

HARVEY COUNTY, KS



Kauffman Museum Trail, North Newton. Photo courtesy of Wendy Nugent.

COMMUNITY HEALTH NEEDS ASSESSMENT

2017

"Health happens where we Live, Learn, Work, Worship, and Play."

COMMUNITY HEALTH NEEDS ASSESSMENT

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Acknowledgments

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Executive Summary

Understanding the health status and perceptions of a community is vital to prioritizing efforts by local resources and administrations to provide services that are the most needed for its population. Community health assessments have served as validated tools for accomplishing just this throughout the past several decades across communities throughout the United States.

Community collaboration is needed in the development of a comprehensive plan that will both directly address the needs of a community and promote a sense of belonging and purpose within it. A community health assessment consists of two major stages: the first stage, which is described further in this report, consists of collecting primary and secondary data to assist community members and leadership to make evidence-based decisions regarding community health; and the second stage is selecting health priorities using the data collected to guide and synchronize local efforts for improving the community's health.

Primary data includes all data gathered directly from their sources. This Community Health Needs Assessment (CHNA) implemented two methods of collecting primary data, a community health survey and focus groups, to gather qualitative data regarding community perceptions of health within Harvey County.

Secondary data includes data originally collected by someone else. Data gathered in this manner were collected from state and federal public health databases and consisted of objective data regarding the demographics, socioeconomic status factors, and health outcomes of Harvey County.

One major consideration of a community health needs assessment is identifying special populations in the community. Special populations may include subpopulations of a particular age group, those without healthcare coverage, those of a specific race or ethnicity, or those who do not speak English as their first language. Essentially, every county is made up of its own unique geography, natural resources, and demographic makeup. Integrating a county's strengths and special populations is a major step for all communities for achieving the highest level of inclusivity and comradery.

As a product of the 2017 Harvey County Community Health Needs Assessment, conducted by the core team in collaboration with local stakeholders, community leaders, and other invaluable residents, three health priorities were selected as the focus for Harvey County's health initiatives for the next three years, until 2020. The data collected in this report, along with the health priorities identified by the core team were used for selecting SMART (Specific, Measurable, Achievable, Relevant, and Time-bound) goals that were included as part of Harvey County's Community Health Improvement Plan (CHIP).

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Health priorities identified by the 2017 Harvey County Community Health Needs Assessment are:

- 1. Improve Well-being/Mental Health/Behavioral Health**
- 2. Prevent & Manage Chronic Disease**
- 3. Develop Viable Transportation Options for Health Needs**

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Methods

Community Health Survey

Community health survey participants were required to be Harvey County residents 18 years of age or older. The survey was promoted by the Community Health Needs Assessment (CHNA) Core Team and community stakeholders using flyers, social media postings, public announcements, and organization-wide e-mails. Participation was voluntary, and no incentives were given.

The Harvey County Community Health Survey, developed by the Harvey County CHNA Core Team (Appendix G), was a 45-item survey expected to take approximately seven-to-ten minutes to complete. The survey included four community health questions regarding perceptions of overall health in Harvey County, 29 personal health questions regarding health behaviors within the past 12 months, four quality-of-life questions (such as the availability of safe paths to walk and exercise and access to health food), and eight demographic questions including sex, age, race, ethnicity, education, income, zip code, and residency. Of the 45 questions, six were multiple responses, 24 were multiple choices, 14 were yes/no responses, and one was open-ended response. Responses to the survey were collected on Harvey County's *Survey Monkey* account.

The electronic survey was open from Monday, November 14 through Sunday, December 18, 2016 and was promoted before and during this period by flyer, social media postings, local newspaper announcements, and organization-wide e-mails sent by stakeholders. The electronic community health survey utilized convenience sampling and could be accessed online either by following a hyperlink or QR (Quick Response) code. In addition, the community survey was translated to Spanish to remove language barriers and promote inclusion among Harvey County residents.

After the closing of the Harvey County Community Health Survey on December 18, 2016, *Survey Monkey* data analysis tools were used to assess descriptive statistics including frequencies and percentage questions. The general comments of respondents to open-ended questions were analyzed using word analysis tools of *Survey Monkey* to count the frequency of words or phrases. Participant demographics were analyzed, including age, education, income, gender, race, ethnicity, zip code, and residency duration.

Focus Groups

Five focus groups were conducted by Harvey County CHNA Core Team members. Community members were recruited to serve as facilitators and recorders. Focus groups included the City of Burrton, second smallest town (approximate population 901); the City of Halstead, fourth smallest town (approximate population 2,034); Circle of Hope, a community initiative that supports families in reaching stability through education, mentoring, communal activities and dining;

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National Alliance of Mental Illness (NAMI) – Newton Chapter, a local group supporting individuals and caregivers affected by mental illness; and Casa Betania, an Hispanic Mennonite Church in Newton, KS.

Focus groups were conducted by facilitators who followed a script that utilized the first four community-oriented questions of the community health survey in an open-ended format to facilitate discussion and the identification of health priorities.

Facilitators led focus groups following the script and each lasted between 60 and 90 minutes. The recorders were responsible for identifying and recording major themes of the discussion and for emailing the notes to the Harvey County CHNA Core Team.

Secondary Data Analysis

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

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

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

Aggregate univariate data were collected from multiple, reliable data sources for descriptive statistics.

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Data Summary

COUNTY DEMOGRAPHICS

Harvey County has a population of 34,835, sustaining a very small, but stable growth rate over the past decade (U.S. Census Bureau, 2015). The county has had a fairly equal gender distribution without much fluctuation and a median age of 38.6, slightly higher than Kansas' median age of 36, reported in 2012.

With regards to racial and ethnic diversity, the majority of Harvey County residents, 92.7%, identify themselves as White, compared to the Kansas average of 86.7% (U.S. Census Bureau, 2015). When assessing ethnicity however, Harvey County's Hispanic population (11.3%) compares rather closely to that of Kansas (11.6%).

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

(U.S. Census Bureau)

Rurality is a characteristic of interest among many of the nation's leading experts in public health, who believe that because of cultural, behavioral, and environmental inequities among these populations, rurality deserves consideration as a unique determinant of health (Hartley, 2004).

When considering the influence of rurality within the context of Harvey County, nearly one-third (30.9%) of the population report living in a rural area. This factor largely determines the populations' access to health care, including the county's singular tertiary hospital, as well as influencing cultural health perceptions and behaviors.

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Report area	Total Population	Urban Population	Rural Population	Percent Urban	Percent Rural
Harvey County	34,684	23,960	10,724	69.08%	30.92%
Kansas	2,863,118	2,116,961	736,157	74.2%	25.87%
United States	312,471,327	252,746,527	59,724,800	80.89%	19.11%

(US Census Bureau, 2010)

SOCIOECONOMIC FACTORS

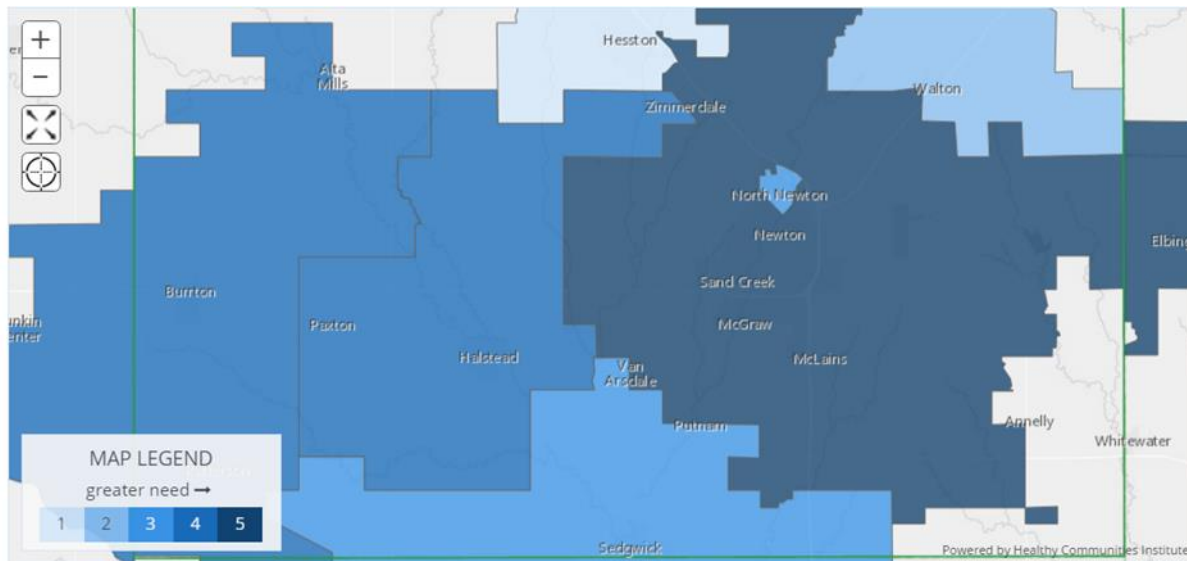
Harvey County has a median household income of \$51,327, not quite equaling that of the state (\$52,205) between 2011 and 2015 (U.S. Census Bureau, 2015). Another socioeconomic factor which plays a significant role in health outcomes is the county's decreasing rate of individuals (8.8%) with no health insurance, which may be in part to the increasing federal tax penalties created and enforced through the Affordable Care Act of 2010. The poverty level in Harvey County did increase however, from 12.8% in 2013 to 13.2% in 2015 (U.S. Census Bureau).

Indicator	2010	2013	2015
Median Income	\$46,604	\$50,287	\$51,327
No Health Insurance	NA	10.3%	8.8%
People below Poverty Level	NA	12.8%	13.2%

(U.S. Census Bureau)

Below is a map created using the SocioNeeds Tool provided by *kansashealthmatter.org*. This tool compiles social and economic variables of a community including poverty levels, high school graduation rate, median household income, educational attainment, etc. and assigns an index value used to categorize zip codes by need (see legend below). One explanation for zip code 67114 having the highest SocioNeeds Index score is because it is the most densely populated within Harvey County.

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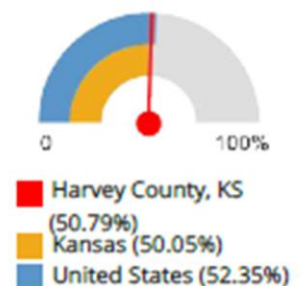


(Kansas Health Matters)

Another socioeconomic factor which plays a leading role in food access and stability among Harvey County youth is that of free and reduced lunches. Participation in this program has varied over the past decade in a way similar to that of Kansas, suggesting a systematic change such as in eligibility. In 2013-14, Harvey County reported that approximately 51% of its youth in primary and secondary schools were eligible for this benefit according to data taken from the National Center of Education Statistics (Kansas Health Matters, 2014).

Report Area	Total Students	Number of Free/Reduced lunch price eligible	Percent free/Reduced Lunch price Eligible
Harvey County	5,785	2,938	50.79%
Kansas	491,553	246,033	50.05%
United States	50,195,195	26,012,902	52.35%

Percent Students Eligible for Free or Reduced Price Lunch



(National Center for Education Statistics and Kansas Health Matters)

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Report Area	2009-2010	2010-2011	2012-2013	2013-2014
Harvey County	46.8%	49.22%	44.12%	50.79%
Kansas	45.7%	47.69%	49.61%	50.13%
United States	47.76%	49.24%	51.77%	52.45%

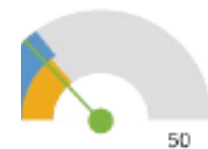
(Kansas Health Matters)

Food and nutrition, making up one of the key elements of health and life, can be assessed at the community level either by looking at the availability of nourishing food within a defined geography or by looking at the population's ability to acquire said food with fiscal resources. When considering the availability of consumable goods, sociologists typically measure the number of distribution sites per 1,000 people. Harvey County has .06 food markets, 0.7 restaurants, 0.2 grocery stores, and .0144 liquor stores per 1,000 people (Kansas Health Matters, 2014).

Food insecurity is defined as a population that experiences economic or social conditions that limit access to adequate food, which was shown to affect 13% of the population in Harvey County, an improvement from the Kansas prevalence of 14.5% (Community Commons, 2013). While we do think of Kansas as a rural, Midwestern, "Breadbasket," state, the prevalence and centrality of agriculture and agritourism to Kansas' economy does not ensure either food availability or access.

