

**Douglas County
Kansas**

Health Issues Survey Report

*Prepared for the
Douglas County Community Health Plan Steering Committee*



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Issues Survey Report

Background

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. Additional benefits include providing a meaningful opportunity for engagement in a community health assessment process and increasing buy-in for a community health assessment and planning process.

Surveys of community perspectives can take many forms. An issues survey asks community members about perceived importance of and satisfaction with key community issues. The advantage of this type of methodology is that it combines scales that rate perceptions of importance and satisfaction to systematically characterize issues that are strengths (i.e., those items that are rated as high importance and high satisfaction) and weaknesses (i.e., those items with high importance and low satisfaction). The issues survey was implemented as one part of a comprehensive community health assessment. The purpose of this assessment was to gather primary data from community members about their perspectives as a means of identifying key health issues that represent strengths, as well as those that represent key challenges or weaknesses.

Approach

Description of survey development

The issues survey consisted of 34 items reflecting community health issues and demographic questions. The survey was developed through a collaborative process between LDCHD and University of Kansas staff. Items were identified based on a shared understanding of the factors and conditions that contribute to health status and behaviors. Members of the Community Health Assessment and Planning steering committee provided feedback and shaped the survey.

Description of survey administration and distribution

The survey was designed to be a self-administered instrument. English and Spanish versions of the survey were made available online and in print. A link to the online version was distributed through several public information officers, community organizations, and employers. Paper surveys were made available at more than 15 community sites across Douglas County. At distribution sites, ample surveys were made available, along with boxes or envelopes for collection. In addition, staff attended community activities (e.g., Saturday morning basketball leagues, community festivals) or stationed themselves at high-volume community sites (e.g., the Lawrence Public Library, Sports Pavilion, Just Food) to conduct in-person outreach and actively request completion of the survey.

Survey Analysis

Surveys were analyzed using SPSS statistical software. Demographic questions were analyzed using descriptive statistics. Formulas were used to calculate strength and problem scores. Items with scores higher than one standard deviation above the mean were included in the final listing of relative strengths and problems.

Findings

A total of 2,033 Douglas County residents completed the issues survey. Table 1 contains information that describes the demographic characteristics. Staff worked diligently to acquire a convenience sample that reflected Douglas County residents, to the extent possible. In general, most demographics characteristics are within 5% of the population demographics. As noted in Table 1, a few notable discrepancies were observed. Far more women than men completed the survey. Residents of Douglas County who live in unincorporated Douglas County represent about 10% of the total population, however they represent only 3% of survey participants. In addition, a few categories, including identifying as white in response to a question about race and ethnicity and those with an income of \$25,000-49,999 appear to be underrepresented. However, in both categories more than 10% of survey participants did not respond to these questions. Therefore, it may be possible that these are not underrepresented.

Table 1. Demographic Characteristics of Survey Respondents

Demographic Characteristic	N (%)	Demographic Characteristic	N (%)
Gender¹		Employment status	
Female	1244 (61.2)	Employed for wages - Full-time	1004 (49.4)
Male	560 (27.5)	Employed for wages - Part-time	227 (11.2)
Unknown	229 (11.3)	Self-employed	142 (7.0)
Place of residence		Out of work > 1 year	49 (2.4)
Baldwin	74 (3.6)	Out of work < 1 year	37 (1.8)
Eudora	99 (4.9)	Homemaker	86 (4.2)
Lawrence	1530 (75.3)	Student	97 (4.8)
Lecompton	23 (1.1)	Retired	260 (12.8)
Unincorporated DG Co ²	76 (3.7)	Unable to work	92 (4.5)
Unknown	231 (11.4)	Unknown	152 (7.5)
Race and ethnicity		Insurance status	
White ³	1561 (76.8)	Private Insurance	1404 (69.1)
Black/ African American	128 (6.3)	Public Insurance	330 (16.2)
Latinx	112 (5.5)	None	220 (10.8)
Asian	19 (0.9)	Unknown	122 (6.0)
American Indian or Alaskan Native	76 (3.7)	Income Status	
Native Hawaiian or Pacific Islander	10 (0.5)	< \$5,000	94 (4.6)
Other	39 (1.9)	\$5,000-14,999	196 (9.6)
Unknown	221 (10.9)	\$15,000-24,999	208 (10.2)
Educational attainment		\$25,000-49,999 ⁴	364 (17.9)
Never attended school	1 (0.0)	\$50,000-74,999	348 (17.1)
Grades 1-8	12 (0.6)	> \$75,000	615 (30.3)
Grades 9-11	43 (2.1)	Unknown	208 (10.2)
Grade 12 or GED	220 (10.8)		
1-3 years of college (Some college)	448 (22.0)		
4 or more years of college (College grad)	1008 (49.6)		
Other	77 (3.8)		
Unknown	224 (11.0)		

¹ The demographic breakdown of survey participants regarding gender is substantively different than the population of Douglas County.

