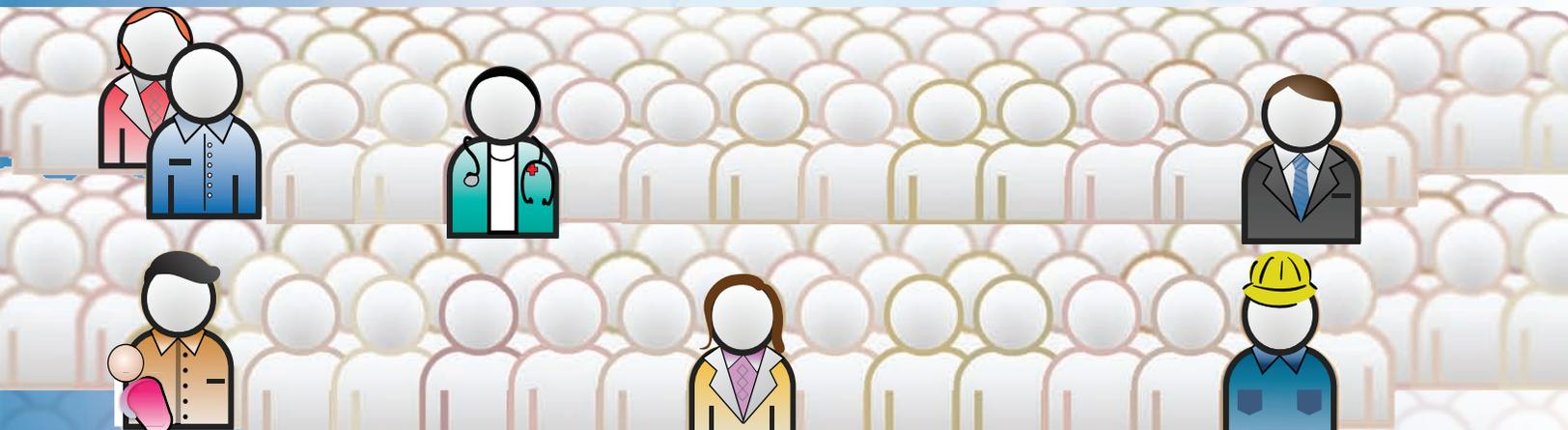


Douglas County Community Health Assessment Report



Prepared by the University of Kansas Work Group for Community Health and Development
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2012

Executive summary

In October 2011, the Lawrence-Douglas County Health Department began an effort to conduct a comprehensive community health assessment. This was intended to serve multiple purposes, including:

- A deeper understanding of community health issues of importance and the assets available to address those issues
- A better ability to respond to community health issues and strive toward collective impact
- Empirical support for identifying and prioritizing programs, policies and environmental or systems change that will help support improved health in the community.



With the support of a Community Health Assessment Steering Committee, consisting of representatives from University of Kansas Work Group for Community Health and Development, the Douglas County Community Health Improvement Partnership, Lawrence Memorial

Hospital, United Way of Douglas County, Heartland Community Health Center and the Douglas County Community Foundation, an assessment was developed with the goal of optimizing opportunities to hear from typically underrepresented voices. Multiple methods were used as a means of identifying convergent themes that represent community health issues experienced by Douglas County residents.

Between December 2011 and March 2012, a number of data collection methods were implemented. A concerns survey was completed by 1,355 community members who rated the importance of and satisfaction with 40 key community health indicators. A series of focus groups took place across 11 sites in Douglas County aimed at collecting qualitative information about quality of life experienced by participants, assets for community health and conditions that contribute to health or illness. In addition, more than 20 interviews of key informants across Douglas County were held to gather similar information about community conditions and assets that shape the community's health.

A Local Public Health System Assessment was conducted to obtain community appraisal of the performance of Douglas County's public health system in fulfilling the 10 Essential Public Health Services. Key community health status indicators were compiled across domains including clinical care, health behaviors, the physical environment and social and economic factors. A deeper exploration of health outcomes was the object of a small area analysis, which involved geo-mapping to understand how outcomes, such as emergency department use, are concentrated in specific areas in Douglas County. A Photovoice project was conducted with teens, working for Van Go, Inc., who photographed conditions that promoted or prevented health. Overall, more than 1,500 people participated in the community health assessment for Douglas County.

Key findings

To identify the key findings of the community health assessment, results from each method were carefully reviewed to find convergence.

The following themes were identified:

Lack of access to affordable, healthy foods

- Community members indicated that healthy food is both difficult to find and frequently too expensive, illustrated by this quote: *“There’s not much healthy food available and it’s not within our price range.”*
- 81.8% of county residents report consuming fewer than five servings of fruits and vegetables daily.
- Availability of healthy, affordable foods was identified as a top problem through the concerns survey.
- Teens participating in the Photovoice project indicated that the low cost, ease and appeal of fast food competes with making healthy choices.

Limited access to dental services

- More than 470 cases of preventable emergency department visits were caused by dental problems in 2011.
- One in five Douglas County residents has not seen a dentist in the past 12 months.
- Residents selected, “Dental care and preventative screenings are available for all,” as a top community health problem through the concerns survey.

Insufficient access to health care and other services

- Access to health care services was identified as a top problem by concerns survey participants.
- Focus group participants reported that the general availability of services is a problem for community members, referred to in this quote, *“The low income who don’t qualify for services... those on the edge — really suffer.”*
- About 35% of adults in Douglas County have not had a general health check up in the last year and 20% do not have an identified primary care physician.

Poverty/few job opportunities

- Small area analysis indicates that the percentage of residents in poverty in three census tracts (small geographic units of 1,500-8,000 people) in Douglas County is more than 20% and as high as 30%.
- Community members reported that poverty is consistently unacknowledged. A key informant noted, *“There is a substantial level of poverty in Douglas County that is somewhat hidden from most of the community. The poverty rate and rate of uninsured in Douglas County exceed the state average.”*
- Concerns surveys respondents from several sub-populations identified that issues like opportunities for



education and skills training are unavailable to many in the community.

Limited access to safe, affordable housing



- “Safe and affordable housing is available” was ranked by community members completing the concerns survey as a top problem.
- Interview and focus group participants indicated that many people struggle with the high cost of housing and acknowledged that many in the community live in sub-standard housing.
- It is estimated that 13.9% of homes in Douglas County have an increased risk of lead exposure.

Abuse of alcohol (including binge drinking and drinking

and driving)

- 14% of youth and 10% of adults have engaged in binge drinking in the past 30 days.
- “People do not drink and drive” was indicated as a top problem according to overall results of the concerns survey, while binge drinking was noted as a problem among specific sub-groups.
- More than 250 cases of preventable emergency department utilization were due to excessive alcohol use.

Lack of access to health insurance coverage

- Almost 15% of Douglas County residents do not have health insurance coverage.
- “Health insurance for all” was indicated as a top problem by concerns survey respondents.
- During focus groups and interviews, community members indicated that a lack of health insurance is a challenge experienced by many, illustrated by the following quote, *“We have a lot of poor people that are not poor enough to qualify for Medicaid and as a result we have a high rate of uninsured.”*

Disparities in health care outcomes and quality of life

- Key informants noted several issues in which outcomes are not equitable across all parts of the county. One informant reported, *“We have schools where about 10% of their kids qualify for free and reduced lunch... and we’ll have other schools that have 75% of their kids qualify for free and reduced lunches.”*
- Focus group participants indicated that resources and opportunities for healthy lifestyles are not equitably distributed, illustrated by this quote, *“[Health] depends on who you are and where you live.”*
- Notably, several small area analysis “hot spots” are concentrated in areas where higher rates of poverty are observed and there are neighborhoods with higher density of low-quality housing.

Inadequate access to mental health services

- About one-third of Douglas County residents reported having one or more days in the past 30 days in which their mental health was not good.
- The age-adjusted suicide rate in Douglas County is 14.5 per 100,000, which is substantively higher than the Healthy People 2020 objective of less than 10.2 per 100,000.
- Recognition of mental health issues and access to mental health services and support was identified as a top problem by several sub-groups responding to the concerns survey.

Limited knowledge of available health and other services

- Reflected in both the concerns surveys and focus groups, residents in Eudora, Baldwin and Lecompton noted that there is limited knowledge of health and other services that are available to all county residents. This is amplified by challenges experienced due to limited communication venues for community events, activities and services.

Lack of physical activity

- Just more than 50% of Douglas County residents do not meet recommendations for weekly physical activity.
- Teens participating in the Photovoice project observed that television, computers and social media frequently compete with engagement in physical activity.
- Many focus group participants noted a lack of built environment supporting walkability (i.e., limited sidewalks or trails) and that recreation facilities are not accessible to all.



Inadequate transportation linking people to services, jobs and recreation

- Transportation was a prominent theme among focus group participants. Participants noted that the implications are widespread, including limiting employment opportunities and ability to access services and recreation facilities. One Baldwin participant noted, *"It breaks your heart to see those who don't have a car. If you don't have a car to go out of town to get a job, it is hard to find employment."*

Prevalence of abuse and intimate partner violence

- Among concerns survey respondents, "Children and youth are free from abuse" was identified as a top problem. Additional indicators related to intimate partner violence and bullying were top concerns for some sub-groups.
- In 2010, there were 7.2 cases of domestic violence per 1,000 population reported.

Acknowledgement of strengths

Participants noted numerous strengths of Douglas County.

