

Community

HEALTH

Improvement

PLAN



Spring 2013 – December 2015

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*Sedgwick County...
working for you*

Introduction

Purpose

The purpose of this Community Health Improvement Plan is to:

- Monitor progress toward the five health priorities identified by the community in 2010
- Focus attention and resources on strategies that work toward positive health outcomes in the five priority areas
- Identify community assets
- Inform the strategic planning process for the Sedgwick County Health Department

Measures

This report includes two categories of data designed to measure progress toward improving health.

- **Strategy Measures** are informed by data collected locally and more directly reflect how the community plans to influence these priority health issues.
- **Performance Measures** are collected as part of larger population health measures like the Behavioral Risk Factor Surveillance System (BRFSS), a statewide survey collected by the Kansas Department of Health and Environment (KDHE). These data are more likely to reflect health outcomes.

Community Health Priorities 2010

In 2010, the Visioneering Health Alliance – a group of partners from public health, education, business, non-profit, health care, philanthropy and governmental sectors – conducted a community health assessment. As part of this six-month process, the group sponsored meetings that identified five strategic priorities for Wichita and Sedgwick County. They were:

In fact, health disparities as a category was deemed to be so significant, it has since been integrated within the other four priorities.

The planning process was based on a nationally recognized planning process called Mobilizing for Action through Planning and Partnerships (MAPP). The process was coordinated by the Sedgwick County Health Department and organized through the Visioneering Health Alliance.

Using the MAPP process, three community forums took place. Local health data was used as a basis for discussion. A facilitated discussion asked participants to think about issues based on prevalence (the number of people affected) and community level involvement (community resources focused on the issues).



Topics for each forum were:

- Forum One: Community Health Assessment
- Forum Two: Forces of Change Assessment
- Forum Three: Strategic Priorities

The full report can be found at: www.sedgwickcounty.org/healthdept/reports/Community%20Health%20Priorities.pdf

The community planning process helped identify community resources, contacts and strategies for each priority. Since 2010, community leaders have been working on activities and measures of success primarily as teams organized around each priority. However, with this Community Health Improvement Plan, we are updating measures and assembling them in one place. It is a mid-point check on how the community is doing, as well as helping us focus our attention and communication efforts in the same direction.

Connection to Healthy Kansans 2020

The State Health Improvement Plan prioritizes similar cross-cutting themes and priority strategies: healthy living, healthy communities, and access to services. The brief description of the state plan is included in [Appendix 1](#). The Kansas Department of Health & Environment works with the Sedgwick County Health Department and other community agencies to address these strategies.

Kansas Leadership Center – Visioneering Health Alliance

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An important factor helping move the plan forward was the Health Alliance's selection to be part of the Kansas Leadership Center's Academy for Team Leadership program in 2012. The Health Alliance and its partners will receive \$1 million in technical support to provide immersion-style leadership training for up to 400 people for up to four years. The training is designed to support action teams connected to the priority health issues.

As part of its planning, the alliance will coach and support the teams as they:

1. Develop a Plan

- Identify a clear need for what needs to be done in each area
- Focus on priorities that matter to people
- Build on success

2. Identify a Process

- Establish clear outcomes and show us what will be different
- Focus on results
- Intentionally communicate process and results

3. Engage People

- Expect anyone who has an impact on the problem to be involved and working together
- Identify champions
- Build ownership

It is recognized that by focusing on five health priorities, the alliance will need to take different approaches based on needs, resources and what is going on in the broader environment. Leadership will be the common denominator, but plans for change will be specific based on the issues themselves as well as those who are involved.

Access to Health Care

Why is Access to Health Services Important? (From HealthyPeople 2020, www.healthypeople.gov)

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps:

1. Gaining entry into the health care system
2. Accessing a health care location where needed services are provided
3. Finding a health care provider with whom the patient can communicate and trust

Access to health care impacts:

- Overall physical, social and mental health status
- Prevention of disease and disability
- Detection and treatment of health conditions
- Quality of life
- Preventable death
- Life expectancy

Disparities in access to health services affect individuals and society. Limited access to health care impacts people's ability to reach their full potential, negatively affecting their quality of life. Barriers to services include:

- Lack of availability
- High cost
- Lack of insurance coverage

These barriers to accessing health services lead to:

- Unmet health needs
- Delays in receiving appropriate care
- Inability to get preventive services
- Hospitalizations that could have been prevented

Access in Sedgwick County

In Sedgwick County, 19 percent of adults – or almost one in five – have no personal doctor or health care provider, according to data provided by the Behavioral Risk Factor Surveillance System (BRFSS, 2011).

That is why many clinics, physicians, associations and coalitions are working to breaking down barriers that will improve access to affordable health care for all people, but especially those who are not covered by health insurance, or have other barriers to access health care in the community.

Measures take into account the presence of a network of community health clinics; a system of providers that provide services for the uninsured; and programs that seek to make the health care system more efficient and effective, including an electronic information exchange for health care providers.

Measures

Strategy Measures for Access to Health Care:

- S.1.1** By 2015, increase the number of patient encounters at the community health clinics
- S.1.2** By 2015, increase the number of federally qualified health center (FQHC) patients in targeted zip code areas
- S.1.3** By 2015, increase the number of residents who receive materials and information about community health clinics through the Community Health Navigators program
- S.1.4** By 2015, increase the number of patients served through Project Access, which provides services for low-income uninsured residents in Sedgwick County.
- S.1.5** By 2015, increase number of patients in the Wichita Health Information Exchange, a part of the Kansas Health Information Exchange, a statewide electronic health information system

Performance Measures for Access to Health Care:

- P.1.1** Decreased percentage of adults with no personal doctor or health care provider (BRFSS)

Key Organizations

- E.C. Tyree Health and Dental Clinic, www.tyreeclinic.com
- GraceMed, www.gracemed.org
 - Dodge Family Clinic
 - Downing Family Clinic at Gordon Parks Academy
 - Evergreen Family Clinic
 - Healthy Children Clinic
 - Good Samaritan Clinic
 - Main – Topeka Street Medical and Dental Clinic
 - Mother Mary Anne Clinic
- Guadalupe Clinic, www.catholicdioceseofwichita.org/guadalupe-clinic
 - Primary facility – St. Francis Street
 - South Hillside facility
- Hunter Health Clinic, www.gotohealth.us
 - Main office – East Central
 - At Brookside
 - At Wichita Child Guidance Center
 - At InterFaith Ministries
- Center for Health and Wellness, www.360wichita.com/MedicalAndDental/CenterforHealthandWellness.html
- Sedgwick County Health Department, www.sedgwickcounty.org
- Central Plains Health Care Partnership, www.centralplainshealthcarepartnership.org
- Kansas Health Information Exchange, www.khie.org
- Medical Society of Sedgwick County, www.mssconline.org
- Medical Service Bureau, www.msbmedlinks.org
- Wichita Health Information Exchange, www.whie.net

Community Assets

- Coalition of Community Health Clinics (CCHC) patient encounter tracking project
- Early Detection Works Program – mammograms and pap smears for uninsured women
- Project Access
- Community Health Navigators Program, SCHD
- Telephone based navigation for cancer patients (ACS) and additional services
- United Way 2-1-1

S.1.1: By 2015, increase the number of patient encounters at the community health clinics.