Report Area	Total Population	Food Insecure Population, Total	Food Insecurity Rate
Harvey County	34,722	4,490	12.93%
Kansas	2,893,957	419,330	14.49%
United States	320,750,757	48,770,990	15.21%

Percentage of the population with Food Insecurity



Harvey County, KS
12.93%
Kansas (14.49%)

(Feeding America and Kansas Health Matters)

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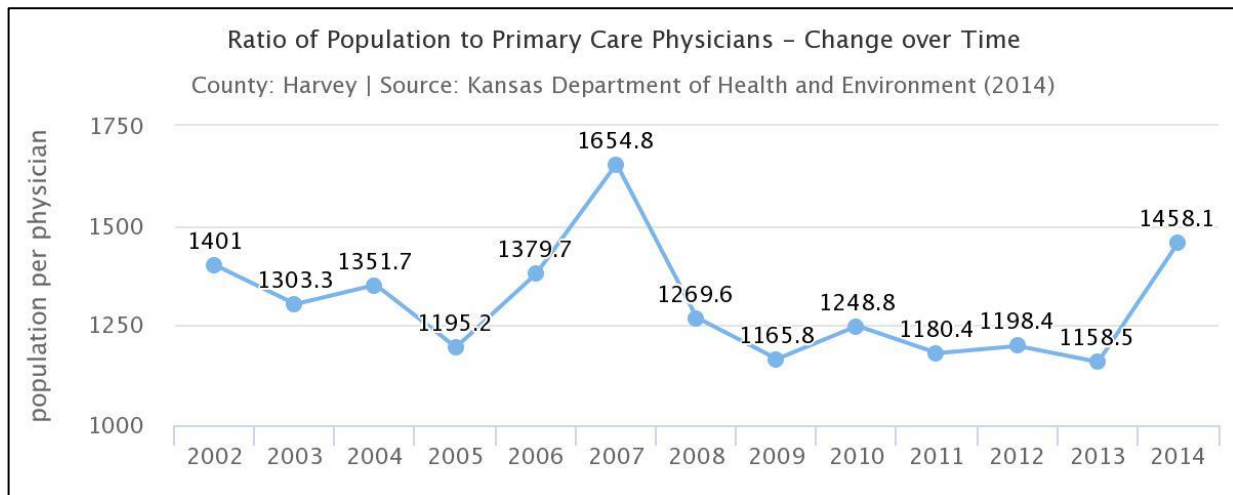
HEALTH OUTCOMES

HEALTH CARE ACCESS

While Kansas certainly does not have a specifically unique demographic makeup among Midwestern states, its rurality gives rise to an amplified awareness to health care access that would not be as common in a more urban setting. By the traditional meaning of, “health care,” one would typically include professionals in the fields of medicine, dentistry, and mental, or behavioral, health. Because of incongruent data made available by national and state registries to report the number of professionals practicing in two of the three aforementioned fields, we have focused our efforts on monitoring the number of medical professionals within the Harvey County area, recognizing that both dental and mental health professionals are absolutely vital in determining the overall wellness of an individual’s wellness and vitality.

The longitudinal graph displayed below reported a population to physician ratio of approximately 1,458 patients per physician employed full time within Harvey County (Kansas Department of Health and Environment, 2014). Despite this ratio growing considerably from 2013 to 2014, it still remains considerably below that of Kansas at 1896 patients per physician (Kansas Health Matters, 2014).

At this time, we have no educated hypothesis to explain the dramatic increase in this metric for the years of 2007 and 2014 other than the loss of primary care physicians from the community.



(Kansas Health Matters)

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CHRONIC CONDITIONS

Following the discovery of penicillin by Alexander Fleming in 1928 along with the many forms of antibiotics and vaccinations that would later ensue, public health took the offense on the front of infectious diseases, ultimately inverting the world's most prominent forms of morbidity and mortality (Schneider, 2014).

Today, the United States and many industrialized nations are afflicted with various forms of chronic disease, such as high blood pressure, cholesterol, diabetes, cardiovascular disease, and more. While many of the deleterious symptoms can be prevented or managed with proper diet and exercise, a culture of individualism and instant gratification has proven to be a difficult obstacle for sustaining life-prolonging behaviors.

Cholesterol is a major risk factor for heart disease. Blood cholesterol is measured to identify levels of low-density lipoprotein or LDL (i.e., "bad cholesterol"), high-density lipoprotein or HDL (i.e., "good cholesterol"), or triglycerides. Healthy People 2020 set a national health target of reducing adults with high cholesterol to 13.5% (Office of Disease Prevention and Health Promotion, 2016). Harvey County reported a percentage of adults with high blood cholesterol at 39.4%, higher than the Kansas average of 38.5% (Behavioral Risk Factor Surveillance System, 2012), nearly triple the goal set by Healthy People 2020.

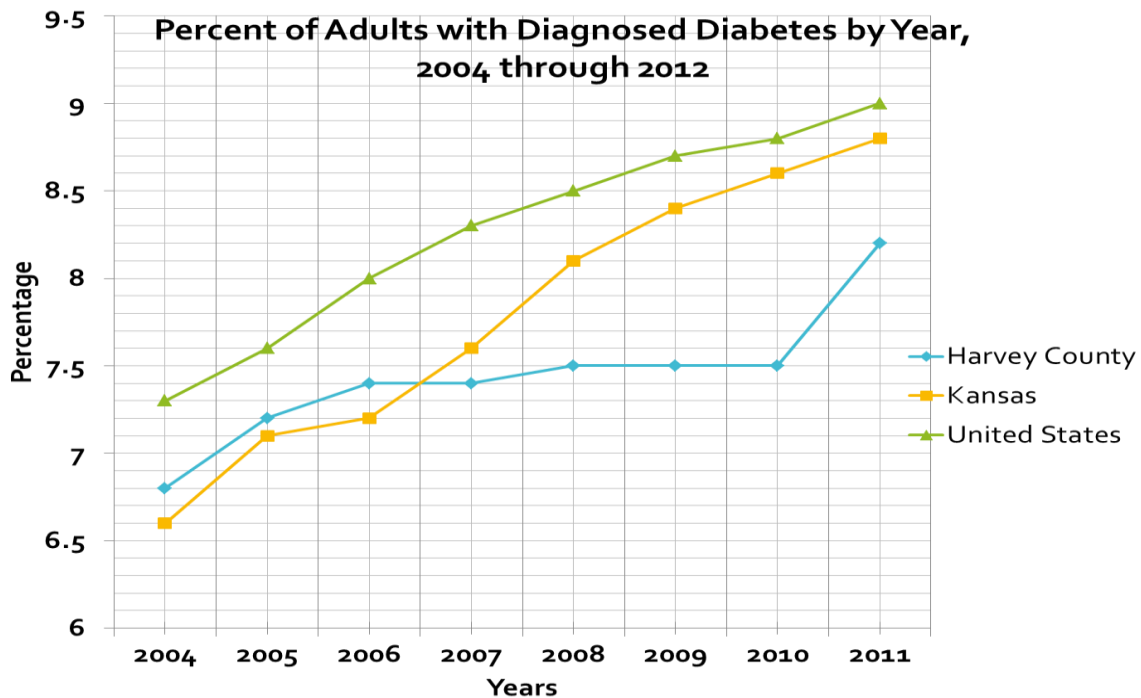
	High Blood Pressure	Diabetes	Cholesterol
Harvey County	33.6%	9.8%	39.4% (2012)
Kansas	31.6%	9.7%	38.5
United States	32.0%	10.5%	38.5

(Kansas Health Matters)

Diabetes is the seventh leading cause of death in the United States affecting 10.5% of the population (Schneider, 2014). Diabetes has a disproportionate effect on minority populations and is shown to have harmful effects on the body's organs resulting in neuropathy (nerve pain), retinopathy (eye disease), and nephropathy (kidney disease), among other symptoms (Kansas Health Matters, 2014). According to data collected by the Kansas Department of Health and Environment (KDHE) using the Behavioral Risk Factor Surveillance System (BRFSS), 9.8% of Harvey County's population is affected by this disease (Kansas Health Matters, 2014). As depicted in the longitudinal line graph below, the prevalence rate of diabetes among adults has been

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steadily increasing over the past decade; a trend that parallels that of the nation. This trend has also been found among youth along with the emergence of Type II diabetes – a form that has traditionally been referred to as “adult-onset.” With the increasing incidence of this disease among children and adolescents however, this reference has now been determined by many professionals to be obsolete.



(Community Commons)

High blood pressure is one of the most modifiable risk factors for stroke. Often referred to as the “silent killer”, this condition often presents without symptoms, and consequently, nearly one-third of adults with high blood pressure are not aware of it (Kansas Health Matters, 2014). Healthy People 2020 set a national goal of reducing high blood pressure in adults age 18 or older to 26.9% (Office of Disease Prevention and Health Promotion, 2016). Currently, 33.6% of Harvey County adults have been diagnosed with high blood pressure, slightly above the Kansas average of 31.6% (Kansas Department of Health and Environment, 2013).

According to the Centers for Disease Control and Prevention, cardiovascular-related morbidity and mortality is the leading cause of death in the United States (2016). Along with the rampant rise of chronic disease resulting from a mixture of genetic, environmental, and cultural factors, weight and weight-related conditions have made their way to the forefront of many national and state public health initiatives. As a state, Kansas ranks 7th highest in the nation for the prevalence of obesity (State of Obesity in Kansas, 2016). This concerning statistic highlights not only an issue of health behaviors, namely diet and exercise, but also of Kansas’ built environment, or

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infrastructure, how conducive it is to maintaining an active lifestyle, and the ready availability of fast food.

From data collected using BRFSS, Harvey County reported that 38.1% of residents are overweight, defined as a body mass index (BMI) between 25 – 29.9; 36.9% of the adult population are obese (BMI of 30+) (Kansas Department of Health and Environment, 2013). In addition, nearly 83% of Harvey County residents reported not meeting the recommended amount of weekly physical activity, described as 150 minutes of moderate exercise or 75 minutes of vigorous activity.

Issues of Weight	2011	2013	2015
Percentage of Adults who are Overweight	29.8%	37.5%	38.1%
Percentage of Adults who are Obese	36.8%	28.7%	36.9% (2020 Goal: 30.5%)
Meet Physical Activity Recommendation	12.6%	17.5%	17.1% (2020 Goal: 20.1%)

(Kansas Health Matters)

30.6% of respondents to the Harvey County Community Health Survey listed being overweight as a risky behavior for the community. Two of the five focus groups (Mid-Kansas NAMI chapter and the city of Burrton) also listed obesity and a lack of physical activity as risk factors.

Proper nutrition is vitally important for maintaining a healthy lifestyle. Raw or cooked fruits and vegetables offer a variety of essential vitamins, natural sugars, and minerals that can impact digestion, growth, and even mood. According to the Dietary Guidelines for Americans, 2015-2020, 2 cups of various fruits and 2.5 cups of a variety of vegetables are recommended for maintaining a healthy and balanced diet. According to data collected from the Behavioral Risk Factor Surveillance System, about 22.3 % of Harvey County residents reported consuming vegetables less than one time per day.

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Percent of Adults Who Reported Consuming Vegetables Less than 1 Time Per Day – Change over Time

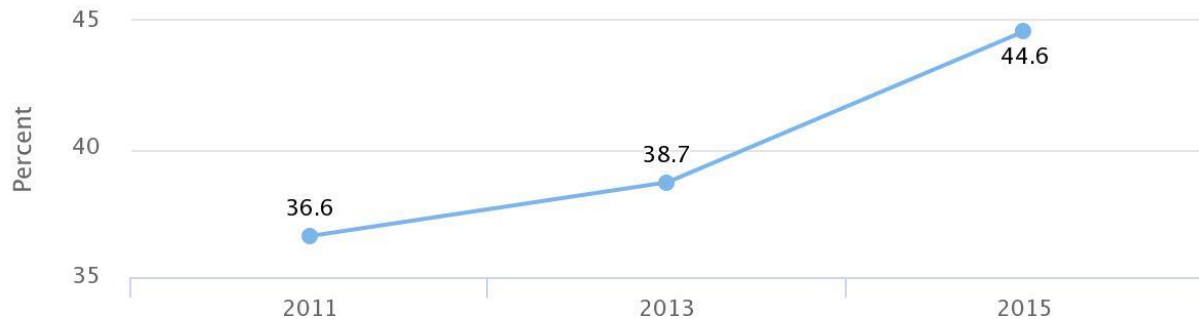
County: Harvey | Source: Kansas Department of Health and Environment (2015)



44.6 percent of Harvey County residents reported consuming fruit less than once per day, surpassing the Kansas average of 43.7 percent, and the national average of 40.1 percent (KDHE, 2015). Regular fruit and vegetable consumption has been associated with a reduced risk for many chronic diseases as well as certain types of cancer (Kansas Health Matters, 2014).

