



Sedgwick County Health Department

2019 Community Listening Sessions

AS PART OF THE 2019 SEDGWICK COUNTY
COMMUNITY HEALTH ASSESSMENT IN PARTNERSHIP
WITH ASCENSION VIA CHRISTI AND
UNITED WAY OF THE PLAINS
STEWART, CHRISTINE

Presented By: Sedgwick County Health Department (SCHD)
Report Last Revised and Published in April 2022

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Purpose of the Community Listening Sessions

The 22 in-person and online Community Listening Sessions (CLS) provided an opportunity for the Sedgwick County Health Department (SCHD) to talk directly with residents and stakeholders and learn their thoughts, perceptions, and desires for addressing community health issues. Sessions were held in ZIP Codes with higher health risks. Data from the CLS are part of the Community Health Assessment (CHA) and inform the 2020-22 Community Health Improvement Plan (CHIP) development process.

Introduction

In partnership with Ascension Via Christi and United Way of the Plains, SCHD conducts a CHA every three years as a precursor to the next CHIP cycle.

In 2019, the CHA consisted of the following 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; (2) A Community Health Profile (CHP) of county-level population health data analyzed by SCHD; and (3) CLS coordinated, administered, and analyzed by SCHD.

The 2019 CNA is published on the United Way of the Plains website (unitedwayplains.org).¹ The

CHP methodology and data points are contained in the annex of this report; CHP data is published on the SCHD website as the Community Health Assessment dashboard. The 2019 CLS methods and results are presented in this report and are published on the SCHD website.

To guide and support the CHA activities, SCHD formed the Community Health Assessment Committee and facilitated meetings. The CLS Coordination and Preparation section details the committee's role.

The purpose of the CLS was to oversample the sub-populations identified by the SCHD 2016 Community Health Equity report² that articulated the importance of identifying the needs and barriers to health access for sub-populations experiencing disparities. Qualitative insights from residents of these areas enhance quantitative components of the CHA (CNA and CHP). The 2020-22 CHIP integrates all this information.

Frequently Used Abbreviations

CLS	Community Listening Sessions
CHIP	Community Health Improvement Plan
CNA	Community Needs Assessment
CHP	Community Health Profile
CHA	Community Health Assessment
SCHD	Sedgwick County Health Department

CLS Methodology

Identifying High Priority Areas

To determine CLS locations, SCHED used its in-house method of calculating the Health Risk Index (HRI) at the ZIP Code level. The HRI is based on 16 health indicators in three categories:

1. Vulnerable populations (percent of children, seniors, racial-ethnic minority, no high school diploma, below poverty, non-English speakers, uninsured, and women who gave birth in the previous year)
2. Vulnerable neighborhoods (percent of overcrowding, home vacant, home rented, and same house one year ago)
3. Direct health outcomes (percent of disabled, infant mortality, emergency visits, and children with elevated lead level ≥ 5 $\mu\text{g}/\text{dL}$)

Data for the HRI was gathered from the American Community Survey (Census Bureau) via American FactFinder, Kansas Department of Health and Environment (KDHE) and SCHED (local data from the Epidemiology Program).

The HRI was modeled from the CDC vulnerability index³ and calculated using Excel software. The calculated HRI was a weighted average of the three category scores. HRI and category scores for the 49 ZIP Codes in Sedgwick County were mapped in ArcGIS. High priority areas for conducting CLS were defined as the 11 ZIP Codes with the highest HRI score, indicating poor health outcomes. In order of HRI score, the ZIP Codes were 67214, 67213, 67211, 67218, 67216, 67055, 67203, 67210, 67204, 67217, and 67232 (*Appendix 1*). Staff actively sought CLS in the top five ZIP Codes before looking into the others.

CLS Coordination and Preparation

Between July and August 2018, SCHED staff developed a postcard to advertise CLS and developed a demographic survey and four health-related questions. The four health-related questions were as follows:

1. What does health mean to you?
2. How do you know if you are healthy?
3. What do you need to improve/maintain your health?
4. What comes to mind when I say “a healthy community?”

In August 2018, the four health-related questions were piloted in two meetings of staff members from two SCHED programs: Healthy Babies (10 participants) and Women, Infants, and Children (WIC) (15 participants).

On September 19, 2018, SCHED staff met with two Community Health Assessment Committee members who volunteered to review the four health-related questions, pilot study results, and the demographic survey. The group refined the demographic survey to ensure the questions were easy to answer (*Appendix 2*) and restructured the health-related questions to ensure better understanding and reduce the time spent on each session. The final CLS questions were as follows:

1. What does health mean to you?
2. What makes it difficult for you to stay healthy?

3. What comes to mind when I say a healthy community?
4. What worries you about the health of your community?

On November 28, 2018, 21 SCHED staff received training to conduct focus groups from the Wichita State University Diversity and Community Engagement Division. After that, staff contacted neighborhood associations, faith-based institutions, non-profit organizations, and other associations located in high-priority areas to inquire about conducting CLS during a regularly scheduled meeting for improved attendance. Concurrently, an online survey was created in SurveyGizmo.

On November 30, 2018, per Community Health Assessment Committee recommendations, SCHED piloted the revised demographic survey and questions with 12 staff at the Sedgwick County Department of Corrections (SCDC). At the December 13, 2018 Community Health Assessment Committee meeting, SCHED staff reported that the revised demographic survey and questions were well received by SCDC staff. Compared to the initial pilot conducted with Healthy Babies and WIC staff, the time spent conducting CLS was reduced, and the revised questions prompted more in-depth responses.

In January 2019, SCHED mailed postcards to potential CLS participant groups/organizations to provide more information about the CLS, its importance, and how individuals/groups could participate (*Appendix 3*).

This report includes in-person and online CLS participants.

CLS in-person participants

Twenty-two in-person CLS were facilitated and/or scribed by five SCHED staff and one volunteer in high-priority ZIP Codes in Sedgwick County between January 17 and March 30, 2019. One person made introductions, one person facilitated, and one person scribed each session. The sessions lasted 30 minutes with five minutes per question. The last 10 minutes of each session was reserved for participants to complete the demographic survey. During CLS, SCHED staff established ground rules to guide focus groups and ensure full participation. The ground rules were as follows:

1. Dream big and speak up.
2. We are here to listen and want to hear from everyone.
3. All ideas are welcome.
4. We will respect everyone's opinion; no personal or indirect attacks.

