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Sedgwick County Division of Health

2015

Community HEALTH

Assessment Report

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Introduction

Community Health Assessments (CHAs) are used to identify and develop ways to address the health needs of the community. CHAs shed light on both the assets and challenges within a given community. The assessment provides an opportunity for feedback from the health system, community leaders, organizations and interested residents. CHAs serve as a guide for the development of strategies and actions that represent the community's needs.

In 2015, the Sedgwick County Health Department (SCHD) began preparing for Sedgwick County's third documented community health assessment. The SCHD formed a MAPP Steering Committee to begin the planning and design for a comprehensive, community based assessment, utilizing the Mobilizing for Action through Planning Partnerships (MAPP) process. The CHA was scheduled to conclude in March of 2016 using the most current and reliable data available at the time of assessment.

MAPP is a tool to collect information for developing health improvement strategies. It consists of four assessments carried out in a structured process to allow for the gathering and utilization of data from decision making while facilitating the identification and development of community partnerships.

Background

The Four MAPP Assessments

Three of the assessment methods provide a distinct view of factors that influence positively or negatively the health of county residents by gathering data. Input was gathered from community members through focus groups and questionnaires, by engaging the local public health system partners in a self-evaluation process, and finally by statistical analysis of health indicators specific to the county. Using insight gained from the assessments, workgroups comprised of community members met over several months to develop recommendations that included the development of long term goals and objectives to affect change in established priority areas.

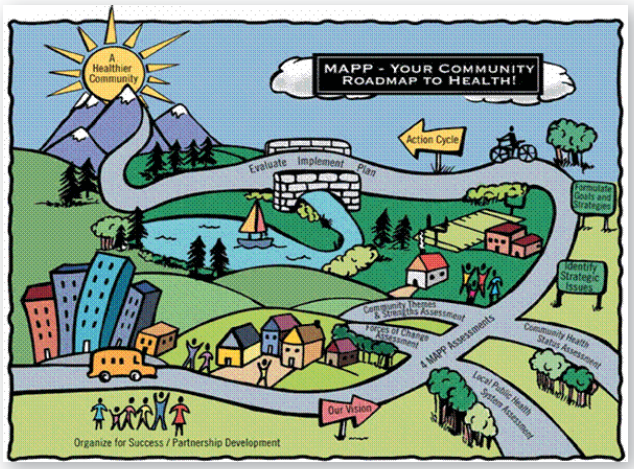
Assessments are described below.

1. COMMUNITY HEALTH STATUS ASSESSMENT completed by the Epidemiology Department at the SCHD, provides an understanding of the health status of Sedgwick County residents based on select health indicators such as causes and rates of morbidity and mortality.

2. COMMUNITY THEMES & STRENGTHS ASSESSMENT was led by SCHD staff. A 21 question community survey was developed and administered through door-to-door visits to a randomly selected sample of homes throughout the county. The purpose of the survey was to collect information related to quality of life, health behaviors, health access/barriers, and self-perceived health status of residents.

3. LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT was led by staff of the SCHD. The purpose of the assessment was to evaluate how the local public health system delivers services and to identify gaps in the delivery system. Over 60 members of the public health system participated in the assessment.

4. FORCES OF CHANGE ASSESSMENT was led by the chair of the Health Alliance, which is a group of organizations focused on improving health in Sedgwick County. The purpose of this assessment was to identify important factors related to economic and political realities, and to identify key strengths and weaknesses of importance to the health system.



EXECUTIVE SUMMARY OF COMMUNITY HEALTH ASSESSMENT

The Community Health Status Assessment (CHSA) included data along more than 90 health indicators, which helped to answer key questions such as:

- How healthy are Sedgwick County residents?
- What does the health status of our community look like?

The community health status assessment provides a profile of key health indicators, which describe the health status of the county population, and factors that have the potential to influence health outcomes. Factors influencing health outcomes include: health care access and quality, health behaviors, the physical environment and socioeconomic factors.

The health status assessment provides a data-driven foundation for analyzing and identifying community health issues in relation to peer communities, state and national data. The issues identified for Sedgwick County can be summarized overall as:

- Low capacity for clinical care
- A fluctuating economy
- Persistently high rates of violent crime and unintentional injury
- Continued poor outcomes for sexual and reproductive health

It is important to then compare these findings with the community's perception of health issues and concerns (CTSA) and the system's capacity to address certain issues (LPHSA). For the greatest impact it is advantageous for the community to address the intersections of the community perception, system capacity and data-driven need.

The assessment also allowed for the review of health data based on geographic, gender and racial differences to identify populations that may be carrying a disproportional risk factor or disease outcome burden. Identifying health disparities informs our understanding of potential social and economic factors that may be contributing to overall poorer health outcomes for our community. Health disparities were identified in the areas of educational attainment, teen pregnancy and all cause disease rates.

The Community Themes and Strengths Assessment (CTSA) provided an understanding of the perceived community assets, needs and health of Sedgwick County residents as a whole and by geographic areas within the county by utilizing CASPER. CASPER is an emergency preparedness tool that allows for a representative sample of Sedgwick County residents to be obtained providing information at the overall county and zip code level. Community volunteers canvassed neighborhoods going door to door to implement surveys.

Based on reported health status and health behaviors, respondents within the community have positive self-reported health and tend to seek out preventive, non-emergency care on a routine basis. However, a number of routine and recommended preventive health services, such as flu shots, are lower than expected, given the reported insurance coverage provision for the service.

When surveyed about access and barriers to care, respondents have relatively few health barriers that prevent them from accessing services; they tend to seek out and obtain preventative check-ups when needed; and have health insurance which covers a variety of services. There is a general awareness of insurance terminology. Respondents felt that the most influential factors to health were unemployment, violent crime and access to health care. Concerns exist around cost for health care services and competing priorities such as time as barriers to the receipt of care.

Quality of life amongst respondents is perceived as good overall, however concerns were expressed regarding access to healthy foods, recreation and transportation access. Respondents felt their communities were livable, safe and had strong networks of support.

The CTSA provides the community's perspective on health and supports data provided in the CHSA. Both identify the need to look at violent crime, the community's health system and economic factors, such as unemployment. Addressing these issues, often referred to as social determinants of health, may require work at the systems, local and state policy levels.

EXECUTIVE SUMMARY OF COMMUNITY HEALTH ASSESSMENT

The Local Public Health System Assessment (LPHSA) provided a snapshot of where the Sedgwick County public health system is relative to the National Public Health Performance Standards in an effort to refine and improve outcomes for performance across the public health system. In Sedgwick County, over 60 public health system partners participated in the assessment. The self-assessment is structured around the Model Standards for each of the ten Essential Public Health Services (EPHS), which were developed through input from national, state and local experts in public health. Thirty Model Standards serve as quality indicators that are organized into the ten essential public health service areas in the instrument and address the three core functions of public health. Figure 1 below shows how the ten Essential Services align with the three Core Functions of Public Health.

Figure 1 - The 10 Essential Public Health Services

The LPHSA identified activity and performance measures for each model standard. Overall, the public health system in Sedgwick County exhibits moderate to significant activity in the performance measures associated with the ESPHS. The LPHSA did not include priority ratings of the ESPH that would identify the level of importance that each service has within the Sedgwick County LPHS. In other words, if an ESPH or Model Standard has a low rating, it does not signify low-priority within the Sedgwick County LPHS. However, it is worth noting the standards that had lower than moderate activity (scores lower than 50 percent) and those with significant to optimal activity (scores greater than 50 percent) are representative of system opportunities and strengths, respectively. Those standards offering the greatest opportunity for improvement or greatest strengths of the system are found below determined by the highest and lowest scores.

Model Standard with Lowest Performance Scores – System Opportunities

1.2 Current Technology to Manage and Communicate Population Health Data (25)

3.2 Health Communication (25)

10.1 Foster Innovation (31.3)

10.3 Research Capacity (31.3)

Model Standards with Highest Performance Scores – System Strengths

2.2 Emergency Response (83.3)

5.4 Planning for Public Health Emergencies (70.0)

6.3 Enforce Laws (70.0)

8.3 Continuing Education (70.0)

A connection can be made between many of the concerns which arose in the CHSA and the CTSA. For example, the system expressed minimal activity with regards to assessing if communities members, including those who are high risk for having a health problem, are satisfied with the approaches to preventing disease, illness and injury within the community. An assessment of this sort could provide valuable insight with regards to the high injury rates seen in Sedgwick County. Minimal activity was also reported in relation to health communication and the system's ability to develop communication plans for sharing information with the public, media and health system partners. Communicating information helps spread health messaging and awareness of resources. In addition, the system felt that the local health department holds approximately 75 percent of the contribution towards fulfilling a number of standards. Addressing the pressing issues for the county such as the economy, clinical care capacity, access to recreation, transportation and healthy foods, identified in the CHSA and CTSA, will require increased advocacy for policy change on multiple levels not just the health department.

EXECUTIVE SUMMARY OF COMMUNITY HEALTH ASSESSMENT

The Forces of Change Assessment (FOCA) explored the 1) social, 2) economic, 3) political, 4) science & technology, 5) environmental and 6) legal and ethical issues that were impacting or potentially could impact Sedgwick County's health system. Participants considered events and other factors that had emerged in the community such as Medicaid Expansion. Participants framed their responses around two central questions; 1) What is occurring or might occur that affects the health of the community or the local public health system? and 2) What specific threats or opportunities are generated by these occurrences?

The assessment helped to identify four major cross-cutting themes. Among those themes **three** echo the findings from the CHSA and CTSA and are **bolded** below.

1) Access to Health Care (system factors such as Medicaid Expansion)

2) Lack of funding for Primary Education

3) Lack of funding for the Public Health System

4) Environmental Support for Positive Health Behaviors

Recommendations/Discussion

The 2015 Community Health Assessment for Sedgwick County should be used to inform the development of a Community Health Improvement Plan for the County. Strategies within the CHIP should center around the overlapping CHA findings: 1) Increased Policy Development and Advocacy, to include economic factors at both the systems and individual level 2) Improved Access to Health Care, with strategies that target both the system and individual, 3) Enhanced Quality of Life, to include strategies around recreation, transportation, healthy food and measures to assess the communities satisfaction and awareness of initiatives.

Given the limited resources within the system, efforts should be collaborative in nature with members of the system not only contributing time, but financial and staffing resources when necessary. The local health department has a role to mobilize system partners. Making change will require the community to implement strategies.

Recognizing the health disparities the CHIP needs to include representation from all segments in the community when developing priorities and continue to make decisions based on data. There is an identified need to regularly gain feedback from the community at large.

"Health is...a dynamic state of complete physical, mental, spiritual, and social well-being and not merely the absence of disease or infirmity." *WHO (1998)*

"Public health is what we as a society do collectively to assure the conditions in which people can be healthy." *IOM (1988)*

COMMUNITY HEALTH STATUS INDICATOR ASSESSMENT

Introduction

The purpose of the community health status assessment (CHSA) is to identify priority community health and quality of life issues. By reviewing data along more than 90 health indicators, Sedgwick County's CHSA attempts to answer questions such as:

- How healthy are Sedgwick County residents?
- What does the health status of our community look like?

