COMMUNITY HEALTH NEEDS ASSESSMENT

Ascension Via Christi - Rehabilitation Hospital
Ascension Via Christi - St Theresa
Ascension Via Christi - Wichita
Kansas Surgery & Recovery Center
Rock Regional Hospital – Derby
Sedgwick County Division of Health
United Way of the Plains

JUNE 2019

United Way
United Way of the Plains

Ascension Via Christi

Division of Health
Sedgwick County... working for you

COMMUNITY HEALTH NEEDS ASSESSMENT
WICHITA/SEDGWICK COUNTY MARKET
June 2019

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Dates of Board Approval by AVC Hospitals:

Ascension Via Christi - Rehabilitation Hospital – April 23, 2019
Ascension Via Christi - St Theresa – May 23, 2019
Ascension Via Christi – Wichita – May 23, 2019
Kansas Surgery & Recovery Center – May 17, 2019
Rock Regional Hospital – Derby – June 19, 2019

Contact: Renée M. Hanrahan, Ascension Via Christi Director of Community Benefit at 316.268.1346 or Renee.Hanrahan@ascension.org

EXECUTIVE SUMMARY

Ascension Via Christi Mission

Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually-centered, holistic care which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.

Vision

We envision a strong, vibrant Catholic health ministry in the United States which will lead to the transformation of healthcare. We will ensure service that is committed to health and well-being for our communities and that responds to the needs of individuals throughout the life cycle. We will expand the role of laity, in both leadership and sponsorship, to ensure a Catholic health ministry in the future.

Purpose of this Community Health Needs Assessment (CHNA)

The purpose of this Community Health Needs Assessment (CHNA) is to identify and prioritize the significant health needs of Sedgwick County served by Ascension Via Christi Hospitals (AVCH), United Way of the Plains (UWP) and Sedgwick County Division of Health (SCDH) all located in the Wichita/Sedgwick County area. The priorities which have been identified in this report by the community help to guide the hospital's leadership and other stakeholders in planning for community health improvement programs and community benefit activities. Additionally, these priorities will encourage collaborative efforts with other organizations that share in our mission and desire to improve community health.

Ascension Via Christi Hospitals and Other 2019 CHNA Partners

External 2019 CHNA partners included the UWP and SCDH. Each of these external partners played a role in this effort and both will develop their own assessment reports to meet their organizational needs and requirements.

Ascension Via Christi internal partners included: Ascension Via Christi St. Teresa (AVCST), Ascension Via Christi Wichita (AVCW), Ascension Via Christi Rehabilitation Hospital (AVCRH), Kansas Surgery and Recovery Center (KSRC) and Rock Regional Hospital (RRH).

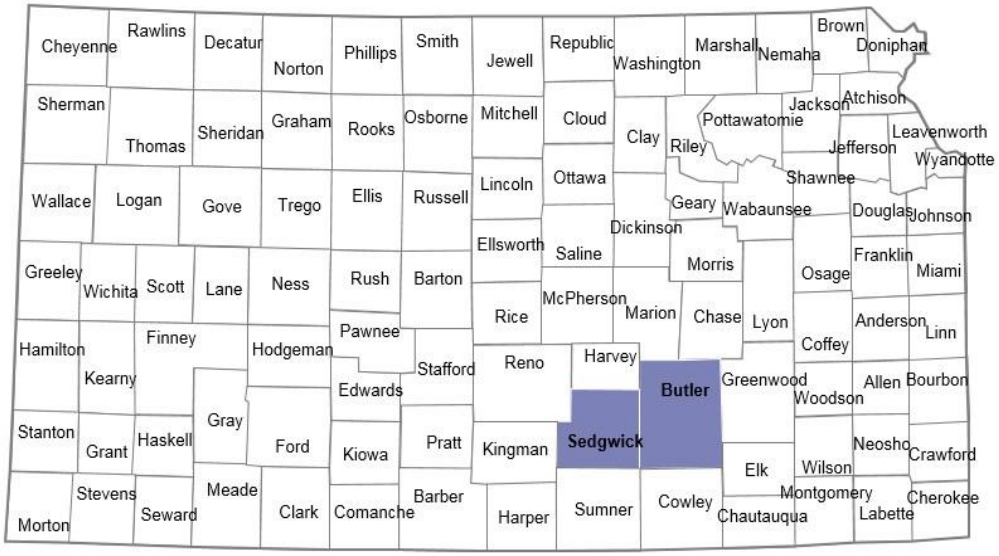
This CHNA report also meets the requirements of the Patient Protection and Affordable Care Act (ACA) in which not-for-profit hospitals must conduct a CHNA at least once every three years. Note that this CHNA is a little different from the UWP version located on their webpage (www.unitedwayplains.org) as this one takes into account the requirements of the ACA that includes specific hospital information and focuses more specifically on the community health needs of Sedgwick County based on data collected on health disparities.

Readers of this report are encouraged to visit both sites for more detailed information on economic and sociodemographic data as captured in Volume 1: Environmental Scan and the results of the Butler County surveys reported in Volume 2: Needs Survey and Priority Study.

Geographic Coverage Area Selected

This report will summarize the research findings from the Community Needs Survey conducted by UWP in collaboration with AVC hospitals and the SCDH, which sought input from respondents in two South Central Kansas counties: Sedgwick and Butler. These two counties represent the primary service areas for UWP and Sedgwick County for AVC hospitals and SCDH.

Figure 1: 2019 Community Needs Survey Two-County Area



The Objectives of the CHNA are to:

- Increase the understanding of the health needs and assets of the area;
- Build capacity through partnership development and collaboration in working toward improving health in the communities AVCH serve;
- Align and integrate population health and community health improvement goals with mission, vision and strategic plans of the hospitals; and
- Ensure those living in poverty and who are most vulnerable remain high in our focus as a moral priority for services.

Definition and Characteristics of Sedgwick County, Kansas

Sedgwick County is a county located in the southcentral part of the State of Kansas. The county seat is Wichita and in 1861, Kansas entered the union as the 34th U.S. state.

Sedgwick County was founded in 1867 and its name is in honor of Major General Sedgwick who fought in the Union Army during the American Civil War.

In the five-year period between 2013 and 2017, the population of Sedgwick County grew by 9,716 individuals for a 1.9 percent increase for a total of 510,484. Sedgwick County continues to represent 17.6 percent of the total population of Kansas.[1] The majority of Sedgwick County residents are living in urban areas compared to other Kansas counties.[2] There are still slightly more females than males living in Sedgwick County. In 2017, the female population accounted for 50.6 percent compared to 49.4 percent for the males.[3]

While the population by age category is still consistent with what it was in 2013, there was a small decrease in the percentage of those between the age of 18 to 24 and those under the age of five when comparing Sedgwick County population as a percentage of Kansas population.

It appears that those entering college age may be moving and staying outside of Sedgwick County once their college education is completed. The Sedgwick County population, showing the greatest percentage increase, as a percentage of Kansas is individuals age 65 and older.

According to patient population data for the last three fiscal years, most people served by Ascension Via Christi Hospitals lives or works in Sedgwick County Kansas. People living outside of Sedgwick County also are admitted to AVC hospitals, but the primary population served is from Sedgwick County so that is where this CHNA is focused.

Sedgwick County Health Status

According to the Robert Wood Johnson Foundation's County Health Rankings and Roadmaps, Sedgwick County ranked 60 out of 105 Kansas counties in health outcomes in 2017. However, research shows that it was an improvement from the 2016 ranking of 69 but in 2018, Sedgwick County slipped backwards ranking 72 out of 105. [4]

It appears from the 2018 County Health Rankings and Roadmaps reports, that Sedgwick County slipped in its 2016 ranking due to an increase in premature deaths, a slight increase in people self-reporting having poor or fair health and poor mental health days, fewer adhering to healthy behaviors, an increase in the percentage of adult smokers, an increase in the percentage of adults reporting being obese, fewer people reporting having access to exercise opportunities, an increase in the number of deaths to injuries and a slight increase in the percentage of children being raised in single-adult households.

But the news wasn't all bad as 2018 County Health Rankings also reported improvements for Sedgwick County since 2016 in quality of life, fewer deaths due to alcohol-impaired driving, fewer sexual transmitted infections, teen births, a better ratio of mental health providers, primary care physicians, and dentists per 1,000 population, preventable hospital stays, fewer unemployed persons, less violent crimes and no drinking water violations.

In looking at key health indicators available on the Kansas Health Matters webpage, it appears that Sedgwick County reports fewer people having health insurance than others living in Kansas and have a higher percentage of residents who are obese and/or overweight.

See Table 1 for specific breakouts of the Key Health Indicators tracked on the Kansas Health Matters webpage.[5]

Methodology Used for 2019 CHNA

The Environmental Scan, which comprises the first part of this CHNA relied heavily on secondary data resources. Data was collected using the American Community Survey of the U.S. Census Bureau, statistics available from the University of Kansas' Institute for Policy and Social Research, Kansas Health Foundation and Kansas Health Institute, Kansas Department of Labor, The Wichita Eagle, Kansas Department for Children and Families, Kansas Department of Education, Department of Justice, Federal Bureau of Investigation, Kansas Bureau of Investigation, Kansas Department of Health and Environment, Wichita Police Department, Sedgwick County Sheriff's Office and others listed in the endnotes section of this report.

The methodology used for this CHNA has been used in previous research conducted in partnership with United Way of the Plains (UWP) and Sedgwick County Division of Health (SCDH) so that findings can be compared to previous CHNAs. The surveying was conducted by mail in November/ December 2018. Copies of the surveys sent to the various target populations – randomly selected community households, community leaders and agency chief executive officers are available in the Appendix section of this final report.

For the community respondent (household) survey, a random sample of 6,500 Sedgwick and Butler County households was selected. This represented 4,500 randomly selected Sedgwick County households and 1,000 randomly-selected Butler County households (Butler County included as it represents a targeted population for UWP). In addition, 1,000 Sedgwick County households were randomly-selected from nine ZIP codes with the lowest household incomes (67203, 67208, 67210, 67211, 67213, 67214, 67216, 67218, and 67219). These ZIPs were "oversampled" to obtain additional responses from a population which historically demonstrated high residential mobility accompanied by low survey response rates.

Pre-survey postcards were mailed via first class on October 26, 2018. The postcard's purpose was to inform potential respondents about the upcoming CHNA and to ask them to watch for and complete their surveys. It also gave them the opportunity to request the survey in Spanish or Vietnamese, if preferred. Surveys accompanied by postage-paid return envelopes were mailed November 6, 2018, via first class with a requested return date of November 22, 2018. Follow-up reminder postcards were mailed via first class on November 15, 2018.

Table 1: Sedgwick County Comparison to Kansas and United States on Selected Health Indicators from the Kansas Health Matters Webpage

Health Indicator	SG Co Value	Kansas Value	USA Value
Persons with health insurance	88.6%	89.9%	91.2%
Cancer: Medicare population	6.9%	7.7%	7.8%
Diabetes: Medicare population	25.5%	24.8%	26.5%
Percent of adults with diagnosed diabetes	11.5%	10.5%	10.5%
Persons with a disability (5-year)	12.3%	12.7%	12.6%
Percent of adults who are obese	33.8%	32.3%	31.6%
Heart failure: Medicare population	12.8%	13.0%	13.5%
Percent of adults tested and diagnosed with high cholesterol	37.9%	37.4%	36.5%
Percent of adults with diagnosed hypertension	34.6%	32.8%	32.3%
Stroke: Medicare population	3.4%	3.4%	4.0%
Percent of adults ages 65 years and older who were immunized against influenza during the past 12 months	55.6%	56.0%	60.3%
Percent of infants fully immunized at 24 months	68.3%	69.2%	NA
Infant mortality rate (per 1,000 live births)	6.9	6.1	5.9
Percent of all births occurring to teens	6.8%	5.9%	18.8%
Percent of births occurring to unmarried women	42.6%	35.9%	39.8%
Percent of births where mother smoked during pregnancy	10.8%	10.5%	6.9%
Percent of births where prenatal care began in 1st trimester	84.3%	81.2%	77.3%
Percent of births with low birth weight	7.9%	7.1%	8.3%
Percentage of premature births	10.1%	9.1%	9.9%
Depression: Medicare population	18.5%	17.8%	16.7%
Age-adjusted Alzheimer's disease mortality rate (per 100K)	18.4	23.5	29.4
Age-adjusted cancer mortality rate (per 100K)	163.8	158.8	152.5
Age-adjusted cerebrovascular disease mortality rate (per 100K)	38.4	37.9	37.8
Age-adjusted chronic lower respiratory disease mortality rate (per 100K)	54.9	49.7	40.9
Age-adjusted diabetes mortality rate (per 100K)	24.5	22.1	21.5
Age-adjusted heart disease mortality rate (per 100K)	166.1	157.2	165.0
Age-adjusted suicide mortality rate (per 100K)	18.7	17.6	14.0
Age-adjusted traffic injury mortality rate (per 100K)	13.2	14.2	11.4
Chronic kidney disease: Medicare population	18.3%	16.2%	18.1%
Percent of adults with doctor diagnosed arthritis	23.7%	24.1%	24.8%
Asthma hospital admission rate (per 10K)	4.1	4.4	4.8
COPD: Medicare population	10.8%	11.4%	11.2%
Death rate due to drug poisoning (per 100K)	15.9	11.2	19.3
Percent of adults who currently smoke cigarettes	19.2%	17.4%	17.1%

(Note: Some of the years may not be for the same time across all three geographical areas. However, both Sedgwick County and Kansas are in-synch for valid comparison.)

These postcards also provided potential respondents with the opportunity to complete the survey electronically via SurveyMonkey. Surveys were accepted through December 12, 2018.

Of the 6,500 households mailed surveys, the post office returned 817 as undeliverable (e.g. "vacant," "attempted, not known," "deceased," "moved left no address," etc. Of the 5,683 valid household surveys distributed (that is 6,500 – 817 returned), 336 completed surveys were returned, a 5.9 percent response rate. While this response rate may seem low, according to the Direct Marketing Association, the average response rate is 3.4 percent for household surveys.

The actual needs assessment process is divided into three major parts:

Environmental Scan - The environmental scan consists mostly of secondary data about the community. It is a view of our community and service area based on data supplied by a wide range of organizations at the national, state and local levels. The report consists of seven subsections: Demographics; Education; Economic Outlook; Crime; Housing; Life Cycle; and Health Care and Health Access. Source citations appear at the end of the report, in the ***Endnotes*** section.

Needs Survey - gathers data from three sources in Sedgwick and Butler counties:

- Community Respondents: a random sample of South Central Kansas residents.
- Community Leaders: elected and/or appointed government officials and presidents/chief executive officers from the area's largest businesses.
- Agency Executives: Chief executive officers of social services agencies throughout Southcentral Kansas.

By design, the needs assessment seeks to assess needs of the overall community, beyond those needs directly impacted by programs provided by the collaborative partners.

Priority Study - The results of the needs assessment are then used to establish priorities for the allocation of United Way resources, yielding the third part of the needs assessment process, the Priority Study. As its purpose, this study will assist the United Way Board of Directors and various United Way committees in awareness, planning, funding, coordination and general provision of services to the community.

Identification of Significant Community Health Needs

Respondents reviewed 51 education, health and income/self-sufficiency concerns and the availability/access of 10 health or social services and rated each as a major concern, moderate concern, minor concern or not a concern. Community respondents and community leaders responded for their household or their neighborhood, while agency executives did so for clients of their organizations.

The intent of the Patient Protection and Affordable Care Act (sometimes called Affordable Care Act or ACA) was to reform the healthcare industry and provided much-needed relief for the uninsured and underinsured. The ACA was signed into law March 23, 2010.

Survey findings indicate that health care remains a critical concern, even years later. Survey respondents in all three segments identified **health insurance** most often as a major concern for their households, their neighborhoods and clients of their agencies. In addition, more than one in five community respondents identified **basic medical care** a major concern for their household and their neighborhood.

In evaluating the needs of their clients, agency executives were far more likely than were community respondents or community leaders to rate concerns as major. More than half of agency executives rated health insurance; safe, affordable, accessible housing; behavioral/mental health counseling; or housing/ utility financial assistance as major concerns for clients their agencies serve. As seen in Table 2 below, community respondents and community leaders, speaking on behalf of their households and their neighborhoods, were far less likely to characterize the same concerns as major.

Table 2: Agency Executive Top Responses Compared to Other Respondent Groups

Selected Concerns	Agency Executives	Community Respondents	Community Leaders
Health insurance	53.2%	29.5%	17.3%
Safe, affordable, accessible housing	51.9%	10.1%	11.1%
Counseling-behavioral/mental health	50.6%	14.9%	13.6%
Financial assistance	50.6%	12.5%	6.2%

Community respondents were more likely than were community leaders or agency executives to identify environmental pollution and recycling as a major concern. Community respondents were also more likely than community leaders to have household members who had been laid off or lost a job due to a workforce reduction or the economy during the past 12 months, as well as being more likely to have missed a rent, mortgage or utility payment during that same timeframe.

Among the **Community Respondent** segment, research findings indicate:

Household and Neighborhood Concerns: More than 20 percent identified the following as major concerns for their household or neighborhood:

- Health insurance
- Preparing young people for the workforce
- Juvenile delinquency/gang prevention

- Bullying
- Basic medical care

Reflective Pause: Nearly three-fourths take at least one reflective pause of at least two minutes at a time daily to pray, think deeply or use some other technique to gain mental clarity and spiritual balance. Approximately one in ten reflectively pauses five times or more a day.

Source of Basic Medical Care: Approximately 87 percent of household respondents identified a personal physician or private doctor as the usual source of their household's basic medical care. Second most often, households received their basic non-emergency medical care from nonprofit community clinics (approximately 7%).

Gaps in Household Health Care Services: Of Sedgwick and Butler County households which indicated dental care was needed during the previous 12 months, 16.5% did not receive it. Similarly, of the households indicating a need for behavioral/mental health care during that same time, 15.6% did not receive it.

Difficulty with Rent, Mortgage or Utility Payments: During the previous 12 months, 14.3% of households missed a rent, mortgage or utility payment due to lack of money.

Education or Training: In nearly 16% of Sedgwick and Butler County households, someone sought education or training during the previous 12 months with the intent of qualifying for a higher- paying job.

Employment Layoff: In 6.0% of households, someone had been laid off from a job due to the economy and/or workforce reduction during the past 12 months.

Community Volunteerism: During the past 12 months, one or more household members had volunteered for a church or other religious organization in 47.9% of Sedgwick or Butler County households; in 44.6% of households, someone had volunteered for a nonprofit organization.

Many concerns cited (e.g., parenting education, emergency/temporary shelter, medical transportation, etc.) -- whether identified at the household, neighborhood or community level -- represent symptoms of deeper, underlying themes such as education, income/financial stability and health. While it is important to manage the symptoms, lasting change comes from changing the existing environment and addressing basic, underlying problems.

Overall, the top 10 "major" concerns identified by community respondents included:

1. Health insurance
2. Preparing young people for the workforce
3. Juvenile delinquency/gang prevention
4. Bullying
5. Basic medical care for low income

6. Treatment for life-threatening diseases
7. Domestic/family violence
8. Drug/alcohol abuse
9. Financial assistance (especially for prescription medication)
10. Sexual assault

Table 3 compares the top five health concerns identified by each of the 2019 CHNA respondent groups. While there are some similarities, there are also some major differences. For example, only agency executives identified medical transportation services and counseling as two of their top concerns. However, given the clientele they serve, it stands to reason that agencies working with vulnerable populations would have a better idea of this need than either the community leaders and/or households.

Likewise, while community leaders and their families may be covered for basic medical care, it is not surprising that they see this need as less major for them than either the community or agency executives.

Prioritization Process

Ascension Via Christi Hospitals will be studying the results of this CHNA and determining the priorities in their 2019 – 2021 Implementation Strategy. However, be it suffice to say for now that AVC will focus on the health care needs identified and based on AVC's available resources will look at the magnitude of the health need identified, the opportunity to intervene at a prevention level, the hospital's ability to impact change, support from the community in executing solutions and the capacity to address underserved populations.

Table 3: Comparison of Top 5 Health Concerns by Respondent Group

Concern	Community Respondents (N=336)	Community Leaders (N=81)	Agency Executives (N=77)
Health insurance	29.5%	17.3%	53.2%
Basic medical care	21.1%	12.3%	42.9%
Domestic/family violence	16.7%	14.8%	26.0%
Drug/alcohol abuse	16.7%	13.6%	39.0%
Sexual assault	16.4%	13.6%	26.0%
Counseling	14.9%	13.6%	50.6%
Human trafficking	14.9%	13.6%	14.3%
Medical transportation services	7.1%	6.2%	36.4%

Conclusion

Many of the problems identified in this CHNA are long-term systemic problems based on social determinants that are beyond the control of persons who are poor and vulnerable. Lack of educational achievement most often leads to minimum wage job opportunities with

little or no health care benefits. People who are born into poverty or who may live in families economically devastated by major illnesses, injuries, addictions, may not have access to the financial support and stability to be successful in school or in life without additional community services.

AVC wants to be a part of the solution where it has expertise and resources to address the identified needs but measuring the success of our efforts may take decades instead of three-years as many of the problems experienced are multi-generational and lack adequate support from local, state and/or national resources to address. Illnesses which include drug/alcohol addictions, behavioral health disorders, chronic diseases and serious injuries are expensive to treat and need multiple sources of support to raise awareness and prevention, foster early diagnosis and treatment and the promotion of safety to avoid accidents.

INTRODUCTION

Beginning in 1988, United Way of the Plains (UWP) had been involved in a needs assessment process approximately every five years (1993, 1997, 2004 and 2006). In 2009, United Way's Board of Directors decided that because of changes occurring in the community, conducting the Community Needs Assessment on a three-year time frame would be of benefit to United Way and to other community entities which rely on its information in their decision making. The 2019 report is the ninth such survey of Wichita/Sedgwick County residents providing information and perceptions of the social service needs of Wichita and those who live and/or work in the surrounding area.

The 2013 process represented the pilot year of a three-way collaboration between Via Christi Health, the Sedgwick County Health Department and United Way of the Plains in accomplishing the Community Needs Assessment. The collaboration continued for the 2016 and 2019 assessments. Between 2016 and 2019 the Sedgwick County Department of Health became known as Sedgwick County Division of Health and Via Christi was rebranded as Ascension Via Christi. Note that AVC refers to this document as a Community Health Needs Assessment because this version of the report focuses on the identified health needs whereas the full report available from the UWP website (www.unitedwayplains.org) has a much broader focus and is referred to as a Community Needs Assessment. Both documents are very similar but UWP's version may have more data than what is included in AVC version.

Among the core functions of the SCDH is examining community needs and perceptions related to health. Ascension Via Christi's interest in the collaboration is derived from its mission of special concern for those who are vulnerable and its core value of stewardship. In addition, this assessment helps meet the requirements of the federal Patient Protection and Affordable Care Act which requires not-for-profit health systems, such as Ascension Via Christi, to conduct community health needs assessments every three years and to develop a plan to help build healthier communities in the areas where they own and operate hospitals.

These three mission-driven organizations are interested in community participation. Joining forces helps ensure that good use is being made of our community's charitable resources by identifying the most urgent health care needs of the underserved. In turn, this maximizes effort, reduces costs and coordinates research findings into a comprehensive document for use by others.

The full needs assessment is divided into three major parts: The Environmental Scan consisting mostly of secondary data about Sedgwick County collected from national, state and local resources. The full report consists of seven subsections: demographics; education; economic outlook; crime; housing; life cycle; and health care and health access. This version of the CHNA will focus primarily on those areas which have a health component.

The second major part of the CHNA includes the findings from three surveys: a random sampling of households from South Central Kansas residents; elected or appointed government officials and presidents/chief executive officers (CEOs) from the area's largest businesses; and CEOs of social services agencies throughout South-Central Kansas.

The third major part of the community needs assessment is the priorities selected by the United Way of the Plains' volunteer leadership for the allocation of their resources. Knowing what the United Way will focus on for the next three years gives hospitals a better understanding on how best to maximize their resources while at the same time looking for opportunities to partner with other organizations to address health related needs.

United Way of the Plains, as well as AVC Hospitals and SCDH continually strive to improve the process of identifying community needs and getting a better understanding on how best to address them. To that end, all three partners of this endeavor welcome any constructive comments and suggestions from report end users.

PROJECT OVERVIEW – NEEDS SURVEY

A community needs assessment is a structured, data-driven process designed to identify the extent and depth of community concerns. Requests for information are usually based on a desire to educate the public, obtain federal or state assistance, estimate the number of people affected, or obtain grants. All these requests are deemed appropriate and reflect United Way's desire to continue to proactively identify and impact critical human needs in partnership with Ascension Via Christi and the Sedgwick County Division of Health.

Surveying was conducted by mail in November/December 2018. Copies of the surveys sent to the various segments appear in Appendix A, including the English version of the community survey, the community leader survey and the agency executive surveys.

A detailed methodology appears in Appendix B; and verbatim responses to open-ended questions appear in Appendix C; tables of findings presented by survey/segment type (e.g. community respondent, community leader, etc.) appear in Appendix D; and tables of findings for community respondents presented by county appear in Appendix E.

Recent local elections have experienced low voter turnout. For example, 16 percent of registered voters in Sedgwick County participated in the 2015 local elections. However, according to election officials and political experts, 16 percent is not a great number but not terrible either. The number continues to decline as in 2003, the mayor's race had a 32 percent turnout rate.[6]

Similarly, when Wichita State University's Hugo Wall School of Urban and Public Affairs distributed a survey to 25,000 registered voters in January 2013 regarding the Community Investment Plan and how Wichitans wanted their tax money spent, they received only 4,100 completed surveys, an approximate 16 percent response rate.[7]

While collecting input from registered voters has its challenges, collecting input from a random sample of households is even more difficult. As with other community studies conducted by UWP by mail, the response rate from the community was relatively low, although nearly one in five community leaders responded, as did nearly half of agency executives. See Table 4 for the survey response rates by targeted group for past community needs assessments.

Table 4: Summary of Community Needs Assessment Survey Response Rates (2006, 2010, 2013, 2016 and

Year	Community Respondent	Community Leader	Agency Executive	Counties Included
2019	5.9%	18.1%	45.0%	Sedgwick and Butler
2016	8.9%	18.7%	46.9%	Sedgwick, Butler, Harvey, Kingman, Sumner, Reno
2013	13.0%	28.1%	32.6%	Sedgwick, Butler, Harvey, Sumner, Reno
2010	12.1%	23.4%	42.7%	Sedgwick, Butler, Harvey, Sumner, Reno
2006	9.3%	26.2%	43.2%	Sedgwick, Butler, Harvey

Survey data were analyzed utilizing SPSS (Statistical Program for the Social Sciences) software. Significant differences, when reported, were found to be statistically significant at the 95 percent level of confidence based on t-test analysis for scale questions and Pearson chi-square analysis for categorical questions. Significant differences were examined based on those responding to each question and reported in the body of the report. Appendix F supplements that information regarding the statistical significance of concerns identified by relatively fewer respondents.

Community members whose households were not randomly selected to participate were offered the opportunity to complete an abbreviated version of the Community Needs Survey electronically via SurveyMonkey. Along with the project's collaborative partners (Via Christi Health and the Sedgwick County Division of Health), several additional community organizations helped publicize this opportunity for providing input, including the Health Alliance, the Health & Wellness Coalition, the Coalition of Community Health Clinics and the Department for Children and Families'' Community Project, among others. Input from these community members appears in Appendix G.

ABOUT ASCENSION & ASCENSION VIA CHRISTI HOSPITALS

Ascension Via Christi (AVC), a part of Ascension, has a rich history of serving the people of Kansas and the surrounding region dating back more than 100 years to the healing ministries of our founding congregations. Today, Ascension Via Christi is the largest provider of healthcare services in Kansas. AVC serves Kansas and northeast Oklahoma

through our doctors, hospitals and health services. In fiscal year 2017, AVC provided $100.7 million in benefit to the communities we serve.

Ascension Via Christi values include:

Service of the Poor – Generosity of spirit, especially for persons most in need
Reverence – Respect and compassion for the dignity and diversity of life
Integrity – Inspiring trust through personal leadership
Wisdom – Integrating excellence and stewardship
Creativity – Courageous innovation
Dedication – Affirming the hope and joy of the AVC ministry

About Ascension and Ascension Via Christi Hospitals

Ascension is a faith-based healthcare organization dedicated to transformation through innovation across the continuum of care. As the largest non-profit health system in the U.S. and the world's largest Catholic health system, Ascension is committed to delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable. Ascension includes approximately 150,000 associates and 36,000 aligned providers. Ascension's Healthcare Division operates 2,500 sites of care – including 141 hospitals and more than 30 senior living facilities – in 24 states and the District of Columbia.

Ascension Via Christi St. Francis – located at 929 N St. Francis, Wichita, 67214

Services available through this hospital, located in midtown Wichita, include the following:

- Blood and Marrow Transplant Center of Kansas – a cooperative effort of Ascension Via Christi Hospital, the Cancer Center of Kansas and the American Red Cross.
- Burn Center – is the only dedicated burn care facility within 180 miles of Wichita.
- Cancer Center in Wichita – is a freestanding cancer treatment facility for outpatient cancer rehabilitation and radiation therapy.
- Cancer Institute – is the area's only dedicated inpatient medical and surgical treatment center specifically for cancer.
- Cancer Outreach and Risk Assessment offer screening, counseling and genetic testing services for those who want to be proactive about their future health.
    - Diagnostic Imaging and Laboratory Services include:
    - CT with Dual Source 128-slice technology
    - Ultrasound
    - Vascular medicine
    - Nuclear medicine
    - CT spect imaging
    - Stereotactic breast biopsies
    - X-ray
    - Fluoroscopic imaging

- Emergency Room and Trauma Department is staffed 24 hours a day, 365 days a year.
- Epilepsy Center – with one goal of helping patients to control seizures and lead active lives.
- Heart Valve Clinic treats patients with cardiac valve disease with procedures such as MitraClip and Transcatheter Aortic Valve Replacement (TAVR). The Heart Failure Disease Management Program is designed to help patients stay out of the hospital and live better, more vigorous lives. Cardiac Rehabilitation combines education with exercise to create a personal plan to help manage your cardiac health.
- Joint Replacement Center is here with a comprehensive approach with the goal of getting you back to the activities you love.
- Outpatient Pharmacy – if a prescription is needing filled after a hospital or ER visit, the AVC Outpatient Pharmacy is the most convenient and cost-effect choice.
- Pediatric care – the Grant and Norma Davis ChildLife Center, the Pediatric Therapy Program and the Pediatric Intensive Care Unit at AVCH has been developed to meet the unique medical and developmental needs of children who are ill or injured.
- Pulmonary rehabilitation program combines education with exercise to create individualized programs for people in need.
- As the region's only 24/7 neuro-interventional center, AVC Advanced Comprehensive Stroke Center is a life-saving resource for patients and hospitals throughout Kansas.
- Located in the ChildLife Center in AVC-SF campus, the Suctioning Clinic is open 24 hours and is accessible by prescription-only.
- The Transitional Care Clinic helps patients to transition from the hospital to home through wrap-around services aimed to keep patients out of the emergency room and on the road to recovery.
- The AVC Wound Healing and Hyperbaric Therapy program brings together doctors, nurses and therapists with specialized training in treating chronic wounds.
- AVC Cancer Wellness Program begins with a fitness assessment by a clinical exercise physiologist with a specialist certification in Cancer Exercise.

Ascension Via Christi St. Joseph – located at 3600 E Harry, Wichita, 67218

Services available through this hospital, located in southeast Wichita, include the following:

- NewLife Center for Labor and Delivery – provides the special touches of a freestanding childbirth center with access to all the technology and specialists that might be needed during labor and delivery.
- Neonatal Intensive Care Unit – when complications during and after childbirth threaten the health of a newborn, the staff and specialists in the NICU are there to provide immediate and quality care for each newborn.
- Senior Behavioral Health – provides integrated medical and behavioral healthcare for seniors suffering from dementia and other medical illnesses.
- Forensic Nursing participates in a community-based collaborative response for all victims of sexual assault.

- The St. Joseph campus emergency room is staffed 24 hours a day, 365 days a year.
- Diagnostic imaging and laboratory services available at AVCSJ include:
    - CT
    - Ultrasound
    - Vascular medicine
    - Nuclear medicine
    - DEXA bone density scan
    - Digital mammography
    - X-ray
    - Fluoroscopic imaging
    - MRI (available through AVC Imaging)

Ascension Via Christi St. Teresa – located at 14800 W St Teresa, Wichita, 67235

Services available through this hospital, located in northwest Wichita, include the following:

- The St. Teresa campus emergency room is staffed 24 hours a day, 365 days a year and is pediatric friendly.
- Six state-of-the-art operating rooms
- Diagnostic imaging and laboratory services
    - CT
    - Diagnostic x-ray
    - Nuclear medicine
    - Ultrasounds
    - MRI (available through AVC Imaging)
- Inpatient pharmacy
- Critical care unit
- Orthopedics unit which serves patients with orthopedic injuries and conditions, which include those affecting the bones, muscles, ligaments, tendons and nerves.
- Inpatient and outpatient rehabilitation program which includes physical therapy, occupational therapy and speech therapy.
- Cardiovascular care

Ascension Via Christi Rehabilitation Hospital – located at 1151 N Rock Road, Wichita, 67206 and 14800 W St. Teresa, Wichita, 67235

Services available through this hospital, located in east Wichita, with an additional campus at St. Teresa in northwest Wichita, include the following:

- Specialized rehabilitation facility that offers comprehensive inpatient and outpatient therapy for children, including toddlers, and adults, and provides rehabilitation treatment for stroke, spinal cord injuries, limb loss, congenital deformity, major medical trauma, femur facture, brain injury, neurological disorder, burns or other diagnoses which require intensive therapy services.
- Individualized therapy programs consisting of at least three hours of therapy per day five days a week.
- A comprehensive range of medical services are provided, including full-time physician supervision.
- Typical care teams at AVCRH may include:
    - Physician – primary physician will be board certified in physical medicine and rehabilitation. They lead the rehabilitation team and oversee personal treatment plans to ensure each patient becomes as independent as possible.
    - Case manager – works with patients and their family to keep all informed of the interdisciplinary team's treatment goals and assists in coordinating care needed upon the return home.
    - Occupational therapist – assist each patient with the normal activities of daily living such as dressing, grooming, bathing, eating and other functional activities.
    - Physical therapist – works with each patient to improve their mobility and strength to increase functional independence with walking, getting in and out of bed and improving balance.
    - Rehabilitation nurses – assist with medical needs and skills patients are working on in therapy. Nurses are on duty 24 hours a day, seven days a week.
    - Speech therapist – work with patients to improve areas of communication, such as speaking, swallowing, comprehension, writing and reading.
    - Specialty staff also includes chaplains, pharmacists, internal medicine physicians, rehabilitation optometrists, respiratory therapists and dieticians.
- AVCRH offers state-of-the-art specialty equipment including:
    - Bioness – neuroprosthetic system that helps patients improve hand and leg movement
    - LiteGait – helps patients regain a normal walking pattern after lower extremity weakness without fear of falling
    - Vital-Stim – a therapy used to retrain swallowing function by stimulating the muscles responsible for swallowing
    - LokomatPro – cutting edge technology utilizing a treadmill with robotic legs to help patients regain their ability to walk
    - ArmeoSpring – robotic technology to help patients regain active movement of the hand and arm

Kansas Surgery & Recovery Center – located at 2770 N Webb Road, Wichita, 67226

Kansas Surgery & Recovery Center (KSRC) is a physician-led hospital specializing in orthopedics. Owned in partnership with Ascension Via Christi and area physicians, the hospital has been in operation for 24 years. Licensed for up to 34 beds, it features 14 operating rooms, two special procedure rooms and 30 pre- and post-operative stations. Services available through this hospital, located in northeast Wichita include the following:

- Total joint replacement
- Knee surgery
- Hip surgery
- Shoulder surgery
- Plastic surgery

Statistics based on HealthGrades analysis of MedPAR data for years 2014 through 2016 and represent three-year estimates for Medicare patients only. In a publication published on October 17, 2017 and titled "Kansas Surgery & Recovery Center Recognized by HealthGrades as Top 10% in Nation for Joint Replacement." Awards given by HealthGrades to KSRC include:

- Five-star recipient for Total Knee Replacement for six consecutive years
- Five-star recipient for Total Hip Replacement and Spinal Fusion Surgery in 2018

Rock Regional Hospital – located at 3251 N Rock Road, Derby, KS 67037

Rock Medical Assets, made up of the developers, local investors and private capital firms, owns the for-profit hospital as well as an ambulatory center it bought from Derby Family Medicine in 2018. Ascension Via Christi became a 25 percent owner in the hospital when it signed an agreement in October 2018.

Services available through this hospital include:

- 4 state-of-the-art operating suites
- 2 procedure rooms
- 2 heart catheterization suites
- 24 private patient suites
- Emergency room which is open 24 hours a day, 7 days a week
- 7 ICU suites
- Advanced imaging services – CT, Fluoroscopy, MRI, Radiography, Ultrasound and Nuclear Medicine

COMMUNITY SERVED – SEDGWICK COUNTY

Composition of Population by Age and Race

In the five-year period between 2013 and 2017, Sedgwick County residents consistently comprised 17.5 to 17.6 percent of the state's total population. During this same period, Sedgwick county recorded an increase of 9,716 individuals or a 1.9 percent increase.

In looking at the ages of the county's population, the county is growing older as seniors are outpacing the other age groups. See Table 5.

Table 5. Population by Age Category (2013[4] and 2017[5])

	2013 Population by Age, in Years					2017 Population by Age, in Years				
County	**Under 5**	**5 - 17**	**18-24**	**25 - 64**	**65+**	**Under 5**	**5 - 17**	**18-24**	**25 - 64**	**65+**
Sedgwick	38,926	95,036	49,060	258,692	59,054	37,650	95,253	49,260	260,804	67,517
% Change from 2013 to 2017						-3.3%	0.23%	0.41%	0.82%	14.3%

The year 2030[8] marks a demographic turning point for the United States. Beginning that year, all Baby Boomers will be older than 65. This will expand the size of the older population so that one in every five Americans is projected to be retirement age. By 2035, *Population Estimates and Projections* from the U.S. Census Bureau project that older adults will outnumber children for the first time in U.S. history.

Beyond 2030, the U.S. population is projected to grow slowly, to age considerably, and to become more racially and ethnically diverse. Despite slowing population growth, particularly after 2030, the U.S. population is still expected to grow by 78 million people by 2060, crossing the 400-million threshold in 2058.

Estimates made by the U.S. Census Bureau of the numbers of persons in the major race categories can assist in understanding the changing composition of the local population. In Kansas, in both 2013 and 2017, approximately 85 percent of the population was of White/Caucasian background. Table 6 shows the breakout of the Sedgwick County population by race.

Composition of Population by Hispanic Ethnicity

The federal government treats Hispanic ethnicity and race as separate and distinct concepts. In surveys and censuses, separate questions are asked on Hispanic ethnicity and race. The question on Hispanic ethnicity asks respondents if they are Spanish, Hispanic or Latino. Hispanics may be of any race.[9]

Table 6: Population by Race for Sedgwick County, Kansas – 2013 and 2017 Comparison

Racial Background	Census Year	Kansas		Sedgwick County	
		#	%	#	%
Asian	2013	70,408	2.5	20,369	4.1
	2017	80,738	2.8	22,239	4.3
Black	2013	164,299	5.7	45,273	9.0
	2017	168,470	5.8	46,134	9.0
Caucasian	2013	2,449,273	85.4	394,966	78.9
	2017	2,465,518	84.9	403,703	79.1
Native American	2013	23,958	0.8	4,286	0.8
	2017	23,503	0.8	4,607	0.9
Multi-Racial	2013	92,475	3.2	20,663	4.1
	2017	98,415	3.4	20,091	4.0
Pacific Islander	2013	1,887	0.1	383	0.1
	2017	1,923	0.1	194	0.1
Other Race	2013	65,807	2.3	14,828	3.0
	2017	65,253	2.2	13,516	2.6
Total	2013	2,868,107	100.0	500,768	100.0
	2017	2,903,820	100.0	510,484	100.0

Table 7 provides a comparison of the data for 2013 and 2017, providing information against which to measure the magnitude of the difference in percentages for the populations of Hispanic ethnicity within Kansas and Sedgwick County. Again, because these estimates are continually being revised by the Census Bureau, the data should not be regarded as the precise count. Nevertheless, the general picture the estimates depict is a reasonable portrayal of the changing composition of the populations.

Nationwide, the non-Hispanic White population is projected to shrink over coming decades, even as the United States population continues to grow. The decline is driven by falling birth rates and rising number of deaths over time as the non-Hispanic White population ages. [10] By the year 2045, the United States is projected to shift to a majority, minority country, meaning that less than half of the population will be non-Hispanic Whites. [10]

The population of Kansas is aging, growing more slowly than the population of the United States as a whole, becoming increasingly diverse and concentrating in the state's urban areas. Given current growth patterns, the majority, non-Hispanic White population in Kansas is projected to continue to decline, while minority populations are projected to increase.

Table 7: Population by Hispanic Ethnicity for Kansas and Sedgwick County

Hispanic Ethnicity	Census Year	Kansas		Sedgwick County	
		#	%	#	%
Hispanic	2013	308,122	10.7	66,040	13.2
	2017	334,860	11.5	72,080	14.1
Non-Hispanic	2013	2,559,985	89.3	434,728	86.8
	2017	2,568,960	88.5	438,404	85.9
Total Population	2013	2,868,107	100.0	500,768	100.0
	2017	2,903,820	100.0	510,484	100.0

A 2018 report by the Kansas Health Institute [11] projected demographic trends over the next 50 years, without attempting to take into consideration potential major changes in immigration or economic development policies, technological advances or other factors that could have a significant impact on population patterns. These population projections yield a picture of an older, more diverse and more urban Kansas. Table 8 displays dates by which various Kansas geographies are projected to become majority/minority, when less than half of the population will be non-Hispanic White.

Table 8: Projected Timeline for Population Areas to Reach Majority/Minority Status

Geographic Area	Year or Years
United States	2045
Kansas	2061-2066
Sedgwick County	2041-2046

Wichita Minority Residence Patterns

According to the U.S. Census Bureau's American Community Survey, the population of the City of Wichita in 2013 was 383,703 of whom 286,707 (74.7 percent) were nonminority (i.e., White). By 2017, the population of the city of Wichita grew to 389,054 individuals, of whom 292,906 (75.3 percent) were nonminority.

This growth represented an increase of 6,199 individuals (or 2.2 percent) in the nonminority population and a decrease of 848 individuals (or -0.9 percent) in the minority population, for a net population increase of 5,351 individuals or 1.4 percent.

Twenty-six postal Zone Improvement Plan (ZIP) codes are assigned to metropolitan Wichita by the United States Postal Service. Traditionally members of the minority population in Wichita resided in the central and northeast portions of the city. According to the American Community Survey, 13 of the 26 Wichita ZIP codes were comprised of at least 20 percent minority populations in 2013, as displayed in Table 9.

In 2017, 11 of the 26 Wichita ZIP codes were comprised of at least 20 percent minority populations; the 67202 and 67203 ZIP code areas no longer had a minority population over 20 percent (at 14.4 and 18.2 percent, respectively).

In general, these ZIP codes are near the north/south corridor through Wichita (I-135), in the northeast portion of the city, in the core of the city, and in the southeast portion of the city including the area near McConnell Air Force Base (67210/67207).

Several of the more affluent ZIP codes around the edges of the city had minority populations of 10 percent or less. In 2017, five ZIP codes had minority populations of less than 10 percent including 67209 with a white population of 90.9 percent and 67235 with a white population of 91.0 percent). Three ZIP codes (67223, 67227 and 67232) were each estimated to have an all-white population (100.0 percent).

Table 9: Percent of Minority Population in each ZIP Code, if 20 Percent or Greater (Wichita, 2013 [7] and 2017 [1]) Sorted in Order of 2013 Percentages

Residence	% Minority Population			Residence	% Minority Population	
ZIP Code	2013	2017		ZIP Code	2013	2017
67214	62.6%	57.8%		67202	26.4%	14.4%
67207	44.9%	42.4%		67218	25.2%	33.7%
67220	43.5%	41.0%		67226	21.7%	21.8%
67208	41.0%	39.4%		67203	21.6%	18.2%
67210	38.8%	38.8%		67216	21.0%	21.2%
67219	32.9%	38.5%		67204	20.1%	24.7%
67211	27.0%	27.1%				

Employment

For each of the past five years, between 16.5 and 16.6 percent of the state's civilian labor force has been in Sedgwick County, and slightly fewer than one in every four (24.2 to 24.4 percent) individuals in the state's labor force have been in the eight-county South Central Kansas area.[12]

Employment data closely mirror workforce data, as for each of the past five years, with 16.4 percent of the state's employed labor force employed in Sedgwick County, and 24.0 to 24.2 percent of state's employed labor force being employed in the eight-county South Central Kansas area. For each of the past five years, employees in Sedgwick County have comprised approximately two-thirds (67.9 to 68.4 percent) of the Southcentral Kansas labor force.

