



**2017-2019 Community  
Health Improvement Plan for  
Sedgwick County**



Health Alliance



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# **Executive Summary**

## BACKGROUND

In early 2015, community health advocates began a strategic planning process to improve the health of individuals in Sedgwick County. This community health improvement plan (CHIP) summarizes results of a 2015 community health assessment (CHA) designed to evaluate health needs for Sedgwick County residents. This CHIP also details the methods and findings from a 2016 community engagement process to identify priority health needs and to develop goals and strategies for health improvement in Sedgwick County.

## HOW WILL THIS PLAN HELP US IMPROVE HEALTH?

The CHIP will guide local public health system efforts to improve health in Sedgwick County over the next three years. The CHIP can help community partners make strategic decisions about where to spend time, energy and resources for implementing evidence-based programs, developing policies and planning actions to address the identified priority health needs.

## MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS

Mobilizing for Action through Planning and Partnerships (MAPP) is a strategic planning framework, typically facilitated by local health departments, to guide community health planning. The MAPP framework was first used in Sedgwick County to develop the 2010 CHIP. MAPP has also been used as a resource for the 2013-2015 Sedgwick County CHIP, the 2015 Sedgwick County CHA and the 2017-2019 CHIP for Sedgwick County. The MAPP framework includes the following steps:



## THIS PLAN REFLECTS A SHARED VISION FOR HEALTH IN SEDGWICK COUNTY

No single agency or organization can tackle the community's toughest health challenges alone. The Health Alliance convenes community partners with a shared vision for a healthy community. The Health Alliance exists to convene, catalyze and collaborate to influence policies, environments and systems that lead to improved health in Wichita and Sedgwick County. Members of the Health Alliance include any agency, organization or individual interested in improving the health of the community.

## WHO DEVELOPED THE CHIP?

Assurance of community health planning has traditionally been a function of the Sedgwick County Health Department, including leadership from the Director of Health and a full-time Community Health Analyst to facilitate ongoing community health planning activities. In August 2015, a majority of Sedgwick County Commissioners approved cuts to the health department, eliminating the position responsible for community health planning. Additionally, a majority of Sedgwick County Commissioners prohibited the health department from leading or engaging in community health planning activities, including CHIP development, during 2016. That position and authority has been restored for 2017.

The Health Alliance was a driving force behind the 2017-2019 CHIP for Sedgwick County. The 2015 community health assessment was led by the Sedgwick County Health Department with support from the MAPP Steering Committee. The 2016 prioritization and strategy-development process was facilitated by the Center for Public Health Initiatives at Wichita State University with support from the CHIP Design Team, including partners from the following organizations: Health ICT, The University of Kansas School of Medicine – Wichita, Medical Society of Sedgwick County, National Alliance on Mental Illness – Wichita, United Way of the Plains, and VIA Christi Health. A list of Design Team members can be found in the Appendix.

Significant contributions of time and expertise were also made by individuals and organizations representing a broad range of perspectives, community groups, sectors, and programs within the community. These partners added perspective and ideas, provided analytical support, presented community data and information and shared a commitment to implementing the Plan. A list of the more than 60 organizations that participated in Health Alliance meetings throughout the project period during 2016 can be found in the Appendix.

## HOW WAS THE PROJECT FUNDED?

The Sedgwick County Health Department provided a full-time position to support community health assessment efforts in 2015. Funding to develop the CHIP was provided by Health ICT. Health ICT is an affiliate of the Medical Society of Sedgwick County. One of the primary projects for Health ICT is a Kansas Department of Health and Environment funded initiative that aims to reduce obesity, diabetes, heart attack and stroke in Sedgwick County.



# **Community Health Assessment**

*The 2015 Sedgwick County  
Community Health Assessment*

## BACKGROUND

The 2015 Sedgwick County Community Health Assessment was developed during the first three phases of the strategic planning process described on p.3. Findings from the Community Health Assessment (CHA) influenced the final three phases of the process to develop the 2017-2019 CHIP for Sedgwick County. CHAs are used to identify and develop ways to address the health needs of the community. They shed light on both the assets and problems within a given community by providing the opportunity for feedback from the community and they serve as a guide for the development of action steps or strategies that represent the community's needs.

## WHO LED THE PROJECT?

Core support for the community health assessment was provided by the Sedgwick County Health Department (SCHD). SCHD recruited a MAPP Steering Committee plan and design a comprehensive, community based assessment, utilizing the Mobilizing for Action through Planning Partnerships framework. The Steering Committee included partners from the following organizations: City of Wichita Environmental Health, Health ICT, Medical Society of Sedgwick County, National Alliance for Mental Illness – Wichita, Sedgwick County Health Department, United Way of the Plains, The University of Kansas School of Medicine – Wichita, Via Christi Health and Wichita State University, Center for Public Health Initiatives. SCHD worked closely with the Health Alliance to ensure broad community involvement throughout the process.