The community health status assessment is a profile of key health indicators, which describe the health status of the county population, and factors that have the potential to influence health outcomes. Factors influencing health outcomes include health care access and quality, health behaviors, the physical environment and social factors.

Methods

Sedgwick County Health Department Epidemiology staff conducted a comprehensive review of secondary data sources to obtain the most current and reliable data available at the time of assessment. This review was conducted systematically using a prioritization criteria table. Data sources were graded based on data availability, comparable sources, granularity, trend data availability, collection and analysis methodology [Appendices example]. Following the Epidemiology team's assessment, the indicators that met the criteria were submitted via an online survey to the Steering Committee. The committee was asked to evaluate how impactful the health indicators were on general health, based on research literature. Those chosen indicators and sources were reviewed and categorized into four topic areas by the MAPP Steering Committee.

- Community Context
- Physical Environment
- Health Behaviors
- Health Outcomes

Secondary data sources and resources include but are not limited to the US Census 2010, the American Communities Survey 2009-2013, Behavioral Risk Factor Surveillance Survey 2013, Kansas State Dept. of Vital Statistics, Kansas Dept. of Education, Kansas Bureau of Investigation, CDC WONDER 2008-11, USDA 2010-12, Kansas Communities that Care Student Survey 2014, Kansas Dept. of Health and Environment Bureau of Public Health Control and Prevention, Kansas Hospital Association and Kansas Cancer Registry.

The items chosen for inclusion in this summary report are based on the findings from the Community Themes and Strengths community survey. This survey asked residents to assess the influence of various health topics on a person's overall health and wellbeing. Indicators representing a topic area that a majority of respondents listed as 'very influential' are described with more detail. The survey did not ask residents about health outcomes, therefore those items summarized in the 'Health Outcomes' section were chosen based on important trends or consistently poorer outcomes.

Findings

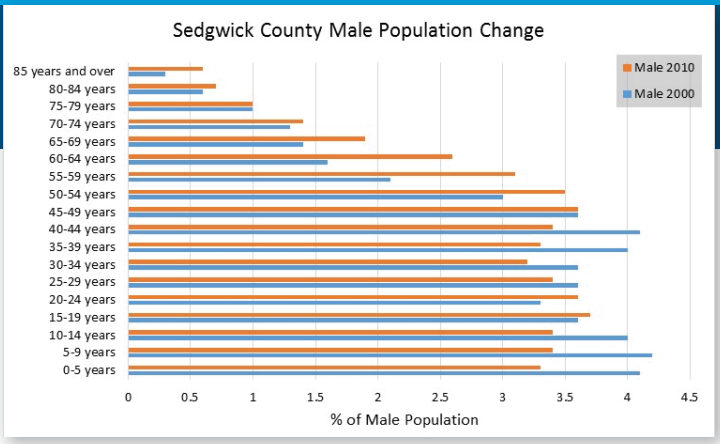
CHSA data shows that, overall, Sedgwick County fares slightly poorer in key health areas compared to other counties in the state. However, there are areas of substantial improvement and key local assets that can help our community reduce health disparities and inequities. The following is a summary of the key findings in the CHSA, but all indicators can be found on the Sedgwick County website.

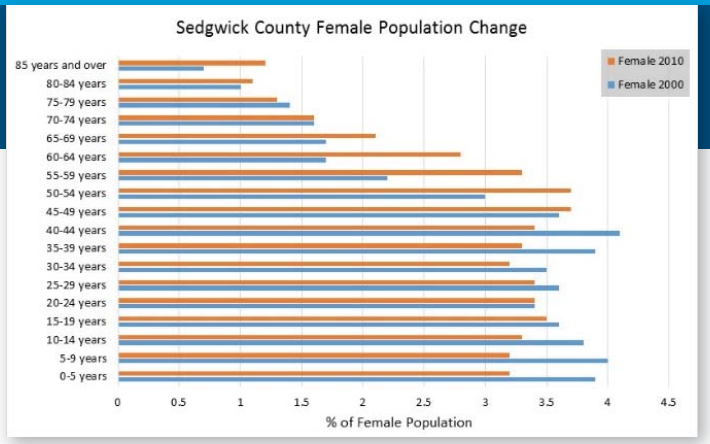
http://www.sedgwickcounty.org/healthdept/materials/Web%20Based%20Indicator%20List.pdf

Demographic Trends

Sedgwick County is a mix of urban and rural neighborhoods with an overall population of 498,365 people [2010 U.S. Census]. Wichita being the largest, most populous city in the county is the county seat. According to the 2010 U.S. Census, the population increased by 9.8 percent from 2000 to 2010, which is consistent with national population growth (9.7 percent).

- **Age:** The County population over the age of 45 years continues to increase while the population aged 25-44 years has seen a 4 percent decrease over the last decade. The graph on the next page shows the population change by age range between 2000 and 2010. [U.S. Census]
- **Race/Ethnicity:** Individuals identifying as Hispanic or Latino has increase from 8 percent in 2000 to 13 percent in 2010. Additionally, there is an increase in those identifying as two or more races in 2010 (4 percent) consistent with nation-wide trends. [U.S. Census]



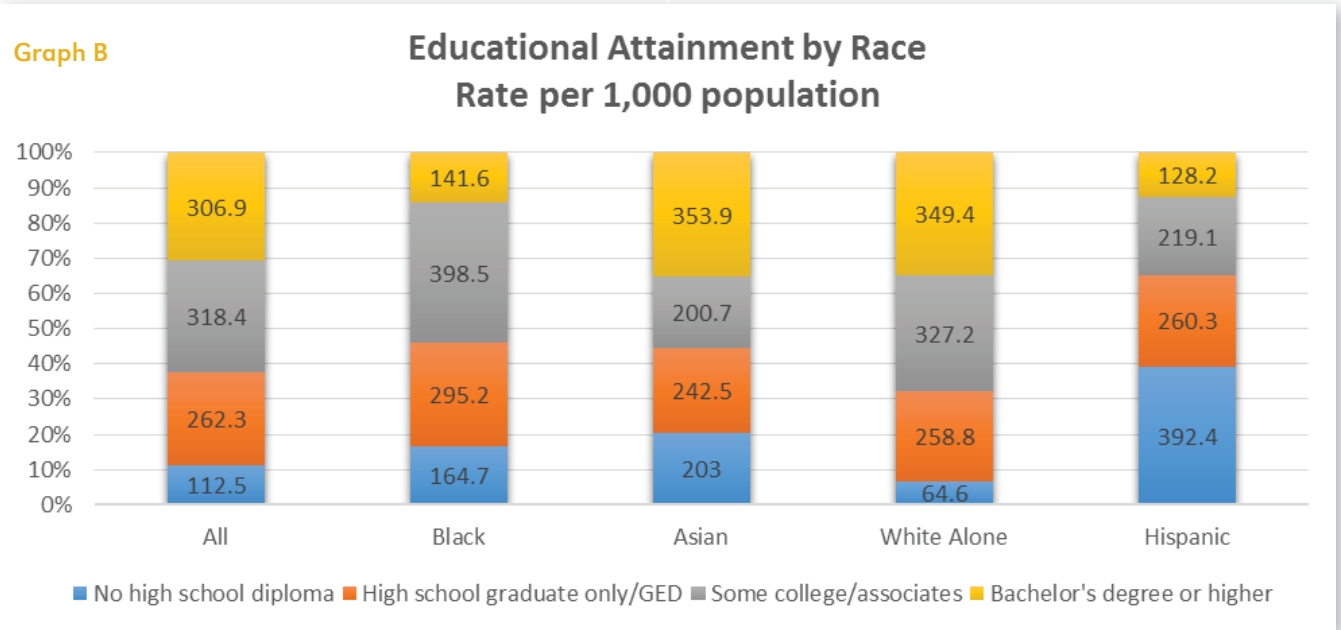


Community Context

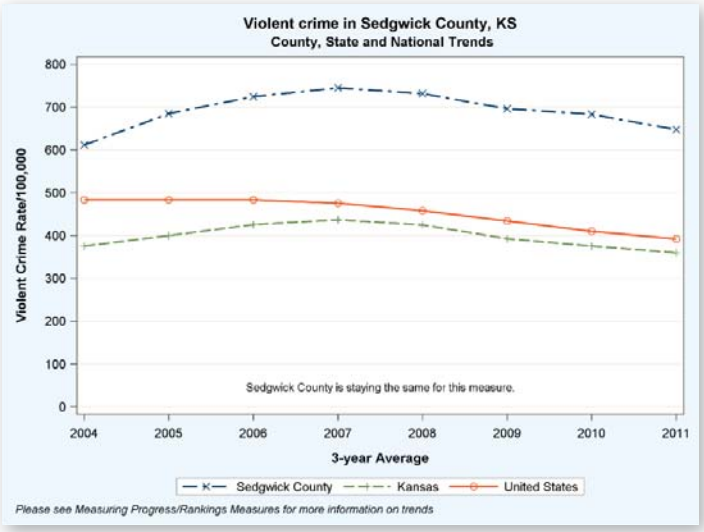
Indicators within this section of the report are commonly referred to as *social determinants* of health. Social determinants of health are conditions in the environment in which people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes. In Sedgwick County, the factors that residents perceived as 'very influential' to the health of the community included unemployment, cost of living, health literacy, access to healthcare, and violent crime.

- **Unemployment:** Since the height of the recession, unemployment in Sedgwick County has dropped from 7.3 percent in 2010 to 4 percent in 2014. Additionally, the median household income has increased approximately $5,000 from $45,726 to $50,996. [US Census]
- **Income:** If poverty estimates continue on their downward trend, following their peak in 2012 (children = 23.6 percent and all people = 16.3 percent), children, adults and families should return to their pre-recession levels by 2016. Most recently (2014), the American Community's Survey found that 10.9 percent of families (14.2 percent of people and 18.9 percent of children under 18) in Sedgwick County were living below the poverty line. [US Census]
- **Education:** The percentage of ninth-grader cohorts that are graduating within four years has risen from 73 percent to 81 percent in the past decade. Factors such as gender, race and ethnicity and migration status still contribute to disproportionate graduation rates. [National Center for Education Statistics] Educational attainment by race for 2014 is shown in Graph B.

Graph B



- **Violent Crime** rates in Sedgwick County (648 per 100,000 population) remain higher than State and National rates. However, Sedgwick County's rate is following the same national decreasing trend. [KS Bureau of Investigation]



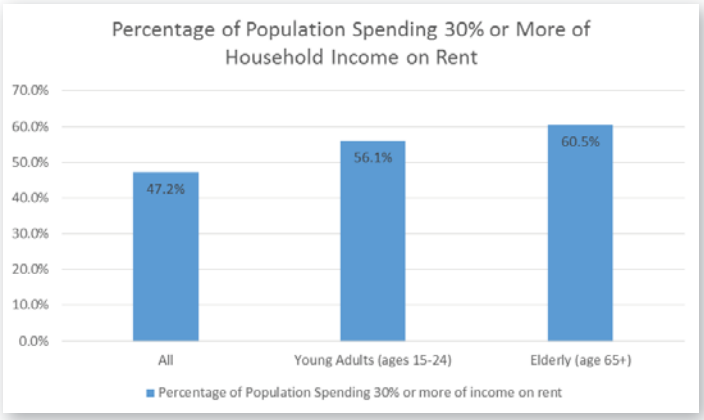
- **Health Insurance:** According to the U.S. Census American Communities Survey, the proportion of Sedgwick County residents without health insurance coverage has dropped from 14 to 11.9 percent since 2013. Still, disparities in health coverage exists among select subpopulations. Many factors contribute to this observed disparity, including gender, race and ethnicity, educational attainment, and income.