One CLS was held separately from a regularly scheduled meeting. In that meeting, SCHED partnered with the Health and Wellness Coalition (HWC) to organize a CLS at the Evergreen Community Center in Wichita. HWC created fliers to advertise the CLS (*Appendix 4*) and provided lunch for participants.

CLS online participants

At the CLS, SCHED staff distributed postcards with a link to the online survey and encouraged CLS participants to share them with friends and family members. Also, USD 259 Wichita Public Schools disseminated the online survey link to students in the district.

Hispanic or Latino participants

CLS questions, fliers, postcards, and the online and demographic surveys were translated into Spanish to capture the voices of Spanish-speaking community members and ensure their full participation during

the CLS (*Appendices 5, 6, & 7*). Two sessions, at Evergreen and La Familia Community Centers, were held with a Spanish-English bilingual facilitator who was also a certified interpreter.

Analysis of Results

The scribe's notes (as a Microsoft Word document) of CLS in-person responses were uploaded into NVivo 12.2.0 Plus qualitative data analysis software (QSR International Pty Ltd. Version 12.2.0, 2018). Completed online survey responses were downloaded from SurveyGizmo (as a Microsoft Excel document) and uploaded to NVivo for analysis.

NVivo categorized responses in a structured form. All online responses were combined into one group for analysis purposes. CLS in-person and online participant responses were grouped into "themes." A template theme was created using responses from the pilot studies and modified to fit subsequent CLS in-person and online participant responses.

To address selection bias, further analysis was performed to compare responses between CLS held at senior centers (Downtown Senior Center, Northeast Senior Center, Linwood Senior Center, and La Familia Community Center) and youth locations (North High School, Cornerstones of Care, and youth online participants).

CLS in-person responses were compared to online participant responses to identify any differences.

Results

Demographics

Of the 23 CLS response groups analyzed (22 CLS in-person and all online participant responses combined to form one group), 213 community members attended the 22 CLS in-person, and 52 participants completed the online survey (*Appendix 8*).

At each CLS, participation varied from 2 to 25 participants. Of the participants that completed the demographic survey, more than half (58%) were women and almost half (46%) were 55 years and older. CLS participants self-reported as 48% White, 26% Black or African American, and 19% Hispanic or Latino (*Appendix 9*). Of the participants reporting the highest educational level attained, 16% and 32% reported less than high school and high school graduates, respectively. Of the participants who participated in the CLS, 54% lived in high-priority ZIP Codes (*Appendix 10*). Thirty percent of CLS participants were women over 54 (*Appendix 11*).

Analysis of the four CLS questions

Analysis of the questions includes responses from CLS in-person and online participants.

Question 1: What does health mean to you?

“Overall well-being” was the most frequently discussed theme (Table 1) generated by this question. Within this theme, several sub-themes were discussed. Participants mentioned issues such as mental, emotional, financial, physical, and social well-being. Specific comments included: (1) “Health means an all-around sense of spiritual, physical and emotional health,” and (2) “Health for me is my well-being. For your mind and body to be healthy.”

“Ability to perform normal daily function” was mentioned in 14 CLS. Sub-themes were not discussed in this theme. Specific comments included: (1) “Health means waking up and doing what I want to do without being in pain,” and (2) “Health means having good hygiene, being clean, not stinky, brushing your teeth, and taking a shower.”

“Living a longer and better life” was mentioned in 12 CLS. Sub-themes were not discussed in this theme. Specific comments included: (1) “Health means longevity; being able to do things and be active,” and (2) “Health means being healthy enough to take care of my grandkids.”

Table 1: Themes for Question 1 “What does health mean to you?”

Themes	Number (total n=23)	Percent (%)
Overall well-being	16	70
Ability to perform normal daily functions	14	61
Living a longer and better life	12	52
Access to health care services	9	39
Healthy behavior	6	26
Self-care	5	22
The environment	4	17

Question 2: What makes it difficult for you to stay healthy?

“Lack of access to health care services” was the most frequently discussed theme (Table 2) generated by this question. Within this theme, several sub-themes were discussed. Participants mentioned issues such as lack of insurance, insurance policies that prevent or exclude coverage, high costs of medication and health care, lack of health care interpreters, and lack of transportation for health care needs. Specific comments included: (1) “The cost of health care. I need a CAT scan every three months. It costs \$2500 for each and disability or insurance does not pay for it,” and (2) “One of my diabetes medications costs \$450. I had to quit taking one medication due to the cost.”

“Unhealthy food options and eating habits” were mentioned in 17 CLS. Within this theme, several sub-themes were discussed. Participants mentioned issues such as easy access to fast foods, the cost of healthy foods, lack of access to healthy food options, the shelf life of healthy foods, temptations, and not having enough time to cook. Specific comments included: (1) “I live in a food desert and it’s hard to get healthy foods,” and (2) “The cost of healthy food. It is cheaper to buy processed food or go to Spangles to get a \$5 meal.”

“Financial instability” was mentioned in 12 CLS. Sub-themes were not discussed in this theme. Specific comments included: (1) “Fear that I won’t have the money to take care of my health, fear that the debt that I have will be a problem for my children, and fear of what will happen to my daughters if something happens to me,” and (2) “My low income. When you miss work, you lose money and continue in a downward cycle.”

Table 2: Themes for Question 2 “What makes it difficult for you to stay healthy?”

Themes	Number (total n=23)	Percent (%)
Lack of access to health care services	18	78
Unhealthy food options and eating habits	17	74
Financial instability	12	52
Procrastination, indiscipline, and lack of time	11	48
Lack of appropriate physical activity	8	35
Isolation and old age	5	22
Lack of resources	5	22
Mental attitude and choice	5	22
Lack of support	4	17

Question 3: What comes to mind when I say a healthy community?

“A respectful, engaged, diversified, and inclusive community” was the most frequently discussed theme (Table 3) generated by this question. Sub-themes were not discussed in this theme. Specific comments included: (1) “A healthy community is one that shares the goal of wholeness. Everyone comes together and helps each other,” and (2) “A healthy community is one where you feel welcome no matter who you are and what you do.”

