



Unified Government of Wyandotte County and Kansas City, Kansas

Administration & Human Services

Standing Committee Room, 5th Floor
701 N. 7th Street Trafficway, Kansas City, KS 66101

Chairman Melissa Bynum,

Commissioner Mike Kane, Commissioner Christian Ramirez, Commissioner Andrew Davis, Commissioner Dr. Evelyn Hill

AGENDA

Monday, January 27, 2025

Immediately upon adjournment of earlier committee, or 5:00 p.m.

1. Call to Order
2. Roll Call
3. Approval of Minutes from October 23, 2023, November 27, 2023, January 22, 2024 and February 26, 2024
4. Committee Agenda

4.1. RESOLUTION: HEALTH EQUITY TASK FORCE GRANT FROM HALL FAMILY FOUNDATION

Synopsis:

The Public Health Department is requesting approval to submit a 1-year grant requesting \$87,000 to support the work of the Wyandotte County Health Equity Task Force. No match funding is required.

Tracking #: 21633

5. Public Agenda
6. Adjourn

Location: Hybrid

We invite you to view the meeting in person in the 5th Floor Conference Room, Suite 515, Municipal Office Building, 701 N. 7th Street, Kansas City, Kansas, or virtually via a Zoom webinar.

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**ADMINISTRATION AND HUMAN SERVICES
STANDING COMMITTEE MINUTES
Monday, October 23, 2023**

The meeting of the Administration and Human Services Standing Committee was held on Monday, October 23, 2023, at 5:30 p.m. The following members were present: Commissioner Markley, Chairman; Commissioners Bynum, Johnson, Kane. Commissioner Ramirez was absent. The following officials were also in attendance: Irene Caudillo, Chief of Staff, Office of Mayor/CEO; Wesley McKain, Policy and Development Manager, Public Health Department; Uzomaka Nwafor, Tobacco Program Coordinator, Health Department; Dustin Hare, Policy Analyst, Health Department; Ross Stewart, Assistant Counsel; SueZanne Bishop, Assistant Counsel; Alan Howze, Assistant County Administrator; Deasiray Bush, Director of Public Transportation; Christina VanCleave, Program Supervisor, Health Department; Jennifer Stewart, Environmental Health Manager, Health Department; Amanda Harrop, Environmental Inspections Supervisor; and Monica L. Sparks, Deputy UG Clerk.

Chairman Markley said before I call this meeting to order, I want to announce that some committee members, staff, and the public are attending remotely via Zoom as well as on site. All participants joining by phone should mute their phones when not speaking to avoid background noise. During the meeting, please make sure you announce yourself by name and title every time you speak to the public that is observing those who is speaking. When speaking be sure and speak directly into a microphone so that all the comments are heard and the record of the meeting is accurate. This is critical, given the number of remote participants and is current guidance from the Kansas Attorney General.

The public is allowed to participate by Zoom or submit comments by email prior to the meeting. Those comments will be included in the record of this meeting. The public may also indicate their intent to provide remote public comment by contacting the Clerk's Office by 5:00 P.M. the Thursday before the meeting. The public will also have an opportunity to provide brief comments, either by telephone or via Zoom or from the Fifth Floor Conference Room the Municipal Office Building.

Chairman Markley called the meeting to order. Roll call was taken and all members were present as shown above.

Chairman Markley said there are no revisions to this evening's agenda and there are no minutes to approve.

COMMITTEE AGENDA

Item No. 1 – 212817...RESOLUTION: INTERNATIONAL HOLOCAUST REMEMBRANCE ALLIANCE WORKING DEFINITION OF ANTISEMITISM

Synopsis: Adoption of a resolution recognizing the growing problem of antisemitism in the United States and the International Holocaust Remembrance Alliance (IHRA) working definition of antisemitism as an important tool to address the problem, submitted by Irene Caudillo, Chief of Staff, Office of Mayor/CEO.

Irene Caudillo, Chief of Staff, Office of Mayor/CEO, said we often tout we are the most diverse county, at least in the state, and often tout ourselves second or even 17th, depending on what list you see around the country, as being the most diverse. We say that regardless of who we are and where we come from we deserve to feel safe and welcomed in any place that we live, but especially here in Wyandotte County. The Mayor and his office for months have actually been working with the Jewish Community Relations Bureau, the American Jewish Committee, known better as JCRB|AJC Kansas City, to recognize the growing problem of antisemitism and in America, but mainly in our metro area. The metro area can—actually we have many examples in the metro area of antisemitic incidents. Considering the international conflict with Israel and Gaza, we could not be timelier of this request with our community. Several metropolitan area governments, the state of Kansas nationally, actually, to date adopted this definition and today we request the committee adopt a working definition of antisemitism as an important education tool to bring awareness as well as assist with education of this important issue. I'd like to thank the Legal Department, along with JD Rios, the Mayor's Government Affairs and Policy Liaison, who's worked with Gavriela Geller, the Executive Director of JCRB|AJC Kansas City. She's here tonight to actually address the importance of this resolution for our community and answer any questions that you may have. Committee, please welcome, Gavriela.

Gavriela Geller, Executive Director of JCRB|AJC Kansas City, said thank you so much, Irene, and to all of the colleagues who have worked to draft this resolution. As was said, this is something

that we've been working on all year and two weeks ago I would have stood up here and said, let me explain to you why antisemitism is such a problem. Let me explain to you that since 2015 in the United States antisemitism has risen by 400%, that between 2021 and 2022 it rose by 36% in what was already the highest year ever on record in the United States. I would have said to you that our community feels scared. I would have said to you that one in four Jews has been the victim of antisemitism in the past year in America. I would have said to you that 40% of American Jews have changed their behavior out of fear of antisemitism over the past year. That means not wearing Stars of David, not wearing yamakas, not going to synagogue.

I'm having a hard day, I'm having a hard day pulling it together, and I'll be honest with you because I'm a leader in this community and it is my job to educate people and to stand up for my community. I have never been so scared as I am today to be Jewish in America. What happened two weeks ago was the single largest massacre of the Jewish people since the Holocaust. In May of 2021 when Israel was at its last war with Gaza, we saw an 80% increase in antisemitism in the United States during those two weeks. Videos of rabbis being chased down the street with cars, people going to restaurants and asking who here's a Jew, who here's a Jew, and attacking them. I can promise you, as an expert in this field, and I may not be at my most professional in this moment, but as someone who has been fighting antisemitism nationally for eight years, what we will see coming out of this war is exponentially worse than anything we have ever seen. What we have seen over the past two weeks is something that has not been seen for decades in this community, has not been felt by most members of my community, save those in their 90s, in their entire lifetime.

While we as an organization have been sounding the alarm for years and I appreciate Irene, and I appreciate the Mayor, and I appreciate this government, and the city leadership for taking up our cause well before two weeks ago, I cannot express to the importance of passing something like this now. What you're being asked to adopt is the International Holocaust Remembrance Alliance working definition of antisemitism. It is the only definition on record—it is the only definition adopted by any international body. That includes 40 countries around the world, the EU, the OAS, the United States, federal government, and the state of Kansas. There is no other definition that is accepted by any international body. There is no other definition that is accepted by the majority—I'm sorry, not the majority, the entirety of the mainstream Jewish community. Every single American Jewish organization that deals with the issue of antisemitism endorses this definition.

Why this definition is important to adopt on a municipal level, number one, because of education, a third of Americans don't even know what the word antisemitism means. They could not define it as Jew hatred or prejudice. The two-thirds of Americans who do know what it means, most likely do not understand what the historical charges are, what the stereotypes are, what the tropes are, the code words, the dog whistles, they could be staring antisemitism in the face and not know it. That is what happens without education. It is a pervasive hate. It is a centuries old hate. It has been called the world's oldest hatred and it adapts and it evolves to fit whatever any ideological group dislikes. Without this education, we cannot fight antisemitism. Without a definition, we cannot fight antisemitism. We may all agree we're against the hatred of Jews, but unless we have a definition that we all agree upon, that means very little.

So, what will this mean in the context of a municipal government? Number one, it's an important opportunity for us to educate our lawmakers so that you understand. In this moment especially, so that you understand where that line gets crossed and where rhetoric veers from legitimate criticism of a foreign government's policy, which will never be called antisemitism, not by the Jewish community, not by anyone, and where that veers into antisemitic rhetoric that endangers Jews in this country and in this region. So we've been doing this work. We've passed this this year on 11 municipal levels. We've done this because we want to create relationships with all of you because we have seen the way the tide has turned and we want you to understand. So sorry. We want you to understand.

But the second way that this is impactful is through education of your Law Enforcement. I want to be really, really clear, nothing in this definition criminalizes speech. There's no intent here to criminalize any speech. We're certainly not circumventing the First Amendment. Someone can say as many antisemitic things as they want, that is their protected speech. But if someone then attacks a Jewish person or Jewish institution and they have a history of posting this kind of speech, that's relevant information for your law enforcement agencies to know, to be able to identify whether that could have been a bias motivated cry. As our community gears up for, unfortunately, the weeks and the months ahead, it is more important than ever that our law enforcement has the tools and that they have the education that they need to be able to identify when bias could be present.

I appreciate all of the work on behalf of this government to make a strong statement in support of the Jewish community and what we're facing at this time, which is a significantly

different landscape than it was when we were working on this in the months past. I'm happy to answer any questions whatsoever about the resolution or the definition.

Chairman Markley said thank you, Gavriela. I just want to say this, you correct me if I'm wrong, for those that are watching the public this definition, as well as maybe more importantly, some examples that illustrate what might fall under this definition can be found at [Holocaustremembrance.com/resources](https://holocaustremembrance.com/resources), I'm looking at it right here, I'm sure you could also Google that definition and get the same information, but I think it's really illustrative and helpful to those who might read the words and not know what that looks like in context to go and look at those examples. I would urge everyone to do so.

Commissioner Bynum said I was just going to ask since I forgot my laptop today, so I don't have any of this in front of me tonight. Can you read for us that definition? Can we read that into the public record, please?

Ms. Geller said I can pull them up very quickly and I'm happy to do so. One thing that I'll also mention is that this definition is completely nonpartisan. It was originally crafted after years and years of work by several international entities, including the IHRA, International Holocaust Remembrance Alliance, including the US government. It was first adopted under the Biden Administration and then it was used heavily—or, sorry it was first adopted within the Obama Administration. It was then used heavily within the Trump Administration and is now used again in the Biden Administration. So, this is not a definition that should be perceived to be in any way partisan.

The initial text of the definition reads, antisemitism is a certain perception of Jews which may be expressed as hatred towards Jews. This is important because it expresses that while some people may intend to hate Jews, many others may be perpetuating antisemitism inadvertently through their perceptions and prejudices towards Jewish people. I'll quote again, rhetorical, and physical manifestations of antisemitism are directed towards Jewish or non-Jewish individuals and their property, towards Jewish community institutions, and religious facilities. To guide IHRA and its work, the following examples may serve as an as illustrations. Manifestations might include the targeting of the State of Israel, conceived as a Jewish collectivity. However, criticism of Israel similar to that leveled against any other country, cannot be regarded as antisemitic. Antisemitism

frequently charges Jews with conspiring to harm humanity and is often used to blame Jews for why things go wrong. It is expressed in speech, writing, visual forms, and action and employs sinister stereotypes and negative character traits.

Contemporary examples of antisemitism in public life, the media, schools, the workplace, and the religious sphere could, taking into account the overall context, include, but are not limited to number one, calling for aiding or justifying the killing or harming of Jews in the name of a radical ideology or an extremist view of religion. Two, making mendacious, dehumanizing, demonizing, or stereotypical allegations about Jews as such or the power of Jews as a collective such as, especially, but not exclusively the myth about a world Jewish conspiracy or of Jews controlling the media, economy, government, or other societal institutions. Three, accusing Jews as a people of being responsible for real or imagined wrongdoing committed by a single Jewish person or group, or even for acts committed by non-Jews. Four, denying the fact, scope, mechanisms, or intentionality of the genocide of the Jewish people at the hands of the National Socialist Germany and its supporters and accomplices during World War Two, the Holocaust. Five, accusing the Jews as a people or Israel as a state of inventing or exaggerating the Holocaust. Six, accusing Jewish citizens of being more loyal to Israel or to the alleged priorities of Jews worldwide than to the interests of their own nations. Seven, denying the Jewish people their right to self-determination by claiming that the State of Israel is a racist endeavor or, as I'll add, that the Jewish people are the only people in the world that do not deserve their own country. Eight, applying double standards by requiring of Israel a behavior not expected or demanded of any other democratic nation. Nine, using the symbols and images associated with classic antisemitism, such as claims of Jews killing Jesus or blood libel to characterize Israel or Israelis. We've seen quite a lot of that recently. Ten, drawing comparisons of contemporary Israeli policy to that of the Nazis. Eleven, holding Jews collectively responsible for the actions of the State of Israel.

Antisemitic acts are criminal when they are so defined by law. For example, the denial of the Holocaust or distribution of antisemitic materials in some countries, criminal acts are antisemitic when the targets of attacks, whether they are people or property, such as buildings, schools, places of worship, and cemeteries are selected because they are or perceived to be Jewish or linked to Jews. Antisemitic discrimination is the denial to Jews of opportunities and services available to others and is illegal in many countries.

Chairman Markley said thanks so much. Are there other questions? Are there any comments, Clerk, from online? **Monica L. Sparks, Deputy UG Clerk**, said no hands are raised, no comments were received. **Chairman Markley** said any comments from persons here in person? I want to say thank you also to the Mayor's Office for this initiative. I understand it was started well before now, but obviously timely, both in that the war is going on in Gaza. Also, there was some news coverage today of a candidate for one of our seats here on the Commission who made some comments that may well fall under this definition. So I think it would serve everyone well to take a look at this definition in the days and weeks to come. Commission, this is an action item.

Action: **Commissioner Kane made a motion, seconded by Commissioner Bynum, to approve.** Roll call was taken and there were four “Ayes,” Kane, Johnson, Bynum, Markley.

Item No. 2 – 212706...RESOLUTION/ORDINANCE: TOBACCO RETAIL LICENSE

Synopsis: Adoption of a resolution and ordinance approving a local Tobacco Retail License, and amending an existing section, and adding new sections to the Code of Ordinances; submitted by Wesley McKain, Policy and Development Manager, Public Health Department.

Wesley McKain, Policy and Development Manager, Public Health Department, said I’m joined here by our Tobacco Coordinator, Uzo, our Policy Analyst, Dustin, and very pleased to be joined back here by Kari Rinker from the American Heart Association, who's been helping us a lot on this issue. I’m here to talk about a Tobacco Retail License here in the county. At the Health Department, we're very concerned with youth tobacco use, and particularly, youth vaping. This is an evidence-based practice that they have been working on for a while now. I think Ms. Rinker has met with probably most of the Commission on this and so very pleased to finally have gotten here to present this to you. I'm just here for the introductions and then I'll be in the back in case there any questions for me, but I'll invite Ms. Rinker to come up here and we will begin the presentation.

Uzomaka Nwafor, Tobacco Program Coordinator, Health Department, said I'll be giving background as to what the public health implications of this ordinance will entail and also some data to show how urgent this matter is as well.

Overview of TRL

- Provides for municipal regulation over tobacco sales
- Create a local solution to reduce youth tobacco access to protect them from a lifelong addiction
- Holds retailers accountable for illegal tobacco sales, not low-wage clerks or youth



To give an overview of what this Tobacco Retail License would come with, is that it will provide a municipal regulation code over tobacco sales and tobacco purchases, not just tobacco products such as cigarettes, but even e-cigarettes as well and vaping products. Not just for the gas stations, but also for the vaping shops. It would also create a solution to curb the access that youth have in our community to tobacco products, especially legal access, which could imply public health protection over time and also reduce the potential of lifelong addiction. Lastly, it will hold retailers, specifically the store owners, accountable for any illegal tobacco purchase that's happened within their building and it will not hold accountable a clerk that's making minimum wage that might be innocent to whatever the policy would be or even the youth who bought the tobacco product.

Community Outreach and Support



We had a broad range of support as we were looking for endorsement for this policy, not just from local county organizations, but also from state and national organizations. Just to highlight a few of the local organizations, we had endorsement from the Wyandotte Behavioral Health Network,

the KU Cancer Center, even the school district in Bonner Springs and Edwardsville, Young Women on the Move, and Thrive. For our state and our national endorsements, we received endorsements from the American Lung Association, the American Heart Association, and also the Kansas Black Leadership Council.

History

- Unified Government first Kansas community to pass "T21" in 2015- raising legal minimum sale age of all tobacco products from 18 to 21.
- Over 20 Kansas communities followed, preceding subsequent federal and state alignment.
- In 2020, the Commission acted upon the Health Department's recommendation and repealed youth penalty for tobacco possession.



To provide some background as to the tobacco prevention efforts that has been made before this year, the Unified Government did partner with other organizations to form this policy called the Tobacco 21 otherwise known as the T21. It was passed in 2015, in which we were the first community out of the whole state of Kansas to do this, to raise the legal minimum age from 18 years old to 21 years old of sale. After we passed this, 20 other Kansas communities adopted this as well and it led to state ordinance alignment and also federal from the FDA alignment in 2019. In 2020, the Commission decided to act upon this by ensuring that the youth that bought the tobacco product will not be penalized or charged for buying it, but rather the store owner will be penalized or charged for buying that product if they were underage.

