

WYANDOTTE COUNTY COMMUNITY HEALTH ASSESSMENT 2022 FULL REPORT



*Conducted by the Unified Government of Wyandotte County / Kansas City, KS
Public Health Department. Published on April 27, 2023*

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Letter from the Director

Dear Wyandotte County community members,

The world of public health is vast. From education and employment opportunities to the color of our skin and the language we speak – most things in our lives and communities impact our health. This knowledge is empowering because it means we can change our communities to improve our health. But it can also feel overwhelming and leaves us wondering how to prioritize the many health issues experienced in Wyandotte County.

The public health system in Wyandotte County – including the health department, but well beyond – is not equipped to meet every public health challenge that faces our community. We know we cannot do everything our community deserves, but together we can do a lot, and we should do so using the best information available to us to inform our work and decide where we put our resources.

Our newest Community Health Assessment (CHA) provides one way forward. By comprehensively collecting our own data, using statistics from state and national public health agencies, and hearing directly from you about your health concerns, we can create an accurate picture of the health status, needs, and priorities of those who live in our community. A CHA that has a sound scientific methodology and includes the voices of those most marginalized is a CHA that can guide us in our collective work.

Our hope is that this document will be put to good use. We hope you will use the information to inform your agency's internal work, the collaborative work you do with partners, the grants you submit, and your overall approach to public health in Wyandotte County. The Unified Government Public Health Department (UGPHD) team believes strongly in the power of the collective public health system that exists in our community. It is through our joint efforts that our CHA will become a CHIP (Community Health Improvement Plan), and our CHIP will bring change.

Thank you – for providing us with information and data, for working on these complex challenges alongside us, and for helping us take this new CHA and use it to move health forward for Wyandotte residents.

Sincerely,



Ambur Banner, MBA, MSW, LSW
Acting Health Department Director

INTRODUCTION

CHA: Understanding the Data

The Community Health Assessment (CHA) is a comprehensive tool that helps us understand the health status of a community. Completing a CHA uncovers potential challenges and community assets that impact the health and quality of life of people in our county. The CHA also serves as a guide for the UG Public Health Department (UGPHD) and other government and community organizations to inform resource allocation, programming, and policies grounded in local data.

The CHA collects information from a variety of primary and secondary data sources. Primary data are collected firsthand from community members through surveys, focus groups and community forums. Secondary data are collected from publicly available data sources such as the Census American Community Survey and the CDC's Behavioral Risk Factor Surveillance System, among others.

Top Health Concerns Identified in the 2022 CHA

In the first two questions of the Community Concerns Survey, respondents were asked to choose from a list of potential answers

1. The three areas they believe are the biggest health concerns in Wyandotte County
2. The three biggest barriers to health for Wyandotte County residents.

The following report will include a deeper dive into the themes that occurred in the Community Health Assessment data collection process most frequently. The topics below were most frequently cited as the greatest health concerns or barriers to health by community members:

- Community violence
- Health care access
- Employment and income
- Affordable housing or homelessness
- Drug misuse
- Mental health and suicide
- Chronic disease
- Poor nutrition or obesity

The health department has harnessed the expertise of its staff to create reports on these health topics, including a description of the topic, its connection to public health, relevant statistics, and evidence-based strategies for how to combat the issue.

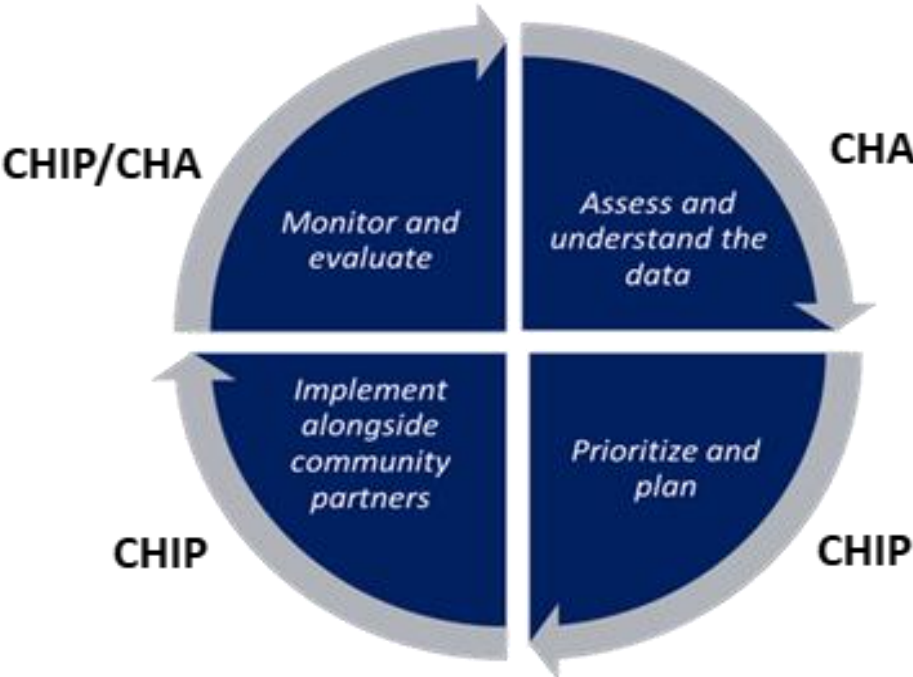
CHIP: Addressing Community Health Priorities

Data and feedback collected from the CHA informs the development of the Community Health Improvement Plan (CHIP). The 5-year CHIP establishes shared community goals and strategies—and is used by the community, including government agencies and local organizations, to align resources, increase coordination, and collaboratively implement policies and programs that improve health outcomes.

Robust public health practice requires local health departments to conduct a CHA and a CHIP every five years. The Figure below illustrates the CHA-CHIP cycle. These practices are included in the standards for health departments from the Public Health Accreditation Board (PHAB). In 2020, the UGPHD [achieved national accreditation](#) from the PHAB as a testament to the health department’s commitment to improving the health of the people that live in Wyandotte County.

The 2018 – 2023 Wyandotte County CHIP identified poverty, racism, and trauma as key “lenses” through which we have implemented our work. These are complex societal issues that impact Wyandotte in difficult ways, and which require true collective action to be changed. They remain a strong focus for and will necessarily be embedded throughout the 2024 – 2028 CHIP.

Figure: CHA-CHIP Cycle



Important Definitions

Social determinants of health: the nonmedical factors and conditions in the environments where people are born, live, learn, work, play and worship that affect a wide range of health, functioning, and quality-of-life outcomes and risks. They can be grouped into five domains—economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context ([Healthy People 2030, U.S. Department of Health and Human Services](#)).

Health equity: the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities ([Healthy People 2030, U.S. Department of Health and Human Services](#)).

Health disparities: a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group, religion, socioeconomic status, gender, age, mental health, cognitive, sensory, or physical disability, sexual orientation or gender identity, geographic location, or other characteristics historically linked to discrimination or exclusion ([Healthy People 2030, U.S. Department of Health and Human Services](#)).

Racism: a system of structuring opportunities and assigning value based on the social interpretation of how one looks (which is what we call “race”) that unfairly disadvantages some individuals and communities, unfairly benefits other individuals and communities, and saps the strength of the whole society through the waste of human resources ([American Public Health Association](#)).

Rates: often used in public health to describe how common a certain disease, event, or condition is in a population. A rate is calculated by looking at the number of events divided by the total population. Rates allow for fairer comparison between different groups or locations that may have different population totals. For example, a rate of 500 per 100,000 means that for every 100,000 people in that population, 500 of them would be affected by that condition.

Evidence-based strategies or interventions: practices, policies, or programs that have been proven to work through research and evaluation. Many of these strategies have also been peer reviewed and demonstrated to work across multiple settings.

INTERPRETING THE DATA

Racism is a Public Health Crisis

Racism is a public health crisis that must be addressed if we hope to better the health and prosperity of all community members. But what does it mean to acknowledge that racism is a public health crisis? We look to definitions to support our understanding of what this means:

- **Racism** occurs when social and institutional power is combined with race prejudice. It is a system of advantage for those who are considered white, and of oppression for those who are not considered white (Racial Equity Institute, 2018)
- **Public Health** is the practice of preventing disease, prolonging life, and promoting health through the organized efforts and informed choices of society, organizations, public and private communities, and individuals ([CDC](#))
- **Crises** are unstable or crucial situations that require decision making and action to be mitigated.

By referring to these definitions, one can see how the health department has an obligation to mitigate the harms of racism. We must actively dismantle racist systems that have led to disproportionately poorer health outcomes for Black residents of Wyandotte County who die at higher rates than white residents of:

- Chronic conditions (heart disease, cancer, stroke, diabetes)
- Infectious diseases (COVID, influenza, etc.)
- Unintentional injuries and violence
- Infant and maternal health complications

These poorer health outcomes and higher loss of life are due to the creation of systems during urban development that were purposely beneficial to white people and disparaging towards Black people. Those systems included redlining (the designation of areas inhabited by people of color as hazardous) and other intentionally racist housing policies that kept Black adults from owning or renting homes in white neighborhoods, where economic development and community resources were primarily concentrated.

The impacts of this racial segregation on home ownership, poverty, and wealth distribution are still present today when comparing neighborhoods in eastern Wyandotte County (redlined) with neighborhoods developed by J.C. Nichols, such as Prairie Village (not redlined). Home ownership is the most common way individuals and families accumulate new wealth in the United States because of the ability to build equity and pass it down through generations (Schuetz, 2020).

Throughout the 20th century, Black families experienced:

- Decreased access to mortgages & home renovation loans.
- Relegation to undesirable neighborhoods, leading to lower property values, and
- Reduced investment in housing stock, education, the built environment, and economic activity.

The systems built since then have continued to marginalize Black and other residents of color for the sake of favoring white health and well-being. As a result, today in Wyandotte County, Black adults are more than twice as likely to be living in poverty or near poverty compared to white adults, and health and socio-economic data continue to tell the story of disparity and inequity:

- The infant mortality rate for Black infants is 2.4 times higher than whites
- Food insecurity impacts 25% of Black residents while only affecting 10% of white residents
- Unequal health insurance coverage due to a health care system that is largely employer based and the resistance to expand Medicaid at the state level
 - 15.7% of Black residents are uninsured and 36% of Hispanic residents, compared to 6.4% of white residents
- Lower income and slower income growth for Black community members than white community members
 - White residents of Wyandotte County have a median household income of \$64,037 and Black residents have a median household income of \$42,584.
- Educational attainment and opportunities that are far greater for white community members than our community members of color due to segregation due to redlining and perpetuated by inequities in school punishment due to race, underdiagnosis and treatment of learning disabilities. In Wyandotte County,
 - 23.4% of non-Hispanic white residents 25+ have a bachelor's degree
 - 16.3% of non-Hispanic Black residents 25+ have a bachelor's degree
 - 8.6% of Hispanic or Latino residents 25+ have a bachelor's degree

The effects of systemic racism are cumulative, and its presence in education, employment, housing, healthcare, and the insurance industry have compounded to lead to worse health outcomes for communities of color. You will find *Spotlights on Racism* throughout this report that serve as explanations for how racism and the perpetuation of discriminatory systems have contributed to disproportionately poorer health outcomes for Wyandotte Community members who are Black, Hispanic, or otherwise marginalized. By recognizing racial disparities the public health system can attempt to achieve health equity for the community members of Wyandotte County.

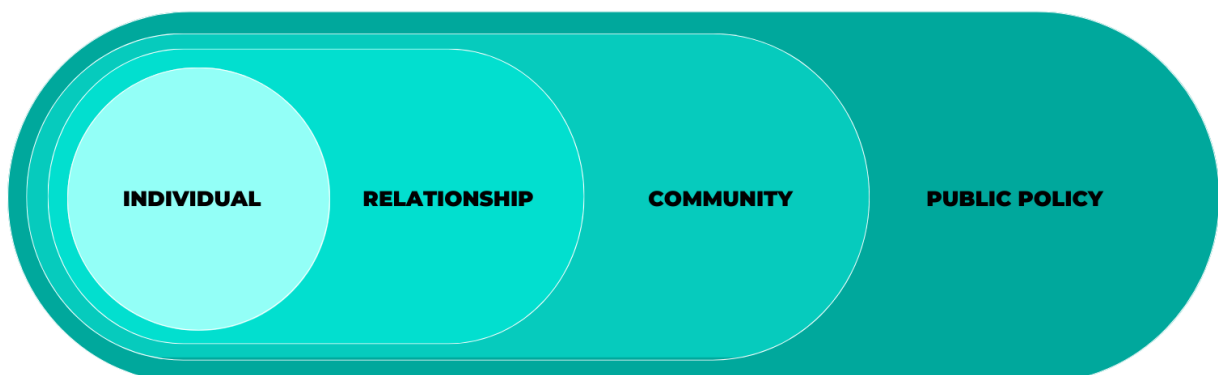
The Social-Ecological Model

Many of the health problems and challenges discussed in this assessment are complex, with multiple factors and systems contributing to them. These types of problems require action not just among individuals, but also the community as a whole. Throughout this assessment, possible solutions for these public health issues are offered in the form of evidence-based strategies. Evidence-based strategies or interventions are practices, policies, or programs that have been proven to work through research and evaluation. Many of these strategies have also been peer reviewed and demonstrated to work across multiple settings. By providing these evidence-based strategies, readers have a starting point when planning for action steps to address these complex community health problems.

This report utilizes a social ecological framework to identify which level of peoples' lives an intervention will impact. The social ecological model recognizes that there are many factors that shape a person's health; therefore efforts to improve health must reach people on multiple levels. The model includes four different layers of intervention—individual, relationship, community, and public policy/societal.

- The individual level works to influence a person's health through their personal knowledge, attitudes, beliefs, and behaviors.
- The relationship level works to influence a person's health through their close social circles and using their relationships to encourage change.
- The community level works to influence a person's health through changing norms, behaviors, and attitudes within their communities, such as schools, workplaces, churches, and neighborhoods.
- The public policy/societal level works to influence a person's health through changes at the larger, societal level. This may include local, state, and federal policies and laws.

The Social-Ecological Model



For example, increasing healthy eating in a community could include interventions at each of these levels. At the individual level, a health department could offer educational classes on healthy cooking. At the relationship level, a program to partner high-risk families with a dietician. At the community level, school districts could change the foods and snacks offered to students. And at the public policy level, one could look at policies that make healthy food more affordable such as healthy food vouchers or SNAP food benefits.

Within each topic section in this report, evidence-based strategies to improve the topic area are offered. Each evidence-based strategy also identifies which of the levels within the social-ecological model it targets. Some of these interventions may even target more than one level. To best address the complex community problems discussed in this report, it is recommended that strategies that target multiple levels within the social-ecological model are adopted. Layering these strategies and levels will have the largest impact within the community.

WYANDOTTE COUNTY DATA

Demographics of Wyandotte County

Wyandotte County is a diverse county and home to approximately 167,000 community members. The tables and maps below detail demographic information about the County, such as age, race, ethnicity, income, education, language, health insurance status, and more.

Age Demographics

Category	Total Estimate	Male Estimate	Male Percent	Female Estimate	Female Percent
Total Population	167,046	84,909	50.8%	82,137	49.2%
Under 5 years old	12,575	6,553	7.5%	6,022	7.3%
5 to 9 years	12,133	7,295	7.3%	4,838	5.9%
10 to 14 years	13,887	7,457	8.3%	6,430	7.8%
15 to 24 years	22,650	11,522	13.6%	11,128	13.5%
25 to 34 years	22,894	11,321	13.7%	11,573	14.1%
35 to 44 years	22,782	11,803	13.6%	10,979	13.3%
45 to 54 years	18,496	9,537	11.1%	8,959	10.9%
55 to 64 years	19,684	9,667	11.8%	10,017	12.2%
65 to 74 years	13,917	6,696	8.3%	7,221	8.8%
75 to 84 years	6,284	2,430	3.7%	3,854	4.7%
85 years and over	1,744	628	1.0%	1,116	1.4%

Source: 2021 American Community Survey 1-Year Estimates

Race Demographics

Category	Population	Percent
Total population	169,245	100%
White	73,721	43.6%
Black or African American	34,589	20.4%
American Indian and Alaska Native	1,917	1.1%
Asian	7,705	4.6%
Some Other Race	25,643	15.2%
Two or more races	24,236	14.3%

Source: 2020 Decennial Census

Ethnicity Demographics

Category	Estimate	Percent
Total population	167,046	100%
Hispanic or Latino	51,370	30.8%
Not Hispanic or Latino, white alone	65,074	39.0%
Not Hispanic or Latino, Black alone	31,638	18.9%
Not Hispanic or Latino, American Indian alone	486	0.3%
Not Hispanic or Latino, Asian alone	8,911	5.3%
Not Hispanic or Latino, Some other race, alone	393	0.2%
Not Hispanic or Latino, Two or more races alone	9,174	5.5%

Source: 2021 American Community Survey 1-Year Estimates

Zip Code Demographics

Zip Code	Total Population
66012	10,321
66101	12,410
66102	30,874
66103	13,471
66104	26,683
66105	2,283
66106	23,817
66109	27,507
66111	10,600
66112	12,868

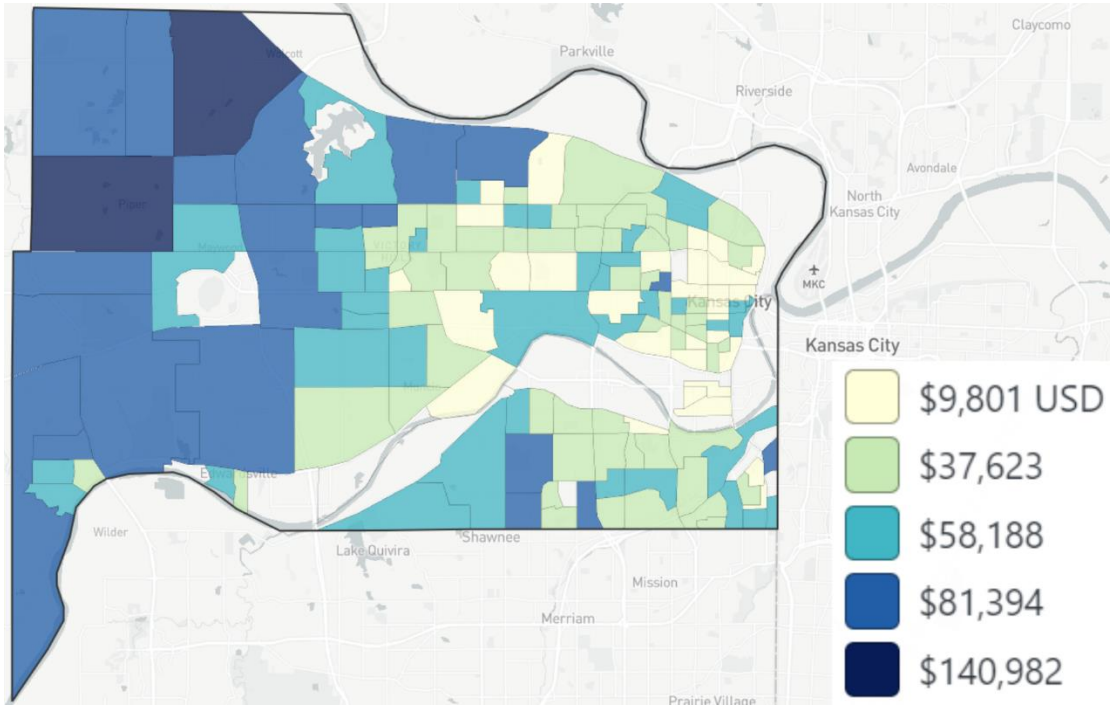
Source: 2021 American Community Survey 5-Year Estimates

Median Household Income

All Wyandotte County Households	\$55,605
By Race/Ethnicity of Householder	Median Household Income (dollars)
White, alone	\$64,037
Black or African American, alone	\$42,584
American Indian and Alaska Native, alone	\$73,750
Asian, alone	\$82,286
Some other race	\$52,050
Two or more races	\$59,108
Hispanic or Latino	\$53,124
By Age of Householder	Median Household Income (dollars)
15 to 24 years	\$25,328
25 to 44 years	\$65,969
45 to 64 years	\$61,735
65 years and over	\$41,467

Source: 2021 American Community Survey 1-Year Estimates

Median Household Income by Census Block



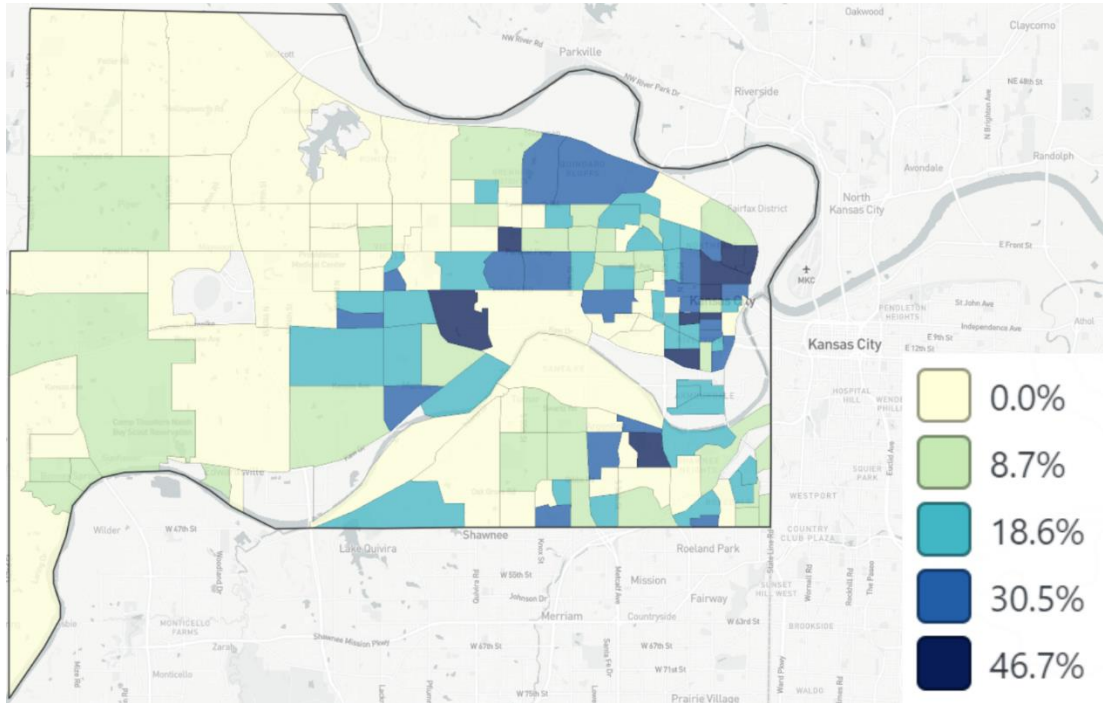
Source: 2021 American Community Survey 5-Year Estimates

Poverty Status

Category	Number below poverty level	Percent below poverty level
Population for whom poverty status is determined	26,224	15.9%
By Age		
Under 18 years	9,405	20.7%
18 to 64 years	14,132	14.4%
65 years and over	2,687	12.5%
By Sex		
Male	11,392	13.6%
Female	14,832	18.2%
By Race/Ethnicity		
White	10,560	14.9%
Black or African American	7,161	22.7%
Some other race	4,190	16.3%
Two or more races	3,447	13.4%
Hispanic or Latino	7,748	15.1%

Source: 2021 American Community Survey 1-Year Estimates

Percent of People Below Poverty Level by Census Tract



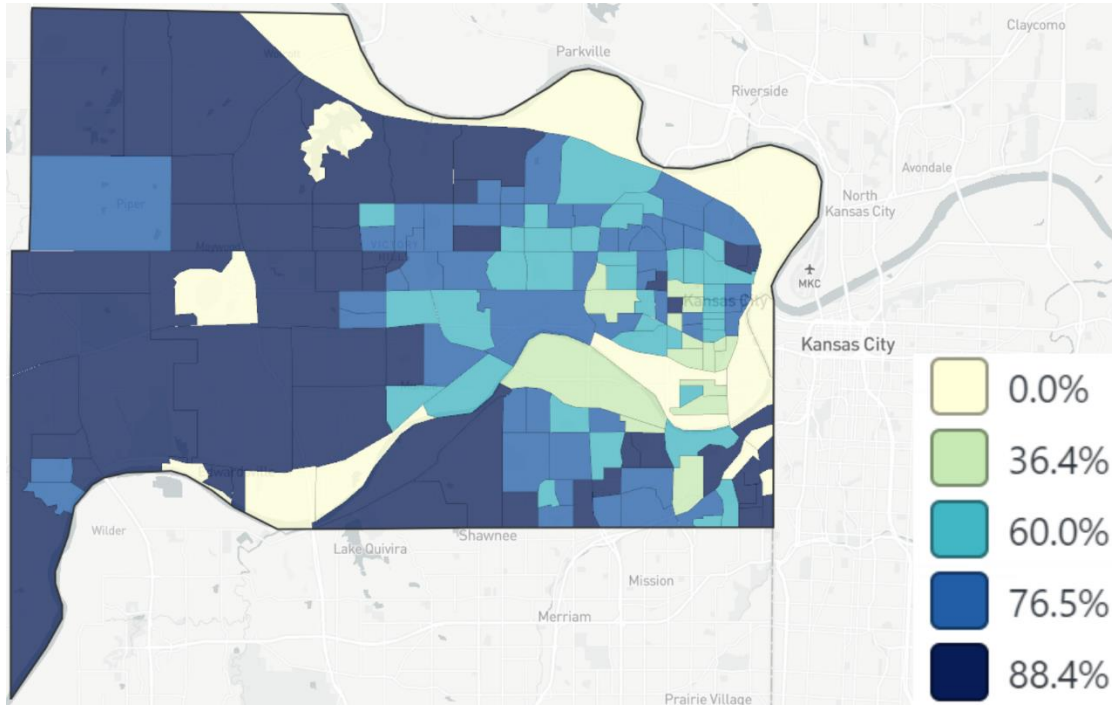
Source: 2021 American Community Survey 5-Year Estimates

Educational Attainment

Category	Total	Total Percent	Male Percent	Female Percent
Population 25 years of age and older	105,801	100%	49%	51%
Less than 9th grade	10,664	10.1%	10.7%	9.4%
9th to 12th grade, no diploma	8,747	8.3%	8.6%	7.9%
High school graduate	34,474	32.6%	35.1%	30.1%
Some college, no degree	22,402	21.2%	31.4%	21.0%
Associate degree	6,942	6.6%	5.5%	7.6%
Bachelor's degree	14,739	13.9%	11.5%	16.3%
Graduate or professional degree	7,833	7.4%	7.1%	7.7%

Source: 2021 American Community Survey 1-Year Estimates

Percent High School Educated by Census Tract



Source: 2021 American Community Survey 5-Year Estimates

Educational Attainment by Race/Ethnicity

Category	Percent high school graduate or higher	Percent bachelor's degree or higher
White alone	92.4%	30.6%
Black alone	89.8%	18.6%
Asian alone	66.0%	18.2%
Some other race	52.1%	6.9%
Two or more races	76.1%	12.5%
Hispanic or Latino	56.4%	7.7%

Source: 2021 American Community Survey 1-Year Estimates

Language Spoken at Home

Population 5 years or older Language spoken	Estimate	Percent	% that speak English only or speak English "very well"	% that speak English less than "very well"
Only English	107,852	69.8%		
Spanish	38,839	25.1%	56.7%	43.3%
Other Indo-European languages	765	0.5%	37.5%	62.5%
Asian/Pacific Island	5,660	3.7%	57.5%	42.5%
Other languages	1,355	0.9%	85.2%	14.8%

Source: 2021 American Community Survey 1-Year Estimates

Disability Status

Total civilian, noninstitutionalized population	Estimated number of people with a disability	Percent of population with a disability
By race/ethnicity		
White alone	11,015	17.1%
Black alone	5,607	17.7%
Some other race	2,538	9.8%
Two or more races	2,775	10.8%
Hispanic or Latino	4,280	8.3%
By age		
Under 5 years	294	2.3%
5 to 17 years	1,805	5.4%
18 to 34 years	2,455	6.5%
35 to 64 years	9,894	16.3%
65 to 74 years	4,430	32.2%
75 years and older	4,440	56.9%

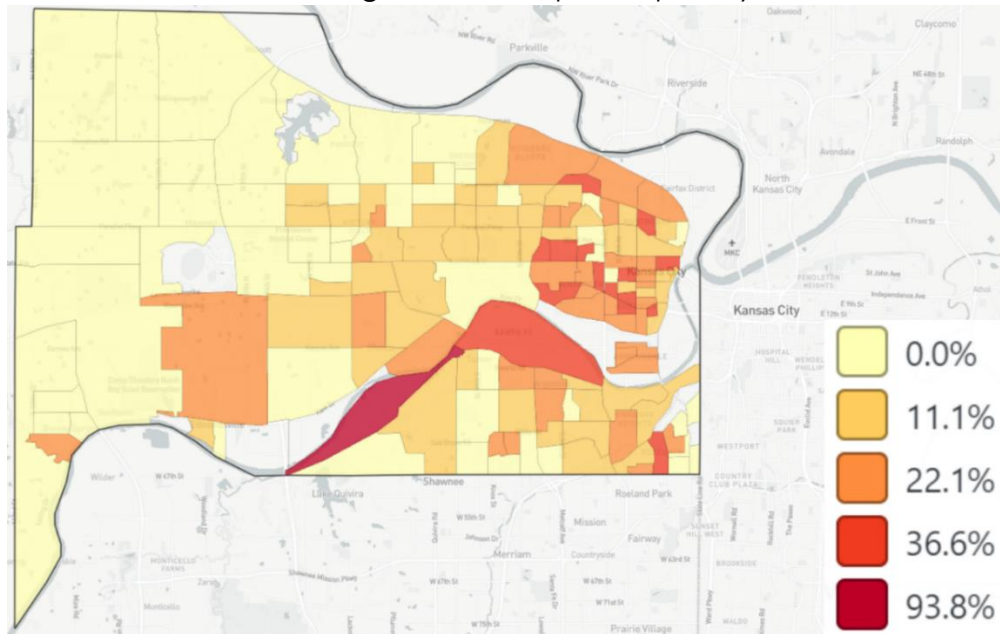
Source: 2021 American Community Survey 1-Year Estimates

Insurance Status

	Estimated uninsured	Percent uninsured
Total civilian, noninstitutionalized population	30,852	18.6%
By race/ethnicity		
White alone	4,142	6.4%
Black alone	4,957	15.7%
Some other race	10,254	39.8%
Two or more races	6,890	26.8%
Hispanic or Latino	18,600	36.2%
By age		
Under 6 years	748	4.9%
6 to 18 years	2,511	7.7%
19 to 25 years	5,429	34.5%
26 to 34 years	6,439	31.9%
35 to 44 years	6,939	30.6%
45 to 54 years	4,992	27.1%
55 to 64 years	3,092	15.8%
65 to 74 years	667	4.8%
75 years and older	35	0.4%

Source: 2021 American Community Survey 1-Year Estimates

Health Insurance Coverage-Uninsured per Capita by Census Tract



Source: 2021 American Community Survey 5-Year Estimates

Overview of Wyandotte County Health Status

Every year, The Robert Wood Johnson Foundation compares the health status of each county by looking at health outcomes and factors of every county in the United States. The County Health Rankings & Roadmaps program provides data, evidence, and guidance to build awareness of the multiple factors that influence health and support leaders in developing community power to improve health equity.

Based on the County Health Rankings data, Wyandotte County’s health is poor and ranks 102 out of 105 for overall health outcomes and last in the state for health factors.

Health Outcomes

Health outcomes represent the health of people in a county in regard to length and quality of life. The table below shows how outcomes are measured in County Health Rankings and compares Wyandotte County to Kansas and the United States overall.

County Health Ranking Metric	Wyandotte County	Kansas	United States
Premature death (Years of potential life lost before age 75 per 100,000)	10,600	7,500	7,300
Poor or fair health (percent of adults reporting fair/poor health)	25%	17%	17%
Poor physical health days (average number of physically unhealthy days reported in last 30 days)	4.3	3.6	3.9
Poor mental health days (average number of mentally unhealthy days reported in last 30 days)	4.4	4.5	4.5
Low birthweight (percent of live births with low birth weight)	9%	7%	8%
Child mortality (number of deaths under age 18 per 100,000)	80	50	50
Infant mortality (number of infant deaths (within 1 year) per 1,000 live births)	8	6	6

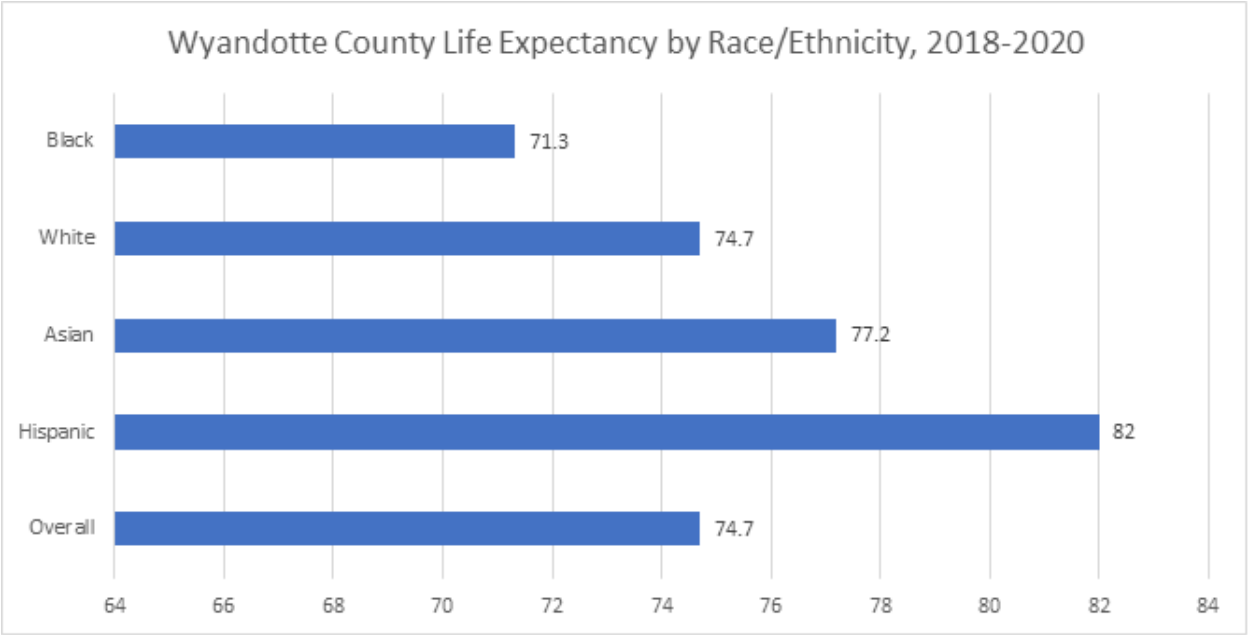
Health Factors

According to County Health Rankings, health factors are “things we can modify to improve the length and quality of life for residents.” Health factors include items such as exercise, substance use, and family planning. Wyandotte County ranked last in Kansas for health factors that would promote healthy communities. The table below summarizes some of the metrics used to determine this ranking.

