    ii. Examples include baby showers and public events like Taste of Newton
    iii. Community settings help normalize access to resources
b. Humanized care and visibility of services
    i. Seeing providers in person builds trust and recognition
    ii. Reduces stigma by making services feel more personal
c. Education and awareness
    i. Public education on mental health and available services
    ii. Ongoing provider education through community resource meetings
d. Barriers to staying healthy

i. Income-based eligibility excludes “working poor” populations
ii. Limited sliding-scale options outside Prairie View
iii. Affordability remains a major barrier

3. What are the top three challenges in Harvey County?

a. Time and access to services
i. Limited provider availability and service hours
ii. Services often closed on Sundays
iii. Shift workers struggle to access care during standard hours

b. Affordability gaps
i. Income thresholds exclude many who still struggle financially
ii. Working poor fall between eligibility categories
iii. Lack of consistent sliding-scale options

c. Social, stigma, and communication barriers
i. Stigma prevents people from seeking help
ii. Language barriers, especially for Hispanic/Latino populations
iii. Limited translation of resources

Populations mentioned:
i. Veterans
ii. Working poor
iii. Hispanic/Latino community
iv. Shift workers
v. Individuals in crisis

4. Is there anything else you want to say about health in the community?

a. Community strengths and systems
i. Strong mobile crisis collaboration with law enforcement
ii. Behavioral Urgent Care provides short-term stabilization (up to 3 days)
iii. Services include medication support, therapy, referrals, and transportation assistance
iv. Sliding scale ensures care regardless of ability to pay

b. Community relationships and informal supports
i. Strong culture of connection in Newton
ii. Churches, local organizations, and stores provide support
iii. Library noted as a key resource for assistance with taxes and paperwork

c. Ideas for improvement
i. Expand access to government resources
ii. Broaden outreach beyond major retail locations
iii. Increase visibility that no one is turned away due to inability to pay

Appendix C: Data Walk Posters

Posters used during the Health Data Walk are below and can also be viewed at https://canva.link/7l1xqhpg6m9oepk or by scanning the QR Code.

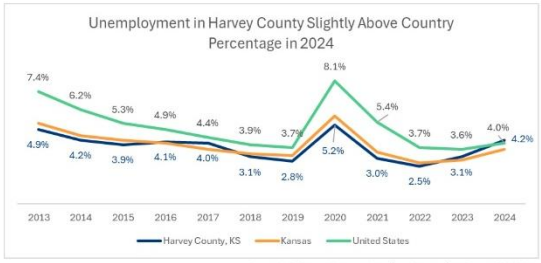
DEMOGRAPHICS OF HARVEY COUNTY

Who we are

HARVEY COUNTY SNAPSHOT

13,700 households
Average household size is **2.37**

34,024 residents
Median Income: **$74,368**



Source: US Census Bureau, American Community Survey, 2020-24.

Housing & ALICE

Many Working Households Still Struggle to Afford Basics

ALICE:
Asset
Limited,
Income
Constrained,
Employed

$27,456
Minimum annual for **1 adult**

$65,136
Minimum annual for **2 adults, 2 children**

ALICE households: earn more than the Federal Poverty Level, but less than the basic cost of living for the county

Household Survival Budget - Harvey County

Monthly Costs	Single Adult	One Adult, One Child	One Adult, One In Child Care	Two Adults	Two Adults Two Children	Two Adults, Two In Child Care
Housing	$676	$773	$773	$773	$1,012	$1,012
Child Care	$0	$188	$500	$0	$375	$1,093
Food	$473	$801	$719	$868	$1,456	$1,285
Transportation	$389	$512	$512	$608	$937	$937
Health Care	$192	$439	$439	$439	$687	$687
Technology	$86	$86	$86	$116	$116	$116
Miscellaneous	$182	$280	$303	$280	$458	$513
Taxes	$290	$256	$305	$377	$387	$506
Monthly Total	$2,288	$3,335	$3,637	$3,461	$5,428	$6,149
ANNUAL TOTAL	$27,456	$40,020	$43,644	$41,532	$65,136	$73,788
Hourly Wage	$13.73	$20.01	$21.82	$20.77	$32.57	$36.89

The Household Survival Budget reflects the minimum cost to live and work in the current economy and includes housing, child care, food, transportation, health care, technology, and taxes. It does not include savings for emergencies or future goals like college or retirement. In 2023, household costs in every county in Kansas were well above the Federal Poverty Level of $14,580 for a single adult and $30,000 for a family of four.

Source: United Way of Kansas, United for ALICE data

Food Access: Fast Food vs. Other Options

Source: US Census Bureau, American Community Survey, 2020-24.

"I feel like sometimes the people you are supposed to call for help don't, or can't help. They are probably overwhelmed, but giving someone another list of resources doesn't really help."

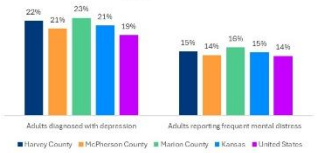
Source: 2026 Harvey County Community Health Needs Assessment respondent

MENTAL HEALTH

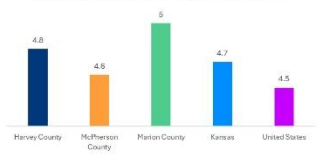
Mental health includes emotional, psychological, and social well-being.