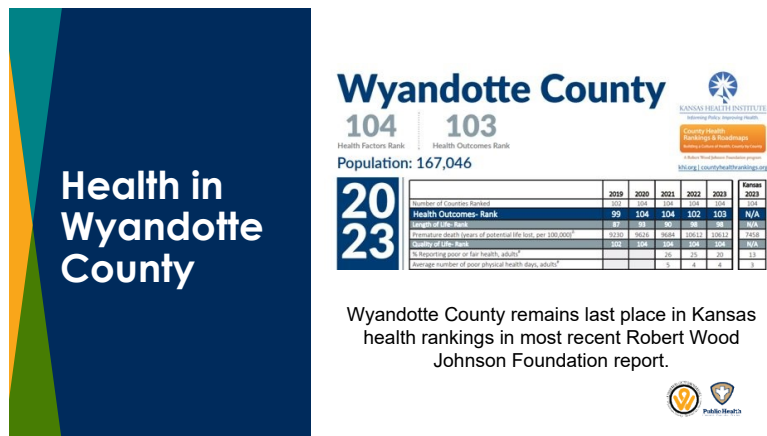
Youth Tobacco Use

- The average age people try smoking a cigarette is 14.5 years
- 88% of people who have ever tried a cigarette have done so by age 18
- A 2019 survey found that 25.8% of Kansas high school students had used tobacco products in the past 30 days
- The 2022 Kansas Communities that Care survey found that 14.51% of Wyandotte County youth said it would be "very easy" to get vaping products (state average was 13.97%)
- Studies in various states have shown between 23% and 40% of retailers were selling tobacco to underage customers

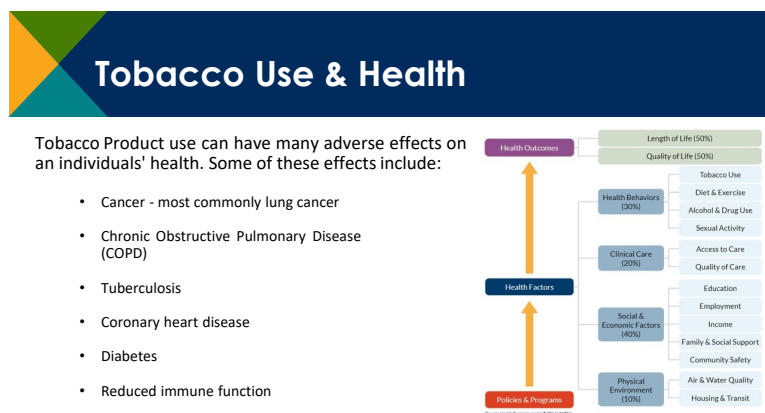


To move on to the Youth Tobacco Use and how this also ties to like some of that history as well, nationally there has been a survey conducted that said that the average age that someone tries a

cigarette is 14.5 years of age, which is obviously a teenage age, but that 88% of people who have ever tried a cigarette have done so by the age of 18. However, when we narrow down the issue to the state of Kansas, a 2019 survey did see that at least 25.8% of Kansas high school students have used a tobacco product within the last 30 days. But in 2022 a Kansas Communities that Care survey conducted a survey on vape usage and also vape access and almost 15% of the youth said that it's very easy here in Wyandotte County to get a vape product which is very close to the state average of 13.97%. Though the state average and the county average seem very similar, it's still highly alarming to me that our youth can say it's very easy to get a vape illegally, that it's accessible to them, and that also a lot of these places can be found near where they live or where they go to school.



This ties into my next slide in terms of where we fall as Wyandotte County with the county health rankings. So currently, especially in terms of health factors, we rank the lowest compared to all the counties in the state of Kansas. Similarly to 2020 and 2021 we were also the lowest with health outcomes, but currently, we're the second to lowest in health outcomes according to the Robert Wood Johnson Foundation report.



I would also like to note that tobacco use is one of the preventable leading causes that causes us to be in this place and one of the lowest places in terms of county health rankings. Also, to give some medical background, tobacco use can cause cancer, mainly lung cancer, COPD, chronic heart disease, even the new emerging lung disease called EVALI which is mainly derived from vaping and can be found in teenagers.

I would like to give some personal context about this. There was one lady, one of our Wyandotte community residents who emailed the Kansas Department of Health and Environment saying that her daughter nearly died of vaping and that illegal sales are happening, why is nothing being done? So, I decided to reach out to her and we went out for coffee. She basically explained to me how there was only one doctor in the KC region that they found that could diagnose her condition properly and found that it was EVALI. But yes, she nearly died and I believe that she was 16 years old as we were having this conversation.

What was even more alarming to me was that this is the fact that youth have access to these products and that some youth don't even know what's going on. However, there's more research being done, especially concerning the EVALI lung disease. If we go to the diagram that's on the right, basically all the factors listed are social determinants of health. Tobacco use falls under health behaviors, but tobacco use contributes to 10% of health behaviors in which health behaviors contributes to 30% of the health outcomes that leads to the level of length of life or quality of life that we would see. 10% is, on average, close to the unemployment rate within Wyandotte County. So, tobacco use is very impactful to even the quality of life that we see within our residents. That's all I have, I'll pass it on to Kari to carry on with the rest of the presentation.

Tobacco Retail License

1. **Establish** a comprehensive list of all retailers of nicotine and tobacco products in the jurisdiction.
2. **Fund** Public Health enforcement of tobacco sales regulations at no cost to the taxpayer.
3. **Prevent** illegal sales of nicotine and tobacco products to those under 21.
4. **Provide** weight to current laws by imposing a threat of suspension for repeated violations.
5. **Reduce** productivity loss, public and private health insurance costs, related illness and death.
6. **Impact** public health through prevention, responsibility, and accountability.



Kari Rinker, State Government Relations Director, American Heart Association, said thank you Chair Markley, Commissioners, and Legal staff that we've worked with, Mayor staff, to get this heard on the agenda tonight, and of course, Assistant Administrator Howze. Rather thankful for all the work that's been done to even get to this point to discuss this.

On this slide are some of the provisions that are included within this Tobacco Retail License. They are elements that we consider meaningful and necessary to have a good, comprehensive ordinance or resolution, rather, so establishing a comprehensive list of all retailers in the community. In some other cities in which I've worked, they've even been able to separate those into commission districts or council districts, so that the actual impact of violations, number of retailers, et cetera, can be seen through that lens as well. So that's something that may be considered that additional detail, but even knowing where they are is half the battle. Funding Public Health enforcement of tobacco sales regulations at no cost to the taxpayer. This is not just smart fiscal policy for a community, but it is a sustainable policy for a program. I know you'll likely hear about the budget, the intention that was put behind it to make sure that the fee is enough to fully fund this and sustain it.

The third item there, preventing illegal sales of nicotine and products to those under 21, that is the heart of the matter here. We do not wish to punish, we're only punishing those that are breaking the law. So that's the heart of the policy, is to prevent these illegal sales. Then, number four provide weight to current laws by imposing a threat of suspension for repeated violations and that's a timely, necessary element also. There's recently been a report that came out from the Office of Inspector General in the United States that said that for egregious violators, the FDA can bar the sale of tobacco products. But according to that office, only 204 stores across the entire United States and when you think of how many places are selling e-cigarettes, convenience stores, et

cetera, like how small that number is, it's actually 1% of the entire sales across the nation. Only 1% of them ever are suspended or repealed for egregious violations. The report says, and I quote, responding effectively to serial violators remains a challenge for the FDA. This is really common sense policy at the local level that can help support federal and state efforts which are flagging, falling behind. Reducing productivity loss, public and private health insurance costs related to illness and death. A healthy workforce is a workforce that is not using tobacco and tobacco use does contribute to productivity loss for a business. Then, finally, impacting public health through prevention, responsibility, and accountability. That's, again, the three things that we're going for here is by preventing future people from a lifelong addiction, ensuring accountability in the retail sales environment and responsibility.

Other Cities

- Wichita, Kansas passed TRL in 1994. Updated in March 2023.
- Newton, Kansas unanimously passed TRL in September 2019.
- Lawrence, Kansas unanimously passed a TRL in November 2022.
- Communities throughout the nation have adopted - too numerous to track. Retailers are accustomed to varying licensing and regulations and consider it the cost of doing business.



Many of these communities I've had direct interaction with and have been involved in these campaigns that are listed here. Wichita, Kansas has the longest standing license that does predate me. The initial passage of that was before my time and advocacy. Even in Wichita, I do live there, but I did just become involved with updating it in March of 2023. We specifically did repeal the youth penalty that was part of their original ordinance, which, again, Wyandotte County has already done that. We also strengthened the penalties on retailers for illegal sales and that did pass unanimously in that committee—from that city council. Also on there is Lawrence, Kansas, again, unanimous passage in that community of establishing a brand new TRL in November that has many of the same provisions that you'll be considering this evening.

Also, Newton, Kansas is on here, that did pass in September of 2019. I had only been working for the Heart Association for one month at that time. It is a smaller community outside of Wichita. Again, that did pass unanimously in Newton. However, since working on this, we did

find out just here currently that Tobacco Retail License has been repealed by their City Council. I will share why because I think it's very important for this Commission to consider. The program itself was housed—the compliance part of that program was housed within the Police Department. Then COVID hit and they had trouble having police officers to do these compliance checks. I also question—I don't know beyond that. I don't know if there were other circumstances that caused that repeal, but I would say that they did have a \$400 licensing fee in place and the number of retailers in Newton would, I would assume, be quite small. I don't know the exact number, but you know, to have enough money to fund a program independent of the Police Department to shift that strategy was probably not feasible with those factors in place. That would be just me trying to ponder the factors that went into that beyond knowing that the police—housing it there was not best practice and it is not best practice for other reasons as well. A sustainable program will be housed within a Health Department. You have employees that understand the issue, that keep track of the evolving products of this issue, and that care about the issue and sustaining such a program. I think you can avoid that here, you have that in this Ordinance.

Also, I know, again, there has been a budget created that shows that the licensing fee that is being proposed is enough to fund a staff person within that Health Department. That is just through the fee alone, notwithstanding any of the fines that may also come along with it, which would be additional funding. Anyway, I think you will avoid whatever did actually cause Newton to repeal theirs. Communities throughout the nation have passed Tobacco Retail Licenses. Businesses are quite accustomed to a varied landscape of rules and licensing requirements, so this is nothing new and why I think we've had unanimous votes and no opposition in any community in Kansas that has considered this to date.

The highest licensing fee that we have found across the nation is \$1,500 and I think Dustin will be going into the details. I don't want to steal his thunder or anything, but the fee that is being considered in this ordinance is half of that. So anyway, that is the extent I think of my slides. I think, do I have one more?



TRL Benefits

- Wichita, KS established a TRL in 1994.
- Higher compliance rate than many other communities with TRL.
- Sedgwick County Smoking rate 18.5% vs Wyandotte 23.2%
- Updated March 2023 – Via unanimous vote, the City Council repealed youth penalty and strengthened retailer penalties for illegal sales to youth.

Measure	2018	2019	2020	2021	2022
Compliance Rate	94%	95%	91%	95%	96%
Compliance Checks Conducted	260	391	174	410	452
Warnings Issued*	N/A	N/A	N/A	N/A	N/A
Citations Issued	16	21	16	21	18

That's right, there's a Wichita specific slide. Sorry, thank you. My kids have to help me with the TV remote at home, so it's really good that I don't touch those things. Anyway, the final slide here is just information about Wichita. I do think it's a good case study since it has been in place for so long and it is a large community as well. It was established in '94. The compliance rate has been good there, again, showing that they're used to it and they're taking the checks seriously, and so they train their employees, which is the intent. As you can see, that is reflective in the smoking rate. You have 18.5% smoking rate in Sedgwick County. It's not broken down to cities, so that's the only difference here is in Wichita the checks are just done in the city and not the county as a whole. Wyandotte is 23.2%, but I think it can make an impact and that's what science and research also shows us, that it does make an impact on health that is proven policy.

I'll also point out just real quickly before I do pass it over, that you'll notice the number of compliance checks that have gone up, and up, and up from 260 in 2018 to 450 in 2022. You can see there is no disincentive for businesses here. People keep getting licensed and keep selling these products. Unfortunately, I wish it did cause fewer businesses to sell tobacco products, but unfortunately, it is still extraordinarily profitable to do so. Again, it's exploding, the use of these products and everything. So, no licensing fee dissuades businesses from selling these products, unfortunately. But with that, I'll pass that along.

Dustin Hare, Policy Analyst, Health Department, said Uzo talked about the health factors involved with smoking and the fact that kids are often starting in their mid-teens. I'm going to dive into what's actually in the ordinance.

Policy Recommendations

- Amend section 17-8 - Selling, giving or furnishing cigarettes or tobacco products to any person under 21 years of age.
- Establish a municipal tobacco retail license program housed within and enforced by UGPHD.
- Establish a process to apply for and renew licenses.
- Establish an annual retail license fee, paid by all tobacco retailers.
- Establish compliance check protocol.
- Amend the penalty structure.
- Clarify language.



Obviously, the gist of it here is that we want to establish a Tobacco Retail License, which we're doing by amending Section 17-8 of the Municipal Code, but we've also covered a lot of the details of the program within the ordinance. So we've spelled those out—and I'm sorry I shouldn't say ordinance, it's a resolution, I believe. Some of the things that we've covered are things like, how do retailers apply for an ordinance, how much is the license cost? This is going to be a new law. What does the enforcement look like, what happens when a retailer is found to be non-compliant? Those sort of things.

Penalty to Retailer

- At least 1 unannounced compliance check per year of each tobacco retailer
- Compliance checks conducted by Wyandotte County Health Department
- Engage youth ages 18-20 to conduct compliance checks
- Unannounced follow-up compliance checks of all non-compliant tobacco retailers are required within 6 months of any violation of this article



First, I'll jump into the compliance side of things. What will the enforcement look like? First of all, if this is approved, it will live within the Health Department, which is what we're proposing. We'd be hiring personnel to administer the program to oversee the licensing, to oversee the compliance. Each tobacco retailer in Wyandotte County will be subject to at least one compliance check per year. We'll be working with youth aged 18 to 20 to assist with those compliance checks. So our coordinator will go out with the underage buyer and they'll literally just try to buy a tobacco product from the retailer. That's how that'll work. Then, any retailer who fails one of these

compliance checks will be subject to a follow up compliance check within six months of the initial violation.

Compliance Enforcement Protocol

A penalty is assessed to the business/retailer, **not the clerk, or the purchaser, user, or possessor** of a tobacco product. Tiered fines and penalties are as follows:

1. For a first violation, a fine of \$500
2. For a second violation within a 36 month period, a fine of \$750 and the tobacco retailer shall be prohibited from distributing tobacco products for 10 days
3. For a third violation within a 36 month period, a fine of \$1,000 and the tobacco retailer shall be prohibited from distributing tobacco products for 30 days
4. For a fourth and any subsequent violations within a 36 month period, a fine of \$1,250 and revocation of tobacco retail license for a period of two years

*Appeals process defined in ordinance



What does it look like if they're found to be out of compliance? For the first violation, it's a fine of \$500. For a second violation, it's a fine of—within a 36 month period of that first violation, it's a fine of \$750 and then we would suspend the license for 10 days as well. For the third violation, within that 36 period, we're looking at a fine of \$1,000 plus a 30-day license suspension. Then for a fourth violation within that 36 month period, we would actually revoke the license for a two year period and assess a fine of \$1,250. I also want to note that, as has already been mentioned, the Health Department did work with this Commission in 2020 to amend the purchase, use, and possession laws. That made it so that underage tobacco users and low-wage clerks are not penalized, but rather the business owners who are selling these tobacco products are the only ones being assessed any fines.

Annual Fee

- Recommended Annual Fee: \$1000
- Covers the administrative cost for licensing administration and enforcement
- Allows for increased tobacco programming and education by UGPHD



Now we'll look at the annual fee. This is actually no longer \$1,000, I thought we had gotten this slide updated. We've been having discussions about this number for a long time and we're actually proposing an annual license fee of \$600. We looked at how many tobacco retailers there are in

Wyandotte County and there are 155, by the way. The dollar fee of \$600 would allow us to have this program be self-sustaining. This will allow us to hire personnel to administer the program. It'll allow us to pay our youth buyers so that we're not having to find volunteers that will make sure the product—that we're able to keep it going and will be able to find people. It will also allow us to produce educational materials for our retailers. All this without asking for any funds out of the UG's budget. So that's how we landed on the \$600 fee.

Clarifying Language

- Signage
- Samples
- Age verification
- Vending machines
- Mobile tobacco sales



Clarifying language, if you look closely at the proposed resolution, you'll see we're adding quite a few definitions into the Municipal Code. We wanted to add these so that retailers, as well as the UG, aren't operating in any sort of gray areas. So, on signage it just specifies where the signage should be located. That's not currently in the Municipal Code, it should be. We're adding it in. It should be six feet from the point of sale. We're also adding—it also says that you have to be 21 to purchase tobacco. Like I said, that's not in the code, it should be, so we're adding that. For samples we're just adding language that says retailers can't provide tobacco samples under any circumstance. For age verification. This will just say that a retailer must examine a government issued photo ID before to verify age. Again, not currently in code, should be, so we're adding it. Then we're specifying that vending machines are subject to the same laws as any other tobacco retailer. Then we're also adding something that prohibits the sale of tobacco from like a truck, a van, booth, or anything that isn't a permanent retail location.



