



DOUGLAS COUNTY
COMMUNITY HEALTH
PLAN



Douglas County Community Health Plan

Introduction

In 2015, the Lawrence-Douglas County Health Department (LDCHD) achieved accreditation as a marker of the quality and performance of the LDCHD's efforts to improve and protect the health of Douglas County residents. Robust public health practice, and accreditation, requires local health departments to engage in a comprehensive community assessment and improvement planning (CHIP) process every five years. Assessments and planning processes are regarded as best practice in public health because:

- Assessments assures residents and local health departments have a clear understanding of the health issues facing residents, the factors or conditions that contribute to them, and the populations that are disproportionately affected by them.
- Planning engages community residents in identifying policy, systems, and environmental changes that would have a meaningful impact in their community and result in creating conditions in which residents have opportunities to be healthy.

In 2013, the LDCHD completed its first assessment and planning process. In late 2016, the LDCHD initiated its second cycle of assessment and planning. Through 2018, the LDCHD and its partners developed a comprehensive community health improvement plan aimed at addressing behavioral factors and community conditions that have an impact on health. This document contains the goals, objectives, and strategies identified as part of the plan.

Approach to developing the Community Health Improvement Plan

The community health assessment and planning process has been guided by a steering committee representing elected bodies and community organizations. A list of steering committee members is available in Appendix A. The steering committee supported the development and implementation of the community health assessment, made decisions about priority issues, and provided guidance to the planning process.

Selection of priority issues

Upon completion of the community health assessment in December 2017, staff reviewed all data to identify a set of potential priority issues. Staff identified nine potential issues, in which data from multiple sources conveyed a compelling case of the negative impact these issues had on the health of Douglas County residents. The steering committee reviewed data about each of these issues, and were guided through a voting selection process in which the nine issues were narrowed to four selected issues, as well as two over-arching lenses. These issues were:

- *Behavioral health*
- *Food security and healthy built environment*
- *Safe and affordable housing*
- *Poverty and jobs*

In selecting these four issues, the steering committee acknowledged the role that equity and discrimination had in creating conditions that have systematic and disproportionate impact on some Douglas County residents based on race, ethnicity, and other demographic characteristics. The steering committee charged each planning group with identifying the extent to which inequity and discrimination existed regarding each issue and identify planning elements to address these inequities.

Influence of equity

The 2018- 2023 Community Health Plan sits on a foundation that is committed to create health equity for the whole of Douglas County. Health Equity is defined as “A fair and just opportunity to be healthier”. This requires removing obstacles to health such as poverty and discrimination, and their consequences, which in this plan includes the lack of; access to safe and affordable housing, behavioral health care, jobs that reduce poverty, and healthy foods and built environments that facilitate active living. The four issue areas were each guided by a collective impact organization that has developed a strategic plan to guide execution over the next 5 years. The LDCHD will steward the plan, serve as the convener for an oversight steering committee, manage the data repository, communicate plan progress, and provide a planning advisor to the four issue area impact organizations and the Health Equity Consultation Plan. The later will include an updated health equity assessment for release in late 2018, a plan for continued Steering Committee and Issue Area Team learning, and integration of an equity focus and decision guide (to be developed from available resource tools).

Engagement of conveners and planning groups

The steering committee generated a list of potential community organizations to serve as conveners for the community health improvement planning process. LDCHD and University of Kansas Center for Community Health and Development (KUCCHD) staff worked with each potential convener to identify willingness and readiness to engage in the planning process. Ultimately, the following conveners were identified for each goal area:

