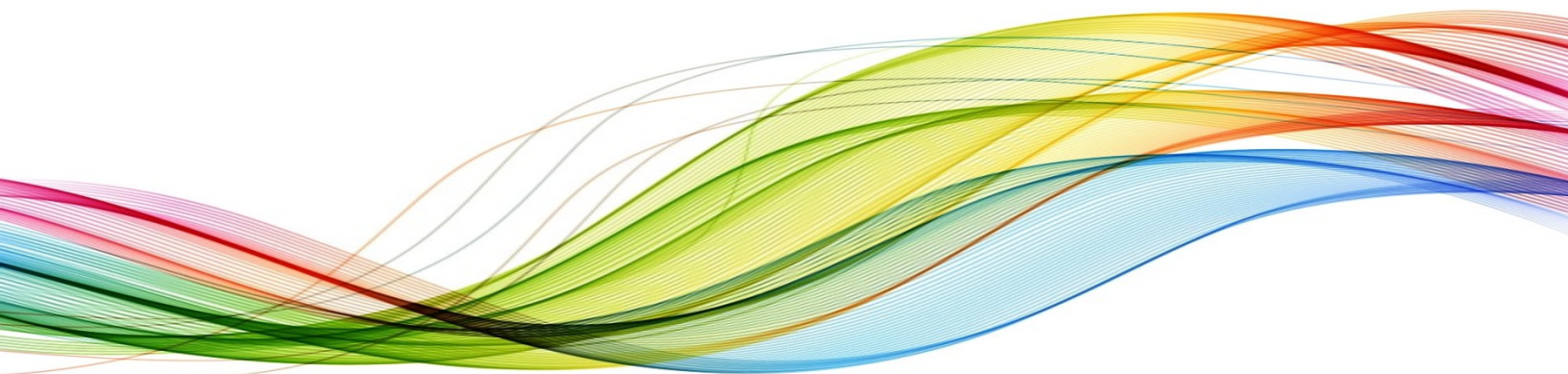




# **Community Health Needs Assessment Hospital District No 6 – Harper Co KS**

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**December 2018**

**VVV Consultants LLC  
Olathe, KS**

# **Community Health Needs Assessment**

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# I. Executive Summary

## Harper County, KS - 2018 Community Health Needs Assessment (CHNA) Wave #3

Creating healthy communities requires a high level of mutual understanding and collaboration among community leaders. The development of this assessment brings together community health leaders and providers, along with the local residents, to research and prioritize county health needs and document community health delivery success. This health assessment will serve as the foundation for community health improvement efforts for the next three years.

Harper County, KS previous CHNA was completed in 2015. (Note: The Patient Protection and Affordable Care Act (ACA) require not-for-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). Wave #3 Harper County KS CHNA assessment began August 2018 and was facilitated / created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandehaar, MBA.

**Important community CHNA Benefits** for both the local hospital and the health department, are as follows: 1) Increases knowledge of community health needs and resources 2) Creates common understanding of the priorities of the community's health needs 3) Enhances relationships and mutual understanding between and among stakeholders 4) Provides a basis upon which community stakeholders can make decisions about how they can contribute to improving the health of the community 5) Provides rationale for current and potential funders to support efforts to improve the health of the community 6) Creates opportunities for collaboration in delivery of services to the community and 7) Provides guidance to the hospital and local health department for how they can align their services and community benefit programs to best meet needs, and 8) fulfills Hospital "Mission" to deliver quality health care.

### a) County Health Area of Future Focus

#### Harper County CHNA Town Hall - "Community Health Improvements Needs"

Harper County KS - CHNA 2018 Wave #3				
Health Priorities Town Hall ( 54 Attendees, 216 Votes)				
on behalf of Hospital District No 6 and Harper Co Health Dept.				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum %
1	EMS Service Countywide	58	26.9%	26.9%
2	Mental Health Services (Diagnosis, Treatment, Aftercare)	38	17.6%	44.4%
3	Opioid / Drug Abuse ( Meth, Marijuana, Heroin & Xanax)	38	17.6%	62.0%
4	Resident's Health Apathy / Offer Engaging Health Education	25	11.6%	73.6%
5	Access to Local Specialists (ENT, ENDO, NEP, DERM, PUL, ORTHO & PED	15	6.9%	80.6%
	<b>Total Votes:</b>	<b>216</b>	<b>100%</b>	
Other Items receiving votes: Community Youth Retention, Drinking (teen focus), Poverty, HC Transportation, Housing, Food insecurity and follow-up care.				

## b) Town Hall CHNA Findings: Areas of Strengths

### Harper County CHNA Town Hall - "Community Health Areas of Strengths"

Harper Co - Community Health "Strengths"			
#	Topic	#	Topic
1	Access to HC services	7	Kid-friendly Activities
2	Career Transitions with Youth	8	Law Enforcement
	Collaboration with Public Health, Providers, Community, and Schools	9	Pharmacy
3		10	School Nurse
4	Community Foundation	11	Technology
5	Community Lead Healthcare	12	Wellness Education/ Health Fair
6	Employment Opportunities		

### Key CHNA Wave#3 Secondary Research Conclusions are as follows:

**KS HEALTH RANKINGS:** According to the 2018 Robert Wood Johnson County Health Rankings, Harper County KS was ranked 95<sup>th</sup> in Health Outcomes, 88<sup>th</sup> in Health Factors, and 87<sup>th</sup> in Physical Environmental Quality out of the 105 Counties.

**TAB 1.** Harper County's population is 5,590 (based on 2017), with a population per square mile (based on 2010) of 7.5 persons. 6.9% of the population is under the age of 5 and 22.1% is over 65 years old. 49.7% of Harper is Female. Hispanic or Latinos make up 6.2% of the population and there are 5.8% of Harper citizens that speak a language other than English at home. In Harper, children in single parent households make up 28%. There are 363 Veterans living in Harper County.

**TAB 2.** The per capita income in Harper County is \$25,944, and there is 14.6% of the population in poverty. There are 3,172 total housing units with a severe housing problem of 15%. There are 905 total firms (based on 2012) in Harper County and an unemployment rate of 3.9%. Food insecurity is at 13%, and limited access to a store (healthy foods) at 7%.

**TAB 3.** Children eligible for a free or reduced-price lunch is higher than average at 61% and 89.4% of students graduate high school and 19.7% of students get their bachelor's degree or higher.

**TAB 4.** The percent of births where prenatal care started in the first trimester is 80.8% and 73.3% Infants in Harper County are receiving full immunization up to 24 months. The percent of births occurring to unmarried women is 39.8% and births where mothers have smoked during the pregnancy is at 21.2%.

**TAB 5.** There is one primary care Physician per 1,940 people in Harper County. 68.9% of patients would rate their hospital 9 or 10 out of 10, however, 65.5% of patients would recommend their primary hospital. The average ER wait time is 14 minutes.

**TAB 6.** People getting treated for depression in Harper County is 15.4%. The age-adjusted suicide mortality rate in Harper County is N/A due to Harper's low population.

**TAB 7.** 34% of adults in Harper County are obese (based on 2014), with 34% of the population physically inactive. 15% of adults drink excessively and 18% smoke. Chronic Kidney Disease is 17.4%, while COPD is 13.2%. Osteoporosis is at 6.5% based on 2015).

**TAB 8.** The adult uninsured rate for Harper County is as high as 15%.

**TAB 9.** The life expectancy rate in Harper County is 74.4 for Males and 79.8 for Females. The age-adjusted Cancer Mortality rate is at 158.3 and the Heart Disease Mortality rate is at 149.3. The age-adjusted Chronic Lower Respiratory Morality rate is very high at 91.7%. Alcohol impaired driving deaths is at 22%.

**TAB 10.** 42% of Harper County has access to exercise opportunities and as high as 92% monitor diabetes. Only 56% of women in Harper County get annual mammography screenings (based on 2014).

**Key 2018 Community Feedback Conclusions:** Stakeholder feedback from residents, community leaders and providers (N=244) provided the following community insights via an online perception survey:

- Using a Likert scale, 51.6% of Harper County stakeholders would rate the overall quality of healthcare delivery in their community as either Very Good or Good.
- Harper County stakeholders are satisfied with the following services: Pharmacy and School Nurse. Low scoring Community Services: Mental Health, Ambulance, Family Planning, Home Health, and Access to Specialists.
- When considering past CHNA needs Drug/Substance Abuse, Mental Health Access, Alcohol Abuse, Affordable HC Insurance, and Obesity are some problems identified.

CHNA Wave #3		Ongoing Problem		Pressing
Past CHNAs health needs identified		Harper Co N=244	Trend	Harper Co N=244
Rank	Topic	Votes	%	RANK
1	Drug / Substance Abuse	129	11.9%	1
2	Mental Health Access	101	9.3%	2
3	Alcohol Abuse	98	9.0%	4
4	Affordable Health Care (HC) Insurance	94	8.7%	3
5	Obesity	92	8.5%	6
6	Training for EMTs/Dispatch	67	6.2%	5
7	Family Support - for children	66	6.1%	8
8	OBGYN	65	6.0%	12
9	Child Care	58	5.3%	11
10	Nutrition - Healthy Food options	58	5.3%	13
11	Awareness of existing HC services	55	5.1%	7
12	Chronic Health	55	5.1%	9
13	Wellness / Prevention	53	4.9%	10
14	Tobacco Prevention	47	4.3%	15
15	Fitness / Exercise options	32	2.9%	14
16	Physical Therapy	15	1.4%	16
TOTALS		1085	100.0%	

## **II. Methodology**

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**[VVV Consultants LLC]**

## II. Methodology

### a) CHNA Scope and Purpose

The federal Patient Protection and Affordable Care Act (ACA) requires that each registered 501(c)3 hospital conduct a Community Health Needs Assessment (CHNA) at least once every three years and adopt a strategy to meet community health needs. Any hospital who has filed a 990 is required to conduct a CHNA. IRS Notice 2011-52 was released in late fall of 2011 to give notice and request comments.

#### **JOB #1: Meet/Report IRS 990 Required Documentation**

1. A description of the community served by the facility and how the community was determined;
2. A description of the process and methods used to conduct the CHNA;
3. The identity of any and all organizations with which the organization collaborated and third parties that it engaged to assist with the CHNA;
4. A description of how the organization considered the input of persons representing the community (e.g., *through meetings, focus groups, interviews, etc.*), who those persons are, and their qualifications;
5. A prioritized description of all of the community needs identified by the CHNA and an explanation of the process and criteria used in prioritizing such needs; and
6. A description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA.

Section 501(r) provides that a CHNA must take into account input from persons who represent the broad interests of the community served by the hospital facility, including individuals with special knowledge of or expertise in public health. Under the Notice, the persons consulted must also include: Government agencies with current information relevant to the health needs of the community and representatives or members in the community that are medically underserved, low-income, minority populations, and populations with chronic disease needs. In addition, a hospital organization may seek input from other individuals and organizations located in or serving the hospital facility's defined community (e.g., health care consumer advocates, academic experts, private businesses, health insurance and managed care organizations, etc.).

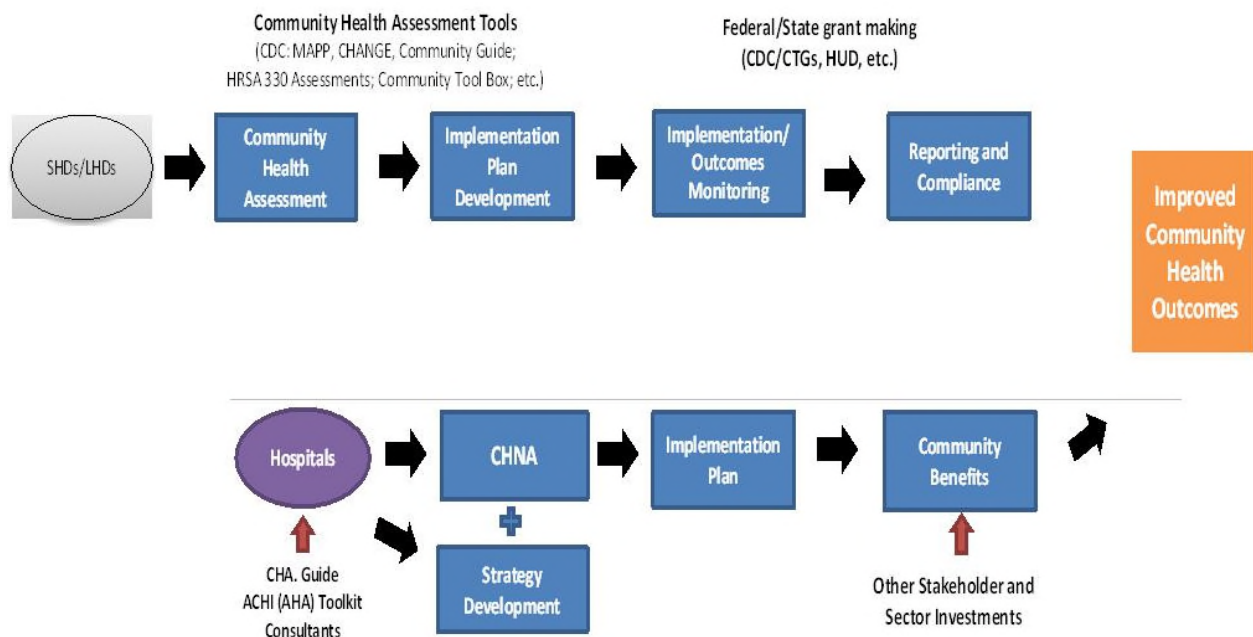
#### **JOB #2: Making a CHNA Widely Available to the Public**

The Notice provides that a CHNA will be considered to be "conducted" in the taxable year that the written report of the CHNA findings is made widely available to the public. The Notice also indicates that the IRS intends to pattern its rules for **making a CHNA "widely available to the public"** after the rules currently in effect for Form 990. Accordingly, an organization would make a **facility's written report** widely available by posting the final report on its website either in the form of (1) the report itself, in a readily accessible format or (2) a link to another organization's website, along with instructions for accessing the report on that website. *The Notice clarifies that an organization must post the CHNA for each facility until the date on which its subsequent CHNA for that facility is posted.*

### **JOB #3: Adopt an Implementation Strategy by Hospital**

Section 501(r) requires a hospital organization to adopt an implementation strategy to meet the needs identified through each CHNA. The Notice defines an “implementation strategy” as a written plan that addresses each of the needs identified in a CHNA by either (1) describing how the facility plans to meet the health need or (2) identifying the health need as one that the facility does not intend to meet and explaining why the facility does not intend to meet it. A hospital organization may develop an implementation strategy in collaboration with other organizations, which must be identified in the implementation strategy. As with the CHNA, a hospital organization that operates multiple hospital facilities must have a separate written implementation strategy for each of its facilities.

Great emphasis has been given to work hand-in-hand with leaders from hospitals, the state health department and the local health department. A common approach has been adopted to create the CHNA, leading to aligned implementation plans and community reporting.





## **IRS Notice 2011-52 Overview**

### **Notice and Request for Comments Regarding the Community Health Needs Assessment Requirements for Tax-exempt Hospitals**

#### **Applicability of CHNA Requirements to “Hospital Organizations”**

The CHNA requirements apply to “hospital organizations,” which are defined in Section 501(r) to include (1) organizations that operate one or more state-licensed hospital facilities, and (2) any other organization that the Treasury Secretary determines is providing hospital care as its principal function or basis for exemption.

#### **How and When to Conduct a CHNA**

Under Section 501(r), a hospital organization is required to conduct a CHNA for each of its hospital facilities once every three taxable years. ***The CHNA must take into account input from persons representing the community served by the hospital facility and must be made widely available to the public. The CHNA requirements are effective for taxable years beginning after March 23, 2012.*** As a result, a hospital organization with a June 30 fiscal year end must conduct an initial CHNA for each of its hospital facilities by June 30, 2013, either during the fiscal year ending June 30, 2013 or during either of the two previous fiscal years.

#### **Determining the Community Served**

A CHNA must identify and assess the health needs of the **community served** by the hospital facility. Although the Notice suggests that geographic location should be the primary basis for defining the community served, it provides that the organization may also take into account the target populations served by the facility (e.g., children, women, or the aged) and/or the facility’s principal functions (e.g., specialty area or targeted disease). *A hospital organization, however, will not be permitted to define the community served in a way that would effectively circumvent the CHNA requirements (e.g., by excluding medically underserved populations, low-income persons, minority groups, or those with chronic disease needs).*

#### **Persons Representing the Community Served**

Section 501(r) provides that a CHNA must take into account input from **persons who represent the broad interests of the community** served by the hospital facility, including individuals with special knowledge of or expertise in public health. Under the Notice, the persons consulted must also include: (1) government agencies with current information relevant to the health needs of the community and (2) representatives or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs, in the community. In addition, a hospital organization may seek input from other individuals and organizations located in or serving the hospital facility’s defined community (e.g., health care consumer advocates, academic experts, private businesses, health insurance and managed care organizations, etc).

## Required Documentation

The Notice provides that a hospital organization will be required to separately document the CHNA for each of its hospital facilities in a **written report** that includes the following information: 1) a description of the community served by the facility and how the community was determined; 2) a description of the process and methods used to conduct the CHNA; 3) the identity of any and all organizations with which the organization collaborated and third parties that it engaged to assist with the CHNA; 4) a description of how the organization considered the input of persons representing the community (e.g., through meetings, focus groups, interviews, etc.), who those persons are, and their qualifications; 5) a prioritized description of all of the community needs identified by the CHNA and an explanation of the process and criteria used in prioritizing such needs; and 6) a description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA.

## Making a CHNA Widely Available to the Public

The Notice provides that a CHNA will be considered to be **“conducted”** in the taxable year that the written report of the CHNA findings is made **widely available to the public**. The Notice also indicates that the IRS intends to pattern its rules for making a CHNA “widely available to the public” after the rules currently in effect for Forms 990. *Accordingly, an organization would make a facility’s written report widely available by posting on its website either (1) the report itself, in a readily accessible format, or (2) a link to another organization’s website, along with instructions for accessing the report on that website. The Notice clarifies that an organization must post the CHNA for each facility until the date on which its subsequent CHNA for that facility is posted.*

## How and When to Adopt an Implementation Strategy

Section 501(r) requires a hospital organization to adopt an implementation strategy to meet the needs identified through each CHNA. **The Notice defines an “implementation strategy” as a written plan that addresses each of the needs identified in a CHNA by either (1) describing how the facility plans to meet the health need, or (2) identifying the health need as one that the facility does not intend to meet and explaining why the facility does not intend to meet it.** A hospital organization may develop an implementation strategy in collaboration with other organizations, which must be identified in the implementation strategy. As with the CHNA, a hospital organization that operates multiple hospital facilities must have a separate written implementation strategy for each of its facilities.

Under the Notice, an implementation strategy is considered to be “adopted” on the date the strategy is approved by the organization’s board of directors or by a committee of the board or other parties legally authorized by the board to act on its behalf. Further, the formal adoption of the implementation strategy must occur by the end of the same taxable year in which the written report of the CHNA findings was made available to the public. For hospital organizations with a June 30 fiscal year end, that effectively means that the organization must complete and appropriately post its first CHNA no later than its fiscal year ending June 30, 2013, and formally adopt a related implementation strategy by the end of the same tax year. *This final requirement may come as a surprise to many charitable hospitals, considering Section 501(r) contains no deadline for the adoption of the implementation strategy.*

## IRS and Treasury Finalize Patient Protection Rules for Tax-Exempt Hospitals

ACCOUNTING TODAY 1/2/15

The Internal Revenue Service and the Treasury Department have issued **final regulations** under the Affordable Care Act to protect patients in tax-exempt hospitals from aggressive debt collection practices and to provide other rules for charitable hospitals.

Under the **final regulations**, each Section 501(c)(3) hospital organization is required to meet four general requirements on a facility-by-facility basis: establish written financial assistance and emergency medical care policies; limit the amounts charged for emergency or other medically necessary care to individuals eligible for assistance under the hospital's financial assistance policy; make reasonable efforts to determine whether an individual is eligible for assistance under the hospital's financial assistance policy before engaging in extraordinary collection actions against the individual; and conduct a community health needs assessment, or CHNA, and adopt an implementation strategy at least once every three years. The first three requirements are effective for tax years beginning after March 23, 2010 and the CHNA requirements are effective for tax years beginning after March 23, 2012.

The ACA also added a new Section 4959, which imposes an excise tax for failure to meet the CHNA requirements, and added reporting requirements. These final regulations provide guidance on the entities that must meet these requirements, the reporting obligations relating to these requirements and the consequences for failing to satisfy the requirements.

"Charitable hospitals represent more than half of the nation's hospitals and play a key role in improving the health of the communities they serve," wrote Emily McMahon, Deputy Assistant Secretary for Tax Policy at the U.S. Department of the Treasury, in a **blog post** Monday explaining the requirements. "But reports that some charitable hospitals have used aggressive debt collection practices, including allowing debt collectors to pursue collections in emergency rooms, have highlighted the need for clear rules to protect patients. For hospitals to be tax-exempt, they should be held to a higher standard. That is why the Affordable Care Act included additional consumer protection requirements for charitable hospitals, so that patients are protected from abusive collections practices and have access to information about financial assistance at all tax-exempt hospitals."

She noted that as a condition of their tax-exempt status, charitable hospitals must take an active role in improving the health of the communities they serve, establish billing and collections protections for patients eligible for financial assistance, and provide patients with the information they need to apply for such assistance. "These final rules adopt the same framework of proposed regulations but simplify the compliance process for charitable hospitals, while continuing to provide meaningful guidance on protections for patients and requirements to assess community health needs," she added.

Under the new rules, hospitals cannot charge individuals eligible for financial assistance more for emergency or other medically necessary care than the amounts generally billed to patients with insurance (including Medicare, Medicaid, or private commercial insurance). In addition, every tax-exempt hospital must establish and widely publicize a financial assistance policy that clearly describes to patients the eligibility criteria for obtaining financial assistance and the method for applying for financial assistance.

Charitable hospitals are also prohibited from engaging in certain collection methods (for example, reporting a debt to a credit agency or garnishing wages) until they make reasonable efforts to determine whether an individual is eligible for assistance under the hospital's financial assistance policy.

In addition, each charitable hospital needs to conduct and publish a community health needs assessment at least once every three years and disclose on the tax form that it files on an annual basis the steps it is taking to address the health needs identified in the assessment.

Many of the requirements have been in place since the Affordable Care Act passed in 2010, but in response to comments on the proposed regulations, the final rules also expand access to translations for patients, by lowering the threshold for having translations of financial assistance policies available from 10 percent of the community served as proposed, to five percent of the community served or population expected to be encountered by the hospital facility, or 1000 persons, whichever is less, according to McMahon. "The final rules also revise the notification requirements to maintain important protections for patients while making it easier for hospitals to comply with them," she wrote. "General notifications regarding a hospital's financial assistance policy must appear on bills and in the hospital. However, individual written and oral notifications of the hospital's financial assistance policy are now only required when a hospital plans to use extraordinary collections actions, such as reporting a debt to a credit bureau, selling the debt to a third party or garnishing wages."

While charitable hospitals must continue to make a good-faith effort to comply, the rules provide charitable hospitals with time to fully update their policies and programming to implement the changes. But if a charitable hospital fails to meet the consumer protection provisions required by the law, the hospital could have its tax-exempt status revoked. If a hospital fails to properly conduct a community health needs assessment or adopt an implementation strategy, an excise tax will apply, McMahon noted. "However, if a hospital fails to meet a requirement, but the failure is neither willful nor egregious, the hospital can correct and publicly disclose the error to have it excused, thus avoiding revocation of tax-exempt status, but the excise tax would still apply," she wrote.

# CHNA NEWS: IRS Makes First Revocation of Hospital Not-for-Profit Status Under 501(r)

RICH DALY, HFMA SENIOR WRITER/EDITOR

**Aug. 15, 2017**—Charity-care reporting requirements under the healthcare reform law may have gone into effect only last October, but already one hospital has lost its not-for-profit tax status as a result. The first-time tax-status revocation under Affordable Care Act (ACA) 501(r) requirements applied to a “dual-status” 501(c)(3) hospital operated by a “local county governmental agency” and was confirmed by a redacted copy of the [tax status letter](#), which was dated Feb. 14, 2017, and posted to the IRS website in August. Neither an IRS spokeswoman nor the redacted letter identified the hospital. Loss of the 501(c)(3) exemptions eliminates the ability of hospitals to use certain employee benefit plans; likely subjects hospitals to income, property, and other taxes; bars receipt of tax-deductible contributions; and disallows use of tax-exempt bonds.

The 501(r) requirements on performing community health needs assessments (CHNAs) and offering financial assistance became effective for tax years beginning on or after Dec. 29, 2015, meaning tax-exempt hospitals operating on the calendar had to be in compliance by Jan. 1, 2016, and those with a different fiscal-year end had to be in compliance by Oct. 1, 2016.

The only enforcement information previously released by the IRS was a June 2016 letter to Sen. Charles Grassley (R-Iowa), which noted that at that point the IRS had completed 2,482 compliance reviews under 501(r). Additionally, 163 hospitals were assigned for “examination” as a result of those compliance reviews, but no further actions were identified.

The ACA requires the IRS to review the community-benefit activities of about 3,000 tax-exempt hospitals at least once every three years. This was the first time that Keith Hearle, president, Verité Healthcare Consulting, LLC, Alexandria, Va., had heard of an instance in which a hospital lost its not-for-profit status over 501(r) requirements. He has heard of several others that incurred the \$50,000 excise tax for failing to meet the CHNA requirement.

“I would be surprised if it is a one-off,” said Hearle, who has been expecting more IRS enforcement after his own reviews indicated widespread hospital vulnerability due to poor compliance.