Percent of Adults Who Reported Consuming Fruit Less than 1 Time Per Day – Change over Time

County: Harvey | Source: Kansas Department of Health and Environment (2015)



INFANT AND MATERNAL HEALTH

When looking at ecological models of subpopulations, two primary variables of interest in determining the population's youth and vitality is the birth and death rate. For this reason, infant mortality is among one of the single most important factors for assessing a community's health. Despite the United States spending more than double the amount that the next three countries combined spend in health care, infant mortality rates tend to not even make the world's top 25 by this indicator (Schneider, 2014). Part of this is due to the variable definition of a live birth which differs by nation.

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Harvey County had an infant mortality rate of 7.3 per 1000 infants who died within their first year (Kansas Department of Health and Environment, 2014). While the county displayed a slightly elevated percent of low birth weight babies at 8.0% compared to about 7.0% in 2010 and 2012, one potential risk factor for this health outcome, smoking during pregnancy, actually showed a drop within the past half-decade.

Maternity and Child	2010	2012	2014
Total Births per 1,000 people	13	13	12.1
Births to Mothers without High-School	14.47%	14.04%	14.01%
Infant Mortality Rate (Deaths / 1,000 live births)	N/A	6.48	7.3
Percent of Low Birth Weight	7.0%	6.9%	8.0%
Percent of Mothers who smoked during pregnancy	15.2%	15.1%	13.3%

(Kansas Health Matters)

HEALTH BEHAVIORS

Every year hundreds of thousands of people are hospitalized and thousands of people die from influenza or flu-related causes, predominantly during its active season, typically from November through March (Centers for Disease Control and Prevention, 2016). There are many people who opt not to receive the influenza vaccine for a multitude of reasons; however with the increasing prevalence, and push by policy makers for vaccinations and immunizations among various schools and worksites, it is hoped that vaccination rates will increase. According to data collected by BRFSS in 2015, Harvey County reported a weighted frequency of 46.9% of residents who were immunized against influenza (KDHE).

	2011	2013	2015
Percentage of Adults Ages 18 years and older who were immunized against influenza during the past 12 months	45.2%	49.0%	46.9%

(KDHE, 2015)

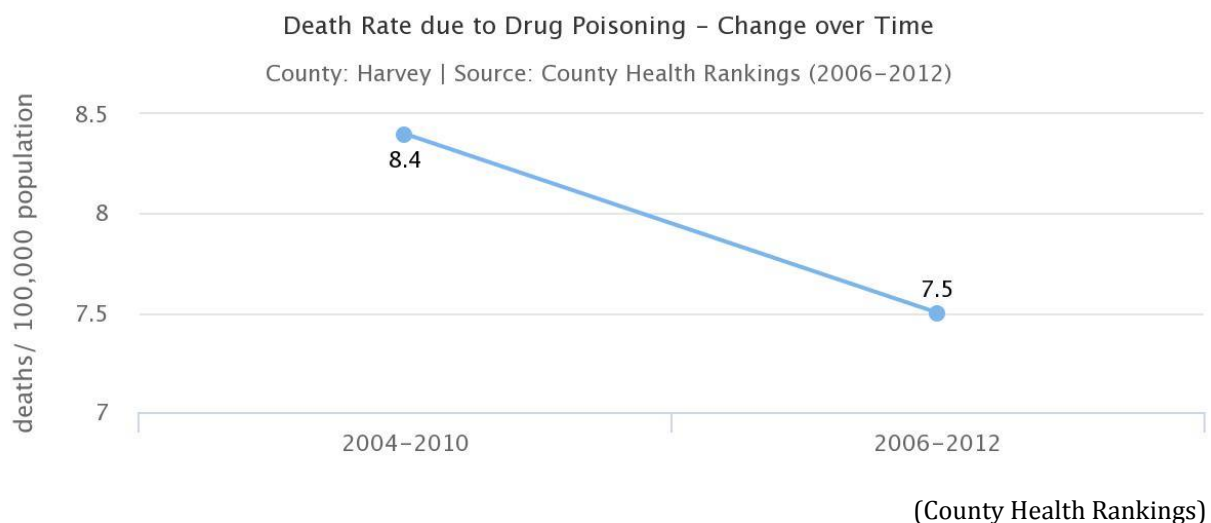
The National Alliance of Mental Health (NAMI) and many other health professionals recognize the strong association between mental health and abuse of substances such as alcohol,

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prescription medications, or illegal drugs (2016). While this correlation is not a one-to-one, indicating that all mentally ill individuals elect to abuse drugs, their use among individuals diagnosed with a mental illness is quite high.

Drug overdose is the leading cause of injury and death in the United States (Kansas Health Matters, 2014). The majority of overdose deaths are caused by pharmaceuticals, primarily opioid analgesics (prescription painkillers); however, it is not uncommon to come across other more illicit drugs such as cocaine, LSD, methamphetamines, and others. Despite intuitive thoughts regarding the availability of drugs in urban versus more rural populations, a secondary data analysis conducted in 1997 determined that while its prevalence among high school seniors was greater in urban populations in the 1970s, by the 1990s rural populations prevalence rate of substance use had matched that among urban students (Cronk & Sarvela). Harvey County experienced 7.5 deaths from drug poisoning per 100,000 people, compared to the rate of 9.7 for Kansas and 12.4 deaths per 100,000 people for the United States (Kansas Health Matters, 2015).

Drug abuse was reported as the biggest perceived concern among respondents to the Harvey County Community Health Survey with 71.1% listing drug abuse as one of the top three risky behaviors of the community. This concern was also reflected in the focus group data, being listed as a community concern by all five participating groups.

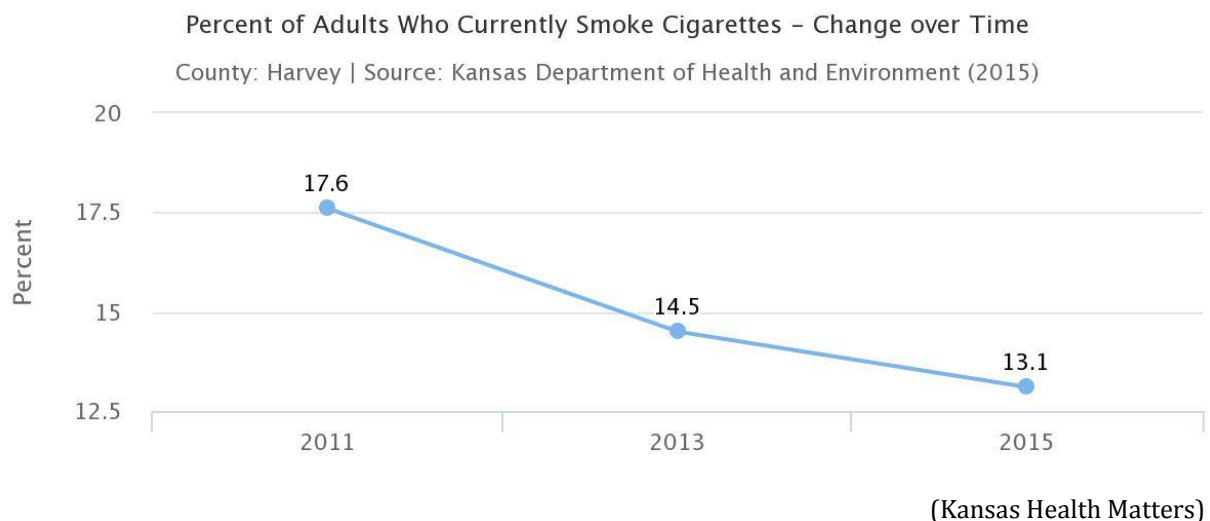


According to data taken from the KDHE using BRFSS data, 15.1% of adults in Harvey County reported binge drinking, defined as a male who consumes five or more drinks or a female who consumes four or more drinks on one occasion (Kansas Department of Health and Environment, 2015). This is an increase from the 13% in 2013; however, the prevalence still remains below the Kansas prevalence of 15.6% and the national average of 16.3% (Kansas Health Matters, 2015).

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Alcohol abuse was also listed as the second most frequently reported risky behavior as perceived by respondents to the community health survey (37.2%), and was also frequently referenced in all five focus groups.

Smoking is another health behavior that has been strongly targeted by public health efforts within the past few decades. Following the release of the Surgeon General's conclusive report in 2006 about the deleterious health outcomes associated with secondhand smoke exposure along with passing the Family Smoking Prevention and Tobacco Control Act of 2009, giving the Food and Drug Administration control to oversee tobacco manufacturing, packaging, and advertising, many state laws were passed around the county banning smoking in many confined locations that would subject individuals to the nuisance. With the many efforts having taken place, Healthy People 2020 set a target goal of reducing adult smokers to 12% (Office of Disease Prevention and Health Promotion, 2016). Currently, 13.1% of Harvey County adults reported smoking according to BRFSS data (2015), a rate that has been declining over the past decade.



MENTAL HEALTH AND WELLNESS

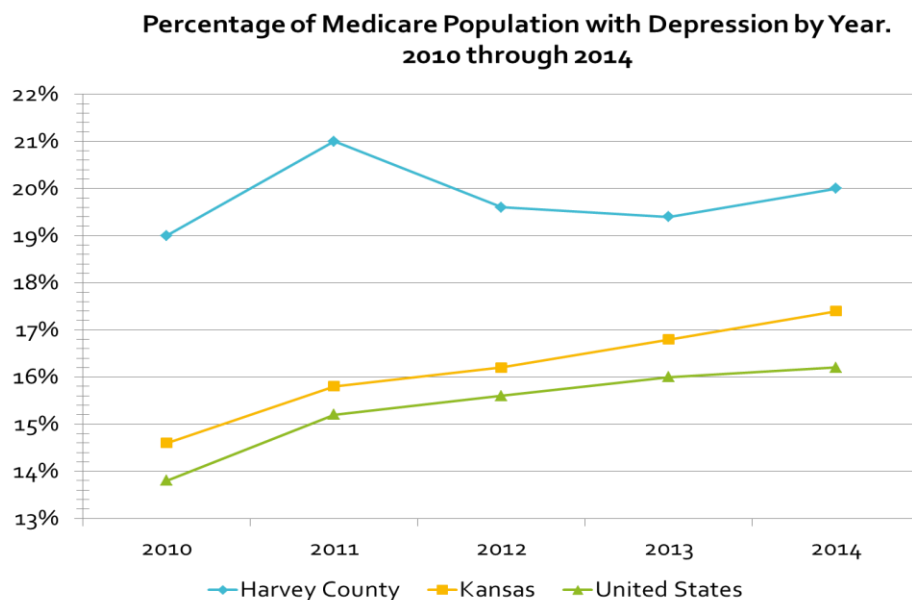
The spectrum of mental health covers everything from acute-onset depression to late-stage Alzheimer's disease and everything in between. The Rural Health People 2010 report, developed by Texas A&M University identified the disproportionate distribution of physicians (mainly specialists), average incomes, and funding to address the needs of rural populations (Gamm, Hutchison, Dabney, & Dorsey, 2003). It is estimated that one in five people will experience a mental illness every year in the United States, with one in twenty reporting depression (National Alliance of Mental illness, 2016).

For the purposes of this community health assessment, it is recognized that mental health and wellness includes many disorders with a wide range of severity; however, for this report,

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depression was the primary focus. Depression has a strong correlation with substance use disorders, for both the afflicted individuals and family or supportive care providers (Haskell, Graham, Bernards, Flynn, & Wells, 2016), with alcohol abuse appearing most frequently among rural youth (Gamm et al., 2003). Another study found socioeconomic status to be a predictive factor for depression (Lorant et al., 2003), putting rural populations at an increased risk because of the disparity in the distribution of financial resources between rural and urban populations.