## THE FOUR ASSESSMENTS

The community health assessment process was anchored by the four MAPP assessments. Data for the assessments were 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.



## WHAT DID WE LEARN FROM THE FOUR ASSESSMENTS?

The Community Health Status Assessment was led by the Epidemiology Program at the Sedgwick County Health Department. The CHSA provides an understanding of the health status of Sedgwick County residents based on certain health indicators such as disease rates, etc. The issues identified for Sedgwick County can be summarized overall as:

- Increasing capacity for clinical care
- A fluctuating economy
- Increasing concerns over violent crime rates and unintentional injury
- Continued poor outcomes for sexual and reproductive health

The *Community Themes and Strengths Assessment* was led by Sedgwick County Health Department. SCHD partnered with the Community Psychology Doctoral Program at Wichita State University to adapt a survey framework called Community Assessment for Public Health Emergency Response (CASPER) to conduct the community

assessment. The purpose of the survey was to collect information related to residents' quality of life, health behaviors, health access/barriers, and self-perceived health status of residents. The twenty-nine question survey was administered using door-to-door visits of 939 households in thirty-two randomly selected census blocks throughout the county. Two-hundred and forty-five surveys were collected (a total of 210 surveys were required according to the survey methods). Overall findings showed that a majority of respondents were insured, considered themselves healthy and used routine care including some preventive health services.

The *Local Public Health System Assessment* was led by staff of the Sedgwick County Health Department and supported by other public health stakeholders. The purpose of the assessment was to evaluate how the local public health system delivers services and to identify gaps in the delivery system. More than sixty members of the local public health system participated in the Local Public Health System Assessment (LPHSA). Those surveyed believe that the local public health system strengths lie in the areas of *Diagnose and investigate health problems and health hazards in the community* and *Assure a Competent Public and Personal health care workforce*; weaknesses were identified in the areas of *Research for new insights and innovative solutions to health problems*, *Monitor health status to identify and solve community health problems*, and *Inform, educate, and empower people about health issues*.

The Forces of Change Assessment was led by the former chair of the Health Alliance and Director of the Center for Public Health Initiatives at Wichita State University. 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. Over 20 agencies participated in this assessment. Four major themes or forces perceived as impacting public health in Sedgwick County were identified:

- Access to health care (system factors such as Medicaid expansion)
- Lack of funding for primary education
- Lack of funding for the public health system
- Environmental support for positive health behaviors



## OVERALL CHA FINDINGS

Overall findings from the 2015 Community Health Assessment for Sedgwick County can be categorized as:

- A need for increased Policy Development and Advocacy, to include economic factors at both the systems and individual level,
- A need for improved Access to Health Care, with strategies that target both the system and individual,
- A need for enhanced Quality of Life, to include strategies around recreation, transportation, and
- Measures to assess the community's satisfaction and awareness of initiatives.

To make progress in these areas will also require work on improving health equity and health disparities through the establishment of specific goals and objectives. The Community Health Assessment provides a foundation for data based decision making and highlights the need for diverse stakeholder involvement when addressing community concerns.





# **Health Improvement Plan**

*The 2017-2019 Community Health  
Improvement Plan for Sedgwick County*

## BACKGROUND

Efforts to develop the 2017-2019 Community Health Improvement Plan began after the Sedgwick County Community Health Assessment (CHA) was completed in December of 2015. A community health improvement plan outlines long-term, strategic efforts of a community to address priority health issues. A CHIP is based on the results of community health assessment activities, and is part of a community health improvement process. A community health improvement plan provides guidance on improving the health of a community. The Plan is critical for developing policies and defining actions to target efforts that promote health.

## ORGANIZING FOR SUCCESS

The Health Alliance was a driving force behind the 2017-2019 CHIP for Sedgwick County. The process was facilitated by the Center for Public Health Initiatives at Wichita State University with support from the CHIP Design Team. The Design Team is a group of public health system partners convened to provide advice and ideas about the CHIP process. A list of CHIP Design Team members can be found in the Appendix. The primary responsibilities of the CHIP Design Team were to advise the community engagement process to develop the CHIP and to envision the CHIP action plan structure. The CHIP Design met twice in February 2016 to make initial recommendations about the project. Additionally, the CHIP Design Team met on an as-needed basis during the CHIP design process. The community engagement process was planned by the CHIP Design Team and facilitated by staff from the Center for Public Health Initiatives at Wichita State University.

## IDENTIFYING STRATEGIC ISSUES

A series of meetings were convened to engage community partners and to determine strategic issues, goals and strategies for the CHIP. The community engagement process was planned by the CHIP Design Team and facilitated by staff from the Center for Public Health Initiatives at Wichita State University. Community meetings were held in conjunction with monthly Health Alliance meetings. Each successive phase of the process built upon the findings and collective knowledge gained during the previous phase.