The number of unemployed workers in the eight-county South Central Kansas area decreased by 6,735 during the five-year period, from 21,395 in 2013 to 14,660 in 2017. Sedgwick County accounted for much of that decrease, moving from 15,175 unemployed in

2013 to 10,335 unemployed in 2017, a decrease of 4,840 unemployed workers. In Sedgwick County, unemployment rates for the period decreased from 6.2 percent in 2013 to 4.2 percent in 2017.

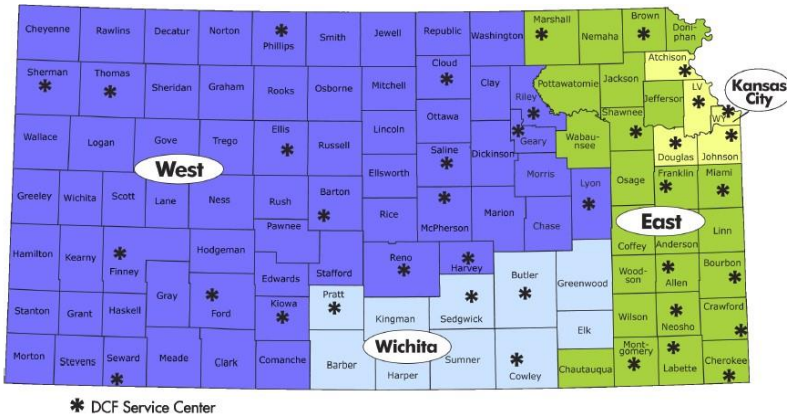
A more complete picture of the economic overview for Sedgwick County and South-Central Kansas can be found in Volume 1 of the 2019 Community Needs Assessment called the Environmental Scan located on the UWP webpage (http:www.unitedwayplains.org).

Public Assistance

The Kansas Department for Children and Families (formerly, SRS)[13] was established in 1973 as an umbrella agency to oversee the delivery of social services and the provision of care to the vulnerable. It was originally established as the Department of Social and Rehabilitation Services (SRS) and was renamed in July 2012. Its mission is "to protect children, promote healthy families and encourage personal responsibility."[14]

Prior to the organizational transformation, Sedgwick County was the single county overseen by the Wichita Regional SRS Office. In 2012, the area of responsibility for the Wichita Regional Office was expanded to also include Barber, Butler, Cowley, Elk, Greenwood, Harper, Kingman, Pratt and Sumner counties. Figure 2 displays the four current regions defined for service delivery for the Department for Children and Families[15] (i.e., Wichita, Kansas City, East Kansas and West Kansas).

Figure 2: Department for Children and Families (DCF) Regions



The Kansas Department for Children and Families (DCF) provides various types of assistance to Kansans in need. In the following pages, this report overviews three types of assistance -- Temporary Assistance for Needy Families, Food Assistance and Child Care Assistance. These programs do not represent an exhaustive listing of all programs and assistance available through DCF.

Data indicate steadily decreasing trends in the monthly average number of people receiving cash assistance through Temporary Assistance for Needy Families, the number of persons receiving food assistance and the number of children benefitting from Child Care Assistance.

Temporary Assistance for Needy Families[16]

Cash assistance is currently known as Temporary Assistance for Needy Families (TANF), a support available under the Successful Families Program. This program offers employment and support services to low-income families; that support may include cash assistance.

To qualify for assistance from the Successful Families Program, households must meet certain income and limited resource requirements. For the purposes of this program, families are defined as including a child who may be living with a parent, a relative or a person named by a court to take care of the child, such as a guardian, conservator, or custodian. Families must have at least one child in the home under the age of 18; this can include an unborn baby.

Adults must work or participate in work activities to receive cash assistance for their family, unless they take care of a child under two months of age or take care of a disabled household member. Families can only get cash assistance for 24 months in a lifetime and are not to use their cash benefits to purchase alcohol, tobacco products, lottery tickets, concert tickets or tickets for professional sports, collegiate sports or other entertainment events intended for the public.

Families may qualify to receive cash assistance while they look for work if they meet program requirements. One of these requirements includes cooperating with DCF Child Support Services Division. Families who receive cash assistance may also qualify to receive medical benefits and child care assistance.

The amount of cash benefit provided depends upon the family's income and the county where the family lives. Table 10 presents the maximum monthly cash benefit a family can receive, based on family size.

Table 10: Maximum Monthly Cash Assistance Payments
Temporary Assistance for Needy Families[17]
State Fiscal Year 2015 (State Fiscal Year - July 1 to June 30)

	County Designation			
Family Size	**High Cost/High Population**	**High Population**	**High Cost Rural**	**Rural**
1	$186	$175	$170	$168
2	$284	$271	$265	$263
3	$375	$359	$352	$349
4	$449	$432	$425	$421

Families of 5 or more: add $61 for each additional person

In State Fiscal Year (SFY) 2017, the Kansas Department for Children and Families' annual expenditure for Temporary Assistance for Needy Families (TANF) Cash Assistance was $14,940,029, about half (51.1 percent) of what it had been in SFY 2013 ($29,221,343). The average number of persons receiving cash assistance from the TANF program in Sedgwick County during SFY2017 was 3,003 compared to 5,432 in SFY2013.[18]

Food Assistance Program[19]

The United States Department of Agriculture's Supplemental Nutrition Assistance Program (SNAP), formerly known as the Food Stamp Program, provides qualifying low-income households with food benefits, access to a healthy diet and education on food preparation and nutrition. In Kansas, the program is administered through the Kansas Department for Children and Families (DCF) and is known as the Food Assistance Program.

The Food Assistance Program provides the Electronic Benefit Transfer (EBT) Kansas Benefit card to eligible persons for use in purchasing food and plants to grow food from local grocery stores and selected farmers' markets. Other items which can be purchased from farmers markets include fresh, locally grown fruits and vegetables, breads, jams and meats. The program provides crucial support to elderly households, to low-income working households, to other low-income households that include the unemployed or disabled and to households transitioning from welfare to work.

Any single individual, household or group of individuals who live and eat together, whose income and resources are low and who meet certain basic program requirements can qualify. This may include persons who work but have a low income, persons who are unemployed, persons 60 years of age and older, and persons with disabilities. Food assistance income limits go up as household size increases. The amount of assistance eligible persons receive is based on household size and amount of income after deductions. Household members do not have to be related to be considered part of the household.

In SFY 2017, the Kansas Department for Children and Families' annual expenditure for Food Assistance was $323,926,466, a decrease of $147,625,504 (31.3 percent) from the SFY 2013 annual expenditure of $471,551,970. In SFY2017, there were 61,776 SNAP recipients living in Sedgwick County, a 23.3 percent decrease when compared to SFY2013.

Child Care Assistance Program[20]

The Child Care Subsidy Program administered through the Kansas Department for Children and Families helps pay for child care costs for families who receive TANF (Temporary Assistance for Needy Families); low-income, working families; teen parents completing high school or a General Equivalency Diploma (GED), as well as some families in education or training activities to keep a job or get a better job.

If the family's income meets program standards, they may qualify for child care assistance. Most families must pay part of the child care costs, using this assistance towards the cost of the care from their chosen child care provider.
The family and the child must live in Kansas, and the child must be under age 13. If a child aged 13 to 18 years old cannot provide self-care, the family may, in certain cases, qualify for assistance. Children overseen by the court may also qualify for assistance. If a parent is absent from the home, the parent who is in the home must work with Child Support Enforcement.

Types of child care which may qualify for assistance include a licensed child care center, a licensed family child care home, a licensed group child care home, a provider who comes into the child's home or a child's relative when the child goes to the relative's home. Relatives can include grand-parents, great-grandparents, siblings or an aunt/uncle of the child. Cousins, great-aunts and great-uncles do not meet the relationship requirement. Child care assistance is not provided for people caring for their own children or for providers who live in the same household as the child.

In this program, a subsidy amount goes to the parent or other qualified adult based on the number of children served. Benefits are paid to the eligible applicant through the Electronic Benefit Transfer (EBT) Kansas Benefits card, to be applied to child care costs. Benefits may or may not cover the entire cost of child care charged by a provider. Assistance amounts vary by family based on individual case circumstances.

In State Fiscal Year 2017, the Kansas Department for Children and Families' annual expenditure for Child Care Assistance was $42,140,819, which was 69.7 percent of what it had been five years earlier (SFY 2013: $60,420,922), a decrease of $18,280,103. The number of children benefiting from Child Care Assistance in Sedgwick County in SFY2017 was 3,172 compared to 4,697 in SFY2013 – a decrease of 32.5 percent.

Local Indicators of Poverty

According to the 2017 American Community Survey, 12.8 percent of Kansans had income in the past 12 months below the federal poverty level. Sedgwick County came in at 14.7 percent.[21] In 2017, 16.4 percent of Kansas children younger than 18 years of age lived in households which had income in the past 12 months below the federal poverty level. In Sedgwick County, that percentage increased to 20.5 percent for 2017.[22]

In 2017, 12.6 percent of Kansas adults 18 to 64 years of age lived in households which had income in the past 12 months below the federal poverty level(FPL). Sedgwick County again ranked higher than the State of Kansas reporting 13.5 percent of adults living in households who income fell below the FPL. The 13.5 percent represented 41,270 individuals for Sedgwick County alone. [23]

In 2017, 7.6 percent of Kansas seniors at least 65 years of age lived in households which had income in the past 12 months below the federal poverty level. Again, Sedgwick County represented a higher percentage than that reported by the State of Kansas. Coming in with an 8.5 percent of the senior population living below poverty levels whom represent 5,556 individuals.[24]

Poverty Guidelines

The U.S. Department of Health and Human Services (HHS) poverty guidelines are adjusted to reflect annual increases in prices for the previous calendar year as measured by the Consumer Price Index for All Urban Consumers. The poverty guidelines are calculated each year from the latest published Census Bureau poverty thresholds, not from the previous year's guidelines. The 2018 poverty guidelines reflect the 2.1 percent price increase between calendar years 2016 and 2017. After this inflation adjustment, the guidelines have been rounded and adjusted to standardize the differences between family sizes.

Education

The impact of investment in education is profound: education results in raising income, improving health, promoting gender equality, mitigating climate change, and reducing poverty. Starting at an early, pre- school age and changing and adapting as children grow and mature into youth and young adults, educating "the next generation" – the future workforce, the future voters, the future leaders – is a critical task.

Table 11: 2018 Poverty Guidelines[25]
(for the 48 Contiguous States and the District of Columbia)

Size of Family Unit*	Poverty Guideline (Annual Income)	Size of Family Unit*	Poverty Guideline (Annual Income)
1	$12,140	**5**	$29,420
2	$16,460	**6**	$33,740
3	$20,780	**7**	$38,060
4	$25,100	**8***	$42,380

*For family units with more than 8 members, add $4,320 for each additional member.

United Way and many community partners are focused on the importance of early childhood development, improving school readiness so young children can enter school ready to succeed. United Way Success By 6® initiative includes early learning programs, child care, parent education, health literacy and family resource center programs. Educational and child development programs such as Head Start and Early Head Start are targeted toward children before they enter Kindergarten. United Way also coordinates community programs in support of childhood literacy, such as:

- Dolly Parton Imagination Library: The focus of this Library program is to provide new books monthly to preschool children at their homes to stimulate their imaginations, grow their personal libraries and encourage reading at an early age.

- Read to Succeed: Third grade marks a pivot point in reading. Until then, most students are learning to read; after that time, they are reading to learn. The focus of the Read to Succeed program is to match community volunteers with borderline third-grade students, for whom weekly reading interventions are likely to have the most impact.

School attendance plays an important role in achieving academic success, starting with students' first entry into school. Attending school regularly is essential to students gaining the academic and social skills they need to succeed. Starting as early as preschool and kindergarten, chronic absence—missing 10 percent of the academic year—can leave third graders unable to read proficiently, sixth graders struggling with coursework and high school students off track for graduation. Students who live in poverty are the most likely to have poor attendance over multiple years and least likely to have the resources to make up for the lost time in the classroom.[26]

Through its *Be There* initiative, United Way of the Plains is working with public school districts and other community partners to intervene when attendance is a problem for children or schools. Through media outreach to explain why the issue of school attendance matters, United Way is building public awareness about the need to address chronic absence and to track attendance for individual students. United Way and its community partners are also focused on the importance of remaining in school, completing a high school education, and establishing a solid educational base that will provide long-term financial stability to individuals and their families. This section of the report focuses on primary and secondary (Kindergarten through 12th), post-secondary and technical education.

Kindergarten through 12th Grade

In addition to the traditional "Three R's" -- reading, writing and arithmetic -- primary and secondary schools attempt to teach the basic knowledge of subjects such as history, geography, chemistry, physics, politics and advanced mathematics, encouraging mastery of a wide range of skills.

This section on primary and secondary education will examine five-year trends in school enrollment; racial and ethnic composition of student enrollment; Free and Reduced Meals (FARM) as an indicator of student/family poverty; rates of student dropouts; and nonpublic education such as private schools, religious based schools and homeschooling.

Kansas[27] School Enrollment

In Kansas schools, the total enrollment for public, private and religious-based schools has remained steady over the past five years, with an average annual enrollment of approximately 519,719 students. The percentage of white students attending schools in Kansas trended slightly downward, with 3.3 percent fewer white students (n = 11,456)

attending in the 2017-2018 academic year statewide than attended in the 2013-2014 academic year. Student populations of Black and Native American students also trended downward during the five-year period, with 3.4 percent fewer Black (n = 1,230) and 6.9 percent Native American (n=358) students statewide.

Student populations of Hispanic, multi-racial and Asian race or ethnicity trended upward between the 2013-2014 and 2017-2018 academic years with statewide increases of 7,078 Hispanic students (7.4 percent), 2,780 multi-racial students (11.7 percent), and 809 Asian students (5.3 percent).

Sedgwick County[27] School Enrollment

In Sedgwick County overall, the total annual enrollment for public, private and religious-based schools for the past five years has averaged approximately 93,433 students, varying up or down from that average by a few hundred students each year.

Like what was occurring at the State level, the percentage of white students attending schools in Sedgwick County trended downward, with 2.7 percent fewer white students (n = 1,351) attending in the 2017-2018 academic year than attended in the 2013-14 academic year. Student populations of Sedgwick County Asian and Native American students also trended downward during the same five-year period, with 2.7 percent fewer Asian students (n = 111) and 21.4 percent fewer Native American students (n = 226).

Table 12: State of Kansas School Enrollment by Group;[27] Grades K – 12 Public, Private and Religious-Based Schools

	2013-2014		2014-2015		2015-2016		2016-2017		2017-2018	
Group	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
White	346,102	66.4%	343,073	65.8%	340,118	65.4%	336,140	65.0%	334,646	64.5%
Black	35,927	6.9%	35,739	6.9%	35,521	6.8%	34,678	6.7%	34,697	6.7%
Hispanic*	95,029	18.2%	97,685	18.7%	99,482	19.1%	100,458	19.4%	102,107	19.7%
Native Am.	5,187	1.0%	5,022	1.0%	4,740	0.9%	4,652	0.9%	4,829	0.9%
Asian	15,156	2.9%	15,369	2.9%	15,450	3.0%	15,675	3.0%	15,965	3.1%
Multi-racial	23,688	4.5%	24,320	4.7%	24,941	4.8%	25,733	5.0%	26,468	5.1%
Total	521,089	100.0%	521,208	100.0%	520,252	100.0%	517,336	100.0%	518,712	100.0%

Column percentages may not sum to exactly 100 percent due to rounding.
Data include the following students: Special Education 3 and 4-year-olds, nongraded and 4-year-old at-risk.
* Kansas State Department of Education records accept Hispanic ethnicity as a race category, rather than an ethnic background.

The Hispanic student populations trended upward, with an increase of 1,799 Hispanic students (8.4 percent) in Sedgwick County schools. The number of Black Sedgwick County students increased by 513 students, a 5.0 percent increase. In addition, the number of students identified as multi-racial increased 2.3 percent (n = 136 students)

during the five-year period, with 5,804 in the 2013-2014 academic year and 5,940 in the 2017-2018 academic year.

Wichita Public Schools (USD 259)[27]

The Wichita Public School system is the largest public school district in South Central Kansas. Total enrollment numbers have remained stable over the past five years, with an average annual enrollment of approximately 50,738. This includes students in Kindergarten through 12th Grade, Special Education 3- and 4-year-olds, nongraded students and 4-year-old at-risk students.

The population of Black students and students of Hispanic ethnicity were the only groups to show increases from the 2013-2014 academic year to the 2017-2018 academic year. The number of students of Hispanic ethnicity increased by 837 students (or 5.0 percent) and the number of Black students increased by 457 (or 4.9 percent) during that time.

All other race categories of students showed declines over the past five years, including decreases of 23.5 percent for Native American students (n=149), 11.1 percent for multiracial students (n=469) and 5.8 percent for White students (n=1,004).

Table 13: Sedgwick County School Enrollment by Group;[27] Grades K - 12 Public, Private and Religious-Based Schools

Group	2013-2014		2014-2015		2015-2016		2016-2017		2017-2018	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
White	50,411	54.2%	50,292	53.8%	50,158	53.5%	49,345	52.9%	49,060	52.3%
Black	10,217	11.0%	10,396	11.1%	10,498	11.2%	10,531	11.3%	10,730	11.4%
Hispanic*	21,400	23.0%	21,910	23.4%	22,275	23.8%	22,733	24.4%	23,199	24.7%
Native Am.	1,058	1.1%	1,077	1.2%	979	1.0%	892	1.0%	832	0.9%
Asian	4,098	4.4%	4,086	4.4%	4,056	4.3%	4,003	4.3%	3,987	4.3%
Multi-racial	5,804	6.2%	5,741	6.1%	5,706	6.1%	5,750	6.2%	5,940	6.3%
Total	92,988	100.0%	93,502	100.0%	93,672	100.0%	93,254	100.0%	93,748	100.0%

Column percentages may not sum to exactly 100 percent due to rounding.
Data include the following students: Special Education 3 and 4-year-olds, nongraded and 4-year-old at-risk.
* Kansas State Department of Education records accept Hispanic ethnicity as a race category, rather than an ethnic background.

Student Enrollment - Racial and Ethnic Composition

There are ten public school districts in Sedgwick County and nine public school districts in Butler County. Within these 19 public school districts, the racial and ethnic makeup of the student population varies. During the 2018-2019 academic year, only in the Wichita public school district did a minority majority of students exist. That is, only in USD 259

(where racial and ethnic minorities comprised 67.5 percent of the student enrollment) were more "students of color" found than white students.

Group	Table 14: Wichita School Enrollment by Group,[27] Grades K - 12, Public Schools									
	2013-2014		2014-2015		2015-2016		2016-2017		2017-2018	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
White	17,412	34.3%	17,356	34.1%	17,301	33.9%	16,798	33.2%	16,408	32.5%
Black	9,275	18.3%	9,420	18.5%	9,569	18.8%	9,610	19.0%	9,732	19.3%
Hispanic*	16,797	33.1%	17,066	33.5%	17,191	33.7%	17,433	34.5%	17,634	35.0%
Native Am.	633	1.2%	633	1.2%	582	1.1%	518	1.0%	484	1.0%
Asian	2,408	4.7%	2,388	4.7%	2,372	4.7%	2,389	4.7%	2,403	4.8%
Multi-racial	4,224	8.3%	4,109	8.1%	3,973	7.8%	3,818	7.6%	3,755	7.4%
Total	50,749	100.0%	50,972	100.0%	50,988	100.0%	50,566	100.0%	50,416	100.0%

Column percentages may not sum to exactly 100 percent due to rounding.

Data include the following students: Special Education 3 and 4-year olds, nongraded and 4-year-old at-risk.

* KSDE records accept Hispanic ethnicity as a race category, rather than an ethnic background.

Aside from the Wichita public school district, the other 18 public school districts in Sedgwick and Butler counties all had higher percentages of white students than the state of Kansas as a whole (334,646 white students of 518,712 total students, or 64.5 percent).

The Derby public school district had the second highest percentage of racial or ethnic minority students (31.6 percent). In the balance of Sedgwick and Butler County public school districts, at least seven in ten students were non-minority white.

Indicator of Poverty -- Free and Reduced Meals (FARM)

Several Child Nutrition Programs in public school districts are federally subsidized through the United States Department of Agriculture (USDA). Regulations define a household's eligibility to participate on either a full paid, reduced price or free basis. A household's eligibility is based on income eligibility guidelines issued annually by the federal government.[28]

During the 2018-2019 academic year, approximately 75 percent of the Wichita public school district's students qualify for free or reduced-price meals.[29]

USD 259's Food Production Center was built in the mid-1970s to provide approximately 13,000 lunches. Today, the Wichita school district's Nutrition Services serves approximately 32,000 lunches and 13,000 breakfasts daily to District students. Included within those, approximately 1,200 special diets are provided for children with food allergies and other special dietary needs, such as texture modifications. [29]

Table 15: White Students as a Percentage of Total Enrollment – Public School Districts in Sedgwick [27] (2017-2018 Academic Year) Sorted in Order of Percent White Students				
		All Students	White Students	
County	Public School District	#	#	%
	State of Kansas	**518,712**	**334,646**	**64.5%**
Sedgwick	Wichita, USD 259	50,416	16,408	32.5%
Sedgwick	Derby, USD 260	7,211	4,935	68.4%
Sedgwick	Haysville, USD 261	5,267	4,041	76.7%
Sedgwick	Maize, USD 266	6,636	5,321	80.2%
Sedgwick	Valley Center, USD 262	2,944	2,366	80.4%
Sedgwick	Goddard, USD 265	5,767	4,759	82.5%
Sedgwick	Mulvane, USD 263	1,781	1,542	86.6%
Sedgwick	Cheney, USD 268	804	720	89.6%
Sedgwick	Clearwater, USD 264	1,136	1,033	90.9%
Sedgwick	Renwick, USD 267	1,839	1,713	93.1%

During the 2017-2018 academic year, the District's Central Office processed 43,983 applications for free and reduced-price meals.[29] Children may receive free or reduced priced meals if their family's household income falls at or below the limits on the Federal Income Eligibility Guidelines, as indicated on Table 16.

Additional nutrition-related programs provided through the Wichita School District include:[29]

- The Fresh Fruit and Vegetable Program, operated in 34 elementary schools.
- Meals are provided to seven District Child Development Centers.
- Snacks are delivered to 45 Pre-K sites.
- The After-School Snack and/or the At-Risk After School Supper Programs operate in more than 60 schools.

Students in households receiving Food Assistance (FA), Temporary Assistance for Families (TAF), or Food Distribution Program on Indian Reservations (FDPIR) are eligible for free meals, as are foster children who are under the legal responsibility of a foster care agency or court; children who meet the definition of homeless, runaway, or migrant.[30]

Although not 100 percent accurate, information regarding percentage of students qualifying for free and reduced enrollment and meals is often accepted as a proxy for students' household poverty levels. As such, the assumption follows that a school district in which more than seven in ten students (Wichita, 72.0 percent for 2017-2018 academic year) qualified to receive free and reduced meals would expect to deal with more

household poverty related issues than a district in which fewer students qualified to receive such meals.

As the data in Table 16 indicates, during the 2017-2018 academic year, nearly half of Kansas Kindergarten through 12th grade students (46.4 percent; 240,725 of 518,712) qualified for free or reduced enrollment and meals. During that same year, nearly three in four Wichita Public School District students (72.0 percent; 36,319 of 50,416) qualified to receive free or reduced enrollment and meals.

Table 16: Federal Income Eligibility Chart for School Year 2018-2019[30]

Household Size	Household Income		
	Annual	Monthly	Weekly
1	$22,459	$1,872	$432
2	$30,451	$2,538	$586
3	$38,443	$3,204	$740
4	$46,435	$3,870	$893
5	$54,427	$4,536	$1,047
6	$62,419	$5,202	$1,201
7	$70,411	$5,868	$1,355
8	$78,403	$6,534	$1,508
Each Additional Person	$7,992	$666	$154

Dropouts

Kansas state statute (K.S.A. 72-1111) requires that a child who has reached the age of seven and is under the age of 18 be enrolled in and attend school continuously each year. Any student who leaves school and does not enroll in another school or program that culminates in a high school diploma is considered to be a dropout. Further, if a child is 16 or 17 years old, the child shall be exempt from compulsory attendance if regularly enrolled in a program recognized by the local board of education as an approved alternative educational program or if child and parent (or person acting as parent) both sign disclaimer regarding academic skills child has not yet achieved. The dropout rate is calculated annually and reflects the number of seventh– twelfth grade students who drop out in any one school year.[31]

To track data on dropouts and graduations, the Kansas State Department of Education relies on the Kansas Individual Data on Students (KIDS) system, a web-based application by which schools submit their student data several times a year for state and federal reporting purposes. Data uploaded from the student information system to KIDS are used to populate the Dropout Graduation Summary Report (DGSR).[32]

The dropout rate is not the inverse of the graduation calculation because:[32]

- The annual dropout rate is calculated using one year of data while the graduation rate is calculated using four years of data.
- The dropout rate is calculated on students in grades 7-12, while the graduation rate is calculated on students in grades 9-12

For the State of Kansas, overall, the rate of students dropping out of school while in grades 7 through 12 during the 2016-2017 academic year was 1.7 students per every 100 students. As Table 17 indicates, this translated to 3,642 students leaving school (7th through 12th grade) during the 2016-2017 academic year but before completing their high school education. The three area public school districts exceeding the state dropout rate included Wichita in Sedgwick County (3.8) and Douglass (3.4) and Circle (2.6) in Butler County. [33]

During the 2016-2017 academic year, the Wichita Public School District accounted for 9.2 percent of the state's students (that is, 19,685 of 214,228 students, grades 7 through 12) and 20.5 percent of the state's dropouts, (that is, 748 of 3,642 dropouts, grades 7 through 12).

Black Dropouts[33]

According to the State of Kansas Department of Education (KSDE), "the Family Educational Rights and Privacy Act (FERPA) prevents the disclosure of personally identifiable student information. KSDE has determined that any quantities less than 10 may be personally identifiable. Most public school districts in Sedgwick has at least one grade of students between 7th and 12th grade where there is at least one but fewer than 10 Black male students; as such, it is unable from the available reports to determine the actual number of Black male students in those districts.

One public school district – Clearwater, USD 264 in Sedgwick County has no Black male students in grades 7 through 12. Only the Wichita Public School District (USD 259) had at least 10 black male students at each grade level. As a result, only state-level data for total students, dropout rate and number of dropouts is displayed. During the 2016-2017 academic year, there were 7,561 Black male students enrolled in grades 7 through 12 in Kansas schools; their statewide dropout rate was 3.4 percent or approximately 257 students.

Hispanic Dropouts[33]

According to the State of Kansas Department of Education (KSDE), "the Family Educational Rights and Privacy Act (FERPA) prevents the disclosure of personally identifiable student information. KSDE has determined that any quantities less than 10 may be personally identifiable. Many public school districts in Sedgwick has at least one grade of students between 7th and 12th grade where there is at least one but fewer than

10 Hispanic male students; as such, it is unable from the available reports to determine the actual number of Hispanic male students in those districts.

During the 2016-2017 academic year, there were 20,219 Hispanic male students enrolled in grades 7 through 12 in Kansas schools; their statewide dropout rate was 2.8 percent or approximately 566 students.

Table 17: Dropouts –Grades 7 – 12 - Sedgwick* County Public School Districts 2016-2017 Academic Year - Sorted in Order of Dropout Rate**

Public School District	Students[27] Grade 7-12 Number	Dropouts*** Number	Dropouts*** Rate[33]
State of Kansas	**214,228**	**3,642**	**1.7**
Wichita, USD 259	19,685	748	3.8
Haysville, USD 261	2,484	37	1.5
Valley Center, USD 262	1,345	20	1.5
Flinthills, USD 492	145	2	1.4
Clearwater, USD 264	540	7	1.3
Derby, USD 260	3,011	39	1.3
Andover, USD 385	3,207	38	1.2
Goddard, USD 265	2,623	29	1.1
Maize, USD 266	3,349	20	0.6
Renwick, USD 267	865	5	0.6
Mulvane, USD 263	807	3	0.4

* Cheney USD 268 dropout data not available for the 2016-2017 academic year
** Dropout data not yet available for the 2017-2018 academic year.
*** Student count and rate data provided on KSDE website; numbers of dropouts are calculated values.

Non-Public Education in the United States

Although much of the data contained in this report pertain to public schools, it is important to remember that the non-public education community in this area and in the United States provides parents with important options for the education of their children. These options include private schools, home schooling, charter schools and virtual schools.

Private Schools

Choice is a defining characteristic of private schools as families may freely choose private education, and private schools generally choose which students to accept. Although nonpublic governance and enrollment choices are features that all private schools share, private schools vary widely.

Catholic Schools[34]**--** All Catholic schools within the eight-county South Central Kansas area are under the auspices of the Wichita Catholic Diocese. During the 2017-2018 academic year, there were 21 Catholic schools in Sedgwick County. A total of 7,869 students were enrolled in these 21 Catholic schools during the 2017-2018 academic year.

Racial and ethnic composition (Catholic Schools) – Total school enrollment, white students comprised 68.7 percent in Sedgwick County. Table 18 presents this data for students enrolled in Catholic schools in Sedgwick County.

Nearly two-thirds (61.3 percent) of the students who attend private or parochial schools in the eight-county South Central Kansas area attend Catholic schools. Approximately another one in four (27.4 percent) attend other religious-based private schools. See Table 19 for specific enrollment breakout.

Table 18: Wichita Catholic Diocese Enrollment[34] - Racial and Ethnic Composition, Grades PreK - 12 for Sedgwick County, Kansas (2017-2018 Academic Year)

Racial and Ethnic Composition	Number	Percent
Black	283	3.7%
Hispanic	1,385	17.6%
Native American	58	0.7%
Asian	735	9.3%
Subtotal	**2,461**	**31.3%**
White	5,408	68.7%
Total Student Enrollment	**7,869**	**100.0%**

Table 19: Students in Private Accredited and Non-Accredited Schools* (2017-2018 Academic Year)

	Total Private School Students	School Type		
		Catholic**	Other Religious	Non- sectarian
Sedgwick County	12,647	7,869	3,301	1,477***
Percent of Students	100.0%	61.3%	27.4%	11.3%

* Most data included in Table 19 came from the Catholic Diocese of Wichita; Kansas State Department of Education, K-12 School Reports, www.ksbe.state.ks.us; Association of Christian Schools International, http://www.acsi.org/member-search/index; or Private Schools Report, http://schools.privateschoolsreport.com

** Source: Catholic Diocese of Wichita.

*** Includes 905 students attending Wichita Collegiate, email, Oct. 18, 2018, Susie Sneed, Director of Admission, Wichita Collegiate School (students in early childhood, lower, middle and upper schools); 72 students attending Wichita Montessori School, email, Oct. 18, 2018; Jane Saunders, Director of Admissions (students enrolled, ages 3 through 11) and approximately 500 students attending the Independent School, email, October 22, 2018; Andrea Gartman (students enrolled).

Homeschooling

Homeschooled students are school-age children instructed at home instead of at a public or private school either all or most of the time. These children are ages 5 years through 17 and are in a grade equivalent to at least kindergarten and not higher than 12th grade.[35] Providing a child's elementary and secondary education at home rather than in public or private schools is a national trend that continues to see increasing numbers.

One challenge in collecting relevant data on homeschool students is that no complete list of homeschoolers exists, making it difficult to locate these individuals.[36] Also, families vary in their interpretation of what homeschooling entails. About one in five homeschoolers attend a brick-and-mortar school part-time; some parents choose to have their child schooled at home, but via virtual education and cyber schools, rather than personally providing the instruction.

As Table 20 indicates, in 2012, an estimated 1,773,000 students were homeschooled in the United States. This represents an increase from the estimated 1,520,000 students who were being homeschooled in 2007. The estimated percentage of the homeschooled school-age population increased from 3.0 percent in 2007 to 3.4 percent in 2012.[50]

Table 20: Home-Schooled Elementary and Secondary Age Students in the United States[37]

Year	# Home-Schooled Students	% School-Age Population
2016	1,690,000	3.3%
2012	1,773,000	3.4%
2007	1,520,000	3.0%
2003	1,096,000	2.2%
1999	850,000	1.7%

Between 2012 and 2016, the number of homeschooled students and their percentage of the school-age population would seem to decrease. Prior to 2012, surveying for the National Household Education Surveys Program was administered via interviewer-directed telephone surveying. The NHES for 2012 and 2016 used self-administered, paper surveys mailed to potential respondents. Measurable differences between estimates for years prior to 2012 and those for later years could reflect actual changes in the population. However, changes could be due to the change in methodology from telephone to mail.[37]

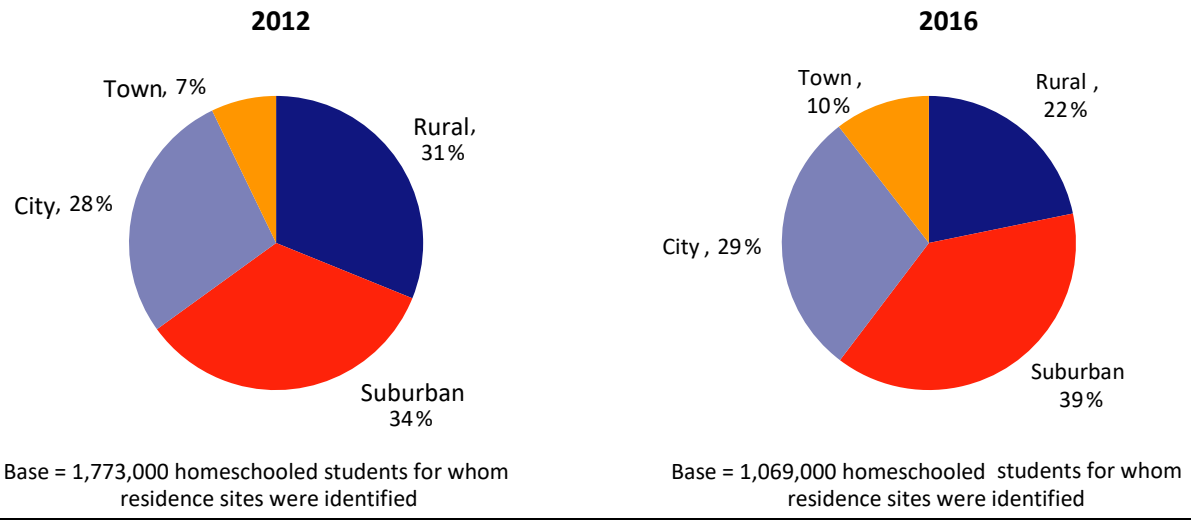
Among children homeschooled during the 2015-2016 academic year,[37] the highest percentage were white, representing nearly three in five homeschooled students.

Second most often (26.3 percent), children were of Hispanic ethnicity. Too few responses were received indicating homeschooled children of Native American background to make a reliable estimate; these children have been included in the "other" category in Table 21.

Among the homeschooled students for whom residence sites were identified, the percentage of students living in suburban areas, cities and towns all increased, while the percentage of rural homeschooled students decreased, as indicated in Figure 3. Measurable differences between estimates could reflect actual changes in the population; both years utilized the mail survey methodology.[37]

Table 21. Racial Composition of Home-Schooled Elementary and Secondary Age Students in the United States (2016)[37]		
Race or Ethnic Background	**#**	**%**
White	998,000	59.1%
Hispanic	444,000	26.3%
Black	132,000	7.8%
Asian/Pacific Islander	44,000	2.6%
All Other Races	72,000	4.3%
Total	1,690,000	100.0%

Figure 3: Location of Residence - Homeschooled Elementary and Secondary Age Students in the United States, 2012 and 2016 [37]



Base = 1,773,000 homeschooled students for whom residence sites were identified

Base = 1,069,000 homeschooled students for whom residence sites were identified

Homeschooling in Kansas

Unlike some states, Kansas does not -- by state statute -- specifically authorize "home instruction" or "homeschooling." It does, however, recognize non-accredited

private schools. A non-accredited elementary or secondary private school is one that satisfies the state's compulsory school attendance laws, but which is not accredited by the State Board of Education. Non-accredited private schools are required by law to register the name and address of the private elementary or secondary school (homeschool) with the State Board of Education. Registering a school does not mean the school has been "approved" by the State Board of Education.[38]

Such schools must hold classes for a period substantially equivalent to the time public schools are in session in the area in which the non-accredited school is located (at least 186 days of not less than 6 hours per day, or 1,116 hours per year for grades 1-11). Compulsory school attendance laws apply to children between the ages of 7 and 18, as well as younger children if identified as handicapped. Non-accredited private schools are not required to employ teachers who are licensed by the state.[38]

Private non-accredited high schools issue their own diplomas; their students do not receive a diploma from the state. These diplomas are not recognized by the State of Kansas as meeting any requirements. Colleges and universities determine their own criteria for admission of students who graduate from a non-accredited school.[38]

Although homeschools are required to register basic information with the state,[38] the Kansas State Department of Education (KSDE) does not maintain data on non-accredited private schools (including students being home schooled or receiving home instruction) other than the name of the school, the school address and the custodian of record. In addition, no follow-up is completed with the schools, so the KSDE does not know whether non-accredited private schools are active or not, or if active, how many children attend.[39]

Charter Schools[40]

In Kansas, charter schools are independent public schools that operate within a school district. They are operated free-of-charge to parents and are open to all students. While a charter school is separate and distinct, with its own building number, state assessment scores and demographic information, a charter school may be housed in an existing school facility with another school if it is operated separately. Every charter school in Kansas is subject to the accreditation requirements of the state board of education and must be accredited to maintain its charter.

While the Kansas State Department of Education website currently lists charter schools in ten school districts -- Caney Valley, USD 436; Haven, USD 312; Hugoton, USD 210; Lawrence, USD 497; Newton, USD 373; Oswego, USD 504; Smoky Valley, USD 400; Spring Hill, USD 230; Topeka, USD 501; and West Franklin, USD 287 -- no charter schools are listed for Sedgwick County.

Online Learning/Virtual Schools[41]

Online learning, also known as virtual or cyber schooling, is a form of distance education that uses the Internet and computer technologies to connect teachers and students and deliver curriculum. Online learning may take the form of a single course for a student who accesses that course while sitting in a physical school, or it may replace the physical school for most or all a student's courses.

Online learning programs within K-12 education offer courses, academic credits and support toward a diploma. Such coursework offers the advantage of personalization, allowing individualized attention and support when students need it most. It provides educational opportunities to students, regardless of their ZIP codes, with teachers delivering instruction using the Internet and digital resources and content. Online learning programs vary in structure and may be managed by a state, district, university, charter school, not-for-profit, for-profit or other institution.

In Kansas, educational programs that qualify as "virtual schools" mean any school or educational program that:[42]

- Is offered for credit.
- Uses distance-learning technologies which predominately use internet-based methods to deliver instruction.
- Involves instruction that occurs asynchronously with the teacher and pupil in separate locations.
- Requires the pupil to make academic progress toward the next grade level and matriculation from kindergarten through high school graduation.
- Requires the pupil to demonstrate competence in subject matter for each class or subject in which the pupil is enrolled as part of the virtual school.
- Requires age-appropriate pupils to complete state assessment tests.

The most recent year for which a virtual school directory is available online from the KSDE is the 2015-2016 academic year. For that year, Kansas listed 106 approved virtual schools/ educational programs, of which 17 are in the eight-county South Central Kansas area – two schools and 15 programs. The primary difference between a school and a program is how data are reported by the organization to the state. Student expectations and requirements are the same. See Table 22 for breakout.

Post-Secondary Education

Although life-long or adult education has become more widespread, education is still seen by many as something aimed at children, and adult education is often branded as *adult learning, adult basic education* or *lifelong learning*. Among the many choices and challenges young adults face are the choices between entering the job market with high school level skills or pursuing further education to prepare themselves with skills marketable at higher earnings.

Table 22: Virtual Schools/Educational Programs (South Central Kansas, 2015-2016 Academic Year)[43]			
County	**School District**	**School/Program**	**Accepts Out of District Students**
		Schools:	
Butler	Andover, USD 385	Andover eCademy	Yes
Sedgwick	Wichita, USD 259	Learning[2] eSchool of Wichita	Yes
		Programs:	
Butler	El Dorado, USD 490	El Dorado High School Virtual Program	No
Butler	Flinthills, USD 492	Flinthills Virtual Program	Yes
Cowley	Central, USD 462	Central Virtual Program	No
Harvey	Newton, USD 373	Railer Virtual Academy	No
Kingman	Kingman-Norwich, USD 331	USD 331 Virtual Eagle	No
Reno	Haven, USD 312	Haven Virtual Academy	Yes
Reno	Nickerson, USD 309	Nickerson College and Career Virtual Academy	Yes
Sedgwick	Derby, USD 260	Derby Virtual Program	No
Sedgwick	Goddard, USD 265	Goddard Virtual Program Grades 1-5	No
Sedgwick	Goddard, USD 265	Goddard Virtual Program Grades 6-12	No
Sedgwick	Maize, USD 266	Maize Virtual Preparatory	Yes
Sedgwick	Valley Ctr, USD 262	Valley Center Learning Center	Yes
Sumner	Oxford, USD 358	Oxford Online	Yes
Sumner	South Haven, USD 509	South Haven Virtual Program	Yes
Sumner	Wellington, USD 353	WHS/Roosevelt Virtual Program	No

Post-secondary education can serve as a gateway to better options and more opportunity. As opposed to generations of the past, many of today's high school graduates find themselves unable to obtain the high paying jobs that were once available. The U.S. has been transformed from a manufacturing-based economy to an economy based on knowledge, and the importance of a college education today can be compared to that of a high school education forty years ago.[44]

The stimulation of post-secondary education can encourage students to think, ask questions, and explore new ideas. When students experience a post-secondary education, they have the opportunity to read the ideas and listen to the lectures of top experts in their fields.

This additional growth and development can provide college graduates with an edge in the job market over those who have not experienced a higher education.[44]

In many cases, post-secondary education allows students to gain valuable resources. The connections made during their college careers can result in options when they begin their job search. After starting a career, having a college degree often provides for greater promotion opportunity.[44]

Colleges and Universities – South Central Kansas

Nearly 40,000 individuals attend post-secondary courses at one of the nine colleges or universities offering two- and four-year academic programs with their main physical campuses located in the eight-county South Central Kansas area. See Table 23 for listings.

Many colleges and universities offer undergraduate and graduate courses and programs within the region via satellite campuses/locations or online/distance learning programs (e.g., Sterling College, Tabor College, Baker University, Webster University, National American University, University of Phoenix, Newman University, etc.).

Kansas has six state universities, one municipal university, 19 community colleges, and six technical colleges. These institutions serve more than 250,000 students, awarding more than 42,000 credentials ranging from certificates to doctoral degrees.[44]

Level of Educational Attainment

Table 24 presents the number of adults at least 25 years old in the United States overall, in Kansas, in Sedgwick County and in the city of Wichita detailed by their highest level of educational attainment as of 2017.[45]

Similarly, Table 25 presents the percentage of adults at least 25 years old in each of the four geographic areas by their highest level of educational attainment as of 2017.[46] At 20.2 percent and 19.2 percent Sedgwick County and Wichita exceed the national average (19.1 percent) for bachelor's degrees attained.

