



Wyandotte County Community Health Improvement Plan

2018 - 2023

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To Community Residents and Our Partners in Health:

The Public Health Department of the Unified Government of Wyandotte County/Kansas City KS, embarked on a fresh crusade to help improve the health of Wyandotte County and its residents by leading a Community Health Assessment (CHA) in 2016 and 2017. This was followed by a committed approach among many community partners and residents to determine from the CHA, the strategies and interventions for a Community Health Improvement Plan (CHIP), to begin implementation in 2018.

There is a tremendous amount of work going on already in our county dealing with many health-related issues. Because of this, determining which CHIP actions to pursue in a unified and coordinated approach among the various key partners in the community was not a quick process. It has taken the cooperation, patience and determination of all involved to develop this important plan for the next five years. To that end, I say "Thank you," to all our partners and the committed community members who participated throughout the long process, and who will continue their work as we move from planning into action.

Health behaviors, clinical care, social and economic factors, and the physical environment were all considered in the CHA as affecting the overall health outcomes in our community. Topics such as smoking, obesity, excessive alcohol use, childhood poverty, income inequality, driving habits, low birthweight, food environment, mental health, and many other factors were considered during the CHIP prioritization process.

Much to the surprise of many people, including myself, the topic areas that rose to the top of the CHIP priority list through the assessment of community responses from interviews, focus groups, surveys and other input, were mostly topics of non-traditional health concerns. These include: safe and affordable housing; violence prevention; and education and jobs. Access to medical, mental, and dental care was also identified as a top priority to tackle. I had simply assumed that the topics which would rise to the top of the list would be traditional health concerns such as: teen pregnancy; smoking; heart disease; and diabetes.

Making an impact in the areas desired by the community we will require non-traditional partners in health to become our partners in health. This is an exciting time as we develop new relationships, new friendships, and new partners in our collaborations and cooperative efforts to affect the health outcomes of our county through specific, agreed upon strategies.

The current good work in many other areas of health will continue in our county. The CHIP is not "replacing" anything. Rather, the CHIP is providing us with a focus for specific areas of concern that community members have identified as needed at this time. Everyone in the community can be a partner in this endeavor and are invited to do so.

Respectfully,

Terry Brecheisen

Terry Brecheisen, Director Public Health Department, Unified Government of Wyandotte County / Kansas City KS

Introduction

Wyandotte County, Kansas, is a community with important resources and assets that make it unique in the Kansas City metropolitan area and the state of Kansas.

These include a rich history, a deep well of diversity, ripe opportunities for economic development, physical environmental assets, and engagement of community partners working to improve the quality of life for Wyandotte County residents. At the same time, Wyandotte County has faced challenges to assuring conditions in which all Wyandotte County residents can achieve their optimal level of health. Since 2009 and the release of the initial County Health Rankings, in which Wyandotte County was ranked 105 of 105 counties in Kansas in terms of health behaviors and outcomes, recognition has grown that the health of Wyandotte County residents is a preeminent issue.

In addition to acknowledging the health of Wyandotte County residents as comparatively poor to other counties, data suggest there are significant health inequities experienced by several racial and ethnic groups in Wyandotte County. The health of community residents depends largely on a confluence of factors including health behaviors, access to health services, social and economic factors, and the physical environment (County Health Rankings, 2014).

Increasingly, experts suggest socio-economic factors and other social determinants of health have a far greater influence over health than the

personal factors, such as behavior and genetics. Over time, community partners in Wyandotte County have worked to address health issues and behaviors in a variety of ways. However, there has been a scarcity of fully collaborative approaches that are comprehensive and aim to address the root causes of health issues. To address this, community leaders, partners, and institutions have worked over the last few years to conduct community health assessment and planning processes. Engaging in community health assessment and planning is a core element of public health practice. In addition, both processes serve as a prerequisite to accreditation of local health departments. According to the Public Health Accreditation Board, a community health improvement plan is defined as "a long-term systematic effort to address public health problems on the basis of the results of community health assessment activities and the community health improvement process. This plan is used by health and other governmental, education, and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources."

In 2016, the Unified Government of Wyandotte County and Kansas City, Kansas, Public Health Department began a path toward accreditation by convening a group of community stakeholders to serve as a steering committee guiding the work. Over time, steering committee membership has grown and changed.

The steering committee provided oversight to the community health assessment and planning process, including design and implementation of each process.