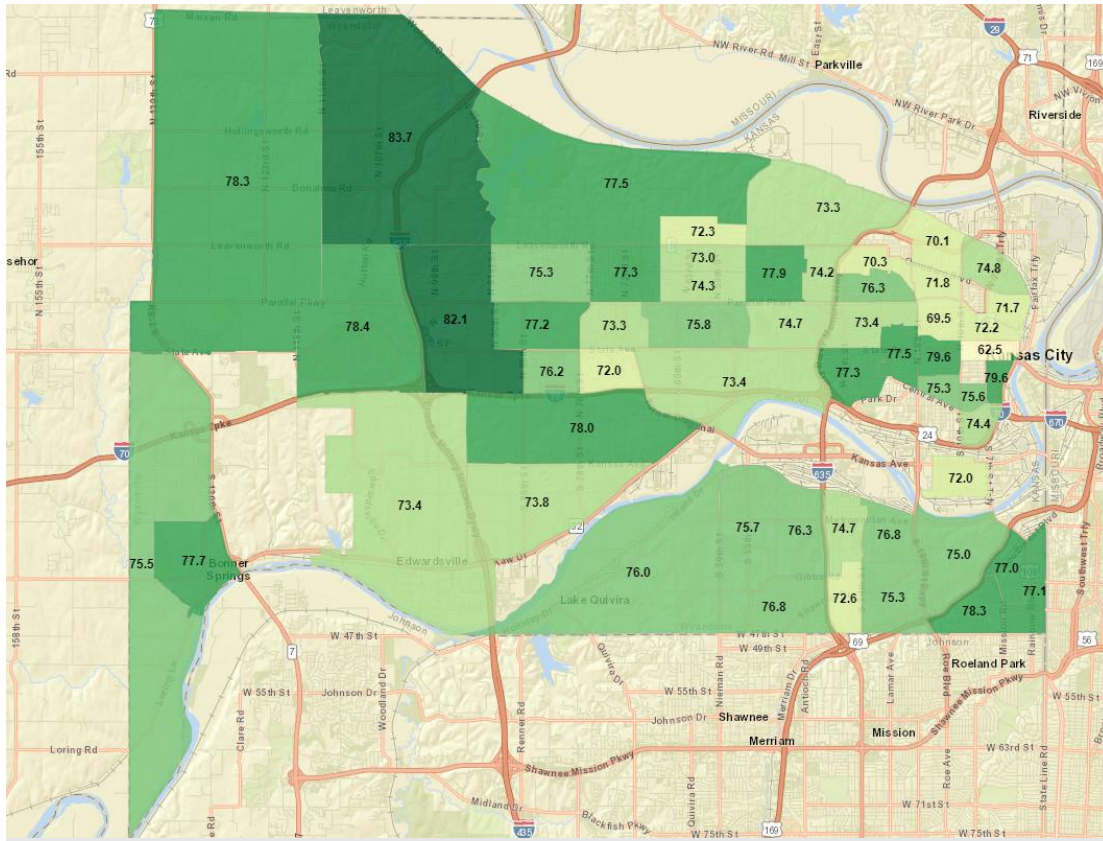
County Health Ranking Metric	Wyandotte County	Kansas	United States
Adult smoking (percentage of adults who currently smoke)	20%	17%	16%
Adult obesity (percentage of adults that report a BMI greater than 30 kg/m2)	40%	36%	32%
Physical inactivity (percentage of adults reporting no leisure-time physical activity)	39%	27%	26%
Teen births (number of births per 1,000 female population ages 15-19)	44	22	19
Food insecurity (percentage of population who lack adequate access to foods)	14%	12%	11%

Life Expectancy

Another measure of the overall health status of a county is the life expectancy at birth. This value represents the number of years a person is expected to live at their time of birth based on the census tract in which they were born. The number is influenced by a variety of factors, including infant and child mortality, chronic diseases, socioeconomic status, access to healthcare, and the built environment. In Wyandotte County, the overall life expectancy is 74.7 years. This is lower than in Kansas and the United States at 77.8 and 78.5 years, respectively. Large disparities in life expectancy exist between racial and ethnic groups in Wyandotte County — Hispanics have the highest life expectancy at 82.0 years, while Blacks have the lowest at 71.3.



In addition, there are large gaps in life expectancy geographically in Wyandotte County. The highest life expectancy in Wyandotte County is found in the 66109 zip code at 83.7 years while the lowest is found in the 66101 zip code at 62.5 years—a difference of 21.2 years.



Source: ArcGIS Wyandotte County

Causes of Death

The leading causes of death in Wyandotte County are largely chronic diseases, which are influenced by a variety of behavioral, environmental, and socioeconomic factors. As with life expectancy, large disparities between racial and ethnic groups are apparent.

Leading Causes of Death in Wyandotte County, 2020

Rank	Cause of Death	Rate per 100,000
1	Heart disease	199.1
2	Cancer	186.4
3	COVID-19	128.3
4	All other accidents	55.1
5	Chronic lower respiratory diseases	44.8
6	Stroke	38.1
7	Homicide	33.9
8	Alzheimer's Disease	25.4
9	Diabetes	25.4
10	Pneumonia and influenza	19.4

Source: Kansas Information for Communities

Leading Causes of Death in Wyandotte County by Race/Ethnicity, 2020

Rank	Overall	White non-Hispanic	Black non-Hispanic	Hispanic
1	Heart disease	Heart disease	Heart disease	COVID-19
2	Cancer	Cancer	Cancer	Cancer
3	COVID-19	COVID-19	COVID-19	Heart disease
4	All other accidents	Chronic lower respiratory diseases	Homicide	Homicide
5	Chronic lower respiratory diseases	All other accidents	Stroke	All other accidents

Data source: Kansas Information for Communities

Leading Causes of Death in Wyandotte County by Age Group, 2018-2020

Rank	Under 15 years	15-24 years	25-44 years	45 –64 years	65+ years
1	Conditions of perinatal period	Homicide	Homicide	Cancer	Heart disease
2	All other accidents	All other accidents	All other accidents	Heart disease	Cancer
3	Birth defects	Suicide	Motor vehicle accidents	Chronic lower respiratory disease	Chronic lower respiratory disease
4	Suicide	Motor vehicle accidents	Suicide	COVID-19	Stroke
5	Homicide	Cancer	Cancer	All other accidents	COVID-19

Data source: Kansas Information for Communities

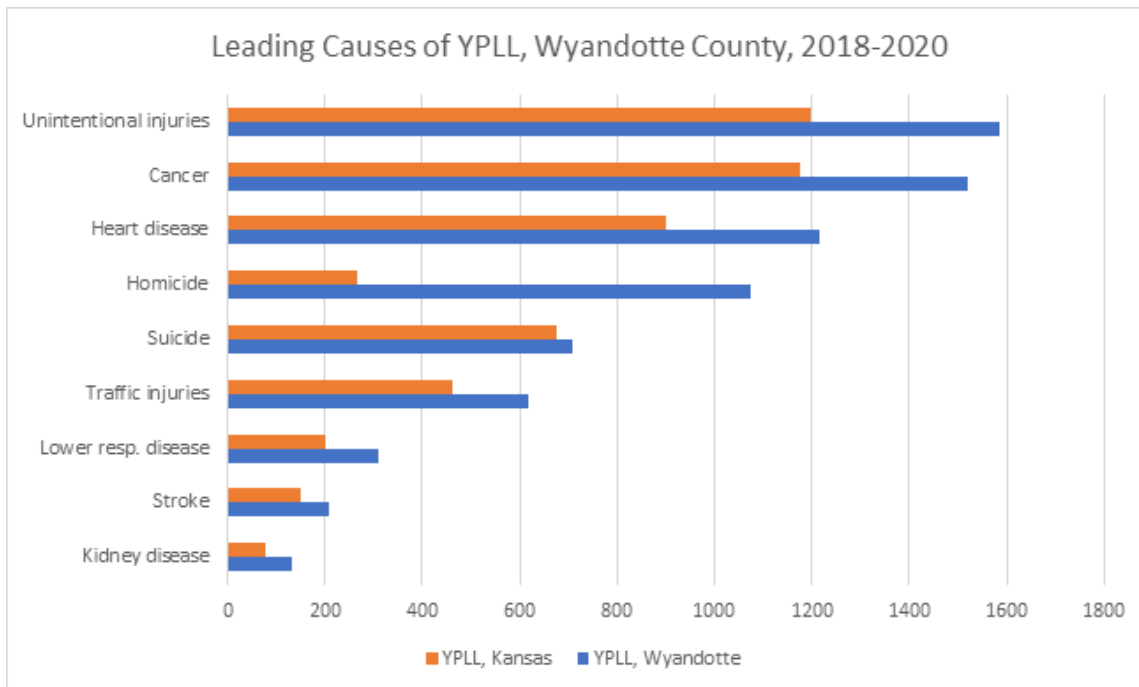
Years of Potential Life Lost (Early Death)

Finally, an important way to measure the overall health status and quality of life of a community is to look at how many people die earlier than they theoretically should. The most common way to measure premature death in a community is by determining the Years of Potential Life Lost (YPLL). YPLL shows the number of years a person would have lived if they had not died prematurely. This number is calculated by taking the number of years someone was expected to live (in this calculation 75 years) and subtracting the age they were when they died. This number is then added for every premature death in a community and displayed as a rate per 100,000 people. Often deaths that occur at a very young age—such as homicides, suicides, accidents, and drug overdoses—lead to a higher number of YPLL in a community. The leading causes of YPLL in Wyandotte County show the impact specific conditions and diseases have on the county. Though not perfect, YPLL is the best method to measure what has been lost due to early death: years of productivity, family support, and life experiences.



Leading Causes of YPLL, Wyandotte County, 2018-2020

Cause of YPLL	Age-Adjusted YPLL, Wyandotte County	Age-Adjusted YPLL, Kansas
Unintentional injuries	1,584.0	1,198.7
Cancer	1,521.7	1,176.7
Heart disease	1,214.9	899.4
Homicide	1,074.0	264.9
Suicide	708.8	673.8
Traffic injuries	617.8	460.5
Chronic lower respiratory disease	308.6	199.2
Diabetes	220.4	201.3
Stroke	207.7	149.9
Kidney disease	130.9	79.2



CHA METHODOLOGY

The Community Concerns Survey

The Community Concerns Survey was developed by the UGPHD CHA team in consultation with the Health Equity Taskforce. Survey questions were informed by CHA questions validated across other jurisdictions across the Kansas City Metropolitan Area. The survey asked respondents to report perceived top health concerns and barriers to health, experiences accessing health care, personal behaviors, the built environment, and their demographics. The survey was sent out by ETC Institute and open for response from mid-July 2022 through September 2022. The options for response were to either fill out the paper survey and return it to ETC Institute via mail or use the provided link to fill out the survey online. There was an option to take the survey in Spanish online or on paper, and a phone number was provided for interpretation into any other languages. The survey was sent to approximately 7,000 households across all residential zip codes. In smaller zip codes, more surveys were sent out in order to secure an appropriate sample to allow for cross-zip code comparisons. In total, 1,150 completed surveys were collected.

Community Forums

The community forums were conducted in various locations intended to be highly accessible for a large number of people across the county. The locations were as follows:

- USD 500 Central Office
- Piper Creek Elementary School
- South Branch Library
- Bonner Springs Community Center
- Quindaro Community Center
- Virtual online format

Over 50 community members attended the community forums across various locations. Each forum was approximately 90 minutes, and the same facilitation guide was used every time. The forums were facilitated by two health department staff members. The forum questions were a mix of multiple choice and open-ended questions designed to stimulate conversation over a broad range of health issues. The facilitator guide is included in Appendix B.

Focus Groups

The health department hosted 14 focus groups ranging from 1 to 10 people to understand community health concerns on a deeper level, by creating safe spaces where the anecdotes and nuanced lived experiences of specific groups of community members could be shared. To ensure that those who have some of the quietest voices in the community were heard, the health department worked closely with community partner organizations to recruit participants and to

host focus groups in places where community members were already meeting. The community partners included:

- COPE
- Frank Williams
- Our Spot KC
- Shepherd's Center
- Juntos

To compensate the participants for their time and knowledge, they were provided \$50 Visa gift cards. The question guides for the focus groups were administered by health department employees who could certify the receipt of trauma informed care training. Each focus group was approximately 60 minutes. The groups were convened in common community locations such as the Health Department, partner offices, or the library. Our partner organizations were offered the opportunity to facilitate their clients' focus groups if that made them more comfortable.

Local Public Health System Assessment

The health department contracted with Wichita State University (WSU) to assist in planning and facilitating the Local Public Health System Assessment (LPHSA). The health department convened the LPHSA in Memorial Hall over two half days, with lunch and breakfast provided (one meal on each day). The 141 people who were invited represented 75 organizations and Unified Government departments serving Wyandotte County community members. WSU asked questions and prompted conversation to understand how well the local public health system completed the following activities:

- Assess and monitor population health
- Investigate, diagnose, and address health hazards and root causes
- Communicate effectively to inform and educate
- Strengthen, support, and mobilize communities and partnerships
- Create, champion, and implement policies, plans, and laws
- Utilize legal and regulatory actions
- Enable equitable access
- Build a diverse and skilled workforce
- Improve and innovate through evaluation, research, and Quality Improvement
- Build and maintain a strong organizational infrastructure for public health

TOP HEALTH ISSUES IDENTIFIED IN THE CHA

Violence in Wyandotte County

Key Takeaways

- Violence was the number one health concern according to the Community Concerns Survey—62% of survey respondents selected it.
- Divestment of resources from schools, neighborhoods, and businesses and the concentration of poverty in communities of color have contributed to disproportionate rates of violence.
- Violence occurs at higher rates in Wyandotte County than any other county in Kansas, and men under the age of 44 are most at risk of dying from violence.
- The health impacts of violence may be mitigated through investment in community-building, support of youth programming, targeted prevention of violence in high-risk populations with evidence-based practices, and treatment of those impacted by violence with trauma informed care.

What is Violence?

Violence occurs in several forms and can occur at any level. Common forms of violence include community violence, which occurs between unrelated people, and intimate partner violence, which occurs between people who are well-acquainted with each other ([National Center for Injury Prevention and Control, Division of Violence Prevention, 2021](#)). Both forms of violence can manifest via physical, emotional, or sexual abuse ([National Center for Injury Prevention and Control, Division of Violence Prevention, 2021](#)).

Violence is a Public Health Issue

Violence leads to a shorter life span, reduced quality of life, and strains social wellbeing. Injuries caused by violence may incur large medical sums: treatment for gunshot wounds in the Emergency Department can cost an average of \$1,500, and in-patient treatment costs an average of \$31,000 per person ([Boyle, 2022](#)). Deaths from violence can impact family members of victims by making them more likely to suffer from Post-Traumatic Stress Disorder, depression, and substance abuse ([Zinzow et. al, 2009](#)). Additionally, experiencing violence is a risk factor for committing violence at a later date, creating a cycle of violence ([National Center for Injury Prevention and Control, Division of Violence Prevention, 2020](#)). Societally, when community members lack trust in their own safety, it can reduce their desire to engage in health promoting activities like walking, bike-riding, using parks and recreational areas ([National Center for Injury Prevention and Control, Division of Violence, 2022](#)). Many of the same factors that lead to poor health outcomes in the realms of disease and life expectancy also contribute to

the presence of violence. These factors may include socioeconomic status, disinvestment in the built environment, median household income, and racism, and are referred to as social determinants of health. This means that there are great disparities in which communities carry the largest burden of violence—for example, homicide is the leading cause of death for non-Hispanic Black or African American youth nationally ([CDC, 2022](#))

“Violence is not randomly distributed. The same social factors that shape health—including education, income and wealth, and related conditions where we live, learn, work, and play—also are strongly linked to violence.”

– Robert Wood Johnson Foundation

The Stats on Violence

Overall, from 2018 to 2020, homicide was the 9th leading cause of death for Wyandotte County, compared to the 17th leading cause of death in the state of Kansas. The Community Concerns Survey for the 2017 Community Health Assessment revealed violence as a top health concern of Wyandotte County, and the Community Concerns Survey of 2022 indicates that it is still a top concern five years later. 62% of Wyandotte County residents who responded to the 2022 concerns survey that said violence was one of their top three biggest health concerns—the highest shared concern of all possible responses. Not only does violence concern residents as a health outcome, but residents also found violence to be a barrier to being healthy—38% of those who responded said that violence is a barrier to health.

Violence can act as a barrier to health by keeping community members from engaging in activities that contribute to well-being such as walking in their neighborhoods, utilizing parks and trails, or visiting friends or family. In the Community Concerns Survey, 56% of respondents reported that they feel extremely safe or very safe in their neighborhoods during the day; 8% reported feeling only slightly safe or not safe at all. During the night, community members reported feeling less safe. Only 40% of residents said they feel very safe or extremely safe in their neighborhoods at night. Nearly a quarter (23%) reported feeling only slightly safe or not safe at all.

Spotlight on Racism

For all major health concerns in a diverse community such as Wyandotte County, it is important to stratify the data, which means to look at data for diverse groups (e.g., race, ethnicity, age group, etc.). A closer look at the cause of death rankings that is stratified by race shows that homicide is a burden disproportionately carried by Wyandotte’s communities of color.

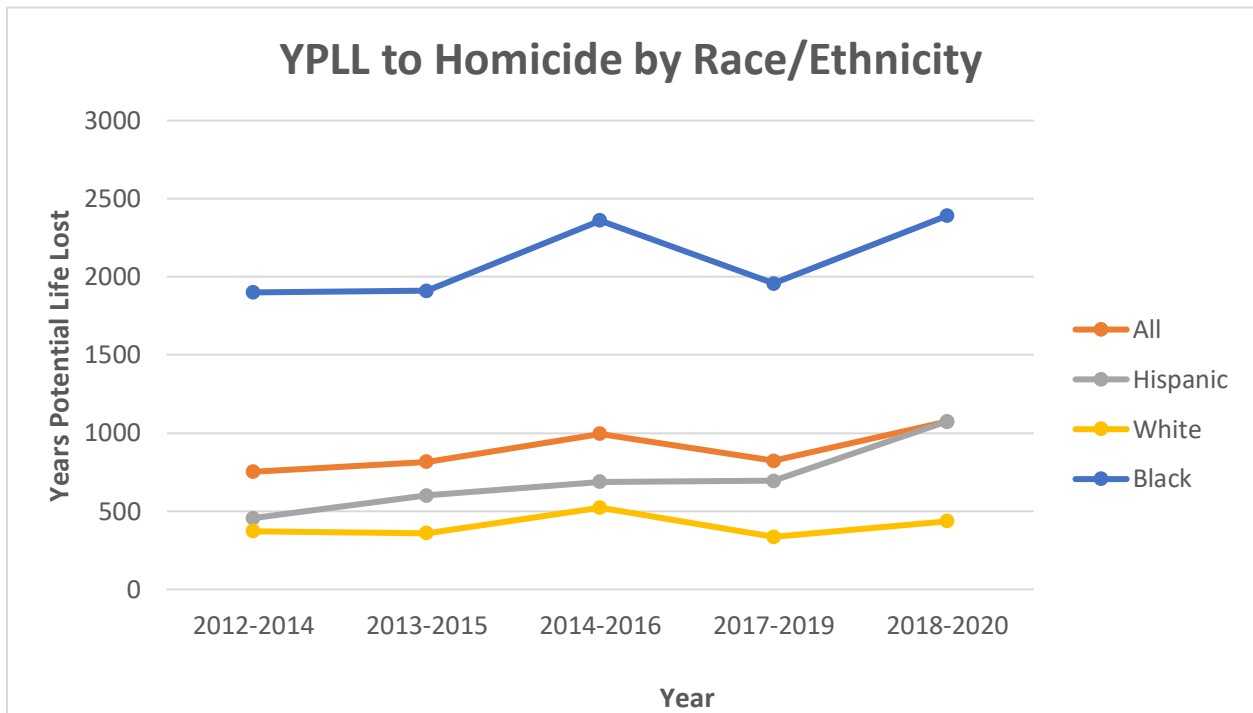
Homicide cause of death ranking by race, ethnicity from 2016-2020

Race, Ethnicity	Cause of Death Ranking
White, non-Hispanic	18th
Black, non-Hispanic	5th
Hispanic or Latino	4th

Source: Kansas Information for Communities

Nationally, homicide is the leading cause of death for Black or African American youth, and that trend is reflected locally ([CDC Factsheet](#)). In Wyandotte County, Black youth are dying from homicide at a much higher rate than white or Hispanic youth. Black youth are especially vulnerable to violence. The rates of homicide for Black 15- to 24-year-olds from 2016 to 2020 are quintuple the rates for non-Hispanic white youth (82.2 vs. 15.7). The Hispanic youth homicide rate for that time (62.7 per 100,000) was also higher than the non-Hispanic white youth rate.

Because those being lost to homicide are dying at such young ages, violence contributes heavily to years of potential life lost in Wyandotte County (described in health overview section). Targeted, evidence-based strategies could help return many years of productivity, joy, and life back to our Black community members.



Redlining, policies that concentrate poverty, and unequal outcomes in the judicial system have worked in conjunction to create cycles of trauma in Black communities in the United States and in Wyandotte County. Violence occurs most heavily in the eastern portion of Wyandotte County and the zip codes with the highest homicide rates correlate with the neighborhoods that were redlined in the 20th century. For example, based off [Kansas Information for Communities](#) and the ACS 5-year Estimates from 2015-2019, the homicide rates in 66101 and 66104, zip codes with neighborhoods that were designated as ‘Declining’ or ‘Hazardous’, were 43 and 34 per 100,000, respectively.

Figure: Kansas City Metro Redlining Map

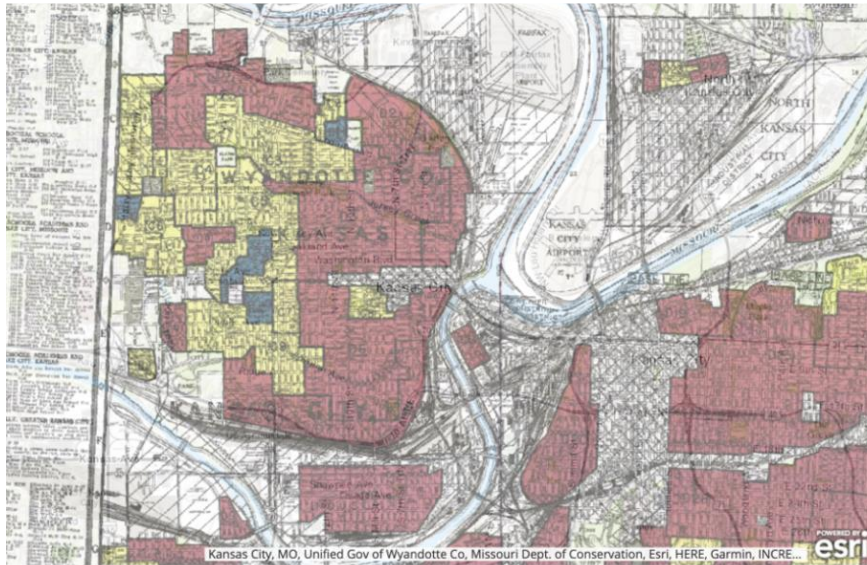


Figure: Kansas City Metro Redlining Map

Youth and Violence

Youth violence is a major concern in Wyandotte County. Violence, crime, and homicide most frequently occur between the ages between 15 and 24. Homicide is the leading cause of death for Wyandotte County residents between the ages of 15 and 44. Homicide and violence rates drop slightly after age 24 and drop precipitously after the age of 44. These statistics signal that many violence prevention efforts should target youth to keep them safe and guide them into a stable adulthood.

Rates of homicide by age from 2016-2020

	15-24	25-44	45-64	65+
2016	61.4	52.6	18.0	5.3
2017	52.2	23.8	28.4	10.1
2018	33.3	34.4	13.0	0
2019	37.6	30.0	10.5	0
2020	102.3	47.7	26.5	4.6
5-Year Rate	57.5	37.6	19.3	3.9

Source: Kansas Information for Communities

The [Kansas Communities that Care survey](#) is administered to public school 6th, 8th, 10th, and 12th graders annually and provides a good source for information on perceptions and experiences regarding their neighborhoods, safety, drug and alcohol use, mental health, and more. According to the Kansas Communities that Care survey, in 2022, 26.3% of students reported that crime and/or drug selling was a characteristic of their community. This was much higher than the overall state of Kansas, which was only 15.3%. Wyandotte County Youth have consistently reported crime and/or drug selling in their communities at higher rates than Kansas overall since 2018.

Percent of students who answered “yes” to crime and/or drug selling is present in their community

Year	Percent, Wyandotte County	Percent, Kansas
2018	18.38	8.50
2019	16.53	8.55
2020	19.71	8.76
2021	--	7.91
2022	26.32	15.28

In the summer of 2022, the Wyandotte County CHIP team along with the Lead Agency of the Violence Prevention subgroup, completed focus group with youth from ThrYve, Young Women on the Move, and the Kansas City Kansas Police Athletic League to get a snapshot of how youth feel about violence in the county and how they might want to see an improvement. In these focus groups, the type of violence most frequently observed by the youth was gun violence, followed by physical violence. Additionally, the violence they feared the most was gun violence, followed by sexual assault. The youth noted that they enjoyed and felt safe at programs specifically created for them, such as those hosted by ThrYve, Young Women on the Move, and the Kansas City Kansas Police Athletic League.

Evidence-Based Strategies to Prevent Community Violence

Strategy	Description	Source	Social Ecological Model Level
Cognitive-behavioral therapy for offenders	Therapeutic method to help clients/offenders understand and change the thought processes that lead to maladaptive behavior. This strategy can reduce crime and recidivism rates.	County Health Rankings	Individual
Kinship foster care for children in the child welfare system	An out of home arrangement for full-time care by relatives when child is removed from home due to safety concerns. This strategy is likely to decrease disparities.	County Health Rankings	Individual, Relationship, Community
Mentoring Programs	Connect at-risk youth with caring adults who can provide advice and skill growth. This strategy can reduce delinquent behavior, aggression, and drug use and is likely to decrease disparities.	CDC County Health Rankings	Relationship
Alcohol outlet density restrictions	Limit the number and concentration of alcohol retailers via local zoning. This strategy can reduce excessive drinking and crime and is likely to decrease disparities.	County Health Rankings	Public policy
Early childhood home visiting programs	Trained personnel regularly visit at-risk parents with young children to provide support and engage in training surrounding child health, development, and care based on families' needs. This strategy can reduce child maltreatment and intimate partner violence and is likely to reduce disparities.	County Health Rankings	Individual, relationship

For more information on violence in Wyandotte County, please refer to the [UGPHD's Violence Dashboard](#).

Drug Misuse in Wyandotte County

Key Takeaways

- In the Community Concerns Survey, community members identified drug misuse as the second highest health concern in Wyandotte County.
- Drug overdose deaths in Kansas and across the U.S. have increased significantly over the past few decades, with notable increases in recent years. In 2021, the U.S. surpassed 100,000 overdose deaths in a 12-month span for the first time in history ([Harvard T.H. Chan School of Public Health](#)). This is nearly 29x higher than the average annual overdose deaths during the 1980s ([CDC WONDER](#)). In Kansas, overdose deaths more than doubled from 2017 to 2021 ([KDHE Overdose Data Dashboard](#)).
- It will take policy changes, expanded resources, and reduced stigma to increase access to recovery for substance use disorders and reduce overdose deaths and other harms related to substance use.

What is Drug Misuse?

Drug misuse is the use of illegal drugs and/or prescription drugs in a manner other than as directed by a doctor. This can include using drugs in greater amounts than prescribed or more often than the body is capable of absorbing. Using someone else's prescription medication also qualifies as drug misuse. Examples of prescription opioids include hydrocodone, oxycodone, oxymorphone, morphine, codeine, fentanyl, and others. Examples of illegal opioids include heroin, fentanyl, and carfentanil ([Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2021](#)).

Substance Use Disorder (SUD) is “a disease that affects a person's brain and behavior and leads to an inability to control the use of a legal or illegal drug or medicine” ([Mayo Clinic](#)). SUD is the preferred term over the commonly used “addiction” because it reflects that this is a brain disease. Genetic and environmental factors can increase risk for SUD, which leads to permanent changes in the brain, preventing drug users from easily quitting substance use. In fact, abruptly stopping opioids leads to withdrawal symptoms that can be severe and even life-threatening. Recovery from SUD takes time and social and community support. On average, it takes 5 to 8 times entering a treatment program or recovery space for recovery from opioid use disorder to last long term.

People who die of an overdose don't have the chance to reach recovery. It is critically important that we curb the overdose crisis and the dramatic increase in overdose deaths in recent years.

SUD is a Public Health Issue

As a public health department, our goal is to prevent harm from substance use and aid the recovery of people with substance use disorder.

In the United States, **187 people die every day from an opioid overdose (CDC)** SUD is a public health issue because it ends lives and negatively affects an individual's overall mental, physical, and emotional health.

In the United States, the number of drug overdose deaths increased by nearly 30% from 2019 to 2020 and has increased 5 times since 1999. Nearly 75% of the 91,799 drug overdose deaths in 2020 involved an opioid. From 2019 to 2020, there were significant changes in opioid-involved death rates ([CDC, 2022](#)):

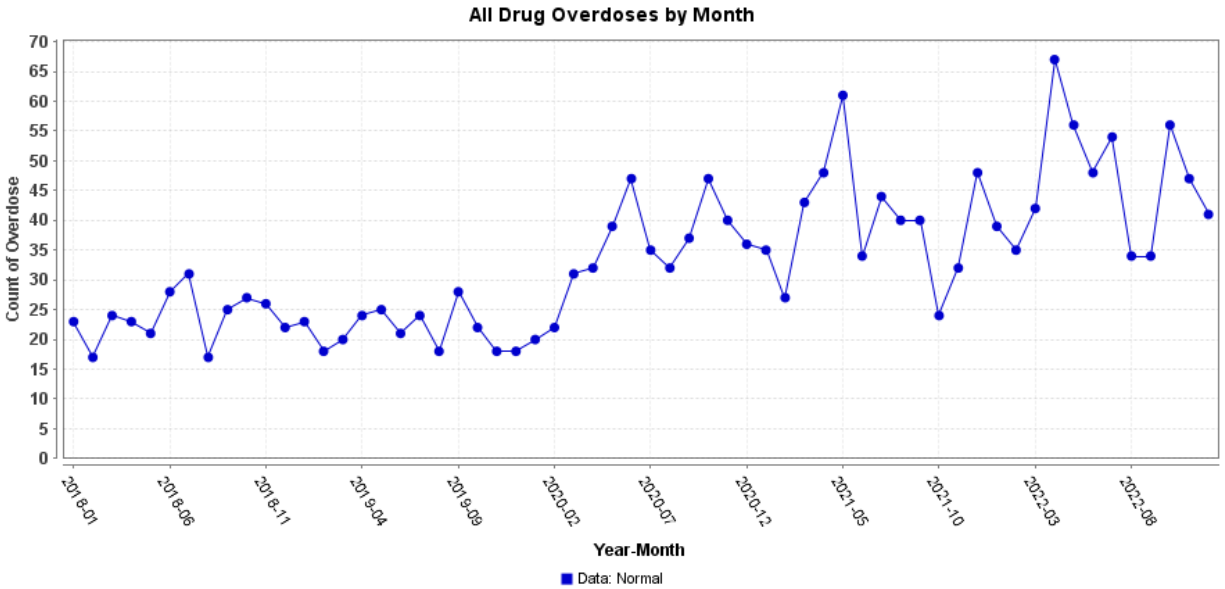
- Opioid-involved death rates increased by 38%.
- Prescription opioid-involved death rates increased by 17%.
- Synthetic opioid-involved death rates (excluding methadone) increased by 56%. ([CDC, 2022](#))

Fentanyl is used as a prescription medication for moderate to severe pain and is increasingly used in the supply of illicit drugs, increasing the risk of opioid overdoses. The increased consumption of fentanyl laced drugs, either knowingly or unknowingly, is harmful to health because fentanyl is up to 50x stronger than heroin and 100x stronger than morphine. In addition, two milligrams of fentanyl, about the size of four grains of salt, is enough to kill an adult.

SUD in Wyandotte County

In April and October of 2022, the UGPHD received emergency alerts from the Kansas Department of Health and Environment (KDHE) due to spikes in emergency room visits from opioid overdoses. The UGPHD has been tracking weekly overdoses in the county by location, and trends show overdoses are occurring across the county from both illicit and prescription fentanyl.

The graph below shows how Wyandotte County overdoses have continued to increase since 2018. Wyandotte County (similar to the rest of the U.S.) saw a dramatic spike in early 2020, around the time when the COVID-19 pandemic affected the United States.



[CDC Essence Database](#)

The Community Concerns survey revealed that drug misuse is the second most common health concern in Wyandotte County—39% of community respondents included it in their top 3 health concerns.

Successful SUD recovery relies on a person’s physical and mental ability to conquer withdrawal symptoms, as well as their ability to access everyday necessities. The following are required to ensure that recovery is sustained long term:

- Access to quality health care, physical, mental, and other necessary care
- Employment and income opportunities
- Safe and stable housing that is affordable
- Reduced risk of experiencing violence and crime

All these factors that contribute to successful recovery were ranked as major health concerns in the Community Concerns Survey.

Spotlight on Racism

Racist systems have directly contributed to substance use. Specifically, anti-Black systems have led to Black community members' higher rates of houselessness, chronic disease, and community violence. These act as both contributors to the risk of SUD and barriers to seeking recovery.