Location	Table 23: Colleges and Universities [46] (South Central Kansas, Fall 2017 Academic Year)				
			Student Enrollment		
	Type of Institution	Name of Institution	Under-graduates	Graduates	Total
Sedgwick County	State University	Wichita State	12,398	2,677	15,075
Butler County	Community College	Butler	8,828	0	8,828
Reno County	Community College	Hutchinson	5,854	0	5,854
Sedgwick County	Independent University	Newman	2,810	568	3,378
Cowley County	Community College	Cowley County	2,875	0	2,875
Sedgwick County	Independent University	Friends	1,146	482	1,628
Cowley County	Independent College	Southwestern	1,147	159	1,306
Harvey County	Independent College	Bethel	503	0	503
Harvey County	Independent College	Hesston	440	0	440
Total Enrollment			36,001	3,886	39,887

Highest Level of Education	Table 24: Population 25 Years and Over - 2017 (Count)[46]			
	USA	Kansas	Sedgwick Co	Wichita
Less than high school	27,437,114	179,213	35,679	31,032
High school graduate	59,093,612	494,849	86,253	65,844
Some college < year	44,935,834	445,804	80,470	60,846
Associate degree	17,917,481	156,529	25,229	18,430
Bachelor's degree	41,377,068	389,007	66,165	47,966
Graduate or professional degree	25,510,535	221,339	34,525	25,884
Total Population	216,271,644	1,886,741	328,321	250,002

Highest Level of Education	Table 25: Population 25 Years and Over - 2017 (Percent)[46]			
	USA	Kansas	Sedgwick Co.	Wichita
Less than high school	12.7%	9.5%	10.9%	12.4%
High school graduate	27.3%	26.2%	26.3%	26.3%
Some college < year	20.8%	23.6%	24.5%	24.3%
Associate degree	8.3%	8.3%	7.7%	7.4%
Bachelor's degree	19.1%	20.6%	20.2%	19.2%
Graduate or professional degree	11.8%	11.7%	10.5%	10.4%
Total population	100.0%	100.0%	100.0%	100.0%

Column percentages may not sum to 100 percent due to rounding.

Impact of Post-Secondary Education

Post-secondary education is credited with several benefits – career, social and personal.[47] Career benefits include the probability of earning more money, the increased likelihood of avoiding unemployment, and additional choices for primary career path as well as the ability to change career paths on down the road.

Social benefits result from the fact that employment helps avoid poverty and allows for spending of discretionary funds, stimulating the economy. The opportunity for civic involvement and the ability to volunteer and help the local community also follow as social benefits tend to increase education and employment opportunities.

Personal benefits include a broader set of career options, leading to increased personal choice and freedom. Pursuing higher education may increase awareness of and sensitivity to cultural differences. Identifying existing skill sets, developing new skill sets, refining critical thinking skills and better written and verbal communication can all result from the pursuit of post-secondary education.[48]

Average Annual Earnings[49]

In 2017, the median earnings for young adults (25 to 34 years old) with a bachelor's degree was $50,000, while the median was $25,400 for those without a high school diploma or its equivalent, and $31,800 for those with a high school diploma or its equivalent as their highest level of education.

In other words, young adults with a bachelor's degree earned about twice as much as those without a high school diploma or its equivalent in 2017 (i.e., 97 percent more) and 57 percent more than young adult high school graduates. See Table 26 for a breakout of median annual earning based on highest level of education attained by geographical area. One can see from the table, it usually pays to stay in school.

It also gives credence to why many young people migrate out of the State when they can earn more money elsewhere, although they need to factor the higher costs of living in other cities before taking the plunge based on salary alone.

	Table 26: Median Annual Earnings and Median Annual Earnings Per Highest Level of Educational Attainment, Per Geographic Area* [49]			
	United States	**Kansas**	**Sedgwick Co.**	**Wichita**
Median Earnings, All Educational Levels	$37,913	$37,188	$36,793	$35,238
Highest Level of Education Attained				
Less than high school graduate	$21,738	$24,316	$24,723	$24,365
High school graduate (incl. equivalency)	$29,815	$29,594	$29,219	$28,219
Some college or associate degree	$35,394	$33,770	$33,961	$32,220
Bachelor's degree	$52,019	$47,667	$47,663	$46,705
Graduate or professional degree	$69,903	$60,053	$59,014	$58,282

*2017 Inflation-Adjusted Dollars

Wage disparity[49] is evident between the genders. While the nation's average annual wage was $37,913 in 2017 inflation-adjusted dollars, males earned on average $44,529 per year compared to females who earned on average of $31,790 per year.

Relationship between Educational Attainment and Employment Rate

In 2017,[50] 86 percent of young adults (ages 20 to 24 years) with a bachelor's degree or higher were employed, as compared to 57 percent of those who had not completed high school. The employment rate for young adults with some college (80 percent) was higher than the rate for those with only a high school diploma (72 percent).

Employment rates were higher for young adult males than for young adult females in 2017, overall and at all levels of educational attainment. This gap was generally narrower at higher levels of educational attainment. That is, for those with bachelor or advanced degrees, the gender gap was 7 percentage points. For those who had completed high school, the gender gap was 18 percentage points and for those who had not completed high school, the gender gap was 28 percentage points.[50]

Relationship between Educational Attainment and Unemployment Rate

As recent economic events have shown, no level of educational attainment has proven to be unemployment-proof. For the most part, educational attainment and the unemployment rate appear to be inversely related; as the level of education increased, the unemployment rate tended to decrease.

The *unemployment rate* is the percentage of persons in the civilian labor force (i.e., all civilians who are employed or seeking employment) who are not working and who made specific efforts to find employment sometime during the prior 4 weeks.[50]

Technical Education and Skills

While our society demands that some professionals follow a certain academic path, for other occupations, a four-year degree is not required. Area production demands for avionics and other aviation-related equipment require a highly skilled work force. For people interested in a trade, modern technical education may be most appropriate. The same may be true of people whose interest calls them toward the performing or creative arts, where experience may outweigh classroom education. South Central Kansas offers technical training opportunities at – among others -- the relatively new WSU Tech (formerly Wichita Area Technical College), as well as technical educational support, in the form of the Workforce Alliance of South Central Kansas.

One program sponsored by the Workforce Alliance of South Central Kansas is the Kansas Health Profession Opportunity Project.[51] This training program is designed to serve the healthcare industry and train workers through a career pathways strategy to provide quality care to the citizens of Kansas. It provides low-income individuals with education, training and supportive services to prepare for career tracks in the health care industry.

Crime

Crime statistics provide information about the environment within which the members of our community live. The statistics indicate the likelihood that a given individual will be a victim of crime. Social services, as well as health care services are often provided both to the victims and the perpetrators of criminal acts.

Crime Index Offenses

Crime is a sociological phenomenon influenced by a variety of factors. The Federal Bureau of Investigation (FBI) collects data from numerous agencies to generate a reliable set of crime statistics for use in law enforcement administration, operation and management. The FBI discourages users from using the data as a measurement of law enforcement effectiveness. However, the data do provide valuable information on the fluctuations in the level of crime from year to year, for trending purposes.

The Uniform Crime Reporting (UCR) Program of the Federal Bureau of Investigation collects data on violent crimes and property crimes to serve as an Index in measuring change in the overall volume and rate of crimes reported to law enforcement. It is a nationwide cooperative statistical effort of more than 18,000 city, university and college, county, state, tribal, and federal law enforcement agencies voluntarily reporting data on crimes brought to their attention.[52]

The UCR Program collects offense information for violent crimes, defined as those offenses that involve force or threat of force, and property crimes, where the object of the theft-type offenses is the taking of money or property, but there is no force or threat of force against the victims. Through the UCR Program, the FBI collects the number of offenses for the violent crimes of murder and nonnegligent manslaughter, rape, robbery, and aggravated assault, and the property crimes of burglary, larceny-theft, motor vehicle theft, and arson.[53]

Offense definitions are as follows:[54]

Violent Crimes

- **Criminal Homicide**, including murder and non-negligent manslaughter, is "the willful killing of one human being by another." Not included in the count for this offense classification are deaths caused by negligence, suicide or accident; justifiable homicides; and attempts to murder or assaults to murder, which are scored as aggravated assaults.
- **Rape** is "penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim." Rapes by force and attempts or assaults to rape, regardless of the age of the victim, are included. Statutory offenses (no force used; victim under age of consent; incest) are excluded.
- **Robbery** is "the taking or attempting to take anything of value from the care, custody or control of a person or persons by force or threat of force or violence and/or by putting the victim in fear."
- **Aggravated Assault** is "an unlawful attack by one person upon another for the purpose of inflicting severe or aggravated bodily injury. This type of assault is usually accompanied using a weapon or by means likely to produce death or great bodily harm." Simple assaults are excluded.

Property Crime

- **Burglary (breaking or entering)** is "the unlawful entry of a structure to commit a felony or theft." Attempted forcible entry is included.
- **Larceny-Theft (except motor vehicle theft)** is "the unlawful taking, carrying, leading, or riding away of property from the possession or constructive possession of another." Examples are thefts of bicycles, motor vehicle parts and accessories, shoplifting, pocket-picking, or the stealing of any property or article that is not taken by force and violence or by fraud. Attempted larcenies are included. Embezzlement, confidence games, forgery, check fraud, etc., are excluded.
- **Motor Vehicle Theft** is "the theft or attempted theft of a motor vehicle." A motor vehicle is self-propelled and runs on land surface and not on rails. Motorboats, construction equipment, airplanes, and farming equipment are specifically excluded from this category.

- **Arson** is "any willful or malicious burning or attempt to burn, with or without intent to defraud, a dwelling house, public building, motor vehicle or aircraft, personal property of another, etc." (Although arson data are included in the trend and clearance tables, sufficient data are not available to estimate totals for this offense at the city, county or MSA level.)

Data presented in ***Crime in the United States*** reflect the Hierarchy Rule, which requires that only the most serious offense in a multiple-offense crime be counted.[55] However, cases where arson occurs in conjunction with another violent or property crime, the Hierarchy Rule does not apply and both crimes are reported.

A recent development in the Uniform Crime Reporting Program[52] is that in the fall of 2011, the Advisory Policy Board (APB) recommended and FBI Director Robert Mueller III approved changing the definition of rape. Since 1929, in the Summary Reporting System, forcible rape was defined as "the carnal knowledge of a female forcibly and against her will," (*UCR Handbook,* 2004, p. 19). That definition is now referred to as the "legacy" definition.

Beginning with the 2013 data collection, the Summary Reporting System's definition for the violent crime of forcible rape was modified to: "Penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim."

In addition to approving the new definition of rape for the Summary Reporting System, the APB and Director Mueller approved removing the word "forcible" from the name of the offense and also replacing the phrase "against the person's will" with "without the consent of the victim" in other sex-related offenses in the Summary Reporting System, the National Incident-Based Reporting System, the Hate Crime Statistics Program and Cargo Theft.

Beginning January 1, 2017, the UCR Program discontinued collecting rape data via the SRS according to the legacy definition. Only rape data submitted under the revised definition will be published for 2017 and subsequent years.[56]

Beginning January 1, 2018, the national UCR Program began collecting domestic and family violence data.[56] The definition approved for domestic and family violence is: "The use, attempted use, or threatened use of physical force of a weapon; or the use of coercion or intimidation; or committing a crime against property by a current or former spouse, parent, or guardian of the victim; a person with whom the victim shares a child in common; a person who is or has been in a social relationship of a romantic or intimate nature with the victim; a person who is cohabiting with or has cohabited with

the victim as a spouse, parent, or guardian; or by a person who is or has been similarly situated to a spouse, parent, or guardian of the victim."

Beginning January 1, 2019, the national UCR program will begin collecting a new value for ex-relationship, as well as replacing the value for "lover's quarrel" with that of "domestic violence."[57]

Kansas - Juvenile Arrests - The number of arrests of juveniles (persons under 18 years) is one measure of the efficacy of prevention and intervention programs aimed at youths. Depicting the social characteristics of juvenile offenders may assist in identifying populations of young people most at risk of committing crimes.

As shown in Table 27, property crimes committed by juveniles outpaced violent crimes, with drug-related crimes, simple assault/battery and theft being the crimes committed most frequently by youth. In Kansas, these three categories accounted for more than half (55.2 percent; 4,903 of 8,878) of all juvenile arrests in 2013, as compared to nearly half (48.0 percent; 3,442 of 7,171) in 2017. Statewide, 1,707 fewer juvenile arrests occurred in 2017 as in 2013, a 19.2 percent decrease in juvenile arrests (8,878 versus 7,171, respectively).

Table 27: State of Kansas - Juvenile Arrests 2013[58] and 2017[59] (In order of 2013 Arrests)

Offense	Total 2013	Total 2017	Offense	Total 2013	Total 2017
Total Arrests	**8,878**	**7,171**	**Other Arrests (continued)**		
Crime Index Arrests			Liquor violations/drunkenness	767	503
Theft	1,940	1,099	Criminal damage	531	491
Burglary	260	158	Disorderly conduct	513	281
Aggravated battery	182	210	Stolen property/forgery/ credit cards/fraud	172	396
Motor vehicle theft	91	88			
Robbery	40	54	Trespassing	154	133
Rape	38	25	Intimidation	118	132
Arson	24	28	Sex offense arrests	117	65
Murder	6	7	DUI	105	92
			Weapons violation	77	111
Other Arrests			Kidnapping/abduction	5	7
Drugs/drug equipment	1,664	1,224			
Simple assault/battery	1,299	1,119	All other offenses	775*	948**

*2013 data – "all other offenses" reduced by 1 to obtain the annual total of 8,878 arrests.

**2017 data – "all other offenses" increased by 2 to obtain the annual total of 7,171 arrests.

Sedgwick County

In 2017, Sedgwick County recorded 37 homicides compared to 20 in 2013 for an 85.0 percent increase. Sedgwick County, with the largest urban population in Kansas, has 17.6 percent of the state's population in 2017, but recorded 20.7 percent of the state's homicides. Table 28 shows the growth in reported crime offenses for Sedgwick County over five years.

Table 28: Reported Crime Offenses for Sedgwick County, Kansas[60] [61]			
Selected Violent & Property Crimes	**2013**	**2017**	**% Variance**
Murder	22	38	72.3%
Rape	246	372	51.2%
Robbery	483	622	28.8%
Aggravated Assault	2,444	3,259	33.3%
Burglary	3,987	3,717	(7.0%)
Theft	16,208	17,543	8.2%
Vehicle Theft	2,092	2,681	28.1%
Arson	123	118	(4.1%)
Crime Index			
Population	499,673	507,567	
Number	25,482	28,232	
Rate per 1,000 inhabitants	51.0	55.6	

Wichita Arrests[62] **-** The Wichita Police Department reports an average of approximately 8,819 adult arrests per year and approximately 1,076 juvenile arrests per year, excluding arrests for "other" offenses. The summaries of arrest statistics do not count distinct persons but rather arrest charges. For example, if a person were to be arrested on robbery and auto theft offenses, that person would be counted once in each category, rather than as one arrest.

From 2013 to 2017, the Wichita Police Department made yearly average arrests of approximately

- 35 arrests for the crime of murder, consisting of an annual average of approximately 30 adult and 5 juvenile arrests
- 48 arrests for the crime of rape, consisting of an annual average of approximately 40 adult and 8 juvenile arrests
- 160 arrests for the crime of robbery, consisting of an annual average of approximately 130 adult and 30 juvenile arrests
- 709 arrests for the crime of aggravated assault for an annual average of approximately 655 adult and 54 juvenile arrests
- 344 arrests for the crime of burglary, consisting of an annual average of approximately 279 adult and 65 juvenile arrests

- 152 arrests made for the crime of motor vehicle theft, consisting of an annual average of approximately 128 adult and 24 juvenile arrests
- 2,657 arrests made for the crime of larceny, consisting of an annual average of approximately 2,151 adult and 506 juvenile arrests

Wichita – Juvenile Arrests[63]

Larceny (theft) is the unlawful taking, carrying, leading or riding away of property from the possession of another when not taken by force and violence or by fraud, while burglary is the unlawful entry of a structure to commit a felony or theft.[64]

Focusing on arrests of persons under the age of 18 and excluding the "other juvenile offenses" category, larceny was the crime committed most frequently by youth in Wichita every year from 2013 through 2016. Larceny represented 49.1 percent of juvenile arrests in 2013; 46.0 percent in 2014; 53.1 percent in 2015; and 47.4 percent in 2016. During the same four-year period, juveniles were arrested second most often for drug violation offenses.

In 2017, the number of juvenile arrests for drug violations surpassed those for larceny, with the 252 drug violation arrests representing 41.0 percent of total juvenile arrests in 2017, excluding the "other juvenile offenses" category. In 2017, larceny represented 31.7 percent of juvenile arrests.

When including the "other juvenile offenses" category, arrests for larceny represented 20.7 percent; 19.2 percent, 23.5 percent, and 19.3 percent of all juvenile crimes for 2013 through 2016, respectively. Table 29 shows the juvenile arrests as reported by the Wichita Police Department.

Gang Activity[65]

The National Gang Intelligence Center has reported that on average, nationwide, 48 percent of violent crime has a gang connection. Eliminating gang violence in our community is achieved by attempting to keep youth from joining gangs and by educating the community on ways to identify and report gang activity.

As defined in Kansas Statute K.S.A. 21-6313, Article 63, *Crimes Against the Public Safety*, a "criminal street gang" is an ongoing organization, association or group of three or more persons; whether formal or informal; having as one of its primary activities the commission of one or more criminal acts; that has a common name or common identifying sign, symbol, or specific color of apparel displayed; and whose members individually or collectively engage in or have engaged in a pattern of criminal activity. It is not against the law to belong to a gang. It is the criminal activity in conjunction with gang membership that is illegal.

Offense	Table 29: Juvenile Arrests (2013 – 2017)[63] Wichita Police Department (Sorted in Order of Number of 2013 Arrests)				
	2013	2014	2015	2016	2017
Larceny (Theft)	630	538	660	507	195
Drug Violations	376	329	263	324	252
Disorderly Conduct	110	59	69	48	24
Burglary	64	85	101	34	41
Aggravated Assault	48	59	50	60	55
Robbery	18	34	40	36	23
Auto Theft	17	34	32	24	12
Rape	7	11	12	7	4
Murder	5	3	3	8	4
Driving Under Influence (DUI)	4	13	6	14	5
Arson	4	5	7	7	0
Subtotal	1,283	1,170	1,243	1,069	615
Other Juvenile Offenses	1,764	1,638	1,566	1,562	1,102
Total Juvenile Offenses	3,047	2,808	2,809	2,631	1,717

Young people may be unaware of the risks involved when they join a gang. They join gangs for many reasons including a sense of alienation from family and friends; some of those reasons include:

- **Identity or Recognition** - Allows a member to achieve a level or status not possible outside the gang culture. Visualize themselves as warriors protecting their neighborhood.
- **Protection** - Kids join because they live in a gang area and are subject to violence by rival gangs. Membership guarantees support and retaliation.
- **Brotherhood** - The gang is a substitute for family cohesiveness. Many older brothers and relatives belong to the gang.
- **Intimidation** - Kids may be forced to join through intimidation, such as extorting lunch money and/or beatings.

Gangs, which are fueled by drugs, are violent criminal organizations that prey on young people. They encourage children to join by promising them money, jewelry and status with peers.

In 2012, Kansas Attorney General Derek Schmidt announced an initiative to combat gang activity, **Gang Free Kansas**, which assists in this process. The website at https://ag.ks.gov/public-safety/gangfreekansas is designed to provide members of the community with information about street gangs and their impact on society.

This web page also has information about what to look for in a child's behavior that might indicate he or she is either in a gang or is being recruited by gang members. Information is also available regarding how to get help getting out of gangs. The website provides a means for everyone in Kansas to report gang activity and criminal behavior caused by gang members. A similar website, ***Gang Free Wichita***, is available through the Wichita Crime Commission at http://www.wichitacrimecommission.org/ProjectsPrograms/GangFreeWichita/ and provides many of the same resources.

Crimes Against Children

Children can go missing for several reasons, such as runaways, family or nonfamily abductions or those absent from state custody. [66] A child under 8 years of age who has run away from a parent, guardian or state care facility/situation is classified as an "endangered runaway." Child abductions occur when a child is taken, wrongfully retained or concealed by a parent or other family member, depriving another individual of their custody or visitation rights.

Other categories[66] of "missing children" include those who are lost, injured, or otherwise missing (such as a child who has disappeared under unknown circumstances or is too young to appropriately be considered a runaway) and "critically missing young adults" (those 18 to 20 years of age with an elevated risk of danger if not located as soon as possible due to the circumstances surrounding their disappearance). These categories sometimes involve "foul play" or attempting to cover up a crime involving the child.

The 1982 Missing Children's Act[67] defines a missing child as any individual younger than 18 years of age whose whereabouts are unknown to the child's legal custodian. Cases involving missing children typically fall into one of four categories: family abductions, non-family child abductions, ransom child abductions, and mysterious disappearances of children. The circumstances surrounding the child's disappearance must indicate that the child may possibly have been removed by another from the control of his or her legal custodian without the custodian's consent, or the circumstances of the case must strongly indicate that the child is likely to have been abused or sexually exploited.

A missing child will be considered "at risk" when one or more of the following risk factors occur:

- 13 years of age or younger. This age was designated because children of this age group have not established independence from parental control and do not have the survival skills necessary to protect themselves from exploitation on the streets.
- Believed or determined to be experiencing one or more of the following circumstances:

- Is out of the zone of safety for his/her age and developmental stage. The zone of safety will vary depending on the age of the child and his or her developmental stage. For an infant, the zone of safety will include the immediate presence of an adult custodian or the crib, stroller, or carriage in which the infant was placed. For a school-aged child the zone of safety might be the immediate neighborhood or route taken between home and school.
- Has mental or behavioral disabilities. A developmentally disabled or emotionally/behaviorally challenged child may have difficulty communicating with others about needs, identity or address, which may place the child in danger of exploitation or other harm.
- Is drug dependent, including prescribed medication/illegal substances, and the dependency is potentially life-threatening. The diabetic or epileptic child requires regular medication or his/her condition may become critical. The abuser of illegal drugs may resort to crime or become the victim of exploitation.
- Has been absent from home for more than 24 hours before being reported to law enforcement as missing. While some parents may incorrectly assume 24 hours must pass before law enforcement will accept a missing-person case, a delay in reporting might also indicate the existence of neglect, abuse or exploitation within the family.
- Is in a life-threatening situation. Examples of dangerous environments include busy highways for toddlers, all-night truck stops for teenagers and outdoor environments in inclement weather for children of any age.
- Is in the company of others who could endanger his/her welfare. A missing child in such circumstances could be in danger of sexual exploitation and/or involvement in criminal activity such as burglary, shoplifting, robbery or other violent crimes.
- Is absent in a way inconsistent with established patterns of behavior and the deviation cannot be readily explained. Most children have an established and reasonably predictable routine. Significant, unexplained deviations from that routine increase the probability of risk to the child.
- Is involved in a situation causing a reasonable person to conclude the child should be considered at risk. Significant risk to the child can be assumed if investigation indicates a possible abduction, violence at the scene of an abduction or signs of sexual exploitation.

In South Central Kansas, the Wichita - Sedgwick County Exploited and Missing Child Unit (EMCU)[67] is a joint program comprised of investigators from the Sedgwick County Sheriff's Office and the Wichita Police Department and the social workers from the State of Kansas Department for Children and Families' Child Protective Services. The Forensic Computer Crimes Unit and the Kansas Internet Crimes Against Children Investigators work within the EMCU structure.

The mission[67] of the Exploited and Missing Child Unit is to investigate allegations of child abuse and neglect, child exploitation and reports of missing or abducted children. Investigators strive to identify offenders and present evidence for the prosecution of violators while minimizing trauma to the victims. EMCU staff provides services and make resource referrals to victims and their families. The EMCU works as a team to investigate over 2,000 cases a year of child abuse, missing and abducted children, internet exploitation and crimes against children.[68]

This specialized unit assists all law enforcement agencies in Sedgwick County as well as other agencies throughout the state of Kansas. EMCU staff receive specialized training for crimes against children enabling them to perform their duties with the least amount of trauma to the victims. There are multiple phases to an investigation which can include interviewing the victim, witnesses, and the perpetrator; identifying supporting evidence; presenting evidence for the prosecution; and providing services and resources to victims and families.[68]

The AMBER Alert Program,[69] used in all 50 states, is a voluntary partnership between law-enforcement agencies, broadcasters, transportation agencies and the wireless industry to activate an urgent bulletin in the most serious child-abduction cases. Broadcasters use the Emergency Alert System to air a description of the abducted child and suspected abductor.

The goal of an AMBER Alert is to instantly galvanize the entire community to assist in the search for and safe recovery of a child. The U.S. Department of Justice[95] coordinates the AMBER Alert program on a national basis. AMBER Alerts are broadcast through radio, television, road signs and all available technology referred to as the AMBER Alert Secondary Distribution Program. These broadcasts let law enforcement use the eyes and ears of the public to quickly locate an abducted child. As of mid-October 2018, there had been 934 successful recoveries nationwide, attributable to the issuance of AMBER Alerts.

Human Trafficking

In Kansas, human trafficking[70] is defined as the intentional recruitment, harboring, transportation, provision or obtaining of a person for labor or services, through use of force, fraud or coercion to subject a person to involuntary servitude or forced labor.

Over the past decade, human trafficking has been identified as a heinous crime which exploits the most vulnerable in society. In the United States, people are being bought, sold, and smuggled like modern-day slaves, often beaten, starved, and forced to work as prostitutes or to take jobs as migrant, domestic, restaurant, or factory workers with little or no pay. The Federal Bureau of Investigation's human trafficking investigations have been responsible for the arrest of more than 2,000 traffickers and the recovery of numerous victims over the past decade.[71]

The National Human Trafficking Hotline is operated by Polaris on behalf of the Department of Health and Human Services, Administration for Children and Families, because of a competitive funding process.[72]

The Hotline maintains one of the most extensive data sets on the issue of human trafficking in the United States. The statistics are based on aggregated information received through phone calls, emails and online tip reports received by the Hotline. The data do not define the totality of human trafficking or of a trafficking network in any given area.

According to the Wichita Police Department Information Services Unit, human trafficking as a specific offense code was not created until 2016 and cited for those over 18 years of age only. In 2016, one "human trafficking over 18 years of age" offense and one "aggravated human trafficking under 18 years of age" offenses were coded.[73]

In 2017, 14 "aggravated human trafficking under 18 years of age" offenses and eight "human trafficking over 18 years of age" offenses were coded. In addition to prostitution, pandering, procurement and pimping offenses, other offense categories were broken out in 2017, including "purchasing sexual relations (adult 18 years and older)," 60 offenses; "sale of sexual relations (adult 18 years and over)," 48 offenses; and "commercial sexual exploitation of a child," 2 offenses.[73]

Elder Abuse/Neglect

The National Research Council defines elder abuse and mistreatment as "(a) intentional actions that cause harm or create a serious risk of harm to a vulnerable elder by a caregiver or other person who stands in a trust relationship to the elder, or (b) failure by a caregiver to satisfy the elder's basic needs or to protect the elder from harm." This definition includes financial exploitation of the elderly as well as physical abuse or neglect. [74]

In the United States, the issue of elder mistreatment is garnering the attention of the law enforcement, medical, and research communities as more people are living longer than ever before. The aging population will require increased care and protection.

Elder abuse, including neglect and exploitation, is experienced by an estimated one out of every ten people ages 60 and older who lives at home.[74] In addition, for every one case of elder abuse that is detected or reported, it is estimated that approximately 23 cases remain hidden,[75] perhaps because many victims are unable or afraid to tell the police, family, or friends about the violence or elder abuse.

A set of universally accepted definitions regarding elder abuse or elder maltreatment does not exist. In the past, elder maltreatment has been poorly or imprecisely defined; defined specifically to reflect the unique statutes or conditions present in specific geographic locations such as cities, counties or states; or defined specifically for research purposes.

Consistency in definition could help to monitor the incidence of elder maltreatment; examine trends over time; determine the magnitude of elder maltreatment; and enable comparisons of the problem across locations. Such consistency could help inform prevention and intervention efforts.[76]

Elder abuse is an intentional act, or failure to act, by a caregiver or another person in a relationship involving an expectation of trust that causes or creates a risk of harm to an older adult. The CDC identifies five types of maltreatments that occur to people over the age of 60, including:[77]

- **Physical Abuse:** the intentional use of physical force that results in acute or chronic illness, bodily injury, physical pain, functional impairment, distress, or death. Physical abuse may include, but is not limited to, violent acts such as striking (with or without an object or weapon), hitting, beating, scratching, biting, choking, suffocation, pushing, shoving, shaking, slapping, kicking, stomping, pinching, and burning.

- **Sexual Abuse or Abusive Sexual Contact:** forced or unwanted sexual interaction (touching and non-touching acts) of any kind with an older adult. This may include forced or unwanted:
  - Completed or attempted contact between the penis and the vulva or the penis and the anus involving penetration
  - Contact between the mouth and the penis, vulva, or anus
  - Penetration of the anal or genital opening of another person by a hand, finger, or other object
  - Intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks

These acts also qualify as sexual abuse if they are committed against a person who is not competent to give informed approval.

- **Emotional or Psychological Abuse:** verbal or nonverbal behavior that results in the infliction of anguish, mental pain, fear, or distress. Examples include behaviors intended to humiliate (e.g., calling names or insults), threaten (e.g., expressing an intent to initiate nursing home placement), isolate (e.g., seclusion from family or friends), or control (e.g., prohibiting or limiting access to transportation, telephone, money or other resources).

- **Neglect:** failure by a caregiver or other responsible person to protect an elder from harm, or the failure to meet needs for essential medical care, nutrition, hydration, hygiene, clothing, basic activities of daily living or shelter, which results in a serious risk of compromised health and safety. Examples include not providing adequate nutrition, hygiene, clothing, shelter, or access to necessary health care; or failure to prevent exposure to unsafe activities and environments.

- **Financial Abuse or Exploitation:** the illegal, unauthorized, or improper use of an older individual's resources by a caregiver or other person in a trusting relationship, for the benefit of someone other than the older individual. This includes depriving an older person of rightful access to, information about, or use of, personal benefits, resources, belongings, or assets. Examples include forgery, misuse or theft of money or possessions; use of coercion or deception to surrender finances or property; or improper use of guardianship or power of attorney.

Housing

Housing that is safe, accessible and affordable is one of the most basic of needs. It impacts the health and well-being of children and families. Without decent and affordable housing, families may experience difficulties in managing their daily lives. As a result, the health, safety and development of their children may suffer.

Families who pay more for housing than they can realistically afford are almost certain to have too little left to cover life's other necessities such as food, health care and clothing. Lacking sufficient funds to cover child care and transportation, families may find it harder to go to work or school each day. As a long-term result, families may end up becoming homeless or living in substandard housing.

Social service and governmental programs are in place to help individuals along the entire housing spectrum, including:

- prevention of homelessness;
- provision of emergency shelter, daytime drop-in centers for youth and for adults, transitional housing and permanent housing with wrap-around, supportive services available;
- assistance in obtaining new or better housing (e.g., first-time homeowner and Section 8 programs); and
- retention of existing housing (e.g., financial/credit counseling, housing counseling, reverse mortgages).

In many cases, a little assistance can yield far-reaching benefits. For example, a program that provides a low-income family with a daily hot meal may free up resources to provide that family with better housing, or a program that provides

financial assistance with gas or electric bills may help tide a family through a rough patch between jobs and help keep a roof over their heads.

An affordable unit is one in which a household at the defined income threshold can rent without paying more than 30 percent of its income on housing and utility costs, although safety and accessibility are important housing criteria, as well. Spending more than 30 percent of household income on housing costs is defined as incurring a "cost burden," and spending more than 50 percent of household income on housing costs incurs a "severe cost burden."[78]

In 2017, 17.2 percent of all housing units in the State of Kansas were in Sedgwick County.[79] In 2017, the household income of 47.2 percent of Sedgwick County households (n = 92,045) was below $50,000 annually, and 52.8 percent of households had annual income at or above $50,000 (n = 103,027).

According to the 2017 American Community Survey,[79] in Sedgwick County 70,464 of the 195,072 occupied housing units (or 36.1 percent) were renter-occupied units (as opposed to owner-occupied units). Gross rent as a percentage of household income was calculated for 65,122 of them. The monthly costs of 29,609 rental units (or 45.5 percent) equaled or exceeded 30 percent of the household's income. The median rent in Sedgwick County in 2016 was $780 per month.

The City of Wichita Housing and Community Services Department[80] is funded with federal and state funds to provide housing and related services to benefit the citizens and neighborhoods of Wichita. The department uses these funds to provide direct services and to contract with community service providers. All services are provided to persons who meet 2018 income qualifications and are otherwise eligible for assistance.

Various income thresholds are used to determine eligibility for various federal programs. For example, the Emergency Solutions Grant (ESG) program allows income up to 30 percent of the Area Median Income (AMI); the Section 8 program allows income up to 50 percent of the AMI; and the Public Housing, Community Development Block Grant (CDBG) and HOME Investment Partnerships (HOME) programs allow income up to 80 percent of the AMI. The Community Services Block Grant (CSBG) program allows income up to 125 percent of the federal poverty level.[81]

Public Housing - Wichita[82]

The City of Wichita Housing Authority (WHA) Public Housing division provides City-owned rental properties too low to moderate income individuals and families. The program is made available with funding from the US Department of Housing and Urban Development (HUD). HUD resources are combined with rent payments from tenants, to cover the costs of operating the program. The City charges no more than 30 percent of the gross adjusted household income for rent, or a flat market rent.

There are 578 units in the Public Housing inventory located throughout the Wichita city limits: 352 single family houses and 226 apartment units.

Housing Choice Voucher Program – Wichita (formerly Section 8)[83]

In Wichita, the Housing Choice Voucher Program is overseen by the Wichita Housing Authority and is federally funded through the U.S. Department of Housing and Urban Development (HUD), which determines the program's rules and regulations. The program is designed to help income-eligible families pay their rent to private landlords if the Housing Choice Voucher dwelling unit is within the Wichita city limits and meets certain requirements for rent reasonableness and Housing Quality Standards. The landlord retains private property rights, including management, tenant selection and maintenance.

Participants pay approximately 30 percent of their adjusted income directly to the landlord, while the Wichita Housing Authority subsidizes the balance of the rent. The Wichita Housing Authority currently administers over 2,500 vouchers, with a value of approximately $12 million.

The Wichita Housing Authority also administers the following special housing programs:

- Family Self-Sufficiency Program – Program staff work with community agencies to help clients acquire the skills and experience to enable them to obtain employment that pays a living wage and reach their self-sufficiency goals.
- Housing Choice Voucher Homeownership Program – allows participants to use Housing Choice Vouchers toward mortgage payments. Clients must attend homeowner training and be able to secure a mortgage loan from mortgage lender.
- Mainstream Housing Program – provides Housing Choice Vouchers to non-elderly persons who have disabilities to assist them in renting affordable, private housing which accommodates their needs.
- Veterans Affairs Supportive Housing (VASH) – provides rental assistance, case management and clinical services to homeless veterans through the Wichita Housing Authority and the Veterans Administration.

Housing First Program (addressing the needs of chronically homeless individuals)

Housing First is a homeless assistance approach that places a priority providing permanent housing to people experiencing homelessness, thus ending their homelessness and serving as a platform from which they can pursue personal goals and improve their quality of life. This approach is guided by the belief that people need necessities like food and a place to live before attending to anything less

critical, such as getting a job, budgeting properly or attending to substance use issues.

The Housing First model offers client choice in housing selection and supportive service participation; exercising that choice can make clients more successful in remaining housed and improving their lives.[84]

The Wichita Housing Authority through the Housing and Community Services Department administers the Housing First program, which was originally piloted in the community by United Way of the Plains.[85]

The Housing First program provides rent and utility assistance, as well as access to case management services, to place chronically homeless persons in permanent rental housing. The program requires two things of participants:

- A desire for permanent housing and
- An agreement to meet with a case manager once a week in their housing unit, with case management services provided by the referring or partner agency.

As individuals are assisted in obtaining cash benefits, they are also expected to contribute no more than 30 percent of their income, toward their housing costs. Housing-related costs (rent and utility assistance) are funded by City of Wichita and Sedgwick County general funds.[85]

Homelessness

Historically, according to the U.S. Code utilized by the U.S. House of Representatives[86], the general definition of a homeless individual was someone who
Lacked a fixed, regular, and adequate nighttime residence; and who had a primary nighttime residence that was - a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); an institution that provides a temporary residence for individuals intended to be institutionalized; or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

The term "chronically homeless" as defined by the U.S. Department of Housing and Urban Development (HUD) to describe an individual who is an unaccompanied person who had a disabling condition *and* had also been either continuously homeless for at least a year OR had had at least four episodes of homelessness in the past three years.[87] Beginning in 2013 the HUD definition of chronic homelessness was refined to limit the classification of chronically homeless individuals to those whose disabling condition impaired their ability to get or keep a job or to take care of personal matters.[88]

When an individual meets all the criteria for being a chronically homeless individual except is an accompanied rather than an unaccompanied person, that individual is described as a member of a "chronically homeless family," as are all family members accompanying him or her.

The "chronically homeless" are a subset population of the broader homeless population, which includes many other subsets such as couples, families, and children, the episodically and situationally homeless, victims of domestic violence, and displaced persons, among others. The chronically homeless have typically been on the streets the longest, are the most resistant to services, and usually suffer from a complex layering of problems – frequently including mental illness – which results in their long and frequent periods of homelessness.[89]

A **Continuum of Care** is a local or regional system for helping people who were homeless or at imminent risk of homelessness by providing housing and services appropriate to the whole range of homeless needs in the community, including homeless prevention, emergency shelter and permanent housing.[90]

As defined, ***Continuum of Care*** *and* ***Continuum*** mean the group organized to carry out the responsibilities required under HUD's interim rule that is composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons to the extent these groups are represented within the geographic area and are available to participate. [91]

Wichita and Sedgwick County

Wichita/Sedgwick County comprises one of the four Kansas Continuum of Care in Kansas, the others being Johnson County, Shawnee County and Balance of State. Since 2001, United Way of the Plains has served as the lead agency, called the Collaborative Applicant by HUD, for the Wichita/Sedgwick County Continuum of Care.

Formerly Wyandotte County received funding as a Kansas Continuum of Care. It has since merged with the Kansas City (Missouri and Kansas), Independence, Lee's Summit/Jackson, Wyandotte Counties Continuum of Care and applies for funding from the Department of Housing and Urban Development as a Missouri Continuum. The other Continuum of Care serve Johnson and Shawnee counties and a single Continuum serving the balance of counties in the state.[92]

At the time of the Wichita/Sedgwick County 2018 Point in Time Count of homeless individuals,[93] in addition to programs that provided permanent supporting housing, ten emergency shelters that served the Wichita/Sedgwick County area year-round, providing day and/or overnight shelter included:

*Emergency Lodge (Salvation Army)
*Emporia House (Mental Health Assoc)
*Harbor House (Catholic Charities)
*Homeless Resource Center (United Methodist Open Door)
*Inter-Faith Inn (Inter-Faith Ministries)
*Mission (Union Rescue Mission)
*Opportunity Zone (Wichita Children's Home)
*Runaway Homeless Youth Basic Center (Wichita Children's Home)
*St. Anthony Family Shelter (Catholic Charities)
*Wichita Family Crisis Center (YWCA)

A seasonal shelter was provided by the Winter Shelter, with operations overseen by Inter-Faith Ministries.

Ti' Wiconi provided a Safe Haven program, with operations overseen by Inter-Faith Ministries.
Programs which provided transitional housing in Wichita/Sedgwick County included:

*BRIDGES (Wichita Children's Home)
*Family Promise (host churches, rotating)
*New Beginnings (Union Rescue Mission)
*Passageways
*Respite (Union Rescue Mission)
*STEPS (Union Rescue Mission)
*StepStone (StepStone)
* Working Guest Program (Union Rescue Mission)

Point-In-Time Counts of Homeless Individuals

Communities receiving funding from the U.S. Department of Housing and Urban Development (HUD) for housing and services for people experiencing homelessness are required to conduct a Point-In-Time Count of sheltered persons annually and of unsheltered persons at least bi-annually. **Point-in-time count** means a count of sheltered and unsheltered homeless persons carried out on one night in the last 10 calendar days of January or at such other time as required by HUD.[94]

A Point-In-Time Count provides a "snapshot" of what was occurring on a specific day. As with any methodology, the Point-In-Time Count has some flaws. Undoubtedly the count misses some individuals and potentially double-counts others, who may present at both a shelter and a service provider during the time in which the data is collected. Intensive efforts are made to unduplicated the count using interviews for the data collection and unique identifiers for the analysis.

Because of its design and by definition, a Point-In-Time Count does not attempt to track homeless individuals over time. Although it is not a perfect system for identifying and completing a census of the community's homeless individuals,

typically the Point-In-Time Count is a community's most inclusive indicator of the extent and characteristics of the homeless population. In addition, when the same methodology is repeated year after year, the reliability of the annual trend data increases. [94]

Wichita/Sedgwick County: Prior to 2007, annual Point-In-Time homeless counts were based primarily on self-reports from emergency shelters and other homeless service providers. From 1998 to 2006, the Point-In-Time process in Wichita/Sedgwick County relied on a small number of experienced provider volunteers who conducted street surveys and a limited number of site-based surveys.[95]

In comparison, the 2007 Point-In-Time process had 115 volunteers who completed at least one shift/assignment. The increased number of volunteers allowed the 2007 Point-In-Time survey to standardize the count across the sites by asking emergency shelter providers and other sites to allow Point-In-Time volunteers to conduct the interviews with guests of each facility. In addition, the increased number of volunteers in 2007 allowed the extension of the street coverage to a larger geographic area and to make repeated contacts of all geographic sectors to better account for variations in the time people utilized services agencies or otherwise left their regular living space.[95]

In Wichita/Sedgwick County, the same basic methodology was used in the 2007, 2008 and 2009 Point-In-Time Counts. Table 30 presents the information provided to the U.S. Department of Housing and Urban Development in its annual grant application, regarding Sedgwick County's homeless population.

Point-In-Time Count Date Conducted	Table 30. Point in Time Count of Homeless Individuals Wichita/Sedgwick County, Kansas					
	Homeless (Count)			Chronically Homeless* (Count)		
	Total	Sheltered	Unsheltered	Total	Sheltered	Unsheltered
January 31, 2018 [96,97]	573	515	58	33	20	13
January 25, 2017 [98,99]	575	464	111	39	7	32
January 28, 2016 [100,101]	571	492	79	39	15	24
January 28, 2015[102,103]	561	462	99	94	55	39
January 30, 2014[104, 105]	631	548	83	107	80	27
January 30, 2013[106]	538	467	71	91	67	24
January 25, 2012 [107]	550	475	75	142	109	33
January 26, 2011 [108]	634	526	108	140	97	43
2010 –no count occurred	--	--	--	--	--	--
January 28, 2009 [109]	384	352	32	71	60	11
January 30, 2008 [110]	473	445	28	93	85	8

*Beginning in 2013 the HUD definition of chronic homelessness was refined to limit the classification of chronically homeless individuals to those whose disabling condition impaired their ability to get or keep a job or to take care of personal matters.

No Point-In-Time Count took place in Wichita/Sedgwick County in 2010, although one was initially scheduled to occur Thursday, June 24th, in conjunction with the other Continuum of Care in Kansas, but subsequently was cancelled.

In 2011, the format of the Point-In-Time Count changed significantly.[111] The majority of the information was gathered from people attending an event conducted as part of the Count, modeled after Project Homeless Connect™ with the purpose of helping link participants with needed services and support. To be inclusive of individuals not attending the event, experienced homeless outreach providers were on the streets from 5:00 a.m. to 7:00 p.m. canvassing locations where people experiencing homelessness had previously been encountered. Additional information was gathered through electronic surveys from residents at two area domestic violence shelters and extracted from the Wichita-Sedgwick County Continuum of Care computer database operated by United Way of the Plains on behalf of homeless service providers.

Incorporating a service component to help connect persons who are homeless to needed health care, housing and other resources as part of the annual homeless street count was identified in 2011 at the regional level as a "best practice" by the U.S. Department of Housing and Urban Development.[112]

The 2012 Point-In-Time Count [113]continued use of the service component to help connect Count participants with essential services and supports as well as a street count conducted by experienced homeless outreach providers, electronic surveys from area domestic violence shelters, and data extracted from the Homeless Management Information System.

The Wichita-Sedgwick County Continuum of Care continued to coordinate the annual Point-in-Time Count in 2013, 2014. 2015, 2016 and 2017, including the service component. In 2014,[114, 115] the annual **Stand Down** activity for addressing the needs of United States veterans was consolidated into the Point-In-Time Count service component activities; consolidated veteran-related activities continued in the 2015, 2016 and 2017 Point-in-Time Count.[116,117]

Also beginning in 2014 and continuing in 2015, 2016 and 2017, participants were encouraged to complete an assessment interview. The Vulnerability Index–Service Prioritization Decision Assistance Prescreen Tool or VI-SPDAT[118] is the assessment tool being used to give service providers in the Continuum of Care a means of triaging the immediate needs of each individual and family and helping identify who should be recommended for each housing and support intervention. This moves the discussion of service providers from simply who is eligible for a service intervention to who is eligible and in greatest need of that intervention.

The three categories of housing and support intervention include:

- Permanent Supportive Housing: Individuals or families who need permanent housing with ongoing access to services and case management to remain stably housed.

