Sedgwick County Health Department

2020-22 Community Health

Improvement Plan

For

Sedgwick County, Kansas

CHIP Development Process: August 2018 – January 2020

CHIP Cycle: February 2020 – December 2022

Date Published: March 2022

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Executive Summary

Between Summer 2018 - Spring 2019, a Community Health Assessment (CHA) was conducted to determine the top health issues in Sedgwick County. This CHA consisted of three components including two primary data (collected and analyzed locally) and one secondary data (from publicly available sources). They are:

1. Community Needs Assessment (primary data)
2. Community Listening Sessions (primary data)
3. Community Health Profile (secondary data)

The data from these three components were used for the prioritization of key health issues and the development of the Community Health Improvement Plan (CHIP). Between Spring 2019 – January 2020, the Sedgwick County Health Department (SCHD) facilitated the development of the 2020-22 CHIP in collaboration with community partners under the guidance of the CHA/CHIP Steering Committee. In two phases, through several steps, community partners selected **Mental Health**, **Healthcare Access**, and **Substance Misuse** to address in the 2020-22 CHIP. Four overarching goals were selected to address the three health issues. They are:

1. Increase community knowledge of health-related services and resources through education.
2. Increase the use of evidence-based screening tools for substance misuse and mental health in health service delivery systems.
3. Improve referral network and service integration between Sedgwick County community partners.
4. Reduce suicide death numbers in high-risk populations.

Also, community partners selected outcomes, strategies, and activities for each goal and committed to one or more CHIP workgroups to support and enhance the CHIP work. The selected outcomes, strategies, and activities were revised at the CHIP workgroup meetings that occurred between February 28 and March 20, 2020. While the CHIP progress may have been temporarily halted due to COVID-19, community partners will continue to meet (virtually and physically when it is appropriate) to implement the plans outlined in this CHIP and improve the lives of Sedgwick County residents.

CHA/CHIP Steering Committee

The CHA/CHIP Steering Committee showed exemplary leadership and guidance for the accomplishment of this work.

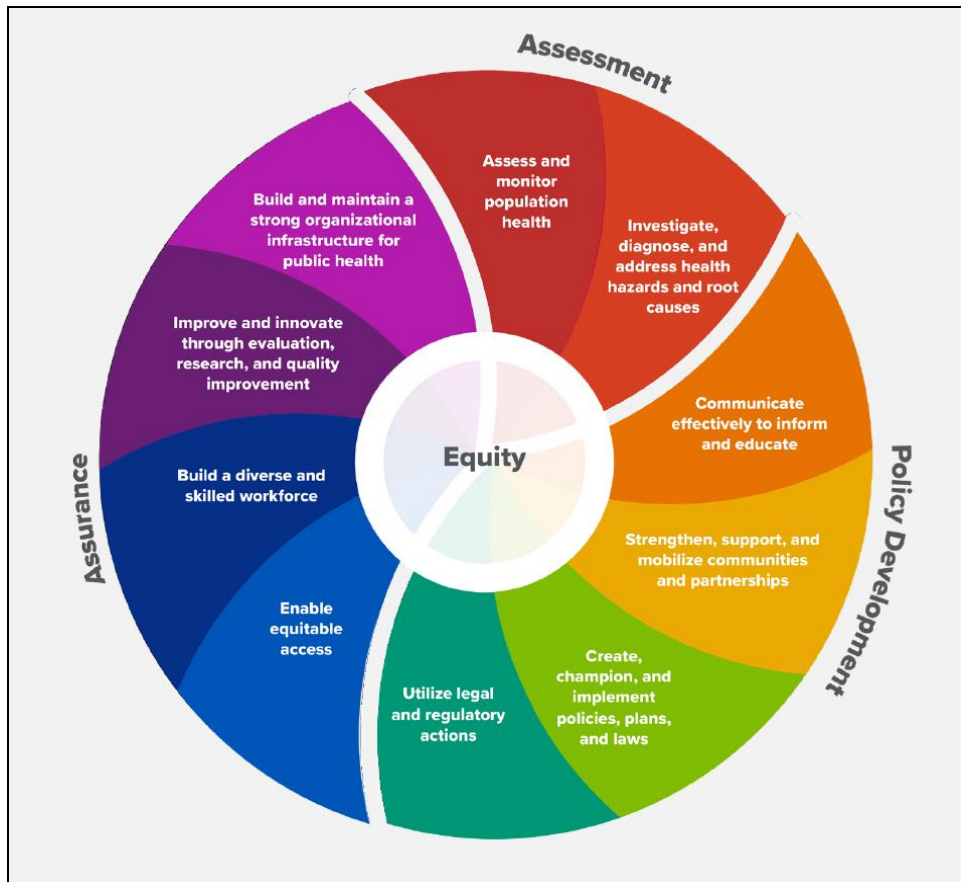|			
Aaron Walker	**Christine Steward**	**Judy Johnston**	**Renee Hanrahan**
Cairn Health	*SCHD*	*University of Kansas*	*Ascension Via Christi*
Adrienne Byrne	**Eyinade Kila**	*School of Medicine-*	**Sharla Smith**
SCHD	*SCHD*	*Wichita (KUSM-W)*	*KUSM-W*
Becky Tuttle	**Gloria Summers**	**Matt Thibault**	**Victor Okwo**
City of Wichita	*United Way of the*	*Kansas Business*	*SCHD*
government	*Plains*	*Group on Health*	
		Nikki Keene Woods	
		Wichita State	
		University	

Acknowledgments

The development and implementation of the 2017-19 CHIP would not be possible without the effort of the **Health Alliance**. The 2020-22 CHIP is a collaborative effort between SCHD and more than 90 Sedgwick County partners.

Introduction

Figure 1[1]

The core purpose of public health is defined by ten essential public health services within three core functions: assessment, policy development, and assurance. Sedgwick County meets these three core functions by conducting a Community Health Assessment (CHA) every three years as a precursor to the development of the Community Health Improvement Plan (CHIP). A **CHA** is used to identify key public health needs and issues through systematic, comprehensive data collection and analyses while a **CHIP** uses the results of the CHA to identify priority issues, develop and implement policies or strategies for action, and establish accountability to ensure measurable health improvement.[2] A CHIP has an action plan that includes health issues and how they will be addressed through goals, outcomes, strategies, and activities.

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[1] 10 Essential Public Health Services Futures Initiative Task Force. Revised 10 Essential Public Health Services. September 9, 2020. https://phnci.org/uploads/resource-files/EPHS-English.pdf

[2] National Association of County and City Health Officials. (NACCHO). Community Health Assessment and Improvement Planning. Retrieved (March 20, 2020) from https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment

Background-Community Health Assessment

In Spring 2019, the CHA was completed, in partnership with Ascension Via Christi, United Way of the Plains, and SCHD. The CHA consisted of three components.

1. A Community Needs Assessment (CNA) survey administered and analyzed by United Way of the Plains, funded by Ascension Via Christi and supported by SCHD. The following three community groups were surveyed.
   a. *Community Respondents*: a random sample of Sedgwick County residents.
   b. *Community Leaders*: elected and/or appointed government officials and presidents/chief executive officers from the area's largest businesses.
   c. *Agency Executives*: chief executive officers of social services agencies throughout South Central Kansas.

