

DOUGLAS COUNTY HEALTH EQUITY REPORT: 2021 *(text edition)*

Lawrence-Douglas County Public Health

Structure of this report:

- Introduction and Executive Summary
- Describing Douglas County
- Unpacking Social Determinants of Health and Root Causes
- Examining the Fruit of Inequity: Health Disparities
- Building Strength and Will for Health Equity

-01

(Page number corresponding to full version)

“We have to really look at what the people need [...] We have to listen to people [...] We have to do the stuff that will help everybody benefit, not just a few.” - Indigenous Resident

INTRODUCTION:

Health equity is achieved when all persons in a community can attain their highest level of health. Many if not most factors acting as barriers to attaining one’s best health are partially or fully outside of an individual’s or household’s personal control – e.g., availability of safe housing options, access to healthy food, access to educational opportunities, availability of household sustaining jobs, discrimination in employment, etc. Hence it is the community’s work to prioritize and intervene to remove these factors acting as barriers to promote health equity for its residents and improve the health of the community.

When Douglas County achieves health equity, one’s identity – race, ethnicity, gender, income level, etc. – will not be predictive of one’s health status or length of life. LDCPH’s health equity report indicates that based on current health outcomes, Douglas County still has much work to do. How one identifies oneself is strongly predictive of health outcomes at the population level. This impact of identity on health status, as evident in the recent COVID pandemic, in which persons in the U.S. identifying as Black, Hispanic/Latino or American Indian were more likely to be hospitalized and die from COVID than White, non-Hispanic persons. (CDC Data and Surveillance, 2021)

Examining health outcomes across different identities – especially those of race and ethnicity – measures the extent of disparities. Recognizing and elevating disparities doesn’t address them – but instead is one tool in this community’s toolbox to better understand how longstanding systems, policies and environments have contributed to

inequities. And in turn, understanding in consultation and partnership with those most impacted can inform how best to intervene and create a community in which all can thrive and grow, generation after generation.

-02

KEY TAKEAWAYS

Executive Summary

- Improvements have been made for some health outcomes over time in the Douglas County population.
- Improvement in health outcomes is not equally shared across all groups, as evidenced by health disparities.
- Disparities in health within and across different identities cannot be addressed without addressing the systemic issues creating and maintaining them, which in turn has implications for actions and priority partners and stakeholders to engage.
- Addressing systemic drivers requires engaging both those who are most impacted by the inequities and those who can shift those drivers in designing, implementing, and evaluating changes in policies, systems, and environments for their effectiveness.

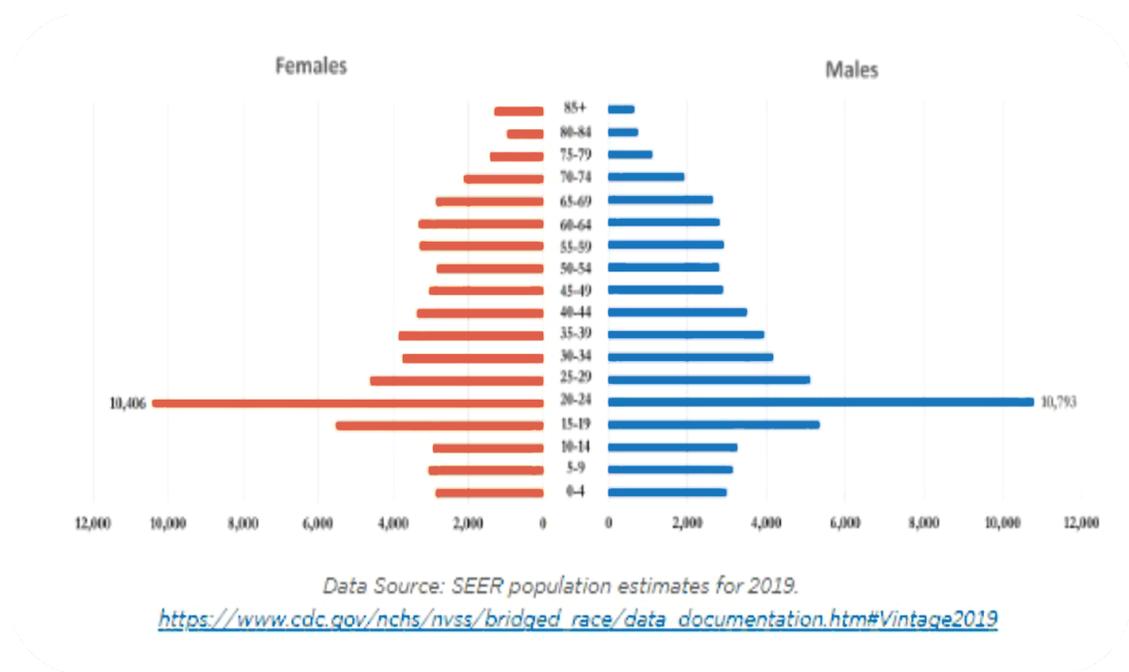
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DOUGLAS COUNTY BY POPULATION

Douglas County is located in the northeast quadrant of Kansas, taken from lands of the Kickapoo, Kansa/Kaw and Osage Nations among others when the state of Kansas was established in 1861.

In 2019, Douglas County was home to over 122,000 residents, with four out of five county residents living in Lawrence, its biggest city. Other cities in the county include Eudora, Baldwin, & Lecompton.

AGE OF RESIDENTS: Residents ages 20-24 years make up 1/6th or 17% of the county's population – likely driven by the presence of three universities (University of Kansas, Haskell Indian Nations University and Baker University) – and almost half of all residents are under the age of 30.

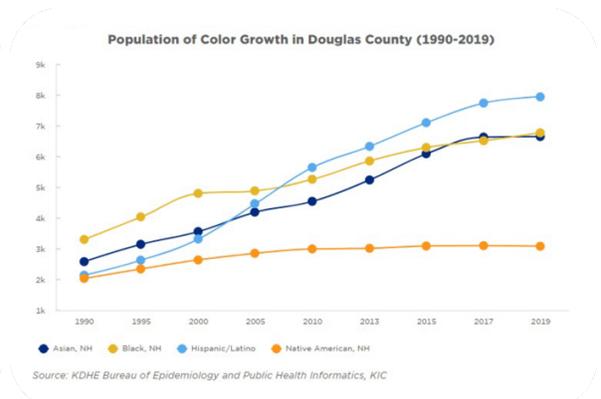
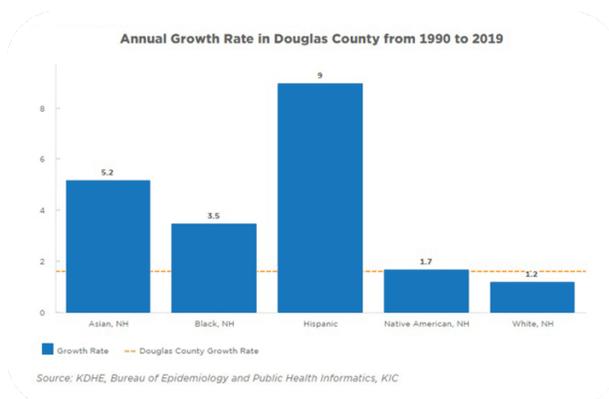


According to U.S. Census Bureau data released for 2020 redistricting, Douglas County was one of the five fastest growing counties in Kansas, growing 7% between 2010 & 2020. In contrast, four out of five Kansas counties lost population in this timeframe as residents moved to more urban areas. (Kansas Health Institute, August 2021)

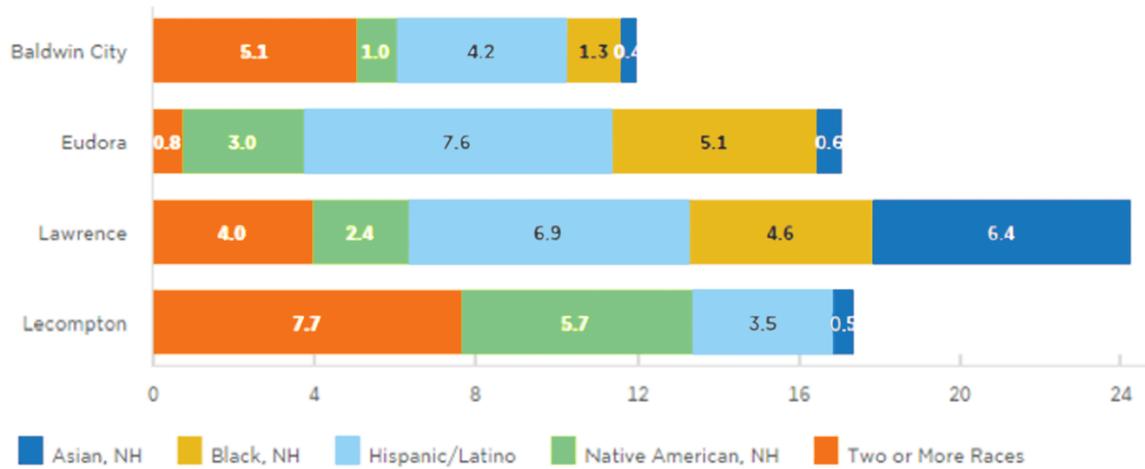
“We are a community that says we value diversity and equity, but we have trouble moving outside of our own patterns and experiencing discomfort, and taking more progressive, effective steps in governing to actually achieve equity” - focus group participant

-04

“We have an incredibly robust activist community that changes over time because of the churn of the university, but that’s essential for holding city leaders, police & the university accountable to values of inclusion and equity.” - resident describing community assets



Percent of Population of Color by Place within Douglas County



Source: ACS 2015-2019

The Douglas County Hispanic population grew at nearly five times the average rate of the county's total population between 1990 and 2019.

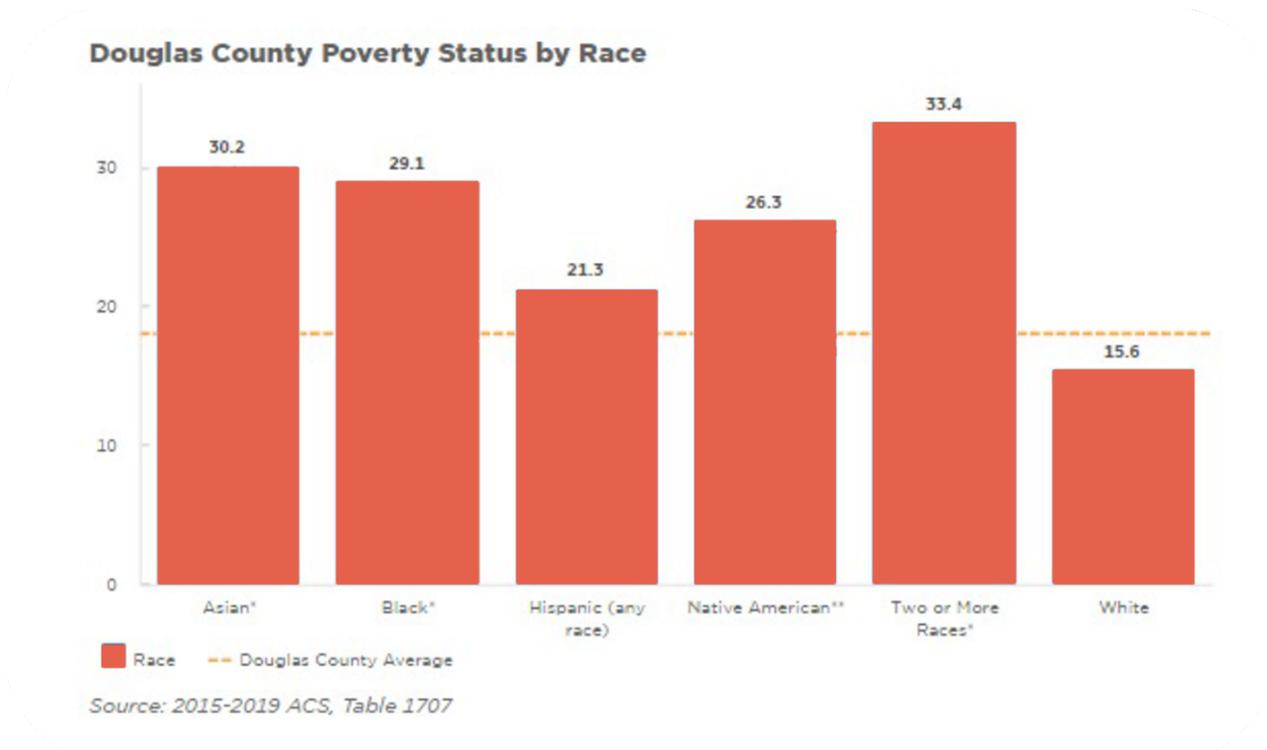
Douglas County's population growth over the past decade has reflected strong growth among populations not identifying as White, non-Hispanic. Between 2010 and 2020, Douglas County grew by 11,700 residents, one-third of which identified as Asian, Black, Hispanic, or Native American. However only 20% of the county's total residents identified as one of these race and ethnicities in 2019.

-05

DOUGLAS COUNTY BY INCOME

Adequate income to regularly meet the basic needs of one's household members is a predictor of many health outcomes. Poverty thresholds are based on the size of the family, such that households with three members living with less than \$20,335 in 2019 are classified as living in poverty, \$26,172 for a household of four. However, many would argue that this classification does not begin to capture the number of households who are financially stressed, especially given the cost of both housing and childcare.

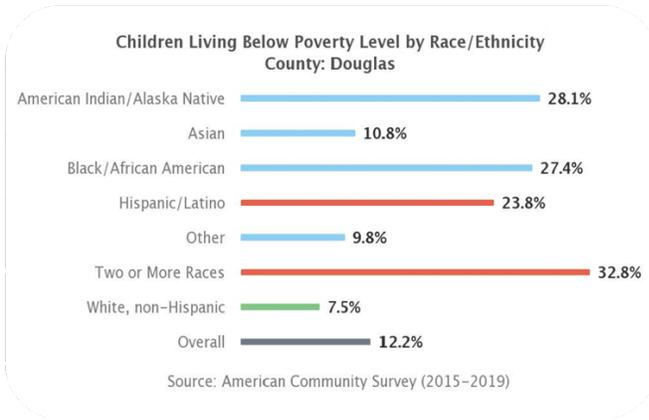
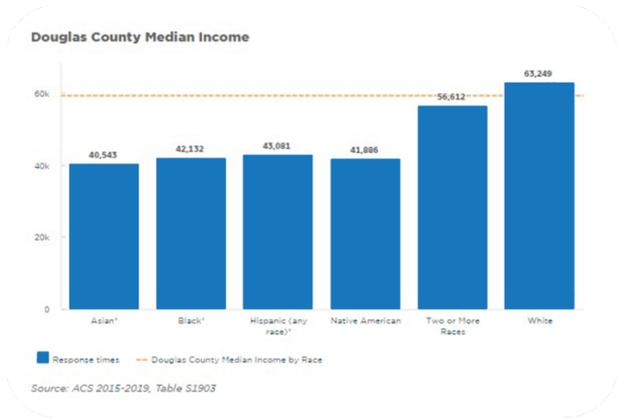
And making choices among which bills to pay, whether one's family may lose their housing, or whether there will be enough food that week adds stress that can itself impact the health of household members.



