Wyandotte County, KS









Community Health Improvement Plan

Annual Report 2022

Prepared by the
Unified Government of Wyandotte County and Kansas City, KS
Public Health Department





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Executive Summary

The Wyandotte County Community Health Improvement Plan (CHIP) is a 5-year (2018-2023) collaborative plan designed to address the social determinants of health through the coordination of CHIP Action Teams and Subcommittees focused on addressing community-identified priority areas, informed by the three CHIP Lenses (poverty, racism, and ACEs).

The Unified Government Public Health Department (UGPHD) partners with four Lead Agencies, each with expertise in one of the priority areas, to coordinate each CHIP Action Team and their Subcommittees to identify projects and build capacity to implement the CHIP strategies. To guide our work, the CHIP has defined **long-term goals and strategies**.

Every year the UGPHD conducts an **annual review** of our CHIP, December 2022 marked the end of the CHIP's fourth year of implementation.

The CHIP Annual Review Process includes:

- An assessment and review of each of the CHIP strategies including revisions, if needed
- A Subcommittee survey to assess overall structure and function

In addition to providing background on the structure and development processes of the CHIP, this **report** will discuss the results of the annual review, the CHIP Lenses, and progress highlights in each of the priority areas.

Based on the 2022 CHIP Annual Review process, the following strategy revisions were completed:

- The Jobs & Education Action Team adjusted four strategies and added a new one
- The Health Care Access Action Team revised two of their strategies
- The Safe & Affordable Housing Action Team revised two Strategies
- The Violence Prevention Action Team revised three strategies, and placed one on hold

A comparison between CHIP Year 4 (2022) and Year 5 (2023) strategies is included in Appendix A: CHIP Year 5 Strategies.



Steering Committee

Overarching leadership

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

Health Equity Subcommittee

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

UG Public Health Dept.

Backbone support

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

Action Teams & Lead Agencies

The Action Teams address the four CHIP priority areas. Lead Agencies are local organizations that coordinate each of the Action Teams. These Lead Agencies were selected based on subject-matter expertise and capacity to lead the work













Each Action Team has several Subcommittees dedicated to addressing the specific strategies identified in the CHIP

CHA & CHIP

2017: Collecting the Data, Involving Community

Wyandotte County's first **Community Health Assessment (CHA)** was completed in 2017. The CHA is a comprehensive assessment including survey data from residents, community input from focus groups and public meetings, and the analysis of secondary data to provide a snapshot of our community's health.

The CHA data was then shared with the community through four listening sessions where residents were presented with the assessment findings and asked to provide insight on what impacts their health the most. Through this process, the community identified seven priority areas.

Once the data was compiled, and the community listening sessions were completed, a CHA Steering Committee was formed of community organizations, community members, and UCPHD staff. The Steering Committee weighed the CHA data and community feedback, and secondary data collected from publicly available data sources to rank the seven priorities identified by the community. Based on that process, **four CHIP priority areas were selected**:

CHIP Priority Area	Priority Area Overview
Jobs & Education	Reduce barriers to entering the workforce and increase access to living wage jobs and educational opportunities
Health Care Access	Improve the capacity of the health care system and assure equitable access for all
Safe & Affordable Housing	Reduce the cost of accessing safe housing and the associated costs of living in the home. Increase the quantity of affordable housing for low-and-moderate-income people
Violence Prevention	Foster safer neighborhoods free from violence and promote community connectedness by addressing cultural norms that tolerate violence

In addition to the four priority areas, the CHA Steering Committee recognized three underlying factors that drive health disparities in our community; **Poverty, Racism, and Adverse Childhood Experiences (ACEs)**. Without addressing these challenges, we cannot improve the health of our community. These three factors, known as the "three CHIP Lenses" guide the work and strategies of the CHIP.

CHA & CHIP

2017 - 2018: Planning Together, Under Shared Goals

In 2017, four planning committees used the **CHA findings to develop the 2018-2023 Wyandotte County CHIP** by identifying relevant community and environmental factors, and developing long-term goals with community-based strategies to accomplish them.

After the plan was complete, the four committees transitioned into **Action Teams** and identified **Lead Agencies** to support each priority area. The Lead Agencies convene the Action Teams, lead strategy implementation, and report progress and challenges to the UGPHD and the CHIP Steering Committee.

To increase the capacity of the CHIP, **Action Teams** form smaller **Subcommittees** incorporating additional partners to focus on specific strategies within their respective priority areas. A graphic illustrating the structure of the CHIP is included on the next page.

The Health Department's Role

The <u>Unified Government Public Health Department (UGPHD)</u> provides **backbone support** to the CHIP, including providing technical assistance to the CHIP Lead Agencies, raising resources, conducting evaluations, and ensuring the sustainability of the plan. The UGPHD has an interest in the welfare of Wyandotte County. The UGPHD staff work to manage epidemics, protect against environmental hazards, promote healthy behaviors, assist the community in recovery, and assure the accessibility of health services.

A more detailed summary of the CHIP leadership and structure is included in Appendix B: Summary of CHIP Leadership & Structure.



CHIP Lenses

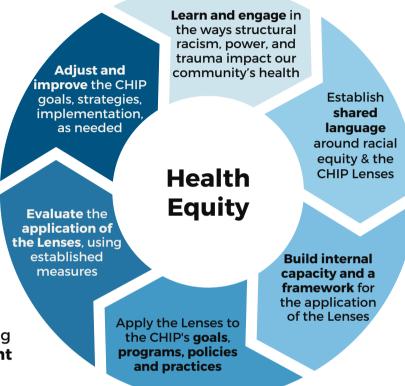
Poverty, Racism, & ACEs

Working to Operationalize the CHIP Lenses

The CHIP Health Equity Subcommittee builds capacity among the CHIP Action Teams to apply and evaluate work through the three CHIP lenses of racism, poverty, and ACEs. To accomplish this, the Health Equity Subcommittee created a model and secured funding to conduct a community readiness assessment with the KU Center of Community Health & Development.

In CHIP Year 4 (2022), CHIP Steering Committee members participated in interviews assessing our team's understanding and readiness to apply the CHIP Lenses to the CHIP's strategies.

A critical component of community readiness is the commitment of community members and leaders, like CHIP partners, to own and influence the efforts that achieve and sustain long-term improvements of health outcomes. Below are some recommendations from the assessment; these recommendations will be considered by the CHIP Steering Committee to inform the development of the 2024-2028 CHIP:



- Convene **leaders from UG departments** to discuss the priority issues of the CHIP to better understand and **identify contributions** from each department
- Continue to advance and promote efforts to declare racism a public health crisis and ensure funding
- Define and **operationalize racism**, **ACEs**, **and poverty** within the context of health equity. Address health equity as an outcome not a cause
- Identify community sectors (e.g., faith community, youth/young adults, etc.) that are less represented on the CHIP Steering Committee and provide opportunities for equitable involvement including through compensation
- Employ and support community health workers through the CHIP to serve as **credible messengers** and brokers to community members
- Provide **mini-grants or other resources** to community organizations to advance strategies of the CHIP directly addressing poverty, racism, and ACES as components of achieving health equity

An Executive Summary of the CHIP Health and Racial Equity Community Readiness Assessment report can be found in Appendix D.

Annual Review Process CHIP Year 4

Strategy Assessments

Throughout CHIP Year 4 (2022), Action Teams submitted **progress reports** to the UCPHD noting accomplishments, needs and challenges, and strategy status.

An important aspect of the annual review process is the collaboration of the UGPHD, Lead Agencies, and Subcommittees to reflect on progress, and revise the strategies as needed. The UGPHD utilizes a strategy assessment tool, which includes the following components:

- CHIP Year 4 Progress Reports: Compilation of the strategy's status and all progress reports submitted for Year 4.
- Strategy Implementation: Guiding questions to assess overall strategy implementation, including progress, challenges, and impact on the three CHIP Lenses: poverty, racism, and Adverse Childhood Experiences.
- Strategy Prioritization Criteria: Guiding questions to determine and justify if the strategy needs to be kept, modified, or placed on hold
- Long-Term Goal Alignment: Indication of which CHIP long-term goal(s) the strategy aims to address

The updated CHIP Year 5 strategies for each priority area can be found in Appendix A: CHIP Year 5 Strategies and in the CHIP Year 5 (2023) Booklet.

Subcommittee Survey

To operationalize the work, each Action Team convenes several Subcommittees assigned to **specific strategies** within the CHIP. Subcommittees are composed of different community organizations and are often led by partners other than the Lead Agencies. To assess the overall structure and function of the Subcommittees across the CHIP, the UGPHD disseminated a survey to assess the following subcommittee components:

- Structure, vision, and make-up
- Communications
- Roles and Alignment of Activities
- Strategy Implementation
- Broad CHIP Alignment

A summary of the subcommittee survey results is included in the Subcommittee Survey Section, pg. 23 and in Appendix C: Subcommittee Survey Questions.