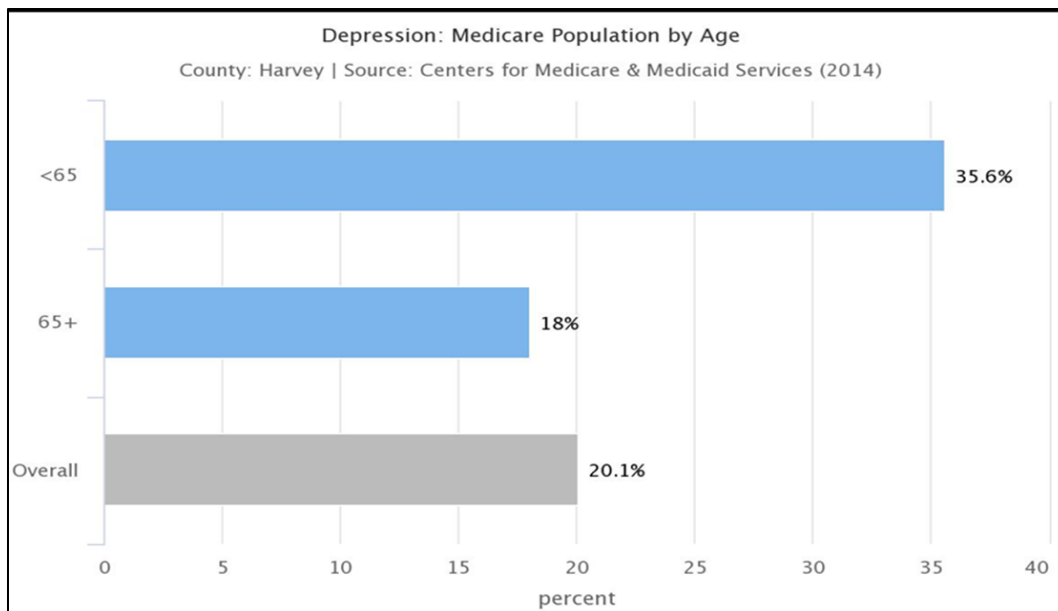
Data collected from the Centers for Medicaid and Medicare Services (CMS) found that 20.1% of all Medicare beneficiaries (aged 65+, disabled, or with end-stage renal disease) were diagnosed with depression (2014). 20.7% of Harvey County adults have been diagnosed with a depressive disorder, surpassing the Kansas average of 19.4% and the national prevalence of 17.6% (Kansas Health Matters, 2015).



(Community Commons)

Data summarized in the figure below demonstrates that the majority of depression in Medicare beneficiaries appears among the population receiving Medicare benefits based on disability rather than age. These findings may imply an increased risk of substance abuse, according to the findings of Haskell et al. in his 2016 study.

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(Kansas Health Matters)

Additionally, the population of youth being discharged with a mental health diagnosis (ICD10: 880 – 887) has been increasing over the past few decades within Harvey County. In 2015, the rate of hospital discharges of youth with a mental health diagnosis (3.0 / 1,000 youth) had nearly doubled that in 2013.

Hospital discharges of Youth (<18) with mental health dx (ICD10: 880-887) Rate/1,000 youth	
2011	2.1
2013	1.6
2015	3.0

(Kansas Health Matters)

While there are many objective biological variables and psychological surveys to measure health, one of the simplest, most effective standards for assessing health and wellness, is that of function. Many people may not realize when blood or lab values are abnormal, but when diseases impair our ability to perform regular tasks, then they often become noticeable and elicit either our attention or the attention of those close to us. This “functional” variable can be a useful

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assessment tool for measuring wellness as it pertains to both our physical and our mental health state. According to data collected through BRFSS, Harvey County had a weighted frequency of 39% of individuals reporting that their poor physical or mental health impeded their ability to perform their usual activities, such as self-care, work, or recreation within the past 30 days (KDHE, 2015).

	2011	2013	2015
Weighted percentage of adults who reported their poor physical or mental health kept them from doing their usual activities, such as self-care, work, or recreation in the past 30 days	39.0%	41.5%	25.8%

(KDHE, 2015)

COMMUNITY HEALTH PERCEPTIONS

The perception of community health within its population can provide important insight into how educational awareness and public health efforts are being received by the community. They may confirm identified health or behavioral problems recognized by community health experts or provide new information regarding an existing problem that may have otherwise gone unnoticed.

To take into account the broad interests and perceptions of Harvey County residents, the Community Health Needs Assessment team gathered the input of numerous local organizations and persons whose representation and knowledge better expands the results (Appendix A-F).

While the importance and value of gathered community health perceptions cannot be understated, they do not replace objective data collected through more reliable sources. Community health surveys and focus group results should be interpreted with caution. Because of the convenience sampling methods implemented during data collection, the results cannot be generalized to that of the whole community of Harvey County.

FOCUS GROUPS

Five focus groups sessions were conducted by Harvey County CHNA Core Team members. During brainstorming sessions, the Harvey County CHNA Core Team identified several underrepresented groups as potential participants in focus groups. The CHNA Core Team then

COMMUNITY HEALTH NEEDS ASSESSMENT

reached out to primary contacts among the identified groups to help coordinate and recruit participants for focus groups. Focus groups were conducted with the following representatives: the City of Burrton, second smallest town (approximate population 901); the City of Halstead, fourth smallest town (approximate population 2,034); Circle of Hope, a community initiative that supports families in reaching stability through education, mentoring, communal activities and dining; National Alliance of Mental Illness (NAMI) – Newton Chapter, a local group supporting individuals and caregivers affected by mental illness; and Casa Betania, an Hispanic Mennonite Church in Newton, KS.

Focus Group	Participants
City of Burrton	17
City of Halstead	10
Circle of Hope	18
National Alliance of Mental Illness (NAMI) - Newton Branch	12
Casa Betania	10

Facilitators and recorders attended a training by Dr. Sarah Jolley of Wichita State University, Community Engagement Initiative, on how to conduct focus groups.

The facilitators followed a script that utilized the first four community-oriented questions of the community health survey. This was an open-ended format to facilitate discussion and the identification of health priorities. Each group lasted between 60 and 90 minutes. The recorders were responsible for identifying and recording major themes of the discussion and for emailing the notes to the Harvey County CHNA Core Team. The focus groups were not audio recorded.

Focus group respondents identified the top 3 most important factors for a “Healthy Community” as:

1. Good jobs/Healthy economy (48%)
2. Low crime/Safe neighborhoods (45%)
3. Good schools (42.8%)

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COMMUNITY HEALTH SURVEY

There were 780 total responses to the Harvey County Community Health Survey (799 English surveys, 1 Spanish Survey). 95% of the respondents were white; 96% identified as non-Hispanic. This demographic composition varies somewhat from that of Harvey County, which has a population that is 92.9% white and 88.7% non-Hispanic (U.S. Census Bureau, 2015). A large plurality of respondents (78.3%) reported having at least a college degree or higher. Most respondents identified having a household income of at least \$50,000 annually. It is common that individuals with a higher level of education, and in relation, a higher annual income, are more likely to participate in surveys. 77.3% of respondents reported having lived in Harvey County for six or more years, indicating that respondents had a more intimate perception of community issues than those who had either recently moved to Harvey County or had resided in the county for less than six years.

Descriptive Summary of Harvey County Community Health Survey Respondents

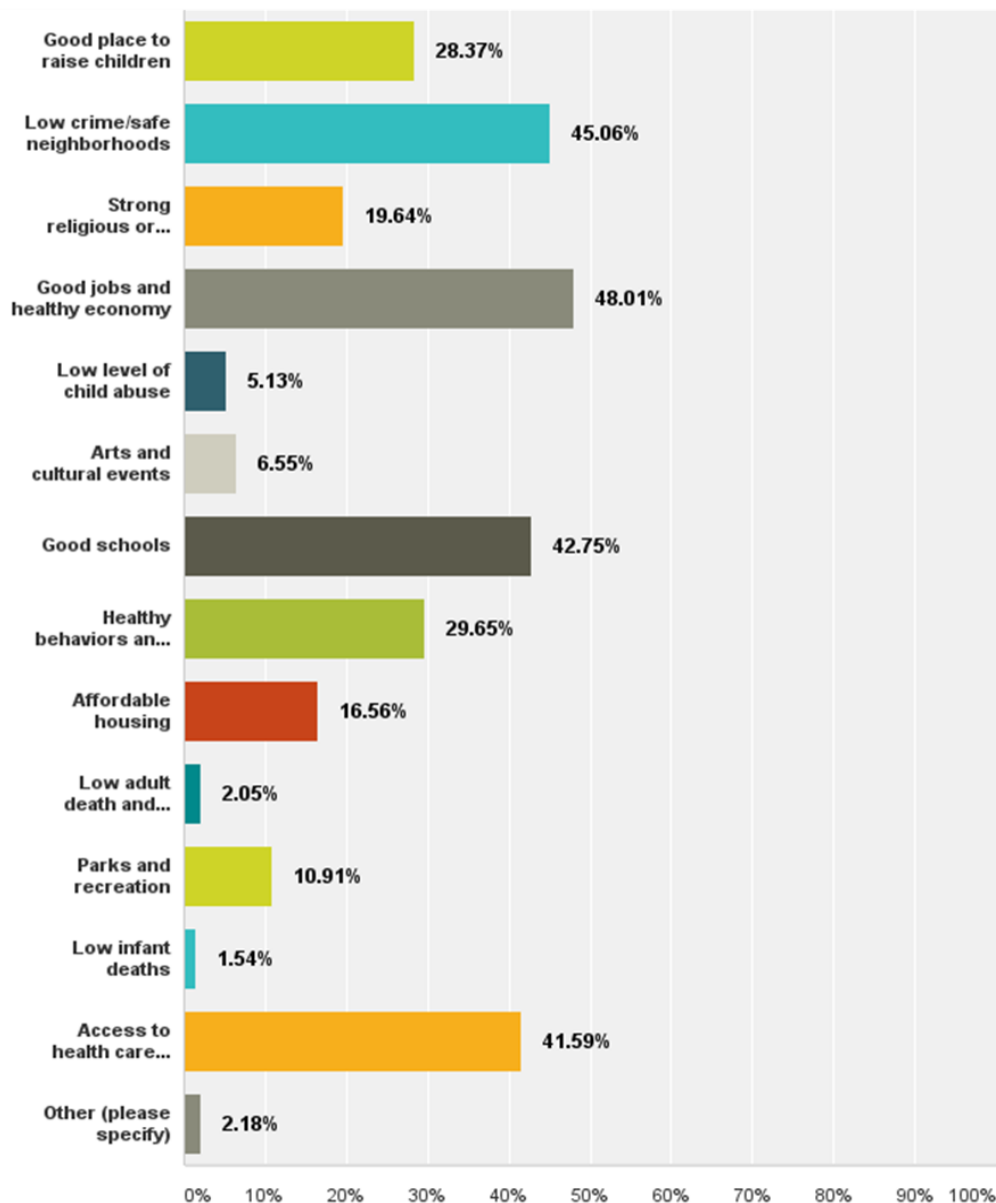
Community Health Survey Demographic Summary					
Gender	Female (78%)			Male (21%)	
Race	Caucasian (95%)			Other (5%)	
Ethnicity	Non-Hispanic/Latino (96%)			Hispanic/Latino (4%)	
Age	18-25 (5.3%)	26-39 (30.7%)	40-54 (34.3%)	55-64 (19.7%)	65+ (10.0%)
Education	High School (14.6%)			College (78.3%)	
Income	<\$20,000 (5%)	\$20-30,000 (9%)		\$30-50,000 (21%)	>\$50,000 (64%)
Residence Duration	< 1 Year (2.8%)	1 – 5 Years (11.3%)		6 + Years (77.3%)	Non-resident (8.5%)

When asked to select three factors from a list of 13, which were deemed to be most vital to the health of a community, survey respondents identified “good jobs/healthy economy” most frequently (48.0%) and “low crime/safe neighborhoods” as the second-most vital (45.0%). “Good schools,” was selected third (42.8%) and the fourth most selected health factor was “access to healthcare,” (41.7%). Those who selected “other” factors were prompted to write-in additional

COMMUNITY HEALTH NEEDS ASSESSMENT

health factors. These responses included childcare and education, transportation, and a stronger economy.

