Welcome to the Community Health Summit

Presentations about the Sedgwick County Community Health Assessment to Community Members and Organizations

September 10, 2025













WICHITA STATE UNIVERSITY

COMMUNITY ENGAGEMENT INSTITUTE

Center for Applied Research and Evaluation

Meeting Announcements

- Welcome!
- Restroom locations
- Please eat breakfast
- Partners presenting today:
 - Ascension Via Christi
 - Wichita State University
 - Wyandotte County Public Health Department
- Your role: Be curious and engaged!
 - Ask questions with a raised hand or write on a card at your table.
 - There are two Q&A sessions this morning.
 - Contact us: <u>HealthCHIP@sedgwick.gov</u>

Today's Agenda

- 2025 Community Health Assessment (CHA)
 - 1. Community Listening Sessions (CLS)
 - 2. Community Health Needs Assessment (CHNA)
 - 3. Community Health Profile (CHP)
- Conditions that Shape Community Health
- Next steps: 2026-28 Community Health Improvement Plan (CHIP)



Meeting Objectives

By the end of this meeting, attendees will be able to:

- Describe the parts of the 2025 Community Health Assessment (CHA).
- 2. Name two foundational principals of the Mobilizing for Action through Planning and Partnerships (MAPP) community health improvement framework.
- Describe how social determinants of health are incorporated into the Wyandotte County Community Health Improvement Plan (CHIP).

Community Health Data = Community Health Assessment (CHA)

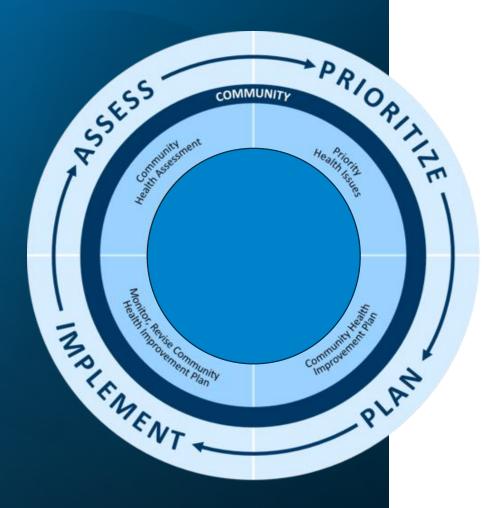
The focus of the meeting today is on community health data which are used to inform the 2026-28 Community Health Improvement Plan for Sedgwick County.



2025 Community Health Assessment (CHA)

Trisha Wile, MBA Community Health and Outreach Manager Sedgwick County Health Department

Community Health Improvement Cycle



Through data, strategic collaborations, and community power and engagement, we improve the community's health.

- Assess the community's health with the Community Health Assessment (CHA)
- Prioritize health issues
- Plan the goals for the Community Health Improvement Plan (CHIP)
- Implement the CHIP

Mobilizing for Action through Planning and Partnerships (MAPP 2.0) **Foundational Principals** (Adapted)

Identify priorities & action plans, driven by the community, through data

Ensure everyone can contribute & help drive action

Work together on community-wide strategies

Build connection & trust

Mobilize action to change systems

Data & Community Informed Action

Community Empowerment

Community Engagement Strategic Collaboration & Alignment

Adapted from National Association of County & City Health Officials (NACCHO) MAPP 2.0 Foundational Principals found in the MAPP Evolution Blueprint Executive Summary. Retrieved 8/24/25, from https://www.naccho.org/uploads/downloadable-resources/MAPP-Evolution-Blueprint-Executive-Summary-V3-FINAL.pdf

Community Health Assessment (CHA)



Is a snapshot of our community's health.





Gives organizations comprehensive information about the community's current health status, needs, and issues.





Requires community engagement and collaboration.



2025 Sedgwick County Community Health Assessment (CHA)

1. Community
Listening
Sessions (CLS)

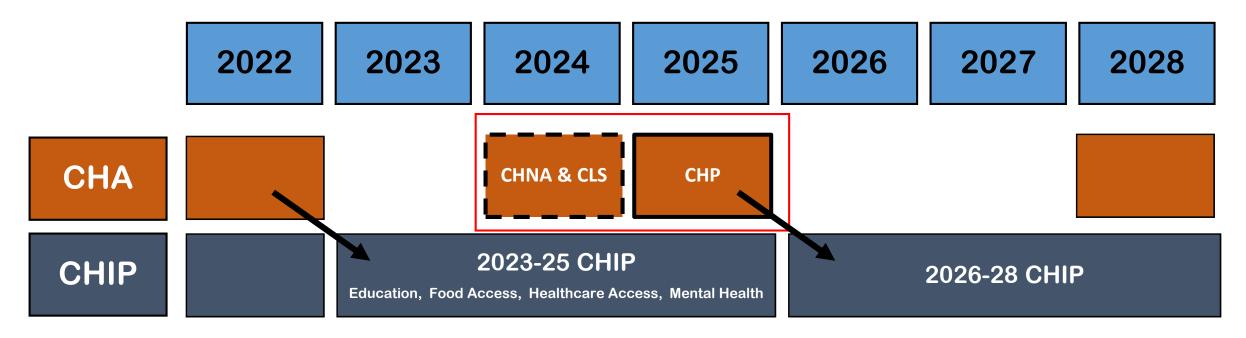
2. Ascension
Via Christi
Community
Health Needs
Assessment
(CHNA)

3. Community Health Profile (CHP)

Published on the Ascension website.

Published on the <u>SCHD website</u>.

The CHA/CHIP Timeline



The Sedgwick County <u>CHA</u> provides a comprehensive view of our community's key health status, needs and issues by collecting and analyzing health data and soliciting and incorporating community input.

The Sedgwick County **CHIP** is a three-year community led process that identifies priority issues, develops and implements strategies for action, and establishes accountability to ensure measureable health improvement.

2024 Community Listening Sessions (CLS)











PURPOSE:

- To hear the community's thoughts
 & concerns about health issues.
- To identify gaps and barriers to health in the community.