Physical Environment

Individuals are often unable to directly control many of the factors that contribute to health outcomes. This includes the physical environment in which we work, play, live and learn. Overall, Sedgwick County does well in many areas, such as air and water quality, but has opportunities for improvement in providing access to green space, affordable housing and access to healthy foods.

- **Home Ownership:** The five-year owner occupied housing unit percentages have been decreasing since 2005-09 from 67.1 percent to the current 64.9 percent 2009-13. Thirteen zip codes, most in east central Sedgwick County, have less than 60.7 percent homeownership (67226, 67220, 67206, 67208, 67214, 67203, 67213, 67211, 67218, 67207, 67210, 67216, and 67227). Additionally, educational attainment, race and ethnicity, and age are factors that contribute to lower rates of home ownership. [U.S. Census]

- **Housing Affordability:** American Communities Survey estimates that between 2009 and 2013, an average of 47.2 percent of renters in Sedgwick County spent 30 percent or more of their household income on rent. Assessed based on age groups, this high percentage of rent disproportionately effects young adults ages 15-24 (56.1 percent) and the elderly ages 65+ (60.5 percent).



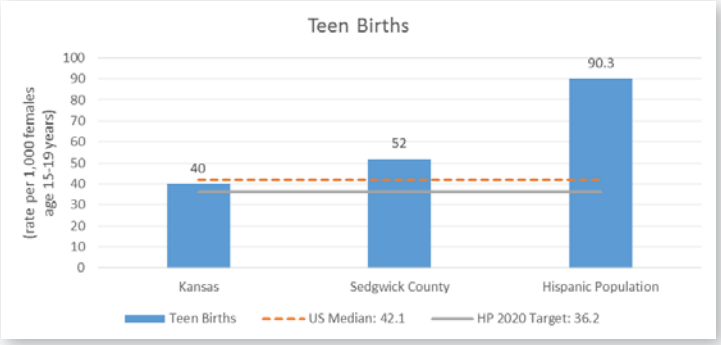
- **Food Environment Index** combines two measures of food access: percentage of population that is low-income and has low access to a grocery store and the percentage of the population that did not have access to a reliable source of food during the past year (food insecurity). On a scale of 0 (worst) to 10 (best) Sedgwick County moved from a 7.0 in 2014 to a 6.8 in 2015. This rating is just below the Kansas rating of 7.2. Sedgwick County's rating is on par with our peer communities nationwide. [USDA]

- **Water and Air Quality:** In terms of water and air quality, Sedgwick County performs better than Kansas, overall. In Kansas, daily ozone air quality is based on geographic location. Sedgwick County has an average index of 19, but the index worsens as you move northwest across Kansas [CDC WONDER]. Water quality violations have increased moderately over the last three years to its current 4 percent. [EPA]

Healthy Behaviors

Individual behavior also plays an important role in health outcomes. This includes choices about lifestyle or habits such as diet, exercise and substance use. Many public health and health care interventions focus on improving potentially detrimental individual behaviors in the hopes of reducing the rates of chronic disease. Sedgwick County residents ranked some individual behaviors as 'very influential' in the community themes and strengths assessment, including reproductive health, tobacco and substance use and barriers to healthy food choices.

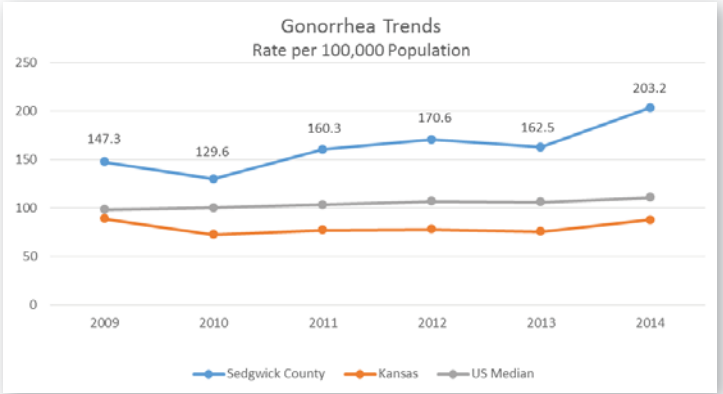
- **Weight:** The percentage of Sedgwick County adults considered obese was 31.8 percent in 2013, an increase from 30.4 percent in 2011. The current Healthy People 2020 national health target is to reduce the proportion of adults who are obese to 30.6 percent. Certain populations are more likely to be obese: women, people living with disabilities and current smokers. [BRFSS]
- **Substance Use:** Both adolescents (13.6 percent) and adults (15.2 percent) who report binge drinking has decreased in recent years. The same trend has been noted for cigarette use. More than twenty-two percent of adults report [BRFSS] that they currently smoke and 22.7 percent of youth report [KCTC] using cigarettes at least once. Additionally, the rate of mothers who reported smoking during pregnancy declined in 2013 (rate of 1.27 mothers per 1,000 women). [KS Dept. of Vital Statistics]
- **Teen Birth:** Rates for teen births in Sedgwick County is 52 per 1,000 women 15-19 years. [KS Dept. of Vital Statistics]



Health Outcomes

Health outcome indicators inform us on the causes of morbidity and morality affecting our community. They provide information regarding both length and quality of life for the community in total, as well as for population subsets that carry a disproportionate burden of the disease (health disparities).

- **Birth Weight:** A higher proportion (8.2 percent) of babies born in 2013 were considered low weight (<2500 gm). Age, race and ethnicity are all factors that contribute to certain pockets of people to have higher incidence of low weight birth. [KS Dept. of Vital Statistics]
- **Communicable Disease:** A decrease in communicable foodborne illnesses like salmonellosis (8.31 cases per 100,000 population) has been noted in Sedgwick County. However, there has been an increase in the number of sexually transmitted illnesses diagnosed in the county, represented by an increase in confirmed gonorrhea cases (203.2 cases per 100,000 population). [KDHE, Bureau of Disease Control and Prevention]



- **Vaccine-Preventable Illness:** In 2014, Sedgwick County Health Department saw an increase in reports of measles, mumps and rubella cases (10 cases). This increase is due in large part to the measles outbreak in July of 2014. Other vaccine-preventable illnesses, such as Varicella and Pertussis (26.7 per 100,000), have not seen a significant increase. [KDHE, Bureau of Disease Control and Prevention]

COMMUNITY HEALTH STATUS INDICATOR ASSESSMENT

- **Pedestrian Traffic Accidents:** Between 2009 and 2013, the rate of pedestrian involved traffic accidents increased (0.5 deaths per 1,000 population). In 2013, there were 328 of pedal cyclists injured or died in car related accidents. People aged 15 to 24 years experienced the highest number of injuries and deaths from pedestrian related accidents, and individuals aged 10 to 14 experienced the greatest number of injuries. [KS Dept. of Transportation]
- **Oral Health:** Sedgwick County has seen a decrease in the percentage (16.2 percent) of untreated dental decay in children between 2010 and 2014. However, this percentage of untreated dental decay is higher in Title I schools. Local clinics have coordinated efforts to ensure that children have access to screenings and cleanings during the school year. [KDHE, Oral Health]
- **Cancer:** Both breast cancer (110.7) and colorectal cancer (38.9) incidence rates per 100,000 population have improved between 2007 and 2011. Sedgwick County's breast cancer incidence rate is considerably better than the state of Kansas (124.1 per 100,000 population). Overall, there are fewer cancer deaths (159.3 per 100,000) per year. [KS Cancer Registry]
- **Mortality Rates:** Sedgwick county's age-adjusted rate of mortality from all causes (789.1 per 100,000 population) decreased from 2005 to 2013. When stratified by gender, race, ethnicity and age, the rate and primary causes of death show many disparities (Tables A-C). For example, the overall mortality rate in men is 32 percent higher than that of women; and the mortality rate for Hispanic populations is considerably lower than that of both Black and White populations. [KS Dept. of Vital Statistics]

Total Population	Age <15	Age 15-24	Age 25-44	Age 45-64	Age 65>
Cancer	Conditions of perinatal period (early infancy)	Accidental poisoning and exposure to noxious substances	Suicide	Cancer	Heart disease
Heart disease	Birth defects	Suicide	Cancer	Heart disease	Cancer
Chronic lower respiratory diseases	All other accidents and adverse effects	Homicide	Accidental poisoning and exposure to noxious substances	Other digestive diseases	Chronic lower respiratory diseases
All other accidents and adverse effects	Symptoms/signs ill-defined conditions – except SIDS	Motor vehicle accidents	Motor vehicle accidents	Chronic lower respiratory diseases	Stroke
Stroke	Stroke		Heart disease	Accidental poisoning and exposure to noxious substances	Alzheimer's disease
Other digestive disease				Stroke	Pneumonia and Influenza
Pneumonia and Influenza				Suicide	Kidney Disease
Alzheimer's disease				Diabetes	Other digestive disease
Kidney disease				Chronic liver disease and cirrhosis	Falls
Diabetes				Falls	Diabetes

COMMUNITY HEALTH STATUS INDICATOR ASSESSMENT

Impact

The community health assessment is a systematic method of identifying unmet health and healthcare needs of a population to adapt to meet those unmet needs. The assessment provides a data-driven foundation for analyzing and identifying community health issues in relation to peer communities, state and national data. The issues identified in this report can be summarized overall as:

- Low capacity for clinical care
- A fluctuating economy
- Persistently high violent crime rates and unintentional injury
- Continued poor outcomes for sexual and reproductive health

It is important to then compare these findings with the community's perception of health issues and concerns (Community Themes & Strengths Assessment) and the system's capacity to address certain issues (Local Public Health System Assessment). For the greatest impact it is advantageous for the community to address the intersections of both community perception, system capacity and data-driven need.

Collecting stable health indicators not only allows local decision-makers to trust data sources, but it also enables them to continue monitoring local health trends beyond the initial assessment. This assessment establishes a baseline upon which future trends can be identified. A monitoring system will also be instrumental in identifying the results of the MAPP process and evaluating the success of MAPP-related activities.

Level of data detail was another important attribute when selecting health indicators because it allows practitioners to take a deeper dive into the data. The ability to look beyond a single rate and into geographic, gender or racial differences provides new insight to identify populations that may be carrying a disproportional risk factor or disease outcome burden. The following disparities were identified:

- Educational attainment differs significantly by race and ethnicity. For example, 30.7 percent of Sedgwick County residents have a Bachelor's degree or higher whereas 14.2 percent of Black adults and 12.8 percent of Hispanic adults have obtained a Bachelor's degree or higher.
- Nine percent of Hispanic teen girls (age 15-19) became pregnant in 2013, compared with only four percent of Sedgwick County teen girls.
- Age-adjusted all cause disease rate per 100,000 population for Black men is significantly higher (1265.8) than the overall rate (905.9).