   Top community needs identified from the CNA were included as part of the community health data for consideration in this CHIP. The 2019 Community Needs Assessment report can be found on the United Way of the Plains website (unitedwayplains.org).

2. The Community Listening Sessions (CLS) were coordinated, administered, and analyzed by SCHD. The Community Listening Sessions provided an opportunity for SCHD to converse directly with residents in 11 high priority ZIP Codes with vulnerable populations. Through this process, SCHD learned about thoughts, perceptions, and desires for addressing community health issues. High priority ZIP Codes were identified using an SCHD in-house method of calculating the Health Risk Index.

   Top themes identified from the CLS were included as part of the community health data for consideration in this CHIP. The 2019 Community Listening Sessions report can be found on the SCHD website (sedgwickcounty.org).

3. A Community Health Profile (CHP) of county-level population health data was analyzed by SCHD. The CHP is a compilation of Sedgwick County health data from several publicly available secondary data sources, such as the Behavioral Risk Factor Surveillance System, Vital Statistics, etc, to supplement the primary data collected through the CNA and CLS. The CHP data will be found on the CHA dashboard under the SCHD website. SCHD will be using mySidewalk to share the CHA data. The mySidewalk dashboard was presented to the Board of County Commissioners (BOCC) on May 4th, 2021.

2020-22 Community Health Improvement Plan Development

The prioritization of key health issues plays a significant role in the transition between the findings of the CHA and the development of the CHIP. The Prioritization Process helps communities narrow their focus into selected key health issues to utilize their resources in the most effective ways. In Phase 1 of the Prioritization Process, SCHD summarized and narrowed-down the key health issues affecting the community through data-driven research and review. In Phase 2 of the Prioritization Process, community partners reviewed the data, selected key health issues, and developed an action plan. Each phase has multiple steps.

This process was adapted from the Maricopa County Health Department in Phoenix, Arizona.[3]

Figure 2

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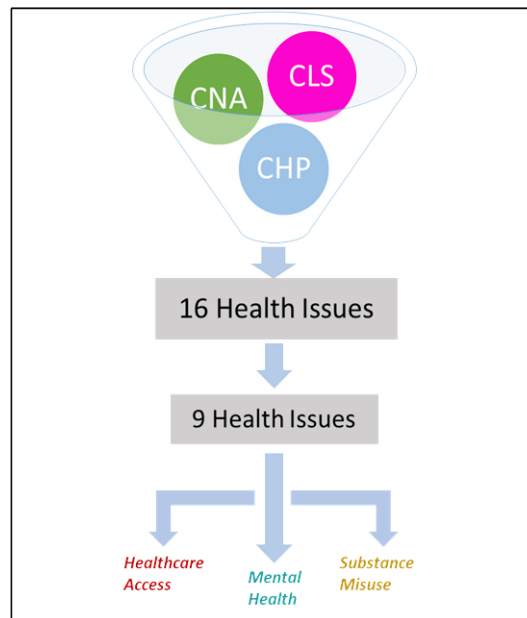
[3] Maricopa County Health Department. Accessed at https://www.maricopa.gov/5302/Public-Health

PHASE 1:

Step 1: Compiled data into a data matrix

Between Summer 2018 and Spring 2019, SCHD completed and reviewed data from the CHA. A total of 237 health measurements from over 30 data sources were grouped into 28 health issues in a data matrix. See Appendix A and the funnel in Figure 2.

Step 2: Narrowed to 16 health issues

Between Spring 2019 and Summer 2019, an SCHD data team made up of Epidemiology Program staff and subject matter experts objectively reviewed the 28 health issues and selected 16 (Appendix B) based on the following factors:

1. **Prevalence:** The proportion of residents affected by a health issue.
2. **Trends:** The increase, decrease, or steadiness of a health issue.
3. **Seriousness:** The amount of death or hospitalization due to a health issue.
4. **Racial differences:** Races most affected by a health issue.
5. **County differences:** How Sedgwick County health issues compare with neighboring and large counties.

Step 3: Used relationship analysis to narrow to 9 health issues

In Summer 2019, SCHD analyzed the relationships between the 16 health issues to determine which health issue was leading drivers of poor health outcomes in Sedgwick County. By addressing the leading drivers, many of the other health issues could be impacted. Using the relationship analysis, nine health issues were selected (Appendix C).

Step 4: Conducted priority Survey of community partners

In Fall 2019, SCHD surveyed community partners to rank the nine health issues based on importance and appropriateness (Appendix D). Health Issues were rated based on importance (how significant is this issue in our community?) and appropriateness (can this issue be addressed in the community through the CHIP at this time?). The 226 people who completed the survey were from 86 organizations.

PHASE 2:

Step 5: Convened community partners, first CHIP development meeting

On December 13, 2019, 54 community partners attended the first CHIP meeting which lasted 4.5 hours. At this meeting, SCHD presented and partners reviewed Phase 1 steps and data from the nine health issues (Appendix E), including the priority survey results (Phase 1, Step 4). In small groups, community partners reviewed the data and identified top health issues and rationale. Then, through a consensus workshop, all small groups agreed together on **Mental Health**, **Healthcare Access**, and **Substance Misuse** as the health issues for the 2020-22 CHIP. See Appendix F for summary of the December 13 meeting evaluation. See Appendix G for an analysis of the health issues.

After that, partners self-selected into health issue groups to begin developing the CHIP goals.

Step 6: Refined CHIP goals

After the December 13 meeting, in the process of refining the goals, SCHD identified overlap across the goals. This overlap prompted the creation of overarching goals that would impact more than one health issue. The overarching 2020-22 CHIP goals created were as follows:

1. Increase community knowledge of health-related services and resources through education.
2. Increase the use of evidence-based screening tools for substance misuse and mental health in health service delivery systems.
3. Improve referral network and service integration between Sedgwick County community partners.
4. Reduce suicide death numbers in high-priority populations.

Step 7: Convened community partners, second CHIP development meeting

On January 29, 2020, 62 community partners attended the second CHIP meeting which lasted 3.5 hours. At this meeting, SCHD reviewed previous CHIP work and the overarching goals identified in Step 6. Individual community partners used gap analysis to form outcomes, strategies, and activities. Then, in small groups, community partners prioritized outcomes, strategies, and activities through consensus and presented their work to the entire group. At

the end of the meeting, several partners committed to one or more CHIP workgroups to support and enhance the CHIP work. See Appendix H for a summary of the January 29 meeting evaluation.

Step 8: *Refined CHIP outcomes, strategies, and activities*

After the January 29 meeting, SCHD categorized the notes associated with the four CHIP goals and began to work on the CHIP draft. Over several meetings in February, SCHD data analysts and leadership met to refine the outcomes, strategies, and activities developed by community partners in preparation for the CHIP workgroup meetings that began on February 28, 2020. Between February 28 and March 20, four CHIP workgroup meetings occurred; one for each CHIP goal. At each CHIP workgroup meeting, a goal-specific document with CHIP outcomes, strategies, and activities was presented to the participants for feedback. After the meeting, SCHD revised the document based on partner feedback and feasibility. The details will be discussed in the 2020-22 CHIP Action Plan. See Appendix I for definitions of key CHIP terms and Appendix J for a timeline of the 2020-22 CHIP process.