SCHD WANTED TO:

- Hear stories behind the data.
- Ensure voices were being heard.

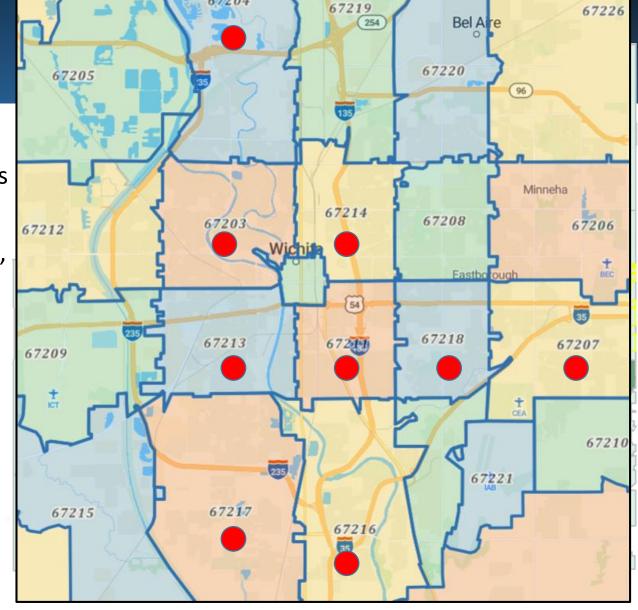
"Going to the doctor isn't normal in my family; asking for help isn't normal."

2024 Community
Listening
Sessions (CLS)

Where were CLS held?

- In 9 identified high priority ZIP Codes where demographic and economic factors may lead to less access to resources.
 - Examples of factors: Poverty, crowded housing, lack of access to transportation

ZIP Codes	
67214	67204
67211	67217
67213	67203
67216	67207
67218	



Resource:

Thank you to the organizations who hosted the Community Listening Sessions (CLS)

- Boys & Girls Clubs South Central Kansas
- Christian Faith Center
- Destination Innovation
- Evergreen Community Center & Library
- First Pentecostal Church
- Hilltop Community Center
- HumanKind Ministries
- Kansas Children's Service League
- Legacy Ministries
- Northeast Senior Center
- Oaklawn Improvement District

- Prairie Homestead Senior Living
- Senior Services of Wichita
- The Center
- The Phoenix
- The Treehouse
- Urban League of Kansas
- Wichita Children's Home CrossRoads
- Wichita City Council Districts
 3 & 4
- Wichita Public Library –
 Maya Angelou NE Branch &
 Walters Branch

Who participated in the Community Listening Sessions (CLS)?



Facilitated Sessions

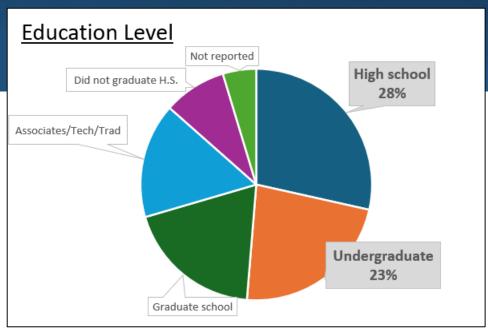
- Conducted 17 in-person and 1 online.
- 185 participants attended.

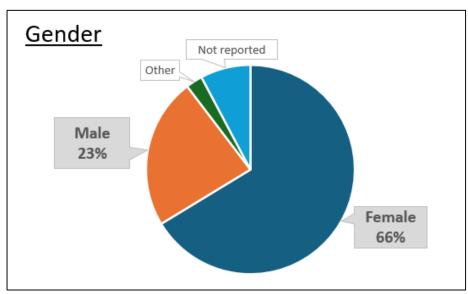
Online Survey

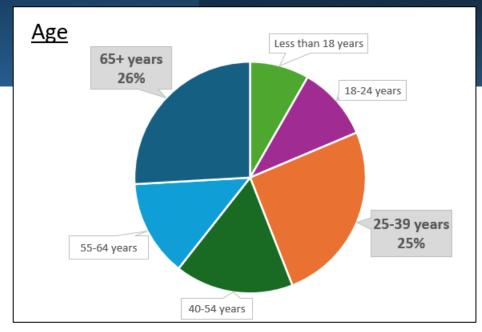
- 29 participants completed the online survey.
 - Survey was distributed via email to partners, organizations and coalitions.
 - Postcards were also dropped off to organizations and partners.

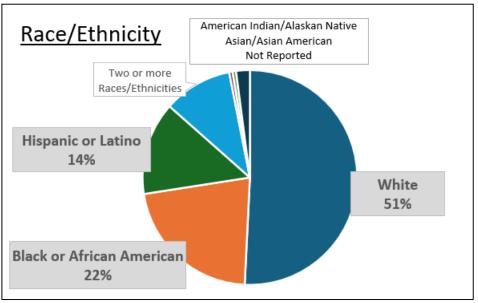
Overall, 214 individuals participated in the CLS.

CLS Participant Demographics









CLS: Individual - Focused Questions and Response Themes

What does health mean to you?

- Holistic health & overall wellbeing
- Mental health
- Physical Health
- Individual Behaviors
- Access to resources
- Community health & support
- Independence
- Good finances
- Environment

Are there things that make it hard for you to be healthy?

- Lack of resources
- Interpersonal factors
- Personal factors
- Lack of knowledge & awareness
- Cost of resources & services
- Environment

What are things that support your efforts to be healthy?

- Access to resources
- Social support
- Individual behaviors
- Community events
- Good finances

CLS: Community - Focused Questions and Response Themes

What comes to mind when I say a healthy community?

- Access to resources
- Social support
- Environment & safety
- Community engagement
- Communication, trust
- Good health
- Financial stability
- Good finances
- Equal access

Are there things that worry you about the health of your community?

- Lack of access and resources
- Safety
- Lack of community connection
- Mental health & substance misuse
- Poor health outcomes
- Environment
- Cost of care & services
- Inequity

What are things that currently exist that support the health of the community?

