



*Sedgwick County...
working for you*

Sedgwick County Division of Health

2016

Community HEALTH EQUITY

Assessment Report



EXECUTIVE SUMMARY

Introduction

Community health assessments are important tools for understanding and evaluating the health of a population and determining what the needs and demands are for local communities. Community health assessments are also opportunities to examine health disparities in the county. Health disparities are generally described as differences in health outcomes and health access for certain populations based on race, ethnicity, socio-economic status, or other factors. This report is a supplement to the larger Community Health Assessment conducted by the county in 2015. Health assessment data can help inform policy makers, healthcare organizations, and social service organizations as to the status of health of a population. Regular community health assessments can serve as measurements of progress of county health goals and allow for comparison to other communities throughout the state and nationally. Information in this report is derived from information gathered through the Community Themes and Strengths Assessment, a survey administered door to door to gather information related to residents' quality of life, health behaviors, health access/barriers, and self-perceived health status. While original findings are briefly described in the 2017-2019 Community Health Assessment-Community Health Improvement Plan released by the Health and Wellness Alliance, this supplementary report focus on health access and health disparities within Sedgwick County.

Methods

Sedgwick County Division of Health partnered with Wichita State University to create a 29-question assessment regarding quality of life, access to healthcare, health insurance, understanding social determinants of health, and preventative medical procedures. The Health Department utilized the Community Assessment for Public Health Emergency Response (CASPER) methodology. CASPER is an epidemiologic technique designed to provide household-based information that is representative of the total population. A two-staged randomized procedure utilizes Census Block information to conduct a random sampling of survey respondents.

With this methodology, 35 Census Blocks within the county were selected at random for sampling. Blocks were required to have more than 20 housing units and were combined with a



CASPER Census Block sampling (CDC)

neighboring block to meet this requirement if necessary. After a block was selected for sampling, every eighth house was selected for the survey with the starting address being determined by a Sedgwick County Division of Health employee. Each block was checked for demographic representativeness with current county statistics. Data collection occurred in two iterations. Due to a low response completion rates, the second stage randomization was eliminated and convenience sampling occurred. While this limits some generalizability, selected blocks still had demographic representativeness for the current county statistics.

Summary of Results

A total of 245 community members elected to participate in this community health assessment and were representative of Sedgwick County demographics.

Data on a county level reflected positive indicators for health and healthcare access. However, analysis of subpopulations within the county indicate that there are significant disparities regarding health and healthcare access. Brief summaries of findings are listed below:

- Self-reports of health for the county were good but lower for the low-income and Hispanic population
- Quality of life was generally positive for the county but was lower for the low-income and Hispanic population
- Perceptions of safety were lower for several regions in Wichita and the low-income and Hispanic populations
- Healthcare access including heaving insurance, access to doctors, and an understanding of basic insurance terms was lower for the low-income and Hispanic populations
- Barriers to healthcare were discussed with cost being the most commonly cited barrier and was more frequent among the low-income, African American, and Hispanic populations
- There were disparities in dental screening rates for the low-income and minority populations
- Education levels likely influence an understanding of some of the social determinants of health in the low-income and Hispanic poplation



We need your input!

The Sedgwick County Health Department, in partnership with Via Christi Health and United Way of the Plains, is conducting a **comprehensive health assessment** of Sedgwick County. As part of that initiative, Sedgwick County staff and volunteers **are walking door-to-door on September 26th to 400 randomly selected households to conduct a brief survey**. Results from this survey will help determine community health priorities for the next three years.



Look for us...
we'll be wearing a blue vest!

Thank you for your investment in our community!

Results

A total of 939 households were visited, 226 declined to take the survey, and 245 completed health surveys, and 487 did not answer. This yielded a 24 percent contact rate, 70 percent completion rate, and a 50 percent cooperation rate. Cases with missing data were included in the analysis and percentages are reported based on the total number of respondents. Frequencies and percentages are unweighted and do not contain confidence intervals.

