Community HEALTH Improvement PLAN




2014 Annual Report

Published June 2015

Table of Contents

For more information about this project, please contact:

J'Vonnah Maryman
Director Public Health Performance
Sedgwick County Health Department
316-660-7183
jvonnah.maryman@sedgwick.gov

Abigail Cheney
Community Health Analyst
Sedgwick County Health Department
316-660-7332
abigail.cheney@sedgwick.gov

visioneering

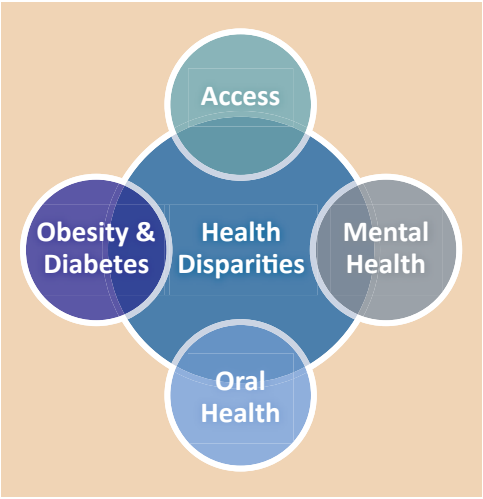
Sedgwick County... working for you

Sedgwick County Health Department

Introduction

Executive Summary

The 2013-2015 Community Health Improvement Plan (CHIP) was developed through the work of the Visioneering Health Alliance, a group of partners from public health, education, business, non-profit, health care, philanthropy and governmental sectors.



The purpose of the Community Health Improvement Plan is to:

- Identify community assets
- Focus attention and resources on strategies that work toward positive health outcomes in the five priority areas
- Monitor progress toward the five health priorities
- Inform the strategic planning process for the Sedgwick County Health Department (SCHD)

Progress

The 2014 Annual Report is the second official and comprehensive report of the updated data for the Spring 2013 through December 2015 CHIP. This report serves as a progress update to partner organizations and Sedgwick County community residents on the 14 strategic measures and six performance measures of the plan.

At the end of 2014, Sedgwick County met or exceeded 11 of 14 strategic measures and one of six performance measures within the CHIP. It is important to note that after two years of implementation of the Community Health Improvement Plan, the designation of meeting or exceeding is based on the overall trend for the program. Additionally, those measures that have yet to be met are greatly influenced by socioeconomic factors and are primarily associated with access and individual behaviors.

Within this annual report are two data tables for the first four health priorities. The first table for each priority provides the most current data for the identified CHIP strategy. The measures for these strategies are obtained from community coalitions and organizations. The second table shows the most current data for performance measures associated with each priority area. Data for the performance measure tables are obtained from the Behavioral Risk Factor Surveillance Survey (BRFSS). An analysis of the data is provided to identify influential factors relative to the measures which will help guide future discussion.

Measures that are meeting or exceeding their target goal are denoted with the following symbol: ★

Community Health Priority 1:

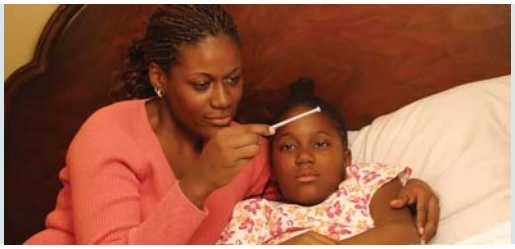
Access to Health Care

CHIP Strategies	Baseline (2012)	Measure Status (2013)	Measure Status (2014)
S.1.1: Increase the number of patient encounters at community health clinics[1] (medical encounters only)*			
Covered (public & private insurance)	33,319	36,962	40,372
Uninsured	32,682	36,911	31,414
Total	66,001	73,873	71,786
S.1.2: Increase the number of residents who receive materials and information about community health clinics through the Community Health Navigators Program			
★ Number of residents receiving materials	2,875	2,252	2,461
S.1.3: Increase the number of patients served through Project Access, which provides services for low-income uninsured residents in Sedgwick County			
Number of patients served	1,678	1,654	1,482
Amount of donated care	$15,583,973	$16,711,228	$8,495,935
S.1.4: Increase the number of patients in the Wichita Health Information Exchange, a part of the Kansas Health Information Network (KHIN)			
★ Sedgwick County patient population	130,327	301,621	393,276
KHIN patient population	167,333	684,305	1,375,268
Sedgwick County patients as a percentage of KHIN patients	77.9%	44.1%	28.6%

