



Sedgwick County Health Department

# 2022 Community Health Assessment for Sedgwick County, Kansas

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## Introduction

Sedgwick County Health Department (SCHD) conducted a Community Health Assessment (CHA) as a precursor to the three-year Community Health Improvement Plan (CHIP) cycle. To guide and support the CHA activities, SCHD formed the Community Health Assessment Committee and facilitated its meetings. The CLS Coordination and Preparation section details the committee’s role.

In 2022, the CHA consisted of the following components: (1) Community Listening Sessions (CLS) coordinated, administered, and analyzed by SCHD; (2) Community Health Needs Assessment (CHNA) by Ascension Via Christi (AVC); and (3) A Community Health Profile (CHP) of county-level population health data analyzed by SCHD.

The purpose of the **CLS** was to oversample the sub-populations of Sedgwick County and gather qualitative insights from residents of areas at a higher risk for health disparities to enhance the CHNA and CHP quantitative components of the CHA. The 2022 CLS methods and results are presented in Section 1 of this report.

The AVC non-profit hospital system **CHNA** is completed every three years to evaluate the overall health status of the community. An overview is provided in Section 2 of this report and the full 2022 CHNA is published on the AVC website (<https://healthcare.ascension.org/chna>)<sup>1</sup>.

The **CHP** is an analysis of a wide range of publically available health-related and Health Department data to describe the health of Sedgwick County. The CHP is described in Section 3 of this report; CHP data are published on the SCHD website as the Community Health Assessment dashboard.

The CLS, CHNA, and CHP components of the CHA inform the 2023-25 Community Health Improvement Plan (CHIP) for Sedgwick County.

### Frequently Used Abbreviations

<b>CLS</b>	Community Listening Sessions
<b>CHIP</b>	Community Health Improvement Plan
<b>CHNA</b>	Community Health Needs Assessment
<b>CHP</b>	Community Health Profile
<b>CHA</b>	Community Health Assessment
<b>SCHD</b>	Sedgwick County Health Department

## Section 1: Community Listening Sessions

### Purpose of the Community Listening Sessions

One of the three parts of the 2022 Sedgwick County Community Health Assessment was the Community Listening Sessions (CLS). In-person and virtual (Zoom) CLS provided an opportunity for the SCHD to talk directly with residents and stakeholders and learn their thoughts, perceptions, and desires for addressing community health issues. In addition to in-person sessions, SCHD gathered additional feedback through an online Survey distributed via email to partners, organizations and coalitions. CLS sessions were held in ZIP Codes with higher health risks.

## CLS Methodology

### Identifying High Priority Areas

To determine CLS locations, SCHD calculated a Health Risk Index (HRI) at the ZIP Code level (*Appendices 1 and 2*). Modeled from the Centers for Disease Control and Prevention (CDC) vulnerability index<sup>2</sup>, the HRI was based on 16 health indicators in three categories:

1. Vulnerable populations (percent of children, seniors, racial-ethnic minority, no high school diploma, below poverty, non-English speakers, uninsured, and women who gave birth in the previous year)
2. Vulnerable neighborhoods (percent of overcrowding, vacant homes, rental homes, and residential instability as measured by the percent of residents who lived in the same house one year ago)
3. Direct health outcomes (percent of disabled, infant mortality, emergency visits, and children with elevated lead level  $\geq 5$   $\mu\text{g}/\text{dL}$ )

Data for the HRI were gathered from the American Community Survey (Census Bureau) via American FactFinder, Kansas Department of Health and Environment (KDHE) and local data from the SCHD Epidemiology Program.

The 2022 HRI was calculated using Excel software. The calculated HRI was a weighted average of the three category scores. HRI and category scores for the 49 ZIP Codes in Sedgwick County were mapped in ArcGIS. High priority areas for conducting CLS were defined as the 10 ZIP Codes with the highest HRI score, indicating poor health outcomes. In order of HRI score, the ZIP Codes were 67214, 67211, 67213, 67216, 67218, 67203, 67204, 67210, 67207 and 67219 (*Appendix 1*). Staff actively sought CLS in the top five ZIP Codes before looking into the others.

### CLS Coordination and Preparation

On December 10, 2021, SCHD staff met with the Community Health Assessment Committee members who reviewed the health-related questions and the demographic survey. The group refined the demographic survey to ensure the questions were easy to answer (*Appendix 3*) and restructured the health-related questions to ensure better understanding and reduce the time spent on each session. The final CLS questions were as follows:

1. What does health mean to you?
2. Are there things that make it hard for you to be healthy? If so, discuss what those things are.
3. What are things that support your efforts to be healthy?
4. What comes to mind when I say a healthy community?
5. Are there things that worry you about the health of your community? If so, discuss what those things are.
6. What are things that currently exist that support the health of your community?

Staff contacted neighborhood associations, faith-based institutions, non-profit organizations, and other associations located in high-priority areas to inquire about conducting CLS during a regularly scheduled meeting for improved attendance. Concurrently, an online survey was created in Alchemer ([www.alchemer.com](http://www.alchemer.com); [lhdacademyofscience.org](http://lhdacademyofscience.org)).

Between January and February 2022, SCHD staff developed a postcard to advertise CLS (*Appendix 4*). In February 2022, SCHD mailed and hand-delivered postcards to potential CLS participant groups/organizations to provide more information about the CLS, its importance, and how individuals/groups could participate.

The data in this report include in-person and online CLS participants.

### CLS Implementation

Between February 22 and April 30, 2022, 17 CLS sessions were conducted in high-priority ZIP Codes in Sedgwick County In-person (13) or virtual via Zoom (4) (*Appendix 5*). An additional response group comprised of electronic survey participants (Survey) was included in the analysis. The online survey link was distributed through partners (Health Alliance, Health & Wellness Coalition and Kansas Office for Refugees) and to participants at in-person sessions for inviting their friends and family members. An additional three in-person or hybrid sessions were scheduled but no people attended.

At the in-person and virtual CLS, one SCHD employee made introductions, another SCHD employee facilitated, and a third SCHD employee scribed at each session. The sessions lasted 50 minutes with eight minutes per question. Participants completed a demographic study during the first 10 minutes of each session. During CLS, the SCHD facilitator established ground rules to guide focus groups and ensure full participation. The ground rules were as follows:

1. Dream big and speak up.
2. We are here to listen and want to hear from everyone.
3. All ideas are welcome.
4. We will respect everyone's opinion; no personal or indirect attacks.

### Hispanic or Latino participants

CLS questions, fliers, postcards, and the online and demographic surveys were translated into Spanish to capture the voices of Spanish-speaking community members (*Appendices 6, 7, & 8*). Two sessions, at Evergreen and La Familia Community Center, were held with a Spanish-English bilingual facilitator.

### Analysis of Results

The scribe's notes (as a Microsoft Word document) of CLS in-person and Zoom responses were uploaded into NVivo 12.2.0 Plus qualitative data analysis software (QSR International Pty Ltd. Version 12.2.0, 2018). Completed online survey responses were downloaded from Alchemer (as a Microsoft Excel document) and uploaded to NVivo for analysis.

NVivo categorized responses in a structured form. All Survey responses were combined into one group for analysis purposes. CLS In-person, Zoom, and Survey responses were grouped into "themes." A template theme was created using responses and modified to fit subsequent CLS in-person and online participant responses. The Community Health Analyst and Epidemiology Branch Deputy Director themed the data in NVivo 12.2.0 and made a consensus decision on the final themes.

Evergreen Community Center was not included in the NVivo analysis. Data collected from the 6 In-person participants from Evergreen Community Center CLS were similar to the themes found in the NVivo analysis.

## Results

### Demographics

Of the 18 CLS response groups analyzed in NVivo (13 CLS In-person, 4 CLS via Zoom, and all Survey participants combined to form one group), 148 community members attended the 13 CLS In-person, 36 participants attended virtual Zoom sessions, and 29 participants completed some or all questions of the electronic Survey (*Appendix 5*).

At each CLS, participation varied from 1 to 24 participants (*Appendix 9*). Of the participants that completed the demographic survey, more than half (64%) were women and almost half (44%) were 55 years and older. CLS participants self-reported as 48% White, 27% Black or African American, and 13% Hispanic or Latino. Educational level was self-reported as 6% having less than high school and 30% with the high school as the highest level of education. Of the participants who reported ZIP Code of residence, 60% lived in high-priority ZIP Codes (*Appendix 10*). Of the CLS participants who reported age and gender, the largest subpopulation was women over the age of 54 (25%) (*Appendix 11*).