Identifying health disparities informs our understanding of potential social and economic factors that may be contributing to overall poorer health outcomes for our community.

Table in this Section Male age – adjusted death rates per 100,000 population by race

	White	Black	Hispanic	Other	All Races
All Causes of Death	829.0	1265.8	724.9	1782.6	905.9
Heart Disease	201.7	278.7	128.9	444.6	212.6
Cancer	202.6	288.8	130.6	305.5	212.4
Chronic Lower Respiratory Disease	60.3	49.8	4.5	49.6	60.1
Stroke	39.1	86.3	56.9	76.6	44.3
Suicide	27.6	3.6	13.1	69.1	29.7
Pneumonia/Influenza	26.7	27.1	3.4	38.6	27.2
Kidney Disease	21.0	57.7	76.6	89.4	25.1
Alzheimer's Disease	22.8	40.1	15.7	54.2	24.3
Diabetes	21.7	22.6	22.4	35.2	22.4
Septicemia	12.4	43.2	19.7	-	14.0

Table in this Section Female age – adjusted death rates per 100,000 population by race

	White	Black	Hispanic	Other	All Races
All Causes of Death	656.6	799.3	360.6	1170.0	686.8
Cancer	131.1	145.4	121.2	236.6	137.7
Heart Disease	120.9	152.6	118.8	234.4	128.3
Chronic Lower Respiratory Disease	50.8	57.2	30.3	33.2	51.3
Stroke	31.6	72.2	58.5	86.8	35.9
Pneumonia/Influenza	17.1	35.7	11.8	15.3	19.1
Alzheimer's Disease	12.8	38.0	-	61.5	15.9
Diabetes	14.3	19.5	27.5	17.5	15.4
Kidney Disease	12.1	16.0	19.4	45.7	13.3
Septicemia	7.9	31.5	-	-	9.5
Essential Hypertension	5.2	35.4	-	-	7.2

COMMUNITY THEMES AND STRENGTHS ASSESSMENT

Introduction

A Community Themes and Strengths Assessment (CTSA) is one of four assessments in the Mobilizing Action for Planning and Partnership (MAPP) framework for community health assessment. The CTSA serves to engage the community to identify community assets and needs, quality of life, as well as areas that are important to the communities within the county. Information collection at the community level is important in gaining acquiescence and support for health initiatives.

Methods

The primary method used to collect input was the *Sedgwick Community Health Assessment Survey* (Appendix A). The survey was created by a team of graduate students from the Wichita State University's Community Psychology doctoral program with input and guidance from staff of the Sedgwick County Department of Health (SCHD). The survey focused on identifying respondents' perceptions of the community's greatest assets, accessibility to organizations, important health-related issues and concerns, and areas for potential improvement. The team created the questionnaire based on a review of community health assessment surveys and survey items conducted in other communities. A 29-item survey was created as a result of the aforementioned approach. The survey which was customized for Sedgwick County was entered into *Qualtrics* and administered using iPads. Paper form of the survey was also administered at two main time points: August 29, 2015 and September 26, 2015.

The SCHD used the Community Assessment for Public Health Emergency Response (CASPER) framework developed by the CDC for survey administration (data collection). CASPER is an epidemiologic technique designed to provide household-based information about an emergency affected community's needs. CASPER rapidly obtains accurate and timely data in a relatively inexpensive manner through precise analysis and interpretation.

Cluster Selection

Following the CDC's CASPER methodology, a two-staged randomized selection procedure was established for the initial round of survey collection. First, 35 Census Blocks were randomly chosen and Census Block information was exported from the U.S. Census website. As indicated in the CASPER guidelines, if a selected Block had a small number of reported occupied households (less than 20 occupied housing units) then it was paired with a neighboring block within the same Block Group. The chosen Blocks were then compared demographically to the population of Sedgwick County to ensure representativeness. Second, systematic random sampling was used to establish which homes within the Blocks would be surveyed. This was done by tallying the occupied housing units within each Block. Once tallied, appropriate housing unit intervals were calculated to determine the starting points for data collection.

According to CASPER guidelines, every seventh occupied housing unit should be surveyed, and a total of 210 homes were needed for a representative sample of Sedgwick County. The SCDH decided to alter the intervals to every eighth occupied housing unit due to the density of some Blocks and limited time for data collection. The aforementioned method was used for the first round of data collection but this approach yielded less than expected data. As such, it was determined that teams would use convenient sampling on the second round of data collection where interviewers were instructed to collect data from every housing unit within their blocks. The goal was to interview a minimum of 250 households in an effort to increase the likelihood of obtaining a representative sample. Residents of the selected households who were at least 18 years of age or older were considered eligible respondents.

Recruitment and Training of Interviewers

Interviewers were recruited from the SCHD health department staff, the county's Medical Reserve Corps, community partner organizations and local universities. For both data collection days, interviewers were paired and assigned a cluster based on cluster demographics and their prior interview experience. Team assignments and partners were evaluated and adjusted prior to deployment.

One week prior to the event date, interviewers watched a 10-minute YouTube hosted video that briefed them on the CASPER methodology, purpose of the event, safety and logistics. Additional training was provided the morning of the data collection. The training lasted approximately one hour and fifteen minutes. This training focused on safety, logistics, and utilization of the iPad.

Procedure

A week prior to each CASPER event, informative postcards were sent to each home in a selected cluster, informing the household of what to expect if their home was selected and who to contact with more information. On the day of the event, interviewers were given a bag at check-in which included: maps of the census blocks, a flowchart for selecting homes, a frequently asked questions document, a consent script, a tracking log, an iPad preloaded with the offline Qualtrics survey, paper copies of the survey, a blue reflective vest and a bag of small thank-you gifts for the participants. Although bilingual interviewers were used during the first round of survey administration (data collection), language barrier slowed down the process; therefore, we included Spanish and Vietnamese versions of the survey for participants who were proficient in those languages for the second round. The Sedgwick County's GIS staff and ArcGIS software provided Maps for directions. The Wichita State University Community Psychology program provided access to Qualtrics software for survey collection.

Deployment

A full incident command structure was used for the first round of survey administration (data collection). An incident commander, a safety officer and two team leaders monitored the weather, 9-1-1 dispatch, and team phone calls from the designated command center as well as the location of interviewers' deployment and return. A public information officer was in the field with media and prepared to take more inquires if necessary. The third team leader was also deployed in the field. Teams were required to call their team leader when they had completed their cluster, had questions or concerns or were running low on time. Team leaders were assigned five to six teams originally assigned based on cluster region. On the second round of data collection we used a truncated incident command structure, due to the large ratio of the number of interviewers to assessment areas. Three staff remained at the location of volunteer deployment and return and all teams during the second event reported to one team leader.

Analysis

Graduate students analyzed the survey results by examining both the overall responses to all the key indicators of health such as health status, insurance status, insurance coverage and quality of life, as well as the specific responses for each question within the major categories. The demographic profile of respondents was also analyzed to identify the ranges of priorities in such a diverse community. Survey results were analyzed to identify items with the highest levels of response. It is important to note that the analyses were conducted only on the group of respondents who answered particular questions, as none of the survey fields were required. It should also be noted that none of the areas of divergence were tested for statistical significance.

Results

Characteristics of participants. As shown in Table 1 on the next page, the average age of participants was 49 years (SD = 18.2), there were more women (60 percent) than men in the sample, 81 percent were Caucasian, and more than half (55.9 percent) of the participants were married and 23 were widowed at the time of data collection. Seventy-three percent owned their home and 27 percent rent or lease their place of residence. Additionally, 48 percent of the participants' yearly income was over $50,000.00.

Table 1 *Socio-demographic characteristic of study participants**

Variable and category	Measure
Gender	
Male	39.7%
Female	59.9%
Other	0.4%
Age	
Mean (SD)	49 (18.2)
Range	18 - 96 years
Age category	
Under 20 years	2.4%
20-24 years	4.1%
25-29 years	10.6%
30-34 years	9.0%
35-39 years	6.5%
40-44 years	8.6%
45-49 years	11.0%
50-54 years	8.2%
55-59 years	7.8%
60+	29.4%
Not stated	2.4%
Ethnicity	
Hispanic	9.0%
Non-Hispanic	82.9%
Prefer not say	8.2%
Race	
Caucasian	80.5%
African American	8.1%
Asian	3.0%
Native American	0.8%
Pacific Islander	0.4%
Multiracial	1.3%
Other	5.9%
Marital Status	
Married	55.9%
Separated	1.6%
Divorced	10.2%
Widow(er)	9.4%
Never Married	15.1%
Other	0.8%
Prefer not say	6.9%
Educational level	
Less than high school	3.5%
High school/GED	17.5%
Some college	16.6%
Vocational/Trade degree	6.6%
2-year college degree	11.8%
4-year college degree	31.0%
Master's degree	10.9%
Professional degree (JD, MD)	1.7%
Doctoral degree (Ph.D.)	0.4%
Annual household income	
$0-$9,999	4.7%
$10,000-$19,999	7.6%
$20,000-$29,999	8.1%
$30,000-$39,999	6.6%
$40,000-$49,999	11.4%
$50,000-$59,999	9.0%
$60,000-$69,999	6.2%
$70,000-$79,1000	4.3%
$80,000-$89,1000	4.7%
$90,000-$99,1001	6.2%
$100,000 or more	17.5%
Prefer not to say	13.7%
Household size	
M (SD)	8.8 (3.8)
Range	1 - 15 people
Household size	
1	17.3%
2	32.5%
3	13.9%
4	18.6%
5	10.0%
6	5.6%
7	1.7%
8+	13.7%
Living situation	
Rent/Lease	26.6%
Own	72.6%
Other	0.8%

*N = 145

Health Status

Self- perceived health status is an important indicator of health. When asked to describe their health, 51 percent of participants reported their health as good while nearly 28 percent believe they had a very good health. Females were (56 percent) more likely than males (44 percent) to report their health as very good.

Health Behaviors

The health behavior results showed that the majority (82 percent) of the participants reported to have had at least one non-emergency doctor visit in the last year with 43 percent having visited a doctor once or twice a year (Figure 1). Participants were also asked to indicate preventive health services for which they utilized non-emergency care, based on various time increments (Table 2). While many recommended preventive screenings may vary by age and gender, some are recommended annually for all adults. For example, flu shots and dental screenings are recommended annually for all individuals, yet 42 percent of the participants indicated that they had not received the flu shot in the past year while slightly more than 30 percent had not had any dental screening during the same period (Table 2).

