WYANDOTTE COUNTY COMMUNITY HEALTH ASSESSMENT

Prepared by Vicki Collie-Akers, Johana Bravo, Jerry Schultz, Sara Obermeier, Charles Sepers, and Sarah Landry of the University of Kansas Work Group for Community Health and Development on behalf of the community of Wyandotte County and the Unified Government of Wyandotte County & Kansas City Public Health Department.

MARCH 2018

Table of Contents

Executive Summary

Community Health Assessments are a critical part of strong public health practice. Assessments provide opportunities for community organizations and members to:

- Better understand the health status and behaviors of community members;
- Engage community members in a process of providing their perspective about important issues and the conditions that have an impact on those issues;
- Have important data to be used to support decision-making about key health issues.

In addition to being a part of robust public health practice, up-to-date Community Health Assessments (CHA) are required for local health departments seeking accreditation from the National Public Health Accreditation Board. In 2016, the Unified Government of Wyandotte County & Kansas City Public Health Department (UGPHD) embarked on a path toward accreditation. The UGPHD worked with key community partners to convene a steering committee to guide the process. The following is a list of organizations whose staff participated in the steering committee:

- City of Bonner Springs
- Children's Mercy Hospitals
- Community Health Council of Wyandotte County
- City of Edwardsville
- El Centro, Inc.
- Healthy Communities Wyandotte
- Kansas University Medical Center
- Livable Neighborhoods
- Providence Medical Center
- REACH Health Care Foundation
- Unified Government of Wyandotte County & Kansas City Public Health Department
- United Way of Wyandotte County
- University of Kansas
- Wyandot Inc.
- Wyandotte Economic Development Council
- Wyandotte Health Foundation

The steering committee identified the University of Kansas Work Group for Community Health and Development (KU Work Group) as a consultant to implement CHA related activities. Over a period between November 2016 and June 2017, efforts to conduct a CHA have taken place. The findings of these assessment activities are detailed in the following report.

The Community Health Assessment (CHA) was initiated with the aim of answering key questions. These included:

1. What are the health status and health behaviors of Wyandotte County residents?
2. To what extent do populations in Wyandotte County disproportionately experience poor health outcomes or are at disproportionate risk for poor health outcomes?
3. What conditions contribute to the health of Wyandotte County residents?
4. What resources are available to address emerging health issues?

To answer these questions, the Steering Committee and the KU Work Group designed a mixed-methods assessment that used four distinct approaches to capturing data. These included: a Local Public Health Systems Assessment; a Concerns Survey; a Community Health Status Assessment; and focus groups.

The Community Health Assessment was divided into two phases. The first phase included the collection of a comprehensive set of data reflecting health and health status. From this set of data, two types of issues were identified: 1) convergent issues, in which multiple sources of data suggested that an issue is a problem, and 2) “beacon issues,” in which data from only one source provides compelling evidence that the issue is important. A total of 19 issues were identified as convergent or beacon issues. These 19 issues were reviewed by the public at a community meeting, and later by the Steering Committee. Based on votes from the community, as well as an understanding of the data, seven

issues were moved forward to phase two of the CHA. In addition, steering committee members agreed that the extent to which poverty and discrimination has an impact on each of the issues would be explored.

The following are key findings for the seven priority issues.

Access to healthy foods

- 18.1% of households in Wyandotte County are food insecure – or have limited availability of nutritionally adequate foods.
- More than 1 in 3 households reported they sometimes or often worry about running out of food before there was money to buy more food.
- About 30% of Wyandotte County residents do not eat at least 1 serving of vegetables a day, and about 48% do not eat at least 1 serving of fruit a day.

Access to medical, dental, and mental health care

- Access to quality care was identified in the top five of all problems among Wyandotte County residents.
- Access to dental care and mental health were identified as issues among many different groups in Wyandotte County.
- 1 in 10 Wyandotte county residents do not have insurance
- 18.1% of Wyandotte County residents reported that in the past year they needed to see a doctor but did not because of cost, compared to 11% of Kansas residents
- About 1 in 4 of K-12 students who've received screenings have obvious signs of dental decay.
- 47% of Wyandotte County residents who have an income less than $35,000 report they have poor mental health.

Access to safe and affordable housing

- Access to safe and affordable housing was identified as a top problem for people living in Central Kansas City, Kansas; African Americans and Native Americans; and people with low educational attainment.
- 21% of houses in WYCO have one or more severe housing problems, compared to 13% of all houses in the state of Kansas.
- 43% of households spend 30% or more of their income on rent or mortgage payment.
- 3 out of 10 houses in WYCO are at elevated risk for lead exposure.
- A higher proportion of children with elevated blood lead levels reside in zip codes with a high density of African American and Latino residents.

Childhood trauma/ Adverse Childhood Experiences

- Child abuse and neglect was identified as a significant problem by people living outside of central Kansas City, Kansas; White and "Other" race residents, and people with college degrees.
- Yearly, an average of 2,211 individual children are included in reports of abuse and neglect, and 164 children are identified as victims after investigation.
- High proportions of maltreated children are African American and Hispanic compared to other counties.
- 48.5% of all children surveyed report one or more Adverse Childhood Experience (ACE)
- 64.0% of all adults in WYCO report one or more ACE.
- Zip codes with higher risk for ACE exposure overlap with areas of high poverty.

Education and Jobs

- The availability of well-paying jobs and adequate education was identified as a top problem for all WYCO residents.
- Annual per capita income $35,589.
- Per capita income is among the lowest in the Kansas City, KS metro area (under $20,000).
- The annual cost of living in the Kansas City, KS metro area is $65,620.
- The unemployment rate is 11.2% for WYCO and more than 12.0% in the Kansas City, KS metro region.
- The percentage of residents 25 years or older with a high school degree or higher is 78.6%
- Racial and ethnic minorities, especially Latinos, had the lowest rates of educational attainment in WYCO.

Infant health and birth outcomes

- About 1 in 4 pregnant women enter prenatal care after the first trimester.
- 11.8% of pregnant women smoke.
- The teen pregnancy rate in WYCO is 10.4 per 1,000 live births compared to 4.5 for the state of Kansas overall.
- 8.2% of Wyandotte County babies are born at low birthweight
- Infant mortality among African American babies is 12.9 per 1,000 live births compared to 7.9 per 1,000 live births for the county overall, and 6.2 per 1,000 live births for the state of Kansas.

Violence

- Exposure to violence was one of the top five problems identified by residents who took the issues survey.
- Annually there are 6.2 violent crimes reported per 1,000 people, which is much higher than reports in the state (3.6 crimes per 1,000 people).
- High crime areas are concentrated in central, northeast, and south central Kansas City, Kansas.

The community health assessment conducted for Wyandotte County provides compelling information about the health status, health behaviors, concerns, and perceptions of the causes and conditions that shape pressing health issues. In addition, the data collected provide critical information about populations within Wyandotte County who are experiencing disproportionately poorer health status and outcomes. The next step in this process is to use this information to mobilize residents toward the development of a robust community health improvement plan and ultimately, action for improving the health of Wyandotte County residents.

Introduction

Community Health Assessments are a critical part of strong public health practice. Assessments provide opportunities for community organizations and members to:

- Better understand the health status and behaviors of community members;
- Engage community members in a process of providing their perspective about important issues and the conditions that have an impact on those issues;
- Have important data to be used to support decision-making about key health issues.

In addition to being a part of robust public health practice, up-to-date Community Health Assessments (CHA) are required for local health departments seeking accreditation from the National Public Health Accreditation Board. In 2016, the Unified Government of Wyandotte County & Kansas City Public Health Department (UGPHD) embarked on a path toward accreditation. The UGPHD worked with key community partners to convene a steering committee to guide the process. The following is a list of organizations whose staff participated in the steering committee:

- City of Bonner Springs
- Children's Mercy Hospitals
- Community Health Council of Wyandotte County
- City of Edwardsville
- El Centro, Inc.
- Healthy Communities Wyandotte
- Kansas University Medical Center
- Livable Neighborhoods
- Providence Medical Center
- REACH Health Care Foundation
- Unified Government of Wyandotte County & Kansas City Public Health Department
- United Way of Wyandotte County
- University of Kansas
- Wyandot Inc.
- Wyandotte Economic Development Council
- Wyandotte Health Foundation

The steering committee identified the University of Kansas Work Group for Community Health and Development (KU Work Group) as a consultant to implement CHA related activities.

Over a period between November 2016 and June 2017, efforts to conduct a CHA have taken place. The findings of these assessment activities are detailed in the following report.

Methods

The Community Health Assessment (CHA) was initiated with the aim of answering key questions. These included:

5. What are the health status and health behaviors of Wyandotte County residents?
6. To what extent do populations in Wyandotte County disproportionately experience poor health outcomes or are at disproportionate risk for poor health outcomes?
7. What conditions contribute to the health of Wyandotte County residents?
8. What resources are available to address emerging health issues?

To answer these questions, the Steering Committee and the KU Work Group designed a mixed-methods assessment that used four distinct approaches to capturing data. These included: a Local Public Health Systems Assessment; a Concerns Survey; a Community Health Status Assessment; and focus groups. These methods are briefly described below. A more complete description for each method is available in the appendices to this report.

Local Public Health Systems Assessment

To understand the strengths and weaknesses of a local public health system, as well as to characterize the capacity of the system to promote and protect health, an assessment of the system and its performance can be beneficial. The National Public Health Performance Standards were developed by a consortium of stakeholders to support an assessment process called Local Public Health Systems Assessments. Consisting of a series of performance measures reflecting ideal performance, the purpose of the Local Public Health Assessment (LPHSA) is to assess the performance of a local public health system relative to ideal performance. To conduct the LPHSA in Wyandotte County, the UGPHD identified and recruited people from across the local public health system to participate in a one-day retreat in which each of the 10 EPHS were assessed during two sessions in which break-out groups completed the assessment for five EPHS concurrently. A total of 59 people participated. Please see Appendix A for a full reporting of the Local Public Health Systems Assessment.

Concerns Survey

Obtaining data about the perspective of community members regarding strengths and problems in the community has many valuable benefits. Primarily, it assures that community members' perspectives are represented in the selection of issues that truly matter to people. A concerns survey was used to gather information about relative strengths and problems in the county. The concerns survey consisted of 35 items reflecting community health issues and demographic questions. Items were identified based on a shared understanding of the factors and conditions that contribute to health status and behaviors. Staff from the KU Work Group and UGPHD distributed English and Spanish surveys via online links and paper distribution sites across the county. A total of 2,289 Wyandotte County residents completed the concerns survey. Although survey respondents were not randomly selected, they did generally represent community demographics. For a full report of the concerns survey findings, please see Appendix B.

Community Health Status Assessment

The Community Health Status Assessment presents data regarding health status and behaviors from a variety of sources, including local, state and national health agencies. The Steering Committee identified key indicators to describe the community, health conditions, and disease burden in Wyandotte County. Staff gathered data from several sources (e.g., American Community Survey, Behavioral Risk Factor Surveillance System, Bureau of Labor Statistics, U.S. Census, Centers for Disease Control and Prevention, Kansas Department of Health and Environment vital statistics). Data that were available for the identified indicators were organized around community, behavioral, clinical factors, and population-level outcome indicators. A full report of all data collected for the Community Health Status Assessment is available in Appendix C.

Focus Groups

Focus groups were used to better understand the perspective of community members about conditions that have an impact on existing health problems. Staff and partners convened small groups around the county at places where people naturally gather, including churches, social service agencies, and neighborhood gatherings. Trained facilitators asked questions about participants' experiences with each issue; the causes or community conditions that contribute to each issue; the extent to which poverty and discrimination have an impact on each issue; connections between issues; and resources to address each issue. Staff analyzed recordings of each focus group to identify themes across the focus groups. Themes and specific quotes are reported throughout the findings of the report. A total of 51 people participated in the focus groups. A full report of the themes and related quotes identified in the focus group transcripts is available in Appendix D.

Resource Identification and Asset Mapping

As a result of the focus groups yielding little information pertaining to assets and resources existing in the Wyandotte community to address the concerns identified, additional methods were added to the CHA process. Methods varied by topic area due to the distinct nature of the work being done in each area.

- Access to Healthy food: Information and maps were acquired from the Dotte Agency, a local multidisciplinary design collaborative that engages neighborhoods to shape the built environment in order to improve public health. The Dotte Agency completed a Food Access and Resource map for Wyandotte County in February, 2018 that included a comprehensive list of grocery stores, farmers markets, corner stores, and other food outlets that demonstrates the food resources available across the county.
- Access to Medical, Dental, and Mental Health Care: The Health Department partnered with the Unified Government Knowledge Department to map all local primary care, dental, and mental health providers in the county. These lists of providers were generated from Kcdocs.com.
- Access to Safe and Affordable Housing: The Health Department partnered with Livable Neighborhoods, a Division of the Unified Government's Neighborhood Resource Center, to identify local housing advocates, nonprofits, and Neighborhood Business and Revitalization Organizations (NBRs). These housing resources were mapped by the UG Knowledge Department.
- Childhood Trauma/Adverse Childhood Experiences: The Health Department worked with the Alive and Thrive coalition, based out of Healthy Communities Wyandotte, to identify current partners working on trauma-related initiatives in the county.
- Education and jobs: The Wyandotte Economic Development Council assisted the UG Health Department in identifying key players in the field of jobs and education.
- Infant Health and Birth Outcomes: The Health Department partnered with the Fetal Infant Mortality Review (FIMR) team to identify assets and programs in the county dedicated to improving birth outcomes.
- Violence: The Wyandotte County Sexual Assault Prevention Coalition (WyCo-SAP) has worked for the past year to partner with organizations to create a Violence Prevention Plan. They worked with the Health Department to identify key partners in violence prevention throughout the county.

Process

The Community Health Assessment was divided into two phases (Figure 1). The first phase included the collection of a comprehensive set of data reflecting health and health status. From this set of data, two types of issues were identified: 1) convergent issues, in which multiple sources of data suggested that an issue is a problem, and 2) "beacon issues," in which data from only one source provides compelling evidence that the issue is important. A total of 19 issues were identified as convergent or beacon issues. These 19 issues were reviewed by the public at a community meeting, and later by the Steering Committee. Based on votes from the community, as well as an understanding of the data, seven issues were moved forward to phase two of the CHA. In addition, steering committee members agreed that the extent to which poverty and discrimination has an impact on each of the issues would be explored. Figure 2 displays the seven issues with the added lenses of discrimination and poverty. Phase two included a deeper examination of each issue through the collection of additional secondary data and the completion of focus groups. The findings of data collected through all phases of the community health assessment about each of the seven issues are reported here. In addition to these descriptions, infographics were developed for each issues, and are available in Appendix E.

Figure 1. Two-phase Community Health Assessment process

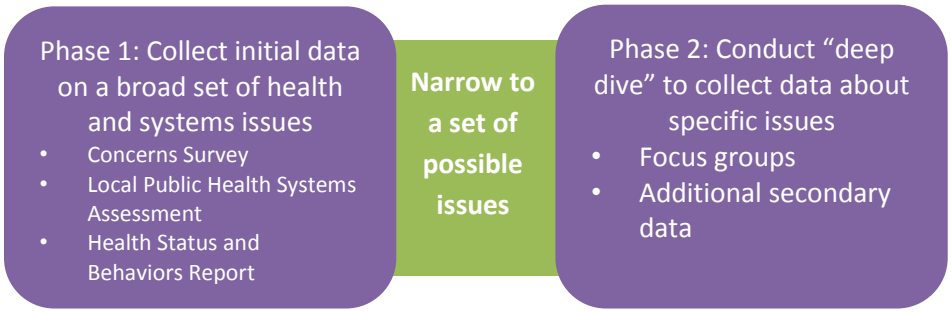
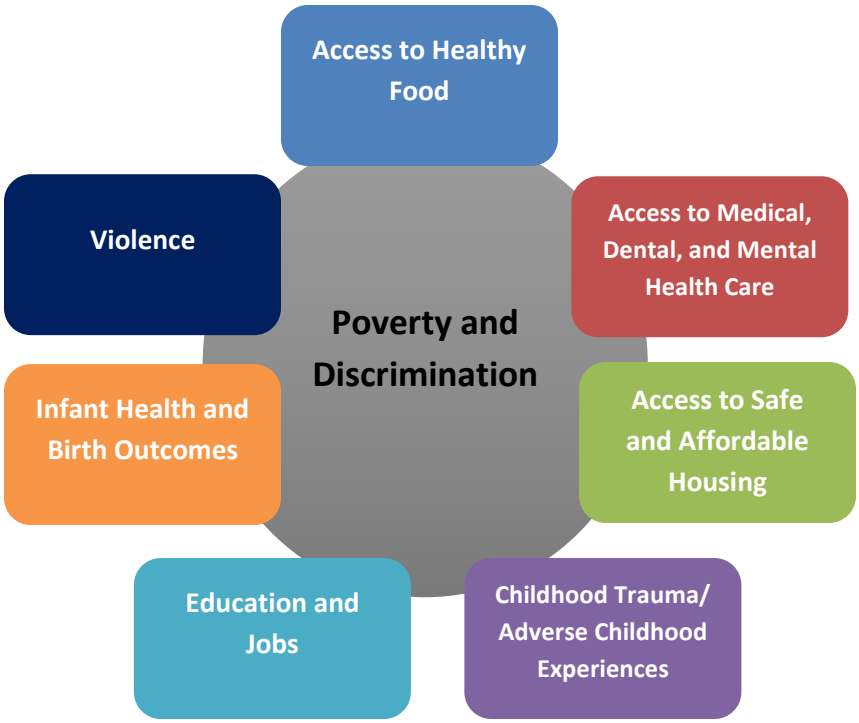


Figure 2. Issues identified for Phase Two



Demographics

Source: ACS 5 Year 2012-2016 Demographics

Age & Sex

Subject	Wyandotte County, Kansas		
	Total	Male	Female
	Estimate	Estimate	Estimate
Total population	161,777	79,712	82,065
AGE			
Under 5 years	8.4%	8.8%	8.1%
5 to 9 years	8.0%	8.4%	7.6%
10 to 14 years	7.6%	7.8%	7.4%
15 to 19 years	6.5%	6.6%	6.5%
20 to 24 years	6.7%	6.7%	6.6%
25 to 29 years	7.5%	7.5%	7.4%
30 to 34 years	7.6%	7.7%	7.4%
35 to 39 years	6.6%	7.0%	6.3%
40 to 44 years	6.1%	6.0%	6.1%
45 to 49 years	5.8%	6.0%	5.6%
50 to 54 years	6.5%	6.5%	6.5%
55 to 59 years	6.3%	6.2%	6.3%
60 to 64 years	5.2%	5.1%	5.3%
65 to 69 years	3.7%	3.4%	4.0%
70 to 74 years	2.7%	2.5%	2.9%
75 to 79 years	1.9%	1.7%	2.1%
80 to 84 years	1.4%	1.1%	1.6%
85 years and over	1.5%	0.9%	2.1%

Race

	Wyandotte County, Kansas
	Estimate
Total:	161,777
White alone	99,287
Black or African American alone	38,556
American Indian and Alaska Native alone	1,053
Asian alone	5,883
Native Hawaiian and Other Pacific Islander alone	280
Some other race alone	10,682
Two or more races:	6,036
Two races including Some other race	1,283
Two races excluding Some other race, and three or more races	4,753

Immigration Status

	Wyandotte County, Kansas
	Estimate
Total:	161,777
U.S. citizen, born in the United States	135,349
U.S. citizen, born in Puerto Rico or U.S. Island Areas	268
U.S. citizen, born abroad of American parent(s)	788
U.S. citizen by naturalization	4,924
Not a U.S. citizen	20,448

Income

Subject	Wyandotte County, Kansas			
	Households	Families	Married-couple families	Nonfamily households
	Estimate	Estimate	Estimate	Estimate
Total	59,067	37,558	23,258	21,509
Less than $10,000	10.8%	7.8%	2.6%	19.0%
$10,000 to $14,999	6.8%	4.5%	2.0%	11.5%
$15,000 to $24,999	12.6%	11.0%	6.9%	16.7%
$25,000 to $34,999	13.0%	12.4%	10.2%	14.2%
$35,000 to $49,999	16.9%	16.3%	16.0%	17.2%
$50,000 to $74,999	17.9%	19.4%	22.6%	13.3%
$75,000 to $99,999	10.5%	13.5%	18.5%	4.3%
$100,000 to $149,999	8.8%	11.8%	16.3%	3.2%
$150,000 to $199,999	1.8%	2.4%	3.5%	0.6%
$200,000 or more	0.7%	1.0%	1.4%	0.2%

Home Ownership

	Wyandotte County, Kansas
	Estimate
Total:	33,778
Housing units with a mortgage, contract to purchase, or similar debt:	20,730
With either a second mortgage or home equity loan, but not both:	2,147
Second mortgage only	945
Home equity loan only	1,202
Both second mortgage and home equity loan	174
No second mortgage and no home equity loan	18,409
Housing units without a mortgage	13,048

Educational Attainment

Subject	Total	Percent	Males	Percent Males	Females	Percent Females
Population 18 to 24 years	14,633	(X)	7,317	(X)	7,316	(X)
Less than high school graduate	3,530	24.10%	1,788	24.40%	1,742	23.80%
High school graduate (includes equivalency)	4,989	34.10%	2,864	39.10%	2,125	29.00%
Some college or associate's degree	5,211	35.60%	2,326	31.80%	2,885	39.40%
Bachelor's degree or higher	903	6.20%	339	4.60%	564	7.70%
Population 25 years and over	101,519	(X)	49,239	(X)	52,280	(X)
Less than 9th grade	10,029	9.90%	5,452	11.10%	4,577	8.80%
9th to 12th grade, no diploma	12,202	12.00%	6,270	12.70%	5,932	11.30%
High school graduate (includes equivalency)	33,319	32.80%	16,862	34.20%	16,457	31.50%
Some college, no degree	22,154	21.80%	10,107	20.50%	12,047	23.00%
Associate's degree	7,294	7.20%	2,897	5.90%	4,397	8.40%
Bachelor's degree	11,126	11.00%	5,319	10.80%	5,807	11.10%
Graduate or professional degree	5,395	5.30%	2,332	4.70%	3,063	5.90%
Percent high school graduate or higher	(X)	78.10%	(X)	76.20%	(X)	79.90%
Percent bachelor's degree or higher	(X)	16.30%	(X)	15.50%	(X)	17.00%

Access to Healthy Food

What is the problem? Who is most affected?

Healthy eating can reduce the risk of heart disease and type 2 diabetes, lower blood pressure, and protect against certain types of cancers. However, healthy eating can be challenging to Wyandotte County residents, as described by a focus group participant:

> *There isn't any place to eat that's affordable. Lettuce during growing season is $3.50. If you want a piece of lettuce, you had better order it on a burger.*

Many fruits and vegetables are naturally low in fat, high in fiber, and contain vitamins essential for health. The USDA recommends consuming at least 1.5 – 2 cups of fruit per day, and at least 2.5 – 3 cups of vegetables per day.

Adults in Wyandotte County were surveyed on the frequency of their **fruit and vegetable consumption**. The percent of adults who report eating fruit or vegetables at least one time per day is consistently lower than state figures. The overall consumption of fruit is much lower than the consumption of vegetables (Table 1.1).

Table 1.1 Percentage of adults who eat fruits and vegetables

Indicator	WYCO	Kansas
Percentage of adults who eat at least 1 vegetable a day	70.8%	77.7%
Percentage of adults who eat at least 1 fruit a day	51.8%	56.3%

Key Facts:

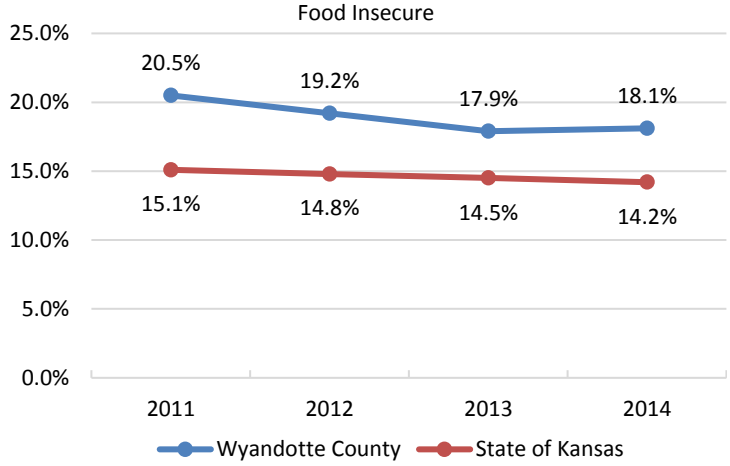
- 18.1% of households in Wyandotte County are food insecure – or have limited availability of nutritionally adequate foods.
- More than 1 in 3 households reported they sometimes or often worry about running out of food before there was money to buy more food.
- About 30% of Wyandotte County residents do not eat at least 1 serving of vegetables a day, and about 48% do not eat at least 1 serving of fruit a day.

Notable group disparities for fruit and vegetable consumption in Wyandotte County divide along the lines of gender, age, ethnicity, physical activity and smoking status (based on BRFSS 2015 data). More women (57.6%) than men (45.8%) are estimated to eat fruit at least once per day. A greater proportion of Hispanic people are estimated to eat fruit (64.5%) and vegetables (77.6%) daily compared to estimates for white (51.7%) or African American (50.8% and 62.32%) groups. Fewer people age 45 to 65 were estimated to eat at least one vegetable per day (64.2%) than older and younger age groups.

Food insecurity is defined as the limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods in socially acceptable ways. Lacking consistent access to food is related to hunger, weight gain, and premature death. The effects on developing children are of particular concern, as children in food-insecure homes are more likely to be hospitalized and more likely to develop health conditions such as anemia, obesity, and asthma.