*Includes data from HealthCore Clinic, COMCARE of Sedgwick County, E.C. Tyree Health and Dental Clinic, GraceMed Health Clinic, and the Guadalupe Clinic

Analysis:

- An increasing proportion of patients with health insurance coverage is served by community health clinics. However, medical encounter data provided by community health clinics (S.1.1) were recalculated because Hunter Health Clinic data were unavailable.
- SCHD Community Health Navigators have an overall positive navigator encounter trend line since the creation of program in 2009.
- Project Access's decrease in services may be in part because of decreased financial support from the City of Wichita in 2014.
- As of December 2014, 77.8 percent of Sedgwick County's total population was enrolled in KHIN.



Performance Measures			
P.1: By 2015, decrease the percentage of adults with no personal doctor or health care provider[3]			
	Baseline (2011)	**Measure Status (2012)**	**Measure Status (2013)**
Population			
Sedgwick County	19.2%	19.5%	19.9%
Kansas	19.7%	20.8%	21.5%
Healthy People 2020 Target		**16.1%**	
Gender			
Male	22.5%	24.7%	22.4%
Female	16.0%	14.5%	17.4%
Age			
18 – 44 years	29.1%	29.5%	31.1%
45 – 64 years	11.2%	12.5%	12.8%
65+ years	5.0%	4.3%	2.7%
Ethnicity			
Hispanic	42.4%	*44.4%*	*47.2%*
Non-Hispanic	16.7%	16.2%	16.5%
Race			
White only	13.9%	14.3%	16.4%
Black or African-American only	33.4%	*31.9%*	*28.6%*
Other race only	43.7%	*36.1%*	*34.9%*
More than one race	30.1%	*	*36.3%*
Education			
High school graduate	25.7%	26.5%	26.8%
Some college or college graduate	14.3%	14.8%	15.3%
Annual Household Income			
Less than $35,000 per year	31.5%	*30.4%*	31.0%
$35,000 or higher per year	8.7%	8.7%	10.9%
Disability Status			
Living with a disability	17.5%	13.2%	12.7%
Living without a disability	19.8%	20.7%	21.4%

*Insufficient sample and/or statistically unreliable estimates

Italicized prevalence estimates have a margin of error >5 and should be interpreted with caution.

Analysis:

The percentage of Sedgwick County adults with no personal doctor or health care provider has been increasing since 2011. The increase observed in Sedgwick County is mirrored across the state of Kansas. However, although Kansas did see a statistically significant increase compared to 2011, Sedgwick County's increase was not statistically significant. In 2014, local agencies, including E.C. Tyree, HealthCore Clinic, GraceMed, and COMCARE made additional efforts to establish health homes in the hopes that patients may become established with a health care provider. This initiative should help address this issue.

Community Health Priority 2:

Obesity and Diabetes

CHIP Strategies	Baseline (2012)	Measure Status (2013)	Measure Status (2014)
S.2.1: Increase the number of miles on- and off-street bikeways (lanes, paths, etc.) for public use[4]			
★ Additional miles	4.7	4.5	0.5
Total miles	67.6	73.8	74.3
S.2.2: Triple the number of people who bike to work[5]			
★ Sedgwick County resident workers using bicycling as their primary means of transportation to work	2011: 0.10%	2012: 0.27%	2013: 0.33%
S.2.3: Increase the number of messages in a local media campaign promoting healthy eating and physical activity[6]			
★	No baseline data	22	18
S.2.4: Continue to maintain the number of people participating in the Working Well Conference sponsored by the Health and Wellness Coalition[6]			
★ People attending conference	301	269	302
S.2.5: Increase the adoption of the quality care recommendations for prevention, identification and management of diabetes developed by the Wichita Business Coalition on Health Care[7]			
Number of employers who adopt diabetes-related, value-based insurance design	No baseline data	Data for this measure was unavailable at the time this report was written	Data for this measure was unavailable at the time this report was written
Number of physicians who achieve recognition through the NCQA* Diabetes Recognition Program	0	16	16
Number of employers who are educating employees about diabetes prevention	No baseline data	Data for this measure was unavailable at the time this report was written	Data for this measure was unavailable at the time this report was written