² Residents living in unincorporated Douglas County were underrepresented among survey participants.

³ It appears that white residents are underrepresented in the survey sample.

⁴ The income category of \$25,000-49,999 is underrepresented among survey participants.

Strengths and Problems

The analysis of the issues survey results in a list of strengths and problems identified by participants. Items identified as strengths had high ratings for both importance and satisfaction, while items identified as problems had high ratings for importance and low ratings of satisfaction.

Table 2 provides the listing of items identified by all participants. All items in this list had scores that were more than one standard deviation above the mean.

Table 2. Relative strengths and problems identified by all participants (n=2,033).

Relative Strengths	Relative Problems
Residents in the community enjoy a good quality of life.	People are able to find and keep jobs that pay well enough to support themselves and their families.
A wide variety of recreational opportunities are available and affordable for people of all ages and levels of physical mobility.	Health insurance is available for all.
Local air, water, and soil are free from pollutants.	Children and youth are free from abuse and neglect.
People are not exposed to secondhand smoke.	Mental health problems are recognized and treated in our community.
People have opportunities to receive high quality education or skills training.	Safe and affordable housing is available.
Children, youth, and adults are up to date on their immunizations.	
Our community is walkable/ bikeable/ wheelable.	

A complete listing of all items and how each item fit into low and high categories is available in Table 3. Data compiled in Table 3 assign categories based on whether the rating for each item was above or below the mean.

Table 3. Distribution of all health issues by level of importance and satisfaction.

		Importance	
		High	Low
Satisfaction	High	<ul style="list-style-type: none"> • Our community values diversity, equity, and inclusion. • People have opportunities to receive high quality education or skills training. • Local air, water, and soil are free from pollutants. • Residents in the community enjoy a good quality of life. • Suicide prevention resources are available. • Our community has a fair criminal justice system. • Quality medical care and preventive screenings are available for all. • People are treated fairly and without discrimination. • People are free from the threat of physical and sexual violence. 	<ul style="list-style-type: none"> • Breastfeeding is promoted and supported by the community. • Residents support each other in making healthy choices. • People are not exposed to secondhand smoke. • Our community is walkable/ bikeable/ wheelable. • People have meaningful opportunities to influence what happens in their community. • A wide variety of recreational opportunities are available and affordable for people of all ages and levels of physical mobility. • Children, youth, and adults are up to date on their immunizations.
	Low	<ul style="list-style-type: none"> • Dental care and preventative screenings are available for all. • Residents in the community have adequate emotional and social support. • People are able to effectively manage chronic diseases, such as diabetes cardiovascular disease, and arthritis. • Children and adults do not engage in aggressive or threatening behavior. • Businesses do not take advantage of people who are vulnerable. • Safe and affordable housing is available. • Health insurance is available for all. • Mental health problems are recognized and treated in our community. • Healthy foods are available and affordable. • People are able to find and keep jobs that pay well enough to support themselves and their families. • People do not experience hunger. • Children and youth are free from abuse and neglect. 	<ul style="list-style-type: none"> • Quality childcare is available and affordable. • People are free from stress or worry most of the time. • Adults refrain from abusing drugs, alcohol, and tobacco. • People engage in safe-sex practices. • People have meaningful opportunities to influence what happens in their community. • Transportation is available to people of all ages and abilities. • Youth do not use alcohol, drugs, or tobacco.

Strengths and Problem Break-outs

The availability of data regarding demographics offers the opportunity to compare and contrast strengths and problems identified by different segments of the population. Tables 4, 5, and 6 provide data broken out by place of residence, income category, and racial or ethnic group. Items are listed in alphabetical order and were shortened from their original framing for ease of reading. To view the full framing, please see Table 3.