The percent of households in Wyandotte County that are food insecure is higher than the rate in the state of Kansas (Figure 1). There was a small increase in food insecure households in 2014 compared with 2013 in Wyandotte County, although food insecurity has decreased since 2011. According to data obtained in 2015 by the Community Health Needs Survey at Children's Mercy Hospital, respondents in Wyandotte County reported that they worry about whether food would run out before there was money to buy more, with 12.74% reporting they often worry and 24.20% reporting that they sometimes worry. The rates of worry over food were higher for Wyandotte County than for any other Children's Mercy Hospital service area. Furthermore, Wyandotte County had the highest proportion of respondents reporting that "sometimes" or "often" in the last year, food that they purchased ran out and they did not have money to get more (27.86%).

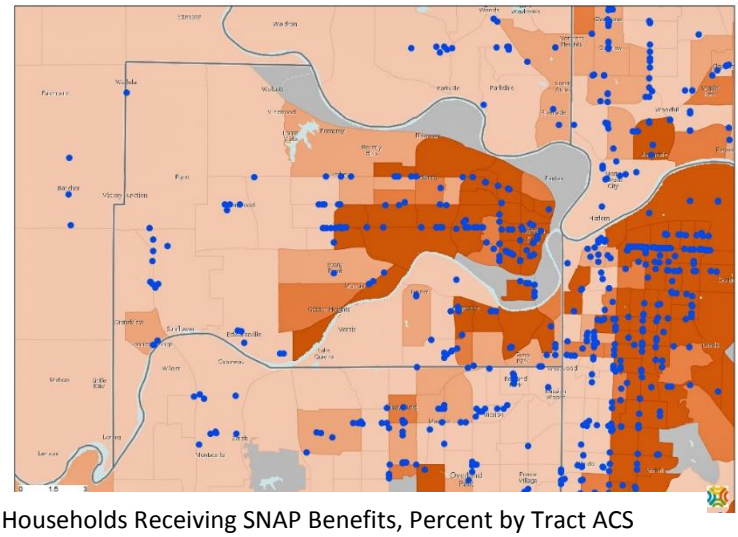
Figure 1.1: Change in Percent of Households that are Food Insecure



Source: Feeding America

The **Supplemental Nutrition Assistance Program** (SNAP) is a nutrition assistance program, which provides a Kansas Benefit Card to eligible persons for use in purchasing food from local grocery stores. The number of households that received SNAP in 2016 was at the lowest level (11,953) since 2011. Access to SNAP-authorized retailers is necessary for recipients to use benefits to purchase food. The regions on the map to the right (Map 1.1) where greater proportions of households receive SNAP benefits also have a greater density of SNAP-authorized retailers.

Map *1.1*: SNAP Households and SNAP-Authorized Retailers



Households Receiving SNAP Benefits, Percent by Tract ACS 2011-2015

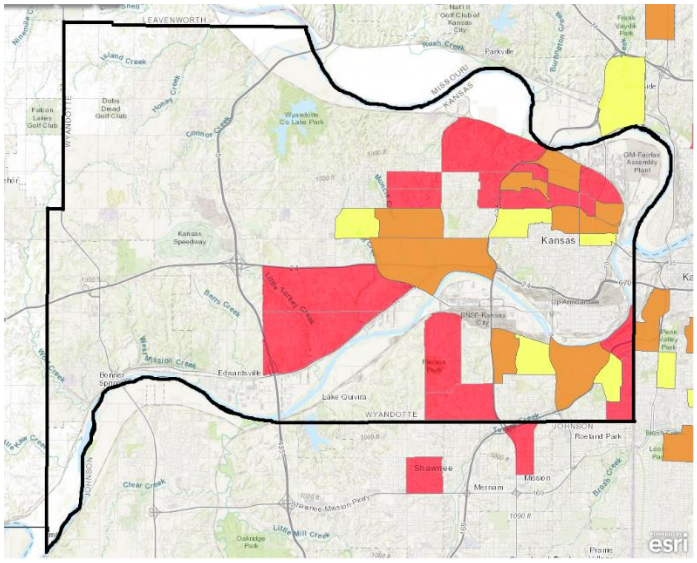
- Over 19.0%
- 14.1 – 19.0%
- 9.1 – 14.0%
- Under 9.1%
- No data or data suppressed

SNAP-Authorized Retailers, USDA May 2016

What are conditions that contribute to the issue?

Areas with **limited access to grocery stores** and supermarkets can pose a barrier to residents eating a healthy diet. Access to grocery stores in low-income census tracts is considered in the map to the right (Map 1.2) in two ways, depending on the measured distance to the nearest supermarket and access to a motor vehicle. In urban areas, the low-income census tracts where a significant portion of the population live more than 1 mile from the nearest supermarket are considered food deserts. Focus group participants described lack of grocery stores as a barrier to healthy eating.

Map 1.2: Low Access to Supermarkets, by Tract



Low-income census tracts where a significant number of residents is more than 1 mile (urban) from the nearest supermarket (food desert).

Low-income census tract where more than 100 housing units do not have a vehicle and are more than ½ mile from the nearest supermarket.

Census tracts where both of the above listed conditions are true.

Source: USDA Food Access Research Atlas, data from 2015

> *Thriftway is gone, and it was not the best place to shop, but now we have to cross the highway. Harder for people who don't have transportation, and who have someone with a disability living with them.*

> *They keep building more auto dealerships, we don't need more auto dealerships. No grocery stores! Just closed price Chopper. Closed a small grocery store. We should have fought that, we did not know how much we would miss that... We were like "what do we do now?" but we needed to act months ahead of time to keep it.*

> *There are 3 liquor stores in Bonner, but there is only one grocery store—Store A. Store B will sell vegetables that are not fresh, the tomatoes have no taste, and Store A is more expensive but at least you know it hasn't been there 3 months. So many grocery stores have closed.*

Participants also indicated that a **person's income and job status** has an impact on a person's ability to afford healthy food.

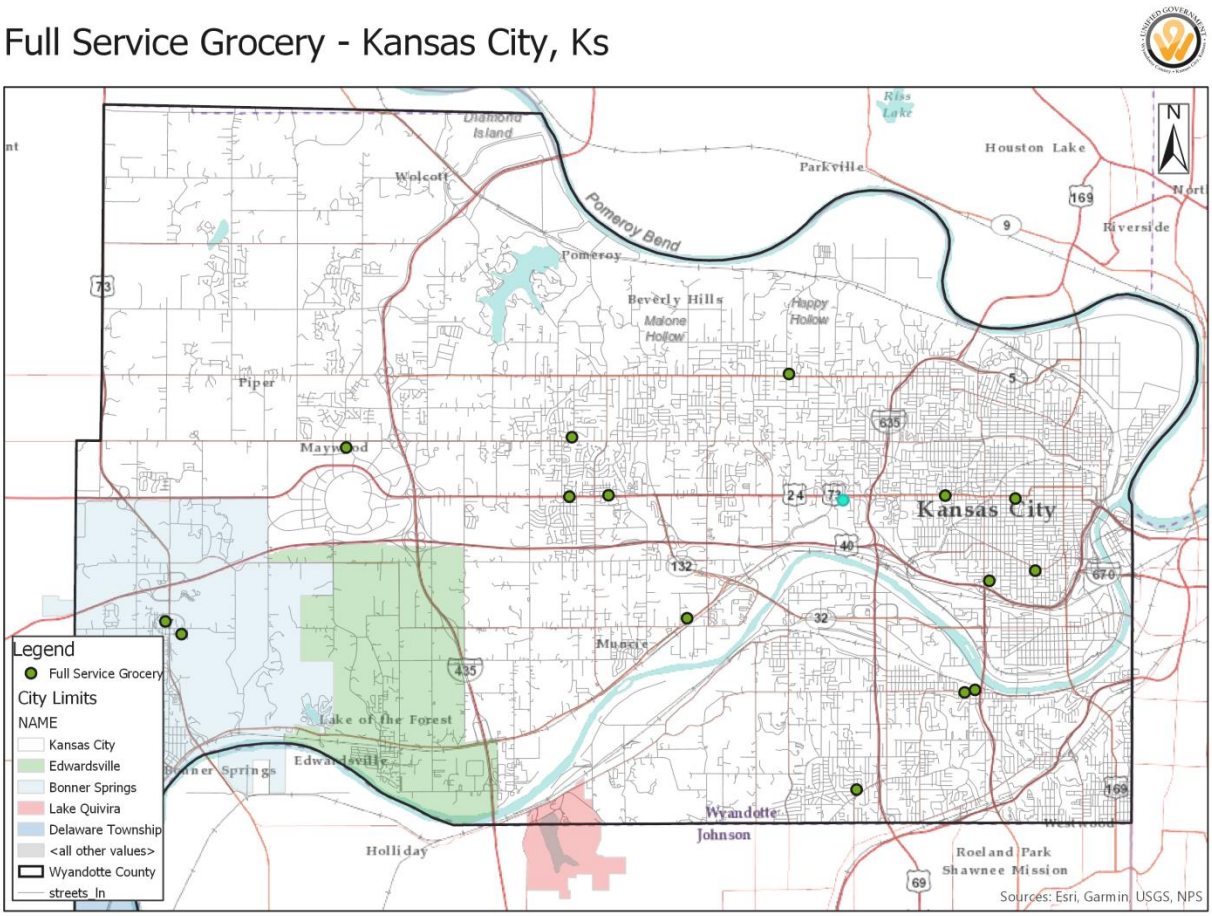
> *If a person is not willing to work, if a person is not having a job, there will be difficulty for his food.*

> *Everyone knows that they need to eat healthy food. But McDonald's is so inexpensive and you can get a full meal for a dollar and it's a 1,300-calorie burger.*

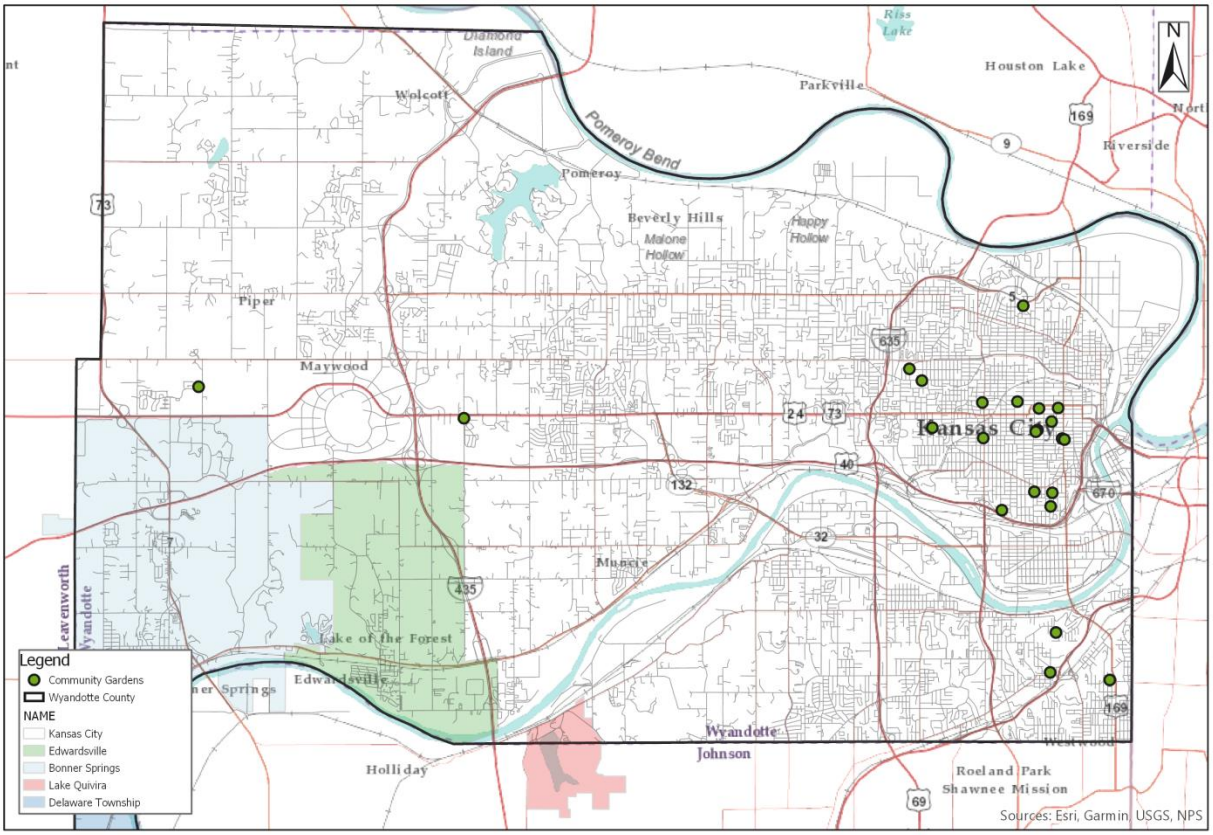
Participants also indicated that the **lack of local government support and action** for addressing the challenges that residents have in accessing healthy foods.

Assets and Resources

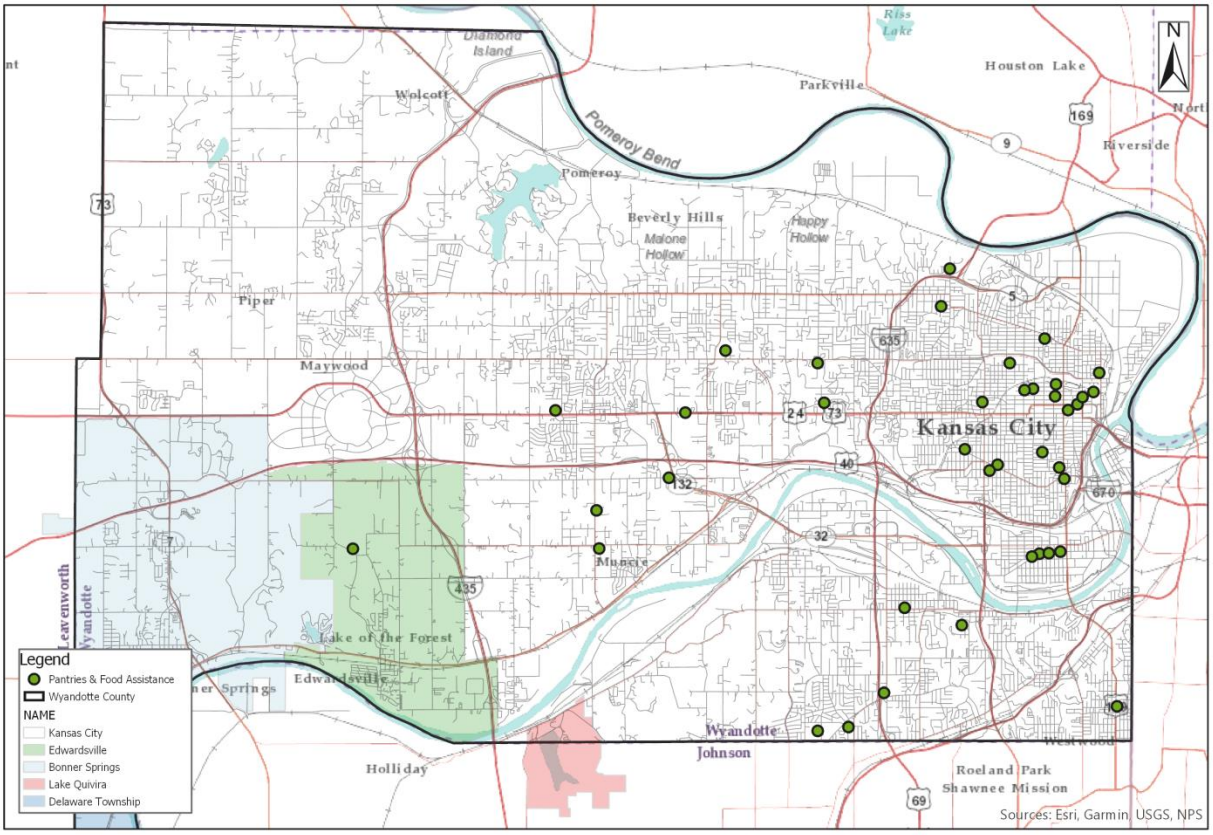
Focus Group participants did not identify any resources for addressing the issue of access to healthy food. The Dotte Agency provided their comprehensive list of food retailers, and the UG's Knowledge Department created Geographic Information System (GIS) maps of locations of food retailers, community gardens, and food assistance.



Community Gardens - Kansas City, Ks



Pantries & Food Assistance- Kansas City, Ks



Access to Medical, Dental, and Mental Health Care

What is the problem? Who is most affected?

Access to services to assure physical, mental, and oral health care are important elements of personal wellness and community health. Across all three issues, there are a few ways to look at the issues, including: access to and utilization of services and the direct implications to health.

Access and Utilization of Services.

Measures of services give insight into the capacity of the health care services system. As reflected in Table 2.1, Wyandotte County has fewer mental health providers and dental care providers than the state of Kansas.

Table. 2.1 Ratio of population to providers

	WyCo	Kansas
Ratio of population to mental health providers (2015)	792:1	550:1
Ratio of population to dentist (2013)	3,019: 1	2,773: 1
Ratio of population to primary care physician (2014)	1,662:1	1,896:1

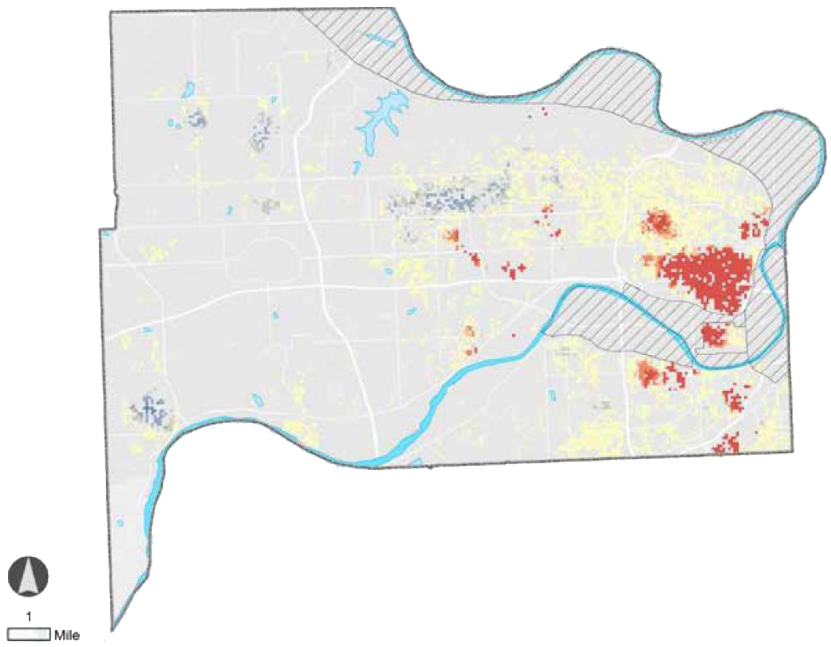
Insurance status and cost are significant barriers to actually using health care (including mental and oral health) services. Although the percentage of people who are uninsured decreased dramatically with the American Affordable Care Act, about 11.7% of the population still do not have any insurance. In addition, about 18.1% of Wyandotte County residents reported they needed to see the doctor in the last 12 months, but did not because of cost.

How many people use health care services and how tell us more about issues as well. The number of patients seen at the mental health center increased significantly from 2013 to 2014, but has been stable since 2014. The number of psychiatric hospital screenings has ranged from 81 in 2014 to 945 in 2015. There was a significant drop during 2016 (469).

Emergency Department (ED) use may be an indicator of inadequate use of preventative services, severity of health issues, and under or uninsured status. Map 2.1 shows the concentration of low and high users of ED services and their location in the county. The highest concentrations are found in the east-central portion of the county, which are predominately Latino, low income and uninsured.

Key Facts:

- Access to quality care was identified in the top five of all problems among Wyandotte County residents.
- Access to dental care and mental health were identified as issues among many different groups in Wyandotte County.
- 1 in 10 Wyandotte county residents do not have insurance
- 18.1% of Wyandotte County residents reported that in the past year they needed to see a doctor but did not because of cost, compared to 11% of Kansas residents
- About 1 in 4 of K-12 students who've received screenings have obvious signs of dental decay.
- 47% of Wyandotte County residents who have an income less than $35,000 report they have poor mental health.



Map 2.1: Children's Mercy Hospital Emergency Department Patients Density Hot and Cold Spots

Source: Health Equity Action Transformation (HEAT) Report

Cancer screening is an important tool to help discover cancer development early so that treatment can be administered to halt progression, and can tell us if people are able to use health care to engage in preventive care. The percent of women who have had mammograms and men who have had colonoscopies is higher for Wyandotte County than for the state. However, these percentages still indicate that fewer than half of those who ought to have the screenings for good preventive care are actually doing so. The percent of women in Wyandotte County who have had a pap smear is lower than for the state.

Table 2.2 Percentage of population receiving preventive screening as indicated

Indicator	WY 2014	KS 2014
Percent of women age 40 or older who have had no mammogram in past 2 years	30.7%	28.9%
Percent women age 18 or older who have not had a pap smear in past 3 years	25.0%	26.2%
Percent adults age 50 or older who have never had a colonoscopy	40.9%	32.4%
Source: Behavioral Risk Factor Surveillance System		

Lastly, the Local Public Health Systems Assessment conducted by community leaders suggests that a weakness in the system is the evaluation of changes in population health.

Direct Implications for Health

Many data points suggest challenges for physical, mental, and oral health care result in poor health outcomes for Wyandotte County residents.

Those who report that poor physical or mental health kept them from their usual activities was slightly higher than for the state. The percent of people who reported poor mental health is higher in the county (12.4%) than in the state (9.7%). The percent changed little from 2011 to 2013.

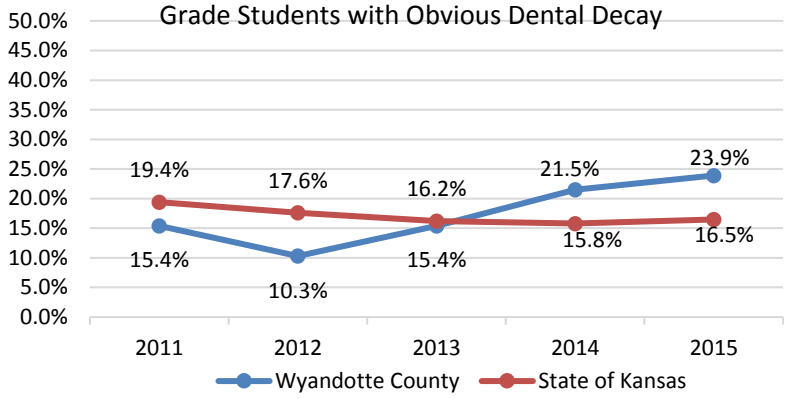
Notable group disparities among adults who report 14 or more "not good" mental health days in Wyandotte County include differences along lines of gender, ethnicity, income, and weight status (based on BRFSS 2015 data). The estimations for 14 or more "not good" mental health days are higher for women (17.4%) than for men (9.2%). Hispanic adults are the group with the lowest proportion (7%) of adults reporting 14 or more "not good" mental health days in the last month, compared with whites (12.6%) and African Americans (16.9%). People with annual incomes above $35,000 had a lower proportion of adults (9.5%) with 14 or more "not good" mental health days than those adults who had annual incomes below $35,000 (16.7%). Furthermore, fewer adults who were normal or underweight (9.8%) or overweight (10%) indicated 14 or more "not good" mental health days than adults who were obese (18.6%).

Table 2.3 Percentage adults reporting not good mental health days

Indicator	WY 2015	KS 2015
% of adults who reported their mental health was not good on 14 or more days in the past 30 days	13.4%	9.7%
% of adults who reported their poor physical or mental health kept them from doing their usual activities in the past 30 days	41.5%	38.7%

Figure 2.1 shows the percent of children with dental decay. The percent for the county increased from 2011 (15.4%) to 2015 (23.9%). The percent for the state is (16.5% in 2015) lower than for the county (23.9% in 2015). The percentages for the state decreased from 2011 to 2015.

Figure 2.1: Change in Percentage of Screened K-12 Grade Students with Obvious Dental Decay



Source: KDHE

Focus group participants also provided information about who they felt were most affected by the issue. They indicated that low-income people, single parents, and others who live "paycheck to paycheck" experience challenges. Further, several reported that older Wyandotte County residents disproportionately struggle.

I think elderly folks in my neighborhood have to choose between the upkeep of their home or medications.

What are conditions that contribute to the issue?

Focus group participants noted several factors they believe contributes to the challenges related to access to medical, mental, or oral health care. Many participants noted that **transportation or cost act as significant barriers** to obtaining care.

Not a ton of providers in the area, have to go far to get quality care, a number of people in our community who don't have transportation, what do they do? We should have the same access to care that other counties have.

A big cause is money and transportation. I used to work at Swope Health and they had a van that would go to the community and provide health care.

I don't really go in unless I absolutely need to. Even a routine colonoscopy was going to be $700 before I pay my deductible. So I just changed my diet and whatever issues I had was gone. Cost of medical care has gone through the roof.

Many participants said that there are **too few services to respond to issues** as they arise. They further said this results in a lengthy wait or unacceptable alternative explanations.

