UPDATE
Administration and Human Services Committee
Standing Committee Meeting Agenda
Monday, April 24, 2017
5:15 PM

Location:
Municipal Office Building
701 N 7th Street
Kansas City, Kansas 66101
5th Floor Conference Room (Suite 515)

Name	Absent
Commissioner Angela Markley, Chair	☐
Commissioner Melissa Bynum	☐
Commissioner Mike Kane	☐
Commissioner Harold Johnson	☐
Commissioner Jane Philbrook	☐

I. **Call to Order/Roll Call**

II. **Revisions to April 24, 2017 Agenda**

ITEM NO. 4 – 171122…AMAZON TRANSIT SERVICE

Synopsis: Request approval for extended service and associated funding for service costs associated with providing transit service to the New Amazon Fulfillment Center, submitted by Justus Welker, Transportation.

IV. **Measurable Goals**

V. **Committee Agenda**

Item No. 1 - GRANT: SEXUAL HEALTH ADOLESCENT RELATIONSHIP PROGRAM (SHARP)

Synopsis: A grant application has been submitted to the Federal Government, Office of the Assistant Secretary for Health, for a three year, $1.5M Teen Pregnancy Prevention Grant, submitted by Terry Brecheisen, Health Department Director. No match is required.

Tracking #: 171080

Item No. 2 - RESOLUTION: EXCLUDE A PORTION OF HOLLIDAY DRIVE FROM THE BOUNDARIES OF KCK

Synopsis: A resolution authorizing the filing of a petition to exclude a portion of Holliday Drive from the boundaries of Kansas City, KS, and providing notice that the Planning Commission will hold a public hearing on this matter on June 12, 2017, at 6:30 p.m., submitted by Susan Alig, Assistant Attorney.

Tracking #: 171088

Item No. 3 - RECOMMENDATION: NEIGHBORHOOD REVITALIZATON STRATEGY AREA (SOAR)

Synopsis: Recommend Census Tract 422 (18th St., I-70 to Central Avenue, west to Grandview Blvd.) be developed as a Neighborhood Revitalization Strategy Area (NRSA) for submission to HUD as part of the revised Five Year Consolidated Plan, submitted by Wilba Miller, Community Development Director.

Tracking #: 171086

VI. Public Agenda

VII. Adjourn

AGENDA UPDATE
ADMINISTRATON AND HUMAN SERVICES
STANDING COMMITTEE MEETING
MONDAY, APRIL 24, 2017

V. COMMITTEE AGENDA

NEW ITEM

ITEM NO. 4 – 171122…AMAZON TRANSIT SERVICE

Synopsis: Request approval for extended service and associated funding for service costs associated with providing transit service to the New Amazon Fulfillment Center, submitted by Justus Welker, Transportation.

Staff Request for Commission Action

Tracking No. 171122

Full Commission Meeting Date: 5/11/17
Committee: Administration & Human Services

Date of Standing Committee Action: 4/24/17
(If none, please explain):

Publication Required: No

Date:	Contact Name:	Contact Phone:	Contact Email:	Department/Division:
04/21/2017	Justus Welker	x6798	jwelker@wycokck.org	Transportation

Item Description:
Service costs associated with providing transit service to the new Amazon Fulfillment Center. Fulfillment Center is proposed to be a 24/7 facility.

Proposed service would operate 7 days per week using the 101 State Avenue bus route operated by the Kansas City Area Transportation Authority.

Staff is working to finalize the financial implications prior to Standing Committee.

Preliminary estimate of $265,000
Source: Not yet determined

Action Requested:
Seeking approval for extended service and associated funding.

Budget Impact: (if applicable)
Amount:
Source:
Included In Budget:
Other (explain):

Attachments List:

ADMINISTRATION AND HUMAN SERVICES

STANDING COMMITTEE MINUTES

Monday, February 13, 2017

The meeting of the Public Works and Safety Standing Committee was held on Monday, February 13, 2017, at 5:00 p.m., in the 5th Floor Conference Room of the Municipal Office Building. The following members were present: Commissioner Bynum, Chairman; Commissioners Johnson, Markley, and Philbrook. Commissioner Kane and BPU Board Member, Jeff Bryant, were absent. The following officials were also in attendance: Gordon Criswell, Joe Connor and Melissa Mundt, Assistant County Administrators; Brent Thompson, County Surveyor/Public Works; Rob Richardson, Director of Planning; Matt May, Emergency Management Director; Alan Howze, Chief Knowledge Officer; Misty Brown, Deputy Chief Counsel; and Doug Bailey, Sergeant-At-Arms.

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

Chairman Markley said revisions have been made to tonight's agenda. A blue sheet was distributed last Thursday adding Item No. 2, which we're going to handle as item No. 1 so that Mr. Richardson can get down to his planning and zoning meeting and that is regarding procedures for transcribing Planning Commission minutes.

Approval of standing committee minutes for November 28, 2016**. On motion of Commissioner Bynum, seconded by Commissioner Johnson, the minutes were approved.** Motion carried unanimously.

Committee Agenda:

Item No. 2 – 17967… REQUEST: PROCEDURES FOR TRANSCRIBING PLANNING COMMISSION MINUTES

Synopsis: Request approval of the procedures for transcribing minutes for the Board of Zoning Appeals, City Planning Commission and KCK Landmarks Commission, submitted by Rob Richardson, Director of Planning.

Rob Richardson, Director of Planning, said last month we were here and we proposed a new system for a transcription method for Planning Commission minutes. We've added some detail as you requested last month. I think it's fairly self-explanatory how those will be done. If you all approve this, we'll begin with tonight's Planning Commission meeting using this method of transcription. We want to practice this month on a light agenda because we think next month will be very heavy. If you have any questions on that, I'd be happy to answer those, otherwise I'd ask your approval.

Commission Johnson said this is just for BOZA, City Planning and Landmarks Commission?
Mr. Richardson said correct.

Acton: **Commissioner Philbrook made a motion, seconded by Commissioner Bynum, to approve.** Roll call was taken and there were four "Ayes," Philbrook, Johnson, Bynum, Markley.

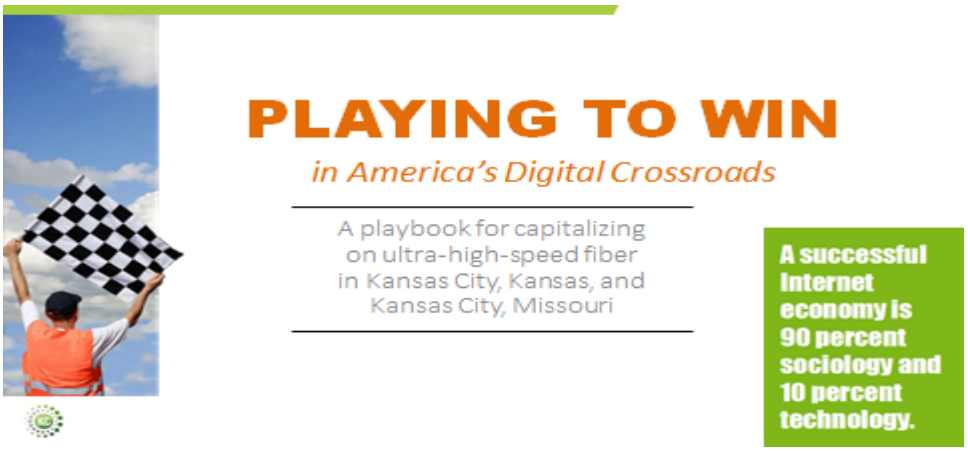
Item No. 1 – 17961… PRESENTATION: KC DIGITAL DRIVE

Synopsis: Update presented by Aaron Deacon, Executive Director of KC Digital Drive, on the activities and objectives of KC Digital Drive and how they are working with and supporting Unified Government priorities, submitted by Alan Howze, Chief Knowledge Officer.

Alan Howze, Chief Knowledge Officer, said this evening we wanted to have a presentation from Aaron Deacon who's the Executive Director of KC Digital Drive. Digital Drive has been a long time partner with the Unified Government in a number of different areas that you'll hear more about tonight including expanding Digital access and maximizing economic development opportunities for the community. As part of our innovation efforts we wanted to bring him in and let him give you an update on activities that Digital Drive was doing and how they are impacting the community.

Aarron Deacon, KC Digital Drive, said I'm going to recap about five years of activity in around 20 minutes here so feel free to stop and ask me questions or follow up later. I thought a little bit about whether to kind of focus broadly on the scope our work or to target—there are a handful of things that we're working on within Wyandotte County right now and I'm not going to go into a lot of detail on those. I will mention some of them but can come back and talk with those. I want to make sure to give a sort of (inaudible) because we're overdue for an update.

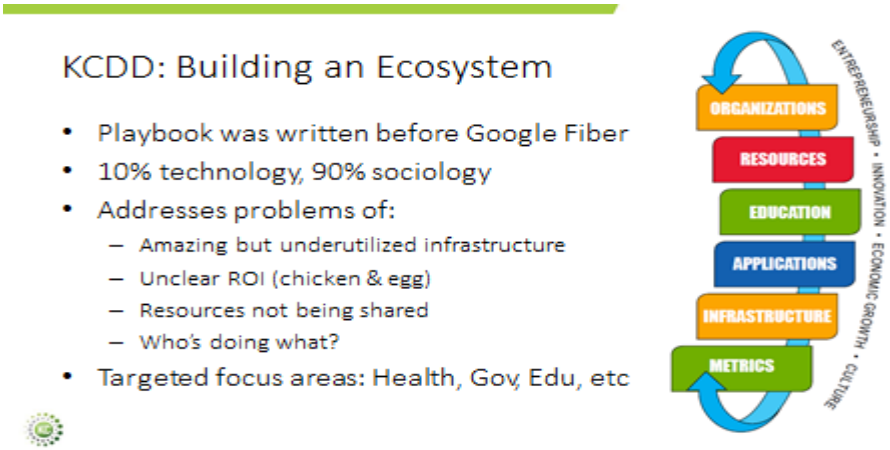
As you may recall or you may not, Google Fiber came here five years ago. There was a lot of questions about what that means for the city. Mayor James and Mayor Reardon at the time appointed the Mayor's Advice and Innovations Team innovations team to take a look at what we ought to do in order to maximize that private sector investment.



This playbook came out in 2012, Playing To Win an America's Digital Crossroads and target four key areas for the region to be thinking about and recommended to setting up a digital

leadership network, which was KC Digital Drive to take the playbook to implement the activities there in and to keep the vision alive for metropolitan internet ecosystem.

Even though we started from this kind of technology standpoint, the operating principal and really the driving force between our work was that all of this technology change management is really about the people, about the social system, about the communities and how people interact. That has really driving our work over the last five years.



This Ecosystem model was part of the playbook and it sort of looks at how we span and how the innovation Ecosystem more generally spans across all these different kinds of areas. Google Fiber was an infrastructure project obviously but it has applications that run on top of it. You need to educate people how to use these different applications and the new technology infrastructure and the hardware. You need collective resources and organizations that all work together to really come up with some acts of impacts. It's not the clearest thing to describe so forgive me in advance. If I don't do a great job and you have questions at the end, we will try to make this kind of make sense in terms of looking at the broad scope of our work.

We took that playbook and over the first couple of years of activity trying to sort through and execute on the plays and really refine our organizational mission, as Alan kind of eluded to, we realized that across all of the areas of the playbook there was sort of this underlining theme of economic and community development. Even though we are a 501c3, we're not a 501c4 or 501c6, were not strictly speaking an economic development organization. We really have seen that sort of permeates through a lot of the impact of the work that we try do. Our mission as we stand now is to make Kansas City a digital leader. That means Kansas City, the entire region, and we have three main strategies that we work on to do that.

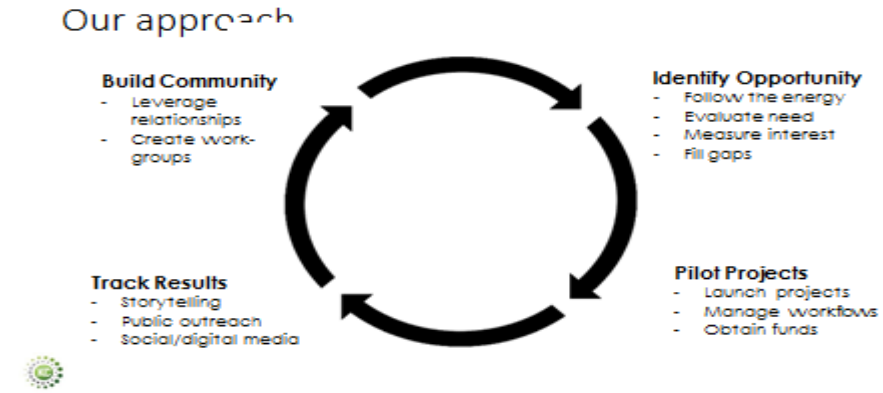
One is to bridge the Digital Divide and to make sure that technology infrastructure and technology change has an equitable impact across our communities. There is part of that, that is actually making sure that internet goes everyplace, but it also means being sensitive to the diverse communities that make up the whole Kansas City community in terms of how we think about technology change.

The second is really on driving digital innovation. We knew that we had a unique asset here. We have a lot of unique assets here and we really want to capitalize on them and adopt a culture of doing. This fits in with the make Kansas City America's most entrepreneurial city initiative, but we're not necessarily concerned about business creation, although our activities do lead to some businesses being created. It's really about empowering the people who are working to make the community better, to take on active projects, experiment with new things, find out what works and what doesn't work and help to scale those successes.