## Reasons for Revocation

Hospital 501(r) requirements include:

- Conducting a CHNA at least once every three years
- Making the CHNA publicly available on a website
- Adopting an implementation strategy to meet the needs identified in the CHNA
- Adopting a financial assistance policy and publicizing the policy, including by posting it on a website
- Limiting the amounts charged to individuals who are eligible for financial assistance
- Making individuals aware of the financial assistance policy prior to engaging in certain collection actions

Among the reasons for the IRS action against the county government hospital was its finding that the hospital did not make the CHNA widely available to the public through a website, although it had paper copies available on request. “The hospital indicated to the IRS that it might have acted on some of the recommendations included in the Implementation Strategy Report, but that a separate written implementation policy was neither drafted nor adopted,” the IRS letter stated.

Officials at the small rural hospital said they lacked the staffing to comply with 501(r) requirements. They also said they “really did not need, actually have any use for, or want their tax-exempt status under Section 501(c)(3),” according to the IRS letter. The hospital believed its tax-exempt status somehow prevented its involvement in certain payment arrangements. It had maintained 501(c)(3) status “only in case any liabilities arose relating to the prior management company that had originally obtained that status from the IRS.”

The IRS deemed the hospital’s failure “egregious” because its leaders had “neither the will, the resources, nor the staff to follow through with the” 501(r) requirements.

### Widespread Vulnerability

Industry advisers worry that many hospitals could be vulnerable to IRS enforcement—if not tax-status revocation—under the new requirements. “A lot of them just assume that what they have, in terms of policy and procedure, suffices under the final regulations and have not done a lot,” said Andrew Kloeckner, a partner for Omaha-based law firm Baird Holm.

Even hospitals that have taken steps to become compliant with the requirements can face downsides, including complications with their collection efforts, which in turn can delay cash flow, Kloeckner said.

Jan Smith, a tax senior manager in Crowe Horwath’s Healthcare practice, indicated that the likelihood of a similar penalty or the likelihood of this determination setting a precedent at other hospitals may be limited. This is due to the unusual position taken by the revoked hospital’s officials that they didn’t need or want charitable status (in addition to governmental status).

“If hospitals are making a good-faith effort to comply, I would be surprised if the IRS would revoke their tax status at this stage of 501(r) examinations,” Smith said in an interview. However, she is aware of several health systems that the IRS is seeking to penalize under the CHNA tax provision.

The IRS’s 501(r) compliance reviews include the agency’s analysis of hospital websites and “other information designed to identify the hospitals with the highest likelihood of non-compliance,” IRS Commissioner John Koskinen stated in his 2016 letter to Grassley.

Justin Lowe, senior manager with the Exempt Organizations Tax Practice at Ernst & Young, underscored that hospital websites are among the publicly available information that the IRS reviews. He urged hospitals to make sure that all required documents, including the CHNA and financial assistance policy, are on the website and easily findable. Insufficient approaches to 501(r) compliance, Kloeckner said, include instances when hospitals purchase financial assistance policy templates that are provided by a consultant and not submitted for legal review, potentially leaving audit vulnerabilities. Kloeckner also urged attention on practices and procedures outside of the policies.

Small government-operated hospitals are among the most vulnerable to enforcement, Hearle said, because they may not be required to file Form 990, which provides reminders about 501(r) compliance requirements. “It’s a group of hospitals I’m concerned about,” Hearle said.

Among the financial assistance requirements with which hospitals are most likely to struggle, Hearle said, is making available lists of physicians who are associated with the hospital and who utilize the same charity care policies.

“Patients obtaining charity care from a hospital want to find physician groups through which they can get the same charity care, as opposed to some group that doesn’t offer charity care,” Hearle said.

# Public Health Criteria:

## **Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community.**

Domain 1 focuses on the assessment of the health of the population in the jurisdiction served by the health department. The domain includes: systematic monitoring of health status; collection, analysis, and dissemination of data; use of data to inform public health policies, processes, and interventions; and participation in a process for the development of a shared, comprehensive health assessment of the community.

### **DOMAIN 1 includes 4 STANDARDS:**

- **Standard 1.1** - Participate in or Conduct a Collaborative Process Resulting in a Comprehensive Community Health Assessment
- **Standard 1.2** - Collect and Maintain Reliable, Comparable, and Valid Data That Provide Information on Conditions of Public Health Importance and on the Health Status of the Population
- **Standard 1.3** - Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors That Affect the Public's Health
- **Standard 1.4** - Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Interventions

### **Required CHNA Planning Process Requirements:**

- a. Participation by a wide range of community partners.
- b. Data / information provided to participants in CHNA planning process.
- c. Evidence of community / stakeholder discussions to identify issues & themes. Community definition of a "healthy community" included along with list of issues.
- d. Community assets & resources identified.
- e. A description of CHNA process used to set priority health issues.

### **Seven Steps of Public Health Department Accreditation (PHAB):**

1. Pre-Application
2. Application
3. Document Selection and Submission
4. Site Visit
5. Accreditation Decision
6. Reports
7. Reaccreditation

## **II. Methodology**

### **b) Collaborating CHNA Parties**

Working together to improve community health takes collaboration. Listed below is an in depth profile of the local hospital and Health Department CHNA partners:

#### **Harper County Health Department**

**201 N Jennings Ave**

**Anthony, KS 67003**

**(602) 842-5132**

**Administrator: Sherry Vierthaler, LBSW**

#### **About Us:**

The Harper County Health Department currently offers a full array of services including: Basic Health Services, Immunizations, WIC, Family Planning Services, Disease Investigation, Public Health Emergency Preparedness Planning and In-home services. The Anthony location is open Monday-Friday 8:00 a.m. to 5:00 p.m. Attica location is open 1st & 3rd Tuesday 9:30 a.m. – 11:30 a.m. and the Harper Location is open Wednesdays 9:00 a.m. – 11:30 a.m.

#### **Mission:**

- To provide health and environmental services that assist Harper County citizens to prevent disease, maintain health, protect the environment and promote wellness.
- To provide leadership for the identification of unmet health needs of Harper County citizens and to facilitate solutions to these problems.
- To facilitate quality service delivery in a manner that is timely, flexible, convenient, nondiscriminatory and cost effective for the citizens of Harper County.
- To cooperate with other community service agencies and organizations to improve and advance the quality of life in Harper County.
- To foster a work environment that will provide staff development and job satisfaction, promote teamwork and encourage leadership.
- To maintain fiscal responsibility, professional work ethics, and high standards of care.

**Vision:** Harper County/Healthy Community

#### **Purpose:**

To provide Harper County citizens with comprehensive, cost effective, and quality public health services.



**Hospital District #6****1101 E Spring Street****Anthony, KS 67003****(620)-842-5111****CEO: Pat Patton****About Us:**

Hospital District #6 recognizes the importance of keeping quality healthcare close to home, so they were formally known as Anthony Medical Center and Harper Hospital until 2017 where they became one entity. Their healthcare services include some of the following: surgery, cardiac rehab, physical therapy, mammography, and MRI services. Hospital District #6 has an emergency department that is fully staffed 24/7 and are a local community provider in south central Kansas and northern Oklahoma.

**Mission Statement:**

We are dedicated to providing high quality, patient and family centered health and wellness services in partnership with our communities.

**Vision Statement:**

We will be the preferred and family centered campus for high quality, cost effective, and innovative healthcare and community wellness.

**Guiding Principles:**

- High Quality
- Patient/ Family Centered
- Wellness Communities

## II. Methodology

### b) Collaborating CHNA Parties Continued Consultant Qualifications



#### **VVV Consultants LLC**

Company Profile: 601 N. Mahaffie, Olathe, KS 66061 (913) 302-7264

**Vince Vandehaar MBA, Principal Consultant & Adjunct** (913) 302-7264  
[VVV@VandehaarMarketing.com](mailto:VVV@VandehaarMarketing.com)

Vince provides professional business consulting services to help healthcare organizations with business strategy, research and development. Specifically, Vince facilitates strategic planning, creates proven marketing plans/tactics, prepares IRS aligned community health needs assessments and conducts both qualitative and quantitative market research studies.

Vince started his consulting firm (VVV Consultants LLC) on 1/1/2009, after working for Saint Luke's Health System of Kansas City for 16 years. (Note: Saint Luke's Hospital of KC, SLHS's largest hospital, won the Malcolm Baldrige National Quality Award in March of 2003). Prior to his experience at Saint Luke's, Vince worked in the payor and insurance industry for Blue Cross and Blue Shield of Kansas City; Tillinghast, a Tower's Perrin Actuarial Consulting Firm; and Lutheran Mutual Life Insurance Company.

Vince also is an Adjunct Professor teaching BA, MBA & MHA classes part time 20% of his time at Avila, Rockhurst and/or Webster University (Strategic Planning, Marketing, MHA Capstone, Marketing Research, Sales & Social Media classes) and consults the remainder of his time.

Vince is a Malcolm Baldrige coach and a professional focus group moderator. He is actively involved in the national Society for Healthcare Strategy & Market Development (SHSMD), KHA/MHA Marketing Associations, KC Employee Benefit Professional Association, Healthcare Executives Kansas City, the American Marketing Association KC Chapter and is a SG2 advocate.

#### **Collaborating Support:**

Tessa Taylor BBA BA - VVV Consultants LLC  
Associate Consultant

## II. Methodology

### c) CHNA and Town Hall Research Process

Wave #3 Community Health Needs Assessment (CHNA) process began in August 2018 for Harper County to meet IRS CHNA requirements.

In October 2018 a meeting was called by Harper County KS to review possible CHNA collaborative options, partnering with Harper County Health Department. Note: VVV Consultants LLC from Olathe, KS was asked to facilitate this discussion with the following agenda: VVV CHNA experience, review CHNA requirements (regulations) and discuss CHNA steps/options to meet IRS requirements and to discuss next steps. Outcomes from discussion lead to Hospital District #6 administration requesting VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

#### VVV CHNA Deliverables:

- Document Hospital Primary Service Area - meets the 80-20 Patient Origin Rule.
- Uncover / document basic secondary research county health data, organized by 10 tabs.
- Conduct / report CHNA Community Check-in Feedback Findings (primary research).
- Conduct a Town Hall meeting to discuss with community secondary & primary data findings leading to determining (prioritizing) county health needs.
- Prepare & publish CHNA report which meets ACA requirements.

To ensure proper PSA Town Hall representation (that meets the 80-20 Patient Origin Rule), a patient origin three-year summary was generated documenting patient draw by zips as seen below:

Define PSA ... Hospital District No 6 of Harper County, KS							
Totals include inpatient, swingbed, ER, OBS and OP			YEAR 2017				
Zip	City	County	Total	Accum	%	Anthony	Harper
Overall Total Patients			15,599		1	7,239	8,360
67003	Anthony, KS	HARPER	6,605	0	0	5,122	1,483
67058	Harper, KS	HARPER	4333	70.1%	27.8%	612	3721
67009	Attica, KS	HARPER	1349	78.8%	8.6%	245	1104
67036	Danville, KS	HARPER	224	80.2%	1.4%	13	211
67018	Bluff City, KS	HARPER	214	81.6%	1.4%	192	22
67049	Freeport, KS	HARPER	99	82.2%	0.6%	56	43
67004	Argonia, KS	SUMNER	616	86.2%	3.9%	141	475
67031	Conway Springs, KS	SUMNER	457	89.1%	2.9%	10	447
67118	Norwich, KS	KINGMAN	349	91.3%	2.2%	15	334
73758	Manchester, OK	GRANT	254	93.0%	1.6%	192	62

Specific CHNA roles, responsibility and project timelines are document by the following calendar.

<b>Hospital District No 6 / Harper Co KS Health Dept</b>			
<b>CHNA Wave #3 Project Timeline &amp; Roles 2018</b>			
<b>Step</b>	<b>Date</b>	<b>Lead</b>	<b>Task</b>
1	7/27/2018	VVV	Request CHNA Wave #3 options - CFO Hospital District #6
2	7/30/2018	Hosp	Selected CHNA Option C. - Approval Email received from CFO
3	August 6/7,2018	Both	Conduct CHNA Kickoff Conference Call (Hospital / DOH leaders).
4	8/8/2018	VVV	Send out REQCommInvite Excel file. Hospital client to fill in PSA key stakeholder names, addresses and e-mail addresses.
5	8/8/2018	VVV	Request hospital client to complete zip counts (three year historical PSA IP / OP / ED / Clinic). Use ZipPSA_3yrPOrigin.xls Patient Origin file.
6	8/8/2018	VVV	Request hospital client to send KHA Patient Origin reports for CCH to document service area for FFY 14, 15, 16 (KHA key).
7	On or before 8/13/18	VVV	Prepare CHNA stakeholder feedback online link. Send text link for hospital client to review. Prepare draft e-mail push.
8	On or before 8/15/18	VVV / Hosp	Prepare and send out PR story to local media announcing upcoming CHNA work / online survey for hospital client to place. Request public to participate.
9	8/17/2018	VVV	Launch online survey to stakeholders. Hospital client will e-mail invite to participate to all stakeholders. Client will finalize Town Hall location / food.
10	September - October 2018	VVV	Assemble and complete secondary research. Find and populate 10 TABS. Create Town Hall PowerPoint for presentation.
11	Friday 9/28/2018	VVV / Hosp	Prepare / release PR story to local media announcing upcoming Town Hall. VVV will mock up PR release.
12	Friday 10/5/2018	Hosp	Prepare and send out community Town Hall invite letter and place local advertisement.
13	On or before 10/9/18	All	Conduct Town Hall practice conference call with hospital client to review Town Hall data and flow.
14	Tuesday 10/30/18	VVV	Conduct CHNA Town Hall from 5:30-7pm at Chaparral High School in Anthony KS. Review and discuss basic health data and rank health needs.
15	On or before 11/16/18	VVV	Complete analysis. Release draft one and seek feedback from leaders at hospital client.
16	On or before 11/30/18	VVV	Produce and release final CHNA report. Hospital client will post CHNA online.
17	On or before December 14, 2018	TBD	Conduct hospital client Implementation Plan meeting with PSA leadership.
18	30 days prior to end of hospital fiscal year	Hosp	Hold board meetings to discuss CHNA needs, create and adopt an Implementation Plan. Communicate CHNA plan to community.

To meet IRS aligned CHNA requirements and meet Public Health accreditation criteria stated earlier, a four-phase methodology was followed:

**Phase I—Discovery:**

Conduct a 30-minute conference call with the CHNA county health department and hospital clients. Review / confirm CHNA calendar of events, explain / coach clients to complete required participant database and schedule / organize all Phase II activities.

**Phase II—Qualify Community Need:**

A) Conduct secondary research to uncover the following historical community health status for the primary service area. Use Kansas Hospital Association (KHA), Vital Statistics, Robert Wood Harper County Health Rankings, etc. to document current state of county health organized as follows:

<b>TAB 1. Demographic Profile</b>
<b>TAB 2. Economic/Business Profile</b>
<b>TAB 3. Educational Profile</b>
<b>TAB 4. Maternal and Infant Health Profile</b>
<b>TAB 5. Hospitalization / Providers Profile</b>
<b>TAB 6. Behavioral Health Profile</b>
<b>TAB 7. Risk Indicators &amp; Factors</b>
<b>TAB 8. Uninsured Profile</b>
<b>TAB 9. Mortality Profile</b>
<b>TAB 10. Preventative Quality Measures</b>

B) Gather primary research (stakeholder feedback) to uncover public health needs, practices and perceptions for primary service areas.

**Phase III—Quantify Community Need:**

Conduct a 90-minute Town Hall meeting with required community primary service area residents. At each Town Hall meeting, CHNA secondary data will be reviewed, facilitated group discussion will occur and a group ranking activity to determine the most important community health needs was administered.

**Phase IV—Complete Data Analysis and Create Comprehensive Community Health Needs Assessment:**

Post CHNA report findings to meet both PHAB & IRS CHNA criteria.

After consideration of CHNA stakeholders (sponsoring county health department and hospital), the CHNA Option C was selected with the following project schedule:

Phase I: Discovery.....	July-August 2018
Phase II: Secondary / Primary Research.....	Sept-Oct 2018
Phase III: Town Hall Meeting.....	October 2018
Phase IV: Prepare / Release CHNA report.....	Nov-Dec 2018

**Detail CHNA Development Steps Include:**

<b>Development Steps to Create Comprehensive Community Health Needs Assessment</b>	
<b>Step # 1 Commitment</b>	<i>Determine interest level of area healthcare leaders (Hospital, Health Dept., Mental Health Centers, Schools, Churches, Physicians etc.), prepare project quote.</i>
<b>Step # 2 Planning</b>	<i>Prepare brief CHNA Project Work Calendar - list goals, objectives, purpose, outcome, roles, community involvement, etc. Hold Community Kick-off meeting.</i>
<b>Step # 3 Secondary Research</b>	<i>Collect &amp; Report Community Health Published Facts. Gather data health practice data from published secondary research sources i.e. census, county health records, behavioral risk factors surveillance, etc.</i>
<b>Step # 4a Primary Research - Town Hall prep</b>	<i>Collect Community Opinions. (Quantitative Research). Gather Stakeholders / Community opinions regarding community health needs and healthcare practices.</i>
<b>Step # 4b Primary Research - Conduct Town Hall</b>	<i>Conduct "Conversation with Community" Town Hall (Qualitative Research). Review Secondary &amp; Primary Data findings. Facilitate community conversation to build consensus; discuss opinions / identify health needs.</i>
<b>Steps # 5 Reporting</b>	<i>Prepare/Present comprehensive CHNA report (to community leaders), facilitate development of CHNA Implementation Plan (Actions to improve health). &lt; Note: Formal report will follow IRS Notice 2011-52 regs &amp; PHAB requirements. &gt;</i>
VVV Consultants, LLC Olathe, KS 913 302-7264	

## Overview of Town Hall Community Priority Setting Process

Each community has a wealth of expertise to be tapped for CHNA development. For this reason, a town hall is the perfect forum to gather community insight and provide an atmosphere to objectively consensus build and prioritize county health issues.

All Town Hall priority-setting and scoring processes involve the input of key stakeholders in attendance. Individuals and organizations attending the Town Halls were critically important to the success of the CHNA. The following list outlines partners invited to Town Hall: local hospital, public health community, mental health community, free clinics, community-based clinics, service providers, local residents, community leaders, opinion leaders, school leaders, business leaders, local government, faith-based organizations and persons (or organizations serving them), people with chronic conditions, uninsured community members, low income residents and minority groups.

Harper County Kansas (Hospital District #6 and Harper County Health Department) town hall was held on Tuesday, October 30<sup>th</sup>, 2018 at Chaparral High School in Anthony, KS. Vince Vandehaar facilitated this 1 ½ hour session with fifty-nine (59) attendees. (Note: a detail roster of Town Hall attendees is listed in Section V a).

The following Town Hall agenda was conducted:

1. Welcome & Introductions
2. Review Purpose for the CHNA Town Hall & Process Roles
3. Present / Review of Historical County Health Indicators (10 TABS)
4. Facilitate Town Hall participant discussion of data (probe health strengths / concerns). Reflect on size and seriousness of any health concerns cited and discuss current community health strengths.
5. Engage Town Hall participants to rank health needs (using 4 dots to cast votes on priority issues). Tally & rank top community health concerns cited.
6. Close meeting by reflecting on the health needs / community voting results. Inform participants on “next steps.”

At the end of each Town Hall session, VVV encouraged all community members to continue to contribute ideas to both hospital / health department leaders via e-mail or personal conversations. NOTE: To review detail Town Hall discussion content, please turn to Section V for detailed notes of session and activity card content reporting strengths & items to change or improve.

## Community Health Needs Assessment Town Hall Meeting Hospital District No 6 – Harper Co KS

in partnership with Harper County Health Department



**Vince Vandehaar, MBA**  
**VVV Consultants LLC**  
Principal / Adjunct Professor

Olathe, Kansas 66061  
VVV@VandehaarMarketing.com  
913-302-7264

## Community Health Needs Assessment (CHNA) Town Hall Discussion Agenda

- I. Opening / Introductions (10 mins)
- II. Review CHNA Purpose and Process (10 mins)
- III. Review Current County “Health Status”
  - Secondary Data by 10 TAB Categories
  - Review Community Feedback Research (35 mins)
- IV. Collect Community Health Perspectives
  - Hold Community Voting Activity
  - Determine Most Important Health Areas (30 mins)
- v. Close / Next Steps (5 mins)

### I. Introduction:

Background and Experience



**Vince Vandehaar, MBA**  
**VVV Consultants LLC - Principal Consultant**  
Olathe, KS 913 302-7264

- Professional Consulting Services: Strategic Planning, Marketing Management, Business Research & Development
  - Focus: Strategy, Research, Deployment
  - 25+ years of experience with Tillinghast, BCBSKC, Saint Luke's
- Adjunct Professor - Marketing / Health Admin, 31+ years**
- Webster University
  - Rockhurst University
  - Avila University

**Becky Johnston, Collaborative Analyst**

## Town Hall Participation (You)

- ALL attendees welcome to share
  - Parking Lot
- There are no right or wrong answers
- Only one person speaks at a time
- Please give truthful responses
- Have a little fun along the way



## I. Introductions: A Conversation with the Community

Community members and organizations invited to CHNA Town Hall

**Consumers:** Uninsured/underinsured people, Members of at-risk populations, Parents, caregivers and other consumers of health care in the community, and Consumer advocates.

**Community leaders and groups:** The hospital organization's board members, Local clergy and congregational leaders, Presidents or chairs of civic or service clubs -- Chamber of Commerce, veterans' organizations, Lions, Rotary, etc., Representatives from businesses -- owners/CEO's of large businesses (local or large corporations with local branches.), Business people & merchants (e.g., who sell tobacco, alcohol, or other drugs), Representatives from organized labor, Political, appointed and elected officials, Foundations, United Way organizations. And other "community leaders."

**Public and other organizations:** Public health officials, Directors or staff of health and human service organizations, City/Community planners and development officials, Individuals with business and economic development experience, Welfare and social service agency staff, Housing advocates - administrators of housing programs: homeless shelters, low-income-family housing and senior housing, Education officials and staff - school superintendents, principals and teachers, Public safety officials, Staff from state and area agencies on aging, Law enforcement agencies - Chiefs of police, Local colleges and universities, Coalitions working on health or other issues.

**Other providers:** Physicians, Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services, Leaders from Catholic Charities and other faith-based service providers, Mental health providers, Oral health providers, Health insurers, Parish and congregational nursing programs, Other health professionals

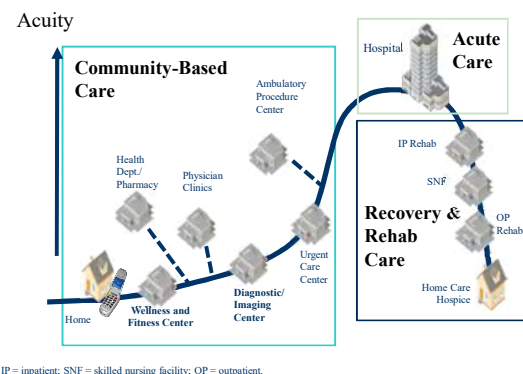
## II. Review CHNA Definition

- A Community Health Needs Assessment (CHNA) is a systematic collection, assembly, analysis, and dissemination of information about the health of the community. (NOTE: Some the data has already been collected / published by Local, State and Federal public health organizations. Some data will be collected today.)
- A CHNA's role is to identify factors that affect the health of a population and determine the availability of resources to adequately address those factors.

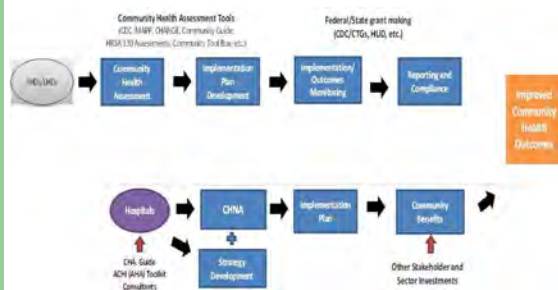
## Purpose—Why Conduct a CHNA?