- Community organizations
- Environment
- Community activities
- Access to resources
- Social support
- Knowledge & educational programs

CLS: What Did We Learn?

- **CLS** participants appreciated being heard.
- Overall health was viewed as being holistic.
- A lack of resources was a barrier to being healthy.
- Health is impacted by relationships, social situations, and the built environment.
- Organizations can improve collaboration, connecting the community with necessary resources and support.
- Recurring themes: Utilization of resources and community connections

2025 Focus Group Sessions

Purpose:

To hear how Sedgwick County residents utilize local resources and connect with their communities.

 Overall, 79 individuals participated in the four in-person Focus Group Sessions.



Thank you to the organizations who hosted the Focus Group Sessions:

- Destination Innovation
- Evergreen Community Center & Library
- The Center

Focus Group Questions and Themed Responses

Utilization of Resources

- 1. How do you currently learn about community services and what works well?
- Organizations and word of mouth

- 2. What factors or experiences make people feel comfortable to seek out and use community services?
- Ethical, recommended by someone familiar, relatable, targeted to their needs

- 3. What do you think makes it difficult for people to connect with the services they need?
- Apprehension, scheduling conflicts, transportation, ineffective communication

Focus Group Questions and Themed Responses

Community Connections

1. What comes to mind when I say connections within a community?

- Supportive relationships, organizations, neighborhoods
- 2. What things can lead to people feeling isolated within a community?

Systematic disparities, violence & crime, individual differences & attitudes

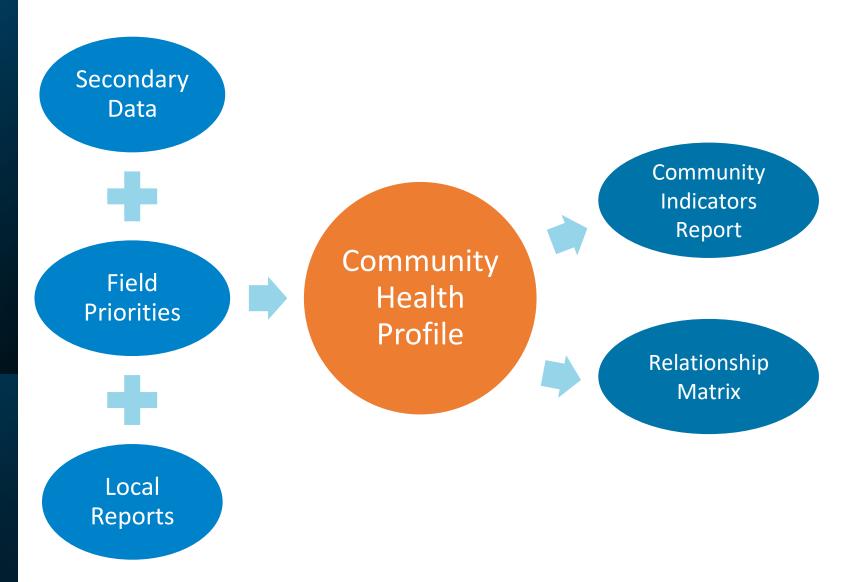
- 3. What actions could you take to feel connected within your community and how could organizations support this?
- Events, information sharing
 - Collaboration, understand the community & culture, provide resources

2025 Community Health Profile (CHP)

Kaylee Hervey, MPH
Epidemiology Program Manager
Sedgwick County Health Department

What is the Community Health Profile (CHP)?

Community Health Profile Components



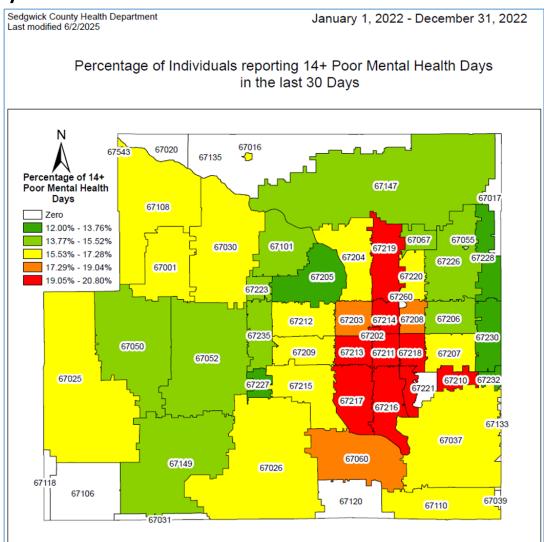
Why does the Community Health Profile matter?

Dr. Allison Arwady,
 Director of CDC's Injury Center

"We use data to focus where the impact will be the greatest." What are some of the Community Health Indicators used for the Community Health Profile?

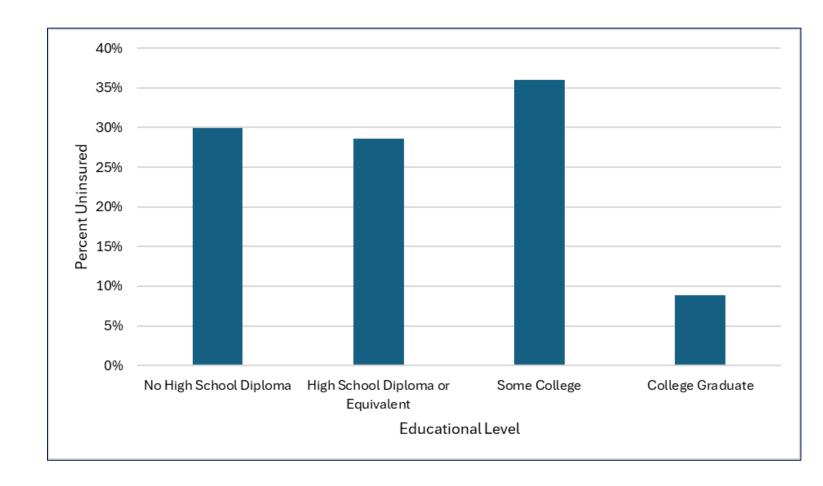
Mental Health

- ZIP Codes in red have the highest percentage of individuals with 14 or more poor mental health days in the last 30 days
 - 67202
 - 67210
 - 67211
 - 67213
 - 67214
 - 67216
 - 67217
 - 67218
 - 67219