The third thing that we work on is building Kansas City's reputation. That is Kansas City as a whole metro area; we do a lot of work both here in Kansas City bringing people in, but also traveling, talking, speaking at conferences and participating in a whole lot of different national networks that are looking at smart cities and digital cities that has cities incorporate technology

and really making sure that we raise the profile of Kansas City as the metro area in those conversations. We can export the things that we create here. The projects that we do, the lessons that we learn when it comes to digital inclusion, but it also allows us to bring back into the metro area thought leaders and ideas from all around the world.

We started with Digital Divide and that was really kind of how I personally got involved in this area. We saw that map on the left and this was kind of around the middle of the MBIT process and we knew that we were struggling to get neighborhoods connected to google. This is sort of old history, but I like going back to this because partly it sort of established our creditability in terms of being able to do something. It's also a success story that gets forgotten, I think, a lot of times. There was a national narrative about Google and Digital Divide, but it made it worse and they weren't quite doing things right. There were certainly a lot of missteps, but the fact of the matter was through hard work and community effort and really mobilizing and network of community volunteers, we were able make it so that over 95% of the metro area that was in googles potential footprint actually qualified and has access to service. That's a pretty strong case and the amount of green on that map in Kansas City, Ks, in particular is something to be quite proud of.



We took that model which was really a community organizing model and have applied it to a lot of other projects. This is sort of a prude diagram that explains what we do. The first part is really around building community operating in a lot of different communities, around a lot of different kinds of topics, whether it's healthcare or education, civic tac government Smart City. There are communities that practice in all of these areas. We work to build those up and really focus them on emerging technology so we can identify opportunities where we have projects that we want to advertise and that we can try to make successful. Through that community building work we look to identify opportunities and then really kind of our bread and butter is launching projects so we want projects to happen, we want projects to be successful. We're okay if projects fail. We want to encourage this culture innovation all throughout the city and then we want to track results.

This is where we're the weakest. It's a lot of work to track all of the results across the Ecosystem. There are a lot of questions about okay how do you know the impact? A lot of the impacts are downstream. If you're talking about one-to-one IPad initiatives and you really care about whether kids are getting jobs when they graduate from high school or when they graduate from college. Those are hard things to tie together. There's a lot of work but we are building up a compelling story. I'd like to think one of the sort of values we bring as an organization is having that institutional memory to be able to trace back and look over a lot of initiatives that have kind of come and gone and continue to tell that story.

Building an Ecosystem

Area of Impact	Community	Projects
Digital Divide	KC Coalition for Digital Inclusion	mmWave (infrastructure) Getonlinekc.com (app) Survey (metrics)
Health Care	Health Innovation Team	SafeAssist (app) Telemedicine coding workshop (edu)
Education	Gigabit Community Fund	Gigabots (app) CERN + KC (app)
Civic Tech	Code for KC	Community KC (app) Address API (app)
Smart City	Gigabit City Summit, US Ignite, MetroLab, GCTC	Digital Town Square (inf) PlanIT Impact (app)

Some examples of how this plays out. Again, looking at this Ecosystem model, here are five different areas of impact that we work in. In each of those there are convening exercises that we do. Kansas City Coalition for Digital Inclusion was a meeting group that was started at the Kansas City Public Library. Eventually we, as an organization, were the founding home of that and helped to write a mission statement and a vision statement and bring some capacity to actually being an organization. Then within that some within the coalition as an entity and other things that we've adopted. We've seen opportunities for specific project work. There's several partners that we've found that wanted to donate some millimeter wave wireless fiber like backhaul equipment to be able to provide internet services in poor neighborhoods. Some of this gets technical and it's kind of mumbo jumbo so I apologize for that. There are people out there that we meet in our work that, for example, have spectrum that they need to use in Kansas City so they can maintain their spectrum license. We're able to use that in some cases to help bring internet services to neighborhood where they wouldn't otherwise have it.

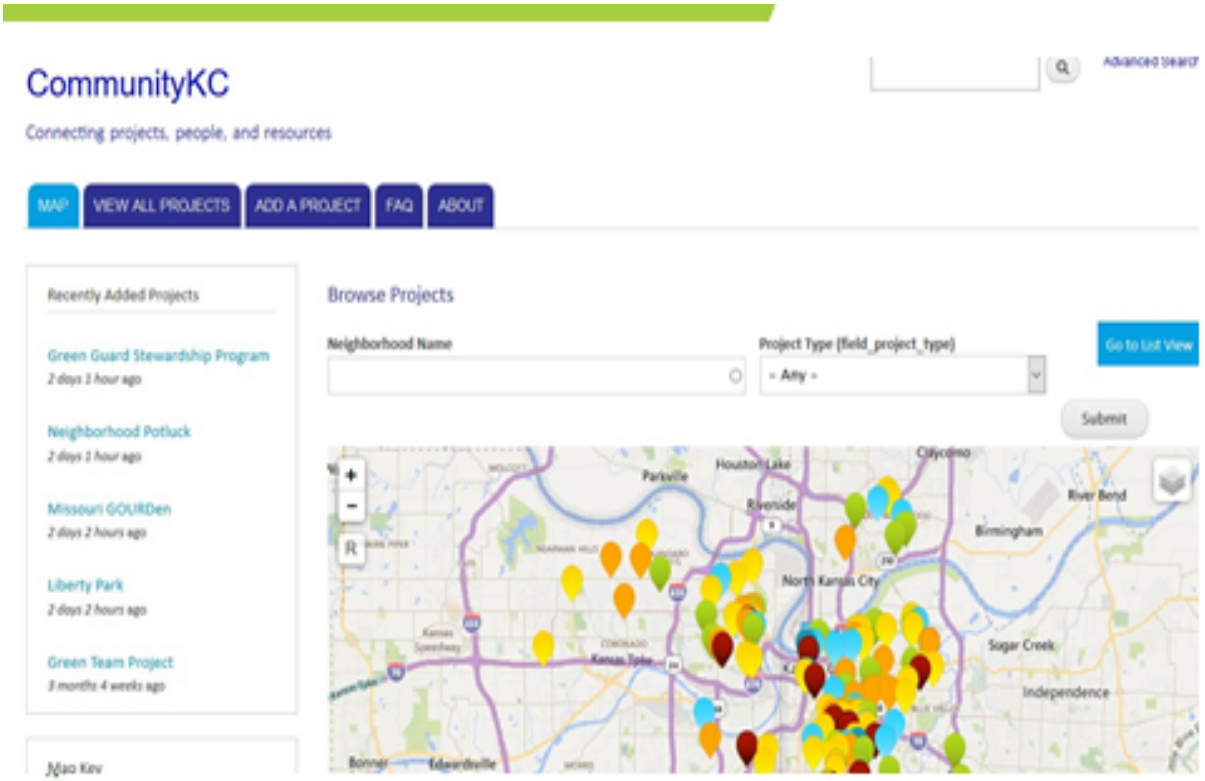
There's an app that we're working on called Getonlinekc.com. This is actually through the code for KC Brigade which you see down there a little bit lower which helps to identify resources. We've done survey work and research work so we've got, and this is actually my professional background, is as a researcher. The Kauffman Foundation commissioned us to do a large scale study on Digital Divide resources and look at statistics across a variety of areas, to paint a picture of the Digital Divide in Kansas City and identify gaps.

Within health care we have health innovation teams. That's our monthly meeting group of health care stakeholders. SafeAssist is an application that we're currently look for grant funding for from the Healthcare Foundation to help police and first responders deal with mental health situations better than they otherwise would be and not deal with them as criminal situations. We're planning a telemedicine coding workshop for the first half of April. There

were a bunch of new telemedicine codes that came on line that private practice doctors could use to effectively deliver more services. It's kind of a complex model and this came up in one of our healthcare meetings, a doctor who was using it described this. Some other people said hey that's a really interesting idea, is anybody else doing this? He said I don't think so, well let's have a workshop. It's taken a little bit of time to put it together, but it's an example of how an idea surfaces through the community building work and then we were able to go out and get a grant from the REACH Healthcare Foundation to put this into practice. In education we've partnered with Mozilla and brought the Gigabit Community Fund to town.

We funded about 20 projects; I think something like $200,000 to $250,000. $15,000 to $20,000 on average to each of those projects that are actual in classroom, for the most part pilots using gigabit technology in an educational workforce development context. Code for KC is a weekly hack night. We have about 50 meet ups a year with 15 to 20 people who volunteer their time to build out applications and software programs. We do quite a bit of work in the Smart City phase and so those first four are really more local focus but in the Smart City space this is really about taking the Kansas City brand and making it national.

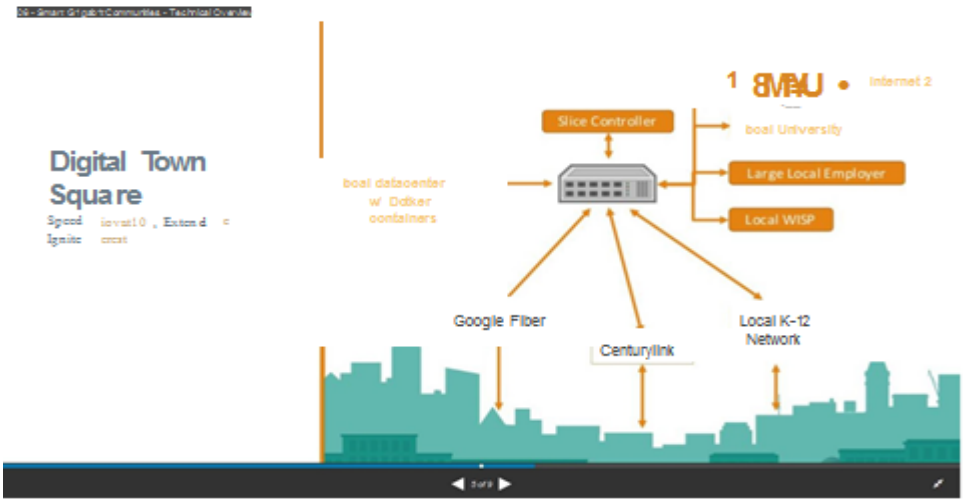
I will say, not just because I'm here in front of you all tonight, a large part of what I spend my time doing is making sure that it's not just KCMO and the Cisco, Sprint project that we mean when we talk about Smart City in Kansas City because there are a lot of other things that we're doing as a region. Even going back to Google or going back to some of the lighting projects, going back to the Smart Water and Smart Meter projects that BPU is doing that fit within the Smart City context and we need to do a good job of expanding that story.



Just a couple of sights as a frame of reference, this is one of our code for KC projects, CommunityKC. This is a map of good things that it's done for the Community Capitol Fund. They wanted a map so that they have all these $5,000 to $20,000 community grants that they give out. They found that people would give similar grants and they wouldn't necessarily know who had done a similar project. We've help build a map for them to locate those.

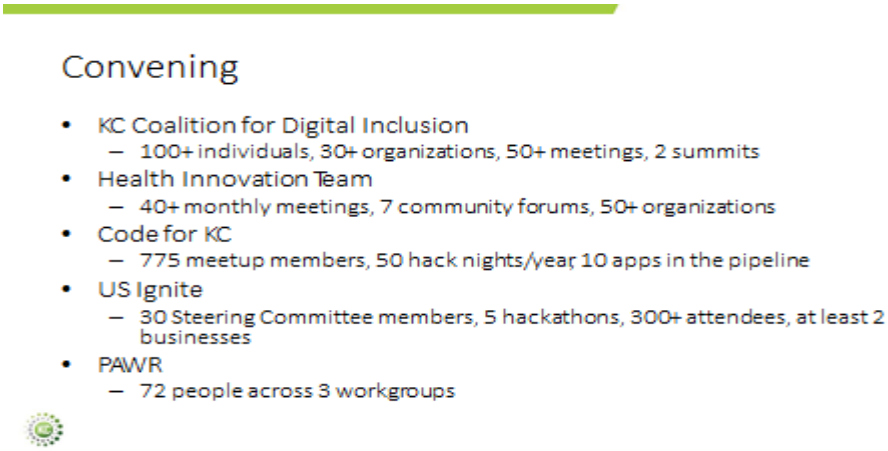
This is one of our education projects. It's a partnership with the folks that run the Hadron Collider in Geneva, Switzerland. It's a volunteer computing projects so where they can process

large datasets and they were interested in seeing what that looks like over a gigabit network in another part of the world.



The Digital Town Square, again this is a lot of tech mumbo jumbo, but essentially the idea is that we've got a lot of gigabit networks in Kansas City now. We have Google, AT&T we have liNKCity in North Kansas City, we have Consolidated Communications and they all ought to be able to talk to each other. Part of the advantage of having Gigabit Fiber Networks is that you get high bandwidth and low latency between end users. We're working on a project through the US Ignite Grant to connect those locally and be able to deliver new kinds of applications and Smart City applications locally.

We have a lot of projects at any given time that we're running. I've got a list and I should have probably brought the printout because there is a description that I try to keep up to date every couple of weeks and I'd be happy to distribute that. These are all things that we have some kind of project management or stakeholder role in or contributing role in.



Just to give an overview from our convening work, I won't read through all these numbers but we have a lot of meetings and there are a lot of people. There are a lot of volunteers, to take care of that many projects I've got a staff slide leader. We don't have much staff but we pretty much operate on a network model. We go out and engage the community and try to find people that are interested in the kinds of work that we do. There are a lot of them, there are a lot of people that want to give back and want to help make their community a better place. We help to try to empower them and drive that forward.