Prevalence of Poor Mental Health in Adults

Poor Mental Health Slightly More Prevalent Than State

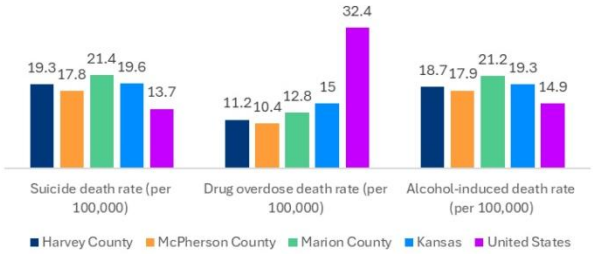


Harvey County Residents Report More Poor Mental Health Days Per Month Than The State and Country



Mental **health indicators** vary slightly across **counties** compared to state and country data.

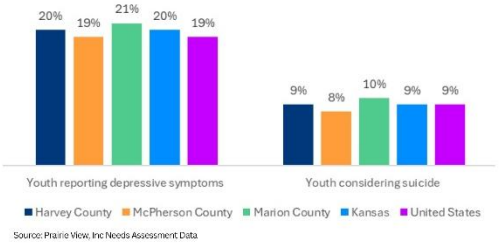
Substance Use & Mortality Trends



Harvey County is above country average for suicide and alcohol-induced death rate (per 100,000)

Youth Mental Health in Harvey County

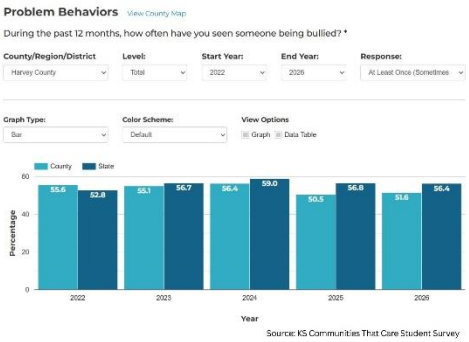
Harvey County Youth is Following State Stats for Mental Health



Source: Prairie View, Inc Needs Assessment Data

This chart compares youth mental health indicators across local, state, and national levels.

This chart shows reported experiences of bullying among youth in Harvey County.



Source: KS Communities That Care Student Survey

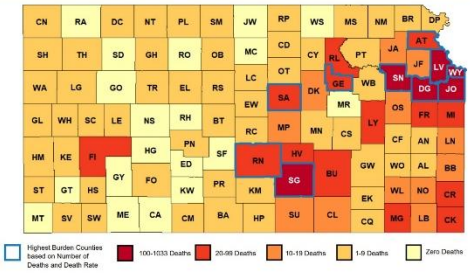
SUBSTANCE USE IMPACT

Substance use impacts communities through tobacco-related deaths, overdose, and related emergency visits over time

Drug Usage

Drug Overdose Deaths in Kansas by County 2020-2024

Deaths include unintentional or undetermined intent fatal drug poisonings that occurred in Kansas by county.



Location where the overdose occurred if known—otherwise mapped based on location of death or residence.

Harvey County had 22 unintended fatal drug poisonings between 2020-2024 with a similar rate to the state.

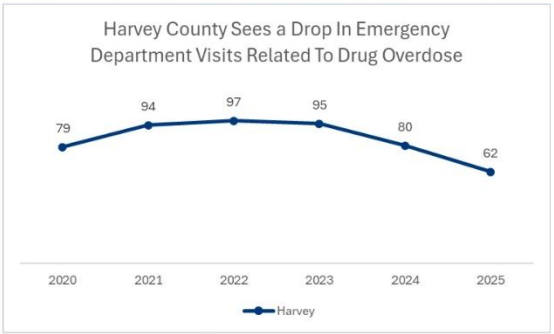
Drug Overdose Deaths in Kansas by County 2020-2024

Deaths include unintentional or undetermined intent fatal drug poisonings that occurred in Kansas by county.

Rank	Counties with Highest Overdose Burden (Based on Number of Deaths and Rate)	Number of Deaths (Rank)	Death Rate per 100,000 Population (Rank)	Rate Compared to State Average
1	SEDGWICK	1033 (1st)	40.5 (1st)	▲ Higher Rate than State
2	WYANDOTTE	300 (3rd)	36.0 (2nd)	▲ Higher Rate than State
3	SHAWNEE	287 (4th)	32.8 (4th)	▲ Higher Rate than State
4	LEAVENWORTH	114 (5th)	27.0 (7th)	▲ Higher Rate than State
5	RENO	88 (7th)	29.2 (5th)	▲ Higher Rate than State
6	GEARY	39 (12th)	30.4 (3rd)	— Similar Rate to State
7	SALINE	50 (9th)	20.8 (8th)	— Similar Rate to State
8	ATCHISON	26 (16th)	34.4 (3rd)	— Similar Rate to State
8	DOUGLAS	101 (6th)	17.1 (13th)	— Similar Rate to State
10	JOHNSON	341 (2nd)	10.9 (19th)	▼ Lower Rate than State
11	LYON	30 (12th)	19.8 (11th)	— Similar Rate to State
11	BUTLER	53 (8th)	16.6 (15th)	— Similar Rate to State
13	MONTGOMERY	29 (14th)	19.9 (10th)	— Similar Rate to State
13	CRAWFORD	30 (12th)	17.1 (12th)	— Similar Rate to State
15	CHEROKEE	21 (19th)	20.5 (9th)	— Similar Rate to State
16	MIAMI	27 (15th)	16.7 (14th)	— Similar Rate to State
17	RILEY	32 (11th)	10.6 (20th)	▼ Lower Rate than State
18	FRANKLIN	21 (19th)	16.5 (16th)	— Similar Rate to State
18	HARVEY	22 (18th)	15.0 (17th)	— Similar Rate to State
18	FINNEY	24 (17th)	13.6 (18th)	— Similar Rate to State