### **Community Meeting #1: Review and Discuss CHA Themes and Findings**

The first community meeting was held on March 4, 2016. The purpose of the meeting was to review and discuss themes and findings from the four assessments conducted during the community health assessment. Participants discussed “What stands out for you?” and “What are potential opportunities for action?” based on results of each assessment. Judy Johnston, The University of Kansas School of Medicine – Wichita, Department of Preventive Medicine and Public Health, presented CHA findings on behalf of the CHA Steering Committee.

**March 2016 CHIP Design Team Meeting**

The CHIP Design Team met to propose a set of priority health areas based on community feedback at the March 4 community engagement meeting. The Design Team elected to develop the 2017-2019 CHIP framework around the four health factors described in the County Health Rankings model. The County Health Rankings model shows that four health factors – health behaviors, clinical care, social and economic factors and physical environment – are key factors that influence the health of a community. These four health factors were identified as the initial four priority health areas for the 2017-2019 CHIP for Sedgwick County.

**Community Meeting #2: Determining the Priority Community Health Indicators**

A second community meeting was held on May 16, 2016. The purpose of the meeting was to determine priority community health indicators related to each of the four priority health areas. Priority health indicators were defined as “indicators we want to influence through the work of the CHIP”. A second goal for the meeting was to discuss and identify community resources and gaps that will help or hinder future progress. Staff from the Center for Public Health Initiatives presented an overview of the County Health Rankings model including and a summary of the initial four priority health areas: Health Behaviors, Clinical Care, Social and Economic Factors and Physical Environment. Participants then had an opportunity to review two handouts from County Health Rankings that included health data for Sedgwick County that corresponded with each priority health area. These handouts can be found in the Appendix. A series of small and large group discussions voting were used to identify the top 3 priority community health indicators for each health area type. Real-time voting was done using electronic clickers and Turning Technologies software. Community resources and gaps for each priority community health indicator were discussed and recorded through small group discussion.

**Community Meeting #3: Feedback on the Initial Priority Health Areas and Health Indicators**

The final community meeting was held on June 16, 2016. The purpose of the meeting was to review the current initial priority health areas and health indicators to determine if adjustments were needed. When asked “What’s missing from the 2016 health priorities?”, participants reached consensus that:

1. Infant mortality should be added as a fifth priority health area with premature birth and infant mortality disparities listed as priority health indicators
2. Tobacco use prevention should be added as a fourth strategy under the Health Behaviors priority health area
3. Issues related to health disparity should be outlined in the 2017-2019 CHIP



## IDENTIFYING GOALS AND STRATEGIES

### Priority Area Work Groups Were Launched to Develop Goals & Strategies

A process and timeline were developed by the Design Team to charge five Priority Area Work Groups to develop goals and strategies for the five priority health areas. Priority Area Work Groups were co-chaired by active members of the Health Alliance; technical support to plan, facilitate and document the work group activities was provided by staff from the Center for Public Health Initiatives at Wichita State University. Each work group convened a community meeting with key community partners during July or August to discuss root issues and develop goals and strategies. Additional discussion and planning was carried out via e-mail and informal small group meetings.

Work groups were encouraged to consider three “lenses” as they brainstormed strategies to address priority issues, these are:

- The Population Health Pyramid: A 5-tier pyramid best describes the impact of different types of public health interventions and provides a framework to improve health.
- Collective Impact: the commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem at scale.
- Policy, Systems and Environmental Actions: Approaches that seek to go beyond programming and into the systems that create the structures in which we work, live and play.

Work group meeting participants were asked to consider: “As we think about the plans we want to adopt, what can we do collectively to positively impact each identified priority health outcome? Brainstorming and discussion was centered around three questions: What are we *DOING NOW*? What should we *KEEP DOING*? What should we *START DOING*? Priority strategies were then identified and themes from the meeting were documented.

The strategies identified during the work group process includes current, planned or emerging initiatives that can positively impact the health of Sedgwick County residents through the collective impact of Health Alliance partners. More than forty strategies are listed in the CHIP action plan on subsequent pages of this report.

**Priority Health Areas and Priority Community Health Indicators for Sedgwick County**

This table displays the final priority health areas and community health indicators developed through the series of community meetings and work groups:

Priority Health Areas and Community Health Indicators				
Health Behaviors	Clinical Care	Social & Economic Factors	Physical Environment	Infant Mortality
Percent obese adults	Percent uninsured	Percent children in poverty	Percent severe housing problems	Sleep related deaths
Teen birth rate	Mental health provider rate	Percent high school graduation	Limited access to healthy foods	Premature birth
Physically inactive adults	Percent diabetic screening	Violent crime rate	Access to recreational facilities	Infant mortality disparities
Tobacco use prevention				