Behavioral health

- Douglas County

Food security and healthy built environment

- Live Well Douglas County

Safe and affordable housing

- Lawrence-Douglas County Housing Authority

Poverty and jobs

- Lawrence-Douglas County Health Department

Overall planning process

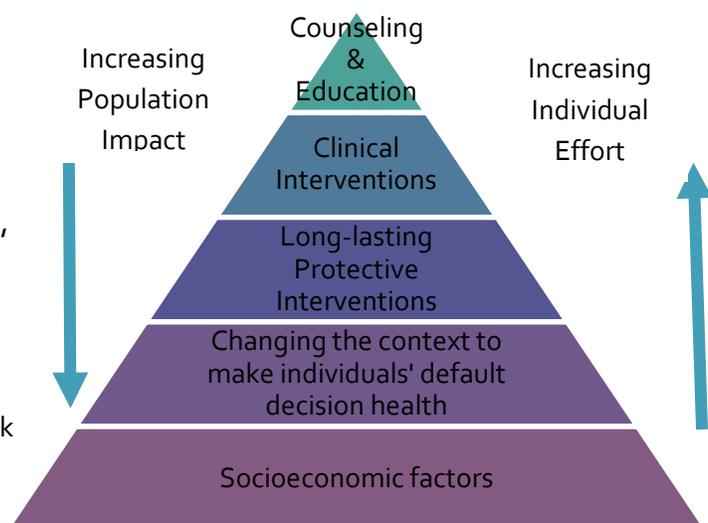
Across all planning groups, conveners and support staff, from the LDCHD and KUCCHD, facilitated planning processes that resulted in the development of a) goal statements, b) priority populations experiencing inequities and approaches for their engagement in planning, c) objectives representing

the longer-term measures of change that were SMART+C (specific, measurable, achievable, relevant, timed and challenging) in framing, d) strategies to be implemented, and e) action steps including the actions to be taken and responsible parties to support full implementation. The planning model use was adapted from the Community Tool Box.



Several considerations were included to assure a robust process in which best practices and accreditation criteria were included. These considerations included:

- **Alignment to existing plans.** At the beginning of the CHIP process, it was noted that many of the selected issue were already the focus of community-level efforts. Planning processes were designed by each convener and planning partners to fit within the broader context and assure alignment with existing plans. These include: the Food Systems Plan, the Housing Assessment plan commissioned by the Affordable Housing Advisory Board, the MPO Regional Transportation Plan, and the Health Leadership Coalition’s Behavioral Health efforts.
- **Alignment to national benchmarks and plans.** Support staff from the LDCHD and KUCCHD provided objectives from Healthy People 2020 to consider when selecting or constructing objectives. As appropriate, strategies or approaches from national plans were integrated.
- **Use of evidence based or promising approaches.** Support staff also researched and provided evidence-based or promising approaches identified from inventories or clearinghouses such as the Community Guide, What Works for Health, and the SAMHSA National Registry of Evidence-based programs and practices.
- **An orientation to policy, system, and environmental changes and the Health Impact Pyramid¹.** While identifying and selecting strategies, conveners and staff prompted consideration of policy, system, and environmental changes for assuring efforts that would result in sustainable changes with broad and deep impact. In addition, conveners and staff encouraged the selection of strategies that would work across the levels of the Health Impact Pyramid, with particular focus on the



¹ Frieden, TR (2010) A framework for public health action: The Health Impact Pyramid. *American Journal of Public Health*, 100(4): 590-595.

bottom two layers, which are intended to encourage communities to address the conditions that make it more or less difficult to achieve good health, as well as the root causes of health.

The following sections provide information about the assessment data that led to the selection of each issue as a priority to be addressed in Douglas County, a description of the convening and planning process for each group, and the goal statement, objectives, and selected strategies for each plan area.

Behavioral Health

Why this issue?

Behavioral health refers to mental health and mental illness, preventing suicide, and preventing or intervening in substance use disorders or other addictions. Findings from the Lawrence-Douglas County Health Department Community Health Assessment suggest behavioral health is a substantive problem that has an impact on many residents. Behavioral well-being is inextricably linked to physical and overall health, making it a critical issue to understand and address.

A number of data points provide a clear indication about mental illness in Douglas County. Almost one in four Douglas County adults report they have been diagnosed with a depressive disorder.

Additionally, about one in five middle school students report feeling sad or hopeless almost every day for two weeks. The percentage of adults (age 18 and older) in Kansas who have been diagnosed with a serious mental illness (SMI) is 4.1%. For young adults (ages 18-25), it is 5.0%.

Suicide is a critical part of understanding the extent to which behavioral health is a problem in Douglas County. In Douglas County, the age-adjusted mortality rate is 16.3 per 100,000 population, higher than the Healthy People 2020 goal of 10.2 suicide deaths per 100,000 population (Oakley and Crawford, 2017). The highest percentage of suicide deaths are found in individuals ages 25-64. Also, suicide is the second leading cause of death for 18-44-years old in Douglas County. African Americans have the lowest suicide rate, while Hispanics have the second lowest rate in the state.

