2023
Douglas County
COMMUNITY HEALTH ASSESSMENT

Lawrence-Douglas County Public Health Department

University of Kansas Medical Center Public Health Practice and Innovation Team

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Letter from the Director:

Thank you for your interest in the health of our community. It is our hope that this report will help you better understand the forces at play that shape our health. This report describes the health outcomes that we see. However, we want to understand why health outcomes are what they are. Towards that end we also include data on the foundations of health including income, education, housing, and health behaviors.

This report is collectively authored by our community. Thousands of voices are captured in the following pages. I appreciate the work of staff, partners and community members who have spent several months creating, compiling, synthesizing, and turning data into actionable information. There is an opportunity here for us to come together and work to create opportunities for all of us to enjoy good health.

We are excited to have you join us in this pursuit.

Dan Partridge
Director, Lawrence-Douglas County Public Health Department

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Douglas County Community Health Assessment

Purpose:

Every five years, Lawrence-Douglas County Public Health (LDCPH) provides leadership and support for a comprehensive community health assessment. Community health assessments are a foundational piece of public health practice because they provide clear and compelling information that enables the prioritization of topics to address the community's health through collaborative community efforts.

The 2023 Lawrence-Douglas County Community Health Assessment (CHA) was initiated in May 2022 and completed in January 2023. The assessment focused on answering the following questions for our county:

- What are the population demographics of people living in our communities?
- What are the health status and health behaviors of people living in our communities?
- What conditions contribute to or detract from health and well-being in our communities?
- What are the strengths and challenges experienced by our communities?
- What organizations and partnerships serve as assets contributing to health and well-being in our communities? How do the contribute?

Approach:

The 2023 Lawrence-Douglas County Community Health Assessment was undertaken as a collaborative approach. The process was guided by a multi-sector group of people who served as members of the Community Health Assessment and Plan Steering Committee. **Table 1** below provides a list of people who served on the steering committee during the Community Health Assessment.

Table 1 List of Community Health Assessment & Plan Steering Committee Members

Amanda Woodward Davis	At-large community member	**Jill Jolicoeur**	Douglas County
Commissioner Amber Sellers	Lawrence City Commission	**Martha Scott**	Live Well Douglas County
Dr. Anthony Lewis	USD 497	**Megan Poindexter**	Senior Resource Center
Bob Tryanski	Douglas County	**Patrick Schmitz**	Bert Nash Community Mental Health Center
Chip Blaser	Douglas County Community Foundation	**Randall Krehbiel**	Justice Matters

Dan Partridge	Lawrence-Douglas County Public Health	**Sarah Plinsky**	Douglas County
Erica Hill	LMH Health	**Shannon Oury**	Lawrence-Douglas County Housing Authority
Hugh Carter	Lawrence Chamber of Commerce	**Verdell Taylor**	LMH Health/ St. Luke African Methodist Episcopal Church
Kevyn Gero	City of Eudora		

The process was supported by an Assessment Design Team which consisted of members of LDCPH staff, KU and members of LDCPH's Health Equity Advisory Board. **Table 2** includes a list of the Assessment Design Team members.

Table 2 Members of the Assessment Design Team

LDCPH Informatics Team	**LDCPH/KUMC Community Health Team**
Aihua Zhu	Sarah Landry
Dee Vernberg	Sara Obermeier
Sonia Jordan	Vicki Collie-Akers
Health Equity Advisory Board Members	**LDCPH[1] Staff**
Kevin Coronado	Dan Partridge
Kay Emerson	Daniel Smith
Steering Committee Members	
Commissioner Amber Sellers	

Process for Assessment:

Staff and steering committee members chose the Mobilizing for Action Through Planning and Partnerships (MAPP) Framework to be the guiding framework which shaped assessment efforts. In 2022, LDCPH was chosen as one of ten communities across the United States to pilot new assessments which are a part of an updated

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[1] LDCPH would like to also acknowledge the contribution of staff, Valorie Carson and Alex Kimball Williams, who are no longer employed by LDCPH and contributed to initial community health assessment design efforts.

version of the MAPP process (MAPP 2.0). **Figure 1** below is a visual characterization of the MAPP 2.0 process.

Figure 1. Mobilizing for Action Through Planning and Partnerships (MAPP 2.0) Framework
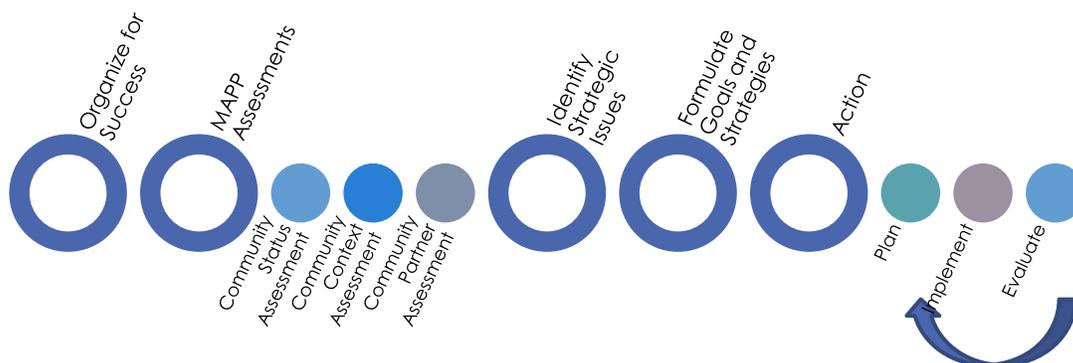
To plan and conduct assessment activities LDCPH provided facilitation for the Community Health Assessment and Plan Steering Committee and the Assessment Design Team. An initial step of the Steering Committee was the adoption of overarching questions which influenced the direction of the community health assessment. These questions were:

- What does health equity look like in our community?

- How equitable are the health outcomes in our community?

- What are the sub-populations within our community that have higher health risks or poorer health outcomes?

- What are the contributing structural and social factors that lead to higher health risks or poorer health outcomes of certain populations within our community?

- What are the protective structural and social factors (including assets, strengths, and/or resources) in our community that support the health and wellness of community members and bring us closer to our vision of health?

- How are various types of community stakeholders impacting health inequities in the community and/or contributing to the health and wellness of community members?

The Assessment Design Team met every other week for several months in 2022 to create plans for the assessment, develop or adapt assessment instruments, and provide accountability and support for making progress on data collection. The Steering Committee met every other month throughout 2022 to review, provide feedback, and approve assessment data collection implementation plans and instruments.

Key Assumptions:

Two key assumptions guided the development, implementation, analysis, and reporting of the community health assessment. The first guiding assumption is that it is essential to center equity in our work to understand the status of health and well-being for all in our community. In our assessment, we used the Robert Woods Johnson Foundation definition of health equity as a guide for our efforts:

> "***Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.***"

As noted by the National Association of County and City Health Officials, centering health equity in our work requires communities to "move beyond" treating disparities, which are the result inequitable conditions and systems, to addressing the root causes of those disparities. This definition and recognition that addressing root causes leads to the second assumption guiding work.

The second assumption is that over time, the factors influencing or driving health, well-being, morbidity, and mortality have evolved and changed over time. For a lengthy period of time, environmental hazards and infectious disease drove morbidity and mortality. However, over the last few decades, there is increasing recognition that structural factors shape the opportunities each of us have for health and well-being and are powerful influences of health. Healthy People 2030 defines these factors, called social and structural determinants of health, as the:

> "…***conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.***"

Figure 2 (from the National Community Reinvestment Coalition) displays the many distinct kinds of social and structural determinants of health which influence health. Recognition of the influence these factors have on health drove our interest in exploring factors that are broader than the typical health status and health outcome indicators.

Figure 2. Illustrative Social and Structural Determinants of Health

Definition of Community:

For the purposes of this assessment, the community is defined as Douglas County, including the municipalities of Baldwin City, Eudora, Lawrence, and Lecompton.

Description of Three Assessments & Brief Description of Methodology:

Three assessments were conducted as part of this comprehensive community health assessment process. The following are brief descriptions of each.

Community Context Assessment:

To understand assets and challenges, the Community Context Assessment (CCA) consisted of two methods which were used to describe the opinions of people living in Douglas County.

The questions answered by this assessment are:

- What are the community's strengths and assets that contribute to health and well-being, and can help advance community health improvement?
- What are the priority challenges which detract from health and well-being?
- What solutions has the community already identified on its own to improve community health?

For this assessment, staff conducted a Community Health Issues Survey between May and August of 2022 and integrated qualitative data from a previously conducted assessment, Health Equity: Voices from our Community.

Community Partner Assessment:

The Community Partner Assessment (CPA) is an organizational survey aimed at better understanding how organizations within the public health system address health and well-being in Douglas County.

Specifically, the CPA aims to:

- Describe why community partnerships are critical to community health improvement and how to build or strengthen relationships with community partners and organizations.

- Name the specific roles of each community partner to support the local public health system and engage communities experiencing inequities produced by systems.

- Assess each partner's capacities, skills, and strengths to improve community health, health equity, and advance goals.

- Document the landscape of community partners, including grassroots and community power building organizations, to summarize collective strengths and opportunities for improvement.

- Identify who else to involve in community health improvement efforts moving forward, along with ways to improve community partnerships, engagement, and community power-building.

The organizational survey was completed between August and September 2022.

Community Status Assessment:

The Community Status Assessment (CSA) primarily focuses on the collection, analysis, and presentation of quantitative data, which are used to tell the story of health in our community.

The vast array of secondary data was collected between May and October 2022 from diverse sources, including (but not limited to): the U.S. Census Bureau, the Kansas Department of Health and Environment, the Behavioral Risk Factor Surveillance System, and the Centers for Disease Control and Prevention PLACES and Social Vulnerability Index data sets. The data are presented within two major dimensions: "Social Determinants of Health" and "Health Status, Behaviors, and Outcomes" along with an overall dimension of "Power, Privilege, and Oppression." Within the two primary dimensions there are several sub-domains that represent distinct subject matter areas.

In totality, the assessment provides data to answer the following questions:

- How equitable are the health outcomes in our community?

- What are the sub-populations within our community that have higher health risks or poorer health outcomes?

- What contributing structural and social factors could lead to higher health risks?

- What protective structural and social factors could support health?

Findings:

A full report and the complete findings of each assessment are provided in appendices. The use of three different assessments provides the opportunity to examine how diverse types of information can be used to develop a deep sense of strengths, assets, problems, and challenges.

Strengths & Assets:

When looking across all three assessments, several strengths and assets are evident. The following are a high-level distillation of strengths and assets in Douglas County:

- Ratings of satisfaction with the quality of life in Douglas County and the positive indicator about physical well-being suggest that overall quality of life and well-being are a strength for our county.

- Healthy and clean environmental features (e.g., air, water) were notable strengths across assessments.

- A strong built environment supportive of walking, biking, and wheeling was evident across assessments.

- Traditional tobacco product (e.g., cigarettes) exposure and prevention is regarded as a strength according to community perception and some secondary data.

- A number of organizations are supporting key parts of the local public health system.

- Most local public health systems partners reported some evidence of a commitment to health equity.

Problems & Challenges:

The three assessments also aided in identifying topics which represent challenges or problems. The identification of problems and challenges identified in a community health assessment is critical as it represents a starting place for setting priorities for Community Health Improvement Plans, which occur after community health assessments. After a thorough review of all three assessments, several problems were identified from among the many topics. To identify an initial list of problems, we used the following criteria:

- Evidence of significant scope, scale, or severity;

- Evidence of disparity or inequity;

- Evidence of community priority;

- Indication it is a structural or systems issue (and may be a root cause addressing multiple issues).

Table 3 on the following page has a full outline of the 14 prioritized health issues, along with the criteria met by each health issue.

Table 3 List of 14 Health Issues Initially Identified

Initial 14 Health Issues Identified	Evidence of scope/ scale/ severity	Evidence of Disparity or Inequity	Evidence of community priority	Structural or Systems issue
Jobs, living wage, poverty*	Ü	Ü	Ü	Ü
Childcare	Ü			
Child abuse and neglect			Ü	
Safe and affordable housing/ Cost-burdened renters/ Houselessness*	Ü	Ü	Ü	
Threats of physical and sexual violence			Ü	
Behavioral health: mental health/substance abuse/deaths due to despair*	Ü	Ü	Ü	
Food security		Ü	Ü	Ü
Criminal justice system / Law enforcement and incarceration	Ü	Ü	Ü	Ü
Strengthening capacity to support collaborative level of engagement, policy, and advocacy				Ü
Organizational commitment to equity/ application of equity lens to organizational activities (data/ communication)				Ü
Infant mortality & Birth Outcomes	Ü	Ü		
Sexually transmitted diseases	Ü	Ü		
Access to health services (insurance, preventable hospitalizations, preventive care) *	Ü	Ü	Ü	Ü
Mortality due to heart disease	Ü	Ü		

In some cases, topics were similar and included in an overarching category.

In addition, it was evident across assessments that specific populations experience conditions that are inequitable. To advance health equity as a community, we need to prioritize creating fair and just opportunities for these populations:

- People who are aging;
- People who have disabilities;
- People who are Black;
- People who are Indigenous;
- People who are renters;
- People who are Latino.

The following appendices provide a deeper dive into each of the 14 initially identified health issue. Each of the 14 health issues has both a one-pager summary document and an infographic meant to summarize the data and to provide context as to why the issue is important in Douglas County.

Following the one-pagers and infographics, the three assessment reports are provided in full. Each of the assessments provides a comprehensive and thorough overview of the health strengths and assets, as well as the health challenges, utilizing unique methodologies and differing perspectives.

The appendices are presented in the following order:

Appendix 1: 14 Health Issue One-pagers & Infographics

Appendix 2: Community Context Assessment

Appendix 3: Community Partner Assessment

Appendix 4: Community Status Assessment

Appendix 1: One Pagers & Infographics

The following pages offer a deeper dive into the 14 prioritized community health issues through a series of one-pages and infographics. Each series attempts to outline the health context and the data to illustrate why these issues are important from a public health perspective, the perspective of Douglas County residents, or both.

The series is presented in the following order:

1. Access to Care
2. Behavioral Health
3. Birth Outcomes
4. Cardiovascular Disease
5. Child Abuse & Neglect
6. Childcare
7. System Commitment to an Equity Lens
8. Supporting Community Collaboration
9. Criminal Justice System
10. Food Insecurity
11. Jobs, Living Wage, & Poverty
12. Safe & Affordable Housing
13. Sexually Transmitted Infections
14. Threats of Physical & Sexual Violence

Access to Health Care

Access to health services includes the availability of health insurance, decreasing preventable hospitalizations, and increasing access to preventive care.

Contributing Factor to Health:

Access to timely and appropriate health care can help prevent serious illness from developing, control acute episodes, or manage chronic conditions to avoid worsening or complications. Insurance coverage is a way to approximate access to health care. Uninsured adults are less likely to receive preventive services for chronic diseases such as diabetes, cardiovascular disease, or cancer.

Data Suggesting the Problem:

Overall, 92.7% of the population in Douglas County has health insurance. Despite the high prevalence of insurance coverage, nearly every population group identified access to health insurance as a top problem in Community Health Issues Survey. This means that Douglas County residents gave health insurance a high rating for importance, but a low rating for satisfaction.

Inequities & Disparities:

Inequitable conditions, such as discrimination and inequitable access to care, lead to disparities in health outcomes. Disparities in health outcomes become evident when looking at disaggregated data about health services by race and ethnicity, place, age, and income level. The data below are compelling examples of disparities resulting from inequitable social and economic conditions.

- Hispanic (88.4%), Two or More Races (82.8%), and Native American (72.9%) populations have significantly lower percentages of health insurance coverage.
- American Indian/Alaska Native population reported the following as a top problem: "people are able to effectively manage chronic diseases such as diabetes, cardiovascular disease and arthritis."
- The city with the lowest rate of health insurance coverage is Lecompton (88.1%).
  - However, three census tracts south and east Lawrence have the very lowest rate of coverage, between 81.5% and 87.4%.
- Younger populations (22-25 year-olds) classified the availability of quality medical care and preventive screenings as a community problem.
  - However, older populations (76+ years of age) classified this as a community strength.
- Populations with incomes between $5,000 and $14,999 per year classified the availability of quality medical care and preventive screenings as a community problem, and a broader range of incomes ($5,000 to $24,999) classified the availability of dental care and preventative screenings as a community problem.

Community Strengths & Assets:

Douglas County has a lower percent of the population that is uninsured (8.2%) when compared to both Kansas (10.2%) and the U.S. (10.2%), which is an identified asset in our community. Further, Douglas County compares favorably to the state of Kansas for number of primary care providers (91 per 100,000) and mental health providers (308 p100,000), and about on par with the number of dentists (64 per 100,000). Community participants in focus groups and interviews provided recommendations for improving access to care, such as exploring diverse locations, enhanced outreach, and working to better understand the many barriers experienced by historically marginalized and excluded populations.

ACCESS TO HEALTH CARE

IN DOUGLAS COUNTY

HEALTH INSURANCE AVAILABLE FOR ALL

IDENTIFED AS THE **#1 PRIORITY CONCERN AREA** BY DOUGLAS COUNTY RESIDENTS

8.2% OF DOUGLAS COUNTY RESIDENTS ARE **UNINSURED** LOWER THAN KANSAS AT 10.2%

White, 94.70%
Black, 92.00%
Asian, 91.40%
Hispanic*, 88.40%
Two or More Races*, 82.80%
Native American*, 72.90%
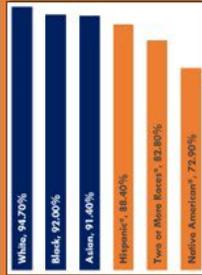
HISPANIC, MULTIRACIAL, & NATIVE AMERICAN POPULATION HAVE STATISTICALLY LOWER RATES OF **HEALTH INSURANCE COVERAGE**

DG COUNTY HAS A LOWER RATE OF **PREVENTABLE HOSPITALIZATIONS** THAN KS FOR MOST DISEASES

HOSPITALIZATIONS DUE TO STROKE ARE HIGHER AT **12.8** PER 10,000

71.1% OF WOMEN (50-74 YEARS) HAVE RECEIVED A **MAMMOGRAM*** LOWER THAN U.S. AVERAGE AT **74.8%**

BLACK RESIDENTS HAVE HIGHER HOSPITALIZATION RATES FOR:

✓ CONGESTIVE HEART FAILURE
✓ DIABETES
✓ STROKE
✓ COPD
✓ ASTHMA
✓ HEART DISEASE

63.5% OF 50 – 74 YEARS OLD HAVE HAD A **COLON CANCER SCREENING***

64% OF THE LOCAL PH SYSTEM **REPORTS WORKING ON** 'ACCESS TO CARE'

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SOURCES:
1. COMMUNITY CONTEXT ASSESSMENT REPORT; LAWRENCE-DOUGLAS COUNTY PUBLIC HEALTH; 2022.
2. AMERICAN COMMUNITY SURVEY; 2016-2020.
3. CDC-PLACES; 2019.
4. KANSAS HEALTH MATTERS; 2018-2020.
5. COMMUNITY PARTNER ASSESSMENT; LAWRENCE-DOUGLAS PUBLIC HEALTH DEPARTMENT; 2022.
*WITHIN THE PAST TWO YEARS

Behavioral Health

Behavioral health intersects with the issues of substance use disorder and deaths of despair, which commonly refers to death from suicide, drug overdose, and alcoholism.

Contributing Factor to Health:

Suicide and suicide attempts cause serious emotional, physical impacts. People who attempt suicide and survive may experience serious, life-long injuries and depression and other mental health concerns. Suicide and suicide attempts affect the health and well-being of friends, loved ones, co-workers, and the community, which National Alliance on Mental Illness calls the "ripple effect" of suicide. People with mental illness are more likely to experience a substance use disorder than those not affected by a mental illness. It is generally better to treat SUD and mental disorders together rather than separately, although only 3.4% of adults with co-occurring disorders in the US were able to do so (NSDUH, 2018).

Data Suggesting the Problem:

Suicide is a leading cause of death in Douglas County (9th in 2020, accounting for 2.0% of all deaths). The mortality rate for suicide is 15.2 per 100,000 population in Douglas County, which is the highest rate of deaths due to despair, over and above drug overdose (12.3) and liver disease (8.5), an approximate measure for alcoholism. However, suicide mortality is consistently lower in Douglas County than in the state of Kansas (18.5 per 100,000 population) and it has been gradually decreasing since it peaked at 17.1 per 100,000 population in 2013-2015. Drug overdose and liver disease mortality rates are also rising. About 1 in 4 Douglas County residents report being diagnosed with depression (24.8%) which is higher than Kansas (20.2%). Persistent poor mental health (poor mental health on 14 or more days in the lase month) is more common in Douglas County (17.0%) than in the state (12.9%).

Inequities & Disparities:

Inequitable conditions, such as inequitable access to care and other opportunities, lead to disparities in health outcomes. Disparities in health outcomes become evident when looking at disaggregated data about behavioral health by income, education, and place. The data below are compelling examples of disparities resulting from inequitable social and economic conditions.

- **Income:** Those with incomes less than $35,000 are 1.98 times as likely to report persistent poor mental health (30.2%) and 2.9 times as likely to report depression (37.5%) compared to those with incomes over $35,000 per year.
- **Education:** People with a high school degree or less are 1.39 times as likely to report persistent poor mental health (24.5%) and 1.73 times as likely to report depression (31.3%) compared to those who have some college or more.
- **Place:** Two census tracts in central Lawrence have statistically higher prevalence of poor mental health than the Douglas County average. These are nearby but not overlapping with three other census tracts with high prevalence of adult binge drinking.

Community Strengths & Assets:

Suicide prevention resources were listed as the top community strength on the Community Health Issues Survey, meaning that respondents rated it of high importance and high satisfaction. Community Partner Assessment of 45 organizations in Douglas County saw 29 (64%) report that they work on mental or behavioral health and 17 (38%) respond that they work on tobacco and substance use prevention. Of the organizations working on mental and behavioral health, 12 (41%) of them provided statements that guide their equity practice.

BEHAVIORAL HEALTH

IN DOUGLAS COUNTY

OVER **60**% OF LOCAL P.H. SYSTEM PARTNERS REPORT WORKING ON **BEHAVIORAL HEALTH ISSUES**

1 IN 4

DOUGLAS COUNTY RESIDENTS
HAVE BEEN DIAGNOSED WITH DEPRESSION*
HIGHER THAN KANSAS

THOSE WITH INCOME < $35,000 **2.9 x**

THOSE WITH H.S. DEGREE OR LESS **1.7 x**

BOTH MORE LIKELY TO BE **DIAGNOSED WITH DEPRESSION**

YEAR TO YEAR—
DOUGLAS COUNTY YOUTH REPORT **'EVER SMOKING A CIGARETTE'** AT LOWER RATES THAN KANSAS
5.2% COMPARED TO **6.8**% IN KS

THE CURRENT SUICIDE RATE
IS **15.2** PER 100,000
LOWER THAN KANSAS, BUT ABOVE TARGET GOALS

SUICIDE PREVENTION RESOURCES AVAILABLE
IDENTIFIED AS A STRENGTH BY DOUGLAS COUNTY RESIDENTS

DEATHS DUE TO **OVERDOSE** ARE RISING IN DOUGLAS COUNTY
12.3 PER 100,000

25% OF DOUGLAS COUNTY REPORTS **BINGE DRINKING****

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Birth Outcomes

Infant mortality is defined as death before a child's first birthday. The infant mortality rate is the number of infant deaths per 1,000 live births. The leading five causes of infant mortality in the United States as of 2020 are birth defects, preterm birth and low birth weight, sudden infant death syndrome, injuries (e.g. suffocation), and maternal pregnancy complications.

Contributing Factor to Health:

Infant mortality and birth outcomes are important in understanding a population's overall health because many factors that contribute to infant deaths also affect the health of everyone in a population. For example, access to medicine, trained healthcare providers, and healthy food affect everyone's health, but can also have a dramatic effect on infant mortality rates. Causes of infant mortality are large, complex, and reflective of larger systemic issues within a community. The foundation for lifelong health begins at birth.

Data Suggesting the Problem:

The infant mortality rate in Douglas County reached a historic low rate at 2.7 (KDHE 2009-2013), but since then has significantly increased to the current rate of 6.1 (KDHE 2016-2020). Compared with neighboring and comparison counties, some have higher infant mortality rates (Wyandotte 7.1%, Shawnee 8.3%) and others have lower rates (Johnson 4.0%, Riley 5.5%). Infant mortality is defined as the death of a child prior to their first birthday.

Low birth weight is defined as birth weight of 5 lbs, 8 oz or less. The overall proportion of low-birth-weight infants in Douglas County is 7.6%, which has been slowly increasing over the last decade.

Inequities & Disparities:

Inequitable conditions, such as discrimination and inequitable access to care, lead to disparities in health outcomes. Disparities in health outcomes become evident when looking at disaggregated data about birth outcomes by race and ethnicity. The data below are compelling examples of disparities resulting from inequitable social and economic conditions.

- Black babies in Douglas County are born in the 10th percentile or lower for weight at a consistently higher rate (1.6%) compared to both white babies (0.9%) and the overall Douglas County average (1.0%).

- Black babies are more likely (1.5%) to be small for gestational age than white babies (0.9%) in Douglas County.

- County-level data is not available for infant mortality; however, for Kansas overall, infant mortality is at a significantly higher rate for Black babies (12.9 per 1,000 live births in 2016-2020) compared to white babies (4.8) and Hispanic babies (6.9) in Kansas.

BIRTH OUTCOMES

IN DOUGLAS COUNTY

DOUGLAS COUNTY

6.1
PER 1,000

INFANT MORTALITY RATE*
(DEATH PRIOR TO FIRST BIRTHDAY)

THE INFANT MORTALITY RATE HAS BEEN **STEADILY RISING** FROM A LOW OF 2.7 IN 2009-2013

THERE ARE NOT SUFFICIENT DATA FOR COUNTY-LEVEL ANALYSIS OF INFANT MORTALITY BY RACE.

FOR KS, THE INFANT MORTALITY RATE FOR BLACK BABIES IS SIGNIFICANTLY HIGHER THAN FOR WHITE & HISPANIC BABIES.

THE **INFANT MORTALITY RATE** FOR DOUGLAS COUNTY IS **HIGHER** THAN PEER COUNTIES:

DOUGLAS: **6.1**
JOHNSON: **4.0**
RILEY: **5.5**

7.6   RATE LOW BIRTH WEIGHT BABIES

HAS BEEN RISING & IS **SLIGHTLY HIGHER** THAN THE STATE OF KS AT 7.4

1.6
(RATE PER 1,000)

BLACK BABIES ARE MORE LIKELY TO BE BORN IN THE 10TH PERCENTILE FOR BIRTHWEIGHT

COMPARED TO DOUGLAS COUNTY (1.0) & WHITE BABIES (0.9)

BLACK BABIES ARE MORE LIKELY TO BE SMALL FOR GESTATIONAL AGE AT

1.5   PER 1,000

COMPARED TO WHITE BABIES (0.8) & DOUGLAS COUNTY (0.9)

SOURCES:
1. KANSAS HEALTH MATTERS; 2009-2013 TO 2016-2020.
2. KANSAS HEALTH MATTERS; 2010-2012 TO 2018-2020.
3. KANSAS INFORMATION FOR COMMUNITIES; 2018-2020.
4. KANSAS INFORMATION FOR COMMUNITIES; 2016-2020.
* PER 1,000 LIVE BIRTHS, 2016-2020

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Cardiovascular Disease

Mortality from heart disease includes cardiovascular events such as heart attack, stroke, and chronic diseases such as coronary artery disease. There is local evidence that Mortality from Heart Disease is a large-scale problem that affects different populations unequally.

Contributing Factor to Health:

Heart disease risk factors for heart disease are progressive, meaning that damage is done to the cardiovascular system over time. The risk factors for heart disease are high blood pressure, high blood cholesterol, and smoking. Additional risk factors include advanced age, being male, family history of heart disease, and type 2 diabetes. It is the leading cause of death for men, women, and most racial and ethnic groups in the United States.

Data Suggesting the Problem:

In 2020, the leading cause of death in Douglas County was heart disease, which accounted for 20.4% of deaths. This proportion of mortality us similar to the state of Kansas (19.6%) and the United States (20.6%). High Blood Pressure prevalence is 25.9%, which represents 1 in 4 residents. The rate of hospitalization per 10,000 for stroke is slightly higher in Douglas County (12.8) than Kansas (11.6).

Inequities & Disparities:

Inequitable conditions for health, such as inequitable access to care, results in notable disparities in health outcomes. When examining mortality and morbidity related to heart disease, disparities become evident when the data is disaggregated by race and ethnicity.

- The Black population in Douglas County has roughly **double** the rates of hospitalization compared to the overall Douglas County rate for congestive heart failure (40.5 per 10,000) and stroke (28.4 per 10,000).
- The Black population in Douglas County has a significantly higher rate of heart disease hospitalization (164 per 10,000) compared to the Douglas County average (98.5 per 10,000)
- Black residents of Douglas County lose significantly more years of potential life (1786.4) compared with white residents (785.6) and the county average (793.7)
- American Indian/Alaska Native population reported the following as a top problem: "people are able to effectively manage chronic diseases such as diabetes, cardiovascular disease and arthritis."

Community Strengths & Assets:

Heart disease mortality rates have significantly declined over time from 192.0 per 100,000 deaths (KHM 200-2002) to 139.3 per 100,000 deaths (KHM 2018-2020). The prevalence of stroke (2.4%) and coronary heart disease (4.4%) in Douglas County are on par with neighboring comparison counties in Kansas and lower than the United States prevalence. The rate of hospitalization (per 10,000) for congestive heart failure is lower in Douglas County (20.3) than Kansas (24.1). The Community Partner Assessment received responses from 29 organizations that work on Health Care Access "a lot," and five of these organizations reported working on cardiovascular disease: Lawrence Memorial Hospital, Douglas County Visiting Nurses, Watkins Health Services at the University of Kansas, Haskell Indian Health Center, and Lawrence USD 497.

These numbers are promising because they indicate community capacity to curb population levels of heart disease mortality, although additional efforts must focus on disparities in health care and improving the risk factors for Black and American Indian/Alaska Native populations.

CARDIOVASCULAR DISEASE

— IN DOUGLAS COUNTY —

HEART DISEASE IS THE #1 CAUSE OF DEATH IN DOUGLAS COUNTY ACCOUNTING FOR

20.4%

OF DEATHS IN 2020

139.3 MORTALITY RATE DUE TO HEART DISEASE

WHICH TRANSLATES TO A DEATH DUE TO HEART DISEASE ROUGHLY **EVERY 2 DAYS**

HOSPITALIZATIONS DUE TO HEART DISEASE ARE DECLINING BUT REMAIN HIGH AT **98.5** PER 10,000

THE SECOND HIGHEST IS **CONGESTIVE HEART FAILURE** AT **20.3**

PREVALENCE OF **CORONARY HEART DISEASE (4.4%) & STROKE (2.4%) ARE LOW** COMPARED TO OVERALL U.S. PREVALENCE AT 6.2% & 3.4%

JUST OVER **10%** OF THE LOCAL P.H. SYSTEM REPORTS WORKING ON **CARDIOVASCULAR DISEASE**

BLACK RESIDENTS LOSE MORE POTENTIAL YEARS OF LIFE TO HEART DISEASE THAN WHITE RESIDENTS OR THE OVERALL COUNTY AVERAGE

Years of Potential Life Lost-Heart Disease

Black, 1786.4
White, 785.6
DG County, 793.7
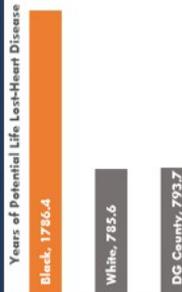
BLACK RESIDENTS HAVE A SIGNIFICANTLY HIGHER HOSPITALIZATION RATE DUE TO HEART DISEASE

1.7 TIMES HIGHER THAN WHITE RESIDENTS

PUBLIC HEALTH; 2022.

SOURCES:
1. KANSAS HEALTH MATTERS; 2018-2020.
2. COMMUNITY PARTNER ASSESSMENT REPORT; LAWRENCE-DOUGLAS COUNTY

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Child Abuse & Neglect

Contributing Factor to Health:
Child abuse and neglect is a kind of adverse childhood experience and trauma which can have profound impacts on health and well-being. Chief among health impacts are those related to behavioral health. Studies have found that childhood abuse and neglect can lead to poor mental health and increased risk for substance use disorders.

Data Suggesting the Problem:
People who completed the Community Health Issues Survey identified childhood abuse and neglect as a relative problem for Douglas County. In addition to being a problem identified as an overall finding, several more specific populations identified child abuse and neglect as an issue, including:

- People with an income between $25,000-$49,999

- People on public health insurance

- People who identified as American Indian or Alaska Native

- People with some college

- People over the age of 56.

According to data available on Child Protective Services from the Department for Children and Families, reports of child abuse and neglect are assigned for investigation roughly 55% of the time in 2022. This is similar to the state of Kansas, which assigned cases at a rate of 55.5% in 2022.

In 2022 there were 179 out of home placements in Douglas County , which is a slight decline from 2019 when there were 203 out of home placements. Primary causes for child home removal have changed from 2020. Removals due to neglect have increased, while removals due to emotional abuse or physical abuse both decreased from 2020.

CHILD ABUSE & NEGLECT

IN DOUGLAS COUNTY

CHILDREN ARE FREE FROM ABUSE & NEGLECT

IDENTIFIED AS A PRIORITY CONCERN AREA BY DOUGLAS COUNTY RESIDENTS

5

DOUGLAS COUNTY RESIDENTS RANKED

CHILD ABUSE & NEGLECT

AS THE 5TH TOP PROBLEM

DIFFERENT DOUGLAS COUNTY SUB-POPULATIONS IDENTIFIED **CHILD ABUSE & NEGLECT** AS A TOP PROBLEM

THOSE WHO MAKE **$25,000 - $49,999** **IDENTIFIED AS A PROBLEM**
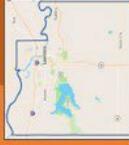
BALDWIN CITY
EUDORA
LAWRENCE
UNINCORP. DG COUNTY
ALL IDENTIFIED AS A PROBLEM

NATIVE AMERICAN & ALASKA NATIVE IDENTIFIED AS A PROBLEM

OTHERS:
✓ THOSE ON PUBLIC INSURANCE
✓ SOME COLLEGE
✓ OVER 56 YEARS OLD

PUBLIC HEALTH
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SOURCES:
1. COMMUNITY CONTEXT ASSESSMENT REPORT; LAWRENCE-DOUGLAS COUNTY PUBLIC HEALTH; 2022.

Childcare

Contributing Factor to Health:

Availability of quality childcare is an issue which has economic, social, and health impacts. Research suggests that childcare significantly influences participation in the labor force, which has an impact on other issues, such as food security and housing stability in the short-term. Economist Betsey Stevenson also noted the issue of childcare "This puts families on just a completely different trajectory that's not about losing two or three years of income; it's about being on a lower earnings trajectory for the rest of your life."

Data Suggesting the Problem:

Several data points suggest challenges around childcare and early childhood education opportunities. Since 2020, the number of licensed childcare facilities has declined by nine, including the loss of six licensed family/group childcare homes. As a result, it is estimated by Child Care Aware of Kansas that the current capacity meets only 47% of potential demand for childcare spots. It is estimated that 2,976 spots are needed to meet the needs of our community. Although costs can be quite variable, it is noted that costs for care for children ages birth to 17 months are highest among all age groups (from $790 to $1131 per month) and would seriously burden low-income families.

Inequities & Disparities:

Although costs can be quite variable, it is noted that costs for care for children ages birth to 17 months are highest among all age groups and would seriously burden low-income families. Further, it is noted that housing, food, and childcare are three of the largest costs absorbed by families. Lastly, it is of note that enrollment in preschool has decreased for children living in Eudora and Baldwin.

Community Strengths & Assets:

The Douglas County Community Partner Assessment surveyed 45 organizations, 33% of which reported working on childcare. About 80% of the organizations working on childcare indicated that they have staff who speak languages other than English. About 40% indicated their organization had a commitment to equity. Of organizations which indicated they worked on childhood, the most common kinds of work they do is communication and education; community engagement, coalition development, and partnerships; and provision of access to care or direct services. Of organization who indicated they address childcare, only 3 (20%) indicated they have sufficient capacity or resources to support the needs of community members.

CHILD CARE

IN DOUGLAS COUNTY

DOUGLAS COUNTY **HAS LOST** **9** **LICENSED CHILD CARE FACILITIES** SINCE 2020

3 **OUT OF** **4**

KIDS HAVE BOTH PARENTS IN THE LABOR FORCE*

CURRENT CHILD CARE CAPACITY MEETS

47%

OF CURRENT DEMAND

$790 - $1,131 FULL-TIME INFANT CARE

$562 - $760 PRESCHOOL

$520 - $805 FULL TIME AFTER SCHOOL CARE

'WE MADE TOO MUCH MONEY TO QUALIFY FOR HEAD START, AND IT DIDN'T MAKES SENSE FOR ME TO GO OUT AND GET TWO JOBS TO PAY FOR DAYCARE. AND I JUST STAYED AT HOME FOR YEARS.'

DOUGLAS COUNTY RESIDENT

55%

OF 3 & 4 YEAR OLDS ARE ENROLLED IN PRESCHOOL

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SOURCES:
1. CHILD CARE AWARE OF KANSAS; 2022.
2. AMERICAN COMMUNITY SURVEY; 2016-2020.
3. COMMUNITY CONTEXT ASSESSMENT REPORT; LAWRENCE-DOUGLAS COUNTY PUBLIC HEALTH; 2022.
* 76%

Commitment to an Equity Lens

The Community Partner Assessment asked about the various ways that equity is centered within organizations, including equity teams, specific staff positions, how they gather and analyze information about the community, and communication strategies.

Contributing Factor to Health:

Health for all is the mission of Lawrence Douglas County Public Health, which is only possible with collaboration from key community partner organizations. Organizational equity practices were identified as a structural and systems issue to address in Douglas County. To improve health outcomes for populations who experience disparities, it is essential to understand the communities served by local organizations.

Current Common Practices:

Organizations who participated in the Community Partner Assessment were asked to submit the definition of equity that their organization used to guide activities, and 31% (n = 14) provided a statement. Surveys, interviews, and feedback forms were the most commonly reported methods for data collection. 82% reported use of social media as their primary type of communications approach. External newsletter (52.2%) was the second most common type of communications approach used.

Toward Equity in Data & Communications:

- **Data**:
  - 45% of organizations responded that they analyze data with a health equity lens or health equity in mind, while 27% indicated they do not and 27% reported they are unsure.
  - About 40% of organizations responded that they would be willing to share data with partners.
  - Data and analysis skills like survey design/analysis, focus group facilitation, assets mapping, and data visualization were present in less than a third of organizations.
  - Few organizations reported use of participatory approaches to data collection.
- **Communications**:
  - 54% of organizations agreed that they apply an equity lens to their external communications and engagement efforts, while 32% were unsure and 14% disagreed.
  - More than half (56%) of participating organizations agreed with statements characterizing their communications infrastructure and capacity as strong, and the same proportion agreed that they have a clear communications strategy.

Community Strengths & Assets:

About 77% of respondents reported having a team of people dedicated to addressing equity in their organization, and 68% indicated they have at least one person dedicated to addressing inequities in their organization. 61% of organizations reported that addressing inequities or advancing equity is in included in all or most job requirements at their organization.

P.H. SYSTEM COMMITMENT TO EQUITY

IN DOUGLAS COUNTY

77% OF LOCAL PUBLIC HEALTH SYSTEM PARTNERS REPORTED HAVING A TEAM DEDICATED TO **ADDRESSING EQUITY**

'WHEN WE LOOK AT TOP LEVELS OF ADMINISTRATION, **WE ARE NOT VERY DIVERSE.'**

DOUGLAS COUNTY RESIDENT

JUST UNDER HALF OF ORGANIZATIONS REPORT THEIR **LEADERSHIP STRUCTURE REFLECTS THE DEMOGRAPHICS** OF THE POPULATION SERVED

49%

'THESE TOPICS ARE BEING DISCUSSED AND PEOPLE ARE COMING OUT AND **DOING THE GOOD WORK....OF GETTING PEOPLE TO....CARE** ABOUT **MARGINALIZED IDENTITIES.'**

DOUGLAS COUNTY RESIDENT

45% OF ORGANIZATIONS APPLY **AN EQUITY LENS TO DATA**

WHILE 27% INDICATED THEY DO NOT APPLY AN EQUITY LENS TO DATA

54% OF ORGANIZATIONS APPLY AN **EQUITY LENS** TO COMMUNICATIONS & ENGAGEMENT

OF ORGANIZATIONS REPORT WORKING

> **30%** ON **RACIAL JUSTICE**

JUST UNDER 30% REPORT WORKING ON **LGBTQIA+ DISCRIMINATION** < **30%**

> **10%** WORK ON **DISABILITY JUSTICE**

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Supporting Community Collaboration

A systemic issue identified by the Community Partner Assessment was to increase the capacity to support collaboration with the community on engagement and policy and advocacy.

Contributing Factor to Health:

Strengthening our community organizational capacity to support a collaborative level of engagement, policy, and advocacy can increase opportunities for residents to have a meaningful influence on their community.

Current Common Practices:

More organizations reported a form of engagement described as informing (38%) compared to other forms. This is usually characterized as short-term, without shared decision-making, and involves uni-directional engagement. The most prevalent type of community engagement noted was presentations (64%), surveys (56%), community forums and events (49%), and customer satisfaction surveys (40%). As for policy and advocacy work, more than 70% of organizations reported activities aimed at educating decision-makers, and about 62% reported responding to requests from decision-makers.

Toward Collaboration in Engagement, Policy, & Advocacy:

- **Engagement**:
  - About 20% reported engaging in collaboration, which is characterized by longer-term interactions, shared decision-making, and bi-directional communication.
  - There were no instances of deferring to community driven decision-making (the most robust form of engagement).
  - Attendance incentives/facilitators that are rarely used for community meetings in Douglas County include: transportation vouchers, payment for participation, visual materials and interpretation/translation, and onsite childcare.
- **Policy & Advocacy:**
  - About 31% of organizations responded that they "build capacity of impacted individuals/communities to advocate for policy change."
  - Only 9% of organizations mobilize public opinion on policies via media/communications, and only 7% engage in voter outreach and education.

Community Strengths & Assets:

There is considerable organizational energy backing the call for more collaboration among Douglas County community partners. Participants in the Community Partner Assessment were most interested in delivering programs more efficiently and effectively and eliminating duplication (70%), bringing about lasting social change (58%), and creating better communication among groups (45%). Fifty-eight percent (58%) of participants indicated they had participated in multi-sector collaborations in the past. Participants were asked about strengths or assets each organization brings to efforts, and the most common answers were the people working for or with the organization, connections to people served by participating organizations, and relationships/ partnerships with other organizations.

COMMUNITY ENGAGEMENT

IN DOUGLAS COUNTY

COMMUNITY ENGAGEMENT
IS A CRITICAL COMPONENT OF EQUITY

IT EXISTS ALONG A CONTINUUM FROM **INFORMING** TO **SHARED LEADERSHIP** WITH THE COMMUNITY

INFORM WAS THE MOST COMMON FORM OF **COMMUNITY ENGAGEMENT** AT **38**%
OF PARTNERS REPORTING PARTICIPATION

20% OF
LOCAL PH SYSTEM PARTNERS REPORT ENGAGING IN **COLLABORATION**
(LONGER TERM, SHARED DECISION-MAKING)

>40% OF PARTNERS
INDICATED THAT THEY ARE ACCOUNTABLE TO **COMMUNITY MEMBERS**

THE MOST PREVALENT METHOD OF ENGAGEMENT WAS
PRESENTATIONS
64% REPORTED PRESENTATION USE

"THE PEOPLE AT THE LEADERSHIP TABLES **DON'T HAVE THE EXPERIENCES** OF MOST OF THE COMMUNITY MEMBERS."