> *I could not get a child who is in crisis the help she needed, and she was suicidal. Spoke to supervisor and was still rebuffed that there were too many crises before her… finally got someone to come to school to talk to her.*
>
> *And now, there is no mental health care. Now anyone they pick up off the street that has a mental health issue goes to jail, they don't get treatment. I think we can keep people out of jail with more mental health care.*

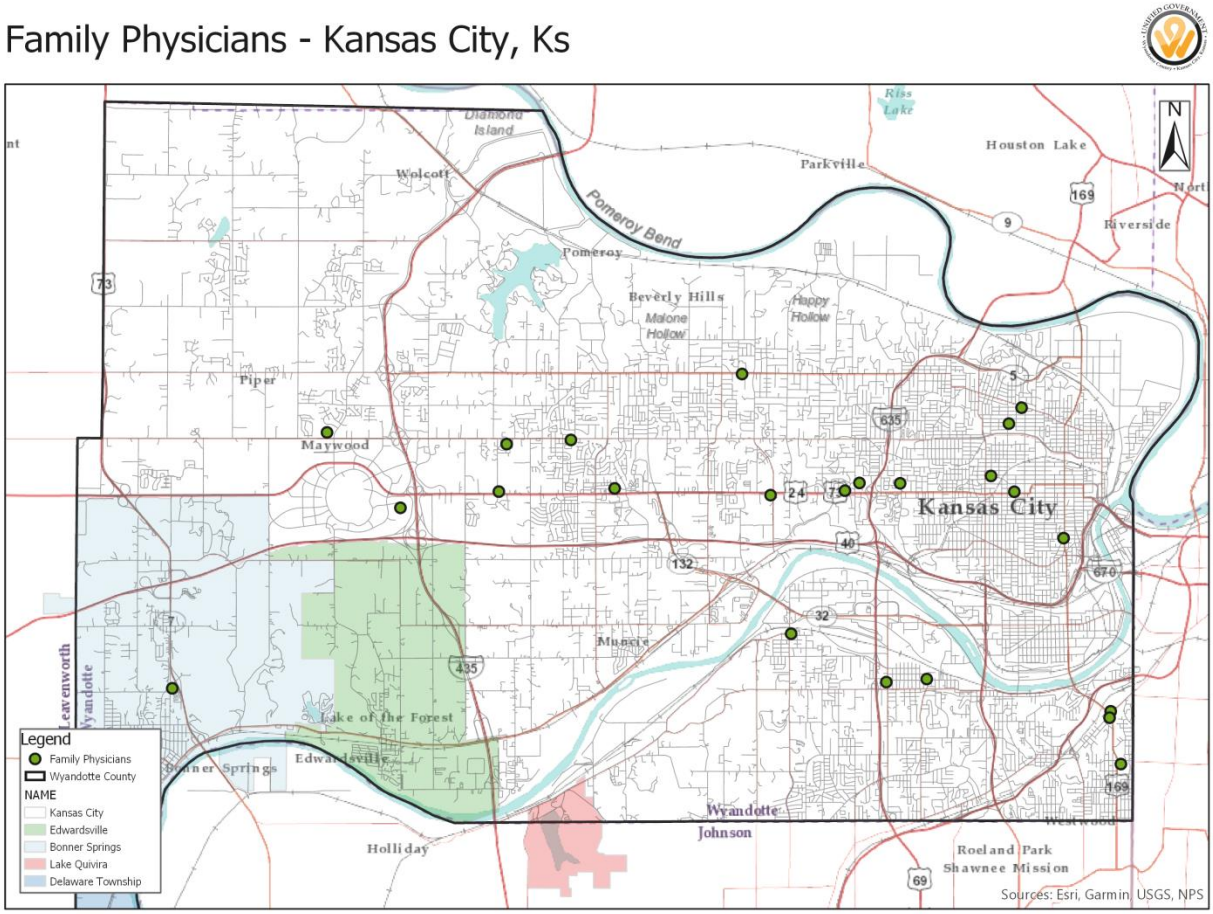
Relatedly, several participants noted that they relied upon services that were no longer available. In particular, dental clinics that provided transportation and the Rainbow Mental Health Facility.

Participants noted that the issue of **jobs, poverty, and access to health services** are connected, and in some cases resulted in **discrimination**.

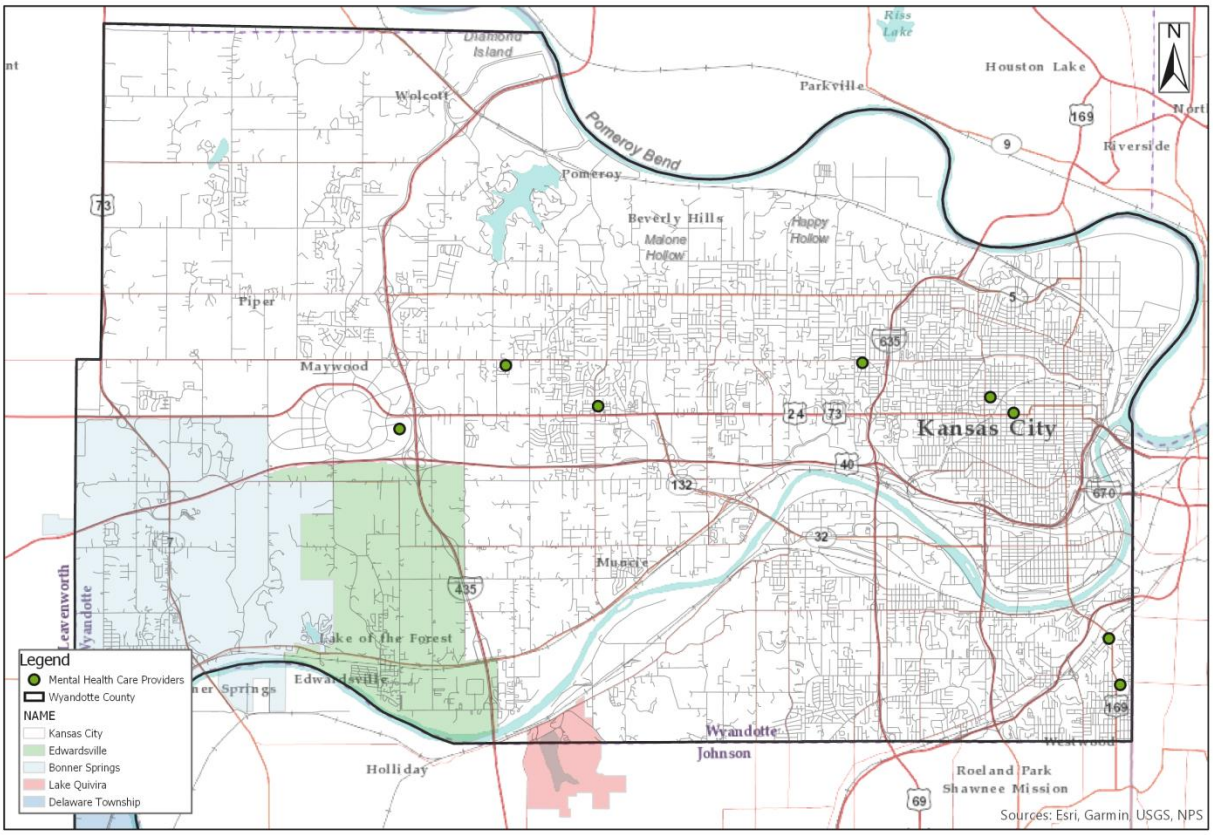
> *It's the same thing. If you can't pay regular health insurance, dental insurance is just another thing. It's another thing to pay for, it's not a bundled deal. If you have problems with one, you aren't going to look at the next one.*
>
> *The discrimination is against the poor. Not necessarily of color. If you don't have, then you're not going to get.*

Assets and Resources

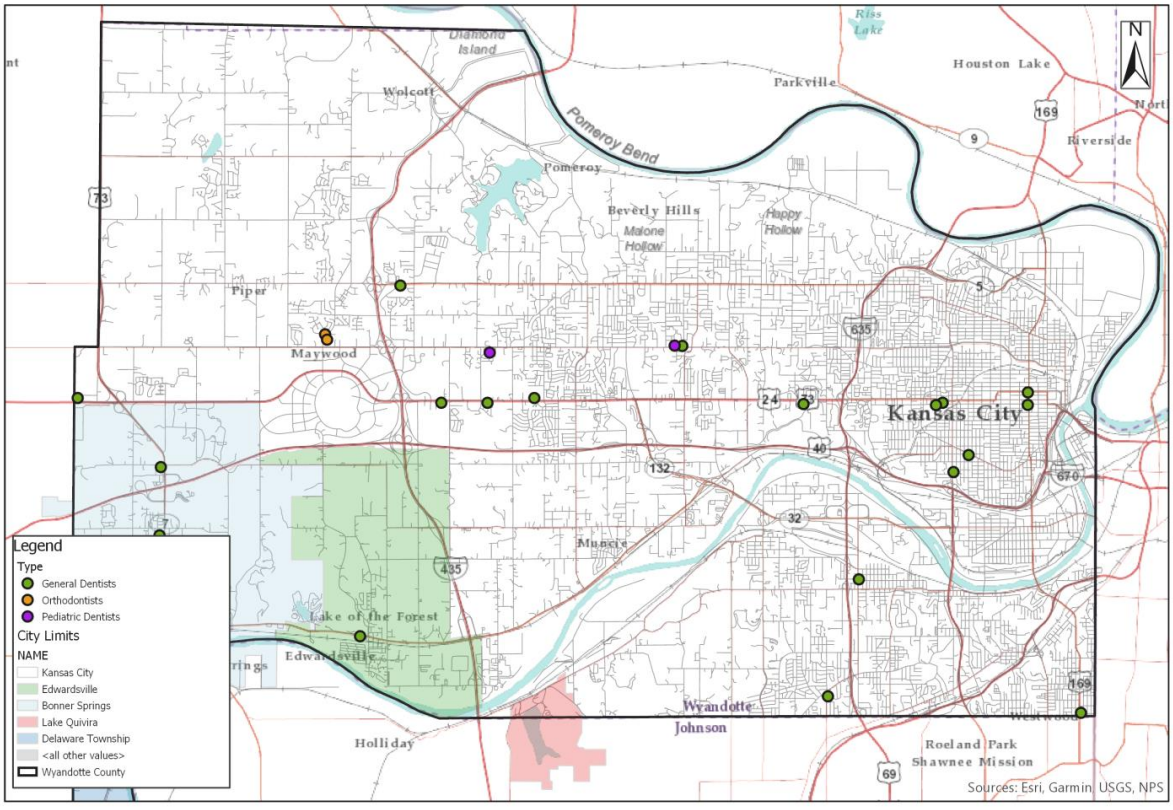
Several focus group participants described organizations that were resources for this issue, including PACES, Wyandot Inc., Swope Health Services, and Catholic Charities. The UG's Knowledge Department provided Geographic Information System (GIS) maps of locations of current medical, mental health, and dental care providers in the county.



Mental Health Care Providers - Kansas City, Ks



Dental Care Providers - Kansas City, Ks



Access to Safe and Affordable Housing

What is the problem? Who is most affected?

Housing affects many aspects of healthy living and well-being. A healthy home should be structurally sound, be free of hazards, and allow for adequate sleep, personal hygiene, and preparation and storage of food.

Several sources of data suggest that access to safe and affordable housing is a significant problem for Wyandotte County residents. Among residents who completed the Concerns Survey, many indicated that access to safe, affordable housing is an issue that is very important to them, and is one in which they are dissatisfied. In particular, people living in central Kansas City, Kansas; identifying as African American or Native American; or having low educational attainment identified this as a problem.

Additional data suggest the safety and affordability of housing are different, but as a focus group participant indicated, they are connected in Wyandotte County:

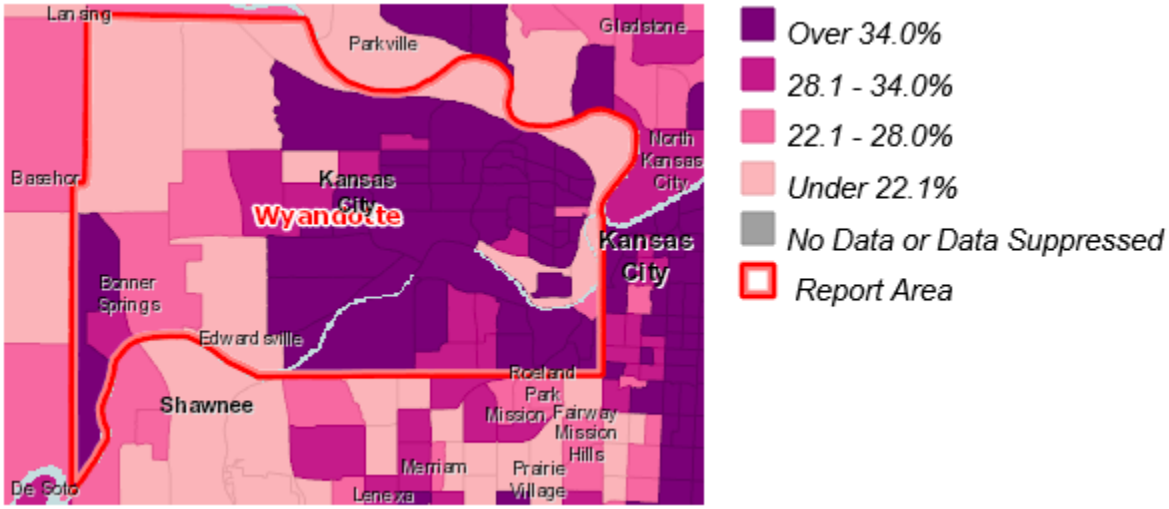
Well, here's the thing, if it's affordable then, 9 out of 10 times, it's not safe.

A few key indicators provide important information about the extent to which housing in Wyandotte County is safe. The percent of houses with severe problems is one of them. Severe problems in housing include: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1.01 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30%, and 5) gross rent as a percentage of household income greater than 30%. **Housing problems are much higher in Wyandotte County (21%of houses) than for the state (13%).** These levels have been stable during the last five years for the county and the state. The map below (Map 3.1) identifies the percent of all occupied homes per census tract have one or more severe housing problems.

Key Facts:

- Access to safe and affordable housing was identified as a top problem for people living in Central Kansas City, Kansas; African Americans and Native Americans; and people with low educational attainment.
- 21% of houses in WYCO have one or more severe housing problems, compared to 13% of all houses in the state of Kansas.
- 43% of households spend 30% or more of their income on rent or mortgage payment.
- 3 out of 10 houses in WYCO are at elevated risk for lead exposure.
- A higher proportion of children with elevated blood lead levels reside in zip codes with a high density of African American and Latino residents.

Map 3.1: Substandard Housing Units, Percent by Tract

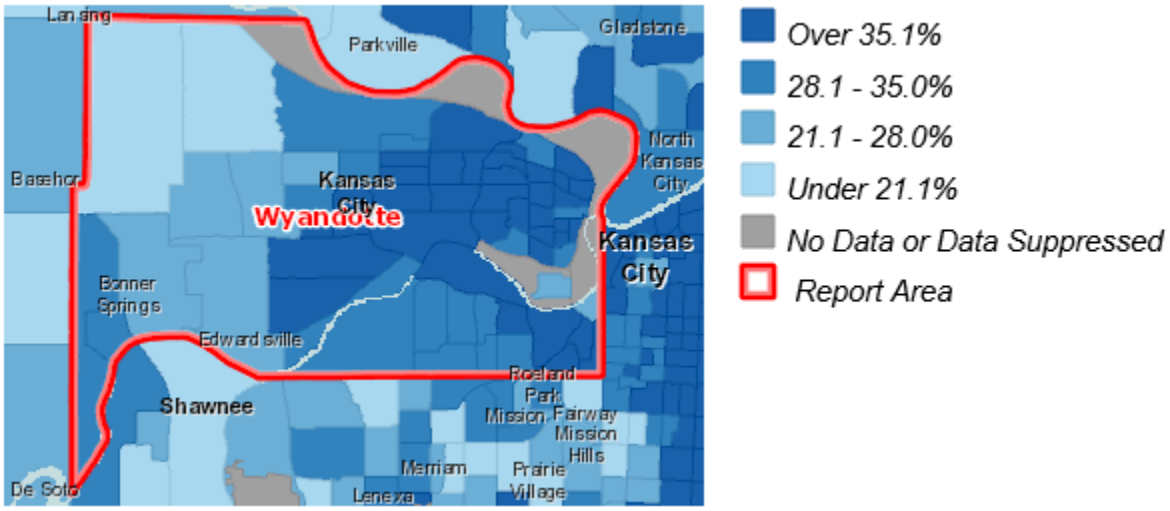


Source: ACS 5-year estimates 2011-2015

In addition, lead exposure and ingestion are key elements of safe housing. Higher levels of lead in blood among children are associated with increased behavioral problems, delayed puberty, and decreases in hearing, cognitive performance, and postnatal growth or height, lower IQ scores, and decreased academic achievement. However, nearly one in three houses in Wyandotte County are at elevated risk for lead exposure, because they were built in or before 1950. In 2011 and 2012, there were differences in average lead levels found for children in zip code areas with high density of African-American and Latino residents (66101, 66102, 66103, 66104, and 66105). In 2013 and 2014, there were minor differences across zip code areas.

Affordability of housing is an important consideration. Affordable housing is housing where rent or monthly owner costs does not exceed 30% of monthly household income. About 43% of households in Wyandotte County spend more than 30% of their income on rent or a mortgage. The map below (Map 3.2) shows the percent of all households per census tract that are experiencing cost burden. The areas of greater cost burden match generally the areas of greater substandard housing units, which indicates that affordable housing is an issue in Wyandotte County.

Map 3.2: Households in which housing costs exceed 30% household Income, Percent by Tract



These data suggest that people who have low income or represent specific racial or ethnic groups, Latinos, African Americans, and Native Americans, disproportionately experience problems with safe and affordable housing. Focus group participants also identified older adults, felons, and children as others upon whom the issue of safe and affordable housing has an impact.

What are conditions that contribute to the issue?

Wyandotte County residents who participated in focus groups indicated a number of factors that contribute to the issue of safe and affordable housing. Primarily, people said that **not having good education, good jobs, or good income drive whether a person could afford housing that is safe**.

> *People in poverty have a harder time doing anything…lack of transportation, lack of employment…Even if there are places that are income-based it's still a struggle. But if you are not in poverty, then you just go do what you have to do and it's not a problem. I know that there are places you can go for help, but in this community, there are just too many people who need help.*

> *We are limited to where you can live. Can't live here because you don't make enough money but we're not going to pay you this much money because you don't have this much education.*

Also, people noted that **discrimination** has an impact on people being able to access safe, affordable housing.

> *I think they should stop stereotyping by race or income, which would fix a lot. Give somebody a chance instead of looking at them and saying, 'Ah, well you obviously can't do it.'*

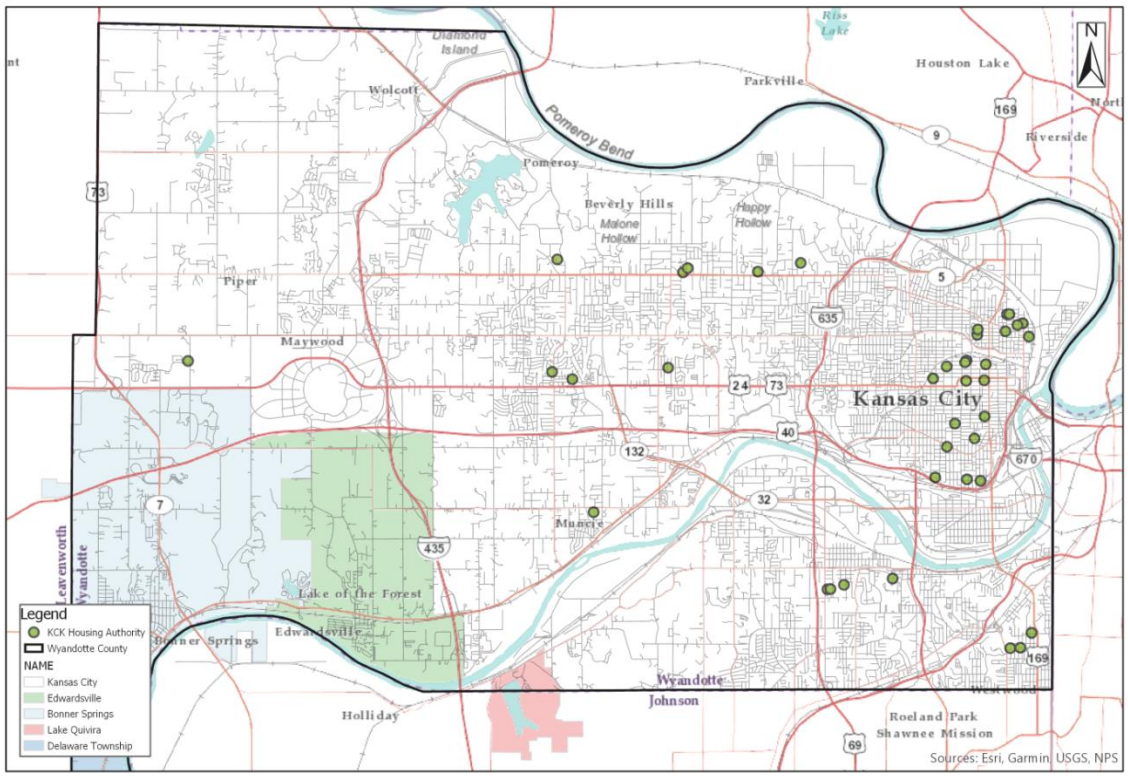
People also said that some **property owners contribute to the issue** in complex ways. On the one hand, property owners who abandon their property contribute to a glut of abandoned houses that are not well maintained. On the other hand, some property owners who rent their properties take advantage of people with few options.

> *It is moneymaking to have dilapidated houses that they can rent out to people that don't have language to get what they need, money to afford something else, or just do not know better.*

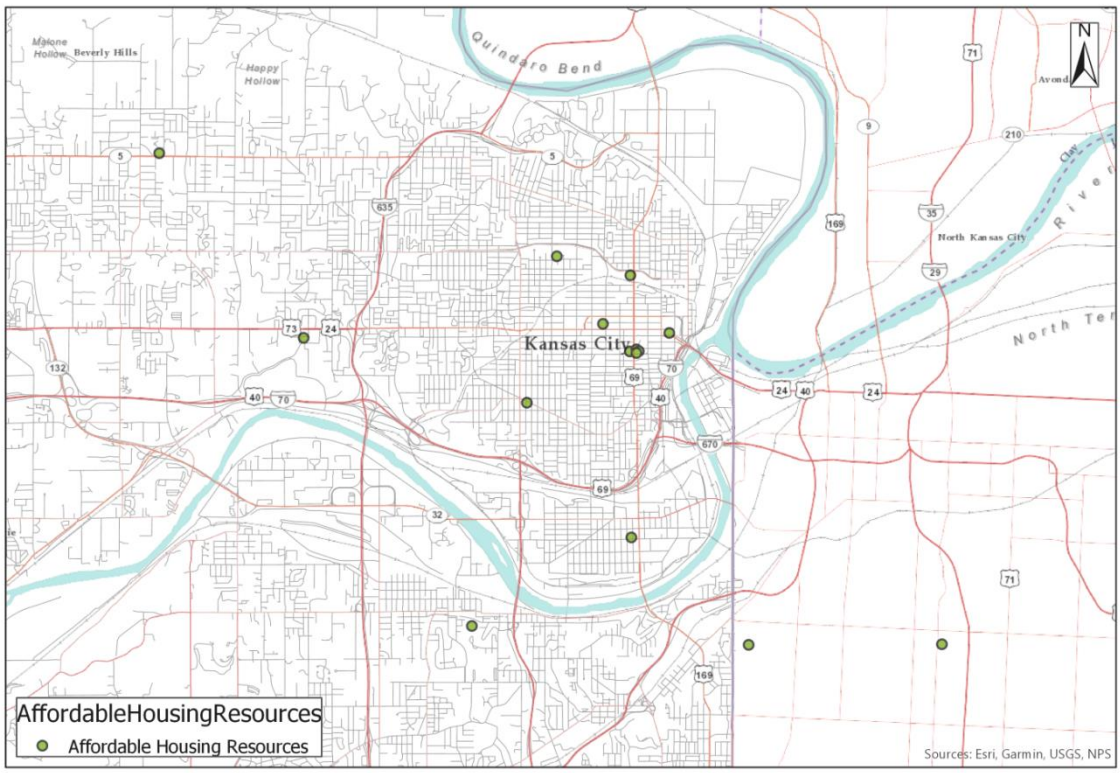
Assets and Resources

Focus group participants mentioned assets working to address housing or help people with challenges in housing, including, Catholic Charities, El Centro Inc., neighborhood associations, and the Neighborhood Business Revitalization groups. The Health Department reached out to a variety of partners to identify other major organizations and business that are working on aspects of safe and affordable housing for Wyandotte County Residents.

Housing Authority Locations - Kansas City, Ks



Affordable Housing Resources - Kansas City Metro



Childhood Trauma/ Adverse Childhood Experiences

What is the problem? Who does the issue impact?

Childhood trauma can have a tremendous impact leading to increased risk of future trauma and lifelong issues in mental health and physical health. Children who experience abuse or neglect are more likely to grow up and have children and family members who experience maltreatment; this is known as the intergenerational cycle of abuse. Abuse and neglect include maltreatment such as physical abuse, sexual abuse, neglect or deprivation of necessities, medical neglect, and psychological or emotional maltreatment. While maltreated children are at greater risk for negative outcomes, many children are resilient to these effects.

Adverse childhood experiences (ACEs) describe specific household dysfunctions experienced before the age of 18 that contribute to poor health and early death of adults. These conditions of dysfunction include direct maltreatment of the child, but also violence against the mother, household substance abuse, mental illness in the household, parental separation or divorce, and having a household member who went to prison. ACEs affect adult health by disrupting neurodevelopment, which leads to the adoption of health-risk behaviors to cope with social, emotional, and cognitive difficulties.

Several sources suggest that child abuse and neglect is an issue in Wyandotte County. Among residents who completed the Concerns Survey, child safety from abuse and neglect was indicated as the most important issue overall. Several groups were not satisfied with the efforts of Wyandotte County to keep children safe from abuse and neglect. In particular, people living outside of central Kansas City, Kansas; identifying as White or "Other" race; or who have attained a college degree or higher. Unlike other issues identified by the Concerns Survey, this issue was identified both as a relative problem and as a relative strength by several groups, indicating that perspectives on this issue are polarized even within zip codes, racial groups, and among people with similar education attainment.