- Rapid Re-Housing: Individuals or families with moderate health, mental health and/or behavioral health issues, but who are likely to be able to achieve housing stability over a short time period through a medium or short-term rent subsidy and access to support services.
- Affordable Housing: Individuals or families who do not require intensive supports but may still benefit from access to affordable housing.

Because of increased usage of the Community Information Management System by homeless service providers for recording service delivery and shelter stays, for the 2018 Point-In-Time Count, the service component was discontinued. Volunteers surveyed individuals at shelters and the street coverage was expanded to cover the geographic area with repeated contacts being made in all geographic sectors to account for times individuals left their regular living spaces and variations in the time people utilized services.[136] [119]

Homeless Management Information System

In approximately 1998, the agencies and organizations that serve the Sedgwick County area's homeless population recognized the need for a management information system. United Way of the Plains began data collection on the homeless services in 1999. Among the needs identified were to:

- Improve service to the area's homeless population;
- Identify duplicate requests for services;
- Facilitate information collection and data exchange among the area's homeless shelters;
- Provide accurate statistics for grant writing to secure future funding; and
- Identify trends and gaps in services for community planning.

The servers for the Homeless Management Information System (HMIS) were purchased through a U.S. Department of Housing and Urban Development (HUD) three-year grant beginning in 2002. United Way of the Plains maintains the server and hosts the Internet access for data collection. This HMIS system is web-based, easily accessed at area shelters as well as 20-plus other service providers.

The HEARTH Act (i.e., Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009) was enacted into law on May 20, 2009.[120] It requires that all communities have an HMIS with the capacity to collect unduplicated counts of individuals and families experiencing homelessness. Through their HMIS, a community can collect information from projects serving homeless families and

individuals to use as part of their needs analyses and to establish funding priorities. With enactment of the HEARTH Act, HMIS participation became a statutory requirement for recipients and subrecipients of Continuum of Care Program funds. All HUD Emergency Solution Grant and Continuum of Care-funded providers, except domestic violence providers, utilize HMIS.

The Act also codifies into law certain data collection requirements integral to HMIS including standards related to encryption of the data collected and the rights of persons receiving services under the McKinney Vento Act. To allow for standardized data collection on homeless individuals and families across systems, a collaboration between three federal agencies -- the Department of Housing and Urban Development (HUD), the Department of Health and Human Services (HHS) and the Department of Veterans Affairs (VA) -- led to uniform standards for baseline data collection requirements.[121]

Communities must collect the data included in the standards to comply with each federal partner's reporting requirements. [122] The documents are structured so that communities can determine which data elements are required for each federal partner's programs. The effective date of the 2014 HMIS Data Standards was October 1, 2014, which meant that all HMIS solutions had to be programmed to collect data based on the 2014 Standards by that date. Because this is a collaborative effort between HUD, HHS, and the VA, the standards were not presented as in the past, in a HUD Notice format.

In an effort to unite technological advances with the data collection capabilities of the HMIS, in 2013 United Way of the Plains – in partnership with 14 housing and homeless service providers -- led the implementation of the Coordinated Assessment and Screening System (CASS) that utilizes the Homeless Management Information System (HMIS) administered by United Way on behalf of the Wichita-Sedgwick County Continuum of Care.[123] Implementation and usage of the CASS continued in 2014 and 2015, which saw the introduction of a biometric (i.e., fingertip thermal imaging) scanning system, maintained by United Way, to assist large-volume organizations with real time data entry into the system.

Of the approximately $2.3 million awarded annually by HUD to the community for homeless services, originally United Way received $84,000 to offset costs of the HMIS hardware, software and staffing.[124] Because HUD does not factor in any cost of living increases, United Way continues to provide the hardware, training, reporting, etc., for the same dollar amount, basically serving as a mini-Information Technology (IT) department for the entire Continuum.

The focus of the Homeless Crisis Response System is Coordinated Entry, as the hub. [125] The various work groups (such as the Wichita Sedgwick County Continuum of Care and the CoC Planning Workgroup) as well as other BNL or By Name List

subgroups – Veterans, Chronic and Youth – and other ad hoc work groups are all interconnected. With the introduction of Coordinated Entry, United Way 2-1-1 becomes the new "front door" for entry into the system; however, all other doors are still available to those facing housing insecurity.

Life Cycle

At any given moment in time,[126] age group differences can be the result of three overlapping processes:

- **Life cycle effects.** Young people may be different from older people today, but they may well become more like them tomorrow, once they themselves age.
- **Period effects.** Major events (wars; social movements; economic downturns; medical, scientific or technological breakthroughs) affect all age groups simultaneously, but the degree of impact may differ according to where people are in the life cycle.
- **Cohort effects.** Period events and trends often leave a particularly deep impression on young adults because they are still developing their core values; these imprints stay with them as they move through their life cycle.

In 2017, the 296,448 Sedgwick County adults who were 20 to 64 years old represented 17.7 percent of all 20 to 64-year-olds in Kansas. Similarly, the 37,650 children four years old or younger in 2017 represented 19.1 percent of all children within that age group in Kansas.[127]

Issues will be discussed as they relate to the following life cycle categories:

- Pre-School: Infants and Toddlers (under 5 years old)
- Children and Youth (5 to 19 years old)
- Adults (20 to 64 years old), including Baby Boomers (born between 1946 and 1964)
- Older Persons (at least 65 years old)

Pre-School: Infants and Toddlers

According to the 2017 American Community Survey, there are 37,650 pre-school infants and toddlers living in Sedgwick County. This represents 7.4 percent of the total Sedgwick County population.[128]

Head Start is a federal program that promotes school readiness of children ages birth to 5 from low-income families. Head Start programs provide comprehensive services to enrolled children and their families, which include health, nutrition, social services and other services determined to be necessary by family needs assessments, in addition to education and cognitive development services. The Head Start program is administered by the Office of Head Start in the

Administration for Children and Families area of the U. S. Department of Health and Human Services.[129]

Head Start programs offer a variety of service models, depending on the needs of the local community. Many are based in centers and schools; others are in child care centers and family child care homes. Some programs offer home-based services, visiting children in their own homes and working with the parent as the child's primary teacher. [130]

Nationally, three- and four-year-olds make up over 80 percent of the children served by Head Start programs every year. Head Start programs support children's development in a positive learning environment through a variety of services, including: [131]

- **Early learning**: Children's readiness for school and beyond is fostered through individualized learning experiences. Through relationships with adults, play, and planned and spontaneous instruction, children grow in many aspects of development. Children progress in social skills and emotional well-being, along with language and literacy learning, and concept development.
- **Health**: Each child's perceptual, motor, and physical development is supported to permit them to fully explore and function in their environment. All children receive health and development screenings, nutritious meals, oral health and mental health support. Programs connect families with medical, dental, and mental health services to ensure that children are receiving the services they need.
- **Family well-being**: Parents and families are supported in achieving their own goals, such as housing stability, continued education, and financial security. Programs support and strengthen parent-child relationships and engage families around children's learning and development.

The Head Start program serves children, families, and pregnant women in all 50 States, the District of Columbia, and six territories. The term "Head Start" refers to the Head Start program, including: Head Start services to preschool children; Early Head Start services to infants, toddlers, and pregnant women; services to families by American Indian and Alaskan Native programs; and services to families by Migrant and Seasonal Head Start programs.[132]

American Indian and Alaska Native (AIAN) funding is awarded to American Indian and Alaska Native tribes and in some cases their services cross state lines. AIAN programs are funded to serve children in 26 States, of which Kansas is one. AIAN funding and enrollment is based on the state in which the tribe is headquartered.[133]

Migrant and Seasonal Head Start programs serve children birth to 5 and their families who move geographically with agricultural work. Thus, allocations and enrollment for these services are not attributed to individual states. [134]

In FY2017, Head Start Funding in Kansas was $69,953,550 for 7,412 Head Start Enrollments. The term "funded enrollment" refers to the number of children and pregnant women that are supported by federal Head Start funds in a program at any one time during the program year; these are sometimes referred to as enrollment slots. According to the Annie E. Casey Foundation's KIDS COUNT Data Center, in FY2017, out of every 100 Sedgwick County children living below the poverty threshold, Head Start slots/services were available for 13.2 of them. In FY2013, this number was 22.1 children.[135]

Early Head Start -- Early Head Start[136] programs provide family-centered services for low-income families with very young (birth to 3 years) children. These programs are designed to promote the development of the children, and to enable mothers and fathers to fulfill their roles as primary caregivers and teachers of their children and to move toward self-sufficiency.

Early Head Start programs[137] provide similar services as preschool Head Start programs but are tailored for the unique needs of infants and toddlers. Early Head Start programs promote the physical, cognitive, social, and emotional development of infants and toddlers through safe and developmentally enriching caregiving. This prepares these children for continued growth and development and eventual success in school and life. Early Head Start[138] programs also mobilize the local community to provide the resources and environment necessary to ensure a comprehensive, integrated array of services and support for children and families.

Like the Head Start program, data consistently place Sedgwick County below the state's average rate of Early Head Start enrollment slots available for low income children. According to the Annie E. Casey Foundation's KIDS COUNT Data Center, in Federal Fiscal Year 2017, out of every 100 Sedgwick County children living below the poverty threshold, Early Head Start slots/services were available for 3.5 of them. [139]

Youth

According to the 2017 American Community Survey, there are 108,869 children and youth five to 19 years old living in Sedgwick County representing 21.3 percent of the total Sedgwick County population. [140]

Births to Unmarried Mothers - Of the 36,464 births in Kansas in 2017, 12,990 (35.6 percent) were to unmarried mothers. Statewide, 64.1 percent of births to unmarried mothers were to women 20 to 29 years old (n = 8,331, i.e., 4,790 + 3,541), and 13.9 percent were to women 15 to 19 years old (n =1,800). In Sedgwick County, there were

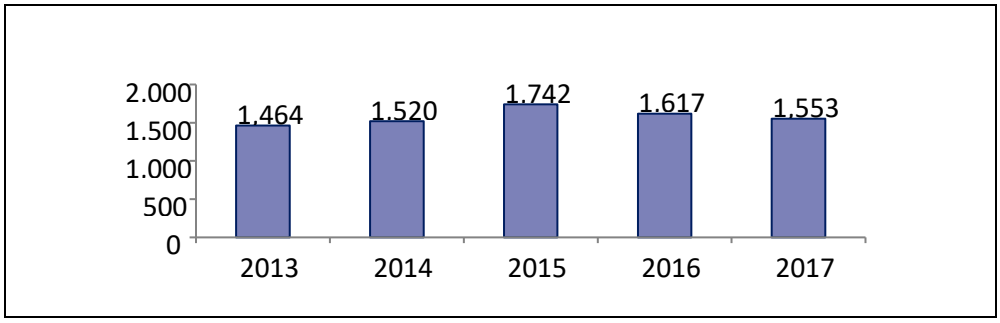
6,907 live births of which 2,912 or 42.2 percent were births to unmarried mothers. Just over 15 percent of these births were to unmarried mothers between the ages of 15 to 19 years old; however, five additional births were to children ranging in age between 10 and 14 years old.[141]

In 2017 in South Central Kansas, white women accounted for 57.2 percent of all births to unmarried mothers, while black women accounted for 16.6 percent and women of other races and ethnic backgrounds accounted for 26.2 percent of births to unmarried mothers. More than a third (37.8 percent) of births to unmarried black Kansas mothers were attributable to Sedgwick County mothers. [142]

When births to unmarried mothers are compared to the total number of births by race, black mothers were more likely to have given birth out of wedlock than were white or other non-white races. In 2017 in South Central Kansas, 76.3 percent of all births to black women were to unmarried mothers. Much of this was attributable to Sedgwick County, whose 635 black births to unmarried mothers accounted for 96.9 percent of the 655 black births to unmarried mothers in the eight county South Central Kansas area. [143]

Runaways - Over the past five years, the Wichita Police Department has received an average of approximately 1,579 reports each year of runaway children and youth. Figure 4 displays the number of runaway reports received per year. Numbers may be duplicated within a year; as repeat runners are recounted each time they run. [144]

Figure 4: Wichita – Number of Reported Runaways (2013 – 2017)



Adults

According to the 2017 American Community Survey, there are 296,448 adults living in Sedgwick County representing 58.1 percent of the total Sedgwick County population. These adults, range between 20 to 64 years old.[145]

As they assume responsibilities as productive members of families and society, adults between 20 and 64 years of age face several issues. This section will

examine features of adult lives as they pertain to relationships and attainment of economic goals. It also examines the phenomenon of the Baby Boomer generation, adults in their "middle years" with some achieving “senior citizen” status. The attainment of educational goals is discussed in the Education section of this report.

Marriages - In Kansas for the five-year period from 2013 to 2017, 6.0 marriages occurred per year, on average, for every 1,000 population. During this time, the five-year rate of marriages in Sedgwick County exceeded the state average. Sedgwick County reported 6.3 marriages for every 1,000 population during this five-year period.[146]

Marriage Dissolutions - In Kansas for the five-year period from 2013 to 2017, an average of 2.7 marriages for every 1,000 population were dissolved per year through divorce or annulment. During this time, the five-year rate of marriage dissolutions in Sedgwick, exceeded the state average, at 3.9.[147] While 3.9 is higher than the state average in 2017, it is lower than the 4.4 marriage dissolution rate reported in 2013 and 2014.

Attaining Economic Goals - For many people, obtaining and retaining a job that pays a living wage are essential to meeting a person's or family's basic needs -- shelter, food, clothing and health care. Beyond those basics, individuals and families define stability and success by other measures -- often by achievement of other material goals.

In this section, the report examines annual income and earnings characteristics, vehicle availability and the incidence of complete kitchen and plumbing facilities.

Annual Income and Earnings - The U.S. Census and the American Community Survey present a variety of income data, including median household income, median family income and per capita income. For census purposes[148], a "household" includes all the people who occupy a housing unit as their usual place of residence. A "family" includes a householder and one or more people living in the same household who are related to the householder by birth, marriage or adoption. All people in a household who are related to the householder are regarded as members of his or her family. A family household may contain people not related to the householder, but those people are not included as part of the householder's family in census tabulations. A household can contain only one family, and not all households contain families, since a household may be comprised of a group of unrelated people or one person living alone.

The "median income" divides the income distribution into two equal groups, one group having incomes above the median and the other group having incomes below the median. Therefore, "median household income" represents the income of all persons living in a particular housing unit, and "median family income"

represents the income of all family members living in a particular housing unit. "Per capita income" is the average obtained by dividing the aggregate income by the total population of an area.[149]

As Table 31 shows, in 2017 inflation-adjusted dollars, Sedgwick County median household income, median family income and per capita income all fell below the national and state median levels. In the United States, the median earnings of men who were employed full-time 12 months out of the year outpaced similar women's earnings by $11,099 per year. In Sedgwick County and in the Wichita Metropolitan Statistical Area (MSA), this gender difference in annual earnings was even more pronounced, at $14,378 and $15,291 respectively.

Description	Table 31. Income and Earnings Characteristics - 2017			
	Sedgwick County	Wichita MSA*	Kansas	USA
Median household income[150]	$52,841	$53,953	$55,477	$57,652
Median family income[151]	$67,029	$68,171	$70,711	$70,850
Per capita income[152]	$27,583	$27,582	$29,600	$31,177
Median earnings, full-time year-round worker[153]	$31,296	$31,554	$31,401	$32,141
Male	$39,473	$40,223	$37,596	$38,180
Female	$25,095	$24,932	$25,541	$27,081
Difference	$14,378	$15,291	$12,055	$11,099

* Wichita MSA=Wichita Metropolitan Statistical Area (Sedgwick, Butler, Harvey, Kingman and Sumner counties)

Transportation plays an important role in obtaining and retaining a job, and for many Americans, transportation means having ready access to a functioning vehicle. For Census purposes, "vehicles available" include the number of passenger cars, vans, and pickup or panel trucks of one-ton capacity or less kept at home and available for the use of household members. Vehicles rented or leased for 1 month or more, company vehicles, and police and government vehicles are included if kept at home and used for non-business purposes. Dismantled or immobile vehicles are, and vehicles kept at home but used only for business purposes are excluded.[154]

According to the 2017 American Community Survey,[155] nationwide, 8.8 percent of occupied households had no vehicle available for their personal use. In Sedgwick County, 6.1 percent of occupied households (e.g., 11,889 of 195,072 households) had no such available vehicle. Table 32 identified the number and percentage of vehicles available for various geographic areas.

Household Facilities – Plumbing and Kitchen - The U.S. Census defines "complete plumbing facilities" as including: (1) hot and cold piped water; (2) a

flush toilet; and (3) a bathtub/shower, noting that all three facilities must be in the housing unit. It defines "complete kitchen facilities" as including: (1) cooking facilities, (2) a refrigerator, and (3) a sink with piped water.[156] When it comes to the "comforts of home," nearly all U.S. households have full plumbing and kitchen facilities. Fewer than 2 percent of all housing units report having less than full facilities -- whether at the national, state, county or city level.

Table 32. Vehicle Availability – 2017								
	Sedgwick County		Wichita MSA*		Kansas		United States	
Occupied Housing Units[157]	195,072	100.0%	245,121	100.0%	1,121,943	100.0%	118,825,921	100.0%
# Vehicles Available[158]								
None	11,889	6.1%	14,398	5.9%	60,956	5.4%	10,468,418	8.8%
One	63,620	32.6%	75,771	30.9%	337,705	30.1%	39,472,759	33.2%
Two	76,334	39.1%	95,251	38.9%	442,617	39.5%	44,402,282	37.4%
3 or more	43,229	22.2%	59,701	24.4%	280,665	25.0%	24,482,462	20.6%

* Wichita MSA=Wichita Metropolitan Statistical Area (Sedgwick, Butler, Harvey, Kingman and Sumner counties)

According to the 2017 American Community Survey, nearly all 286,181 occupied housing units in South Central Kansas had complete kitchen and plumbing facilities. On average, 0.9 percent (n = 2,587 households) lacked complete kitchen facilities and 0.3 percent (n = 788 households) lacked complete plumbing facilities. Table 33 shows the breakout of both for Sedgwick County, Wichita MSA, Kansas and United States for comparisons.

Table 33. Household Facilities (Kitchen and Plumbing) – 2017								
	Sedgwick County		Wichita MSA*		Kansas		United States	
Occupied Housing Units[159]	195,072	100.0%	245,121	100.0%	1,121,943	100.0%	118,825,921	100.0%
Lack complete facilities								
Plumbing[160]	467	0.2%	724	0.3%	4,470	0.4%	470,774	0.4%
Kitchen[161]	1,389	0.7%	2,022	0.8%	11,566	1.0%	980,238	0.8%

* Wichita MSA=Wichita Metropolitan Statistical Area (Sedgwick, Butler, Harvey, Kingman and Sumner counties)

"Baby Boomers" - Young males returning to the United States following tours of duty overseas during World War II began families, which brought about a significant number of new children into the world. This dramatic increase in the number of births from 1946 to 1964 is called the Baby Boom.[162]

In the 1930s to early 1940s, new births in the United States averaged around 2.3 to 2.8 million each year. In 1946, the first year of the Baby Boom, new births in the

U.S. skyrocketed to 3.47 million births. New births continued to grow throughout the 1940s and 1950s, leading to a peak in the late 1950s with 4.3 million births in 1957 and 1961. (There was a dip to 4.2 million births in 1958.) By the mid-sixties, the birth rate began to slowly fall. In 1964 (the final year of the Baby Boom), 4 million babies were born in the U.S. and in 1965, there was a significant drop to 3.76 million births. From 1965 on, there was a plunge in the number of births. [163]

Preceding the Baby Boom was the cohort called the Silent Generation (including those born from 1925-1945). Following the Baby Boom was Generation X (those born 1965-1980) and the Millennials (also known as Generation Y) who were those born after 1980.[164]

In 2017, those born between 1946 and 1964 were 53 to 71 years old. According to the 2017 American Community Survey and as a subset of the total adult population, the 158,435 Baby Boomers 53 to 71 years old who lived in Sedgwick County comprised 21.1 percent of the total County's population.

The mass of the Baby Boomers alone has had an enormous impact on the national psyche, political arena and social fabric. From the youth culture of the 1960s and 1970s to the dual-income households of the 1980s and 1990s, this generation has reinterpreted each successive stage of life. As the oldest of the Baby Boomers approach later adulthood, they are again poised to redefine the next stage, retirement.[165]

General attitudes among Baby Boomers toward retirement indicate "declining optimism" and lowered expectations because of the declining economy and personal aging.[166] As Boomers approach retirement they are less confident about financing their retirement through their own savings or pensions. They are more likely to expect to rely on Social Security. Their health is also declining. As a result, they are less optimistic about their retirement, and now have lowered expectations. They anticipate working longer, at least on a part-time basis, for the additional income. This is especially true among working Boomers with lower incomes.[167]

Boomers vary a great deal in their retirement planning and expectations, with health and personal finances playing a critical role. More affluent and healthy Boomers are more positive about their retirement years, whether they plan to gradually transition to full retirement or go directly from full time work to total retirement. Boomers with fewer financial resources and more health problems, and those who have suffered more negative life events (serious illness, death of a spouse, job loss) are pessimistic about the future. [168]

However, as with any segment of the population, the Baby Boomer generation does not present as a monolith, and the idea of the Baby Boomers as a homogeneous group is more myth than reality. Baby Boomers are represented by a wide range of life stages, life experiences, and life values. [169]

The year 2030 marks a demographic turning point for the United States. Beginning that year, all Baby Boomers will be older than 65 years. This will expand the size of the older population so that one in every five Americans is projected to be retirement age. Later that decade, by 2035, projections indicate that older adults will outnumber children for the first time in U.S. history.[170]

Older Persons

The impact of the Baby Boomers as they transition into senior life is expected to be felt in many ways beyond simple population growth including social services program design and delivery; health care and prescription medication programs; second (or third) careers; housing and long-term health care options; and social, recreational and travel opportunities. In many cases, grandparents may find themselves "parenting" a generation of grandchildren. Expect even the terminology to change, as the Baby Boom generation redefines "seniors," "the elderly" and "older persons" in ways not yet envisioned.

According to the 2017 American Community Survey, the 38,427 adults 65 to 74 years old who lived in Sedgwick County comprised 7.5 percent of the area's population, while the 29,090 adults at least 75 years old comprised an additional 5.7 percent.

Grandparents Raising Grandchildren - According to the U.S. Census Bureau, a new question/data category was added for the 2000 Census and continued in the annual American Community Survey.[171] Because older Americans are often in different financial, housing, and health circumstances than those of other ages, the purpose of the question was to provide grandparent caregiver data to help federal agencies understand the special provisions needed for federal programs designed to assist families. The question quantified “grandparents as caregivers” by defining them as "grandparent(s) who provide most of the basic care of their grandchildren on a temporary or permanent live-in basis.” Data were collected on whether any grandchild lived in the household and whether the grandparent had responsibility for the basic needs of the grandchild (i.e., financially responsible for food, shelter, clothing, day care, etc.).

Across the state in 2017, 44.1 percent of the 47,247 grandparents who lived in a household with their own young grandchildren were responsible for those grandchildren (n=20,816). In South Central Kansas, this amounted to 5,539 households, with seven in ten (70.1 percent) of those households (n=3,882) in Sedgwick County. [172]

Among grandparents living in the same household and responsible for raising their young grandchildren, nearly 62 percent of those living in Sedgwick County were younger than 60 years of age in 2017. [173]

Health Care and Health Access

The face of health care at the local level is constantly changing and evolving. In surveys of community needs conducted in South Central Kansas in 2006, 2010, 2013 and 2016, health care was identified by respondents most often as an important need facing the community.

Several for-profit health care providers served the area population, alongside several governmental entities and not-for-profit health care providers including Federally Qualified Health Centers (FQHCs), rural health clinics and numerous smaller clinics. The area was also home to Ascension Via Christi, which is comprised of acute care hospitals, rehabilitation hospital, behavioral health center, numerous medical clinics, outpatient centers and Ascension's senior care residences; Wesley Medical Center; and the Robert J. Dole Veterans Affairs Medical Center, as well as smaller general care community hospitals and specialty hospitals in Sedgwick County and the surrounding counties.

Health Care for the Uninsured and Underinsured[174]

In Wichita and Sedgwick County, five community clinics and two government entities have a principal role in serving the primary care health needs of the community's uninsured and underinsured:

- E.C. Tyree Health & Dental Clinic
- Guadalupe Clinic
- Sedgwick County Children's Dental Clinic
- GraceMed Health Clinic
- HealthCore Clinic
- COMCARE of Sedgwick County
- Hunter Health

Additional health care needs are met by residency clinics affiliated with the University of Kansas School of Medicine-Wichita and by Mayflower Clinic, a volunteer-staffed clinic in Wichita "established by a group of successful immigrant professionals" and created to provide basic medical care "to the working uninsured and laid off workers."[175]

Patient Encounters: According to the Bureau of Primary Health Care's Uniform Data System (UDS),[176] "patient encounters" are defined as documented, face-to-face contacts between a patient and a provider who exercises independent

professional judgment in the provision of services to the patient. To be included as an encounter, services rendered must be documented in a chart in the possession of the health care provider. In addition to physician encounters, this can include: nurse practitioner encounters, physician assistant encounters, certified nurse midwife encounters, nurse encounters (medical), dental services encounters, mental health encounters, substance abuse encounters, other professional encounters, case management encounters, and health education encounters (If encounter was one-on-one between a health education provider and a patient. Health education encounters do not include participants in health education classes.). Screenings at health fairs, immunization drives for children or the elderly and similar public health efforts do not result in encounters regardless of the level of documentation.

In 2011, the Wichita/Sedgwick County area community clinics provided 189,832 patient encounters of which slightly more than half were for individuals not covered by health insurance. These patient encounters included the provision of medical, dental, substance abuse and mental health services.

By 2017, community clinics provided 206,406 patient encounters, 40.4 percent of them to uninsured individuals. The number of total patient encounters provided annually over the five years reported averaged approximately 191,294 patient encounters.[177]

Table 34. Wichita/Sedgwick County Health Clinics Patient Encounters[177] – 2011 – 2013,* 2016 and 2017

Calendar Year	Total	Insured**	Uninsured	
			Count	Percent
2011	189,832	93,080	96,752	51.0%
2012	187,818	93,574	94,244	50.2%
2013	176,126	88,392	87,734	49.8%
2016	196,287	116,391	79,896	40.7%
2017	206,406	122,941	83,465	40.4%

*Not all clinics reported patient encounters in 2014 and 2015

** Includes coverage by private and public providers

Note: These data do not provide an unduplicated patient count, either within or between Clinics

Several of the clinics have recently increased the ratio of patients who have at least some ability to pay for services with an increasing number of patients who have KanCare, Medicare or private insurance. Along with donations and other grant funding, this helps support the clinics' abilities to provide healthcare for uninsured or underinsured patients.

Unduplicated Patients:[178] Another method of examining the impact of community clinics involves the number of individual, unique patients served. The

five area community clinics (excluding the two government entities: Sedgwick County Children's Dental Clinic and COMCARE of Sedgwick County) provide reports throughout the year to the Kansas Association for the Medically Underserved. Table 35 details categories of the household income levels of clinic patients for 2015, 2016 and 2017. Patients are unduplicated within each clinic year; however, may be duplicated between clinics for patients who "clinic hop."

Clinics involved in the count of unduplicated patients include E.C. Tyree Health & Dental Clinic, GraceMed Health Clinic, Guadalupe Clinic, HealthCore Clinic and Hunter Health. Beginning in 2016, data submitted by GraceMed included patients served by their entire organization including clinics outside the Wichita/ Sedgwick County area.

The percentage of community clinic patients who have private insurance has been increasing, from 12.8 percent (n=7,986) in 2015 to 15.1 percent (n=9,632) in 2017. This represents an additional 1,646 patients utilizing the community clinics with health insurance coverage through private insurers, a 20.1 percent increase. See Table 36 for breakout of payor type.

Percent of Federal Poverty Level	Table 35: Household Income for Unduplicated* Patients at Wichita/Sedgwick County Community Clinics[179]					
	2015 Patients		2016 Patients		2017 Patients	
	Count	Percent	Count	Percent	Count	Percent
Less than 100 percent	35,677	57.0%	37,295	55.3%	39,411	61.7%
101-150 percent	10,380	16.6%	11,039	16.4%	8,842	13.8%
151-200 percent	7,734	12.4%	8,717	12.9%	11,279	17.7%
More than 200 percent	1,990	3.2%	2,093	3.1%	2,132	3.3%
Income unknown	6,809	10.9%	8,339	12.4%	2,239	3.5%
Total	62,590	100.0%	67,483	100.0%	63,903	100.0%

Column percentages may not sum to 100.0 percent due to rounding.

The Uninsured:[180] In 2017, the estimated number of Kansans not covered by health insurance was 274,403. This represented 9.6 percent of the total state population. As Table 37 on the following page displays, of those uninsured, the clear majority (84.4 percent, n=231,520) were adults 19 to 64 years of age.

In Sedgwick County, the estimated number of county residents not covered by health insurance was 57,977. This represented 11.5 percent of the total county population. Uninsured Sedgwick County adults represented an even higher percentage of uninsured individuals than in the state overall, with 85.5 percent (n = 49,583) of Sedgwick County's 57,977 uninsured being adults 19 to 64 years old. See Table 37 for breakout by coverage.

Payor Type	Table 36: Payor Type for Unduplicated* Patients at Wichita/Sedgwick County Community Clinics[181]					
	2015 Patients		2016 Patients		2017 Patients	
	Count	Percent	Count	Percent	Count	Percent
Medicare	3,195	5.1%	3,675	5.4%	3,465	5.4%
Medicaid	23,123	36.9%	25,127	37.2%	23,631	37.0%
CHIP-Children's Health Insurance Program	53	0.1%	44	0.1%	145	0.2%
Public	123	0.2%	0	0.0%	0	0.0%
Private	7,986	12.8%	9,866	14.6%	9,632	15.1%
Uninsured	28,110	44.9%	28,771	42.6%	27,030	42.3%
Total	62,590	100.0%	67,483	100.0%	63,903	100.0%

*Patient counts are unduplicated within each clinic each year; they are not de-duplicated between clinics for patients who "clinic hop."

Geographies and Population Segments	Table 37: Health Insurance Coverage[182]					
	Total		Insured		Uninsured	
	#	%	#	%	#	%
Kansas						
Children, Under 18	757,801	26.6%	716,598	27.9%	41,203	15.0%
Adults, 19 to 64	1,678,346	59.0%	1,446,826	56.3%	231,520	84.4%
Older Adults, 65+	407,562	14.3%	405,912	15.8%	1,680	0.6%
Total Population	2,843,739	100.0%	2,569,336	100.0%	274,403	100.0%
Sedgwick County						
Children, Under 18	140,383	27.8%	132,259	29.6%	8,124	14.0%
Adults, 19 to 64	298,601	59.2%	249,018	55.8%	49,583	85.5%
Older Adults, 65+	65,660	13.0%	65,390	14.6%	270	0.5%
Total Population	504,644	100.0%	446,667	100.0%	57,977	100.0%

Medicaid and Children's Health Insurance Program (KanCare)

Health care coverage is available for children birth to 18 or 21 years old, based on family income. The Children's Health Insurance Program (CHIP)[183] was created in 1997 through an amendment to the Social Security Act to provide health care coverage to low-income children not already eligible for Medicaid. Like Medicaid, CHIP is jointly financed by states and the federal government.

Prior to 2013, CHIP in Kansas was known as HealthWave and had been administered through the KDHE's Division of Health Care Finance. On January 1, 2013, HealthWave became KanCare.[184] The inclusion of services provided through the Home and Community

Based Services waiver for consumers with intellectual or developmental disabilities (I/DD) became part of KanCare in February 2014.[185]

KanCare is the Kansas Medicaid program that provides health care to more than 420,000 disabled, low income and elderly Kansans. In June 2018, KanCare contracted with three managed care organizations (MCOs): Sunflower State Health Plan, Inc. (Sunflower Health Plan); United Healthcare Midwest Inc. (UnitedHealthcare); and Aetna Better Health of Kansas, Inc. (Aetna). In October 2018, consumers whose managed care organization was Amerigroup had the opportunity to choose a new MCO during an open enrollment period. Consumers who did not elect to change MCOs will receive coverage from Aetna.[186]

Like Health Maintenance Organizations (HMOs), Managed Care Organizations (MCOs)[187]agree to provide most Medicaid benefits to people in exchange for a monthly payment from the state. In a managed care delivery system, people receive most or all their Medicaid/health care services from an organization under contract with the state.

Responsibilities of the MCOs include: enrolling providers, paying for services and receiving a monthly payment for each person in KanCare. The KanCare health plans are required to coordinate all the different types of care a consumer receives. The MCOs are at financial risk for almost all the costs of care for KanCare members. The health plans focus on ensuring that consumers receive the preventive services and screenings they need along with management of chronic conditions. [188],[189]

As of September 2018, Kansas has enrolled 384,737 individuals in Medicaid and CHIP — a net increase of 1.74% since the first Marketplace Open Enrollment Period and related Medicaid program changes in October 2013. This represents a new change of 6,577 Medicaid/CHIP enrollments during that timeframe. For comparison purposes, the national Medicaid/CHIP enrollments grew at a rate of 27.11 percent between October 2013 and September 2018. However, Kansas has not expanded coverage to low-income adults.[190]

Key improvements expected to result from the new 2019 MCO contracts include: greater oversight and accountability, improved response to consumer needs, enhanced care coordination, a supported employment pilot for persons with disabilities and behavioral health needs and new value-added benefits. Adult dental services will continue.

The Future of Health Care

In a September 2018 nationwide survey of practicing physicians,[191] the majority (80 percent) described themselves as either overextended or at full capacity, up from 75 percent in 2012 and 76 percent in 2008. Only 20 percent said they have time to see more patients. Physicians reported working an average of 51 hours a week, with 23 percent of their time being spent on non-clinical paperwork. [192] In addition, among physicians:

- 55 percent described their morale as somewhat or very negative.
- 49 percent would not recommend medicine as a career for their children.

- 46 percent planned to change career paths.
- 32 percent did not see Medicaid patients or limited the number they see.
- 22 percent did not see Medicare patients or limited the number they see.

How physicians feel about their profession and how they respond to those feelings has important implications for health care delivery in the United States. The shortage of physicians is projected to escalate in response to an aging population and other factors. It is particularly important for physicians to be highly engaged and committed to their profession. Patients' access to care and the quality of care Americans receive will be increasingly influenced by the number of patients physicians see, the number of hours they work, their choice of a practice setting, their rates of retirement and in general, the ways in which they practice. [193] The Association of American Medical Colleges recently forecasted a deficit of up to 121,300 physicians by 2030.[194]

A Health Resources & Services Administration (HRSA) analysis of 2015 health occupation data (released September 2018) provides a summary on the size and characteristics of the United States health workforce. [195] See Table 38 for breakout by major categories.

Table 38: United States Health Workforce [193] (2011-2015) *				
Selected Health Care Professions	**Total Workforce**	**Female**	**55 Years Or Older**	**Range of State-Level Workers per 100,000 Population****
Physicians***	961,098	34.9%	31.1%	194 - 662
Dentists	182,012	27.4%	38.2%	36 - 109
Registered Nurses	3,067,256	90.3%	25.5%	387 - 1,820
Nurse Practitioners/Midwives	122,858	91.8%	26.2%	16 - 113
Pharmacists	316,183	54.5%	24.2%	38 - 229

*Total Workforce from HRSA analysis of the American Community Survey PUMS (Public Use Microdata Sample), 2011-2015.

**Includes individuals in the working-age population and information of 50 states and the District of Columbia.

***Estimate for physicians includes those providing patient care and those in residency training; may also include those whose main activities are research and administration

Most of the nation's health workforce are employed in what the U.S. Office of Management and Budget defines as the "health sector," which includes health settings such as hospitals, clinics, physician's offices, and nursing homes. Individuals in health occupations may also work outside the health sector in settings such as local governments, schools, or insurance companies.

With 31.1 percent of the physicians at least 55 years of age, nearly a third or more of doctors currently practicing could retire in 10 years. Younger doctors replacing them typically do not work as many hours as the doctors they are replacing, another cause for concern. [196]

An "adequate" supply of physicians could be defined as having the right number of physicians, with the right skills, in the right place, at the right time. The adequacy of supply has medical specialty, geographic and time dimensions. What society thinks is adequate could be quite different from what the marketplace, insurers, physicians, non-physician clinicians or patients think is adequate.[197]

A diverse health workforce has been linked to increased patient satisfaction, improved patient-clinician communication, and greater access to care for patients belonging to minority populations.[198] Some areas appear to have an oversupply of health care workers, leading some to argue that the supply/demand problem is an uneven distribution, not a shortage.[199]

Primary Care Physicians:[200] Between 2013 and 2025, the national primary care physician supply is projected to grow from 216,580 FTEs to 239,460 FTEs (11 percent increase), while the national demand for primary care physicians is projected to increase from 224,780 FTEs to 263,100 (17 percent increase). Under current workforce utilization and care delivery patterns, the 2025 demand for primary care physicians is projected to exceed supply at the national level.[201] This finding is consistent with recent projections developed by the Association of American Medical Colleges, which suggest that primary care shortfalls may range from 14,900 to 35,600 physicians by 2025.[202]

Dentists:[203] Between 2012 and 2025, the national primary care physician supply is projected to grow from 190,800 FTEs to 202,600 FTEs (6 percent increase), while the national demand for dentists is projected to increase from 197,800 FTEs to 218,200 (10 percent increase). The existing shortage in dentists will be exacerbated by increases in demand that are not met by supply. While projected changes in the supply and demand for dentists differ by state and result in variation of shortages across states, all 50 states and the District of Columbia are projected to experience a shortage of dentists. States expected to experience the greatest shortfalls in the number of dentists in 2025 are California, Florida and New York.

Pharmacists:[204] Between 2012 and 2025, the national pharmacist supply is projected to grow from 264,100 FTEs to 355,300 FTEs (35 percent increase), while the national demand for pharmacists is projected to increase from 264,100 FTEs to 306,400 (16 percent increase). It is projected that supply will exceed demand in 2025, suggesting that the U.S. will have adequate numbers of pharmacists to meet future demand.

Registered Nurses (RN):[205] Between 2014 and 2030, the national RN supply across all race and ethnicity groups is projected to grow from 2,806,100 FTEs to 3,895,600 FTEs (39 percent increase), while total patient demand for RN care is estimated to grow from 2,806,100 FTEs to 3,601,800 FTEs (28 percent increase). These estimates suggest the United States will have a sufficient supply of RNs to meet the projected growth in demand for RN services in 2030.

Licensed Practical/Vocational Nurses (LPN):[206] Between 2014 and 2030, the national LPN supply across all race and ethnicity groups is projected to grow from 809,700 FTEs to 1,016,700 FTEs (26 percent), while total patient demand for LPNs is estimated to grow from 809,700 FTEs to 1,168,200 FTEs (44 percent). These estimates suggest that patient demand for LPNs in 2030 may slightly outpace the LPN supply at the national level.

For both the RN and LPN supply, variances may exist at local or regional levels. Also, changes in care delivery patterns may impact estimates, moving forward. These estimates of nursing workforce supply and patient demand reflect overall changes the demographics of both nursing and patient populations. The greatest changes are seen in the supplies of Hispanic nurses and in the demand for nursing care by Hispanic patients. Addressing the health care needs of an increasingly diverse U.S. population may require ongoing initiatives to actively recruit, train, and retain an ethnically and racially diverse nursing workforce. The prevalence of aging Baby Boomers in need of health care will only worsen the situation. Across the country, Baby Boomers are turning 65, at a pace of some 10,000 per day. Patients 65 or older visit physicians at three times the rate of those 30 or younger. In addition, patients 65 and older account for a disproportionate number of inpatient services and diagnostic tests. [207]

Seniors (65 years and older) represent approximately 14 percent of the country's population but generate 34.0 percent of inpatient services and 37.4 percent of diagnostic treatments and tests. In addition, demand for specialists also will be driven by an increasing incidence of chronic diseases such as diabetes, obesity and other lifestyle and poverty-related health conditions.

Mental Health

Good mental health is as important as good physical health. Mental illness affects individuals but when left untreated, becomes a community issue. The mental health needs of South Central Kansas residents are addressed by a combination of public and private providers including psychiatrists, psychologists, counselors, school support staff members and the designated Community Mental Health Center for each county. Often, treatment options are determined by factors such as insurance coverage, methods of payment and severity of conditions.

Mental health is not the absence of problems. It has to do with how you feel about yourself, how you feel about others, and how you can meet and handle the demands of life. Mental health describes the ability to balance problems with appropriate coping skills. Mental disorders are common and widespread. Studies show that 1 in 5 adults suffer from mental illness; an estimated 54 million Americans have been diagnosed with some form of mental disorder in a given year; and there are more than 200 classified forms of mental illness.[208]

In Sedgwick County, COMCARE of Sedgwick County is the designated Community Mental Health Center and local mental health authority, providing a wide array of mental health

and substance abuse services to residents of Sedgwick County. From its beginnings in 1962 as a mental health clinic located within the Wichita-Sedgwick County Department of Public Health, COMCARE has provided service to the residents of Sedgwick County for more than 50 years. COMCARE is the largest of the Community Mental Health Centers in the State of Kansas, serving individuals in the community with the help of a significant number of community partners. COMCARE is the safety net for individuals in need of mental health services that cannot afford to obtain them elsewhere in the community. COMCARE's comprehensive services are prioritized and provided for all citizens regardless of ability to pay.[209]

A mental illness is a disease that causes mild to severe disturbances in thought and/or behavior, resulting in an inability to cope with life's ordinary demands and routines. There is no line which separates the mentally healthy from the unhealthy. Some of the more common forms of mental illness are depression, anxiety disorder, bipolar disorder, dementia and schizophrenia. Symptoms may include changes in mood, personality, personal habits and/or social withdrawal.

Mental health problems may be related to excessive stress due to a situation or series of events. As with cancer, diabetes and heart disease, mental illnesses are often physical as well as emotional and psychological.

Mental illnesses may be caused by a reaction to environmental stresses, genetic factors, biochemical imbalances, or a combination of factors. With proper care and treatment many individuals learn to cope or recover from a mental illness or emotional disorder.[210]

Suicide

Suicidal behavior exists along a continuum. At one end is "suicidal ideation" which includes thinking about ending one's life or developing a plan. Farther along the spectrum is a "suicide attempt," a non-fatal self-directed potentially injurious behavior with an intent to die as a result of the behavior; such an attempt might or might not result in injury. Finally, a "suicide" is a death caused by self-directed injurious behavior with an intent to die as a result of the behavior.[211]

In the United States in 2016, there were 44,965 suicides -- an average of approximately 123 each day. Among 10- to 34-year-olds in 2016, suicide was the second leading cause of death in the United States; only unintentional injury caused more fatalities. Among 35- to-54-year olds, it was the fourth leading cause of death; and among 55- to 64-year-olds, it was the eighth leading cause.[212]

According to the Centers for Disease Control and Prevention, more than half of the people who died by suicide in 2016 (54 percent) did not have a known, diagnosed mental health condition at the time of death. Differences existed among those with and without mental

health conditions. For example, people without known mental health conditions were more likely to be male and to die by firearm.[213]

While accurate data are not available to describe the number of people who suffer from mental illness or distress, the number of people who committed suicide is known. See Table 39 for breakout of suicides for Sedgwick County and other geographical areas including the State of Kansas.

Table 39: The Number of Suicides (2013 - 2017)[214]					
Geographic Area	**2013**	**2014**	**2015**	**2016**	**2017**
State of Kansas	426	454	477	512	544
Sedgwick County (SG Co)	70	89	79	99	104
South Central Kansas	106	122	126	142	150
SG Co as a % of Kansas	16.4 %	19.6 %	16.6 %	19.3 %	19.1 %

Other Causes of Death

In 2017, 26,725 Kansas residents died. Reflecting national trends, the leading causes of death in Kansas were due to cardiovascular diseases and cancer.[202] The cardiovascular category includes diseases of the circulatory system as well as hypertension, cerebro-vascular diseases and arteriosclerosis and with 7,801 deaths, accounted for 29.2 percent of Kansas deaths in 2017.

See Figure 5 for breakout of selected death causes for State of Kansas in 2017 and Figure 6 for breakout of selected death causes for South Central Kansas for the same period.

The cancer category includes all cancer sites (breasts, digestive organs, respiratory organs) as well as leukemia and with 5,391 deaths, accounted for 20.2 percent of all Kansas deaths in 2017. Chronic lung disease (6.8 percent), accidents besides motor vehicle accidents (4.2 percent) and Alzheimer's disease (3.3 percent) rounded out the top five causes of death for Kansans; these five categories accounted for nearly two-thirds (63.7 percent) of all deaths in the state in 2017.