- To determine health-related trends and issues of the community
- To understand / evaluate health delivery programs in place.
- To meet Federal requirements -- both local hospital and health department
- To develop strategies to address **unmet health needs (4-6 weeks after Town Hall)**

## Future System of Care—Sg2



## Community Health Needs Assessment Joint Process: Hospital & Local Health Department



## II. IRS Hospital CHNA Written Report Documentation

- a description of the community served
- a description of the CHNA process
- the identity of any and all organizations and third parties which collaborated to assist with the CHNA
- a description of how the organization considered the input of persons representing the community (e.g., through meetings, focus groups, interviews, etc.), who those persons are, and their qualifications
- a prioritized description of all of the community needs identified by the CHNA and
- a description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA

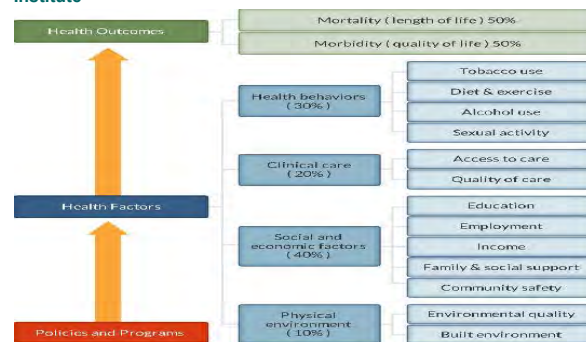
## III. Review Current County Health Status: Secondary Data by 10 Tab Categories & IA State Rankings

Trends: Good Same Poor

TAB 1. Demographic Profile
TAB 2. Economic/Business Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospitalization / Providers Profile
TAB 6. Behavioral Health Profile
TAB 7. Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

## County Health Rankings -

Robert Wood Johnson Foundation and University of WI Health Institute



1 Physical Environment (10%)			2b Social and Economic Environment (40%)		
Focus Area	Measure	Description	Focus Area	Measure	Description
Air and water quality (5%)	Asbestos pollution	The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county	Community safety (5%)	Violent crime	Violent crime rate per 100,000 population
	Drinking water violations	Percent of population potentially exposed to water exceeding a violation limit during the past year		Injury deaths	Injury mortality per 100,000
	Severe housing problems	Percent of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	3 Health Outcomes (30%)		
Housing and transit (5%)			Health Behaviors		
	Driving alone to work	Percent of the workforce that drives alone to work	4 Clinical Care (20%)		
	Long commutes - driving alone	Among workers who commute in that car alone, the percent that commutes more than 30 minutes	5 Access to Care (10%)		
2a Clinical Care (20%)			Focus Area	Measure	Description
Access to care (10%)	Uninsured	Percent of population under age 65 without health insurance	Tobacco use	Adult smoking	Percent of adults that report smoking >= 200
	Primary care physicians	Ratio of population to primary care physicians	Diet and exercise (10%)	Adult obesity	Percent of adults that report a BMI >= 30
	Dentists	Ratio of population to dentists			
Quality of care (10%)	Mental health providers	Ratio of population to mental health providers	Food environment index		Index of factors that contribute to a healthy food environment
	Preventable hospital stays	Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	Physical inactivity		Percent of adults aged 20 and over reporting access to facilities for physical activity
	Diabetes screening	Percent of diabetic Medicare enrollees that receive public screening	Access to exercise opportunities		Percent of the population with adequate access to locations for physical activity
2b Social and Economic Environment (40%)	Mammography screening	Percent of female Medicare enrollees that receive mammography screening	Alcohol and drug use (5%)	Excessive drinking	Single plus heavy drinking
3b/3c Morbidity / Mortality			Focus Area	Measure	Description
Education (10%)	High school graduation	Percent of ninth grade cohort that graduates in 4 years	Quality of life (10%)	Poor or fair health	Percent of adults reporting fair or poor health (age-adjusted)
	Some college	Percent of adults aged 25-44 years with some post-secondary education		Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted)
	Unemployment	Percent of population age 16+ unemployed but seeking work		Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)
Income (10%)	Children in poverty	Percent of children under age 18 in poverty		Low birthweight	Percent of live births with low birthweight (< 2,500 grams)
Family and social support (5%)	Inadequate social support	Percent of adults without social/emotional support		Premature death	Years of potential life lost before age 70 per 100,000 population (age-adjusted)
	Children in single-parent households	Percent of children that live in household headed by single parent			

## IV. Collect Community Health Perspectives

### Ask your opinion. Your thoughts?

- Today:** What are the strengths of our community that contribute to health? (White card)
- Today:** Are there healthcare services in your community / neighborhood that you feel need to be improved and / or changed? (Color card)
- Tomorrow:** What is occurring or might occur that would affect the "health of our community?"

## Have We Forgotten Anything?

- |                                |                                    |
|--------------------------------|------------------------------------|
| A. Aging Services              | M. Hospice                         |
| B. Chronic Pain Management     | N. Hospital Services               |
| C. Dental Care/Oral Health     | O. Maternal, Infant & Child Health |
| D. Developmental Disabilities  | P. Nutrition                       |
| E. Domestic Violence,          | R. Pharmacy Services               |
| F. Early Detection & Screening | S. Primary Health Care             |
| G. Environmental Health        | T. Public Health                   |
| H. Exercise                    | U. School Health                   |
| I. Family Planning             | V. Social Services                 |
| J. Food Safety                 | W. Specialty Medical Care Clinics  |
| K. Health Care Coverage        | X. Substance Abuse                 |
| L. Health Education            | Y. Transportation                  |
| M. Home Health                 | Z. Other _____                     |

## Community Health Needs Assessment

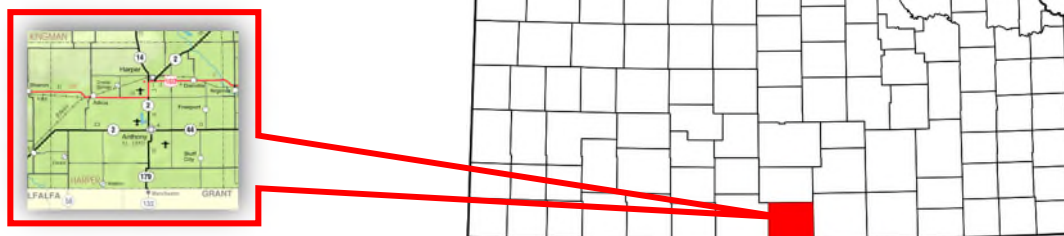
### Questions; Next Steps?

VVV Consultants LLC  
VVV@VandehaarMarketing.com  
(913) 302-7264

## II. Methodology

### d) Community Profile (A Description of Community Served)

#### Harper County (KS) Community Profile



**The population of Harper County KS was estimated to be 5,838 citizens** in 2018, and had a -0.4% change in population from 2010–2018. The county covers 803 square miles. The county has an overall population density of 7 persons per square mile. The county is located in South-Central Kansas and professional, scientific, and management/administration are the industries that provide the most employment. The county was founded in 1867 and the county seat is Anthony<sup>1</sup>.

**The major highway transportation** access to Harper County is from its western terminus in Barber County, K-2 proceeds east for 5 miles to the town of Kiowa. K-2 turns to the north and then runs parallel to BNSF Railway for about 12 miles and crosses into Harper County. K-2 then runs 17 miles to the east into Anthony. Six miles north of Anthony, K-2 intersects with US-160, while continuing 4 miles north you will go through the town of Harper.

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<sup>1</sup> <https://kansas.hometownlocator.com/ks/harper/>

## **Harper County (KS) Community Profile**

### **Harper County KS Pubic Airports<sup>2</sup>**

Name	USGS Topo Map
Hospital District #6 Anthony Campus Heliport	Anthony
Anthony Municipal Airport	Anthony
Bob Park Airport	Danville
Deweze Airport	Harper
Harper Municipal Airport	Harper
Kaypod Airport	Danville
Wilcox Field	Bluff City West

### **Schools in Harper County: Public Schools<sup>3</sup>**

School	Address	Phone	Grades
Anthony Elementary School	215 Springfield Anthony, KS 67003	620-842-3743	PK-6
Attica High School	718 N Main Attica, KS 67009	620-254-7915	9-12
Chaparral High Anthony	467 North State Rd 14 Anthony, KS 67003	620-842-5155	7-12
Harper Elementary School	1317 Walnut Harper, KS 67058	620-896-7614	PK-6
Puls Elementary School	718 N Main Attica, KS 67009	620-254-7915	PK-8

<sup>2</sup> <https://kansas.hometownlocator.com/features/cultural,class,airport,scfips,20077.cfm>

<sup>3</sup> <https://www.publicschoolreview.com/kansas/harper-county>

Demographics - Harper Co (KS)										
				Population			Households			Per Capita
Zip	Name	ST	County	YR 2018	YR 2023	Chg.	YR 2018	YR 2023	AVG	Inc 18
67003	Anthony	KS	HARPER	2461	2369	-3.7%	1055	1013	2.3	\$23,909
67009	Attica	KS	HARPER	971	972	0.1%	378	377	2.3	\$22,170
67018	Bluff City	KS	HARPER	166	159	-4.2%	73	70	2.3	\$30,471
67036	Danville	KS	HARPER	138	138	0.0%	60	59	2.3	\$28,686
67049	Freeport	KS	HARPER	53	52	-1.9%	22	22	2.3	\$28,614
67058	Harper	KS	HARPER	1930	1852	-4.0%	798	763	2.3	\$25,613
67150	Waldron	KS	HARPER	90	86	-4.4%	45	43	2.3	\$34,460
<b>Totals</b>				<b>5,809</b>	<b>5,628</b>	<b>-3.1%</b>	<b>2,431</b>	<b>2,347</b>	<b>2.3</b>	<b>\$27,703</b>
Zip	Name	ST	County	Pop18 65+	Pop18 <=18	Females	White	Black	Amer. Ind.	Hisp.
67003	Anthony	KS	HARPER	657	567	1272	2272	20	42	123
67009	Attica	KS	HARPER	273	237	491	918	10	14	49
67018	Bluff City	KS	HARPER	48	33	79	159	0	1	6
67036	Danville	KS	HARPER	31	31	66	133	1	1	3
67049	Freeport	KS	HARPER	12	12	27	52	0	0	2
67058	Harper	KS	HARPER	448	457	949	1767	7	25	200
67150	Waldron	KS	HARPER	26	18	43	86	0	1	2
<b>Totals</b>				<b>1,495</b>	<b>1,355</b>	<b>2,927</b>	<b>5,387</b>	<b>38</b>	<b>84</b>	<b>385</b>
<b>Percentages</b>				<b>25.7%</b>	<b>23.3%</b>	<b>50.4%</b>	<b>91.4%</b>	<b>0.6%</b>	<b>1.4%</b>	<b>6.5%</b>

## **III. Community Health Status**

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[VVV Consultants LLC]

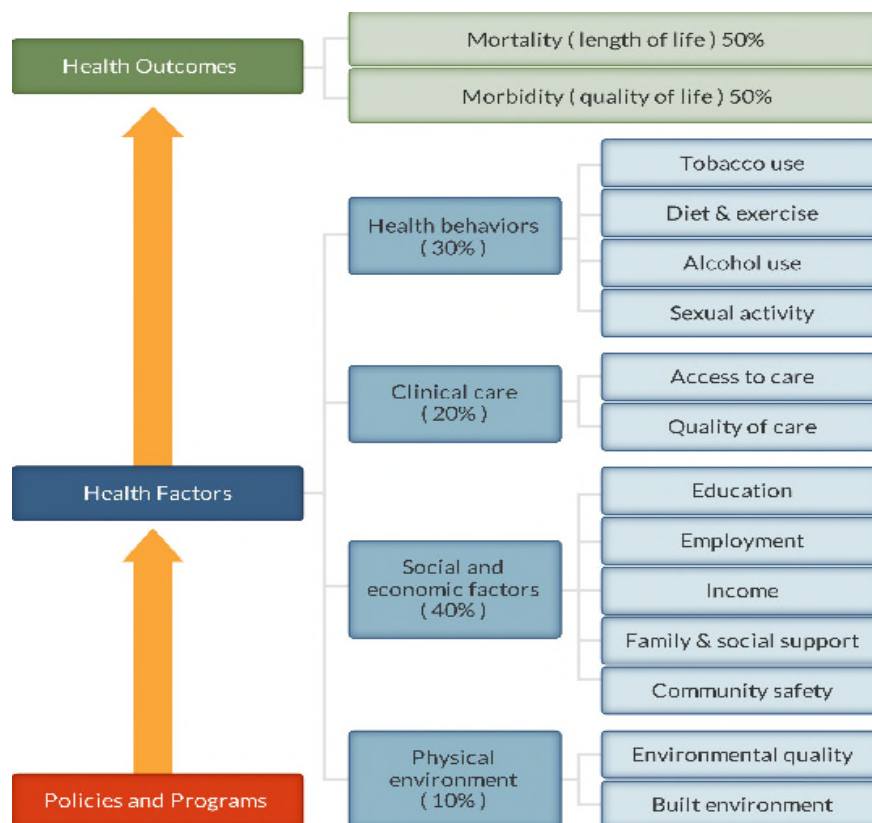
### III. Community Health Status

#### a) Historical Health Statistics- Secondary Research

##### Health Status Profile

This section of the CHNA reviews published quantitative community health indicators from public health sources and results of community primary research. To produce this profile, VVV Consultants LLC staff analyzed & trended data from multiple sources. This analysis focuses on a set of published health indicators organized by ten areas of focus (10 TABS), results from the 2018 RMJ County Health Rankings and conversations from Town Hall participants. Each table published reflects a Trend column, with GREEN denoting growing/high performance indicators, YELLOW denoting minimal change/average performance indicators and RED denoting declining/low performance indicators.

Note: The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to release annual *County Health Rankings*. As seen below, RWJ's model use a number of health factors to rank each county.>



County Health Rankings model ©2012 UWPHI



## National Research – Year 2018 RWJ Health Rankings:

#	KS Rankings - 105 Counties	Definitions	Harper Co KS	TREND	KS SC/SW Rural Norm
1	Health Outcomes		95		76
2	Mortality	Length of Life	97		75
3	Morbidity	Quality of Life	82		70
4	Health Factors		88		74
5	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	89		67
6	Clinical Care	Access to care / Quality of Care	86		61
7	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	72		74
8	Physical Environment	Environmental quality	87		67
Kansas SC/SW Norm (N=12) includes the following counties: Cowley, Sumner, Kingman, Pratt, Harvey, Reno, McPherson, Butler, Montgomery, Labette, Neosho, Bourbon.					
<a href="http://www.countyhealthrankings.org">http://www.countyhealthrankings.org</a> , released 2018					

## PSA Secondary Research:

When studying community health, it's important to document health data by topical areas for primary service area (PSA). Below is a summary of key findings organized by subject area.

### TAB 1 Demographic Profile

Understanding population and household make-up is vital to start CHNA evaluation.

Tab	Health Indicator	Harper Co KS	Trend	KS	KS SC/SW Rural Norm	Source
1a	a Population estimates, July 1, 2017, (V2017)	5,590		2,913,123	14,025	People Quick Facts
	b Population, percent change - April 1, 2010 (estimates base) to July 1, 2017, (V2017)	-7.4%		2.1%	-6.4%	People Quick Facts
	c Population per square mile, 2010	7.5		34.9	19.9	Geography Quick Facts
	d Persons under 5 years, percent, July 1, 2017, (V2017)	6.9%		6.7%	5.9%	People Quick Facts
	e Persons 65 years and over, percent, July 1, 2017, (V2017)	22.1%		15.0%	21.3%	People Quick Facts
	f Female persons, percent, July 1, 2017, (V2017)	49.7%		50.2%	50.1%	People Quick Facts
	g White alone, percent, July 1, 2017, (V2017)	95.7%		86.6%	92.7%	People Quick Facts
	h Black or African American alone, percent, July 1, 2017, (V2017)	0.6%		6.2%	1.6%	People Quick Facts
	i Hispanic or Latino, percent, July 1, 2017, (V2017)	6.2%		11.6%	6.2%	People Quick Facts
	j Foreign born persons, percent, 2012-2016	1.8%		6.9%	2.3%	People Quick Facts
	k Language other than English spoken at home, percent of persons age 5 years+, 2012-2016	5.8%		11.3%	4.8%	People Quick Facts
	l Living in same house 1 year ago, percent of persons age 1 year+, 2012-2016	90.5%		83.5%	86.7%	People Quick Facts
	m Children in single-parent households, percent, 2012-2016	28.0%		29.0%	28.2%	County Health Rankings
	n Total Veterans, 2012-2016	363		192,340	1,028	People Quick Facts

## TAB 2 Economic Profile

Monetary resources will (at times) drive health “access” and self-care.

Tab	Health Indicator	Harper Co KS	Trend	KS	KS SC/SW Rural Norm	Source
2	a Per capita income in past 12 months (in 2016 dollars), 2012-2016	\$25,944		\$28,478	\$24,216	People Quick Facts
	b Persons in poverty, percent	14.6%		12.1%	14.7%	People Quick Facts
	c Total Housing units, July 1, 2017, (V2017)	3,172		1,273,742	6,096	People Quick Facts
	d Total Persons per household, 2012-2016	2.36		2.53	2.37	People Quick Facts
	e Severe housing problems, percent, 2010-2014	15.0%		14.0%	12.2%	County Health Rankings
	f Total of All firms, 2012	905		239,118	1,222	Business Quick Facts
	g Unemployment, percent, 2016	3.9%		4.2%	4.7%	County Health Rankings
	h Food insecurity, percent, 2015	13.0%		13.0%	14.0%	County Health Rankings
	i Limited access to healthy foods, percent, 2015	7.0%		8.0%	15.6%	County Health Rankings
	j Long commute - driving alone, percent, 2012-2016	18.0%		20.0%	24.8%	County Health Rankings

## TAB 3 Schools Health Delivery Profile

Currently, school districts are providing on-site primary health screenings and basic care.

Tab	Health Indicator	Harper Co KS	Trend	KS	KS SC/SW Rural Norm	Source
3	a Children eligible for free or reduced price lunch, percent, 2015-2016	61.0%		49.0%	55.8%	County Health Rankings
	b High school graduate or higher, percent of persons age 25 years+, 2012-2016	89.4%		90.3%	90.0%	People Quick Facts
	c Bachelor's degree or higher, percent of persons age 25 years+, 2012-2016	19.7%		31.6%	20.4%	People Quick Facts

Data obtained from Harper Schools

#	2018 School Health Indicators	USD #361
1	Total # Public School Nurses	1 RN / 2 Para's - Non Licensed
2	School Nurse is part of the IEP team	Yes
3	School Wellness Plan in place (Active)	Yes
4	VISION: # Screened / Referred to Prof / Seen by Professional	696 / 58 / NA
5	HEARING: # Screened / Referred to Prof / Seen by Professional	560 / 10 / NA
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	623 / 40 / NA
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	160 / NA / NA
8	# of Students served with no identified chronic health concerns	805
9	School has a suicide prevention program	Yes
10	Compliance on required vaccinations (%)	95%

#### TAB 4 Maternal and Infant Health Profile

Tracking maternal / infant care patterns are vital in understanding the foundation of family health.

#	Criteria - Vital Statistics	Harper Co KS	Mix %	KS	KS SC/SW Rural Norm
a	Total Live Births, 2012	66		40,304	189
b	Total Live Births, 2013	83		38,805	179
c	Total Live Births, 2014	86		39,193	176
d	Total Live Births, 2015	80		39,126	178
e	Total Live Births, 2016	65		38,048	165
f	Total Live Births, 2012-2016 - Five year Rate (%)	13.1%		13.5%	12.0%

#### TAB 4 Maternal and Infant Health Profile (Continued)

Tab	Health Indicator	Harper Co KS	Trend	KS	KS SC/SW Rural Norm	Source
4 a	Percent of Births Where Prenatal Care began in First Trimester, 2014-2016	80.8%		80.4%	76.4%	Kansas Health Matters
b	Percentage of Premature Births, 2014-2016	9.1%		8.9%	9.2%	Kansas Health Matters
c	Percent of Infants up to 24 months that received full immunizations, 2015-2016	73.3%		70.6%	71.4%	Kansas Health Matters
d	Percent of Births with Low Birth Weight, 2014-2016	6.1%		7.0%	7.3%	Kansas Health Matters
e	Percent of WIC Mothers Breastfeeding Exclusively, percent, 2016	N/A		15.0%	19.6%	Kansas Health Matters
f	Percent of all Births Occurring to Teens (15-19), 2014-2016	6.5%		6.3%	7.1%	Kansas Health Matters
g	Percent of Births Occurring to Unmarried Women, 2014-2016	39.8%		36.2%	37.9%	Kansas Health Matters
h	Percent of births Where Mother Smoked During Pregnancy, 2014-2016	21.2%		11.1%	17.8%	Kansas Health Matters

#### TAB 5 Hospitalization/Provider Profile

Understanding provider access and disease patterns are fundamental in healthcare delivery. Listed below are several vital county statistics.

Tab	Health Indicator	Harper Co KS	Trend	KS	KS SC/SW Rural Norm	Source
5 a	Primary care physicians (Pop Coverage per) , 2015	1940:1		1,320:1	2450:1	County Health Rankings
b	Preventable hospital stays, 2015 (lower the better)	111		51	68	County Health Rankings
c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	68.9%		79.0%	78.3%	CMS Hospital Compare, 10/1/2015-9/30/2016
d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	65.5%		78.0%	75.3%	CMS Hospital Compare, 10/1/2015-9/30/2016
e	Average Time Patients Spent in the Emergency Dept. Before They Were Seen by a Healthcare Professional (in Minutes)	14		24	16	CMS Hospital Compare, 10/1/2015-9/30/2016

**TAB 5 Hospitalization/Provider Profile (Continued)**

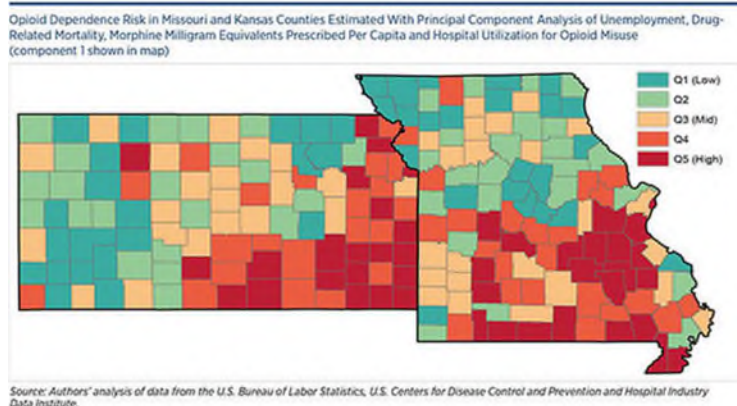
Hospital District #6 - Both Campus Locations- Harper County, KS	3YR Total	FFY17		FFY16		FFY15	
		Harper	Anthony	Harper	Anthony	Harper	Anthony
<b>Total Inpatient Discharges</b>	<b>1,122</b>	<b>153</b>	<b>132</b>	<b>219</b>	<b>167</b>	<b>249</b>	<b>202</b>
<b>Total Overall OP Visits</b>	<b>46,359</b>	<b>7,754</b>	<b>5014</b>	<b>8,203</b>	<b>8,446</b>	<b>8,397</b>	<b>8,545</b>
<b>Emergency Department</b>	<b>8,505</b>	<b>1,583</b>	<b>1154</b>	<b>1,670</b>	<b>1,086</b>	<b>1,669</b>	<b>1,343</b>
Radiology - Diagnostic (32x, excl 322 and 323)	8,439	1,552	1115	1,700	1,023	1,826	1,223
Rural Health - Clinic (521)	6,784	1	2172	2	2,513	2	2,094
EKGIECG (73x)	2,560	477	377	465	346	461	434
CT Scan (35x)	2,127	354	349	374	325	356	369
Treatment Room (76X excl. 762)	1,840	264	367	246	313	286	364
Ultrasound (402)	828	153	85	202	87	205	96
Observation (76x excl. 761)	689	119	90	135	95	133	117
Magnetic Resonance Technology (61x)	632	96	116	102	98	117	103
Cardiology (48x excl. 481-483)	578	113	87	107	71	112	88
Mammography (401, 403)	562	0	190	0	210	0	162
Physical Therapy (42x)	444	99	1	131	2	209	2
OP Surgery (36x, 49x)	374	23	118	27	92	25	89
Respiratory Services (41x)	319	85	8	101	14	87	24
G.I. Services (75x)	304	86	1	118		98	1
Sleep Lab (HCPC 95605-958111)	92	12	6	13	14	26	21
Pulmonary Function (46x)	71	16	20	12	4	11	8
Occupational Therapy (43x)	43	14	1	27	1		
Behavioral Health (90x, 91x)	35	11		13		11	
Telemedicine (78x)	34	11		12		10	1
SpeechLanguage Pathology (44x)	31	12	1	10		8	

**TAB 6 Social & Rehab Services Profile**

Behavioral healthcare provides another important indicator of community health status.

Tab	Health Indicator	Harper Co KS	Trend	KS	KS SC/SW Rural Norm	Source
6	a Depression: Medicare Population, percent, 2015	15.4%		17.8%	17.4%	Centers for Medicare and Medicaid Services
	b Age-adjusted Suicide Mortality Rate per 100,000 population, 2014-2016 (lower is better)	N/A		15.9	15.3	Kansas Health Matters
	c Poor mental health days, 2016	3.3		3.3	3.4	County Health Rankings

## TAB 6 Social & Rehab Services Profile (Continued)



## TAB 7a Health Risk Profiles

Knowing community health risk factors and disease patterns can aid in the understanding next steps to improve health.

Tab	Health Indicator	Harper Co KS	Trend	KS	KS SC/SW Rural Norm	Source
7a	a Adult obesity, percent, 2014	34.0%		32.0%	34.1%	County Health Rankings
	b Adult smoking, percent, 2016	18.0%		17.0%	17.5%	County Health Rankings
	c Excessive drinking, percent, 2016	15.0%		17.0%	14.9%	County Health Rankings
	d Physical inactivity, percent, 2014	34.0%		25.0%	28.9%	County Health Rankings
	e Poor physical health days, 2016	3.4		3.1	3.3	County Health Rankings
	f Sexually transmitted infections, rate per 100000, 2015	392.5		394.8	281.9	County Health Rankings

## TAB 7b Health Risk Profiles (Continued)

Tab	Health Indicator	Harper Co KS	Trend	KS	KS SC/SW Rural Norm	Source
7b	a Hypertension: Medicare Population, 2015	48.8%		53.2%	54.2%	Kansas Health Matters
	b Hyperlipidemia: Medicare Population, 2015	29.7%		40.0%	37.4%	Kansas Health Matters
	c Heart Failure: Medicare Population, 2015	15.8%		13.0%	16.1%	Kansas Health Matters
	d Chronic Kidney Disease: Medicare Pop, 2015	17.4%		16.2%	15.3%	Kansas Health Matters
	e COPD: Medicare Population, 2015	13.2%		11.4%	12.3%	Kansas Health Matters
	f Atrial Fibrillation: Medicare Population, 2015	8.5%		8.3%	8.8%	Kansas Health Matters
	g Cancer: Medicare Population, 2015	6.7%		7.7%	7.3%	Kansas Health Matters
	h Osteoporosis: Medicare Population, 2015	6.5%		5.7%	5.6%	Kansas Health Matters
	i Asthma: Medicare Population, 2015	5.9%		7.3%	7.1%	Kansas Health Matters
	j Stroke: Medicare Population, 2015	3.8%		3.4%	3.4%	Kansas Health Matters

### TAB 8 Uninsured Profiles/Community Invest

Based on state estimations, the number of insured is documented below. Also, the amount of charity care (last three years of free care) from area providers is trended below.