As described in the chronic disease section of the CHA, significantly more white residents of Wyandotte County have health insurance, while many residents of color remain uninsured. When people do not have insurance or are under insured, it is much more challenging to access substance use treatment. A lack of insurance also prevents care of side effects of SUD, like Hepatitis C or wound and abscess care.

According to local police data, in 2022, 35% of Black Wyandotte County community members who experienced opioid overdose died, whereas 17% of white community members died from overdose. In the cases of overdoses from someone who is Black, 911 was not called 28% of the time. Providing public education and advocating for political change to legalize a Good Samaritan Law (see description in Evidence-Based Strategies table) could change these outcomes.

The Unified Government Public Health Department of Wyandotte County / Kansas City KS is addressing racism in substance use recovery access through a Recovery Peer Support Program. This program will send peer support specialists to neighborhoods and locations where overdoses are occurring at the highest rates in the county to provide tailored support, health insurance sign-up assistance, and health care access referrals. Therefore, if the Black population is seeing a higher need for these resources, the peer outreach specialists will be widely available to assist in a targeted way.

Evidence-Based Strategies to Reduce SUD and Overdose Deaths

The UGPHD is working with community partners, including KUMC and non-profit organizations, to address the rise of SUD and overdose in the county. Below are some strategies the health department is currently implementing, as well as recommended strategies to utilize with policy change.

Strategy	Description	Source	Social Ecological Model Level
Narcan Distribution Program	Naloxone safely and quickly reverses an overdose by blocking the effects of opioids, restoring normal breathing within 2 to 3 minutes in a person whose breath has slowed or stopped due to overdose. In Wyandotte County, Narcan is free through the Health Department, is placed in all middle and high schools, and left with community members through community paramedics.	Lifesaving Naloxone	Individual, relationship, community, and policy
Recovery Peer Support Specialists	Peer support can assist recovery process due to their lived experiences. Through shared understanding, respect, and empowerment, peer support workers help people become and stay engaged in the recovery process and reduce the likelihood of returning to use. In 2022, the UGPHD received funds for two Peer Support Specialists. Wyandotte Behavioral Health Network, First Call, and Crosslines also have outreach peers on staff who can connect people to treatment resources.	Peer Support Workers for those in Recovery	Individual, relationship
Wyandotte County Recovery Collective	The Wyandotte County Recovery Collective convenes substance use professionals, community members, and advocates to break down recovery barriers, and collaborate to ensure our community is healthy, safe, and resource rich for SUD recovery opportunities.	Evaluation Methods Commonly Used to Assess Effectiveness of Community Coalitions in Public Health: Results from a Scoping Review	Relationship, Community, Policy
9-1-1 Good Samaritan Law	A Good Samaritan Law for fatal overdose prevention specifically protects witnesses who call 911 for an overdose from being prosecuted for possession of drugs or paraphernalia. This encourages people to seek emergency medical services for someone as soon as possible, to reduce the number of deadly overdoses. Kansas does not have drug overdose Good Samaritan law protections.	The Good Samaritan Law: How It Helps Prevent Fatal Drug Overdoses	Individual, Public policy
Access to Fentanyl Testing Strips (FTS)	Fentanyl test strips allow people who use drugs to more safely consume substances that may be laced with fentanyl. Users can take a small sample of their drugs and test them for the presence of fentanyl. In Kansas, FTS are currently illegal.	What Are Fentanyl Test Strips? Here's How They Help Prevent Drug Overdoses	Individual and public policy
Syringe Access Programs	Syringe Access Programs (SAPs) are community-based programs that provide a trauma-informed, non-stigmatizing space for people who use drugs to access sterile syringes, needles, injection equipment and Narcan, along with education on safer use, overdose prevention and safe disposal of used equipment. Evidence shows that SAPs decrease incidence of HIV and Hepatitis C amongst people who use drugs, yet SAPs are currently illegal in Kansas.	Harm Reduction Centers	Individual, Community, Public Policy

Mental Health, Including Suicide

Key Takeaways

- People in Wyandotte County ranked mental health, including suicide as the third highest health concern in the CHA.
- A majority of respondents indicated they either have a mental illness or have someone in their household with a mental illness.
- Factors or “stressors” that have negative impacts on community members’ mental health include systemic racism, violence, financial hardships, trauma, and the COVID-19 pandemic.
- In Wyandotte County, suicide is the third leading cause of death for youth ages 15-24, and the 10th leading cause of death for men ([Kansas Information for Communities Death Statistics, 2018-2020](#)).
- In Wyandotte County, suicide death rates are similar to that of Kansas overall. However, hospital admissions due to suicidal ideation are 60.3% higher than in Kansas.
- Strategies to improve mental health and prevent suicide should focus on funding and policies that reduce barriers to mental health care access and treatment.

What is Mental Health?

Mental health is a state of complete emotional, psychological and social wellbeing ([National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, 2022](#)). Good mental health can vary according to the person. Most often, it involves being able to cope with everyday stress, maintain meaningful relationships, and work productively. It is important to note that **mental health can fluctuate over time** based on numerous factors and life stressors. For example, if someone is working long hours, caring for a sick relative, or experiencing financial hardships, without the necessary access to counseling or social supports, their mental health may be negatively impacted ([CDC, 2022](#)).

Mental health and mental illness are not the same. According to the American Psychological Association (2023), mental illnesses are conditions that can be diagnosed by a doctor or health professional, and involve significant changes in thinking, emotions or behavior which disrupt everyday life. Common mental health conditions include depression, ADHD, post-traumatic stress disorder, and anxiety disorders, among others ([NAMI](#)). Risk factors for mental illnesses are complex and can involve a combination of genetics, experiences of trauma, and other environmental factors such as poverty and violence ([CDC, 2022](#)).

Having a mental health illness alone does not lead to suicide, and most people experiencing symptoms of a mental health condition do not die by suicide. However, mental illness is one of several risk factors that can increase the likelihood of a person experiencing suicidal thoughts or attempts ([Akkas & Corr, 2022](#)). Factors that contribute to suicide risk are very complex, and it is rarely caused by a single factor or event. Risk factors can include bullying, lack of access to health care, social isolation, community violence, discrimination, and other stressors ([CDC, 2022](#)).

Suicide is a **serious public health problem** that can have significant impacts on individuals, families and entire communities. Having suicidal thoughts or attempting suicide is a clear indication that someone is struggling and needs immediate help. Being connected to family or **community supports** and having easy access to **responsive mental health care** can decrease suicidal thoughts and behaviors ([CDC, 2022](#)).

Mental Health is a Public Health Issue

Mental health conditions are very common—1 in 5 adults experience anxiety and depression each year in the U.S. ([CDC, 2022](#)). Mental illnesses can occur at the same time as chronic diseases, such as diabetes and heart disease, which can make it difficult for a person to manage the conditions ([Mental Health America, 2022](#)).

Gaps in our mental health care system leave behind a **substantial number of people needing care**. According to Mental Health America (2022), about 57% of US adults with a mental illness didn't seek support or treatment in the last year— and about 20% of those didn't seek care due to cost or limited insurance. Kansas ranks last and second to last out of all states for prevalence of mental illness and rates of access to care among adults and youth, respectively ([Mental Health America, 2022](#)). This means that there is high demand for mental health care services yet low access and opportunities to meet that demand. This demand for more and better mental health care requires a response. Unaddressed conditions can lead to decreased quality of life, and in some instances, premature loss of life due to suicide.

In Kansas, there was a 44.5% increase in the suicide death rate from 2011 to 2021 ([KDHE, 2011-2021](#)). In Wyandotte County, the suicide death rate is 19.2 per 100,000 people, similar to the rate in Kansas overall, 20 per 100,000 people ([KDHE, 2011-2021](#)). Poor mental health and suicide are **preventable**—and **increased investment is required on all fronts**: for mental health education to increase understanding and reduce stigma; for funding to increase access to quality mental health care and early identification of mental health conditions; and for policies that create the conditions for better mental health across communities.

Mental Health in Wyandotte County

Improving mental health and preventing suicides are key priorities for those who live in Wyandotte County. Of those surveyed through the Community Health Assessment, 38% said mental health and suicide are a **top three health concern for our community**. When asked what our community needs to be healthy, the most frequent response was **mental health resources**, with 31% of people selecting it. Additionally, of those surveyed, 13% said lack of social support (e.g., having friends, neighbors, family to count on) is a **top three health barrier** for those who live in our community.

About 75% reported they or someone in their household had been told by a doctor or health professional they had a mental health condition.

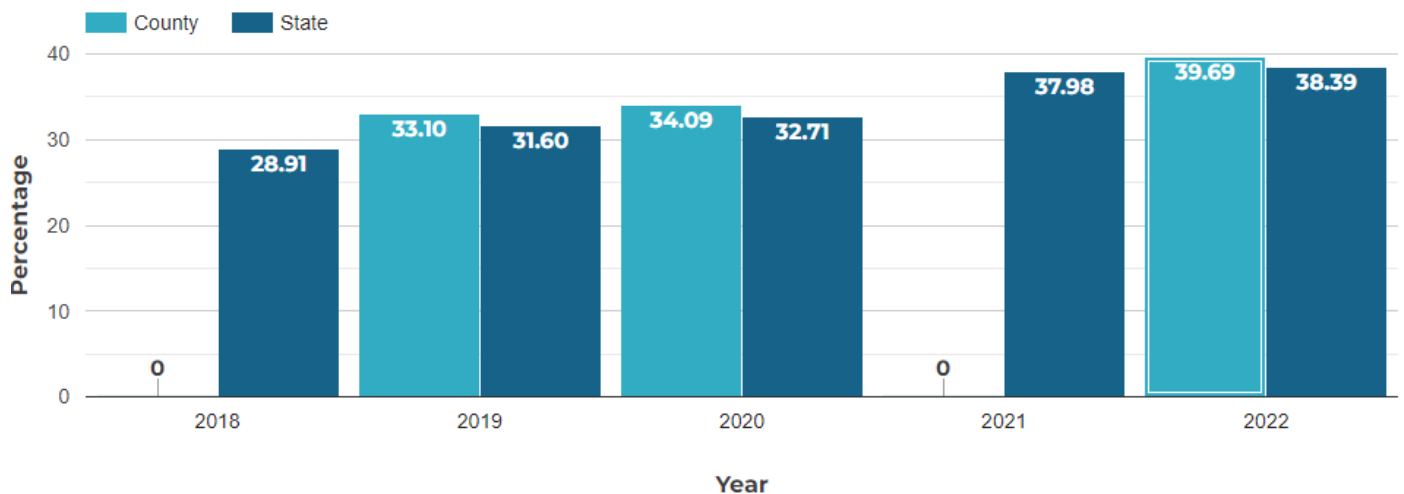
Mental Health Diagnosis in Wyandotte County, Community Concerns Survey

Mental Health Concern	Percent
Anxiety	33%
Depression	32%
Other mental health concern	10%

Mental health is important at every life stage, especially during transitional periods such as adolescence. Yet, according to the ([Kansas Communities that Care Survey, 2022](#)), about 40% of Wyandotte County youth reported feeling so sad or hopeless that it disrupted some of their usual everyday activities.

In the Kansas Communities that Care Survey, respondents were asked: “During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?”

Those who answered “Yes”:



Poor mental health is connected to other forms of injury and violence. For example, people who have experienced violence, including child abuse, bullying, or sexual violence have a higher suicide risk, especially among youth. In Wyandotte County, the **hospital admissions due to suicidal ideation** are 60.3% higher than in Kansas overall (629.9 and 392.9 per 100,000 people, respectively) ([KDHE, 2016-2021](#)).

There are many risk factors that contribute to young people thinking about suicide, but youth that identify as gay, lesbian, bisexual, transgender or queer (LGBTQIA+) have higher rates of suicidal thoughts and behavior compared to their peers. In Wyandotte County, of those surveyed through the CHA, 10% reported someone in their household identified as gay, lesbian, bisexual, transgender or queer.

Protective Factors for Mental Health in Wyandotte County

Protective factors can reduce the risk for poor mental health and suicide. For example, having a close group of friends or being a part of a local group working on a cause contributes to better

mental health outcomes. When people feel connected to others and to their community, they support one another and want the best for where they live. Of those surveyed in Wyandotte County, the majority (77% of people), said they had people to count on in case of an emergency. Additionally, more than half of people surveyed (66%), said they were part of a group of people who share similar attitudes and beliefs.

Mental Health Stressors in Wyandotte County

Mental health stressors are anything that can impact mental health. **Some stressors affect people’s mental health on an individual level**, like not making enough money to pay for a bill, caring for a sick relative, or dealing with a chronic disease.

These stressors impact the lives of many in Wyandotte County, as over half of individuals surveyed (66%), said they felt personally responsible for the wellbeing of another person. Additionally, 49% said that within the past year they were worried or stressed about having enough money to pay for rent or mortgage and other regular expenses such as utility bills.

Financial Stressors

In the last year how often were you worried or stressed about having enough money to pay for regular monthly expenses?	Percent
Never	29%
Rarely	20%
Sometimes	26%
Usually	10%
Always	13%

Spotlight on Racism

There are **other stressors that impact the mental health of entire communities**, like neighborhood violence and the COVID-19 pandemic. In Wyandotte County, 32% of people said their mental health had been negatively impacted as result of the COVID-19 pandemic. Experiences of trauma and systemic racism can also negatively impact mental health. 15% of those surveyed in Wyandotte reported feeling emotionally upset as result of how they were treated based on their race in the past 30 days. In addition, about 64% of individuals said racism “sometimes”, “usually” or “always” impacts their daily life. These examples of individual and community level stressors coupled with limited access to mental health care can create barriers that make it difficult for people to navigate life and experience good mental health.

Evidence-Based Strategies to Improve Mental Health and Prevent Suicide

Mental health strategies should **support prevention and early intervention** that reduce stressors and build coping skills. Mental health strategies should also focus on funding and policies that reduce barriers to **mental health care access and treatment**.

The table below summarizes evidence-based strategies that have been shown to improve mental health and access to care as well as prevent suicides.

Strategies for Mental Health & Suicide Prevention

Strategy	Brief Description	Source	Social Ecological Model Level
Youth Peer Mentoring for Social Support	Youth peer mentoring programs foster supportive relationships between an older youth or young adult, and a younger youth. There is some evidence that youth participation in a peer mentoring program through support and guidance is likely to reduce disparities in education such as high school completion and college readiness.	Youth Peer Mentoring Programs for Social Support - County Health Rankings What Works for Health	Individual and relationship
Integrating Behavioral Health Care into Primary Care through Screening and Treatment	Integrating depression screening and treatment into primary care has been scientifically supported to improve depression symptoms for adolescents, adults, and older patients. It has also been shown to improve patients' adherence to treatment.	Integrating Behavioral Health Care into Primary Care: County Health Rankings What Works for Health	Community
Mental Health Parity Legislation	Comprehensive parity legislation would increase affordability of care and appropriate utilization of mental health services. There is also evidence that mental health parity or benefits legislation is associated with increased diagnosis of mental health conditions, reduced poor mental health prevalence, and reduced suicide rates.	Mental Health Parity Legislation - The Community Preventative Services Taskforce	Public policy
School-Based Suicide Prevention Programs	There is some evidence that school-based suicide prevention programs reduce suicide attempts among middle and high school students. These programs have also shown to improve students' help seeking behavior and coping mechanisms to address suicidal thoughts and depression	School-Based Suicide Prevention Programs - County Health Rankings What Works for Health	Community, Relationship and Individual
Comprehensive Mental Health Crisis Response System: Crisis Lines, Mobile Crisis Teams and Stabilization Centers	Investments in a comprehensive local mental health crisis response system can provide several levels of care to those in need. E.g., 988 calls can be routed to a trained professional who can connect people to local services while local mobile crisis teams support those in crisis who need heavier support. A third arm can also provide a referral or transfer to a short-term stabilization program.	Comprehensive Mental Health Crisis Response System - NAMI	Public policy and community
Home-Based Depression Screening and Management for Older Adults	Depression care screening and management at home for older adults are effective in improving short-term depression outcomes among older adults.	Home-Based Depression Screening and Management for Older Adults - CPSTF	Community

Chronic Diseases

Key Takeaways

- Residents in Wyandotte County ranked chronic diseases the fourth leading health concern in the county.
- Prevalence of chronic diseases in Wyandotte County is high—among those surveyed, 61% stated they or a household member have high blood pressure, 48% have high cholesterol, 44% are overweight or obese, 31% have diabetes, and 12% have heart disease.
- Many factors can contribute to chronic diseases. Reducing smoking, poor nutrition, physical inactivity, and excessive alcohol use can all reduce chronic diseases.
- Access to affordable medical care is essential for preventing and managing chronic diseases. Inequities in Wyandotte County lead to disparities in chronic diseases in the county.

What are Chronic Diseases?

Chronic diseases are defined as illnesses that last one year or longer and require ongoing medical care, attention, and management. These diseases typically impact or limit the activities of daily living and quality of life. Examples of chronic diseases include diabetes, heart disease, arthritis, cancer, kidney disease, and certain lung diseases like COPD and asthma. Typically, chronic diseases progressively worsen over time, and while they can be managed, they often do not have a cure.

Chronic Diseases are a Public Health Issue

Chronic diseases are a key public health issue because they are the leading causes of death and disability in the United States. According to the Centers for Disease Control and Prevention ([CDC, 2023](#)), six in ten adults in the U.S. have a chronic disease, and four in ten have two or more chronic diseases. Chronic diseases are also leading drivers of the nation's healthcare costs, with \$216 billion per year spent on heart disease and stroke, \$327 billion spent on diabetes, and \$305 billion spent on arthritis. Many chronic diseases are preventable and impacted by individual behaviors and environmental factors, that when limited, can significantly reduce the risk of developing chronic diseases. These behaviors include smoking or other tobacco use, poor nutrition, physical inactivity, and excessive alcohol use. Prevention efforts focused on reducing these risky behaviors can help significantly lower the rates and prevent chronic diseases.

Chronic diseases are a leading health concern in Wyandotte County. In the 2022 Community Concerns Survey, 32% of Wyandotte County residents surveyed identified chronic diseases as one of their top three biggest health concerns in their community, placing it as the fourth ranking health concern in the survey. In addition, many of the residents surveyed reported that they had been diagnosed with a chronic disease or someone in their household had been diagnosed.

Disease or condition	Percent of survey respondents that were diagnosed or had family member diagnosed
High blood pressure	61%
High cholesterol	48%
Diabetes	31%
Heart disease	12%
Congestive heart failure	7%
Stroke	5%
Asthma	18%

According to [Kansas Health Matters data](#), many of the leading causes of death in Wyandotte County are chronic diseases, and mortality rates due to chronic diseases are higher than the overall rate in the state of Kansas.

Chronic disease	Wyandotte age-adjusted mortality rate per 100,000 (2018-2020)	Kansas age-adjusted rate per 100,000 (2018-2020)
Heart disease	185.2	162.0
Cancer	167.9	151.4
Chronic lower respiratory disease	52.9	47.1
Cerebrovascular disease	46.2	35.2
Diabetes	26.1	25.0
Nephritis/kidney diseases	24.3	14.8

Chronic diseases are also a significant source of hospitalizations for Wyandotte County residents as demonstrated by the hospital admission rates from [Kansas Health Matters data](#).

Chronic disease	Wyandotte hospital admission rate per 10,000 (2018-2020)	Kansas hospital admission rate per 10,000 (2018-2020)
Heart disease	198.5	111.9
Congestive heart failure	51.8	24.1
Diabetes	29.0	16.5
Heart attack	24.0	25.6
Chronic obstructive pulmonary disease	17.6	9.8
Stroke	17.5	11.6
Asthma	8.5	3.0

Spotlight on Racism

Disparities exist between races in nearly every chronic disease in Wyandotte County residents. The data below demonstrates that Black community members died at higher rates of almost all chronic diseases than non-Hispanic white community members.

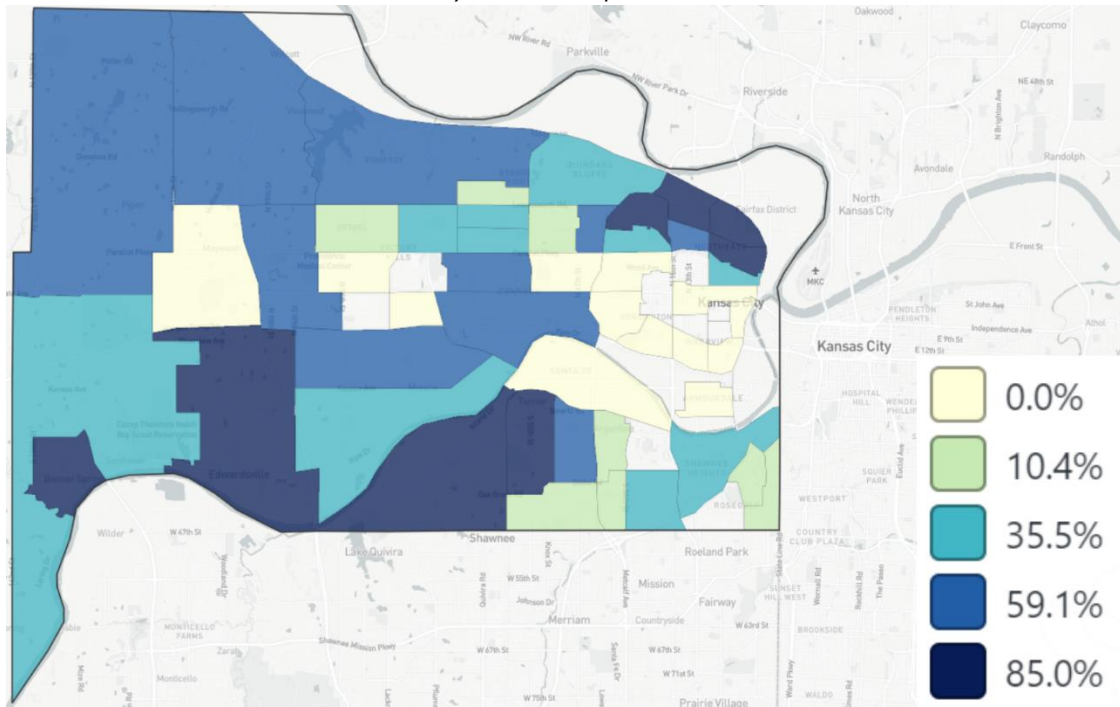
Chronic disease	White, non-Hispanic rate per 100,000	Black non-Hispanic rate per 100,000
Heart disease	179.0	190.5
Cancer	144.5	155.2
Chronic lower respiratory diseases	63.6	32.7
Stroke	32.1	47.8
Diabetes	19.1	33.6
Kidney disease	14.7	31.9
Liver disease	12.2	8.9

Source: [Kansas Information for Communities](#)

Many chronic diseases can be managed or even prevented by early detection and preventative activities such as regular doctor visits, exercise, and nutritious diets. Affordable access to health care is essential for the prevention and treatment of chronic diseases. Unfortunately, huge racial disparities exist in Wyandotte County residents' ability to access health care, safe places to exercise, and healthy food, leading to further disparities in which community members are impacted by chronic diseases. In Wyandotte County, only 84.2% of Black residents and 63.8% of Hispanic residents have health insurance, versus 93.6% of white residents ([U.S. Census Bureau](#)). Lack of insurance remains a large barrier to accessing health care in Wyandotte County, with 48% of survey respondents stating it was one of the biggest barriers to maintaining health.

In addition, there is a strong correlation between chronic diseases and poor nutrition. People living farther away from grocery stores (more than one mile in urban areas) are less likely to have access to fresh fruits and vegetables on a regular basis and are more likely to consume pre-packaged and heavily processed foods that are readily available at convenience stores and fast food restaurants. Historical disinvestment in parts of Wyandotte County, where predominantly people of color live, has created barriers to accessing healthy foods. [USDA ERS](#) data shows that in Wyandotte County, low access to healthy foods varies widely—from 0% of residents in western census tracts to 100% of residents in eastern census tracts, where many Black community members reside. This disparity is due to fewer grocery stores in the northeastern part of the county. Supermarket redlining refers to a phenomenon when major supermarket retailers are disinclined to locate their stores in lower-income neighborhoods and often relocate existing stores to wealthier suburbs ([Zhang & Debarchana, 2016](#)). This form of systemic racism leads to less access to healthy foods for communities of color in the county.

More than 1 mile from a Grocery Store Map



Source: [USDA ERS Food Access Research Atlas, 2019](#)

Evidence-Based Strategies to Reduce Chronic Diseases

Strategy	Description	Source	Social Ecological Model Level
Heart Disease and Stroke Prevention: Interventions Engaging Community Health Workers	Engaging community health workers (CHWs) to prevent cardiovascular disease for patients at increased risk can improve blood pressure and cholesterol and can reduce morbidity and mortality related to cardiovascular disease.	Heart Disease and Stroke Prevention: Interventions Engaging Community Health Workers - Healthy People 2030 health.gov	Individual and relationship
Diabetes Management: Interventions Engaging Community Health Workers	Engaging CHWs to help manage diabetes and avoid negative outcomes has been shown to improve patients' blood sugar control and reduce their health care use.	Diabetes Management: Interventions Engaging Community Health Workers - Healthy People 2030 health.gov	Individual and relationship
Educational Interventions for Asthma in Children	Asthma self-management education programs can help improve lung function and feelings of self-control in children and adolescents. Self-management education also reduces school absences, days of limited activities, and emergency room visits.	Educational Interventions for Asthma in Children - Healthy People 2030 health.gov	Individual and relationship
Tobacco Cessation Therapy Affordability	Typically, tobacco cessation therapies such as nicotine replacement therapy and individual, group, and telephone counseling include an out-of-pocket cost for patients. Reducing out-of-pocket costs for tobacco cessation therapy increases access to and use of cessation treatment and thus, increases quit rates.	Tobacco cessation therapy affordability County Health Rankings & Roadmaps	Public policy
Competitive Pricing for Healthy Foods	Competitive pricing strategies assign a higher cost to unhealthy foods and a lower price to healthier, more nutritious foods and are scientifically supported to increase sales of healthy foods and increase healthier food consumption	Competitive pricing for healthy foods County Health Rankings & Roadmaps	Community and public policy
Physically Active Classrooms and Active Recess	Physically active classrooms and active recess both focus on incorporating intentional physical activity throughout the school day. There is strong evidence that these strategies increase physical activity for children and thus reduce the risk for certain chronic diseases.	www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/physically-active-classrooms	Community

Obesity & Poor Nutrition

Key Takeaways

- Obesity and poor nutrition are the fifth top health concern for Wyandotte County residents.
- In 2020, obesity rates in the County were higher than in Kansas and the United States, at 46.1%, with almost a five percent increase since 2018.
- The rate of obesity and access to healthy food is correlated with several factors at the individual, relationship, community, and political and cultural levels. In this section, we will discuss how obesity and access to healthy food can impact our health and the way we interact with our built environment.

What is Obesity?

Obesity is a complex health issue that is influenced by many factors. Health behaviors such as eating and physical activity patterns, genetics, and even the built environment, which provides varying access to healthy food, healthcare, housing, jobs, and physical activity opportunities, can impact obesity prevalence in a community.

Obesity a Public Health Issue

Obesity is associated with several severe health conditions, including type 2 diabetes mellitus, heart disease, high blood pressure, stroke, and is linked to higher rates of certain types of cancer. Obesity is also an independent risk factor for hypoxia, sleep apnea, hernia, arthritis, and heart disease, which is the leading cause of death in Wyandotte County ([Wellman, Nancy S., and Barbara Friedberg, 2002](#)).

The frequency of physical activity is also a contributing factor to obesity; the CDC recommends that adults get at least 20 - 40 minutes each day or at least 150 minutes every week of moderate-intensity aerobic activity, like brisk walking or fast dancing, and muscle-strengthening activity, like lifting weights or doing push-ups, at least 2 days each week ([U.S. Department of Health and Human Services](#)). In addition to maintaining a healthy weight, other benefits of being physically active are the reduction of symptoms of anxiety and depression, managing or lowering the risk of chronic conditions like high blood pressure and diabetes, and even preventing some cancers ([HHS, 2023](#)).

Obesity and its Contributing Factors in Wyandotte County

The percentage of adults with obesity in Wyandotte County has increased to 46.1% from 2018 to 2020; this is higher than the national obesity percentage of 31.9% ([CDC Places, 2020](#)) and the state obesity percentage of 36% ([BRFSS, 2021](#)). In addition, Wyandotte County contains six of the state's ten census tracts with the highest obesity rates ([CDC Places, 2020](#)).

Figure: Obesity rates in Wyandotte County, Kansas, and the United States

Obesity Rates



Source: CDC • Created with Datawrapper

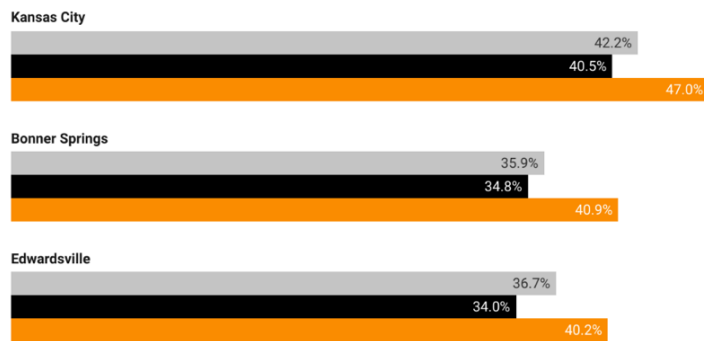
Source: CDC Places Data

Figure: Adults Who are Obese in Wyandotte County

Adults Who are Obese in Wyandotte County

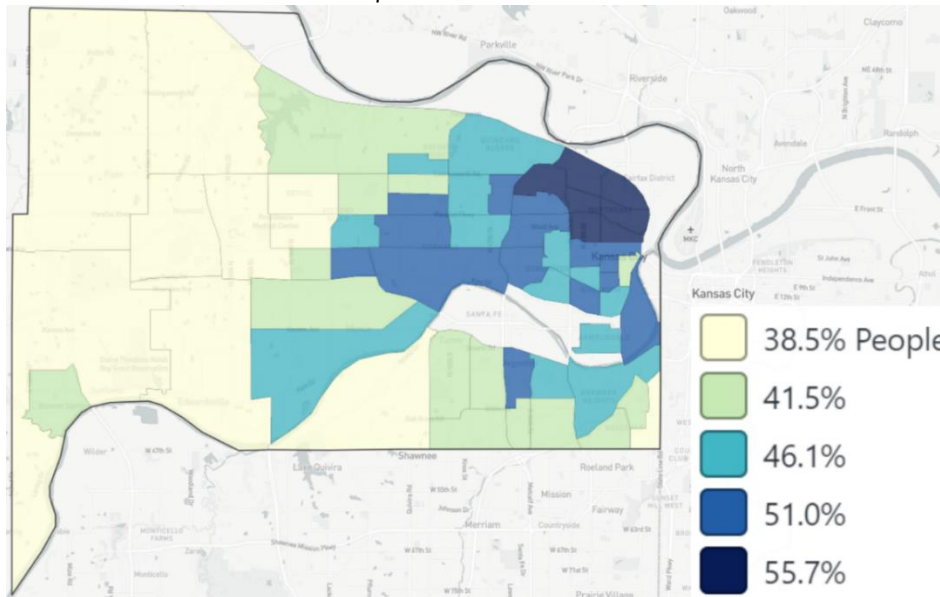
over time by city

2018 2019 2020



Source: CDC Places Data

Adults who are Obese Map



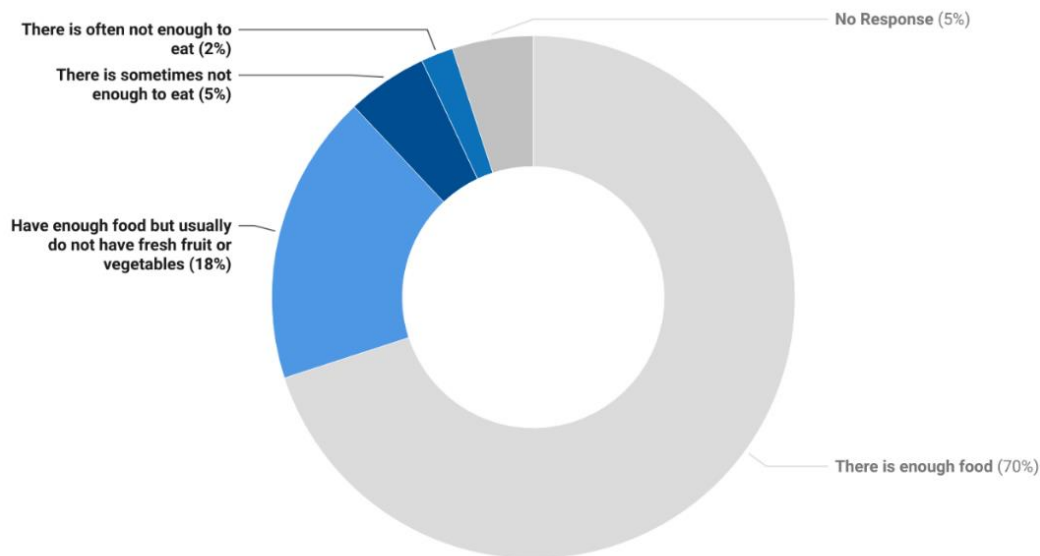
Source: CDC BRFSS PLACES 2020

A nutritious diet can reduce the chances of an individual becoming obese and developing other chronic diseases, including cardiovascular disease, type 2 diabetes, and some cancers ([Lee-Kwan et al.](#)). Overall, 92% of Kansans do not consume the recommended daily amount of vegetables, and 90% do not consume the recommended amount of fruit ([Kansas Action Guide on Fruits and Vegetables, CDC 2018](#)).

Of the Wyandotte County households surveyed in the community concerns survey, 18% reported having enough food but they usually did not have fresh fruit or vegetables, and 7% reported that there was not enough food in their home sometimes or often. Of those households that did not have food most of the time, 79% reported that it was due to cost, and 18% said they did not have transportation.

Food eaten in Wyandotte County households in the last 3 months

Respondents were asked which statement best describes the food eaten in their household in the last 3 months?



Source: Wyandotte County 2022 Community Health Assessment • Created with Datawrapper

According to CDC data, 32.3% of Wyandotte County residents reported no leisure-time physical activity, which is almost 11% more when compared with the United States overall, 23.5%. In addition, only 16.4% of Wyandotte County adults reported getting the recommended amount of aerobic and/or strengthening physical activity ([Kansas Department of Health and Environment](#)).