Community Health Assessment Process

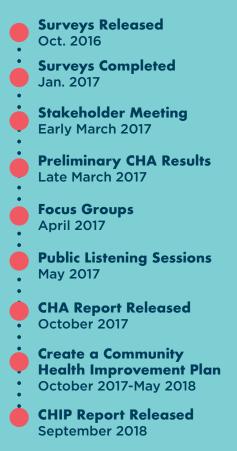
In late 2016, the steering committee initiated the Community Health Assessment (CHA). The figure above describes the timelines and key benchmarks of the CHA process. The CHA used a mixed methods approach, which consisted of a combination of secondary data (e.g., data was compiled from the Behavioral Risk Factor Surveillance System, the Kansas Department of Health and Environment Vital Statistics, Bureau of Labor Statistics, United States Census, and many other sources) regarding the health status and health behaviors of Wyandotte County residents, a survey of the concerns of local residents, focus groups regarding perceptions of the conditions that contribute to or detract from health in Wyandotte County, and a Local Public Health Systems Assessment.

The initial CHA report identified seven possible priority issues:

- Access to Healthy Food
- Access to Medical, Dental, & Mental Health Care
- Access to Safe and Affordable Housing
- Childhood Trauma/Adverse Childhood Experiences
- Education and Jobs
- Infant Health and Birth Outcomes
- Violence

Community Health Assessment and Plan

The timeline below and subsequent descriptions describes key benchmarks in the processes and approaches used.



Steering Committee

The following partners participated in the steering committee when it was convened in 2016:

City of Bonner Springs Children's Mercy of Kansas City Community Health Council of Wyandotte County City of Edwardsville El Centro, Inc. Historic Northeast Midtown Association Healthy Communities Wyandotte University of Kansas Medical Center Livable Neighborhoods NBC Community Development Corporation

Providence Medical Center REACH Healthcare Foundation Unified Government Public Health Department United Way of Wyandotte County University of Kansas Wyandot, Inc. Wyandotte Economic Development Council Wyandotte Health Foundation

For a complete review of the data, please see the complete CHA report available at http://www.hcwyco.org/cha

Selection of CHIP Priority Issues

Data resulting from the CHA were compiled into a report and shared with the community through four listening sessions at locations distributed throughout the county. At the listening sessions, staff provided presentations of the resulting data and participants weighed in on which of the seven identified issues they viewed as most important to address.

Information from the listening sessions was provided to the Steering Committee to support decision-making about priority issues. To reduce the number of issues from seven to a more manageable number, the Steering Committee used a formula that weighted community feedback through the survey and listening sessions and the secondary data about health status and behaviors to rank the seven issues.

The results were a selection of four priority issues:



Throughout the CHA and CHIP prioritization processes, the effects of poverty, discrimination, and exposure to adverse childhood experiences (ACEs) continually arose. In order to keep those underlying, root cause issues as part of the deliberation and planning process and not lose sight of their impact on the health of Wyandotte County residents, the Steering Committee determined that those three areas would be the lenses through which the topic areas were addressed and strategies chosen.

Community Health Improvement Plan Process

Community Health Improvement Plans (CHIPs) are both a product and a process. The plan serves as an agenda-setting document for improving a community's health. To conduct this work, community partners were identified and invited to participate, and the University of Kansas Center for Community Health and Development was selected to facilitate the group processes around the CHIP in the fall of 2017. The planning model was a model adapted from the Community Tool Box (next page) Lead conveners worked with existing partnerships and from lists of community stakeholders to develop broad, diverse planning groups. Once convened, staff worked with planning groups to identify a shared understanding of the personal and environmental factors contributing to each issue. Each planning group developed and prioritized prospective objectives, the key measurable components of the plan. Staff assured planning partners had options from Healthy People 2020 to serve as possible objectives to adopt or models to align with.

Community Health Improvement Plan Process

Once objectives were solidified, partners worked to identify and prioritize possible strategies to impact the objectives, influenced by the following considerations:



Ability to have a direct or indirect impact on poverty, discrimination, and adverse childhood experiences: When selecting priority issues, the Steering Committee also encouraged planning groups to consider opportunities to directly or indirectly have an impact on one of more of the three lenses that influence all four issues: poverty, discrimination, and exposure to adverse childhood experiences.



Evidence-base: Partners reviewed strategy options and were prompted to include a mix that were evidence-based, evidenceinformed, and promising practices. Staff presented possible strategies identified from the Guide

to Community Preventive Services, What Works for Health, and other repositories or reviews of evidence-based strategies.



Impact on Equity:

Participants were also asked to consider strategies that would create more opportunities and conditions for health for Wyandotte County residents experiencing

disproportionately poor health outcomes, as well as strategies that would remove barriers to opportunities for health.



Health Impact: Using the Health Impact Pyramid (Freiden, 2010), partners were encouraged to consider the likelihood that their selected strategies would have a greater impact on population-level health than other strategies.

Partners encouraged to maintain a focus on policy, systems, and environmental change that would have an impact on community conditions.