Source: KS KDHE SUDORS

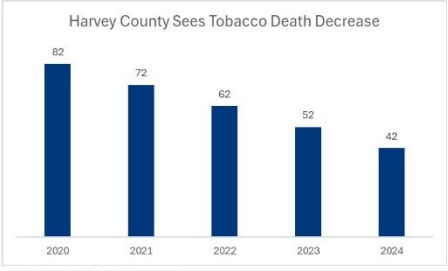
Emergency Department & Drug Overdose



Harvey County Aligns with National Trend of Decreased Drug Overdose Emergency Department Visits

Source: Essence, CDC All Drug v2; Harvey County Residents 2020-2025

Tobacco Use in Harvey County



Source: Kansas Vital Statistics, 2020-2024

Tobacco is estimated to have contributed to 42 fatalities in 2024, totaling 310 deaths from 2020 to 2024.

Main causes of death with the highest link to smoking in KS

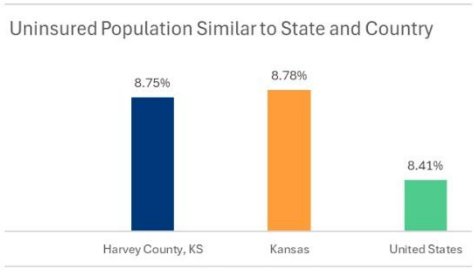
- cancer of the trachea, bronchus and lung (81.7%),
- chronic lower respiratory disease (80.4%)
- atherosclerosis (36.5%)
- ischemic heart disease (32.0%)
- cancer of urinary tract (27.3%)

HEALTHCARE NEEDS

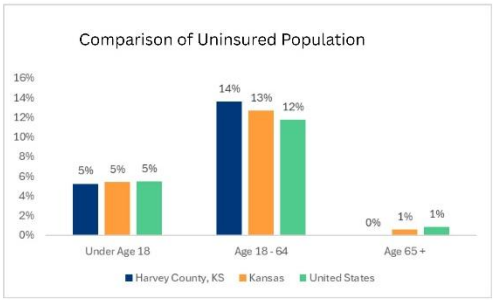
Access, coverage, and barriers to care

Insurance Coverage & Uninsured Rates

The percentage of uninsured residents in Harvey County **is similar** to state and national levels.



Source: US Census Bureau, American Community Survey, 2020-24.

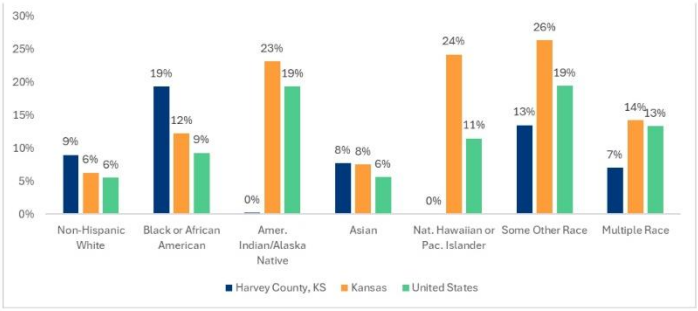


Adults **under 65** make up the largest share of the uninsured population.

Source: US Census Bureau, American Community Survey, 2020-24.

Racial Disparities in Coverage

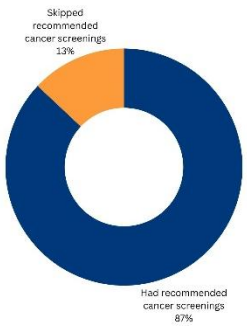
African Americans in Harvey County are **twice as likely to lack health insurance**

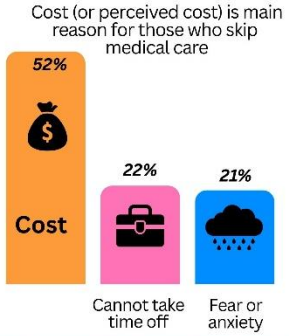


Source: US Census Bureau, American Community Survey, 2020-24.

2026 Community Health Needs Assessment

Majority of respondents say they had recommended cancer screenings in the past year





"Overall, it's pretty good because I have Medicare and insurance. However, my daughter can't afford insurance"

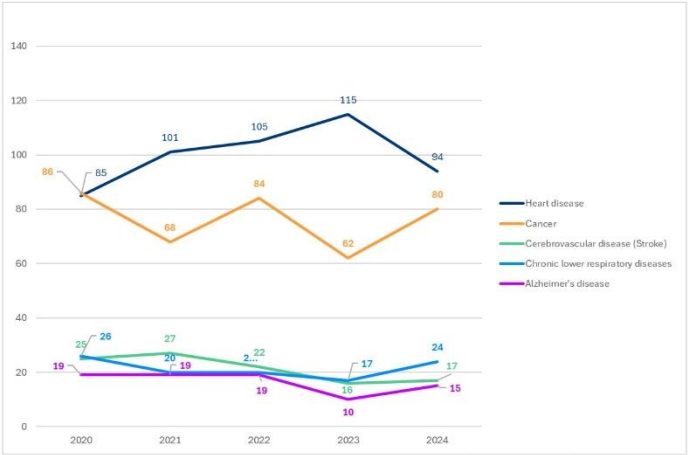
Source: 2026 Harvey County Community Health Needs Assessment respondent