	2009	2010	2011	2012
Covered	42,260	39,565	49,328	50,247
Uninsured	62,137	62,417	62,938	61,169
Total	104,397	101,982	112,266	111,416

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

S.1.2: By 2015, increase the number of federally qualified health center (FQHC) patients in targeted zip code areas.

2011 Utilization of Federally Qualified Health Clinics in Sedgwick County

The number of patients seen at the federally qualified health centers (FQHC) continues to increase. There are three FQHCs in Sedgwick County operating 12 different sites. As part of their federal grant reporting, unique reports can be created to look at a variety of FQHC data. First, the total number of patients served in 2009 was 42,801 which increased to 49,958 in 2010 and rose again to 54,631 in 2011.

The map in [Appendix 2](#) illustrates a number of values. The total number of patients served is listed below each zip code. The range for number of patients served is as low as 13 in zip code 67001 to 7,642 patients in zip code 67214. Thirteen zip codes had more than 2,000 patients. The light gray areas represent zip codes where there were fewer than 11 patients.

The shading helps tell another story. The map illustrates a concentration of clinics in the urban core and a higher percentage of low-income residents being served at these clinics. FQHCs provide care primarily to low-income patients. For the purposes of this map, low-income is defined as 200 percent of the federal poverty level (FPL). (For a family of four, 200 percent of FPL in 2011 was an annual income of \$44,700 or less.) Some zip codes have more people who live below 200 percent of FPL. The shading is a percentage with the numerator being the number of clients served, and the denominator being the total number of people who lived below 200 percent FPL. So, the map illustrates subtle differences among and between zip codes. For example, compare 67203 and 67204, which are immediately adjacent and located in inner-northwest Wichita. They had very similar number of patients seen, but a different percentage of total percent of low-income patients.

Zip	Number of patients	Number of residents living below 200% FPL	Percentage of low-income residents served
67203	4,698	12,796	36.7%
67204	4,592	8,028	57.2%



S.1.3: By 2015, increase the number of residents who receive materials and information about Community Health Clinics through the Community Health Navigators Program.

Residents who received materials and information about Community Health Clinics through the Community Health Navigator program

2009	2010	2011	2012
1,722	1,806	517*	2,875**

*Program Transition; **New avenues to reach people at natural catchment sites

S.1.4: By 2015, increase the number of patients served through Project Access, which provides services for low-income uninsured residents in Sedgwick County.

	2010	2011	2012
Number of patients served	1,827	1,729	1,678
Amount of donated care	\$15,943,682.40	\$15,669,276	\$15,583,973

S.1.5: By 2015, increase the number of patients in the Wichita Health Information Exchange, a part of the Kansas Health Information Network, a statewide electronic health information system.

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	2012 (no date before 2012)
Wichita Patient Population	130,327
KHIN Patient Population	167,333
WHIE/KHIN -- Wichita patients as a percentage of KHIN patients	77.88%

Plans for Kansas Health Co-op Delayed

Loans designed to provide funding for a health insurance cooperative were put on hold at the end of 2012 as a result of negotiations designed to avoid going over the year-end “fiscal cliff.”

As a result, a proposal for funding submitted by the Kansas Health Cooperative was delayed indefinitely. The proposal was a collaboration that included the Wichita Independent Business Association, Central Plains Health Care Partnership and other organizations.

The cooperative was designed to provide affordable health insurance solutions for individuals and businesses across the state.



Performance Measure

P.1: By 2015, decrease the percentage of adults with no personal doctor or health care provider (BRFSS).

Percentage of Adults with No Personal Doctor or Health Care Provider, Sedgwick County, Kan.

Population	2010	2011
Overall	13.0%	19.2%
Gender		
Male	15.5%	22.5%
Female	10.6%	16%
Age		
18 - 44 years	18.5%	29.1%
45 - 64 years	9.3%	11.2%
65+ years	4.1%	5.0%
Ethnicity		
Hispanic	33%	42.4%
Non-Hispanic	11.6%	16.7%
Race		
White only	10.6%	13.9%
Black or African American Only	28.6%	33.4%
Other race only	27.1%	43.7%
More than one race	*	30.1%
Education		
High school graduate or less	19.7%	25.7%
Some college or college graduate	9.4%	14.3%
Annual Household Income		
Less than \$35,000 per year	23.8%	31.5%
\$35,000 or higher per year	7.2%	8.7%
Disability Status		
Living with a disability	9.4%	17.5%
Living without a disability	14.3%	19.8%

* Insufficient sample

Obesity and Diabetes

Why are Obesity and Diabetes Important? (From Healthy People 2020, www.healthypeople.gov)

According to the Centers for Disease Control and Prevention (CDC), “Obesity-related conditions include heart disease, stroke, type 2 diabetes and certain types of cancer, some of the leading causes of preventable death.” Medical costs associated with obesity were estimated at \$147 billion in 2008. In addition, obesity and diabetes affect some groups of people more than others, particularly African-American and Hispanic populations.

To combat obesity and diabetes rates, Healthy People 2020 recommends a combination of individual behaviors, as well as policies and environments that support these behaviors in schools, worksites, health care organizations and communities overall.

In Wichita, two behaviors are targeted to decrease obesity and diabetes rates:

- Healthy eating
- Physical activity

While individuals are responsible for eating healthy diets and being physically active, a number of interventions are designed to ensure individuals have the knowledge, skills and environments to make healthier choices. The work includes assuring that healthier options are available, accessible and affordable.

For example, environmental influences positively associated with physical activity include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

Building a community where people have access to healthy foods and can lead physically active lives requires a multidisciplinary approach. This means bringing together partners from more traditional disciplines such as education and health care, with nontraditional partners from transportation, urban planning, recreation, worksites and environmental health.

This means promoting physical activity and healthy eating at with multiple locations, including worksites, schools and throughout a community.