We do other things that are more high level work group oriented so US Ignite which is the grant that is helping to fund that Digital Town Square and do some community planning and kind of hackathons, sort of hack development work around applications to put on that. We've actually got a formal steering committee with 30 members, meets every couple months. The power project, this is kind of interesting one. The National Science Foundation is going to put out an RFP next month for city scale wireless kind if 5G testbeds. These will each be $20M grants. I been working with the FCC and NSF on this project for a couple of years in anticipation of this RFP. We got a work group together last fall just to start preparing a little bit early, we'll see how that goes. We have a work group right now working on sort of what the research agenda is going to be that that testbed might support, what the infrastructure footprint might look like here in Kansas City and what a governance process maybe for both private industry and academic

researchers to use this network. There will be more on that and Alan has been part of that work group as we await that RFP coming out next month.

I want to talk about some of the higher level, national or global initiatives. This is where Kansas City really has been on the world stage in a way that I don't think it was five years ago. Through almost all these initiatives, with one exception which I will point out, it's been interesting to see how that gets translated. There are some that were on the map that said Kansas City Kansas/Kansas City Missouri. There are some where we've started coaching people to just say Greater Kansas City. There are a couple where Kansas City Missouri has been like well no that's us not them. How we navigate this, to me it doesn't matter and to really most of the people in the room they don't care which city the project is from or who it's from, if it's Alan there or if it's Bob Bennet there. It's nice because we get both of them. For me, to be able to have multiple city governments to rely on really expands our reach in some sense as Kansas City and our ability to participate in these networks. In order to do that we need a commitment to innovation from the different city governments and partners in the region. We've seen that and especially I am very grateful that Alan's been hired because it's expanded your capacity to do that quite a bit.

US Ignite is a National Science Foundation project that supports the Digital Town Square that I was mentioning. It was about a $6M grant spread across 15 or 20 cities. We were among the first 15 who were grant funded so we've been able to get some direct grant funding money. I think new cities are now buying in at $300,000 a year. That's been a nice community to be a part of and Joe was down in Austin last year to launch that project.

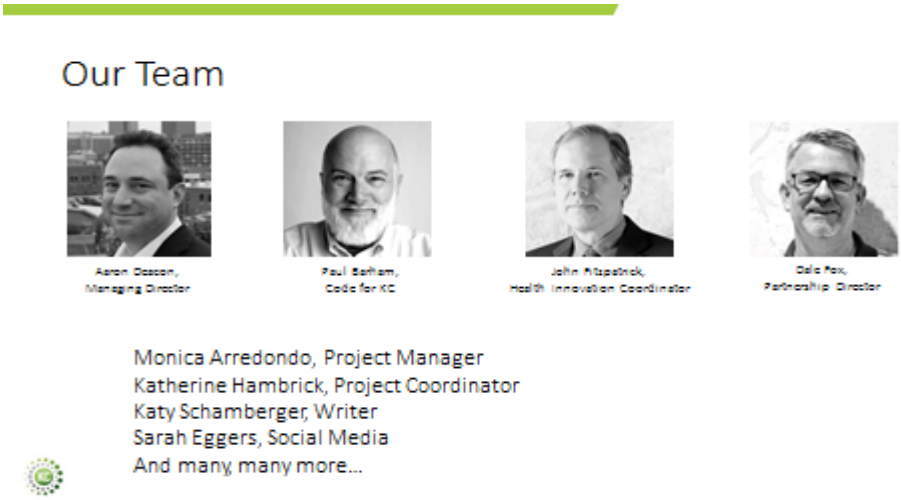
The Gigabit City Summit that's something we've done here. We are getting ready now for our third one of these. The first one was in January 2015; the second one was last May. We grew from about 250 to 350 participants last year, I think 50 to 75 cities and we're looking to continue to grow this year. The idea is really how to take next generation infrastructure and turn it into community impact and building the community of practice among other cities who are going through that same process.

The IEEE Smart City initiative, this one's a KCMO one, although I will say we had to choose five areas as part of our application that we wanted to focus on. One of them was regionalism because even though KCMO wants it to say KCMO on the website; they understand that it's important that when we think about what it means to be a Smart City and how we engage in this movement, a lot of that has to do with how we share resources and the fact that these technology networks and our data platforms are geography agnostic in some way.

Metro Lab Network is a partnership between cities and universities. This was launched in 2015 as part of the White House Smart Cities Initiative and it is a series of university and city partnerships that look for project opportunities. Basically the idea is researchers increasingly want real world testbeds to test their ideas in and city governments are strapped for the intellectual resources that academic researchers bring to bear on their problems. This came out of Carnegie Mellon in Pittsburgh and was expanded through a big McCarthy Foundation Grant. We were not in the initial cohort of cities, but we were able to join shortly afterwards in one of the few regional entries into this network in partnership with KU, UMKC, KCK and KCMO.

The Global City Teams Challenge is full of a lot of weird words. We have a super action cluster around health care that Alan is leading and that we are assisting with, looking at what smart and connected health opportunities are. The whole idea of the Global City Teams Challenge is looking at sort of the intersection between the digital and physical worlds. A Cyber physical

systems is what they call them within nist and its sort of an IOT, Internet of Things, in a connected area. We've got an action cluster, looking at Mayor Hollands Healthy Campus and thinking how do we use technology within that footprint, how do we think about smart health and what kind of opportunities are there.



I mentioned our team briefly, we really have one full time staff person and that's me. Paul Barham leads our Code for KC Brigade. He probably volunteers 20 to 25 hours a week. John Fitzpatrick is our healthcare consultant who is partially grant funded and partially volunteer. Dale Fox has been volunteering with us from the beginning. He's an ex-Time Warner Executive who brings a lot of industry experience. Though our grants and our other funding mechanisms we bring in a lot of other kind of regular contributors. I'd be remised not to mention Jason Harper who was our Communications Director for a year and half until he went back to the private sector. Really we have probably 300 or 400 volunteers who intersect a lot of these different projects and different places and take real ownership over them.

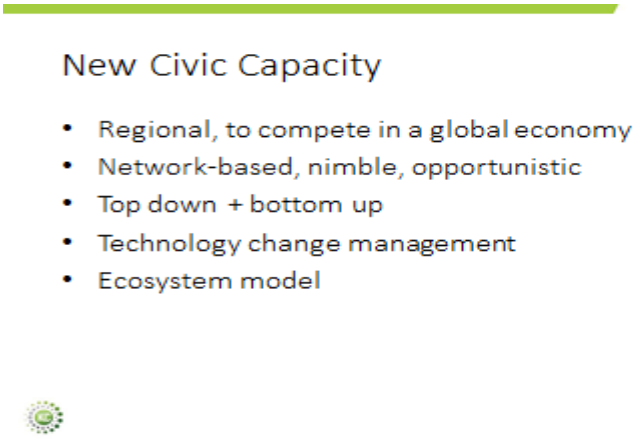
Funding

- $200k initial investment by KCK and KCMO, through MARC (2012-2014) -- $50k per city, per year
  - ~$1M total invested directly into KCDD since 2012
  - Additional $1M in support direct to project partners
- Additional revenue from grants, donations, and earned income
- KCMO resumed $50k annual commitment in 2016
- Target budget $450k yearly (government, corporate, philanthropic)

We were started by KCK and KCMO jointly. They each committed after the playbook was released $50,000 a year for two years. It's a $200,000 initial investment which really covered our work in 2012, 2013 and a little bit of 2014. From that we've garnered over a million dollars or maybe just under a million dollars of investment directly to the organization in terms of support and project support and grants and corporate funding and earn revenue. Along with an additional roughly a million to support in direct funding to other projects. The Mozilla project alone was probably $250,000 to projects and another $250,000 to staff and there have been other sources that we've helped some of the projects that we work in funding that goes to them. As I say, those are some foundation grants, corporate donations and sponsorships, personal donations and some earned income for programming that we do.

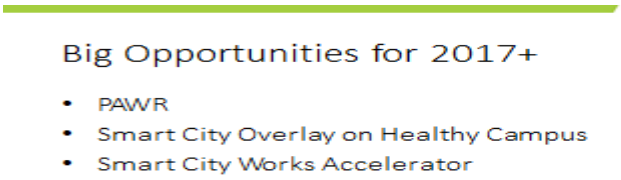
KCMO resumed its annual commitment last year and I've asked Alan about KCK, but we're kind of waiting for him to come onboard so that may be an ask that comes in the future. I do think that it's appropriate in our kind of model to our vision is to have public sector, private sector and the philanthropic sector all be able to come together and support the work that we do so that it is truly a community project.

We kind of like to see that; a third, a third, a third; but the other thing that we're doing is realigning our board right now so the other reason for kind of waiting for Alan to come is so that he can be on our board. Organizationally, we're really founded by Mike Burke and Ray Daniels who chaired the MBIT Team and myself and have been waiting first for Kansas City Missouri to get a Chief Innovation Officer for you guys to have a position because we think it's important for there to be a structural tie back to the cities. When Bob came on board we worked on a contract. We signed a contract with KCMO last year and we'll bring Bob and Alan and two other members from private sector onto the board, early this year. This gives a kind of brief timeline of how we started and what we've been doing with ourselves over the last five years.



Ultimately we think this kind of organization represents a new kind of civic capacity. It's been interesting as we've started to develop a peer network of other sort of non-profit or civic organizations in other cities who have occupied a similar place. Have this sort of entrepreneurial mindset, but aren't entrepreneurial organizations per se because that's sort of a self-contained

Ecosystem that's really focused on helping entrepreneur's and businesses with this idea that there is someplace that is sort of a mix of bottom up community work, along with top down sort of mayor and city work that you got this sort of innovation mindset that gets applied to the public sector or to sectors like healthcare or education where you've got a lot of really creative smart people who are doing interesting work but aren't necessarily the right fit for the entrepreneurship business creation mindset. It's a model around technology change management and thinking about how you maximize—**Commissioner Philbrook** asked what did you just say. When you hit the entrepreneurial part I'm like, wait a minute, I think I just lost something. I just skipped a beat somewhere in there so maybe I glazed over, I'm not sure. **Mr. Deacon** said it's interesting; this has become really clear talking to the Kauffman Foundation. It's a foundation of entrepreneurship and has been doing a lot of work on entrepreneurial Ecosystem. Usually when people say that they mean we want to help entrepreneurs be successful. We want to have new businesses get started and we want to help those businesses make money and be successful. In order to do that they need to go through a whole process. They identify a problem in the market, they maybe have some technology or maybe not, something that solves that problem and then figure out how to kind of take it to market.



We do a sort of similar thing but our success metric isn't whether a business gets created. Even though sometimes they do, but to look and the Healthy Campus, for example; we're not going to start a Healthy Campus business or a Digital Health business that goes and starts a pop up shop on Healthy Campus. We would like to see maybe it's air quality sensors, or a telemedicine kiosk, or new thinking in population health that is implemented in that kind of context. There are a lot of stakeholders, people who work at the hospitals and the healthcare systems and the non-profits who also want to see that and are also interested in it, sort of like you entrepreneur

communities are. It's a similar process but sort of different metrics. **Commissioner Philbrook** said thank you for clearing that up for me.

Mr. Deacon said the big things that we're working on this year, in addition to all the little things, but these I say big because all three of them probably have half-million-dollar plus budget line attached to them if they actually work. One is the Power project which is that wireless testbeds which would be a potential $20M grant for the Kansas City metro. Smart City overlay as I told Alan when I was describing this project to him I knew there was a $30M Healthy Campus project out there. I thought if there was a $31M or $32M dollar project for a Smart Healthy Campus, that would be worth exploring.

We're slowly making progress towards that. I've got a meeting with the building contractor on that project later this week and a couple consultants that have been helping to flush that out. Smart City Works Accelerator, this is a group that is launching their first accelerator cohort. This is actually an entrepreneurship play proper where they bring in startup companies and try to help them succeed more quickly. **Commissioner Philbrook** said there's an accelerator group that meets out south over in Overland Park where they bring in a lot of groups and they meet once a month. **Mr. Deacon** said I'm not for sure if I'm familiar with that one. **Commissioner Philbrook** said that's alright, I'll find out for you.

Mr. Deacon said so this group is really interested in infrastructure startup. Their belief is that the people that make roads and bridges and buildings don't need a software accelerator model to help them grow and their launching their first cohort in Virginia. They will recruit 10 companies and they'll go out and be in Virginia. We would like them to recruit 10 companies and come here to Kansas City. We've been working with Black & Veatch and JE Dunn and Burns & McDonnell to try and build corporate support for that. It's slow and it may not happen, but they're all sort of we think this is interesting, but we don't want to write checks so we will see where that ends up.

Commissioner Bynum said on your page where you're talking about building an Ecosystem, could you just talk a little bit more about the SafeAssist application, is that the one that would help with CIT with law enforcement? **Mr. Deacon** said yes. **Commissioner Bynum** said tell us a little more about what that would do. **Mr. Deacon** said the idea behind that is that it's really caregiver driven rather than police driven. This was something that Mike Grigsby who used to

be the CIO in KCMO PD and John Fitzpatrick who our healthcare consultant was. He was talking to Mike and Mike was really frustrated because they kept responding to these mental health incidents with the 911 calls and really wanted to have more data on the calls but did not want to own the data and did not want the police to build up the database. He didn't want take on the liability of having to maintain that so the thought was if we can set something up and allow caregivers to enter it on their own and if we can maintain it, or find another third party to maintain that database over time, it would still be an open portal that police officers could access and potentially diffuse some situations.

We found that they've tried to do something like this in a few other cities, Seattle, Atlanta, and Houston have all worked on developing things like this. In conversations with the Healthcare Foundation learned that there were a couple of others similar attempts. There's United Way 211, there are handful of other things that are like this. John is working on a grant right now to the Healthcare Foundation to do some analysis of what has been done in other cities, what has been the experience here to date. We've got a prototype of this, this kind of half built and living on some volunteer's server someplace. We'd like to be able to move it along a little bit further.