Health Care Access

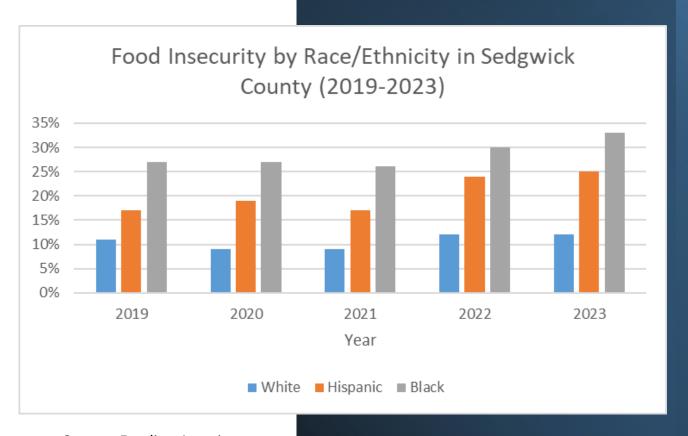
• College graduates have a lower percent without insurance compared to other educational levels



Food Environment

 Food insecurity has been increasing for Black or African Americans and Hispanic or Latinos since 2021

 These populations have higher percentages of food insecurity compared to White individuals

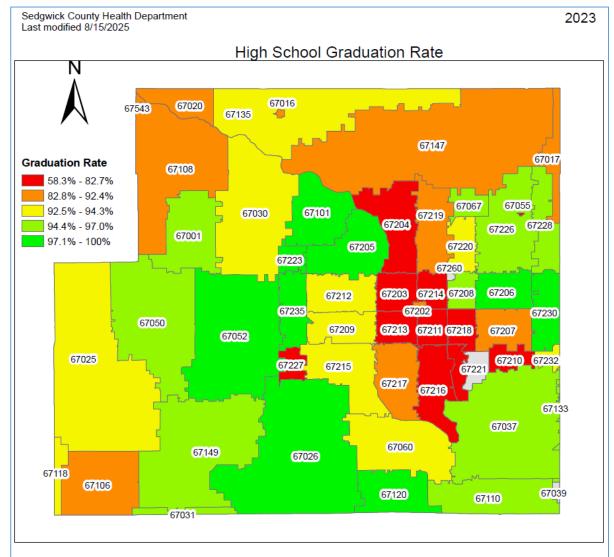


Source: Feeding America

Education

ZIP Codes in red have the lowest graduation rates

- 67203
- 67204
- 67210
- 67211
- 67213
- 67214
- 67216
- 67218
- 67227



- . The map shows high school graduation rates across Sedgwick County.
- Some ZIP Codes in gray do not have data or are along the edge of the county border cross county lines and are not included.
- Graduation rate in 67227 is 58.3% and is an anomally with volatile rates due to its low population.

Now let's tie it all together:

How Poverty Impacts
Health

Poverty Relationship Matrix

Leads To

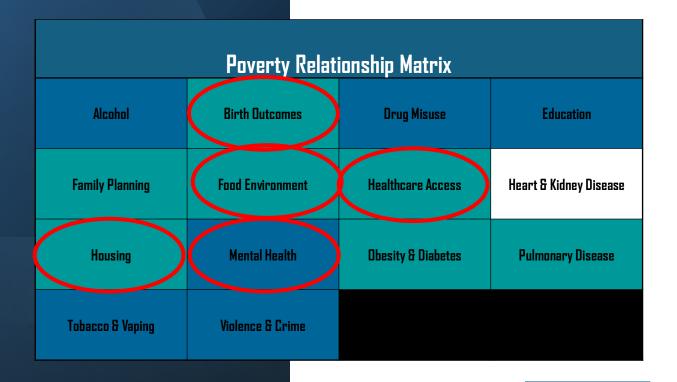
Both Stems From & Leads To

No Evidence of a Relationship

Alcohol

Birth

Outcomes



Poverty

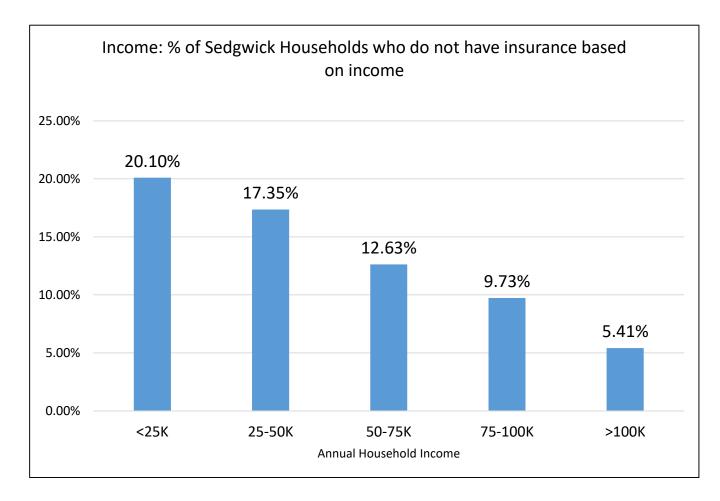
Poverty

- Poverty causes delayed or skipped medical care, leading to worse health outcomes.
- Poverty forces families into unsafe housing, increasing exposure to illness and injury.
- Poverty limits access to healthy food, fueling obesity and diabetes.
- Poverty restricts access to reproductive care, leading to poor birth outcomes.
- Chronic financial stress directly increases rates of depression and anxiety.