In Kansas and Sedgwick County

In Kansas, the obesity rate among adults is more than 27 percent. In addition, less than half of adults living in Sedgwick County are achieving the recommended physical activity standards and less than one in five are eating the recommended daily amounts of fruits and vegetables.

One factor influencing obesity and diabetes is the number of fast-food restaurants in a community. According to data included in The 2013 County Health Rankings project, 54 percent of restaurants in Sedgwick County were fast-food establishments. That is compared with 48 percent in the state and a national target of 27 percent.

Published online at www.countyhealthrankings.org by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation (RWJF), the *Rankings* assess the overall health of nearly every county in all 50 states, using a standard way to measure how healthy people are and how long they live.

In the same report, another measure – limited access to health foods – shows that 9 percent of people who live in poverty do not live close to a grocery store. Studies show people who live close to a grocery store tend to consume more healthy food.

Local Strategies

In Wichita and Sedgwick County, a focus on healthy eating and physical activity can be seen in a broad base of partners working on a number of strategies, with particular focus on:

- Worksite wellness programs
- Policies for built environment for walking and bicycling
- Common messages in the community to promote physical activity and healthy eating
- School-based physical education and healthy eating programs

Measures

Strategy Measures for Obesity and Diabetes are:

- S.2.1** By 2015, increase the number of centerline miles of bicycle paths for public use
- S.2.2** By 2022, triple the amount of bicycling in Wichita
- S.2.3** By 2015, increase the awareness of messages in a local media campaign promoting healthy eating and physical activity
- S.2.4** Maintain the number of people participating in the Working Well conference sponsored by the Health and Wellness Coalition
- S.2.5** By 2015, increase the distribution of the quality care recommendations for prevention, identification and management of diabetes developed by the Wichita Business Coalition on Health Care's Ambulatory Care Quality Taskforce

Performance Measures for Obesity and Diabetes are:

- P.2.1** By 2015, reduce the percentage of Sedgwick County adults diagnosed with diabetes
- P.2.2** By 2015, reduce the percentage of Sedgwick County adults who are obese

Key Organizations

- City of Wichita, www.wichita.gov
- Greater Wichita YMCA, www.ymcawichita.org
- Health and Wellness Coalition, www.hwcwichita.org
- Juvenile Diabetes Research Foundation
- Kansas Health Foundation, www.kansashealth.org
- Sedgwick County Health Department, www.sedgwickcounty.org
- Wichita Business Coalition on Health Care, wbchc.fatcow.com
- Wichita Community Foundation, www.wichitacf.org

Community Assets

- American Diabetes Association
- Bike/Walk Alliance
- Children's Mercy Wichita Specialty Clinics
- City of Wichita Bicycle Master Plan
- City of Wichita Planning Department
- City of Wichita Park and Recreation Department
- Community gardens/farmers markets
- Community Transformation Grant
- Fitness & wellness centers
- Greater Wichita YMCA, www.ymcawichita.org
- Greenway Alliance
- Local bike shops/bike clubs
- Mid America Diabetes
- Parks, recreation and open spaces (PROS) plan

Community Assets continued

- School programs and policies, including Eat Smart-Play Hard, fresh fruit and vegetable program
- Sedgwick County Extension Office
- Sedgwick County Park
- Sedgwick County Zoo

Strategy Measures

S.2.1: By 2015, increase the number miles of on- and off-street bikeways (lanes, paths, etc.) for public use (see Appendix 4 for map).

# of miles of bikeways*	Prior to 2009	2010	2011	2012
Additional miles		5.8	3.5	4.7
Total Miles	53.6	58.3	61.8	67.6

Data Source: Wichita-Sedgwick County Metropolitan Area Planning Department

* The number of miles of bikeways should be measured using the centerlines of the roadway for shared lane markings, the center of the individual bike lanes, and center of two-way shared-use paths.

S.2.2: By 2022, triple the amount of bicycling in Wichita.*

	2009	2010	2011
Sedgwick County resident workers using bicycling as their primary means of transportation	0.2%	0.4%	0.1%

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

*More measures are available in the City of Wichita Bicycle Master Plan

S.2.3: By 2015, increase the awareness of messages in a local media campaign promoting health eating and physical activity. *Health and Wellness Coalition*

New effort starting in 2012, no baseline data available.

S.2.4: Through 2015, continue to maintain the number of people participating in the Working Well conference sponsored by the Health and Wellness Coalition

	2010	2011	2012
# of people attending conference	292	303	301

By 2015, increase the adoption of the quality care recommendations for prevention, identification and management of diabetes developed by the Wichita Business Coalition on Health Care, as evidenced by:

- Increasing the number of employers who adopt diabetes-related value based insurance design (2013, setting baseline data)
- Increasing the number of physicians who achieve recognition through the NCQA Diabetes Recognition Program
- Increasing the number of employers who are educating employees regarding diabetes prevention (2013, setting baseline data)

Performance Measure

P.2.1: By 2015, reduce the percentage of Sedgwick County adults diagnosed with diabetes.

Percentage of Sedgwick County Adults with Diagnosed Diabetes

	2009	2010	2011**
Kansas	8.5%	8.4%	9.5%
Sedgwick County	8.7%	7.8%	10.0%
Gender			
Male	8.7%	7.1%	10.5%
Female	8.7%	8.5%	9.5%
Age			
18 - 44 years	2.2%	1.9%	3.2%
45 - 64 years	12.0%	10.6%	13.1%
65+ years	22.0%	20.2%	24.8%
Ethnicity			
Hispanic	9.5%	3.1%	7.1%
Non-Hispanic	8.7%	8.2%	10.3%
Race			
White	8.1%	7.3%	9.6%
African American	15.0%	19.4%	14.2%
Other	10.5%	4.6%	8.7%
More than one race	10.9%	12.0%	17.6%
Education			
High school graduate or less	10.4%	7.4%	13.0%
Some college or college graduate	7.9%	8.1%	7.8%
Annual Household Income			
Less than \$35,000 per year	12.8%	13.1%	13.2%
\$35,000 or higher per year	6.7%	5.8%	8.2%

Source: Behavioral Risk Factor Surveillance System (BRFSS)

** See Notes

Wichita City Council Endorses Wichita Bicycle Master Plan

On February 5, 2013, members of the Wichita City Council unanimously voted to endorse a 10-year Wichita Bicycle Master Plan.

Scott Wadle, senior planner for the city of Wichita, managed the effort, which involved more than 4,000 people in the two-year planning process.

As part of the endorsement, the council also approved creating a Wichita Bicycle and Pedestrian Advisory Board. Members of the board will make recommendations to the city council on issues related to walking and bike paths in the community.