These included:

- **High quality public schools.** Concerns survey respondents indicated that, *“Quality education is available for all”* is a top strength. Additionally, a focus group participant noted, *“The school system and teachers will go out of their way to help families out.”*
- **Active, engaged citizens.** Focus group and concerns survey participants indicated that many Douglas County residents have high community connectedness and participate in the social and political process around issues of importance. One key informant stated, *“Great things can happen when groups come together. The whole situation with closing the SRS office in Lawrence – that took a real community effort to save that entity in the community.”*
- **A number of services are indeed available to support community needs.** Although the Community Health Assessment indicated that more services and awareness of available services is needed, the availability of services and support was acknowledged.

Community health assessment steering committee

Deep appreciation goes to the Douglas County Community Health Assessment Steering Committee, convened by the Lawrence-Douglas County Health Department. This Steering Committee consisted of representatives from the University of Kansas Work Group for Community Health and Development, the Douglas County Community Health Improvement Partnership, Lawrence Memorial Hospital, United Way of Douglas County, Heartland Community Health Center, and the Douglas County Community Foundation. Their guidance has helped shape the assessment process, including optimizing opportunities to engage community members and to hear from typically underrepresented voices

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Prepared by the University of Kansas Work Group for Community Health and Development and the Lawrence-Douglas County Health Department

Introduction

Assessment of a community's health status is one of public health's core functions.

A comprehensive, quality, community health assessment offers many benefits to a community, including:

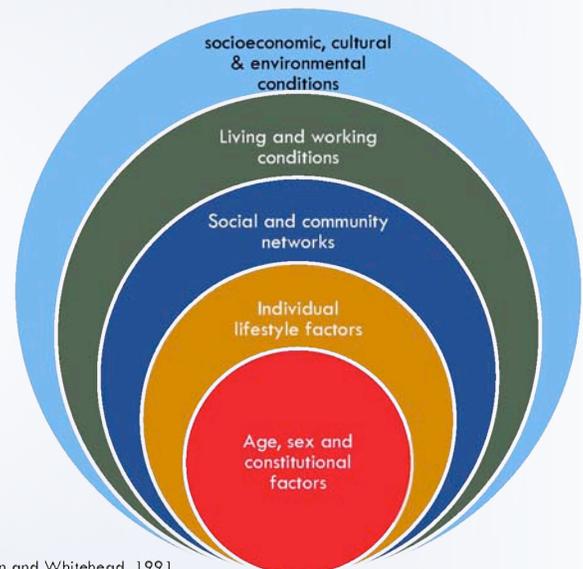
- A deeper understanding of community health issues of importance — both in terms of community perceptions and epidemiological prevalence — and the assets that a community has available to address those issues.
- A better ability to respond to community health issues.
- Empirical support for identifying and prioritizing programs, policies and environmental or systems change that will help support improved health in the community.

Aware of these benefits, the Lawrence-Douglas County Health Department (LDCHD) embarked on an effort to conduct a comprehensive community health assessment.

In completing the assessment, the LDCHD was committed to assuring that the work included a social determinants of health perspective. That is, the assessment was intended to identify the assets and contributing causes that are present in Douglas County across many socio-ecological levels, as opposed to limiting the scope of the assessment to personal factors experienced by individuals in Douglas County. Figure 1 illustrates that different personal and environmental factors impact health.

With the support of partners, including the University of Kansas Work Group for Community Health and Development, the Douglas County Community Health Improvement Partnership (CHIP), Lawrence Memorial Hospital, United Way of Douglas County, Heartland Community Health Center and the Douglas County Community Foundation, the LDCHD conducted a multi-method community health assessment. A diverse set of methods including focus groups, interviews, surveys, small area analysis and Photovoice were chosen to assure that the assessment conducted would be responsive to the requirements for accreditation, and, most importantly, would assure representation of members of the community whose voices are frequently not heard, or are often underrepresented. A series of assessment activities took place between December 2011 and March 2012. The findings of these assessment activities are detailed in the following report.

Figure 1. Socio-ecological levels influencing health



Source: Dahlgren and Whitehead, 1991

Concerns survey

Purpose: The purpose of the concerns survey was to obtain community members' feedback about the importance of — and their satisfaction with — various community health issues.

Method: A 40-item survey was developed by members of the Community Health Assessment Steering Committee that consisted of a number of statements that described community issues. Participants were asked to rate the importance of each issue and their personal satisfaction with how well that issue was being addressed. Surveys were administered via paper collection and online. Outreach was conducted to promote completion of the survey (paper or online), at such sites as *WellCommons*, public libraries, Health Care Access, local faith organizations, schools and businesses.

Results: Surveys were completed by 1,355 Douglas County residents. The graphs below reflect the demographic characteristics of participants.

Figure 2. Distribution by Community of Residence

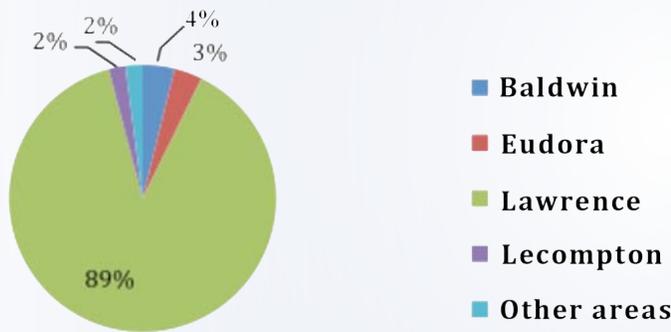


Figure 3. Distribution by gender

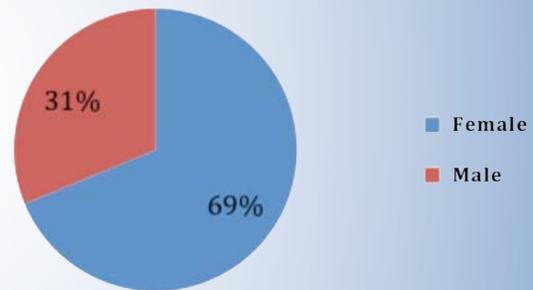


Figure 4. Distribution by Racial/Ethnic Category

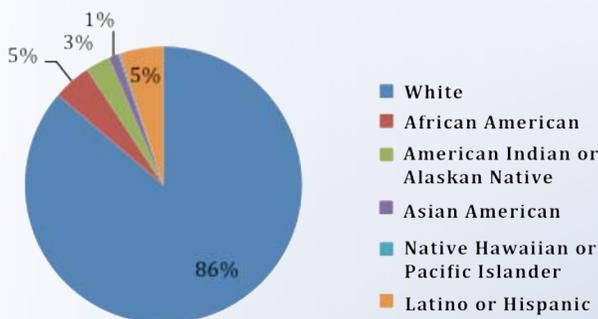


Figure 5. Distribution by age category

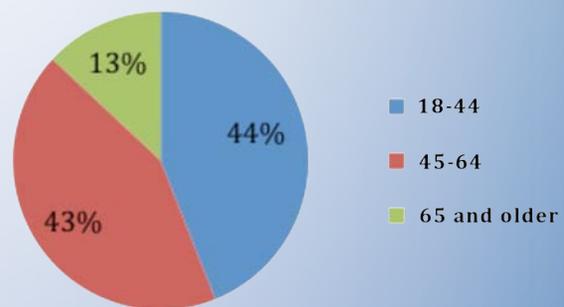


Figure 6. Distribution by Employment Status

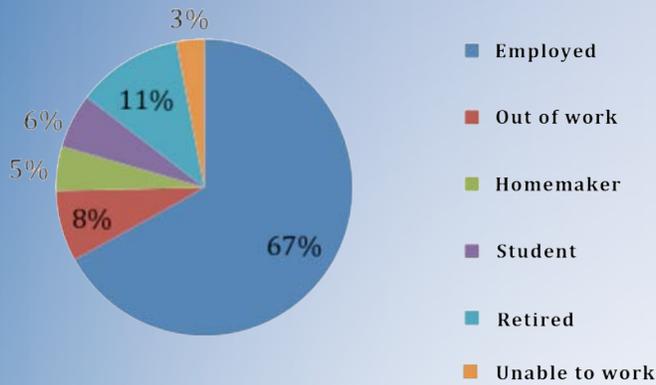


Figure 7. Distribution by Income Category

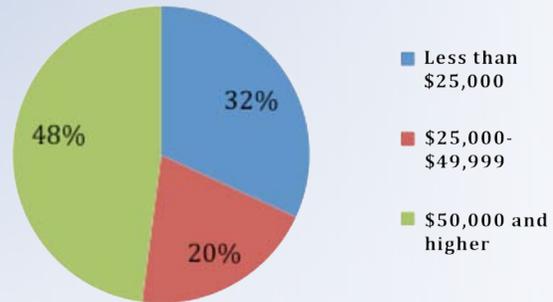
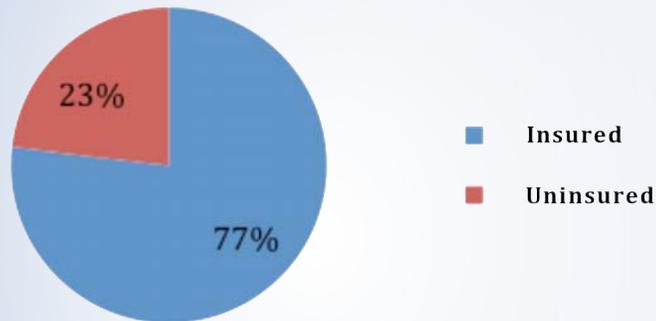


Figure 8. Distribution by Health Insurance Status



It should be noted that the sample of Douglas County residents who completed the concerns survey was similar to the population of Douglas County residents for many demographic characteristics, including racial and ethnic distribution, educational attainment and income categorization. The sample's distribution by gender and age did not reflect the general population (e.g., the percentage of women completing the survey was about 69% while only 50.7% of Douglas County residents are women; youth were excluded from participation).