Feasibility: Staff requested that partners consider the likelihood that a strategy might be able to be effectively implemented. This included considerations of available assets and needed resources to support implementation.

With these considerations in mind, planning partners selected strategies for implementation and identified action steps to initiate implementation. It is important to note that although a concerted effort was made to ensure the CHIP prioritization and planning process was inclusive, and that participation was broad and diverse, it was not all-encompassing.

The following sections provide information about the CHA data that suggested each issue is a problem in Wyandotte County, a description of each issue area's convening and planning partners, a description of the context in which the planning partners were convened, and the plan elements. The detailed action plans for each issue area are available in appendices A-D.

Priority Issue: Education and Jobs



Overview

Education and employment are important social determinants of health. Adequate education increases job preparedness, individual earning potential, and reduces inequality that contributes to poor health outcomes. Residents identified the interconnected issues of education and jobs as among the most pressing issues that impact health, and the secondary data supports the idea that these are areas of concern in Wyandotte County.

Wyandotte County consistently has the highest paying wages in the State of Kansas and is outpacing the region in terms of percent growth of well-paying jobs, but its residents are often not able to obtain adequate skills and training to obtain them.

The following key data supports the need to work on these critical issues:

• Access to adequate education and well-paying jobs were identified as top problems for WYCO residents (Wyandotte County Concerns Survey Report, 2017).

• Wyandotte County has the highest median wage paid in Kansas but is in the bottom quartile for median household income. This discrepancy confirms Wyandotte Countians are disconnected from the high paying positions. Median household income was \$43,129 in 2016 compared to \$54,935 in Kansas (US Dept. of Commerce).

• The unemployment rate is 5.2% for WYCO in 2017 compared to 3.6% in the state of Kansas (Kansas Department of Labor).



The unemployment rate is 5.2% for WYCO in 2017 compared to 3.6% in the state of Kansas.

• The percentage of residents 25 years or older with a high school degree or equivalent without additional training or post-secondary education is 78.1% in Wyandotte County compared to 90.3% in Kansas (ACS 5-year estimates 2012-2016).

• Racial and ethnic minorities, especially Latinos, had the lowest rates of educational attainment in WYCO (ACS 5-year estimates 2012-2016).

Community residents participating in focus groups noted a number of factors contributing to these statistics, including perceptions of limited college preparatory or life skills training:

"I do not see scholarship programs or see the kids being pushed to go to college. In general, we are blue collar and we are always going to be blue collar. There are a lot of success stories out there I would like to see more of them."

"No one was telling me about mortgage or what it's like to be an adult. They just push you through and give you that piece of paper. And tell you to go get a good job."

Planning Process

In 2016, Wyandotte Economic Develop Council (WYEDC) formed a collaborative partnership to address workforce issues within the county. Many community stakeholders were involved, including educational institutions, local government representatives, workforce development agencies and faith and community-based organizations. Out of this effort, the Workforce Solutions Committee (WSC) was created. The WSC's mission is to strengthen the human capital supply chain by filling the needs of current and future employers.

The committee's role is to:

- Streamline the workforce development discussion across the community.
- Develop, execute, monitor and communicate a community workforce plan.
- Provide a collective voice around workforce development issues in Wyandotte County.

Upon initiation of the CHIP process, the WSC was engaged to lead the Jobs and Education initiatives. The committee invited additional stakeholders to join the CHIP planning effort. The committee collected extensive data regarding employment and educational attainment related to job preparedness and used this information to identify key factors driving the issues related to education and jobs. WYEDC staff participated in the Steering Committee guiding the CHA/ CHIP process and were willing to take on the role of convener for the Education and Jobs Goal Area.

Lead Agency

Wyandotte Economic Development Council info@wyedc.org | 913.371.3198

Partners Engaged in Planning

Convener: Wyandotte Economic Development Council

Bethel Neighborhood Center **Bishop Sullivan Center Board of Public Utilities** Catholic Charities of Northeast Kansas **CEVA** Logistics **Connections to Success Department of Veterans Affairs Educational Opportunity Center Express Employment Professionals** The Family Conservancy **Gateway Foundation** Greater Kansas City Coalition to End Homelessness Goodwill Western Missouri & Eastern Kansas Healthy Communities Wyandotte Historic Northeast Midtown Association Jewish Vocational Services Johnson County Corrections Kansas State University Kansas City Kansas Chamber of Commerce Kansas City, Kansas Community College Kansas City, Kansas Public Schools KC United! **KVC Health Systems** Mid-America Manufacturing Technology Center

NBC Community Development Corporation Northeast Economic Development Corporation **Olivet Institutional Baptist Church** Pipefitters' Local Union 533 PREP-KC Renaissance Management & Training **Rosedale Development Association** SAVE. Inc. Security Bank of Kansas City Trane Unified Government Mayor's office Commissioner's Office **Community Justice Transportation Department** Public Health Department Knowledge Department United Way of Wyandotte County We Are Aligned University of Kansas Trio Grant Program Workforce Partnership Wyandotte Health Foundation Wyandotte Economic Development Council

Education and Jobs Plan

Goals and Objectives

Partners engaged in planning recognized multiple barriers that prevent Wyandotte County residents from obtaining and retaining employment opportunities.

