



Community Health Needs Assessment

Harper County, KS

On Behalf of Patterson Health Center



August 2021

VVV Consultants LLC
Olathe, KS

Community Health Needs Assessment

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I. Executive Summary

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I. Executive Summary

Patterson Health Center – Harper County, KS - 2021 Community Health Needs Assessment (CHNA)

The previous CHNA for Patterson Health Center was completed in 2018. (Note: The Patient Protection and Affordable Care Act (ACA) require not-for-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). Wave #4 Harper County, KS CHNA assessment began December 2020 and was facilitated / created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandehaar, 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 and providers, along with the residents, to research and prioritize county health needs and document community health delivery success. This health assessment will serve as the foundation for community health improvement efforts for the next three years. **Important community CHNA Benefits** for both the local hospital and the health department, are as follows: 1.) Increases knowledge of community health needs and resources 2.) Creates common understanding of the priorities of the community's health needs 3.) Enhances relationships and mutual understanding between and among stakeholders 4.) Provides a basis upon which community stakeholders can make decisions about how they can contribute to improving the health of the community 5.) Provides rationale for current and potential funders to support efforts to improve the health of the community 6.) Creates opportunities for collaboration in delivery of services to the community and 7.) Provides guidance to the hospital and local health department for how they can align their services and community benefit programs to best meet needs, and 8.) fulfills Hospital "Mission" to deliver.

County Health Area of Future Focus on Unmet Needs

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

Harper County, KS				
2021 CHNA Priorities - Unmet Needs				
CHNA Wave #4 Town Hall - June 15, 2021				
Patterson Health Center Primary Service Area (30 Attendees, 109 Total Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Drug / Alcohol Abuse	20	18.3%	18%
2	EMS	17	15.6%	34%
3	Mental Health (Diagnosis, Placement, Aftercare, Providers)	16	14.7%	49%
4	Awareness of HC Services	15	13.8%	62%
5	Home Health	6	5.5%	68%
6	Lack of Community Involvement	5	4.6%	72%
7	Quality Housing	5	4.6%	77%
8	Utilization of Former Hospital Facilities	5	4.6%	82%
Total Votes		109	100%	
Other unmet needs receiving votes: Lack of Adult Education Center, Long Term Care Staffing/Training, Urgent Care /Walk-In Clinic, Child Care, Economic Development, Access to Primary, Afford HC Insurance, Centralize Wellness Center, Dispatcher Staffing, Domestic Violence, Health Wellness Education and Hospice.				

Town Hall CHNA Findings: Areas of Strengths

Harper Co. (KS) - "Community Health Strengths"			
#	Topic	#	Topic
1	Health Department	6	Kansas State Extension Program
2	Quality Providers (Including Specialty)	7	Community Collaboration (School, Hospital, & DOH)
3	School System	8	Caring & Compassionate Community
4	State of the Art Hospital	9	Involvement of the Core Community Group
5	Scope of Services Provided	10	Churches (Resource)

Key CHNA Wave #4 Secondary Research Conclusions found:

KANSAS HEALTH RANKINGS: According to the 2020 Robert Wood Johnson County Health Rankings, Harper County, KS Average was ranked 99th in Health Outcomes, 89th in Health Factors, and 54th in Physical Environmental Quality out of the 105 Counties.

TAB 1. Harper County's population is 5,436 (based on 2019), with a population per square mile of approximately 7.5 persons. Roughly six percent (6.4%) of the population is under the age of 5, while the population that is over 65 years old is 23.5%. As of 2019, Hispanic / Latinos make up 6.2% of the population and 5.5% of citizens that speak a language other than English in their home. Children in single parent households make up a total of 21.3% compared to the rural norm of 19.5%, and 89.1% are living in the same house as one year ago.

TAB 2. In Harper County, the average per capita income is \$30,974 while 14.2% of the population is in poverty. The severe housing problem was recorded at 11.0% compared to the rural norm of 10.4%. Food insecurity is 13.7%, and limited access to healthy foods (store) is 8.5%.

TAB 3. Children eligible for a free or reduced-price lunch in Harper County is 61.2%. Roughly ninety-two percent (92.2%) of students graduated high school in compared to the rural norm of 91.3% and 30.9% have a bachelor's degree or higher.

TAB 4. The percent of births where prenatal care started in the first trimester is 82.4% and 6.3% of births in Harper County have a low birth weight. Continually, 58.4% (compared to 72.9% rural norm) of infants up to 24 months are receiving full immunization. The percent of mothers who were reported as smoking during pregnancy is 16.1%.

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 1,835 residents. The percentage of patients who gave their hospital a rating of 9 or 10 out of 10 is only 66.0%, while 71.0% of patients reported Yes, They Would Definitely Recommend the Hospital. The average (median) time patients spend in the emergency department before leaving was 93 minutes compared to the rural norm of 86.5 minutes.

TAB 6. In Harper County, 15.3% of the Medicare population has depression. The percent of Medicare Part D beneficiaries receiving an opioid day supply >10 Days is 49.8%. The average mentally unhealthy days last reported (2017) is 4.5 days in a one-week period.

TAB 7a – 7b. Harper County has an obesity percentage of 32.8% as of 2017, and physical inactivity percentage is 28.8%. The percentage of adults who smoke is 21.6%, while the excessive drinking percentage is 17.8% as of 2018. The Medicare hypertension percentage is 48.4%, while their heart failure percentage is 14.5%. The percentage of individuals who were recorded with COPD was 11.2%. Harper County recorded roughly seven percent of those having cancer (7.4%) among their Medicare population and 2.1% of individuals who have had a stroke.

TAB 8. The adult uninsured rate for Harper County is 15.7% (based on 2018) compared to the rural norm of only 13.0%.

TAB 9. The life expectancy rate in Harper County is seventy-four years of age (74.0) for the entire general population in this county. Alcohol-impaired driving deaths for Harper County is at 18.2% while age-adjusted Cancer Mortality rate per 100,000 is 229.5 and the Age-adjusted Heart Disease Mortality rate per 100,000 is at 152.6.

TAB 10. Roughly seventy percent (70.3%) of Harper County has access to exercise opportunities. There are 14.3% of the population with diabetes monitoring. Thirty-three percent (33%) of women in Harper County seek annual mammography screenings (based on 2018).

Key CHNA Wave #4 Primary Research Conclusions found:

Community Feedback from residents, community leaders and providers (N=320) provided the following community insights via an online perception survey:

- Using a Likert scale, 64.2% of Harper County stakeholders would rate the overall quality of healthcare delivery in their community as either Very Good or Good.
- Harper County stakeholders are satisfied with some of the following services: Pharmacy, Public Health, School Health, and Outpatient Services.
- When considering past CHNA needs, the following topics came up as the most pressing: Drug / Substance Abuse, Access to Mental Health Services, EMS Services, Obesity, Affordable Health Insurance, Alcohol Abuse, Access to Specialists, Awareness of Health Services, Child Care, and Family Support / Assistance.

Harper Co. KS - CHNA Wave #4		Ongoing Problem			Pressing
Past CHNAs Unmet Needs identified		Harper Co. (N=320)		Trend	Harper Co
Rank	Ongoing Problem	Votes	%		RANK
1	Drug/Substance Abuse	100	9.7%		1
2	Access to Mental Health Services	96	9.3%		2
3	EMS Services	96	9.3%		3
4	Obesity	75	7.3%		6
5	Affordable Health Insurance	73	7.1%		4
6	Alcohol Abuse	71	6.9%		9
7	Access to Specialists	66	6.4%		5
8	Awareness of Health Services	62	6.0%		8
9	Child Care	58	5.6%		7
10	Family Support/Assistance	55	5.3%		10
11	Exercise/Fitness	50	4.8%		14
12	Nutrition - Healthy Food Options	49	4.7%		16
13	Training for EMT/Dispatch	49	4.7%		11
14	Chronic Health	48	4.6%		12
15	Health/Wellness Education	47	4.5%		13
16	Tobacco Prevention	39	3.8%		15
	TOTALS	1034			

II. Methodology

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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.).

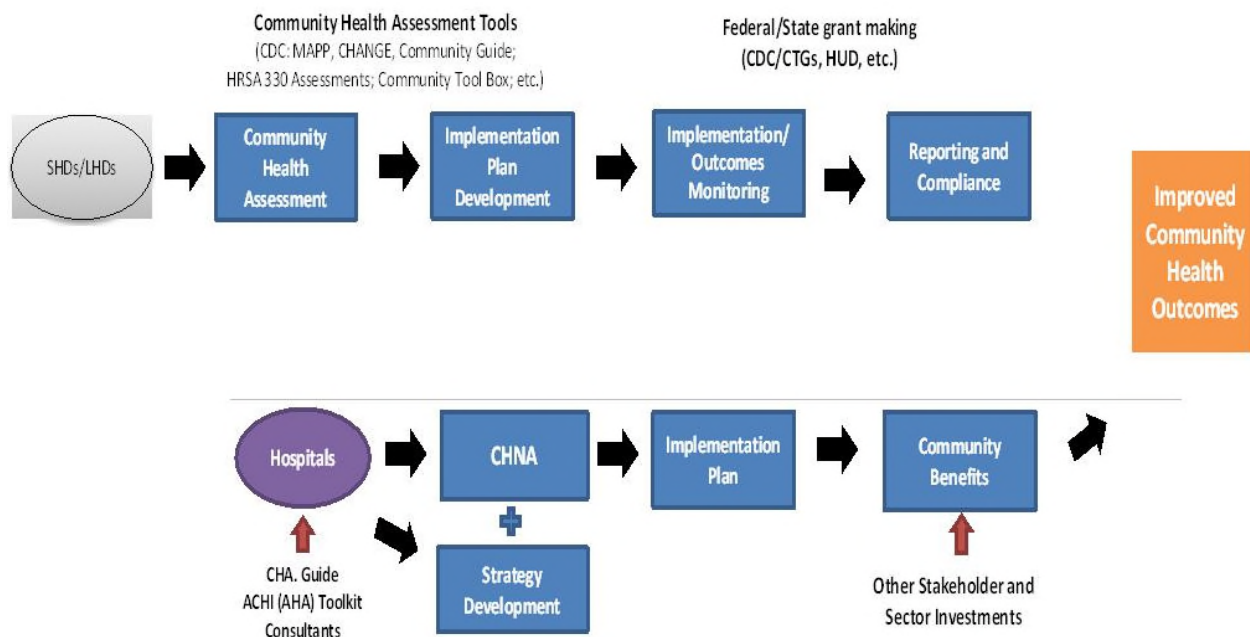
JOB #2: Making a CHNA Widely Available to the Public

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(c)(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):

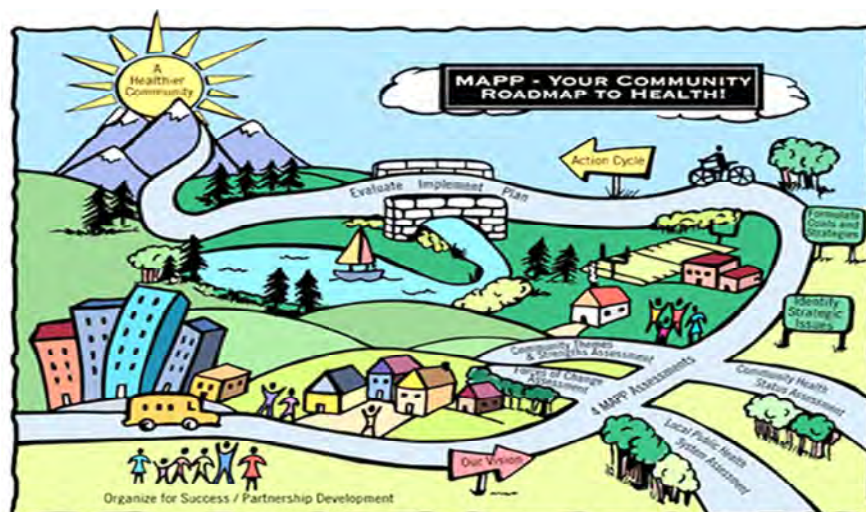
1. Pre-Application
2. Application
3. Document Selection and Submission
4. Site Visit
5. Accreditation Decision
6. Reports
7. Reaccreditation

MAPP Process Overview

Mobilizing for Action through Planning and Partnerships (MAPP) is a flexible strategic planning tool for improving the health and quality of life for the community. Like most strategic planning, MAPP involves organizing partners, creating a vision and shared values, collecting data, identifying areas for improvement, and developing goals and strategies to address them. Through collaboration with partners and the community, MAPP allows us to focus our efforts and work on issues to strengthen the local public health system.

The MAPP process includes the following six phases. It's important to note that MAPP has no set end point and will continue throughout the life cycle of the Community Health Improvement Plan (CHIP).

1. In this first phase, **Organize for Success/Partnership Development**, various sectors of the community with established relationships are reviewed, leading to the identification of areas for partnership development and creation of new relationships to enhance the MAPP process.
2. In the second phase, **Visioning**, a shared community vision and common values for the MAPP process are created.
3. In the third phase, **Four MAPP Assessments**, data is collected from existing and new sources about the health of our community, which results in a Community Health Assessment (CHA).
4. In the fourth phase, **Identify Strategic Issues**, community partners and health professionals select issues based on data collected from the third phase that are critical to the local public health system and align with the vision from the second phase.
5. In the fifth phase, **Formulate Goals and Strategies**, potential ways to address the strategic issues are identified by the community along with the setting of achievable goals. The final result is a Community Health Improvement Plan (CHIP).
6. The sixth and final phase of the MAPP process is the **Action Cycle**, which is where the work happens for meeting the objectives set in the previous phase. Through these collaborative efforts, the health of the community is improved.



Drivers of Health Assessment & Improvement Planning

Different drivers have led health agencies and organizations to institutionalize community health assessment and community health improvement planning in recent years.

National Voluntary Accreditation Requirements

In 2011, the Public Health Accreditation Board (PHAB), in partnership with key public health organizations, launched a new national voluntary accreditation program for state, tribal, local, and territorial health departments. The standards and measures encompass 12 domains of performance and include a comprehensive community health assessment (Domain 1, Standard 1.1) and a community health improvement plan (Domain 5, Standard 5.2). A documented community health assessment and improvement plan are two of the three prerequisites for applying to PHAB. PHAB requires that these processes be conducted collaboratively and that the documents be dated within the last five years. More information is available from [PHABexternal icon](#) and [CDC](#).

CDC Grant Requirements

CDC grants often require or encourage completing a community health assessment or improvement plan. In some cases, these plans provide valuable information for identifying priority health issues or needs. Examples include ; [National Public Health Improvement Initiative \(NPHII\)](#); [Community Transformation Grants or REACH Core](#)

The Public Health Accreditation board defines *community health assessment* as a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The ultimate goal of a community health assessment is to develop strategies to address the community's health needs and identified issues. A variety of tools and processes may be used to conduct a community health assessment; the essential ingredients are community engagement and collaborative participation. Turnock B. *Public Health: What It Is and How It Works*. Jones and Bartlett, 2009, as adapted in [Public Health Accreditation Board Acronyms and Glossary of Terms Version 1.0 Cdc-pdf\[PDF – 536KB\]External](#), July 2011.

The Catholic Health Association defines a *community health needs assessment* as a systematic process involving the community to identify and analyze community health needs and assets in order to prioritize these needs, and to plan and act upon unmet community health needs.” Catholic Health Association, [Guide to Assessing and Addressing Community Health Needs Cdc-pdf\[PDF-1.5MB\]External](#), June 2013.

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 2030external 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.

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: Pat Patton

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 70 unique community CHNA's in KS, MO, IA and NE (references found on our website VandehaarMarketing.com)



Vince Vandehaar, MBA – Principal

VVV Consultants LLC – start 1/1/09 *

- Adjunct Full Professor @ Avila and 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

Cassandra Kahl, BHS – Lead Consultant

VVV Consultants LLC – Nov 2020

- University of Kansas – Health Sciences
 - Park University MHA (May 2021)
- Pharmacy Management (CVS) – 2 ½ years
- 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, and create processes to improve healthcare delivery and uncover strategic "critical success" initiatives.

Our Vision: meeting today's challenges with the voice of the market.

Our Values :

"Community" – Industry engagement...membership AMA KC, ACHE, EPBA, Forum and SHSMD.

"Stewardship" – Fair fees based on client, project scope, turnaround time, etc.

"Integrity" – Trustworthy delivery with numerous client recommendations / endorsements.

"Experience" – Skilled consulting; Marketing careers. We understand business because we have been there!

"Growth" – Process-driven; ongoing innovational delivery.

II. Methodology

c) CHNA and Town Hall Research Process

Wave #4 Community Health Needs Assessment (CHNA) process began in March of 2021 for Patterson Health Center (PHC) located in Harper County, KS to meet Federal IRS CHNA requirements.