DOUGLAS COUNTY RESIDENT

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SOURCES:
1. COMMUNITY PARTNER ASSESSMENT REPORT; LAWRENCE-DOUGLAS COUNTY PUBLIC HEALTH; 2022.
2. HEALTH EQUITY: VOICES FROM OUR COMMUNITY REPORT; CENTER FOR COMMUNITY HEALTH & DEVELOPMENT; 2021

Criminal Justice System

Contributing Factor to Health:

Criminal justice includes interactions with law enforcement and incarceration rates. This issue was identified as a top community priority, and there is local evidence that this systemic issue affects the Black population disproportionately.

When formerly incarcerated people reenter communities, they suffer from disproportionate rates of mental health issues, suicide, substance use disorders, disabilities, and physical disorders. There can also be complex barriers to accessing healthcare including homelessness, unemployment, and lack of social or family support. It is common for incarcerated individuals to receive inadequate health care before, during, and after incarceration or detention.

Data Suggesting the Problem:

The Community Context Assessment ranked the fairness of the criminal justice system as a top problem, indicating that it was rated with high importance and low satisfaction. When the results were grouped by race/ethnicity, income, health insurance status, education level, and age, a fair criminal justice system scored as a severe problem among the following groups: Black/African American, Hispanic/Latino, American Indian or Alaska Native, two or more races, income less than $5,000, income between $15,000 - $49,999, those without health insurance, college 1 to 3 years (some college), and 18-35 year-olds.

Inequities & Disparities:

Inequitable systemic and social conditions result in disparate outcomes which become evident when examining data which has been disaggregated by demographic characteristic. When looking at data about contact with the criminal justice system that has been disaggregated, disparities among people who are Black or African American are apparent. The following are data suggestive of clear disparities occurring:

- In 2021, Black individuals were booked into the Douglas County Jail at a disproportionate rate (117 per 1,000 adults). Hispanic individuals were booked at a rate of 49 per 1,000 population, Native Americans were booked at a rate of 34 per 1,000 population, and white individuals were booked at a rate of 30 per 1,000 population.

- The average daily population of the Douglas County Jail is also disproportionately Black, at a ratio of 6.5 Black individuals for every white individual. The ratio of the daily average population for all other groups is 1 or lower.

Community Strengths & Assets:

Of the 45 participants in the Community Partner Assessment, 9 reported that they work on the criminal legal system, and 15 reported that they work on racial justice, with an overlap of 5 organizations whose work falls into both categories. However, only two of these five organizations responded that they had sufficient capacity to meet the needs of clients/members (e.g. enough staff/funding/support to do their work). Of the nine organizations who work in the criminal justice system, five were able to provide statements of equity that guide their organizational work, and five had staff that spoke English and Spanish (one organizations uses volunteers for interpretation in languages other than English).

CRIMINAL JUSTICE SYSTEM

IN DOUGLAS COUNTY

"THE WHOLE LEGAL SYSTEM HERE IS STILL **DETRIMENTAL** FOR A LOT OF BLACK, INDIGENOUS, PEOPLE OF COLOR."

DOUGLAS COUNTY RESIDENT

THE RATIO OF JAIL INCARCERATION IS

6.5 TIMES

HIGHER FOR BLACK RESIDENTS COMPARED TO WHITE RESIDENTS

A FAIR & JUST CRIMINAL JUSTICE SYSTEM
IDENTIFIED AS A TOP PROBLEM BY MANY POPULATIONS, INCLUDING...

BLACK,
HISPANIC/LATINO,
NATIVE AMERICAN, &
MULTIRACIAL
IDENTIFIED AS A TOP PROBLEM

IDENTIFIED AS A **TOP PROBLEM**:
✓ INCOME <$5,000 AND $15,000 - $49,999
✓ SOME COLLEGE
✓ 18 – 35 YEARS OLD
✓ NO HEALTH INSURANCE

THE #1 CHARGE FOR JAIL BOOKINGS IS
FAILURE TO APPEAR:

12,226

TOTAL CHARGES 2017 - CURRENT

THE JAIL BOOKING RATE FOR **BLACK DG COUNTY RESIDENTS IS**

3.9 TIMES HIGHER

THAN THE BOOKING RATE FOR **WHITE RESIDENTS***

SOURCES:
1. DOUGLAS COUNTY BOOKINGS & OFFENSES DASHBOARD; DOUGLAS COUNTY CORRECTIONAL FACILITY BOOKINGS AND OFFENSES DATA; ACESSSED ON 2/21/2023.
2. HEALTH EQUITY: VOICES FROM OUR COMMUNITY REPORT; CENTER FOR COMMUNITY HEALTH & DEVELOPMENT; 2021.
3. COMMUNITY CONTEXT ASSESSMENT REPORT; LAWRENCE-DOUGLAS COUNTY PUBLIC HEALTH; 2022.
*BLACK RATE IS 117 PER 1,000 ADULTS; WHITE RATE IS 30 PER 1,000 ADULTS

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Food Insecurity

Contributing Factor to Health:

Food insecurity is defined by the US Department of Agriculture by the as "a lack of consistent access to enough food for every person in a household to live an active, healthy life." Food insecurity has a considerable impact on health and well-being. For example, hunger and limited consumption of healthy food has an impact on child development, health, and behavior. For adults, the impact of food insecurity is realized when people must choose between eating well and other costs associated with health, such as healthcare, medicine, housing, and transportation.

Data Suggesting the Problem:

About 11.5% of people living in Douglas County are identified as food insecure. Although this percentage has been decreasing since 2015, it is still higher than the percentage of people living in Kansas experiencing food insecurity (9.7%). Responses to the Community Health Issues Survey suggest that people in Douglas County have very different perceptions regarding whether hunger is a problem or a strength. For some populations, such as people living Baldwin and Eudora, the absence of hunger is a strength for their communities. On the other hand, older adults and people who identified as Asian were more likely to describe hunger as a problem.

Inequities & Disparities:

One indicator of food security is access to healthy foods, and good access to healthy foods is generally defined as being within one mile of a grocery store or supermarket to purchase foods. In Douglas County, 29% of the population live within a mile of a grocery store, compared to 43.7% of Kansans overall. In particular, only 25.2% of people living in Eudora live within one mile of a grocery store.

Community Strengths & Assets:

The Douglas County Community Partner Assessment surveyed 45 organizations, 42% (n=19) of which reported working on food access and affordability. About 36% indicated their organization had a commitment to equity. Of organizations which indicated they worked on food access and affordability, the most common kinds of work they do is communication and education; community engagement; and alliance and coalition development.

FOOD SECURITY

IN DOUGLAS COUNTY

40% OF
LOCAL P.H. SYSTEM PARTNERS
REPORT WORKING ON
FOOD ISSUES

11.5% OF DOUGLAS COUNTY
IDENTIFIES AS
FOOD INSECURE

THE COST OF FOOD IN
DOUGLAS COUNTY IS
$7,809
PER YEAR

29%
OF DOUGLAS COUNTY IS WITHIN 1 MILE TO
HEALTHY FOOD; COMPARED TO KANSAS AT
43.7%

POPULATION WITH 1 MILE ACCESS TO
HEALTHY FOOD: **37.7**% BALDWIN CITY
25.2% EUDORA
48.5% LAWRENCE
37.0% LECOMPTON

SOURCES:
1. COMMUNITY PARTNER ASSESSMENT REPORT; LAWRENCE-DOUGLAS COUNTY
   PUBLIC HEALTH; 2022.
2. FEEDING AMERICA; 2020.
3. MIT LIVING WAGE CALCULATOR; 2022.
4. U.S. DEPARTMENT OF AGRICULTURE; 2019.

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Jobs, Living Wage, & Poverty

Jobs, Living Wage and Poverty were identified as a top community priority, and there is local evidence that the outcomes of these systemic issues affect different populations unequally.

Contributing Factor to Health:

Poverty is considered a social determinant of health, and a primary driver of health inequities. Social factors, such as social economic status, employment, education, and social support, significantly impact health and health outcomes, above and beyond health behavior, health care, and the physical environment.

Data Suggesting the Problem:

Finding and keeping jobs that support oneself and one's family scored as one of the top four problems in the Community Context Assessment. Over 18,000 people in Douglas County live in poverty (16.5% of the county) and 8% of those work full-time. According to the MIT Living Wage Calculator, residents of Douglas County must earn $32.31 per hour to support a family (assuming two adults and one child with one adult working full-time), which amounts to a rough annual salary of $61,020.00. Median income falls short of this at $67,204.80. Roughly 1 in 10 children in Douglas County live in poverty (12%), and vast disparities exist in childhood poverty.

Inequities & Disparities:

Inequitable conditions, such as discrimination and limited access to educational opportunities, lead to disparities in outcomes which become evident when looking at disaggregated data about income-related outcomes by race and ethnicity, place, and disability status:

- Rates of poverty for Asian (33.1%), Hispanic (21.9%), and Native American (31.6%) populations are statistically higher compared with the Douglas County average (16.5%).
- Rates of children living in poverty differ greatly by race and ethnicity, with all categories significantly higher than white (6.3%): Asian (19.1%), two or more races (22%), Hispanic (23.9%), Black (32%), Native American (45.5%), and Other race (48.8%).
- Native American population reports a higher unemployment rate (6.3%) than the county (4.3%).
- Lawrence and Lecompton each have high levels of poverty (both 18.8%), while Eudora and Baldwin City have lower rates (10.4% and 7.9%, respectively).
- Central and South Lawrence contains eight census tracts where median income is between $22,170.00 and $47,904.00, which is far below the county median income of $61,020.00.
- One census tract in central Lawrence has 61.6% of residents living in poverty, the highest level in the county.
- 34.8% of people with a disability live in poverty in Douglas County, higher than Kansas (23.5%).

Community Strengths & Assets:

In the Community Partner Assessment of 45 organizations, 32 (71%) responded that they engage in a lot of work to address economic stability, and of these organizations, 9 have readily available equity statements, 7 work on disability justice, and 19 have staff that speak languages other than English. However, 18 (56%) of these organizations report that they do not have sufficient capacity to meet the needs of their clients or members (e.g. enough staff, funding, and support). Recommendations from focus groups with community residents included working with employers to raise wages to living wage levels, expanding the availability of affordable childcare, growing the availability of job training, and improving the recruitment and retention of a diverse workforce.
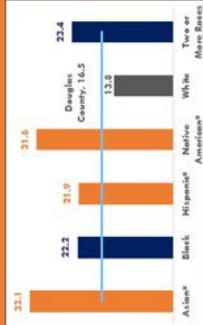
JOBS, LIVING WAGE, & POVERTY

IN DOUGLAS COUNTY

DOUGLAS COUNTY RESIDENTS IDENTIFY WELL-PAYING JOBS TO SUPPORT FAMILIES AS A TOP CONCERN

$61,020
MEDIAN INCOME

LIVING WAGE NEED
$67,204

16.5% OF DOUGLAS COUNTY LIVES IN POVERTY

ASIAN, HISPANIC, & NATIVE AMERICAN POPULATIONS MORE LIKELY TO LIVE IN POVERTY

Asian* 33.1
Black 22.2
Hispanic* 21.9
Native Americans* 21.6
Douglas County 16.5
White 13.8
Two or More Races 23.4

1 IN 10 CHILDREN LIVE IN POVERTY*

INCLUDING 45.5% OF NATIVE AMERICAN KIDS**

POVERTY RATES BY CITY:
7.9% BALDWIN CITY
0.4% EUDORA
18.8% LAWRENCE
18.8% LECOMPTON

THE MEDIAN INCOME FOR THE **WHITE POPULATION** IS **$25,000 HIGHER** THAN FOR THE **NATIVE AMERICAN POPULATION**

White, $65,976.00
Two or More Races*, $54,112.00
Black*, $43,499.00
Asian*, $42,543.00
Hispanic*, $40,634.00
Native American*, $39,680.00

"THE FACT THAT THE COST OF LIVING IS SO HIGH HERE IN LAWRENCE MEANS THAT YOU CAN REALLY ONLY MOVE TO LAWRENCE IF YOU QUALIFY FOR PARTICULARLY HIGH-PAYING JOBS.

SO, I THINK THAT IS A BARRIER TO DIVERSITY IN GENERAL."
DOUGLAS COUNTY RESIDENT

SOURCES:
1. COMMUNITY CONTEXT ASSESSMENT REPORT; LAWRENCE-DOUGLAS COUNTY PUBLIC HEALTH; 2022.
2. AMERICAN COMMUNITY SURVEY; 2016-2020.
3. MIT LIVING WAGE CALCULATOR; 2022.

* 12.1%
** KIDS UNDER 18 YEARS OLD

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Safe & Affordable Housing

Safe and affordable housing is an umbrella issue that covers a range of topics including the cost burden people experience paying for housing, housing instability, houselessness, and unhealthy living conditions. Safe and affordable housing was identified as a community priority, and there is local evidence that it is a large-scale problem that affects different populations unequally.

Contributing Factor to Health:

Housing instability may negatively affect physical health. Housing instability encompasses challenges such as having trouble paying rent, overcrowding, moving frequently, or spending the bulk of household income on housing. Housing instability also includes households which experienced or are at risk of eviction, and those already experiencing homelessness. Due to a limited rental market with few affordable vacancies, people with the lowest incomes may be forced to rent substandard housing that exposes them to health and safety risks.

Data Suggesting the Problem:

Excessive rental costs affect more than half of renters in Baldwin City (54.9%), almost half of renters in Lawrence (48.5%), 37% of renters in Lecompton, and about a third of renters in Eudora (32.1%). Households are cost-burdened when more than 30% of income is spent on rent. Roughly 16% of low-income households in Douglas County have high rental costs. Severe housing issues in rental units occur at higher rates in Lawrence (30.3%) and Baldwin City (26.2%) than in the state of Kansas (22.7%). Severe housing issues is defined as having one of four things: (1) Lacking kitchen; (2) Lacking plumbing; (3) Severe overcrowding; or (4) Severely cost-burdened (>50% of income towards costs). The most recent Point-in-Time Homelessness Count (2022) has Douglas County at 232 total people counted as homeless: 151 sheltered and 81 unsheltered.

Inequities & Disparities:

In the community health issues survey, safe and affordable housing received the highest problem scores from respondents in every city (and the unincorporated parts) of Douglas County. The following groups ranked housing as a top problem:

- Race and Ethnicity: Hispanic or Latino, Two or more races
- Income: between $5,000 - $49,999
- Insurance Status: public insurance (e.g. Medicaid) or no health insurance
- Education: Grade 12 or GED (high school graduate), College 1 to 3 years (some college)
- Age: 22-35 year-olds, 56-65 year-olds, 76+ year-olds

Community Strengths & Assets:

Recommendations for addressing housing from focus group and interview participants included efforts to expand accessible housing, reducing/ providing a moratorium on evictions, creating greater opportunities for homeownership, and being particularly attentive to populations which experience greater housing burden.

The Community Partner Assessment surveyed 45 organizations, 56% of which reported working on housing, 11% on utilities, and 29% on economic security. More than half of the organizations working on housing indicated that they have Spanish-speaking staff, although few public materials are translated to other languages. Several organizations work with communities experiencing disparities listed above: 10 listed senior or elder care, and 10 listed health insurance. However, only a quarter of the organizations working on housing responded that they have sufficient capacity to meet the needs of their clients or members (e.g. enough staff, funding, and support).

SAFE & AFFORDABLE HOUSING

IN DOUGLAS COUNTY

"WHERE YOU DO SEE A SHARP FORM OF SEGREGATION IS IN THE TYPES OF HOUSING.

LIKE THERE ISN'T PER SE A BLACK PART OF TOWN, BUT RENTERS OR FOLKS OF COLOR ARE DISPROPORTIONATLEY LIKELY TO BE RENTERS RATHER THAN HOMEOWNERS. AND RENTING IN LAWRENCE IS A NIGHTMARE."

DOUGLAS COUNTY RESIDENT

48.8%

OF DOUGLAS COUNTY RENTERS ARE COST-BURDENED

HIGHER THAN KANSAS

232

INDIVIDUALS COUNTED AS UNHOUSED IN DOUGLAS COUNTY

50% OF LOCAL PH SYSTEM PARTNERS REPORT WORKING ON HOUSING

16.2% OF LOW-INCOME HOUSEHOLDS ARE SEVERELY COST-BURDENED RENTERS
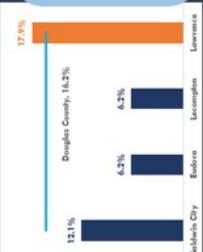
THE PERCENT IS PARTICULARLY HIGH IN LAWRENCE & BALDWIN CITY

SAFE & AFFORDABLE HOUSING

IDENTIFIED AS A TOP PROBLEM IN A SURVEY OF DOUGLAS COUNTY RESIDENTS

COST-BURDENED RENTERS
BY CITY:
- 54.9% BALDWIN CITY
- 32.1% EUDORA
- 48.5% LAWRENCE
- 37.0% LECOMPTON

SOURCES:
1. COMMUNITY CONTEXT ASSESSMENT REPORT; LAWRENCE-DOUGLAS COUNTY PUBLIC HEALTH; 2022.
2. AMERICAN COMMUNITY SURVEY; 2016-2020.
3. COMMUNITY PARTNER ASSESSMENT; LAWRENCE-DOUGLAS PUBLIC HEALTH DEPARTMENT; 2022.
4. POINT IN TIME COUNT; 2022.

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Sexually Transmitted Infections

Sexually transmitted infections (STIs), or sexually transmitted infections, include a wide range of diseases that are generally acquired by sexual contact. Some infections can be passed from mothers to their infants during pregnancy or childbirth, or through blood transfusions or shared needles.

Contributing Factor to Health:

STIs can be caused by bacteria, viruses, or parasites, and therefore have a wide range of symptoms, including no symptoms. STIs can go unnoticed until complications occur or a partner is diagnosed, sometimes years after initial infection. Possible complications depend on the disease and its progressive stages, and may include pelvic pain or pelvic inflammatory disease, pregnancy complications, infertility, arthritis, heart disease, and certain cancers, such as HPV-associated cervical and rectal cancers.

Data Suggesting the Problem:

While the overall counts and rates of cases of chlamydia, gonorrhea, and syphilis are down from a high point in 2017, the overall numbers are still quite high at 730.4 per 100,000 in 2021. Douglas County's rate of STIs is the 9th highest for all Kansas counties. There are large disparities by race, with Black and Native American populations experiencing far higher rates than Asian and white populations.

Inequities & Disparities:

Inequitable conditions, such as discrimination and inequitable access to care, lead to disparities in health outcomes. Disparities in health outcomes become evident when looking at disaggregated data about STIs by race and ethnicity.

The data below are compelling examples of disparities resulting from inequitable social and economic conditions.
- The rate of sexually transmitted infections for Native Americans is 1807.8 per 100,000 in Douglas County, which is 82.8% higher than the county average.
- The rate of sexually transmitted infections for Black or African American populations is 2358.5 per 100,000 in Douglas County, which is 103.5% higher than the county average.

Community Strengths & Assets:

STIs are considered largely preventable or avoidable. Despite the evidence of disparities in STI infection rates, there does not appear to be the public perception of an issue in Douglas County. In the Community Context Assessment, the statement "People engage in safe-sex practices" was scored lower than average for importance and above average for satisfaction, and no race/ethnic group or age group gave it a high problem score. Likewise, no race/ethnic group or age group scored it as a relative strength.

The Douglas County Community Partner Assessment surveyed 45 organizations, 8 of which reported working on HIV or STI prevention. However, only half of these organizations reported that they have sufficient capacity to meet the needs of clients/members (e.g. enough staff/funding/support to do their work), and half were able to submit written definitions that the organization used to guide their practice of equity in the community.
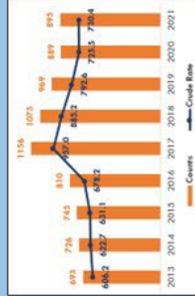
SEXUALLY TRANSMITTED INFECTIONS

IN DOUGLAS COUNTY

730.4
PER 100,000

RATE OF SEXUALLY TRANSMITTED INFECTIONS IN DOUGLAS COUNTY

INCLUDES GONORRHEA, CHLAMYDIA, & SYPHILIS

2.5
NEW STI CASES REPORTED EVERY DAY

STI CASES PEAKED IN 2017

COUNT HAS BEEN DECLINING, BUT REMAINS HIGH

BLACK & NATIVE AMERICAN POPULATIONS HAVE SIGNIFICANTLY HIGHER STI RATES

COMPARED TO WHITE & ASIAN POPULATIONS

JUST UNDER

20% OF LOCAL PH SYSTEM PARTNERS REPORT WORKING ON HIV/STDS

103.5% DIFFERENCE BETWEEN **BLACK** POPULATION & DOUGLAS COUNTY

82.8% DIFFERENCE BETWEEN **NATIVE AMERICAN** POPULATION & DOUGLAS COUNTY

PUBLIC HEALTH; 2022.
3. KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT; 2019-2021.

SOURCES:
1. KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT; 2013-2021.
2. COMMUNITY PARTNER ASSESSMENT REPORT; LAWRENCE-DOUGLAS COUNTY

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Threats of Physical & Sexual Violence:

Contributing Factor to Health:

Violence occurs in many forms and has a considerable public health impact. The many forms of violence include physical violence, sexual violence, intimate partner or domestic violence, and community violence. In addition, violence can have an impact across the lifespan. In addition to injuries, violence contributes to many poor health outcomes. In particular, different forms of violence are part of a class of events referred to as adverse childhood experiences (ACEs). Research suggests ACEs have a deleterious effect on health and well-being and influence all aspects of children's development.

Data Suggesting the Problem:

People who completed the Community Health Issues Survey identified threats of physical and sexual violence as a relative problem for Douglas County. In addition to being a problem identified as an overall finding, several more specific populations identified threats of violence as an issue, including:

- People who live in Baldwin.
- People who identified as American Indian or Alaska Native.
- People between the ages of 18 and 21.
- People between the ages of 66 and 75.

The Kansas Bureau of Investigations reports that the rate of violent crime in Douglas County is 3.7 per 1,000 and is lower than the rate of violent crime for the state of Kansas. Although the rate of violent crime is down from a high in 2006, the rate has been rising modestly since 2015. In addition, in Douglas County there were 2,642 instances of domestic battery charges and more than 1,000 charges for aggravated battery and assault in the five-year period from 2017 to 2022.

Community Strengths & Assets:

The Douglas County Community Partner Assessment surveyed 45 organizations, 22% of which reported working on the issue of public safety and violence. About 60% of the organizations working on public safety and violence indicated that they have staff who speak English and Spanish. About 40% indicated their organization had a commitment to equity. Of organizations which indicated they worked on public safety and violence, the most common kinds of work they do is communication and education; community engagement; alliance and coalition development; plan and policy development; and research and evaluation.

PHYSICAL & SEXUAL VIOLENCE

IN DOUGLAS COUNTY

PEOPLE ARE FREE FROM THE

THREAT OF PHYSICAL & SEXUAL VIOLENCE

IDENTIFIED AS A DOUGLAS COUNTY PRIORITY AREA OF CONCERN

IDENTIFIED AS A PRIORITY BY THE FOLLOWING GROUPS:

- BALDWIN CITY
- NATIVE AMERICAN
- 18-21 YEAR OLDS
- 66-75 YEAR OLDS

3.7 VIOLENT CRIME RATE (PER 1,000)

LOWER THAN KANSAS, BUT RISING SINCE 2015

20% OF P.H. SYSTEM PARTNERS WORK TO ADDRESS

PUBLIC SAFETY & VIOLENCE

2,642

TOTAL NUMBER OF DOMESTIC BATTERY CHARGES FROM 2017-2022

FROM 2017-2022, OVER **1,000 CHARGES*** FOR AGGRAVATED BATTERY/ASSAULT

SOURCES:
1. COMMUNITY CONTEXT ASSESSMENT REPORT; LAWRENCE-DOUGLAS COUNTY PUBLIC HEALTH; 2022.
2. COMMUNITY PARTNER ASSESSMENT REPORT; LAWRENCE-DOUGLAS COUNTY PUBLIC HEALTH; 2022.
3. KANSAS BUREAU OF INVESTIGATION VIA KANSAS HEALTH MATTERS; 2006-2020
4. DOUGLAS COUNTY BOOKINGS & OFFENSES DASHBOARD; DOUGLAS COUNTY CORRECTIONAL FACILITY BOOKINGS AND OFFENSES DATA; ACCESSSED ON 2/15/2023.
* 1,034

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Appendix 2: Community Context Assessment

The Mobilizing for Action through Planning and Partnership Framework includes a Community Context Assessment (CCA) aimed at understanding the assets and challenges experienced in a community. To understand the community assets and challenges mixed methods are used to describe the opinions of people living in Douglas County.

The questions answered by this assessment are:

- What are the community's strengths and assets that contribute to health and well-being, and can help advance community health improvement?
- What are the priority challenges which detract from health and well-being?
- What solutions has the community already identified on its own to improve community health?

For this assessment, staff conducted a Community Health Issues Survey and integrated qualitative data from a previously conducted assessment, *Health Equity: Voices from our Community*.

Approach & Methodology:

The Community Health Issues Survey (CHIS) consists of 34 questions related to respondents' opinions on a range of community health topics and six questions regarding the demographic characteristics of respondents. Each community health question asked people to view a statement about the topic and select responses which indicated a) how important the topic is to them and b) how satisfied they were with the topic's performance or availability in Douglas County.

The CHIS survey was made available in English and Spanish via paper and online. Paper surveys were distributed at strategic community settings, such as Heartland Community Health Center and the libraries in Lawrence, Eudora, and Baldwin, and events, such as Juneteenth and the Pride festivities, across the county. Data collection occurred from late May through early August 2022.

Staff completed data entry and cleaning to eliminate data from people who lived outside of Douglas County or provided mostly incomplete responses. Staff used descriptive analysis to report the demographic characteristics. Staff conducted further analysis to calculate the relative strengths (those items in which aggregated responses suggest they are issues of *high* importance and *high* satisfaction) or the relative problems (those items in which aggregated responses suggest they are of *high* importance and *low* satisfaction).

The Health Equity: Voices from our Community project occurred between December 2020 and June 2021, and included several focus groups and interviews with people living in Douglas County who experience racism, discrimination, or marginalization based on race, ethnicity, language spoken, immigration status, gender or gender identity, sexual orientation, and/or disability. The findings are available in a separate report. For this report, some of those findings are included and treated as secondary data. For example, several quotes and descriptions from the report are included here

to provide context or exemplify items identified in the Community Health Issues Survey as strengths or problems.

Results:

Description of Respondents:

A total of 1,038 people completed the CHIS survey. **Table 1** below contains data describing the participants.

Table 1 Participant Demographic Characteristics

Demographic Characteristic	n (%)	Demographic Characteristic	n (%)
Income		**Educational Attainment**	
Less than $5,000	31(3.2%)	Grades 1-8	3(0.3%)
$5,000 - $14,999	41(4.2%)	Grades 9-11	5(0.5%)
$15,000 - $24,999	98(10.1%)	Grade 12 or GED	87(8.8%)
$25,000-$49,999	207(21.3%)	Some college or technical school	233(23.5%)
$50,000-$75,000	199(20.4%)	(College graduate)	552(55.7%)
Greater than $75,000	326(33.5%)	Other	97(9.8%)
Prefer not to answer	72(7.4%)	Prefer not to answer	14(1.4%)
Age Group		**Race or Ethnicity**	
18-21 years old	38(3.8%)	White, non-Hispanic	785(79.5%)
22-25 years old	56(5.7%)	Black or African American, non-Hispanic	58(5.9%)
26-35 years old	183(18.5%)	Hispanic, Latino, or Spanish origin	65(6.6%)
36-45 years old	216(21.8%)	Asian, non-Hispanic	19(1.9%)
46-55 years old	177(17.9%)	American Indian or Alaska Native	45(4.6%)
56-65 years old	130(13.1%)	Native Hawaiian or Other Pacific Islander	5(0.5%)
66-75 years old	138(14%)	Two or more races, non-Hispanic	20(2%)
76+ years old	51(5.2%)	Some other race, ethnicity or origin	12(1.2%)
		Prefer not to answer	34(3.4%)
Insurance Status		**Community of Residence**	
No.	77(7.8%)	Baldwin	45 (4.5%)
Yes, private health insurance	697(70.2%)	Eudora	56 (5.7%)
Yes, public health insurance	210(21.1%)	Lawrence	855 (86.4%)
Prefer not to answer	9(0.9%)	Lecompton	7 (0.7%)
		Unincorporated Douglas County	7 (0.7%)

Descriptions of Strengths & Problems:

Data resulting from the Community Health Issues Survey can be analyzed to identify issues that are relative strengths or relative problems. Items which are of *high* importance and *high* satisfaction are relative strengths while issues which are *high* importance and *low* satisfaction are described as relative problems. In order to identify the top strengths and problems reported by residents, items which have scores more than one standard deviation above mean scores (for all items) were identified and reported in **Table 2**.

Table 2 Identified Relative Strengths & Problems by CHIS Respondents

Relative Strengths	Relative Problems
People are not exposed to secondhand smoke	Health insurance is available for all.
Suicide prevention resources are available.	Safe and affordable housing is available.
People have opportunities to receive high quality education or skills training.	People are able to find and keep jobs that pay well enough to support themselves and their families.
Local air, water, and soil is free from pollutants.	Children and youth are free from abuse and neglect.
People in the community enjoy a good quality of life.	
Children, youth, and adults are up to date on their immunizations.	

While Table 2 characterizes the health topics which top the lists of relative strengths and problems, **Table 3** on the following page includes all 34 items included in the survey and where each fall in a quadrant characterizing importance and satisfaction.

Table 3 All CHIS Items Categorize by Importance & Satisfaction

	Above Average Importance	Below Average Importance
Above Average Satisfaction	• People are treated fairly and without discrimination. • Suicide prevention resources are available. • Healthy foods are available and affordable. • People in the community enjoy a good quality of life. • Businesses do not take advantage of people who are vulnerable. • Local air, water, and soil is free from pollutants. • People have opportunities to receive high quality education or skills training.	• Transportation is available to people of all ages and abilities. • Children, youth, and adults are up to date on their immunizations. • People have meaningful opportunities to influence what happens in their community. • Our community is walkable/ bikeable/ wheelable. • A wide variety of recreational opportunities are available and affordable for people of all ages and levels of physical mobility. • People engage in safe-sex practices. • People are not exposed to secondhand smoke. • People support each other in making healthy choices. • Breastfeeding is promoted and supported by the community.
Below Average Satisfaction	• Children and youth are free from abuse and neglect. • People are free from the threat of physical and sexual violence. • People do not experience hunger. • Quality medical care and preventive screenings are available for all. • Our community has a fair criminal justice system. • Mental health problems are recognized and treated in our community. • People are able to find and keep jobs that pay well enough to support themselves and their families. • Health insurance is available for all. • Safe and affordable housing is available. • People in the community have adequate emotional and social support. • Children and adults do not engage in aggressive or threatening behavior. • Dental care and preventative screenings are available for all. • People are able to effectively manage chronic diseases, such as diabetes cardiovascular disease, and arthritis.	• People are free from chronic stress or constant worry. • Youth do not use alcohol, drugs, or tobacco. • Quality childcare is available and affordable. • Neighborhoods are racially diverse. • Adults refrain from abusing drugs, alcohol, and tobacco.

Reflections from Community Members:

Participants in the *Health Equity: Voices from the Community* project shared similar perspectives about the problems facing people living in Douglas County, particularly as it relates to safe and affordable housing.

Illustrative quotes from the assessment related to the overall strengths and problems are listed here:

"Where you do see a sharp form of segregation is in the types of housing, right? Like there isn't per say a Black part of town, but renters or folks of color are disproportionately likely to be renters rather than homeowners. And renting in Lawrence is a nightmare. We have the highest rent in Kansas. Our rent increases double the national average every year, particularly now where there's like evictions that are happening."

"There is a lack of physically accessible housing with people with mobility disability. Finding decent housing or housing with accommodations isn't possible."

Similarly, participants noted finding and keeping jobs that paid well enough to support families was a problem:

"We made too much money to qualify for Head Start, and it didn't make sense for me to go out and get two jobs to pay for daycare. And I just stayed at home for years."

"I felt mostly tokenized and excluded for the most part [when looking for jobs]. I have tried really hard to get jobs as a trans woman, I've never gotten a call back from a store downtown."

"The fact that the cost of living is so high here in Lawrence means that you can really only move to Lawrence if you qualify for particularly high-paying jobs. So, I think that is a barrier to diversity in general. And I think that there are things that Lawrence could be doing on a city-level, like raising the minimum wage further to better match our really high cost of living, if we wanted to take serious action and attract people who aren't just white-collar workers to Lawrence."

Variation in Strengths & Problems:

While the overall findings are helpful to identify strengths and problems which resonate with all people living in Douglas County, disaggregating the data by different demographic characteristics may shed light on areas in which inequities may be observed. For the purposes of this report, only populations with a history of exclusion and marginalization were included in the findings presented. Summary tables are included below, and more detailed tables are included in the appendix. **Table 4** below describes the variation in strengths by the different population groups which identified the topic as a strength.

Table 4 Top Strengths Cited by Population Groups

Rank	Issue	Populations citing Issue as Strength
1	**Suicide prevention resources are available.**	Baldwin City, Eudora, Lawrence, Unincorp. Douglas County

		Black/African American, Asian, Two or more races Income less than $5,000, Income between $15,000 - $49,999 No health insurance Grade 12 or GED (High school graduate), College 1 to 3 year (some college) 22-35 year-olds, 56+ year-olds
2	**Transportation is available to people of all ages and abilities.**	Unincorporated Douglas County, Black/African American, Hispanic/Latino, American Indian or Alaska Natives, Income $49,999 and less, Public health insurance (e.g. Medicaid), No health insurance, Grade 12 or GED (high school graduate), College 1 to 3 years (some college), 18-25 year-olds, 66-75 year-olds
3	**Our community is walkable/ bikeable/ wheelable.**	Black/African American, Asian, American Indian or Alaska Native, Two or more races, Income less than $5,000, Income between $15,000 - $49,999, No health insurance, Grade 12 or GED (high school graduate), College 1 to 3 years (some college), 18-25 year-olds, 56-65 year-olds
4	**People are not exposed to secondhand smoke.**	Baldwin City, Eudora, Lawrence, Unincorporated Douglas County, Hispanic/Latino, Two or more races, Income between $25,000 -$49,999, Public health insurance (e.g. Medicaid), 26-35 year-olds, 56+ year old
5	**Children, youth, and adults are up to date on their immunizations.**	Black/African American, Hispanic/Latino, American Indian and Alaska Native, Income less than $5,000, Income between $15,000 - $24,000, No health insurance, Grade 12 or GED (high school graduate), College 1 to 3 years (some college), 18-21 year-olds
6	**People in the community enjoy a good quality of life.**	Baldwin City, Lawrence, Unincorporated Douglas County, Hispanic/Latino, Asian, Income between $5,000 - $14,999, College 1 to 3 year (some college), 18-21 year-olds, 56-65 year-olds, 76+ year-olds
7	**Local air, water, and soil is free from pollutants.**	Eudora, Lawrence, Black/African American, Hispanic/Latino, American Indian or Alaska Native, Two or more races, Income between $5,000-$14,999, 18-35 year-olds
8	**People have opportunities to receive high quality education or skills training.**	Lawrence, American Indian and Alaska Native, Income between $5,000 - $49,999, Public health insurance (e.g. Medicaid), Grade 12 or GED (High school graduate), 26-35 year-olds, 66-75 year-olds

9	**A wide variety of recreational opportunities are available and affordable for people of all ages and levels of physical mobility.**	Public health insurance (e.g. Medicaid), 56+ year-olds
10	**People are treated fairly and without discrimination.**	Baldwin City, Unincorporated Douglas County, Two or more races
11	**People do not experience hunger.**	Baldwin City, Eudora
12	**Mental health problems are recognized and treated in our community.**	Asian
13	**Quality medical care and preventive screenings are available for all.**	76+ year-olds
14	**Breastfeeding is promoted and supported by the community.**	Income less than $5,000
15	**Businesses do not take advantage of people who are vulnerable.**	Eudora
16	**Healthy foods are available and affordable.**	Income between $5,000 to $14,999

* Groups with N=<15 were excluded from the analysis to eliminate extreme scores. These small groups included: Native Hawaiian or Pacific Islander, Some other race, Lecompton, and Education levels below 12th grade.
** The following groups were excluded from listing: White, Income greater than $50,000, College 4 years (graduate) and higher, and 36-55 year-olds.

Similarly, one can examine problems identified by different population groups. **Table 5** contains the problems which were identified by the population sub-groups which are present in Douglas County.

Table 5 Top Problems cited by Population Groups

Rank	**Issue**	**Populations citing Issue as Problem**
1	**Health insurance is available for all.**	Eudora, Lawrence, Unincorporated Douglas County, Black/African American, Hispanic/Latino, Asian, American Indian or Alaska Native, Two or more races, Income $49,999 and less, Public health insurance (e.g. Medicaid), No health insurance, Grade 12 or GED (high school graduate), College 1 to 3 years (some college), 18-35 year-olds, 56+ year-olds
2	**Safe and affordable housing is available.**	Baldwin City, Eudora, Lawrence, Unincorp. Douglas County, Hispanic/Latino, Two or more races, Income between $5,000 - $49,999, Public health insurance (e.g. Medicaid), No health insurance, Grade 12 or GED (high school graduate), College 1 to 3 years (some college),

		22-35 year-olds, 56+ year-olds
3	**People are able to find and keep jobs that pay well enough to support themselves and their families.**	Baldwin City, Eudora, Lawrence, Unincorp. Douglas County, Asian, Hispanic/Latino, Two or more races, Income between $15,000 - $49,999, Public health insurance (e.g. Medicaid), No health insurance, Grade 12 or GED (high school graduate), College 1 to 3 years (some college), 22-35 year-olds, 56-65 year-olds, 76+ year-olds
4	**Our community has a fair criminal justice system.**	Black/African American, Hispanic/Latino, American Indian or Alaska Native, Two or more races, Income less than $5,000, Income between $15,000 - $49,999, No health insurance, College 1 to 3 years (some college), 18-35 year-olds
5	**Children and youth are free from abuse and neglect.**	Baldwin City, Eudora, Lawrence, Unincorp. Douglas County, American Indian or Alaska Native, Income between $25,000 to $49,999, Public health insurance (e.g. Medicaid), College 1 to 3 years (some college), 56+ year-olds
6	**Mental health problems are recognized and treated in our community.**	Baldwin City, Two or more races, Income between $5,000 - $14,999, No health insurance, Grade 12 or GED (high school graduate), 26-35 year-olds, 56-65 year-olds
7	**People are free from the threat of physical and sexual violence.**	Baldwin City, American Indian or Alaska Native, 18-21 year-olds, 66-75 year-olds
8	**People are free from chronic stress or constant worry.**	Income less than $5,000, Grade 12 or GED (high school graduate), 18-21 year-olds
9	**Quality medical care and preventive screenings are available for all.**	Income between $5,000 - $14,999, 22-25 year-olds
10	**Dental care and preventative screenings are available for all.**	Income between $5,000 - $24,999
11	**Youth do not use alcohol, drugs, or tobacco.**	Black/African American, 76+ year-olds
12	**People do not experience hunger.**	Asian, 66-75 year-olds
13	**Quality childcare is available and affordable.**	Unincorporated Douglas County
14	**People in the community have adequate emotional and social support.**	Asian
15	**People are able to effectively manage chronic diseases, such as**	American Indian or Alaska Native

	diabetes cardiovascular disease, and arthritis.	
16	**People are treated fairly and without discrimination.**	Asian

* Groups with N=<15 were excluded from the analysis to eliminate extreme scores. These small groups included: Native Hawaiian or Pacific Islander, Some other race, Lecompton, and Education levels below 12th grade.
** The following groups were excluded from listing: White, Income greater than $50,000, College 4 years (graduate) and higher, and 36-55 year-olds.

Reflections from Participants:

Participants in the focus groups and interviews involved in the Health Equity: Voices from the Community project noted considerable challenges around housing, jobs, and other issues noted as problems by survey participants. In addition, they provided insight into potential recommendations which could be explored to address noted problems.

Recommendations for addressing housing included efforts to expand accessible housing, reducing/ providing a moratorium on evictions, creating greater opportunities for homeownerships, and being particularly attentive to populations which experience greater housing burden.

Recommendations for addressing concerns related to the availability of jobs that can provide adequate support for families included working with employers to raise wages to living wage levels, expanding the availability of affordable childcare, growing the availability of job training, and improving the recruitment and retention of a diverse workforce.

Although the report did not name access to insurance as a problem, it also included *recommendations for improving access to behavioral, medical, and dental care*, such as exploring diverse locations, enhanced outreach, and working to better understand the many barriers experienced by historically marginalized and excluded populations.

Conclusions:

This assessment provided insight into the topics which people living in Douglas County view as strengths and problems. The results from this assessment provide clear information that topics like well-paying jobs, access to safe and affordable housing, reducing barriers to health care through expanded insurance, and children experiencing abuse and neglect are problems people feel when looking at the overall population, and evident when examining the responses of populations which have been marginalized and excluded. In addition, the findings of the survey amplified many of the findings featured in the qualitative report Health Equity: Voices from the Community.

Although there are limitations to this kind of report, including the use of a convenience sample, the information about community members' perception of strengths and problems is useful for understanding where priorities can be identified, and assets can be leveraged. For example, a strength noted by participants included the availability of jobs training which might be leveraged to address a priority issue reflected in the perceived problem of a lack of availability of well-paying jobs. The Community Context Assessment gives community voice to the topics and issues which make community

members proud while also highlighting the topics which deserve prioritization for improvement.

Attachment 1:

The following tables provide the full set of strengths and problems identified by different population sub-groups.