Additional analysis was conducted to examine how responses from men and women were different. Issues that were identified as top problems by women also appeared on the top problems list for men, but the order in which they appeared did vary. For example, when listed in order, the indicator "Healthy foods are available and affordable for all" was listed third on the list of top problems for women and fourth on the list of top problems for men. Generally, the lists of top strengths for women and men included the same indicators in different orders, although women ranked, "Home-based and hospice services are available in the county" as a top strength, while men did not.

Responses from the survey about perceptions of importance and satisfaction with the issues were used to determine the relative strengths and problems. When an issue was rated as very important and people indicated satisfaction with the community's efforts to address the issue, that issue was identified as a relative strength. Conversely, when an issue was rated as very important and people were unsatisfied with the community's efforts to address the issue, the issue was identified as a relative problem. The lists below reflect the top strengths and problems identified by community members.

Relative Strengths (Higher importance and higher satisfaction)

Please note the order reflects the ranking based on responses.

1. Victims of rape and sexual assault get the help they need.
2. Quality education is available for all.
3. Children and youth have access to basic medical services.
4. Pregnant women access early prenatal care.
5. Our youth graduate from high school.
6. An adequate number of health professionals are available to serve the county.
7. Pregnant women and new mothers adopt healthy behaviors (e.g., breastfeeding, avoid smoking or using alcohol or drugs, eat healthy foods).
8. Local air, water, and soil are free from pollutants.

Relative Problems (Higher importance and lower satisfaction)

Please note the order reflects the ranking based on responses. The text below reflects how the indicator was stated in the concerns survey. All indicators were framed positively and to reflect that, the indicators are perceived to be problems text (in brackets) was added.

1. Health insurance is [not] available for all.
2. Health care is [not] available for all.
3. Children and youth are [not] free from abuse.
4. Healthy foods are [not] available and affordable for all.
5. People do not drink alcohol and drive. [The problem is that people do drink and drive.]
6. Safe and affordable housing is [not] available.
7. Dental care and preventative screenings are [not] available for all.
8. Mental health problems are [not] recognized and treated in our community.

Although these problems were included in the list of top problems across Douglas County residents, other indicators did appear as top concerns for some sub-groups (e.g., low-income, seniors, uninsured, residents of one of the smaller towns in the county), including:

- Individuals are **free from physical or verbal abuse** from their spouses or partners. [Indicated by low-income residents, respondents between 18-44, Eudora residents and uninsured respondents]. Eudora residents also rated, “Children and adults do not engage in aggressive or threatening behavior” as a top problem.
- Adults in our community have the **necessary life skills to be successful**. [Indicated by low-income residents and uninsured respondents]. Additionally, the uninsured respondents rated, “People have opportunities to receive education or skills training” as a top problem.
- Youth and adults **do not binge drink** (four or more drinks in about two hours). [Indicated by respondents between age 45 and older and insured respondents].
- Children, youth and adults **maintain healthy weights and active lifestyles**. [Indicated by Eudora and Lecompton residents and uninsured respondents].
- Individuals are aware of and **know how to access health care services**. [Indicated by Lecompton residents].

Focus groups & key informant interviews

Purpose of focus groups: The focus groups aimed to engage community members, including those who experience health disparities, in identifying community assets and conditions that contribute to health, as well as community perceptions of strengths, weaknesses, and priority health issues.

Focus group methods: Ninety-eight people participated in 11 focus groups held throughout Douglas County. Six focus groups were held in Lawrence: 1) Lawrence Interdenominational Nutrition Kitchen (LINK) at First Christian Church (four participants), 2) Four Winds Native American Center (14 participants), 3) St. Luke's AME Church (13 participants), 4) Edgewood Homes (six participants), 5) Centro Hispano (four Spanish-speaking participants), and 6) North Lawrence Neighborhood (four participants).

Two focus groups were held in Baldwin City (totaling 18 participants). Two focus groups were held at the Eudora Community Center (totaling 21 participants) and one focus group was held in Lecompton (14 participants). The focus groups were promoted among multiple sectors of the communities — including people receiving services and those experiencing health disparities — by extending focus group invitations through key connectors.

Purpose of key informant interviews: The aim was to gather information from community members in various leadership positions to identify community assets and conditions that contribute to health, as well as community perceptions of strengths, weaknesses, and priority health issues.

Key informant interview methods: Twenty-six key informants from Douglas County were interviewed using a snowball survey methodology, including community members and leaders from the communities of Baldwin City, Eudora, Lawrence and Lecompton. Focus group and interview notes and audio recordings were reviewed to analyze top themes.

Results

Perceived strengths are listed in section one and section two describes reported community challenges. Italicized text indicates direct quotes from a focus group or interview participant (text in brackets has been inserted for clarity).

Section one: Perceived strengths of the community

Participants were asked to identify community assets and what they were most proud of in the community. A myriad of assets and strengths were identified, including:

Human capital: Active and engaged citizens and professionals

[Lawrence has] an enormously high-end medical community and intellectual community; we are a magnet for unbelievably well-trained and high-credentialed professionals in the community who are working on these issues.

Great things can happen when groups come together. The whole situation with closing the SRS office in Lawrence — that took a real community effort to save that entity in the community.

There is a lot of intellectual capital in [Lawrence]. If I ask for five people to help me on something, I could probably get five leading world experts. That sets us apart.

This community is excited about stuff and does stuff.

We have the human capital to do this [improve the community's health].

High quality public school systems

The school system and teachers will go out of their way to help families out.

We have good quality of life here [in Lecompton]. Good schools and churches and the historical society.

We have some strong fabric that holds us together.

The school does a lot for the [Eudora] community. As far as transportation, they run shuttle busses until 5:30, 6 every day, transporting kids and they don't have to.

Facilities and support for physical activity

I'm very impressed by the Baldwin Rec Department. They have tons of activities. I'm doing Zumba for the first time ever and love it... there's Dog Days in the summer... they just do an awesome job.

I live next to the park [in Lecompton] and I am so pleased to see so many children playing after school and all day in the summertime. The park is always full.

Many services and resources are available

Health care access and food resources [in Lawrence] are good for the area.

We have a great hospital [in Lawrence]. We have lots of agencies available — Bert Nash, Heartland Community Health Center and Health Care Access. We have a school district that I think would like very much to improve their health care system, too, although they don't have resources at this time.

A number of residents reported strong community connectedness.

A lot of us know our neighbors. We're connected in that way.

The church in this community [Lecompton] takes care of people... There's a strong sense of service to people.

Everybody feels like family. When you meet people, they're friendly.

People here [in Lawrence] help each other, they worry and help to make sure that every family is OK.

A large number of **community assets** were identified during focus groups and through key informant interviews, and are represented in the “word cloud” below. Size correlates with the frequency with which the assets were mentioned by different sources.



Section Two: Reported community challenges.

Disparities in health and quality of life is a critical challenge facing the county.

The presence of KU masks some of [Douglas County's] problems — whether they're economic problems or health problems. Statistics don't really tell the story. If you don't look beyond the averages, you'll miss the good portion of the population who are not healthy and are not in healthy lifestyles.

I just have to reinforce the equity issue. I think we just miss that in Lawrence. We have schools where about 10% of their kids qualify for free and reduced lunch, for example, which is an indicator of level of poverty and

“ [Health and quality of life] are very good for most of us, but not for people living in poverty.”

we'll have other schools that have 75% of their kids qualify for free and reduced lunches. We've made a real effort to start directing resources toward the greatest need. I think in some ways the community needs to think that way as well.

[Health] depends on who you are and where you live. If you live on the west side of Lawrence right next to a park and you can go to the farmer's market and you can afford to buy the food, then it's phenomenal. For those middle- or lower-income neighborhoods in

Eudora that don't have access to grocery stores, it's tough.

Health is not a priority — especially future health — when you are living day to day. That's a group I wish we could do something for. I get frustrated when I see people of middle class or upper class wanting to improve health of people in their class. I want to see gains made among the poor. It's not just about exercising or eating organic.

We don't have an economy that treats everyone the same and rewards people for the work they produce in equal ways. Until we do, we're going to be struggling with questions like the ones you're asking.

Many residents cited **lack of safe, affordable housing** as a concern, and that the **cost of living in Lawrence is high** compared to surrounding areas.

[In the local trailer park], there are people there that are really living in substandard housing. I've driven through there recently just to check it out. I was very sad; I actually cried. It's almost like they're forgotten in a way.

All you've got to do is go down to [the trailer home park] and you can smell it [the black mold]. They've got a real problem down there. And that gets to [the problem of] affordable housing for people. That's probably something that needs to be looked at.

It's no secret that buying a house in Lawrence is more of a challenge than it is in almost any other community in Kansas... I admire Tenants to Homeowners and groups that are addressing that problem, but I

think that they're only scratching the surface.

One critical issue for elderly folks is that we don't have enough affordable housing for them. We have a lot of retirement centers or assistive living options, but they are not necessarily affordable for a lot of folks.

High cost, especially rent, makes it difficult to live here, very few landlords are willing to break even, two to three bedroom house is \$900-\$1,000 but it's at least half that in some surrounding areas.

Related concerns were **poverty, ability to make a sufficient income** and the **economic recession**.

There is a substantial level of poverty in Douglas County that is somewhat hidden from most of the community. The poverty rate and rate of uninsured in Douglas County exceed the state average. We have a lot of poor people that are not poor enough to qualify for Medicaid, and as a result we have a high rate of uninsured. Large impact on us and all safety net providers.

Affordable housing and low-paying jobs are two of the most critical issues [in the county].