In late March 2021, a meeting was called by 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 CFO to request VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

VVV CHNA Deliverables:

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

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

Patterson Health Center - Define PSA					Inpatients			Outpatients		
Source: KHA - FFY 2018-20		32,347	Totals - IP/OP		164	189	232	8,086	9,081	14,595
Patient Zip Code	County	3YR TOT	%	Accum	FFY18	FFY19	FFY20	FFY18	FFY19	FFY20
67003-Anthony, KS	Harper	17,179	53.1%	53.1%	129	128	120	5,598	5,560	5,644
67058-Harper, KS	Harper	5,802	17.9%	71.0%	3	18	52	552	1091	4086
67009-Attica, KS	Harper	2,079	6.4%	77.5%	8	12	15	373	513	1158
67018-Bluff City, KS	Harper	400	1.2%	78.7%	2	5	2	137	116	138
67036-Danville, KS	Harper	263	0.8%	79.5%	0	0	2	13	47	201
67049-Freeport, KS	Harper	205	0.6%	80.2%	1	0	1	52	73	78
67150-Waldron, KS	Harper	156	0.5%	80.6%	1	5	1	56	59	34
© 2021 Hospital Industry Data Institute										

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

Phase I—Discovery:

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

Phase II—Qualify Community Need:

A) Conduct secondary research to uncover the following historical community health status for the primary service area. Use valid health indicator sources cited 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

B) Survey Community Stakeholders to inquire about past CHNA unmet needs and obtain current health delivery trends and document on going health issues.

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

Detail CHNA Development Steps Include:

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

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
Business Quick Facts
Centers for Medicare and Medicaid Services
CMS Hospital Compare, 10/1/2015-9/30/2016
County Health Rankings
Geography Quick Facts
Kansas Health Matters
Kansas Hospital Association (KHA)
People Quick Facts
U.S. Department of Agriculture - Food Environment Atlas
US Centers 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 are 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 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.

Specific Project CHNA roles, responsibility and timelines are documented by the following calendar.

Patterson Health Center			
VVV CHNA Wave #4 Work Plan - Year 2021			
Project Timeline & Roles - Draft as of 2/1/21			
Step	Timeframe	Lead	Task
1	Dec. 2020	VVV / Hosp	Sent Leadership information regarding CHNA Wave #4 for review.
2	12/30/2020	Hosp	Select CHNA Wave #4 Option B. Approve (sign) VVV CHNA quote
3	3/12/2021	VVV	Send out REQCommInvite Excel file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
4	3/12/2021	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)
5	4/1/2021	VVV	Prepare CHNA Wave#4 Stakeholder Feedback "online link". Send link for hospital review.
6	April-May 2021	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	4/1/2021	VVV / Hosp	Prepare/send out PR story / E Mail Request announcing upcoming CHNA work to CEO to review/approve.
8	By 4/15/2021	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	4/19/2021	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. Cut-off 5/21/21 for Online Survey
10	4/22/2021	Hosp	Prepare/send out Community TOWN HALL invite letter and place local AD.
11	4/22/2021	VVV / Hosp	Prepare/send out PR story to local media announcing upcoming Town Hall. VVV will mock-up PR release to media sources.
12	6/14/2021	ALL	Conduct practice conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	6/22/2021	VVV	Conduct CHNA Town Hall. Dinner 5:30-7pm (location TBD) Review & Discuss Basic health data plus RANK Health Needs.
14	On or Before 9/23/2021	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 9/30/2021	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	9/14/2021 (Zoom)	Hosp	Conduct Client Implementation Plan PSA Leadership meeting
17	On or Before 9/30/2021	Hosp	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.

Overview of Town Hall Community Priority Setting Process

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


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

Harper County, KS Town Hall was held on Tuesday June 22nd, 2021, onsite following COVID-19 safety requirements. Vince Vandehaar (MBA) and Cassandra Kahl (MHA) facilitated this 1½ hour session with 43 RSVP's and 30 attendees. (Note: a detail roster of Town Hall attendees is listed in Section V).

The following Town Hall agenda was conducted:

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

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



**Community Health Needs Assessment
Town Hall Meeting – Harper Co. (KS)
on behalf of Patterson Health Center**

VVV Consultants LLC
Olathe, Kansas 66061

VandehaarMarketing.com
913-302-7264

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Safe Table Seating Assignments

Harper County, KS 2021 CHNA Town Hall - 6/22/21

Table	Lead	Last Name	First Name	Organization	Table	Lead	Last Name	First Name	Organization
1	A	Medlund	Britt	Harper Co. TIC Program	25	F	Barwick	Kim	Patterson Health Center
2	A	Lips	Hofmeier	Patterson Health Center	27	F	Carothers	Katie	Patterson Health Center
3	A	Moore	Cheryl	Patterson Health Center	28	F	Low	Kate	Patterson Health Center
4	A	Murphy	Deb	Patterson Health Center	29	F	Prenner	Tim	Harper Industries
5	A	Reed	Cassie	SOUTH CENTRAL DME	30	F	Westerhaver	Mindy	Harper County Core Comm
6	B	Allen	Lori	Patterson Health Center	31	G	Hadball	Martha	Country Living
7	B	Ann	Harrett		32	G	Balmy	Mitra	Patterson Health Center
8	B	Murphy	Douglas		33	G	Gerber	Pam	Harper Co Health Foundation
9	B	Pam	Gerber	Harper County Health Foundation	34	G	Reel	Christy	Harper Co. State Extension
10	B	Tavish	Jill	Harper County Health Foundation	35	G	Patton	Pat	Patterson Health Center
11	C	Struble	Heather	Harper Co Health Dept	36	H	Mangel	Shelly	Harper County
12	C	Cox	Crista	Patterson Health Center	37	H	Albright	Sue	USD 383
13	C	Johnson	Jenny	USD 383	38	H	Harrison	Triffany	City of Harper
14	C	Lee	Hofmeier		39	H	Hickel	Tonya	Patterson Health Center
15	C	Rademik	Heather	Patterson Health Center	40	I	Downing	Virginia	CUCHA
16	D	Rademik	KC	USD 383	41	I	Eck	Laurie	Patterson Health Center
17	D	Harding	Jan	Harper Co. EMS	42	I	Kastens	Marcy	Patterson Health Center
18	D	Kolarik	Jonathan	Patterson Health Center	43	I	Swartz	Tamara	USD 383 Chaparral Schools
19	D	Swartz	Josh	USD 383					
20	D	Wolff	Jennifer	Harper Co Dept on Aging & Trans.					
21	E	Abel	Jillianne	Patterson Health Center					
22	E	Bauer	Kim	Harper Co Health Dept					
23	E	Beale	Barb						
24	E	Watson	Herry	Horizons Mental Health Center					
25	F	Williams	Faye						


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


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

3


I. Introduction: Who We Are
Background and Experience



Vince Vandehaar, MBA – Principal
VVV Consultants LLC – start 1/1/09 *
- Adjunct Full Professor @ Avila and 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



Cassandra Kahl, BHS – Lead Consultant
VVV Consultants LLC – Nov 2020
- University of Kansas – Health Sciences (BHS)
• Park University - MHA
- Pharmacy Management (CVS) – 2 ½ years
- Hometown: Maple, WI



*NOTE: Vince started VVV Consultants LLC on 1/1/2009, after working for Saint Luke's Health System of Kansas City for 16 years. Saint Luke's Hospital of KC, SLHS's largest hospital, won the Malcolm Baldrige National Quality Award in March of 2003.

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Town Hall Participation (You)

- ALL attendees practice "Safe Engagement". We will work together - Table Teams
- ALL attendees welcome to share. Engaging Conversation (No right or wrong answer)
 - Parking Lot
- ALL Take Notes – Important Health Indicators
- Please give truthful responses – Serious Community Conversation. Here to Update Unmet Needs List.
- Have a little fun along the way

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II. Review of a CHNA

- **A Community Health Needs Assessment (CHNA) is a...**
 - 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)

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I. Introductions: A Conversation with the Community & Stakeholders

Community members and organizations invited to CHNA Town Hall

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

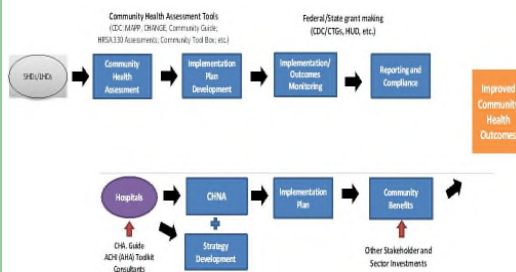
Community leaders and groups: The hospital organization's board members, Local clergy and congregational leaders, Presidents or chairs of civic or service clubs -- Chamber of Commerce, veterans' organizations, Lions, Rotary, etc., Representatives from businesses -- owners/CEO's of large businesses (local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

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

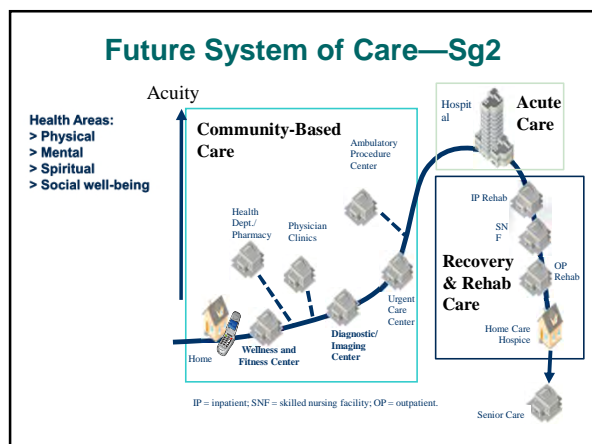
Other providers: Physicians, Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services, Leaders from Catholic Charities and other faith-based service providers, Mental health providers, Oral health providers, Health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

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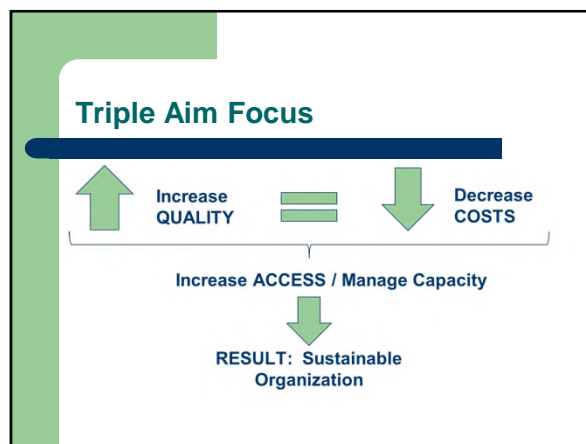
Community Health Needs Assessment Joint Process: Hospital & Local Health Providers



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II. IRS Hospital CHNA Written Report Documentation – 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** and
- A description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA

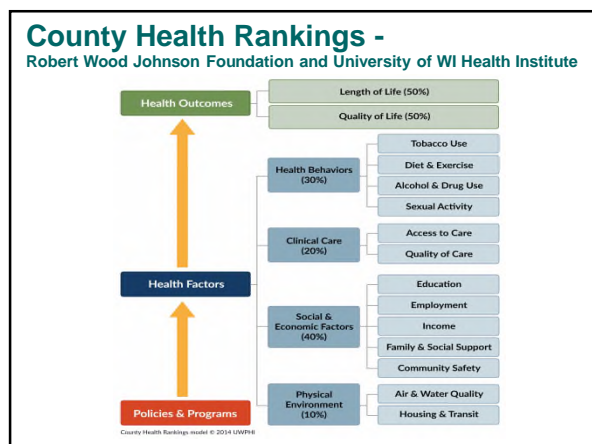
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III. Review Current County Health Status: Secondary Data by 10 Tab Categories & State Rankings

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

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IV. Collect Community Health Perspectives Ask your opinion. Your thoughts?

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

14

"Table Lead" Report Out..
Unmet Needs and Strengths

Harper County, KS 2021 CHNA Town Hall - 6/22/21

Table Lead	Last Name	First Name	Organization	Table Lead	Last Name	First Name	Organization
1. A	Heidland	Beth	Harper Co CDC Program	26. F	Harwick	Kim	Patterson Health Center
2. A	Lois	Hofmeier		27. F	Carothers	Katie	
3. A	Moon	Cheryl	Patterson Health Center	28. F	Cox	Lee	Patterson Health Center
4. A	Murphy	Deb	Patterson Health Center	29. F	Permer	Tim	Harper Industries
5. A	Reed	Cassie	SOUTH CENTRAL ONE	30. F	Hesterhaver	Mindy	Harper County Core Comm
6. B	Allen	Lori	Patterson Health Center	31. G	Hudall	Martha	Country Living
7. B	Fox	Harriett		32. G	Bailey	Mila	Patterson Health Center
8. B	Murphy	Douglas		33. G	Gerber	Pam	Harper Co Health Foundation
9. B	Zinn	Gerber	Harper County Health Foundation	34. G	Reel	Christy	Harper Co & State Extension
10. B	Swish	Hall	Harper County Health Foundation	35. G	Patton	Pat	Patterson Health Center
11. C	Struble	Heather	Harper Co Health Dept	36. H	Hansel	Shelly	Harper County
12. C	Cox	Crissa	Patterson Health Center	37. H	Albright	Susie	USD 363
13. C	Johnson	Jenny	USD 363	38. H	Hartson	Tiffany	City of Harper
14. C	Lee	Hofmeier		39. H	Rebel	Tonya	Patterson Health Center
15. C	Reames	Heather	Patterson Health Center	40. I	Downing	Virginia	SACPH
16. D	Zahradnick	IC	USD 363	41. I	Fox	Laurie	Patterson Health Center
17. D	Harding	Jan	Harper Co. EMS	42. I	Kastens	Marcy	Patterson Health Center
18. D	Kulank	Jonathan	Patterson Health Center	43. I	Swartz	Tamara	USD 363 Chaparral Schools
19. D	Seestre	Josh	USD 363				
20. D	Woolf	Jennifer	Harper Co Dept on Aging & Trans				
21. E	Abel	Julianne	Patterson Health Center				
22. E	Bauer	Kim	Harper Co Health Dept				
23. E	Bellie	Kari					
24. E	Nation	Kerry	Horizons Mental Health Center				
25. E	Williams	Raye					

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Community Health Needs Assessment

Questions? Next Steps?

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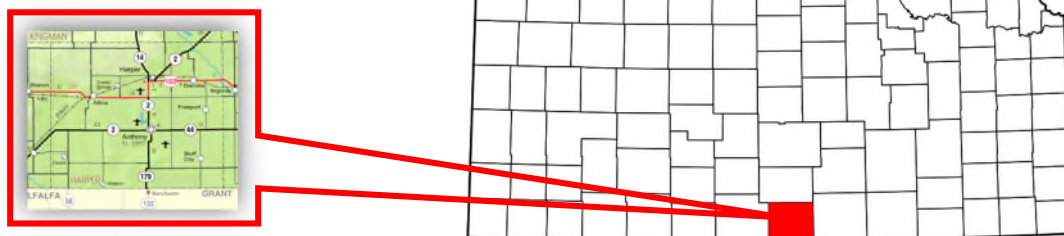
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II. Methodology

d) Community Profile (A Description of Community Served)

Harper County (KS) Community Profile



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

			Population			Households		HH	Per Capita
ZIP	NAME	County	Year 2020	Year 2025	Change	YR 2020	YR 2025	Avg Size 2020	Income 2020
67003	Anthony	Harper	2364	2257	-4.5%	1,020	974	2.3	\$26,667
67009	Attica	Harper	873	841	-3.7%	337	323	2.5	\$24,733
67018	Bluff City	Harper	163	157	-3.7%	72	70	2.3	\$39,799
67036	Danville	Harper	127	121	-4.7%	59	56	2.2	\$33,318
67049	Freeport	Harper	47	45	-4.3%	20	20	2.4	\$31,997
67058	Harper	Harper	1896	1802	-5.0%	790	752	2.4	\$26,423
67150	Waldron	Harper	73	71	-2.7%	40	39	1.8	\$49,110
Totals			5,543	5,294	-4.5%	2,338	2,234	2.2	\$33,150

			Population				Year 2020		Females
ZIP	NAME	County	Year 2020	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
67003	Anthony	Harper	2364	602	663	256	1,160	1,204	247
67009	Attica	Harper	873	254	248	86	432	441	86
67018	Bluff City	Harper	163	49	38	14	84	79	11
67036	Danville	Harper	127	29	32	10	64	63	8
67049	Freeport	Harper	47	11	12	4	24	23	4
67058	Harper	Harper	1896	450	528	222	972	924	180
67150	Waldron	Harper	73	22	17	6	39	34	5
Totals			5,543	1,417	1,538	598	2,775	2,768	541

			Population 2020				Average Households 2020		
ZIP	NAME	County	Caucasian	African Amer.	Amer Ind.	Hispanic	HH Inc	HH	HH \$50K+
67003	Anthony	Harper	2,156	17	38	125	\$48,774	1020	489
67009	Attica	Harper	821	7	12	45	\$50,353	337	167
67018	Bluff City	Harper	155	0	0	6	\$60,378	72	42
67036	Danville	Harper	123	0	1	3	\$45,036	59	26
67049	Freeport	Harper	46	0	0	1	\$45,923	20	10
67058	Harper	Harper	1,725	6	25	206	\$48,777	790	376
67150	Waldron	Harper	70	0	0	3	\$58,450	40	24
Totals			5,096	30	76	389	\$51,099	2,338	1,134

Source: ERSA Demographics

III. Community Health Status

[VVV Consultants LLC]

