



Community Health Needs Assessment Harper County, KS

On Behalf of Patterson Health Center



July 2024

**VVV Consultants LLC
Olathe, KS**

Community Health Needs Assessment

Table of Contents

I. Executive Summary

- a) Community Health Area of Future Focus (A prioritized description of future community unmet needs identified by community discussion)
- b) Town Hall CHNA Health Findings: Areas of Strengths and Areas to Change and/or Improvement.

II. Methodology

- a) CHNA Scope and Purpose
- b) Local Collaborating CHNA Parties (The identity of all organizations in which the organization collaborated and third parties that engaged to assist with the CHNA)
- c) CHNA and Town Hall Research Process (A description of the process & methods used to conduct the CHNA, a description of how the organization considered the input of persons representing the community, and an explanation of the process/ criteria used in prioritizing)
- d) Community Profile (A description of the community served by the facility and how the community was determined)

III. Community Health Status

- a) Historical Community Health Indicators Review - Secondary Data
- b) Current Community Health Status - Online Feedback Research

IV. Inventory of Existing County Health Resources

- a) Community Healthcare Service Offerings
- b) Provider Manpower (Local and Visiting Specialists)
- c) CHNA Inventory of PSA Services and Providers (A description of the existing healthcare facilities and other resources within the community available to meet the needs identified through the CHNA)

V. Detail Exhibits

- a) Patient Origin & Access to Care
- b) Town Hall Attendees, Notes, and Feedback
- c) Public CHNA Notice / News
- d) Primary Research Detail
- e) County Health Rankings & Roadmap Detail

I. Executive Summary

[VVV Consultants LLC]

I. Executive Summary

Patterson Health Center (Primary Service Area) – Harper County, KS - 2024 Community Health Needs Assessment (CHNA)

The previous Community Health Needs Assessment Patterson Health Center (PHC) and its primary service area was completed in 2021. (Note: The Patient Protection and Affordable Care Act (ACA) requires non-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). The Round 5 Harper County, KS CHNA began in January of 2024 and was facilitated/created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandelaar, MBA.

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, providers, and other residents to research and prioritize county health needs while documenting community health delivery success. This health assessment will serve as the foundation for community health improvement efforts for the next three years.

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 a 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.) Guides the hospital and local health department on how they can align their services and community benefit programs to best meet needs, and 8.) fulfills the Hospital's “Mission” to deliver.

County Health Area of Future Focus on Unmet Needs

Area Stakeholders held a community conversation to review, discuss, and prioritize health delivery. Below are two tables reflecting community views and findings:

2024 CHNA Priorities				
Unmet Health Needs - Harper Co, KS on behalf Patterson Health, Anthony, KS Town Hall - 04/04/24 (Attendees 27 / 108 Total Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Substance Abuse (Drugs & Alcohol)	21	19.4%	19%
2	Mental Health Services (Diagnosis, Placement, Aftercare, Providers)	20	18.5%	38%
3	EMS (Staffing, Coverage, Funding)	14	13.0%	51%
4	Access to Affordable Healthy Foods	11	10.2%	61%
5	Poverty	10	9.3%	70%
6	Home Health	7	6.5%	77%
Total Votes		108	100%	
Other needs receiving votes: School Funding (State), Cancer Care, Vaccination Hesitancy, Medicaid Expansion, Social Services Access, Childcare (Accessible & Affordable), Domestic Abuse/ Neglect, and Medicare Advantage Reimbursement.				

Town Hall CHNA Findings: Areas of Strengths

Harper Co, KS PSA - Community Health Strengths			
#	Topic	#	Topic
1	Access to Health Providers	5	Schools
2	Community Funded Healthcare Transportation	6	Low Unemployment
3	2 Steering Groups for Housing and Childcare	7	Healthy Rural Living
4	Providers and Staff at Hospital	8	Community Collaboration (new)

Key CHNA Round #5 Secondary Research Conclusions found:

KANSAS HEALTH RANKINGS: According to the 2023 Robert Woods Johnson County Health Rankings, Harper Co, KS, on average was ranked 90th in Health Outcomes, 98th in Health Factors, and 50th in Physical Environmental Quality out of the 105 Counties.

TAB 1. Harper County’s population is 5,323 (based on 2023 findings). About six percent (5.7%) of the population is under the age of 5, while the population that is over 65 years old is 22.6%. Children in single parent households make up a total of 23.2% compared to the rural norm of 15%, and 89.5% are living in the same house as one year ago.

TAB 2. In Harper County, the average per capita income is \$26,970 while 13.8% of the population is in poverty. The severe housing problem was recorded at 11% compared to the rural norm of 8%. Those with food insecurity in Harper County is 12.5%, and those having limited access to healthy foods (store) is 10%. Individuals recorded as having a long commute while driving alone is 22.7% compared to the norm of 17%.

TAB 3. Children eligible for a free or reduced-price lunch in Harper County is 60.6%. Findings found that 89.7% of Harper County ages 25 and above graduated from high school while 17.5% has a bachelor’s degree or higher (2022).

TAB 4. The percent of births where prenatal care began in the first trimester was recorded at 81.4% compared to the rural norm of 82.8%. Additionally, the percentage of births with low birth weight was 5.4%. Harper County recorded 2.5% of births occurring to teens between ages 15-19. The percentage of births where mother smoked during pregnancy was 10.8% compared to the rural norm of 12.2%.

TAB 5. The Harper County primary care service coverage ratio is 1 provider (county based officed physician who is a MD and/or DO) to 1,779 residents. There were 3,661 preventable hospital stays in compared to the rural norm of 3,289. Patients who gave their hospital a rating of 9 or 10 (scale 0-10) was 77% while average time patients spent in the emergency department before leaving from the visit was 105 minutes.

Secondary Research Continued

TAB 6. In Harper County, adults ever diagnosed with depression as of 2021 was 20.8%. The Mental Behavioral hospital admissions rate per 100k was 78 compared to the rural norm of 29.3. The age adjusted suicide mortality rate per 100k is 48.2.

TAB 7a – 7b. Harper County has an obesity percentage of 36.9% and a physical inactivity percentage is 26.4%. The percentage of adults who smoke is 21.9%, while the excessive drinking percentage is 19.5%. The percentage of adults who have taken medication for high blood pressure is 83.2%, while their heart failure admissions rate was recorded at 24.1. Those with kidney disease is 4% compared to the rural norm of 3.6%. The percentage of adult individuals who were recorded with cancer was 9.2% while adults recorded with diabetes (20+) is 8.7% compared to the rural norm of 8%.

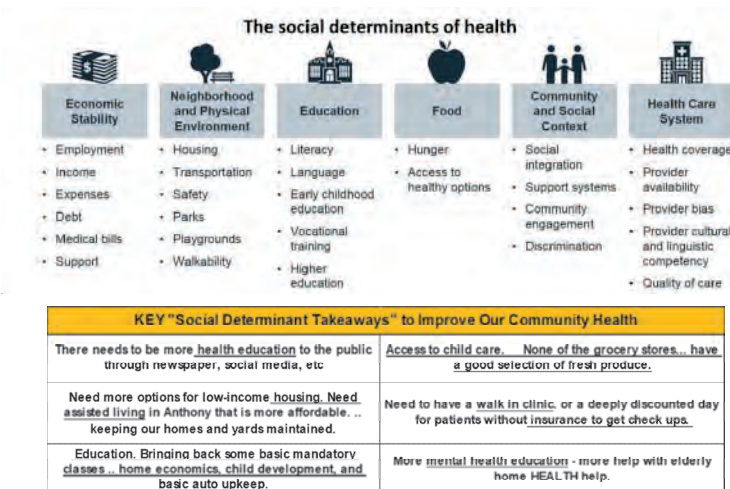
TAB 8. The adult uninsured rate for Harper County is 13.7% compared to the rural norm of only 10.9%.

TAB 9. The life expectancy rate in Harper County for males and females is roughly 74 years of age (74.3). Alcohol-impaired driving deaths for Harper County is 16.7% while age-adjusted Cancer Mortality rate per 100,000 is 208.5. The age-adjusted heart disease mortality rate per 100,000 is at 177.8.

TAB 10. A recorded 70.2% of Harper County has access to exercise opportunities. Continually, 29% of women have done a mammography screening compared to the rural norm of 43.8%. Adults recorded in Harper County who have had a regular routine check-up is 75.8%.

Social Determinants Views Driving Community Health: From Town Hall conversations the Economy followed by Education, Community and Social Context, Health Care System, and Neighborhood and Physical Environment are Social Determinants driving health in Harper Co.

Social Determinants Online Community Feedback – Harper Co KS N=272



Key CHNA Round #5 Primary Research Conclusions found:

Community Feedback from residents, community leaders, and providers (N=272) provided the following community insights via an online perception survey:

- Using a Likert scale, the average between Harper County stakeholders and residents that would rate the overall quality of healthcare delivery in their community as either Very Good or Good; is 67.8%.
- Harper County stakeholders are very satisfied with some of the following services: Emergency Room and Pharmacy.
- When considering past CHNA needs, the following topics came up as the most pressing: Drugs / Alcohol Abuse, Mental Health Services, Quality Housing, EMS, Child Care, and Walk-In Clinic / Urgent Care.

Harper County, KS - CHNA YR 2024 N=272					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Drugs / Alcohol Abuse	107	13.9%		1
2	Mental Health Services (Access, Provider, Treatment, Aftercare)	80	10.4%		3
3	Quality Housing	76	9.9%		5
4	EMS	73	9.5%		2
5	Child Care	67	8.7%		4
6	Walk-In Clinic / Urgent Care	61	7.9%		6
7	Lack of Community Involvement	42	5.5%		8
8	Awareness of Healthcare Services	37	4.8%		11
9	Long Term Care (Staffing / Training)	34	4.4%		9
10	Economic Development	34	4.4%		10
11	Home Health	30	3.9%		7
12	Utilization of Former Hospital Facilities	29	3.8%		13
13	Preventative Health / Wellness (Education)	26	3.4%		14
14	Domestic Violence	21	2.7%		15
15	Access to Primary Care	18	2.3%		12
16	Hospice	13	1.7%		17
17	Lack of Adult Education Center	12	1.6%		16
18	Centralized Wellness Center	8	1.0%		18
Totals		768	100.0%		

II. Methodology

[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 that 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 who 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.).

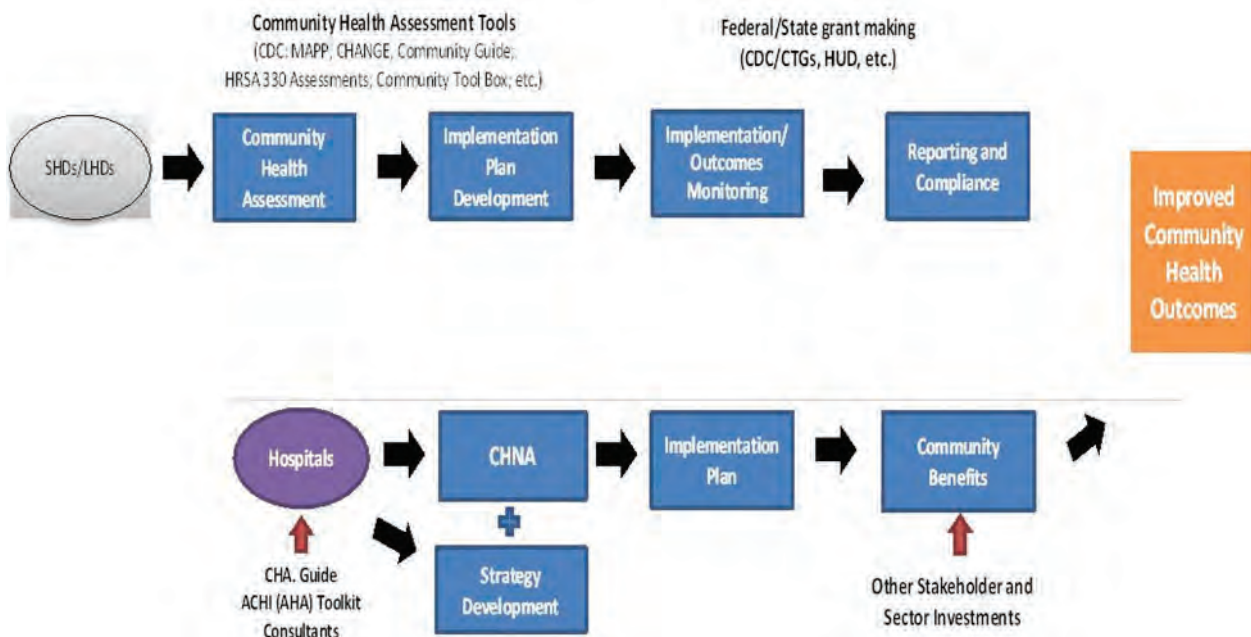
JOB #2: Making a CHNA Widely Available to the Public

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 Requirements Overview (Notice 2011-52)

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 complete a CHNA full report every 3 years for each of its hospital facilities by fiscal June 30th.

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 Community Health Needs Assessment for Charitable Hospital Organizations - Section 501(0)(3) Last Reviewed or Updated: 21-Aug-2020

In addition to the general requirements for tax exemption under Section 501(c)(3) and Revenue Ruling 69-545 hospital organizations must meet the requirements imposed by Section 501(r) on a facility-by-facility basis in order to be treated as an organization described in Section 501(c)(3). These additional requirements are:

1. Community Health Needs Assessment (CHNA) - Section 501(r)(3),
2. Financial Assistance Policy and Emergency Medical Care Policy - Section 501(r)(4),
3. Limitation on Charges - Section 501(r)(5), and
4. Billing and Collections - Section 501(r)(6).

Medically underserved populations include populations experiencing health disparities or that are at risk of not receiving adequate medical care because of being uninsured or underinsured, or due to geographic, language, financial, or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility’s service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma, or other barriers.

Additionally, in determining its patient populations for purposes of defining its community, a hospital facility must take into account all patients without regard to whether (or how much) they or their insurers pay for the care received or whether they are eligible for assistance under the hospital facility's financial assistance policy. If a hospital facility consists of multiple buildings that operate under a single state license and serve different geographic areas or populations, the community served by the hospital facility is the aggregate of these areas or populations.

Additional Sources of Input

In addition to soliciting input from the three required sources, a hospital facility may solicit and take into account input received from a broad range of persons located in or serving its community. This includes, but is not limited to:

- Health care consumers and consumer advocates
- Nonprofit and community-based organizations
- Academic experts
- Local government officials
- Local school districts
- Health care providers and community health centers
- Health insurance and managed care organizations,
- Private businesses, and
- Labor and workforce representatives.

Although a hospital facility is not required to solicit input from additional persons, it must take into account input received from any person in the form of written comments on the most recently conducted CHNA or most recently adopted implementation strategy.

Collaboration on CHNA Reports

A hospital facility is permitted to conduct its CHNA in collaboration with other organizations and facilities. This includes related and unrelated hospital organizations and facilities, for-profit and government hospitals, governmental departments, and nonprofit organizations.

In general, every hospital facility must document its CHNA in a separate CHNA report unless it adopts a joint CHNA report. However, if a hospital facility is collaborating with other facilities and organizations in conducting its CHNA, or if another organization has conducted a CHNA for all or part of the hospital facility's community, portions of a hospital facility's CHNA report may be substantively identical to portions of the CHNA reports of a collaborating hospital facility or other organization conducting a CHNA, if appropriate under the facts and circumstances.

If two hospital facilities with overlapping, but not identical, communities collaborate in conducting a CHNA, the portions of each hospital facility's CHNA report relevant to the shared areas of their communities might be identical. So, hospital facilities with different communities, including general and specialized hospitals, may collaborate and adopt substantively identical CHNA reports to the extent appropriate. However, the CHNA reports of collaborating hospital facilities should differ to reflect any material differences in the communities served by those hospital facilities. Additionally, if a governmental public health department has conducted a CHNA for all or part of a hospital facility's community, portions of the hospital facility's CHNA report may be substantively identical to those portions of the health department's CHNA report that address the hospital facility's community.

Collaborating hospital facilities may produce a joint CHNA report as long as all of the collaborating hospital facilities define their community to be the same and the joint CHNA report contains all of the same basic information that separate CHNA reports must contain. Additionally, the joint CHNA report must be clearly identified as applying to the hospital facility.

Joint Implementation Strategies

As with the CHNA report, a hospital facility may develop an implementation strategy in collaboration with other hospital facilities or other organizations. This includes but is not limited to related and unrelated

hospital organizations and facilities, for-profit and government hospitals, governmental departments, and nonprofit organizations. In general, a hospital facility that collaborates with other facilities or organizations in developing its implementation strategy must still document its implementation strategy in a separate written plan that is tailored to the particular hospital facility, taking into account its specific resources. However, a hospital facility that adopts a joint CHNA report may also adopt a joint implementation strategy. With respect to each significant health need identified through the joint CHNA, the joint implementation strategy must either describes how one or more of the collaborating facilities or organizations plan to address the health need or identify the health need as one the collaborating facilities or organizations do not intend to address. It must also explain why they do not intend to address the health need.

A joint implementation strategy adopted for the hospital facility must also: Be clearly identified as applying to the hospital facility, Clearly identify the hospital facility's role and responsibilities in taking the actions described in the implementation strategy as well as the resources the hospital facility plans to commit to such actions, and Include a summary or other tool that helps the reader easily locate those portions of the joint implementation strategy that relate to the hospital facility.

Adoption of Implementation Strategy

An authorized body of the hospital facility must adopt the implementation strategy. See the discussion of the Financial Assistance Policy below for the definition of an authorized body. This must be done on or before the 15th day of the fifth month after the end of the taxable year in which the hospital facility finishes conducting the CHNA. This is the same due date (without extensions) of the Form 990.