Then finally, we did have a slide on our updated deck that talks about the implementation timeline. Obviously, we're hoping to get the green light from the standing committee tonight and then we'll need the blessing of the full commission. Once fully approved, we have to put together a job description. Post the position, get someone hired. That new hire will then have to develop an application and other materials. They'll need to work with community partners to find our youth compliance folks. We'll need to work with all the retailers in the county to make sure they're aware of the change so that they're able to apply for a license by next November. So right now, we're looking at a go live date of January 1st of 2025. We'll be able to start doing compliance immediately thereafter. That's the end of our presentation. We're hoping for the support from the standing committee and we'd be happy to answer whatever questions you have.

Chairman Markley said great, thank you. I will note, I just was thumbing through the packet here and it does look like it is the \$600 that is noted in the actual resolution in our packet team. So, it doesn't say \$1000, it says \$1000 in the PowerPoint, but the accurate number is here in the resolution.

So, as is my want, I just want to kind of summarize here we're looking at. I mean, at its heart, this is a Business Licensing program and the funding from that fee is meant to enforce our existing rule that you have to be 21 to buy tobacco products and education related to that, correct? **Mr. Hare** said that's correct. **Chairman Markley** said and that fee is \$600 not \$1000, just to clarify one more time for anybody who's watching the PowerPoint with us, correct? **Mr. Hare** said correct.

Chairman Markley said one question I would have just because we talked a lot about Kansas communities in this. Obviously, Missouri is our neighbor. Do we have any information about Missouri communities, and is anyone doing something similar on that side of the state line? **Ms. Rinker** said I can answer that if you'd like. They are preempted from tobacco retail licensing

in the state of Missouri. They cannot have it at all. **Chairman Markley** said okay, perfect. I just knew people would be wondering when they saw that dichotomy, so I appreciate that response.

Commissioner Kane said Ms. Rinker, I don't know if you remember August 16th at 3:53. You and I had a conversation over the phone where you pointed out I'd be the only one across the state of Kansas that wouldn't vote for this. I didn't like that conversation then and I told you why, and I'll tell you why I don't support this. If you're 18 years old and you can die for our country, you ought to be able to smoke a cigarette. My conversation was very frustrating with you. In fact, I got off the phone before I said something stupid. But if Missouri isn't doing it and then you're saying all the—you showed three municipalities that are doing it, how many municipalities in the state of Kansas? There's a lot. So, I will not support this at this time or any other time. If somebody—my mom died of smoke related cancer. That was her choice. But the last thing I'm going to say, if you can serve our country and you can die for our country, you ought to be able to smoke a cigarette.

Commissioner Bynum said I have some questions that are for clarity. We have Tobacco 21, so this is not about whether somebody can buy a cigarette or any tobacco product because we already instituted that law in 2015. So someone 21 or older can buy tobacco in Wyandotte County. It's my understanding this is related to prevention efforts, if you will. I think the intent is that the prevention comes through enforcing a retail license such that the threat of the fine or the revocation keeps the retailer from selling to the underage person, am I tracking with that? That's how we are doing prevention through this effort. **Mr. Hare** said yes, that is correct. We do have some data that shows that this has been very effective in other communities at reducing the rate of youth getting tobacco products. I don't have that available tonight, but I can get that to you.

Commissioner Bynum said I mean, I hope that means not only access, but actual youth smoking that it actually correlates across the board to lower rates of youth smoking. If you don't have that exact thing, that's fine, but that's the goal with the program. \$600 annual times 150 retailers, if you get everybody signed up in the first year, is \$93,000 which is great, but I doubt very much that that actually covers the cost of everything you're trying to do here. Not that I am against taking in the \$93,000. I just don't think that that's a realistic amount of money for running an entire program.

Question, just for anyone, staff, Legal, whoever, the packet that Clerk Sparks brought to me of the actual ordinance does not speak to the revocations. It only speaks to the penalties, but I heard you say that there are suspensions and revocations in the ordinance language—or, excuse me, the Resolution language. But that is not what I have, so I would want to make sure, when we move something—if we move something forward, that a packet that went to the full commission would have exactly what it is that's being proposed. Maybe it's just in a section that I didn't see, but I'm looking at Section 1(c) Penalties. Excuse me, (d)(1), violation of this section is a civil infraction. I really don't know what section I'm in. I'm on the fourth page of the printed document, if that matters.

Ross Stewart, Assistant Counsel, said the suspensions are in Section 17-13. So they're separate from (d)(1) where that's just the fine amounts if you violate. **Commissioner Bynum** said those are just the fines. **Mr. Stewart** said so we have the revocations or the suspensions set out separately. **Chairman Bynum** said thank you. Yeah. I just wanted to make sure that what you were sharing is what's actually contained in the language. So thank you for that. Just, again, to clarify, the \$1000 that was on the cover sheet is not correct. I think you clarified that. It's \$600 the first time, and for now, every time, as far as the license fee itself. **Mr. McKain** yes, that is correct.

Commissioner Bynum said then, I don't know how—I do see that it's spelled out in this earlier section that talks about the fines that it does specify monies from the violations will be used to cover costs of this program. I kind of appreciate that because I'm not so sure that within our other fines and fees programs, that those fines and fees are necessarily going back into those programs. I tend to believe they go into the General Fund, but you're specifying here that these fines would fund this program. Alan? **Alan Howze, Assistant County Administrator**; said yes, that's correct.

Chairman Bynum said okay. Anyway, I just had things that I wanted to make sure I understood and that I clarify, but I think the most important thing is that this has nothing to do with—that's not a fair statement. This is not about regulating an 18-year-old smoking because that's already illegal in this county. This is about regulating those who would sell to a person who is not old enough to buy tobacco. Okay.

Ms. Nwafor said may I also add something? Not only just tobacco, but also tobacco products. Because the new formation is that vaping shops are not regulated, so that's why we also wanted to add that to this resolution as well.

Chairman Markley said alright, any other questions from commissioners? If not, I will ask the Clerk of anyone online from the public wishes to make comment? **Ms. Sparks** said no hands are raised. **Chairman Markley** said is anyone here in person who would like to make comment? Alright, oh, I do have people. Come forward to the podium, state your name and city of residence for the record, and you'll be given up to three minutes to make your comments.

Irvan Diaz, Senior at Harmon High School, said I am grateful for the chance to support the petition for Local Tobacco Retail License and to speak out how the tobacco business has for a century targeted teens and historically unprivileged populations. Juul was recently forced to pay numerous lawsuits because of how they targeted kids and many of my peers. They have accomplished this by claiming to be safer than regular cigarettes, lying about how addictive the product is, employing young models in advertisements, and promoting the product with appealing flavors and visuals. Adolescent minds are sensitive to taking excessive risks. It's a natural part of growing up. We make errors and learn from them. However, experiencing what tobacco and e-cigarettes can rapidly and easily lead to addiction, potentially for life. In Kansas, there are already 61,000 children who will die tragically as a result of smoking. The corporate tobacco business has made it all too simple for us to become addicted. Nicotine is a highly addictive and dangerous chemical. It can cause an increase in blood pressure, heart rate, blood flow to the heart, and artery narrowing. Nicotine may also contribute to arterial wall hardening which can lead to a heart attack. Depending on how frequently you smoke, this chemical can stay in your blood and your body for six to eight hours.

There are also some withdrawal symptoms as with some addictive substances. Furthermore, some e-cigarettes and newer tobacco products contain more nicotine than traditional cigarettes. Withdrawal symptoms and the emotional strength required to break free from addiction becomes increasingly difficult as time passes. We can use lawsuits and settlements to protect young people from this cycle, but wouldn't it make more sense to hold retailers more accountable? **Ms. Sparks** said one minute remaining. **Mr. Dias** said three out of every four youth in the United States are not refused sales, so it seems like a logical place to start. I hope the committee will see fit to support comprehensive licensing and compliance program that follows public health best practices for keeping youth safe and legal tobacco, including vape products. Thank you for having me here.

Chairman Markley said thank you very much. Then I think we had another one. Same drill, tell your name and city of residence for the record and you'll have three minutes to speak.

Courtney Eiterich, Lenexa, Kansas, said I am here tonight, and I really appreciate the opportunity to share remarks in support of the establishment of the local TRL and Compliance Program. I'm a teacher at Harmon High School and a mom to twin teenagers, and so I feel like I have a personal and professional perspective when it comes to teenage youth when it comes to e-vaping and tobacco products.

Honestly, I'm very concerned about the mental and physical health of the students in my classes. Part of being a really good teacher is establishing really close relationships. This is how we get people to do the work for us, to learn better, and with that comes sharing lots of personal information. I see on a regular basis that the teachers in our districts do far more than just teach the content. We see the kids struggling. Not only are they hurting emotionally and physically, but they're turning to nicotine to help cope. In reality, the statistics show that it's actually causing and harming them even worse by increasing their anxiety and worsening their depression. I see firsthand how this impacts their schoolwork because they're missing class time. I have the same kids that go to the bathroom on a regular basis every single day because they need the nicotine. They have these frequent breaks throughout their day, but not only that, they end up missing a lot of school.

What's even worse about this is that not all communities are impacted equally. We have LGBTQ communities, Black, and multiracial students that are disproportionately being impacted. These products are highly addictive and with one vape pen equaling the amount of 20 cigarettes, it is a problem. What's even worse about it is that the students don't even realize that this is something that's harming them. All they think of it is it's strawberry or blueberry flavoring and they truly don't believe that it is harming their bodies. And why would they? What I'm seeing is them having a desire to escape. They are using the substances because they have unresolved issues, and we need to really get to the root cause of this. Because these are so accessible for them to get, the root cause really can be prevented with this particular resolution. It's time that we hold the retailers accountable for the illegal youth tobacco sales and I ask that you pass this proposal favorably out of committee in consideration for the full commission. Thank you.

Chairman Markley said thank you. Harmon very well represented tonight. Anyone else?

Commissioner Kane said within 50 miles, what other municipality is doing this? Alright. Lawrence is close enough, but anybody else. I mean, folks in Johnson County, Gardner, any of those guys? **Mr. Hare** said only Lawrence. **Commissioner Kane** said okay, only one.

Chairman Markley said anyone else from the public wish to make comment? Clerk, just to check one more time, did anybody else spring up online? **Ms. Sparks** said no hands are raised and no comments were received. **Chairman Markley** said alright, team, it is up to us now if we'd like to make a motion,

Commissioner Bynum said to Commissioner Kane's point, it would be interesting to know—if you know, if any of our surrounding Kansas counties or municipalities are working on—is this in the pipeline in the metro? Because, I mean, that's a valid point, the kids at Harmon in particular can just scoot right over to JOCO. So I'd be curious to know if you know. If you don't know that's okay, or if you find out later, tell us. But in the meantime, I would make a motion that we move the Tobacco Licensing Program forward to the full commission.

Action: **Commissioner Bynum made a motion, seconded by Commissioner Johnson, to approve.** Roll call was taken and there were three “Ayes,” Johnson, Bynum, Markley and one “No,” Kane. **Ms. Sparks** said the motion fails.

Commissioner Bynum said my question is for Legal. I think I know the answer, but is there any opportunity for it to come forward again? **SueZanne Bishop, Assistant Counsel**, said I need to look at the ordinance to see if we are able to bring this forward again with a fail on the standing committee vote, but I honestly don't know the answer. **Commissioner Bynum** said we may have been through this in the past with different things and I just don't know. **Chairman Markley** said for the knowledge of those present and the public, we are short a commissioner tonight and because our standing committees are very small to begin with, they're only half of our commission, we can't move it forward if it's not unanimous, more or less, tonight.

Commissioner Kane said do you want to hold it over till the other commissioner shows up? **Chairman Markley** said if you would like to make that motion, I would—**Commissioner Kane** said I don't want to make that motion. But if somebody wants to make that motion because Christian's gone, I don't know what his opinion would be, and I wouldn't want to do it without his opinion. **Commissioner Bynum** said well, I appreciate that very much. If I could be guided legally on how to properly do that. Since we've had a motion and a vote, can I just make a second motion? **Ms. Bishop** said Commissioner, I believe that if Commissioner Kane made a motion to reconsider, that would be an opportunity to hold this over then for Commissioner Ramirez to be present. **Commissioner Kane** said you're killing me. **Ms. Sparks** said Counsel, since Commissioner Bynum made the motion, would she need to make the substitute motion? **Ms. Bishop** said it's not a substitute motion, it would be a motion to reconsider. **Commissioner Bynum** said Commissioner Kane would have to make the motion to reconsider because he was the no vote? **Commissioner Kane** said I'm saying hold it over till next month, so when Christian is here—because he doesn't miss. **Ms. Bishop** said please hold. **Chairman Markley** said we're going to take a moment while we discuss the situation.

Ms. Bishop said Commissioner, on consultation with my colleagues, because Commissioner Kane is on the prevailing side, this would have to be a motion to reconsider that Commissioner Kane himself would have to make and then if that motion carried, then someone else could make a motion to hold this over. **Commissioner Kane** said tell me what I've got to do. **Ms. Bishop** said sir, you would need to make a motion to reconsider the vote. **Commissioner Kane** said a motion to reconsider the vote, and what, hold it over till next month? **Ms. Bishop** said well, so that would be a second action, sir. So, yeah, all you need to do—**Commissioner Kane** said motion to hold this over. **Ms. Bishop** said all you would need to do is make the motion to reconsider the vote.

Action: **Commissioner Kane made a motion, seconded by Commissioner Bynum, to reconsider the vote.** Roll call was taken and there were four “Ayes,” Kane, Johnson, Bynum, Markley.

Action: **Commissioner Bynum made a motion, seconded by Commissioner Johnson, to hold over until the November AHS Standing Committee such that we have a**

full committee present and available to hear the information and testimony.

Roll call was taken and there were four “Ayes,” Kane, Johnson, Bynum, Markley.

Chairman Markley said just to be clear, team, anyone that's interested in this item, it will be on the agenda again at November standing committee to be discussed again by this same standing committee at another Monday night meeting, clear? Thank you.

Item No. 3 - 212813...RESOLUTION: TRANSIT GRANT FOR EDWARDSVILLE MICROTRANSIT UTILIZING ARPA FUNDS AS MATCH

Synopsis: Microtransit is an on-demand shared ride transit service that operates in a specific radius, connecting riders to in-zone transit hubs for fixed route access, a match requirement in the amount of \$43,800, Edwardsville Microtransit Expansion (KDOT Funded), submitted by Deasiray Bush, Director of Public Transportation.

Alan Howze, Assistant County Administrator, said if I could, as we get into these items, I just wanted to set the stage a little bit. There are three requests that are coming before you this evening that are related to utilizing the ARPA match funds that the Commission set aside when it allocated the ARPA funding. Debbie Jonscher, our Interim CFO, is here as well to answer any questions. There's about 2.95, give or take, in that ARPA match funds that were set aside by the Commission. What you're seeing here this evening is the first three of the requests that would come to support utilizing a portion of those funds for matches for other grants that have been awarded to the UG. I just wanted to kind of provide a little bit of that context before we get into these three items.

Deasiray Bush, Director of Public Transportation, said to reiterate what Mr. Howze mentioned, we will request Unified Government ARPA funds for three projects. In front of you, you have my PowerPoint presentation. Before I hop into the projects, I like to give you all an overview of our department. So, we'll talk about all of our programs.

UGT Overview

The Unified Government Transportation (UGT) offers multimodal transit services such as fixed routes, microtransit services, paratransit, and home-delivered meals for the Meals on Wheels (MOW) Area Agency on Aging program. We operate under the RideKC regional brand as we collaborate and contract with the Kansas City Area Transportation Authority (KCATA) for additional services and coordinate with other regional transit providers to make the transit experience user-friendly for everyone.

To give you a general overview, we do provide multimodal transit services such as fixed route, microtransit. Microtransit is more like an Uber based service, a share ride service, and I'll refer back to all of the programs within the next slide. We offer paratransit services for those who are disabled and seniors who are age 65 and older. Then lastly, we do provide transportation services in collaboration with Area Agency on Aging, delivering meals to our seniors within the Wyandotte County area. We do operate under the RideKC regional brand and we do collaborate and contract with Kansas City Area Transportation Authority, better known as KCATA, to provide additional services for service area.

UGT Programs

- A. RideKC Bus**
 - A. UGT provides service for five (5) routes
 - B. KCATA provides service for four (4) routes
- B. RideKC Freedom**
 - A. Both are operated by UGT and KCATA
 - B. Paratransit Service for ADA and Seniors
 - C. Paratransit ADA services require a pre-approved ADA application
 - D. Used to be called Dial-A-Ride
- C. RideKC On-Demand Microtransit**
 - A. Operates in a 20-mile Radius
 - B. Shared Ride Service
- D. RideKC Bike-Share**
 - A. An electric-assist bike-share program
 - B. Rosedale Area
- E. Meals on Wheels (MOW)**
 - A. Area Agency on Aging and Transit Collaboration
 - B. Deliver Hot and Frozen meals to seniors
- F. Wyco Health Link Program**
 - A. UG Health Department and Transit Collaboration
 - B. CHIP Initiative
 - C. Non-Emergency Medical Transportation (NEMT)
 - D. Program supports transportation to nine (9) Wyandotte County clinics



Here we have a list of all of our programs and I'll go more in depth of each program. So RideKC bus, that's for our fixed route. The Unified Government Transportation Department provides services for five routes within Wyandotte County. As I mentioned earlier, we do collaborate with

KCATA to provide services for four additional routes. We have nine fixed routes here in Wyandotte County.