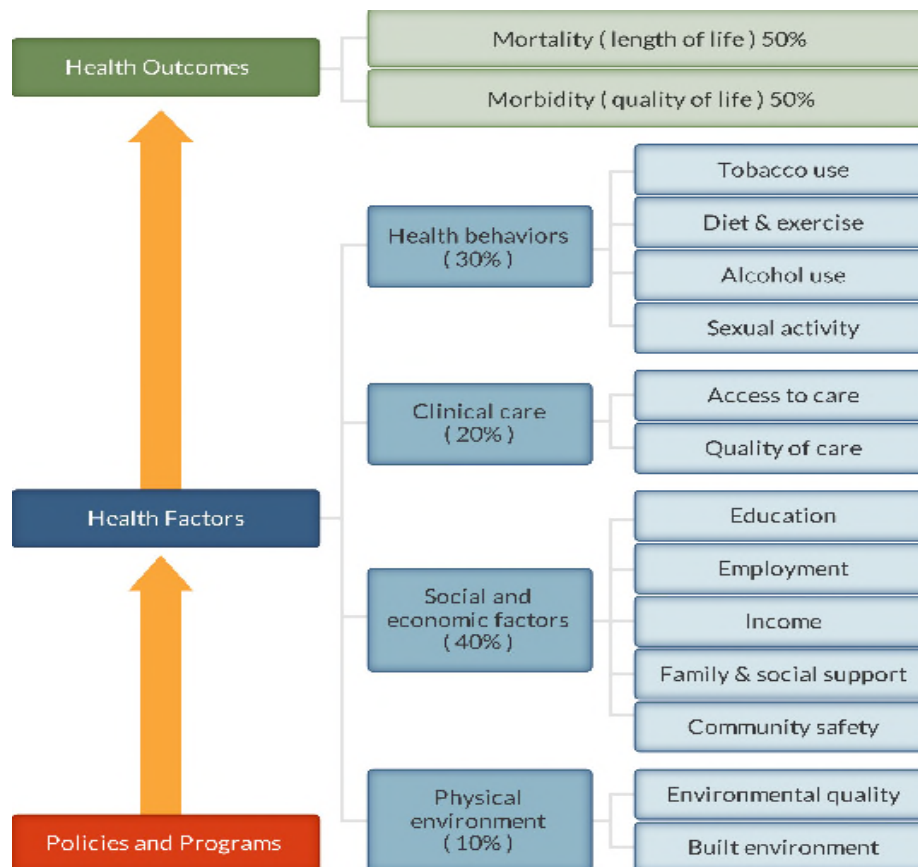
III. Community Health Status

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 participants. Each table published reflects a Trend column, with GREEN denoting growing/high performance indicators, YELLOW denoting minimal change/average performance indicators and RED denoting declining/low performance indicators.

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



County Health Rankings model ©2012 UWPHI

National Research – Year 2020 RWJ Health Rankings:

County Health Rankings 2021 - RWJ Univ of WI					
#	KS Rankings - 105 Counties	Definitions	Harper Co. (KS)	TREND	SCKS RURAL NORM (N=16)
1	Health Outcomes		99		64
2	Mortality	Length of Life	101		55
3	Morbidity	Quality of Life	69		55
4	Health Factors		89		54
5	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	71		46
6	Clinical Care	Access to care / Quality of Care	96		66
7	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	79		54
8	Physical Environment	Environmental quality	54		42
SC KS Rural Norm (N=16) includes the following counties: Barber, Clark, Comanche, Cowley, Edwards, Ford, Gray, Harper, Haskell, Hodgeman, Kindgman, Kiowa, Meade, Pratt, Seward, Sumner					
http://www.countyhealthrankings.org , released 2021					

PSA Secondary Research:

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

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.

Tab	Demographic - Health Indicators	Harper Co. (KS)	Trend	State of KS	SCKS Rural Norm (N=16)	Source
1	a Population estimates, July 1, 2019, (V2019)	5,436		2,913,314	10,233	People Quick Facts
	b Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	-9.9%		2.1%	-6.6%	People Quick Facts
	c Population per square mile, 2010 (V2019)	7.5		34.9	11.7	Geography Quick Facts
	d Persons under 5 years, percent, 2019, (V2019)	6.4%		6.4%	6.5%	People Quick Facts
	e Persons 65 years and over, percent, 2019, (V2019)	23.5%		16.3%	19.7%	People Quick Facts
	f Female persons, percent, 2019, (V2019)	50.0%		50.2%	49.6%	People Quick Facts
	g White alone, percent, 2019, (V2019)	94.9%		86.3%	93.7%	People Quick Facts
	h Black or African American alone, percent, 2019, (V2019)	0.7%		6.1%	1.5%	People Quick Facts
	i Hispanic or Latino, percent, 2019, (V2019)	6.2%		12.2%	17.3%	People Quick Facts
	j Language other than English spoken at home, percent of persons age 5 years+, 2015-2019	5.5%		11.9%	16.6%	People Quick Facts
	k Living in same house 1 year ago, percent of persons age 1 year+, 2011-2015	89.1%		83.8%	88.5%	People Quick Facts
	l Children in single-parent households, percent, 2015-2019 (2021)	21.3%		29.0%	19.5%	County Health Rankings
	m Total Veterans, 2015-2019	403		176,444	514	People Quick Facts

Tab 2: Economic Profile

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

Tab	Economic - Health Indicators	Harper Co. (KS)	Trend	State of KS	SCKS Rural Norm (N=16)	Source
2	a Per capita income in past 12 months (in 2019 dollars), 2015-2019	\$30,974		\$31,814	\$27,368	People Quick Facts
	b Persons in poverty, percent	14.2%		11.4%	11.8%	People Quick Facts
	c Total Housing units, July 1, 2019, (V2019)	3,160		1,288,401	4,636	People Quick Facts
	d Total Persons per household, 2015-2019	2.4		2.5	2.4	People Quick Facts
	e Severe housing problems, percent, 2013-2017 (2021)	11.0%		13.0%	10.4%	County Health Rankings
	f Total of All firms, 2012 (2021)	905		239,118	944	Business Quick Facts
	g Unemployment, percent, 2019 (2021)	2.5%		3.4%	2.6%	County Health Rankings
	h Food insecurity, percent, 2018 (2021)	13.7%		13.0%	11.1%	County Health Rankings
	i Limited access to healthy foods, percent, 2015 (2021)	8.5%		8.0%	13.6%	County Health Rankings
	j Long commute - driving alone, percent, 2015-2019 (2021)	21.4%		21.0%	21.3%	County Health Rankings

Tab 3: Educational Profile

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

Tab		Educative - Health Indicator	Harper Co. (KS)	Trend	State of KS	SCKS Rural Norm (N=16)	Source
3	a	Children eligible for free or reduced price lunch, percent, 2018-2019 (2021)	61.2%		48.0%	52.8%	County Health Rankings
	b	High school graduate or higher, percent of persons age 25 years+, 2015-2019	92.2%		91.0%	91.3%	People Quick Facts
	c	Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	30.9%		33.4%	23.1%	People Quick Facts

#	School Health Indicators	2021 Anthony-Harper School District 361	2018 Anthony-Harper School District 361	2015 Anthony-Harper School District 361
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	600 / 58 / NA	696 / 58 / NA	855/235/147
5	HEARING: # Screened / Referred to Prof / Seen by Professional	600 / 24 / NA	560 / 10 / NA	855/23/9
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	510 / 19 / NA	623 / 40 / NA	70/?/?
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	140 / NA / NA	160 / NA / NA	246/?/?
8	# of Students served with no identified chronic health concerns	606	805	855
9	School has a suicide prevention program	Yes	Yes	yes
10	Compliance on required vaccinations (%)	80%	95%	96%

Tab 4: Maternal / Infant Profile

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

Tab		Maternal/Infant - Health Indicators	Harper Co. (KS)	Trend	State of KS	SCKS Rural Norm (N=16)	Source
4	a	Percent of Births Where Prenatal Care began in First Trimester, 2017-2019 (2021)	82.4%		81.0%	77.7%	Kansas Health Matters
	b	Percentage of Premature Births, 2017-2019 (2021)	8.3%		9.1%	8.8%	Kansas Health Matters
	c	Percent of Infants up to 24 months that received full Immunizations, 2017-2018 (2021)	58.4%		69.2%	72.9%	Kansas Health Matters
	d	Percent of Births with Low Birth Weight, 2017-2019 (2021)	6.3%		7.3%	6.8%	Kansas Health Matters
	e	Percent of WIC Mothers Breastfeeding Exclusively, percent, 2018 (2021)	NA		14.1%	17.3%	Kansas Health Matters
	f	Percent of all Births Occurring to Teens (15-19), 2017-2019 (2021)	6.8%		5.5%	6.3%	Kansas Health Matters
	g	Percent of births Where Mother Smoked During Pregnancy, 2017-2019 (2021)	16.1%		10.0%	10.4%	Kansas Health Matters

Tab 4: Maternal / Infant Profile (Continued)

#	Criteria - Vital Statistics	Harper Co. (KS)	Trend	Kansas	SC KS Norm (N=16)
a	Total Live Births, 2015	80		39,126	158
b	Total Live Births, 2016	65		38,048	148
c	Total Live Births, 2017	64		36,464	142
d	Total Live Births, 2018	69		36,268	140
e	Total Live Births, 2019	72		35,395	142
f	Total Live Births, 2015-2019 - 5 year Rate (%)	12.5%		12.7%	12.6%

Tab 5: Hospitalization and Provider Profile

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

Tab		Hospital/Provider - Health Indicator	Harper Co. (KS)	Trend	State of KS	SCKS Rural Norm (N=16)	Source
5	a	Primary care physicians (Pop Coverage per) (No extenders incl.) , 2018 (2021)	1835:1		1295:1	2804:1	County Health Rankings
	b	Preventable hospital rate per 100,000, 2018 (2021) (lower the better)	7,139		4024	4,082	County Health Rankings
	c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	66.0%		78.0%	78.7%	CMS Hospital Compare, Latest Release
	d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	71.0%		78.0%	80.2%	CMS Hospital Compare, Latest Release
	e	Average (Median) time patients spent in the emergency department, before leaving from the visit (mins)	93		112.0	86.5	CMS Hospital Compare, Latest Release

#	KS Hospital Assoc PO103	Harper County KS IP		
		FFY2018	FFY2019	FFY2020
1	Total Discharges	736	759	695
2	Total IP Discharges-Age 0-17 Ped	27	32	21
3	Total IP Discharges-Age 18-44	54	47	61
4	Total IP Discharges-Age 45-64	133	144	129
5	Total IP Discharges-Age 65-74	134	162	139
6	Total IP Discharges-Age 75+	229	205	190
7	Psychiatric	41	31	34
8	Obstetric	65	73	67
#	KS Hospital Assoc PO103	Patterson Med Center IP only		
		FFY2018	FFY2019	FFY2020
1	Total Discharges	144	154	167
	IP Market Share - Harper Co	19.6%	20.3%	24.0%
2	Total IP Discharges-Age 0-17 Ped	2	4	2
3	Total IP Discharges-Age 18-44	11	7	12
4	Total IP Discharges-Age 45-64	24	30	28
5	Total IP Discharges-Age 65-74	47	42	44
6	Total IP Discharges-Age 75+	58	70	81
#	Kansas Hospital Assoc OP TOT223E	FFY2018	FFY2019	FFY2020
1	Patterson ER Visits -Harper Co only	76.4%	67.7%	85.8%
2	Patterson OPS Visits -Harper Co only	29.8%	26.6%	14.8%
3	Patterson TOT OP Visits -Harper Co only	47.2%	59.5%	86.6%

Tab 6: Behavioral / Mental Profile

Behavioral healthcare provides another important indicator of community health status.

Tab		Mental - Health Indicator	Harper Co. (KS)	Trend	State of KS	SCKS Rural Norm (N=16)	Source
6	a	Depression: Medicare Population, percent, 2018 (2021)	15.3%		18.9%	18.7%	Kansas Health Matters
	b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2017-2019 (lower is better)	46.2		17.6	18.6	Kansas Health Matters
	c	Mental Behavioral Hospital Admission Rates per 100,000, 2017-2019	80.8		75.1	52.2	Kansas Health Matters
	k	Percent of Medicare Part D Beneficiaries Receiving Opioids Supply >10 Days 2017 (2021)	49.8%		37.8%	49.0%	Kansas Health Matters
	d	Average Number of mentally unhealthy days, 2018 (2021)	4.5		3.7	4.4	County Health Rankings

Tab 7a: Risk Indicators & Factors Profile

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

Tab		High-Risk - Health Indicator	Harper Co. (KS)	Trend	State of KS	SCKS Rural Norm (N=16)	Source
7a	a	Adult obesity, percent, 2017 (2021)	32.8%		33.0%	34.4%	County Health Rankings
	b	Adult smoking, percent, 2018 (2021)	21.6%		17.0%	20.1%	County Health Rankings
	c	Excessive drinking, percent, 2018 (2021)	17.8%		19.0%	18.0%	County Health Rankings
	d	Physical inactivity, percent, 2017 (2021)	28.8%		25.0%	27.6%	County Health Rankings
	e	# of Physically unhealthy days, 2015	3.6		3.6	3.5	County Health Rankings
	f	Sexually transmitted infections (chlamydia), rate per 100,000 - 2018 (2021)	17.0		13,554	49.8	County Health Rankings

Tab 7b: Chronic Risk Profile

Tab	Chronic - Health Indicator	Harper Co. (KS)	Trend	State of KS	SCKS Rural Norm (N=16)	Source
7b	a Hypertension: Medicare Population, 2018 (2021)	48.4%		55.2%	55.7%	Kansas Health Matters
	b Hyperlipidemia: Medicare Population, 2018 (2021)	34.9%		37.1%	39.0%	Kansas Health Matters
	c Heart Failure: Medicare Population, 2018 (2021)	14.5%		13.4%	16.4%	Kansas Health Matters
	d Chronic Kidney Disease: Medicare Pop, 2018 (2021)	22.6%		21.8%	22.2%	Kansas Health Matters
	e COPD: Medicare Population, 2018 (2021)	11.2%		11.9%	11.8%	Kansas Health Matters
	f Atrial Fibrillation: Medicare Population, 2018 (2021)	8.6%		8.8%	8.6%	Kansas Health Matters
	g Cancer: Medicare Population, 2018 (2021)	7.4%		8.1%	7.4%	Kansas Health Matters
	h Osteoporosis: Medicare Population, 2018 (2021)	5.9%		6.1%	6.6%	Kansas Health Matters
	i Asthma: Medicare Population, 2018 (2021)	1.6%		4.3%	3.0%	Kansas Health Matters
	j Stroke: Medicare Population, 2018 (2021)	2.1%		3.1%	4.0%	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.

Tab	Coverage - Health Indicator	Harper Co. (KS)	Trend	State of KS	SCKS Rural Norm (N=16)	Source
8	a Uninsured, percent, 2018 (2021)	15.7%		10.0%	13.0%	County Health Rankings

Source: Internal Hospital Records				
#	Hospital District #6 - Harper Co KS	YR 2018	YR 2019	YR 2020
1	Charity Care .. Free Care given **	\$65,818	\$113,001	\$100,071
2	Bad Debt.. Insurance Writeoff / Cant' Pay Bill	\$679,349	\$607,312	\$590,267

Tab 9: Mortality Profile

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

Tab		Mortality - Health Indicator	Harper Co. (KS)	Trend	State of KS	SCKS Rural Norm (N=16)	Source
9	a	Life Expectancy, 2017 - 2019 (2021)	74.0		78.5	75.6	Kansas Health Matters
	b	Age-adjusted Cancer Mortality Rate per 100,000 population, 2017-2019 (lower is better)	229.5		155.3	148.4	Kansas Health Matters
	c	Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2017-2019 (lower is better)	152.6		156.7	162.0	Kansas Health Matters
	d	Age-adjusted Chronic Lower Respiratory Disease Mortality Rate per 100,000, 2017-2019 (Lower is better)	109.9		49.9	59.3	Kansas Health Matters
	e	Alcohol-impaired driving deaths, percent, 2015-2019 (2021)	18.2%		21.9%	14.3%	County Health Rankings
	f	Total # Deaths involving COVID-19 if released, 2021	16.0		3575	10.4	NY Times

Causes of Death by County of Residence, KS 2020	Harper Co. (KS)	%	Trend	Kansas	%
TOTAL	96			27,312	
Hypertensive Renal Disease	18	18.8%		3,603	13.2%
Heart disease	17	17.7%		5,520	20.2%
Residual Infections and Parasitic Diseases	13	13.5%		514	1.9%
Cancer	12	12.5%		5,537	20.3%
Other causes	11	11.5%		6,058	22.2%
Suicide	9	9.4%		3,085	11.3%
Chronic liver disease and cirrhosis	8	8.3%		398	1.5%
Chronic lower respiratory diseases	8	8.3%		1,774	6.5%
Pregnancy complications	7	7.3%		49	0.2%

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.