CHRONIC DISEASE

Health outcomes and leading causes of illness

Main Causes of Death 2020-2024 in Harvey County

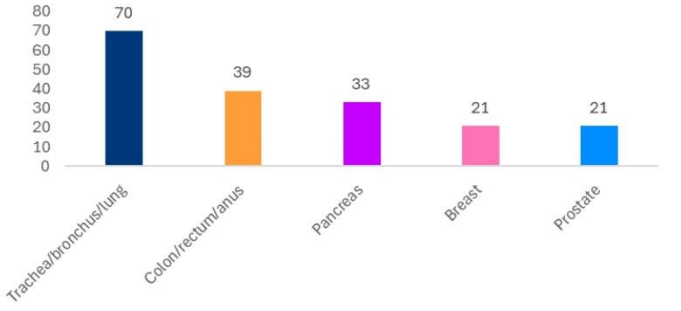
Heart disease is the number one cause of death in Harvey County 2020-2024



Excluding COVID-19 due to the Confidentiality Rule Source: Kansas Information for Communities, April 7, 2026

Cancer Mortality 2020-2024 in Harvey County

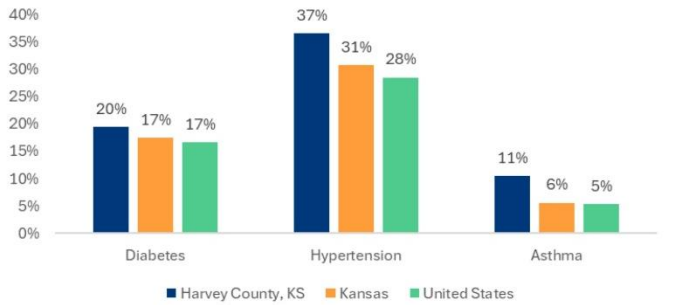
Respiratory Cancer is the Primary Driver of Cancer Fatalities in Harvey County 2020-2024



Source: Kansas Information for Communities, April 7, 2026

Higher Prevalence of Chronic Conditions

Harvey County Has Higher Prevalence of Patients with Diabetes, Hypertension and Asthma

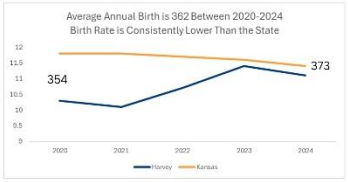


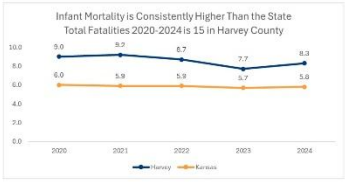
Source: US Department of Health & Human Services, Health Resources and Services Administration, 2023., April 7, 2026

CHILDREN & YOUTH

Health, care, and support for young families

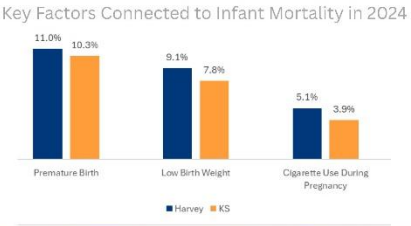
Birth Rates & Infant Health in Harvey County





Birth rates are lower in Harvey County, while some maternal and infant health outcomes remain higher than the state average.

Source: Kansas Infant Mortality & Stillbirth Report & Annual Summary, Vital Statistics, 2020-2024



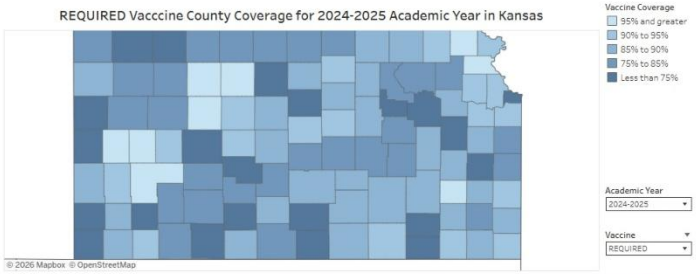
Working Families & Child Care Needs

- 2,540 children under age 6
  - Of those, 1,814 children have both parents working
- 1,340 child care slots are needed

Source: Child Care Aware of Kansas, April 7 2026

70% say it's difficult/very difficult to find affordable, quality childcare

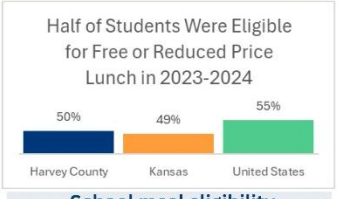
Immunizations & Child Health



Required immunization coverage (88%) is being driven down by lower compliance on HIB and PCV

Source: KDHE Kindergarten Immunization Data, April 7 2026

Food Insecurity



School meal eligibility reflects the level of need among students and families in the community.

Source: National Center for Education Statistics, NCES - Common Core of Data, 2023-24

Community Voices

One thing that would make Harvey County a better place for raising children:

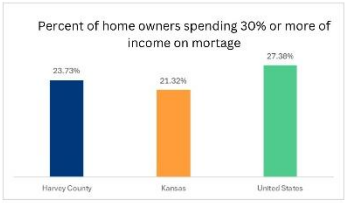
"Having good reliable childcare that is not taking more than half your check. Having more indoor low cost activities for kids."