Focus group participants framed the intergenerational cycle of trauma and abuse in Wyandotte County as follows:

> *I have four grandchildren who ended up in foster care. A lot of young parents have no direction, and they cannot give a child something that they never had.*

Key Facts:

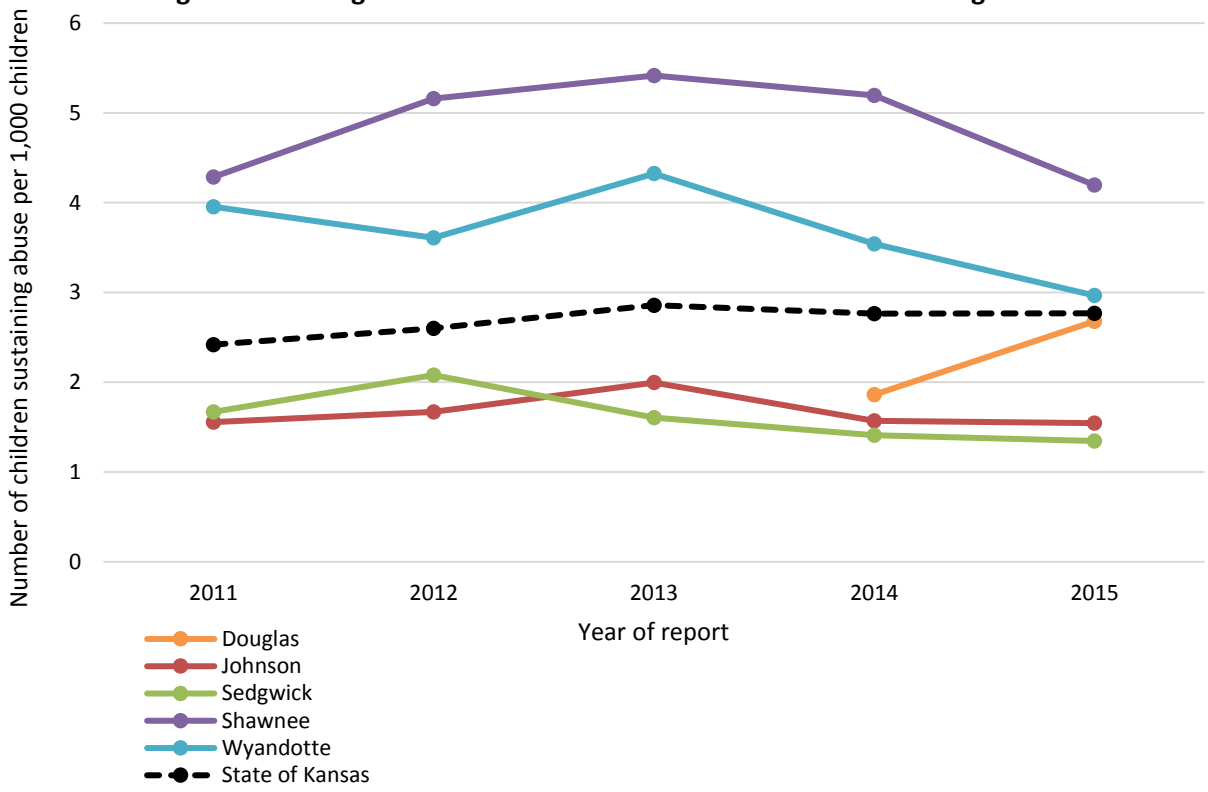
- Child abuse and neglect was identified as a significant problem by people living outside of central Kansas City, Kansas; White and "Other" race residents, and people with college degrees.
- Yearly, an average of 2,211 individual children are included in reports of abuse and neglect, and 164 children are identified as victims after investigation.
- High proportions of maltreated children are African American and Hispanic compared to other counties.
- 48.5% of all children surveyed report one or more Adverse Childhood Experience (ACE)
- 64.0% of all adults in WYCO report one or more ACE.
- Zip codes with higher risk for ACE exposure overlap with areas of high poverty.

At 16 years old, I went to three funerals. Your best friend got pregnant at 15. We are driving around in a van that doesn't even have a backseat. Trauma is there because it is a hard life but it comes from the decision-making and the parenting.

From 2011 to 2015, Wyandotte County received on average 1,784 reports of abuse and neglect per year, which affected an average of 2,211 children in the county (4.89% of all Wyandotte's children). Of these reports, an average of 123 substantiated or indicated reports affected 164 children identified as victims of abuse or neglect per year (7.42% of all children involved in reports). The rate of abuse and neglect per thousand children is consistently higher for Wyandotte County than for the state overall and comparison counties, except for Shawnee County. Rates of child maltreatment have fallen in Wyandotte since 2013.

From 2011 to 2015, the most common type of substantiated abuse in Wyandotte County was sexual abuse (28.7% of all instances), followed by other types of abuse (21.1%), physical abuse (20.7%), psychological abuse (15.2%), and then neglect or deprivation of necessities (14.4%).

Figure 4.1: Change in the Rate of Substantiated Child Abuse and Neglect



Source: National Child Abuse and Neglect Data System (NCANDS) Child File

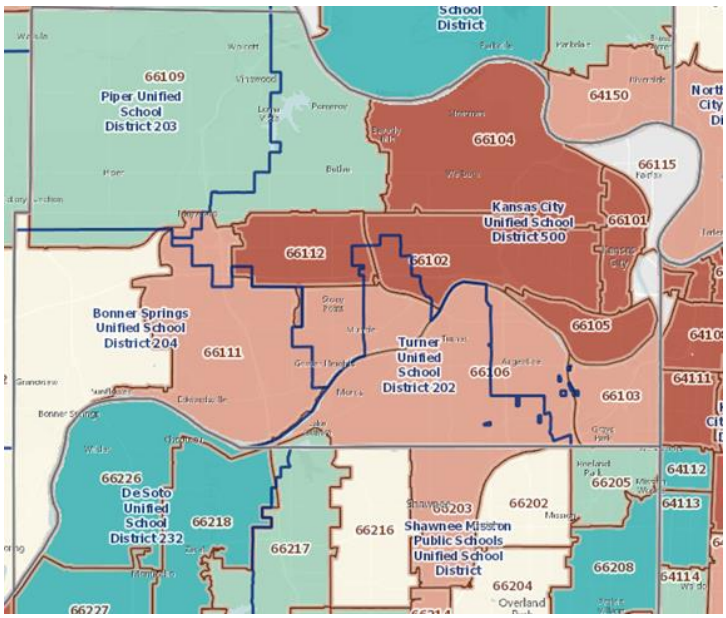
There are disparities in the demographics of children who are abused in Wyandotte County. Wyandotte County had more child victims who identified as Black or African American (33.6%) than in other counties and the state as a whole (12.5%).The percent of child victims reporting Hispanic or Latino ethnicity (21.5%) is higher in Wyandotte County than in any other Kansas county reporting data, and higher than the state average (13.1%).

Child exposure to ACEs is also high in Wyandotte County, according to the 2016 Community Health Needs Assessment conducted by Children's Mercy Hospital. Compared with Clay County, Jackson County, and Johnson County, Wyandotte County had the highest number of children who experienced at least 1 ACE (48.5% of children surveyed).

What are conditions that contribute to the issue?

Conditions that contribute to child abuse and neglect may go back for generations. Focus group attendees described child abuse as **a long-term cycle that had affected them, their families, and their neighborhoods**.

> *It's a cycle, they come from abuse. Their parents were abusive, their grandparents were abusive, and I am breaking that cycle. And a lot of that was from Wyandotte mental health and program I went through in my late teens. I started wanting better for myself.*
>
> *I have sole custody of my granddaughter because of neglect from her mom. She owes child support but they can't find her to collect it. I don't see it as much as I used to. But I did know the kids. They were the kids in my neighborhood. Even though I got disciplined with a belt at least I didn't get the s*** kicked out of me like the kid down the street.*



Map 4.1: Adverse Childhood Experiences (ACE) Overall Risk, by Zip Code

Source: Missouri Hospital Association, 2016

A higher proportion of adults in Wyandotte County have experienced at least one ACE (64% of adults) when compared to the state as a whole (54.5% of adults). While adults may or may not have experienced childhood ACEs while living in Wyandotte County, this does reflect the kind of trauma with which adults are coping.

The changing population demographics in Wyandotte County are shifting the needs of the county, but **social service providers seem to have fewer resources than ever**.

> *Hispanics are now the largest minority, not African American. The blacks have not left, but the population has grown. The resources have not grown, they have decreased. There is hardly nothing compared to what we first got here. Most are poor without incomes, jobs, transportation, they don't speak the language.*
>
> *Cuts across the board stretches the services very tight. DCF replaced SRS. Now every worker has a larger service area.*

The prevalence of high ACE scores (3 or more ACEs) is greatest among Hispanic adults in Wyandotte, with 28.6% of this group reporting high ACEs. About 20.5% of non-Hispanic Black adults and 22.5% of non-Hispanic White adults report high ACE scores. High ACE scores were also more prevalent among those with an annual household income less than $25,000 and less than a high school diploma.

The prevalence of ACEs in adults is retrospective, but the risk of exposure to adverse childhood experiences is a prospective score that can be useful to predict future health concerns. Map 4.1 shows the risk level for ACEs exposure by zip code. The overall risk estimates are based on local scores in four domains: Abuse, Household Challenges, Neglect, and Toxic Stress. School district boundaries and zip codes are outlined and labeled.

Financial struggle was identified as a main source of stress that contributes to child maltreatment.

> *Financial situation is the primary problem, and the other things go out from that. Like the main condition is pneumonia, but you're coughing and sneezing, the underlying condition is pneumonia.*

The high risk and medium-high risk zip codes identified in Map 4.1 overlap substantially with areas identified as having high (over 15% of residents) living below the poverty line.

Residents cited **systemic issues that increase the difficulty of daily life** for the people of Wyandotte, described how these issues are being addressed at the community level, and pointed to underlying factors that contribute to child maltreatment in the county.

> *Child abuse, sexual abuse, goes right along with poverty and mental health.*

Assets and Resources

Focus group participants did not identify any resources or assets that they were aware of in Wyandotte County. The Health Department reached out to a variety of partners to identify the major organizations, businesses and schools who are working on reducing childhood trauma and the prevalence of ACEs. Some of these include:

- The Family Conservancy
- KCK Youth Violence Prevention Project: The KU Center for Community Health and Development
- Kansas City Kansas Public Schools, USD 500 (KCKPS)
- Wyandotte Health Foundation (WHF)
- Wyandotte County Sexual Assault Prevention Coalition (WyCo SAP)
- Metropolitan Organization to Counter Sexual Assault (MOCSA)
- Kansas City Kansas Police Department (KCKPD)
- Kansas City Kansas Sheriff's Office
- Healthy Communities Wyandotte: Alive and Thrive

Education and Jobs

What is the problem? Who does the issue impact?

Education and employment are important social determinants for health. Adequate education increases job preparedness, individual earning potential, and reduces inequality that contributes to poor health outcomes. We know that education leads to better jobs and higher incomes. We also know that better-educated individuals live longer, healthier lives than those with less education, and their children are more likely to thrive.

Several sources of data suggest that the availability of well-paying jobs and adequate education are a problem for Wyandotte County residents. The availability of well-paying jobs was one of the top five issues rated by Wyandotte County residents that had completed the concerns survey. Residents' ability to find and keep jobs was a problem identified across all income categories, levels of completed education, and Wyandotte County Zip codes. Similarly, the ability to find and keep jobs was identified as a problem by all racial and ethnic groups. This suggests that a majority of Wyandotte County residents shares concern for this issue.

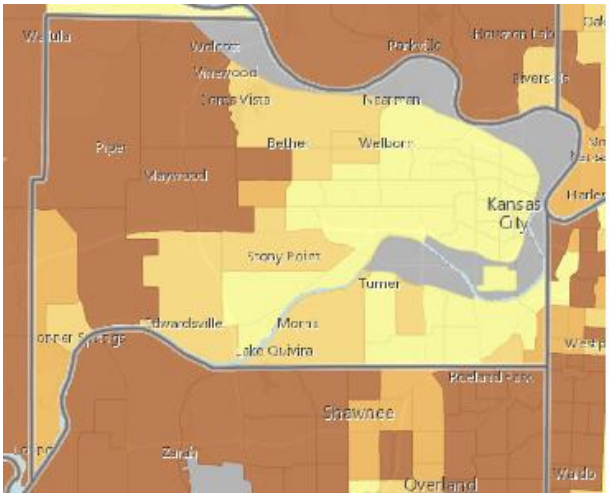
Several key indicators describe the extent to which Wyandotte County residents are affected by the availability of well-paying jobs. Income, cost of living, and unemployment are among these.

Wyandotte County ranks 102 of 105 Kansas counties for **per capita income**. Per capita income measures the average income earned per person in a specified year. Income is defined as: Earnings; Wage and salary earnings; Self-employed income; Interest, dividend and rental income; Social security income; Supplemental security income; Public assistance income (including SNAP benefits); and Retirement income. Per capita income in the county ($35,589 in 2015) is substantially lower than for the state ($48,112 in 2015) and has decreased substantially since 2013 ($45,838). By comparison, the median cost of living in the Kansas City, KS metro area is $65,620. However, those within Wyandotte County that live the closest to the Kansas City metro area, earn the least within the county (see 5.1).

Key Facts:

- The availability of well-paying jobs and adequate education was identified as a top problem for all WYCO residents.
- Annual per capita income $35,589.
- Per capita income is among the lowest in the Kansas City, KS metro area (under $20,000).
- The annual cost of living in the Kansas City, KS metro area is $65,620.
- The unemployment rate is 11.2% for WYCO and more than 12.0% in the Kansas City, KS metro region.
- The percentage of residents 25 years or older with a high school degree or higher is 78.6%
- Racial and ethnic minorities, especially Latinos, had the lowest rates of educational attainment in WYCO.

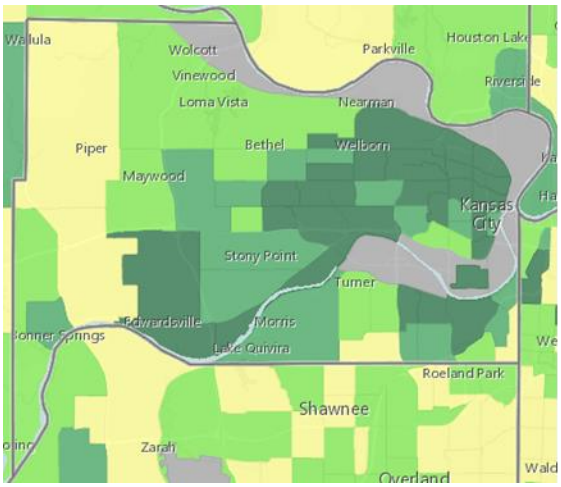
Map 5.1: Per Capita Income by Tract



Source: ACS 5-year estimates 2011-2015

The overall unemployment rate for Wyandotte County is 11.2%, a rate that is nearly double that of Kansas residents (5.9%). Wyandotte County residents living in the Kansas City, KS metro area also experience the highest rate of unemployment; more than 12.0% in some neighborhoods (see Map 5.2).

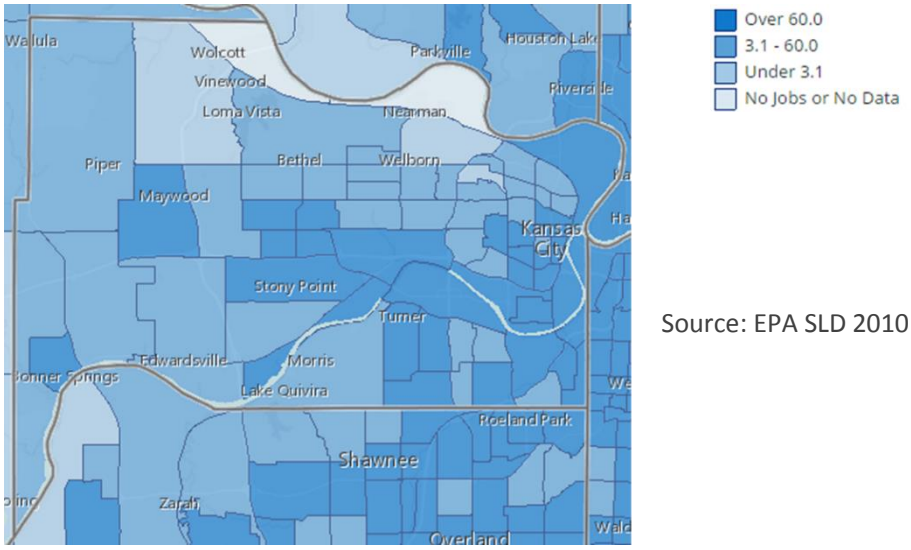
Map 5.2: Unemployment Rate, by Tract



Source: ACS 5-year estimates 2011-2015

Despite unemployment being the highest in the Kansas City, KS, metro region, gross employment per 100 acres was highest in this area (see Map 5.3). Simply put, although the Kansas City, KS, metro region contains the highest rate of unemployment among Wyandotte County residents, industries in this region also supply the highest number of jobs in the county. Additionally, among other metropolitan counties in Kansas, Wyandotte County employers offer the second highest average weekly wage (see Figure 5.1). These data suggest that Wyandotte County residents may not have access to these jobs in the Kansas City, KS metro area.

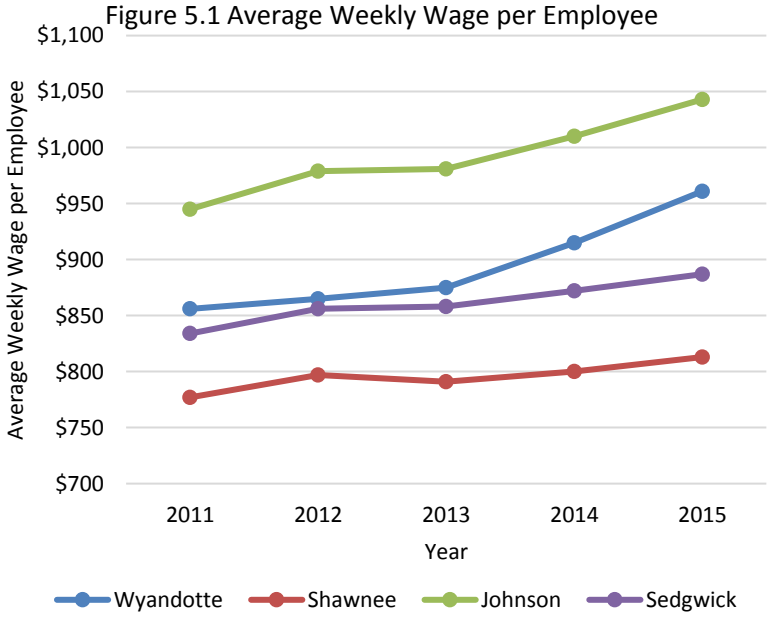
Map 5.3: Gross Employment for All Industries per 100 Acres, by Tract



Source: EPA SLD 2010

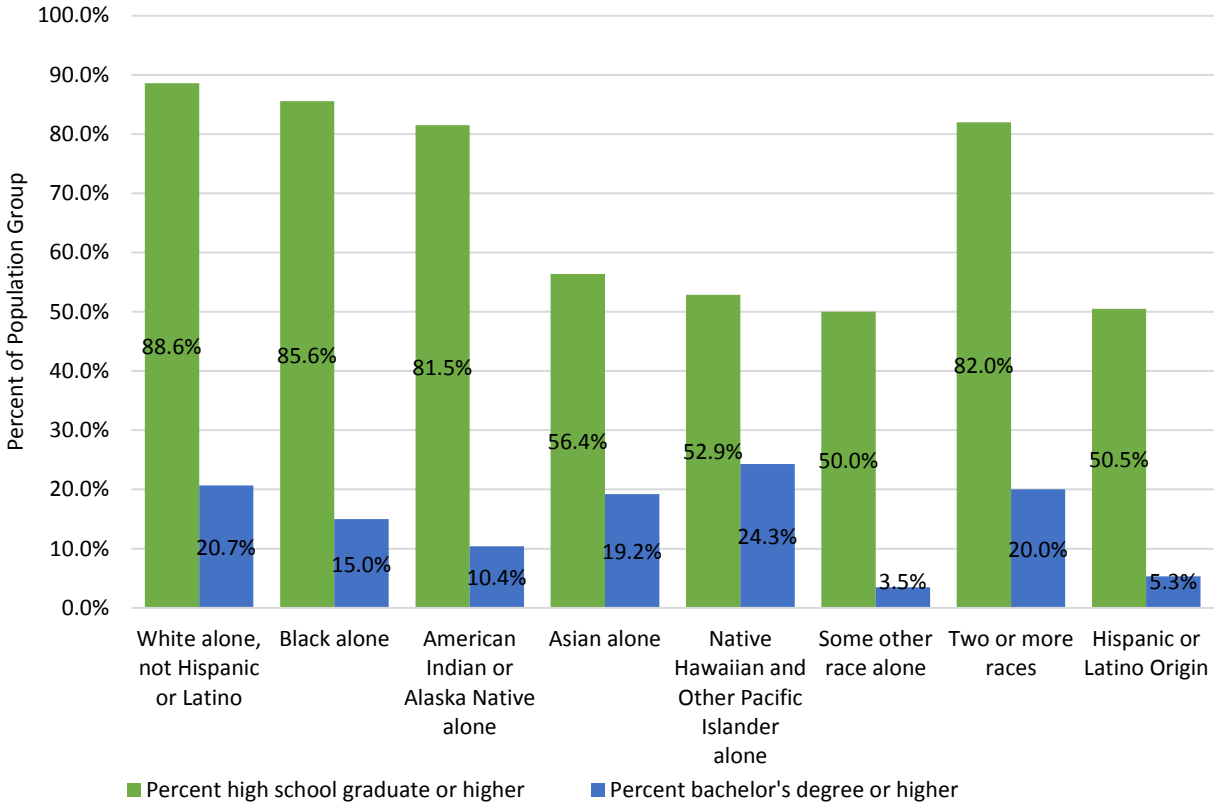
Education levels in Wyandotte County are lower than the rest of the state. People 25 years and older with a high school degree or higher are 78.6% of the population and the level for the state is 90.2%. The percent of adults who have graduated high school is greatest among white non-Hispanics (88.6%), and lowest among adults reporting Hispanic or Latino origin (50.5%) and some "other" unidentified race alone (see Figure 5.2). The group of adults reporting the highest rates of attaining a college degree are Native Hawaiian and Pacific Islanders (24.3%), but this group composes only 0.1% of the population of Wyandotte County. The groups that have higher rates are Whites, Asians, and multi-race individuals. The groups reporting the lowest rate of higher education attainment are Hispanic or Latino adults (5.3%) and some other race alone.

Figure 5.1 Average Weekly Wage per Employee



Source: Employer Reports, United States Department of Labor

Figure 5.2: Education Attainment by Race and Ethnic Group, Wyandotte County



Source: ACS 5-year estimates for 2011-2015

What are conditions that contribute to the issue?

Wyandotte County residents who participated in focus groups indicated several factors that contribute to the issue of adequate, well-paying jobs and education. Focus group participants indicated that well-paying jobs are not as accessible to Wyandotte County residents and that **they must seek similar employment opportunities outside the community**.

> *There is good work in Wyandotte County like GM. But there isn't a lot of industries. If you want a good job you go to Johnson County.*

Further, participants indicated that the **resources and support** for education are diminished, compared to previous years.

> *And if you are a teacher fresh out of school where are you going to go get a job at? The funding isn't there so why would new teachers come here?*

> *I remember going to school to a Friday night football game and the bleachers were full. Now with my step kids the bleachers are only half-full. There was kids out there on the football team that didn't have parents in the stands and I don't know why.*

> *Parents are working hard and getting off late and then they are tired and have to cook.*

In addition, focus group participants suggest that **education opportunities may not be adequate to prepare kids for the workforce**. Participants described life skills as essential to financial and employment success, but think that **schools do not adequately train the life skills necessary for Wyandotte County residents to be successful**.

> *I think a lot of our kids are learning computer basics. They aren't learning the computer stuff that makes things happen. They aren't learning finance. Even though we have KU. We don't have a lot of our kids trying to be doctors.*
>
> *Like I was saying earlier no one was telling me about mortgage or what it's like to be an adult. They just push you through and give you that piece of paper. And tell you to go get a good job.*

Focus group participants described place discrimination as another factor that makes finding employment in Wyandotte County difficult. Participants suggested that **employers might be less likely to hire employees from certain neighborhoods**.

> *On your application [you put you live] on 10th Street, Kansas City, Kansas. You get looked at some type of way because of the area you live in.*

Assets and Resources

Focus group participants did not identify any resources that they were aware of in Wyandotte County. The Health Department reached out to a variety of partners to identify the major organizations, businesses and schools who are working on increasing employment and education in the county; several of these are listed below:

- Wyandotte Economic Development Council (WYEDC)
- Wyandotte Health Foundation (WHF)
- Kansas City Kansas Community College (KCKCC)
- Kansas City Kansas Public Schools (KCKPS)
- Unified Government Health, Transportation, and Economic Development Departments
- Workforce Partnership
- Mid-America Manufacturing Technology Center (MAMTC)
- Prep K
- The Family Conservancy
- Donnelly College

Infant Health and Birth Outcomes

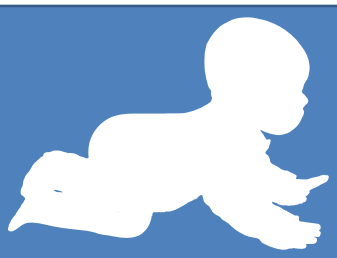
What is the problem? Who is most affected?

The health and well-being of children serve as an important measure for understanding the overall health of the community. Key indicators for child health include:

- Before birth, such as women's use of prenatal care or smoking;
- At birth, such as low birth weight;
- During the first year of life, such as infant mortality;
- During the first two years of life, such as immunization.

The percentage of births in which **prenatal care** began within the first trimester has steadily improved from the period between 2011 and 2015 in Wyandotte County. The improvement brought the percentage from 67.6% to 73.8% during that period. Kansas levels also increased during a similar period from 75.5% in 2011 to 79.4% in 2014. Despite this, about 26% of pregnant women do not begin care until the second trimester or later.