*NCQA – National Committee for Quality Assurance

Analysis:

- On- and off-street bike miles continue to increase, along with additional work outlined in the Wichita Master Bike Plan including safety and signage.
- The Health and Wellness Coalition reported 18 donated advertising opportunities in 2014. The media messages are representative of donated advertising. More messaging is needed to combat obesity and diabetes rates in Sedgwick County.
- The Wichita Business Coalition on Health Care maintained the same number of recognized physicians, however, because of shifted priorities the organization has not been able to implement the additional strategies. If these constraints persist, it may be optimal for another community partner to carry out these strategies until the Business Coalition is able to resume.

Performance Measures			
P.2.1: By 2015, reduce the percentage of Sedgwick County adults diagnosed with diabetes[3]			
	Baseline (2011)	**Measure Status (2012)**	**Measure Status (2013)**
Population			
Sedgwick County	10.0%	10.0%	10.6%
Kansas	9.5%	9.4%	9.6%
Gender			
Male	10.5%	9.8%	10.3%
Female	9.5%	10.2%	10.9%
Age			
18 – 44 years	3.2%	4.3%	2.9%
45 – 64 years	13.1%	11.6%	15.4%
65+ years	24.8%	23.5%	23.0%
Ethnicity			
Hispanic	7.1%	*	8.2%
Non-Hispanic	10.3%	10.1%	10.9%
Race			
White only	9.6%	9.9%	10.5%
Black or African-American only	14.2%	*11.7%*	10.5%
Other race only	8.7%	*	11.0%
More than one race	17.6%	*	*
Education			
High school graduate	13.0%	12.6%	13.3%
Some college or college graduate	7.8%	8.3%	8.7%
Annual Household Income			
Less than $35,000 per year	13.2%	11.0%	13.2%
$35,000 or higher per year	8.2%	8.7%	8.8%
Disability Status			
Living with a disability	22.7%	19.7%	24.6%
Living without a disability	5.8%	7.5%	6.8%

* Insufficient sample and/or statistically unreliable estimate

Italicized prevalence estimates have a margin of error >5 and should be interpreted with caution

Analysis:

- Compared to 2011 and 2012, when the percentage of Sedgwick County adults remained steady at 10 percent, 2013 observed a six percent increase.
- Although not statistically significant, the rate of diabetes among the Black or African-American population has declined from the baseline.

It should be noted that this prevalence rate does not include gestational diabetes, pre-diabetes or borderline diabetes. Although the BRFSS does not distinguish between type 1 and type 2 diabetes, the Centers for Disease Control and Prevention estimates type 2 diabetes accounts for 95 percent of diagnosed diabetes in adults.

Performance Measures			
P.2.2: By 2015, reduce the percentage of Sedgwick County adults who are obese*[3]			
	Baseline (2011)	**Measure Status (2012)**	**Measure Status (2013)**
Population			
Sedgwick County	30.4%	28.7%	31.8%
Kansas	29.6%	29.8%	30.0%
Healthy People 2020 Target		**30.5%**	
Gender			
Male	29.8%	27.5%	30.5%
Female	31.0%	29.9%	33.2%
Age			
18 – 44 years	27.4%	27.6%	29.2%
45 – 64 years	36.6%	32.7%	38.3%
65+ years	26.2%	23.5%	26.4%
Ethnicity			
Hispanic	33.4%	*40.6%*	*32.9%*
Non-Hispanic	30.1%	*27.3%*	31.7%
Race			
White only	29.3%	26.7%	31.4%
Black or African American only	44.4%	37.9%	*41.2%*
Other race only	28.0%	33.6%	25.3%
More than one race	32.2%	*	*38.3%*
Education			
High school graduate	32.0%	31.9%	32.0%
Some college or college graduate	29.1%	26.5%	31.7%
Annual Household Income			
Less than $35,000 per year	34.1%	35.4%	34.3%
$35,000 or higher per year	28.4%	24.4%	31.0%
Disability Status			
Living with a disability	46.2%	*40.6%*	41.4%
Living without a disability	25.1%	*25.3%*	29.3%

* Insufficient sample and/or statistically unreliable estimate

Italicized prevalence estimates have a margin of error >5 and should be interpreted with caution

Analysis:

- The percentage of adults classified as obese increased four percent from the baseline, but was not a statistically significant change.