Source: 2026 Harvey County Community Health Needs Assessment respondent

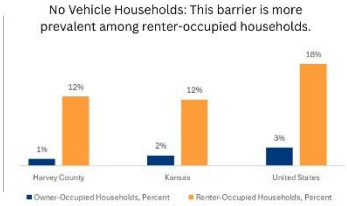
COMMUNITY LIVING

Community living includes access to housing, transportation, resources, and places that support well-being

Access to Housing & Transportation



Source: Harvey County Housing Assessment Report, 2026

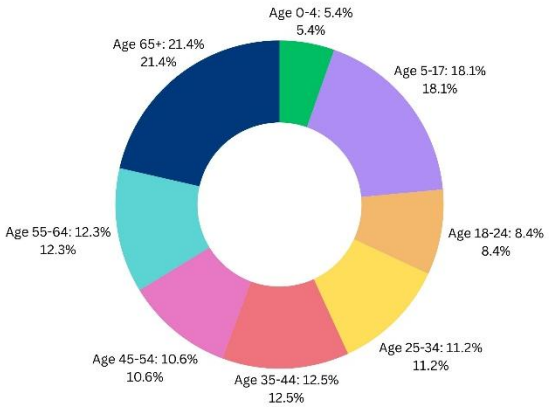


Source: US Census Bureau, American Community Survey, 2020-24

An average-wage worker must work 42.60 hours weekly to afford a two-bedroom rental.

Population Breakdown

> Reliable and affordable transportation is big for many **older people** in order for them to get a haircut, go for groceries, or attend any medical appointments.



One thing that would make Harvey County a better place for older adults:

Source: 2026 Harvey County Community Health Needs Assessment respondents

"Older adults need reliable, affordable transportation most of all — and that goes for people in Hesston and Halstead, not just Newton. Affordable, safe housing is a close second. Access to healthcare, mental health services, and in-home care matters too, as does local grocery stores and funded meal programs."

PRESCRIPTION ACCESS

Affording prescription drugs is a challenge for many households

Access to Prescription Medication - Kansas

51%

of survey respondents stated being either "**worried**" or "**very worried**" about **affording** the cost of prescription drugs.

30%

of respondents reported **rationing medication due to cost** in the last year.

Medication Cost Concerns by Household Characteristics

	Cut Pills in Half or Skipped a Dose	Did Not Fill a Prescription	Any Medication Rationing
Household Characteristics			
Household Income			
≤ $50,000 annually	19%	33%	40%
$50,001 - $75,000 annually	14%	26%	32%
$75,001 - $100,000 annually	11%	22%	27%
≥ $100,000 annually	11%	13%	21%
Disability			
Household includes a person with a disability	26%	19%	44%
Household does not include a person with a disability	9%	33%	24%
Demographic Characteristics			
Race and Ethnicity			
Respondents of Color*	15%	26%	32%
White, alone non-Hispanic	14%	23%	29%
Employment Status			
Employed Full-Time	17%	25%	33%
Employed Part-Time	18%	27%	36%
Unemployed, but seeking employment	16%	30%	35%
Orientation			
Sexual Diverse	32%	34%	51%
Not Sexual Diverse	12%	22%	28%
Insurance Status			
Employer-Sponsored health insurance	13%	24%	30%
Health insurance purchased individually	24%	25%	38%
Medicare, coverage for older adults	10%	12%	18%
Kansas Medicaid	15%	36%	40%

Source: 2025 Poll of Kansas Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Note: The Respondents of Color category reflects the combined responses from survey participants who are Black or African American, Hispanic or Latino, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander. The response rate for one or more of those demographic categories was not sufficient to report reliable estimates.

Local Assessment Data

18%

of survey respondents reported **trouble affording medications** or **prescriptions**.

20%

of respondents reported being **unable to pay** for medical/mental health/dentist care.

Medicaid and Prescription Access

Understanding Medicaid **Spenddown** in Kansas

A Medicaid spenddown functions similarly to an insurance deductible for government health coverage. In Kansas, a single individual can retain **$994** each month for living expenses. For example, if a woman earns $1,195 monthly, the state deducts her limit of $994 and applies a special $20 discount to determine her spenddown amount. As a result, she needs to cover the additional $181 in her own medical expenses each month. Since Kansas calculates this over a **6-month period**, once she pays a total of **$1,086**, Medicaid will then cover the remaining medical costs.

"[...] Many services are hard to access given the poor quality of insurance and the eventual cost of care due to high deductibles and high out of pocket maximum in comparison to the price paid for insurance."

Source: 2026 Harvey County Community Health Needs Assessment respondent

THANK YOU
TO OUR PARTNERS

NMC health
Your Health. Our Focus.

Prairie View

Healthy Harvey
COALITION

MIRROR, INC

SHERIFF
HARVEY COUNTY

UNITED WAY
Harvey and
Marion Counties

Health Ministries Clinic
COMMUNITY HEALTH CENTER

Public Health
Prevent. Promote. Protect.
Harvey County
Health Department

"Having lived and worked in other counties, Harvey County is miles above in care, community, and forward thinking."