“A clean and safe community” was mentioned in 14 CLS. Sub-themes were not discussed in this theme. Specific comments included: (1) “A healthy community should have clean yards, houses, and streets,” and (2) “A healthy community should be a safe and thriving environment.”

“A community with access to services” was mentioned in 13 CLS. Within this theme, several sub-themes were discussed. Participants mentioned issues such as access to good education, health care services, and places to acquire healthy food options. Specific comments included: (1) “A healthy community would expand Medicaid to provide more health care services to uninsured and underinsured people,” and (2) “In a healthy community, we should have mobile farmers markets and food pantries.”

“A community with better health and social outcomes” was mentioned in 13 CLS. Within this theme, several sub-themes were discussed. Participants mentioned issues such as drug- and crime-free communities, more job opportunities, less morbidity, a physically active community, and a financially stable community. Specific comments included: (1) “A healthy community is a place with opportunities for people to prosper,” and (2) “A healthy community is one with less crime and drugs.”

Table 3: Themes for Question 3 “What comes to mind when I say a healthy community?”

Themes	Number (total n=22)	Percent (%)
A respectful, engaged, diversified, and inclusive community	17	77
A clean and safe community	14	64
A community with access to services	13	59
A community with better health and social outcomes (less morbidity, less poverty)	13	59
A community with availability and access to amenities (bike or walk paths, parks)	12	55

Question 4: What worries you about the health of your community?

“Environmental concerns” was the most frequently discussed theme (Table 4) generated by this question. Within this theme, several sub-themes were discussed. Participants mentioned issues such as the dirty environment, pollution in the environment, poor transportation services, lack of affordable housing, and lack of amenities such as bike paths, sidewalks, parks, and grocery stores. Specific comments included: (1) “In my community, I see people dumping trash on the street and it worries me,” and (2) “Public transportation is lacking; people can’t get to where they need. People can’t get to jobs on the outskirts of the city, or on second shifts.”

“Declining social engagement” was mentioned in 11 CLS. Within this theme, several sub-themes were discussed. Participants mentioned issues such as lack of community interest or support for community events, lack of community events, non-engaged community, and the poor health of the religious community. Specific comments included: (1) “Some people may know about community events/programs but don’t go. They have no interest,” and (2) “People would rather stay inside instead of getting out in their community.”

“Drugs, alcohol, violence, and gang activity in the community” was mentioned in 11 CLS. Within this theme, several sub-themes were discussed. Participants mentioned issues such as drug and alcohol addiction, safety issues, theft, violence, and gang activity. Specific comments included: (1) “The rate of meth and opioid addiction really bothers me,” and (2) “What bothers me is when I come to school, someone yells out a gang name and they all start fighting each other.”

“Lack of access to health care services” was mentioned in 11 CLS. Within this theme, several sub-themes were discussed. Participants mentioned issues such as lack of health insurance, high health care costs, lack of access to mental health services, lack of affordable medication, and lack of transportation services. Specific comments included: (1) “I am worried about the inadequate access to health care (including evaluation, treatment, medicine, etc.) due to problems stemming from poverty, health insurance, transportation, and immigration status,” and (2) “What worries me is that the elderly still have to work to be able to afford to pay for their medication.”

Table 4: Themes for Question 4 ‘What worries you about the health of your community?’

Themes	Number (total n=22)	Percent (%)
Environmental concerns	12	55
Declining social engagement	11	50
Drugs, alcohol, violence and gang activity in the community	11	50
Lack of access to health care services	11	50
Lack of knowledge about community resources and issues	8	36
Homelessness	6	27
A government that does not have the community in mind	4	18
Poor health and social outcomes (poverty, premature death, and poor high school graduation rates)	4	18

Analysis to address selection bias

Youth CLS and senior center CLS had some different responses. Youth participant themes focused more on healthy eating, physical activity, drugs, and gun violence (*Appendix 12*). In contrast, themes of senior center participants focused on Medicare/Medicaid, cost, and access to health care. Common themes between the two groups of participants included environmental concerns and having a respectful, engaged, diversified, and inclusive community.

CLS in-person vs. online participant responses

The CLS in-person and online participant responses had similar themes (*Appendix 13*).

Discussion

The goal of the CLS was to hear from residents in high-priority ZIP Codes with vulnerable populations and poor direct health outcomes. This goal was accomplished: the CLS demographics included more Black or African American and Hispanic or Latino participants and more people with high school education or less than Sedgwick County's overall demographics (*Appendix 14*). More women participated in the CLS. Research shows that women are more likely to be involved in community service or volunteer at organizations.^{4,5}

Individual issues (e.g., resisting unhealthy foods) and community issues (e.g., food deserts) were present in both in-person and online participant responses. (This response was expected due to the structure of the questions: the first two questions targeted individual issues while the last two questions targeted community issues.) These responses reveal underlying social determinants of health that may undermine both the health of individual CLS respondents and their community.

Some concerns identified in the SCHD CLS were also contained in focus groups held by other local health departments. The 2017 Wyandotte County, KS CHA identified lack of healthcare access as one of the seven issues affecting their community.⁶ The Coordinated Community Health Needs Assessment published by Maricopa County Department of Public Health (MCDPH) highlighted several community concerns such as drugs and crime, environmental issues (e.g., litter, pollution/poor air quality, pests, animal waste, insufficient shade/greenery), and housing costs.⁷ MCDPH CHA also identified lack of social cohesion, low participation in community events, and poor access to information/available community resources; these are similar to SCHD CLS concerns of isolation of the elderly and the declining social engagement. The 2016 CHA published by the Johnson County Department of Health and Environment includes obesity, nutrition, access to healthy food.⁸ These are almost identical to the SCHD CLS concerns of unhealthy food options and unhealthy eating habits.