Q1: In the following list, what do you think are the three most important factors for a “Healthy Community?” (Those factors which most improve the quality of life in a community.) Check only three:



Question three on the survey related to the “risky behaviors” in Harvey County. By far, the most commonly identified “risky behaviors” among survey respondents (when asked to select three from a list of 15) was drug abuse (71.2%). Alcohol abuse (37.2%) was identified second

COMMUNITY HEALTH NEEDS ASSESSMENT

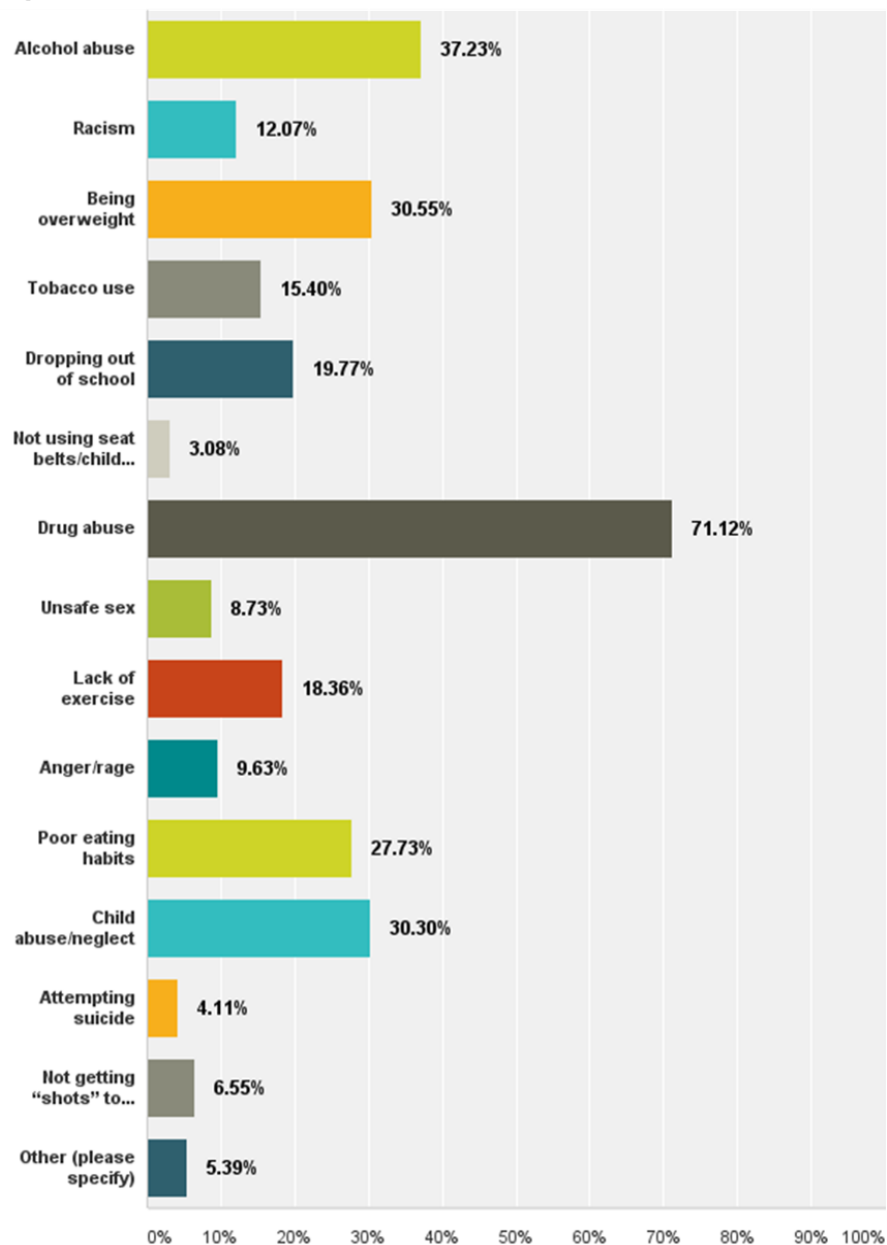
most commonly as a “risky behavior.” Being overweight (30.6%) and child abuse/neglect (30.3%), were the third and fourth most commonly identified “risky behaviors.” Among the 5.4% of respondents who provided additional “risky behaviors”, substance abuse, mental health, and social pressures experienced by youth were among those most commonly mentioned.

Respondents identified the top 3 most “Risky Behaviors” in Harvey County as:

1. Drug Abuse (71.2%)
2. Alcohol Abuse (37.2%)
3. *Tie* (a) Being Overweight (30.6%) and (b) Child abuse/neglect (30.3%)

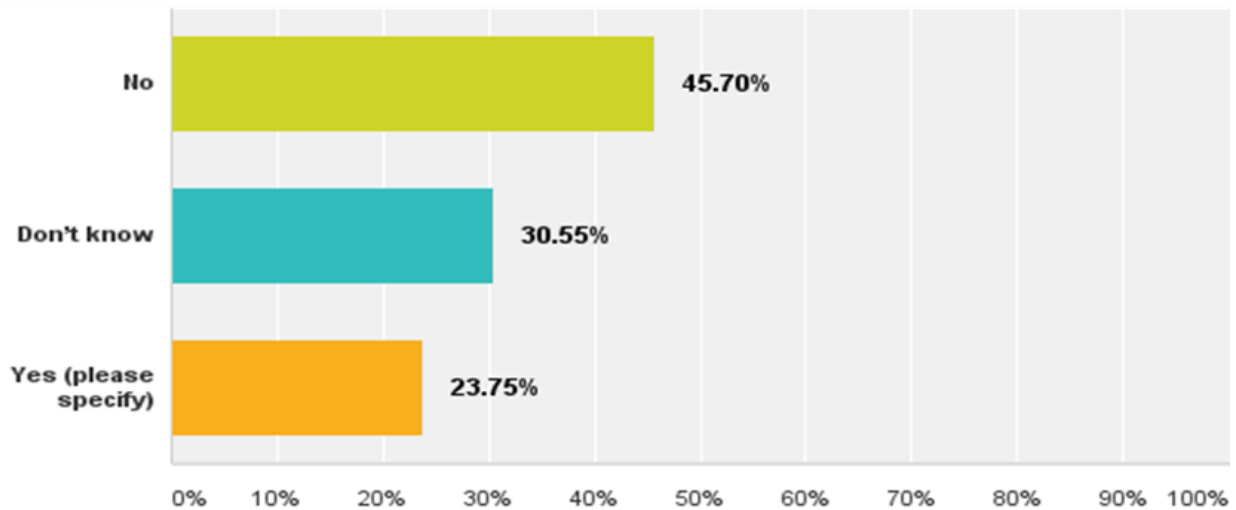
COMMUNITY HEALTH NEEDS ASSESSMENT

Q3: In the following list, what do you think are the three most important “risky behaviors” in Harvey County? (Those behaviors which you believe have the greatest impact on overall community health.) Check only three:



COMMUNITY HEALTH NEEDS ASSESSMENT

Q4: Do you have any general concerns about health or health care in Harvey County?



When survey respondents were asked whether they had any general concerns regarding health in Harvey County, 45.7% responded no; 30.6% reported not knowing any health concerns, implying they either did not understand the question or didn't have concerns; and 23.8% of respondents replied having concerns.

Those who responded yes to this question were given the option of entering free text responses to elaborate on their concerns. Using the data analysis software provided by *Survey Monkey*, a text analysis was performed to measure the frequency of appearance of key words or phrases among the free text responses. From these analyses, the three most commonly identified concerns included:

- Drug(s), appearing 39 times
- Affordability, appearing 24 times
- Mental health, appearing 18 times

Harvey County Health Priorities

The data was presented by the Harvey County CHNA Core Team to the community stakeholders to assist them in identifying the greatest community health needs (Appendix F). The data from health surveys and focus groups provided direct community perceptions (primary data) which would later guide the community stakeholders as they examined the county's secondary data. After deliberation and input from multiple stakeholder meetings representing the broad community, the following health needs were identified and posted publicly in order to gather additional community feedback regarding the selection.

Harvey County Health Needs Assessment Priorities for 2018 – 2020

- 1. Prevent & Manage Chronic Disease**
- 2. Improve Well-Being/Mental Health/Behavioral Health**
- 3. Develop Viable Transportation Options for Health Needs**

The data collected in this report, along with the health priorities identified by the core team were used for selecting SMART (Specific, Measurable, Achievable, Relevant, and Time-bound) goals that were included as part of Harvey County's Community Health Improvement Plan (CHIP) (Appendix H). To address these community health priorities, the stakeholders identified lead agencies to guide the planning and implementation of evidence-based activities designed to produce successful outcomes within the following three years.

COMMUNITY HEALTH NEEDS ASSESSMENT

References

Secondary Data Analysis Resource Table

Harvey County Secondary Data Analysis 2017: Table of Indicators		
Health Outcome	Reference	Notes
Demographics		
Population	https://www.census.gov/quickfacts/table/PST045216/20079	
Age	https://www.census.gov/quickfacts/table/PST045216/20079	
Sex	https://www.census.gov/quickfacts/table/PST045216/20079	
Race/Ethnicity	https://www.census.gov/quickfacts/table/PST045216/20079	
Income	https://www.census.gov/quickfacts/table/PST045216/20079	
Health Insurance Coverage	https://www.census.gov/quickfacts/table/PST045216/20079	
Poverty Level	https://www.census.gov/quickfacts/table/PST045216/20079	
Socioeconomic Factors		
Rurality	https://www.communitycommons.org/	Data Source: https://www.census.gov/quickfacts/table/pst045216/20079
Free/Reduced Lunch	http://www.kansashealthmatters.org/index.php	Data Source: https://nces.ed.gov/ccd/elsi/default.aspx
Food Insecurity	http://www.kansashealthmatters.org/index.php	Data Source: https://www.ers.usda.gov/data-products/food-environment-atlas/data-access-and-documentation-downloads.aspx

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Health Outcome Metrics

Health care Access

Primary Care Provider Rates	http://www.kansashealthmatters.org/index.php	Data Source: http://www.kdheks.gov/
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Chronic Disease

Obesity	http://www.kansashealthmatters.org/index.php	Data Source: http://www.kdheks.gov/brfss/Survey2015/SummaryIndex2015.htm
Overweight	http://www.kansashealthmatters.org/index.php	Data Source: http://www.kdheks.gov/brfss/Survey2015/SummaryIndex2015.htm
High Blood Pressure	https://www.communitycommons.org/	Data Source: http://www.kdheks.gov/brfss/Survey2015/SummaryIndex2015.htm
Cholesterol	https://www.communitycommons.org/	Data Source: http://www.kdheks.gov/brfss/Survey2015/SummaryIndex2015.htm
Diabetes	https://www.communitycommons.org/	Data Source: https://www.cdc.gov/nccdphp/DNPAO/
Depression in Medicare Beneficiaries	http://www.kansashealthmatters.org/index.php http://www.communitycommons.org/	https://www.cms.gov/
Youth Mental Health	http://kac.org/data-and-research/kidscount/county-fact-sheets/	

Maternal Child

Number of Infants Born	http://www.kansashealthmatters.org/index.php	Data Source: http://www.kdheks.gov/
Infant Mortality	http://www.kansashealthmatters.org/index.php	Data Source: http://www.kdheks.gov/
Low Birth Weight	http://www.kansashealthmatters.org/index.php	Data Source: http://www.kdheks.gov/
Births to Mothers without High School	http://www.kansashealthmatters.org/index.php	Data Source: http://www.kdheks.gov/
Percent of Mothers who smoked during pregnancy	http://www.kansashealthmatters.org/index.php	Data Source: http://www.kdheks.gov/

COMMUNITY HEALTH NEEDS ASSESSMENT

Health Behaviors		
Tobacco Use/Smoking	http://www.kansashealthmatters.org/index.php	Data Source: http://www.kdheks.gov/brfss/Survey2015/SummaryIndex2015.htm
Physical Activity	http://www.kansashealthmatters.org/index.php	Data Source: http://www.kdheks.gov/brfss/Survey2015/SummaryIndex2015.htm
Drug Poisoning	http://www.kansashealthmatters.org/index.php	Data Source: http://www.kdheks.gov/brfss/Survey2015/SummaryIndex2015.htm
Alcohol Use	http://www.kansashealthmatters.org/index.php	Data Source: http://www.kdheks.gov/brfss/Survey2015/SummaryIndex2015.htm

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U.S. Department of Health & Human Resources and the U.S. Department of Agriculture (USDA). *Dietary Guidelines for Americans 2015-2020*. Retrieved from: <https://health.gov/dietaryguidelines/2015/>

COMMUNITY HEALTH NEEDS ASSESSMENT

Appendix A: City of Burrton Focus Group Data

January 26, 2017

Facilitator: Susan Lamb

Recorder: Shelley Klassen

Attendance: 17

Question 1.) When you think about Harvey County, what do you think is the most important factor for a Healthy Community? (Factors that would most improve the quality of life)

Responses:

- Control illegal drugs
- Community engagement
- Water system
- Good hospitals/doctors
 - They feel they have good options within driving distance
- Fire/EMS
 - All volunteer
- Need for business in town
- Quality of housing
 - Lack of availability
 - Need wider choices and better quality
- Doctor/PA come to town
- Maintain own school system
- Transportation would be helpful for some
 - Churches/friends/relatives
- Local grocery store
 - General store would be nice
- Safety
 - 50/50 feel safety an issue
- Services for mental disabilities
 - Are there services/funding available from State

Question 2.) When you think of Harvey County, what do you think is the most important risky behavior to address? (Behaviors that would have the greatest impact on overall health)

Responses:

- Mental health problems
- Improper maintenance of roads (drainage issues)
- Drugs/alcohol
- Parent skills
 - Erosion/breakdown of family
 - Parental rights (discipline)
 - Age of new moms getting younger

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- Traffic safety
 - Maintain speed limits
- Exercise options (without liability issues)
- Vandalism

Question 3.) What other health or health care concerns do you have?

