Administration and Human Services
Committee
Standing Committee Meeting Agenda
Monday, August 20, 2012
6:00 PM

Location:
Municipal Office Building
701 N 7th Street
Kansas City, Kansas 66101
6th Floor Training Room

<table>
<thead>
<tr>
<th>Name</th>
<th>Absent</th>
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<tbody>
<tr>
<td>Commissioner John Mendez, Chair</td>
<td>☐</td>
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<tr>
<td>Commissioner Ann Brandau-Murguia</td>
<td>☐</td>
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<tr>
<td>Commissioner Angela Markley</td>
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<tr>
<td>Commissioner Tom Cooley</td>
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<tr>
<td>Commissioner Butch Ellison</td>
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I. Call to Order / Roll Call

II. Approval of standing committee minutes for June 18, 2012.

III. Committee Agenda

Item No. 1 - GRANT: WYANDOTTE HEALTH FOR ALL

Synopsis:
Communication stating a grant application has been submitted to the CDC for a three-year grant in the amount of $3,690,000 called "Wyandotte Health for All: Reducing Obesity and Hypertension among African Americans and Latinos in Wyandotte County, Kansas," submitted by Joe Connor, Director of Public Health.

Tracking #: 120225
Item No. 2 - COMMUNICATION: REQUIREMENT OF PAYROLL DIRECT DEPOSIT

Synopsis:
Communication stating the UG is requiring direct deposit of paychecks effective January 1, 2013, submitted by Lew Levin, Chief Financial Officer. The change will improve efficiency and achieve cost savings.

No action required.
Tracking #: 120233

IV. GOALS AND OBJECTIVES

Item No. 1 - GOALS AND OBJECTIVES

Synopsis:
The Unified Government Commission conducted a strategic planning process resulting in specific goals and objectives adopted by the commission on May 17, 2012. Commission has directed that the goals and objectives appear monthly on respective standing committee agendas to assure follow-up and action toward implementation.

a. Education/Workforce Development. Maintain a collaborative working relationship with the various educational institutions and the business community to maximize community resources and enhance learning, college readiness, and career pathway opportunities in our community.

b. Tax sales and local resident preference

c. Customer service
d. UGTV

Tracking #: 120153

V. Adjourn
The meeting of the Administration and Human Services Standing Committee was held on Monday, June 18, 2012, at 6:25 p.m., in the 6th Floor Human Resources Training Room of the Municipal Office Building. The following members were present: Commissioner Mendez, Chairman; Commissioners Cooley, Markley, and Murguia. Commissioner Ellison was absent.

**Chairman Mendez** called the meeting to order. Roll call was taken and all members were present as shown above.

Approval of standing committee minutes for May 14, 2012. **On motion of Commissioner Markley, seconded by Commissioner Murguia, the minutes were approved.** Motion carried unanimously.

Committee Agenda:

**Item No. 1 - 120150…** Requesting the joint Code for America grant application be considered with the 2012 Revised and 2013 Budgets. If awarded, the two Kansas Cities would be provided with three to four fellows along with technical and management oversight from the Code Program to find ways to provide more efficient services and communication to constituents.

**Action:** RESCHEDULED FOR JULY 2012 MEETING

**Item No. 2 – 120151…** Recommending additions to the HR Guide, submitted by Henry Couchman, Legal, to include:

a. Distracted Drivers' Policy

b. Social Media Policy
Henry Couchman, Legal, stated both of these policies involve attempts to deal with a technological change. In one case social media and another case an issue that seems to be talked about a lot and that’s using cell phones and other electronic devices while you are driving.

I’m going to start with the social media policy. I don’t know if you are aware of it or not but the Unified Government does now have presence on Facebook and on Twitter. It’s been felt for some time that there needed to be a social media policy so we have come up with one. I will say it was something of a challenge to create one of these policies because the rate of change in this area is so great and the law has really not kept up. You can go in and do a Google search for social media policy and you would be reading for several lifetimes at this point. There is a lot written on it. Some of it is worthwhile and a lot of it isn’t. This policy is fairly long. It’s intended to be somewhat comprehensive in that it addresses the general framework for managing social media at the Unified Government. It addresses work-related use of social media. It addresses off duty use of social media by our employees and it also addresses open records. It tries to accomplish quite a bit. I’ll go over this very briefly. If you have some additional questions just let me know.

This policy starts out with a purpose and that purpose is try to encourage innovation and also balance responsibility. There is some definition in social media. It is defined quite broadly to mean any forum on the World Wide Web on which people can share ideas or information and that is in Section 2C. That definition is explained further there. The Unified Government social media site is considered either a site that the Unified Government self-establishes for example on its own web page or a third-party site like Facebook or Twitter on which the Unified Government maintains an official presence.

The third section of the policy which begins on page 2 deals with work related use of social media. Basically, it follows the rule that use of social media is governed by the responsible use of information technology policy that we already have and is considered to be an extension of that policy. Under this section, the director of Public Relations will administer a social media for the Unified Government. Social media sites are required to comply with laws in terms of use. Departments wishing to use social media sites have to get approval of the Public Relations Director. Employees need to notify their supervisor if they plan on using social media as part of their jobs. One thing this policy does provide is that at this time, posting of comments by the public is not allowed without the approval of the Director of Public Relations. The reason for that is that in order for there to be public comment, there is going to have to be another policy.
that governs what can and cannot, what is not acceptable in terms of comment on that. At this point in time, we are really looking at Unified Government employees’ posting and not at this point the public posting. There are some rules set forth in terms of employees’ use of social media.

On page 3 basically, this policy provides the Human Resources Guide and the Code of Ethics apply to employees work-related use of social media. In Subsection K on page 3, there are some specific prohibitions. They are fairly broad and I think they are pretty apparent as to why they are in there.

That’s kind of the work related use of social media trying to provide a framework in somebody who is responsible for overseeing it and providing some rules for employees who use social media for their work.

Another consideration in dealing with social media is the employee who uses social media off–work, which probably a majority of our employees use social media off-work, Facebook and Twitter. There are times when the interest of the Unified Government and the interest of the employees and their own personal use of social media intersect. This is in a pretty vague way attempting to provide some rules to govern those situations. It’s difficult to be too specific in this area for the simple reason that these kinds of things are very fact specific in terms of how they need to be handled. Basically, these rules apply to employees’ personal use of social media that relates to or identifies the Unified Government, the individual’s position with the Unified Government, or any Unified Government employee. If the individual is posting something related to the Unified Government, then these provisions may come into effect. Basically, the idea is to provide, in those situations, that employee has to follow the same rules that they would follow in the workplace under our Human Resources’ policies. They also require to adhere to the restrictions that are set forth in Subsection 3K. There is a list of seven prohibitions but that’s conditioned because the First Amendment does apply to employees’ speech and some of those things that employees are doing on their own private time may be permissible under the First Amendment and we may have to back off in terms of being able to address them. The idea, basically, is that if you are going to talk about Unified Government stuff, identify yourself as an employee of the Unified Government then in that case, they need to be following our HR rules.

The final section of the policy just deals with records retention. This is an area that has not received enough attention. This policy is intended to try to direct attention there because
every time the Unified Government posts something on social media, it’s an open record. It falls within the Open Records Act and we are suppose to keep a copy of it and produce it upon request which can be a bit of a formidable task if you are dealing with social media because there is a lot of stuff that gets posted that has to be kept. This kind of sets forth some rules and it also encourages the Director of Public Relations to get together with the Records Manager and come up with some rules to deal with that issue.

In a nutshell, that is the social media policy. If there are any questions, I’ll do my best to answer them.

Commissioner Markley stated the one thing that wasn’t addressed clearly in there that I was looking for was the issue of using social media on your work time. I’m assuming that’s probably in the HR policy elsewhere when it kind of refers to the ethics code and the human resources but to me, it would be nice if it were this policy separately as well so they don’t have to say oh, let me flip back through the rest of my human resources manual and oh yeah, not supposed to be on Facebook while I’m at work. That was just one thing that I was looking for because of a past issue. It would have been nice to have that exact language in here. Mr. Couchman stated that would probably be a good idea. Commissioner Markley stated when you are on work time, even if it’s your private account, you shouldn’t be posting anything because we are paying you to work. Mr. Couchman stated it is a good suggestion.

Mr. Couchman stated the distracted driving policy. I think the important thing in this policy is to try to get a handle on what kind of behavior you are trying to deal with. Distracted driving can encompass a lot of things. Some of us are distracted without even having a device or anything near us. Just our thoughts distract us and we arrive someplace and we don’t know how we got there. The radio is a potential distraction but I don’t think anybody would pretend that we should somehow regulate use of the car radio. What this policy is designed to do is deal with certain distractions. One of them is the use of the cell phone, either making a call or receiving a call while driving. The other thing would be the physical, visual use of a device whether it’s to read something, to write something, to send a text mail, view a YouTube video, those kinds of things would be dealt within this policy and those are kind of encompassed in that definition of electronic devices that you see there.

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As far as a cell phone, the policy tries to distinguish between what would be an essential and a non-essential call. That’s kind of a lose concept but really an essential call is one that can wait to be answered and non-essential call is one that can wait and an essential call is one that cannot wait. Non-essential calls should be allowed to go to voice mail. There is no reason to answer those calls while you are driving. Essential calls on the other hand, they need to be answered reasonably. **Commissioner Murguia** asked who is deciding that. Is someone deciding my calls for me? **Mr. Couchman** stated I think that is something we are asking employees to use reasonable judgment on. If someone has a better idea on how to do that, I’m fine with it; but trying to define when a call is one that must be answered or should be answered while you are on the road is a difficult thing to do. It’s hard to draw those lines. I’ve just come to the test of reason. If you can wait to return the call until you’re at the office or wherever, then you need to. Even if it is an essential call, which would be deemed to be an essential call, you’re not allowed to just pick up your cell phone and answer it. The idea is that if it’s an essential call, you’ve got to pull off to the side of the road or get off the road and then make the call or accept the call. There are only very limited situations under this policy where you are allowed to accept a call while you are driving. Those are set forth herein Subsection 3B and basically they involve the use of hands-free equipment. That’s the only circumstance in which if you are driving you should be talking to anybody on the phone if you are on Unified Government business or in a Unified Government vehicle.

**Commissioner Murguia** asked what if you don’t have hands free. **Mr. Couchman** stated that is an operational question. **Commissioner Murguia** asked are we going to pay for all of our employees to get hands free. **Mr. Couchman** stated no. If you don’t have hands free then you need to pull off the side of the road. **Commissioner Murguia** stated I am supposed to pull off the side of the road on a highway that says Kansas Department of Transportation and the State Trooper will you give a ticket. **Mr. Couchman** stated you need to pull off the road I should say. These are the things the departments are going to have to address. They may have to come up with ways to provide the user of the vehicle with a hands free capability. This has been fed at an operations meeting. They are aware of it. I haven’t heard any real concerns about that issue at this point. There may be some things that need to be done in order to address that in various departments. **Commissioner Murguia** stated wouldn’t it just be easier to set a policy that says while you are on duty, for example, different departments have their own policy like here

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moving grass, do you really have to have your personal cell phone on you while you are operating a tractor and mowing grass on a hill. Wouldn’t it just be easier to give departments the discretion to set their own department policy based on the use of the phone?  

Mr. Couchman stated I think they felt it was an important enough of an issue from a liability standpoint and a public safety standpoint that there needed to be at least some Unified Government policy that sets some minimum standard. This policy provides at the end of it in Subsection H that departments can establish more strict guidelines. They can establish a specific discipline. This particular thought is in regard to the Transit Department where Unified Government drivers are actually driving the public around. They probably don’t have any business answering the phone while they are driving. That particular department probably is going to want to have more stringent regulations even than this policy, but this allows for that.  

Commissioner Murguia asked will they write that down. Mr. Couchman stated the Transit Department, yes. Commissioner Murguia stated the department will write down the policy - Mr. Couchman stated they would need to put it in writing for it to be enforceable. Commissioner Murguia asked and if they don’t, this is all we got. Mr. Couchman stated yes.

Commissioner Cooley asked what is the difference between a radio and a cell phone. Mr. Couchman stated a radio and a cell phone. Commissioner Cooley stated we obviously have a Unified Government radio system for various departments not just public safety departments, Public Works, Parks and Recreation, and all of them have radios and equipment so that you can contact them at any time, at your leisure, if you’re driving or operating equipment or whatever. What’s the difference? Mr. Couchman stated as this policy is set forth right now, there isn’t any difference. There is no difference except for this, the policy specifically doesn’t prohibit use by the Police Department, by the Fire Department or Emergency personnel. Commissioner Cooley stated they are Hybrid if you will. As Ann stated, someone operating a mowing machine, they have radios, Public Works has radios, Street Department has radios, Parks people have radios and they’re in communication with the Unified Government system. I understand the phone thing. This is a brand new phone for me. I’ve had it a month. This is a SMART phone. All its done is shown how stupid I am. It is a computer on my hip. I don’t want a computer on my hip. I will also tell you it is harder to use. It is not user friendly. When I am in the car and I do that I don’t use it because I am distracted, I don’t know which button to push. If it is something I feel I have to respond to I will pull over. The bottom line here is to me if I have
a radio that has a microphone and press a button, it’s just about as distracting. Mr. Couchman stated I thought about that issue and I did send emails to Bob Roddy and his department and several other departments saying hey, take a look at this because right now there isn’t an exception for two-way radios in this policy, maybe there should be, I don’t know. I think that is an operational matter. In terms of the distraction, it’s the same thing. It may be a little easier to operate the radio, I don’t know, but you are still engaging in a conversation. Commissioner Cooley stated I don’t have a SMART radio, I have a SMART phone. Mr. Couchman stated somebody who is more used to a SMART phone might not have the same problem. Commissioner Cooley stated I understand where you are trying to go with this I just - Mr. Couchman stated it’s a legitimate question.

Commissioner Murguia stated you did a great job with what you have. It’s very difficult. You have to start somewhere. Believe me, I really get that, you have to start somewhere when you write policies. I agree it’s a great attempt.

Action: Commissioner Murguia made a motion, seconded by Commissioner Markley, to approve.

Mr. Couchman stated Commissioner could I say this before you vote. I think I will incorporate the suggestion that you made into the social media policy and I’m also going to talk a little bit more with operations about the two-way radio issue so that may be a little bit different. I guess if there is a major change, we will bring it back here. Those are issues that need to be worked out. Commissioner Murguia stated I am not trying to create work for you. I will just tell you that goes along with things because I talk to those guys on the tractors that are from the UG and I don’t want to get anyone in trouble but they also use IPOD’s. I don’t want them to not be able to listen to music, I’m just saying – Mr. Couchman stated there is another issue there too with regards to listening to IPODs and using headphones while you are driving and that sort of thing which has not been addressed here either. Commissioner Murguia stated if you would just think about it. I’m not asking you to include that change. I’m just saying if you think about maybe there is something there that would allow them to still use it because I sure wouldn’t want to be on a tractor for hours --- Mr. Couchman stated it is something that I have thought about.

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and I think probably I need to make a few more inquires to make sure that we are not causing somebody problems here. If we are, then we will make the necessary changes on that.

Roll call was taken and there were four “Ayes,” Cooley, Markley, Murguia, Mendez.

**Item No. 3 – 120158…** Reappoint Addie Hawkins to a second three-year term to the REACH Community Advisory Committee.

**Gordon Criswell, Assistant County Administrator,** stated this is an annual reappointment of Addie Hawkins to the Advisory Committee. There was no opposition and the Executive Director from REACH is recommending that she be appointed for another year.

**Action:** Commissioner Cooley made a motion, seconded by Commissioner Markley to approve. Roll call was taken and there were four “Ayes,” Cooley, Markley, Murguia, Mendez.

**GOALS AND OBJECTIVES FOLLOW-UP**

**Item No. 1 – 120153…** The Unified Government Commission conducted a strategic planning process resulting in specific goals and objectives adopted by the commission on May 17, 2012. Commission has directed that the goals and objectives appear monthly on respective standing committee agendas to assure follow-up and action toward implementation.

a. **Education/Workforce Development.** Maintain a collaborative working relationship with the various educational institutions and the business community to maximize community resources and enhance learning, college readiness, and career pathway opportunities in our community.

b. **Social Services.** Promote and provide social services and facilities to improve the life, health, and living conditions of our citizens, targeting the most at risk.

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Mr. Criswell stated just one more reminder of the goals and objectives similar to the goals and objectives from last standing committee to just keep these on your radar scope until after the budget session.

Commissioner Murguia stated under the Social Services section, we agreed as a Commission and through Strategic Planning that we would be giving x amount of dollars to charitable organizations. There was no specification to my knowledge and if there was, Gordon please feel me in later or send me something, to these having to be social service organizations or organizations that meet the need of mental health, substance abuse, homelessness or unemployment. Someone has added those. I’m not saying that I object, I’m just saying we, as a group, did not decide that to my knowledge. If we did just show me that document. Mr. Criswell stated I would agree with you. My understanding was you all hadn’t developed criteria -- Commissioner Murguia stated we haven’t held a discussion about it because, yeah, just to let you know-- Mr. Criswell stated I will check.

Action: No action taken.

Adjourn

Chairman Mendez adjourned the meeting at 6:40 p.m.
Type: Standard
Committee: Administration and Human Services Committee

Date of Standing Committee Action: 8/20/2012
(If none, please explain):

Proposed for the following Full Commission Meeting Date: 9/6/2012
Confirmed Date: 9/6/2012

Changes Recommended By Standing Committee (New Action Form required with signatures)

<table>
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<tr>
<th>Date</th>
<th>Contact Name</th>
<th>Contact Phone</th>
<th>Contact Email</th>
<th>Ref</th>
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<tbody>
<tr>
<td>8/9/2012</td>
<td>Joe Connor</td>
<td>573-6704</td>
<td><a href="mailto:ljnicke@wycokck.org">ljnicke@wycokck.org</a></td>
<td></td>
<td>Public Health</td>
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Item Description:
A grant application has been submitted to the CDC for a three year grant in the amount of $3,690,090.00 called "Wyandotte Health for All: Reducing Obesity and Hypertension among African Americans and Latinos in Wyandotte County Kansas". Using a community-based participatory approach, community/governmental/university partners will assess, plan, develop, implement and evaluate (policy, systems and environmental) interventions focused on reducing obesity and hypertension and related health disparities.

Action Requested:
Approval of application

Publication Required

Budget Impact: (if applicable)
Amount: $
Source:
☐ Included In Budget
✓ Other (explain) grant funded. 
Grant Application Package

Opportunity Title: PPHF 2012: REACH: Racial and Ethnic Approaches to Commu
Offering Agency: Centers for Disease Control and Prevention
CFDA Number: 93.743
CFDA Description: Racial and Ethnic Approaches to Community Health: Obesi
Opportunity Number: CDC-RFA-DP12-1217/PPHF12
Competition ID: NCCDPHP-NR
Opportunity Open Date: 06/21/2012
Opportunity Close Date: 08/07/2012
Agency Contact: Centers for Disease Control and Prevention (CDC)
Procurement and Grants Office (PGO)
Technical Information and Management Section (TIMS)
E-mail: pgotim@cdc.gov
Phone: 770-488-2700

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

* Application Filing Name: Unified Government of Wyandotte County

Mandatory Documents

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<tr>
<td>Project Abstract Summary</td>
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<tr>
<td>Budget Information for Non-Construction Program</td>
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<tr>
<td>Project Narrative Attachment Form</td>
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<td>Budget Narrative Attachment Form</td>
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<tr>
<td>Disclosure of Lobbying Activities (SF-LLL)</td>
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Optional Documents

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<tr>
<th>Document Name</th>
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</table>

Instructions:

1. Enter a name for the application in the Application Filing Name field.
   - This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
   - You can save your application at any time by clicking the "Save" button at the top of your screen.
   - The "Save & Submit" button will not be functional until all required data fields in the application are completed and you clicked on the "Check Package for Errors" button and confirmed all data required data fields are completed.

2. Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.
   - It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.
   - The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".
   - To open and complete a form, simply click on the form's name to select the item and then click on the => button. This will move the document to the appropriate "Documents for Submission" box and the form will be automatically added to your application package. To view the form, scroll down the screen or select the form name and click on the "Open Form" button to begin completing the required data fields. To remove a form/document from the "Documents for Submission" box, click the document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.
   - All documents listed in the "Mandatory Documents" box must be moved to the "Mandatory Documents for Submission" box. When you open a required form, the fields which must be completed are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.