Strengths by Community	Baldwin City	Eudora	Lawrence	Lecompton	Uninc. Douglas County
Local air, water, and soil is free from pollutants.		✓	✓	✓	✓
People are not exposed to secondhand smoke.	✓	✓	✓	✓	✓
Breastfeeding is promoted and supported by the community.				✓	
People are treated fairly and without discrimination.	✓				✓
Businesses do not take advantage of people who are vulnerable		✓			
Transportation is available to people of all ages and abilities			✓		✓
A wide variety of recreational opportunities are available and affordable for people of all ages and levels of physical mobility					✓
People have opportunities to receive high quality education or skills training.		✓	✓	✓	✓
Quality medical care and preventive screenings are available for all.					✓
Our community is walkable/ bikeable/ wheelable			✓		
Children, youth, and adults are up to date on their immunizations.			✓	✓	
People engage in safe-sex practices.				✓	
People do not experience hunger.	✓	✓		✓	✓
People in the community enjoy a good quality of life.	✓	✓	✓		✓
Suicide prevention resources are available.	✓	✓	✓		✓

Problems by Community	Baldwin	Eudora	Lawrence	Lecompton	Uninc. Douglas County
Quality childcare is available and affordable				✓	✓
People are able to find and keep jobs that pay well enough to support themselves and their families	✓	✓	✓		✓

Safe and affordable housing is available.	🟩	🟩	🟩	🟩	🟩
People in the community have adequate emotional and social support.	🟩			🟩	
People are free from the threat of physical and sexual violence	🟩			🟩	🟩
Mental health problems are recognized and treated in our community.	🟩			🟩	
Health insurance is available for all.		🟩	🟩	🟩	🟩
Children and youth are free from abuse and neglect.	🟩	🟩	🟩		🟩
People are treated fairly and without discrimination.				🟩	
Suicide prevention resources are available.	🟩				

Strengths by Race/Ethnicity	White, non-Hispanic	Black / African American, non-Hispanic	Hispanic, Latino, / Spanish origin	Asian, non-Hispanic	American Indian or Alaska Native	Native Hawaiian / Other Pacific Islander	Two or more races, non-Hispanic	Some other race, ethnicity or origin
Local air, water, and soil is free from pollutants.	🟩	🟩	🟩		🟩		🟩	
People are not exposed to secondhand smoke.	🟩		🟩				🟩	
Breastfeeding is promoted and supported by the community.							🟩	
People are treated fairly and without discrimination.						🟩	🟩	
Businesses do not take advantage of people who are vulnerable.								🟩
Healthy foods are available and affordable.					🟩			
Transportation is available to people of all ages and abilities.		🟩	🟩					
People have opportunities to receive high quality	🟩				🟩		🟩	

	White, non-Hispanic	Black or African American, non-Hispanic	Hispanic, Latino, / Spanish origin	Asian, non-Hispanic	American Indian / Alaska Native	Native Hawaiian / Other Pacific Islander	Two or more races, non-Hispanic	Some other race, ethnicity or origin
education or skills training.	✓				✓		✓	
People support each other in making healthy choices.						✓		
Mental health problems are recognized and treated in our community.				✓				
Our community is walkable/ bikeable/ wheelable.		✓	✓	✓	✓		✓	✓
Children, youth, and adults are up to date on their immunizations.		✓	✓		✓			
People do not experience hunger.						✓		✓
People in the community enjoy a good quality of life.	✓		✓	✓	✓	✓		
Suicide prevention resources are available.	✓	✓		✓	✓		✓	✓

Problems by Race/Ethnicity	White, non-Hispanic	Black or African American, non-Hispanic	Hispanic, Latino, / Spanish origin	Asian, non-Hispanic	American Indian / Alaska Native	Native Hawaiian / Other Pacific Islander	Two or more races, non-Hispanic	Some other race, ethnicity or origin
People are able to find and keep jobs that pay well enough to support themselves and their families.	✓		✓	✓		✓	✓	✓
Safe and affordable housing is available.	✓		✓	✓			✓	✓
People are treated fairly and without discrimination.				✓				
People in the community have adequate emotional and social support.				✓		✓		
People are free from the threat of physical and sexual violence.					✓			

Strength								
Our community has a fair criminal justice system.		■	■		■		■	
Mental health problems are recognized and treated in our community.					■		■	■
Quality medical care and preventive screenings are available for all.						■		■
Health insurance is available for all.	■	■	■	■	■		■	■
Youth do not use alcohol, drugs, or tobacco.		■						
People are able to effectively manage chronic diseases, such as diabetes cardiovascular disease, and arthritis.					■			
People do not experience hunger.				■				
Children and youth are free from abuse and neglect.	■				■		■	
People are free from chronic stress or constant worry.						■		

Strengths by Income Category	Less than $5,000	$5,000 - $14,999	$15,000 - $24,999	$25,000- $49,999	$50,000- $75,000	Greater than $75,000
Local air, water, and soil is free from pollutants.		■			■	■
People are not exposed to secondhand smoke.				■	■	■
Breastfeeding is promoted and supported by the community.	■					
People are treated fairly and without discrimination.		■			■	
Healthy foods are available and affordable.		■				
Transportation is available to people of all ages and abilities.	■	■	■	■		

	Less than $5,000	$5,000 - $14,999	$15,000 - $24,999	$25,000- $49,999	$50,000- $75,000	Greater than $75,000
A wide variety of recreational opportunities are available and affordable for people of all ages and levels of physical mobility.						●
People have opportunities to receive high quality education or skills training.		●	●	●		●
People have meaningful opportunities to influence what happens in their community.		●				
Our community is walkable/ bikeable/ wheelable.	●	●	●	●		
Children, youth, and adults are up to date on their immunizations.	●		●	●	●	
People in the community enjoy a good quality of life.		●	●	●		●
Suicide prevention resources are available.	●		●	●	●	●

Problems by Income Category	Less than $5,000	$5,000 - $14,999	$15,000 - $24,999	$25,000- $49,999	$50,000- $75,000	Greater than $75,000
People are able to find and keep jobs that pay well enough to support themselves and their families.			●	●	●	●
Safe and affordable housing is available.		●	●	●	●	●
Our community has a fair criminal justice system.	●	●	●	●		
Mental health problems are recognized and treated in our community.		●				●
Quality medical care and preventive screenings are available for all.		●				
Health insurance is available for all.	●	●	●	●	●	●
Dental care and preventative screenings are available for all.		●	●			
Children and youth are free from abuse and neglect.				●	●	●
People are free from chronic stress or constant worry.	●	●				

Strengths by Insurance Status	Yes, private health insurance	Yes, public health insurance	No
Local air, water, and soil is free from pollutants.	●		
People are not exposed to secondhand smoke.	●	●	
People are treated fairly and without discrimination.	●		
Transportation is available to people of all ages and abilities.		●	●

A wide variety of recreational opportunities are available and affordable for people of all ages and levels of physical mobility.		🟩	
People have opportunities to receive high quality education or skills training.	🟩	🟩	
Quality medical care and preventive screenings are available for all.		🟩	
Our community is walkable/ bikeable/ wheelable.		🟩	🟩
Children, youth, and adults are up to date on their immunizations.			🟩
People in the community enjoy a good quality of life.	🟩	🟩	
Suicide prevention resources are available.	🟩	🟩	🟩

Problems by Insurance Status	Yes, private health insurance	Yes, public health insurance	No
People are able to find and keep jobs that pay well enough to support themselves and their families.	🟩	🟩	🟩
Safe and affordable housing is available.	🟩	🟩	🟩
Our community has a fair criminal justice system.			🟩
Mental health problems are recognized and treated in our community.			🟩
Health insurance is available for all.	🟩	🟩	🟩
Children and youth are free from abuse and neglect.	🟩	🟩	

Strengths by Education Level	Grades 1 through 8	Grades 9 through 11	Grade 12 or GED	College 1 year to 3 years	College 4 years or more	Post-College
People are able to find and keep jobs that pay well enough to support themselves and their families.		🟩				
Local air, water, and soil is free from pollutants.	🟩	🟩			🟩	
People are not exposed to secondhand smoke.				🟩	🟩	🟩
People are treated fairly and without discrimination.		🟩				
Transportation is available to people of all ages and abilities.	🟩		🟩	🟩		
People are free from the threat of physical and sexual violence.		🟩				
A wide variety of recreational opportunities are available and affordable for people of all ages and levels of physical mobility.					🟩	🟩

	Grades 1 through 8	Grades 9 through 11	Grade 12 or GED	College 1 year to 3 years	College 4 years or more	Post-College
People have opportunities to receive high quality education or skills training.			■		■	■
Neighborhoods are racially diverse.		■				
Our community is walkable/ bikeable/ wheelable			■	■		
Children, youth, and adults are up to date on their immunizations.		■	■	■		
People are able to effectively manage chronic diseases, such as diabetes cardiovascular disease, and arthritis.		■				
People in the community enjoy a good quality of life.	■		■	■	■	■
Suicide prevention resources are available.			■	■	■	■

Problems by Education Level	Grades 1 through 8	Grades 9 through 11	Grade 12 or GED	College 1 year to 3 years	College 4 years or more	Post-College
People are able to find and keep jobs that pay well enough to support themselves and their families.		■	■	■	■	■
Safe and affordable housing is available.		■	■	■	■	■
Breastfeeding is promoted and supported by the community.	■					
People in the community have adequate emotional and social support.		■				
People are free from the threat of physical and sexual violence.	■					
People have opportunities to receive high quality education or skills training.	■					
Our community has a fair criminal justice system.		■		■		
Mental health problems are recognized and treated in our community.			■			■
Health insurance is available for all.	■		■	■	■	■
Adults refrain from abusing drugs, alcohol, and tobacco.		■				
People are able to effectively manage chronic diseases, such as diabetes cardiovascular disease, and arthritis.		■				
People engage in safe-sex practices.	■					
People do not experience hunger.		■				
Children and youth are free from abuse and neglect.		■		■	■	
People are free from chronic stress or constant worry.			■			

Strengths by Age Group	18-21 yo	22-25 yo	26-35 yo	36-45 yo	46-55 yo	56-65 yo	66-75 yo	76+ yo
Local air, water, and soil is free from pollutants.	■	■	■	■	■	■		
People are not exposed to secondhand smoke.			■	■	■	■	■	■
Breastfeeding is promoted and supported by the community			■					
People are treated fairly and without discrimination.			■					
Transportation is available to people of all ages and abilities.	■	■					■	
A wide variety of recreational opportunities are available and affordable for people of all ages and levels of physical mobility.						■	■	■
People have opportunities to receive high quality education or skills training.	■		■		■		■	
Quality medical care and preventive screenings are available for all.							■	■
Our community is walkable/ bikeable/ wheelable.	■	■				■	■	
Children, youth, and adults are up to date on their immunizations.	■		■	■	■			
People in the community enjoy a good quality of life.	■				■	■	■	■
Suicide prevention resources are available.		■	■	■	■	■	■	■

Problems by Age Group	18-21 yo	22-25 yo	26-35 yo	36-45 yo	46-55 yo	56-65 yo	66-75 yo	76+ yo
People are able to find and keep jobs that pay well enough to support themselves and their families.		■	■	■	■	■		■
Safe and affordable housing is available.		■	■	■	■	■	■	
People are free from the threat of physical and sexual violence.	■						■	
Our community has a fair criminal justice system.	■	■	■					
Mental health problems are recognized and treated in our community.			■			■		
Quality medical care and preventive screenings are available for all.		■						
Health insurance is available for all.	■	■	■	■	■	■	■	■
Dental care and preventative screenings are available for all.						■		
Youth do not use alcohol, drugs, or tobacco.								■

People do not experience hunger.							🟩	
Children and youth are free from abuse and neglect				🟩	🟩	🟩	🟩	🟩
People are free from chronic stress or constant worry.	🟩							

Appendix 2: Community Partner Assessment

The Community Partner Assessment (CPA) is an organizational survey aimed at better understanding how organizations address health and well-being in Douglas County.

Specifically, it aims to:

- Describe why community partnerships are critical to community health improvement and how to build or strengthen relationships with community partners and organizations;

- Name the specific roles of each community partner to support the local public health system and engage communities experiencing inequities produced by systems;

- Assess each partner's capacities, skills, and strengths to improve community health, health equity, and advance goals;

- Document the landscape of community partners, including grassroots and community power building organizations, to summarize collective strengths and opportunities for improvement;

- Identify who else to involve in community health improvement efforts moving forward, along with ways to improve community partnerships, engagement, and community power-building.

Approach & Methodology:

In July 2022, the Steering Committee and LDCPH's Health Equity Advisory Board generated a list of about 120 organizations across Douglas County who served people living in Douglas County by addressing health or the drivers of health in our community. The groups considered all types of organizations regardless of size or sector of the community. In addition, the groups were prompted to consider organizations which served or represented specific populations which were known to experience health disparities and inequitable conditions impacting health.

In August and September 2022, LDCPH conducted outreach to the list of organizations in an attempt to secure participation. LDCPH staff created an online version of the Community Partner Assessment created by the National Association of County and City Health Officials and provided training sessions on how to complete the instrument and support sessions for people completing the survey.

Results:

A total of 45 organizations fully completed the survey. **Figures 1 and 2** (following pages) describe the type, interests, and resources of organizations which contributed to the Community Partner Assessment.

The following are brief highlights of these figures:

- The most common type of participants were non-profit organizations, but overall, almost all sectors of the community were represented.

- The most common interests of participants were identifying ways to be more efficient and effective in delivery of programs, bringing about lasting social change, and creating better communication.

- Fifty- eight percent (58%) of participants indicated they had participated in multi-sector collaborations in the past. Participants were also asked to list the coalitions or partnerships in which they participated. The most common responses were the Behavioral Health Leadership Coalition, Engage Douglas County, and the COVID-19 Unified Command Structure.

- Forty-nine percent (49%) of participants indicated they had previously participated in a community health assessment or plan effort before while 42% indicated they had not.

- Participants were asked about strengths or assets each organization brings to efforts. The most common answers were the people working for or with the organization, connections to people served by participating organizations, and relationships/ partnerships with other organizations.

Figure. 1 Types of organizations responding (n=45)
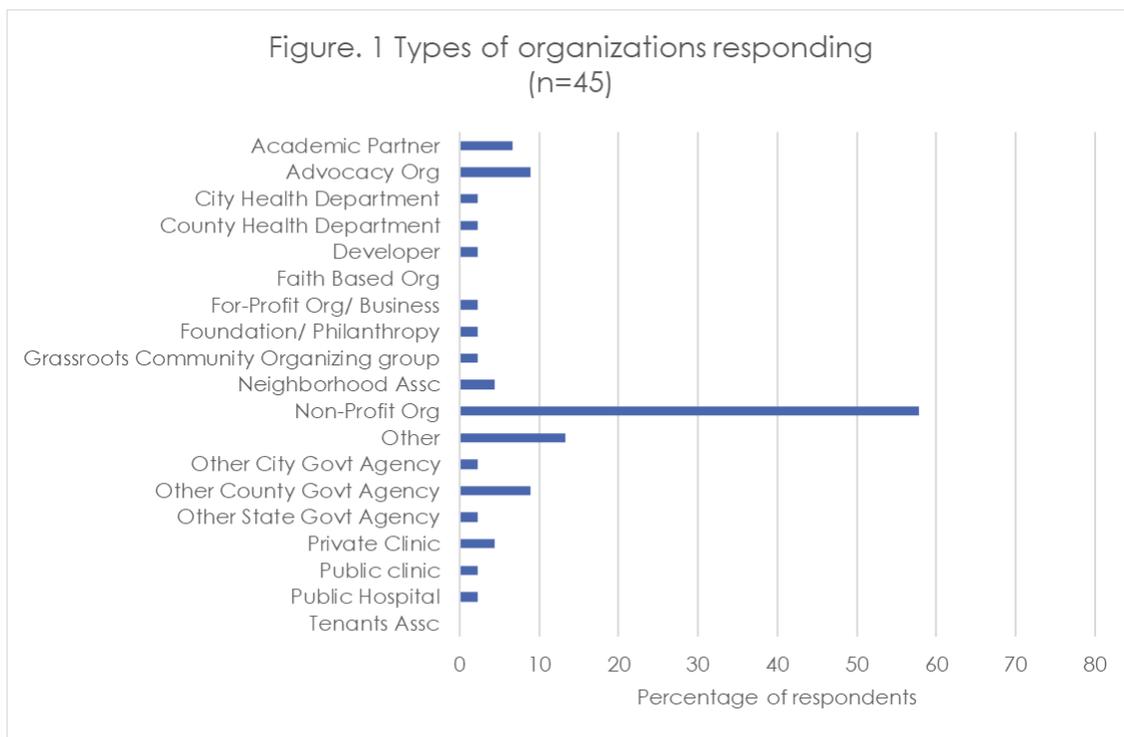
Figure 2. Participants interests' driving participation (n=45)
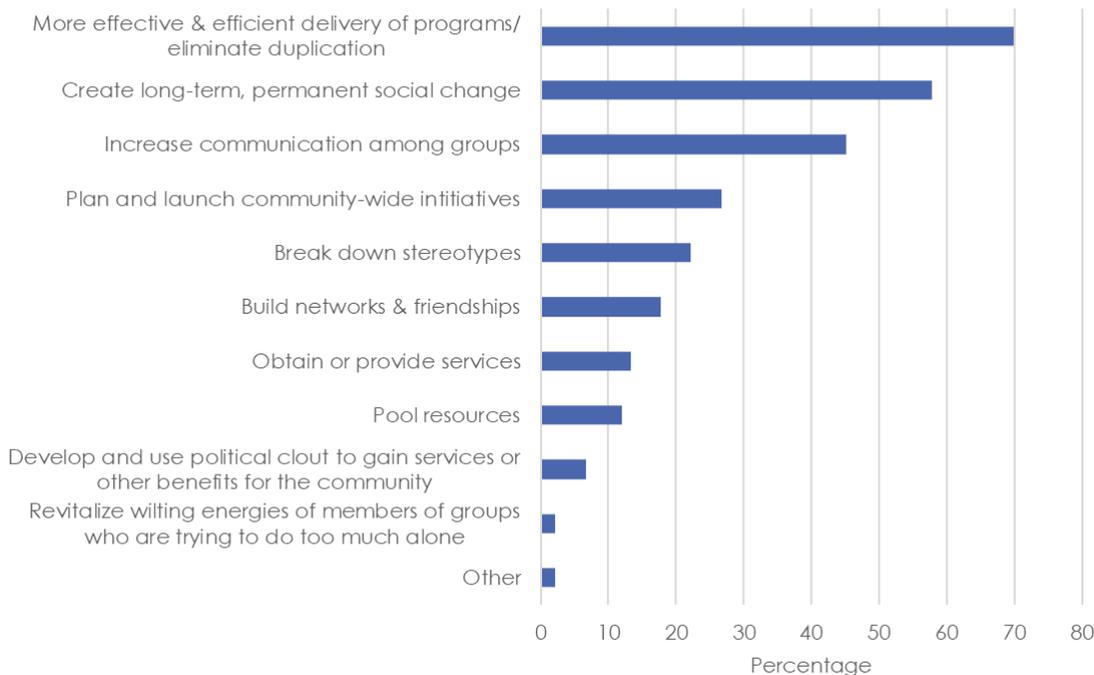
Populations Served by Participating Organizations:

Participants were asked to report the populations served by their organizations. Responses are reflected in Figures 3 and 4. In general, greater than 70% of organizations reported serving all racial and ethnic populations and greater than 80% of organizations reported serving all genders and gender identities. Participants were asked to further describe the populations they serve, and the following list is a sample of frequently listed populations: families, people experiencing houselessness or housing

Figure 3. Populations served by participating organizations (n=45)
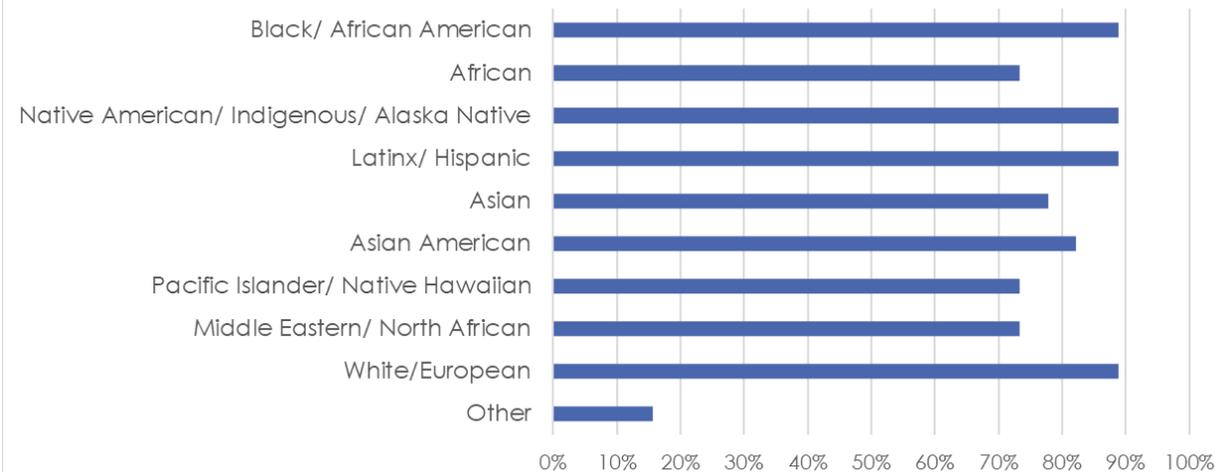
burden, people involved with criminal justice, people/ families with low-income, people with disabilities, people who are immigrants and refugees. A substantial number of participants noted that they do not have priority populations and serve all people.

Extent to Which Organization Staff & Leadership Reflect Populations Served:
Several survey questions related to the practices each organization undertakes to ensure they reach, engage, or work with the populations served. **Figure 5** (below) displays the responses to a question about approaches used for reaching or engaging with the people served by each organization. **Figures 6,7, and 8** (next page) display the percentage of organizations who report that their staff (at different levels) reflect the populations served.

The following are highlights from all questions in this section:

- The most common approaches noted included working with community organizations to reach clients or members of the community and receiving clients and referrals from priority/ target populations.

- Just under half (49%) indicated their organization's leadership reflects the demographic characteristics of the community they serve, while 67% and 64% report middle management and administrative/ other staff reflect the demographics of the populations served.

- About one-third of organizations reported staff at their organization speak only English. Approximately 44% indicated staff at their organizations speak English and Spanish. Several other languages were noted at different organizations.

- Only four organizations reported meetings occur in either Spanish or both English and Spanish. Many organizations noted they make interpretation services available by request at meetings.

Figure 4. Populations served by participating organizations (n=45)
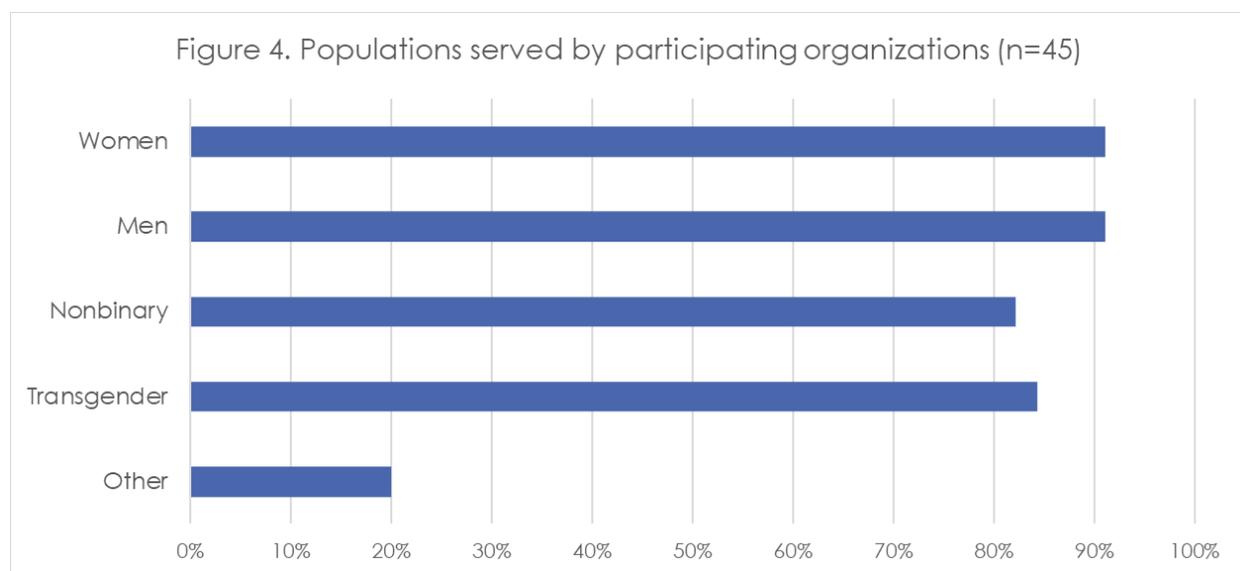
Figure 5. Approaches reported by organizations to reach/ engage/ work with clients/ community (n=45)
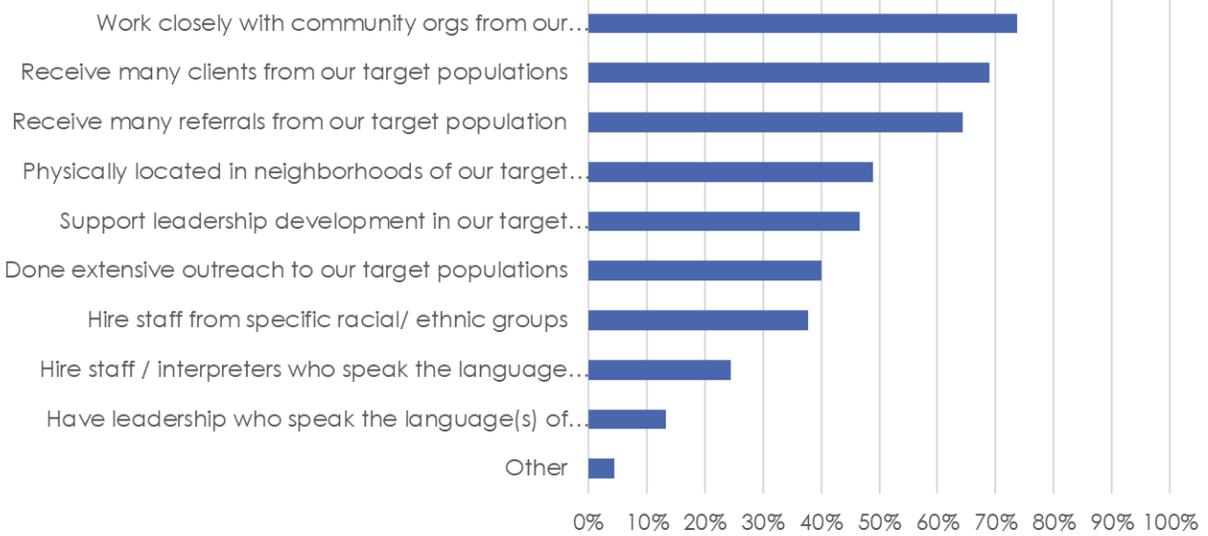
Figure 6. Organizations reporting leadership reflects the demographics of the community served (n=45)
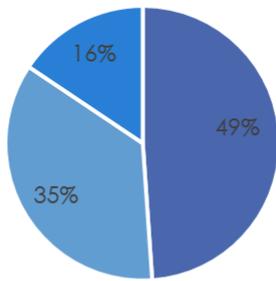
Yes No Unsure

Figure 7. Organizations reporting middle management reflects the demographics of the community served (n=45)

Yes No Unsure

Figure 8. Organizations reporting admin and other staff reflects the demographics of the community served (n=45)
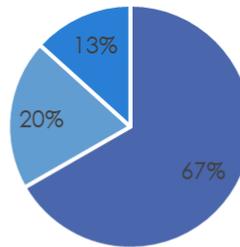
- Yes
- No
- Unsure
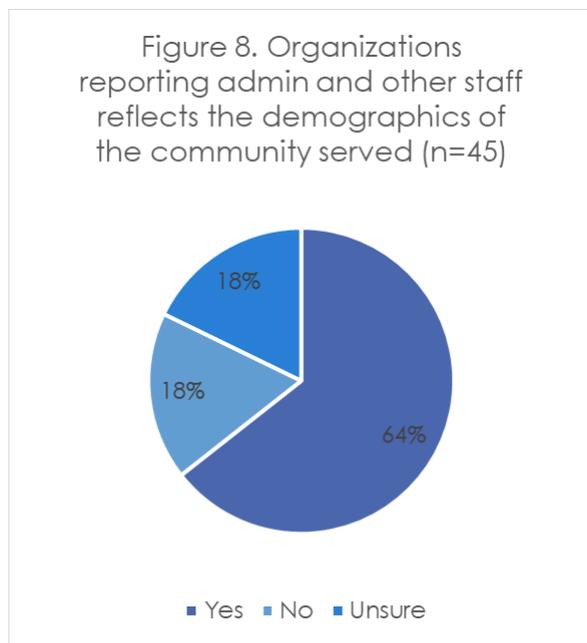
Areas of Focus:

Several survey questions asked about the kinds of topics addressed or served as the areas of focus for each organization. **Figure 9** (next page) conveys the broad areas of focus from the lens of the social determinants of health. **Figure 10** (following page) describes the broad array of community topics on which organizations reported working and is inclusive of health topics as well as social and structural determinants of health. **Figure 11** (following page) more specifically focuses on traditionally defined health issues (e.g., diseases and health behaviors).

Highlights from this section include:

- Half or more organizations reported engaging in "a lot" of work to address social determinants of health. About 70% of participants reported engaging in a lot of work to address "economic stability".

- More than half of participating organizations reported working on housing, family well-being, and health care access.

- More than half reported also working on health care access/ utilization and behavioral health when asked about specific health topics.

Figure. 9 Participants reports about how much their organization focuses on each topic (n=45)

Figure 10. Topics on which participating organizations work (n=45)
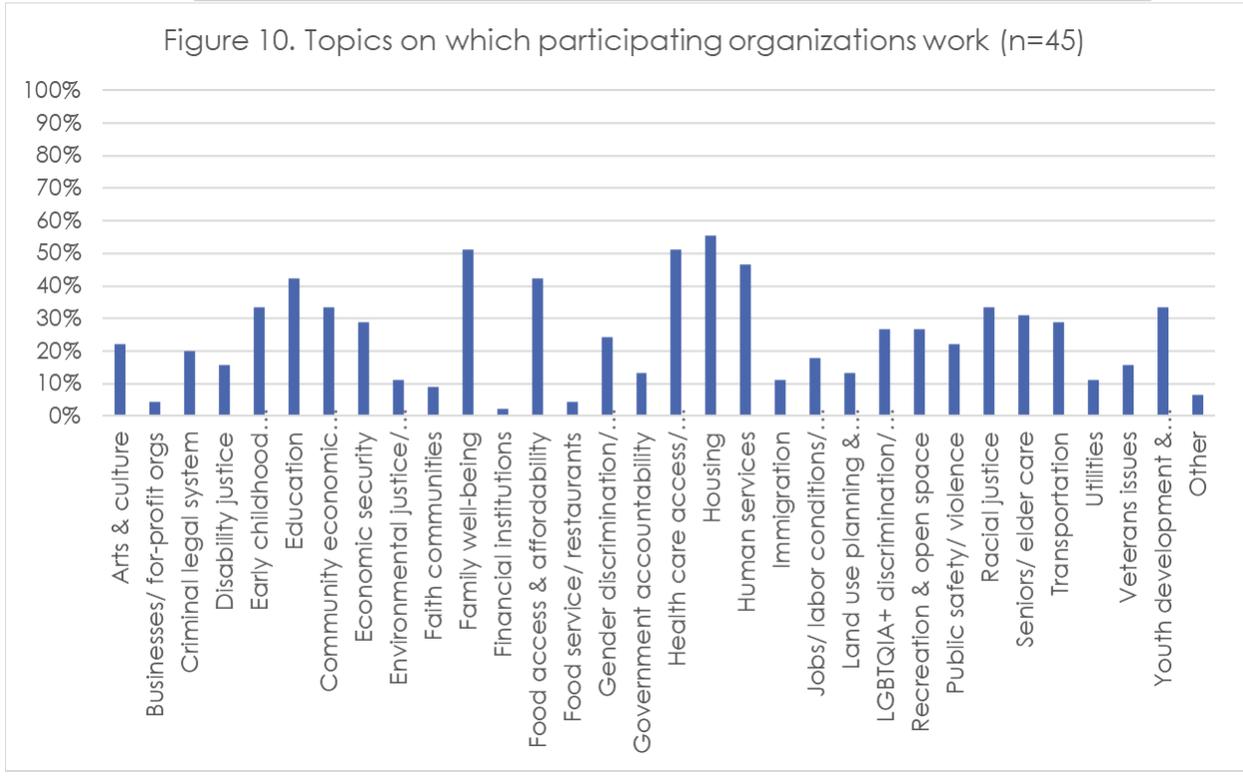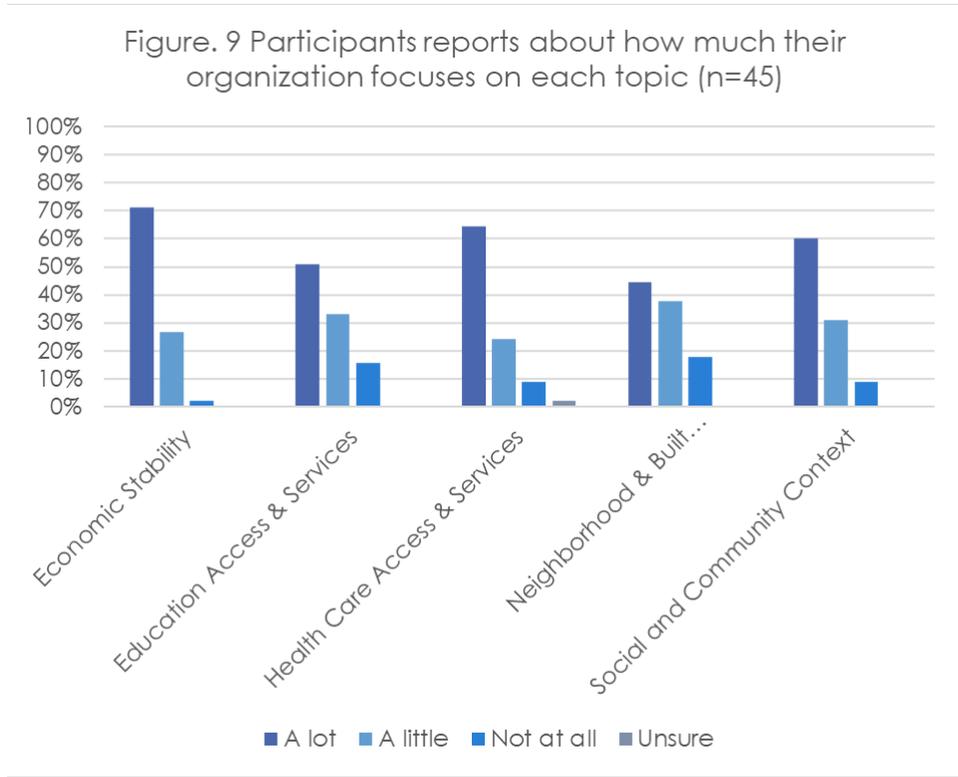
Figure 11. Health topics addressed by participating organizations (n=45)
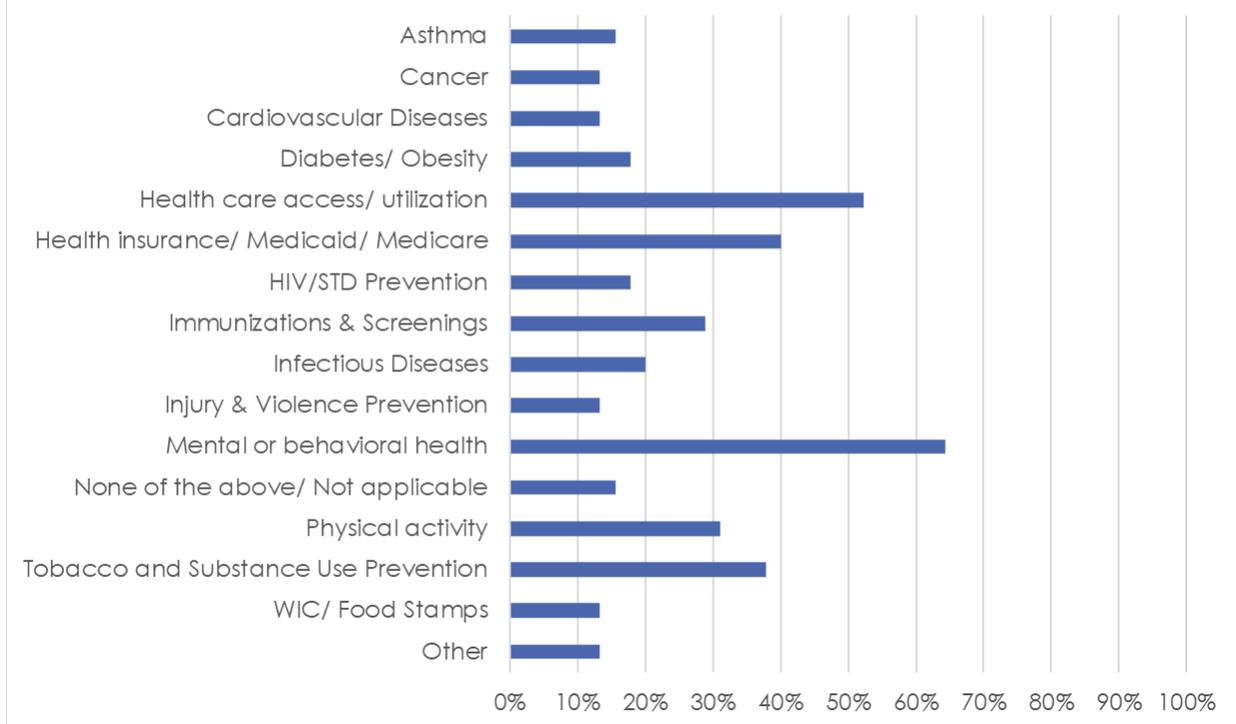
Organizational Commitment to Equity:

The survey included several questions aimed at understanding the commitment to equity at each organization participating in the Community Partner Assessment. **Figures 12 and 13** (following page) describe the percentages of organizations who report having a team or individual dedicated to advancing equity, while figure 14 describes the percentage who indicate they have at least one individual dedicated addressing diversity, equity, and inclusion. **Figures 15 and 16** (following page) describe the presence of equity in job requirements and descriptions among participating organizations.

The following are highlights from questions asked in this section:

- Participants were asked to describe any definitions of equity or equity statement adopted by their organization, and 14 of 45 responded.

  The following are just a few examples of these statements:

  The Boys & Girls Club of Lawrence is committed to serving an inclusive population of youth in our communities by employing a diverse staff, maintaining on-going training and education, and exploring various points of view. BGCLK's commitment to celebrating diversity, promoting equity, and increasing cultural aptitude is an active process that requires continuous education and awareness in all aspects of our organization. We are dedicated to this process in order to

enhance the program experience for our members, parents, families, and staff as well as the community at large.

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and healthcare. Simply put, health equity means increasing opportunities for everyone to live the healthiest life possible, no matter who you are, where you live or how much money you make.

The Willow promotes equity in our services and community by working to support the needs of a diverse population while being inclusive to people of all identities.

- About 77% of respondents reported having a team of people dedicated to addressing equity in their organization, and 68% indicated they have at least one person dedicated to addressing inequities in their organization.

- 61% of organizations reported that addressing inequities or advancing equity is in included in all or most job requirements at their organization and about 30% reported that no or none of their job requirements included mention of addressing inequities or advancing equity.

- When asked about staff positions dedicated to advancing equity, some respondents indicated it was an expectation of all employees, while others reported having directors of equity positions. Some participating organizations reported Human Resource directors as their equity-focused staff.

Figure 12. We have a team dedicated to advancing equity/addressing inequities in our organization (n =44)
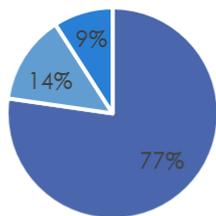
- Agree - Disagree - Unsure

Figure 13. We have at least one individual dedicated to addressing inequities in our organization (n= 44)
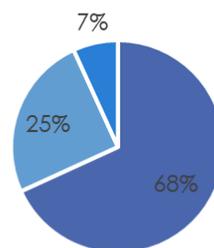
- Agree - Disagree - Unsure

Figure 14. We have at least one individual dedicated to addressing diversity, equity and inclusion in our organization (n= 44)
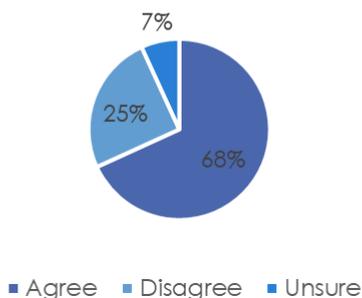
7%
25%
68%

■ Agree ■ Disagree ■ Unsure

Figure 15. Advancing equity/addressing inequities is included in all or most staff job requirements (n=44)
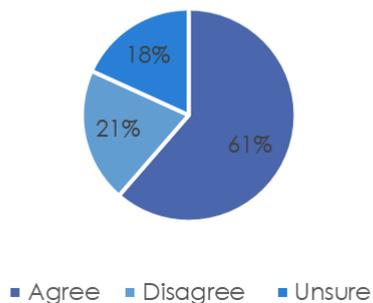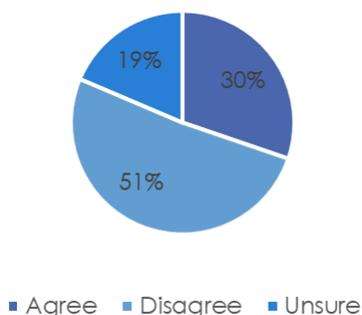
18%
21%
61%

■ Agree ■ Disagree ■ Unsure

Figure 16. Advancing equity/addressing inequities is included in almost none or no staff job requirements (n=43)

19%
51%
30%

■ Agree ■ Disagree ■ Unsure

Organizational Accountability:

The Community Partner Assessment includes several questions focused on describing the entities to which organizations are held accountable and the ways in which organizations report to those entities. **Figure 17** (following page) contains data which describes the entities to which organizations are accountable, and Figure 18 includes data about how organizations report to entities to which they are accountable.

The following are highlights from the questions in this section:

- A total of 63% of responding organizations indicated they have at least one advisory board made of community members, stakeholders, youth, or others who are impacted by their organization.

- When asked what kinds of power the boards have, organizations provided a wide range of responses indicating that boards have no power and simply provide advice or guidance to considerable power and influence over the work of the organization.

This range is illustrated by these descriptions provided by participants:

- o *The Advisory Committee does not have any legal powers or responsibilities. This group operates as a way to include more voices with unique perspectives in order to lead and advise Ballard in all aspects of its work.*

- o *Graduate Advisory Panel -review, advise and evaluate programs, changes, mission, and vision statement, advise Board of Directors and Staff*

- o *Douglas County Youth Prevention (DCYP)/Sources of Strength is a youth-led organization with the goal to create positive change within our schools and communities. Our group consists of youth from Baldwin, Eudora, Lawrence, and Perry Lecompton high schools. DCYP/SOS provides opportunities for youth to learn more about leadership development, substance abuse prevention, suicide prevention, and mental health promotion.*

- The data in **Figure 17** on the following page indicates that the most common entities to which organizations are accountable are community members, boards of trustees, and state and federal governments.

- **Figure 18** on the following page indicates that more than half of participating organizations use written reports to report to the public. Forms of presentation were also a commonly used approach for reporting to entities to which organizations are accountable. In comments about other approaches, one organization reported using a publicly available dashboard to report on measures of accountability.

Figure 17. Entities to which organizations are accountable (n=45)
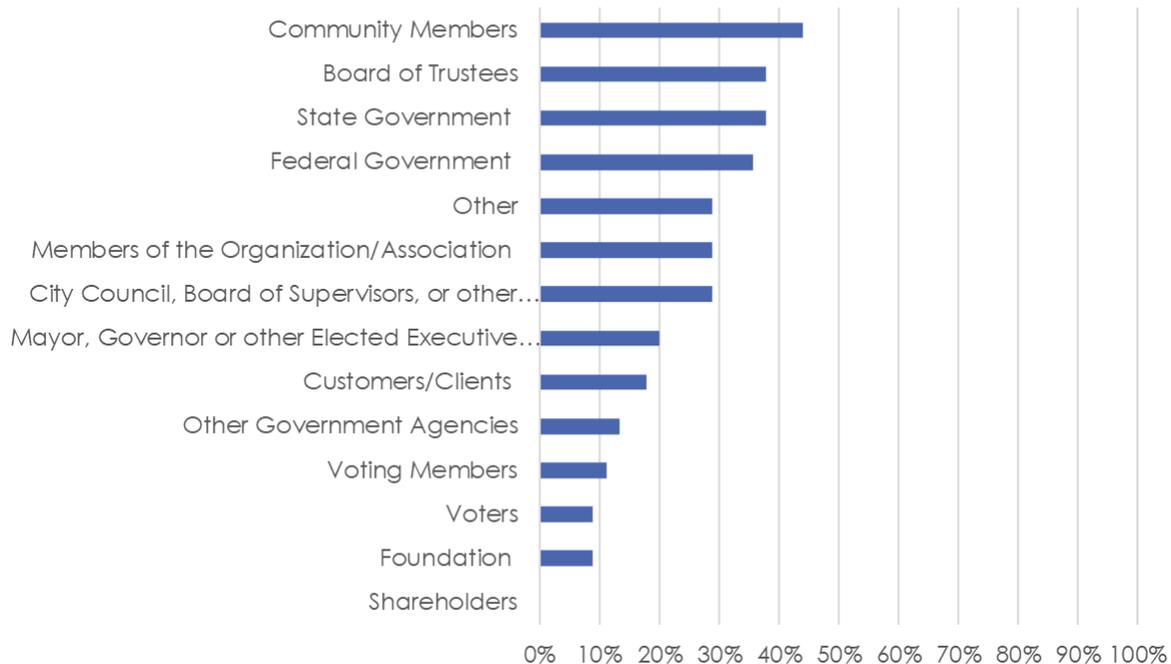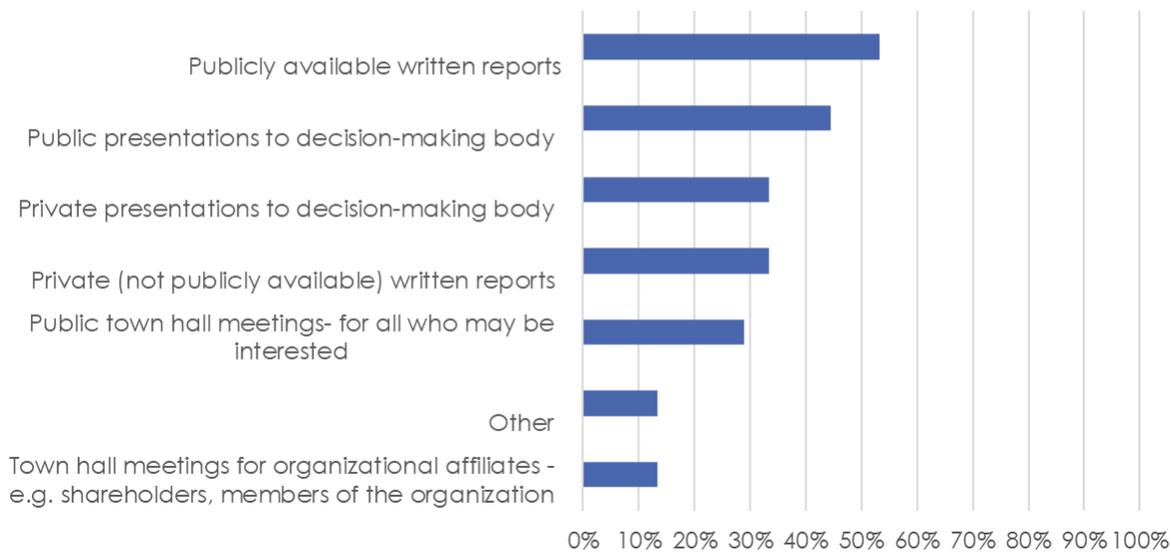

Figure 18. Means of reporting to bodies to which organizations are accountable (n=45)


Capacities Related to the 10 Essential Public Health Services:

One of the goals of the Community Partner Assessment is to characterize how each organization contributes to the local public health system. Several questions in the survey asked participants to name and describe the contributions they make through

the performance of the [10 Essential Public Health Services](). Figure 19 (below) provides an overview of the organizations' responses to question about the 10 Essential Public Health Services to which they contribute.