Responses:

- Greater presence of Sheriff
 - Patrolling times predictable
- Create more community awareness of what services are available
- Burrton is in Harvey County (not Reno!)

Observations by facilitator:

- Burrton ages present: there were a few in their 30's, a few in 50's, and several over 65 from what I could tell.
- Felt like the people in Burrton have sort of given up, have kind of a low opinion of what they deserve because no one else sees them as valuable.
- Communication (perceived lack) of what services are available to them already was probably one thing I took away from both communities.

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Appendix B: City of Halstead Focus Group Data

January 25, 2017

Facilitator: Susan Lamb

Recorder: Shelley Klassen

Attendance: 10

Question 1.) When you think about Harvey County, what do you think is the most important factor for a Healthy Community? (Factors that would most improve quality of life)

Responses:

- Good access to healthcare
 - Transportation can be a problem
 - Bring services to the people (i.e. preventive) in order to prevent getting to a crisis situation
- Lunches for the elderly
 - Meals on Wheels available but does everyone know about it
 - Work on getting information to the people
 - “Senior News” in newspaper
- Pharmaceuticals in town
 - Currently have to go out of town to pick up prescriptions
- Social worker
 - Is there a county Social Worker system available?
 - Health Ministries has services but are people aware
 - Clarify opportunities that are already available through Health Ministries
- Lack of jobs to match skills
- Spiritual health available
 - Churches do a good job working together
- Activities
 - Lack of activities for young adults (post high school)
 - Lack of place for social activities
 - Affordable
 - Need game room for kids
- Good parent skills
 - Be accountable (attendance an issue)
 - Prairie View come here more frequently

COMMUNITY HEALTH NEEDS ASSESSMENT

Question 2.) When you think of Harvey County, what do you think is the most important risky behavior to address? (Behaviors that would have the greatest impact on overall health)

Responses:

- Drunk driving
 - Educating kids and adults on drunk driving
- It's hard to get police officers to stay within the community. They are champions for the city.
 - They have good relationships with the schools
- Substance abuse
 - Meeting the needs of people struggling with substance abuse
 - Have a predictable schedule of mental health/drug counseling
- How to help people make good choices
 - Get the word out
- Healthy food options available
- Safety feels good due to law enforcement awareness of situations
- Communication with Newton (county seat)
 - Know what is available
- Public Transportation
 - Needs to be affordable

Question 3.) When you think about health or healthcare in Harvey County, what concerns do you have?

Responses:

- ADA compliance
 - Sidewalks can be a safety issue
 - Updated wheel chair accessibility
- Electric door openers
- Water quality
 - They feel like they have good quality water
- Elderly
 - Communicate services available for them
 - Church bulletins and newsletters
 - Utilize retired RNs (check on elderly)

Observations from facilitator:

- Halstead-ages 45-65 present. Many from churches and several from school district.
- I think the people in Halstead felt they have good services available like Health Ministries, but they would like to see those expanded and also have people be more aware.

COMMUNITY HEALTH NEEDS ASSESSMENT

Appendix C: Circle of Hope Focus Group Data

January 3, 2017

Facilitator: Penny Dorado and Susan Lamb

Recorder: Naomi Epp

Attendance: 18

Question 1.) When you think about Harvey County, what do you think is the most important factor for a healthy community? (Factors that would most improve the quality of life)

Responses:

- **Community**
 - Get to know each other
 - Peer support
 - Coming together and helping each other in times of need
 - Awareness of the issues our community faces
- **Focus on children and youth**
 - Pediatric dental care in county
 - Teaching social graces, teaching kids to properly socialize
 - Youth opportunities
 - Early education, early Head-Start ages 0-3
 - Child support enforcement - can trigger cliff effect, so they are unable to maintain their success and in a sense "fall of the cliff" and end up right back where they started. (*Cliff effect*: people who are receiving public assistance begin to become successful, but with this success comes the loss of their benefits--no longer qualify)
 - Adequate, affordable, high quality childcare
 - Affordable - money, time, transportation - opportunities for kids and mind expansion i.e. art, music
- **Transportation**
 - Transportation to doctor/dentist/mental health provider - reliable, affordable transportation
 - Public transportation is limited, "maintaining cars is costly"
- **Access to healthcare (aside from transportation)**
 - Can't get to the doctor because they can't afford it
 - Medicaid expands = more people could have care
 - Mental health and dentist financial and insurance access
 - Affording medication
- **Stability**
 - 'Cliff-Effect' - need better ways to help people so this won't be the result
 - Adequate living wage
 - Part-time jobs without benefits
 - Link between quality of life and chronic illness - along-side the question of "luxury" things i.e. music, art, movies, etc.

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Question 2.) When you think about Harvey County, what do you think is the most important risky behavior to address? (Behaviors that would have the greatest impact on overall health)

Responses:

- **Community/perspective**
 - Lack of community, neighborhood involvement
 - Not sharing with each other - various resources
 - Failure to focus on the positive, too much time spent focusing on the negative - media, news, stories
- **Law Enforcement**
 - “Closed mouth” police community - not accessible - poor response
 - Law enforcement size is too small
- **Environmental/outside issues** (not technically behaviors)
 - Neighborhood/street lighting
 - Child safety - physical (i.e. bad community, bad people)
 - Nothing to do after school for kids, weekends, too much unsupervised free time for youth
- **Other Risky behaviors**
 - Theft
 - Domestic violence
 - Substance abuse
 - Unhealthy eating - within a budget
 - Guns in community
 - Substance abuse - tying into domestic abuse, gun violence, etc.
 - Trafficking - sex trade, slavery in community
- **Stigma** attached to risky behaviors makes it hard to reach out/help

Question 3.) When you think about health or health care in Harvey County, what concerns do you have? When you think about the future of health or health care in Harvey County, what concerns you the most?

Responses:

- Financial access
- Dental funding
- Even with insurance, there is still a bill
- Healthy affordable foods
- Mental health funding
- Substance abuse treatment funding
- Free art experiences to enjoy - would contribute to the overall health of the community
- Community/awareness
 - Choose to get involved and support
 - Be aware

COMMUNITY HEALTH NEEDS ASSESSMENT

- Encourage others
- Awareness regarding activities in community
- More watching out for each other
- **Miscellaneous**
 - Work demand in agriculture (agriculture comment was regarding the fact that our farmers are aging and there is a fear that the younger generation will not be continuing in the career of agriculture. Fear that because of this our area farms will be abandoned and we will no longer have as much access to the grains and fresh foods.)

COMMUNITY HEALTH NEEDS ASSESSMENT

Appendix D: National Alliance for Mental Illness, Newton Branch Focus Group Data

January 19, 2017

Facilitator: Penny Dorado

Recorder: Naomi Epp

Attendance: 12

Question 1.) When you think about Harvey County, what do you think is the most important factor for a healthy community? (Factors that would most improve the quality of life)

- **Healthcare, mental illness, physical illness, support**
 - Good Hospital - both mental health and physical health
 - Affordable care for all, regardless of ability to pay
 - Trust between health stake-holders - so people don't get left out of the loop - i.e. school, police
 - Integrated services - agencies tend to hand people off and the people don't know where to go
 - Local mental health crisis center
 - All entities working together and on the same page
 - Crisis team with training to de-escalate situations
 - Dealing with the root problems with abuse - holding abusers accountable - treatment for both abuser and abused
 - Better referral systems - help to navigate systems - for people recovering from illnesses/mental illnesses and coming back into the community
 - Formal and informal support groups
 - Is government assistance enough? Enough for those with physical disabilities? Is it enough for the overall welfare of the individual when considering food, living conditions, family, etc. Are people getting the minimal level of assistance for achieving more than "just-getting-by?"
- **Activities, art, community, diversity**
 - City with equal opportunity for all - people with mental health problems, physical illness or disability, chronic illness, substance abuse
 - Community which accepts diversity
 - Farmer market - locally grown food is important
 - MidKansas Symphony - arts - for whole community and all ages
 - Bethel College and Hesston College allow the county access to activities - life enrichment and opportunities for things like reading groups, music, art.
 - Awareness of activities
 - Community that grants dignity, respect, quality of life for all people
 - Community centers with activities of all kinds
- **Transportation, housing, neighborhoods, jobs, schools**
 - Sidewalks in housing developments
 - Public spaces for physical activity i.e. parks with workout equipment, bike paths

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- Good homeless shelter
- Harvey County needs deeply affordable housing for all ages and everyone
- Affordable, dependable 24 hour transportation
- Reduction of property - finances, jobs - jobs that people can get to (transportation)
- Employers that give benefits and childcare
- Schools should have freshly cooked meals/foods, more opportunity for physical activity, inside and outside

Question 2.) When you think about Harvey County, what do you think is the most important risky behavior to address? (Behaviors that would have the greatest impact on overall health)

- **Links between hazardous issues**
- **Addiction, substance abuse**
 - Meth addiction
 - Underage usage of drugs, alcohol
 - Alcohol use and abuse
 - Substance abuse
 - Addictions sprouting from prescription meds
- **Chronic illness, diet**
 - Obesity
 - Diabetes
 - Hypertension
 - Poor nutrition
 - Over-eating
- **Youth, schools, punishment**
 - Counter-intuitive punishment (in schools, household, local government)
 - Lack of alternative school
 - School suspensions and expulsions - put children in risky situations - need another option, supervised suspension
- **Medications**
 - Medication access - cannot afford; relapse issues
 - Medication disposal not accessible
- **Other issues**
 - Addressing domestic violence
 - Underage pregnancy - unwanted pregnancy
 - Lighting on streets in town
 - High suicide rate
 - Gun safety - secure gun storage - training licensing - open carry is concerning - need background checks; who does and does not have guns

Question 3.) When you think about health or health care in Harvey County, what concerns do you have? When you think about the future of health or health care in Harvey County, what concerns you the most?

