

2017 WYANDOTTE COUNTY COMMUNITY HEALTH ASSESSMENT

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Introduction

Community Health Assessments are a critical part of strong public health practice. Assessments provide opportunities for community organizations and members to:

- Better understand the health status and behaviors of community members;
- Engage community members in a process of providing their perspective about important issues and the conditions that have an impact on those issues;
- Have important data to be used to support decision-making about key health issues.

In addition to being a part of robust public health practice, up-to-date Community Health Assessments (CHA) are required for local health departments seeking accreditation from the National Public Health Accreditation Board. In 2016, the Unified Government of Wyandotte County & Kansas City Public Health Department (UGPHD) embarked on a path toward accreditation. The UGPHD worked with key community partners to convene a steering committee to guide the process. The following is a list of organizations whose staff participated in the steering committee:

- City of Bonner Springs
- Children's Mercy Hospitals
- Community Health Council of Wyandotte County
- City of Edwardsville
- El Centro, Inc.
- Healthy Communities Wyandotte
- Kansas University Medical Center
- Livable Neighborhoods
- Providence Medical Center
- REACH Health Care Foundation
- Unified Government of Wyandotte County & Kansas City Public Health Department
- United Way of Wyandotte County
- University of Kansas
- Wyandot Inc.
- Wyandotte Economic Development Council
- Wyandotte Health Foundation

The steering committee identified the University of Kansas Work Group for Community Health and Development (KU Work Group) as a consultant to implement CHA related activities.

Over a period between November 2016 and June 2017, efforts to conduct a CHA have taken place. The findings of these assessment activities are detailed in the following report.

Methods

The Community Health Assessment (CHA) was initiated with the aim of answering key questions. These included:

1. What are the health status and health behaviors of Wyandotte County residents?
2. To what extent do populations in Wyandotte County disproportionately experience poor health outcomes or are at disproportionate risk for poor health outcomes?
3. What conditions contribute to the health of Wyandotte County residents?
4. What resources are available to address emerging health issues?

To answer these questions, the Steering Committee and the KU Work Group designed a mixed-methods assessment that used four distinct approaches to capturing data. These included: a Local Public Health Systems Assessment; a Concerns Survey; a Community Health Status Assessment; and focus groups. These methods are briefly described below. A more complete description for each method is available in the full Community Health Assessment Report.

Local public Health Systems Assessment

To understand the strengths and weaknesses of a local public health system, as well as to characterize the capacity of the system to promote and protect health, an assessment of the system and its performance can be beneficial. The National Public Health Performance Standards were developed by a consortium of stakeholders to support an assessment process called Local Public Health Systems Assessments. Consisting of a series of performance measures reflecting ideal performance, the purpose of the Local Public Health Assessment (LPHSA) is to assess the performance of a local public health system relative to ideal performance. To conduct the LPHSA in Wyandotte County, the UGPHD identified and recruited people from across the local public health system to participate in a one-day retreat in which each of the 10 EPHS were assessed during two sessions in which break-out groups completed the assessment for five EPHS concurrently. A total of 59 people participated.

Concerns Survey

Obtaining data about the perspective of community members regarding strengths and problems in the community has many valuable benefits. Primarily, it assures that community members' perspectives are represented in the selection of issues that truly matter to people. A concerns survey was used to gather information about relative strengths and problems in the county. The concerns survey consisted of 35 items reflecting community health issues and demographic questions. Items were identified based on a shared understanding of the factors and conditions that contribute to health status and behaviors. Staff from the KU Work Group and UGPHD distributed English and Spanish surveys via online links and paper distribution sites across the county. A total of 2,289 Wyandotte County residents completed the concerns survey. Although survey respondents were not randomly selected, they did generally represent community demographics.

Community Health Status Assessment

The Community Health Status Assessment presents data regarding health status and behaviors from a variety of sources, including local, state and national health agencies. The Steering Committee identified key indicators to describe the community, health conditions, and disease burden in Wyandotte County. Staff gathered data from several sources (e.g., American Community Survey, Behavioral Risk Factor Surveillance System, Bureau of Labor Statistics, U.S. Census, Centers for Disease Control and Prevention, Kansas Department of Health and Environment vital statistics). Data that were available for the identified indicators were organized around community, behavioral, clinical factors, and population-level outcome indicators.

Focus Groups

Focus groups were used to better understand the perspective of community members about conditions that have an impact on existing health problems. Staff and partners convened small groups around the county at places where people naturally gather, including churches, social service agencies, and neighborhood gatherings. Trained facilitators asked questions about participants' experiences with each issue; the causes or community conditions that contribute to each issue; the extent to which poverty and discrimination have an impact on each issue; connections between issues; and resources to address each issue. Staff analyzed recordings of each focus group to identify themes across the focus groups. Themes and specific quotes are reported throughout the findings of the report. A total of 51 people participated in the focus groups.

Process

The Community Health Assessment was divided into two phases (Figure 1). The first phase included the collection of a comprehensive set of data reflecting health and health status. From this set of data, two types of issues were identified: 1) convergent issues, in which multiple sources of data suggested that an issue is a problem, and 2) "beacon issues," in which data from only one source provides compelling evidence that the issue is important. A total of 19 issues were identified as convergent or beacon issues. These 19 issues were reviewed by the public at a community meeting, and later by the Steering Committee. Based on votes from the community, as well as an understanding of the data, seven issues were moved forward to phase two of the CHA. In addition, steering committee members agreed that the extent to which poverty and

Figure 1. Two-phase Community Health Assessment process

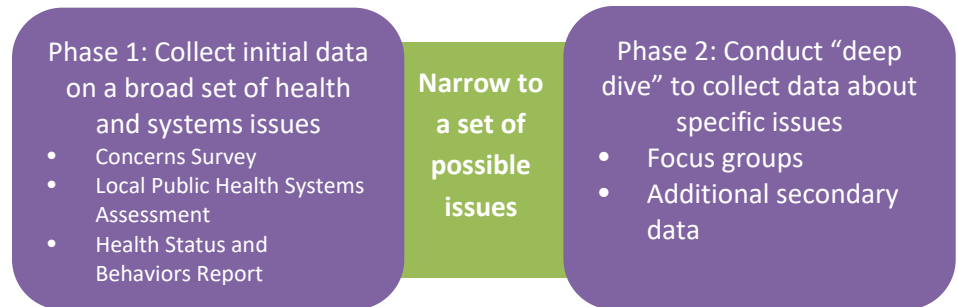
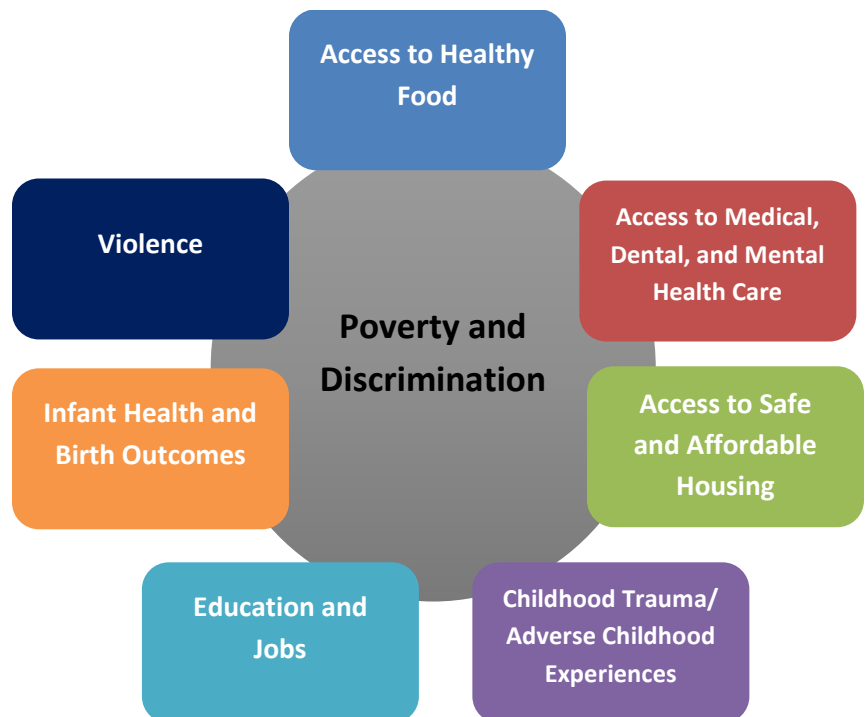


Figure 2. Issues identified for Phase Two



discrimination has an impact on each of the issues would be explored. Figure 2 displays the seven issues with the added lenses of discrimination and poverty. Phase two included a deeper examination of each issue through the collection of additional secondary data and the completion of focus groups. The findings of data collected through all phases of the community health assessment about each of the seven issues are reported here.

Access to Healthy Food

What is the problem? Who is most affected?

Healthy eating can reduce the risk of heart disease and type 2 diabetes, lower blood pressure, and protect against certain types of cancers. However, healthy eating can be challenging to Wyandotte County residents, as described by a focus group participant:

There isn't any place to eat that's affordable. Lettuce during growing season is \$3.50. if you want a piece of lettuce you better order it on a burger.

Many fruits and vegetables are naturally low in fat, high in fiber, and contain vitamins essential for health. The USDA recommends consuming at least 1.5 – 2 cups of fruit per day, and at least 2.5 – 3 cups of vegetables per day.

Adults in Wyandotte County were surveyed on the frequency of their **fruit and vegetable consumption**. The percent of adults who report eating fruit or vegetables at least one time per day is consistently lower than state figures. The overall consumption of fruit is much lower than the consumption of vegetables (Table 1.1).

Table 1.1 Percentage of adults who eat fruits and vegetables

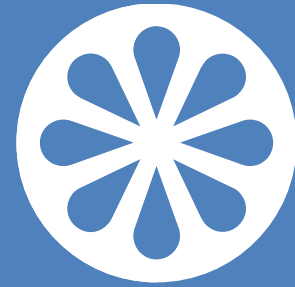
Indicator	WYCO	Kansas
Percentage of adults who eat at least 1 vegetable a day	70.8%	77.7%
Percentage of adults who eat at least 1 fruit a day	51.8%	56.3%



Notable group disparities for fruit and vegetable

consumption in Wyandotte County divide along the lines of gender, age, ethnicity, physical activity and smoking status (based on BRFSS 2015 data). More women (57.6%) than men (45.8%) are estimated to eat fruit at least once per day. A greater proportion of Hispanic people are estimated to eat fruit (64.5%) and vegetables (77.6%) daily compared to estimates for white (51.7%) or African American (50.8% and 62.32) groups. Fewer people age 45 to 65 were estimated to eat at least one vegetable per day (64.2%) than older and younger age groups.