**Cross-cutting Community Capabilities**

Five cross-cutting community capabilities – or themes – were also identified during the community engagement process. These cross-cutting capabilities should be explored in order for Sedgwick County to make progress on the priority health areas described in this CHIP. The cross-cutting capabilities are:

- **Community partnership development** that will allow public health to make progress on negative health outcomes that are rooted in complex issues related to poverty, housing and violent crime. Future partnerships include those in the housing and criminal justice systems.
- **Effective advocacy** which may include advocacy for KanCare (Medicaid) expansion and development of a local unified legislative platform.
- **Leadership** because anyone can lead anytime, anywhere and leadership is needed to make progress on Sedgwick County’s priority health issues.
- **Community engagement around issues of health inequity** because inequities exist across our county and racial and socio-economic disparities exist as well.
- **Access to up-to-date and relevant community health data** because timely data is needed to inform meaningful data driven decision making.



### **Other Data and Information that Influenced this Report**

United Way of the Plains conducted a 2016 Community Needs Assessment in collaboration with Via Christi Health and the Sedgwick County. These data were presented to the Health Alliance members at the June 2016 meeting. The three part needs assessment includes the following:

- **Environmental Scan** – Consists mostly of secondary data about the community and should assist in providing a picture of the status of the community.
- **Needs Survey** – Gathers data from community respondents, community leaders and agency executives. The Needs Survey seeks to assess needs of the overall community.
- **Priority Study** – Establishes priorities for the allocation of United Way resources for volunteers' use in awareness, planning, funding, coordination and general provision of services to the community.

Other statewide and local data was considered as well, including Kansas Health Matters, Healthy Kansans 2020 and Sedgwick County data collected by Health Alliance members or organizational partners.

### **ACTION CYCLE**

The Action Phase of this community health planning effort will begin in the Fall of 2016. The Action Phase will be organized by the Health Alliance. Monthly Health Alliance meetings will include time to review community activities related to strategies documented in the CHIP action plan. An annual update will be provided to the Health Alliance and also reported widely. The first annual report will take place in January, 2018.



# Action Plans

*2017-2019 CHIP Action Plans*

## CHIP ACTION PLANS

Action Plans for the five priority areas are outlined on the following pages. Each action plan includes these components:

**Priority Areas** – These are broad, health-related areas identified through a prioritization process, and informed by the community health assessment. When addressed, priority areas could significantly improve the health and well-being of individuals in a community.

**Goals** – These are broad targets related to each priority area.

**Priority Health Indicators** – These are the priority community health indicators we want to influence through the work of the CHIP.

**Anticipated Outcomes** – These are measures we want to influence through the work of the CHIP. They will be tracked over time to see if goals are being met. The measures below will be used to monitor and report long-term progress.

**Priority Strategies** – These describe what we do collectively to positively impact each identified priority health outcome. The identified strategies include current, planned or emerging initiatives that can positively impact the health of Sedgwick County residents through the collective impact of Health Alliance partners. More than forty strategies are listed in the CHIP action plan on subsequent pages of this report.

## PRIORITY AREA #1: HEALTH BEHAVIORS

**Goal:** How can we increase healthy behaviors, especially among priority or at-risk populations, by implementing policy, systems and environmental changes?

### PRIORITY COMMUNITY HEALTH INDICATOR #1: Adult Obesity

#### *Anticipated Outcome:*

- By 12/31/2019, maintain or reduce the rate (31%) of adult obesity in Sedgwick County.
- By 12/31/2019, increase the awareness of messages in a local media campaign promoting healthy eating and physical activity.
- By 12/31/2019, maintain the number of people participating in the Working Well conference sponsored by the Health and Wellness Coalition.

#### *Priority Strategies:*

- Assure evidence based obesity interventions for populations with highest disease burden.
- Increase prevalence of healthy food and beverage policies at worksites.
- Make the business case for obesity prevention and treatment.





**PRIORITY COMMUNITY HEALTH INDICATOR #2: Teen Birth Rate***Anticipated Outcome:*

- By 12/31/2019, reduce the teen birth rate of 50 teen births (15-19 years) per 1,000 in Sedgwick County

*Priority Strategies:*

- Advocate for re-establishment of Personal Responsibility Education Program (PREP) funding in Sedgwick County.
- Implement strategies to prevent unintended pregnancies.

**PRIORITY COMMUNITY HEALTH INDICATOR #3: Physically Inactive Adults***Anticipated Outcome:*

- By 12/31/2019, reduce the rate of adult physical inactivity from 25% to 22.5% in Sedgwick County.
- By 12/31/2019, increase the number of centerline miles of bicycle paths for public use. (From 2013-2015 CHIP).
- By 12/31/2021, triple the amount of bicycling in Wichita. (From 2013-2015 CHIP).

*Priority Strategies:*

- Increase prevalence of physical activity policies at worksites.

**PRIORITY COMMUNITY HEALTH INDICATOR #4: Adult Smoking Rate***Anticipated Outcome:*

- By 12/31/2019, reduce the rate of adult smokers from 18% to 16% in Sedgwick County.