Because of the study design, selection bias could be present; residents who participated in the CLS may not be representative of the high-priority ZIP Codes. To understand some of the study bias, responses from youth participant CLS were compared to senior center participant CLS. There were more differences than similarities in responses between the youth and senior center participants. This could be because younger individuals are less likely to have health issues than older individuals.⁹ Also, younger individuals are less likely to utilize health care services when compared to older adults.¹⁰ The 2017 census data shows there are 14% more people under 18 than the 55-and-older population in the top 10 high-priority ZIP Codes.¹¹ However, the CLS was conducted in neighborhood associations, faith-based institutions, and social services organizations that historically have more adult members than youths.

The level of CLS participation differed from group to group. Some groups were enthusiastic and eager to respond, while others needed the facilitator's encouragement. During CLS, the facilitator informed participants of ground rules and encouraged everyone in the room to speak. This helped with some sessions where a participant began dominating the conversation.

Attendance was low on days with cold temperatures, snow, ice, and rain. In future projects, CLS should be planned during the summer or fall when the weather is favorable.

Next Steps

The CLS process emphasizes the need for more discussions around the issues mentioned by the community. More communication on these issues can lead to resource gathering to fund programs that positively affect the community. This rich and detailed feedback from the community will help shed more light on the existing health issues in Sedgwick County and help determine interventions to improve health.

On August 2, 2019, SCHED presented a summary of the CLS to the Health Alliance, a group of stakeholders who represent a variety of health-related and social services organizations in Sedgwick County. They participate in key decision-making processes related to the CHA, CHIP, and other community-impacting activities. Community partners had the opportunity to ask questions about the CLS process, how sessions were conducted, and how the information will be used to inform the 2020-22 CHIP development process.

On November 16, 2019, SCHED invited the organizations that hosted the CLS and other community members to discuss the CLS results at a community meeting through the Wichita Independent Neighborhood (WIN) Association. The WIN is dedicated to providing education, resources, and advocacy on quality-of-life issues in Sedgwick County. At the meeting, SCHED explained how the CLS data was used to inform the 2020-22 CHIP development process, what could be achieved through the 2020-22 CHIP, and how the 2020-22 CHIP impacts the Sedgwick County community.

We thank all the agencies and organizations that worked to promote and conduct the CLS.

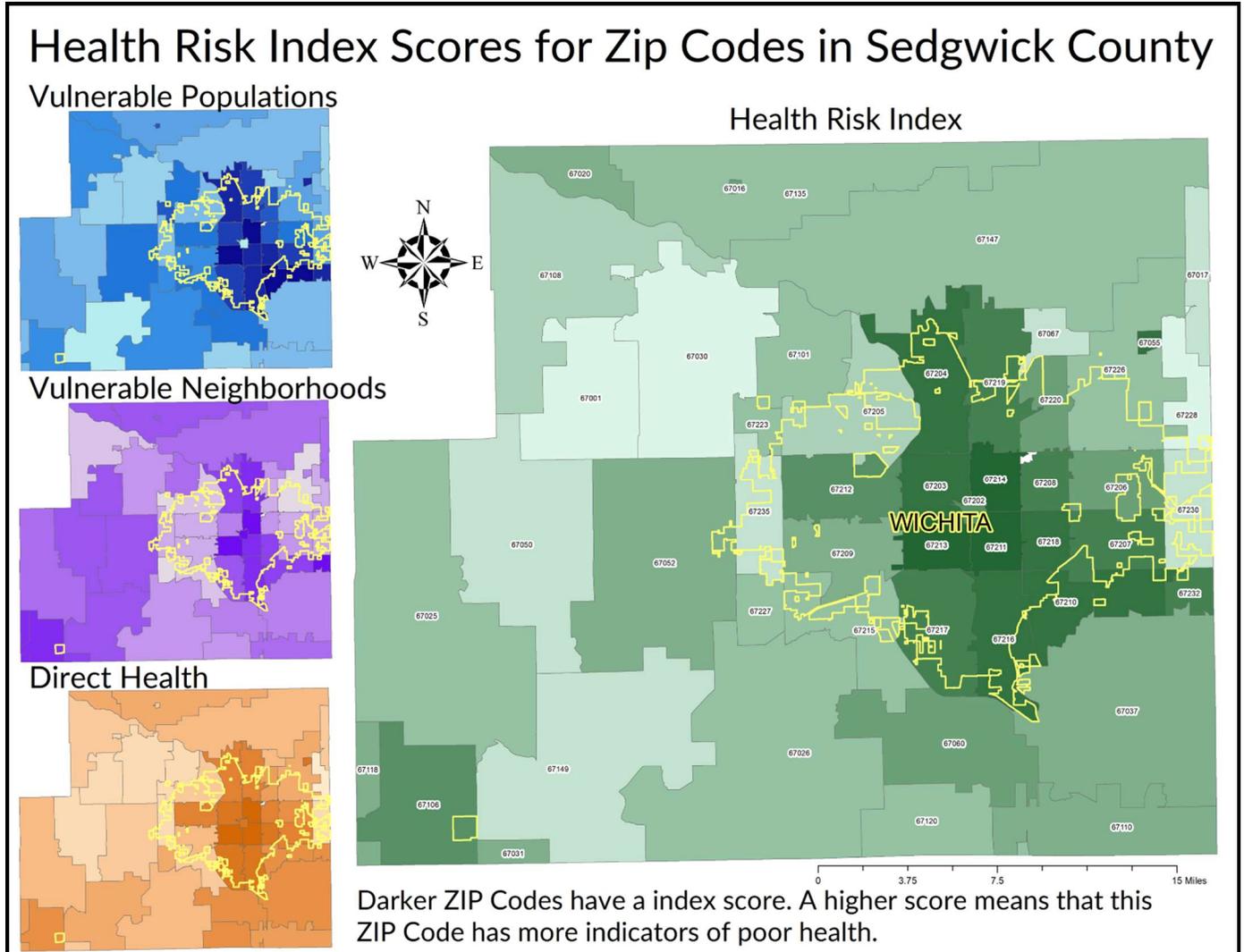
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Appendices

Appendix 1: Health Risk Index by ZIP Code.

Darker colors are priority areas.



Appendix 2: Demographics Survey used during CLS

Date _____

What is your age range?

- Less than 18 _____
- 19-29 _____
- 30-39 _____
- 40-54 _____
- 55 -64 _____
- 65+ _____

Sex

- Male _____
- Female _____

Which of the following best represents your racial or ethnic heritage?