-06

Children living in a household with income below the poverty level are particularly impacted given they are in the midst of physical and emotional development. Living in a household with inadequate income increases the likelihood of that child experiencing food insecurity, housing instability, less regular healthcare access, and fewer educational opportunities.

Children who identify as Hispanic/Latino or Two or more races are significantly more likely to live below the poverty level in Douglas County than children under the age of 18 overall. Higher levels are also seen among children who are Black and American Indian/Alaska Natives.



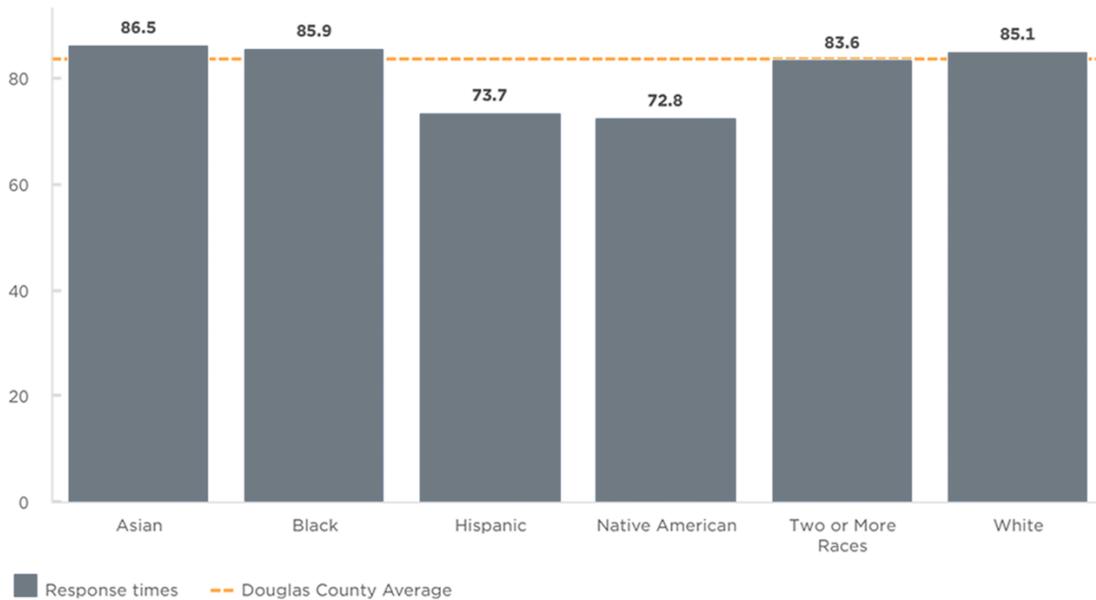
20,169 PEOPLE IN DOUGLAS COUNTY (18%) LIVE BELOW THE POVERTY LINE.

-07

DOUGLAS COUNTY BY EDUCATION

High School Graduation Rates

High school Graduation Rates in Douglas County by Race



Source: KSDE Data Central 2019-2020

KSDE uses a four-year adjusted cohort formula: any student who does not graduate in the expected four years counts against the graduation rate

* Native Hawaiian excluded

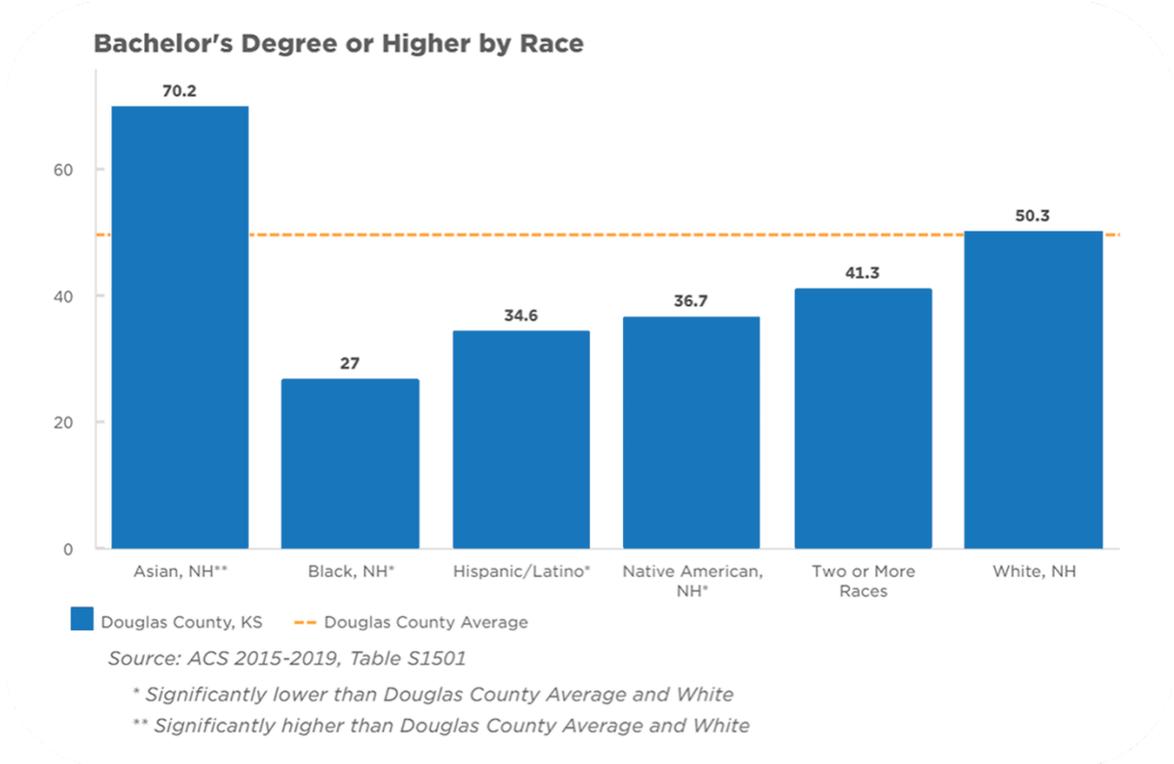
A strong education is often the foundation for subsequent employment opportunities and income that can in turn contribute to future health and well-being. In 2019, the percentage of students who graduate high school within four years was 84.4%, which is lower than the state of Kansas rate of 87.3% and the community's surrounding counties. Those in Douglas County who have a high school degree or less are more likely to be uninsured, to smoke, and to report fair or poor health status and mental health.

In a community with multiple universities and a high proportion of residents with at least a bachelor's degree, over 1-in-7 ninth graders don't graduate from high school within 4 years.

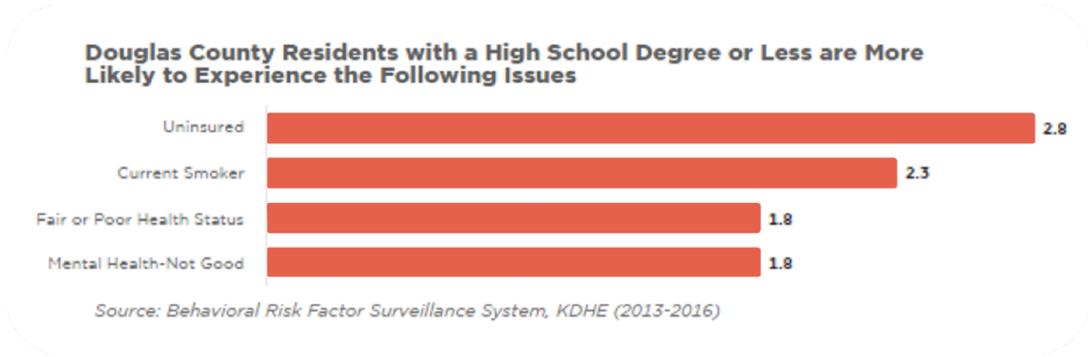
-08

Almost half of Douglas County residents 25 years of age or older have completed a bachelor's degree, compared to 33.4% of Kansas residents. While high school graduation rates do not dramatically differ by race, the likelihood of having a bachelor's degree or higher is very different across groups. Seventy percent of residents identifying

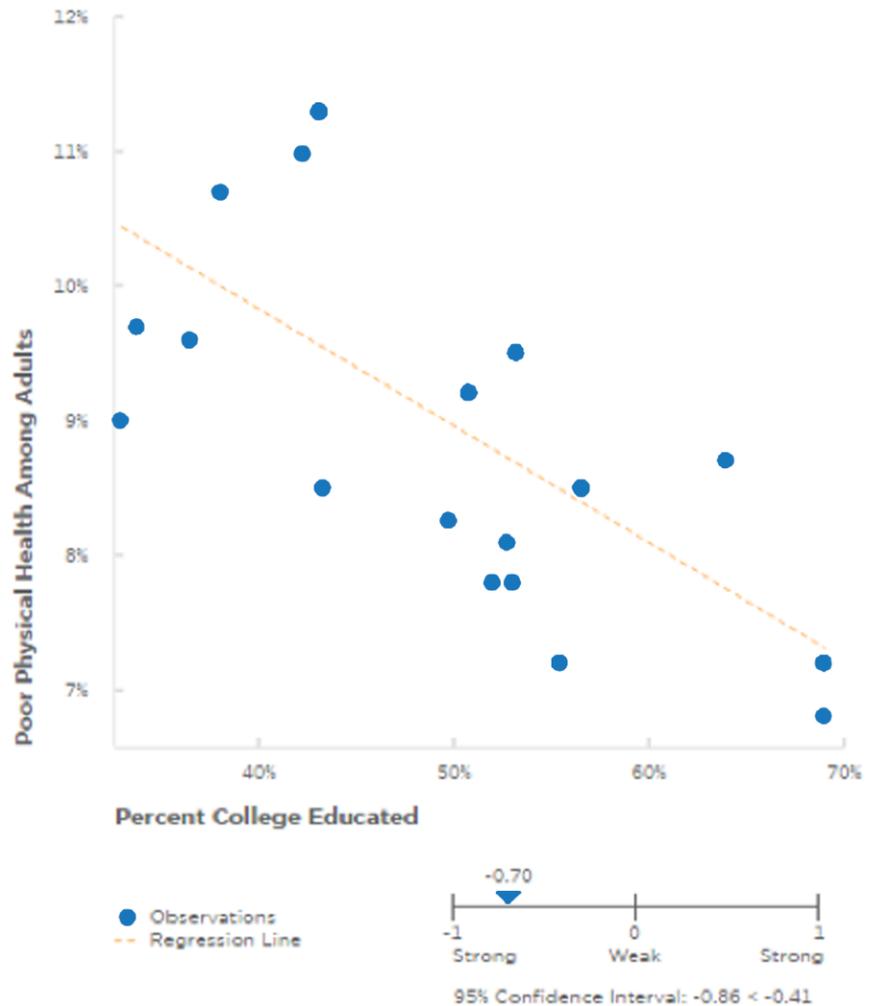
as Asian and 50.3% of those identifying as White, non-Hispanic reported having attained a bachelor’s degree or higher while only 27% of Black, non-Hispanic residents did the same. Other groups fell between 27% and the average.



Local data suggests that there is a relationship between higher levels of education and health related behaviors such as smoking, lack of leisure time, and less physical activity. Among residents with a bachelor’s degree or greater, these negative health behaviors were less likely to be reported.



Percent College Educated vs Poor Physical Health Among Adults
 Census Tracts inside Douglas County, KS



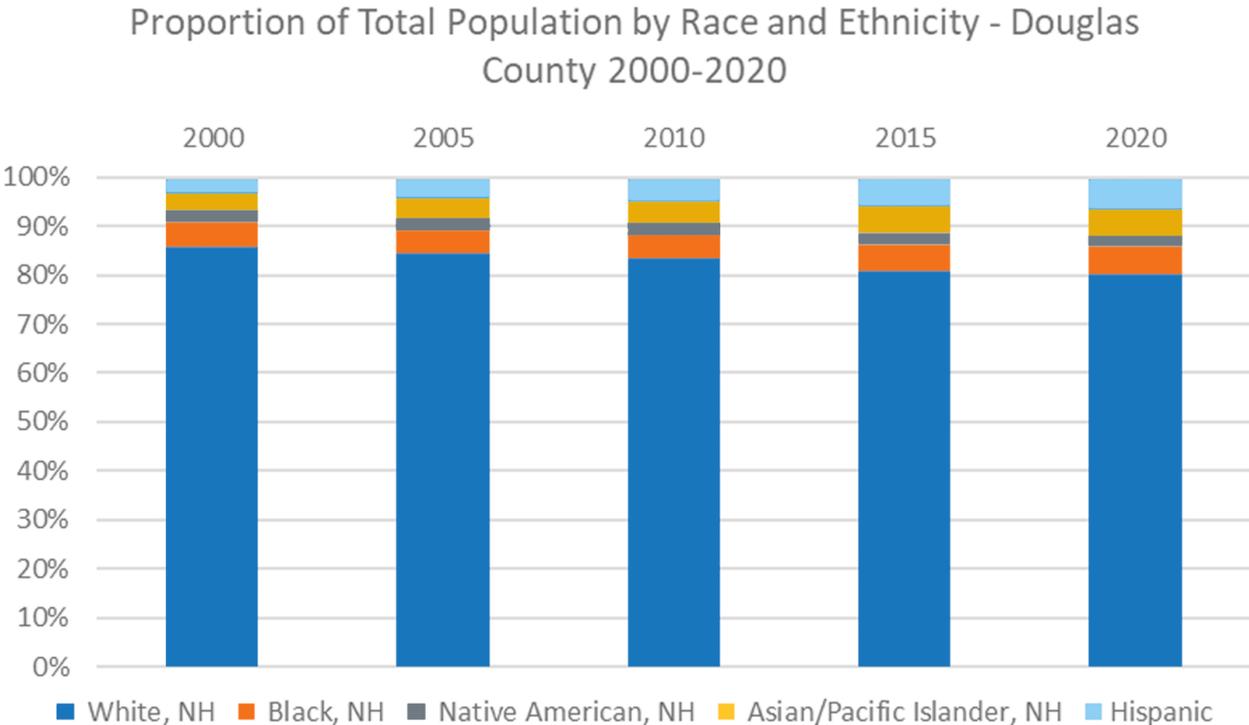
Sources: CDC BRFSS 500 Cities 2016; US Census Bureau ACS 5-year 2015-2019

Living in areas of the county in which there is a higher proportion of residents with a bachelor’s degree or greater, can be predictive of reported health status. In the City of Lawrence, as the percent of adults in a census tract that is college educated increases, the percent of those reporting poor physical health decreases. A similar relationship exists between the percent of college educated residents in the census tract and three health behaviors that put residents at increased risk for poorer health. These include: the likelihood of current smoking, reporting no leisure-time physical activity, and getting less than 7 hours of sleep. The proportion of residents that reported these risk

behaviors was less in census tracts in which 70% or more residents reported having a college education than those in which less than 40% were college educated.