3. Click the "Save & Submit" button to submit your application to Grants.gov.
   - Once you have properly completed all required documents and attached any required or optional documentation, save the completed application by clicking on the "Save" button.
   - Click on the "Check Package for Errors" button to ensure that you have completed all required data fields. Correct any errors or if none are found, save the application package.
   - The "Save & Submit" button will become active; click on the "Save & Submit" button to begin the application submission process.
   - You will be taken to the applicant login page to enter your Grants.gov username and password. Follow all onscreen instructions for submission.
Application for Federal Assistance SF-424

*1. Type of Submission:  
☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

*2. Type of Application:  
☒ New  
☐ Continuation  
☐ Revision

*3. Date Received:  
06/07/2012

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Unified Government of Wyandotte County/Kansas City, Kansas

*b. Employee/Taxpayer Identification Number (EIN/TIN):  
48-1194075

*c. Organizational DUNS:  
030693592

d. Address:

*Street 1:  
619 Ann Avenue

Street2:  

*City:  
Kansas City

*State:  
KS: Kansas

Province:  

*Country:  
USA: UNITED STATES

*Zip / Postal Code:  
66101

e. Organizational Unit:

Department Name:  
Unified Gov't Public Health

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:  
Mr.

*First Name:  
Joseph

Middle Name:  

*Last Name:  
Connor

Suffix:

Title:  
Public Health Director

Organizational Affiliation:

*Telephone Number:  
913-573-6704

Fax Number:

*Email:  
jconnor@wycokck.org
**Application for Federal Assistance SF-424**

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<th>Section</th>
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<td>* Other (specify):</td>
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<tr>
<td>10. Name of Federal Agency:</td>
<td>Centers for Disease Control and Prevention</td>
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<tr>
<td>11. Catalog of Federal Domestic Assistance Number:</td>
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<td>CFDA Title:</td>
<td>Racial and Ethnic Approaches to Community Health: Obesity and Hypertension Demonstration Projects financed solely by 201</td>
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<td>12. Funding Opportunity Number:</td>
<td>CDC-RFA-DP12-1217PFPHF12</td>
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<tr>
<td>* Title:</td>
<td>PFPH 2012: REACH: Racial and Ethnic Approaches to Community Health: Obesity and Hypertension Demonstration Projects financed solely by 2012 Prevention and Public Health Funds</td>
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<td>13. Competition Identification Number:</td>
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<td>Title:</td>
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<td>14. Areas Affected by Project (Cities, Counties, States, etc.):</td>
<td>Wyandotte County, Kansas</td>
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<tr>
<td>15. Descriptive Title of Applicant's Project:</td>
<td>Wyandotte Health For All: Reducing Obesity and Hypertension among African Americans and Latinos in Wyandotte County, Kansas</td>
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</tbody>
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Attach supporting documents as specified in agency instructions.
16. Congressional Districts Of:
   * a. Applicant  3  
   * b. Program/Project  3  

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:
   * a. Start Date: 09/01/2012  
   * b. End Date: 08/31/2015  

18. Estimated Funding ($):
   * a. Federal  3,690,090.00  
   * b. Applicant  0.00  
   * c. State  0.00  
   * d. Local  0.00  
   * e. Other  0.00  
   * f. Program Income  0.00  
   * g. TOTAL  3,690,090.00  

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   □ a. This application was made available to the State under the Executive Order 12372 Process for review on  
   □ b. Program is subject to E.O. 12372 but has not been selected by the State for review.  
   ✗ c. Program is not covered by E.O. 12372.  

20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)
   □ Yes  ✗ No  

21. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 215, Section 1001)  
   ✗ ** I AGREE  

   ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:  dr.  
* First Name:  John  
Middle Name:  
* Last Name:  Werner  
Suffix:  

* Title:  Fiscal Officer  
* Telephone Number:  913-573-6738  
Fax Number:  

* Email:  jwerner@wysokck.org  

* Signature of Authorized Representative:  Lisa Simetz  
* Date Signed:  06/07/2012  

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)  
Prescribed by OMB Circular A-102
* Applicant Federal Debt Delinquency Explanation

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.
# Project Abstract Summary

**Program Announcement (CFDA)**

93.743

**Program Announcement (Funding Opportunity Number)**

CBO-RFA-DR12-1217FFP112

**Closing Date**

08/07/2012

**Applicant Name**

Unified Government of Wyandotte County/Kansas City, Kansas

**Length of Proposed Project**

36

**Application Control No.**


<table>
<thead>
<tr>
<th>Federal Share Requested (for each year)</th>
<th>Non-Federal Share Requested (for each year)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Federal Share 1st Year</strong></td>
<td><strong>Non-Federal Share 1st Year</strong></td>
</tr>
<tr>
<td>$ 1,230,030</td>
<td>$ 0</td>
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<tr>
<td><strong>Federal Share 2nd Year</strong></td>
<td><strong>Non-Federal Share 2nd Year</strong></td>
</tr>
<tr>
<td>$ 1,230,030</td>
<td>$ 0</td>
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<tr>
<td><strong>Federal Share 3rd Year</strong></td>
<td><strong>Non-Federal Share 3rd Year</strong></td>
</tr>
<tr>
<td>$ 1,230,030</td>
<td>$ 0</td>
</tr>
<tr>
<td><strong>Federal Share 4th Year</strong></td>
<td><strong>Non-Federal Share 4th Year</strong></td>
</tr>
<tr>
<td>$ 0</td>
<td>$ 0</td>
</tr>
<tr>
<td><strong>Federal Share 5th Year</strong></td>
<td><strong>Non-Federal Share 5th Year</strong></td>
</tr>
<tr>
<td>$ 0</td>
<td>$ 0</td>
</tr>
</tbody>
</table>

**Project Title**

Wyandotte Health For All: Reducing Obesity and Hypertension among African Americans and Latinos in Wyandotte County, Kansas
Project Abstract Summary

Project Summary

Project Abstract

Wyandotte Health For All: Reducing Obesity and Hypertension among African Americans and Latinos in Wyandotte County, KS

African Americans and Latinos experience disproportionate and modifiable rates of obesity, hypertension, and associated disease burden. To promote population health and health equity, communities must implement broad-reaching strategies that change conditions related to healthy nutrition, physical activity, and access to health services. The aim of this proposal is to develop and implement such policies, systems and environmental changes through a broad multi-sectoral coalition in Wyandotte County, an area with the poorest health outcomes in Kansas. This project builds on existing political will as evidenced by the Mayor’s Healthy Community Wyandotte coalition. It will implement the Health for All model, a pilot-tested intervention to change community conditions to reduce cardiovascular disease (CVD) and diabetes risk factors in the African American community in Kansas City and the Latino community in Kansas City, KS. Using a community-based participatory approach, community/governmental/university partners will assess, plan, develop, implement and evaluate (policy, systems and environmental) interventions focused on reducing obesity and hypertension and related health disparities. This project is possible due to a long-term relationship between the Health Department (lead/core governmental partner), the YMCA (core community partner), the RU Work Group for Community Health and Development (core academic partner), and the Latino Health for All Coalition (core coalition partner) in Kansas City, KS. The health development process will be comprised of several key components, including: a media campaign; policy, systems and environmental change scan; and technical assistance, training and education of policy, systems and environmental interventions adapted for the African American and Latino community in Wyandotte County. Staff will serve as team leaders and community mobilizers. Community-determined long-term objectives will focus on key risk/protective behaviors: increasing daily fruit and vegetable consumption and physical activity. These will be achieved through the implementation of the strategic/action plan developed by the project. The plan will put in place new programs, policies and practices at the community and system levels that affect risk for obesity and hypertension among the African Americans and Latino community in Wyandotte County. Data will be collected and analyzed through ongoing documentation of community/system change, systematic and participatory reflection on what is being accomplished and what it means, and data analysis using a pre-post test design.

Estimated number of people to be served as a result of the award of this grant.

81375
**DISCLOSURE OF LOBBYING ACTIVITIES**

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

Approved by OMB
0348-0046

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. contract</td>
<td>a. bid/proposal</td>
<td>a. initial filing</td>
</tr>
<tr>
<td>b. grant</td>
<td>b. initial award</td>
<td>b. material change</td>
</tr>
<tr>
<td>c. cooperative agreement</td>
<td>c. post-award</td>
<td></td>
</tr>
<tr>
<td>d. loan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. loan guarantee</td>
<td></td>
<td></td>
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<tr>
<td>f. loan insurance</td>
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<table>
<thead>
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<th>4. Name and Address of Reporting Entity:</th>
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<tbody>
<tr>
<td><em>Name</em></td>
</tr>
<tr>
<td>Unified Government of Wyandotte County/ Kansas</td>
</tr>
<tr>
<td><em>Street 1</em></td>
</tr>
<tr>
<td>T10 W. 7th</td>
</tr>
<tr>
<td><em>City</em></td>
</tr>
<tr>
<td>Kansas City</td>
</tr>
<tr>
<td><em>State</em></td>
</tr>
<tr>
<td>KS, Kansas</td>
</tr>
<tr>
<td><em>Zip</em></td>
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<td>66101</td>
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**5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:**

<table>
<thead>
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<th>6. * Federal Department/Agency:</th>
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</thead>
<tbody>
<tr>
<td>Center for Disease Control</td>
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<table>
<thead>
<tr>
<th>7. * Federal Program Name/Description:</th>
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<tbody>
<tr>
<td>Racial and Ethnic Approaches to Community Health: Obesity and Hypertension Demonstration Projects financed solely by 101</td>
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<table>
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<th>8. Federal Action Number, if known:</th>
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<table>
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<th>9. Award Amount, if known:</th>
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<thead>
<tr>
<th>10. a. Name and Address of Lobbying Registrant:</th>
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<tr>
<td>Prefix</td>
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</table>

| 11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact, upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file this required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure. |

<table>
<thead>
<tr>
<th>12. Signature:</th>
</tr>
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<tbody>
<tr>
<td>Kaela Stilson</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>13. *Name:</th>
<th>Prefix</th>
<th>*First Name</th>
<th>Middle Name</th>
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<tbody>
<tr>
<td></td>
<td>Prefix</td>
<td>Suffix</td>
<td></td>
</tr>
<tr>
<td></td>
<td>*Last Name</td>
<td>Suffix</td>
<td></td>
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<td></td>
<td>Heyes</td>
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<tr>
<th>14. Title:</th>
<th>County Administrator</th>
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<tr>
<td>Telephone No.:</td>
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<td>Date:</td>
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<tr>
<td>02/07/2012</td>
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<tr>
<td>Grant Program Function or Activity</td>
<td>Catalog of Federal Domestic Assistance Number</td>
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<td>-----------------------------------------------</td>
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<td></td>
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<td>1. Racial and Ethnic Approaches to Community Health</td>
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<tr>
<td>3.</td>
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<td>4.</td>
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<td>5. Totals</td>
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## SECTION B - BUDGET CATEGORIES

### 6. Object Class Categories

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<td></td>
<td>Approaches to</td>
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<td>b. Fringe Benefits</td>
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<td>553,398.00</td>
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<td>c. Travel</td>
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<td>d. Equipment</td>
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<td>f. Contractual</td>
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<tr>
<td>g. Construction</td>
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<td>h. Other</td>
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<td></td>
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<td>236,000.00</td>
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<td>i. Total Direct Charges (sum of 6a-6h)</td>
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<td>$2,388,536.00</td>
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<td>j. Indirect Charges</td>
<td>929,554.00</td>
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<td>k. TOTALS (sum of 6i and 6j)</td>
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### 7. Program Income

|                      | $                        | $                        | $                        | $            |
**SECTION C - NON-FEDERAL RESOURCES**

<table>
<thead>
<tr>
<th>(a) Grant Program</th>
<th>(b) Applicant</th>
<th>(c) State</th>
<th>(d) Other Sources</th>
<th>(e) TOTALS</th>
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<tbody>
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<td>8.</td>
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<td>9.</td>
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<td>10.</td>
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<tr>
<td>11.</td>
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<tr>
<td>12. TOTAL (sum of lines 8-11)</td>
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**SECTION D - FORECASTED CASH NEEDS**

<table>
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<tr>
<th></th>
<th>Total for 1st Year</th>
<th>1st Quarter</th>
<th>2nd Quarter</th>
<th>3rd Quarter</th>
<th>4th Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Non-Federal</td>
<td>$</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>15. TOTAL (sum of lines 13 and 14)</td>
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<td>$307,507.50</td>
<td>$307,507.50</td>
<td>$307,507.50</td>
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**SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT**

<table>
<thead>
<tr>
<th>(a) Grant Program</th>
<th>FUTURE FUNDING PERIODS (YEARS)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(b) First</td>
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<tr>
<td>16.</td>
<td>$</td>
</tr>
<tr>
<td>17.</td>
<td>$</td>
</tr>
<tr>
<td>18.</td>
<td>$</td>
</tr>
<tr>
<td>19.</td>
<td>$</td>
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<tr>
<td>20. TOTAL (sum of lines 16 - 19)</td>
<td>$</td>
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</tbody>
</table>

**SECTION F - OTHER BUDGET INFORMATION**

21. Direct Charges: 
22. Indirect Charges: 
23. Remarks: 

Authorized for Local Reproduction
Public Burden Statement:
Public reporting burden of this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC.

Type of Application: [X] NEW  [ ] Noncompeting Continuation  [ ] Competing Continuation  [ ] Supplemental

PART A: The following checklist is provided to assure that proper signatures, assurances, and certifications have been submitted.

1. Proper Signature and Date .................................................. [ ]  [X]  [ ]
2. Proper Signature and Date on PHS-5161-1 "Certifications" page. .................. [ ]  [X]  [ ]
3. Proper Signature and Date on appropriate "Assurances" page, i.e., SF-424B (Non-Construction Programs) or SF-424D (Construction Programs) .......... [ ]  [X]  [ ]
4. If your organization currently has on file with DHHS the following assurances, please identify which have been filed by indicating the date of such filing on the line provided. (All four have been consolidated into a single form, HHS Form 680)
   - Civil Rights Assurance (45 CFR 80) .................................. [ ]  [X]  [ ]
   - Assurance Concerning the Handicapped (45 CFR 84) ............. [ ]  [X]  [ ]
   - Assurance Concerning Sex Discrimination (45 CFR 86) .......... [ ]  [X]  [ ]
   - Assurance Concerning Age Discrimination (45 CFR 88 & 46 CFR 91) .......... [ ]  [X]  [ ]

5. Human Subjects Certification, when applicable (45 CFR 46) .................. [ ]  [X]  [ ]

PART B: This part is provided to assure that pertinent information has been addressed and included in the application.

1. Has a Public Health System Impact Statement for the proposed program/project been completed and distributed as required? .................................................. [ ]  [X]  [ ]
2. Has the appropriate box been checked on the SF-424 (FACE PAGE) regarding intergovernmental review under E.O. 12372 ? (45 CFR Part 160) ............ [ ]  [X]  [ ]
3. Has the entire proposed project period been identified on the SF-424? .......... [ ]  [X]  [ ]
4. Have biographical sketch(es) with job description(s) been attached, when required? .......... [ ]  [X]  [ ]
5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included? .......... [ ]  [X]  [ ]
6. Has the 12 month detailed budget been provided? ...................... [ ]  [X]  [ ]
7. Has the budget for the entire proposed project period with sufficient detail been provided? .......... [ ]  [X]  [ ]
8. For a Supplemental application, does the detailed budget address only the additional funds requested? .................................................. [ ]  [X]  [ ]
9. For Competing Continuation and Supplemental applications, has a progress report been included? .......... [ ]  [X]  [ ]

PART C: In the spaces provided below, please provide the requested information.

Business Official to be notified if an award is to be made

Name: [ ]  [X]  [ ]
   * First Name: Joseph
   * Last Name: Werner

Title: [ ]  [X]  [ ]
   Public Health Director

Organization: [ ]  [X]  [ ]
   Unified Government Public Health Department

Address: [ ]  [X]  [ ]
   * Street: 619 Ann Avenue
   * City: Kansas City
   * State: KS: Kansas
   * Country: USA: UNITED STATES
   * Zip / Postal Code: 66101

* Telephone Number: 913-573-6704

E-mail Address: jconnor@wycokck.org

Fax Number: [ ]  [X]  [ ]

APPLICANT ORGANIZATION'S 12-DIGIT DHHS EIN (If already assigned)

   [ ]  [X]  [ ]
   48-1194075
PART C (Continued): In the spaces provided below, please provide the requested information.

Program Director/Project Director/Principal Investigator designated to direct the proposed project

Name: Prefix: First Name: Jerry Last Name: Schultz
Middle Name: Suffix: 
Title: 
Organization: 
Address: 
* Street: 1000 Sunnyside Dr. Room 4082 
Street: 
* City: Lawrence 
* State: KS: Kansas 
* Country: USA: UNITED STATES 
* Zip / Postal Code: 66045 
* Telephone Number: 785-864-0533 
E-mail Address: jschultz@ku.edu 
Fax Number: 

SOCIAL SECURITY NUMBER 

HIGHEST DEGREE EARNED 

PART D: A private, nonprofit organization must include evidence of its nonprofit status with the application. Any of the following is acceptable evidence. Check the appropriate box or complete the “Previously Filed” section, whichever is applicable.

☐ (a) A reference to the organization’s listing in the Internal Revenue Service’s (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.

☐ (b) A copy of a currently valid Internal Revenue Service Tax exemption certificate.

☐ (c) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.

☐ (d) A certified copy of the organization’s certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.

☐ (e) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

If an applicant has evidence of current nonprofit status on file with an agency of PHS, it will not be necessary to file similar papers again, but the place and date of filing must be indicated.

Previously Filed with: *(Agency) on *(Date)

INVENTIONS

If this is an application for continued support, include: (1) the report of inventions conceived or reduced to practice required by the terms and conditions of the grant; or (2) a list of inventions already reported, or (3) a negative certification.

EXECUTIVE ORDER 12372

Effective September 30, 1983, Executive Order 12372 (Intergovernmental Review of Federal Programs) directed OMB to abolish OMB Circular A-85 and establish a new process for consulting with State and local elected officials on proposed Federal financial assistance. The Department of Health and Human Services implemented the Executive Order through regulations at 45 CFR Part 100 (Intergovernmental Review of Department of Health and Human Services Programs and Activities). The objectives of the Executive Order are to (1) increase State flexibility to design a consultation process and select the programs it wishes to review, (2) increase the ability of State and local elected officials to influence Federal decisions and (3) compel Federal officials to be responsive to State concerns, or explain the reasons.

The regulations at 45 CFR Part 100 were published in Federal Register on June 24, 1983, along with a notice identifying the Department’s programs that are subject to the provisions of Executive Order 12372. Information regarding PHS programs subject to Executive Order 12372 is also available from the appropriate awarding office.

States participating in this program establish State Single Points of Contact (SPOCs) to coordinate and manage the review and comment on proposed Federal financial assistance. Applicants should contact the Governor’s office for information regarding the SPOC, programs selected for review, and the consultation (review) process designed by their State.

Applicants are to certify on the face page of the SF-424 (attached) whether the request is for a program covered under Executive Order 12372 and, where appropriate, whether the State has been given an opportunity to comment.
Project Narrative File(s)

* Mandatory Project Narrative File Filename: Wyandotte Health For All Project Narrative.docx

[Add Mandatory Project Narrative File]  [Delete Mandatory Project Narrative File]  [View Mandatory Project Narrative File]

To add more Project Narrative File attachments, please use the attachment buttons below.

[Add Optional Project Narrative File]  [Delete Optional Project Narrative File]  [View Optional Project Narrative File]
Budget Narrative File(s)

* Mandatory Budget Narrative Filename: Wyandotte Health For All Budget Justification

To add more Budget Narrative attachments, please use the attachment buttons below.

Add Optional Budget Narrative | Delete Optional Budget Narrative | View Optional Budget Narrative
Other Attachment File(s)

*Mandatory Other Attachment Filename: Health Dept FY11 - Indirect Rate.pdf

[Add Mandatory Other Attachment] [Delete Mandatory Other Attachment] [View Mandatory Other Attachment]

To add more "Other Attachment" attachments, please use the attachment buttons below.