The built environment is key in how often residents are physically active. When residents were asked what made walking in the county challenging, 74% reported obstructed, unsafe, or missing sidewalks. Having a sidewalk that is in good repair makes it more likely that community members will use it. One study found that 43% of people reporting a place to walk were significantly more likely to meet current regular physical activity recommendations than those reporting no place to walk ([Powell, Kenneth E et al.](#)). However, having a place to walk is not exclusively about having access to a sidewalk; perceptions of the social environment (e.g., the quality of the city and public services, maintenance of public spaces and resources, the perceived and actual safety of a neighborhood, and housing quality) are also important ([Ingram, Maia et al.](#)).

Spotlight on Racism

Eating fresh vegetables and fruit is not just a personal preference; food systems and retailers, and many other factors have created systemic inequities that disproportionately impact people of color. For example, in Wyandotte County, Black residents are two and a half times more likely than their white counterparts to be food insecure ([Feeding America, 2020](#)). In the County, almost 27% of residents live more than one mile from a grocery store. This is most noticeable in census tracts in the Northeast area of the County. ([U.S. Department of Agriculture](#)). Low access to grocery stores is strongly correlated with rates of obesity and other related health conditions. People who live further away and do not have reliable transportation options are less likely to eat healthy foods, such as fresh fruits and vegetables.

Evidence-Based Strategies to Reduce Obesity/Improve Nutrition

To decrease the rate of obesity, government agencies and community partners must work to change policies, systems, and institutions to create accessible physical activity opportunities by designing and implementing Complete Streets projects. Creating and sustaining programs and initiatives that build community connections and increase resources, including access to fresh and nutritious foods through farmer’s markets and urban farming groups, will help to make the healthy choice the easy choice for everyone in Wyandotte County.

Strategy	Description	Sources	Sociological level of change
Farmers markets	Support multiple vendor markets where producers sell goods such as fresh fruit and vegetables, meat, dairy items, and prepared foods directly to consumers	countyhealthrankings.org/ta-ke-action-to-improve-health/what-works-for-health/strategies/farmers-markets	Policy, Community
Community-wide physical activity campaigns	Engage a variety of partners in a highly visible, multi-component effort to increase physical activity, often with efforts to address cardiovascular disease risk factors	countyhealthrankings.org/ta-ke-action-to-improve-health/what-works-for-health/strategies/community-wide-physical-activity-campaigns	Community

Zoning regulation and land use policy reforms	Reform zoning regulations to remove exclusionary zoning codes, address physical environment aesthetics and safety, street continuity and connectivity, residential density, and mixed-use development, etc.	countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/zoning-regulation-and-land-use-policy-reforms	Policy, Community
Complete Streets & street-scape design initiatives	Enhance streetscapes with greater sidewalk coverage and walkway connectivity, street crossing safety features, traffic calming measures, and other design elements	www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/complete-streets-streetscape-design-initiatives	Policy, Community
Mixed-use development	Support a combination of land uses (e.g., residential, commercial, recreational) in development initiatives, often through zoning regulations or Smart Growth initiatives	www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/mixed-use-development	Policy, Community
Point-of-decision prompts for physical activity	Place motivational signs on or near stairwells, elevators, and escalators that encourage individuals to use stairs	www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/point-of-decision-prompts-for-physical-activity	Individual, Community, Policy
New grocery stores in underserved areas	Attract new grocery stores that sell a variety of fresh foods, baked goods, packaged, and frozen items to underserved areas via financing initiatives, tax incentives, or zoning regulation	www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/new-grocery-stores-in-underserved-areas	Individual, Community, Policy

Health Care Access

Key Takeaways

- In the 2022 community concerns survey, 48% of Wyandotte County residents identified healthcare access as one of the top three barriers to health.
- In Wyandotte County, 17% of residents are uninsured ([Kansas Health Matters](#)).
- Wyandotte County is ranked as one of the least healthy counties in Kansas ([County Health Rankings](#)).
- Individuals without health insurance are less likely to have a primary care provider and may not be able to afford the health care services and medications they need.
- Many factors can impact access to healthcare including transportation, health insurance coverage, and geographic location.

What is Healthcare Access?

Healthcare access is the ability to obtain services to prevent, diagnose, treat, and manage disease. About 1 in 10 people in the United States do not get the health care services they need. This can be due to many factors including transportation, health insurance coverage, and geographic location. Individuals without health insurance are less likely to have a primary care provider and may not be able to afford the health care services and medications they need. Without access to a primary care provider, the chances of receiving specialist referrals are much smaller, resulting in health problems going untreated ([OASH, 2023](#)).

Healthcare Access is a Public Health Issue

Barriers to healthcare are a major public health concern because without access to care, community members are not able to receive essential medical care. According to CDC Vital Signs, about 25% of adults aged 18-64 reported being uninsured for at least part of the previous 12 months. These adults were 7 times less likely to seek medical care due to cost compared with those with continuous insurance. According to this same survey, more than 40% of adults this age without health insurance had high blood pressure, asthma, or diabetes and did not seek out care due to cost ([CDC, 2022](#)).

Healthcare Access in Wyandotte County

In the 2022 Community Concerns Survey, 48% of Wyandotte County residents identified healthcare access as one of the top three barriers to health. In addition, 8% of respondents reported having difficulty getting care from a general practitioner or primary care doctor, and 7% reported having difficulty getting care from specialists.

The percentage of Wyandotte adults without health insurance is 24.5%, the fifth highest of Kansas counties. This is concerning when paired with the fact that the county is ranked as one of the least healthy counties in Kansas. Lack of insurance is a huge barrier for obtaining many essential health screenings. The rate of colon cancer screening in Wyandotte (66.5%) is the lowest of the five urban counties in Kansas. The rate of those ages 50-74 receiving a

mammogram in the last two years (70.4%) is in the top quarter of Kansas counties. Yet all counties in Kansas are below the U.S. national average of 78.6%, showing that Kansas lags behind in this indicator ([Kansas Health Matters, 2020](#)).

This is especially concerning because of the high rate of chronic diseases in Wyandotte County, as shown in the Chronic Diseases section of this report. These chronic conditions warrant frequent contact with the health care system, yet according to Kansas Health Matters data, only 70.6% of adults in Wyandotte County have routine checkups, compared to about 74% in Kansas.

The non-physician primary care provider rate (e.g. nurse practitioners, physicians assistants) is trending positive, and is in the top half of Kansas counties ([Kansas Health Matters, 2021 data](#)). Wyandotte has a much higher share of residents on public health insurance (e.g. Medicaid, Medicare) than private health insurance (e.g. through an employer or union) compared to other urban Kansas counties. The percentage of residents with only public health insurance is 12% higher in Wyandotte County than the average of Kansas urban counties. This makes it more critical that Wyandotte residents fully understand the benefits of their public health insurance options, and that public health insurance options are communicated effectively, with appropriate assistance provided for signing up and helping residents navigate coverage.

The number of preventable hospital stays among those on Medicare is trending down, which is positive, but Wyandotte remains in the top quarter of counties (WY: 4,060/100,000 vs KS: 2,578/100,000). It is worth exploring why Wyandotte is significantly worse than other urban Kansas counties in this indicator.

Spotlight on Racism

In Addition, Wyandotte County's Black infant mortality rate is more than twice that of White residents at 12 vs. 5 per year per 1,000 live births ([H.E.A.T Report, 2016](#)). Access to quality prenatal care can help ensure that expectant mothers have the care they need for a healthy delivery. In Wyandotte County, rates of preterm and low birth weight births are highest in the predominantly Black areas.

Another factor which contributes to barriers to health care access is transportation. According to the [Health Equity Action Transformation \(H.E.A.T\) Report](#), about 75% of patients of two large health care systems in Wyandotte County, Children's Mercy Hospital and the University of Kansas Medical Center, reside within a 10-minute drive of both health systems' emergency departments. However, a large percentage of these households lack access to transportation.

Evidence-Based Strategies to Improve Health Care Access

Strategy	Description	Source	Social Ecological Model Level
Creating Patient-Centered Team-Based Primary Care	The Agency for Healthcare Research and Quality (AHRQ) proposes a conceptual “blueprint” and strategies for how primary care practices can provide patient-centered team-based care, emphasizing the importance of relationships with patients and among team members.	health.gov/healthypeople/tools-action/browse-evidence-based-resources/creating-patient-centered-team-based-primary-care	Community
Improving Patient Flow and Reducing Emergency Department Crowding: A Guide for Hospitals	This strategy focuses on a step-by-step guide to help hospitals plan for and implement patient flow improvement strategies to reduce crowding in emergency departments. Improving emergency department patient flow can reduce wait times and increase healthcare access.	health.gov/healthypeople/tools-action/browse-evidence-based-resources/improving-patient-flow-and-reducing-emergency-department-crowding-guide-hospitals	Community
Enhancing Use of Clinical Preventive Services Among Older Adults	This approach focuses on gaps in the use of preventive services among older adults. It features a report which provides state and national self-reported data for adults aged 65 and older who aren't getting recommended services. The report offers 8 indicators for monitoring older adults' use of preventive services.	health.gov/healthypeople/tools-action/browse-evidence-based-resources/enhancing-use-clinical-preventive-services-among-older-adults	Individual and Community
Cancer Screening: Interventions Engaging Community Health Workers – Breast Cancer	The Community Preventive Services Task Force (CPSTF) recommends interventions that engage community health workers to increase screening mammograms. These interventions are intended to increase use of screening services and to improve access to screening services by reducing structural barriers. They're typically used in underserved communities to improve health, and they can enhance health equity.	health.gov/healthypeople/tools-action/browse-evidence-based-resources/cancer-screening-interventions-engaging-community-health-workers-breast-cancer	Individual and Relationship
Cancer Screening: One-on-One Education for Clients – Breast Cancer	This approach involves utilizing health care workers, other health professionals, lay health advisors, and volunteers to provide people information by phone or in person to provide one-on-one education may increase breast cancer screening. The interventions include information on the benefits of screening and ways to overcome barriers and can be tailored to reach specific people or a more general audience.	health.gov/healthypeople/tools-action/browse-evidence-based-resources/cancer-screening-one-on-one-education-clients-breast-cancer	Individual and relationship

Employment and Income

Key Takeaways

- Employment and income are two of the most important social determinants of health.
- Black residents continue to face more discrimination and barriers to employment, and have lower household incomes, than other residents.
- To improve Wyandotte County’s longstanding health challenges, community stakeholders can work to increase access to living wage jobs.

What is Household Income and Unemployment?

Median household income is a common way to measure income in a certain area or group. It represents the “middle of the pack,” meaning half of the incomes in that group are lower, and half are higher. Most household income in the United States comes from wages, making increasing access to living wage jobs an important strategy to improve community health.

Safety nets and financial assistance programs can also be a critical portion of a household’s monthly income. Increasing the amount or dependability of these services helps make income go further. Some examples include:

- Affordable child care provided through employer or government
- Food assistance (pantries, kitchens)
- Free or reduced-cost healthcare
- Utility assistance

Communities thrive when it is easier for people to find and keep a living wage job. Living wages allow for community members to afford safe housing, transportation, healthy foods, opportunities for their children, leisure activities, and savings for emergencies and retirement. People looking for work but unable to find something satisfactory, can be unemployed, underemployed, marginally attached workers, involuntary part-time workers, or discouraged workers ([U.S. Bureau of Labor Statistics](#)).

The unemployment rate is the most cited measurement of lack of employment. It measures the percentage of unemployed people over 16, who have searched for a job in the last 4 weeks. ([FRED | St. Louis Fed](#)). Unemployment is a problem that includes both lack of available jobs, and a mismatch between the skills needed for the jobs and the skills available in the labor force ([Kansas Health Matters](#)).

Employment and Income are Public Health Issues

Lack of income and lack of employment have strong negative impacts on health. Both issues fall within a category called the “social determinants of health,” which are non-medical factors that influence health ([CDC](#)). The County Health Rankings developed a nationally respected method for weighing the contribution of different health factors’ to overall health. In it, unemployment and income made up 20% of the contributions to overall health, equal to the contributions of all the following: adult smoking, adult obesity, food environment, physical inactivity, and access to

exercise opportunities. ([Robert Wood Johnson Foundation](#)). In other words, someone's job status and income can have an equal impact on health equal to smoking, obesity, food access, and exercise combined. Additionally, health insurance is often tied to employment status, which means that a lack of employment could mean a lack of health insurance, creating additional barriers to accessing healthcare.

Public health departments must pay attention to employment and income, even if they don't have authority over the sectors in which reforms are needed. Public health can gather data, make a case for change, leverage funding, alert policymakers to creative solutions, and assist with planning and partnership building. Public health needs strong partnerships to be effective working on these issues.

Health Impact: Income

Research shows that individuals with higher incomes consistently experience better health outcomes than individuals with low incomes and those living in poverty. ([AAFP](#)). Poverty concentrates in certain areas, often over prolonged periods of time. ([Healthy People 2030](#)). People living in impoverished communities have less access to stable housing, healthy foods, and safe neighborhoods. Poverty also limits access to educational and employment opportunities, one of the reasons it can have a cyclical effect and transmit across generations.

Health Impact: Unemployment

During periods of unemployment, individuals are likely to feel severe economic and mental stress ([Kansas Health Matters](#)). Those who are unemployed report having low self-esteem, feeling depressed, anxious, demoralized, worried, and in physical pain. These and other factors contribute to higher levels of high blood pressure, stroke, heart attack, heart disease, and arthritis in unemployed persons ([Healthy People 2030](#)). Because health coverage in the United States is often tied to employment, those without employment may struggle with lack of access to healthcare ([Kansas Health Matters](#)). This presents a strong case for increasing access to living wage jobs to increase household income to improve public health.

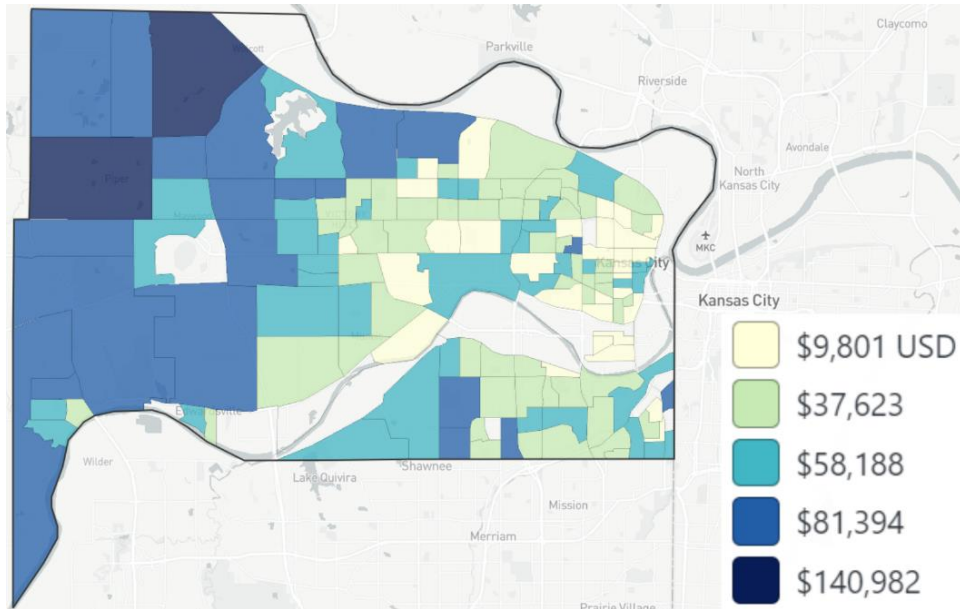
Wyandotte County Data

The community concerns survey (2022) and other data highlight employment and income as critical public health focus areas in Wyandotte County. In the resident survey:

- 44% of residents indicated employment and income as one of the top three barriers to health. Only lack of access to healthcare (48%) rated higher. (Q2)
- The most common barriers to becoming employed were reported to be transportation (22%), lack of marketable skills (14%), child care (14%), and poor job search or interview skills (14%). (Q11a)

Households in Wyandotte County have less income than Kansas households. Median household income in WYCO is \$52,366, compared to \$64,521 for Kansas ([U.S. Census](#)). And Wyandotte County has a higher unemployment rate of 3.4% for the county compared to 2.8% for Kansas ([FRED - St. Louis Federal Reserve](#)). Wyandotte County households are some of the most burdened by childcare costs in the State. Wyandotte residents pay 29% of median household

income to cover childcare costs ([County Health Rankings, 2020 & 2021 data](#)). Only Riley County at 30% is higher. This is important because affordable childcare not only helps residents save income for other needs; it helps parents, especially women, stay employed. Anything that policymakers, businesses, and advocates can do to provide affordable, reliable childcare therefore serves as a strategy to increase both employment and income.



Spotlight on Racism

Low household income and unemployment are not spread equally across Wyandotte County. Historical redlining and perpetuated patterns of disinvestment have led to census tracts predominantly populated by communities of color being worse off than other census tracts in the county. Thirteen census tracts have an unemployment rate of over 10%. These thirteen tracts contain 19.9% of the working age population but 40.4% of the unemployed people (ACS 2016-2020). The lowest income households are also concentrated in eastern Wyandotte County near downtown, with some additional areas of low-income median household income in the midtown area. The pale yellow on the map above demonstrates this pattern.

Finally, Wyandotte County stakeholders should give special attention to the disparities in household income between Black and Hispanic residents and those of other races. Black and Hispanic residents continue to face significant barriers to employment because of interpersonal and institutional racism (e.g., hiring bias, informal mentoring and networking opportunities that exclude Black employees, insufficient training and development, under-resourced communities and educational systems) ([U.S. Equal Employment Opportunity Commission](#)). The impact of racism on employment and income is a public health crisis, and attempts to raise household income will have a disproportionately positive impact on our community's health.

Median Household Income by Race/Ethnicity, 2021 ACS 1-Year Estimates

Race/Ethnicity category	Median Household Income
All races/ethnicities	\$55,605
White alone	\$65,866
Black alone	\$42,584
American Indian/Alaska Native alone	\$73,750
Asian alone	\$82,286
Some other race	\$52,050
Two or more races	\$59,108
Hispanic or Latino	\$53,124

Data source: [Median Income in the Past 12 Months – US Census](#)

Evidence-Based Strategies to Improve Jobs and Income

Strategy	Description	Source	Social Ecological Model Level
Adult vocational training	Support acquisition of job-specific skills through education, certification programs, or on-the-job training, often with personal development resources and other supports	Adult vocational training County Health Rankings & Roadmaps	Individual
Flexible scheduling	Offer employees control over an aspect of their schedule through arrangements such as flex time, flex hours, compressed work weeks, or self-scheduled shift work.	Flexible scheduling County Health Rankings & Roadmaps	Community
Paid Family Leave	Provide employees with paid time off for circumstances such as a recent birth or adoption, a parent or spouse with a serious medical condition, or a sick child	Paid family leave County Health Rankings & Roadmaps	Community, Public Policy
Transitional and subsidized jobs	Establish time-limited, subsidized, paid jobs to help individuals with barriers to employment transition to unsubsidized employment.	Transitional and subsidized jobs County Health Rankings & Roadmaps	Community, Public Policy
Summer youth employment program	Provide short-term employment opportunities for youth, especially those from disadvantaged backgrounds	Summer youth employment programs County Health Rankings & Roadmaps	Community
Sector-based workforce initiatives	Provide industry-focused education and job training based on the needs of regional employers within specific sectors	Sector-based workforce initiatives County Health Rankings & Roadmaps	Individual, Interpersonal
Childcare subsidies	Provide financial assistance to working parents, or parents attending school, to pay for childcare	Childcare subsidies County Health Rankings & Roadmaps	Public Policy
New Hope Project	Provided work supports for low-income individuals and families (e.g., job search assistance, transitional jobs, subsidized child care, health insurance, etc.); participants worked at least 30 hours/week	New Hope Project County Health Rankings & Roadmaps	Community

Affordable Housing

Key Takeaways

- More than 18,000 of the 60,000 Wyandotte County households are considered cost burdened
- The lack of affordable housing is linked to negative health outcomes
- Life expectancy for unhoused people is shortened by approximately 30 years compared to people who are housed
- Many households cannot afford more than \$200 per month in rent
- To combat this issue, programs, policies, and investment are needed locally as well as at the state and federal levels.

What is Affordable Housing?

Affordable housing is generally defined as housing in which the occupant is paying no more than 30 percent of their gross income for housing costs, including utilities. ([HUD, 2011](#)). For a renter in Wyandotte County, this means “housing costs” include the rent paid to a landlord, money paid to BPU (Board of Public Utilities) for electricity and water, and money paid to Atmos or Kansas Gas Service for natural gas.

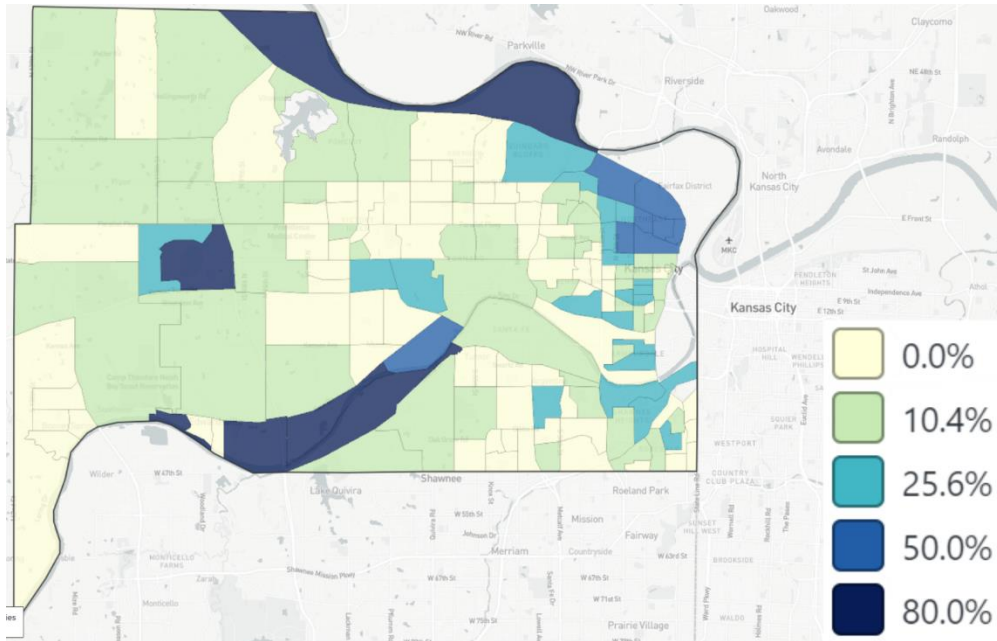
For example, a renter with a gross income of \$40,000 per year would need to pay less than \$12,000 or, \$1,000 per month, in total housing costs (rent, electric, water, and gas) for their housing to be considered affordable.

Affordable Housing is a Public Health Issue

The lack of affordable housing is linked to countless negative health outcomes for individuals and their families. When housing is unaffordable, an outsized share of income goes toward housing, leaving less money for other necessities like food, heat, health care, transportation, education, leisure, and savings. People experiencing housing insecurity (moving frequently, falling behind on rent, couch surfing, or undergoing eviction or foreclosure) have higher rates of depression, hypertension, heart disease, undernutrition, higher health care costs, less access to health care, and prescription non-adherence ([Harvard](#)) ([American Journal of Public Health](#)) ([Robert Wood Johnson Foundation](#)). In addition, housing insecurity among youth has been linked to increased risks of teen pregnancy, early drug use, and depression ([Health Affairs](#)).

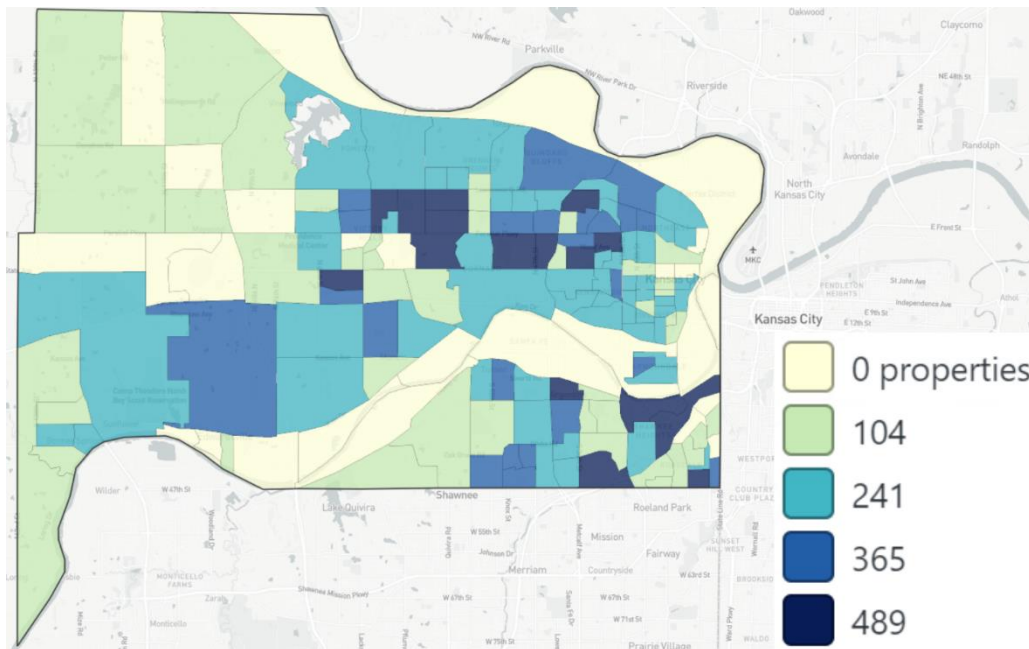
In the search for housing they can afford, low-income families may have to sacrifice quality for cost by living in homes with mold, lead, non-working appliances, structural issues, no heating or cooling, or other serious health and safety hazards ([Harvard](#)). Exposure to these poor housing conditions can increase the risk for many negative health outcomes, such as poor child development, lung diseases, and cancer.

This map from the Census Bureau shows that about 50% of homes in several Wyandotte County Census Tracts lack heating.



Source: Wyandotte County Tax Assessors Office, 2017

This map shows the concentration of homes that potentially contain lead contamination. Well over 50% of homes are at risk in most Census Tracts in Wyandotte County.



Source: Wyandotte County Tax Assessors Office, 2017

Employment opportunities in Wyandotte County are usually not accessible to households with unreliable or no transportation options. Almost 9% of households in Wyandotte County do not own a car, and 67% of workers in the county work elsewhere ([ACS US Census Bureau ACS 5-year 2017-2021](#)). This leads to a longer commute to employment centers and increased costs in money and time for low-income households.

When the unaffordability of housing digresses to homelessness, it can result in preventable death. Studies in various cities around the United States have shown life expectancy for unhoused people to be anywhere between 43 and 54 years ([National Health Care for Homeless Council](#)), whereas the national life expectancy is 80. Persons experiencing homelessness lack everyday necessities and are more susceptible to cold injuries (like frostbite), cardio-respiratory diseases, tuberculosis, skin diseases, nutritional deficiencies, sleep deprivation, mental illness, physical and sexual assault, drug dependency, and HIV/AIDS, and other health issues (University of Washington). In addition, the difficulty getting rest, maintaining medications, eating well, and staying clean and warm prolong and exacerbate illnesses.

Affordable Housing Data in Wyandotte County

An estimated 18,815 Wyandotte County households are considered cost-burdened, spending more than 30% of their monthly income on housing. (McClure).

Zip Code	Median Home Rent, Dollars
66101	\$669
66102	\$877
66103	\$996
66104	\$902
66105	\$758
66106	\$901
66109	\$1,469
66012	\$1,060
66111	\$1,002
66112	\$973

	County Median Income (Dollars)	Low Income: (80% AMI)	Very Low Income: (50% AMI)	Extremely Low Income (30% AMI)
Wyandotte County Household Income threshold (Dollars)	\$48,093	\$38,474	\$24,046	\$14,428
# of People at or below income thresholds (Estimates based on population)	84,623	71,506	42,988	23,017

Furthermore, rental costs increased 7% in the Kansas City area between the 3rd Quarter 2021 and 3rd Quarter 2022, further exacerbating the issue. During this same time period, evictions have also increased by 59%. ([HUD](#)) According to the Community Concerns survey, nearly a quarter (23%) of residents worry about paying monthly expenses such as rent/mortgage and utilities:

How often in the past 12 months would you say you were worried or stressed about having enough money to pay your regular monthly expenses (including rent/mortgage, electricity, water, etc.)?	Number	Percent
Never	336	29%
Rarely	229	20%
Sometimes	294	26%
Usually	117	10%
Always	155	13%

Government programs exist to ease the housing issues, but they, too, are overburdened. The Kansas City, Kansas Housing Authority has allocated 1,655 Section 8 Housing Vouchers from the Department of Housing and Urban Development ([HUD](#)). The most recent publicly available data (November 2022) shows that only 1,100 of those vouchers are currently being utilized, which equates to 33% of the vouchers being returned to the housing authority due to tenant inability to find landlords who will accept the vouchers. That same data from 2022 shows there are also 900 people on the voucher waiting list, with a processing backlog of four years. ([KCKHA](#))

In summary, tens of thousands of Wyandotte County residents cannot find housing that is affordable to them and are, therefore, cost burdened. As a result, these residents have less money each month for things like food, heat, health care, transportation, education, and entertainment, and are subject to negative health implications, including homelessness and the risk of preventable death.

Spotlight on Racism

The effects that structural racism have had on housing in Wyandotte County have been well documented. The HEAT Report details how the legacy of redlining is still affecting Black Wyandotte County residents today. Areas that were purposefully neglected for overtly racist reasons in the first half of the 20th century continue to see neglect and disinvestment today. ([HEAT, 2021](#))

Recent data shows that these trends still hold today. 31.2% of Black Wyandotte County renters are extremely cost-burdened compared to 17.2% of white Wyandotte County renters. ([HUD CHAS 2015-2019](#)) Census Tracts with high concentrations of poor housing conditions, such as increased lead exposure and lack of heating, tend to also have high concentrations of Black residents. Land Bank lots are also extremely concentrated in areas with large Black populations as a result of historical redlining.

Evidence-Based Strategies for Improving Affordable Housing

Housing affordability is a complex and expensive problem that spans well beyond the boundaries of Wyandotte County. It is difficult to find a city or state within the United States that is not struggling with an affordability crisis today. Examples of quality, affordable housing around the world point toward solutions such as mixed-use, mixed-income social housing and regulations requiring affordability. ([URBED Trust, 2018](#)) To close the gap here at home, large investments are needed at the local, state, and Federal levels to create the millions of affordable homes needed nationwide and the tens of thousands that are needed in Wyandotte County.

Additionally, there are some things we can do today to prevent evictions and displacement and to sustain our current housing stock. Some of these strategies include:

Strategy	Description	Source	Social Ecological Level
Prohibit source of income discrimination	Currently, many Wyandotte County residents lack quality and affordable housing, yet hundreds of Section 8 vouchers go unused. Prohibiting source of income discrimination will expand the selection and availability of housing for low-income households	Microsoft Word - JW_EDIT_Freeman_ImpactLaws.docx (huduser.gov)	Community
Expand emergency rental assistance and delinquent property tax funding to prevent evictions	Efforts to prevent evictions at the government level through legal protections and safety net funding can be effective at reducing numbers of eviction filings, especially for low-income households who identify as Black or Hispanic.	home.treasury.gov/news/press-releases/jy0645 . evictionlab.org/us-eviction-filing-patterns-2021/ docs.google.com/presentation/d/1QTx6y3kb6D5nZ7IIB3MpM95pOYTVaRQZ1Rqai0Ueg24/edit#slide=id.g18436e2d8e8_1_33	Policy

HOME Investment Partnership Program	Providing formula grants to states and localities to build, buy, or rehabilitate affordable housing to then allow households with low incomes to rent or purchase these homes at a lower cost. This intervention could increase access to affordable and quality housing, with the potential to decrease disparities.	County Health Rankings www.urban.org/urban-wire/preserving-affordable-housing-what-works	Community, Individual
Tenants' right to counsel and lease renewal to prevent retaliatory evictions	Providing free access to an attorney to those facing eviction, regardless of income, can improve the rates of dismissals of eviction filings because, with legal assistance, landlords and tenants are able to come to agreements that allow tenants to remain in their homes.	Tenant Right to Counsel (civilrighttocounsel.org) In just 3 months, Kansas City's right-to-counsel program has helped nearly 400 tenants KCUR 89.3 - NPR in Kansas City	Individual
Community Land Trusts	Using a non-profit organization to purchase land to lease to residents with low and middle incomes to live in can lower monthly mortgage payments, increase housing stability, and decrease racial disparities in housing.	County Health Rankings (www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/community-land-trusts)	Community

ASSETS, ACKNOWLEDGMENT, & CONCLUSION

Community Assets

The table below includes a list of community assets, namely coalitions and collaborative groups, working across sectors to address some of the health priorities outlined in this report. This list is not intended to be exhaustive but rather used as a jumping-off point of all the great work, contributions, and resources that make up the Wyandotte County community.

Partnerships and collaboration are key when working toward better health outcomes. The coalitions listed below have spent countless hours working to improve the conditions shaping health for Wyandotte County's people. Please take some time to visit their sites and learn how you can support the collaborative initiatives and services they provide.

For more information about community resources and direct services – please contact United Way's 2-1-1. This free service is available 24/7 and connects you to thousands of community resources, such as financial assistance and mental health resources.

Asset Name	Brief Description	Website
Community Asset Type: Coalition		
Kansas City Physical Activity Plan	The Kansas City Physical Activity Plan (KCPA Plan) is designed to be a comprehensive set of strategies and priorities that are evidence-based and informed by local community leaders to increase rates of physical activity. The KCPA Plan is organized by societal sector, and it is led by Sector Work Groups. The vision of the KCPA Plan is to build a culture of physically active lifestyles throughout Kansas City for residents of all ages and abilities.	kcphysicalactivityplan.org
Infrastructure Action Team	Our mission is to build, redesign, and better utilize Wyandotte County's environmental infrastructure to provide opportunities for healthy and active living. Environmental infrastructure includes anything from sidewalks and trails to parks and community centers. The team promotes county-wide healthy policies and plans and works with existing organizations to increase their focus on healthy living.	www.hcwyco.org/iat
Community Health Improvement Plan (CHIP)	The Wyandotte County Community Health Improvement Plan (CHIP) is a 5-year (2018-2023) collaborative plan designed to address four community-identified health priorities: 1) Jobs and Education 2) Health Care Access 3) Safe and Affordable Housing 4) Violence Prevention.	dashboards.mysidewalk.com/wyco-chip-dashboard

The Unified Government Public Health Department (UGPHD) partners with four Lead Agencies, each with expertise in one of the priority areas, to plan and implement the CHIP strategies through the convening and coordination of CHIP Action Teams and Subcommittees.