The following are highlights from the questions included in this section:

- About 80% of organizations reported engaging in Essential Service 4 which focuses on community engagement and partnership development to improve health.

- The next two most reported Essential Service were Essential Service 3 which is aimed at providing communication and education to the public about health and Essential Service 7 which focuses on assuring an effective system for equitable access to care.

  o When asked what their top three strengths were in contributing to the 10 Essential Public Health Services the same three cited as most common were most frequently mentioned as strengths. In addition, several organizations noted Essential Service 8 contributing to a skilled, diverse workforce and Essential Service 9 conducting research and evaluation as particular strengths.

- The least commonly engaged Essential Services were Essential Service 6 (utilizing legal and regulatory authority to promote and protect health) and Essential Service 2 (investigating health problems and health hazards).

- About 55% of participating organizations indicated do not have sufficient capacity (e.g., staff, funding, support) to meet the needs of their clients in delivering these services in which their organization engages.

Figure 19. Engagement in 10 Essential Public Health Services Reported by Particpants N=45
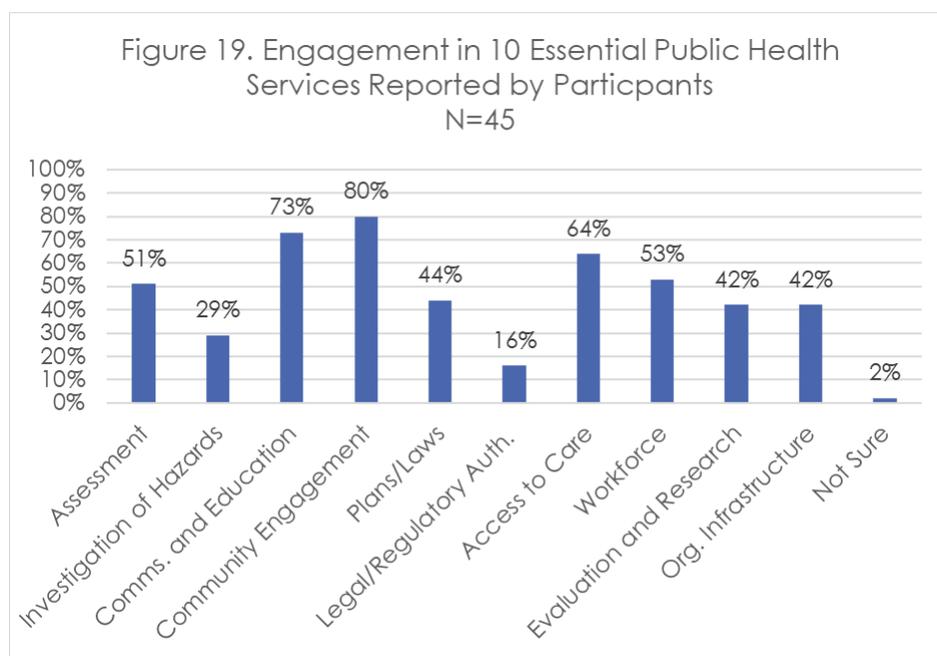
General Strategies & Areas of Capacity for Participating Organizations:

In addition to asking about specific contributions to the public health system, the survey included questions aimed at describing the strategies organizations generally used to do their work. **Figure 20** (below) describes the frequency of each potential strategy noted by organizations. Delivery of social services and communications were noted by 69% of organizations and represented the most frequently cited strategies. The least commonly mentioned strategies included litigation and integrated voter engagement.

Participating organizations were also asked to indicate the strategies in which they would like to grow capacity. Several mentioned aspirations to grow capacity in inside-outside strategies (e.g., coordinating support from organizations on the "outside" with a team of likeminded lawmakers on the "inside" to achieve common goals), alliance and coalition building, and leadership development.

Figure 20. Strategies used by community partners to do the work (n=45)

Strategy	Percent
Social Services	69%
Communications	69%
Coalition building	60%
Leadreship Development	56%
Research and Policy	53%
Organizing	47%
Healing	38%
Advocacy and grassroots lobbying	29%
Arts and Culture	29%
Movement building	28%
Campaigns	27%
Narrative Change	18%
Inside-outside strategies	16%
Integrated voter engagement	9%
Litigation	4%

Data Systems & Access:

The Community Partner Assessment sought to gather information about the engagement of organizations in collecting data, creating assessments, and willingness to share data. **Figures 21-27** on the following pages contain data describing responses from partners regarding the types and methods of data collected, willingness to share produced assessments and data, data skills possessed by staff, and application of an equity lens to data. The following are highlights from this section:

- Two-thirds of respondents provided descriptions of the kinds of assessments they have conducted. Examples included client needs assessments, community needs assessments, and client intake/ screenings.

- More than half of participating organizations reported collecting data about access to care and utilization of services. Collection of demographic data (about clients/ populations served) and data collected for quality improvement efforts were the second and third most commonly used types of data. Participants reported limited collection of data about systems of power and privilege, health status, or health behaviors.

- Surveys, interviews, and feedback forms were the most commonly reported methods for data collection. Exceedingly few organizations reported use of participatory approaches to data collection or non-traditional approaches like videos.

- Participants were fairly mixed about willingness to share assessments (36% indicated they would share) and data (about 40% indicated willingness to share).

- Despite high engagement in assessment activities, many organizations conveyed limited staff skills in key areas. Overall, about 68% indicated they had staff skills in needs assessment. However, more specific skills like survey design/ analysis, focus group facilitation, assets mapping, and data visualization were present in less than a third of organizations.

- 45% of organizations indicated they apply an equity lens to their use of data, while 27% indicated they do not and 27% reported they are unsure.

  o One organization shared a robust example of how they apply an equity lens to their use of data:

  Ongoing analysis of data related to traditionally marginalized groups, including race, ethnicity, low socioeconomic status, disability, and English language proficiency. In addition to educational services, we provide physical, mental, social-emotional, and behavioral health services to students and work with community organizations to refer families to services.

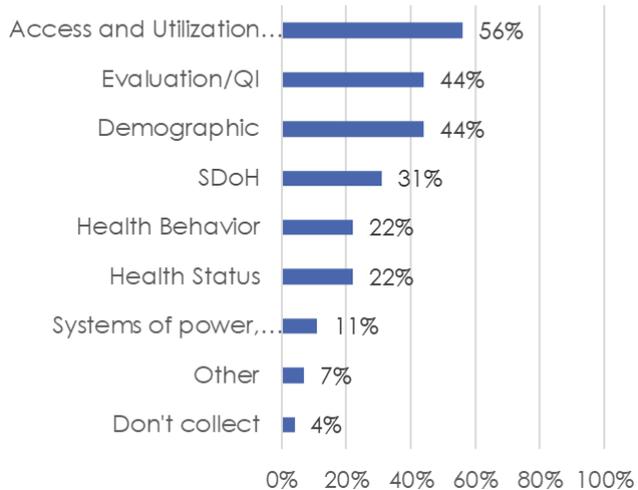### Figure 21. Type of data collected by community partners (n=45)

Access and Utilization...	56%
Evaluation/QI	44%
Demographic	44%
SDoH	31%
Health Behavior	22%
Health Status	22%
Systems of power,...	11%
Other	7%
Don't collect	4%

Figure 22. Methods of data collection by community partners (n=45)

Survey	58%
Interview	44%
Feedback forms	42%
Focus group	24%
Secondary data sources	24%
Other	16%
Notes from...	13%
Photovoice/Participat...	2%
Videos	2%

Figure 23. Willingness to share assessments with partners (n=45)

Yes 36%, No 11%, Unsure 27%

■ Yes ■ No ■ Unsure
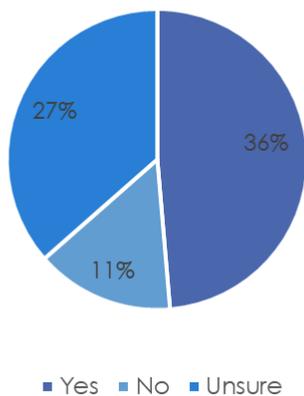
Figure 24. Willingness to share data with partners (n=45)

Yes 40%, No 13%, Unsure 33%

■ Yes ■ No ■ Unsure

Figure 25. Types of data skills available among community partners
N=45

Skill	Percentage
Needs assessment	53%
Interviewing	44%
Facilitate Comm./Town Hall Mtgs.	38%
Focus group facilitation	27%
Survey design/analysis	27%
Note-taking/Transcription	24%
Mapping/Visualization skills	18%
Assett Mapping	18%
Secondary data analysis	16%
Other quant/qual methods	11%
Participatory research	11%

Figure 26. Organizations which apply an equity lens to their use of data (n=37)

45.90%
27%
27%

■ Yes ■ No ■ Not sure

Community Engagement Practices:

Use of practices to enhance and deepen community engagement by community organizations is another area of focus in the Community Partner Assessment. Participants were asked to consider where on a continuum of engagement their organization's practices fell and their methods/ approaches to community engagement. They also were asked about the kinds of supports they provide to community members who participate in meetings. These findings are reported in **Figures 27,28, and 29** on the following pages.

The following summarizes findings regarding community engagement:

- More organizations reported a form of engagement described as informing compared to other forms. This is usually characterized by short-term, no shared decision-making, and one-directional engagement. About 20% reported engaging in collaboration, which is characterized by longer-term interactions, shared decision-making, and bi-directional communication. There were no instances of deferring to community driven decision-making (the most robust form of engagement).

- The most prevalent type of community engagement noted was presentations.

- Participants shared the provision of food/ snacks and virtual options to meet were the most commonly reported approaches for supporting community engagement in meetings. Transportation vouchers, payment for participation, and providing visual meeting materials were the least commonly used approaches for supporting community members' participation in meetings.

Figure 27. Type of community engagement most often practiced by community partners
(n=39)
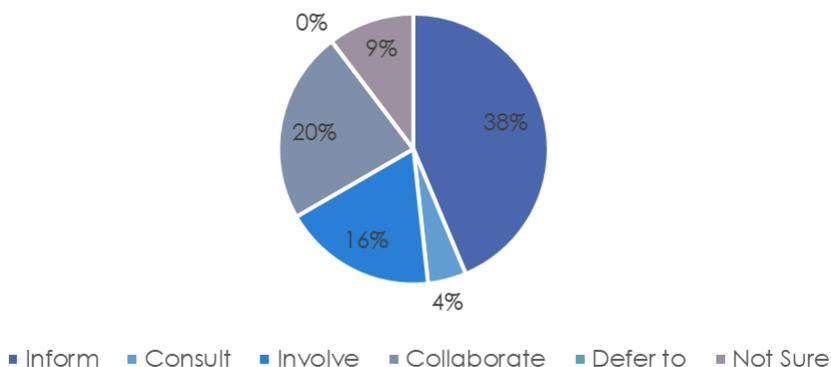
Figure 28. Methods of Community Engagement
(n=45)

Method	Percentage
Presentations	64%
Surveys	56%
Community Forums/Events	49%
Customer Satisfaction Surveys	40%
Fact Sheets	29%
Advocacy	29%
MOUs	29%
Videos	27%
Public Comment	27%
Community-driven planning	27%
Open Houses	20%
Focus Groups	16%
Citizen Advisory Committees	16%
Interactive Workshops	13%
Community Organizing	11%
Consensus Building	11%
Billboards	4%
House Meetings	4%
Paticipatory budgeting	4%
Cooperatives	4%
Polling	2%
Paticipatory action research	2%
Other	2%
Open planning/citizen polling	0%

Figure 29. Types of Community Meeting Offerings for Participation
(n=45)

Offering	Percentage
Transportation vouchers	9%
Stipends or gift cards	11%
Visual materials	11%
Interpretation/Translation	16%
Childcare	20%
NA	29%
Virtual ways to participate	36%
Food/snacks	44%
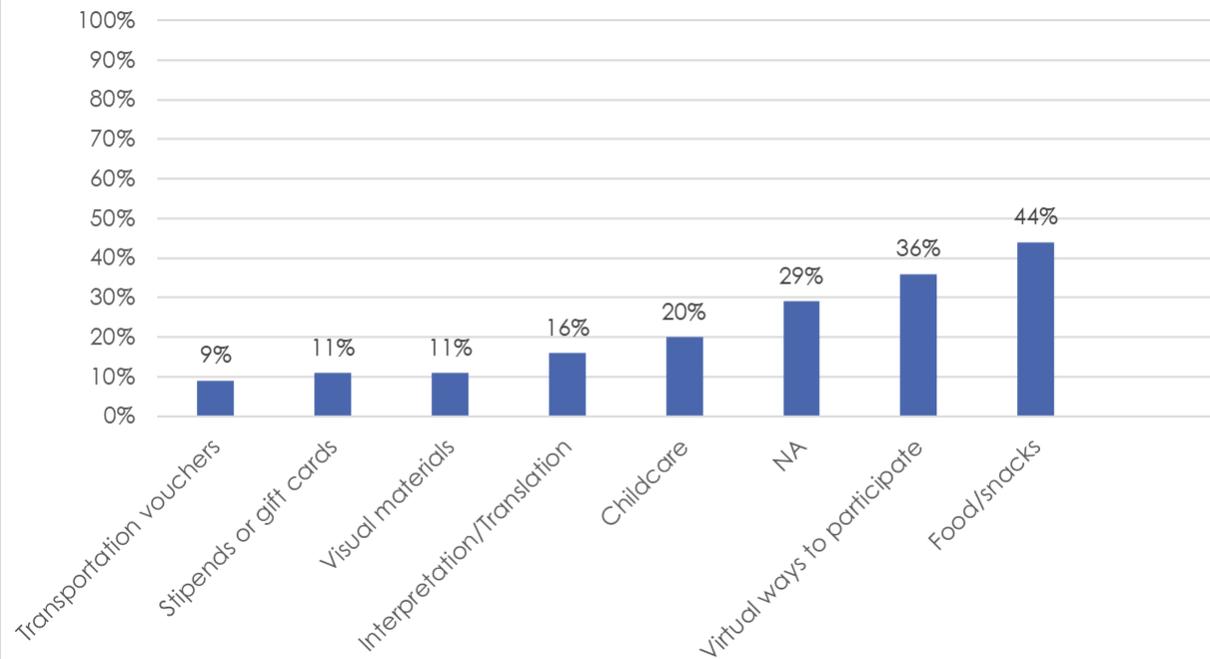
Policy & Advocacy:

As policy development and advocacy are key public health practices, the survey included questions about engagement in policy and advocacy work. **Figure 30** describes the frequency of types of policy/ advocacy work conducted by organizations in Douglas County. More than 70% of organizations reported activities aimed at educating decision-makers, and about 62% reported responding to requests from decision-makers. The least common kinds of activities were legal advocacy, voter outreach and education, and mobilizing public opinion on issues (reported by < 10% of participating organizations).

Figure 30. Types of policy/ advocacy work conducted by organizations (n=45)
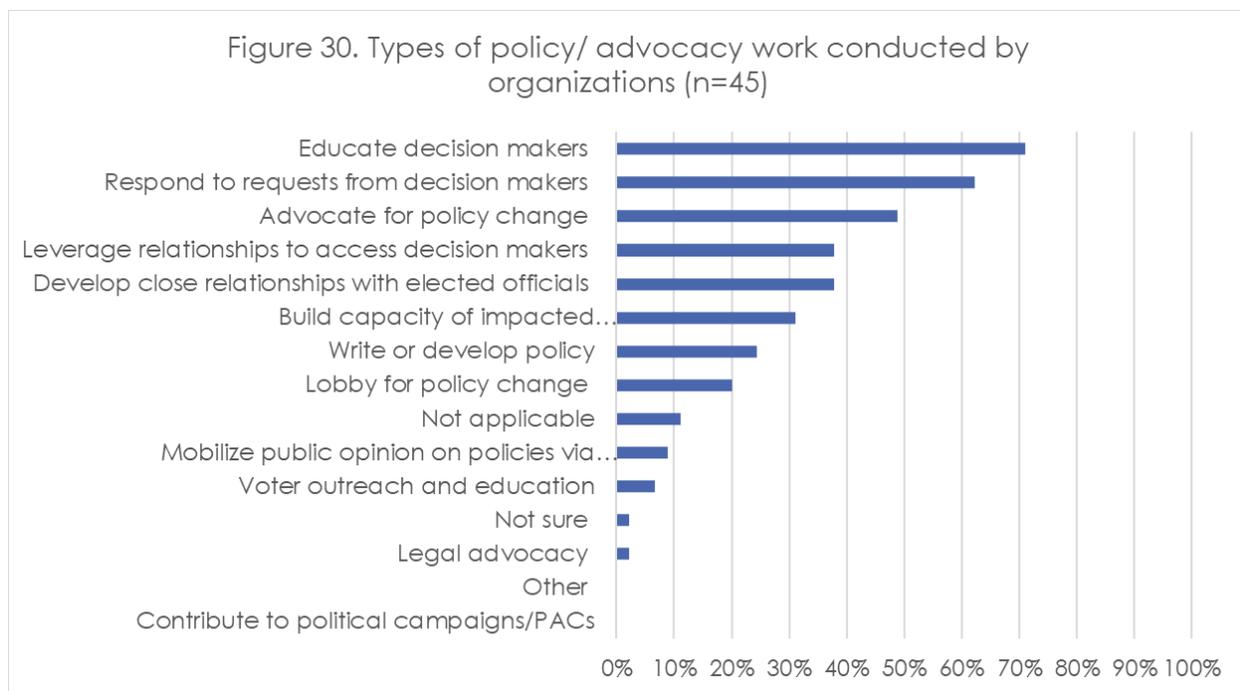
Communications:

Lastly, engagement and use of communications approaches and strategies was a focus of the Community Partner Assessment. The survey included questions about communications presence, communications strategy and infrastructure, kinds of media used, and application of an equity lens to communications approaches. **Figures 31-35** contain data describing the responses to the questions.

The following are highlighted findings regarding communications:

- 82% reported use of social media as their primary type of communications approach. External newsletter (52.2%) was the second most common type of communications approach used.

- About 54% of participating organizations indicated they agreed with the statement that they have a strong presence in local earned media.

- More than half (56%) of participating organizations agreed with statements characterizing their communications infrastructure and capacity as strong.

- Similarly, 56% of participating organizations agreed that they have a clear communications strategy.

- A vast majority (90%) indicated they agree with the statement that they have strong relationships with organizations who can help disseminate communications.

- A slimmer majority (54%) agreed with the statement that they apply an equity lens to their external communications and engagement efforts.

Figure 31. Our organization has a strong presence in local earned media (print/radio/TV) (n=41)
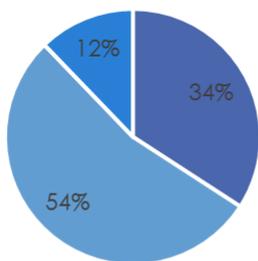
- Agree - Disagree - Unsure

Figure 32. Our organization has a strong communications infrastructure and capacity (n=41)
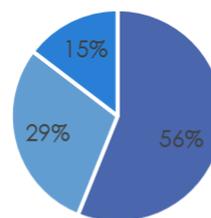
- Agree - Disagree - Unsure

Figure 33. Our organization has a clear communications strategy (n=41)
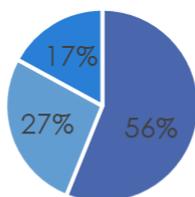
- Agree - Disagree - Unsure

Figure 34. Our organization has good relationships with other organizations who can help disseminate information (n=41)
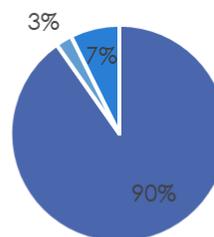
- Agree - Disagree - Unsure

Figure 35. Our organization has a clear equity lens we use for our external communications and engagement work (n=41)
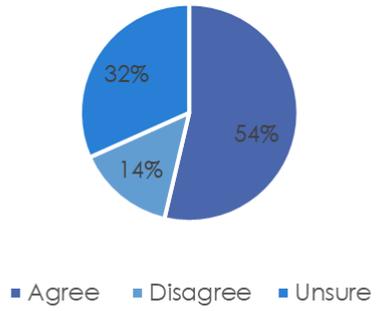
Appendix 3: Community Status Assessment

The Community Status Assessment (CSA) is one component of the overall Douglas County Community Health Assessment (CHA) as outlined by the assessment and planning framework utilized by Lawrence-Douglas County Public Health: Mobilizing for Action Through Planning and Partnership (MAPP).

The CSA seeks to utilize quantitative data, primarily through secondary data analysis, to tell the story of health in Douglas County, which is the identified jurisdiction for Lawrence-Douglas County Public Health. The CSA specifically attempts to answer the following questions, which have been identified to help provide perspective and framing of the quantitative data presented:

- How equitable are the health outcomes in our community?
- What are the sub-populations within our community that have higher health risks or poorer health outcomes?
- What contributing structural and social factors could lead to higher health risks?
- What protective structural and social factors could support health?

Approach & Methodology:

The CSA focuses on the collection, analysis, and presentation of quantitative data, primarily utilizing secondary data analysis, which was completed by the Lawrence-Douglas County Public Health Informatics Department.

The data are presented within two major dimensions: "Social Determinants of Health" and "Health Status, Behaviors, and Outcomes" along with an overall dimension of "Power, Privilege, and Oppression," as outlined by the MAPP framework Within the two primary dimensions there are several sub-domains that represent distinct subject matter areas.

Social Determinants of Health	Health Status, Behaviors, & Outcomes
Domain 1: Healthy Built Environment	**Domain 6:** Health Status
Domain 2: Economic Stability	**Domain 7:** Disease & Injury
Domain 3: Social & Community Context	**Domain 8:** Health Behaviors
Domain 4: Healthcare Access	**Domain 9:** Mortality
Domain 5: Education & Quality	*-blank-*
Domain 10: Power, Privilege, & Oppression	

Data are obtained from a variety of sources, many of which are available and accessible online for free. A list of full references is available at the end of the report. Graphs and charts are created in Excel. Maps are created in the mySidewalk platform. Infographics are created in either mySidewalk or PowerPoint.

If possible, the data were disaggregated by race/ethnicity, geography, sex, etc as locally available to account for the different sub-populations within Douglas County. Longitudinal data are included as applicable to show trends over time.

Throughout the report there are references and comparisons to peer counties, which were chosen to serve as a benchmarking tool to compare Douglas County against. Four Kansas counties are included throughout the CSA for comparison:

Johnson County: Johnson County was selected for its geographic proximity and regular ranking as #1 in Kansas for the County Health Rankings.

Riley County: Riley County, while smaller than Douglas County, similarly has a large, Research 1 university.

Shawnee County: Shawnee County is directly west of Douglas County, and while larger, shares a common population throughout the day as part of commuting patterns.

Wyandotte County: Wyandotte County was chosen due to its geographic proximity to Douglas County and rough similarity in size, although Wyandotte is larger.

Benchmarking data against the state of Kansas and the United States are included, as applicable and available, to assist the reader in determining if an area is a relative asset/strength or an area for improvement for Douglas County.

Douglas County Demographics:
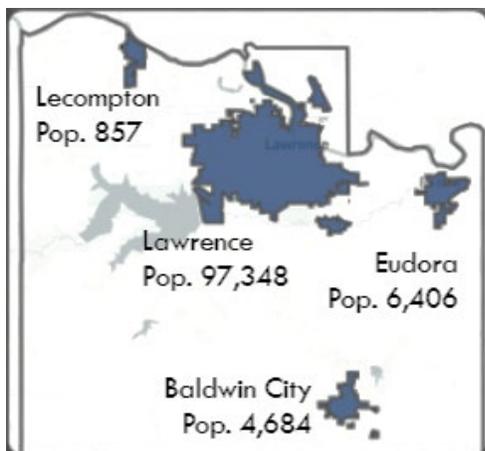
Map 1 Douglas County Cities & Population; Kansas Information for Communities, Kansas Department of Health and Environment; 2020
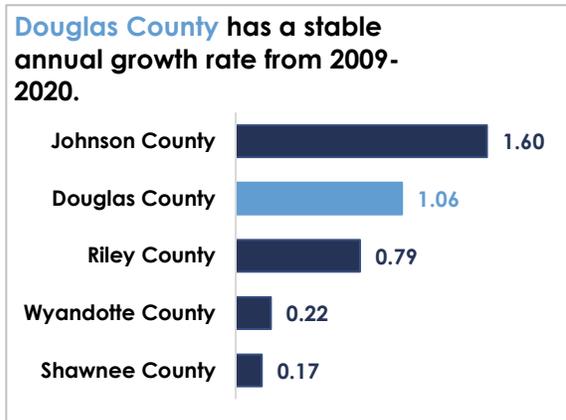
Chart 1 Annual Growth Rate; Kansas Information for Communities, Kansas Department of Health and Environment; 2000-2020

Douglas County is a mid-sized to large county located in Northeast Kansas, with an approximate population of 122,000. It is comprised of four cities: Baldwin City, Eudora, Lawrence, and Lecompton (**Map 1 above**).
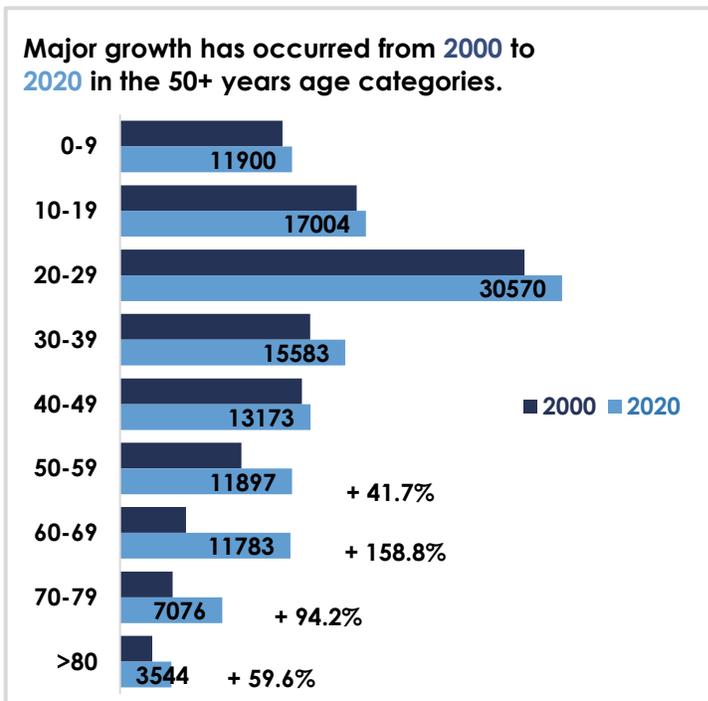
Douglas County is a growing population with a roughly 40,000 population increase from approximately **82,000 in 1990** to **122,000 in 2020**.[1] As seen in **Chart 1** on the previous page, the annual growth rate is stable year-to-year and is higher in comparison to most peer counties.

As the site of three major universities— most notably the University of Kansas, but also Baker University and Haskell Indian Nations University—the population skews young. However, there is evidence that Douglas County is an aging population with major growth among the 50+ years population.

Chart 2 shows the difference in population sizes between age groups from **2000** to **2020**. While every age category grew in size, there are notable increases in the older ages, most notably there is a 158.8% increase for 60–69-year-olds.[1]

In addition to growing as an aging population, the county is also growing more diverse. From **1990** to **2020** every racial and ethnic sub-population has grown in population size in Douglas County (**Chart 3**). Hispanic/Latinos had the highest annual growth rate (8.95%), while the White population had the lowest annual growth (1.16%), expanding in population from 75,123 to 98,170.[1]

Table 1 below shows Douglas County's populations growth by race/ethnicity from 1990 to 2020.

Major growth has occurred from 2000 to 2020 in the 50+ years age categories.

- 0-9: 11900
- 10-19: 17004
- 20-29: 30570
- 30-39: 15583
- 40-49: 13173
- 50-59: 11897 **+ 41.7%**
- 60-69: 11783 **+ 158.8%**
- 70-79: 7076 **+ 94.2%**
- >80: 3544 **+ 59.6%**

2000 ■ 2020 ■

Chart 2 Population Growth by Age Douglas County; Kansas Information for Communities, Kansas Department of Health and Environment; 2000-2020

Growth from 1990 to 2020 by race and ethnicity in Douglas County.

1990   2020

- Asian, NH: 6,446
- Black, NH: 6,824
- Hispanic/Latino: 8,095
- Native American, NH: 2,995
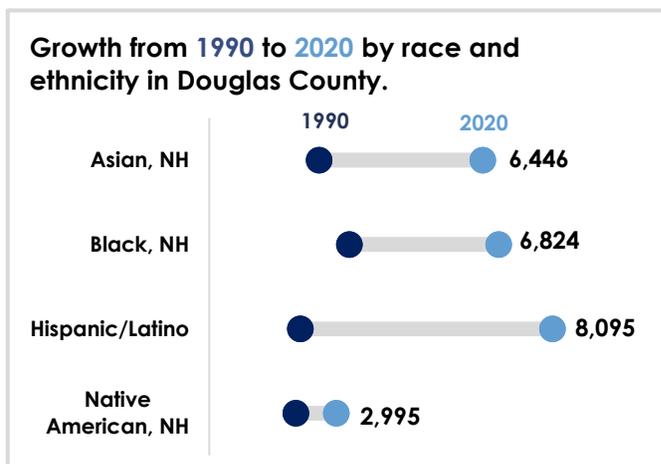
Chart 3 Population Growth by Race & Ethnicity Douglas County; Kansas Information for Communities, Kansas Department of Health and Environment; 2019-2020

TABLE 1: Population by Race & Ethnicity	Asian	Black	Hispanic/ Latino	Native American	White	Total Population
1990	2,586 (3.1%)	3,306 (4.0%)	2,144 (2.6%)	2,040 (2.4%)	72,153 (87.7%)	82,229
2000	3,564 (3.6%)	4,807 (4.8%)	3,323 (3.3%)	2,641 (2.6%)	85,912 (85.7%)	100,247
2010	4,547 (4.1%)	5,265 (4.8%)	5,651 (5.1%)	3,000 (2.7%)	92,363 (83.3%)	110,826
2020	6,446 (5.2%)	6,824 (5.5%)	8,095 (6.6%)	2,995 (2.4%)	98,170 (80.1%)	122,530
Kansas Information for Communities, 1990-2020						

The median income for Douglas County is $61,020.00[2], which is below both the U.S. median income and the estimated living wage for the county of $67,204.80.[3]

Douglas County is relatively equally split between males (49.7%) and females (50.3%).[2] Current accessible data sources do not allow LDCPH to analyze demographics by sexual orientation or gender identity.

In Douglas County, roughly 10% of the community reports speaking a language other than English. Of those 10%, 3.2% report speaking English less than well.[2]

When looking at languages spoken at home, 3% of the Douglas County total population reports speaking Spanish at home, while 2% report an Indo or European language, and 3.6% report an Asian language.[2]

11.1% of the Douglas County population reports living with a disability that leads to difficulty performing an activity. This is slightly below both the Kansas value (13.0%) and the U.S. value (12.7%). The
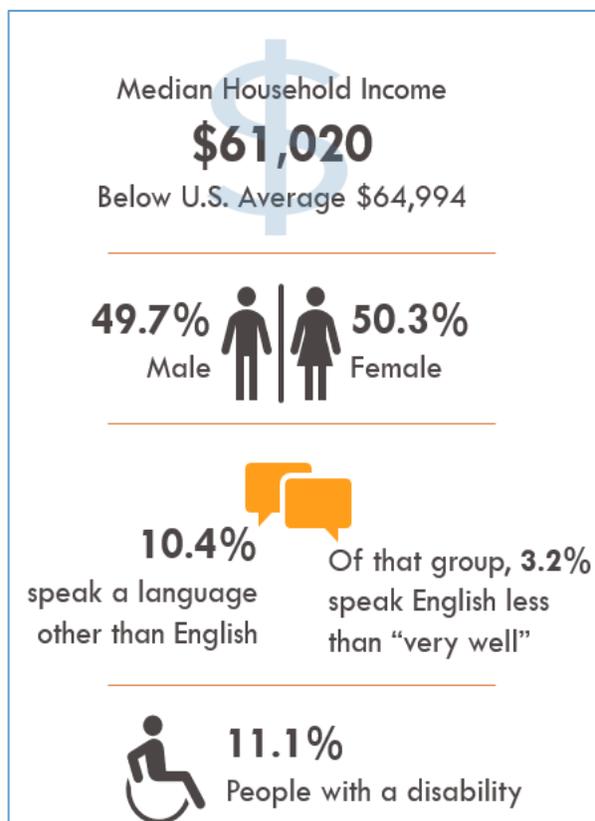
Infographic 1 Douglas County Demographics; Source 1, 3, 4: American Community Survey, 2016-2020; Source 2: Kansas Information for Communities, Kansas Department of Health and Environment, 2020

reported percent of the population with a disability has stayed relatively consistent over time; in 2008-2012 it was 10.0%, which is only slightly less than

11.1% reported in the current time of 2016-2020.[2]

The Black population has significantly higher percentage of the population reporting a disability.

17.7%

Douglas County, 11.1%

16.3%

12.5%

11.4%

10.0%

1.8%

Asian*   Black**   Hispanic/   Native   Two or   White
                   Latino   American   More
                                        Races
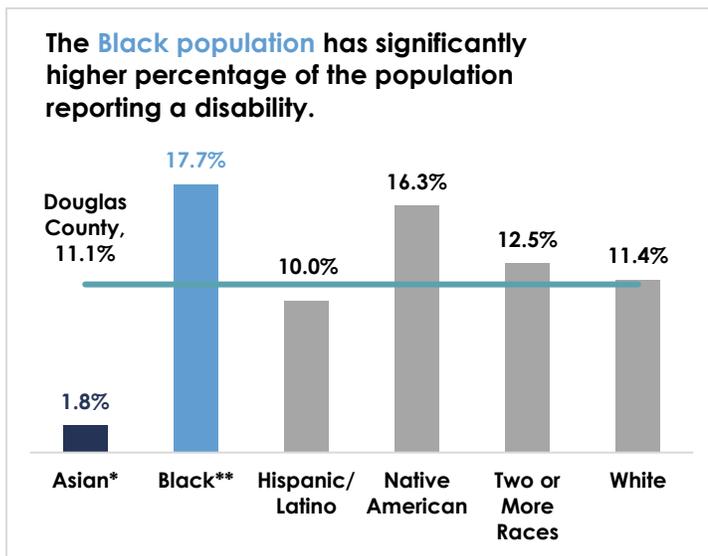
Chart 4 Population Reporting a Disability by Race/Ethnicity; American Community Survey; 2016-2020

Differences in reported persons with a disability emerge when examining disability status by race and ethnicity. In Douglas County, the **Asian population** is significantly less likely to report a disability (1.8%; shown in dark blue in Chart 4), while the **Black population** is significantly more likely to report a disability (17.7%; illustrated in orange).[2]

Social Determinants of Health:

Domain 1: NEIGHBORHOOD & BUILT ENVIRONMENT

Notable Challenges & Assets:
- Renters and rentals face challenges:
  o 47.4% have excessive housing costs.
  o 16.2% of low-income homes are severely cost-burdened.
  o 29.3% of rentals have severe housing problems.
- Public Transportation is an asset:
  o Douglas County has the highest percentage of public transportation usage in the state but is still a small utilization percentage.
- Access to Food is an asset:
  o Douglas County is in the 90th percentile of performers on a Food Environment Index.

HOUSING:

Housing costs—particularly for renters—have historically been high in **Douglas County**. Over time, the percentage of cost-burdened renters is declining, but it remains higher than the state of **Kansas**. In particular, **Baldwin City** and **Lawrence** have a high percentage of community members with excessive rent costs compared to other communities in the county (**Chart 5**).[2]
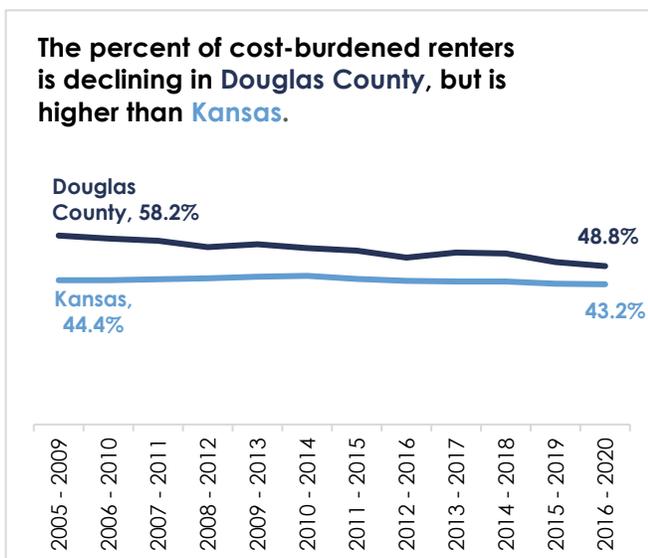
While improvements have been made, there is still work to be done as **Douglas County is in the 10 worst performing counties within the state for cost-burdened renters.**[4] Excessive rental costs is defined as spending more than 30% of income towards rent.

The percent of cost-burdened renters is declining in Douglas County, but is higher than Kansas.

Douglas County, 58.2% ... 48.8%

Kansas, 44.4% ... 43.2%

2005 - 2009 · 2006 - 2010 · 2007 - 2011 · 2008 - 2012 · 2009 - 2013 · 2010 - 2014 · 2011 - 2015 · 2012 - 2016 · 2013 - 2017 · 2014 - 2018 · 2015 - 2019 · 2016 - 2020

Chart 5 Cost-Burdened Renters, Douglas County vs Kansas; American Community Survey; 2016-2020

When examining by geography within the county, Baldwin City and the city of Lawrence stand-out as potential areas vulnerable to excessive rental costs.[2]

The infographic and map illustrate the high percentage of populations in Baldwin City (54.9%) and Lawrence (48.5%) that are faced with high rental costs.

54.9% Excessive Rental Costs
Baldwin City, KS

32.1% Excessive Rental Costs
Eudora, KS

48.5% Excessive Rental Costs
Lawrence, KS

37% Excessive Rental Costs
Lecompton, KS

Infographic 2 Excessive Rental Costs by Geography; American Community Survey; 2016-2020

Census tracts illustrated in **dark blue** in **Map 2** are areas with a high percentage of **renters with excessive rental costs**.

Low-income populations in Douglas County struggle with excessive rental costs, which can lead to accumulated housing and financial challenges.

5% - 31.1%
31.1% - 47.1%
47.1% - 60.9%
60.9% - 73.7%

Map 2 Percent with Excessive Rental Costs by Census Tract in Douglas County; American Community Survey; 2016-2020

Chart 6 below shows that roughly 16% of low-income households in Douglas County report high housing costs, much higher than Kansas' reported 9.9%. Once again, when broken out by geography, the reported percentages are high in **Baldwin City** (12.1%) and even higher in **Lawrence** (17.9%).[2]

Percent of low-income households with high rental costs is high in DG County, Baldwin, & Lawrence.

17.9%

16.2%

12.1%

Kansas, 9.9%

6.2%   6.2%

Baldwin City   Eudora   Lecompton   Lawrence   Douglas County
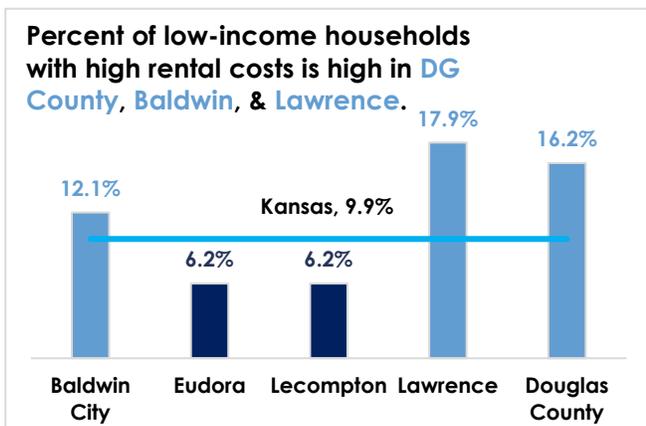
Chart 6 Percent of Low-Income Households with High Rental Costs by Geography; American Community Survey; 2016-2020

Many community members also face issues related to housing security and may find themselves in a home with severe problems.

Severe housing issues is defined as having one of four things: (1) Lacking

kitchen; (2) Lacking plumbing; (3) Severe overcrowding; or (4) Severely cost-burdened (>50% of income towards costs).

Compared to the state of Kansas (22.6%), Douglas County is much higher in percentage of rentals with identified severe housing problems (29.3%).[2]

As seen in **Chart 7**, Baldwin City and Lawrence again stand-out as having a higher percentage of rentals with severe housing problems.[2]

More rentals in Baldwin & Lawrence report severe housing issues.