[Add Optional Other Attachment] [I have all Other Attachments] [Every Optional Other Attachment]
Project Abstract

Wyandotte Health For All: Reducing Obesity and Hypertension among African Americans and Latinos in Wyandotte County, KS

African Americans and Latinos experience disproportionate and modifiable rates of obesity, hypertension, and associated disease burden. To promote population health and health equity, communities must implement broad-reaching strategies that change conditions related to healthy nutrition, physical activity, and access to health services. The aim of this proposal is to develop and implement such policies, systems and environmental changes through a broad multi-sectoral coalition in Wyandotte County, an area with the poorest health outcomes in Kansas. This project builds on existing political will as evidenced by the Mayor’s Healthy Community Wyandotte coalition. It will implement the Health for All model, a pilot-tested intervention to change community conditions to reduce cardiovascular disease (CVD) and diabetes risk factors in the African American community in Kansas City and the Latino community in Kansas City, KS. Using a community-based participatory approach, community/governmental/university partners will assess, plan, develop, implement and evaluate (policy, systems and environmental) interventions focused on reducing obesity and hypertension and related health disparities. This project is possible due to a long-term relationship between the Health Department (lead/core governmental partner), the YMCA (core community partner), the KU Work Group for Community Health and Development (core academic partner), and the Latino Health for All Coalition (core coalition partner) in Kansas City, KS. The health development process will be comprised of several key components, including: a media campaign; policy, systems and environmental change scan; and technical assistance, training and education of policy, systems and environmental interventions adapted for the African American and Latino community in Wyandotte County. Staff will serve as team leaders and community mobilizers. Community-determined long-term objectives will focus on key risk/protective behaviors: increasing daily fruit and vegetable consumption and physical activity. These will be achieved through the implementation of the strategic/action plan developed by the project. The plan will put in place new programs, policies and practices at the community and system levels that affect risk for obesity and hypertension among the African Americans and Latino community in Wyandotte County. Data will be collected and analyzed through ongoing documentation of community/system change, systematic and participatory reflection on what is being accomplished and what it means, and data analysis using a pre-post test design.
WYANDOTTE HEALTH FOR ALL: Reducing Obesity and Hypertension among African Americans and Latinos in Wyandotte County, Kansas.

A. Background and Need

Wyandotte County—with its poor health status and commitment to improvement—offers a promising context for collaborative action for health equity. Wyandotte County is the unhealthiest area in Kansas (citation -- county and state statistics\(^1\) and a recent Wyandotte County Community Needs Assessment). 2011 County Health Rankings show that the County has the worst health behaviors and outcomes in the state including smoking and obesity. This area (which includes Kansas City, KS) has the most challenging socioeconomic factors including lower graduation rates, higher rates of unemployment and children living in poverty, and inadequate social support. It also has the worst physical environment in which people live, work and play including poorer air quality, inadequate access to healthy foods, and recreational activities. This initiative focuses on African American and Latino neighborhoods of Wyandotte County—places in which health disparities are particularly acute.

This project will serve children and adult African Americans and Latinos in the Wyandotte County. Wyandotte County hosts the most diverse population in Kansas with less than half of the population non-Hispanic white. 25.2% (39,742) is African American and 26.4% (41,633) is Latino. The total number of people served by this project is 81,375, over 50% of the total population (157,505) in Wyandotte County. The proposed policies, system changes, and environmental changes in this initiative will reach 65,100 or over 80% of the African American and Latino population in the County (see Appendix 1).

The County’s large Latino and African American populations experience an unequal and modifiable disease burden. Latinos and African Americans are disproportionately affected by type 2 diabetes, obesity, asthma and other and health conditions. They experience differential consequences due to limited access to health care; nearly 1/3 of the households in Wyandotte County are uninsured and another 1/3 has only limited coverage with one family member.

This is a region of great disparities and associated differential exposures, vulnerabilities and consequences. Sixteen percent of the population of Wyandotte County lives below the poverty line, including 1 in 5 young people under the age of 18. Despite being the fourth largest county in Kansas with 157,505 people, the county’s tax base continues to shrink. It once had a thriving core in Kansas City, KS (KCK) and the densest population base in the state. But, Wyandotte County continues to see economic development shift to Johnson County, directly south, which boasts the highest per-capita income in Kansas and is among the most affluent areas in the United States.

One prominent theme in Wyandotte County’s recent Community Needs Assessment (CNA) was the desire to have safe and accessible places for young people to be physically active and feel productive and engaged. There is a clear aspiration to restore the original pride of the area—making Wyandotte County as good a place to live, work, and play as its more affluent southern neighbor.

Wyandotte County faces a triple threat related to population health:
1) Many residents experience poorer health outcomes due to lower incomes, education levels, and other socioeconomic factors;

2) A decreased tax base leads to a reduction in the amount and kind of public health and social services which contribute to overall community health; and

3) **Health disparities among Latino and African American groups are related to differential exposures (e.g., to fast food restaurants, poor air quality), vulnerabilities (e.g., limited education, social exclusion related to Spanish language), and consequences (e.g., disproportionately affected by lack of access to care).**

According to a 2011 CDC report, African Americans and Latinos are at higher risk for chronic diseases and other health outcomes; for instance, African American men and women are much more likely to die of heart disease and stroke than their white counterparts. These nationwide patterns of health disparities are mirrored in Wyandotte County. In March 2011, the Latino Health for All Coalition surveyed Wyandotte County residents and found that Latinos have significantly less health care coverage, are more likely to be overweight, have higher rates of diabetes, and exercise much less than Latinos elsewhere in Kansas and the nation, in general.

The 2009 Kansas Behavioral Risk Factor Surveillance System report notes that 22.9% of Latinos and 22.1% of African Americans report having fair or poor self-perceived health status, compared to 19.0% of Whites. 15.6% of Latinos and 13.1% African Americans had been diagnosed with diabetes, compared with 11.2% of Whites; and 44.0% of African Americans, compared to 34.1% of Whites, were diagnosed with hypertension. Similar disparities can be seen in health behaviors: 39.6% of Latinos and 31.7% of African Americans did not participate in any type of physical activity; 60.7% of Latinos and 61.4% of African Americans, compared to 59.2% of Whites, did not participate in the recommended level of physical activity; 60.7% of Latinos and 61.4% of African Americans, compared to 59.2% of Whites, did not participate in the recommended level of moderate physical activity; and 83.5% of Latinos and 79.7% of African Americans, compared to 79.2% of Whites, did not participate in vigorous physical activity.

46.1% of Latinos and 22.7% of African Americans lacked health care coverage, compared to 14.8% of Whites. 50.5% of Latinos and 26.2% of African Americans did not have a personal doctor or health care provider compared to 16.1% of Whites; and 27.2% of Latinos and 29.1% of African Americans, compared to 16.6% of Whites, could not see a doctor because of cost.

**Widespread media coverage that Wyandotte County has the poorest health outcomes in the state enhanced political will to address conditions.** The 2009 Wyandotte County health rankings from the Kansas Institute for Health ranked the county last in health factors and behaviors. The county also ranks last in socioeconomic factors, despite a recent influx of business and development at the western edge of the county with a large shopping center, NASCAR racing track, and professional soccer stadium. Such incongruence between visible financial investments and poor outcomes has not gone unnoticed by community leaders and health care professionals. Following the county health rankings, the Mayor established commissions to examine the problem and come up with solutions. There are multiple initiatives in the County targeting these health outcomes, and they have a history of sharing information and enhancing coordination. Wyandotte County is primed and ready for policy and environmental change to help achieve a healthier community. **True policy and environmental**
change can only happen when key stakeholders are committed to a comprehensive, integrated, and sustainable strategy—as is the situation in Wyandotte County.

CORE PARTNERS: THE WYANDOTTE COUNTY HEALTH DEPARTMENT, YMCA, AND UNIVERSITY OF KANSAS WORK GROUP FOR COMMUNITY HEALTH AND DEVELOPMENT

To realize the vision of assuring health for all requires lead partners with capacity, reach and a history of working collaboratively and effectively in the community. This section outlines the capabilities of the three lead partners in Wyandotte Health for All: the Wyandotte County Health Department (central coordinating organization/government core partner), the YMCA of Greater Kansas City and Wyandotte County (community core partner), and the Work Group for Community Health and Development at the University of Kansas (academic core partner).

Wyandotte Health for All Core Partners

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**Unified Government Public Health Department (UGPHD)**

The Unified Government Public Health Department (UGPHD) has the **mission of**: “Leading the way to a healthier community and cleaner environment through community partnerships and the support of the Unified Government.” The UGPHD promotes good health and a safe environment for a better community by providing a host of services that range from promoting and encouraging healthy lifestyle behaviors, to diagnosing, investigating and preventing health and environmental problems and hazards in the community.

The UGPHD has a strong tradition of collaboration with other community health care providers and community based organizations, and is part of a community-wide system of safety net clinics which collaborate to assure high quality and culturally appropriate health care to lower income clients. Last year the UGPHD provided services to over 20,000 residents. The central location of the UGPHD, diversity of services provided, and emphasis on culturally appropriate
customer service are some of the factors that have made the UGPHD a critical resource for higher risk clients.

As a department within the Unified Government of Wyandotte County/Kansas City, Kansas, the UGPHD is under the authority of elected officials and the County Administrator. UGPHD activities are funded by local taxes and state and federal programs, as well as patient fees and donations.

The UGPHD has four departmental areas of focus: Personal Health Services; Environmental Health Services; Air Quality Control; and Emergency Preparedness. Health Education activities are incorporated within each department.

The Personal Health Services department within the UGPHD plays an important part in protecting the community from illness, disease, injury and disability. The UGPHD is committed to population-based health services and interventions, while ensuring that individuals are linked to quality health care services. Services provided within the Personal Health Services department at the UGPHD include: childhood and adult immunizations; family planning; healthy start program; child health; Healthy Families Wyandotte; prenatal care; international travel vaccinations; STI screening and treatment; HIV counseling and testing; epidemiology surveillance; TB control; case management; WIC; child care licensing; laboratory services, and other patient support services.

During the past 12 months, 16,013 unduplicated clients made 28,189 visits to the health department for various clinical services (not including the 7,000 WIC clients serviced by UGPHD). A total of 178,793 services were provided to these 16,013 clients. 30% of these services were to African Americans; 10% Asian; 58% White (which includes a high proportion of Latino residents).

UGPHD’s provision of services is designed to address the health disparities of various cultural/ethnic groups. During the past 6 months, 3162 calls were made to our over-the-phone Spanish Interpreting Service for providing interpreting for our Spanish-only clients during their clinical and office visits at the Health Department. These were paid calls to our contracted interpreting provider. Approximately 20-25% of our staff are bilingual in Spanish/English and assist Latino clients everyday as part of the staff’s routine job in serving clients.

Environmental Health Services at the UGPHD strive to ensure a safe and healthy environment for the citizens of Wyandotte County. The wide range of services provided in this department include: code enforcement of state and local regulations; inspections of grocery stores, schools, and swimming pools; investigation of environmental complaints; and permit and licensure inspections. The Environmental Health Services department works with other governmental entities and the public to help protect the environment and health of local residents and visitors to the county.

Recently, the UGPHD was selected for funding by the Robert Wood Foundation’s Mobilizing Action Toward Community Health (MATCH) initiative. The Health Department will be part of the learning laboratory of the High Performance Group for Health. This project will support testing and sharing strategies on how to best use and integrate the MATCH model with the UGPHD and the HCW’s work to address the County’s health issues. MATCH is designed to
help communities translate the County Health Rankings into multisector action that addresses the social, economic, environmental and behavioral factors that affect health. It will help create a learning infrastructure that uses the rankings to engage multisector community partners to address the social, economic and environmental factors that influence health. It also providing targeted training and technical assistance, fostering peer learning, and disseminates tools and case studies.

**The UGPHD is committed to assuring improved conditions for population health and health equity.** The UGPHD is working to improve the effectiveness of preventive and health education/promotion programs provided through the local health department and other venues.

**The UGPHD has been spearheading the Mayor’s Healthy Community Wyandotte initiative** (HCW) (see more on this key coalition in following section). Joe Connor, Director of the UGPHD has been the lead of the HCW Coalition, [http://www.wycokck.org/InternetDept.aspx?id=31732](http://www.wycokck.org/InternetDept.aspx?id=31732). The Coalition is part of the Outreach section of the UGPH, along with Healthy Families, Safe Communities and other community programs.

**YMCA of Greater Kansas City**

With its longstanding community partnerships and reach, the YMCA of Greater Kansas City (YMCA) will serve as an important community partner for this proposed initiative. The YMCA has a more than 150-year history of diversity and inclusion and responding to the needs of the community served, including the needs of urban communities.

The YMCA of Greater Kansas City, [http://www.kansascityymca.org/](http://www.kansascityymca.org/), has approximately 16,600 members at its three centers in Wyandotte County: the 8th Street Family YMCA located in downtown Kansas City, Kansas; the Providence Family YMCA in Kansas City, KS and Bonner Springs YMCA in Bonner Springs, Kansas.

**The YMCA has tremendous opportunity to reach African American and Latino community members.** The 8th Street YMCA – 29,721 of 74,065 (40%) residents residing within a 5 mile radius are Hispanic/Latino, with the rest predominately African American. The Providence Family YMCA - 5382 or 47,448 (11%) of residents residing with a 5 mile radius are Hispanic/Latino. A larger proportion in that radius are African American. The YMCA recently strengthened its urban outreach efforts by creating a Mission Impact Council to target its efforts.

**The YMCA has a history of working with local organizations that serve the Latino community.** For example, the YMCA worked with El Centro on the Salsa, Sabor y Salud family wellness program, and has partnered with El Centro to hold focus groups with Hispanic members of the community who are non-Y members in order to better understand needs of the Latino community.

**The YMCA has growing relationships with Wyandotte County organizations that serve the African American population.** For example, the lead pastor of the Faith Deliverance Family Worship Center serves on the YMCA’s Mission Impact Council and is excited to develop cross-programming, and the YMCA works with the Communities Creating Opportunity (CCO) at St. Peter’s CME in Wyandotte County. Additionally, the YMCA has a growing partnership with
Associated Youth Services in Wyandotte County, which offers programming for adjudicated youth, residential living, GED programs and foster care services. The 8th Street YMCA is partnering with Associated Youth Services to provide more youth development and health and wellness programming to enhance physical and mental wellness of the youth and the staff at this organization.

The YMCA of Greater Kansas City’s continuing efforts to provide quality services to diverse populations will include implementation of the YMCA of the USA’s Cultural Lenses Training. This training will be available to all staff, and will build staff members’ capacity to serve diverse and emerging populations across all programs.

The YMCA of Greater Kansas City has general reach. Its Marketing and Communications staff includes a Creative Services Director, Special Events Director, Web and Social Media Director, and a Public Relations Director. The YMCA regularly distributes email information to more than 30,000 people, and the YMCA website receives an average of 217,000 hits each month. The YMCA also uses targeted social media efforts to reach local residents.

The YMCA provides outcomes-based programming. The YMCA regularly utilizes program evaluation, organizational impact measurement, and data collection and reporting. The YMCA of Greater Kansas City’s Program Impact and Development Specialist holds a Master’s degree in Public Health and is responsible for developing outcome measurement systems for key programs to demonstrate impact. This individual would work with the Program Director and KU Work Group evaluators on data collection for this project.

The YMCA has been deeply engaged in Wyandotte County’s community health improvement efforts. The YMCA of Greater Kansas City and the Unified Government of Wyandotte County have a long and positive working relationship. The YMCA has played an active role in the Mayor’s Healthy Environmental Infrastructure Action Team. The YMCA’s Pioneering Healthy Community (PHC) Grant and the infrastructure it demanded has helped to support the Mayor’s action teams and their mission of transforming Wyandotte County into a healthy community. The YMCA has strong relationships with the Mayor and Board of Commissioners, who have indicated enthusiasm for this initiative, and have reaffirmed their desire to continue in this partnership. The Mayor and Commissioner Mark Holland requested to be part of the new Pioneering Healthy Community commission in order to provide the leadership needed to implement and sustain changes.

Organizational Summary

Since 1860, the YMCA has been committed to strengthening our community through programs that enrich lives and promote healthy lifestyles. From the earliest days of its existence, the YMCA has been focused on community betterment and youth development. The YMCA is an early adopter of the YMCA of the USA’s new focus on the key areas of healthy living, youth development, and social responsibility.

The YMCA reorganized resources and personnel in the past 12 months to align more closely with initiatives such as Pioneering Healthy Communities to better serve the needs of the many communities we serve. One example of this has been the decision to assign a Vice President specifically to oversee the operational and community building efforts for the branches serving
Wyandotte County. YMC professionals from across the country have been recruited to improve our diversity initiatives. The YMCA is also committed to continuing the capacity building process under the direction and expectation of Activate America. The YMCA is fully committed to deploying the resources necessary to ensure that the Wyandotte Health for All project will result in long-term, sustainable impact.

The YMCA currently offers programs including:

- **Healthy Lifestyles** – The YMCA offers programs that focus on nutrition education, physical activity, and behavioral change.

- **Salsa, Sabor y Salud** – The program is offered in partnership with the National Latino Children’s Institute (NLCI) and Kraft Foods and addresses the growing obesity rates and inactivity levels among Latino children in America. Designed by Latinos for Latinos, *Salsa, Sabor y Salud* was the first national program of its kind designed to encourage healthy lifestyles among Latino families. The YMCA has served more than 500 individuals through this program in 2012 at four program sites (two sites in Wyandotte County).

- **LIVESTRONG®** at the YMCA is a small-group program that helps adult cancer survivors reclaim their health and well-being following a cancer diagnosis. Through this program, the YMCA is creating communities among cancer survivors and guiding them through safe physical activity, helping them build supportive relationships, and reducing stress, ultimately leading to an improved quality of life. The YMCA launched this program in Wyandotte County in 2012, with additional sites launching in Fall 2012 and in 2013.

- **Pioneering Healthier Communities (PHC)** engages local leaders in creating environments rich in opportunities for healthy living. With support from the Centers of Disease Control and other donors, the YMCA has convened leaders in Wyandotte County to address policy to create sustainable change, such as safer roads and sidewalks, trail and path systems, farmers markets in areas that don’t have access to fresh fruits and vegetables, physical activity programs for children and teens, and much more. The goals of the Mayor’s Healthy Community Wyandotte and the PHC Commission have converged to the point that the two are being merged into one single leadership team and mission. The goals of this merged entity are incorporated into the United Government of Wyandotte County’s 2013 budget under the Parks and Recreation Department to better facilitate healthier lifestyles and physical activity within the county. The YMCA has been appointed to lead the Environmental Infrastructure team, identified as the best entity to facilitate the United Government’s efforts to champion environmental changes to support healthy families in Wyandotte County.

**Youth Development** – The YMCA provides programs in child care; education and leadership; swim, sports, and play; and camp that create safe, authentic, and positive relationships with well-trained and caring role models and that teach life skills and values, regardless of program or activity.
The YMCA has a deep history of engagement in the Greater Kansas City area, and remains committed to building a healthier Wyandotte County through serving as a partner in this and other future initiatives.

**University of Kansas’ Work Group for Community Health and Development**

The Work Group for Community Health and Development at the University of Kansas is the lead academic partner. The KU Work Group’s mission is to promote community health and development through collaborative research, teaching, and public service. The KU Work Group helps extend the knowledge base of what works in creating conditions for improved outcomes and greater equity. By developing web-based resources, the KU Work Group has been able to share and exchange innovations in a national and global community of practice. This work has been made possible by two primary capabilities of the KU Work Group: community measurement and capacity building.