Tab	Health Indicator	Harper Co KS	Trend	KS	KS SC/SW Rural Norm	Source
8	a Uninsured, percent, 2015	15.0%		10.0%	12.9%	County Health Rankings

Source: Internal Hospital Records

	Hospital District #6 - Harper Co KS	YR 2017	YR 2016	YR 2015
1	Charity Care .. Free Care given **	\$50,107	\$60,642	\$232,180
2	Bad Debt.. Insurance Writeoff / Cant' Pay Bill	\$721,212	\$734,699	\$724,304
** Accounting rules changed on defining Charity Care.				

Source: Internal Records - Harper County KS

	Community Tax Dollars- Local Health Dept Operations	YR 2017	YR 2016	Yr 2015
a	Core Community Public Health	\$259,357	\$491,854	\$460,132

### TAB 9 Mortality Profile

The leading causes of county deaths are listed below. Areas of higher than expected are so noted.

Tab	Health Indicator	Harper Co KS	Trend	KS	KS SC/SW Rural Norm	Source
9	a Life Expectancy for Males, 2014	74.4		76.5	75.1	Kansas Health Matters
	b Life Expectancy for Females, 2014	79.8		81.0	80.0	Kansas Health Matters
	c Age-adjusted Cancer Mortality Rate per 100,000 population, 2014-2016 (lower is better)	158.3		162.6	178.5	Kansas Health Matters
	d Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2014-2016 (lower is better)	149.3		157.4	196.3	Kansas Health Matters
	e Age-adjusted Chronic Lower Respiratory Dis Mortality Rate per 100,000, 2014-16 (Lower is better)	91.7		48.9	61.3	Kansas Health Matters
	f Alcohol-impaired driving deaths, percent, 2012-2016	22.0%		25.0%	23.3%	County Health Rankings



**TAB 9 Mortality Profile (Continued)**

Causes of Death by County of Residence, KS 2016	Harper Co KS	Mix %	KS	KS SC/SW Rural Norm
<b>TOTAL</b>	<b>90</b>		<b>26,129</b>	<b>199</b>
Cancer	20	1.3%	5,460	36
Other causes	17	3.7%	3962	30
Heart disease	16	-3.8%	5,630	46
Chronic lower respiratory diseases	7	1.5%	1653	13
Motor vehicle accidents	4	2.8%	428	4
Cerebrovascular disease (Stroke)	3	-1.9%	1,355	10
Chronic liver disease and cirrhosis	3	2.1%	316	2
Other digestive diseases	3	0.8%	650	5
Kidney disease (nephritis/nephrotic syndrome/nephrosis)	3	1.3%	529	5
Alzheimer's disease	2	-1.0%	853	6
All other accidents and adverse effects	2	-1.6%	1005	7
Diabetes	2	-0.6%	725	6
Suicide	2	0.3%	512	3

**TAB 10 Preventive Health Profile**

The following table reflects future health of the county. This information also is an indicator of community awareness of preventative measures.

Tab	Health Indicator	Harper Co KS	Trend	KS	KS SC/SW Rural Norm	Source
10 a	Access to exercise opportunities, percent, 2016	42.0%		81.0%	53.4%	County Health Rankings
b	Diabetes monitoring, percent, 2014	92.0%		86.0%	85.4%	County Health Rankings
c	Mammography screening, percent, 2014	56.0%		63.0%	56.5%	County Health Rankings
d	Percent Annual Check-Up Visit with PCP	TBD		TBD	TBD	TBD
e	Percent Annual Check-Up Visit with Dentist	TBD		TBD	TBD	TBD
f	Percent Annual Check-Up Visit with Eye Doctor	TBD		TBD	TBD	TBD

## b) Online Research- Health Status

### PSA Primary Research:

For each CHNA Wave # 3 evaluation, a community stakeholder survey has been created and administered to collect “current” healthcare information for PSA. Response for Harper County Online survey equals 244 residents. Below are two charts review survey demographics.

**Chart #1 – Harper Co KS PSA Online Feedback Response N=244**

<b>Community Health Needs Assessment Wave #3</b>			
For reporting purposes, are you involved in or are you a .... ?	Harper Co N=244	Trend	Wave#3 Norms N=3096
Business / Merchant	10.3%		9.3%
Community Board Member	9.2%		7.6%
Case Manager / Discharge Planner	0.4%		1.0%
Clergy	1.5%		1.2%
College / University	1.5%		2.0%
Consumer Advocate	0.0%		1.6%
Dentist / Eye Doctor / Chiropractor	0.0%		0.3%
Elected Official - City/County	3.7%		2.0%
EMS / Emergency	0.7%		2.0%
Farmer / Rancher	6.6%		5.9%
Hospital / Health Dept	18.7%		18.7%
Housing / Builder	0.0%		0.8%
Insurance	0.0%		0.9%
Labor	3.3%		2.3%
Law Enforcement	0.4%		1.2%
Mental Health	1.5%		1.7%
Other Health Professional	8.8%		10.1%
Parent / Caregiver	15.4%		15.1%
Pharmacy / Clinic	1.1%		2.1%
Media (Paper/TV/Radio)	0.4%		0.6%
Senior Care	5.1%		2.6%
Teacher / School Admin	4.0%		5.7%
Veteran	2.9%		2.6%
Other (please specify)	4.8%		6.8%
KS Norms Include the following 16 Counties: Barton, Cowley, Edwards, Harper, Hays, Johnson, Kiowa, Linn, Miami, Nemaha, Osborne, Pawnee, Russell, Sheridan, Smith, and Trego.			



**Chart #2 - Quality of Healthcare Delivery Community Rating**

Community Health Needs Assessment Wave #3			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Harper Co N=244	Trend	Wave#3 Norms N=3096
Top Box %	9.0%		24.6%
Top 2 Boxes %	51.6%		67.6%
Very Poor	0.8%		1.3%
Poor	10.7%		5.5%
Average	36.9%		25.4%
Good	42.6%		43.0%
Very Good	9.0%		24.6%

**Chart #3 – Overall Community Health Quality Trend**

Community Health Needs Assessment Wave #3			
When considering "overall community health quality", is it ...	Harper Co N=244	Trend	Norms N=3096
Increasing - moving up	41.2%		46.4%
Not really changing much	41.6%		43.0%
Decreasing - slipping	17.2%		10.5%

**Chart #4 – Re-evaluate Past Community Health Needs Assessment Needs**

CHNA Wave #3		Ongoing Problem		Pressing
Past CHNAs health needs identified		Harper Co N=244	Trend	Harper Co N=244
Rank	Topic	Votes	%	RANK
1	Drug / Substance Abuse	129	11.9%	1
2	Mental Health Access	101	9.3%	2
3	Alcohol Abuse	98	9.0%	4
4	Affordable Health Care (HC) Insurance	94	8.7%	3
5	Obesity	92	8.5%	6
6	Training for EMTs/Dispatch	67	6.2%	5
7	Family Support - for children	66	6.1%	8
8	OBGYN	65	6.0%	12
9	Child Care	58	5.3%	11
10	Nutrition - Healthy Food options	58	5.3%	13
11	Awareness of existing HC services	55	5.1%	7
12	Chronic Health	55	5.1%	9
13	Wellness / Prevention	53	4.9%	10
14	Tobacco Prevention	47	4.3%	15
15	Fitness / Exercise options	32	2.9%	14
16	Physical Therapy	15	1.4%	16
TOTALS		1085	100.0%	

**Chart #5 - Community Health Needs Assessment "Causes of Poor Health"**

<b>Community Health Needs Assessment Wave #3</b>			
In your opinion, what are the root causes of "poor health" in our community?	Harper Co N=244	Trend	Wave#3 Norms N=3096
Lack of awareness of existing local programs, providers, and services	42.5%		55.9%
Limited access to mental health assistance	33.5%		44.5%
Lack of health & wellness education	30.5%		34.3%
Elder assistance programs	24.0%		30.9%
Family assistance programs	24.0%		23.5%
Chronic disease prevention	21.6%		28.2%
Case management assistance	18.0%		19.1%
Other (please specify)	16.8%		18.3%

**Chart #6 – Community Rating of HC Delivery Services (Perceptions)**

CHNA Wave #3	Harper Co N=244			Wave#3 Norms N=3096	
How would our community rate each of the following?	Top 2 boxes	Bottom 2 boxes	Trend	Top 2 boxes	Bottom 2 boxes
Ambulance Services	23.3%	39.0%		81.4%	5.3%
Child Care	44.2%	8.5%		50.3%	11.0%
Chiropractors	37.2%	19.5%		73.2%	6.3%
Dentists	66.5%	8.8%		63.9%	14.4%
Emergency Room	68.4%	7.6%		70.7%	9.6%
Eye Doctor/Optomtrist	62.2%	5.8%		77.1%	4.9%
Family Planning Services	28.0%	22.3%		42.6%	15.2%
Home Health	30.9%	26.7%		55.2%	12.8%
Hospice	49.7%	10.2%		67.5%	8.2%
Inpatient Services	66.1%	7.9%		75.8%	13.5%
Mental Health	69.0%	39.2%		36.5%	29.1%
Nursing Home	11.0%	7.3%		39.9%	21.9%
Outpatient Services	59.3%	8.6%		70.2%	6.3%
Pharmacy	64.3%	4.2%		86.2%	3.2%
Physician Clinics	81.8%	7.3%		81.4%	4.5%
Public Health	70.9%	7.6%		66.4%	6.0%
School Nurse	55.7%	2.7%		58.7%	10.0%
Specialists	52.1%	20.9%		54.4%	14.0%

**Chart #7 – Community Health Readiness**

Community Health Needs Assessment Wave #3		Bottom 2 boxes	
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	Harper Co N=244	Trend	Wave#3 Norms N=3096
Substance Use Treatment & Education	57.9%		31.6%
Violence Prevention	51.4%		27.3%
Tobacco Prevention & Cessation Programs	50.0%		25.5%
Prenatal / Child Health Programs	41.3%		20.4%
Caregiver Training Programs	33.1%		19.5%
Spiritual Health Support	25.3%		13.9%
WIC Nutrition Program	24.2%		13.7%
Sexually Transmitted Disease Testing	21.9%		11.5%
Food and Nutrition Services/Education	18.6%		16.1%
Health Screenings (asthma, hearing, vision, scoliosis)	16.4%		14.6%
Early Childhood Development Programs	13.8%		15.0%
Women's Wellness Programs	13.8%		12.3%
Immunization Programs	11.4%		9.2%
Emergency Preparedness	11.1%		10.4%
Secure Grants / Finances to Support Local Health	10.8%		16.5%
Obesity Prevention & Treatment	5.1%		23.3%

**Chart #8 – Healthcare Delivery “Outside our Community”**

Community Health Needs Assessment Wave #3			
In the past 2 years, did you or someone you know receive HC outside of our community?	Harper Co N=244	Trend	Wave#3 Norms N=3096
Valid N	166		2133
Yes	91.0%		77.5%
No	4.8%		17.1%
I don't know	4.2%		5.4%

**Chart #8 – Healthcare Delivery “Outside our Community” (Continued)**

Community Health Needs Assessment Wave #3			
Are we actively working together to address community health?	Harper Co N=244	Trend	Wave#3 Norms N=3096
Yes	54.5%		46.2%
No	7.9%		11.3%
I don't know	37.6%		41.7%

**Specialties:**

Spec	CTS
OBG	21
SURG	15
CARD	13
CANC	11
EYE	11
ORTH	11
DENT	8
DERM	8
PEDS	8
WOM	7
EMER	6
MAMO	5

**Chart #9 – What HC topics need to be discussed in future Town Hall Meeting**

<b>Community Health Needs Assessment Wave #3</b>			
What needs to be discussed further at our CHNA Town Hall meeting?	Harper Co N=244	Trend	Wave#3 Norms N=3096
Abuse/Violence	5.3%		6.8%
Alcohol	6.0%		6.6%
Breast Feeding Friendly Workplace	0.9%		2.0%
Cancer	6.2%		5.6%
Diabetes	5.8%		5.6%
Drugs/Substance Abuse	10.5%		10.9%
Family Planning	2.6%		3.0%
Heart Disease	3.3%		4.1%
Lead Exposure	0.7%		1.1%
Mental Illness	8.7%		12.6%
Nutrition	2.9%		5.4%
Obesity	7.6%		9.8%
Ozone	0.0%		0.4%
Physical Exercise	2.9%		7.0%
Poverty	7.6%		8.3%
Respiratory Disease	2.4%		2.5%
Sexually Transmitted Diseases	3.1%		2.8%
Smoke-Free Workplace	0.9%		1.8%
Suicide	6.0%		9.9%
Teen Pregnancy	5.2%		3.8%
Tobacco Use	2.9%		4.1%
Vaccinations	2.2%		3.3%
Water Quality	3.3%		3.9%
Wellness Education	3.2%		7.3%

# **IV. Inventory of Community Health Resources**

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[VVV Consultants LLC]

Inventory of Health Services 2018 - Harper County KS				
Cat	HC Services Offered in county: Yes / No	Hospital	HLTH Dept	Other
Clinic	Primary Care	Yes	No	
Hosp	Alzheimer Center	No	No	Yes
Hosp	Ambulatory Surgery Centers	Yes	No	
Hosp	Arthritis Treatment Center	No	No	
Hosp	Bariatric/weight control services	Yes	No	
Hosp	Birthing/LDR/LDRP Room	No	No	
Hosp	Breast Cancer	Yes	No	
Hosp	Burn Care	No	No	
Hosp	Cardiopulmonary Rehabilitation	Yes	No	
Hosp	Cardiac Surgery	No	No	
Hosp	Cardiology services	Yes	No	
Hosp	Case Management (Horizons MHC, Arrowhead West, ILCs, AAA)	No	No	Yes
Hosp	Chaplaincy/pastoral care services (Hospice agencies)	No	No	Yes
Hosp	Chemotherapy	No	No	
Hosp	Colonoscopy	Yes	No	
Hosp	Crisis Prevention (Horizons MHC & Sexual Assault/DV)	No	No	Yes
Hosp	CTScanner	Yes	No	
Hosp	Diagnostic Radioisotope Facility	No	No	
Hosp	Diagnostic/Invasive Catheterization	No	No	
Hosp	Electron Beam Computed Tomography (EBCT)	No	No	
Hosp	Enrollment Assistance Services	Yes	Yes	
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)	No	No	
Hosp	Fertility Clinic	No	No	
Hosp	FullField Digital Mammography (FFDM)	Yes	No	
Hosp	Genetic Testing/Counseling	No	No	
Hosp	Geriatric Services	Yes	No	
Hosp	Heart	Yes	No	
Hosp	Hemodialysis	No	No	
Hosp	HIV/AIDS Services (Testing & Counseling)	No	Yes	
Hosp	Image-Guided Radiation Therapy (IGRT)	No	No	
Hosp	Inpatient Acute Care - Hospital services	Yes	No	
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161	No	No	
Hosp	Intensive Care Unit	No	No	
Hosp	Intermediate Care Unit	Yes	No	
Hosp	Interventional Cardiac Catheterization	No	No	
Hosp	Isolation room	Yes	No	
Hosp	Kidney	No	No	
Hosp	Liver	No	No	
Hosp	Lung	No	No	
Hosp	Magnetic Resonance Imaging (MRI)	Yes	No	
Hosp	Mammograms	Yes	No	
Hosp	Mobile Health Services	No	No	
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)	Yes	No	
Hosp	Multislice Spiral Computed Tomography (<64+ slice CT)	No	No	
Hosp	Neonatal	No	No	
Hosp	Neurological services	No	No	
Hosp	Obstetrics	No	No	
Hosp	Occupational Health Services (Occupational Therapy/HHA)	Yes	No	
Hosp	Oncology Services	Yes	No	
Hosp	Orthopedic services	Yes	No	
Hosp	Outpatient Surgery	Yes	No	
Hosp	Pain Management (HHA & Hospice agencies)	Yes	Yes	Yes
Hosp	Palliative Care Program (Hospice agencies)	Yes	No	Yes
Hosp	Pediatric (Immunizations)	Yes	Yes	
Hosp	Physical Rehabilitation (Physical & Speech Therapy/HHA)	Yes	No	
Hosp	Positron Emission Tomography (PET)	No	No	
Hosp	Positron Emission Tomography/CT (PET/CT)	No	No	
Hosp	Psychiatric Services (Horizons MHC)	No	No	Yes
Hosp	Radiology, Diagnostic	Yes	No	
Hosp	Radiology, Therapeutic	Yes	No	
Hosp	Reproductive Health (Family Planning Program)	No	Yes	
Hosp	Robotic Surgery	No	No	

Inventory of Health Services 2018 - Harper County KS				
Cat	HC Services Offered in county: Yes / No	Hospital	HLTH Dept	Other
Hosp	Senior Behavioral Health Services	Yes	No	
Hosp	Shaped Beam Radiation System 161	No	No	
Hosp	Single Photon Emission Computerized Tomography (SPECT)	No	No	
Hosp	Sleep Center	Yes	No	
Hosp	Social Work Services (Horizons MHC)	No	No	Yes
Hosp	Sports Medicine	No	No	
Hosp	Stereotactic Radiosurgery	No	No	
Hosp	Swing Bed Services	Yes	No	
Hosp	Transplant Services	No	No	
Hosp	Trauma Center	No	No	
Hosp	Ultrasound	Yes	No	
Hosp	Women's Health Services (Limited testing & support programs)	Yes	Yes	
Hosp	Wound Care (Home Health Services)	Yes	Yes	
SR	Adult Day Care Program	No	No	Yes
SR	Assisted Living	Yes	No	Yes
SR	Home Health Services	No	No	
SR	Hospice	No	No	Yes
SR	In Home Services (SCA, HCBS, LLLB, Private Party)		Yes	
SR	LongTerm Care	No	No	Yes
SR	Nursing Home Services	No	No	Yes
SR	Retirement Housing	No	No	Yes
SR	Skilled Nursing Care	Yes	No	
ER	Emergency Services	Yes	No	
ER	Urgent Care Center	No	No	
ER	Ambulance Services	No	No	Yes
SERV	Alcoholism-Drug Abuse (AA, Mirror Inc., Horizons MHC)	No	No	Yes
SERV	Basic Health Assessments/Education/Services	Yes	Yes	
SERV	Blood Donor Center (Red Cross outreach)	No	No	Yes
SERV	Breastfeeding Support/Counseling	No	Yes	
SERV	Chiropractic Services	Yes	No	Yes
SERV	Complementary Medicine Services (Pharmacies, Vision, Hearing, Horizons MHC)	Yes	No	Yes
SERV	Comprehensive Infant, Child, Adolescent, & Adult Immunization Services	No	Yes	
SERV	Dental Services	No	No	Yes
SERV	Disease Investigation Services	No	Yes	
SERV	Fitness Center	Yes	No	Yes
SERV	Health Education Classes	Yes	No	Yes
SERV	Health Fair (Annual)	Yes		Yes
SERV	Health Information Center	No	No	
SERV	Health Screenings	Yes	Yes	Yes
SERV	Hearing/Vision Screenings	Yes	Yes	
SERV	Lead Testing/ Investigation	No	Yes	
SERV	Meals on Wheels	Yes	No	Yes
SERV	Nutrition Programs	Yes	Yes	Yes
SERV	Patient Education Center	No	No	
SERV	Pregnancy Testing/Counseling	No	Yes	
SERV	Public Health Emergency Preparedness	No	Yes	
SERV	Support Groups (Alzheimers, grief, SADD)	Yes	No	Yes
SERV	STI Testing/Counseling	No	Yes	
SERV	Teen Outreach Services (Church youth groups, SADD)	No	No	Yes
SERV	Tobacco Treatment/Cessation Program (Quitline)	No		Yes
SERV	Transportation to Health Facilities	No	No	Yes
SERV	Women, Infant, & Children Nutrition Services Program (WIC)	No	Yes	
SERV	Wellness Program (Limited employer/Wellness Centers)	Yes	No	Yes



<b>2018 Provider Manpower - Harper County KS</b>			
	<b>Supply working in County</b>		
<b># of FTE Providers working in county</b>	<b>MD's DO's County Based</b>	<b>FTE Visting DRs *</b>	<b>Local PA's / NP's</b>
<b>Primary Care:</b>			
Family Practice	3.2	0.0	8.2
Internal Medicine	0.0	0.0	0.0
Obstetrics/Gynecology	0.0	0.0	0.0
Pediatrics	0.0	0.0	0.0
<b>Medicine Specialists:</b>			
Allergy/Immunology	0.0	0.0	
Cardiology	0.0	0.0	
Dermatology	0.0	0.0	
Endocrinology	0.0	0.0	
Gastroenterology	0.0	0.0	
Oncology/RADO	0.0	0.0	
Infectious Diseases	0.0	0.0	
Nephrology	0.0	0.0	
Neurology	0.0	0.0	
Psychiatry	0.0	0.0	
Pulmonary	0.0	0.0	
Rheumatology	0.0	0.0	
<b>Surgery Specialists:</b>			
General Surgery	0.0	0.0	
Neurosurgery	0.0	0.0	
Ophthalmology	0.0	0.0	
Orthopedics	0.0	0.0	
Otolaryngology (ENT)	0.0	0.0	
Plastic/Reconstructive	0.0	0.0	
Thoracic/Cardiovascular/Vasc	0.0	0.0	
Urology	0.0	0.0	
<b>Hospital Based:</b>			
Anesthesia/Pain	0.0	0.0	
Emergency	0.0	0.0	0.0
Radiology	0.0	0.0	
Pathology	0.0	0.0	
Hospitalist *	0.0	0.0	
Neonatal/Perinatal	0.0	0.0	
Physical Medicine/Rehab	0.0	0.0	
VA clinic		0.0	
Podiatry		0.0	
<b>Others HC Providers</b>			
Eye Care (OD)	1.0	0.0	
Dentists	2.0	0.0	
<b>TOTALS</b>	<b>6.2</b>	<b>0.0</b>	<b>8.2</b>

## 2018 Visiting Specialists to Harper County KS

<i>Specialty</i>	<i>Provider / Degree</i>	<i>Group Name</i>	<i>From (City / ST)</i>	<i>SCHEDULE</i>	<i>Days per YR</i>	<i>FTE</i>
Gynecology	Ashley Robbins, M.D.	Mid KS Womens Center	Wichita, KS	3rd Thursday	12	0.03
Cardiology	Joseph Zelinek, M.D.		Wichita, KS	1st and 3rd Wed.	24	0.07
Cardiology	Husam Bakdash M.D.		Wichita, KS	2nd and 4th Thursdays	24	0.07
Hematology	Phu Truong M.D.	Cancer Center of KS	Wichita, KS	Monthly on Thurs.	12	0.03
Oncology	Phu Truong M.D.	Cancer Center of KS	Wichita, KS	Monthly on Thurs.	12	0.03
General Surgery	Scott Porter M.D.		Wichita, Ks	2-3 times monthly on Tues.	36	0.10
General Surgery	Donald Ransom, M.D.		Medicine Lodge, KS	Every Tuesday	48	0.13
Chiropractor	Karl May, DCP		Clearwater, KS	Tuesdays and Thursdays	24	0.07
Optometry	Andrew Piester, OD	Harper Eye Care	Kingman, KS	Every Thursday	48	0.13
Optometry	Daniel M. Marchant, OD	Greene Vision Group	Derby, KS	Every Mon, Wed, Thurs	144	0.40
Optometry	Terria L Winn, MD	Greene Vision Group	Wichita, KS	Once a Month by referral	12	0.03
Orthopaedics	Paul Pappademos, M.D.		Wichita, KS	4th Friday	12	0.03
Urology	Richard Steinberger M.D.		Wichita, KS	2nd Friday	12	0.03
Urology	Richard Steinberger M.D.		Wichita, KS	4th Friday	12	0.03

# Harper County KS Healthcare Directory

## Emergency Numbers:

Police/Sheriff	911
Harper Co Sheriff	842-5135
Fire	911
Ambulance	911
Harper Co Ambulance	842-3506
Harper Co 911 (Dispatch)	842-3086
Suicide Prevention	800-273-8255
Poison Control	800-222-1222

## Municipal (City) Non-Emergency Numbers:

	<u>Police</u>	<u>Fire</u>
Anthony	842-3134	842-5434
Attica	254-7291	254-7265
Harper	896-2511	896-2511