Overweight and obesity are major contributing factors for developing diabetes. Sedgwick County's obesity prevalence of 31.8 percent, as reported by BRFSS data, is now higher than the Healthy People 2020 target of reducing the percentage of adults who are obese to 30.5 percent by 2020. The BRFSS definition of obese is based on respondents with a body mass index greater than or equal to 30, based on self-reporting height and weight.

Community Health Priority 3:

Mental Health

CHIP Strategies	Baseline (2012)	Measure Status (2013)	Measure Status (2014)
S.3.1: Demonstrate sustained training of at least 275 people annually in the Mental Health First Aid program[8]			
★ Adult Program	286	241	189
Youth Program	*	79	126
Total	286	320	324
S.3.2: Increase the number of patient encounters for mental health services at community health clinics*[1]			
★ Covered (public & private insurance)	22,064	22,665	23,823
Uninsured	7,185	6,304	6,332
Total	29,249	28,969	30,155

* Community health clinic patient encounter information has been amended to include data from HealthCore Clinic, COMCARE of Sedgwick County, E.C. Tyree Health and Dental Clinic, GraceMed Health Clinic, and the Guadalupe Clinic

Analysis:

- Mental Health First Aid classes maintained the same level of participation overall, with a shift from participation in the adult program to the youth program. Both the adult and youth programs, offered through COMCARE, promote mental health literacy and aim to reduce the stigma associated with mental illness, which may be a barrier to access.
- The total number of patient encounters at community health clinics for mental health services increased three percent over the 2012 baseline. The numbers reported in S.3.2 do not reflect substance abuse encounters.

Performance Measures			
P.3: By 2015, reduce the percentage of adults who report their mental state was not good on 14 or more days in the past 30 days[3]			
	Baseline (2011)	Measure Status (2012)	Measure Status (2013)
Population			
Sedgwick County	11.4%	10.5%	10.8%
Kansas	10.2%	10.2%	9.7%
Gender			
Male	7.4%	6.3%	8.6%
Female	15.4%	14.4%	13.0%
Age			
18 – 44 years	14.1%	11.1%	11.3%
45 – 64 years	10.2%	11.7%	12.3%
65+ years	5.9%	5.9%	6.8%
Ethnicity			
Hispanic	*11.0%*	*	9.9%
Non-Hispanic	11.5%	10.3%	10.9%
Race			
White only	11.3%	9.7%	10.1%
Black or African American only	*	*	*19.3%*
Other race only	*12.0%*	*	*9.3%*
More than one race	*	*	*
Education			
High school graduate	13.6%	13.7%	12.9%
Some college or college graduate	9.9%	8.3%	9.5%
Annual Household Income			
Less than $35,000 per year	17.1%	16.0%	17.1%
$35,000 or higher per year	6.1%	5.7%	6.9%
Disability Status			
Living with a disability	25.9%	*23.1%*	23.6%
Living without a disability	6.3%	*7.2%*	7.3%

* Insufficient sample and/or statistically unreliable estimate

Italicized prevalence estimates have a margin of error >5 and should be interpreted with caution

Analysis:

- The percentage of Sedgwick County adults who reported their mental state was not good on 14 or more days in the past 30 days increased slightly to 10.8 percent, however, this increase was not statistically significant and is still lower than the baseline.

The data from the BRFSS mental health questions have been used to calculate frequent mental distress and have been used as an alternate measure for poor mental health status. Poor mental health impacts one's quality of life. Additionally, it can be associated with suicidal ideation and attempts, and chronic conditions such as diabetes, cardiovascular disease and cancer.[9]

Community Health Priority 4:

Oral Health

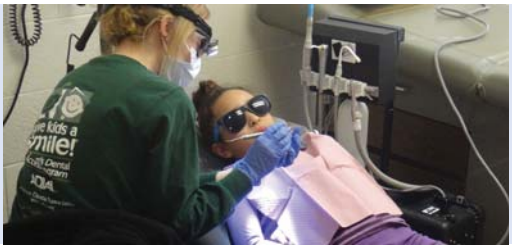
CHIP Strategies	Baseline (2012)	Measure Status (2013)	Measure Status (2014)
S.4.1: Increase the number of patient encounters to community health clinics for dental services*[1]			
★ Covered (public & private insurance)	12,555	16,096	17,941
Uninsured	19,116	18,401	17,508
Total	31,671	34,497	35,449
S.4.2: Increase the number of visits to Wichita State University's Advanced Education in General Dentistry (AEGD) Dental Clinic[10]			
★ Number of visits	2,048	3,490	3,552
S.4.3: Increase the number of children who receive dental sealants at school-based or school-linked clinics[11]			
★ School Year	2011-2012	2012-2013	2013-2014
	1,050	799	1,985