### Analysis of the six CLS questions

*Analysis of the questions includes responses from CLS in-person, virtual and electronic survey participants.*

#### Question 1: What does health mean to you?

“Resilience/independence” was the most frequently discussed theme (Table 1) generated by this question. Within this theme, several sub-themes were discussed. Participants discussed topics such as the ability to participate in life events, advocating for oneself, and the importance of overall health. Specific comments included: (1) “Health means feeling well enough mentally and physically to live the life you want,” and (2) “Health means being able to function in life and do things you want to do.”

“Individual behaviors” was mentioned in 13 CLS. Several sub-themes were discussed within this theme, such as maintaining a healthy diet, being physically active, taking care of oneself, and avoiding negative influences. Specific comments included: (1) “Health is based on the way you live and coordinate your well-being,” and (2) “Health means listening to my body.”

“Holistic health” was mentioned in 12 CLS. A sub-theme discussed within this theme was maintaining one’s health for the future. Specific comments included: (1) “A feeling of wholeness, nothing wrong or out of place,” and (2) “Health means my future and children’s future with me.”

“Physical health” was mentioned in 12 CLS. No sub-themes were discussed within this theme. Specific comments included: (1) “Health is emotional and physical soundness,” and (2) “Health is taking care of your body.”

**Table 1: Themes for Question 1 “What does health mean to you?”**

<b>Themes</b>	<b>Number (total N = 18)</b>	<b>Percent (%)</b>
Resilience/Independence	16	89
Individual behaviors	13	72
Holistic health	12	67
Physical health	12	67
Support	12	67
Mental health	8	44
Healthcare access	5	28
Barriers	4	22
Environment	4	22
Human rights	2	11

**Question 2: Are there things that make it hard for you to be healthy?**

“Lack of resources” was the most frequently discussed theme (Table 2) generated by this question. Within this theme, several sub-themes were discussed. Participants discussed topics such as lack of awareness, support, time, and transportation barriers. Specific comments included: (1) “Not having the proper support to help handle stressors, especially among the community,” and (2) “Transportation is catered to business people downtown; scooters and bikes are available but not accessible to everyone.”

“Financial instability” was mentioned in 15 CLS. Several sub-themes were discussed within this theme, such as poverty in the community and the accessibility of unhealthy options. Specific comments included: (1) “Affording to pay my medical and dental bills for the care I receive; due to this, I will refrain from going to the doctor,” and (2) “The cheaper foods are the healthier foods, and due to budget we’ll get the healthier foods even if we’re wanting to eat healthier.”

“Mental health” was mentioned in 15 CLS. Several sub-themes were discussed within this theme, such as addiction, anxiety, stress, and depression. Specific comments include: (1) “Finding the right medication to keep me mentally healthy. It’s hard to find the resources to lead me to the right medication,” and (2) “Although it’s improving, it’s hard for the community to recognize mental health, not just the physical side of the equation.”

“Learned behaviors” was mentioned in 14 CLS. Several sub-themes were discussed within this theme, such as individual habits, and the perception of others and oneself. Specific comments include: (1) “My habits prevent me from being a healthier version of myself,” and (2) “Unhealthy behaviors as coping mechanisms because of lack of access to resources.”



**Table 2: Themes for Question 2 “Are there things that make it hard for you to be healthy?”**

Themes	Number (total N = 18)	Percent (%)
Lack of resources	18	100
Financial instability	15	83
Mental health	15	83
Learned behaviors	14	78
Environmental factors	14	78
Physical health	5	28
Inequity/injustice/inequality	3	17
Negative effects of good choices	2	11

**Question 3: What are things that support your efforts to be healthy?**

“Access to resources” was the most frequently discussed theme (Table 3) generated by this question. Within this theme, several sub-themes were discussed. Participants discussed topics such as access to information, healthcare, transportation, and the opportunity for participating in activities. Specific comments included: (1) “Affordable health insurance or services provided for free by the health department,” and (2) “Chronic disease support groups and workshops.”

“Support” was mentioned in 17 CLS. Within this theme, several sub-themes were discussed. Participants discussed topics such as having social and spiritual support, and having positive influences in their lives. Specific comments included: (1) “My family – my wife tries to eat well and encourages me to do the same,” and (2) “Having an employer that values self-care – provides insurance, time and space to exercise, and healthy food.”

“Good finances” was mentioned in 8 CLS. Within this theme, several sub-themes were discussed. Participants discussed topics such as having insurance and having access to job opportunities. Specific comments included: (1) “Having access to health insurance,” and (2) “Staying healthy for my family and going to work to make a living.”

“Individual choices” was mentioned in 7 CLS. Within this theme, several sub-themes were discussed. Participants discussed topics such as maintaining a healthy diet, physical activity, making positive choices, and getting enough sleep. Specific comments included: (1) “Making sure I keep my medications in line and doing what I need to do to stay healthy,” and (2) “Medication, exercise, positive affirmations, planning my day, planning my meals, working with a set defined budget, and avoiding toxic people and environments.”

**Table 3: Themes for Question 3 “What are things that support your efforts to be healthy?”**

<b>Themes</b>	<b>Number (total N = 18)</b>	<b>Percent (%)</b>
Access to resources	18	100
Support	17	94
Good finances	8	44
Individual choices	7	39
Good physical health	4	22
Good mental health	3	17

**Question 4: What comes to mind when I say a healthy community?**

“Supportive community” was the most frequently discussed theme (Table 4) generated by this question. Within this theme, the sub-theme of social support was discussed among participants. Specific comments included: (1) “Everybody working together, a community that encourages each other,” and (2) “Not staying silent – we all shouldn’t just be minding our own business, we need to speak for people that don’t have voices.”

“Safety” was mentioned in 8 CLS. Within this theme, several sub-themes were discussed. Participants discussed topics such as accessible roadways, maintaining a clean environment, the reduction of gun violence, and lowering drug misuse. Specific comments included: (1) “Having structural things for health – sidewalks, safe neighborhoods, and intentional resourcing,” and (2) “When you watch the local news and don’t see a tragedy that could have been prevented.”

“Access to services and coordinated care” was mentioned in 8 CLS. Within this theme, several sub-themes were discussed. Participants discussed topics such as access to programs within the community, receiving coordinated care, and being provided with education regarding services in the community. Specific comments included: (1) “Being able to overcome illness through treatment that is made available for the community at no cost or reduced cost to assure that everyone is able to live a healthy life,” and (2) “People able to get the care they need in order to be a healthy community, which includes medical, dental, and mental health services.”

“Good individual choices” was mentioned in 7 CLS. No sub-themes were discussed within this theme. Specific comments included: (1) “A healthy community has people working on their health,” and (2) “Everyone making good choices.”

**Table 4: Themes for Question 4 “What comes to mind when I say a healthy community?”**

Themes	Number (total N = 18)	Percent (%)
Supportive community	16	89
Safety	8	44
Access to services and coordinated care	8	44
Good individual choices	7	39
Resilience	5	28
Community with housing, food, and amenities	5	28
Equity	4	22

**Question 5: Are there things that worry you about the health of your community?**

“Lack of access and resources” was the most frequently discussed theme (Table 5) generated by this question. No sub-themes were discussed within this theme. Specific comments included: (1) “Access to food. It’s absurd to have food deserts in Wichita with how big we are,” and (2) “Not having enough resources for Hispanic, Asian, and Laotian populations.”

“Safety” was mentioned in 14 CLS. Within this theme, several sub-themes were discussed. Participants discussed topics such as crime and violence, interpersonal conflicts, unhealthy living situations, and diseases throughout the community. Specific comments included: (1) “Shootings, stabbings, and homicides,” and (2) “Not having a safe community, there is a lack of safety.”

“Inequity/inequality/injustice” was mentioned in 11 CLS. Within this theme, several sub-themes were discussed. Participants discussed topics such as targeted behaviors and low wages with long hours. Specific comments included: (1) “Things are available to everyone but not everyone can access them,” and (2) “Health shouldn’t have to be based on race and socioeconomic status.”

“Substance misuse” was mentioned in 11 CLS. Within this theme, the sub-theme of drugs was discussed. Specific comments included: (1) “A trend that is concerning is the rise of fentanyl,” and (2) “People who use drugs don’t make good decisions for themselves, and those decisions endanger others.”

**Table 5: Themes for Question 5 “Are there things that worry you about the health of your community?”**

Themes	Number (total N = 18)	Percent (%)
Lack of access and resources	16	89
Safety	14	78
Inequity/inequality/injustice	11	61
Substance misuse	11	61
Mental health	8	44
Education	8	44
Finances	6	33
Environmental	6	33
Mistrust in government	5	28
Physical health	2	11
Not my responsibility	1	1

### Question 6: What are things that currently exist that support the health of your community?

“Community organizations” was the most frequently discussed theme (Table 6) generated by this question. Within this theme, several sub-themes were discussed. Participants discussed topics such as community activities and organizations in religious settings, schools, shelters, fitness centers, and within neighborhoods. Specific comments included: (1) “Churches and community groups that provide food, clothes, or medical needs for families,” and (2) “Organizations for educational concerns.”