2020-22 Community Health Improvement Plan

The 2020-22 CHIP work is focused on goals instead of health issues because of the overlapping work between the health issues. The overarching goals will impact more than one of the health issues in this CHIP (mental health, healthcare access and substance misuse). The success of each goal will impact multiple CHIP health issues, including those not in this CHIP.

2020-22 CHIP Action Plan as of June, 2020

(All outcomes are planned by January 1st of the years noted in the action plan)

Goal 1: Increase community knowledge of health-related services and resources through education.

Long Term Outcomes:

By 2026, reduce the number of non-emergency low acuity, non-acute Emergency Department visits by 5% (2019 data = 676 per 100,000 residents).

By 2026, increase the percent of Sedgwick County adults who identify with a health care provider by 5% (2019 data = 77.9%).

#	Short Term Outcomes	Strategies
1	By 2023, increase the number of contacts to UW 211 about mental health, healthcare, or substance misuse services from priority ZIP Codes (located in the Wichita area) by 20%.	Expand or establish a comprehensive resource guide for use by providers, partners, and community residents
2	By 2023, increase the rate of participation in evidence-based prevention and other programs by 50%.	Implement or expand evidence-based prevention (including culturally grounded) programs for all age groups

Goal 2: Increase the use of evidence-based screening tools for substance misuse and mental health in health service delivery systems.

#	Outcomes	Strategies
1	By 2023, 13 organizations (5 medical practices, 3 Federally Qualified Health Centers (FQHCs), and 5 other organizations) will implement screening tools for mental health.	Increase the use of screening tools for mental health in Sedgwick County
2	By 2023, 13 organizations (5 medical practices, 3 FQHCs and 5 other organizations) will implement screening tools for tobacco dependence.	Increase the use of screening tools for tobacco dependence in Sedgwick County
3	By 2023, 13 organizations (5 medical practices, 3 FQHCs and 5 other organizations) will implement Screening, Brief Intervention and Referral to Treatment (SBIRT) for substance misuse.	Increase the use of SBIRT for substance misuse in Sedgwick County

Goal 3: Improve referral network and service integration between Sedgwick County community partners.

#	Outcomes	Strategies
1	By 2023, increase the number of programs that have made a referral on IRIS by 50% (2019 data = 10).	Expand a referral system through increasing awareness, conducting trainings, and recruiting community members, organizations, or programs
2	By 2023, increase referrals between programs on IRIS by 50% (2019 data = 587).	
3	By 2023, increase the number of community partners that are super implementers by 8.	
4	By 2023, Increase the number of certified medication assisted treatment (MAT) providers in Sedgwick County by 20% (2019 data = 32).	Increase knowledge about MAT among Sedgwick County providers

Goal 4: Reduce suicide death numbers in high-risk populations.

#	Outcomes	Strategies
1	By 2023, decrease the number of deaths by suicide by 20% in high-risk populations (e.g. middle-aged white men) (2019 data = 87).	Expand the use of evidence-based suicide prevention/postvention practices
2	By 2023, decrease the number of self-induced firearm deaths by 20% in high-risk populations (e.g. middle-aged white men) (2019 data = 42).	Increase community knowledge of safe storage and making our community safer
3	By 2023, increase the rate of participation in evidence-based training programs by 50%.	Increase knowledge of mental health and suicide through training

Next Steps

With the completion of the 2020-22 CHIP, **it is time to take action**. This will be done through the CHIP workgroups for the four CHIP goals. For information about the CHIP workgroup meetings, contact the Community Health Analyst.

With the identification of overarching goals, outcomes, strategies, and activities and the establishment of CHIP workgroups, community partners can see what actions need to be taken to improve the health of Sedgwick County residents and how to get involved. This document will serve as a roadmap for use by community partners working to improve health in the goals identified in this CHIP.

The goals in this CHIP are complex and will require substantial effort from community partners to make an impact in three years. Therefore, community partners need to communicate and collaborate in a coordinated manner.

Moving forward, workgroups will continue to convene to provide guidance on CHIP goal processes and perform activities as they relate to CHIP strategy. The Community Health Analyst will track progress towards CHIP goals and monitor for improvements.

To effectively show progress towards CHIP goals, the Health Department will collaborate again with mySidewalk to create an interactive CHIP dashboard. On this dashboard, the Community Health Analyst shares all the CHIP work so that there is a collective understanding of activities happening in our community. Information on how to access the CHIP dashboard will be made available on the SCHD website.

For more information contact:

Adrienne Byrne, MS,

Health Director

adrienne.byrne@sedgwick.gov| (316) 660-7414

Daisy Urbina-Ceja, MHA

Community Health Analyst

Daisy.Urbina-Ceja@sedgwick.gov| (316) 660-7307

Appendices

Appendix A: 28 Health Issues identified in the CHIP development process

1. Alcohol Misuse
2. Animal and Vector Disease
3. Birth Outcomes
4. Blood Diseases
5. Dental
6. Digestive Diseases
7. Disability in the Community
8. Disaster Response
9. Drug Misuse
10. Education
11. Environmental Health
12. Family Planning
13. Food Environment
14. Healthcare Access
15. Healthcare-Associated Conditions
16. Healthy Development
17. Heart and Kidney Disease
18. Housing
19. Immunizations/Vaccine-Preventable Diseases
20. Mental Health
21. Neighborhood Quality and Safety
22. Obesity and Diabetes
23. Poverty
24. Pulmonary Diseases
25. Skin, Bone, and Nervous System Conditions
26. Tobacco Use
27. Unintentional Injury
28. Violence and Crime

Appendix B: Top 16 Health Issues identified in the CHIP development process *(Examples of data in each health issue)*

1. Alcohol Misuse *(Binge drinking, alcohol dependence)*
2. Birth Outcomes *(Infant and maternal mortality, low birth rate, preterm birth)*
3. Drug Misuse *(Marijuana use, opioid and heroin addiction, stimulants)*
4. Environmental Health *(Radon, lead, air)*
5. Family Planning *(Sexually transmitted infections, contraception, screenings)*
6. Food Environment *(Food insecurity, food deserts)*
7. Healthcare Access *(Insurance, basic medical care)*
8. Heart and Kidney Diseases *(Stroke, hypertension)*
9. Housing *(Experienced difficulty with rent/utility payment)*
10. Mental Health *(Depression, suicide, gambling)*
11. Neighborhood Quality and Safety *(Walkability, social isolation)*
12. Obesity and Diabetes
13. Poverty
14. Pulmonary Diseases *(Tuberculosis, lung and bronchus cancer)*
15. Tobacco Use *(Cigarette smoking, smokeless tobacco, and e-cigarettes)*
16. Violence and Crime *(Domestic violence, homicide, bullying)*

Appendix C: Top nine Health Issues identified in the CHIP development process

1. Alcohol misuse
2. Drug misuse
3. Healthcare access
4. Mental health
5. Neighborhood quality and safety
6. Obesity and diabetes
7. Poverty
8. Tobacco use
9. Violence and crime

Appendix D: CHIP priority survey results

Rank by Sum	Health Issue	Importance (1-4 scale)	Appropriateness (1-4 scale)	Sum
1	Mental Health	2.84	2.58	5.41
2	Health Care Access	2.62	2.34	4.96
3	Drug Misuse	2.51	2.19	4.70
4	Obesity and Diabetes	2.40	2.25	4.65
5	Poverty	2.52	2.03	4.55
6	Violence and Crime	2.40	2.13	4.53
7	Neighborhood Quality and Safety	2.21	2.16	4.37
8	Tobacco Use	2.16	2.10	4.26
9	Alcohol Misuse	2.19	1.89	4.09

Appendix E: Data snapshot for each of the nine health issues

Alcohol Misuse

Alcohol Misuse - alcohol consumption that puts individuals at increased risk for adverse health and social consequences (CDC)

Publically Available Data

Alcohol Induced Deaths per 100,000 Sedgwick County (SG) Residents, 2011-2017

Values: 8.6, 7.5, 8, 8.8, 8.6, 14, 10.8

Source: CDC Wonder

Between 2011 and 2017, the rate of alcohol induced deaths has steadily increased.