- Alaska Native/American Indian _____
- Asian _____
- Black or African American _____
- Other, please specify _____
- Hispanic or Latino _____
- Native Hawaiian and Other Pacific Islander _____
- White or Caucasian(Non-Hispanic) _____

What level of education have you completed?

- Did not graduate high school _____
- High school /GED _____
- Associate's _____
- Graduate level (Master's) _____
- Undergraduate level _____
- Doctorate _____

In which ZIP code do you live?

Appendix 3: Postcards used to advertise CLS

We need your help!

The Sedgwick County Division of Health is conducting a series of Community Listening Sessions in Sedgwick County. Responses from these listening sessions will help us identify key health needs in the community and guide the Community Health Improvement Plan. Listening session information will be included with additional health survey results in a 2019 report written by United Way of the Plains, Ascension Via Christi Health and Sedgwick County Division of Health.

What can you do?



*Sedgwick County...
working for you*

1 Do it yourself...

Participate by completing an online survey for yourself.

OR

2 Participate by completing the survey as a group.

To complete the survey, scan the QR code _____
or visit <http://SCDOH.SedgwickListens.sgizmo.com/s3/>.

OR

3 Invite us...

Talk through the questions in a group led by Sedgwick County staff.
To schedule a group listening session, contact Pamaline King-Burns at pamaline.king-burns@sedgwick.gov.



Sedgwick County Division of Health - 1900 E. 9th Street N., Wichita - sedgwickcounty.org

Appendix 4: Fliers used for Evergreen Community CLS

PRESENTED BY:

Health & Wellness Coalition of Wichita
Sedgwick County... working for you

COMMUNITY LISTENING SESSION

HELP IDENTIFY KEY HEALTH NEEDS IN THE COMMUNITY

- FREE
- HEALTHY SNACKS
- GIFT CARD DRAWINGS
- TRADUCCIÓN DISPONIBLE EN ESPAÑOL

MARCH 6
10:30-11:30AM

EVERGREEN NEIGHBORHOOD CENTER
2700 N. WOODLAND

Appendix 5: Spanish Demographic Survey used during CLS

Fecha _____

¿Cuál es su rango de edad? **Sexo**

- Menor de 18 _____
- 19-29 _____
- 30-39 _____
- 40-54 _____
- 55 y mayor _____
- Masculino _____
- Femenino _____

¿Cuál de las siguientes opciones representa mejor su origen étnico o racial?

- Nativo de Alaska/Indio americano _____
- Asiático _____
- Negro o afroamericano _____
- Hispano o latino _____
- Nativo de Hawái y otras Islas del Pacífico _____
- Blanco o caucásico _____

¿Cuál es el nivel de educación más alto que ha completado?

- Escuela secundaria _____
- Título universitario de dos años _____
- Licenciatura _____
- Posgrado (Maestría) _____
- Doctorado _____

¿En cuál código postal vive?

Appendix 6: Spanish Language Postcards used during CLS

¡Necesitamos su ayuda!

La División de Salud del Condado de Sedgwick está llevando a cabo una serie de Sesiones para Escuchar a la Comunidad en el condado de Sedgwick. Las respuestas de estas sesiones para escuchar nos ayudarán a identificar las necesidades de salud fundamentales en la comunidad y guiar el Plan de Mejoramiento de la Salud en la Comunidad. La información obtenida de la sesión para escuchar se incluirá con los resultados adicionales de la encuesta de salud en un informe de 2019 preparado por United Way of the Plains, Ascension Via Christi Health y la División de Salud del Condado de Sedgwick.

¿Qué puede hacer?



*El Condado de Sedgwick...
trabajando para usted*

Hágalo usted mismo...

- 1 Participe completando una encuesta en línea para usted.
- 2 Participe completando la encuesta como grupo.
Para completar la encuesta, escanee el código QR —
o visite <http://SCDOH.SedgwickListens.sgizmo.com/s3/>.



Invítenos...

- 3 Discuta en detalle las preguntas en un grupo dirigido por el personal del condado de Sedgwick. Para programar una sesión para escuchar en grupo, comuníquese con Pamaline King-Burns at pamaline.king-burns@sedgwick.gov.

División de Salud del Condado de Sedgwick
1900 E. 9th Street N., Wichita - sedgwickcounty.org

Appendix 7: Spanish Language Fliers to Advertise CLS at Evergreen Community Center

PATROCINADO PRO:

 Health & Wellness Coalition of Wichita
empowering. educating. supporting.

 **SEDGWICK COUNTY**
KANSAS

Division of Health
*Sedgwick County...
working for you*

SESIÓN PARA ESCUCHAR A LA COMUNIDAD

AYÚDANOS A IDENTIFICAR LOS PRINCIPALES PROBLEMAS DE SALUD EN LA COMUNIDAD.

- ¡GRATIS!
- SNACKS SALUDABLES
- ¡SORTEO DE PREMIOS Y OTROS REGALOS!
- TRADUCCIÓN DISPONIBLE EN ESPAÑOL

MARZO 6
10:30-11:30AM

EVERGREEN NEIGHBORHOOD CENTER
2700 N. WOODLAND

Appendix 8: CLS Locations and Participant Numbers

Name of Organization or Agency where CLS Conducted	ZIP Code where CLS was held	Description of Attendees	Number of Participants
Murdock Neighborhood Association	67214	Neighborhood residents	7
Hyde Neighborhood Association	67218	Neighborhood residents	4
Breakthrough Breakfast group	67203	Homeless people	8
Hilltop and Neighborhood Development	67218	Neighborhood residents	13
Breakthrough Club members	67203	Club members	5
Wichita City Council District 1 meeting	67214	District 1 residents	5
Black Nurses Association	67214	Association members	13
New Covenant United Methodist Church	67203	Church members and residents	17
Thrive Community	67218	Members	24
Evergreen Community Center	67204	Neighborhood residents	2
Downtown Senior Center	67213	Members	5
Interfaith Ministries	67214	Neighborhood residents	8
E. Mount Vernon neighborhood association	67218	Neighborhood residents	17
North High School	67203	Students	17
Cornerstones of Care	67214	Members	5
La Familia Community Center	67203	Members	6
Novus Orsa Ministries	67214	Members	3
Linwood Senior Center	67211	Members	6
Oaklawn Improvement District	67216	Neighborhood residents	17
McAdams Neighborhood Association	67214	Neighborhood residents	3
Northeast Senior Center	67214	Members	3
Sistahs Can We Talk Event	67214	Event attendees	25
Online Survey Participants			52
Total			265