“Healthcare” was mentioned in 14 CLS. Within this theme, several sub-themes were discussed. Participants discussed topics such as Medicaid, Medicare, and Federally Qualified Health Centers. Specific comments included: (1) “At school there are a lot of outreach programs for low-income families, such as Hunter Health,” and (2) “The health department providing vaccines, medical services, and dental services to the poor.”

“Collaboration” was mentioned in 13 CLS. Within this theme, several sub-themes were discussed. Participants discussed topics such as the importance of parental and community support, and collaboration efforts among community members. Specific comments included: (1) “Collaboration and connection among organizations,” and (2) “Very good networking of non-profits. They fill in the gaps where government is not able.

“Access to resources” was mentioned in 10 CLS. Within this theme, several sub-themes were discussed. Participants discussed topics such as food assistance resources, free COVID-19 vaccines and tests, housing support, and access to free phone services. Specific comments included: (1) “Food pantries, community gardens, and transportation services have been helpful,” and (2) “Free COVID-19 tests and vaccines at the church since the pandemic.”

**Table 6: Themes for Question 6 “What are things that currently exist that support the health of your community?”**

Themes	Number (total N = 18 )	Percent (%)
Community organizations	16	89
Healthcare	14	78
Collaboration	13	72
Access to resources	10	56
Outdoor spaces	5	28
Obeying laws	2	11
Equity	1	1

### Discussion

The goal of the CLS was to hear from residents in high-priority ZIP Codes with vulnerable populations and poor direct health outcomes. This goal was accomplished by including minority groups when compared to Sedgwick County’s overall demographics, such as the inclusion of Black or African Americans, Hispanic or Latino, and individuals with or less than a high school education (*Appendix 12*). More women participated in the CLS. Research shows that women are more likely to be involved in community service or volunteer at organizations.<sup>3,4</sup>

The level of CLS participation differed from group to group. Some groups were enthusiastic and eager to respond, while others needed the facilitator's encouragement. During CLS, the facilitator informed participants of ground rules and encouraged everyone in the room to speak. This helped with some sessions where a participant might try dominating the conversation.

Individual issues (e.g., lifestyles and habits) and community issues (e.g., lack of knowledge and resources) were present in both in-person and virtual/survey participant responses. This response was expected due to structuring the questions to get a better understanding of individual experiences and issues, as well as experiences and issues within the community. These responses indicate the presence of factors that affect both the health of individuals and the community they reside in, revealing an influence of the social determinants of health.

Participants in many CLS discussed the importance of access to resources, support for healthy habits, and coordination and collaboration among clinical and social service agencies. Based on a survey of Health Alliance members and also work taking place within the 2023-25 CHIP workgroups, Sedgwick County organizations and agencies are interested in learning about services in Sedgwick County and making connections to serve all Sedgwick County residents, especially those with greater health disparities. Sedgwick County organizations have benefited from implementation of Community Health Worker (CHW) education and increased awareness of CHWs.

Concerns identified during the SCHED CLS were similar to those identified by other health departments and agencies. The 2017-2019 Johnson County, Kansas CHIP identified priority health issues, such as access to care, obesity, access to healthy foods, substance misuse, and suicide.<sup>5</sup> The 2022 Wyandotte County, Kansas CHA identified several community issues, such as violence, homelessness, low employment rates, and lack of resource access.<sup>6</sup> Many individual-level concerns were also mentioned (e.g., drug misuse, suicide, chronic disease, and poor nutrition). According to the Kansas Public Health Collaborative (KPHC), the most pressing issue discovered by Community Health Needs Assessments and Community Health Assessments throughout Kansas is Mental/Behavioral Health; which was reported by over half of the counties in Kansas.<sup>7</sup> Other highly reported issues throughout Kansas by KPHC were alcohol and drug misuse, access to care, diet and exercise, and housing. The 2020-2023 Coordinated Community Health Needs Assessment published by Maricopa County Department of Public Health, AZ (MCHDP) highlighted several health priority areas. These included access to care and services, access to affordable and healthy food options, and providing safe and supportive environments for early childhood development.<sup>8</sup> While these are different communities and populations, they share common health issues and priority areas of concern, such as access to care, food insecurity, and mental health.

## Next Steps

The CLS process emphasizes the need for action around the issues mentioned by the community. More communication on these issues can lead to resource gathering to fund programs that positively affect the community. This rich and detailed feedback from the community will help shed more light on the existing health issues in Sedgwick County and help determine interventions to improve health.

SCHD thanks all the agencies and organizations that worked to promote the CLS.

**Ascension Living HOPE**

**Planeview Neighborhood Association**

**Breakthrough Club members**

**Safe Streets**

**Downtown Senior Center**

**The Center at Iasis Church**

**Evergreen Community Center (Salud+Bienestar)**

**The Phoenix**

**HumanKind**

**Urban League of Kansas**

**Hilltop and Neighborhood Development**

**Wichita Children's Home – Crossroads**

**Kansas Children's Service League**

**Wichita City Council District 1**

**La Familia Community Center**

**Wichita City Council District 3**

**Linwood Senior Center**

**Wichita Treehouse**

**Oaklawn Improvement District**

**Wichita Women's Initiative Network**

## Section 2: Community Needs Assessment

The second of three parts of the 2022 Sedgwick County Community Health Assessment was the Community Needs Assessment. The Executive Summary below is copied directly from the 2022 Community Health Needs Assessment for Sedgwick County, Kansas report, written by AVC. For more information about the Community Health Needs Assessment, please access the report here: [2022 CHNA - Ascension Via Christi Hospitals Wichita - Sedgwick County](https://bit.ly/45rwqID) (https://bit.ly/45rwqID).

### Executive Summary

The goal of the 2022 Community Health Needs Assessment (CHNA) is to offer a comprehensive understanding of the most significant health needs across Sedgwick County. Findings from this report can be used to identify, develop, and focus on hospital, health system, and community initiatives and programming to better serve the health and wellness needs of the community.

### Purpose of the CHNA

As part of the Patient Protection and Affordable Care Act of 2010, all non-profit hospitals are required to conduct a CHNA and adopt an implementation strategy every three years. The purpose of the CHNA is to understand the health needs and priorities of those who live and/or work in the communities served by the hospital, with the goal of addressing those needs through the development of an implementation strategy plan.

### Community Served

Although Ascension Via Christi (AVC) serves Wichita, Kansas and surrounding areas, AVC has defined its community served as Sedgwick County for the 2022 CHNA. Sedgwick County was selected as AVC's community served because it is the hospital's primary service area as well as our partners' primary service area. Additionally, community health data is readily available at the county level.

### Data Collection and Analysis Methodology

The CHNA utilized the County Health Rankings and Roadmaps model and incorporated data from both primary and secondary sources. Primary data sources included information provided by key informant interviews with community residents, healthcare professionals, community stakeholders, and multi-sector representatives. Special attention was given to the needs of individuals and communities who are more vulnerable, and to unmet health needs or gaps in services. Twenty-seven key informants were interviewed regarding the most important health issues in the community, the status of health needs that were identified in the previous CHNA, the impact of COVID on the community, the most critical social issues, policies or resources needed to improve community health and social issues, and how the hospital could improve the health of the community. Secondary data was compiled and reviewed to understand the health status of the community. Measures reviewed included chronic disease, social and economic factors, and healthcare access and utilization trends.

### Community Needs

AVC, with contracted assistance from Wichita State University's Center for Applied Research and Evaluation, analyzed secondary data of over 60 indicators and gathered community input through key informant interviews to identify the needs of Sedgwick County. In collaboration with community partners, AVC used a phased prioritization approach to determine the most critical needs for community stakeholders to address. The significant needs are as follows:

- Access to Care
- Health Equity
- Food Insecurity
- Housing and Transportation

Following the completion of the community health needs assessment as outlined in this report, AVC will develop an implementation strategy. The implementation strategy will focus on all or a subset of the significant needs, and will describe how the hospital intends to address those prioritized needs throughout the same three-year CHNA cycle: July 1, 2022 to June 20, 2025. The implementation strategy will also describe why certain significant needs were not selected as a prioritized need to be addressed by the hospital. Ascension has defined “prioritized needs” as the significant needs which have been selected by the hospital to address through the CHNA implementation strategy.

### Implementation Strategy

The Needs That Will Be Addressed and Needs That Will Not Be Addressed sections below are copied directly from the Implementation Strategy for the 2022 Community Health Needs Assessment for Sedgwick County, Kansas report, written by Ascension Via Christi. For more information about the Implementation Strategy written by Ascension Via Christi, please access the report here: [2022 IS - Ascension Via Christi Hospitals Wichita](#).