Total Alcohol Induced Deaths per 100,000 SG Residents by Race/Ethnicity from 2011-2017

Hispanic: 9.2, White: 9.4, African-American: 14

Source: CDC Wonder

From 2011-2017, SG African-Americans had the highest rate of alcohol induced death when compared to Whites and Hispanics.

Community Needs Assessment (CNA)

Percent of Households who Needed Substance Use Disorder (SUD) Treatment but did not Receive it in the Past 12 Months (2016 & 2019)

2016 Community Concern: 14.3
2019 Community Concern: 56

Source: 2016 & 2019 United Way CNA

Compared to 2016, 42 percent more households reported needing SUD treatment but did not receive it in 2019.

Comments from the 2019 Community Listening Sessions (CLS)

"People abusing drugs and alcohol. It is passed from generation to generation, and it has an effect on the community in a way when we think about the family in general."

Relationship Matrix

Based on research, alcohol misuse leads to five of the 16 health issues identified in step one through the comparison of community health data.

Alcohol misuse →
- Violence and Crime
- Inadequate housing
- Tobacco use
- Infant Mortality
- Family Planning (STD/Contraception/Screenings)

2019 Priority Survey Scores	Importance	Appropriateness	Total
Alcohol Misuse	2.19	1.89	4.09

Known Organizations Working on Alcohol Misuse

- GraceMed Clinic
  - Behavioral health program
- Guadalupe Clinic
  - Behavioral counseling
- HealthCore Clinic
  - Alcohol & Drug Education Program (ADEP)
- Hunter Health
  - Substance use disorder outpatient treatment program
- Safe Streets
  - Supports prevention through community collaboration
- Sedgwick County Sheriff's Office
  - D.U.I high school program
- Substance Abuse Center of Kansas (SACK)
  - Case management

Tobacco Use

Tobacco Use - is the leading cause of preventable disease, disability, and death in the United States (CDC)

Publically Available Data

Chronic Lower Respiratory Diseases (CLRD) Deaths per 100,000 Sedgwick County (SG) Residents, 2011-2017

Values: 60, 59.5, 51.1, 55.1, 53.6, 56.5, 54.7

Source: KDHE- Bureau of Epidemiology and Public Health Informatics

Between 2011 and 2017, the rate of SG resident deaths due to CLRD has steadily decreased.

Total CLRD Deaths per 100,000 SG Residents by Race/Ethnicity from 2011-2017

Hispanic: 21.5, African-American: 50.3, White: 55.7

Source: KDHE- Bureau of Epidemiology and Public Health Informatics

From 2011 and 2017, SG Whites had the highest rate of CLRD deaths when compared to African-Americans and Hispanics.

Percent of SG Students that Reported Smoking E-cigarettes at Least Once in the Past 12 Months, 2016-2018

2016: 18.64
2017: 16.31
2018: 17.87

Source: Kansas Communities That Care

Between 2016 and 2018, the percent of SG students that reported smoking E-cigarettes at least once remained steady.

Comments from the 2019 Community Listening Sessions (CLS)

"Renters sometimes stay until evicted. They have no interest in keeping the property clean nor have anything vested. They don't care if the grass grows 10 feet tall. They smoke, drink, and noise levels are high."

Relationship Matrix

Based on research, tobacco use leads to five of the 16 health issues identified in step one through the comparison of community health data.

Tobacco Use →
- Drug Misuse
- Alcohol Misuse
- Pulmonary Diseases
- Infant Mortality
- Heart Diseases

2019 Priority Survey Scores	Importance	Appropriateness	Total
Tobacco Use	2.16	2.10	4.26

Known Organizations Working on Tobacco Use

- GraceMed Clinic
  - Behavioral health program
- Guadalupe Clinic
  - Behavioral counseling
- HealthCore Clinic
  - Alcohol & Drug Education Program (ADEP)
- Hunter Health
  - Substance use disorder outpatient treatment program
- KIDS Network
  - Community outreach (Smoking Cessation)
- KU Wichita Pediatrics
  - Baby Talk
- Safe Streets
  - Supports prevention through community collaboration
- Sedgwick County Health Department
  - Working with SG schools to address vaping
- Tobacco Free Wichita
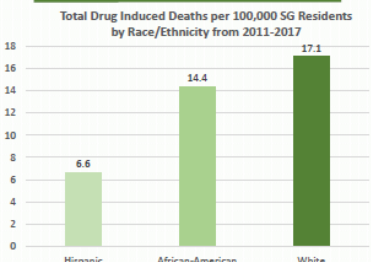 - Working with SG schools to address vaping
  - Community collaboration
  - Policy change

Drug Misuse - is the use of illegal drugs, or the use of medication in a way not recommended by the doctor or manufacturer.

Sedgwick County...
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Publically Available Data

Number of Drug Deaths by Type among Sedgwick County (SG) Residents, 2011-2017

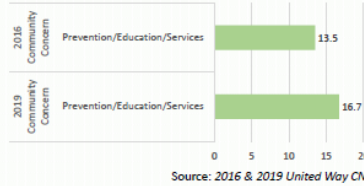Opioids — Stimulants (Including Meth)

Source: *KDHE- Bureau of Epidemiology and Public Health Informatics*

Between 2011 and 2017, the number of SG resident deaths due to opioids and stimulants has steadily increased.

Total Drug Induced Deaths per 100,000 SG Residents by Race/Ethnicity from 2011-2017

Hispanic	6.6
African-American	14.4
White	17.1

Source: *CDC Wonder*

From 2011-2017, SG Whites had the highest rate of drug-induced deaths when compared to African-Americans and Hispanics.

Community Needs Assessment (CNA)

Percent of Households that Rated Drug/Alcohol Abuse as a Major Concern in the Past 12 Months (2016 & 2019)

2016 Community Concern — Prevention/Education/Services — 13.5
2019 Community Concern — Prevention/Education/Services — 16.7

Source: *2016 & 2019 United Way CNA*

Compared to 2016, three percent more households rated drug/alcohol abuse as a major concern in 2019.

Comments from the 2019 Community Listening Sessions (CLS)

"The rate of meth and opioid addiction bothers me. We need more services for people with such addictions."

Relationship Matrix

Based on research, drug misuse leads to seven of the 16 health issues identified in step one through the comparison of community health data.