Then we have RideKC Freedom, that's basically paratransit services to provide services for those who are disabled and our seniors who are age 65 years old and older. Also, KCATA provides paratransit ADA senior services on the weekends as well. It used to be called Dial-A-Ride, but now it's called RideKC Freedom.

We have RideKC On-Demand Microtransit. This is a shared ride service and it's basically zoned for specific radius area. Just today, we actually launched our Midtown Iris app for the public to download and reserve their rides. We plan to open two additional routes and I'll go over those two routes here shortly. Then, we have RideKC Bike-Share electric bikes within the county. Right now they're stationed in the Rosedale area. I mentioned earlier, we provide services in collaboration with Area Agency on Aging as we do deliver meals to our seniors here in the county. Then lastly, we have the Wyco Health Link Program. We do collaborate with the Unified Government Health Department to provide non-emergency transportation to non-participating clinics here within the county, such as Duchesne Clinic, Swope Health West, Swope Health Wyandotte location, the Health Department, and Pharmacy of Grace. As you see this QR code, you are more than welcome to scan this code to take a look at our new and improved web page for the Transportation Department. Questions?

Chairman Markley said Commissioner Bynum has a question. Also, if you're following along in the agenda, you've already realized I made a mistake because I jumped to number four. We are at number three. Sorry if you got excited, we are on #3 and Commissioner Bynum has a question.

Commissioner Bynum said would you talk more about Item 3, RideKC On-Demand Microtransit, I think I heard you call it Iris? **Ms. Bush** said yes, it says microtransit service, but Iris is actually an app that you can download on your phone. We used to use Transloc, but we've replaced Transloc with Iris. So just like Uber, you'll download Iris onto your phone and reserve your ride. In the past, the public was not allowed to reserve same day bookings, with Iris this is absolutely phenomenal. It's a routing model that's used regional wide by KCATA and some of our other regional partners, such as Leavenworth County, Liberty, Gladstone, downtown Plaza area. So, all of the other municipalities actually use Iris. The great benefit of Iris is no matter where you are you can reserve

a ride within that zoned area if they're using—if that area is zoned and they're using Iris to support it. So for us, Wyandotte County, we are using Iris to support the Midtown area which is 78th to 635, so that's west to east, and then South 42nd to Parallel Parkway, and that is south to north.

Commissioner Bynum said so I have to live in those boundaries or my trip has to be in those boundaries? **Ms. Bush** said you don't necessarily have to live, but your trip must be within the boundaries. Wherever your pick up and drop off is, it must be within that boundary. You could be at a friend's house or family member and if you need a ride within that zone, we can transport you. The great benefit to microtransit is that we ensure that there are fixed route services in the area. So for the Midtown zone we connect the public to the 47th Street Transit Center, which is better known as Indian Springs. We also transport passengers to the Merriam Town Center off of Johnson Drive.

Commissioner Bynum said when we say here that it operates in a 20 mile radius, do you mean the perimeter of those boundaries as 20 miles? **Ms. Bush** said yes, Commissioner. **Commissioner Bynum** said what's the cost. **Ms. Bush** said roughly \$380—**Commissioner Bynum** said I'm sorry, per—like for me. **Ms. Bush** said I thought you meant the total program, I'm sorry it's \$3 per ride, per person. Yes, it's affordable. Passengers used to pay \$1.50 per person per ride and we have increased it to \$3 to match other municipalities. **Commissioner Bynum** said and it's a pilot program, right? **Ms. Bush** said no, actually, our Midtown zone is permanent. **Commissioner Bynum** said oh, good. It's here to stay. **Ms. Bush** said we have two pilot programs that we'll launch for microtransit using Iris. **Commissioner Bynum** said excellent. It's a great addition to public transit. **Ms. Bush** said absolutely. As a matter of fact, it's quite popular. **Commissioner Bynum** said how long has it been operating? **Ms. Bush** said the Midtown zone has been operating for quite some time. I will say that, but I can get you the exact year. **Commissioner Bynum** said but you don't mean—you mean more than a year? **Ms. Bush** said oh yes, the Unified Government Transportation Department has provided microtransit services to the community for over five years. I do believe we missed the mark on advertising and marketing. So we're definitely pushing forward with advertising and marketing, collaborating with our Strategic Communications team to really get the word out because this is beneficial to students for Kansas City, Kansas Community College, even the high schools within that zone, job access, health care. It's great. **Commissioner Bynum** said yeah, because this is Amazon—**Ms. Bush** said yeah, Amazon. We have a lot of pickup and drop offs at Amazon.

Commissioner Bynum said certainly you could share with the committee or even the full commission, what has the ridership been? Because I'm embarrassed to tell you that I've been unaware that this service has been available all this time. I mean, I've been fully aware of RideKC Freedom and the things that we've got in place for folks with disabilities and things like that, but this particular microtransit service has completely gotten past me. So I'm glad to hear about it. **Ms. Bush** said I'm glad to present that information and I hope in the future that I could come back to standing committee or full commission and give you all general overview of all of our services and go over the data analysis. **Commissioner Bynum** said thank you very much. **Ms. Bush** said any other questions?

Federal Transportation Administration (FTA)
 Approved Projects

- **Regional Transit Corridor Improvements – 7th Street Corridor Project**
 - New Sidewalks
 - Upgrade the 7th & Minnesota Winkler Clock
 - Traffic Surveillance Cameras
 - Three (3) Kiosk

Project Amount: \$908,800
UG Match: \$227,200

Ms. Bush said now we'll jump into three projects that I am officially asking for ARPA funds to support our match requirement. The first one is the 7th Street Corridor Project. So, the 7th Street Corridor Project was actually funded by Surface Transportation Program funds, better known as STP, by the Federal Transportation Administration, better known as FTA, as I move forward using the acronyms. For the 7th Street Corridor Project we will collaborate with KCATA and they've already completed the RFP to move forward on this project. We will receive new sidewalks. This project will enhance the service area from 7th & Minnesota to 41st & Rainbow. This corridor area will actually receive transit related amenities such as ADA compliant bus shelters, benches, sidewalks, traffic surveillance cameras, which will be located on 7th & Minnesota, and three kiosks. We've already been approved for grant funding of roughly \$908,000. The match requirement, which is a 20% match, is \$227,200 and the total project is roughly \$1.1 million. Then lastly, we will finally upgrade our existing 7th & Minnesota Winkler Clock

Commissioner Bynum said do these need separate motions? **Commissioner Kane** said that's what I just asked. **Ms. Bush** said I believe so. **Ms. Bishop** said Commissioner, they do. We've got three separate resolutions in the three different packets, even though it's one presentation. **Commissioner Kane** said this is one of them, right? **Ms. Bishop** said correct. There are separate resolutions for the 7th Street Corridor Project, the Edwardsville Project, and the State Avenue Project, I believe, is what you've got. **Chairman Markley** said if we're going in order, we would start with the Edwardsville Microtransit Project. **Ms. Bush** said sorry about that, so I can jump over to the Edwardsville Project. **Commissioner Kane** said now you're killing me.

Chairman Markley said let's take this one at a time. Any questions specifically about Edwardsville? This is Item #3 in our agenda, Edwardsville Microtransit.

Action: **Commissioner Kane made a motion, seconded by Commissioner Bynum, to approve.**

Chairman Markley said Clerk, is there anyone online looking to comment? **Ms. Sparks** said no. **Chairman Markley** said anyone here from the public wishing to comment? Roll call on that motion, please.

Roll call was taken and there were four “Ayes,” Kane, Johnson, Bynum, Markley.

Ms. Bush said I just put them all within my PowerPoint. So let's start in order, Item #3 for the Edwardsville Project. Any other questions before I get started? Okay.

KDOT Access, Innovation, Collaboration (AIC) Project

The AIC Public Transit Program combines state and federal resources to enhance transit access, invest in emerging technologies, and collaborate with public and private transportation providers.

Approved Projects:

- Bus Facility Modernization - \$539k
- Fleet Modernization - \$300k
- Paratransit Software Enhancement - \$18k
- Accident Incident Management System - \$17k
- Edwardsville Microtransit Expansion - \$437k
- Non-Emergency Medical Transportation - \$138k

For the Edwardsville Project, we were actually funded by KDOT funds for the Access Innovation Collaboration grant, better known AIC. We were approved for six projects and I have them listed on the PowerPoint here, but we are in need of a match requirement for the Edwardsville Microtransit Expansion. Just to jump into the microtransit expansion and for clarity purposes, the amounts that you see include match for each project, but again, we need assistance match requirement only for Edwardsville.

AIC Match Request

Edwardsville Microtransit Expansion (KDOT Funded)

- Grant Award - \$394,144
- Match Requirement - \$43,800
- Total Allocation - \$437,944

Scan to View the NEW Zone:



I can talk about each project if you like, each approved KDOT project, but the previous projects are not a part of Item #3 Resolution that I'm requesting funds for. So for the AIC match, we received grant funds of roughly \$394,000, we're requesting match of \$43,800, for a total allocation of \$437,000. You're welcome to scan the QR code to take a look at the microtransit zone. This zone is going to be a great benefit to our county. It does support Edwardsville and it spans to the Legends area supporting Urban Outfitters and other Legends businesses. It creates job access, health care, we're connecting folks to the Walmart location. So this route by itself actually connects to the 101 State Avenue stop, and the 101 State Avenue stop frequency is every 30 minutes, and

we can transport passengers along State Avenue to 47th Transit Center where they can take another transit service as well, including our Midtown microtransit service.

Just to highlight a couple businesses in the area that we will support. It will be INS International, Office Depot, FedEx, Urban Outfitters, Bass Pro, Children's Mercy, Menards, so many others. Again, it definitely promotes and supports job access in our community, healthcare access, and grocery access.

Item No. 4 – RESOLUTION: TRANSIT GRANT FOR 7TH STREET CORRIDOR IMPROVEMENTS UTILIZING ARPA FUNDS AS MATCH

Synopsis: KCATA will manage the 7th Street Corridor transit project on behalf of UG. Implementation will be done in close cooperation with the UG Transit and UG Public Works staff, a match required of \$227,200, submitted by Deasiray Bush, Director of Public Transportation.

Federal Transportation Administration (FTA) Approved Projects
• Regional Transit Corridor Improvements – 7th Street Corridor Project • New Sidewalks • Upgrade the 7th & Minnesota Winkler Clock • Traffic Surveillance Cameras • Three (3) Kiosk Project Amount: \$908,800 UG Match: \$227,200

Chairman Markley said #4 on our agenda is the 7th Street Corridor Improvements, also utilizing ARPA funds as match.

Action: **Commissioner Bynum made a motion, seconded by Commissioner Kane, to approve.**

Chairman Markley said I have a motion and a second. Clerk, anyone online looking to comment? **Ms. Sparks** said no hands are raised. **Chairman Markley** said anyone here in person? Alright, roll call on that motion.

Roll call was taken and there were four “Ayes,” Kane, Johnson, Bynum, Markley.

Item No. 5 – 212773...RESOLUTION: STATE AVENUE TRANSIT ENHANCEMENTS UTILIZING ARPA FUNDS

Synopsis: Unified Government has received a \$1 million grant for State Avenue Transit Enhancements from the Federal Surface Transportation Program grant. This request is for \$200,000 for the 20% local match from ARPA set-aside funds, submitted by Deasiray Bush, Director of Public Transportation.

Chairman Markley said our last of this set of items is Item #5, the State Avenue Transit Enhancements, also utilizing that ARPA match.

Action: **Commissioner Kane made a motion, seconded by Commissioner Bynum, to approve.**

Chairman Markley said I have a motion and a second. Anyone looking to comment online? **Ms. Sparks** said no hands are raised. **Chairman Markley** said anyone here in person? Roll call, please.

Roll call was taken and there were four “Ayes,” Kane, Johnson, Bynum, Markley.

Commissioner Bynum said thank you for everything you're doing, I really appreciate it. The enhancements are exciting. The question I have is, can you give us an update on the Fairfax Microtransit, which is a pilot, I think? You're probably going to tell me we've been doing that for five years. **Ms. Bush** said actually, we were approved federal—not federal, but funding dollars to support a pilot zone, which is the Northeast zone. With this zone we actually plan to provide services from Central Avenue to Fairfax, north to south, and from North 38th Street to Levy Road, connecting our public to the 7th Street Transit Center for other fixed route connections to Kansas City, Missouri and Johnson County. I will tell you right now I'm collaborating with the Procurement Team to go out for RFP so we can connect the service to our Midtown zone, which, again, would be a wonderful benefit to the county because then you would be able to use Midtown

zone from 75th all the way to 7th Street. So we definitely look forward to it, and we're immensely excited to implement this new route.

Commissioner Bynum said you said Central to Fairfax. **Ms. Bush** said yes. **Commissioner Bynum** said as far as north to south. And then what did you say, east—west 38th to—**Ms. Bush** said it would be 38th Street to Levy Road. **Commissioner Bynum** said Levy Road. Okay, thank you. So, it's coming. **Ms. Bush** said yes, Commissioner, it's coming. Coming soon near you. Download Iris, please.

Mr. Howze said I probably should have started with this, but I realize that this is Ms. Bush's first appearance before this standing committee as the permanent Director for Transit. She was named that in early August, she served as the Interim Director in the first half of 2023 and proved herself certainly more than capable in that role. Throughout her career with the UG, she's been in Aging, she's been in Budget, Community Development, served on the CARES Team, and has a wide variety of experiences. So, we were very pleased that she was able to step into this role where she leads a team of really highly dedicated people who want to serve the public in the best way that they can. So, just wanted to recognize her and say congratulations and glad you're here. **Commissioner Bynum** said congratulations. **Ms. Bush** said thank you all, I appreciate the opportunity.

Item No. 6 – 212790...GRANTS: 2023-2024 CHILD DEATH REVIEW AND FATAL INFANT MORTALITY REVIEW TEAMS

Synopsis: Request to apply for the grant “2023-2024 grants to address: Building Capacity for Local, State, and Tribal Child Death Review and Fetal-Infant Mortality Review Teams” through the National Center of Fatality Review and Prevention, submitted by Hannah Lang and Christina VanCleave, Wyandotte County Health Department.

Christina VanCleave, Program Supervisor, Health Department, said I manage the Maternal Child Health Grant. Under our Maternal Child Health Grant is one of our programs, the Fetal Infant Mortality Review. We have had for the last several years a part-time Program Coordinator who runs our Community Action Team and the National Center for Fatality Review and Prevention opened up funding opportunities. We're applying for the grant and we're requesting

\$78,000 for this grant. So if we're awarded, we're asking this evening to allow us to accept those funds. With the funds, we are wanting to utilize our impact through COVID, the Community Action Team work really was put on hold. With this full-time position that she started in August has really done a lot of work in the last two months, but we really want to involve the community individuals that can really make changes and policy changes. We want to implement, enhance family interventions and implementing and enhancing the Community Action Team, Also, part of the funding would be for some of her salary because we are using some other funds outside of the grant to pay for her. So that's our request this evening.

Chairman Markley said any questions from the Commission? Clerk, anyone looking to comment online? **Ms. Sparks** said no hands are raised. **Chairman Markley** said anyone here in person? I would like to accept a motion.

Action: **Commissioner Bynum made a motion, seconded by Commissioner Johnson, to approve acceptance of the grant should it be awarded.** Roll call was taken and there were four "Ayes," Kane, Johnson, Bynum, Markley.

Item No.7 – 212814...GRANT: LOCAL ENVIRONMENTAL PROTECTION PROGRAM (LEPP)

Synopsis: Request to apply for the Wyandotte County LEPP grant, to address repair/replacement of failing onsite wastewater systems and private water well testing in the amount of \$50,000 for a period beginning 11/1/2023 and ending 6/30/2024. No matching funds are required, submitted by Amanda Harrop and Jennifer Stewart, Wyandotte County Health Department.

Jennifer Stewart, Environmental Health Manager, Health Department, said I have Amanda up here with me. She's the Environmental Inspections Supervisor. She's just going to discuss a grant opportunity that we have. We are requesting approval to accept this grant. It's the Local Environmental Protection Program. They have offered us a grant that we would like to take. So Amanda's just going to give us a quick overview and we'll be done.

Amanda Harrop, Environmental Inspections Supervisor, said we have been awarded an opportunity at the Wyandotte County Public Health Department to receive a \$50,000 grant for a six-month period from the Local Environmental Protection Program, which is a program that is run through KDHE. What this grant will do is it will allow our lower income families to be able to apply and possibly qualify for assistance with repairing or replacing their on-site private wastewater management systems or septic systems. We also will have kits that will be available for anyone who has private well water for them to collect that sample. We will send it into KDHE to their lab and they will assess the quality of the drinking water from there. The amount is \$50,000 if I haven't said that already. That is to be used from November 1st until June 30th of 2024, in which time, if we have not used all of that grant money, we are allowed to keep it to continue to use it for those two purposes.