Tab		Preventative - Health Indicator	Harper Co. (KS)	Trend	State of KS	SCKS Rural Norm (N=16)	Source
10	a	Access to exercise opportunities, percent, 2019 (2021)	70.3%		76.0%	58.7%	County Health Rankings
	b	Adults with diabetes, monitoring, percent, 2017 (2021)	14.3%		86.0%	11.8%	County Health Rankings
	c	Mammography annual screening, percent, 2018 (2021)	33.0%		63.0%	35.6%	County Health Rankings
	d	Percent Annual Check-Up Visit with PCP	TBD		TBD	TBD	TBD
	e	Percent Annual Check-Up Visit with Dentist	TBD		TBD	TBD	TBD
	f	Percent Annual Check-Up Visit with Eye Doctor	TBD		TBD	TBD	TBD

PSA Primary Research:

For each CHNA Wave # 4 evaluation, a community stakeholder survey has been created and administered to collect “current” healthcare information for Harper Co. KS.

Chart #1 – Harper County, KS Online Feedback Response (N=320)

Harper Co. KS - CHNA Wave #4			
For reporting purposes, are you involved in or are you a ...?	Harper Co. (N=320)	Trend	2021 Norms N=2981
Business / Merchant	17.4%		11.4%
Community Board Member	13.4%		8.8%
Case Manager / Discharge Planner	0.0%		0.6%
Clergy	2.7%		1.3%
College / University	3.4%		4.8%
Consumer Advocate	4.0%		1.8%
Dentist / Eye Doctor / Chiropractor	1.3%		0.6%
Elected Official - City/County	6.7%		3.0%
EMS / Emergency	2.7%		2.7%
Farmer / Rancher	16.1%		9.0%
Hospital / Health Dept	21.5%		22.6%
Housing / Builder	0.7%		0.9%
Insurance	2.7%		1.2%
Labor	5.4%		3.0%
Law Enforcement	2.7%		1.0%
Mental Health	2.0%		1.5%
Other Health Professional	8.7%		12.6%
Parent / Caregiver	34.2%		21.3%
Pharmacy / Clinic	4.0%		2.3%
Media (Paper/TV/Radio)	0.7%		0.4%
Senior Care	6.0%		4.4%
Teacher / School Admin	22.1%		11.4%
Veteran	4.7%		3.5%
Other (please specify)	5.4%		9.6%
TOTAL	179		1862
Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Linn, Harper			

Chart #2 - Quality of Healthcare Delivery Community Rating

Harper Co. KS - CHNA Wave #4			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Harper Co. (N=320)	Trend	2021 Norms N=2981
Top Box %	23.0%		31.5%
Top 2 Boxes %	64.2%		75.2%
Very Good	23.0%		31.5%
Good	41.2%		43.7%
Average	25.8%		19.8%
Poor	7.9%		3.9%
Very Poor	2.2%		1.2%
Valid N	318		2,968
Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Linn, Harper			

Chart #3 – Overall Community Health Quality Trend

Harper Co. KS - CHNA Wave #4			
When considering "overall community health quality", is it...	Harper Co. (N=320)	Trend	2021 Norms N=2981
Increasing - moving up	44.2%		47.9%
Not really changing much	46.4%		45.0%
Decreasing - slipping	9.4%		7.1%
Valid N	276		2641
Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Linn, Harper			

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

Harper Co. KS - CHNA Wave #4		Ongoing Problem		Pressing
Past CHNAs Unmet Needs identified		Harper Co. (N=320)		Harper Co
Rank	Ongoing Problem	Votes	%	RANK
1	Drug/Substance Abuse	100	9.7%	1
2	Access to Mental Health Services	96	9.3%	2
3	EMS Services	96	9.3%	3
4	Obesity	75	7.3%	6
5	Affordable Health Insurance	73	7.1%	4
6	Alcohol Abuse	71	6.9%	9
7	Access to Specialists	66	6.4%	5
8	Awareness of Health Services	62	6.0%	8
9	Child Care	58	5.6%	7
10	Family Support/Assistance	55	5.3%	10
11	Exercise/Fitness	50	4.8%	14
12	Nutrition - Healthy Food Options	49	4.7%	16
13	Training for EMT/Dispatch	49	4.7%	11
14	Chronic Health	48	4.6%	12
15	Health/Wellness Education	47	4.5%	13
16	Tobacco Prevention	39	3.8%	15
TOTALS		1034		

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

Harper Co. KS - CHNA Wave #4			
In your opinion, what are the root causes of "poor health" in our community?	Harper Co. (N=320)	Trend	2021 Norms N=2981
Lack of health insurance	44.6%		12.7%
Limited Access to Mental Health Assistance	37.1%		16.4%
Neglect	38.2%		9.6%
Lack of health & Wellness Education	26.3%		11.4%
Chronic disease prevention	24.7%		8.4%
Family assistance programs	19.4%		6.1%
Lack of Nutrition / Exercise Services	23.1%		10.7%
Limited Access to Specialty Care	22.6%		7.2%
Limited Access to Primary Care	12.4%		4.7%
Total Votes	332		3,979

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

Harper Co. KS - CHNA Wave #4		Harper Co. (N=320)		2021 Norms N=2981	
How would our community rate each of the following?	Top 2 boxes	Bottom 2 boxes	Trend	Top 2 boxes	Bottom 2 boxes
Ambulance Services	30.3%	27.6%		82.7%	4.6%
Child Care	43.6%	11.0%		42.9%	15.2%
Chiropractors	45.6%	17.2%		71.2%	5.3%
Dentists	65.0%	11.1%		77.8%	6.1%
Emergency Room	69.8%	9.9%		74.5%	8.4%
Eye Doctor/Optomtrist	66.3%	10.5%		77.5%	6.7%
Family Planning Services	39.5%	15.0%		41.8%	15.1%
Home Health	47.1%	20.9%		51.5%	10.2%
Hospice	53.0%	15.5%		61.5%	8.9%
Telehealth	43.7%	18.0%		52.9%	10.1%
Inpatient Services	67.4%	9.1%		81.6%	4.6%
Mental Health	29.4%	35.3%		31.8%	32.3%
Nursing Home/Senior Living	57.1%	10.9%		66.7%	9.1%
Outpatient Services	63.6%	6.4%		77.3%	3.9%
Pharmacy	89.4%	2.2%		87.9%	2.4%
Primary Care	67.6%	8.5%		80.0%	4.9%
Public Health	54.7%	7.0%		66.6%	7.0%
School Health	59.4%	7.6%		68.1%	6.2%
Visiting Specialists	59.2%	12.1%		66.9%	9.1%
Walk- In Clinic	45.3%	27.1%		54.7%	21.5%
Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Linn, Harper					

Chart #7 – Community Health Readiness

Harper Co. KS - CHNA Wave #4		Bottom 2 boxes	
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	Harper Co. (N=320)	Trend	2021 Norms N=2981
Behavioral / Mental Health	34.3%		29.3%
Emergency Preparedness	14.5%		8.0%
Food and Nutrition Services/Education	17.6%		14.7%
Health Screenings (as asthma, hearing, vision, scoliosis)	8.8%		9.5%
Prenatal/Child Health Programs	15.4%		9.3%
Substance Use/Prevention	44.3%		32.8%
Suicide Prevention	49.7%		34.2%
Violence Prevention	46.1%		30.7%
Women's Wellness Programs	22.3%		15.3%
Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Linn, Harper			

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

Specialties:

Harper Co. KS - CHNA Wave #4			
In the past 2 years, did you or someone you know receive HC outside of our community?	Harper Co. (N=320)	Trend	2021 Norms N=2981
Yes	82.1%		72.7%
No	17.9%		27.3%
Valid N	179		1,780
Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Linn, Harper			

Specialty	Total
OBG	15
SURG	11
ORTH	10
CARD	9
DERM	9
PRIM	8
SPEC	7
TRAV	7
PEDS	6

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

Harper Co. KS - CHNA Wave #4			
Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?	Harper Co. (N=320)	Trend	2021 Norms N=2981
Yes	59.0%		62.3%
No	41.0%		37.7%
Valid N	173		1633
Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Linn, Harper			

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

Harper Co. KS - CHNA Wave #4			
What needs to be discussed further at our CHNA Town Hall meeting?	Harper Co. (N=320)	Trend	2021 Norms N=2981
Abuse/Violence	4.8%		4.3%
Alcohol	3.6%		4.8%
Alternative Medicine	3.8%		3.6%
Breast Feeding Friendly Workplace	0.6%		1.1%
Cancer	1.9%		2.5%
Care Coordination	2.4%		2.5%
Diabetes	3.9%		2.6%
Drugs/Substance Abuse	7.4%		6.3%
Family Planning	1.6%		1.6%
Heart Disease	1.4%		1.7%
Lack of Providers/Qualified Staff	4.0%		3.9%
Lead Exposure	0.2%		0.3%
Mental Illness	7.4%		9.1%
Neglect	3.1%		2.4%
Nutrition	3.1%		4.1%
Obesity	5.5%		6.0%
Occupational Medicine	0.7%		0.6%
Ozone (Air)	0.2%		0.7%
Physical Exercise	3.5%		4.2%
Poverty	7.5%		4.9%
Preventative Health / Wellness	5.2%		5.0%
Respiratory Disease	0.0%		0.1%
Sexually Transmitted Diseases	2.2%		1.3%
Smoke-Free Workplace	0.0%		0.1%
Suicide	7.4%		7.2%
Teen Pregnancy	2.0%		1.8%
Telehealth	2.8%		2.6%
Tobacco Use	2.0%		2.2%
Transportation	2.4%		2.2%
Vaccinations	1.8%		3.5%
Water Quality	3.3%		2.1%
Health Literacy	2.4%		2.8%
Other (please specify)	1.9%		1.9%
TOTAL Votes	879		7,563
Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Linn, Harper			

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

YR 2021 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	No	No	
Hosp	HIV/AIDSServices (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 Catherterization	No	No	
Hosp	Isolation room	Yes	No	
Hosp	Kidney	No	No	
Hosp	Liver	No	No	
Hosp	Lung	No	No	
Hosp	MagneticResonance Imaging (MRI)	Yes	No	
Hosp	Mammograms	Yes	No	
Hosp	Mobile Health Services	No	No	
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)	Yes	No	
Hosp	Multislice Spiral Computed Tomography (<64+ slice CT)	No	No	
Hosp	Neonatal	No	No	
Hosp	Neurological services	No	No	
Hosp	Obstetrics	No	No	
Hosp	Occupational Health Services (Occupational Therapy/HHA)	Yes	No	
Hosp	Oncology Services	Yes	No	
Hosp	Orthopedic services	Yes	No	
Hosp	Outpatient Surgery	Yes	No	
Hosp	Pain Management (HHA & Hospice agencies)	Yes	Yes	Yes
Hosp	Palliative Care Program (Hospice agencies)	Yes	No	Yes
Hosp	Pediatric (Immunizations)	Yes	Yes	
Hosp	Physical Rehabilitation (Physical & Speech Therapy/HHA)	Yes	No	
Hosp	Positron Emission Tomography (PET)	No	No	
Hosp	Positron Emission Tomography/CT (PET/CT)	No	No	
Hosp	Psychiatric Services (Horizons MHC)	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	

YR 2021 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	No	No	
Hosp	Ultrasound	Yes	No	
Hosp	Women's Health Services (Limited testing & support programs)	Yes	Yes	
Hosp	Wound Care (Home Health Services)	Yes	Yes	
SR	Adult Day Care Program	No	No	Yes
SR	Assisted Living	Yes	No	Yes
SR	Home Health Services	No	No	
SR	Hospice	No	No	Yes
SR	In Home Services (SCA, HCBS, LLLB, Private Party)	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)	No	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	Yes	No	Yes
SERV	Nutrition Programs	Yes	Yes	Yes
SERV	Patient Education Center	No	No	
SERV	Pregnancy Testing/Counseling	No	Yes	
SERV	Public Health Emergency Preparedness	No	Yes	
SERV	Support Groups (Alzheimers, grief, SADD)	Yes	No	Yes
SERV	STI Testing/Counseling	No	Yes	
SERV	Teen Outreach Services (Church youth groups, SADD)	No	No	Yes
SERV	Tobacco Treatment/Cessation Program (Quitline)	No		Yes
SERV	Transportation to Health Facilities	No	No	Yes
SERV	Women, Infant, & Children Nutrition Services Program (WIC)	No	Yes	
SERV	Wellness Program (Limited employer/Wellness Centers)	Yes	No	Yes

YR 2021 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	2.0		6.0
Internal Medicine			
Obstetrics/Gynecology			
Pediatrics			
Medicine Specialists:			
Allergy/Immunology			
Cardiology		0.1	
Dermatology			
Endocrinology			
Gastroenterology			
Oncology/RADO		0.1	
Infectious Diseases			
Nephrology			
Neurology			
Psychiatry			
Pulmonary			
Rheumatology			
Surgery Specialists:			
General Surgery		0.1	
Neurosurgery			
Ophthalmology		0.5	
Orthopedics			
Otolaryngology (ENT)			
Plastic/Reconstructive			
Thoracic/Cardiovascular/Vasc			
Urology		0.0	
Hospital Based:			
Anesthesia/Pain		0.1	
Emergency			4.0
Radiology			
Pathology			
Hospitalist *			
Neonatal/Perinatal			
Physical Medicine/Rehab			
VA clinic			
Podiatry		0.0	
Others HC Providers			
Eye Care (OD)	1.0		
Dentists	2.0		
TOTALS	5.0	1.1	10.0

YR 2021 Visiting Specialists to Harper County KS

<i>Specialty</i>	<i>Provider / Degree</i>	<i>Group Name</i>	<i>From (City / ST)</i>	<i>SCHEDULE</i>	<i>Days per YR</i>	<i>FTE</i>
Gynecology	Ashley Robbins, M.D.	Mid KS Womens Center	Wichita, KS	3rd Thursday	12	0.03
Cardiology	Dr. Patrick Ters	Cardiovascular Consultants	Wichita, KS	3rd Wednesday	24	0.07
Cardiology	Husam Bakdash M.D.	Heartland Cardiology	Wichita, KS	2nd and 4th Thurs.	12	0.03
Cardiology	Christian Hourani, M.D.	Cardiovascular Consultants	Wichita, KS	1st Wednesday	12	0.03
Hematology	Phu Truong M.D.	Cancer Center of KS	Wichita, KS	Monthly on Wed.	12	0.03
Oncology	Phu Truong M.D.	Cancer Center of KS	Wichita, KS	Monthly on Wed.	12	0.03
General Surgery	Scott Porter M.D.	Kansas Surgical Consultants	Wichita, KS	2-3 times monthly on Tues.	36	0.10
General Surgery	Samantha Beck, M.D.	Wichita Surgical Specialists	Wichita, KS	Monthly on Wednesday	12	0.03
Chiropractor	Karl May, DCP	May Chiropractic	Clearwater, KS	Tuesdays and Thursdays	24	0.07
Optometry	Andrew Piester, OD	Harper Eye Care	Kingman, KS	Every Thursday	48	0.13
Optometry	Daniel M. Marchant, OD	Greene Vision Group	Derby, KS	Every Mon, Wed, Thurs	144	0.40
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	Jason Werth, CRNA	Holistic Pain Management		Twice Monthly on Mondays	24	0.07
Pain Management	Spencer Anderson, PA-C	Holistic Pain Management		Twice Monthly on Tuesdays	24	0.07
Urology	J. Andrew Jensen, M.D.	Wichita Urology	Wichita, KS	1st and 4th Thurs.	12	0.03

Year 2021 Harper County Kansas Area Health Services Directory

Emergency Numbers:

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

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 Non-Emergency Numbers:

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

Abuse/Neglect

Adult/Child Abuse Hotline 800-922-5330	Child Help USA 800-422-4453	Sexual Assault/Domestic 800-701-3630	Suicide Prevention Hotline 800-273-8255
	Parent and Youth Resource Line 800-332-6378	Saint Francis Ministries 620-326-6373	TFI Family Services 877-921-4114
Adult Abuse in Facility Hotline 800-842-0078	Parents Help Line 800-332-6378		

Advocacy

Crossroads Family Resource Center 620-842-7078	Disability Rights Center of Kansas 800-432-2326	Kansas Guardianship Program 800-672-0086
Department On Aging and Disability Services 800-432-3535	Harper County Community Hope 620-842-2091	St. Francis Community Outreach Program 800-898-4903

Alcohol & Drugs

Alcoholics Anonymous, Harper Senior Center 620-845-1782	Horizons Mental Health Center 620-842-3768	Mirror Inc., Corporate Office 316-283-6743	Mirror, Inc. 620-213-1352
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Child Care

Child Care Aware KS 877-678-2548	Cowley County Health Department 620-221-1430	Harper County Health Department 620-842-5132
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Licensed Day Care Providers

Bobbie's Play Pals Daycare 620-842-5460	Carrie Bohnert 620-491-2942	Harper County Head Start 620-842-3999	Lil' Feet Daycare 620-896-7654
Busy Blocks Child Care 620-896-7002	First Steps Child Care 620-842-5221	Janell Brown 316-680-2457	Martha Hess 620-842-3281