More information can be found at www.wichita.gov.



P.2.2: By 2015, reduce the percentage of Sedgwick County adults who are obese.

Percentage of Sedgwick County Adults Who Are Obese

	2009	2010	2011**
Kansas	28.8%	30.1%	29.6%
Sedgwick County	28.2%	27.0%	30.4%
Gender			
Male	29.1%	27.6%	29.8%
Female	27.4%	26.4%	31.0%
Age			
18 - 44 years	26.7%	23.2%	27.4%
45 - 64 years	32.5%	34.3%	36.6%
65+ years	24.0%	23.2%	26.2%
Ethnicity			
Hispanic	30.3%	41.8%	33.4%
Non-Hispanic	28.1%	26.1%	30.1%
Race			
White	27.7%	26.3%	29.3%
African American	41.2%	34.2%	44.4%
Other	20.4%	32.4%	28.0%
More than one race	33.6%	21.1%	32.2%
Education			
High school graduate or less	29.3%	27.8%	32.0%
Some college or college graduate	27.6%	26.6%	29.1%
Annual Household Income			
Less than \$35,000 per year	32.2%	32.7%	34.1%
\$35,000 or higher per year	27.3%	26.8%	28.4%

Source: Behavioral Risk Factor Surveillance System (BRFSS)

** See Notes

Community Transformation Grant Targets Healthy Eating, Physical Activity

The Greater Wichita YMCA and Health and Wellness Coalition in Wichita received a \$2.4 million grant in 2013, with the goal of funding initiatives that improve health, specifically targeting healthy eating and physical activity.

The Community Transformation Grant was one of 40 awarded across the country by the U.S. Department of Health and Human Services in 2012.



Mental Health

Why is Mental Health Important? (From HealthyPeople 2020, www.healthypeople.gov)

Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases. According to the National Institute of Mental Health (NIMH), in any given year, an estimated 13 million American adults (approximately 1 in 17) have a seriously debilitating mental illness.

Mental health disorders are the leading cause of disability in the United States and Canada, accounting for 25 percent of all years of life lost to disability and premature mortality. Moreover, suicide is the 11th leading cause of death in the United States, accounting for the deaths of approximately 30,000 Americans each year.

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

Wichita and Sedgwick County

In Wichita, community work focuses on promoting mental health literacy, reducing the stigma of mental illness and promoting early intervention for mental disorders. Mental Health First Aid is an evidenced-based approach that helps reduce stigma and equips the public with key skills to help individuals who are developing a mental health problem or experiencing a mental health crisis. While training for adults has been offered in the past, plans to include a focus on children and youth are being considered.

On the horizon, issues such as substance abuse, gambling and Internet addiction are being monitored as the numbers of people with those addictions continue to increase.

Measures

Strategy Measures for Mental Health:

- S.3.1** By 2015, demonstrate sustained training of at least 275 people annually in the Mental Health First Aid program
- S.3.2** By 2015, increase the percentage of people who access mental health services at safety-net clinics

Performance Measures for Mental Health:

- P.3.1** By 2015, decrease the percentage of adults who report their mental health was not good on 14 or more days in the past 30 days (BRFSS)

Key Organizations

- COMCARE of Sedgwick County, www.sedgwickcounty.org
- Kansas Children's Service League, www.kcsl.org
- National Alliance on Mental Illness
- Robert J. Dole VA Medical Center
- Substance Abuse Center of Kansas
- Via Christi

Community Assets

- United Way of the Plains 2-1-1
- Crisis Intervention Training for law enforcement, EMS and emergency responders
- Coalition of Community Health Clinics
- Homeless outreach teams and programs
- Suicide Prevention Coalition

Strategy Measures

S.3.1: By 2015, demonstrate sustained training of at least 275 people annually in the Mental Health First Aid program.

	2011	2012
# of people	93	286*

Data provided by COMCARE of Sedgwick County

*Funding provided by the Kansas Health Foundation and supported by Visioneering Wichita increased capacity for training in 2012.

S.3.2: By 2015, increase the percentage of people who access mental health services at safety-net clinics.

	2009	2010	2011	2012
Covered	29,269	26,803	29,082	28,784
Uninsured	10,201	10,488	8,829	8,809
Total	39,470	37,291	37,911	37,593

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

Initiatives seek to coordinate, improve response to mental health needs

Mental Health Court - Improves coordination and communication between the mental health system and the criminal justice system.

Crisis Stabilization Unit – By providing a safe and structured environment, this unit serves those who are experiencing an acute psychiatric crisis.

Community Crisis Center – With partial support from the Kansas Health Foundation, COMCARE of Sedgwick County and other community partners plan to integrate and centralize crisis services in a “one-stop shop” for people with immediate behavioral health issues.

Child Advocacy Center – Promotes the safety, health and emotional well-being of abused children and their caregivers by bringing together public, private and community partners.



Performance Measure

P.3.1: By 2015, decrease the percentage of adults who report their mental health was not good on 14 or more days in the past 30 days (BRFSS).

Percentage of Adults Who Reported Their Mental Health Was Not Good on 14 or More Days in the Past 30 Days, Sedgwick County

Population	2009	2010	2011
Overall	8.7%	10.6%	11.4%
Gender			
Male	6.4%	9.3%	7.4%
Female	10.9%	11.8%	15.4%
Age			
18 - 44 years	9.5%	12.1%	14.1%
45 - 64 years	9.1%	10.9%	10.2%
65+ years	5.3%	5.3%	5.9%
Ethnicity			
Hispanic	8%	*	17.3%
Non-Hispanic	8.8%	11.1%	13.1%
Race			
White only	8.8%	9.8%	13.0%
Black or African American Only	15%	17.2%	16.6%
Other race only	4.1%	15.2%	18.0%
More than one race	*	*	33.6%
Education			
High school graduate or less	12.2%	16.5%	16.3%
Some college or college graduate	7%	7.4%	11.7%
Annual Household Income			
Less than \$35,000 per year	12.9%	19.5%	20.1%
\$35,000 or higher per year	6.9%	5.7%	7.5%
Disability Status			
Living with a disability	18.7%	19.5%	30.1%
Living without a disability	5.9%	7.6%	7.7%

* Insufficient sample



Oral Health

Why is Oral Health Important? (From Healthy People 2020, www.healthypeople.gov)

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions.

However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans.