Table 4 contains the relative strengths and problems identified by place of residence. Across all municipalities there are considerable similarities. These include:

- Being free from pollutants was indicated as a strength regardless of place of residence.
- Limited exposure to secondhand smoke and the fair treatment of people appeared across all but one place category.
- Access to recreational opportunities and quality of life were noted strengths in three place categories.

Regarding weaknesses, the following were identified:

- Children experience abuse or neglect, health insurance availability, and availability to well-paying jobs were listed in all place categories.
- Youth using alcohol, tobacco, or other drugs was a concern in all place categories except Lawrence.
- Availability of housing were noted as problems in multiple place categories.

In addition, in some cases something regarded as a strength in category is a problem in another category. Availability of healthy foods was noted as a problem in Baldwin, but listed as a strength in unincorporated Douglas County.

Table 4. Relative strengths and problems identified by place of residence.

		Baldwin (n=74)	Eudora (n=99)	Lawrence (n=1,530)	Lecompton (n=23)	Unincorporated Dg. Co. (n=76)
Strengths	Healthy foods are available & affordable.					
	Breastfeeding is promoted & supported.					
	Local air, water, & soil are free from pollutants.					
	Our community has a fair criminal justice system.					
	Our community is walk/ bike/ wheelable.					
	People are free from the threats of violence.					
	People are not exposed to secondhand smoke.					
	People are treated fairly & without discrimination.					
	People are up to date on their immunizations.					
	People can receive high quality education or skills training.					
	People do not experience hunger.					
	Recreational opportunities are available for all.					
	Residents enjoy a good quality of life.					
	Suicide prevention resources are available.					
	Transportation is available to all.					
We value diversity, equity, & inclusion.						
Problems	Children & youth are free from abuse & neglect.					
	Health insurance is available for all.					
	Healthy foods are available & affordable.					
	Mental health problems are recognized & treated in our community.					
	People are able to find & keep jobs that pay well.					
	Safe & affordable housing is available.					
	Youth do not use alcohol, drugs, or tobacco.					

Table 5 displays the break-out of strengths and challenges by income level. Across these categories, there are some similarities, as well as remarkable points of divergence. In terms of strengths, the following were identified:

- Good quality of life was a strength across all income categories.
- Access to transportation, a lack of pollutants, being walk/ bike/ or wheelable, and perceived utilization of immunization were strengths identified by participants in four of the six categories.
- Access to opportunities for quality education or training appeared as a strength in the three highest income categories.
- Suicide prevention resources were indicated as a strength across two of the lower income categories.

The following were instances of similarities in problems identified:

- Availability of insurance occurred across all income categories, and both children experiencing abuse or neglect and availability of well-paying jobs appeared in five out of six categories.
- Availability of safe housing was indicated as a problem in the middle four income categories, and recognition and treatment of mental health issues were each indicated in three of six categories.
- Hunger was a problem indicated in two of the lower-income categories.

- A few items were identified as problems a single time in the lower-income categories, including having a fair criminal justice system, being free from stress or worry, treating people fairly, and availability of dental care.

Table 5. Relative strengths and problems identified by income category.

		< \$5,000 (n=94)	\$5,000- 14,999 (n=196)	\$14,999- 24,999 (n=208)	\$25,000- 49,999 (n=364)	\$50,000- 74,999 (n=348)	\$75,000 & higher (n=615)
Strengths	Local air, water, & soil are free from pollutants.						
	Our community is walk/ bike/ wheelable.						
	Our community has a fair criminal justice system.						
	People are free from the threat of violence.						
	People are not exposed to secondhand smoke.						
	People can receive high quality education or skills training.						
	Recreational opportunities are available for all.						
	Residents are up to date on their immunizations.						
	Residents have adequate emotional & social support.						
	Residents enjoy a good quality of life.						
	Suicide prevention resources are available.						
	Transportation is available to all.						
	We value diversity, equity, & inclusion.						
	Problems	Children & youth are free from abuse & neglect.					
Dental care & preventative screenings are available for all.							
Health insurance is available for all.							
Mental health problems are recognized & treated in our community.							
Our community has a fair criminal justice system.							
People are free from stress or worry most of the time.							
People are treated fairly & without discrimination.							
People are able to find & keep jobs that pay well.							
People do not experience hunger.							
Safe & affordable housing is available.							
Youth do not use alcohol, drugs, or tobacco.							