Acquired Facilities A hospital organization that acquires a hospital facility (through merger or acquisition) must meet the requirements of Section 501(r)(3) with respect to the acquired hospital facility by the last day of the organization's second taxable year beginning after the date on which the hospital facility was acquired. In the case of a merger that results in the liquidation of one organization and survival of another, the hospital facilities formerly operated by the liquidated organization will be considered "acquired," meaning they will have until the last day of the second taxable year beginning after the date of the merger to meet the CHNA requirements. Thus, the final regulations treat mergers equivalently to acquisitions.

New Hospital Organizations

An organization that becomes newly subject to the requirements of Section 501(r) because it is recognized as described in Section 501(c)(3) and is operating a hospital facility must meet the requirements of Section 501(r)(3) with respect to any hospital facility by the last day of the second taxable year beginning after the latter of: The effective date of the determination letter recognizing the organization as described in Section 501(c)(3), or The first date that a facility operated by the organization was licensed, registered, or similarly recognized by a state as a hospital.

New Hospital Facilities

A hospital organization must meet the requirements of Section 501(r)(3), with respect to a new hospital facility it operates by the last day of the second taxable year beginning after the date the facility was licensed, registered, or similarly recognized by its state as a hospital.

Transferred/Terminated Facilities

A hospital organization is not required to meet the requirements of Section 501(r)(3) with respect to a hospital facility in a taxable year if the hospital organization transfers all ownership of the hospital facility to another organization or otherwise ceases its operation of the hospital facility before the end of the taxable year. The same rule applies if the hospital facility ceases to be licensed, registered, or similarly recognized as a hospital by a state during the taxable year. By extension, a government hospital organization that voluntarily terminates its Section 501(c)(3) recognition as described in Rev. Proc. 2018-5 (updated annually) is no longer considered a hospital organization for purposes of Section 501(r) and therefore is not required to meet the CHNA requirements during the taxable year of its termination.

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

Social Determinants of Health

What Are Social Determinants of Health?



[Social determinants of health \(SDOH\)](#) external icon are defined as the conditions in which people are born, grow, live, work, and age. SDOH are shaped by the distribution of money, power, and resources throughout local communities, nations, and the world. Differences in these conditions lead to health inequities or the unfair and avoidable differences in health status seen within and between countries.

[Healthy People 2030](#) external icon includes SDOH among its leading health indicators. One of Healthy People 2030's five overarching goals is specifically related to SDOH: Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.

Through broader awareness of how to better incorporate SDOH throughout the multiple aspects of public health work and the [10 Essential Public Health Services](#), public health practitioners can transform and strengthen their capacity to advance health equity. Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health, such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

Round #5 CHNA focuses on Social Determinants & Health Equity.

Centers for Medicare & Medicaid Services Health Equity Domains

CMS' Hospital Commitment to Health Equity has introduced two equity-focused process measures in 2023: screening for Social Drivers of Health (SDOH-01) and Screen Positive Rate for Social Drivers of Health (SDOH-02). (Although these measures will not be required until 2024, it is highly recommended that hospitals begin tracking them in 2023.)

Domain 1: Equity as a Strategic Priority

The hospital has a strategic plan for advancing health care equity that accomplishes the following:

- Identifies priority populations who currently experience health disparities.
- Establishes health care equity goals and discrete action steps to achieve them.
- Outlines specific resources that are dedicated to achieving equity goals.
- Describes an approach for engaging key stakeholders, such as community partners.

Domain 2: Data Collection

The hospital is engaging in the following three key data collection activities.

- Collecting demographic information, including self-reported race and ethnicity, and SDOH information, on a majority of patients
- Training staff in the culturally sensitive collection of demographics and SDOH information
- Inputting patient demographic and/ or SDOH information into structured interoperable data elements using a certified electronic health record technology.

Domain 3: Data Analysis

The hospital stratifies key performance indicators by demographic and/ or SDOH variables to identify equity gaps and includes this information on hospital performance dashboards.

Domain 4: Quality Improvement

The hospital participates in local, regional and or national quality improvement activities that are focused on reducing health disparities.

Domain 5: Leadership Engagement

The hospital's senior leadership, including the chief executives and the entire hospital board of trustees, demonstrates a commitment to equity through the following two activities.

- Annual reviews of the hospital's strategic plan for achieving health equity
- Annual reviews of key performance indicators stratified by demographic and/ or social factors.

Sources:

The Joint Commission. (2022, June 20). R3 Report: New Requirements to Reduce Health Care Disparities. Retrieved from https://www.jointcommission.org/-/media/tje/documents/standards/r3-reports/r3_disparities_july2022-6-20-2022.pdf

Health Equity Innovation Network. (2022, August 29). Quick Start Guide: Hospital Commitment to Health Equity Measure. Retrieved from <https://hqin.org/wp-content/uploads/2022/08/Quick-Start-Guide-Hospital-Commitment-to-Health-Equity-Measure.pdf>

The Joint Commission (TJC) Elements of Performance - Regulatory and Accreditation Requirements Related to Health Equity and Social Determinants of Health

New and revised TJC requirements to reduce health care disparities went into effect Jan. 1, 2023. Below are the six elements of performance.

Element of Performance 1:

The organization designates an individual to lead activities aimed at reducing healthcare disparities. **(Hospital Responsibility)**

Element of Performance 2:

The organization assesses the patient's health-related social needs and provides information about community resources and support services. **(CHNA full report- Section I and III)**

Examples of health-related social needs may include the following:

- Access to transportation
- Difficulty paying for prescriptions or medical bills.
- Education and literacy
- Food insecurity
- Housing insecurity

Element of Performance 3:

The organization identifies healthcare disparities in its patient population by stratifying quality and safety data. **(CHNA Town Hall)** Examples of sociodemographic characteristics may include but are not limited to the following: Age, Gender, Preferred Language, Race, and ethnicity.

Element of Performance 4:

The organization develops a written action plan that describes how it will address at least one of the healthcare disparities identified. **(CHNA IMPL Development Plan)**

Element of Performance 5:

The organization acts when it does not achieve or sustain goal(s) in its action plan to reduce health care disparities.

Element of Performance 6:

At least annually, the organization informs key stakeholders, identifying leaders, licensed practitioners, and staff, about its progress in reducing identified healthcare disparities. **(Hospital Responsibility)**

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:

Patterson Health Center

485 KS-2 Anthony, KS 67003

(620) 914-1200

CEO: Sarah Teaff

About Us:

Patterson Health Center recognizes the importance of keeping quality healthcare close to home. Patterson Health Center is the culmination of a project started in 2013. The effort was spurred on at the urging of Harper County native son Neal Patterson, co-founder of Kansas City-based healthcare software giant Cerner Corporation. They were formally known as Anthony Medical Center and Harper Hospital until 2017 where they became one entity. The 62,500 square foot facility features a 16-bed inpatient wing and a large emergency department with two trauma bays to support our trauma services. In addition, Patterson has a new 64-slice CT scanner and an enhanced 3D mammography unit that provides industry-standard breast screenings.

The Patterson health Center's board is composed of community volunteers with professional backgrounds in agriculture, business, finance and education. They are committed to serving the patients, families and communities of Harper County. Board members must be a registered voter in the hospital's district and serve three-year terms.

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.

5 Key Performance Elements:

- Physician/Provider Satisfaction
- Employee Satisfaction
- Patient Satisfaction
- Quality
- Financial Performance

Harper County Health Department

201 N Jennings Ave Anthony, KS 67003

(602) 842-5132

Administrator: Heather Struble

About Us:

The Harper County Home Health Agency opened in 1966 and public health services were added a year later through the Harper County Health Department. The agency currently offers a full array of services including Basic Health Services, Immunizations, WIC, Healthy Start, Car Seat Inspections, Family Planning Services, Disease Investigation, Public Health Emergency Preparedness Planning and short-term and long-term home health 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 in public health and home health.
- 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 home health and public health services.

II. Methodology

b) Collaborating CHNA Parties Continued

Consultant Qualifications:

VVV Consultants LLC 601 N. Mahaffie, Olathe, KS 66061 (913) 302-7264

VVV Consultants LLC is an Olathe, KS based “boutique” healthcare consulting firm specializing in Strategy, Research and Business Development services. To date we have completed 83 unique community CHNA’s in KS, MO, IA, NE and WI (references found on our website VandehaarMarketing.com)

Introduction: Who We Are Background and Experience



Vince Vandehaar, MBA – Principal
VVV Consultants LLC – *start 1/1/09 **

- Adjunct Full Professor @ Avila & Webster Universities
- 35+ year veteran marketer, strategist and researcher
- Saint Luke’s Health System, BCBS of KC,
- Tillinghast Towers Perrin, and Lutheran Mutual Life
- Hometown: Bondurant IA



Olivia G Hewitt BA – Associate
VVV Consultants LLC – May 2024

- Emporia University – BS Marketing
- Hometown: Olathe, KS



Cassandra Kahl, BHS – Director, Project Management
VVV Consultants LLC – Nov 2020

- University of Kansas – Health Sciences
- Park University - MHA
- Hometown: Maple, WI

VVV Consultants LLC (EIN 27-0253774) began as “VVV Research & Development INC” in early 2009 and converted to an LLC on 12/24/12. Web: VandehaarMarketing.com

Our Mission: to research, facilitate, train, create processes to improve market performance, champion a turnaround, and uncover strategic “critical success” initiatives.

Our Vision: to meet today’s challenges with the voice of the market solutions.

Our Values:

Engaged – we are actively involved in community relations & boards.

Reliable – we do what we say we are going to do.

Skilled – we understand business because we’ve been there.

Innovative – we are process-driven & think “out of the box.”

Accountable – we provide clients with a return on their investment.

II. Methodology

c) CHNA and Town Hall Research Process

Round #5 Community Health Needs Assessment (CHNA) process began in January of 2024 for Patterson Health Center in Harper County, KS to meet Federal IRS CHNA requirements.

In early January 2024, a meeting was called amongst the Patterson Health Center leaders to review CHNA collaborative options. <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 led to the Patterson Health Center to request VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

VVV CHNA Deliverables:

- Document Hospital Primary Service Area - meets the 80% 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% Patient Origin Rule), a patient origin three-year summary was generated documenting patient draw by zips as seen below:

<i>Source: Hospital Internal Records</i>						
Patterson Health- Defined Primary Serv Area KHA				Overall (IP/ER/OP/PC		
TOTALS			74,298			
#	ZIP	City	County	Total 3YR	%	ACCUM
1	67003	Anthony	Harper	28,089	37.8%	37.80%
2	67058	Harper	Harper	19,278	25.9%	63.75%
3	67009	Attica	Harper	6,468	8.7%	72.45%
4	67036	Danville	Harper	969	1.3%	73.76%
5	67018	Bluff City	Harper	792	1.1%	74.82%
6	67049	Freeport	Harper	424	0.6%	75.39%
7	67150	Waldron	Harper	82	0.1%	75.50%
8	67031	Conway Springs	Sumner	3,780	5.1%	80.59%

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 the CHNA calendar of events, explain / coach clients to complete the 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 Johnson County Health Rankings, etc. to document current state of county health organized as follows:

Health Indicators - Secondary Research
TAB 1. Demographic Profile
TAB 2. Economic Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospital / Provider Profile
TAB 6. Behavioral / Mental Health Profile
TAB 7. High-Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

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 unmet health needs was administered.

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

Complete full documentation to create each CHNA section documented in the Table of Contents. Publish hard copy reports (2) for client usage plus create a full CHNA report pdf to be posted on the hospital website to meet government CHNA regulation criteria.

Specific project CHNA roles, responsibilities, and timelines are documented in the following calendar.

Patterson Health Center			
VVV CHNA Round #5 Work Plan - Year 2024			
Project Timeline & Roles as of 12/18/2023			
Step	Timeframe	Lead	Task
1	9/1/2023	VVV / Hosp	Sent Leadership information regarding CHNA Wave #4 for review 9/1/23. Zoom Overview meeting 10/12/23
2	9/29/2023	Hosp	Select CHNA Wave #4 Option B. Approve (signed) VVV CHNA quote received.
3	12/18/2023	VVV	Hold Kick-off Meeting & Request Hospital Client to send KHA PO reports for FFY 18, 19 and 20. In addition, request hospital to complete 3 year historical PSA IP/OP/ER/Clinic patient origin file (Use ZipPSA_3yrPOrigin.xls)
4	12/18/2023	VVV	Send out REQCommInvt Excel file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
5	12/18/2023	VVV	Prepare CHNA Wave#4 Stakeholder Feedback "online link". Send link for hospital review.
6	Jan-Feb 2024	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	1/19/2024	VVV / Hosp	Prepare/send out PR story / E Mail Request announcing upcoming CHNA work to CEO to review/approve.
8	On or before 2/2/24	VVV / Hosp	Place PR story to local media CHNA survey announcing "online CHNA Wave #4 feedback". Request public to participate. Send E Mail request to local stakeholders
9	1/19/2024	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. Cut-off 3/8/2024 for Online Survey
10	3/4/2024	Hosp	Prepare/send out Community TOWN HALL invite letter and place local AD.
11	3/4/2024	VVV / Hosp	Prepare/send out PR story to local media announcing upcoming Town Hall. VVV will mock-up PR release to media sources.
12	3/28/2024	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	Thursday 4/04/2024	VVV	Conduct CHNA Town Hall. Dinner 5-6:30pm (Chaparral Jr/Sr High School) Review & Discuss Basic health data plus RANK Health Needs.
14	On or Before 05/14/2021	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 05/21/2021	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	7/12/2024	Hosp	Conduct Client Implementation Plan PSA Leadership meeting
17	On or before 12/31/2024	Hosp	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.

2024 Community Health Needs Assessment Patterson Health Center Town Hall Meeting- 04/04/24



VVV Consultants LLC
Olathe, Kansas 66061

VandehaarMarketing.com
913-302-7264

1

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

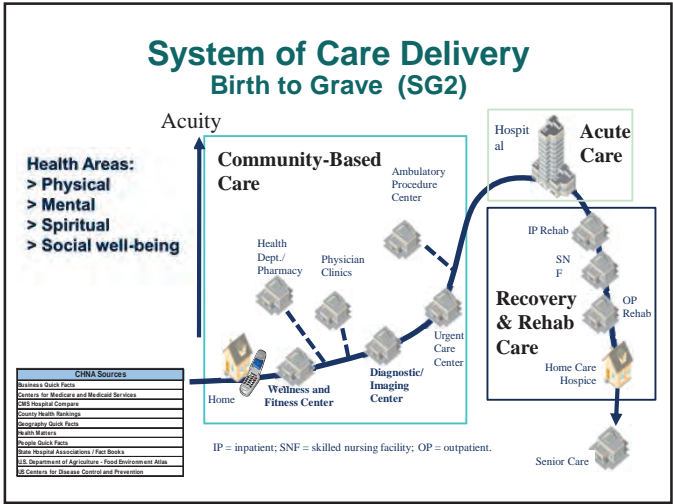
- **Opening Welcome / Introductions / Review CHNA Purpose and Process (5 mins)**
- **Discuss New Focus: Social Determinants of Health (5 mins)**
- **Review Current Service Area “Health Status”**
Review Secondary Health Indicator Data (10 TABs)
Review Community Online Feedback (30 mins)
- **Collect Community Health Perspectives**
Share Table Reflections to verify key takeaways
Conduct an Open Community Conversation / Stakeholder Vote to determine the Most Important Unmet Needs (45 mins)
- **Close / Next Steps (5 mins)**

2

Town Hall Participation / Purpose & Parking Lot

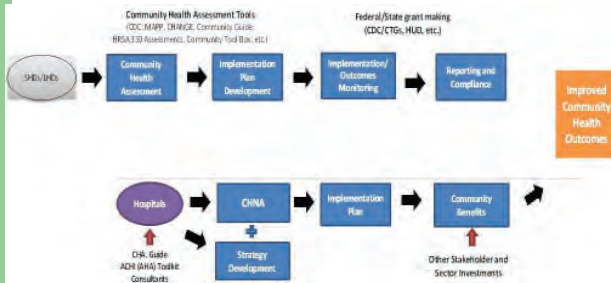
- ALL attendees practice “Safe Engagement”, working together in table teams.
- ALL attendees are welcome to share. Engaging conversation (No right or wrong answer)
- Request ALL to Take Notes of important health indicators
- Please give truthful responses – Serious community conversation.
- Discuss (Speak up) to uncover unmet health needs
- Have a little fun along the way

3



4

Community Health Needs Assessment Joint Process: Hospital & Local Health Providers



5

A Conversation with the Community & Stakeholders

Community Stakeholder – An Inclusive Conversation

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

6

II. Review of a CHNA

- What is a Community Health Needs Assessment (CHNA)..?
 - Systematic collection, assembly, analysis, and dissemination of information about the health of the community.
- 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 of a CHNA – Why Conduct One?
 - Determine health-related trends and issues of the community
 - Understand / evaluate health delivery programs in place.
 - Meet Federal requirements – both local hospital and health department
 - Develop Implementation Plan strategies to address unmet health needs (4-6 weeks after Town Hall)

7

CHNA Written Report Documentation to meet IRS 990 CHNA Requirements: Table of Contents

- 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.
- A description of the existing healthcare facilities and other resources within the community available to meet the needs identified through the CHNA

8

IV. Review Current County Health Status: Secondary Data by 10 Tab Categories with a focus on Social Determinants with a Local Norm & State Rankings

Trends: **Good** **Same** **Poor**

Health Indicators - Secondary Research
TAB 1. Demographic Profile
TAB 2. Economic Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospital / Provider Profile
TAB 6. Behavioral / Mental Health Profile
TAB 7. High-Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

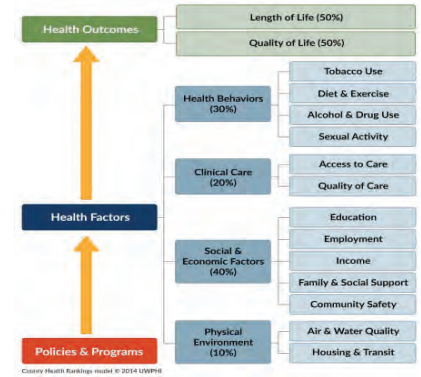
9

County Health Rankings Scoring

Robert Wood Johnson Foundation and University of WI Health Institute

Users of the 2024 RWJ report will find representation of county health has changed significantly.