Chairman Markley said questions from any commissioner? Clerk, anyone online? **Ms. Sparks** said no hands are raised. **Chairman Markley** said I don't think anyone's left here in person, other than us, Commissioners, I would accept a motion.

Action: **Commissioner Bynum made a motion, seconded by Commissioner Kane, to approve.** Roll call was taken and there were four “Ayes,” Kane, Johnson, Bynum, Markley.

Public Agenda

No items of business.

Adjourn

Chairman Markley said thanks so much. Thanks, ladies. That concludes our meeting this evening. I will mention we've talked a lot about grants as a Commission, and five out of seven of our items tonight were either grants or grants requiring matching funds. I think that just shows how much this team is focused on bringing grants to our government, so we appreciate that. Alright, motion to adjourn will be entertained.

Action: Commissioner Bynum made a motion, seconded by Commissioner Kane, to **adjourn**. Roll call was taken and there were four “Ayes,” Kane, Johnson, Bynum, Markley.

The meeting was adjourned at 7:05 p.m.

RM

**ADMINISTRATION AND HUMAN SERVICES
STANDING COMMITTEE MINUTES
Monday, November 27, 2023**

The meeting of the Administration and Human Services Standing Committee was held on Monday, November 27, 2023, at 6:52 p.m. The following members were present: Commissioner Markley, Chairman; Commissioners Bynum, Ramirez, Johnson, Kane. The following officials were also in attendance: Gunnar Hand, Director of Planning and Urban Design; Jeff Conway, Assistant Counsel; Wesley McKain, Policy and Development Manager, Public Health Department; Uzomaka Nwafor, Program Coordinator, Health Department; and Monica L. Sparks, Deputy UG Clerk.

Chairman Markley said before I call this meeting to order, I want to announce that some committee members, staff, and public are attending remotely via Zoom as well as on site. All participants joining by phone should mute their phones when not speaking to avoid background noise. During the meeting, please make sure you announce yourself by name and title every time you speak to the public that is observing knows who is speaking. When speaking be sure and speak directly into your microphone so all comments are heard and the record of the meeting is accurate. This is critical given the number of remote participants and is current guidance from the Kansas Attorney General.

The public is allowed to participate by Zoom or submit comments by email prior to the meeting, and those comments will be included in the record of this meeting. The public may also indicate their intent to provide remote public comment by contacting the Clerk's Office by 5:00 P.M. the Thursday before the meeting. The public will also have the opportunity to provide brief comments, either by telephone, via Zoom, or from the 5th Floor Conference Room of the Municipal Office building.

Chairman Markley called the meeting to order. Roll call was taken and all members were present as shown above.

Chairman Markley said there are no revisions to tonight's agenda and there are no minutes to approve.

COMMITTEE AGENDA

Item No. 1 – 212772...RESOLUTION: NORTHEAST KCK HERITAGE TRAIL PHASE 1 UTILIZING ARPA FUNDS

Synopsis: Approval of a resolution authorizing the use of \$240,000 from ARPA set-aside funds as the local match, submitted by Gunnar H. Hand, AICP, Director of Planning and Urban Design.

Gunnar Hand, Director of Planning and Design, said in March of this year, this committee, and subsequently the Board of Commissioners, approved a list of projects, which I included in your package, that the Interdepartmental Working Group was to pursue grants for. I'm here tonight to report that we received a \$1.2 million grant for a trail system that will connect where Jersey Creek Trail ends at basically 5th & Parallel, across to 3rd Street and down 3rd Street, to connect to both the Kaw Point Trail as well as the American Riverfront Heritage Trail, which takes you across I-70 into Kansas City, Missouri and soon when it's completed, will connect on the other side of the Kaw River to the Levee Betterments Trail, down to the Rock Island Bridge across the river, and around the oxbow of Armourdale, all the way to the Procter and Gamble Trailhead. This is a critical gap in the existing trail system within Kansas City, Kansas that will connect us to two regional trails that will get us out of our jurisdiction and into the regional trail system. What we are talking about is the preferred trail facility type which is an off-street trail, i.e, a 10-foot-wide sidewalk, a sidewalk that does not currently exist on that stretch of 3rd Street and over across to 5th. This grant requires a 20% local match, so 20% of \$1.2 million is \$240,000 bucks that we are requesting from the ARPA set-aside that the Board of Commissioners used for these very purposes. We would also request that this be fast-tracked to Thursday.

Chairman Markley said it does say \$240,000 in the actual agenda. My special highlighted agenda was missing zero, so had me there for a minute. Anybody from the committee have questions or comments?

Action: Commissioner Johnson made a motion, seconded by Commissioner Ramirez, to approve and fast-track to the November 30th full commission.

Chairman Markley said Madam Clerk, anybody with hands raised virtually? **Ms. Sparks** said no hands are raised. **Chairman Markley** said anyone here in the room want to make comment on this item?

Carolyn Wyatt, Kansas City, Kansas, said I think I missed a little bit when I stepped up for a minute. **Chairman Markley** said you know the drill, three minutes. **Ms. Wyatt** said I left out for a minute to talk to Jeff and I missed something. This trail you're talking about, is that removing the concrete from Jersey? That's not that, that's something different? **Chairman Markley** said something different, yeah. **Ms. Wyatt** said okay, so I missed part of that. **Chairman Markley** said so this is the Northeast Heritage Trail. **Mr. Hand** said give it again? **Chairman Markley** said if you want to give a brief one or if you just want to group up after this, either way. **Ms. Wyatt** said just highlight just a little bit.

Mr. Hand said the request is for the local match for a \$1.2 million grant that will extend Jersey Creek Trail from where it currently ends at around 5th & Parallel across to 3rd Street, down 3rd Street, to connect to the existing trail systems that take you into Kaw Point across the bridge to the American Riverfront Heritage Trail, and then subsequently, and soon, to connect to our own Levee Betterments Trail, again, on the other side of the Kaw River there. This is a large gap in our internal trail system that will connect us to the largest employment center in our region through bike and ped. **Commissioner Johnson** said and this is new trail? **Mr. Hand** said this is a new trail segment. It's a little less—it's approximately a mile, and it will include both the design and construction budget for the project.

Ms. Wyatt said on this trail, has it been taken to the community? **Mr. Hand** said the Northeast KCK Heritage Trail has been a policy of the Unified Government of Wyandotte County, Kansas City, Kansas since its inclusion in the Northeast Area Plan in 2018. It subsequently developed its own planning process that was adopted in 2021, an extensive planning process that was in coordination with the creation, for the first time, of our Countywide Mobility Strategy that was the Northeast KCK Heritage Trail Plan. Again, we took this and other grants through the

approval process to seek them as we are required, and all throughout the way we have had multiple contacts with our community members and stakeholders. **Ms. Wyatt** said I'm not saying it's not a good idea, but I think that we need more information on that to actually like what you're actually proposing. Because normally I go to a lot of meetings and I've heard about a lot of different trails, but I don't think I heard about that trail. I think it probably—I mean, you say from 3rd Street all the way to 10th Street, there's probably four or five neighborhood groups in that area. Been enough people in there I think that if you had a meeting where you could actually explain what you're talking about, show the people what you're saying, not only talking, but showing process you're talking about.

Mr. Hand said we will continue to have public meetings as we pursue the design and construction project. Again, there have been countless numbers of public meetings about the Northeast KCK Heritage Trail dating back to 2018. **Ms. Wyatt** said well, they may have been, but you might not have contacted the community. You may have contacted certain group of people, like maybe Groundwork, but if you haven't contacted the community, you really haven't contacted the people in the community. So I just want to say that. Thank you.

Chairman Markley said thanks, Ms. Wyatt. We have a motion and a second. Roll call.

Roll call was taken and there were five “Ayes,” Kane, Johnson, Ramirez, Bynum, Markley.

Chairman Markley said I can't remember, did we include the fast-track in the motion? Oh, no. It was just for—**Ms. Sparks** said it was in. **Chairman Markley** said it was in there? The motion was so far before the vote, I wasn't sure. Do we need to go through it, we got it covered? **Jeff Conway, Assistant Counsel**, said he requested it when he was sitting. The motion, I believe, was on his request, so long as everybody's operating under that understanding you should be good.

Item No. 2 – 212876...RESOLUTION/ORDINANCE: TOBACCO RETAIL LICENSE

Synopsis: Adoption of a resolution and ordinance approving a local Tobacco Retail License, and amending an existing section, and adding new sections to the Code of Ordinances, submitted by Wesley McKain, Policy and Development Manager, Public Health Department.

Chairman Markley said Item #2, also the last item on our agenda. This is regarding the local Tobacco Retail License. We heard this item last month in Standing Committee. It is back before us tonight really, solely because we were short on members last month and we wanted to make sure that we had a larger group here for that discussion. Most of this committee has heard this before, either last month or individually. So, it's up to this committee whether we want to hear the presentation again or whether we just want to ask questions and move from there. Preference?

Commissioner Johnson said I don't need a presentation. **Chairman Markley** said are there questions or comments based on the presentation or the information that we have heard in separate meetings with this group?

Commissioner Bynum said I just want to step back to last month when we had an extensive conversation about the ordinance and brought up, I think all the pros and cons, if you will. In particular the pros of adopting such an ordinance. I want to thank the members of the Health Department team and also the community partners that helped us bring something forward. I would propose a motion to adopt the Tobacco Retailers License, so I will make that as a motion.

Action: **Commissioner Bynum made a motion, seconded by Commissioner Johnson, to approve.**

Commissioner Ramirez said I wasn't here for the first time that it was presented. I know this in length, I did my research and whatnot, so I don't need the presentation. Remind me how many other communities within our state have a Tobacco Retail License? **Wesley McKain, Policy and Development Manager**, said sure, there are three other communities. It's Wichita, Newton, and Lawrence. However, Newton repealed theirs about a month or two ago. We don't have a lot of details on that, but those are the communities.

Commissioner Ramirez said the reason I ask, and I support this, but the one big reservation I have is the state. We did Safe and Welcoming and it was taken away from us within a day. Lawrence, Roeland Park had a similar ordinance already in place. But of course, when Wyandotte County implemented it, they took it away for everybody. So that is the reservation I have with this because we would be one of the biggest communities in this state to first

implement—to adopt this type of ordinance. And you know, our state loves to pre-empt our local governments from being able to do our job. So I will support it, but I do have the big reservation of the state coming in and saying, no, you cannot do that, and pass the legislation banning local governments from doing this. It's a real threat. Honestly, it's the very first thought that comes to mind anytime any thing of us introduce, the state wanting to come in and tell us how to do our jobs. **Mr. McKain** said that's a very fair concern, given the history with the state. I would say the Safe and Welcoming Ordinance was, I think there were some political issues, and still are in the state around that issue, nationally and at the state as well. I believe that was an election year as well and so there was a lot of attention on that. The issue of tobacco control, and please let me know if I'm off base on this, I haven't heard that it has the same kind of valence at the state level that this does, that it has the same amount of intention on it or that the politics are similar to that. I'm not saying that that's not an issue at all because, of course, it can be. But I think the political, kind of, tallest blade of grass or tallest tree isn't quite as high on this as on that issue in my opinion, which take it—I'm the Policy Manager at the Public Health Department.

Commissioner Ramirez said I would normally agree with you, but unfortunately, and in my mind, I believe we don't have a fair Attorney General. It's been known and stated that our Attorney General doesn't really care for Wyandotte County. So that's where I say normally I would understand and agree with you, but, like I said, I still support it, but that's still the biggest reservation that I have. **Mr. McKain** said I would like to also note, obviously, we haven't talked to every elected official in the state, but we have talked to the state tobacco department, I forget what that department's called, and they do support us doing this locally as well. So the state agency that's in charge of this does support us doing this, and I hope that helps.

Chairman Markley said, Clerk, is there anyone attending virtually who would like to comment on this item? **Ms. Sparks** said no hands are raised. **Chairman Markley** said anyone here in person who would like to comment on this item?

Ms. Wyatt said it's like I'm commenting on everything, but I'm interested in young people. I didn't hear the beginning of the Tobacco Ordinance. I kind of sponsor—I'm going over the tobacco campaign against the different cigarettes. They're around every school around here, so it's like they're targeting young people. I don't know if you have kids, I don't have any, but I have nieces

and nephews, but I'm saying they're targeting the young people and they make them so pretty, you know. When you go in there they are selling more paraphernalia than they're selling gas. So I'm sure the ordinance what you're trying to get through, is this where you're—could you explain it to me exactly for a minute about the ordinance that you're proposing? **Chairman Markley** said somebody want to summarize? **Mr. McKain** said Uzo, do you want to briefly describe the ordinance?

Uzomaka Nwafor, Program Coordinator, Health Department, said so what this Ordinance will entail, it's like a build up from Tobacco 21 that was implemented a few years ago, which raised the legal age of sale from 18 to 21 years old. It will ensure that a Public Health staff member conducts compliance checks with a youth from Wyandotte County to see which tobacco retail holder is actually complying to the state and also the local law of selling to underage youth. Assuming that if they don't comply, then they would be fined or suspended, depending on the level of offenses that they have. So first, second, third offense, they will be fined higher, suspended higher, and it can even go up to a two-year suspension depending on how often they're caught. It will also entail that the Tobacco Retail License will be raised. Currently, I believe it's like \$25, but it'll be raised up to \$600, that's what we're proposing. It will just ensure more accountability and also funding for the full-time employee from the Health Department to actually carry out these compliance checks.

Ms. Wyatt said okay, I kind of thought that was. I just wanted to make sure. What I'm saying is, sometimes I go around the different service stations to see who's going there to buy this paraphernalia, you know, who's buying that? I know there's one place off of 10th and—if you go out 10th Street, there's a little shopping thing right there to the right-hand side before—I think that's—I know they sell to young people. I think probably the one, maybe, out on 18th & Parallel. There are some ones I know do sell to young people. And actually, really, you're being too kind to those people because they're ruining young people's lungs and everything. You're being too kind if they sell it to young people. Most of those people aren't from here, so what do they care about our young people? What do they care about people at all because they're not from here. So to me, you're being too light. If they're selling to young people, they need to say, we're taking their license. You got to make an example out of somebody because I know they're selling to young people. **Ms. Sparks** said one minute remaining. **Ms. Wyatt** said and they're around the schools.

Around every school, you go check out by the one out on 18th Street, whatever that school is out there. No, 18th Street going out toward—**Commissioner Johnson** said Carl Bruce? **Ms. Wyatt** said no, the other way, going out to Roe, the school out there. Harmon, school right there. I mean, school there, and you go in there, and looks so pretty. All this stuff is up there for the kids to buy, the pipes, all that. So somebody needs to be going to check all these service stations and let them know if they get caught selling, their license will be taken. You got to be blunt with this because they're making all this money and they're killing our kids. And even adults, who should have more sense, they're smoking with the kids. So, it's like you got to be more stern with that. You know, you're the Health Department, that's about health. They need to know, send them a letter, whatever, your license will be taken. That way they will—that stuff probably start—I've called the Health Department before because I wanted to get the stuff moved out of the service stations. **Ms. Sparks** said your time has expired. **Ms. Wyatt** said you do that one time, they need to move that stuff out of service stations. It's no good for nobody. So I hope everybody's listening. If you got kids or grandkids, if you don't stop this, your grandkids or their grandkids, they will all be on this stuff.

Chairman Markley said anyone else in the public here present want to speak on this item? Come up to the podium, give us your name and city of residence, and you'll have three minutes.

Courtney Eiterich, Lenexa, Kansas, said I teach at J.C. Harmon High School. When Ms. Wyatt was talking about what she believes is her experience in our building, I will tell you that tobacco products are highly accessible to our kids. I witness firsthand every day the effect that it has on them, where we have unresolved issues that are happening with the kids in our community that are being treated with tobacco products and then it becomes an addiction that is a problem where they are missing class, they need to go to the bathroom every five minutes or every hour to treat this. So I appreciate you letting me speak again. I was here last month, but just wanted to reiterate what we said. These are—this is one way that we are helping curtail the access to our students and hopefully making the community better and keeping it out of the hands of our young people.

Commissioner Kane said I wasn't going to say nothing, but now I guess I will. The last speaker is an elected person in another municipality, and they haven't done anything with it. So, if you're going to bring something here, you should have done it in your place and said, this is what I did in

my place. Not come over here and say, here's what I want you to do, although I haven't done it in my area, but I want you to do it over here. So when somebody says something, and the fact that there's only three municipalities, and when it was presented to me, there was a hell of a lot more. Then I got yelled at because, you know, you'll be the only commissioner voting against it. As I've told you all before, my mom died to smoke related cancer, but if you can serve this country, you ought to be able to drink beer and smoke a cigarette, and that's my opinion. I didn't interrupt anybody else, nobody's going to interrupt me.

Chairman Markley said anyone else wish to comment on this item? Alright, we have a motion and a second, roll call, please.

Roll call was taken and there were four “Ayes,” Johnson, Ramirez, Bynum, Markley, and one “No,” Kane.

Public Agenda

No items of business.

Adjourn

Chairman Markley said that concludes our meeting this evening. I will thank you all for many years of attention and patience as this is my last meeting leading this committee, and I have enjoyed it. I will take a motion to adjourn.

Commissioner Kane said I'm not ready. I just want to thank both you guys and Brian. It takes a lot out of our lives to come do this, the sacrifice away from family, and as I said the other day when I got home at 1:45 Diane was standing there saying we don't need the money because people have no idea the stress that it puts on us, puts on our kids, puts on our siblings because we voted this way or we voted that way. I just want you to know that I appreciate all three of you.