Figure 1: *Participants' Non-Emergency Doctor Visits*

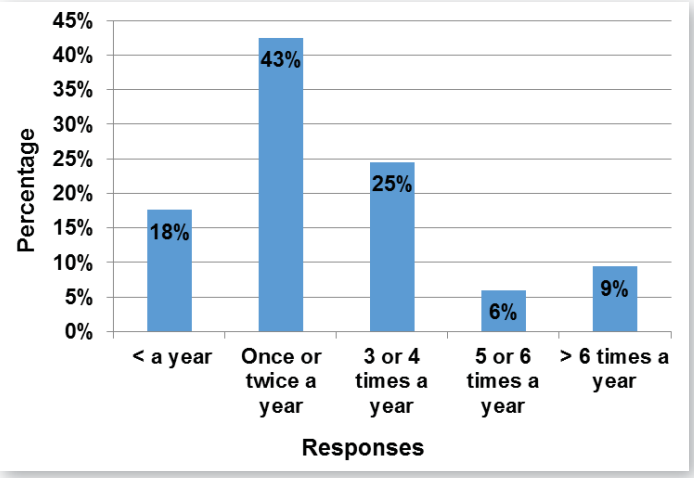


Table 2: *Self-Reported Preventive Health Service Use*

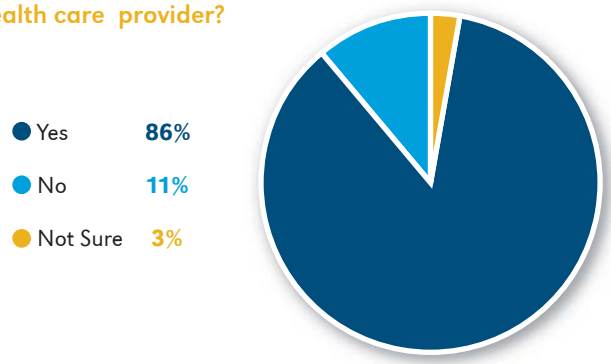
Please select all the preventive procedures you have received...	In the past year	In the last 3-5 years	Never or > 5 years ago
Blood pressure check	84.1%	11.8%	4.5%
Blood sugar check	65.3%	19.6%	13.5%
Cholesterol screening	64.9%	15.1%	16.7%
Dental screening	69.8%	20.8%	7.8%
Flu shot	58.0%	16.3%	23.3%
Colonoscopy or occult blood test*	26.5%	24.1%	40.8%
Mammogram*	34.3%	10.6%	43.7%
Pap smear*	34.7%	13.1%	39.2%
Prostate cancer screening (PSA or digital exam)*	17.6%	10.2%	55.1%
Skin cancer screening*	24.1%	14.7%	52.2%
STD screening	18.8%	12.2%	57.6%

*Note: *Indicates screenings not recommended annually for all adults.*

Access to Care

Primary doctor or health care provider. Participants were asked to select "yes" or "no" or "not sure" to the question "Do you have one person whom you think of as your primary doctor or health care provider?" Among the participants who answered this question, 86 percent indicated that they have a primary health care provider or a doctor (Figure 2). As expected, those who reported having health insurance and those who described their overall health as good and/or very good also reported having a primary doctor or health care provider.

Figure 2: Do you have a primary doctor or health care provider?



Doctor visits. Participants were asked to select "yes" or "no" to the question "Are you able to visit a doctor when needed?" Among the participants who answered this question, 95 percent indicated they could visit a doctor when needed. As expected, those who reported having health insurance, and those who described their overall health as good and/or very good also indicated that they are able to visit a doctor as needed.

Barriers to Care

When asked "During the past 12 months, was there a time you needed to see a doctor and didn't know where to go?" Majority of respondents (88.9 percent) indicated they knew where to go to find health care providers. Additionally, affordability did not appear to be a barrier in filling out prescription medication as nearly 84 percent of the respondents indicated that they did not "put off obtaining prescription medicine" due to affordability.

In an effort to further identify barriers to health care, respondents were asked to report the degree of difficulty in accessing health care, based on a list of difficulties associated with access. These responses can be found in Table 3. Respondents appear to have minimal difficulty accessing healthcare based on the problems provided.

Table 3: *Difficulties Accessing Healthcare*

In the past 12 months, how often has each been a problem for you....	Never	Rarely	Sometimes	Often	All of the time
Not having insurance	72.0%	7.0%	7.0%	4.0%	10.0%
Too expensive/can't afford them	53.0%	14.0%	16.0%	8.0%	9.0%
Lack of transportation	78.0%	10.0%	5.0%	5.0%	3.0%
Doctor or clinic is too busy (no appointment in timely manner)	60.0%	20.0%	13.0%	4.0%	2.0%
Doctor or clinic is too far away	78.0%	11.0%	4.0%	5.0%	2.0%
Can't get off work	68.0%	12.0%	12.0%	4.0%	4.0%
Family responsibilities	60.0%	16.0%	14.0%	5.0%	6.0%
Too busy	57.0%	13.0%	21.0%	6.0%	3.0%

Insurance Coverage

Insurance is an indicator of access to health care. Eighty nine percent of the responding participants indicated they were insured. Of those who were insured, majority (58 percent) were privately insured while 26 percent had Medicare. Respondents were then asked to indicate services covered by their insurance based on a list of items in Table 4. Respondents appeared to have higher awareness of coverage by their insurance for routine preventive services such as dental care, immunizations, vision care and prescription drugs. However, there was a higher degree of uncertainty regarding awareness of coverage for behavioral services such as drug and alcohol treatment or smoking cessation.

Lastly, a list of insurance terms was given and respondents were asked how well they understood the terms as this could be an indicator of health literacy. Over half (55 percent) of the respondents indicated a complete understanding of the term copay and deductible (54 percent); however only 44 percent completely understood terms such as explanation of benefits, in-network and out-of-network provider. Understanding these terms contributes to a person's ability to control their health care costs. The complete list of responses can be found in Table 5.

Table 4: *Health Insurance Provisions*

Does your health insurance cover at least part of the cost for any of the following? (Mark all that apply)	Yes	No	Not Sure
Crutches, walkers, wheelchairs or other assistive devices	49.0%	11.2%	39.8%
Dental	71.3%	24.9%	3.8%
Drug and alcohol treatment	45.6%	10.3%	44.1%
Family planning	46.9%	14.8%	38.3%
Glasses	58.8%	34.6%	6.6%
Hearing aids	39.4%	23.1%	37.5%
Immunizations	86.5%	3.9%	9.7%
Mental health	68.3%	6.7%	25.0%
Prescription drugs	90.4%	6.7%	2.9%
Smoking cessation	34.1%	10.1%	55.8%
Vision	71.6%	20.9%	7.6%

Table 5: *Understanding of Health Insurance Terminology*

How well do you understand these insurance terms?	Not at all	I've heard of it but not sure what it means	A little bit	Pretty well	Completely
Coinsurance	9.5%	10.8%	15.5%	25.4%	38.8%
Copay	2.1%	4.3%	8.6%	29.6%	55.4%
Deductible	2.2%	3.9%	11.2%	28.9%	53.9%
Explanation of Benefits (EOB)	4.7%	6.9%	15.9%	30.5%	42.1%
In network provider	9.0%	10.3%	10.3%	24.9%	45.5%
Out of network provider	9.9%	10.7%	10.3%	24.5%	44.6%

Policies and the Ecology of Health

Respondents were asked to describe how important they feel specific items such as housing, education and recreational activities influence people's health. Of the participants who responded, the results showed the following were very important: access to complete health care (64 percent), unemployment (63.2 percent), and exposure to violent crime (59.7 percent) among others (Table 6). Majority of respondents recognized that socio-environmental factors also influence health. When asked if they felt there were policies or procedures in place that prevent people from assessing health services, nearly 53 percent said yes while 25 percent said no.

Table 6: *Things that Influence Health*

How important are the following items in influencing people's health?	Very Important	Important	Not Important
Severe housing problems	51.3%	40.6%	8.1%
Unemployment	63.2%	31.2%	5.6%
Educational attainment	42.7%	50.4%	6.8%
Cost of living	57.1%	39.9%	3.0%
Access to nutritious foods	57.3%	38.0%	4.7%
Knowledge of healthy food purchasing and/or preparation	55.3%	40.0%	4.7%
Access to recreational activities	38.3%	53.6%	8.1%
Knowledge of physical activity guidelines	34.5%	57.4%	8.1%
Access to complete healthcare (Medical, Dental, Mental)	64.0%	33.9%	2.1%
Education on healthcare options (Medical, Dental, Mental)	56.4%	39.4%	4.2%
Exposure to violent crime	59.7%	31.8%	8.6%
Tobacco use	55.5%	35.2%	9.3%
Substance abuse treatment options	53.6%	4.0%	6.0%
Alcohol consumption	46.8%	43.4%	9.8%
Sexual health/practices	45.5%	45.9%	8.6%
Indoor/outdoor air quality	48.7%	44.0%	7.3%
Healthcare needs of immediate family members	56.8%	39.3%	3.8%

Quality of Life

The CTSA findings showed that Sedgwick County residents have a positive regard for quality of life in their communities and neighborhoods. While the participants expressed high satisfaction and positive ratings for various attributes, they also identified issues of concern and areas for improvement. Specifically, the participants expressed high satisfaction and positive ratings for community safety, livability, and networks and programs; but, were dissatisfied with difficulties accessing social and physical environments that promote good health for all. What follows are discussions of the various attributes used to assess the participants' perceived quality of life.

Community Safety

Respondents generally agreed that they have safety and security in their communities, and expressed agreement for various items constituting community safety. As shown in Table 7, 80 percent of the participants expressed they feel safe walking around their neighborhoods at any time, 84.3 percent felt comfortable raising their children in their neighborhood and 79.5 percent welcome police presence in their neighborhood. Additionally, over 82 percent of the participants positively indicated there were a variety of health services within 10-15 minutes driving distance from their neighborhood.

Table 7: *Community Safety*

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I feel safe walking in my neighborhood, day or night...	4.2%	8.3%	7.5%	42.5%	37.5%
My neighborhood is a good place to raise children...	4.7%	3.8%	7.2%	41.3%	43.0%
My neighborhood is a good place to grow old...	3.4%	5.0%	9.7%	42.4%	37.1%
The local Police officers are a welcome sight in my neighborhood...	3.0%	4.7%	10.2%	43.2%	39.0%
There are a broad variety of health services within 10-15 minutes of where I live	3.8%	3.8%	10.1%	47.9%	34.5%

Livability

Overall, the participants believed their communities and neighborhoods have embraced the concept of livability where the built environment and social programs are geared towards helping older adults to age-in-place and enjoy life to the fullest. Table 8 shows over 75 percent of the participants positively indicated that there are elderly friendly housing developments in their neighborhood, nearly 61 percent believed there are programs within their communities that provide meals to older adults that live in those communities. Only 48 percent of the participants have some level of agreement that their neighborhood provided networks of support to older adults who live alone.

Table 8: *Livability*

Within 10-15 minutes of where I live (driving), there are...	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Housing developments that are elder-friendly	4.1%	8.2%	12.4%	43.8%	31.4%
Programs that provide meals for older adults in my community	5.5%	8.9%	24.7%	39.0%	21.9%
Networks of support for the elderly living alone	5.1%	11.0%	28.7%	39.0%	9.0%

Networks and Programs

The participants believed that social networks and support, economic opportunities and civic pride are all important part of individuals' quality of life. This is evident in their responses to network and program questions. As shown in Table 9, nearly 85 percent of participants agreed that there were networks of support that can be accessed in their communities in times of stress and need. Almost 72 percent of the participants expressed their agreement that there were economic opportunities in their communities, and approximately 73 percent expressed that there was an active sense of civic responsibility, engagement, and pride in shared accomplishment in their community.