## **OTHER EMERGENCY NUMBERS**

Harper County Crime Stoppers  
620-842-5232

American Red Cross  
316-219-4000

Bureau of Alcohol, Tobacco, & Firearms (ATF)  
800-283-4867

Centers for Disease Control & Prevention (CDC)  
404-639-3311

Federal Emergency Management Agency  
(FEMA)  
800-427-2354

Harper County Certified Emergency Response  
Team (CERT)  
620-842-3506

Horizons Mental Health Center Crisis Line  
800-794-0163

Kansas Emergency Management  
785-274-1409

Local Emergency Planning Committee (LEPC)  
620-842-5132

Poison Control Center – Kansas City, KS  
800-332-6633

Preparedness Regional Coordinator  
620-243-2520

Salvation Army (Harper County Community  
Hope)  
620-842-2091

Sexual Assault/Domestic Violence Center  
800-701-3630

## **HEALTH SERVICES**

### **Hospitals**

Anthony Medical Center  
620-842-5111

Hospital District #5 of Harper County (Harper  
Hospital)  
620-896-7324

### **Clinics**

Anthony Outpatient Specialty Clinic  
620-842-5706

Anthony Primary Care Center  
620-842-5144

Argonia Family Medicine  
620-435-6356

Attica Rural Health Clinic  
620-254-7272

Conway Springs Rural Health Clinic  
620-456-2411

Grace Medical  
316-866-2000

Harper County Health Department  
620-842-5132

Harper Hospital Rural Health Clinic  
620-896-7306

Harper Hospital Rural Health Clinic  
800-896-7306

Harper Outpatient Specialty Clinic  
620-896-7324

### **Chiropractic**

Knapic Chiropractic  
620-842-5252

May Chiropractic  
620-896-7777

### **Dental**

Anthony Dental  
620-842-3844

Delta Dental of Kansas Dental Clinic  
316-978-8350

Grace Medical  
316-866-2000

Great Plains Dental  
316-686-2721

Greg J. Hom, DDS  
316-722-3191

Hunter Health Clinic  
316-262-2415

Kansas Foundation of Dentistry for the  
Handicapped  
785-273-1900

Harold A. Small, DDS  
620-435-6367

Sunflower Dental Family Dentistry  
620-896-7605

Walker Family Dental, P. A.  
620-842-5936

**Environmental Services**

County Sanitarian  
620-842-6018

**Fitness**

Anthony Wellness Center  
620-842-5190

Attica Wellness Center  
620-254-7978

Harper Wellness Center  
620-896-7324

**Hearing**

Harper County Health Department  
620-842-5132

Midwest Hearing Aids, Inc  
620-842-3030

**Home Health Agencies**

Harper County Health Dept.  
620-842-5132

**Hospices**

Harry Hynes Memorial Hospice  
800-767-4965

Harden Hospice  
620-664-5757

South Wind Hospice, Inc  
620-672-7553

**Mental Health Services**

Harper Hospital Senior Health Services  
620-896-7324

Horizons Mental Health Center  
800-794-0163 or 620-842-3768

Prairie View, Inc.  
800-362-0180

Sexual Assault/Domestic Violence Center  
800-701-3630

**Nursing Facilities/Assisted Living**

Anthony Community Care Center  
620-842-5187

Attica Long Term Care Unit  
620-254-7253

Country Living (Anthony)  
620-842-5858

Harper Hospital Long Term Care  
620-896-7324

Heritage Estates (Harper)  
620-896-2646

Home Comfort (Anthony)  
620-842-5111

**Pharmacies**

Harper Pharmacy  
620-896-7700 or 877-570-0077

Irwin-Potter Drug  
800-881-5119 or 620-842-5119

VA Medical Center Pharmacy  
888-878-6881

**Screenings(InhomeServices/Nursing Facility Placement/Case Management)**

Arrowhead West (Developmental Disabilities)  
620-672-1005

Disability Rights Center (Under age 60)  
800-432-2326

Harper County Department on Aging (60 or over)  
620-842-5104

Horizons Mental Health Center (Mental Health Services)  
620-842-3768

South Central Kansas Area Agency on Aging (60 or over)  
800-362-0264

**Tobacco Cessation**

Tobacco Quitline  
866-526-7867

**Vision**

Envision Rehabilitation Center (Michael J. Eck)  
316-682-4646

Greene Vision Group  
800-696-4467 or 620-842-5596  
Harper County Health Department  
620-842-5132

Harper Eye Care  
620-896-7000

NFOCUS  
866-963-6287

## **COMMUNITY RESOURCES**

### **Abuse/Neglect**

Adult/Child Abuse Hotline  
1- 800-922-5330

Adult Abuse in Facility Hotline (KDHE/KDADS)  
1-800-842-0078

Child Help USA/National Child Abuse Hotline  
1-800-422-4453

Parent and Youth Resource Line  
1-800-332-6378

Parents Help Line  
1-800-332-6378

Sexual Assault/Domestic Violence Center  
1-800-701-3630

Saint Francis Community Services  
620-326-6373

Suicide Prevention Hotline  
1-800-273-8255

TFI Family Services  
877-921-4114

### **Advocacy**

Crossroads Family Resource Center  
620-842-7078

Department On Aging and Disability Services  
(KDADS)  
800-432-3535

Disability Rights Center of Kansas  
800-432-2326

Harper County Community Hope  
620-842-2091

Kansas Guardianship Program  
800-672-0086

St. Francis Community Outreach Programs  
800-898-4903

### **Alcohol & Drugs**

Alcoholics Anonymous, Anthony  
620-845-3943

Horizons Mental Health Center  
620-842-3768  
Mirror, Inc  
620-213-1352

Mirror Inc., Corporate Office  
316-283-6743

SADD  
800-206-7231

Substance Abuse and Mental Health Services  
Admin. (SAMHSA)  
800-729-6686

SAMHSA  
800-662-4357

### **Child Care**

Child Care Aware of Kansas (Listing of child care  
providers)  
877-678-2548

Child Care Aware of Kansas (Provider  
assistance)  
855-750-3343

Cowley County Health Department (Provider  
Licensure)  
620-221-1430

DCF (Financial assistance for child care)  
888-369-4777

Harper County Health Department  
620-842-5132

### **Licensed Day Care Providers**

Busy Blocks Child Care  
620-896-7002

Carrie Bohnert  
620-842-3635

First Steps Child Care  
620-842-5221

Harper County Head Start 0-5 Program (Child  
Start, Inc.)  
620-842-3999

Judy's Day Care  
620-955-7396

Kracker Jack Palace Child Care  
620-896-7123

Lil' Feet Daycare  
620-896-7654  
Little Lambs Daycare  
620-842-393

**Disability Services**  
Arrowhead West, Inc.  
800-794-8825

Arrowhead West, Inc.  
888-500-1804

Blind Services (DCF)  
888-369-4777

Bridges to Learning  
620-896-7550

Disability Rights Center  
800-432-2326

Horizons Mental Health Center  
.620-842-3768

Prairie Independent Living  
888-715-6818

South Central Kansas Library System (Talking  
Book Services)  
800-234-0529

Vocational Rehabilitation Services (DCF)  
888-369-4777

### **EMPLOYMENT SERVICES**

Arrowhead West  
800-794-8825

Arrowhead West  
888-500-1804

Cowley Work Force Center  
620-221-7790

Harper County Economic Development  
620-842-6004

Kansas Unemployment Claim Center  
800-292-6333

Senior Community Service Employment  
316-771-6750

Sumner County Work Force Center  
620-326-2659  
Vocational Rehabilitation Services (DCF)  
888-369-4777

Wichita Work Force Center  
316-771-6600

### **CITY OFFICES**

**Anthony**  
Anthony Chamber of Commerce  
620-842-5456

Anthony Police Department  
620-842-3134

City Building/Clerk  
620-842-5434

**Attica**  
Attica Police Department  
620-254-7291

City Building/Clerk  
620-254-7216

**Harper**  
Harper Chamber of Commerce  
620-896-2511

Harper City Building/Clerk  
620-896-2511

Harper Police Department  
620-896-2511

### **COUNTY OFFICES – HARPER COUNTY**

**County Offices Toll Free Number:**  
**877-537-2110**

Aging  
620-842-5104

Appraiser  
620-842-3718

Attorney  
620-842-6070

Clerk  
620-842-5555

Clerk of the District Court  
620-842-3721  
Commissioners  
620-842-5555

Communications/911 (Dispatch)  
620-842-3086

Court Services Officer  
620-842-3586

Crime Stoppers  
620-842-5232

Economic Development  
620-842-6004

Emergency Medical Services (EMS)  
620-842-3506

Emergency Management  
620-842-6006

Environmental Services (County Sanitarian)  
620-842-6018

K-State Research & Extension  
620-842-5445

Health Department/Home Health Agency  
620-842-5132

Human Resources  
620-842-6007

Register of Deeds  
620-842-5336

Landfill & Recycling Center  
620-896-7150

Sheriff & Jail (911)  
620-842-5135

SCK Community Correction  
620-842-5499

Treasurer  
620-842-5191

Weed Dept  
620-842-3021

## **CHURCHES**

### **Anthony**

Anthony Christian Church  
620-842-5541

Central Baptist Church  
620-842-5414  
Church of Christ  
620-842-3200

Church of the Nazarene  
620-842-3897

Congregational Church  
620-842-5436

First Baptist Church  
620-842-5395

First Pentecostal Church  
620-842-3864

Grace Episcopal Church  
620-842-3254

Life180 Church  
785-764-8732

Revolution Fellowship  
620-842-5318

St. Joan of Arc Parish  
888-896-1886

United Methodist Church  
620-842-5486

### **Attica**

Assembly of God Church  
620-254-7654

Attica Christian Church  
620-254-7944

Faith Baptist Church  
620-254-7802

H20Church – Attica in the Wild  
620-842-2698

United Methodist Church  
620-254-7911

### **Bluff City**

United Methodist Church  
316-425-3670

### **Burchfiel**

Burchfiel United Methodist Church  
785-224-6696

### **Crystal Springs**

Crystal Springs Mennonite Church  
620-896-7985

### **Freeport**

Freeport Presbyterian Church  
620-842-3572

### **Harper**

Chikaskia Baptist Church  
316-265-9379

Community Bible Church  
316-737-2212



Cross Pointe Christian Church  
620-896-2169

Eastside Church of Christ  
620-896-2033

First Presbyterian Church  
620-399-0416

Harper Christian Church  
620-896-2461

Pleasant Valley Mennonite Church  
620-896-2004

Seventh-Day Adventist Church  
620-896-2355

St. Joan of Arc Parish  
888-896-1886

United Methodist Church  
620-896-2952

**Hopewell**  
Hopewell Presbyterian Church  
No phone

### **COMMUNITY SERVICE ORGANIZATIONS**

American Legion Auxiliary  
620-842-3575

American Legion Post #54  
620-842-3534

Anthony Masonic Lodge  
620-842-3636

Anthony Ministerial Association  
620-842-3897

Anthony Order of Easter Star  
620-842-5449

Anthony Volunteer Fire Department (City office)  
620-842-5434

Athena Club  
620-842-3430  
Attica Saddle Club  
620-842-2226

Attica United Methodist Church Angels  
620-254-7523 or 620-254-7911

Boy Scouts/Cub Scouts Troop #855  
620-842-2975

Congregational Church Women's Fellowship  
620-842-5804

Argonia Hilltoppers  
620-435-6626

Moffett Hilltoppers  
620-962-5497

Spring Robins  
620-842-2104

Sunny Side  
620-845-1353

Westside  
620-254-7294

Girl Scouts (Attica)  
620-254-7792

Harper County Certified Emergency Response  
Team (CERT)  
620-842-6006

Harper County Community Foundation  
620-840-1153

Harper County Genealogical Society  
620-478-2563

Harper County Interagency Coordinating Council  
(ICC)  
620-842-5132

Harper County Local Emergency Planning  
Committee (LEPC)  
620-842-5132

Harper County Ministerial Association  
620-842-3897

Harper County Wheat Growers Association  
620-842-3471

Harper County Youth Rodeo  
620-243-2331

Harper Ministerial Alliance  
620-896-7891

Higher Ground/Leather Bound  
620-842-5900

JAM (Jesus & Me)  
620-254-7911

Kiwanis Club  
620-842-3609

Lions Club  
620-842-7064

### **Parent Teacher Support Groups**

Anthony – FOCUS  
316-833-1199

Attica – PAWS  
620-254-7915

Chaparral – Big Blue Backers  
620-842-2149

Harper – HOPE  
620-243-3402

P.E.O. Club, Chapter, BU  
620-842-3746

Runner Buddies (Anthony)  
620-842-3743

Runner Buddies (Harper)  
620-896-2913

SADD  
800-206-7231

SJA – Knights of Columbus  
888-896-1886

SJA – Catholic Youth Organization  
888-896-1886

### **EDUCATION**

Anthony Elementary School  
620-842-3743

Anthony Learning Center  
620-322-7055

Attica Grade School  
620-254-7314  
Attica High School  
620-254-7915

Blessed Beginnings Preschool  
620-842-3022

Bridges to Learning Preschool  
620-896-7550

Chaparral High School  
620-842-5155 or 620-896-7303

Harper County Head Start 0-5 Program  
800-684-3962 or 620-842-3999

Harper Elementary School  
620-896-2913

Harper County Area Family Educator (Home School)  
316-259-8167

Little Lions Preschool  
620-842-7031

Pleasant Valley Preschool  
620-896-2004

Pratt Community College – Outreach Center  
620-842-5155

USD# 361 Anthony-Harper Administrative Office  
620-842-5183

USD# 511 Attica Administrative Office  
620-254-7661

### **FINANCIAL/OTHER ASSISTANCE**

#### **Clothing**

Anthony Thrift Shop  
620-842-3888

#### **Food/Meals**

Anthony Congregate/Home Delivered Meal  
620-842-3008

Anthony Summer Food Program  
620-842-3888

Attica Congregate/Home Delivered Meals  
620-254-7371

Food 4 Kids (School Back-pack program – Kathie Kersten)  
620-842-3743  
Food 4 Kids (School Back-pack program – Emily Ballard)  
620-896-2913

Harper Congregate/Home Delivered Meals  
620-896-2063

Harper Food Bank  
620-896-7503

Department for Children & Families (DCF – SNAP)  
888-369-4777

TEFAP/USDA Commodity Foods (Dept. on Aging)  
620-842-5104

United Methodist Church Commodity Supplemental Food  
620-842-5486

United Methodist Church/Mid-Cap Summer Food Program  
620-842-5486

WIC (Women, Infants and Children Nutrition Program)

**Financial**  
American Red Cross  
316-219-4000

Department of Children & Family Services  
888-369-4777

Harper County Community Hope  
620-842-2091

Military OneSource  
800-342-9647

Ministerial Alliance - Contact Law Enforcement through Dispatch for referral  
620-842-3086

Railroad Retirement  
877-772-5772

Salvation Army (Harper County Community Hope)  
620-842-2091

Social Security  
800-772-1213  
Veterans Administration Service Representative  
620-221-9479

**Health**  
Farmworker Health Program (Harper County Health Dept.)  
620-842-5132

Health Care Market Place  
800-318-2596

KanCare (Medicaid/CHIP)  
866-305-5147  
Amerigroup

800-600-4441

Sunflower  
877-644-4623

United  
877-542-9238

Working Healthy  
620-672-5955

**Housing**  
Anthony Housing Authority  
620-842-5331

U.S. Dept. of Housing & Urban Development (HUD) Housing  
913-551-5644

Interfaith Housing Services, Inc. (Main Office)  
620-662-8370

Interfaith Housing Services, Inc. (West Acres, Sunrise)  
620-842-2595

Kansas Fair Housing (HUD)  
800-669-9777

Mennonite Housing  
316-942-4848

Prairie Independent Living  
888-715-6818

Redden's Village  
620-388-4016

SCKEDD (Weatherization)  
316-425-8844

Homestead Senior Residences Harper (Village East)  
316-554-1345

**Legal**  
Kansas Lawyer Referral Services  
800-928-3111

Kansas Legal Services  
316-265-9681

### **Prescriptions**

Community Rx Kansas  
Prescription Network of Kansas  
800-279-3022

Farmworker Health Program (Harper County Health Dept.)  
620-842-5132

KanCare (KDHE)  
866-305-5147

Medicaid (DCF)  
888-369-4777

Medicare (Prescription Drug Plan Finder)  
800-633-4227

SHICK  
800-860-5260

Working Healthy (DCF)  
800-449-1439

**Transportation**

Harper County Public Transportation  
620-842-5104

**Utilities**

Salvation Army (Harper County Community Hope)  
620-842-2091

LIEAP (DCF)  
888-369-4777

**INFORMATION LINES**

American Association of Retired Persons (AARP)  
800-523-5800

AIDS Hotline  
800-232-4636

American Cancer Society – High Plains Division  
800-227-2345  
American Diabetes Association – Kansas Affiliate  
800-362-1355

Arthritis Foundation – Kansas Affiliate  
800-362-1108

Attorney General's Office – Consumer Protection Division  
800-432-2310

Automobile Safety Hotline  
800-424-9393

Cancer Hotline  
800-422-6237

Catholic Charities  
316-263-6000

Center for Community Self-Help  
800-445-0116

Child Abuse Hotline  
800-422-4453

Consumer Assistance for Aging  
855-200-2372

Consumer Product Safety Commission Hotline  
800-638-2772

Crime Victim Information Referral  
800-828-9745

Department for Children & Family Services (DCF)  
888-369-4777

Disability Rights Center of Kansas  
800-432-2326

First Candle SIDS Alliance  
800-221-7437

KanCare  
800-792-4884

Horizons Mental Health Center (Crisis Line)  
800-794-0163

Immigration & Citizenship Service  
800-375-5283

Juvenile Diabetes Foundation Hotline  
800-223-1138

Kansas Alzheimer's Helpline  
800-272-3900  
Kansas Child Abuse Hotline  
800-922-5330

Kansas Children's Service League  
316-942-4261

Kansas Corporation Commission – Utilities Division  
800-662-0027

Kansas Department on Aging  
800-432-3535

Kansas Department of Insurance  
800-432-2484

Kansas Medical Assistance Program  
800-766-9012

Kansas Mothers Against Drunk Drivers (MADD)  
800-228-6233

Kansas School Safety Hotline  
877-626-8203

Kansas Veteran's Home & Representative  
620-221-9479

Kansas Victim's Rights Program  
800-828-9745

Kansas Welfare Fraud Hotline  
800-432-3913

K-State Research & Extension  
620-842-5445

Medicaid Consumer Assistance Unit  
800-766-9012

Medicaid Provider Assistance Unit  
800-933-6593

Medicare (Replace lost Medicare cards)  
800-772-1213

Mid-America Poison Center  
800-222-1222

Military OneSource  
800-342-9647

National Child Abuse Hotline  
800-422-4453

National Center for Missing & Exploited Children  
800-843-5678

National Runaway Switchboard  
800-786-2929

Nineline (Crisis Intervention)  
800-999-9999

Parents Anonymous Hotline  
630-527-3982

Parents Helping Parents  
800-332-6378

Parents Help Line  
800-332-6378

Poison Control Center – Kansas City, KS  
800-332-6633

Railroad Retirement  
877-772-5772

Social Security Administration  
800-772-1213

South Central Kansas Area Agency on Aging  
800-362-0264

Tobacco Quitline – Kansas  
866-526-7867

United Way InfoLine (211)  
316-267-4327

Venereal Disease Hotline (STD Info.)  
800-227-8922

### **LIBRARIES**

Anthony Public Library  
620-842-5344

Attica Public Library  
620-254-7767

Harper Public Library  
620-896-2959

### **MUSEUMS & HISTORICAL SITES**

Harper Art Museum (Cathy LaCount) Harper  
620-840-1043

Harper Train Station (City of Harper)  
620-896-2511

Historical Museum of Anthony, Inc., Anthony  
620-842-3852

Historic Anthony Theater, Anthony (Sunflower  
RC&D)

620-896-7378

Historic Harper County Courthouse, Anthony  
620-842-5555

Martha Keifer House  
620-896-7107

Old Harper Fountain  
620-896-2511

September 11 Memorial, Anthony  
620-842-5434

### **NEWSPAPERS**

Anthony Republican  
620-842-5129

Attica Independent  
620-254-7660

Harper Advocate  
620-896-7311

Prairie Connection  
620-896-7566

## **RECREATION**

### **Anthony**

Anthony Archery Range (Southern KS Bow  
Hunters Club)  
620-842-5833

Anthony Lake Gun Club  
620-842-5434

Anthony City Lake & Golf Course  
620-842-5434

Anthony Public Parks  
620-842-5434

Anthony Public Swimming Pool  
620-842-5392

Anthony Recreation Commission  
620-842-5434

Anthony Skate Park  
620-842-5434

Mindy's Dance Center  
620-262-5738

School Activities (USD 361)  
620-842-5183

Anthony Annual Events (Anthony Chamber of  
Commerce)  
620-842-5456

Anthony City Wide Garage Sale  
620-842-5456  
Anthony Fall Fest  
620-842-5456

Anthony Merchants Sidewalk Sale  
620-842-5456

Anthony Kiwanis Pancake Feed  
620-842-3609

Anthony Kiwanis Spook Parade  
620-842-3609

Arts & Crafts Shows  
620-842-5456

Christmas Parade/Light Up Anthony/Santa visits  
620-842-5456

Fourth of July (County wide)  
620-842-5456

Merchants Christmas Open House  
620-842-5456

Show & Shine Car Show  
620-842-3308

Sunflower Balloon Fest  
620-842-5456

Veteran Day Program  
620-842-5456

### **Attica**

Attica Public Park  
620-254-7216

Attica Public Swimming Pool  
620-254-7525

Attica Recreation Commission  
620-254-7216

School Activities (USD 511)  
620-254-7661

### **Attica Annual Events**

Attica Rodeo  
620-254-7216

Bull Riding  
620-842-2226

Fourth of July (County wide)  
620-842-5456

Pumpkin Fest  
620-254-7216

Santa Visits/Light up Main  
620-254-7216

### **Harper**

Harper Public Parks  
620-896-2511

Harper Public Swimming Pool  
620-896-2511

Harper Recreation Commission  
620-896-2511

Rolla Rena Skate Center  
620-896-7861

School Activities (USD 361)  
620-842-5183

Harper Annual Events (Harper Chamber of  
Commerce)  
620-896-2420

Citywide Garage Sale/Spring Fling  
620-896-2511

Demolition Derby  
620-896-2511

Fourth of July (County wide)  
620-842-5456

Harper County Fair  
620-842-5445

Harper Fest Activities  
620-896-2511

Pancake & Sausage Feed  
620-896-2004

Saint Patrick's Day Dinner  
620-896-7886

Santa Visits Harper  
620-896-2511

### **TRANSPORTATION**

Harper County Public Transportation  
620-842-5104

### **UTILITY SERVICES**

Atmos (Gas Service)  
888-286-6700

AT&T (Telephone)  
800-246-8464

Bluff City Water (Tim Garancosky)  
620-967-4675

Central Energy (Propane)  
620-842-2673

City of Anthony (Electric, water, sewer)  
620-842-5434

City of Attica (Electric, gas, water, sewer)  
620-254-7216

City of Harper (Water, sewer)  
620-896-2511

KanOkla (Telephone)  
800-526-6552

Kansas Gas Service (Gas)  
888-482-4950

Landfill & Recycling Center (Household waste)  
620-896-7150

N & J Sanitation Service  
620-896-2457

Plumb Thicket Landfill  
620-896-2229

Rural Water District #1 (Roy Davis)  
620-896-2292

Rural Water District #2 (Brian Waldschmidt)  
620-842-5430

Rural Water District #3 (Larry Miller)  
620-896-2398

Rural Water District #4 (Jim Coady)  
620-962-5276

Rural Water District #5 (Gene Grabs)  
620-896-7933

Trantham Trash  
620-254-7730

Water Testing/Wastewater Permits  
620-842-6018

Westar Energy (Electric)  
800-544-4587

Wheatland (Electric & Gas)  
800-762-0436  
Wyatt Trash Service  
620-842-3773

### **AGENCY BIOGRAPHIES**

American Cancer Society  
300 South Main St., Suite 100 Wichita, KS 67202;  
Telephone: 800-227-2345  
Fax: 316-265-3490  
Website: [www.cancer.org](http://www.cancer.org).

Anthony Medical Center  
1101 East Spring, Anthony, KS 67003  
620-842-5111 or Toll free 866-842-5111

Anthony Primary Care Clinic  
620-842-5144

Anthony Wellness Center  
620-842-5190.

Arrowhead West, Inc. & Infant Toddler Services  
1100 East Wyatt Earp Blvd.  
(620) 227-8803; [www.arrowheadwest.org](http://www.arrowheadwest.org)

Child Care Aware of Kansas  
877-678-2548 or 855-750-3343.  
Website: [www.ks.childcareaware.org/one](http://www.ks.childcareaware.org/one).

Connecting Families  
800-898-4903  
405 E. Iron, Salina, KS 67401  
Website: [www.st-francis.org](http://www.st-francis.org)

Department of Children and Family Services.  
Telephone: 888-369-4777  
Fax: 620-326-8547  
Website: [www.dcf.ks.gov](http://www.dcf.ks.gov).

Harper County Community Hope  
[harpercountyhope@gmail.com](mailto:harpercountyhope@gmail.com)  
620-842-2091.  
Tax deductible donations can be sent to HCCH at  
PO Box 1 Anthony KS 67003.

Harper County Health Department  
123 N. Jennings, Anthony, KS 67003  
Telephone 620-842-5132  
Fax 620-842-3152  
Website: [www.harpercountyks.gov](http://www.harpercountyks.gov) .

Harper Hospital District No. 5--Harper, KS  
700 W 13th Street, Harper, KS 67058 Telephone  
620-896-7324 or 620-842-5522  
Fax 620-896-7127  
Website: [www.hhd5.com](http://www.hhd5.com)

Horizons Mental Health Center  
123 N. Pennsylvania, Anthony, KS 67003  
620-842-3768 or 800-794-0163

Military OneSource  
800-342-9647  
[www.militaryonesource.com](http://www.militaryonesource.com)

TFI Family Services  
Telephone: 877-921-4114

U.S.D 361 Anthony-Harper  
124 N. Jennings, Anthony, KS 67003  
Telephone 620-842-5183  
Fax 620-842-5307  
website: [www.usd361.org](http://www.usd361.org).