#### Needs That Will Be Addressed:

- **Access to Care:** This need includes access to general health care services as well as mental health and substance abuse services. This need was selected because it aligns with the organizational mission, strengths, and priorities. AVC is able to leverage organizational resources and partnerships to address access to care within the Sedgwick County community.
- **Transportation:** This need was selected because transportation services is a need AVC is already addressing. AVC has the resources and capacity to provide transportation, develop community partnerships, and provide in-kind donations of transportation services (e.g., pay for taxi or bus services) to transport individuals to/from health care appointments and services.
- **Food Insecurity:** The need was selected because AVC can leverage organizational resources and partnerships to provide food to those in need.

#### Needs That Will Not Be Addressed:

- **Health Equity:** This need was not selected since health equity is a part of a deeper systemic issue that AVC does not have the expertise or resources to address within the broader community. Others in the community have the intellectual and resource capabilities to address health equity within the broader community. However, the health system is committed to train associates to provide culturally competent care and will continue to look at opportunities to develop strategic partnerships to eliminate barriers for community members to live long, healthy lives.
- **Housing:** This need was not selected because it was not mentioned as a significant need among the key informant interviews, and AVC does not specialize nor has the resources to address the multi-factorial housing issues. AVC executives do participate in many community coalitions and boards to address the social determinants of health such as housing issues within the community, and will continue to look for opportunities to partner to address the most pressing



needs within the community. One such example includes AVC donating a 99-year ground lease to HumanKind Ministries to provide low-income apartments and homeless shelters.

## Section 3: Community Health Profile

### Definition and Purpose of the Community Health Profile

The third of three parts of the 2022 Sedgwick County Community Health Assessment was the Community Health Profile (CHP). The CHP is a compilation of community health data from publically available secondary data sources, such as the Behavioral Risk Factor Surveillance System (BRFSS) data, to supplement the primary data collected through the CHNA and CLS.

### Methodology

From February to May 2022, the Community Health Analyst and Epidemiology team at SCHED gathered 159 data points (e.g., race, dropout rate for students K-12) from indicators in 28 topic areas and 30 sources (Table 7) and compiled them into one data base. The data included publicly available information, local reports, and the priorities of national health organizations.

Local reports contained issues studied in more detail at the local level and that were representative of community concerns. Local report topics in the data base are infant mortality, suicide, drug misuse, and lead exposure.

Priorities of national health organizations were selected priorities of the following state, national, and global organizations: the Kansas Public Health Association (KPHA), American Public Health Association (APHA), CDC, the Surgeon General, and the World Health Organization (WHO).

CHP data were objectively reviewed by SCHED epidemiologists and data analysts. SCHED ranked the data using an objective point system. Relationships were identified between the health issues (e.g., mental health struggles lead to dropping out of high school), which helped to identify root issues. This led to the determination of leading drivers of poor health outcomes. The top 13 health issues were included in a Priority Survey to help community partners decide health issues to work on for the 2023-25 CHIP. Community partner respondents to the Priority Survey rated issues by importance of the issue and appropriateness to address the health issue during the 2023-25 CHIP cycle. These steps and more about the CHIP can be found on the SCHED website.

CHP data indicators are published on a user-friendly dashboard on the SCHED website for community and partner use. [Our Story | Sedgwick County Community Health Assessment \(mysidewalk.com\)](#)

## Identification of Leading Health Issues in Sedgwick County

**Table 7: Data Points included in CHP**

<b>Data indicator</b>
School discipline for alcohol
Percent of students that have had 5 or more drinks on the same occasion during the past 30 days
Percent of students that have had beer, wine or hard liquor to drink in their lifetime
Estimated percent of adults reporting heavy alcohol consumption
Percent of alcohol-impaired driving death
Deaths due to chronic liver disease and cirrhosis per 100,000 residents
People diagnosed with vector-borne diseases (for example, West Nile virus) investigated by public health per 100,000 residents
Hospital visits for infectious and parasitic diseases per 10,000 residents
Hospital visits for complications of pregnancy, childbirth, and puerperium (six weeks after childbirth) per 100,000 residents
Five-year infant mortality (death) rate per 1000 live births - Sedgwick County
Five-year infant mortality (death) rate per 1000 live births - Kansas
Five-year infant mortality (death) rate trends by race/ethnicity - Sedgwick County
Hospital visits for congenital anomalies per 100,000 residents
Percent of preterm birth (babies born before 37 weeks of pregnancy) in Wichita
Percent of low birth weight babies born in Sedgwick County (live births of babies born under 5.5 pounds)
Hospital visits for diseases of the blood and blood-forming organs (for example, bone marrow) per 10,000 residents
People diagnosed with bloodborne diseases (hepatitis B and C) investigated by public health per 100,000 residents
Deaths due to septicemia (germs, such as bacteria, in the blood) per 100,000 residents
Cancer deaths per 100,000 residents
Estimated percent of adults that have ever been diagnosed with cancer (excluding skin cancer)
Hospital visits for neoplasms (new and abnormal growth of tissue) per 10,000 residents
People living with lung cancer per 100,000 residents
People living with breast cancer per 100,000 residents
People living with prostate cancer per 100,000 residents
Estimated percent of adults that have ever been diagnosed with skin cancer
2022 Community Listening Sessions themes
2022 Community Needs Assessment data
Gender
Age
Race
Ethnicity
Nationality
Number of residents per 1 dentist
Percent of children in 3rd through 12th grades treated for tooth decay

Hospital visits for diseases of the digestive system (for example, mouth, stomach, intestines) per 10,000 residents
Deaths due to peptic ulcers (sores on the lining of the stomach and small intestine) per 100,000 residents
Estimated percent of adults living with a disability
Drug-induced death per 100,000 residents
Percent of middle and high school students that have used prescription drugs (prescription pain relievers, prescription tranquilizers, or prescription stimulants) not prescribed to them by a doctor in their lifetime
Percent of middle and high school students that have used prescription pain relievers, such as Vicodin, OxyContin, or Tylox, not prescribed to them by a doctor in their lifetime
Percent of middle and high school students that have used prescription tranquilizers, such as Xanax, Valium, or Ambien, not prescribed to them by a doctor in their lifetime
Percent of middle and high school students that have used prescription stimulants, such as Ritalin, Adderall, or Concerta, not prescribed for them by a doctor in their lifetime
Percent of middle and high school students that have used cocaine or crack in their lifetime
Percent of middle and high school students that have used methamphetamines in their lifetime
Percent of middle and high school students that have used heroin in their lifetime
Percent of middle and high school students that have used marijuana in their lifetime
School discipline for illicit (illegal) drugs per 10,000 students
Percent of middle and high school that have used LSD and other psychedelic drugs in their lifetime
Percent of middle and high school that have used MDMA ("ecstasy") in their lifetime
Percent of middle and high school that have sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays in their lifetime
Number of individuals over 12 years old who were prescribed opioids per 100 residents
Number of individuals over 12 years old who were prescribed more than 90 Morphine Milligram Equivalents (MME) of opioids per day per 100 residents
Number of individuals over 12 years old who were prescribed stimulants per 100 residents
Number of individuals over 12 years old who were prescribed benzodiazepine per 100 residents
Number of individuals over 12 years old who were prescribed a muscle relaxant per 100 residents
Number of individuals over 12 years old who were prescribed zolpidem per 100 residents
Percent of residents 25 years and older with high school graduation or higher education
Attendance rate for students in 1st through 12th grades
Four-year graduation rate
Five-year graduation rate
Dropout rate for students K-12
Percent of residents 25 years and older with a bachelor's degree or higher education
Amount of outdoor radon
Percent of residents in a 100-year floodplain
Air Quality Index (AQI)
Average daily density of fine particulate matter in the air
Hospital visits for diseases of the genitourinary system (genital and urinary organs) per 100,000 residents
People living with HIV/AIDS per 100,000 residents