Demographic Percent

Age

16-19	2.4
20-29	14.7
30-39	15.5
40-49	19.6
50-59	15.9
60-69	13.9
70-79	9.8
80+	5.7

Race

White/Caucasian	77.6
African American	7.8
Multiracial	1.2
Asian	2.9
Native American	0.8
Pacific Islander	0.4
Other	5.7

Ethnicity

Hispanic	9.0
Non-Hispanic	82.9

Gender

Male	38.4
Female	58.0
Other	0.4

Demographic Percent

Education Level

Some college/associates/vo-tech/trade	32.7
College Degree	29.0
High School/GED or less	19.6
Graduate Degree/Professional Degree	12.2

Marital Status

Married	56.0
Never Married	15.1
Separated or Divorced	11.8
Widow(er)	9.4
Other	0.8

Annual Income (\$)

>20,000	13.5
20,000 – 39,999	12.6
40,000 – 59,000	15.9
60,000 – 79,999	7.8
80,000 – 99,999	9.4
100,000 or more	15.1
Prefer not to say	11.8
Low-income ¹	13.3

Housing

Rent or lease home	25.7
Own home	70.2

¹Low-income determined by threshold of 125% of 2016 Federal Poverty Guidelines



Quality of Life

Quality of life questions covered perceptions of safety, access to health services, support for older adults, social support networks, economic opportunity, and civic engagement.

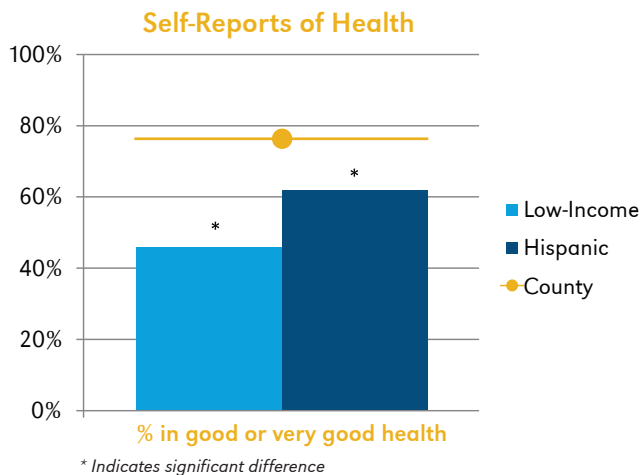
The average score for quality of life throughout the county was 3.97 out of 5 with a 5 indicating that individuals “strongly agreed” to statements about positive attributes of their community. However, quality of life was lower for the low-income and Hispanic populations. These were statistically significant differences.

Personal Report of Health

How would you describe your health?

The average score for self-reports of health was 4.03 out of 5 which was labeled as “good.”

However, disparities existed with income status and ethnicity and self-reports on health for “good” or “very good” responses were lower for these populations.



- 45.9 percent of the low-income population reported being in good or very good health
- 61.9 percent of Hispanics reported being in good or very good health

Perceptions of the Community

Does the neighborhood in which you live have walking access to grocery stores and services such as libraries, schools, or bus routes?

County

- 55.9 percent thought their neighborhood which they live has walking access
- 5.3 percent thought they did not have walking access
- 35.1 percent were not sure or did not know

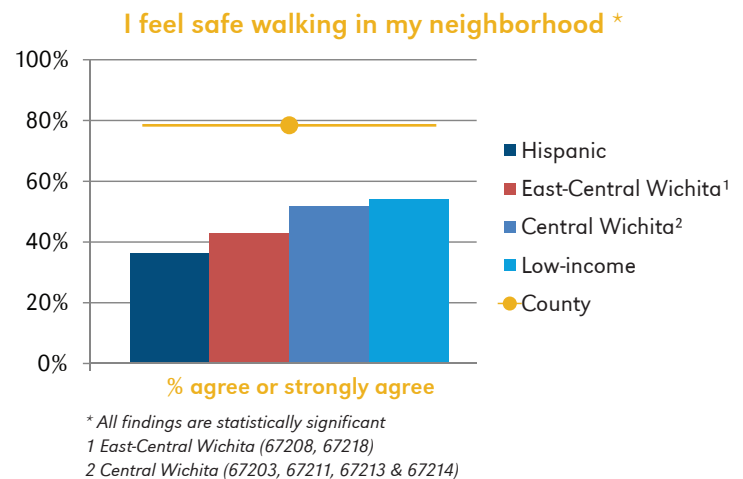
Central Wichita (67203, 67211, 67213 & 67214)

- 18.5 percent in Central Wichita thought they did not have walking access and was the only significant difference for this response

I feel safe walking in my neighborhood, day or night.