Commissioner Bynum said the implications of being a Gigabit City, as we move forward with our body camera project; I know that we've talked a lot leading up to body cameras, one of the issues is the fiber connectivity. Do these two things kind of come together at that point? I know we're still going to continue toward having the body camera's, that's coming I think in our very near future? **Mr. Howze** said I would say directly no because the body camera network will be geographically contained to our boundaries, this is where the information would live. However, there is a potential of broader application when you think about things like traffic cameras or other sort of transmission of large video files that now the routing might be because from here to California and then back across the state line. It can travel thousands of miles instead of going directly across.

The idea of the Digital Town Square is that you create a local hub so that you significantly reduce sort of the latency and the distance that it's traveling and while it is moving sort of at the speed of light, fast, it is sort of noticeable when you start talking about some of these different applications. The effort around the Gigabit Cities is that they want to create this Digital Town Square and the example they use is playing music. So if I were playing music here

and you were across town in your studio playing music today, even though we're physically sort of close there would be a noticeable lag if you were trying to do it online because human ears picks that up at a very small frequency or difference. This sort of closes that gap in latency and opens up new opportunities for different applications that I don't think we have even thought of yet that could take advantage of that infrastructure.

Mr. Deacon said I guess I would generally add part of what we do and part of the conversation with Alan is how do we think about all the different networks and how do we maximize the assets. You've got a lot of fiber in the ground. BPU got fiber in the ground and you're going to put some more fiber in the ground, how do make sure that we think strategically about how this stuff works together. **Commissioner Philbrook** said does that mean you are going to work well with others? We only need to dig up our streets so many times, thank you, because we have to keep putting them back down again.

On the Digital Divide section where you talk about your projects and you talk about infrastructure, the mmWave. Did you guys do some work in a few of the housing projects? **Mr. Deacon** said that was Connecting for Good I think. We've worked with them. I know they wired up Juniper Gardens and we have stepped into provide some support on projects that they were involved with previously. **Commissioner Philbrook** asked do you guys use some dish relays to come into there. There's a, is it on Mill Street or 10th Street, I'm trying to remember a housing project that when you drive up you see that they don't have individual feeds to their internet. They pick it up on Wi-Fi, over the whole unit; at least it looks like that.

Mr. Deacon said the technology they use is called mesh Wi-Fi although that's starting to get blurry and the technology changed a lot so I've got engineers who know what they're doing that maybe say something a little bit different every six months. The idea, and I think Connected for Good is still doing this as well, there are these real basically wireless antennas that can act like a fiber link if you've got a clear line of sight that you can go from a data center downtown where you can get access to the backbone of the internet and if you don't have any trees or buildings in the way you can kind of shoot a beam. You just imagine an invisible piece of fiber that goes to another building. There are a lot of different ways to get that down into the houses and that actually part of the kind of experiment that we're working on with this in the neighborhood, do we need to actually go and drill holes in people's houses and put routers in which I think they're

doing. Then they have a lot of different paths through which you can travel to get back to (inaudible). **Commissioner Philbrook** said sorry to put you on the spot. I had noticed and had been told from some patients that they had this or they had that and that happened when Google came in. That's why I was asking about it. **Mr. Deacon** asked was it a good experience. **Commissioner Philbrook** said there's no complaining. **Mr. Deacon** said that's good. **Commissioner Philbrook** said only me because I have a Google thing sitting right outside my office, a nice connector that I can't connect to because I'm business. Other than that you have still ran me to the other side, there's nothing I can do.

You mentioned some stuff you might want to do in like not Smart City, but our area for our Healthy Campus and you have a list of that stuff I guess that you think that you'd like to add to that or some ideas. I'm sure you've told or talked with others higher up than us. **Mr. Deacon** said we're working on getting a good list. It's an interesting question because when we go to the technology people they say well, what's the problem that you're trying to solve. They have been conditioned to think about this as a meeting needs as well. People aren't lowest health in Kansas or whatever, it's pretty broad.

In this case when you talk to the building contractors they're not even really thinking about health as much as the kind of the real estate. We're just working on bridging that gap a little bit at a time from each side so that we've got enough, we're not to the point where we don't want to come in and recommend a bunch of technology solutions. There are a lot of things that people are doing in Smart Connected Health. What we want to do is create enough of a vision to say here's the kind of things that you could do is as you're building out the building plan, your real estate guy, think about these sorts of things. Maybe this will help you raise money, maybe it will be just something else that you can do to impact resident's, maybe it'll be something else that could impact the people who might work on the campus.

There are a lot of variables even in what Healthy Campus is. **Commissioner Philbrook** said what does that mean right? **Mr. Deacon** said yes, and who's the population that it's designed to serve. There's a lot of work to be done. At least my feeling is, Kansas City, Kansas has a lot of really good fiber infrastructure now. That can provide an attractive backbone to do the kind of thing that we're seeing being done in other cities around the country and we ought to explore it and because health is a mayoral priority and there's some energy around that, it seems like a good fit. **Commissioner Philbrook** said what I do appreciate is that you are talking to the people that you need to talk to about integrating some of those thoughts.

Chairman Markley said this item is for information only. Thank you for your presentation.

Chairman Markley adjourned the meeting at 5:56 p.m.

Adjourned

mbb

Staff Request for Commission Action

Tracking No. 171080

Full Commission Meeting Date: 5/11/17
Committee: Administration & Human Services

Date of Standing Committee Action: 4/24/17
(If none, please explain):

Publication Required: No

Date:	Contact Name:	Contact Phone:	Contact Email:	Department/Division:
03/27/2017	Terry Brecheisen	x6707	tbrecheisen@wycokc.org	Health Department

Item Description:
The Unified Government Public Health Department has applied to the Federal Government- Office of the Assistant Secretary for Health for a 3 year grant in the amount of $1,500,000.00. In recent years, the Health Department has worked closely with the U.S.D. 500 School District and other partners on the implementation of an evidenced-based educational curriculum for middle and high school students across the district. This proposal will capitalize on these experiences and address "healthy relationships" for teens and adolcescents both through pre-existing programs and through a large network of Research Alliance Partners who will contribute to research activities and dissemination. No match requirement.

Action Requested:
Approval of grant application.

Budget Impact: (if applicable)
Amount: $0.00
Source:
Included In Budget:
Other (explain): Grant Funding Request

Attachments List:
Application, Budget Narrative, Project Narrative

GRANTS.GOV

Grant Application Package

Opportunity Title:	FY17 Announcement of Anticipated Availability of Funds
Offering Agency:	Office of the Assistant Secretary for Health
CFDA Number:	93.343
CFDA Description:	Public Health Service Evaluation Funds
Opportunity Number:	AH-TPE-17-001
Competition ID:	AH-TPE-17-001-058580
Opportunity Open Date:	12/21/2016
Opportunity Close Date:	03/24/2017
Agency Contact:	Program Requirements or Technical Assistance: OAH Research Center FOA 240-453-2847 PHSFAQS@hhs.gov

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

Application Filing Name: The Unified Government of Wyandotte County/Kansas City, KS Public Health Department (UGPHD)

Select Forms to Complete

Mandatory

- Application for Federal Assistance (SF-424)
- Project Abstract Summary
- Project Narrative Attachment Form
- Budget Narrative Attachment Form
- Disclosure of Lobbying Activities (SF-LLL)
- Assurances for Non-Construction Programs (SF-424B)
- Budget Information for Non-Construction Programs (SF-424A)

Optional

- [X] Attachments

Instructions

Show Instructions >>

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

OMB Number: 4040-0004
Expiration Date: 10/31/2019

Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify):
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received:	4. Applicant Identifier:
03/24/2017	

5a. Federal Entity Identifier:	5b. Federal Award Identifier:
48-1194075	AH-TPE-17-001

State Use Only:

6. Date Received by State:	7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:	Unified Government Public Health Department

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
48-1194075	0306935920000

d. Address:

* Street1:	619 Ann Avenue
Street2:	
* City:	Kansas City
County/Parish:	
* State:	KS: Kansas
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	66101-3038

e. Organizational Unit:

Department Name:	Division Name:
Public Health Department	Personal Health Services

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:	Mrs.	* First Name:	Christina
Middle Name:			
* Last Name:	VanCleave		
Suffix:			

Title:	Program Supervisor
Organizational Affiliation:	Unified Government Public Health Department
* Telephone Number:	913-573-6774
Fax Number:	913-573-6788
* Email:	cvancleave@wycokck.org

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Office of the Assistant Secretary for Health

11. Catalog of Federal Domestic Assistance Number:

93.343

CFDA Title:

Public Health Service Evaluation Funds

*** 12. Funding Opportunity Number:**

AH-TPE-17-001

* Title:

FY17 Announcement of Anticipated Availability of Funds for Centers for Teen Pregnancy Prevention and Adolescent Health Promotion Research

13. Competition Identification Number:

AH-TPE-17-001-058580

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Map of Wyandotte County.pdf | Add Attachment | Delete Attachment | View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Sexual Health Adolescent Relationship Program (SHARP)

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: KS-003 * b. Program/Project: KS-003

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2017 * b. End Date: 06/30/2020

18. Estimated Funding ($):

* a. Federal	500,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	500,000.00

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☐ a. This application was made available to the State under the Executive Order 12372 Process for review on .

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☒ c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Ms. * First Name: Christina

Middle Name:

* Last Name: VanCleave

Suffix:

* Title: Program Supervisor

* Telephone Number: 913-573-6774 Fax Number: 913-573-6788

* Email: cvancleave@wycokck.org

* Signature of Authorized Representative: Christina C VanCleave * Date Signed: 03/24/2017

OMB Number: 0980-0204
Expiration Date: 04/30/2015

Project Abstract Summary

Program Announcement (CFDA)

93.343

Program Announcement (Funding Opportunity Number)

AH-TPE-17-001

Closing Date

03/24/2017

Applicant Name

Unified Government Public Health Department

Length of Proposed Project

36

Application Control No.

AH-TPE-17-001

Federal Share Requested (for each year)

Federal Share 1st Year

$ 500,000

Federal Share 2nd Year

$ 500,000

Federal Share 3rd Year

$ 500,000

Federal Share 4th Year

$ 0

Federal Share 5th Year

$ 0

Non-Federal Share Requested (for each year)

Non-Federal Share 1st Year

$ 0

Non-Federal Share 2nd Year

$ 0

Non-Federal Share 3rd Year

$ 0

Non-Federal Share 4th Year

$ 0

Non-Federal Share 5th Year

$ 0

Project Title

Sexual Health Adolescent Relationship Program (SHARP)

Project Abstract Summary

Project Summary

Project Abstract Summary
Pregnancy prevention among adolescents continues to be a major area of concern for many communities. The Wyandotte County, Kansas City, Kansas Unified Government Health Department has a long track record of involvement in activities to reduce teen pregnancy. In recent years, the Health Department has worked closely with the U.S.D. 500 School District and other partners on the implementation of an evidenced-based educational curriculum for middle and high school students across the district. Although this has led to important successes, clear opportunities for improvement exist. The recent growth of strong partnerships for research and teen health care between University of Kansas Medical Center, the Health Department, U.S.D. 500, Wyandotte Inc. (the designated County mental health center), and Children's Mercy Hospital System has led to a clearer understanding of opportunities for teen pregnancy reduction and the development of this proposal. These partners have worked closely together the last several years to develop a series of research projects, as well as a new school based clinic system with robust mental health and women's health services fully integrated (including pre and postnatal care). This proposal will capitalize on these experiences and address "healthy relationships" for teens and adolescents both through pre-existing programs and through a large network of Research Alliance Partners who will contribute to research activities and dissemination. By combining research expertise at two academic health science centers and the community-based knowledge and understanding of the Health Department and our Research Alliance Network, we believe this proposal is unique and well suited to conduct innovative and novel community-based research around teen pregnancy. By using a community-based participatory research (CBPR) approach and heavy involvement of teen leaders we have already engaged through the school-based clinic system, we will have a highly relevant and pragmatic research center with enormous potential for rapid impact.

Estimated number of people to be served as a result of the award of this grant.

0

Project Narrative File(s)

*** Mandatory Project Narrative File Filename:** Research Centers in Teen Preg Reduction RFA-instructio

Add Mandatory Project Narrative File | Delete Mandatory Project Narrative File | View Mandatory Project Narrative File

To add more Project Narrative File attachments, please use the attachment buttons below.

Add Optional Project Narrative File | Delete Optional Project Narrative File | View Optional Project Narrative File

Budget Narrative File(s)

*** Mandatory Budget Narrative Filename:** Budget Narrative final form.docx

Add Mandatory Budget Narrative | Delete Mandatory Budget Narrative | View Mandatory Budget Narrative

To add more Budget Narrative attachments, please use the attachment buttons below.

Add Optional Budget Narrative | Delete Optional Budget Narrative | View Optional Budget Narrative

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

Approved by OMB
0348-0046

1. * Type of Federal Action:
- [ ] a. contract
- [x] b. grant
- [ ] c. cooperative agreement
- [ ] d. loan
- [ ] e. loan guarantee
- [ ] f. loan insurance

2. * Status of Federal Action:
- [ ] a. bid/offer/application
- [x] b. initial award
- [ ] c. post-award

3. * Report Type:
- [x] a. initial filing
- [ ] b. material change

4. Name and Address of Reporting Entity:

[x] Prime [ ] SubAwardee

** Name:* Unified Government of Public Health Department

** Street 1:* 619 Ann Avenue *Street 2:*

** City:* Kansas City *State:* KS: Kansas *Zip:* 66101

Congressional District, if known: KS-003

5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:

6. * Federal Department/Agency:

US Dept. of HHSO.