Tracing the Effects of Poverty

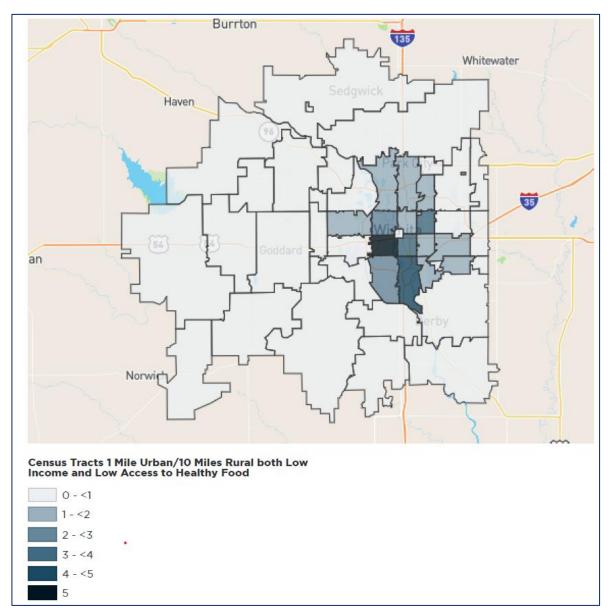
Poverty and Healthcare Access

• For Sedgwick County households making less than \$25,000 per year, 1 in 5 reported not having any insurance



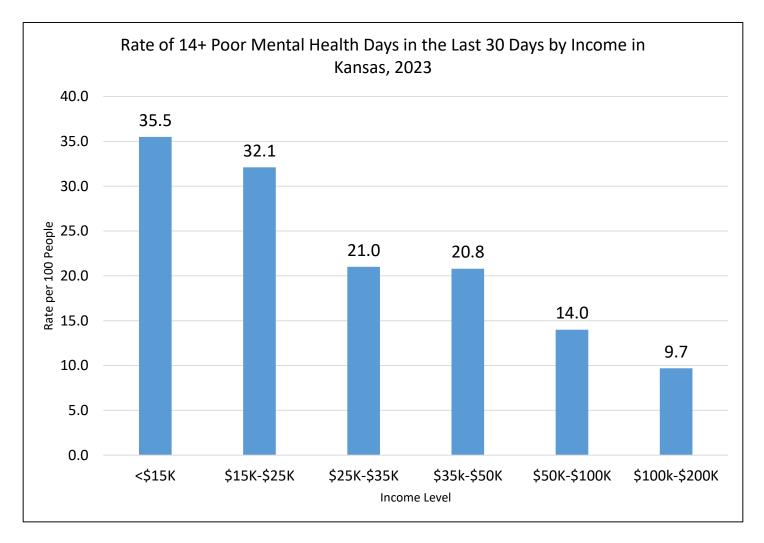
Poverty and Food Access

- ZIP Codes in black or dark blue have the highest LILA*
 - 67203
 - 67208
 - 67211
 - 67213
 - 67216



Poverty and Mental Health

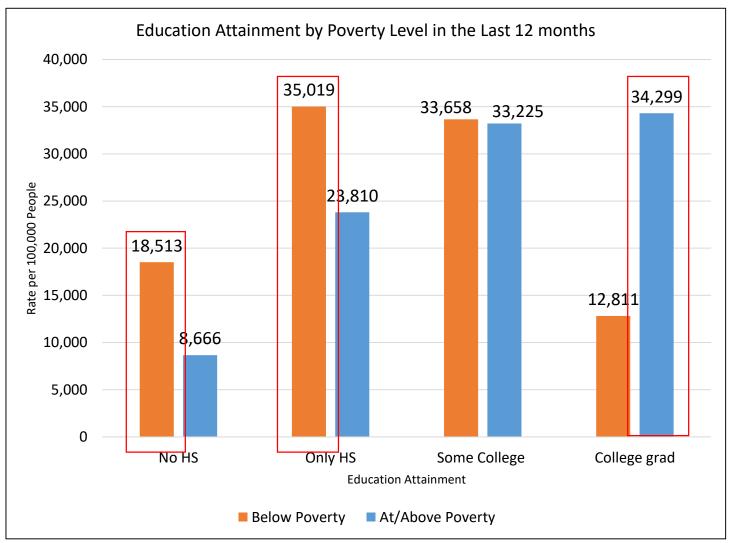
• 1 in 3 Kansans whose household income is less than \$25,000 experience about half or more of their days in poor mental health



Source: BRFSS (2023)

Poverty and Education

 Individuals that are at/above the poverty line are nearly 3 times more likely to graduate from college



Break





The Conditions that Shape Health

Chris Steward, MPH
Deputy Health Director
Sedgwick County Health Department

What Have We Heard Today?

Data about Sedgwick County



Mobilizing for Action through Planning and Partnerships (MAPP 2.0) Partner Work



 <u>Collective groups of people with diverse perspectives</u> who currently and in the future live, work, play, worship, lead, and <u>connect</u> with/utilize/need resources within Sedgwick County.*

^{*}Developed at the Sedgwick County Health Alliance Meeting, 9/6/24

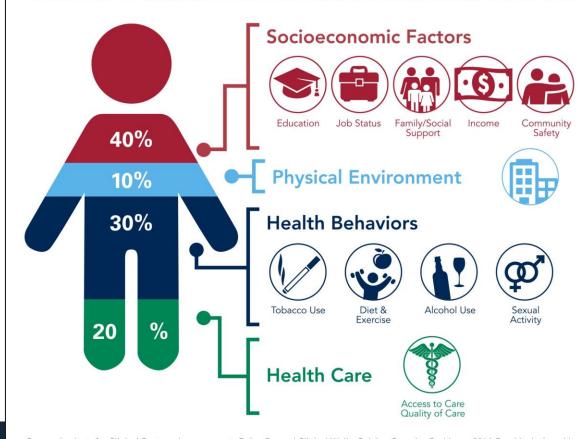
How to Improve Health Outcomes for Everyone?

 Clinical care alone cannot prevent illness.

 Non-medical factors that influence health outcomes are called social determinants of health (SDOH).

IMPACT OF SOCIAL DETERMINANTS OF HEALTH

Social determinants of health have tremendous affect on an individual's health regardless of age, race, or ethnicity.