Lawrence, 30.3%

Douglas County, 29.3%

Baldwin, 26.2%

Kansas, 22.56%

Lecompton, 12.0%

Eudora, 5.7%
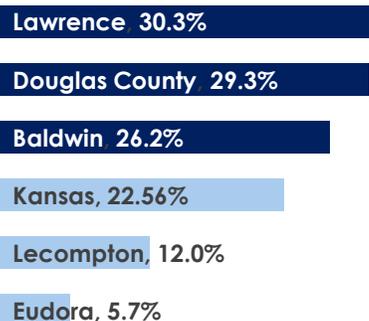
Chart 7 Percent of Rentals with Severe Housing Issues by Geography; American Community Survey; 2016-2020

FOOD ENVIRONMENT:

Compared to the state of Kansas, Douglas County fares well across measures of access to healthy foods. **Infographic 3** illustrates data from the USDA, which shows people living one mile from access to a supermarket or

1 Mile: Access to Healthy Food
29.9%
Douglas County, KS

37.7%
Baldwin City, KS

25.2%
Eudora, KS

23%
Lawrence, KS

100%
Lecompton, KS

43.7%
Kansas
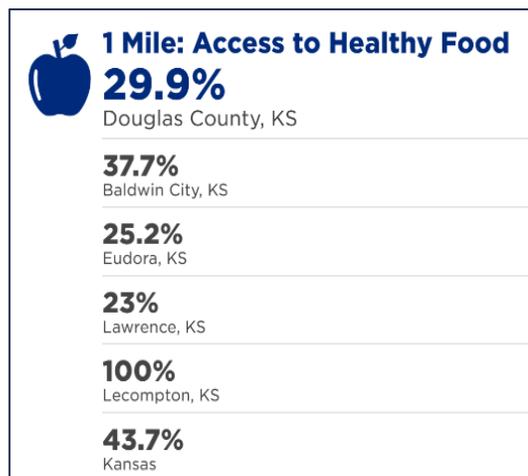
Infographic 3 One Mile Access to Healthy Food by Geography; U.S. Department of Agriculture; 2019
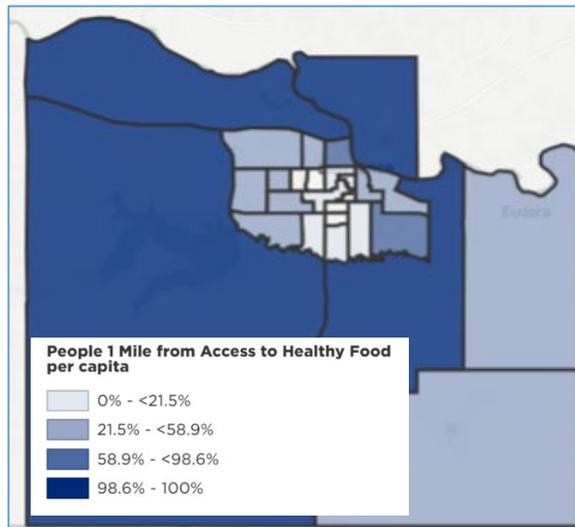
grocery store (one mile is a common measure for urban area food access

The percentage of people within one mile access to food is reportedly lower in Douglas County than Kansas (**29.9% compared to 43.7% for Kansas**).[5]

Unsurprisingly, **Map 3** to the right indicates that many of the concentrated **low food access areas** are in the more rural parts of the county (illustrated in **dark blue**).

The Food Environment Index is an index that evaluates the food environment of a community on a scale of 0 (worst) to 10 (best) using food access and food insecurity as measures. Douglas County is evaluated at a 7.8, above Kansas, which is at a 6.7. Nationally, **Douglas**

County is in the 90th percentile for top U.S. performers.[6]

People 1 Mile from Access to Healthy Food per capita

- 0% - <21.5%
- 21.5% - <58.9%
- 58.9% - <98.6%
- 98.6% - 100%

Map 3 One Mile Access to Healthy Food by Census Tract; U.S. Department of Agriculture; 2019

ENVIRONMENTAL HEALTH:

Estimates for fine particulate pollution in the air have **Douglas County** at a score of 8.8, which is slightly worse than **Kansas** at 7.5 (**Chart 8**). According to the EPA, fine particulate matter is solid particles or liquid droplets in the air that can be inhaled and cause health problems.[7]

The best performing county in Kansas is at 5.7 (Trego County), while the worst performing county is at 9.8 (Wyandotte County). Therefore, Douglas County is more closely aligned with poorer performing counties.

Douglas County had no reported drinking water violations for the year of 2020[7] (year data are most recently available) and no superfund sites exist within the county.[8] A superfund site is a contaminated hazardous waste site that the EPA has funds and authority to clean.

Fine Particulate Matter is improving for the Douglas County, but is higher than Kansas.

Douglas County, 10.8

8.8

Kansas, 9.2

7.5

2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018
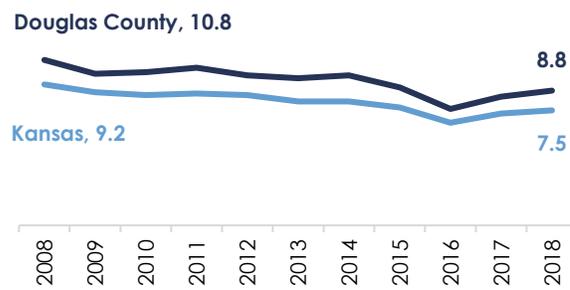
Chart 8 Fine Particulate Matter Over Time, Douglas County vs. Kansas; Environmental Public Health Tracking Network via County Healthy Rankings; 2008-2018
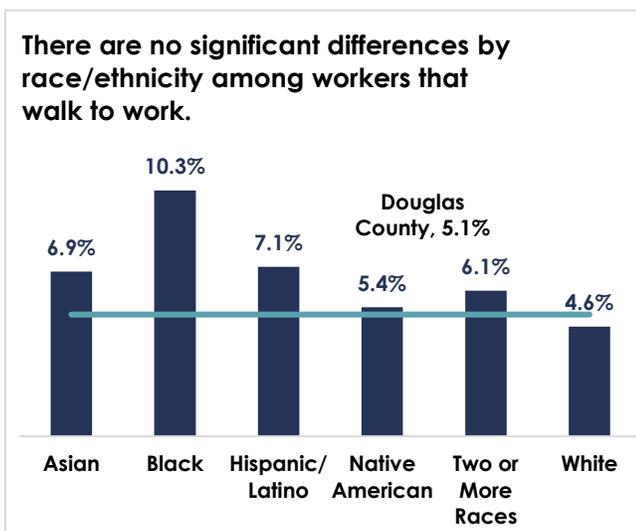
Roughly 55.0% of Douglas County live within ½ mile of a park, which puts the county as a top performer nationally. Comparatively, nearby Johnson County reports 75.0% of its population living within ½ of a park, while Shawnee County is at 44.0%.[9]

TRANSPORTATION PATTERNS:

The EPA evaluates communities on a scale of 1 (worst) to 20 (best) for walkability, defined by how easy is it for pedestrians to navigate their community.

Douglas County has a score near the middle at 8.6, which is exactly the score for the state of Kansas. Some communities within the county are slightly higher (Lawrence at 9.1), while some are lower (Lecompton at 3.5).[8]
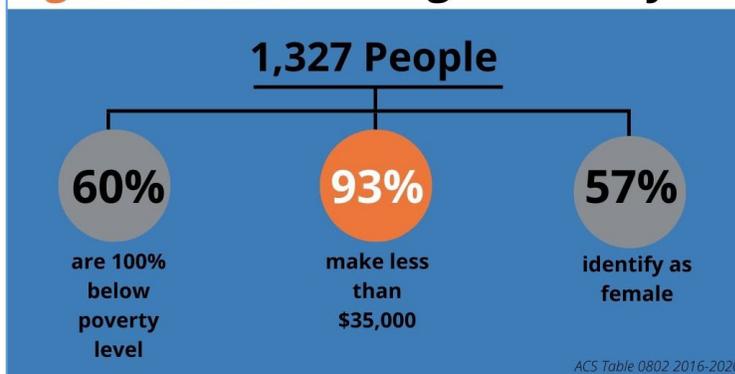
Chart 9 below shows that approximately 5.0% of the county reports walking to work. Differences in percentages emerge when examined by race and ethnicity, although none of the differences are considered statistically significant.[2]

Infographic 4 Breakdown of Public Transportation Usage, Douglas County; American Community Survey; 2016-2020

Chart 9 Walk to Work by Race/Ethnicity, Douglas County; American Community Survey; 2016-2020

The City of Lawrence has many public transportation options in place, including the Lawrence Transit System, KU on Wheels, and T Lift.

Roughly 2.0% of the Douglas County population uses public transportation as the primary method to get to work, which places Douglas County as the highest percent of commuters using public transportation within the state. The 2.0% also represent a population that could be considered vulnerable with high proportions below the poverty level and making less than $35,000 (as shown **Infographic 4**).

Commuting patterns in Douglas County are similar to those for the state of Kansas, outlined in **Table 2** on the following page.

The average length of commute is only slightly higher in Douglas County (20.4 minutes compared to 19.6 minutes). The primary method for commuting is Driving Alone (76.2%), which is the same for Kansas (80.7%). Douglas County performs slightly better than Kansas on commuters walking to work (5.1% compared to 2.2%).

Table 2: Commuting Patterns by Geography	Baldwin City	Eudora	Lawrence	Lecompton	Douglas County	Kansas
Commute Time (mins)	24	22.5	19.6	25.4 ⬆	20.4	19.6
Commute Time > 1 Hour	8.8% ⬆	4.1%	2.7%	0.0%	3.0%	3.2%
Solo Commute >30 Mins	39.5%	29.9%	27.2%	47.5% ⬆	28.6%	21.5%
Commute- Drive Alone	78.6%	82.5%	74.9%	90.7% ⬆	76.2%	80.7%
Commute- Car Pool	6.0%	10.0% ⬆	7.7%	8.7%	7.9%	8.9%
Commute- Walk	14.4% ⬆	0.0%	5.5%	0.2%	5.1%	2.2%
American Community Survey, 2016-2020						

DIGITAL ACCESS:

The COVID-19 pandemic highlighted the importance of internet access. The internet is a critical component for work and school for many individuals and families. The majority of Douglas County households (93.6%) have an internet access subscription, which exceeds the amount for the state of Kansas (87.7%).[2]

When examining internet access by census tract, some interesting findings emerge. Two census tracts in the city of Lawrence show a **lower percentage of households with internet access** (shown in the lightest shade of **blue** in **Map 4**). The census tract representing North Lawrence has 80.5% of households with internet, while the census tract in Central Lawrence has 86.0% of households with internet access.[2]
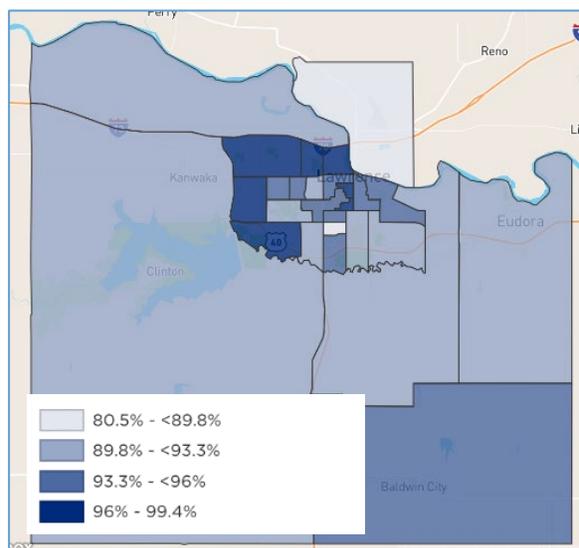
Map 4 Percent of Households with Internet Access by Census Tract; American Community Survey; 2016-2020

Domain 2: ECONOMIC STABILITY

Notable Challenges & Assets:

- Douglas County has a high living wage need compared to the state of Kansas.
- Poverty rates are decreasing in Douglas County, but disparities exist by:
    - Race
    - Place
    - Disability Status
- Low unemployment is an identified asset for Douglas County.
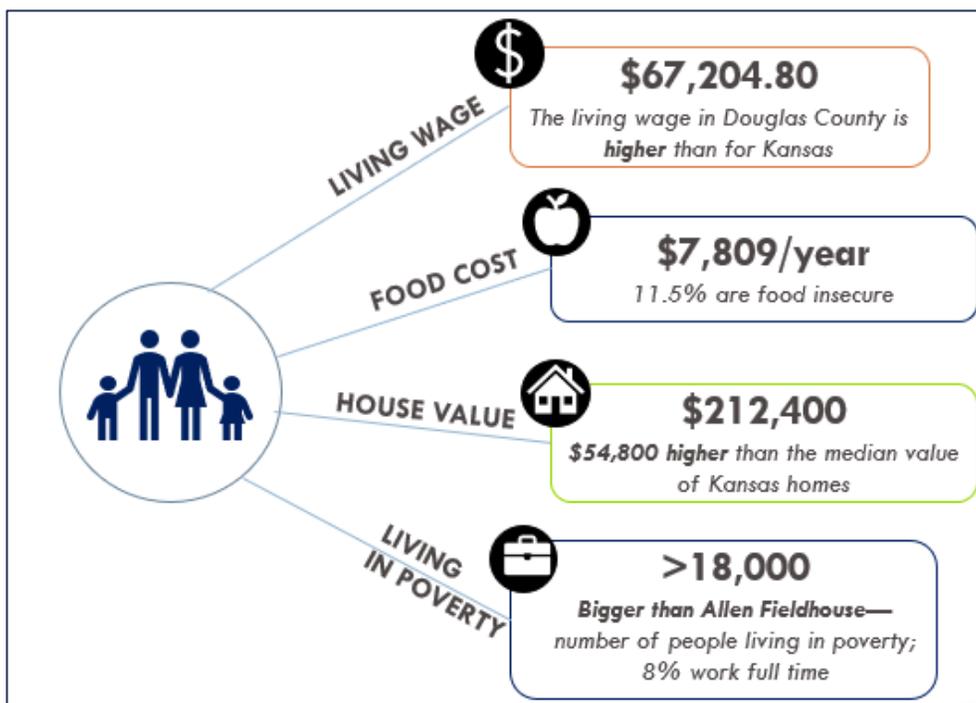
Infographic 5 Economic Stability in Douglas County; Living Wage- MIT Living Wage Calculator, 2022; Food Cost-MIT Living Wage Calculator, 2022; Food Insecurity-Feeding America, 2020; House Value and Poverty Rates-American Community Survey, 2016-2020

ECONOMIC STABILITY:

High cost of living, high food costs, and high housing values can combine to make economic stability fragile in Douglas County, as outlined in **Infographic 5**.

The infographic above illustrates that:

- The living wage is higher in Douglas County than Kansas.[3]

- 11.5% of the community is considered food insecure.[10]
- The median house value in Douglas County is higher than Kansas.[2]
- Around 20,000 people, including 8% who work full-time, live in poverty.[2]

A living wage is defined as an "hourly rate that an individual in a household

must earn to support his or herself and their family" (MIT Living Wage Calculator).

According to the MIT Living Wage Calculator, **residents of Douglas County must earn $32.31 per hour to support a family** (assumes two adults and one child with one adult working full-time), which amounts to a rough annual salary of over $67,000.[3]

Table 3: Living Wage by Peer County	**Hourly Needed Wage**	**Annual Needed Earnings** (2,080 hours)
Douglas County	*$32.31*	*$67,204.80*
Johnson County	*$32.86*	*$68,348.80*
Riley County	*$31.98*	*$66,518.40*
Shawnee County	*$31.15*	*$64,792.00*
Wyandotte County	*$32.86*	*$68,348.80*
State of Kansas	*$31.70*	*$65.936.00*
MIT Living Wage Calculator, 2022		

Table 3 above outlines living wage comparisons by peer counties. The living wage in Douglas County is higher than the living wage for the state of Kansas, although it is similar to identified peer counties (specifically, lower than Johnson County, but higher than Shawnee County).

Typical expenses included in living wage estimates are food, child care, medical expenses, housing, and transportation. Food, housing, and child care are three of the highest expenses a family can incur.

An annual estimate for spending on food in Douglas County for two adults and one child is $7,809.[3] According to Feeding America, 11.5% of our community is considered food insecure as seen in Chart 10. Food insecurity is

"the lack of access… to enough food for an active, health life" (Feeding America).[10]
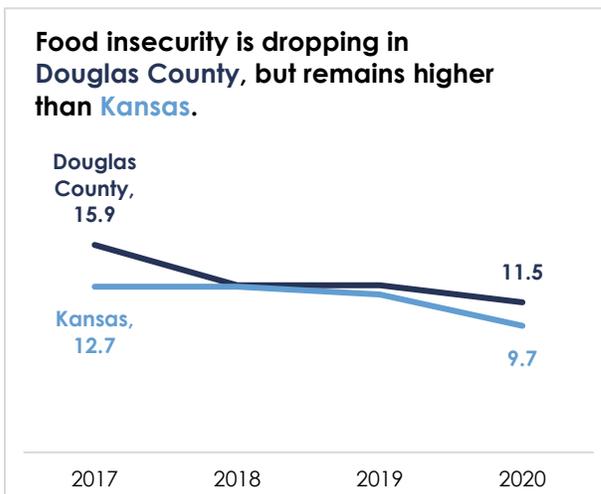
Chart 10 Food Insecurity Rate Over Time, Douglas County vs Kansas; Feeding America; 2020

Housing costs are discussed in more detail in **Domain 1: Neighborhood & Built Environment**.

For the purposes of economic stability, it should be noted that the median value of a house in Douglas County is $212,400, which is over $54,000 higher than the median value of Kansas house.[2]
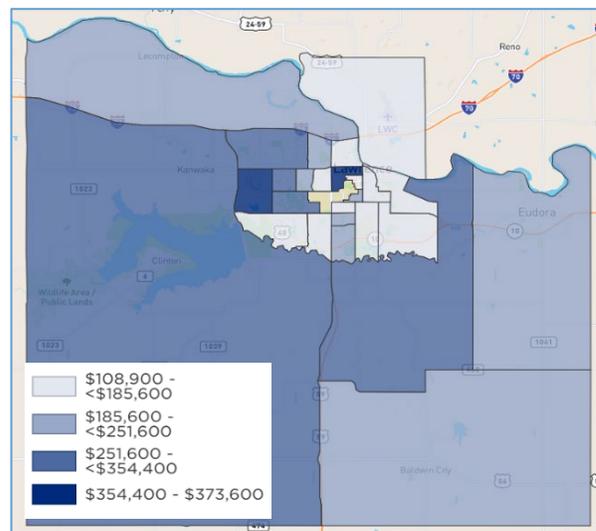
Map 5 Median Home Values by Census Tract, American Community Survey, 2016-2020

Map 5 on the previous page illustrates the median home value by census tract in Douglas County. **Darker blue** indicates census tracts with **higher median home value** (two census tracts). Several census tracts are in the **lightest**

shade of blue indicating a **median home value of less than $185,600**.[2]
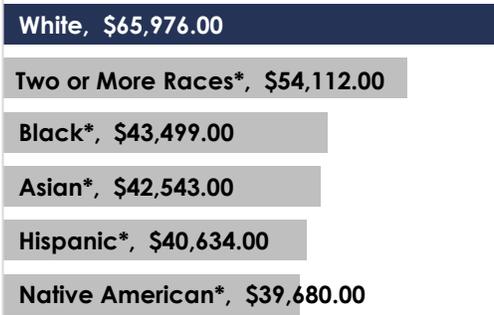
Child care access is discussed in **Domain 5: Education Access and Quality**.

INCOME:

Since 2005-2009, the median income in **Douglas County** has increased from $44,835.00 to $61,020.00, which is virtually the same as the state of **Kansas** ($48,394.00 to $61,091).[2]

It is worth noting that the median income for Douglas County residents is lower than the estimated living wage of $67,204.80, which means that **many residents are struggling to meet the minimum amount to support themselves and a family**.[3]

Median Household Income by City
$61,020 Douglas County, KS
$74,074 Baldwin City, KS
$87,392 Eudora, KS
$61,458 Lecompton, KS
$55,598 Lawrence, KS

Infographic 6 Median Income by Geography; American Community Survey; 2016-2020

There is over a $25,000 difference between White & Native American for median income.

White, $65,976.00
Two or More Races*, $54,112.00
Black*, $43,499.00
Asian*, $42,543.00
Hispanic*, $40,634.00
Native American*, $39,680.00

Chart 11 Median Income by Race and Ethnicity in Douglas County, American Community Survey, 2016-2020

However, when median income is broken out by sub-populations, differences emerge. In **Chart 11** above, for example, median income varies widely by race and ethnicity within Douglas County. The **White population in Douglas County has a statistically higher median income** compared to every other racial and ethnic sub-population within the community.[2]

Differences exist in median income by geography within Douglas County, as well (**Infographic 6** above). For 2016-

Median Household Income
$22,170 - <$47,904
$47,904 - <$65,625
$65,625 - <$90,135
$90,135 - $111,970
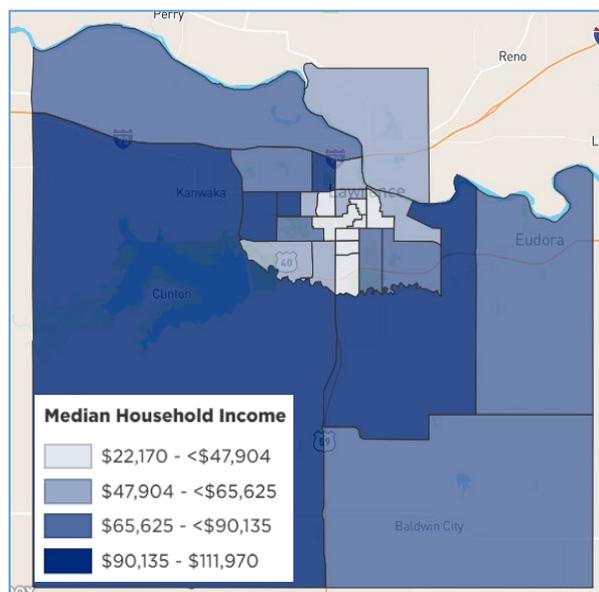
Map 6 Median Household Income by Census Tract; American Community Survey; 2016-2020

2020, Eudora reports the highest median income at $87,392.00, while Lawrence reports the lowest median income at $55,598.00.[2]

As illustrated in **light blue** in **Map 6** on the previous page, there are eight census tracts within Lawrence with a **median income of between $22,170.00 to $47,904.00**, far below the median income for the county of $61,000.00 and below what is considered the needed living wage. The low median income census tracts are concentrated in the central and south parts of Lawrence.[2]

POVERTY:

The Federal Poverty Level is a measure of income and is a federal guidepost to determine when an individual or family is eligible for certain programs or benefits. It is dependent upon both income and size of the family. For 2022, for a family of four, the poverty level is $27,750.[11]

Table 4: Federal Poverty Level by Family Size	**Federal Poverty Level**
Individual	$13,590
Family of 2	$18,310
Family of 3	$23,030
Family of 4	$27,750
Family of 5	$32,470
Family of 6	$37,190
Family of 7	$41,910
Family of 8	$46,630
U.S. Health & Human Services, 2022	

As seen in **Chart 12**, over time, the rate of poverty has decreased for **Douglas County** from 20.7% in 2005-2009 to 16.5% in 2016-2020. However, the rate of poverty remains higher than the state of **Kansas** as 11.4%.[2]

Although the poverty rate is declining over time in the county, there are still notable exceptions to this trend for certain sub-populations within the community. For example, 34.8% of those who report having a disability report

Douglas County poverty rate has decreased over time, but is still higher than Kansas.

Douglas County, 20.70%
16.50%
Kansas, 12.2%
11.40%
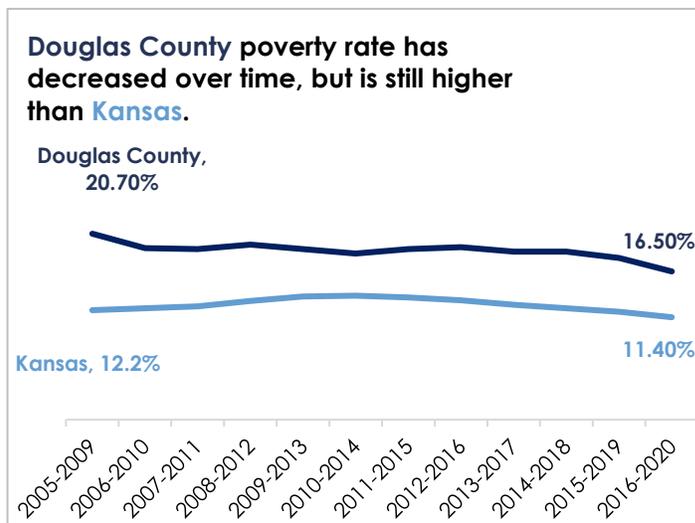
Chart 12 Poverty Rate Over Time, Douglas County vs Kansas; American Community Survey; 2016-2020

living in poverty, which is over double the county average.[2]

The poverty rate for those with a disability for the state of Kansas overall is 23.5%, which is much lower than the rate for Douglas County.[2]

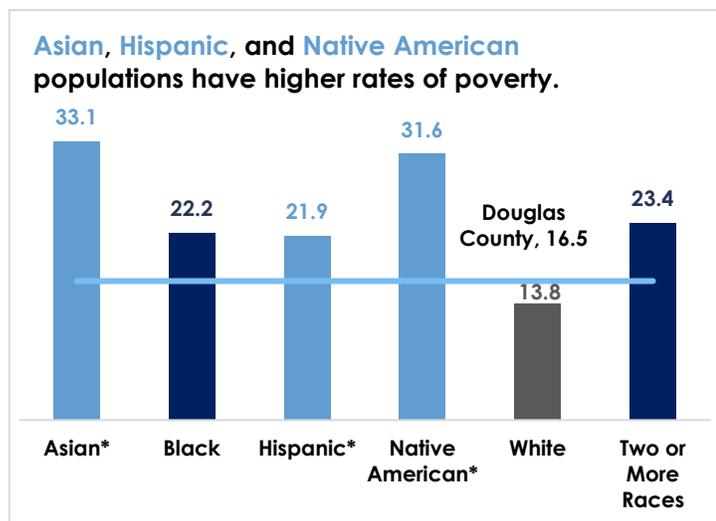**34.8%** People with a disability report living in poverty.

Infographic 7 Living in Poverty with a Disability, Douglas County; American Community Survey; 2016-2020

Chart 13 illustrates that the **Asian**, **Hispanic**, and **Native American** communities (shown in orange bars) have statistically higher rates of poverty. **Black** and **Two or More Races** (illustrated in navy) are above the county's average, but not at a statistically significant rate.[2]

Asian, **Hispanic**, **and Native American** populations have higher rates of poverty.
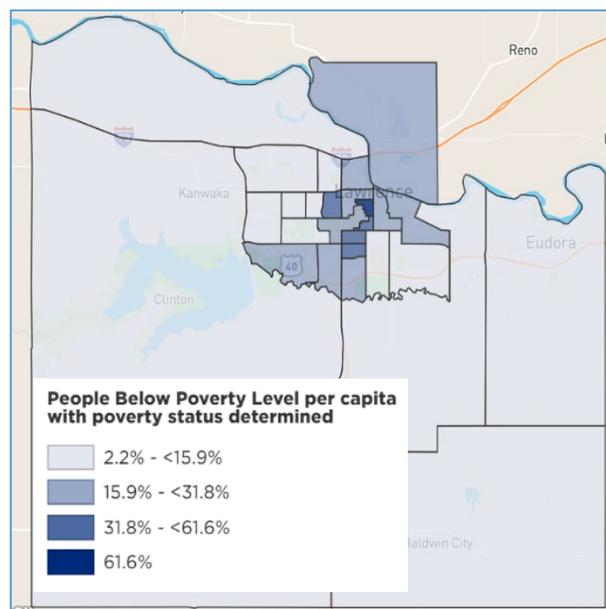
Chart 13 Poverty Rates by Race & Ethnicity; American Community Survey; 2016-2020

When comparing cities in Douglas County, Lawrence and Lecompton

People Below Poverty Level by City

16.5%
Douglas County, KS

7.9%
Baldwin City, KS

10.4%
Eudora, KS

18.8%
Lecompton, KS

18.8%
Lawrence, KS
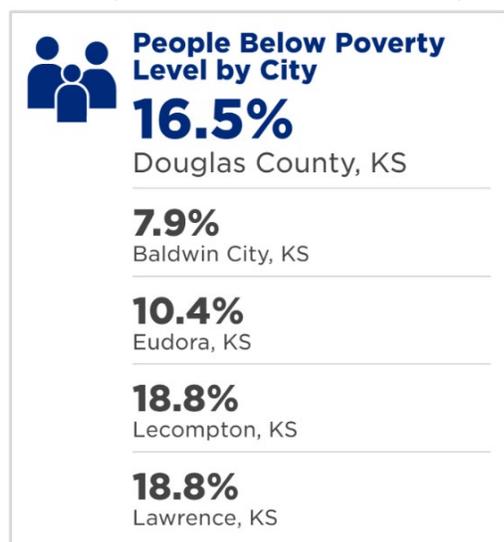
Infographic 8 Poverty Level by Geography; American Community Survey; 2016-2020

both report high levels of poverty (18.8%), while Baldwin City has the lowest rate at 7.9% (**Infographic 8**). This means that the city of Lawrence has both one of the higher poverty levels along with one of the lowest median income amounts.[2]

Map 7 shows that many census tracts in Douglas County have **lower levels of poverty** (identified in **light blue**).

However, within Lawrence, there are some census tracts that have **higher levels of poverty**, including one that is currently at 61.6% poverty level (shown in **dark blue** in east central Lawrence).[2]

People Below Poverty Level per capita with poverty status determined

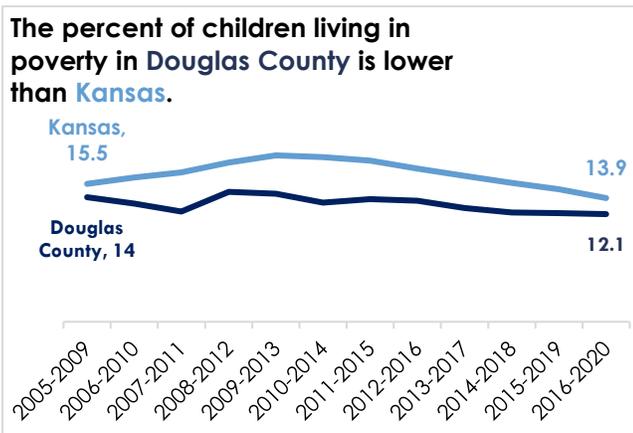- 2.2% - <15.9%
- 15.9% - <31.8%
- 31.8% - <61.6%
- 61.6%

Map 7 Poverty Level by Census Tract; American Community Survey; 2016-2020

CHILDREN IN POVERTY:

Roughly one in 10 children under 18 years in **Douglas County** live in poverty (12.1%), which is slightly lower than the percent of children living in poverty for **Kansas** (13.9%).[2]

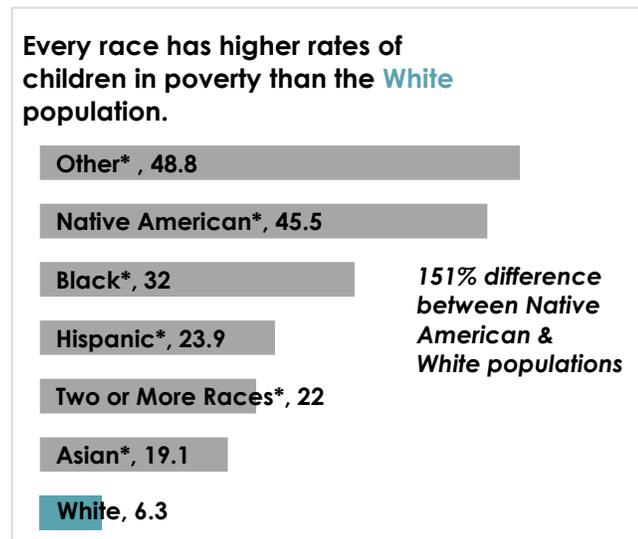**The percent of children living in poverty in Douglas County is lower than Kansas.**

Chart 14 Children Living in Poverty Over Time, Douglas County vs Kansas; American Community Survey; 2016-2020

Chart 15 below illustrates that in Douglas County, every racial and ethnic group has a statistically significant higher percent of children living in poverty compared to the **White** population.[2]

Every race has higher rates of children in poverty than the White population.

Other* , 48.8
Native American*, 45.5
Black*, 32
Hispanic*, 23.9
Two or More Races*, 22
Asian*, 19.1
White, 6.3

151% difference between Native American & White populations

Chart 15 Poverty Level by Race & Ethnicity; American Community Survey, 2016-2020

There are an estimated 3,215 female headed households (no spouse identified) within Douglas County. These families are at unique risk for vulnerability to poverty. Of the total households below the poverty line, 11.2% of those families within the county are female head of house with no spouse. This is lower than the state of Kansas at 21.6%. [2]

However, within the total proportion of families living in poverty, there are identified areas where female-headed households are at-risk for being below the poverty line, including Baldwin City (27.3%), Eudora (32.1%), and Lecompton (44.4%).[2]

| **Table 5:** Female Head of Household by Geography	**Female Head of House-** % of Total Families below Poverty
Douglas County	*11.2%*
Baldwin City	*27.3%*
Eudora	*32.1%*
Lawrence	*10.3%*
Lecompton	*44.4%*
State of Kansas	*21.6%*
American Community Survey, 2016-2020	

UNEMPLOYMENT:

The overall rate of unemployment in Douglas County is 4.3% according to the U.S. Census Bureau. This is closely aligned with the state of Kansas unemployment rate of 4.1%.[12]

When examining a more timely and sensitive data source (U.S. Bureau of Labor Statistics), Douglas County's unemployment rate is revealed to be even lower (1.9% in April 2022). **Unemployment spiked at 11.5% in April 2020 during the height of the COVID-19 pandemic**. Since then, unemployment rates have returned to at or below pre-pandemic levels.[13]

The Bureau of Labor Statistics shows that Douglas County unemployment trends follow nearly identically with the state of Kansas. For example, when the Douglas County spikes in April 2020 at 11.5%, the state of Kansas also spikes at 11.7%. For April 2022 when unemployment is lower in Douglas County, the state similar at 2.1% (illustrated in **Chart 16** below).[13]

The Native American population is the only racial group to have higher unemployment rates than the County.
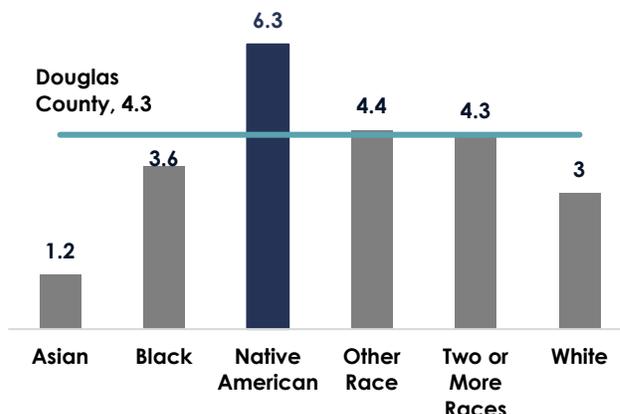
**Chart 16** Unemployment by Race & Ethnicity in Douglas County; American Community Survey; 2016-2020

Geographically, the cities within Douglas County are similar to the overall Douglas County and state of Kansas rates, with the exceptions of higher rates in Baldwin City (5.9%) and Lecompton (7.4%) as illustrated in **Infographic 9**.[2]

Chart 17 Unemployment Over Time in Douglas County, Bureau of Labor Statistics, 2012-2022

When examined by race alone in **Chart 17**, the **Native American** population in Douglas County emerges as having higher rates of unemployment (6.3%).[2]
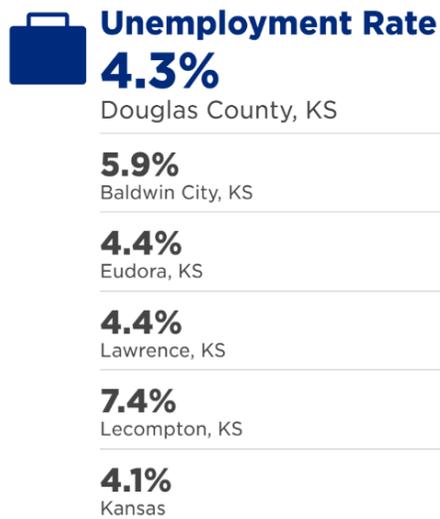
Infographic 9 Unemployment Rate by Geography, American Community Survey, 2016-2020

HOMELESSNESS:

The Point-in-Time (PIT) Count is a coordinated data collection effort that attempts to count the number of homeless individuals within a county. The most recent PIT Count (2022) has

Douglas County at 232 total people counted as homeless: 151 sheltered and 81 unsheltered.

When compared to peer counties, Douglas County has a higher number; however large population counties, including Johnson, Wyandotte, Shawnee, and Sedgwick Counties, are not included in the PIT Count.[14]

Table 6: Homeless Count Douglas County & Peer Counties	Homeless Individuals
Douglas County	232
Crawford County	131
Leavenworth County	56
Riley County	32
Saline County	161
Point in Time Count, 2022	

Domain 3: SOCIAL & COMMUNITY CONTEXT
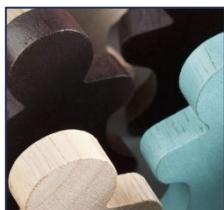
Notable Challenges & Assets:

- Douglas County fares well on a Social Vulnerability Index, but could be stronger.
- Violent crime rates are lower than the state of Kansas, but have been slowly rising in recent years.

SOCIAL VULNERABILITY:

Social Vulnerability is defined as a community's ability to withstand loss during a disaster. It is an index created by the CDC and can be used by emergency planners and responders to identify which areas of their community may be particularly vulnerable during a disaster.

The Social Vulnerability Index (SVI) is a composite measure comprised of

Social Vulnerability Index
- 0 - 0.2
- 0.2 - 0.4
- 0.4 - 0.6
- 0.6 - 0.9
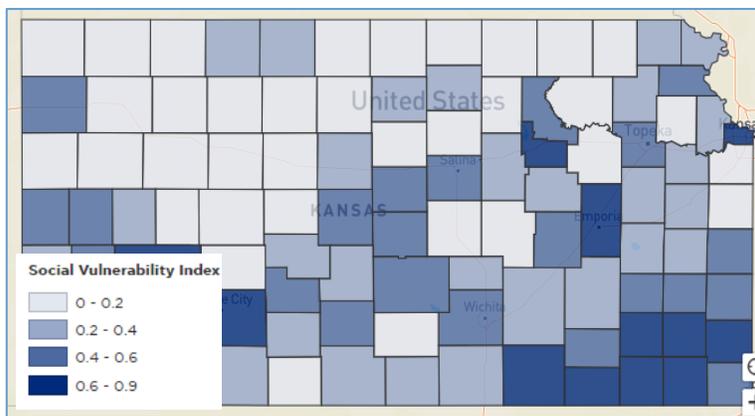
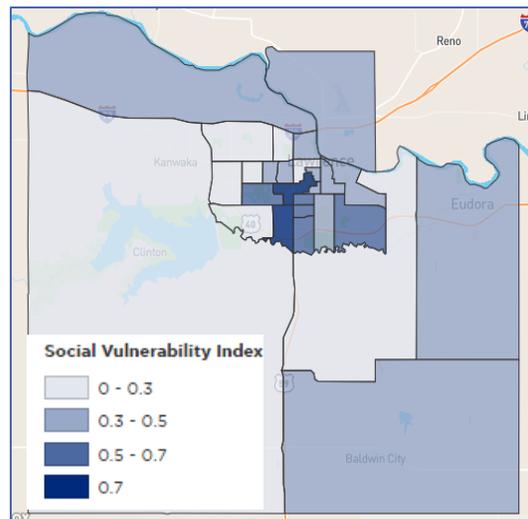**Map 8** Social Vulnerability Index by County for Kansas; CDC-ATSDR; 2020

variables such as poverty status, income, age demographics, languages spoken, and type of housing. The SVI rating of a county can be compared against both the state and the U.S.

A lower score indicates less vulnerability, which is interpreted as a better score, while a higher score indicates more vulnerability.

Map 8 on the previous page shows Douglas County in lighter blue, which indicates a lower—or better—score when compared to other Kansas counties.

Within in Douglas County, there are two census tracts within Douglas County that have a **higher identified**

vulnerability (shown in **dark blue** in **Map 9**).[1]

Map 9 Social Vulnerability Index by Census Tract; CDC-ATSDR; 2018
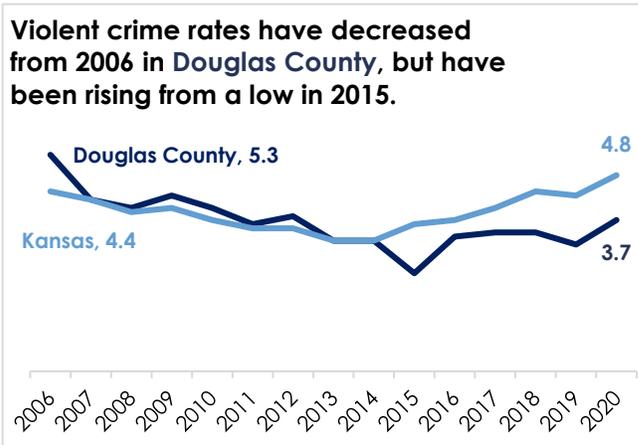
VIOLENT CRIME:

Since 2006, the rate of violent crime per 1,000 in **Douglas County** has decreased and is now lower than **Kansas'** violent crime rate (**Chart 18**). However, the rate has increased to 3.7 per 1,000 in 2020 from a low of 2.4 per 1,000 in 2015, indicating a potential trend in rising violent crime rates.[16]

From 2017 to 2022, there were 2,642 total domestic battery charges and 1,034 charges for aggravated battery/assault.[17]

Additional corrections data are discussed in **Domain 10: Power, Privilege, and Oppression**.

Violent crime rates have decreased from 2006 in Douglas County, but have been rising from a low in 2015.

Chart 18 Violent Crime Rate per 1,000 Population Douglas County vs. Kansas; Kansas Bureau of Investigation via Kansas Health Matters; 2006-2020

CHILD ABUSE & NEGLECT:

Data on child abuse and neglect by county is somewhat limited, but the Kansas Department for Children and Families (DCF) has some data available on Child Protective Services.

According to DCF, in FY2022, Douglas County was in the middle of peer counties for cases of child abuse and neglect that are assigned for investigation at 55.0% of cases. This is
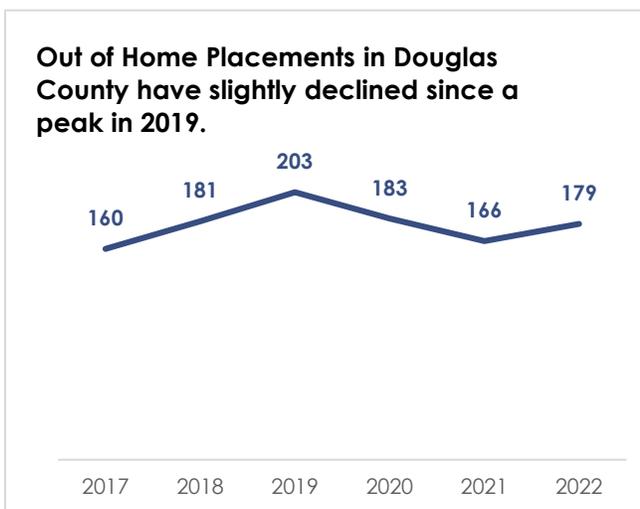
nearly equivalent to the state of Kansas at 55.5%, but is above Riley, Johnson, and Wyandotte Counties (shown in **Table 7**). Total cases of child abuse and neglect assigned for investigation have declined since FY2019.[18]

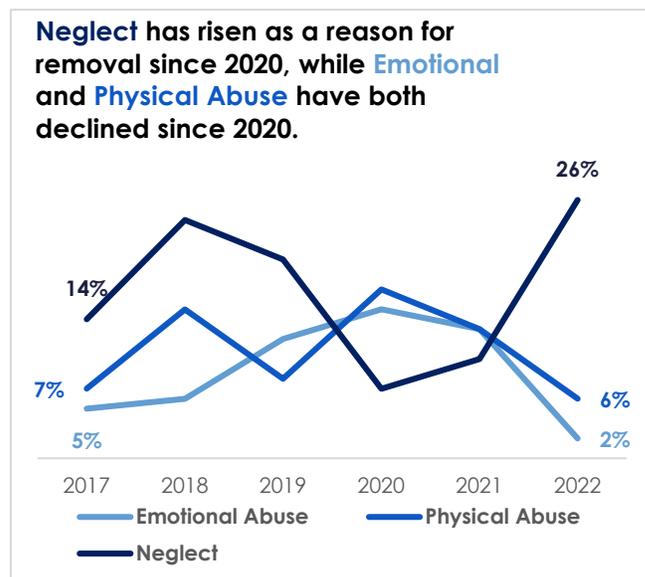| Table 7: Assigning Cases of Child Abuse & Neglect for Investigation by Peer County	Percent of Cases Assigned for Investigation
Douglas County	55.0%
Johnson County	51.0%
Riley County	54.6%
Shawnee County	57.8%
Wyandotte County	44.5%
Kansas Department for Children and Families, 2022	

Out of home placements in Douglas County were at 179 in 2022, which represents a slight decline from a peak of 203 in 2019 (**Chart 19**).[18]

Out of Home Placements in Douglas County have slightly declined since a peak in 2019.