Table 6 displays the break out by racial and ethnic category. Please note that responses from participants indicating Asian or Native Hawaiian or Pacific Islander were not included due to low response numbers. Several strengths were similar across populations, with some notable divergence.

- A good quality of life was a strength that appeared in all five racial or ethnic categories.
- Having a walk/ bike/ or wheelable community and access to recreational opportunities were strengths that appeared in four of five categories.
- Access to transportation, lack of pollutants, perceptions of immunization utilization, and minimal exposure to secondhand smoke were identified as strengths in three of five categories.
- Only people who self-identified as white indicated that the community’s value of diversity, equity and inclusion and availability of high quality education or training as strengths.

Regarding problems, several themes emerge.

- Availability of health insurance and availability of well-paying jobs were problems identified across all racial or ethnic categories.
- Availability of safe housing was a problem identified by people who identified as white, American Indian or Alaska Native, and other.
- Being treated fairly was identified as a problem by people who identified as African American and other.
- Mental health was identified as a problem by people who identified as white and other.
- People who identified as African American and Latinx identified two food related problems, hunger and availability of health foods.

Table 6. Relative strengths and problems identified by self-identified racial or ethnic group.

		White (n=1561)	Black or African American (n=128)	Latinx (n=112)	American Indian or Alaska Native (n=76)	Other (n=39)
Strengths	Local air, water, and soil are free from pollutants.					
	Our community is walk/ bike/ wheelable.					
	Our community values diversity, equity, and inclusion.					
	People are up to date on their immunizations.					
	People are not exposed to secondhand smoke.					
	People can receive high quality education or skills training.					
	Recreational opportunities are available for all.					
	Residents enjoy a good quality of life.					
	Transportation is available to all.					
Problems	Children and youth are free from abuse and neglect.					
	Dental care and preventative screenings are available for all.					
	Health insurance is available for all.					
	Healthy foods are available and affordable.					
	Mental health problems are recognized and treated in our community.					
	Our community has a fair criminal justice system.					
	People are able to find and keep jobs that pay well.					
	People are free from the threat of violence.					
	People are treated fairly and without discrimination.					
	People do not experience hunger.					
	Quality medical care and preventive screenings are available for all.					
	Safe and affordable housing is available.					
	Youth do not use alcohol, drugs, or tobacco.					

Conclusions

An issues survey offers an opportunity to learn about perceived strengths and problems of community members. A robust outreach and engagement effort resulted in the completion of 2,033 issues surveys. An analysis of all of the surveys indicates there are clear strengths and problems perceived by the community.

Strengths include enjoying a good quality of life; availability of recreational opportunities; good environmental conditions; limited exposure to secondhand smoke; availability of high quality education or skills training; being up-to-date on immunizations; and having a walkable/ bikeable/ wheelable community. Problems include availability of well-paying jobs; availability of health insurance; children and youth experiencing abuse and neglect; the recognition and treatment of mental health issues; and the availability of safe and affordable housing.

The break-down of findings by different population segments offers the opportunity to explore how some issues might have a differential impact on some populations that might otherwise be overlooked when only looking at aggregate findings. Access to healthy food and hunger appeared as problems for segments of the community that were lower-income or racial or ethnic minorities. Youth use of alcohol, tobacco, or other drugs was indicated as a problem in communities outside of Lawrence, as well as in several income categories and among American Indians and Alaska Natives. Lastly, being treated fairly and without discrimination was a problem identified in multiple income and racial or ethnic minority categories.

This assessment had a few notable limitations and strengths. A convenience sample approach often has the limitation of being biased in terms of who chooses to take the opportunity to complete the survey. Efforts to assure that the sample closely matched the population demographics (with the exception of gender, and to a lesser extent place of residence and income level) were intended to lessen the implications of this limitation. Conversely, the effort to systematically sample the perspectives of community members is beneficial for assuring that issues identified for priority-setting are grounded in legitimate community concerns.

The identification of community health issue that represent relative strengths and problems is an important part of a community health assessment process. It provides a meaningful opportunity for community members to give voice to the things that give them worry or make them proud about their community. Use of this information as part of the comprehensive community health assessment process offers the opportunity to influence prioritization of issues that matter to the community.