*Priority Strategies:*

- Collaborate with health care providers to promote cessation.
- Collaborate with community partners to address smoking rates among residents with mental illness.
- Promote policies such as tobacco free grounds, smoke free housing and tobacco retailer initiatives.



## PRIORITY AREA #2: CLINICAL CARE

**Goal:** Increase access to and quality of care by advocating for statewide policy change and implementing strategies to improve the quality of health care in our community.

### **PRIORITY COMMUNITY HEALTH INDICATOR #1: Access to Health Care & Insurance**

*Anticipated Outcomes:*

- By 12/31/2019, reduce the percentage of adults who lack health care coverage from 20.1% to 17.4 (the state average).
- By 12/31/2019, reduce the percentage of adults who could not see a doctor because of cost in the past 12 months from 16.3% to 13.6% (the state average).

*Priority Strategies:*

- Advocate for KanCare expansion to include Sedgwick County residents in the coverage gap.
- Conduct a health impact assessment to explore the potential impact of alternate payment, coverage and care options for the uninsured in Sedgwick County.

### **PRIORITY COMMUNITY HEALTH INDICATOR #2: Access to Mental Health Care Services**

*Anticipated Outcome:*

- By 12/31/2019, increase or maintain the mental health provider rate of 480:1.

*Priority Strategies:*

- Advocate for restoration of Medicaid cut, block grant funding and state mental hospital funds.
- Advocate for expansion of Medicaid to enhance funding for services to Kansans with mental illness.
- Develop an issue brief to highlight new models that increase access to mental health care.
- Encourage wide participation in Mental Health First Aid training.

### **PRIORITY COMMUNITY HEALTH INDICATOR #3: Diabetes Prevalence**

*Anticipated Outcome:*

- By 12/31/2019, reduce the percent of adults with diagnosed diabetes from 10.1% to 9.6% (the state average).

*Priority Strategies:*

- Raise awareness that Centers for Medicare and Medicaid Services (CMS) will allow claims for diabetes prevention services in 2018.
- Develop an issue brief to explore the economic impact of diabetes management and reduction of diabetes prevalence.
- Develop targeted strategies to address populations with high diabetes prevalence.



- Promote community or work-site based diabetes screening events
- Increase number of lay-educators to provide Diabetes Prevention Program (DPP) and Chronic Disease Self-management Program (CDSMP) training.

### PRIORITY AREA #3: SOCIAL AND ECONOMIC FACTORS

**Goal:** Nurture collaborative and strategic partnerships with public and private institutions to address the inter-related issues of education, income and violent crime.

#### PRIORITY COMMUNITY HEALTH INDICATOR #1: Children in Poverty

*Anticipated Outcomes:*

- By 12/31/2019, maintain or reduce the percent Sedgwick County children in poverty. (22.0% in 2015).

*Priority Strategies:*

- Eliminate punitive policies limiting receipt of public benefits (such as restricting Temporary Assistance for Needy Families or TANF eligibility to a 36-month lifetime limit).
- Expand refundable earned income tax credits for low to moderate income working individuals and families.
- Provide financial assistance for center-based or certified in-home child care for working parents and/or parents furthering their education.
- Encourage cognitive and social-emotional growth among young children from low-income families (e.g., center-based programs, home visitation and parental skills training).
- Support systems linking high school and post-high school programs to employers.

#### PRIORITY COMMUNITY HEALTH INDICATOR #2: High School Graduation

*Anticipated Outcome:*

- By 12/31/2019, maintain or increase the Sedgwick County high school graduation rate (83.5% in 2014-2015 academic year).

*Priority Strategies:*

- Support efforts to improve school attendance.
- Strengthen collaborative mentoring efforts for academic and personal challenges.
- Support organized social, academic and physical activities for school-aged youth outside of the school day.
- Increase parental engagement and involvement, through information, support and training.
- Support practices which provide students with healthy food choices in cafeterias, hallways and classrooms.
- Support efforts to improve kindergarten readiness.



### **PRIORITY COMMUNITY HEALTH INDICATOR #3: Violent Crime**

#### *Anticipated Outcome:*

- By 12/31/2019, maintain or decrease the rate of violent crime in Sedgwick County. (790/100,000 in 2015).

#### *Priority Strategies:*

- Expand policing philosophy based on community partnerships, problem-solving techniques and proactively addressing public safety concerns.
- Encourage collaborative community conversations and interactions.
- Employ intensive, multi-systemic interventions that address individual and environmental factors affecting antisocial behaviors among juvenile offenders.

## **PRIORITY AREA #4: PHYSICAL ENVIRONMENT**

**Goal:** Improve collaboration with the housing and transportation systems and explore opportunities to improve health outcomes through policy change.