Lastly, substance abuse is included in the definition of behavioral health. The Behavioral Risk Factor Surveillance System data for Douglas County suggest about 7.7% of residents meet definitions for being "heavy drinkers." Of people age 18-25 years-old in the state, 20.7% meet the criteria for alcohol dependence or abuse. A 2016 study of Kansas' youth reveals that drug overdose and death rates have quadrupled in the state over the past 12 years.

Process

In 2013, the first community health improvement plan developed by the Lawrence-Douglas County Health Department and planning partners included a section devoted to behavioral health. In 2015, Douglas County initiated a renewed effort to address the breadth and depth of behavioral health system issues. The County convened a Behavioral Health Leadership Coalition (BHLC) composed of accountable institutional leaders to identify strategies for addressing behavioral health in Douglas County. This led to the development of a comprehensive set of strategies for addressing behavioral health and the challenges experienced across sectors and population groups, inclusive of the incarcerated population. In December of 2017 the steering committee, in guiding development of the Community Health Plan, identified behavioral health as a continued public health priority issue. The steering committee asked that the HLC serve as the collective impact organization to integrate their planning efforts to address the Community Health Plan issue area and that the Director of Behavioral Health Projects serve as a convener with the LDCHD planning team. While processes through the HLC had already structured 8 discrete work groups to develop the comprehensive strategies, in May of 2018

Staff additionally facilitated three listening sessions of at-large community members and focus groups with staff, consumers, and family members of people with behavioral health issues. These listening sessions and focus groups were aimed at providing opportunities for community members from across the county to weigh in on the strengths and gaps of the plan, as well as to propose additional strategies and vet potential objectives. Staff compiled these items into the plan. The organizations represented in these sessions included:

Organizations participating in Behavioral Health Planning	
LMH Health	Douglas County Suicide Prevention Coalition
Bert Nash Community Mental Health Center	Family Centered Systems of Care
DCCCA	Positive Bright Start
Heartland Community Health Clinic	Douglas County Early Childhood Trauma Coalition
Heartland Regional Alcohol and Drug Assessment Center	Eudora Fire Department
Lawrence-Douglas County Housing Authority	Eudora School District
Lawrence-Douglas County Health Department – Healthy Dads, Healthy Families, Project Lively	City of Eudora
Lawrence Community Shelter	Lawrence Public Schools
Willow Domestic Violence Center	Headquarters Counseling Center
NAMI Douglas County	Lawrence Police Department
	Douglas County Sheriff’s Department

Behavioral health plan

Goals, objectives, and priority populations

The overall goal statement developed for the behavioral health component of the community health improvement plan is:

Create an integrated system of care that moves from crisis and illness as a norm to recovery and prevention as a practice.

The following are the objectives to be achieved through implementation of this plan:

- Reduce the number of people who present at the emergency department in behavioral health crisis from 3,900 to 3,120.
- Decrease the suicide rate from 16.3 per 100,000 to 14.0 per 100,000
- Reduce the proportion of persons, aged 18 and older, engaging in binge drinking of alcoholic beverages during the past 30 days from 26.9% to 24.24%
- Reduce the total number of opioid prescriptions from 17,736 to 15,960
- Increase the proportion of adults 18 and older with serious mental illness (SMI) who receive treatment by 10%
- Increase the proportion of adults who are homeless with mental health problems who receive mental health services by 5%
- Reduce the percentage of inmates at the Douglas County jail with SMI from 18% to 16.2%

A review of data about the status of behavioral health indicated disparities are present based on gender, housing, employment, and insurance status. Throughout planning focus groups and listening sessions were held with at-large community members, consumers and their family members, and service providers.

Selected Strategies

To effectively address behavioral health, three focus areas were identified:

- Prioritize prevention
- Promote integration across the system of care
- Improve access to care

The following strategies were identified for each focus area.

Prioritize prevention

- Implement Strategic Prevention Framework to develop a comprehensive community-wide plan for prevention
- Provide free access to MyStrength app for all Douglas County residents
- Implement evidence-based Zero Suicide Initiative
- Convene an opioid crisis summit in Douglas County

Promote integration across the system of care

- Establish a behavioral health council to provide leadership and support infrastructure aimed at making progress on behavioral health
- Integrate crisis stabilization, recovery services, and housing on a recovery campus

- Maintain an Integrated Crisis Team in Emergency Department
- Expand WRAP to assure mental health professionals in all Douglas County schools
- Integrate peer support across the system of care
- Establish a Data Network that makes inter-organization data available to effectively monitor impact and efficacy

Improve access to care

- Develop a 24/7 integrated crisis line and expanded mobile response
- Expand the number of youth crisis beds in the county
- Increase access and reduce lag times to psychiatry and outpatient treatment services
- Enhance access to regional social detox services
- Remove identified barriers to seeking and obtaining care

Food Security and Healthy Built Environment

Why this Issue?