160   181   203   183   166   179

2017   2018   2019   2020   2021   2022

Chart 19 Out of Home Placements in Douglas County by Year; Kansas Department for Children and Families, 2017-2022

Chart 20 shows reason for removal from a home by proportion of total cases by year. Neglect has risen as a reason for removal from 7% of total cases in 2020 to 26% of total cases in 2022.[18]

On the other hand, Emotional Abuse and Physical Abuse have both declined as reasons for removal from 2020 to 2022. In 2020 Emotional Abuse represented 15% of cases while Physical Abuse represented 17% of total cases. These proportions have declined to 2% and 6%, respectively, in 2022.[18]

Neglect has risen as a reason for removal since 2020, while Emotional and Physical Abuse have both declined since 2020.

14%   7%   5%   26%   6%   2%

2017   2018   2019   2020   2021   2022

Emotional Abuse   Physical Abuse
Neglect

Chart 20 Percent Reason for Removal in Douglas County; Kansas Department for Children and Families; 2017-2022
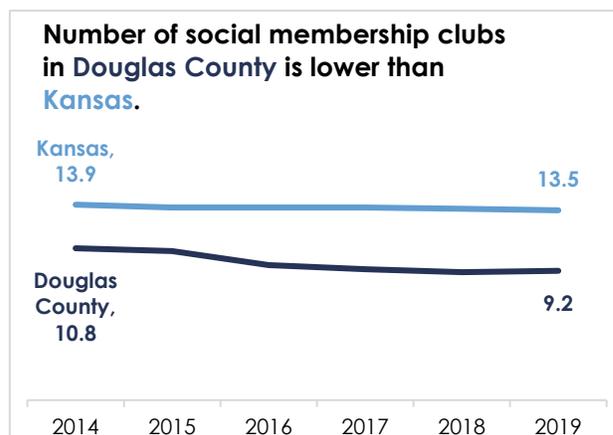
Chart 20 does not represent a comprehensive list of reasons for removal from home, but instead focuses on reasons related to abuse and neglect.

SOCIAL ASSOCIATIONS:

Social associations—defined as a membership association that could be religious, political, or volunteer among other topics—are important facilitators of social connectedness, which is a driver of health outcomes.

Douglas County has 9.2 social membership associations per 10,000 population. This is lower than **Kansas** at 13.5 per10,0000 and places Douglas County in the worst performing quartile for Kansas counties. This represents a slight decline from 10.8 in 2014. It should be noted that the data are not especially timely, with the most recent data update from 2019.[4]

Compared to peer counties, Douglas County is on the lower side of number of social associations and membership clubs, especially when compared to Shawnee County (15.7 per 10,000) and Riley County (12.1 per 10,000).[19]

Number of social membership clubs in Douglas County is lower than Kansas.

Kansas, 13.9 — 13.5

Douglas County, 10.8 — 9.2

2014 2015 2016 2017 2018 2019

Chart 21 Social Associations per 10,000 Population, Douglas County vs Kansas; County Health Rankings via Kansas Health Matters; 2014-2019

Table 8: Social Associations by Peer County	**Social Associations** (per 10,000)
Douglas County	9.2
Johnson County	8.6
Riley County	12.1
Shawnee County	15.7
Wyandotte County	10.2

County Health Rankings, 2014-2019

## Domain 4: HEALTHCARE ACCESS

Notable Challenges & Assets:

- Douglas County is strong compared to the state of Kansas for healthcare access:
  - Insurance coverage.
  - Access to providers.
- Disparities by race and ethnicity exist for health insurance coverage within Douglas County with the Native American population have particularly low coverage rate.
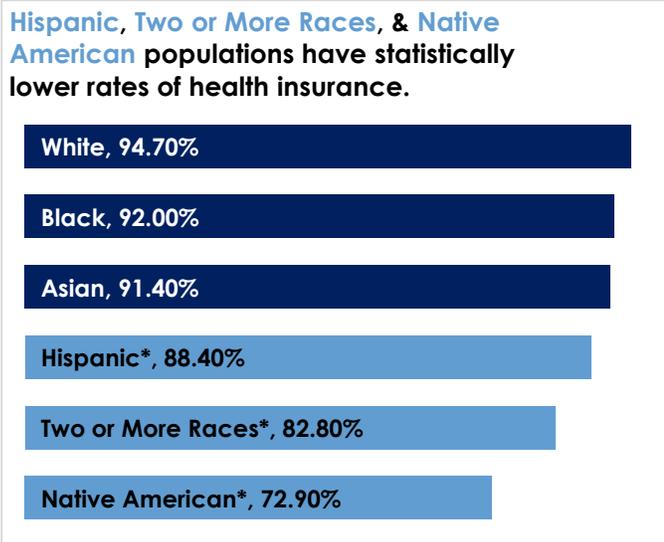
INSURANCE COVERAGE:

Compared to both **Kansas** and the **U.S.**, **Douglas County** has a lower percent of the population that is uninsured, which is an identified asset in our community (**Chart 22**).[2]

The percent uninsured is lower in Douglas County than Kansas and the U.S.
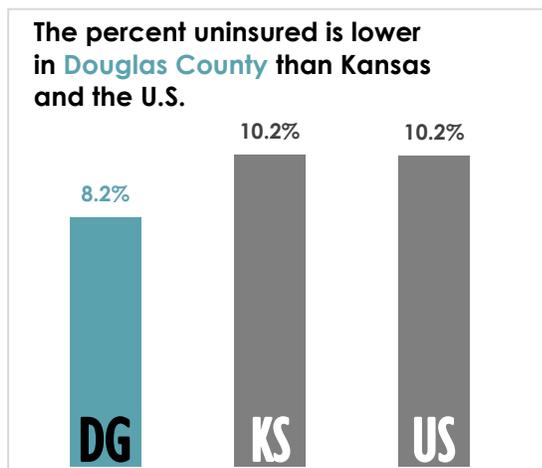
Chart 22 Percent Uninsured by Douglas County vs Kansas vs U.S.; American Community Survey; 2016-2020

Although health insurance coverage is an asset in Douglas County, there are some differences that emerge when

Hispanic, **Two or More Races**, **& Native American** populations have statistically lower rates of health insurance.

White, 94.70%

Black, 92.00%

Asian, 91.40%

Hispanic*, 88.40%

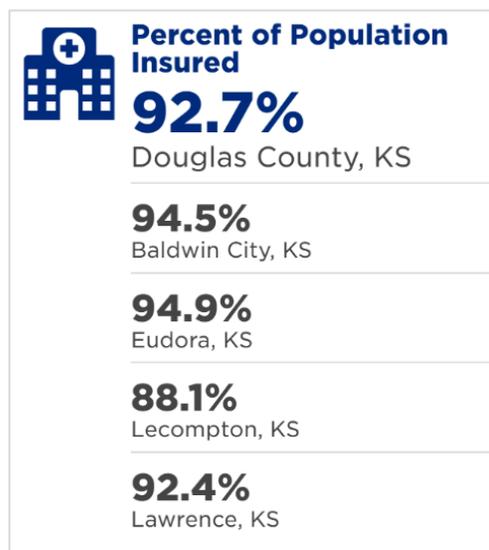Two or More Races*, 82.80%

Native American*, 72.90%

Chart 23 Insurance Coverage by Race & Ethnicity Douglas County; American Community Survey; 2016-2020

examining insurance access by race/ethnicity and geography.

In Douglas County, the **Hispanic**, **Two or More Races**, and **Native American** populations (shown in light blue in **Chart 23**) have statistically significant lower percentages of health insurance coverage.[2]

There are some differences when looking at health insurance coverage by city, although none as drastic as the race and ethnicity breakdown. Lecompton and Lawrence have the lowest rates of health insurance coverage at 88.1% and 92.4%, respectively.[2]

Percent of Population Insured
92.7%
Douglas County, KS

94.5%
Baldwin City, KS

94.9%
Eudora, KS

88.1%
Lecompton, KS

92.4%
Lawrence, KS

Infographic 10 Insurance Coverage by Geography; American Community Survey; 2016-2020

Health insurance coverage varies much more widely by census tract within Douglas County than city. Shown in **the lightest shades of blue**, there are three census tracts within South and East Lawrence where between **81.5% and 87.4% of the population has health insurance**.

Comparatively, there are census tracts also within Lawrence where between **97.8% and 100% of the population have health insurance** (illustrated in **dark blue** in **Map 10**).[2]
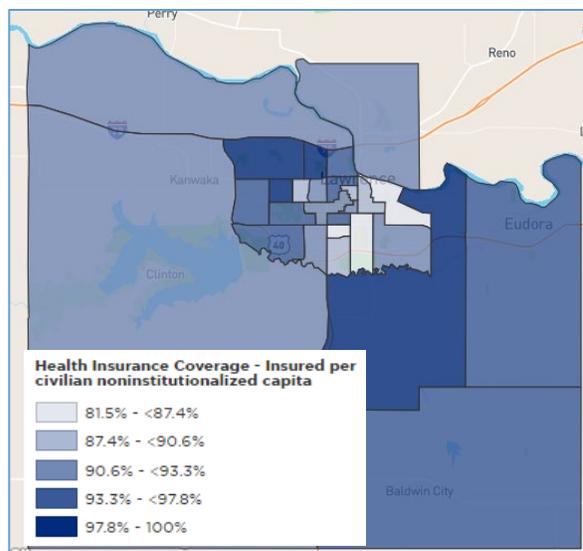
Map 10 Insurance Coverage by Census Tract Douglas County; American Community Survey; 2016-2020

ACCESS TO PROVIDERS:

Overall, access to providers is a strength of Douglas County. Along three primary dimensions—primary care, dentists, and mental health care—Douglas County has a higher rate of providers than the state of Kansas (**Table 9**).[4] This is important for ensuring that when patients need to visit a healthcare provider, they will have access to one.

Table 9: Provider Access by County & State	**Douglas County**	**Kansas**
Primary Care Providers (per 100,000)	91	79
Dentist (per 100,000)	64	61
Mental Health Providers (per 100,000)	308	214

County Health Rankings via Kansas Health Matters, 2019

Domain 5: EDUCATION ACCESS & QUALITY

Notable Challenges & Assets:

- Douglas County has high school enrollment across many age categories, which is identified as an asset.
- Identified challenges include: the number of licensed child care facilities are declining and educational attainment (high school and university) disparities by race and sex.
  - Differences in attainment vary by race and sex.
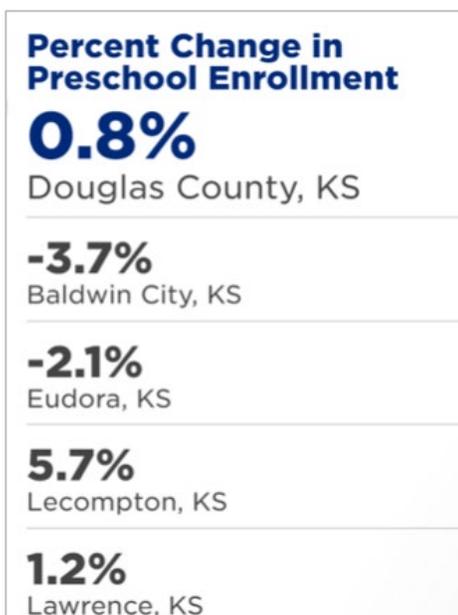
CHILD CARE & PRE-SCHOOL ENROLLMENT:

Roughly half (55%) of three- and four-year-olds in Douglas County are enrolled in preschool. This is consistent with previous trends. Compared to the 2011-2015 time frame, the percent change in preschool enrollment was a net positive, but was only 0.8%.[2]

Some cities in Douglas County experienced growth in preschool enrollment (Lawrence and Lecompton), while others experienced a percent loss in enrollment (Baldwin City and Eudora).[2]

Roughly three quarters of children under the age of six in Douglas County have both parents in the labor force (76%), meaning that access to openings in licensed child care facilities is a critical issue.[2]

Since 2020, **the number of licensed child care facilities has declined by nine, including the loss of six licensed family/group child care homes**. As a result, it is estimated by Child Care Aware of Kansas that the current capacity meets only 47% of potential demand for child care spots. It is estimated that 2,976 slots are needed to meet the needs of our community.[20]

In addition to availability of slots, child care cost is another issue that can exacerbate child care challenges for Douglas County families. Child care costs are highly variable and dependent upon many factors, including type of facility, age of the child, and hours of care. For example, the cost for an infant under 17 months in full-time care can range from $790.00 per month to $1,131.31 per month.

Percent Change in Preschool Enrollment

0.8%
Douglas County, KS

-3.7%
Baldwin City, KS

-2.1%
Eudora, KS

5.7%
Lecompton, KS

1.2%
Lawrence, KS

Infographic 11 Percent Change in Enrollment by Geography; American Community Survey; 2016-2020

Although the price goes down as the child ages, the monthly cost of care remains high. For example, the monthly cost for after school care for a child over six years ranges from $520.00 per month to $805.69 per month.[20]

In comparison to peer counties and Kansas, Douglas County is in the middle range for daycare cost with some counties having higher cost ranges (Johnson County and Riley County) and some having lower cost ranges (state of Kansas and Shawnee County).
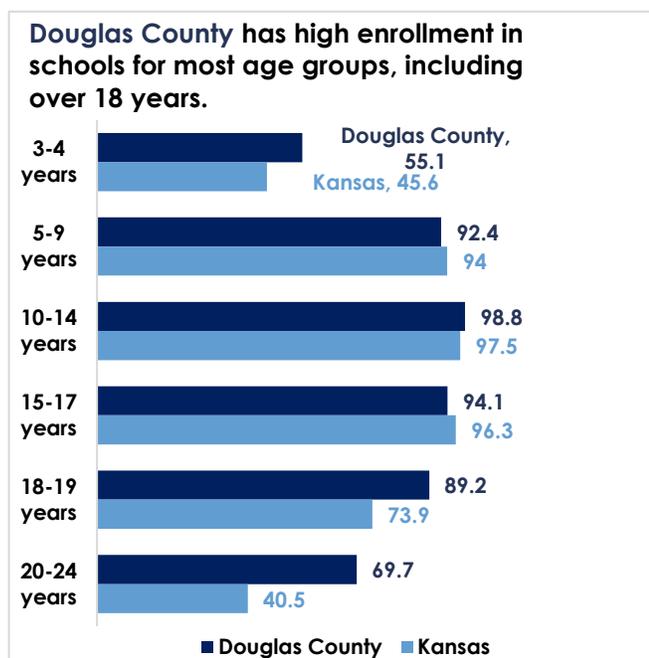
Although there is room for improvement in meeting potential demand, Douglas County compares favorably to peer counties and the state of Kansas in capacity meeting demand, with only Johnson County outperforming Douglas County. **Table 10** outlines the child care comparisons between Douglas County, peer counties, and the state of Kansas.

Table 10: Child Care Access by Peer County	Desired Capacity Meets Demand	0-17 Month Full-Time Care	Preschool (3 years)	After School (> 6 years)
Douglas County	47%	$790.00 - $1,131.34	$562.50 - $760.10	$520.00- $805.69
Johnson County	56% ⬆	$825.00 - $1,590.55	$933.75 - $1,058.07 ⬆	$715.00 - $967.43 ⬆
Riley County	47%	$868.33 - $1,191.75 ⬆	$809.65 - $837.63	$714.48 - $875.00
Shawnee County	42%	$708.33 – $755.00	$561.67 - $616.50	$540.00 - $545.00
Wyandotte County	27%	$860.00 - $1,182.33	$718.17 - $822.00	$400.00 - $650.00
Kansas	44%	$680.10 - $1,256.37	$618.24 - $804.35	$541.47 – 759.85

Child Care Aware of Kansas, accessed October 2022

EDUCATIONAL ATTAINMENT: HIGH SCHOOL

Douglas County has high enrollment in schools for most age groups, including over 18 years.

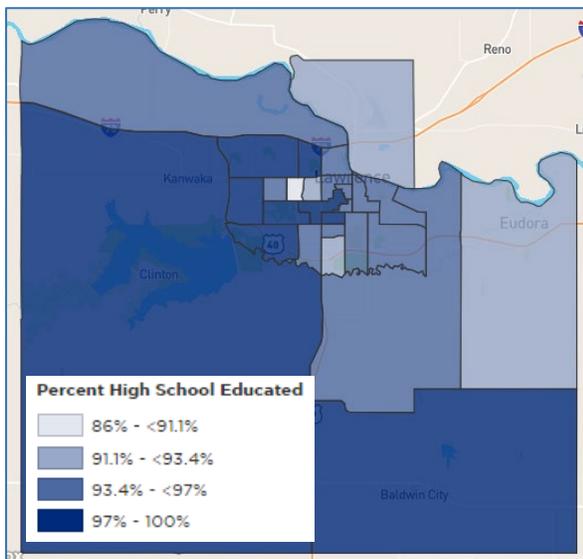|	Douglas County	Kansas
3-4 years	55.1	45.6
5-9 years	92.4	94
10-14 years	98.8	97.5
15-17 years	94.1	96.3
18-19 years	89.2	73.9
20-24 years	69.7	40.5

Chart 24 Under 24 Years Population Enrolled in School; American Community Survey; 2016-2020

Douglas County performs similarly or outperforms the state of **Kansas** for enrollment in schools in most age categories. Douglas County has a higher proportion of preschoolers and young adults18 to 24 years old enrolled in schools, as seen in **Chart 24**.[2]

Nearly 70% of 20–24-year-olds are enrolled in school, which is likely reflects the presence of three universities in the community. Enrollment peaks at ages 10 years to 14 years with 98.8% of the population enrolled in school.[2]

In terms of High School Degree attainment, a majority of the community's population (95%) has a high school degree. This percentage is higher than both Kansas (91%) and the U.S. (89%).[2]

Census tract mapping in **Map 11** shows that Douglas County has a high percentage of the population with a High School degree. The census tract with the **lowest proportion of high school degree achievement** is at 86% (shown in **light blue**), but the majority of census tracts have over 90% of the population with high school degree attainment.[2]


Map 11 H.S. Degree (25+ Years) by Census Tract Douglas County; American Community Survey; 2016-2020

When examining two critical dimensions of high school success—graduation rates and drop-out rates—trends by race, ethnicity, and sex emerge.

Primarily, when looking at 2020-2021 Douglas County **graduation rates** in **Chart 25** by race and separated out by male-female a few trends emerge. [21]

Females consistently have similar or higher graduation rates. Additionally, Hispanic **males** (shown in gray) and **females** (shown in light blue) both have lower graduation rates. Across all demographic breakdowns, there are only three demographic groups that fall in the 70% range for graduation rates: Black males, Hispanic males, and multiracial males.[21]
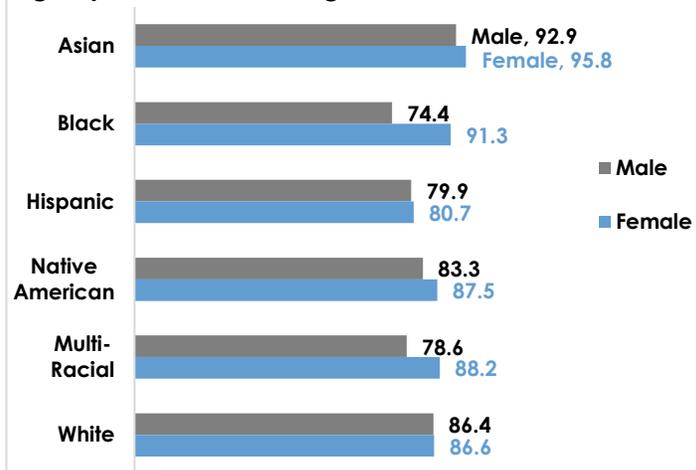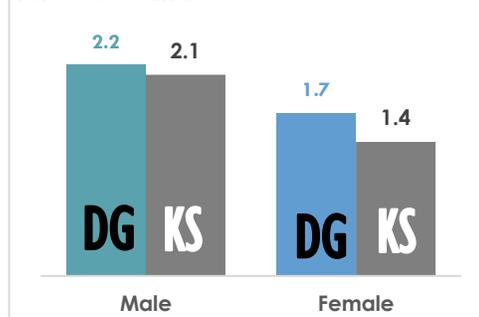

Chart 25 H.S. Graduation Rates by Race/Ethnicity & Sex; Kansas Department of Education; 2020-2021

Secondarily, when examining **drop-out rates**, similar trends emerge, which are graphed in **Chart 26**. For 2020-2021, Douglas County fares slightly worse than Kansas with higher high school dropout rates for both **males** and **females**.[21]


Chart 26 H.S. Dropout Rates by Male/Female Douglas County vs Kansas; Kansas Department of Education; 2020-2021

Breaking the drop-out rates into different race and ethnicity groups allows for a deeper examination of trends. Trends among drop-out rates are similar to trends for graduation success (**Chart 27**). For example, drop-out rates tend to be higher for **males** over **females**—representing the other side of the coin for females having higher graduation rates.[21]

Similar to concerning outcomes seen with graduation rates, the highest rates of drop-outs for 2020-2021 occur for Black, Hispanic, and multiracial males.
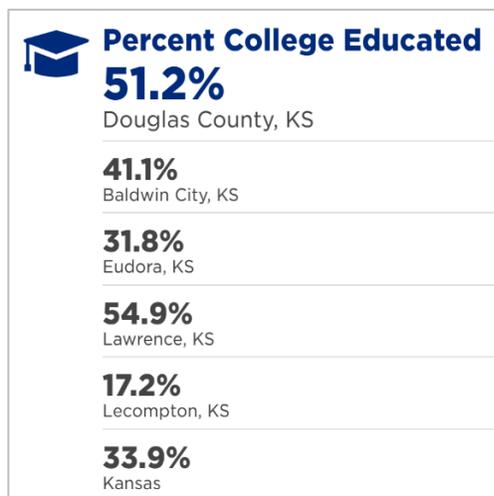

Douglas County drop-out rates are highest for Black, Hispanic, & Multiracial males.

■ Male
■ Female
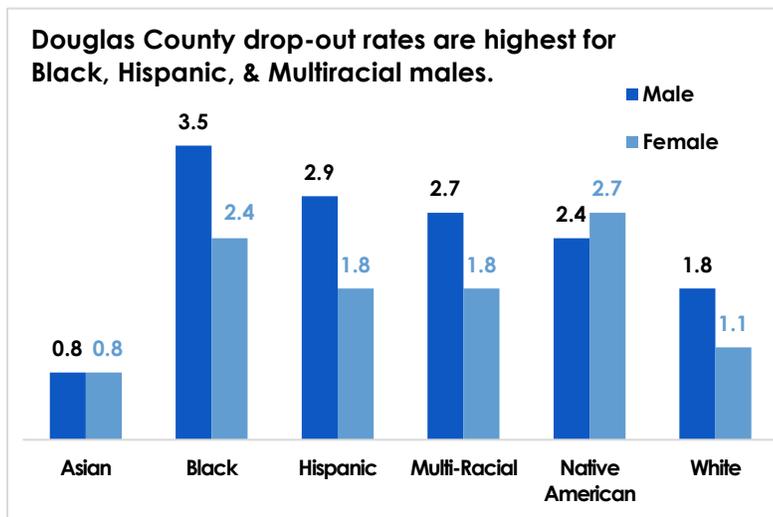
Chart 27 H.S. Dropout Rates by Race/Ethnicity & Sex, Douglas County; Kansas Department of Education; 2020-2021
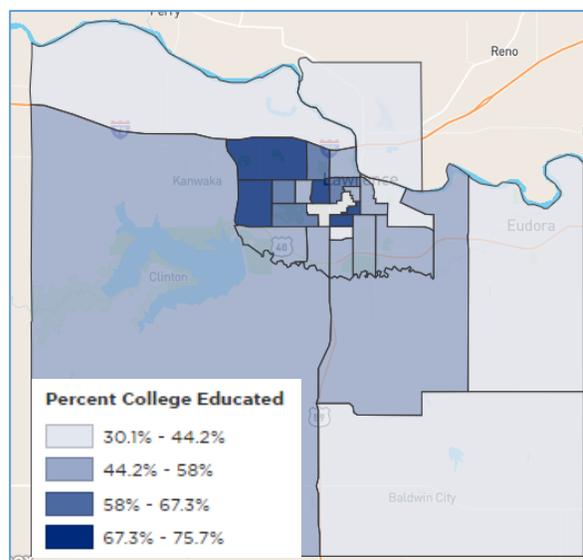
EDUCATIONAL ATTAINMENT: BACHELOR'S DEGREE

Douglas County is considered a highly educated community. Roughly half (51.2%) of the community has a bachelor's degree or higher. This is higher than the state of Kansas (33.9%) and many peer counties. In fact, Douglas County is a top performer in the state with only Johnson County having a higher percentage of the population with a bachelor's degree at 56.1%.[2]

Breaking out the percentage of the college-educated population by city, shows that county's bachelor's degree rate is pulled high by Lawrence and Baldwin City. Eudora is near to Kansas' percentage, while Lecompton is lowest at 17.2%.[2]

Census tract mapping in **Map 12** shows **that higher proportions of the college-**

Percent College Educated
51.2%
Douglas County, KS

41.1%
Baldwin City, KS

31.8%
Eudora, KS

54.9%
Lawrence, KS

17.2%
Lecompton, KS

33.9%
Kansas

Infographic 12 Bachelor's Degree Attainment (25+ Years) by Geography; American Community Survey; 2016-2020

Percent College Educated
30.1% - 44.2%
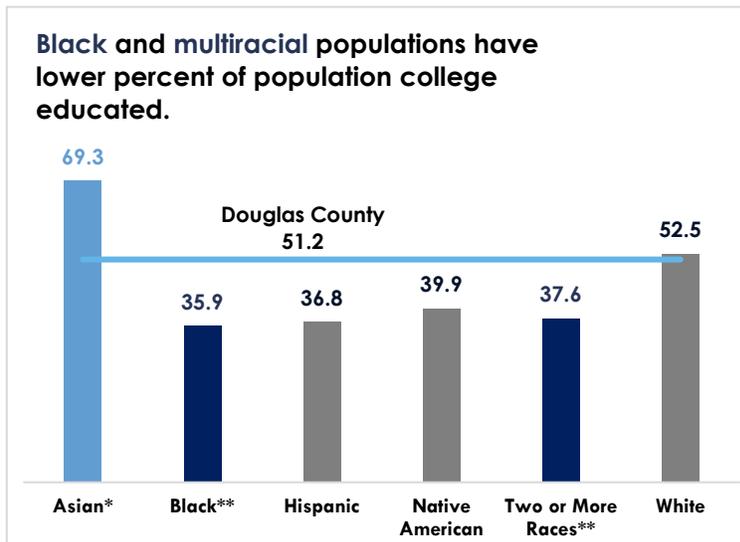44.2% - 58%
58% - 67.3%
67.3% - 75.7%

Map 12 Bachelor's Degree Attainment by Census Tract Douglas County; American Community Survey; 2016-2020

educated population are located in Lawrence (shown in **dark blue**), while Baldwin City, Eudora, and Lecompton have **lower percentages** (illustrated in **light blue**). There are at least 4 census tracts in Lawrence where the percent of college educated is in the lower quartile (30.1% - 44.2%).[2]

Analysis of college education attainment by racial sub-populations indicates that some populations are less likely to receive bachelor's degree (**Chart 28**).

Specifically, the **Black** and **Two or More Races** populations are statistically less likely to have a bachelor's degree (35.9% and 37.6%, respectively). In Douglas County, the **Asian** population is the group most likely to be college educated at 69.3%, which is statistically

higher than the overall rate for the county of 51.2%.

Black and **multiracial** populations have lower percent of population college educated.

69.3
Douglas County 51.2
52.5
35.9   36.8   39.9   37.6

| Asian* | Black** | Hispanic | Native American | Two or More Races** | White |

Chart 28 Bachelor's Degree Attainment by Race & Ethnicity Douglas County; American Community Survey; 2016-2020

Health Status, Behaviors, & Outcomes

Domain 6: HEALTH STATUS

Notable Challenges & Assets:

- Douglas County compares negatively to Kansas for mental health outcomes (challenge), but positively for physical health outcomes (asset).
  - Mental health status in Douglas County is affected by income, education, and place.

Specific mortality cause is discussed in **Domain 9: Mortality**.
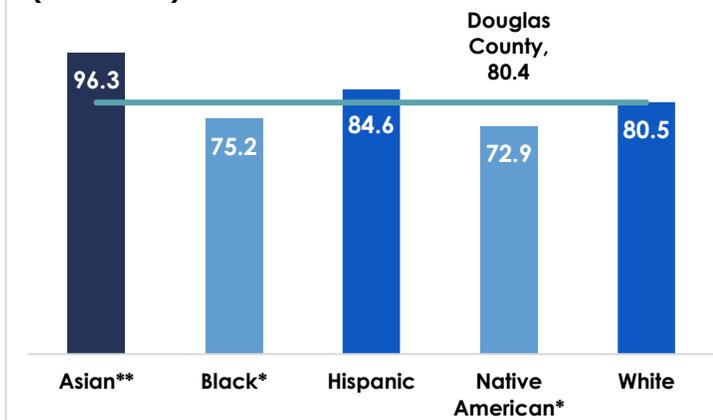
LIFE EXPECTANCY:

Over time, Douglas County's life expectancy has stayed relatively stable at or around 80 years. LDCPH analysis from the time period of 2015-2019 has the overall life expectancy for Douglas County at 80.7 years.

Chart 29 compares two, non-distinct time periods (**2011-2016** compared to **2014-2019**) LDCPH analysis shows life expectancy increasing across all racial and ethnic groups, except **Native Americans**. (The life expectancy for the Asian population is suppressed for the 2014-2019 time frame since the margin of error was too unreliable.) This analysis does not include data from the COVID-19 era.[22]

Life expectancy has increased for all races and ethnicities in Douglas County, except for Native Americans.
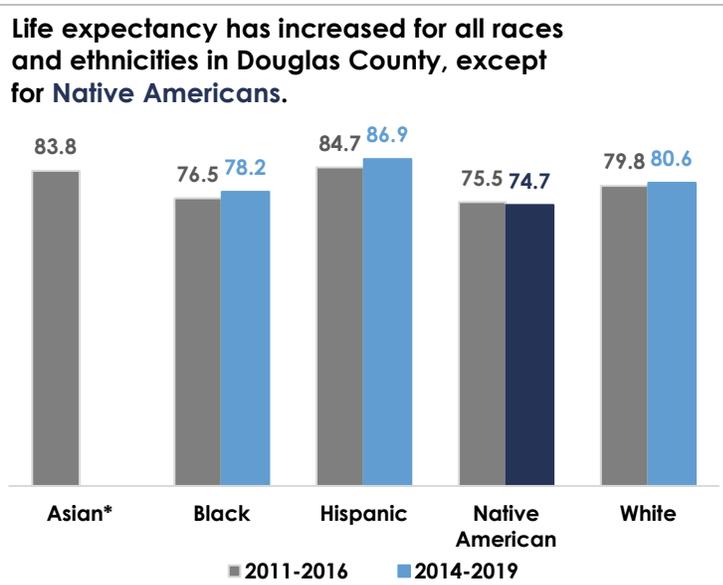
Chart 29 Life Expectancy by Race & Ethnicity Douglas County; Kansas Department of Health and Environment, Bureau of Epidemiology and Public Health Informatics; 2011-2016 and 2014-2019

Black and Native American life expectancy is significantly lower than the overall Douglas County life expectancy (2018-2020).

Chart 30 Life Expectancy by Race & Ethnicity, Douglas County; National Center for Health Statistics via Kansas Health Matters; 2018-2020

Life expectancy data available on Kansas Health Matters from 2018-2020 shows a greater differentiation in life expectancy by race and ethnicity. The **Black** and **Native American** populations experience significantly lower life expectancy (**Chart 30**). The Hispanic life expectancy (84.6 years) is higher than the overall Douglas County average of 80.4, while the **Asian** population is significantly higher at 96.3 years.[22]

Specific mortality cause is discussed in more detail in **Domain 9: Mortality**.

MENTAL HEALTH:

Compared to Kansas, Douglas County fares poorly along several measures of mental health.

In Douglas County, nearly 1 in 4 residents report being diagnosed with depression (24.8%), which is higher than the overall reported rate for Kansas at 20.2%.

1 in 4

Douglas County residents report being diagnosed with depression.

Nearly 1 in 5 report "14 or more poor mental health days" in the past month.

*Both are at higher rates than the state of KS.*

Infographic 13 Depression & Mental Health in Douglas County; Kansas Department of Health and Environment, Special BRFSS Report; 2017-2020

Similarly, 17.0% of the county reports "14 or more poor mental health days" in the past month; only 12.9% of the Kansas population reports "14 or more poor mental health days."[23]

When examining by geography within the county utilizing data from 2019, there are two census tracts (shown in **dark orange**) that have statistically higher prevalence of poor mental health (**Map 13**).

Three census tracts—in light yellow—have a statistically lower prevalence of poor mental health. (Census tracts in orange are statistically the same as the Douglas County average of 15.4%.)[25]
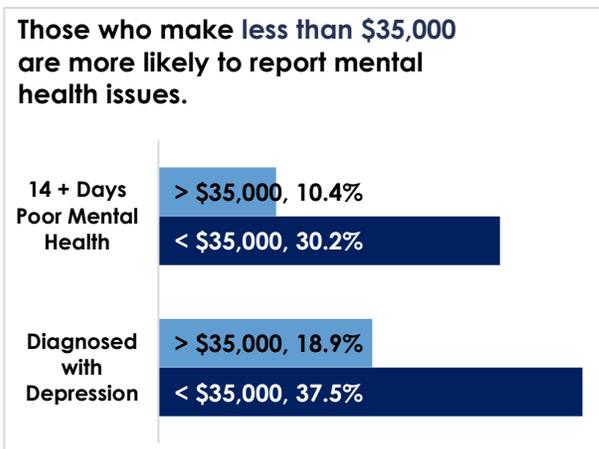
Looking along social determinants of health dimensions, level of income and

rank [Lower] [Same] [higher]
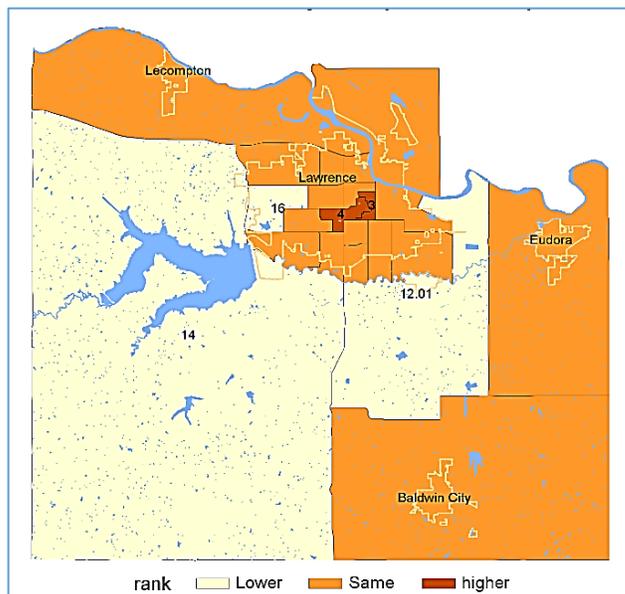
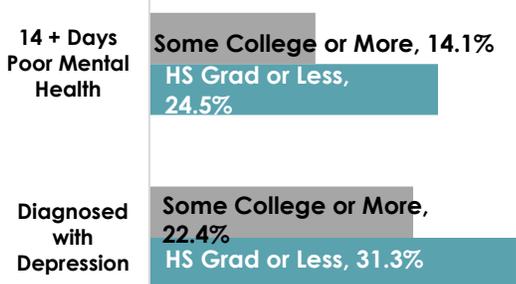**Map 13** Poor Mental Health by Census Tract; CDC-PLACES; 2019

education appear to be influential in mental health status.

Chart 31 indicates that those who **make less than $35,000** are 1.98 times more likely to report poor mental health days and 2.9 times more likely to report being diagnosed with depression compared to those who **make over $35,000**.[24]

Those who make less than $35,000 are more likely to report mental health issues.

14 + Days Poor Mental Health	> $35,000, 10.4%
	< $35,000, 30.2%
Diagnosed with Depression	> $35,000, 18.9%
	< $35,000, 37.5%

Chart 31 Poor Mental Health Status by Income Level; Kansas Department of Health and Environment, Special BRFSS Report; 2017-2020

People with a high school degree or less are more likely to report mental health challenges.

14 + Days Poor Mental Health
- Some College or More, 14.1%
- HS Grad or Less, 24.5%

Diagnosed with Depression
- Some College or More, 22.4%
- HS Grad or Less, 31.3%

Chart 32 Poor Mental Health Status by Education Level; Kansas Department of Health and Environment, Special BRFSS Report; 2017-2020

Similarly, those who have a **high school degree or less** are 1.39 times more likely to report poor mental health days and 1.73 times more likely to report a prior depression diagnosis compared to those with **some college or more educational** level (**Chart 32**). All values are considered statistically significant differences.[24]

PHYSICAL HEALTH:

In contrast to measures of mental health status, **Douglas County** compares positively to **Kansas** for measures of physical health as seen in **Chart 33**.[24]

Fewer Douglas County residents compared to Kansas report poor physical health status.

- Fair/Poor Perceived Health: DG 14.1%, KS 16.2%
- 14 + Days Poor Physical Health: DG 8.9%, KS 11%
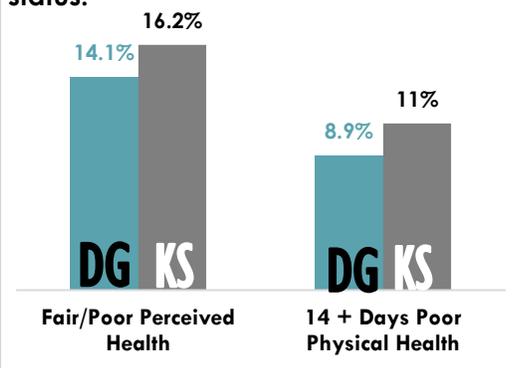
Chart 33 Poor Physical Health Status Douglas County vs Kansas; Kansas Department of Health and Environment, Special BRFSS Report; 2017-2020

Douglas County has a lower percent of the population reporting fair or poor health status and a lower percent reporting 14 or more poor physical health days. Compared to Douglas County's overall prevalence of poor
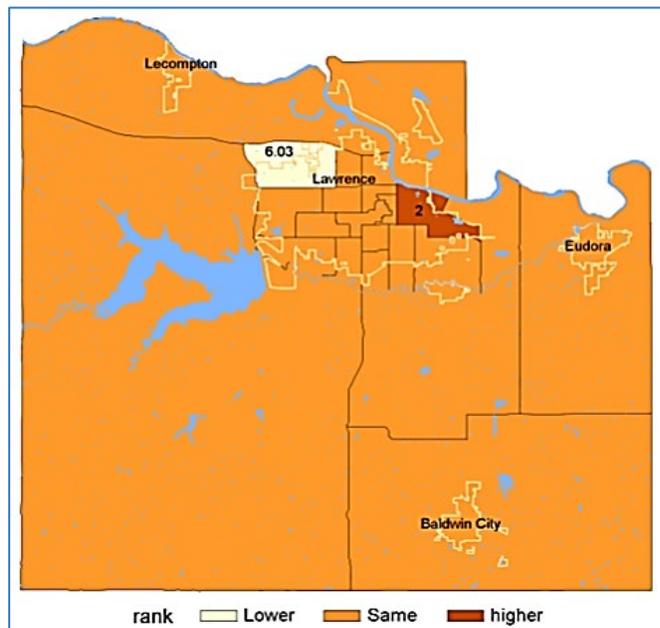
physical health (measured by number of poor physical health days), one census tract (shown in **dark orange** in **Map 14**) has a statistically higher prevalence of poor health, while one census tract (illustrated in light yellow)

The remaining census tracts in orange are statistically the same as the overall
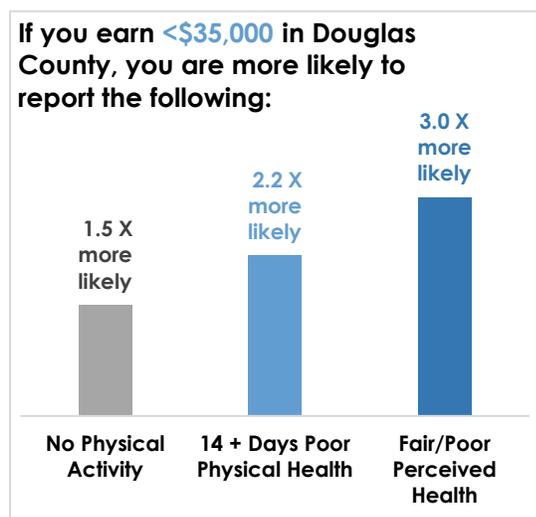

Map 14 Poor Physical Health by Census Tract; CDC-PLACES; 2019

has a statistically lower prevalence of poor health.[25]

Douglas County prevalence (9.3%). Similar to trends seen for mental health status, it appears that income and education can affect overall physical health in Douglas County.
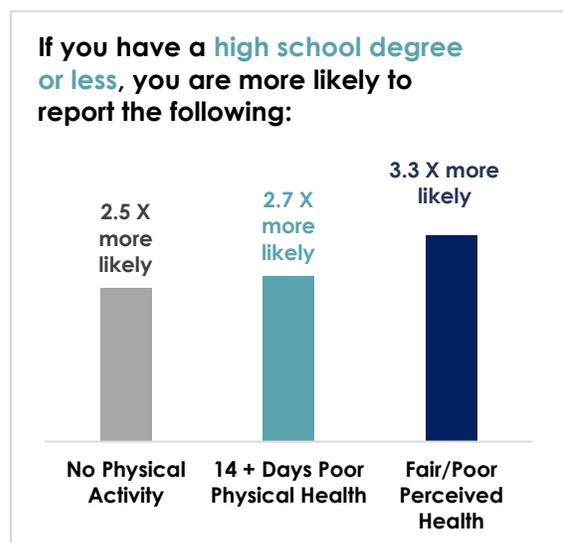
When examined along three dimensions of physical health ("No physical activity," "14+ days of poor physical health," and "Fair or poor perceived physical health"), those with lower income and educational levels are more likely to have negative health impacts.

In Douglas County, if you **earn less than $35,000** you are more likely to report poorer physical health outcomes compared to those that earn $35,000 or more (**Chart 34**).[24]

Similarly, if you have a **high school degree or less** (**Chart 35**), you are more likely to report poorer physical health outcomes compared to those that have some college or more as an educational level.[24]

If you earn <$35,000 in Douglas County, you are more likely to report the following:

No Physical Activity	14 + Days Poor Physical Health	Fair/Poor Perceived Health
1.5 X more likely	2.2 X more likely	3.0 X more likely

Chart 34 Poor Physical Health Status by Income Level; Kansas Department of Health and Environment, Special BRFSS Report; 2017-2020

If you have a high school degree or less, you are more likely to report the following:

No Physical Activity	14 + Days Poor Physical Health	Fair/Poor Perceived Health
2.5 X more likely	2.7 X more likely	3.3 X more likely

Chart 345 Poor Physical Health Status by Education Level; Kansas Department of Health and Environment, Special BRFSS Report; 2017-2020

All differences between different income or educational levels are significant.

Domain 7: DISEASE & INJURY

Notable Challenges & Assets:

- Overall, Douglas County is strong in disease and injury incidence.
- However, many health outcomes vary by race and ethnicity:
  - Black infants are more likely to be born at a smaller gestational weight.
  - Black residents are more likely to be hospitalized for chronic disease.
  - Native American residents have a higher COVID-19 hospitalizations rate.