### **PRIORITY COMMUNITY HEALTH INDICATOR #1: Percent Severe Housing Problems**

#### *Anticipated Outcomes:*

- By 12/31/2019, reduce the percent of homes with severe housing problems from 14% toward the state average of 10.1%.

#### *Priority Strategies:*

- Develop a stronger relationship between public health and housing sectors.
- Increase public health presence in the development of the City of Wichita Master Housing Plan.
- Develop an issue brief or health impact assessment to explore the health impact of current policies around housing inspections or potential impact of policy changes.



### **PRIORITY COMMUNITY HEALTH INDICATOR #2: Limited Access to Healthy Foods**

#### *Anticipated Outcome:*

- By 12/31/2019, increase the farmers market density (.01 per 1,000 population).
- By 12/31/2019, reduce the percentage of children with low access to a grocery store from 8% to 6.2% (the median percentage for Kansas).

*Priority Strategies:*

- Continue work with City of Wichita on improvements to the farmers market ordinance resources.
- Support local efforts to address or prevent food deserts in Sedgwick County.
- Explore implementation of the Double Up Food Bucks program for Sedgwick County.
- Promote new farmers markets, market vendors and mobile markets.

**PRIORITY COMMUNITY HEALTH INDICATOR #3: Access to Healthy Physical Environment***Anticipated Outcome:*

- By 12/31/2019, double the percentage of City of Wichita CIP dollars that are budgeted for active forms of transportation.
- By 12/31/2019, increase the percentage of population within 1/4 mile of bicycle facilities.

*Priority Strategies:*

- Support and monitor the implementation of the Wichita Bicycle Master Plan, Wichita Pedestrian Master Plan, Wichita Master Parking Plan and Wichita Routine Accommodation Policy.
- Identify or establish mixed-use or joint-use agreements to increase opportunities for residents to be active.
- Encourage and recommend that the Wichita City Council re-prioritize City of Wichita Capital Improvement Plan (CIP) transportation funding to construct infrastructure that improves the safety, convenience, and comfort of active forms of transportation.
- Encourage the Wichita City Council to reduce and/or eliminate subsidies for parking and driving.
- Encourage the Wichita-Sedgwick County Metropolitan Area Planning Commission and the Wichita City Council to reduce and/or eliminate parking minimums for developments.
- Fund a health impact assessment to explore proposed projects, plans and policies related to changes to the physical environment.

**PRIORITY AREA #5: INFANT MORTALITY**

**Goal:** Improve maternal and infant health outcomes in Sedgwick County by assuring quality preconception and perinatal care and using data-driven evidence-based practice and quality improvement processes.

**PRIORITY COMMUNITY HEALTH INDICATOR #1: Sleep Related Deaths***Anticipated Outcomes:*

- By 12/31/2019, reduce the rate of sleep-related deaths by 10% in Sedgwick County.

*Priority Strategies:*

- Strengthen access to data related to infant death for appropriate system partners.



- Ensure all families have a safety approved crib upon hospital discharge.
- Encourage obstetric, pediatric and family medicine practices to adopt safe sleep policies, including location, position & environment.
- Encourage hospitals to become safe sleep certified (i.e., modeling, training, auditing).

### **PRIORITY COMMUNITY HEALTH INDICATOR #2: Premature Birth**

#### *Anticipated Outcome:*

- By 12/31/2019, reduce the rate of late preterm or live births 34- 36 weeks of gestation to 8.1 in Sedgwick County.

#### *Priority Strategies:*

- Increase collaboration among prenatal and perinatal providers to ensure a continuum of care such as standardizing risk assessments and protocols to improve prenatal and perinatal care (e.g., risk assessments, white papers, promote awareness of guidelines).
- Advocate to expand KanCare and improve reimbursements to providers.
- Collaborate with area tobacco education partners to provide cessation opportunities to pregnant women.

### **PRIORITY COMMUNITY HEALTH INDICATOR #3: Racial and Ethnic Disparities in Infant Mortality**

#### *Anticipated Outcome:*

- By 12/31/2019, reduce the overall infant mortality rate by 10%, with focus on reducing the black-white infant mortality gap from 2.5 to 2 or less.

#### *Priority Strategies:*

- Strengthen the Sedgwick County Board of Health to advocate for change and raise awareness to educate health system partners on disparities of health.
- Convene community conversations around the 2015 Infant Mortality Issue Brief to advocate for change and raise awareness to educate health system partners on disparities of health.
- Advocate to expand Medicaid, presumptive eligibility and reimbursement rates to assure timely prenatal care for all women.
- Expand implementation of Zero to One curriculum to strengthen health system policies and practices that may pose barriers to the high risk mothers they serve.





# Appendix

## 2017-2019 CHIP FOR SEDGWICK COUNTY CONTRIBUTING ORGANIZATIONS

The Health Alliance would like to thank the following organizations that participated in the CHIP planning process.