Food insecurity is defined as the limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods in socially acceptable ways. Lacking consistent access to food is

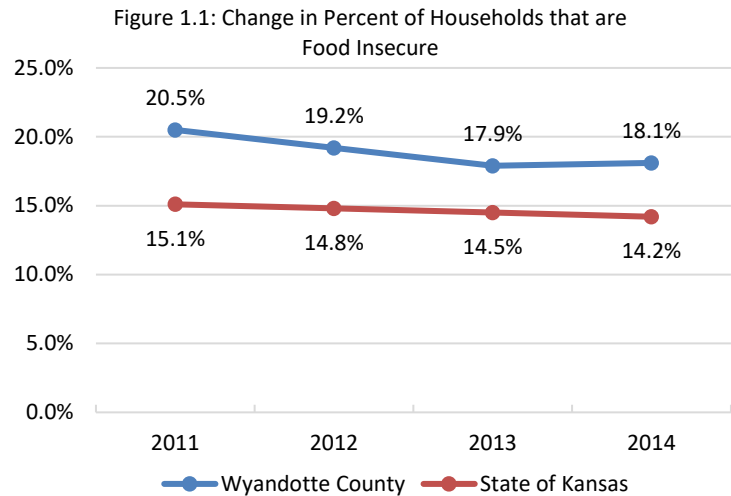


Key Facts:

- 18.1% of households in Wyandotte County are food insecure – or have limited availability of nutritionally adequate foods.
- More than 1 in 3 households reported they sometimes or often worry about running out of food before there was money to buy more food.
- About 30% of Wyandotte County residents do not eat at least 1 serving of vegetables a day, and about 48% do not eat at least 1 serving of fruit a day.

related to hunger, weight gain, and premature death. The effects on developing children are of particular concern, as children in food-insecure homes are more likely to be hospitalized and more likely to develop health conditions such as anemia, obesity, and asthma.

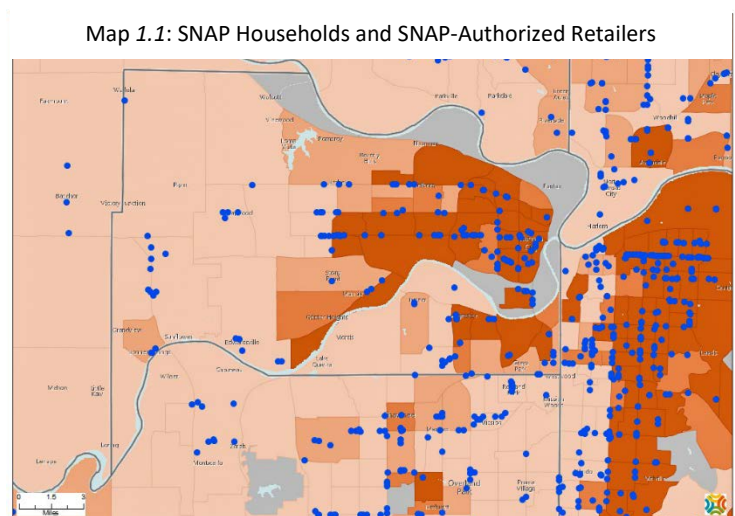
The percent of households in Wyandotte County that are food insecure is higher than the rate in the state of Kansas (Figure 1). There was a small increase in food insecure households in 2014 compared with 2013 in Wyandotte County, although food insecurity has decreased since 2011. According to data obtained in 2015 by the Community Health Needs Survey at Children’s Mercy Hospital, respondents in Wyandotte County reported that they worry about whether food would run out before there was money to buy more, with 12.74% reporting they often worry and 24.20% reporting that they



Source: Feeding America

sometimes worry. The rates of worry over food were higher for Wyandotte County than for any other Children’s Mercy Hospital service area. Furthermore, Wyandotte County had the highest proportion of respondents reporting that “sometimes” or “often” in the last year, food that they purchased ran out and they did not have money to get more (27.86%).

The **Supplemental Nutrition Assistance Program (SNAP)** is a nutrition assistance program, which provides a Kansas Benefit Card to eligible persons for use in purchasing food from local grocery stores. The number of households that received SNAP in 2016 was at the lowest level (11,953) since 2011. Access to SNAP-authorized retailers is necessary for recipients to use benefits to purchase food. The regions on the map to the right (Map 1.1) where greater proportions of households receive SNAP benefits also have a greater density of SNAP-authorized retailers.



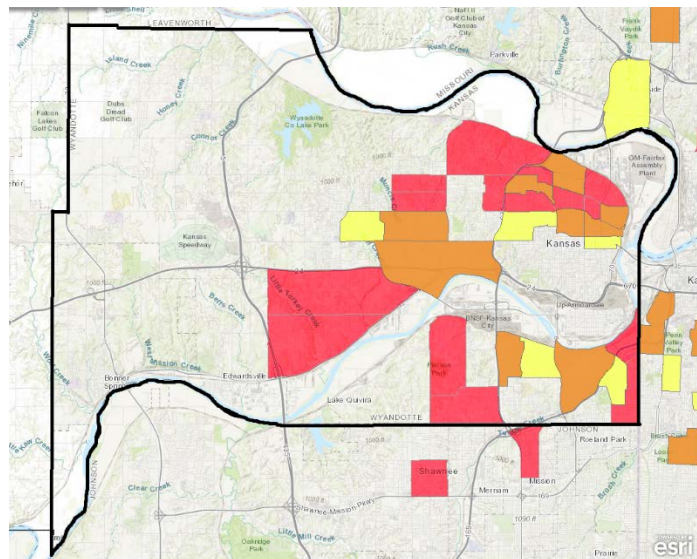
Households Receiving SNAP Benefits, Percent by Tract ACS 2011-2015

- Over 19.0%
- 14.1 – 19.0%
- 9.1 – 14.0%
- Under 9.1%
- Grey: No data or data suppressed
- Blue dot: SNAP-Authorized Retailers, USDA May 2016

What are conditions that contribute to the issue?

Areas with **limited access to grocery stores** and supermarkets can pose a barrier to residents eating a healthy diet. Access to grocery stores in low-income census tracts is considered in the map to the right (Map 1.2) in two ways, depending on the measured distance to the nearest supermarket and access to a motor vehicle. In urban areas, the low-income census tracts where a significant portion of the population live more than 1 mile from the nearest supermarket are considered food deserts. Focus group participants described lack of grocery stores as a barrier to healthy eating. grocery stores

Map 1.2: Low Access to Supermarkets, by Tract



Thriftway is gone, and it wasn't the best place to shop, but now we have to cross the highway. Harder for people who don't have transportation, and who have someone with a disability living with them.

They keep building more auto dealerships, we don't need more auto dealerships. No grocery stores! Just closed price Chopper. Closed a small grocery store. We should have fought that, we did not know how much we would miss that... We were like "what do we do now?" but we needed to act months ahead of time to keep it.

There are 3 liquor stores in Bonner, but there is only one grocery store—Store A. Store B will sell vegetables that are not fresh, the tomatoes have no taste, and Store A is more expensive but at least you know it hasn't been there 3 months. So many grocery stores have closed.

Participants also indicated that a **person's income and job status** has an impact on a person's ability to afford healthy food.

If a person is not willing to work, if a person is not having a job, there will be difficulty for his food.

Everyone knows that they need to eat healthy food. But McDonald's is so inexpensive and you can get a full meal for a dollar and it's a 1,300-calorie burger.

- Low-income census tracts where a significant number of residents is more than 1 mile (urban) from the nearest supermarket (food desert).
- Low-income census tract where more than 100 housing units do not have a vehicle and are more than ½ mile from the nearest supermarket.
- Census tracts where both of the above listed conditions are true.

Source: USDA Food Access Research Atlas, data from 2015

Participants also indicated that the **lack of local government support and action** for addressing the challenges that residents have in accessing healthy foods.

Participants did not identify any resources for addressing this issue.

Access to Medical, Dental, and Mental Health Care

What is the problem? Who is most affected?

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

Access and Utilization of Services.

Measures of services give insight into the capacity of the health care services system. As reflected in Table 2.1, Wyandotte County has fewer mental health providers and dental care providers than the state of Kansas.

Table. 2.1 Ratio of population to providers

	WyCo	Kansas
Ratio of population to mental health providers (2015)	792:1	550:1
Ratio of population to dentist (2013)	3,019: 1	2,773: 1
Ratio of population to primary care physician (2014)	1,662:1	1,896:1

Insurance status and cost are significant barriers to actually using health care (including mental and oral health) services. Although the percentage of people who are uninsured decreased dramatically with the American Affordable Care Act, about 11.7% of the population still do not have any insurance. In addition, about 18.1% of Wyandotte County residents reported they needed to see the doctor in the last 12 months, but did not because of cost.

How many people use health care services and how tell us more about issues as well. The number of patients seen at the mental health center increased significantly from 2013 to 2014, but has been stable since 2014. The number of psychiatric hospital screenings has ranged from 81 in 2014 to 945 in 2015. There was a significant drop during 2016 (469).