Teen pregnancies among youth aged 10-17 years has declined dramatically from 2011 to 2015, from 17.3 pregnancies to 10.4 pregnancies per 1,000 persons in Wyandotte County. The rate at the state level has improved at a slower rate, but is overall much lower than the county rate, improving from 7.3 in 2011 to 4.5 in 2015.



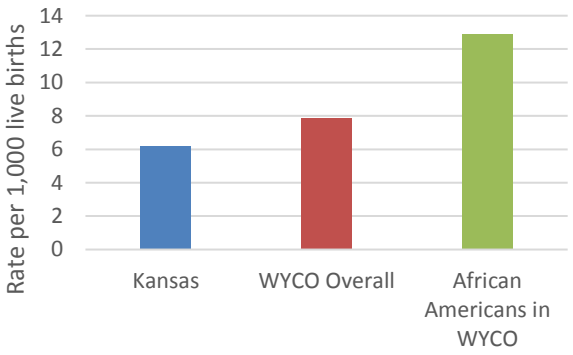
Key Facts:

- About 1 in 4 pregnant women enter prenatal care after the first trimester.
- 11.8% of pregnant women smoke.
- The teen pregnancy rate in WYCO is 10.4 per 1,000 live births compared to 4.5 for the state of Kansas overall.
- 8.2% of Wyandotte County babies are born at low birthweight
- Infant mortality among African American babies is 12.9 per 1,000 live births compared to 7.9 per 1,000 live births for the county overall, and 6.2 per 1,000 live births for the state of Kansas.

Infant mortality occurs at a rate in Wyandotte County that is higher than the state average (see Figure 6.1), but is slowly improving over time. The rate of neonatal mortality per 1,000 live births in Wyandotte County has decreased from 8.3 to 7.9 from 2011 to 2015, while the Kansas rate decreased during a similar period.

Notable group disparities in maternal and child health in Wyandotte County include racial disparities for the rate of infant mortality. African American residents experience infant mortality at a rate 60% higher than the county average. Infant mortality among African American residents was 12.9 deaths per 1,000 live births, compared to the county average of 7.9 deaths per live births. Hispanic and white residents were both below the county average.

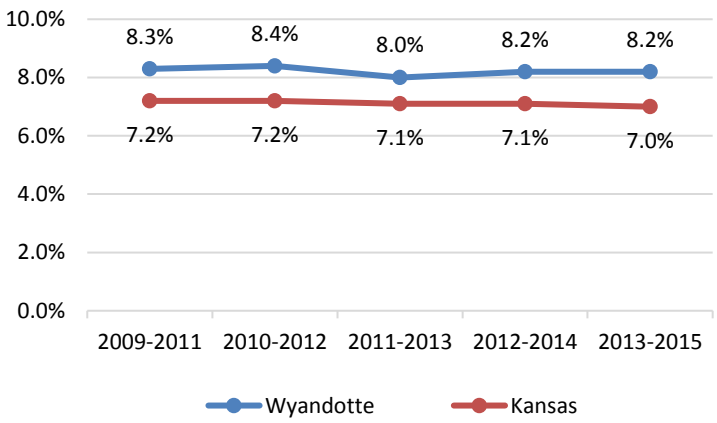
Figure 6.1. Infant mortality rates per 1,000 live births (2015)



Neonatal death, defined as death within the first 28 days of life, occurs at a rate in Wyandotte County (5.1 per 1,000 live births) that is higher than the state average (4.1 per 1,000 live births). The rate of neonatal mortality per 1,000 live births in Wyandotte County has decreased from 5.4 to 5.1 from 2011 to 2015, while Kansas displayed a similar pattern during the same period. The rate is higher than the Healthy People 2020 goal of 4.1 per 1000 live births.

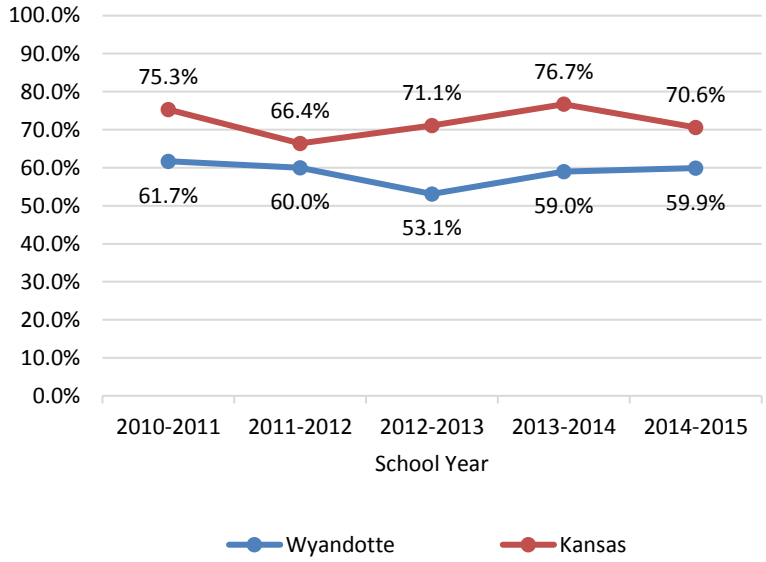
Low weight births, slightly higher in Wyandotte County compared to the state percentages, remained stable from 2011 to 2015 (see Figure 6.2). Births with low birth weight ranged from 8.0% to 8.4% and from 7.0% to 7.2% in Wyandotte County and Kansas, respectfully. The county percent is higher than the HP 2020 goal of 7.8%

Figure 6.2: Percent of Births With Low Birth Weight



Overall, fully **immunized infants** by 24 months, decreased slightly in Wyandotte County during 2011 to 2015 from 61.7% to 59.9%. Although the percentage of full immunization by 24 months is higher, the percentage for Kansas decreased at a higher rate during the same period from 75.3% to 70.6% (see Figure 6.3.) Although a single measure for full immunization by kindergarteners by the first day of school is not available, the percentages for children receiving individual vaccines in Wyandotte County is comparable to the state percentages during the 2011 to 2015 period. Wyandotte County vaccinations ranged from 69% to 97%, whereas Kansas average percentages ranged from 69% to 97% during the same period.

Figure 6.3: Change in Percent of Infants Fully Immunized at 24 Months



Source: KDHE, Vital Statistics Summary

What are conditions that contribute to the issue?

In general, focus group participants generally dismissed the issue

of infant health and birth outcomes as a problem in the community. As an example, a focus group participant said:

> *I think it only affects the family. I don't think it really affects anyone else.*

This finding was similar to findings in the concerns survey that community members generally feel like they are satisfied with how the community is doing related to infant health and birth outcomes. The only factor that was noted as a contributing factor was **teen pregnancy**.

> *All youth pregnancy are immature just by being so young. That contributes in a lot in pregnancy or infant health and birth outcomes. They don't really believe what we tell them, they believe others with wrong information.*

Participants said that a **lack of education from schools and parents** contribute to the high rates of teen pregnancy that occur in Wyandotte County.

> *We don't do much about it as parents. We don't know who to talk sometimes, not sure if we are afraid of not being listened and when things continue the same way, we don't know who will be the right person to give us a response and get positive results.*

Schools are focused a lot in increasing technology knowledge and in becoming better in knowledge and education of our children and are forgetting the part where human being are involved. There is less communication with parents. Principals and School staff are less interested in the well-being of our kids on that sense.

Assets and Resources

Participants identified several important assets or resources for assisting with the issue of infant health, including: Planned Parenthood, the Unified Government of Wyandotte County, Kansas City Kansas Public Health Department, Healthy Start, WIC, and baby showers, such as one recently held at the Jack Reardon Center. However, people noted the **wide presence of resources for when a person has a new baby, but less availability as a child ages**.

There are a lot resources for when you first have a child. It's just the after effects of having the child is when you start having the problem. The infant part is the easiest part. When they are first born they pretty much give you everything at the hospital, especially if you have Medicaid. Then you go home and get WIC but as soon as they turn one, then they start cutting you out. When they are a teenager, you are on your own.

The Health Department reached out to a variety of partners to identify additional assets and resources available to Wyandotte County residents surrounding infant health and birth outcomes. Some of these include:

- Fetal Infant Mortality Review (FIMR), including its Case Review Team and Community Action Team
- New Birth Company
- Healthy Families
- Healthy Start
- New Bethel Church
- Community Health Council
- Mother & Child Health Coalition
- Unified Government Health Department: Women, Infants and Children program (WIC)
- Project Eagle – Early Head Start and Connections
- Maternal Infant Child Home Visiting Programs (MICHV)
- Health Department Healthy Families Wyandotte
- Kansas Children Service League (KCSL)
- Parents As Teachers (PAT)
- KCK and Turner
- Team for Infants Endangered by Substance Abuse (TIES)

Violence

What is the problem? Who is most affected?

Violence is recognized as a public health problem that requires sound assessment. Violent behavior especially affects the health of children, adolescents, and young adults, and often leads to physical and mental impairment, disability, and premature death. Violence also adversely affects mental well-being. Persons exposed to violence also represent a vulnerable group at a significantly elevated risk of psychological distress and morbidity.

Wyandotte's residents identified exposure to violence as one of the top five problems facing the community. A focus group participant described the prevalence of violence as:

> *It's the most major thing I've ever seen. I've seen little babies dead and mom's screaming for blocks. It's the saddest thing ever. Its heart wrenching.*

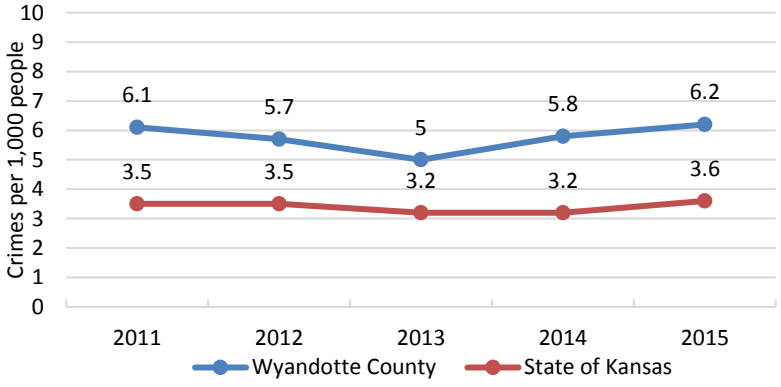
The Kansas Bureau of Investigation compiles data from the state to create the crime index (Figure 7.1). The index of violent crime includes all reports of murder, rape, robbery, and aggravated assault/aggravated battery in Wyandotte County (6.2 crimes per 1,000 people). This is higher than for the state (3.6 crimes per 1,000 people). The rate dropped in the county from 6.1 crimes per 1,000 people in 2011 to 5.0 in 2013, and then increased to 6.2 in 2015. The violent crime rate for the state was stable during this period.

The violent crime rate varies by location within Wyandotte County. Map 7.1 below shows the rate of violent crime by census tract based on data from the Kansas City Kansas Police Department from 2011 to 2016. These rates include a greater variety of offenses in addition to the types of offenses included in the KBI violent crime index. Such additional offenses include but are not limited to: child abuse, shooting at dwellings or automobiles, sexual assault and battery, and arson.

Key Facts:

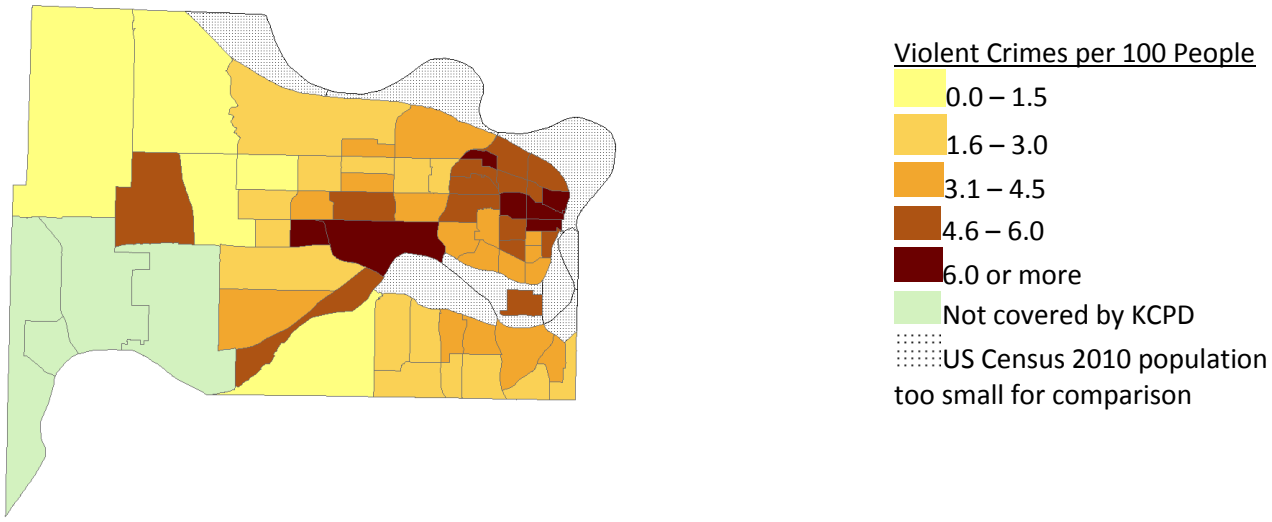
- Exposure to violence was one of the top five problems identified by residents who took the issues survey.
- Annually there are 6.2 violent crimes reported per 1,000 people, which is much higher than reports in the state (3.6 crimes per 1,000 people).
- High crime areas are concentrated in central, northeast, and south central Kansas City, Kansas.

Figure 7.1: Change in the Rate of Violent Crime



Source: Kansas Bureau of Investigation Crime Index

Map 7.1: Rate of Violent Crime, by Tract

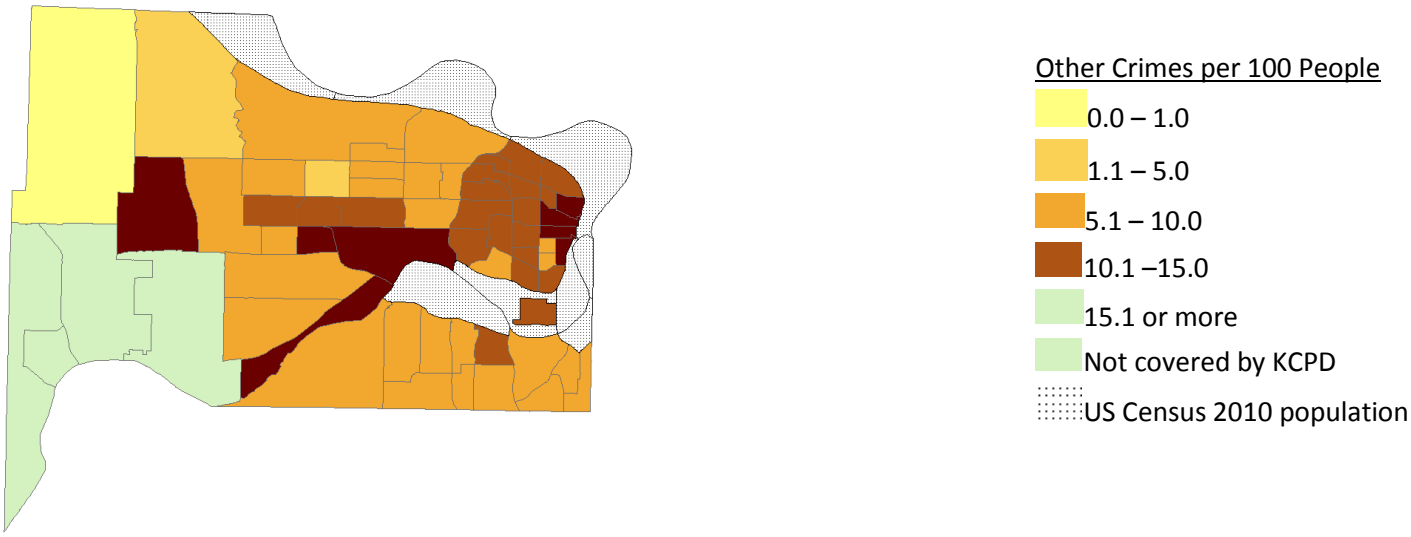


Note: Rates based on average number of crimes per year from 2011 to 2016, compared with Census tract 2010 data for population

Source: Kansas City Police Department, Kansas City, KS

The rate of crimes against personal and public property, theft and illegal activities can contribute to the feelings of safety and security where people live, work, and play. The Kansas City Kansas Police Department provided information about other crimes reported within their patrol districts within Wyandotte County. These offenses in Map 7.2 do not overlap with the violent offenses in the previous map. These include but are not limited to offenses such as: theft, burglary, criminal damage, graffiti, drug offenses, indecent solicitation, and weapons offenses.

Map 7.2: Rate of Other Crime, by Tract



Note: Rates based on average number of crimes per year from 2011 to 2016, compared with Census tract 2010 data for population

Source: Kansas City Police Department, Kansas City, KS

What are conditions that contribute to the issue?

Community members participating in focus groups identified a number of factors that may contribute to the issue of violence. Several participants said that the **lack of opportunities or alternative activities** creates conditions in which violence occurs.

> *Violence these days, basically has to do with the younger people. There is nothing for them to do. You have to give kids something to do. Idle time is the devil's playground and misery loves company.*
>
> *Kids need opportunity, they need sports. You do not see it anymore, kickball, baseball, other sports. People don't do it anymore because everyone is too concerned about violence. If everyone is always too concerned about violence then your community will never come together. Nobody is going to want to go out. I say it almost every day, "ain't nothing to do," because you could go out enjoy your day but it only takes one person to make it bad.*

In addition, participants said that a **lack of positive family influence** also contributes to the presence of violence.

> *There's no discipline, there's no respect. These kids don't care and it starts at home. I see it, parents walking around cussing in front of their kids or sending them to school and telling them they can do whatever they want there. And, it's sad.*
>
> *I tell them all the time, just because your daddy's in jail doesn't mean you have to follow in his footsteps.*

Participants also noted that **discrimination has a role in perpetuating violence**, in that it contributes to expectations that people engage in violence.

> *Children are discriminated against, like young black boys. They are automatically pinpointed like, that's a hoodlum. If you are poor you are discriminated against, you are basically told you are bad. It's to the point that when you are told that enough then you believe you are bad. And, they become violent because 'that's what I'm supposed to do right?*

Although not regarded as a cause of violence, participants said that **violence is inextricably tied to housing and area of living**.

> *Where I was just living, I got evicted. But you know what, I thank God for that because it seems like every time there was a shooting in that complex it started at the beginning (of the complex) and worked its way on down. The last shooting was the building next to mine and I thought, "I got to get the heck on out of here.'…I was coming home from a wedding one night I got down just a little bit..the car was still running and 'boom boom boom' shooting right there. And the car sped past my car but the car they were shooting at me and the car parked in front of my car. And they was just letting loose, and I just lost it. You know, what do I do? I didn't know where to go, what to do. So I backed up to try to go around, he backed up and went on down and they were still shooting. And, I thought, 'oh my God, it was nothing but God that covered me and my kids.*

Participants noted that there are some organizations, such as churches and schools, which may serve as resources or assets for addressing the issue in violence. However, they expressed **little belief that violence would be effectively addressed**.

> *There are none. They have tried but with epic failure. There are none because there are no people who have the time to do what it takes and stick-to-itiveness. You have to stick with it, if you really care you have stay here and open more organizations, teach them to be against violence. If you really feel like you want to help then help.*

Assets and Resources

Focus groups did not identify any assets or resources that they knew of in Wyandotte County. The Health Department reached out to a variety of partners to identify the major organizations, schools and businesses that are working to reduce violence in the county.

- Livable Neighborhoods
- KU Center for Community Health and Development
- Kansas City Kansas Police Department Victim Services Unit
- KC Anti-Violence Project
- Friends of Yates
- NBC Community Development Corporation
- University of Kansas Medical Center
- KCK Public Schools (USD 500)
- Healthy Communities Wyandotte (HCW)
- Metropolitan Organization to County Sexual Assault (MOCSA)
- Project Eagle
- Community Health Council
- Planned Parenthood
- Veronica's Voice
- Kansas Legal Services
- 8th Street YMCA

Next Steps

The community health assessment conducted for Wyandotte County provides compelling information about the health status, health behaviors, concerns, and perceptions of the causes and conditions that shape pressing health issues. In addition, the data collected provide critical information about populations within Wyandotte County who are experiencing disproportionately poorer health status and outcomes. The next step in this process is to use this information to mobilize residents toward the development of a robust community health improvement plan and ultimately, action for improving the health of Wyandotte County residents. A community health improvement plan is an important next step for assuring that a combination of community-driven and evidence-based policy, systems, and environmental changes will be implemented. Using the data provided in this report as a basis for understanding each of the priority health issues will assure that effective, measurable changes are implemented to ameliorate the conditions that shape and influence health in Wyandotte County.

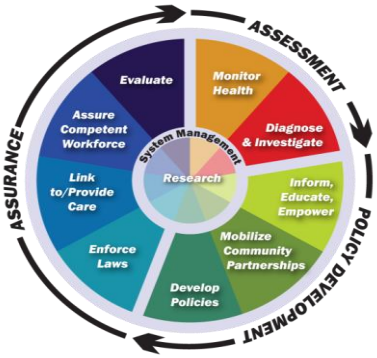
Appendix A. Local Public Health Systems Assessment

Background

Since 1994, the core activities of public health have been defined through the 10 Essential Public Health Services. Consisting of activities that cut across the three functions of public health (assessment, assurance, and policy development), the 10 Essential Public Health Services (Figure 1) are regarded as critical for promoting health. The 10 Essential Services provide an infrastructure for assuring activities necessary for the promotion of health. Although generally regarded as being the work of governmental public health, thorough implementation of the 10 Essential Services requires effort from other organizations that make up the local public health system. Defined as "all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction," organizations within the system need to play a unique role in assuring the infrastructure that supports health and well-being.

To understand the strengths and weaknesses of a local public health system, as well as to characterize the capacity of the system to promote and protect health, an assessment of the system and its performance can be beneficial. The National Public Health Performance Standards were developed by a consortium of stakeholders to support an assessment process called Local Public Health Systems Assessments. Consisting of a series of performance measures reflecting ideal performance, the purpose of the Local Public Health Assessment (LPHSA) is to assess the performance of a local public health system relative to ideal performance. A LPHSA was conducted in Wyandotte County as part of a comprehensive community health assessment and provides critical information about the performance of the 10 Essential Public Health Services in Wyandotte County.

Figure 1. Ten Essential Public Health Services



Approach

Data Collection

The National Public Health Performance Standards (NPHPS) instrument consists of a series of questions about each Essential Public Health Service (EPHS) and related Model Standard (MS). To complete the instrument, a group of stakeholders representing the local public health system must consider each questions and reach a consensus score rating the performance of the systems. Each item is rated on a five point scale from no activity to optimal performance. Participants used the scale response to answer the question, "At what level does the local public health system…" about each of the performance measures described. Figure 2 describes the scale. In addition to rating each EPHS and related MS and performance measures, participants were asked to synthesize strengths, weakness, and opportunities for improvement based on the discussion of the performance of each EPHS in the local public health system. In addition, attendees were asked to complete a priority rating questionnaire to assess perceptions of how the LPHS prioritized each model standard. To conduct the LPHSA in Wyandotte County, the Unified Government of Wyandotte County & Kansas City,

Figure 2. Rating Scale of EPHS

Optimal (76-100% of activity is met.)
Significant (51-75% of activity is met.)
Moderate (26-50% of activity is met.)
Minimal (1-25% of activity is met.)
No activity.

Kansas Public Health Department (UGPHD) identified and recruited people from across the local public health system to participate in a one-day retreat in which each of the 10 EPHS were assessed during two sessions in which break-out groups completed the assessment for five EPHS concurrently.

Data Analysis

Analysis of the data was conducted using software available through the Centers for Disease Control and Prevention for the specific purpose of analyzing NPHPS data. The analysis consists of averaging scores at the most specific level to create the score for indicators up one level. Scores for performance measures were averaged to create scores for model standards and scores for model standards were averaged to create scores for EPHS.

Findings

Description of Participants

For the one-day workshop, a total of 59 people participated. Table 1. Displays the distribution of partnerships by sector.

Table 1. Distribution of participants by sector

Sector	Number of Participants	Sector	Number of Participants
At-large community members	2	Local Health Department	20
Emergency Preparedness	3	Mental Health Care Provider	1
Faith-based organizations	1	Non-profit Organizations	7
Health Care Provider/ Clinics	5	Philanthropic Organizations	2
Hospital	3	State Health Department	5
Human/ Social Service Provider	1	University/ research	4
Local Government	5		

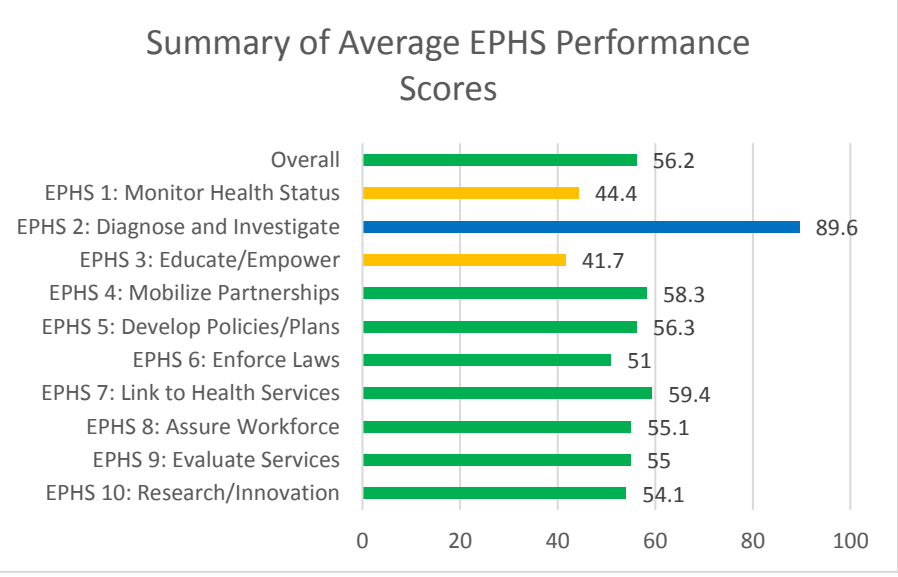
Essential Service Ratings

Ratings created by participants were used to calculate scores reflecting the performance of the local public health system of the 10 EPHS. Figure 3 displays the scores for each of the 10 EPHS. Overall the average score across all EPHS was 56.2%, falling within the rating category of a significant level of activities met. In total, the range of scores received by EPHS was from 41.7% (moderate) to 89.6% (optimal). No EPHS were scored at the minimal or no activity level. Of all 10 EPHS, one was scored at the optimal level:

- EPHS 2: Diagnose and investigate health problems and health hazards.