DOUGLAS COUNTY BY RACE AND ETHNICITY

In the past decade, the overall proportion of Douglas County residents who identify as White/non-Hispanic has remained fairly stable but is slowly trending downward. As noted earlier, while recent growth in overall population is strongly driven by residents identifying as Hispanic/Latino, Black, Asian, and Native American, 8 out of 10 Douglas County residents still identify as being White/non-Hispanic.



2019 Douglas County Population by Race and Ethnicity

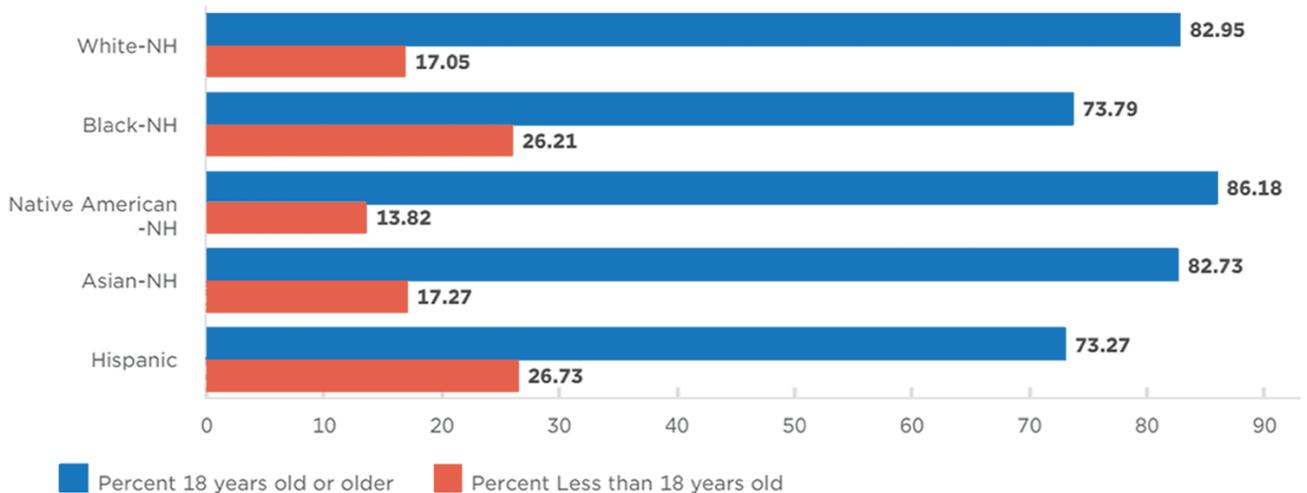
Race/Ethnicity	N	Percent
Asian, non-Hispanic	6656	5.4%
Black, non-Hispanic	6780	5.6%
Hispanic	7947	6.5%
Native American, non-Hispanic	3086	2.5%
White, non-Hispanic	97,790	80.0%

Source: KDHE Bureau of Epidemiology and Public Health Informatics, Kansas Information for Communities

-11

“We walk around with excess stresses and anxieties, and we take them as normal.”
- Black resident

About 1/4 of Black-NH and Hispanic populations are under 18 years old

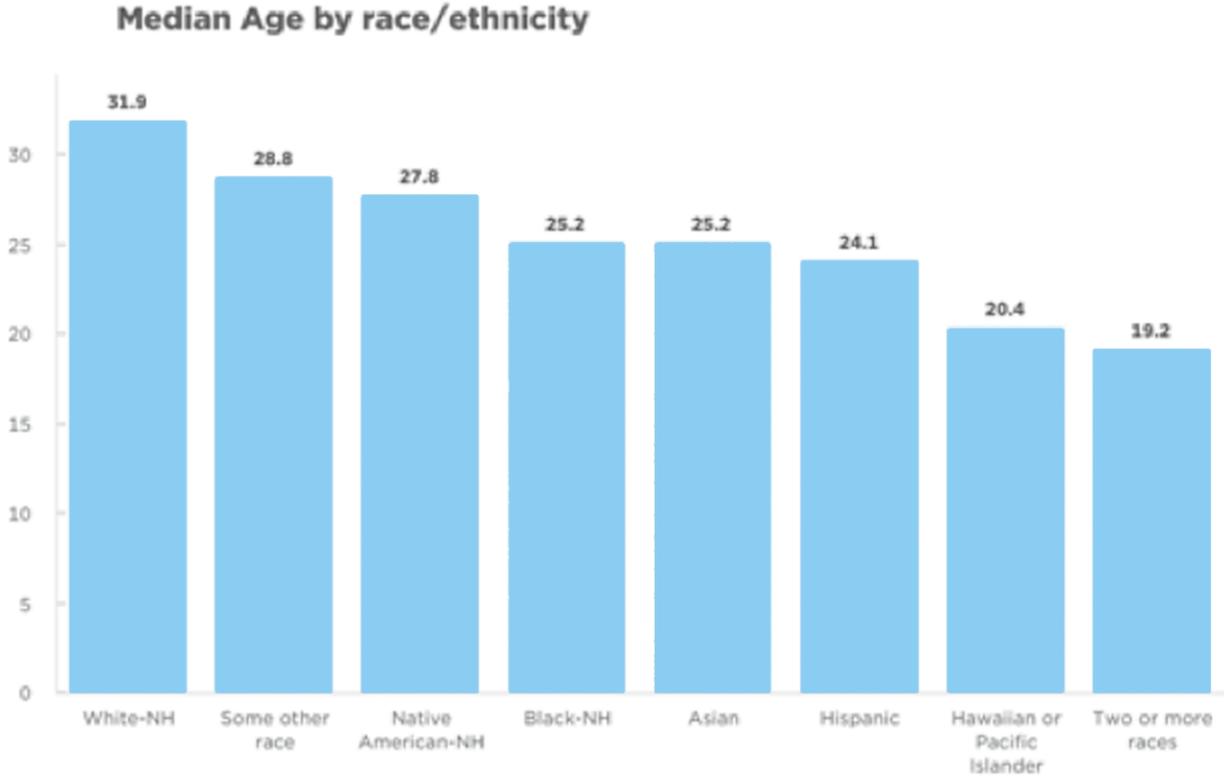


Data Source: SEER population estimates for 2019.

https://www.cdc.gov/nchs/nvss/bridged_race/data_documentation.htm#Vintage2019

Median age describes the age where one-half of that population group is older than that age and one-half is younger. This is different from the average age and provides a snapshot into how that group's ages are distributed. In 2019, the median age in Douglas County was 29.8 years.

Douglas County's median age varies by self-identified race and ethnicity, with those identifying as White, non-Hispanic being the oldest and having a median age of 31.9 years and those identifying as Two or more races' median age being the youngest at 19.2 years. (ACS 2019 5 yr estimates).



Data Source: American Community Survey 2019 5-year estimates. Tables B01002A - B01002I

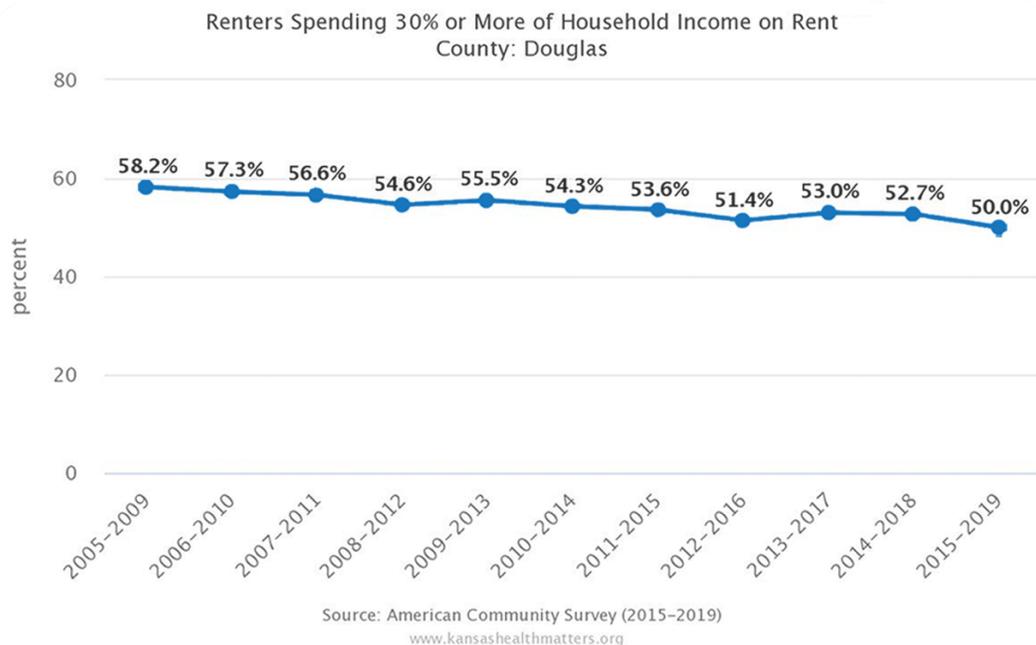
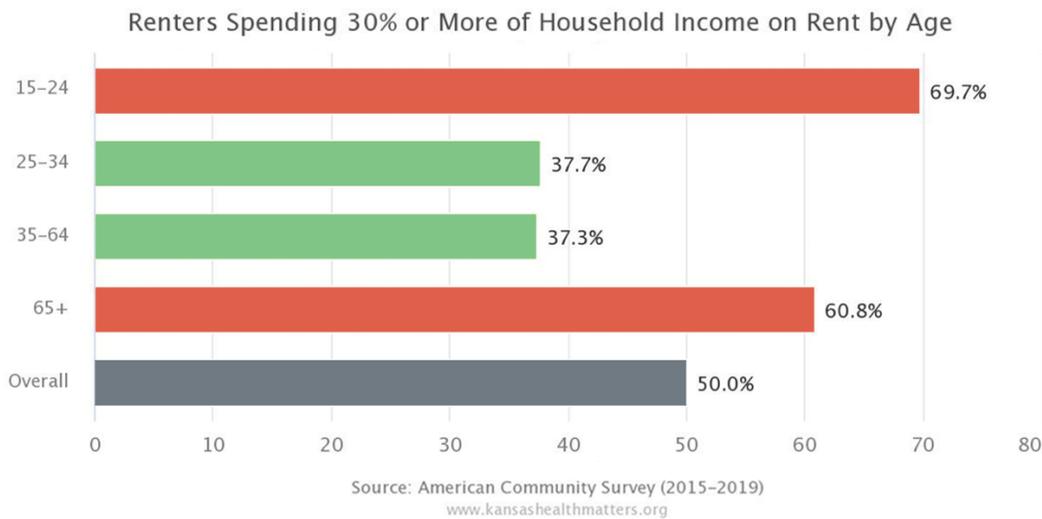
DOUGLAS COUNTY BY HOUSING STATUS

A household's housing status – its stability, affordability, safety, location – are key predictors of its members health and well-being. But housing is expensive – often being the greatest expense for households on a monthly basis. When too much of a household's monthly income is dedicated to housing, other basic needs may not be consistently met. Healthy food choices, needed healthcare and prescriptions, paying

utilities and other bills may be set aside to maintain stable housing which in turn can impact health.

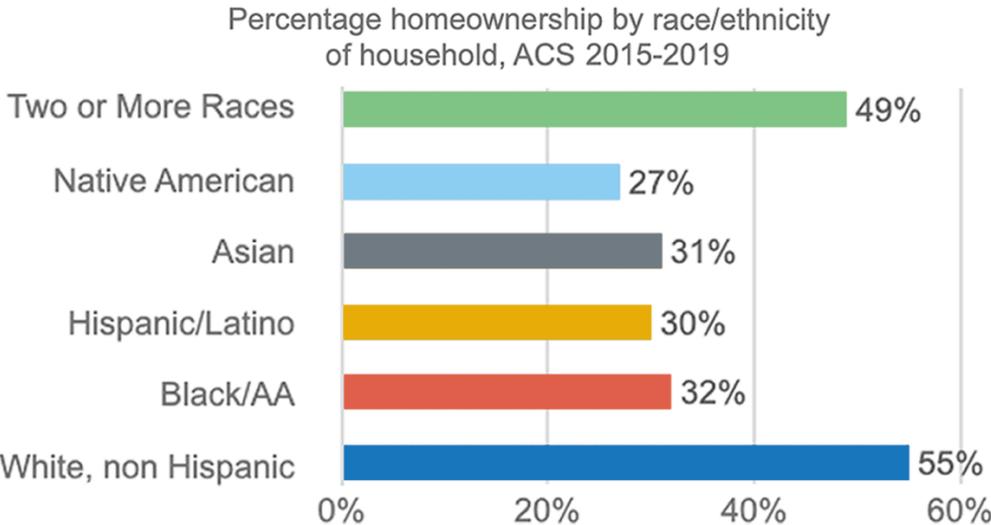
Paying 30% or more of one's gross income is considered being cost-burdened – and at risk for not meeting other basic household needs. Almost half of Douglas County households that rent are cost-burdened, and more than one out of six (17%) homeowners are cost-burdened.

The density of cost burdened renting household's ranges from a high of 52.5% in Baldwin City to 29.8% in Eudora.



The proportion of renters who are cost-burdened has improved somewhat in the last decade in a county in which median gross rent was \$926 a month (2015-19 ACS). However, Douglas County continues to have the fifth highest proportion of cost-burdened renters in the state of Kansas, exceeded by Jewell, Crawford, Riley, and Dickinson counties.

While it might be expected that those in the youngest group of renters (15-24) have high levels of being cost-burdened, renting seniors also have high levels of cost-burden. Three of five renters 65 years of age or older pay more than 30% of their income on rent. Regardless, households in both groups are at increased risk of housing instability and may have to make hard choices about where to spend limited income – and where not to – which in turn impacts their current and future health.



Homeownership is a strong way for families to build generational wealth, often one of the most common ways to increase net worth. In comparison to renting, being able to purchase housing builds equity in something that generally will simultaneously appreciate across time and act as a tax shelter. And once equity is built, homeownership can provide a short-term source of emergency funds if a job is lost, or a medical emergency occurs.