Churches

Anthony

Anthony Christian Church 620-842-5541	Church of the Nazarene 620-842-3897	First Pentecostal Church 620-842-3864	Revolution Fellowship 620-842-5318
Grace Baptist Church 620-842-5414	Congregational Church 620-842-5436	Grace Episcopal Church 620-842-3254	St. Joan of Arc Parish 620-896-7886
Church of Christ 620-213-0894	First Baptist Church 620-842-5395	Life180 Church 785-764-8372	United Methodist Church 620-842-5486

Attica

Assembly of God Church 620-254-7654	Attica Christian Church 620-254-7944	United Methodist Church 620-254-7911	Faith Baptist Church 620-254-7802
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Bluff City

United Methodist Church
620-842-3359

Burchfield

Burchfiel United Methodist Church
785-224-6696

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	St. Joan of Arc Parish 888-896-7888
First Presbyterian Church 620-399-0416	Harper Christian Church 620-896-2461	Seventh-Day Adventist Church 620-896-2355	United Methodist Church 620-896-2952

City Offices

Anthony

City Building/Clerk 620-842-5434	Anthony Chamber of Commerce 620-842-5456	Anthony Police Department 620-842-3134
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Attica

Attica Police Department
620-254-7291

City Building/Clerk
620-254-7216

Harper

Harper Chamber of Commerce
620-896-2511

Harper City Building/Clerk
620-896-2511

Harper Police Department
620-896-2511

Harper County Offices

Aging 620-842-5104	Weed Dept 620-842-3021	Emergency Management 620-842-3086	Register of Deeds 620-842-5336
Appraiser 620-842-3718	Communications/911 620-842-3086	Environmental Services 620-842-3718	Landfill 620-896-7150
Attorney 620-842-6070	Court Services Officer 620-842-3586	K-State Research & Extension 620-842-5445	Sheriff & Jail (911) 620-842-5135
Clerk 620-842-5555	Crime Stoppers 620-842-5232		SCK Community Correction 620-842-5499
	Economic Development 620-842-6030	Health Department 620-842-5132	Treasurer 620-842-5191
Clerk of the District Court 620-842-3721	EMS 620-842-3506	Human Resources 620-842-6007	
Commissioners 620-842-5555			

Community Service Organizations

American Legion Auxiliary 620-842-3575	Anthony Masonic Lodge 620-842-3136	Anthony Order of Eastern Star 620-842-2483	Attica United Methodist Church 620-254-7911
Attica Saddle Club 620-842-2226	Anthony Ministerial 620-842-3897	Anthony Volunteer Fire 620-842-5434	Congregational Church Women's Fellowship 620-842-5804
Athena Club 620-842-5804	Boy Scouts/Cub Scouts 620-842-2975		Girl Scouts 620-842-5449

Harper County Certified Emergency Response 620-842-6006	Harper County Genealogical Society 620-478-2563	Harper County Local Emergency Planning 620-842-5132	Harper Ministerial Alliance 620-896-7891
Harper County Community Foundation 620-842-2711	Harper County Interagency Coordinating Council 620-842-5132	Harper County Ministerial Association 620-842-3897	Higher Ground/Leather Bound 620-842-5900
	Kiwanis Club 620-842-3609	Harper County Youth Rodeo 620-243-2331	Lions Club 620-842-7064

Parent Teacher Support Groups

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

Disability Services

Arrowhead West, Inc. 800-794-8825	Blind Services (DCF) 888-369-4777	Disability Rights Center 800-432-2326	Horizons Mental Health Center 620-842-3768
Arrowhead West, Inc. 888-500-1804	Prairie Independent Living 888-715-6818	Vocational Rehab 888-369-4777	SC Kansas Library 800-234-0529

Education

Anthony Elementary School 620-842-3743	Anthony Learning Center 620-842-5183	Blessed Beginnings Preschool 620-842-3022	Bridges to Learning Preschool 620-896-2913
Attica Grade School 620-254-7314	Attica High School 620-254-7915	Harper Elementary 620-896-2913	Little Lions Preschool 620-842-7031

Chaparral High School 620-842-5155 620-896-7303	Pleasant Valley Preschool 620-896-2004	Pratt Community College 620-842-5155	USD# 361 Anthony- Harper 620-842-5183
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Little Lions Preschool 620-842-7031			USD# 511 Attica 620-254-7661
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Emergency & Crisis

Anthony Police 620-842-5123	Harper County EMS 620-842-3506	Centers for Disease Control & Prevention 404-639-3311	Local Emergency Planning Committee 620-842-5132
Attica Police 620-254-7291	Harper County Sheriff Department 620-842-5135	Federal Emergency Management Agency 800-427-2354	Poison Control Center – Kansas City, KS 800-332-6633
Bright House 620-666-2522	Harper County Crime Stoppers 620-842-5232	Harper County Certified Emergency Response Team 620-842-6006	Preparedness Regional Public Health Coordinator 620-243-2520
Harper Police Department 620-896-2511	Adult/Child Abuse Hotline 800-922-5330	Horizons Mental Health Center Crisis Line 800-794-0163	Salvation Army 620-842-2091
Harper County Communications 620-842-3086	American Red Cross 316-219-4000		Sexual Assault/Domestic Violence Center 800-701-3630
Harper County Emergency Management 620-842-6006	Bureau of Alcohol, Tobacco, & Firearms 800-283-4867	Kansas Emergency Management 785-291-3333	

Employment Services

Arrowhead West 800-794-8825	Harper County Economic Development 620-842-6030	Senior Community Service Employment 316-771-6750	Wichita Work Force Center 316-771-6800
Cowley Work Force Center 620-221-7790	KS Unemployment 800-292-6333	Sumner County Work Force Center 620-326-2659	

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

Attica
Congregate/Home
Delivered Meals
620-254-7371
888-369-4777

Harper
Congregate/Home
Delivered Meals
620-896-2063

United Methodist
Church Commodity
620-842-5486

Attica Food Bank
620-254-7911

Food 4 Kids
620-842-3743

Harper Food Bank
620-896-7503

United Methodist
Church/Mid-Cap
Summer Food
Program

Anthony Summer
Food Program
620-842-3888

620-896-2913

TEFAP/USDA
Commodity Foods
620-842-5104

620-842-5486

WIC
620-842-5132

Financial

American Red Cross
316-219-4000

Harper County
Community Hope
620-842-2091

Ministerial Alliance
620-842-3086

Social Security
800-772-1213

Department of
Children & Family
Services
888-369-4777

Military OneSource
800-342-9647

Railroad Retirement
877-772-5772

Veterans
Administration Service
Representative

Salvation Army
620-842-2091

620-662-7131

Health

Farmworker Health
Program
620-842-5132

Health Care Mrk Place
800-318-2596
Working Healthy
620-672-5955

KanCare
866-305-5147
Aetna
866-697-3585

Sunflower
877-644-4623
United
877-542-9238

Housing

Anthony Housing
Authority
620-842-5331

U.S. Dept. of
Housing/Urban
913-551-5644

Interfaith Housing
Services, Inc.
620-662-8370

Kansas Fair Housing
800-669-9777

Redden's Village 620-842-3837	Mennonite Housing 316-942-4848	Prairie Independent Living 888-715-6818	Homestead Senior Residences Harper 316-554-1345
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Legal

Kansas Lawyer Referral 800-928-3111	Kansas Legal Services 316-265-9681	Kansas Elder Law Hotline 888-353-5337
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Prescriptions

KS Prescription Network 800-279-3022	Farmworker Health Program 620-842-5132	KanCare (KDHE) 866-305-5147	Medicaid (DCF) 888-369-4777 Medicare 800-633-4227
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Utilities

Harper County Community Hope
620-842-2091

Transportation

Harper County Public Transportation
620-842-5104

Health Services

Clinics

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

Knapic Chiropractic 620-842-5252	May Chiropractic 620-896-7777
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Dental

Anthony Dental 620-842-3844	Grace Medical 316-866-2000	Hunter Health Clinic 316-262-2415	Walker Family Dental, 620-842-5936
Delta Dental of Kansas 316-978-8350	Great Plains Dental 316-686-2721	Harold A. Small, DDS 620-435-6367	Dent. Handicapped 785-273-1900

Fitness

Anthony Wellness Center 620-842-5190	Attica Wellness Center 620-254-7978	Harper Wellness Center 620-896-7324
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Hearing

Harper County Health Department
620-842-5132

Midwest Hearing Aids, Inc
620-842-3030

Home Health Agencies

Angels Care Home
316-636-4000

Heartland Home
316-788-7626

Interim Healthcare
316-265-4295

Progressive Home
316-691-5050

Hospices

Harry Hynes Memoria
800-767-4965

Heartland
620-788-7626

Kindred Hospice
620-664-5757

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
620-842-3768

Prairie View, Inc.
800-362-0180

Sexual
Assault/Domestic
Violence Center
800-701-3630

Nursing Facilities/Assisted Living

Anthony Community
Care Center
620-842-5187

Attica Long Term Care
Unit
620-254-7253

Country Living
(Anthony)
620-842-5858

Heritage Estates
(Harper)
620-896-2646

Pharmacies

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

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

VA Medical Center
Pharmacy
888-878-6881

Vision

Greene Vision Group
800-696-4467
620-842-5596

Harper County Health
Department
620-842-5132

Harper Eye Care
620-896-7000

NFOCUS
866-963-6287

Information Lines

AARP 800-523-5800	DCF 888-369-4777	Kansas Corporation Commission – Utilities Division 800-662-0027	Military OneSource 800-342-9647
AIDS Hotline 800-232-4636	First Candle SIDS Alliance 800-221-7437	Kansas Department on Aging 800-432-3535	K-State Res./ Ext. 620-842-5445
American Cancer Society 800-227-2345	KanCare 800-792-4884	Kansas Department of Insurance 800-432-2484	Medicaid Consumer Assistance Unit 800-766-9012
Attorney General’s Office – Consumer Protection Division 800-432-2310	Horizons Mental Health 800-794-0163	Kansas Medical Assistance Program 800-766-9012	Medicaid Provider Assistance Unit 800-933-6593
Automobile Safety Hotline 800-424-9393	Immigration & Citizenship Service 800-375-5283	Kansas Mothers Against Drunk Drivers 785-367-4520	Nineline 800-999-9999
Cancer Hotline 800-422-6237	Juvenile Diabetes Foundation Hotline 800-223-1138	Kansas School Safety 877-626-8203	Medicare 800-772-1213
Catholic Charities 316-263-6000	Kansas Alzheimer’s Helpline 800-272-3900	Kansas Veteran’s Home & Representative 620-221-9479	Mid-America Poison Center 800-222-1222
Consumer Assistance for Aging 855-200-2372	Kansas Child Abuse Hotline 800-922-5330	Kansas Victim’s Rights Program 800-828-9745	Social Security Administration 800-772-1213
Consumer Product Safety Commission 800-638-2772	Kansas Children’s Service League 316-942-4261	Kansas Welfare Fraud 800-432-3913	National Center for Missing & Exploited Children 800-843-5678
Crime Victim Information Referral 800-828-9745			National Runaway Switchboard 800-786-2929

Parents Anonymous Hotline 630-527-3982	Railroad Retirement 877-772-5772	Venereal Disease Hotline (STD Info.) 800-227-8922
	Tobacco Quitline KS 866-526-7867	
Poison Control Center 800-332-6633	South Central Kansas Area Agency on Aging 800-362-0264	

Libraries

Anthony Public Library 620-842-5344	Attica Public Library 620-254-7767	Harper Public Library 620-896-2959
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Museums & Historical Sites

Harper County Art Assoc. & Depot 620-840-1043	Historic Anthony Theater 620-243-3059	Historic Harper County Courthouse 620-842-5555	9/11 Memorial 620-842-5434
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Historical Museum of Anthony Inc 620-842-3852	Old Harper Fountain 620-896-2511	Martha Keifer House 620-896-7107
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Newspapers

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

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

Anthony

Anthony Archery Range 620-842-5833	Anthony Lake Gun Club 620-842-5434	Anthony Public Parks 620-842-5434	Anthony Recreation Commission 620-842-5434
Anthony Skate Park 620-842-5434	Anthony City Lake & Golf Course 620-842-5434	Anthony Pool 620-842-5392	Mindy's Dance Center 620-262-5738

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
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Harper

Harper Public Parks 620-896-2511	Harper Recreation Commission 620-896-2511	Rolla Rena Skate Center 620-896-7861	Harper Public Swimming Pool 620-896-2511
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Transportation

Harper County Public Transportation

620-842-5104

Utility Services

Atmos (Gas Service) 888-286-6700	City of Harper (Water, sewer) 620-896-2511	Rural Water District #1 (Roy Davis) 620-896-2295	SC Telcom 877-723-6875
AT&T (Telephone) 800-246-8464	KanOkla (Telephone) 800-526-6552	Rural Water District #2 (Brian Waldschmidt) 620-842-5430	Trantham Trash 620-254-7730
Bluff City Water 620-967-4675	Kansas Gas Service 888-482-4950	Rural Water District #3 (Stan Ediger) 620-896-7166	Water/Wastewater Permits 620-842-3718
Central Energy (Propane) 620-842-3311	Landfill & Recycling 620-896-7150	Rural Water District #4 (Jim Coady) 620-962-5276	Westar Energy 800-383-1183
City of Anthony (Electric, water, sewer) 620-842-5434	N & J Sanitation Service 620-896-2457	Rural Water District #5 (Sam Troyer) 620-896-2146	Wheatland 800-762-0436
City of Attica (Electric, gas, water, sewer) 620-254-7216	Plumb Thicket Landfill 620-896-2229		Wyatt Trash Service 620-842-3773

Agencies

Alcoholics Anonymous Harper Senior Center 821 Central, Harper, KS 67058 620-845-1782	American Cancer Society 300 South Main St., Wichita, KS 67202 800-227-2345	Arrowhead West, Inc. & Infant Toddler Services 1100 East Wyatt Earp Blvd. (620) 227-8803	Child Care Aware of Kansas 877-678-2548 855-750-3343
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DCF – Department of Children and Family Services. 888-369-4777	K-State Research & Extension (Harper County) 819 N. Central, Harper, KS 67003 620-842-5445	U.S.D 361 Anthony- Harper 124 N. Jennings, Anthony, KS 67003 620-842-5183
Harper County Community Foundation 620-842-2711	Military OneSource 800-342-9647	U.S.D. 511 Attica 718 N. Main, Attica, KS 67009 620-254-7915
Harper County Community Hope 620-842-2091	Obadiah's Pantry/Anthony Food Bank 120 E. Main, Anthony, KS 67003	Sumner Workforce Center 620-326-2659 314 N. Washington, Wellington, KS 67152
Harper County Health Department 123 N. Jennings, Anthony, KS 67003 620-842-5132	Patterson Health Center 485 N. Kansas Hwy 2, Anthony, KS 67003 620-914-1200 620-914-1201	Wichita Workforce Center 316-771-6800 2021 N. Amidon, Wichita, KS 67203
Horizons Mental Health Center 123 N. Pennsylvania, Anthony, KS 67003 620-842-3768 800-794-0163	TFI Family Services 877-921-4114	

V. Detail Exhibits

[VVV Consultants LLC]

a) Patient Origin Source Files

[VVV Consultants LLC]

Inpatient Origin Reports



Inpatient Origin by County Harper, KS Residents Treated in KHA Reporting Area Federal Fiscal Year: 2020

Detail																					
Hospital Detail by County				Pediatric		Adult Medical/Surgical								Psychiatric		Obstetric		Newborn		Surg %	
				Age 0-17		Age 18-44		Age 45-64		Age 65-74		Age 75+									
Rank	Total Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	
Wesley Healthcare - Wichita, KS	1	207	29.8%	9	4.3%	19	9.2%	31	15.0%	30	14.5%	29	14.0%	1	0.5%	46	22.2%	43	20.8%	28.0%	
Ascension Via Christi Hospitals St. Francis - Wichita, KS	2	193	27.8%	7	3.6%	20	10.4%	38	19.7%	34	17.6%	54	28.0%	17	8.8%	14	7.3%	13	6.7%	27.5%	
Patterson Health Center - Anthony, KS	3	167	24.0%	2	1.2%	12	7.2%	28	16.8%	44	26.3%	81	48.5%	0	0.0%	0	0.0%	0	0.0%	0.0%	
Wesley Woodlawn Hospital & ER - Wichita, KS	4	23	3.3%	0	0.0%	2	8.7%	9	39.1%	11	47.8%	1	4.3%	0	0.0%	0	0.0%	0	0.0%	52.2%	
Ascension Via Christi Hospital St. Teresa - Wichita, KS	5	22	3.2%	0	0.0%	0	0.0%	14	63.6%	6	27.3%	2	9.1%	0	0.0%	0	0.0%	0	0.0%	27.3%	
Hutchinson Regional Medical Center - Hutchinson, KS	6	20	2.9%	0	0.0%	0	0.0%	4	20.0%	2	10.0%	4	20.0%	10	50.0%	0	0.0%	0	0.0%	20.0%	
Pratt Regional Medical Center - Pratt, KS	7	20	2.9%	0	0.0%	0	0.0%	3	15.0%	4	20.0%	3	15.0%	0	0.0%	5	25.0%	5	25.0%	50.0%	
Medicine Lodge Memorial Hospital - Medicine Lodge, KS	8	9	1.3%	0	0.0%	0	0.0%	1	11.1%	2	22.2%	6	66.7%	0	0.0%	0	0.0%	0	0.0%	0.0%	
The University of Kansas Health System - Kansas City, KS	9	7	1.0%	0	0.0%	4	57.1%	1	14.3%	2	28.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	57.1%	
Sumner County District No. 1 Hospital - Caldwell, KS	10	5	0.7%	0	0.0%	0	0.0%	0	0.0%	1	20.0%	4	80.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	
Stormont Vall Health - Topeka, KS	11	3	0.4%	2	66.7%	1	33.3%	0	0.0%	0	0.0%	0	0.0%	2	66.7%	0	0.0%	0	0.0%	0.0%	
Kansas Residents/Iowa Hospitals	12	2	0.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	
Kiowa District Healthcare - Kiowa, KS	13	2	0.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	
NMC Health - Newton, KS	14	2	0.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0.0%	
Olathe Health - Olathe, KS	15	2	0.3%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	50.0%	
Sumner Community Hospital - Wellington, KS	16	2	0.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0.0%	
William Newton Hospital - Winfield, KS	17	2	0.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0.0%	
Children's Mercy Kansas City - Kansas City, MO	18	1	0.1%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%	
Kansas Residents/Minnesota Hospitals	19	1	0.1%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%	
Kansas Residents/Other Missouri Hospitals	20	1	0.1%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%	
Overland Park Regional Medical Center - Overland Park, KS	21	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	100.0%	
Saint John Hospital - Leavenworth, KS	22	1	0.1%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	
Salina Regional Health Center - Salina, KS	23	1	0.1%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%	
St. Catherine Hospital - Garden City, KS	24	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	
Overall		695	100.0%	21	3.0%	61	8.8%	129	18.6%	139	20.0%	190	27.3%	34	4.9%	67	9.6%	61	8.8%	22.0%	