Understanding Oral Health

Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include:

- Tobacco use
- Excessive alcohol use
- Poor dietary choices

Barriers that can limit a person's use of preventive interventions and treatments include:

- Limited access to and availability of dental services
- Lack of awareness of the need for care
- Cost
- Fear of dental procedures

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

School-based dental sealant programs, which focus on sealing permanent molar teeth, are one of two leading interventions to prevent tooth decay, and usually target schools that serve children from low-income families. Dental sealants can prevent up to 60 percent of tooth decay in the treated teeth.

Potential strategies to address the barriers include:

- Implementing and evaluating activities that have an impact on health behavior
- Promoting interventions to reduce tooth decay
- Evaluating and improving methods of monitoring oral diseases and conditions
- Increasing the capacity of state dental health programs to provide preventive oral health services
- Increasing the number of community health centers with an oral health component

Wichita Votes No on Community Water Fluoridation in 2012

City council received signatures in support of community water fluoridation and sent the measure to a vote. Two groups waged campaigns that promoted the pros and cons of fluoridated water. The measure was defeated by a vote of 60 to 40 percent.

Fluoridation of drinking water was identified as a community health priority during the Community Health Assessment in 2010.



Kansas and Sedgwick County

In Kansas, access and cost continue to be a concern. According to the Kansas Department of Health and Environment BRFSS data, a total of 17 percent of adults reported there was a time in the last year when they needed dental care but did not get it. Among those, 82 percent said they did not get the care they needed because of cost.

At a statewide level, a total of 36 percent of adults have no dental insurance. When socio-economic status is considered, the percentages increase dramatically:

- 58 percent among age 65+
- 50 percent among Hispanics
- 56 percent among those with less than a high school education
- 73 percent making less than \$15,000

In Wichita, community water fluoridation and dental sealants were identified as ways to improve oral health locally. A community water fluoridation effort was defeated in 2012 (see sidebar). However, the community continues to work on strategies to improve oral health.

Measures

Strategy Measures for Oral Health:

- S.4.1** By 2015, increase the number of visits to safety net clinics for dental services
- S.4.2** By 2015, increase the number of visits to WSU's Advanced Education in General Dentistry (AEGD) Dental Clinic
- S.4.3** By 2015, increase the number of children who receive dental sealants at school-based or school-linked clinics

Performance Measures for Oral Health:

- P.4.1** By 2015, increase the percentage of adults age 18 and older who have visited a dentist or dental clinic in the past year
- P.4.2** By 2015, reduce the number of children with dental caries (treated or untreated tooth decay)

Key organizations

- Advanced Education in General Dentistry (AEGD) Dental Clinic at Wichita State University
- Delta Dental of Kansas Foundation
- Delta Dental of Kansas Foundation Dental Hygiene Clinic at Wichita State University
- E.C. Tyree Health and Dental Clinic
- GraceMed
- Hunter Health Clinic
- Sedgwick County Health Department Children's Dental Clinic
- Wichita/Sedgwick County Oral Health Coalition

Community assets

- Community will for coordination of surveillance, screening and dental sealants in the schools
- Give Kids a Smile (one-day event for free dental care for children)
- Kansas Mission of Mercy, Wichita 2013 (annual two-day event for free care)
- Oral health educators (Small Smiles, Grace Med, Sedgwick County Health Department)

Strategy Measures

S.4.1: By 2015, increase the number of visits to safety net clinics for dental services.

	2009	2010	2011	2012
Covered	10,805	9,915	14,189	14,049
Uninsured	15,775	19,322	22,759	22,682
Total	26,580	29,237	36,948	36,731

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

S.4.2: By 2015, increase the number of visits to Wichita State University's Advanced Education in General Dentistry (AEGD) Dental Clinic.

	2012
# of visits	2,048

S.4.3: By 2015, increase the number of children who receive dental sealants at school-based or school-linked clinics.

Students receiving sealants at school-based or school-linked clinics:

School Year	Number of students receiving sealants
2010-2011	480
2011-2012	1,050

Data Source: Kansas Department of Health and Environment, Bureau of Oral Health, School Sealant Program

WSU Offers Dental Education, Clinics

Two programs at Wichita State University are designed to meet the dental health workforce needs of the future.

The first is a postdoctoral program called Advanced Education in General Dentistry. The one-year program has seven slots available for dentists and educators who want an advanced comprehensive clinical experience.

In addition, the program operates a dental clinic that is open to the public. It offers comprehensive dental treatment for patients from dental checkups to root canals, extractions and dentures.

The second is the Dental Hygiene program. In 2005, the university increased the number of graduates from 30 to 36 to meet the growing need in the state.

The Delta Dental of Kansas Foundation Dental Hygiene Clinic on the WSU campus offers preventive, therapeutic and educational services, including dental cleanings, dental sealants and x-rays.



Mid-level Program Proposed for Dental Workforce

A registered dental practitioner program is being considered in Kansas. This new category of dental health provider would serve a role somewhere between dental hygienist and dentist.

The new level of dental provider often is compared with nurse practitioners or physician assistants in the medical practice.

Proponents believe the new mid-level dental practitioner would improve access to services. Opponents, who include the Kansas Dental Association, express concerns about the training required to conduct a higher level of dental care.



Performance Measure

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, 2010.*

Percentage of Adults Who Did Not Visit a Dentist, Dental Hygienist or Dental Clinic within the Past Year, 2010

	2010
Kansas	27.1
Sedgwick County	24.7

Source: Behavioral Risk Factor Surveillance System (BRFSS)

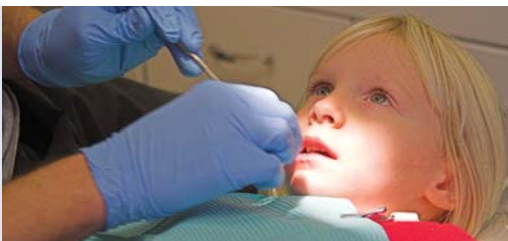
*This question was not asked in 2009 and 2011

P.4.2: By 2015, reduce the number of children with dental caries (treated or untreated tooth decay)

Percentage of Sedgwick County Students by School Year and Dental Condition

	2008-2009	2009-2010	2010-2011	2011-2012
Untreated Decay Present	22.01%	18.56%	18.93%	16.81%
Treated Decay Yes	44.69%	42.77%	43.42%	43.18%
Sealants Present Yes	39.18%	40.44%	45.22%	46.43%
Urgent Care Needed	3.31%	3.37%	3.19%	3.47%
Total Number Of Students Screened	20,540	20,842	29,167	32,567

Data Source: KDHE's Bureau of Oral Health



Health Disparities

“Health disparities” is a term used to describe differences in health conditions, treatments and health outcomes that are seen as avoidable and unjust. For example, certain racial or socioeconomic groups in the United States are more likely to lack health care coverage, receive lower-quality health care diagnoses and treatments, and suffer from disproportionate sickness and death.