People newly infected with chlamydia per 100,000 residents
People newly infected with gonorrhea per 100,000 residents
Food environment index
Percent of residents with food insecurity (a household's inability to provide enough food for every person to live an active, healthy life)
Percent of students who qualify for free or reduced school lunches
Percent of children with food insecurity (a household's inability to provide enough food for every child to live an active, healthy life)
Percent of uninsured (not covered by health insurance)
Number of residents per 1 primary care physician
Hospital visits for diseases of the circulatory system (blood, blood vessels, and heart) per 100,000 residents
Deaths due to heart disease per 100,000 residents
Estimated percent of adults that have had a heart attack
Estimated percent of adults that have had angina (chest pain) or coronary heart disease (narrowing of the arteries)
Estimated percent of adults that have had a stroke
Deaths due to stroke per 100,000 residents
Deaths due to essential hypertension (high blood pressure without a known cause) per 100,000 residents
Estimated percent of adults diagnosed with hypertension (high blood pressure with a known cause, such as kidney disease)
Deaths due to atherosclerosis (build-up of fats and cholesterol in arteries that restrict blood flow and cause clots) per 100,000 residents
Deaths due to kidney disease per 100,000 residents
Estimated percent of adults diagnosed with high cholesterol
Percent of households with severe housing problems
Estimated percent of adults that received a flu shot in the past 12 months
Estimated percent of adults greater than 65 years old that have had a pneumonia vaccination
Estimated percent of adults aged 18-64 that have had a pneumonia vaccination
Top 10 leading causes of death
Top 10 leading causes of death by gender
Top 10 leading causes of death by race and ethnicity
Top 10 leading causes of death by age
Life expectancy by census tract
Life expectancy by age
Hospital visits for children and adults with mental disorders per 10,000 residents
Percent of middle and high school students that have gambled for money or anything of value in the past year
Percent of middle and high school students that have felt like they would like to stop gambling but didn't think they could in the past year
Estimated percent of adults that have ever been told by a health professional they have a depressive disorder, including depression, major depression, or minor depression
Deaths due to suicide per 100,000 residents

Number of residents per 1 mental health provider
Percent of middle and high school students that said yes to living in a neighborhood with lots of empty or abandoned buildings
Percent of middle and high school students that said yes to living in a neighborhood with lots of graffiti
Wichita walkability score
Wichita bike-ability score
Wichita public transit score
Hospital visits for with endocrine, nutritional, metabolic and immunity disorders (for example, thyroid disorders, diabetes, malnutrition, obesity, cystic fibrosis) per 10,000 residents
Estimated percent of adults that have diabetes
Deaths due to diabetes per 100,000 residents
Estimated percent of adults that are obese based on reported height and weight (BMI calculation)
Estimated percent of adults that participate in the recommended level of physical activity
Percent of residents in poverty (income in the past 12 months is below the Federal Poverty Level)
Percent of children in poverty (children in a household with income in the past 12 months was below the Federal Poverty Level)
Percent of seniors (65 years and over) in poverty (income in the past 12 months was below the Federal Poverty Level)
Unemployment rate of individuals 16 years and older
Median household income
Deaths due to chronic lower respiratory diseases (for example, lung disease, bronchitis, pneumonia) per 100,000 residents
Estimated percent of adults that have chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis
Hospital visits for diseases of the respiratory system (for example, lung disease, bronchitis, pneumonia) per 10,000 residents
Estimated percent of adults with asthma
People diagnosed with respiratory infectious diseases investigated by public health (for example, whooping cough) per 100,000 residents
Deaths due to pneumonia and influenza (flu) per 100,000 residents
Hospital visits for diseases of bones, muscle and connective tissue (for example, arthritis, gout, lupus) per 10,000 residents
Hospital visits for diseases of the skin per 10,000 residents
Hospital visits for diseases of the brain and nervous system (for example, multiple sclerosis, meningitis) per 10,000 residents
Deaths due to Alzheimer's disease per 100,000 residents
Estimated percent of adults that have been diagnosed with arthritis
Percent of students that have ever smoked cigarettes
Percent of students that have ever tried electronic cigarettes, e-cigarettes, vape pens, or e-hookahs
Percent of students that have ever used smokeless tobacco chew, snuff, plug, dipping tobacco, or chewing tobacco
Estimated percent of adults that currently smoke cigarettes
Estimated percent of adults that currently use any smokeless tobacco products

Deaths due to unintentional injury (for example, drowning, motor vehicle crashes) per 100,000 residents
Hospital visits for injury and/or poisoning per 10,000 residents
Firearm fatalities per 100,000 residents
Deaths due to motor vehicle accidents per 100,000 residents
Crime per 1,000 residents
Violent crimes per 1,000 residents
Property crime per 1,000 residents
Felonies at schools per 100 students
Misdemeanors at schools per 100 students
School discipline per 10,000 students
School discipline for weapon per 10,000 students
School discipline for violence resulting in injury per 10,000 students
Percent of middle and high school students that have ever belonged to a gang
Percent of middle and high school students that said yes to living in a neighborhood with crime and drugs
Homicide deaths per 100,000 residents
Number of juvenile (less than 18 years old) arrests
Number of adults imprisoned per 100, 000 residents
Domestic violence incidents per 100 residents
Percent of middle and high school students that said they feel safe at school
Percent of middle and high school that said they have attacked someone with the idea of seriously hurting them (in the last 12 months)
Percent of middle and high school that said they have been bullied at school during the past 12 months
Percent of middle and high school that said they have been electronically bullied at school during the past 12 months (includes being bullied through e-mail, chat rooms, instant messaging, websites, or texting)
Percent of middle and high school that said they missed school because they felt unsafe, uncomfortable or nervous at school or on the way to or from school during the past 12 months
Percent of middle and high school that said they don't feel safe in their neighborhood or the area around where they live
Percent of middle and high school that said yes to living in a neighborhood with fighting

## Section 4: Community Health Summit

### Purpose

The Community Health Summit was presented by SCHED and Wichita State University on September 22, 2022 in the Marcus Center at Wichita State University. The purpose of the Community Health Summit was to report key findings from the 2022 Community Health Assessment, learn about the role of health equity on health outcomes as a precursor to the CHIP, and to launch the 2023-25 CHIP development process.

*The topics presented to community members and partner organizations are shown on the Agenda (Appendix 13) and provided below.*

### 2022 Community Health Assessment [\(For a list of frequently used abbreviations, see chart on page 2.\)](#)

The results of the Community Health Assessment (CHA) were presented by *Daisy Urbina, MHA* (Community Health Analyst) and *Pamaline King-Burns, MPA* (Community Mobilization Coordinator). Information was shared about the process of the CHA, including conducting CLS, significant areas of focus from the CHNA, and the CHP. Additional background information was provided regarding the CLS, including the setting of the sessions, demographic information of session attendees, and common themes for each guiding question. Further details were provided regarding the CHP, including identifying health measurements through the collection of prevalence, disparities, and trends from multiple sources. Lastly, data from the CHA Priority Survey were discussed, providing the ranking, importance, and appropriateness of health issues identified by community members. Time was given to allow Health Summit attendees to reflect and share how they felt about the Priority Survey results.

### Health Disparities

Selected data from the CHP were presented by *Kaylee Hervey, MPH* (Epidemiology Program Manager) to provide an introduction to health disparities. Health disparities are preventable differences that are experienced by socially disadvantaged populations, making them important to understand and address in the Community Health Improvement Plan (CHIP). At the Health Summit, small group discussions and reflective writing prompts were guided by questions regarding why health disparities exist and feedback on the health disparities data.

### Health Equity 101

An introduction to health equity and the drivers of health outcomes were presented by *Sonja Armbruster, MA* (Public Health Consultant) and *Paigton Mayes, Ph.D.* (Public Health Project Specialist). During the presentation, small group discussions included the driving questions of: “What influences your health?”, “What helps?”, and “What holds you back?” Additional small group discussions were focused on the importance of the social determinants of health, how we can learn from them, and who else to involve to learn more about them.

### Next Steps: 2023-25 Community Health Improvement Plan

Attendees were invited to join the 2023-25 Community Health Improvement Plan (CHIP) Development Meetings to participate in the creation of CHIP goals and outcomes (*Appendix 14*). Everyone’s own personal perspectives and expertise were needed.

## Attendees

Attendance at the Community Health Summit included 56 community partners and 21 community members. We thank all the agencies and organizations that attended the Community Health Summit:

<b>American Heart Association</b>	<b>Holy Family Medical</b>	<b>Mental Health and Substance Abuse Coalition</b>
<b>American Red Cross</b>	<b>HumanKind</b>	<b>Oaklawn Improvement District</b>
<b>Andover Public Schools USD 385</b>	<b>Hunter Health</b>	<b>Salud + Bienestar</b>
<b>Ascension Via Christi</b>	<b>Kansas Children's Service League</b>	<b>Starkey</b>
<b>Cairn Health</b>	<b>Kansas Department for Children and Families</b>	<b>The Treehouse</b>
<b>Child Care Aware</b>	<b>Kansas Department of Health and Environment</b>	<b>United Way of the Plains</b>
<b>City Council District 1</b>	<b>Kansas Non-Profit Chamber</b>	<b>Wesley Medical Center</b>
<b>City of Wichita</b>	<b>Kansas State University</b>	<b>Wichita Medical Research and Education</b>
<b>COPE</b>	<b>Kansas University Medical Center</b>	<b>Wichita Public Schools USD 259</b>
<b>Derby Rec Center</b>	<b>KMUW</b>	<b>Wichita State University</b>
<b>Facts Not Fear</b>	<b>Medical Society of Sedgwick County</b>	<b>Women's Project of Kansas</b>
<b>Guadalupe Clinic</b>	<b>Mental Health Association of South Central Kansas</b>	

To view the Community Health Summit PowerPoint slides, visit the Sedgwick County Health Department website at [Community Health Assessment and Planning | Sedgwick County, Kansas](#). Some CLS data presented at the Community Health Summit were preliminary. Numbers in this Community Health Assessment for Sedgwick County document are final.