Discharge Data Available from: 2015 Q1 through 2021 Q2

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Jun 7, 2021

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Inpatient Origin by County Harper, KS Residents Treated in KHA Reporting Area Federal Fiscal Year: 2019

Detail																					
Hospital Detail by County				Pediatric		Adult Medical/Surgical								Psychiatric		Obstetric		Newborn		Surg %	
				Age 0-17		Age 18-44		Age 45-64		Age 65-74		Age 75+									
Rank	Total Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	
Wesley Healthcare - Wichita, KS	1	225	29.6%	16	7.1%	7	3.1%	41	18.2%	33	14.7%	27	12.0%	2	0.9%	52	23.1%	47	20.9%	31.1%	
Ascension Via Christi Hospitals St. Francis - Wichita, KS	2	192	25.3%	8	4.2%	30	15.6%	43	22.4%	44	22.9%	36	18.8%	9	4.7%	12	6.3%	12	6.3%	28.6%	
Patterson Health Center - Anthony, KS	3	154	20.3%	4	2.6%	7	4.5%	30	19.5%	42	27.3%	70	45.5%	1	0.6%	0	0.0%	0	0.0%	0.0%	
Hospital District #6 - Harper Campus - Harper, KS	4	80	10.5%	0	0.0%	1	1.3%	10	12.5%	17	21.3%	52	65.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	
Pratt Regional Medical Center - Pratt, KS	5	24	3.2%	0	0.0%	1	4.2%	1	4.2%	4	16.7%	0	0.0%	0	0.0%	9	37.5%	9	37.5%	25.0%	
Wesley Woodlawn Hospital & ER - Wichita, KS	6	19	2.5%	0	0.0%	1	5.3%	7	36.8%	7	36.8%	4	21.1%	0	0.0%	0	0.0%	0	0.0%	26.3%	
Hutchinson Regional Medical Center - Hutchinson, KS	7	15	2.0%	0	0.0%	0	0.0%	1	6.7%	2	13.3%	1	6.7%	11	73.3%	0	0.0%	0	0.0%	0.0%	
Ascension Via Christi Hospital St. Teresa - Wichita, KS	8	10	1.3%	0	0.0%	0	0.0%	6	60.0%	2	20.0%	2	20.0%	0	0.0%	0	0.0%	0	0.0%	60.0%	
Medicine Lodge Memorial Hospital - Medicine Lodge, KS	9	9	1.2%	0	0.0%	0	0.0%	0	0.0%	2	22.2%	7	77.8%	0	0.0%	0	0.0%	0	0.0%	0.0%	
Sumner County District No. 1 Hospital - Caldwell, KS	10	5	0.7%	0	0.0%	0	0.0%	2	40.0%	1	20.0%	2	40.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	
Kiowa District Healthcare - Kiowa, KS	11	4	0.5%	0	0.0%	0	0.0%	0	0.0%	1	25.0%	3	75.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	
Children's Mercy Kansas City - Kansas City, MO	12	3	0.4%	3	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	33.3%	
SOK Health - Arkansas City, KS	13	3	0.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	100.0%	0	0.0%	0	0.0%	0.0%	
Sumner Community Hospital - Wellington, KS	14	3	0.4%	0	0.0%	0	0.0%	0	0.0%	2	66.7%	0	0.0%	1	33.3%	0	0.0%	0	0.0%	0.0%	
Lee's Summit Medical Center - Lees Summit, MO	15	2	0.3%	0	0.0%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	50.0%	
NMC Health - Newton, KS	16	2	0.3%	0	0.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	0.0%	
UNKNOWN	17	2	0.3%	0	0.0%	0	0.0%	1	50.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	
Kansas Residents/Minnesota Hospitals	18	1	0.1%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%	
Kansas Residents/Other Missouri Hospitals	19	1	0.1%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%	
Liberty Hospital - Liberty, MO	20	1	0.1%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%	
Salina Regional Health Center - Salina, KS	21	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0.0%	
St. Catherine Hospital - Garden City, KS	22	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0.0%	
The University of Kansas Health System - Kansas City, KS	23	1	0.1%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0.0%	
William Newton Hospital - Winfield, KS	24	1	0.1%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	
Overall		759	100.0%	32	4.2%	47	6.2%	144	19.0%	162	21.3%	205	27.0%	31	4.1%	73	9.6%	68	9.0%	19.4%	

Inpatient Origin Reports (Continued)



Inpatient Origin by County
Harper, KS Residents Treated in KHA Reporting Area
Federal Fiscal Year: 2018

Detail																							
Hospital Detail by County				Pediatric		Adult Medical / Surgical										Psychiatric		Obstetric		Newborn		Surg %	
				Age 0-17		Age 18-44		Age 45-64		Age 65-74		Age 75+											
Hospital Name	Rank	Total Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%		
Wesley Healthcare - Wichita, KS	1	224	30.4%	10	4.5%	17	7.6%	35	15.6%	30	13.4%	40	17.9%	3	1.3%	48	21.4%	44	19.6%	44	19.6%		
Ascension Via Christi Hospitals St. Francis - Wichita, KS	2	159	21.6%	11	6.9%	22	13.8%	40	25.2%	26	16.4%	39	24.5%	14	8.8%	6	3.8%	6	3.8%	6	3.8%		
Patterson Health Center - Anthony, KS	3	144	19.6%	2	1.4%	11	7.6%	24	16.7%	47	32.6%	58	40.3%	2	1.4%	0	0.0%	0	0.0%	0	0.0%		
Hospital District #6 - Harper Campus - Harper, KS	4	113	15.4%	1	0.9%	1	0.9%	20	17.7%	17	15.0%	74	65.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%		
Hutchinson Regional Medical Center - Hutchinson, KS	5	18	2.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	18	100.0%	0	0.0%	0	0.0%	0	0.0%		
Wesley Woodlawn Hospital & ER - Wichita, KS	6	17	2.3%	0	0.0%	3	17.6%	4	23.5%	4	23.5%	6	35.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%		
Pratt Regional Medical Center - Pratt, KS	7	13	1.8%	0	0.0%	0	0.0%	0	0.0%	4	30.8%	1	7.7%	0	0.0%	4	30.8%	4	30.8%	4	30.8%		
Sumner Community Hospital - Wellington, KS	8	8	1.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	4	50.0%	4	50.0%	4	50.0%		
Medicine Lodge Memorial Hospital - Medicine Lodge, KS	9	7	1.0%	1	14.3%	0	0.0%	1	14.3%	1	14.3%	4	57.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%		
The University of Kansas Health System - Kansas City, KS	10	6	0.8%	0	0.0%	0	0.0%	4	66.7%	2	33.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%		
Children's Mercy Kansas City - Kansas City, MO	11	4	0.5%	2	50.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	25.0%	1	25.0%	1	25.0%		
SCK Health - Arkansas City, KS	12	4	0.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	75.0%	0	0.0%	0	0.0%	1	25.0%		
Ascension Via Christi Hospital St. Teresa - Wichita, KS	13	3	0.4%	0	0.0%	0	0.0%	0	0.0%	2	66.7%	1	33.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%		
Sumner County District No. 1 Hospital - Caldwell, KS	14	3	0.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%		
Kiowa District Healthcare - Kiowa, KS	15	2	0.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%		
Stormont Vall Health - Topeka, KS	16	2	0.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	50.0%	0	0.0%	1	50.0%	0	0.0%		
UNKNOWN	17	2	0.3%	0	0.0%	0	0.0%	1	50.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%		
William Newton Hospital - Winfield, KS	18	2	0.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%		
Kansas Residents/Minnesota Hospitals	19	1	0.1%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%		
Kingman Healthcare Center - Kingman, KS	20	1	0.1%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%		
Menorah Medical Center - Overland Park, KS	21	1	0.1%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%		
Saint Luke's South Hospital - Overland Park, KS	22	1	0.1%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%		
Salina Regional Health Center - Salina, KS	23	1	0.1%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%		
Overall		736	100.0%	27	3.7%	54	7.3%	133	18.1%	134	18.2%	229	31.1%	41	5.6%	65	8.8%	61	8.3%	61	8.3%		

Discharge Data Available from: 2015 Q1 through 2021 Q2

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Jun 7, 2021

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Outpatient Origin Reports

Outpatient Market Penetration By Service Type			
Patterson Health Center - Harper, KS		Harper, KS	
County by Federal Fiscal Year: 2020		Total Visits	%
1 Emergency Department (45x)		2,183	1,739 85.8%
2 Surgery (36x, 49x)		51	36 14.8%
3 Observation (76x, excl. 761)		798	682 93.2%
11 Radiology - Diagnostic (32x, excl. 322 and 323)		2,559	1,997 88.2%
15 CT Scan (35x)		917	723 83.7%
16 Mammography (401, 403)		382	288 94.4%
17 Ultrasound (402)		350	270 73.6%
19 Magnetic Resonance Technology (61x)		224	167 77.0%
23 Pulmonary Function (46x)		46	31 54.4%
26 Echocardiology (483)		165	135 89.4%
27 Electroencephalogram (74x)		6	2 22.2%
28 G.I. Services (75x)		14	10 45.5%
33 Cardiac Rehab (943)		43	32 #####
34 Rural Health - Clinic (521)		2	2 #####
35 Treatment Room (761)		1,242	991 84.5%
36 Respiratory Services (41x)		144	115 80.4%
37 EKG/ECG (73x)		717	566 80.3%
38 Cardiology (48x excl. 481-483)		4	3 20.0%
39 Sleep Lab (HCPC 95805-95811)		6	2 11.1%
41 Behavioral Health (90x, 91x, 100x)		2	2 22.2%
42 Physical Therapy (42x)		2	1 2.9%
Actual total visits		14,595	11,339 86.6%
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Outpatient Origin Reports (Continued)

Outpatient Market Penetration By Service Type			
Patterson Health Center - Harper, KS		Harper, KS	
County by Federal Fiscal Year: 2019		Total Visits	
		Visits	%
1 Emergency Department (45x)	1,436	1,210	67.7%
2 Surgery (36x, 49x)	91	73	26.6%
3 Observation (76x, excl. 761)	338	305	78.2%
11 Radiology - Diagnostic (32x, excl. 322 and 323)	1,132	941	51.4%
15 CT Scan (35x)	416	335	53.9%
16 Mammography (401, 403)	207	168	86.6%
17 Ultrasound (402)	137	104	35.1%
19 Magnetic Resonance Technology (61x)	122	98	50.8%
21 Chemotherapy (33x, excl. 333)	2	2	40.0%
23 Pulmonary Function (46x)	23	20	27.8%
26 Echocardiology (483)	83	73	76.0%
27 Electroencephalogram (74x)	2	2	66.7%
28 G.I. Services (75x)	2	1	1.4%
33 Cardiac Rehab (943)	13	9	75.0%
34 Rural Health - Clinic (521)	1,876	1,531	99.9%
35 Treatment Room (761)	459	386	51.8%
36 Respiratory Services (41x)	43	36	45.0%
37 EKG/ECG (73x)	377	313	50.3%
38 Cardiology (48x excl. 481-483)	5	4	5.8%
39 Sleep Lab (HCPC 95805-95811)	2	2	33.3%
41 Behavioral Health (90x, 91x, 100x)	2	2	50.0%
42 Physical Therapy (42x)	8	7	7.8%
43 Occupational Therapy (43x)	5	5	18.5%
44 Speech-Language Pathology (44x)	1	1	10.0%
Actual total visits	9,081	7,459	59.5%
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Outpatient Market Penetration By Service Type			
Patterson Health Center - Harper, KS		Harper, KS	
County by Federal Fiscal Year: 2018		Total Visits	
		Visits	%
1 Emergency Department (45x)	1,143	962	38.2%
2 Surgery (36x, 49x)	115	94	29.8%
3 Observation (76x, excl. 761)	77	62	31.6%
11 Radiology - Diagnostic (32x, excl. 322 and 323)	1,026	872	35.0%
15 CT Scan (35x)	358	286	35.8%
16 Mammography (401, 403)	224	189	82.2%
17 Ultrasound (402)	93	79	23.2%
19 Magnetic Resonance Technology (61x)	85	76	38.4%
21 Chemotherapy (33x, excl. 333)	4	4	28.6%
23 Pulmonary Function (46x)	24	20	29.0%
26 Echocardiology (483)	24	21	55.3%
27 Electroencephalogram (74x)	4	3	27.3%
34 Rural Health - Clinic (521)	2,120	1,801	99.9%
35 Treatment Room (761)	245	168	29.9%
36 Respiratory Services (41x)	14	11	10.7%
37 EKG/ECG (73x)	362	295	35.1%
38 Cardiology (48x excl. 481-483)	15	10	7.6%
39 Sleep Lab (HCPC 95805-95811)	4	3	27.3%
42 Physical Therapy (42x)	2		
Actual total visits	8,086	6,781	47.2%
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b) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Harper County, KS 2021 CHNA Town Hall - 6/22/21

Table	Lead	Attend	Last Name	First Name	Organization	Title	City	ST
A	##	X	Hedlund	Britt	Harper Co T2C Program	Coordinator	Anthony	KS
A		X	Moon	Cheryl	Patterson Health Center	Health Information Mgr	Anthony	KS
A		X	Murphy	Deb	Patterson Health Center	Admin Asst	Harper	KS
A		X	Reed	Cassie	SOUTH CENTRAL DME		Anthony	KS
A		X	Lois	Hofmeier		RN	Harper	KS
B	##	X	Allen	Lori	Patterson Health Center	COO	Anthony	KS
B		X	Murphy	Douglas			Harper	KS
C	##	X	Struble	Heather	Harper Co Health Dept	Administrator	Anthony	KS
C		X	Cox	Crissa	Patterson Health Center	Director of ED	Anthony	KS
C		X	Lee	Hofmeier			Harper	KS
D		X	Harding	Jan	Harper Co. EMS	Director	Harper	KS
D		X	Kolarik	Jonathan	Patterson Health Center	Corporate Compliance Officer	Anthony	KS
E		X	Bauer	Kim	Harper Co Health Dept		Anthony	KS
E		X	Bello	Kara			Harper	KS
E		X	Williams	Faye			Anthony	KS
F		X	Penner	Tim	Harper Industries	CEO	Harper	KS
F	##	X	Barwick	Kim	Patterson Health Center	HR Director	Anthony	KS
F		X	Cox	Lee	Patterson Health Center	PHC Board Vice Chair	Anthony	KS
F		X	Carothers	Katie			Anthony	KS
G	##	X	Hadsall	Martha	Country Living	Board Member	Anthony	KS
G		X	Gerber	Pam	Harper Co Health Foundation	President	Harper	KS
G		X	Patton	Pat	Patterson Health Center	CEO	Anthony	KS
H		X	Hartson	Tiffany	City of Harper	City Administrator	Harper	KS
H	##	X	Hansel	Shelly	Harper County	Community Development Director	Anthony	KS
H		X	Murphy	Dallas	Patterson Health Center	Disaster/Safety Coordinator		
H		X	Albright	Dusty	USD 361	President	Anthony	KS
I		X	Fox	Laurie	Patterson Health Center	RN	Anthony	KS
I		X	Kastens	Marcy	Patterson Health Center	Program Assistant	Anthony	KS
I		X	Schrant	Kim	Patterson Health Center	Board Chair Member		
I	##	X	Downing	Virginia	SKCPH	Regional Coordinator	Anthony	KS

NOTES: Harper Co. – Patterson Health Center

Date: 6/22/2021 – 5:30 pm to 7:00 pm

Established Needs/Strengths: Small Group Session

RSVPs: N=43 Attendance: N=30

Needs

- Mental Health (Diagnosis, Treatment, Aftercare, and Providers)
- Mobile Vaccinations
- Awareness of Services
- Child Care
- EMS
- Health/Wellness Education
- Home Health
- Drug/Alcohol Abuse
- Urgent Care/Walk-In Clinic
- Hospice
- Community Involvement
- Quality Housing
- Affordable Health Insurance
- Domestic Violence
- Long-term Care Staffing & Education
- Education Center (Adults)
- Dispatcher Staffing
- Economic Development
- Utilizing Old Hospital Space
- Access to Primary Care
- Centralized Wellness Center

Strengths

- Quality Providers & Specialty Providers
- School System
- Scope of Services
- Community Strengths
- Caring Community
- Involvement of the Core Community Group
- Health Department
- Access to Wellness Centers
- Community Collaboration (School, Hospital, DOH)
- Kansas State Extension Program
- Industries/Businesses Locally
- Churches (Resource)
- Hospital Facility (State of the Art Building)
- Local Food Production

c) Public Notice & Requests

[VVV Consultants LLC]

EMAIL #1 Request Message (Cut & Paste)

From: Lori Allen, Chief Operating Officer

Date: 4/5/2021

To: Community Leaders, Providers and Hospital Board and Staff

Subject: Harper County Community Health Needs Assessment 2021

Patterson Health Center is partnering with other community health providers over the next few months, to update the Harper County Community Health Needs Assessment. The goal of this assessment update is to understand progress in addressing health needs cited in the 2015 and 2018 CHNA reports as well as collect up-to-date community health perceptions and meet federal regulations .