Commissioner Ramirez said ditto everything Commissioner Kane said. Since I've been here, you two have as well. Since these four years, hearing the debates we have and the questions you've asked has made me a better commissioner. I thank you for that and I thank you for your

commitment to your Districts, to Wyandotte County, and Kansas City, Kansas, and I wish you all the best.

Commissioner Johnson said I will say that it's been a pleasure working with everyone. I've learned a lot. It has been challenging, but I feel like it's been very fulfilling and it's something that will enhance my life. I don't know where the next step is, but whatever it is, this experience working with you all, understanding that teamwork makes the dream work and how to be able to work with different lines of thoughts on some very challenging topics, has been a great challenge, but it's been a great reward. I want to say thank you to all of you all as my peers, as my colleagues, and as my friends. I think that we'll continue to see each other at different events and I'm looking forward to the next phase of life.

Chairman Markley said somebody make a motion to adjourn before I cry. **Commissioner Johnson** said I'll be happy to make my final motion for this standing committee.

Action: **Commissioner Johnson made a motion, seconded by Commissioner Ramirez, to adjourn.** Roll call was taken and there were five "Ayes," Kane, Johnson, Ramirez, Bynum, Markley.

The meeting was adjourned at 7:18 p.m.

RM

**ADMINISTRATION AND HUMAN SERVICES
STANDING COMMITTEE MINUTES
Monday, January 22, 2024**

The meeting of the Administration and Human Services Standing Committee was held on Monday, January 22, 2024, at 5:21 p.m. The following members were present: Commissioner Bynum, Chairman; Commissioners Hill, Ramirez, Kane. Commissioner Davis was absent. The following officials were also in attendance: Alan Howze, Assistant County Administrator; SueZanne Bishop, Senior Attorney; Shakeva Christian, Manager in Human Resources; Anna Halworth, HR Analyst; Courtney Sachen, Senior Human Resources Partner; Wesley McKain, Manager in Health Department; Dr. Elisha Caldwell, Health Department Director; Elizabeth Groenweghe, Chief Epidemiologist for Health Department; Monica Sparks, Deputy UG Clerk; and Jessica Gabaree, UG Clerk's Office.

Chairman Bynum said before I call the meeting to order, I want to announce that some committee members, staff, and the public are attending remotely via Zoom as well as on-site. All participants joining by phone should mute their phones when not speaking to avoid background noise. During the meeting, please make sure that you announce yourself by name and title every time you speak so the public that is observing knows who is speaking. When speaking be sure and speak directly into a microphone so all comments are heard, and the record of the meeting is accurate. This is critical given the number of remote participants and is the current guidance from the Kansas Attorney General.

The public is allowed to participate by Zoom or submit comments by email prior to the meeting. Those comments will be included in the record of this meeting. The public may also indicate their intent to provide remote public comments by contacting the Clerk's Office by 5:00 p.m. the Thursday before the meeting. The public also will have an opportunity to provide brief comments either by telephone or via Zoom from the 5th Floor Conference Room of the Municipal Office building.

Chairman Bynum called the meeting to order. Roll call was taken, and all members were present as shown above.

Chairman Bynum said Clerk, do we have any revisions for our meeting tonight? **Monica L. Sparks, Deputy UG Clerk**, said yes, we do have one revision to the meeting, item number three which was the resolution for the Automatic Mutual Aid Agreement was moved to the Public Works Committee, so it was removed from this one. **Chairman Bynum** said okay, thanks very much. First order of business tonight is approval of minutes from December, and I believe that during the last meeting we did cover that we can approve minutes even for those of us who may not have been present for that meeting, is that correct? **SueZanne Bishop, Senior Attorney**, said yes Commissioner, that is correct.

Approval of standing committee minutes from December 12, 2022. **On motion of Commissioner Ramirez, seconded by Commissioner Kane, the minutes were approved.** Roll call was taken and there were four “Ayes,” Hill, Ramirez, Kane, Bynum.

COMMITTEE AGENDA

Item No. 1 – 212936...UPDATE: HUMAN RESOURCES GUIDE

Synopsis: Approval of Human Resources Guide policy as follows: Section 4.1 Health Care Benefits, submitted by Shakeva Christian, Manager and Renee Ramirez, Director Human Resources.

Chairman Bynum said our first item out of two is approval of the Human Resources Guide update and I will recognize Shakeva Christian, Manager in Human Resources. It looks like you have some staff there with you to make the presentation.

Shakeva Christian, Manager in Human Resources, said yes, I do Commissioner. I have with me staff members in Human Resources, Anna Halworth who is our Benefits Administrator, and Courtney Sachen, our Senior HR Partner. We have one small change regarding our retiree health insurance benefits and the health insurance policy as a whole, so staff will go ahead and make those comments.

Anna Halworth, Benefits Administrator, said and the first revision that we’re going to discuss is that due to Workday in 2022, we have now updated our policy to reflect the Workday

advancements having to do with Human Resources proposing that our current Health Care Benefits Policy that allows organization to streamline the overall benefits process for our active and retired employees. Implementation of Workday in the ERP system has changed the method of processing and administering our benefits program. So, the benefit election and changes current policy addresses employees paper notification process for new hires, open enrollment, and qualifying event changes. Introducing Workday in 2022 allows us to the notification process to be the responsibility of the employee like new hires can elect for benefits within Workday, open enrollment processes are completed in Workday and then qualifying events and processes are also now completed in Workday. When we're addressing retirees previously policy guidelines employees eligible for a full retirement were not eligible to obtain retiree health benefits if they regain UG employment and were eligible for UG sponsored benefits. All billing was manually inputted at that point.

Now that Workday is fully live we have proposed policy changes which address employees eligible for a full retirement will be eligible to obtain UG sponsored benefits if they return to our organization. In a position that are eligible for benefits, they will be eligible to re-enroll in UG retiree health insurance if they meet the qualifying criteria and Workday payroll does not have the capability to categorize the active employees paying the retiree rates.

Ms. Christian said so that's the gist of the changes to the HR guide. Any questions regarding that particular policy.

Chairman Bynum said it sounds like some of what you've done is to align with the automation basically of the new Workday system. Would that be correct? **Ms. Christian** said yes, that is correct Commissioner. The policy or the systems have required us to change our processes, but we also find it a benefit that retirees, it wouldn't disincentivize retirees that come back and work for Unified Government by allowing them to return to that retiree program once they leave employment again.

Chairman Bynum said thank you, are there questions from members of the Committee?

Action: **Commissioner Kane made a motion, seconded by Commissioner Ramirez, to approve.**

Ms. Sparks said Commissioner Bynum, Commissioner Ramirez has a question. **Chairman Bynum** said Commissioner Kane, just hold that for one moment Commissioner.

Commissioner Ramirez said I will second Commissioner Kane's motion, but the just a comment. I remember when we were going through the Workday, the presentations and trying to—the planning process for us to get Workday and I do not remember what year it was. A presentation of processes of the HR Department and how paper based it was at the time and not just HR, but all departments across our government, how much paper based they are and so I think now with Workday we're starting to change that and I'm happy that with making those changes with our Human Resources Department so that we can be more efficient so that we can take care of our employees better, so thank you. And I do second Commissioner Kane's motion. **Chairman Bynum** said excellent, thank you, any other questions from our committee? Clerk, anyone online asking to make a comment? **Ms. Sparks** said no hands are raised. **Chairman Bynum** said and is there anyone there in person who wants to speak on the item? **Ms. Sparks** said no one is approaching the podium.

Chairman Bynum said excellent thank you so much we do have a motion and a second so, call roll please.

Roll call was taken and there were four "Ayes," Hill, Ramirez, Kane, Bynum.

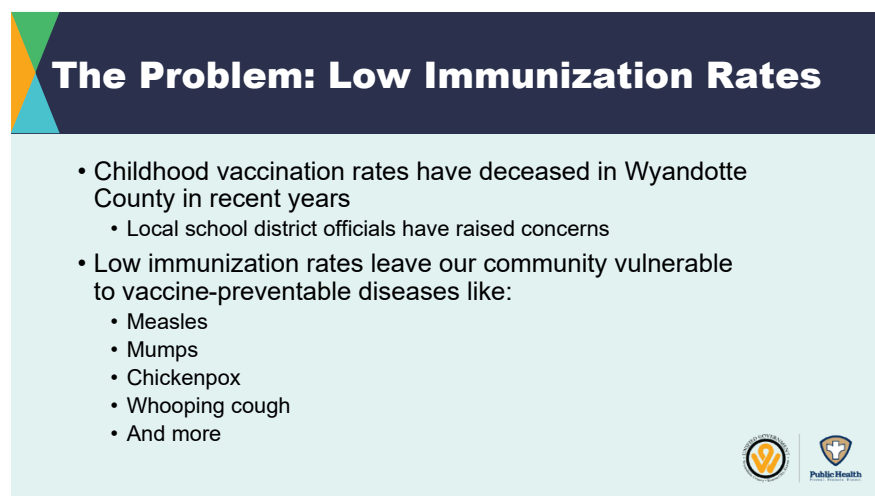
Chairman Bynum said thank you to our HR staff for the work that you've done to bring it forward. It is most appreciated.

Item No. 2 – 212942...GRANT: VACCINE HESITANCY

Synopsis: Approval to submit the grant Equipping Local Health Departments to Address Vaccine Hesitancy to the National Association of County and City Health Officials (NACCHO). The grant request is for \$100,000, and no match is required, submitted by Wesley McKain, Policy & Development Manager, Health Department.

Wesley McKain, Policy and Development Manager, said I'm here with Elizabeth Groenweghe, our Chief Epie, and Dr. Eli Caldwell our Public Health Director. We submitted a grant to the National Association of City and County Health Officials for vaccination. I assisted with the grant, but the line share of the work was done by our Chief Epidemiologist Elizabeth, so she has a short presentation about the vaccination status of our County and the grant that she's going to give, and I'll pass it over to her.

Elizabeth Groenweghe, Chief Epidemiologist, said I'm going to be sharing a bit about this grant that we have applied for and we were supposed to present on it in December when we submitted the application but the date got pushed back a bit and so we are sharing that we also were offered the grant and kind of the—I'll talk about the timeline on that as well. Okay, so I wanted to start a bit about the reason why we applied for this grant and some of the concerns that we have in Wyandotte County to better understand why this funding is so important for the work of the Health Department.



The Problem: Low Immunization Rates

- Childhood vaccination rates have decreased in Wyandotte County in recent years
 - Local school district officials have raised concerns
- Low immunization rates leave our community vulnerable to vaccine-preventable diseases like:
 - Measles
 - Mumps
 - Chickenpox
 - Whooping cough
 - And more

So, the problem really is low immunization rates in Wyandotte County, specifically our childhood immunization rates that children should receive before attending school. Unfortunately, post COVID across the country and Wyandotte County we're seeing the childhood vaccination rates have decreased and this is a concern that has been brought up by some of our school district officials as well. They're seeing children continuing to fall behind with their immunizations before they enter kindergarten and really failing to keep up with those immunizations as they progress through school. So, why is that important? Obviously, one of the most critical functions of a Public

Health Department is preventing the spread of infectious diseases and so low immunization rates in our community really leave us vulnerable to a lot of different vaccine preventable diseases everything from more mild things to very severe and life-threatening illnesses.

Some of these vaccine preventable diseases include measles, mumps, chicken pox, whooping cough or pertussis, and even some life-threatening illnesses like bacterial meningitis and so this grant will help to bolster our efforts in the community to make sure that we're doing everything we can to protect our community and our children from these vaccine preventable diseases.

Kindergarten Vaccination Rates			
School District	Kindergarteners with all required vaccines, 2022-2023	Kindergarteners with all required vaccines, 2019-2020	Religious exemption rate
Kansas City (USD 500)	81.53%	76.81%	0.83%
Piper (203)	73.33%	100%	3.74%
Bonner Springs (204)	91.08%	84.76%	2.19%
Turner (202)	86.67%	89.66%	0%

Required immunizations in Kansas: diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, varicella, hepatitis B, hepatitis A



I pulled some data, this is secondary data that I got from the State Health Department. They do an assessment every year of vaccination rates across the school districts in Wyandotte County and here we have the data for our four school districts in Wyandotte County so you can see, well maybe not, there's a little black box there, okay that's gone now. So, for USD 500 our biggest school district, this data in the first column is looking at the percent of kindergarteners that have all of their required vaccines for last school year. At the bottom there you see those list of required vaccinations per Kansas Law, diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, baricella, Hepatitis A and B. There are other vaccines that are recommended but these are the ones that are required by State Law and so for USD 500, 81% of kindergarteners entered with all those required vaccines. Piper 73.3%, Bonner Springs 91%, and Turner 86%.

So, when we were doing our research for this grant, we really noticed that there was kind of a split among the school districts and so for our focus on this grant, we're really focusing on KCK and Piper because they do have the lowest vaccination rates.

Also, we look at religious exemption rate data so parents can choose to not vaccinate their children for religious or philosophical reasons and those numbers are higher than we'd like, but not terribly high, showing that there's something else that we're missing here. Some other reason why parents are choosing to not vaccinate their kids and at this point in time the Health Department doesn't understand what that reason is and so part of this grant is doing an assessment to really understand these reasons and these complex issues for why parents chose to not vaccinate their kids, and those numbers continue to fall.

Vaccine Preventable Diseases	
Vaccine Preventable Disease	Number of cases in 2018-2022
Hepatitis B	154
Whooping Cough	77
Chickenpox	41
Hepatitis A	17
Haemophilus Influenzae, invasive (Hib)	11
Bacterial meningitis	1
Tetanus	1

I wanted to share as well what the data looks like in Wyandotte County for some of those vaccine preventable diseases. This shows in the last five years the number of cases of various vaccine preventable diseases that we've had in our county. I wanted to highlight whooping cough specifically or pertussis, it's a very uncomfortable, very serious illness especially in young children and babies, and we did have a pertussis outbreak in Wyandotte County in the last five years.

I also wanted to highlight chickenpox, which is for I think everyone in this room, wasn't always a vaccine preventable disease and a lot of us suffered through chickenpox, but that's no longer needed because there's a vaccine that's very effective for it and it really helps to stop outbreaks of chickenpox in our schools. We also did have a case of bacterial meningitis and tetanus in Wyandotte County, both very serious and life-threatening illnesses, that are preventable through vaccination.

NACCHO Vaccine Hesitancy Grant

- The National Association of County and City Health Officials (NACCHO) is offering a grant titled **"Equipping Local Health Departments to Address Vaccine Hesitancy"**
- This grant will award three local health departments with up to \$100,000 to address vaccine hesitancy in their community
- The grant is supported with funding from the CDC



I wanted to talk a bit about the Vaccine Hesitancy Grant specifically. It's awarded through the National Association of County and City Health Officials, and it's titled Equipping Local Health Departments to Address Vaccine Hesitancy. This grant selected three local Health Departments to receive up to \$100,000 to address vaccine hesitancy in their community and as I mentioned before we applied for this grant back in December and we're planning on bringing it to the committee sooner, but that got postponed and we did receive notice late in December that we were one of the county's selected to receive this grant and so today I'm just looking for approval for us to move forward with this grant opportunity.

NACCHO Grant

- Our grant application has been accepted to be awarded funding
- We will **work with school districts** to better understand why parents are hesitant to vaccinate their children
- We will also **form a vaccine hesitancy task force** to address this issue
- The overall goals of this grant are **to better understand vaccine hesitancy in Wyandotte County and develop a plan to address this issue**



What we would do with that funding is outlined here so we really want to work with our school districts to better understand why parents are hesitant to vaccinate their kids, what the barriers or concerns are and how we can work to address that as a Health Department.

January 22, 2024

We know that this is a really complex issue and so part of this grant is doing an assessment, listening to parents, listening to community members to really understand what's going on. We would also be forming a Vaccine Hesitancy Task Force with some other healthcare providers in Wyandotte County, some of our safety net clinics like Vibrant and Swope and the school districts to continue to dialogue about this issue and then the overall goals of the grant to better understand vaccine hesitancy in Wyandotte County and to develop a comprehensive plan on how we can address this so that the problem doesn't continue to get worse.

That's all I had for today. Again, we are looking for acceptance approval of this Grant since we have been awarded it and Wes did you have anything else to add?

Mr. McKain said just that I don't think we put on the agenda, but we are asking that this be fast-tracked to the January 25th meeting. We were originally planning on coming in December, but those got postponed until this month and so we found out in the meantime that we rewarded this grant which is great but the sooner that we can get accepted the better.

Action: **Commissioner Kane made a motion, seconded by Commissioner Ramirez, to approve with fast-tracking to Thursday's meeting.**

Chairman Bynum said thank you very much and thank you to the Health Department for continually looking for ways to expand what we're able to do with grant dollars. It's really appreciated and welcome again to our new Health Department Director. I wish I were there in person to greet you. Questions from our Committee before we vote?

Commissioner Hill said my question is, I saw you were going to approach the school district and other avenues, but since a lot of kids you are going to—you're trying to get information about is kindergarten or before kindergarten, is there a plan to get into homes to those parents, those young parents in particular with these babies?