<p>Greater KC Food Policy Coalition</p>	<p><i>Mission:</i> Convene diverse stakeholders to advocate for an equitable, sustainable and resilient food system in greater Kansas City and promote policies for the nutritional, economic, social and environmental health of the community. <i>Vision:</i> All people in greater Kansas City will have access to healthy food that is fresh, nutritious, affordable, culturally appropriate and produced and sold locally, with care for the environment, food system workers and the community.</p>	<p>kchealthykids.org/greater-kc-food-policy-coalition</p>
<p>Health Equity Taskforce</p>	<p>The purpose of the Wyandotte County Health Equity Task Force (HETF) is to improve the health outcomes of all Wyandotte County residents that have been historically marginalized or underserved, and co-lead initiatives in response to COVID-19 that address health inequalities in vulnerable communities. The HETF is doing this work through the coordination of Neighborhood-Based Clinic Locations within the areas most vulnerable to COVID-19.</p>	<p>wycohetf.org</p>
<p>Recovery Collective</p>	<p>The purpose of the Wyandotte County Recovery Collective is to bring together substance use professionals, community members, and advocates to break down recovery barriers, and collaborate to ensure our community is healthy, safe, and resource rich for SUD recovery opportunities. The WCRC meets monthly to discuss SUD community updates and resources. Four subcommittees focus on SUD data, mental health, resource dissemination, and harm reduction.</p>	
<p>Wyandotte County Youth Fatality Review Board</p>	<p>Goals of the Wyandotte County Youth Fatality Review Board: 1. To inform community strategies to prevent youth deaths in ages 1-24 in Wyandotte County 2. To reduce intentional and unintentional injury deaths in all youth ages 1-24 in Wyandotte County 3. To reduce racial and ethnic disparities in youth deaths, specifically caused by homicide and suicide, ages 1-24 in Wyandotte County</p>	
<p>FIMR Case Review Team & Community Action Team</p>	<p>A coalition to reduce infant mortality through collaboration and partnerships and provide families in Wyandotte County with the tools and support they need to ensure healthy babies and healthy lives.</p>	
<p>Justice & Equity Coalition</p>	<p>The goal of our coalition is to research, design, and implement measures to evaluate areas of disparity and inequity within our local community. We hope to increase community access to resources and encourage activism.</p>	<p>wycojusticeandequity.org</p>
<p>Tobacco Free Wyandotte</p>	<p>TFW seeks to pull together partners and residents to work together to: 1. Improve access to resources that help people quit tobacco 2. Prevent youth from starting to use tobacco 3. Protect residents from secondhand smoke 4. Ensure support for populations that are targeted by tobacco companies.</p>	<p>hcwyco.org/tfw</p>

Raising WYCO	Raising WYCO is a committed group of early education, community, and business leaders committed to engaging a broad coalition of community stakeholders to identify feasible and sustainable solutions for improving local childcare access.	raisingwyco.org
Greater KC Coalition to End Homelessness	The Greater KC Coalition to End Homelessness is Kansas City's Lead Agency under the Housing and Urban Development (HUD) Continuum of Care comprised of a network of government agencies, nonprofit organizations, and other groups around the metro-area working to help people who face homelessness.	gkcceh.org
Latino Health for All	The Latino Health for All Coalition engages community partners in reducing disparities in health outcomes related to diabetes and other chronic diseases among Latinos in Kansas City/Wyandotte County.	lhfa.ctb.ku.edu
WYCO Sexual Assault Prevention Coalition	The Wyandotte County Sexual Assault Prevention Coalition is a MOCSA-sponsored, community-based coalition that works to prevent sexual assault and abuse in Kansas City, Kansas. We are focused on addressing the causes of violence and stopping its occurrence before it happens.	facebook.com/WyCoSAP
Clean Slate Coalition	The Clean Slate Coalition is a group of community organizations and advocates that support an automated process for the expungement or sealing of criminal records from public view for thousands of Kansans who are eligible for expungement but lack the time and resources to get their record expunged manually.	
Community Asset Type: Community Program		
ThrYve	The mission of ThrYve is to empower youth to be hopeful and thrive by connecting youth and families to opportunities that foster resiliency and success through coordinated systems and communities of support. ThrYve collaborates with youth and community partners to provide a collaborative network of youth opportunities to collectively promote more equitable conditions, particularly for racial and ethnic youth who disproportionately experience youth violence.	wethryve.ctb.ku.edu
Wyandotte County K-State Extension	"To provide leadership in education through evidence based, culturally appropriate programs and information that improves the quality of life for all citizens." Our office provides a balanced mix of programs in Horticulture, Family and Consumer Sciences, 4-H Youth Development and Community Vitality. Wyandotte County Extension stresses the importance of enriching the lives of our residents by providing free or low-cost opportunities to engage in lifelong learning. Our staff members are trained to provide educational programs and resources to all members of the community.	wyandotte.k-state.edu
WYCO Health Link	The WYCO Health Link program provides rides to and from medical appointments at no cost to the patient. The program is available for people who live in Wyandotte County and have an appointment at a participating clinic for non-emergency medical services. Individuals can participate in this program regardless of income, insurance coverage or immigration status.	wycokck.org/Departments/Transportation/WYCO-Health-Link

Kansas Legal Services (KLS)	A non-profit law firm and community education organization helping low- and moderate-income people in Kansas	kansaslegalservices.org
Kansas Birth Equity Network	The purpose of this network is to create birth equity in Kansas through training, research, healthcare, and advocacy.	kumc.edu/school-of-medicine/academics/departments/population-health/research/kansas-birth-equity-network
Unified Government AmeriCorps Program	Join the UG AmeriCorps Program to create change here in Wyandotte County and gain new skills. The UG VISTA Program hosts a plethora of different AmeriCorps VISTA and Public Health AmeriCorps positions - from community engagement to technology-based positions. There is something for everyone!	hcwyco.org/vista
KC Food Circle Directory	<p>KC Food Circle farmers and the products they sell. You can search by category, seasonal spotlight, browse alphabetically, or if you're looking for a specific farm, use the search bar. We're adding new farmers as fast as we can, so check back often!</p> <p>KC Food Circle farmers operate within 120 miles of Kansas City and pledge to meet high standards for growing plants and mushrooms, beekeeping, and raising animals.</p>	kchealthykids.org/kcfoodcircledirectory
Community Asset Type: Non-Profit Organization		
Cultivate KC	Cultivate Kansas City is a locally grown nonprofit working to grow food, farms, and community in support of a sustainable and healthy local food system for all. We believe that growing and sharing local food nurtures our ability to care for each other and the world in which we live.	cultivatekc.org
BikeWalkKC	Mission: Our mission is to redefine our streets as places for people to build a culture of active living. Vision: A Greater Kansas City where everyone moves through the city and its public spaces equitably, safely, comfortably, and sustainably.	bikewalkkc.org
CleanAirNow KC	The CleanAirNow Coalition is dedicated to improving air quality in Kansas City and the surrounding region, particularly in communities suffering the greatest health burden, and to preventing and mitigating disease caused by air pollution.	cankc.org
Kansas Action for Children	The Kansas Action for Children mission is to shape health, education, and economic policy that will improve the lives of Kansas children and families.	kac.org
Rosedale Development Association	RDA's mission is to work with residents, businesses, and institutions to develop a thriving Rosedale community.	rosedale.org
Central Ave. Betterment Association	CABA's mission is to improve the Quality of Life and Economic Development of the Central Avenue Area and its Territory of Operation	cabackc.org

**Armourdale
Renewal
Association**

ARA cares about our neighborhood and works to enhance residents and businesses by developing programs, services, or resources, to build a stronger and healthier community.

armourdale.org

**Downtown
Shareholders**

Business owners. Employees. Residents. Visitors. Proponents. Advocates. We're all of these things and together, we're Downtown Shareholders of Kansas City, Kansas. We work tirelessly to advance the revitalization of Downtown KCK through a combination of outreach, programming, services, and advocacy that share two common goals: to bring people to Downtown KCK, and to make the existing community even more diverse, vibrant, and successful.

downtownkck.org

In other words, we are writing a new chapter in Downtown KCK's story, and we'd love for you to be a part of the narrative in Our KCK.

**Groundwork
Northeast
Revitalization
Group**

Groundwork NRG's local mission is to sustain and revitalize our beloved Northeast KCK community through forward-looking and inclusive action rooted in the principles of equity, community cohesion, institutional transparency, and environmental justice.

northeastkck.org

**Community
Health Council
(CHC) of
Wyandotte
County**

The Community Health Council of Wyandotte County aims to enhance the health, and access to health care services, of Wyandotte County residents, especially our vulnerable populations, through advocacy, collaboration, and education. We do this by creating strategic collaborations and innovative programs with our community partners to meet the needs of our community.

wychealth.com

Acknowledgments

Community Partners

Thank you to the following community partners and organizations for your ongoing support in our Community Health Assessment and Community Health Improvement Plan. *The following partners provided funding, advised on the survey, or hosted community forums or focus groups*

- Wyandotte County Health Equity Task Force
- Alive and Thrive
- Community Health Council of Wyandotte County
- El Centro
- Frank Williams Center
- Juntos
- Kansas City, Kansas Public Schools
- Piper School District
- Kansas Housing Authority
- City of Bonner Springs
- Kim Wilson Housing
- Our Spot KC
- Vibrant Health
- Wyandotte Economic Development Council
- Wyandotte Health Foundation

Authors List

Here are the authors from the Health Department team who wrote the 2022 CHA report:

- Juliann Van Liew, Director, March 2020-February 2023
- Ambur Banner, Acting Director, February 2023-
- Wesley McKain, Manager of Policy, and Development
- Elizabeth Groenweghe, Chief Epidemiologist
- Hannah Conner, Social Epidemiologist
- Bianca Garcia, Community Health Division Manager, October 2021-March 2023
- Susan Caman, CHIP Coordinator
- Blake Hensley, CHIP Coordinator
- Dustin Hare, Policy Analyst
- Erika Holliday, Substance Misuse Coordinator

Conclusion

The publication of this Community Health Assessment represents a lot of capacity building and hard work undertaken by a committed public health team. UGPHD's epidemiologists and data scientists have driven the methodology of this CHA, and we hope this rich report will drive collective public health work in Wyandotte County.

It is no secret that many in our community face barriers in accessing a livable wage, healthcare, housing, and other basic needs. These needs make traditional public health programming ineffective unless paired with upstream work. We intend to use this information to improve programming while also changing policies, systems, and environments that can have broad impacts on health outcomes.

This CHA also identified areas that require our renewed attention as we move into our next CHIP – namely racism, mental health, and substance use, among others. Our community has struggled in these areas for decades, but the COVID-19 pandemic showed us they require greater attention, commitment, and collective action than they've received in the past. We commit to ensuring these areas are prioritized and given the attention they need in coming years and our future CHIP.

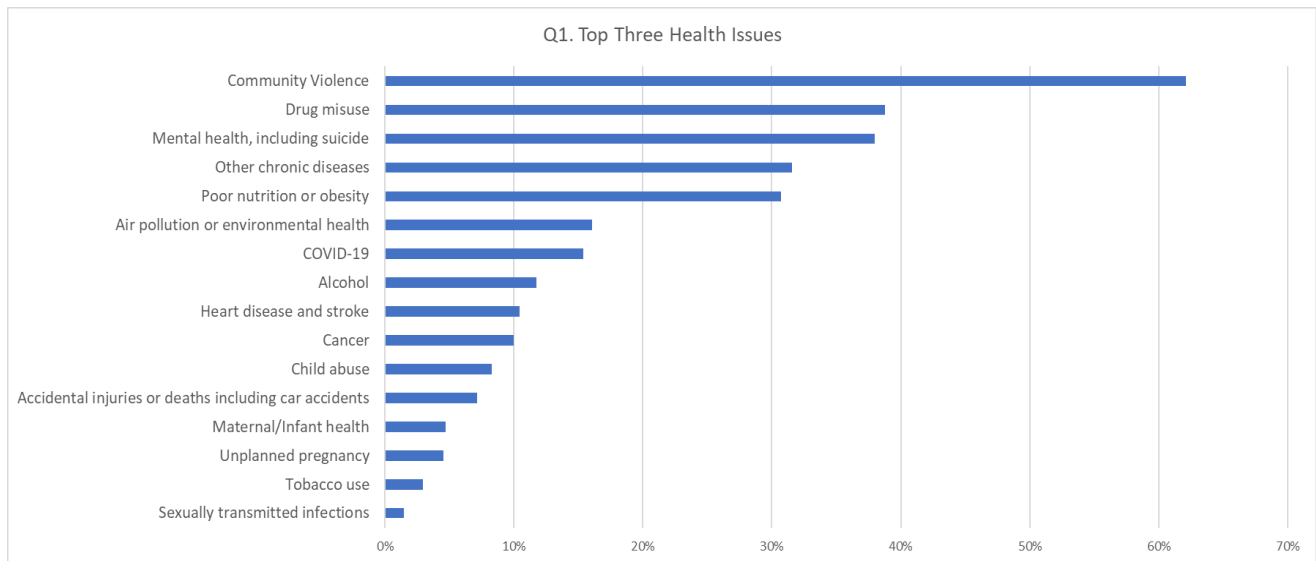
Thank you for your continued partnership. We look forward to working alongside you in pursuit of a healthier Wyandotte.

APPENDICES

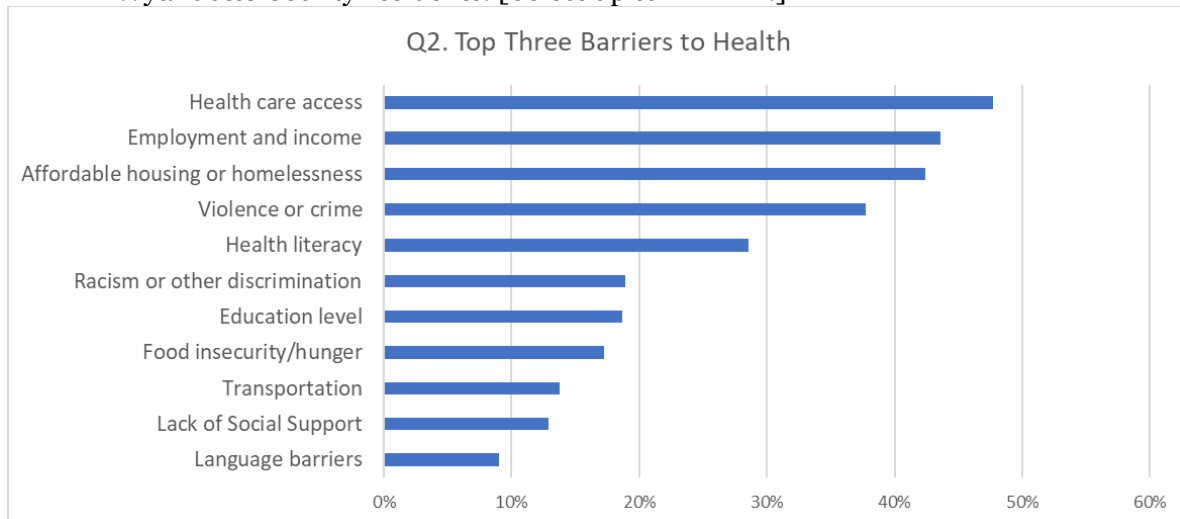
Appendix A

Community and Personal Health Concerns

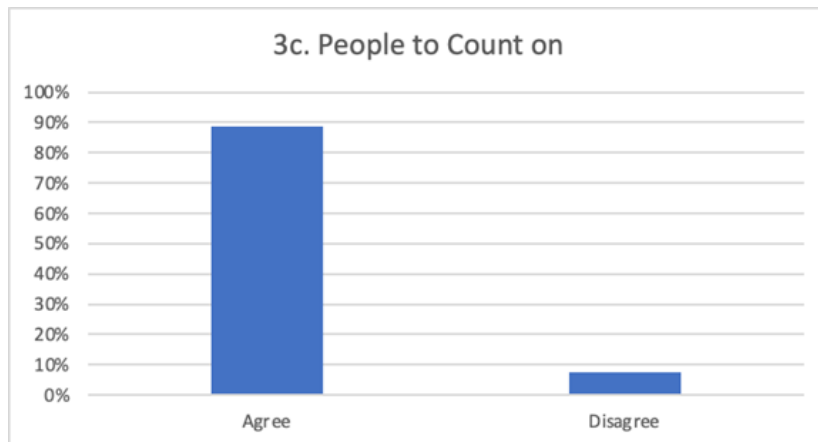
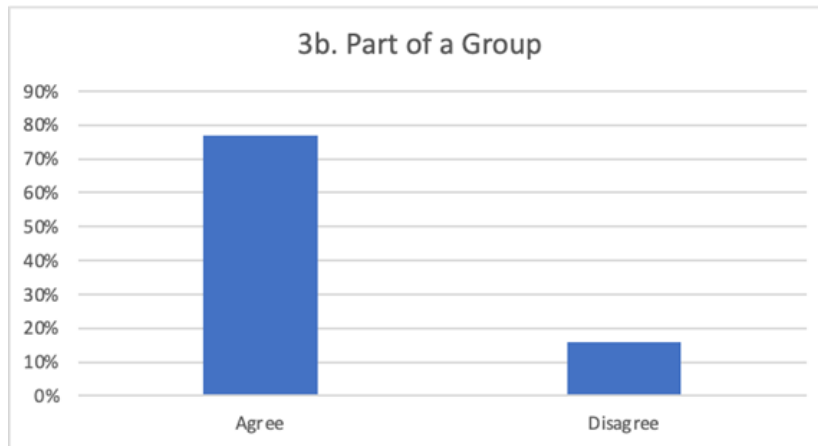
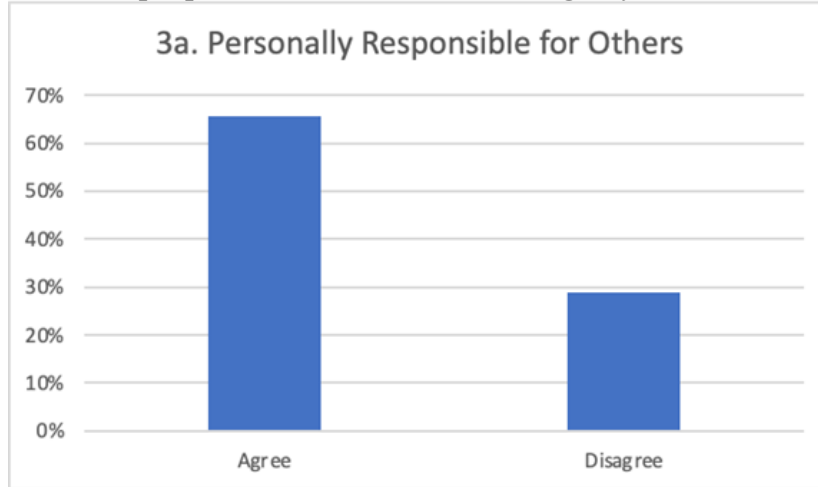
1. From the list below, select the **THREE** areas you believe are the biggest health concerns in Wyandotte County. [Select up to **THREE**.]



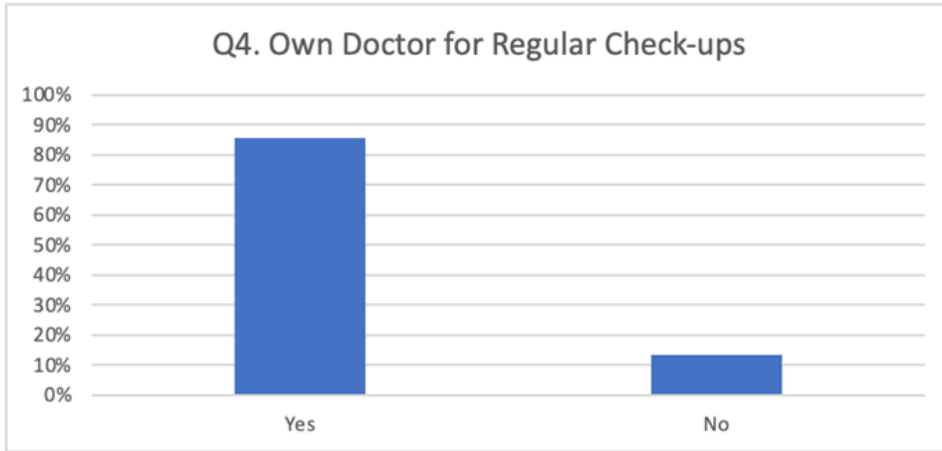
2. From the list below, select the **THREE** issues that are biggest barriers to health for Wyandotte County residents. [Select up to **THREE**.]



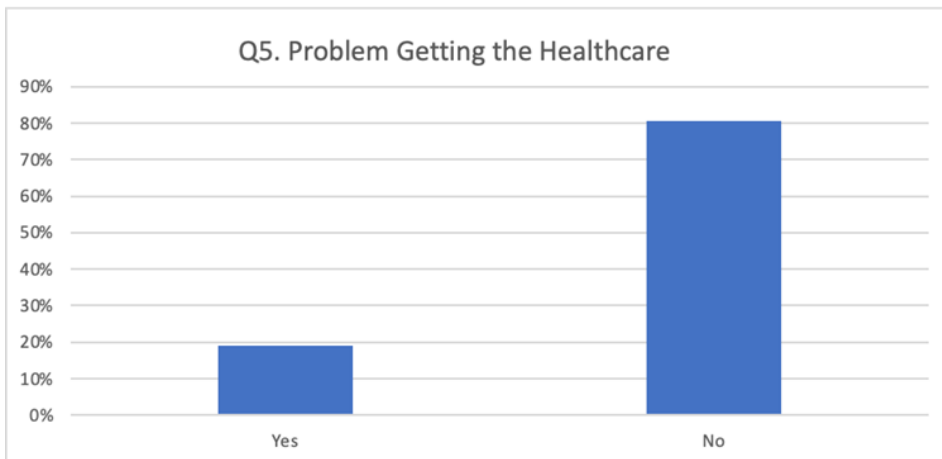
3. Think about your current relationship with friends, family members, coworkers, community members, and so on. Please choose if you agree or disagree with each statement that describes your current relationships with other people.
- a. I feel personally responsible for the well-being of another person
 - b. I feel part of a group of people who share my attitudes and beliefs
 - c. There are people I can count on in an emergency



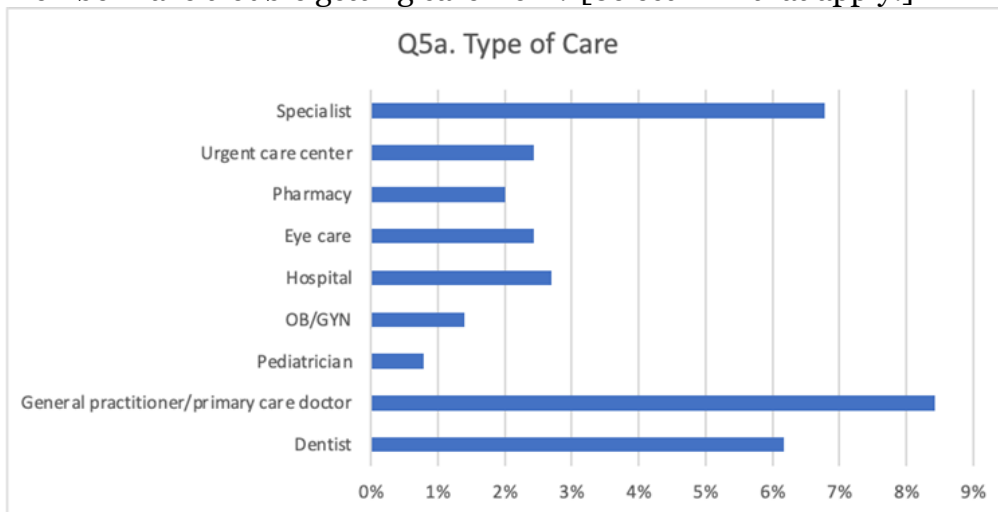
4. Do you have your own doctor that you see for regular health check-ups?



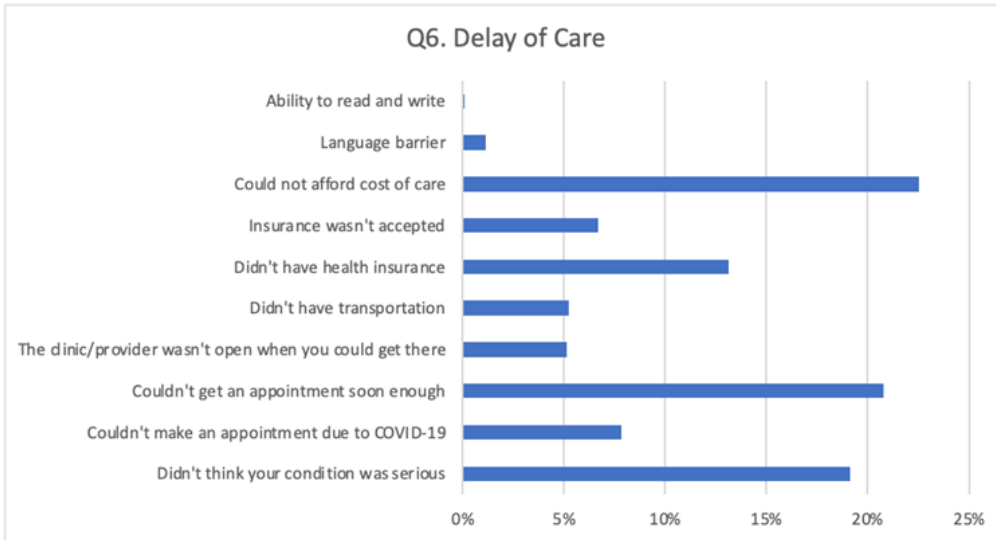
5. In the past 12 months, did you or anyone in your house have a problem getting the healthcare you needed from any type of healthcare provider?



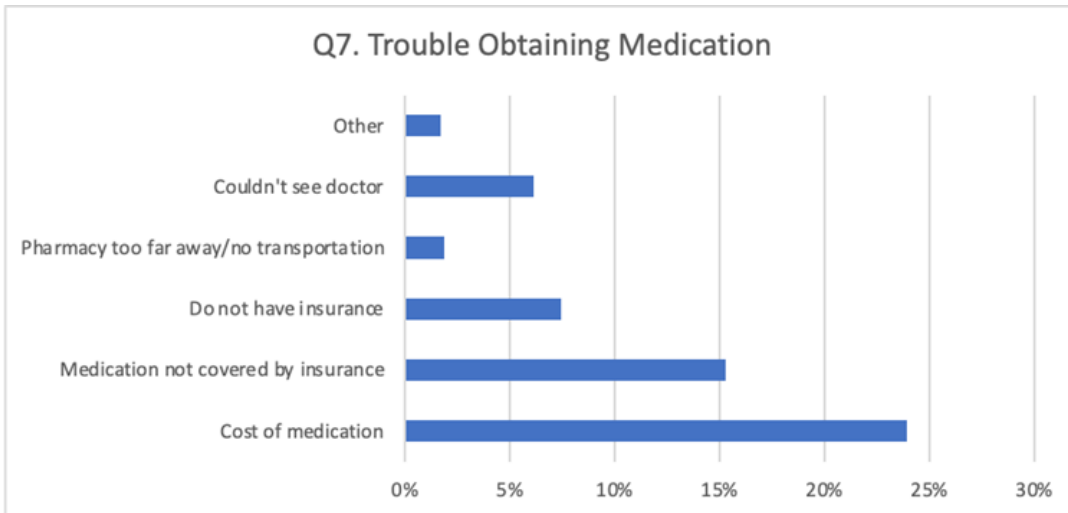
5a. If yes, what type of healthcare provider or facility did you or your family member have trouble getting care from? [Select ALL that apply.]



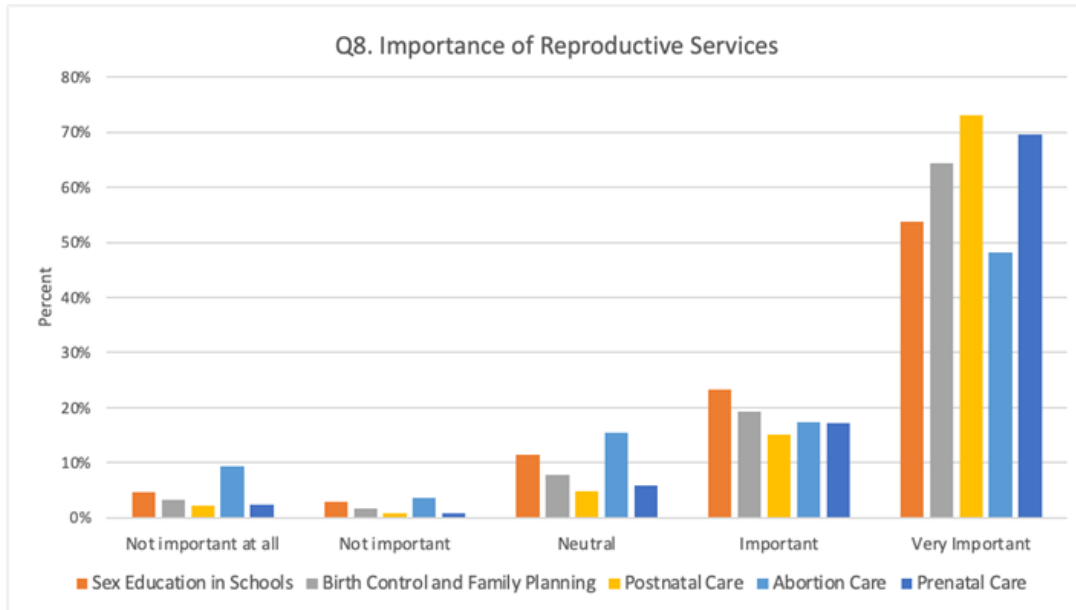
6. Have you or a family member delayed getting care for any of the following reasons in the past 12 months? [Select ALL that apply.]



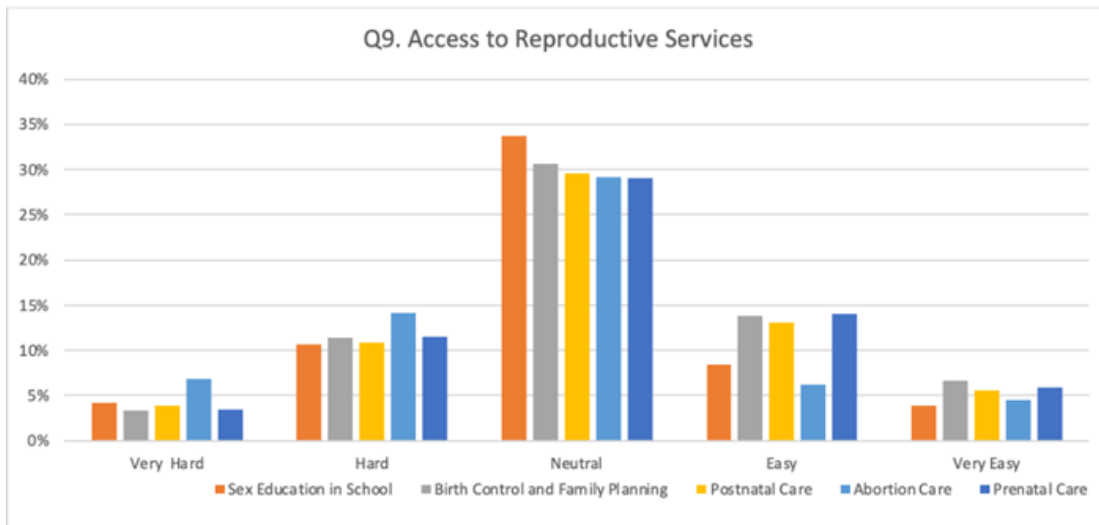
7. In the past 12 months, have you or anyone in your house had trouble obtaining medication for any of the following reasons? [Select ALL that apply.]



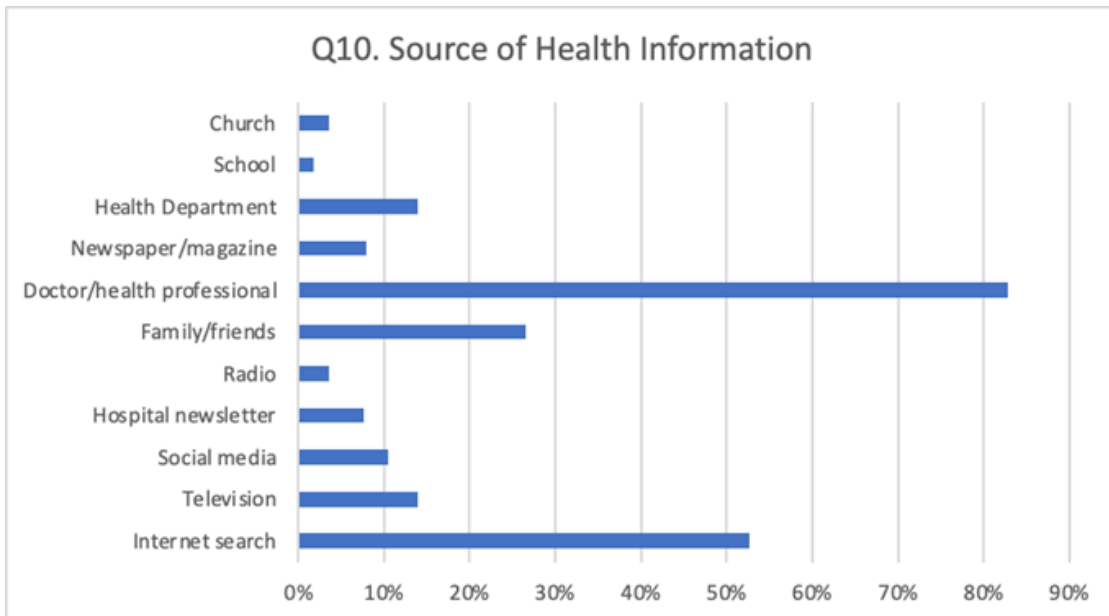
8. Please rate the importance of access of each reproductive health service listed below as it relates to you and your community using a 5-point scale, where 5 means "Very Important," and 1 means "Not at All Important."