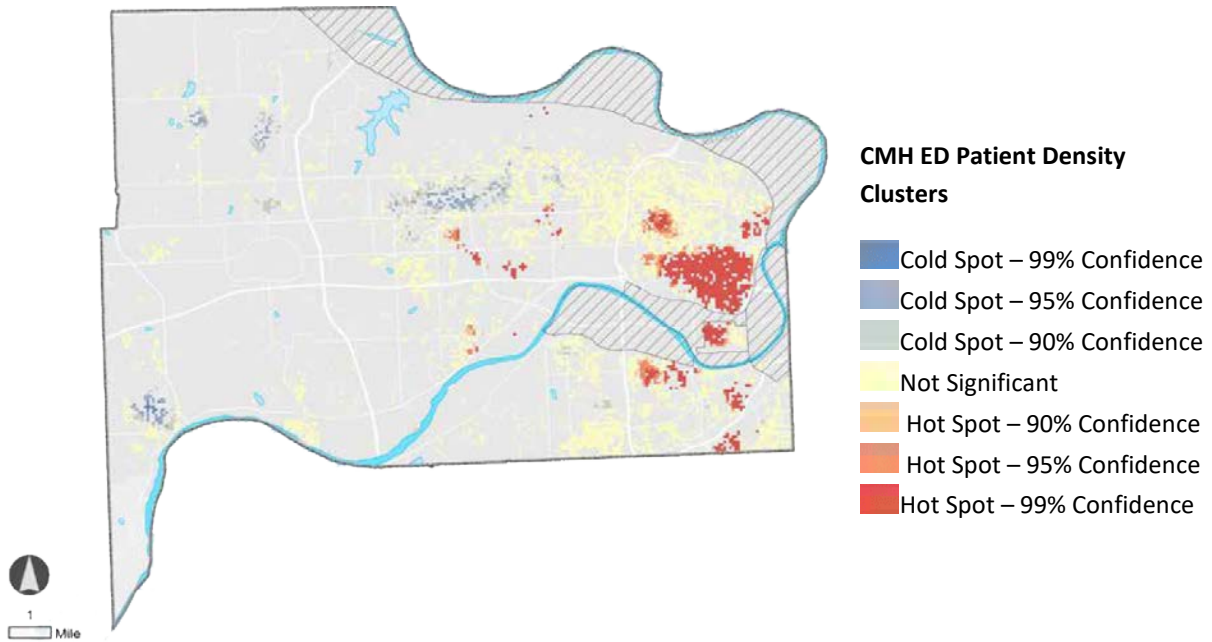


Key Facts:

- Access to quality care was identified in the top five of all problems among Wyandotte County residents.
- Access to dental care and mental health were identified as issues among many different groups in Wyandotte County.
- 1 in 10 Wyandotte county residents do not have insurance
- 18.1% of Wyandotte County residents reported that in the past year they needed to see a doctor but did not because of cost, compared to 11% of Kansas residents
- About 1 in 4 of K-12 students who've received screenings have obvious signs of dental decay.
- 47% of Wyandotte County residents who have an income less than \$35,000 report they have poor mental health.

Emergency Department (ED) use may be an indicator of inadequate use of preventative services, severity of health issues, and under or uninsured status. Map 2.1 shows the concentration of low and high users of ED services and their location in the county. The highest concentrations are found in the east-central portion of the county, that are predominately Latino, low income and uninsured.

Map 2.1: Children’s Mercy Hospital Emergency Department Patients Density Hot and Cold Spots



Source: Health Equity Action Transformation (HEAT) Report

Cancer screening is an important tool to help discover cancer development early so that treatment can be administered to halt progression, and can tell us if people are able to use health care to engage in preventive care . The percent of women who have had mammograms and men who have had colonoscopies is higher for Wyandotte County than for the state. However, these percentages still indicate that fewer than half of those who ought to have the screenings for good preventive care are actually doing so. The percent of women in Wyandotte County who have had a pap smear is lower than for the state.

Table 2.2 Percentage of population receiving preventive screening as indicated

Indicator	WY 2014	KS 2014
Percent of women age 40 or older who have had no mammogram in past 2 years	30.7%	28.9%
Percent women age 18 or older who have not had a pap smear in past 3 years	25.0%	26.2%
Percent adults age 50 or older who have never had a colonoscopy	40.9%	32.4%
Source: Behavioral Risk Factor Surveillance System		

Lastly, the Local Public Health Systems Assessment conducted by community leaders suggests that a weakness in the system is the evaluation of changes in population health.

Direct Implications for Health

Many data points suggest challenges for physical, mental, and oral health care result in poor health outcomes for Wyandotte County residents.

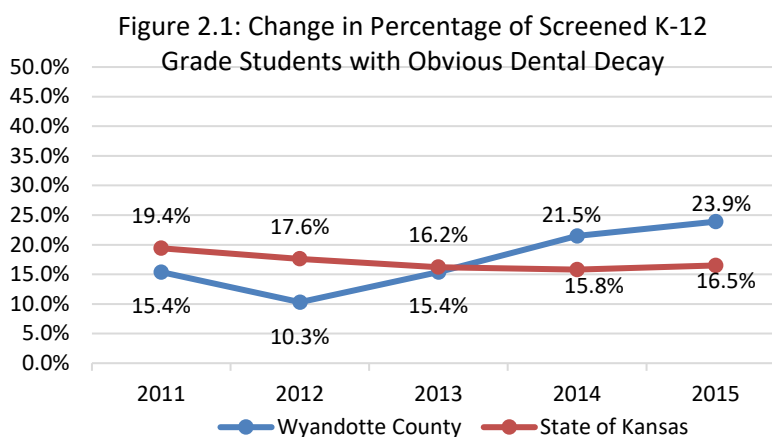
Those who report that poor physical or mental health kept them from their usual activities was slightly higher than for the state. The percent of people who reported poor mental health is higher in the county (12.4%) than in the state (9.7%). The percent changed little from 2011 to 2013.

⚠ Notable group disparities among adults who report 14 or more “not good” mental health days in Wyandotte County include differences along lines of gender, ethnicity, income, and weight status (based on BRFSS 2015 data). The estimations for 14 or more “not good” mental health days are higher for women (17.4%) than for men (9.2%). Hispanic adults are the group with the lowest proportion (7%) of adults reporting 14 or more “not good” mental health days in the last month, compared with whites (12.6%) and African Americans (16.9%). People with annual incomes above \$35,000 had a lower proportion of adults (9.5%) with 14 or more “not good” mental health days than those adults who had annual incomes below \$35,000 (16.7%). Furthermore, fewer adults who were normal or underweight (9.8%) or overweight (10%) indicated 14 or more “not good” mental health days than adults who were obese (18.6%).

Table 2.3 Percentage adults reporting not good mental health days

Indicator	WY 2015	KS 2015
% of adults who reported their mental health was not good on 14 or more days in the past 30 days	13.4%	9.7%
% of adults who reported their poor physical or mental health kept them from doing their usual activities in the past 30 days	41.5%	38.7%

Figure 2.1 shows the percent of children with dental decay. The percent for the county increased from 2011 (15.4%) to 2015 (23.9%). The percent for the state is (16.5% in 2015) lower than for the county (23.9% in 2015). The percentages for the state decreased from 2011 to 2015.



Source: KDHE

Focus group participants also provided information about who they felt were most affected by the issue. They indicated that low-income people, single parents, and others who live “paycheck to paycheck” experience challenges. Further, several reported that older Wyandotte County residents disproportionately struggle.

I think elderly folks in my neighborhood have to choose between the upkeep of their home or medications.

What are conditions that contribute to the issue?

Focus group participants noted several factors they believe contributes to the challenges related to access to medical, mental, or oral health care. Many participants noted that **transportation or cost act as significant barriers** to obtaining care.

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

A big cause is money and transportation. I used to work at Swope Health and they had a van that would go to the community and provide health care.

I don't really go in unless I absolutely need to. Even a routine colonoscopy was going to be \$700 before I pay my deductible. So I just changed my diet and whatever issues I had was gone. Cost of medical care has gone through the roof.

Many participants said that there are **too few services to respond to issues** as they arise. They further said this results in a lengthy wait or unacceptable alternative explanations.

I could not get a child who is in crisis the help she needed, and she was suicidal. Spoke to supervisor and was still rebuffed that there were too many crises before her... finally got someone to come to school to talk to her.

And now, there is no mental health care. Now anyone they pick up off the street that has a mental health issue goes to jail, they don't get treatment. I think we can keep people out of jail with more mental health care.

Relatedly, several participants noted that they relied upon services that were no longer available. In particular, dental clinics that provided transportation and the Rainbow Mental Health Facility.

Participants noted that the issue of **jobs, poverty, and access to health services** are connected, and in some cases resulted in **discrimination**.

It's the same thing. If you can't pay regular health insurance, dental insurance is just another thing. It's another thing to pay for, it's not a bundled deal. If you have problems with one, you aren't going to look at the next one.

The discrimination is against the poor. Not necessarily of color. If you don't have, then you're not going to get.

Several participants also described organizations that were resources for this issue, including: PACES, Wyandot Inc., Swope Health Services, and Catholic Charities.

Access to Safe and Affordable Housing

What is the problem? Who is most affected?

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

Several sources of data suggest that access to safe and affordable housing is a significant problem for Wyandotte County residents. Among residents who completed the Concerns Survey, many indicated that access to safe, affordable housing is an issue that is very important to them, and is one in which they are dissatisfied. In particular, people living in central Kansas City, Kansas; identifying as African American or Native American; or having low educational attainment identified this as a problem.

Additional data suggest the safety and affordability of housing are different, but as a focus group participant indicated, they are connected in Wyandotte County:

Well, here's the thing, if it's affordable then, 9 out of 10 times, it's not safe.

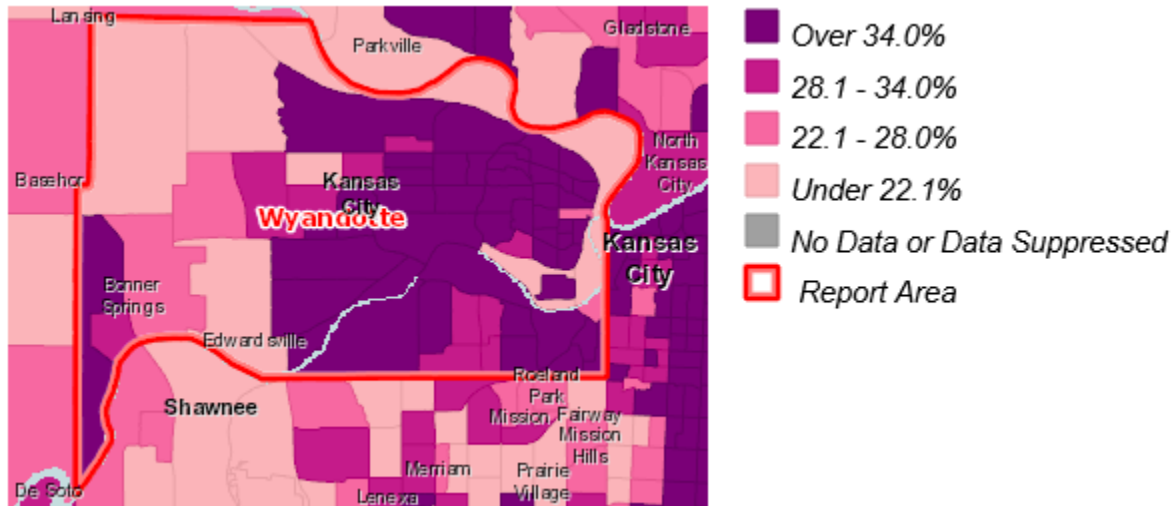
A few key indicators provide important information about the extent to which housing in Wyandotte County is safe. The percent of houses with severe problems is one of them. Severe problems in housing include: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1.01 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30%, and 5) gross rent as a percentage of household income greater than 30%. **Housing problems are much higher in Wyandotte County (21% of houses) than for the state (13%).** These levels have been stable during the last five years for the county and the state. The map below (Map 3.1) identifies the percent of all occupied homes per census tract have one or more severe housing problems.