Action Team Updates

Goals, Strategies, and Highlights

Wyandotte County, KS



Community Health Improvement Plan







Lead Agency:



The <u>Wyandotte Economic Development Council</u> (<u>WYEDC</u>) convenes a Workforce Solutions Committee (or the CHIP Jobs and Education Action Team) comprised of several partners working to reduce barriers to entering the workforce and accessing educational opportunities.

Sectors supporting the work include educational institutions, local government, workforce development agencies, non-profits, and faith-based organizations, among others.

Identified Barriers to Workforce and Employment Opportunities

- Childcare
- **2** Language Proficiency
- **3** Criminal History
- 4 Workforce Transportation
- **5** Post-Secondary Education

Year 4 Progress Highlights

- An estimated **431 new childcare spaces** (YTD) have been created for children 1-5 years old through the efforts of the **Start Young program and the Childcare subcommittee**
- <u>Raising WYCO campaign</u> was established, raising awareness of the need for increased access to quality and affordable childcare and ways in which businesses can address childcare gaps for WYCO families
- The Language subcommittee, in partnership with KCKCC, continued implementation
 of the Business ESL program at three Wyandotte County companies, supporting 42
 employees in completing ESL coursework as a part of the workday
- The Criminal History subcommittee hosted a second chance hiring roundtable for employers and HR professionals to discuss the benefits of hiring individuals with a criminal history background and resources available to reduce recidivism
- The Workforce Transportation subcommittee received funding to establish a workforce microtransit route to Edwardsville from the State Ave route 101 transit center
- The Post-Secondary Training subcommittee launched an Industry-Driven Career Guide and hosted five bus tours reaching 75 local high school students. Bus tours included site visits to local manufacturing companies, KCKCC's tech campus, and scholarship opportunities
- The WYEDC partnered with Made Men to launch a GED community outreach program
 focusing on neighborhood outreach to increase enrollment in GED adult education
 provided by Made Men; 69 students enrolled in the program and are making progress
 towards their GED



Long Term Goals & Strategies

Subcommittee	Long-Term Goals	CHIP Year 4 (2022) Strategies
Child Care	 Increase the number of full-day, full-year childcare spaces from 4,542 to 4,842 Increase the number of childcare spaces in centers or in-home providers participating in quality initiatives from 921 to 1,221 Increase the number of childcare centers or in-home providers participating in quality initiatives from 16 to 46 	 Support the retention and expansion of quality childcare spaces and increase access for families In collaboration with the Unified Government, remove barriers to creating early childhood centers and childcare facilities in WyCo Implement quality improvement supports for early education providers, which contribute to school readiness for WyCo children
Language	Increase the percent of the population that speaks English "very well" from 87.7% to 93.4%	Develop a multi-faceted, customized Business ESL training program Expand opportunities to increase integrated adult education training programs (GED & ESL) with educational institutions and organizations in the community
Criminal History	• Increase the employment rate of justice-involved individuals from 51% to 60%	 Coordinate efforts to provide support services to justice-involved individuals including training and education, which help reduce barriers to entering the workforce Establish forums for employers to increase access to and appreciate the benefits of hiring qualified justice-involved individuals Support automated expungement as a workforce strategy, increase education on the expungement process, current services available, and benefits to individuals who have been involved in the justice system



Long Term Goals & Strategies Cont.

Subcommittee	Long-Term Goals	CHIP Year 4 (2022) Strategies
Post-Secondary	 Increase the percentage of residents with a high school diploma or equivalent from 78.8% to 80% for the population age 25+ Increase the percentage of residents that have completed a post-secondary program from 21.7% to 26% for the population age 25+ 	Support and expand college & career readiness in all WyCo school districts to support post-secondary credentials
Workforce Transportation	Increase the percentage of residents who commute to work using public transportation from 1.05% to 2.8%	 Increase business investment in transportation solutions for job access by supporting micro transit route options and developing customized solutions when possible Pilot an employer transportation council in Edwardsville

Overarching Long-Term Goal: Increase median household income in Wyandotte County from \$42,783 to \$54,935



Partners

The list below includes organizations, businesses and groups that have contributed to advancing the goals and strategies of the CHIP Jobs and Education Action Team.

Aetna Mid-America Regional Council (MARC)*

Bethel Neighborhood Center Mission Adelante

Bishop Sullivan Center NBC Community Development Corporation

Board of Public Utilities (BPU) Pipe Fitters Local 533

Catholic Charities PREP-KC

Central Solutions Pre-Tech Corporation

Connections to Success Renaissance Management, Inc.

Donnelly College Security Bank of Kansas City

El Centro, Inc. The Family Conservancy*

Enterprise Holdings The Village Initiative, Inc

Evap Tech Inc. Turner School District

Express Employment Unified Government Board of Commissioners

Gateway Foundation Unified Government Department of Corrections

Groundwork NRG Unified Government District Attorney's Office*

Guadalupe Centers Unified Government Public Health Department

Johnson County Corrections Unified Government Transit Department

Kansas City Area Transportation Authority United States Probation (KS & MO)

Kansas City Kansas Chamber of Commerce United Way of Greater Kansas City

Kansas City Kansas Community College University of Kansas

Kansas City Medical Society Foundation University of Kansas Medical Center

Kansas City, Kansas Public Schools Vibrant Health

Kansas Department of Commerce Workforce Partnership

Kansas Department of Corrections Wyandot Behavioral Health - Alive and Thrive

Kansas Manufacturing Solutions (KMS) Wyandotte County Sheriff's Office

Kansas State University - Olathe Campus* Wyandotte Economic Development Council*

Wyandotte Health Foundation

Made Men*

Knit-Rite

^{*}Indicates organizations that lead Subcommittees and/or Strategies.



Health Care Access

Lead Agency:



The CHIP Health Care Access Action Team is composed of a variety of stakeholders passionate about expanding access to health care and improving the capacity of the health care system, with strategies such as increasing access to transportation to health care, supporting insurance enrollment applications, and building a local pipeline to health care careers.

Improving the capacity of our health care system by increasing:

- Transportation Access
- 2 Insurance Enrollment
- Paths to Health Care Careers

Stakeholders involved in the Health Care Access Action Team include safety net clinics, educators, mental health centers, health systems, and community-based organizations, among others.

In CHIP Year 4, the Health Care Access Action Team launched WYCO Health Link, a nonemergency medical transportation program providing rides to nine local clinics and one pharmacy. The team also continued advocating for Medicaid expansion, as well as raising community member awareness of the open insurance enrollment period.

Year 4 Progress Highlights

- The Health Care Funding Subcommittee's collective enrollment efforts resulted in a total of **375 new applications for Medicaid, Marketplace, and SNAP**
- The Health Care Funding Subcommittee developed a community campaign, raising awareness about the Marketplace Open Enrollment Period, the campaign distributed information through direct mailers, social media and a series of "Insurance 101" infographics in Spanish, English, Burmese, Nepali and Swahili - reaching a total of 160,000 impressions
- Launched <u>WYCO Health Link</u>, a non-emergency medical transportation pilot, providing more than 250 fare-free rides to WYCO safety net clinic patients
- Planned a virtual **Medicaid expansion lunch event** titled "Let's Talk KanCare: What every Kansan should know about Medicaid Expansion," in partnership with the Alliance for a Healthy Kansas reaching 80 participants, **52% of participants** indicated they were more confident in talking about Medicaid expansion as a result of the event
- Hosted a Walk the Gap event at Bethany Park to increase awareness of Medicaid Expansion in partnership with the Alliance for a Healthy Kansas, El Centro, Community Health Council, and the KC Medical Society Foundation among others



Health Care Access

Year 4 Progress Highlights Cont.

- Coordinated a training titled "Advancing Voter Engagement" in collaboration with the KC Medical Society Foundation to discuss voting as a social determinant of health and resources to help organizations set their policy agenda, reaching 26 total participants
- Continued promoting the <u>Health Care Careers Guide</u> throughout WyCo school districts and employers – and partnered with the CHIP Jobs and Education team to launch an Industry Driven Careers Guide

Long Term Goals & Strategies

Subcommittee	Long-Term Goals	CHIP Year 4 (2022) Strategies	
Education to Employment Pipeline	 Increase the percent of residents with a usual primary care provider from 67.5% to 75.3% Decrease the ratio of population to primary care providers from 780:1 to 546:1* 	Create a multicultural and multilingual education-to-employment pipeline for Wyandotte County students in the healthcare professions, connected to Wyandotte County employers	
Health Care Capacity		 Increase care coordination between primary, behavioral health, and other providers in Wyandotte County Improve knowledge and availability of Non-Emergency Medical Transportation to health care providers in the community 	
Health Care Funding	 Increase the percent of residents with health insurance from 77.5% to 79.7% Increase the percent of children who enter kindergarten with required immunizations from 78% to 85% Increase the percent of residents with a usual primary care provider from 67.5% to 75.3% 	 Coordinate and improve efforts to increase community member enrollment in Medicaid & Marketplace health insurance plans Expand KanCare (Medicaid) 	
Health Literacy		Improve local health literacy through the development and implementation of media campaigns on the availability of health services and other local health access issues	
School Health		Increase available health services for youth, specifically in school settings	

^{*}Note: Primary care providers are nurse practitioners (NPs), physician assistants (PAs), and clinical nurse specialists who can provide routine and preventative care, not including physicians.