Beginning in 1990, the KU team developed a community measurement system for systematically documenting community changes—new or modified programs, policies, and practices—brought about by collaborative efforts to improve community outcomes. **The community measurement approach pioneered by the KU Work Group has been used extensively in local, state and national projects** (Fawcett, Sterling, et al., 1995). Building on this method, the KU Work Group has developed systematic approaches to documenting and analyzing the contribution of comprehensive community initiatives. These are used extensively in local, state and national projects. For instance, some current examples include the:

- Latino Health for All Coalition in Kansas City [http://kclatinohealth.org](http://kclatinohealth.org)
- Kansas Strategic Prevention Framework evaluation [https://www.myctb.org/wst/KansasSIG/default.aspx](https://www.myctb.org/wst/KansasSIG/default.aspx)

The KU Work Group’s capability for capacity building is best represented by the **Community Tool Box** (CTB), [http://ctb.ku.edu](http://ctb.ku.edu), the largest resource of its kind for community building—now accessed in multiple languages including Spanish—by approximately 750,000 unique users annually in over 200 countries. In addition, a tested 16-module training curriculum (also in Spanish) has been developed and used locally, nationally, and globally with a variety of different prevention initiatives. The training curriculum—deliverable in workshop, webinar, or short course formats—focuses on core competencies outlined in the Community Tool Box including assessment, planning, intervention, advocacy, policy development, evaluation, and sustainability [http://ctb.ku.edu/en/services/ctbcurriculum.aspx](http://ctb.ku.edu/en/services/ctbcurriculum.aspx) (see Appendix 2).

**The KU Work Group’s continuous designation since 2004 as a World Health Organization Collaborating Centre** for Community Health and Development has been a direct result of this mix of capabilities, including community measurement/participatory evaluation and capacity building.

The Work Group for Community Health and Development at the University of Kansas [http://communityhealth.ku.edu](http://communityhealth.ku.edu) has grappled with these questions of how communities create conditions for improved health and health equity since its inception in 1975. We have come
together as a collection of learners and doers from multiple disciplines—including behavioral science, public health, community psychology, anthropology, education, and urban planning. We share a commitment to social justice and an appreciation for collaborative efforts that are systematic and can be scaled up to match the level of need.

The KU Work Group’s mission is: To promote community health and development through collaborative research, teaching, and public service. In research, we aim to contribute to understanding about factors and conditions that affect community change and improvement. Through our research and evaluation projects, we help extend the knowledge base of what works in creating conditions for improved outcomes and greater equity. Through the public service aspect of our mission, we hope to further widespread adoption and effective use of promising approaches for building healthy communities. By developing web-based resources, we have been able to share and exchange innovations in a national and global community of practice.

Since 1999, the KU Work Group has evaluated or led a number of projects aimed at reducing health disparities, including serving as the local evaluator for the REACH 2010 demonstration project awarded to the Missouri Primary Care Association. The KU Work Group facilitated the community assessment and action planning process, and led subsequent evaluation efforts. Similarly, in the Austin Steps to a Healthier U.S. project, the KU Work Group has engaged partners from multiple sectors to address diabetes, asthma, and obesity in east Austin to reduce health disparities among underserved populations. There are many other examples of the KU Work Group facilitating assessment and action planning processes, including the Robert Wood Johnson Foundation support for the development for the Community Tool Box, have expanded the KU Work Group’s repertoire of tools to support community health initiatives. The Work Group also worked with the local Ewing Marion Kauffman Foundation’s Neighborhood development initiative and developed and supported a neighborhood improvement coalition in the predominately African American northeast area of Wyandotte County.

The KU Work Group has developed and supported several Latino-focused coalitions in Wyandotte County that are described in the following section. They are the Latino Health for All Coalition and the CDC funded REACH CORE project. Another KU group, The JUNTOS Center for Advancing Latino Health has also partnered with the KU Work Group to develop the LHFA Coalition.

A sister academic partner of the KU Work Group is JUNTOS. Over the past 6 years, the University of Kansas Medical Center Department of Preventive Medicine and Public Health has invested in the development of a dedicated center for the study of Latino health called JUNTOS Center for Advancing Latino Health. The Department of Preventive Medicine and Public Health (PMPH) is a rapidly expanding department that includes experts in cancer prevention and control, nicotine addiction, infectious disease control, nutrition, and community health. The department includes 24 physician and PhD-level investigators, and nine office staff personnel. KUMC’s Department of PMPH has traditionally collaborated with community-based organizations to better understand and improve underlying conditions that widen health disparities among underserved communities including Latinos. JUNTOS has extensive
experience with implementation of community-based approaches, working in partnership with KU Work Group in several community-based projects including CDC REACH CORE Project.

**Multi-Sector Coalitions Working to Improve Health/Equity in Wyandotte County**

All of the Core Partners (i.e., Health Department, YMCA, and the KU Work Group) are part of the Healthy Community Wyandotte (HCW) Coalition. The HCW’s planned Health Equity Committee will coordinate the group’s efforts on eliminating health disparities and its ties to the proposed Wyandotte Health for All initiative.

**Healthy Community Wyandotte (HCW) Coalition**

The Healthy Community Wyandotte (HCW) Coalition provides overall coordination of Wyandotte County’s community health improvement efforts. When the state released county health rankings in January 2011, Mayor Joe Reardon and other county commissioners realized that the poor health status of Wyandotte County needed to be given top priority and addressed in a comprehensive manner. The Mayor formed five action committees: 1) Community Relations Action Team, 2) Education for a Healthy Community Action Team, 3) Healthy Environmental Infrastructure Action Team, 4) Healthy Food Action Team, and 5) Health Services Action Team. The Health Department was and is the lead government agency in this community health improvement effort. The HCW has successfully implemented:

- Complete Streets Resolution adopted by UG Commission
- Sidewalk and Trail Master Plan adopted by UG Commission
Scholars Night held by Mayor Reardon to recognize every graduating senior in the County
Safe Routes to School expansion

There are over 50 partners engaged in the HCW’s five Committees. The HCW partners’ list and plan can be found in Appendix 3.

**Latino Health for All (LHFA) Coalition**

The Latino Health for All (LHFA) Coalition is an active, 50-plus member collaborative partnership that has voted to expand its focus to address health disparities in all of Wyandotte County. See Partners listed in Appendix 3. This coalition [http://kclatinohealth.org](http://kclatinohealth.org) has adapted, both culturally and contextually, a pilot-tested Health for All Model developed in an earlier REACH 2010 initiative in Kansas City. The LHFA Coalition aims to change community conditions to reduce risk for cardiovascular diseases (CVD), diabetes, and their associated risk factors. It is a strong collaborative partnership—with over 50 active member organizations—to promote healthy nutrition, physical activity, and access to preventive health services. The coalition was established in 2008 with the leadership of the KU Work Group (the Central Coordinating Organization), the University of Kansas Medical Center Department Preventive Medicine and Public Health (JUNTOS), and El Centro, Inc. (a community-based organization serving the Latino Community since the 1970s).

Building on the Institute of Medicine’s framework for collaborative public health action, the Health for All model includes a number of elements aimed at building capacity to promote community/system change to improve population health and health equity (see model in Appendix 4). The Model’s elements include: a) a coalition organizational structure with action
committees (for healthy nutrition, physical activity, access to health services, media); b) community-determined action plan to guide the work of the coalition partners; c) resources for community mobilization and partnership development; d) mini-grant resources to support implementation of the community-determined action plan; and d) performance feedback through ongoing measurement and evaluation—and participatory reflection—on activities and outcomes.

Between late 2008 and early 2009, academic partners from the University of Kansas and El Centro (anchor community partner) convened community partners to establish the Latino Health for All Coalition and to develop a comprehensive action plan. Over 50 organizations have partnered with the LHFA. The resulting action plan included objectives and specific community/system changes (to programs, policies, and practices) to pursue. Implementation of this community-determined action plan has been supported through mini-grants and ongoing community mobilization efforts.

Preliminary results suggest that the Health for All Model has been effective in catalyzing community/system change. To evaluate the Latino Health for All Coalition, documenters describe and characterize discrete events and activities related to improving conditions for healthy nutrition, physical activity, and access to health services. Community change—a primary intermediate outcome—is defined as new or modified programs, policies, or practices related to the mission. Between September 2008 and July 2012, the LHFA Coalition and its partners brought about 55 distinct community changes in different sectors of the community. Examples of these community changes include:

- Establishment of five community or school gardens and 25 residential/block gardens.
- Placement of coolers in several small cornerstores and tiendas, to promote availability of healthy food items.
- Training of Spanish-speaking community members to provide a nutrition education curriculum.
- Restaurant award for healthy menu items in local restaurants.
- Conversion of unusable park space to a usable neighborhood soccer field.
• Creation of low-cost soccer leagues. 80% of those participating had not previously played soccer through a formal league or team.
• Creation of a walking school bus and installation of bike racks at a local school.
• Implementation of annual health fairs aimed at early identification through screening and scheduled follow-up.
• Implementation of radio-novelas that dramatized how diabetes can be defined in relation to its risk factors.

Using a participatory approach, the LHFA’s Community Advisory Board (CAB) made all decisions about mini-grant investments. To date, the LHFA CAB has allocated over $400,000 in mini-grant funds (from NIH/NIMHD and local Foundation grants) to 30 different organizations working in the Latino community. These organizations extend the reach of the Coalition to multiple sectors including small faith-based organizations, community health centers, large Latino media organizations, extension offices, and other social service providers.

Longer-term outcomes are being measured by conducting a survey based on the Behavior Risk Factor Surveillance System, administered via interview. Community members were trained to administer the survey by going door-to-door.

The current LHFA membership consists of representatives from a broad range of sectors. In addition, we benefit from the critical contribution of many other individuals who do not participate fully enough to be considered regular members, but nonetheless contribute in meaningful and substantial ways. The following figure displays the distribution of current LHFA Coalition members (N=55) and contributors by sector.

*Distribution of current LHFA Coalition members and contributors by sector (N=55).*

These partners and contributors have a vast array of skills, expertise, and influence that assure that the LHFA Coalition—and the proposed Wyandotte Health for All Coalition—is well-positioned to implement the proposed project with the desired reach and impact. The membership includes individuals who either influence or make local or state policies. About 20% of LHFA’s members and contributors have the ability to make or influence local policy. We also know that approximately 10% of members have the ability to make or influence state policy.
Finally, because the focus of the LHFA’s work over the last two years has been implementing environmental and systems change, a large percentage (55%) of the membership has experience and expertise in developing and putting into effect environmental change.

**Wyandotte Health for All Task Force (WHFA)**

The Wyandotte Health for All Task Force—working to promote health equity among African Americans and Latinos—is one of ten REACH CORE projects across the United States funded by the U.S. Centers for Disease Control and Prevention. WYFA is another existing asset that will contribute to the proposed Wyandotte Health for All initiative. The aim of this CDC-funded Racial and Ethnic Approaches to Community Health Communities Organized to Respond and Evaluate (REACH CORE) project was to implement the Mobilizing for Action through Planning and Partnerships (MAPP) process in Wyandotte County, KS. This led to creation of a strategic Community Action Plan (CAP) to promote health equity, reduce diabetes and cardiovascular disease-related health disparities among African Americans and Latinos.

The project has built on the deep partnerships established through the Latino Health for All Coalition, particularly those between the KU Work Group, *JUNTOS*, El Centro, and the Wyandotte County Public Health Department. Using community-based participatory methods, the project engaged community partners as equal and essential participants in assessing, planning, developing, implementing and evaluating interventions focused on reducing health disparities. The KU Work Group and *JUNTOS* shared responsibility of serving as research partners for this effort. Assuring successful implementation of the MAPP process required staff to engage in continued partnership development and capacity-building topics of particular relevance for this project including assessment methodology and analysis and identification of evidence-based approaches for promoting health equity. (See Appendix 5 for its guiding Partnership Principles)

Led by the Wyandotte County Public Health Department, the University of Kansas, and El Centro, the WHFA Task Force is drawing members of the community through the Mobilizing for Action Through Planning and Partnerships (MAPP) process. This Task Force has benefitted from a variety of resources and support for community members engaged in this activity.

**Neighborhood-Based Partners:** Livable Neighborhoods/Historic Northeast/Midtown Association/Mid-America Regional Council

The proposed project will also engage key neighborhood-based partners. Livable Neighborhoods, Inc. (LN) builds collaborative partnership between neighborhood groups, Homeowners Associations and the Unified Government to create sustainable communities and improve the quality of life, including community health, in Wyandotte County. It serves as a resource center for qualified neighborhood groups/homeowners associations. It works collaboratively to make decisions which foster the common good of both our neighborhoods and that of the entire community. Here are a few of its many activities related to the goals of this proposal:

- Livable Neighborhoods, Community Policing and the Wyandotte County Sheriff’s Dept. formed a coalition to support diverse leaders and organizations in Wyandotte County to make our community cleaner, safer and healthier.
• Its efforts are results-focused investments in the safety, healthiness and well-being of Wyandotte County.
• Livable Neighborhoods’ Coordinating Committee seeks 500 projects through which it can make a positive difference in the quality of life of residents. Some related to this proposal include:
  o A community survey to gather information about assets, needs, and community priorities in Wyandotte County from a broad sample of the population. It especially focused on needs related to social and health services and will be used to guide the planning of many nonprofit organizations in Wyandotte County as well as inform the work of the United Way of Wyandotte County.
  o Participate in the HCW and the WHFA health assessments. This a result of Mayor Reardon’s commitment to improving the community health of Wyandotte County. A series of community meetings were held after the release of the County Health rankings report. The results of these meetings provided the priorities to begin a community health improvement plan process.
  o The goal of engaging is to increase the awareness of Healthy Communities Wyandotte and increase participation in the implementation phase of the community health improvement plan.
• The adoption and enforcement of the 2009 International Property Maintenance Code, or IPMC, that brings the current and most recently studied codes to the fore-front in our community. This creates safer environments by helping to reduce blight and neighborhood crime, and creates healthier living conditions.
• Worked with the Health Department to pass the Complete Streets Resolution.

The Historic Northeast/Midtown Association, which represents several large African American neighborhoods in Wyandotte/Kansas City, KS has been working with Livable Neighborhoods in these places. In addition, it has been working with the Healthy KC Kids to implement neighborhood gardens, change school wellness policies, improve transportation to the area, and bring greater access to healthy food to the area, which is designated as a food desert.

In addition, the Mid-America Regional Council, which promotes regional cooperation and develops innovative solutions to community issues, received a CDC funded Community Transformation Grant in 2011. That project focuses on the Missouri side of the Kansas City Metro area. That project focuses on reducing tobacco use by banning smoking in outdoor venues, working with the local housing authorities and landlords. It is promoting healthy eating and physical activity through health nutrition policies in government agencies, non-profit organizations, and businesses, increasing healthy food in cornerstores, and improve wellness policies in schools. It is improving preventive clinical services through diabetes education and prevention activities targeting chronic disease. Even though they serve a different geographic area, the MARC project has agreed to work collaboratively with the Wyandotte Health for All initiative (see their Letter of Support in Appendix 6).

**Health Access Partners:** Safety Net Clinic Coalition

Additional partners in the proposed initiative include safety net clinics serving the majority of African Americans and Latinos in Wyandotte County. For instance, Swope Health Services
(Swope) is a federally-qualified health center (FQHC) that provides primary health care, outreach and behavioral health services throughout the greater Kansas City area. Swope encompasses eight clinic and residential treatment locations and more than 90% of the 70,000 patients seen annually are below the poverty level. As part of the Greater Kansas City’s safety net clinic system, Swope provides medical care to people who have no other access to care. By providing primary health care, immunizations and preventive health services, Swope helps relieve area hospitals of the burden of providing expensive emergency care to uninsured patients. Services are provided on a sliding fee scale based on ability to pay and family size and individuals in need of attention are not turned away.

Duchesne Clinic is a safety net clinic in a low-income, primarily first-generation Latino community in Wyandotte County. Active in the Latino Health for All Coalition, it provides primary health care, chronic disease management and medication assistance to very low-income uninsured residents Wyandotte County. Patients can come to Duchesne Clinic for diagnosis and treatment of common health concerns and chronic disease management for the nearly 80% of its patients who have at least one chronic disease such as diabetes, heart disease or asthma. It also offers preventive care services including health and nutrition education, smoking cessation, and diabetes self-management.

Riverview Health Services, a nonprofit organization established in 1989, works with the community's low-income residents to quickly and efficiently match individuals with the health services they need. Each year, over 2,000 uninsured children and adults come to Riverview Health Services seeking solutions to their health concerns. Clients are referred by neighbors and relatives, emergency room workers, social service agencies and churches. They suffer from injuries, undiagnosed pains, chronic diseases and other health problems. Some have jobs, but still don't have health coverage. While there are resources for low-income individuals for medical care, many people simply don't know where to go or how to ask for the help they need. Financial worries, lack of transportation, language difficulties and poor literacy block their access to health care. Riverview's experienced advocates reduce these barriers to care. They listen to their clients' stories, assess their health situations and connect them to medical care at nearby safety-net clinics. The agency provides a Diabetes Education Program and free or low-cost Diabetes supplies. Active in the LHFA Coalition, they also enroll clients for long-term medication needs through pharmaceutical patient assistance programs and provide limited assistance for medications at area pharmacies.

Southwest Boulevard Family Health Care is another partner. Since its founding in 1989, Southwest Boulevard Family Health Care Services of Greater Kansas City, Incorporated (FHC) has continuously focused on providing health care and other supportive services for the poor and vulnerable, and on improving the health of our community. Programming activities center on the common vision of providing health care and increasing the well-being of the community by empowering people to improve through knowledge, especially of health behaviors, and promoting individual responsibility for personal development.

Silver City Health Center (SCHC) is another partner in the proposed initiative. Managed by KU HealthPartners since July 2006, this is a collaborative venture that brings the University of Kansas Medical School, including the School of Nursing and School of Health Professions, into
partnership to improve access to health services in the community. This partnership seeks to strengthen operating efficiencies, expand health education and prevention programs, and promote interdisciplinary services to address health disparities in Wyandotte County. Silver City Health Center addresses the primary care, health education, and health prevention issues that impede health and well-being; and impacts the illness, injury and chronic disease trajectories of residents in Wyandotte County. The clinic commits to and provides high-quality, culturally-sensitive, and holistic services within the limited resources available to many residents in need of care. Silver City utilizes an income-based sliding fee scale for patients without medical insurance, which is updated annually according to Federal Poverty Level guidelines.

Turner House Children’s Clinic is another health access partner. It provides quality primary health care to uninsured and underserved children in the Kansas City metropolitan area. Turner House Children’s Clinic (Turner House) was established in 1989 by Dr. Frank Vaughters and Episcopal Social Services. As medical director of the clinic, Dr. Vaughters secured borrowed space at Turner House Community Center adjacent to a public housing complex in Kansas City, Kansas and began recruiting volunteers. Together, they provided 450 patient visits in 1990. Today, Turner House serves approximately 4,000 patients in nearly 10,000 patient visits each year.

JayDoc Mission is another partner. It exists to provide quality health care to the uninsured and under-insured populations of Greater Kansas City while creating opportunities for University of Kansas medical students to apply their medical education in service to the community. JayDoc addresses linguistic, cultural, and financial barriers to health care across the Greater Kansas City region by providing primary care services with a focus on urgent care and preventative education at no charge, integrated with on-site language interpretation. Open to all, the clinic specifically targets indigent, Hispanic, uninsured, and underinsured populations in Greater Kansas City.

Mercy & Truth Medical Missions is another partner. It began in 1995 with the goal of going out into the world demonstrating God’s love for people, reaching out and serving the poorest of the poor through the delivery of health care. Medical mission teams typically set up a mobile patient clinic to assess patient needs for health care and then provide medicines and treatments. Networking with healthcare professionals has also become a focus of Mercy & Truth, including hosting a conference in Kansas City, targeting the education of health care professionals in cultural diversity and worldwide healthcare.

Providence Hospital has been a key partner of the Wyandotte Health for All Task Force. Providence is a not-for-profit, community hospital affiliated with the Sisters of Charity of Leavenworth Health System. Providence is also affiliated with Saint John Hospital, located in Leavenworth, Kan. More than 1,300 skilled and qualified individuals provide nursing, medical and support services. About 200 volunteers, along with a devoted Providence Service League, help serve the health needs of Wyandotte, Leavenworth and northern Johnson counties and surrounding areas. Services to the broader community include cash and in-kind donations, such as donations of cash, equipment/supplies, or staff time made by the facility on behalf of the poor or the community, and subsidized health services or services that generate a low or negative margin for our facility, yet are still offered because of a need in the community.
OVERALL CAPACITY FOR IMPLEMENTING THE PROPOSED WyANDOTTE
HEALTH FOR ALL INITIATIVE

Wyandotte County is primed and ready for policy and environmental change resulting in a healthier community.