Key Facts:

- Access to safe and affordable housing was identified as a top problem for people living in Central Kansas City, Kansas; African Americans and Native Americans; and people with low educational attainment.
- 21% of houses in WYCO have one or more severe housing problems, compared to 13% of all houses in the state of Kansas.
- 43% of households spend 30% or more of their income on rent or mortgage payment.
- 3 out of 10 houses in WYCO are at elevated risk for lead exposure.
- A higher proportion of children with elevated blood lead levels reside in zip codes with a high density of African American and Latino residents.

Map 3.1: Substandard Housing Units, Percent by Tract

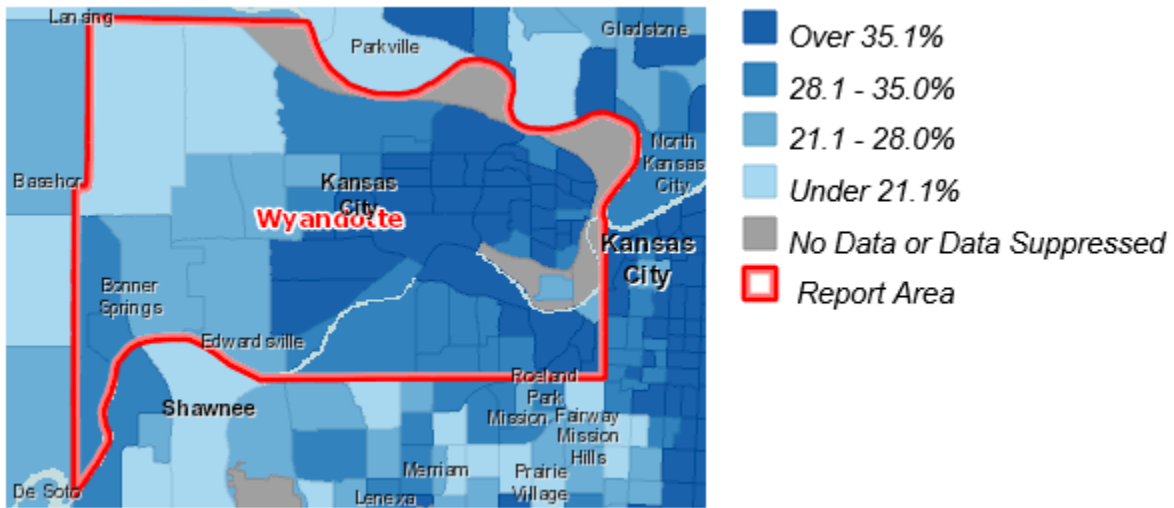


Source: ACS 5-year estimates 2011-2015

In addition, lead exposure and ingestion are key elements of safe housing. Higher levels of lead in blood among children are associated with increased behavioral problems, delayed puberty, and decreases in hearing, cognitive performance, and postnatal growth or height, lower IQ scores, and decreased academic achievement. However, nearly one in three houses in Wyandotte County are at elevated risk for lead exposure, because they were built in or before 1950. In 2011 and 2012, there were differences in average lead levels found for children in zip code areas with high density of African-American and Latino residents (66101, 66102, 66103, 66104, and 66105). In 2013 and 2014, there were minor differences across zip code areas.

Affordability of housing is an important consideration. Affordable housing is housing where rent or monthly owner costs does not exceed 30% of monthly household income. About 43% of households in Wyandotte County spend more than 30% of their income on rent or a mortgage. The map below (Map 3.2) shows the percent of all households per census tract that are experiencing cost burden. The areas of greater cost burden match generally the areas of greater substandard housing units, which indicates that affordable housing is an issue in Wyandotte County.

Map 3.2: Households in which housing costs exceed 30% household Income, Percent by Tract



Source: ACS 5-year estimates 2011-2015



These data suggest that people who have low income or represent specific racial or ethnic groups, Latinos, African Americans, and Native Americans, disproportionately experience problems with safe and affordable housing. Focus group participants also identified older adults, felons, and children as others upon whom the issue of safe and affordable housing has an impact.

What are conditions that contribute to the issue?

Wyandotte County residents who participated in focus groups indicated a number of factors that contribute to the issue of safe and affordable housing. Primarily, people said that **not having good education, good jobs, or good income drive whether a person could afford housing that is safe.**

People in poverty have a harder time doing anything...lack of transportation, lack of employment...Even if there are places that are income-based it's still a struggle. But if you are not in poverty, then you just go do what you have to do and it's not a problem. I know that there are places you can go for help, but in this community, there are just too many people who need help.

We are limited to where you can live. Can't live here because you don't make enough money but we're not going to pay you this much money because you don't have this much education.

Also, people noted that **discrimination** has an impact on people being able to access safe, affordable housing.

I think they should stop stereotyping by race or income, that would fix a lot. Give somebody a chance instead of looking at them and saying, 'Ah, well you obviously can't do it.'

People also said that some **property owners contribute to the issue** in complex ways. On the one hand, property owners who abandon their property contribute to a glut of abandoned houses that are not well maintained. On the other hand, some property owners who rent their properties take advantage of people with few options.

It is moneymaking to have dilapidated houses that they can rent out to people that don't have language to get what they need, money to afford something else, or just do not know better.

In addition to this, several people mentioned assets working to address housing or help people with challenges in housing, including Catholic Charities, El Centro Inc., neighborhood associations, and the Neighborhood Business Revitalization groups.

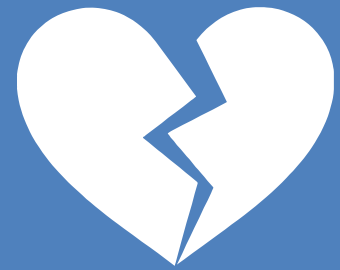
Childhood Trauma/ Adverse Childhood Experiences

What is the problem? Who does the issue impact?

Childhood trauma can have a tremendous impact leading to increased risk of future trauma and lifelong issues in mental health and physical health. Children who experience abuse or neglect are more likely to grow up and have children and family members who experience maltreatment; this is known as the intergenerational cycle of abuse. Abuse and neglect include maltreatment such as physical abuse, sexual abuse, neglect or deprivation of necessities, medical neglect, and psychological or emotional maltreatment. While maltreated children are at greater risk for negative outcomes, many children are resilient to these effects.

Adverse childhood experiences (ACEs) describe specific household dysfunctions experienced before the age of 18 that contribute to poor health and early death of adults. These conditions of dysfunction include direct maltreatment of the child, but also violence against the mother, household substance abuse, mental illness in the household, parental separation or divorce, and having a household member who went to prison. ACEs affect adult health by disrupting neurodevelopment, which leads to the adoption of health-risk behaviors to cope with social, emotional, and cognitive difficulties.

Several sources suggest that child abuse and neglect is an issue in Wyandotte County. Among residents who completed the Concerns Survey, child safety from abuse and neglect was indicated as the most important issue overall. Several groups were not satisfied with the efforts of Wyandotte County to keep children safe from abuse and neglect. In particular, people living outside of central Kansas City, Kansas; identifying as White or “Other” race; or who have attained a college degree or higher. Unlike other issues identified by the Concerns Survey, this issue was identified both as a relative problem and as a relative strength by several groups, indicating that perspectives on this issue are polarized even within zip codes, racial groups, and among people with similar education attainment.



Key Facts:

- Child abuse and neglect was identified as a significant problem by people living outside of central Kansas City, Kansas; White and “Other” race residents, and people with college degrees.
- Yearly, an average of 2,211 individual children are included in reports of abuse and neglect, and 164 children are identified as victims after investigation.
- High proportions of maltreated children are African American and Hispanic compared to other counties.
- 48.5% of all children surveyed report one or more Adverse Childhood Experience (ACE)
- 64.0% of all adults in WYCO report one or more ACE.
- Zip codes with higher risk for ACE exposure overlap with areas of high poverty.

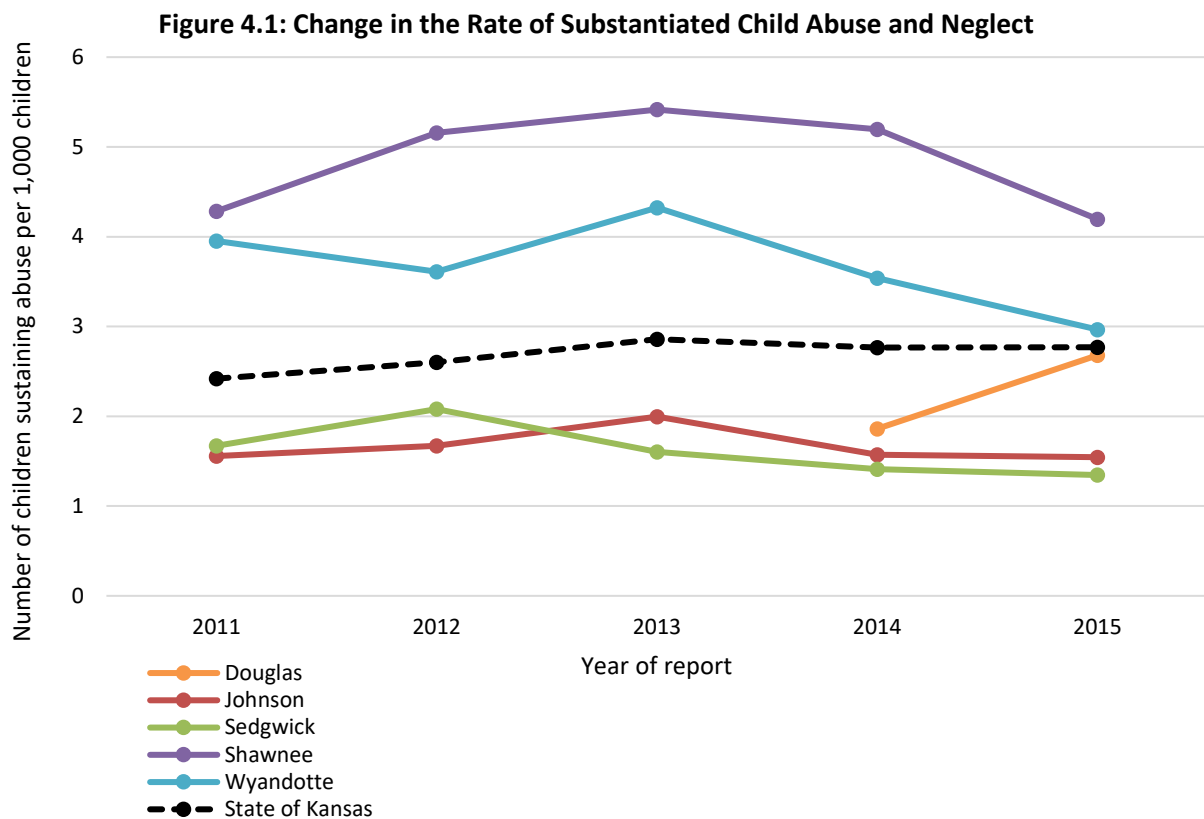
Focus group participants framed the intergenerational cycle of trauma and abuse in Wyandotte County as follows:

I have four grandchildren who ended up in foster care. A lot of young parents have no direction, and they cannot give a child something that they never had.