Appendix 9: Self-reported Sex, Age Range, Race, Ethnic Heritage and Educational Level of CLS Participants

Demographics	Number	Percent (%)
Gender		
Female	154	58.1
Male	51	19.2
Gender not marked	60	22.6
Total	265	
Age range		
Less than 18	51	19.2
19-29	10	3.8
30-39	24	9.1
40-54	56	21.1
55 and above	123	46.4
Age not marked	1	0.4
Total	265	
Race		
White or Caucasian	127	47.9
Black or African American	68	25.7
Alaska Native/American Indian	5	1.9
Asian	1	0.4
Two or more races	7	2.6
Race not marked	57	21.5
Total	265	
Ethnic Heritage		
Hispanic or Latino	50	18.9
Non-Hispanic or Latino	215	81.1
Total	265	
Educational level		
Less than high school graduate	41	15.5
High school graduate (includes equivalency)	85	32.1
Some college or associate's degree	36	13.6
Bachelor's degree	43	16.2
Graduate or professional degree	44	16.6
Educational level not marked	16	6.0
Total	265	

Appendix 10: Self-reported ZIP Code of CLS Participants

ZIP Code	Number of Participants	%
Priority ZIP Codes		
67214	37	25.9
67218	34	23.8
67203	25	17.5
67211	14	9.8
67204	10	7.0
67216	7	4.9
67213	9	6.3
67210	4	2.8
67217	3	2.1
Subtotal	143	54.0
Other ZIP Codes	74	27.9
ZIP Code not marked	48	18.1
Total	265	

Appendix 11: Self-reported Age Range by Gender among CLS Participants

Age range	Gender				Gender Missing	Total	%
	Female	%	Male	%			
Less than 18	16	6.0	5	1.9	30	51	19.2
19-29	6	2.3	3	1.1	1	10	3.8
30-39	17	6.4	3	1.1	4	24	9.1
40-54	37	14.0	13	4.9	6	56	21.1
55 and above	78	29.4	27	10.2	18	123	46.4
Age not marked	0		0		1	1	0.4
Total						265	

Appendix 12: Top Four Themes of Youth CLS Responses Compared to Senior Center CLS Responses

Questions	Youth CLS	Senior Center CLS
• What does health mean to you?	Ability to perform the normal daily function	Overall Well-being
	Self-care	Ability to perform the normal daily function
	Living a longer and better life	Living a longer and better life
	Healthy behavior	Access to health care services
• What makes it difficult for you to stay healthy?	Unhealthy food options and eating habits	Lack of access to health care services
	Phones, social media, and other mass media	Financial instability
	Stress	Isolation and old age
	Procrastination, indiscipline, and lack of time	Unhealthy food options and eating habits

<ul style="list-style-type: none"> What comes to mind when I say a healthy community? 	A respectful, engaged, diversified and inclusive community	A respectful, engaged, diversified and inclusive community
	A clean and safe community	A community with access to services
	A community with better health and social outcomes (less morbidity, less poverty)	A clean and safe community
	A community with access to services	A community with better health and social outcomes (less morbidity, less poverty)
<ul style="list-style-type: none"> What worries you about the health of your community? 	Drugs, alcohol, violence and gang activity in the community	Lack of access to health care services
	Environmental concerns	Environmental concerns
	The declining social engagement	The declining social engagement
	Discrimination and the justice system	Drugs, alcohol, violence and gang activity in the community

Appendix 13: Top Four Themes of Online Compared to In-Person Participants

Questions	Online Participants (52)	CLS In-Person Participants (213)
<ul style="list-style-type: none"> What does health mean to you? 	Healthy behavior	Overall Well-being
	Overall Well-being	Ability to perform the normal daily function
	Disease or injury-free	Living a longer and better life
	Self-care	Access to health care services
<ul style="list-style-type: none"> What makes it difficult for you to stay healthy? 	Unhealthy food options and eating habits	Lack of access to health care services
	Lack of access to health care services	Unhealthy food options and eating habits
	Lack of appropriate physical activity	Procrastination, indiscipline, and lack of time
	Mental attitude and choice	Financial instability
<ul style="list-style-type: none"> What comes to mind when I say a healthy community? 	A community with access to services	A respectful, engaged, diversified and inclusive community
	A community with better health and social outcomes (less morbidity, less poverty)	A clean and safe community
	A respectful, engaged, diversified and inclusive community	A community with access to services
	A clean and safe community	A community with better health and social outcomes (less morbidity, less poverty)
<ul style="list-style-type: none"> What worries you about the health of your community? 	Lack of access to health care services	Environmental concerns
	Obesity epidemic and unhealthy eating habits	The declining social engagement
	Drugs, alcohol, violence and gang activity in the community	Drugs, alcohol, violence and gang activity in the community
	Environmental concerns	Lack of access to health care services

Appendix 14: Demographic Information of Sedgwick County Population in 2017 Compared to CLS Participants

Demographics	CLS Participants		SG Population
	Number*	Percent (%)	Percent (%)
Race			
White or Caucasian	127	63.2	82.7
Black or African American	68	33.8	10.6
Native American	5	2.5	1.7
Asian/Pacific Islander	1	0.5	5
Ethnic Heritage			
Hispanic or Latino	50	18.9	14.6
Non-Hispanic or Latino	215	81.1	85.4
Educational level			
Less than high school graduate	41	16.5	10.9
High school graduate (includes equivalency)	85	34.1	26.3
Some college or associate's degree	36	14.5	32.2
Bachelor's degree	43	17.3	20.2
Graduate or professional degree	44	17.7	10.5

United States Census Bureau: [Census.gov](https://www.census.gov)

*These numbers are from the total number of people who reported their demographics.