In 2017, 7,093 persons from the eight-county South Central Kansas area died, closely reflecting statewide trends. The cardiovascular and cancer categories accounted for 26.2 and 20.4 percent (n = 1,858 and n = 1,449) of the area's deaths, respectively. Along with chronic lung disease (6.7 percent), accidents other than motor vehicle accidents (4.8 percent) and diabetes (3.8 percent), these five categories accounted for 61.9 percent of all deaths in South Central Kansas in 2017.

Figure 5: Death by Selected Causes, State of Kansas, 2017[215]

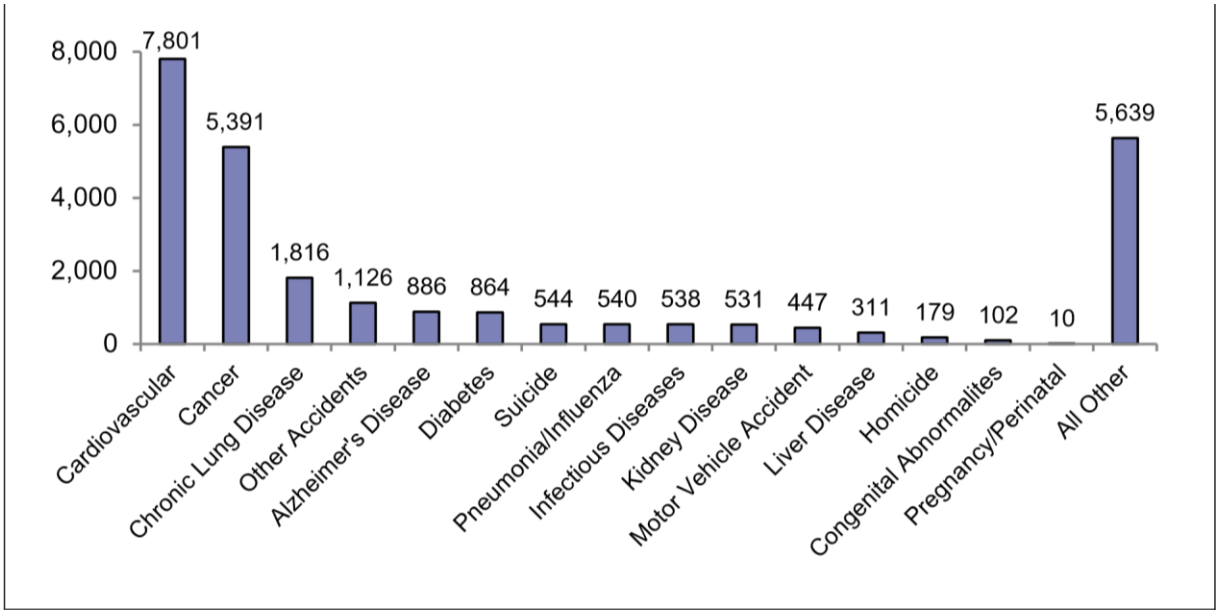
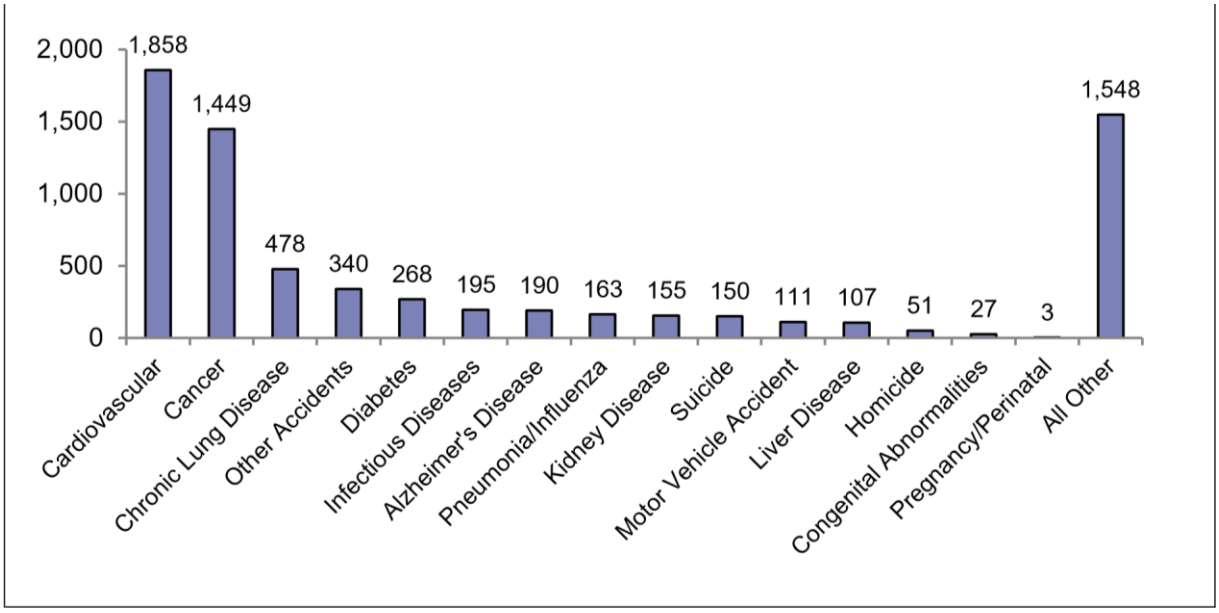


Figure 6: Death by Selected Causes, South Central Kansas, 2017[216]



Emergency Medical Services

Sedgwick County Emergency Medical Service (EMS) is the primary agency responsible for providing advanced-level out-of-hospital care and transportation of persons within Sedgwick County who become acutely ill or injured and need of ambulance transport to a hospital. Additionally, Sedgwick County EMS provides scheduled ambulance transportation services for persons who require routine transfer by ambulance based on a medical necessity. [217]

Sedgwick County EMS provides 24-hour emergency medical care to all areas of Sedgwick County including the City of Wichita. It responds to an average of 155 requests for service per day and more than 56,000 responses per year. EMS crews are stationed at 15 post locations throughout the County.[212]

In 2017, Sedgwick County EMS received a total of 62,057 calls (an average of approximately 170.0 calls per day) for service, at an average cost per call of $297.21. Of total calls received, nearly nine in ten (88.2 percent) were regarding emergent needs, while 11.8 percent were regarding non-emergent needs. Transport was completed on 43,220 of those calls, at an average cost per transport of $426.74.[218]

Pre-School: Infants and Toddlers

Live Birth Rate

Between 2013 and 2017, the live birth rate in Kansas held steady, ranging from a low of 12.5 live births per 1,000 population in 2017 to a high of 13.5 in 2014. Over this five-year period, only Sedgwick County consistently exceeded the annual state birth rate.[219] See Table 40 for specific information.

Table 40: Live Births by Number and Rate per 1,000 Population (2013-2017)[214]											Five
	2013		2014		2015		2016		2017		Year
Geographic Area	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	Rate
Sedgwick County	7,487	14.8	7,358	14.5	7,284	14.2	7,309	14.3	6,907	13.4	14.2
South Central KS	10,327	--	10,128	--	10,035	--	9,919	--	9,555	--	--
State of Kansas	38,805	13.4	39,193	13.5	39,126	13.4	38,048	13.1	36,464	12.5	13.2
SG Co as % of KS	19.3%		18.8%		18.6%		19.2%		18.9%		

Infant Mortality

Infant mortality rates (death of a liveborn infant which occurs within the first year of life) are often cited as an indication of the status of the health of a society and are often linked to the standard of living in a society. A total of 1,164 Kansas infants died in the five-year

period between 2013 and 2017. See Table 41 for breakout by year. The average infant death rate for Kansas for the five-year period from 2013 to 2017 was 6.1 per 1,000 population. Three counties in South Central Kansas had five-year infant mortality rates below the state average: Cowley County at 6.0; Sumner County at 5.3 and Kingman County at 2.5.[220]

Geographic Area	Table 41: Infant Mortality Rates per 1,000 (2013-2017)[221]						
	2013	2014	2015	2016	2017	Total Infant Deaths	Infant Death Rate
Sedgwick County	62	43	41	60	44	250	6.9
South Central KS	94	68	60	71	66	359	--
State of Kansas	248	246	230	223	217	1,164	6.1
SG Co as % of KS	25.0%	17.5%	17.8%	26.9%	20.3%	21.5%	--

Low Birth Weight and Premature Births

Low birth weight is associated with prematurity and developmental delays. The Kansas Department of Health and Environment defines low birth weight as under 2,500 grams (5.5 pounds); normal birth weight as between 2,500 and 4,999 grams (5.5 and 9.9 pounds); and heavy birth weight as over 4,999 grams (9.9 pounds). The KDHE's Coordinating Council on Early Childhood Development Services, Bureau of Family Health, has recognized that both very "low birth weight" (less than 1,500 grams) and "prematurity" (less than 34 weeks gestation) pose a biological risk for developmental delays.[222]

In 2017, the state average for very low and low birth weights combined was 7.4 percent of live births. In Sedgwick County, 91.3 percent of the births were within normal weight range however, the percentage of birth weights classified as very low or low exceeded the state average. [216] See Table 42 for weight breakout of live births.

Geographic Area	Table 42: Live Births by Weight in Grams by County of Residence (2017)[216]									
	Very Low Birth Weight		Low Birth Weight		Normal Birth Weight		Heavy Birth Weight		Total	
	Under 1,500		1,500 to 2,499		2,500 to 4,999		5,000 or more			
	#	%	#	%	#	%	#	%	#	%**
Sedgwick County	132	1.9%	462	6.7%	6307	91.3%	5	0.1%	6,907*	100.0%
South Central KS	173	1.8%	608	6.4%	8765	91.7%	7	0.1%	9,555*	100.0%
State of Kansas	490	1.3%	2207	6.1%	33713	92.5%	45	0.1%	36,464*	100.0%
SG Co as % of KS	26.9%		20.9%		18.7%		11.1%		18.9%	

*Birth weight not known for 9 total births in state, including 1 from Harvey County and 1 from Sedgwick County/South Central Kansas.

** Row percentages may not sum to 100.0 percent due to rounding.

In 2017 in Kansas, 9.6 percent of all live births occurred at less than 36 weeks of gestation. The premature birth rate was higher in Sedgwick County as it reported 11.3 percent of all live births were premature. This represented 783 births. [218]

Youth

Two primary health concerns facing children and youth include alcohol and drug usage and teen or preteen pregnancies.

Kansas Communities That Care Youth Surveys

The Kansas Communities That Care (KCTC) youth survey has been administered annually free of charge throughout the state since 1994. The youth survey tracks teen use of harmful substances such as alcohol, tobacco and other drugs, in addition to teen perceptions about school and community involvement, bullying, gambling, and guns. The survey provides a baseline for teen participation in, perception of, and attitudes toward both pro-social and anti-social behavior at the peer, school, family, and community levels.[223]

The survey gathers information from students in the sixth, eighth, tenth and twelfth grades and includes sections on demographics and school climate, peer influences, drug, alcohol and tobacco usage, community-based perceptions, and students' families. Resulting data are available to school and community leaders to help assess current conditions and prioritize areas of greatest need to help in planning prevention and intervention programs.

Risk and protective factors provide a necessary focus and structure for prevention. To prevent problem behaviors from occurring, the factors that protect against problem behaviors need to be identified and increased and the factors that increase the risks need to be identified and reduced.

Students are being asked to self-report these behaviors, and appropriate caution should be exercised in examining the data. For most counties, participation in the survey is inversely proportional to the students' age; that is, as the students get older, fewer participate.

On July 1, 2014, the Kansas legislature enacted Senate Bill 367, which created the Student Data Privacy Act. [224] The original aim of Senate Bill 367 was to address the privacy concerns of those who oppose or question the nationwide establishment of a set of education standards for the teaching of math and English. While those Common Core guidelines have the support of many parents and educators, others worry that the system will lead to the widespread sharing of confidential data about individual students.[225]

Senate Bill 367 set out limits on what kind of student data school districts could collect and share. It provided restrictions on what data contained in a student's educational record could be disclosed and to whom it might be disclosed. The bill required that any student data submitted to and maintained by a statewide longitudinal student data system might be disclosed only to individuals or organizations as outlined in the bill. In addition, the bill

prohibited the administration of any test, questionnaire, survey, or examination containing questions regarding a student's or student's parents' or guardians' beliefs or practices on issues such as sex, family life, morality, or religion, unless permission is requested in writing and granted by a student's parent or guardian.[226]

As a result, rather than requiring action by a parent or guardian for a student to opt out of taking the *Kansas Communities That Care* survey, parents or guardians would now be required to "opt in." Based on additional administrative requirements, entire schools or districts may opt out of participating in the survey process. The long-term impact on student participation and response rates is becoming apparent.

In 2014, 70.3 percent of Kansas students participated in the *Communities That Care* youth survey; by 2018, overall student participation had decreased to 42.5 percent, statewide. In Sedgwick County in 2014, 69.5 percent of students overall participated in the survey; in 2018, 26.8 percent did so.[227] See Table 43 for impact of new legislative ruling.

Sedgwick County	Table 43: Kansas Communities That Care Youth Survey Participation Rates[228]				
	Overall	6th Grade	8th Grade	10th Grade	12th Grade
2014	69.5%	74.3%	76.2%	70.6%	54.2%
2018	26.8%	31.3%	32.0%	26.3%	16.4%

Alcohol and Drug Usage

Tables 44 and 45 present only **rates** of alcohol and marijuana usage by youth for Sedgwick County compared to the State of Kansas as a whole, per grade and per year, as the actual **counts** of participating students who responded to each question in the Kansas Communities that Care youth survey are not provided.

Alcohol Use **-** Table 44 presents the rate of alcohol usage (at least one drink), when 6th, 8th, 10th and 12th grade students were asked on how many occasions (if any) they had beer, wine or hard liquor during the past 30 days.

These data present trends in two ways. First, the differences from 2014 to 2018 within the same grade provide a view of changes in young people's patterns of drug and alcohol use. For example, the rate of alcohol use among sixth graders decreased from 2014 to 2018 in Sedgwick County, but was still higher when compared to sixth graders throughout the State of Kansas. Additionally, the differences from lower to higher grades within the same year afford the opportunity to see whether usage patterns differ when comparing younger students to older students.

The prevalence of alcohol usage tended to increase with the age of the student. In Sedgwick County, approximately 5 percent or fewer of the students who were sixth-graders in 2014 reported having used alcohol within the past 30 days. By 2018 when those students

became 10th graders, the rate of students reporting alcohol usage in that same time period ranged from 17.8 to 22.2 when looking at the State of Kansas.

	Table 44: 30-Day Prevalence Rate of Substance Use (Alcohol) by Student Grade Level (2014 and 2018)[229]							
	6th Grade		8th Grade		10th Grade		12th Grade	
Geographic Area	2014	2018	2014	2018	2014	2018	2014	2018
Sedgwick	4.6	4.2	14.2	12.2	27.1	17.8	37.0	*
State of Kansas	4.2	3.8	12.3	11.1	27.7	22.2	41.2	35.6

*Comparison data are not available, in part due to decreased participation rate and/or no data being provided.

Drug Use – Marijuana **–** Table 45 presents the rate of marijuana usage (at least once), when 6th, 8th, 10th and 12th grade students were asked on how many occasions (if any) they had used marijuana during the past 30 days.

	Table 45: 30-Day Prevalence Rate of Substance Use (Marijuana) by Student Grade Level (2014 and 2018)[230]							
	6th Grade		8th Grade		10th Grade		12th Grade	
Geographic Area	2014	2018	2014	2018	2014	2018	2014	2018
Sedgwick	1.2	0.9	6.9	5.7	14.6	12.2	19.1	*
State of Kansas	0.8	0.6	4.5	3.7	12.6	9.8	18.3	15.2

*Comparison data not available, due to decreased participation rate and/or no data being provided.

Again, these data present trends in two ways. The differences from 2014 to 2018 within the same grade provide a view of changes in young people's patterns of marijuana use in general. For example, for Sedgwick County, the prevalence rate of marijuana use among tenth graders decreased from 2014 to 2018, as did the state level prevalence rate, from 12.6 in 2014 to 9.8 in 2018.

The prevalence of marijuana usage tended to increase with the age of the student; for example; in Sedgwick County in 2018, only 0.9 percent of the sixth-grade students reported having used marijuana within the past 30 days, 5.7 percent of the 8th graders, and 12.2 percent of the 10th graders. Like the pattern of alcohol usage seen in Table 44, when comparing younger students to older students, the prevalence of marijuana usage tended to increase with the age of the student.

Drug Use – Prescription Pain Killers/Opioids – According to the Health Resources and Services Administration, the nation is in the midst of an unprecedented opioid epidemic.

More than 130 people a day die from opioid-related drug overdoses. [231] In the late 1990s pharmaceutical companies reassured the medical community that patients would not

become addicted to opioid pain relievers and healthcare providers began to prescribe them at greater rates. Increased prescription of opioid medications led to widespread misuse of both prescription and non-prescription opioids before it became clear that these medications could indeed be highly addictive. In 2017, the Department of Health and Human Services declared an opioid crisis public health emergency. [232] Prevention and access to treatment for opioid addiction and overdose reversal drugs are critical to fighting this epidemic.

Narcotics are drugs that alleviate physical pain, suppress coughing, alleviate diarrhea and anesthetize. The opium poppy is the natural source of narcotics, and synthesized drugs such as thebaine, morphine and codeine can also act like opium. Prescription synthetic narcotic pain-relievers such as OxyContin (oxycodone) and Vicodin (hydrocodone) are often obtained and taken for unintended purposes. Opioids include certain prescription painkillers --such as OxyContin and Vicodin -- as well as illegal drugs like heroin and illicitly made versions of the painkiller fentanyl.[233] OxyContin, found in drugs like Percodan and Tylox, comes in tablet form, which is then easily chewed, crushed and snorted, or dissolved and injected. These methods cause a faster and more dangerous release of medication.[234]

The *Kansas Communities That Care* youth survey addresses the prevalence of opioid usage under the prescription drug domain, asking "On how many occasions (if any) have you used prescription pain relievers, such as Vicodin, OxyContin, or Tylox, not prescribed for you by a doctor during the past 30 days?"[235] Table 46 presents the rate of usage Sedgwick County students indicated when asked on how many occasions (if any) they had used opioids (prescription pain relievers not prescribed to them) including Vicodin, OxyContin, or Tylox during the past 30 days. Table 46 compares the Sedgwick County responses to the State of Kansas overall.

Geographic Area	Table 46: 30-Day Prevalence Rate of Substance Use (Prescription Pain Killers/Opioids including Vicodin, OxyContin, or Tylox) by Student Grade Level (2014 and 2018)[236] Students in Grades 6, 8, 10 and 12 Combined				
	2014	2015	2016	2017	2018
Sedgwick County	4.0	*	2.7	2.8	2.5
State of Kansas	3.4	*	2.5	2.4	2.5

* Comparison data are not available, in part due to decreased participation rate and/or no data being provided.

Table 46 presents only the **rate** of prescription pain killer usage per county per year, as the actual **counts** of participating students who responded to each question in the Kansas Communities that Care youth survey are not provided.[237]

Again, it is important to remember that students are being asked to self-report these behaviors, and appropriate caution should be exercised in examining the data. Also, any potential impact of prescription pain killer/opioid usage on dropout rates was not considered; only students still in school participated in the KCTC youth survey for any

given year. In addition, for most counties, participation in the survey is inversely proportional to the students' age; that is, as the students get older, a smaller percentage of students participate.

Although not detailed here, similar trending information for prevalence rates and lifetime substance usage appears on the Communities that Care website (http://www.kctcdata.org)[238] for:

- Smokeless tobacco
- Cocaine or crack
- Heroin
- Methamphetamines
- Cigarettes and e-cigarettes
- Ecstasy/MDMA
- LSD or other psychedelics
- Inhalants (sniffing glue, breathing contents of aerosol spray can, inhaling other gases or sprays)
- Prescription pain medications, tranquilizers or stimulants

Births to Teens and Pre-Teens

Problems often associated with adolescent pregnancy include dropping out of school, a lifetime of depressed earnings and an increased potential for welfare dependency. A pregnancy, whether planned or unplanned, can present powerful personal and social issues that may have serious effects throughout the balance of the mother's life, her future access to education, promising employment and an emotionally stable family life. Early pregnancy poses risks not only for the mother-to-be and her family but may also cause challenges for the community in terms of services.

In 2017, the pregnancy rates for Sedgwick County females age10 to 19 years exceeded the state's average rate of 12.7 per 1,000. In 2017 in Sedgwick County, 567 girls between the ages of 10 and 19 years old became pregnant. This pregnancy data includes live births, stillbirths and abortions. See Table 47 for pregnancy rates for pre-teen and teen girls.

Table 47: Teen and Pre-Teen Pregnancy Rates (2017)[239]				
	Total Pregnancies			Teen/Pre-Teen Pregnancy Rate*
	Mother's Age (Years)		Total (10-19 yr.)	
Geographic Area	10-14	15-19		
Sedgwick County	9	558	567	16.3
South Central Kansas	9	768	777	--
State of Kansas	23	2,446	2,469	12.7
Sedgwick County as % of Kansas	39.1%	22.8%	23.0%	--

*Rate per 1,000 female age-group population.

Older Persons

Selected health concerns facing older persons include in-home services for older Kansans, health care costs for seniors, and end-of-life care issues such as hospice and palliative care.

Aging and Disability In-Home Services

The Older Americans Act[240]

In response to concern by policymakers about a lack of community social services for older persons, Congress passed the Older Americans Act (OAA) in 1965. The original legislation established authority for grants to States for community planning and social services, research and development projects, and personnel training in the field of aging. This Act is the major vehicle for the organization and delivery of social and nutrition services to this group and their caregivers, although older individuals may receive services under many other Federal programs.

The Older Americans Act provides services such as information, legal assistance, caregiver, in-home services, transportation, and nutrition programs to older individuals. Services are offered on a free or contribution basis, depending on the service.

- Information and Assistance **--** Local Aging & Disability Resource Centers (ADRC) staff help elderly and disabled Kansans with information about the Older Americans Act, the Senior Care Act, Home and Community Based Services and other available services.
- Supportive Services **--** Home and Community-Based Supportive Services provide services that enable seniors to remain in their homes for as long as possible, including:
    - Access services (e.g., transportation; case management; information and assistance);
    - In-home services such as personal care, chore, and homemaker assistance; and Community services like legal services, mental health services, and adult day care.

This program also funds multi-purpose senior centers, providing sites for congregate meals, community education, health screening, exercise/health promotion programs and transportation.

- Nutrition Programs -- Meals are provided to eligible participants on a contribution basis in congregate settings or within home-bound places of residence. Congregate settings include places such as senior centers, community centers, churches, low income housing sites or other community options. In some areas, meals are delivered, typically by volunteers.
- Disease Prevention and Health Promotion Services **--** Health-related services are available, such as health risk evaluations, screening, nutrition counseling, health promotion programs, physical fitness and exercise programs, home injury control screening and the screening for the prevention of depression.
- Family Caregiver Support Program -- Families are the major provider of long-term care, but caregiving can exact a heavy emotional, physical and financial toll. The National Family Caregiver Support Program offers a range of services to support family

caregivers and is designed to work in conjunction with other State and Community-Based Services to provide a coordinated set of supports. Services provided include:

- Information to caregivers about available services;
- Assistance to caregivers in gaining access to the services;
- Individual counseling, organization of support groups, and caregiver training;
- Respite care; and
- Supplemental services, on a limited basis.

As of the 2006 Reauthorization of the Older Americans Act, four specific populations of family caregivers are eligible to receive services:

- Adult family members or other informal caregivers age 18 and older providing care to individuals 60 years of age and older;
- Adult family members or other informal caregivers age 18 and older providing care to individuals of any age with Alzheimer's disease and related disorders;
- Grandparents and other relatives (not parents) 55 years of age and older providing care to children under the age of 18; and
- Grandparents and other relatives (not parents) 55 years of age and older providing care to adults age 18-59 with disabilities.
- Legal Assistance Program - Legal assistance and elder rights programs help maximize the independence, autonomy and well-being of older persons. Legal assistance includes issues such as income security, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination. Legal assistance is targeted towards older individuals in social and economic need.

The Senior Care Act[241]

The Senior Care Act program was established by the Kansas Legislature to assist older Kansans who have functional limitations in self-care and independent living, but who can reside in a community-based residence if services are provided. The Kansas Department for Aging and Disability Services administers the program through the Area Agency on Aging. The program provides in-home services to persons who contribute to the cost of services based on their ability to pay.

Senior Care Act services vary by county but may include such things as attendant care, respite care, homemaker, chore services, and adult day care. The program is for Kansas residents, age 60 or older. Services are offered on a sliding fee scale, with customers paying between a donation and 100 percent of the costs, based on an income and asset assessment for customers who functionally qualify. Income guidelines are adjusted annually in July.

Health Care Costs for Seniors

Medicare[235] is a Federal health insurance program for people 65 years or older, certain people with disabilities, and people with permanent kidney failure treated with dialysis or a transplant. The Medicare program has several parts which are described below.

- Medicare Part A (Hospital Insurance) is available premium-free for individuals who have worked at least 10 years in Medicare-covered employment. To qualify, individuals must be:
  - 65 or older; or
  - Disabled and receiving disability benefits from Social Security or the Railroad Retirement Board for 24 months; or
  - Have permanent kidney failure treated with dialysis or a transplant.

- Medicare Part B (Medical Insurance) helps pay for doctors' services, outpatient hospital care, blood, medical equipment and some home health services. It also pays for medical services such as lab tests and physical and occupational therapy. Some preventive services are also covered, such as mammograms and flu shots. Medicare Part B does not cover routine physical exams; eye glasses; custodial care; dental care; dentures; routine foot care; hearing aids; orthopedic shoes; or cosmetic surgery. It also does not cover most health care while traveling outside the United States (except under limited circumstances).

- Medicare Part C (Medicare Advantage plans or Medigap plans) are supplemental health plan options available to Medicare beneficiaries as an alternative to Original Medicare Parts A & B. Such plans are private health insurance policies that cover some of the costs that the original Medicare plan does not cover. Some policies will cover services not covered by Medicare such as foreign travel emergencies. There are 10 standard Medigap plans called Plan A through Plan N. Each plan covers basic benefits and an expanding list of additional benefits. Such plans may also encompass Medicare Part D Prescription Drug Coverage.

- Medicare Plan D (Prescription Drug) is provided through plans run by an insurance company or other private company approved by Medicare. Plans vary in cost and drugs covered. Should an individual decide not to join a Medicare Prescription Drug Plan when first eligible and not have other creditable prescription drug coverage, he or she will likely pay a late enrollment penalty. Medicare Part D drug plans can be purchased from October 15 to December 7 each year. In certain cases, Medicare Part B does cover some drugs such as immunosuppressive drugs (for transplant patients) and oral anti-cancer drugs.

Senior Health Insurance Counseling for Kansas (SHICK)[236] is a free program offering Kansans an opportunity to talk with trained, community volunteers and get answers to questions about Medicare and other insurance issues. SHICK counselors offer two primary types of support services:

- Information and Education: Consumer education services provide objective information about Medicare A, B, C, & D, Medicare supplement insurance, long-term care insurance, prescription drug assistance, receiving Medicare through managed care plans and other insurance-related topics. Consumers receive information

through public forums, presentations to organizations and groups, displays, radio, television, and a variety of printed materials.

- One-on-One Counseling: During individual counseling sessions, trained counselors focus on specific information or problems, providing information on health insurance coverage, assistance with claims and referrals to appropriate agencies. Counseling sessions are conducted one-on-one and are confidential.

In 2017, Sedgwick County had 83,393 individuals who received Medicare benefits, with 79.1 percent enrolled in the original Medicare program and 20.9 percent enrolled in Medicare Advantage.

The Prescription Drug enrollee counts are a duplicated count, representing those enrolled in the stand-alone Prescription Drug Plans as well as those enrolled in Medicare Advantage Prescription Drug plans.

End-of-Life Care (Hospice and Palliative Care)[242]

End-of-life care focuses on patients' comfort and symptom relief, while incorporating spiritual and psychological counseling to help prepare for a good death. Preparing for death may involve drawing up legal documents (i.e., a will, advanced directives, medical power of attorney) as well as making burial plans and planning hospice care.

Resolving financial issues and distributing assets through a will can help patients and families focus on matters other than finances. A legal will regulates how a patient's assets should be distributed. Although the law varies from state to state, without a will, assets usually fall to the spouse, or if widowed, children and then descendants.

A living will (often called an advanced directive) defines the patient's wishes regarding prolonging life. A patient designating a medical power of attorney will allow someone to make medical decisions in the event the patient is unable to communicate his or her own wishes.

Choosing before death between burial, cremation or entombment options can often alleviate family members of the burden of funeral decisions and budget constraints. Funeral expenses can exceed thousands of dollars, and emotional overspending is common during grief. Details concerning burial location, funeral services and provider as well as any preparations should be put in writing and, ideally, discussed with family members.

When medical care cannot offer a cure, hospice provides care, comfort and support for persons with life-limiting conditions as well as their families. To receive hospice, physicians must - in most cases be willing to state that death can be expected within 6 months if the disease follows its normal course. This does not mean that care will only be provided for 6 months; hospice can be provided if the person’s physician and hospice team

certify that their condition remains life-limiting. The hospice team works to make the person comfortable and relieve their symptoms and pain.

Hospice care is a family-centered team approach that can include a doctor, nurse, social worker, counselor, chaplain, home health aide and trained volunteers. They work together focusing on the dying person's needs—physical, psychological, social and spiritual. The goal is to help keep the person as pain and symptom-free as possible while offering spiritual and supportive counseling to the patient and family members.[243]

Over the past 30 years, the hospice movement has drawn attention to the benefits of palliative care. To palliate means to make comfortable by treating a person's symptoms from an illness. Hospice and palliative care both focus on helping a person be comfortable by addressing issues causing physical or emotional pain, or suffering. Hospice and other palliative care providers have teams of people working together to provide care. The goals of palliative care are to improve the quality of a seriously ill person's life and to support that person and their family during and after treatment.[244]

Hospice focuses on relieving symptoms and supporting patients with a life expectancy of months not years, as well as providing support for their families. Palliative care is not time-limited and may be given at any time during a patient's illness, from diagnosis on.[240] From 2012 to 2016 in the United States, an average of 1.5 million patients per year were served by hospice programs.

National Hospice and Palliate Care Organization (NHPCO)[245] is a nonprofit organization representing hospice and palliative care programs and professionals in the USA. In 2016, the average length of service for Medicare patients enrolled in hospice in 2016 was 71 days. The median length of time hospice patients remain in care was 24 days, an increase from 18.7 days in 2012. The predominate source of payment for hospice care is Medicare which paid hospice providers a total of $16.9 billion in 2016, an average of $11,820 per patient.

Selected Health Trends

The scope of this report does not permit a detailed examination of all current health trends affecting residents of Sedgwick County, Kansas and does not intend to duplicate more detailed efforts of others. This report has chosen to summarize the history and development of the Community Health Improvement Plan (Sedgwick County, 2017-2019).

Community Health Improvement Plan

In 2004, the Visioneering Wichita process began, with the goals of providing citizens with a means of providing input to develop the future, to facilitate communications and to create a strategic plan "that ensures a quality of life and encourages our young people to live, learn, work and play in our regional community."[246]

Originally six "Foundations" were established: economic, education, government, infrastructure, private sector leadership and quality of life. Health care; recreation; the arts; public safety; family and youth; a sense of community; racial diversity, opportunity and harmony; human services and older adults were all grouped under the "Quality of Life" foundation. [247]

From that, one strategic alliance developed - the Visioneering Health Alliance, which was focused on improving the health and quality of life for all people in the Wichita area.

The Visioneering Health Alliance was a group of partners from public health, education, business, non-profit, health care, philanthropy and governmental sectors. As such, it convened, catalyzed and collaborated to influence policies, environments and systems that lead to measurable improvement of the health of our residents.

In 2010, the Visioneering Health Alliance undertook a six-month process to help identify strategic priorities for Wichita and Sedgwick County. These five priorities are shown in Figure 7 and include access to health care; obesity and diabetes; mental health; oral health; and health disparities. The health disparities category was deemed so significant that it was integrated within each of the other four priorities.

Figure 7: Health Alliance Strategic Priorities [245]

Although no longer structured as part of Visioneering Wichita, the Health Alliance continues to focus on improving the health and quality of life for all people in the Wichita area. It seeks to achieve measurable outcomes in the five identified strategic health priorities.

A community health improvement plan outlines the long-term, strategic efforts of a community to address priority health issues. In Spring 2013, the Health Alliance completed a three-year Community Health Improvement Plan (CHIP) to address the strategic health priorities. The CHIP included 14 strategic measures and 6 performance measures with established goals, and progress is monitored annually towards these measures.[248]

The Health Alliance was the driving force behind the 2017-2019 CHIP for Sedgwick County. The 2016 prioritization and strategy-development process were facilitated by the Center for Public Health Initiatives at Wichita State University. Those efforts were supported by the CHIP Design Team, a group of public health system and not-for-profit partners convened to provide advice and ideas about the CHIP process.

According to the 2017-2019 Community Health Improvement Plan for Sedgwick County's executive summary,[246] funding to develop the Community Health Improvement Plan was provided by Health ICT, an affiliate of the Medical Society of Sedgwick County.

One of Health ICT's primary projects was a Kansas Department of Health and Environment-funded initiative that aimed to reduce obesity, diabetes, heart attack and stroke in Sedgwick County.

Figure 8 displays the final priority health areas and community health indicators developed through a series of community meetings and work groups comprised of Ascension Via Christi, Greater Wichita YMCA, Medical Services Bureau, Medical Society of Sedgwick County Health ICT, Sedgwick County Division of Health, United Way of the Plains, University of Kansas School of Medicine – Wichita and Wichita State University.

Figure 8: Priority Health Areas and Community Health Indicators
2017-2019 Community Health Improvement Plans for Sedgwick County

Health Behaviors	Clinical Care	Social & Economic Factors	Physical Environment	Infant Mortality
Percent obese adults	Percent uninsured	Percent children in poverty	Percent severe housing problems	Sleep related deaths
Teen birth rate	Mental health provider rate	Percent high school graduation	Limited access to healthy foods	Premature birth
Physically inactive adults	Percent diabetic screening	Violent crime rate	Access to recreational facilities	Infant mortality disparities
Tobacco use prevention				

METHODOLOGY

Community Respondent (Household) Survey

For the community respondent household survey, a random sample of 6,500 Sedgwick and Butler County households was selected. This represented 4,500 randomly selected Sedgwick County households, 1,000 randomly-selected Butler County households and in addition, 1,000 Sedgwick County households randomly-selected from nine ZIP codes with the lowest household income (67203, 67208, 67210, 67211, 67213, 67214, 67216, 67218 and 67219); this area was "oversampled" in an attempt to obtain additional responses from a population which has historically demonstrated high residential mobility accompanied by low survey response rates.

Pre-survey postcards were mailed via first-class on October 26, 2018. The postcard's purpose was to inform potential respondents about the upcoming community needs

assessment and to ask them to watch for and complete their surveys. It also gave them the opportunity to request the survey in Spanish and Vietnamese if preferred.

Surveys accompanied by postage-paid return envelopes were mailed November 6, 2018, via first class with a requested return date of November 22, 2018.

Follow-up reminder postcards were mailed via first class on November 15. These postcards also provided potential respondents with the opportunity to complete the survey electronically via SurveyMonkey. Surveys were accepted through December 12, 2018.

Of the 6,500 households mailed surveys, the post office returned 817 as undeliverable (e.g. "vacant," "attempted, not known," "deceased," "moved left no forwarding address," etc.) Of the 5,683 valid household surveys distributed (that is 6,500 – 817), 336 completed surveys were returned, a 5.9 percent response rate. The chart on page B-4 displays response rate information in total and by county. While this response rate may seem low, according to the Direct Marketing Association, the average response rate is 3.4 percent for household surveys.

Valid research techniques were utilized to obtain a sample of all Sedgwick and Butler Counties' households proportional to the number of occupied households in each county and to randomize the selection of survey households within each county to be as thorough as possible in the collection about needs in the community. While a higher response rate is always desirable, from a research perspective a response of 336 households from a randomly selected sample of 5,683 households provides an overall margin of error of plus or minus 5.3 percentage points at the 95 percent level of confidence.

That is, if the CHNA partnership were to conduct the exact same survey 100 times the exact same way – each time drawing randomly from the same population (e.g., Sedgwick and Butler counties) – the expected result would be that 95 times out of 100, the findings would fall within 5.3 percentage points either lower or higher from the numbers presented in this report.

For example, the community respondent (household) segment of the research showed that 61.3 percent of respondents had gotten a flu shot during the past 12 months. If the CHNA survey were to be repeated 99 more times, 95 of those times one would expect the percentage of community respondents having gotten a flu shot within the past 12 months to fall between 56.0 and 66.6 percent (that is 61.3 – 5.3 and 61.3 + 5.3).

The Sedgwick County subset of the Community Respondent (Household) survey yielded 290 completed surveys from 4,739 valid households, resulting in a margin of error for this subset of the data of plus or minus 5.75 percentage points at the 95 percent level of confidence.

Community Leader Survey

To draw upon the recognition and reputation of formal and informal leaders in Sedgwick and Butler Counties, this CHNA effort solicited input from nonprofit health and human service agencies in these counties by asking each executive director to identify up to ten community leaders they believed should be surveyed. Input was provided via SurveyMonkey.

All community leaders identified by at least three agency executive directors were included, as were the presidents/chief executive officers of the area's largest employers (based on number of people employed), local elected and appointed government officials, public school district superintendents and public school board presidents. The final list included 456 individuals identified as "community leaders."
These individuals were contact in mid-September 2018, advising them that their name was among those identified most frequently as being a "a leader in the community" and inquiring whether they would be willing to complete a survey to gauge the community's pulse as it pertained to the area's health and human service needs.

Surveys accompanied by postage-paid return envelopes were mailed on November 6, 2018, via first class to 456 community leaders in Sedgwick and Butler counties, with a requested return date of November 22, 2018. Follow-up reminder postcards were mailed via first class on November 15. These postcards also provided potential respondents with the opportunity to complete the survey electronically via SurveyMonkey. Surveys were accepted through December 13, 2018.

Of the 456 community leaders mailed, a total of 8 were either returned by the post office as undeliverable or the community leader opted out of participating. From the 448 community leaders (that is 456-8) a total of 81 completed surveys were returned, an 18.1 percent response rate. The chart on page B-4 displays response rate information in total and by county.

Community leaders were identified based on where they were employed or where they were elected or appointed to serve. Survey results have been reported based on the community leader's county of residence.

Agency Executive Survey

On August 21, 2018, United Way of the Plains accessed its statewide information and referral database, 2-1-1 of Kansas, to identify and obtain contact names and information for nonprofit health and human service agencies in Sedgwick and Butler counties. Contact was made with identified agency personnel via email, to verify contact information.

Surveys, cover letters and postage-paid return envelopes were mailed on November 6, 2018, via first class mail to the executive directors of 174 area nonprofit agencies in Sedgwick and Butler counties, with a requested return date of November 22. Follow-up reminder postcards were mailed on November 15. Surveys were accepted through December 7, 2018.

Of the 174 agency executive surveys mailed, a total of 3 were either returned by the post off as undeliverable or the executive director opted out of participating.

From the 171 agency executive surveys (that is, 174 – 3), a total of 77 completed surveys were returned, a 45.0 percent response rate.

Statistical Analysis

Survey data were analyzed utilizing SPSS (Statistical Program for the Social Sciences) software. Significant differences are reported when found to be statistically significant at the 95 percent level of confidence based on t-test analysis for scale questions and Pearson chi-square analysis for categorical questions. Significant differences were examined based on those responding to each question; missing values were excluded.

Differences were examined between the three population segments surveyed (community leaders, health and human service agency executives and the randomly-selected households).

Within the randomly selected household population, differences were examined on

- Gender (male; female)
- Race (White/Caucasian; other)
- Presence of child in household under 18 years old
- County of residence (Sedgwick/not Sedgwick)
- Age (under/over 55)
- Annual household income (Under/over $35,000)

Within the community leader segment, differences were examined based on:

- Gender (male; female)
- Presence of child in household under 18 years old
- County of residence (Sedgwick/not Sedgwick)
- Age (under/over 55)

Within the agency executive segment, differences were examined based on:

- Gender (male; female)
- County of employment (Sedgwick/not Sedgwick)

Surveys administered, analyzed and findings published by - United Way of the Plains

Community Listening Sessions were coordinated, completed and analyzed by the Sedgwick County Division of Health (Findings will be published in the Fall 2019)

Funding for CHNA was provided by Via Christi Health

* * * * *

(It is always possible to overlook a specific group or agency, even in efforts to be thorough, but United Way of the Plains believes that to the best of their ability every effort was made to include any agency, person or groups of persons who could help identify needed areas of service in the defined geographical areas.)

FINDINGS

This section compares the findings from the three survey segments – community respondents, community leaders and agency executives. Additionally, in-depth information can be found in the section detailing each segment's results. The verbatim responses to open-ended questions are in Appendix C.

Education Concerns

Community respondents and community leaders were asked to consider their households and other households in their neighborhoods and agency executives were asked to consider clients of their agencies or organizations. Respondents rated each of 10 education topics as major, moderate, or minor concerns or indicated that each had not been a concern in the past 12 months.

All three segments rated preparing young people for the workforce most often as a major education concern. Second most often, community respondents rated juvenile delinquency/gang prevention as a major education concern, while community leaders rated youth development/character building programs and agency executives rated child day care as major second most often.

Table 48 presents the 10 education concerns, sorted in order of percentage of community respondents rating each concern as major.

Significant Difference Between Population Segments:

- Agency executives were more likely to rate mentoring for children/youth, child day care or youth development/character building programs as a major education concern than were community respondents or leaders.
- No additional significant differences were noted between community respondent, community leader and agency executive segments regarding education concerns.

Table 48: Education Concerns			
	Major Concerns		
Education Concerns	Community Respondent	Community Leaders	Agency Executives
Base	n=336	n=81	n=77
Preparing young people for the workforce	28.0%	33.3%	32.5%
Juvenile delinquency/gang prevention	22.0%	17.3%	15.6%
Bullying	21.4%	13.6%	26.0%
Early care and education for children	14.6%	18.5%	19.5%
Student classroom attendance	14.0%	13.6%	20.8%
Mentoring for children/youth	13.7%	13.6%	22.1%
Child day care	12.5%	14.8%	27.3%
Tutoring for children/youth	11.3%	8.6%	11.7%
Before and/or after school services (latchkey)	11.0%	9.9%	14.3%
Youth development/character building programs (e.g., scouting)	11.0%	21.0%	22.1%

Health Concerns

Community respondents and community leaders were asked to consider their households and other households in their neighborhoods and agency executives were asked to consider clients of their agencies or organizations. Respondents rated each of 17 health concerns as major, moderate, minor concerns or indicated that each had not been a concern in the past 12 months.

All three segments rated health insurance most often as a major health concern. Community respondents then rated basic medical care as a major health concern second most often, as community leaders did for domestic/family violence and agency executives did for behavioral/mental health counseling. Table 49 represents the 17 health concerns, sorted in order of percentage of community respondents rating each concern as major.

Significant Difference Between Population Segments:

- Agency executives were more likely than were community respondents and community leaders to rate several health concerns as major, including:
  - health insurance
  - basic medical care
  - domestic/family violence
  - counseling-behavioral/mental health
  - prescription painkillers (opioids)
  - medical transportation services
  - diabetes
  - obesity
  - sexual assault
  - drug/alcohol abuse
- No additional significant differences were noted between community respondent, community leader and agency executive segments regarding health concerns.

Table 49: Health Concerns			
Health Concerns including Prevention/Education/Services	Major Concerns		
	Community Respondent	Community Leaders	Agency Executive
Base	n=336	n=81	n=77
Health insurance	29.5%	17.3%	53.2%
Basic medical care	21.1%	12.3%	42.9%
Domestic/family violence	16.7%	14.8%	26.0%
Drug/alcohol abuse	16.7%	13.6%	39.0%
Sexual assault	16.4%	13.6%	26.0%
Child abuse	16.1%	12.3%	19.5%
Counseling – behavioral/mental health (children, youth, adults, families, seniors)	14.9%	13.6%	50.6%
Human/sex trafficking	14.9%	13.6%	14.3%
Obesity	13.4%	8.6%	28.6%
Diabetes	12.8%	6.2%	24.7%
Immunizations for adults (e.g., tetanus, seasonal flu)	11.0%	4.9%	13.0%
Prescription painkillers (opioids)	11.0%	12.3%	19.5%
Teen pregnancy	9.5%	11.1%	10.4%
Immunizations for children (e.g., measles/mumps/rubella; polio)	7.4%	6.2%	9.1%
Unintentional injuries (accidents, falls, etc.)	7.4%	4.9%	11.7%
Medical transportation services	7.1%	6.2%	36.4%
Gambling addiction	3.6%	2.5%	9.1%

Health or Social Services

People and families often look for help to address situations impacting their health. Community respondents and community leaders were asked to consider their households and other households in their neighborhoods and agency executives were asked to consider clients of their agencies or organizations. Respondents rated whether access and availability to each of 10 health or social services were major, moderate, minor concerns or indicated that each had not been a concern in the past 12 months.