Partners chose to focus efforts on the following goals:

- Increase access to quality and affordable child care opportunities
- Improve accessibility and frequency of public and alternative transportation options
- Increase hiring of individuals with criminal history
- Increase proficiency in English tailored to industry-specific communication
- Increase attainment of post-secondary education/industry-recognized training

Childcare

- » Support the economic development of childcare centers <a>()
- » Support the implementation of a county-wide quality improvement system for early education facilities (***) ***

Language

- » Develop a multi-faceted, customized Business ESL training program
- » Increase the number of students enrollment in KCKCC's ESL training program (2) (2)

Criminal History

- » Establish trainings to educate employers about the incentives for hiring ex-offenders 4
- » Promote and expand summer youth employment opportunities

For Future Consideration

The prevention plan drafting committee identified the following strategies, which were not included in this action plan because of current capacity limitations. The committee recommends that these strategies be re-considered for future iterations of the plan.

Focus Area: Increase language proficiency tailored to industry-specific communication

Strategy: Implement a Spanish curriculum requirement for middle schools in Wyandotte County

» Expand the availability of appropriate expungement services <a>[

Workforce Transportation

- » Encourage government policy and incentives to increase business investment in transportations solutions for job access
- » Pilot an employer transportation council in Edwardsville

Post-Secondary Education/Industry-Recognized Training

- » Support and expand college and career readiness efforts across all school districts (2) (20)
- » Streamline and expand the use of Individualized Plans of Study (IPS) 😭 🦍
- » Build supportive systems to remove barriers and improve access to continuing education and living wage job opportunities (2) (2) (1)

Icons are placed next to strategies that are intended to have a direct or indirect impact on:



Priority Issue: Access to Medical, Dental, and Mental Health Services

Overview

Access to services to assure physical, mental, and oral health care are important elements of personal and community health. Across all three health areas, there are a few ways to look at the issues, including: access to services, utilization of services and the direct implications to health.

• Access to quality care was identified in the top five of all problems among Wyandotte County residents (Wyandotte County Concerns Survey Report, 2017).

• Access to dental care and mental health were identified as concerns among many different groups in Wyandotte County (Wyandotte County Concerns Survey Report, 2017).

• In 2016, 17% of Wyandotte County residents do not have health insurance versus 9.9% of Kansas residents (Kansas Partnership for Improving Community Health, 2016).

• 18.1% of Wyandotte County residents reported that in the past year they needed to see a doctor but did not because of cost, compared to 11% of Kansas residents (KDHE, BRFSS).

• About one in four of K-12 students who've received screenings have obvious signs of dental decay (KDHE, 2014-2015).

• About 47% of Wyandotte County residents who have an income less than \$35,000 report that poor mental or physical health has kept them from doing their usual activities (KDHE, BRFSS).

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About 1 in 4 of K-12 students who've received screenings have obvious signs of dental decay.

Among the many contributing issues noted by community members, transportation and costs associated with care seemed to be the most significant barriers, as illustrated by the following quotes from focus group participants:

"Not a ton of providers in the area, have to go far to get quality care, a number of people in our community who don't have transportation, what do they do? We should have the same access to care that other counties have."

"I don't really go in unless I absolutely need to. Even a routine colonoscopy was going to be \$700 before I pay my deductible...Cost of medical care has gone through the roof."

Planning Process

Over the last several years, a group of safety net providers met intermittently to discuss ongoing health services needs of Wyandotte County. The Community Health Council of Wyandotte County (CHC) has played an increasing role in the convening of these parties. Additionally, the Latino Health for All Coalition's (LHFA) Health Access Committee has been convening partners since 2008 to focus on health service needs, especially as they relate to health equity.



To form a planning group, the CHC and LHFA identified partners reflecting health care, community, and institutional assets.

Partners Engaged in Planning

Convener: Community Health Council of Wyandotte County

- Amerigroup Balls Food Children's Mercy Kansas City Community Health Council of Wyandotte County Duchesne Clinic El Centro, Inc The Family Conservancy Heartland Regional Alcohol and Drug Center Latino Health For All Coalition Mercy and Truth Medical Missions NBC Community Development Corporation Providence Medical Center
- Riverview Health Services Southwest Boulevard Family Healthcare Special Olympics of Kansas Street Medicine of Kansas City Swope Health Services Unified Government Public Health Department Knowledge Department United Health Care University of Kansas Medical Center Vibrant Health Wyandot Inc.