Organizations, especially church groups, help out with people who are struggling, but higher wages are what is actually needed.

I thought LPN courses would be offered at KU, but they are not, so I'm taking classes at Johnson County. The closest thing to a vocational school is Pinnacle Career Institute. Hands-on training is only offered out of town. This is a "blind spot" for opportunities in Douglas County.

Those who are not college-educated, who are trying to make a living in the service industry, often do not have benefits, and have many life stressors. We don't really have a lot of good opportunities for those who are not college-educated.

Limited access to services (medical, dental, mental health) and limited knowledge of available social services were other significant concerns.

The low-income who don't qualify for services (through the dental clinic or Health Care Access) — those on the edge — really suffer. They may have health insurance, but their benefits have changed. Many who have been seeking services in the last 1.5 years never had previously.

People wait all night when there's a dental clinic. The Fairy Godmother Fund bought three sets of dentures last year.

We used to have a Bert Nash outreach clinic [in Baldwin City], but it's no longer here. We used to have a WRAP social worker. Where did all that funding go?

All of the services are pretty much located in Lawrence. For a lot of us, that's not a hardship, but there's a large part of the population [for whom] it is, and it's difficult for them to access those services when [they] live in Lecompton or Eudora or Baldwin. If you're challenged with your transportation, you don't have daycare, or you can't get off from your job, and maybe things aren't open outside of normal working hours... it is a problem.

There used to be a bus that took Lecompton residents to Lawrence. Not everybody is going to be comfortable, if it's not a close friend or relative, asking for a ride to an appointment. We don't have the same access to services that you do in Lawrence.

One of my concerns is the lack of mental health care. We have had three to four suicides in the last few years [in Baldwin City] – people of all of the ages. In a small community, I'm not sure that people are willing to ask for or reach out for that kind of help.

People [in Baldwin City] don't have access to many services — it is all in Lawrence, and people can't afford to drive. The Dental Clinic comes for cleaning, but if fillings are needed, they have to figure out how to get there. Parents can't afford to take off work.

“Our system of care is really complicated. Underserved families, especially, are sent so many different places.”

Inadequate access to affordable, healthy food was a challenge reported by numerous community members. Also, tough economic times have led to increased need for food pantry utilization.

A critical thing we do that really affects our children is what we feed them in school. What we feed them is affordable, but not healthy. We fill them up, but don't build the healthy body that they're meant to have. Some of those kids, that's the mainstay of their diet if they're not living in an affluent home. We need to have more attention on our school feeding programs [in Lawrence].

On the east side [of Lawrence], we don't have access to the healthy food. It's all westward. Even restaurant-wise, same thing, it's all fast food. There's not much healthy food available, and it's not within our price range. We can't afford to buy it.

I have to go to Sixth Street or 23rd Street to get groceries, which is a far distance for people in North Lawrence. North Lawrence has an especially tough time finding close, affordable and healthy food. Our only “grocery store” is Dollar General and they don't sell fresh fruits and vegetables.

We don't even have a farmer's market in [Eudora] at all.

[Baldwin City's] school lunches [are a health problem] for the kids that eat them. They have horrible nutrition.

A homeless member of the Lawrence community shared that she was grateful for food received, but that often choices were not healthy. She shared:

I'd trade that whole table of sweets for just one carrot.

Transportation barriers were raised by many participants.

It's really hard to get around when you don't have a car.

Youth [in Eudora] do not have a safe way to walk or ride bikes to school.

“[Baldwin City] is not a healthy community for children from poor families. It breaks your heart to see those who don't have a car. If you don't have a car to go out of town to get a job, it is hard to find employment.”

There is only one bus line that goes to Haskell and it only goes down 23rd Street. They took out the other bus line a few years ago. That tells you how disconnected they are from us... I work [downtown] until 10 p.m. and there's no bus to take me [home]. So, I walk and much of the way it's very dark and there are no sidewalks. It's really creepy.

There's a lot of students that go up to KU [from Haskell], and there's no easy way to get to KU. It takes two to three busses to get there, so it takes about an hour and a half to get to KU. It's easier to walk even though it takes 45 minutes. That's a huge issue.

The bus system is an asset [in Lawrence], but may need longer hours to accommodate those who work nights.

It takes a 1.5-hour bus ride to get from East Lawrence to the city's indoor public pool.

That river [Kaw River] might as well be five miles wide [separating North Lawrence].

Additional quotes that relate to the problem of transportation are listed in the Access to Services section on pages 15-16. A number of residents in Baldwin City, Eudora and Lecompton cited transportation as a barrier to accessing Lawrence-based services.

Participants also shared about the **lack of environments that promote physical activity, including walkability and bikeability.**

There are no sidewalks in most places [in Baldwin City]; no sidewalks to get to school (kids have to cross the highway!). And the school is thinking of not having busing in town anymore.

Our [Lawrence] community rec centers are not up to date with things that people like to work out with (for example, the tiny gerbil cage at Community Building at 11th and Vermont). I've lived in other communities where there's modern YMCAs and where city-funded rec centers were just as nice as the rec clubs you pay for — and it definitely creates a culture of “haves” and “have-nots.” For example, we now have the new workout facility (The Summit) at Ninth & New Hampshire, while others need to go to the free community center and they don't have access to a rock-climbing wall and all those amenities.

[Lawrence needs] a little bit more traffic law enforcement. (Nods around the room.) I ride a bicycle everywhere I go. There's a reason why I try to ride on the sidewalk, because if you ride on... certain streets in this town, you're going to get run off the road. In fact, in my lifetime, I've actually been hit or involved in accidents 12 times.

[Lecompton does] have a nice little park, but the truth is, we don't have a place for people to go out and walk that's really safe. Our walkers... walk in the street. Just having a nice, outdoor place to walk would be great.

We don't have a community center with exercise equipment and classes [in Baldwin].

I'd love to see a walking trail or a biking trail around [Eudora]. That takes money and infrastructure.

Discrimination and lack of social integration were also identified as community problems.

Lawrence is real segmented. I know we talk about it being diverse, but I don't think Lawrence really knows what diversity is. We have a lot of people, different kinds of people, but I think diversity is how we interact and we don't really do that well.

“There are many tables we aren't invited to. We don't have a voice in our community... At Haskell and the Native Community, we're not invited. That's what shocked me about this opportunity. The city and the county want to hear from us?”

Lawrence doesn't hire their own. Young African-American kids are advised to move out of the community because it is difficult to become gainfully employed.

[We do not have] a lot of interaction between African-American and Caucasian children. We have diversity, but not merging.

Our children don't get the same educational experience. When I observed in my daughter's classroom, the children of color all sat in the back, and the teacher never called on them.

[Lawrence is] a nice town, but it's still in Kansas. Don't get me wrong — I wouldn't want to live anywhere else. But, it's very Euro-centric. It's not necessarily in-your-face, it's a feeling. At certain places, certain times, certain groups of people, especially being a man of color; you feel it.

Members of Eudora, Lecompton, and Baldwin City shared that **communication about issues, events and activities is a challenge.**

We no longer have a newspaper [in Eudora] and I think that hinders a lot of things. For example, I went to the community senior dinner and I would not have known about that if a friend had not told me. And when I got my flu shot, I was very unsure of when and where to go.

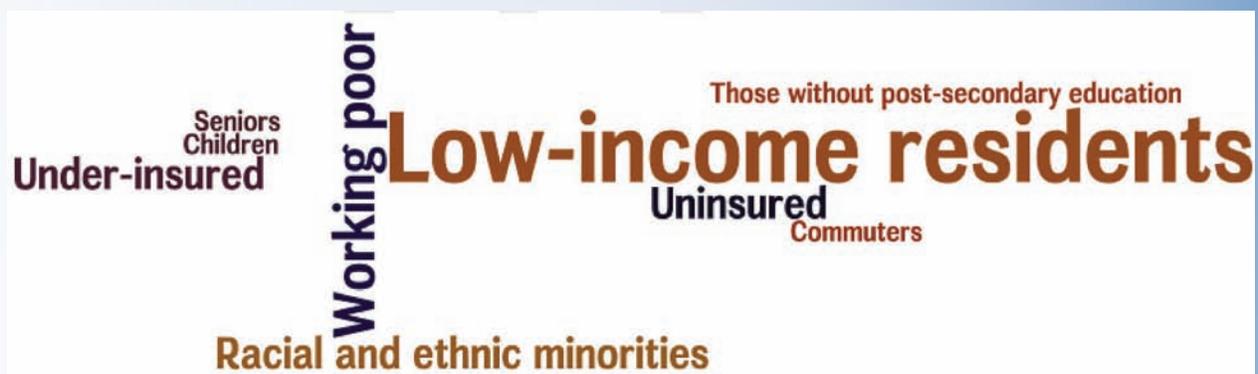
Since Eudora lost its newspaper, it's really hard to be socially connected. We don't have any place that disseminates information, really.

If you're not connected with the school, you really don't know what else is going on.

How do we get the info out? How often is the paper? Most people don't know about the district newsletter. We used to get it in the mail, but not anymore. There are lots of people in [Baldwin City] that don't have computers. The paper used to let you write up an article instead of an ad, but they won't do that anymore.

[In Lecompton], many of our families are blue-collar, working families and don't have access to the internet — and yet, that's how people are supposed to find out about available (Lawrence-based) services.

When asked **which groups of people in the county experience poorer health and/or quality of life**, respondents identified the following groups. (Size correlates with the frequency with which the groups were mentioned by different sources).



Community health status indicators

Purpose: To describe the health behaviors and health status of Douglas County residents.