Health Care Access

Partners

The list below includes organizations and groups that have contributed to advancing the goals and strategies of the CHIP Health Care Access Team.

Aetna Kansas City Kansas Community College

Alliance for a Healthy Kansas* Kansas City Kansas Public Schools

Alzheimer's Association Kansas City Medical Society Foundation*

Baptist Trinity Lutheran Legacy Foundation Kansas Manufacturing Solutions

Bishop Ward High School Kansas State University

Caritas Clinic (Duchesne) KC Scholars

Catholic Charities KU Landon Center of Aging

Children's Mercy Hospital Masonic Cancer Alliance

Community Care Network of Kansas Mercy and Truth

Community Health Council of WyCo* Mid-America Regional Council (MARC)

Culture Journey LLC Mission Vision Project KC

Donnelly College NBC Community Development Corporation

El Centro, Inc Prep KC

Family Health Care Project Eagle (Connections)

Heartland Black Chamber

Sunflower Health Plan

Swope Health Services

JayDoc Clinic

The Family Conservancy

JUNTOS ThrYve
Kansas Board of Regents Trane

Kansas City Kansas Community College Turner School District

Kansas City Kansas Public Schools Unified Government Mayor's Office

Kansas City Medical Society Foundation* Unified Government Public Health Department*

Kansas Manufacturing Solutions Unified Government Transportation Department*

Kansas State University United Healthcare

KC Scholars University of Kansas

KU Landon Center of Aging University of Kansas Medical Center*

Masonic Cancer Alliance Vibrant Health*

Mercy and Truth Voter Rights Network of Wyandotte County

JUNTOS Wyandot Behavioral Health Network*

Kansas Board of Regents Young Women on the Move

^{*}Indicates organizations that lead Subcommittees and/or Strategies.







Previous
Lead Agency:** Livable



The Safe and Affordable Housing Action Team focuses on advancing equitable strategies to reduce barriers to accessing housing and the associated costs of staying in a home in Wyandotte County. At the start of the CHIP, the Unified Government's Livable Neighborhoods was selected as the Lead Agency, bringing together community groups and organizations. Starting in

Housing Action Team Strategies

- 1 Tenant's Rights and Responsibilities Toolkit
- 2 Homelessness Response Plan
- **3** Developing Community Land Trusts
- 4 Exploring and Landlord rick mitigation fund

CHIP Year 4 (2022), Cross-Lines transitioned into lead agency role.

The Housing Action Team is composed of several community sectors, including government entities, housing agencies, neighborhood groups, landlords, among others. In CHIP Year 4, the Safe & Affordable Housing team completed a training series on the Tenant's Rights and Responsibilities Toolkit for housing navigators and community health workers. The team also completed a proposal for a 2-year Landlord Risk Mitigation Fund pilot, and hosted the 4th Annual WYCO Housing Summit.

Year 4 Progress Highlights

- Successfully **hosted the WYCO Annual Housing Summit** series, bringing together 96 participants to discuss the current CHIP strategies and other housing opportunities
- Hosted three training sessions for the **tenant's rights and responsibilities toolkit**, reaching **over 75 participants**
- The first Community Land Trust (CLT) home was completed and bought by a Wyandotte County family, CHWC continues progress on new builds and renovations of 7 CLT homes
- Cross-Lines hosted a community listening session to present a draft WYCO Homeless Emergency Response Plan, which outlines strategies and recommendations to improve opportunities for the unhoused population in Wyandotte, including different response categories such as emergency response, prevention and diversion, and housing development



Long Term Goals & Strategies

Subcommittee	Long-Term Goals	CHIP Year 4 (2022) Strategies
Landlord Risk Mitigation Fund	 Reduce the percentage of residents living with severe housing problems (including overcrowding, lack of kitchen, lack of plumbing facilities) from 21% to 13.6% Decrease the rate of residents that experience housing displacement through evictions from 5.6% to 3% Increase the use of tax rebates by Wyandotte residents (including utility tax rebate for seniors and neighborhood revitalization) from 955 to 1,095 	Explore the implementation of a landlord risk mitigation fund to increase utilization of housing vouchers, including engaging with community stakeholders and landlords
Support for Tenants & Homeowners		Coordinate and support the cross-sharing of resources and information on tenant's rights and responsibilities, home repair, and homeowner assistance programs
Unhoused Populations	 Decrease the percent of households that spend 30% or more of their income on rent or mortgage from 45.9% to 35% Decrease the rate of residents that experience bousing 	Engage community partners and other metro agencies in the development of a Wyandotte County Homelessness Response Plan to support a coordinated community response to homelessness and housing for at-risk populations
Community Land Trusts	that experience housing displacement through evictions from 5.6% to 3% Increase the percent of housing in high opportunity areas* that is affordable for low-income residents	Support the development of shared equity housing models, specifically cooperative housing, and community land trusts (CLT), including continued community education and outreach to support CLT development

^{*}Note: High opportunity areas are defined as neighborhoods with strong economic, environmental, and educational outcomes, where affordable housing can be difficult to find for low to moderate income individuals & families.

Partners

Central Avenue Betterment Association

Chief Properties

The list below includes organizations and groups that have contributed to advancing the goals and strategies of the Safe and Affordable Housing Action Team.

Kim Wilson Housing*

Local Initiative Support Corporation (LISC)

Aetna KCK Housing Authority

Argentine Betterment Association KCK Police Department

Avenue of Life KCKPS Homeless Liaisons

Catholic Charities of Kansas Leavenworth Road Association

Christmas in October Metro Lutheran Ministry

Community Health Council of WyCo* Metropolitan Energy Corporation

Community Housing of Wyandotte County Mid-America Regional Council (MARC)

Community LINC Mt. Carmel Redevelopment Corporation

Consensus KC* NBC Community Development Corporation

Crosslines Community Outreach, Inc.* Northeast Economic Development Corporation

Downtown Shareholders Our Spot KC

Douglas Sumner Neighborhood Prescott/Nehemiah Properties/Presbyterian Church

Economic Opportunity Foundation RAN Development

Eden's Village River of Hope Church

El Centro, Inc. Rosedale Development Association (RDA)

Eliza B. Conley House of Resistance The Village Initiative, Inc

Frank Williams Center Swope Health Services

Friends of Yates Turner Community Connection

Groundwork NRG Unified Government Community Development

Habitat for Humanity Kansas City

Unified Government Economic Development

Housing and Credit Counseling, Inc Unified Government Legal Department

Health Forward Foundation

Unified Government Department of Planning & Urban

Design

Humana Unified Government Public Health Department*

Johnson County Department of Corrections United Healthcare

Kansas Department of Corrections United Way of Greater Kansas City

Kansas Legal Services* The University of Kansas

Kansas Appleseed YouthBuild

KCK Citadel & Harbor Light Village, Salvation Army

^{*}Indicates organizations that lead Subcommittees and/or Strategies.



The Wyandotte County Sexual Assault Prevention Coalition (WyCo-SAP), under MOCSA, has convened community partners to address and prevent the root causes of violence since 2014. WyCo-SAP merged efforts with the CHIP Violence Prevention to continue mobilizing partners and advance community violence prevention strategies.

Our Violence Prevention Plan focuses on:

- Fostering Community Connectedness and support for residents
- 2 Creating a safer built environment
- Promoting cultural norms that reduce violence

The Action Team includes partners from social services, education, government, victim support organizations, and other community-based sectors interested in reducing community violence, fostering connectedness, and promoting cultural norms that reduce violence.

In CHIP Year 4, the Violence Prevention Action Team continued to implement Crime Prevention Through Environmental Design through its Community by Design toolkit. REVIVE, a hospital-based violence interruption program continued serving youth and streamlining operations in its second year of implementation. The UGPHD alongside partners launched Wyandotte County's first Youth Fatality Review Board to systematically review youth fatality cases and identify root causes and key intervention points.