At 16 years old, I went to three funerals. Your best friend got pregnant at 15. We are driving around in a van that doesn't even have a backseat. Trauma is there because it is a hard life but it comes from the decision-making and the parenting.

From 2011 to 2015, Wyandotte County received on average 1,784 reports of abuse and neglect per year, which affected an average of 2,211 children in the county (4.89% of all Wyandotte children). Of these reports, an average of 123 substantiated or indicated reports affected 164 children identified as victims of abuse or neglect per year (7.42% of all children involved in reports). The rate of abuse and neglect per thousand children is consistently higher for Wyandotte County than for the state overall and comparison counties, except for Shawnee County. Rates of child maltreatment have fallen in Wyandotte since 2013.

From 2011 to 2015, the most common type of substantiated abuse in Wyandotte County was sexual abuse (28.7% of all instances), followed by other types of abuse (21.1%), physical abuse (20.7%), psychological abuse (15.2%), and then neglect or deprivation of necessities (14.4%).



Source: National Child Abuse and Neglect Data System (NCANDS) Child File



There are disparities in the demographics of children who are abused in Wyandotte County. Wyandotte County had more child victims who identified as Black or African American (33.6%) than in other counties and the state as a whole (12.5%). The percent of child victims reporting Hispanic or Latino ethnicity (21.5%) is higher in Wyandotte County than in any other Kansas county reporting data, and higher than the state average (13.1%).

Child exposure to ACEs is also high in Wyandotte County, according to the 2016 Community Health Needs Assessment conducted by Children’s Mercy Hospital. Compared with Clay County, Jackson County, and Johnson County, Wyandotte County had the highest number of children who experienced at least 1 ACE (48.5% of children surveyed).

What are conditions that contribute to the issue?

Conditions that contribute to child abuse and neglect may go back for generations. Focus group attendees described child abuse as **a long-term cycle that had affected them, their families, and their neighborhoods.**

It’s a cycle, they come from abuse. Their parents were abusive, their grandparents were abusive, I am breaking that cycle. And a lot of that was from Wyandotte mental health and program I went through in my late teens. I started wanting better for myself.

*I have sole custody of my granddaughter because of neglect from her mom. She owes child support but they can’t find her to collect it. I don’t see it as much as I used to. But I did know the kids. They were the kids in my neighborhood. Even though I got disciplined with a belt at least I didn’t get the s*** kicked out of me like the kid down the street.*

A higher proportion of adults in Wyandotte County have experienced at least one ACE (64% of adults) when compared to the state as a whole (54.5% of adults). While adults may or may not have experienced childhood ACEs while living in Wyandotte County, this does reflect the kind of trauma with which adults are coping.

The changing population demographics in Wyandotte County are shifting the needs of the county, but **social service providers seem to have fewer resources than ever.**

Hispanics are now the largest minority, not African American. The blacks have not left, but the population has grown. The resources have not grown, they have decreased. There is hardly nothing compared to what we first got here. Most are poor without incomes, jobs, transportation, they don’t speak the language.

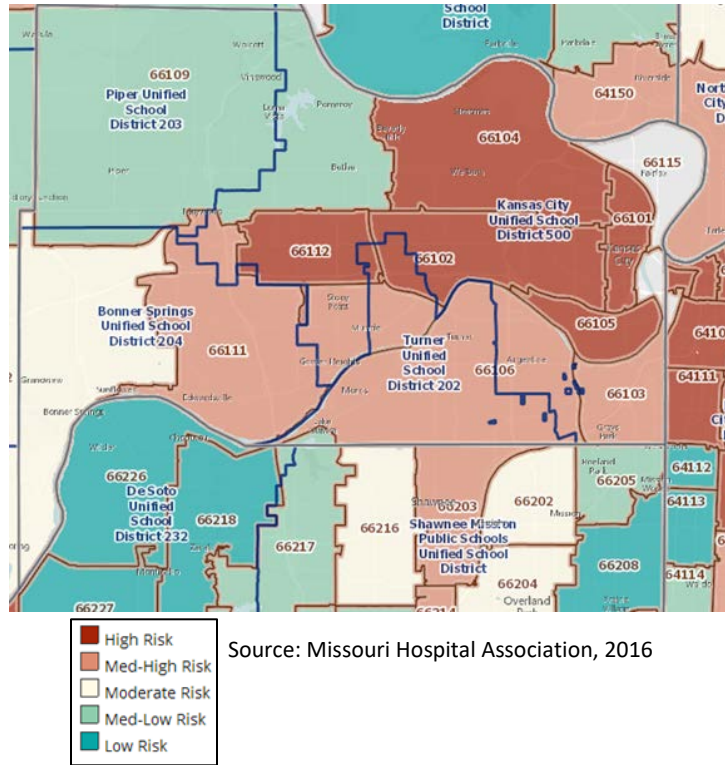
Cuts across the board stretches the services very tight. DCF replaced SRS. Now every worker has a larger service area.

The prevalence of high ACE scores (3 or more ACEs) is greatest among Hispanic adults in Wyandotte, with 28.6% of this group reporting high ACEs. About 20.5% of non-Hispanic Black adults and 22.5% of

non-Hispanic White adults report high ACE scores. High ACE scores were also more prevalent among those with an annual household income less than \$25,000 and less than a high school diploma.

The prevalence of ACEs in adults is retrospective, but the risk of exposure to adverse childhood experiences is a prospective score that can be useful to predict future health concerns. Map 4.1 shows the risk level for ACEs exposure by zip code. The overall risk estimates are based on local scores in four domains: Abuse, Household Challenges, Neglect, and Toxic Stress. School district boundaries and zip codes are outlined and labeled.

Map 4.1: Adverse Childhood Experiences (ACE) Overall Risk, by Zip Code



Source: Missouri Hospital Association, 2016

Financial struggle was identified as a main source of stress in Wyandotte that contributes to child maltreatment.

Financial situation is the primary problem, and the other things go out from that. Like the main condition is pneumonia, but you're coughing and sneezing, the underlying condition is pneumonia.

The high risk and medium-high risk zip codes identified in Map 4.11 overlap substantially with areas identified as having high (over 15% of residents) living below the poverty line.

Residents cited **systemic issues that increase the difficulty of daily life** for the people of Wyandotte, described how these issues are being addressed at the community level, and pointed to underlying factors that contribute to child maltreatment in the county.

Child abuse, sexual abuse, goes right along with poverty and mental health.

Education and Jobs

What is the problem? Who does the issue impact?

Education and employment are important social determinants for health. Adequate education increases job preparedness, individual earning potential, and reduces inequality that contributes to poor health outcomes. We know that education leads to better jobs and higher incomes. We also know that better-educated individuals live longer, healthier lives than those with less education, and their children are more likely to thrive.

Several sources of data suggest that the availability of well-paying jobs and adequate education are a problem for Wyandotte County residents. The availability of well-paying jobs was one of the top five issues rated by Wyandotte County residents that had completed the concerns survey. Residents' ability to find and keep jobs was a problem identified across all income categories, levels of completed education, and Wyandotte County Zip codes. Similarly, the ability to find and keep jobs was identified as a problem by all racial and ethnic groups. This suggests that a majority of Wyandotte County residents shares concern for this issue.

Several key indicators describe the extent to which Wyandotte County residents are affected by the availability of well-paying jobs. Income, cost of living, and unemployment are among these.

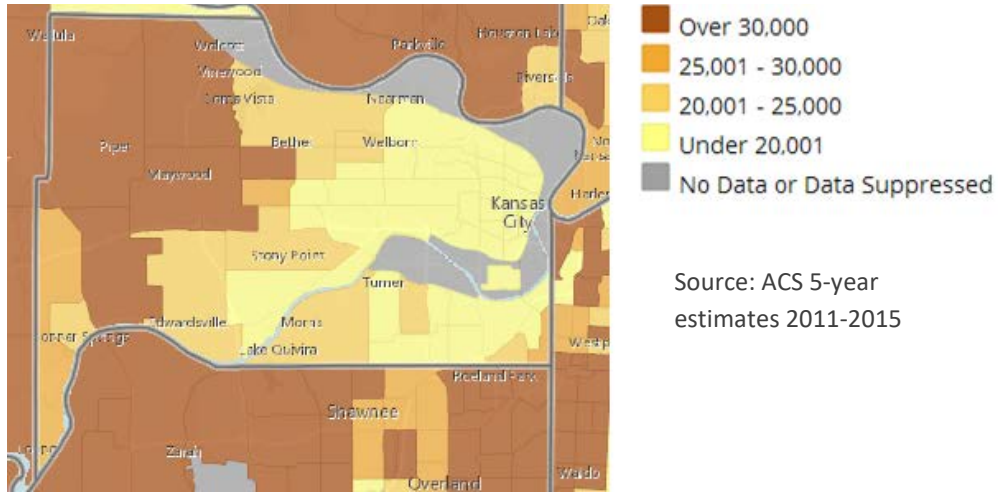
Wyandotte County ranks 102 of 105 Kansas counties for **per capita income**. Per capita income measures the average income earned per person in a specified year. Income is defined as: Earnings; Wage and salary earnings; Self-employed income; Interest, dividend and rental income; Social security income; Supplemental security income; Public assistance income (including SNAP benefits); and Retirement income. Per capita income in the county (\$35,589 in 2015) is substantially lower than for the state (\$48,112 in 2015) and has decreased substantially since 2013 (\$45,838). By comparison, the median cost of living in the Kansas City, KS metro area is \$65,620. However, those within Wyandotte County that live the closest to the Kansas City metro area, earn the least within the county (see 5.1).