- **Lack of support, insurance, advocacy**

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- Lack of Medicaid, lack of expansion, the gap for qualification
- No income = no insurance; unless mother or child
- Crisis Unit and follow up care - crisis and stabilization for mental health
- No longer have case-management and advocacy for people, elders especially
- There is a lack of advocacy for people in crisis
- Constraints in government programs
- Backlog on payments for government programs
- Follow up for physical health issues
- Interdisciplinary collaboration, meeting and communication for people helping those in need
- Constraints due to privacy services - makes it harder to help and work from agency to agency
- Law reform to allow family to be involved with care (due to privacy issues)
- **Early intervention and preventative care**
 - Preventative care - this sometimes does not happen because of lack of education/knowing one needs to do so, and ability and access - dental care - doctor check ups
 - No ability to access and get early intervention
 - Ignoring antecedents
- **Crisis intervention team**
 - Crisis intervention teams - contain social workers, therapists alongside law enforcement - would allow for follow-up (Sedgwick County, Hutchinson have this)
 - Lack of funds for law enforcement to provide this kind of training- grants?
 - Lack of good data regarding effective programs and services for this type of crisis team
 - What is the outcome of these preventative services/crisis team work? Monetary savings?
- **Other needs**
 - Medication disposal
 - Transitional living, especially for mentally ill
 - Resources for parenting
 - Waiting lists for housing
 - Language access for healthcare
 - Lack of mental health psychiatrists and clinicians
 - Local resource directory needs to be up-to-date and accessible

Observations from Facilitator:

- One topic that kept coming up was that Newton needs a **multidisciplinary crisis team** to almost act as a triage for people who have mental illness. For example, if someone is arrested, there need to be professionals who can determine whether or not the law broken was due to the mental illness of the individual. If so, rather than placing the person in detention, he/she should be referred to mental health services. Wichita and Hutch, maybe Salina? have teams that do this.
- The gap in insurance for people who don't qualify also came up several times. e.g. one couple talked of their son who, while he was unemployed, would not qualify for state insurance. He had to be making a minimum amount of money to qualify.

COMMUNITY HEALTH NEEDS ASSESSMENT

Appendix E: Casa Betania Church Focus Group Data (Hispanic Church in Newton)

January 18, 2017

Facilitator: Margaret Goering

Recorder: Carola Ratzlaff

Attendance: 10

Question 1.) When you think about Harvey County, what do you think is the most important factor for a Healthy Community? (Factors that would most improve the quality of life)

- Access to healthcare (x2)
 - Health Ministries is being used
 - But special services provided by the Medical Center, i.e. x-rays, lab tests, are very expensive
- Strong religious or spiritual values (x2)
- Good jobs and healthy economy
- Good place to raise children
- Arts and cultural events
- Healthy behaviors and lifestyles
- Affordable housing
 - Public transportation, i.e. from North 24th Street to Wal-Mart
 - Many people in Newton (40%?) have no driver's license, for a variety of reasons, like DUI, undocumented immigrants, other reasons
 - They would be willing to pay for public transportation
- More activities for young people (specifically 13-16 year olds), other than school-related, like soccer, karate, music

How would you rate Harvey County as a "Healthy Community"?

- General consensus was "somewhat healthy"

Question 2.) When you think about Harvey County, what do you think is the most important risky behavior to address? (Behaviors that would have the greatest impact on overall health)

- Drug abuse
- Alcohol abuse
- Racism (specifically at work place)
- Mental health problems
- Child abuse/neglect (comments were made about "suspected" child abuse, "observed" child neglect)

COMMUNITY HEALTH NEEDS ASSESSMENT

Question 3.) When you think about health or health care in Harvey County, what concerns do you have? When you think about the future of health or health care in Harvey County, what concerns you the most?

- **Racism** was mentioned again (with much emphasis), and bullying, specifically from supervisors at work; in some instances Hispanics are expected to do the work of two or three non-Hispanics.

Observations from Facilitator:

- One person commented that he was glad that Health Ministries, the Health Department, and Prairie View were all in the same location. He thought that helped everyone.
- The group voiced appreciation for services which are available, i.e. healthcare at Health Ministries Clinic (HMC), including transportation provided by HMC to and from appointments.
- They also mentioned availability of activities for young people, but felt that sign-up time was often too short; deadlines and opportunities are often missed.
- It was by no means a “poor me”/complaining session. The group appreciated being asked and seemed to honestly answer the questions.
- Transportation was an important issue.

COMMUNITY HEALTH NEEDS ASSESSMENT

Appendix F: Community Stakeholders

This is a list of individuals who participated as stakeholders in the process of Community Health Needs Assessment and/or Community Health Improvement Plan

- | | |
|---|--|
| -Acupuncture Newton Inc.
-Constance Gehrung | -Health Ministries Clinic
-Nancy Martin
-Matthew Schmidt, Executive Dir. |
| -Berkshire Realtors
-Amanda Buffalo | -Healthy Harvey Coalition
-Lorrie Kessler |
| -Bethel College
-Azucena Gonzalez
-Geri Tyrell, RN, Dir of Nursing Studies | -Hesston Community Foundation
-Susan Lamb |
| -CASA: A Voice for Children
-Bill Reynolds | -K-State Research and Extension
-Hannah Anderson
-Anne Pitts |
| -Central Kansas Community Foundation
-Angie Tatro, Executive Dir. | -Kansas Department of Health & Environment
-Lisa Frey Blume |
| -Community Chaplain Response Team
-Jason Reynolds, Director | -Kansas Learning Center for Health
-Carrie Herman |
| -Community Members
-Al Penner
-Dorothy Wedel | -Mirror, Inc.
-Des Martens |
| -City of Newton
-Denise Duerkson
-Barth Hague, Mayor | -National Alliance for Mental Illness
-Barbra Gibson |
| -First Bank of Newton
-Kim Richtig | -Newton Chamber of Commerce
-Pam Stevens |
| -Harvey County government
-Robert Carlton- Dept on Aging
-Gary Denny – Emergency Mgmt
-Tobias Harkins, RN – Health Dept
-Lynnette Redington - Health Dept | -Newton Fire/EMS
-Cory Lehman
-Steve Roberson |
| -Harvey County Independent (County weekly newspaper)
-Pilar Martin | -Newton Housing Authority
-Barbara Martin |
| -Harvey County Special Education Cooperative
-Penny Dorado | -The Newton Kansan (Newton city newspaper)
-Kelly Breckunitch
-Chad Frey |

COMMUNITY HEALTH NEEDS ASSESSMENT

- Newton Medical Center
 - Dami Ajaiyeoba
 - Val Gleason, CEO
 - Malea Hartvickson
 - Karen Lehman
 - Heather Porter
 - Todd Tangeman
- Newton Public Library
 - Marianne Eichelberger, Director
 - Jannell Johannes
- Newton Recreation Commission
 - Willis Heck
- Newton YMCA
 - Lianna Fry
 - Tera Thomas, Director
- Ninth Judicial District Community Corrections
 - Janet Cagle
- Offender Victim Ministries, Inc.
 - Thea Nietfeld
- Peace Connections 501(c)(3)
 - Patti Carter
 - Jennifer Rose
 - Laura Lee Quillin
- Prairie View, Inc.
 - Jessie Kaye, CEO
 - Misty Serene
- ReNewton Bicycle Initiative
 - David Goering
- Safehope 501 (c)(3)
 - Heather Boswell
- Unified School District 373
 - Barbara Bunting
 - Deborah Hamm, Superintendent
 - Karen Lehman, RN
- University of Kansas
 - Wesley Goodrich, MPH Candidate

COMMUNITY HEALTH NEEDS ASSESSMENT

Appendix G: Community Health Needs Assessment Survey

Community Health Needs Assessment for Harvey County

This survey is being conducted by the Harvey County Health Department. The results of this survey will be used to identify health issues across the county.

Please return this survey to the person who gave it to you or in the response box located where you picked up a survey. Please complete this survey only once.

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

If you have questions regarding this survey or its intended use, please contact xxxxx at xxxx or xxxxx. Thank you for your help.

COMMUNITY HEALTH

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

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

2. As related to the question above, how would you rate Harvey County as a “Healthy Community?” Check one.

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

COMMUNITY HEALTH NEEDS ASSESSMENT

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

Check only three:

☐ Alcohol abuse

☐ Racism

☐ Being overweight

☐ Tobacco use

☐ Dropping out of school

☐ Not using seat belts/child safety seats

☐ Drug abuse

☐ Unsafe sex

☐ Lack of exercise

☐ Anger/rage

☐ Poor eating habits

☐ Child abuse/neglect

☐ Attempting suicide

☐ Other: _____

☐ Not getting “shots” to prevent disease

☐ Other: _____

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

☐ No ☐ Yes, if yes, please comment. ☐ Don’t know

COMMENT:

PERSONAL HEALTH

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

Health Behavior	Yes	No	N/A
a. Visited a dentist or dental clinic for any reason.			
b. Had your teeth cleaned by a dentist or dental hygienist.			
c. Had a flu shot.			
d. Had a colorectal cancer screening.			
e. Had your blood pressure checked.			
f. Had your cholesterol checked.			
g. Was checked for skin cancer.			
h. Had a blood sugar test / diabetes screening.			

COMMUNITY HEALTH NEEDS ASSESSMENT

i. Had a routine checkup by a doctor, nurse practitioner, or PA.			
j. Had an eye exam to test vision and eye health			

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

- ☐ No appointment available ☐ No specialist in my community for my condition
☐ Cannot afford it ☐ No childcare
☐ Cannot take time off work ☐ Other: _____
☐ No transportation ☐ N/A - able to visit a doctor when needed

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

☐ No ☐ Yes ☐ Don't know ☐ N/A

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

- ☐ No appointment available ☐ No specialist in my community for my condition
☐ Cannot afford it ☐ No childcare
☐ Cannot take time off work ☐ Other: _____
☐ No transportation ☐ N/A - able to visit a doctor when needed

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

- ☐ No appointment available ☐ No specialist in my community for my condition
☐ Cannot afford it ☐ No childcare
☐ Cannot take time off work ☐ Other: _____
☐ No transportation ☐ N/A - able to visit a doctor when needed

COMMUNITY HEALTH NEEDS ASSESSMENT

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

☐ Newton ☐ Hillsboro ☐ Peabody
☐ Wichita / Wichita Area ☐ Hutchinson ☐ Valley Center
☐ Halstead ☐ McPherson ☐ Other: _____
☐ Hesston ☐ Moundridge

11. Which best describes your smoking status?

☐ Never smoked ☐ Don't smoke now but I used to
☐ Smoke daily ☐ Tried it a few times but never smoked regularly
☐ Smoke occasionally ☐ Don't know

12. Which best describes your electronic nicotine delivery system/E-Cigarette status?

☐ Never smoked ☐ Don't smoke now but I used to
☐ Smoke daily ☐ Tried it a few times but never smoked regularly
☐ Smoke occasionally ☐ Don't know

13. Do you use pipes, cigars, chewing tobacco/snuff, hookah or other tobacco products?

☐ Never ☐ Daily ☐ Weekly ☐ Socially

14. Are you exposed to secondhand smoke at any of the following locations?

☐ Home ☐ Work ☐ None ☐ Other _____

15. How confident are you in the ability of the paramedics and firefighters in your community to deliver medical treatment?

☐ Confident ☐ Somewhat confident ☐ Somewhat NOT confident ☐ NOTt confident
☐ Don't know

16. If you or someone in your family had to go to the hospital within the last 5 years, was medical assistance given before arriving at the hospital? (i.e. ambulance, fire departments, police.)

☐ No: ☐ Yes ☐ Don't know

COMMUNITY HEALTH NEEDS ASSESSMENT

17. If yes, were you satisfied with your care?

☐ Satisfied ☐ Somewhat satisfied ☐ Somewhat dissatisfied ☐ Dissatisfied

☐ N/A – answer “no” or “don’t know” for # 16

18. Do you have a good understanding of when you should call an ambulance?

☐ No ☐ Yes

19. Do you have a good understanding when you should schedule an appointment with your primary care physician?

☐ No ☐ Yes

20. How would you describe your satisfaction with the Harvey County Health Department services?

☐ Satisfied ☐ Somewhat satisfied ☐ Somewhat dissatisfied ☐ Dissatisfied

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

21. How would you describe your satisfaction with the services of Prairie View, Inc.?

☐ Satisfied ☐ Somewhat satisfied ☐ Somewhat dissatisfied ☐ Dissatisfied

☐ N/A - have not used the services of Prairie View, Inc.

22. How would you describe your satisfaction with the services of the Health Ministries Clinic?

☐ Satisfied ☐ Somewhat satisfied ☐ Somewhat dissatisfied ☐ Dissatisfied

☐ N/A - have not used the services of the Health Ministries Clinic.

23. When you have a question relating to health matters, where do you get most of your information?
Check only one.

☐ Internet/websites ☐ Community clinic ☐ Don't need information

☐ Health department ☐ Friends or family ☐ Other: _____

☐ Doctor's office ☐ Library/librarian

COMMUNITY HEALTH NEEDS ASSESSMENT

24. Are there health care services that are not available in Harvey County?

☐ No ☐ Yes, if yes, please comment.