Year 4 Progress Highlights

- The Crime Prevention Through Environmental Design (CPTED) Subcommittee updated the Community by Design neighborhood toolkit and started implementing the toolkit with two local neighborhood groups
- REVIVE, a hospital-based violence intervention program for youth survivors of violence, has provided over 43 referrals to youth. REVIVE is a partnership between the KU Health System, ThrYve, Ad Hoc Group Against Crime, Community Corrections and the Health Department.
- ThrYve is working with a local school district to pilot a youth court, prioritizing equity and restorative justice practices
- The **Youth Fatality Review Board** continued conducting its review of cases and is working to identify how to publish case recommendations



Violence Prevention

Long Term Goals & Strategies

Subcommittee	Long-Term Goals	CHIP Year 4 (2022) Strategies
Crime Prevention Through Environmental Design (CPTED)	Decrease the rate of reported violent crime from 6.5 to 5.5 per 1,000 residents	 Coordinate efforts among residents, community organizations, and Unified Government (UG) agencies to implement Crime Prevention Through Environmental Design (CPTED) strategies, through traumainformed and equity-based approaches Implement environmental-based violence prevention strategies in neighborhoods through existing community programs
Individual Level		 Implement individual-level response and interventions for survivors of interpersonal violence and those at risk of perpetration of violence through REVIVE, a hospital-based violence intervention program In collaboration with the UG Public Health Department, institute a Youth Fatality Review Board as a community violence prevention strategy
Youth Engagement	a Increase the percention of	Support youth-led community advisory boards to engage youth in community development and prevention strategies
Community & Justice Systems Relations	by Wyandotte County youth from 56.5% to 58.4% Increase residents' satisfaction with law enforcement, first responders, & the judicial system from 3.4 to 3.6 out of 5	Evaluate and improve communication and relations between community and the justice system
Norms Change		 Collaborate with Unified Government (UG) and other workplaces to develop and implement workplace programs, policies, and practices to prevent violence for employees and residents both at work and in their communities Develop a positive norms change campaign designed to reduce community violence



Violence Prevention

Partners

The list below includes organizations and groups that have contributed to advancing the goals and strategies of the CHIP Violence Prevention Action Team.

20/20/20 Movement

Ad Hoc Group Against Crime*

Alive and Thrive

Armourdale Renewal Association

BikeWalkKC

Central Avenue Betterment Association

El Centro, Inc

Groundwork NRG

Kansas City, Kansas Community College

Kansas City, Kansas Police Department

Kansas City, Kansas Public Schools

Latino Health for All

Livable Neighborhoods

MOCSA*

NBC Community Development Corporation

Rosedale Development Association

The Family Conservancy

ThrYve*

Unified Government Department of Planning & Urban Design

Unified Government Human Resources Department

Unified Government Parks and Recreation Department

Unified Government Public Health Department*

Unified Government Public Works

Unified Government SOAR Program

United Way of Greater Kansas City

University of Kansas Health System*

The University of Kansas*

Veronica's Voice

Wyandot Behavioral Health Network

Wyandotte County District Attorney's Office

^{*}Indicates organizations that lead Subcommittees and/or Strategies.

Subcommittee Survey

Wyandotte County, KS



Community Health Improvement Plan





Survey Summary

Methodology

To operationalize the CHIP strategies, the four Action Teams host several Subcommittees assigned to one or more specific strategies within the plan. Subcommittees are often led by organizations or conveners other than the Lead Agencies and are composed of members from varying community sectors interested in advancing the goals and strategies under each priority area.

As part of the Annual Review process, subcommittee members and conveners, were asked to participate in a survey assessing the overall subcommittee function.

Survey Question Sections

- 1 Structure, Vision & Make-up
- **2** Communications
- 3 Roles and Alignment of Activities
- 4 Strategy Implementation
- **5** Broad CHIP Alignment

Summary & Key Takeaways

Our CHIP subcommittees reported that they consistently communicate, **meet with purpose**, and engage with a diverse group of partners.

of subcommittee members reported that meetings always or often have a clear purpose

77% of CHIP subcommittees meet monthly or every other month

85% of subcommittee members reported engaging with new partners as needed

CHIP Subcommittee members feel that themselves and the organizations they represent **benefit from participating** and that the CHIP work aligns with their organization's strategic areas of work and vice versa.

96% of subcommittee members Strongly Agree or Agree that their organization benefits from being involved in the CHIP

of subcommittee members Strongly Agree or Agree that the work of their subcommittee aligns with their organization's priorities

Special thanks to our sponsors:



REACH healthcare foundation



United Way of Greater Kansas City



Wyandotte Health Foundation





American Rescue Plan Act (ARPA)

Wyandotte County, KS



Community Health Improvement Plan





Appendix A CHIP Year 5 Strategies

The UGPHD, Lead Agencies, and Subcommittees collaboratively evaluated the progress of strategies for CHIP Year 4 (2022) and adjusted those strategies to better inform Year 5 (2023) implementation.

The revised strategies are listed in the column titled CHIP Year 4 below, under their respective priority areas, changes or additions are noted in **bold** in the CHIP Year 5 column.

Jobs & Education		
CHIP Year 4	CHIP Year 5	
Child	lcare	
1. Support the retention and expansion of quality childcare spaces and increase access for families, which contributes to a stable workforce	No Change	
2. In collaboration with Unified Government agencies, remove barriers to creating early childhood centers and childcare facilities in Wyandotte County	No Change	
3. Implement quality improvement supports for early education providers, which contribute to school readiness for WyCo children	No Change	
Lang	uage	
4. Develop a multi-faceted, customized Business ESL training program	4. Expand the customized Business ESL training program	
5. Expand opportunities to increase integrated adult education training programs (GED & ESL) with educational institutions and organizations in the community	This strategy was combined with the Post- Secondary Education strategies, due to the primary efforts being specific to increasing community GED enrollment The revised strategy (#10) can be found below	
Criminal History		
6. Coordinate efforts to provide support services to justice-involved individuals including training and education, which help reduce barriers to entering the workforce	6. Identify supportive services to help reduce barriers to career/training services and employment for justice-involved individuals including a local repository to house resources	

Jobs & Education Cont.

CHIP Year 4	CHIP Year 5	
Criminal History Cont.		
7. Establish forums for employers to increase access to and appreciate the benefits of hiring qualified individuals who have been involved in the justice system	7. Establish forums for employers to increase access to and appreciate the benefits of hiring and retaining qualified justice-involved individuals in the workforce	
8. Support automated expungement as a workforce strategy, increase education on the expungement process, current services available, and benefits to individuals who have been involved in the justice system	No Change	
Post-Seconda	ary Education	
9. Support and expand college and career readiness in all WyCo School Districts to support post-secondary credentials	9. Support college and career readiness in the logistics, healthcare and manufacturing fields throughout all WYCO school districts to increase post-secondary credentials	
	10. Increase community outreach and enrollment for GED and adult education training programs	
Workforce Tr	ansportation	
10. Increase business investment in transportation solutions for job access by providing outreach and education to employers, assessing the needs of individual employers, developing customized solutions, when possible	Now Strategy Number - 11	
11. Pilot an employer transportation council in Edwardsville.	Now Strategy Number - 12	



CHIP Year 5

Education to Employment Pipeline

1. Create a multicultural and multilingual education-to employment pipeline for Wyandotte County students in the healthcare professions, connected to Wyandotte County employers.

No Change

Health Care Capacity

2. Increase care coordination between primary care providers and behavioral health providers

No Change

3. Improve knowledge and availability of Non-Emergency Medical Transportation to health care providers in the community

No Change

Health Care Funding

4. Coordinate and improve efforts to increase community member enrollment in Medicaid & Marketplace health insurance plans

No Change

Expand KanCare (Medicaid)

5. Advocate for Medicaid (KanCare) Expansion

Health Literacy

6. Improve local health literacy through the development and implementation of media campaigns on the availability of health services and other local health access issues

6. Improve local health literacy through the development and implementation of **community-engaged dissemination strategies about** health services and other local health access issues

School Health

7. Increase available health services for youth, specifically in school settings

No Change



CHIP Year 4

Landlord Risk Mitigation Fund

- 1. Explore the implementation of a landlord risk mitigation fund to increase utilization of housing vouchers, including engaging with community stakeholders and landlords
- 1. **Establish** a landlord risk mitigation fund to increase utilization of housing vouchers, including engaging with community stakeholders and landlords

CHIP Year 5

Supports for Tenants and Homeowners

- 2. Coordinate and support the cross-sharing of resources and information on tenant's rights and responsibilities, minor home repair, and homeowner assistance programs
- 2. **Coordinate assistance and provide education** on tenant's rights and responsibilities, minor home repair, and homeowner assistance programs

Unhoused Populations

3. Engage community partners and other metro agencies in the development of a Wyandotte County Homelessness Response Plan, to support a coordinated community response to homelessness and housing for at-risk populations

No Change

Community Land Trusts

4. Support the development of shared equity housing models, specifically cooperative housing, and community land trusts (CLT), including continued community education and outreach to support CLT development

No Change

Housing Policy

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5. Explore and advocate for a Source of Income Non-Discrimination policy, to reduce barriers for individuals who participate in housing assistance programs



Violence Prevention

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CHIP Year 5

Crime Prevention Through Environmental Design (CPTED)

1. Coordinate efforts among residents, community organizations, and UG agencies to implement Crime Prevention Through Environmental Design (CPTED) strategies through trauma-informed and equity-based approaches

No change

2. Support environmental-based violence prevention strategies in neighborhoods through existing community programs

2. Reduce and prevent violence by fostering community connectedness through place-based strategies to create inclusive, safe, and beautiful public spaces

Individual Level

- 3. In collaboration with the UG Public Health Department, institute a Youth Fatality Review Board as a community violence prevention strategy
- 3. In collaboration with the UG Public Health
 Department, **coordinate the** Youth Fatality Review
 Board as a community violence prevention strategy
- 4. Implement individual-level response and interventions for survivors of interpersonal violence and those at risk of perpetration of violence through REVIVE, a hospital-based violence intervention program

No Change

Youth Engagement

5. Support youth-led community advisory board to engage youth in community development and prevention strategies

No Change

Community & Justice Systems Relations

6. Evaluate and improve communication and relations between community and the justice system

No Change

Norms Change

8. Develop a positive norms change campaign designed to reduce community violence

8. Develop a positive norms change campaign to acknowledge gun violence and sexual violence among youth in Wyandotte County.