All segments rated access and availability of treatment for life-threatening diseases most often as a major health or social service concern. Community leaders rated parenting education equally as often, as agency executives did with wellness/ nutrition programs. Community respondents rated access and availability of home health care for homebound individuals second most often as a major health or social service concern.

Table 50 presents the 10 health or social services sorted in order of percentage of community respondents rating concern regarding access and availability to each as major.

Significant Difference Between Population Segments:

- Agency executives were more likely than were community respondents and community leaders to rate access and availability to several health or social service concerns as major, including:
  - home health care for homebound individuals
  - wellness/nutrition programs
  - physical activity program (children, youth, adults)
  - resources for caregivers/respite care
  - parenting education
- No additional significant differences were noted between community respondent, community leader and agency executive segments regarding health or social services.

Table 50: Health or Social Services

Health or Social Services Including Access and Availability	Major Concerns		
	Community Respondent	Community Leaders	Agency Executive
Base	n=336	n=81	n=77
Treatment for life-threatening diseases (cancer, congestive heart failure, other organ failure)	18.2%	7.4%	23.4%
Home health care for homebound individuals	12.8%	6.2%	19.5%
Wellness/nutrition programs	11.6%	6.2%	23.4%
Physical activity program (children, youth, adults)	11.0%	6.2%	19.5%
Resources for caregivers/respite care	11.0%	6.2%	19.5%
Meal/food delivery for homebound individuals	10.7%	4.9%	11.7%
Homemaker services for homebound individuals (assistance w/personal hygiene/housekeeping/meals/etc.)	10.1%	6.2%	13.0%
Parenting education	8.3%	7.4%	19.5%
Adult day care services	7.7%	2.5%	6.5%
Injury prevention devices (smoke alarms, bike helmets, car seats)	7.1%	3.7%	6.5%

Income and Self-Sufficiency Concerns

Community respondents and community leaders were asked to consider their households and other households in their neighborhoods and agency executives

were asked to consider clients of their agencies or organizations. Respondents rated each of 24 income and self-sufficiency concerns as major, moderate, minor concerns or indicated that each had not been a concern in the past 12 months.

Table 51 presents the 24 income/self-sufficiency concerns, sorted in order of percentage of community respondents rating each concern as major.

Significant Difference Between Population Segments:

- Community respondents were more likely to rate environmental pollution/recycling a major concern than were community leaders/agency executives.
- Agency executives were more likely to rate the following a major concern than were community respondents/community leaders:
  - Financial assistance (prescription
  - Food assistance
  - Financial assistance (housing/utility)
  - Current, correct information: available
  - Safe, affordable, accessible housing
  - Emergency/temporary shelter
  - Legal aid
  - Assistance: offenders
  - Living facilities for children/youth
  - Employment assistance/services:
  - Assistance/services to victims of crime
  - Adult basic education (job skills,
  - Job training/retraining assistance
  - Employment assistance services
  - Financial/credit counseling
  - Housing counseling
  - Sheltered workshops for disabled
  - Adult literacy programs
- No additional significant differences were noted between community respondent, community leader and agency executive segments regarding income and self-sufficiency concerns.

Reflective Pause

Survey Question: How often during the day do you take a reflective pause of at least two minutes at a time to pray, think deeply or use some other technique to gain mental clarity and spiritual balance? __Once __2 to 4 times __ 5 times or more __Never

To gain mental clarity and spiritual balance, 77.8 percent of community leaders, 71.7 percent of community respondents and 59.8 percent of agency executives indicated taking at least one pause per day to pray, think deeply or use some other technique.

While more than forty percent of both the community respondents and community leaders reported taking at least one reflective pause daily, nearly a fifth (25.9 percent) of all community respondents indicated they never pause reflectively to gain mental clarity and spiritual balance. The community respondents were not alone as 26.0 percent of all agency executives and 18.5 percent of all community leaders reported they don't take time out of their day to engage in reflective activity. Table 52 captures the responses to this question for all respondents.

Table 51: Income and Self-Sufficiency Concerns			
	Major Household or Neighborhood Concerns		
Income and Self-Sufficiency Concerns	Community Respondent	Community	Agency Executive
Base	n=336	n=81	n=77
Financial assistance (prescription medication)	16.7%	8.6%	41.6%
Food assistance	15.5%	11.1%	35.1%
Environmental pollution/recycling	15.2%	4.9%	5.2%
Home repair/safety for seniors	15.2%	8.6%	14.3%
House construction and repair: low-income	14.3%	7.4%	10.4%
Assistance: active military/veterans, families	12.8%	9.9%	10.4%
Financial assistance (housing/utility)	12.5%	6.2%	50.6%
Current, correct information: available services	10.1%	3.7%	42.9%
Safe, affordable, accessible housing	10.1%	11.1%	51.9%
Emergency/temporary shelter	9.8%	7.4%	36.4%
Legal aid	8.9%	2.5%	16.9%
Assistance: offenders reintegrate/community	8.0%	4.9%	14.3%
Living facilities for children/youth	8.0%	7.4%	18.2%
Disaster response for fires, tornadoes, etc.	7.7%	6.2%	5.2%
Employment assistance/services: disabled	7.7%	9.9%	24.7%
Assistance/services to victims of crime	7.1%	3.7%	16.9%
Disaster response for acts of terrorism	6.8%	4.9%	2.6%
Adult basic education (job skills, computers)	5.7%	8.6%	27.3%
Job training/retraining assistance	5.7%	9.9%	36.4%
Employment assistance services	5.4%	12.3%	35.1%
Financial/credit counseling	5.4%	4.9%	18.2%
Housing counseling	5.4%	4.9%	15.6%
Sheltered workshops for disabled	4.8%	4.9%	13.0%
Adult literacy programs	2.7%	3.7%	16.9%

Table 52: Reflective Pause			
Number of Times Daily	Community Respondent	Community Leaders	Agency Executive
Base	n=336	n=81	n=77
Once	40.2%	43.2%	35.1%
2 to 4 times	20.8%	13.6%	10.4%
5 times or more	10.7%	21.0%	14.3%
Never	25.9%	18.5%	26.0%
No response	2.4%	3.7%	14.3%

Column percentages may not sum to 100.0 percent due to rounding.

Significant Difference Between Population Segments:

- No significant differences were noted between community respondent, community leader and agency executive segments regarding taking a reflective pause to gain mental clarity and spiritual balance.

Other Health Concerns

In addition to rating whether identified health concerns had been major, moderate or minor household/ neighborhood concerns or had not been concerns in their households and/or neighborhoods in the past 12 months, community respondents and community leaders provided input on the source of their household's basic medical care and insurance coverage, as well as whether anyone in their household had experienced a gap in health care services (i.e., medical, dental, behavioral/mental health, substance abuse and/or prenatal).

Source of Basic Medical Care

Survey Question: Where do you USUALLY go, when you or members of your household need basic, NON-EMERGENCY medical care? (Mark only one.)

- Nonprofit community clinics (such as GraceMed, Hunter, HealthCore, E.C. Tyree, Guadalupe, etc. in Sedgwick County; Augusta Family Practice, El Dorado Clinic, etc. in Butler County)
- Immediate care clinic (not at a hospital or medical center)
- Emergency department at a hospital pr medical center
- Our personal physician/private doctor

Approximately three-fourths (76.5 percent) of community respondents indicated the usual source of their household's basic medical care was their personal physician or private doctor. Second most often, 6.8 percent sought basic non-emergency healthcare at nonprofit community clinics. See Table 53 for responses.

Table 53: Source of Basic Medical Care

Source of Basic Medical Care	Community Respondents	Community Leaders
Base	n=336	n=81
Personal physician/private	76.5%	84.0%
Nonprofit community clinics	6.8%	1.2%
Immediate care clinic	6.5%	6.2%
Emergency department	5.7%	2.5%
Do not seek medical care	2.4%	3.7%
Other	1.8%	1.2%
No response	0.3%	1.2%

An even larger percentage of community leaders (84.0 percent) indicated a personal physician or private doctor as their household's source for basic medical care, followed by immediate care clinics, which were cited by 6.2 percent of community leaders as their household's source for basic medical care.

A full list of verbatim responses from community respondents and community leaders identifying other sources of basic medical care appears in Appendix C.

Household Insurance Coverage

Survey Question: Is everyone in your household covered by health insurance?

When asked whether they and everyone in their household was covered with health insurance, most of community respondents (88.7 percent) and community leaders (96.3 percent) indicated they were. See Table 54 for responses.

Table 54: Source of Basic Medical Care

Covered by Health Insurance	Community Respondents	Community Leaders
Base	n=336	n=81
Insured	88.7%	96.3%
Not Insured	11.3%	3.7%

Among insured community residents, nearly three-fourths (73.2 percent) had health insurance coverage through private or employer-provided insurance carriers, as did an even larger percentage (91.0 percent) of insured community leaders.

Table 55: Type of Health Insurance Coverage

Type of Health Insurance Coverage	Households with This Coverage	
	Community Respondents*	Community Leaders**
Private/employer insurance	73.2%	91.0%
Medicare	51.0%	25.6%
State-funded Medicaid (KanCare)	10.4%	3.8%
Military/other government insurance	8.1%	3.8%
No response	0.0%	1.3%

*Base = 298 community respondents with all members of household insured
**Base = 78 community leaders with all members of household insured Multiple responses possible; column percentages sum to more than 100 percent.

Significant Difference Between Population Segments:

- Community respondents' households were more likely to have health insurance coverage via **Medicare** or **state-funded Medicaid** than were community leaders' households.
- Community leaders' households were more likely to have **private/employer-provided insurance** than were community respondents' households.
- No additional significant differences were noted between community respondent, community leader and agency executive segments regarding type of health insurance coverage

Gaps in Household Health Care Services

Respondents were asked whether they or anyone in their household needed five different types of health care – medical, dental, mental health, substance abuse or prenatal. For those indicating a need for each type of health care, a follow-up question asked as to whether that care was received.

Survey Question: During the past 12 months, did you or anyone in your household need:

● Medical care	❑ Yes ❑ No	IF YES, was that care received?	❑ Yes ❑ No
● Dental care	❑ Yes ❑ No	IF YES, was that care received?	❑ Yes ❑ No
● Behavioral/mental health care	❑ Yes ❑ No	IF YES, was that care received?	❑ Yes ❑ No
● Substance abuse care	❑ Yes ❑ No	IF YES, was that care received?	❑ Yes ❑ No
● Prenatal care	❑ Yes ❑ No	IF YES, was that care received?	❑ Yes ❑ No

When asked whether someone in their household had needed health care during the past 12 months, nearly four in five community respondents' households had needed medical (86.9 percent) or dental (79.2 percent) care and similar percentages of community leaders' households had needed dental or medical care (88.9 percent each). See Table 56 for the types of health care needed during the last year by respondent type.

Table 56: Type of Health Care Needed

Type of Health Care	Households Needing This Care: Community Respondent	Households Needing This Care: Community Leaders
Base	n=336	n=81
Medical care	86.9%	88.9%
Dental care	79.2%	88.9%
Behavioral/mental health care	19.0%	12.3%
Substance abuse care	2.7%	0.0%
Prenatal care	2.1%	2.5%

Multiple responses possible.
Column percentages sum to more than 100.0 percent.

Table 57 presents the percentage of households needing but not receiving various health care services. Most of community respondents' and community leaders' households needing health care reported having received that health care. Although not as many households needed prenatal care, of those which did, all received it.

Additional information regarding reasons needed health care was not received appears in the community respondent and community leader sections of the report.

Significant Difference Between Population Segments:

- No significant differences were noted between community respondent and community leader segments regarding gaps in health care services.

	Table 57: Gaps in Health Care Services			
	Of Households Needing Health Care, Health Care Received			
	Community Respondents		Community Leaders	
Type of Health Care	Yes	No	Yes	No
Medical care	96.6%	3.4%	100.0%	0.0%
Dental care	83.5%	16.5%	100.0%	0.0%
Behavioral/mental health care	84.4%	15.6%	90.0%	10.0%
Substance abuse care	44.4%	55.6%	N/A*	N/A*
Prenatal care	100.0%	0.0%	100.0%	0.0%

Base = households needing each type of health care; multiple responses possible.
*No community leaders indicated needing substance abuse care for their household.

Access to Health Care (Agency Clients)

According to agency executives, the clients of many agencies needed access to medical care (89.6 percent), behavioral/mental health care (84.4 percent) or dental care (81.8 percent) during the past 12 months. See Table 58 for the responses given by agency executives when they were responding for the health needs of their clients.

Table 58. Access for Health Care	
Type of Health Care Access Needed	Agencies Whose Clients Needed Access to this Care
Medical care	89.6%
Behavioral/mental health care	84.4%
Dental care	81.8%
Substance abuse care	55.8%
Prenatal care	40.3%

Base = 77 agency executives; multiple responses possible.

Additional information regarding access by agency's clients to health care appears in the agency executive section of the report.

Health Procedures

Survey Question: For each of the following health procedures, please indicate the last time you yourself had the procedure done – in the past 12 months, in the last 1-5 years; more than 5 years or never.

- Blood pressure check
- Flu shot
- Pap smear
- Dental screening
- Mammogram
- Prostate exam

The majority of both community respondents (92.3 percent) and community leaders (96.2 percent) report having had their blood pressure checked with the past 12 months, and nearly as many report having had a dental screening during that same timeframe (72.4 percent, community respondents; 91.0 percent, community leaders).

Closer to two-thirds of community respondents (65.6 percent) and community leaders (68.4 percent) reported having had a flu shot during the past 12 months; at least one in ten reported never having had a flu shot (13,7 percent, community respondent; 10.5 percent, community leaders). See Table 59 for breakout of responses for various procedures.

Table 59: Health Procedures (excluding No Response)

Procedure and Time Most Recently Completed	Households Needing This Care	
	Community Respondents	Community Leaders
Base	n=336	n=81
Blood pressure check		
Past 12 months	92.3%	96.2%
1 to 5 years	6.8%	3.8%
5 years or more	0.3%	0.0%
Never	0.6%	0.0%
Dental screening		
Past 12 months	72.4%	91.0%
1 to 5 years	17.8%	9.0%
5 years or more	7.9%	0.0%
Never	1.9%	0.0%
Flu shot		
Past 12 months	65.6%	68.4%
1 to 5 years	13.1%	14.5%
5 years or more	7.6%	6.6%
Never	13.7%	10.5%

Significant Difference Between Population Segments:

- No significant differences noted between community respondent and community leader segments regarding health procedures (that is, having had a blood pressure check, dental screening or flu shot during the past 12 months.)

Among females, two-thirds (66.7 percent) of community leaders and nearly half (49.1 percent) of community respondents indicated having had a mammogram within the past 12 months. Nearly half (46.7 percent) of female community leaders and a third (33.3 percent) of female community respondents had a pap smear during that same timeframe. See Table 60 for comparison of female respondents when it comes to frequency of mammograms and pap smear procedures.

Table 60: Health Procedures

Procedure and Time Most Recently Completed	Female Community Respondents	Female Community Leaders
Base	n=222	n=30
Mammogram		
Past 12 months	49.1%	66.7%
1 to 5 years	20.3%	20.0%
5 years or more	6.8%	6.7%
Never	12.6%	0.0%
No response	11.3%	6.7%
Pap smear		
Past 12 months	33.3%	46.7%
1 to 5 years	29.3%	33.3%
5 years or more	15.3%	13.3%
Never	2.3%	0.0%
No response	19.8%	6.7%

Column percentages may not sum to 100.0 percent due to rounding

Significant Difference Between Population Segments:

- No significant differences were noted between female community respondent and female community leader segments regarding having had a mammogram or pap smear during the past 12 months.
- However, 12.6 percent of the female community respondents reported they have never had a mammogram and 2.3 percent have never had a pap smear.

Among males, nearly half (47.1 percent) of community leaders and more than a third (36.0 percent) of community respondents indicated having had a prostate exam within the past 12 months.

Table 61: Health Procedures		
Procedure and Time Most Recently Completed	Male Community Respondents	Male Community Leaders
Base	n=114	n=51
Prostate exam		
Past 12 months	36.0%	47.1%
1 to 5 years	17.5%	19.6%
5 years or more	10.5%	11.8%
Never	24.6%	17.6%
No response	11.4%	3.9%

Significant Difference Between Population Segments:

- No significant differences were noted between male community respondent and male community leader segments regarding having had a prostate exam during the past 12 months.
- It is interesting to note that nearly 18 percent of male community leaders reported never have had a prostate exam in comparison to nearly 25 percent of the male community respondents.

Other Concerns

Community respondents and community leaders were asked whether anyone in their household sought education or training to qualify for a higher-paying job during the past 12 months; whether anyone in their household had been laid off from any job due to the economy and/or workforce reduction during the past 12 months; and whether they had missed a rent, mortgage or utility payment during the past 12 months because they did not have enough money.

Education or Training

Survey Question: During the past 12 months, has anyone in your household sought education or training to qualify for a higher-paying job?

In 15.8 percent of community respondents' households and in 18.5 percent of community leaders' households, someone had sought further education or training within the past 12 months with the intent of qualifying for a higher-paying job. See Table 62 for their respective responses.

Table 62: Sought Education or Training, Past 12 Months		
	Community Respondents	Community Leaders
Base	n=336	n=81
Yes	15.8%	18.5%
No	84.2%	81.5%

Significant Difference Between Population Segments:

- No significant differences were noted between community respondent and community leader segments regarding having had a household member seek recent education or training during the past 12 months.

Employment Layoff

Survey Question: During the past 12 months, has anyone in your household been laid off from any job due to the economy and/or workforce reduction?

In 6.0 percent of community respondents' households someone had been laid off or lost a job during the past 12 months, although no one had in community leaders' households. See Table 63.

Table 63: Layoff in Household Due to Economy/Workforce Reduction, Past 12 Months		
	Community Respondents	Community Leaders
Base	n=336	n=81
Yes	6.0%	0.0%
No	94.0%	100.0%

Significant Difference Between Population Segments:

- Community respondents were more likely than were community leaders to have household members who had been laid off or lost a job due to a workforce reduction or the economy.

Experienced Difficulty with Rent, Mortgage or Utility Payments

Survey Question: During the past 12 months, did you miss a rent, mortgage or utility payment because you did not have enough money?

In 14.3 percent of community respondents' households and in 3.7 percent of community leaders' households, a rent, mortgage or utility payment had been missed during the past 12 months because the household did not have enough money.

Table 64: Experienced Difficulty with Rent, Mortgage or Utility Payment, Past 12 Months		
	Community Respondents	**Community Leaders**
Base	n=336	n=81
Yes	14.3%	3.7%
No	85.7%	98.3%

Significant Difference Between Population Segments:

- Community respondents were more likely than were community leaders to have missed a rent, mortgage or utility payment in the past 12 months.

Community Volunteerism

Survey Question: Within the past 12 months, have you or anyone in your household volunteered time at any of the following types of organizations:

- Church/other religious
- School
- Cultural arts
- Professional
- Civic/fraternal
- Other nonprofit

Members of community respondents' households had volunteered most often for a church or other religious organization; 47.9 percent of the households had done so in the past year. Second most often (44.6 percent), they had volunteered for nonprofit organizations other than those types listed.

Members of community leaders' households had volunteered most often for nonprofit organizations (74.1 percent), followed by churches or other religious organizations (67.9 percent). See breakout of most likely volunteer sites for each respondent group in Table 65.

Table 65. Community Volunteerism - Households Volunteering		
Type of Organization	**Community Respondent**	**Community Leaders**
Base	n=336	n=81
Church/other religious	47.9%	67.9%
Other nonprofit	44.6%	74.1%
School	27.1%	46.9%
Professional	23.5%	61.7%
Civic/fraternal	16.7%	65.4%
Cultural arts	13.1%	29.6%

Multiple responses possible.
Column percentages sum to more than 100.0 percent.

Significant Difference Between Population Segments:

- Community leaders were more likely to have had someone from their household volunteer at each of the six identified organization types than were community respondents.
- Information regarding agencies' use of volunteers appears in the agency executive section of the report.

Demographics

Completed surveys were received from community respondents, community leaders and agency executives from two counties in South Central Kansas: Sedgwick and Butler counties. See Table 66 for breakout of respondents.

Table 66. Composition of Survey Respondents per Segment			
	Respondent Segments		
County	Community Respondents	Community Leaders	Agency Executives
Base	n=336	n=81	n=77
Butler County	13.7%	23.5%	16.9%
Sedgwick County	86.3%	76.5%	83.1%

Household and Agency Demographics

Table 67 delineates the household demographics for both the community respondents and the community leaders. Community respondents from 336 households represented a total of 794 individuals, and community leaders from 81 households represented a total of 204 individuals.

Table 67. Household Demographics		
Household Demographics	Community Respondents	Community Leaders
Household responses	n=336	n=81
Individuals represented in responding households	794	204
Composition of households		
Children under 18 years	18.5%	18.6%
Adults 18-64 years old	54.3%	58.3%
Seniors 65 years and older	27.2%	23.0%
Number of persons per household		
Average number of persons	2.4	2.5
Range (people)	1 to 9	1 to 7
Number of children per household		
Average number of children	0.4	0.5
Range (children)	0 to 6	0 to 4

Table 67. Household Demographics (continued)		
Household Demographics	**Community Respondents**	**Community Leaders**
Number of seniors per household		
Average number of seniors	0.6	0.6
Range (seniors)	0 to 3	0 to 2

Column percentages may not sum to 100,0 percent due to rounding.

Most community leaders (91.4 percent) reported 2017 annual household income of at least $50,000, as did 51.1 percent of community respondent households. See Table 68 for household income of community respondents and community leaders.

Table 68: Household Income (2017)		
Household Income	**Community Respondent**	**Community Leaders**
Base	n=336	n=81
Less than $25,000	20.8%	1.2%
$25,000 - $49,999	28.0%	7.4%
$50,000 - $99,999	31.5%	34.6%
$100,000 or more	19.6%	56.8%

Column percentages may not sum to 100.0 percent due to rounding.

Agencies participating in this CHNA were asked about their respective agency's annual operating budget in lieu of household incomes, see Table 69 for this breakout., CHNA respondents represented agencies of various sizes, with slightly more than two-fifths (41.6 percent) identifying an annual operating budget of at least $1 million.

Table 69: Agency Annual Operating Budget	
Annual Operating Budget	**Agencies**
Base	N=77
Under $100,000	24.7%
$100,000 to $499,999	13.0%
$500,000 to $999,999	14.3%
$1 million to $4,999,999	24.7%
$5 million to $9,999,999	5.2%
$10 million or more	11.7%
Don't know/no response	6.5%

Column percentages do not sum to 100.0 percent due to rounding.

Employment Status

As Table 70 displays, at the time of the survey, 52.7 percent of community respondents and 83.9 percent of community leaders were employed either full-time or part-time.

Table 70: Employment Status		
Employment Status	**Community Respondents**	**Community Leaders**
Base	n=336	n=81
Employed		
Full-time	39.6%	80.2%
Part-time	13.1%	3.7%
Retired	31.3%	14.8%
Disabled	6.8%	0.0%
Retired/disabled	4.8%	0.0%
Homemaker	2.4%	0.0%
Unemployed	1.8%	1.2%
Student	0.3%	0.0%

Additional information comparing county of residence and county of employment appears in the community respondent and community leader sections of the report.

Respondent Demographics

Community respondents, community leaders, and agency executives provided information on their age, as well as their gender and race and whether they were of Hispanic ethnicity. This data is captured in Table 71.

Table 71. Respondent Demographics			
Respondent Demographics	**Community Respondents**	**Community Leaders**	**Agency Executive**
Base	n=336	n=81	n=77
Age			
Under 34 years	8.6%	4.9%	9.1%
35 to 44 years	11.3%	9.9%	15.6%
45 to 54 years	15.2%	22.2%	14.3%
55 to 64 years	25.6%	34.6%	33.8%
65 to 74 years	22.0%	22.2%	22.1%
75 to 84 years	11.6%	6.2%	5.2%
85 years or older	5.7%	0.0%	0.0%
Age Range (in years)	23 to 95	29 to 75	24 to 79
Average Age (in years)	59.4	56.2	55.3
Gender			
Male	33.9%	63.0%	27.3%
Female	66.1%	37.0%	72.7%

Table 71. Respondent Demographics (continued)			
Respondent Demographics	**Community Respondents**	**Community Leaders**	**Agency Executive**
Race			
White/Caucasian	88.1%	95.1%	92.2%
Black/African American	9.2%	4.9%	5.2%
Native American/Alaskan	1.5%	0.0%	1.3%
Asian/Pacific Islander	1.2%	0.0%	1.3%
Ethnicity			
Hispanic	3.6%	1.2%	6.5%
Non-Hispanic	96.4%	98.8%	93.5%

Column percentages may not sum to 100.0 percent due to rounding.

Significant Difference Between Population Segments:
Community respondents tended to be older, on average, than were community leaders or agency executives.

SIGNIFICANT COMMUNITY HEALTH NEEDS

Prioritizing Significant Needs

Needs are prioritized based on the findings of the CHNA, other community discussions based on community needs and the available resources that AVC has to effectively change behaviors. Other important variables selecting priorities includes the number of people impacted, whether other organizations are already addressing the need, and whether the needs are aligned with the hospital's strategic plans and areas of expertise and the urgency of the health need that was identified.

What are the Significant Health Needs Identified in the 2019 CHNA?

The top health needs identified by the 2019 CHNA respondents included:

1) Health insurance
2) Basic medical care
3) Drug/alcohol abuse
4) Behavioral health/counseling
5) Domestic/family violence
6) Sexual assault
7) Human trafficking
8) Medical transportation services

These problems are not new to Sedgwick County as they have all been raised in previous CHNAs as well. However, these are all complicated issues and cannot be turned around without adequate government funding at all levels (Local, State and Federal) and a unified community-wide partnership approach.

In the last few years, other states have expanded Medicaid improving access to health care services; but Kansas has not. More importantly, the State of Kansas has reduced funding for mental health services and closed mental institutions so that those diagnosed with mental illness could be treated in their local communities. However, increased government funding at the local level did not keep pace with the growing need for behavioral services. Successfully addressing these issues is going to take "a village" approach for improved prevention, education and treatment.

How Ascension Via Christi (AVC) is Addressing these Significant Health Needs

Health Insurance

All Ascension Via Christi hospital leaders support Medicaid expansion. The health system's chief advocacy officer regularly attends Health and Human Services Committee meetings in Topeka, Kansas, the State Capitol and with the help of hospital leaders advocates through testimony to legislators on the need for expansion of Medicaid plus additional resources needed for mental health care and drug/alcohol abuse services. After seven years of advocating for Medicaid expansion, some progress was made late in the 2019 Legislative Session. Specifically, there will be an interim committee working during the 2019 summer and fall preparing a Medicaid expansion bill so that it is ready for debate and passage during the 2020 legislative session. A Medicaid expansion bill did pass in the House of Representatives but failed to get enough votes by the Senate to pull it out of committee for a vote prior to the end of the 2019 session. But the momentum is finally moving in the right direction for all Kansans.

All Ascension Via Christi affiliated hospitals also participates with local, county, regional and state groups (e.g. Kansas Hospital Association and others) who also want to see Medicaid expansion passed. When they hold special meetings with legislators, business leaders, health care providers, media and patient groups; AVC is at the table or has sent a letter of recommendation so that these target populations understand where AVC stands on this issue.

Basic Medical Care

During FY2018, Ascension Via Christi hospitals, clinics and other ministries located in Sedgwick County provided $21.8 million in charity care and $7.0 million in uncompensated care for Medicaid patients.

For the last three years, AVC hospitals, clinics and other ministries have hosted a Medical Mission at Home (MM@H) event, in partnership with community clinics, Wichita State University, Newman University, and University of Kansas Medical School. The MM@H event recruits medical and nursing students, in addition to professional clinicians, to provide basic medical care in an area of town that is surrounded by those who are poor or vulnerable. Through numerous partnerships with other providers, screenings take place for basic health, hearing, vision and dental care. Veteran Services, State of Kansas, City of Wichita and other community organizations are present to ensure that attendees who may be eligible to receive veteran services, Food Stamps, Medicaid, discount bus tokens, etc., can find out immediately and get registered while receiving care.

Since beginning the MM@H, nearly 700 people have been served through these events. A video showing the most recent MM@H event can be seen at https://www.viachristi.org/blog/ascension-via-christis-third-medical-mission-home-success#sthash.OQhWi7OH.dpbs

Patients with chronic conditions can often be challenging for physicians due to the many medications prescribed for them. AVC's Pharmacist-Physician Collaborative Practice Program is available for patients with a physician referral to have pharmacists assists with clinical management of chronic diseases. The pharmacists conduct comprehensive medication reviews and provide medication therapy management to help patients get optimal benefit from medications. This program, because of its success with patients' medication compliance improving outcomes has been expanded throughout the AMG clinics.

Rock Regional Hospital which opened in April 2019 (after the 2019 MM@H event) was the only AVC affiliated hospital that didn't participate in this annual event.

Drug/Alcohol Abuse

Patients brought in by family members, law enforcement agencies or Emergency Medical Service teams are triaged in the ER, stabilized and admitted when necessary for their own safety. The hospital does not have a dedicated detox unit but will treat the individual so long as they are at risk. If warranted, AVC-Wichita and St Teresa will work with other agencies in the local market to get the individual where they can best be helped with their addiction.

AVC-W staff will go out into the community to provide information on the effects that drugs and alcohol abuse may have on the chemical composition of the body, especially when an overdose occurs so people understand the risks they are taking when experimenting.

Serving on local committees like United Way of the Plains, Guadalupe Clinic, GraceMed Health Clinic and other community groups allow AVC-W staff to hear how illegal drugs and alcohol abuse is negatively impacting the quality of life for those who have these

addictions but also for the families who love them but don't know how to help or where to turn for long-term treatment. Networking with others who have more expertise following crisis intervention helps to inform ER staff on new services available to them and/or helps them to know the trends being seen in the field that don't always make it into the ER for crisis intervention.

AVC hospital not participating directly with drug/alcohol abuse included Kansas Surgery and Recovery Center and Ascension Via Christi Rehabilitation Hospital as the former is an orthopedic surgery specialty hospital and the latter is a specialty rehabilitation hospital and neither operate a 24/7 emergency room. Some of their patients may have drug/alcohol abuse tendencies that could have resulted in their need for orthopedic surgery or long-term rehabilitation but at these hospitals, the patient is handled differently than if they were admitted in a crisis through an ER.

Behavioral Health/Counseling

AVC provides 90 percent of the behavioral health clinical services in Wichita, treating nearly 10,000 patients a year, of which only one in four have private insurance.

In 2013, AVC organized more than 70 community leaders to develop a vision for a collaborative continuum of behavioral healthcare – one that connects AVC and community resources to deliver patient-centered, clinically integrated care for psychiatric patients that offers safe, high-quality care while reducing avoidable cost. This vision led to plans to close an aging inpatient facility and expand behavioral health services within a clinically integrated system of care designed to improve population health. This vision led to the conversion of the top two floors of AVC-St Joseph's Hospital facility into units specifically designed to meet the needs of children, adolescents and adults needing inpatient behavioral healthcare.

On February 13, 2019, AVC dedicated its newly renovated space following a more than $50 million renovation converting its medical units to all private rooms and allowing its Wichita Behavioral Health services to be consolidated and expanded on a single campus.

The AVC - St. Joseph's Hospital campus' newly renovated sixth and seventh floors include six behavioral health units that collectively have 101 private patient rooms; dining and group therapy rooms, as well as offices and work and meeting space for clinicians. Those units include a 12-room medical unit within the psychiatric-safe environment; two 25-room adult psychiatric medical units; a 14-room adolescent unit with four beds that potentially could be converted to latency rooms (ages 4 to 11); and a 25-room unit for Senior Behavioral Health.

A psychiatric observation unit on the hospital's lower level, where up to 16 patients having behavioral health crisis can be de-escalated with medication and therapeutic intervention, will open later in the Fall, helping to reduce the need for some inpatient admissions.

In addition to the inpatient hospital expansion for behavioral health; in July 2017, AVC expanded its outpatient behavioral health programs and services located across the street from St Joseph Hospital in a newly remodeled medical office building. This facility, which spans the entire third floor of the medical office building, houses the Intensive Outpatient and Partial-Day programs, psychiatric residency and AMG Via Christi Behavioral Health offices. It's also connected by walkway to St Joseph providing ready access to the St Joseph Emergency Room and the new Psychiatric Observation Unit.

The Behavioral Health team cares for pediatric patients ages five to seniors, providing expert assessment and diagnosis; individual and family therapy; mental illness education; symptom awareness training; anxiety and stress management; medication education and management; and referrals for greater needs. The goal of the Intensive Outpatient and Partial-Day programs is to provide frequent group therapy sessions, healthy life skills training and medication education and management with minimal disruption of school, work and family activities.

AVC-W arranges and pays for secure transportation for low-income or uninsured persons when they need to be transported to a different hospital for specialized treatment that may not be available locally (e.g. Osawatomie Psychiatric Hospital). However, there may be long waits involved in getting a patient admitted to a psychiatric bed, so AVC-W and St Theresa may be forced to use their resources to ensure patient and staff safety in crisis situations.

AVC hospitals not participating directly with behavioral health patients included Kansas Surgery and Recovery Center as it is an orthopedic surgery specialty hospital and AVC Rehabilitation Hospital as neither has the expertise on staff to deal with patients having psychiatric crisis. Rock Regional Hospital does operate a 24/7 emergency room but currently does not have expertise onboard to deal with this type of medical emergency.

Because of the significant investment made by AVC at its St Joseph campus to address behavioral health patients, EMS and law enforcement agencies will usually transport behavioral health patients to this facility for treatment and observation.

Domestic Family Violence/Sexual Assault

Domestic violence can be defined as any verbal and/or physical abuse ranging from simple assault to murder. In 2017, 54.5 percent of all domestic violence incidents in the State of Kansas involved the criminal offense of battery.[249]

In the *2017 Domestic Violence, Stalking, and Sexual Assault in Kansas Report*, statistics reported by law enforcement agencies are put into perspective through a time clock summary.[250]

- One domestic violence murder occurred every 9 days, 14 hours, 24 minutes, 31 seconds
- One domestic violence incident occurred every 23 minutes, 9 seconds
- Law enforcement made one domestic violence arrest every 41 minutes, 24 seconds

Sexual assault includes the crime of rape, sodomy and sexual battery. Rape is defined as knowingly engaging in sexual intercourse with a victim who does not consent to the sexual intercourse when the victim is overcome by force or fear or when the victim is unconscious or physically powerless; knowingly engaging in sexual intercourse with a victim when the victim is incapable of giving consent (e.g. mental deficiency or disease; under effect of alcohol, drug or other substance) which condition was known by the offender or was reasonably apparent to the offender; sexual intercourse with a child who is under 14 years of age; sexual intercourse with a victim when the victim's consent was obtained through a knowing misrepresentation made by the offender that the sexual intercourse was a medically or therapeutically necessary procedure or sexual intercourse with a victim when the victim's consent was obtained through a knowing misrepresentation made by the offender that the sexual intercourse was a legally required procedure within the scope of the offender's authority.[251]

Criminal sodomy is defined by the State of Kansas as sodomy between persons who are 16 or more years of age and members of the same sex; sodomy between a person and an animal; sodomy with a child who is 14 or more years of age but less than 16 years of age; or causing a child 14 or more years of age but less than 16 years of age to engage in sodomy with any person or animal.

Aggravated criminal sodomy is sodomy with a child who is under 14 years of age; causing a child under 14 years of age to engage in sodomy with any person or an animal or sodomy with a victim who does not consent to the sodomy or causing a victim, without the victim's consent, to engage in sodomy with any person or an animal when the victim is overcome by force or fear; when the victim is unconscious or physically powerless; or when the victim is incapable of giving consent because of mental deficiency or disease, or when the victim is incapable of giving consent because of the effect of any alcohol, narcotic, drug or other substance, which condition was known by, or was reasonably apparent to the offender.

Sexual battery is the touching of a victim who is not the spouse of the offender, who is 16 or more years of age and who does not consent thereto, with the intent to arouse or satisfy the sexual desires of the offender or another when the victim is overcome by force or fear; when the victim is unconscious or physically powerless; or when the victim is incapable of giving consent because of mental deficiency or disease, or when the victim is incapable of giving consent because of the effect of any alcohol, narcotic, drug or other substance, which condition was known by, or was reasonably apparent to, the offender.

The time clock put together by the Kansas Bureau of Investigation for sexual assault crimes is as follows:

- One rape occurred every 7 hours, 6 minutes and 0 seconds
- One criminal sodomy occurred every 1 day, 4 hours, 12 minutes and 0 seconds
- One sexual battery occurred every 6 hours, 24 minutes and 0 seconds

So much of the domestic family violence and sexual assault crimes is the result of drug/alcohol addictions and/or behavioral disorders or a combination of both. The increase in family violence and violence in general is a serious concern and is a growing concern across the country. As stated earlier in this report, in Kansas the number of arrests resulting from domestic family violence is down but the number of domestic violence related homicides is up. In 2016, there were 19 domestic violence homicides and within a year's time, it doubled to 38 deaths – a 100 percent increase in the State.

AVC hospitals involvement with domestic family violence and sexual assault normally takes place in the emergency room when victims have injuries and are transported by EMS, law enforcement agencies or family/friends called to the scene of the crime. After the patient is assessed and treated for injuries, law enforcement officers will inform victims about their rights to prosecute the perpetrator. Medical staff will provide the victims and/or their family about medical and psychological complications that can occur following a domestic violence or sexual assault encounter.

Hospital case managers will distribute information on where victims can go to receive additional assistance for support and encourage the victims to visit their personal physician for follow-up care when warranted. If a victim does not have a provider, they are encouraged to contact an AMG clinic or another community clinics for care.

AVC hospitals not participating directly with domestic violence/sexual assault victims included Kansas Surgery and Recovery Center as it is an orthopedic surgery specialty hospital nor operates a 24/7 emergency room. If a domestic violence or sexual assault victim needs orthopedic surgery following their emergency room treatment, then the individual is given contact information as an alternative to other surgeons available through the original treatment facility.

Human Trafficking

Human/sex trafficking prevention and education is an area in which AVC is making a name for itself around the country as a best practice. AVC-W provides human trafficking education to not only Ascension Via Christi associates throughout the State of Kansas but has worked diligently with Ascension-St Louis to develop and operationalize a model to be used in other Ascension health system facilities throughout the United States. The goals for the AVC-W Human Trafficking Program are to offer program support for other Ascension ministries and to implement a human trafficking education and prevention program in the AVC-W Inpatient Behavioral Health Youth Unit.

AVC-W now offers live debriefing and lessons learned sessions to strengthen Ascension Health Ministries' capability in identifying and providing quality care to those who have been trafficked. Debriefing sessions follow video module training sessions and assure that training is aligned with the health ministry's specific response plan.

The purpose for these debriefing and lessons learned sessions are to support content retention, behavioral and procedural changes in the environment, to share AVC-W experiences among colleagues and promote a safe and effective response.

The AVC-W supported debriefings have already taken place in three Ascension Wisconsin Hospitals: Columbia St Mary's – Milwaukee, Columbia St Mary's – Ozaukee and All Saints – Racine. These in-person sessions are now offered to all Ascension ministries.

In addition to supported debriefings, AVC-W has developed a shared website to be used by other ministries with pre-implementation, implementation and post implementation of human trafficking education and appropriate responses. This site contains documents arranged in a step-by-step format that provides user friendly guidance that helps strengthen efforts and implementation of human trafficking programs.

A human trafficking and healthy relationship education program to build resilience and offer support to youth was launched on December 4, 2018 by AVC-W Human Trafficking Program. All participants of this program are currently inpatients at AVC – St Joseph's Hospital Behavioral Health Adolescent Unit. This population was chosen because they are at high risk for human trafficking given the vulnerabilities of their age and mental health status.

The purpose of this program is to work to end child trafficking and other forms of abuse through prevention education and the empowering of youth. This is accomplished through raising their awareness of human trafficking, enhancing their skills of how to recognize when someone is being abusive or deceitful (e.g. identifying indicators and red flags of grooming and recruitment or how technology can be used in a harmful manner) and enhancing their skills of leveraging resources.

The AVC-W manager of this program and the forensic nursing department work very closely with the various law enforcement agencies in providing education, expert testimony and guidance on how best to handle the victims they may encounter. In addition, they work diligently to find community resources to assist these victims in establishing new lives following their medical treatment or their request for help.
Since AVC-W human trafficking program began, AVC-W has now identified and aided 126 patients who have been trafficked and have provided medical assistance to additional survivors who have been referred by community partners. In addition, in 2018, AVC-W's human trafficking program held 32 human trafficking education sessions and events providing human trafficking educational sessions for 1,273 participants.

All affiliated AVC-W hospitals which operate an ER have had training on identifying human trafficking victims, including all members of the security team. The AVC-W Human Trafficking Program has also held trainings for the associates who work in the clinics and has hosted educational conferences with national speakers so that various medical practitioners are aware of possible victims when being seen.

The only affiliated AVC hospital with an ER Department which has yet to take advantage of this training is Rock Regional but given they have only been operational for two months, it is anticipated that they will request this training for their ER staff soon.

Medical Transportation Services

AVC-W, AVC-ST and AVC-RH will all provide medical transportation services for patients needing to go to a different facility for additional or specialized treatment that is not available at these respective hospitals. In addition, for some very special populations that are poor and vulnerable, medical transportation arrangements may be made to ensure patient compliance when needed.

Neither KSRC or Rock Regional provide Medical Transportation Services currently. KSRC is a surgical specialty hospital so patients are normally transported by family members or friends for surgical procedures. Since Rock Regional just recently opened, their patient load is such that medical transportation services has not yet been required. As patient load increases, this may be an area they may use but only as needed.

While there are some transportation programs available in Sedgwick County, the poor and vulnerable population did take a hit for medical transportation when the National American Red Cross reprioritized and restructured local programming and discontinued the very popular medical transportation program to more closely align with their mission.

SIGNIFICANT NEEDS NOT BEING ADDRESSED BUT AVAILABLE THROUGH OTHER RESOURCES

The resources identified under each heading is not intended to be an exhaustive list but offers the reader a few suggestions on where they can turn for assistance. Most resources cited are in Wichita. Some additional ones may be national hotlines that can provide information regarding other programs that better serve the need of the person experiencing a specific problem.

Affordable Health Insurance – the hospital does not have the resources to go above and beyond what it is currently providing through its financial assistance program. It does offer health care benefits to its own employees and their family, but its resources are limited when it comes to providing health insurance for the community.

Other Resources Available:
1) Health Insurance Marketplace Call Center (800) 318-2596
2) Kansas Insurance Department (800) 432-2482
3) Senior Health Insurance Counseling for KS (SHICK) (800) 860-5260
4) Kansas Statewide Farmworker Health Program (KDHE) (785) 296-2000
5) KanCare – (800) 792-4884

Domestic/Family Violence – several organizations have been providing safe shelter for domestic/family violence victims and their children for decades and continue to do so in the Wichita/Sedgwick County area. They are listed below, along with a few other local, state and national resource hotlines.

Other Resources Available:
1) Harbor House Domestic Violence Shelter and Outreach Services (316) 263-6000
2) Domestic Violence Victims – H.O.P.E., Inc. (316) 618-8652
3) Living without Violence – Higher Ground (316) 262-2060
4) Wichita Family Crisis Center – Women's Crisis Center (316) 267-7233
5) Kansas Crisis Hotline (888) 363-2287
6) National Domestic Violence Hotline (800) 799-7233

Drug/Alcohol Abuse – while many times the hospital will treat these individuals because they have been brought to the ER by law enforcement, family or friends, the hospital is not currently able to treat large volumes of these types of patients due to limited resources and staff expertise.
There are other organizations who are the experts in dealing with addictions by offering counseling, education/prevention for drug use disorders as well as alcohol, psychological testing and assessment, mental health hotlines, and psychiatric medication services.