Food insecurity and access to healthy food influence health and well-being. Barriers to food access such as transportation and cost persist for low-income populations, and some areas within Lawrence and Douglas County have been formally recognized as food deserts. Additionally, notable disparities for fruit and vegetable consumption divide along gender, age, ethnicity, disability and insurance status. And, lacking consistent access to healthy food has dire outcomes -- hunger, weight gain, and premature death.

Adequate physical activity is also critical to health, and a healthy built environment is foundational for supporting physical activity. Physical attributes of a neighborhood, like the presence of well-maintained sidewalks, has an impact on rates of physical activity in the area. In Kansas, there are gender, age, race/ethnicity, education, and income disparities for participating in the recommended amount of physical activity (aerobic and strength training). In addition, those with a disability and with no insurance are less likely to get the recommended amount of physical activity.

Process

The community has been actively engaged in how to best address food security and access to healthy food and the healthy built environment in our community health plan. LiveWell Douglas County served as the supporting organization for developing this area of the community health improvement plan. LiveWell is a 10-year-old collaborative community coalition "leading a movement to build communities that support the health and well-being of all." Community input has been essential to development of this plan. LiveWell hosted an evening public forum for community members, providing dinner and childcare to reduce barriers to participation. During this public forum, best practices and promising approaches were shared with community stakeholders and prioritized. With this community feedback, a survey was developed to gather additional feedback from community members on potential strategies. Additionally, a series of focus groups were held to learn more about barriers experienced by local community members. Focus groups were held with the Just Food client advisory board, other groups of Just Food clients, Spanish-speaking clients of Centro Hispano, residents of the Pine Ridge senior apartment complex (70% of residents are homebound), and residents of Edgewood Homes low-income housing complex. Three hundred and twelve surveys were distributed at Just Food, with reading and writing support from KU social work interns as needed.

A series of open meetings were held (at various times and locations to encourage community participation) to validate priority strategies, review potential objectives, and plan next steps.

The table below includes the community partners involved in the planning process include:

Organizations participating in Food Insecurity and Active Living Planning

- | | |
|--|---|
| - At-large community members | - Lawrence-Douglas County Housing Authority Full Circle Youth Program |
| - Ballard Community Services | - Lawrence Memorial Health |
| - Department of Children and Families | - Lawrence Pedestrian Coalition |
| - Douglas County Food Policy Council | - Lecompton United Methodist Church |
| - Friends of Lawrence Area Trails | - God's Food Pantry |
| - Harvesters | - LiveWell Douglas County |
| - Just Food | - Salvation Army |
| - K-State Research and Extension, K-State Research and Extension SNAP | - Senior Resource Center for Douglas County |
| - KU Center for Community Health and Development | - Success by 6 Coalition of Douglas County |
| - KU Health, Sport, and Exercise Sciences | - Sustainability Action Network |
| - KU Medical Center Dietetic Internship Program | - University of Kansas Center for Community Health and Development |
| - Lawrence-Douglas County Sustainability | - University of Kansas Research and Training Center on Independent Living |
| - Lawrence-Douglas County Health Department, Lawrence-Douglas County Health Department WIC | - USD 497 Lawrence Public Schools |

Food security and healthy built environment plan

Goals, objectives, and priority populations

Although connected as two factors which have a significant impact on chronic disease, approaches for addressing food insecurity and active living are distinct, and were treated separately for this plan.

Despite this, the following objectives were identified as cross-cutting:

- By 2023, increase the proportion of adults who are at a healthy weight from 41.1 percent to 43.0 percent.
- By 2023, increase the proportion of children and youth who are at a healthy weight by 5 percent

The goal statement for the food insecurity and access to health foods component of the plan is:

Increase food security and access to healthy food.