The Committee reviewed evidence-based strategies for health access (What Works for Health, University of Wisconsin). They used a conceptual framework for health access (Levesque et al., 2013) to consider potential strategies that support: a) Ability to perceive (e.g., health literacy); b) Ability to seek and provide (e.g., language/cultural competence for providers/ clients); c) Ability to reach (e.g., clinics nearby); d) Ability to pay (e.g., access to health insurance); and e) Ability to engage (e.g., information). Once focus areas and evidence-based strategies were identified, through a straw poll, committee members were asked to determine five priority strategies for each focus area. They were also asked to justify why it should be a priority (i.e., strong change strategy; will reach those who need to benefit; feasible, etc.). This straw poll was used to focus dialogue and narrow the pool of potential strategies to recommend as priority.



Access to Medical, Dental, and Mental Health Services Plan

Goals and Objectives

Partners convened by the Community Health Council and Latino Health For All Coalition identified an overarching goal and priority strategies to address the two identified focus areas of the CHIP plan:

- Assure access to health care for all (including by addressing affordability, geographic location of services, hours of operation, technology, consumer education, and health information.)
- Improve capacity of the health care system so that is responsive to everyone's health care needs (including by addressing workforce development and service integration, coordination, quality, and cultural humility).

Priority Strategies

The following are the nine strategies identified by partners participating in planning as critical to effectively promoting access to health care in Wyandotte County.

Assure access to health care for all

- » Increase city/county investment in primary care/safety net for health services.
- » Support efforts to assure Medicaid expansion. 🍲
- » Assure clinic locations and service hours to improve access for all community members.
- » Community education on health literacy and proper use of services.
- » Establish School-based (physical/mental) health centers and dental programs in underserved areas. (***)

Improve capacity of the health care system

» Care coordination among primary care providers and behavioral health. 🐼

- » Increase the current capacity and/or establish additional capacity for outpatient therapy counseling services, in English & Spanish and other languages.
- » Provide training in cultural competence/ humility and trauma-informed care for staff of health and human service organizations.
- » Create an education-to-employment pipeline for a full range of multi-lingual, multi-cultural primary and behavioral health professionals, utilizing existing high school, college and training options and connecting with Wyandotte employers. (**)

Lead Agency



Vibrant Health info@vibrantwyandotte.org | 913-342-2552

Icons are placed next to strategies that are intended to have a direct or indirect impact on:







Exposure to adverse childhood experiences (ACEs)

Priority Issue: Safe and Affordable Housing



Overview

Housing affects many aspects of healthy living and well-being. A healthy home should be structurally sound, be free of hazards, and allow for adequate sleep, personal hygiene, and preparation and storage of food.

• Several sources of data suggest that access to safe and affordable housing is a significant problem for Wyandotte County residents. The following data were presented in the CHA and used to make the case that safe and affordable housing should be a priority issue addressed in the plan.

• Access to safe and affordable housing was identified as a top problem for people living in Central Kansas City, Kansas; African Americans and American Indians; and people with low educational attainment (Wyandotte County Concerns Survey Report, 2017).

• 21% of single-family homes in WYCO have one or more severe housing problems, compared to 13% of all single-family homes in the state of Kansas (ACS 5-year data estimate from 2011-2015).

• 43% of households live in unaffordable housing (defined by the federal government as spending 30% or more of their income on rent or mortgage payment) (ACS 5-year estimates from 2011-2015).



3 out of 10 houses in WyCo are at elevated risk for lead exposure.

• 3 out of 10 houses in WYCO are at elevated risk for lead exposure (percent of houses built before 1950; ACS 5-year estimate from 2011-2015).

• A higher proportion of children with elevated blood lead levels reside in zip codes with a high density of African American and Latino residents (KDHE, 2011-2014).

- Residents who participated in focus groups noted the inherent challenge of finding housing that is both affordable and safe:
- Well here is the thing: if it is affordable, then 9 out of 10 times it's not safe.
- Participants further indicated that a number of factors influence a person's ability to have safe and affordable housing, including income, discrimination, and available housing stock.

Planning Process

At the end of the CHA process, members of the Steering Committee examined the assets regarding community organizations addressing the issue of housing. Members identified a number of community organizations doing critical work and a few collaborative partnerships between organizations. No single collaboration or partner occupied a clear leadership role in addressing the complex issue of safe and affordable housing. Steering Committee member Livable Neighborhoods volunteered to take on the role of convening partner.

Livable Neighborhoods, the UG Public Health Department, and United Way of Wyandotte County worked to identify a broad list of stakeholders, including both traditional and nontraditional partners. These stakeholders were recognized as assets who work to address housing in their institutions and organizations and were invited to participate in planning.