# **V. Detail Exhibits**

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**[VVV Consultants LLC]**

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## a) Patient Origin Source Files

[VVV Consultants LLC]

**Patient Origin by Region - Inpatient**  
Harper, KS Residents Treated in KHA Reporting  
Area  
Federal Fiscal Year: 2015

Total Pediatric Adult Medical/Surgical  
Discharges Age 0 - 17 Age 18 - 44 Age 45 - 64 Age 65 - 74 Age 75+

Psychiatric Obstetric Newborn

Hospital Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Surg %
Wesley Healthcare - Wichita, KS	237 27.2%	13 5.5%		10 4.2%	39 16.5%	29 12.2%	54 22.8%	2 0.8%	47 19.8%	43 18.1%	34.6%					
Hospital District #6 - Harper Campus - Harper, KS	204 23.4%	0		7 3.4%	28 13.7%	24 11.8%	145 71.1%	0	0	0						
Hospital District #6 - Anthony Campus - Anthony, KS	172 19.8%	5 2.9%		10 5.8%	45 26.2%	30 17.4%	80 46.5%	2 1.2%	0	0						
Via Christi Hospitals Wichita, Inc. - Wichita, KS	133 15.3%	5 3.8%		11 8.3%	38 28.6%	21 15.8%	26 19.5%	5 3.8%	13 9.8%	14 10.5%	23.3%					
Sumner Regional Medical Center - Wellington, KS	37 4.3%	0		0	0	1 2.7%	1 2.7%	2 5.4%	15 40.5%	18 48.6%	10.8%					
Pratt Regional Medical Center - Pratt, KS	16 1.8%	0		0	5 31.2%	0	5 31.2%	1 6.2%	1 6.2%	4 25.0%	50.0%					
Via Christi Hospital Wichita St. Teresa, Inc. - Wichita, KS	15 1.7%	0		2 13.3%	5 33.3%	4 26.7%	4 26.7%	0	0	0	20.0%					
Hutchinson Regional Medical Center - Hutchinson, KS	14 1.6%	0		0	0	0	1 7.1%	10 71.4%	2 14.3%	1 7.1%	7.1%					
Medicine Lodge Memorial Hospital - Medicine Lodge, KS	13 1.5%	0		0	2 15.4%	4 30.8%	7 53.8%	0	0	0						
Wesley Woodlawn Hospital & ER - Wichita, KS	11 1.3%	0		0	2 18.2%	2 18.2%	7 63.6%	0	0	0	63.6%					
Sumner County District No. 1 Hospital - Caldwell, KS	5 0.6%	0		0	4 80.0%	0	1 20.0%	0	0	0						
The University of Kansas Health System - Kansas City, KS	5 0.6%	0		3 60.0%	1 20.0%	1 20.0%	0	0	0	0	60.0%					
Other Hospitals	8 0.9%	2 25.0%		0	3 37.5%	0	2 25.0%	1 12.5%	0	0	37.5%					
<b>Hospital Total 870</b>	<b>100.0%</b>	<b>25 2.9%</b>		<b>43 4.9%</b>	<b>172 19.8%</b>	<b>116 13.3%</b>	<b>333 38.3%</b>	<b>23 2.6%</b>	<b>78 9.0%</b>	<b>80 9.2%</b>	<b>16.3%</b>					

**Patient Origin by Region - Inpatient**  
Harper, KS Residents Treated in KHA Reporting Area  
Federal Fiscal Year: 2016

Total Pediatric Adult Medical/Surgical  
Discharges Age 0 - 17 Age 18 - 44 Age 45 - 64 Age 65 - 74 Age 75+

Psychiatric Obstetric Newborn

Hospital Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Surg %
Wesley Healthcare - Wichita, KS	237 29.5%	17 7.2%		22 9.3%	43 18.1%	37 15.6%	36 15.2%	1 0.4%	44 18.6%	37 15.6%	35.0%					
Hospital District #6 - Harper Campus - Harper, KS	175 21.8%	0		6 3.4%	19 10.9%	36 20.6%	114 65.1%	0	0	0	0.6%					
Via Christi Hospitals Wichita, Inc. - Wichita, KS	140 17.4%	4 2.9%		15 10.7%	42 30.0%	24 17.1%	32 22.9%	9 6.4%	7 5.0%	7 5.0%	29.3%					
Hospital District #6 - Anthony Campus - Anthony, KS	140 17.4%	3 2.1%		21 15.0%	24 17.1%	26 18.6%	65 46.4%	1 0.7%	0	0						
Sumner Regional Medical Center - Wellington, KS	28 3.5%	2 7.1%		2 7.1%	0	0	0	1 3.6%	12 42.9%	11 39.3%	25.0%					
Hutchinson Regional Medical Center - Hutchinson, KS	18 2.2%	0		0	2 11.1%	0	1 5.6%	13 72.2%	1 5.6%	1 5.6%	5.6%					
Pratt Regional Medical Center - Pratt, KS	12 1.5%	0		1 8.3%	2 16.7%	4 33.3%	0	0	0	5 41.7%	33.3%					
Medicine Lodge Memorial Hospital - Medicine Lodge, KS	12 1.5%	1 8.3%		0	2 16.7%	5 41.7%	4 33.3%	0	0	0	16.7%					
Wesley Woodlawn Hospital & ER - Wichita, KS	10 1.2%	0		2 20.0%	1 10.0%	2 20.0%	4 40.0%	1 10.0%	0	0	20.0%					
The University of Kansas Health System - Kansas City, KS	8 1.0%	0		1 12.5%	1 12.5%	2 25.0%	0	4 50.0%	0	0	25.0%					
Via Christi Hospital Wichita St. Teresa, Inc. - Wichita, KS	6 0.7%	0		1 16.7%	3 50.0%	1 16.7%	1 16.7%	0	0	0	33.3%					
Other Hospitals	18 2.2%	3 16.7%		1 5.6%	1 5.6%	4 22.2%	2 11.1%	5 27.8%	1 5.6%	1 5.6%	22.2%					
<b>Hospital Total 804</b>	<b>100.0%</b>	<b>30 3.7%</b>		<b>72 9.0%</b>	<b>140 17.4%</b>	<b>141 17.5%</b>	<b>259 32.2%</b>	<b>35 4.4%</b>	<b>65 8.1%</b>	<b>62 7.7%</b>	<b>18.5%</b>					

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## b) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

<b>Harper County KS CHNA Town Hall: District #6 Hospital PSA 10/30/18</b>						
#	AT	Name	Title	Organization	City	Zip
1	1	Allie Lear		HD#6 - Anthony Campus	Anthony	67003
2	1	Aly Mercer		HD#6 - Anthony Campus	Anthony	67003
3	1	Andrea Cowherd		HD#6 - Anthony Campus	Anthony	67003
4	1	Angela Hill		HD#6 - Anthony Campus	Anthony	67003
5	1	Angie Jenkins		HD#6 - Anthony Campus	Anthony	67003
6	1	Beverly Hendrick		HD#6 - Anthony Campus	Anthony	67003
7	3	Bill and Betty Rae Starks		Retired	Anthony	67003
8	1	Brandi Wescoat		HD#6 - Anthony Campus	Anthony	67003
9	2	Brenda Williams		HD#6 - Anthony Campus	Anthony	67003
10	1	Britt Hedlund	T2C Director	USD 361	Anthony	67003
11	1	Cassie Reed	DME Rep.	South Central DME	Anthony	67003
12	1	Cheryl Moon		HD#6 - Anthony Campus	Anthony	67003
13	1	Cinda Moore	Site Director	Anthony Learning Center	Anthony	67003
14	1	Cindy Hamill		HD#6 - Anthony Campus	Anthony	67003
15	1	Crissa Cox		HD#6 - Anthony Campus	Anthony	67003
16	1	Eleanor Wood			Anthony	67003
17	1	Heather Reames		HD#6 - Anthony Campus	Anthony	67003
18	1	Jennifer Foley	Director	Harper County Community Hope	Anthony	67003
19	1	Jennifer Wolff	Marketing Director	HD#6	Anthony	67003
20	1	Jerry Turner	Retired		Anthony	67003
21	1	Jessica Jones		HD#6 - Anthony Campus	Anthony	67003
22	1	Joshua Swartz	Superintendent	USD 361	Anthony	67003
23	1	Karlie Parker		HD#6 - Anthony Campus	Anthony	67003
24	1	Kim Barwick		HD#6 - Anthony Campus	Anthony	67003
25	1	Kim Bauer	RN	Harper County Health Department	Anthony	67003
26	1	Laurie Fox		HD#6 - Anthony Campus	Anthony	67003
27		Linda McClellan	Activities Director	HD#6 - Anthony Campus	Anthony	67003
28	1	Lynn Seifert	Case Manager	Early Head Start Harper County	Anthony	67003
29	2	Marla and Greg Stierwalt		HD#6 - Anthony Campus	Anthony	67003
30	1	Marla McGovney	Director	Early Head Start Harper County	Anthony	67003
31	1	Martha Hadsall	Chairman	HHD #6 Board	Anthony	67003
32	1	Michelle Carter		HD#6 - Anthony Campus	Anthony	67003
33	1	Mindy Westenhover	Director	CrossRoads Family Resource Center	Anthony	67003
34	1	Misti McMurray		HD#6 - Anthony Campus	Anthony	67003
35	1	Nancy Fadenrecht		HD#6 - Anthony Campus	Anthony	67003
36	1	Patsy Haynes		HD#6 - Anthony Campus	Anthony	67003
37	1	Paula Fankhauser	Victime Advocate DVC	Bright House	Anthony	67003
38	1	Rebecca Carter	Provider	HD#6 - Anthony Campus	Anthony	67003
39	1	Renee Pence		HD#6 - Anthony Campus	Anthony	67003
40	1	Rita Guy		HD#6 - Anthony Campus	Anthony	67003
41	1	Ruth Alder		HD#6 - Anthony Campus	Anthony	67003
42	1	Sherry Vierthaler	Administrator	Harper County Health Department	Anthony	67003
43	1	Shirley Moore		HD#6 - Anthony Campus	Anthony	67003
44	1	Tiffany Hartson	City Clerk	City of Harper	Anthony	67003
45	1	Tonya Hekel		HD#6 - Anthony Campus	Anthony	67003
46	1	Virginia Downing	Regional Coordinator	SKCPH	Anthony	67003
47	2	Alan & Polly Allenbach	Banker	Citizens Community Bank	Attica	67009
48	1	Andrea McDaniel	School RN	USD 511	Attica	67009
49	2	Ernie and Frieda Schmidt	Retired		Freeport	67049
50	1	Carla Pence	County Commissioner	Harper County	Harper	67058
51	1	Daniel Fox			Harper	67058
52	1	Dennis Roberts	Board Member	HHD #6	Harper	67058
53	1	Dollie Mathes			Harper	67058
54	1	Jeannett Dominick			Harper	67058
55	2	Karen and Dick Aldis	DON	HD#6 - Harper Campus	Harper	67058
56	3	Kimberly Schrant	vice-chairman	Hospital District #6	Harper	67058
57	1	Lisa Mathes	School RN	USD 361	Harper	67058
58	1	Loretta Kerschen	Grant Writer	Hospital District #6	Harper	67058
59	1	Lori Allen	COO	Hospital District #6	Harper	67058
60	2	Pat Kerschen	Banker	Freeport State Bank	Harper	67058
61	1	Pat Patton	CEO	Harper Hospital & Clinic	Harper	67058
62	1	Sandra Owen	CFO	Hospital District #6	Harper	67058
63	1	Mitzi Bailey	Business Development	Heartland Home Health & Hospice	Wichita	67205
64	1	Joel Livengood		Farmer	NA	NA

## Harper County Hospital #6 Town Hall Meeting

October 30, 2018

N=64

Expectant mothers go to Wichita for new born deliveries.

Participants voiced concern with opioids along with meth, marijuana, heroin & Xanax issues.

Alcohol abuse is an issue.

Having auto accidents more frequently than should.

Participants questioned the number representing access to exercise facilities/wellness centers (TAB 10); wellness centers are available and affordable in both Harper and Anthony.

No surprises regarding the top 6 needs listed in last community health assessment.

There are 2 pharmacies in Harper county.

There is a school nurse and she participated in the town hall.

Flagging error on Nursing Home rating (*How would you currently rate....*); flagged as RED on slide, but should be yellow.

Participants did not believe that anything is happening in the community that will impact the health of the community.

### Strengths:

- Employment opportunities; economically well-off.
- Access to primary care, vision care and dentistry.
- Kid-friendly activities that engage the children.
- 2 hospitals
- Transition to career program and the ability to retain the youth in the community.
- Wellness center and programming
- New police and law enforcement to address drug issue
- Collaboration between school and providers
- Up-to-date technology in the medical facility
- Health fair
- Both hospitals do an excellent job in training staff
- Pharmacy in both communities
- Community foundation
- Harper hospital has a senior behavioral health and cardiac pulmonary
- New model for healthcare with new hospital

**Improve/Change:**

- Follow-up care
- Healthcare transportation with emphasis on mental health
- Family planning education
- Additional specialists
  - EMT
  - Nephrology
  - Endocrinology
  - Dermatology
  - Pulmonology
  - Ortho
  - Pediatrics
- Retention of youth
- Food insecurity
- Alcohol abuse - emphasis on teens
- Drug abuse
- Improve healthy behaviors of residence
- Teenage drinking
- Affordable mental health – diagnosis, treatment, etc.,
- Poverty
- Housing
- Transportation – emphasis on mental health
- Mental health
- EMS

Wave #3 CHNA - Harper County					
Town Hall Conversation - Strengths (White Cards) N= 59					
Card #	C1	Today: What are the strengths of our community that contribute to health?	Card #	C1	Today: What are the strengths of our community that contribute to health?
14	ACC	Access to Healthcare	9	MAMO	Mammography available
14	ACC	Access to food and perscriptions	14	MAMO	Mammos
43	ACC	Available healthcare	15	MAMO	Mammo's
48	ACC	Access to primary care, vision and dentist	17	MAMO	Now offer free mammo in October
49	ACC	Wide variety of health services	20	MAMO	Mammograms
54	ACC	Access to healthcare	26	MAN	Leadership at the hospital willing to make necessary changes
30	AGE	Elder care	59	MAN	Leadership supports change
34	AGE	Senior Meal Programs	5	MDLV	Availability of PA wellness cneter
38	AGE	Educated seniors	37	MRKT	Awareness of issue
40	AGE	Senior services	39	MRKT	Awareness of health issues
53	AGE	Wellness for elderly	45	MRKT	County working together to grow and develop awareness- new hospital
58	AIR	Clean environment	2	NUTR	Food and security
2	BH	Depression is an issue	38	NUTR	School lunches
50	BH	Harper's BH program	40	NUTR	Community garden
55	CLIN	Clinical care	43	NUTR	Community garden
3	COMM	Coming together as a community	48	NUTR	Grocery stores
5	COMM	School and Hospitals	2	OBES	34% of 100 people overweight
12	COMM	Coming together as 1	20	OBG	Have brought OBGYN
16	COMM	Togetherness for new hospital	1	OP	Outpatient doctors
29	COMM	Adult connections- growth	2	OTHR	Mortality
40	COMM	Unified healthcare	2	OTHR	Morbidity
55	COMM	Communication with the public	2	OTHR	Speaking two languages in Harper Co
1	CORP	Communities working together	38	OTHR	Meeting needs of ethnic groups
7	CORP	Coming together	48	OTHR	SCKEED housing program
9	CORP	Working together as a county	3	PHAR	Pharmacy in both communities
9	CORP	School and Healthcare working together	5	PHAR	Pharmacy in both communities
9	CORP	Community offerings	9	PHAR	Pharmacy in both communities
11	CORP	Working together as a county	12	PHAR	Pharmacies
11	CORP	Community offerings/events	13	PHAR	Pharmacy
12	CORP	Community Foundation	16	PHAR	Very good pharmacy plan for low income
17	CORP	Getting together (two towns) better	21	PHAR	Strong pharmacies
20	CORP	Working together	50	PHAR	Good pharmacies
22	CORP	Working together	56	PHAR	Pharmacy
25	CORP	Anthony: Harper working together for healthcare in Harper County	21	PNEO	Good prenatal care
27	CORP	Strength in numbers- many people involved in healthcare	48	POP	Growth in population < 5 year old
28	CORP	Harper and Anthony Hospitals working together	18	PREV	Preventable- Extension Education Programs
29	CORP	Family community- everyone watches out for everyone	29	PRIM	Family health
31	CORP	Hospitals merged and community working together	40	PRIM	Access to primary care
36	CORP	Working together	5	QUAL	New model for healthcare
37	CORP	Communities working together	10	QUAL	Caring Providers
37	CORP	Tight knit community	14	QUAL	Early Detection Works
39	CORP	Communities w/in county working together	28	QUAL	82% of patients seen are from Harper county
39	CORP	Strong/generous community	32	QUAL	Numbers at TH meeting wanting change and improvement
40	CORP	Community help/access	42	QUAL	Direction of healthcare
41	CORP	Communities working together to improve healthcare	44	QUAL	Good people that want to make harper co better
42	CORP	Uniting of hospitals	46	QUAL	Attitudes
42	CORP	Bringing 2 staffs together	47	QUAL	Attitudes
43	CORP	Community involment	58	QUAL	Engaged healthcare providers
44	CORP	Good community involvement	2	SMOK	Adult smoking 18%
46	CORP	Working together	9	SNUR	Screenings offer in schools



Wave #3 CHNA - Harper County					
Town Hall Conversation - Strengths (White Cards) N= 59					
Card #	C1	Today: What are the strengths of our community that contribute to health?	Card #	C1	Today: What are the strengths of our community that contribute to health?
47	CORP	Working together	11	SNUR	Working with schools to provide education to high school students
52	CORP	United school, working together	13	SNUR	School Nurse/Schools providing screenings
54	CORP	Working together	16	SNUR	School is providing a lot of full scholarship
55	CORP	Community programs	32	SNUR	School Screenings
55	CORP	Partnerships	35	SNUR	School Nurse/Schools providing screenings
56	CORP	Community pride	38	SNUR	School Nurse
57	CORP	Community foundation	40	SNUR	Schools meetings needs
59	CORP	Harper and Anthony Hospitals working together	41	SNUR	Good schools
5	DENT	Dental/Eye Screenings	43	SNUR	School resources
6	DENT	Good dental and eye care	44	SNUR	School system
34	DOCS	Good primary care providers	45	SNUR	School education and health prevention
53	DOCS	Good doctors	51	SNUR	Pumped to see positive feedback for school nurses
28	DOH	HP County Health Department	56	SNUR	Working with school
38	DOH	County Health Department	57	SNUR	Working with school district
40	DOH	Health dept	35	SNUR	School Programs
2	DRUG	Opioid Crisis	8	SPEC	Needs more specialists
2	DRUG	Meth Crisis	9	SPEC	Specialists
5	ECON	Foundation/Money	12	SPEC	Specialists
8	EMER	ER	18	SPEC	Specialists
24	EMER	ER in Anthony	32	SPEC	Prospective specialists
25	EMER	Response times to the ER by the care team	34	SPEC	Several specialists come to county
28	EMER	ER visit- wait time	2	STFF	More Drs and Pas and specialists
35	EMER	ER	5	STFF	Health Professionals there if we ask
37	EMER	Short ER wait time	8	STFF	Providers
59	EMER	Response times of staff to ER	9	STFF	Outgoing wellness center staff
5	EMPL	Jobs	25	STFF	Education of Staff to receive training related to pt care
19	EMPL	Job Availabilities	31	STFF	Good providers
31	EMPL	Transition to Careers program to keep youth in community	33	STFF	MD/DO who educate parents and utilize resources
41	EMPL	Employment opportunities	41	STFF	Several good providers/healthcare
42	EMPL	Adding jobs	49	STFF	Dedicated professionals
51	EMPL	Low unemployment rate	52	STFF	Dedicated professionals
52	EMPL	Employment opportunities	54	STFF	Dedicated professionals
53	EMPL	Ample employment	57	STFF	# of providers we have PA/ANRP
56	EMPL	Transition to Careers program	59	STFF	Good staff training
32	FAC	New facility/opportunities	2	SUIC	Suicide
47	FAC	New facility	9	TECH	Up to date technology
48	FAC	New healthcare facility	16	TECH	Up to date technology
24	FEM	Women's health for low income	49	TRAN	Good transportation services
23	FIT	Fitness	52	TRAN	Good transportation services
24	FIT	Exercise- Wellness Center	53	TRAN	Good transportation for elderly
3	GOV	New officer for drug problem	15	VACC	Vaccines
5	GOV	New cop for drug problem	30	VACC	Immunizations
6	GOV	New policeman hired to crack down on drugs	1	WELL	Wellness Center in each town
56	GOV	New police (drugs)	9	WELL	Wellness Center in each town
30	HH	Home Health	9	WELL	Great Health Fair
1	HOSP	New Hospital	10	WELL	Wellness Center
3	HOSP	Building of new hospital	11	WELL	Wellness Center in each town
3	HOSP	New equipment going to new hospital	12	WELL	Wellness Center
4	HOSP	New Hospital	13	WELL	Wellness Programs
6	HOSP	New Hospital	14	WELL	Wellness Center
7	HOSP	Building new hospital	15	WELL	Wellness Center
7	HOSP	New hospital	17	WELL	Wellness programs are very active in comm
12	HOSP	New hospital	17	WELL	Health Fair
13	HOSP	New Hospital	18	WELL	Health Fair

## Wave #3 CHNA - Harper County

### Town Hall Conversation - Strengths (White Cards) N= 59

Card #	C1	Today: What are the strengths of our community that contribute to health?	Card #	C1	Today: What are the strengths of our community that contribute to health?
17	HOSP	New Hospital	19	WELL	Wellness Centers
22	HOSP	New Hospital	19	WELL	Health Fairs
36	HOSP	New Hospital building	20	WELL	Wellness centers more options
43	HOSP	New hospital	20	WELL	Health Fair
44	HOSP	New hospital coming	21	WELL	Multiple wellness opportunities
46	HOSP	New building	34	WELL	Education/ T2C
52	HOSP	Merged hospital can provide opportunities	38	WELL	Wellness center
53	HOSP	New hospital	40	WELL	Wellness center and classes education
56	HOSP	New hospital	48	WELL	Wellness centers
57	HOSP	Combined hospital district	50	WELL	Wellness center
2	KID	Children eligible for free lunches	51	WELL	Wellness center are good places to go
5	KID	Kids Activites	59	WELL	Wellness center
28	KID	Youth programs	29	WIC	WIC program
29	KID	Kid activities	30	WIC	WIC program

Wave #3 CHNA - Harper County					
Town Hall Conversation - Weakness (Color Cards) N= 59					
Card #	C1	Today: What are the weaknesses of our community that contribute to health?	Card #	C1	Today: What are the weaknesses of our community that contribute to health?
24	ACC	Access to providers	33	EMS	EMS services
1	AGE	Senior Care	39	EMS	EMS services
9	AGE	Opportunities for retired people	40	EMS	EMS perception
15	AGE	Age factor	45	EMS	EMS
20	AGE	Meeting Needs of all age groups	47	EMS	EMS
50	AGE	Sr health	48	EMS	EMT access
58	AGE	Senior care	49	EMS	EMT services
3	ALC	Alcohol	51	EMS	EMS services
10	ALC	Alcohol	54	EMS	EMS services
16	ALC	Alcohol	33	ENT	ENT
18	ALC	Alcohol	34	FAC	Hopefully with new building more jobs are created
34	ALC	Alcohol abuse	39	FAM	Family plannings
44	ALC	Alcohol abuse	32	FEM	Planned Parenthood
48	ALC	Alcohol	11	FINA	Affordable healthcare
50	ALC	Alcohol	20	FINA	Affordable healthcare
29	ALCU	Teen drinking	39	FINA	County spending
33	ALCU	Teen drinking	50	FINA	Affordable healthcare programs
34	ALCU	Teenage drinking	3	FIT	Exercise
39	ALCU	Teenage drinking	5	FIT	Physical Inactivity
45	ALCU	Teenage drinking- smoking	6	FIT	Active
26	ALL	Growth of wellness	7	HH	Senior Health/Home hEalth
33	ALL	Atittudes of community	27	HH	HH services medeocre
2	AMB	Ambulance services	27	HH	More available home services
20	AMB	Ambulance services	58	HH	Home care
21	AMB	Ambulance care	3	HOSP	Critical hospital
35	AMB	Ambulance in each town	9	HOSP	Challenge of merging culture of 2 hospitals
44	AMB	Abulance service issues	26	HOSP	New hospital
50	AMB	Ambulance/Training for EMTs	1	HOUS	Pool quality of rental houses
52	AMB	Ambulance services	3	HOUS	Housing
55	AMB	Ambulance services	9	HOUS	Housing needs
1	BH	Access to quality mental health services	14	HOUS	Single Households
2	BH	Mental health	29	HOUS	Affordable, good housing
6	BH	Health behaviors	33	HOUS	Housing
7	BH	Mental Health/Suicide/Depression	45	HOUS	Housing accomdations
8	BH	Mental illness	55	HOUS	Servere housing problems
9	BH	Mental Health- need for services	59	HOUS	Housing
11	BH	Mental health care/options	7	INSU	Uninsured
12	BH	Mental health availability/affordable	31	INSU	Everyone should be covered by insurance
13	BH	Mental Health	33	INSU	Health insurance
14	BH	Affordable mental health facility	34	INSU	Insurance
18	BH	BH/Mental	52	INSU	Uninsured
20	BH	Depression/Mental Health	17	KID	Retain the youth
21	BH	Mental health facility	39	KID	Retaining youth
22	BH	Mental Health education	21	MAN	New commisioner
23	BH	Awareness/access to mental health treatment	24	MRKT	Awareness of resources
29	BH	Mental Health services	26	MRKT	Get info out to people with what we have
30	BH	Mental Health	36	MRKT	Focus on top 3 from survey (drug, mental health and alcohol)
31	BH	Need to be able to document mental depression	41	MRKT	Awareness of how health care can be improved incrementally
32	BH	Mental Health	41	MRKT	Set and reach goals for health and wellness
33	BH	Mental health	1	NEG	Patients being responsible for own health
33	BH	Mental health	8	NEG	How to motivate unmotivated people
34	BH	Mental Health	11	NEG	Apathy
35	BH	Mental health help	22	NEG	Behavior