County

- 78.3 percent agreed or strongly agreed that they felt safe walking in their neighborhood



- 36.4 percent of Hispanics agreed or strongly agreed to feeling safe
- 42.9 percent of individuals living in East-Central Wichita either strongly agreed or agreed that they felt safe walking in their neighborhood
- 51.9 percent in Central Wichita either strongly disagreed or disagreed that they felt safe walking in their neighborhood
- 54.2 percent of the low-income population agreed or strongly agreed to feeling safe

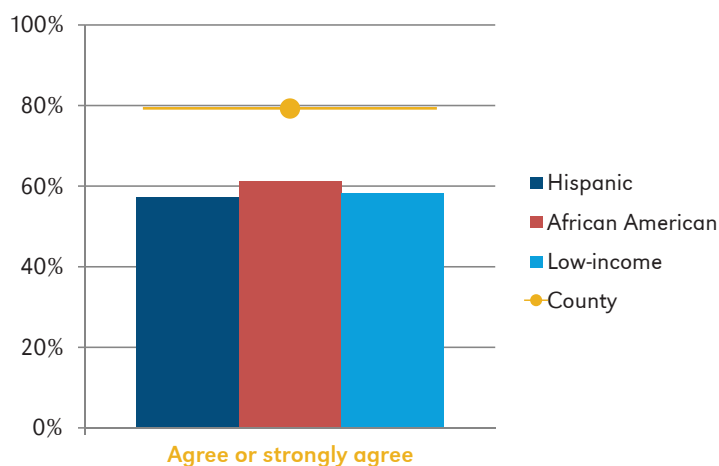


The local police officers are a welcome sight in my neighborhood.

County

- 79.2 percent agreed or strongly agreed local police officers are a welcome sight in my neighborhood

Police are a welcome sight in my neighborhood*



* All findings are statistically significant

- 57.1 percent of Hispanics agree or strongly agree that the police are a welcome sight
- 61.1 percent of African Americans agreed or strongly agreed that the police are a welcome sight
- 58.3 percent of the low-income population agreed or strongly agreed that the police are a welcome sight

There are a broad variety of health services within 10-15 minutes of where I live.

County

- 80.0 percent agreed or strongly agreed that there are a broad variety of health services within 10-15 minutes of where they live
- However, only 63.6 percent of Hispanics agreed or strongly agreed that there are a variety of health services within 10-15 minutes of where they live

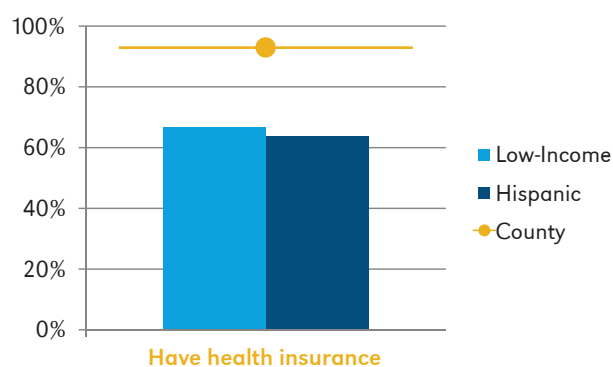
Health Insurance & Health Care

Do you have health insurance (private, from your employer, ACA, Obamacare, Medicare, Medicaid, etc.)?

County

- 10.9 percent replied to not having insurance
- County Health Rankings estimate that 18-21 percent of Sedgwick County adult residents do not have health insurance

Health Insurance*



* All findings are statistically significant

- 36.4 percent of Hispanics do not have health insurance
- 33.3 percent of the low-income population do not have health insurance

Do you feel there are policies and practices that prevent people from accessing health service?

County

- 51.4 percent replied they felt there were barriers
- There was a difference with Hispanic respondents with a smaller percentage (27.3 percent) reporting that they felt there were barriers

Eighty-nine respondents provided more information about policies and barriers that prevented people from accessing healthcare. These responses were categorized based on content and theme. Frequencies of themes are listed on the next page.