➤ SDOH Impact

- 20 percent of a person's health and well-being is related to access to care and quality of services
- The physical environment,
 social determinants and
 behavioral factors drive
 80 percent of health outcomes

Source: Institute for Clinical Systems Improvement; Going Beyond Clinical Walls: Solving Complex Problems, 2014 Graphic designed by ProMedica.

©2018 American Hospital Association

How to achieve good health outcomes for everyone?

SOCIAL DETERMINANTS AND SOCIAL NEEDS: MOVING BEYOND MIDSTREAM





- Increase adults with internet access
- Reduce asthma attacks & deaths
- Reduce blood lead levels in children

- Increase adults who get recommended preventive care
- Increase people with substance use disorder who get treatment







- Increase health literacy
- Increase children who show resilience to stress





 Increase children who are developmentally ready for school





- Reduce poverty
- Increase employment
- Reduce household food insecurity

Addressing Poverty and Social Determinants within a CHIP: Lessons Learned in Wyandotte County

Wesley McKain
Community Health Manager
Wyandotte County Public Health Department

Wyandotte County, KS



Community Health Improvement Plan

2024 - 2028



Unified Government Public Health Department





Wyandotte CHA-CHIP Cycle







2024-2028 Priority Areas







Education









- Substance Misuse
- Mental Health

Poverty

Racism

Trauma

Looking at Priority Areas through the Lenses



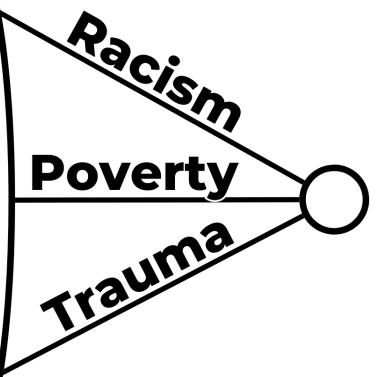
Jobs & Education

Health Care Access

Safe & Affordable Housing

Violence Prevention

Behavioral Health



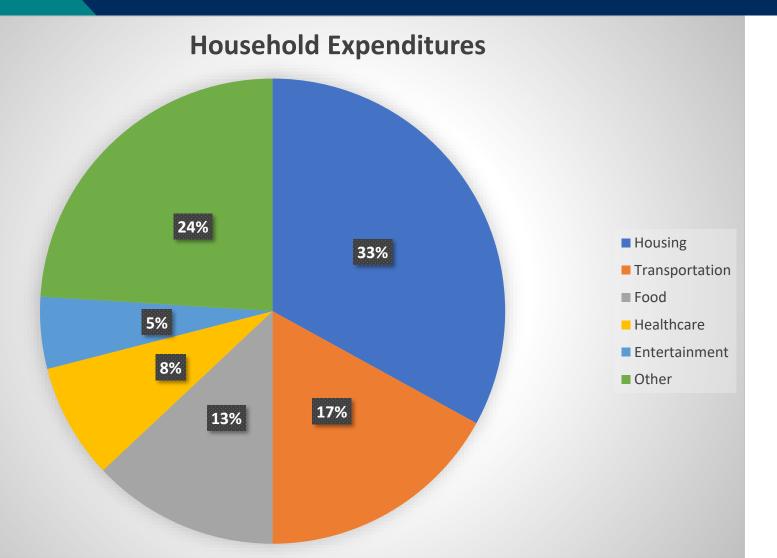


Addressing Poverty: Decreasing costs

- What are the main household expenses for Sedgewick County residents?
 - As a table, discuss, and rank order your top 3, with percentages
 - 3 minutes
 - Then we'll share out.



Addressing Poverty: Decreasing costs



Swing factor:Childcare

• 1 child: 15%

• 2 children: 30%

Source: Bureau of Labor Statistics



Addressing Poverty: Increasing Income

Increase Income: How can you remove <u>barriers</u> to residents accessing living wage jobs?

- 1. Criminal Record: Second chance hiring
- 2. Limited English: English language proficiency
- 3. No Ride: Workforce transportation
- 4. Lack of connection between educators and employers: Education-to-Employment pipeline
- 5. No degree, few skills: Adult training & education









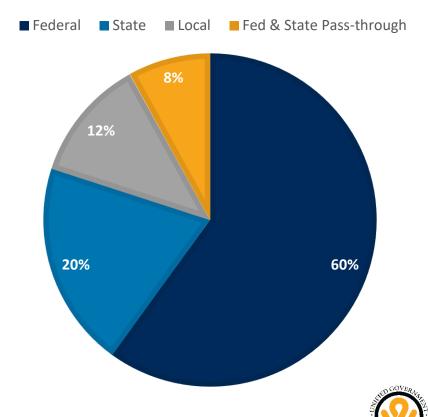
Recommendation #1

Work to address poverty by convening on the factors that impact it, not on poverty itself.

Strategy Strategy: Identify systems modifiable at the local level

- Local government has the least funding
- So how do we sniff out opportunities for systems change at the local level?
- Find "Last Mile" problems
 - Housing Choice Vouchers
 - Community Health Workers (e.g. prescription assistance program)
 - Health insurance enrollment
 - Transportation assistance
- Small changes that leverage large local systems
 - Business ESL (Employers)
 - Specialty Courts (Judicial)

SHARE OF PUBLIC FUNDING



Source: Congressional Budget Office







Recommendation #2

Select strategies that connect residents to existing resources, or improve the performance of large local systems







Steering Committee

Overarching leadership

Provides guidance and strategic oversight for the direction and implementation of the CHIP

Health Equity Subcommittee

Builds capacity to evaluate how the CHIP applies the three Lenses: poverty, racism, and Adverse Childhood Experiences (ACEs)

WYCO Health Dept.