Source: 2026 Harvey County Community Health Needs Assessment respondent

Appendix D: Community Stakeholders

Name		Sector	Agency/Organization/Community
Aline	Albrecht	Health	Harvey Co Health Department
LA	Alexander	Social Services	Community Crisis Response Team
Jodie	Beeson	Health	Prairie View
Dalton	Black	Social Services	United Way of Harvey & Marion Counties
Bonnie	Brewer	Education	K-State Extension- Harvey County
Melissa	Butts	Health	Health Ministries Clinic
Brittany	Chapin	Health	Harvey Co Health Department
Skip	Cowan	Health	Harvey Co Health Department
Kendra	Davila	Social Services	Peace Connections
Crystal	Diloreto	Social Services	Peace Connections
Michele	Ediger	Community	Community Member
Candice	Egizi-Sifuentez	Recreation	Newton Recreation Commission
Patrick	Flaming	Health	Prairie View
Chad	Frey	Media	The Kansan
Constance	Gehring	Health	Food Secure Communities/HC Food & Farm Council
Barbara	Gibson	Mental Health	NAMI MidKansas
Jeff	Glimpse	Business	Full Vision
Julie	Haase	Business	Hair stylist
Sam	Jack	Education	Newton Public Library
Lona	Kelly	Government	Harvey County Department on Aging
Lorrie	Kessler	Health	KS Food Action Network
Ron	Kite	Faith	Community
Susan	Lamb	Community	BOE Member
Leia	Lawrence	Social Services	United Way of Harvey & Marion Counties
Tara	Loder	Social Services	Community Crisis Response Team
Amanda	Lowe	Social Services	United Way of Harvey & Marion Counties
Patty	Meier	Health	NMC Health
Emily	Miller	Social Services	OVM Inc.
Kate	Moffitt	Health	Harvey Co Health Dept
Heather	Murrow	Social Services	SafeHope
Kara	Ouellette	Health	NMC Health
Anne	Pitts	Education	K-State Research & Extension
Heather	Porter	Health	NMC Health
Lynnette	Redington	Health	Harvey Co Health Dept
Steve	Roberson	Emergency Services	Newton Fire/EMS
Jace	Schmidt	Social Services	United Way of Harvey & Marion Counties
Matt	Schmidt	Health	Health Ministries Clinic
Dana	Shifflett	Community	Walk & Roll Harvey
Kate	Sommers	Community	Hesston
Carly	Stavola	Education	Public Information Officer USD373

Pam	Stevens	Business	Newton Area Chamber
Valerie	Taylor	Social Services	Mirror Inc
Katelyn	Terbovich	Social Services	Mirror Inc
Allen	Wedel	Community	Healthy Harvey Coalition

Appendix E: Data Walk Community Input

CHIP PRIORITY AREAS

Data Walk Summary

This summary reflects input from community members during the 2026 Data Walk

1. Social & Economic Factors

Existing Efforts

- Expand access to fresh and affordable food (pantries, farmers market programs, meal prep support); *Farmers Markets, K-State Extension, Healthy Harvey Coalition (HHC), Food & Farm Council*
- Improve transportation systems (public transit, local rideshare, e-bike, interurban expansion); *City of Newton, Department on Aging, Rock & Roll Harvey, HHC, United Way of Harvey and Marion County (UWHMC)*
- Increase access to affordable and low-maintenance housing; *Housing Alliance of Harvey and Marion County, Food & Farm Council*
- Expand childcare availability and affordability; *UWHMC*
- Provide education (tenant rights, cooking skills, resource awareness); *NMC Health, Health Ministries Clinic (HMC), Department on Aging, Health Department, K-State Extension, Peace Connections, Housing Alliance of Harvey and Marion County*
- Strengthen community-based support networks (neighbors helping neighbors); *Local Churches*

Potential Solutions

- Alternative transportation options (bike libraries, local rideshare)
- Safe, walkable environments
- Social connection spaces to reduce loneliness
- Stronger coordination among service providers and navigators

Gaps & Barriers

- Limited affordable housing
- Transportation challenges
- Limited access to fresh food
- Cost of living pressures (ALICE population)
- Limited childcare access

2. Chronic Disease

Existing Efforts

- Increase awareness and use of existing resources (resource directory, QR codes, outreach); *Peace Connections, HMC, NMC Health, Health Department, UWHMC, Salvation Army, Resoursce Network*
- Expand Food is Medicine efforts (medically tailored food kits, pantry partnerships); *HMC, HHC*
- Improve access to healthy foods (co-ops, teaching kitchens, grocery donation programs); *HMC, Food and Farm Council, K-State Extension, Bountiful Baskets, Salvation Army*
- Address transportation barriers; *City of Newton, Department on Aging, Walk & Roll Harvey, HMC, UWHMC*
- Integrate mental health care with chronic disease management; Prairie View (PV), HMC

Potential Solutions

- Make cost of care affordable (insurance, dental, affordability)
- Education housing and environmental impacts on health
- Education for understanding how poverty affects chronic disease
- Education on disease-specific nutrition
- Coordination across organizations

3. Mental Health

Existing Efforts

- Expand youth mental health prevention and early intervention; *D-FY, STAND, Mirror, Health Department, Harvey County Schools, PV*
- Increase access to services (mobile crisis, transportation, community-based access points); *HMC, PV, NMC Health, Mirror*
- Reduce stigma through education; *Mirror, PV, Health Department*
- Improve coordination across providers (reduce silos)
- Expand harm reduction strategies (Narcan, fentanyl test strips, education); *Peace Connections, Health Department*
- Peer Support Teams; *Community Crisis Response Team (CCRT), Mirror, PV*

Potential Solutions

- Trauma-informed care across all providers
- Community-wide resource navigation systems
- Engage non-traditional partners (community organizations, businesses)

Gaps & Barriers

- Lack of detox and medical detox services
- Limited coordination across providers
- Cost barriers (copays, access issues)
- Medication adherence challenges (especially older adults)

4. Prescription Access

Existing Efforts

- Increase awareness and use of existing programs (340B, discount programs, sliding scale); *HMC, Cairn Health, Department on Aging, K-State Extension, Health Department*
- Expand medication delivery options; *Cairn Health, Newton Public Library*
- Strengthen role of community health workers and navigators; *Peace Connections, Health Department, UWHMC, PV*

Potential Solutions

- Insurance complexity and administrative burden
- Government regulations impacting cost
- Educate patients and pharmacists on cost-saving options
- Improve communication and outreach (media, signage, social media)

Gaps & Barriers

- Lack of awareness of available programs
- Insurance does not adequately cover medications
- High deductibles and cost barriers
- Limited provider access
- Language and trust barriers
- Patients rationing medications

Appendix F: Community Health Improvement Plan (CHIP) 2026-2029

See each priority health area's goals and action steps in the section below.