VVV Consultants LLC, an independent healthcare consulting firm from Olathe, KS, has been retained to conduct this countywide research.

Your feedback and suggestions regarding community health delivery are imperative to collect to be able to complete the 2021 CHNA and implementation plan updates. To gather this feedback, a short and confidential online survey has been developed and can be accessed through the link below.

LINK: https://www.surveymonkey.com/r/CHNA2021_HarperCo

All community residents and business leaders are encouraged to complete the 2021 CHNA online survey by **Tuesday, June 1st**. In addition, please **HOLD the date** for the Town Hall meeting scheduled **Tuesday, June 22nd**, for Dinner from **5:30 p.m. - 7:00 p.m.** Please stay on the lookout for more information 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

Patterson Health Center Seeks Community Input for Harper County Health Needs.

Media Release: 04/05/2021

Over the next few months, **Patterson Health Center (PHC)** will be working with area providers to update the old Harper County Community Health Needs Assessment (CHNA). Patterson Health is requesting input from community members regarding the healthcare needs in Harper County in order to complete the 2021 CHNA.

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

In order to accomplish this work, a brief confidential online survey has been generated. To participate, you may visit our website or social media sites to obtain the link to complete the survey.

All community residents and business leaders are encouraged to complete the 2021 CHNA online survey by **Tuesday, June 1st**. In addition, please **HOLD the date** for the Town Hall meeting scheduled **Tuesday, June 22nd**, for Dinner from **5:30 p.m. - 7:00 p.m.** Thank you in advance for your time and support! Note> More info will be coming soon!

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

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EMAIL #2 Request Message (Cut & Paste)

From: Lori Allen, COO

Date: 5/20/2021

To: Community Leaders, Providers and Hospital Board and Staff

Subject: Harper County Community Health Needs Assessment 2021

Patterson Health Center is hosting a scheduled Town Hall Meeting for the 2021 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. This event will be held on **Tuesday, June 22nd, 2021 from 5:30 p.m. – 7:00 p.m.**

All business leaders and residents are encouraged to join us for this meeting, but it is imperative that you complete an RSVP to properly adhere to safety guidelines. We hope you find the time to attend this important event by following the link below to complete your RSVP for June 22nd.

LINK: https://www.surveymonkey.com/r/HarperCo_CHNARSVP_2021

Note> Those who RSVP, will receive additional information and confirmation a few days prior to the event.

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 Local Town Hall Event for the 2021 Community Health Needs Assessment.

Media Release: 05/20/21

Patterson Health Center has scheduled the Town Hall meeting for the 2021 Community Health Needs Assessment on **Tuesday June 22nd, from 5:30 p.m. – 7:00 p.m.** During this event, we will review the community health indicators and gather feedback opinions on key community health needs for Harper County.

Due to Covid and state-wide guidelines, we must ensure the safety of our community members during this on-site meeting. Therefore, those who wish to attend must RSVP to adequately prepare for this social distanced gathering. You may do this by visiting the Patterson Health Center website and social media sites to obtain the link and complete your RSVP. We hope you can find the time to join us for this important event on June 22nd, 2021.

Note> If you RSVP, additional information will be released to you a few days prior to the event.

Thanks in advance for your time and support!

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

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d.) Primary Research Detail

[VVV Consultants LLC]

CHNA 2021 Community Feedback: Harper Co. KS (N=320)							
ID	Zip	Rating	Movement	c1	c2	c3	In your opinion, what are the root causes of "poor health" in our community?
1060	67003	Good	Not really changing much	ACC	EDU		Access to resources
1102	67003	Good	Increasing - moving up	ADOL	EDU	DRUG	More education for the youth on tobacco products, drugs and sex
1006	67003	Average	Increasing - moving up	ADOL	VIO	ACC	Our kids need help. I don't know what the answer is, but there is an increasing amount of kids being raised by unfit parents in our community. They aren't being cared for properly, physically or emotionally. They need easy access to a safe place where they can get the emotional and physical support they need.
1301	67003	Good	Not really changing much	ADOL	EDU		Often seems that it starts with the young - how the generation raising them knows what they should be doing for proper diet, etc. & then carrying that out in educating their children.
1002	67703	Average	Not really changing much	ALC	DRUG		Alcohol and drugs are issues
1192	67058	Very Good	Increasing - moving up	BH	ADOL		Mental health for our children under the age of 13.
1021		Good	Increasing - moving up	CONF	EMER		Confidence in emergency services
1272	67009	Poor	Decreasing - slipping downward	DOCS	TRAIN		The providers need better education.
1114	67058	Average	Not really changing much	DOCS	ACC		Not much choice of Dr.
1180	67058	Very Poor	Not really changing much	DOCS	TRAIN		Lack of qualified medical doctors
1101	67036	Very Good	Increasing - moving up	DRUG	SPRT		Drug abuse programs for recovery.
1035	67058	Good	Not really changing much	DRUG			Drug use by choice
1032	67003	Average	Not really changing much	DRUG			Lack of getting the drug problem under control via the law
1285	67003	Average	Not really changing much	ECON	ACC		Appropriate work opportunities with health care access
1315	67058	Very Good	Increasing - moving up	EDU	NUTR		More Education needs to be done on real nutrition from plant source. Education on inflammatory foods.
1030	67003	Good	Not really changing much	EMS			Lack of EMS in town
1292	67009	Poor	Not really changing much	GOV	ECON	OWN	Government giving handouts and lazy individuals not wanting to work and therefore spiraling down mentally and physically. Seems to be all connected.
1293	67058	Poor	Decreasing - slipping downward	HOSP	MAN		Lack of investment into and at the hospital.
1046	67058	Poor	Decreasing - slipping downward	HOSP	QUAL		Growing distrust in the quality of hospital services that are provided in our community.
1013	67058	Poor	Decreasing - slipping downward	HOSP			Most people just simply won't deal with the hospital because they or someone they know have had a bad experience or feel as if the staff didn't know what they are talking about most of the time.
1303	67058	Very Good	Decreasing - slipping downward	NUTR	EDU		people no longer no how to cook and our food assistance programs allow junk food of all sorts to be purchased. Any one receiving assistance should have to take course in how to use appropriately
1261	67003	Average	Decreasing - slipping downward	OWN			Lack of individuals caring about their health
1296	67003	Good	Increasing - moving up	OWN	DRUG		Lack of people to improve their health and stay away from drugs.
1096	67003	Good	Increasing - moving up	OWN			Apathy and lack of individual responsibility for their own health
1166	67058	Good	Increasing - moving up	OWN			People making the effort to be proactive, personal accountability for using what is available.
1058	67058	Average	Not really changing much	OWN			Lack of SELF DISCIPLINE
1100	67058	Average	Not really changing much	OWN			lack of the individual caring about their health
1304	67003	Good	Not really changing much	OWN			Poor Lifestyle Habits/Culture #1
1264	67003	Good	Increasing - moving up	POV			Poverty
1168	67058	Average	Not really changing much	POV			Overall poverty
1174	67003	Good	Not really changing much	POV			Poverty
1053	67003	Very Good	Increasing - moving up	REC	ACC		A destination facility to go to be together, have fun, participate in events, etc.

CHNA 2021 Community Feedback: Harper Co. KS (N=320)							
ID	Zip	Rating	Movement	c1	c2	c3	Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?
1277	67009	Good	Increasing - moving up	ACC			Not sure. I can usually get over to see my NP fairly quickly.
1003	67003	Average	Not really changing much	ACC	HRS		need evening and weekend access
1292	67009	Poor	Not really changing much	ACC	SCH		Love that it seems someone is always available.
1100	67058	Average	Not really changing much	ACC	WAIT		hopefully only a few at a time will need local care
1261	67003	Average	Decreasing - slipping downward	AMB	WAIT		Only 1 ambulance for the whole county and stationed about as far away from 2/3 of the county as it can be.
1147	67058	Good	Increasing - moving up	AMB	ACC		Ambulance service being unavailable at times.
1153	67058	Average	Increasing - moving up	AMB	STFF		More ambulance drivers
1145	67058	Very Good	Not really changing much	AMB	SERV	RET	Because of their poor service, I'm assuming there are staffing problems with the ambulance service
1056	67003	Average	Decreasing - slipping downward	CLIN	HRS	INSU	Extended clinic hours and weekend hours to avoid additional costly ER charges for those without insurance. Working people can't go to the doctor M-F 8-5
1300	67003	Good	Decreasing - slipping downward	CLIN			Walk in clinic would be amazing
1114	67058	Average	Not really changing much	CLIN			Clinics in harper and anthony
1174	67003	Good	Not really changing much	DIAB	EDU		Diabetic nurse/trainer
1281	67058	Average	Decreasing - slipping downward	DOCS	BED		There is a lack of confidence in most of the providers. I for one will only see one provider out there because of my lack of confidence and past experience with other providers. Listening to the patient seems to be a problem for some, people know their body better than the provider and should listen to the patient.
1004	67058	Good	Decreasing - slipping downward	DOCS	RNT		We need more likeable, younger providers in the clinic
1296	67003	Good	Increasing - moving up	DOCS			Can we get another full time doctor to help cover the needs of our community
1130	67004	Very Good	Not really changing much	DOCS	NURSE		Need more Doctors and nurses.
1001		Poor	Not really changing much	DOCS	QUAL		Need more quality doctors.
1011	67058	Average	Not really changing much	DOCS	SCH		Dr.s arenot available only mid levels
1154	67058	Good	Not really changing much	DOCS	SCH	WAIT	The lack of providers that the patient prefers makes it difficult to schedule on a timely manner.
1298	67003	Good	Not really changing much	DOCS	SCH		We need to be more consistent with amount of providers daily. Some days we have more than we need and other day we are way to short.
1212	67009	Average	Not really changing much	DOCS	SURG	REF	doctors and surgeons on staff so people don't have to be shipped to another hospital to get simple procedures done.
1180	67058	Very Poor	Not really changing much	DOCS	TRAIN		Qualified medical doctors are desperately needed not just prns etc.
1124	67002	Average	Not really changing much	DOCS			Doctor
1030	67003	Good	Not really changing much	DOCS			Not enough doctors.
1023	67003	Average	Not really changing much	DOCS			we need more MD doctors
1065	67003	Average	Not really changing much	ECON			Nobody wants to work, just want hand outs
1055	67003	Average	Not really changing much	EMER	DOCS		ER needs more than 1 doctor on call at a time.
1077	67058	Average	Not really changing much	EMER	REF		Again, if emergency care is needed, patients are transported to wichita
1057	67058	Good	Not really changing much	EMER	TELE	BED	Nobody likes going to ER or being admitted and having to talk to a doctor that does NOT know them and is states away
1035	67058	Good	Not really changing much	EMER	WAIT		On a normal day there seems to be enough staff to respond to 911 calls, but at times when the first truck is out and an all page has to go out or there are several 911 calls, the patient may have to wait...
1187	67058	Good	Not really changing much	EMS	AMB		Does this include EMS? If so, no. We need an ambulance and crew available in all 3 towns at all times.
1304	67003	Good	Not really changing much	EMS	WAIT		Yes when it comes to PHC, no for EMS. Arrival times are still not very good.
1313	67003	Average	Not really changing much	EMS			There should be more EMS availability
1215	67049	Very Poor	Decreasing - slipping downward	GOV	DOCS		I believe it's state laws that is causing a lot of the local hospitals issues with getting enough providers.
1002	67703	Average	Not really changing much	HRS	URG	EMER	After hours becomes ER visit

CHNA 2021 Community Feedback: Harper Co. KS (N=320)							
ID	Zip	Rating	Movement	c1	c2	c3	Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?
1038	67058	Good	Increasing - moving up	IP	DOCS		Providers should be available for in- hospital stays.
1087	67003	Average	Not really changing much	PEDS	OBG		Ped's dr OB dr
1086	67003	Good	Not really changing much	PRIM			I don't know. Having a good reliable primary care doctor is important to me. I still have not really found one.
1013	67058	Poor	Decreasing - slipping downward	RET	DOCS	STFF	More healthcare workers, that actually enjoy their job and want to do it.
1046	67058	Poor	Decreasing - slipping downward	SCH	WAIT	EMS	Clinic appts can sometimes be pushed out for two weeks. EMS services seem to always be out of the town that they are needed in.
1182	67003	Good	Not really changing much	SCH	WAIT		May be a Dr there but you choose not to see them because you feel you have more knowledge than them so you wait till you can see a Dr.
1266	67031	Average	Not really changing much	SCH	WAIT		Seems like they have limited appts with providers each day
1127	67003	Good	Not really changing much	SCH	WAIT		You call at 8 and they are already full or they can't see you because they don't have a time that fits the patients schedule
1160	67058	Good	Increasing - moving up	SPEC			Specific women's and men's health services are limited. Have gone to Wichita to gain more access.
1257	67003	Average	Not really changing much	SPEC	SERV		Specialty services as previously mentioned.
1041	67003	Very Good	Increasing - moving up	STFF			We are understaffed.

CHNA 2021 Community Feedback: Harper Co. KS (N=320)							
ID	Zip	Rating	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1230	67003	Average	Not really changing much	ACC	FIT	SAFE	Access to safe places to exercise as a family (e.g., walking/biking path/trail, and/or access to child-care for parents to exercise
1187	67058	Good	Not really changing much	ACC	SERV	GROW	An full care facility in Harper.
	67003	Very Good	Increasing - moving up	ADOL	BH	DRUG	Teen resources— mental health, substance abuse, nutrition
1073	67058	Good	Increasing - moving up	ADOL	DRUG	ALC	We need to address the underage drinking and drug abuse issues with more to do for young people.
1100	67058	Average	Not really changing much	ALL	REF	GROW	complete health instead of a transfer point to Wichita
1145	67058	Very Good	Not really changing much	AMB	SERV		I don't know that we need new health programs until after we can fix problems in the existing services like the ambulance service.
1114	67058	Average	Not really changing much	ASLV	NH		Assisted living, long term care in harper, Attica and anthony have got care homes harper only has 10 or 12 units
1001		Poor	Not really changing much	ASLV	NH		Elder care including assisted living.
1048	67003	Poor	Not really changing much	BED	DOCS	QUAL	Better bedside manners. How to respectfully speak to your patients.
1184	67003	Poor	Decreasing - slipping downward	BH			Mental health
1041	67003	Very Good	Increasing - moving up	BH	COMM	LDRS	Better mental health systems. Horizons lacks in communications, both to patients and within their organization Ok
1042	67003	Very Good	Increasing - moving up	BH	DRUG		Mental health/substance abuse
1142	67058	Very Good	Increasing - moving up	BH	FIT	HRS	I would like to see more involvement with mental health services. Also wellness centers with 24 hour access would be ideal.
1160	67058	Good	Increasing - moving up	BH	FP	DOH	Mental Health Commitment. Family/Community health.
1113	67058	Good	Increasing - moving up	BH	NH	HH	Community mental health programs that meet the populace where they are at, such as at the senior centers, the care homes, possibly churches.
1049	67003	Good	Increasing - moving up	BH	QUAL		QUALITY mental health services.
1062	67104	Good	Increasing - moving up	BH			mental health
1169	67058	Good	Increasing - moving up	BH			Mental Health continue to be high on the list.
1225	67058	Very Good	Increasing - moving up	BH			Mental heath services.
1313	67003	Average	Not really changing much	BH	DRUG		Mental Health and substance abuse counselors
1242	67058	Very Good	Not really changing much	BH	EDU		anything for mental health awareness, education to all public to help people understand what a person with mental illness is going thru and what actions/words help/dont help them.
1060	67003	Good	Not really changing much	BH			Counseling/therapy options for mental health
1120	67003	Average	Not really changing much	BH			Mental.
1226	67003	Good	Increasing - moving up	CC			Child Care
1127	67003	Good	Not really changing much	CC	DIS		Day care and adult day care!
1271	67003	Good	Not really changing much	CHRON			help with fibermyalgia
1125	67003	Very Good	Increasing - moving up	CLIN	DRUG	PREV	Walk in clinic, drug abuse prevention
1055	67003	Average	Not really changing much	CLIN	FINA	INSU	Pop up clinics at a cheaper cost for patients without insurance.
1251	67003	Good	Increasing - moving up	CONF			Not violating HIPAA
1101	67036	Very Good	Increasing - moving up	CUL	EDU	AWARE	Anything for our Hispanic population, so that they are aware of what is offered for them.
1315	67058	Very Good	Increasing - moving up	DIAB	EDU	DIAL	Diabetes Education - in the works Dialysis capabilities
1311	67003	Good	Not really changing much	DIAB	CARD		Diabetic programs, heart health
1174	67003	Good	Not really changing much	DIAB	EDU		Diabetes education -offered more than 1 time.
1056	67003	Average	Decreasing - slipping downward	DIAL	URG	CLIN	Dialysis urgent care clinic
1203		Average	Increasing - moving up	DIAL	BH	ADOL	Dialysis and a visiting Dr that can prescribe add and depression medications for kids
1096	67003	Good	Increasing - moving up	DIAL	PAIN	BH	Dialysis Pain Management Expanded Mental Health both adult and child
1104	67003	Very Good	Increasing - moving up	DIAL			dialysis
1298	67003	Good	Not really changing much	DIAL	CHEM		Dialysis and chemotherapy