Participants in this health improvement planning process deemed health disparities to be a central theme in addressing priorities that will improve the overall health outcomes in the community. In addition, they determined that addressing health disparities would take a new combination of traditional public health stakeholders, as well as non-traditional partners, including employers, schools, public safety officials, urban planners, communication professionals and the general public.

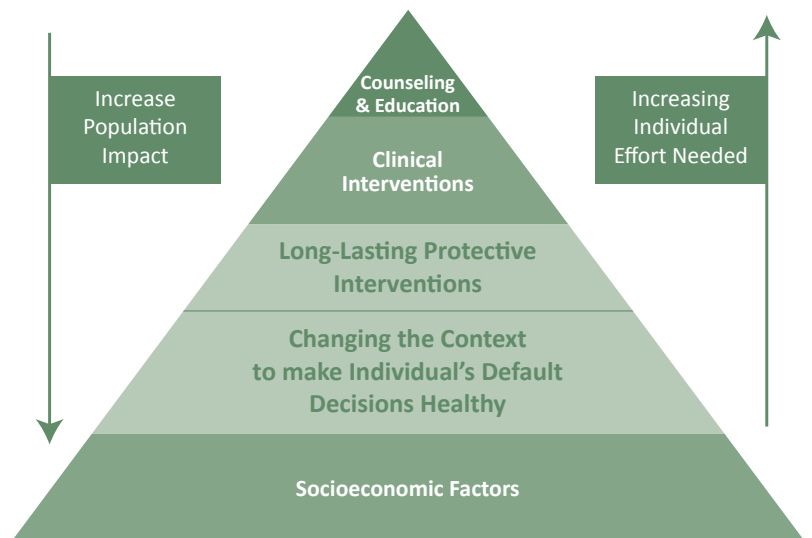
Health disparities are influenced by many factors, ranging from individual behaviors and literacy, social support systems, access to healthy foods, and environmental conditions to the lack of social policies that promote safe and healthy living. As health disparities are addressed effectively, health care delivery may improve, which may lead to improved community health indicators and reduced health care costs.

One key to reducing health disparities is community-based participation. That means the community is engaged and empowered by defining the problems, planning programs and implementing projects. Ideally, community members will be active participants in evaluation planning and data collection, as well. Ultimately, such community capacity-building activities enable residents to solve their self-identified problems that contribute to poor health outcomes.

Within each of the other four priorities, intentional efforts are being made to develop strategies to reduce health disparities. Additionally, each performance measure in this plan includes data that measures differences in outcomes based on race, ethnicity, age, income and education.

A Framework for Public Health Action:

The Health Impact Pyramid



Notes and Resources

The Visioneering Health Alliance is focused on improving the health and quality of life for all people in the Wichita area. The Visioneering Health Alliance convenes, catalyzes and collaborates to influence policies, environments and systems that lead to measurable improvement of the health of our residents. This community health improvement group seeks to achieve meaningful outcomes for the community-identified health priorities: mental health, oral health, obesity and diabetes, access, and health disparities.

Coalition of Community Health Clinics

Data provided by Coalition of Community Health Clinics and compiled by United Way of the Plains Research, Wichita, Kan.; Gloria Summers, United Way of the Plains.

Sedgwick County Health Department Health Information and Statistics, Sonja Armbruster; www.sedgwickcounty.org/healthdept/info_statistics.asp; Sedgwick County Data Book

County Health Rankings, www.countyhealthrankings.org; See Appendix 4

City of Wichita, www.wichita.gov

Behavioral Risk Factor Surveillance Survey

Kansas Department of Health and Environment, Bureau of Health Promotion, Pratik Pandya

Note:

- 2011 data cannot be compared with previous years.
- Data from 2011 survey will establish a new baseline.
- 2011 dataset cannot be combined with datasets from previous years to calculate estimates for any indicator that has a smaller sample from an individual year.
- 2011 data cannot be added to a trend line graph created for previous years. It will be the first point on a new trend line, which will be created by adding points from future years.
- Interpretation of 2011 data is exactly the same as previous years except that “it is generalizable to adults age 18 and older living in private residences with landline or cell phone service.” Previously it was only for “adults age 18 and older living in private residences with landline telephone service.”

For more information on survey methodology, please visit the following links:

www.kdheks.gov/brfss/newmethod.html; www.cdc.gov/surveillancepractice/reports/brfss/brfss.html.

More information about the BRFSS data is available at www.cdc.gov/surveillancepractice/reports/brfss/brfss.html

Other contacts:

Scott Wadle, city of Wichita

Allen Laramore, WHIE

Mim McKenzie, Greater Wichita YMCA and Health and Wellness Coalition

Denise Maseman, WSU School of Dental Hygiene

Stephen Arnold, WSU College of Health Professions

Renee Hanrahan, Via Christi Health Inc.

Kim Walker, Sedgwick County Health Department

Jon Rosell, Medical Society of Sedgwick County

Anne Nelson, Central Plains Health Care Partnership

In addition, the Sedgwick County Health Department would like to thank Bothner and Bradley Inc., a communication consulting firm, for their assistance in researching and developing the report.

For questions about this plan, please contact the Sedgwick County Health Department at 316-660-7337.

HEALTHY KANSANS 2020

Working together, working smarter to routinely connect state and local partners across disciplines and sectors to enhance implementation of innovative systems and strategies, and improve individual and community well-being in Kansas by 2020.

Cross-cutting Themes and Priority Strategies		
Healthy Living	Healthy Communities	Access to Services
<ul style="list-style-type: none"> • Promote physical activity (encourage and market the benefits of physical activity, expand access to public places for physical activity, expand opportunities for physical activity in schools and child care settings) • Promote healthy eating (provide nutrition education to address low health literacy, encourage healthy eating through marketing materials, promote availability of healthy local foods) 	<ul style="list-style-type: none"> • Promote access to healthy foods, and support policies that promote healthy food choices (label healthy vending and menu options, encourage farmers’ markets and expand access to reach seniors and low income Kansans) • Support policies that make the default choice the healthy choice (policies that influence/support the adoption of healthy lifestyle behaviors, reduce prevalence of chronic disease, injury and rates of infectious disease, and support the quality and availability of child care) 	<ul style="list-style-type: none"> • Improve access to services that address the root causes to poor health (food insecurity, homelessness, low education, income and health literacy) • Effectively and efficiently use population health management through health information technology (HIT) (optimize use of electronic health records (EHR’s) and health information exchange (HIE))
<ul style="list-style-type: none"> • Develop incentives for Kansans to participate in health and wellness programs (smoking cessation, weight loss, nutrition classes, chronic disease self-management) • Promote tobacco use prevention and control (cessation, policy and education) • Improve supports for the social and emotional development of children and families (healthy home visitors, mental health, bullying, parents as teachers, breastfeeding education and prenatal care) 	<ul style="list-style-type: none"> • Promote environments and community design that impact health and support healthy behaviors (ensure access to clean air and water, promote adoption of complete streets designs, promote walking trails, bike trails and ensure safe housing free of lead, mold and radon) 	<ul style="list-style-type: none"> • Promote integrated health care delivery, including integrated behavioral health, social services and medical care (patient-centered medical home, trainings for health professionals)
<p>Kansans equipped to take an active role in improving their health and supporting their families and friends in making healthy choices.</p>	<p>Kansans working together to impact the natural as well as human-formed conditions that influence health and/or risk for injury.</p>	<p>Kansans ready access to information and health and social services to achieve the best health outcomes.</p>