Backbone support

Provides technical assistance, raises resources, conducts evaluations, and ensures the overall sustainability of the CHIP

CHIP "Lead Agencies"







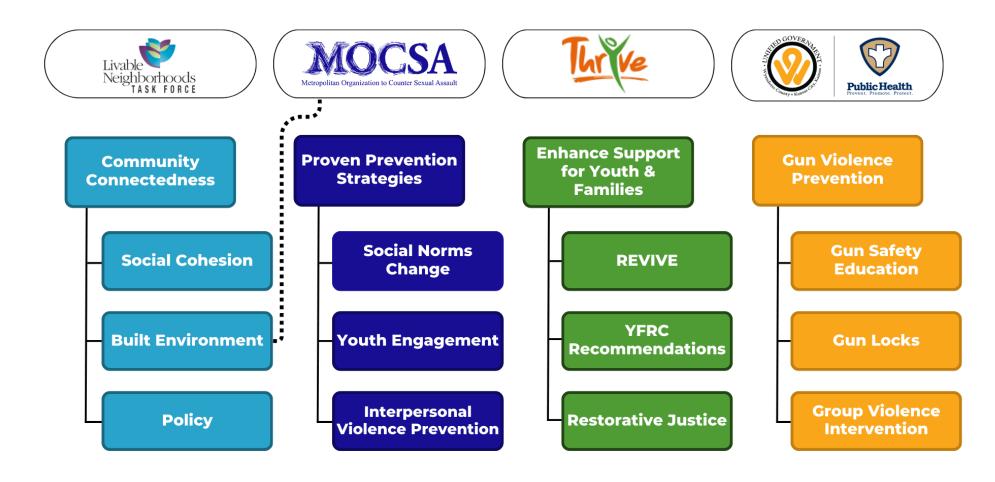








Violence Prevention



Collective Impact

Our model for collaboration

5 CONDITIONS OF COLLECTIVE IMPACT



Common Agenda

Coming together to collectively define the problem and create a shared vision to solve it.



Shared Measurement System

Agreeing to track progress in the same way, which allows for continuous improvement.



Mutually Reinforcing Ideas

Coordinating collective efforts to maximize the end result.



Continuous Communication

Building trust and relationships among all participants.



Backbone Organization

Having a team dedicated to orchestrating the work of the group.

Collective Impact

Table 5. Collective Impact Model in the WYCO CHIP

Collective Impact Principle	Definition	Collective Impact in Wyandotte County
A common agenda	Coming together to collectively define the problem and create a shared vision to solve it.	Shared goals and strategies, as identified through CHIP planning process and as outlined in the 2024-2028 CHIP.
Shared measurement	Tracking progress in the same way, allowing for continuous learning and accountability.	Tracking shared metrics or objectives for each the CHIP priority areas.
Mutually reinforcing activities	Integrating the participants' many different activities to maximize the end result.	Identified CHIP strategies, coordinated in mutually reinforcing ways by Action Teams and Committees led by Lead Agencies and the WyCo PHD.
Continuous communications	Building trust and strengthening relationships through communication.	Regular CHIP coordination meetings, email updates, and published annual reports and booklets.
A strong backbone	Having a team dedicated to aligning and coordinating the work of the group	WyCo PHD staff and Lead Agency staff who coordinate and support CHIP Action Teams and Committees.







Lead Agency vs HD role

UG Public Health Department

- Oversee project tracking and reporting
- •Collect, analyze, and disseminate health outcomes data
- Assist with strategy development and action planning
- Help apply for funding

Lead Agencies

- Provide Action Team facilitation and leadership
- Provide dedicated staff time to ensure strategy implementation

Jobs & Education

Wyandotte Economic Development Council

Health Care Access

Vibrant Health

Safe & Affordable Housing

Livable Neighborhoods

Violence Prevention

MOCSA

Ku-Thryve

Livable Neighborhoods Taskforce

Behavioral Health

Wyandot Behavioral Health Network

Selection Process

- Mission alignment!
- Community credibility & relationships

MOUs

- HD: Help raise \$\$\$
- Lead Agency: provide staff

Shared funding

- Supports adaptive role as Lead Agency
- Shared risk
- Anchor funder very helpful









Recommendation #3

Select Lead Agencies to coordinate implementation in each priority area, who have subject matter expertise and community credibility.



Jobs & Education

- Launched "Business ESL" in partnership with KCKCC and local employers, supporting workers complete ESL courses during the workday
- Raising WYCO
 - 431 new childcare spaces have been created for children 1-5 years old, through efforts of the Family Conservancy's Start Young Program







Health Care Access

 Non-Emergency Medical Transportation program, providing over 2,000 farefree rides to safety net clinic appointments

 Medicaid Unwinding community campaigns, including a community training, social media videos and household mailers







W Violence Prevention

- Trained 40+ UG staff in Crime Prevention Through Environmental Design (CPTED) and built Community by Design tool for neighborhood improvement projects
- Grandparents for Gun Safety increased their gun lock distribution by 300% in 2024









Safe & Affordable Housing

- Established Wyandotte's first
 Community Land Trust started at Community Housing of Wyandotte County.
- Helped 95 households with 109 children access federal housing assistance through KCK Housing Authority's Tenant Barrier Fund







Behavioral Health

Wyandot Behavioral Health Network

Reduce barriers to accessing treatment and other supports, and promote harm reduction approaches



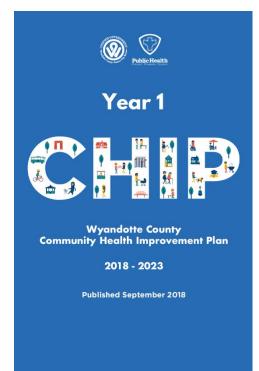
If you or someone you know needs support now, CALL OR TEXT: 988 CHAT: 988lifeline.org Talk with us.