Drug Misuse →
- Violence and Crime
- Tobacco Use
- Infant Mortality
- Alcohol Misuse
- Pulmonary Diseases
- Neighborhood Quality and Safety
- Family Planning (STD/Contraception/ Screenings)

2019 Priority Survey Scores

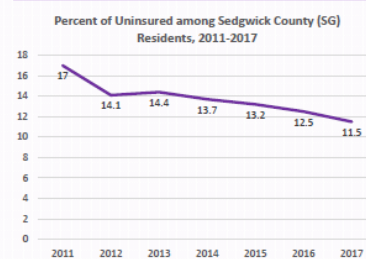|	Importance	Appropriateness	Total
Drug Use	2.51	2.19	4.70

Known Organizations Working on Drug Misuse

- GraceMed Clinic
  - *Behavioral health program*
- Guadalupe Clinic
  - *Behavioral counseling*
- HealthCore Clinic
  - *Alcohol & Drug Education Program (ADEP)*
- Hunter Health
  - *Substance use disorder outpatient treatment program*
- Mental Health/Substance Abuse Coalition
  - *Newly formed coalition working on a strategic plan to address gaps in mental health and substance abuse services*
- Safe Streets
  - *Supports prevention through community collaboration*
- Sedgwick County Recovery Centers
  - *Medication-assisted treatment program*
- Sedgwick County Sheriff's Office
  - *Drug awareness program (9-12 graders)*
  - *Drug Abuse Resistance Education (D.A.R.E.)*
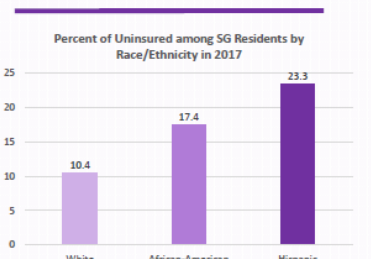- Substance Abuse Center of Kansas (SACK)
  - *Case management*

Health Care Access - is the timely use/availability of personal health services to achieve the best health outcomes (Healthy People)

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Publically Available Data

Percent of Uninsured among Sedgwick County (SG) Residents, 2011-2017

2011	2012	2013	2014	2015	2016	2017
17	14.1	14.4	13.7	13.2	12.5	11.5

Source: *American Community Survey*

Between 2011 and 2017, the percent of uninsured residents in SG has steadily decreased.

Percent of Uninsured among SG Residents by Race/Ethnicity in 2017

White	10.4
African-American	17.4
Hispanic	23.3

Source: *American Community Survey*

In 2017, SG Hispanics had the highest percent of uninsured residents when compared to African-Americans and Whites.

Community Needs Assessment (CNA)

Percent of SG Households where Everyone is Insured in the Past 12 Months (2016 & 2019)
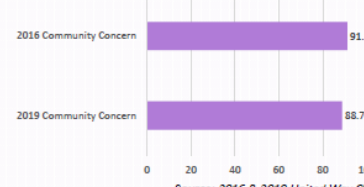
2016 Community Concern — 91.1
2019 Community Concern — 88.7

Source: *2016 & 2019 United Way CNA*

Compared to 2016, there was no change in the percent of SG households that stated that everyone in the household was insured in 2019.

Comments from the 2019 Community Listening Sessions (CLS)

"The cost of medicine makes it hard for me to stay healthy. I simply can't afford it. The price of insulin is ridiculous."

Relationship Matrix

Based on research, health care access leads to four of the 16 health issues identified in step one through the comparison of community health data.

Health Care Access →
- Pulmonary Diseases
- Heart Disease
- Infant Mortality
- Family Planning (STD/Contraception/ Screenings)

2019 Priority Survey Scores

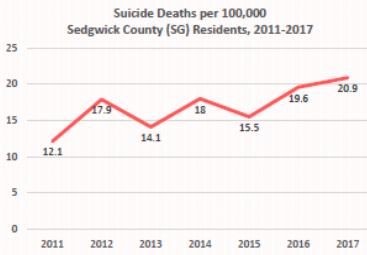|	Importance	Appropriateness	Total
Health Care Access	2.62	2.34	4.96

Known Organizations Working on Health Care Access

- Ascension Via Christi – Wichita
  - *Support services for the poor and vulnerable.*
- Cairn Health, Inc.
  - *Multiple services for poor households.*
- GraceMed Clinic
  - *Comprehensive medical care for clients*
- Guadalupe Clinic
  - *Primary care and specialty services for the uninsured*
- HealthCore Clinic
  - *Integrated care services for clients*
- Health ICT
  - *Care coordination for people with chronic conditions*
- Hunter Health
  - *Primary care services for clients*
- Kansas Business Group on Health
  - *Provide guidance and resources to businesses around healthcare costs*
- Project Access
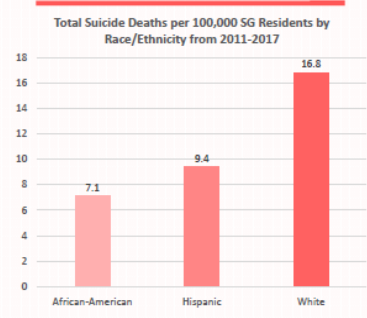 - *Coordinated health care and referral for low income individuals*

Mental Health - includes our emotional, psychological, and social well-being
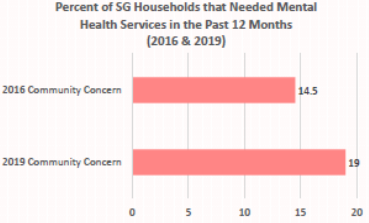
Publically Available Data

Suicide Deaths per 100,000 Sedgwick County (SG) Residents, 2011-2017

Data points: 2011: 12.1, 2012: 17.9, 2013: 14.1, 2014: 18, 2015: 15.5, 2016: 19.6, 2017: 20.9

Source: KDHE- Bureau of Epidemiology and Public Health Informatics

Between 2011 and 2017, the SG suicide death rate increased.

Total Suicide Deaths per 100,000 SG Residents by Race/Ethnicity from 2011-2017

African-American: 7.1, Hispanic: 9.4, White: 16.8

Source: KDHE- Bureau of Epidemiology and Public Health Informatics

From 2011-2017, SG Whites had the highest rate of suicide deaths when compared to Hispanics and African-Americans.

Community Needs Assessment (CNA)

Percent of SG Households that Needed Mental Health Services in the Past 12 Months (2016 & 2019)

2016 Community Concern: 14.5
2019 Community Concern: 19

Source: 2016 & 2019 United Way CNA

Compared to 2016, five percent more households stated that they needed mental health services in the past 12 months in 2019.

Comments from the 2019 Community Listening Sessions (CLS)

"We walk among those with depression and suicidal thoughts and push them aside everyday."

Relationship Matrix

Based on research, mental health leads to six of the 16 health issues identified in step one through the comparison of community health data.