Rather than a numerical ranking, each county in a state is represented by a dot, shaded a certain color and placed on a scale from least healthy to healthiest in the nation. The new visual tool then shows where one county falls on a "continuum" of health nationally, compared to the least healthy and most healthy counties, which are unnamed in the visualization.



County Health Rankings model © 2014 RWJF

10

1	2a	2b	3	3a	3b / 3c
Physical Environment (10%)	Clinical Care (20%)	Social and Economic Environment (40%)	Health Outcomes (30%)	Health Behaviors	Morbidity / Mortality
Focus Area	Measure	Description	Focus Area	Measure	Description
Air and water quality (5%)	Air pollution - particulate matter	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
Housing and transit (5%)	Drinking water violation	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			
Access to care (10%)	Driving alone to work	Percent of the workforce that drives alone to work	Health Outcomes (30%)	Health Behaviors	Tobacco use
	Long commute - driving alone	Percent of the workforce that commutes more than 30 minutes			
Quality of care (10%)	Uninsured	Percent of population under age 65 without health insurance	Adult smoking	Adult obesity	Percent of adults that report smoking ≥ 100
	Primary care physicians	Ratio of population to primary care physicians			
2b	Dentist	Ratio of population to dentists	Diet and exercise (10%)	Food environment index	Percent of adults, aged 20 and over, reporting physical inactivity
	Mental health providers	Ratio of population to mental health providers			
2c	Preventable hospital stays	Hospitalization rate for ambulatory care sensitive conditions per 1,000 Medicare enrollees	Alcohol and drug use (5%)	Excessive drinking	Percent of driving deaths with alcohol involvement
	Diabetic screening	Percent of diabetic Medicare enrollees that receive diabetic screening			
2d	Mammography screening	Percent of female Medicare enrollees that receive mammography screening	Sexual activity (5%)	Teen births	Chlamydia rate per 100,000 population, ages 15-19
	2e	2f			
Education (10%)	High school graduation	Percent of ninth grade cohort that graduates in 4 years	Quality of life (50%)	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			
Employment (10%)	Unemployment	Percent of population age 16+ unemployed but available to work	Poor physical health days	Poor mental health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted)
	Children in poverty	Percent of children under age 18 in poverty			
Family and social support (5%)	Inadequate social support	Percent of adults without social/emotional support	Low birthweight	Premature death	Percent of potential life lost before age 75 per 100,000 population (age-adjusted)
	Children in single-parent households	Percent of children that live in household headed by single parent			

11

IV. Community Health Conversation: Your Perspectives / Suggestions !

Tomorrow:

What is occurring or might occur that would affect the "health of our community"?

Today:

- 1) What are the **Healthcare Strengths** of our community that contribute to health? (**BIG White Card**)
- 2) Are there healthcare services in your community/neighborhood that you feel **need to be improved and/or changed**? (**Small Color Card**)
- 3) *What other Ideas do you have to address Social determinants?* (**Small White Card - A**)

12

Data & Benchmarks Review

Community health assessments typically use both primary and secondary data to characterize the health of the community:

- **Primary data** are collected first-hand through surveys, listening sessions, interviews, and observations.
- **Secondary data** are collected by another entity or for another purpose.
- **Indicators** are secondary data that have been analyzed and can be used to compare rates or trends of priority community health outcomes and determinants.

Data and indicator analyses provide descriptive information on demographic and socioeconomic characteristics; they can be used to monitor progress and determine whether actions have the desired effect. They also characterize important parts of health status and health determinants, such as behavior, social and physical environments, and healthcare use.

Community health assessment indicators should be.

- Methodologically sound (valid, reliable, and collected over time)
- Feasible (available or collectable)
- Meaningful (relevant, actionable, and ideally, linked to evidence-based interventions)
- Important (linked to significant disease burden or disparity in the target community)

Jurisdictions should consider using data and indicators for the smallest geographic locations possible (e.g., county-, census block-, or zip code-level data), to enhance the identification of local assets and gaps.

Local reporting (County specific) sources of community-health level indicators:

CHNA Detail Sources
Quick Facts - Business
Centers for Medicare and Medicaid Services
CMS Hospital Compare
County Health Rankings
Quick Facts - Geography
Kansas Health Matters
Kansas Hospital Association (KHA)
Quick Facts - People
U.S. Department of Agriculture - Food Environment Atlas
U.S. Center for Disease Control and Prevention

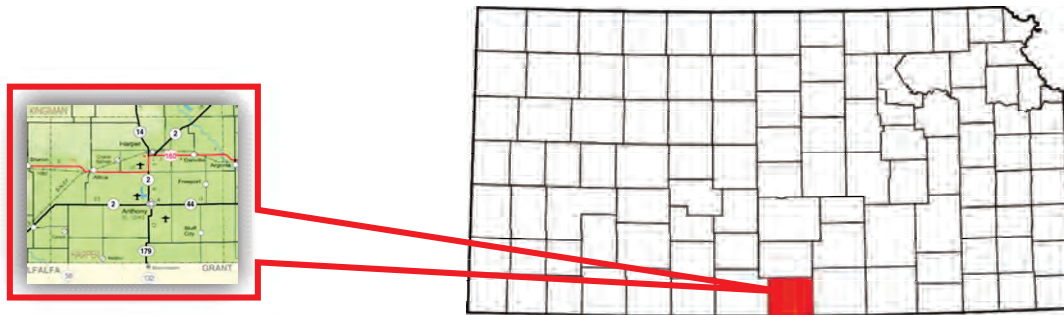
Sources of community-health level indicators:

- [County Health Rankings and Roadmaps](#)
The annual Rankings measure vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income inequality, and teen births in nearly every county in America. They provide a snapshot of how health is influenced by where we live, learn, work and play.
- [Prevention Status Reports \(PSRs\)](#)
The PSRs highlight—for all 50 states and the District of Columbia—the status of public health policies and practices designed to prevent or reduce important public health problems.
- [Behavioral Risk Factor Surveillance System](#)
The world's largest, ongoing telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Data is collected monthly in all 50 states, the District of Columbia, Puerto Rico, the US Virgin Islands, and Guam.
- The [Selected Metropolitan/ Micropolitan Area Risk Trends](#) project was an outgrowth of BRFSS from the increasing number of respondents who made it possible to produce prevalence estimates for smaller statistical areas.
- [CDC Wonder](#) Databases using a rich ad-hoc query system for the analysis of public health data. Reports and other query systems are also available.
- [Center for Applied Research and Engagement Systems external icon](#)
Create customized interactive maps from a wide range of economic, demographic, physical and cultural data. Access a suite of analysis tools and maps for specialized topics.
- [Community Commons external icon](#)
Interactive mapping, networking, and learning utility for the broad-based healthy, sustainable, and livable communities' movement.
- [Dartmouth Atlas of Health Care external icon](#)
Documented variations in how medical resources are distributed and used in the United States. Medicare data used to provide information and analysis about national, regional, and local markets, as well as hospitals and their affiliated physicians.
- [Disability and Health Data System](#)
Interactive system that quickly helps translate state-level, disability-specific data into valuable public health information.
- [Heart Disease and Stroke Prevention's Data Trends & Maps](#)
View health indicators related to heart disease and stroke prevention by location or health indicator.
- [National Health Indicators Warehouse external icon](#)
Indicators categorized by topic, geography, and initiative.
- [US Census Bureau external icon](#)
Key source for population, housing, economic, and geographic information.
- [US Food Environment Atlas external icon](#)
Assembled statistics on food environment indicators to stimulate research on the determinants of food choices and diet quality, and to provide a spatial overview of a community's ability to access healthy food and its success in doing so.
- [Centers for Medicare & Medicaid Services Research and Data Clearinghouse external icon](#)
Research, statistics, data, and systems.
- [Environmental Public Health Tracking Network](#)
System of integrated health, exposure, and hazard information and data from a variety of national, state, and city sources.
- [Health Research and Services Administration Data Warehouse external icon](#)
Research, statistics, data, and systems.
- [Healthy People 2030 Leading Health Indicators external icon](#)
Twenty-six leading health indicators are organized under 12 topics.
- [Kids Count external icon](#)
Profiles the status of children on a national and state-by-state basis and ranks states on 10 measures of well-being; includes a [mobile site external icon](#).
- [National Center for Health Statistics](#)
Statistical information to guide actions and policies.
- [Pregnancy Risk Assessment and Monitoring System](#)
State-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy.
- [Web-based Injury Statistics Query and Reporting System \(WISQARS\)](#)
Interactive database system with customized reports of injury-related data.
- [Youth Risk Behavior Surveillance System](#)
Monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults.

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 people 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 Anthony¹.

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.

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

Harper County (KS) Community Profile

Harper County KS Public Airports²

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 Schools³

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

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

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

Harper Co (KS) - Detail Demographic Profile

ZIP	NAME	ST	County	Population			Households			Per Capita23
				Year 2023	Year 2028	5yr CHG	Year 2023	Year 2028	HH Avg Size23	
67003	Anthony	KS	Harper	2,377	2,279	-4.1%	1,026	997	2.3	\$31,659
67009	Attica	KS	Harper	784	762	-2.8%	317	309	2.3	\$24,303
67018	Bluff City	KS	Harper	113	106	-6.2%	50	48	2.3	\$31,879
67036	Danville	KS	Harper	111	106	-4.5%	46	45	2.4	\$28,687
67049	Freeport	KS	Harper	46	45	-2.2%	17	16	2.7	\$29,327
67058	Harper	KS	Harper	1,758	1,655	-5.9%	800	766	2.2	\$38,215
67150	Waldron	KS	Harper	71	66	-7.0%	30	29	2.4	\$29,929
Totals				5,260	5,019	-4.7%	2,286	2,210	2.4	\$30,571

ZIP	NAME	ST	County	Population				Year 2023		Females Age 20-35
				Pop 21+	Pop. 65+	Kids<18	Gen Y	Males	Females	
67003	Anthony	KS	Harper	1,808	618	540	528	1,182	1,195	348
67009	Attica	KS	Harper	575	210	199	167	409	375	109
67018	Bluff City	KS	Harper	89	31	24	23	54	59	13
67036	Danville	KS	Harper	83	27	28	17	51	60	16
67049	Freeport	KS	Harper	33	8	13	11	22	24	4
67058	Harper	KS	Harper	1,331	417	411	374	904	854	286
67150	Waldron	KS	Harper	51	18	20	16	38	33	12
Totals				3,970	1,329	1,235	1,136	2,660	2,600	788

ZIP	NAME	ST	County	Population 2023				Year 2023		
				White%	Black%	Asian%	Hispan%	Housing Units	% Rentals	Soc Econ Index
67003	Anthony	KS	Harper	90.7%	0.5%	0.4%	5.0%	1,373	20.6%	47
67009	Attica	KS	Harper	91.6%	0.0%	0.4%	4.6%	411	25.5%	47
67018	Bluff City	KS	Harper	90.3%	0.0%	0.0%	1.8%	76	17.1%	50
67036	Danville	KS	Harper	90.1%	0.9%	0.0%	6.3%	58	5.2%	64
67049	Freeport	KS	Harper	100.0%	0.0%	0.0%	0.0%	24	4.2%	72
67058	Harper	KS	Harper	80.1%	0.2%	0.2%	15.5%	1,012	19.0%	50
67150	Waldron	KS	Harper	91.5%	0.0%	0.0%	1.4%	53	7.5%	52
Totals				90.6%	0.2%	0.1%	4.9%	3,007	14.2%	54

Source: ERS Demographics 2023

III. Community Health Status

[VVV Consultants LLC]

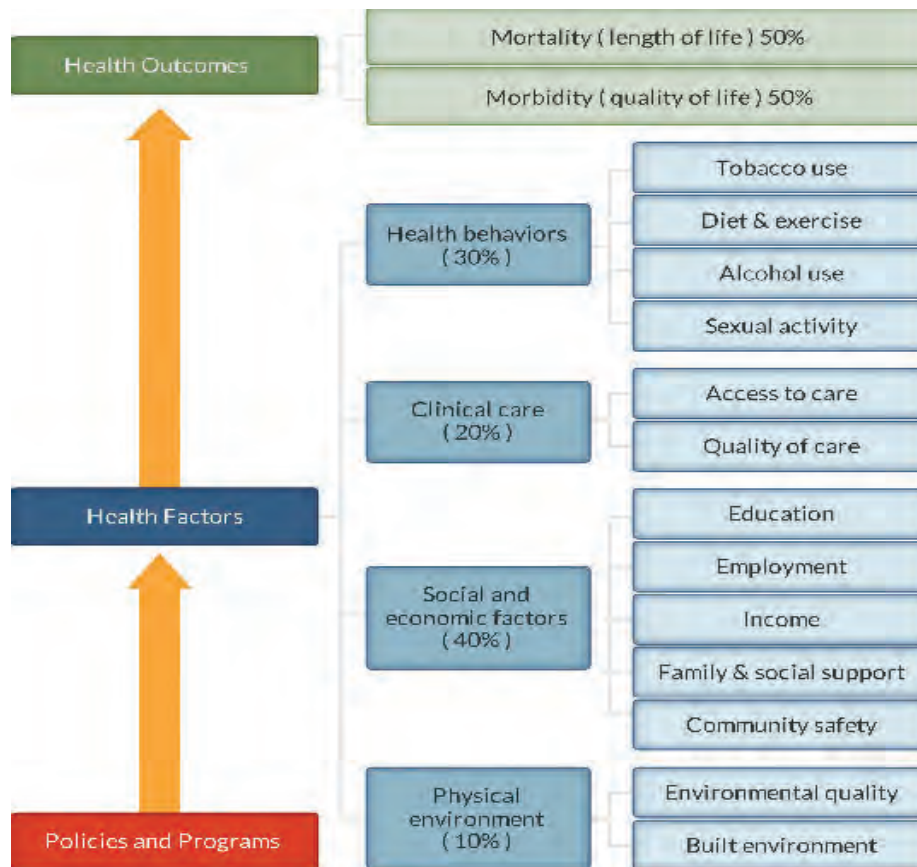
III. Community Health Status

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 2020 RWJ County Health Rankings and conversations from Town Hall participates. 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 uses a number of health factors to rank each county.



County Health Rankings model ©2012 UWPHI

National Research – Year 2023 RWJ Health Rankings:

#	2023 KS Rankings - 105 Counties	Definitions	Harper County 2024	Harper County 2021	Trend	SWKS Rural Norm (14)
1	Health Outcomes		90	99		76
	Mortality	Length of Life	95	101		73
	Morbidity	Quality of Life	72	69		63
2	Health Factors		98	89		68
	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	93	71		61
	Clinical Care	Access to care / Quality of Care	86	96		59
	Social & Economic Factors	Education, Employment, Income, Family/Social Support, Community Safety	96	79		70
3	Physical Environment	Environmental quality	50	54		59
NWKS Counties: Barber, Barton, Chautauqua, Cowley, Edwards, Elk, Harper, Kingman, Kiowa, Pratt, Reno, Stafford, Sumner.						

PSA Secondary Research:

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

Note: Each Tab has been trended to reflect County trends to NORM.