Methods: Data regarding health status and behaviors comes from a variety of sources, including state and national health agencies. Collection of this data is done by reviewing various data sources to identify data available for Douglas County.

Using data from several sources (including American Community Survey, Bureau of Labor Statistics, Centers for Disease Control and Prevention, Kansas Action for Children, Kansas Department of Health and Environment, Kansas Bureau of Investigation and Southeast Kansas Education Service Center), indicators were identified using specific criteria:

- A trend that is improving over time;
- A trend that is worsening over time;
- Or a trend that is staying stable over time but is at an unsatisfactory level.

Indicators that were excluded were those that had a very low incidence (i.e., very few new cases annually).

Results: The table (on page 21) includes indicators that reflect improving or health status or behaviors among Douglas County residents. The table displays the Douglas County values of each indicator over three years. Additionally, it displays the values of Healthy People 2020 (when available) objectives. Healthy People 2020 objectives are the goals that have been developed for the United States to aim to achieve over the next decade.

The column labeled “Progress” displays either colored dots to indicate if the trend of Douglas County data indicates that the indicator is improving (green) or worsening (red). It should be noted that a green or red value in the column labeled “DG County three-year trend” reflects whether the trend is improving or worsening and does not reflect if the most recent value is satisfactory. In several instances, the data available does not reflect a clearly improving or worsening trend. In these instances, a white dot is used to connote an inability to make a conclusion about the trend. The column labeled “Met HP 2020 objective” also includes green or red dots to indicate if Douglas County is meeting the Healthy People 2020 objective currently.

Table 1. Community health indicators that are improving among Douglas County residents.

*Denotes instances in which the inverse value of the stated Healthy People 2020 objective is being used.

- Reflects an improving trend or HP 2020 Objective met.
- Reflects a worsening trend or HP 2020 objective not met.
- Reflects an instance when no clear trend is indicated.

Community Health Indicator	Period	Year 1	Year 2	Year 3	Progress	HP 2020 objective	Met HP 2020 objective
Clinical Care							
Percent adults seen by a doctor in past year for a routine checkup	2007-2009	62.8%	73.8%	64.6%	●		
Percent had no (or more than one) personal doctor or health care provider	2007-2009	23.0%	21.6%	20.0%	●	≤ 16.1%	●
Percent of live births to mothers who received adequate to adequate plus prenatal care	2008-2010	83.6%	85.8%	87.0%	●	≥ 77.6%	●
Percent there was a time in the past year when you could not see a doctor because of cost	2007-2009	10.8%	8.6%	9.6%	●		
Percent of kindergartners fully immunized (4:3:1:3:3 series) by age 2	2007-2009	31.0%	56.0%	65.0%	●		
Percent NEVER had a pneumonia shot <i>all adults</i>	2007-2009	75.3%	77.1%	78.0%	●		
Percent adults (age 18-64) NEVER had an HIV test <i>excluding test for blood donation</i>	2007-2009	63.7%	61.3%	67.2%	●		
Percent NEVER had a pap smear <i>all adult women</i>	2006-2008	8.5%	Not Available	5.8%	●	≤ 7%	●
Percent NEVER had a Prostate-Specific Antigen test <i>Men ≥ 40 years of age</i>	2006-2008	41.6%	Not Available	29.4%	●		
Percent of adults (aged 50+) NEVER had a blood stool test for colorectal cancer	2006-2008	49.8%	Not Available	56.0%	●	≤ 29.5%	●
Health Behaviors							
Percent of adults reporting binge drinking in past 30 days	2007-2009	15.9%	16.0%	14.4%	●	≤ 24.3%	●
Percent of teens reporting binge drinking in past 30 days	2009-2011	14.4%	11.7%	10.4%	●	≤ 8.5%	●
Percent of adults current smoker	2007-2009	16.1%	15.2%	15.1%	●	≤ 12.0%	●

Community Health Indicator	Period	Year 1	Year 2	Year 3	Progress	HP 2020 objective	Met HP 2020 objective
Percent of women smoking during pregnancy	2006-2010	11.3%	13.9%	13.2%		≤ 1.4%	
Percent of teens smoked cigarettes in past 30 days	2009-2011	7.4	6.6	5.5		≤ 16%	
Percent of teens using smokeless tobacco in past 30 days	2009-2011	4.0	3.5	2.9		≤ 6.8%	
Percent obese <i>BMI ≥30</i>	2007-2009	26.1%	22.9%	27.8%		30.6%	
Percent of adults less than five daily servings of fruits and vegetables	2007-2009	74.2%	78.0%	81.8%			
Percent of adults not meeting recommended level of vigorous and moderate physical activities	2007-2009	47.1%	51.4%	50.5%		≤ 52.1	
Percent adults with ≥ 1 day in past 30 days that poor physical or mental health keep you from doing your usual activities	2007-2009	39.1%	41.8%	40.7%			
Percent of adults no leisure time exercise in past 30 days	2007-2009	21.0%	25.0%	16.5%		≤ 32.6%	
Percent of adults not always wearing seat belt	2005-2008	18.7%	18.9%	15.5%		≤ 7.6%	
Teen pregnancy rate <i>Pregnancies per 1,000 females ages 15-17</i>	2008-2010	14.2%	12.8%	12.6%		≤ 36.2	
Percent adults with ≥ 1 day in past 30 days that mental health was not good	2007-2009	31.4%	36.1%	33.3%			
Health Outcomes							
Age-adjusted mortality <i>Age-adjusted death rate per 1,000</i>	2008-2010	5.9	6.0	7.1			
Crude mortality <i>Crude death rate per 1,000</i>	2008-2010	4.8	5.1	5.7			
Unintentional injury resulting in death <i>deaths per 100,000 pop. (2 yr rolling avg.)</i>	2008-2010	25.9	22.1	21.1		≤ 36.0	
Infant mortality <i>infant deaths per 1,000 births</i>	2007-2009	7.6	9.43	0.81		≤ 6.0	

Community Health Indicator	Period	Year 1	Year 2	Year 3	Progress	HP 2020 objective	Met HP 2020 objective
Low birth weight percentage	2007-2009	6.5%	6.7%	5.7%		≤ 7.8%	
Percent adults ever diagnosed with angina or coronary heart disease	2007-2009	2.9%	6.1%	3.3%			
Age adjusted % adults with diagnosed diabetes	2007-2009	6.8%	7.2%	7.0%			
Percent of adults currently have asthma	2007-2009	11.7%	9.9%	8.2%			
Percent with disability, with limited activities due to health problems	2007-2009	22.3%	24.7%	16.9%			
Among those had blood cholesterol checked, percent been told level too high	2007-2009	36.0%	38.7%	37.2%			
All ages suicide death rate per 100,000 pop. (2 yr rolling avg.)	2008-2010	11.0	10.0	14.5		≤ 10.2	
Hospital discharge rate for mental health disorders ages 25 to 44 years per 10,000	2007-2009	56.2	57.5	80.4			
Hospital discharge rate for mental health disorders (all ages per 10,000)	2007-2009	53.0	58.3	58.3			
Childhood mental health hospital discharges per 1,000 children	2008-2010	4.83	4.4	3.4			
Percent of adults not always getting emotional support	2007-2009	49.6%	57.8%	51.2%			
Teen violent deaths to 15-19 year olds per 100,000 15-19 y.o.	2007-2009	0.0	9.6	0.0			
Violent crime offenses per 1,000 population	2008-2010	4.0	4.3	4.0			
Domestic violence reports per 1,000 population	2008-2010	5.8	6.8	7.4			
Number of reported incidents of rape	2008-2010	49	73	52			

Community Health Indicator	Period	Year 1	Year 2	Year 3	Trend	HP 2020 objective	Met HP 2020 objective
Social and Economic							
High school graduation rate by NCLB / AYP graduation formula	2008-2010	85.7%	88.2%	83.2%	●		
Percent population with college degrees	2008-2010	47.6%	50.1%	49.9%	●		
Median Income	2008-2010	21,333	20,624	20,127	●		
Percent of households receiving food stamps	2008-2010	4.38%	5.43%	5.44%	●		
Percent single parent households	2008-2010	31.4%	28.1%	32.9%	●		
Percent uninsured < age 65	2007-2009	17.7%	13.3%	14.3%	●	0%	●
Unemployment rate	2008-2010	4.1%	5.9%	6.2%	●		

Table prepared by Lawrence-Douglas County Health Department staff.

Small area analysis

Purpose: The use of small area analysis was intended to provide initial data about possible small geographic areas in Douglas County experiencing disparities in socio-demographic and health care outcomes.

Method: To conduct the small area analysis, data regarding socio-demographic indicators and health care utilization were collected at the smallest possible geographic unit, while still preserving the anonymity of people experiencing those outcomes/indicators by partners from Lawrence Memorial Hospital, the Lawrence-Douglas County Health Department and the KU Work Group. Generally, the smallest possible unit was census tract. Census tracts are geographic areas that have a population between 1,500 and 8,000. This information was uploaded to a geo-mapping software and plotted on maps of Douglas County.

Results: Using data from the United States Census (2010), a few demographic and socio-economic indicators were mapped. Figure 9 displays the percentage of households living in poverty. Figure 10 displays the percentage of households that are owner occupied.