## References

1. Ascension Via Christi CHNA. <https://healthcare.ascension.org/chna>
2. CDC vulnerability index. <https://svi.cdc.gov/>.
3. Volunteering in the United States. <https://www.bls.gov/news.release/volun.nr0.htm>.
4. Ethnic and Gender Differences in Community Service Participation Among Working Adults. <https://joe.org/joe/2005april/rb1.php>.
5. 2017-2019 Johnson County, Kansas CHIP. [DHE-CHAP-JOCO-Community-Health-Improvement-Plan-2017-2019-FINAL.pdf \(jocogov.org\)](#)
6. Wyandotte County, Kansas 2022 Community Health Assessment. [Community Health Assessment – Unified Government of Wyandotte County and Kansas City \(wycokck.org\)](#)
7. Kansas Public Health Collaborative. [Interactive Map - Kansas Public Health Collaborative \(kphcollaborative.org\)](#)
8. Maricopa County Coordinated Community Health Needs Assessment 2020-2023. [Final-CHA-30-Report \(maricopa.gov\)](#)

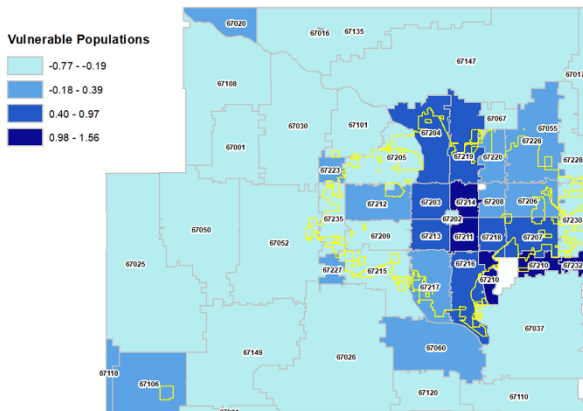
# Appendices

## Appendix 1: 2021 Health Risk Index by ZIP Code.

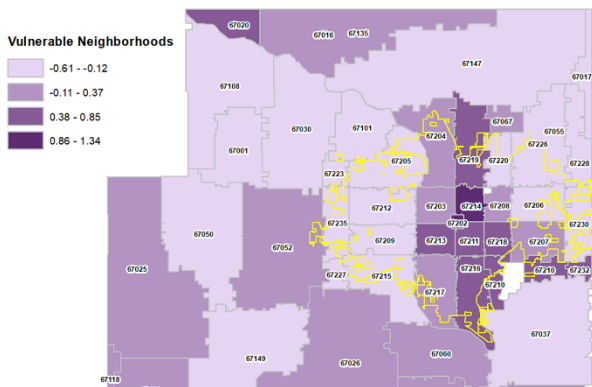
To determine CLS locations, SCHD calculated the Health Risk Index (HRI) at the ZIP Code level. The HRI is based on 16 health indicators in three categories of vulnerable populations, vulnerable neighborhoods, and direct health outcomes. The maps below show the index score among the three categories and total HRI. Darker ZIP Codes indicate a higher index score, which means more poor health indicators.

### 2021 Health Risk Index Scores for ZIP Codes in Sedgwick County

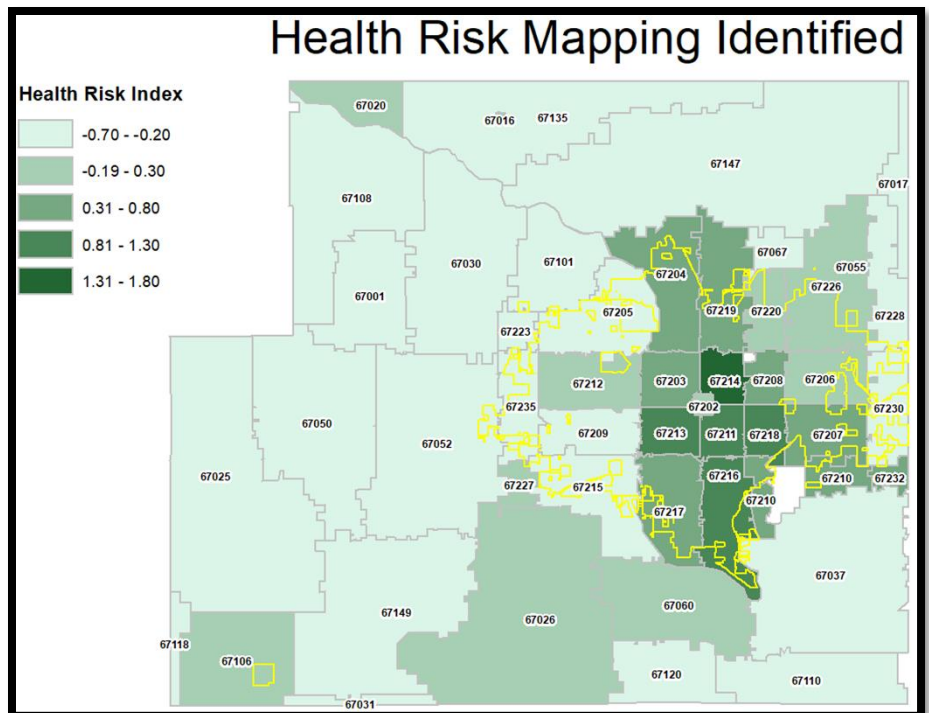
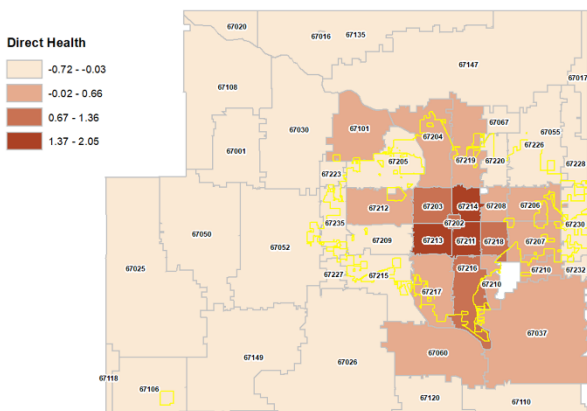
Health Risk Mapping Identified



Health Risk Mapping Identified



Health Risk Mapping Identified



Comparison of Highest HRI ZIP Codes from 2021 compared to 2019

2019		2021	
ZIP Code	Rank	ZIP Code	Rank
67214	1	67214	1
67213	2	67211	2
67211	3	67213	3
67218	4	67216	4
67216	5	67218	5
67055	6	67203	6
67203	7	67204	7
67210	8	67210	8
67204	9	67207	9
67217	10	67219	10

## Appendix 2. Health Risk Index Calculations

The calculations for the Health Risk Index methodology used to determine locations for Community Listening Sessions are shown below in a scientific poster presented at the American Public Health Association Annual Conference, Philadelphia, PA, November 2019. The HRI was developed in 2018 and used for the 2019 Community Listening sessions (data shown below) and the 2022 Community Listening Sessions (data shown in Appendix 1).

### Creation of a Novel Health Risk Index to Identify Areas with Health Disparities in Sedgwick County, KS

Eyinade Kila, MPH CPH; Dylan, Tracy MPH; Victor Okwo, MPH; Adrienne Byrne, MS; Christine Steward, MPH; Sedgwick County Health Department

#### INTRO

- The Sedgwick County Health Department (SCHD) developed a novel Health Risk Index (HRI) to identify areas most at risk for health inequity.
  - Used for Community Health Assessment
  - Hear vulnerable population voices
- The HRI used publically-available census data and local data and is not based on ranks.

#### METHODS

- The HRI is a composite of 16 ZIP Code-level health indicators in three categories (Table 1 and Figure 1)
- HRI and category scores for the 49 ZIP Codes were mapped in ArcGIS.

#### RESULTS

- Both HRI and category scores consistently revealed a high-score L-shaped pattern (see maps)
  - Included 15 of the 22 ZIP Codes in Wichita (pop. 390,591), the largest city in Sedgwick County and in Kansas
- Identified a small rural community not previously known as a high risk area.

#### CONCLUSION

- Mapping identified urban and rural ZIP Codes with multiple poor health risks.

#### NEXT STEPS

- Use information to design targeted interventions to reduce health disparities.