Alzheimer's Association	Kansas Eye Bank & Cornea Research Center
American Cancer Society	Kansas Infant Death & SIDS Network
American Diabetes Association	KUSM- Wichita Department of Pediatrics
American Heart Association	KUSM-W Preventive Medicine & Public Health
Amerigroup	McConnell Air Force Base Clinic
Bike Walk Wichita	Medical Service Bureau
COMCARE of Sedgwick County	Medical Society of Sedgwick County
Central Plains Area Agency on Aging	National Alliance on Mental Illness - Wichita
Central Plains Health Care Partnership	Novo Nordisk
Child Start	Rainbows United, Inc.
Children's Mercy Hospital & Clinics	Sedgwick County Board of Health
Coalition of Coalitions	Sedgwick County Health Department
Connecting Point	Sedgwick County Research & Extension
Derby Recreation Commission	Sedgwick County Sheriff's Office
EC Tyree Health & Dental Clinic	Senior Services, Inc., of Wichita
Envision	Sunflower Health Plan
Food Policy Committee	TOP Early Learning Center
Fuel Up to Play 60	Tobacco Free Wichita Coalition
Gallagher Benefits	Trust Women
GraceMed Health Clinic, Inc.	USD #259 Wichita Public Schools
Greater Wichita YMCA	United Way of the Plains
Guadalupe Clinic	Via Christi Health
Health & Wellness Coalition of Wichita	Wichita Area Breastfeeding Coalition
HealthCore Clinic	Wichita Business Coalition on Health Care
Health ICT	Wichita City Council
Healthy Green Nutrition	The Wichita Eagle
Heartland Family Connection	Wichita Parks and Recreation
Hunter Health Clinic	Wichita Medical Research & Education Foundation
Kansas Academy of Family Physicians	WSU Advanced Education in General Dentistry
KS Association for the Medically Underserved	WSU Community Engagement Institute
Kansas Health Solutions	WSU Department of Public Health Sciences
Kansas Infant Death and SIDS Network	Work Well Kansas
Kids Power Programs	Youth Development Services
KMUW Public Radio	



## CHIP DESIGN TEAM

- Sonja Armbruster, WSU Center for Public Health Initiatives
- Renee Hanrahan, Via Christi Health
- Judy Johnston, KUSM-W, Department of Preventive Medicine and Public Health
- Ty Kane, WSU Center for Public Health Initiatives
- Heather Phillippi, Via Christi Health
- Nancy Ross, NAMI Wichita
- Gloria Summers, United Way of the Plains
- Becky Tuttle, Health ICT

## HEALTH ALLIANCE LEADERSHIP TEAM

- Sonja Armbruster, WSU Center for Public Health Initiatives
- Adrienne Byrne-Lutz, Sedgwick County Health Department
- Samantha Jacobs, The Children's Mercy Hospital
- Peggy Johnson, Wichita Medical Research and Education Foundation
- Becky Tuttle, Health ICT
- Jon Rosell, Medical Society of Sedgwick County
- Thomas Stanley, Kansas Leadership Center

# County Health Rankings & Roadmaps

Building a Culture of Health, County by County

2015

	Kansas	Sedgwick (SG)	Shawnee (SN)	Wyandotte (WY)	Johnson (JO)
<b>Demographics</b>					
Population	2,893,957	<b>505,415</b>	178,831	160,384	566,933
% below 18 years of age	25.0%	<b>26.6%</b>	24.5%	28.3%	25.6%
% 65 and older	14.0%	<b>12.4%</b>	15.5%	11.1%	12.2%
% Non-Hispanic African American	5.9%	<b>9.0%</b>	8.1%	24.0%	4.7%
% American Indian and Alaskan Native	1.2%	<b>1.4%</b>	1.4%	1.4%	0.4%
% Asian	2.7%	<b>4.3%</b>	1.3%	3.4%	4.6%
% Native Hawaiian/Other Pacific Islander	0.1%	<b>0.1%</b>	0.1%	0.2%	0.0%
% Hispanic	11.2%	<b>13.7%</b>	11.5%	27.1%	7.4%
% Non-Hispanic white	77.1%	<b>69.2%</b>	75.0%	42.7%	81.0%
% not proficient in English	2.4%	<b>2.8%</b>	1.4%	7.8%	1.9%
% Females	50.2%	<b>50.4%</b>	51.5%	50.6%	51.0%
% Rural	25.8%	<b>7.7%</b>	15.8%	6.1%	3.8%
<b>Health Outcomes</b>					
Diabetes	10%	<b>10%</b>	10%	13%	7%
HIV prevalence	116	<b>177</b>	119	388	127
Premature age-adjusted mortality	342.5	<b>374.8</b>	375.2	485.8	221.2
Infant mortality	7.2	<b>8.1</b>	8.7	8.9	5.7
Child mortality	58.9	<b>67.4</b>	62.5	77.8	38.6
<b>Health Behaviors</b>					
Food insecurity	15%	<b>15%</b>	16%	19%	12%
Limited access to healthy foods	8%	<b>9%</b>	10%	14%	3%
Motor vehicle crash deaths	15	<b>12</b>	10	14	7
Drug poisoning deaths	10	<b>13</b>	12	12	8
<b>Health Care</b>					
Uninsured adults	18%	<b>20%</b>	18%	27%	12%
Uninsured children	7%	<b>8%</b>	7%	8%	5%
Health care costs	\$9,387	<b>\$9,176</b>	\$9,146	\$10,371	\$9,523
Could not see doctor due to cost	11%	<b>12%</b>	10%	22%	8%
Other primary care providers	1,247:1	<b>963:1</b>	806:1	1,162:1	1,439:1
<b>Social &amp; Economic Factors</b>					
Median household income	\$50,892	<b>\$48,671</b>	\$50,042	\$38,728	\$74,135
Children eligible for free lunch	39%	<b>49%</b>	45%	69%	19%
Homicides	4	<b>6</b>	9	18	2