CHIP Year 4 CHIP Year 5

On hold for CHIP Year 5

7. Collaborate with Unified Government (UG) and other workplaces to develop and implement workplace programs, policies and practices to prevent violence for employees and residents both at work and in their communities

In 2021 UGPHD established the Equity & Culture Collective in response to this strategy. This CHIP year, the Norms Change Subcommittee decided that we the workplace strategy could be put on hold.

Appendix BSummary of CHIP Leadership & Structure

The CHIP utilizes the **Collective Impact Model** to inform the plan's implementation. This approach recognizes the following components as necessary aspects of collaborative community work:

- 1. Shared agenda among all participants and organizations,
- 2. Established measurable goals to evaluate progress,
- 3. Continuous communications and coordinated activities among key partners
- 4. Backbone support to provide dedicated time and technical assistance.

The sections below provide a breakdown of how the CHIP operationalizes the Collective Impact Model in the planning, implementing, and overseeing of its strategies.

CHIP Steering Committee

A group of 12-15 individuals representing organizations that have been involved throughout the entirety of the CHA and CHIP process. Individuals on the committee are high-level decision makers within key stakeholder organizations in the Wyandotte community. The committee is tasked with generating resources, anticipating barriers to implementation, building relationships, and ensuring collaboration across Action Teams, providing guidance for managing political relationships, among other things.

• **Health Equity Subcommittee:** A subset of the larger CHIP Steering Committee, tasked with building capacity towards further defining the three CHIP lenses (poverty, racism, and ACEs) and evaluating how these lenses are applied to the plan.

Unified Government Health Department Administration

The UGPHD provides administrative backbone support for the implementation, evaluation, funding, and coordination of the CHIP. Several staff across the UGPHD provide support and participate in CHIP activities, but staff tasked with CHIP implementation include the CHIP Coordinators and the Community Health Division Manager. In addition, the UGPHD provides technical assistance to the Lead Agencies, Action Teams, and Subcommittees, including:

- 1. Support strategy development, action planning, and implementation
- 2. Seek resources and apply for funding
- 3. Oversee the overall evaluation of the plan and progress tracking
- 4. Maintain the Community Health Dashboard
- 5. Build relationships and connect individuals and organizations to advance the work of the CHIP.

Lead Agencies

Four community organizations ("Lead Agencies") have taken ownership of the four CHIP priority areas. These partners are experts and advise the UGPHD in their field and have a proven track record of working collaboratively within the community. These agencies also participated throughout the CHA and CHIP process and have committed themselves to the success of the CHIP. Additional characteristics of the Lead Agencies include:

- Memorandums of Understanding (MOUs): The Lead Agencies have completed MOUs
 with the UGPHD that define their role, clarify expectations, and set parameters to their
 agreements to participate in CHIP at this level.
- Paid Staff Time: These agencies have committed to ensuring that at least .5 FTE among their staff are paid specifically to do the work of CHIP implementation. This is done through a mix of existing funding mechanisms and new funding identified in partnership with the UCPHD to support these roles.

Action Teams

Coordinated by a Lead Agency, Action Teams operationalize CHIP strategies by convening community partners regularly and delegate implementation to subcommittees.

Subcommittees

Subcommittees implement specific strategies delegated by their Action Team.

Subcommittees are composed of community members, partners, and other organizations convened by the Lead Agency or key community partners.

Reporting

To both ensure accountability and measure progress, routine reporting mechanisms have been put into place:

• Monthly Reports: In 2021, the UGPHD and the Lead Agencies transitioned from quarterly to monthly reporting in the Community Check Box Evaluation System. On the 15th of each month, Lead Agencies and Subcommittee Leads submit progress that occurred in the previous month. Progress reports are based on the CHIP's evaluation questions and include information such as a summary of progress, barriers, including a number of development activities, services provided, and materials disseminated, among other items. Quarterly, the UGPHD generates sensemaking reports using a coding method developed by the KU Center for Community Health & Development. These categorizations provide a snapshot of how well the strategies are moving and which areas need additional support.

Appendix BSummary of CHIP Leadership & Structure

- Annual Report: At the end of each CHIP year, the UGPHD works with Lead Agencies to compile highlights, progress, and survey findings into an annual report. This report is shared with all CHIP members, the Unified Government Administration, Unified Government Board of Health, and posted to the Community Health Dashboard.
- **Board of Health:** At least once per year the UCPHD, sometimes in conjunction with the Lead Agencies, provide an oral update on the status and progress of the CHIP to the Unified Government Board of Health.

Annual Review Process

At the end of each CHIP year, the UGPHD works with Lead Agencies to assess every CHIP strategy for effectiveness, priority, community assets, and impact on the three CHIP lenses: poverty, racism, and Adverse Childhood Experiences (ACEs).

The strategy assessments are an opportunity to evaluate each strategy and revise, remove, and add strategies, if necessary, based on the community context. An updated version of the CHIP with the edited strategies is formally published annually.

Community Health Dashboard

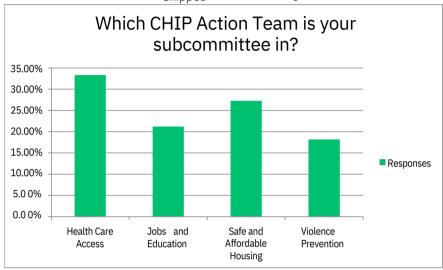
To ensure community members, CHIP partners, and stakeholders have an opportunity to stay updated on CHIP progress and data around the priority areas, the UGPHD and the United Way have collaborated to create a **Community Health Dashboard** specific to the Wyandotte County CHIP. The Community Health Dashboard's "Strategies and Partners" pages are updated quarterly with highlights and the status of each of the CHIP strategies.

Appendix CSubcommittee Survey Questions

CHIP Year 4 (2022): Subcommittee Survey

Which CHIP Action Team is your subcommittee in?

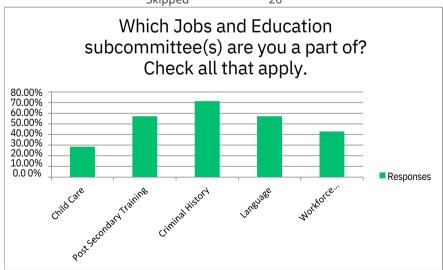
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Answer Choices	Responses	
Health Care Access	33.33%	11
Jobs and Education	21.21%	7
Safe and Affordable Housing	27.27%	9
Violence Prevention	18.18%	6
	Answered	33
	Skipped	0



CHIP Year 4 (2022): Subcommittee Survey

Which Jobs and Education subcommittee(s) are you a part of? Check all that apply.

Answer Choices	Responses	
Child Care	28.57%	2
Post Secondary Training	57.14%	4
Criminal History	71.43%	5
Lang uag e	57.14%	4
Workforce Transportation	42.86%	3
	Answered	7
	Skipped	26



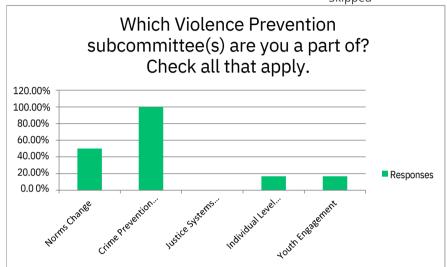
Appendix C

Subcommittee Survey Questions

CHIP Year 4 (2022): Subcommittee Survey

Which Violence Prevention subcommittee(s) are you a part of? Check all that apply.

Answer Choices	Responses	
Norms Change	50.00%	3
Crime Prevention Through Environmental Design (CPTED)	100.00%	6
Justice Systems Relations	0.00%	0
Individual Level (REVIVE & Youth Fatality Review Board)	16.67%	1
Youth Engagement	16.67%	1
	Answered	6
	Skipped	27

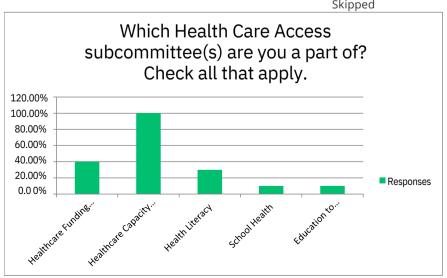


CHIP Year 4 (2022): Subcommittee Survey

Which Health Care Access subcommittee(s) are you a part of? Check all that apply.