Key Facts:

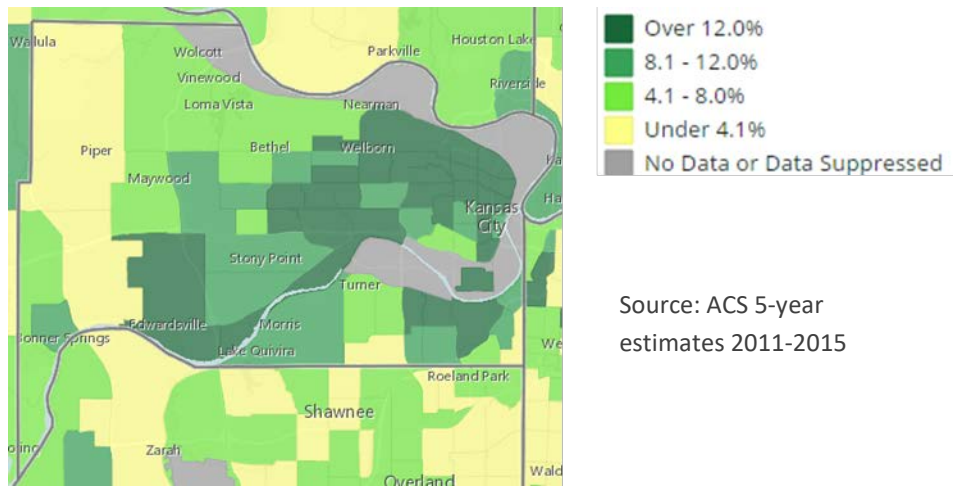
- The availability of well-paying jobs and adequate education was identified as a top problem for all WYCO residents.
- Annual per capita income \$35,589.
- Per capita income is among the lowest in the Kansas City, KS metro area (under \$20,000).
- The annual cost of living in the Kansas City, KS metro area is \$65,620.
- The unemployment rate is 11.2% for WYCO and more than 12.0% in the Kansas City, KS metro region.
- The percentage of residents 25 years or older with a high school degree or higher is 78.6%
- Racial and ethnic minorities, especially Latinos, had the lowest rates of educational attainment in WYCO.

Map 5.1: Per Capita Income by Tract



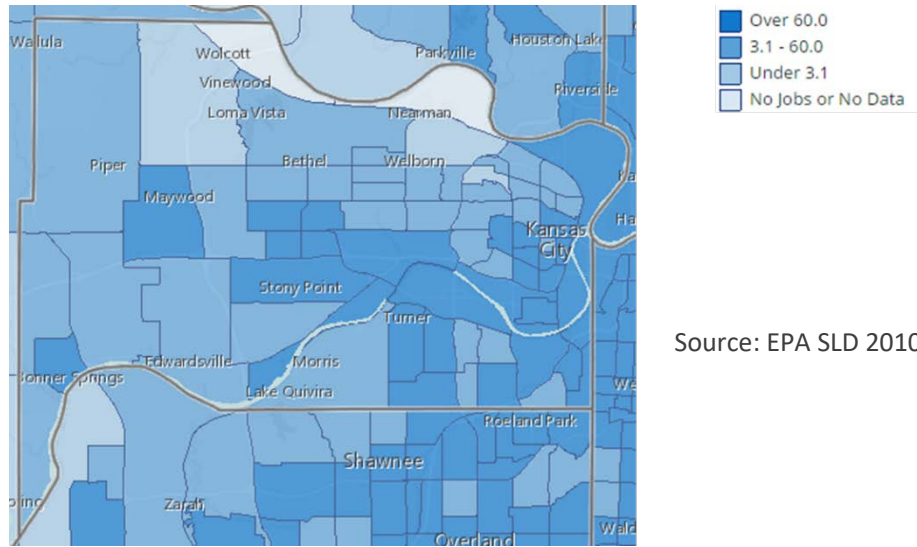
The overall unemployment rate for Wyandotte County is 11.2%, a rate that is nearly double that of Kansas residents (5.9%). Wyandotte County residents living in the Kansas City, KS metro area also experience the highest rate of unemployment; more than 12.0% in some neighborhoods (see Map 5.2).

Map 5.2: Unemployment Rate, by Tract



Despite unemployment being the highest in the Kansas City, KS, metro region, gross employment per 100 acres was highest in this area (see Map 5.3). Simply put, although the Kansas City, KS, metro region contains the highest rate of unemployment among Wyandotte County residents, industries in this region also supply the highest number of jobs in the county. Additionally, among other metropolitan counties in Kansas, Wyandotte County employers offer the second highest average weekly wage (see Figure 5.1). These data suggest that Wyandotte County residents may not have access to these jobs in the Kansas City, KS metro area.

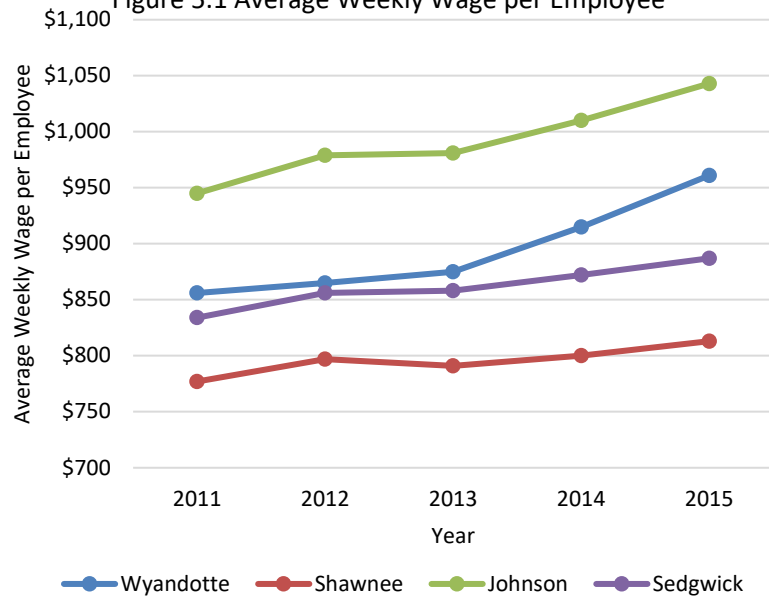
Map 5.3: Gross Employment for All Industries per 100 Acres, by Tract



Source: EPA SLD 2010

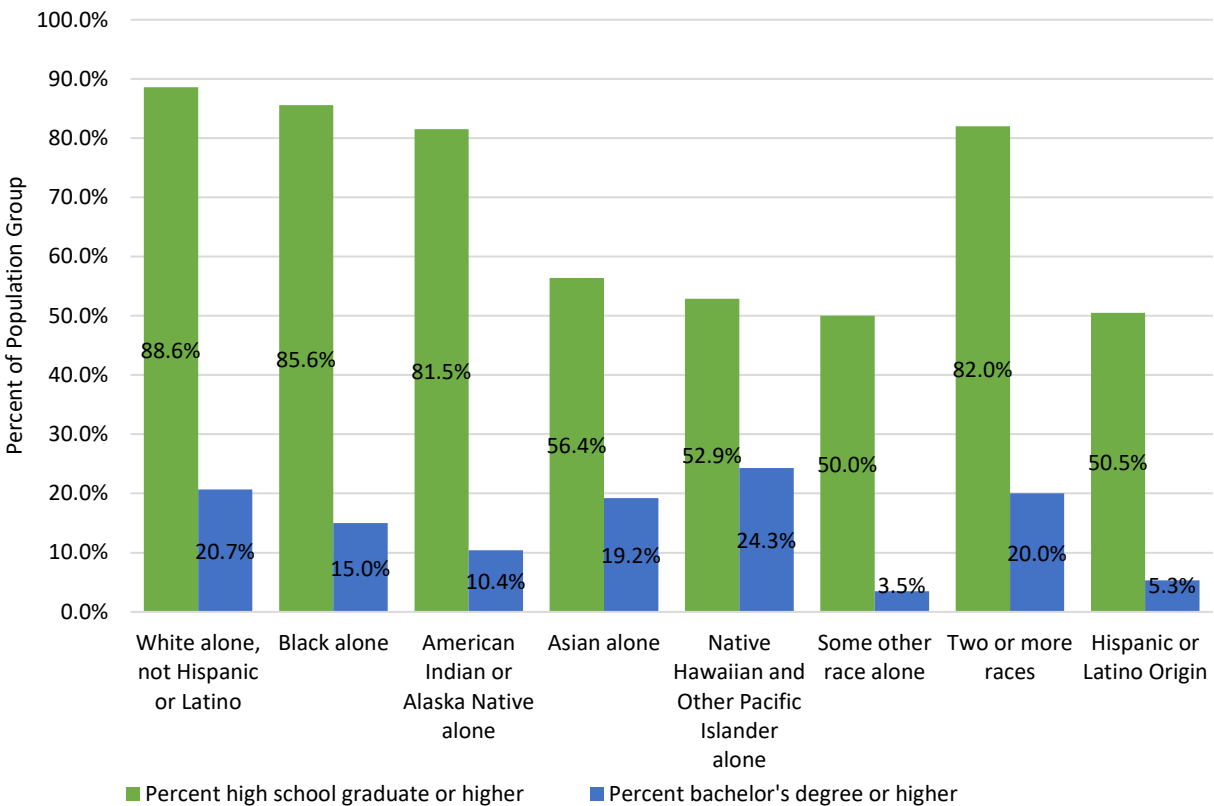
Education levels in Wyandotte County are lower than the rest of the state. People 25 years and older with a high school degree or higher are 78.6% of the population and the level for the state is 90.2%. The percent of adults who have graduated high school is greatest among white non-Hispanics (88.6%), and lowest among adults reporting Hispanic or Latino origin (50.5%) and some “other” unidentified race alone (see Figure 5.2). The group of adults reporting the highest rates of attaining a college degree are Native Hawaiian and Pacific Islanders (24.3%), but this group composes only 0.1% of the population of Wyandotte County. The groups that have higher rates are Whites, Asians, and multi-race individuals. The groups reporting the lowest rate of higher education attainment are Hispanic or Latino adults (5.3%) and some other race alone.