Table 9: *Networks and Programs*

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
There are networks of support for individual and families (neighborhood, support groups, faith community, outreach agencies, & organizations) during times of stress and need.	1.6%	4.2%	9.4%	55.0%	29.8%
There are economic opportunities in the community (consider locally owned and operated business, job with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc.)	3.0%	10.3%	14.8%	50.2%	21.7%
There is active sense of civic responsibility and engagement, and of civic pride in shared accomplishments in your community.	3.4%	8.3%	15.0%	49.0%	24.3%

Access

Throughout the CTSA, access to resources, particularly access to healthy foods, was a predominant theme. Survey participants expressed dissatisfaction with poor access to: (a) recreation opportunities, (b) safe and affordable day care, (c) healthy foods, (d) transportation, and (e) affordable healthcare options in Sedgwick County. As illustrated in Table 10, almost 92 percent of the participants expressed dissatisfaction and poorly rated the lack of access to healthy foods in their neighborhood. Eighty-two percent expressed they did not agree there was access to recreational opportunities within 10-15 minutes driving distance from where they live. Additionally, 78 percent of the respondents indicated an inability to easily access transportation in their neighborhood.

Table 10: *Access*

Within 10-15 minutes of where I live (driving)...	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I have access to recreation opportunity that include non-sports related activities	75.9%	6.0%	7.2%	6.0%	4.8%
I have access to safe and affordable day care/child care	35.8%	34.2%	4.7%	2.6%	22.8%
I have access to healthy foods	83.4%	8.3%	3.4%	4.1%	.7%
I can easily access transportation	58.0%	19.9%	9.7%	7.4%	5.1%
I have affordable healthcare options	66.9%	11.6%	10.5%	7.2%	3.9%

To determine how the participants' socio-demographic characteristics related to quality of life, we examined the data within selected demographic category. The results showed that income was positively related to perceived quality of life. That is, the higher the participants' income the better their perceived quality of life. Additionally, participants who described their health positively and reported having a primary care physician (PCP) also reported having a higher quality of life.

Discussion

The CTSA provided information based on the perceptions of residents in Sedgwick County. The assessment used CASPER methodology to obtain a sample considered to be representative of Sedgwick County as a whole. Results indicated that the majority of residents were insured, considered themselves healthy and used routine care including some preventive health services.

With regards to access and barriers to care, respondents reported relatively few health barriers that prevented them from accessing services; cost and lack of time were the most frequent barriers to care. The majority of respondents were insured. However few completely understood terminologies associated with insurance coverage. This is important given that one's ability to understand where to seek care (in-network vs. out-of-network providers) impacts the cost for that care. Residents felt that the most influential environmental factors to health were: unemployment, violent crime and access to health care. These factors highlight the need to consider social determinants when considering health improvement.

Respondents reported feeling that their communities were livable, safe and had networks of support. Quality of life among residents is perceived as good overall. However, respondents had concerns regarding their ability to access healthy foods, recreation, and transportation within 10-15 minutes of where they live. Due to small sample sizes, analysis was not able to occur at the zip code level.

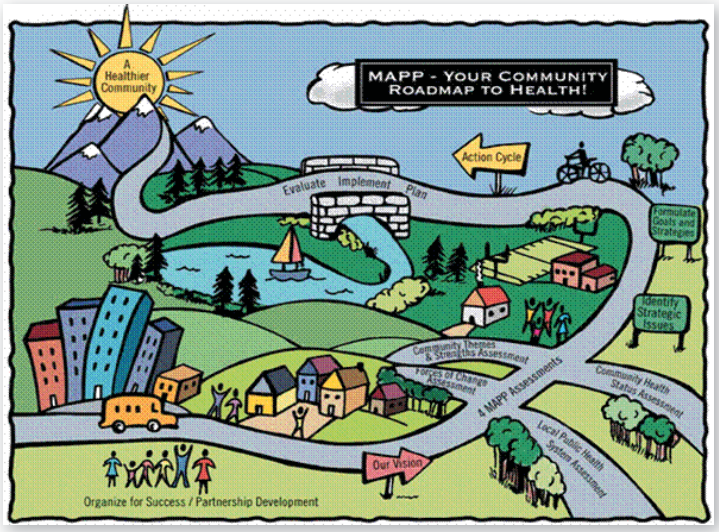
FORCES OF CHANGE ASSESSMENT

Introduction

The purpose of the Forces of Change Assessment (FOCA) is to identify forces that are affecting, or have the potential to affect the public health system or the community. During this assessment, participants were asked to answer the following questions:

1) What is occurring or might occur that affects the health of the community or the local public health system?
2) What specific threats or opportunities are generated by these occurrences?

They were asked to consider the following categories of influence when responding: (1) Social (2) Economic (3) Political (4) Science & Technology (5) Environmental (6) Legal & Ethical influences:



Assessment Process

The FOCA was led by the chair of the Health Alliance, which is a group of organizations focused on improving health in Sedgwick County. On June 6, 2015, the Health Alliance convened its membership and additional members of the community to participate in the FOCA. Approximately 44 residents attended the meeting representing 23 agencies or community groups.

Prior to the meeting, colored "sticky walls" were placed around the room representing categories of influence; 1) Social (2) Economic (3) Political (4) Science& Technology (5) Environmental (6) Legal & Ethical. The meeting began with attendees viewing a presentation explaining the Forces of Change. After the completion of the presentation, attendees were divided into six groups and given colored pieces of paper, which matched a category of influence already placed on the wall in the room.

A single facilitator then guided participants through the following brainstorming, categorization and prioritization process.

1) First, each group brainstormed and listed forces of change viewed as threats or opportunities for category of influence.
2) After a specified period of time, the groups placed their ideas into each category of influence on the sticky walls.
3) Each participant was then given three dots for the purpose of voting "dotmocracy". The participants used their dots to vote for the top three issues they thought were most important amongst all categories.

Data Analysis

Following the meeting, the strengths and opportunities identified were summarized to identify cross-cutting themes across all categories of influence (see Table 1 below for a complete list). Health department staff, then reviewed all the forces of change and identified those of particular significance to Sedgwick County by referencing those forces that were mentioned the most times throughout the assessment.

Findings

The Forces of Change identified in this assessment represent important issues affecting Sedgwick County, and their potential implications on the health and quality of life of community members and on the local public health system.

The major forces identified by the assessment and perceived as impacting public health in Sedgwick County were within the Political, Environmental and Social categories of influence. The following represented the most commonly mentioned issues facing Sedgwick County.

Healthcare: The Impact of the Affordable Care Act and the Absence of Medicaid Expansion

The transforming health care system was the most frequently cited force affecting the local public health system in Sedgwick County. Participants felt that people are living longer, and advancing medical technology presents an opportunity for healthier lives. However, participants expressed the concern that many people lack the access to the advanced technology due to

gaps in the health care delivery system, which leaves people uninsured or underinsured. The lack of primary care providers was also a concern, considering their important role in care coordination.

The lack of Medicaid Expansion in Kansas was frequently cited by participants who felt it affected the local public health system in Sedgwick County. Medicaid Expansion, an option provided to states through the Affordable Care Act, could offer health care coverage to more people particularly low-income adults without children. Expansion could provide coverage to an estimated 85,000 Kansans who make too much to qualify for the state's existing Medicaid program called KanCare, but too little to be eligible for federal tax credits to help them purchase private coverage on the Healthcare.gov exchange. Participants expressed that if a bill for Medicaid Expansion in Kansas were passed, it would also provide more services for the elderly and more funding for the local hospitals. Participants felt that a lack of Medicaid expansion was also directly affecting local non-profit hospitals as their cost-sharing payments and reimbursement rates for serving the uninsured will begin to decline.

The Lack of Funding for Education

Participants expressed concern over educational funding in Kansas. They noted the lack of funding in the K-12 school systems is causing a decrease in certified teachers, school closings and school re-zoning, which in turn has reduced access to quality education for students. Participants expressed in spite of the Kansas Supreme Court ruling, the state must increase funding for public K-12 schools, the ruling has been ignored and public schools have received reduced funding.

Strengthening the Public Health System

One substantial threat to the efficient and effective functioning of the local public health system identified by the FOCA participants was political inaction at the state and local level that keeps the system from being adequately funded. Participants felt funding decisions were too often grounded in political beliefs rather than on data and community priority. Also highlighted was the need for expansion of the Sedgwick County local public health workforce to meet growing community demands, specifically citing the small number of health department staff in proportion to population of Sedgwick County. However, given the political climate, public health partners secured funding that would assist in strengthening the environment and public health system.

Supporting Positive Health Behaviors

Participants thought improving the environments within the community to support and foster positive health behaviors was important to advancing community health. Participants cited the need for more biking and walking trails and having access to more places to purchase healthy food, such as farmers markets as ways to improve health behaviors. Another health concern cited by participants was the rise in mental illness, the loss of mental health facilities and the overwhelming amount of chronically ill people who are unable to care for themselves.

Table 1: Categories of Influence - Opportunities and Threats Environment

Opportunities	Threats
Increase access to farmers markets, neighborhood and home gardens and Community gardens	Limited access to healthy foods with increase in food deserts
Focus on water quality and quantity, and planning towards and additional water source	Continued pollution and lack of care for a finite resource
To build neighborhoods (established) that give residents access to 1. Green space 2. Grocery stores 3. Safety	Limited investment in public transportation
	Gentrification issues
Encourage multi modal transportation such as biking and walking to improve air quality and infrastructure	Limited funding for City of Wichita capital improvement plan
Continued emphasis on recycling and reductions in cost for recycling	Recycling: High cost of recycling by waste companies
Improved health outcomes through Wesley's Planned Children's Hospital for youth of community	Increased energy consumption
	The City of Wichita keeps moving further out and is creating a donut effect of fewer people in city

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Social

Opportunities	Threats
Increased awareness of Mental Health Services	Mental Health Hospital Facilities: Loss of facilities.
Education: Community schools and partnerships/funding "community focused"	Education: School closings/ re-zoning Reduce access to education for "inner city" students
Longer lives amongst an aging population	Over-run or outdated senior services
Improve reach of health services to elderly and women through Healthcare Expansion	Decrease in vaccination acceptance
Expand mental health and crisis services (ex. Mental health court, Crisis, etc.)	Persistence of violence amongst certain groups (ex. women)
Increased physical activity by use of bike paths and parks	Health care costs
Work to overcome racism	Need for increased resources for elderly choosing to age at home
	Increase in distrust in law enforcement and law enforcement practices
	Ability to connect new immigrants migrants in the community
	Limited improvements in neighborhoods (i.e. Hilltop, Plainview) due to limited political clout.
	Demands on the environment caused by meat and poultry consumption
	Changes in definition of "family" and impact on care