Conversely, two EPHS were scored at the moderate level:

Figure 3. Summary of average EPHS performance scores



- EPHS 1: Monitor Health Status to Identify Community Health Problems; and,
- EPHS 3: Inform, Educate, and Empower People about Health Issues

Model Standard Ratings

The ratings of the Model Standards (MS) related to each EPHS provide more specific information about the activities that were rated highly. Table 2 displays the scores of model standard organized by EPHS.

Table 2. Model Standard scores organizations by EPHS

	Model Standards by EPHS	Performance Scores
EPHS 1: Monitor Health Status	1.1 Community Health Assessment	41.7
	1.2 Current Technology	66.7
	1.3 Registries	25.0
EPHS 2: Diagnose and Investigate	2.1 Identification/Surveillance	75.0
	2.2 Emergency Response	100
	2.3 Laboratories	93.8
EPHS 3: Educate/ Empower	3.1 Health Education/Promotion	50.0
	3.2 Health Communication	25.0
	3.3 Risk Communication	50.0
EPHS 4: Mobilize Partnerships	4.1 Constituency Development	50.0
	4.2 Community Partnerships	66.7
EPHS 5: Develop Policies/Plans	5.1 Governmental Presence	58.3
	5.2 Policy Development	33.3
	5.3 CHIP/Strategic Planning	33.3
	5.4 Emergency Plan	100.0
EPHS 6: Enforce Laws	6.1 Review Laws	56.3
	6.2 Improve Laws	41.7
	6.3 Enforce Laws	55.0
EPHS 7: Link to Health Services	7.1 Personal Health Service Needs	56.3
	7.2 Assure Linkage	62.5
EPHS 8: Assure Workforce	8.1 Workforce Assessment	25.0
	8.2 Workforce Standards	66.7
	8.3 Continuing Education	60.0
	8.4 Leadership Development	68.8
EPHS 9: Evaluate Services	9.1 Evaluation of Population Health	50.0
	9.2 Evaluation of Personal Health	65.0
	9.3 Evaluation of LPHS	50.0
EPHS 10: Research/ Innovations	10.1 Foster Innovation	37.5
	10.2 Academic Linkages	66.7
	10.3 Research Capacity	50.0
Average Overall Score		56.2
Median Score		55.1

Two model standards received the highest available score (100%). These were:

- MS 2.2 Emergency Response; and,
- MS 5.4 Emergency Plan

Three Model Standards shared a low score of 25%. These were:

- MS 1.3 Registries;
- MS 3.2 Health Communication
- MS 8.1 Workforce Assessment

In addition, to the analysis presented here, EPHS specific findings are available in Appendix 1.

Priority Questionnaire Results

The Priority Rating Questionnaire assesses how the LPHS prioritizes each model standard using a scale of 1 to 10, with 1 being the lowest and 10 being the highest. Forty-nine attendees completed and returned the questionnaire.

Model Standard scores were compared against priority ratings to assess which areas may be considered for improvement and action planning. Based on priority ratings and activity scores, Model Standards were assigned to quadrants of high or low performance and high or low priority. Model Standards identified as being in the high priority and low performance may be areas that need more immediate attention, whereas Model Standards listed in the low priority and low performance may need some attention but are not of any immediate priority and can be considered at a later time period. Overall, nine Model Standards were identified as areas with relatively low performance but were perceived as high priority to the LPHS (blue quadrant). Table 3 displays the Model Standards as they relate to each quadrant.

Table 3. Model Standards by Priority and Performance Score

	Performance	
	High	Low
Priority: High	10.2 Academic Linkages 8.4 Leadership Development 7.2 Assure Linkage 7.1 Personal Health Services Needs 5.4 Emergency Plan 5.1 Governmental Presence 4.2 Community Partnerships 2.2 Emergency Response 2.1 Identification/Surveillance	10.1 Foster Innovation 9.3 Evaluation of LPHS 9.1 Evaluation of Population Health 5.3 CHIP/Strategic Planning 5.2 Policy Development 3.3 Risk Communication 3.2 Health Communication 3.1 Health Education/Promotion 1.1 Community Health Assessment
Priority: Low	9.2 Evaluation of Personal Health 8.3 Continuing Education 8.2 Workforce Standards 6.1 Review Laws 2.3 Laboratories 1.2 Current Technology	10.3 Research Capacity 8.1 Workforce Assessment 6.3 Enforce Laws 6.2 Improve Laws 4.1 Constituency Development 1.3 Registries

Discussion

The findings of this assessment suggest considerable strengths of the local public health system. Findings suggest that many of the activities required to engage in the diagnosis and investigation of health issue (EPHS 2). Furthermore, approximately 67% of the all Essential Services were judged to have a significant level of activities met. Conversely,

compelling data suggest that some activities related to monitoring health status (EPHS 1), communicating health information to the public (EPHS 3) are challenges facing the local public health system.

Finally, a number of Model Standards were identified as areas with relatively low performance but were perceived as a high priority by the LPHS. In some cases, the same Model Standards identified as having minimal levels of activity (e.g. MS 3.2 Health Communication) were also identified as being a high priority to the LPHS. However, in other cases, some Model Standards with moderate performance scores were identified as having a higher priority in the LPHS and may also be considered as areas for action planning and improvement (e.g. MS 10.1 Foster Innovation; MS 9.1 Evaluation of Population Health etc.). This information may have utility in determining priorities. Stakeholders may identify activities that are higher priority to maintain, if already at high performance, or prioritize for improvement and re-direction of resources for model standards and activities rated as low performance and high priority.

The assessment approach has a few notable limitations and strengths. Ratings are based on subjective characterizations of those who participated in the LPHSA. Although this limitation is present, it should be noted that the approach of using consensus scoring is intended to lessen the extent to which this is problematic. In addition, a possible limitation is the extent to which the appropriate members of the local public health members participated. In this instance, participation was across multiple sectors. A strength of the approach is that it engages members from across the system in assessing the performance of the system. It engages those with the closest, clearest knowledge of the workings of the system, as opposed to having external parties or a small group of members complete the ratings. In addition, the LPHSA focuses across all parts of the core functions and activities of public health without suggesting that any one part is more important than others.

The completion of the LPHSA in Wyandotte County provides compelling information about the strengths and weaknesses of public health in the county. Further, it provides critical data for making decisions about how to prioritize specific activities to assure a strong public health system that supports the health of all Wyandotte County residents.

Results by Essential Service

The following pages offer an in-depth examination of the findings by Essential Public Health Service. Each one-page description presents a description of the activities involved with performance of the EPHS and the sectors represented by participants involved in the assessment activities. In addition, all performance scores at the essential service, model standard, and performance measure level are provided. Lastly, participants' assessment of strengths, weaknesses, and opportunities for improvement are provided. It should be noted that the opportunities for improvement were suggested in the context of debriefing on discussion, and are not necessarily a reflection of fully vetted, prioritized, or recommended strategies.

Essential Service 1: Monitor health status to identify community health problems

Essential Service 1 is aimed at assuring the local public health system provides these activities:

- Assess, accurately and continually, the community's health status.
- Identify threats to health.
- Determine health service needs.
- Pay attention to the health needs of groups that are at higher risk than the total population.
- Identify community assets and resources that support the public health system in promoting health and improving quality of life.
- Using appropriate methods and technology to interpret and communicate data.
- Collaborate with other stakeholders, including private providers and health benefit plans, to manage multi-sectorial integrated information systems.

Sectors represented by attendees' included local government, schools/ education, healthcare organizations, social services, and state government.

Findings

Strengths

- Well-shared data across different agencies and organizations
- Large array of registries (e.g. immunization, cancer, birth defects) available for obtaining resources
- Data being collected at the zip code level
- Hotspotting, and GIS availability

Weaknesses

- Last CHA was done in 2012 with little promotion
- No requirements for needs assessment in the county
- Lack of capacity for gathering and sharing data, lack of technology resources, and epidemiology staff limitation
- Inaccessible data, especially for acute health issues
- Registries are under-utilized, not required

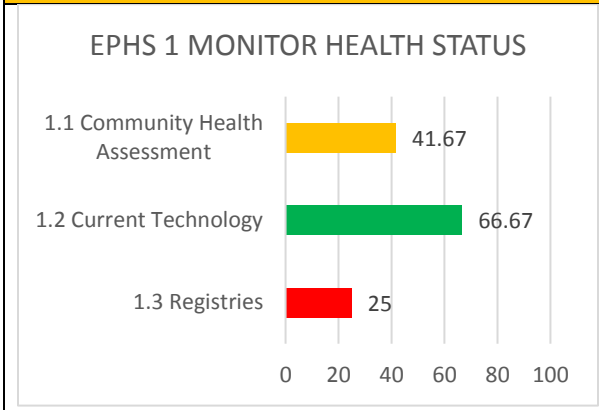
Suggested Improvement Opportunities

- Make progress on collaborating with partners for sharing and making sense of health data
- Perform CHA more regularly (annually)
- Sharing analytical data understandably to public
- Efforts to make health data readily accessible and available
- Additional chronic diseases and health registries (ex. Blood pressure)

Performance Assessment

Overall Score for ES 1

Moderate 44.4%



Performance Measure Scores

1.1 Population-Based Community Health Assessment (CHA)	
1.1.1 Community health assessments (CHA)?	75
1.1.2 Continuously update CHA with current information?	25
1.1.3 Promote the use of the CHA in the community?	25
1.2 Current Technology to Manage and Communicate Population Health Data	
1.2.1 Use the best available technology and methods to display data?	75
1.2.2 Analyze health data to see where health problems exist?	75
1.2.3 Use computer software to analyze complex public health data?	50
1.3 Maintenance of Population Health Registries	
1.3.1 Collect data consistent with current standards?	25
1.3.2 Use information from population health registries in CHAs?	25

Essential Service 2: Diagnose and investigate health problems and hazards

Essential Service 2 is aimed at assuring the local public health system provides these activities:

- Accessing a public health laboratory capable of conducting rapid screening and high-volume testing.
- Establishing active infectious disease epidemiology programs.
- Creating technical capacity for epidemiologic investigation of disease outbreaks and patterns of the following: (a) infectious and chronic diseases, (b) injuries, and (c) other adverse health behaviors and conditions.

Sectors represented by attendees were: emergency preparedness, hospitals, local health department, and state health department.

Findings

Strengths

- Real time data for casting pollutants (ozone) multiple levels
- Communication with CDC, surveillance system has improved
- Education, training equipment, and guidelines coordination for emergency response
- Detailed plans for regional action, disease investigation guidelines, and list of experts and database for contacts
- Quick response between labs and health department, good guidelines in place for handling samples

Weaknesses

- Low staffing and lack of resources to address health problems (e.g. lead)
- Incomplete reports between labs and clinics/hospitals
- Compromised communication, education, and follow-up due to lack of resources (e.g. transportation)
- Providers not knowing health department capabilities; lack of utilization from providers

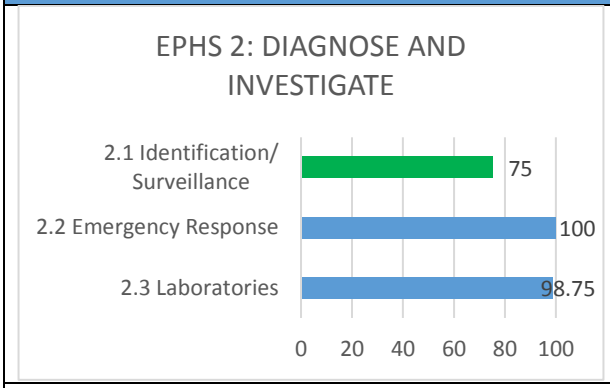
Suggested Improvement Opportunities

- Communication of surveillance information to the public
- Collect samples in the field
- Improve communication across systems especially between the health department and providers
- Education on appropriate testing

Performance Assessment

Overall Score for ES 2

Optimal 89.6%



Performance Measure Scores

2.1 Identification and Surveillance of Health Threats	
2.1.1 Participate in a comprehensive surveillance system to identify, monitor, share information?	100
2.1.2 Provide and collect timely and complete information on reportable diseases and potential disasters threats?	75
2.1.3 Assure that the best available resources to support surveillance systems?	50
2.2 Investigation and Response to Public Health Threats and Emergencies	
2.2.1 Maintain written instructions on how to handle communicable disease outbreaks?	100
2.2.2 Develop written rules to follow in the immediate investigation of public health threats and emergencies?	100
2.2.3 Designate a jurisdictional Emergency Response Coordinator?	100
2.2.4 Prepare to respond to public health emergencies according to guidelines?	100
2.2.5 Identify personnel with the technical expertise to respond to possible public health emergencies?	100
2.2.6 Evaluate incidents for effectiveness and opportunities for improvement?	100
2.3 Laboratory Support for Investigation of Health Threats	
2.3.1 Have ready access to laboratories for routine public health needs?	100
2.3.2 Maintain access to laboratories for public health needs during emergencies & threats?	75
2.3.3 Use only licensed or credentialed labs?	100
2.3.4 Maintain a written list of rules related to labs?	100

Essential Service 3: Inform, educate, and empower people about health issues

Essential Service 3 is aimed at assuring the local public health system provides these activities:

- Creating community development activities.
- Establishing social marketing and targeted media public communication.
- Providing accessible health information resources at community levels.
- Collaborating with personal healthcare providers to reinforce health promotion messages and programs.
- Working with joint health education programs with schools, churches, worksites, and others.

Sectors represented by attendees were: human/social service providers, local government, emergency preparedness, local health department, mental health care provider, non-profit organization, and philanthropic organizations.

Findings

Strengths

- Social media used well for communication
- Spanish radio and newspapers reaches the Latino community
- More coverage for positive work now by major news sources
- Emergency plans are well disseminated at large to the public
- When emergency strikes, people are ready to communicate and get the news heard
- Risk communication trainings

Weaknesses

- Communication difficult without local newspaper
- Public as a whole is not given information and/or recommendations where to access services
- Lack of resources to communicate with community as a whole with its diverse population (63 different languages)
- Reactive communication plan rather than preventive
- Training for risk communication is reactive and not widely available

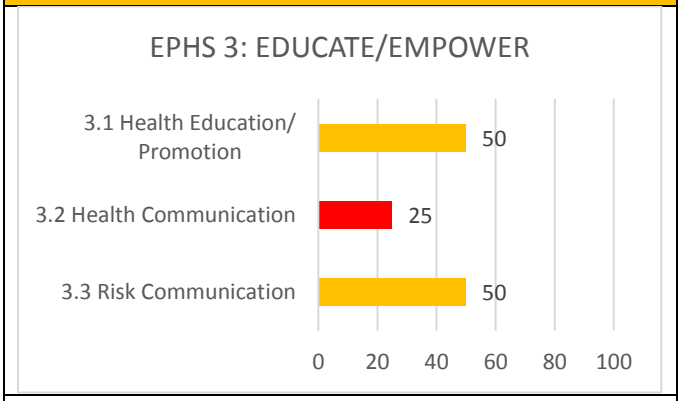
Suggested Improvement Opportunities

- Use innovative methods to communicate (e.g. Spanish radio drama)
- Need to be prepared to follow through with Spanish-speaking audiences
- Need to connect local businesses, schools/preschools and other organizations to the emergency lines of communications- a UG alert system with broad use in county

Performance Assessment

Overall Score for ES 3

Moderate 41.7%



Performance Measure Scores

3.1 Health Education and Promotion	
3.1.1 Provide analyses of community health status and recommendations for health promotion policies?	75
3.1.2 Coordinate health promotion and health education activities?	25
3.1.3 Engage the community in health education and health promotion activities?	50
3.2 Health Communication	
3.2.1 Develop health communication among LPHS organizations?	25
3.2.2 Use relationships with media providers to share health information?	50
3.2.3 Identify and train spokespersons on public health issues?	0
3.3 Risk Communication	
3.3.1 Develop an emergency communications plan?	75
3.3.2 Make resources available for rapid emergency communication response?	50
3.3.3 Provide risk communication training?	25

Essential Service 4: Mobilize community partnerships to identify and solve health problems

Essential Service 4 is aimed at assuring the local public health system provides these activities:

- Convening and facilitating partnerships among groups and associations (including those not typically considered to be health related).
- Undertaking defined health improvement planning process and health projects, including preventive, screening, rehabilitation, and support programs.
- Building a coalition to draw on the full range of potential human and material resources to improve community health.

Attendees represented the following sectors: human/social services providers, local health department, non-profit organizations, philanthropic organizations, local government, and at-large community members.

Findings

Strengths

- HCW is the largest coalition and includes most partners
- Smaller FIMR group- resources are great
- Coalitions are strong in WyCo and passion about the need
- Social media is been used well, posts raise awareness.
- City Mayor and Commissioners on board with health issues/priority
- Safety encouraged through ride-along programs
- Economic engagement

Weaknesses

- Not enough engagement with faith-based organizations
- Difficult to engage with public when coalitions expect residents to come to them, rather than meeting where the residents are
- Hesitance in community to accept initiatives where many other projects have come and gone

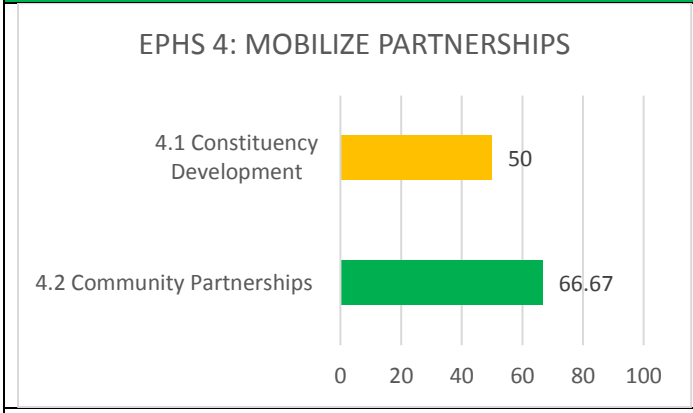
Suggested Improvement Opportunities

- Bring additional partners to the table.
- Develop opportunities to create a stand-alone plan- incorporate into the comprehensive plan
- Develop coalitions
- Strengthen a "shared vision"

Performance Assessment

Overall Score for ES 4

Significant 58.3%



Performance Measure Scores

4.1 Constituency Development	
4.1.1 Maintain a complete and current directory of community organizations?	25
4.1.2 Identify key constituents related to overall public health interests and concerns?	50
4.1.3 Encourage constituents to participate in activities to improve community health?	75
4.1.4 Create forums for communication of public health issues?	50
4.2 Community Partnerships	
4.2.1 Establish community partnerships and strategic alliances to improve community health?	100
4.2.2 Establish a broad-based community health improvement committee?	50
4.2.3 Assess how well community partnerships and strategic alliances are working to improve community health?	50

Essential Service 5: Develop policies and plans that support individual and community health efforts

Essential Service 5 is aimed at assuring the local public health system provides these activities:

- Ensuring leadership development in public health.
- Ensuring systematic community-level and state-level planning for health improvement in all jurisdictions.
- Developing and tracking measurable health objectives from the (CHIP) as a part of a continuous quality improvement plan.
- Establishing joint evaluation with the medical healthcare system to define consistent policies regarding prevention and treatment services.
- Developing policy to guide the practice of public health.

Attendees represented the following sectors: hospitals, local government, local health department, non-profit organizations, state health department, and University/Research.

Findings

Strengths

- Policymakers and community leaders support health
- Many small organizations have policy plans related to health, or have a health equity lens
- Emergency preparedness is an area of strength for the community
- Local Health Department has performed a process similar to CHIP

Weaknesses

- No centralized system for health policy at the government level. No systematic review of existing policies
- No strategic plan or measurable indicators
- Environmental health gaps (e.g. food environment monitored at state not county level)
- Low resources and takes time to communicate importance of health to community

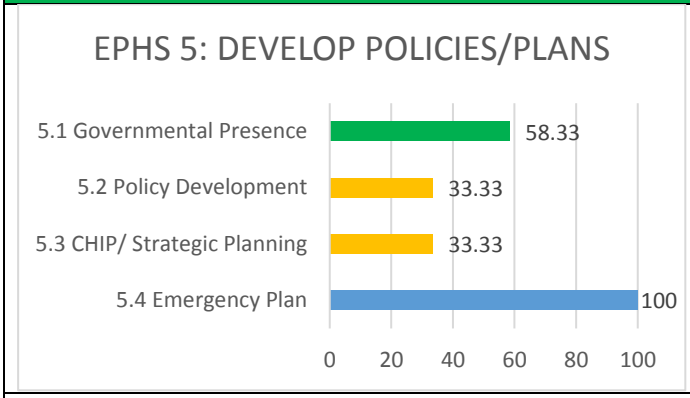
Suggested Improvement Opportunities

- Accreditation would help increase funding

Performance Assessment

Overall Score for ES 5

Significant 56.3%



Performance Measure Scores

5.1 Governmental Presence at the Local Level	
5.1.1 Support the local health department to make sure the public health services are provided?	75
5.1.2 Assure local health department is accredited?	50
5.1.3 Assure that the local health department has enough resources to do its work?	50
5.2 Public Health Policy Development	
5.2.1 Contribute to public health policy development?	50
5.2.2 Alert policymakers of the possible public health impacts of proposed policies?	50
5.2.3 Review existing policies every 3-5 years?	0
5.3 Community Health Improvement Process (CHIP) and Strategic Planning	
5.3.1 Establish a CHIP, with broad- based diverse participation?	50
5.3.2 Develop strategies to achieve community health improvement objectives?	25
5.3.3 Connect organizational strategic plans with the CHIP?	25
5.4 Plan for Public Health Emergencies	
5.4.1 Support a workgroup to develop and maintain preparedness and response plans?	100
5.4.2 Develop an emergency preparedness and response plan?	100
5.4.3 Test the plan through regular drills and revise the plan as needed, at least every two years?	100

Essential Service 6: Enforce laws and regulations that protect health and ensure safety

Essential Service 6 is aimed at assuring the local public health system provides these activities:

- Enforcing sanitary codes, especially in the food industry.
- Protecting drinking water supplies.
- Enforcing clean air standards.
- Initiating animal control activities.
- Following-up hazards, preventable injuries, and exposure-related diseases identified in occupational and community settings.
- Monitoring quality of medical services (e.g., laboratories, nursing homes, and home healthcare providers).
- Reviewing new drug, biologic, and medical device applications.

Attendees represented the following sectors: emergency preparedness, local health department, mental health care providers, non-profit organizations.

Findings

Strengths

- There is access to legal counsel for technical assistance
- There is good education about laws at the organizational level

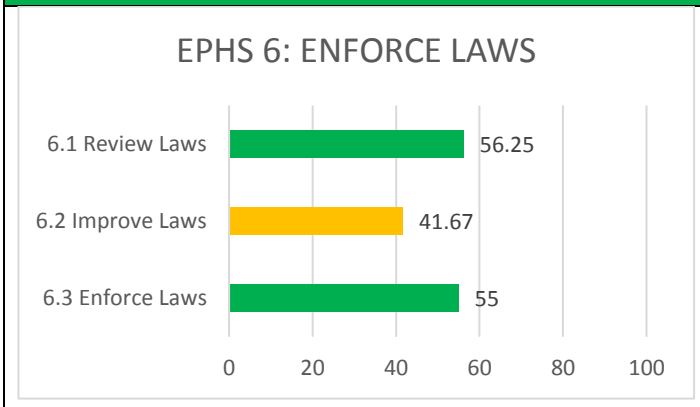
Weaknesses

- Ordinances don't get review every 3-5 years. Hard to communicate new laws/issues
- No good evaluation system for policies-evaluation is done if a problem comes up
- It's hard for newcomers to the community to identify organizations that have the authority to enforce public health laws, regulations, and ordinances. There is not good education about laws at the individual level

Performance Assessment

Overall Score for ES 6

Significant 51.0%



Performance Measure Scores

6.1 Review and Evaluation of Laws, Regulations, and Ordinances	
6.1.1 Identify public health issues that can be addressed through policy?	75
6.1.2 Stay up-to-date with policies that prevent, promote, or protect public health?	50
6.1.3 Review existing public health policies every five years?	25
6.1.4 Have access to legal counsel for assistance?	75
6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances	
6.2.1 Identify local public health issues that are not addressed in existing policies?	50
6.2.2 Participate in changing policies to protect and promote the public health?	25
6.2.3 Provide technical assistance in drafting changes or new policy?	50
6.3 Enforcement of Laws, Regulations, and Ordinances	
6.3.1 Identify organizations with authority to enforce public health policies?	50
6.3.2 Assure that a local health department public health emergencies powers?	100
6.3.3 Assure that all enforcement activities related to public health codes are done?	50
6.3.4 Educate about relevant policies?	50
6.3.5 Evaluate compliance with public health laws?	25

Essential Service 7: Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable

Essential Service 7 is aimed at assuring the local public health system provides these activities:

- Ensuring effective entry for socially disadvantaged and other vulnerable persons into a coordinated system of clinical care.
- Providing culturally and linguistically appropriate materials and staff to ensure linkage to services for special population groups.
- Ensuring ongoing care management.
- Ensuring transportation services.
- Orchestrating targeted health education/promotion/disease prevention to vulnerable population groups.