## Health Risk Mapping Identified Priority Areas for Listening Sessions during the Community Health Assessment

### Health Risk Index Scores for Zip Codes in Sedgwick County

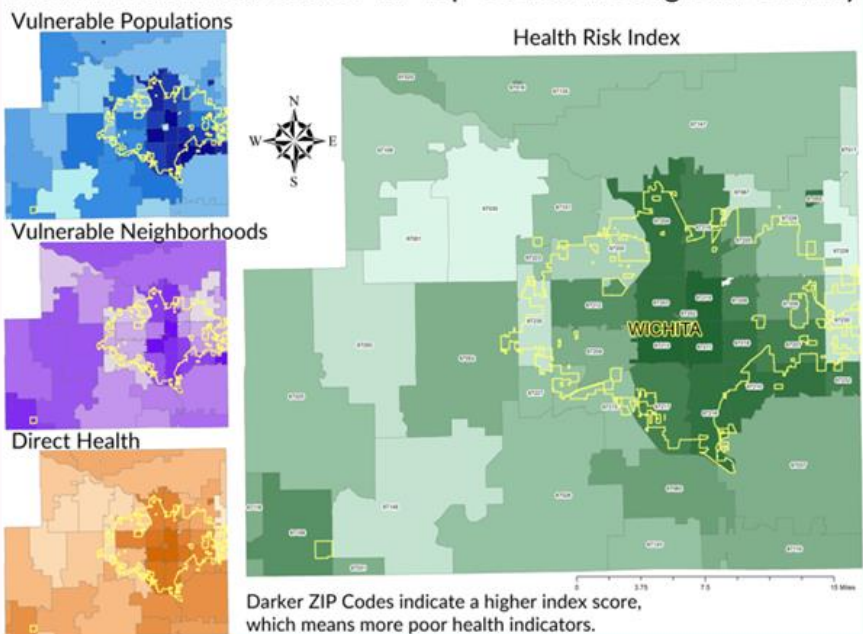


Table 1. Indicators in the HRI

Category	Indicator	Data Source	Weight
Vulnerable Populations	Rate of women (per 1000) giving birth in previous year	American Community Survey (ACS) 2016; 5 year estimates	45%
	% Children (<18)	ACS	
	% > 65	ACS	
	% Racial Ethnic Minority	ACS	
	% with No High School Diploma	ACS	
	% Below Poverty	ACS	
	% Not Speaking English Well	ACS	
Vulnerable Neighborhoods	% Uninsured	ACS	10%
	% Overcrowded (>2 person per room)	ACS	
	% Units Vacant	ACS	
	% Occupied Units Rented	ACS	
Direct Health	Same House one year ago	ACS	45%
	Infant Mortality (One point if top six counties)	State Vital Statistics	
	Lead Reports (# kids with a positive screen)	SCHD	
	% Disabled	ACS	
	Emergency Department Visits	ESSENCE (Emergency Surveillance)	

Figure 1. HRI Calculation by ZIP Code

- $Z \text{ Score} = \frac{(\text{indicator value} - \text{indicator mean})}{\text{indicator standard deviation}}$
- $\text{Category score} = \frac{(\text{add all } Z \text{ Scores within category})}{\# \text{ indicators in category}}$
- $\text{HRI} = \text{Weighted average of the three category scores}$

#### Limitations

- This is a preliminary study. The HRI is used as a proxy measure. It is unknown if HRI predicts specific health outcomes.
- Indicator estimates in some ZIP Codes may be unreliable due to small numbers.

#### Community Listening Sessions



Sedgwick County...  
working for you

### Appendix 3: Demographics Survey used during CLS

Date \_\_\_\_\_

**What is your age range?**

- Less than 18 \_\_\_\_\_
- 19-29 \_\_\_\_\_
- 30-39 \_\_\_\_\_
- 40-54 \_\_\_\_\_
- 55 and above \_\_\_\_\_

**Gender**

- Male \_\_\_\_\_
- Female \_\_\_\_\_
- Self-Identify \_\_\_\_\_

**Which of the following best represents your racial or ethnic heritage?**

- Alaska Native/American Indian \_\_\_\_\_
- Asian \_\_\_\_\_
- Black or African American \_\_\_\_\_
- Hispanic or Latino \_\_\_\_\_
- Native Hawaiian and Other Pacific Islander \_\_\_\_\_
- White or Caucasian \_\_\_\_\_
- Self-Identify \_\_\_\_\_

**What level of education have you completed?**

- Did not graduate high school \_\_\_\_\_
- High school \_\_\_\_\_
- Associate's \_\_\_\_\_
- Graduate level (Master's) \_\_\_\_\_
- Undergraduate level \_\_\_\_\_
- Doctorate \_\_\_\_\_
- Self-Identify \_\_\_\_\_

**In which ZIP Code do you live?**

\_\_\_\_\_

### Appendix 4: Postcards used to advertise CLS

We need your help!

The Sedgwick County Health Department is conducting a series of Community Listening Sessions in Sedgwick County. Responses from these listening sessions will help us identify key health needs in the community and guide the Community Health Improvement Plan. Listening session information will be included in a 2022 Community Health Assessment report written by the Sedgwick County Health Department.

# What can you do?



*Sedgwick County...  
working for you*

- 1 **Do it yourself...**  
 Participate by completing an online survey for yourself.
- OR
- 2 **Participate by completing the survey as a group.**  
 To complete the survey, scan the QR code  or visit <https://survey.alchemer.com/s3/6676295/2022-Community-Listening-Session> .
- 3 OR
- 3 **Invite us...**  
 Talk through the questions in a group led by Sedgwick County staff. To schedule a group listening session, contact Pamaline King-Burns at [pamaline.king-burns@sedgwick.gov](mailto:pamaline.king-burns@sedgwick.gov).

Sedgwick County Health Department - 1900 E. 9th Street N., Wichita - [sedgwickcounty.org](http://sedgwickcounty.org)

## Appendix 5: CLS Locations and Participant Numbers

Name of Organization or Agency where CLS Conducted	ZIP Code where CLS was held	Description of Attendees	Number of Participants	Type of Session
Ascension Living HOPE	67203		17	In Person
Breakthrough Club members	67203	Club members	24	In person
Downtown Senior Center	67213	Neighborhood residents	9	In person
Evergreen Community Center (not included in NVivo results)	67204	Neighborhood residents	6	In person
Hilltop and Neighborhood Development	67218	Neighborhood residents	8	In person
HumanKind	67214		Cancelled	In Person
Kansas Children's Service League	67203	Members	6	Online (Zoom)
La Familia Community Center	67203	Neighborhood residents	9	In person
Linwood Senior Center	67211	Members	10	In person
Oaklawn Improvement District	67216	Neighborhood residents	8	In person
Planeview Neighborhood Association	67210	Neighborhood residents	8	In person
Safe Streets	67203	Coalition Members	22	Online (Zoom)
The Center at Iasis Church	67214	Event attendees	23	In person
The Phoenix	67214		4	In person
Urban League of Kansas	67214	Staff and neighborhood residents	7	Online (Zoom)
Wichita Children's Home-CrossRoads	67214	Youth residents	6	In person
Wichita City Council District 1 (Redo)	67214	District 1 residents	No attendees	In person
Wichita City Council District 1 meeting	67214	District 1 residents	1	Online (Zoom)
Wichita City Council District 3- English	67211	District 3 residents	No attendees	Hybrid
Wichita City Council District 3-Spanish	67211	District 3 residents	No attendees	Hybrid
Wichita Treehouse	67214	Members	8	In person
Wichita Women's Initiative Network (WIN)	67202	Network members	8	In person
In-person Participants			148	
Survey Participants			29	
Online Participants via Zoom			36	
Overall total			213	



## Appendix 6: Spanish Demographic Survey used during CLS

Fecha \_\_\_\_\_

¿Cuál es su rango de edad? Sexo

• Menor de 18 ____	• 40-54 ____	• Masculino _____
• 19-29 ____	• 55 y mayor ____	• Femenino _____
• 30-39 ____		• Auto Identificarse ____

¿Cuál de las siguientes opciones representa mejor su origen étnico o racial?

• Nativo de Alaska/Indio americano ____	• Hispano o latino ____
• Asiático ____	• Nativo de Hawái y otras Islas del Pacífico ____
• Negro o afroamericano ____	• Blanco o caucásico ____
	• Auto Identificarse ____

¿Cuál es el nivel de educación más alto que ha completado?

• Escuela secundaria ____	• Posgrado (Maestría) ____
• Título universitario de dos años ____	• Doctorado ____
• Licenciatura ____	• Auto Identificarse ____

¿En cuál código postal vive?


\_\_\_\_\_

## Appendix 7: Spanish Language Postcards used during CLS

¡Necesitamos su ayuda!