Answer Choices	Responses	
Healthcare Funding (Enrollment & Medicaid Expansion)	40.00%	4
Healthcare Capacity (Transportation & Care Coordination)	100.00%	10
Health Literacy	30.00%	3
School Health	10.00%	1
Education to Employment Pipeline	10.00%	1
	Answered	1
	Skipped	0
		2

3

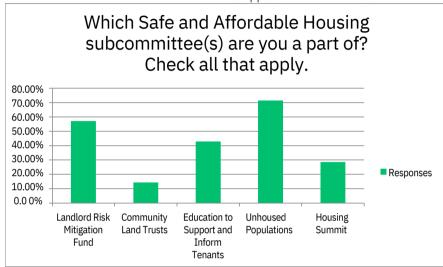


Subcommittee Survey Questions

CHIP Year 4 (2022): Subcommittee Survey

Which Safe and Affordable Housing subcommittee(s) are you a part of? Check all that apply.

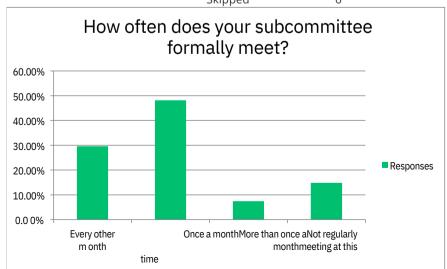
Answer Choices	Responses	
Landlord Risk Mitigation Fund	57. 14%	4
Community Land Trusts	14.29%	1
Education to Support and Inform Tenants	42.86%	3
Unhoused Populations	71.43%	5
Housing Summit	28.57%	2
	Answered	7
	Skipped	26



CHIP Year 4 (2022): Subcommittee Survey

How often does your subcommittee formally meet?

Answer Choices	Responses	
Every other month	29.63%	8
Once a month	48.15%	13
More than once a month	7.41%	2
Not regularly meeting at this time	14.81%	4
	Answered	27
	Skipped	6

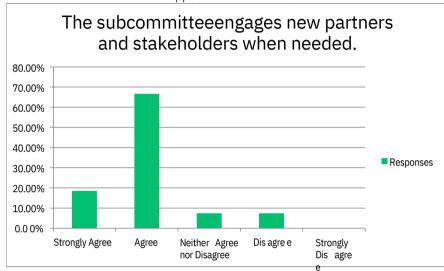


Subcommittee Survey Questions

CHIP Year 4 (2022): Subcommittee Survey

The subcommittee engages new partners and stakeholders when needed.

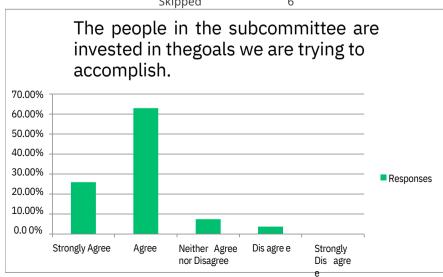
Answer Choices	Responses	
Strongly Agree	18. 52%	5
Agree	66.67%	18
Neither Agree nor Disagree	7.41%	2
Disag r ee	7.41%	2
Strongly Disagree	0.00%	0
	Answered	27
	Skipped	6



CHIP Year 4 (2022): Subcommittee Survey

The people in the subcommittee are invested in the goals we are trying to accomplish.

Answer Choices	Responses	
Strongly Agree	25. 93%	7
Agree	62.96%	17
Neither Agree nor Disagree	7.41%	2
Disag r ee	3.70%	1
Strongly Disagree	0.00%	0
	Answered	27
	Skipped	6

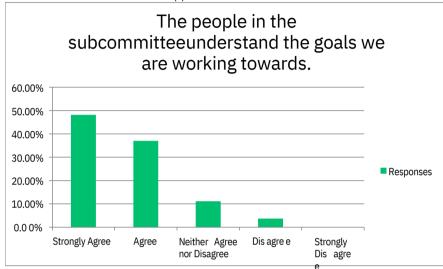


Subcommittee Survey Questions

CHIP Year 4 (2022): Subcommittee Survey

The people in the subcommittee understand the goals we are working towards.

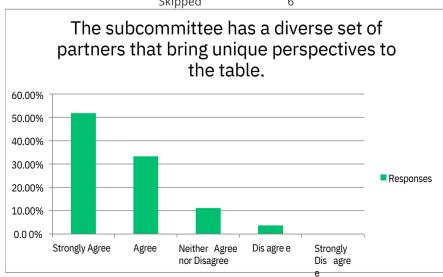
Answer Choices	Responses	
Strongly Agree	48. 15%	13
Agree	37.04%	10
Neither Agree nor Disagree	11.11%	3
Disag r ee	3.70%	1
Strongly Disagree	0.00%	0
	Answered	27
	Skipped	6



CHIP Year 4 (2022): Subcommittee Survey

The subcommittee has a diverse set of partners that bring unique perspectives to the table.

Answer Choices	Responses	
Strongly Agree	51.85%	14
Agree	33.33%	9
Neither Agree nor Disagree	11.11%	3
Disag r ee	3.70%	1
Strongly Disagree	0.00%	0
	Answered	27
	Skipped	6



Appendix C Subcommittee Survey Questions

CHIP Year 4 (2022): Subcommittee Survey

Meetings have a clear purpose or objective.

Answer Choices	Responses	
Always	36.00%	9
Often	52.00%	13
Sometimes	12.00%	3
Rarely	0.00%	0
Never	0.00%	0
	Answered	25
	Skipped	8



CHIP Year 4 (2022): Subcommittee Survey

A clear decision making process is in place during meetings.

Answer Choices	Responses	
Always	16.00%	4
Often	56.00%	14
Sometimes	28.00%	7
Rarely	0.00%	0
Never	0.00%	0
	Answered	25
	Skipped	8



Subcommittee Survey Questions

CHIP Year 4 (2022): Subcommittee Survey

Meetings end with clear next steps or action items for participants.

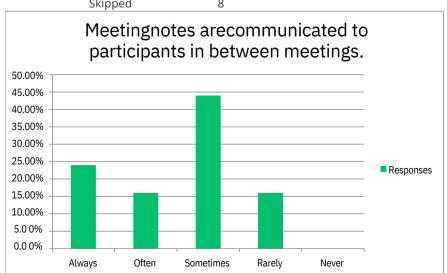
Answer Choices	Responses	
Always	20.00%	5
Often	40.00%	10
Sometimes	40.00%	10
Rarely	0.00%	0
Never	0.00%	0
	Answered	25
	Skipped	8



CHIP Year 4 (2022): Subcommittee Survey

Meeting notes are communicated to participants in between meetings.

Answer Choices	Responses	
Always	24.00%	6
Often	16.00%	4
Sometimes	44.00%	11
Rarely	16.00%	4
Never	0.00%	0
	Answered	25
	Skipped	8

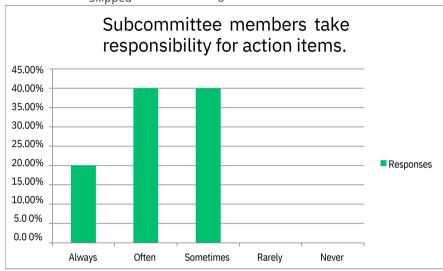


Subcommittee Survey Questions

CHIP Year 4 (2022): Subcommittee Survey

Subcommittee members take responsibility for action items.

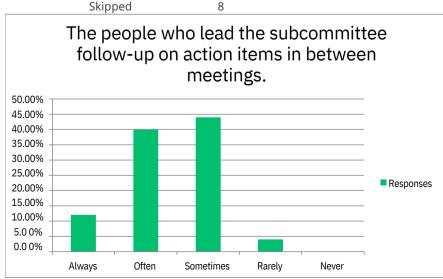
Answer Choices	Responses	
Always	20.00%	5
Often	40.00%	10
Sometimes	40.00%	10
Rarely	0.00%	0
Never	0.00%	0
	Answered	25
	Skipped	8



CHIP Year 4 (2022): Subcommittee Survey

The people who lead the subcommittee follow-up on action items in between meetings.

Answer Choices	Responses	
Always	12.00%	3
Often	40.00%	10
Sometimes	44.00%	11
Rarely	4.00%	1
Never	0.00%	0
	Answered	25
	Skipped	8

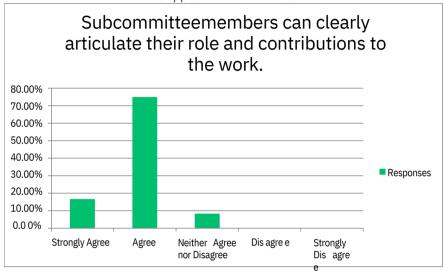


Subcommittee Survey Questions

CHIP Year 4 (2022): Subcommittee Survey

Subcommittee members can clearly articulate their role and contributions to the work.