Attendees represented the following sectors: at-large community members, health care, hospitals, local health department, and state health department.

Findings

Strengths

- Linking of services is rich in Wyandotte County

Weaknesses

- There is a lack of opportunities to bring community members to the table to voice their opinions

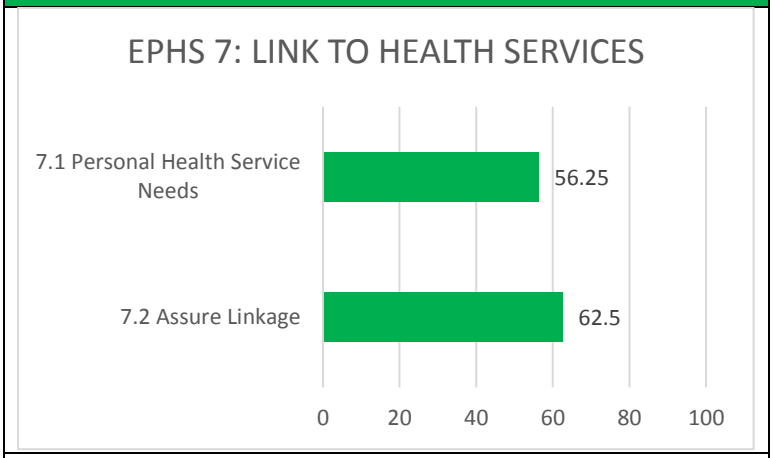
Suggested Improvement Opportunities

- Education through a mentorship approach
- Cab vouchers
- Culturally appropriate integration and better communication between organizations

Performance Assessment

Overall Score for ES 7

Significant 59.4%



Performance Measure Scores

7.1 Identification of Personal Health Service Needs of Populations	
7.1.1 Identify groups of people who have trouble accessing personal health services?	75
7.1.2 Identify all personal health service needs and unmet needs throughout the community?	50
7.1.3 Develop partnerships to respond to the unmet needs of the community?	50
7.1.4 Understand the reasons that people do not get the care they need?	50
7.2 Assuring the Linkage of People to Personal Health Services	
7.2.1 Connect people to organizations that provide the personal health services?	75
7.2.2 Help people access personal health services that takes into account diverse needs?	50
7.2.3 Help people sign up for public benefits that are available to them (e.g., Medicaid)?	75
7.2.4 Coordinate personal health and social services so that everyone has access to care?	50

Essential Service 8: Develop policies and plans that support individual and community health efforts

Essential Service 8 is aimed at assuring the local public health system provides these activities:

- Educating, training, and assessing personnel (including volunteers and other lay community health workers) to meet community needs for public and personal health services.
- Establishing efficient processes for professionals to acquire licensure.
- Adopting continuous quality improvement and lifelong learning programs.
- Establishing active partnerships with professional training programs to ensure community-relevant learning experiences for all students.
- Continuing education in management and leadership development programs for those charged with administrative/executive roles.

Attendees represented the following sectors: local health department, University/Research, non-profit organizations, and state health departments.

Findings

Strengths

- The Ten Essential Services are engrained in job descriptions and are an assumed expectation

Weaknesses

- There is not a "formal" workforce assessment and assessment of programs are only shared when needs arise but not across sectors

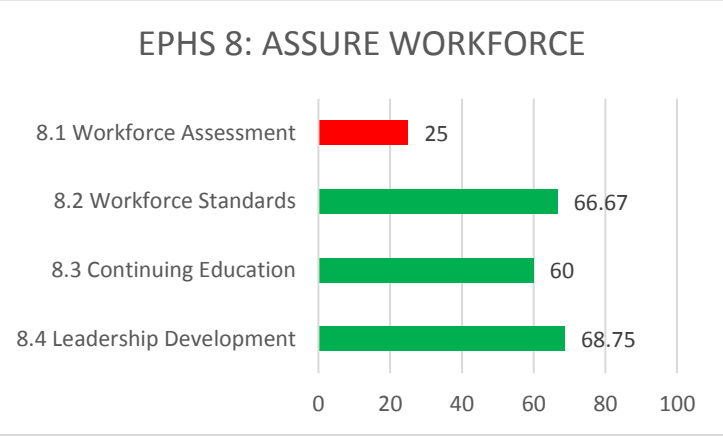
Suggested Improvement Opportunities

- Develop different levels of assessment based on staff responsibility

Performance Assessment

Overall Score for ES 8

Significant 55.1%



Performance Measure Scores

8.1 Workforce Assessment, Planning, and Development	
8.1.1 Conduct assessment of the workforce?	25
8.1.2 Find & address gaps in the public health workforce?	25
8.1.3 Provide information from the workforce assessment to other community organizations?	25
8.2 Public Health Workforce Standards	
8.2.1 Assure workforce have the required credentials?	100
8.2.2 Develop/maintain job standards & descriptions?	50
8.2.3 Base the hiring on public health competencies?	50
8.3 Learning through Education, Training, Mentoring	
8.3.1 Identify workforce education and training?	75
8.3.2 Provide workforce development opportunities?	75
8.3.3 Develop incentives for workforce training?	25
8.3.4 Create & support collaborations for training/education?	75
8.3.5 Train the workforce on cultural competent services and social determinants of health?	50
8.4 Public Health Leadership Development	
8.4.1 Provide access to leadership development?	50
8.4.2 Create a shared vision of community health and the public health system?	100
8.4.3 Ensure opportunities to provide leadership?	75
8.4.4 Provide opportunities for leaders reflecting the diversity within the community?	50

Essential Service 9: Evaluate effectiveness, accessibility, and quality of personal and population-based health services

Essential Service 9 is aimed at assuring the local public health system provides these activities:

- Assessing program effectiveness through monitoring and evaluating implementation, outcomes, and effect.
- Providing information necessary for allocating resources and reshaping programs.

Attendees represented the following sectors: at-large community members, health care, hospitals, local health department, state health departments, and university/ research.

Findings

Strengths

- Electronic data is available.
- There is flexibility of systems and the ability to mobilize communities.
- Private physicians are getting better at evaluating

Weaknesses

- There are limited resources and lack of an overarching entity to oversee all of the organizations
- There is a lack of communication and synchronization between organizations.
- Technology is used more frequently but is still very limited

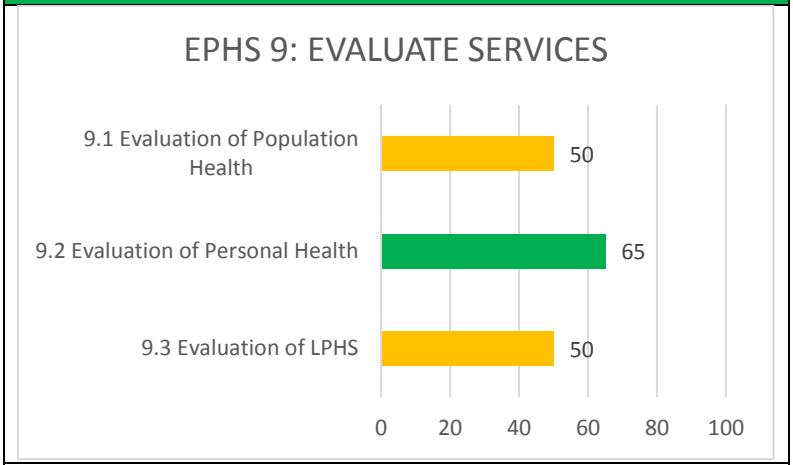
Suggested Improvement Opportunities

- Establish networks and increase ownership in the system among organizations

Performance Assessment

Overall Score for ES 9

Significant 55%



Performance Measure Scores

9.1 Evaluation of Population-Based Health Services	
9.1.1 Evaluate population-based health services?	50
9.1.2 Assess satisfaction with services?	25
9.1.3 Identify gaps in the provision of population-based health services?	75
9.1.4 Use evaluation findings to improve services?	50
9.2 Evaluation of Personal Health Services	
9.2.1 Evaluate personal health services?	50
9.2.2 Compare the quality of services to guidelines?	75
9.2.3 Measure satisfaction with personal health services?	75
9.2.4 Use technology to improve quality of care?	75
9.2.5 Use evaluation findings to improve services?	50
9.3 Evaluation of the Local Public Health System	
9.3.1 Identify all organizations that provide essential public health services?	75
9.3.2 Evaluate how well LPHS activities meet the needs of the community at least every five years?	50
9.3.3 Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services?	25
9.3.4 Use evaluation results improve the LPHS?	50

Essential Service 10: Research for new insights and innovative solutions to health problems

Essential Service10 is aimed at assuring the local public health system provides these activities:

- Establishing full continuum of innovation, ranging from practical field-based efforts to fostering change in public health practice to more academic efforts that encourage new directions in scientific research.
- Continually linking with institutions of higher learning and research.
- Creating internal capacity to mount timely epidemiologic and economic analyses and conduct health services research.

Attendees represented the following sectors: state health departments, non-profits, and university/ research.

Findings

Strengths

- Nursing schools are training nurses toward public health competencies
- Some organizations use research to inform practice

Weaknesses

- Innovative research sometimes can't be addressed because requirements are coming from the top down (federal to community) and goals don't match
- Studies of programs are provided, but the additional research needed to show change in those who receive services is limited
- There is no entity or incentive to move or support this area

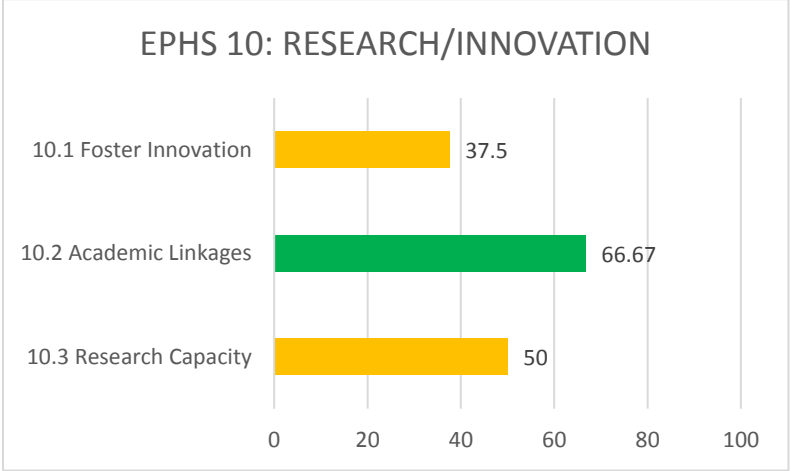
Suggested Improvement Opportunities

- Pilots at the local level can inform what needs to be addressed
- Bring everyone to the table when the research in being collected or shared.

Performance Assessment

Overall Score for ES 10

Significant 51.4%



Performance Measure Scores

10.1 Fostering Innovation	
10.1.1 Pilot test or conduct studies to test new solutions to public health problems?	25
10.1.2 Suggest ideas about what currently needs to be studied in public health?	25
10.1.3 Keep up with information about current best practices in public health?	75
10.1.4 Encourage community participation in research?	25
10.2 Linkage with Institutions of Higher Learning (IHL)and/or Research	
10.2.1 Develop relationships IHL or other research organizations?	75
10.2.2 Partner with IHL or other research organizations to do public health research?	50
10.2.3 Encourage IHL and other research organizations to work together with LPHS?	75
10.3 Capacity to Initiate or Participate in Research	
10.3.1 Collaborate with researchers?	75
10.3.2 Support research with the necessary infrastructure and resources?	50
10.3.3 Share findings with the community?	50
10.3.4 Evaluate public health systems research efforts throughout all stages of work from planning to impact on local public health practice?	25

Appendix B. Concerns Survey Report

Background

Obtaining data about the perspective of community members regarding strengths and problems in the community has many valuable benefits. Primarily, it assures that community members' perspectives are represented in the selection of issues that truly matter to people. Additional benefits include providing a meaningful opportunity for engagement in a community health assessment process and increasing buy-in for a community health assessment and planning process.

Surveys of community perspectives can take many forms. A concerns survey asks community members about perceived importance of and satisfaction with key community issues. The advantage of this type of methodology is that it combines scales that rate perceptions of importance and satisfaction to systematically characterize issues that are strengths (i.e., those items that are rated as high importance and high satisfaction) and weaknesses (i.e., those items with high importance and low satisfaction). The concerns survey was implemented as one part of a comprehensive community health assessment. The purpose of this assessment was to gather primary data from community members about their perspectives as a means of identifying key health issues that represent strengths, as well as those that represent key challenges or weaknesses.

Approach

Description of survey development

The concerns survey consisted of 35 items reflecting community health issues and demographic questions. The survey was developed through a collaborative process between Unified Government of Wyandotte County & Kansas City, Kansas Public Health Department (UGPHD) and University of Kansas staff. Items were identified based on a shared understanding of the factors and conditions that contribute to health status and behaviors. Members of the Community Health Assessment and Planning steering committee provided feedback and shaped the survey.

Description of survey administration and distribution

The survey was designed to be a self-administered instrument. English and Spanish versions of the survey were made available online and in print. A link to the online version was distributed through several public information officers, community organizations, and employers. Paper surveys were made available at more than 20 community sites across Wyandotte County. At distribution sites, ample surveys were made available, along with boxes or envelopes for collection. In addition, staff attended community activities (e.g., Martin Luther King Celebration) or stationed themselves at high-volume community sites (e.g., the WIC Clinic at the UGPHD, grocery stores, safety net clinics, health fairs, basketball leagues at the community centers) to conduct in-person outreach and actively request completion of the survey.

Survey Analysis

Surveys were analyzed using SPSS statistical software. Demographic questions were analyzed using descriptive statistics. Formulas were used to calculate strength and problem scores. Items with scores higher than one standard deviation above the mean were included in the final listing of relative strengths and problems.

Findings

A total of 2,289 Wyandotte County residents completed the concerns survey. Table 1 contains information that describes the demographic characteristics. Staff worked diligently to acquire a convenience sample that reflected Wyandotte County residents, to the extent possible. In general, most demographics characteristics are within 5% of the population demographics. As noted in Table 1, a few notable discrepancies were observed. Women were significantly overrepresented in the sample. Residents of 66101 were overrepresented, while residents of 66106 and 66109 were somewhat underrepresented. White residents of Wyandotte County were slightly underrepresented, however, the

percentage of the sample from all other racial and ethnic groups very closely represents population demographics. The percentage of participants who indicated they were uninsured was higher than in population demographics, while those with private insurance was lower. Participants who selected the lowest income categories (less than $5,000-$14,999) were overrepresented in the sample while those in the categories reflecting the range from $25,000- greater than $75,000 were underrepresented. Lastly, the sample included an underrepresentation of participants who indicated their highest educational attainment was graduating 12th grade or obtaining a GED. It should be noted that the percentage of demographic questions that were left unanswered ranged from 10.3% to 17.8%, therefore it is possible that the some categories are slightly underrepresented. Responses of participants who completed the demographic sections were compared to those who did not complete demographics. This analysis suggested some minor differences, specifically that the average satisfaction score was higher among participants who did not provide demographic information than those who did.

Table 1. Demographic Characteristics of Survey Respondents

Demographic Characteristic	**N (%)**	**Demographic Characteristic**	**N (%)**
Gender[1]		Employment status	
Female	1,384 (60.5)	Employed for wages - Full-time	1,047 (45.7)
Male	497 (21.7)	Employed for wages - Part-time	
Unknown	408 (17.8)	Self-employed	118 (5.2)
Place of residence[2]		Out of work > 1 year	113
66101	310 (13.5)	Out of work < 1 year	106 (4.6)
66102	463 (20.2)	Homemaker	259 (11.3)
66103	149 (6.5)	Student	117 (5.1)
66104	343 (15.0)	Retired	197 (8.6)
66105	48 (2.1)	Unable to work	154 (6.7)
66106	223 (9.7)	Unknown	268 (11.7)
66109	189 (8.3)	Insurance status[4]	
66111	93 (4.1)	Private Insurance	835 (36.5)
66112	140 (6.1)	Public Insurance	447 (19.5)
66012	57 (2.5)	None	701 (30.6)
66113	1 (0.0)	Unknown	333 (14.5)
66118	1 (0.0)	Income Status[5]	
Unknown	272 (11.9)	< $5,000	362 (15.8)
Race and ethnicity[3]		$5,000-14,999	352 (15.4)
White	791 (34.6)	$15,000-24,999	354 (15.5)
Black/ African American	560 (24.5)	$25,000-49,999	388 (17.0)
Latinx	717 (31.3)	$50,000-74,999	204 (8.9)
Asian	46 (2.0)	> $75,000	255 (11.1)
American Indian or Alaskan Native	83 (3.6)	Unknown	374 (16.3)
Native Hawaiian or Pacific Islander	5 (0.2)	Educational attainment[6]	
Other	29 (1.3)	Never attended school	2 (0.1)
Unknown	235 (10.3)	Grades 1-8	139 (6.1)
		Grades 9-11	273 (11.9)
		Grade 12 or GED	552 (24.1)
		1-3 years of college (Some college)	635 (27.7)
		4 or more years of college (College grad)	427 (18.7)

		Other	3 (0.1)
		Unknown	258 (11.3)

[1] The demographic breakdown of survey participants regarding gender is substantively different than the population of Wyandotte County (WYCO).
[2] The zip code of 66101 represents 7.9% of WYCO's population, but represents 13% of the survey sample. The zip codes of 6616 and 66109 represent 15.2% and 13.5% of WYCO's population, respectively, however they represent 9.7% and 8.3% of the survey sample
[3] People indicating they are white represent 42% of WYCO's population but only represent 34.6% of the survey sample.
[4] The proportion of people without insurance in WYCO is 19.1%, however the percentage of survey respondents selecting uninsured was 30.6%. The percentage of WYCO's population with private insurance is 46%, while percentage among survey participants was 36.5%
[5] People with annual household income of <$5,000-$14,999 represent just over 17% of WYCO's population, however they represent 31.2% of the sample. People whose income is $25,000-49.999 represent 29.5% of WYCO's population, but only 17% of the survey sample. About 38% of WYCO's population reports an income greater than or equal to $50,000, while the percentage of survey respondents reporting this income was %20.
[6] People who graduated high school or obtained a GED represent 33% of WYCO's population, but only represent 24.1% of the survey sample.

Strengths and Problems

The analysis of the concerns survey results in a list of strengths and problems identified by participants. Items identified as strengths had high ratings for both importance and satisfaction, while items identified as problems had high ratings for importance and low ratings of satisfaction.
Table 2 provides the listing of items identified by all participants. All items in this list had scores that were more than one standard deviation above the mean.

Table 2. Relative strengths and problems identified by all participants (n=2,289).

Relative Strengths	Relative Problems
Babies & infants thrive during their first year.	People are able to find and keep jobs that pay well enough to support themselves and their families.
Pregnant women can access early prenatal care.	Quality health care is accessible and affordable for all.
Children and youth are free from abuse and neglect.	People with mental health needs can access and receive treatment.
Children and adults have opportunities to receive high quality education or skills training.	People are free from the threat of physical and sexual violence.
People with disabilities can fully participate in the community.	All people have enough to get by.
People do not have to go hungry.	
People in the community are treated fairly and safely by those in authority.	

A complete listing of all items and how each item fit into low and high categories is available in Appendix 1. Data compiled in Appendix 1 provide the complete listing of indicators included in the survey and related strengths and problems scores.

Strengths and Problem Break-outs

The availability of data regarding demographics offers the opportunity to compare and contrast strengths and problems identified by different segments of the population. Tables 3, 4, 5, 6, and 7 provide data broken out by zip code of residence, income category, racial or ethnic group, education status, and insurance status. Items are listed in order of prevalence across each break-out category (i.e., if an issue was selected in all break-out categories, it was listed at the top, while items listed in only one category were listed at the bottom) and were shortened from their original framing for ease of reading. To view the full framing, please see Table 3.

Table 3 contains the relative strengths and problems identified by zip code of residence. Across all zip codes there are considerable similarities. These include:

- Babies and infants thrive and access to prenatal care were listed as strengths in all zip codes, and the ability of people with disabilities to fully participate in the community was listed in all but one zip code.
- Children being free from abuse and neglect, residents having access to educational opportunities, and people being free from hunger were listed in most zip codes.
- People being treated fairly by those in authority was listed as a strength in many zip codes, most of which were in the western half of Wyandotte County.

Regarding weaknesses, the following were identified:

- People finding well-paying jobs and access to quality health care were problems identified across all zip codes.
- People having access to mental health services and children being free from abuse and neglect were problems in almost all zip codes.
- People having enough to get by and access to dental services were observed in more than half of the zip codes from residents across the county.
- Youth using alcohol, tobacco, or other drugs was a concern among residents in four zip codes.
- Safe and affordable housing was a concern among three zip code areas.

As seen in this table, participants' responses and the related analysis can result in an issue being identified as a strength and a problem. As is the case with children being free from abuse and neglect, it can suggest that participants were relatively bifurcated in their responses. More specifically, it was in issue with high importance to many, and rated the issue as either very satisfied or very unsatisfied.

Table 3. Relative strengths and problems identified by place of residence.

		66101 (n=310)	66102 (n=463)	66103 (n=149)	66104 (n=343)	66105 (n=48)	66106 (n=223)	66109 (n=189)	66012 (n=57)	66111 (n=93)	66112 (n=140)
Strengths	Babies & infants thrive during their first year	■	■	■	■	■	■	■	■	■	■
	Pregnant women can access early prenatal care	■	■	■	■	■	■	■	■	■	■
	People with disabilities can fully participate in the community	■	■	■	■	■	■	■		■	■
	Children and youth are free from abuse & neglect	■	■	■	■	■	■	■		■	
	Children & adults can receive high quality education or skills training	■		■	■	■	■	■		■	
	People do not have to go hungry	■		■	■	■			■	■	
	People are treated fairly & safely by those in authority			■				■	■	■	■
	Transportation is available to people of all ages & abilities		■			■			■		■
	People are able to manage chronic diseases				■						■
	Healthy foods are available & affordable	■									
	People are treated fairly & without discrimination							■			
	People are not exposed to secondhand smoke								■		
Problems	People are able to find and keep jobs that pay well	■	■	■	■	■	■	■	■	■	■
	Quality health care is accessible & affordable	■	■	■	■	■	■	■	■	■	■
	People with mental health needs can access & receive treatment	■	■	■		■	■	■			
	Children and youth are free from abuse and neglect				■	■		■	■	■	■
	Dental care is accessible and affordable for all	■				■	■		■	■	
	All people have enough to get by	■	■		■		■				■
	People are free from the threat of physical and sexual violence				■			■		■	■
	Youth do not use alcohol, drugs, or tobacco		■		■			■	■		
	Safe and affordable housing is available		■	■							■
	People feel safe in their	■									

		66101 (n=310)	66102 (n=463)	66103 (n=149)	66104 (n=343)	66105 (n=48)	66106 (n=223)	66109 (n=189)	66012 (n=57)	66111 (n=93)	66112 (n=140)
	communities										
	People are treated fairly and without discrimination										
	Older adults get the support they need										
	Our community does not tolerate unfair business practices										
	Quality childcare is available and affordable										

Table 4 displays the break-out of strengths and challenges by income level. Across these categories, there are some similarities, as well as remarkable points of divergence. In terms of strengths, the following were identified:

- Babies and infants thriving and pregnant women accessing prenatal care were identified as strengths across all income levels.
- Residents accessing education or skills training and the ability of people with disabilities to participate in the community were identified as strengths by most income levels.
- Transportation was indicated as a strength for those in the lowest income categories.
- People being treated fairly and safely by people in authority was identified as a strength only for those in the highest three income categories.

The following were instances of similarities in problems identified:

- Residents' ability to find and keep jobs was a problem identified across all income categories, while access to quality health care was identified in all but the lowest category.
- People in the very lowest category and the three highest identified people free from the threat of violence as a problem. A similar pattern can be seen with the issue of people receiving the mental health treatment they need.
- People in the three lowest income categories indicated that access to dental care was a problem.

Table 4. Relative strengths and problems identified by income category.

		< $5,000 (n=362)	$5,000-14,999 (n=352)	$15,000-24,999 (n=354)	$25,000-49,999 (n=388)	$50,000-74,999 (n=204)	$75,000 & higher (n=255)
Strengths	Babies & infants thrive during their first year						
	Pregnant women can access early prenatal care						
	Children & adults can receive high quality education or skills training						
	People with disabilities can fully participate						
	Children & youth are free from abuse & neglect						
	People do not have to go hungry						
	Transportation is available to people of all ages and abilities						
	People in the community are treated fairly and safely by those in authority						
	Healthy foods are available and affordable						
	People are able to manage chronic diseases						

	People are treated fairly and without discrimination						
Problems	People are able to find and keep jobs that pay well enough						
	Quality health care is accessible & affordable						
	People are free from the threat of physical & sexual violence						
	People with mental health needs can access & receive treatment						
	Dental care is accessible and affordable for all						
	People are treated fairly & without discrimination						
	Youth do not use alcohol, drugs, or tobacco						
	All people have enough to get by						
	Adults do not abuse drugs and alcohol						
	Children & youth are free from abuse & neglect						
	Safe and affordable housing is available						

Table 5 displays the break out by racial and ethnic category. Please note that responses from participants indicating Native Hawaiian or Pacific Islander were not included due to low response numbers. Several strengths were similar across populations.

- Pregnant women accessing prenatal care was a strength valued by participants regardless of race or ethnicity.
- Babies and infants thriving and residents accessing high quality education were identified by almost all racial and ethnic groups.
- Participants who indicated white, African American, Asian, or other indicated a strength was that children and youth are free from abuse and neglect.
- Participants who indicated they are white, African American, Latinx, or other indicated the ability of people with disabilities participation in communities was a strength.
- People not experiencing hunger and access to transportation were indicated as strengths by at least three racial and ethnic groups.