Figure 5.1 Average Weekly Wage per Employee



Source: Employer Reports, United States Department of Labor

Figure 5.2: Education Attainment by Race and Ethnic Group, Wyandotte County



Source: ACS 5-year estimates for 2011-2015

What are conditions that contribute to the issue?

Wyandotte County residents who participated in focus groups indicated several factors that contribute to the issue of adequate, well-paying jobs and education. Focus group participants indicated that well-paying jobs are not as accessible to Wyandotte County residents and that **they must seek similar employment opportunities outside the community.**

There is good work in Wyandotte County like GM. But there isn't a lot of industries. If you want a good job you go to Johnson County.

Further, participants indicated that the **resources and support** for education are diminished, compared to previous years.

And if you are a teacher fresh out of school where are you going to go get a job at? The funding isn't there so why would new teachers come here?

I remember going to school to a Friday night football game and the bleachers were full. Now with my step kids the bleachers are only half-full. There was kids out there on the football team that didn't have parents in the stands and I don't know why.

Parents are working hard and getting off late and then they are tired and have to cook.

In addition, focus group participants suggest that **education opportunities may not be adequate to prepare kids for the workforce**. Participants described life skills as essential to financial and employment success, but think that **schools do not adequately train the life skills necessary for Wyandotte County residents to be successful**.

I think a lot of our kids are learning computer basics. They aren't learning the computer stuff that makes things happen. They aren't learning finance. Even though we have KU. We don't have a lot of our kids trying to be doctors.

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

Focus group participants described place discrimination as another factor that makes finding employment in Wyandotte County difficult. Participants suggested that **employers might be less likely to hire employees from certain neighborhoods**.

On your application [you put you live] on 10th Street, Kansas City, Kansas. You get looked at some type of way because of the area you live in.

Infant Health and Birth Outcomes

What is the problem? Who is most affected?

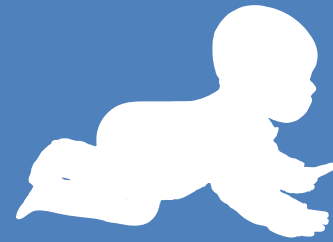
The health and well-being of children serve as an important measure for understanding the overall health of the community.

Key indicators for child health include:

- Before birth, such as women's use of prenatal care or smoking;
- At birth, such as low birth weight;
- During the first year of life, such as infant mortality;
- During the first two years of life, such as immunization.

The percentage of births in which **prenatal care** began within the first trimester has steadily improved from the period between 2011 and 2015 in Wyandotte County. The improvement brought the percentage from 67.6% to 73.8% during that period. Kansas levels also increased during a similar period from 75.5% in 2011 to 79.4% in 2014. Despite this, about 26% of pregnant women do not begin care until the second trimester or later.

Teen pregnancies among youth aged 10-17 years has declined dramatically from 2011 to 2015, from 17.3 pregnancies to 10.4 pregnancies per 1,000 persons in Wyandotte County. The rate at the state level has improved at a slower rate, but is overall much lower than the county rate, improving from 7.3 in 2011 to 4.5 in 2015.



Key Facts:

- About 1 in 4 pregnant women enter prenatal care after the first trimester.
- 11.8% of pregnant women smoke.
- The teen pregnancy rate in WYCO is 10.4 per 1,000 live births compared to 4.5 for the state of Kansas overall.
- 8.2% of Wyandotte County babies are born at low birthweight
- Infant mortality among African American babies is 12.9 per 1,000 live births compared to 7.9 per 1,000 live births for the county overall, and 6.2 per 1,000 live births for the state of Kansas.

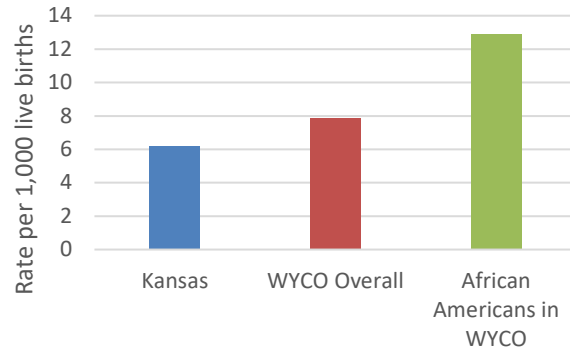
Infant mortality occurs at a rate in Wyandotte County that is higher than the state average (see Figure 6.1), but is slowly improving over time. The rate of neonatal mortality per 1,000 live births in Wyandotte County has decreased from 8.3 to 7.9 from 2011 to 2015, while the Kansas rate decreased during a similar period.



Notable group disparities in maternal and child health in Wyandotte County

include racial disparities for the rate of infant mortality. African American residents experience infant mortality at a rate 60% higher than the county average. Infant mortality among African American residents was 12.9 deaths per 1,000 live births, compared to the county average of 7.9 deaths per live births. Hispanic and white residents were both below the county average.

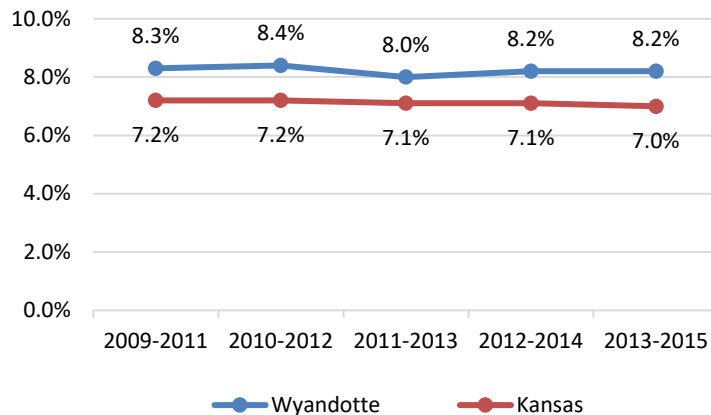
Figure 6.1. Infant mortality rates per 1,000 live births (2015)



Neonatal death, defined as death within the first 28 days of life, occurs at a rate in Wyandotte County (5.1 per 1,000 live births) that is higher than the state average (4.1 per 1,000 live births). The rate of neonatal mortality per 1,000 live births in Wyandotte County has decreased from 5.4 to 5.1 from 2011 to 2015, while Kansas displayed a similar pattern during the same period. The rate is higher than the Healthy People 2020 goal of 4.1 per 1000 live births.

Low weight births, slightly higher in Wyandotte County compared to the state percentages, remained stable from 2011 to 2015 (see Figure 6.2). Births with low birth weight ranged from 8.0% to 8.4% and from 7.0% to 7.2% in Wyandotte County and Kansas, respectively. The county percent is higher than the HP 2020 goal of 7.8%

Figure 6.2: Percent of Births With Low Birth Weight

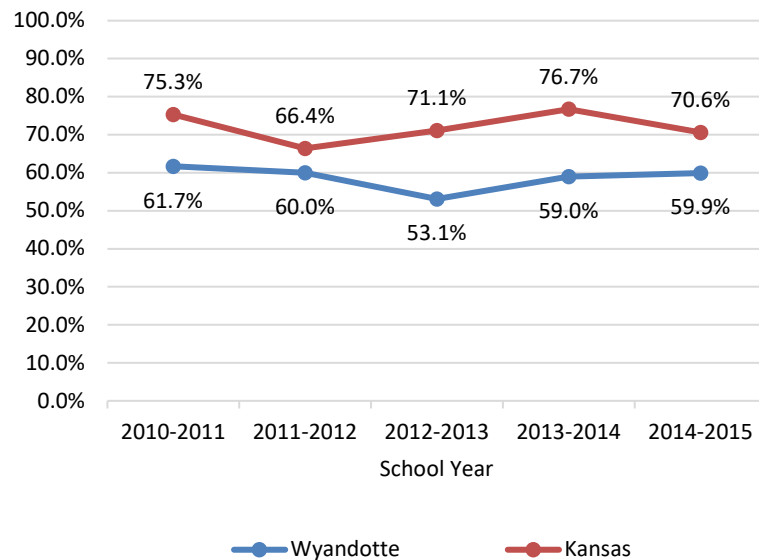


Source: Kansas Department of Health & Environment

Overall, fully immunized infants by 24 months, decreased slightly in Wyandotte County during 2011 to 2015 from 61.7% to 59.9%.

Although the percentage of full immunization by 24 months is higher, the percentage for Kansas decreased at a higher rate during the same period from 75.3% to 70.6% (see Figure 6.3.) Although a single measure for full immunization by kindergarteners by the first day of school is not available, the percentages for children receiving individual vaccines in Wyandotte County is comparable to the state percentages during the 2011 to 2015 period. Wyandotte County vaccinations ranged from 69% to 97%, whereas Kansas average percentages ranged from 69% to 97% during the same period.

Figure 6.3: Change in Percent of Infants Fully Immunized at 24 Months



Source: KDHE, Vital Statistics Summary

What are conditions that contribute to the issue?

In general, focus group participants generally dismissed the issue of infant health and birth outcomes as a problem in the community. As an example, a focus group participant said:

I think it only affects the family. I don't think it really affects anyone else.

This finding was similar to findings in the concerns survey that community members generally feel like they are satisfied with how the community is doing related to infant health and birth outcomes. The only factor that was noted as a contributing factor was **teen pregnancy**.

All youth pregnancy are immature just by being so young. That contributes in a lot in pregnancy or infant health and birth outcomes. They don't really believe what we tell them, they believe others with wrong information.

Participants said that a **lack of education from schools and parents** contribute to the high rates of teen pregnancy that occur in Wyandotte County.

We don't do much about it as parents. We don't know who to talk sometimes, not sure if we are afraid of not being listened and when things continue the same way, we don't know who will be the right person to give us a response and get positive results.

Schools are focused a lot in increasing technology knowledge and in becoming better in knowledge and education of our children and are forgetting the part where human being are involved. There is less communication with parents. Principals and School staff are less interested in the well-being of our kids on that sense.

Participants did identify several important assets or resources for assisting with the issue of infant health, including: Planned Parenthood, the Unified Government of Wyandotte County, Kansas City Kansas Public Health Department, Healthy Start, WIC, and baby showers, such as one recently held at the Jack Reardan Center. However, people noted the **wide presence of resources for when a person has a new baby, but less availability as a child ages.**

There are a lot resources for when you first have a child. It's just the after effects of having the child is when you start having the problem. The infant part is the easiest part. When they are first born they pretty much give you everything at the hospital, especially if you have Medicaid. Then you go home and get WIC but as soon as they turn one, then they start cutting you out. When they are a teenager, you are on your own.