Health Indicators - Secondary Research
TAB 1. Demographic Profile
TAB 2. Economic Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospital / Provider Profile
TAB 6. Behavioral / Mental Health Profile
TAB 7. High-Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

Tab 1: Demographic Profile

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

1	Population Health Indicators	Harper County 2024	Harper County 2021	Trend	State of KS	SWKS Rural Norm (N=14)	Source
a	Population estimates, 2020-2022	5,323	5,436	-	2,936,716	13,279	People Quick Facts
b	Persons under 5 years, percent, 2020-2022	5.7%	6.4%		6.0%	5.6%	People Quick Facts
c	Persons 65 years and over, percent, 2020-2022	22.6%	23.5%		17.2%	22.6%	People Quick Facts
d	Female persons, percent, 2020-2022	49.0%	50.0%		49.8%	49.5%	People Quick Facts
e	White alone, percent, 2020-2022	93.1%	94.9%		85.9%	92.7%	People Quick Facts
f	Black or African American alone, percent, 2020-2022	1.0%	0.7%		6.2%	1.6%	People Quick Facts
g	Hispanic or Latino, percent, 2020-2022	7.5%	6.2%	+	13.0%	9.4%	People Quick Facts
h	Language other than English spoken at home, percent of persons age 5 years+, 2017-2021	2.6%	5.5%	-	11.8%	5.2%	People Quick Facts
i	Living in same house 1 year ago, percent of persons age 1 year+, 2017-2021	89.5%	89.1%		84.4%	88.3%	People Quick Facts
j	Children in single-parent households, percent, 2017-2021	23.2%	21.3%	+	21.0%	19.7%	County Health Rankings
k	Veterans, 2017-2021	329	403		163,472	777	People Quick Facts

Tab 2: Economic Profile

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

2	Economic - Health Indicators	Harper County 2024	Harper County 2021	Trend	State of KS	SWKS Rural Norm (N=14)	Source
a	Per capita income in past 12 months (in 2021 dollars), 2017-2021	\$26,970	\$30,974		\$38,108	31,172	People Quick Facts
b	Persons in poverty, percent, 2020-2022	13.8%	14.2%		12.00%	13.5%	People Quick Facts
c	Total Housing units, 2022	3,021	3,160		1,292,622	6,401	People Quick Facts
d	Persons per household, 2017-2021	2.4	2.4		2.5	2.4	People Quick Facts
e	Severe housing problems, percent, 2015-2019	11.0%	11.0%		12.5%	9.6%	County Health Rankings
f	Total employer establishments, 2021	187	NA		75,057	361	Business Quick Facts
g	Unemployment, percent, 2021	2.6%	2.5%		3.2%	2.8%	County Health Rankings
h	Food insecurity, percent, 2020	12.5%	13.7%		9.7%	11.4%	County Health Rankings
i	Limited access to healthy foods, percent, 2019	10.0%	8.5%	-	8.4%	9.6%	County Health Rankings
j	Long commute - driving alone, percent, 2017-2021	22.7%	21.4%		21.7%	25.1%	County Health Rankings
k	Community Spending on Food, 2023 **	13.7%	NA		12.7%	13.5%	Kansas Health Matters
l	Community Spending on Transportation, 2023 **	21.6%	NA		18.1%	20.2%	Kansas Health Matters
m	Households With Internet Sub (2017-2021) **	77.5%	NA		86.7%	79.4%	Kansas Health Matters
n	Student Loan Spending-to-Income, 2023 **	5.5%	NA		4.6%	5.4%	Kansas Health Matters

**New Social Determinant Data Resources

Tab 3: Educational Profile

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

3	Education - Health Indicators	Harper County 2024	Harper County 2021	Trend	State of KS	SWKS Rural Norm (N=14)	Source
a	Children eligible for free or reduced price lunch, percent, 2020-2021	60.6%	61.2%		48.0%	51.0%	County Health Rankings
b	High school graduate or higher, percent of persons age 25 years+, 2017-2021	89.7%	92.2%		91.0%	90.9%	People Quick Facts
c	Bachelor's degree or higher, percent of persons age 25 years+, 2017-2021	17.5%	30.9%		34.7%	22.1%	People Quick Facts

#	2024 School Health Indicators	Anthony-Harper School District 361		
		YR 2024	YR 2018	YR 2012
1	Total # Public School Nurses	1 RN 2 Para's	1 RN 2 Para's	1
2	School Nurse is part of the IEP team	Yes	yes	yes
3	School Wellness Plan in place (Active)	Yes	yes	yes
4	VISION: # Screened / Referred to Prof / Seen by Professional	353/43/?	696/58/NA	855/235/147
5	HEARING: # Screened / Referred to Prof / Seen by Professional	82/15/? (In Progress)	560/10/NA	855/23/9
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	481/26/?	623/NA/NA	70/?/?
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	NA/ NA/ NA	160/NA/NA	246/?/?
8	# of Students served with no identified chronic health concerns	797	805	855
9	School has a suicide prevention program	Yes	yes	yes
10	Compliance on required vaccinations (%)	90%	95%	96%

Tab 4: Maternal / Infant Profile

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

4	Maternal/Infant - Health Indicators (Access/Quality)	Harper County 2024	Harper County 2021	Trend	State of KS	SWKS Rural Norm (N=14)	Source
a	Percent of Births Where Prenatal Care began in First Trimester, 2019-2021	81.4%	82.4%		81.3%	80.1%	Kansas Health Matters
b	Percentage of Premature Births, 2019-2021	7.8%	8.3%		9.1%	10.2%	Kansas Health Matters
c	Percent of Infants up to 24 months that received full Immunizations, 2017-2018	58.4%	58.4%		69.2%	72.0%	Kansas Health Matters
d	Percent of Births with Low Birth Weight, 2019-2021	5.4%	6.3%		7.3%	7.3%	Kansas Health Matters
e	Percent of all Births Occurring to Teens (15-19), 2019-2021	2.5%	6.8%	+	5.5%	5.6%	Kansas Health Matters
f	Percent of births Where Mother Smoked During Pregnancy, 2019-2021	10.8%	16.1%		10.0%	11.6%	Kansas Health Matters
g	Child Care Centers per 1,000 Children, 2010-2022	5.2	NA		7.0	6.5	County Health Rankings

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

#	Vital Statistics (Rate per 1,000)	Harper County, KS	Kansas	SWKS RURAL NORM (14)
a	Total Live Births, 2017	11.4	12.5	10.8
b	Total Live Births, 2018	12.5	12.5	11.0
c	Total Live Births, 2019	13.2	12.1	10.9
d	Total Live Births, 2020	10.5	11.8	10.5
e	Total Live Births, 2021	14.3	11.8	10.7
f	Births, 2017- 2021 - 5 year Rate (%)	12.4	12.1	10.8

Tab 5: Hospitalization and Provider Profile

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

5	Hospital/Provider - Health Indicators (Access/Quality)	Harper County 2024	Harper County 2021	Trend	State of KS	SWKS Rural Norm (N=14)	Source
a	Primary Care Physicians (Pop Coverage per MDs & DOs) - No extenders Included, 2020	1779:1	1835:1		1260:1	1918:1	County Health Rankings
b	Preventable hospital rate per 100,000, 2020 (lower the better)	3661	7139	+	2708	2,640	County Health Rankings
c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	77.0%	66.0%	+	NA	75.6%	CMS Hospital Compare, Latest Release
d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	73.0%	71.0%		NA	73.2%	CMS Hospital Compare, Latest Release
e	Average (Median) time patients spent in the emergency department, before leaving from the visit (mins)	105	93	-	NA	111	CMS Hospital Compare, Latest Release

Tab 6: Behavioral / Mental Health Profile

Behavioral healthcare provides another important indicator of community health status.

6	Mental - Health Indicators	Harper County 2024	Harper County 2021	Trend	State of KS	SWKS Rural Norm (N=14)	Source
a	Adults Ever Diagnosed with Depression, 2021 **	20.8%	NA		NA	20.1%	Kansas Health Matters
b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2018-2020	48.2	46.2		18.7	9.7	Kansas Health Matters
c	Mental Behavioral Hospital Admission Rates per 100,000, 2018-2020	78.0	80.8		75.1	59.2	Kansas Health Matters
d	Average Number of mentally unhealthy days, 2020	4.6	4.5		4.4	4.5	County Health Rankings

**New Social Determinant Data Resources

CDC - 2022 U.S. County Opioid Dispensing Rates			
State	County	FIPS	Opioid Dispensing Rate per 100
KS	Harper County	20077	42.8
	KS Average 2022		45.7

Source: Drug Overdose | CDC Injury Center

Tab 7a: Risk Indicators & Factors Profile

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

7a	High-Risk - Health Indicators	Harper County 2024	Harper County 2021	Trend	State of KS	SWKS Rural Norm (N=14)	Source
a	Adult obesity, percent, 2020	36.9%	32.8%	-	35.8%	38.4%	County Health Rankings
b	Adult smoking, percent, 2020	21.9%	21.6%		17.2%	20.1%	County Health Rankings
c	Excessive drinking, percent, 2020	19.5%	17.8%	-	19.7%	18.8%	County Health Rankings
d	Physical inactivity, percent, 2020	26.4%	28.8%		21.4%	24.8%	County Health Rankings
e	Sexually transmitted infections (chlamydia), rate per 100,000 - 2020	202.4	304.0		502	313	County Health Rankings

Tab 7b: Chronic Risk Profile

7b	Chronic - Health Indicators **	Harper County 2024	Harper County 2021	Trend	State of KS	SWKS Rural Norm (N=14)	Source
a	Adults who Have Taken Medication for High Blood Pressure, 2021, percent	83.2%	NA		55.2%	82.5%	Kansas Health Matters
b	Congestive Heart Failure Hospital Admission Rate, 2018-2020	24.1	NA		24.1	19.3	Kansas Health Matters
c	Adults with Kidney Disease, percent, 2021	4.0%	NA		NA	3.7%	Kansas Health Matters
d	Adults with COPD, percent, 2021	10.1%	NA		NA	8.7%	Kansas Health Matters
e	Adults 20+ with Diabetes, percent, 2021	8.7%	NA		NA	8.9%	Kansas Health Matters
f	Adults with Cancer, percent, 2021	9.2%	NA		NA	8.8%	Kansas Health Matters
g	Adults with Current Asthma, percent, 2021	10.3%	NA		NA	10.1%	Kansas Health Matters
h	Adults who Experienced a Stroke, percent, 2021	4.3%	NA		NA	3.9%	Kansas Health Matters

Tab 8: Uninsured Profile and Community Benefit

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.

8	Insurance Coverage - Health Indicators	Harper County 2024	Harper County 2021	Trend	State of KS	SWKS Rural Norm (N=14)	Source
a	Uninsured, percent, 2020	13.7%	15.7%		10.3%	12.9%	County Health Rankings
b	Persons With Health Insurance, 2021	86.1%	NA		89.1%	87.3%	Kansas Health Matters
c	Kansas Medical Assistance Programs - Adults per 1,000 (ages 20-64), 2022	136.6	NA		99.4	129.3	Kansas Health Matters

Source: Internal Hospital Records					
Hospital District #6 - Harper Co KS					
		YR 2021	YR 2022	YR 2023	
1	Charity Care .. Free Care given **	\$114,824	\$103,166	\$86,483	
2	Bad Debt.. Insurance Writeoff / Cant' Pay Bill	\$533,850	\$1,030,894	\$690,016	

** Accounting rules changed on defining Charity Care.

Source: Internal Records - Harper County KS				
Community Dollars- Local Health Dept Operations		YR 2023	YR 2022	YR 2021
a	Core Community Public Health	\$253,003	\$159,483	\$182,765

Tab 9: Mortality Profile

The leading causes of county deaths from Vital Statistics are listed below.

9	Mortality - Health Indicators	Harper County 2024	Harper County 2021	Trend	State of KS	SWKS Rural Norm (N=14)	Source
a	Life Expectancy, 2018 - 2020	74.3	74.0		77.8	74.3	Kansas Health Matters
b	Age-adjusted Cancer Mortality Rate per 100,000 population, 2018-2020 (lower is better)	208.5	229.5		151.4	166.9	Kansas Health Matters
c	Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2018-2020 (lower is better)	177.8	152.6		162.0	176.4	Kansas Health Matters
d	Age-adjusted Chronic Lower Respiratory Disease Mortality Rate per 100,000, 2018-2020 (Lower is better)	97.5	109.9		47.1	50.4	Kansas Health Matters
e	Alcohol-impaired driving deaths, percent, 2016-2020	16.7%	18.2%		19.38%	15.2%	County Health Rankings

Causes of Death by County of Residence, KS (Year 2021)	Harper County	%	Trend	Kansas	%
TOTAL (All Causes)	73	100.0%		31,637	100.0%
All Other Causes	21	28.8%		9,536	30.1%
Major Cardio Vascular Diseases	21	28.8%		8,307	26.3%
Diseases of Heart	20	27.4%		6,260	19.8%
Cancer	15	20.5%		5,379	17.0%
Ischemic Heart Diseases	13	17.8%		3,605	11.4%
Other Cancers	6	8.2%		1,161	3.7%
Cancer of Digestive Organs	5	6.8%		1,443	4.6%

Tab 10: Preventive Quality Measures Profile

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

10	Preventative - Health Indicators	Harper County 2024	Harper County 2021	Trend	State of KS	SWKS Rural Norm (N=14)	Source
a	Access to exercise opportunities, percent, 2020 & 2022	70.2%	70.3%		79.7%	52.7%	County Health Rankings
b	Mammography annual screening, percent, 2017	29.0%	33.0%		42.0%	34.8%	County Health Rankings
c	Adults who have had a Routine Checkup, percent, 2021 **	75.8%	NA		45.0%	75.9%	Kansas Health Matters
d	Percent Annual Check-Up Visit with Dentist 2020	59.3%	NA		63.0%	62.0%	TBD
e	Percent Annual Check-Up Visit with Eye Doctor	NA	NA		TBD		TBD

**New Social Determinant Data Resources

PSA Primary Research:

For each CHNA Round #5 evaluation, a community stakeholder survey has been created and administered to collect current healthcare information for Harper County, Kansas.

Chart #1 – Harper County, KS PSA Online Feedback Response (N=272)

Harper County KS - CHNA YR 2024			
For reporting purposes, are you involved in or are you a ...? (Check all that apply)	Harper Co, KS N= 272	Trend	Round #5 Norms N=3221
Business/Merchant	9.9%		12.1%
Community Board Member	10.3%		10.3%
Case Manager/Discharge Planner	0.4%		0.8%
Clergy	1.3%		1.1%
College/University	0.9%		2.5%
Consumer Advocate	3.4%		2.3%
Dentist/Eye Doctor/Chiropractor	1.7%		0.8%
Elected Official - City/County	0.9%		2.1%
EMS/Emergency	2.1%		2.3%
Farmer/Rancher	10.7%		10.7%
Hospital	12.9%		23.7%
Health Department	2.1%		1.3%
Housing/Builder	0.0%		0.8%
Insurance	0.9%		1.4%
Labor	1.7%		4.6%
Law Enforcement	0.9%		1.0%
Mental Health	1.7%		2.4%
Other Health Professional	6.4%		12.0%
Parent/Caregiver	15.9%		19.7%
Pharmacy/Clinic	2.1%		2.5%
Media (Paper/TV/Radio)	0.0%		0.4%
Senior Care	4.3%		5.0%
Teacher/School Admin	7.3%		6.5%
Veteran	2.1%		2.7%
TOTAL	233		2366
*Norms: KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha.			

Typical Sample Sizes Research Studies		
Number of Subgroup Analyses	Households	Firms
	Regional	Regional
None / Few (1-2)	200-500	50-200
Average (3-4).	500-1,000	200-1,000
Many (5+)	1,000+	1,000+

Sudman. *Applied Sampling*. (Academic Press, 1976). 87. Ibid. 30.

Quality of Healthcare Delivery Community Rating

Harper Co, KS - CHNA YR 2024 N=272			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Harper Co. KS N=272	Trend	*Round #5 Norms N=3221
Top Box %	21.3%		27.5%
Top 2 Boxes %	67.8%		69.8%
Very Good	21.3%		27.5%
Good	46.4%		42.3%
Average	24.3%		23.3%
Poor	7.9%		5.6%
Very Poor	0.0%		1.3%
Valid N	267		3,207
*Norms: KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha.			

Re-evaluate Past Community Health Needs Assessment Needs

Harper County, KS - CHNA YR 2024 N=272					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Drugs / Alcohol Abuse	107	13.9%		1
2	Mental Health Services (Access, Provider, Treatment, Aftercare)	80	10.4%		3
3	Quality Housing	76	9.9%		5
4	EMS	73	9.5%		2
5	Child Care	67	8.7%		4
6	Walk-In Clinic / Urgent Care	61	7.9%		6
7	Lack of Community Involvement	42	5.5%		8
8	Awareness of Healthcare Services	37	4.8%		11
9	Long Term Care (Staffing / Training)	34	4.4%		9
10	Economic Development	34	4.4%		10
11	Home Health	30	3.9%		7
12	Utilization of Former Hospital Facilities	29	3.8%		13
13	Preventative Health / Wellness (Education)	26	3.4%		14
14	Domestic Violence	21	2.7%		15
15	Access to Primary Care	18	2.3%		12
16	Hospice	13	1.7%		17
17	Lack of Adult Education Center	12	1.6%		16
18	Centralized Wellness Center	8	1.0%		18
Totals		768	100.0%		

Community Health Needs Assessment “Causes of Poor Health”

Harper County - CHNA YR 2024 N=272			
In your opinion, what are the root causes of "poor health" in our community? Please select top three.	Harper Co, KS N=272	Trend	Round #5 Norms N=3221
Chronic Disease Management	8.1%		8.3%
Lack of Health & Wellness	8.9%		11.0%
Lack of Nutrition / Access to Healthy Foods	11.3%		10.2%
Lack of Exercise	14.3%		14.1%
Limited Access to Primary Care	4.4%		4.8%
Limited Access to Specialty Care	6.9%		6.5%
Limited Access to Mental Health	10.3%		14.5%
Family Assistance Programs	4.8%		5.1%
Lack of Health Insurance	14.5%		12.0%
Neglect	10.3%		9.4%
Lack of Transportation	6.3%		4.1%
Total Votes	496		6,121
*Norms: KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha.			

Community Rating of HC Delivery Services (Perceptions)

Harper County - CHNA YR 2024 N=272	Harper Co, KS N= 272		Trend	Round #5 Norms N=3221	
	Top 2 boxes	Bottom 2 boxes		Top 2 boxes	Bottom 2 boxes
How would our community rate each of the following?					
Ambulance Services	43.8%	25.1%		81.3%	4.3%
Child Care	27.2%	27.7%		36.9%	24.8%
Chiropractors	37.1%	18.0%		75.1%	4.8%
Dentists	64.8%	7.9%		57.6%	20.8%
Emergency Room	80.7%	7.2%		74.4%	7.7%
Eye Doctor/Optomtrist	60.4%	9.2%		72.7%	8.0%
Family Planning Services	40.4%	16.1%		47.1%	15.5%
Home Health	46.6%	18.9%		57.3%	10.0%
Hospice/Palliative	57.1%	8.9%		65.4%	7.5%
Telehealth	42.0%	23.5%		50.1%	13.3%
Inpatient Hospital Services	72.6%	11.7%		76.2%	6.7%
Mental Health Services	35.2%	26.9%		35.0%	29.0%
Nursing Home/Senior Living	55.0%	10.9%		57.6%	13.3%
Outpatient Hospital Services	73.9%	7.5%		75.5%	5.6%
Pharmacy	86.5%	2.4%		86.2%	2.4%
Primary Care	76.8%	8.2%		78.3%	6.4%
Public Health	63.7%	7.0%		63.8%	9.1%
School Health	46.6%	12.2%		59.6%	7.9%
Visiting Specialists	75.4%	6.5%		69.5%	7.1%
*Norms: KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton and Decatur, Harper, Pratt, Nemaha.					