*Community health clinic patient encounter information has been amended to include data from HealthCore Clinic, E.C. Tyree Health and Dental Clinic, GraceMed Health Clinic, and the Sedgwick County Health Department Children's Dental Clinic

Analysis:

- The School-Based Dental Sealant Collaborative saw an 89 percent increase over the baseline for the number of students receiving dental sealants at school-based or school-linked clinics.
- The community health clinics have seen an overall increasing trend in the number of patient encounters for dental services.

In 2014, the number of patients with health insurance receiving dental services exceeded, for the first time, the number of patients without insurance.



Performance Measures			
P.4.1: By 2015, decrease the percentage of adults who did not visit a dentist, dental hygienist or dental clinic within the past year[3]			
		Measure Status 2012	
Sedgwick County	Data not collected in 2011 for this question	30.7%	Data not collected in 2013 for this question
Kansas		32.7%	
P.4.2: By 2015, reduce the number of children with dental caries (treated or untreated tooth decay)[11]			
★	Baseline 2011-2012	Measure Status 2012-2013	Measure Status 2013-2014
Untreated Decay Present	16.81%	16.38%	16.16%
Healthy People 2020 Target – Untreated Decay		20.86%	
Treated Decay, Yes	43.18%	43.92%	41.51%
Sealants Present, Yes	46.43%	48.50%	44.90%
Urgent Care Needed	3.47%	2.84%	4.26%
Total number of students screened	32,567	30,060	35,750

Analysis:

- Sedgwick County continues to decrease the percentage of children with untreated dental decay.

The School-Based Dental Sealant Collaborative has increased the number of children who are able to receive oral screenings in a school setting; this has contributed to the increase in the total number of students screened for tooth decay from the baseline.

Community Health Priority 5:

Health Disparities

Health disparities were identified throughout the other four priority areas. Based on the 2013 BRFSS data, statistically significant differences between population subgroups were calculated using their confidence intervals.

Access to Care

Significant differences in response to whether or not they had a personal doctor or health care provider exist between nearly all population demographics: age group, ethnicity, race, educational attainment, income level, and health insurance status. According to the results from the 2013 BRFSS (page 3) residents ages 18-44 years are significantly more likely to have no personal doctor compared to residents ages 45-64 years, and 65 years and older.

- Almost half (47.2 percent) of Hispanics surveyed reported that they did not have a personal doctor compared with 16.5 percent of non-Hispanics.
- One in four residents with a high school education or less does not have a personal doctor.
- Respondents with household incomes of $35,000 per year or less were three times more likely than respondents with higher household incomes to report not having a personal doctor.

Diabetes

Diabetes becomes more prevalent with age. The percentage of adults, ages 18-44 years and 65 years and older, diagnosed with diabetes observed a 10 percent and seven percent improvement, respectively, from the baseline. However, adults ages 45-64 years diagnosed with diabetes had a 15 percent decline from the baseline (page 5).

Socioeconomic factors, such as educational attainment, income and disability status, contribute significantly to the disparities observed in the population. Those individuals in Sedgwick County who fall into at least one of the following categories are significantly more likely to have diabetes:

- Have obtained a high school education or less
- Have an annual household income of less than $35,000 per year
- Live with a disability

Obesity

- Respondents ages 45-64 years were significantly more likely to be obese than those ages 18-44 years or those ages 65 years and older (page 6).
- More than 40 percent of those residents living with a disability were classified as obese. This is compared to the 31.8 percent obesity rate for all of Sedgwick County.

Mental Health

Multiple demographic, socioeconomic, and behavioral factors contribute to disparities in reporting poor mental health days (page 8). These include gender, age, race, income level, and disability status.