Low-income residents, those experiencing homelessness, those experiencing food insecurity, seniors, black, native, and Hispanic populations, single-parent households were identified as priority populations for this plan. Efforts to engage these populations in the planning effort included conducting several focus groups and interviews held at community sites (e.g., at Prairie Ridge, Just Food, Centro Hispano, Lawrence-Douglas County Housing Authority), holding open planning meetings in which food and childcare were provided, and a community survey aimed at identifying community priorities for strategies.

In addition to the cross-cutting strategies, the following objectives were identified for the food insecurity and access to healthy foods component of the plan:

- By 2023, increase by 10 percent the number of retail outlets and food pantries in food deserts that offer fruits and vegetables.
- By 2023, increase the percentage of residents within a walkable ¼-mile of a healthful retail food outlet.
- By 2023, increase the amount of food service sales of fresh fruits and vegetables in public-school districts.
- By 2023, reduce household food insecurity from 14.6 percent to 13.6 percent.
- By 2023, increase the percent of adults that consumed fruit at least once per day from 60.6 percent to 63.5 percent.
- By 2023, increase the percent of adults that consumed vegetables at least once per day from 81.3 percent to 85.0 percent.

Selected Strategies

The following strategies were identified to help achieve the identified strategies:

- Ensure enhanced food access for populations facing transportation barriers through establishing a mobile food pantry, enhanced transit routes to grocery stores, food pantries, and farmers' markets, and via pantry delivery for special populations.
- Implement food recovery practices and policies to supply safe, nourishing food to those in need
- Strengthen the FuelGood Healthy Pantries Initiative to promote adoption of health-promoting policies and practices, including distribution of healthy foods and fresh food items, within Douglas County food pantries. EQ
- Remove barriers to and strengthen utilization of public food assistance programs for families with children and seniors, including:
 - School breakfast, dinner, and summer meal programs
 - SNAP enrollment
 - WIC enrollment
 - Double Up Food Bucks
 - CHAMPPS
 - Meals on Wheels
 - Commodity Supplemental Food Program for seniors
- Support advocacy efforts related to contexts supportive of breastfeeding, reduction of food insecurity, and improving access to healthy food
- Extend food pantry evening/ weekend availability
- Grow "Hunger and Health" efforts to enhance integration of social services and health care

Goals, objectives, and priority populations

The goal statement for the active living component of the plan is:

Increase opportunities for physical activity.

The planning group identified residents in neighborhoods with incomplete sidewalk/bikeway networks and/or residents who use these routes for access to schools and other community destinations as priority populations. To engage the priority population in planning a series of focus groups and interviews were conducted at community sites, open planning meetings were held in which childcare and food were provided, and a community survey was conducted to gain community input regarding priority strategies.

In addition to the cross-cutting objectives, the following were identified as potential objectives for the active living component of the plan:

- By 2023, increase the percentage of adults participating in the recommended level of physical activity from 80.7 percent to 83.0 percent
- By 2023, increase the percentage of residents living within one-quarter mile of a bikeway network by 5%.
- By 2023, decrease the average number of non-motorized fatalities and serious injuries on all public roads from 7.4 to 6.0.
- By 2023, increase the percentage of public streets with sidewalks on at least one side by 5%
- By 2023, increase the percent of children who walk or bike to school from 18.4 to 20.0 percent.

Selected Strategies

The following strategies were identified to support achievement of these objectives.

- Work with municipalities to advance a safe and robust pedestrian and bicycle network consistent with Lawrence-Douglas County Metropolitan Planning Organization (MPO) regional pedestrian and bikeway plans.
- Work with school districts and municipalities to assure completion, adoption, and implementation of regional or school district Safe Routes to School (SRTS) Plans
- Support school districts' efforts to adopt at least one evidence-based policy that integrates opportunities for youth to be physically active before, during and/or after school
- Support ongoing development of public transit, with pedestrian access for people of all abilities, that provides timely access to priority destinations.
- Promote community initiatives that support well maintained, equitably funded sidewalk networks.
- Increase the number of workplaces that are actively engaged with Healthy Eating Active Living (HEAL) initiatives, supported by the development of a work site HEAL policy and guideline toolkit.

Safe and Affordable Housing

Why this issue?