Wave #3 CHNA - Harper County					
Town Hall Conversation - Weakness (Color Cards) N= 59					
Card #	C1	Today: What are the weaknesses of our community that contribute to health?	Card #	C1	Today: What are the weaknesses of our community that contribute to health?
36	BH	Mental Health investment	33	NEP	Kidney disease
37	BH	Mental health care, suicide prevention	3	NUTR	Food security needs
39	BH	Mental Health	6	NUTR	Food choices
39	BH	Mental health	12	NUTR	More nutrition knowledge
40	BH	Mental health	14	NUTR	Nutrition education
42	BH	Mental health	15	NUTR	Eating
43	BH	Mental Health	19	NUTR	Education on better diets and getting people more active
44	BH	Mental health- lack of services	27	NUTR	Food for children
45	BH	Mental health availability	31	NUTR	Need to improve cost of foods
46	BH	Mental health	33	NUTR	Food costs- security
47	BH	Mental health availability	34	NUTR	Food costs- security
48	BH	Mental Health	39	NUTR	Food insecurity
49	BH	Mental Health	3	OBES	Overweight
50	BH	Mental Health	5	OBES	Adult Obesity
51	BH	Mental health	7	OBES	Obesity
52	BH	Mental health	17	OBES	Obesity rates
53	BH	Mental health services	18	OBES	Obesity
54	BH	Mental health services	22	OBES	Change in apathy to obesit/drug
55	BH	Mental health access	24	OBES	Risk factors: obesity, inactivity and insurance
59	BH	Access to mental health services	25	OBES	Reduce risk indicators- obesity, inactivity, smoking, drinking
43	CHRON	Chronic disease	33	OBES	Obesity
21	COMM	More collaboration	34	OBES	Obesity
33	COMM	Communication of follow ups	40	OBES	Obesity
38	COMM	Follow up with patients in need	49	OBES	Obesity
39	COMM	Results back to patients	51	OBES	Obesity/physical activity
42	COMM	Getting back to patients with results and referrals	52	OBES	Obesity
38	CONF	Better privacy patients	53	OBES	Adult obesity and physical inactivity
15	CORP	Pride	55	OBES	Obesity
34	CORP	Coming together as a community	51	OBG	Would love to have OBGYN
33	DERM	Derm	33	ORTH	Ortho
4	DOCS	# of doctors	10	OTHR	MVA
11	DOCS	New providers	15	OTHR	Attitude
12	DOCS	More doctors	25	OTHR	95/105 counties yikes
13	DOCS	Physicians weak	26	OTHR	More groups for all different issues
13	DOCS	Providers who live in county	29	OTHR	Rate of car wrecks
21	DOCS	More providers	31	OTHR	Auto Accidents
21	DOCS	MDs-Dos	33	OTHR	Accidents while driving
38	DOCS	More doctors with compassion and genuine care	37	OTHR	Auto accidents
48	DOCS	Dr population/provider specialties	39	OTHR	behaviors
3	DOH	Improved public health	49	OTHR	Fluency in different languages
1	DRUG	Drug and Alcohol use	51	OTHR	Motor vehicle accidnts
2	DRUG	Substance Abuse	55	OTHR	MVA
3	DRUG	Drugs	33	PEDS	Peds
5	DRUG	Drug Crisis	55	PNEO	Prenatal/Child health programs
6	DRUG	Drugs	33	POC	Poverty
7	DRUG	Drug/Alcohol	3	POV	Poverty
8	DRUG	Drug problem	6	POV	Poverty
10	DRUG	Substance abuse	7	POV	Poverty
11	DRUG	Drug abuse problem	8	POV	Options for unemployed to contribute to society
14	DRUG	Drug Abuse- teen	10	POV	Poverty down
16	DRUG	Substance abuse/drugs	11	POV	Decrease poverty
17	DRUG	Substance abuse/drugs	14	POV	Poverty
18	DRUG	Drug Abuse	18	POV	Poverty levels

Wave #3 CHNA - Harper County					
Town Hall Conversation - Weakness (Color Cards) N= 59					
Card #	C1	Today: What are the weaknesses of our community that contribute to health?	Card #	C1	Today: What are the weaknesses of our community that contribute to health?
19	DRUG	Drug/Substance Abuse	35	POV	Poverty
23	DRUG	Drug/Alcohol rehab and/or plan/process	36	POV	Family support for children and connection to poverty
25	DRUG	Educate/Improve: drugs, opiod, alcohol and mental health	39	POV	Poverty
29	DRUG	Drug abuse	43	POV	Poverty
30	DRUG	Drug Abuse	52	POV	Poverty levels
31	DRUG	Drug use need to be controlled	59	POV	Poverty
33	DRUG	Drug and Alcohol use	9	PREV	Apathy with Preventative care and general public
34	DRUG	Drug/substance abuse	23	PREV	Preventative Care
35	DRUG	Substance abuse treatment	7	RESP	Respiratory
37	DRUG	Drug prevention	3	SMOK	Smoking
42	DRUG	Drug abuse	40	SMOK	Smoking cessation
43	DRUG	Drug abuse	1	SPEC	Access to specialists
44	DRUG	Drug abuse/substance	6	SPEC	# of specialists
46	DRUG	Pain meds/drug abuse	32	SPEC	More specialty doctors
48	DRUG	Drugs	38	SPEC	Specialized services: pediatrician, oncologists, substance abuse
49	DRUG	Drug/alcohol addiction	39	SPEC	Specialists
50	DRUG	Drug problem	44	SPEC	Specialists
51	DRUG	Drug abuse/alcohol abuse	58	SPEC	Specialists
52	DRUG	Drugs	30	SS	Support Services
53	DRUG	Drugs/substance abuse	28	STD	Sex ed
54	DRUG	Substance abuse programs	33	STD	STDs/Prevention
55	DRUG	Drug problems	37	STD	Sexual disease preventions
58	DRUG	Drugs	55	STD	STDs/Prevention
59	DRUG	Providers need to understand the impact of excess opioids	47	STFF	Providers who live in county
59	DRUG	Drugs, drinking	48	STFF	Availability of certified techs
3	EMER	ER	3	SUIC	Suicide
24	EMER	Preventable ER visits	19	TOB	Tobacco use
4	EMS	EMT	14	TPRG	Teen pregnancy
5	EMS	EMT	51	TPRG	Teen pregnancy/STD
6	EMS	EMS	54	TPRG	Teen pregnancy/STD testing
7	EMS	Ambulance/EMS	47	TRAN	Emergency transport from facility to facility
8	EMS	EMS- change attitude and perception about what EMS does	28	VACC	Immunizations
9	EMS	EMS service- #of paramedics available	2	VIO	Violence abuse
11	EMS	EMS Services	30	VIO	Violence- abuse
13	EMS	EMS	42	VIO	Violence
16	EMS	EMS/ambulance	20	WAIT	ER wait time
17	EMS	EMS Services	1	WELL	Creative education towards community- not just hand outs
18	EMS	Training EMT	1	WELL	Education to HS on activities
19	EMS	EMS Services	28	WELL	Community wellness- Improve
22	EMS	EMS	28	WELL	Education
25	EMS	EMS issues	39	WELL	Creative education
26	EMS	EMS issues	40	WELL	Perception of no wellness
28	EMS	EMS - change!!!	43	WELL	Health and Wellness
29	EMS	Pay EMT providers	56	WELL	Involving/education to patients to be responsible for their health
30	EMS	EMS-EMS services	56	WELL	Outreach to high school students, routine programs presentations
31	EMS	EMS needs to be improved	57	WELL	Drive for education/outreach needs to be higher

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## c) Public Notice & Requests

[VVV Consultants LLC]

# Work to Begin on Harper County (KS) Community Health Needs Assessment; Seek Public Feedback

**Media Release:** August 28, 2018  
**Contact:**

Over the next three months, Hospital District No 6 and the Harper County Health Department will be working to update the Harper County (KS) Community Health Needs Assessment (CHNA).

The goal of this CHNA update is to understand progress in addressing community health needs cited in the 2015 CHNA report and to collect up-to-date community health perceptions. <Note: ACA legislation requires all tax-exempt hospitals to submit a CHNA to the IRS every three years.>

**To accomplish this work, a short online survey has been developed.** < Note: you can also find CHNA feedback link on Hospital District No 6 and/or the Harper County Health Department website and/or Facebook page.>

**LINK:** [https://www.surveymonkey.com/r/HarperCo\\_CHNA](https://www.surveymonkey.com/r/HarperCo_CHNA)

"This work is vital to determine the health direction for our county," said Pat Patton, Hospital District #6 CEO.

All community residents are encouraged to complete the CHNA online survey by **Wednesday, October 3, 2018** and to attend the upcoming scheduled **Town Hall on Tuesday October 30** from 5:30-7pm at Chaparral High School.

Vince Vandelaar, MBA (VVV Consultants LLC, an independent research firm from Olathe, KS) has been retained to conduct this community wide research. If you have any questions about CHNA activities, please call 620-842-5111 ext. 114.

## E Mail Reminder

**Subject: CHNA Town Hall - Tuesday October 30<sup>th</sup>  
Harper County KS residents  
5:30 -7p.m.**

To Community Leaders:

Hospital District No 6 and the Harper County Health Department are partnering together to update the 2018 Harper County Community Health Needs Assessment (CHNA) report. The goal of work is to understand progress in addressing community health needs cited in the 2015 report and to discuss current community health priorities.

To continue this work, a Harper County **Town Hall will be held on Tuesday, October 30<sup>th</sup> from 5:30-7p.m. at Chaparral High School, Anthony KS**

Please plan to attend in order to share your insights. A light dinner will be provided starting at 5:15 pm

Vince Vandehaar, principal consultant at VVV Consultants LLC from Olathe, Kansas, has been hired to facilitate this meeting. Thank you.

For more information contact: Lori Allen or Sherry Vierthaler.





# Community Health Needs Assessment

## Harper County, KS Community Town Hall Meeting

District Hospital #6 and Harper County Health Department  
will be hosting a  
Town Hall Meeting on October 30<sup>th</sup>, 2018  
from 5:30 to 7:00 p.m.  
at Chaparral High School

Public is invited to attend.  
A light dinner will be provided  
Please join us to add to community conversation.

**In addition, a short online survey has been developed.**  
**LINK: [https://www.surveymonkey.com/r/HarperCo\\_CHNA](https://www.surveymonkey.com/r/HarperCo_CHNA)**

You can also find CHNA feedback survey link on Hospital District #6 or  
Harper County Health Dept. website and/or Facebook

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## d) Primary Research Detail

Neighborhood Roundtables & Online Research

[VVV Consultants LLC]

## CHNA 2018 Community Feedback - Harper Co N=249

ID	Zip	Overall	Movement	c1	c2	c3	In your opinion, are there any healthcare services or delivery issues that you feel need to be improved, worked on and / or changed?
1035	67009	Average	Decreasing - slipping downward	ACC			Need to expand services. We need dialysis, chemo. Labor and delivery services as a start
1064	67058	Poor	Not really changing much	ACC	STFF		Patient Access to Care , hard to get appointments, nurses are not compassionate.
1114	67003	Very Good	Decreasing - slipping downward	ADD			addiction counseling, healthy role modeling for parents, husbands & wives, spiritual life enhancement
1221		Average	Increasing - moving up	ADD			Addiction support
1082	67003	Average	Not really changing much	AGE			Age related services since that 80% of the population is over 65.
1024	67003	Good	Increasing - moving up	AGE			aging in place, alternatives to aging in place, financial preparedness for aging.
1132	67003	Average	Increasing - moving up	AIR			Farmers use a lot of chemicals and this gets blown into the air and into our water. More education or studies on that could benefit with more information
1005	67003	Average	Increasing - moving up	ALC	PREV		Alcohol rehabilitation, prevention and wellness.
1010	67003	Good	Increasing - moving up	ALC			Health related factors...drinking habits among adults.
1143	67058	Very Good	Not really changing much	ALL			improvement can be seen in every department. Nothing is perfect, everyone just needs to work on being better every day
1131	67058	Average	Decreasing - slipping downward	AMB			Ambulance arrival times--and not having enough staff for emergency runs. Why do the three towns have to take turns to send out an ambulance, just doesn't make good sense for patients and receiving timely emergency assistance.
1070	67058	Average	Not really changing much	AMB			Ambulance Service
1049		Average	Not really changing much	AMB	DIA		Ambulance service Dialysis
1159		Average	Not really changing much	AMB	INSU		Better ambulance service for the county and services to help the people in this county to figure out how to get affordable health insurance..
1135	67003	Average	Increasing - moving up	AMB			I BELIEVE THERE IS A REAL SHORTAGE IN OUR AMBULANCE SERVICE DUE TO COUNTY CUTS. THEY DO A GOOD JOB, JUST NOT ENOUGH OF THEM
1185	67003	Average	Not really changing much	AMB			Reliable ambulance services.
1025	67003	Good	Increasing - moving up	BH	OP	NUTR	Have access to QUALIFIED behavioral health providers in our county; Have access to QUALITY outpatient behavioral health services in our county; In county youth wellness / fitness facilities (indoor recreation center); Drastically improve the availability of healthy foods in grocery stores and restaurants.
1094	67003	Poor	Decreasing - slipping downward	BH	RAD		I think mental health care in our county isn't very good. I would also like to see more services added like radiation, etc.
1141	67003	Average	Increasing - moving up	BH	ADD		Medical care is adequate, but services to support mental health, and addiction are poor. Only one service provider and a lot of staff turnover.
1178	67058	Very Good	Increasing - moving up	BH	CANC		mental health Cancer treatment (Chemo) locally available
1003		Good		BH	DRUG		Mental health and substance abuse seems to be prominent in this area
1228	67003	Average	Not really changing much	BH			Mental Health can always be improved for services for the community place people can go for help with addictions as well.
1162	67058	Average	Decreasing - slipping downward	BH			Mental health care needs to be more accessible, the public needs a lot more education about mental health issues especially in the rural environment.
1119	67003	Poor	Not really changing much	BH			Mental health for all ages-not enough resources / options to properly address this issue
1235	67003	Good	Increasing - moving up	BH			Mental Health for children/families
1197	67058	Good	Increasing - moving up	BH			mental health is a category that is lacking in Harper County
1189		Average	Decreasing - slipping downward	BH			Mental health issues, especially for the younger population are not addressed. There needs to be a form of intervention that the young people of this county can access easily and confidentially.
1121	67058	Average		BH			Mental health needs and substance abuse
1165	67058	Good	Not really changing much	BH	NUTR		Mental health needs to be worked on more. Wellness centers are working on eating habits which is good.
1085		Average	Not really changing much	BH			Mental health resources are in short supply.
1120	67058	Average	Not really changing much	BH			Mental health services should be provided
1144	67003	Average	Not really changing much	BH	DRUG	ALC	Mental Health, drug and alcohol abuse
1068	67003	Average	Decreasing - slipping downward	BH			need better mental health, And Stuff we can access locally and not have to go to a city some where for certain stuff.
1087	67003	Average	Not really changing much	BH	HH		Need resources for mental health and home health
1059	67036	Poor	Not really changing much	BH			Needs to be better mental health care...
1012	67003	Very Good	Increasing - moving up	BH			The mental health aspect needs more attention
1103	67003	Good	Not really changing much	BH	TRAN		Yes! When there is a mental unstable person, there needs to a service to transport them to Larned, or where needed.
1172	67003	Very Good	Increasing - moving up	BH			yes, mental health;
ID	Zip	Overall	Movement	c1	c2	c3	In your opinion, are there any healthcare services or delivery issues that you feel need to be improved, worked on and / or changed?
1161	67058	Good	Decreasing - slipping downward	CANC			Cancer seems to be on the rise and a large amount of people have autoimmune problems
1173	67058	Good	Increasing - moving up	CANC			Cancer Support Groups
1225	67003	Average	Increasing - moving up	CANC	CHRON		There is a HUGE need in this community for change. Mortality rate for cancer and chronic illness in the past 2 years has increased substantially.

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ID	Zip	Overall	Movement	c1	c2	c3	In your opinion, are there any healthcare services or delivery issues that you feel need to be improved, worked on and / or changed?
1035	67009	Average	Decreasing - slipping downward	ACC			Need to expand services. We need dialysis, chemo. Labor and delivery services as a start
1195	67058	Average	Not really changing much	CHRON	DIAB	CARD	Chronic disease education such as Diabetes, Hypertension, COPD, Cardiovascular disease
1002		Average	Decreasing - slipping downward	CLIN			An walk-in urgent care clinic, for those times when appointments are not available through the regular clinic.
1155	67058	Average	Decreasing - slipping downward	CLIN	EMER		Evening or week-end hours for clinic to be open so ER can be open or actual emergencies.
1215	67058	Average	Decreasing - slipping downward	CLIN			Walking clinic
1179	67003	Good	Not really changing much	COMM	NUTR		We have resources available for much of the health needs here in our community. They are not utilized or communicated well. For example, we have a dietician that comes to our campus, our providers will set up appointments with her for patients. Much of the patients will no show the appointments. It is the follow through with services that is the problem.
1078	67003	Good	Not really changing much	COMM	SPEC		Communication with and training from specialists and/or other hospitals to which our ERs or office staff tends to send patients. The other facilities don't ever seem quite happy with work done for patients (or not done) before they arrive at the other facilities.
1045	67058	Good	Increasing - moving up	DERM			access to a visiting dermatologist
1090	67003	Average	Not really changing much	DERM			visiting Dermatologist at the Harper and Anthony hospitals
1130	67003	Good	Not really changing much	DIAB			need to be better diabetic teaching
1212	67003	Good	Increasing - moving up	DOCS			MENS HEALTH
1137	67058	Very Good	Increasing - moving up	DOCS			more doctors
1138	67142	Very Good	Not really changing much	DOCS	OBG		Most of our De.s are geriatric. Nothing for younger people. And I hate the OB she is always late and undependable.
1111	67003	Average	Increasing - moving up	DOCS			Must recruit quality Drs not just PAs without doctors the new hospital is doomed to failure.
1247	67003	Poor	Decreasing - slipping downward	DOCS			We need medical doctors here in the community.
1017		Good	Increasing - moving up	DRUG	ALC		Drug and alcohol abuse
1128		Good	Decreasing - slipping downward	DRUG	ALC		Drug and alcohol abuse is rampant in our community. Maybe more education and/or job training would help.
1021	67003	Poor	Not really changing much	DRUG	ALC	BH	Drug and alcohol treatment; mental health
1069	67003	Average	Not really changing much	DRUG	EMS		Drug problem: Is this a Health issue or a Law Enforcement issue? The EMT service is not good!
1239		Good	Not really changing much	DRUG	ALC		drug/alcohol treatment resources.
1146	67003	Poor	Not really changing much	DRUG			How do we work towards getting those addicted to substances help?
1199	67003	Good	Increasing - moving up	DRUG			I feel substance abuse is getting worse and small rural communities have very limited resources
1074	67118	Good	Increasing - moving up	DRUG			Illegal Drug use needs to be stopped. Traffic fatalities need to be prevented
1207	67058	Good	Not really changing much	DRUG			Some how we have to get control of the drug problem in the county by developing possibly a drug rehab inpatient facility
1214	67058	Average	Not really changing much	DRUG	POV		substance abuse/poverty
1060		Very Good	Increasing - moving up	EMER			Fast reliable Em's service
1115	67003	Average	Not really changing much	EMER	NEG		YES SEE ABOVE!!!! ALSO AN INCIDENT TOOK PLACE AUGUST 25,2018 Harper Hospital ER The door was locked and someone in severe chest pain was ringing the doorbell many times and could not get assistance and eventually was hanging on the door still with chest pain and in tears. no wheel chair or gurney was finally brought to the door when a SLOW nurse finally answered. The heart monitor was not placed on the person. That is NEGLECT!
1095	67003	Good	Not really changing much	EMS	DRUG		development of more efficient EMS service & serious concentration on eradicating illegal drug presence in county
1152	67058	Good	Not really changing much	EMS			Emergency medical assistance (prior to emergency room care) needs to be improved
1023	67003	Average	Increasing - moving up	EMS	SPEC		EMS & Specialty Physicians
1244	67058	Good	Increasing - moving up	EMS			EMS response and availability to rural parts of County
1227	67003	Good	Not really changing much	EMS	PRIM		EMS services, importance of well man and well woman checks
1124	67003	Average	Decreasing - slipping downward	EMS			Transportation by EMS, the hospital should take that service over. I believe for the citizens of Harper County it would be beneficial for it to be ran by a medical facility.
1126		Average	Not really changing much	EMS	BH		EMS service and mental health services.
1170	67058	Poor	Decreasing - slipping downward	EMS	STFF		EMS services need to be more consistant..more reliable due to inadequate staffing, other services have had to be utilized.
1205	67003	Poor	Not really changing much	EMT			Need to keep good EMT's and Doctor's and Nurse's
1177	67106	Very Good	Increasing - moving up	FAC	TRAN		With the new facility being out of town, patient access to transportation for appointments will be a problem for the elderly and mental health patients.
1029	67003	Average	Increasing - moving up	FINA	INSU		Cost of healthcare, as well as increasing cost of insurance, rising co-payments, rising deductibles. Is there any way to offer clinics? Free or inexpensive classes or even events geared toward serving our lower income population.

## CHNA 2018 Community Feedback - Harper Co N=249

ID	Zip	Overall	Movement	c1	c2	c3	In your opinion, are there any healthcare services or delivery issues that you feel need to be improved, worked on and / or changed?
1035	67009	Average	Decreasing - slipping downward	ACC			Need to expand services. We need dialysis, chemo. Labor and delivery services as a start
1039	67003	Average	Decreasing - slipping downward	FIT	NUTR		health and wellness, exercise programs plus yoga and tai chi, nutrition and healthy food
1223	67058	Average	Decreasing - slipping downward	FIT	PHY	AGE	I think there is always room for health and fitness. I believe physical therapy and cardiac rehabilitation centers are very much needed. Healthcare Doctors for nursing homes and senior retirement homes as well as swing-bed opportunities are all needed. Mental health, depression and addiction services will always be needed.
1066	67058	Good	Decreasing - slipping downward	FIT	DIAB	OBES	Pt education class - diabetes, weight loss,
1112	67003	Very Good	Increasing - moving up	HH	DOCS		Home Health , Need more MD's.
1100	67003	Good	Not really changing much	HH			Home health care
1076	67003	Poor	Increasing - moving up	HH			home health services
1127		Average	Decreasing - slipping downward	HOSP	EMS		Hospital & EMS need to be mutually supportive and work together as a team.
1136	67003	Good	Increasing - moving up	HOSP			I am not sure that a new hospital in the country was the best idea. I see a lot of hard feelings between the 2 cities that is not being dealt with and it will just continue to be that way with no change in site.
1232	67058	Good	Decreasing - slipping downward	HOSP	AMB	TRAV	My previous answer kind of touches on this. I am really glad that the hospitals are consolidated. My concern is how will some people be able to get out to the new place. The ambulance service needs to change. There should be ambulances servicing each town. If you need an ambulance in Anthony and it is in Attica and you have a critical care patient, you have just lost at least 20 minutes of time to travel. That is not good at all.
1033	67003	Good	Increasing - moving up	HOSP			They are doing OK for a Rural setting. There will be a lot more opportunities with the new hospital going forward.
1013	67058	Average	Not really changing much	HOSP	ACC		They new hospital and the services that it will offer will help make health care in Harper County much better.
1105	67003	Good	Increasing - moving up	MRKT			There is not enough awareness of the services available, and the quality of dr we have to provide those services is not very good.
1198	67058	Good	Not really changing much	NO			Again have not been here long enough to know
1004	67003	Good	Increasing - moving up	NO			How can you change years of bad habits?
1171	67003	Good	Not really changing much	NO			I like it
1123	67058	Average	Decreasing - slipping downward	NO			no
1242		Poor	Increasing - moving up	NO			NO
1054	67009	Average	Decreasing - slipping downward	NO			no specifics at this time
1001		Good	Increasing - moving up	NO			No, I do not.
1118	67058	Average	Decreasing - slipping downward	NO			none
1055		Good	Increasing - moving up	NO			Not really
1160	67058	Good	Increasing - moving up	NURSE			The hospital should have adequate nursing staff that could take care of slightly sicker patients. That would allow more residents stay close to home with an acute illness plus bring in revenue for the hospital. Wound care needs to be available.
1018	67003	Good	Not really changing much	NUTR	ALC	AGE	Everything can always be improved. More awareness of good eating & drinking habits as well as exercise. Programs for shut-ins to remain active. Ways to keep the declining elderly active socially & physically. Start in the schools and show students what are good health care practices.
1209	67068	Good	Increasing - moving up	NUTR	DIA		Meals on wheels in Anthony needs a major upgrade. Would like to see dialysis and chemo available.
1174		Poor	Not really changing much	NUTR			Need help with eating habits
1230	67003	Average	Increasing - moving up	OBG			access to more specialists (i.e. podiatry, dermatology, another OB/GYN)
1097	67003	Good	Decreasing - slipping downward	OBG	OP		Deliver babies Set broken bones Outpatient surgeries
1081		Good	Not really changing much	OBG			Need to have OB services in Harper County
1196	67058	Good	Increasing - moving up	OBG			we need to be delivering babies
1243	67003	Good	Not really changing much	PEDS			Pediatrics-it seems that with any complexity beyond a cold we need to see a specialist or be transferred to Wichita. I would love to see Harper County have a more focused pediatric team.
1148	67003	Good	Increasing - moving up	POV			The poor and their lack of care because of money.
1145	67058	Good	Increasing - moving up	POV	DRUG		We need to look at resources to buffer the poverty level and to prevent/treat substance abuse.
1203	67058	Average	Not really changing much	PREV	NUTR	ACC	greater focus on prevention, access to healthy foods, expanded services such as chemo, dialysis, mental health, recruitment of physicians
1193	67003	Average	Not really changing much	PREV	NUTR		Need more wellness care, preventative care instead of just treating illness. Need to teach society how to become healthier
1091	67003	Very Good	Increasing - moving up	PREV	DRUG	ALC	Prevention/Drug and Alcohol rehab and services
1222	67003	Average	Decreasing - slipping downward	PRIM	WAIT		Availability to get an appointment at Anthony Primary Care. Would like to see them schedule appointments early morning like Harper does. I do feel at times I have to wait extra long to even get taken to a room. If the parking lot or waiting room was full I'd understand but most times it is not. Do not feel as though the patient come first.