Figure 9. Distribution of households in poverty

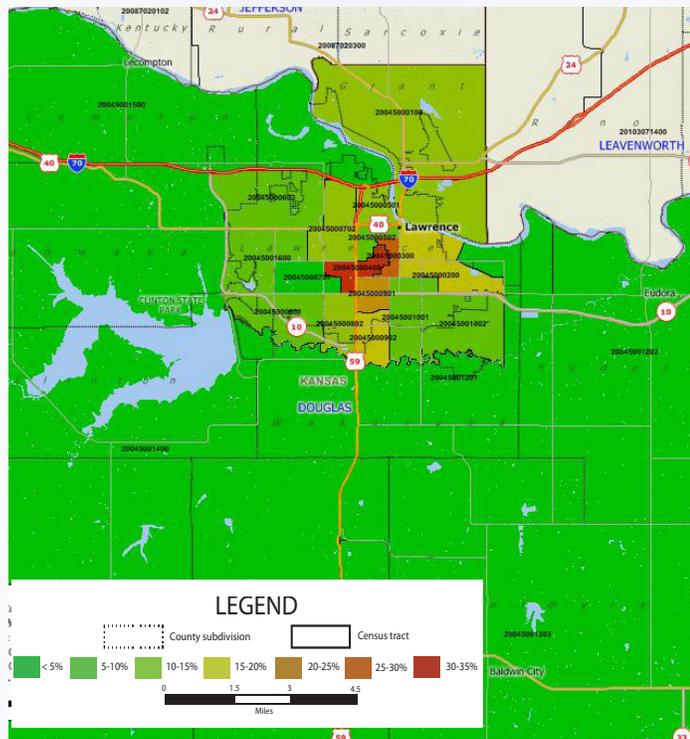
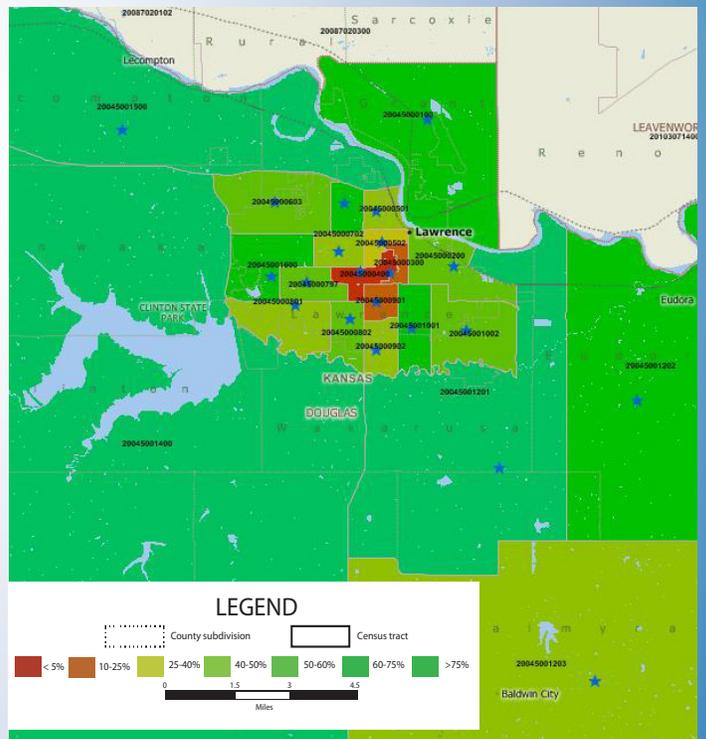


Figure 10. Distribution of owner-occupied housing



To understand how specific health issues may affect Douglas County residents differently, emergency department use data was used to map the geographic distribution of users' residences throughout the community. The figures below summarize these findings. With each of these figures, the gradient of color from a "cool" purple to a "hot" red color reflect the concentrations. The red areas are "hot spots" or concentrations of a utilization.

Figure 11. Distribution of Users of the ER for Dental Issues (N=437)

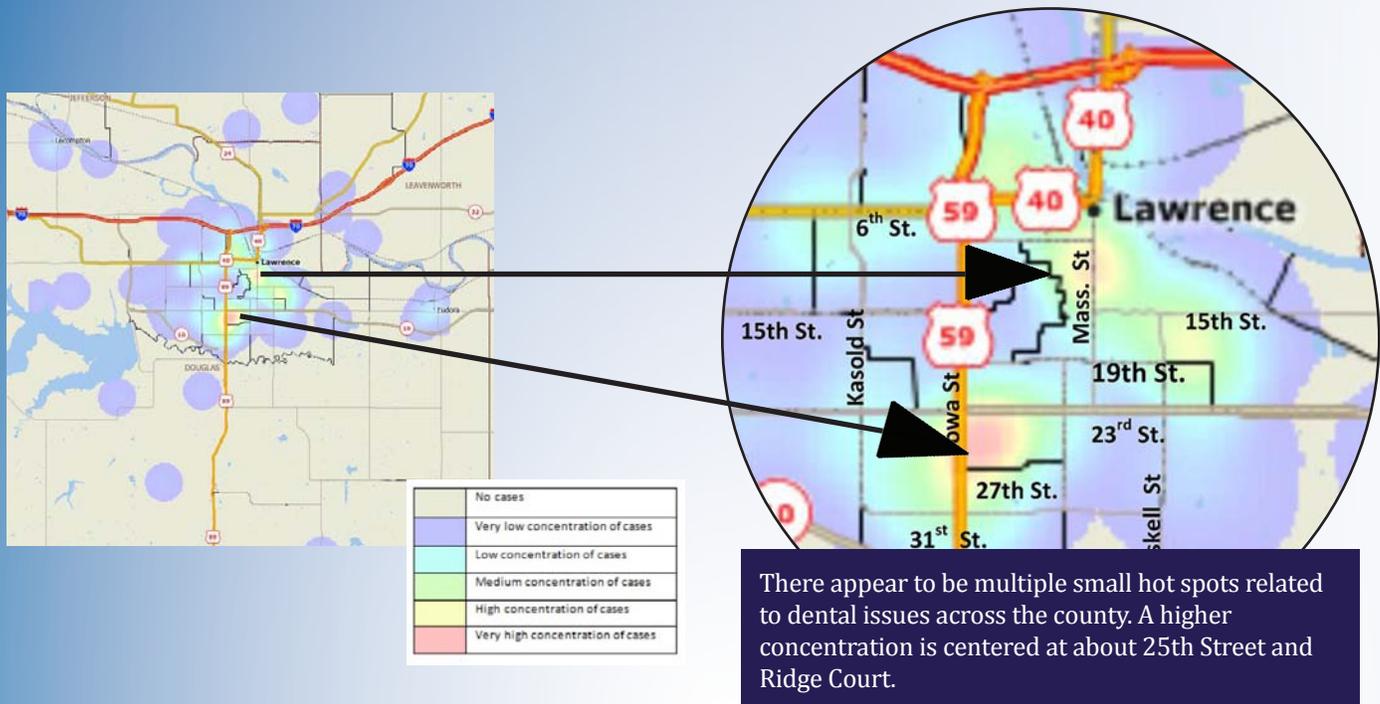


Figure 12. Distribution of Users of the ER for Alcohol-related Issues (in which alcohol was a primary diagnosis) (N=243)

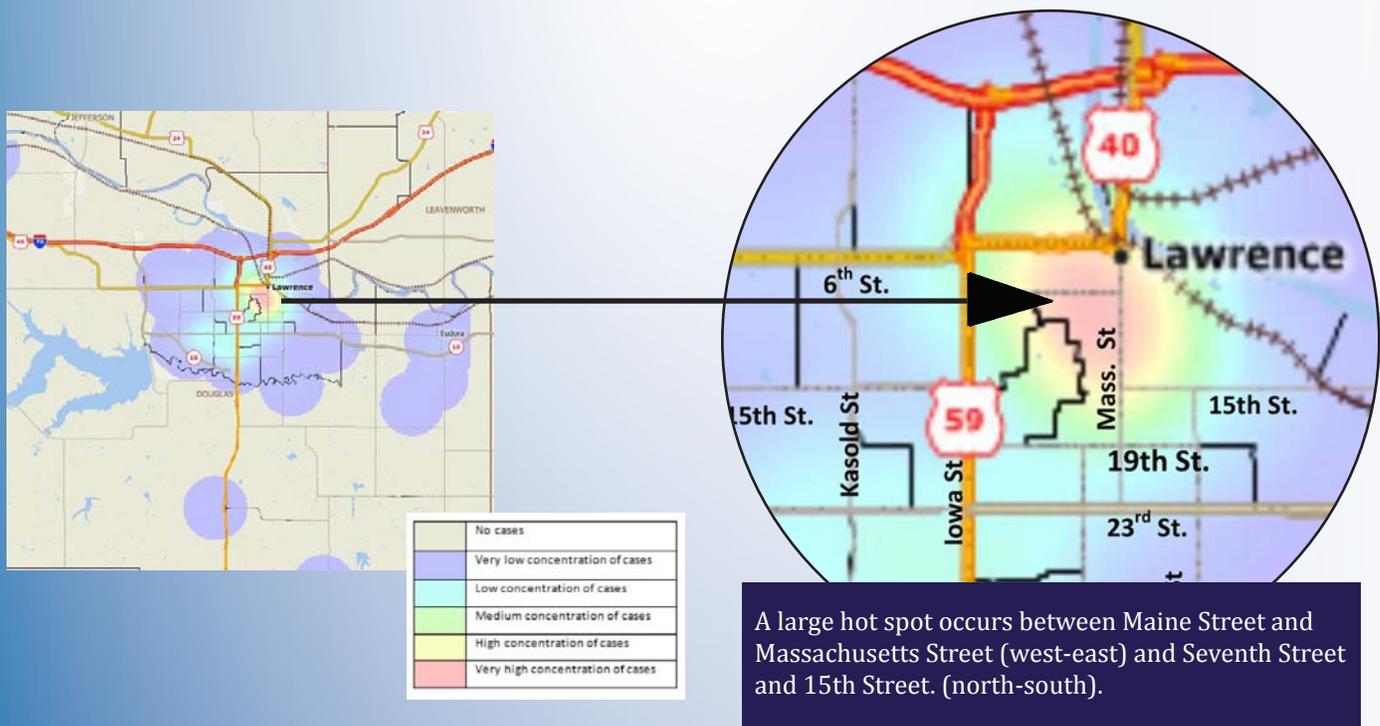


Figure 13. Distribution of Users of the ER for Asthma (N=315)