2011 Utilization of Federally Qualified Health Clinics in Sedgwick County by Zip Code and Percent of Low-Income Residents

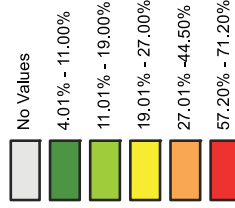
ID	Clinic
1	GraceMed Dodge Family Clinic
2	GraceMed Mother Mary Anne Clinic
3	GraceMed Evergreen Children's Clinic
4	GraceMed Downing Children's Clinic
5	Center for Health and Wellness
6	GraceMed Good Samaritan Clinic
7	GraceMed Health Main Clinic
8	Hunter Health Main Clinic
9	Hunter Health - Diabetes Care Center
10	GraceMed Healthy Children's Clinic
11	Hunter Health - Brookside Satellite
12	Hunter Health - Interfaith Ministries

Legend

! Community Health Clinics

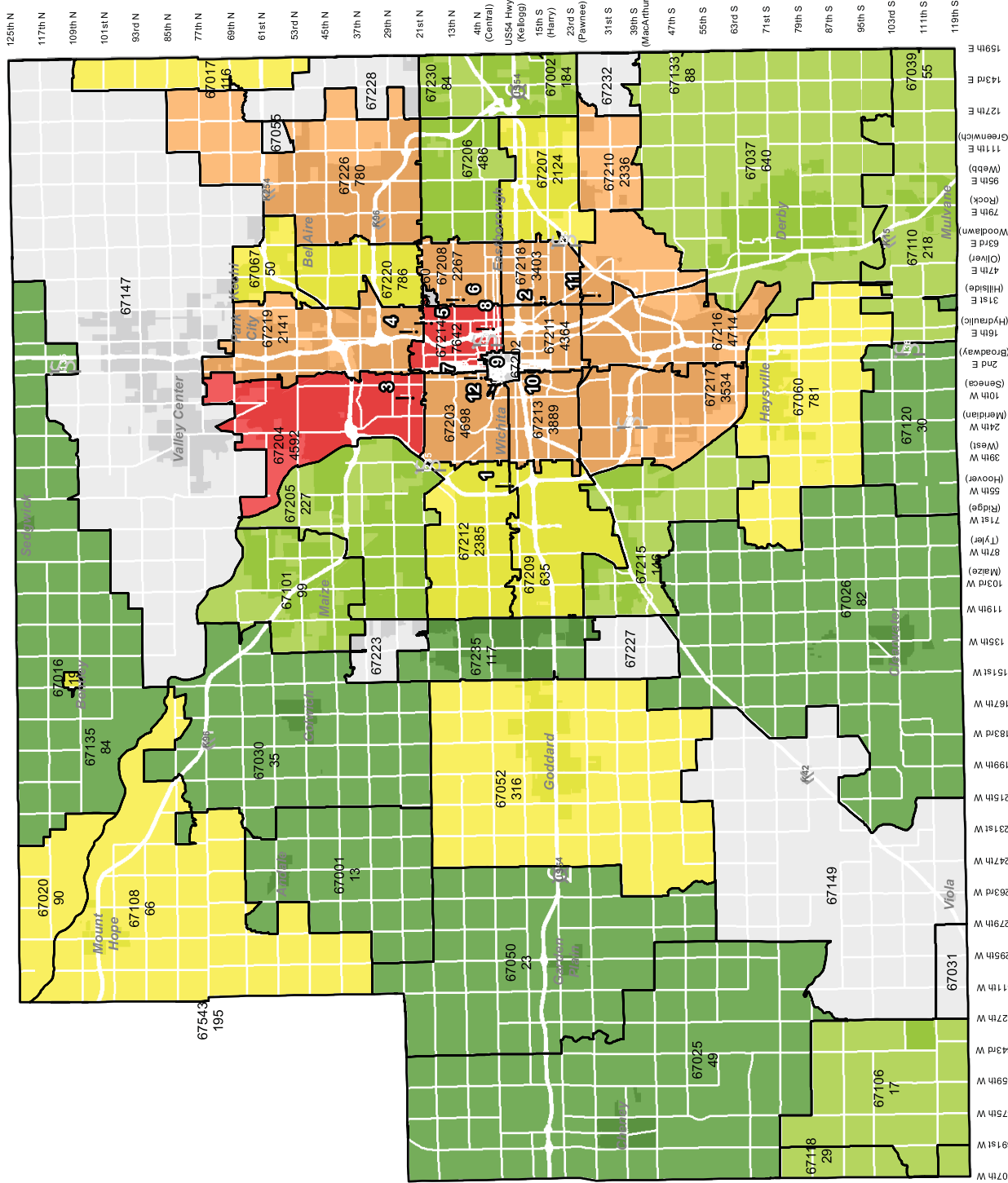
Census ZCTA's

Percent of low income residents accessing care at the Federally Qualified Health Clinics

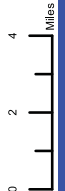


The number below each zip code is the total number of residents from that zip code who received care at one of these clinics