BIRTH OUTCOMES:

A foundation for life-long health starts at birth and one of the primary indicators of a healthy pregnancy and healthy birth is birth weight. Low birth weight is defined as a birth weight at 5 pounds, 8 ounces and less.

The overall proportion of births in **Douglas County** defined as low birth weight is at 7.6%, which is slightly higher than the state of **Kansas** (7.4%) as shown in Chart 34. Over time, the percent of births at low birth weight has risen from 6.4% in 2010-2012 to 7.6% in 2018-2020, which is an increase, but not a significant one (**Chart 36**).[4]

The Douglas County low birth weight rate has risen slightly, although not significantly.
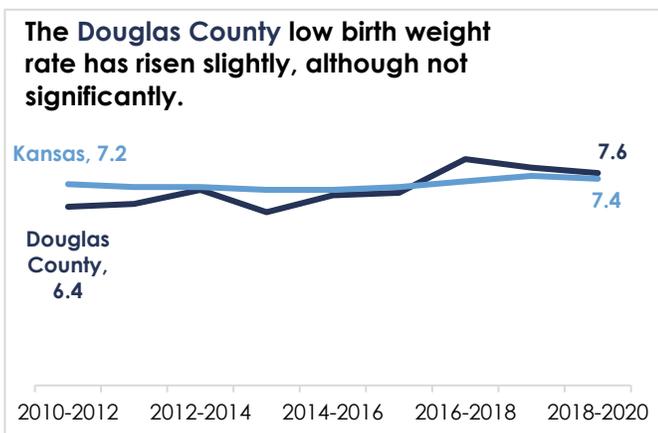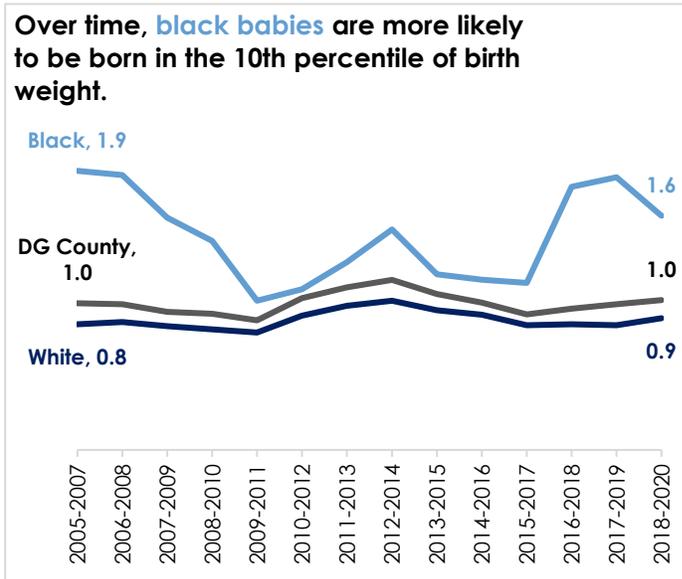
Chart 36 Percent Low Birthweight Douglas County vs. Kansas; Kansas Department of Health and Environment via Kansas Health Matters; 2010-2012 to 2018-2020

Unfortunately, in Douglas County disparities emerge among racial sub-populations on low weight births. For example, although the numbers are small, **Black babies** in Douglas County are born in the 10th percentile or lower for weight at a consistently higher rate compared to both **White babies** and the overall **Douglas County** average.[1]

In 2018-2020, 1.6% of **Black infants** were born in the 10th percentile or lower,

compared to 1.0% for the overall county average and 0.9% for **White infants** (**Chart 37**).

Over time, black babies are more likely to be born in the 10th percentile of birth weight.

Chart 37 10th Percentile Birth Weight by Race per 1,000, Douglas County; Kansas Information for Communities, Kansas Department of Health and Environment; 2005-2007 to 2018-2020

Disparities extend when examining by weight for gestational age. Across three distinct time periods (2006-2010; 2011-2015; 2016-2020), **Black babies** are

Black babies are more likely to be small for gestational age across multiple time periods.
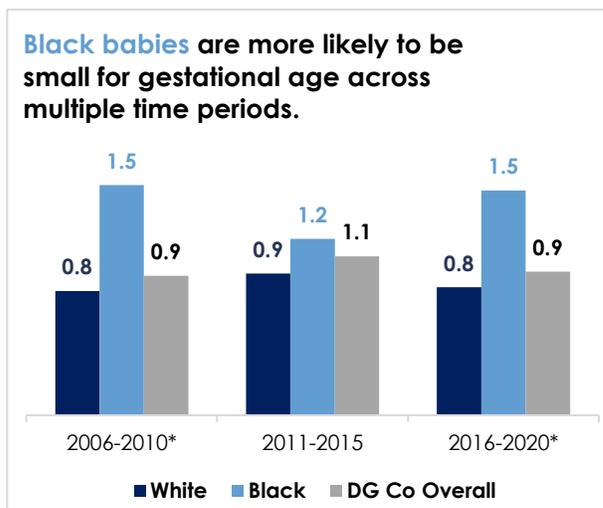
Chart 38 Small Weight at Gestational Age; Kansas Information for Communities, Kansas Department of Health and Environment; 2006-2010 to 2011-2015 to 2016-2020

consistently born at a smaller birth weight for gestational age compared to **White babies** and the overall **Douglas County average** (rate per 1,000 births).[1]

Chart 38 on the previous page illustrates that in 2016-2020, **Black infants** are more likely to be small for gestational age (1.5 per 1,000) compared to both **White**

infants (0.8 per 1,000) and infants representing the overall **Douglas County** (0.9 per 1,000).[1]

The difference between Black, White, and Douglas County is statistically significant in both the 2006-2010 and 2016-2020 time frames, but not in the 2011-2015 time frame.

CHRONIC DISEASE PREVALENCE:

Overall, Douglas County is generally high performing on indicators of chronic disease prevalence. Table 11 below outlines the prevalence of various chronic disease illnesses for Douglas County compared to fellow peer counties in Kansas.

It is worth noting that the data source for these measures is CDC-PLACES, which uses a model to provide estimates and can make it difficult to use as a source for direct evaluation. Additionally, estimates are provided at a county-level and therefore sub-population analysis by race, income, or education are unavailable.

When compared to peer counties, Douglas County is more closely aligned with high performing counties. For example, when looking at prevalence pf high blood pressure, the range within peer counties is 22.0% at the low end for Riley County to 36.0% at the high end for Shawnee County. Douglas County is at 25.9%. This trend is similar across multiple chronic diseases.[25]

An exception to the trend is asthma prevalence, which is at 9.8% in Douglas County, which is higher than three other peer counties (Johnson, Riley, and Shawnee Counties) and is higher than the U.S. overall prevalence of 8.9%.[25]

Even though Douglas County performs well when compared to peer counties, there are still identified areas of concern and opportunities for improvement related chronic disease outcomes. A reminder that the source for the data points is a model that provides estimates.[25]

- High Blood Pressure prevalence is 25.9%, which represents 1 in 4 residents.
- Asthma prevalence is 9.8%, which is almost 1 in 10 residents.
- Obesity prevalence is 26.5%, meaning it affects 1 in 4 residents.

Table 12 below outlines chronic disease prevalence by peer counties.

Table 12: Chronic Disease Prevalence by Peer County	Coronary Heart Disease	High Blood Pressure	Stroke	Asthma	COPD	Diabetes	Obesity
Douglas County	4.4%	25.9%	2.4%	9.8%	4.8%	8.0%	26.4%
Johnson County	4.3%	29.7%	2.3%	8.4%	4.3%	8.3%	31.4%
Riley County	3.8%	22.0%	2.1%	9.5%	4.5%	6.7%	25.6%
Shawnee County	6.1%	36.0% ⬆	3.3%	9.7%	6.6%	12.3%	38.4%
Wyandotte County	6.1%	35.3%	3.6% ⬆	10.4% ⬆	6.7% ⬆	13.8% ⬆	39.8% ⬆
United States	6.2% ⬆	32.6%	3.4%	8.9%	6.6%	--	--
CDC-Places, 2019							

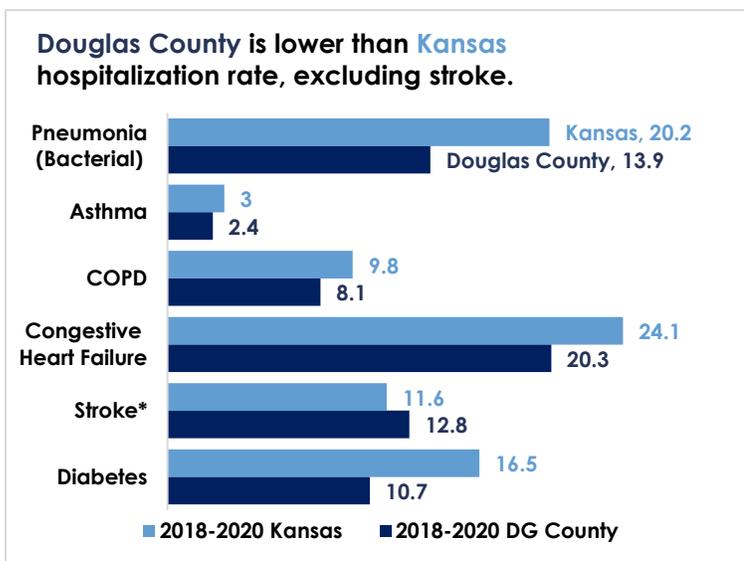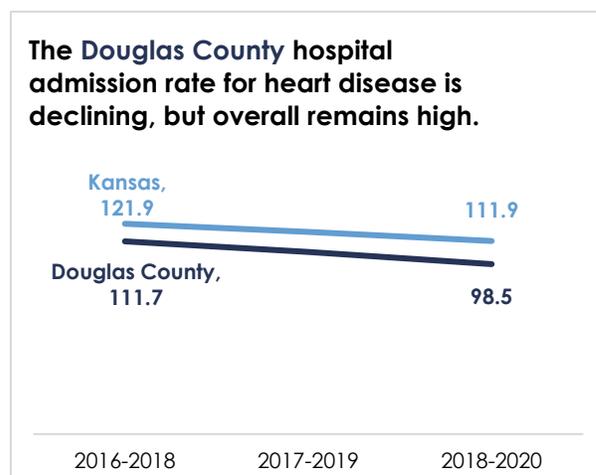## CHRONIC DISEASE HOSPITALIZATIONS:

Overall, **Douglas County** performs better than the state of **Kansas** for hospitalizations across many diseases, including bacterial pneumonia, asthma, COPD, congestive heart failure, and diabetes (**Chart 39**). Stroke is the exception, which has only a slightly higher rate in **Douglas County** at 12.8

hospitalizations per 10,000 compared to 11.6 per 10,000 for the state of **Kansas**.[4]

Heart disease is a leading cause of death in both Douglas County and the U.S. Hospital admissions for heart disease, including coronary artery disease, are at much higher rate than other diseases, which is why heart disease hospitalization is graphed

Douglas County is lower than Kansas hospitalization rate, excluding stroke.

Pneumonia (Bacterial)	Kansas, 20.2 / Douglas County, 13.9
Asthma	3 / 2.4
COPD	9.8 / 8.1
Congestive Heart Failure	24.1 / 20.3
Stroke*	11.6 / 12.8
Diabetes	16.5 / 10.7

■ 2018-2020 Kansas ■ 2018-2020 DG County

Chart 39 Hospitalization Rate per 10,000 Douglas County vs Kansas: Kansas Department of Health and Environment via Kansas Health Matters; 2018-2020

The Douglas County hospital admission rate for heart disease is declining, but overall remains high.

Kansas, 121.9 — 111.9

Douglas County, 111.7 — 98.5

2016-2018   2017-2019   2018-2020

Chart 40 Heart Disease Hospital Admission Rate per 10,000 Population; Kansas Department of Health and Environment via Kansas Health Matter; 2016-2018 to 2018-2020

independently. Hospital admissions due to heart disease are declining in both Douglas County and the U.S., but both remain much higher than hospital admission rates for other diseases. The 2018-2020 **Douglas County** rate of hospital admission for heart disease is 98.5 per 10,000 population, which is lower than the state of **Kansas** rate of 111.9 per 10,000 (**Chart 410** on the previous page).

Primary causes of death are discussed in more detail in **Domain 9: Mortality**, but the for the purpose of this discussion, heart disease, stroke, and diabetes are all considered leading causes of death in Douglas County.

Even though Douglas County fares well compared to the state of Kansas for hospital admission rates, there are disparities identified when examining admissions by race and ethnicity. The data source for hospital admissions only has data available for Black, White, Hispanic, and Other, which limits a full analysis by race and ethnicity.

For the time frame of 2018-2020, the **Black population** in Douglas County has significantly higher rates of hospitalization compared to the overall Douglas County rate, illustrated with a **light green line**, for congestive heart failure, diabetes, and stroke.[4]

(Illustrated in **Chart 41**, while heart disease is again graphed independently.)

- For congestive heart failure, there is a **99.5% difference** in the rates between the black population

Black residents have higher rates of hospitalization than the overall Douglas County rate, except for pneumonia.
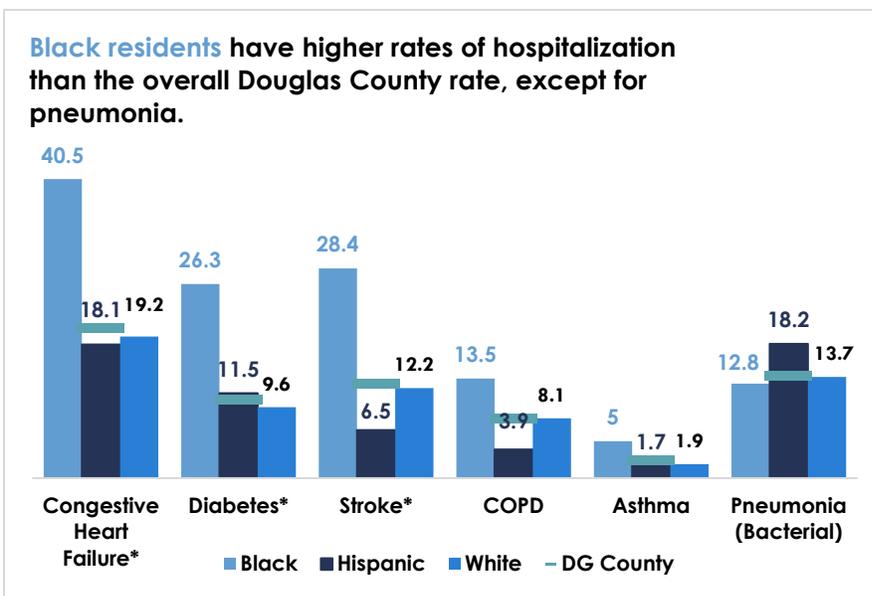
Chart 41 Hospital Admission Rates per 10,000 by Race & Ethnicity, Douglas County; Kansas Department of Health and Environment via Kansas Health Matters; 2018-2020

and the Douglas County average.

- A **145.8% difference** between admission rates for diabetes between black residents and the overall average.
- For admissions due to stroke, there is a **121.9% difference** between the Douglas County rate and the rate for the Black population.

Comparatively, the **Hispanic** population has the lowest hospital admission rates for congestive heart failure, stroke, COPD, and asthma, although these rates are not significantly lower. The exception to this trend is admission due to pneumonia, which is highest among the Hispanic population, but not significantly.[4]

Heart disease, already identified as an area of concern for Douglas County

residents, is a major concern when examined by race and ethnicity.

As seen in **Chart 42**, the hospital admission rate for African-Americans for heart disease is 164.0 per 10,000, which is 79% higher than the lowest rate which is 71.0 per10,000. The **Black population's** rate is significantly higher than the overall average, while the Hispanic population's rate is significantly lower.[4]

The Black population has a significantly higher rate of heart disease hospitalzation compared to Douglas County.

DG County, 98.5
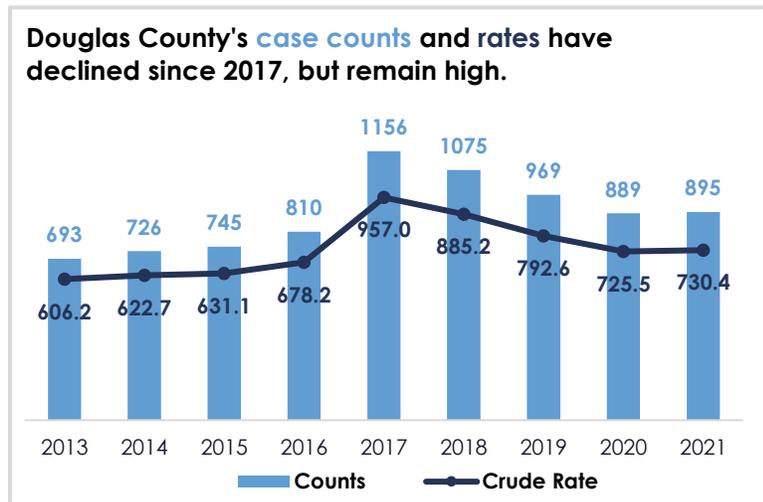White, 93.3
Hispanic, 71
Black, 164
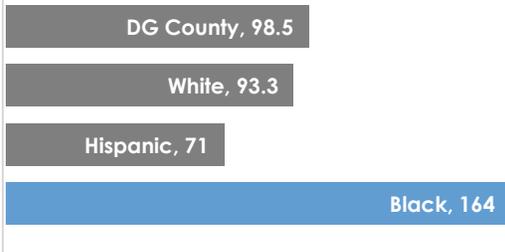
Chart 352 Heart Disease Hospital Admission Rate by Race & Ethnicity; Kansas Department of Health and Environment via Kansas Health Matters; 2018-2020

SEXUALLY TRANSMITTED INFECTIONS:

2.5 new STI cases are reported every day.

Infographic 14 Cases of Syphilis, Gonorrhea, & Chlamydia, Douglas County; Kansas Department of Health and Environment; 2021

Sexually Transmitted Infections (STIs) are a notable problem within Douglas County. While the overall counts and rates of cases of chlamydia, gonorrhea, and syphilis are down from a high point in 2017, the overall numbers remain high (**Chart 43**).[25] The annual number of cases for 2021 amounts to over 2 new cases of STI per day in the county. Douglas County's rate of STIs is the 9th highest for all Kansas counties and is higher than Kansas' rate.[4]

Chart 44 illustrates that in Douglas County, the **Native American** and **Black** populations have statistically higher rates of sexually transmitted infections (1807.8 and 2358.5 per 100,000, respectively) than the **Asian** and **White**

Douglas County's case counts and rates have declined since 2017, but remain high.

Year	Counts	Crude Rate
2013	693	606.2
2014	726	622.7
2015	745	631.1
2016	810	678.2
2017	1156	957.0
2018	1075	885.2
2019	969	792.6
2020	889	725.5
2021	895	730.4

Chart 43 Chlamydia, Gonorrhea, & Syphilis Counts & Crude Rates in Douglas County; Kansas Department of Health and Environment; 2013-2021

populations (335.6 and 533.7 per 100,000, respectively) and the Douglas County average (749.5 per100,000).[26]

This translates to:

- A **103.5% difference** between the Black population and the Douglas County rate.
- A **82.8% difference** between the Native American population and the county average.

It is difficult to overstate the disparity occurring in reported cases of STIs—diseases that are considered largely preventable—between the African American and Native American populations and the overall Douglas County rate. This is an area in which the public health and healthcare system are failing in their duty of health for all.

The Black and Native American populations have statistically higher STI rates than other races in Douglas County.
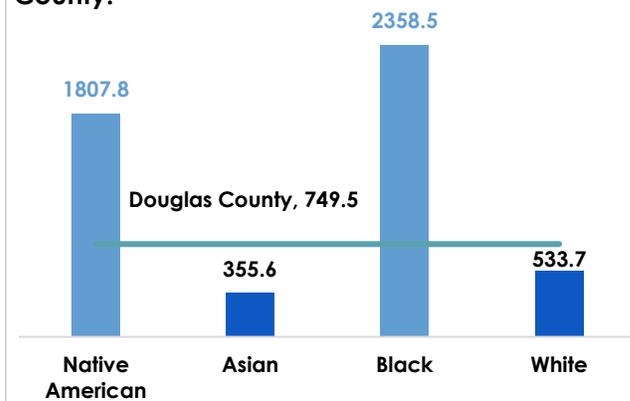
Chart 44 STI Rates per 100,000 by Race within Douglas County; Kansas Department of Health and Environment; 2019-2021

COVID-19 RISK & COMPLICATIONS:

The City Health Dashboard has developed an index of COVID-19 risk based upon social and economic factors and health outcomes. The index is only available for the city of Lawrence. The scale is set as 1.0 (indicating lower risk) to 6.0 (indicating higher risk).

Overall, Lawrence is identified as a low COVID-19 risk location with a score of 1.0 (shown in light blue in **Map 15**), which is better than the average of 5.5 for other City Health Dashboard cities.[26]

When looking at the city broken down by census tract there is a wider range of COVID-19 risk. The census tracts in **darker blue indicate a higher risk location**, while those in light blue indicate a lower COVID-19 risk. Although difficult to tell in the map below, Lawrence's highest risk census tract—ranked at 5.0—is in the southwest corner of the city.[27]

Douglas County has a high COVID-19 vaccination rate compared to other
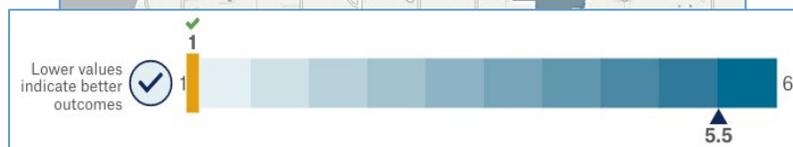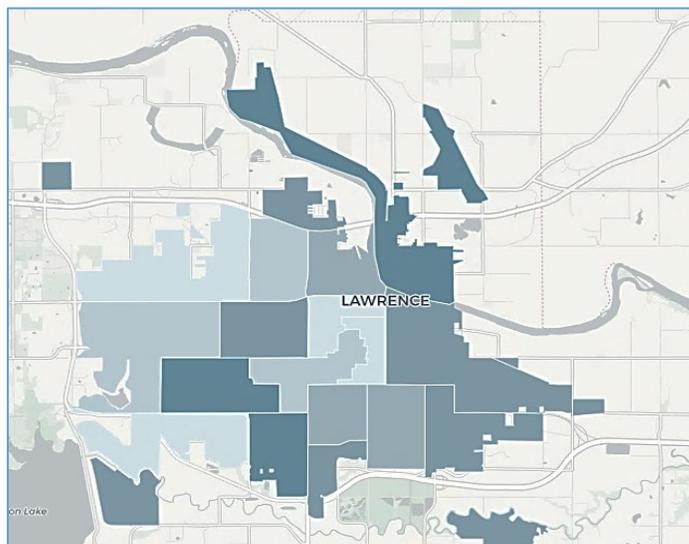
Map 15 COVID-19 Risk by Census Tract in Lawrence; City Health Dashboard; 2022

counties in Kansas (**Table 13**). For the rate of people vaccinated with one dose, Douglas County is the 2nd highest performing county in Kansas with a rate of 71.3%. For people with a completed
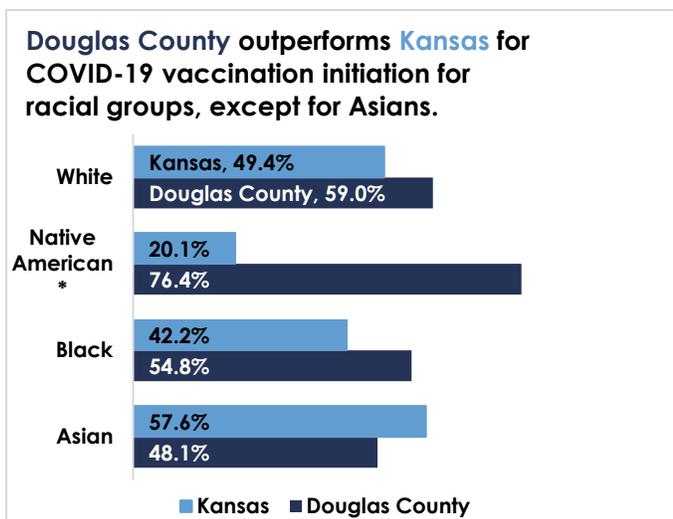
initial vaccination series, Douglas County is the 3rd highest performing county with a rate of 63.1%.[28]

Table 13: COVID-19 Vaccination Rates by Peer County	One Vaccine Dose	Completed Series
Douglas County	71.3%	63.1%
Johnson County	79.7%	67.4%
Riley County	62.6%	53.9%
Shawnee County	68.4%	61.8%
Wyandotte County	66.3%	55.7%

Kansas Immunization System, Kansas Department of Health and Environment, 2020-2021

For first dose initiation by race, Douglas County compares favorably to the state of Kansas. For the Native American population, it is worth noting that the

Douglas County data is more robust, because it includes vaccinations provided by the health center at Haskell Indian Nations University. The state level data does not include this data source, so the difference between the two may be misleading.

For initiation of the COVID-19 vaccine for the Black, Native American, and White populations, **Douglas County** outperforms the state of **Kansas** (**Chart 45**). For the Asian population, Kansas outperforms Douglas County.[28]

When looking at hospitalizations due to COVID-19, **Native Americans** within Douglas County have the highest rates of hospitalization at 977.5 per 100,000. The overall Douglas County rate is 541.9 COVID hospitalizations per 100,0000.

Douglas County outperforms **Kansas** for COVID-19 vaccination initiation for racial groups, except for Asians.

White — Kansas, 49.4%; Douglas County, 59.0%
Native American* — 20.1%; 76.4%
Black — 42.2%; 54.8%
Asian — 57.6%; 48.1%
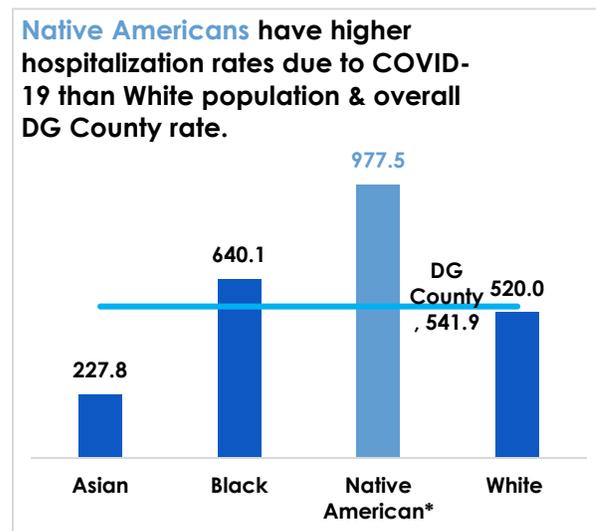
■ Kansas ■ Douglas County

Chart 45 COVID-19 Vaccination Rates by Race Douglas County vs Kansas; Kansas Immunization System, Kansas Department of Health and Environment; 2020-2022

Native Americans have higher hospitalization rates due to COVID-19 than White population & overall DG County rate.

Asian 227.8
Black 640.1
Native American* 977.5
DG County, 541.9
White 520.0

Chart 46 Hospitalization Rates due to COVID-19 by Race, Douglas County; EpiTrax, Kansas Department of Health and Environment; 2020-2022

Mortality due to COVID-19 is discussed in more detail in **Domain 9: Mortality**.

Domain 8: HEALTH BEHAVIORS

Notable Challenges & Assets:

- Douglas County is stronger in smoking and tobacco use measures compared to the state of Kansas.
- Binge drinking is a notable challenge within Douglas County and affects men and young adults.
- Both tobacco use and binge drinking differ by income and education level.

SMOKING & TOBACCO USE:

The CDC-PLACES data estimates place the current rate of smokers in Douglas County at 13.9%, which is lower than peer counties, shown in **Table 14**.[25] CDC-PLACES utilizes a model to provide county-level estimates so there are some limitations with the data source.

A different data source—the KDHE BRFSS report for 2017-2020—reports a similar percentage of smoking adults in Douglas County (16.1%), which is similar to the Kansas rate of 16.9%.[24]

Overall, Douglas County performs well compared to peer counties for rate of current smokers. Estimates from 2019 place Douglas County's estimate of 13.9% below most peer counties for current smokers, except for Johnson County at 11.8%.[25]

Map 16 shows that there are two census tracts—illustrated in orange—that have a statistically higher prevalence of adults who currently smoke compared to the county. The two census tracts, located in Lawrence, represent the University of Kansas and the East Lawrence neighborhood and have prevalence estimates of 19.0% and 19.7%, respectively.[25]
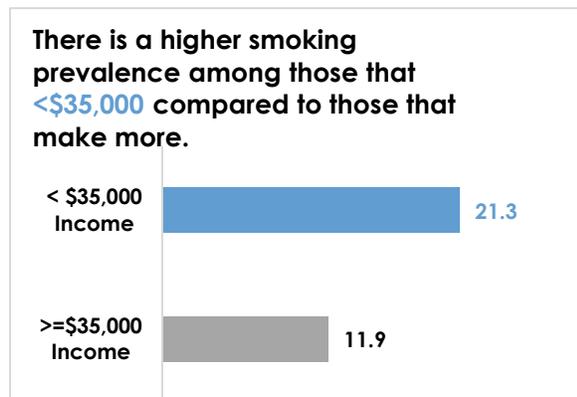
Table 14: Current Smokers by Peer County	Estimated Current Smokers
Douglas County	13.9%
Johnson County	11.8%
Riley County	14.0%
Shawnee County	16.3%
Wyandotte County	20.3%

CDC-PLACES, 2019

**Map 16** Smoking Prevalence by Census Tract Douglas County; CDC-PLACES; 2019

Utilizing data from the KDHE BRFSS reports shows smoking status varies by income and education level.

There is a higher smoking prevalence among those that <$35,000 compared to those that make more.

< $35,000 Income	21.3
>=$35,000 Income	11.9

Chart 47 Smoking Prevalence by Income Level Douglas County; Kansas Department of Health and Environment, Special BRFSS Report; 2017-2020

The smoking prevalence of those that make **under $35,000** is 21.3%, which is 1.79 times higher than for those that make **$35,000 or more** at 11.9% (**Chart 47**). This represents a statistically significant difference.[24]
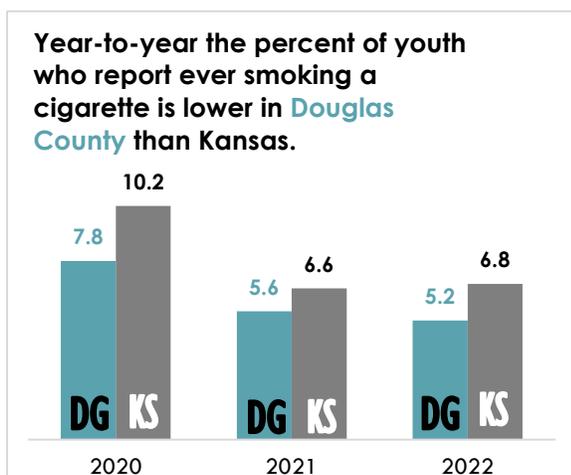
Similarly, the smoking prevalence is higher for those with a **high school degree or less** (**Chart 48**). Roughly 30% of those with a high school degree or less identify as smokers (28.6%). This is 2.5 times higher than the prevalence for those reporting some college or more for an education level (11.5%).[24]

Smoking prevalence is higher among those with a HS Degree or less versus those with Some College or More.

HS Grad or Less	28.6
Some College or More	11.5
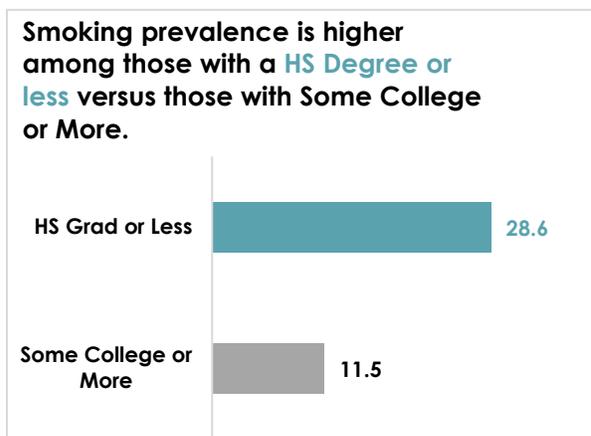
Chart 48 Smoking Prevalence by Education Level Douglas County, Kansas Department of Health and Environment, Special BRFSS Report; 2017-2020

YOUTH SMOKING & TOBACCO USE:

For both smoking cigarettes and vaping among youth, **Douglas County** performs better than the state of **Kansas**. Data

Year-to-year the percent of youth who report ever smoking a cigarette is lower in Douglas County than Kansas.

	DG	KS
2020	7.8	10.2
2021	5.6	6.6
2022	5.2	6.8

Chart 49 Youth Trying Smoking Douglas County vs Kansas; Kansas Communities that Care; 2020, 2021, 2022

are from Kansas Communities that Care, a health behavior survey administered through schools to 6th, 8th, 10th, and 12th graders.

From 2020 to 2022, **Douglas County** youth report having ever smoked at lower rates than **Kansas** youth (**Chart 49**). Year-to-year, the Douglas County reported percentage has dropped from 7.8% in 2020 to 5.2% in 2022, which is slightly lower than the Kansas reported percentage at 6.8%. This data represents combined responses for 6th, 8th, 10th, and 12th graders.[30]

When isolating just 10th and 12th graders—excluding 6th and 8th graders—the percentage who report ever smoking raises, but only slightly as seen

in **Table 15**. For example, in 2022, the percent for all combined respondents is 5.2%, which is lower than just 10th and 12th graders at 8.5%. The overall reported percent remains lower than Kansas.[30]

| **Table 15:** 10th & 12th Graders Ever Smoked a Cigarette	**Douglas County**	**Kansas**
2020	12.11%	15.93%
2021	8.65%	10.95%
2022	8.50%	11.24%

Kansas Communities that Care, 2022

Compared to smoking, the reported percent of 10th and 12th grade students that have ever tried vaping is much higher. For example, in 2022, 8.5% of 10th and 12th graders reported ever smoking

a cigarette, while in the same year 25.5% reported trying vaping.[30]

Overall, the **Douglas County** reports of 10th and 12th graders trying vaping is lower than the state of **Kansas** but remains high regardless (**Chart 50**).
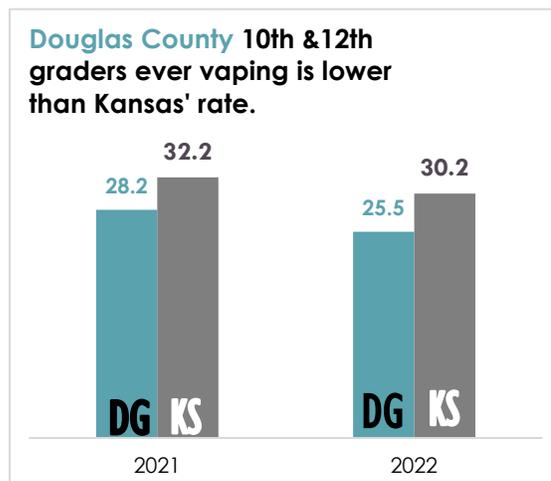
Chart 50 Youth Reporting Vaping; Kansas Communities that Care; 2022

ALCOHOL USE:

Binge drinking—defined as 5 or more drinks at one time for men and four or more drinks at one time for women—is a notable area of concern for Douglas County. The rate of binge drinking for the county is 25.0%, which is statistically higher than Kansas' rate of 16.8%.[24]

Utilizing the CDC-PLACES model as a data source, Douglas County is second

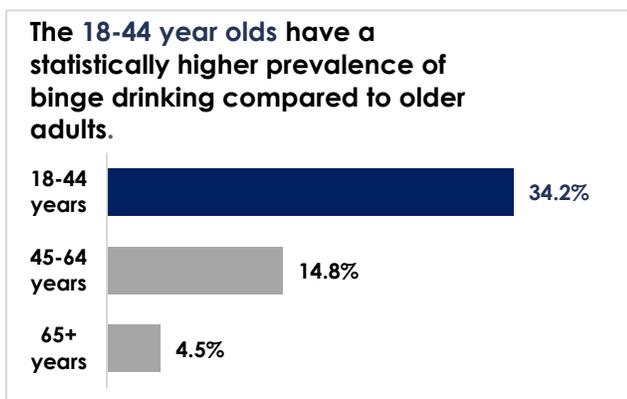| **Table 16:** Binge Drinking by Peer County	**Binge Drinking Prevalence**
Douglas County	20.3%
Johnson County	18.7%
Riley County	20.9%
Shawnee County	15.1%
Wyandotte County	16.6%

CDC-PLACES, 2019
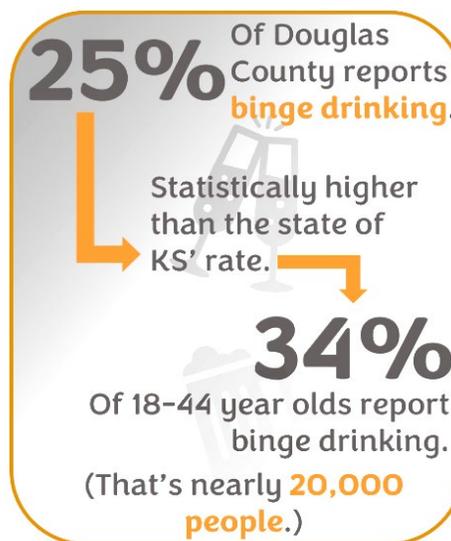
Infographic 15 Binge Drinking in Douglas County; Kansas Department of Health and Environment, Special BRFSS Report; 2017-2020

only to Riley County within the state of Kansas for rate of binge drinking and Douglas County is only slightly lower

than Riley County (20.3% compared to 20.9%).[25]

Notably, there are not identified differences in binge drinking prevalence by either income or education level. There are, however, differences between sex and age categories.

Binge drinking is statistically higher among young adults (**18-44 years old**) compared to older adults in the 45-64 year category and the 65 year plus category (**Chart 51**).[25]

The 18-44 year olds have a statistically higher prevalence of binge drinking compared to older adults.

18-44 years	34.2%
45-64 years	14.8%
65+ years	4.5%

Chart 51 Binge Drinking by Age, Douglas County; Kansas Department of Health and Environment, BRFSS Special Report; 2017-2020

Men have a statistically higher rate of binge drinking at 29.0% compared to women at 21.1% as seen in **Chart 52**.[24]

Map 17 shows that compared to the county's overall rate of binge drinking, there are five census tracts—identified in **dark red orange**—that have statistically higher rates. Conversely there are three

Men have statistically higher prevalence of binge drinking compared to women.

Men	29%
Women	21.1%
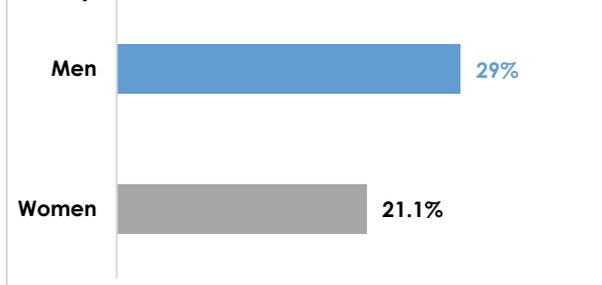
Chart 52 Binge Drinking by Sex, Douglas County; Kansas Department of Health and Environment, BRFSS Special Report; 2017-2020

census tracts—in light yellow—that have statistically lower rates.[25]

Map 17 Binge Drinking by Census Tract, Douglas County; CDC-PLACES; 2019
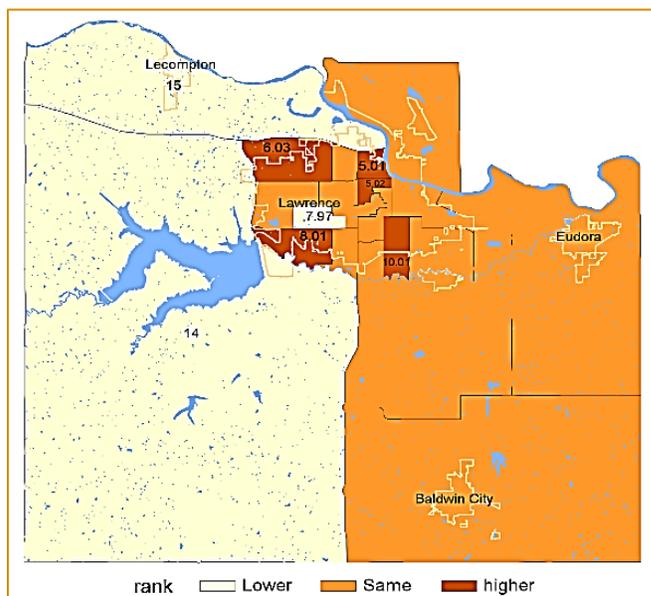
HEALTH SCREENING:

According to the CDC-PLACES methodology, 71.1% of Douglas County women from 50-74 years old report having a mammogram within the past two years, which places Douglas County as a high performing county within the state.[25]

Although Douglas County performs well, we are below the U.S. value of 74.8%.

Table 17 shows that when compared to peer counties, Douglas County is in the middle with two counties with higher percentages of women with a reported mammogram within the past two years

(Shawnee County and Johnson County) and two counties with lower percentages (Riley County and Wyandotte County).

Table 17: Mammogram Rate by Peer County	% Women (50-74) Mammogram (Past 2 Years)
Douglas County	71.1%
Johnson County	74.2%
Riley County	70.1%
Shawnee County	73.2%
Wyandotte County	69.3%

CDC-PLACES, 2019

Similar to mammogram screening, Douglas County performs well compared to other Kansas counties for colon cancer screening with 63.5% of respondents aged 50-75 years reporting a colon cancer screening. This is within the highest percentile of performers within the state, but is slightly below the U.S. performance at 66.4% (**Table 18**).[25]

Across peer counties, Douglas County is at a lower performance level with Johnson, Riley, and Shawnee Counties outperforming Douglas County.[25]

Table 18: Colon Cancer Screening Rate by Peer County	50-74 Years- Colon Cancer Screening (Past 2 Years)
Douglas County	63.5%
Johnson County	70.3%
Riley County	64.3%
Shawnee County	66.2%
Wyandotte County	55.4%

CDC-PLACES, 2019

For dental visits (**Table 19**), Douglas County performs well at 70.6% of adults reporting a visit to a dentist within the past year. Douglas County is the one of the highest performing counties in the state, second only to Johnson County at 77.1% of adults reporting a visit to the dentist. Additionally, Douglas County outperforms the U.S. average dental visit rate of 66.5%.[25]

Table 19: Dental Visits by Peer County	Adult Dental Visits (Past Year)
Douglas County	70.6%
Johnson County	77.1%
Riley County	68.4%
Shawnee County	69.2%
Wyandotte County	55.2%

CDC-PLACES, 2019

TEEN BIRTHS:

Over time, the percentage of births to teenagers ages 15-19 years in Douglas County has dropped from 5.4% to 3.4%, which represents a statistically significant drop.

The percentage of births to teenagers in **Douglas County** at 3.4% is lower than the percent overall for the state of **Kansas** at 5.2%.[4]
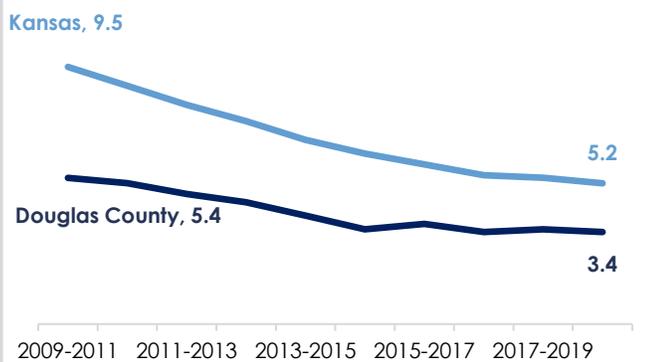
Douglas County is a top performer within the state of Kansas—performing within the top percentile for lowest rates of pregnancy to teenagers.