Taken together, these core institutional and coalition partners have the capabilities, experience, and deep collaborative relationships to be successful in the proposed Wyandotte Health for All Initiative. We have worked through many of the challenges of collaboration—sharing risks, resources, responsibilities, and rewards with each other and with communities experiencing health disparities. Building on existing ties through the LHFA Coalition and other key partnerships, the Wyandotte Health for All initiative will assure: a) meaningful role for all community partners and a place for their contribution to occur and b) support through technical assistance and coordination of collaborative efforts.

ADDRESSING MECHANISMS OF HEALTH DISPARITIES: PRIORITY GOALS OF THE WHFA INITIATIVE

Health disparities in chronic diseases are associated with differential: a) exposures (e.g., to fast food restaurants, unsafe neighborhoods), b) vulnerabilities (e.g., limited education, social exclusion related to Spanish language), and c) consequences (e.g., disproportionately affected by lack of access to care). The Wyandotte County Health for All initiative seeks to address these mechanisms that produce disparities by focusing on priority goals related to healthy nutrition, physical activity, and access to health services.

Building on the work and input of the Latino Health for All Coalition and the Wyandotte Health for All Task Force’s Community Health Assessment, this project will focus on five priority goals (and associated mechanisms related to health disparities):

1) Goal 1: Create food and beverage environments that ensure that healthy food and beverage options are the routine, easy choice (Address differential exposures).
2) Goal 2: Make physical activity an integral and routine part of life among Latinos and African Americans (Address differential exposures).
3) Goal 3: Transform messages about physical activity and nutrition in the African American and Latino Community (Address differential vulnerabilities).
4) Goal 4: Expand the role of health care providers, insurers, and employers in obesity and hypertension prevention (Address differential consequences).
5) Goal 5: Make schools a focal point for obesity and hypertension prevention (Address differential exposures and vulnerabilities).

Goal 1: Create food and beverage environments that ensure that healthy food and beverage options are the routine, easy choice.

There are multiple barriers that limit access to and consumption of healthy foods—particularly among racial/ethnic minorities—in Wyandotte County. These include the presence of “food deserts”, unaffordable prices, social practices and cultural norms, inadequate knowledge related to food preparation and nutrition, and fast-food marketing. In addition, low-income residents purchase more sugar-sweetened beverages (SSB) than most other groups.
Focus group participants of the Wyandotte Health for All (WHFA) Community Health Assessment (CHA) agreed that neighborhoods in Wyandotte County experience barriers related to food availability and security due to inadequate access to public transportation and grocery stores. Survey respondents who disagreed and strongly disagreed that they were satisfied with the public transportation in the county represented more than 50% of those surveyed.

8,000 African Americans live in the northern part of this zip code area. In 2011 only one corner-store in this neighborhood accepted SNAP (Supplemental Nutrition Program). Two stores recently closed, and several areas predominately African American and Latino are designated as food deserts. One African American resident declared, “I don’t have a car and I would have to walk for 1.5 hours to get to the nearest store”.

There are many small stores, but few large grocery stores serving the African American and Latino communities in Wyandotte County/Kansas City, Kansas. For example, in the southern part of zip code area 66101, where about 9,000 Latino residents live, there are 17 gas stations, corner stores and tiendas (no full service grocery store) that accept SNAP. Few offer more than a bin or two of fruits and vegetables and many no fruits or vegetables at all. Most offerings are calorie-dense packaged foods or processed foods. In addition, there are several small tiendas that do not accept SNAP but have similar food offerings.

This is representative of most stores that serve the African American and Latino community. Only within the last five years has a full service grocery store been built in the African American and Latino community in Kansas City, Kansas. The availability of fruits and vegetables and low-calorie foods in these stores is low.

Food insecurity is also associated with obesity. This suggests the income disparity in Wyandotte County may be contributing to differences in rates of obesity. The Wyandotte County needs assessment found that consumers of social services and providers of social services believed that hunger in the community was getting worse during the previous 12 months (see Table 1). 41% of consumers believed that hunger in the community was getting worse.

A third of African American families with children and about a third of Latino families with children live in poverty. Yet, SNAP is generally underutilized by eligible families; it is estimated that 30-50% of eligible families are not receiving SNAP. SNAP could be expanded to between 3,000-5,000 residents, thereby increasing their capacity to purchase healthy foods.

Some promising activities to bring about this goal include: a) distributing educational information eating healthy food; b) promotion of SNAP and recruitment and referral of low-income families to SNAP by community organizations, worksites, and schools as part of their regular services or activities; and c) community gardens and other food outreach by churches and community organizations.

**Goal 2: Make physical activity an integral and routine part of life among Latinos and African Americans.**
Focus group participants of the WHFA Community Health Assessment noted that Wyandotte County residents do not have access to public parks and that, although there are recreational facilities, they do not have affordable wellness activities, appropriate recreation for youth, or opportunities for physical activity. Likewise, survey respondents who strongly disagreed or disagreed that they have access to affordable activities that promote health and wellness represented almost 45% of those surveyed.

**Goal 3: Transform messages about physical activity and nutrition in the African American and Latino Community.**

The case for this goal emerged from the work of Healthy Communities Wyandotte. As Wyandotte County does not have a county-specific news source, residents do not have a centralized way to access accurate information. Various nonprofit organizations and the health department no longer receive news coverage. Therefore, many residents are uninformed about issues that could affect their overall health and health-related organizations have difficulty disseminating strategic information about improving the county’s health.

In order to communicate effectively, information must be presented in culturally-competent ways. Wyandotte County is very diverse—there are differences in language, knowledge, culture, and educational levels—and the needs of each audience must be met in order to effectively disseminate information.

A variety of media outlets—including press releases, social media, speakers’ bureaus, and grassroots campaigns—must be utilized to reach as many residents as possible. Likewise, the campaign must continue to be culturally sensitive to improve the county’s overall health. A successful media plan can greatly improve the county’s health. For example, by providing information about risky behaviors and healthy living opportunities, residents may alter their health practices. Coupled with other efforts, media campaigns may lead to improvements in socioeconomic conditions by providing information about employment opportunities, educational support services, and community events. Finally, in regard to both healthier food choices and an increase in physical activity, successful local communication about nearby food outlets and recreation facilities may change residents’ interaction with the physical environment, and potentially the environment itself.

**Goal 4: Expand the role of health care providers, insurers, and employers in obesity and hypertension prevention.**

One in four Wyandotte County residents does not have health insurance. This county has been designated as a “Health Professional Shortage Area”; there is a shortage of primary care physicians for Medicaid eligible residents. In 2009, 22.9% of adults reported not having a primary care physician.

During WHFA’s Communities Themes and Strengths Assessment (CTSA) focus groups, seven salient themes emerged from dialogues with community members and service providers:

- Wyandotte County is not a healthy county
The health care system is having trouble meeting needs of clients
Low-income residents do not have adequate access to health services
It is difficult to attract providers
Health care costs and insurance will only get more expensive
There are growing, diverse populations including a community without health insurance

Equitable access to health care was also noted as an issue: many underserved and uninsured residents are unable to access care from county hospitals and other institutions. Survey respondents who disagreed and strongly disagreed that they were satisfied with the health care services in Wyandotte County represented almost 40% of those surveyed. 60% disagreed or strongly disagreed that all residents have equal access to health care.

Goal 5: Make schools a focal point for obesity and hypertension prevention.

Wyandotte County’s low rates of educational attainment put it at risk for poor health outcomes. Those with higher levels of education tend to engage in healthier behavior than their lower-income counterparts. People with more education tend to smoke less, exercise more, and eat healthier. The low level of education in Wyandotte County also contributes to the unemployment rate (13.7%), the proportion of children who live in poverty (36.4%), and the amount of violent crime (6.6/1,000). According to the 2011 County Health Rankings, only 60% of students in Wyandotte County graduate from high school on time and only 42% of adults have some post-secondary education.

In the WHFA Community Themes and Strengths Assessment, focus group participants voiced general dissatisfaction with the Wyandotte County school system. Quality of education and lack of childcare and early education services for young children and their parents were of particular concern. Those surveyed who disagreed and strongly disagreed that they were satisfied with the quality of education in Wyandotte County represented almost 45% of respondents and 40% disagreed or strongly disagreed that they were satisfied with the school system.

Sources of data for this section:


B: Organizational Capacity and Infrastructure

The capabilities, expertise and history of collaboration of the Core Partners will assure effective management and implementation of the Wyandotte Health for All initiative. Anchored by the central leadership of the Unified Government Public Health Department (UGPHD), the YMCA and KU Work Group will also serve key roles within the project. The figure below provides a visual representation of the WHFA Initiative:

QUALIFICATIONS AND ROLES OF PROPOSED STAFF

Unified Government Public Health Department:

Several staff from the UG Public Health Department will support the implementation of this project. The organizational chart of the UGPHD below indicates where in the organization key project staff will be positioned. The following list describes the qualifications of key personnel and their intended role in the proposed project.
**Project Director**, Joe Connor, Director of UGDPH (.15 FTE, provided as in-kind). The Project Director is responsible for managing the day-to-day functions and logistics of the initiative. He will be responsible for oversight and operational aspects of the entire project. He will ensure that the project is executed as outlined in the proposal, using sound management techniques. He will be responsible for completion of the project, directing its implementation, and reporting progress and results as required by CDC. He will carry out the financial plan or work with the CDC to make appropriate adjustments, following CDC and city policies and procedures. He will ensure accurate documentation of project expenses, oversee hiring and training of staff, and provide leadership to ensure collaboration, promote stakeholder participation, coordinate the effort and oversee all project components. He will be responsible for reports, publications and national-level presentations. This work will involve investigating critical issues related to ethnically and culturally diverse populations, and working closely with stakeholders to mobilize action and a commitment to ensure African Americans and Latinos have access to healthy foods, physical activity, and preventive care. The following is a list of some duties and responsibilities:

- Overseeing the planning and coordination of various activities intended to increase awareness and promote PSEs related to healthy eating, physical activity, and preventive care among African Americans and Latinos
- Developing working relationships and serving as a liaison with key stakeholders and advisor
- Planning and implementing meetings and events with external constituents
- Representing the project to the public and professionals
- Supervising staff

**Caitlyn McMurtry, Project Manager**, TBD, (1.0 FTE). Caitlin McMurtry, analyst, supports the Unified Government of Kansas City, Kan., and Wyandotte County’s public health
As Project Manager, Ms. McMurtry will assist the Project Director with day-to-day operations and develop work plans to guide the team toward the timely completion of tasks. She will develop tracking systems to satisfy grant reporting requirements, such as data management and the preparation of annual reports. She will provide supervision and coordinate training and work flow of management and support staff. She will ensure appropriate use of resources for project activities. She will make work assignments and schedule meetings and maintain performance documentation and records. She will oversee intra-team and external communications. This staff person will develop project reports and case study reports.

Jeffrey Froman, Policy/Systems Specialist, (1.0 FTE). Mr. Froman currently serves as the Safe Communities Coordinator at the Public Health Department. He oversees implementation of the Safe Routes to School program and has been active in supporting its expansion and related environmental changes around schools in Wyandotte County to promote physical activity. He was active in providing information that led to the adoption of a Complete Streets policy at the County Level.

As Policy/Systems Specialist, Mr. Froman will conduct research on federal and state policy, regulatory trends, implementation practices, best practices, and legislation about healthy nutrition, physical activity, and preventive care for African Americans and Latinos. The following is a list of his duties and responsibilities:

- Manage various policy related initiatives with external stakeholders and internal teams
- Monitor, analyze, and track federal, state and local legislation, regulation and implementation in policy areas targeted at the promotion of healthy nutrition, physical activity, and preventive care among African Americans and Latinos
- Translate research into polished reports and presentations
- Assist in collaborating with and growing new public and private partners

Media/Training Specialist, TBD, (1.0 FTE), the Media/Training Specialist will be responsible for outreach and communications. The specialist will develop relationships with business organizations and business leaders, and also develop mass communication strategies, including creation of a website and social media, and earned media. Multiple outreach and educational tools also need to be developed in a culturally competent manner to promote healthy nutrition, physical activity, and preventive care among African Americans and Latinos.

The Work Group for Community Health and Development
Several staff from the KU Work Group will support the implementation and evaluation of this study. The above figure is the organizational chart of the KU Work and indicates where in the organization key staff are positioned. The following list describes the qualifications of key personnel and their intended role in the proposed project.

Jerry Schultz, PhD, Lead Evaluator, (.3 FTE), is Co-Director of the Work Group for Community Health and Development. He is also an Adjunct Assistant Professor in the Departments of Preventive Medicine and Public Health, Anthropology, and Applied Behavioral Science at the University of Kansas. Dr. Schultz will devote his time to oversee the evaluation component to this program development and implementation. He is co-author and director of content development for the Community Tool Box. He served as the principal investigator of the CDC-funded REACH CORE project, and led the effort to conduct a Mobilizing for Action Through Planning and Partnerships (MAPP) process in Wyandotte County. He has extensive experience in CBPR approaches and his research includes projects in health promotion (e.g., evaluation of the STEPS to a Healthier US project in Austin, Texas), health system improvement (e.g., documentation of systems change for the Robert Wood Johnson Foundation’s National Turning Point), and community development (e.g., evaluation of the Ewing Marion Kauffman Foundation’s initiative in low-income neighborhoods in the Kansas City metropolitan area). He will develop and implement the evaluation plan. He will guide the piloting of the ODSS and data collection with a sub-group of grantees. He will engage in and direct staff in supporting sensemaking with initiative members. He will participate in the semiannual sensemaking
activities with the project staff. He will also support implementation of assessment and planning
processes.

Stephen B. Fawcett, PhD, Co-Lead Evaluator (.05 FTE). is Director of the Work Group for
Community Health and Development and Kansas Health Foundation Distinguished Professor of
Applied Behavioral Science at the University of Kansas. He also directs the World Health
Organization Collaborating Centre at KU. Dr. Fawcett is co-author of nearly 200 articles and
book chapters and several books in the behavioral science and practice of how communities
create conditions that affect outcomes that matter to them. He is co-designer and author of the
widely used online resource known as the Community Tool Box (http://ctb.ku.edu/). He and his
colleagues have supported and evaluated many communities, state, and national initiatives
including those to reduce risk for chronic disease, substance abuse, and adolescent pregnancy, as
well as CDC-funded violence prevention initiatives. He has been a Scholar-In-Residence at the
National Academy of Science’s Institute of Medicine and previously served on its Board on
Population Health and Public Health Practice. He is currently a member of the IOM Committee
on Evaluating Progress on Obesity Prevention. He will also guide the implementation of the
overall project to assure its reaches its goals. He will be part of the team that will develop and
implement the monitoring and evaluation plan.

Vicki Collie-Akers, Ph.D., M.P.H., Co-Lead Evaluator, (.3 FTE), has extensive experience
working in communities to address health disparities. She previously worked at the Kansas City-
Chronic Disease Coalition, a REACH 2010 project. She currently serves as investigator and
manager of several community-based participatory evaluation projects, including the CDC
funded REACH CORE project to implement the MAPP process in Wyandotte County. She also
serves as project director of the Latino Health for All Coalition (funded by an R24 grant from the
National Institute of Minority Health and Development). She has experience in developing and
implementing community health behavior and status in the Latino community, as demonstrated
by her leadership in leading the Latino Health for All Coalition’s assessment through annual
door-to-door surveying between 2009 and 2012. She will develop and implement the evaluation
plan. She will work directly with project staff and direct the work of other team members in
collecting data, providing quality data management, and developing and utilizing the WHFA
Workstation communication hub. In addition, she will direct the overall evaluation team’s
training program for using the ODSS for data collection. She will also direct data collection
efforts for collection of population-level health status and behavior data. She will participate in
the semiannual sensemaking activities with the project staff.

Monica Mendez, Data Collection Manager and Community Liaison, (1.0 FTE) Ms. Mendez
currently serves as the community mobilizer of the Latino Health for All Coalition. She has
several years experience working with community members to improve conditions for health by
building collaborative partnerships, identifying supports needed to create community change,
and assuring participation of members of intervention population, and managing surveyors. Ms.
Mendez will provide serve as staff liaison to the Latino Health for All Coalition and El Centro.
She will serve as a link to the Latino population and assure ongoing connection to people within
the Latino intervention population, manage survey work and documentation of initiative efforts,
and provide quality data management.

Kandace Fleming/Research Design and Analysis (RDA), Dr. Fleming is director of the Research
Design and Analysis Unit within the Schiefulbusch Life Span Institute. She has an extensive
background in statistical analysis. The RDA will conduct the statistical analysis required for the overall project. She will advise the scientific partners decisions regarding study design and analysis.

**YMCA:**
Several staff from the YMCA will support the implementation of this project. The following figure is the organizational chart of the YMCA and indicates where in the organization, key project staff will be positioned. The following list describes the qualifications of key personnel and their intended role in the proposed project.

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CSA Team Leaders (3), TBD, (1 FTE) The CSA Team Leaders will work with the community mobilizers and steering committee to develop curriculum for training series. The following is a list of duties and responsibilities:

- Lead and facilitate regular meetings of the team
- Develop and facilitate skills training workshops
- Work closely with the steering committee to identify stakeholders that will support interventions
- Develop and implement a partner engagement plan
- Oversee policy scans, implementation assessments
- Oversee training, mentoring and educating policymakers

Mobilizer (2), TBD, (1 FTE), the Community Mobilizer will work at the community level to develop and sustain local multi-sector partnerships/coalitions to address health disparities in the
African American and Latino community. The CM will be responsible for convening a local Community Action Team dedicated to creating healthy communities by addressing disparities in obesity and hypertension. The following is a list of duties and responsibilities:

- Establish a local Community Action Team comprised of members various sectors of the target geographic area.
- Facilitate and support action planning to create an environment that promotes healthy nutrition, physical activity, and preventive health care in the African American and Latino community.
- Support collaborative efforts among health partners working on these goals
- Provide training and technical assistance for community efforts to reduce disparities
- Help document changes in communities and systems facilitated by this project and its partners
- Facilitate meetings among community members and organizational partners working on this project
- Assist with a policy scan and implementation assessment
- Maintain statistical information on project activities according to outcome objectives through the Online Documentation Support System (ODSS).
- Participate in trainings provided by the project

DESCRIPTION OF APPLICANT (CCO) ORGANIZATION’S FISCAL MANAGEMENT PROCEDURES

Financial Control:
The Unified Government of Wyandotte County/Kansas City, Kansas, has adopted a comprehensive system of internal controls designed to reasonably safeguard Unified Government assets, check the accuracy and reliability of its accounting data, promote operational efficiency, and encourage adherence to prescribed managerial policies within the Unified Government. Basic management responsibilities emphasize that the accounting system must have a strong relationship with all other management control systems. The Unified Government's internal accounting controls reasonably safeguard assets and provide reasonable assurance of proper recording of all financial transactions.

As part of the continuing effort to improve fiscal stewardship and financial accountability, the Unified Government utilizes a fully computerized financial accounting management information system, the Cayenta Financials System (CFS). The system is an integrated, online municipal government financial management system, comprised of many subsystems. Modifications and enhancements are continually being made to this system in order to keep abreast of rapidly changing accounting techniques and principles. CFS is based on the single transaction concept of processing, in which all relevant files and reports are updated from a single input of information. Look-up tables are used to tailor all accounting and classification treatments and are changed by file maintenance initiated by the Financial System Administrator.