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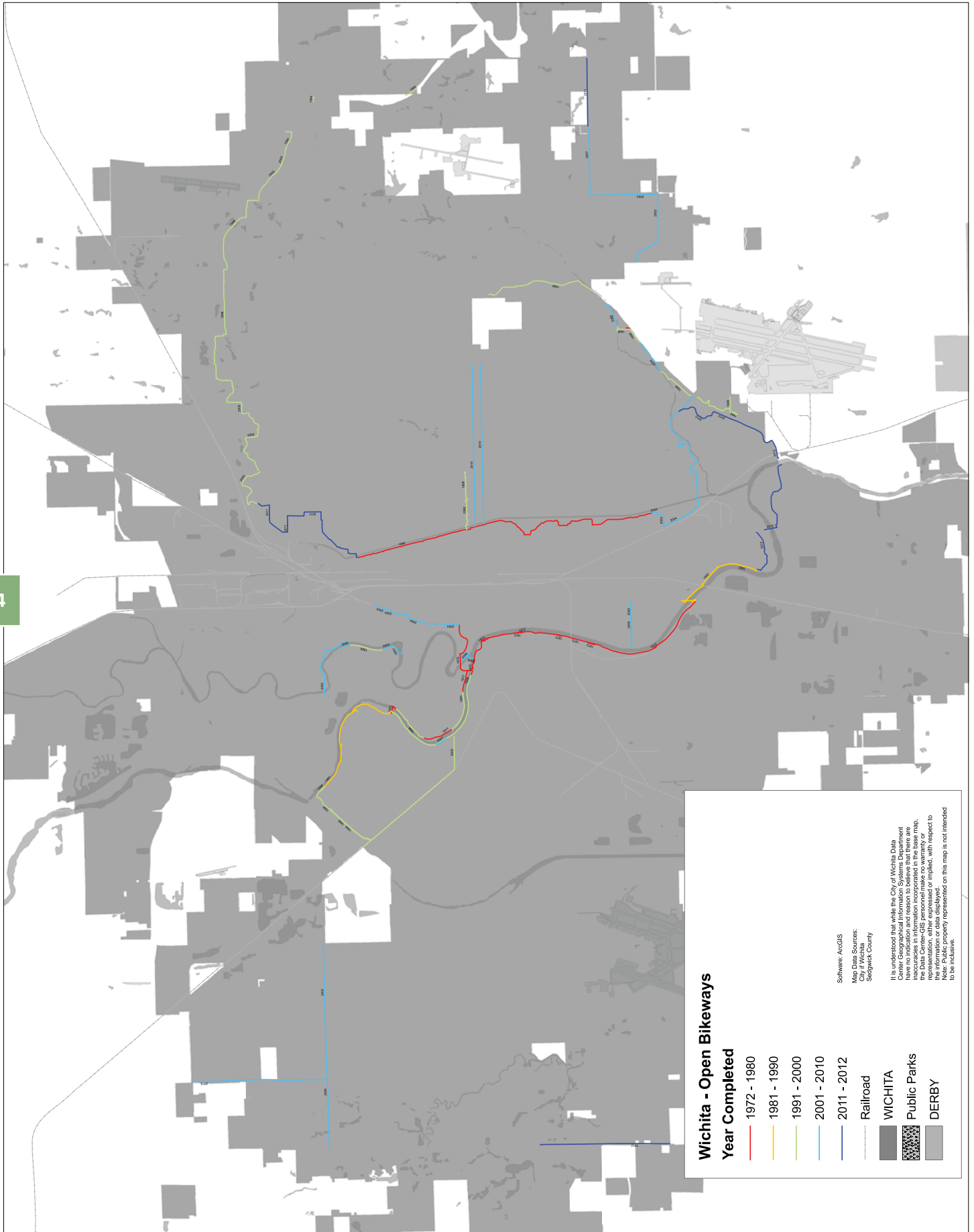
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 NAME: smenefee



Date: 3/6/2013

Sedgwick County
 Geographic Information Services
 Division of Information & Operations
 www.sedgwickcounty.org/gis





Wichita - Open Bikeways

Year Completed

- 1972 - 1980
- 1981 - 1990
- 1991 - 2000
- 2001 - 2010
- 2011 - 2012

Railroad

WICHITA

Public Parks

DERBY

Software: ArcGIS
 Map Data Sources:
 City of Wichita
 Sedgewick County

It is understood that while the City of Wichita, Sedgewick County, and the Kansas State Center Geospatial Information Systems Department have no indication and reason to believe that there are any omissions or errors in the information incorporated in the base map, the City of Wichita, Sedgewick County, GIS, or any other representation, either expressed or implied, with respect to the information or data displayed on this map is not intended to be inclusive.

Sedgwick County Health Rankings 2010-2013

	SC 2010	SC 2011	SC 2012	SC 2013	Kansas 2013
Health Outcomes	76	74	72	72	
Mortality	76	75	66	50	
Premature death	8,166	8,181	7,854	7,590	6,871
Morbidity	77	71	74	81	
Poor or fair health	12%	13%	13%	13%	13%
Poor physical health days	3.0	3.1	3.1	3.2	3.0
Poor mental health days	3.1	3.2	3.2	3.2	2.9
Low birthweight	7.7%	7.8%	7.9%	8.0%	6.0%
Health Factors	48	61	72	80	
Health Behaviors	59	51	43	47	
Adult smoking	21%	21%	20%	20%	18%
Adult obesity	28%	29%	30%	30%	30%
Physical inactivity	NA	NA	23%	23%	24%
Excessive drinking	13%	13%	14%	15%	15%
Motor vehicle crash death rate	15	15	14	13	16
Sexually transmitted infections	474	496	559	536	337
Teen birth rate	57	57	57	55	41
Clinical Care	3	8	9	12	
Uninsured	11%	18%	15%	17%	16%
Primary care physicians	Different measure	1001:1	1001:1	1,267:1**	1411:1
Dentists	NA	NA	NA	1,912:1**	2066:1
Preventable hospital stays	59	52	47	48	67
Diabetic screening	83%	85%	85%	86%	86%
Mammography screening	NA	63%	65%	66%	66%
Social & Economic Factors	74	79	94	96	
High school graduation	73%	70%	87%	72%**	81%
Some college	NA	63%	63%	64%	67%
Unemployment	4%	8.2%	8.7%	8.2%	6.7%
Children in poverty	17%	16%	20%	21%	19%
Inadequate social support	16%	17%	16%	16%	16%
Children in single-parent households	9%	32%	33%	33%	28%
Violent crime rate	Different measure	Different measure	731	696	395
Physical Environment	45	40	70	52	
Daily fine particulate matter	1	0	0	9.4	9.7
Drinking water safety	NA	NA	NA	2%	5%
Access to recreational facilities	NA	8	9	8	8
Limited access to healthy foods	Different measure	Different measure	7%	9%**	8%
Fast food restaurants	Different measure	Different measure	55%	54%	48%

** Data should not be compared with prior years due to changes in definition

Full descriptions of each of these measures can be found at www.countyhealthranking.org.

Community

HEALTH

Improvement

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visioneering