The percent of births to teenagers has declined steadily in both Douglas County and Kansas since 2009-2011.

Kansas, 9.5

5.2

Douglas County, 5.4

3.4

2009-2011 2011-2013 2013-2015 2015-2017 2017-2019

Chart 53 Births to Teens, Douglas County vs Kansas; Kansas Department of Health and Environment via Kansas Health Matters; 2009-2011 to 2018-2020

Compared to peer counties, Douglas County performs well for low rates of births to teenagers. Douglas County at 3.4% of births to teenagers is only slightly above Johnson County at 2.0% and Riley County at 3.3% and below Shawnee County at 7.2% and Wyandotte County at 8.3%.[1]

Table 19: Births to Teenagers by Peer County	Pregnancy to Teenagers
Douglas County	3.4%
Johnson County	2.0%
Riley County	3.3%
Shawnee County	7.2%
Wyandotte County	8.3%

Kansas Information for Communities, Kansas Department of Health & Environment, 2018-2020

FRUIT & VEGETABLE CONSUMPTION:

According to data available from KDHE, 36.9% of Douglas County adults report not consuming fruit at least once per day (meaning 63.1% report consuming fruit at least once per day). This is slightly better than the state of Kansas, which reports that 39.5% of respondents do not consume fruit once per day.[24]

Within Douglas County, respondents with "some college or college graduate," reported better rates of fruit consumption than those with a "high school degree or less." Those with a higher education reported not consuming fruit daily at a lower rate (32.0%) than those with less education

(49.9%). It should be noted that there are large margins of error associated with responses and differences should be interpreted with caution.[24]

There are no statistical differences noted by income differences.

According to the same data source, 17.5% of Douglas County adults report not consuming a vegetable at least once per day; this is slightly better than the state of Kansas at 18.6%. This means that 82.5% of the county's respondents report consuming a vegetable daily. There are no significant differences to note by either education or income.[24]

Domain 9: MORTALITY
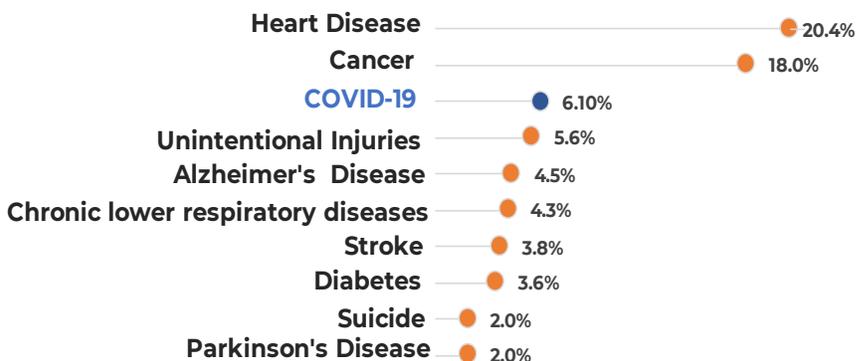
Notable Challenges & Assets:

- The two leading causes of death in Douglas County in 2020 are heart disease and cancer, accounting for nearly 40% of all deaths.
- COVID-19 is now a leading cause of death in Douglas County (3rd in 2020), but Douglas County fares well in proportion of COVID deaths relative to total deaths.
- The Black population in Douglas County loses more years of potential life to heart disease than the White population.
- Infant mortality and drug overdose deaths are on the rise.

LEADING CAUSES OF DEATH:

The top ten leading causes of death—as outlined in the chart above—account for around 70% of total deaths in Douglas County.

Death certificate data from 2020 show the two leading causes of death within **Douglas County** are heart disease (20.4% of deaths) and cancer (18.0% of total deaths.), which, when combined, account for nearly 40% of total deaths in Douglas County (**Chart 54**).[21]

In 2020, the 10 leading causes of death accounted for 70% of deaths & COVID-19 was ranked 3rd .

Cause	Percent
Heart Disease	20.4%
Cancer	18.0%
COVID-19	6.10%
Unintentional Injuries	5.6%
Alzheimer's Disease	4.5%
Chronic lower respiratory diseases	4.3%
Stroke	3.8%
Diabetes	3.6%
Suicide	2.0%
Parkinson's Disease	2.0%

Chart 54 Leading Causes of Death, Douglas County; Kansas Department of Health and Environment; 2020

Percent of deaths due heart disease and cancer are similar across Douglas County, Kansas, and the U.S.

	Heart Disease	Cancer
DG	20.4%	18.0%
KS	19.6%	17.3%
US	20.6%	17.8%
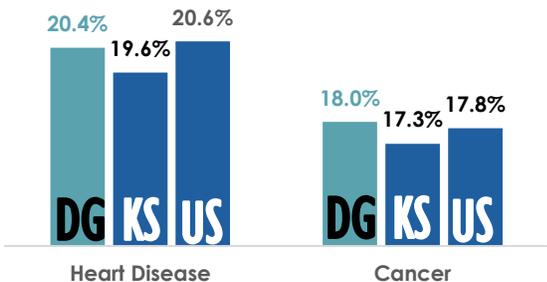
Chart 55 Heart Disease & Cancer Deaths, Douglas County vs. Kansas vs. U.S.; Kansas Department of Health and Environment, 2020 and CDC NCHS Data Brief, 2021

This is similar to trends for both **Kansas** and the **United States**. In 2020, heart disease and cancer were the first and second leading causes of death at rates very similar to those in Kansas (**Chart 55**).[31,32]

Notably, 2020 is the first year to evaluate the impact of COVID-19 on mortality. In **Douglas County** in 2020, COVID-19 was the third leading cause of death accounting for 6.1% of the year's total deaths.

Compared to both **Kansas** and the **United States**, the **Douglas County**

percentage of COVID-19 deaths is lower in 2020 (6.1% in Douglas County compared to 10.4% in KS and 10.3% in the U.S.).[22,31, 32]

The percent of deaths due to COVID-19 in 2020 is lower in Douglas County than KS and the U.S.
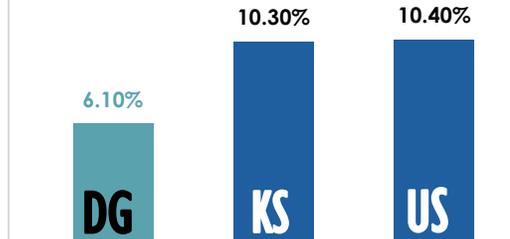
Chart 56 Percent of Deaths due to COVID-19, Douglas County vs Kansas vs United States; Kansas Department of Health and Environment, 2020 and CDC NCHS Data Brief, 2021

INFANT & MATERNAL MORTALITY:

The rising infant mortality rate is a notable concern within Douglas County. Infant mortality is defined as a death occurring under the age of one year.
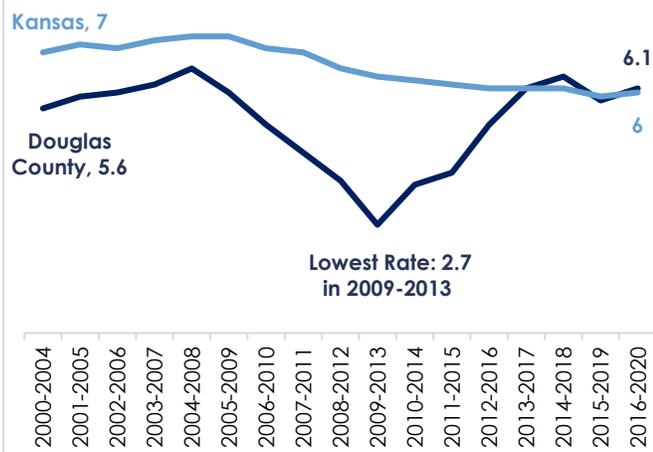
The **Douglas County** infant mortality rate 6.1 per 1,000 live births is similar to both the **Kansas** and U.S. rate at 6.0 and 5.9

per 1,000 live births, respectively (**Chart 55**).[4]

In 2000-2004, the infant mortality rate was at 5.6 per 1,000 live births and steadily declined to a rate of 2.7 in 2009-2013.

Unfortunately, at that point, the rate began to rise with the most recent rate at 6.1/1,000 in 2016-2020. This represents a statistically significant rise in rates from 2009-2013 to 2016-2020.

Table 21 on the following page outlines infant mortality rate by peer counties. When compared to peer counties, Douglas County falls in the middle of the pack with Johnson County and Riley County having lower infant mortality rates (4.0 and 5.5 per 1,000 live births, respectively). The infant mortality rates in Shawnee County (8.3 per 1,000 live births) and Wyandotte County (7.1 per 1,000 live births) are both higher than Douglas County.[1]

There are not sufficient county-level infant mortality data to examine by

The infant mortality rate in Douglas County has been rising from 2.7/1,000 live births in 2009-2013 to 6.1 in 2016-2020.

Chart 57 Infant Mortality Rate per 1,000 Live Births, Douglas County vs Kansas; Kansas Department of Health and Environment via Kansas Health Matters; 2000-2004 to 2016-2020

race and ethnicity. However, for Kansas overall, infant mortality is at a significantly higher rate for Black babies (12.9 per 1,000 live births in 2016-2020) compared to White babies and Hispanic babies in Kansas (4.8 and 6.9 per 1,000 live births, respectively).[4]

There is not sufficient county-level data to examine trends for maternal mortality.

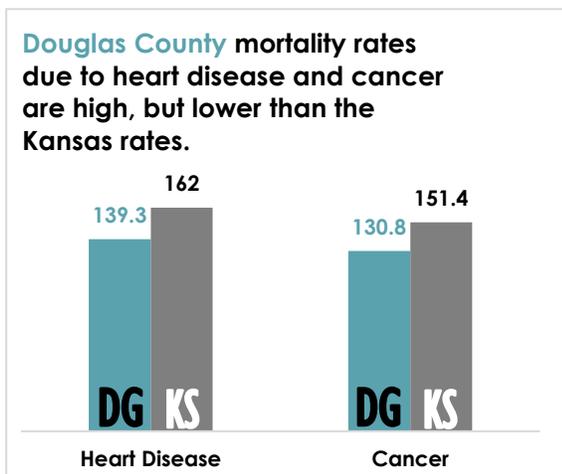| **Table 21:** Infant Mortality by Peer County	**Infant mortality** (per 1,000 Live Births)
Douglas County	*6.1*
Johnson County	*4.0*
Riley County	*5.5*
Shawnee County	*8.3*
Wyandotte County	*7.1*

Kansas Information for Communities, Kansas Department of Health and Environment, 2016-2020

HEART DISEASE & CANCER MORTALITY:

As previously noted, heart disease and cancer are the two leading causes of death in Douglas County, accounting for approximately 40% of the county's deaths in 2020 (38.4%). This is a similar trend for the United States, accounting for 38.4% of deaths, and Kansas, accounting for 36.9% of deaths.[22, 31, 32]
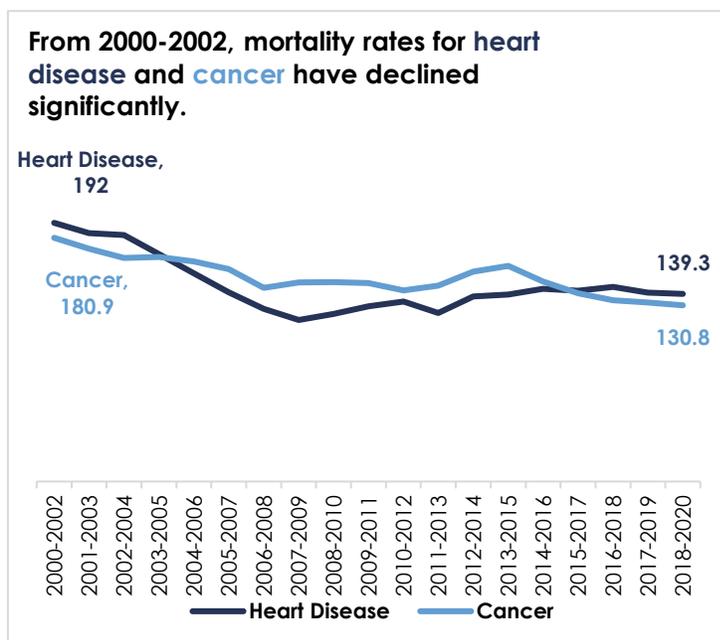
also lower than the state rate at 151.4 per 100,000 deaths.[4]

From 2000-2000 to 2018-2020, the mortality rates for both **heart disease** and **cancer** have declined in Douglas County, which represents a statistically significant decline (**Chart 59**). Heart disease mortality rates declined from

Douglas County mortality rates due to heart disease and cancer are high, but lower than the Kansas rates.

162

139.3

130.8

151.4

DG KS   DG KS

Heart Disease   Cancer

Chart 58 Mortality Rates due to Heart Disease and Cancer (per 100,000), Douglas County vs Kansas; Kansas Health Matters; 2018-2020

As seen in **Chart 58**, the **Douglas County** mortality rate for heart disease is lower than the **Kansas** mortality rate of 162.0 per 100,000. Similarly, the Douglas County mortality rate due to cancer is

From 2000-2002, mortality rates for **heart disease** and **cancer** have declined significantly.

Heart Disease, 192

Cancer, 180.9

139.3

130.8

2000-2002 2001-2003 2002-2004 2003-2005 2004-2006 2005-2007 2006-2008 2007-2009 2008-2010 2009-2011 2010-2012 2011-2013 2012-2014 2013-2015 2014-2016 2015-2017 2016-2018 2017-2019 2018-2020

Heart Disease ——— Cancer

Chart 59 Mortality Rates Over Time for Heart Disease and Cancer, Douglas County; Kansas Health Matters; 2018-2020

192.0 per 100,000 deaths to 139.3 per 100,000 in 2018-2020. Similarly, mortality

rates for cancer declined from 180.9 per 100,000 deaths to 130.8 per 100,000 deaths in 2018-2020.[4]

There were no significant differences for either the heart disease and cancer mortality rates when comparing between the Hispanic, Black, and White populations or the overall Douglas County rates. There were however significant differences by race when examining mortality rates for heart disease utilizing a methodology called Years Potential Life Lost (YPLL).

Years of Potential Life Lost—commonly referred to as YPLL—is a measure of premature mortality. It represents an estimate of how many years a person would have lived had they not died. It is often presented for a specific population and deaths from a younger population has a higher impact in the YPLL methodology.

When examining heart disease mortality through the YPLL methodology in **Chart 60**, there is a statistically significant difference between the YPLL of Douglas County Black residents compared to both White residents and the overall average.

COVID-19 MORTALITY:

From the onset of COVID-19 through 2022, Douglas County has had 168 deaths with COVID-19 indicated as a significant or contributing factor for death.

In 2020, COVID-19 accounted for 6.1% of all deaths in Douglas County. As previously noted, the overall share of deaths due to COVID-19 is less in Douglas County (6.1%) compared to both Kansas (10.3%) and the United States (10.4%).[22, 31, 32]

In 2018-2020, Black residents lost 1,786.4 years of potential life to heart disease, which is over 1,000 years more than the years lost to heart disease from White residents (785.6 years).[4]

Black residents lose significantly more years of life compared to both White residents and the overall DG County average.

Years of Potential Life Lost-Heart Disease

Black, 1786.4

White, 785.6

DG County, 793.7
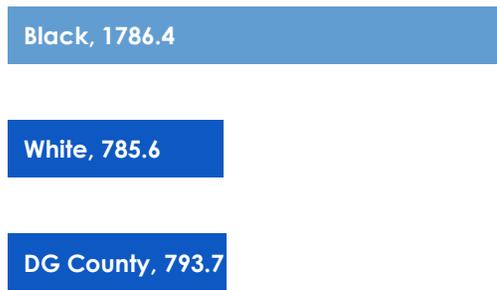
Chart 60 Years of Potential Life Lost for Heart Disease, Douglas County; Kansas Health Matters; 2018-2020

Overall, Douglas County residents lost 821.9 years of potential life to cancer. There were not significant differences between races or the Douglas County average for YPLL for cancer.[4]

In 2020 in Douglas County, the crude mortality rate due to COVID-19 was at 49.8 per100,000. The annual rate has declined slightly in subsequent years and the current estimate for 2022 is 43.2 deaths per 100,000 (**Chart 61**).[29]

The vast majority of deaths due to COVID-19 in Douglas County are in the White population (84.4%). As seen in **Table 22** on the following page, this represents a slightly higher percent of deaths compared to the overall White

The number of deaths and crude mortality rate due to COVID-19 have declined from 2020 to 2022 in Douglas County.
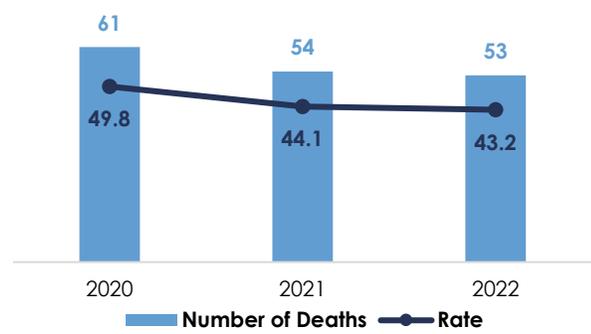

Chart 61 Number of Deaths and Mortality Rate due to COVID-19, Douglas County; EpiTrax, Kansas Department of Health and Environment; 2020, 2021, 2022

population within the county (83.8% of the total COVID deaths compared to 80.1% of the county's population). Approximately 4.2% of the deaths are unknown race or ethnicity.[29]

COVID-19 deaths among the Asian, Black, and Hispanic populations are each below their group's relative proportion of the population. For example, the Asian population represents 5.2% of the total Douglas County population yet accounts for less than 1% of COVID deaths.[1, 29]

The White and Native American populations are each slightly above their population proportion in Douglas County. Although only minimally higher,

the Native American population is the only population of color that has a higher share of COVID deaths (3.0%) compared to their population amount (2.4%).[1, 29]

Table 22: COVID-19 Deaths by Race & Ethnicity	Percent COVID Deaths	Population Proportion
Asian, NH	0.6%	5.2%
Black, NH	4.8%	5.5%
Hispanic	3.6%	6.6%
Native American, NH	3.0%	2.4%
White	84.4%	80.1%

EpiTrax, Kansas Department of Health and Environment, 2020-2022

When comparing males versus females, males in Douglas County disproportionately die from COVID-19 compared to females. Males represent 49.7% of the local population, yet account for 59.5% of total deaths due to COVID (2020-2022). Comparatively, females account for a similar share of the population (50.3%), but only account for 40.5% of COVID deaths from 2020-2022.[1, 29]

Number of deaths due to COVID-19 are subject to change due to record reconciliation completed by the Office of Vital Statistics at KDHE.

DEATHS DUE TO DESPAIR:

Deaths due to suicide, drug overdose, and alcoholism—commonly grouped and referred to as deaths due to despair—have been rising in the U.S. and similar trends are seen in both Kansas and Douglas County.

As previously mentioned, suicide is a leading cause of death in Douglas

County (9th in 2020, accounting for 2.0% of all deaths). Drug overdose—as a standalone category, not included as unintentional injury—and deaths due to liver disease/cirrhosis are not in the leading causes of death for Douglas County but do account for a portion of deaths.

In 2020, deaths by suicide in Douglas County account for a similar proportion of overall deaths compared to the state of Kansas (2.0% in Douglas County, 1.7% in Kansas). However, suicide is not a top ten leading cause of death for the United States, indicating that this a larger area of concern within the Douglas County community and the state.[22, 31, 32]

Of the three categories of deaths due to despair, death by suicide has the highest mortality rate for 2018-2020 in Douglas County (**Chart 62**). Liver disease/cirrhosis is used as a proxy for deaths due to alcoholism, although there are limitations associated with this measure.[1, 4]

Of the three deaths due to despair, suicide has the highest mortality rate in Douglas County.

Suicide, 15.2

Drug Overdose, 12.3
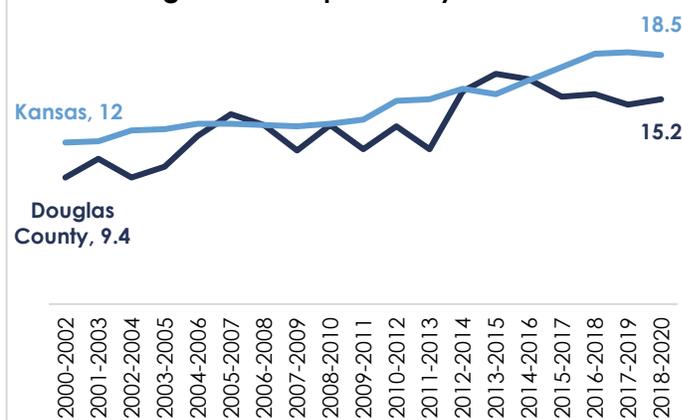
Liver Disease, 8.5

Chart 62 Mortality Rate per 100,000 for Suicide, Drug Overdose, and Liver Disease, Douglas County; Suicide & Drug Overdose-Kansas Health Matters; Liver Disease-Kansas Information for Communities; 2018-2020

The overall suicide mortality rate in **Douglas County** is lower than the state of **Kansas** (15.2 per 100,000 in Douglas County compared to 18.5 per 100,000 in Kansas) as illustrated in **Chart 63**. In Douglas County, the suicide rate has risen from 9.4 per 100,000 in 2000-2002 to 15.2 per 100,000 in 2018-2020, although this does not represent a significant increase.[4]

A dip in the suicide rate occurred in 2011-2013 with a rate of 11.5 per 100,000

before a steady climb in rates occurred peaking at 17.1 per 100,000 in 2013-2015. Since the peak, the rate has declined slightly to 15.2 per 100,000, but remains higher than earlier in the 2000s.

The overall suicide mortality rate in Douglas County is lower than Kansas, but remains higher than in previous years.

18.5

Kansas, 12

15.2

Douglas County, 9.4

2000-2002 2001-2003 2002-2004 2003-2005 2004-2006 2005-2007 2006-2008 2007-2009 2008-2010 2009-2011 2010-2012 2011-2013 2012-2014 2013-2015 2014-2016 2015-2017 2016-2018 2017-2019 2018-2020

Chart 63 Suicide Mortality Rate Over Time, Douglas County vs Kansas; Kansas Health Matters; 2000-2002 to 2018-2020

Deaths due to drug overdose are rising—not significantly—in **Douglas County**, from 10.5 per 100,000 in 2012-2014 to 12.3 in 2018-2020 (**Chart 64**). The overall drug poisoning mortality rate for **Douglas County** is lower than the **Kansas** rate of 14.2 per 100,000.[4]

Drug overdose mortality rates are rising in Douglas County, but remain lower than Kansas' rate.

14.2

Kansas, 11.3

12.3

Douglas County, 10.5

2012-2014   2014-2016   2016-2018   2018-2020
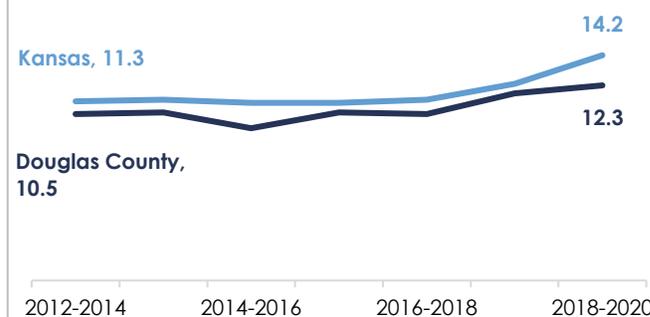
Chart 64 Mortality Rates due to Drug Overdose, Douglas County vs Kansas; Kansas Health Matters; 2012-2014 to 2018-2020

When comparing across peer counties, Douglas County is roughly in the middle of the pack for both suicide and overdose mortality rates in 2018-2020 (**Table 23**).

| **Table 23:** Suicide & Overdose Rate by Peer County	**Suicide Rate** (per 100,000)	**Drug Overdose Rate** (per 100,000)
Douglas County	15.2	12.3
Johnson County	15.2	11.2
Riley County	12.2	7.7
Shawnee County	20.5	19.4
Wyandotte County	18.0	17.5

Kansas Health Matters, 2018-2020

For suicide rates, Riley County is lower than Douglas County at 12.2 per 100,000, while Johnson County is the same as Douglas County at 15.2 per 100,000. Both Shawnee and Wyandotte Counties are higher at 20.5 and 18.0 per 100,000, respectively.[4]

For overdose mortality, both Riley and Johnson Counties have lower rates (7.7 and 11.2 per 100,000, respectively), while Shawnee and Wyandotte Counties have higher rates (19.4 and 17.5 per 100,000, respectively).[4]

Deaths due to alcoholism are difficult to measure. The proxy measure utilized is deaths due to liver disease or cirrhosis.

Common causes of liver diseases are either hepatitis infection or alcohol abuse, so this is not a perfect measure of deaths due to alcoholism.[1]

The mortality rate due liver disease/cirrhosis has nearly doubled in **Douglas County** from 4.6 per 100,000 in 2000-2002 to 8.5 per 100,000 in 2018-2020 (not a significant rise), but the rate remains lower than the **Kansas** rate of 13.0 per 100,000 in 2018-2020.[1]
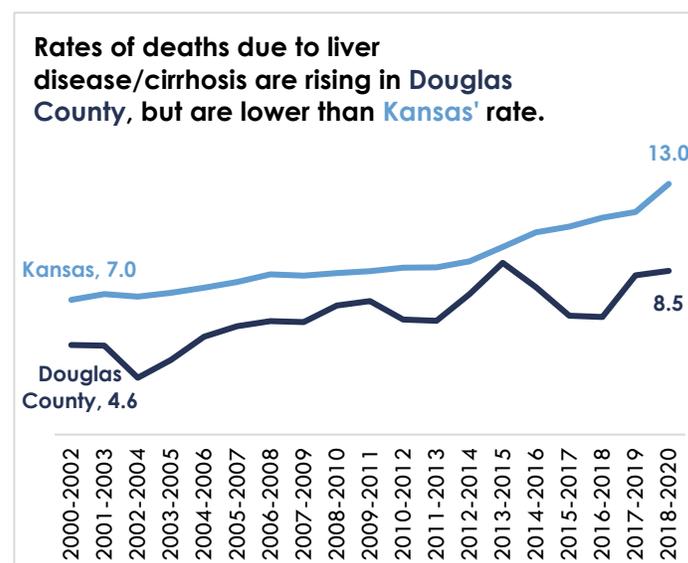
Chart 65 Mortality Rate due to Liver Disease, Douglas County vs Kansas; Kansas Information for Communities; 2018-2020
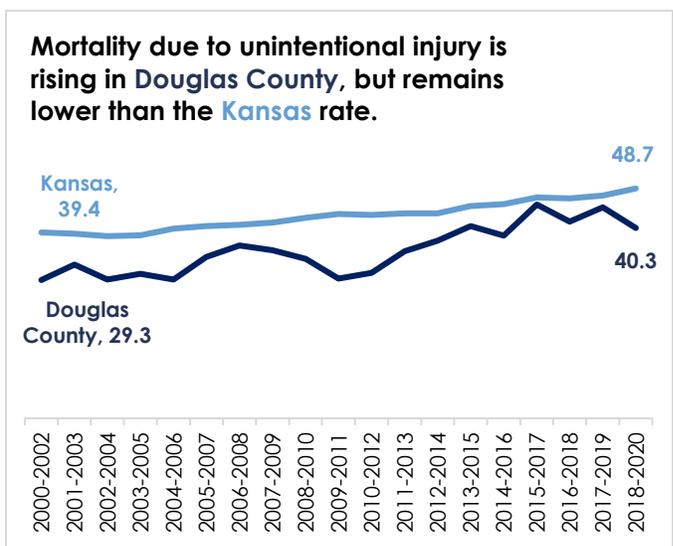
UNINTENTIONAL INJURY:

The category for unintentional injury mortality is complex. It includes motor vehicle accidents, poisonings, and falls. It generally includes drug overdose unless the overdose is classified as a suicide.

For the year of 2020, unintentional injuries are the 4th leading cause of death in Douglas County, accounting for roughly 5.6% of deaths. In 2019, it was the 3rd leading cause of death accounting for 8.0% of deaths but was displaced by the appearance of COVID-19 as a leading cause of death in 2020.[22]

Kansas and the United States had similar patterns as Douglas County for unintentional injury as a leading cause of death. It is the 4th leading cause of death for all three jurisdictions; 5.9% of all deaths for the United States and Kansas 5.5%.[31, 32]

In **Douglas County**, unintentional injury mortality rates are lower than rates for

Mortality due to unintentional injury is rising in Douglas County, but remains lower than the Kansas rate.

Kansas, 39.4
48.7
Douglas County, 29.3
40.3

2000-2002 · 2001-2003 · 2002-2004 · 2003-2005 · 2004-2006 · 2005-2007 · 2006-2008 · 2007-2009 · 2008-2010 · 2009-2011 · 2010-2012 · 2011-2013 · 2012-2014 · 2013-2015 · 2014-2016 · 2015-2017 · 2016-2018 · 2017-2019 · 2018-2020

Chart 66 Mortality Rates due to Unintentional Injury Over Time, Douglas County vs Kansas; Kansas Health Matters; 2000-2002 to 2018-2020

the state of **Kansas** (40.3 per 100,000 in 2018-2020 compared to 48.7 per 100,000 in Kansas for the same time). However, the rates have been trending upwards since a mortality rate of 29.3 per 100,000 in 2000-2002 (**Chart 66**).[4]

Domain 10: POWER, PRIVILEGE, AND OPPRESSION

Notable Challenges & Assets:

- Compared to other counties within Kansas, Douglas County does well on indices measuring economic privilege, deprivation, and segregation.
- Eviction rates are low compared to the state of Kansas.
- Disparities by race and ethnicity in jail bookings and incarceration are an area of concern for the county.

INCOME INEQUALITY & ACCESS:

The Gini Index is a measure used to assess income inequality across a population within a specific jurisdiction. It is a somewhat complicated methodology that evaluates income inequality on a scale from 0 to 1.

The Gini Index "ranges from 0, indicating perfect equality (where everyone receives an equal share), to 1, perfect inequality (where only one recipient of a group of recipients receives all the income)." (U.S. Census Bureau, 2021) A **lower score** indicates **more income equality** across a population.

| **Table 25:** Gini Index by Peer County	**Gini Index**
Douglas County	*0.5*
Johnson County	*0.4*
Riley County	*0.5*
Shawnee County	*0.4*
Wyandotte County	*0.4*

American Community Survey, 2017-2021

Douglas County receives a Gini Index score of 0.5, which is the same as the state of Kansas, meaning that 50% of the county's income is concentrated. Compared to peer counties in **Table 25**, Douglas County has a higher concentration of income with a score of 0.5, the same as Riley County. The remainder of the counties receive a slightly better score of 0.4.[2]

Within Douglas County, the range of Gini Index scores varies from census tract to census tract. Concentrated in Central and South Lawrence, there are seven census tracts—illustrated in **dark blue** in **Map 18**—with **Gini Index score of 0.5 or 0.6**.[2]

Comparatively, three census tracts—shown in the **lightest shade of blue**—have a relatively **low Gini Index score of 0.3**, indicating higher income equality. The three census tracts represent Southeast Lawrence and Eudora areas.[2]

Income Inequality (Gini Index)
- 0.3 - <0.4
- 0.4
- 0.4 - <0.5
- 0.5 - 0.6
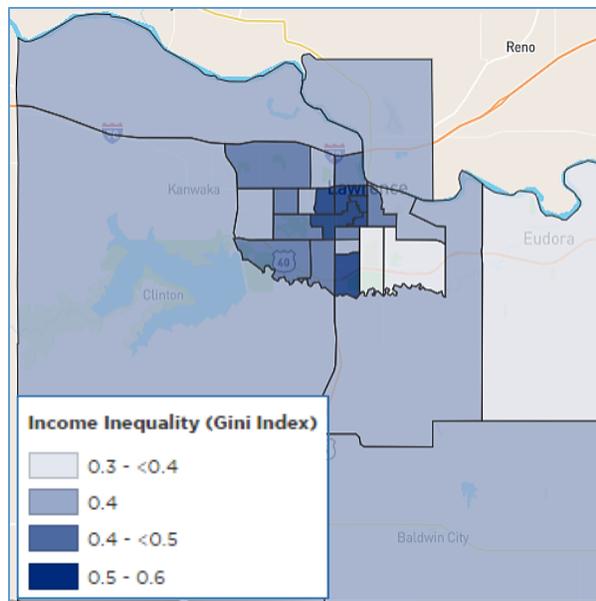
Map 18 Income Inequality by Census Tract, Douglas County; American Community Survey; 2017-2021

Another measure for evaluation of equality is the Area Deprivation Index (ADI). The ADI is an index that measures relative socioeconomic advantage and disadvantage using multiple measures. It is a ranking system, so areas should be interpreted against each other.

The data are presented in a map and at the census black level. The least disadvantaged census block groups are shown in shades of dark blue, while the most disadvantaged block groups are shown in dark red.
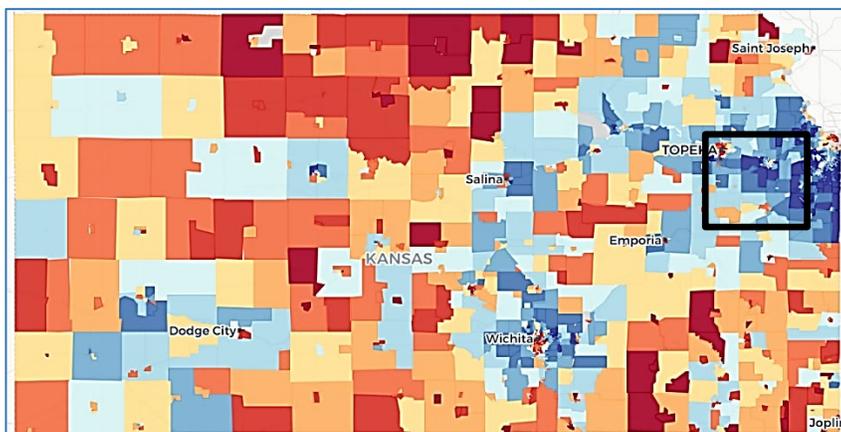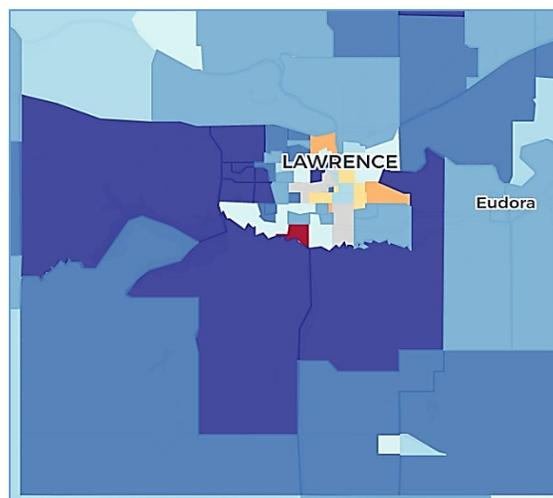

Map 19 Area Deprivation Index Mapping by Census Tract, State of Kansas; Neighborhood Atlas, Center for Health Disparities Research; 2020

Due to this presentation style, it can be difficult to make specific county-level interpretations. For example, when looking at **Map 19** of the ADI census black for Kansas, the area representing Douglas County appears to be primarily blue, indicating better socioeconomic advantage for the residents in that area when compared to many other areas within the state of Kansas.[32]

Zooming in from a state-level perspective to the approximate area of Douglas County (**Map 20**), there are still many census block groups in blue and dark blue, but census blocks evaluated at a higher socioeconomic disadvantage emerge, including one in Southwest Lawrence at the darkest red color. As a reminder, least disadvantaged block groups are shown in dark blue with a gradient to most disadvantaged block groups in dark red.[32]

Map 20 Area Deprivation Index Mapping by Census Tract, Douglas County; Neighborhood Atlas, Center for Health Disparities Research; 2020

RESIDENTIAL SEGREGATION:

Similar to the Gini Index, the Entropy Index is a measure of evenness of composition of racial and ethnic groups across a jurisdiction. The index ranges from a value of 0, which means racial and ethnic groups are exactly evenly distributed with the same compositional make-up, to 1, which means that the area contains exactly one racial group, meaning total segregation. **Scores that are closer to 0 indicate better residential integration.**

For the Entropy Index, Douglas County has a score of 0.1, which means the county is more closely aligned with integration than with segregation. When compared to peer counties, Douglas County's Entropy Index score is similar to other counties and the State of Kansas. Douglas, along with Johnson, Riley, and Shawnee Counties, are all at a score of 0.1, while Wyandotte County and the state of Kansas are at a score of 0.2.[2]

Table 26: Entropy Index by Peer Counties	**Entropy Index**
Douglas County	0.1
Johnson County	0.1
Riley County	0.1
Shawnee County	0.1
Wyandotte County	0.2

*American Community Survey 2017-2021*

EVICTION RATE:

Eviction Lab, which is a comprehensive dataset on evictions maintained by Princeton University, has information on eviction filings from 2000 to 2018 for U.S. jurisdictions. The data are based on a model, developed to account for uncertainty and missing data.

According to Eviction Lab, **Douglas County** has a filing rate of 1.6 per 100 renters, which is lower and better than the **Kansas** rate of 3.2 per 100 renters (**Chart 67**).[34]

According to Eviction Lab, "An eviction is the result of a landlord filing a case in court to have a tenant removed from a property." (Eviction Lab, 2018) The Douglas County rate of 1.6 per 100 renters is also much lower than the national average of 7.8 per 100 renters.[34]

Eviction filing rates have stayed relatively stable in Douglas County. In

Eviction filing rates have declined in Douglas County to a low of 1.6/100 residents in 2018.
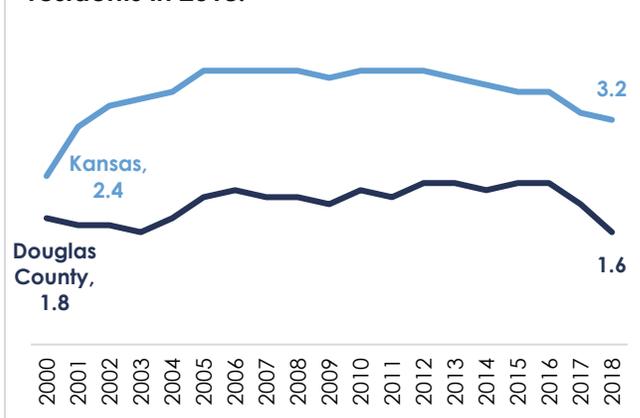
Chart 67 Eviction Filing Rates Over Time, Douglas County vs Kansas; Eviction Lab; 2000-2018

2000, the rate was 1.8 per 100 renters and it stayed around 2.0-2.2 per 100 renters until falling to 1.6 per 100 renters in 2018. The eviction filing rate in Douglas County is consistently lower than the state of Kansas rate.[34]

VOTER TURNOUT & REGISTRATION:

According to the Secretary of State, roughly 64.6% of **Douglas County** is registered to vote in January 2022, which is very similar to the state of **Kansas** percent of registered voters at roughly 65%.[4]

Voter turnout—defined as the percent of registered voters who actually vote—is similar between Douglas County and Kansas (most recent data are from 2016).

In 2020, voter turnout accounted for 48.6% of the county's population voting, which is similar to the state of Kansas;

Voter turnout is similar in Douglas County as in Kansas from 2000-2016.
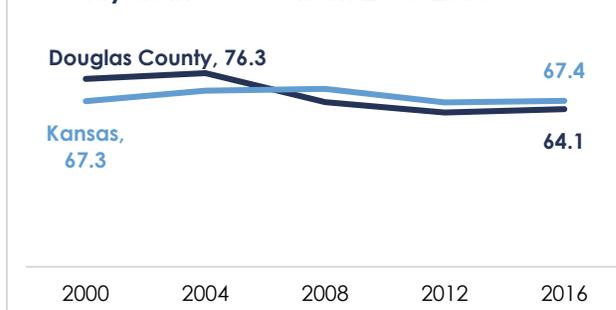
Chart 68 Voter Turnout Over Time, Douglas County vs Kansas; Kansas Health Matters; 2000-2016

47.1% of the state's population voted in 2020.[35]

LAW ENFORCEMENT & INCARCERATION:

According to a City of Lawrence Police Report, in 2020 there were 155 officers on staff, which amounts to approximately 1.6 officers per 1,000 people in the City of Lawrence.[36]

The Douglas County Sheriff's Office reported 81 full-time commissioned staff in 2022, which represents approximately 0.7 Sheriff's Office staff per 1,000 Douglas County residents.

The highest charge for jail bookings year to year is Failure to Appear. From 2017 to present day, there have been 12,226 Failure to Appear charges in Douglas County.[17]

| Table 27: Jail Booking Rate/ Population	2021 Bookings	Douglas County Adults	Rate/ 1,000 Adults
White	2,272	75,015	30
Black	577	4,936	117
Hispanic	249	5,040	49
Native American	135	3,931	34
Asian	29	4,740	6

Criminal Justice Coordinating Council Presentation, 2022

The Douglas County Criminal Justice Coordinating Council has done research into the racial and ethnic disparities in rates of jail bookings and incarceration. The following tables and graphs are from a presentation to the Criminal Justice Coordinating Council in June 2022 by analyst Dr. Matt Cravens.[38]

In Douglas County, bookings at the Douglas County Jail disproportionately affect the black population compared to other populations.

When comparing jail bookings by race, the ratio of rates is much higher for the **Black population** compared to the White population in Douglas County.

Similar to jail bookings, ratio of incarceration rates in jail for the **Black**

Ratio of Jail Booking Rates to White Rate- 2021
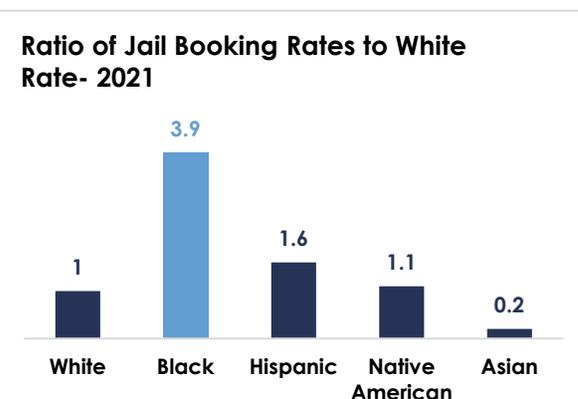
Chart 69 Ratio of Jail Booking Rates by Race; Criminal Justice Coordinating Council-Presentation in 2022; 2021

population is much higher than other Douglas County populations.[37]

Ratio of Jail Incarceration Rates to White Rate: December 2021 Average Daily Population
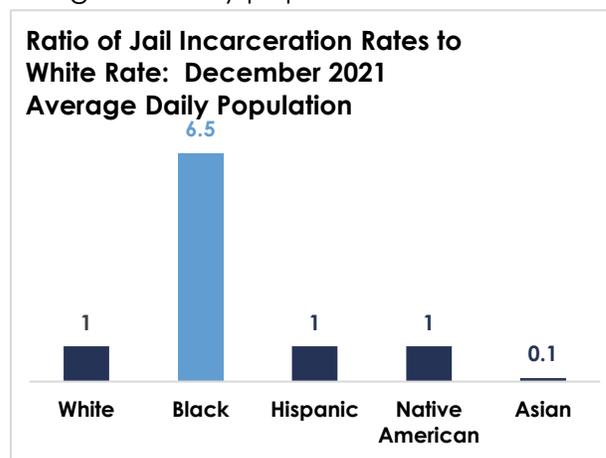
Chart 70 Ratio of Jail Incarceration by Race; Criminal Justice Coordinating Council-Presentation in 2022; 2021

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Version Control:

Version 1: Released 3/28/2023

Version 1.1: Released 4/13/2023 including edits and the addition of Kansas Department for Children and Families and Douglas County Sheriff's Office data.

Version 1.2: Released 5/17/2023 including edits and clarification on Infant Mortality methodology.