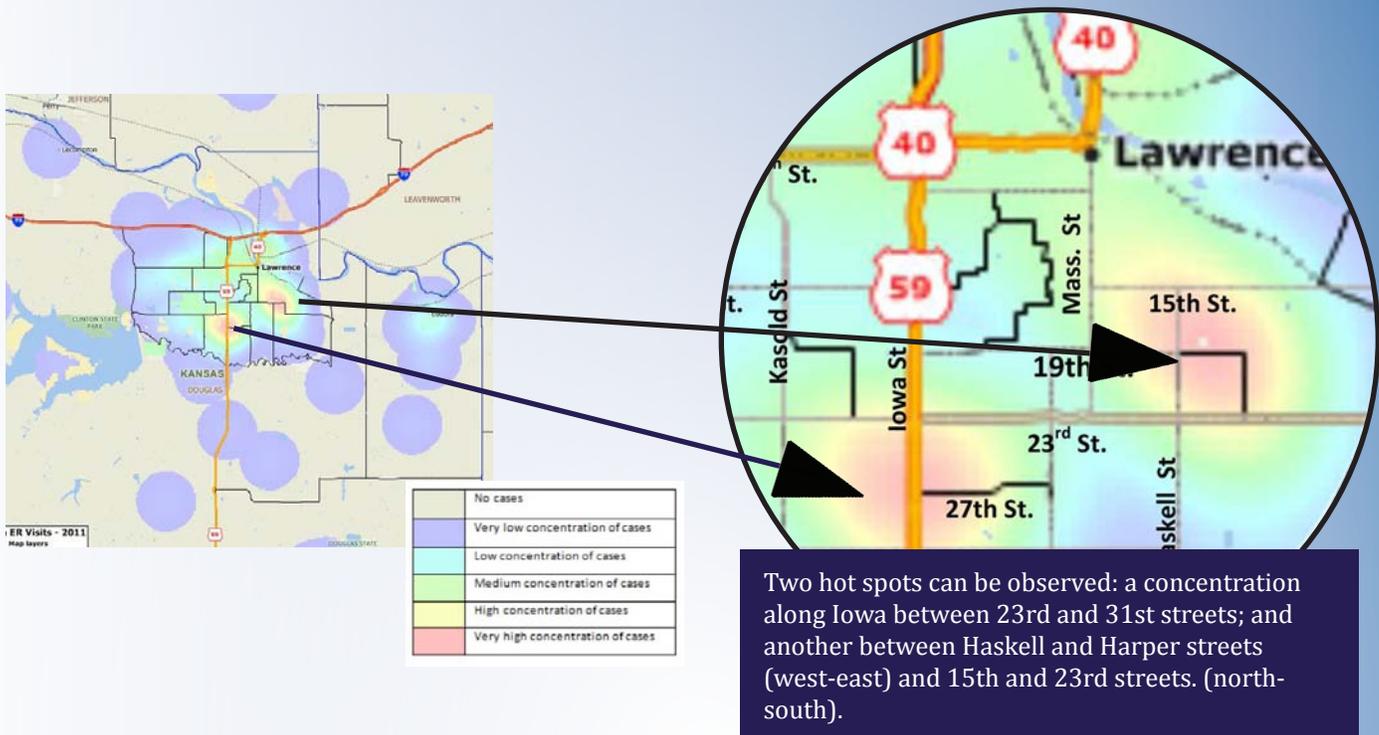
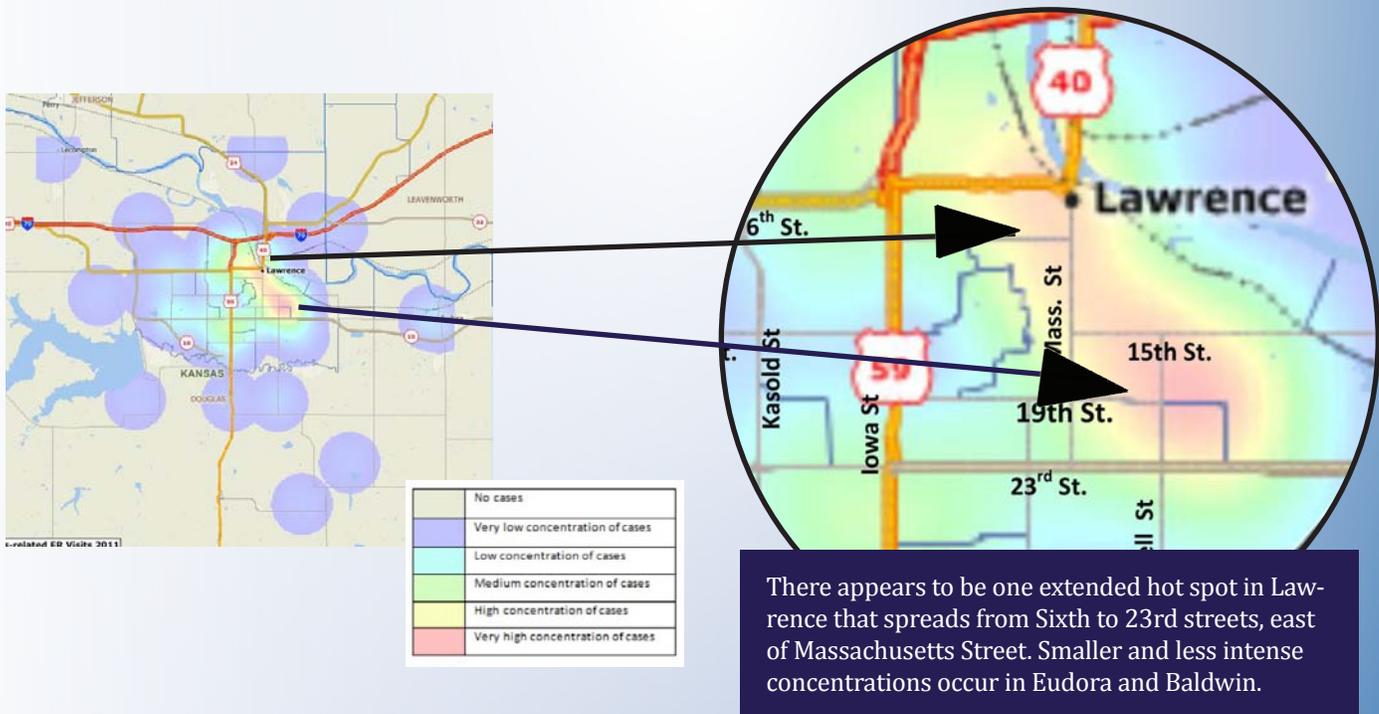


Figure 14. Distribution of Users of the ER for Diabetes (N=176)



Maps prepared by Ann Marie Boncella, planning analyst, Lawrence Memorial Hospital, with the support of Vince Romero, analyst, Lawrence-Douglas County Health Department.

Small area analysis is an observational tool that provides preliminary information about how some indicators of poor health may be concentrated geographically across the community. It is important to acknowledge that this method used a very simple method of looking at density of cases, and did not control for population density.

It is notable that several of the hot spots related to health outcomes appear to co-vary with observed hot spots of poverty and higher landlord-owned housing (which is usually associated with poorer quality). Additional study is necessary to understand the collective causality of multiple factors that contribute to the observed hot spots.

Local public health system assessment

Purpose: The aim of the Local Public Health System Assessment was to develop a baseline set of information about the performance of the local public health system in fulfilling Public Health’s 10 Essential Services.

Method: More than 60 community members representing the many sectors of the Local Public Health System, including health care, education, law enforcement, neighborhoods and many others, in Douglas County assembled for a one-day assessment event. University of Kansas Work Group for Community Health and Development and Lawrence-Douglas County Health Department staff guided 10 break-out sessions through an administration of the National Public Health Performance Standards Program (NPHPSP) Instrument. The NPHPSP Instrument consists of several indicators which reflect ideal performance of the 10 Essential Public Health Services.

Results: The following are findings produced by the Local Public Health System Assessment. Figure 15 displays the average percent rating for all the 10 Essential Public Health Services. The average percent rating reflects the degree to which specific activities for a particular Essential Public Health Service were provided or implemented. Higher percent ratings reflect higher performance, while lower numbers reflect poorer performance. For example, one could say that the assessment indicated that for Essential Public Health Service Two: Diagnose and Investigate Health Problems and Health Hazards about 73% of the activities related to that Service were provided or implemented.