2024 Successes:

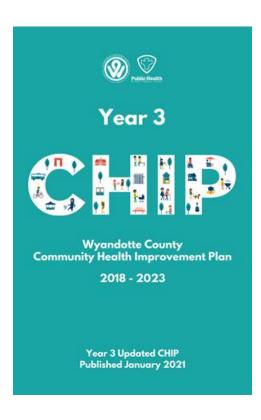
- The 988 Suicide and Crisis Lifeline was officially opened on May 9th, 2024, answered 4,264 calls from May-December
- WyCo PHD distributed 2098 doses of naloxone/Narcan with education, vending machines in high-need areas, including KCKPL

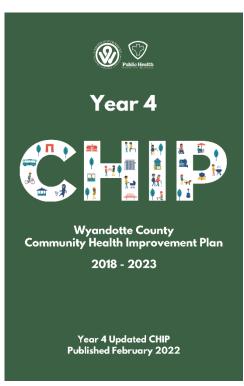


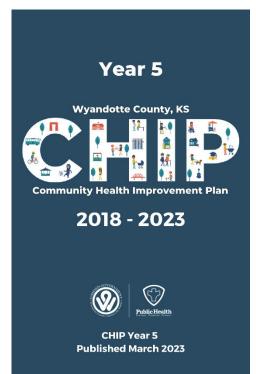




















Recommendation #4

Revise the plan annually, and distribute the annual CHIP Plan in attractive, easy-to-read format.

Wyandotte County, KS



Community Health Improvement Plan

2024 - 2028



Unified Government Public Health Department



Thank You!

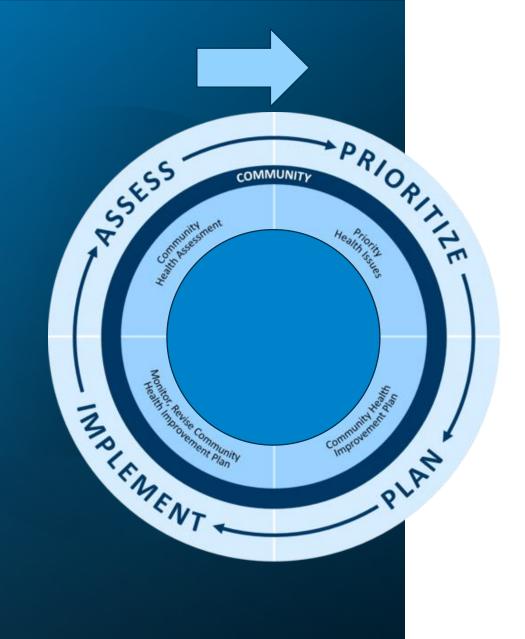
Wes McKain
Community Health Manager, WYCO Public Health

wmckain@wycokck.org:: 913-573-8833



Next Steps: 2026-28 Community Health Improvement Plan (CHIP)

Chris Steward, MPH
Deputy Health Director
Sedgwick County Health Department



Community Health Improvement Cycle

MAPP Foundational Principals

- Data & Community Informed Action
- Community Engagement
- Community Empowerment
- Strategic Collaboration & Alignment

Community Health Assessment: Data-driven Process to Choose Health Issue



442 Data
Points from
55 Sources

Categorize intoHealth Issues

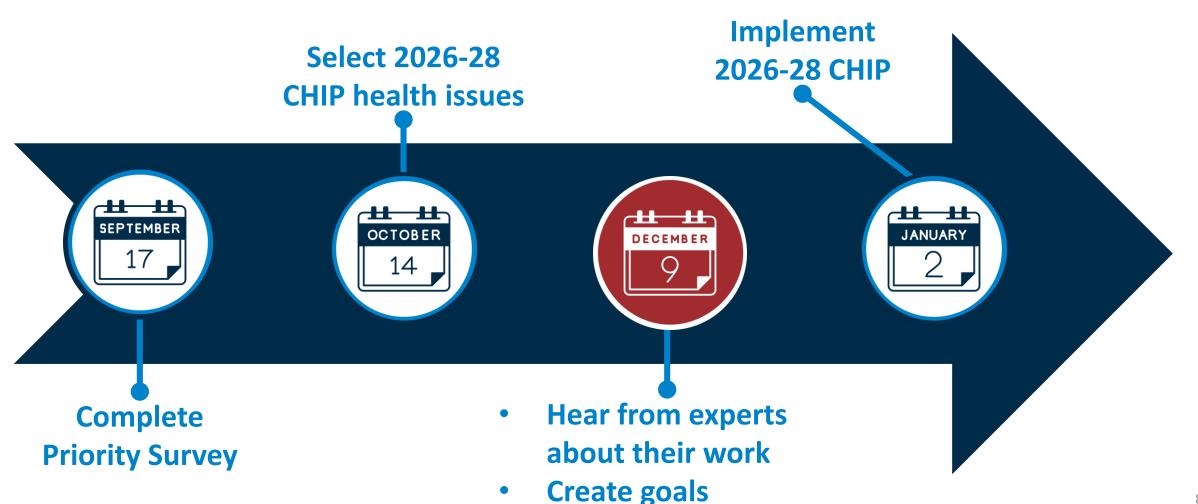
28 Total
Health Issues

- Relationship Matrices
- Scoring

14 Health
Issues
Priority
Survey
CHIP Dev.
Meeting

3-5 Health Issues CHIP

Next Steps Towards the 2026-28 Community Health Improvement Plan (CHIP)



Priority Survey



- Community members and partners take this survey to inform the CHIP
- Survey closes 9/17/25
- 14 Health Issues
 - Select importance and impact
- Results presented at CHIP Development meeting #1 on 10/14/25

Community Health Improvement Plan (CHIP) Development Meetings



Meetings will be
Tuesday, October 14
and
Tuesday, December 9

Thank you!

- Your attendance today will help build connections that turn insights into impact.
- Thank you to the presenters:
 - Ascension Via Christi
 - Sedgwick County Health Department
 - Wichita State University
 - Wyandotte County Public Health Department
- We recognize the following groups who made this effort possible:
 - CHA/CHIP Assessment Committee
 - Health Alliance
 - Sedgwick County Health Department staff
 - Wichita State University Connect
- Contact us: <u>HealthCHIP@sedgwick.gov</u>

Community Health Summit Meeting Survey

Community Health Summit Attendees:

Please provide your feedback on this meeting.

The Summit meeting survey closes
 9/11/25 end of day.