Mental & Behavioral Health

Healthy People 2030: Increase the proportion of adults with serious mental illness who get treatment (MHMD-08)

Baseline: As of July 2026,

- Patients with a diagnosis of depression, who demonstrate a significant reduction in symptoms following treatment (Health Ministries Clinic (HMC)/ Prairie View (PV))
- Number of patients accepting a referral to mental health treatment
- Number of patients returning to care

Measurement: By June 2029,

- Increase in number of clients diagnosed with depression, who demonstrate a significant reduction in symptoms following treatment
- Increase in number of patients accepting a referral to mental health treatment
- Number of patients returning to care

Goals	Action Items	Timeframe	Lead Agency	Notes
Goal 1: Increase dissemination and awareness of resource directory throughout Harvey County in partnership with employers.	Develop a story using the resource directory with an employee focus.	October 2026	Prairie View/ United Way of Harvey & Marion Counties (UWHMC)/Healthy Harvey Coalition (HHC)	Involve Harvey County Resource Network.
	Meet with Newton Area Chamber of Commerce to partner on dissemination and awareness campaign for the Harvey County Resource Directory.	January 2027	Prairie View/ UWHMC/HHC	Activities include using existing Chamber communication tools and committees to increase awareness of the directory such as public/private group, newsletter, meeting announcements.
	Meet with other Harvey County Chambers of Commerce and additional entities in Harvey County to partner on dissemination and awareness campaign for the Harvey County Resource Directory.	June 2027- October 2027	Prairie View/ UWHMC/HHC	Involve Harvey County Resource Network. Develop materials for employer lobby and employee outreach.
	Host Chamber meetings (Newton & Hesston) to give overview of CHNA/CHIP & focus on directory benefits for employers & employees.	July 2028	Prairie View/ UWHMC/HHC	Engage with all CHNA Core Team partners
Goal 2: Implement methods to connect Harvey County residents with resources.	Investigate the development of a Resource Navigator/Community Health Worker, etc. cohort to enhance resource connectedness	July 2026	Prairie View UWHMC & Health Department (HD)	Survey with Resource Network & others, insights to need for group, meeting intervals, etc.
	Engage with Resource Network to evaluate format & ease-of-use of directory (online & booklet)	November 2026	Prairie View UWHMC & HD	Conduct evaluation session at November 5 meeting
	With insights gained, if needed, redesign directory and develop plan for specifically promoting mental health resources.	April 2027	Prairie View UWHMC & HD	Refer to counseling/mental health listing from Resource Directory. Determine ease of upkeep of directory and by whom. Promotion ideas- QR code on stickers, magnets, and posters

	Engage with suicide prevention efforts in county to investigate evidence-based mental health specific outreach methods (programs, campaigns, etc.) and implement	July 2027 - September 2028	Prairie View UWHMC & HD	Other efforts include Community Crisis Response Team, SafeHope
	Secure funding for outreach	June 2027-June 2028	Prairie View UWHMC & HD	
	Disseminate messaging and materials throughout county.	October 2027-June 2029	Prairie View UWHMC & HD	Assistance from Resource Network

Chronic Disease

Healthy People 2030: Increase the health literacy of the population (HC/HIT-R01) & increase the proportion of people who discuss interventions to prevent cancer with their providers (C-R02)

Baseline: As of July 2026,

- Number of adult patients receiving appropriate cancer screening (Health Ministries Clinic)
- Number of adult patients who are screened for tobacco use and receive cessation counseling when identified as tobacco users (Health Ministries Clinic)
- Patients aged 18 to 85 with hypertension whose blood pressure was adequately controlled during the measurement year (Health Ministries Clinic)
- Heart disease/diabetes hospital admission rate (NMC Health)

Measurement: By June 2029,

- Increase in number of adult patients who receive appropriate cancer screening
- Increase in number of adult patients who are screened for tobacco use and receive cessation counseling when identified as tobacco users
- Increase the number of adult patients with hypertension whose blood pressure was adequately controlled

Goals	Action Items	Timeframe	Lead Agency	Notes
Goal 1: Build a yearly health community communication plan to be adopted by five local organizations.	Develop Memorandums of Understanding (MOUs) template and execute it with at least five community organizations to establish coordinated education plans focused on chronic disease prevention, community services available and health literacy.	January 2027	NMC Health	e.g. healthcare providers, public health agencies, schools, employers, or community organizations) Topics: diabetes, cardiac and cancer
	Host quarterly collaborative planning meetings	January 2027 – June 2029	NMC Health	
	Outline, develop and distribute monthly chronic disease prevention and health promotion topics to participating organizations and community partners.	June 2027 - June 2029	NMC Health	
	Develop materials for state and local elected officials regarding CHNA priorities and chronic disease prevention measures.	June 2027 - June 2029	NMC Health & Health Department	
	Participate in at least four community outreach events to promote awareness of chronic disease prevention services.	December 2027 – June 2029	Any of the five MOU organizations	

Prescription Access

Healthy People 2030: Reduce the proportion of people who cannot get prescription medicines when they need them (AHS-04)
Baseline: As of July 2026,

- Number of Harvey County residents who claim to skip/ration medication

Measurement: By June 2029,

- Decrease the number of Harvey County residents who claim to skip/ration medication