Once convened, partners undertook a detailed process to understand the issues surrounding housing and the appropriate ways to improve conditions related to housing for Wyandotte County residents.

Partners Engaged in Planning

Convener: Livable Neighborhoods

Argentine Betterment Corporation Armourdale Renewal Association Avenue of Life Central Avenue Betterment Association Christmas In October Community Housing of Wyandotte County Community members Douglass-Sumner Neighborhood Association **Downtown Shareholders** Habitat for Humanity Health Care Foundation of Greater Kansas City Healthy Communities Wyandotte Heartland Black Chamber of Commerce Historic Northeast Midtown Association Kansas City, Kansas Housing Authority Kansas City, Kansas Police Department Kim Wilson Housing Landlord Association Leavenworth Road Association

LISC

Livable Neighborhoods Mt. Carmel Redevelopment Corporation NBC Community Development Corporation Northeast Economic Development Corporation Prescott Neighborhood Association Real Estate House **Rosedale Development Association Turner Community Connection** Unified Government **Community Development** Public Health Department Land Bank Neighborhood Resource Center Planning and Zoning **Delinquent Taxes** United Way of Wyandotte County Vonzel Sawyer Associates, LLC YouthBuild



Safe and Affordable Housing Plan

Goals and Objectives

The convened planning group examined the myriad factors that create and maintain ongoing challenges experienced by Wyandotte County residents related to safe and affordable housing.

Based on data from the CHA and information from partners, the following goals were developed to address the factors the planning group prioritized as important:

• Increase quantity of quality housing for low-moderate income people in high opportunity areas (e.g. easy access to transportation, food, recreation, jobs, low-crime, schools).

• Reduce the cost of accessing housing and the associated cost of living in the home.

Priority Strategies

The group created to develop a CHIP safe and affordable housing plan was the only group of the four planning groups that had not previously been convened. Because of that, a number of the priority objectives and strategies are formative in nature.

Increase quantity of quality housing for low-moderate income people in high opportunity areas

- » Engage KCK Housing Authority in identifying mutual goals to expand affordable housing.
- » Explore the development of a community land trust.
- » Explore the development of an affordable housing fund.
- » Promote multi-unit, infill and use of empty lots. 🐲
- » Implement inclusionary zoning (e.g., developers make contributions in return for incentives such as height, density, parking concessions).
- » Positive promotion of affordable housing, including community engagement approaches. 488

Reduce the cost of accessing housing and the associated cost of living in the home

- » Engage utilities (BPU, WESTAR, Kansas Gas, Atmos) to learn what assistance is available, i identify gaps and programs, and collaborate to develop strategies and interventions to prevent shutoffs. () () ()
- » Build coordination and financial capacity for minor home repair.
- » Educational efforts to promote affordable and safe housing.
- » Research and create policy options that require displacement analysis for new development.

Lead Agency



Livable Neighborhoods liveableneighbor@wycokck.org 913-573-8737

Icons are placed next to strategies that are intended to have a direct or indirect impact on:





Exposure to adverse childhood experiences (ACEs)

Priority Issue: Violence Prevention

Overview

Violence is recognized as a significant public health problem. Violent behavior especially affects the health of children, adolescents, and young adults, and often leads to physical and mental impairment, disability, and premature death. Violence also adversely affects mental well-being. Persons exposed to violence also represent a vulnerable group at a significantly elevated risk of psychological distress and morbidity.

Several statistics, data regarding community perspectives, and qualitative data converged to suggest violence prevention is a priority health issue that has an impact on Wyandotte County residents.

- Exposure to violence was one of the top five problems identified by residents who took the issues survey (Wyandotte County Concerns Survey Report, 2017).
- Annually there are 6.2 violent crimes reported per 1,000 people, which is much higher than reports in the state with 3.6 crimes per 1,000 people (KBI Crime Index, 2015).

• High crime areas are concentrated in central, northeast, and south-central Kansas City, Kansas (Kansas City Police Department data, 2011-2016)



One approach to addressing violence is to use Crime Prevention Through Environmental Design (CPTED) strategies in the community.

In addition, qualitative data suggested that the severity of the issue of violence is profound, as illustrated by this quote from a focus group participant:

"It's the most major thing I've ever seen. I've seen little babies dead and moms screaming for blocks. It's the saddest thing ever. Its heart wrenching."

Quantitative and qualitative data also suggested that the issue of violence is deeply interconnected with all three other issues included in the CHIP.