Community Health Readiness

Harper County - CHNA YR 2024 N=272		Bottom 2 boxes		
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	Harper Co, KS N=272	Trend	Round #5 Norms N=3221	
Behavioral/Mental Health	24.5%		31.8%	
Emergency Preparedness	10.2%		7.2%	
Food and Nutrition Services/Education	16.1%		16.3%	
Health Wellness Screenings/Education	7.5%		9.6%	
Prenatal/Child Health Programs	14.2%		13.5%	
Substance Use/Prevention	43.7%		35.0%	
Suicide Prevention	44.2%		37.4%	
Violence/Abuse Prevention	43.5%		33.6%	
Women's Wellness Programs	17.1%		17.1%	
Exercise Facilities / Walking Trails etc.	17.0%		14.2%	

Healthcare Delivery “Outside our Community”

Specialties:

Harper County - CHNA YR 2024 N=272			
In the past 2 years, did you or someone you know receive HC outside of our community?	Harper Co, KS N= 272	Trend	Round #5 Norms N=3221
Yes	79.5%		74.2%
No	20.5%		25.8%
*Norms: KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha.			

Specialty	Counts
CARD	10
ORTH	8
PRIM	6
SURG	6
CLINIC	5
EMER	5
OBG	5
OPHT	5

Access to Providers / Staff in our Community

Harper County - CHNA YR 2024 N=272			
Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?	Harper, KS N= 272	Trend	Round #5 Norms N=3221
Yes	63.2%		59.7%
No	36.8%		40.3%

What healthcare topics need to be discussed further at our Town Hall?

Harper County - CHNA YR 2024 N=272			
What needs to be discussed further at our CHNA Town Hall meeting? Top 3	Harper Co, KS N=272	Trend	Round #5 Norms N=3221
Abuse/Violence	3.7%	Yellow	3.6%
Access to Health Education	2.1%	White	2.9%
Alcohol	5.4%	Red	4.1%
Alternative Medicine	4.1%	Yellow	3.5%
Behavioral/Mental Health	6.7%	Red	8.3%
Breastfeeding Friendly Workplace	0.7%	White	1.0%
Cancer	3.4%	White	2.7%
Care Coordination	2.5%	White	2.5%
Diabetes	3.4%	White	2.6%
Drugs/Substance Abuse	7.6%	Red	6.8%
Family Planning	1.0%	White	1.7%
Health Literacy	2.5%	White	2.7%
Heart Disease	1.3%	White	1.6%
Housing	6.6%	Red	6.3%
Lack of Providers/Qualified Staff	3.1%	White	4.8%
Lead Exposure	0.4%	White	0.5%
Neglect	2.6%	White	1.8%
Nutrition	4.0%	Yellow	4.0%
Obesity	5.1%	Yellow	5.0%
Occupational Medicine	0.6%	White	0.6%
Ozone (Air)	0.3%	White	0.4%
Physical Exercise	4.3%	Yellow	4.5%
Poverty	7.8%	Red	4.3%
Preventative Health/Wellness	3.8%	Yellow	4.7%
Sexually Transmitted Diseases	1.2%	White	1.2%
Suicide	4.4%	Yellow	5.5%
Teen Pregnancy	1.5%	White	1.7%
Telehealth	2.1%	White	2.1%
Tobacco Use	2.2%	White	2.0%
Transportation	2.1%	White	2.2%
Vaccinations	0.9%	White	1.8%
Water Quality	2.8%	White	2.8%
TOTAL Votes	682		9,417
*Norms: KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha.			

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

Year 2024 Inventory of Health Services - 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	Yes	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	Yes	No	
Hosp	Liver	No	No	
Hosp	Lung	No	No	
Hosp	Magnetic Resonance Imaging (MRI)	Yes	No	
Hosp	Mammograms	Yes	No	
Hosp	Mobile Health Services	Yes	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)	No	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)	Yes	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	

Year 2024 Inventory of Health Services - 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	Yes	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	Yes
SR	Hospice	No	No	Yes
SR	In Home Services (SCA, HCBS, LLLB, Private Party)	No	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)	Yes	No	Yes
SERV	Basic Health Assessments/Education/Services	Yes	Yes	
SERV	Blood Donor Center (Red Cross outreach)	Yes	No	Yes
SERV	Breastfeeding Support/Counseling	No	Yes	
SERV	Chiropractic Services	No	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	No	No	Yes
SERV	Nutrition Programs	Yes	Yes	Yes
SERV	Patient Education Center	No	No	
SERV	Pregnancy Testing/Counseling	Yes	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)	Yes		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

YR 2024 Provider Manpower - Harper County KS			
# of FTE Providers Working in County	Supply working in County		
	MD's DO's County Based	FTE Visting DRs - Clinics	Local PA's / NP's
Primary Care:			
Family Practice	1.0		5.0
Internal Medicine	1.0		
Obstetrics/Gynecology			
Pediatrics			
Medicine Specialists:			
Allergy/Immunology			
Cardiology			
Dermatology			
Endocrinology			
Gastroenterology			
Oncology/RADO			
Infectious Diseases			
Nephrology			
Neurology			
Psychiatry			
Pulmonary			
Rheumatology			
Surgery Specialists:			
General Surgery			
Neurosurgery			
Ophthalmology			
Orthopedics			
Otolaryngology (ENT)			
Plastic/Reconstructive			
Thoracic/Cardiovascular/Vasc			
Urology			
Hospital Based:			
Anesthesia/Pain			
Emergency			
Radiology			
Pathology			
Hospitalist *			
Neonatal/Perinatal			
Physical Medicine/Rehab			
VA clinic			
Podiatry			
Others HC Providers			
Eye Care (OD)			
Dentists	2.0		
TOTALS	4.0	0.0	5.0

Year 2024 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	Dr. Maggie Woods, MD	College Hill OBGYN	Wichita, KS	3rd Monday	12	0.03
Cardiology	Dr. Husam Bakdash, MD	Heartland Cardiology	Wichita, KS	2nd & 4th Thursday afternoon	12	0.03
Cardiology	Dr. Christian Hourani, MD	Cardiovascular Consultants of Kansas	Wichita, KS	1st Wednesday	12	0.03
Hematology	Dr. Phu Troung, MD	Cancer Center of Kansas	Wichita, KS	Wednesday afternoon every 4 week.	13	0.04
Oncology	Dr. Phu Troung, MD	Cancer Center of Kansas	Wichita, KS	Wednesday afternoon every 4 week.	12	0.03
General Surgery	Dr. Samantha Beck, MD	Wichita Surgical Specialists	Wichita, KS	1st & 3rd Wednesday	24	0.07
General Surgery	Dr. Scott Porter, MD	Kansas Surgical Consultants	Wichita, KS	Every other Tuesday	26	0.07
General Surgery	Dr. Craig Sudbeck, MD	Kansas Surgical Consultants	Wichita, KS	Every other Tuesday	26	0.07
Chiropractor	Karl May, DCP	May Chiropractic	Clearwater, KS	Tuesdays and Thursdays	104	0.29
Optometry	Andrew Piester, OD	Harper Eye Care	Kingman, KS	Every Thursday	52	0.14
Optometry	Trina Piper-Hughbanks, OD	Greene Vision Group	Derby, KS	Every Mon, Wed, Thurs	156	0.43
Orthopaedics	Damion Walker, DO	Kansas Joint and Spine	Wichita, KS	Monthly on Monday	12	0.03
Orthopaedics	Suhail Ansari, MD	South Central Kansas Medical Center	Arkansas City, KS	2nd Friday	12	0.03
Podiatry	Scott Gordon, D.P.M	Pratt Regional	Pratt, KS	2nd Friday	12	0.03
Pain Management	Jessica Grigoreva	Holistic Pain Management		Twice a month	24	0.07
Orthopedic Surgeon	Suhail Ansari, MD	Southwest Medical Center	Arkansas City, KS	2nd Friday Morning	6	0.02
Urology	J. Andrew Jensen, M.D.	Wichita Urology	Wichita, KS	1st and 4th Thursday	24	0.07

HARPER COUNTY (KS) EMERGENCY NUMBERS:

Ambulance	911
Fire	911
Police/Sheriff	911
Poison Control	800-222-1222
Suicide Prevention	800-273-8255

Harper County has partnered with **Everbridge**, for alerts such as severe weather, citizen searches and other emergency needs. Please sign up for emergency notifications through Everbridge on the Harper

County website: www.harpercountyks.gov; Harper County EM Facebook: <https://www.facebook.com/HPCoEM/>; or 911 Facebook: <https://www.facebook.com/hpco911dispatch>.

COUNTY NON-EMERGENCY NUMBERS:

Harper County Ambulance	842-3506
Harper County 911 (Dispatch)	842-3086
Harper County Sheriff	842-5135
KDOT Road Conditions	511
United Way Help Line	211

MUNICIPAL (CITY) NON-EMERGENCY NUMBERS:

	Police/Sheriff	Fire
Anthony	842-3134	842-5434
Attica	254-7291	254-7265
Harper	896-2511	896-2511

This community resource guide was developed by the Harper County Health Department.
If you note errors or omissions in the information, please contact the Harper County Health Department
620-842-5132.

COMMUNITY RESOURCES

ABUSE/NEGLECT

Adult/Child Abuse Hotline (Dept. of Children and Family Services-DCF)	800-922-5330
Adult Abuse in Facility Hotline (KDHE/KDADS)	800-842-0078
Child Help USA/National Child Abuse Hotline	800-422-4453
Parent and Youth Resource Line	800-332-6378
Parents Help Line	800-332-6378
Sexual Assault/Domestic Violence Center	888-363-2287
Saint Francis Ministries	800-423-1342
Suicide Prevention Hotline	800-273-8255
Suicide & Crisis Lifeline	988
Bright House Crisis Line	620-663-2522
TFI Family Services	877-942-2239

ADVOCACY

Department On Aging and Disability Services (KDADS)	800-432-3535
Disability Rights Center of Kansas	877-776-1541
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, Harper Senior Center	620-845-1782
Horizons Mental Health Center	620-842-3768
Mirror, Inc.	620-842-3728
Mirror Inc., Corporate Office	316-283-6743
SAMHSA	800-662-4357

CHILD CARE

Child Care Aware of Kansas (Listing of childcare providers)	877-678-2548
Child Care Aware of Kansas (Provider assistance)	855-750-3343
Child Care Licensing	..785-250-6404
DCF (Financial assistance for childcare)	888-369-4777
Harper County Health Department	620-842-5132

Licensed Day Care Providers (Gave permission to be published)

Bobbie's Play Pals Daycare.....	620-842-5460
Busy Blocks Child Care Center	620-896-7002
First Steps Child Care.....	620-842-5221
Child Start Inc. - Harper County 0-5 Early Childhood Program.....	620-842-3999
Harper County Childcare	620-800-2977
Lil' Feet Daycare.....	620-896-7654

CHURCHES

Anthony

Anthony Christian Church	620-842-5541
Grace Baptist Church.....	620-842-5414
Church of Christ.....	620-842-3200
Church of the Nazarene.....	620-842-3897
First Congregational Church	620-842-5436
First Baptist Church	620-842-5395
First Pentecostal Church.....	620-842-3864
Life180 Church.....	620-842-2346
Revolution Fellowship	620-842-5318
St. Joan of Arc Parish	620-896-7886
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	620-842-2968
United Methodist Church.....	620-254-7523

Burchfiel

Burchfiel United Methodist Church.....	785-272-9111
--	--------------

Crystal Springs

Crystal Springs Mennonite Church	620-896-2962
--	--------------

Freeport

Freeport Presbyterian Church.....	620-962-5447
-----------------------------------	--------------

Harper

Community Bible Church	620-896-7128
Cross Pointe Christian Church.....	620-896-2461
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	620-896-7886
United Methodist Church.....	620-896-2952

Hopewell

Hopewell Presbyterian Church	No phone
------------------------------------	----------

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 City Building/Clerk..... 620-896-2511
Harper Police Department..... 620-896-2853

COMMUNITY SERVICE ORGANIZATIONS

American Legion Auxiliary..... 620-842-3575
American Legion Post #54 620-842-3534
American Legion Post 298 620-254-7829
Athena Club 620-842-5804
Anthony Masonic Lodge 620-842-3136
Anthony Order of Eastern Star..... 620-842-2483
Anthony Volunteer Fire Department (City office)..... 620-842-5434
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
4-H (Harper County Extension Office) 620-842-5445
Girl Scouts 620-842-5449
Harper County Certified Emergency Response Team (CERT) 620-842-6006
Harper County Community Foundation..... 620-842-2711
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 Youth Rodeo..... 620-243-2331
Harper County Hope 620-842-2091
Higher Ground/Leather Bound 620-842-5900
JAM (Jesus & Me)..... 620-254-7911
Kiwanis Club 620-842-3609
Lions Club..... 620-842-7064

COMMUNITY SERVICE ORGANIZATIONS (Continued)

Parent Teacher Support Groups

Anthony – FOCUS.....	620-842-3743
Attica – PAWS.....	620-254-7915
Chaparral – Big Blue Backers	620-842-2149
Harper – HOPE	620-896-2913
Parents As Teachers	316-217-3129
P.E.O. Club, Chapter, BU	620-842-2537
Runner Buddies (Anthony).....	620-842-3743
Runner Buddies (Harper).....	620-896-2913
SADD.....	800-206-7231
SJA – Knights of Columbus	620-896-7886
SJA – Catholic Youth Organization.....	620-896-7886

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	620-842-6030
Communications/911 (Dispatch).....	620-842-3086
Court Services Officer.....	620-842-3586
Crime Stoppers	620-842-5232
Economic Development.....	620-842-6030
Emergency Medical Services (EMS).....	620-842-3506
Emergency Management.....	620-842-3086
Environmental Services (County Sanitarian).....	620-842-3718
K-State Research & Extension.....	620-842-5445
Health Department.....	620-842-5132
Human Resources	620-842-6007
Register of Deeds	620-842-5336
Landfill	620-896-7150
Sheriff & Jail (911)	620-842-5135
SCK Community Correction.....	620-842-5499
Treasurer	620-842-5191
Weed Dept.....	620-842-3021

DISABILITY SERVICES

Arrowhead West, Inc.....	800-794-8825
Arrowhead West, Inc.	888-500-1804
Blind Services (DCF)	888-369-4777
Disability Rights Center.....	800-432-2326

DISABILITY SERVICES (Continued)

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

EDUCATION

Anthony Elementary School.....	620-842-3743
Anthony Learning Center	620-842-5183
Attica Grade School	620-254-7314
Attica High School.....	620-254-7915
Blessed Beginnings Preschool.....	620-842-3022
Bridges to Learning Preschool.....	620-896-2913
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
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

EMERGENCY & CRISIS – Dial 911 for Emergencies only

Anthony Police Department (911)	620-842-5123
Attica Police Department (911)	620-254-7291
Bright House (Domestic Violence)	620-666-2522
Harper Police Department (911)	620-896-2511
Harper County Communications/911 (Dispatch).....	620-842-3086
Harper County Emergency Management (911)	620-842-6006
Harper County EMS (911).....	620-842-3506
Harper County Sheriff Department (911)	620-842-5135
Harper County Crime Stoppers.....	620-842-5232
Adult/Child Abuse Hotline (DCF).....	800-922-5330
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)	620-842-6006
Horizons Mental Health Center Crisis Line	800-794-0163
Kansas Emergency Management.....	785-291-3333
Local Emergency Planning Committee (LEPC)	620-842-5132
Poison Control Center – Kansas City, KS.....	800-332-6633
Preparedness Regional Public Health Coordinator.....	620-243-2520
Travel/Road Conditions	511

EMERGENCY & CRISIS - Dial 911 for Emergencies only (Continued)

Salvation Army (Harper County Community Hope).....	620-842-2091
Sexual Assault/Domestic Violence Center.....	800-701-3630
Suicide Prevention Hotline.....	988
United Way Information/Assistance Hotline.....	211

EMPLOYMENT SERVICES

Arrowhead West.....	800-794-8825
Arrowhead West.....	888-500-1804
Cowley Work Force Center.....	620-221-7790
Harper County Economic Development.....	620-842-6030
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.....	316-771-6800

FINANCIAL/OTHER ASSISTANCE

Clothing

Anthony Thrift Shop.....	620-842-3888
Harper Econ Shop.....	No phone

Food/Meals

Anthony Congregate/Home Delivered Meals.....	620-842-3008
Anthony Summer Food Program.....	620-842-3888
Attica Congregate/Home Delivered Meals.....	620-254-7371
Attica Food Bank.....	620-254-7911
Department for Children & Families (DCF – SNAP).....	888-369-4777
Food 4 Kids (School Back-pack program).....	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
Obadiah's Pantry/Anthony Food Bank.....	No Phone
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).....	620-842-5132

Financial

American Red Cross.....	316-219-4000
Department of Children & Family Services (DCF).....	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

FINANCIAL/OTHER ASSISTANCE (Continued)

Financial (Continued)

Railroad Retirement	877-772-5772
Salvation Army (Harper County Community Hope)	620-842-2091
Social Security	800-772-1213
United Way Information/Assistance Hotline	211
Veterans Administration Service Representative	620-662-7131

Health

Department of Children & Family Services (DCF)	888-369-4777
Farmworker Health Program (Harper County Health Dept.)	620-842-5132
Health Insurance Market Place	800-318-2596
KanCare (Medicaid/CHIP)	866-305-5147
Aetna	866-697-3585
Sunflower	877-644-4623
United	877-542-9238
Dept of Children & Family Service Center – Pratt	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, West Acres, Sunrise)	620-662-8370
Kansas Fair Housing (HUD)	800-669-9777
Mennonite Housing	316-942-4848
Beyond Barriers Kansas Inc.	888-715-6818
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
Kansas Elder Law Hotline	888-353-5337

Prescriptions

Many pharmaceutical companies offer patient assistance programs. Program information may be found on the internet at needymeds.com, through your health care provider and/or through your local pharmacy.