Mental Health →
- Violence and Crime
- Drug Misuse
- Inadequate Housing
- Tobacco Use
- Infant Mortality
- Alcohol Misuse

2019 Priority Survey Scores

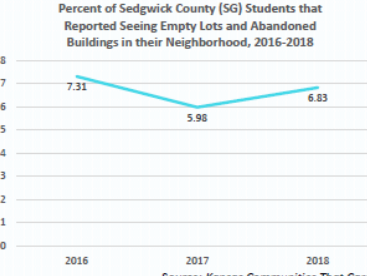|	Importance	Appropriateness	Total
Mental Health	2.84	2.58	5.41

Known Organizations Working on Mental Health

- All federally qualified health centers (FQHCs)

- Ascension Via Christi
  - Human trafficking response program
  - RESPECT program (child trafficking prevention)

- COMCARE
  - They provide a wide array of mental health services

- Mental Health Association of South Central Kansas (MHASCK)
  - Seven robust programs that address all age groups

- National Alliance on Mental illness (NAMI)-Wichita
  - Offer numerous services to people with mental illness

- Raise My Head Foundation
  - Provide healing and restoration for women breaking free from sex trafficking

- Suicide Prevention Coalition
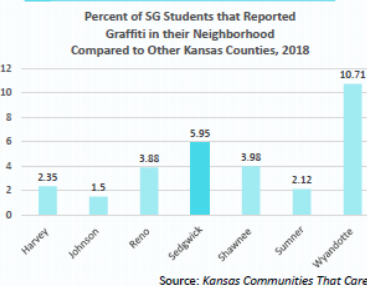 - Supports prevention through community collaboration

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Neighborhood Quality and Safety - the quality of and safety of neighborhoods including the availability of walk and bike paths

Publically Available Data

Percent of Sedgwick County (SG) Students that Reported Seeing Empty Lots and Abandoned Buildings in their Neighborhood, 2016-2018

2016: 7.31, 2017: 5.98, 2018: 6.83

Source: Kansas Communities That Care

From 2016 to 2018, the percent of SG students that reported seeing empty lots and abandoned buildings in their neighborhood has remained steady.

Percent of SG Students that Reported Graffiti in their Neighborhood Compared to Other Kansas Counties, 2018

Harvey: 2.35, Johnson: 1.5, Reno: 3.88, Sedgwick: 5.95, Shawnee: 3.98, Sumner: 2.12, Wyandotte: 10.71

Source: Kansas Communities That Care

In 2018, among surrounding and large Kansas counties, SG students reported the second highest percentage of graffiti in their neighborhood.

Percent of SG Students that Reported their Neighborhood is Not Safe, 2016-2018

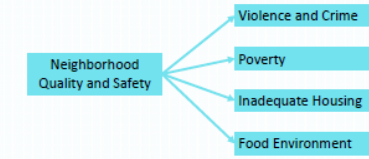2016: 17.83, 2017: 22.3, 2018: 23.62
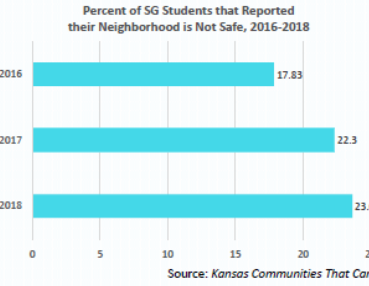
Source: Kansas Communities That Care

Between 2016 and 2018, the percent of SG students that said they did not feel safe in their neighborhood has steadily increased.

Comments from the 2019 Community Listening Sessions (CLS)

"67214 is paved but walking is depressing because of the housing and all the junk you see in the backyards. It feels worse when seeing all of that."

Relationship Matrix

Based on research, neighborhood quality and safety leads to four of the 16 health issues identified in step one through the comparison of community health data.

Neighborhood Quality and Safety →
- Violence and Crime
- Poverty
- Inadequate Housing
- Food Environment

2019 Priority Survey Scores

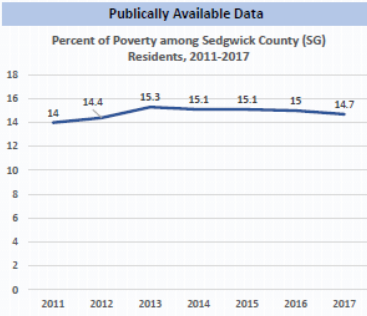|	Importance	Appropriateness	Total
Neighborhood quality and safety	2.21	2.16	4.37

Known Organizations Working on Neighborhood Quality and Safety

- Bike Walk Wichita
  - Collaborate with other community partners to improve and increase biking and walking for all residents

- City of Wichita
  - Parks and Recreation Department

- Metropolitan Area Building and Construction Department (MABCD)
  - Ensure compliance of city and county codes education, building community partnerships, and law enforcement

- Wichita Area Metropolitan Planning Organization (WAMPO)
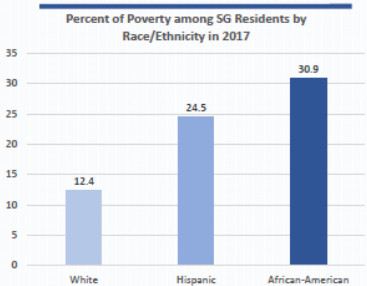 - Planning walkable places program

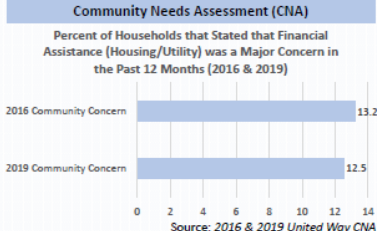## Poverty 💰 - is the lack of the means necessary to meet basic personal needs, such as food, clothing and shelter.

Publically Available Data

Percent of Poverty among Sedgwick County (SG) Residents, 2011-2017

14, 14.4, 15.3, 15.1, 15.1, 15, 14.7

Source: *American Community Survey*

Between 2011 and 2017, the percent of poverty in SG remained steady.

Percent of Poverty among SG Residents by Race/Ethnicity in 2017
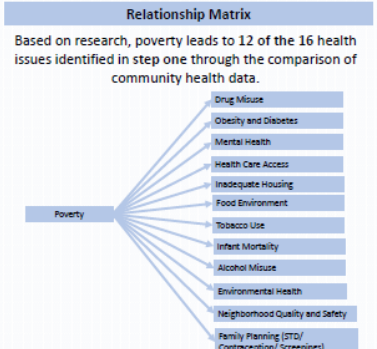

White 12.4, Hispanic 24.5, African-American 30.9

Source: *American Community Survey*

In 2017, SG African-Americans had the highest percent of poverty when compared to Hispanics and Whites.

Community Needs Assessment (CNA)

Percent of Households that Stated that Financial Assistance (Housing/Utility) was a Major Concern in the Past 12 Months (2016 & 2019)

2016 Community Concern 13.2
2019 Community Concern 12.5

Source: *2016 & 2019 United Way CNA*

Compared to 2016, there was no change in the percent of SG households that stated that financial assistance (housing/utility) was a major concern in 2019.

Comments from the 2019 Community Listening Sessions (CLS)

"My low income makes it hard to stay healthy. Spaghetti is cheap but if you're diabetic, it's not helpful. Cooking healthy takes more time than just cooking."

Relationship Matrix

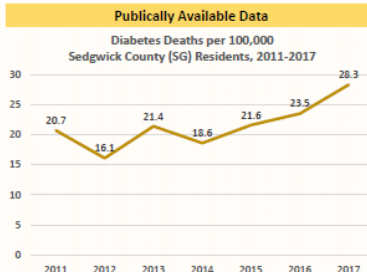Based on research, poverty leads to 12 of the 16 health issues identified in step one through the comparison of community health data.