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ID	Zip	Overall	Movement	c1	c2	c3	In your opinion, are there any healthcare services or delivery issues that you feel need to be improved, worked on and / or changed?
1035	67009	Average	Decreasing - slipping downward	ACC			Need to expand services. We need dialysis, chemo. Labor and delivery services as a start
1164	67110	Average	Increasing - moving up	PRIM			We need to look into direct primary care provided by the employers
1052	67018	Poor	Not really changing much	QUAL	BH	AGE	I believe the Dr office needs to be more professional and receptionist and nurses shouldn't be joking around and talking about the patient with mental health issues while they are still in hearing distance. Also just because you are not 80 years old don't think the patient can't have an illness which causes extreme pain and not everyone is a drug seeker as they put in the charts
1202	67003	Good	Increasing - moving up	QUAL			I feel there needs to be more time with patients, but I feel providers need to see more patients between hours and earlier in the day.
1065	67058	Very Poor	Decreasing - slipping downward	QUAL			I have had need or and used numerous medical facilities in the last decade, but I only go to the local hospital for simple things. I have taken my family to the local hospital on 2 previous occasions for broken bones and had them diagnosed by the local physician as not broken, only to be called the next day and be told that when a radiologist in Wichita was consulted they they said the bones are, in fact, broken. How can I trust the medical knowledge of the staff after those incidents?
1042	67003	Good	Not really changing much	QUAL			I have recently changed my health care to Integris because I have been so unhappy with the care at the Anthony Medical Center. Just not a personal concern for my problems, just another number!
1048	67003	Very Good	Increasing - moving up	QUAL			No...not in my experience. I have always had the best care. I think things are only going to get better in the future.
1166	67068	Good	Increasing - moving up	QUAL			Some providers aren't in a rush or act quickly to help patients get resources, there are times it takes way longer than it should to get them the care they need.
1056	67003	Very Good	Increasing - moving up	QUAL			The services provided, such as a test that can be ran above just an X-Ray.
1044	67003	Good	Increasing - moving up	SEX	KID		Addressing the health of young kids more than just one or two days a year at school would be an improvement. Give the sex talk, puberty, and even mental health concerns would be welcomed in the classrooms.
1153	67058	Poor	Decreasing - slipping downward	SMOK	NUTR	BH	health related factors- smoking, eating drinking. Mental health and drug abuse.
1167	67156	Average	Increasing - moving up	SMOK	ALC	NUTR	More assistance to patients in quitting smoking or drinking and better education/care models to assist in improving diet and exercise
1184		Good	Not really changing much	SMOK	ALC	OBES	Patient access to care is being addressed and we need to add more programs for smoking cessation drinking habits and for the overweight.
1007	67003	Good	Increasing - moving up	SMOK	NUTR	ALC	smoking, eating and drinking
1015	67058	Good	Increasing - moving up	SPEC			Increase number of visiting specialists.
1210	67003	Good	Increasing - moving up	SPEC			More specialist
1175	67058	Average	Decreasing - slipping downward	SPEC			more specialty options.
1206	67003	Good	Increasing - moving up	SS	BH	ADD	social services for mental health, addictions
1150	67112	Average	Decreasing - slipping downward	STD	OBES	CHRON	The previous haven't really changed. We still have high STD rates, obesity, chronic health issues along with high drug use. We also have more chronic mental health in adults and increased in teens.
1037	67058	Good	Not really changing much	SURG			More surgery
1147	67003	Good	Increasing - moving up	TRAN			I don't know personally, but I have heard others complain of transportation to and from appointments, as well as enough ambulance available for our county.
1067	67058	Poor	Decreasing - slipping downward	TRAN			There needs to be a service to drive people to Larned, Horizons, etc. Also need better availability to dietary consults.
1180	67058	Good	Not really changing much	WAIT			wait time at doctor appointment and an the amount of time you set in lobby waiting on dr
1009	67058	Average	Increasing - moving up	WELL			A vocational directive in our education system added to present education efforts, could raise skill levels thus better incomes and bringing about more pride in providing for dependents and thus better self images and improvement in our citizen's vision and attitude for their future, eliminating need for unhealthy immediate gratifications.
1183	67003	Average	Increasing - moving up	WELL			Community classes and events that draw people in to learn and participate in maintaining their own good health are ideal. They need to be convenient and be attractive to different groups within our community.
1008	52246	Poor	Not really changing much	WELL			improve a vocational directive in our education system, in addition to our current educational efforts, to raise the workplace skills of more of our citizens that they might raise their standard of living resulting in more satisfaction of accomplishment in providing for their dependents, thus improving self image allowing for more positive vision and hope for their futures and eliminating their perceived need for unhealthy immediate gratifications.
1224	67003	Average	Decreasing - slipping downward	WELL	STFF		More education from providers during visits. More participation and involvement from hospital staff, reflective and encouraging for members of the community to know they can expect to experience great care.
1022		Average		WELL			Would like to see more community based education



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ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1042	67003	Good	Not really changing much	AGE	ALZ		Look into a Rehab center and/or improving our Care centers for the elderly , using the soon to be vacated hospitals . Also possibly expanding into more services for Alzheimer care .
1165	67058	Good	Not really changing much	AGE	DRUG		Getting the elderly to their appointments. We have a large drug problem, but no one is offering any education or help.
1241	67058	Good	Not really changing much	AGE	DRUG		Elder care/ Aging in Place. Drug/alcohol treatment
1222	67003	Average	Decreasing - slipping downward	ALC	DRUG		new solutions for alcohol/substance abuse.
1008	52246	Poor	Not really changing much	ALC			Alcohol abuse
1081		Good	Not really changing much	AMB			Ambulance location should not be moved around the county. Would be better to be located in one area- centrally located.
1162	67058	Average	Decreasing - slipping downward	AMB			ambulance service need fixed
1229	67003	Very Good	Increasing - moving up	BH	ADD		mental health, addiction and indigent care problems.
1132	67003	Average	Increasing - moving up	BH	AMB		Mental Health, Ambulance in every town because that is something tax payers want to pay for and should be a top priority.
1095	67003	Good	Not really changing much	BH	DRUG	ALC	Need better resources/treatment options for mental health and drug/alcohol abuse
1153	67058	Poor	Decreasing - slipping downward	BH	DRUG	ALC	Mental health, other than a Sponsor who has many other people to help. When we have so many DUI and Drug problems, where is a
1005	67003	Average	Increasing - moving up	BH	DRUG	TRAN	Increased access to mental health and substance abuse treatment, or better transportation to receive that treatment.
1130	67003	Good	Not really changing much	BH	DRUG		Our community has a mental health and substance abuse problem. There are limited resources for mental health and substance abuse assessments. There is little to no advocacy for families seeking assistance in treatment. Very little advocacy for prevention of underage drug use.
1147	67003	Good	Increasing - moving up	BH	DRUG		More options for Mental Health and substance abuse.
1157	67235	Good	Not really changing much	BH	DRUG		1) access to mental health- large need, many without transportation outside of this community. 2) access to substance abuse treatment
1232	67058	Good	Decreasing - slipping downward	BH	DRUG		mental health and substance abuse options
1007	67003	Good	Increasing - moving up	BH			A program to help providers support bi polar people without enabling them.
1141	67003	Average	Increasing - moving up	BH			We have poor, mental health people that fall through the cracks. People that their needs are not being met because of no family members caring or not around. How can we address their needs and which services can we use to provide for their needs in a respectful way.
1166	67068	Good	Increasing - moving up	BH			We need a better partnership with Horizons Mental Health Center.
1123	67058	Average	Decreasing - slipping downward	CANC	ADD		cancer survivors & caregivers, Stephen Ministry, addiction counseling, Celebrate Recovery
1031	67003	Average	Not really changing much	CANC			cancer care/treatment
1180	67058	Good	Not really changing much	CANC			We need some sort of cancer support services for both the patient and the caregiver.
1090	67003	Average	Not really changing much	CLIN			Longer clinic hours or an after hours clinic for nonemergent illness.
1138	67142	Very Good	Not really changing much	COMM	MRKT	AGE	I have no idea, have not heard or seen that most the programs listed on pg 9&10 are even available in HP CO (and we do get the HP paper). So there might be a lack of communication to the public what is actually available in the communities in HP CO. I think, since the hospital is going to be in the country now, you might need to address transportation issues for families and the elderly with your community taxi services and allow additional funding for that service.
1247	67003	Poor	Decreasing - slipping downward	COMM			Partner with KU Medical School to bring new doctors to our community.
1092	67003	Good	Not really changing much	CORP			Community wellness center near Chaparral and Patterson Family Health Center with a partnership from City Rec Commissions, County, School and Hospital.
1214	67058	Average	Not really changing much	CORP			I think you need to work on getting confidence in the community on what you do have first.
1010	67003	Good	Increasing - moving up	DIA	CANC	PNEO	Find way to deliver dialysis, cancer treatments, more efforts in prenatal and delivery, a more seamless emergency delivery and care system- emphasis on timeliness.
1137	67058	Very Good	Increasing - moving up	DIAB	BH		diabetic teaching, mental control
1052	67018	Poor	Not really changing much	DOCS			Open my records for all the doctors to see at any time so they know what the other doctors are recommending for my care.

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ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1038	67003	Average	Increasing - moving up	DOH	BH	FIT	PHC and public health working actively in the schools. Kids need to be exposed to mental and physical wellness activities and education EVERYDAY, not just one or two events a year. For most, this is the only place they will receive it. Grocery stores could have qualified nutritionist help them re-vamp their shelves.
1143	67058	Very Good	Not really changing much	DRUG	ALC	VIO	I FEEL WE HAVE A FAIRLY BAD DRUG PROBLEM IN OUR COMMUNITY NOW AND ALCOHOL WILL ALWAYS BE A PROBLEM WHICH JUST LEADS TO PROBLEMS WITH DOMESTIC VIOLENCE
1023	67003	Average	Increasing - moving up	DRUG	ALC		drugs and alcohol
1029	67003	Average	Increasing - moving up	DRUG	ALC		Drug and alcohol treatment
1148	67003	Good	Increasing - moving up	DRUG	ALC		drug abuse/drug abuse prevention along with rehabilitation services are a must in this community. this county has a very large fraction of the population that is either abusing drugs/alcohol or isn't getting efficient treatment in this area
1136	67003	Good	Increasing - moving up	DRUG	BH		Substance abuse, mental health.
1044	67003	Good	Increasing - moving up	DRUG	DENT		Law enforcement and the healthcare along with our city county commissioners need to make our communities drug free. Then we can promote our communities safety. One of our most valuable assets ! Dental care needs to be less about show and profit to promote dental in our community and we need better outpatient services so we don't have to leave our county
1082	67003	Average	Not really changing much	DRUG	PREV		There needs to be more education about drug use and prevention.
1121	67058	Average	Increasing - moving up	DRUG	VIO		Drug education. Child care abuse prevention
1160	67058	Good	Increasing - moving up	DRUG			Addressing substance abuse issues
1216	67058	Good	Increasing - moving up	DRUG			drug rehabs for all ages
1114	67003	Very Good	Decreasing - slipping downward	FAC			Ymca
1067	67058	Poor	Decreasing - slipping downward	FINA			Cut costs
1210	67003	Good	Increasing - moving up	FIT	NUTR		More Exercise within the community and more healthy foods.
1115	67003	Average	Not really changing much	FIT	POV		We need affordable exercise for the poor who cannot pay the prices to join at the wellness centers
1177	67106	Very Good	Increasing - moving up	FIT			exercise programs
1118	67058	Average	Decreasing - slipping downward	HH			Home Health
1245	67036	Good	Increasing - moving up	HOSP			to soon to address this question until the hospitals merger and the dust settles
1198	67058	Good	Not really changing much	KID			More work with the younger generation, especially the high school age and better head start programs for the preschool age.
1033	67003	Good	Increasing - moving up	NO			Unsure about this
1076	67003	Poor	Increasing - moving up	NO			not for sure at this moment
1087	67003	Average	Not really changing much	NO			I'm not sure that new ones need to be created. There are many previously mentioned that I marked negatively because I had either never heard of them in this community or did not know who handled them.
1091	67003	Very Good	Increasing - moving up	NO			I can't think of anything at this time.
1144	67003	Average	Not really changing much	NO			I have no new ideas
1178	67058	Very Good	Increasing - moving up	NO			yes
1230	67003	Average	Increasing - moving up	NO			I am not sure at this time.
1233	67003	Average	Increasing - moving up	NO			Not sure
1237	67003	Good	Not really changing much	NO			I really do not know.
1239		Good	Not really changing much	NO			Not sure
1025	67003	Good	Increasing - moving up	NUTR	FIT	PREV	Partner with the schools for awareness on good nutrition, exercise & preventative care. Parent/child programs working together for better food choices/prep/cost. Partner with local ag agencies/extension off-learn basic gardening skills. Wellness Centers to create programs in the community to promote healthy exercise for all ages.
1161	67058	Good	Decreasing - slipping downward	NUTR	FIT		Sodium/sugar/reduce chronic disease awareness programs.
1182	67003	Average	Not really changing much	NUTR	VIO		Nutrition, healthy eating, physical exercise w/ extension
1196	67058	Good	Increasing - moving up	NUTR			need help with eating habits, family issues
1035	67009	Average	Decreasing - slipping downward	OBES	CANC	DRUG	Start with nutrition education and educate that all disease starts in the gut and it depends on what foods you put in your gut. Will they heal you or kill you? Yes, we are looking at some partnerships already.
1159		Average	Not really changing much	OBES	INSU		Partnering with Specialty clinics from Wichita to provide treatment and education would be a great resource for our community. Obesity, Cancer, Drug Abuse, Womens Health...etc.
1175	67058	Average	Decreasing - slipping downward	OBG	PNEO	SPEC	Weight loss program. The clinic in Kingman Ks offers a weight loss program. This program does not except insurance, its a cash program.
							OBGYN to improve prenatal care, specialist consults so patients may keep follow-ups vs cancel because they don't want to go to Wichita



## CHNA 2018 Community Feedback - Harper Co N=249

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1015	67058	Good	Increasing - moving up	OBG			Maternity options.
1205	67003	Poor	Not really changing much	OBG			delivering babies.
1231	67009	Average	Not really changing much	ONC	PAIN	CHRON	Oncology specialists, Pain Management, Chronic Health, Substance abuse counseling
1212	67003	Good	Increasing - moving up	OPHTH	SURG		Bring more outpatient specialists and surgeons to the area. Continue to work with high schools for transitions to careers.
1179	67003	Good	Not really changing much	OPHTH			Ophthalmology
1046	67003	Average	Not really changing much	OTHR			support groups for parents with special needs child
1054	67009	Average	Decreasing - slipping downward	OTHR			School and Hispanics
1064	67058	Poor	Not really changing much	PEDS	ENDO		Pediatric doctor, Endocrinologist's
1074	67118	Good	Increasing - moving up	PEDS	NUTR		Something for young families, additional caregivers for young & seniors, nutrition counseling for over weight
1244	67058	Good	Increasing - moving up	PEDS	NUTR		Pediatrics, whole community wellness initiatives: sidewalks for easy walking for community and school, bike lanes, improved access to fruits and vegetables
1124	67003	Average	Decreasing - slipping downward	PHAR	EMT		Assistance getting the correct medication when needed. Able to see your provider when needed. Able to get the ambulance and knowledgeable EMT FOR THAT PARTICULAR EMERGENCY when called out.
1150	67112	Average	Decreasing - slipping downward	POV	DRUG		ACES program/poverty issues; substance abuse prevention/treatment options
1009	67058	Average	Increasing - moving up	PREV			more education to prevent
1167	67156	Average	Increasing - moving up	PRIM	PREV		Direct primary care at the hospital clinic, low cost high quality healthcare focusing on prevention
1065	67058	Very Poor	Decreasing - slipping downward	QUAL			I don't know how you focus on new programs when the ones we currently have are so broken! Let's try to fix the mess we currently have first!
1119	67003	Poor	Not really changing much	QUAL			I'm not sure how about you get the current ones working before you create a new mess.
1120	67058	Average	Not really changing much	QUAL			Upgrade what we have now
1146	67003	Poor	Not really changing much	QUAL			Just make what we have quality
1195	67058	Average	Not really changing much	REC			Local focused 'clubs' that have a specific goal/activity--running club, bicycling club, etc--and leadership that promotes and inspires people to join in.
1021	67003	Poor	Not really changing much	SPEC			Need more visiting specialists.
1097	67003	Good	Decreasing - slipping downward	SPEC			More specialists
1215	67058	Average	Decreasing - slipping downward	SPEC			more specilists vs everyone being shipped
1228	67003	Average	Not really changing much	SPEC			Maybe a few more specialist coming to our hospitals so we don't have to go to Wichita or elsewhere.
1155	67058	Average	Decreasing - slipping downward	SS	DENT	BH	I believe we need to get trained social workers in the hospital to help our self pays,poverty people signed up for medicaid or an affordable insurance. We need to stay on top of the medicaid users , that they are taking their kids and themselves to dental, immunizations, preventive care. Improve Mental health children and adults. Really there just needs to be improvement on followup with our current patients that preventive and followups appts are being done.
1048	67003	Very Good	Increasing - moving up	TELE			Telehealth
1192	67058	Good	Increasing - moving up	TOB	OBES	SEX	Education Classes regarding Tobacco, Weight, Sex ED, etc
1037	67058	Good	Not really changing much	WELL			active wellness, not just education
1128		Good	Decreasing - slipping downward	WELL			K-State Research and Extension provides research-based education on areas such as health.
1202	67003	Good	Increasing - moving up	WELL			Wellness/Prevention programs
1218		Good	Increasing - moving up	WELL			Wellness education and opportunities to be actively participate.
1164	67110	Average	Increasing - moving up	WOUND	BH		Wound care, mental health
1185	67003	Average	Not really changing much	WOUND	DIAB		Wound care Diabetes care and education

## Let Your Voice Be Heard!

Hospital District #6 and Harper County KS Health Dept request your input to update our Community Health Needs Assessment (CHNA) - Year 2018. To collect "up to date" community feedback, a short online survey has been created to uncover any current community health issues and evaluate local health delivery since last CHNA report.

While your participation is voluntary and confidential, all community input is valued. Thank you for your attention! Deadline to participate is Wednesday, October 3rd, 2018.

1. in your opinion, how would you rate the "Overall Quality" of healthcare delivery in our community?

- |                                 |                                 |
|---------------------------------|---------------------------------|
| <input type="radio"/> Very Poor | <input type="radio"/> Good      |
| <input type="radio"/> Poor      | <input type="radio"/> Very Good |
| <input type="radio"/> Average   |                                 |

2. When considering "overall community health quality", is it ...

- |  |  |
|--|--|
| <input type="radio"/> Increasing - moving up   | <input type="radio"/> Decreasing - slipping downward |
| <input type="radio"/> Not really changing much |  |

Why? (please specify)

3. Past Community Health Needs Assessments (CHNA's) review area health resources, patient access to care, health-related factors (i.e. smoking, eating and drinking habits etc), social determinants of health, health care utilization, area health status (i.e. mortality, mental health, chronic disease rates etc.), and community economics & demographics.

In your opinion, are there any healthcare services or delivery issues that you feel need to be improved, worked on and/or changed? (Please be specific.)

4. In your own words, what is the general community perception of healthcare providers (i.e. hospitals, doctors, public health, etc.) serving our community? (Be specific)

5. From past CHNAs, a number of health needs were identified as priorities. Are any of these an ongoing problem for our community? Please select all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Affordable Health Care (HC) Insurance | <input type="checkbox"/> Mental Health Access             |
| <input type="checkbox"/> Alcohol Abuse                         | <input type="checkbox"/> Nutrition - Healthy Food options |
| <input type="checkbox"/> Awareness of existing HC services     | <input type="checkbox"/> Obesity                          |
| <input type="checkbox"/> Child Care                            | <input type="checkbox"/> OBGYN                            |
| <input type="checkbox"/> Chronic Health                        | <input type="checkbox"/> Physical Therapy                 |
| <input type="checkbox"/> Drug / Substance Abuse                | <input type="checkbox"/> Tobacco Prevention               |
| <input type="checkbox"/> Family Support - for children         | <input type="checkbox"/> Training for EMTs/Dispatch       |
| <input type="checkbox"/> Fitness / Exercise options            | <input type="checkbox"/> Wellness / Prevention            |

6. Which past CHNA need is NOW the "most pressing" for improvement? Please Select Top Three.

- |  |   |
|--|---|
| <input type="checkbox"/> Affordable Health Care (HC) Insurance | <input type="checkbox"/> Mental Health Access             |
| <input type="checkbox"/> Alcohol Abuse                         | <input type="checkbox"/> Nutrition - Healthy Food options |
| <input type="checkbox"/> Awareness of existing HC services     | <input type="checkbox"/> Obesity                          |
| <input type="checkbox"/> Child Care                            | <input type="checkbox"/> OBGYN                            |
| <input type="checkbox"/> Chronic Health                        | <input type="checkbox"/> Physical Therapy                 |
| <input type="checkbox"/> Drug / Substance Abuse                | <input type="checkbox"/> Tobacco Prevention               |
| <input type="checkbox"/> Family Support - for children         | <input type="checkbox"/> Training for EMTs/Dispatch       |
| <input type="checkbox"/> Fitness / Exercise options            | <input type="checkbox"/> Wellness / Prevention            |

7. In your opinion, what are the root causes of "poor health" in our community? Please Select Top Three.

- |   |  |
|---|--|
| <input type="checkbox"/> Lack of health & wellness education        | <input type="checkbox"/> Elder assistance programs   |
| <input type="checkbox"/> Chronic disease prevention                 | <input type="checkbox"/> Family assistance programs  |
| <input type="checkbox"/> Limited access to mental health assistance | <input type="checkbox"/> Lack of awareness of existing local programs, providers, and services |
| <input type="checkbox"/> Case management assistance                 | <input type="checkbox"/> Poverty   |

Other (please specify)

8. How would our community area residents rate each of the following health services?

	Very Good	Good	Fair	Poor	Very Poor
Ambulance Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chiropractors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dentists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eye Doctor/Optometrlist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Planning Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. How would our community area residents rate each of the following health services? Con't

	Very Good	Good	Fair	Poor	Very Poor
Inpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physician Clinics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specialists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Abuse Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Community Health Readiness is vital. How would you rate each of the following?

	Very Good	Good	Fair	Poor	Very Poor
Caregiver Training Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Early Childhood Development Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Preparedness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food and Nutrition Services/Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to secure Grants / Finances to Support Local Health Initiatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Screenings (such as asthma, hearing, vision, scoliosis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immunization Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity Prevention & Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Community Health Readiness is vital. How would you rate each of the following? Continue

	Very Good	Good	Fair	Poor	Very Poor
Spiritual Health Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prenatal / Child Health Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually Transmitted Disease Testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use Treatment & Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco Prevention & Cessation Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Women's Wellness Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WIC Nutrition Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. In the past 2 years, did you or someone you know receive healthcare services outside of our community?

☐ Yes

☐ I don't know

☐ No

If YES, please specify the healthcare services received.

13. Are our healthcare organizations, providers and stakeholders actively working together to address community health?

☐ Yes

☐ I don't know

☐ No

Please explain

14. What "new" community health programs should be created to meet current community health needs?  
Can we partner somehow with others?

15. Are there any other health needs (listed below) that need to be discussed further at our upcoming CHNA Town Hall meeting? (Please select all that apply.)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Abuse/Violence                    | <input type="checkbox"/> Lead Exposure       | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Alcohol                           | <input type="checkbox"/> Mental Illness      | <input type="checkbox"/> Smoke-Free Workplace          |
| <input type="checkbox"/> Breast Feeding Friendly Workplace | <input type="checkbox"/> Nutrition           | <input type="checkbox"/> Suicide                       |
| <input type="checkbox"/> Cancer                            | <input type="checkbox"/> Obesity             | <input type="checkbox"/> Teen Pregnancy                |
| <input type="checkbox"/> Diabetes                          | <input type="checkbox"/> Ozone               | <input type="checkbox"/> Tobacco Use                   |
| <input type="checkbox"/> Drugs/Substance Abuse             | <input type="checkbox"/> Physical Exercise   | <input type="checkbox"/> Vaccinations                  |
| <input type="checkbox"/> Family Planning                   | <input type="checkbox"/> Poverty             | <input type="checkbox"/> Water Quality                 |
| <input type="checkbox"/> Heart Disease                     | <input type="checkbox"/> Respiratory Disease | <input type="checkbox"/> Wellness Education            |

16. For reporting purposes, are you involved in or are you a .... ? (Please select all that apply.)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Business / Merchant                 | <input type="checkbox"/> EMS / Emergency        | <input type="checkbox"/> Other Health Professional |
| <input type="checkbox"/> Community Board Member              | <input type="checkbox"/> Farmer / Rancher       | <input type="checkbox"/> Parent / Caregiver        |
| <input type="checkbox"/> Case Manager / Discharge Planner    | <input type="checkbox"/> Hospital / Health Dept | <input type="checkbox"/> Pharmacy / Clinic         |
| <input type="checkbox"/> Clergy                              | <input type="checkbox"/> Housing / Builder      | <input type="checkbox"/> Media (Paper/TV/Radio)    |
| <input type="checkbox"/> College / University                | <input type="checkbox"/> Insurance              | <input type="checkbox"/> Senior Care               |
| <input type="checkbox"/> Consumer Advocate                   | <input type="checkbox"/> Labor                  | <input type="checkbox"/> Teacher / School Admin    |
| <input type="checkbox"/> Dentist / Eye Doctor / Chiropractor | <input type="checkbox"/> Law Enforcement        | <input type="checkbox"/> Veteran                   |
| <input type="checkbox"/> Elected Official - City/County      | <input type="checkbox"/> Mental Health          |  |

Other (please specify)

17. What is your home ZIP code? Please enter 5-digit ZIP code; for example 00544 or 95305





## Report Contact:

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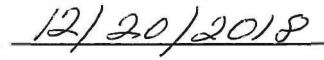
VVV Consultants LLC is an Olathe, KS based “boutique” healthcare consulting firm specializing in Strategy; Research and Business Development services. We partner with clients. Plan the Work; Work the Plan

## Approval

Hospital District No. 6 of Harper County, KS Board of Directors approves the 2018 Community Health Needs Assessment conducted by VVV Consultants, LLC.

A handwritten signature in cursive script that reads "Martha Hadsall".

Chairman, Board of Directors

A handwritten date "12/20/2018" written in cursive script.

Date