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

FINANCIAL/OTHER ASSISTANCE (Continued)

Prescriptions (Continued)

SHICK 800-860-5260
Medical Alert Center 800-449-1439

Transportation

Harper County Public Transportation 620-842-5104

Utilities

Harper County Community Hope 620-842-2091
LIEAP (DCF) 888-369-4777

HEALTH SERVICES

Clinics

Grace Medical 316-866-2000
Harper County Health Department 620-842-5132
Patterson Health Center 620-914-1200

Chiropractic

Knopic 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
Hunter Health Clinic 316-262-2415
Kansas Foundation of Dentistry for the Handicapped 785-273-1900
Harold A. Small, DDS 620-435-6367
Walker Family Dental, P. A. 620-842-5936

Environmental Services

County Environmental Services 620-842-3718

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

Angels Care Home Health 316-636-4000
Heartland Home Health & Hospice 316-788-7626

HEALTH SERVICES (Continued)

Home Health Agencies (Continued)

Interim Healthcare..... 620-359-1127

Hospices

Country Care Hospice 316-661-5917
Harry Hynes Memorial Hospice 800-767-4965
Heartland Home Health & Hospice 620-788-7626

Hospitals

Patterson Health Center 620-914-1200

Mental Health Services

Harper Hospital Senior Health Services..... 620-914-1200
Horizons Mental Health Center 800-794-0163 or 620-842-3768
Prairie View, Inc. 800-992-6292
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
Heritage Estates (Harper) 620-896-2646

Pharmacies

Harper Pharmacy 877-570-0077 or 620-896-7700
Irwin-Potter Pharmacy 800-881-5119 or 620-842-5119
VA Medical Center Pharmacy 888-878-6881

Screenings (In-home Services/Nursing Facility Placement/Case Management)

Arrowhead West (Developmental Disabilities) 620-672-1005
Disability Rights Center (Under age 60)..... 877-776-1541
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

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

INFORMATION LINES

American Association of Retired Persons (AARP).....	888-687-2277
AIDS Hotline	800-232-4636
American Cancer Society – High Plains Division.....	800-227-2345
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
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
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)	785-367-4520
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
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

INFORMATION LINES (Continued)

Tobacco Quitline – Kansas	866-526-7867
Travel/Road Conditions (KanDrive)	511
United Way Information/Assistance Hotline	211 or 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 County Art Assoc.& Depot	620-840-1043
Harper Historical Museum Harper	No phone
Historical Museum of Anthony Inc., Anthony	620-842-3852
Historic Anthony Theater	620-243-3059
Historic Harper County Courthouse, Anthony	620-842-5555
Martha Keifer House	620-896-7107
Old Harper Fountain	620-896-2511
Runnymede Church Harper	No phone
September 11 Memorial, Anthony	620-842-5434

NEWSPAPERS

Anthony Republican	620-842-5129
Attica Independent	620-254-7660
Harper Advocate	620-896-7311

POST OFFICES

Anthony Post Office	620-842-5239
Attica Post Office	620-254-7908
Bluff City Post Office	620-967-4421
Danville Post Office	620-962-5483
Harper Post Office	620-896-7557

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

RECREATION (Continued)

Anthony (Continued)

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 620-896-2511
Citywide Garage Sale/Spring Fling..... 620-896-2511
Demolition Derby 620-896-2511
Fourth of July **(County wide)** 620-842-5456

RECREATION

Harper Annual Events (Continued)

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) 620-842-3311
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
Plumb Thicket Landfill..... 620-896-2229
Rural Water District #1 (Roy Davis) 620-896-2295
Rural Water District #2 (Brian Waldschmidt)..... 620-842-5430
Rural Water District #3 (Stan Ediger)..... 620-896-7166
Rural Water District #4 (Jim Coady)..... 620-962-5276
Rural Water District #5 (Sam Troyer)..... 620-896-2146
SC Telcom (Telephone)..... 877-723-6875
Trantham Trash 620-254-7730
Water/Wastewater Permits 620-842-3718
Westar Energy (Electric) 800-383-1183
Wheatland (Electric & Gas)..... 800-762-0436
Wyatt Trash Service..... 620-842-3773

V. Detail Exhibits

[VVV Consultants LLC]

a.) Patient Origin Source Files

[VVV Consultants LLC]

Patient Origin History 2021- 2023 for IP, OP and ER – Harper County, KS

Harper County, Kansas Residents				
#	Inpatients - KHA HIDI	FFY23	FFY22	FFY21
	Total	694	702	605
1	Wesley Healthcare - Wichita, KS	210	167	199
2	Patterson Health Center - Anthony, KS	191	237	132
	% Patients Receiving Care in Home County	27.5%	33.8%	21.8%
3	Ascension Via Christi Hospitals Wichita, Inc. - Wichita, KS	118	89	128
4	Pratt Regional Medical Center - Pratt, KS	38	47	29
5	Hutchinson Regional Medical Center - Hutchinson, KS	22	28	15
6	Wesley Woodlawn Hospital & ER - Wichita, KS	15	9	15
	Others	100	125	87

Harper County, Kansas Residents				
#	Outpatients - KHA HIDI	FFY23	FFY22	FFY21
	Total	27,043	15,269	13,245
1	Patterson Health Center - Anthony, KS	24,924	13,284	11,441
	% Patients Receiving Care in Home County	92.2%	87.0%	86.4%
2	Kingman Healthcare Center - Kingman, KS	371	296	254
3	Ascension Via Christi Hospitals Wichita, Inc.- Wichita, KS	339	305	253
4	Wesley Healthcare - Wichita, KS	248	296	330
5	Medicine Lodge Memorial Hospital - Medicine Lodge, KS	215	258	281
	Others	946	830	686

Harper County, Kansas Residents				
#	Emergency - KHA HIDI	FFY23	FFY22	FFY21
	Total	2,355	2,574	2,278
1	Patterson Health Center - Anthony, KS	1922	2072	1899
	% Patients Receiving Care in Home County	81.6%	80.5%	83.4%
2	Wesley Healthcare - Wichita, KS	130	147	158
3	Ascension Via Christi Hospitals - Wichita, KS	103	146	79
	Others	200	209	142

b.) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Attendance Harper Co, KS CHNA Town Hall - 4/4/24 5-6:30 pm N=27

#	Table	Lead	Attend	Last	First	Organization	Title
1	F		x	Baker	Angela	Horizons Mental Health Center	Clinical Manager
2	A		x	Hilger	Ashley	PHC	Rev Cycle Manager
3	F	xx	x	Shue	Brenda	HCHF	Treasurer
4	C		x	Hedlund	Britt	Transitions to Career Prog	
5	F		x	Moon	Cheryl	Patterson Health Center	
6	A		x	Cox	Crissa	Patterson Health Center	RN
7	A	xx	x	Kastens	Cyndra	City of Anthony	City Admin / Clerk
8	A		x	Smithhisler	Deanna	Anthony Wellness Center	
9	B		x	Carlisle	Ginger	Arrowhead West	Admissions Coor
10	E		x	Reames	Heather	Patterson Health Center	
11	B		x	Noble	Holly	Attica LTC / Anthony CCC	Administrator
12	D		x	Lanie	Jan	Patterson Board	Board Chair
13	B		x	Wolff	Jason	Harper County Health Foundation	
14	D		x	Zimmerman	Kathy		
15	C		x	Barwick	Kim	Patterson Health Center	HR Director
16	D		x	Birket	Kristen	Patterson Health Center	Marketing Director
17	A		x	Apperson	Lisa	Patterson Health Center	Dialysis Program Director
18	C		x	Allen	Lori	Patterson Health Center	COO
19	C		x	Wilson	Lori	HCHF	Project Manager
20	C		x	Hadsall	Martha	Country Living	Board member
21	D		x	Fallis	Pam	Patterson Health Center Board	
22	B		x	Ritter	Robert	Patterson Health Center	IT Director
23	E		x	Owen	Sandra	Patterson Health Center	CFO
24	D	xx	x	Teaff	Sarah	Patterson Health Center	CEO
25	B		x	Francis	Sheri	Patterson Health Center Clinic	Community nurse
26	E		x	Wedman	Stan	Patterson Board	Board member
27	C	xx	x	Penner	Tim	Harper Industries	CEO

Harper County – Patterson Health Center - Town Hall Event Notes

Date: 4/4/2024 – 5 p.m. to 6:30 p.m. @ Chaparral Attendance: N= 27

INTRO: Following is a recap of the community conversation during the CHNA 2024 Town Hall

- PHC has a new mobile clinic
- Where do we go when too sick – Wichita (all of the hospitals), Wesley
- Patients do not want to be seen for BH or mental health issues – a lot of people can't get access to it
- Languages = Spanish, indigenous, Vietnamese, Guatemalan, Chinese
- Internet is strong but could be bad depending on where out in county they are (too far out = limited access)
- Rural telecom enhancement grant for limited technology access
- Limited attendance at school may cause low grad rates
- Births happening at = Wesley, Pratt, Kingman CO, St. Joe in Wichita
- Not enough childcare centers
- Transfers is causing ER numbers to go wrong direction, people sicker now, don't have enough beds when they get transferred (Covid made people health worse)
- Drugs: street opioids, weed, nicotine, fentanyl, meth, alcohol, vaping (substance and intake method)
- Substance abuse (they conflicted ab if they want it together or separate)
- Ambulance, childcare, telehealth, and mental health services are all issues

What is coming/occurring that will affect health of community:

- Bird flu
- Vaccination hesitation/ uninformed (getting too many shots)

Strengths in the community:

- Access to health providers in community
- Community funded healthcare transportation (not mobile van)
- 2 organizations work on housing and childcare
- Providers and staff at hospital
- Schools
- Low unemployment and healthy rural living
- Community partners collaborating (new)

Unmet needs in the community:

- Access to affordable health foods
- Cancer care
- Childcare
- Domestic violence/Neglect
- EMS
- Home Health
- Medicaid Expansion
- Medicare Advantage
- Mental Health
- Poverty
- School funding
- Social Services
- Substance Abuse (Drugs and Alcohol)
- Vaccination hesitation

Round #5 CHNA - Harper County

Town Hall Conversation - Strengths (Big White Cards) N=28

Card #	What are the strengths of our community that contribute to health?	Card #	What are the strengths of our community that contribute to health?
1	access to care	21	hospital
2	Access to care	15	housing and childcare
6	Access to care	28	housing developments
15	Access to care	8	housing group
4	Access to medical care	25	housing/ child care committees
24	access to several resources	24	HPco attend PHC
25	air transfers	1	infrastructure put on by city
27	assisted living	12	infrastructure put on by city
18	attempts to bring in more providers	24	Kansas morales and slower pace
2	available functioning	13	Knowledgeable leadership team
26	available providers	14	leadership excellent
20	awesome facility	10	low unemployment
10	caring community	12	marketing
12	cash on hand	13	marketing/ PR
8	childcare committee	22	new facility
25	combined unity transportation	23	new facility
1	collaboration community support and involvement	25	new facility
3	community choosing ER over others	9	new hospital
15	community collaboration	11	outpatient providers
19	community funded transportation	27	Patterson health center
3	community interactions	10	provider options
15	community involvement	8	Provider/ staff durable
17	community involvement	12	providers
24	community outreach	7	public education
2	community support	6	public transportation
4	community support	8	public transportation
4	Core	9	public transportation
1	core community	16	public transportation
2	core community	17	Public transportation
5	core community	14	quality care
27	country transportation	2	range of services
17	CTE training and school	23	rural and mobile channel
17	Dialysis	26	rural health clinics
21	dialysis	10	rural lining
25	dialysis	14	rural living
20	dialysis project	5	school and leaders work together
3	Drs and staff available for patients	6	several businesses
1	employment opportunities	9	small town atmosphere
5	employment opportunities	2	specialist
13	employer	27	specialist
24	Facility	7	specialist available
10	Facility and staff at PHC	8	specialist available
13	facility luncheon	13	Specially clinic
26	food services	17	Specially clinics
20	funded transportation	3	specialty DRs
16	getting dialysis	28	specialist come to county
5	good doctors	14	staff and providers are great
1	grants	6	state of art hospital
5	grants	9	T2C
8	great facility and hospitals	7	tech education
19	great facility and hospitals	23	Transportation
17	grocery stores	24	Transportation
28	have access to hops/ drs/ ER	26	Transportation
28	have long term care and assisted livings	28	Transportation
23	Health care access	2	wellness centers
23	health care quality	3	wellness centers
4	health care transportation	21	wellness centers
15	health care transportation	26	wellness centers
1	Healthcare	27	wellness centers
21	helicopter transfer	1	wellness centers
22	helicopter transportation	9	Wing PNC

Round #5 CHNA - Harper County

Town Hall Conversation - Weaknesses (Color Cards) N= 28

Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?
16	Access	19	housing
15	access to affordable good food	25	housing
27	access to menta health care	2	housing access
19	access to school services	22	Immunizations
1	affordable healthy foods	6	income level
10	affordable housing	13	increase mental health providers
4	Alcohol	7	insurance
28	alcohol and drugs	10	Insurance
27	alcohol treatment	12	insurance
1	available Ems	10	job opportunities
11	awareness of MH services available	2	jobs in county or lack of qualified applicants
17	Behavioral health	14	Knowledge job pool
4	BH/MH	27	knowledge of Vac immunization
25	cancer numbers	4	Lack qualified applicants
20	Centralized EMS	9	Lifestyle
21	centralized EMS	25	low income
23	Centralized EMS	17	MA
4	Child care	14	Medicaid expansion
18	child care	19	Medicare
19	child care	15	mental care for young people
24	Child care	14	mental health
27	child care	1	mental health
15	childcare	2	Mental health
25	childcare	5	Mental health
5	chronic conditions	6	Mental Health
3	clean up town houses and yards	8	mental health
16	communication awareness to go to provider	9	mental health
11	D/A abuse	10	mental health
7	decrease depression and anxiety	12	mental health
24	Domestic abuse	18	mental health
7	Drug and alcohol abuse	21	mental health
9	Drug and alcohol abuse	24	mental health
12	drug and alcohol abuse	26	Mental health access
20	drug and alcohol abuse	19	mental health services
6	drug/ addiction education	3	Mental health/ coping skills
24	Drug/ alcohol	28	mental health/ suicide
19	drugs / ETOH	7	Nutrition to reduce obesity
21	drugs and alcohol abuse	17	OB/ women's health
22	drugs and alcohol abuse	15	obesity
23	Drugs and alcohol education	28	Obesity
4	drugs/substance use	17	OP gyrational revenue
19	economic development	7	people in poverty
11	economic	19	Poverty
16	education in schools	5	poverty
11	education/ school system	9	poverty
2	EMS	18	poverty
3	EMS	24	poverty
4	EMS	27	poverty
7	EMS access	6	poverty rate
16	EMS access	17	poverty/ Medicaid
22	EMS staffing	17	Provider recruitment
21	ER wait time	10	resources for poverty
22	exercise	11	school based mental health
13	Expenses	1	school system
17	Follow up recall	3	School system
3	Food insecurities	4	School system
19	funding	13	services for disabilities
5	geriatric care	18	smoking
8	healthy food options	19	staffing
28	heart caused deaths	19	state funding schools
21	home health	2	substance abuse
1	home health	8	substance abuse
6	home health	15	Substance abuse
19	home health	26	Substance abuse
20	home health	5	suicide
25	home health	11	Suicide prevention
4	housing	8	Transportation
6	housing	28	uninsured/ poverty
9	housing	19	Vaccination
12	housing	12	vaping
18	housing	10	vaping, drugs , ETOH

Round #5 CHNA - Harper Co KS PSA

Social Determinants "A" Card Themes (N = 13 with 42 Votes): E= 14 , N= 3 , ED= 9 , C= 8 , F= 0 & P= 8



Card #	Code	First Impressions on Social Determinants Impacting Delivery	Card #	Code	First Impressions on Social Determinants Impacting Delivery
12	C	mental health	12	E	Poverty
7	C	mental health education	12	ED	child care centers
8	C	mental health education	13	ED	Education
4	C	mental stability	5	ED	Education - preventative services
2	C	Social community context	3	ED	education access
6	C	Social community context	10	ED	Education access
8	C	social community context	4	ED	education access and quality
1	C	support system	7	ED	education access and quality
9	E	debt	8	ED	health education
1	E	Economic stability	3	ED	Uneducated
4	E	Economic stability	1	N	housing
5	E	economic stability	6	N	housing
6	E	economic stability	12	N	housing
8	E	economic stability	12	P	dermatologist
9	E	economic stability	4	P	Health care access and quality
10	E	economic stability	5	P	health care access and quality
11	E	Economic stability	10	P	health care access and quality
13	E	Economic stability	11	P	health care access and quality
6	E	income	2	P	health care concerns
9	E	income	10	P	Insurance
3	E	low income	12	P	Smoking

Email Request: Cut & Paste into your email blind cc to community roster emails.

From: Lori Allen

Date: 1/19/2024

To: Community Leaders, Providers, Hospital Board and Staff

Subject: CHNA Round #5 Community Online Survey 2024– Harper Co KS

Patterson Health Center – Harper County, KS; will be partnering with other community health providers to update the 2021 Community Health Needs Assessment (CHNA) for Harper County, KS. Our facility has again contracted VVW Consultants to complete this work over the next few months.

Your feedback and suggestions regarding community health delivery are especially important to collect to be able to complete the 2024 Community Health Needs Assessment and implementation plan updates.

To accomplish this work, a short online survey has been developed. Please utilize the link below to complete this survey.

LINK: https://www.surveymonkey.com/r/CHNA2024_PattersonHealth_OnlineSurvey

This online survey must be completed by **March 8th, 2024.** All responses are confidential.