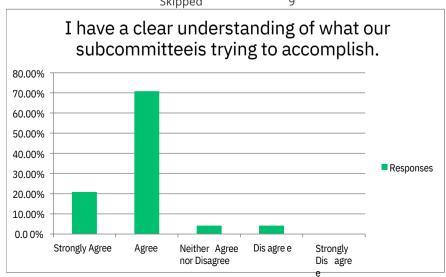
Answer Choices	Responses	
Strongly Agree	16.67%	4
Agree	75.00%	18
Neither Agree nor Disagree	8.33%	2
Disag r ee	0.00%	0
Strongly Disagree	0.00%	0
	Answered	24
	Skipped	9



CHIP Year 4 (2022): Subcommittee Survey

I have a clear understanding of what our subcommittee is trying to accomplish.

Answer Choices	Responses	
Strongly Agree	20.83%	5
Agree	70.83%	17
Neither Agree nor Disagree	4.17%	1
Disag r ee	4.17%	1
Strongly Disagree	0.00%	0
	Answered	24
	Skipped	9

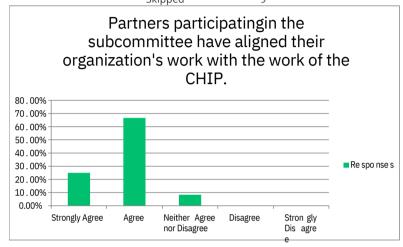


Subcommittee Survey Questions

CHIP Year 4 (2022): Subcommittee Survey

Partners participating in the subcommittee have aligned their organization's work with the work of the CHIP.

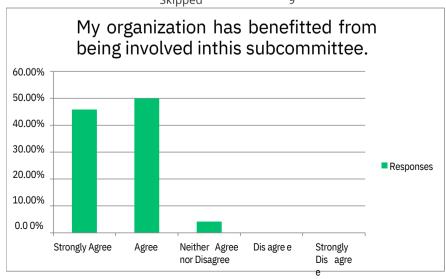
Answer Choices	Responses	
Strongly Agree	25.00%	6
Agree	66.67%	16
Neither Agree nor Disagree	8.33%	2
Disagree	0.00%	0
Strongly Disagree	0.00%	0
	Answered	24
	Skinned	9



CHIP Year 4 (2022): Subcommittee Survey

My organization has benefitted from being involved in this subcommittee.

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Answer Choices	Responses	
Strongly Agree	45.83%	11
Agree	50.00%	12
Neither Agree nor Disagree	4.17%	1
Disag r ee	0.00%	0
Strongly Disagree	0.00%	0
	Answered	24
	Skipped	9

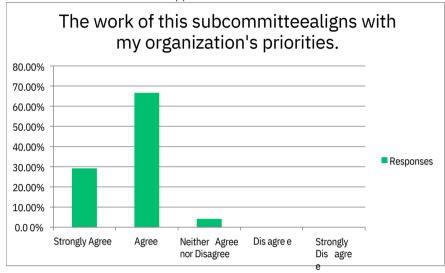


Subcommittee Survey Questions

CHIP Year 4 (2022): Subcommittee Survey

The work of this subcommittee aligns with my organization's priorities.

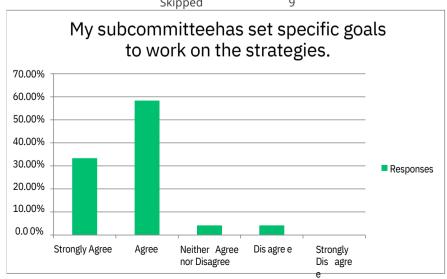
Answer Choices	Responses	
Strongly Agree	29.17%	7
Agree	66.67%	16
Neither Agree nor Disagree	4.17%	1
Disag r ee	0.00%	0
Strongly Disagree	0.00%	0
	Answered	24
	Skipped	9



CHIP Year 4 (2022): Subcommittee Survey

My subcommittee has set specific goals to work on the strategies.

Answer Choices	Responses	
Strongly Agree	33.33%	8
Agree	58.33%	14
Neither Agree nor Disagree	4.17%	1
Disag r ee	4.17%	1
Strongly Disagree	0.00%	0
	Answered	24
	Skipped	9

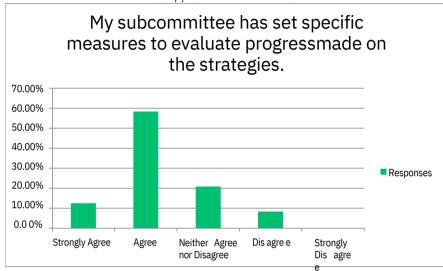


Subcommittee Survey Questions

CHIP Year 4 (2022): Subcommittee Survey

My subcommittee has set specific measures to evaluate progress made on the strategies.

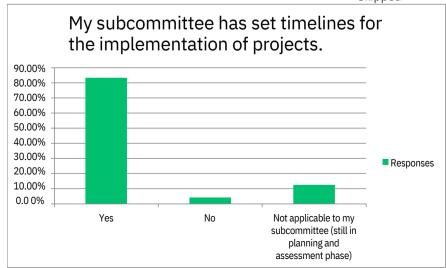
Answer Choices	Responses	
Strongly Agree	12.50%	3
Agree	58.33%	14
Neither Agree nor Disagree	20.83%	5
Disag r ee	8.33%	2
Strongly Disagree	0.00%	0
	Answered	24
	Skipped	9



CHIP Year 4 (2022): Subcommittee Survey

My subcommittee has set timelines for the implementation of projects.

Answer Choices	Responses	5
Yes	83.33%	20
No	4.17%	1
Not applicable to my subcommittee (still in planning and asses	ssment 12.50%	3
	Answered	24
	Skipped	9

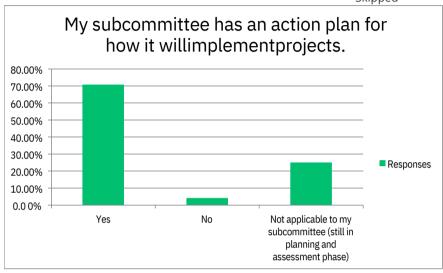


Subcommittee Survey Questions

CHIP Year 4 (2022): Subcommittee Survey

My subcommittee has an action plan for how it will implement projects.

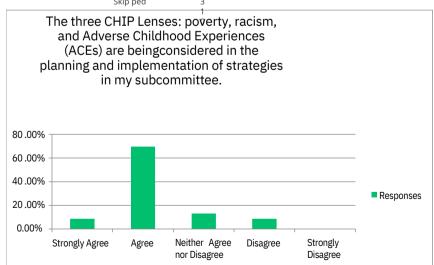
Answer Choices	Responses	
Yes	70.83%	17
No	4.17%	1
Not applicable to my subcommittee (still in planning and assessmen	t 25.00%	6
	Answered	24
	Skipped	9



CHIP Year 4 (2022): Subcommittee Survey

The three CHIP Lenses: poverty, racism, and Adverse Childhood Experiences (ACEs) are being considered in the planning and implementation of strategies in my subcommittee.

Answer Choices	Res pons es	
Strongly Agree	8.70%	2
Agree	69.57%	16
Neither Agree nor Disagree	13.04%	3
Disagree	8.70%	2
Strongly Disagree	0.00%	0
	Answered	2
	Skip ped	3



Subcommittee Survey Questions

CHIP Year 4 (2022): Subcommittee Survey

I have a good understanding of what other CHIP Action Teams are working on.

Answer Choices	Responses	
Strongly Agree	4.35%	1
Agree	52.17%	12
Neither Agree nor Disagree	26.09%	6
Disag r ee	17.39%	4
Strongly Disagree	0.00%	0
	Answered	2
	Skipped	3



CHIP Year 4 (2022): Subcommittee Survey

In the textbox below, please include any feedback or suggestions related to the work of the CHIP Subcommittees. (Optional)

Answered 1 Skipped 32

CHIP Health & Racial Equity Community Readiness Assessment

Report Summary

The Wyandotte County (WYCO) Community Health Improvement Plan (CHIP) addresses four community-identified health priorities including: 1) Jobs and Education, 2) Health Care Access, 3) Safe and Affordable Housing, and 4) Violence Prevention. There are three issues, referred to as CHIP "Lenses" that are intersectional across the health priority areas, and include poverty, racism, and adverse childhood experiences (ACEs), which are necessary to address across the CHIP priority areas to achieve health equity.

The CHIP Steering Committee worked with colleagues from the KU Center for Community Health and Development in partnership with the KU Medical Center Department of Population Health, and Ad Astra Community Innovations Group to assess the readiness of the CHIP Steering Committee. The WYCO CHIP Steering Committee engaged in a process to examine their readiness to guide efforts to address health and racial equity using the WYCO CHIP Health Equity Model (i.e., Learn and Engage, Establish Shared Understanding, and Build Capacity).