Partners Engaged in Planning

Convener: Metropolitan Organization to Counter Sexual Assault (MOCSA)

Friends of Yates Kansas City Anti-Violence Project Kansas City, Kansas Public Schools Kansas City, Kansas Police Department Livable Neighborhoods Metropolitan Organization to Counter Sexual Assault NBC Community Development Corp. Unified Government Public Health Department University of Kansas Center for Community Health and Development University of Kansas Medical Center Young Women on the Move

Planning Process

For more than a decade, the Metropolitan Organization to Counter Sexual Assault (MOCSA) has worked in Wyandotte County to address the prevention of sexual assault through collaborative partnerships. In 2014, the Wyandotte County Sexual Assault Prevention Coalition (WyCo-SAP), a project of MOCSA, set its focus to primary prevention of sexual violence by addressing its systemic risk and protective factors.

Over the next few years, WyCo-SAP members embarked on a comprehensive needs assessment to better understand the context of sexual violence in Wyandotte County. Upon completion of the assessment, the group recognized that many of the risk and protective factors identified through the assessment connected to all kinds of violence, not just sexual violence.

In particular, the group decided to focus on the following factors that influence both overall violence and sexual violence:

- Neighborhood violence
- Community connectedness
- Community norms that promote violence.

At the same time WyCo-SAP was turning to development of a community plan to address violence prevention, the CHA was completed and the community identified violence prevention as a priority issue. Recognizing the strength of the needs assessment and planning work already initiated by MOCSA and the WyCo-SAP, the Steering Committee requested that MOCSA/ WyCo-SAP serve as the convening partner for the CHIP Violence Prevention group. Upon agreeing to lead the CHIP planning work, MOCSA/ WyCo-SAP expanded the membership of its planning group to reflect community assets identified during the CHIP. The table above includes the partners who participated in planning.

Violence Prevention Plan

Goals and Objectives

Partners convened by MOCSA revised the three original factors identified by WyCo-SAP, and determined that the following reflected the focus areas of the CHIP plan:

- Foster safer neighborhoods, free from violence
- Foster and promote community connectedness and resident supports
- Address cultural norms that support intervention or prevent violence



Priority Strategies

Community partners identified the following strategies to address these objectives.

Foster safer neighborhoods, free from violence

» Support evidence-based violence prevention components (e.g. CPTED) through existing community-level strategies to promote walkability and safety in neighborhoods, including through Safe Routes to School, Neighborhood Watch, and Walking Club (Walkers on Watch) programs. (2) (20)

» Concentrate strategies and resources on the KCKPD police districts with the highest levels of violent crime. Focus on evidence-based strategies that are linked to reductions in violent crime and related risk factors. (2) (2)

Foster and promote community connectedness and resident supports

» Develop and implement Violence Prevention Community Health Worker Program. 😰 🐲

 Develop and implement a youth-led community advisory board to engage youth in community development and prevention strategies.

» Coordinate hospital-based violence intervention/survivor advocacy programs. 😰 🐲 🔥

» Evaluate and improve communication and relations among residents and law enforcement agencies, other first responders, and the justice system. ⋘♠

Address cultural norms that support intervention of prevent violence

» Develop and implement a violence prevention campaign among UG agencies for UG employees. (**)



Focus Area 1: Foster safer neighborhoods, free from violence Strategy: Implement a Fatal Injury Review Board.

Focus Area 2: Foster and promote community connectedness and resident supports

Strategy: Coordinate and support community CPTED and violence prevention training for residents, UG staff and service contractors.



Metropolitan Organization to Counter Sexual Assault communityed@mocsa.org 816-931-4527

Moving from Planning to Doing

Turning CHIP Committees into Action Teams

Turning the strategies outlined in the CHIP from ideas into reality requires resources, continual planning, and formal structures designed to sustain collaborative work.

The participants in the CHIP are invested in ensuring the plan is successfully implemented and maintains its ownership within the community. To that end, a system has been designed and is being implemented that outlines the roles, responsibilities, and accountability mechanisms for those involved.

Implementation Structure

The core of the implementation work will remain with the teams that undertook the planning process, and the majority of participants are maintaining involvement. These Action Teams have the following characteristics:

Facilitated by dedicated staff at Lead Agencies.

The Public Health Department has worked to identify a lead agency for each Action Team that will spearhead and guide the work of the team. This agency has agreed to take on the responsibility of convening the teams, holding participants accountable for strategy level work, and reporting out information to the Public Health Department and CHIP Steering Committee. Lead agencies are dedicating staff time to this work and are committed to working with the UGPHD to fund these roles within their agencies.

The following have been identified as lead agencies:

- Jobs and Education Action Team Wyandotte Economic Development Council (WyEDC)
- Safe and Affordable Housing Action Team Livable Neighborhoods Task Force
- Violence Prevention Action Team Metropolitan Organization to Counter Sexual Assault (MOCSA)
- Health Access Action Team Vibrant Health

Supported by the work of AmeriCorps VISTAs.