Theme	Frequency	Sample Statement
Cost	52	Inability to pay
Issues with insurance	23	No insurance; prices too high
Access to care	16	If you don't have an ID or driver's license you don't get service
Work issues	9	Can't take off due to hourly pay
Awareness of options	8	Lack of knowledge of available services
Issues with doctor	7	Primary physician is too busy to be seen
Knowledge about health	6	Lack of knowledge about good health practices

Barriers to healthcare

County

Challenges to receiving healthcare	Never	Rarely	Sometimes	Often	All of the Time
Not having insurance	69% ^{1 2 3}	7%	7% ¹	4%	9% ²
Too expensive/can't afford	50% ^{1 2 3}	14%	15%	7% ¹	8% ¹
Lack of transportation	74% ^{1 2}	9%	5%	5%	3%
Doctor or clinic is too busy	56% ³	19%	13% ³	4%	2%
Doctor or clinic is too far away	74% ^{1 3}	10%	4%	5%	2%
Can't get off work	63%	11%	11%	3%	3%
Family responsibilities	57% ²	15%	13% ¹	5%	5% ¹
Too busy	54%	13%	20%	5%	3%

1 Significant difference with low-income population

2 Significant difference with African American population

3 Significant difference with Hispanic population

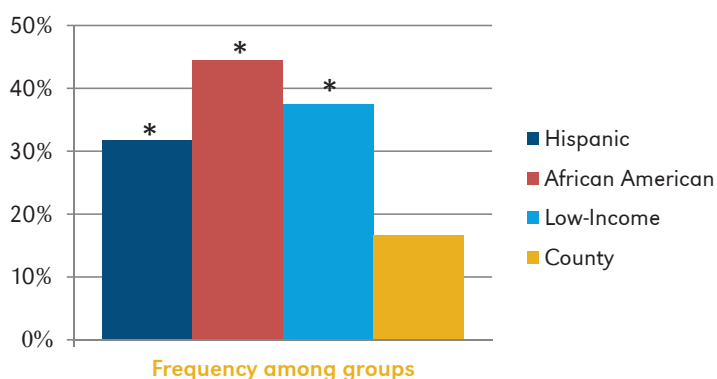
During the past 12 months, was there any time you needed:

Prescription medicine but did not get it because you couldn't afford it?

County

- 15.9 percent replied yes

Needed prescription but could not afford it



* Indicates statistical significance

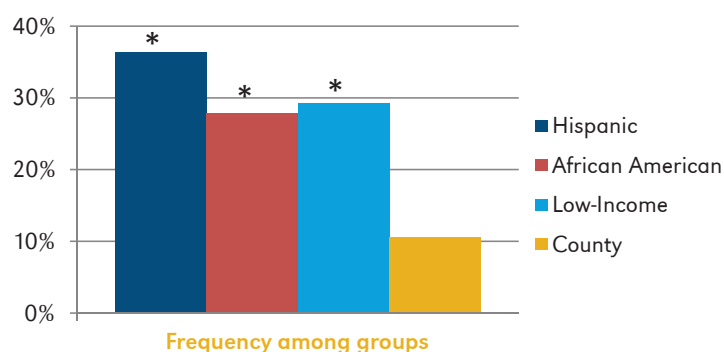
- 31.8 percent of Hispanics needed prescription medicine but could not afford it
- 44.4 percent of African Americans needed prescription medicine but could not afford it
- 37.5 percent of low-income respondents needed prescription medicine but could not afford it

To see a doctor but didn't know where to go?