Violence

What is the problem? Who is most affected?

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

Wyandotte residents identified exposure to violence as one of the top five problems facing the community. A focus group participant described the prevalence of violence as :

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

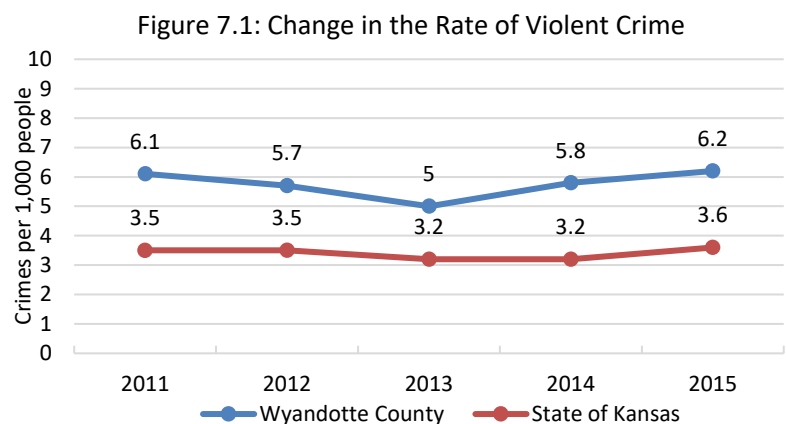
The Kansas Bureau of Investigation compiles data from the state to create the crime index (Figure 7.1). The index of violent crime includes all reports of murder, rape, robbery, and aggravated assault/aggravated battery in Wyandotte County (6.2 crimes per 1,000 people). This is higher than for the state (3.6 crimes per 1,000 people). The rate dropped in the county from 6.1 crimes per 1,000 people in 2011 to 5.0 in 2013, and then increased to 6.2 in 2015. The violent crime rate for the state was stable during this period.

The violent crime rate varies by location within Wyandotte County. Map 7.1 below shows the rate of violent crime by census tract based on data from the Kansas City Kansas Police Department from 2011 to 2016. These rates include a greater variety of offenses in addition to the types of offenses included in the KBI violent crime index. Such additional offenses include but are not limited to: child abuse, shooting at dwellings or automobiles, sexual assault and battery, and arson.



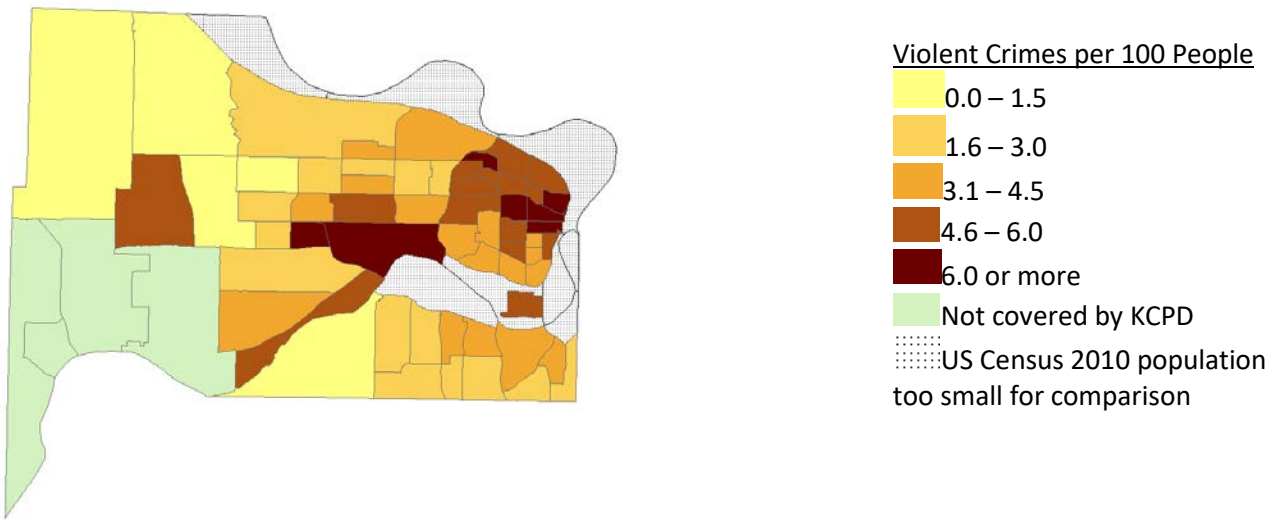
Key Facts:

- Exposure to violence was one of the top five problems identified by residents who took the issues survey.
- Annually there are 6.2 violent crimes reported per 1,000 people, which is much higher than reports in the state (3.6 crimes per 1,000 people).
- High crime areas are concentrated in central, northeast, and south central Kansas City, Kansas.



Source: Kansas Bureau of Investigation Crime Index

Map 7.1: Rate of Violent Crime, by Tract

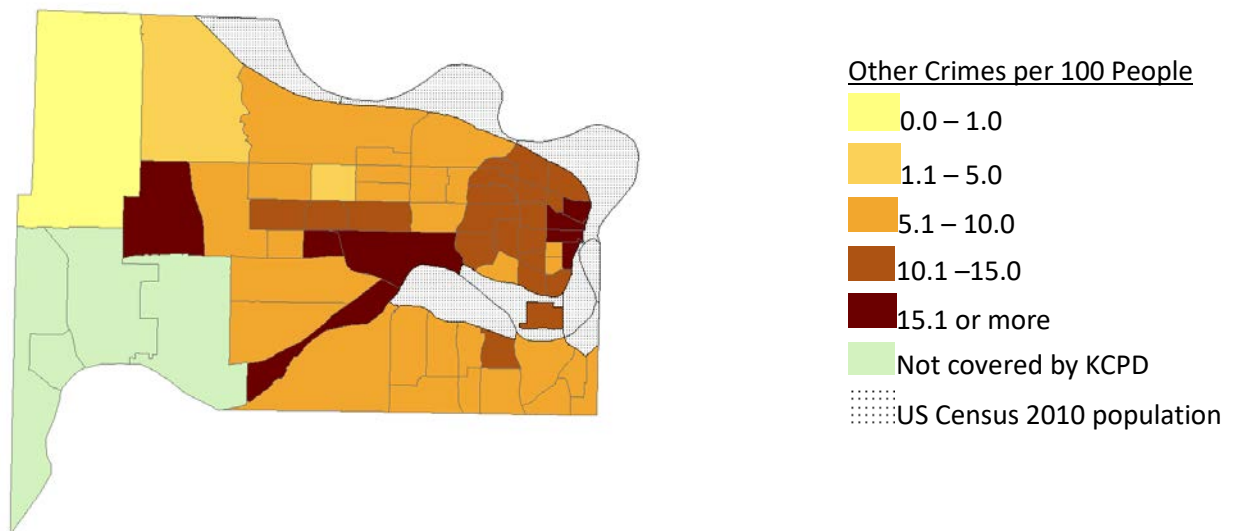


Note: Rates based on average number of crimes per year from 2011 to 2016, compared with Census tract 2010 data for population

Source: Kansas City Police Department, Kansas City, KS

The rate of crimes against personal and public property, theft and illegal activities can contribute to the feelings of safety and security where people live, work, and play. The Kansas City Kansas Police Department provided information about other crimes reported within their patrol districts within Wyandotte County. These offenses in Map 7.2 do not overlap with the violent offenses in the previous map. These include but are not limited to offenses such as: theft, burglary, criminal damage, graffiti, drug offenses, indecent solicitation, and weapons offenses.

Map 7.2: Rate of Other Crime, by Tract



Note: Rates based on average number of crimes per year from 2011 to 2016, compared with Census tract 2010 data for population

Source: Kansas City Police Department, Kansas City, KS

What are conditions that contribute to the issue?

Community members participating in focus groups identified a number of factors that may contribute to the issue of violence. Several participants said that the **lack of opportunities or alternative activities** creates conditions in which violence occurs.

Violence these days, basically has to do with the younger people. There is nothing for them to do. You have to give kids something to do. Idle time is the devil's playground and misery loves company.

Kids need opportunity, they need sports. You don't see it anymore, kickball, baseball, other sports. People don't do it anymore because everyone is too concerned about violence. If everyone is always too concerned about violence then your community will never come together. Nobody is going to want to go out. I say it almost every day, "ain't nothing to do," because you could go out enjoy your day but it only takes one person to make it bad.

In addition, participants said that a **lack of positive family influence** also contributes to the presence of violence.

There's no discipline, there's no respect. These kids don't care and it starts at home. I see it, parents walking around cussing in front of their kids or sending them to school and telling them they can do whatever they want there. And, it's sad.

I tell them all the time, just because your daddy's in jail doesn't mean you have to follow in his footsteps.

Participants also noted that **discrimination has a role in perpetuating violence**, in that it contributes to expectations that people engage in violence.

Children are discriminated against, like young black boys. They are automatically pinpointed like, that's a hoodlum. If you are poor you are discriminated against, you are basically told you are bad. It's to the point that when you are told that enough then you believe you are bad. And, they become violent because 'that's what I'm supposed to do right?'

Although not regarded as a cause of violence, participants said that **violence is inextricably tied to housing and area of living**.

Where I was just living, I got evicted. But you know what, I thank God for that because it seems like every time there was a shooting in that complex it started at the beginning (of the complex) and worked its way on down. The last shooting was the building next to mine and I thought, "I got to get the heck on out of here."...I was coming home from a wedding one night I got down

just a little bit..the car was still running and 'boom boom boom' shooting right there. And the car sped past my car but the car they were shooting at me and the car parked in front of my car. And they was just letting loose, and I just lost it. You know, what do I do? I didn't know where to go, what to do. So I backed up to try to go around, he backed up and went on down and they were still shooting. And, I thought, 'oh my God, it was nothing but God that covered me and my kids.

Participants noted that there are some organizations, such as churches and schools, which may serve as resources or assets for addressing the issue in violence. However, they expressed **little belief that violence would be effectively addressed.**

There are none. They have tried but with epic failure. There are none because there are no people who have the time to do what it takes and stick-to-itiveness. You have to stick with it, if you really care you have stay here and open more organizations, teach them to be against violence. If you really feel like you want to help then help.