7. * Federal Program Name/Description:

Public Health Service Evaluation Funds

CFDA Number, *if applicable:* 93.343

8. Federal Action Number, *if known:*

9. Award Amount, *if known:*

$ 1,500,000.00

10. a. Name and Address of Lobbying Registrant:

Prefix: ** First Name:* Engage LLC *Middle Name:*

** Last Name:* Engage LLC *Suffix:*

** Street 1:* 525 2nd St. NE *Street 2:*

** City:* Washington *State:* DC: District of Columbia *Zip:* 20002

b. Individual Performing Services (including address if different from No. 10a)

Prefix: ** First Name:* Paul *Middle Name:*

** Last Name:* Kalchbrenner *Suffix:*

** Street 1:* 525 2nd St NE *Street 2:*

** City:* Washington *State:* DC: District of Columbia *Zip:* 20002

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

*** Signature:** Christina C VanCleave

***Name:** *Prefix:* ** First Name:* Christina *Middle Name:*

** Last Name:* VanCleave *Suffix:*

Title: Program Manager **Telephone No.:** 913-573-6774 **Date:** 03/24/2017

Federal Use Only:

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Standard Form - LLL (Rev. 7-97)

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 01/31/2019

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Public Health Service Evaluation Funds (Federal Funds)	93.343	$	$ 0.00	$ 500,000.00	$	$ 500,000.00
2.						
3.						
4.						
5. Totals		$	$	$ 500,000.00	$	$ 500,000.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY (1)	(2)	(3)	(4)	Total (5)
	Public Health Service Evaluation Funds (Federal Funds)				
a. Personnel	$ 108,381.00	$	$	$	$ 108,381.00
b. Fringe Benefits	42,707.00				42,707.00
c. Travel					
d. Equipment					
e. Supplies	2,314.00				2,314.00
f. Contractual	326,321.00				326,321.00
g. Construction					
h. Other					
i. Total Direct Charges (sum of 6a-6h)	479,723.00				$ 479,723.00
j. Indirect Charges	20,277.00				$ 20,277.00
k. TOTALS (sum of 6i and 6j)	$ 500,000.00	$	$	$	$ 500,000.00
7. Program Income	$	$	$	$	$

SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e)TOTALS
8. Public Health Service Evaluation Funds (Federal Funds)	$ 0.00	$	$	$ 0.00
9.				
10.				
11.				
12. TOTAL (sum of lines 8-11)	$	$	$	$

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	$ 500,000.00	$ 125,000.00	$ 125,000.00	$ 125,000.00	$ 125,000.00
14. Non-Federal	$				
15. TOTAL (sum of lines 13 and 14)	$ 500,000.00	$ 125,000.00	$ 125,000.00	$ 125,000.00	$ 125,000.00

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (YEARS) (b)First	(c) Second	(d) Third	(e) Fourth
16. Public Health Service Evaluation Funds (Federal Funds)	$ 500,000.00	$ 500,000.00	$	$
17.				
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	$ 500,000.00	$ 500,000.00	$	$

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges: See budget narrative

22. Indirect Charges: The de minimus rate of 10%

23. Remarks:

ATTACHMENTS FORM

Instructions: On this form, you will attach the various files that make up your grant application. Please consult with the appropriate Agency Guidelines for more information about each needed file. Please remember that any files you attach must be in the document format and named as specified in the Guidelines.

Important: Please attach your files in the proper sequence. See the appropriate Agency Guidelines for details.

1) Please attach Attachment 1	Appendix Page.pdf	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2		Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3		Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4		Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5		Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6		Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7		Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8		Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9		Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10		Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11		Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12		Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13		Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14		Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15		Add Attachment	Delete Attachment	View Attachment

OMB Number: 4040-0007
Expiration Date: 01/31/2019

ASSURANCES - NON-CONSTRUCTION PROGRAMS

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C.§§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U. S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).

14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
Christina C VanCleave	Program Supervisor
APPLICANT ORGANIZATION	DATE SUBMITTED
Unified Government Public Health Department	03/24/2017

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Budget Narrative

Unified Government Public Health Department

Key Personnel

Christina VanCleave, Project Coordinator: Ms. VanCleave has her bachelor's degree in Social Work and is a supervisor in Personal Health Services at the Unified Government Public Health Department. She has worked in a leadership role to promote sexual and reproductive health in Wyandotte County for the past 15 years. Ms. VanCleave currently manages a multidisciplinary staff that includes Disease Intervention Specialists, Program Coordinators and Health Educators who are funded through a variety of grants including state to local and the Personal Responsibility Education Program (PREP). These grant sources have given Ms. VanCleave the experience of managing grant funded programs at the state and federal level. Ms. VanCleave will be responsible for the overall management of the project which includes implementation, planning, coordination, monitoring and reporting associated with the project. In addition, Ms. VanCleave will provide oversight of the Research Alliance's filling the role as the main interceptor between the Research Alliance partners and CMH, KUMC and PACES. Specific duties include, maintaining, recruiting, coordination of Research Alliance's as well as scheduling and facilitating quarterly meetings

Health Research Coordinator: The research program coordinator positons at the Unified Government Public Health Department will implement evidence based teen pregnancy prevention programs with middle and high school students enrolled in Health and Physical Education throughout the Kansas City, Kansas Public School System (USD 500). These individuals will provide sexual and health education to "At Risk" youth between the ages of 13-

18. Evidence based interventions include curriculum involving healthy relationships, STD prevention, contraception, refusal skills and goal setting to aid in the reduction of teen pregnancy in the community.

Name	Role			Year 1	Year 2	Year 3	Total Salary Requested For 3 Years
Justin Folsom	Health Research Coordinator	Salary Fringe	100%	$49,420 $19,317	$50,410 $19,475	$51,417 $19,637	$151,247 $58,429
TBD	Health Research Coordinator	Salary Fringe	100%	$49,420 $19,317	$50,410 $19,475	$51,417 $19,637	$151,247 $58,429
Christina VanCleave	Program Supervisor	Salary Fringe	15%	$9,541 $4,073	$9,731 $4,105	$9,926 $4,116	$29,198 $12,294

*2% annual cost of living increase has been built into the budget for years 1-3.

Fringe Benefits

Fringe is calculation includes FICA, Retirement, Unemployment and Health Insurance.

Supplies

Office and other supplies for postage, printing, paper.

Sub-Contracts

See attached budget narratives for KUMC, CMH and PACES. Also includes 11 Research Alliances at $1,000 stipend per alliance.

Indirect Costs

The de minimus rate of 10% of modified total direct costs, due know negotiated indirect cost rate with a Federal entity.

BUDGET NARRATIVE

KUMC Sub-Contract

KEY PERSONNEL

K. Allen Greiner, MD, MPH, Medical Officer-Health Department, Principal Investigator: Dr. Greiner is a Professor and Director of the Family Medicine Research Division. He has extensive experience conducting clinical research and public health projects on a number of disease topics and has directed several large clinical studies specifically looking at interventions for improving colorectal cancer screening. He is PI on a Cancer Networks Program Center (U54) grant from NCI, the Kansas Community Cancer Disparities Network and he uses community-based participatory research methods with minority populations regularly as part of this program. He has extensive experience working with clinics and many underserved communities within Kansas and the urban neighborhoods of Kansas City, and his role as Medical Officer for the Kansas City, KS, Wyandotte County Health Department has prepared him to lead efforts to address a range of health disparities for minorities and low-income populations. He currently leads the community engagement program (the Community Partnership for Health) within the KUMC CTSA. His projects on health behavior change have employed innovative testing of theory and emerging constructs. His role on this project is to oversee and coordinate KUMC activities. He will serve on the Leadership Team and lead Quality Improvement activities with Dr. LeMaster. He will assist in recruiting new organizations partners to the network. He will provide direct training as needed (5% FTE in all years).

Joseph LeMaster, MD, MPH, Co-Investigator: Dr. LeMaster is a Family Physician and public health professional. He helped found the Wyandotte High School School-based health center with Dr. Greiner. He spent ten years working as a physician and public health professional in

Nepal and leads several projects promoting health among refugee communities. He is the Health Officer for the Johnson County Health Department, which serves the southern Kansas-side portion of the greater Kansas City metropolitan area. He has extensive experience with quality improvement initiatives and has served as the principal investigator on several studies that use practice facilitation with primary care practices working within the American Academy of Family Physician National Research Network. For this project he will serve on the Leadership Team and oversee Quality Improvement activities with Dr. Greiner. He will assist in recruiting new organizational partners to the network. He will provide direct research technical assistance as needed (5% FTE in all years).

Sarah Finocchario Kessler, PhD, Co-Investigator: Dr. Kessler is a public health researcher with extensive experience conducting interventions for at risk pregnant women with HIV. She is an Assistant Professor of Family Medicine at the University of Kansas Medical Center. She currently has a National Institutes of Health funded study employing the "HITSystem Program" to deliver text messages to pregnant women and reduce fetal HIV transmission in several African countries. For this study, she will provide guidance in the design, implementation and evaluation of research activities by partners and technical assistance components of the overall program. She will oversee any research that uses digital intervention components to be used with adolescents. She will serve on the Leadership Team (15% FTE in year 1, 14% in 2 & 3).

Natabona Mabachi, PhD, Co-Investigator: Dr. Mabachi is a Health Communications specialist who has experience conducting health promotion campaigns and research in low-income communities. This includes programs targeting teens and Latino populations. She has experience in qualitative methods and will lead mixed methods project activities. She will lead all Program communications activities. She will work closely with the Program Staff Team to determine

preferred communication content for primary materials and provide technical assistance on projects as needed (15% FTE in year 1, 14% in 2 & 3).

TBD, Project Manager: The Project Manager will organize and coordinate the work of the KUMC Research. They will communicate each day with the UGPHD staff and interface with Research Alliance Partners. She will organize meetings, track research projects within the project management system and maintain a registry of projects and dissemination activities. (100% FTE in all years)

Salaries and Wages Table Name	**Role**	**Year 1 Months %**	**Year 2 Months %**	**Year3 Months %**	**Total**
Allen Greiner	PI	5%	5%	5%	$36,651
Joseph LeMaster	Co-Investigator	5%	5%	5%	$36,208
Sarah Kessler	Co-Investigator	15%	14%	14%	$72,345
Natabona Mabachi	Co-Investigator	15%	14%	14%	$46,301
TBD	Project Manager	100%	100%	100%	$234,304
Total			$425,809		

BUDGET NARRATIVE

The Children's Mercy Hospital

KEY PERSONNEL

Romina Barral, MD, Co-Investigator: Dr. Barral is a Research Assistant Professor in the Department of Pediatrics at the University of Kansas Medical Center, an Assistant Professor in the Department of Pediatrics at the University of Missouri Kansas City, and Faculty in the Adolescent Medicine Division of The Children's Mercy Hospital. Her adolescent health research has focused on reproductive health among underserved and understudied populations. She also has experience in the development and implementation of research projects incorporating cultural factors and principles of community-based participatory research. For this application, she will bring her experience in multidisciplinary mixed methods research involving community-based studies, survey development, research design and methodology in minority populations, participant recruitment and human subjects' protection, data management, research staff training and supervision. Throughout her research, Dr. Barral has established a strong leadership and partnership with health care providers and community based organizations serving Latinos in the state of Kansas. She is currently completing a project funded by Children's Mercy Hospital to determine reproductive health care knowledge and access among Latino youth in rural Kansas. Within that project, she has developed a new research infrastructure for reproductive health research for Latinos in rural Kansas. **In summary, Dr. Barral has led the development of a new reproductive health research program focused on disparities among minority adolescents.**

As Co-Investigator and advisor on the proposed study, Dr. Barral will work closely with our Project Coordinator to collaborate with coinvestigators and clinical information specialists.

She will provide substantive and strategic program advice and assistance to the agencies responsible for carrying out significant program activities. Within these agencies, she will also build upon the partnerships to provide technical guidance and assistance in the review, evaluation, and oversight of the administration and management of program activities. She will also assist in developing data collection systems and conducting program evaluation to review, analyze and apply programmatic data and report on activities. She will also provide her expertise in generating reports and manuscripts.

As co-investigator, Dr. Barral will attend monthly investigator meetings, and annual scientific advisory meetings for project management, intervention development, and study analysis. She will assist in dissemination of products broadly among Research and Adolescent Health Societies, in which she is already active. Her effort will be 20% for all three years of the project. A 2.5% salary increase is included in years 2 and 3.

Salaries and Wages Table

Name	Role	Effort	Base Salary	Year 1	Year 2	Year 3	Total Salary Requested
Romina Barral	Co-Investigator	20%	$161,990	$32,398	$33,208	$34,038	$99,644

Fringe Benefits Table

Fringe benefits are calculated at a rate of 21.25% of salary. Fringe benefits include FICA, retirement, disability insurance, worker's compensation, life insurance, unemployment insurance, health insurance, educational assistance, adoption assistance, and an employee assistance plan.

Name	Role	Year 1	Year 2	Year 3	Total Fringe Requested
Romina Barral	Co-Investigator	$6,885	$7,057	$7,233	$21,175

TOTAL PERSONNEL: $120,819

TOTAL DIRECT CHARGES: $120,819

INDIRECT CHARGES: $60,411

The Children's Mercy Hospital currently has an indirect cost rate approved by the Department of Health and Human Services. The current approved rate for research is 50%.

TOTAL: $181,230

BUDGET NARRATIVE

Wyandot Inc., PACES

KEY PERSONNEL

PACES Staff

PACES: Consultant: PACES is a subsidiary of Wyandot, Inc. which is the mental health center within the community. PACES is dedicated to providing community based therapeutic services to children and adolescents with emotional and behavioral health concerns. PACES goal is to help children, heal families and create hope on the road to recovery so children and families can live happy and healthy lives. For this application, PACES will provide their expertise from a mental health perspective in the subject area of healthy relationships.