ANNEX

Community Health Profile (CHP) for Sedgwick County, Kansas

Sedgwick County Health Department

Definition and Purpose

The CHP is one of three parts of the Community Health Assessment (CHA) for Sedgwick County. The other two parts are the Community Listening Sessions (CLS) and Community Needs Assessment (CNA). The CHP includes the data from the CLS and the CNA.

The CHP is a compilation of community health data from publically available secondary data sources, such as the Behavioral Risk Factor Surveillance System (BRFSS) data, to supplement the primary data collected through the CNA and CLS. The CHP, CNA, and CLS components of the CHA inform the 2020-22 Community Health Improvement Plan (CHIP) for Sedgwick County.

Methodology

From August 2018 to April 2019, the Community Health Analyst at SCHED gathered data points from indicators in 28 topic areas and 30 sources (Table 1) and compiled them into one matrix. The data included publicly available information local reports and the priorities of national health organizations.

Local reports contained issues studied in more detail at the local level and that were representative of community concerns. Local report topics in the matrix included infant mortality, suicide, drug misuse, and lead exposure.

Priorities of national health organizations were selected priorities of state, national, and global organizations such as the Kansas Public Health Association (KPHA), American Public Health Association (APHA), Centers for Disease Control and Prevention (CDC), the Surgeon General, and the World Health Organization (WHO).

Some CHP data indicators are published on a user-friendly dashboard on the SCHED website for community and partner use.

CHP data were objectively reviewed by SCHED epidemiologists and data analysts using a series of steps to identify health issues that were the leading drivers of poor health outcomes in Sedgwick County. From there, community partners selected the three main health topics for the CHIP. These steps and more about the CHIP are explained in the 2020-22 CHIP document found on the SCHED website.

Table 1: Data Points included in CHP

Data indicator
School discipline for alcohol per 10,000 students
Percent of students that have had 5 or more drinks on the same occasion during the past 30 days
Percent of students that have had beer, wine or hard liquor to drink in their lifetime
Estimated percent of adults reporting heavy alcohol consumption
Percent of alcohol-impaired driving death
Deaths due to chronic liver disease and cirrhosis per 100,000 residents

People diagnosed with vector-borne diseases (for example, West Nile virus) investigated by public health per 100,000 residents
Hospital visits for infectious and parasitic diseases per 100,000 residents
Hospital visits for complications of pregnancy, childbirth, and puerperium (six weeks after childbirth) per 100,000 residents
Five-year infant mortality (death) rate per 1000 live births - Sedgwick County
Five-year infant mortality (death) rate per 1000 live births - Kansas
Five-year infant mortality (death) rate trends by population group - Sedgwick County
Hospital visits for congenital anomalies per 100,000 residents
Percent of preterm birth (babies born before 37 weeks of pregnancy) in Wichita
Percent of low birth weight babies born in Sedgwick County (live births of babies born under 5.5 pounds)
Hospital visits for diseases of the blood and blood-forming organs (for example, bone marrow) per 100,000 residents
People diagnosed with bloodborne diseases (hepatitis B and C) investigated by public health per 100,000 residents
Deaths due to septicemia (germs, such as bacteria, in the blood) per 100,000 residents
Cancer deaths per 100,000 residents
Estimated percent of adults that have ever been diagnosed with cancer (excluding skin cancer)
Hospital visits for neoplasms (new and abnormal growth of tissue) per 100,000 residents
People living with blood cancer (for example, lymphoma or leukemia) per 100,000 residents
People living with lung cancer per 100,000 residents
People living with breast cancer per 100,000 residents
People living with prostate cancer per 100,000 residents
Estimated percent of adults that have ever been diagnosed with skin cancer
2019 Community Listening Sessions themes
2019 Community Needs Assessment data
Gender
Age
Race
Ethnicity
Nationality
Number of residents per 1 dentist
Percent of children in 3rd through 12th grades treated for tooth decay
Hospital visits for diseases of the digestive system (for example, mouth, stomach, intestines) per 100,000 residents
People diagnosed with foodborne or waterborne diseases investigated by public health per 100,000 residents
Deaths due to peptic ulcers (sores on the lining of the stomach and small intestine) per 100,000 residents
Estimated percent of adults living with a disability
Drug-induced death per 100,000 residents

Percent of middle and high school students that have used prescription drugs (prescription pain relievers, prescription tranquilizers, or prescription stimulants) not prescribed to them by a doctor in their lifetime
Percent of middle and high school students that have used prescription pain relievers, such as Vicodin, OxyContin, or Tylox, not prescribed to them by a doctor in their lifetime
Percent of middle and high school students that have used prescription tranquilizers, such as Xanax, Valium, or Ambien, not prescribed to them by a doctor in their lifetime
Percent of middle and high school students that have used prescription stimulants, such as Ritalin, Adderall, or Concerta, not prescribed for them by a doctor in their lifetime
Percent of middle and high school students that have used cocaine or crack in their lifetime
Percent of middle and high school students that have used methamphetamines in their lifetime
Percent of middle and high school students that have used heroin in their lifetime
Percent of middle and high school students that have used marijuana in their lifetime
School discipline for illicit (illegal) drugs per 10,000 students
Percent of middle and high school that have used LSD and other psychedelic drugs in their lifetime
Percent of middle and high school that have used MDMA ("ecstasy") in their lifetime
Percent of middle and high school that have sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays in their lifetime
Percent of residents over 12 years old who were prescribed opioids
Percent of residents over 12 years old who were prescribed more than 90 Morphine Milligram Equivalents (MME) of opioids per day
Percent of residents over 12 years old who were prescribed stimulants
Percent of residents over 12 years old who were prescribed benzodiazepine
Percent of residents over 12 years old who were prescribed a muscle relaxant
Percent of residents over 12 years old who were prescribed zolpidem
Percent of residents 25 years and older with high school graduation or higher education
Attendance rate for students in 1st through 12th grades
Four-year graduation rate
Five-year graduation rate
High school dropout rate
Percent of residents 25 years and older with a bachelor's degree or higher education
Amount of outdoor radon
Percent of residents in a 100-year floodplain
Air Quality Index (AQI)
Average daily density of fine particulate matter in the air
Hospital visits for diseases of the genitourinary system (genital and urinary organs) per 100,000 residents
People living with HIV/AIDS per 100,000 residents
People newly infected with chlamydia per 100,000 residents
People newly infected with gonorrhea per 100,000 residents
People newly infected with syphilis and showing no symptoms per 100,000 residents (early syphilis)
People diagnosed with syphilis and showing symptoms per 100,000 residents (primary and secondary syphilis)