It was important first to assess the readiness of steering committee members, including their knowledge, understanding, and experiences related to addressing racial and health equity. The Tri-Ethnic Readiness Assessment was adapted and conducted with 21 WYCO CHIP stakeholders, including CHIP Steering Committee members. Based on the Community Readiness Model, there are stages of community readiness across five domains areas including community climate, community knowledge of issue, community

Racial & Health Equity

Poverty

Racism & Discrimination

Learn and engage in how and why structural racism, power, and trauma impact over, and trauma impact over community's health

Adjust and improve CHIP plan: goals, strategies, implementation, as needed

Establish shared understanding and language around racial equity & CHIP Lenses

Health Equity

Evaluate application of the Lenses, using established measures or framework for the application of the Lenses in the CHIP's goals, programs, policies, practices

Community
Climate to
Address the
Issue

Community
Knowledge
of the Issue

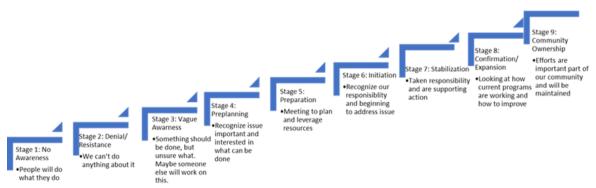
Community
Knowledge
of Efforts

Community
Knowledge
of Efforts

Resources to
Address
Issue

Resources to
Address
Issue

knowledge of efforts, leadership, and resources to address the issue. For each domain area, there were nine stages of readiness examined to first understand the capacity of the CHIP Steering Committee to appropriately consider these issues more broadly with the community as a component of the CHIP.



CHIP Health & Racial Equity Community Readiness Assessment

The Tri-Ethnic Readiness
Assessment results are
outlined below by domain and
stage of readiness to address
racism, poverty, ACES, and
health equity. The overall
readiness level was in the
preplanning (stage 4), which
suggests there is some
acknowledgement by key
CHIP stakeholders of the

Dimension	Readiness Level	Readiness Stage
Community Climate	4	Stage 4 → Preplanning
Knowledge of the Issue	4	Stage 4 → Preplanning
Knowledge of Efforts	3	Stage 3 → Vague Awareness
Leadership	4	Stage 4 → Preplanning
Resources for Efforts	3	Stage 3 → Vague Awareness
Overall Readiness Score	4	Stage 4 → Preplanning

issues of racism, ACES, poverty as necessary to address health equity. However, community members and leadership may have limited knowledge about the issue or the local efforts to address it. There is also some recognition that action is required but there are limited local resources to address the issue.

- The community climate domain assesses the community's attitude toward addressing issues related to health equity, racism, poverty, and ACEs in Wyandotte County. Overall, the community readiness stage for community climate was preplanning (Stage 4). A couple of core themes identified related to community climate was the geographic divide of resources and supports that contribute to health and racial inequities. Additionally, for some community members and leaders there is an underlying acceptance of the conditions and perceived apathy to address the issues.
- The CHIP Steering Committee indicated that overall community knowledge of the issues is in the preplanning (Stage 4) stage. Of the four issues examined, poverty was the most highly rated concern area and had the highest level of readiness to address the issue. The area with the least readiness to address was ACES. Additionally, there is some readiness to begin to build the capacity of the CHIP Steering Committee and in the community to address racism and health equity, but deeper understanding of the issues, particularly related to the definitions, causes, consequences, and symptoms are necessary. There is a need for a better understanding of the definition of health equity, which was in the denial/resistance stage (stage 2).
- The community readiness stage for knowledge of efforts was at the level of vague awareness (Stage 3). Based on this readiness level, community members may have heard of the efforts but know little and have vague knowledge about them. The lowest rated area assessed was community members knowledge of the effectiveness of the efforts, which was in the denial/resistance stage (2). Knowledge

of efforts by community members largely depends on how connected an individual is to the organizations and systems doing the work. Thus, knowledge of efforts is a privilege and form of power that is primarily accessible to those who already have strong social connections to and with partner organizations and agencies. There is a lack of trust and authentic community engagement as barriers to participation by community members. There is also a gap in knowledge about the efforts in the community pertaining to



CHIP Health & Racial Equity Community Readiness Assessment

health equity, racism, ACES, and poverty due to limited and largely web-based modes of communication. Participants indicated communication and authentic community engagement as areas to be improved if to achieve health and racial equity.

• The readiness of leadership to address the issues were in the preplanning phase (stage 4). In this stage, leadership and community members acknowledge the issues are of concern and need to be addressed. However, it is more passive rather than active support by leadership. The role of the county commissioners, mayor, administrators, and leaders of departments were identified as key

leaders to improve health equity by addressing racism, ACES, and poverty. Participants indicated a disconnect between leaders and the community they serve to address the issues related to health equity, racism, ACES, and poverty. The importance of distributed leadership including by engaging

those people in neighborhoods and communities is critical. From the perspective of the interview

participants, there are some in leadership who opposes racism and health inequity and do not acknowledge that there are not equal opportunities to overcome systemic issues. The commitment of leadership to include the long-term viability of efforts addressing these issues was in the denial/resistance stage (stage 2).



• The resources domain assesses what local resources – people, time, money, physical locations/space – are being or could be used to address issues related to health equity, racism, poverty, or ACEs in Wyandotte County. Based on the assessment, resources for efforts to address the issue was

identified as low in the vague awareness stage (stage 3), which suggests limited resources are used to address the issues. A couple of considerations included county commission support and the sustainability of efforts to address the issues. Although there has been some recent support from the

commission related to advancing health equity and poverty more directly, participants shared some concern for the sustainability of the efforts and direct support and attention for racism and ACES as contributors to health inequities.

Through the CHIP it is critical to ensure opportunities for meaningful engagement, distributed leadership, and equitable distribution and investment of resources. As health and racial equity are considered through the CHIP, it is important to reduce barriers that may further contribute to marginalization of members of the community, particularly those who may often be excluded from participation in decision-making processes. To truly achieve the outcome of health equity, including through racial equity, equity in the then being equitable in who participates and

"There is an underlying ideology expressed by some leaders in power that puts the weight of poverty and racism on individuals as opposed to addressing these issues as political and systemic. If poverty and racism are not prioritized as global issues, how can health equity be achieved?" (Steering Committee Participant)

how will be necessary. Otherwise, the readiness and capacity of the community to address the issues will be limited. A critical component of community readiness is the commitment of both community members and leaders, including CHIP stakeholders, to own and influence the efforts to achieve and sustain longer-term improvements in outcomes.

CHIP Health & Racial Equity Community Readiness Assessment

Key Recommendations:

Community Climate

Conduct the community readiness assessment as a component of the community health assessment to examine readiness and capacity over time. Continue to ensure that those in leadership, including on the steering committee and community members, are collectively involved in the process.

Convene administrative leaders and designated representative and stakeholders from within divisions and departments of the Unified Government to discuss the intersectional and priority issues of the CHIP to better understand collectively the contributions from each department.

Review each CHIP strategy and provide support to identify and develop activities that explicitly support directly addressing racism, poverty, and ACES as contributors to health inequities.

Knowledge of the Issues

Continue to advance and promote efforts to declare racism a public health crisis and ensure funding and resources for the issue.

Define and operationalize racism, ACES, and poverty within the context of health equity. Provide definitions and brief fact sheets distributed in the community online and in printed forms. Address health equity as an outcome not a cause. Therefore, within the context of health equity name the specific issues of racism, poverty, and ACES.

Knowledge of the Efforts

Identify community sectors (e.g., faith community, youth/young adults, parents) that are less represented on the CHIP Steering Committee or action teams and provide opportunities for equitable involvement, including through compensation and/or incentives if not aligned with professional work. Develop materials for community members and leaders, including CHIP Steering Committee members, to disseminate information about addressing racism, poverty, and ACES to achieve health equity as components of advancing the CHIP priority issues.

Support a range of diverse dissemination strategies to communicate with the lay audience and community members what is occurring including through both electronic, audio, and printed modes of communication.

Leadership to Address the Issue

Recognize and reward community members for their expertise based on their lived experiences by providing financial and other forms of incentives (e.g., compensation, vouchers, employment, childcare, transportation) to reduce barriers to participation.

Identify and engage grassroot community champions across sectors to advance health equity and address poverty, racism, and ACES.

Engage diverse representation of those experiencing racism (geographic, demographics) on each of the action teams or for specific strategies. Compensate community members for their expertise based on lived experience to reduce some barriers to participation (e.g., work, childcare).

Resources for the Efforts Addressing the Issue

Obtain resources to explicitly address racism and ACES as a contributing factors to health inequity. Employ and support community health workers through the CHIP to serve as credible messengers and brokers to community members and lay audiences.

Provide mini-grants or other resources to grassroots organizations to advance strategies of the CHIP. Partner with the Unified Government to provide incentives to community partners and community members directly addressing poverty, racism, and ACES as components of achieving health equity.