Source: <http://www.countyhealthrankings.org/app/kansas/2015/compare/snapshot>

## County Health Rankings & Roadmaps

Building a Culture of Health, County by County

2015

	Kansas	Sedgwick (SG)	Shawnee (SN)	Wyandotte (WY)	Johnson (JO)
<b>Health Outcomes</b>		<b>63</b>	56	94	2
<b>Length of Life</b>		<b>45</b>	49	88	2
Premature death	6,812	<b>7,479</b>	7,726	9,644	4,250
<b>Quality of Life</b>		<b>81</b>	64	99	16
Poor or fair health	13%	<b>13%</b>	13%	21%	8%
Poor physical health days	3.0	<b>3.2</b>	3.0	4.1	2.4
Poor mental health days	2.8	<b>3.2</b>	3.1	4.0	2.4
Low birthweight	7.2%	<b>8.2%</b>	7.7%	8.3%	6.4%
<b>Health Factors</b>		<b>75</b>	62	101	1
<b>Health Behaviors</b>		<b>46</b>	55	101	1
Adult smoking	18%	<b>19%</b>	19%	25%	13%
Adult obesity	30%	<b>29%</b>	33%	39%	23%
Food environment index	7.2	<b>6.8</b>	6.8	5.5	8.3
Physical inactivity	24%	<b>25%</b>	24%	32%	17%
Access to exercise opportunities	78%	<b>81%</b>	85%	86%	98%
Excessive drinking	15%	<b>15%</b>	15%	15%	18%
Alcohol-impaired driving deaths	33%	<b>35%</b>	28%	31%	43%
Sexually transmitted infections	386	<b>564</b>	450	741	262
Teen births	40	<b>52</b>	49	77	18
<b>Clinical Care</b>		<b>18</b>	5	93	1
Uninsured	14%	<b>16%</b>	14%	21%	10%
Primary care physicians	1,353:1	<b>1,175:1</b>	1,366:1	1,829:1	906:1
Dentists	1,894:1	<b>1,818:1</b>	1,671:1	2,673:1	1,277:1
Mental health providers	581:1	<b>503:1</b>	322:1	862:1	475:1
Preventable hospital stays	60	<b>42</b>	49	72	51
Diabetic monitoring	86%	<b>85%</b>	89%	82%	88%
Mammography screening	63.7%	<b>63.9%</b>	69.0%	55.4%	68.8%
<b>Social &amp; Economic Factors</b>		<b>94</b>	87	101	1
High school graduation	85%	<b>81%</b>	78%	71%	93%
Some college	68.1%	<b>66.3%</b>	65.4%	47.4%	84.0%
Unemployment	5.4%	<b>6.4%</b>	5.9%	8.3%	4.7%
Children in poverty	18%	<b>22%</b>	22%	38%	7%
Income inequality	4.3	<b>4.5</b>	4.4	4.6	3.9
Children in single-parent households	29%	<b>34%</b>	37%	49%	22%
Social associations	13.8	<b>9.8</b>	17.1	10.9	8.6
Violent crime	360	<b>648</b>	455	592	165
Injury deaths	65	<b>65</b>	71	75	39
<b>Physical Environment</b>		<b>86</b>	35	84	44
Air pollution - particulate matter	10.9	<b>9.8</b>	8.4	8.6	8.5
Drinking water violations	4%	<b>4%</b>	1%	0%	0%
Severe housing problems	13%	<b>14%</b>	14%	20%	11%
Driving alone to work	82%	<b>86%</b>	83%	81%	85%
Long commute - driving alone	20%	<b>15%</b>	12%	23%	22%

Source: <http://www.countyhealthrankings.org/app/kansas/2015/measure/outcomes/1/map>



**2017-2019 Community  
Health Improvement Plan for  
Sedgwick County**