CHNA 2021 Community Feedback: Harper Co. KS (N=320)							
ID	Zip	Rating	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1164	67003	Good	Not really changing much	DIAL			Dialysis
1261	67003	Average	Decreasing - slipping downward	DRUG	SH	NUTR	Dealing with illegal drug dealers. Start in school nutrition and "life-long" sports to encourage lifestyle to avoid obesity. City Recreation Dept. should build activities around that goal.
1080	67058	Very Good	Increasing - moving up	DRUG	DIAB	EDU	substance abuse, diabetes education
1115	67061	Very Good	Increasing - moving up	DRUG	FIT		Regular nutrition and fitness education, substance abuse education, counseling
1083	67058	Very Good	Increasing - moving up	DRUG	OBES	BH	substance abuse, personal care-weight management/diabetes, psychiatric therapy
1154	67058	Good	Not really changing much	DRUG	SERV		ILLEGAL and PRESCRIPTION drug ADDICTION/ABUSE
1023	67003	Average	Not really changing much	DRUG	SERV		lots of drug abuse help.
1229	67003	Good	Increasing - moving up	EDU	PREV	CHRON	Education on preventive measures to avoid chronic illness - heart disease, CHF, etc
1090	67049	Good	Increasing - moving up	EDU	TOB	DRUG	Education on tobacco prevention and drug/substance abuse
1304	67003	Good	Not really changing much	EDU	OWN	PREV	Something that reaches people to help change lifestyles/patterns that are common to our culture that promote poor health over time. Drinking, the food we eat, parenting, etc..
1291	73758	Good	Increasing - moving up	EMS			Better EMS service
1030	67003	Good	Not really changing much	EMS	DOCS		EMS in every town. More doctors. I miss Dr Cates!!!
1175	67003	Average	Not really changing much	EMS	SAFE	BH	EMS/Police/Mental Health team to help with social issues in the community. Social worker team at the hospital to assist with elderly, mental, and teen patient needs.
1021		Good	Increasing - moving up	FAM	EDU	DUP	Expansion of family "Life Training" services and more work county wide in coordinating available wrives without duplication in the "complete service area"
1296	67003	Good	Increasing - moving up	FF	FAC		When someone is reported for needing help we need to follow up on seeing they do it. I reported someone for two years of bed bugs. A company came and told them to take paneling off the wall and other things. They have not done it and they are fighting bed bugs for their third summer.
1151	67058	Good	Increasing - moving up	FINA	PRIM	BH	Affordable Primary Care and Mental Health Services for people without health insurance (Horizons can still be expensive for initial eval and treatment)
1293	67058	Poor	Decreasing - slipping downward	FIT	EDU	STFF	Harper County Wellness tracker, doing things like step counting, exercising, etc, earns you points at the hospital. use them for discounts at the cafeteria, the SCDME, clinic visits, bills, etc.
1027	67003	Very Good	Increasing - moving up	FIT	BH		A gym would go a long way toward promoting fitness. A mental health care facility would also be beneficial to many residents here.
1003	67003	Average	Not really changing much	FIT	ACC	HRS	fitness center that is larger and easier to access with longer hours
1259	67003	Good	Increasing - moving up	HH	NH		In home nursing visits for in home care.
1257	67003	Average	Not really changing much	HH	BH	SPEC	Home based mental health services, specialty services and greater promotion of existing services.
1141	67003	Average	Not really changing much	HSP			Harper County Hospice
1045	67003	Very Good	Increasing - moving up	INSU	FINA		Affordable health insurance
1151	67058	Good	Increasing - moving up	INSU			Affordable Primary Care and Mental Health Services for people without health insurance (Horizons can still be expensive for initial eval and treatment)
1071	67142	Good	Not really changing much	MRKT	EDU	COMM	Having information in the local papers and/or social media would help the public know what services are available in HP CO.
1257	67003	Average	Not really changing much	MRKT	EDU		Home based mental health services, specialty services and greater promotion of existing services.
1035	67058	Good	Not really changing much	MRKT	SH	ADOL	Contracting a pediatric cardiologist would be beneficial I feel for many parents in HPCO. AA/NA groups to be better advertised. Something for the school and education health? USD 361 has a very low rating for education provided to students. I guess there are several teachers that are teaching that don't even have teaching licenses. Could we make a program to get them into college to obtain a teaching degree to teach our children? Education is a big part of overall health of a person. Access to excellent education is vital.
1004	67058	Good	Decreasing - slipping downward	NH	SH	EDU	One thing that bothers me is the number of elderly patients who have reached the point that they can no longer take care of themselves and there is no plan...perhaps a high school course that gives students an idea that someday they need to step up and help their elderly patients...
1281	67058	Average	Decreasing - slipping downward	NUTR	GROW		Opening a nutritional shakes and juice bar!
1273	67058	Good	Increasing - moving up	NUTR	EDU	PREV	Nutrition services, education about overall health
1147	67058	Good	Increasing - moving up	NUTR	FIT	REC	Continue the farmers markets in the county. Have more outside activities - like group walks.
1115	67061	Very Good	Increasing - moving up	NUTR	FIT	EDU	Regular nutrition and fitness education, substance abuse education, counseling
1277	67009	Good	Increasing - moving up	NUTR			Not sure! Need more farmers markets.

CHNA 2021 Community Feedback: Harper Co. KS (N=320)

ID	Zip	Rating	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1292	67009	Poor	Not really changing much	NUTR	EDU	BH	"Ways to cook healthy" classes. Nutrition label classes. More qualified Mental Health counselors.
1153	67058	Average	Increasing - moving up	OBES	EDU	ALC	Obesity education/OA Alcohol Abuse education
1219	67003	Very Good	Increasing - moving up	OBES			Obesity
1029	68049	Very Good	Not really changing much	OBES	FINA		Weight loss programs that are free or inexpensive like TOPS.
1212	67009	Average	Not really changing much	OBES	NUTR	EDU	Help people lose weight instead of just telling them to lose weight. Give them the tools and knowledge of how to lose the weight so they can keep it off. Not just a magic pill.
1022	67058	Very Good	Not really changing much	OBG	DIAL		Labor and delivery and dialysis
1168	67058	Average	Not really changing much	OBG	SPRT	NUTR	Birthing Center, OA (overeaters anonymous), and other health support groups
1264	67003	Good	Increasing - moving up	OP	BH	URG	Inpatient mental health; Urgent care (after hours/weekends)
1013	67058	Poor	Decreasing - slipping downward	OWN			New attitudes and less judgement ☹️
1058	67058	Average	Not really changing much	OWN	NUTR	EDU	Something to address the needs of the indigent people who don't or won't work because they would rather do drugs & leech off of Society & other people. Then, teaching Personal Responsibility, Health AND Nutrition, benefits of Exercise, smoking cessation, hazards of Vaping, and to NOT use drugs! And start this in the schools EARLY. Then Reinforce it. Otherwise, you can't fix it. AND - another "Community Program" isn't always the answer. So if it's not going to be effective, don't waste the Taxpayer's Money!! Just LEAD by Example. Like, everyone knows who does drugs, so why don't the cops? And then, why don't they do anything about it?
1255	67009	Very Good	Increasing - moving up	PART	NUTR		Farm to table collaboration with KState Extension.
1035	67058	Good	Not really changing much	PEDS	CARD	SPRT	Contracting a pediatric cardiologist would be beneficial I feel for many parents in HPCO. AA/NA groups to be better advertised. Something for the school and education health? USD 361 has a very low rating for education provided to students. I guess there are several teachers that are teaching that don't even have teaching licenses. Could we make a program to get them into college to obtain a teaching degree to teach our children? Education is a big part of overall health of a person. Access to excellent education is vital.
1210	67058	Average	Not really changing much	PHY	NH	FAC	Need a large pool at hospital for physical therapy for senior citizens.
1058	67058	Average	Not really changing much	POV	OWN	NUTR	Something to address the needs of the indigent people who don't or won't work because they would rather do drugs & leech off of Society & other people. Then, teaching Personal Responsibility, Health AND Nutrition, benefits of Exercise, smoking cessation, hazards of Vaping, and to NOT use drugs! And start this in the schools EARLY. Then Reinforce it. Otherwise, you can't fix it. AND - another "Community Program" isn't always the answer. So if it's not going to be effective, don't waste the Taxpayer's Money!! Just LEAD by Example. Like, everyone knows who does drugs, so why don't the cops? And then, why don't they do anything about it?
1099	67003	Very Good	Increasing - moving up	QUAL	SPRT	AWARE	I believe that Patterson Health Center and our County Health Department are doing a great job of keeping providing "new" programs. Patterson is always coming up with new ways to reach out with new services.
1283	67003	Good	Decreasing - slipping downward	REC	FAC		Community Activity Center
1211	67003	Good	Increasing - moving up	REC	FAC		Outdoor health facilities updated
1053	67003	Very Good	Increasing - moving up	REC	FAC		A destination facility where we can gather together, have fun, learn, participate in events, and connect. (similar to a small YMCA perhaps)
1156	67058	Good	Not really changing much	RET	FF	BED	I am not sure we need new, we just need to retain our hospital and clinic staff and work on following thru with patient care and follow up
1215	67049	Very Poor	Decreasing - slipping downward	SCAN	LAB		Local diagnostics and testing.
1157	67058	Poor	Decreasing - slipping downward	SERV	PART		check with counties around harper
1180	67058	Very Poor	Not really changing much	SERV	PART		Check larger communities for comparable programs
1286	67058	Good	Not really changing much	SERV	QUAL	GROW	It seems that new services are developed but not carried thru. We need to make what we have great before we develop new services.
1058	67058	Average	Not really changing much	SH	ADOL	LDRS	Something to address the needs of the indigent people who don't or won't work because they would rather do drugs & leech off of Society & other people. Then, teaching Personal Responsibility, Health AND Nutrition, benefits of Exercise, smoking cessation, hazards of Vaping, and to NOT use drugs! And start this in the schools EARLY. Then Reinforce it. Otherwise, you can't fix it. AND - another "Community Program" isn't always the answer. So if it's not going to be effective, don't waste the Taxpayer's Money!! Just LEAD by Example. Like, everyone knows who does drugs, so why don't the cops? And then, why don't they do anything about it?
1182	67003	Good	Not really changing much	SPEC			I don't know but I am thankful for the specialists who do come here!!!

CHNA 2021 Community Feedback: Harper Co. KS (N=320)

ID	Zip	Rating	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1097	67058	Average	Not really changing much	SPEC			more specialist
1019	67003	Very Good		SPEC			More specialty Dr's
1149	67058	Good	Increasing - moving up	SPRT	ALC		AA
1038	67058	Good	Increasing - moving up	SPRT	QUAL		I think we have the programs but not sure of their effectiveness.
1024	67058	Very Good	Not really changing much	SPRT	ALC	DRUG	AA group meetings or NA group meetings. This is important for the area and its problems
1175	67003	Average	Not really changing much	SS	HOSP		EMS/Police/Mental Health team to help with social issues in the community. Social worker team at the hospital to assist with elderly, mental, and teen patient needs.
1057	67058	Good	Not really changing much	SS	TELE	DOCS	More social services, no TV doctors while at ER or inpatient
1253	67003	Good	Increasing - moving up	SUIC	PREV		We need a local suicide prevention program/hot line.
1158	67058	Good	Not really changing much	SUIC	ADOL		suicide prevention for our youth, let them know who to talk to and where to get help before it's too late.
1046	67058	Poor	Decreasing - slipping downward	TELE	WAIT		TeleMed service availability for ALL patients to create a more comfortable environment, and eliminate the in-house wait times.
1082	67003	Very Good	Increasing - moving up	TELE	HH	INSU	Telehealth "home visits" instead of going to the hospital. We could benefit on having a contact person who could explain what our insurance will cover BEFORE we have test run.
1082	67003	Very Good	Increasing - moving up	TELE	INSU		Telehealth "home visits" instead of going to the hospital. We could benefit on having a contact person who could explain what our insurance will cover BEFORE we have test run.
1074	67058	Very Good	Not really changing much	TELE	EDU		Telehealth at major employers; Lunch and learn events at major employers
1272	67009	Poor	Decreasing - slipping downward	TRAIN	EDU	STFF	Provider education
1006	67003	Average	Increasing - moving up	URG	CLIN		Urgent Care Clinic

Let Your Voice Be Heard!

In 2018, Patterson Health Center surveyed the community to assess established health needs. Today, we request your input again in order to create a 2021 Harper County (KS) Community Health Needs Assessment (CHNA). To gather current service area feedback, a short online survey has been created to evaluate current community health needs.

While your participation is voluntary and confidential, all community input is valued. Thank you for your time and support! The deadline to participate is Tuesday, June 1st, 2021.

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

- ☐ Very Good ☐ Good ☐ Average ☐ Poor ☐ Very Poor

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

- ☐ Increasing - moving up ☐ Decreasing - slipping downward
☐ Not really changing much

Please specify why.

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

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

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

- | | |
|---|---|
| <input type="checkbox"/> Access to Mental Health Services | <input type="checkbox"/> EMS Services |
| <input type="checkbox"/> Access to Specialists | <input type="checkbox"/> Exercise/Fitness |
| <input type="checkbox"/> Affordable Health Insurance | <input type="checkbox"/> Family Support/Assistance |
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Health/Wellness Education |
| <input type="checkbox"/> Awareness of Health Services | <input type="checkbox"/> Nutrition - Healthy Food Options |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Chronic Health | <input type="checkbox"/> Tobacco Prevention |
| <input type="checkbox"/> Drug/Substance Abuse | <input type="checkbox"/> Training for EMT/Dispatch |

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

- | | |
|---|---|
| <input type="checkbox"/> Access to Mental Health Services | <input type="checkbox"/> EMS Services |
| <input type="checkbox"/> Access to Specialists | <input type="checkbox"/> Exercise/Fitness |
| <input type="checkbox"/> Affordable Health Insurance | <input type="checkbox"/> Family Support/Assistance |
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Health/Wellness Education |
| <input type="checkbox"/> Awareness of Health Services | <input type="checkbox"/> Nutrition - Healthy Food Options |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Chronic Health | <input type="checkbox"/> Tobacco Prevention |
| <input type="checkbox"/> Drug/Substance Abuse | <input type="checkbox"/> Training for EMT/Dispatch |

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

- | | |
|--|--|
| <input type="checkbox"/> Chronic disease prevention | <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/Exercise Services | <input type="checkbox"/> Lack of health insurance |
| <input type="checkbox"/> Limited Access to Primary Care | <input type="checkbox"/> Neglect |
| <input type="checkbox"/> Limited Access Specialty Care | <input type="checkbox"/> Lack of Education for Health/Wellness |

Other (Be Specific).

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

	Very Good	Good	Fair	Poor	Very Poor
Ambulance Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chiropractors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dentists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eye Doctor/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"/>

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

	Very Good	Good	Fair	Poor	Very Poor
Inpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health 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 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"/>
Walk-In Clinic Access	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Very Good	Good	Fair	Poor	Very Poor
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 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"/>

11. Do you have any Covid-19 worries and/or concerns in regards to community health delivery?

☐ Yes

☐ No

If yes, please specify your thoughts.

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

☐ Yes

☐ No

If yes, please specify the healthcare services received.

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

☐ Yes

☐ No

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

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

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Abuse/Violence | <input type="checkbox"/> 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).

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

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

Other (Please specify).

17. What is your home ZIP code? Please enter 5-digit ZIP code; for example 66544 or 65305



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