Political

Opportunities	Threats
Potential to pass fluoride law	Lack of fluoride in water
Educate, inform and increase voter participation	Apathy and powerless feeling of the people
Political will is creating opportunity for our Public health system to up involvement and continue to meet needs of community	Cuts in public health funding/ declining public health funding
Caregiver wellness: Increased attention and resources can decrease the incline in health issues	Caregiver Wellness: Increased number of caregivers mean increased chronic health issues
Support of some ... entities to increase funding for vulnerable population	
Educate, Build relationships	Funding decisions not based on public health perspectives
Emphasis on illness care	Continued cuts to funding to medical education
	Elimination of charitable deduction—most care providers are non-profit (public)
Medicaid Expansion	
Clearer understanding and information to our community on how to be good stewards of our environment	Lack of Medicaid expansion in KS
Connecting people with affordable, locally grown produce at worksites/ schools	
Tobacco tax money to assist with improved health outcomes	
Food and farm task force on policy council	

FORCES OF CHANGE ASSESSMENT

Legal and Ethical

Opportunities	Threats
A national conversation about food threats had begun, such as chemical preservatives, GMO, antibiotics, food dye.	The 'Safe and Accurate Food Labeling Act'
Realization of ACE in child and adult development	Decreased education funding
Govt.- continued support of underserved population. Including: seniors, public health regulated population, children	No tax movement creating constitutional crisis, closing schools, lunch health programs
Improved infrastructure -more and brighter crosswalks	
Mandatory health insurance	Unsafe walking and biking areas
Teacher education funding	Increased Hookah use

Science and Technology

Opportunities	Threats
Potential for technology innovation improvements driven by aging population for aging that will benefit all the population	Quick dissemination of info thru social media—info may be partial or inaccurate
Public/private partnership around Wichita State University and diversity	Aging population access and use of new technology during time of disaster/use of management response
Web, video interaction with MD/Care providers	Lack of participation by majority of population in surveys/meetings around innovation ideas
Health information exchange and increased electronic medical record use	De-socialization of society (impersonal, limited face to face communication)
# Social Media	Increasing gap of access to technology
More chances for public participation on important topics	Neighborhoods and cost of living changes due to creation of innovation campus
	Potential for Cyber terrorism with electronic health records and protected health information
	Jobs eliminated by technology
	No manual backup of conversion to EHRs

Conclusion

The opportunities and threats identified through the FOCA represent key issues that will have important implications for the local public health system and the health and quality of life of Sedgwick County residents. As the demographic composition of Sedgwick County is evolving, so is the need to continually identify the social, economic, political, science & technological, environmental, and legal and ethical factors that have a potential to impact health in Sedgwick County.

The core issues which emerged as priorities in this assessment were:

1) The impact of the Affordable Care Act and the absence of Medicaid expansion
2) Lack of K-12 education funding
3) A need to strengthen the public health system
4) Need to support positive health behaviors

Many of the themes are interrelated. Participants pointed out implementing Medicaid Expansion in the state of Kansas would help to ensure a healthier workforce by providing working-age Kansans with more access to health care. The Affordable Care Act (ACA) and Medicaid Expansion both help in strengthening the local public health system.

According to attendees, special considerations should be made to protect and advance the sustainability of our school system. Attendees discussed a potential link between low funded schools, underpaid teachers and a larger prevalence of uncertified staff, which they felt led to a low performing school system. Research has shown those with higher education tend to have positive health behaviors. Quality K-12 education prepares youth for higher education and the opportunity for careers in public health.

Brainstorming Participants' Affiliation Roster:

1) YMCA Wichita
2) Sedgwick County
3) Guadalupe Clinic
4) SBC Global
5) USD 259
6) Mirror Inc.
7) Medical Service Bureau
8) Wichita State University

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9) North Heights Christian Church
10) Wichita Metro Chamber of Commerce
11) American Cancer Society
12) Derby Recreation Center
13) United Way Plains
14) Senior Services of Wichita
15) Via Christi Hospital Health System
16) National MS Society
17) Via Christi –Infection Control
18) WSU Health Professions
19) Sedgwick County DHHS
20) Great Plains Nature Center
21) Medical Society Sedgwick County
22) Wichita Business Coalition on Healthcare
23) Kid Power Programs
24) National Association of Mentally Ill

LOCAL PUBLIC HEALTH ASSESSMENT

Introduction

The purpose of the Local Public Health System Assessment (LPHSA) is to evaluate how the local public health system delivers services and to identify gaps in the delivery system. The LPHSA is a self-assessment developed as part of the National Public Health Performance Standards (NPHPS) and results from use of the assessment are provided in a report from the NPHPS. The report does not include the methods the local public health system engaged in to obtain answers to the assessment question. That information was prepared by the Sedgwick County Health Department.

Assessment Process

Pre-Assessment Planning. In October, 2015 Sedgwick County Health Department (SCHD) staff and members of the Mobilizing Action for Planning and Partnerships (MAPP) Steering Committee brainstormed to compile a list of attendees to contribute to the LPHSA. The list was then reviewed to assess the extent to which the entire Local Public Health System (LPHS) was represented and to determine whether additional outreach to organizations needed to take place.

An initial e-mail was sent to community members to gauge their willingness to participate in the LPHSA. Upon receiving positive feedback from organizations and coalitions willing to contribute, staff decided to proceed with the assessment. The assessment was carried out through facilitation of an in person kickoff meeting and breakout sessions conducted as e-meetings. Participants were preassigned to specific breakout sessions based on their scopes of work; however all participants were welcomed to attend and participate in any of the breakout sessions in the assessment.

LPHSA Kickoff Meeting. The SCHD hosted a kickoff Event to raise awareness around the importance of the LPHSA in Sedgwick County and to engage participants in conversations about the organizations in Sedgwick County that conduct work within each Essential Service of Public Health (ESPH). During the meeting, participants rotated between stations to have brief discussions led by a facilitator to define each ESPHS. Stations were equipped with posters that listed organizations that perform work within a particular domain. Participants were also encouraged to write organizations or tasks missing from the poster.

There were approximately 60 attendees representing their respective organizations at the Kick-off Event. The following includes a list of organizations in attendance at the Kick-off Event and LPHSA breakout sessions: Sedgwick County Emergency Management, Sedgwick County Health Department, Sedgwick County Health Department, Director, Kansas Public Health Association, GraceMed Clinic, Rainbows United, Inc., Kansas Academy of Family Physicians, Wichita City Council, Via Christi Health, Inc., Wichita Health- Planned Parenthood Center, Via Christi Health, Inc., Kansas University School of

Medicine- Wichita, Kansas Public Health Association, Medical Society of Sedgwick County, United Way of the Plains, Communities in School, Wichita State University Student Health Services, LGBT Health Coalition, Episcopal Diocese of Wichita, Wichita Business Coalition of Healthcare, Alzheimer's Association, National Alliance of Mental Illness, Sedgwick County Health Department- Animal Control, EMS, City of Wichita- Child Care Licensing, Sedgwick County Sheriff's Office, Sedgwick County Emergency Management, Workforce Alliance and Wichita Medical Research.

E-Meetings. Following the kick-off meeting, seven breakout sessions were held throughout the week of Dec. 7- 9, 2015 and varied in duration from 1-2 hours per session. ESPHS topics with the greatest overlap of pre-assigned participants were assessed in one breakout session to save time and avoid potential schedule conflicts. The breakout sessions were setup in a webinar format using Adobe Connect, which allowed attendees to enable webcams, microphone and speakers to interact in virtual meetings.

Before each session, web links to Adobe Connect were sent to participants to access each breakout session in the convenience of their office. A facilitator led participants through a review of the ESPH and the Model Standards within that domain, then guided group discussions on the attendee's perceptions of the programs that impact health and emergency preparedness within Sedgwick County.

Along with verbal discussion, participates captured their thoughts and opinions regarding the strengths, weaknesses and opportunities for short-term and long-term improvement within the Adobe Connect Chat Box feature. Following discussion, individuals rated the assessment questions on the level of activity of each Model Standard within the 10 ESPH using the Adobe Connect Polling feature [Optimal Activity (76-100 percent), Significant Activity (51-75 percent), Moderate Activity (26-50 percent), Minimal Activity (1-25 percent), No Activity (0 percent)]. The scores from the assessment questions were averaged to calculate the composite score for each Model Standard—the overall score for each of the 10 Essential Services of Public Health was computed from the average score of the Model Standards within its domain.

Findings. Results from the LPHSA are presented as two sets of findings; 1) An overview of Model Standards, prepared by the SCHD, with lowest and highest performance scores 2) Findings from the formal NPHPS tool.

Overview of Model Standards Based on Performance Scores

The LPHSA identified activity and performance measures for each model standard. Overall the public health system in Sedgwick County exhibits moderate to significant activity in the performance measures associated with the ESPHS. The LPHSA did not include priority ratings of the ESPH that would identify the level of importance each service has within the Sedgwick County LPHS. In other words, if an ESPH or Model Standard has a low rating, it does not necessarily suggest a low score signifies an area of improvement, low ratings may signify service is not a high-priority within the Sedgwick County LPHS. However, it is worth noting the standards that had lower than moderate activity (scores lower than 50 percent) and those with significant to optimal activity (scores greater than 50 percent) are representative of system opportunities and strengths, respectively. Those standards offering the greatest opportunity for improvement or greatest strengths of the system are found below determined by the highest and lowest scores.

Opportunities for Improvement

1.2 Current Technology to Manage and Communicate Population Health Data (25.0)

Participants in this breakout session agreed that the Sedgwick County LPHS does not harness the best available technology and methods to display data on the public's health. They recognized the constant changing of technology makes it a challenge to use the latest technology; however, the majority agreed that the LPHS could improve on designing infographics, charts and graphics to display population health data. The group emphasized the importance of displaying data in more appealing ways in order to communicate results to multiple audiences.

A short-term opportunity for improvement includes utilizing civic hacker groups, such as the Open Wichita, to share and display health data and educating PH professionals on informatics concepts.

3.2 Health Communication (25.0)

The majority of participants agreed the LPHS relies heavily on timely and open communication between the Sedgwick County Health Department and the media—few other organizations utilize the media to communicate health. Participants suggested implementing more media training to prepare more community leaders to speak to the public.

Additionally, participants recognized there is limited advocacy from the system as a whole and organizations mainly focus on promoting their individual programs. Furthermore, attendees noted the LPHS creates plans to share information with the community, but neglects to share this information among agencies within the LPHS. Overall, participants found health communication as a major area for long-term improvement. Throughout the LPHSA and FOC findings, recommendations to improve communication among organizations within the LPHS were a reoccurring theme.

4.1 Constituency Development (37.5)

According to the #4 ESPHS Mobilizing discussions, outside of the United Way 2-1-1, the LHPS does not keep a complete and current directory of health-related organizations and coalitions within Sedgwick County. One attendee mentioned that in the past the Health Department was responsible for creating and maintaining this directory; however, there is not an existing system in place to identify key constituents of the LPHS or engage them in efforts to improve community health. There was a recommendation to create a directory that contains all organizations within the LPHS and their direct contact information.

In addition, participants mentioned representatives for mental health are often left out as a stakeholder in community planning. It is recommended to seek more constituency development within the mental health community.

8.4 Leadership Development (37.5)

During this discussion of the #8 ESPH Workforce Development, the attendees concurred that there are great opportunities for leadership training (i.e. Kansas Leadership Center); nevertheless, there is a lack of resources and investment for leaders to carry out their newly equipped skills or project ideas. Opportunities for immediate improvement were mentioned as follows: assess how diverse groups in the community could build buy-in to help influence elected officials on public health matters.