C: Partnership and Community Leadership: Evidence of a Strong Partnership
At the core of a constellation of collaborative efforts, the Wyandotte Health for All Initiative will serve as the lead coalition. The proposed project will help focus and integrate the work of related partnerships. The Wyandotte Health for All Task Force (WHFA) began in 2010 as an offshoot of the Latino Health for All Coalition with the aim of promoting health equity across Wyandotte County. Supported by a CDC cooperative agreement as part of the Racial and Ethnic Approaches to Community Health Communities Organized and Ready to Evaluate (REACH CORE) initiative, the WHFA assembled a broad base of participation across multiple sectors. It conducted a Mobilizing for Action through Planning and Partnerships (MAPP) process that resulted in a plan for improving health equity in Wyandotte County. A number of strong organizational partners contributed to the successful completion of the MAPP process. The following Table is a list of organizations that are partners of this effort and the sector of the community represented. Overall the partnership has included over 50 partners and continues to engage community members in promoting health equity in Wyandotte County.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Sector</th>
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<tbody>
<tr>
<td>Providence Medical Center</td>
<td>Health Care Organization</td>
</tr>
<tr>
<td>El Centro, Inc.</td>
<td>Cultural Organization &amp; Human Service Provider</td>
</tr>
<tr>
<td>Riverview Health Services</td>
<td>Health Care Organization</td>
</tr>
<tr>
<td>Grandview Park Presbyterian Church</td>
<td>Faith Organization</td>
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<tr>
<td>Health Care Foundation of Greater Kansas City</td>
<td>Local Funders</td>
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<tr>
<td>Reach Foundation</td>
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<tr>
<td>University of Kansas Medical Center</td>
<td>Education &amp; Health Care Organization</td>
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<tr>
<td>Duchesne Health Center</td>
<td>Health Care Organization</td>
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<tr>
<td>Kansas State University Research and Extension</td>
<td>Human Service Provider</td>
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<td>Turner House Children’s Care Center</td>
<td>Health Care Organization</td>
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<tr>
<td>Coalition of Hispanic Women Against Cancer</td>
<td>Community Organization</td>
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<td>UGWYCO Public Health Department</td>
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<td>Heart to Heart International</td>
<td>Human Service Provider</td>
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<td>Education First, Athletics Second</td>
<td>Education</td>
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<tr>
<td>YMCA</td>
<td>Community Organization</td>
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<tr>
<td>Wyandotte Regional Prevention Center</td>
<td>Community Organization</td>
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<tr>
<td>Family Conservancy</td>
<td>Human Service Provider</td>
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Although these partners participation will be important, the Wyandotte Health for All initiative can benefit from expanding to include sectors that are underrepresented. These include education, local and state government, and neighborhood/faith organizations. A principal reason
for doing so is to more deliberately connect the constellation of collaborative partnerships (displayed in Figure X) more closely to the WHFA effort. For example, the Latino Health for All Coalition (LHFA) consists of more than 40 organizations and 20 individuals. Of these, five are faith based organizations, which would be beneficial to the proposed project. Healthy Communities Wyandotte is another organization that is closely related to the WHFA and has membership that will support the effort of the Wyandotte Health for All Coalition. Specifically, superintendents and other staff from all five school districts are members of Healthy Communities Wyandotte, and will be important to the work of the proposed project. The Historic Northeast and Midtown Association (HNMA), a primarily African American-focused organization, have substantive memberships of Northeast neighborhood associations. The plan for assuring membership will be two-pronged: a) merging when possible and b) when merging is not possible, assuring that members of the other partnerships are represented at WHFA and are responsible for mobilizing members of their constituency for the efforts of the WHFA. Members of the Community Study and Action Teams (described below) will support this mobilization.

A COMMUNITY-BASED PARTICIPATORY APPROACH TO ENGAGING COMMUNITY MEMBERS FROM THE INTERVENTION POPULATION

The proposed project will build on the work of an existing collaborative partnership with a history of engaging in Community-Based Participatory Approaches (CBPA). Consistent with the principles of CBPA (Israel et al., 1998), community members from the intervention population, organizational partners, and academic partners will equitably share decision-making responsibilities for the WHFA initiative. Several strategies will be implemented to assure equitable and meaningful engagement, including:
• A steering committee tasked with decision-making: the broader WHFA members and CSA Teams will be guided by the WHFA Steering Committee. This Committee will consist of 12 people, including a representative from the core partners (UGWPHD, YMCA, and KUWG); a representative from the other supporting collaborations (the LHFA, the HNMA, Healthy Communities Wyandotte); a representative from each of the other supporting organizations (El Centro and Livable Neighborhoods); and two at-large members from each of the intervention populations to be selected by the broader WHFA membership. From past experience, it is expected that the representatives from LHFA and HNMA will also be members of the intervention population. Thus, the total number of representatives directly from the intervention populations (6) will be the same as the number of representatives potentially not directly from the intervention populations. Each member of the steering committee will have one vote, and all decisions will be made democratically.

• MOUs agreeing to partnership principles: a Memorandum of Agreement outlining partnership principles consistent with the CBPA principles outlined by Israel and colleagues (1998) will be created and agreed to by all of the core organizations, supporting collaborations, and other support organizations. This will assure that all members are aware of the participatory approaches being undertaken and how participatory approaches will be operationalized for the WHFA.

• Leadership Development activities: as needed, leadership development opportunities will be created to assure that members of the Steering Committee have the skills needed to participate fully in all activities. This might include presentations regarding the political, systematic, and environmental factors that contribute to obesity and hypertension and related disparities or approaches to resolving obesity and hypertension; trainings on strategies for conducting policy scans; or workshops on adaptive leadership. The KU Work Group will conduct these as appropriate or will identify other sources for supporting leadership development. The KU Work Group is particularly well-suited to lead this effort as they are the creators and maintainers of the Community Tool Box, an internationally recognized source of information on how communities work to promote health and development. In addition, they have developed a curriculum that covers many core competencies related to the work of the proposed project, including: assessing community needs and resources; developing an initiative; or developing a social marketing campaign.

D. Strengthen and Expand PSE Strategies to Reduce Health Disparities

This section describes the core strategies and framework for implementation for the Wyandotte Health for All initiative. Building on the work and input of the Health Community Wyandotte Coalition, Latino Health for All Coalition and the Wyandotte Health for All Task Force’s Community Health Assessments, this project will focus on five priority goals and related strategies:

Goal 1: Create food and beverage environments that ensure that healthy food and beverage options are the routine, easy choice for African Americans and Latinos in Wyandotte County.
Goal 2: Make physical activity an integral and routine part of life among Latinos and African Americans in Wyandotte County.
Goal 3: Transform messages about physical activity and nutrition in the African American and Latino Community in Wyandotte County.
Goal 4: Expand the role of health care providers, insurers, and employers in obesity and hypertension prevention for African Americans and Latinos in Wyandotte County.
Goal 5: Make schools a focal point for obesity and hypertension prevention for African Americans and Latinos in Wyandotte County.

This section outlines the related strategies for each of the five goals and their expected impact, cost, and relationship to National Plans. This project’s approach and strategies meet many of the strategies of the National Stakeholder Strategy for Achieving Health Equity and the HHS Action Plan to Reduce Racial and Ethnic Health Disparities. Highlighted strategies contribute to the strategies found in the national plans. In Appendix 7, we indicate which specific strategies this initiative contributes to.

Goal 1: Create food and beverage environments that ensure that healthy food and beverage options are the routine, easy choice for African Americans and Latinos in Wyandotte County.

**Strategy 1-1:** Increase food security among households and, in so doing, reduce hunger  
Estimated reach: 5,000 residents  
Estimated cost: $30,000 (*costs are determined by what the project will expend to promote the PSE)  
Cost per recipient: $17

**Strategy 1-2:** Adopt policies and implement practices to reduce over consumption of sugar-sweetened beverages  
Estimated reach: 50,000  
Estimated cost: $30,000  
Cost per recipient: $0.6

**Strategy 1-3:** Increase the availability of lower-calorie and healthier food and beverage options for children and adults in restaurants  
Estimated reach: 10,000  
Estimated cost: $40,000  
Cost per recipient: $4.0

**Strategy 1-4:** Utilize strong nutritional standards for all foods and beverages sold or provided through the government, and ensure that these healthy options are available in all places frequented by the public  
Estimated reach: 10,000  
Estimated cost: $20,000  
Cost per recipient: $2.0
Strategy 1-5: Introduce, modify, and utilize health-promoting food and beverage retailing and distribution policies;
   Estimated reach: 50,000
   Estimated cost: $30,000
   Cost per recipient: $0.6

Strategy 1-5a: Increase production and distribution of garden produce through farmers markets.
   Estimated reach: 10,000
   Estimated cost: $30,000
   Cost per recipient: $3.0

Goal 2: Make physical activity an integral and routine part of life among Latinos and African Americans in Wyandotte County.

Strategy 2-1: Enhance the physical and built environment
   Estimated reach: 10,000
   Estimated cost: $75,000
   Cost per recipient: $7.5

Strategy 2-2: Provide and support community programs designed to increase physical activity
   Estimated reach: 10,000
   Estimated cost: $50,000
   Cost per recipient: $5.0

Strategy 2-3: Increase the proportion of children, adolescents, and adults who view television [and other recreational screen time] no more than two hours per day
   Estimated reach: 25,000
   Estimated cost: $50,000
   Cost per recipient: $2.0

Goal 3: Transform messages about physical activity and nutrition in the African American and Latino Community in Wyandotte County.

Strategy 3-1: Develop and support a sustained, targeted physical activity and nutrition social marketing program
   Estimated reach: 65,000
   Estimated cost: $150,000
   Cost per recipient: $2.3

Strategy 3-2: Ensure consistent nutrition labeling for the front of packages, retail store shelves, and menus and menu boards that encourages healthier food choices
   Estimated reach: 20,000
   Estimated cost: $30,000
   Cost per recipient: $1.5

Goal 4: Expand the role of health care providers, insurers, and employers in obesity and hypertension prevention for African Americans and Latinos in Wyandotte County.
Strategy 4-1: Provide standardized care and advocate for healthy community environments
  Estimated reach: 25,000
  Estimated cost: $30,000
  Cost per recipient: $.8

Strategy 4-2: Ensure coverage of, access to, and incentives for routine obesity prevention, screening, diagnosis, and treatment
  Estimated reach: 25,000
  Estimated cost: $30,000
  Cost per recipient: $.8

Strategy 4-3: Encourage active living and healthy eating at work
  Estimated reach: 15,000
  Estimated cost: $30,000
  Cost per recipient: $2.0

Goal 5: Make schools a focal point for obesity and hypertension prevention for African Americans and Latinos in Wyandotte County.

Strategy 5-1: Require quality physical education and opportunities for physical activity in schools
  Estimated reach: 15,000
  Estimated cost: $30,000
  Cost per recipient: $2.0

Strategy 5-2: Ensure strong nutritional standards for all foods and beverages sold or provided through schools
  Estimated reach: 15,000
  Estimated cost: $30,000
  Cost per recipient: $2.0

Strategy 5-3: Ensure food literacy, including skill development, in schools
  Estimated reach: 15,000
  Estimated cost: $30,000
  Cost per recipient: $2.0

The array of strategies likely to be implemented will have a significant effect on outcomes. The WHFA initiative has chosen to pursue a multi-pronged, and integrated approach to intervening. For example, by increasing the resources individuals have to spend on food, making health food more accessible, reducing the availability of unhealthy food, and increasing awareness and skills in obtaining and preparing healthy food. The effect or impact of each of these is unlikely to change health-related behaviors, but together the impact increases and able to move health behaviors and, ultimately, health outcomes. Most of the potential strategies are based on CDC, IOM, and HHS recommendations, and many have a good research base leading to a high probability of success.

OTHER CDC FUNDED PROJECTS IN THE AREA

As mentioned in Part A, a CDC funded REACH CORE project, managed by the KU Work Group, is a core partner in this proposed project. It has concluded its community health
assessment and community health plan, and they have contributed to the development of this proposal. In addition, the Mid-America Regional Council, which promotes regional cooperation and develops innovative solutions to community issues, received a CDC funded Community Transformation Grant in 2011. That project focuses on the Missouri side of the Kansas City Metro area. That project focuses on reducing tobacco use by banning smoking in outdoor venues, working with the local housing authorities and landlords. It is promoting healthy eating and physical activity through health nutrition policies in government agencies, non-profit organizations, and businesses, increasing healthy food in cornerstores, and improve wellness policies in schools. It is improving preventive clinical services through diabetes education and prevention activities targeting chronic disease. Even though they serve a different geographic area, the MARC project has agreed to work collaboratively with the Wyandotte Health for All initiative (see their Letter of Support in Appendix 6).

STRENGTHEN PSE THAT AFFECT THE AFRICAN AMERICAN AND LATINO COMMUNITIES IN WYANDOTTE COUNTY.

**WYANDOTTE HEALTH FOR ALL: A Framework for Reducing Obesity and Hypertension among African Americans and Latinos in Wyandotte County, Kansas**

This section displays the framework or logic model for the Wyandotte Health for All initiative. The intended population health outcomes are improvement in health objectives related to nutrition, physical activity, and access to preventive health services. An array of inputs and assets, such as established coalitions and political support, will enable key activities intended to educate policymakers about policy and environmental strategies for achieving the objectives.
Several key components of the initiative are described with more detail below:

**WYANDOTTE HEALTH FOR ALL MEDIA CAMPAIGN: Raising awareness of the need for the policy, systems, and environmental change approach to healthy living**

There are many good reasons to implement the core strategies, and the project-determined Policies, Systems and Environmental (PSE) changes, the partnership has identified that should be brought to the attention of decision makers in Wyandotte County. During the first six months, the project will develop a broad and general media campaign that will inform the public of the general PSE approach to improving healthy living among African Americans and Latinos in Wyandotte County. This will lay the foundation for later media interventions that support the specific PSEs that will emerge from the Community Study and Acton Team’s (CSA Team) study of the issues.

The Campaign will help explain why the issues/alternatives are important including: a) basic needs are not being met; b) people are not being treated fairly; c) resources are being distributed unfairly (e.g., Educational services are more limited in neighborhoods of concentrated poverty); d) current policies or laws are not enforced or effective; and e) existing conditions pose a threat to public health, safety or well-being). The campaign will include a reflection as to why too little, has been done about the issue/alternative prior to this effort.

This media campaign addresses only the first stage of PSE development, agenda setting, without which it is harder to implement the full process. During the Agenda Setting phase, the project will frame the issues and available PSE approach, then bring specific PSE to the attention of the public and decision makers. It is not enough to raise the question, it is important to also describe the issue and alternatives for addressing it in a way that others can hear and respond to. The remaining parts of the model include PSE formulation, PSE adoption, PSE implementation, and PSE evaluation and adjustment.

The Wyandotte Health for All media campaign will be developed and implemented by the CSA Teams, media staff, and local media vendors, with experience with the African American and Latino Communities in Wyandotte County. Health messages will be developed based on CDC guidelines for physical activity and healthy nutrition, and preventive health care or, if appropriate, we will use messages that have been proven successful in influencing health behavior in these groups. In addition to the media campaign (involving print and broadcast media outlets), a health promotion approach will engage our audiences through peer-to-peer type interventions using partner community organizations, schools, churches and locals mostly frequented by African Americans and Latinos (e.g., grocery stores, Laundromats, etc). This approach will utilize printed materials (posters, flyers, fridge magnets, etc.), as well as dedicated health promotion events organized and hosted in collaboration with local organizations. All media activities will be structured according to a strategic communication plan which will be developed taking into consideration characteristics of the audience, media environment, accessible communication channels and the number and strength of partner organizations.
We expect a snowball approach to help carry the message of these events within the African American and Latino community, and expand the reach of our message in excess of the initial attendees. Third, we will utilize social media as a channel intended to reach mainly younger and mobile audiences. Dedicated Facebook, Twitter, Foursquare and YouTube pages and channels will be set up and constantly updated with news and events that will maintain audiences engaged and help them interact with peers as well as experts and members of the community organizations involved with this project. We will employ guerilla marketing tactics by developing and implementing specific events to stimulate audience participation and create "buzz" about the initiative. All health promotion and media activities will be structured according to a strategic communication plan which will be developed taking into consideration characteristics of the audience, media environment, accessible communication channels and the number and strength of partner organizations.

**LAYING THE FOUNDATION: Study and selection and of policy, systems and environmental change to improve health in Wyandotte County**

We will lay a firm foundation for the work of changing the policy, systems, and environmental conditions that African Americans and Latinos experience in Wyandotte County. Changing PSE are some of the most difficult – but some the most effective - means of changing Wyandotte County for the better. Community Study and Action Teams (CSATeams) are an innovative component of the Wyandotte Health for All initiative. CSATeams will be responsible for guiding and contributing directly to the core activities (e.g., PSE scan, selection of PSEs, training and educating) of the project in each focal area (i.e., nutrition, physical activity, access to preventive care). The CSATeams will be comprised of the Project Manager, CSATeam leader, and mobilizers. CSATeams will conduct the necessary research to get to know as much as possible about the issue. The CSATeams will become acknowledged experts for individuals, groups, and the media contact when they want information on PSEs that affect the African American and Latino community.

The CSATeams will prepare preliminary reports that outline the facts, myths, and values Wyandotte County residents and leaders hold associated with the three target areas: healthy nutrition, physical activity, and access to preventive health services related to obesity and hypertension. The Teams will conduct several research activities that will review: 1) The results of previous research about the issue or problem; 2) How similar issues have been resolved through policy decisions in other places or organizations; 3) What those who are affected by the issue think "should be" in an ideal situation; and 4) What people believe is maintaining the problem, true or not.

The CSATeams will list who or what is affected by the current state of affairs. The team will be able to describe: 1) How are they affected? (e.g., 50% of those seeking healthy food don’t have adequate resources to get to and purchase it); and 2) What needs to be done differently to lessen the problem? (e.g., special bus routes will be established to transport people near food stores). Lastly, the CSATeams will define the current PSE situation in neutral terms and generate possible policy-related solutions (e.g., There are too many eligible people without access to stores that accept SNAP).
The CSA Team will confirm or establish that a particular PSE change that will be implemented, in fact, is appropriate and helpful, with limited negative or unintended consequences. If research shows the opposite, the CSA Team will look for alternate PSE changes that will have extensive positive effects on the strategy and community.

The CSA Teams will get to know current PSE conditions in the County intimately. That includes knowing the current policies, laws, and regulations inside out, and knowing who actually makes and influences policy, who supports current policy, etc. The same will be true for systems and environmental changes. The CSA Teams will conduct factional analysis to determine who the allies and opponents are, who's open to argument or to public pressure, and who's ideologically flexible or inflexible. Determining the most powerful cases for and against the implementation of identified PSEs will be determined. They may be based on facts or they may be comprised of made up statistics, and misrepresentation. In either case, CSA Teams will develop educational and media materials to ready the case for best PSEs.

1. Conduct a Wyandotte Health for All Policy, Systems and Environmental Change Scan and Analysis (WHFA-PSEC)

Specifically, each Community Study and Action (CSA) Team will conduct a Wyandotte Health for All Policy, Systems and Environmental Change (WHFA-PSEC) scan in its particular domain (e.g., nutrition strategies, physical activity strategies, preventive care strategies). For the purposes of this project, policy is defined as a broad direction or course of action that has been endorsed by a body with authority to both implement and resource it (e.g., government, board of directors). Examples of policies are frameworks or directions for action, guidelines for programs and services, strategies, strategic plans, priorities, or resource allocation. A system is an organized collection of parts that are highly integrated to accomplish an overall goal. For example, an organization is made up of many administrative and management functions, products, services, groups and individuals. Systems change refers to a permanent and holistic modification of a policy or operational approach at one or more of these ecological levels that help sustain the WHFA’s efforts.

Often systems change focuses on changing infrastructure within a school, park, worksite or health setting. But change might be different at different levels in the system. Environmental change is a change made to the physical environment. Environmental change can be as simple as
installing bike signage on already established bike routes or as complex as sidewalk installation and pedestrian-friendly intersections to promote walking and biking among its citizens.

The WHFA-PSEC scan and analysis is intended to identify and examine policies, systems and environmental changes related to healthy eating, active living, and preventive care (e.g., screenings) that encourage and support African American and Latino residents of Wyandotte County in making healthy eating, active living, and preventive care choices. Systems analysis is a systematic and objective process to examine and evaluate how people in an organization and community interact; and the processes, practices, policies, structure, and culture that facilitate or impede productivity towards achieving the project strategies.

The results of the scan will inform the development of the policies, and systems and environmental changes associated with WHFA strategies to be implemented within the African American and Latino communities, and in Wyandotte County more broadly. The resulting report will provide a summary of the findings from the scan with recommendations for collaboration and policy, systems and environmental change within organizations, agencies in Wyandotte County, and the community. The WHFA-PSEC scans and analysis will be conducted by the policy and systems analysis project staff.

The purpose of the WHFA-PSEC scan and analysis will be to identify and review a broad range of policies, systems and environmental changes (both formal and informal) that promote healthy eating, active living, and preventive care among African Americans and Latinos in Wyandotte County. In addition to the scan, other tasks include a synthesis of information and data from relevant documents, identification of gaps in policies, systems and environmental changes, constraints and opportunities for new change, and development of collaborative policy, systems and environmental change options for consideration by the Wyandotte Health for All Coalition.