Please hold the date for a community Town Hall scheduled for **Thursday, April 4th, 2024, for dinner from 5:00-6:30pm** to discuss research findings. If possible, we encourage you to attend. Stay tuned for further details! More information on this will be provided shortly.

Thank you in advance for your time and support in participating with this important request.
If you have any questions, please contact (620) 914-1200 ext. 2162.

PR#1 News Release

Local Contact: Lori Allen

Media Release: 2/20/2024

Patterson Health Launches 2024 Community Health Needs Survey

Over the next few months **Patterson Health Center (Harper Co, KS)** will be working together along with other area community leaders to update the Harper County, KS 2024 Community Health Needs Assessment (CHNA). Today we are requesting all community members input regarding current healthcare delivery and unmet resident needs.

The goal of this assessment update is to understand progress from past community health needs assessments conducted in 2021, 2018 and 2015, while collecting up-to-date community health perceptions and ideas. VVV Consultants LLC, an independent research firm from Olathe, KS has been retained to conduct this countywide research.

A brief community survey has been developed to accomplish this work. The CHNA survey link can be accessed by visiting our website or by utilizing the QR code below for quick access.



All community residents and business leaders are encouraged to complete this online survey by **March 8th, 2024**. In addition, please **HOLD THE DATE** for the CHNA Town Hall meeting to discuss the survey findings and identify unmet needs held on **Thursday, April 4th 2024 for dinner from 5-7pm**. More info to come soon!

Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call (620) 914-1200 ext. 2162.

EMAIL #2 Request Message (Cut & Paste)

From: Lori Allen, COO

Date: 3/13/2024

To: Community Leaders, Providers and Hospital Board and Staff

Subject: Harper County - CHNA 2024 Town Hall Meeting

Patterson Health Center is hosting a scheduled Town Hall Meeting for the 2024 Community Health Needs Assessment (CHNA). The purpose of this meeting will be to review the community health indicators and gather feedback opinions on key community needs for Harper County, KS. This event will be held on **Thursday, April 4th, 2024, from 5:00 – 6:30 p.m. at the Chaparral High School.**

All business leaders and residents are encouraged to join us for this meeting, but it is imperative that you complete an RSVP to properly prepare for this event. We hope you find the time to attend this important event by following the link below to complete your RSVP for April 4th.

LINK: https://www.surveymonkey.com/r/HarperCo_RSVP_TownHall

Thanks in advance for your time and support!

If you have any questions regarding CHNA activities, please call (620) 914-1200.

Patterson Health Center Hosts Town Hall Event for the 2024 Community Health Needs Assessment

Media Release: 03/13/2024

Local Contact: Kristen Birket

To gauge the overall community health needs of residents, **Patterson Health Center**, in conjunction with other area providers, invites the public to participate in a Community Health Needs Assessment Town Hall roundtable on Thursday, **April 4th, for dinner from 5:00-6:30 p.m.**, with a check-in time of 4:45pm, located at Chaparral High School (467 N KS-2, Anthony, KS 67003).

This event is being held to identify and prioritize the community health needs. Findings from this community discussion will also serve to fulfill both federal and state mandates.

To adequately prepare for this event, is vital everyone planning to attend this event RSVPs. Please visit our hospital website and social media sites to obtain the link to complete your RSVP OR please utilize the QR code below.



We hope that you will be able to join us for this discussion on April 4th. Thanks in advance for your time and support!

If you have any questions about CHNA activities, please call (620) 914-1200.

###

d.) Primary Research Detail

[VVV Consultants LLC]

CHNA 2024 Community Feedback: Harper County, KS (N=271)

ID	Zip	Rating	c1	c2	c3	Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)
1239	67058	Average	ACC	SERV	SPEC	access to more in depth care vs always being sent to a specialist r
1056	67003	Good	CC	STFF		5. Providing childcare for healthcare providers at the hospital would not only benefit hospital employees but other citizens as well as it opens up childcare for them as the employees can move their children to the hospital. We are short staffed, and childcare plays a big part in this. If we had childcare provided, more people would be able to work.
1133	67003	Good	CLIN	INSU	FINA	need to have a walk in clinic. or a deeply discounted day for patients without insurance to get check ups.
1034	67058	Average	DOCS	ACC		Need more Dr's
1009	67058	Average	EDU	ACC		Having a local college campus here
1058	67058	Good	EDU	AWARE		Community Education and awareness = especially through the reporting on the C Needs Assessment is so helpful = these issues should be talked about each year.
1130	67112	Good	EDU	ECON	RESO	Education. Bringing back some basic mandatory classes such as home economics, child development, and basic auto up keep.
1219	67003	Good	EDU	MRKT	SPRT	There needs to be more health education to the public through newspaper, social media, etc. Proper nutrition is difficult for many. Social isolation is a real problem in our community for the elderly and the silent home bound. Loneliness is a severe problem in the US and Harper County is no different. The kids have school and sports. The elderly only have church. More activities for the elderly.
1010	67058	Good	EDU	RESO	DOH	While I believe that most of these areas are addressed in some form, so it's not a lack of, but rather the public has a lack of knowledge in these areas. Public needs a better understanding of what is already available.
1263		Very Good	EDU			Education is great
1155	67003	Good	FINA	ACC	SERV	Harper County Communities do a good job in each of these areas. I believe that financial instability prevents many from accessing services.
1251	67003	Very Good	FINA	CC	SPRT	Financial assistance, and access to child care.
1048	67009	Average	FINA	GOV	ECON	decrease county and property taxes to aid in economic stability
1011	67058	Poor	FINA	STFF		People in charge need to care less about the money and more about the people.
1140	67003	Very Good	HOUS	FINA	ECON	Affordable housing & more high paying jobs
1249		Good	HOUS	NH	SERV	Need more options for low income housing. Need assisted living in Anthony that is more affordable (similar to Heritage). Need programs for dementia (day care) and help dor seniors getting DpOA/Wills in place. Si many are not prepared and scramble when crisis happens
1225	67003	Good	HOUS	NH		Housing for elderly
1008	67003	Good	HOUS	NH		Housing for seniors that would open quality housing for youth.
1179	67003	Good	HOUS	NUTR	OWN	Welfare of housing, habits & availability of nutrient dense foods affects our community health. People living in derelict housing infested with bugs & full of unkept animals can & does lead to unhealthy population. See beyond the triage of the moment & dig down into why patients are dirty. Why they have poor hygiene. Be willing to instruct on proper care of home, animals & self. These things lead to better self care.
1231	67009	Average	HOUS	QUAL		I would just LOVE if you could get homeowners interested in keeping their homes and yards maintained. Have some pride in where you live.
1146	67058	Very Good	HOUS	QUAL		We need income based apartments that are at least two/three bedrooms.
1032	67058	Good	HOUS	TRAN	REC	Housing and after-hours transportation are both large concerns. 1) Education, at this time, is one of the biggest concerns for our community. As well as access to alternative education for adults, after normal hours. 2) With inflation it is constantly getting harder to spend money within the community as prices are raising fast and salaries are not. 3&4) It is time to build our community with other sport options that are all ready highly played, but with out facilities. (Soccer) People are creating and joining teams to go elsewhere with there money and time because adequate facilities and opportunities do not exist here. Acceptance of persons, does not equal to acceptance of culture or helping to highlight what is important to such a large portion of our community. We support Football, baseball, softball, swim team, tennis, track, golf, cross country, but none of these interest this other large portion of our community, at least not in the way that the other sports do for the rest of the local population. 5) Our Healthcare locally continues to grow and work on offering more quality services. The problem now is the affordability of healthcare and access to insurance in general. Many people can not afford the care or don't qualify for insurance. SO they go to Wichita for less pricier option, if they can find a ride. They will wait until things are so bad and problems are compounded that can't wait any longer.
1148	67003	Good	MAN	FINA	FUND	leadership and finding financial funding.
1235	67003	Good	MAN	QUAL	WAIT	The state the nation is in at this time! We need to clean house in leadership and make items more affordable for the families. It takes both parents working to make a living nowadays. I know individuals could prioritize needs vs. wants better to help with that. I do believe Core Communities has helped some individuals out greatly! First thing is YOU have to want to help yourself!
1162	67003	Very Good	MH	EDU	NH	More mental health education - more help with elderly home help.
1079	67058	Good	PHAR	SERV		Train pharmacy technicians, and others in the community that deal with people on a one to one basis, so they can identify needs and help people get the services they need.
1192	67058	Very Good	POV	HOUS		Neighborhood Environment - we don't have homeless but we have many living in unsafe conditions. Need more low income housing.

CHNA 2024 Community Feedback: Harper County, KS (N=271)

ID	Zip	Rating	c1	c2	c3	Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)
1208	67058	Very Good	PREV	SERV	CULT	I believe having a representative for the underserved populations would be vital to getting them to be seen in a preventative sense. The Hispanic population specifically in HPCO tends to be seen in a non-primary care way and issues are discovered that need followed up on and language barriers tend to be an issue. The hospital has a translation service, but potentially having training for numerous hospital staff to learn another language would be more personal to that population rather than having a translation service. Or someone from the community to outreach that population?
1176	67118	Good	QUAL	ACC		stop the riffraff from setting up camp and bringing in more problems for the community.
1066	67058	Average	QUAL	WEB		I think the biggest problem our community faces is that we have an overwhelming majority of our population who want to complain about what they do not have, criticize the things that are offered and undermine the efforts of those community members/organizations that are at least putting forth the effort to improve our environment, but yet are unwilling to put their money or their time where their mouth is. They want to use social media platforms to express their malcontent, discouraging the promotion of our community. The outspoken contempt for our community by keyboard warriors is poison to all the efforts volunteers and organizations are putting in doing their best to make life in our community better for others.
1127		Good	QUAL			I agree all those things will improve our community. Nothing more to add.
1242	67003	Average	REC	ACC		More nature based walking trails and bike trails around the county. Maybe relax/focus stations along the paths. Artwork trails in downtowns that could serve as a dual purpose for locals and then tourist visiting to provide an attraction.
1112	67058	Good	REC	RESO	QUAL	Both towns wasted money on roads and resources for people to "build new homes on" when you cannot find work here to pay for a new house to be built.. and there are no jobs worth moving here for. It was a waste of money and could have been allocated to building a walking path, or fixing all the crappy roads we ALREADY have and dont maintain. the people in charge have the weirdest priorities and its not the best interest of the community. Also its so expensive to eat here that its not worth "keeping your business local" because you cant afford it. None of the grocery stores, Especially in Harper... have a good selection of fresh produce that isnt expired or rotting. you cannot get a job in this county that will provide any sort of life style for a growing family. instead of building roads that we dont need, how about we find ways to create more businesses in this dying county. and how about we prioritize making our education top notch, so parents have a reason to want to stay here, and bring their kids here. and the elected officials getting a 10% raise, while other employees get 1-3% raises? thats a hard no for me. the city of Harper Police dept demanding that for one shift they stay in the office to cut the budget for gas, instead of budgeting for the police to be proactive and giving them the resources to be succesful. The education is a joke here. There is no economic stability in this county. The only good thing about this county is the community support and having nice neighbors. Its pathetic that i cant get any type of prenatal care here. i drive to wichita to see a PA which i should be able to get here. the staff in the ER has done nothing but make my experience there worse and more traumatic. The only clinic appointment i had, the Doctor was staring at my bobs the whole time. So... yeah the new hospital looks nice and thats about it. People would rather drive an hour away for primary care and have no choice but to drive that far to et basic health services. its pathetic and again, a waste in community funds.
1271	67003	Good	RESO	EDU	AWARE	More resources made available for those that are struggling. Also more knowledge about the resources that are available.
1094	67009	Very Good	RESO	MRKT	TRAN	A "Blessing Box" similar to the smaller ones that are around but more robust. Why not a whole refrigerator full of stuff people can get anytime? Maybe some simple grocery vouchers for people that just need to catch a bit of a break. More marketing for the free public transportation.
1049	67058	Good	RURAL	DOCS		Med students not wanting to come to a small community
1111	67009	Average	RURAL			You are rural they don't care new political representatives to get help for rural areas
1172	67058	Good	SERV	ACC		Sometimes I think it is people just not taking the initiative to improve their health and find out services available for the community.
1265	67058	Very Good	SERV	CHRON	MH	Case management services to connect patients to their specific and personal social needs and walk them through the process. More chronic care nurses and mental health providers who can assist with basic mental health needs such as depression and anxiety as well as identify substance abuse risk.
1228	67058	Good	SERV	CULT	FINA	Health care opportunities for our varying cultural and financial patrons is less than adequate.
1055	67105	Good	SERV	MRKT		We have a lot of good services at PHC, wondering if we are advertising outside in the community
1171	67003	Good	SPRT	EDU	DRUG	Programs to address or prevent dropouts, work opportunities for individuals without drivers licenses or work skills, drug abuse, housing to attract new families
1241	67003	Poor	TRAN	RESO	SPRT	phc using the bus to help people get to their appts.
1258	67031	Good	TRAN			I believe transportation is a big factor
1161	67058	Good	WAT	EDU	NUTR	Clean water! Education on food prep/storage, canning / gardening / whole foods / etc

CHNA 2024 Community Feedback: Harper County, KS (N=271)						
ID	Zip	Rating	c1	c2	c3	Q8. In your opinion, what are the root causes of "poor health" in our community? Other (Be Specific)
1016	67003	Average	DOCS	SPEC	TRAV	Again with two General Doctors we need more specialists, or we just do it all in Wichita
1249		Good	FINA	HOUS	RESO	Cost-many may have some assistance but limited. Lack of affordable housing and limited resources for elderly
1235	67003	Good	ECON	ACC	FINA	Economy - basic supplies/food/gas/etc. are expensive!
1036	67003	Very Good	POV			Generational poverty
1055	67105	Good	EDU	ECON	HOUS	Health knowledge is low, socioeconomic factors, low cost of housing pulls in people from other communities that have needs beyond our resources
1219	67003	Good	EDU			Lack of education
1176	67118	Good	EDU	AWARE		lack of knowledge
1155	67003	Good	PRIM			Local primary care providers need to be allowed to oversee their patients who are hospitalized here.
1014	67058	Poor	QUAL			Patterson sucks!
1260	67003	Good	FINA	INSU	ACC	people with no money so they are afraid of the bills from dr. they wait until they get so bad they need to be transferred to wichita or wherever , but when they get to the bigger hospitals when it is found out that they have no insurance and no money they are sent home as soon as they are stable ,even if they need more care, usually told to follow up with their dr. which doesn't happen: vicious circle
1211	67003	Good	POV			poverty
1161	67058	Good	POV	H2O		Poverty and polluted water
1048	67009	Average	SERV	SPRT	DIAS	services to assist families with children with special needs
1216	67003	Good	OTHR	SPIR		Spiritual health
1057		Average	SERV	QUAL		The hospital and foundation stepping up not carrying what friends or family say do the right
1111	67009	Average	TELE			To much telehealth

CHNA 2024 Community Feedback: Harper County, KS (N=271)						
ID	Zip	Rating	c1	c2	c3	Q13. What "new" community health programs should be created to meet current community health needs?
1047	67004	Good	ACC	MH	EMS	more available and easier to access mental health. EMS improvements
1038	67009	Average	ADOL	SERV		After school programs for kids
1161	67058	Good	CANC	COLON	NUTR	Colon cancer screening for all adults 20+. It's younger all the time. Healthy food growing and more natural/holistic living (prevention).
1219	67003	Good	CANC	SPRT	EDU	Cancer support group, health education, walk in clinic
1251	67003	Very Good	CC	FINA		Child care, and child care financial assistance.
1265	67058	Very Good	CHRON	MH		Chronic Care Management Behavioral Health Case Management/Community Health Workers
1133	67003	Good	CLIN	EMER	FINA	Urgent care visit without the emergency room price tag
1208	67058	Very Good	CLIN	POV	DOH	Perhaps a free clinic once a month for a few hours so underserved population could see a provider for free and get vouchers for labs/rad/dental. The health fair is great, but some people can't even afford that.
1112	67058	Good	CLIN	RESO	ACC	A walk in clinic that actually has the resources the community needs in a timely manner.
1173	67058	Good	CLIN	SCH		walk in clinic appts
1022	67058	Average	CLIN			Urgent care
1228	67058	Good	COMM	CULT		Specific program to be able to personally communicate with & treat our numerous culturally different patrons person to person instead of through a translator. Hiring a provider that our primary differing patron group can communicate & be comfortable with.
1192	67058	Very Good	COUN	MH		counseling for at risk youth with cognitive behaviour issues.
1106	67058	Very Good	DENT			Dentista
1123		Good	DERM			Dermatologist
1049	67058	Good	DERM			Dermatology?
1263		Very Good	DIAL			dialysis
1025	67003	Very Good	DIAL			dialysis
1237	67003	Very Good	DIAL			dialysis
1239	67058	Average	DOCS	ACC		alternative mean to get to a healthcare provider not rely solely on EMS
1058	67058	Good	DRUG	EDU		Drug avoidance, general education to encourage people to live healthier lives.
1225	67003	Good	DRUG	MH	HH	Drugs and mental health are ruining our county Law enforcement , county attorney prosecute only those with money and ignore the true root county law enforcement needs complete overhaul Seniors need home health Overall , services are quite good considering our resources
1034	67058	Average	DRUG	PREV	SH	Drug Prevention at Schools
1097	67003	Good	DRUG	PREV	SPRT	Drug rehab/prevention
1271	67003	Good	DRUG	RESO	FINA	We need more substance abuse options that help those that do not have the financial means to pay
1140	67003	Very Good	DRUG	THER		Drug/alcohol rehab facility
1016	67003	Average	DRUG	VIO	SPRT	Drug and alcohol programs, domestic violence and grief support groups
1036	67003	Very Good	ECON			Economic development
1039	67003	Very Good	ENT			Ear, nose & throat doctor
1215	67003	Average	FAC	ACC	CLIN	A hospital on each town sure was nice. We were told building a hospital in the middle was more central and that buses could drive folks to the hospital. Now we are told that a mobile clinic is the and so we can drive the "hospital" to each town. Makes no sense. A healthcare facility in each town would meet the need.