COMMENT:

QUALITY OF LIFE

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

☐ No ☐ Yes ☐ Don't know

26. What is your greatest barrier(s) to get fresh food? (Not fast food or convenience food.) Check all that apply.

☐ Cost ☐ Transportation ☐ Limited shopping outlets/stores

☐ Limited choice of food in stores ☐ Other _____ ☐ NA

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

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

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

COMMENT:

28. Do you think you have enough support from friends and family?

☐ No ☐ Yes

DEMOGRAPHICS

29. Zip code where you live: _____

30. Age:

☐ 25 or less ☐ 26 – 39 ☐ 40 – 54 ☐ 55 – 64 ☐ 65 or over

31. Sex:

☐ Male ☐ Female ☐ Other

COMMUNITY HEALTH NEEDS ASSESSMENT

32. Race you most identify with:

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

33. Ethnicity you most identify with:

☐ Hispanic/Latino ☐ Non Hispanic/Latino

34. Education:

☐ Less than high school ☐ College degree or higher
☐ High school diploma or GED ☐ Other: _____

35. Household income:

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

36. How long have you lived in Harvey County?

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

Thank you for your help in the Community Health Needs Assessment process for Harvey County. If you have questions regarding this survey or its intended use, please contact xxxxx at xxxx or xxxxx.

COMMUNITY HEALTH NEEDS ASSESSMENT

Appendix H: Harvey County Health Priorities - Lead Agencies

Harvey County Community Health Improvement Plan (CHIP) July 2017 – June 2020						
PRIORITY	STRATEGIES	ACTIVITIES	OUTCOMES			IMPACT
			Short-term (6 months – 1 year)	Intermediate (1.5 - 2 years)	Long-term (2 - 3 years)	By June 30, 2020,...
Prevent & Manage Chronic Disease	Enhance Access/ Reduce Barriers	Gardening as option to better nutrition <u>Lead Agency:</u> Healthy Harvey Coalition	<ul style="list-style-type: none"> Investigate & choose models of micro gardens and community gardens Match models to location and purpose 	<ul style="list-style-type: none"> Implement program 	<ul style="list-style-type: none"> Evaluate programs and expand 	Increase the percentage of adults meeting the weekly physical activity recommendation from 17.1% to 19.1%;
		Expand Farmer's Market Options in county <u>Lead Agency:</u> Healthy Harvey Coalition	<ul style="list-style-type: none"> Talk to Harvey County Farmers Market Board Investigate interest in communities where none exist Identify key individual to track and be knowledgeable of SNAP at each market 	<ul style="list-style-type: none"> Meet at set times/ places to establish groups Implement SNAP & debit/credit options at markets 	<ul style="list-style-type: none"> Create 'experience' for shoppers at each market 	decrease the rate of smoking from 13.1% to 12.1%; decrease the percentage of adults reporting physical or mental health kept them from doing usual activities (self-care,

COMMUNITY HEALTH NEEDS ASSESSMENT

Prevent & Manage Chronic Disease	Provide Information/ Enhance Access/Reduce Barriers/ Policy change	Increase ease of walking and bicycling in county <u>Lead Agency:</u> Healthy Harvey Coalition and ReNewton Bike Initiative	<ul style="list-style-type: none"> • Determine steps organizations can take to be more receptive to customers w/ bicycles • Identify organizations who can easily become League of Amer. Bicyclist “Bike Friendly” • Develop a walk audit plan and a pedestrian count plan • Create timeline to test pieces of plan (i.e.: cross-walks) 	<ul style="list-style-type: none"> • Create & promote tool for orgs. to recognize bike customers’ needs • Identify champion at orgs for identified “Bike Friendly” status • Educate orgs that fit “Bike Friendly” guidelines • Develop map of needed crossing and sidewalk improvements, etc. 	<ul style="list-style-type: none"> • Advocate with orgs for bike crossings, parking/racks • Increase number of cities with Pedestrian/Bicycle Master Plans or Complete Streets Policy by 1 • Create marketing plan for cities with Plans • Establish at least 3 “Bike Friendly” organizations in county 	<p>work, recreation) in the past 30 days from 25.8% to 24.8%;</p> <p>increase the percentage of adults who get an annual flu vaccination from 46.9% to 48.9%;</p> <p>increase the percentage of adults consuming one or more fruit per day from 55.4% to 56.4%;</p> <p>increase the percentage of adults consuming one or more vegetable per day from 79.6% to 80.6%</p>
	Provide Information/ Enhance Skills	Increase safety of people walking and riding bicycles <u>Lead Agency:</u> Healthy Harvey Coalition and ReNewton Bike Initiative	<ul style="list-style-type: none"> • Identify and build cohort of trainers for bike safety classes • Consistent walk safety curriculum in schools • Curriculum for Driver’s education classes for driving an automobile near bicyclist and pedestrians 	<ul style="list-style-type: none"> • Implement (yearly classes for safe bicycle riding • Seek funding to train additional trainers • Develop plan to evaluate walking outcomes 	<ul style="list-style-type: none"> • Create a schedule for providing bike safety classes • Hold Train the Trainer for bike classes • Create marketing plan for cities with Plans, including informational resources for safety and use 	<p>...as reported by the Kansas Behavioral Risk Factor Surveillance System</p>

COMMUNITY HEALTH NEEDS ASSESSMENT

Prevent & Manage Chronic Disease	Change Consequences/ Modify/Change Policy	Establish tobacco-free community housing & worksites <u>Lead Agency:</u> Health Department/ Healthy Harvey Tobacco Committee	<ul style="list-style-type: none"> • Deliver information to housing owners & employers 	<ul style="list-style-type: none"> • Investigate and develop reward/assistance for achieving tobacco free status 	<ul style="list-style-type: none"> • Increase tobacco free housing units by 2 • Increase tobacco free worksites units by 2 • Advocate retailers to post Tobacco Free signage 	
	Provide Information/Change Consequences	Standardize Fall Prevention outreach/education <u>Lead Agency:</u> Newton Fire/EMS & Newton Medical Center	<ul style="list-style-type: none"> • Engage community partners for education of need • Investigate how other communities are implementing, funding, staffing this type of program 	<ul style="list-style-type: none"> • Create referral system 	<ul style="list-style-type: none"> • Track reoccurring residents for Newton ambulance calls to show program results 	

COMMUNITY HEALTH NEEDS ASSESSMENT

Appendix H: Harvey County Health Priorities - Lead Agencies

Harvey County Community Health Improvement Plan (CHIP) July 2017 – June 2020						
PRIORITY	STRATEGIES	ACTIVITIES	OUTPUTS			IMPACT
			Short-term (6 mo. – 1 year)	Intermediate (1.5 - 2 years)	Long-term (2-3 years)	By June 30, 2020...
Improve Well-Being/ Mental Health/ Behavioral Health	Modify/Change Policies	Create a Crisis Intervention Team <u>Lead Agency:</u> Prairie View, Inc.	<ul style="list-style-type: none"> Assess local resources directed toward this effort Collect local data Research communities with successful crisis intervention Adapt model Research grants to establish a team 	<ul style="list-style-type: none"> Build on existing relationships Motivate groups to add crisis intervention education Train volunteers Facilitate collaboration among law enforcement, local government, other community partners 	<ul style="list-style-type: none"> Develop policy to shift resources 	increase the percentage of adults meeting the weekly physical activity recommendation from 17.1% to 19.1%; decrease the rate of smoking from 13.1% to 12.1%;

COMMUNITY HEALTH NEEDS ASSESSMENT

Improve Well-Being/ Mental Health/ Behavioral Health	Provide Information/ Provide Support/ Enhance Skills/ Modify/Change Policies	Develop campaign on general resiliency for all; <u>Lead Agency:</u> Prairie View, Inc.	<ul style="list-style-type: none"> • Identify where people gather in each community • Identify pockets of isolation in communities • Educate on key issues – drugs, suicide, depression, truancy, etc. • Identify systems for intergenerational intervention/support 	<ul style="list-style-type: none"> • Expand messaging on a signature event with health awareness focus • Establish involvement of youth, adults and older adults in community gardens focusing on inter-generational activity 	<ul style="list-style-type: none"> • Create policies that support resilience with employers and school districts • Develop a list of potential financial resources to support resilience campaign • Build a model framework that each community can build intergenerational relationships and support systems 	decrease the percentage of adults reporting physical or mental health kept them from doing usual activities (self-care, work, recreation) in the past 30 days from 25.8% to 24.8%; increase the percentage of adults who get an annual flu vaccination from 46.9% to 48.9%;
	Provide Information/ Support/ Modify/Change Policies	Establish drug-free youth coalition <u>Lead Agency:</u> Mirror, Inc.	<ul style="list-style-type: none"> • Identify & recruit champions in each community • Educate members & set goals through a retreat 	<ul style="list-style-type: none"> • Generate awareness of coalition to public, government, business, education and human service sectors • Report to each city council/county commission/chamb 	<ul style="list-style-type: none"> • Create policies for sustainability 	increase the percentage of adults consuming one or more fruit per day from 55.4% to 56.4%;

COMMUNITY HEALTH NEEDS ASSESSMENT

Improve Well-Being/ Mental Health/ Behavioral Health			<ul style="list-style-type: none"> • Complete DCCCA grant application • Hire staff 	er of commerce on progress <ul style="list-style-type: none"> • Research and apply for funding opportunities 		
	Enhance Access/Reduce Barriers	Integrate behavioral health and primary care <u>Lead Agency:</u> Health Ministries Clinic	<ul style="list-style-type: none"> • Research integrative models • Research funding opportunities • Survey medical community about knowledge of/readiness for integration 	<ul style="list-style-type: none"> • Involve medical community in implementing behavioral health monitoring • Conduct 4 focus groups with providers for evaluation of how tool implementation has been effective 	<ul style="list-style-type: none"> • Track impact of behavioral health integration • Make significant movement toward urging insurance coverage/ incentives for integrated models • Policy inclusion for Harvey County providers 	increase the percentage of adults consuming one or more vegetable per day from 79.6% to 80.6% ...as reported by the Kansas Behavioral Risk Factor Surveillance System.

COMMUNITY HEALTH NEEDS ASSESSMENT

Appendix H: Harvey County Health Priorities - Lead Agencies

Harvey County Community Health Improvement Plan (CHIP) July 2017 – June 2020						
PRIORITY	STRATEGIES	ACTIVITIES	OUTPUTS			IMPACT
			Short-term (6 months – 1 yr.)	Intermediate (1.5 - 2 years)	Long-term (2-3 years)	By June 30, 2020,...
Develop Viable Transportation Options for Health Needs	Enhance Access/Reduce Barriers	Create 24/7 affordable vehicle transportation in Harvey County <u>Lead Agency:</u> Harvey County Department on Aging	<ul style="list-style-type: none"> Determine true need for 24/7 transportation. Research what other communities are doing to solve this issue. Investigate all potential vehicle options for public transport in Harvey County to determine availability After investigation, prepare list of contacts to talk about transport options 	<ul style="list-style-type: none"> Investigate funding options for stability of transportation Investigate insurance and other liability issues of non-private entities' vehicles in use for public transport 	<ul style="list-style-type: none"> Create a call-in number for public to obtain vehicle transport Prepare marketing campaign 	increase the percentage of adults meeting the weekly physical activity recommendation from 17.1% to 19.1%; decrease the rate of smoking from 13.1% to 12.1%; decrease the percentage of adults reporting physical or mental health kept them from doing usual activities (self-care, work, recreation) in the past 30 days from 25.8% to 24.8%;

COMMUNITY HEALTH NEEDS ASSESSMENT

Develop Viable Transportation Options for Health Needs	Policy Change	Engage County Commission/ Administration in OT Cab Contract conversation <u>Lead Agency:</u> Harvey County Department on Aging	<ul style="list-style-type: none"> • Ensure all facts are confirmed • Prepare defense, if applicable for change 			<p>increase the percentage of adults who get an annual flu vaccination from 46.9% to 48.9%;</p> <p>increase the percentage of adults consuming one or more fruit per day from 55.4% to 56.4%;</p> <p>increase the percentage of adults consuming one or more vegetable per day from 79.6% to 80.6% ...as reported by the Kansas Behavioral Risk Factor Surveillance System.</p>
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