County

- 10.6 percent replied they needed to see a doctor but didn't know where to go

Needed a doctor but didn't know where to go



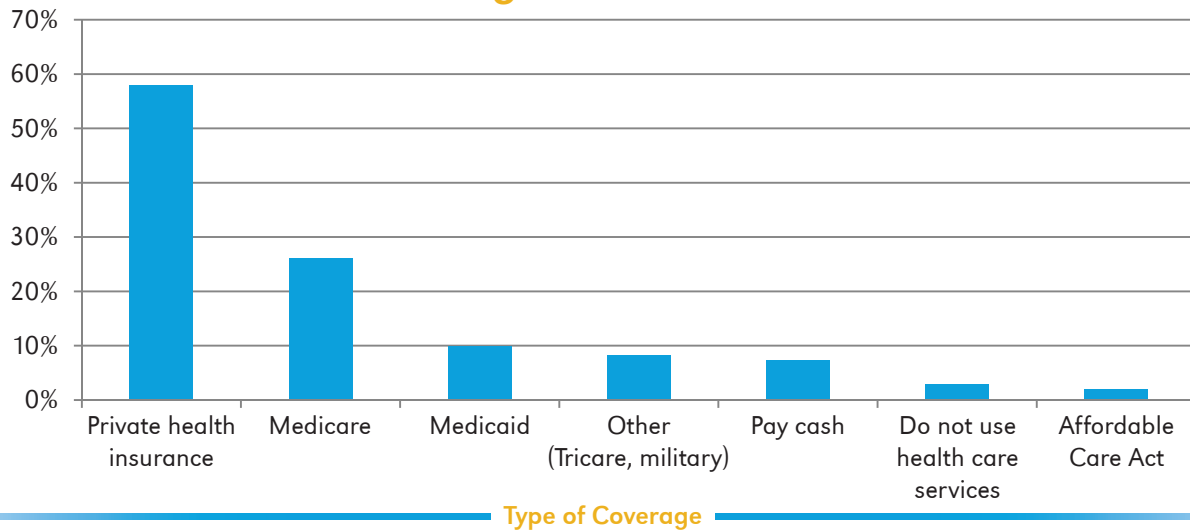
* Indicates statistical significance

- 36.4 percent of Hispanics needed a doctor in the last 12 months but did not know where to go
- 27.8 percent of African Americans needed a doctor but did not know where to go
- 29.2 percent of low-income respondents needed a doctor but did not know where to go



How do you cover the cost of health care services?

Covering healthcare costs



- 58.0 percent of respondents have private health insurance to cover the cost of healthcare services

Does your health insurance cover at least part of the cost for any of the following?

Benefits	Yes	No	Not sure/don't know
Receive dental coverage	60%	21%	3%
Receive vision coverage	62%	18%	7%
Receive mental health coverage	58%	6%	21%
Receive drug and alcohol treatment coverage	38%	9%	37% ¹
Receive prescript drug coverage	77%	6%	2%
Receive family planning	40%	13%	33%
Receive immunization coverage	73%	3%	8%
Receive smoking cessation	29%	9%	47%
Receive crutches, walkers, wheelchairs or other assistive devices	42%	9%	34%
Receive glasses coverage	51%	30%	6%
Receive hearing aids coverage	34%	20%	32%

¹ Indicates significant difference for low-income respondents

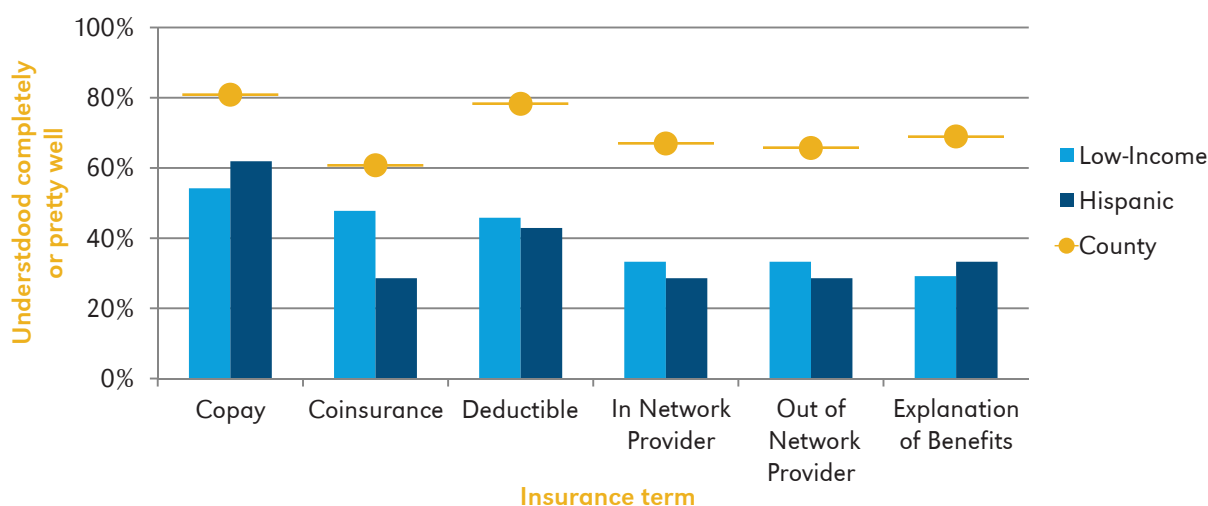
- 80 percent of low-income respondents did not know if their insurance covered drug and alcohol treatment