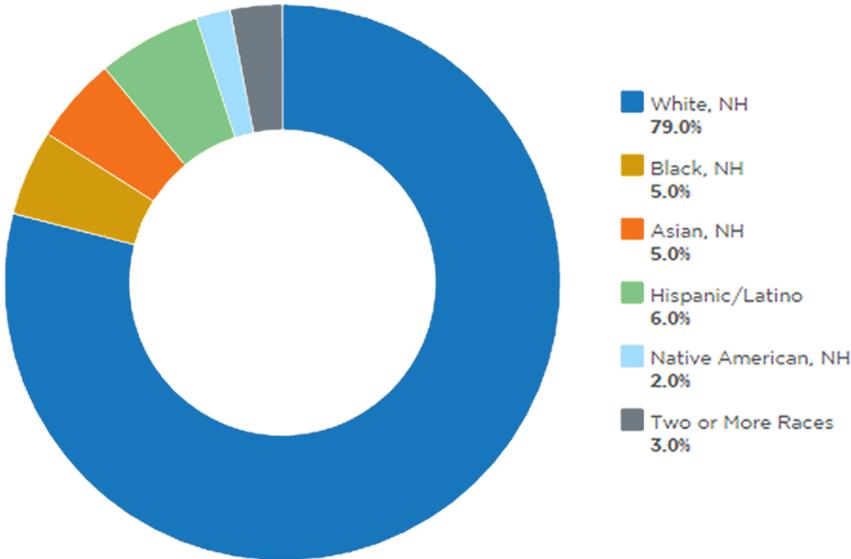
According to the ACS (American Community Survey), 55% of households identifying as White and 49% of Douglas County households identifying as two or more races owned their own homes in Douglas County.

While a little more than half of households identifying as White, non-Hispanic reported owning their own homes, the vast majority of owner-occupied homes in Douglas County

are owned by households who identify as White, non-Hispanic. While eight out of ten Douglas County residents identify as White, non-Hispanic, in 2010 91% of owner-occupied homes were held by this same group.

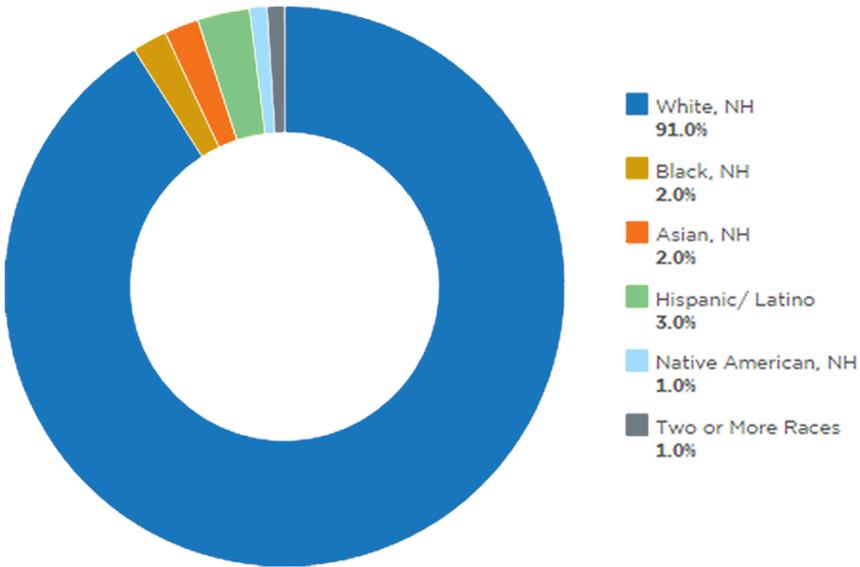
In contrast, renter occupied homes more closely reflected the racial and ethnic diversity of the total Douglas County population.

Renter Occupied Homes by Race & Ethnicity



U.S. Census Bureau (2010)

Owner Occupied Homes by Race

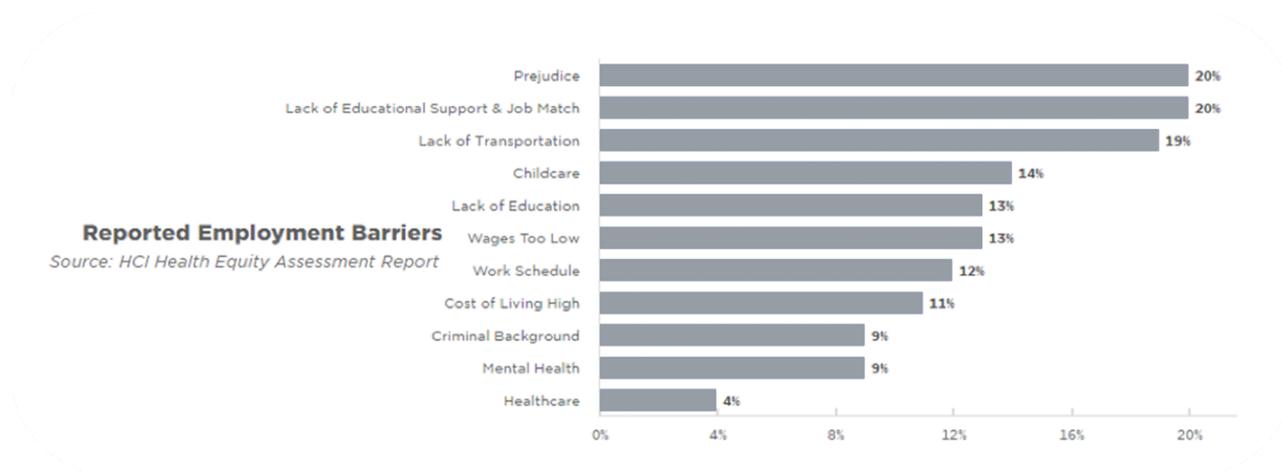


U.S. Census Bureau (2010)

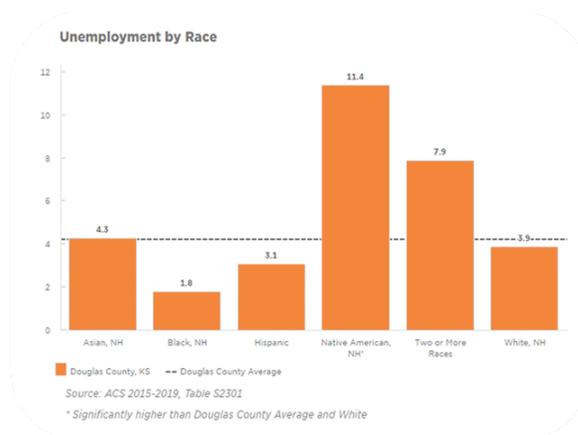
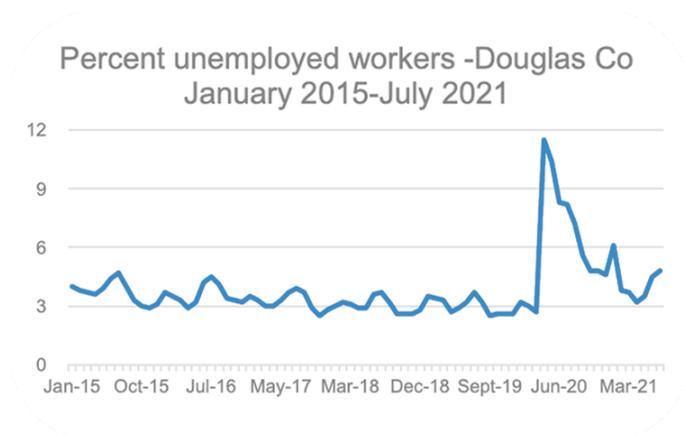
DOUGLAS COUNTY BY UNEMPLOYMENT

Overall unemployment had been relatively stable across the county since 2015, slowly trending downward to about 2.6% in the final quarter of 2019. In April 2020, rates dramatically increased to 11.5% with COVID related shutdowns and closures but have been dropping again since.

However, overall numbers obscure those levels of unemployment are dramatically different across different groups – especially by race and ethnicity. Prior to COVID-19, residents identifying as Native American, or Two or more races had higher rates of unemployment than other groups. Differential rates of unemployment may be further exacerbated by COVID-related job losses, which are not captured in the current data.



Barriers to better employment in 2019 included: inadequate educational support, prejudice, lack of job matching, and insufficient transportation.



DOUGLAS COUNTY IN ITS RESIDENTS' WORDS

"We have to really look at what the people need [...] to listen to the people [...] We have to do stuff that will help everybody benefit, not just the few." – Indigenous resident

"Remember the people at the intersections – those are hit hardest." – Resident discussing disability

"I think there's been a lot of pushback for people to educate themselves on issues that affect marginalized groups in general [...] Individuals, either allies or folks who are within the communities or who have family members or loved ones who are in the communities are speaking out and acting more as well [...] I think people should keep active and keep that energy going." – Resident describing community assets

"Look at intersectionality [...] If you're Black, if you're a person of color, if you're a person who is not heterosexual, the discrimination mounts and we all need to be aware of that." – Resident discussing gender and gender identity

*"There are a number of people in the community that will lend a hand. I've been impressed by that [...] Seeing people rise to the occasion when somebody has encountered something really difficult and the community-mindedness."
– Resident describing community assets*

"The places [those with disabilities] can't access, they also can't get jobs. The community is already really expensive. This causes stress and mental harm and trauma." – Resident discussing disability

"We are not alone. Policy in the past has been made to make us feel we are separate. But you are not alone. All of us can do it together. From the top and from the bottom. If we can attack the issues in a multi-faceted way, we can make some progress. I am grateful to be a part of this conversation." – Black resident

"The people at the leadership tables don't have the experiences of most of the community members." – Black resident

"I think it has been better in the last couple of years due to incidents around the country that hopefully has opened people's eyes to what we deal with every day." – Black resident

"These topics are being discussed and people are coming out and doing the good work [...] of getting people to [...] care about marginalized identities." – Resident describing community assets

"We need to have individuals within leadership positions who can be trusted beyond just people of color doing the work. We need everyone pushing equity forward." – Black resident

“I have lived here for 15 years, and the truth is I love this city for its diversity and acceptance.” – Resident describing community assets

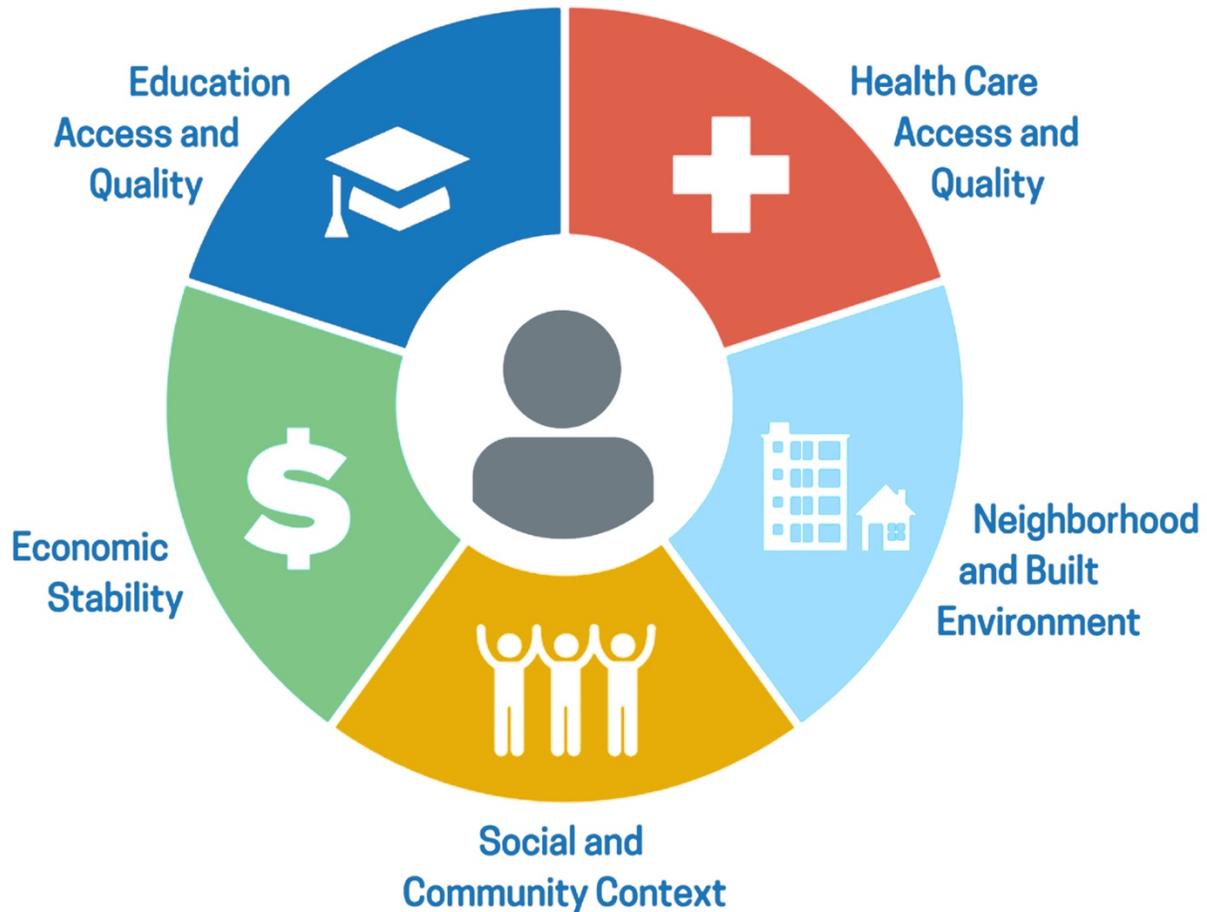
“love to you all, keep fighting the good fight” – focus group chat to other participants

(Health Equity: Voices from our Community, Douglas County Kansas, 2021)

-17

SOCIAL DETERMINANTS OF HEALTH

One’s health and well-being reflect not only an individual’s choices and behaviors, but the broader conditions in places where that person lives, learns, works, and plays that affect a wide range of their health outcomes and quality of life. These broader conditions are called social determinants of health. In recent years, public health professionals have begun to understand that these social, economic, and environmental factors ultimately have the greatest impact on our health status and are where energy can be best focused to improve population health. And it is impossible to achieve health equity without examining and addressing these important factors. (Healthy People 2030)



Different models of social determinants of health may use different names or differ in their final number of determinants, but Healthy People 2030 aligns them along five primary areas of focus:

- **Economic Stability** (sustaining employment opportunities, living below poverty level, sufficient income, food insecurity)
- **Education Access/Quality** (high school graduation, quality early childhood ed., math/reading proficiency, higher ed. enrollment)
- **Healthcare Access and Quality** (healthcare access, health insurance, access to screenings and treatment, health literacy)
- **Built Environment** (housing quality/safety, access to food, exposure to tobacco, violence/crime, and housing affordability)
- **Social and Community Context** (discrimination due to identity, resilience and social cohesion, levels of incarceration)

Social determinants of health are sometimes defined as the root causes of health – drivers of health and well-being. But addressing these root causes alone is insufficient to bring about health equity. Broader historical contexts and systems of power impact health – like sexism, racism, classism. Especially racism – health equity cannot be achieved without first acknowledging that racism is a key root cause of health disparities and intersects with almost all social determinants of health and other systems of power in the U.S. Examples of this are findings that despite controlling for equivalent socioeconomic status, health status, age, or education level, Black mothers and Black babies die at three or more times the rate of non-Hispanic, White mothers in the U.S. (American Progress 2018)

ASSETS EXPRESSED BY RESIDENTS:

- More awareness and conversation about human rights, issues affecting marginalized groups and people taking action.
- Increased representation in positions of elected leadership.
- Formation of civic organizations supporting LGBTQIA+ adults and children feeling welcome and included.
- Evidence of more collaboration among local universities leading to cross-educational opportunities
- Expansion in mental health services

ROOT CAUSES

Understanding health Inequities versus disparities and implications for strategies and action

Understanding the difference between disparities vs inequities informs how as a community we understand and act to reduce or eliminate poor health outcomes. Human Impact Partners clarifies how they are related and where they are different - defining health disparities as differences in health status and mortality rates across population groups, some of which may be expected such as differential rates of cancer among elderly versus children, and breast cancer rates among women versus men.