10.1 Foster Innovation (31.3)

There was a consensus during the #10 ESPH Research discussions to improve and foster innovation within areas of research. Participants recognized that there are challenges with the difficulty of translating research findings into practice and the misperceptions that perceive research as only a role of academia. Currently within the LPHS, there is no joint research agenda for innovation and minimal community involvement in determining the issues to dive-in. The lack of innovation research is also tied to restricted funding opportunities; thus participants recommended advocating research funders the need to remain open to research for innovation.

10.3 Research Capacity (31.3)

Funding organizations (i.e. Wichita Medical Research and Education Foundation) play an important role in supporting the research capacity for organizations in the LPHS. Therefore, we must ensure organizations, especially non-academic entities, continue to pursue these funding opportunities. Participants in the breakout session discussed shaping a venue to share research findings, which will help to centralize information related to research, such as results, collaboration opportunities, etc.

9.2 Evaluation of Personal Health (40.0)

The LPHS received a low performance score for evaluating the accessibility, quality and effectiveness of personal health services. Participants discussed patients typically switch providers if they are not satisfied with their personal health services. When this occurs, providers lose feedback that evaluates personal health.

5.1 Government Presence (41.7)

The participants in the session voiced there is a lack of local and state political support of the Sedgwick County LPHS. It was also stated there is a lack of clarity about the services and role of the local health department.

6.2 Improve Laws (41.7)

System-wide there are several agencies with similar responsibilities to improve laws; unfortunately, they have limited to no communication with each other on their reviews. Participants stated several areas for improvement within this

Model Standard: Improve individual review processes across the LPHS; establish a standardized review process that should take place every 3-5 years; and create opportunities to engage and voice the opinions of nonprofits and other organizations during the review process.

8.1 Workforce Assessment (41.7)

As a theme mentioned within several Model Standards, the participants within this breakout session also stated that the LPHS must develop an effective communication plan to inform the system of the various workforce efforts. Participants stated the system does not share results across the county or the state. Participants made recommendations to share workforce assessment information with the Healthcare Coalition to aid in organizational and community planning and to include environmental health partners in public works and emergency management within the KU assessment.

Model Standard Strengths

2.2 Emergency Response (83.3) and 5.4 Planning for Public Health Emergencies (70.0)

The SCHD Director serves as the LPHS designee, serving as the Emergency Response coordinator within the jurisdiction. The system maintains a list of personnel qualified to respond and mobilize in emergencies. SCHD maintains a database that lists Health Department staff and what they are trained to do in various types of emergencies. Emergency Preparedness maintains a list of key partners and volunteer groups, such as Medical Reserve Corps, to call in the case of a public emergency. These lists are updated regularly to allow for quick response. Although participants agreed the system had strong emergency planning, potential improvements to consider included providing technical assistance and training to other partners such as childcare providers and City of Wichita staff, and enhancing written plans.

6.3 Enforce Laws (70.0)

Generally, participants agreed the LPHS does a great job referring residents to the proper authorities when there is a complaint. For example, Animal Control refers residents to several animal related agencies depending on the need. Representatives from the local police department stated that the LPHS must prioritize law-making and policy development to address the incarceration of repeat offenders with health–related issues, such as drug addiction or mental illness.

8.3 Continuing Education (70.0)

Local hospitals and the local health department offer a variety of internships and research projects to students and work closely with area colleges, vocational schools and technical colleges. A local hospital noted that in FY2014, they spent $17.5 million on health professions education which primarily consisted of training interns, nurses, social workers and others who go out into the community to work.

Table 1: Summary of Perceived LHD Contribution and Performance Scores by Model Standard

Model Standard	Performance Score	LHD Contribution
1.1 Community Health Assessment	50.0	50.0
1.2 Current Technology	25.0	50.0
1.3 Registries	50.0	25.0
2.1 Identification/Surveillance	66.7	50.0
2.2 Emergency Response	83.3	75.0
2.3. Laboratories	68.8	25.0
3.1 Health Education/Promotion	50.0	75.0
3.2 Health Communication	25.0	50.0
3.3 Risk Communication	50.0	75.0
4.1 Constituency Development	37.5	50.0
4.2 Community Partnerships	50.0	75.0
5.1 Governmental Presence	41.7	75.0
5.2 Policy Development	50.0	25.0
5.3 CHIP/Strategic Planning	50.0	50.0
5.4 Emergency Plan	75.0	75.0
6.1 Review Laws	56.3	75.0
6.2 Improve Laws	41.7	75.0
6.3 Enforce Laws	70.0	50.0
7.1 Personal Health Services Needs	43.8	50.0
7.2 Assure Linkage	68.8	50.0
8.1 Workforce Assessment	41.7	50.0
8.2 Workforce Standards	58.3	50.0
8.3 Continuing Education	70.0	25.0
8.4 Leadership Development	37.5	25.0
9.1 Evaluation of Population Health	43.8	75.0
9.2 Evaluation of Personal Health	40.0	25.0
9.3 Evaluation of LPHS	50.0	75.0
10.1 Foster Innovation	31.3	25.0
10.2 Academic Linkages	58.3	50.0
10.3 Research Capacity	31.3	25.0

APPENDICES

Appendix A

1. What is your current age? _____

2. Does the neighborhood in which you live have walking access to grocery stores and services, such as libraries, schools, or bus routes? _____Yes _____No _____Not Sure

3. Please indicate you level of agreement or disagreement for each of the following:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I feel safe walking in my neighborhood, day or night.					
My neighborhood is a good place to raise children					
My neighborhood is a good place to grow old.					
The local police officers are a welcomed sight in my neighborhood.					
There are a broad variety of health services within 10-15 minutes of where I live.					

4. Within 10-15 minutes of where I live (driving),

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I have access to recreation opportunities that include non-sports related activities.					
I have access to safe and affordable day care/child care.					
I have access to healthy foods.					
I can easily access transportation.					
I have affordable healthcare options.					

5. Within 10-15 minutes of where I live (driving), there are...

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Sure
Housing developments that are elder-friendly.						
Programs that provide meals for older adults in my community.						
Networks of support for the elderly living alone.						

6. Please indicate your level of agreement with the following statements about your community.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Sure
There are networks of support for individuals and families (neighborhood, support groups, faith community, outreach agencies, & organizations) during times of stress and need.						
There are economic opportunities in the community (consider locally owned and operated businesses, jobs with career growth, job training/ higher education opportunities, affordable housing, reasonable commute, etc.)						
There is an active sense of civic responsibility and engagement, and of civic pride in shared accomplishments in your community.						

7. Do you have one person whom you think of as your primary doctor or health care provider?

_____Yes _____No _____Not Sure

8. Are you able to visit a doctor when needed? _____Yes _____No

9. In the past 12 months, how often did you go to the doctor for non-emergency medical care? (ex. routine check-up, minor illness)

_____Less than once a year _____Once or twice a year _____3 or 4 times a year

_____5 or 6 times a year _____More than 6 times a year

10. Below is a list of reasons that make it difficult for people to get health care. In the past 12 months, how often has each been a problem for you?

	Never	Rarely	Sometimes	Often	All of the Time
Not having insurance					
Too expensive/can't afford					
Lack of transportation					
Doctor or clinic is too busy (no appointment in timely manner)					
Doctor or clinic is too far away					
Can't get off work					
Family responsibilities					
Too busy					

11. During the past 12 months, was there any time you needed?

	Yes	No
Prescription medicine but did not get it because you couldn't afford it?		
To see a doctor, but didn't know where to go?		

12. Do you have health insurance (private, from your employer, ACA, Obamacare, Medicare, Medicaid, etc)

_____Yes _____No

13. How do you cover the cost of health care services (mark all that apply) _____Pay cash (no insurance) _____Medicaid _____Medicare _____Private health insurance (paid for by employer, spouse, or parent) _____Other (ex. Tricare, military) _____Affordable Care Act (ACA)/Obamacare/Health insurance marketplace _____I do not use health care services

14. Does your health insurance cover at least part of the cost for any of the following? (Mark all that apply.)

	Yes	No	Not Sure
Crutches, walkers, wheelchairs or other assistive devices			
Dental			
Drug and alcohol treatment			
Family planning			
Glasses			
Hearing aids			
Immunizations			
Mental health			
Prescription drugs			
Smoking cessation			
Vision			

15. How well do you understand these insurance terms?

	Not at all	I've heard of it but not sure what it means	A little bit	Pretty well	Completely
Coinsurance					
Copay					
Deductible					
Explanation of Benefits (EOB)					
In network provider					
Out of network provider					

16. How important are the following items in influencing people's health?

	Very Important	Important	Not Important
Severe housing problems			
Unemployment			
Educational attainment			
Cost of living			
Access to nutritious foods			
Knowledge of healthy food purchasing and/or preparation			
Access to recreational activities			
Knowledge of physical activity guidelines			
Access to complete healthcare (Medical, Dental, Mental)			
Education on healthcare options (Medical, Dental, Mental)			
Exposure to violent crime			
Tobacco use			
Substance abuse treatment options			
Alcohol consumption			
Sexual health/practices			
Indoor/outdoor air quality			
Healthcare needs of immediate family members			

17. Please select ALL the preventive procedures you have received:

	In the past year	In the last 3-5 year	Never or more than 5 years ago
Blood pressure check			
Blood sugar check			
Cholesterol screening			
Colonoscopy or occult blood test			
Dental screening			
Flu shot			
Mammogram			
Pap smear			
Prostate cancer screening (PSA or digital exam)			
Skin cancer screening			
STD screening			

18. How would you describe your health?

_____Very Poor _____Poor _____Fair _____Good _____Very Good

19. Do you feel there are policies and practices that prevent people from accessing health services?

_____Yes _____No _____Not Sure

20. Briefly describe the policies and practices that prevent people from accessing health services?

_____

_____

_____

_____

_____

_____

_____

21. What best describes your living situation?

_____Rent/Lease _____Own _____Other (Specify)

22. What is your ethnicity? _____Hispanic _____Non-Hispanic

23. What is your race? _____White/Caucasian _____African American _____Asian _____Native American
_____Pacific Islander _____Multiracial _____Other (Specify)

24. What is the highest level of education you have completed?

_____Less than high school _____High school GED _____Some College _____Vocational/Trade degree
_____2-year college degree _____4-year college degree _____Master's degree _____Professional degree (JD, MD)
_____Doctoral degree (Ph.D)

25. What is your gender? _____Male _____Female _____Other

26. Please indicate your marital status: _____Married _____Separated _____Divorced _____Widow(er)
_____Never Married _____Other (Specify)

27. What is your combined annual household income?

_____$0-9,999 _____$10,000-19,999 _____$20,000-29,999 _____$30,000-39,999 _____$40,000-49,999
_____$50,000-59,999 _____$60,000-69,999 _____$70,000-79,999 _____$80,000-89,999
_____$90,000-99,999 _____$100,000 or more _____Prefer not to say

28. How many people live in your household (including yourself)?

_____1 _____2 _____3 _____4 _____5 _____6 _____7 _____8+

29. What is your zip code? _____