Poverty →
Drug Misuse
Obesity and Diabetes
Mental Health
Health Care Access
Inadequate Housing
Food Environment
Tobacco Use
Infant Mortality
Alcohol Misuse
Environmental Health
Neighborhood Quality and Safety
Family Planning (STD/ Contraception/ Screenings)

2019 Priority Survey Scores			
	Importance	Appropriateness	Total
Poverty	2.52	2.03	4.55

Known Organizations Working on Poverty

- Center of Hope
  - *Homeless prevention program*
- City of Wichita
  - *Summer employment program*
- Derby Health Collaborative
  - *Job prep program*
- Greater Wichita YMCA
  - *Job prep program*
- Human Kind Ministries
  - *Programs and housing for the homeless*
- Sedgwick County Salvation Army
  - *Emergency social services program*
- United Way Help Center
  - *Program for low income and those who need help*
- United Methodist Open Door
  - *Housing, clothing and food for people in poverty*
- Workforce Alliance
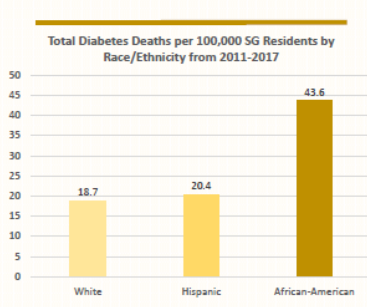 - *Youth employment project*
  - *Kansas advanced manufacturing program*

Obesity and Diabetes 🍽️ - Obesity is a condition characterized by the excessive accumulation and storage of fat in the body while **diabetes** occurs when blood glucose is too high.

Publically Available Data

Diabetes Deaths per 100,000 Sedgwick County (SG) Residents, 2011-2017

20.7, 16.1, 21.4, 18.6, 21.6, 23.5, 28.3

Source: *KDHE- Bureau of Epidemiology and Public Health Informatics*

Between 2011 and 2017, the SG diabetes death rate increased.

Total Diabetes Deaths per 100,000 SG Residents by Race/Ethnicity from 2011-2017

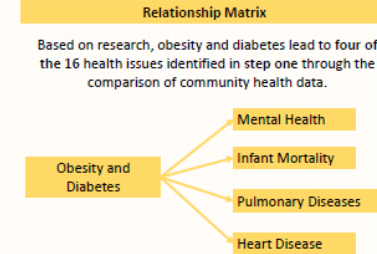White 18.7, Hispanic 20.4, African-American 43.6

Source: *KDHE- Bureau of Epidemiology and Public Health Informatics*

Between 2011 and 2017, SG African-Americans had the highest rate of diabetes deaths when compared to Hispanics and Whites.

Percent of Obesity among SG Residents, 2011-2017

2011 30.4
2013 31.8
2015 36
2017 33.8
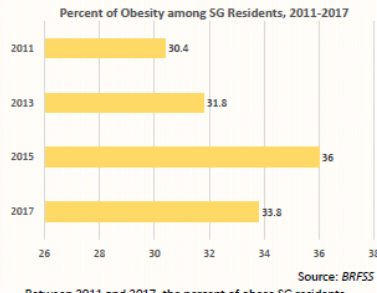
Source: *BRFSS*

Between 2011 and 2017, the percent of obese SG residents increased.

Comments from the 2019 Community Listening Sessions (CLS)

"A healthy community is one where everyone has access to healthy foods and the opportunity to be physically active."
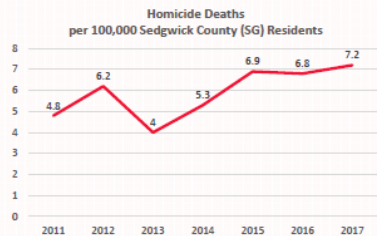
Relationship Matrix

Based on research, obesity and diabetes lead to four of the 16 health issues identified in step one through the comparison of community health data.

Obesity and Diabetes →
Mental Health
Infant Mortality
Pulmonary Diseases
Heart Disease

2019 Priority Survey Scores			
	Importance	Appropriateness	Total
Obesity and Diabetes	2.40	2.25	4.65

Known Organizations Working on Obesity and Diabetes

- Central Plains Area Agency on Aging (CPAAA)
  - *Diabetes prevention program*
- Derby Health Collaborative
  - *Diabetes academy/diabetes self-management/prevention program*
  - *Eat Healthy Be Active*
- Great Plains Diabetes Research, INC.
  - *Provide care and resources for Individuals affected by diabetes*
- Greater Wichita YMCA
  - *Cooking Matters for Parents*
- Health and Wellness Coalition
  - *Walktober*
  - *We All Eat event & Let's Move Outside*
  - *Think Tank & Working Well conference*
  - *Double Up Food Bucks*
- Haysville Healthy Habits
  - *Health and wellness promotion*
- K-State Research and Extension
  - *Master gardener's program*
  - *Dining with Diabetes*
  - *Expanded Food and Nutrition Education Program (EFNEP)*
  - *Supplemental Nutrition Assistance Program Education (SNAP-Ed)*
- Sedgwick County Health Department (SCHD)
  - *Diabetes self-management program*
- WorkWell KS
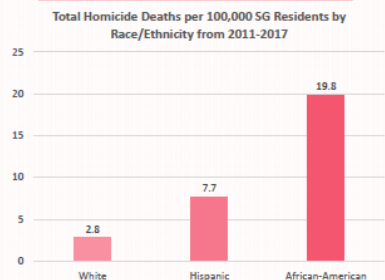 - *Conducts workshops and guidance to support worksite health*

Violence and Crime - **Violence** is the use of physical force to injure, abuse, damage, or destroy while **crime** means any serious violation of human laws.
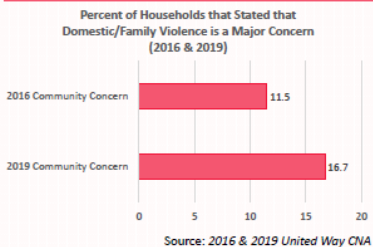
Publically Available Data

Homicide Deaths per 100,000 Sedgwick County (SG) Residents

Year	Value
2011	4.8
2012	6.2
2013	4
2014	5.3
2015	6.9
2016	6.8
2017	7.2

Source: *KDHE- Bureau of Epidemiology and Public Health Informatics*

Between 2011 and 2017, the SG homicide death rate increased.

Total Homicide Deaths per 100,000 SG Residents by Race/Ethnicity from 2011-2017

	Value
White	2.8
Hispanic	7.7
African-American	19.8

Source: *KDHE- Bureau of Epidemiology and Public Health Informatics*

From 2011 to 2017, SG African-Americans had the highest rate of homicide death when compared to Hispanics and Whites.

Community Needs Assessment (CNA)

Percent of Households that Stated that Domestic/Family Violence is a Major Concern (2016 & 2019)

	Value
2016 Community Concern	11.5
2019 Community Concern	16.7

Source: *2016 & 2019 United Way CNA*

Compared to 2016, five percent more households stated that domestic and family violence was a major concern in 2019.

Comments from the 2019 Community Listening Sessions (CLS)

"What worries me about the community is the amount of people getting shot and I mean shot, not vaccinations."

Relationship Matrix

Based on research, violence and crime leads to six of the 16 health issues identified in step one through the comparison of community health data.