- Women and residents ages 18-64 years were significantly more likely to report their mental health was not good on 14 or more of the last 30 days than their male and 65 years and older counterparts, respectively.
- African-American respondents (19.3 percent) were nearly twice as likely to report poor mental health as white residents (10.1 percent).
- Respondents with household income of $35,000 per year or less were significantly more likely than respondents with higher household incomes to report not having a personal doctor.

Oral Health

Information on oral health disparities was not available for 2014.

CHIP Modifications

After two years of implementation, we reviewed the modifications made to the measures in the 2013-2015 Community Health Improvement Plan.

- Exclusion of Hunter Health Clinic data for all years because of lack of availability
- Rephrasing of S.2.2 to more accurately reflect that the data measures biking to work
- Rephrasing of S.2.3 to alleviate confusion
- Conclusion of the Community Transformation Grant in November 2014 (S.2.3)
- Addition of a youth-focused Mental Health First Aid course in 2013 (S.3.1)
- Rephrasing of S.3.2 to more accurately reflect patient encounter data collected
- Rephrasing of S.4.1 to more accurately reflect patient encounter data collected

Conclusion/Future Considerations

The Sedgwick County Health Department plans to continue to convene community partners and stakeholders to review the current CHIP and offer feedback that will allow for maximized benefit of community initiatives. In addition, as the work of the CHIP continues to progress, a CHIP work group will assist in addressing measures and incorporating interventions that target disproportionately affected populations. Recommendations put forth by the CHIP work group will be reviewed and final decisions on whether to incorporate the revisions into the CHIP will be made with community partner input. All updates on changes to and progress on the CHIP will be shared with the community through presentations and will be available on the Sedgwick County Health Department website, www.sedgwickcounty.org.

Performance measures assess the impact of the activities and programs intended to improve Sedgwick County's health in the five priority areas. The reported data for these measurements are one year behind the reports provided for the programs and activities. This lag in data availability could explain why, although we are meeting or exceeding in a majority of our strategic measures, we have not seen this positively impact the performance measurements.

- School-Based Dental Sealant Collaborative will be changing its name to the School-Based Dental Health Collaborative to reflect the additional work they provide in schools. This group plans to apply for a Kansas University Community Toolbox – Out of the Box award to fund printed materials, such as new consent forms. The group also plans to bring in HealthCore Clinic's dental clinic when it opens, and expand services to Sedgwick County school districts outside USD 259 in 2015. This should continue to increase the number of Sedgwick County children receiving screenings and services in schools.
- Project Access has begun enrolling patients in new insurance plans with potential Affordable Care Act subsidies. This will increase the resources for linking people to primary care providers. Due to a decrease in funding, Project Access plans to pursue additional funding support. Even with a decrease in funding, the program has been able to ensure uninterrupted direct services to patients.
- Wichita State University's Advanced Education in General Dentistry Clinic hired a new director in January of 2015 and is transitioning into a referral-centered clinic. Community dentists will refer patients to the WSU clinic for specific treatments and then the patients will be sent back to the referring dentist for continued care. The clinic hopes to find additional funders to support their patients with financial needs. These changes should help to increase the percentage of residents who are able to visit dentists, dental hygienists, and dental clinics for dental procedures.

Resources

1 Data provided by Coalition of Community Health Clinics and compiled by United Way of the Plains, Wichita, KS.

2 U.S. Department of Health and Human Services Primary Care: The Health Center Program
http://bphc.hrsa.gov/healthcenterdatastatistics/index.html

3 Behavioral Risk Factor Surveillance System (BRFSS) 2011 & 2012
http://www.kdheks.gov/brfss/index.html

4 Wichita-Sedgwick County Metropolitan Area Planning Department

5 U.S. Census Bureau American Community Survey, 1-Year Estimates

6 Health and Wellness Coalition of Wichita

7 Wichita Business Coalition on Health Care

8 COMCARE of Sedgwick County

9 Chapman, D.P., Perry, G.S., Strine, T.W. The vital link between chronic disease and depressive disorders. Preventing Chronic Disease [serial online] 2005; 2(1).
http://www.cdc.gov/pcd/issues/2005/jan/04_0066.htm. Accessed March 21, 2014.

10 Wichita State University's Advanced Education in General Dentistry (AEGD) Dental Clinic

11 Kansas Department of Health and Environment Bureau of Oral Health

Community HEALTH Improvement PLAN

Sedgwick County... working for you

Sedgwick County Health Department

visioneering