Recognized widely as a critical social determinant of health, the Douglas County Community Health Assessment process resulted in the identification of safe and affordable housing as a top priority. Braveman and colleagues (2011) note that “where we live is at the very core of our daily lives.”ⁱ They further note that adequate and affordable housing provides “privacy, security, stability and control” while unsafe or unaffordable housing can have deleterious effects on health. A number of pieces of information contributed to the selection of this issue. The Community Health Issues Survey results indicated Douglas County residents perceive housing to be a top problem in the community. More than one in four Douglas County residents spend at least 30% or more of their household income on housing. Home ownership rates in Douglas County are low (47.7%) compared to the state (59.7%). Douglas County has a significant population that rents their housing. More than half (53.7%) spend greater than 30% of their household income on rent.

Safety of housing can be measured in many ways. Douglas County homes have an average concentration of radon gas than is considered safe. Radon gas is the second leading cause of lung cancer for non-smokers. In some pockets of the community substandard housing is a concern.

Process

Access to safe and affordable housing has been recognized as a critical issue in Douglas County for many years. In 2017, voters in Lawrence approved a 0.05% sales tax aimed at generating more resources to address housing. This included resources for a comprehensive housing study, completed in June 2018, to better understand available housing stock, identify needs, and develop recommendations. At the completion of the housing study, the Lawrence – Douglas County Housing Authority convened several stakeholder across the county to work on developing content for the community health improvement plan. The following organizations participated in planning:

Organizations participating in Safe and Affordable Housing Planning	
City of Eudora	Douglas County Community Foundation
City of Lawrence	Habitat for Humanity
Douglas County	Lawrence-Douglas County Housing Authority
Douglas County Senior Resource Center	Tenants to Homeowners
Independence Inc	

The planning group began by reviewing existing plans completed by the Lawrence-Douglas County Housing Authority and discussion the factors contributing to housing as a problem in Douglas County. Over three months, the group convened several times to identify priority populations, strategies, objectives, and action steps. A significant focus evolved to leverage the assets of the Lawrence-Douglas County Housing Authority and Lawrence, largest municipality, with the interests and needs of other municipalities

Safe and affordable housing plan

Goals, objectives, and priority populations

During the planning phase, the group developed this goal statement:

Increase access to safe and affordable housing.

Based on a review of data about the problem in Douglas County, the following priority populations experiencing inequities were identified:

- People with low-incomes
- People who are seniors
- People with physical and mental disabilities

To support identification of objectives and strategies responsive to identified inequities, the groups enlisted organizations representing these populations. Planning partners identified the following objectives and focus areas summarized in the table below.

Overarching Objective: By 2023, reduce the proportion of all households that spend more than 30% of income on housing from 26.0% to 24.0%.		
Focus Area	Increase availability of access to affordable housing.	Enhance the infrastructure supporting collaborative efforts to address affordable housing.
Objectives	<p>By 2023, increase affordable housing options, including:</p> <ul style="list-style-type: none"> • 15 affordable units • 8-10 units for people with serious and persistent mental illness <p>By 2023, increase the number of landlords accepting vouchers from 800 to 880.</p>	<p>By 2023, increase the number of grant applications submitted to leverage resources for affordable housing:</p> <ul style="list-style-type: none"> • Affordable Housing Advisory board from 3 to 6. • Low Income Housing Tax Credit projects from 1 to 5. <p>By 2023, expand the number of landlords in Eudora, Baldwin, and Lecompton who accept housing vouchers by 10%.</p>
Focus Area	Increase the safety of rental housing and owner-occupied units across DG county	Implement specific strategies to expand affordable, integrated housing for populations experiencing inequity

Objectives

By 2023, rehabilitate, improve energy efficiency, modify accessibility, and/or repair 29 units per year.

By 2023, increase affordable housing options, including:

- 8-10 units for people with serious and persistent mental illness
- Develop transitional housing for persons with substance abuse
- Identify grant opportunities for special housing (e.g., foster kids aging out of the system, people who experienced domestic violence, and people in re-entry)

Selected Strategies

For each focus area the planning group identified strategies representing the community-level changes to be implemented to achieve the stated objectives.

Increase availability of access to affordable housing.

- Invest in the development of permanently affordable housing through the Lawrence Affordable Housing Trust Fund
- Increase recruitment and outreach to increase the number of landlords who accept vouchers in Douglas County
- Increase options for affordable housing by supporting the full implementation of the Assessment of Fair Housing Plan

Enhance the infrastructure supporting collaborative efforts to address affordable housing.