Health inequities are similarly differences in health status and mortality rates but rooted in systemic, avoidable, and unjust systems and contexts, such as breast cancer mortality among Black women versus Non-Hispanic White women. So, while all health inequities are health disparities, not all disparities are inequities. (Center for Urban Population Health, 2021)

Social determinants of health can be represented as roots – as they are the root causes for many health outcomes in addition to being mostly unseen. When a person presents with a health issue, it may not be evident how or which root causes may have contributed to their current outcomes. And this inability to “see” the root cause – only the fruits or results of it – is why improving health outcomes has often focused solely on the individual and their behaviors and choices, ignoring the impact of broader contexts such as poor housing, insufficient income to regularly meet basic needs, and discrimination. But as a community, we are called to recognize and lift up the broader contexts – the root causes – of health to reach the goal of creating abundant and equitable opportunities for good health among all Douglas County residents.



-20

Social and Economic Factors Influencing Health Outcomes

Housing: Living in housing that is safe (lead free, clean water), affordable (so other basic needs can be met regularly) and stable leads to better health outcomes for all household members. Homeownership provides not just stability but also potentially generates intergenerational wealth.

Education: Early, quality options support academic success and post-secondary educational attainment support improved employment opportunities and income. What variety of educational resources and opportunities in the community are available to the individual throughout their life?

Food: Healthy adequate food is a building block for both mental and physical health and includes both access (Where is it sold? Is it within walking distance?) and affordability elements in addition to quality (Is there full-service grocery available?) and types of foods available.

Income: Income level and job opportunities connect to economic stability – which supports households access to healthy foods, safe housing, educational opportunities and healthcare, basic necessities for good health. These in turn impact other determinants of health.

-21

Environment: Elements of the physical environment that promote health include green space and parks, access to transportation, feelings of safety for community gathering space, and social cohesion.

Sexism: From birth most children are assigned a gender. What gender others perceive a person as having impacts how they interact with them, how they interpret their actions, and limits opportunities due to others' expectations. These expectations can have significant impact on health determinants.

Racism: Racism is a system of structuring opportunity and assigning value based on the social interpretation of how one looks, which unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps societal strength by wasting human resources. (APHA past-president Camara Phyllis-Jones)

More: Additional factors including healthcare access and classism among others have significant and disparate impacts on health but are not fully addressed here due to space limitations. This is not meant to imply that these factors are not important, or to undermine their impact.

-22

Why is examining disparities by a person's race & ethnicity used to understand inequity?

Data on health outcomes can be divided and examined across multiple identities – as everyone has several ways to define themselves – by gender, race, ethnicity, sexual orientation, educational background, income level, age, ability, geographical location, etc. Any of these may have implications for disparities – and often the intersection of two or more of these identities (e.g. gender and race and education) reveal deeper and more complex differences in health outcomes and social determinants of health, e.g. risk for living with insufficient income/poverty.

But overwhelmingly, regardless of the impact on health for one's other identities, race and ethnicity are predictive of multiple population level health outcomes. The COVID-19 pandemic has painfully once again confirmed the predictive power of race and ethnicity

with higher risk for positivity and ICU admissions among Blacks, Hispanic and Asian American individuals than White, Non-Hispanic ones, albeit not for mortality, in a meta-analysis of 4.3 million U.S patients. (Magesh, John, Li, et.al, 2021) And the predictive power of race in the U.S. extends beyond health to educational outcomes, criminal justice involvement, employment outcomes, and others. Which in turn impact health and well-being.

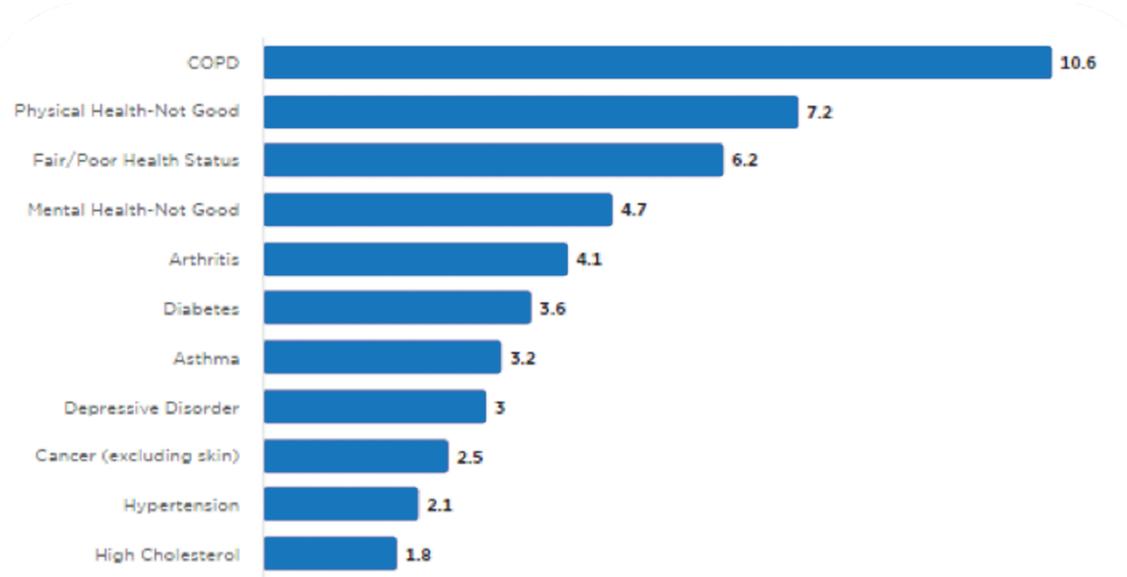
To not focus deeply on the implications of race and ethnicity on health outcomes is to ignore or minimize the deeply entrenched racism that has been and is experienced by individuals and communities and its impact.

-23

Disparities through the lens of those living with disabilities

One way to describe those as who are currently living without an identified disability is as the temporarily able bodied – given that through our life spans and especially as persons age, the likelihood of developing a disability increases. Use of this term is a reminder that we are all living in the same community as human beings – that our bodies are fragile, the unexpected is unplanned for, and a disability can happen to any of us at any time.

One-in-nine Douglas County residents reports living with a disability, with that proportion climbing to almost one-in-two after age 75. There is nothing inherent about having a disability and having inequitable health outcomes. Yet, many residents with a disability are faced with poorer health outcomes in part because they face similar challenges to other groups experiencing health inequities – reduced educational and employment opportunities, discrimination, and fewer housing options. One clear example of a health inequity is that residents with a disability are ten times more likely to report having chronic obstructive pulmonary disease (COPD) than those without a disability.



Source: Behavioral Risk Factor Surveillance System, KDHE (2017)

“The places that [residents with disabilities] can’t access, they also can’t get jobs. The community is already really expensive. This causes stress and mental harm and trauma.” - Resident with a disability.

Douglas County residents who report living with a disability are more likely to experience a wide range of health issues – and report worse overall health across physical health indicators, self-reported overall health status, and self-reported mental health status – than their counterparts without a disability.

-24

HEALTH DISPARITIES

EXAMINING THE FRUITS OF INEQUITY:

As a public health department, Lawrence-Douglas County Public Health is primarily focused on how best to improve health outcomes at the population level, vs that of any one individual, with the hope that improving population level outcomes will translate into improved health for all residents of Douglas County now and in the future.

Examining and tracking differential health outcomes over time and across population groups is used as a foundation to understand and investigate the causes of inequities. Subsequently this data is then used to develop strategies and actions – policy, systems, and environmental changes – to improve health and eliminate inequities. Collecting and sharing this data – both currently, across time, and across different population groups – can be used to:

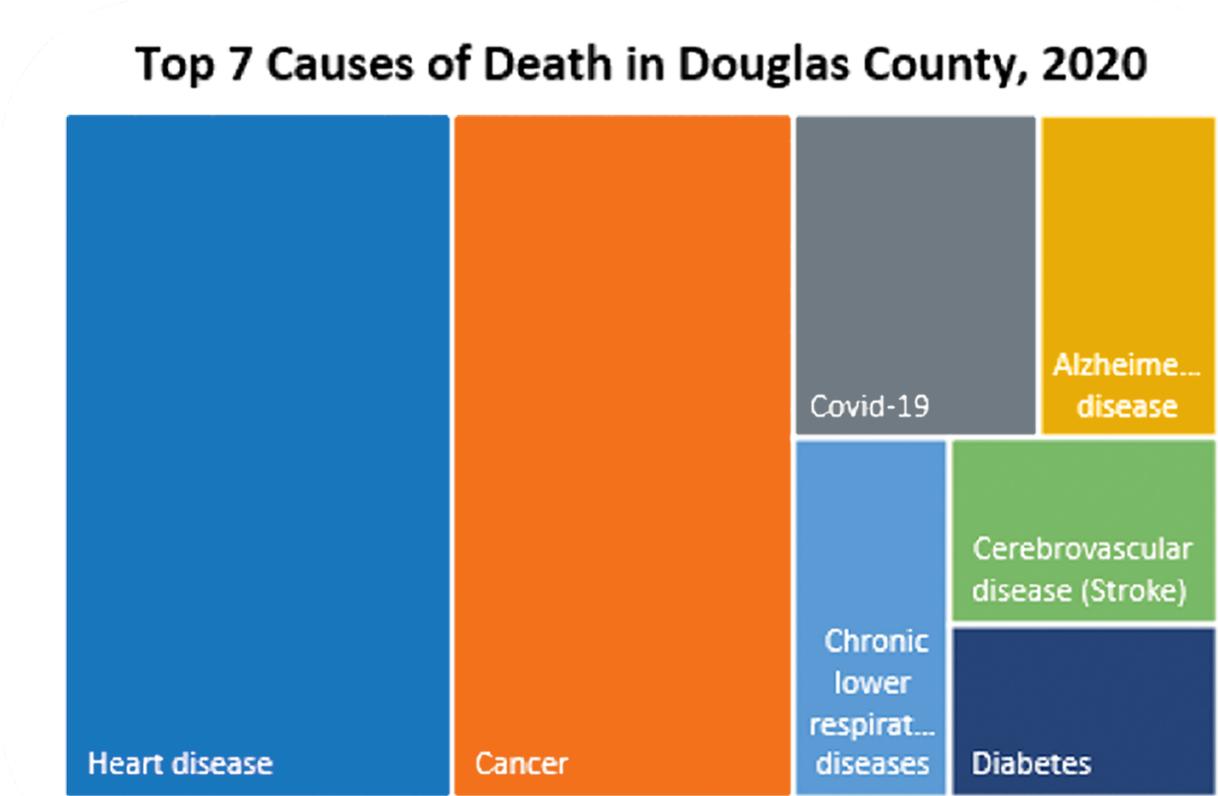
- Create reports and raise awareness of inequities and their drivers in the broader community and among key stakeholders.
- Prompt conversations around social determinants of health maintaining current health disparities and inequities and
- engage partners who can bring about change.
- Identify who is most impacted in the community and seek out their input and engagement in addressing the issues, adding
- qualitative data to the discussion and raising up the concerns of the communities affected.
- Prioritize what strategies and actions to engage in locally, in partnership with those most impacted and those who can best
- impact upstream drivers of those inequities.
- Measure effectiveness of interventions taken on determinants of health locally or track the impact of new or emerging health drivers.

Focusing solely on health outcomes and disparities is insufficient to address drivers of health inequities – but it does provide a point in time at which to measure the fruits of past and current injustices and discrimination and over time, to evaluate whether those interventions taken by stakeholders and partners to address them are effective.

While the health outcomes highlighted in this report are in no way exhaustive, they do reflect ongoing known health disparities for which local data is available. In future health equity reports, additional outcomes may be included or may be analyzed across additional population groups.

HEALTH OUTCOMES

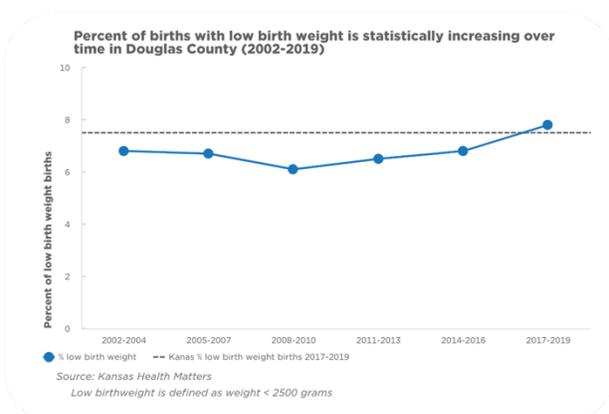
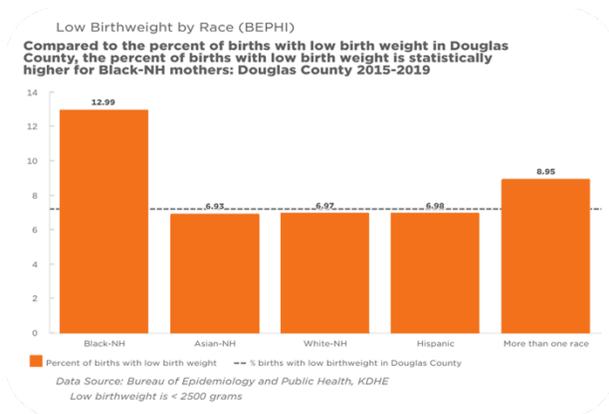
People can experience a wide range of health outcomes during their lifetime, and at all points throughout their lives. None of these outcomes are unique to a given age range even if they may be somewhat more common in one stage of life than another.