Violence and Crime →
- Obesity and Diabetes
- Drug Misuse
- Mental Health
- Poverty
- Infant Mortality
- Neighborhood Quality and Safety

2019 Priority Survey Scores

	Importance	Appropriateness	Total
Violence and Crime	2.40	2.13	4.53

Known Organizations Working on Violence and Crime

- Sedgwick County Sheriff's Office
  - *Gun safety program*
  - *Crime prevention for seniors*

- Wichita Crime Commission
  - *Supports crime prevention through community collaboration and programs.*

- Wichita Family Crisis Center
  - *Services for victims of sexual and domestic violence and sexual exploitation.*

- Wichita Police Department
  - *Operation Save-A-Casing program*

- Women's Initiative Network
  - *Empowers survivors of domestic abuse with education and employment opportunities.*

Appendix F: Evaluation summary of the Dec 13 CHIP meeting

1. When we asked community partners the most valuable part of the Dec 13 meeting, common themes were:
   - "The interactive process. All were able to speak and provide input."
   - "The research and data. It is difficult for private companies to put that kind of time and effort into it."
2. When we asked community partners what was unexpected about the Dec 13 meeting, common themes were:
   - "That we agreed on goals."
   - "A wonderfully diverse group!"
3. When we asked community partners for ways in which the Dec 13 meeting could have been improved, common themes were:
   - "More meeting organization (food delivery)" and "more time for discussion and goal setting."

Appendix G: Deep Dive into the three health issues

1. **Why Mental Health?**

    Mental health is a dynamic state of internal equilibrium, which enables individuals to use their abilities in harmony with the universal values of society. Basic cognitive and social skills; ability to recognize, express and modulate one's own emotions and empathize with others; flexibility and ability to cope with adverse life events and function in social roles; and harmonious relationship between body and mind represent important components of mental health that contribute, to varying degrees, to the state of internal equilibrium.[4] Mental health is closely linked to physical and overall health. Several data provide a clear indication of mental health in Sedgwick County. In 2017, one in four adults reported they have been diagnosed with a depressive disorder. In 2019, 19% of the households that completed the CNA stated that they have needed mental health services in the past 12 months. In 2017, the age-adjusted mortality rate for suicide is 20.9 per 100,000 population, **two times** higher than the Healthy People 2020 goal of 10.2 suicide deaths per 100,000 population.[5] According to the 2017 Behavioral Risk Factor Surveillance System (BRFSS) Hispanic adults had the highest rate for being diagnosed with a depressive disorder in Sedgwick County when compared to Whites and Black/African Americans. In the research peformed by SCHD during the Community Health Assessment, poor mental health can lead to violence and crime, drug misuse, inadequate housing, tobacco use, infant mortality, and alcohol misuse.

2. **Why Healthcare Access?**

    Access to health care refers to the ease with which an individual can obtain needed medical services. Access to affordable, quality health care is essential to maintain good physical, social, mental health, and quality of life. Subtle improvements such as providing an accurate location where needed health care services are provided or eliminating delays in receiving appropriate care can prove vital for residents. The CLS results indicated Sedgwick County residents perceive healthcare access to be a top problem in the community. In 2017, over 59,000 residents were uninsured. Forty-one percent of the insured residents were minority populations. According to the 2017 American Community Survey Hispanics had the highest health uninsurance rate in Sedgwick County followed by Black/African Americans. In the research peformed by SCHD during the Community Health Assessment, poor health care access can lead to pulmonary disease, heart disease, infant mortality, and limited access to family planning and sexually transmitted infection screenings.

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[4] Galderisi, S., Heinz, A., Kastrup, M., Beezhold, J., & Sartorius, N. (2015). Toward a new definition of mental health. *World Psychiatry*, *14*(2), 231–233. doi: 10.1002/wps.20231

[5] HealthyPeople.gov. Healthy People 2020. Mental Health and Mental Disorders. Retrieved (March 23, 2020) from https://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders/objectives

3. Why Substance Misuse?

Substance misuse is a serious public health challenge that involves the use of illegal drugs (i.e. heroin) and the inappropriate use of legal substances, such as prescription medications, caffeine, alcohol, and tobacco. People may use substances to relax, have fun, cope with or escape a problem, or dull emotional/physical pain. However, using substances to cope with problems or numb the pain does not make the problems go away and can make them worse or lead to dependence.[6] The CNA results indicated 56% of the Sedgwick County households who completed the survey needed substance use disorder treatment but did not receive it in the past 12 months. In 2018, 18% of Sedgwick County students reported that they had smoked e-cigarettes at least once in the past 12 months. In 2018, the opioid-associated Emergency Room (ER) visit rate among Sedgwick County residents *(23.1 per 100,000 residents)* was greater than the rate for the State of Kansas *(17.6 per 100,000 residents)*. Also, opioid-associated ER visits among Sedgwick County residents increased by 80% from 2014 to 2018.[7] According to BRFSS, in 2017, Hispanic and Black/African American adults had greater rates of binge driking when compared to Whites. According to BRFSS, in 2017, Black/African American adults had the greatest rate of cigarette smoking when compared to Whites and Hispanic adults. In the research peformed by SCHD during the Community Health Assessment, drug misuse can lead to violence and crime, tobacco use, infant mortality, alcohol misuse, pulmonary disease, neighborhood quality and safety, and limited access to family planning and STI screenings.

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[6] American Public Health Association. Topics & Issues: Substance Misuse. Retrieved (March 24, 2020) from https://www.apha.org/topics-and-issues/substance-misuse

[7] Sedgwick County Drug Misuse Data Dashboard. Local data: Emergency Room Visits. Retrieved (March 24, 2020) from https://arcg.is/jmPKD0

Appendix H: Evaluation summary of the Jan 29 CHIP meeting

1. When we asked community partners the most valuable part of the Jan 29 meeting, common themes were:

   - "Hearing overlapping shared outcomes/strategies between diverse groups."
   - "Networking with community partners, developing/increasing ways to work together to benefit the community."

2. When we asked community partners what was unexpected about the Jan 29 meeting, common themes were:
   - "I didn't expect to have gained more knowledge through teamwork with others."
   - "All the fun! Great facilitation!"

3. When we asked community partners for ways in which the Jan 29 meeting could have been improved, common themes were:
   - "Allowing everyone to introduce themselves" and "more time for brainstorming and discussion."

Appendix I: Definition of Key Terms.

Definitions of Key Terms

- **Overarching goals:** Broad or lofty statements that provide overall focus, vision and direction about a desired outcome, *e.g., increase community knowledge of health-related services and resources through education.*

- **Outcomes:** Specific benchmarks that show progress toward achieving the overarching goals, *e.g., by 2022, decrease the number of Sedgwick County students disciplined for illicit drugs/alcohol by 10%.*

- **Strategies:** General approaches or a coherent collection of actions which have a reasoned chance of achieving desired outcomes, *e.g., expand marketing of evidence-based life skills education in schools.*

- **Activities:** Specific programs, policies or other actions that implement or "operationalize" a strategy, *e.g., Botvin life skills training (LST).*

- **Performance measures (PM) and outputs (O):** Measures that quantify how well activities are working or "performing," *e.g., **PM**- Percent of kids that increased knowledge about drug prevention. **O**- Number of attendees at LST training.*

Appendix J: 2020-22 CHIP Outline

2020-22 CHIP Outline

Selected by **community partners** on Dec. 13, 2019

Identified in four **workgroups** that start Feb. 2020

Three Health Issues → Overarching Goals → Outcomes → Strategies → Activities → Performance Measures and Outputs

Goals drafted by **community partners** on Dec. 13 used to create overarching goals

Drafted by **community partners** on Jan. 29, 2020