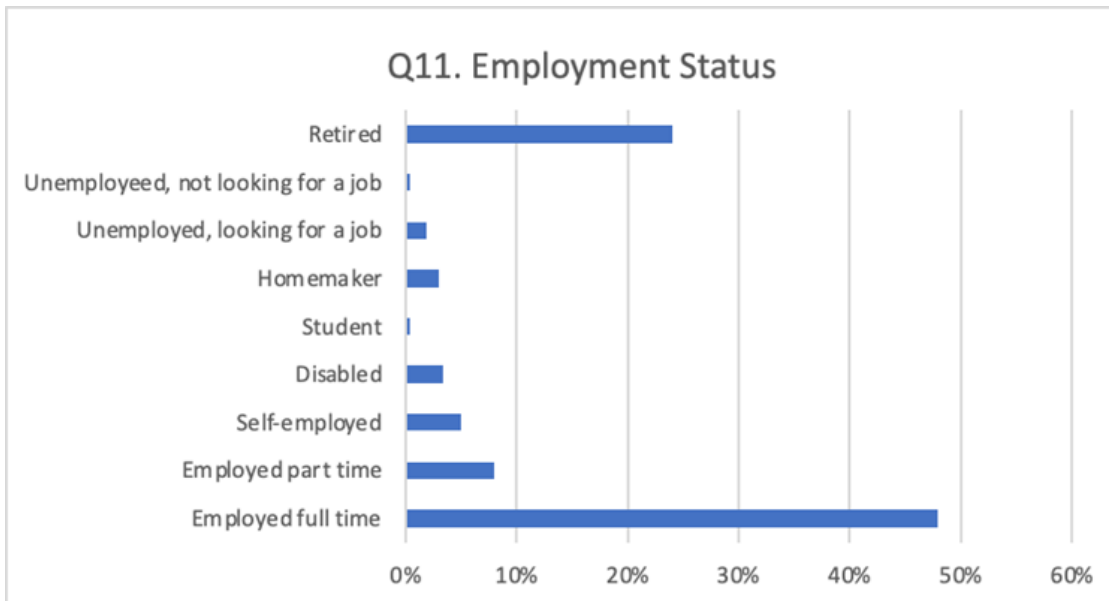
9. Please rate how easy it is to access the following services in Wyandotte County using a 5-point scale, where 5 means "Very Easy," and 1 means "Very Hard."



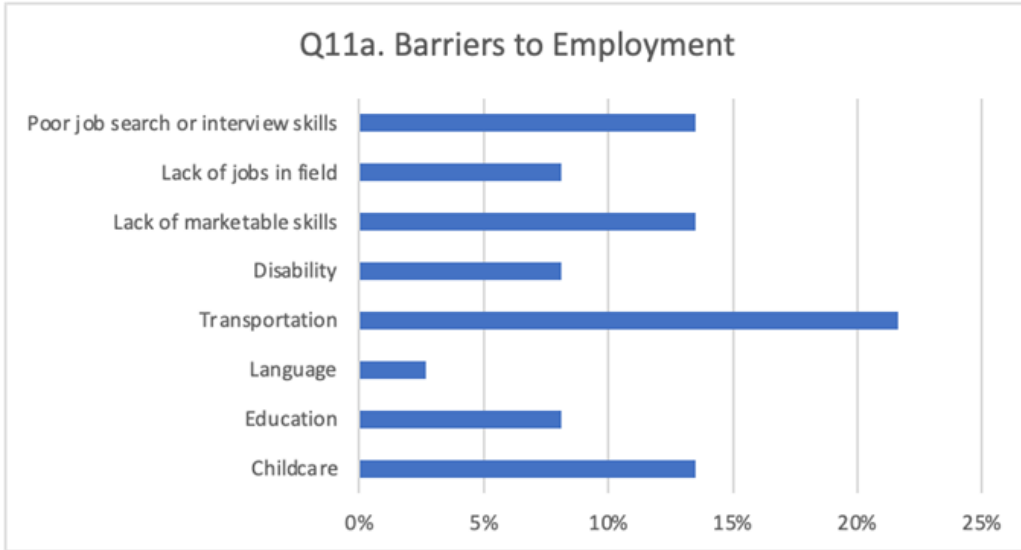
10. Where do you and your family get most of your health information?
 [Select ALL that apply.]



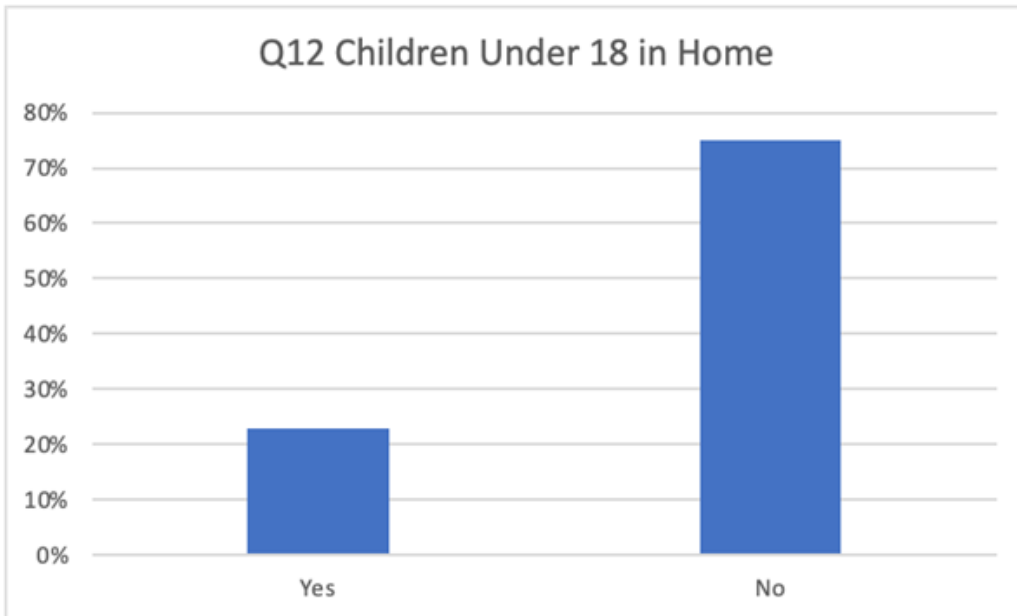
11. What is your employment status?



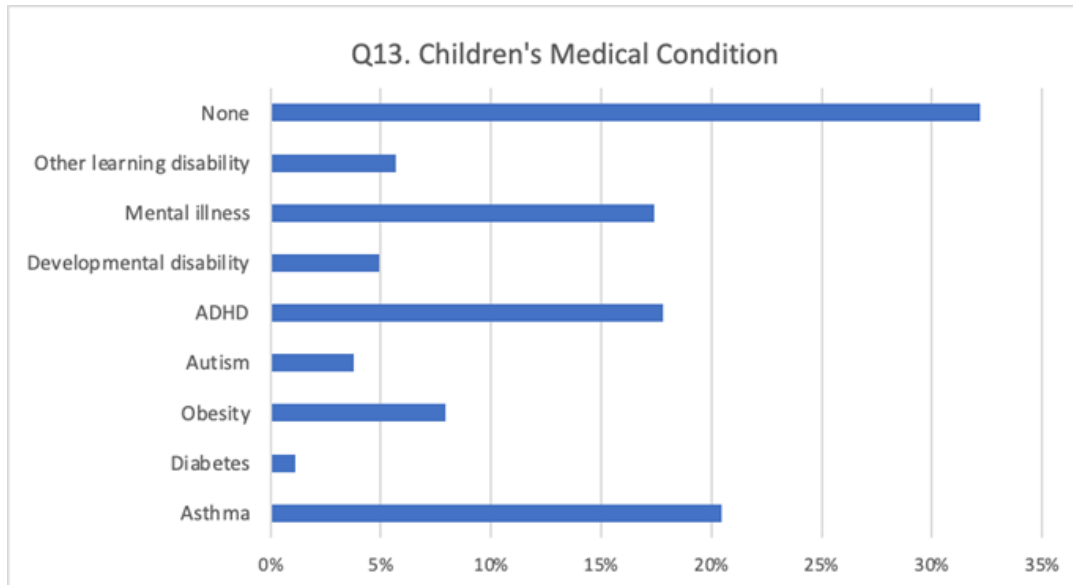
11a. If unemployed and looking for a job, what barriers have you encountered to becoming employed? [Select ALL that apply.]



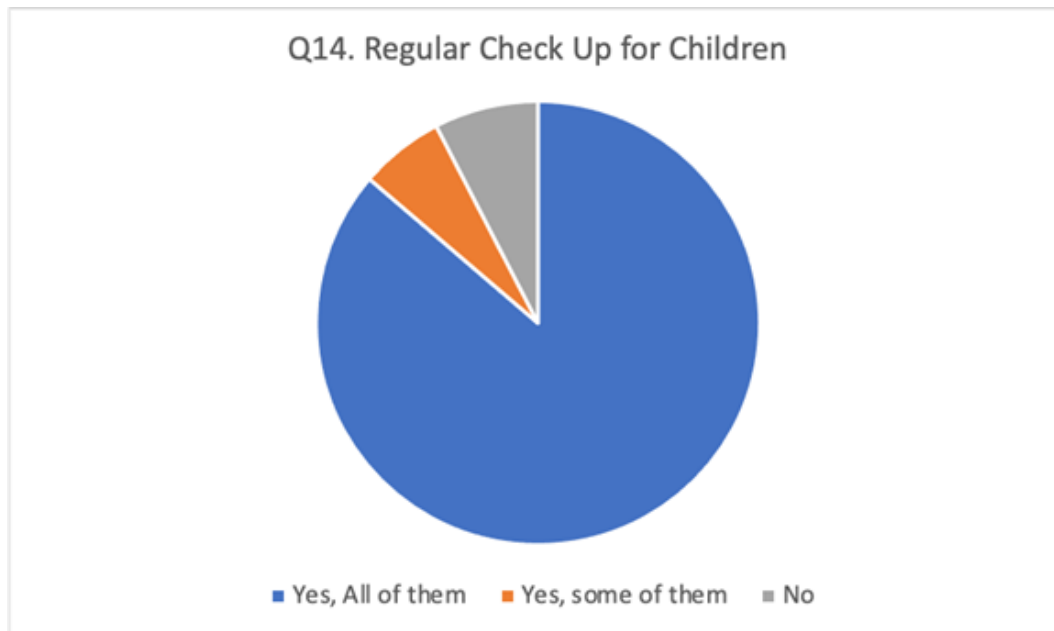
12. Do you have any children under the age of 18 years old living in your home? (If No [Go to Q16.]



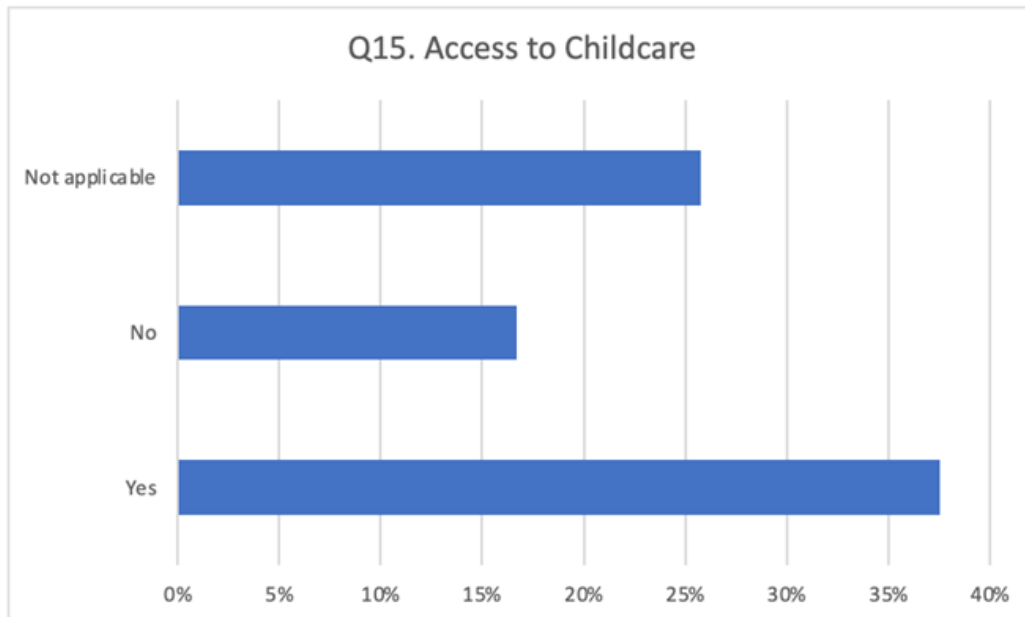
13. Please check ALL of the following conditions your child(ren) have ever been diagnosed with.



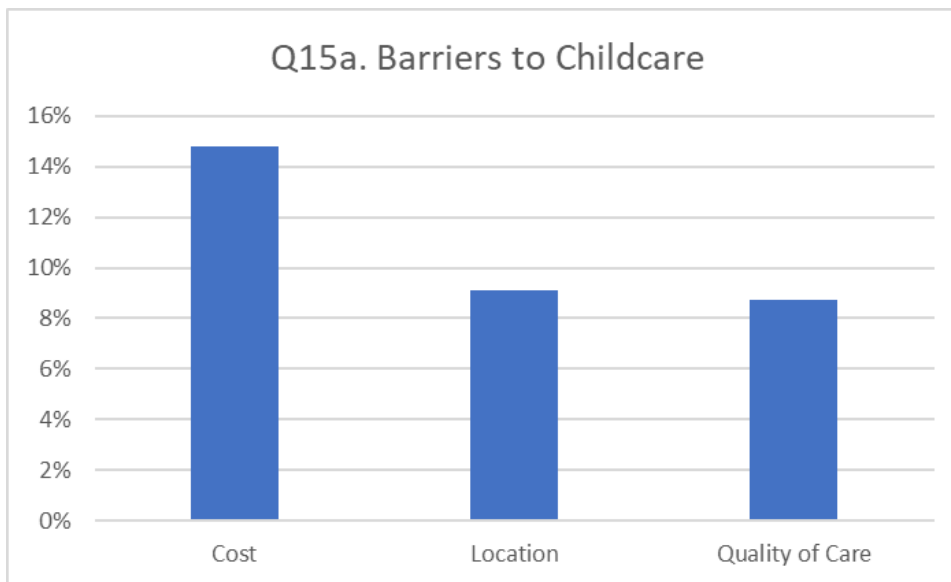
14. Have your children had a routine check-up in the last 12 months?



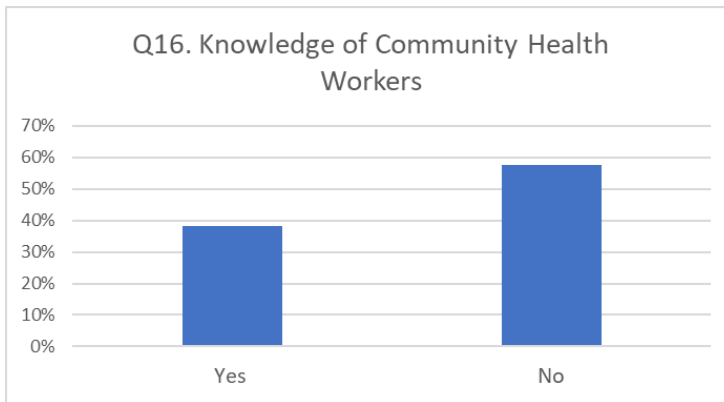
15. Do you have access to affordable, convenient, and quality childcare?



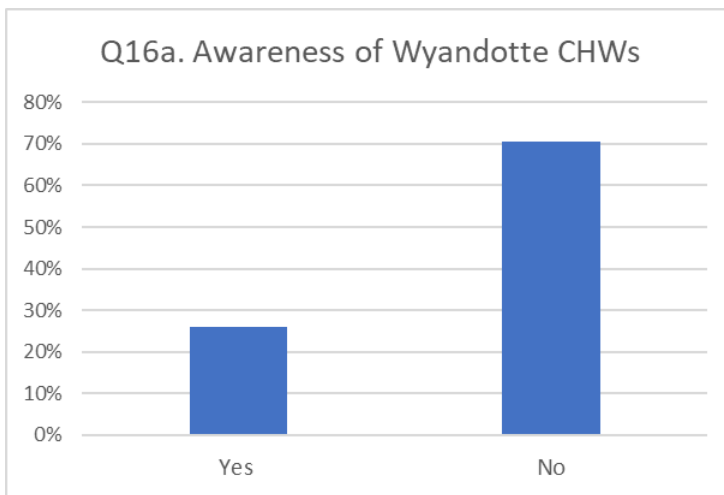
15a. If no, what barriers have you encountered? [Select ALL that apply.]



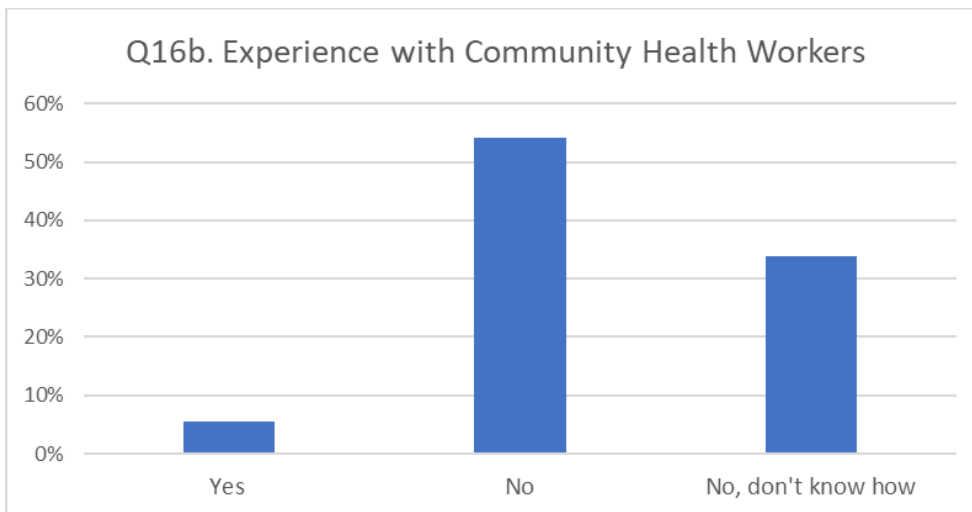
16. Do you know what a Community Health Worker (CHW) is?



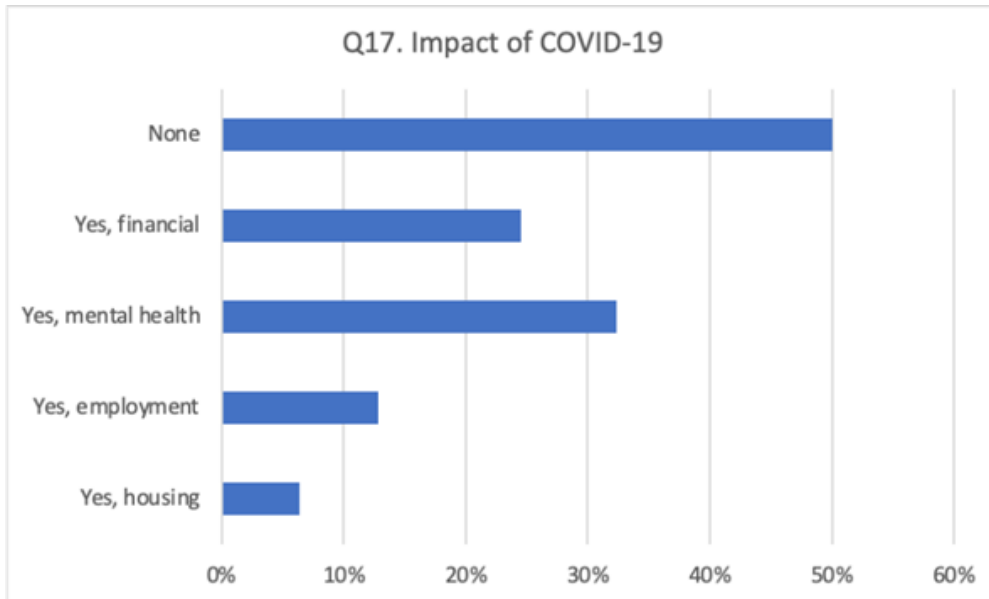
16a. Do you know Community Health Workers are available in Wyandotte County?



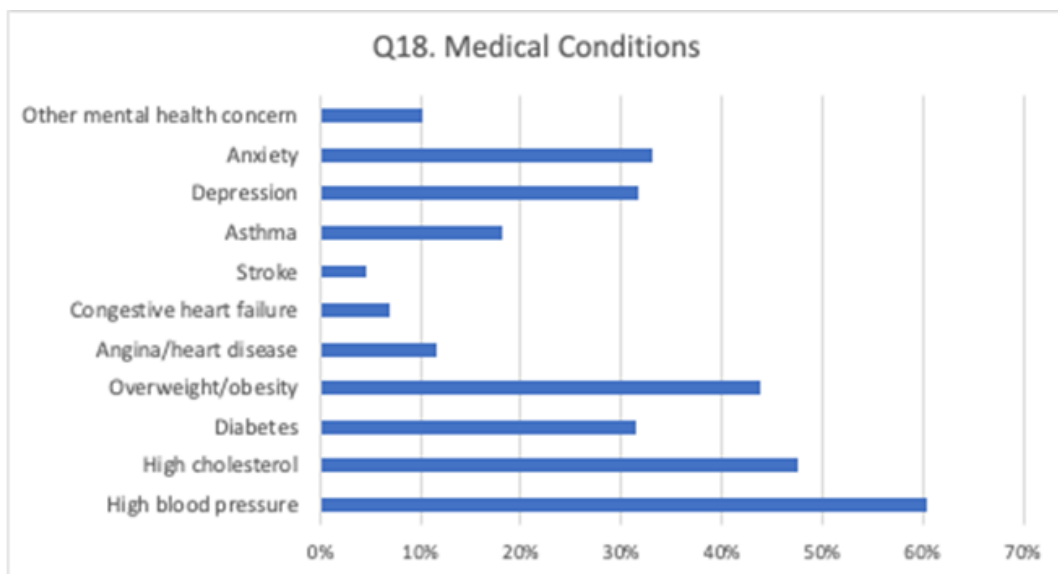
16b. Have you ever worked with a Community Health Worker?



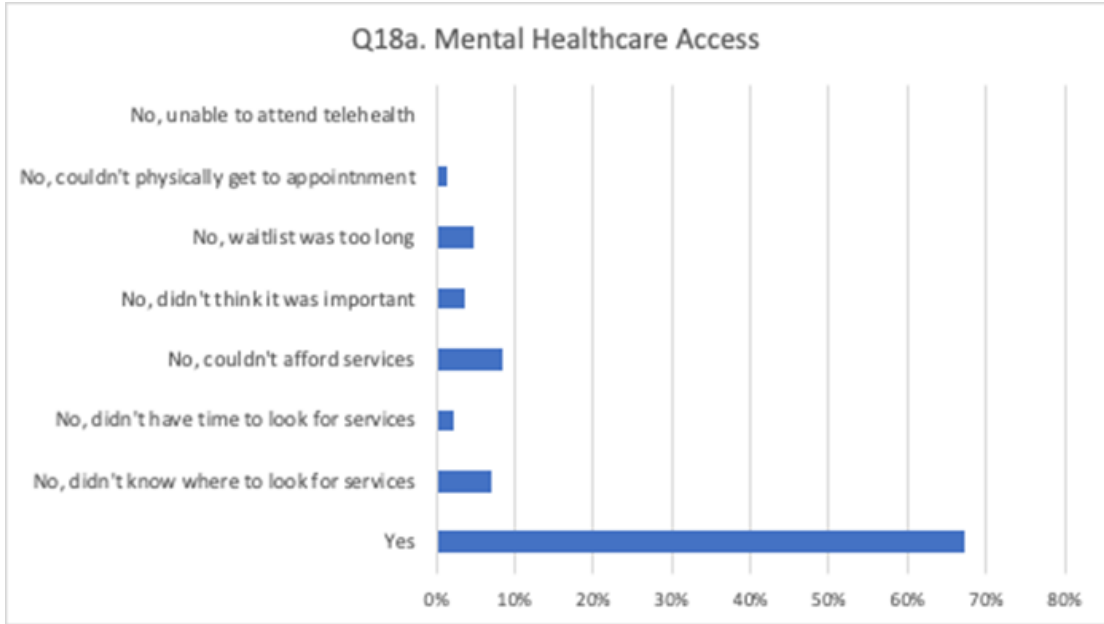
17. Has the COVID-19 pandemic negatively impacted your employment, mental health, or housing situations? [Select ALL that apply.]



18. Has a doctor, nurse, or other health professional EVER told you or anyone in your household that you/they had any of the following conditions? [Select ALL that apply.]

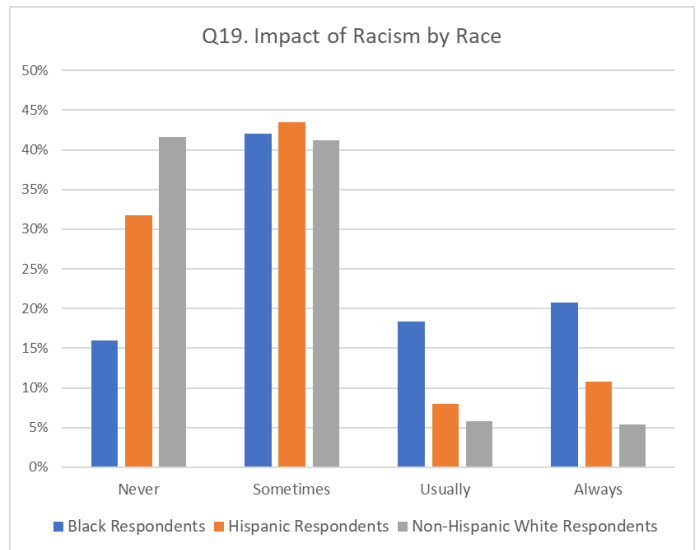
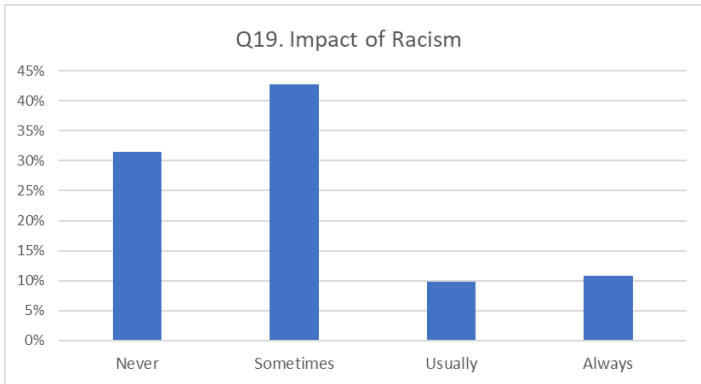


18a. If you selected yes to the above question on depression, anxiety, or other mental health concern, were you able to access care for your mental health concern?

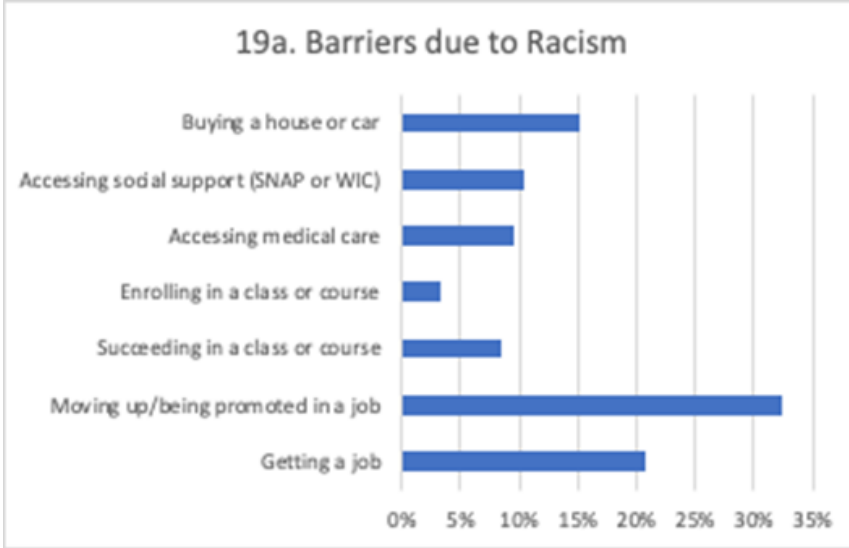


Social Determinants of Health

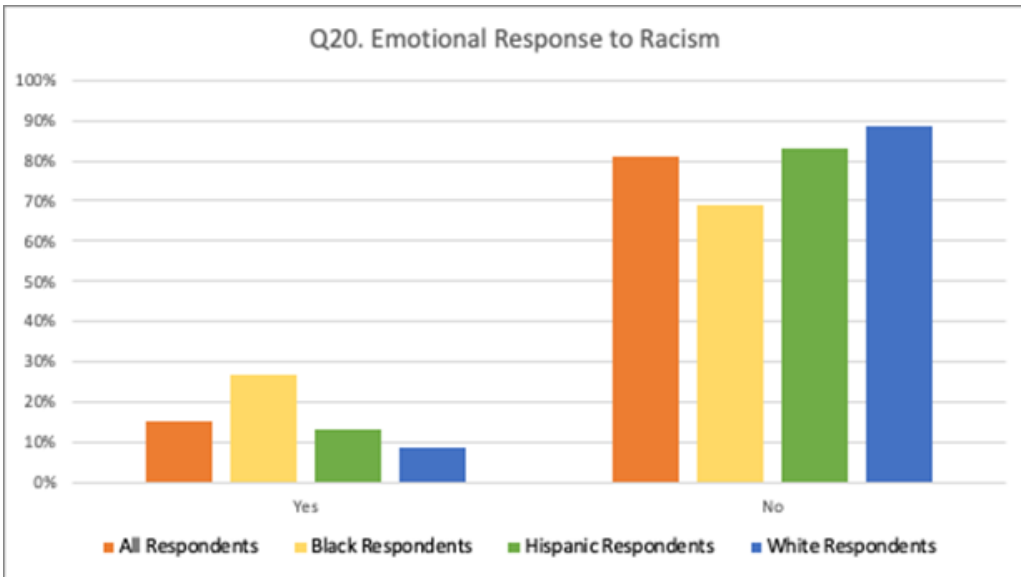
19. How often do you think racism impacts your daily life?



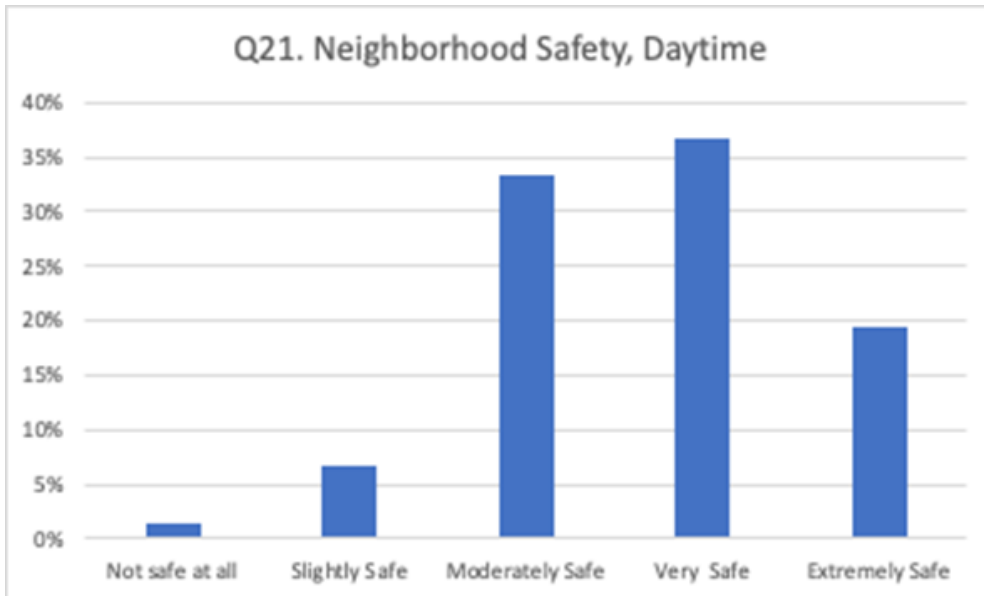
19a. Please indicate if you have experienced any barriers to any of the following due to racism. [Select ALL that apply.]



20. Within the past 30 days, have you felt emotionally upset, for example angry, sad, or frustrated, as a result of how you were treated based on your race?



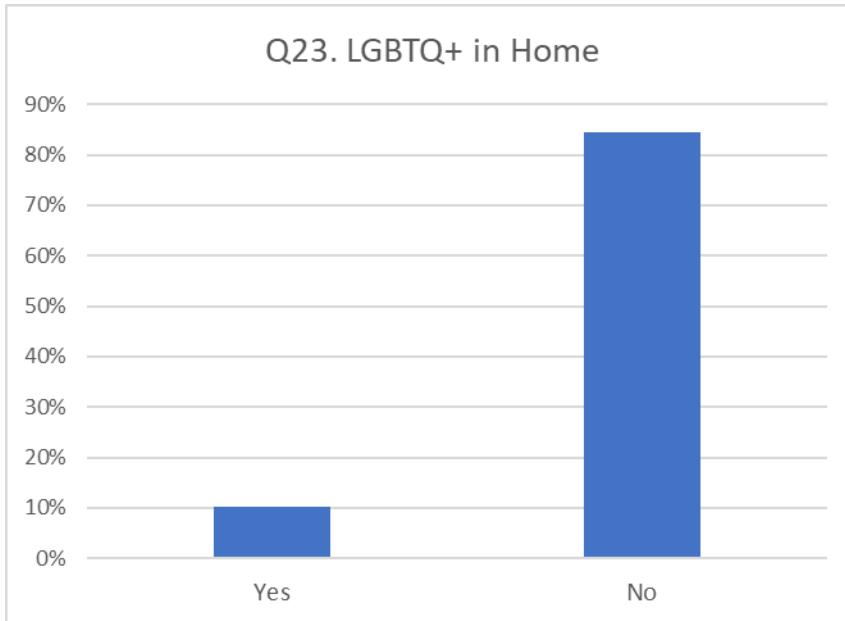
21. How safe do you feel in your neighborhood during the day?