An AmeriCorps VISTA (Volunteer in Services to America) will support each Action Team. The VISTA community volunteer program is aimed at eradicating poverty and advancing local solutions. These VISTAs will supply lead agencies and Action Teams with additional bandwidth and help ensure the day-to-day work of partnership building, volunteer recruitment, and strategy implementation.

Strategies are led by committed staff from multiple organizations.

The lead agencies are working with the Action Teams to identify and recruit community partners to lead individual strategies. Deciding on these leaders requires consideration of organizational capacity, previous work on the topic area, resources available, and dedication of the organization.

Strategy leaders and core teams identify concrete opportunities to intervene.

Leaders from each strategy will work with core teams to identify concrete opportunities to intervene. This includes forming new relationships, understanding the systems involved, and identifying leverage points. The result is an action plan that contains the why, what, who, when, and how for action.

The work is jointly resourced.

Time will be dedicated to identifying, pursuing, and obtaining funding to implement both the administrative work of leading the Action Teams and the strategic work of implementing strategies. Funding opportunities identified by Action Team participants will be tracked and reviewed by lead agencies in conjunction with the UGPHD to reduce duplication and facilitate joint funding applications whenever appropriate.

With a reporting system that creates mutual accountability for progress.

Action Teams will meet at least quarterly to review progress, assess roadblocks, troubleshoot problem areas, and determine next steps. Lead Agencies will report progress on all active strategies, and The Health Department will roll up the Action Team progress reports into a quarterly CHIP progress report to be uploaded to the Community Health Dashboard website and viewable by the public.

CHIP Implementation Process

1. Convene Action Teams at least quarterly; report progress quarterly (ongoing)

2. Complete the Community Health Dashboard (progress and outcomes website)

3. Present the CHIP to the UG Board of Commissioners for adoption

4. Present CHIP to additional organizational boards for adoption

5. Sign formal agreements between Lead Agencies and Health Department

6. Raise resources for dedicated staff support at Lead Agencies

7. Identify and recruit project leaders and core teams to accomplish each strategy

8. Further assess and clarify specific opportunities (projects) to intervene

9. Leverage additional resources for strategy/project implementation

10. Review and revise the CHIP annually

To learn more about how to get involved or make a contribution:

Contact the Unified Government Public Health Department: wypublichealth@wycokck.org 913-573-8855

To stay updated on CHIP progress, visit the Community Health Dashboard: https://dashboards.mysidewalk.com/wyco-chip-dashboard

Sources Cited

Collie-Akers, V., Bravo, J., Landry, S. (2017). Wyandotte County Concerns Survey Report. Frieden, T (2010). A framework for public health action: The Health Impact Pyramid. American Journal of Public Health, 100 (4), 590-595.

Kansas Bureau of Investigation. (2011-2015). Crime Statistics [Data files]. Available from: http://www.kansas.gov/kbi/stats/stats_crime.shtml

Kansas City Police Department. (2011-2016). Crime [Dataset]. Kansas City, Kansas. Available on request.

Kansas Department of Health and Environment. (2010-2014). KDHE Pb Data WYCO 2010-2014 [Data file]. Available by request.

Kansas Department of Health and Environment. (2014-2015). KSOH Screening Reports – Public [Data]. Available from: https://khap2.kdhe.state.ks.us/public/ksoh//ksoh_report_public.aspx

Kansas Department of Health and Environment. (2015). Kansas Behavioral Risk Factor Surveillance System – Local Data [Data map]. Available from: http://www.kdheks.gov/brfss

Kansas Partnership for Improving Community Health. (2017). Kansas Health Matters [Data]. Available from: http://www.kansashealthmatters.org

U.S. Census Bureau. (2011-2014). Small Area Health Insurance Estimates (SAHIE) [Data map]. https://www.census.gov/did/www/sahie/data/interactive/sahie.html

U.S. Census Bureau. (2011-2015). Table DP04: Selected Housing Characteristics: American Community Survey 5-Year Estimates [Data]. Available from: https://factfinder.census.gov

U.S. Census Bureau. (2011-2015). Table S1501: Educational Attainment: American Community Survey 5-Year Estimates [Data]. Available from: https://factfinder.census.gov

U.S. Census Bureau. (2011-2015). Table S2301: Employment Status: American Community Survey 5-Year Estimates [Data]. Available from: https://factfinder.census.gov

United States Department of Commerce: Bureau of Economic Analysis. (2013-2015). Personal Income, Population, Per Capita Personal Income (CA1) [Data table]. Available from: https://www.bea.gov/itable/index.cfm

United States Department of Labor. (2017) Unemployment Rates. [Data map]. https://data.bls.gov/map/