The general methodology for the scan consists of: 1) telephone and internet scan; 2) document review; 3) key informant interviews; 4) focus groups; 5) analysis of media coverage; 6) document review; and 4) expert panel review. The data collection phase will be conducted over a four month period between October 1, 2012 and January 31st, 2013. The data will be analyzed using a population health promotion framework (Saskatchewan health, 1999; Hamilton and Bhatti, 1996) with regard to: a) the purpose of the strategy (healthy eating, active living, access to health services, or combinations); b) the target population; and, c) the key strategies of health promotion - building healthy public policy, creating supportive environments, strengthening community action, and developing tools and skills. In addition, gaps and implementation constraints will be identified and explored.

The information for each past policy or systems or environmental change will be obtained from either the description provided by the person contacted and interviewed, or by written information provided and/or obtained about the change.

The scan is just that, a scan; it is not intended to identify all the health-promoting policies and systems and environmental changes and programs that exist. However, the scan will identify enough of them to give a sense as to what is happening across all of Wyandotte County. There will be more data from some organizations than others; this is a reflection of the resourcefulness
of the key informants in those organizations who provide information, and/or refer the study team’s access to useful documents, resources, materials, and websites. Perhaps the weakest part of the data will be around the issue of evaluation since there may not be much evaluation being conducted on the policies and other environmental changes.

The information sought will likely include:

1. The name of the policy and/or program initiative;
2. The target population;
3. The aim of the initiative;
4. Who the primary funders/sponsors/partners are;
5. Whether the intent or focus of the intervention is intended to enhance the formal system's response to the issue, or the capacity of the community to respond to the issue;
6. Any notable features that provide a bit more description of the policy, system or environmental change, program design and delivery methods;
7. Whether or not there is any evidence of evaluation for effectiveness of outcomes; and
8. A reference source and/or contact person for follow up.

The WHFA-PSEC scans and analysis will help answer the following questions: 1) What policy change efforts have been attempted before? 2) What about the content of the message was well received, and what was rejected? 3) What was the culture of the community at the time, and how is it now different? 4) Who were the key players, and what were their positions on the issue? And 5) Are there different leaders or adopters who can now be of assistance?

Among the more specific questions/issues to be examined include:

- How people feel about the issue currently, and what they believe?
- What the history of the issue is in your community?
- How the issue links or divides various segments of the community?
- Who, if anyone, is influencing actions of opponents?
- What forces are at work in the political scene that are causing officials to not act?
- What it will take to make people give up the old way of doing things?
- What the belief systems are of those who may oppose the policy options on ideological grounds?
- Who is affected by the issue?
- What are the consequences of the issue, and potential policy options?
- What the economic impact of the issue is, and how policy change might affect it?
- What the social impact of the issue is, and how policy change might affect it?
- What barriers exist to change?
- What resources could be brought to bear in creating policy change?

Analysis of this information will result in a series of reports that describe the findings. These reports from the WHFA-PSEC will be distributed to the WHFA Steering Committee and at-large membership to help identify which PSEs to move forward. To aid in broader dissemination, the resulting reports will be posted on the WHFA’s website. Additionally, copies of the findings will be distributed to local stakeholders including community members, policy makers, funders, members of the media, local government, and others. This information will be accompanied with
information about WHFA and how to be involved in “continuing the conversation” about how to improve health in Wyandotte County, and an invitation to a public dialogue for identifying PSEs to pursue.

2. Formulating and selecting the best policies, systems changes and environmental changes.

The CSA Teams will seek the pulse of the community in response to proposed PSEs. The teams will try to determine what citizens will support, what they will resist, and how they can be persuaded. Policies will be chosen that the community will support, or at least tolerate. Town meeting and listening sessions will be held to obtain this input from the community.

The CSA Teams will use a variety of methods to select the best policies. For example, they will engage “bellwether” community leaders in the public and private sectors whose positions require that they be politically informed and that they track a broad range of policy issues to help pinpoint the best PSEs. The CSA Teams will seek bellwethers who are knowledgeable and innovative thought leaders whose opinions about policy issues carry substantial weight and predictive value. Structured interviews will be conducted with bellwethers.

The bellwethers will be drawn from six groups: a) policymakers (legislative and executive), b) advocates, c) think tanks/academia, d) media, e) business representatives, and f) funders. Individual bellwethers will be selected based on a range of characteristics, including their content expertise, geographic diversity, gender and ethnic diversity, partisan representation (for legislators), and cross-sector (public and private) experience.

The CSA Teams will develop and put forth alternative PSE proposals based on the scans and analysis, and models or best practices implemented elsewhere. Implementation assessments for each proposed PSE will be conducted as well and will determine if the PSE is 1) timed well; 2) uses available resources and allies; 3) fit the group's style; 4) is flexible or adjustable; and 5) likely to work.

The PSE prescription will be chosen among the alternatives, including the no-action option. When possible, PSEs that emphasize positive (incentives) rather than negative (punishment) tactics will be chosen.

In order to address the selected risk factors, the initiative will implement population-based approaches such as policy, systems, and environmental changes across CDC’s five MAPPS strategies – Media, Access, Point of decision information, Price and, Social support services – that have the greatest reach and impact. These areas will be used to guide policy development through the process. The framework for guiding policy process to be used by the initiative is that used by CDC in the ARRA Communities Putting Prevention to Work program and COCOMO.

Physical activity:

- Increase walking or biking to/from school
- Increase exposure to physical education (i.e., frequency and/or duration of classes)
• Increase moderate to vigorous physical activity in PE classes
• Increase physical activity during school recess or classroom instruction
• Increase participation in school sports teams
• Increase participation in community-based sports teams
• Increase participation in community-based physical activity lessons, classes, or clubs
• Increase participation in home/family physical activity
• Increase physical activity in after school programs
• Decrease TV watching
• Decrease recreational computer/internet use
• Decrease time spent playing inactive video/ handheld electronic games

Healthy Nutrition:
• Increase availability of healthier food and beverage choices
• Improve affordability of healthier food and beverage choices
• Improve geographic availability of supermarkets/ food retailers in underserved areas
• Improve production, distribution, and procurement of foods from local farms
• Restrict availability of less healthy foods and beverages
• Institute smaller portion size options
• Limit advertisements of less healthy foods and beverages
• Increase support for breastfeeding

BUILDING CAPACITY FOR POLICY, SYSTEMS AND ENVIRONMENTAL CHANGE

**Communicating to decision-makers about identified PSEs through social marketing**

The CSA Teams and media consultants and partners will develop social marketing campaigns that present the PSEs to target audience(s) through accessible (where people can see or hear it) and noticeable (so that it captures their attention of) media. The messages will be culturally tailored to ensure that the message is understood in meaningful way it was meant to the target audience and stakeholders. This will be considered for language and visual appeal. Lastly, an appropriate vehicle for communicating with target audiences and stakeholders (e.g., personal contact with elected officials, legislative staff, official channels, legislative briefings, formal presentations, letters, emails or phone calls to appropriate people, public forums and presentations including media campaigns, formal reports, fliers, posters and billboards, multi-media presentations, and the like.

In addition, endorsements from local and national civic, business, and other leaders and celebrities will be collected and used in the media campaigns, as well as in other approaches being used to educate the decision-makers and the public.

*Preparing an issue brief on the problem and proposed PSE*
The briefs will include the facts, beliefs, and values associated with the issue and PSE. First, the briefs will use previous research about what factors affect the problem or goal, how similar issues have been resolved through policy decisions in other places or organizations, what those who are affected by the issue value in an ideal situation; and what people believe is causing and maintaining the problem, true or not. Second, the briefs, will list who or what is affected by the current state of affairs, how are they affected, and what needs to be done differently to prevent or lessen the problem. Third, they will define the issue and promising policy options, emphasizing common ground with other issues.

**Building capacity of decision-makers to implement PSEs**

Several methods will be used to build capacity of decision makers about the identified PSEs and their implementation.

- **Best Practices Forums**: decision-makers will be invited to forums at which policy and systems experts will present information about best practices. The forums will provide specific information about the identified PSE.
- **Peer community consultations**: decision-makers from communities where the identified PSEs have been implemented will be brought in to provide consultation and guidance for implementing the PSE.
- **Distance coaching peer decision-makers**: in communities where the identified PSEs have been implemented.
- **Provide cost benefits**: to decision-makers when possible.

To assure that the selected PSEs are implemented, we will maintain bi-weekly contact to assess progress on implementation of the short-term action plans. As needed we will provide technical assistance. The technical assistance provided will follow a field-tested protocol for identifying and responding to challenges experienced by implementers. The technical assistance provided to targeted stakeholders will occur in four stages:

**Phase 1: Situation Analysis** – Identification of the group’s current situation, needs and goals for technical support (e.g., requests for consultation on developing an action plan; identifying an evidence-based approach that fits the community context). We will work with stakeholders to identify technical assistance needs during telephone consultations on a bi-weekly basis. This will focus more on topics associated with implementation, including, but not limited to, cultural and contextual adaptation of evidence-based approaches; planning for sustainability; maintaining partnerships; and evaluating success.

**Phase 2: Implementation of Technical Assistance** – Reviewing products (e.g., drafted ordinance) for markers of implementation; assuring implementation; and ad hoc consultation with how to address barriers to implementation will be conducted on a monthly basis. We will: 1) ask what activities are being implemented; 2) review the task analysis list of activities; 3) offer direction and guidance for implementing the task; 4) refer leaders to other resources or practitioners who can offer support; and 5) determine whether other activities should be implemented.

**Phase 3: Goal Setting, Performance Feedback, and Reinforcement**—Based on the periodic assessments and implemented technical assistance, stakeholders will be asked to set goals.
for implementation of evidence and practice based strategies. Feedback on implementation/achievement of these goals will be provided following the periodic assessments. Recognition of full implementation of strategies — for instance, through awarding of certificates for meeting minimum implementation standards — will be used to promote full implementation. The use of goal setting and performance feedback is beneficial in two key ways: a) providing a measure of accountability and b) providing opportunities for stakeholders to experience reinforcement from the project staff.

**Phase 4: Quality Assurance of Technical Assistance**—Assessing satisfaction with technical assistance and using feedback to assure the quality and consistency of technical support (e.g., using semi-structured interviews, satisfaction surveys). We will survey stakeholders every six months to assess satisfaction and provide feedback to assure quality of technical assistance.

**MOBILIZING THE COMMUNITY IN SUPPORT OF PSE’S**

At the same time, the CSA Teams and partners will be mobilizing support and action at the grassroots level. The mobilizers at the community partner groups – liveable neighborhoods and Latino Health for All Coalition – will work to organize and mobilized community awareness, support and action to implement identified PSEs. Similar methods will be utilized to increase community awareness, increase understanding, increase the value, and increase the support for identified PSEs.

The CSA Teams will sponsor a variety of methods to enhance public support including public hearings, letter-writing campaigns, petition drives, register voters, and engage the media. The CSA Teams will build relationships with decision-maker by giving public personal compliments, and public support, arrange celebrations of their work, develop or refine PSE options and proposals for implementation, establish contact and request participation of decision-makers, and provide constructive feedback to decision-makers.

Ultimately, this will be a decision not by specific decision-makers, but by the community though the decision-makers, as they will be accountable to the public.

**MONITORING FOR IMPROVEMENT**

Continuous improvement cycle:

A theory of change will be developed specifically for the Wyandotte County PSE environment. If a strategy no longer looks like it will work and decisions are made to take another route, the theory should map that change.

**Define benchmarks.** Generally, PSE change is a long-term effort, demanding many years of work. Defining benchmarks to show progress along the way is vital to an effective and useful continuous improvement cycle.

Benchmarks that indicate progress will be set in advance. They will include incremental progress in both achieving PSE goals and building internal capacity for PSE action. Capacity-building benchmarks will also be developed as they are important markers of long-term progress.
Collect data. Data collection will be kept simple, building upon the data collection that organizations already conduct, focusing on data that is meaningful to the partners, and will emphasize learning over accountability.

Use findings. In particular, evaluations need to answer questions partners have about their programs, and findings need to be relayed in time to improve their work. At the beginning, evaluation questions must include those that most interest partners, and, throughout the evaluation, findings will be presented as close to real time as possible.

E. Data Collection and Evaluation

Evaluation of the proposed project will include a multi-method approach and will build on existing efforts to examine collective impact on changes in health behavior. The evaluation of these proposed activities will be guided by four evaluation questions:

1. To what extent are implementation activities conducted?
   a. What are the costs associated with these activities?
   b. What is the reach of these activities?
2. To what extent do these implementation activities result in changes to policies, environments, and systems?
   a. What is the reach of these activities?
3. How are policy, environmental, and systems changes associated with changes in population-level behavioral outcomes?

Table XX displays the methods associated with these questions.

<table>
<thead>
<tr>
<th>Evaluation questions</th>
<th>Data collection methods</th>
<th>Parties responsible for data collection</th>
</tr>
</thead>
<tbody>
<tr>
<td>To what extent are implementation activities conducted?</td>
<td>Recording in the Online Documentation &amp; Support System</td>
<td>All staff in core organizations (KU Work Group will conduct quality control)</td>
</tr>
<tr>
<td>To what extent do these implementation activities result in changes to policies, environments, and systems?</td>
<td>Recording in the Online Documentation &amp; Support System</td>
<td>All staff in core organizations (KUWG will conduct quality control)</td>
</tr>
<tr>
<td>How are policy, environmental, and systems changes associated with changes in population-level behavioral outcomes?</td>
<td>Administration of selected Behavioral Risk Factor Surveillance System modules</td>
<td>KU Work Group with support from the KU Medical Center Department of Preventive Medicine</td>
</tr>
</tbody>
</table>

STRATEGY-SPECIFIC EVALUATIONS OF HEALTH IMPACT.
The evaluation activities described in the table above and more thoroughly in subsequent pages are the activities that will be conducted for all strategies and will provide cross-strategy evidence of the proposed project’s effects. Strategy-specific evaluations will be conducted on a sub-set of five strategies selected by the steering committee for such purpose. Criteria for selection may include: opportunity to expand evidence base for the strategy, importance to Wyandotte county residents, and extent to which the PSE is responsive to community context. In addition to the measurement approaches to be used for all strategies, measurements will be conducted that provide more information about the outputs and shorter-term and longer-term effects of the particular PSE on the health of those in the community. For example, if a strategy, such as increasing fruits and vegetables in corner stores or tiendas through tax incentives for commercial coolers is chosen, three additional measures might include: a measurement of store space in areas designated as food deserts devoted to sales of fruits and vegetables before and after enactment of the tax incentives (output of the policy change); observation of products of behaviors by tracking sales of fruits and vegetables at those vendors (short-term effect of the policy change); and conducting a small sample of the Behavioral Risk Factor Surveillance System in three-block radii of a selected number of corner stores or tiendas (both those that accepted the tax incentive and those that did not) to assess the impact of improved availability of fruits and vegetables on healthy eating behaviors (longer-term effect of the policy change). Such measures will provide evidence about the health impact of particular strategies, and, depending on the co-occurrence of other PSEs implementation, may provide evidence that can be separated (disaggregated) from the effects of other strategies.

The KU Work Group and members of the Steering Committee will work in collaboration with the CDC to identify the evaluation approaches that are most appropriate for the strategies identified in the Local Evaluation Plan. The KU Work Group and other core partners are committed to assuring a complete Local Evaluation Plan within 150 days of the notice of award.

MEASUREMENT OF IMPLEMENTATION ACTIVITIES AND RESULTING PSE’S

The online documentation system to track performance measures/ implementation activities, outputs of proposed activities, and policy and environmental change outcomes, and each community will implement the selected modules of the Behavioral Risk Factor Surveillance System (BRFSS) to assess progress toward long-term objectives. The University of Kansas Work Group for Community Health and Development (KU Work Group) has developed an online documentation and support system (ODSS) to document and track all implementation activities; document instances of policy, system, and environmental change, and other types of data as appropriate. The selected BRFSS modules will be implemented across Wyandotte County in neighborhoods with higher densities of Latinos and African Americans. The KU Work Group will lead the evaluation efforts.

The Online Documentation Support System (ODSS) has been used extensively by partners across the United States. Notably, the Steps to a Healthier US initiative in Austin, Texas used the ODSS to document instances of new or modified programs, policies, or practices; instances of actions towards changes in policies, practices, or programs (i.e., benchmarks); and instances of services provided to community members. Other notable users of the ODSS include: the Kansas City-Chronic Disease Coalition, (funded as part of the Racial and Ethnic Approaches to Community Health REACH 2010), the State of Nebraska’s Obesity Prevention Program, and two Centers for Disease Control and Prevention violence prevention initiatives.
The KU Work Group will establish appropriate data bases for data collection within 30 days of notification and will assure the quality of the data throughout the funding period. An example of a data entry page is available in Figure X. This data collection method engaged core members, coalition members, and others in the collection of evaluation data. Staff from all core partners and the CSA Team leaders/staff liaisons will be designated to document the efforts of the initiative. The ODSS is designed to collect information about discrete events and activities. Documenters will record a brief description of the implementation activity or PSE change they are documenting, and then assign a series of codes that characterize the type of entry documented. First, they will assign a code that describes the type of activity being documented. Documenters will be trained to reliably code these events using a field-tested training and codebook. The table below describes the codes to be used to characterize both implementation activities and PSE changes.

<table>
<thead>
<tr>
<th>Primary Code</th>
<th>Brief definition</th>
<th>Example of anticipated activities from the proposed project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community or Systems Change</td>
<td>A new or modified policy or practice within the community</td>
<td>A municipal policy providing tax incentives to grocery and convenience store owners that dedicate a higher proportion of shelf space to healthy foods.</td>
</tr>
<tr>
<td>Organizational Change</td>
<td>A new or modified policy or practice within a specific organization</td>
<td>A youth-serving organization removes vending machines from their buildings.</td>
</tr>
<tr>
<td>Development Activity</td>
<td>An activity conducted to prepare the community to effectively reach its goals</td>
<td>A policy scan was conducted regarding nutrition promoting policies.</td>
</tr>
<tr>
<td>Media</td>
<td>Instances of media usage to promote goals consistent with that of the initiative.</td>
<td>A media campaign was conducted that highlighted how our environment informs our health behaviors.</td>
</tr>
<tr>
<td>Resources Generated</td>
<td>Direct or in-kind resources generated to support implementation of the proposed project.</td>
<td>A local health care organization provided a staff person to support implementation of the initiative.</td>
</tr>
</tbody>
</table>
Documenters will also characterize secondary variables, including the goal of the activity, the activities duration, the strategy used, reach of the activity, and the cost of the activity. All activities coded as community change, organizational change or development activity will trigger reach and cost worksheets. Documenters will be asked to complete full descriptions of the costs (e.g., types of cost, amount) and reach (e.g., total number of people reached, racial/ethnic population prioritized, age-group prioritized). The KU Work Group has extensive experience using the ODSS for these types of measures. Most recently, this approach is being used on the National Healthy Communities Study funded by the National Heart, Lung, and Blood Institute, for which the KU Work Group serves as the central investigators of the community program/policy measurement arm of the study. This information will be used to calculate the cost per person of the implementation activities and PSEs implemented as a result of the proposed project. For each entry, documenters will be able to attach documentation to support the characterization of the activity description (e.g., newspaper coverage of a policy change, an Excel file describing the budget of the activity). This information will be used by the KU Work Group to verify the descriptions provided by the local documenters.

These data will be collected on a monthly basis with the KU Work Group providing quality management of the information. The KU Work Group will review the data for completeness and quality coding. KU Work Group personnel will secondarily score documented activities and calculate inter-observer reliability scores to establish a level of agreement, and implement quality control procedures if a documenter’s reliability falls below an established threshold (80%). Bi-annually, reports that contain listings of all documented activities will be prepared by the KU Work Group for review by the core project staff. The KU Work Group will facilitate a process of assessing this list for completeness by asking about missing or misrepresented activities.