This report presents these issues in a generalized chronological order. The order does not indicate importance and the exclusion of certain health outcomes does not signify that those outcomes do not have a significant impact on residents' health.

DISPARITIES AT THE BEGINNING...

- **LOW BIRTH WEIGHT**



In Douglas County, disparities in the percent of births with low birth weight are a strong indicator of disparities existing in the community’s infant health. The percent of births with low birth weight has been rising in Douglas County since 2009.

The percent of infants born with low birth weights is statistically higher for mothers identifying as Black, non-Hispanic compared to those identifying as White, Asian, or Hispanic, with more than 1-in-8 babies born to Black mothers weighing less than 5.5 lbs.

ROOT CAUSES: Food Systems, Income, Education, and Racism

Why does this matter?

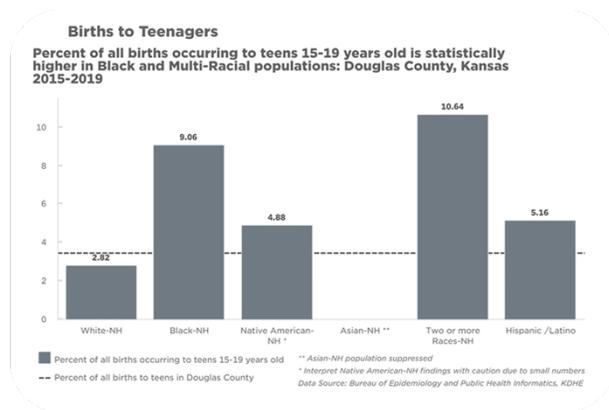
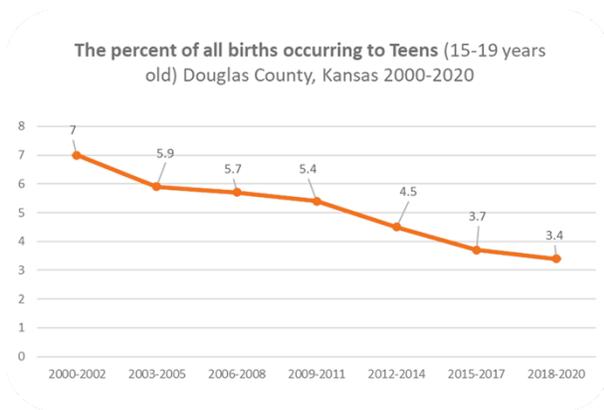
Low birth weight is often associated with premature birth and while many low birth weight babies have normal health outcomes, a baby born with a low birth weight is at greater risk for delayed motor skill development, learning disabilities, and increased infant mortality (death before first birthday).

DISPARITIES AT THE BEGINNING...

■ **BIRTHS TO TEENS**

Pregnancy and motherhood can bring a significant social and economic burden to teenagers and disrupt their own future outcomes – and sometimes that of their children. Overall, there has been a significant decrease in the percentage of all births to Douglas County teenagers (ages 15-19 years) in the past two decades – with only 3.4% of all births in the County in 2018-2020 to mothers ages 15-19 years.

However, in examining trends among who is giving births by racial and ethnic group, births among women identifying as Black or Two or more races were much more likely to be by teens 15-19 years of age than other groups in Douglas County.



ROOT CAUSES: Income, Healthcare Access, and Education

Why does this matter?

Teen pregnancy contributes to high school dropout rates which can in turn impact future employment and income, and babies born to teen moms have higher risk for premature birth and low birth weight. As they grow, children of teens are more likely to have health problems, lower educational achievement, and become teen parents themselves compared to children born to parents in their 20's or older.

-28

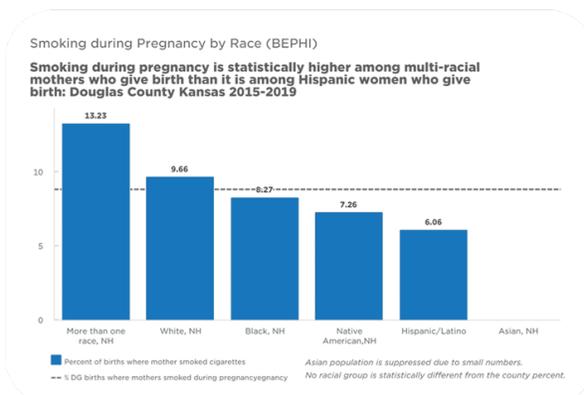
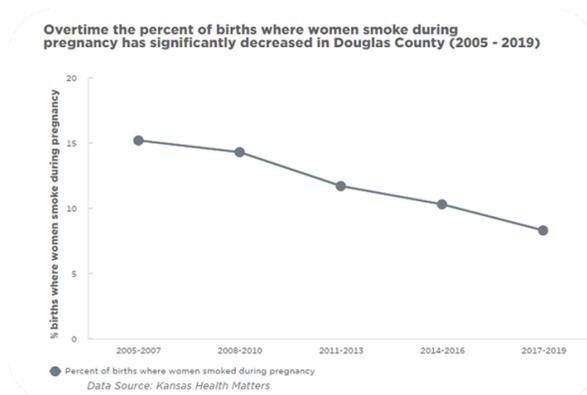
DISPARITIES IN DEVELOPMENT...

■ PREGNANT SMOKING

Smoking during pregnancy has trended downward in Douglas County, as it has in the State of Kansas and US overall, as smoking in the general population similarly decreased. It is unclear how or if the trends toward vaping will impact future levels of tobacco use – especially among ages most likely to be giving birth – but vaping tobacco products exposes nicotine to the developing fetus in utero which is known to impact lung, heart, brain, and immune systems development.

While those identifying as Two or more races were more likely to smoke during pregnancy than among those identifying as Hispanic, no racial and ethnic group was statistically different than the overall Douglas County rate between 2015-2019.

Eliminating tobacco use during pregnancy decreases risk for both the smoker and the developing baby.



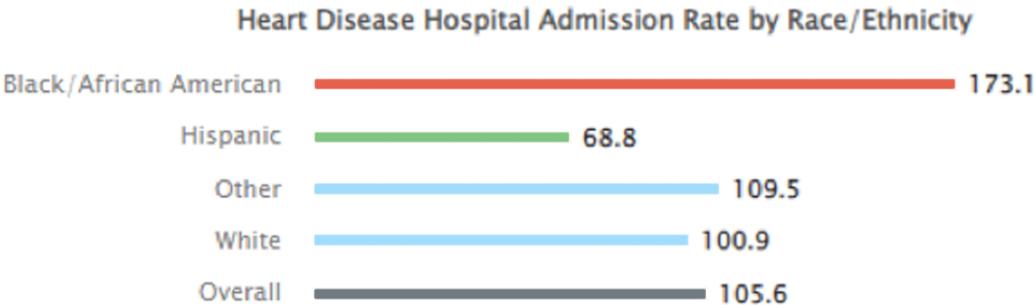
ROOT CAUSES: Income, Healthcare Access, and Education

Why does this matter?

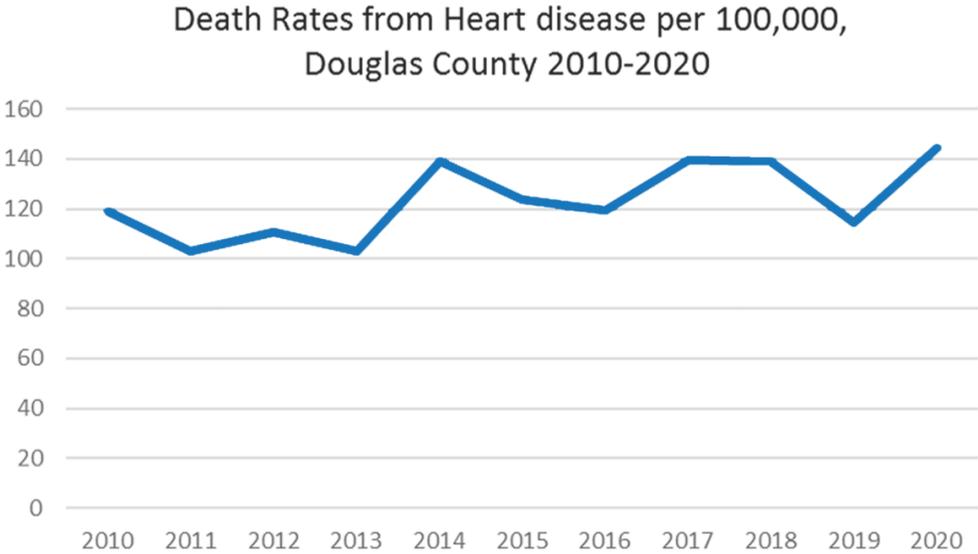
Tobacco harms multiple body organs and remains a leading cause of preventable disease, disability and death in the U.S. Smokers are more likely to develop heart disease, stroke, and lung cancer – leading health determinants in Douglas County. Tobacco use while pregnant increases risk for preterm birth, still birth, miscarriage, and low birth weight – thus, increasing the current and future risk for the parent and child.

DISPARITIES IN ADULTHOOD...

■ **HEART DISEASE**

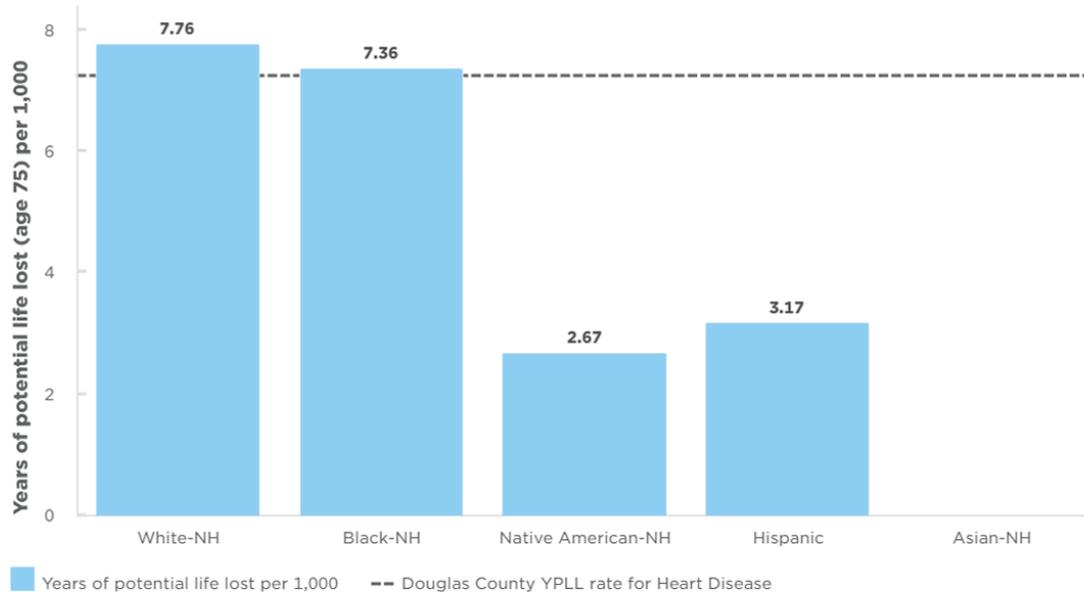


Heart disease was the leading cause of death in 2020, trading the lead spot with Cancer over the past decade. While the county has one of the lowest rates in Kansas overall, the number and rates of death per 100,000 due to heart disease have not diminished over time. Those identifying as Black are hospitalized for heart disease and congestive heart failure at a rate higher than others.



Years of Potential Life Lost to Heart Disease

Compared with the county YPPL rate, Hispanic and Native American-NH residents statistically lose fewer years of potential life lost to heart disease: Douglas County, Kansas 2014-2019



Years of potential life lost (YPLL) before the age of 75 is represented as a rate per 1,000 population for each race.

YPPL rate for Asian-NH suppressed because there were fewer than 6 deaths in this group.

White-NH, Black-NH are not statistically different from the County.

Data Source: Kansas Department of Health and Environment, Bureau of Epidemiology and Public Health Informatics

Those identifying as White or Black have the greatest number of years of potential life lost to heart disease. However, age-adjusted mortality rates per 100,000 did not differ by race in 2017-2019.

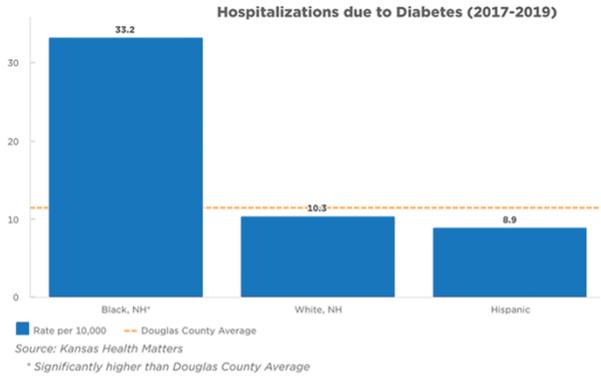
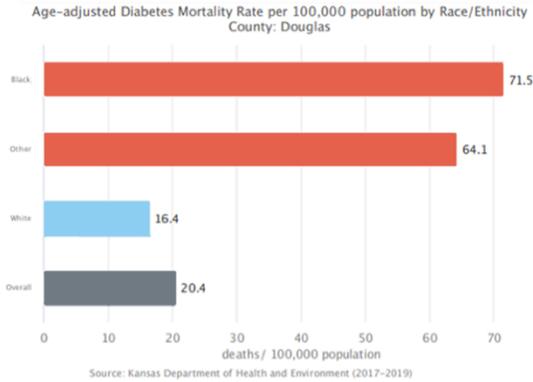
ROOT CAUSES: Food Systems, Housing, and Education

Why does this matter?

Heart disease was the leading cause of death in Douglas County in 2020 and is one of several cardiovascular diseases. Rates of hospital admission are important because they may indicate that those who are admitted have more advanced or more severe illness which in turn may lead to poorer health outcomes in addition to the greater economic burdens that are associated with both hospitalization and disability.

DISPARITIES IN ADULTHOOD...

■ **DIABETES**



Death due to diabetes, when age-adjusted, has remained steady for almost 20 years, accounting for 20.4 deaths per 100,000 (2017-2019). However, this rate is highly variable by racial and ethnic group – with mortality rates among those identifying as Black more than 4 times higher than Whites when adjusted for age.

Those identifying as a race or ethnicity other than White or Black when combined had mortality rates almost 4 times greater than Whites. Additionally, hospitalizations due to diabetes were significantly higher for those identifying as Black than the County’s overall average and compared to the County’s years of potential life lost, both Black and Native Americans, non-Hispanic lose more years to diabetes before the age of 75 (2014-2019).

Type II diabetes makes up 90-95% of all cases of diabetes in the U.S. and is impacted by obesity and physical inactivity. In addition, it can be preventable.

ROOT CAUSES: Food Systems, Income, and Built Environment

Why does this matter?