Food environment index
Percent of residents with food insecurity (a household's inability to provide enough food for every person to live an active, healthy life)
Percent of students who qualify for free or reduced school lunches
Percent of children with food insecurity (a household's inability to provide enough food for every child to live an active, healthy life)
Percent of uninsured (not covered by health insurance)
Number of residents per 1 primary care physician
Hospital visits for diseases of the circulatory system (blood, blood vessels, and heart) per 100,000 residents
Deaths due to heart disease per 100,000 residents
Estimated percent of adults that have had a heart attack
Estimated percent of adults that have had angina (chest pain) or coronary heart disease (narrowing of the arteries)
Estimated percent of adults that have had a stroke
Deaths due to stroke per 100,000 residents
Deaths due to essential hypertension (high blood pressure without a known cause) per 100,000 residents
Estimated percent of adults diagnosed with hypertension (high blood pressure with a known cause, such as kidney disease)
Deaths due to atherosclerosis (build-up of fats and cholesterol in arteries that restrict blood flow and cause clots) per 100,000 residents
Deaths due to kidney disease per 100,000 residents
Estimated percent of adults diagnosed with high cholesterol
Percent of households with severe housing problems
Estimated percent of adults that received a flu shot in the past 12 months
Estimated percent of adults greater than 64 years old that have had a pneumonia vaccination
Top 10 leading causes of death
Top 10 leading causes of death by gender
Top 10 leading causes of death by race and ethnicity
Top 10 leading causes of death by age
Life expectancy by census tract
Life expectancy by age
Hospital visits for children and adults with mental disorders per 100,000 residents
Percent of middle and high school students that have gambled for money or anything of value in the past year
Percent of middle and high school students that have felt like they would like to stop gambling but didn't think they could in the past year
Estimated percent of adults that have ever been told by a health professional they have a depressive disorder, including depression, major depression, or minor depression
Deaths due to suicide per 100,000 residents
Number of residents per 1 mental health provider
Percent of middle and high school students that said yes to living in a neighborhood with lots of empty or abandoned buildings

Percent of middle and high school students that said yes to living in a neighborhood with lots of graffiti
Wichita walkability score
Wichita bike-ability score
Wichita public transit score
Hospital visits for with endocrine, nutritional, metabolic and immunity disorders (for example, thyroid disorders, diabetes, malnutrition, obesity, cystic fibrosis) per 100,000 residents
Estimated percent of adults that have diabetes
Deaths due to diabetes per 100,000 residents
Estimated percent of adults that are obese based on reported height and weight (BMI calculation)
Estimated percent of adults that participate in the recommended level of physical activity
Percent of residents in poverty (income in the past 12 months is below the Federal Poverty Level)
Percent of children in poverty (children in a household with income in the past 12 months was below the Federal Poverty Level)
Percent of seniors (65 years and over) in poverty (income in the past 12 months was below the Federal Poverty Level)
Unemployment rate of individuals 16 years and older
Median household income
Deaths due to chronic lower respiratory diseases (for example, lung disease, bronchitis, pneumonia) per 100,000 residents -
Estimated percent of adults that have chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis
Hospital visits for diseases of the respiratory system (for example, lung disease, bronchitis, pneumonia) per 100,000 residents
Estimated percent of adults with asthma
People diagnosed with respiratory infectious diseases investigated by public health (for example, whooping cough) per 100,000 residents
Deaths due to pneumonia and influenza (flu) per 100,000 residents
Hospital visits for diseases of bones, muscle and connective tissue (for example, arthritis, gout, lupus) per 100,000 residents
Hospital visits for diseases of the skin per 100,000 residents
Hospital visits for diseases of the brain and nervous system (for example, multiple sclerosis, meningitis) per 100,000 residents
Deaths due to Alzheimer's disease per 100,000 residents
Estimated percent of adults that have been diagnosed with arthritis
Percent of students that have ever smoked cigarettes
Percent of students that have ever tried electronic cigarettes, e-cigarettes, vape pens, or e-hookahs
Percent of students that have ever used smokeless tobacco chew, snuff, plug, dipping tobacco, or chewing tobacco
Estimated percent of adults that currently smoke cigarettes
Estimated percent of adults that currently use any smokeless tobacco products
Deaths due to unintentional injury (for example, drowning, motor vehicle crashes) per 100,000 residents
Hospital visits for injury and/or poisoning per 100,000 residents

Firearm fatalities per 100,000 residents
Deaths due to motor vehicle accidents per 100,000 residents
Deaths due to falls per 100,000 residents
Deaths due to poisoning per 100,000 residents
Crime per 1,000 residents
Violent crimes per 1,000 residents
Property crime per 1,000 residents
Felonies at schools per 100 students
Misdemeanors at schools per 100 students
School discipline per 10,000 students
School discipline for weapon per 10,000 students
School discipline for violence resulting in injury per 10,000 students
Percent of middle and high school students that have ever belonged to a gang
Percent of middle and high school students that said yes to living in a neighborhood with crime and drugs
Homicide deaths per 100,000 residents
Number of juvenile (less than 18 years old) arrests
Number of adults imprisoned per 100, 000 residents
Domestic violence incidents per 100 residents
Percent of middle and high school students that said they feel safe at school
Percent of middle and high school that said they have attacked someone with the idea of seriously hurting them (in the last 12 months)
Percent of middle and high school that said they have been bullied at school during the past 12 months
Percent of middle and high school that said they have been electronically bullied at school during the past 12 months (includes being bullied through e-mail, chat rooms, instant messaging, websites, or texting)
Percent of middle and high school that said they missed school because they felt unsafe, uncomfortable or nervous at school or on the way to or from school during the past 12 months
Percent of middle and high school that said they don't feel safe in their neighborhood or the area around where they live
Percent of middle and high school that said yes to living in a neighborhood with fighting