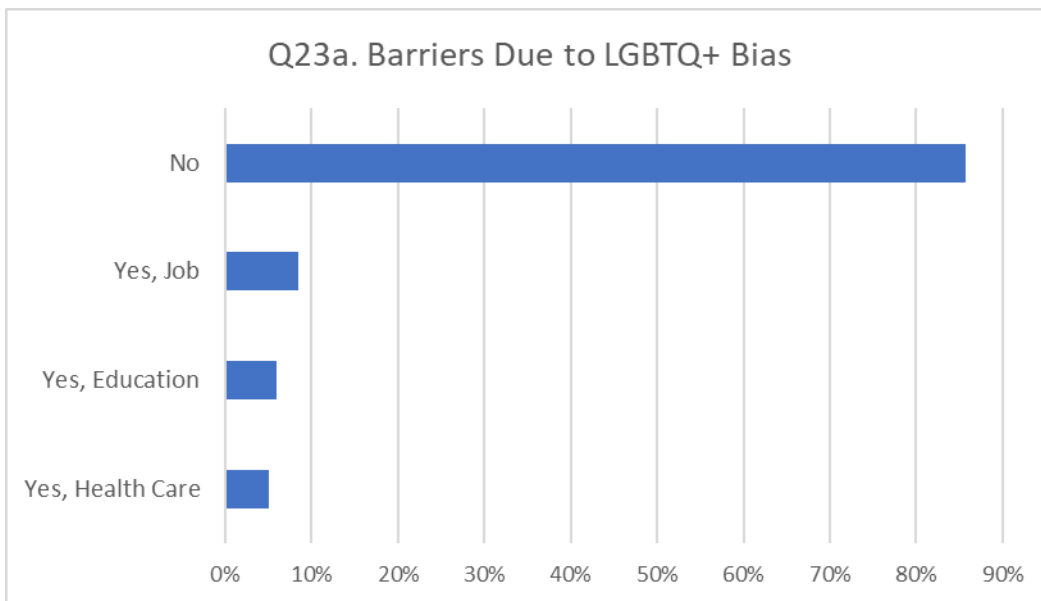
22. How safe do you feel in your neighborhood during the night?



23. Does anyone in your household identify as gay, lesbian, bisexual, transgender, or queer?



23a: If yes to the previous question, has the person in your household had any barriers to accessing health care, education, or jobs because of their identity? [Select all that apply.]

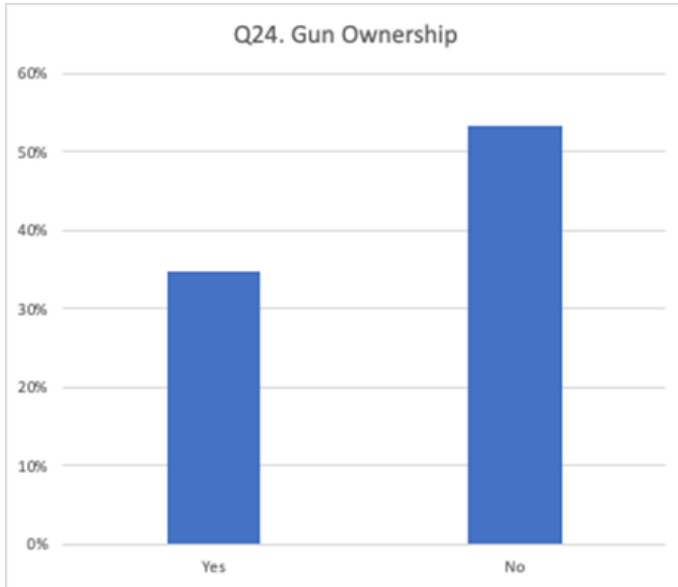


23b: If yes to the previous question, does the person in your household feel safe in their community?

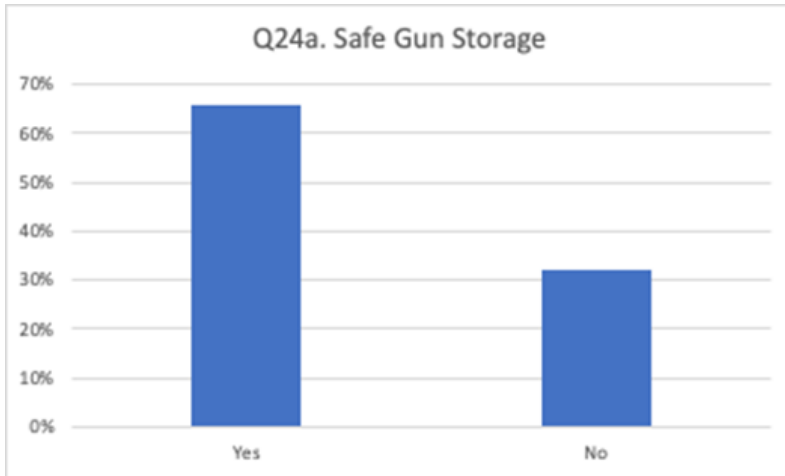
____(1) Yes ____ (2) Mostly yes ____ (3) Mostly no ____ (4) No

*Responses rate for this question too low to be significant

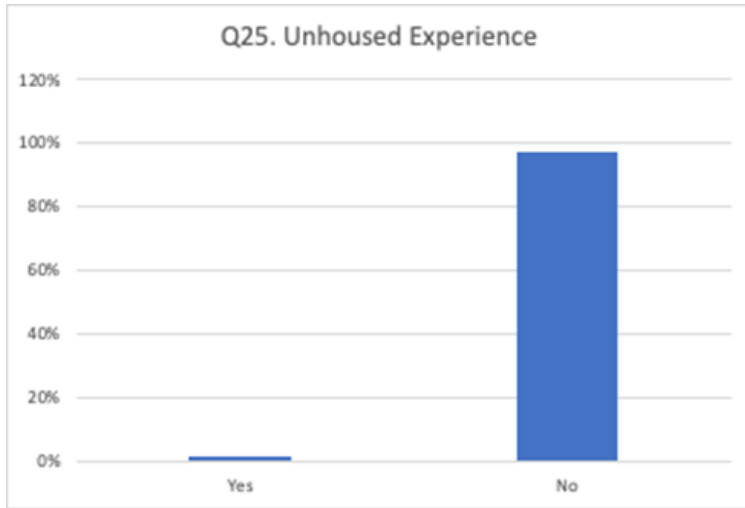
24. Does anyone in your home own a gun?



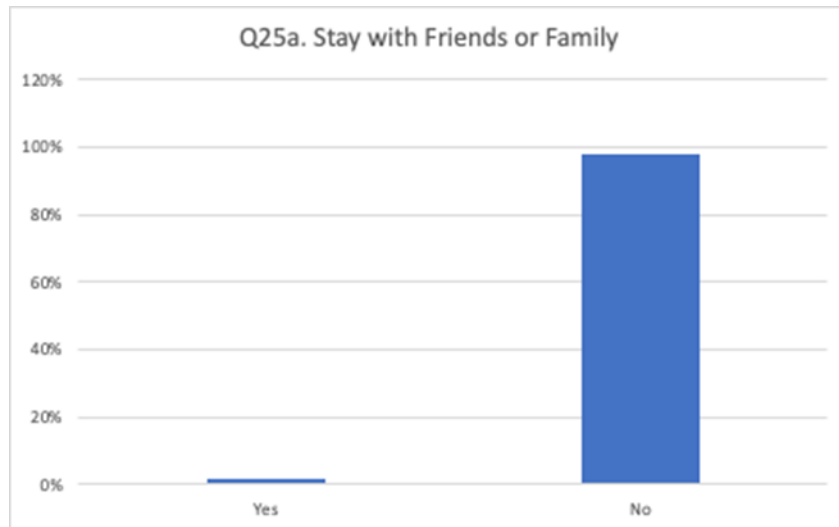
24a. If yes, do you store your gun in a safe or locked cabinet?



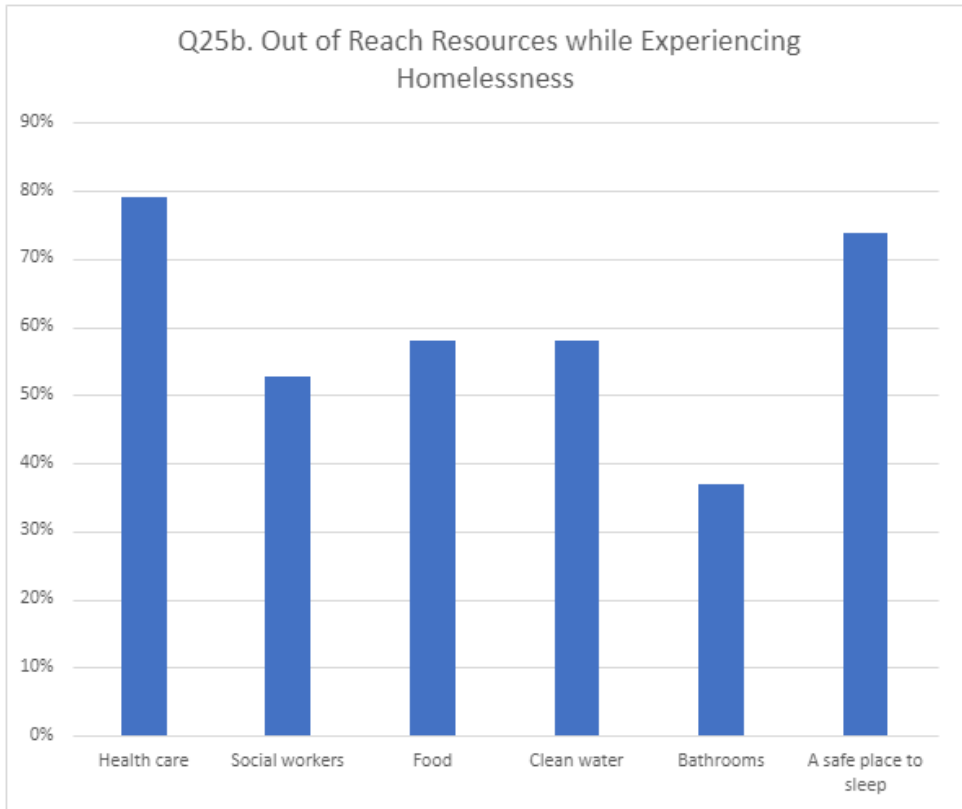
25. Have you experienced one or more nights where you did not have a place to stay within the last 12 months?



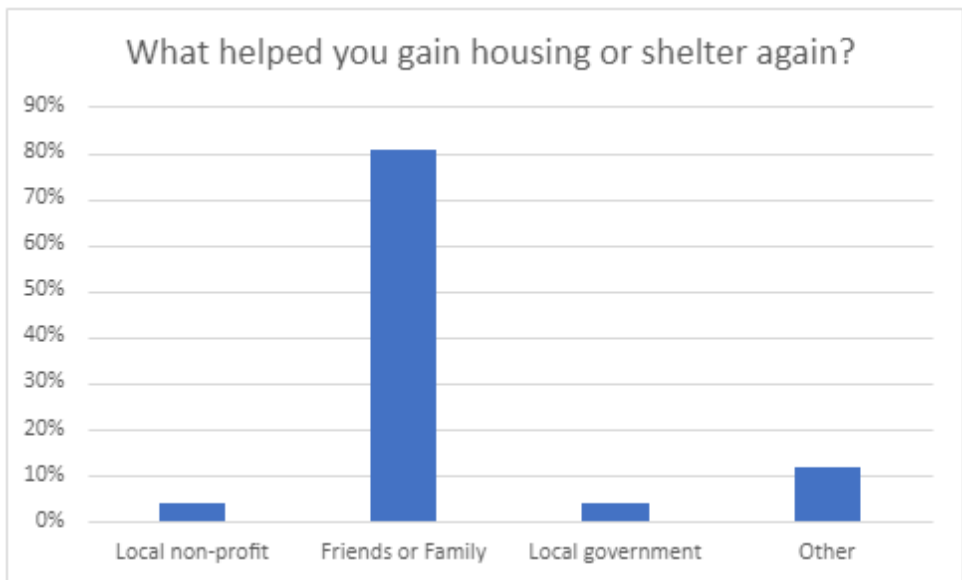
25a. In the past 12 months, did you have to stay with friends or family for an extended period of time (>1 week) due to lack of stability or reliability in your own living situation?



25b. If yes to Q25 or Q25a, please check ALL of the following resources you weren't able to access.

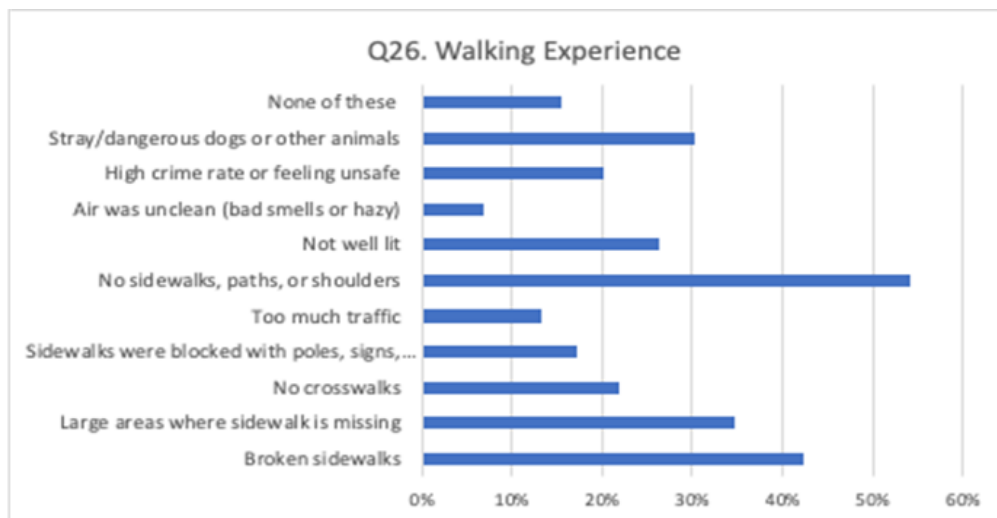


25c. If yes to Q25 or Q25a, what helped you gain housing or shelter again? [Select ALL that apply.]



Community Resources

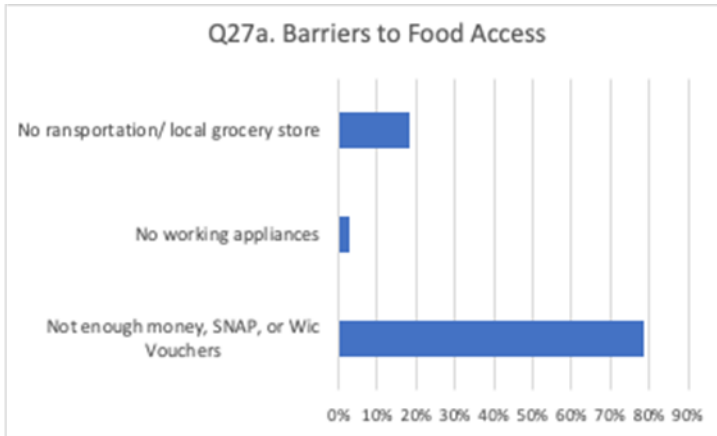
26. Think about the last time you walked somewhere. Did any of the following things make your walk challenging? [Select ALL that apply.]



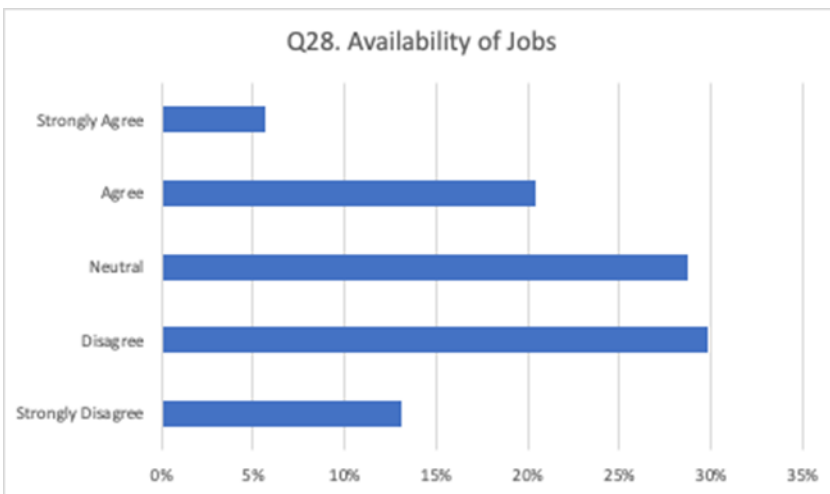
27. There are many reasons why families may not have enough food. Which ONE of these statements best describes the food eaten in your household in the last 3 months?



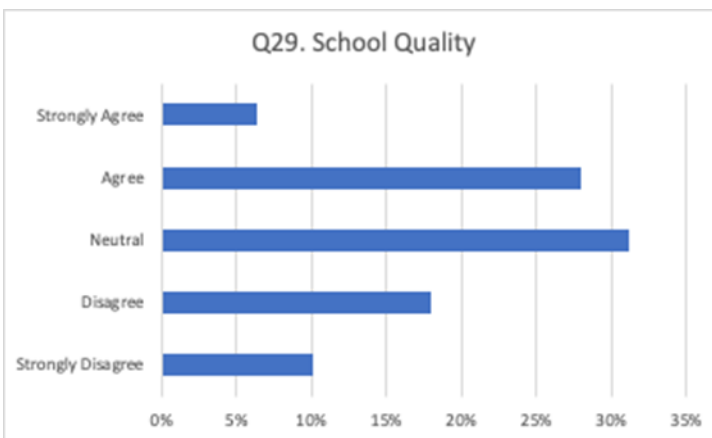
27a. Which of the following reasons explain why your household did not have enough food? [Select ALL that apply.]



28. I believe my community has enough jobs that pay enough money to live a healthy life.



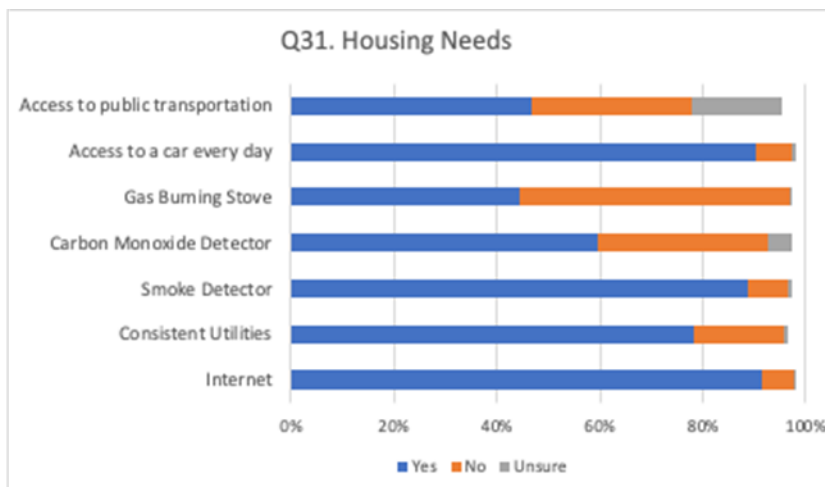
29. I believe the schools in my neighborhood give quality education to all students.



30. For each of the following statements that relate to ideas about exercise, please indicate your level of agreement.



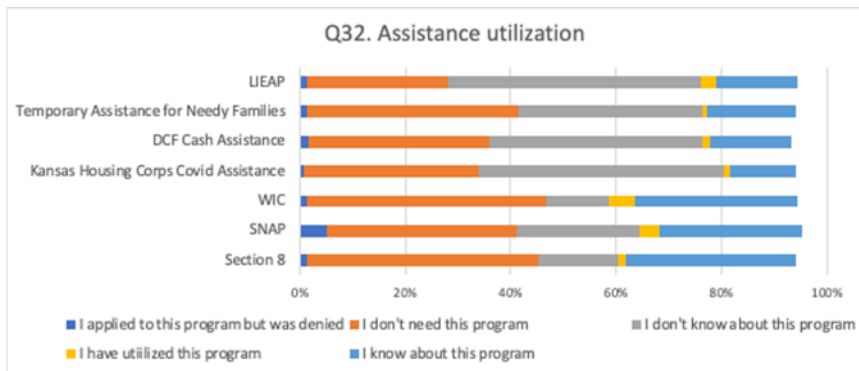
31. Does your home, apartment or other living arrangement have...



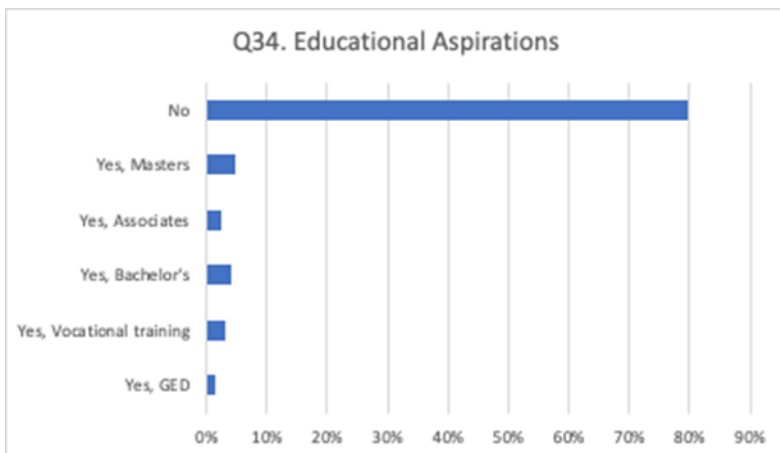
32. How often in the past 12 months would you say you were worried or stressed about having enough money to pay your regular monthly expenses (including rent/mortgage, electricity, water, etc.)?



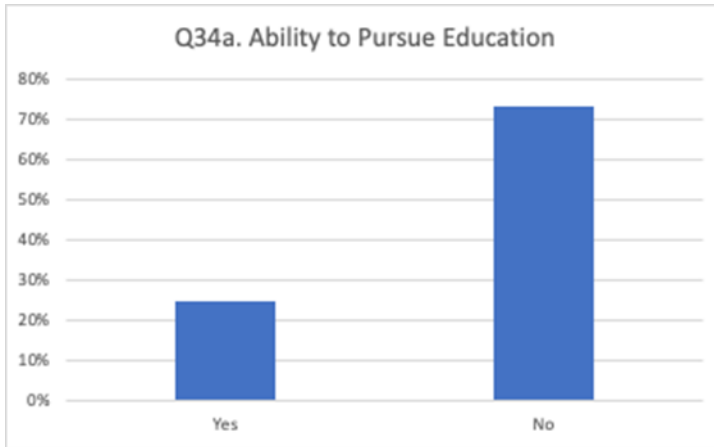
33. Please consider the following support programs and evaluate your knowledge of and experience with each.



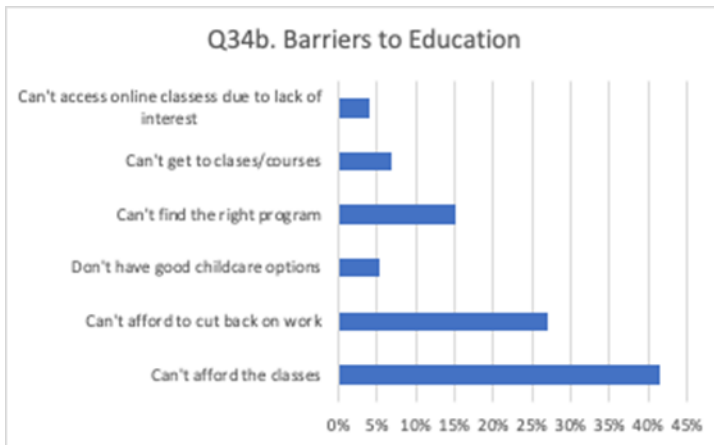
34. In the past 12 months, have you wanted to achieve a new degree or certificate?



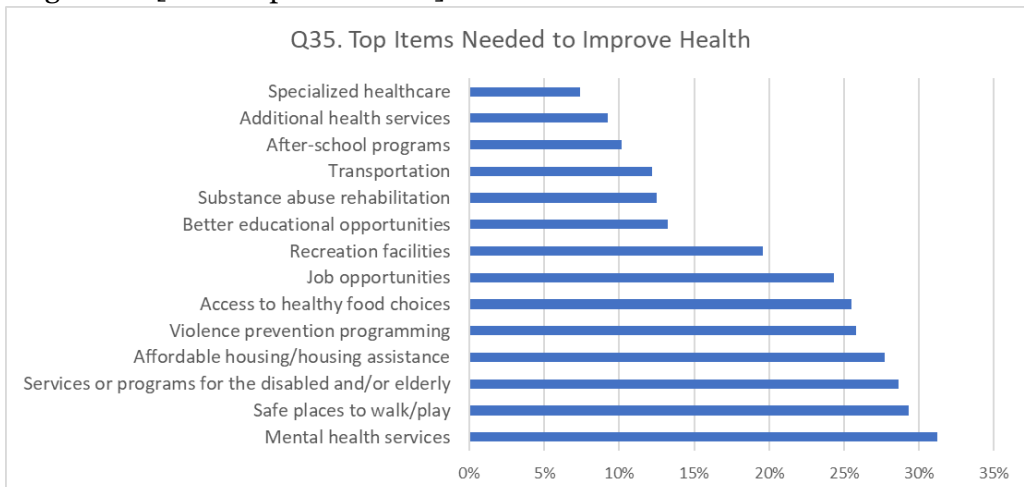
34a. If yes to any of the above, were you able to enroll/attain that goal?



34b. If not, what barriers have you encountered? [Select all that apply.]

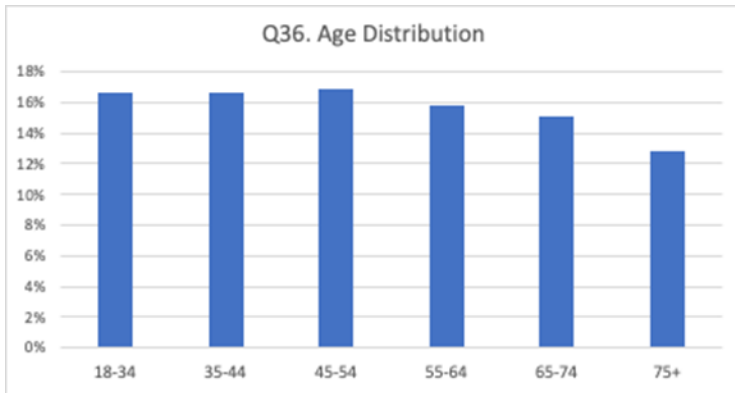


35. What does your community need to improve the health of your family, friends, and neighbors? [Check up to THREE.]

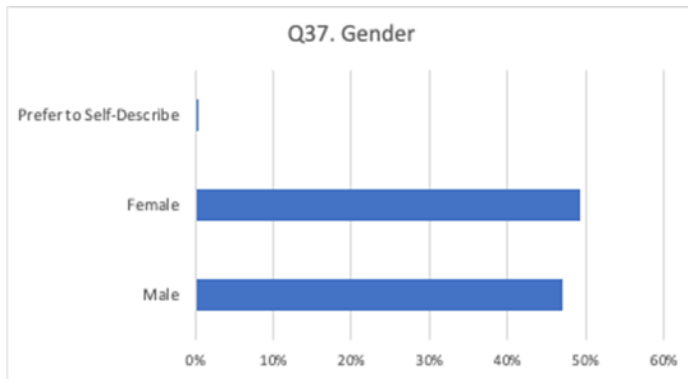


Demographics

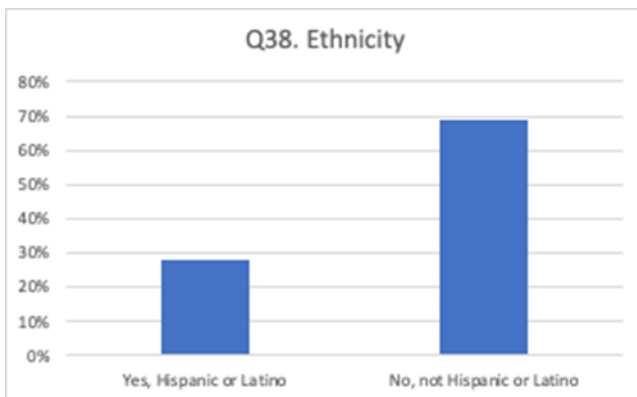
36. What is your age?



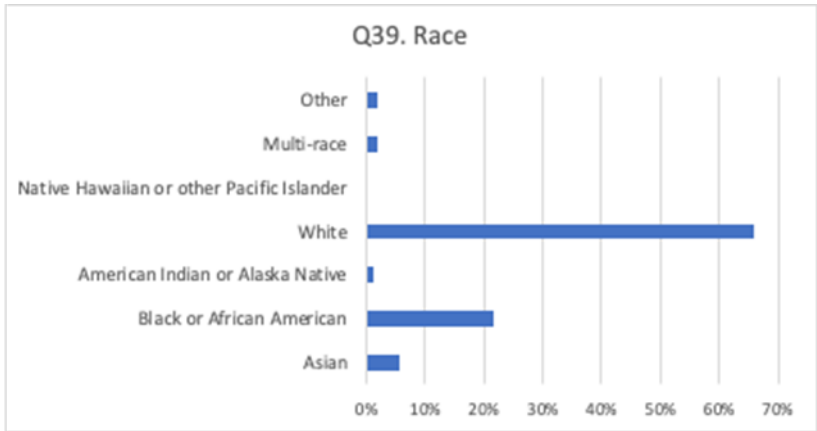
37. What gender do you identify as?



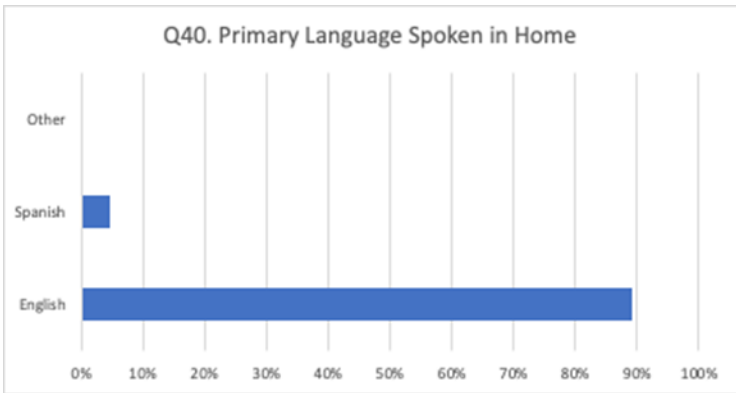
38. Are you Hispanic or Latino?



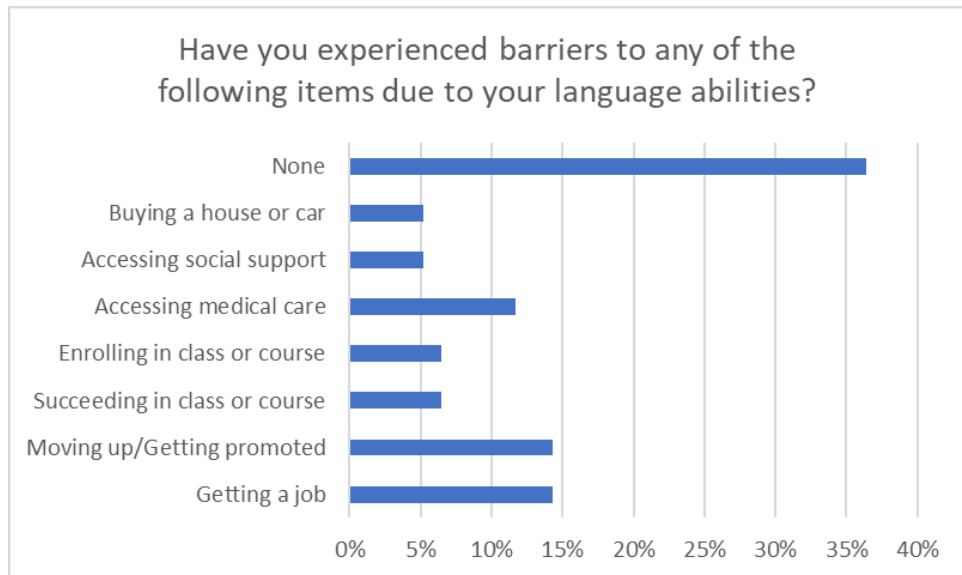
39. What is your race? [Check all that apply.]



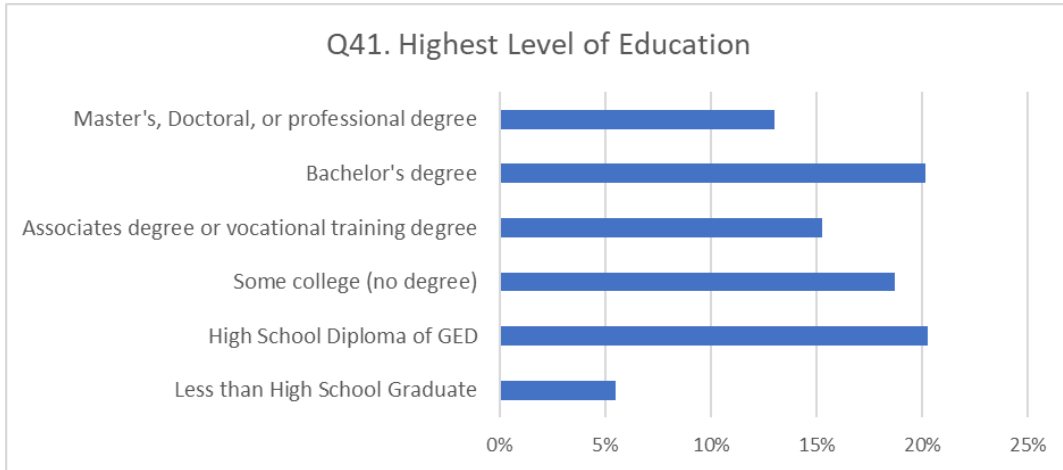
40. What language is primarily spoken in your home?