How well do you understand these insurance terms?

County

Insurance Term	Understood completely or pretty well	Insurance Term	Understood completely or pretty well
Copay	81%	In Network Provider	67%
Coinsurance	61%	Out of Network Provider	66%
Deductible	78%	Explanation of Benefits	69%

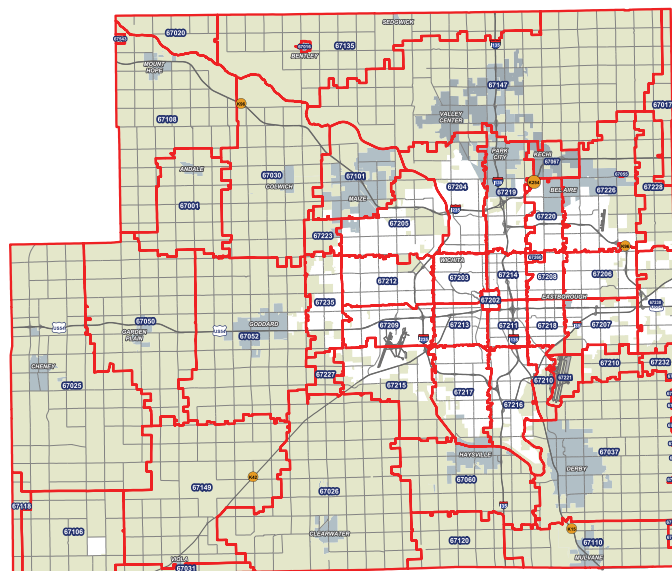
Understanding insurance terms*



* Findings for all terms are statistically significant for both low-income and Hispanic populations

Other Disparities

- Over three times the percentage of minority community members (28.9 percent) are low-income compared to non-minority members (9 percent)
- 20.8 of the low-income population found it difficult to see a doctor when needed
- While not statistically significant ($p = .08$), it should be noted that over 20 percent of respondents in Central and Northwest Wichita did not have health insurance.
 - Central Wichita zip codes: 67203, 67111, 67213, 67214
 - Northwest Wichita zip codes: 67204, 67205, 67223



Preventative Procedures

Please select all of the preventative procedures you have received

County

Preventative Screenings	Recommended	Screening in the past year	Screening in the last 3-5 years	Screening more than 5 years ago or never
Skin cancer	No standard	24%	15%	52%
Flu shot	Annual (CDC)	56%	16%	23%
Blood pressure check	Annual (AHA)	81%	11%	5%
Blood sugar check	No standard	63%	20%	13.5%
Dental screening	Annual (ADA)	67% ^{1 2 3}	20%	8% ^{1 3}
STD screening	Regularly for age 15-65 (CDC)	17.1% ^{2 3 4}	12.2% ³	57.6% ^{2 3}
Age/Gender Specific Screenings				
Pap smear	Regularly for woman (ACS)	56%	21%	24%
Cholesterol screening	Screening at age 45+ (AAFP)	75%	16%	8%
Colonoscopy or occult blood test	Screening at age 50 (CDC)	37%	32%	31%
Mammogram	Annual for women 40+ (CDC)	70%	15%	15%
Prostate cancer screening (PSA or digital exam)	Biannual for men age 45+ (ACS)	46%	26%	28%

¹ Significant difference for South Wichita (67216, 67217)