**USE OF DATA BY COMMUNITY MEMBERS**

Currently, making sense of data about implementation is a key part of the functioning of the Latino Health for All Coalition. Members of the LHFA are actively involved in reviewing the data collected in a manner similar to that described above to identify needed adjustments and improvement in the Coalition’s function and progress toward meeting its goals. Protocols that are currently in place within LHFA will be replicated in the proposed effort. Quarterly, data will be prepared in reports using graphs and narrative descriptions. The KU Work Group will facilitate a sense-making protocol that will guide the steering committee (which includes the core partners and community members) through review of the data and discussion about any needed improvements or adjustments. Twice a year this process for sense-making will be conducted with the full membership of the WHFA. During this process, the KU Work Group will collect qualitative information about community members’ responses to information about the work of the WHFA. This information will be added to all products developed to aid in translation and dissemination. Annually, the steering committee will consider what lessons learned and success stories can be identified from the initiative’s work and how to disseminate that information. In addition to these intervals for reflection, the ODSS will a) be accessible to steering committee members and b) feature a dashboard that includes graphs for key measurements that are updated continually. The dashboard will allow any member of the steering committee to check on the status of key measures as they would like. This is intended to assure transparency and to assure that data is available when any party is interested in viewing it.

**MEASUREMENT OF LONGER-TERM, POPULATION-LEVEL OUTCOMES**
To assess the longer-term outcomes of the PSE changes that are brought about by the proposed project, selected core sections and optional modules of the BRFSS will be administered amongst the prioritized populations. These core sections and optional modules include: Section 1 Health Status; Section 2 Healthy Days – Health related quality of life; Section 3 Health Care Access; Section 4 Hypertension Awareness; Section 6 Chronic Health Conditions; Section 7 Tobacco Use; Section 8 Demographics; Section 9 Fruits and Vegetables; Section 10 Exercise (Physical Activity); Module 4 Sugar Sweetened and Menu Labeling; Module 10 Actions to Control High Blood Pressure; and Module 28 Social Context (Centers for Disease Control and Prevention, 2011). Additionally, specific exposure questions will be developed and used in the post-test administration of the survey to determine the extent to which respondents have been exposed to or experienced specific PSEs. For example, if one of the PSEs is a results in increased availability of fruits and vegetables at local corner stores, we will ask survey respondents three questions, such as 1) within the past 30 days, have you purchased fruits/ vegetables at a nearby corner store (or tienda)?; b) If yes, from which corner store did you purchase these?; and c) how many times in the past 30 days have you purchased fruits/ vegetables from this store. Information such as this will help assemble evidence of the health impact of a select set of PSEs.

Inclusion criteria for completion of the survey include: a) being 18 years or older and b) self-identifying as African American or Latino; and c) being a resident of the selected areas. The survey will be administered via a door-to-door structured interview. It will be administered within the first 60 days of the project period and during the last 60 days of the project period to provide pre-test, post-test data. We will also collect data in a comparison area.

An area within Kansas City, Missouri has been selected to serve as a comparison group for the proposed project. Kansas City, Missouri has a similar percentage of African Americans and low-income residents, and similar rates of mortality due to heart disease. It does have a lower percentage of Latinos. To adjust for this, we will oversample in particular neighborhoods that where the Latino populations are concentrated (known as the Northeast Neighborhood and the Westside Neighborhood).

Conducting a power analysis when the exact PSEs to be implemented are unknown is challenging. Using review studies, such as Heath et al. (2006), it is anticipated that effect sizes will vary for each PSE, but that overall the median effect size may be large. For example, Heath et al. (2006) found that the median effect size for land-use policies was a 161% improvement in physical activity behaviors. We based our power analysis on this example. Power analysis was conducted using G*Power for a Fisher’s Exact Test comparing posttest proportion of individuals meeting the criteria. Given that the proportion of individuals meeting recommendations for physical activity indicated in the 2009 Behavioral Risk Factor Surveillance System results was about 39% across populations, an expected proportion of .60 in the treated community of Wyandotte County, Kansas and an expected proportion of .50 of the control community in Kansas City, Missouri was considered. With a total sample size of 170 (85 per group) there will be .80 power to detect the expected effect using a one-tailed test.

An area within Kansas City, Missouri has been selected to serve as a comparison group for the proposed project. Kansas City, Missouri has a similar percentage of African Americans and low-income residents, and similar rates of mortality due to heart disease. It does have a lower percentage of Latinos. To adjust for this, we will oversample in particular neighborhoods that
where the Latino populations are concentrated (known as the Northeast Neighborhood and the Westside Neighborhood).

The proposed approach builds on efforts that are currently occurring in Wyandotte County to collect information about Latino health status and behaviors. Between 2009 and 2012, the Latino Health for All Coalition and its scientific partners conducted annual door-to-door surveys using a similar method, and had a mean response rate among eligible households of 83% among low-income, primarily recently immigrated Latinos. The mode of delivery, a door-to-door interview survey, was chosen through a participatory process and informed by key pieces of information regarding the population: a) the population is relatively mobile and b) the population relies on "Cricket"-type cellular phones which have service frequently turned off and turned on. The door-to-door method has been more effective in assuring adequate response rates from residents of low-income neighborhoods. An additional factor that contributed to the success of LHFA’s data collection efforts was the engagement of members of the respondent population being engaged in actually conducting the survey. Annually, community members have been hired and trained to complete the survey according to a specific protocol. Community partners reported that assuring that those conducting the survey are similar in racial/ethnic background, language spoken, and other socio-economic factors creates greater comfort among prospective respondents. As in LHFA, community members will be hired and trained to administer the survey.

LIMITATIONS OF EXISTING DATA SOURCES.

The only effort to collect similar data is conducted by the Kansas Department of Health and Environment as part of their effort to collect BRFSS for the state of Kansas. The sample is too small to be used for analysis of minority populations, and its use for such purposes has been discouraged by state officials. The state sample will be used, however, for assessing how the proposed project’s effort may result in a reduction in health disparities.

PARTICIPATION IN NATIONAL EVALUATION AND TRANSLATION EFFORTS

The KU Work Group has extensive experience working collaboratively to develop rigorous evaluation plans. As practitioners of participatory evaluations, the KU Work Group will represent the broader initiative, as they work with CDC to develop a comprehensive evaluation that will effectively assemble evidence about the effects of the initiative. Additionally, all of the core partners (UGPHD, YMCA, and the KU Work Group), have experience participating in conferences, technical assistance workshops, and other requirements of participating in a national initiative, and commit to representing the Wyandotte Health for All initiative as appropriate.

Heath GW, Brownson RC, Kruger J, et al. The effectiveness of urban design and land use and transport policies and practices to increase physical activity: a systematic review. Journal of Physical Activity and Health 2006;3 (Suppl 1):S55-76.

F: Dissemination and Mentoring

The Wyandotte Health for All initiative will disseminate information about evidence/practice-based approaches (EPBAs) that can be used to promote health and eliminate health disparities.
Tools for implementation and examples of adaptations of PSEs will enhance their cultural appropriateness for use in African American and Latino communities. In addition, lessons learned from capacity building for decision-makers component will also be disseminated.

WHFA initiative will recruit, select, and prepare community health champions (i.e., lay agents of change) to enhance their efforts in key settings such as faith communities and cultural organizations. We will also develop tools that support the efforts of local practitioners.

WHFA initiative will use several strategies and related modes of delivery to facilitate its dissemination efforts. We will develop an Action Portfolio to support implementation of decision-maker capacity building and PSEs for promoting physical activity, healthy nutrition, and access to health services tailored to African American and Latino communities. The Action Portfolio will include culturally-specific examples to illustrate how PSEs can be adapted for different cultures, settings, and contexts. Action Portfolios can help support implementation of PSEAs by including: a) brief description of the approach, b) evidence/practice base for the approach, c) core tasks and tools, and d) examples of implementation in different cultures and contexts.

Informational toolkits, presentations and publications, and workshops and training (in person/print/online) will also be used to reach key audiences of public health professionals, change agents, and practitioners. The WHFA initiative Workstation will provide online tools for supporting and documenting accomplishments of the local WHFA initiative effort and for national dissemination. The WHFA initiative Workstation will offer tools and free technical support for change agents nationally through an “Ask an Advisor” feature (of the existing Community Tool Box). This feature will permit users to post questions and receive answers from experienced practitioners, as well as to retrieve posted guidance in this evolving knowledge-to-practice data base. The WHFA initiative Workstation and local customized versions will support documentation and analysis of efforts, communication of success stories, and co-learning and WHFA initiative Workstation).

The KU Work Group has an over 30-year history of translating community intervention methods into forms suitable for dissemination (e.g., training modules, curricula, publications). Its online Community Tool Box (CTB) http://ctb.ku.edu/ has over 7,000 pages of free, printable information for building healthy communities and is broadly used and respected worldwide. We have also developed customized online Workstations—with capabilities for technical support, documentation of accomplishments, and co-learning—that support dozens of CBPA efforts locally and nationally.

1. The information and products will be disseminated through several means including: a) the KU Online Documentation Support System and Community Workstation (an online collaborative platform); b) the WHFA initiative Website, kclatinohealth.org; c) the KU Community Tool Box, http://ctb.ku.edu, the preeminent website for capacity building for community health and development (in English and Spanish), including how-to materials; d) local promotoras and health champions engaged in Latino Health locally and nationally; e) Listserv and other online networks (e.g., SOPHE, CCPH, PRCs, CEEDS; f) Regional African American and Latino mass media distribution; g) Professional journals (e.g., Preventing Chronic Disease, Heath Promotion Practice, American Journal of Public Health); and h) social media such as YouTube and Facebook.
2. We will assess success by multiple measures including: a) how many units of information are disseminated; b) estimated reach; c) Number of downloads of materials; d) Evidence that target audiences received materials obtained through focus groups and key informant interviews; e) User satisfaction with materials (appeal, layout, readability, and mode of delivery); f) change in behavior related to any training conducted; and g) larger policy or program changes.

G: Budget (SF 424A) and Budget Narrative: see attached budget and justification
### Reducing Obesity and Hypertension Among Latinos and African Americans in Wyandotte County, Kansas - Work Plan

**REACH Demonstration Project: Work Plan Template**  
**Date:** 08/2012

<table>
<thead>
<tr>
<th>Site Name</th>
<th>Wyandotte County Health Department</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome Objective (OO)</strong></td>
<td></td>
</tr>
<tr>
<td>1. Increase by 5% the proportion of African American and Latino youth and adults consuming 5 or more servings of fruit and vegetables per day; and 450 cal. from beverages with added sugar per week, factors related to obesity and hypertension.</td>
<td></td>
</tr>
<tr>
<td>2. Increase by 5% the proportion of African American and Latino youth and adults in the targeted areas who meet physical activity guidelines (150 min moderate or 75 min vigorous activity weekly). factors related to obesity and hypertension.</td>
<td></td>
</tr>
<tr>
<td>3. Increase by 10% the proportion of African American and Latino youth and adults who receive recommended standards of health care practice related to prevention, screening, and diagnosis of overweight, obesity, and hypertension.</td>
<td></td>
</tr>
<tr>
<td><strong>Timeframe (OO)</strong></td>
<td></td>
</tr>
<tr>
<td>Start Date: 9/2012</td>
<td>End Date: 08/2015</td>
</tr>
<tr>
<td><strong>Objective Description (OO)</strong></td>
<td>The outcome objectives will contribute to reduction of health disparities in the African American and Latino communities related to hypertension, diabetes, and other chronic diseases. These health disparities are prominent in these communities.</td>
</tr>
<tr>
<td><strong>Related Program Goal (OO)</strong></td>
<td></td>
</tr>
<tr>
<td>1. Proper nutrition</td>
<td></td>
</tr>
<tr>
<td>2. Physical activity</td>
<td></td>
</tr>
<tr>
<td>3. Access to preventive care</td>
<td></td>
</tr>
<tr>
<td><strong>Strategy/Priority Area (OO)</strong></td>
<td>Obesity and hypertension</td>
</tr>
</tbody>
</table>
| Annual Objective (AO) | 1. By 8/15, increase food and beverage environments that ensure healthy food and beverage options by 20% (Address differential exposures).
2. By 8/15, increase physical activity opportunities among Latinos and African Americans by 20% (Address differential exposures).
3. By 8/15, increase healthy message about physical activity and nutrition in the African American and Latino Community by 50% (Address differential vulnerabilities).
4. By 8/15, increase the role of health care providers, insurers, and employers in obesity and hypertension prevention by 30% (Address differential consequences).
5. By 8/15, increase health food options and physical activity in schools by 20% (Address differential exposures and vulnerabilities). |
<p>| Timeframe (AO) | Start Date: 9/2012 | End Date: 8/2015 |
| Objective Description (AO) | The outcomes will contribute to the increased consumption of healthy foods, physical activity, and access to preventive health care among African American and Latinos in the target communities. The communities experience limited access to healthy foods and retailers, places to be physically active, or access to health care. |
| Strategy (AO) | Access to healthy foods |
| Setting/Sector (AO) | Schools, worksites, government agencies, businesses |
| Population Focus (AO) (Check Only One) | □ General/Population-Wide |
| ▪ Health Disparity Focus (specify population by age, urban or rural location, gender, race/ethnicity, education, income, sexual orientation, disability or other): African American and Latinos in Wyandotte County, KS |
| Estimated Population Reach: 75,000 |
| Estimated Population Reach of Health Disparity Focus: 75,000 |
| Reach/Number of Units (AO) | 75,000 |
| Milestones/Activities (limit 10) | Timeline (Initiation-Completion by Quarter) | Short Term Outcome/Measure | Lead Staff | Key Partners |
| | Q 1 | Q 2 | Q 3 | Q 4 | Q 5 | Q 6 | Q 7 | Q 8 | Q 9 | Q 10 | Q 11 | Q 12 |
| 1. Finalize contracts, hire staff Assemble SCA Teams | x | x | x | x | x | x | x | x | x | x | x | x |
| Work Plans completed, SCA Teams convened, work plans completed | Connor | SCA Teams, YMCA, Health Department, Healthy Community Wyandotte Coalition &amp; Latino Health for All leadership, safety net clinic |</p>
<table>
<thead>
<tr>
<th></th>
<th>Conduct PSE Scan</th>
<th></th>
<th>PSE Report</th>
<th>Connor, Policy/systems specialist,</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>2.</td>
<td></td>
<td>YMCA, Health Department, Healthy Community Wyandotte Coalition and Latino Health for All leadership, safety net clinic network leadership, El Centro, ???</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.</td>
<td>Conduct Health for All Media Campaign: PSE Approach to Improving African American and Latino Health</td>
<td>Dissemination of Health for All information via universal and targeted media, public awareness of PSEs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4.</td>
<td>Identify specific PSEs, conduct implementation assessment, select PSEs.</td>
<td>Implementation assessment report, final key PSEs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5.</td>
<td>Develop PSE briefs, and implement media campaign about specific PSEs.</td>
<td>Educational materials, PSE specific and stakeholder targeted media/educational campaign</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6.</td>
<td>Provide training and educational meetings with key stakeholders.</td>
<td>Workshops, increased expertise for implementing PSEs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7.</td>
<td>Mobilize grassroots residents</td>
<td>Residents voice their views,</td>
</tr>
<tr>
<td>Objective</td>
<td>Lead Agents</td>
<td>Stakeholder Participation</td>
<td>Network Leadership</td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>8. Implement PSEs</td>
<td>x x x x x x x x x x x x x x x x x New policies, systems and environmental changes</td>
<td>Connor, CSA Team leads</td>
<td>Media outlets, YMCA, Health Department, Healthy Community Wyandotte Coalition and Latino Health for All leadership, safety net clinic network leadership, El Centro</td>
<td></td>
</tr>
<tr>
<td>9. Provide technical assistance to stakeholders implementing PSEs</td>
<td>x x x x x x x x x x x Stakeholder participation in mentoring, coaching, and workshops.</td>
<td>Connor, CSA Team leads</td>
<td>CSA Teams,</td>
<td></td>
</tr>
<tr>
<td>10. Conduct regular and ongoing monitoring/evaluation of project and implementation of PSEs</td>
<td>x x x x x x x x x x x Process, intermediate, and outcome measurement. Information for understanding, improvement and celebration</td>
<td>Schultz, Collie-Akers</td>
<td>CSA Teams, Media outlets, YMCA, Health Department, Healthy Community Wyandotte Coalition and Latino Health for All leadership, safety net clinic network leadership, El Centro</td>
<td></td>
</tr>
</tbody>
</table>

*Complete this column only if objective is General/Jurisdiction-Wide and objective includes additional intentional activities to ensure equitable impact across specific population group(s) experiencing disparities. Use of this work plan template will conform to required performance monitoring systems used to monitor this award.*
The Unified Government is requiring direct deposit of paychecks, effective January 1, 2013. This change is being implemented to improve efficiency and to achieve a cost savings. The attached letter explaining this change will be distributed to each employee this month.

Action Requested:
No action is required. This RFA is for informational purposes only.

Publication Required

Budget Impact: (if applicable)

Amount: $

Source:
- Included In Budget
- Other (explain) Potential cost savings due to increased efficiencies.
TO: Unified Government/State Employees  
FROM: Patty Kroll, Director of Human Resources  
DATE: August 24, 2012  
SUBJECT: Direct Deposit of Paychecks Becomes Mandatory January 1, 2013

The Unified Government appreciates the work you do every day to serve the taxpayers of Wyandotte County. To make sure you get paid for that work in the most reliable, efficient and cost-effective way possible, all paychecks will change to direct deposit beginning January 1, 2013.

The change from printed checks you have to take to the bank to direct deposit checks will be simple and convenient. Your money will actually reach your bank account quicker than with a printed check. You will still get a pay stub showing all the information you now see. In the second quarter of 2013, employees will also have the ability to look-up their paycheck information online.

You can have your paycheck deposited to a checking, savings, or money market account at your bank, savings and loan, or credit union. If you don’t have a bank account, you can set one up for free at UMB. If you don’t want a bank account, your direct deposit paycheck will be issued to you in the form of a money network card which will work like a debit card.

If you are not already taking advantage of direct deposit, or wish to make changes to your existing direct deposit account, please complete the attached direct deposit form along with a voided check, including your bank’s routing number no later than December 15, 2012.

If you don’t have a bank account or don’t provide the needed information in time, your paycheck will be provided in the form of a money network card which you can use like a debit card to access your money.

Please contact Ron Green, Payroll Manager at 573-5237 or rgreen@wycokck.org for more information or answers to your questions.
Education/Workforce Development

GOAL: Maintain a collaborative working relationship with the various educational institutions and the business community to maximize community resources and enhance learning, college readiness, and career pathway opportunities in our community.

I. Short Term
   
A. Develop internship, mentoring and shadowing opportunities for high school and community college students.

B. Implement community-wide internship, mentoring and job-shadowing programs with all educational institutions, area businesses, and business organizations.

C. Development an incentive-based economic development policy that rewards and recognizes businesses that offer these programs and a "comeback" policy.

D. Partner with educational institutions to highlight public sector career opportunities.

E. Establish an educational advisory board with representation from each educational institution to monitor the outcomes and effectiveness of internship, mentoring and job-shadowing programs.

F. Work with stakeholders to improve marketing of community educational and training resources and opportunities.

II. Long Term
   
A. Develop long-term partnerships with educational institutions.

B. Encourage educational institutions to develop curriculum and certification programs that meet the demands of the marketplace, and allow students to earn credits for participation in internships.

C. Encourage community colleges to offer pro-rated tuition rates to students based on their work experience as it relates to the course, certificate, or degree they are pursuing.
D. Develop agreements with educational institutions for use of school facilities outside the normal school year; i.e., auditoriums, swimming pools, ball fields, etc.

E. Coordinate capital improvement projects with educational institutions to leverage capital expenditures; i.e., paving, facility maintenance, and certain service contracts.

F. Organize with educational institutions to implement a Unified Government event, recognizing student academic, civic, and athletic achievement.
Social Services

Goal: Promote and provide social services and facilities to improve the life health, and living conditions of our citizens, targeting the most at risk

I. Short Term
   A. Develop a plan for distribution of casino funds for Social services and charitable organizations by the end of 2012.

   B. By end of 2012, develop a database identifying social service needs and agencies in the community which meet those needs (both UG and outside).
      - Include number of clients served by each resource.
      - Identify overlaps in services.
      - Identify gaps in services

   C. Develop a realistic plan addressing the extent to which government services can address the following areas of need: aging, disabilities, mental health, substance abuse, homelessness, unemployment.

   D. Develop a plan for leveraging UG funds with federal, state, and private funds for maximum impact.

II. Long Term

   A. Determine which social services the UG should provide.

   B. Pursue federal and state funding to provide the social services.

   C. Where possible, collaborate with other organizations to provide social services.