- Explore and pursue/ leverage funding sources for affordable housing (for example, Rural Development, HUD funding opportunities, Lawrence Affordable Housing Trust Fund, and Low-Income Housing Tax Credit)
- Engage landlords, builders, and employers in collaborative work
- Apply strategies from the Making Your Community Work for All Ages toolkit,

developed by MARC, and strategies to enhance visitability that fit the safe and affordable housing needs for Douglas County

Increase the safety of rental housing and owner-occupied units across DG county

- Identify and leverage resources for home repair and weatherization
- Establish meaningful incentives or contingencies for landlords to address safety of rental units
- Leverage relationships to explore expansion and adaptation of rental inspection programs
- Increase rehabilitation and creation of accessible housing for people with disabilities

Implement specific strategies to expand affordable, integrated housing for populations experiencing inequity

- Seek changes to zoning regulations to be responsive to affordable housing efforts
- Preserve multi-family zoning in Eudora and Baldwin
- Identify, market, and sell sites in DG county that provide options (existing in-fill, vacant

lots, redevelopment) for integrated housing developmental opportunities

- Improve local fair housing enforcement efforts by conducting fair housing

workshops for landlords, renters, and real estate professionals

Poverty and Jobs

Why this issue?

Poverty and Jobs was selected as a priority issue for the 2018 – 2023 CHP, in part, due to the following:

- While unemployment is down in Douglas County (3.7%), the percentage of population living in poverty (11.6% excluding college students) has increased. It is notable that 13.2 % of children under the age of 18 live in poverty. The median household income is less than the state as a whole \$50,939 vs \$52,705 (2015 data).
- A survey of 2033 residents indicated that income and education were significantly linked to health behaviors and outcomes. The ability to find and keep well-paying jobs was an issue.
- The Star Community Rating for Lawrence identified “Quality Jobs and Living Wage” as an area for improvement.

There is a clear inextricable link between employment as a portal to health insurance, in Kansas especially, and that as a link to access to health care clear. In Lawrence the restaurant and retail sectors (4th and 2nd highest employment sectors) are noted for lack of insurance coverage and low paying jobs. This contributes to a link with health disparities associated with jobs in Douglas County. According to the 2015 Kansas BRFSS, the percentage of Kansas adults age 18 to 64 who lacked health insurance was significantly higher among:

- Males compared with females
- Adults aged 25 to 34 years compared with other age groups between 18 to 64
- African Americans compared with whites (age-adjusted prevalence)
- Adults in lower education groups compared with adults in higher education groups
- Adults with an annual household income of less than \$25,000 compared with those with an annual household income of \$25,000 or higher.

A deeper understanding of root causes in our county with employment issues will require further data gathering and analysis through a planning process to develop long term goals.

Process

For each of the four Issue Areas we sought to identify an existing organization or coalition to serve as the “convener” and lead development of a coalescing goal and build objectives and strategies to achieve the goal over the next five years. The area of Poverty and Jobs has taken time to determine how best to build upon or reframe a direction to establish a shared goal, objectives and strategy for Douglas County and the incorporated cities that is value added to existing missions and plans. After extensive conversations there is interest in exploring a collaborative structure to plan together how we can collectively reduce poverty through work readiness development, job opportunities, and employment supports that positively impact diversity, equity and inclusion in our community work force.

Current Ask: Private and public institution leaders from across the employment sectors identified above have been surveyed to call an initial meeting in November. At that meeting Beth Llewellyn, LDCHD and Vicki Collie-Akers, KU Center for Community Health Development, would facilitate to two key questions:

- What cross-cutting and value-added five-year goal would help us improve employment and ensure gains in employment translate to poverty reductions?
- What is the interest in working together on the goal and who should be added to the collective effort?

Poverty and jobs plan

At this time the primary focus area of the poverty and jobs plan is to “establish a collective impact organization (cio) from organizations that support employment readiness, employment creation and barrier removal that hinders employment.” The two primary strategies that will be implemented as part of this focus area are:

- Establish a shared interest in the Issue Area and willingness to work toward a four-year plan
- Build out collective impact organization from shared goal and complete a four-year plan by June 30, 2019

The fully completed four-year plan will include the development of shared objectives and additional strategies that will achieve the identified and adopted goal.

ⁱ Braveman P, Dekker M, Egerter S, Sadegh-Nobari T, Pollack C (2011) Housing and health. Robert Wood Johnson Foundation.