Ms. Groenweghe said yeah, that's actually a really good question. At this point in time we haven't made any specific plans for approaching that Pre-K kind of parent population, but I think it's something that we can definitely work into the grant. Our strategy, initially at least, is to work with the school districts because they have identified already students that are behind in their vaccinations that we can have focus groups and surveys and forums with. I guess one of my

assumptions would be that if a parent has older children that are behind on vaccinations, it's probably very likely that the Pre-K and younger kids are also behind on their vaccinations, but when we form this task force we can also explore options for reaching out to parents of kiddos that aren't in school yet.

Chairman Bynum said anymore questions? Clerk, is there anyone online that wants to speak? **Ms. Sparks** said no hands are raised and no comments were received. **Chairman Bynum** said and anyone there in person asking to address it? **Ms. Sparks** said no one is stepping to the podium. **Chairman Bynum** said alright, excellent and we do have a motion and a second that include a fast-track to Thursday night. Roll call please.

Roll call was taken and there were four "Ayes," Hill, Ramirez, Kane, Bynum.

ADJOURN

Chairman Bynum said alright that concludes our meeting this evening. Thank you to the Health Department, really appreciate your work. Our meeting is concluded for the evening and I would entertain a motion to adjourn.

Action: **Commissioner Ramirez made a motion, seconded by Commissioner Kane, to adjourn.** Roll call was taken and there were four "Ayes," Hill, Ramirez, Kane, Bynum.

The meeting was adjourned at 5:42 p.m.

JG

**ADMINISTRATION AND HUMAN SERVICES
STANDING COMMITTEE MINUTES
Monday, February 26, 2024**

The meeting of the Administration and Human Services Standing Committee was held on Monday, February 26, 2024, at 5:08 p.m. The following members were present: Commissioner Bynum, Chairman; Commissioners Kane, Ramirez, Davis, Hill. The following officials were also in attendance: Susan Beckman, Community Health Improvement/Planner CHIP Program Supervisor; Shelby Woodward, Violence Prevention Coordinator; Monica L. Sparks, Deputy UG Clerk and Jessica Gabaree, UG Clerk.

Chairman Bynum said before I call this meeting to order, I want to announce that some committee members, staff, and public are attending remotely via Zoom as well as on site. All participants joining by phone should mute their phones when not speaking to avoid background noise. During the meeting, please make sure you announce yourself by name and title every time you speak to the public that is observing knows who is speaking. When speaking, be sure and speak directly into your microphone, so all comments are heard, and the record of the meeting is accurate. This is critical given the number of remote participants and is current guidance from the Kansas Attorney General.

The public is allowed to participate by Zoom or submit comments by email prior to the meeting, and those comments will be included in the record of this meeting. The public may also indicate their intent to provide remote public comment by contacting the Clerk's Office by 5:00 P.M. the Thursday before the meeting. The public will also have the opportunity to provide brief comments, either by telephone, via Zoom, or from the 5th Floor Conference Room of the Municipal Office building.

Chairman Bynum called the meeting to order. Roll call was taken, and all members were present as shown above.

Chairman Bynum said there are no revisions to tonight's agenda and there are no minutes to approve.

COMMITTEE AGENDA

Item No. 1 – 212941...GRANT: YOUTH FATALITY REVIEW BOARD

Synopsis: Acceptance of a \$70,000 grant to the National Center for Fatality Review and Prevention (NCFRP) to build capacity of the Youth Fatality Review Board, submitted by Wesley McKain, Health Department Manager. No matching funds are required.

Chairman Bynum said we have members of our Health Department team here and I will turn the floor to you and thank you very much for taking time to join us tonight.

Susan Beckman, Community Health Improvement Planner CHIP Program Supervisor, said I'm here to introduce Shelby Woodward who is our Violence Prevention Coordinator at the Health Department. She started back in August and she'll be introducing the item in the agenda tonight so I'll turn it over to her.

Shelby Woodward, Violence Prevention Coordinator, said a large part of my job is facilitating the Youth Fatality Review Committee. We have partners from a large—from many sectors, including a department of Children and Families, KCKPS, the Wyandotte Behavioral Health Network and many others. We meet quarterly and we review deaths for people from the ages of 1 to 24 and then we provide recommendations based on those case reviews. We applied for a \$70,000 grant from the National Center for Fatality Review and Prevention. A large chunk of that will go towards maintaining our HIPPA- Compliant Data Vault, which allows our partners to be secure knowing that their documentation that they provide us for those case reviews is secure. Then the rest will go toward helping develop a recommendations process including creating some accessible educational materials related to overdose and Narcan. We are looking for approval to accept those funds and there is no match.

Chairman Bynum said we like it when there's no match. Questions from our Committee? Any questions from anyone online? **Monica Sparks, Interim UG Clerk**; said no hands are raised.

Chairman Bynum said Committee members, questions?

Action: Commissioner Kane made a motion, seconded by Commissioner Ramirez, to approve as submitted.

Chairman Bynum said I have one question before we vote. How long have we had the Youth Fatality Review Board? **Ms. Woodward** said the Youth Fatality Review Board has existed since 2020, so about three years. **Chairman Bynum** said so are we hoping—I imagine with the Review Board to bring down these fatalities, that’s the goal. **Ms. Woodward** said we meet quarterly, and we review case summaries and that’s what we’ve been doing for about the past three years. As we go forward, part of these funds will go towards developing recommendations and a clear process for those recommendations and then those recommendations would lead to, hopefully, a fewer number of youth fatalities.

Chairman Bynum said any further questions or comments? Clerk, is there anyone from the public wishing to address the item? **Ms. Sparks** said Commissioner Davis has raised his hand.

Commissioner Davis said I’m in total support of this proposal. Maybe in a few months it would be great for you all to come back and just tell us how things are going with this grant and with this process. This is a very, very important topic and things that I think we all would love to be made aware of.

Chairman Bynum said I agree with that. I appreciate that. I was kind of thinking the same, like at some point we could have a report of the over the duration of the work of the Board. Anything else? Roll call please.

Roll call was taken and there were five “Ayes,” Hill, Davis, Ramirez, Kane, Bynum.

Chairman Bynum said that is the one and only item on our agenda tonight, which would conclude our meeting, and I would entertain a motion to adjourn.

Action: **Commissioner Ramirez made a motion, seconded by Commissioner Hill, to adjourn.** Roll call was taken and there were five “Ayes,” Hill, Davis, Ramirez, Kane, Bynum.

The meeting was adjourned at 5:14 p.m.

JG



Report to

MEETING DATE	PRESENTER	DEPARTMENT
JAN 27 2024	Wesley McKain, Policy & Development Manager wmckain@wycokck.org X8833	Health Department

AGENDA ITEM

RESOLUTION: HEALTH EQUITY TASK FORCE GRANT FROM HALL FAMILY FOUNDATION

BACKGROUND

SUMMARY:

The Public Health Department is requesting approval to submit a 1-year grant requesting \$87,000 to support the work of the Wyandotte County Health Equity Task Force. This will fund a portion of the Health Equity Task Force Program Coordinator position and the Neighborhood-Based Clinic Initiative. No match funding is required.

BACKGROUND:***About the Wyandotte County Health Equity Task Force***

The Wyandotte County Health Equity Task Force (HETF) was formed in April 2020 during the early stages of the pandemic in response to the racial and ethnic disparities related to COVID cases and deaths. The HETF developed a strong network of community partners that responded to the COVID crisis and are now building on its success to address other health disparities. The purpose of the HETF is to improve the health of all Wyandotte County community members, especially those who belong to communities that have been historically under-resourced.

The HETF is a collaboration between Wyandotte County community members and the Wyandotte County Public Health Department (WYCO PHD). The HETF is comprised of a diverse group of community and health leaders representing faith-based, health care and neighborhood organizations. The HETF is led by members of its Core Team and has two subcommittees that regularly meet: the Neighborhood-Based Clinics and WyCo Community and Health Leaders. From January – November 2024, the HETF Core Team had 9 meetings with 17 unique attendees, the Neighborhood-Based Clinics had 11 meetings and 44 unique attendees, and the WyCo Community and Health Leaders had 4 meetings and 22 unique attendees.

During the pandemic, the HETF provided input and guidance on the COVID public health response for Wyandotte County. They partnered with the WYCO PHD to increase access to COVID-19 testing and vaccinations for underserved and hard-to-reach communities. Through its pop-up testing events, the HETF provided over 7,700 COVID tests in 2020. In 2021 and 2022, the HETF provided 11,556 COVID tests and 3,088 COVID vaccines at 545 events.

The HETF is now evolving after its initial focus on the pandemic, but it continues to be responsive when there is a crisis impacting the most vulnerable in Wyandotte County. Recently the HETF responded after the sudden closure of Duchesne Clinic, a safety net clinic providing health care for underserved and vulnerable populations in Wyandotte County. HETF members advocated for additional funding to support Duchesne patients. In addition, the HETF Program Coordinator took the lead in organizing a group of community partners, which have been meeting regularly to discuss the needs of Duchesne patients and coordinate response efforts. In response to the need for interim care, community partners led by Care Beyond the Boulevard started providing mobile medical services for Duchesne patients 1-2 days each week, and the WYCO PHD has reallocated unspent ARPA funds for their ongoing healthcare navigation needs.

Neighborhood-Based Clinics

After the closing of Wyandotte County's last mass COVID testing and vaccination site in March 2022, the HETF collaborated with the WYCO PHD to pilot the Neighborhood-Based Clinic Location (NBCL) Initiative. The NBCL Initiative focused on providing clinical services for under-resourced communities through community partners who have experience working with these populations. Partners organize pop-up clinics and offer accessible clinical services in a culturally and linguistically appropriate way. During its first year, the NBCLs focused on providing free COVID-19 vaccinations and testing. Between May 2022 and May 2023, the HETF coordinated 347 NBCL events, providing 2,084 COVID vaccinations and 2,190 COVID tests. The NBCLs were then restructured and relaunched in October 2023 to address other health disparities. The Neighborhood-Based Clinics (NBCs) are now offering immunizations, blood pressure and diabetes screenings, vision screening and glasses, along with other resources. From October 2023 – April 2024, 27 NBC events provided 1,229 clinical services, and 188 persons were scheduled or referred for post-event care. For additional data about the NBCs, please refer to the attached NBC information sheet.

Grant proposal – Proposed activities for 2025

The HETF is dedicated to improving health equity in Wyandotte County by reducing disparities in health care access and inequities in systems. Below is a list of activities that HETF has previously worked on and proposes to continue to work on in 2025.

- **Neighborhood Based Clinics** - Aim to increase access to clinical services and health resources for under resourced communities by working with community organizations and clinical partners. See attached NBC information sheet for more information.
- **CHIP toolkit** – Finish developing toolkit to aid the CHIP (Community Health Improvement Plan) in implementing equitable practices and addressing systemic issues like racism, poverty and trauma. HETF members plan to also speak with groups about health equity when they introduce the CHIP toolkit.
- **Food Box Project** – Continue to work with Harvesters to create food boxes with culturally familiar foods and then distribute them in the community through HETF partners. Will work on making culturally familiar foods more widely available in the community.
- **Uninsured populations** - Facilitate community collaboration about caring for uninsured populations given the closing of Duchesne Clinic. Will provide support as needed.
- **Advocacy** - Advocate for policies promoting health equity. Place HETF members on important local and regional committees (e.g. UG, MARC, etc.)
- **Health care disparities grants** - Continue partnering with WYCO PHD's development office on federal grants related to health care disparities.

RECOMMENDATION

Fast Track
Approve

Approve grant submission and acceptance of funds if awarded.

BUDGET IMPACTS / FINANCIAL CONSIDERATIONS

No match funding required

IT/POLICY CONSIDERATIONS

None

PROCUREMENT CONSIDERATIONS

None

LEGAL CONSIDERATIONS

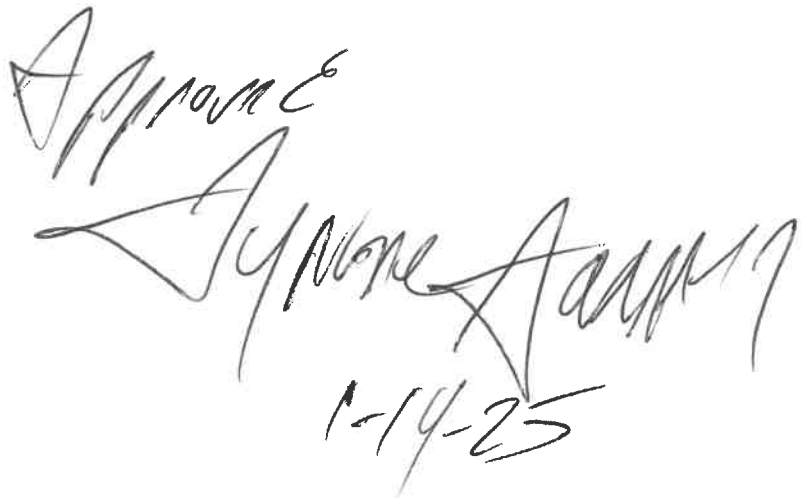
Resolution to accept the grant

ATTACHMENTS

Commission Action Civic Clerk - HETF, HFF-Budget - HETF Grant Unified Gov, Hall Family Application - FINAL

Approved by Mayor and/or Chair and Administrator to add to agenda.

 1/14/2025

Approved

1-14-25

RESOLUTION NO. _____

**A RESOLUTION FOR THE WYANDOTTE COUNTY PUBLIC HEALTH
DEPARTMENT’S APPLICATION FOR A ONE-YEAR GRANT FROM THE HALL
FAMILY FOUNDATION TO SUPPORT THE WORK OF THE WYANDOTTE
COUNTY HEALTH EQUITY TASK FORCE, AND ALLOCATION OF FUNDS FOR
ELIGIBLE USES**

WHEREAS, the Wyandotte County Health Equity Task Force (HETF) was formed in April 2020 during the early stages of the pandemic in response to the racial and ethnic disparities related to COVID cases and deaths; and

WHEREAS, the HETF is a collaboration between Wyandotte County community members and the Wyandotte County Public Health Department (“the Health Department”); and

WHEREAS, the purpose of the HETF is to improve the health of all Wyandotte County community members, especially those who belong to communities that have been historically under-resourced; and

WHEREAS, the HETF developed a strong network of community partners that responded to the COVID crisis and are now building on its success to address other health disparities; and

WHEREAS, the Hall Family Foundation invited the Health Department to submit a grant application for \$87,000 to support the work of the Wyandotte County Health Equity Task Force for one year; and

WHEREAS, the grant, if awarded, will fund a portion of the Health Equity Task Force Program Coordinator position and the Neighborhood-Based Clinic Initiative, as well as supporting the CHIP Toolkit, the Food Box Project, and further the Health Department’s work with uninsured populations, advocacy, and healthcare disparities; and

WHEREAS, no match funding is required.

**NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF
COMMISSIONERS OF THE UNIFIED GOVERNMENT OF WYANDOTTE COUNTY/
KANSAS CITY, KANSAS AS FOLLOWS:**

Section 1. The Unified Government Board of Commissioners hereby approves the application for and, should the grant be awarded to the Health Department, its acceptance of the Hall Family Foundation grant for a term of one year for a total grant amount of \$87,000.00.

Section 2. If the Health Department is awarded the Hall Family Foundation grant, the Unified Government Board of Commissioners hereby approves the allocation of \$87,000.00 to fund a portion of the Health Equity Task Force Program Coordinator position and the Neighborhood-Based Clinic Initiative, as well as to support the CHIP Toolkit, the Food Box

Project, and further the Health Department's work with uninsured populations, advocacy, and healthcare disparities.

Section 3. If the Health Department is awarded the Hall Family Foundation grant, the County Administrator and other officers, agents, and employees of the Unified Government are hereby authorized and directed to take such further action as may be appropriate or desirable to accomplish the purpose of this Resolution.

Section 4. This Resolution shall take effect and be in full force immediately after its adoption by the Governing Body of the Unified Government.

**APPROVED AND ADOPTED BY THE BOARD OF COMMISSIONERS OF THE
UNIFIED GOVERNMENT OF WYANDOTTE COUNTY/KANSAS CITY, KANSAS,
THIS _____ DAY OF _____, 2025.**

Tyrone Garner, Mayor/CEO

Attest:

Unified Government Clerk

Approved as to Form:

Commission Agenda Item Report

Title: Grant request: Wyandotte County Health Equity Task Force

Proposed Agenda Date: December 16, 2024 – AHS Standing Committee

Presented by: Wesley McKain, Community Health Manager, Public Health
Rachel Hostetler, Health Equity Task Force Program Coordinator

SUMMARY:

The Public Health Department is requesting approval to submit a 1-year grant requesting \$87,000 to support the work of the Wyandotte County Health Equity Task Force. This will fund a portion of the Health Equity Task Force Program Coordinator position and the Neighborhood-Based Clinic Initiative. No match funding is required.

BACKGROUND:

About the Wyandotte County Health Equity Task Force

The Wyandotte County Health Equity Task Force (HETF) was formed in April 2020 during the early stages of the pandemic in response to the racial and ethnic disparities related to COVID cases and deaths. The HETF developed a strong network of community partners that responded to the COVID crisis and are now building on its success to address other health disparities. The purpose of the HETF is to improve the health of all Wyandotte County community members, especially those who belong to communities that have been historically under-resourced.