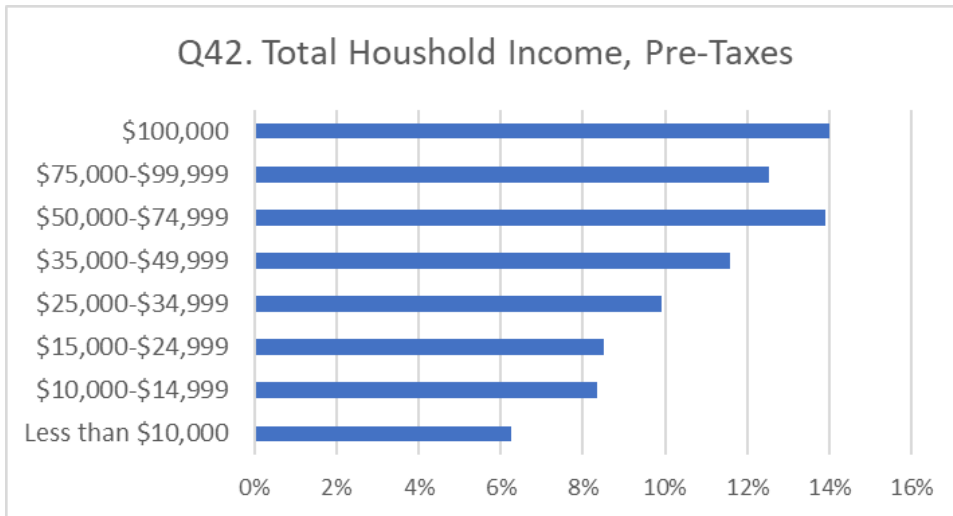
40a. Have you experienced barriers to any of the following items due to your language abilities? [Select ALL that apply.]



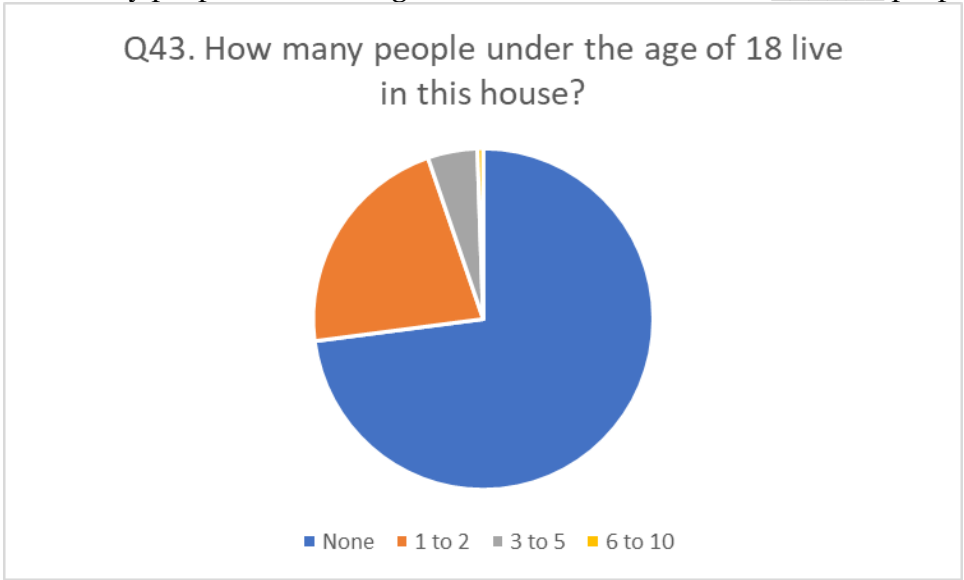
41. What is the highest level of school, college, or vocational training you have completed?



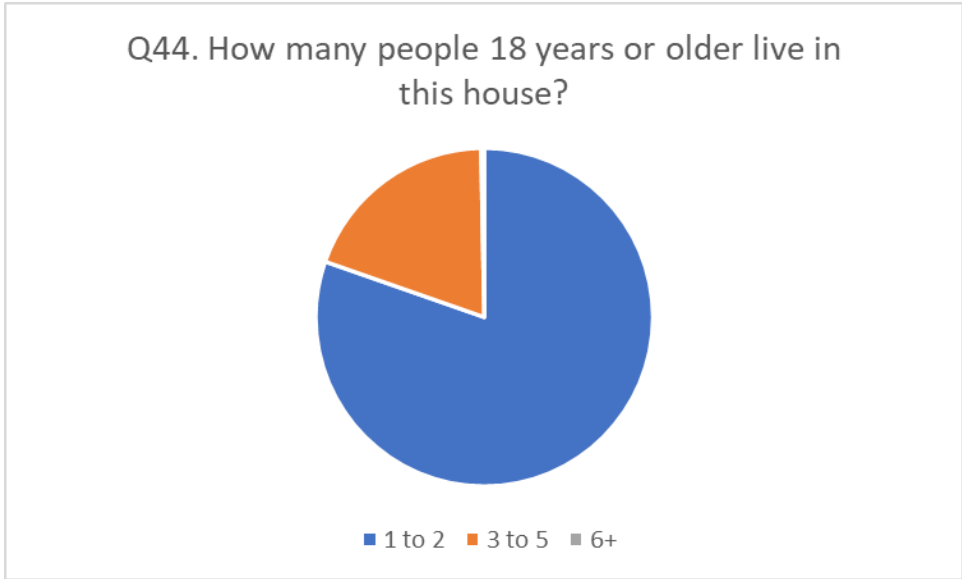
42. What was your total household income last year before taxes?



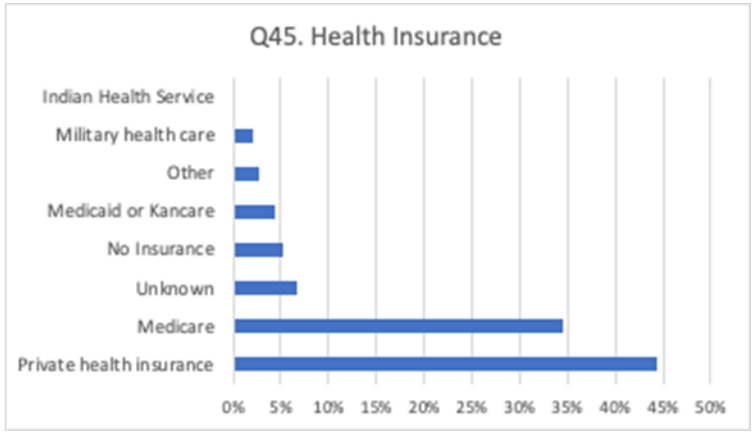
43. How many people under the age of 18 live in this house? _____ people



44. How many people 18 years or older live in this house?



45. What kind of health insurance or health care coverage do you have?



Appendix B

CHA Community Forum Results Summary

Forum Location	Address	Number of Participants
South Branch Library	3104 Strong Ave. KCK 66106	14
Bonner Springs Community Center	200 E. 3 rd St. Bonner Springs, KS 66012	11
Piper Creek Elementary	13021 Leavenworth Rd. KCK 66109	4
Quindaro Community Center	2726 Brown Ave. KCK 66104	6

Question 1: How would you rate the health of your community?

Forum Location	Very unhealthy	Unhealthy	Neutral	Healthy	Very Healthy
South Branch	22%	44%	11%	22%	0%
Bonner Springs	0%	44%	22%	22%	11%
Piper Creek	50%	0%	0%	50%	0%
Quindaro	100%	0%	0%	0%	0%

Key themes from question 1:

- Lack of senior care/resources
- Lack of community centers
- High gun violence
- The impact of poverty on health
- Health is not equally distributed across the county
- Mental health—COVID had impact

Question 2: How strongly do you agree with the following statement: My community has all the health care services I and my family need.

Forum location	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
South Branch	33%	33%	11%	11%	11%
Bonner Springs	11%	44%	44%	0%	0%
Piper Creek	0%	0%	0%	100%	0%
Quindaro	25%	0%	50%	25%	0%

- Key themes from question 2:
- Lack of transportation, especially for seniors
- Challenges with access to care—hard to get appointments, high cost, language barriers
- Poor mental healthcare system, lack of mental health resources
- Lack of providers in Wyandotte—dentists, mental health, primary care, specialists
- Need more opportunities for physical activity—parks, recreation, trails, community centers

Question 3: Of the choices below, which of the following is the biggest health problem in your community? Please select three.

Forum location	Choice #1	Choice #2	Choice #3	Choice #4	Choice #5
South Branch	Mental health	Community violence	Poor nutrition	Drug misuse	Air pollution
Bonner Springs	Chronic diseases	Poor nutrition	Mental health	Community violence	Alcohol
Piper Creek	Poor nutrition	Mental health	Community violence	Chronic diseases	Alcohol
Quindaro	Chronic diseases	Poor nutrition	Cancer	Community violence	Mental health

Key themes from question 3:

- Violence is a big problem—not enough resources going to address it. Impacts youth in community
- Hard to access healthy foods
- Mental health is a big problem—not enough services and providers
- Lack of access to physical activity

Question 4: Please tell us how you feel about this statement: Everyone in my community has an equal chance to be healthy.

Forum location	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
South Branch	40%	0%	60%	0%	0%
Bonner Springs	56%	33%	0%	11%	0%
Piper Creek	50%	50%	0%	0%	0%
Quindaro	40%	20%	0%	40%	0%

Key themes from question 4:

- Financial barriers and poverty creation inequality
- Immigration status creates inequalities

- Lack of insurance creates inequalities
- Lack of transportation creates inequalities
- More resources in western part of county than eastern

Question 5: Which of the following is the biggest barrier to being healthy in your community? Please select three.

Forum location	Choice #1	Choice #2	Choice #3	Choice #4	Choice #5
South Branch	Healthcare access	Lack of social support	Employment or income	Racism or discrimination	Housing
Bonner Springs	Healthcare access	Transportation	Health literacy	Employment and income	Housing
Piper Creek	Employment or income	Racism or discrimination	Health literacy	N/A	N/A
Quindaro	Employment or income	Food insecurity	Health literacy	Racism	Transportation

Key themes from question 5:

- Lack of quality jobs within the county
- Racism has lasting impact
- Food insecurity a major problem—not enough grocery stores
- Housing is a major problem—cost, quality, lack of availability

Question 6: Agree or disagree? On the path that your community is currently on, your community will be thriving in the next 10 years.

Forum location	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
South Branch	40%	20%	30%	10%	0%
Bonner Springs	0%	12%	0%	63%	25%
Piper Creek	50%	0%	0%	50%	0%
Quindaro	80%	20%	0%	0%	0%

Key themes from question 6:

- Wealth not fairly distributed throughout the county—more money going to western county

Question 7: In a couple words, what could be done to help improve the health of people in your community?

Topic	Number of forums where topic mentioned
Mental health	4
Affordable housing	3
Education	3
Transportation	2
Healthcare access/affordability	2
Medicaid expansion	1
Employment	1
Access to exercise	1
Access to healthy/affordable food	1

Key themes from question 7:

- Need more mental health funding/services
- Offer more school-based support services
- Improve transportation—sidewalks, public transit
- Address housing issues

Appendix C

Focus Group Report

Methodology of focus groups is described on PAGE 46 of the full CHA report.

Topic Area	Count of Times Topic Mentioned
Community Supports/Resources	67
Access to Healthcare	52
Access to Food	37
Built Environment	30
Safety	27
Mental Health	24
Transportation	21
Housing	18
COVID	18
Social Supports/Connectedness	14
Income/Financial Concerns	12
Stigma	11
Employment/Jobs	5

Community Supports/Resources can be what make a community great by ensuring that every community member has convenient access to the necessities of life. Community resources are a broad spectrum of assets and can range from quality and affordable day cares, to upkeep and accessible community centers, to available community health workers and easy-to-find health and wellness information. In the CHA focus groups, community support and resources came up as the most frequent topic of conversation. These conversations mostly focused on the lack of various resources.

- Childcare
 - “And if you can't get in, which we couldn't, we end up driving 40 minutes. And then you don't want to keep moving your kid around? No, I don't think we have way less than Johnson County, way less than even Jackson County, I'd say.”
- Community centers
 - Needs were expressed for “Summer programs,” “places to be healthy,” “affordable access to a community center that offers more than just a meeting room,” and spaces that provide services for seniors:
 - “Maybe having sort of an affordable community center that focused on seniors. And there could be array of services from having a health advocate, having a pool, a track, things that you all need or seniors need, or older adults.”

- Community health workers
 - "I think there should be...more health-type worker who can go and talk to someone instead of someone coming in guns blazing."
 - "Right, one of the things we discovered because of covid...was community health workers who are able to go out in the community and do some of the things that needed to be done for COVID. I wonder if some of that is incorporated."
 - "...community health workers or social workers...can help...isolated people and not in homes, not in nursing homes. Sometimes we have these things but they don't know how to navigate it."
- Assistance with program sign-up and connection
 - "More awareness. Like she said, there's things that we didn't know that exist. I don't think there is places for people who are disabled to go and spend safe time. I don't know any place. But I don't think."
- How information is disseminated/received
 - "what it boils down to is not only putting it on posters and on TV and on radio and on the screens at the gas station and stuff...Let it be known. Like word of mouth. When you're doing something, everybody will get it. Have a whole canvas area. Everybody's on Instagram and Facebook."
 - "I feel like there should be people to come in and talk to us about different diseases and how to prevent it and what to do, what to use and how specifically how to wrap up and be safe."
 - "So even access to information can be helpful. Knowing where to go, having a dashboard, if you will, that can kind of help direct you to various things, because you're right, there's stuff all over the place."
- Services for those experiencing homelessness
 - "There's no shelters on here at all. For couples. Yeah, for the homeless, period. Not like there is in Missouri."
 - "And they got more places for them to eat. They got outreach program that pulls up, feed them when they out there standing up and they'll just pull up in Missouri. Sometimes there's very few that do it here in Kansas. A couple, they do it all week and the weekend."
 - "Just a place to take it and get it the same day. How hard would it be to have lockers for people, you need a place for people to put their stuff."
 - "Food pantries, they need more showers, more public showers. The food kitchen, cafeterias, soup kitchens"
- Existing programs
 - "I think Crosslines have got a ... good start on it as far as doing the uplifting and all that other stuff. I mean, that right there is. They even got a bus that goes around and helps with medication. If the government get more involved with that."
 - "There's a new resource in town, Pharmacy of Grace, they are strictly income-guideline, they won't turn you away, they don't need insurance. They are committed to filling your prescriptions."
- Other (Resource guides, elderly support, immigrant/refugee support, education)

- “For me personally, it [health] means being able to be continue as I age, to be self-supportive and not have to depend on anyone else. ... And to know that if there is an issue that I have resources within the community. “
- “Wyandotte Country needs a support system for the elderly”
- “Okay, I have lived in this country for how many years now? 26 years, but I still feel sometimes I still feel like I'm foreign because there are still things that I don't understand. So, imagine somebody that just came here yesterday.”
- “Education, the number of our kids graduating even from high school is very low compared to other people.”

Access to Healthcare was the second most frequently mentioned topic in the CHA focus groups. Many factors contribute to the accessibility of healthcare: quality, cost, insurance status, location, appointment availability, and wait time. Ideally, all or most of the community members’ health needs in a county should be able to be met in the county. However, there were several mentions of Wyandotte County residents traveling to other counties to obtain convenient and quality healthcare.

- Difficult to find appointment
 - “And knowing how...and where to find things, I just literally, in the last 24 hours, was looking for a place for this coworker of mine to go to that would take her and, like, urgent care would not do what she needed done, and an emergency room would cost her way too much. Her primary care doctor, they were full. They would not take her...she spent all day on the phone. Eventually she got into another doctor's office. “
- Expensive charges
 - “Health access, I think, is definitely a problem. I have a close friend who has the marketplace insurance ... and they were going to charge her \$8,000... And then to try and get you know, she's kind of piecing together different services to get what she needs, I think that's crazy to have to struggle like that.”
- Going out of County
 - “I can't think of where a doctor's office is in Wyandotte County. I think we have just been so indoctrinated that our first place to look is Mission and Miriam and Overland Park.”

Access to food and its contributing factors are of concern to Wyandotte County community members. In the focus groups, community members noted how food access and their ability to provide well-rounded and healthy meals for their families is important to their overall health. Some obstacles to providing healthy foods for their families included variety of grocery stores in the county, distance to quality. grocery stores with the food options they need, and hours and options at food pantries.

- Grocery stores
 - “...grocery stores or access to healthier foods as well...because we all need healthier foods. We all need the vitamins. We all need things.”
 - “There's not really easy access to grocery stores besides Walmart...so you're driving further, which means you're probably not going to go as often.”

- “I see other counties having a farmers market every single Saturday. We don't have that even. We're not going to get a grocery store. Really? A nice grocery store that's not super expensive and crazy and not Walmart. ...we need just a regular grocery store. Then you at least need to have a farmer's market every weekend so people can get fresh produce and vegetables and fruit.”
- “...healthy food, there's very few grocery stores here. I have to go to more than one store to get the items I want. And sometimes that involves not only places in the county, but even out of the county. I've gone out of the county many times to get what I want or need.”
- **Cost of Food**
 - “My perception is that I really feel blessed to be able to afford healthy food. And especially now, it seems like costs are going up and up and up. What if you have five kids and even if you have some type of assistance program... It's got to be extremely hard to consistently buy fresh fruit. Fresh vegetables. To be able to incorporate that into a diet for a larger family or even a small family...”
- **Pantry Accessibility**
 - “Yeah, when you go to the food pantry, they give you a box and you don't have no choice. Sometimes the food is expired, they give you cheese, lots of bread. I eat bread yeah, but not lots and lots. And lots of food I don't really like, beggars cannot be pickers but, very unhealthy.”
- **Availability of Healthy Foods**
 - “I feel like partially the reason why that could be a problem is because of... having access to whole foods and...things that are healthier for our body and that are better for our body. And with the lack of...access to those things... we result to going to junk food and things that are less expensive, that have less nutrients.”
 - “Another thing I would like to mention is healthy food, you know, access to health food. ...maybe in communities where we have actually identified that there are pockets of hardship, poverty...try to have a pantry, like community pantry or having like, food trucks to take fresh foods that people can buy...maybe if it's a little cheaper than what they can get it from the grocery store... So, kind of using it as the mobile clinic because food to me is medicine, depending on how you use it.”

The Built Environment can include city planning, neighborhood design, parks, trails, roads, and more. The built requirement was mentioned most frequently in relation to presence or absence of sidewalks, maintenance of parks and trails, and safe and convenient places to be active.

- **Walkability within downtown and on sidewalks**
 - “On certain streets you won't be able to see a sidewalk at all. Sidewalk? What's that?”
 - “And I think walking into different places, our sidewalks and all that infrastructure, really needs to be looked at again because there's tripping hazards everywhere.”

- “Revitalizing downtown, making it more walkable, use bicycles more, help everybody, make more bike paths.”
- “I would like to see people walking to a place...if you go to another country...you will see people that walk in, are they happy because they walk in even from store to store. But there is markets. They walk and pay the bus transport, public transportation.”
- Parks, recreation, trails
 - “there's not a lot of parks in Wyandotte County that are accessible or maybe that we feel safe going to that are nearby. I think being outside is really important for your family and for your health.”
 - “I would love to see more money go to Parks and Recreation. They just posted something on the UG site that Wyandotte County gives \$50 per person and every other area in the metro gives like hundreds of dollars.”
- Places to exercise
 - “I feel like there should be a little bit more free open activities with boxing, running, weightlifting, more access to free healthy activities out there.”
 - “We like to walk outside, we like to ride bikes, but I don't feel like there's anywhere A safe to really do that, and B anything that really accommodates that activity.”
 - “So, yeah, I mean and then also healthy places and safe places to walk, to exercise. I have a bad knee, so I can't do a lot of walking, but I could sure jump in a pool. There's not one within I don't know how many miles of my home...Eight to 10 miles of my home would be the closest one that I can access. But then I have to pay. So it's hard to get healthy when things are so expensive.”
- Other
 - “And, you know, if I have a four-year-old who can't swim because the pool wasn't open, trying to get into a pool when we want to go for, like, long walks and stuff, we don't have sidewalks in our neighborhood. A lot of our parks aren't maintained well. So we have to leave Wyandotte County to actually get these resources that are just like ones that would help us stay physically fit and have fun.”
 - “It's just the heat, the whole terrible heat, can't find shade everywhere. Can't find places. Go cool off because there are a lot of people just walking places. There's a whole lot of different rules and stuff like that.”
 - “If I have a four-year-old who can't swim because the pool wasn't open...we want to go for, like long walks...we don't have sidewalks in our neighborhood. A lot of our parks aren't maintained well. So we have to leave Wyandotte County to actually get these resources... that would help us stay physically fit and have fun.”
 - “So the upkeep of the public property...And that makes people not want to live in our neighborhoods because they don't look good.’

Safety was a common theme in focus groups and a contributing factor to health and wellbeing. “Overall security, feeling safe” and “I'd say have a safe place to reside, to feel comfortable.” were aspects of a healthy life reported by community members. Several community members stated that they frequently feel unsafe walking and exercising in the county, and a few additional

comments about not feeling like children are safe. Violence was reported in schools and bullying of those who identified as LGBTQIA.

- Perception of safety in neighborhood
 - “No, it's not safe. It's really not safe over here.”
 - “I cannot be safe in my own neighborhood, so I cannot do exercise there.”
 - “We women don't feel safe out here on when we're homeless.”
- Perception of children's safety
 - “I have kids and granddaughters, so I would an environment that's safe for my granddaughters.”
 - “I've been out of high school for quite some years now, but it's safe to say that it's the same as when I was in high school, three years ago, that even though all these schools and whatnot are boasting about zero tolerance policies, a policy means nothing if they're not forcing us. And I feel like that failure to enforce those policies plays a big role in how queer people are treated because they're letting these cis het people learn that there's no real consequences for how they treat people. I think there does need to be a lot more advocacy for actually enforcing these zero tolerance policies instead of just saying you have one and then you're Actually saying that we're going to just get in school suspension for a day or two. That's not going to do anything besides making come back to bullying.”
 - “I don't feel that my children are safe”
 - “There was a time when I was too scared to even let my kids play outside because they got home from school and I wasn't home from work yet. And it's like you stay in this house, don't you dare leave. And that's very real.”
 - “...safety is kind of a key thing because somebody needs to actually [have the] perception that they're safe for them to come out and then walk in the neighborhood and the sidewalk and everything...”
- Other
 - “Training, I feel like everyone that owns a gun, including whether you are a police officer or whether you are a civilian, you should have to get a psych evaluation. This should be a mandatory thing. Like, we got to let you that you're going to utilize this gun the right way. You're going to use it the right way and not be a nuisance.”

Mental health was a common theme among focus groups participants, especially among those who identified as LGBTQIA+, older adults and parents of school-aged children and youth. Focus group participants recognized and spoke about the importance of recognizing the signs of poor mental health, and the ways in which mental health as a whole was impacted negatively for many in the community due to the COVID-19 pandemic. Other issues surrounding mental health discussed by participants included limited mental health care, including long wait times to see a counselor or therapist, and mental health care appointments not covered by insurance. In addition, participants discussed feelings of social isolation and lack of community social support (i.e., not knowing neighbors, being new to the community, etc.) as important contributors to poor mental health.

- Limited mental health care
 - “Like the mental care of the availability of it, that you're actually going to get the mental [health] care, not that they just put it on paper that, yes, we have these counselors, but... you can never get a call back.... And so just making, I don't know, somehow to make sure that they're actually available for everyone.”
 - “For my kids, it's mental [health], and I think that it stems from bullying and stuff like that that aren't untreated or whatever. For several years and now I've tried to reach out to get mental health from them...get told that they don't accept my insurance and stuff. And then it's just been the run around. The school recently said that they've contracted with school, like, therapists... that you can go to for parents that are busy and need their kids get seen. And I reached out to this person multiple times and we've gotten no response, and then finally found out that they quit.”
- Feelings of social isolation and lack of community support
 - “There's someone I go to school with, and they went to someone about feeling like they wanted to harm themselves. And they were ignored because the staff room that they went to said that they just wanted attention and then they went home and self-harmed and ended up in the hospital.”
 - “I think there's a lot of senior citizens out there that sit lonely and despair because no one does wellness checks on them. And that stops them from being healthy because they don't think right. If they don't think anybody is thinking about them. And that brings their health down. And especially if you're a senior citizen that lives by yourself, if you got an ailment that you can't do, function like you normally would do, it's very depressing.”
- Youth and mental health
 - “I feel like it's mental health. That's the biggest fight. Yeah. I really just feel like it's missing because I see a lot of I talked to a lot of people in my school that deal with mental health in the community in general. I feel like mental health is the biggest issue, but most of the time, certain people's mental health is ignored. I feel like that's the biggest issues.”

Transportation barriers were frequently discussed; in particular, the importance of transportation to everyday destinations such as grocery stores and health care appointments—and just simply to be able to get to different parts of the county more conveniently. Focus groups participants noted the need to improve frequency of public transportation bus routes in Wyandotte County and improve the overall number of public transit routes (i.e., bus routes that travel across county lines, and to different parts of the county). In addition, a few focus group participants noted the need for improved bus shelter facilities, especially in the eastern parts of the county. These perceptions were strongly voiced in focus groups with older adults and individuals who may be unhoused.

- Increase the frequency of bus routes and improve the number of public transit routes

- “Buses only every hour. 104 don’t go to Argentine period.”
- “The 104, the 106, the 107 do not run after a certain time on Saturday. On Sunday they don’t run period. You can’t go nowhere. You lock down on the weekend. We need more buses.”
- “Transportation to get around in Wyandotte County, all the way around Wyandotte County... And in Missouri, buses run on the weekends, year-round, you can get around ‘til midnight, you can get around everywhere ‘til midnight.”
- “I have a car. But when my car is gone, I’m in trouble because I have [health care] specialists that are not in Wyandotte County.”
- “I’ve noticed that on this particular end of town, that bus stops, they’re there, but there is no accommodation at the bus stop. I mean, if you’re a senior citizen and you like me, you need to sit down, and if it’s raining outside, you need something over top of your head. But if you go west, you see that. You don’t see it on this end.”
- “But I also live on the east side. And so if I have no transportation, I have to look at the bus schedule. Is the bus coming? Get to the bus stop... Buses used to come to the neighborhood. They no longer do... Then you might have to travel a little distance just to get to the bus stop.”

Housing challenges came up frequently in focus groups, especially the groups that gathered input from community members that struggle with stable income. Focus group participants discussed the impact that being unhoused can have on overall health and the ability to access health services. In addition, participants focused on concerns about the lack of affordability of housing in Wyandotte County and that often quality and safety of lower income housing is a major concern.

- **Community support/investment**
 - “If they had a program where they can put you in affordable housing or in a housing and you could work help to build that, you would appreciate it more as a community, helping to construct a building that’s going to be beneficial to you... Help bring in this, help bring in tiles, help bring in the doors, help bring in the carpet. People are working. They have hope, and they’re working towards something to believe in.”
- **Unsafe/poor quality housing**
 - “There’s lack of inventory and what inventory is available...[they’re] not coming to make sure you have running water...You’ve got roaches and mice...You can’t get out. If you break that lease, then your chances for being re housed drop substantially...Now your mental health is affected, as well as your physical because of the conditions you’re in, and now you’re stuck.”
- **Overall impact on health**
 - “If you have a home and everything else and you’re able to have those three meals a day, three snacks a day, you’re able to eat right, you’re able to be healthy. You’re able to get the sleep you’re supposed to have, you get the exercise you’re supposed to have. Being homeless you can’t, because you’re constantly looking over your shoulder.”

- Affordability
 - “Like having enough shelters for anybody, understand? You can have a nine to five. It's still not making any money for your rent, you know what I'm saying? Paying the \$15, \$18 is still not enough anymore for minimum wage anymore...Everything went up, food and went up. ... If you have a job, you don't see that making, like, over something, a certain amount of your rent is still expensive. Your light bill, gas bill, everything else expensive... Then when you try to go down there and get help from the state or something, oh, you can't do this, because such and such are this and that, this and that.”

The **COVID-19** pandemic had significant, direct health impacts for communities across the United States, including Wyandotte County. It is therefore no surprise that COVID was also a topic mentioned in focus groups. COVID brought to light concerns about inequities in Wyandotte County for participants. In addition, participants spoke highly of the Health Department's response to the COVID-19 pandemic.

- Schools and COVID
 - “I know staying at home has an impact on mental health, but I think we did the right thing. You need to have the child's life first. We didn't know what was going to happen. And as a parent. I know we have different opinions about that. But I think I was grateful that they actually considered to communicate so much from that it was affecting them because ... it's not just having COVID and dying for COVID. It's the aftereffect of COVID. The long COVID. The chances of having maybe developing heart disease because you have diabetes and all those health issues that are not listed.”
- Praise for the Health Department
 - “I will say one thing, is Wyandotte County as the Health Department did an excellent job with COVID and getting everybody out there. And I feel like if they can do that for COVID, why can't they do that with other things? But it was like the first county that went and they were like, we're taking that Kmart. It was very, like, logical where I was like, oh, here's where I can go to get a test, here's where I can go to get vaccinated. And so, I see that. Wyandotte County can, they can pull it together. That is one area where it was like, wow.”
 - “I know that as soon as I thought I had COVID, it was easy to find some place to get tested. The wait was not horrendous because I started feeling bad, really fast... And then when vaccines were available, I hit the ground running to come to work. And that was another experience that at the Kmart, it was smoothly run. If it went fast, it was just, okay, this was easy. And I had a lot of friends in Missouri that went through public options like that, and they all complained about what a horrible experience it was, how long it took it.”
- Inequities
 - “One of the things I think COVID did, was it helped us to realize you can't keep ignoring inequities in one facet of the community because it's going to affect you. And I think it has forced us to really take a serious look at who is getting access. We've got to solve this transportation access issue for everybody.... And I think

COVID taught us that I need to be concerned not just about my health, but the health of my neighbors and my neighbors' neighbors and so forth.”

- “I worked in this area ...we all got COVID, because we were told we had to come back into work and it really wasn't safe. And I'm like, hey, I'm in a high-risk group, I don't want to come in. And there were two or three other people and they said, well, then you don't want a job.”

Social Supports and feelings of connectedness were expressed by some as important aspects of health. The ability to have social networks for conversation, community, and support in hard times was noted as beneficial.

- **Community activity and engagement**
 - “...more like community engagement. So the ability to have the YMCA provided if you want to do swimming, basketball, all those different things, but we need it in the community ... but also activities that are not sports related, that get people together, whether it's music, like the Boy Scouts, Girl Scouts, that kind of thing.”
 - “Many of our citizens experience a sense of it's really not connected at all. And I'd like to see that re-engagement that really caring about yourself, your family, and your community. So, I'd like to wave a lot and say, hey, come on, we're in this community. This is the best community. We set it all up for you.”
 - “I think we're back to the Dotte thing a little bit. If you're from here and your roots are deep, you kind of come with a self-contained support system...But if you didn't grow up here and don't know all your neighbors, then it's kind of a whole different thing.”
 - “Social help, having friends, knowing your neighbor. How many people can say they know their neighbors living next door to them? Very few people can say that. I think it's a disservice to not only ourselves, but our kids.”
- **Social Support to Prevent Isolation**
 - “Somebody who can help kind of bridge that gap. And it fills a gap of if that person is lonely for whatever reason, and they don't see anybody, at least that's some interaction that can be helpful.”
- **Social Support to Provide Advocacy**
 - “And I think having...a family member to help advocate with you certainly has been a help as well...Family or community health workers advocate.”
 - “So that advocate person can be really valuable...Because it gives you an extra voice, and that person lets you know it's okay to feel differently. Because I don't always agree with my doctor. I know me better than anybody.”
 - “Sometimes you have to know what works for you and advocate for yourself, but it takes somebody to empower you to do that.”

Income and financial concerns came up occasionally as a factor that contributes to health. Concerns about the cost of taxes, health bills, and cost of living in general were mentioned as stressors to community members and possible detractors to health and quality of life.

- **No Guaranteed Maternity Leave**

- "...it was the stress, the nine months leading up to that, oh my God, how are we going to pay for bills? I'm not going to be working, but you're still requiring me to pay for my insurance. Short term disability only lasts this long, and it's a fraction of what I make. So, it would be very stressful, nine months each time trying to save...how much PTO am I going to have? By that time, maternity leave was ... the most stressful of it all."
- Financial Stress
 - "But even as somebody that is as fortunate as me to have a job, have a husband with a job, have a home, have insurance, we still struggle sometimes financially."
- Cost of Living
 - "Our taxes are the highest out of all my friends that live in Johnson County, so I don't really think that's the problem. But I hear that this middle levy issue is why we pay such high taxes. So can we get that under control so then we can move the money to pay for Parks and Rec like the other counties?"
- Ability to retire:
 - When asked If Wyandotte County is a good place to retire, participants responded:
 - "No, it's not."
 - "The cost of living here in Wyandotte County is ridiculous."

Discrimination against certain groups of people on the basis of race, sexual orientation, housing status and other conditions was mentioned by focus group participants.

- "If you used to be homeless and you just got into a place, so they want you back homeless because they just stereotype."
- "I've noticed a friend of a big issue with just people who are more plus size being dismissed... Basically fat-shaming, body-shaming in healthcare."
- "...I feel like a lot of people in this community are very homophobic... Makes people feel like basically people can't be accepted for who they are."
- "They believe that the rumors and things that have been said about LGBTQ people, and I feel like there should be more education on that especially...We are not here to harm we just want to be ourselves and to be able to actually be ourselves out in the community and feel more safe."
- "I feel like, honestly, I'm not trying to talk about racism, but I think that's been a secret biased racism going on. Because I see there's a lot of not trying to put race in it, but it's a lot of African Americans out here, literally they work night and day, and they still make minimum wage."
- "There is African Americans and Asians out here being treated worse that are being treated worse than anybody else could ever think about being treated."
- "If you do any type of recreational drugs, you are considered a what? A drug addict, right. So I feel like there's been times in my life that I've used drugs and I've never been an addict."

Jobs and Employment. A few focus group participants spoke about struggles to find jobs and remain employed in Wyandotte County, especially for individuals that have low-income or may

have a disability. Participants spoke about the difficulty of applying for unemployment benefits and navigating the assistance program, just to be able to make ends meet in the community.

- Difficulty finding jobs
 - “Most people can't make ends meet because they don't have a job. If we could find jobs for people or put people in their rightfully owned positions, like if they have a disability given their disability... honestly, it's a struggle here.”
- Difficulty navigating unemployment or disability benefits
 - “They won't even call me. I applied for unemployment, but somebody put a red flag on it. I waited five months and couldn't get assistance.”
 - “I've been on disability for about 20 years, three years ago I get my check and they cut me off and said, was supposed to be doing it once a year just to cut me off. I lost my place.”