PACES will provide consultation to the Research Center and the Research Alliances as requested for guidance and knowledge of healthy relationships. The Research Center and its Research Alliances will be inserting a healthy relationships component into research projects on the reduction of teen pregnancy.

PACES consultation is based on an hourly contracted fee of $128.00 an hour. PACES can provide consultation to the Research Center and Research Alliances for a projected estimate average of three hours per week. This contracted fee will be $19,968.00 per year for three years for a total of $59, 904.00.

As the consultant in this project, PACES will attend quarterly meetings with the Research Alliances and other strategic or planning meetings as requested by the Research Center.

Work plan

Goal: *The UGPHD will effectively facilitate comprehensive and ongoing partnerships with key stakeholders to facilitate quality research on teen pregnancy prevention.*

S.M.A.R.T. objective: **The UGPHD will conduct ongoing assessments of research needs, gaps, regional resources, literature reviews, as well as providing summarization of research findings.**

Activities	Measures of Success	Responsible position	Timeline
1. Provide ongoing assessment of needs in priority area	Systematic list or registry of needs	UGPHD staff	Updated quarterly throughout
2. Summarizing state of research in priority area	White paper	CMH faculty	Updated every 6 months
3. Filling research gaps found in the assessment	New project designed Project launched Initial data analysis	KUMC-CMH faculty KUMC and UGPHD staff	Updated quarterly throughout
4. Ongoing research literature review (every quarter) to see if updated studies on teen pregnancy prevention and healthy relationships are available	Comprehensive literature review summary	KUMC-CMH faculty	Updated quarterly throughout
5.Conduct periodic review of regional resources available for reproductive health or health relationship promotion	Resource registry	UGPHD staff	Updated every 6 months

S.M.A.R.T. objective: **The UGPHD will identify, develop, and maintain a community-based research alliance network.**

Activities	Measures of Success	Responsible position	Timeline
1. Obtain letters of commitment	Completed letters	UGPHD staff	Ongoing
2. Organize quarterly meetings	Meeting minutes, updated projects and needs registries	UGPHD staff	Quarterly throughout
3. Establish communications and technical assistance request mechanisms	Website, newsletter, online portal	UGPHD staff	3 months
4. Recruit new Alliance partners	Increased number of commitment letters	UGPHD, KUMC, CMH staff & Research alliance partners	Ongoing

S.M.A.R.T. objective: **The UGPHD will report on the progress of the Center's work, including: work accomplished with research alliances, challenges, and lessons learned.**

Activities	Measures of Success	Responsible position	Timeline
1. Complete semi-annual progress reports	Completed reports	UGPHD staff	6 months ongoing
2. Disseminate communications materials	Website, newsletter, social media	UGPHD and KUMC staff	3 months ongoing
3. Submit peer-reviewed publications	Publications	KUMC-CMH faculty	12 months ongoing
4. Conduct regional presentations	Presentation materials	KUMC-CMH faculty	3 months ongoing

S.M.A.R.T. objective: **The UGPHD, KUMC, and CMH will provide technical assistance through applied research and development projects.**

Activities	Measures of Success	Responsible position	Timeline
1. Project planning	Meeting minutes, IRB approvals	KUMC-CMH faculty	3 months ongoing
2. Project implementation	Project reports	UGPHD and KUMC staff	6 months ongoing
3. Data analysis	Data analysis plans	KUMC-CMH faculty	9 months ongoing
4. Create preliminary reports	Draft reports	KUMC-CMH faculty	12 months ongoing
5. Generate final reports	Published and/or disseminated reports	KUMC-CMH faculty	15 months ongoing

Goal: *The S.H.A.R.P. (Sexual Health And Relationship Program) will impact and enhance teen pregnancy interventions on a national level.*

S.M.A.R.T. objective: **The UGPHD will institute a dissemination plan.**

Activities	Measures of Success	Responsible position	Timeline
1. Organize quarterly meetings	Meeting minutes, updated projects and needs registries	UGPHD staff	Quarterly throughout
2. Develop and distribute communications materials	Website, newsletter, social media	UGPHD and KUMC staff	3 months ongoing
3. Generate White paper reports	Reports of literature reviews	KUMC-CMH faculty	6 months ongoing
4. Organize and begin QI projects	QI project protocols	KUMC-CMH faculty	6 months ongoing
5. Create resource & product repository	Repository developed and available	UGPHD and KUMC staff	6 months ongoing
6. Establish Annual Teen Pregnancy Summit	Summit presentations and notes	UGPHD and KUMC staff	12 months ongoing
7. Develop a parent advisory council	Consistent attendance by invested parents	UGPHD, KUMC, CMH staff	3 months
8. Enhance the teen advisory council	Consistent attendance by teens in our community	UGPHD, KUMC, CMH staff	3 months ongoing

S.M.A.R.T. objective: **The UGPHD will establish a Collaboration & Coordination Plan.**

Activities	Measures of Success	Responsible position	Timeline
1. Organize quarterly meetings	Meeting minutes, updated projects and needs registries	UGPHD staff	Quarterly throughout
2. Develop and distribute communications materials	Website, newsletter, social media	UGPHD and KUMC staff	3 months ongoing
3. Implement project management software	Software launched and running	UGPHD and KUMC staff	3 months ongoing
4. Collaborate with other Centers and OAH grantees	Protocols for collaborative projects	KUMC-CMH faculty	12 months ongoing

Goal: *The Research Center will implement S.H.A.R.P. (Sexual Health And Relationship Program) through competent program management for a successful project execution.*

S.M.A.R.T. objective: **The UGPHD will implement, monitor, and manage S.H.A.R.P.**

Activities	Measures of Success	Responsible position	Timeline
1. Ensure project managers are in place	Managers assigned to projects and activities	UGPHD and KUMC staff and KUMC-CMH faculty	3 months ongoing
2. Finalize organizational chart	Completed organizational chart	UGPHD and KUMC staff and KUMC-CMH faculty	3 months ongoing
3. Implement project management software	Software launched and running	UGPHD and KUMC staff	3 months ongoing

S.M.A.R.T. objective: **The UGPHD, KUMC, and CMH will hire, train, engage, and retain staff.**

Activities	Measures of Success	Responsible position	Timeline
1. Ensure project managers are in place	Managers assigned to projects and activities	UGPHD and KUMC staff and KUMC-CMH faculty	3 months ongoing
2. Fill open staff positions	All staff positions filled	UGPHD and KUMC staff and KUMC-CMH faculty	3 months ongoing
3. Develop and deliver training protocols	Protocols, notes from trainings	UGPHD and KUMC staff and KUMC-CMH faculty	3 months ongoing

Project Narrative

Pregnancy prevention among teens remains an important area of public health concern. Lack of services and a failure to move beyond use of evidence-based curricula in schools have led to inadequate outcomes. Teen pregnancy requires more than $9 billion per year in dollars spent for health care, resultant foster care, juvenile justice intervention and eventual poor educational outcomes and limited job opportunities for adolescent mothers.[1] Failure to complete high school remains a major concern for teens that become pregnant or give birth. Only approximately fifty percent of teens who give birth during adolescence complete school or receive a G.E.D. This compares to the ninety percent of women who do not give birth and go on to receive a diploma by their early twenties.[1,2] The Centers for Disease Control and Prevention has declared teen pregnancy one of its ten winnable battles in public health.[3] The CDC's Healthy People 2020 objective is to reduce pregnancies among adolescent females aged 15-17 to 36.2 pregnancies per 1,000 female age-group population and females aged 18-19 to 105.9 per 1,000 female age-group population.[4]

Pregnancy rates among Kansas resident females aged 10-19 dropped by 7.5 percent from 2014 to 2015. The 2015 Kansas pregnancy rate among females 15-17 years of age (11.5 per 1,000 female age-group population) compares favorably with the Healthy People 2020 national target of 36.2 pregnancies per 1,000 female age-group population. The state pregnancy rate for females aged 18-19 (55.9 per 1,000 age-group population) also compares favorably with the Healthy People 2020 national target of 105.9 pregnancies per 1,000 female age-group population. Unfortunately, many disparities continue to exist among the diverse population groups in Kansas. For example, pregnancy rates for Black non-Hispanic and Hispanic teens

between the ages of 10-17 years continue to be higher than the rate for White non-Hispanics. The pregnancy rate among Black non-Hispanics increased slightly in 2015 to 6.8 from 6.7 in 2014, while Hispanics, who had the highest rates among the population sub-groups decreased from 9.9 in 2014 to 9.0 in 2015. White non-Hispanics continued to decline from 3.8 in 2014 to 2.9 in 2015. In Wyandotte County in 2015 pregnancy rates for Hispanic any race were 74.5 while White non-Hispanics was 45.0 and non-Hispanic Black was 59.3.

Wyandotte County, Kansas City, Kansas (KCK) is located in the Northeast corner of Kansas and is one of the least healthy and most impoverished communities in America. The county and city are considered contiguous and have a unified government. The county population was estimated at 163,369 in 2015 and it is the eighth poorest county in Kansas (105 counties total). Twenty one percent of those over age twenty five years are not high school graduates and the poverty rate is estimated at 30 percent. Children and youth aged 19 years and under living in Wyandotte County (48,690) account for 31% of the entire county population. Approximately 45% of these youth live in single-parent homes. The county is diverse (2016 census estimates are 24.3% African American and 27.7% Latino) and has many sociodemographic characteristics that make the risk of teen pregnancy very high for the population. There is great opportunity for strengths-based approaches that garner teen and community partner input for advancing research and health equity around the topic of teen pregnancy in the community and region. This proposal describes an interdisciplinary team approach that will rely on significant community input to build such a research Center in Kansas City, Kansas.

Overall Description of Research Center

The Wyandotte County, Kansas City, Kansas Unified Government Health Department (UGPHD)

has overseen and directed programs to reduce teen pregnancy in the County for at least twenty years. In recent years, the Health Department has worked closely with the U.S.D. 500 School District and other partners on the implementation of evidenced-based educational curricula for middle and high school students across the district. The recent development of multiple partnerships for research and teen health care between University of Kansas Medical Center (KUMC), the Health Department, U.S.D. 500, Wyandotte Inc. (the designated County mental health center), and Children's Mercy Hospital System (CMH) has led to a clearer understanding of opportunities for teen pregnancy reduction and the development of this proposal. These partners have worked closely together the last several years to develop a series of research projects, as well as a new school based clinic system with robust mental health and women's health services fully integrated (including pre and postnatal care). This proposal will capitalize on these experiences and address "healthy relationships" for teens and adolescents both through pre-existing programs and through a large network of Research Alliance Partners who will contribute to research activities and dissemination. Although evidence suggests that increased sexual and reproductive health service availability might improve disparities in teen pregnancy between minorities and others, many communities, such as Wyandotte County, face shrinking resources. In addition, many clinical care providers do not provide services that cater to youth. The lack of "youth friendly" or adolescent-centered approaches, may be an important barrier to service use by teens. We have found that our in school clinical activities overcome some of these barriers, but we see great potential for addressing "healthy relationships" in addition to expanded services. By combining research expertise at two academic health science centers and the community-based knowledge and understanding of the Health Department and our Research Alliance Network, we believe this proposal is unique and well suited to conduct innovative and

novel community-based research around teen pregnancy. The Research Alliance Network that has been assembled for this proposal consists of ten current organizations or institutions that serve youth. They are committed to active participation in the research activities of the overall Center (see letters of commitment). This Network will receive ongoing input and guidance from a teen advisory group and parental advisory council that will meet regularly and collaborate on projects. KUMC and CMH will lead research projects within this Center but will also work closely with Network Partners to design new projects and translate research into practice. By using a community-based participatory research (CBPR) approach and heavy involvement of teen leaders we have already engaged through the school-based clinic system, we will have a highly relevant and pragmatic research center with enormous potential for rapid impact.

Assessment of Research Needs and Resources Available

The Research Alliance Partners who have agreed to be a part of this proposal consist of a diverse and wide-reaching set of organizations and service providers (see appendix for full list). This Research Alliance "Network" will be the primary conduit for our assessment of research needs and regional resources. We convened this group and conducted a baseline comprehensive needs assessment through face-to-face meetings at the UGPHD and through email and telephone conversations. These Partners all agreed that additional research is needed on how "healthy relationships" influence teen pregnancy. Initial discussions with these Partners revealed important research needs around how both teen-parent and teen-teen relationships impact teen behavior. These Partners are excited to understand these issues more fully and to adjust their services and programming to assure that teens have the support they need to initiate and sustain healthy relationships. They expressed a commitment to work on implementation of healthy relationship interventions as evidence-based programs are uncovered or adapted to meet the

needs of their clients. We have a specific plan to continue regularly scheduled meetings and communications with all Research Alliance Partners throughout the grant award period.

In addition to our Research Alliance Partners, both a teen advisory group and parental advisory council will provide direct and extensive input to the Center on an ongoing basis. We assembled the teen advisory group in the fall of 2016 out of a health careers preparatory class at Wyandotte High School. These teens began working with KUMC faculty, UGPHD staff and teachers to address teen sexual health and organize a district wide HPV vaccination campaign and service delivery program. The campaign included a social media and peer-to-peer messaging program developed by the teen group. It culminated with an HPV immunization day at the high school in January 2017. Staff from the UGPHD delivered vaccines and students assisted with logistics. Through this experience the teen advisory group gained confidence and began looking for additional projects. Our team engaged them in discussions around preventing teen pregnancy and this research Center proposal through this past winter. Their input was combined with data collected from Research Alliance Partners as part of the needs assessment. Our plan is for ongoing meetings with this group throughout the grant period. We are currently in the process of assembling our parental advisory council. Our initial recruitment efforts have included outreach to the parents of our teen advisory group and to the parent teacher organizations of the five public high schools across U.S.D. 500. We expect to hold monthly meetings with our teen advisory group and quarterly meetings with our parental advisory council throughout the grant award period.