1) Substance Abuse Center of Kansas (316) 267-3825
2) Substance Abuse Counseling Program (316) 691-0249
3) The Caring Center – Alcohol & Drug Services (316) 295-4800
4) Pueblo Path – Higher Ground (316) 262-2060
5) Recovery Unlimited (316) 941-9948
6) Prairie View – Wichita East (316) 634-4700
7) Prairie View – Wichita West (316) 729-6555
8) Miracles Inc (316) 264-5900
9) Pathways (316) 685-1821
10) SACK Residential Services (316) 633-4705
11) Recovery House (316) 265-9348
12) Valley Hope Outpatient Counseling Center (316) 264-7369
13) Restoration/Knox Center, Inc (316) 265-8511
14) Women's Recovery Center – DCCA, Inc. (316) 262-0505

Medical Transportation Services – primarily looking at non-emergent medical transportation or for regularly scheduled doctor appointments or treatments. Organizations providing this service include but may be limited to special target populations.

1) Sedgwick County Transportation (316) 660-5150
2) Timber Lines Transportation Services (316) 651-5289
3) Transportation Program (316) 682-7400
4) First Presbyterian Church Transportation Services (316) 267-1675
5) Road to Recovery – American Cancer Society (800) 227-2345
6) Wichita Transit - Paratransit Services (316) 352-4828
7) Keeping the Promise – Vet Transportation Only (316) 312-6784
8) Wichita Transit (316) 265-7221

IMPACT EVALUATION OF EACH SIGNIFICANT NEED BEING ADDRESSED BASED ON GOALS FOR 2019 – 2022

AVC-W, AVC-ST, AVCRH, KSRC and Rock Regional will continue to work with community organizations on a variety of issues; however, to focus on the significant health needs identified by the 2019 CHNA, the hospitals leaders are looking to establish some specific measurable goals to see how their efforts are making an impact in the community. Their goals, as well as their measurable objectives will be forthcoming in each hospital's 2020-2022 Implementation Strategy plans that will be shared via this website by November 15, 2019.

Impact from 2016's CHNA focusing on access to primary care, diabetes, behavioral health, human trafficking and medical research:

- Access to Primary Care – The goal was to sustain greater than 80 percent reduction in hospital encounters for patients without a primary care physician. The goal was exceeded by over as there was a 91percent reduction in hospital encounters.
- Access to Primary Care – Provide 600 lung cancer screenings by end of FY2019. There were 616 screenings conducted by the end of April 2019.
- Access to Primary Care – The goal was to enroll 300 people for health insurance through the marketplace by end of FY2019. The goal was exceeded by over 50 percent.
- Behavior Health – see pages 126 – 128 of this report.
- Human Trafficking – see pages 130 – 131 of this report.
- Medical Research – The goal was to open seven new clinical trials in FY2019 and the goal was surpassed by four scientifically meritorious clinical trials – one deals with major depressive disorders and the other on congestive heart failure.

- The AVC Healthier You Proactive Diabetes Prevention Programs, Distance Learning and On-Site Live Classroom program received the CDC's recognition status in November 2017. The original goal was to achieve 50 percent participant retention rate and report 2 percent average weight loss for participants in at least one of the cohort groups of 10 – 15 people for participants attending four or more sessions in the first six months. Cohort #1 achieved a 70 percent retention rate with an average weight loss for the class of 6 percent and Cohort #2 achieved 100% retention rate with an average weight loss for the class of 3.5 percent.

COMMENTS REGARDING THIS CHNA EFFORT MAY BE SENT TO:

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Appendix A Questionnaires

Community Respondent(Household) English
Community Leaders
and
Health and Human Service Agency Executives

What issues do you see in our community? Have a say! Take this survey today.

Complete this survey to tell us what health and human service issues are facing our community. Your responses will help United Way, Via Christi, Sedgwick County and other organizations make decisions to address our community's top needs in the areas of education, income and health.

Return your survey by Monday, Nov. 26, in the enclosed, postage-paid envelope.

The survey does not ask for your name, address or phone number. All of your answers are confidential. If you have questions, contact Gloria Summers, United Way Director of Research, at (316) 267-1321 or gsummers@unitedwayplains.org.

Si usted prefiere recivir esta encuesta en Espanol
por favor llame al (316) 268-7748 y deje su nombre y direccion.

The Community Needs Assessment is conducted by United Way of the Plains in collaboration with Ascension's Via Christi Health and the Sedgwick County Division of Health.

United Way
United Way of the Plains

Via Christi HEALTH | Ascension

Division of Health
Sedgwick County... working for you

Household Survey
2019 Community Needs Assessment

Please return your completed survey to United Way of the Plains by: **Monday, November 26, 2018**

RESPONDENT CHARACTERISTICS

1. What is the ZIP code of your home (street) address? _____

2. In what county do you live? ❑ Butler ❑ Sedgwick ❑ Other (Specify:_____)

3. Are you currently employed? ❑ Yes-full-time ❑ Yes – Part-time ❑ No

   a. **IF YES**: In what county do you work? ❑ Butler ❑ Reno ❑ Other (Specify:_____)
   ❑ Harvey ❑ Sedgwick ❑ None, do not work
   ❑ Kingman ❑ Sumner

   b. **IF NO:** are you: ❑ Homemaker ❑ Retired ❑ Disabled ❑ Student ❑ Unemployed

4. How many people currently live in your house? _____people (total)

   a. How many are adults age 65 years or older? _____(Be sure to include yourself, if appropriate.)

   b. How many are children (under 18 years old)? _____children

EDUCATION CONCERNS

5. People and families often face problems and look for help. For each concern listed below, please tell whether – in the past 12 months-- it has been a major concern, a moderate concern, a minor concern or not a concern for your household and other households within your neighborhood.

	Education Concerns	Major Concern	Moderate Concern	Minor Concern	Not a Concern	Don't Know
a.	Early care and education for children	❑	❑	❑	❑	❑
b.	Child day care	❑	❑	❑	❑	❑
c.	Before/after school services (latchkey)	❑	❑	❑	❑	❑
d.	Youth development/character building programs (e.g., scouting)	❑	❑	❑	❑	❑
e.	Bullying	❑	❑	❑	❑	❑
f.	Student classroom attendance	❑	❑	❑	❑	❑
g.	Tutoring for children/youth	❑	❑	❑	❑	❑
h.	Mentoring for children/youth	❑	❑	❑	❑	❑
i.	Juvenile delinquency/gang prevention	❑	❑	❑	❑	❑
j.	Preparing young people for the workforce	❑	❑	❑	❑	❑

HEALTH CONCERNS

6. Where do you USUALLY go, when you or members of your household need basic, NON-EMERGENCY medical care? (Mark only one.)
   - ❑ Nonprofit community clinics (such as GraceMed, Hunter, HealthCore, E.C. Tyree, Guadalupe, etc. in Sedgwick County; Augusta Family Practice, El Dorado Clinic, etc. in Butler County.)
   - ❑ Immediate care clinic (not at a hospital or medical center)
   - ❑ Emergency department at a hospital or medical center
   - ❑ Our personal physician/private doctor
   - ❑ Other: (Specify:_____)
   - ❑ Do not seek medical care

7. Is everyone in your household covered by health insurance? ❑ Yes ❑ No

   If YES: what types of coverage do you have: (Mark all that apply.)

   ❑ a. Medicare ❑ c. Military insurance ❑ e. Other:_____

   ❑ b. Private insurance ❑ d. State-funded Medicaid (KanCare - Amerigroup, Sunflower, UnitedHealthcare)

8. During the past 12 months, did you or anyone in your household need:

• Medical care	❑ No	❑ Yes	IF YES, was that care received?	❑ Yes	❑ No
• Dental care	❑ No	❑ Yes	IF YES, was that care received?	❑ Yes	❑ No
• Behavioral/mental health care	❑ No	❑ Yes	IF YES, was that care received?	❑ Yes	❑ No
• Substance abuse care	❑ No	❑ Yes	IF YES, was that care received?	❑ Yes	❑ No
• Prenatal care	❑ No	❑ Yes	IF YES, was that care received?	❑ Yes	❑ No

If one or more type of care was needed and not received, why not? (Mark all that apply.)	❑ a. Care was not available	❑ e. Did not have insurance
	❑ b. Care was too expensive	❑ f. High insurance deductible
	❑ c. Insurance wouldn't cover	❑ g. Other: _____
	❑ d. Did not seek care	_____

9. People and families often face problems and look for help. For each concern listed below, please tell whether – in the past 12 months -- it has been a major concern, a moderate concern, a minor concern or not a concern for your household and other households within your neighborhood.

	Health Concerns including prevention/ education/services	Major Concern	Moderate Concern	Minor Concern	Not a Concern	Don't Know
a.	Health insurance	❑	❑	❑	❑	❑
b.	Basic medical care	❑	❑	❑	❑	❑
c.	Medical transportation services	❑	❑	❑	❑	❑
d.	Immunizations for children (e.g., measles/mumps/ rubella; polio)	❑	❑	❑	❑	❑
e.	Immunizations for adults (e.g., tetanus, seasonal flu)	❑	❑	❑	❑	❑
f.	Child abuse	❑	❑	❑	❑	❑
g.	Domestic/family violence	❑	❑	❑	❑	❑
h.	Sexual assault	❑	❑	❑	❑	❑
i.	Teen pregnancy	❑	❑	❑	❑	❑
j.	Human/sex trafficking	❑	❑	❑	❑	❑

9.	Health Concerns (Continued) including prevention/ education/services	Major Concern	Moderate Concern	Minor Concern	Not a Concern	Don't Know
k.	Drug/alcohol abuse	❑	❑	❑	❑	❑
l.	Prescription painkillers (opioids)	❑	❑	❑	❑	❑
m.	Gambling addiction	❑	❑	❑	❑	❑
n.	Counseling - behavioral/mental health (children, youth, adults, families, seniors)	❑	❑	❑	❑	❑
o.	Unintentional injuries (accidents, falls, etc.)	❑	❑	❑	❑	❑
p.	Diabetes	❑	❑	❑	❑	❑
q.	Obesity	❑	❑	❑	❑	❑

10. People and families often look for help to address situations that impact their health. For each concern listed below, please tell whether – in the past 12 months – accessing such assistance has been a major concern, a moderate concern, a minor concern or not a concern for your household and other households within your neighborhood.

	Health or Social Services (access and availability)	Major Concern	Moderate Concern	Minor Concern	Not a Concern	Don't Know
a.	Wellness/nutrition programs	❑	❑	❑	❑	❑
b.	Physical activity programs (children, youth, adults)	❑	❑	❑	❑	❑
c.	Parenting education	❑	❑	❑	❑	❑
d.	Injury prevention devices (smoke alarms, bike helmets, car seats)	❑	❑	❑	❑	❑
e.	Adult day care services	❑	❑	❑	❑	❑
f.	Resources for caregivers/respite care	❑	❑	❑	❑	❑
g.	Home health care for homebound individuals	❑	❑	❑	❑	❑
h.	Meal/food delivery for homebound individuals	❑	❑	❑	❑	❑
i.	Homemaker services for homebound individuals (assistance w/personal hygiene/housekeeping/meals/etc.)	❑	❑	❑	❑	❑
j.	Treatment for life-threatening diseases (cancer, congestive heart failure, other organ failure)	❑	❑	❑	❑	❑

k. Within the past 12 months, have you needed to access any health services and found them unavailable to you? ❑ Yes ❑ No

If YES: What health service(s) was needed?_____

_____

Why was it not available to you?_____

_____

11. For each of the following health procedures, please indicate the last time you yourself had the procedure done.

	In past 12 months	Last 1-5 years	More than 5 years	Never	Not Applicable
a. Blood pressure check	❑	❑	❑	❑	❑
b. Dental screening	❑	❑	❑	❑	❑
c. Flu shot	❑	❑	❑	❑	❑
d. Mammogram	❑	❑	❑	❑	❑
e. Pap smear	❑	❑	❑	❑	❑
f. Prostate exam	❑	❑	❑	❑	❑

INCOME AND SELF-SUFFICIENCY CONCERNS

12. During the past 12 months, has anyone in your household sought education or training to qualify for a higher-paying job? ❑ Yes ❑ No

13. During the past 12 months, has anyone in your household been laid off from any job due to the economy and/or workforce reduction? ❑ Yes ❑ No

14. During the past 12 months, did you miss a rent, mortgage or utility payment because you did not have enough money? ❑ Yes ❑ No

15. People and families often face problems and look for help. For each concern listed below, please tell whether – in the past 12 months -- it has been a major concern, a moderate concern, a minor concern or not a concern for your household and other households within your neighborhood.

	Income and Self-Sufficiency Concerns	Major Concern	Moderate Concern	Minor Concern	Not a Concern	Don't Know
a.	Current, correct information about available services	❑	❑	❑	❑	❑
b.	Financial/credit counseling	❑	❑	❑	❑	❑
c.	Employment assistance services	❑	❑	❑	❑	❑
d.	Job training/retraining assistance	❑	❑	❑	❑	❑
e.	Adult literacy programs	❑	❑	❑	❑	❑
f.	Adult basic education (job skills, computers, etc.)	❑	❑	❑	❑	❑
g.	Employment assistance/services for disabled	❑	❑	❑	❑	❑
h.	Sheltered workshops for disabled	❑	❑	❑	❑	❑
i.	Safe, affordable, accessible housing	❑	❑	❑	❑	❑
j.	Housing counseling (1st time owner/reverse mortgage)	❑	❑	❑	❑	❑
k.	House construction/repair for low-income	❑	❑	❑	❑	❑
l.	Home repair/safety for seniors	❑	❑	❑	❑	❑
m.	Emergency/temporary shelter	❑	❑	❑	❑	❑
n.	Living facilities for children/youth	❑	❑	❑	❑	❑
o.	Financial assistance (housing/utility)	❑	❑	❑	❑	❑
p.	Financial assistance (prescription medication)	❑	❑	❑	❑	❑
q.	Food assistance	❑	❑	❑	❑	❑
r.	Disaster response for fires, tornadoes, etc.	❑	❑	❑	❑	❑
s.	Disaster response for acts of terrorism	❑	❑	❑	❑	❑
t.	Legal aid	❑	❑	❑	❑	❑
u.	Assistance/services to victims of crime	❑	❑	❑	❑	❑
v.	Assistance to offenders reintegrating into community	❑	❑	❑	❑	❑
w.	Assistance to active military/veterans & their families	❑	❑	❑	❑	❑
x.	Environmental pollution/recycling	❑	❑	❑	❑	❑

16.	OTHER CONCERNS of special importance to you in the past 12 months:	Major Concern	Moderate Concern	Minor Concern	Not a Concern	Don't Know
a.	_____	❑	❑	❑	❑	❑
b.	_____	❑	❑	❑	❑	❑
c.	_____	❑	❑	❑	❑	❑

17. How often during the day do you take a reflective pause of at least two minutes at a time to pray, think deeply or use some other technique to gain mental clarity and spiritual balance?

❑ Never ❑ Once ❑ 2 to 4 times ❑ 5 times or more

COMMUNITY VOLUNTEERISM

18. Within the past 12 months, have you or anyone in your household volunteered time at any of the following types of organizations:

(Mark each category YES or NO.)

a.	Church/other religious	❑ Yes	❑ No	d.	Professional	❑ Yes	❑ No
b.	School	❑ Yes	❑ No	e.	Civic/fraternal	❑ Yes	❑ No
c.	Cultural arts	❑ Yes	❑ No	f.	Other nonprofit	❑ Yes	❑ No

RESPONDENT DEMOGRAPHICS

This section of the survey asks for general information so that we are sure our respondents reflect the entire community. Your responses will remain anonymous. No individual surveys will be shared, nor will any respondent be identified. All information will be summarized for analysis and reporting.

19. How old are you? _____years **OR** To which of the following age groups do you currently belong?

❑ Under 18 ❑ 18 - 24 ❑ 25 - 34 ❑ 35 – 44 ❑ 45 – 54 ❑ 55 – 64 ❑ 65 – 74 ❑ 75 – 84 ❑ 85 or older

20. Are you: ❑ Male ❑ Female

21. Are you Hispanic? ❑ Yes ❑ No

22. Which of the following do you consider to be your primary race?

❑ White/Caucasian
❑ Black/African American
❑ Native American/Alaskan Native
❑ Asian/Pacific Islander
❑ Other (Please specify) _____

23. Counting income from all sources for everyone living in your household, which category below represents your before-tax annual household income for 2017:

❑ Less than $10,000
❑ $10,000 - 14,999
❑ $15,000 - 24,999
❑ $25,000 - 34,999
❑ $35,000 - 49,999
❑ $50,000 - 74,999
❑ $75,000 - 99,999
❑ $100,000 - 149,999
❑ $150,000 - 199,999
❑ $200,000 or more
❑ Don't know
❑ Prefer not to answer

Thank you for participating in this research effort.

Your time is appreciated by the United Way of the Plains' Board of Directors, Via Christi Health, the Sedgwick County Division of Health and the thousands of beneficiaries who are helped each year by the programs United Way funds.

Please return your completed survey in the enclosed postage-paid envelope by ***November 26, 2018*** to United Way of the Plains, 245 North Water Street, Wichita, Kansas 67202.

What issues do you see in our community? Have a say! Take this survey today.

November 2018

Community Leaders, we want to hear from you!

What health and human service issues are facing our community? Complete this survey to tell us. Your responses will help United Way, Via Christi, Sedgwick County and other organizations make decisions to address our community's top needs in the areas of education, income and health.

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Thank you,

Richard Kerschen
Chairman of the Board of Directors, United Way of the Plains
CEO and Chairman of the Board, The Law Company, Inc.

The Community Needs Assessment is conducted by United Way of the Plains in collaboration with Ascension's Via Christi Health and the Sedgwick County Division of Health.

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Via Christi HEALTH | Ascension

Division of Health
Sedgwick County... working for you

Community Leader Survey
2019 Community Needs Assessment

Please return your completed survey to United Way of the Plains by: **Monday, November 26, 2018**

RESPONDENT CHARACTERISTICS

1. What is the ZIP code of your home (street) address? _____

2. In what county do you live? ❑ Butler ❑ Sedgwick ❑ Other (Specify:_____)

3. Are you currently employed? ❑ Yes-full-time ❑ Yes – Part-time ❑ No

   a. **IF YES**: In what county do you work? ❑ Butler ❑ Reno ❑ Other (Specify:_____)
   ❑ Harvey ❑ Sedgwick ❑ None, do not work
   ❑ Kingman ❑ Sumner

   b. **IF NO**: are you: ❑ Homemaker ❑ Retired ❑ Disabled ❑ Student ❑ Unemployed

4. How many people currently live in your house? _____people (total)

   a. How many are adults age 65 years or older? _____(Be sure to include yourself, if appropriate.)

   b. How many are children (under 18 years old)? _____children

EDUCATION CONCERNS

5. People and families often face problems and look for help. For each concern listed below, please tell whether – in the past 12 months-- it has been a major concern, a moderate concern, a minor concern or not a concern for your household and other households within your neighborhood.

	Education Concerns	Major Concern	Moderate Concern	Minor Concern	Not a Concern	Don't Know
a.	Early care and education for children	❑	❑	❑	❑	❑
b.	Child day care	❑	❑	❑	❑	❑
c.	Before/after school services (latchkey)	❑	❑	❑	❑	❑
d.	Youth development/character building programs (e.g., scouting)	❑	❑	❑	❑	❑
e.	Bullying	❑	❑	❑	❑	❑
f.	Student classroom attendance	❑	❑	❑	❑	❑
g.	Tutoring for children/youth	❑	❑	❑	❑	❑
h.	Mentoring for children/youth	❑	❑	❑	❑	❑
i.	Juvenile delinquency/gang prevention	❑	❑	❑	❑	❑
j.	Preparing young people for the workforce	❑	❑	❑	❑	❑

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HEALTH CONCERNS

6. Where do you USUALLY go, when you or members of your household need basic, NON-EMERGENCY medical care? (Mark only one.)
   - ❑ Nonprofit community clinics (such as GraceMed, Hunter, HealthCore, E.C. Tyree, Guadalupe, etc. in Sedgwick County; Augusta Family Practice, El Dorado Clinic, etc. in Butler County.)
   - ❑ Immediate care clinic (not at a hospital or medical center)
   - ❑ Emergency department at a hospital or medical center
   - ❑ Our personal physician/private doctor
   - ❑ Other: (Specify:_____)
   - ❑ Do not seek medical care

7. Is everyone in your household covered by health insurance? ❑ Yes ❑ No

   If YES: what types of coverage do you have: (Mark all that apply.)

   ❑ a. Medicare ❑ c. Military insurance ❑ e. Other:_____

   ❑ b. Private insurance ❑ d. State-funded Medicaid (KanCare - Amerigroup, Sunflower, UnitedHealthcare)

8. During the past 12 months, did you or anyone in your household need:

• Medical care	❑ No	❑ Yes	IF YES, was that care received?	❑ Yes	❑ No
• Dental care	❑ No	❑ Yes	IF YES, was that care received?	❑ Yes	❑ No
• Behavioral/mental health care	❑ No	❑ Yes	IF YES, was that care received?	❑ Yes	❑ No
• Substance abuse care	❑ No	❑ Yes	IF YES, was that care received?	❑ Yes	❑ No
• Prenatal care	❑ No	❑ Yes	IF YES, was that care received?	❑ Yes	❑ No

If one or more type of care was needed and not received, why not? (Mark all that apply.)	❑ a. Care was not available	❑ e. Did not have insurance
	❑ b. Care was too expensive	❑ f. High insurance deductible
	❑ c. Insurance wouldn't cover	❑ g. Other: _____
	❑ d. Did not seek care	_____

9. People and families often face problems and look for help. For each concern listed below, please tell whether – in the past 12 months -- it has been a major concern, a moderate concern, a minor concern or not a concern for your household and other households within your neighborhood.

	Health Concerns including prevention/ education/services	Major Concern	Moderate Concern	Minor Concern	Not a Concern	Don't Know
a.	Health insurance	❑	❑	❑	❑	❑
b.	Basic medical care	❑	❑	❑	❑	❑
c.	Medical transportation services	❑	❑	❑	❑	❑
d.	Immunizations for children (e.g., measles/mumps/ rubella; polio)	❑	❑	❑	❑	❑
e.	Immunizations for adults (e.g., tetanus, seasonal flu)	❑	❑	❑	❑	❑
f.	Child abuse	❑	❑	❑	❑	❑
g.	Domestic/family violence	❑	❑	❑	❑	❑
h.	Sexual assault	❑	❑	❑	❑	❑
i.	Teen pregnancy	❑	❑	❑	❑	❑
j.	Human/sex trafficking	❑	❑	❑	❑	❑

9.	**Health Concerns (Continued)** including prevention/ education/services	Major Concern	Moderate Concern	Minor Concern	Not a Concern	Don't Know
k.	Drug/alcohol abuse	❑	❑	❑	❑	❑
l.	Prescription painkillers (opioids)	❑	❑	❑	❑	❑
m.	Gambling addiction	❑	❑	❑	❑	❑
n.	Counseling - behavioral/mental health (children, youth, adults, families, seniors)	❑	❑	❑	❑	❑
o.	Unintentional injuries (accidents, falls, etc.)	❑	❑	❑	❑	❑
p.	Diabetes	❑	❑	❑	❑	❑
q.	Obesity	❑	❑	❑	❑	❑

10. People and families often look for help to address situations that impact their health. For each concern listed below, please tell whether – in the past 12 months – accessing such assistance has been a major concern, a moderate concern, a minor concern or not a concern for your household and other households within your neighborhood.

	Health or Social Services (access and availability)	Major Concern	Moderate Concern	Minor Concern	Not a Concern	Don't Know
a.	Wellness/nutrition programs	❑	❑	❑	❑	❑
b.	Physical activity programs (children, youth, adults)	❑	❑	❑	❑	❑
c.	Parenting education	❑	❑	❑	❑	❑
d.	Injury prevention devices (smoke alarms, bike helmets, car seats)	❑	❑	❑	❑	❑
e.	Adult day care services	❑	❑	❑	❑	❑
f.	Resources for caregivers/respite care	❑	❑	❑	❑	❑
g.	Home health care for homebound individuals	❑	❑	❑	❑	❑
h.	Meal/food delivery for homebound individuals	❑	❑	❑	❑	❑
i.	Homemaker services for homebound individuals (assistance w/personal hygiene/housekeeping/meals/etc.)	❑	❑	❑	❑	❑
j.	Treatment for life-threatening diseases (cancer, congestive heart failure, other organ failure)	❑	❑	❑	❑	❑

k. Within the past 12 months, have you needed to access any health services and found them unavailable to you? ❑ Yes ❑ No

If YES: What health service(s) was needed?_____

_____

Why was it not available to you?_____

_____

11. For each of the following health procedures, please indicate the last time you yourself had the procedure done.

	In past 12 months	Last 1-5 years	More than 5 years	Never	Not Applicable
a. Blood pressure check	❑	❑	❑	❑	❑
b. Dental screening	❑	❑	❑	❑	❑
c. Flu shot	❑	❑	❑	❑	❑
d. Mammogram	❑	❑	❑	❑	❑
e. Pap smear	❑	❑	❑	❑	❑
f. Prostate exam	❑	❑	❑	❑	❑

INCOME AND SELF-SUFFICIENCY CONCERNS

12. During the past 12 months, has anyone in your household sought education or training to qualify for a higher-paying job? ❑ Yes ❑ No

13. During the past 12 months, has anyone in your household been laid off from any job due to the economy and/or workforce reduction? ❑ Yes ❑ No

14. During the past 12 months, did you miss a rent, mortgage or utility payment because you did not have enough money? ❑ Yes ❑ No

15. People and families often face problems and look for help. For each concern listed below, please tell whether – in the past 12 months -- it has been a major concern, a moderate concern, a minor concern or not a concern for your household and other households within your neighborhood.

	Income and Self-Sufficiency Concerns	Major Concern	Moderate Concern	Minor Concern	Not a Concern	Don't Know
a.	Current, correct information about available services	❑	❑	❑	❑	❑
b.	Financial/credit counseling	❑	❑	❑	❑	❑
c.	Employment assistance services	❑	❑	❑	❑	❑
d.	Job training/retraining assistance	❑	❑	❑	❑	❑
e.	Adult literacy programs	❑	❑	❑	❑	❑
f.	Adult basic education (job skills, computers, etc.)	❑	❑	❑	❑	❑
g.	Employment assistance/services for disabled	❑	❑	❑	❑	❑
h.	Sheltered workshops for disabled	❑	❑	❑	❑	❑
i.	Safe, affordable, accessible housing	❑	❑	❑	❑	❑
j.	Housing counseling (1st time owner/reverse mortgage)	❑	❑	❑	❑	❑
k.	House construction/repair for low-income	❑	❑	❑	❑	❑
l.	Home repair/safety for seniors	❑	❑	❑	❑	❑
m.	Emergency/temporary shelter	❑	❑	❑	❑	❑
n.	Living facilities for children/youth	❑	❑	❑	❑	❑
o.	Financial assistance (housing/utility)	❑	❑	❑	❑	❑
p.	Financial assistance (prescription medication)	❑	❑	❑	❑	❑
q.	Food assistance	❑	❑	❑	❑	❑
r.	Disaster response for fires, tornadoes, etc.	❑	❑	❑	❑	❑
s.	Disaster response for acts of terrorism	❑	❑	❑	❑	❑
t.	Legal aid	❑	❑	❑	❑	❑
u.	Assistance/services to victims of crime	❑	❑	❑	❑	❑
v.	Assistance to offenders reintegrating into community	❑	❑	❑	❑	❑
w.	Assistance to active military/veterans & their families	❑	❑	❑	❑	❑
x.	Environmental pollution/recycling	❑	❑	❑	❑	❑

16.	**OTHER CONCERNS** of special importance to you in the past 12 months:	Major Concern	Moderate Concern	Minor Concern	Not a Concern	Don't Know
a.	_____	❑	❑	❑	❑	❑
b.	_____	❑	❑	❑	❑	❑
c.	_____	❑	❑	❑	❑	❑

17. How often during the day do you take a reflective pause of at least two minutes at a time to pray, think deeply or use some other technique to gain mental clarity and spiritual balance?

❑ Never ❑ Once ❑ 2 to 4 times ❑ 5 times or more

COMMUNITY VOLUNTEERISM

18. Within the past 12 months, have you or anyone in your household volunteered time at any of the following types of organizations:

(Mark each category YES or NO.)

a.	Church/other religious	❑ Yes	❑ No	d.	Professional	❑ Yes	❑ No
b.	School	❑ Yes	❑ No	e.	Civic/fraternal	❑ Yes	❑ No
c.	Cultural arts	❑ Yes	❑ No	f.	Other nonprofit	❑ Yes	❑ No

RESPONDENT DEMOGRAPHICS

This section of the survey asks for general information so that we are sure our respondents reflect the entire community. Your responses will remain anonymous. No individual surveys will be shared, nor will any respondent be identified. All information will be summarized for analysis and reporting.

19. How old are you? _____years **OR** To which of the following age groups do you currently belong?

❑ Under 18	❑ 35 – 44	❑ 65 – 74
❑ 18 - 24	❑ 45 – 54	❑ 75 – 84
❑ 25 - 34	❑ 55 – 64	❑ 85 or older

20. Are you: ❑ Male ❑ Female

21. Are you Hispanic? ❑ Yes ❑ No

22. Which of the following do you consider to be your primary race?

- ❑ White/Caucasian
- ❑ Black/African American
- ❑ Native American/Alaskan Native
- ❑ Asian/Pacific Islander
- ❑ Other (Please specify) _____

23. Counting income from all sources for everyone living in your household, which category below represents your before-tax annual household income for 2017:

❑ Less than $10,000	❑ $75,000 - 99,999
❑ $10,000 - 14,999	❑ $100,000 - 149,999
❑ $15,000 - 24,999	❑ $150,000 - 199,999
❑ $25,000 - 34,999	❑ $200,000 or more
❑ $35,000 - 49,999	❑ Don't know
❑ $50,000 - 74,999	❑ Prefer not to answer

Thank you for participating in this research effort.

Your time is appreciated by the United Way of the Plains' Board of Directors, Via Christi Health, the Sedgwick County Division of Health and the thousands of beneficiaries who are helped each year by the programs United Way funds.

Please return your completed survey in the enclosed postage-paid envelope by ***November 26, 2018*** to United Way of the Plains, 245 North Water Street, Wichita, Kansas 67202.

What issues do you see in our community? Have a say! Take this survey today.

November 2018

Agency Executives, we want to hear from you!

What health and human service issues are facing our community? Complete this survey to tell us. Your responses will help United Way, Via Christi, Sedgwick County and other organizations make decisions to address our community's top needs in the areas of education, income and health.

Please return your survey by Monday, Nov. 26, in the enclosed postage-paid envelope. This survey is being sent to health and human service agencies, including those not receiving funding from United Way. It does not ask for your name, address, phone number or any identifying information about your agency. All of your answers are confidential. If you have questions, contact Gloria Summers, United Way Director of Research, at (316) 267-1321 or gsummers@unitedwayplains.org.

Thank you,

Richard Kerschen
Chairman of the Board of Directors, United Way of the Plains
CEO and Chairman of the Board, The Law Company, Inc.

The Community Needs Assessment is conducted by United Way of the Plains in collaboration with Ascension's Via Christi Health and the Sedgwick County Division of Health.

United Way
United Way of the Plains

Via Christi HEALTH | Ascension

Division of Health
Sedgwick County... working for you

Agency Executive Survey
2019 Community Needs Assessment

Please return your completed survey to United Way of the Plains by: **Monday, November 26, 2018**

RESPONDENT CHARACTERISTICS

1. What is the ZIP code of your home (street) address? _____

2. In what county do you live? ❑ Butler ❑ Sedgwick ❑ Other (Specify:_____)

3. Are you currently employed? ❑ Yes-full-time ❑ Yes – Part-time ❑ No

   a. **IF YES**: In what county do you work? ❑ Butler ❑ Reno ❑ Other (Specify:_____)
   ❑ Harvey ❑ Sedgwick ❑ None, do not work
   ❑ Kingman ❑ Sumner

4. Which of the following categories best describes the size of your agency's annual operating budget? (Mark only one.)

   ❑ $99,999 or less
   ❑ $100,000 to $499,999
   ❑ $500,000 to $999,999
   ❑ $1,000,000 to $4,999,999
   ❑ $5,000,000 to $9,999,999
   ❑ $10,000,000 or more

5. Your agency's target populations: (Mark all that apply.)

   ❑ All Ages
   ❑ Children
   ❑ Youth (13 to 17 years)
   ❑ Young Adults (18 to 24 years)
   ❑ Adults
   ❑ Older Adults

EDUCATION CONCERNS

6. People and families often face problems and look for help. For each concern listed below, please tell whether – in the past 12 months-- it has been a major concern, a moderate concern, a minor concern or not a concern for clients of your agency or organization.

	Education Concerns	Major Concern	Moderate Concern	Minor Concern	Not a Concern	Don't Know
a.	Early care and education for children	❑	❑	❑	❑	❑
b.	Child day care	❑	❑	❑	❑	❑
c.	Before/after school services (latchkey)	❑	❑	❑	❑	❑
d.	Youth development/character building programs (e.g., scouting)	❑	❑	❑	❑	❑
e.	Bullying	❑	❑	❑	❑	❑
f.	Student classroom attendance	❑	❑	❑	❑	❑
g.	Tutoring for children/youth	❑	❑	❑	❑	❑
h.	Mentoring for children/youth	❑	❑	❑	❑	❑
i.	Juvenile delinquency/gang prevention	❑	❑	❑	❑	❑
j.	Preparing young people for the workforce	❑	❑	❑	❑	❑

HEALTH CONCERNS

7. During the past 12 months, did clients of your agency or organization need:

- Access to medical care ❑ No ❑ Yes IF YES, did they get that access? ❑ Yes ❑ No
- Access to dental care ❑ No ❑ Yes IF YES, did they get that access? ❑ Yes ❑ No
- Access to behavioral/mental health care ❑ No ❑ Yes IF YES, did they get that access? ❑ Yes ❑ No
- Access to substance abuse care ❑ No ❑ Yes IF YES, did they get that access? ❑ Yes ❑ No
- Access to prenatal care ❑ No ❑ Yes IF YES, did they get that access? ❑ Yes ❑ No

If access to one or more type of care was needed but not available, why is that? (Mark all that apply.)

❑ a. Care was not available
❑ b. Care was too expensive
❑ c. Insurance wouldn't cover
❑ d. Client did not seek care
❑ e. Client did not have insurance
❑ f. High insurance deductible
❑ g. Other: _____

8. People and families often face problems and look for help. For each concern listed below, please tell whether – in the past 12 months -- it has been a major concern, a moderate concern, a minor concern or not a concern for clients of your agency or organization.

	Health Concerns including prevention/ education/services	Major Concern	Moderate Concern	Minor Concern	Not a Concern	Don't Know
a.	Health insurance	❑	❑	❑	❑	❑
b.	Basic medical care	❑	❑	❑	❑	❑
c.	Medical transportation services	❑	❑	❑	❑	❑
d.	Immunizations for children (e.g., measles/mumps/ rubella; polio)	❑	❑	❑	❑	❑
e.	Immunizations for adults (e.g., tetanus, seasonal flu)	❑	❑	❑	❑	❑
f.	Child abuse	❑	❑	❑	❑	❑
g.	Domestic/family violence	❑	❑	❑	❑	❑
h.	Sexual assault	❑	❑	❑	❑	❑
i.	Teen pregnancy	❑	❑	❑	❑	❑
j.	Human/sex trafficking	❑	❑	❑	❑	❑
k.	Drug/alcohol abuse	❑	❑	❑	❑	❑
l.	Prescription painkillers (opioids)	❑	❑	❑	❑	❑
m.	Gambling addiction	❑	❑	❑	❑	❑
n.	Counseling - behavioral/mental health (children, youth, adults, families, seniors)	❑	❑	❑	❑	❑
o.	Unintentional injuries (accidents, falls, etc.)	❑	❑	❑	❑	❑
p.	Diabetes	❑	❑	❑	❑	❑
q.	Obesity	❑	❑	❑	❑	❑

9. People and families often look for help to address situations that impact their health. For each concern listed below, please tell whether – in the past 12 months – accessing such assistance has been a major concern, a moderate concern, a minor concern or not a concern for clients of your agency or organization.

	Health or Social Services (access and availability)	Major Concern	Moderate Concern	Minor Concern	Not a Concern	Don't Know
a.	Wellness/nutrition programs	❑	❑	❑	❑	❑
b.	Physical activity programs (children, youth, adults)	❑	❑	❑	❑	❑
c.	Parenting education	❑	❑	❑	❑	❑
d.	Injury prevention devices (smoke alarms, bike helmets, car seats)	❑	❑	❑	❑	❑
e.	Adult day care services	❑	❑	❑	❑	❑
f.	Resources for caregivers/respite care	❑	❑	❑	❑	❑
g.	Home health care for homebound individuals	❑	❑	❑	❑	❑
h.	Meal/food delivery for homebound individuals	❑	❑	❑	❑	❑
i.	Homemaker services for homebound individuals (assistance w/personal hygiene/housekeeping/meals/etc.)	❑	❑	❑	❑	❑
j.	Treatment for life-threatening diseases (cancer, congestive heart failure, other organ failure)	❑	❑	❑	❑	❑

INCOME AND SELF-SUFFICIENCY CONCERNS

10. People and families often face problems and look for help. For each concern listed below, please tell whether – in the past 12 months -- it has been a major concern, a moderate concern, a minor concern or not a concern for clients of your agency or organization.

	Income and Self-Sufficiency Concerns	Major Concern	Moderate Concern	Minor Concern	Not a Concern	Don't Know
a.	Current, correct information about available services	❑	❑	❑	❑	❑
b.	Financial/credit counseling	❑	❑	❑	❑	❑
c.	Employment assistance services	❑	❑	❑	❑	❑
d.	Job training/retraining assistance	❑	❑	❑	❑	❑
e.	Adult literacy programs	❑	❑	❑	❑	❑
f.	Adult basic education (job skills, computers, etc.)	❑	❑	❑	❑	❑
g.	Employment assistance/services for disabled	❑	❑	❑	❑	❑
h.	Sheltered workshops for disabled	❑	❑	❑	❑	❑
i.	Safe, affordable, accessible housing	❑	❑	❑	❑	❑
j.	Housing counseling (1st time owner/reverse mortgage)	❑	❑	❑	❑	❑
k.	House construction/repair for low-income	❑	❑	❑	❑	❑
l.	Home repair/safety for seniors	❑	❑	❑	❑	❑
m.	Emergency/temporary shelter	❑	❑	❑	❑	❑
n.	Living facilities for children/youth	❑	❑	❑	❑	❑
o.	Financial assistance (housing/utility)	❑	❑	❑	❑	❑
p.	Financial assistance (prescription medication)	❑	❑	❑	❑	❑
q.	Food assistance	❑	❑	❑	❑	❑
r.	Disaster response for fires, tornadoes, etc.	❑	❑	❑	❑	❑
s.	Disaster response for acts of terrorism	❑	❑	❑	❑	❑
t.	Legal aid	❑	❑	❑	❑	❑

Income and Self-Sufficiency Concerns (Continued)	Major Concern	Moderate Concern	Minor Concern	Not a Concern	Don't Know
u. Assistance/services to victims of crime	❑	❑	❑	❑	❑
v. Assistance to offenders reintegrating into community	❑	❑	❑	❑	❑
w. Assistance to active military/veterans & their families	❑	❑	❑	❑	❑
x. Environmental pollution/recycling	❑	❑	❑	❑	❑

11. OTHER CONCERNS of special importance to clients of your agency or organization in the past 12 months:	Major Concern	Moderate Concern	Minor Concern	Not a Concern	Don't Know
a. _____	❑	❑	❑	❑	❑
b. _____	❑	❑	❑	❑	❑
c. _____	❑	❑	❑	❑	❑

12. How often during the day do you take a reflective pause of at least two minutes at a time to pray, think deeply or use some other technique to gain mental clarity and spiritual balance?

❑ Never ❑ Once ❑ 2 to 4 times ❑ 5 times or more

COMMUNITY VOLUNTEERISM

13. Within the past 12 months, has your agency or organization used volunteers from the community in the following capacities? (Mark each category YES or NO.)

a.	Fund-raising	❑ Yes	❑ No	e.	Training	❑ Yes	❑ No
b.	Interacting directly with clients	❑ Yes	❑ No	f.	Agency board/oversight	❑ Yes	❑ No
c.	Office/administrative support	❑ Yes	❑ No	g.	Professional services (e.g. accounting, legal, medical)	❑ Yes	❑ No
d.	Speakers Bureau	❑ Yes	❑ No				

RESPONDENT DEMOGRAPHICS

This section of the survey asks for general information so that we are sure our respondents reflect the entire community. Your responses will remain anonymous. No individual surveys will be shared, nor will any respondent be identified. All information will be summarized for analysis and reporting.

14. How old are you? _____years **OR** To which of the following age groups do you currently belong?

❑ Under 18 ❑ 35 – 44 ❑ 65 – 74
❑ 18 - 24 ❑ 45 – 54 ❑ 75 – 84
❑ 25 - 34 ❑ 55 – 64 ❑ 85 or older

15. Are you: ❑ Male ❑ Female

16. Are you Hispanic? ❑ Yes ❑ No

17. Which of the following do you consider to be your primary race?

❑ White/Caucasian
❑ Black/African American
❑ Native American/Alaskan Native
❑ Asian/Pacific Islander
❑ Other (Please specify) _____

Thank you for participating in this research effort.

Your time is appreciated by the United Way of the Plains' Board of Directors, Via Christi Health, the Sedgwick County Division of Health and the thousands of beneficiaries who are helped each year by the programs United Way funds.

Please return your completed survey in the enclosed postage-paid envelope by ***November 26, 2018*** to United Way of the Plains, 245 North Water Street, Wichita, Kansas 67202.

Appendix B

Methodology

Community Respondents
Community Leaders
and
Health and Human Service Agency Executives

Methodology

Community Respondent (Household) Survey

For the community respondent (household) survey, a random sample of 6,500 Sedgwick and Butler County households was selected. This represented 4,500 randomly selected Sedgwick County households, 1,000 randomly-selected Butler County households. In addition, 1,000 Sedgwick County households were randomly-selected from nine ZIP codes with the lowest household income (67203, 67208, 67210, 67211, 67213, 67214, 67216, 67218 and 67219); this area was "oversampled" in an attempt to obtain additional responses from a population which has historically demonstrated high residential mobility accompanied by low survey response rates.

Pre-survey postcards were mailed via first class on October 26, 2018. The postcard's purpose was to inform potential respondents about the upcoming community needs assessment and to ask them to watch for and complete their surveys. It also gave them the opportunity to request the survey in Spanish, if preferred.

Surveys accompanied by postage-paid return envelopes were mailed November 6, 2018, via first class with a requested return date of November 22.

Follow-up reminder postcards were mailed via first class on November 15. These postcards also provided potential respondents with the opportunity to complete the survey electronically via SurveyMonkey. Surveys were accepted through December 12, 2018.

Of the 6,500 households mailed surveys, the post office returned 817 as undeliverable (e.g., "vacant," "attempted, not known," "deceased," "moved left no address," etc.).

Of the 5,683 valid household surveys distributed (that is, 6,500 – 817), 336 completed surveys were returned, a 5.9 percent response rate. The chart on page B-4 displays response rate information in total and by county. While this response rate may seem low, according to the Direct Marketing Association, the average response rate is 3.4 percent for household surveys.

Valid research techniques were utilized to obtain a sample of all Sedgwick and Butler, County households proportional to the number of occupied households in each county and to randomize the selection of survey households within each county in an attempt to be as thorough as possible in the collection about needs in the community. While a higher response rate is always desirable, from a research perspective a response of 336 households from a randomly selected sample of 5,683 households provides an overall margin of error of plus or minus 5.3 percentage points at the 95 percent level of confidence. That is, if United Way were to conduct the exact same survey 100 times the exact same way -- each time drawing randomly from the same population (i.e., Sedgwick and Butler counties) -- the expected result would be that 95 times out of 100, the findings would fall within 5.3 percentage points either lower or higher from the numbers presented in this report.

For example, the community respondent (household) segment of the research showed that 61.3 percent of respondents had gotten a flu shot during the past 12 months. If the Community Needs survey were to be repeated 99 more times, 95 of those times one would expect the percentage of community respondents having gotten a flu shot within the past 12 months to fall between 56.0 and 66.6 percent (that is, 61.3 – 5.3 and 61.3 + 5.3).