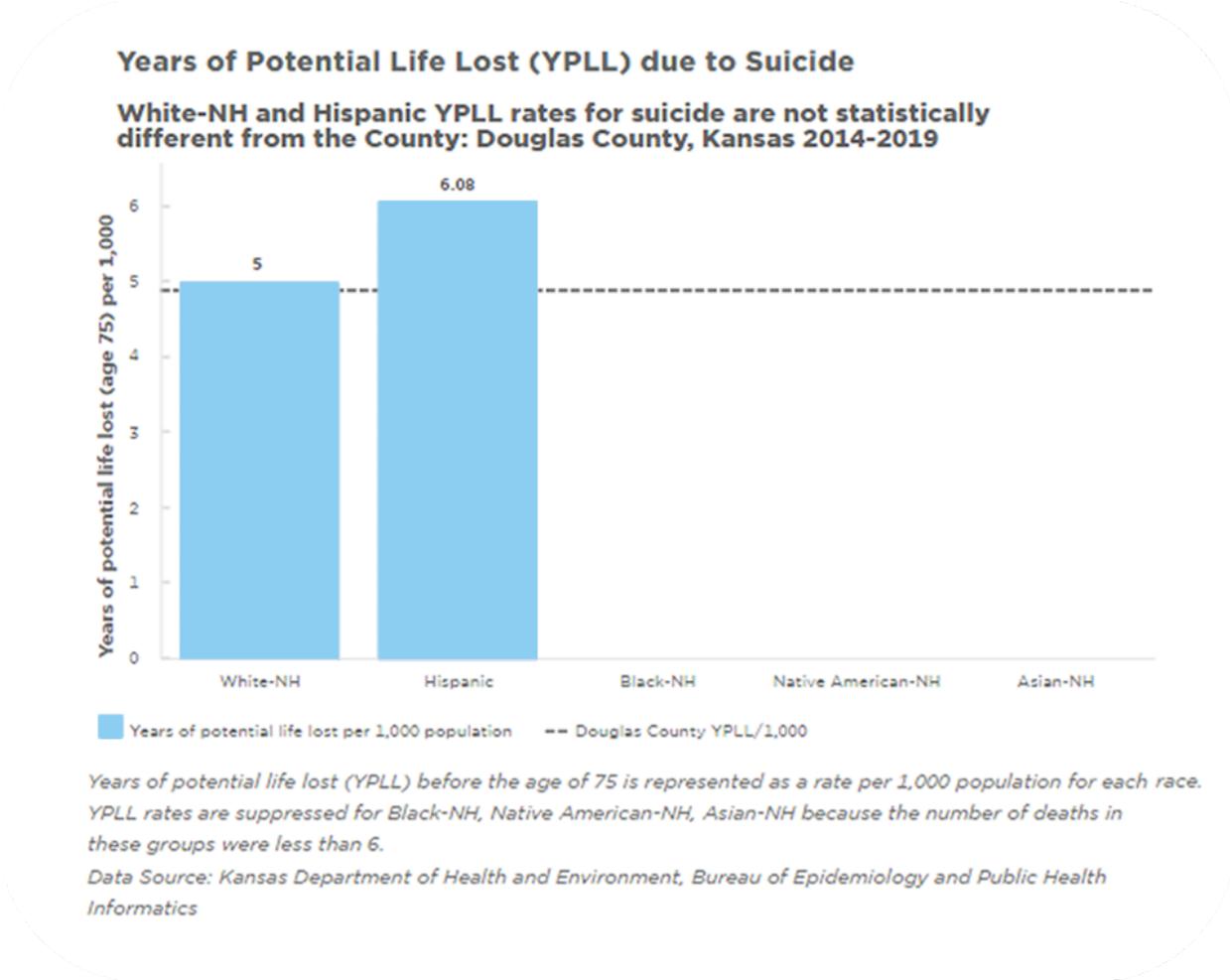
Diabetes is the leading cause of kidney failure, non-traumatic lower limb amputations, and blindness in the U.S.– and in 2020 was the 7th leading cause of death in Douglas County. It also contributes to deaths from both heart disease and stroke – all of which can reduce quality and length of life for local residents and impacts their households.

DISPARITIES IN ADULTHOOD...

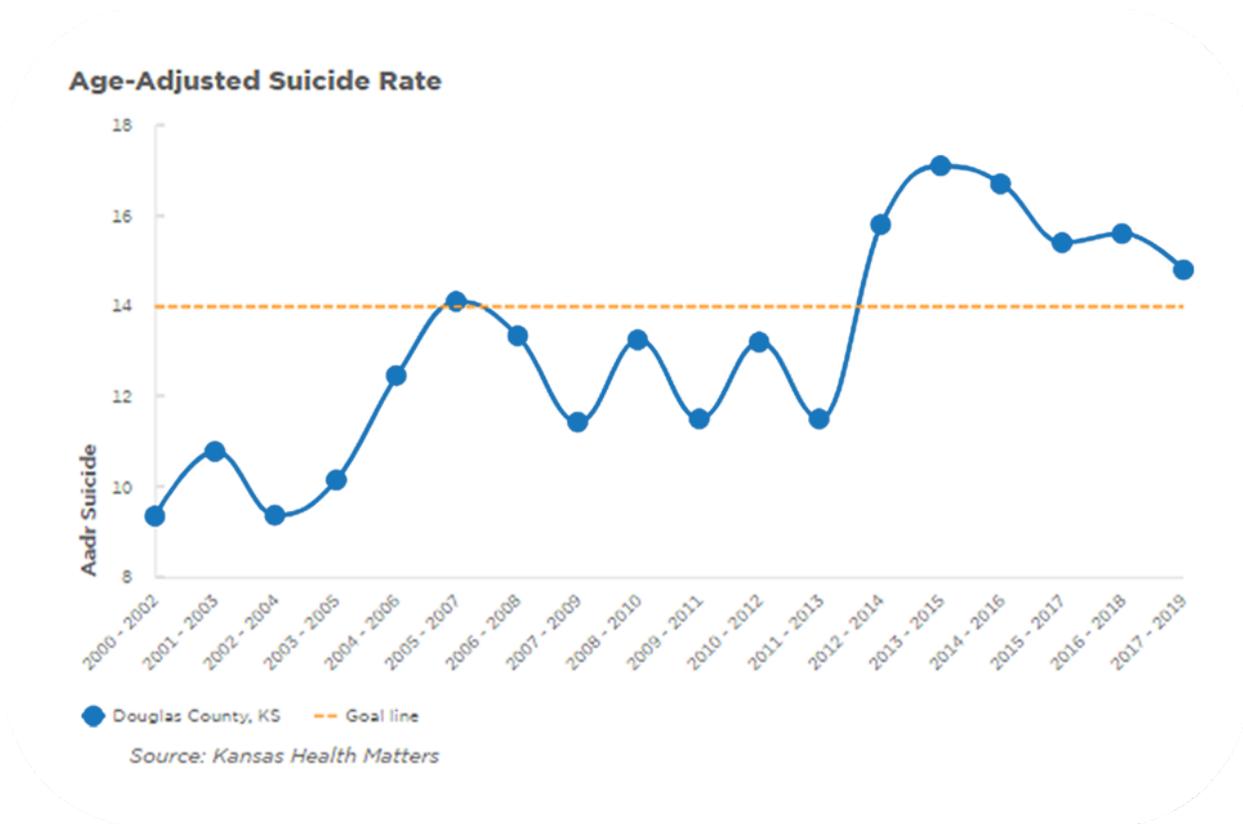
■ **BEHAVIORAL HEALTH**

Behavioral health refers to one’s mental and emotional well-being and the actions that affect wellness (Centers for Medicare and Medicaid Services). Behavioral health problems can include substance use disorders, addiction, serious psychological distress, suicide, and other mental disorders.

In 2020, LMH Health reported 4,361 visits to the emergency department due to a behavioral health crisis. This was an increase from 3,900 in 2017. Almost one in four (23.2%) adults report that they have been diagnosed with a depressive disorder. One in twenty reports having a severe mental illness, in which the disease results in serious functional impairment, substantially interfering with or limiting one or more major life activity.



Suicide is the 8th leading cause of death for Douglas County residents and the 2nd leading cause of death for residents 18-44. Over half of residents treated for suicidal attempts in the emergency department in 2018 were younger than 21. Suicide impacts not only the person who dies, but often family members and friends are also deeply affected. Years of potential life lost due to suicide for Douglas County residents identifying as White, non-Hispanic and Hispanic did not differ from the County’s average in 2014-2019. The number of suicides in other groups was less than 6 and so could not be assessed. However, nine out of ten residents who died of suicide between 2013-2017 in Douglas County were White, non-Hispanic.



ROOT CAUSES: Healthcare Access, Income, and Education

Why does this matter?

Behavioral health – our mental and emotional well-being – is critical to every person in Douglas County’s health and ability to thrive. And it is often neglected or hidden because of the ongoing stigma of having a mental health disorder, making recovery difficult. Additionally untreated behavioral health challenges and behaviors adopted to manage them can transmit trauma on to future generations.

DISPARITIES IN ADULTHOOD...

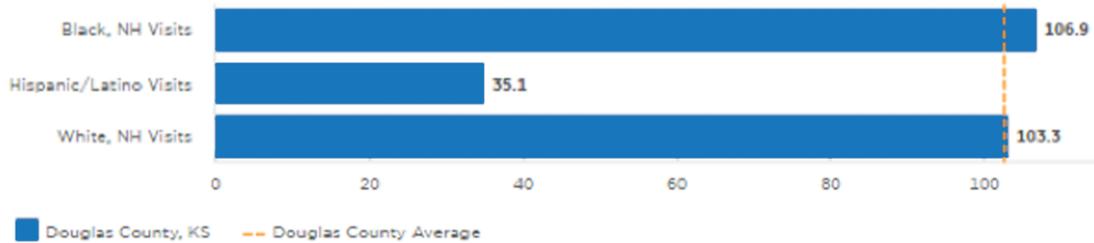
■ **ALCOHOL/SUBSTANCES**

In 2018 Douglas County had the 3rd highest level of self-reported binge drinking among adults – 18.6% or almost one in five adults - among Kansas counties. Binge drinking is defined as one or more drinking episodes within the past 30 days when a male consumes five or more drinks on one occasion, or a female consumes four or more. Binge drinking can result in cirrhosis of the liver, death due to liver disease or alcohol poisoning in addition to contributing to behaviors impacting health and safety such as alcohol-impaired driving and related accidents.

Patients to Emergency Department with Opioid Abuse (Douglas County)

Data Source: Kansas Syndromic Surveillance Program

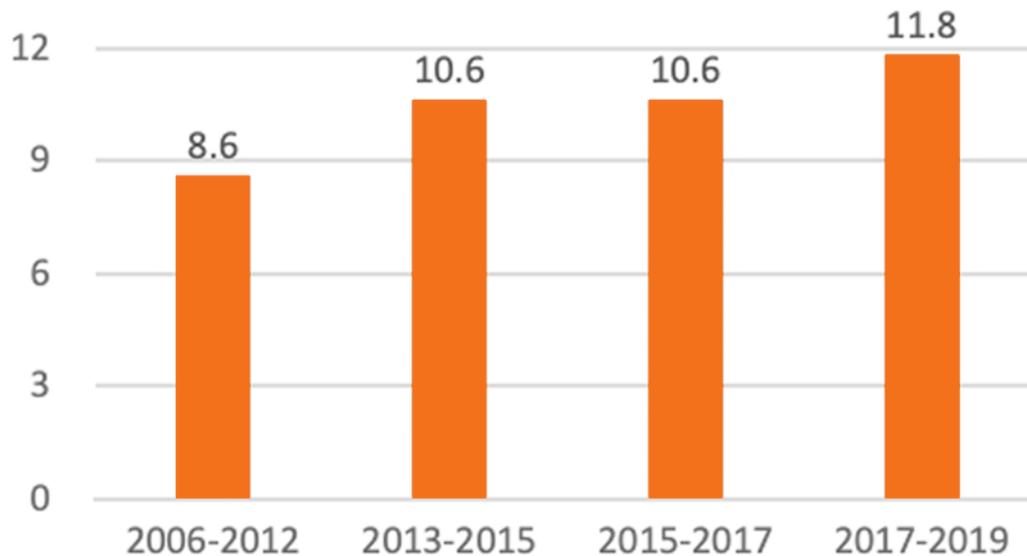
Opioid Overdose Visits to Emergency Department by Race & Ethnicity



* Asian and Native American populations suppressed due to small counts.

Data Source: Kansas Syndromic Surveillance Program, KDHE

Drug Overdose Deaths per 100,000, Douglas County Kansas, 2006-2020



Drinking to excess is most common among ages 18-44 - where one in three report binge drinking in the past 30 days. While income level (less or greater than \$35,000 a year) and age are predictors of binge drinking according to CDC's Behavioral Risk Factor Surveillance System (BRFSS), Douglas County does not have significant trends by race or ethnicity.

Residents have an overall rate of 102.6 persons per 100,000 visiting an emergency department due to an opioid-related issue (2015-2018). Rates among those who identified as White and Black, non-Hispanic were similar, with rates for the Hispanic population significantly lower.

Drug overdose deaths are trending upwards in Douglas County since 2006. Since numbers are relatively small, they are reported across multiple year intervals, and sometimes those years overlap with earlier reports. Opioids contribute largely to drug overdose deaths.

ROOT CAUSES: Education and Income

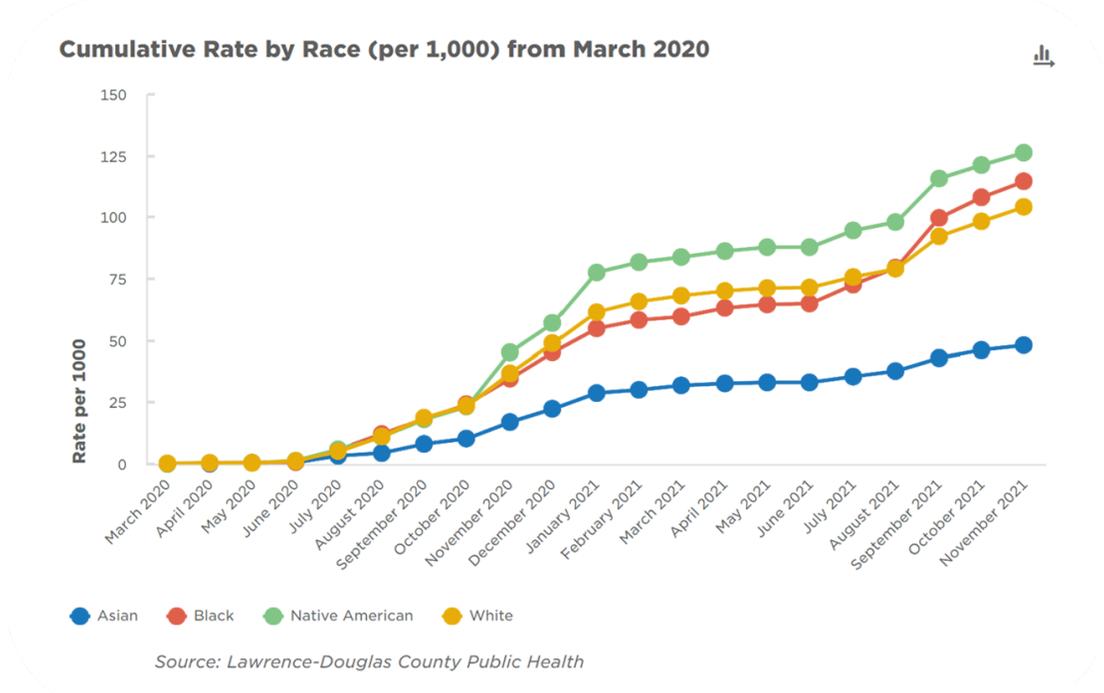
Why does this matter?