CHNA 2024 Community Feedback: Harper County, KS (N=271)

ID	Zip	Rating	c1	c2	c3	Q13. What "new" community health programs should be created to meet current community health needs?
1088	67018		FINA	SPRT	GO	Financial Healthcare, options for seniors, children, and single person s, our government looks past
1020	67058	Average	FINA	SPRT	INSU	Better financial assistance with lower rates for those without insurance.
1084	67058	Good	FIT	NUTR		fitness & nutrition for all ages
1212	67003	Average	HH	NH		Home health especially for the elderly.
1260	67003	Good	HH	STFF		more staff for home health
1008	67003	Good	HOUS	QUAL		Housing - too many are living in housing that is not adequate and no one pays attention
1242	67003	Average	MH	DRUG		more mental programs or addiction.
1162	67003	Very Good	MH	NH	SERV	More mental health facilities. More home cleaning for the elderly.
1241	67003	Poor	MH	SCH	TRAN	metal health and helping people get to the dr. It was said by Pat the bus was going to help get patients to their appts since they put the hospital in the middle of no where. It is only available to some
1056	67003	Good	MH	SPRT		mental health programs
1005	67058	Poor	NH	SERV		Senior Services
1127		Good	NUTR	ACC	POV	I think it would be a great idea to help those with healthy food that don't have a lot of income.
1231	67009	Average	NUTR	EDU	RESO	Healthy cooking classes. Healthy grocery shopping classes.
1172	67058	Good	NUTR	EDU		Nutrition Education
1191	67003	Good	NUTR	OBES	EDU	Nutrition/Weight Loss
1250	67003	Good	NUTR	RESO		Food programs
1053	67058	Average	OBG			Birthing facility.
1096	67058	Good	ONC			Oncology
1179	67003	Good	OTHR	SPRT	FINA	Pet spay/neuter clinics at reduced rate. Bug infestation maintenance at reduced rate. Vouchers for fresh fruit & veg. Budgeting assistance for people on social services (SNAP, WIC, Medicaid)
1035	67003	Very Good	PREV	FIT		Improvement to wellness center's available exercise space
1201	67003	Average	QUAL	DOCS	DOH	Fix what is broken before starting something new. Find an in-person hospitalist, maybe find more MD/DOs, HHA for health department in home services.
1066	67058	Average	QUAL	RESO	STFF	I applaud the effort to try and meet everyone's "needs". However, many of these "needs" that are spoken of won't be utilized to the level that merits using the limited resources we have. I think focus should be given to the things that we have and are found to be the most effective and do them really well. Stretching ourselves too thin results in lackluster results. Staff is asked to do more and they cannot put the time in to excel in the things they are already assigned to.
1048	67009	Average	SERV	CC	MH	more services for children especially to address mental health and special needs
1155	67003	Good	SERV	DIAL	CANC	We are pleased with the services that are available, and the dialysis unit will be an asset. Is it possible for chemo treatments to be provided locally?
1094	67009	Very Good	SH	FUND		An endowment for the public schools. The American taxpayer is getting crushed and every bit helps
1102	67003	Poor	SUIC	DRUG	MH	SUICIED PROVENTION AND SUBSTANCE USE HELP
1111	67009	Average	TELE	SERV		No telehealth that waste of money could be used for local services
1218	67003	Good	THER	MH	OBG	Therapist - Mental Health for all ages, Women care needs - gynecology
1220	67003	Good	TRAIN	TRAN	DRUG	Perhaps some type of work training/transportation to get people that have issues to work so they can gain self respect and not need to resort to drugs/domestic violence.

Year 2024 - Let Your Voice Be Heard!

Patterson Health Center (Harper County, KS) area providers have begun the process of updating a comprehensive community-wide 2024 Community Health Needs Assessment (CHNA) to identify unmet health needs. To gather current area feedback, a short online survey has been created to evaluate current community health needs and delivery. NOTE: Please consider your answers to the survey questions as it relates to ALL healthcare services in our community, including but not limited to our local hospital.

While your participation is voluntary and confidential, all community input is valued. Thank you for your immediate attention! CHNA 2024 online feedback deadline is set for Mar 8, 2024.

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

- Very Good Good Average Poor Very Poor

2. 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/Optomtrist	<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/Palliative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telehealth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. How would our community area residents rate each of the following health services?
(Continued)

	Very Good	Good	Fair	Poor	Very Poor
Inpatient Hospital Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing Home/Senior Living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient Hospital 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"/>
Primary Care	<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 Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visiting Specialists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

5. In your opinion, are there healthcare services in our community/your neighborhood that you feel need to be improved, worked on and/or changed? (Please be specific)

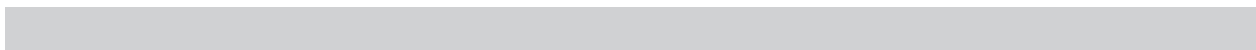
6. From our past CHNA, a number of health needs were identified as priorities. Are any of these an ongoing problem for our community? Please select top three.

- | | |
|--|---|
| <input type="checkbox"/> Mental Health Services (Access, Provider, Treatment, Aftercare) | <input type="checkbox"/> Long Term Care (Staffing / Training) |
| <input type="checkbox"/> Drugs / Alcohol Abuse | <input type="checkbox"/> Walk-In Clinic / Urgent Care |
| <input type="checkbox"/> EMS | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Awareness of Healthcare Services | <input type="checkbox"/> Economic Development |
| <input type="checkbox"/> Home Health | <input type="checkbox"/> Access to Primary Care |
| <input type="checkbox"/> Lack of Community Involvement | <input type="checkbox"/> Centralized Wellness Center |
| <input type="checkbox"/> Quality Housing | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Utilization of Former Hospital Facilities | <input type="checkbox"/> Hospice |
| <input type="checkbox"/> Lack of Adult Education Center | <input type="checkbox"/> Preventative Health / Wellness (Education) |



7. Which past CHNA needs are NOW the "most pressing" for improvement? Please select top three.

- | | |
|--|---|
| <input type="checkbox"/> Mental Health Services (Access, Provider, Treatment, Aftercare) | <input type="checkbox"/> Long Term Care (Staffing / Training) |
| <input type="checkbox"/> Drugs / Alcohol Abuse | <input type="checkbox"/> Walk-In Clinic / Urgent Care |
| <input type="checkbox"/> EMS | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Awareness of Healthcare Services | <input type="checkbox"/> Economic Development |
| <input type="checkbox"/> Home Health | <input type="checkbox"/> Access to Primary Care |
| <input type="checkbox"/> Lack of Community Involvement | <input type="checkbox"/> Centralized Wellness Center |
| <input type="checkbox"/> Quality Housing | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Utilization of Former Hospital Facilities | <input type="checkbox"/> Hospice |
| <input type="checkbox"/> Lack of Adult Education Center | <input type="checkbox"/> Preventative Health / Wellness (Education) |



8. In your opinion, what are the root causes of "poor health" in our community? Please select top three.

- | | |
|--|--|
| <input type="checkbox"/> Chronic Disease Management | <input type="checkbox"/> Limited Access to Mental Health |
| <input type="checkbox"/> Lack of Health & Wellness | <input type="checkbox"/> Family Assistance Programs |
| <input type="checkbox"/> Lack of Nutrition / Access to Healthy Foods | <input type="checkbox"/> Lack of Health Insurance |
| <input type="checkbox"/> Lack of Exercise | <input type="checkbox"/> Neglect |
| <input type="checkbox"/> Limited Access to Primary Care | <input type="checkbox"/> Lack of Transportation |
| <input type="checkbox"/> Limited Access to Specialty Care | |

Other (Be Specific).



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

	Very Good	Good	Fair	Poor	Very Poor
Behavioral/Mental Health	<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"/>
Health Wellness Screenings/Education	<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"/>
Substance Use/Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicide Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence/Abuse 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"/>
Exercise Facilities / Walking Trails etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



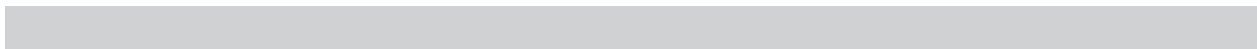
10. Social Determinants are impacting healthcare delivery. These determinants include 1) Education Access and Quality, 2) Economic Stability, 3) Social / Community support, 4) Neighborhood / Environment, and 5) Access to Quality Health Services. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? Be Specific



11. Over the past 2 years, did you or someone in your household receive healthcare services outside of your county?

- Yes No

If yes, please specify the services received



12. Access to care is vital. Are there enough providers/staff available at the right times to care for you and your community?

- Yes No

If NO, please specify what is needed where. Be specific.



13. What "new" community health programs should be created to meet current community health needs?



14. 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"/> Health Literacy | <input type="checkbox"/> Poverty |
| <input type="checkbox"/> Access to Health Education | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Preventative Health/Wellness |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Housing | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Alternative Medicine | <input type="checkbox"/> Lack of Providers/Qualified Staff | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Behavioral/Mental Health | <input type="checkbox"/> Lead Exposure | <input type="checkbox"/> Teen Pregnancy |
| <input type="checkbox"/> Breastfeeding Friendly Workplace | <input type="checkbox"/> Neglect | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Care Coordination | <input type="checkbox"/> Obesity | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Occupational Medicine | <input type="checkbox"/> Vaccinations |
| <input type="checkbox"/> Drugs/Substance Abuse | <input type="checkbox"/> Ozone (Air) | <input type="checkbox"/> Water Quality |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Physical Exercise | |

Other (Please specify).



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

Other (Please specify).



16. For reporting analysis, please enter your 5-digit ZIP code.

e.) County Health Rankings & Roadmap Detail

[VVV Consultants LLC]

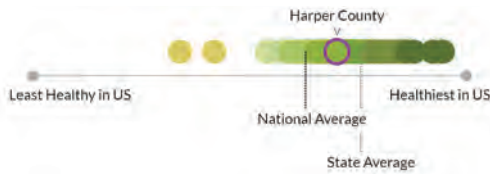
Harper County



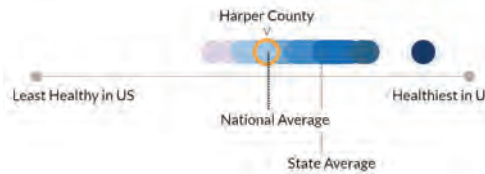
KANSAS HEALTH INSTITUTE

Informing Policy. Improving Health.

Health Outcomes



Health Factors



khi.org
countyhealthrankings.org

Health Outcomes and Health Factors summaries replace the numerical ranking provided in previous years.

Each Kansas county with sufficient data is represented by a dot, placed on a continuum from least healthy to healthiest in the nation.

The color of each dot represents data-informed groupings of counties nationwide with similar Health Outcomes or Health Factors on the continuum.

Population: 5,323

	2020	2021	2022	2023	2024	Kansas 2024	U.S. 2024
Health Outcomes							
Length of life							
Premature death (years of potential life lost, per 100,000) ⁽¹⁾					9775	8079	7972
Quality of life							
% Reporting poor or fair health, adults ⁽¹⁾		18	20	15	18	14	14
Average number of poor physical health days, adults ⁽¹⁾		4	4	3	3.8	3.2	3.3
Average number of poor mental health days, adults ⁽¹⁾		5	5	5	5.1	5.0	4.8
% Low birthweight, <2,500 grams	6.2	6.9	5.9	5.9	6	7	8
Health Factors							
Health Behaviors							
% Smokers, adults ⁽¹⁾		22	21	22	22	16	15
% Obese, adults age 20 and older ⁽¹⁾			38	37	41	37	34
Food environment index, 0 (worst) to 10 (best)	7.4	7.4	7.1	7.3	7.2	7.1	7.7
% Physically inactive, adults age 20 and older ⁽¹⁾			33	26	30	23	23
% Access to exercise opportunities ⁽¹⁾				70	70	80	84
% Excessive drinking, adults ⁽¹⁾		18	18	20	17	20	18
% Driving deaths with alcohol-involvement	9	18	17	17	8	20	26
Sexually transmitted infection rate, per 100,000 population	215	304	184	202	318.9	506.1	495.5
Teen birth rate, per 1,000 females age 15-19 ⁽¹⁾					25	19	17
Clinical Care							
% Uninsured, population under age 65	14	13	15	14	14	11	10
Primary care physicians rate, per 100,000 population	54	54	55	56	56	78	75
Dentists rate, per 100,000 population	73	74	75	75	75	63	74
Mental health providers rate, per 100,000 population	18	37	56	56	38	237	314
Preventable hospital stays rate, per 100,000 Medicare enrollees	5034	7139	5770	3661	3862	2576	2681
% Mammography screening, Medicare females age 65-74	33	33	37	29	42	48	43
% Flu vaccinations, Medicare enrollees	28	30	31	33	31	47	46
Social & Economic Factors							
% High school completion, adults age 25 and older ⁽²⁾		90	91	89	90	92	89
% With some college, adults age 25-44	54	52	53	49	60	71	68
% Unemployed, population age 16 and older	2.9	2.5	4.4	2.6	2.1	2.7	3.7
% Children in poverty	20	20	18	23	18	14	16
Income inequality ratio, 80th to 20th percentile	4.3	3.8	3.5	4.1	4.2	4.4	4.9
% Children in single-parent households	28	21	24	23	22	21	25
Membership associations rate, per 10,000 population	25	27.2	27.6	24.4	24.4	13.2	9.1
Injury death rate, per 100,000 population ⁽¹⁾					125	82	80
Physical Environment							
Average daily density of fine particulate matter ⁽³⁾	8.5	7.2	8	7.6	7.6	6.7	7.4
Drinking water violations?	No	No	No	No	Yes		
% Households with severe housing problems	11	11	11	11	10	12	17
% Driving alone to work	81	83	82	80	81	78	72
% Long commute - driving alone	20	21	23	23	20	22	36

Empty cells: Shaded cells indicate measures were omitted due to methodology change⁽¹⁾, new additions⁽²⁾, or are unavailable due to low reliability.

⁽³⁾Source data have not been updated since the 2023 County Health Rankings Release.

2024

Harper County

The annual *County Health Rankings & Roadmaps* data release provides a snapshot of the health of each county in two summaries: **Health Factors** (which measure issues that can shape the health outcomes) and **Health Outcomes** (which measure length and quality of life). Each county is placed on a continuum from least healthy to healthiest in the nation and categorized into a group of counties with similar Health Outcomes or Health Factors. The following tables illustrate the “drivers” for health of this county.

What do these drivers mean?

The drivers indicate the measures with the greatest impact on the health of the county. Drivers labeled with a green plus sign are measures on which the county performed particularly well compared to all counties nationwide. Those labeled with a red minus sign are measures which could be improved and may warrant additional attention.

Health Factors: Drivers with the greatest impact on health, Harper County, KS - 2024

	Measure	Description	Factor Category	County Value	U.S. Value	Direction of Impact
1	Unemployment	Percentage of population ages 16 and older unemployed but seeking work.	Social and Economic Environment	2.1%	3.7%	+
2	Adult Smoking	Percentage of adults who are current smokers (age-adjusted).	Health Behaviors	22%	15%	-
3	Social Associations	Number of membership associations per 10,000 population.	Social and Economic Environment	24.4	9.1	+
4	Injury Deaths	Number of deaths due to injury per 100,000 population.	Social and Economic Environment	125	80	-
5	Preventable Hospital Stays	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.	Clinical Care	3862	2681	-

Health Outcomes: Drivers with the greatest impact on health, Harper County, KS - 2024

	Measure	Description	Factor Category	County Value	U.S. Value	Direction of Impact
1	Low Birthweight	Percentage of live births with low birthweight (< 2,500 grams).	Quality of Life	6%	8%	+
2	Premature Death	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	Length of Life	9775	7972	+
3	Poor Physical Health Days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	Quality of Life	3.8	3.3	+
4	Poor Mental Health Days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	Quality of Life	5.1	4.8	+
5	Poor or Fair Health	Percentage of adults reporting fair or poor health (age-adjusted).	Quality of Life	18%	14%	+

N/A: Not applicable due to insufficient data.

+ Green Plus: Measure with a positive impact on a county’s health grouping.

- Red Minus: Measure with a negative impact on a county’s health grouping.

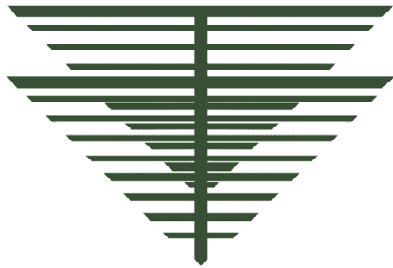
Technical Note: The U.S. values are provided as a point of reference. However, the drivers and direction of impact are determined by using the county value and the average across counties in the U.S. and then applying measure weights. Drivers are provided in order of impact on health for this year. Values have been rounded according to how they are presented on the County Health Rankings and Roadmaps website. For more information on the derivation of health groups, please visit: bit.ly/2024CHRzScores. For more information on data sources, year(s) of data and weights for measures, please visit bit.ly/2024CHRmeasures.



CONTINUE THE JOURNEY
**Explore resources and strategies
 to move with data to action.**



SCAN FOR MORE INFORMATION



VVV Consultants LLC



VVV Consultants LLC

Vince Vandelaar, MBA

Principal & Adjunct Professor

VVV@VandelaarMarketing.com

Olivia Hewitt, BS

Associate

OGH@VandelaarMarketing.com

Cassandra Kahl, BHS MHA

Director, Project Management

CJK@VandelaarMarketing.com

HQ Office:

601 N Mahaffie, Olathe, KS 66061

(913) 302-7264

<http://vandelaarmarketing.com/>

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