The HETF is a collaboration between Wyandotte County community members and the Wyandotte County Public Health Department (WYCO PHD). The HETF is comprised of a diverse group of community and health leaders representing faith-based, health care and neighborhood organizations. The HETF is led by members of its Core Team and has two subcommittees that regularly meet: the Neighborhood-Based Clinics and WyCo Community and Health Leaders. From January – November 2024, the HETF Core Team had 9 meetings with 17 unique attendees, the Neighborhood-Based Clinics had 11 meetings and 44 unique attendees, and the WyCo Community and Health Leaders had 4 meetings and 22 unique attendees.

During the pandemic, the HETF provided input and guidance on the COVID public health response for Wyandotte County. They partnered with the WYCO PHD to increase access to COVID-19 testing and vaccinations for underserved and hard-to-reach communities. Through its pop-up testing events, the HETF provided over 7,700 COVID tests in 2020. In 2021 and 2022, the HETF provided 11,556 COVID tests and 3,088 COVID vaccines at 545 events.

The HETF is now evolving after its initial focus on the pandemic, but it continues to be responsive when there is a crisis impacting the most vulnerable in Wyandotte County. Recently the HETF responded after the sudden closure of Duchesne Clinic, a safety net clinic providing health care for underserved and vulnerable populations in Wyandotte County. HETF members advocated for additional funding to support Duchesne patients. In addition, the HETF Program Coordinator took the lead in organizing a group of community partners, which have been meeting regularly to discuss the needs of Duchesne patients and coordinate response efforts. In response to the need for interim care, community partners

led by Care Beyond the Boulevard started providing mobile medical services for Duchesne patients 1-2 days each week, and the WYCO PHD has reallocated unspent ARPA funds for their ongoing healthcare navigation needs.

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After the closing of Wyandotte County's last mass COVID testing and vaccination site in March 2022, the HETF collaborated with the WYCO PHD to pilot the Neighborhood-Based Clinic Location (NBCL) Initiative. The NBCL Initiative focused on providing clinical services for under-resourced communities through community partners who have experience working with these populations. Partners organize pop-up clinics and offer accessible clinical services in a culturally and linguistically appropriate way. During its first year, the NBCLs focused on providing free COVID-19 vaccinations and testing. Between May 2022 and May 2023, the HETF coordinated 347 NBCL events, providing 2,084 COVID vaccinations and 2,190 COVID tests. The NBCLs were then restructured and relaunched in October 2023 to address other health disparities. The Neighborhood-Based Clinics (NBCs) are now offering immunizations, blood pressure and diabetes screenings, vision screening and glasses, along with other resources. From October 2023 – April 2024, 27 NBC events provided 1,229 clinical services, and 188 persons were scheduled or referred for post-event care. For additional data about the NBCs, please refer to the attached NBC information sheet.

Grant proposal – Proposed activities for 2025

The HETF is dedicated to improving health equity in Wyandotte County by reducing disparities in health care access and inequities in systems. Below is a list of activities that HETF has previously worked on and proposes to continue to work on in 2025.

- **Neighborhood Based Clinics** - Aim to increase access to clinical services and health resources for under resourced communities by working with community organizations and clinical partners. See attached NBC information sheet for more information.
- **CHIP toolkit** – Finish developing toolkit to aid the CHIP (Community Health Improvement Plan) in implementing equitable practices and addressing systemic issues like racism, poverty and trauma. HETF members plan to also speak with groups about health equity when they introduce the CHIP toolkit.
- **Food Box Project** – Continue to work with Harvesters to create food boxes with culturally familiar foods and then distribute them in the community through HETF partners. Will work on making culturally familiar foods more widely available in the community.
- **Uninsured populations** - Facilitate community collaboration about caring for uninsured populations given the closing of Duchesne Clinic. Will provide support as needed.
- **Advocacy** - Advocate for policies promoting health equity. Place HETF members on important local and regional committees (e.g. UG, MARC, etc.)
- **Health care disparities grants** - Continue partnering with WYCO PHD's development office on federal grants related to health care disparities.

BUDGET IMPACTS / FINANCIAL CONSIDERATIONS:

There are no match fund requirements. The HETF Program Coordinator position is currently funded through the American Rescue Plan Act (ARPA), but this will expire at the end of 2024. This grant would extend funding for this position, which has become essential after the COVID pandemic. Specifically, the

grant provides \$47,000 for the HETF Program Coordinator position and \$40,000 for the Neighborhood-Based Clinics through December 2025.

POLICY CONSIDERATIONS:

- No policy considerations.

PROCUREMENT CONSIDERATIONS:

- No procurement considerations

LEGAL CONSIDERATIONS:

- Resolution to accept the grant.

RECOMMENDED ACTION:

- Approval of grant request.

COUNTY ADMINISTRATION COMMENTS:

-

MAYOR AGENDA DIRECTION:

-

Hall Family Foundation										
Budget Template for Grant Project/Program										
Organization Name:	Unified Government of Wyandotte/KCK Public Health Dept									
Project or Program Name:	Health Equity Task Force									
Grant amount requested from the Hall Family Foundation:	87,000									
Revenue expected from other sources, pending or secured (1):										
Wyandotte Health Foundation	40,000	Secured								
Aetna Kansas	25,000	Secured	*In-kind contribution of food for Culturally Tailored Food Box program							
Total from other sources:	565,000									
Total	152,000									
	Start: 01/01/2025		Start: End:		Start: End:					
Proposed Project / Program Budget	Year 1 - HFF	Year 1 - Other Sources	Year 2 - HFF	Year 2 - Other Sources	Year 3 - HFF	Year 3 - Other Sources	Total - HFF (4)	Total - Other Sources (5)	Total (6)	
Salaries	24,272	40,000					24,272	40,000	64,272	
Benefits (Insurance, KPERS retirement, FICA)	22,728						22,728	0	22,728	
Contractual: Neighborhood-Based Clinics	40,000						40,000	0	40,000	
In-Kind: Food, Culturally-specific food box program		25,000					0	25,000	25,000	
Indirect Costs / Overhead (3)	0	0					0	0	0	
Total	87,000	65,000	0	0	0	0	87,000	65,000	152,000	
Additional Instructions:										
(1) Include funding expected from other sources. If needed, please add additional lines. Indicate for each source whether it is pending or secured in column C.										
(2) Add significant categories of direct costs to your project / program. Add additional as needed.										
(3) Indirect costs or overhead typically includes occupancy (rent, utilities, etc.), IT and equipment; as well as a proportion of key staff in organization functions (finance, HR, development, etc).										
(4) Total - HFF should sum to match the amount in cell B9										
(5) Total should sum to match the amount in cell B15										
(6) Total should sum to match the amount in cell B18										
Leave columns blank if grant is less than three years. Add additional columns if the grant exceeds 3 years.										

Hall Family Foundation									
Budget Template for Grant Project/Program									
Organization Name: ABC									
Project Name: Housing Connect									
Grant amount requested from the Hall Family Foundation:	\$370,000								
Revenue expected from other sources, pending or secured:									
Williams Foundation	\$200,000	Secured							
Lewis Foundation	\$200,000	Pending							
State of Missouri	\$50,000	Pending							
Organization Operating Budget	\$50,000	Secured							
Total from other sources:	\$500,000								
Total	\$870,000								
	Start: 08/01/2024		Start: 08/01/2025		Start:				
	End: 07/31/2025		End: 07/31/2026		End:				
Proposed Project / Program Budget	Year 1 - HFF	Year 1 - Other Sources	Year 2 - HFF	Year 2 - Other Sources	Year 3 - HFF	Year 3 - Other Sources	Total - HFF	Total - Other Sources	Total
Salaries	\$100,000	\$100,000	\$100,000	\$100,000			\$200,000	\$200,000	\$400,000
Employee benefits, payroll taxes, etc.	\$25,000	\$25,000	\$25,000	\$25,000			\$50,000	\$50,000	\$100,000
Professional Services	\$10,000	\$30,000	\$10,000	\$30,000			\$20,000	\$60,000	\$80,000
Travel, Conferences & Meetings	\$5,000	\$5,000	\$5,000	\$5,000			\$10,000	\$10,000	\$20,000
Marketing	\$3,000	\$0	\$3,000	\$0			\$6,000	\$0	\$6,000
Materials and Equipment	\$27,000	\$15,000	\$27,000	\$15,000			\$54,000	\$30,000	\$84,000
Indirect Costs / Overhead	\$15,000	\$75,000	\$15,000	\$75,000			\$30,000	\$150,000	\$180,000
Total	\$185,000	\$250,000	\$185,000	\$250,000	\$0	\$0	\$370,000	\$500,000	\$870,000

1) Hall Family Application Deadline – Monday December 2 at 5pm

Organization CEO/Executive Director – Dr. Eli Caldwell

Grant Contact – Wesley McKain

Financial/Banking Contact – John Werner, Fiscal Officer

Project Start – Jan 1, 2025

Project End – Dec 31, 2025

2) What geographical areas are served by this project?

Wyandotte County

3) Who is the target demographic benefitting from this project?

The Wyandotte County Health Equity Task Force (HETF) is focused on serving Wyandotte County community members, especially those who belong to communities that have been historically under-resourced.

The Neighborhood-Based Clinic Initiative has five target populations: Black/African-American, Hispanic/Latino, Asian, immigrant/refugee and unhoused communities.

4) Please provide a concise overview of the specific project and key activities this funding would support.

The grant would provide \$47,000 for the HETF Program Coordinator position and \$40,000 for the Neighborhood-Based Clinics project. Below is an overview of the HETF projects and activities in 2025 that the HETF Program Coordinator will oversee.

Neighborhood-Based Clinics

The Neighborhood-Based Clinic Initiative aims to increase access to clinical services and health resources for under-resourced communities in Wyandotte County by coordinating and resourcing community partners who have experience working with these populations. Partners organize pop-up clinics and offer accessible clinical services in a culturally and linguistically appropriate way. The Neighborhood-Based Clinics (NBCs) offer immunizations, blood pressure and diabetes screenings, vision screening and glasses, along with other resources.

The initiative began in May 2022, when the mass vaccination sites closed, as a strategy to sustain access to COVID vaccination and testing for vulnerable populations. Between May 2022 and May 2023, the HETF coordinated 347 events, providing 2,084 COVID vaccinations and 2,190 COVID tests. These pop-up clinics were consistent, accessible, and offered services in a culturally and linguistically appropriate way. The NBCs were then restructured and relaunched in October 2023 as Neighborhood-Based Clinics (NBCs). Between October 2023 and April 2024, partners hosted 27 NBCs, with the following services provided:

- A1C screenings – 185
- Blood glucose tests – 209
- Blood pressure tests – 417
- Vision screenings – 35
- COVID vaccines – 75

- Flu shots – 177
- Other immunizations - 131 (TDAP, pneumonia and shingles)
- **188 persons were scheduled or referred for post-event care**
- Attendance was 50 or more people for 22 of the 27 events.
- Other supplies distributed:
 - Over 478 food boxes and produce
 - At-home COVID tests, hygiene kits, dental kits, blankets, clothing, healthcare items and more.

Regular NBCs ceased in fall 2024 due to lack of funding. Support from Hall Family will help HETF continue and expand these healthcare access events.

Each month while operating, the HETF Program Coordinator reviews NBC applications and selects up to 5 events per month (one for each of its target populations). After the NBC event, NBC partners submit a reporting form and may request a \$750 stipend for fulfilling their role as Neighborhood Partner, Community Health Partner or Clinical Partner. Organizations serving in more than 1 distinct partner role or providing more than 1 distinct service may request up to \$1500 per qualifying event.

The NBCs also help navigate patients to a medical home when needed. One of the goals of the NBCs is to help connect persons with a primary care provider if they do not already have one. The Community Health Partner provides a Community Health Worker, Promotore de Salud or other lay health worker at events to help connect patients with a safety net clinic, especially when follow-up care is needed. In addition, safety net clinics are sometimes present at events and able to schedule patients for appointments.

Food Box Project

We will work with Harvesters and NBC Partners to distribute food boxes with culturally familiar foods through programming and events in Wyandotte County. Produce will also be available as a supplement. Distribution will begin in December 2024 and continue in early 2025. HETF Program Coordinator will collect food box survey results, analyze and write-up report. Aetna Better Health of Kansas supports this project by providing funding for the food boxes.

CHIP Toolkit

Finish developing toolkit to aid the Community Health Improvement Plan (CHIP) in implementing equitable practices and addressing systemic issues of racism, poverty and trauma. HETF members will also speak with CHIP groups about health equity when they introduce the toolkit.

Grant funding focused on health care disparities

We will continue to explore opportunities to partner with Wyandotte County Public Health Department's (WYCO PHD) development office on federal grants related to health care disparities. Over the past three years the HETF has submitted and been part of 3 health equity focused applications to federal agencies, securing resources with one (in partnership with KU Medical Center).

Structure of collaborative partnerships

Engage in conversations about the collaborative relationships between the HETF and CHIP, as well as the HETF and Health Department. The structure of these collaborative partnerships will be clearly described in written agreements, part of the sustainability/planning process as we move on from COVID.

Oversight of Patient Navigation Project

The HETF Coordinator will provide oversight of the ARPA-funded contract (\$100,000, 12-month) for the Bilingual Health Navigator supporting former Duchesne patients. Will monitor, review reports, and provide support as needed.

5) How do you plan on tracking and measuring the key activities listed above? How do you know these activities are making a difference?

Neighborhood-Based Clinics

NBC Partners will submit a monthly reporting form for each NBC event and be asked to report on the following outcomes:

- Clinical services provided at event (type of service and # of persons provided each service)
- Referred for post-event care (# of persons)
- Scheduled a medical appointment for patient (# of persons)

Above are outcomes that we have tracked at our NBCs in 2023-2024. We would be happy to talk with you about modifying our indicators and data collection so that it better aligns with the Foundation's goals.

Food Box Project

The HETF Program Coordinator will gather the below information from the food box order forms, surveys handed out with food boxes, and surveys completed by community partners.

- # of culturally familiar food boxes and cases of produce distributed
- List of events and programs that distributed food boxes in Wyandotte County
- # of people in household
 - # of adults
 - # of children under 18
 - # of elderly >65
- Race/Ethnicity
- Primary language
- In the last 12 months have you run out of food before you had money to buy more?

CHIP Toolkit

- Complete the CHIP toolkit.
- HETF members will introduce the CHIP toolkit to 3 different CHIP subcommittees and help them apply the toolkit to their work.

Grant funding focused on health care disparities

- The WYCO PHD will submit two collaborative grant requests in 2025. The Health Department will explore grants where it could serve as the lead applicant or have a HETF/CHIP partner take the lead. The HETF Program Coordinator's salary will be included in these grant requests since staff support will be needed to help coordinate the project.

Structure of collaborative partnerships

- Create an MOU describing the partnership between the HETF and CHIP.
- Update governance document to describe the current collaborative relationship between the HETF and Health Department.

Oversight of Patient Navigation Project

The contracted agency will record # of clients served as well as services provided. Those will be reported to the federal government as part of ARPA reporting. The HETF coordinator will be responsible for contract compliance, adjusting as needed. The outcomes of that role are all funds spent down, and financial and progress reports submitted in a timely fashion. We are happy to share progress on that project with Hall Family Foundation.

What other partners and key stakeholders are critical to the success of this project?

The Health Equity Task Force's success is largely dependent on its many community partners. The HETF Core Team was led by 14 members representing the following organizations: Bethel Neighborhood Center, Center for African-American Health / University of Kansas Medical Center, El Centro, JUNTOS Center for Advancing Latino Health / University of Kansas Medical Center, KU Medical Center, Midland Care Connection, NBC CDC, REACH Healthcare Foundation, Salem Baptist Church, Vibrant Health, Wyandot Behavioral Health Network, Wyandotte Health Foundation and WYCO PHD.

In 2023-2024, the following organizations were Clinical Partners and Community Health Partners for the Neighborhood Based Clinics: Bethel Neighborhood Center, Care Beyond the Blvd, Community Health Council, Duchesne Clinic, El Centro, Family Counts and Consulting, Heart to Heart International, Jerry Lee Jarrett Life Center, JUNTOS Center for Advancing Latino Health, KS Black Farmers Association, Mercy and Truth, Pharmacy of Grace and Vibrant Health. All of the safety net clinics in Wyandotte County are also important partners for the NBC Initiative.

How do you plan to sustain the project following the completion of this grant period?

The HETF will discuss potential funding with the Health Department leadership when the Unified Government's budgeting process begins for 2026. They will look for additional Health Department projects where the HETF Coordinator's time could be included, especially current programs and projects that are aligned with HETF priorities or wanting additional support in addressing health inequities.

How does the current organization budget compare to the previous two years? Briefly explain any significant variances, if applicable.

In FY2020-2022, the Health Department's budget nearly doubled as resources flowed in to address the COVID pandemic and its aftermath. In FY2023 and FY2024 this funding tapered off. The Health Department's annual budget will be reduced by approximately \$700,000 in FY2025 as compared to FY2024. Most of these cuts were to positions that happened to be vacant during the Budget Process in mid-2024, leading to loss of critical staff roles (e.g. policy analysis, data informaticists, nurses, etc.). As part of the Unified Government's decision to go "revenue neutral," these cuts were made across the board to city and county departments. At the same time, federal ARPA funds expire at the end of 2024. This is a period of significant transition for public health funding.