Identification and Maintenance of Research Alliances

While preparing this proposal, staff and researchers from the UGPHD, KUMC and CMH identified and convened a group of Research Alliance Partners. These Partners contributed

information and input on research needs and resources and each prepared and submitted a Letter of Commitment describing how they will be involved in future meetings and research activities with Center staff and leadership. Future plans are to work from this initial network of ten Partners and have ongoing discussions about additional key Research Alliance Partners who may need to be recruited to the network. This iterative process will continue throughout the entire grant award period. Each quarterly meeting of Partners will include dedicated time for discussing possible new Partners and the importance of building a network with all organizations and entities who are working with teens or who provide services that might contribute to conduct of research that answers the important questions of the larger group. Our strategy for maintaining Research Alliances is based on the same principles we have used at KUMC while leading the "community engagement" program for the KU Clinical and Translational Science Award (CTSA) Center. Running this program for the last six years has convinced us that research partnerships must be built on mutual trust and empowerment. As mentioned above, all work of the Center will be grounded in the principles of Community Based Participatory Research (CBPR). CBPR can be defined as "a *partnership* approach to research that *equitably involves*...community members, organizational representatives, and researchers in *all aspects* of the research process and in which all *partners contribute expertise and share decision making and ownership*"(emphasis added).[5] Key concepts that differentiate it from other types of research are the partnership between academic and governmental institutions and the community, the equitable distribution of all aspects of the research process (and monetary compensation), and the shared decision making and ownership of data. CBPR has been used to successfully address a variety of health outcomes in ethnic minorities, with the overall goal of reducing health disparities.[5] In minority communities, successful programs include youth tobacco cessation,

understanding tobacco use patterns, cancer prevention and control, elder abuse, youth wellness, genetic issues, environmental exposures, and mental health issues.[6-15] CBPR has been successfully used in non-English speaking communities for cancer research, training, and awareness,[16] breast health promotion,[17] HIV prevention programs,[18] and diabetes control and reduction.[19] It has been described as a valuable capacity building approach for underserved minority communities.[20]

CBPR methods have been used by all of the key personnel involved in this proposal. We have found these methods lead to collaborative research activities, with joint investment and shared outputs. Nearly half of the Research Alliance Partners for this proposal have previously worked with our team on community-based research in the past. As the Alliance grows, we expect to add in a broad array of policymakers and practitioners from across the region as well as nationally.

Description of Research Studies and Products

The Center will be structured to provide ongoing research assistance to all members of the Research Alliance as well as additional partners. All partners will be encouraged to request assistance directly or through online portals at the UGPHD or KUMC. Assistance will be provided for secondary data analysis, literature reviews, report/presentation development, grant writing, study planning, IRB approvals, survey and data collection activities, intervention development and delivery, trial design, and outcomes measurement. In addition, Center faculty and staff will provide direct assistance with research to practice activities and evaluation. This will include adaptation of evidence-based tools and products for implementation in local practice settings, as well as measurement of facilitators and barriers to rapid adoption of new strategies.

Center faculty and staff will work directly with partners to identify needs for promoting health relationships across the community.

Our initial research needs assessment revealed a number of crucial issues to be addressed in the research studies and products to be disseminated by the Center. After we completed our initial assessment, we worked with our Research Alliance Partners to develop an initial set of three research projects which will launch in the first year of the Center's existence. Each of these projects also ties into the Center's primary thematic focus of addressing healthy relationships.

1. *The impact of parent-child relationships in early childhood on teen pregnancy reduction.* This project will be developed using a CBPR approach to gather input and finalize a methodology that can explore the importance of early childhood and pre-teen influences on later adolescent behavior. Working with our Research Alliance network, our teen advisory group, and community members we will design a mixed methods project to explore whether enhancement of parent-child relationships influences future risk of pregnancy promoting behavior. This project will be primarily cross-sectional but will explore associations between parent-child bonding and communications and eventual pregnancy risk. Similar cross-sectional studies from the literature will be used to guide final study methodologies.[21,22]
2. *Understanding how housing and parental habitation influences teen pregnancy promoting behaviors*. Research Alliance Partners from the local Housing Authority and the Justice System identified this topic as a research need during assessment activities. These partners will help with further refinement of this project. The project will explore how the relationships of teens and adults co-habitating (formally or informally) in low-income housing across the region influence risk taking or health promoting behaviors.

Initial discussions with these partners and others suggest that a survey methodology may be appropriate for this project. Analysis of data to be collected would assess how the characteristics of housing development relationships relate to or are associated with sexual behaviors and pregnancy.[23]

3. *Do trauma-informed care approaches reduce risky sexual behaviors among teens*? This pilot intervention project will be driven by our teen advisory board and will test whether implementation of trauma informed care approaches (in schools, health care settings, and through our network of service providers) has a short or long-term impact on reducing teen pregnancy promoting behaviors. We will design special intervention materials that provide education on childhood trauma to teens, their parents and their sexual partners. We will also work to train service providers so that their work with teens adheres to trauma-informed care principles. Final methodologies will be determined by the network and teens but the goal will be to raise awareness around trauma and have all network Partners adopting trauma informed care approaches.[24,25]

Additional projects will be driven by both the needs of Partners and the expertise of involved researchers from KUMC and CMH. The KUMC team has experience using innovative theory-based approaches to influence health behavior among the underserved. We believe such approaches can be used to address healthy relationship issues that Research Alliance Partners identify as important. Part of the Center's approach may involve the novel use of evidence based strategies for changing teen, parent or teacher behaviors. Dr. Greiner has a current National Institutes of Health (NIH) funded study testing the use of implementation intentions to stimulate behavior change in African American and Latino communities in the region. It employs mobile technologies and touch screen computer methods . The text messaging is integrated in a web-

based system that prompts providers and patients when follow-up services are required. Dr. Kessler will use her established relationship with a Kansas City technology company to explore texting interventions to change relationships or increase uptake of youth-focused SRH services and advise partners about 'best practices' for using text messages to communicate with at-risk teens.

The UGPHD has been using text messaging to communicate with patients via text message for nearly three years. All patients, starting in July, 2014, at registration, were asked if they would consent to receiving text messages from the UGPHD using their mobile number. Since program initiation, 31% of all patients aged 15-19 have consented to UGPHD contact via text message. A computer-based text messaging application provides the platform for these text messages. Patients cannot respond to text messages, but text messages provide the patient a return contact number to call. Patients receive text messages when they need to return to the Health Department for STI treatment. Within this Program, the text messaging system will be used to facilitate referrals, schedule appointments, send reminders, and provide education to teens. It also may be utilized for promotion of behavior change or healthy relationship promoting strategies.

In addition, to research work, the Center and the Research Alliance Partner network will begin activities to disseminate a concrete set of evidence-based products to practitioners. These products will be evidence-based and have been identified as high priority items for adoption by regional service providers. They will be made available to the network and technical support will be provided to Partners as they make implementation plans. Products include; the Teenage Pregnancy Risk Assessment Checklist,[26] Guidebooks from the SAMHSA funded National Center for Trauma Informed Care [27], Adverse Childhood Experience (ACE) Questionnaire [28],

Abuse Assessment Screen (AAS) [29]. Center staff and faculty will then develop systematic plans to study the implementation/dissemination process as Partners attempt to adopt these products into routine practice. These study activities will be to identify key barriers and/or facilitators of product adoption. Following the initial stages of this study, Center faculty and staff will work with Partners to adjust their implementation approaches as necessary to assure broad and effective uptake

Dissemination Plan

Our Dissemination Plan for the Center includes dissemination and study of already existing evidence-based products, tools, and resources for reducing teen pregnancy, as well as a plan for disseminating new research findings that are produced by the work of the center. Our Research Alliance Partner Network will serve as the infrastructure through which all dissemination will occur. Our quarterly meetings with networks partners will be used as one platform for dissemination of materials and findings. We will also convene an annual daylong summit on teen pregnancy reduction where we will share best practices, new research findings, and conduct workshops on implementation and adoption of evidence-based strategies in practice. Each individual research study (such as the three example studies above) will have results presented in poster format as well as through "white paper" summaries that will be tailored to both local level community-stakeholders and then adapted for publication in scientific journals. We will use both the quarterly meetings and annual summit as "bridge events." A wide range of partners beyond the primary Research Alliance Partners will be invited to these events. The teen advisory group and parental advisory council will play key roles in guiding the local and regional dissemination strategies we adopt. Community members from these groups will review all presentations and written reports, and serve as co-authors and/or co-present with us whenever possible. For all

Research Alliance Partners, we will request approval to disseminate study findings on organizational web-sites, through newsletters, blogs and social media platforms. Our Center team has a history of publishing in nationally-recognized scientific journals as well as preparing various materials, from posters to PowerPoints to coloring books, for distribution to local professional and lay audiences. Quarterly meetings with Research Alliance Partners will be used to identify unique channels of distribution. We will ask Partners to consider methods such as practitioner academic detailing, webinars, zoom-videoconferencing, and quality improvement cycles for implementing products and strategies (plan,do,study, act - PDSA). We will work to establish a programmatic strategy for continuous quality improvement (QI) across the Program. A dedicated QI Team will be led by Drs. Greiner and LeMaster. Drs. Greiner and LeMaster are both Family Physicians working in public health who have conducted more than twenty separate quality improvement initiatives across the Kansas City metropolitan area over the last decade. Dr. Greiner has served as the Health Officer of the UGPHD for over ten years and Dr. LeMaster currently serves as the Health Officer for the Johnson County Health Department just to the south. Both are faculty at the University of Kansas Medical Center and helped establish the school-based health center in 2013 at Wyandotte High School along with U.S.D. 500 staff and others. By leading the QI Team, and being heavily involved in all activities for partners, they will assure widespread buy-in and leadership involvement in ongoing QI. Using PDSA procedures and directly communicating and supporting partner organization "champions", Drs. Greiner and LeMaster will assure impact and attention to program goals and objectives. Center staff will track and document the processes and outcomes of all QI activity and provide ongoing feedback to the team.

Along with dissemination activity to the scientific, lay and local healthcare communities,

we will take advantage of the Unified Government and KUMC's institutional media departments to prepare press releases, link to regional media outlets and utilize digital platforms to release stories and summaries of research and product implementation coming from the Center. Members of our team have a strong track record of procuring regional and national coverage of community-based research, and in fact, Dr. Mabachi with the KUMC team has a doctorate in communications and often works with underserved communities on strategies for delivering messages and information in the most effective way possible. Teen advisers and parental advisory council members will also participate alongside the Center investigative team in press conferences and media events, providing a crucial community perspective on study findings and product adoption. These groups have a vested interest in promoting better implementation of evidence-based approaches for reducing teen pregnancy and they include teens from the diverse racial/ethnic populations that make up the county.

Finally, to assist practitioners in adoption of the products and new research findings derived from work by the Center, we will build and maintain a website with links to all publically available products, training materials and intervention materials coming from newly completed research. These materials will address lessons learned and strategies for overcoming barriers to implementation of evidence-based pregnancy reduction products and strategies. Our entire Research Alliance Network will then help disseminate information about the website, and encourage others across the region to reach out to the Center for technical assistance with implementation of materials found there.

We will utilize an annual Partner survey to assess the impact of the Center's dissemination activities. This will go out to all Research Alliance Partners as well as other important regional practitioners, service organizations and stakeholders. Respondents will be

asked to identify specific new research activities and products they have implemented because of the Center.

Collaboration and Coordination Plan

The primary day to day activity for Center staff will be to manage the collaborative activities of the Research Alliance Partners. In addition to quarterly group meetings of this network, staff will engage in weekly if not daily communications and activities with these entities. Whenever possible, we will encourage Partners to work as part of teams on individuals research projects (such as those listed above). By having projects that require staff to interface with all network Partners, we hope to build collaborative cohesion. Faculty and staff from the Center will make regular visits to the offices and service centers of the various Research Alliance Partners, both to conduct study activities but also to collect information for periodic needs assessments and to facilitate coordinated efforts. In an effort to assure that all network members are aware of the work going on across the county, staff will develop a "registry" of current services, programs, and studies that all members of the network are engaged in. This will be updated quarterly and shared at quarterly Research Alliance meetings. UGPHD staff and the KUMC Project Manager will talk on a daily basis to keep this registry up-to-date. They will assign weekly tasks to all Center faculty and staff and track task completion using a project management software system such as Sharepoint®.

In addition, Center staff will develop a plan for collaboration with other Teen Pregnancy Research Centers and OAH grantees. Faculty and staff will work with OAH personnel to make linkages and begin exploring multi-site projects and policy related activities. Center faculty and staff will attend national meetings and plan breakout sessions and other strategies to interface with peers at other Centers.

The Center will maintain an administrative unit at the UGPHD designed to promote successful teen pregnancy reduction research and assure that this research meets the needs and expectations of our Research Alliance Partners and the broader County and regional communities. The unit will provide administrative management, budgeting, fiscal and project organizational support to all Center activities. It will provide a "front office" for both academic researcher and community members to gain access to resources, programmatic assistance, or new opportunities for research, products or program service development. The unit will interface with and provide support to national OAH programs, other teen pregnancy Centers, national committees and activities and it will facilitate data sharing, multi-site projects and national collaboration. New activities of the unit will build on the existing assets, infrastructure, research projects, and programs within the UGPHD, the Wyandotte County, Kansas City, Kansas, Unified Government, KUMC, CMH, Wyandotte, Inc., and our Research Alliance Partner organizations and institutions. The following section describes how the administrative unit will:

- Position the Center organizationally so that it is responsive to Wyandotte County and regional community, including teens and parents, and it maintains connections and fosters visibility and identity within the Unified Government, the University of Kansas Medical Center (KUMC), and Children's Mercy Hospital (CMH) System;
- Establish necessary intra and extra-institutional collaborations across departments, schools, institutions, and governance structures within the County, the metropolitan region, KUMC, CMH and between community health care and non-health care organizations;
- Organize and manage specific research, quality improvement, and outreach activities with attention to budgets and timelines; and

- Advocate and negotiate for access to adequate space, facilities, institutional support and engage outside expertise to advise the overall Center.