Goal	Action Items	Time-Frame	Lead Agency	Notes
Increase community awareness of reputable prescription access resources available in the community.	Survey number of people who skip/ration medication in Harvey County annually.	December 2026	Harvey County Health Department	Suggested survey opportunities: HopeFest, Taste of Newton, other towns' large events
	Convene key front-line workers so that they can be informed, share and collaborate on resource awareness.	March 2027	United Way of Harvey & Marion Counties (UWHMC)/Prairie View	
	Complete a survey with assistance of community health workers, navigators and liaisons to assess what resources are available.	December 2027	Harvey County Health Department	Study possible vulnerabilities and disclose them.
	Identify key partners and work with them on education/outreach, including local pharmacies.	January 2028		
	Work with a larger team on creating the resource page.	June 2028		

Social and Economic Factors

TRANSPORTATION

Healthy People 2030: Reduce the proportion of people who can't get medical care when they need it (AHS-04) & increase the proportion of adolescents who walk or bike to get places (PA-11)

Baseline: As of July 2026,

- Number of clients utilizing transportation of Prairie View & Health Ministries Clinic (HMC) Clinic in Calendar Year (CY) 2025
- Number of people biking during annual counts and other outreach activities (Newton & North Newton)
- Number of children biking and walking to school in Harvey County (Walk & Roll Harvey)

Measurement:

- Number of clients utilizing transportation of Prairie View & Health Ministries Clinic annually (CY 2026, 2027, 2028)
- Number of people biking during annual counts and other outreach activities (Newton & North Newton)
- Number of children biking and walking to school in Harvey County (Walk & Roll Harvey)

Goals	Action Items	Action Time-Frames	Lead Agency	Notes
Goal 1: Improve local transportation system.	Form a public transportation coalition	August 1, 2026	United Way of Harvey & Marion Counties (UWHMC)	Ideas for coalition members: USDs, Bethel, Hesston College, Senior Centers/Retirement Communities, NMC Health, Peace Connections, Prairie View, Community Crisis Response Team Peer Mentors, Homeless Shelter, Food & Farm Council, Health Dept, Dept on Aging, Walk & Roll Harvey, Chambers
	Seek funding (private/grant) for a feasibility study	February 2027	UWHMC	
	Complete feasibility study and decide next steps	January 2028	UWHMC	
	If appropriate, create a Transportation Action Plan	January 2028	UWHMC	
	Investigate interurban expansion service	June 2028	UWHMC	Partner with NMC Health/HMC - what about a specific day to do transport appointments, "Find a Ride" program - through Dept of Aging
Goal 2: Promote active or shared transportation options for students	Annually host four yearly bike clinics to assist with repairs at local libraries and/or during community events.	August 2026 – June 2029	Walk & Roll Harvey/Healthy Harvey Coalition (HHC)	"Back to school, bike to school" event hosted at local libraries. Focus on centrally located schools and schools with more students who qualify for free/reduced lunch.
	Create campaign & timeline to educate community on non-vehicle options	August 2026-March 2027	Walk & Roll Harvey/HHC	Promote through media, e-billboards, school 'backpacks', banners out for bike month, etc.
	Advocate for Bike Bus/other non-vehicle options each school year that includes safety guidance for bikers. Create "Bike Bus" pilot in one school.	November 2026-November 2028	Walk & Roll Harvey/HHC	What does short- & long-term support of this look like? Which school(s) first?
	Investigate/develop & coordinate bike donation program.	January 2027- June 2028	Walk & Roll Harvey/HHC	Idea: Drop-off at churches; Include in program repairs, costs, personnel (paid an/or volunteer), annual schedule, etc.

Social and Economic Factors
CHILDCARE
Healthy People 2030: Increase the proportion of children who participate in high-quality early childhood education programs — EMC-D03
Baseline: As of July 2026

- Potential number of childcare slots needed (Child Care Aware of Kansas)

Measurement:

- Decrease potential number of childcare slots needed (Child Care Aware of Kansas)

Goal 3: Expand childcare availability and affordability	Educate community on needs/gaps	July 2026-June 2027	United Way of Harvey & Marion Counties (UWHMC)/ Childcare task force	Show benefits of early childhood education/socialization
	Seek funding for scholarships for families, stipends for facilities	July 2026 – June 2028	UWHMC/Childcare task force	Sources: KS Dept of Commerce, Community Foundations
	Recruit childcare staff	2028-2029	UWHMC/Childcare task force	
	Recruit additional facilities	2028-2029	UWHMC/Childcare task force	

Social and Economic Factors
HOUSING
Healthy People 2030: Reduce the proportion of families that spend more than 30 percent of income on housing — SDOH-04
Baseline: As of July 2026

- Monthly housing costs as percentage of household income in the past 12 months (Census) for owner-occupied housing units with a mortgage, $75,000 or more (Census)
- Homeowner spending-to-income ratio (Kansas Health Matters, 2025)

Measurement:

- Homeowner spending-to-income ratio (Kansas Health Matters)

Goal 4: Increase access to affordable and low-maintenance housing	Team focus: Legislative Action & Tenant rights	July 2026-June 2029	Housing Alliance	
	Team focus: Urgent Home Repair	July 2026-June 2028	Housing Alliance	
	Team focus: Homeownership & Maintenance Education	July 2026-June 2028	Housing Alliance	
	Team focus: Planning, Zoning & Building	July 2026-June 2028	Housing Alliance	
	Team focus: Transitional Housing Support	July 2026-June 2029	Housing Alliance	

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