Figure 15. Average percent rating for all of 10 Essential Public Health Services

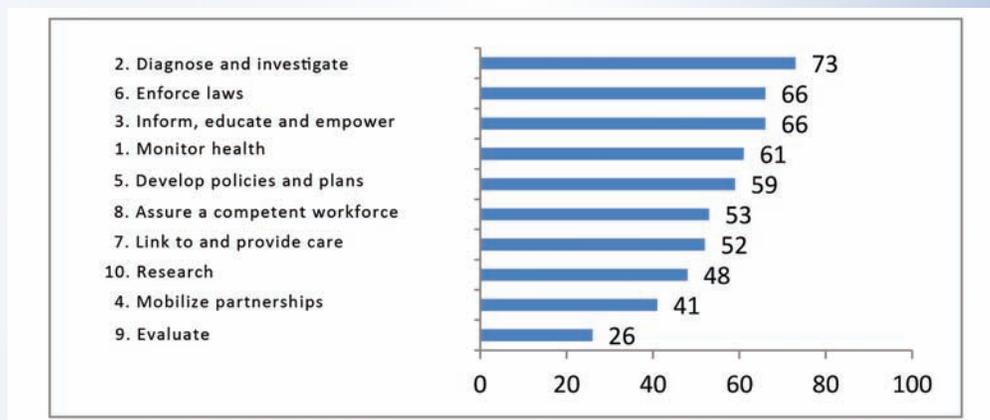


Table 2 displays a more detailed set of findings that relates the average percent rating for each model standard in the instrument. Model standards were more specific tasks related to each essential service. Each essential service had between two and four model standards. In this table, the percentages reflect the degree to which model standards are implemented or performed. The left column reflects the score for each essential public health service and the right column displays the score for each model standard included in each essential public health services. Additionally, the left and right columns are color coded to reflect the level of performance (i.e. optimal- blue, significant- green, moderate- yellow and minimal- red) for each score.

Table 2. Average percent rating for each model standard included in the NPHPSP Instrument

Essential Service Score Standard Score Local Public Health System Assessment		
Overall Essential Service Score		Score for each Model Standard
1. Monitor health status to identify community health problems		
61	1.1 Population-based community health profile	70
	1.2 Access to & utilization of current technology to manage, display, analyze & communicate population health data	50
	1.3 Maintenance of population health registries	63
2. Diagnose and investigate health problems and health hazards		
73	2.1 Identification and surveillance of health threats	45
	2.2 Investigation and response to public health threats and emergencies	74
	2.3 Laboratory support for investigation of health threats	100
3. Inform, educate and empower people about health issues		
66	3.1 Health education and promotion	62
	3.2 Health communication	62
	3.3 Risk communication	73
4. Mobilize community partnerships to identify and solve health problems		
41	4.1 Constituency development	52
	4.2 Community partnerships	31
5. Develop policies and plans that support individual and community health efforts		
59	5.1 Government presence at the local level	45
	5.2 Public health policy development	42
	5.3 Community health improvement process	57
	5.4 Plan for public health emergencies	92
6. Enforce laws and regulations that protect health and ensure safety		
66	6.1 Review and evaluate laws, regulations and ordinances	57
	6.2 Involvement in the improvement of laws, regulations and ordinances	67
	6.3 Enforce laws, regulations and ordinances	75
7. Link people to personal health services & assure provision of health care when otherwise unavailable		
52	7.1 Identification of populations with barriers to personal health services	58
	7.2 Assuring the linkage of people to personal health services	45
8. Assure a competent public and personal health care workforce		
53	8.1 Workforce assessment planning and development	17
	8.2 Public health workforce standards	93
	8.3 Life-long learning through continuing education, training and mentoring	62
	8.4 Public health leadership development	41
9. Evaluate effectiveness, accessibility and quality of personal and population-based health services		
26	9.1 Evaluation of population-based health services	6
	9.2 Evaluation of personal health care services	52
	9.3 Evaluation of the local public health system	19
10. Research for new insights and innovative solutions to health problems		
48	10.1 Fostering innovation	50
	10.2 Linkage with institutions of higher learning and/or research	58
	10.3 Capacity to initiate or participate in research	35

■ Optimal Performance
 ■ Significant Performance
 ■ Moderate Performance
 ■ Minimal Performance

Opportunities for Improvement: LPHSA results, along with the rich dialogue during the assessment, confirm that our community expects the essential public health services to be delivered in a coordinated and complete manner. Participants rated all of the Essential Public Health Services as a high priority for improvement.

It should be noted that mobilizing partnerships scored low with one participant commenting that she scored this area low not because we don't partner, but rather that our partnerships do not produce the results we need. It is also clear that while important personal and population-based health services are being provided, they are not evaluated to assure they are effectively meeting community members' needs, and that partnerships with local researchers might lead to more innovation.

Finally, more work is needed to assess how well Douglas County's public health system's workforce is equipped to deal with the community health needs and relatedly to plan for continuing to develop the workforce's skills.

Photovoice

Purpose: Photovoice was used as a method for obtaining a youth perspective of the conditions that contribute to or detract from health in Douglas County.

Method: To implement the Photovoice, a partnership between the Lawrence-Douglas County Health Department and Van Go, Inc. was established. Youth participating in the Van Go, Inc. were recruited. Eight youth between the ages of 14-18 were trained to take photographs and complete the Photovoice Project. They were given the photo assignment to take photos related to two key questions: a) What conditions in Douglas County help us be healthy and b) What conditions in Douglas County prevent us from being healthy. The teens were given cameras and for one week were instructed to take pictures answering these questions.

From all of the photos selected, the teens were then asked to select those that most effectively answered those questions. The teens created captions that explain what the picture told them about health in Douglas County. The teens also identified themes across all the pictures.

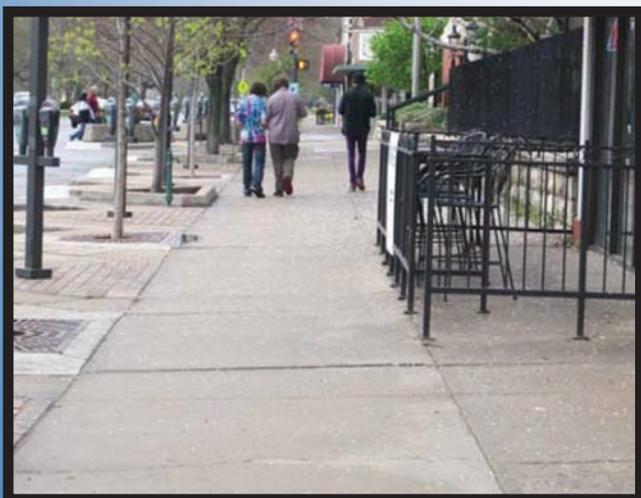
Results: The teens took more than 40 photos to answer the two questions: a) What conditions in Douglas County help us be healthy? and b) What conditions in Douglas County prevent us from being healthy? The teens sorted these photos into themes across all photos. The identified themes were **physical activity, healthy eating and maintaining a healthy environment.**

Physical Activity

Teens indicated that Douglas County has opportunities to be active — walking downtown, for example — but that technology often competes with actually being physically active.

I see a lot of walking — we have a downtown to do that!

Electronics make us sedentary, makes everyone lazy, less interactive, adds to obesity.



Photographed by: Adrienne Pease



Photographed by: Desiree Bennett

Healthy Eating

Teens indicated that fruits and vegetables were common and that there are lots of opportunities to eat well in Douglas County. However, they also noted that knowing about the food — where it is from, how it is produced — is an important feature of eating well. They also stated that less healthy foods are not only easily available, but are less expensive and made to look good through advertising.

There are a lot of opportunities for healthy eating.

Advertising is part of unhealthy living. Fast food is cheap and looks so good.

Beer/pop vs. water — these everyday drinks we consider to be harmless, they can build up quickly and have serious effects.



Photographed by: Deavin Fansler



Photographed by: Desiree Bennett

Maintaining a Healthy Environment

The teens recognized a critical link between our environment and our health, but noted that there seems to be little pollution here. They also indicated that the environment affects our health behaviors — from needing to use sun screen to being able to be active outside.

The environment and its health impact us — it comes back to us in what we eat and breathe.



Photographed by: Ivan Greene



Photographed by: Deavin Fansler

Overall Comments

Although the pictures shown tend to reflect equally conditions which contribute to health and conditions that prevent healthy living, the teens reported that there are more features about life in Douglas County that contribute to health and wellness. The following are specific statements about life in Douglas County.

Douglas County is:

*Welcoming. It is healthier to be in a place where you're accepted because it affects health and relationships.
A place where unhealthy things are harder to find or maybe we just know what is better.*

Recommendations

The teens also reflected on steps that community members might take to improve health in Douglas County, and identified several recommendations.

Promote health by promoting a healthy lifestyle.

Educate through examples.

Have free bicycles we could all ride.

Make health and how we talk about it more fun.

Have better in-school health programs.

SHOW us the alternatives that are better — don't just TELL us.



Photographed by: Michael Bermudez

Conclusions: Convergent community health issues

The benefit of using diverse data collection methods is that each method is uniquely able to reach different segments of the population and results in different types of complimentary data.

To identify community health issues that may reflect the priorities of Douglas County residents, the findings of each method were reviewed for convergence. Although a number of issues were identified by each method, 13 community issues were identified based on mention or findings across multiple methods. Table 3 displays these community health issues and the community health assessment methods in which they were identified.

Table 3. Community health issues represented across community health assessment methods.

Community Health Issue	Concerns Survey	Focus Groups	Interviews	Health Status Report	Photovoice
Lack of access to affordable healthy foods	•	•	•	•	•
Limited access to dental services	•	•	•	•	
Insufficient access to health care and other services	•	•	•	•	
Poverty/ too few job opportunities	•	•	•	•	
Limited access to safe*, affordable housing	•	•	•	•	
Frequent abuse of alcohol (including binge drinking and drinking and driving)	•	•	•	•	
Lack of access to health insurance coverage	•	•	•	•	
Disparities in health outcomes and quality of life		•	•	•	
Inadequate recognition of mental health issues and access to mental health services	•	•	•		
Limited knowledge of available health and other services	•	•	•		
Lack of physical activity		•	•		•
Inadequate transportation linking people to services, jobs, and recreation		•	•		
Prevalence of abuse and intimate partner violence	•			•	

*Safe housing includes absence of environmental toxins including mold and lead.