³ Significant difference for low-income

² Significant difference for minority community members

⁴ Significant difference for minority women

- Dental screening in past year
 - 37.5 percent for those living in South Wichita
 - 56.0 percent for minority community members
 - 39.1 percent for low-income
- Dental screening more than 5 years ago or never
 - 31.3 percent for those living in South Wichita
 - 26.1 percent for low-income
- STD screening in the past year
 - 41.3 percent for minority community members
 - 38.1 percent for low-income
 - 59.3 percent for minority women
- STD screening in last 3-5 years
 - 33.3 percent for low-income
- STD screening more than 5 years ago or never
 - 28.6 percent for low-income
 - 29.6 percent for minority women



Perceptions of Social Determinants of Health

How important are the following items in influencing people's health?

County

Social Determinants of Health	Very important	Important	Not important
Unemployment	60%	30%	5.3% ¹
Knowledge of physical activity guidelines*	33.1%	55%	8%
Knowledge of healthy food purchasing and/or preparation	53%	38%	5%
Access to nutritious foods	55%	36%	5%
Alcohol consumption*	44.9%*	42%	9.4% ²
Educational attainment	41%	39%	8%
Severe housing problems	49%	39%	8%
Education on healthcare options	54%	38%	4%
Cost of living	54%	38%	3%
Access to recreational activities	37%	51%	8%
Indoor/outdoor air quality	47%	42%	7%
Access to complete healthcare	62%	33%	2%
Substance abuse treatment options	51%	38%	6%
Exposure to violent crime	57%	30%	8%
Sexual health/practices	43%	44%	8.2% ^{1 2}
Tobacco use*	54%	34%	9% ²
Healthcare needs of immediate family members	54%	38%	4%

¹ Significant difference for low-income

² Significant difference for Hispanics

*County Health Rankings: 25 percent of adult residents aged 20 and over report no leisure-time physical activity

*County Health Rankings: 15 percent of adult residents report binge or heavy drinking

*County Health Rankings: 18 percent of adult residents smoke

- Unemployment

- 21.7 percent of the low-income population think unemployment is not important with influencing health

- Alcohol consumption

- 25.0 percent of Hispanics think alcohol consumption is not important with influencing people's health

- Sexual health/practices

- 21.7 percent of the low-income population think sexual health/practices are not important in influencing people's health
- 25.0 percent of Hispanics think sexual health/practices are not important in influencing people's health

- Tobacco use

- 38.1 percent of Hispanics think tobacco use is not important in influencing people's health

- It should be noted that all differences for responses mentioned above also came from populations with lower levels of education





SUMMARY OF KEY FINDINGS

Summary

On an aggregate level, data from this community health assessment suggest Sedgwick County respondents have good health and reasonable access to healthcare. Additionally, the majority of Sedgwick County respondents have health insurance and a basic understanding of insurance terms and the social determinants of health, and participate in recommended preventative health screenings.

However, examination of subpopulations, particularly Hispanic and low-income, suggest there are significant disparities within Sedgwick County in the following areas:

- Quality of life
- Overall health
- Perceptions of the community, including safety
- Access to health services, including cost, finding a physician, and prescription drugs
- Health insurance and understanding of basic insurance terms
- Awareness of the social determinants of health, particularly tobacco, alcohol, and sexual health and practices
- Preventative health services, particularly dental screening

Data from this community health assessment support the need for target services for certain groups that are experiencing these disparities. Additionally, these findings provide support for the need to analyze community health data for subpopulations in addition to an aggregate level analysis as aggregate data does not always capture the challenges and barriers for subpopulations within our communities.

Limitations

CASPER methodology is intended to produce a modest sample size and enable a weighted analysis with confidence intervals that are representative of the overall community. However, due to the low contact and completion rate, the second stage of random sampling was abandoned during the second iteration of data collection and therefore does not allow for a weighted analysis or confidence intervals to be reported. However, given

the demographic profile of the sample, findings from this study can be considered representative of Sedgwick County.

Additionally, the sample size prevented meaningful analysis of multiple variables simultaneously. For example, healthcare access could be analyzed for race or geographic region, but not both simultaneously. These findings should therefore be used as guides for generalized outreach but not specific performance measures.

References

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