The Sedgwick County subset of the Community Respondent (Household) survey yielded 290 completed surveys from 4,739 valid households, resulting in a margin of error for this subset of the data of plus or minus 5.75 percentage points at the 95 percent level of confidence.

Community Leader Survey

In an effort to draw upon the recognition and reputation of formal and informal leaders in Sedgwick and Butler counties, United Way of the Plains solicited input from nonprofit health and human service agencies in these counties by asking each executive director to identify up to ten community leaders they believed should be surveyed. Input was provided via SurveyMonkey.

All community leaders identified by at least three agency executive directors were included, as were the presidents/chief executive officers of the area's largest employers (based on number of people employed), local elected and appointed government officials, public school district superintendents and public school board presidents. The final list included 456 individuals identified as "community leaders."

These individuals were contacted in mid-September 2018, advising them that their name was among those identified most frequently as being "a leader in the community" and inquiring whether they would be willing to complete a survey to gauge the community's pulse as it pertained to the area's health and human service needs.

Surveys accompanied by postage-paid return envelopes were mailed on November 6, 2018, via first class to 456 community leaders in Sedgwick and Butler counties, with a requested return date of November 22, 2018. Follow-up reminder postcards were mailed via first class on November 15. These postcards also provided potential respondents with the opportunity to complete the survey electronically via SurveyMonkey. Surveys were accepted through December 13, 2018.

Of the 456 community leader surveys mailed, a total of 8 were either returned by the post office as undeliverable or the community leader opted out of participating. From the 448 community leaders (that is, 456 - 8), a total of 81 completed surveys were returned, an 18.1 percent response rate. The chart on page B-4 displays response rate information in total and by county.

Community leaders were identified based on where they were employed or where they were elected or appointed to serve. Survey results have been reported based on the community leader's county of residence.

Agency Executive Survey

On August 21, 2018, United Way of the Plains accessed its statewide information and referral database, 2-1-1 of Kansas, to identify and obtain contact names and information for nonprofit health and human service agencies in Sedgwick and Butler counties. Contact was made with identified agency personnel via email, to verify contact information.

Surveys, cover letters and postage-paid return envelopes were mailed on November 6, 2018, via first class mail to the executive directors of 174 area nonprofit agencies in Sedgwick and Butler counties, with a requested return date of November 22. Follow-up reminder postcards were mailed on November 15. Surveys were accepted through December 7, 2018.

Of the 174 agency executive surveys mailed, a total of 3 were either returned by the post office as undeliverable or the executive director opted out of participating.

From the 171 agency executive surveys (that is, 174 – 3), a total of 77 completed surveys were returned, a 45.0 percent response rate. The chart on page B-4 displays response rate information by county.

Statistical Analysis

Survey data were analyzed utilizing SPSS (Statistical Program for the Social Sciences) software. Significant differences are reported when found to be statistically significant at the 95 percent level of confidence based on t-test analysis for scale questions and Pearson chi-square analysis for categorical questions. Significant differences were examined on the basis of those responding to each question; missing values were excluded.

Differences were examined between the three population segments surveyed (community leaders, health and human service agency executives and the randomly-selected households).

Within the randomly selected household population, differences were examined on the basis of:

- Gender (male; female)
- Race (White/Caucasian; other)
- Presence of child in household under 18 years old
- County of residence (Sedgwick/not Sedgwick)
- Age (under/over 55)
- Annual household income (Under/over $35,000)

Within the community leader segment, differences were examined on the basis of:

- Gender (male; female)
- Presence of child in household under 18 years old
- County of residence (Sedgwick/not Sedgwick)
- Age (under/over 55)

Within the agency executive segment, differences were examined on the basis of:

- Gender (male; female)
- County of employment (Sedgwick/not Sedgwick)

Research Collaboration Partners:

Ascension Via Christi

Sedgwick County Division of Health

United Way of the Plains

Research Conducted by:

United Way of the Plains, Wichita, Kansas 67202

* * * * * * * * * * *

It is always possible to overlook a specific group or agency, even in efforts to be thorough, but United Way of the Plains believes that to the best of our ability every effort was made to include any agency, person or groups of persons who could help identify needed areas of service in the defined geographical areas.

United Way of the Plains strives to continually improve its process of identifying and impacting community needs. To that end, we welcome constructive comments and suggestions from report users.

Summary – 2019 Community Needs Assessment

Surveys Sent, Undeliverable (Invalid) Surveys, Valid Surveys, Number of Completed Surveys and Response Rate Overall, by Survey Population Type and by County

	Total by Survey Population Type			Sedgwick County*			Butler County		
	Sent (Invalid) Valid	CM Count	Response Rate	Sent (Invalid) Valid	CM Count	Response Rate	Sent (Invalid) Valid	CM Count	Response Rate
Community Leader	456 (8) 448	81	18.1%	334 (8) 326	62	19.0%	122 (0) 122	19	15.6%
Agency Executiv e	174 (3) 171	77	45.0%	145 (3) 142	64	45.1%	29 (0) 29	13	44.8%
Community (Household)	6,500 (817) 5,683	336	5.9%	5,500 (707) 4,793	290	6.1%	1,000 (110) 890	46	5.2%
Subtotal	7,130 (828) 6,302	494	--	5,979 (718) 5,261	416	--	1,151 (110) 1,041	78	--
Volunteer Community Respondent	--	202	--	--	183	--	--	19	--

*Includes random sample and oversample

Invalid = undeliverable or refused; CM = completion

Additional Information on Sedgwick County Responses:

	Sedgwick County			Sedgwick-Random Sample			Sedgwick-Oversample		
	Sent (Invalid) Valid	CM Count	Response Rate	Sent (Invalid) Valid	CM Count	Response Rate	Sent (Invalid) Valid	CM Count	Response Rate
Community (Household)	5,500 (707) 4,793	290	6.1%	4,500 (523) 3,977	236	5.9%	1,000 (183) 817	54	6.6%

Appendix C

Verbatim Responses to Open-Ended Questions

Community Respondents
Community Leaders
and
Health and Human Service Agency Executives

United Way of the Plains

Ascension Via Christi

Division of Health
Sedgwick County... working for you

Verbatim Responses -- Community Respondents

SOURCE OF USUAL BASIC, NON-EMERGENCY MEDICAL CARE: Where do you usually go when you or members of your household need basic, non-emergency medical care? If Other:

Butler County Community Respondents

Military facility.

VA Medical Center.

Sedgwick County Community Respondents

McConnell Air Force Base.

Teledoc.

VA Medical Center.

VA Medical Center.

REASONS NEEDED HEALTH CARE WAS NOT RECEIVED: If one or more types of care was needed and not received, why is that? If Other:

Sedgwick County Community Respondents

Blood pressure was too high.

Don't qualify for low-income help.

Searching for another therapist.

Unemployed and uninsured; now, employed.

HEALTH OR SOCIAL SERVICES: People and families often look for help to address situations that impact their health. Within the past 12 months, have you needed to access any health services and found them unavailable to you? If YES, what health service(s) was needed and why was it not available to you?

If OTHER:

Butler County Community Respondents

Counseling and dental; can't afford them right now.

Mental health therapy and medication management; no insurance, no income.

No response. (1 respondent)

Sedgwick County Community Respondents

Back problems; no reason given.

Care after surgery; I'm alone.

Dental and medical; no insurance money.

Dental care; cost.

Dental care; couldn't afford.

Dental, eyeglasses; not covered under Medicare.

Dental; too expensive.

(Continued)

HEALTH OR SOCIAL SERVICES - If OTHER: (Continued)

Sedgwick County Community Respondents (Continued)

Dental; no reason given.

Dentist; no reason given.

Endocrinologist; no appointments available at one; another not covered by insurance.

Endodontics that takes KanCare insurance; endodontics don't take KanCare insurance.

Flu shot. Doctor's assistant appointment; they were one hour late; didn't have yet (flu shot). Appointment put someone before me.

Fractured my nose and had to go to emergency room; no money to go to clinic.

High-risk pregnancy and pre-cancer hysterectomy; almost bankrupted us with private insurance. Would have been cheaper if unemployed/low income and on public benefits.

Medical; didn't have coverage for three months.

Medicine (insulin); cost.

Mental health counseling disrupted several times; therapists kept quitting.

Oxygen therapy. Sleep study to determine need for CPAP machine; not covered by insurance.

Physical therapy; hit Medicare limit on number of sessions for shoulder and none available for knees to strengthen prior to surgery.

Preventative health, skin care, dental, eyes; no insurance at the time.

No response. (5 respondents)

COMMUNITY ISSUES: OTHER CONCERNS: Community respondents rated education, health and income/self-sufficiency issues as major, moderate, minor concerns or indicated that each had not been a concern for their household or other households in their neighborhood in the past 12 months. In each category, respondents were permitted to identify "other" issues and to rate their concern as major, moderate or minor household or neighborhood concerns. (Level of concern as assigned by respondent.) If Other:

Butler County Community Respondents

First concern:

Major	Affordable day care/day care centers; $65 per day per child.
Major	Affordable help with lawn.
Major	Cost of insurance.
Major	Crime in the neighborhood and what to do about it.
Major	Education on payday loans.
Major	Fitness facility.
Major	House break-ins.
Major	Public education.
Major	Public education.
Major	Uninsured family members.

COMMUNITY ISSUES: OTHER CONCERNS (Continued)

Butler County Community Respondents (Continued)

Second concern:

Major	Cost of hospital care.
Major	Education on scams/scammers.
Major	Team bonding facility.

Third concern:

Major	Education on budget (home finances).
Major	Lack of jobs for siingle parents with no assistance with caring for minor children.
Major	Neighborhood watch.

Sedgwick County Community Respondents

First concern:

Major	Adequate dental insurance coverage.
Major	Adult drug addictions.
Major	Affordable healthcare for those having to purchase their own yet don't qualify for assistance. No competition-very high rates with very high deductible.
Major	Assistance with transportation.
Major	Cancer assistance.
Major	Can't get landlord to do anything.
Major	Cop harassment.
Major	Cost of medicine.
Major	Crime, theft.
Major	Domestic violence prevention resources.
Major	Donald Trump.
Major	Drug/alcohol use/addiction by family members, not in my household.
Major	Early childhood development/education needs.
Major	Environmental changes/weather.
Major	Free after-school programs for children with working parents.
Major	Global warming.
Major	Health insurance price and availability; lost insurance with loss of employment.
Major	Help for long-term care for mentally challenged.
Major	Immigrant protection assistance.
Major	Importance of healthy nutrition.
Major	Increasing utility bills.
Major	Insurance premiums.
Major	K-12 education.
Major	Leadership at the national level.
Major	LGBTQ.

(Continued)

COMMUNITY ISSUES: OTHER CONCERNS (Continued)

Sedgwick County Community Respondents (Continued)

First concern: (Continued)

Major	Making enough money on the side to make ends meet
Major	Medical.
Major	Medical/financial help-insurance/not available if income above $600/month.
Major	Mental health care.
Major	More money.
Major	Neighbor's environmental pollution.
Major	No financial help for middle class.
Major	No funds for eyeglasses.
Major	People with major mental disabilities causing anxiety due to threats.
Major	Public restrooms along River Walk, Veterans Park, etc.
Major	Public transportation.
Major	Quality of programs for youth.
Major	Receiving correct paracentesis.
Major	Reckless drivers/lack of enforcement of traffic laws.
Major	Reinforcement for foster families.
Major	Services for seniors.
Major	Son unemployed, no insurance.
Major	The number of homeless. Mental persons. Incarcerated.
Major	The president.
Major	Too many firearms; gunshots in the neighborhood are a regular occurrence.
Major	Too many on welfare that don't need it.
Major	Tornado shelters.
Major	Traffic on 13th Street west of Zoo.
Major	Transportation for grocery shopping for seniors, disabled and vulnerable individuals.
Major	Water purity (Haysville).
Major	Water/pollution.
Major	Road construction everywhere.
Major	Transportation options.

Second concern:

Major	Assistance with getting in to see a doctor.
Major	Bullying, stalking.
Major	Can't get garage door opener.
Major	Discrimination against LGQBT.
Major	Domestic violence response resources.
Major	Drug and alcohol use and abuse.
Major	Financial assistance for auto brakes.

(Continued)

COMMUNITY ISSUES: OTHER CONCERNS (Continued)

Sedgwick County Community Respondents (Continued)

Second concern: (Continued)

Major	Gas prices.
Major	Gun control for automatic weapons.
Major	Homeless people.
Major	Illegals getting too much help.
Major	Importance of regular exercise.
Major	Increasing taxes.
Major	Lack of options for low-income seniors.
Major	Lack of social morals.
Major	Liars. Words matter. New president?
Major	Meals on Wheels meals are not edible.
Major	Medical and nursing care for seniors.
Major	Minority civil rights.
Major	More fish in the local lakes.
Major	No dental insurance.
Major	No help with major dental issues.
Major	Patriotism.
Major	Prescription medicine.
Major	Prevalence of firearms.
Major	Rage, hate, violence in Wichita.
Major	Recycling.
Major	School.
Major	The people that like Donald Trump.
Major	Too many cops being paid too much.
Major	Better insurance.
Major	Adequate vision insurance coverage.
Moderate	Economic development of West 13th Street.

Third concern:

Major	Can't afford someone to do back taxes.
Major	Child endangerment in Haysville.
Major	Climate change, up two degrees Celsius.
Major	Cost of higher education.
Major	Cost of living.
Major	Fishing events for kids.
Major	Gun laws.
Major	Healthcare and health insurance
Major	Hearing aids and eyeglasses.

(Continued)

COMMUNITY ISSUES: OTHER CONCERNS (Continued)

Sedgwick County Community Respondents (Continued)

Third concern: (Continued)

Major	Importance of living below one's means financially.
Major	Insurance/medical care.
Major	Less to pay.
Major	People not paying for materials and labor on work I performed.
Major	Pit bull dogs on the loose.
Major	Police that shoot and ask questions later.
Major	Poor 911 responses.
Major	Road rage, hit & runs.
Major	Too much African American presence on television.
Major	Welfare reform; need to work.
Not rated	Social Security

Verbatim Comments -- Community Leaders

HEALTH OR SOCIAL SERVICES: People and families often look for help to address situations that impact their health. Within the past 12 months, have you needed to access any health services and found them unavailable to you? If YES, what health service(s) was needed and why was it not available to you?

If OTHER:

Sedgwick County Community Leaders

Physical, flu; no reason given.

COMMUNITY ISSUES: OTHER CONCERNS: Community leaders rated education, health and income/self-sufficiency issues as major, moderate, minor concerns or indicated that each had not been a concern for their household or other households in their neighborhood in the past 12 months. In each category, respondents were permitted to identify "other" issues and to rate their concern as major, moderate or minor household or neighborhood concerns. (Level of concern as assigned by respondent.) If Other:

Sedgwick County Community Leaders

First concern:

Major Abandoned children.
Major Access to clean water.
Major Homelessness.
Major Lack of civility in political discourse.
Major Mental health services for family member.
Major More mental health resources. More peer support and case manager time in mental health.
Major Police/community relations.
Major Racial equality.
Major Social/economic divisiveness.
Major Transitioning non-college bound high school graduates to the work force.

Second concern:

Major Grandparents having to raise grandchildren.
Major Lack of concern for the disadvantaged.
Major Poverty alleviation.

Third concern:

Major Balanced growth/economic development.
Major Disintegration of respect for others.
Major Self-centered attitude by many.

Verbatim Responses -- Agency Executives

REASONS AGENCY CLIENTS NEEDED ACCESS TO HEALTH CARE BUT DID NOT HAVE THAT ACCESS: If access to one or more types of care was needed but not available, why is that? If Other

Butler County Agency Executives

Transportation.

Sedgwick County Agency Executives

Federally Qualified Health Centers (FQHCs) in our area no longer feel it is their mandate to help everyone who needs service. Instead they turn people away and send them to the emergency room or to Guadalupe Clinic if they cannot afford their (sometimes very high) sliding-fee scale payment. This includes turning away people with severe mental health concerns who were later hospitalized.

Homophobia in the medical field.

Lack of transportation.

Out-of-network provider.

No response. (2 respondents)

COMMUNITY ISSUES: OTHER CONCERNS: Agency executives rated education, health and income/self-sufficiency issues as major, moderate, minor concerns or indicated that each had not been a concern for clients their organization served in the past 12 months. In each category, respondents were permitted to identify "other" issues and to rate their concern as major, moderate or minor household or neighborhood concerns. (Level of concern as assigned by respondent.) If Other:

Butler County Agency Executives

First concern:

Major Health care.

Moderate Local transportation.

Second concern:

Major Parenting.

Third concern:

Major Summer programs for the disabled.

Sedgwick County Agency Executives

First concern:

Major Assistance with rent and utilities outside the limitations of Center of Hope.

Major Bus service.

Major Cliff effect - benefits taken away faster than clients can increase income.

Major Criminalization of mental illness.

(Continued)

COMMUNITY ISSUES: OTHER CONCERNS (Continued)

Sedgwick County Agency Executives (Continued)

First concern: (Continued)

Major	Dental services to undocumented.
Major	Employment.
Major	Employment.
Major	Families of the incarcerated.
Major	Hormone therapy.
Major	In-home support for families of children with disabilities.
Major	Lack of support groups for immigrants.
Major	Mental health coverage.
Major	Mental health services.
Major	Navigating health and social services.
Major	Need affordable, temporary housing for out of town families while child is in the hospital or needing medical care.
Major	New state government and generational poverty.
Major	Ongoing trauma support after crisis.
Major	Social isolation.
Major	Transportation for seniors and disabled.
Major	Transportation improvement in Wichita, especially for veterans.
Major	Transportation to events that improve quality of life.
Major	Transportation to school for middle/high school.
Moderate	Livable communities for all ages.
Moderate	Multiple agencies' ability to work together with specific clients.
Moderate	Parent engagement with children for education and character building.

Second concern:

Major	Children of imprisoned parents.
Major	Education services available outside of the traditional format.
Major	Elder abuse and financial exploitation.
Major	Gas, bus cards and car repairs.
Major	Homophobia in schools.
Major	Housing.
Major	Lack of affordable health care.
Major	Lack of community support for people with mental illness.
Major	Lack of free health clinics/care.
Major	Low income.
Major	Managing the cliff effect for those on financial assistance.
Major	Medical care for undocumented.

(Continued)

COMMUNITY ISSUES: OTHER CONCERNS (Continued)

Sedgwick County Agency Executives (Continued)

Second concern: (Continued)

Major	Need affordable, temporary food source for out of town families while child is in the hospital or needing medical care.
Major	Overcrowding in homeless shelters.
Major	Prescription co-pays.
Major	Transportation.
Major	Transportation.

Third concern:

Major	Child care.
Major	Diabetic supplies and insulin.
Major	Extremely low academic and literacy skills in our area.
Major	Tobacco cessation.
Major	Transportation.
Not rated	Assistance with getting IDs and applying for social security benefits.

Appendix D

Volunteer Community Respondents

(Collected Electronically Via SurveyMonkey)

Volunteer Community Respondents

Purpose: This appendix summarizes the research findings from volunteer community respondents who, although they did not receive an actual questionnaire, elected to go to SurveyMonkey to complete an abbreviated version of the Community Needs Survey.

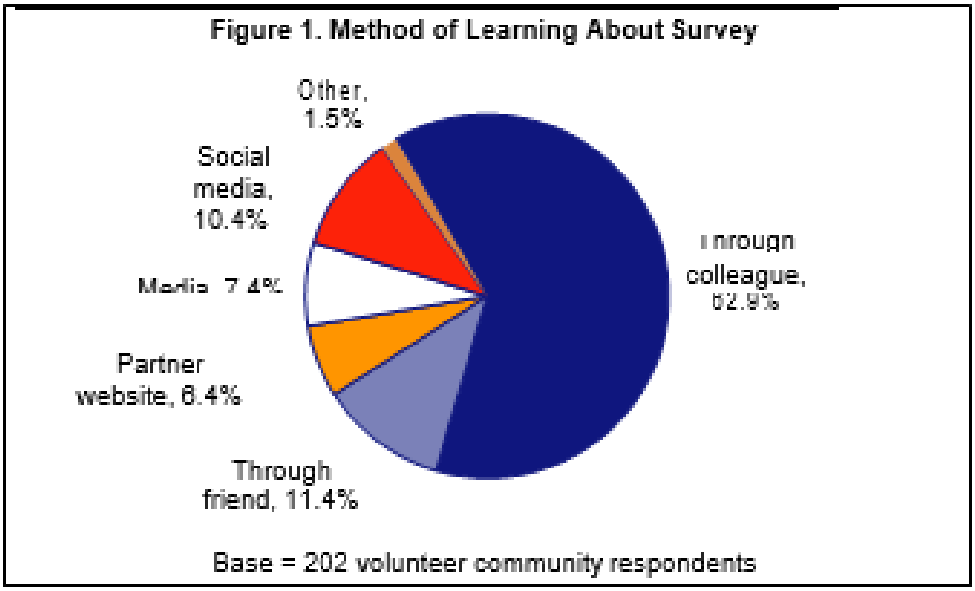
Community members whose households were not randomly sampled to participate were offered the opportunity to complete an abbreviated version of the Community Needs Survey electronically via SurveyMonkey. The survey was available online from November 7 through December 14, 2018.

A total of 202 individuals completed the survey which was available on SurveyMonkey; for the purposes of this report, these individuals will be referred to as ***"volunteer community respondents."***

Method of Learning About Survey: Individuals who did not receive a Community Needs Survey through the mail could learn about its availability through a variety of sources. In addition to outreach from the project's collaborative partners (United Way of the Plains, Ascension Via Christi and the Sedgwick County Division of Health, respondents reported learning about the survey via business colleagues and friends, as well as social media and other media (e.g., television, radio, newspaper, etc.)

Nearly three-fourths of the volunteer community respondents completed the survey after learning about it through business colleagues (62.9 percent) or friends (11.4 percent). Another 6.4 percent completed the survey because of information contained on the United Way of the Plains, Ascension Via Christi and/or Sedgwick County website.

Figure 1. Method of Learning About Survey



Base = 202 volunteer community respondents

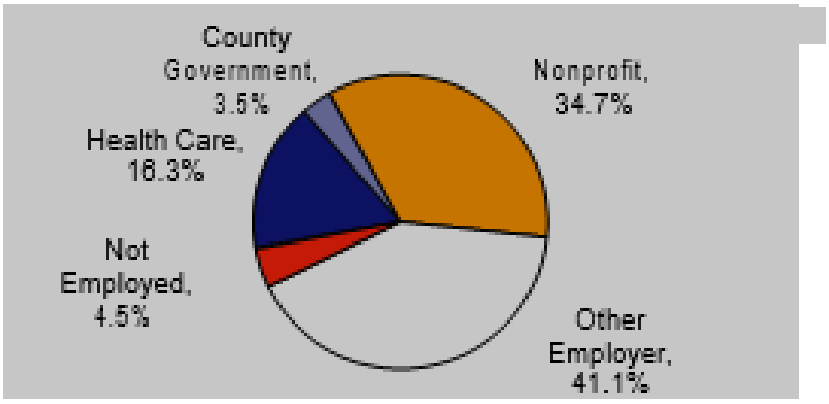
Those identifying another method of learning about the survey identified *"United Way staff"* as their information source.

Respondent Employers: During the 2016 Community Needs Survey, 56.1 percent of the volunteer community respondents who completed the survey online via SurveyMonkey had been employees of Ascension Via Christi or another health care provider. That participation was greatly reduced during the 2019 Community Needs Survey, where 16.3 percent of the volunteer community respondents indicated employers from the healthcare sector.

Participation by employees of nonprofit organizations other than Ascension Via Christi increased from 9.1 percent in 2016 to 34.7 percent in 2019, and respondents employed by Sedgwick County government or another county's government comprised 6.8 percent of volunteer community respondents in 2016 and 3.5 percent in 2019.

The balance of respondents either worked for other employers (22.2 percent in 2016; 41.1 percent in 2019) or were not employed such as retirees, homemakers, students or the unemployed. (5.8 percent in 2016; 4.5 percent in 2019).

Figure 2. Respondent Employers



Base = 202 volunteer community respondents
Percentages do not sum to 100.0 percent due to rounding.

Differences were examined between the community respondent segment from randomly-sampled households and the volunteer community respondent segment completing the survey via SurveyMonkey. Significant differences, when reported, were found to be statistically significant at the 95 percent level of confidence.

Reflective Pause

Survey Question: How often during the day do you take a reflective pause of at least two minutes at a time to pray, think deeply or use some other technique to gain mental clarity and spiritual balance?

- Never
- Once
- 2 to 4 times
- 5 times or more

In order to gain mental clarity and spiritual balance, 67.8 percent of all volunteer community respondents indicated taking at least one pause per day to pray, think deeply or use some other technique.

More than a fourth (29.2 percent) of all volunteer community respondents indicated they never pause reflectively to gain mental clarity and spiritual balance.

Table 1. Reflective Pause

Number of Times Daily	Volunteer Community Respondents
Once	32.7%
2 to 4 times	11.9%
5 times or more	23.3%
Never	29.2%
No response	3.0%

Column percentages do not sum to 100.0 percent due to rounding.

Significant Difference Between Community Respondent Segments:

- No significant differences were noted between the randomly-sampled community respondent segment and volunteer community respondent segment regarding taking a reflective pause.

Other Health Concerns

Volunteer community respondents provided input on the source of their household's basic medical care and insurance coverage, as well as whether anyone in their household has experienced a gap in health care services (i.e., medical, dental, mental health, substance abuse and/or prenatal).

Source of Basic Medical Care

Survey Question: Where do you USUALLY go, when you or members of your household need basic NON-EMERGENCY medical care? (Mark only one.)

- Nonprofit community clinics (such as GraceMed, Hunter, HealthCore, E.C. Tyree, Guadalupe, etc. in Sedgwick County; Augusta Family Practice, El Dorado Clinic, etc., in Butler County.)
- Immediate care clinic (not at a hospital or medical center)
- Emergency department at hospital or medical center
- Our personal physician/private doctor
- Other
- Do not seek medical care

Approximately four in five (81.2 percent) volunteer community respondents indicated the usual source of their household's basic medical care was their personal physician or private doctor. Second most often, 7.4 percent identified immediate care clinics as the usual source of their basic, non-emergency medical care.

Table 2. Usual Source of Basic Medical Care	
Source of Basic Medical Care	Volunteer Community Respondent Households Using This Source
Personal physician/private doctor	81.2%
Immediate care clinic	7.4%
Nonprofit community clinics	6.4%
Do not seek medical care	2.0%
Hospital emergency department	1.5%
Other	1.5%

Base = 202 volunteer community respondents

Significant Differences Between Community Respondent Segments:

- No significant differences were noted between the randomly-sampled community respondent segment and volunteer community respondent segment regarding usual source of basic medical care.

When identifying other sources for basic medical care, one respondent indicated *"University Student Center."* Another noted, *"Wesley Family Medicine, a teaching facility."* A third reported using *"McConnell Air Force Base"* for basic, non-emergency care.

A full list of verbatim responses from volunteer community respondents identifying other sources of basic medical care appears at the end of this appendix.

Household Insurance Coverage

Survey Question: Is everyone in your household covered by health insurance?
If YES, what types of coverage do you have? (Mark all that apply.)
- Medicare
- Private/employer-provided insurance
- State-funded Medicaid (KanCare – Amerigroup, Sunflower, UnitedHealthcare)
- Military/government insurance
- Other

The *vast majority* (87.6 percent) of volunteer community respondents indicated that everyone in their household was covered by health insurance. However, the flip side of the coin was that 12.4 percent of households had one or more individuals not covered by health insurance at the time of the survey. Survey data are unable to determine the number of uninsured individuals.

Figure 3. Household Insurance Coverage

Base = 202 volunteer community respondents

Significant Differences Between Community Respondent Segments:

- No significant differences were noted between randomly-sampled community respondents and volunteer community respondents regarding all household members having insurance coverage.

Among insured volunteer community residents, nearly all (93.8 percent) had at least part of their health insurance coverage through private insurance carriers.

Table 3. Type of Health Insurance Coverage

Type of Health Insurance Coverage	Volunteer Community Respondent Households Using This Source
Private/employer-provided	93.8%
Medicare	13.0%
State-funded Medicaid	11.3%
Military/other government	5.6%

Base = 177 volunteer community respondents with all household members insured
Multiple responses possible; column percentages sum to more than 100.0 percent

Significant Differences Between Community Respondent Segments:

- Randomly-sampled community respondent households were more likely to have **Medicare** health insurance coverage.
- Volunteer community respondent households were more likely to have **private/employer-provided** insurance coverage.

Gaps in Household Health Care Services

Volunteer community respondents were asked whether they or anyone in their household needed five different types of health care – behavioral/medical, dental, mental health, substance abuse or prenatal. For those indicating a need for each type of health care, a follow-up question asked as to whether that care was received.

Survey Question: During the past 12 months, did you or anyone in your household need:

• Medical care	❑ Yes ❑ No	IF YES, was that care received?	❑ Yes ❑ No
• Dental care	❑ Yes ❑ No	IF YES, was that care received?	❑ Yes ❑ No
• Behavioral/mental health care	❑ Yes ❑ No	IF YES, was that care received?	❑ Yes ❑ No

Survey Question: During the past 12 months, did you or anyone in your household need:

• Medical care	❑ Yes ❑ No	IF YES, was that care received?	❑ Yes ❑ No
• Dental care	❑ Yes ❑ No	IF YES, was that care received?	❑ Yes ❑ No
• Behavioral/mental health care	❑ Yes ❑ No	IF YES, was that care received?	❑ Yes ❑ No
• Substance abuse care	❑ Yes ❑ No	IF YES, was that care received?	❑ Yes ❑ No
• Prenatal care	❑ Yes ❑ No	IF YES, was that care received?	❑ Yes ❑ No

Medical and dental care had been needed by a vast majority of volunteer community respondents' households in Sedgwick and Butler counties during the past 12 months, with 89.6 percent of households needing medical care and 87.6 percent needing dental care.

Table 4. Type of Health Care Needed

Type of Health Care	Volunteer Community Respondent Households Needing This Type of Care
Medical care	89.6%
Dental care	87.6%
Behavioral/mental health care	38.6%
Prenatal care	7.9%
Substance abuse care	3.0%

Base = 202 volunteer community respondents
Multiple responses possible.
Column percentages sum to more than 100.0 percent.

Significant Differences Between Community Respondent Segments:

- Volunteer community respondents were more likely to have had someone in their household who needed **behavioral/mental health** or **prenatal** care.

The vast majority (97.8 percent) of volunteer community respondent households needing medical care during the past 12 months in Sedgwick and Butler counties received it, as did 88.1 percent of the households needing dental care. Although not as many households needed prenatal care, of those which did, 93.8 percent received it.

Of volunteer community respondent households needing behavioral/mental health care, 21.8 percent went unserved during the past 12 months.

Table 5. Gaps in Health Care Services

Type of Health Care	Volunteer Community Respondent Households Needing Health Care		Of Households Needing Health Care, Health Care Received	
			Yes	No
Medical care	n=181	89.6%	97.8%	2.2%
Dental care	n=177	87.6%	88.1%	11.9%
Behavioral/mental health care	n= 78	38.6%	78.2%	21.8%
Prenatal care	n= 16	7.9%	93.8%	6.3%
Substance abuse care	n= 6	3.0%	33.3%	66.7%

A total of 32 volunteer community respondents indicated that someone in their household had needed but not received one or more types of health care during the past 12 months; those respondents were asked to provide the reason that health care was not received. Most often, either the care was too expensive (59.4 percent) or the household's insurance would not cover the needed service (46.9 percent).

Table 6. Reason for Not Receiving Health Care	
Reason for Not Receiving Care	Volunteer Community Respondent Households Not Receiving Care
Care was too expensive	59.4%
Insurance wouldn't cover	46.9%
Did not have insurance	37.5%
Care was not available	21.9%
Did not seek care	18.8%
High insurance deductible	18.8%
Other	9.4

Base = 32 volunteer community respondents
Multiple responses possible.
Column percentages sum to more than 100.0 percent.

Some of the "other" reasons identified for needing but not receiving health care were lack of responsiveness by provider toward new patients, *"worn-out families"* caring for children with autism and the challenges rural living provides for those with mental illness and those needing substance abuse care.

A full list of verbatim responses from volunteer community respondents identifying other reasons for needing but not receiving health care appears at the end of this appendix.

Health Procedures

Survey Question: For each of the following health procedures, please indicate the last time you yourself had the procedure done – in the past 12 months, in the last 1-5 years; more than 5 years or never.

- Blood pressure check
- Dental screening
- Flu shot
- Mammogram
- Pap smear
- Prostate exam

Among all volunteer community respondents, more than eight in ten (84.2 percent) had had their blood pressure checked within the past 12 months. Nearly seven in ten (69.8 percent) had had a dental screening during that same timeframe, and more than half (55.5 percent) had had a flu shot.

Health Procedure	Table 7. Health Procedures					
	Past 12 months	1 – 5 years	More than 5 years	Never	No Respons	Not Applicabl
Blood pressure check	84.2%	9.4%	0.5%	2.0%	4.0%	0.0%
Dental screening	69.8%	19.3%	7.4%	1.0%	2.5%	0.0%
Flu shot	55.0%	14.9%	10.4%	16.3%	3.5%	0.0%
Mammogram	27.7%	15.3%	1.5%	23.8%	7.9%	23.8%
Pap smear	33.2%	28.2%	6.9%	3.0%	5.0%	23.8%
Prostate exam	4.5%	2.0%	0.0%	11.4%	5.9%	76.2%

Base = 202 volunteer community respondents
Row percentages may not sum to 100.0 percent due to rounding

Significant Differences Between Community Respondent Segments:

- No significant differences were noted between the randomly-sampled community respondent segment and volunteer community respondent segment regarding having completed health procedures.

Among female community respondents, more than a third (36.4 percent) indicated having had a mammogram within the past 12 months and 43.5 percent indicated having had a pap smear during that same timeframe.

Health Procedure	Table 8. Health Procedures (Female Respondents)				
	Past 12 months	1 – 5 years	More than 5 years	Never	No Response
Mammogram	36.4%	20.1%	1.9%	31.2%	10.4%
Pap smear	43.5%	37.0%	9.1%	3.9%	6.5%

Base = 154 female community respondents
Row percentages may not sum to 100.0 percent due to rounding

Among male community respondents, 18.8 percent indicated having had a prostate exam within the past 12 months.

Health Procedure	Table 9. Health Procedures (Male Respondents)				
	Past 12 months	1 – 5 years	More than 5 years	Never	No Respons
Prostate exam	18.8%	8.3%	0.0%	47.9%	25.0%

Base = 48 male community respondents
Row percentages may not sum to 100.0 percent due to rounding

Other Income and Self-Sufficiency Concerns

Volunteer community respondents were asked whether anyone in their household sought education or training to qualify for a higher-paying job during the past 12 months; whether anyone in their household had been laid off from any job due to the economy and/or workforce reduction during the past 12 months; and whether they had missed a rent, mortgage or utility payment during the past 12 months because they did not have enough money.

Education or Training

Survey Question: During the past 12 months, has anyone in your household sought education or training to qualify for a higher-paying job?

In more than a third (35.1 percent) of volunteer community respondent households, someone had sought further education or training during the past 12 months with the intent of qualifying for a higher-paying job.

Figure 4. Sought Education or Training, Past 12 Months

Base = 202 volunteer community respondents

Significant Differences Between Community Respondent Segments:

- Volunteer community respondents were more likely to have sought education or training to qualify for a higher paying job than were community respondents from randomly-sampled households.

Employment Layoff

Survey Question: During the past 12 months, has anyone in your household been laid off from any job due to the economy and/or workforce reduction?

In 10.4 percent of responding volunteer community respondent households, one or more individuals had been laid off from a job during the past 12 months due to the economy and/or a workforce reduction.

Figure 5. Layoff in Household Due to Economy/ Workforce Reduction, Past 12 Months

Base = 202 volunteer community respondents

Significant Differences Between Community Respondent Segments:

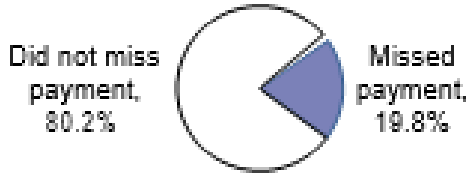
- No significant differences were noted between the randomly-sampled community respondent segment and volunteer community respondent segment regarding the incidence of household employment layoff.

Experienced Difficulty with Rent, Mortgage or Utility Payments

Survey Question: During the past 12 months, did you miss a rent, mortgage or utility payment because you did not have enough money?

In nearly a fifth of volunteer community respondent households (19.8 percent), a rent, mortgage or utility payment had been missed during the prior 12 months because the household did not have enough money.

Figure 6. Experienced Difficulty With Rent, Mortgage or Utility Payment, Past 12 Months



Base = 202 volunteer community respondents

Significant Differences Between Community Respondent Segments:

- No significant differences were noted between the randomly-sampled community respondent segment and volunteer community respondent segment regarding having missed a recent rent, mortgage or utility payment.

Community Volunteerism

Survey Question: Within the past 12 months, have you or anyone in your household volunteered your time at any of the following types of organizations:

- Church/other religious organization
- School
- Cultural arts
- Professional
- Civic/fraternal
- Other nonprofit

Most often, members of the households of Sedgwick and Butler County volunteer community respondents had volunteered in the past 12 months for professional organizations, with 51.5 percent of the households having done so. The second most frequently cited place to volunteer was for "other" nonprofit organizations besides the categories listed (47.5 percent).

Table 10. Community Volunteerism - Households Volunteering	
Source of Volunteer Opportunity	Volunteer Community Respondent Households Volunteering
Professional	51.5%
Other nonprofit	47.5%
Church/other religious	45.5%
School	44.1%
Civic/fraternal	24.3%
Cultural arts	12.9%

Base =202 volunteer community respondents
Multiple responses possible.
Column percentages sum to more than 100.0 percent.

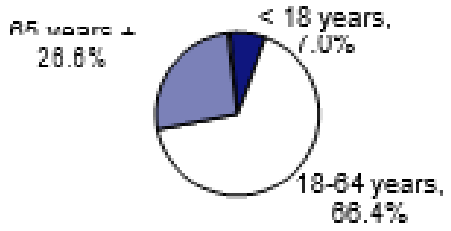
Significant Differences Between Community Respondent Segments:

- Volunteer community respondents were more likely than were community volunteers from randomly-sampled households to have volunteered at a **school** or for a **professional** or civic/fraternal organization.

Demographics

Volunteer community respondents from 202 households in Sedgwick and Butler counties represented a total of 598 individuals. Of those, approximately two-thirds (66.4 percent) were adults between the ages of 18 and 64 years.

Figure 7. Makeup of Responding Households



Base = 202 responding households, representing 598 individuals

The number of persons in households ranged from one to nine and averaged 3.0 persons per household.

Significant Differences Between Community Respondents:

- Volunteer community respondents' households tended to be larger than households of community respondents who were randomly sampled (3.0 to 2.4 persons, respectively).

Respondent Demographics

Among those who provided their age, volunteer community respondents' ages ranged from 18 to 73 years and averaged 43.0 years. Forty-one years was the median age, the point at which approximately half of the adult respondents' ages were younger than and approximately half of the adult respondents' ages were older than 41 years.

Among volunteer community respondents, 5.6 percent refused to provide their exact age in years, although most were willing to indicate a range that included their age.

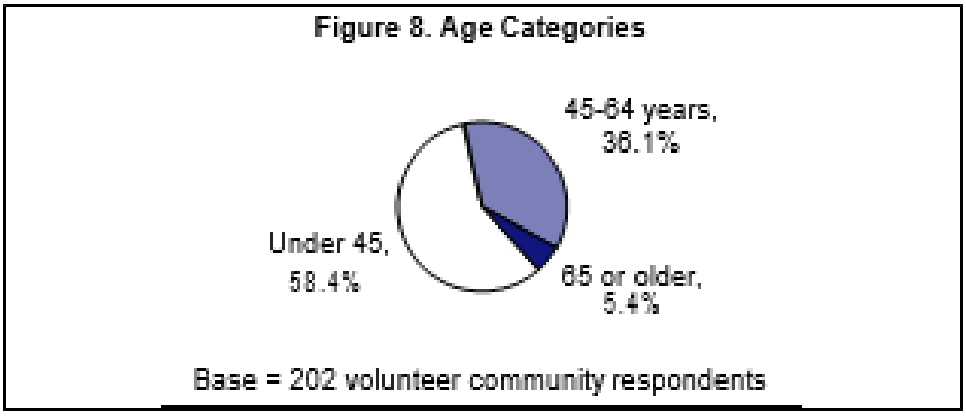
Table 11. Age	
Age Category	Volunteer Community Respondents
18 to 24 years	8.9%
25 to 34 years	20.8%
35 to 44 years	28.7%
45 to 54 years	18.8%
55 to 64 years	17.3%
65 to 74 years	5.4%

Base = 202 volunteer community respondents

Significant Differences Between Community Respondent Segments:

- Community respondents from randomly-sampled households tended to be older, on average, than were volunteer community respondents (59.4 years to 43.0 years, respectively).

Nearly three in five (58.4 percent) volunteer community respondents were under 45 years of age.



Females accounted for approximately three-fourths of the volunteer community respondents (76.2 percent).

Identical to the methodology used by the U.S. Census, community respondents were asked about their Hispanic ethnicity and their race as two separate questions. Those of Hispanic ethnicity accounted for 4.0 percent of the volunteer community respondents.

Table 12. Demographics – Gender, Race, Hispanic Ethnicity	
Gender	
Male	23.8%
Female	76.2%
Race	
White/Caucasian	91.6%
Black/African American	5.4%
Asian/Pacific Islander	1.0%
Native American/Alaskan Native	2.0%
Ethnicity	
Non-Hispanic	96.0%
Hispanic	4.0%

Base = 202 volunteer community respondents

County of Residence

One in ten (90.1 percent) volunteer community respondents resided in Sedgwick County.

Table 13. County of Residence	
County of Residence	Volunteer Community Respondents
Sedgwick County	90.1%
Butler County	9.4%
Reno County	0.5%

Base = 202 volunteer community respondents
Column percentages do not sum to 100.0 percent due to rounding.

Employment Status

Nearly all (95.5 percent) volunteer community respondents were employed either full-time or part-time.

Table 14. Employment Status	
Employment Status	Volunteer Community Respondents
Employed	
Full-time	85.6%
Part-time	9.9%
Retired	2.0%
Disabled	1.0%
Homemaker	0.5%
Student	0.5%
Unemployed	0.5%

Base = 202 community respondents

Among volunteer community respondents who were employed and who indicated the county in which they were employed, nearly all (97.2 percent) worked in Sedgwick County.

Table 15. Working Full-time or Part-time	
County of Employment	Employed Volunteer Community Respondents
Sedgwick County	94.8%
Butler County	4.1%
Sedgwick and another county	0.5%
Sumner County	0.5%

Base = 193 employed volunteer community respondents
Column percentages do not sum to 100.0 percent due to rounding.

Household Demographics

Nearly three-fourths (73.8 percent) of volunteer community respondents had annual household income of at least $50,000.

Table 16. Household Income	
Household Income	Volunteer Community Respondent Households
Less than $25,000	9.9%
$25,000 - $49,999	16.3%
$50,000 - $99,999	44.6%
$100,000 or more	29.2%

Base = 202 volunteer community respondents

Verbatim Responses -- Volunteer Community Respondents

AWARENESS OF COMMUNITY NEEDS ASSESSMENT: How did you first learn about this Community Needs Assessment? If Other:

Sedgwick County Volunteer Community Respondents

United Way staff.

United Way staff.

United Way staff.

SOURCE OF USUAL BASIC, NON-EMERGENCY MEDICAL CARE: When you or members of your household need basic, non-emergency medical care, where do you usually go? If Other:

Sedgwick County Volunteer Community Respondents

McConnell Air Force Base

University Student Center

Wesley Family Medicine, A Teaching Facility

REASONS NEEDED HEALTH CARE WAS NOT RECEIVED: If one or more types of care was needed and not received, why is that? If Other:

Sedgwick County Volunteer Community Respondents

Care provider would not return three calls to introduce.

Children with autism. Kansas is in last place implementing services for these children and their worn-out families

Dental care not covered by Medicare or disability. Mental illness and substance abuse care require the patient to be able to get to the provider. Rural area with no transport or gas money available. Need in-home visits. Sponsor or peer mentor visits in-home. Self-referral for substance abuse and mental health is not going to happen most of the time until crisis, and then only during crisis. No follow-up is going to be self-motivated by patient. Patient will self-medicate with street drugs/alcohol rather than find ways to call for appointment, actually remember the appointment and then find the transportation/gas money or motivation to get to the appointment, especially if rural living is involved.