El Departamento de Salud del Condado de Sedgwick está llevando a cabo una serie de Sesiones para Escuchar a la Comunidad en el condado de Sedgwick. Las respuestas de estas sesiones para escuchar nos ayudarán a identificar las necesidades de salud fundamentales en la comunidad y guiar el Plan de Mejoramiento de la Salud en la Comunidad. La información obtenida de la sesión para escuchar se incluirá en un informe de Evaluación de Salud Comunitaria de 2022 preparado por el Departamento de Salud del Condado de Sedgwick.

# ¿Qué puede hacer?



El Condado de Sedgwick...  
trabajando para usted

1 Hágalo usted mismo...

Participe completando una encuesta en línea para usted.


2 Participe completando la encuesta como grupo.

Para completar la encuesta, escanee el código QR o visite <https://survey.alchemer.com/s3/6676295/2022-Community-Listening-Session>

3 Invítenos...

Discuta en detalle las preguntas en un grupo dirigido por el personal del condado de Sedgwick. Para programar una sesión para escuchar en grupo, comuníquese con Pamaline King-Burns at [pamaline.king-burns@sedgwick.gov](mailto:pamaline.king-burns@sedgwick.gov).

El Departamento de Salud del Condado de Sedgwick  
1900 E. 9th Street N., Wichita - [sedgwickcounty.org](http://sedgwickcounty.org)



Appendix 8: Spanish Language Fliers to Advertise CLS at Evergreen Community Center



Departamento de Salud del condado de Sedgwick

# Sesión para escuchar a la comunidad

**Por favor, únase a nosotros para compartir las perspectivas y aportaciones del Plan de Mejoramiento de la salud del condado de Sedgwick**

- Hable directamente con los residentes y las partes interesadas
- Escuche lo que otros piensan acerca de los problemas y las oportunidades de salud en toda la comunidad

**CUÁNDO :**  
**19 DE ABRIL A LAS 1 P. M.**

**DONDE:**  
**EVERGREEN CENTRO  
COMUNITARIO Y BIBLIOTECA**

*Patrocinado por el Distrito 6 de Wichita Y Salud + Bienestar*  
2601 N Arkansas,  
Wichita, KS 67204

**SE RECOMIENDA USAR MASCARILLA, PERO NO ES OBLIGATORIO**



## ¿TIENE PREGUNTAS?

Comuníquese con Daisy Urbina,  
Analista comunitaria de salud  
Daisy.Urbina-Ceja@sedgwick.gov

**Appendix 9: Self-reported Sex, Age Range, Race, Ethnic Heritage and Educational Level of CLS Participants**

<b>Demographics</b>	<b>Number</b>	<b>Percent (%)</b>
<b>Gender</b>	<b>Number</b>	<b>Percent (%)</b>
Female	117	64.6%
Male	44	24.3%
Unknown	20	11.0%
<b>Total</b>	<b>181</b>	
<b>Age Range</b>	<b>Number</b>	<b>Percent (%)</b>
Less than 18	4	2.2%
19-29	15	8.3%
30-39	13	7.2%
40-54	48	26.5%
55 and above	81	44.8%
Unknown	20	11.0%
<b>Total</b>	<b>181</b>	
<b>Race</b>	<b>Number</b>	<b>Percent (%)</b>
White or Caucasian	88	48.6%
Black or African American	49	27.1%
Alaska Native/American Indian	6	3.3%
Asian/Pacific Islander	2	1.1%
Two or more races	12	6.6%
Other	2	1.1%
Unknown	22	12.2%
<b>Total</b>	<b>181</b>	
<b>Ethnic Heritage</b>	<b>Number</b>	<b>Percent (%)</b>
Hispanic or Latino	24	13.3%
Not Hispanic or Latino	135	74.6%
Unknown	22	12.2%
<b>Total</b>	<b>181</b>	
<b>Education Level</b>	<b>Number</b>	<b>Percent (%)</b>
Less than high school	12	6.6%
High school graduate (includes equivalency)	54	29.8%
Some college or associate's degree	37	20.4%
Bachelor's degree	33	18.2%
Graduate or professional degree	40	22.1%
Unknown	5	2.8%
<b>Total</b>	<b>181</b>	



Appendix 10: Self-reported ZIP Code of CLS Participants

ZIP Code	Number	Percent (%)
<b>Priority ZIP Codes</b>		
67214	17	15.5%
67211	6	5.5%
67213	8	7.3%
67216	11	10.0%
67218	12	10.9%
67203	20	18.2%
67204	11	10.0%
67210	5	4.5%
67207	9	8.2%
67219	4	3.6%
67217	7	6.4%
67232	0	0.0%
<b>Subtotal</b>	<b>110</b>	
Other ZIP Codes	61	33.7%
Homeless	1	0.6%
Unknown ZIP Code	9	5.0%
<b>Total</b>	<b>181</b>	

Appendix 11: Self-reported Age Range by Gender among CLS Participants

Age Range	Gender							
	Female		Male		Unknown		Total	
	Number	Percent (%)	Number	Percent (%)	Number	Percent (%)	Number	Percent (%)
Less than 18	2	1.1%	1	0.6%	1	0.6%	4	2.2%
19-29	8	4.4%	2	1.1%	5	2.8%	15	8.3%
30-39	8	4.4%	3	1.7%	2	1.1%	13	7.2%
40-54	18	9.9%	5	2.8%	25	13.8%	48	26.5%
55 and above	46	25.4%	21	11.6%	14	7.7%	81	44.8%
Unknown	0	0.0%	1	0.6%	19	10.5%	20	11.0%
<b>Total</b>	<b>82</b>		<b>33</b>		<b>66</b>		<b>181</b>	

**Appendix 12: Demographic Information of Sedgwick County Population in 2020 Compared to CLS Participants**

	<b>CLS Participants</b>		<b>SG Population</b>
<b>Demographics</b>	<b>Number*</b>	<b>Percent (%)</b>	<b>Percent (%)</b>
<b>Race</b>			
White or Caucasian	88	55.3%	68.3%
Black or African American	49	30.8%	8.9%
Alaska Native/American Indian	6	3.8%	1.3%
Asian/Pacific Islander	2	1.3%	4.4%
Two or more races	12	7.5%	11.0%
Other	2	1.3%	6.1%
<b>Ethnic Heritage</b>			
Hispanic or Latino	24	15.1%	15.8%
Not Hispanic or Latino	135	84.9%	84.2%
<b>Education Level</b>			
Less than high school	12	6.8%	10.6%
High school graduate (includes equivalency)	54	30.7%	27.2%
Some college or associate's degree	37	21.0%	33.4%
Bachelor's degree	33	18.8%	18.9%
Graduate or professional degree	40	22.7%	9.8%

United States Census Bureau: [Census.gov](https://www.census.gov)

\*These numbers are from the total number of people who reported their demographics.

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## Community Health Summit Agenda

### September 22, 2022

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- 8:30-9:00am Check-in and Breakfast
- 9:00-9:10am Welcome
  - **Adrienne Byrne** Health Director
- 9:10-9:45am 2022 Community Health Assessment
  - 2022 Community Listening Sessions Results
    - **Daisy Urbina, MHA** Community Health Analyst
    - **Pamaline King-Burns, MPA** Community Mobilization Coordinator
- 9:45-10:00am Health Disparities
  - **Kaylee Hervey, MPH** Epidemiology Program Manager
- 10:00-10:15am Q&A
- 10:15-10:40am BREAK
- 10:40-11:45am Health Equity 101: Wichita State University
  - **Sonja Armbruster, MA** Public Health Consultant
  - **Paigton Mayes, Ph.D., MPH** Public Health Project Specialist
- 11:45-11:55am Next Steps: 2023-25 Community Health Improvement Plan
- 11:55-12:00pm Closing



# 2023-25 Community Health Improvement Plan **CHIP DEVELOPMENT MEETINGS**



*Join community partners to set priorities for a healthier Sedgwick County.*

## PLEASE PLAN TO ATTEND EACH MEETING TO:

**1 SELECT HEALTH ISSUES**

Tuesday, October 18  
8:00 a.m. - 2:00 p.m.

**2 DEVELOP GOALS, OBJECTIVES & STRATEGIES**

Monday, November 14  
8:00 a.m. - 2:00 p.m.

**3 DISCUSS HEALTH EQUITY IN CHIP WORK**

Tuesday, December 13  
9:00 a.m. - 2:00 p.m.

SEDGWICK COUNTY EXTENSION OFFICE • 7001 W. 21ST ST., WICHITA



SEDGWICK COUNTY  
Health Department

*RSVP today!*

Register by scanning  
the QR code or by emailing  
[Daisy.Urbina-Ceja@sedgwick.gov](mailto:Daisy.Urbina-Ceja@sedgwick.gov)