Alcohol is toxic to multiple organs – one’s liver, heart, and brain and nervous system – and heavy alcohol use is associated with multiple types of cancer. Opioids are strong pain killers and depress respiration which can lead to unintended overdoses and death. Both alcohol and opioid use and misuse can lead to addiction and the need to get professional treatment to recover.

PANDEMIC DISPARITIES...

■ **COVID-19**

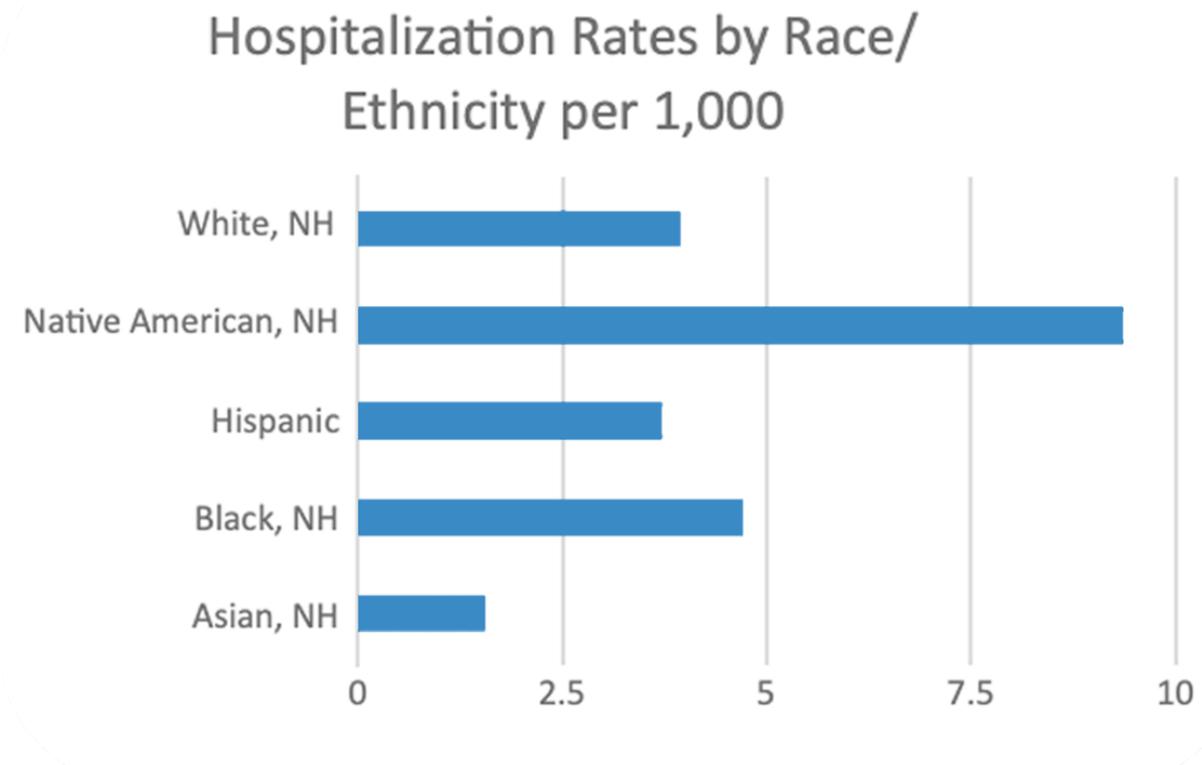
In comparing the impact of issues such as infectious diseases on populations that vary widely in size within a community, it can be helpful to compare rates which reflects a number per population amount vs absolute numbers. In examining cumulative COVID case rates by race in Douglas County since March 2020, residents who identified as Black, Native American, and White shared similar case rates, while Asian rates were lower.



Cumulative rates of COVID for self-identified Hispanic/Latino residents did not differ from those residents who identified as non-Hispanic/Latino in Douglas County.

4 out of every 1,000 residents have been hospitalized with COVID-19 during the pandemic with 79.4% identifying as White, non-Hispanic. This is about the same proportion as the total number of residents that identify as White, non-Hispanic (80%), although that population is older than other racial and ethnic groups, putting them at higher risk. Douglas County residents identifying as Native American had higher rates of hospitalizations per population than the total population, and residents who identified as Asian had lower rates.

115 residents died of COVID-19 from 3/1/21 to 1/10/22, with 103 or 89% of them identifying as White, non-Hispanic. With relatively few deaths in Douglas County, it is difficult to assess disparities in the death rate.



ROOT CAUSES: Healthcare Access and Income

Why does this matter?

Covid-19 and its variants will likely be an ongoing health risk factor for the near future, and an opportunity to put into action what's been learned about how to reduce health inequities and assure a just opportunity for all County residents to be healthy and thrive.

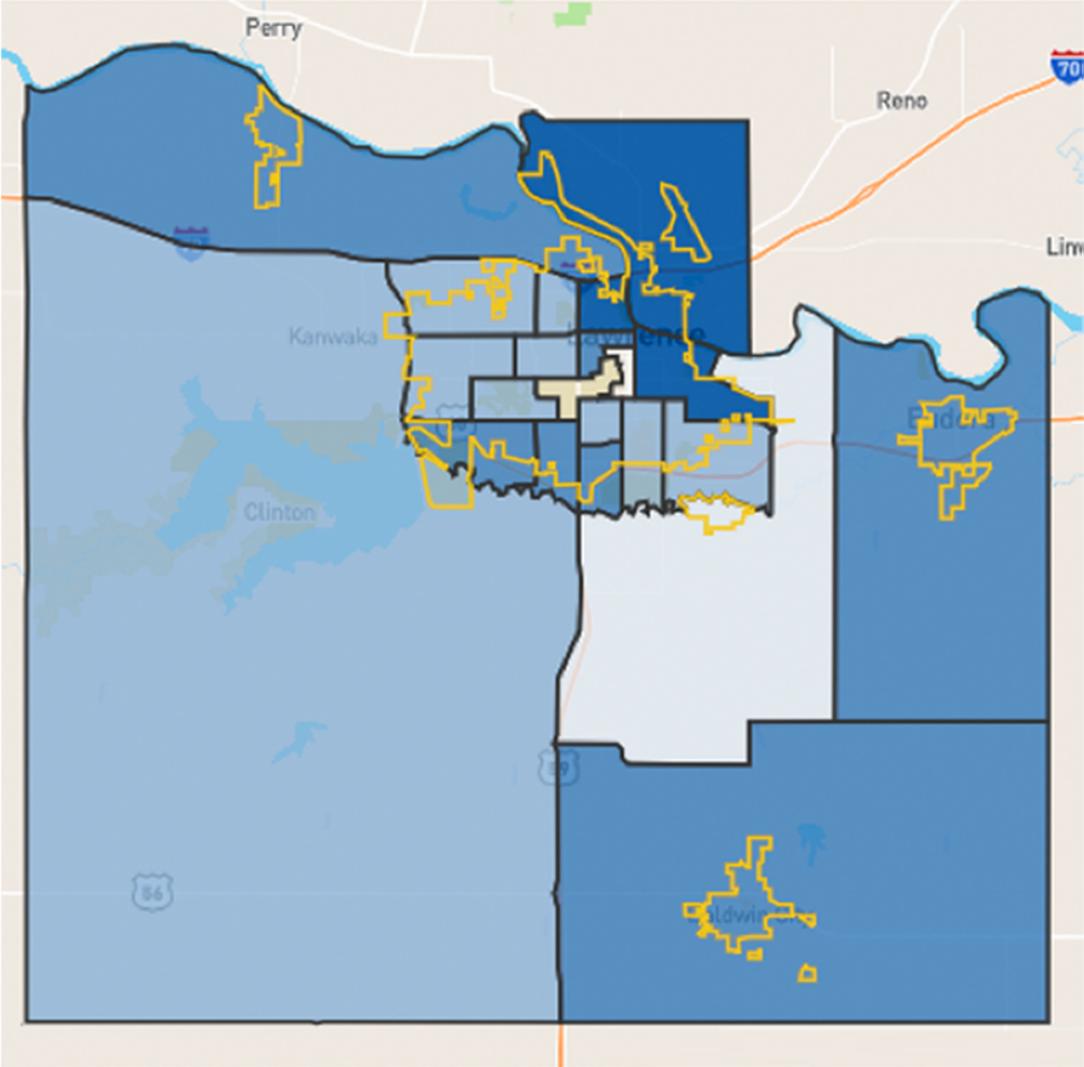
BIRTH THROUGH DEATH...

■ FACTORS PREDICTING LIFE EXPECTANCY

Where one is born: Resident life expectancy at birth varies widely within Douglas County, ranging from 75.4 years in one census tract up to a high of 85.0 years in an adjacent tract.

Life Expectancy at Birth

Sources: CDC NCHS USALEEP 2010-2015; US Census Bureau ACS 5-year 2015-2019



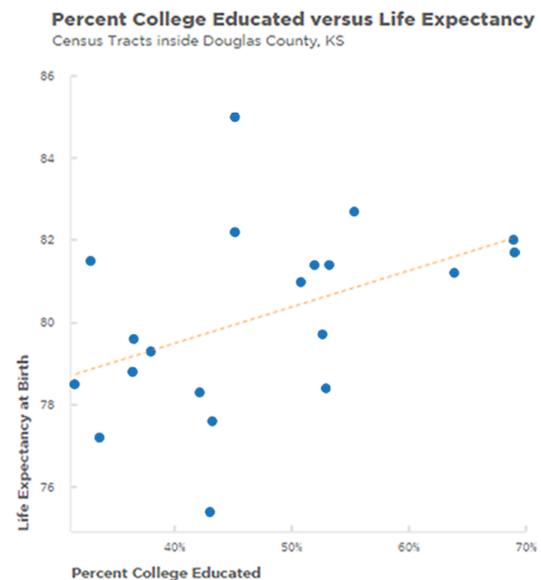
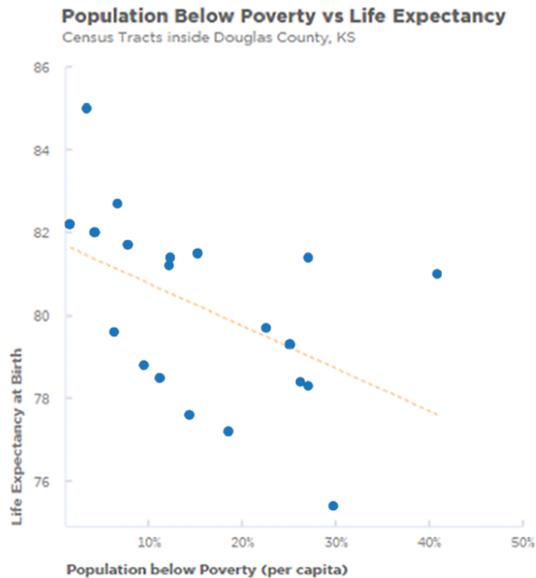
Places inside Douglas County, KS

Life Expectancy at Birth

- 75.4 - 78.3
- 78.3 - 81
- 81 - 85
- 85

Living in higher poverty areas: As the poverty rate increases in a census tract, life expectancy declines.

Level of education: With college education increasing in a census tract, life expectancy increases too.



ROOT CAUSES: Education, Income, and Built Environment

Why does this matter?

Because when talking about the impact of predictive factors, the focus is most often on quality of life. But many factors also predict the quantity of life too – which then impacts future generations.

-35

BUILDING STRENGTH AND WILL FOR HEALTH EQUITY

How do we as a community - bringing together all populations impacted by systemic, avoidable, and unjust health outcomes and all stakeholders who can influence drivers of health – make meaningful progress towards health equity for all?

“Not everything that is faced can be changed. But nothing can be changed until it is faced.” - James Baldwin

Strategic practices to advance health equity:

- Building internal capacity & infrastructure and taking strategic risks to advance equity.
- Fostering strategic community partnerships to build power and engage in social justice movements.

- Working across government agencies to develop shared ownerships for health equity.
- 36

STRATEGIES TO IMPROVE HEALTH EQUITY AT LDCPH

Since the beginning the long journey towards health equity, Lawrence-Douglas County Public Health has made progress within its own organization. *This includes:*

Creation of the internal Health Equity Action Team (HEAT) leading to:

- Increased accessibility through automatic doors and environmental checklists to support broader visibility and inclusiveness
- Review and revision of recruitment policies and practices
- Development and implementation of the Health Equity Impact Assessment (HEIA) tool to be used in review of new or revised policies and their impact

Health Equity was incorporated into multiple plans and reports as a foundational element, including the Douglas County Community Health Plan (CHP), LDCPH's Strategic Plan, and the tracking equity metrics for internal performance management.

Pursuing health equity focused grants or funding opportunities to support the work within LDCPH and in partnership with community stakeholders

Beginning January '20, all LDCPH staff positions are paid at least \$16.25/hour to support a living wage

Establishing the Health Equity Advisory Board to inform our organizational process and policies.

Building health equity knowledge and capacity of staff through additional trainings, presentations, discussions, book clubs, and attending exhibits.

-37

A MESSAGE FROM OUR DIRECTOR

I want to thank staff for the hard work they have put into preparing this report. Our goal in releasing the 2021 Health Equity Report remains the same as it was with the release of our first equity report in 2018. That is, to go beyond describing what we see and taking that next step of fostering community conversation that challenges us to eliminate the predictive power place, race and income have on our health.

We don't presume that this is our conversation. Rather we ask that you allow us to hear and learn from you. We believe success is best achieved when we share the responsibility and rewards of planning, implementing, and evaluating policy, systems and environmental changes that can move us towards health equity. Towards a community with abundant and equitable opportunities that advances health for all.

- Dan Partridge, Lawrence-Douglas County Public Health

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-39

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-40