Regarding problems, all racial and ethnic groups indicated finding well-paying jobs and access to quality care are problems. Beyond this, there was remarkable divergence between the breakout groups.

- People who identified as African Americans or American Indian or Alaska Natives identified people not having enough to get by and access to safe and affordable housing were problems.
- Participants who identified as Latinx or Asian identified the lack of quality childcare and youth use of alcohol, tobacco, or other drugs as problems.
- People being treated unfairly or discriminated against was indicated as a problem by people who identified as African American or Asian.
- Access to dental services was indicated as a problem by people who identified as Latinx or American Indian or Alaska Native.

Table 5. Relative strengths and problems identified by self-identified racial or ethnic group.

		White (n=791)	Black or African American (n=560)	Latinx (n=717)	Asian (n=46)	American Indian or Alaska Native (n=83)	Other (n=29)
Strengths	Pregnant women can access early prenatal care						
	Babies & infants thrive during their first year						

		White (n=791)	Black or African American (n=560)	Latinx (n=717)	Asian (n=46)	American Indian or Alaska Native (n=83)	Other (n=29)
	Children & adults can receive high quality education or skills training						
	Children & youth are free from abuse & neglect						
	People with disabilities can fully participate in the community						
	People do not have to go hungry						
	Transportation is available to people of all ages & abilities						
	People in the community are treated fairly & safely by those in authority						
	Breastfeeding is promoted and supported by the community						
	People with mental health needs can access and receive treatment						
	People have meaningful opportunities to influence what happens in their community						
	People are free from the threat of physical and sexual violence						
Problems	People are able to find and keep jobs that pay well						
	Quality health care is accessible & affordable for all						
	All people have enough to get by						
	People with mental health needs can access and receive treatment						
	Children & youth are free from abuse & neglect						
	Quality childcare is available & affordable						
	Youth do not use alcohol, drugs, or tobacco						
	Safe and affordable housing is available						
	People are treated fairly & without discrimination						
	Dental care is accessible & affordable for all						
	People are free from the threat of physical & sexual violence						
	Adults do not abuse drugs & alcohol						
	Healthy foods are available and affordable						
	Transportation is available to people of all ages and abilities						
	Our community does not tolerate unfair business practices						

Table 6 displays the relative strengths and problems broken out by educational status. Generally, there was convergence regarding strengths. Access to prenatal care, infants thriving, the full participation of people with disabilities, access to education or training, and children and you being free from abuse were indicated as strengths. Regarding problems, there clear similarities, accompanied by more divergence.

- People finding well-paying jobs and access to quality care were identified as problems regardless of educational attainment.
- People who did not graduate high school or people whose highest level of educational attainment indicated a lack of access to dental care was a problem
- Both the lowest and highest level indicated that people having access to mental health care is a problem.
- Two educational attainment categories (less than high school graduate and college graduate) indicated youth or adult use of alcohol, tobacco, or other drugs was a problem.

Table 6. Relative strengths and problems identified by educational attainment.

		< High school grad (n=414)	High school grad or some college (n=1,187)	College grad or more (n=427)
Strengths	Pregnant women can access early prenatal care	■	■	■
	Babies & infants thrive during their first year	■	■	■
	People with disabilities can fully participate in the community	■	■	■
	Children and adults have opportunities to receive high quality education or skills training	■	■	■
	Children and youth are free from abuse and neglect	■	■	■
	People do not have to go hungry		■	■
	Breastfeeding is promoted and supported by the community	■		
	Transportation is available to people of all ages and abilities		■	
	People in the community are treated fairly and safely by those in authority			■
Problems	People are able to find and keep jobs that pay well enough to support themselves and their families	■	■	■
	Quality health care is accessible and affordable for all	■	■	■
	Dental care is accessible and affordable for all	■	■	
	People with mental health needs can access and receive treatment	■		■
	Safe and affordable housing is available	■		
	People have a chance to move up in the world	■		
	Adults do not abuse drugs and alcohol	■		
	All people have enough to get by		■	
	Youth do not use alcohol, drugs, or tobacco		■	
	People are free from the threat of physical and sexual violence			■
	Children and youth are free from abuse and neglect			■

Table 7 displays the relative strengths and problems breakout by insured and uninsured. Overall, there was substantial consistency on strengths. Both insured and uninsured participants indicated pregnant women accessing care, infants thriving during the first year of life, children being free from abuse and neglect, and residents having access to education or skills training were strengths. As with other break-out groups, two problems were identified by both insured and uninsured participants: the ability of people to find well-paying jobs and access to quality health services. Participants who were insured also indicated access to dental care, having enough to get by, and adult use of drugs and alcohol were problems.

Table 7. Relative strengths and problems identified by insurance status.

		Insured (n=1,255)	Uninsured (n=701)
Strengths	Pregnant women can access early prenatal care		
	Babies & infants thrive during their first year		
	Children and youth are free from abuse and neglect		
	Children and adults can receive high quality education or skills training		
	People with disabilities can fully participate in the community		
	People do not have to go hungry		
	People in the community are treated fairly and safely by those in authority		
	Breastfeeding is promoted and supported by the community		
Problems	People are able to find and keep jobs that pay well enough to support themselves and their families		
	Quality health care is accessible and affordable for all		
	People are free from the threat of physical and sexual violence		
	People with mental health needs can access and receive treatment		
	Children and youth are free from abuse and neglect		
	Dental care is accessible and affordable for all		
	All people have enough to get by		
	Adults do not abuse drugs and alcohol		

Conclusions

A concerns survey offers an opportunity to learn about perceived problems and strengths from community members. A robust outreach and engagement effort resulted in the completion of 2,289 concerns surveys. An analysis of all of the surveys indicates there are clear problems perceived by the community. Perceived problems included: people are not able to find and keep well-paying jobs, a lack of affordable and accessible health care, people with mental health needs are not able to access and receive treatment, people do not feel free from the threat of physical or sexual violence, and people feel they do not have enough to get by.

Although there is clear indication of consistently higher satisfaction for specific issues, some findings regarding perception were at odds with other sources of data. Using standard analysis approaches, perceived strengths included: infants thrive during their first year, pregnant women can access early prenatal care, availability of opportunities for education and skills training, the ability of people with disabilities to participate fully in the community, people do not experience hunger, and people are treated fairly by those in authority. The availability of these data as well as other data about issues, such as hunger, can be used despite being contradictory to better understand the community's perspective and assure effective efforts to address the issues.

The break-down of findings by different population segments offers the opportunity to explore how some issues might have a differential impact on some populations that might otherwise be overlooked when only looking at aggregate findings. When examining the problems identified by participants across sub-populations, a few additional problems become clear. These include:

- The accessibility and affordability of dental care was identified by sub-populations in multiple zip codes, in the lowest income categories, by Latinx and American Indians or Alaska Natives, people with lower educational attainment, and those who are uninsured.

- Youth or adult use of alcohol, drugs, or tobacco were identified as problems in multiple zip codes, across income categories from low to high income, by Latinx and Asians, people with lower educational attainment, and people who are uninsured.
- Availability of safe and affordable housing was identified as a problem for participants in multiple zip codes, for people in low-income categories, by African Americans and American Indians or Alaska Natives, and people who have not graduated high school.
- Discrimination was noted as a problem by multiple income and racial and ethnic sub-groups.

It is also noteworthy that the issue of child abuse and neglect raised up as strengths and problems across the breakout groups, and even within breakout groups. This suggests a fairly polarized responses. It may be an issue that warrants further exploration to understand these different perspectives.

This assessment had a few notable limitations and strengths. A convenience sample approach often has the limitation of being biased in terms of who chooses to take the opportunity to complete the survey. Efforts to assure that the sample reflected the population were intended to lessen the implications of this limitation. Conversely, the effort to systematically sample the perspectives of community members is beneficial for assuring that issues identified for priority-setting are grounded in legitimate community concerns.

The identification of community health issues that represent relative strengths and problems is an important part of a community health assessment process. It provides a meaningful opportunity for community members to give voice to the things that give them worry or make them proud about their community. Use of this information as part of the comprehensive community health assessment process offers the opportunity to influence prioritization of issues that matter to the community.

Complete listing of issues included in survey and related strength and problem score (n=2,289)

The table below contains a comprehensive list of all indicators included in the survey, and the strength and problem scores that were calculated for each. For the strength and problem score, higher scores elevate items to the strength and problem lists.

Item	Strength Score	Problem Score
1. Children and youth are free from abuse and neglect.	57.1%	28.1%
2. People with disabilities can fully participate in the community.	57.0%	22.9%
3. Dental care is accessible and affordable for all.	43.2%	29.7%
4. Recreational opportunities are available and affordable for all residents.	49.0%	20.7%
5. People in the community are treated fairly and safely by those in authority.	55.0%	22.8%
6. People are able to manage chronic diseases, such as diabetes cardiovascular disease, and arthritis.	53.2%	22.7%
7. Our community is free from marketing of unhealthy products (such as tobacco, alcohol, sugary beverages).	38.2%	16.8%
8. Children and adults have opportunities to receive high quality education or skills training.	57.1%	25.2%
9. Babies & infants thrive during their first year.	61.6%	19.7%
10. People know what they need to do for their family to be ready for a disaster (e.g., a flood or tornado).	50.3%	22.8%
11. People do not have to go hungry.	55.8%	26.2%
12. Local air, water and soil is free from pollution.	49.0%	24.4%
13. People are treated fairly and without discrimination.	49.2%	28.4%
14. Quality health care is accessible and affordable for all.	45.8%	32.4%
15. Youth do not use alcohol, drugs, or tobacco.	43.7%	29.7%
16. People are able to find and keep jobs that pay well enough to support themselves and their families.	43.7%	34.6%
17. Safe and affordable housing is available.	46.0%	29.5%
18. People feel safe in their communities (from people or animals.)	49.0%	28.6%
19. Healthy foods (such as fresh fruits and vegetables) are available and affordable.	51.8%	27.1%
20. Pregnant women can access early prenatal care. - How important is this issue...	61.3%	17.4%
21. People have meaningful opportunities to influence what happens in their community.	50.9%	22.0%

22. All people have enough to get by.	41.8%	30.0%
23. People with mental health needs can access and receive treatment.	48.8%	31.0%
24. Quality childcare is available and affordable.	45.2%	28.2%
25. Older adults get the support they need.	49.2%	27.4%
26. People have a chance to move up in the world.	48.4%	25.9%
27. Our community does not tolerate unfair business practices (such as payday or title lending).	41.4%	25.4%
28. Our community is walkable/bikeable/wheelable.	48.8%	24.1%
29. People engage in safe-sex practices.	44.8%	21.1%
30. Adults do not abuse drugs and alcohol.	42.5%	28.2%
31. Transportation is available to people of all ages and abilities.	54.2%	23.2%
32. People are free from the threat of physical and sexual violence.	49.0%	30.1%
33. Breastfeeding is promoted and supported by the community.	51.2%	15.5%
34. People receive the support they need in their lives.	48.9%	25.5%
35. Community members are not exposed to secondhand smoke.	47.4%	20.4%

Appendix C. Focus Group Report

Background

Understanding the causes and conditions of health issues or issues that indirectly have an impact on health is a critical part of a community health assessment. Focus groups offer a unique opportunity to conduct an in-depth discussion with community members about their thoughts regarding causes and conditions. The qualitative results of focus groups are presented in this report, which covers information about the personal and environmental factors that may influence specific issues identified as relevant to Wyandotte County residents.

Approach

To implement focus groups, staff created a semi-structured guide of questions. Each focus group was intended to discuss three of the seven phase two issues. For each issue, staff asked participants to describe a) who the issue affected and how; b) the causes and conditions of each issue; c) how discrimination and poverty had an impact on the issue; and d) what strategies they would recommend to address the issue.

Staff identified prospective sites across the county to conduct focus groups. Partners at each site conducted outreach to support recruitment of participants. In general, focus group times and locations were aligned to naturally-gathering groups reflecting a broad cross-section of Wyandotte County residents. Focus groups occurred at churches, social service organizations, and community centers.

Staff analyzed transcripts from focus groups to identify themes and specific quotes that illustrated those themes.

Results

A total of seven focus groups occurred. Across all focus groups, 52 people participated. Of people who completed a brief survey describing themselves (N = 48), the following are the demographics or participants:

- The average age of participants was 44, with a range of 24 to 72.
- 77% were female, and 23% were male.
- 63% were from Kansas City, 20% were from Bonner Springs, and 5% were from Edwardsville.
- 32% were African American; 25% were Latino; 25% were Asian; 15% were white; and 2% indicated other.
- 13% indicated they had less than a high school diploma; 20% indicated they had a high school diploma; 23% indicated they had some college or vocational training; and 23% indicated they were college graduates.

The following are the themes and related quotes identified for each of the seven topics identified during phase two.

Access to healthy foods

In describing the issue of access to healthy foods, participants noted an **inherent challenge in finding foods that are healthy and affordable**.

> *There isn't any place to eat that's affordable. Lettuce during growing season is $3.50. If you want a piece a lettuce, you better order it on a burger.*

> *Everyone knows that they need to eat healthy food. But McDonald's is so inexpensive and you can get a full meal for a dollar and it's a 1300-calorie burger.*

Several participants noted that a significant factor contributing to the challenge of access to healthy food was **limited access to grocery stores**.

> *Thriftway is gone, and it was not the best place to shop, but now we have to cross the highway.* [It's] *harder for people who don't have transportation, and who have someone with a disability living with them.*

> *More auto dealerships, don't need more auto dealerships. No grocery stores! Just closed Price Chopper. Closed a small grocery store. We should have fought that, we did not know how much we would miss that, or how much we would miss our newspaper. We were like "what do we do now?" but we needed to act months ahead of time to keep it.*

> *There are 3 liquor stores in Bonner, but there is only one grocery store--Price Chopper. Wal Mart will sell vegetables that are not fresh, the tomatoes have no taste, and Price Chopper is more expensive but at least you know it has not been there 3 months. So many grocery stores have closed.*

Some participants expressed a **lack of local government support or action** in not making progress to address the issue of access to healthy foods.

> *It is not going to get any better, you can die before the county solves the problems that you were hoping they'd solve... We are going to brighten our corner. We do try to do things for each other. As a governing body, I do not look for anything from Wyandotte County.*

Access to health services

Participants noted many factors that insolation or collectively influence access medical, dental, or mental health care. These factors range from individual level factors, such as knowledge, to more systemic factors.

Some participants noted that some residents in Wyandotte County have **little knowledge of how to obtain services.**

> *Out of sight out of mind, uneducated people cannot read, so people do not see their need. Everyone is not tech savvy. Using the web is not helping elderly people, cannot sign up for people without email addresses. Older people are embarrassed that they don't know how to do things online, or they don't understand the process, or they don't know who to talk to ask questions. People do not have internet and don't own computers. Unemployed people who go to the library still cannot afford to print or make copies.*

A significant factor noted by many participants is that there a scarcity of services and that as services have gone away, they have not been replaced.

> *Used to be a dental van, and a huge dental program out at the Legends.*

> *I could not get a child who was in crisis the help she needed, and she was suicidal. I spoke to a supervisor and was still rebuffed, that there were too many crises before her… finally got someone to come to school to talk to her.*

> *And now there is no mental health care. Now anyone they pick up off the street that has a mental health issue goes to jail, they do not get treatment. I think we can keep people out of jail with more mental health care.*

Transportation was noted as a barrier for some participants.

Not a ton of providers in the area, have to go far to get quality care, a number of people in our community who don't have transportation, what do they do? We should have the same access to care that others to in other counties.

Cost of health care was noted as an important barrier, and in some cases led to foregoing preventive care.

A big cause is money and transportation. Used to work at Swope Parkway and they had a van that would go to the community and provide health care.

I do not really go in unless I absolutely need to. Even a routine colonoscopy was going to be $700 before I pay my deductible. So I just changed my diet and whatever issues I had was gone. Cost of medical care has gone through that roof.

It's the same thing. If you can't pay regular health insurance, dental insurance is just another thing. It's another thing to pay for, it's not a bundled deal. If you have problems with one, you aren't going to look at the next one.

Participants did indicate that **discrimination, particularly against those in poverty** is a factor that influences access to health services.

The discrimination is against the poor. Not necessarily of color. If you do not have, then you're not going to get. Need a resource place so that people can explain what people need. People cannot read all the lawyerlike materials and get what they need.

While many participants described pride at coming from Wyandotte County, and, more specifically pride that "if you can make it Wyandotte County, you can make it anywhere," some suggested that living in a place with so many struggles has an impact on your mental health.

And where you are, also messes with you mentally. If you are beat up oppressed and suppressed, you are not going to try.

Several participants also described organizations that were resources for this issue, including: PACES, Wyandot Inc., Swope Health Services, and Catholic Charities.

Access to safe, affordable housing

When discussing the issue of safe and affordable housing, participants frequently said that those two features – **safe and affordable—were hard to find in combination**.

Well here is the thing if it is affordable then, 9 out of 10 times it's not safe.

Participants noted several populations that disproportionately experience the impact of access to safe and affordable housing. They noted **seniors, people with felony convictions, children, and people living in poverty** experience this issue more.

Everyone but mostly children. They know we are stressed out by our situation.

Another thing about the felon situation, even when it comes to housing, if you are felon, they will tell you can't move in on their property. You cannot find housing.

People in poverty have a harder time doing anything…lack of transportation, lack of employment…Even if there are places that are income-based it's still a struggle.

A number of causes or conditions were also identified as contributing to the issue. One frequently mentioned issue was an overabundance of **abandoned houses**. Participants indicated the prevalence of abandoned houses is met with a **high prevalence of substandard housing** that is still rented to people with few options.

It is moneymaking to have dilapidated houses that they can rent out to people that do not have language to get what they need, money to afford something else, or just do not know better.

Participants noted that the issue is also connected to the **intersecting issues of poverty, jobs, and education**.

People in poverty have a harder time doing anything…lack of transportation, lack of employment…Even if there are places that are income-based it's still a struggle. But if you are not in poverty, then you just go do what you have to do and it's not a problem. I know that there places you can go for help but in this community, there are just too many people who need help.

Limited to where you can live. Can't live here because you don't make enough money or we're not going to pay you this much money because you don't have this much education

In addition, people noted that the issue of jobs, poverty, and housing as collection of issues is influenced by discrimination.

I think they should stop stereotyping by race or income, that would fix a lot. Give somebody a chance instead of looking at them and saying, 'Ah, well you obviously can't do it.'

Several people mentioned assets working to address housing or help people with challenges in housing, including Catholic Charities, El Centro Inc., neighborhood associations, and the Neighborhood Business Revitalization groups.

Childhood trauma

Many participants conveyed deep personal experience with trauma that occurs among children.

*I have sole custody of my granddaughter because of neglect from her mom. She owes child support but they cannot find her to collect it. I do not see it as much as I used to. But, I did know the kids. They were the kids in my neighborhood. Even though I got disciplined with a belt at least I didn't get the s*** kicked out of me like the kid down the street.*

At 16 years old, I went to three funerals. Your best friend got pregnant at 15. We are driving around in a van that does not even have a backseat. Trauma is there because it is a hard life but it comes from the decision-making and the parenting. Why was she out until 2 o'clock in the morning that night? Why are these kids out there getting into that kind of [trouble]. They want to do that bad to them?

Many participants expressed strong views on the many factors that influence exposure to childhood trauma. Several noted that childhood trauma is **inextricably linked to other issues** with which Wyandotte County struggles.

In a nutshell, Wyandotte County's broke. It is broke in mental health. Transportation. Social services. They are just letting it sink. Everyone sinks with the same ship.

Child abuse, sexual abuse, goes right along with poverty and mental health.

Related to this, participants noted that existing resources within systems set up to address the issue of childhood trauma have **fewer resources to deal with changing populations needs**.

Hispanics are now the largest minority, not African American. The blacks have not left, but the population has grown. The resources have not grown, they have decreased. There is hardly nothing compared to what we first got here. Most are poor without incomes, jobs, transportation, they do not speak the language.

Cuts across the board stretches the services very tight. DCF replaced SRS. Now every worker has a larger service area.

Several participants noted that childhood trauma has been a long-term problem in Wyandotte County, with **multi-generational cycles of abuse and trauma**.

It's a cycle, they come from abuse. Their parents were abusive, their grandparents were abusive, I am breaking that cycle. And a lot of that was from Wyandotte mental health and [a] program I went through in my late teens. I started wanting better for myself.

I have 4 grandchildren who ended up in foster care. A lot of young parents have no direction, and they cannot give a child something that they never had.

Lastly, many participants attributed issues with childhood trauma **to poverty and stress caused by lack of jobs.**

Financial situation is the primary problem, and the other things go out from that. The main condition is pneumonia, but you're coughing and sneezing, the underlying condition is pneumonia.

Education and jobs

People noted that the issues of education and jobs are very tightly connected. Participants noted that education in Wyandotte County **lacks both financial and community support,** resulting in minimal support, recognition, and fewer opportunities for high quality teachers.

And if you are a teacher fresh out of school where are you going to go get a job at. The funding isn't there so why would new teachers come here?

I remember going to school to a Friday night football game and the bleachers were full. Now with my step kids the bleachers are only half-full. There was kids out there on the football team that did not have parents in the stands and I do not know why.

Parents are working hard and getting off late and then they are tired and have to cook.

People also noted that there are limits to the educational opportunities provided in Wyandotte that limit job prospects. In one manifestation of this, participants indicated there are **not a lot of college preparatory options.**

I do not see scholarship programs or see the kids being pushed to go to college. In general we are blue collar and we are always going to be blue collar. There are a lot of success stories out there I would like to see more of them.

I think a lot of our kids are learning computer basics. They are not learning the computer stuff that makes things happen. They are not learning finance. Even though we have KU. We do not have a lot of our kids trying to be doctors.

In addition, people noted the **lack of life-skills preparation** as limiting preparation for the workforce.

I think a lot of our kids are learning computer basics. They are not learning the computer stuff that makes things happen. They are not learning finance. Even though we have KU. We do not have a lot of our kids trying to be doctors.

Like I was saying earlier no one was telling me about mortgage or what it's like to be an adult. They just push you through and give you that piece of paper. And tell you to go get a good job.

In speaking about availability of jobs explicitly, several participants noted the lack of jobs in Wyandotte County for their skill set. They noted that **industry jobs are not as available in Wyandotte County**, and are more available in other parts of the Kansas City Metropolitan area.

There is good work in Wyandotte County like GM. But there isn't a lot of industries. If you want a good job you go to Johnson County.

I was very against [the planned] Amazon [distribution center] because it's in my backyard but I'm happy it's here to bring jobs and hopefully they hire within Wyandotte County.

Focus group participants described place discrimination as another factor that makes finding employment in Wyandotte County difficult. Participants suggested that **employers might be less likely to hire employees from certain neighborhoods**.

On your application [you put you live] on 10th Street, Kansas City, Kansas. You get looked at some type of way because of the area you live in.

Infant health and birth outcomes

In general, focus group participants minimized discussion of infant mortality or poor birth outcomes as an issue that has an impact in Wyandotte County. People suggested that it is **a problem at the family level, not community.**

I think it only affects the family. I do not think it really affects anyone else.

When probed extensively, the only issue discussed by participants was the **high prevalence of teenage pregnancy** as a contributing factor to infant mortality and poor birth outcomes.

All youth pregnancy are immature just by being so young. That contributes in a lot in pregnancy or infant health and birth outcomes. They do not really believe what we tell them, they believe others with wrong information.

Participants did identify several important assets or resources for assisting with the issue of infant health, including: Planned Parenthood, the Unified Government of Wyandotte County, Kansas City Kansas Public Health Department, Healthy Start, WIC, and baby showers, such as one recently held at the Jack Reardon Center.

Violence

Several participants shared personal experience with the issue of violence. Participants conveyed the extensive trauma caused by violence in their lives.

It's the most major thing I've ever seen. I've seen little babies dead and mom's screaming for blocks. It's the saddest thing ever. It's heart wrenching.

Some people are like shooting guns at nighttime, shouting, so we are afraid to talk to them, so I think this is not good for us. Government allows them to do whatever they want to do for them. I feel it is not good. It is violent for our people.

Participants noted several causes and conditions that contribute to the violence**. Housing or place of residence** was noted by many participants. In particular they noted street blocks characterized by violence or described their experience living in certain places.

Where I was just living, I got evicted. But you know what, I thank God for that because it seems like every time there was a shooting in that complex it started at the beginning (of the complex) and worked its way on down. The last shooting was the building next to mine and I thought, "I got to get the heck on out of here.'… And they was just letting loose, and I just lost it. You know, what do I do? I didn't know where to go, what to do... And, I thought, 'oh my God,' it was nothing but God that covered me and my kids.

Participants also noted that families often influence violence, and **a lack of family guidance or role models** examples may contribute to violence.

There is no discipline, there is no respect. These kids do not care and it starts at home. I see it, parents walking around cussing in front of their kids or sending them to school and telling them they can do whatever they want there. And, it's sad.

I try to tell them [youth] *all the time, they don't have to be like their daddies.*

Participants noted that **a lack of other activities** that serve as an alternative to violence creates situations in which it is more likely for violence to occur.

Violence these days, basically has to do with the younger people. There is nothing for them to do. You have to give kids something to do. Idle time is the devil's playground and misery loves company.

Kids need opportunity, they need sports. You do not see it anymore, kickball, baseball, other sports. People do not do it anymore because everyone is too concerned about violence. If everyone is always too concerned about violence then your community will never come together. Nobody is going to want to go out. I say it almost every day, "ain't nothing to do," because you could go out enjoy your day but it only takes one person to make it bad.

Lastly, participants noted that **discrimination and marginalization results in expectations and normalization of violence**.

Children are discriminated against, like young black boys. They are automatically pinpointed like, that is a hoodlum. If you are poor you are discriminated against, you are basically told you are bad. It is to the point that when you are told that enough then you believe you are bad. And, they become violent because 'that's what I'm supposed to do right?'

Participants noted that there are some organizations, such as churches and schools, which may serve as resources or assets for addressing the issue in violence.