Center Leadership will be shared across the UGPHD and KUMC. Dr. Greiner's longstanding role as the County Medical Officer and his intimate involvement with the UGPHD over the last ten years make this shared leadership approach most appropriate. In addition, both KUMC and UGPHD leadership will work closely with a formed Community Executive Center Steering Committee. Dr. Greiner has experience directing major intervention projects with community-based participatory research (CBPR) methodologies and as a National Institutes of Health funded investigator, he is well versed in balancing urgent community health and health care needs with academic concerns. Thus, Dr. Greiner will lead efforts to coordinate research community engagement activities between Research Alliance Partners, KUMC, CMH and the UGPHD.

Center reporting will be structured so that the UGPHD administrative unit collects information from KUMC, CMH, and Wyandot, Inc. on a regular and ongoing basis. Each entity will report to the administrative unit on a monthly basis and request resources and support as necessary. Dr. Greiner and the KUMC group will oversee all in process research and quality improvement projects and assist the administrative unit in maintaining the project "registry." Dr. Greiner will work with a Scientific Leadership Team, comprised of Drs. Lemaster, Kessler, Mabachi, and Barral (CMH), to organize discussions with the Research Alliance, teen advisory group and parental advisory council, and then to take input and develop an overall Center research plan, along with goals, objectives, and timelines. This Team will complete semi-annual Center research progress reports drafted by staff and Dr. Greiner and submitted to the administrative unit. These progress reports and research planning documents will be reviewed and discussed at face-to-face semi-annual Community Executive Center Steering Committee

meetings. The Community Executive Center Steering Committee will ultimately direct and re-direct the Center as needed over time in concert with Dr. Greiner and the UGPHD lead Christina VanCleave.

Simultaneously, Dr. Greiner and Ms. VanCleave will provide annual reports to the Wyandotte Community Health Council, the County Commissioners, the U.S.D. 500 School Board as well as KUMC and CMH senior leadership. These reports will detail progress and status of the Center. Despite these administrative reporting lines with the Unified Government and academic medical centers, we have received assurances that the overall Center will be under the direction of the Community Executive Center Steering Committee and be first and foremost about community partnership and empowerment.

All Research Alliance Partners will complete an annual survey and will be asked to assemble a brief annual report detailing their teen pregnancy research and quality improvement activities for the previous year and providing an outline of their plans for the next year. Reports will also include copies of relevant presentations, publications, and products, with the expectation that all must share credit and/or acknowledge the role of community partners. Reports will be compiled by the administrative unit staff, which will then provide a full annual report to all Center Research Alliance member organizations. Approximately one month after delivery of the annual report, there will be an annual daylong teen pregnancy summit meeting for all entities; UGPHD, KUMC, CMH, Wyandot, Inc., U.S.D. 500, Research Alliance Partners and other interested individuals and groups. This summit will be used to highlight successful projects, summarize and discuss the reports, identify barriers to research and QI activities and recommend Center changes that may be necessary. More frequent oversight will be accomplished through our Community Executive Center Steering Committee (CECSC). The

CECSC, made up of four representatives from Research Alliance Partners, two members of the teen advisory group, two members of the parental advisory council and one at large community member, will meet monthly by phone with all UGPHD, KUMC and CMH faculty and staff. Dr. Greiner, Ms. VanCleave and the administrative unit staff will finalize all reports to the OAH, appropriate IRBs, the UGPHD Director and the KUMC Research Institute. Internal and federal reports will require CECSC approval prior to submission. If the CECSC deems it necessary, reports will be sent to the full Research Alliance group for review and discussion.

The entire Center will be organized in a matrix structure, ideal for handling complex activities that involve multiple partners. We will organize activities and responsibilities into three units: administrative, budgetary, and research/project monitoring. Administrative and budgetary functions will be under the direction of Ms. VanCleave at the UGPHD. These elements will be handled by Ms. VanCleave and staff with support from budget personnel in the Unified Government. Research/project monitoring will be under the direction of Dr. Greiner with linkage to KUMC and CMH faculty as well as data management and biostatistics support for data reporting as needed.

The administrative unit staff, will work directly with Dr. Greiner and research faculty within the Center to develop work plans and timelines for achieving the objectives of each project and all dissemination activities. These objectives (listed above) include: 1) assuring that the Center is answering to and interfacing with all research Alliance Partners and the regional teen/parent communities as studies are planned and implemented; 2) facilitating linkages and a Center identity with all intra and extra-institutional partners, departments and entities; 3) organizing, managing, and coordinating record keeping, budgetary planning and reporting for all center activities, and; 4) arranging for adequate space, institutional support and outside external

advisory expertise for the Center. Thus staff will be engaged in a number of communications, scheduling and file keeping activities, while simultaneously assisting Ms. VanCleave and Dr. Greiner with overall strategic planning and implementation of new activity to assure Center success.

The current community work of the UGPHD and KUMC has allowed us to develop, test and prove the efficiency of models like the one to be employed within the administrative unit and the overall Center. Our current project activities within U.S.D. 500 and with various community organizations and entities (many of whom have provided letters of commitment) have required direct ties and trust building with local minority community populations as well as intra-institutional scientific experts. Both faculty and staff within our team have learned to plan, schedule, and organize data, and they have been involved in extensive communications and information dissemination activities meant to improve health and raise awareness in local communities. Because of this prior involvement in multiple projects across institutions and with unique partners the team has the flexibility for conducting work across administrative, budgetary and project monitoring functions, and they will have no problem working closely together and filling in for each other as necessary. We are confident that the structure we propose will result in successful launch, positioning, and sustainability of the Center.

The Scientific Leadership Team (SLT) for the overall Center will have quarterly face-to-face meetings, as well as monthly phone reporting meetings to the CECSC. This committee will be chaired by Dr. Greiner and constituted of the Center's faculty (Drs. LeMaster, Kessler, Mabachi, Barral) and the KUMC Project Manager. The Project Manager will develop quarterly agendas, keep minutes and follow-up on assignments made at each meeting. The primary purpose of the SLT will be to:

- Develop novel and innovative new Center research proposals based on promising Research Alliance, teen and parental input as well as local and regional opportunities for research and dissemination activity (including new funding opportunities, new communications strategies, recruitments, inclusion of new Alliance Partners, investigators, consultants, staff or community programs).
- Set the agenda and organize the presentation of scientific information and facilitated discussion for meetings of the Community Executive Center Steering Committee, the teen advisory group, parental advisory council, County Commissioners, the U.S.D. 500 School Board and others.

Although Dr. Greiner will have final decision making authority, the SLT will provide the principal forum for discussions of new scientific opportunities that have arisen from quarterly Research Alliance meetings. Recommendations and proposals will then be delivered to the Community Executive Center Steering Committee (CECSC) for further input and refinement. Members of the SLT will be encouraged to identify opportunities themselves and from their contacts with community leaders and organizations, other faculty members, and other national organizations or groups. The Team will also provide an important venue for discussing and reaching consensus on how to solve operational problems that may arise involving more than one unit of the Center.

Community Executive Center Steering Committee. The Community Executive Center Steering Committee (CECSC) will be the Center's ultimate decision-making body. It will be comprised of nine members as described above (four representatives from Research Alliance Partners, two members of the teen advisory group, two members of the parental advisory council and one at large community member). It will meet monthly by phone with all UGPHD, KUMC and CMH

faculty and staff, and will:

- Set policy and prioritize use of resources from the administrative unit and the overall Center
- Oversee and review the performance of the Center leadership (Christina VanCleave and Dr. Greiner) and the administrative unit
- Review progress of all major Center activities (research projects, dissemination activities, communications and research to practice program development)
- Make recommendations to the Center leadership and SLT for adjustments or realignments of objectives for projects/activities out of sync with targets and timelines
- Guide deployment of dissemination programs and products to communities
- Assure collaborations and input of national staff, external scientists and community members into all Center projects and programs

The CECSC will be charged with developing, discussing, and refining all Center initiatives. Most Center activities will require the close collaboration of multiple units within the Center. Our experience in managing many similar community-campus partnership projects has led us to develop the management strategy and procedures described herein, which we believe will be highly successful in managing the Center's proposed work. Nevertheless, unanticipated problems will occur in creating and coordinating the multiple collaborating activities required by the Center we envision. The CECSC will be a most valuable resource for problem-solving in these situations.

Capacity and Experience

The Combined faculty and staff of the Center's four primary partners (UGPHD, KUMC, CMH and Wyandot, Inc.) have extensive experience conducting community-based research and addressing implementation research needs around sexual, reproductive and teen health. These

organizations have now had a close working relationship focused on school-based health center development and evaluation for four years. Faculty has been funded with both large and small grants from the National Institutes of Health, the Robert Wood Johnson Foundation, the Health Resources and Services Administration, the American Cancer Society, and others over many years. They have published the results of their work in a broad array of public health and clinical journals and they have extensive experience involving community members and stakeholders in research development, conduct and results dissemination (see one-page biosketches in the Appendices). The Department of Family Medicine at the University of Kansas will serve as a hub for research technical assistance, but the involvement of the UGPHD, CMH and Wyandot, Inc. will be crucial in establishing links to service providers and the community as well as with establishing diverse and interdisciplinary research teams that can carry out the Center's work.

The Department of Family Medicine is housed within the KU Medical Center complex. The Division has seven full time faculty investigators and over twenty staff with experience in health disparities research and community outreach. The Department has ranked within the top ten family medicine departments in the U.S. for NIH funding for the last 4 years. Two research division faculty members maintain clinical practices and each of the other five members is experienced in partnering with organizations and agencies to improve health. All research division staff has been hired with the intent of building a translational health disparities program studying prevention, social determinants, cancer and chronic diseases. These staff has expertise in health informatics, community based participatory research, implementation science, practice facilitation, minority participant recruitment, and bio-specimen collection. The research division has been the primary home for the community engagement program within the KUMC Clinical and Translational Science Award, *Frontiers,* for over six years.

The Unified Government Public Health Department (UGPHD) promotes healthy and a safe environment by providing a host of services that range from intervention to influence healthy behaviors to diagnosing, investigating and preventing infectious disease outbreaks and environmental hazards in the community. As a department within the Unified Government of Wyandotte County/Kansas City, Kansas, the Health Department is under the authority of elected officials and the County Administrator. Its' activities are funded by local taxes and state and federal dollars, as well as patient fees and donations.

The UGPHD is part of a community-wide system of safety net clinics which collaborate daily to provide high quality health care to lower income clients. In 2016, the UGPHD provided reproductive health services for 4,200 patients. UGPHD services include: immunizations, communicable disease surveillance, TB testing, Emergency Preparedness, refugee health services, Family Planning/Prenatal, WIC, STD/HIV testing/counseling. The UGPHD Family Planning clinic has been providing reproductive health care to the citizens of Wyandotte County since the early 1970's. The Family Planning Program is classified as a Title X recipient, where reproductive health services can be offered to adolescents without parental consent. The Family Planning clinic provides individuals with the information and means to use personal choice in deciding the number and spacing of their pregnancies. In order to accomplish this, clinical and/or counseling services are offered to clients that include: birth control methods, including Long Acting Reversible Contraception (LARC methods), STD testing, education and prevention; pregnancy testing; and Well Woman Exams. Services also include adolescent counseling on contraceptive options and education regarding choices; LARC use as first line strategy following ACOG/AAP guidelines; and contraceptive payment structure that provides a sliding fee scale for LARC devices and insertion, as well as manufacturer patient assistance programs for free LARC

devices. Individual and community education services are offered to promote understanding about human reproduction, sharing of family planning responsibility, effective use of contraceptive methods, and the use of family planning program services.

The UGPHD is heavily involved in school-based service provision and interactions with Research Alliance Partners. Frequent bi-directional referrals are made to the UGPHD family planning programs and the services offered by these Partners. These collaborative relationships assisted greatly in our needs assessment activities to date.

Project Management

UGPHD staff and the KUMC-based Project Manager will lead all project management activities. These staff will organize weekly Center meetings, quarterly Research Alliance Partner meetings, regular research project meetings, and additional meetings with Partners as needed. Each of these staff will also take on duties as primary project managers for individuals research projects such as those described above. They will create a "registry" database to track the full list of Center projects and activities and use this to update Partners on a regular basis. They will also use a project management software system such as Sharepoint® to track and coordinate the activities for individual's research projects.

Project Support, Tracking and Evaluation. We have developed, tested, and improved over time a series of management methods that permit a broad array of community-based research and practice improvement projects to meet their planned objectives in a timely and efficient fashion. We propose to use the same procedures to support and evaluate the progress of the research and dissemination projects of the proposed Center. We will take advantage of a matrix organizational structure in constituting the teams that will be charged with carrying out the projects of the Center. When we initiate each of the projects within the Center or any new projects, we will

require the assignment of a project manager and a primary faculty researcher to the project (these have already been determined for the projects described in the Research section above). These two will then submit a detailed work plan and timeline that delineate exactly how the project will achieve its objectives to staff within the administrative unit. The work plans and timelines will be loaded into a project management system (i.e. Sharepoint®) and will be constructed to assure that each project is conducted within the limits of the overall budget. Notes from these SLT/ CECSC discussions will then be used by Dr. Greiner and research faculty to develop materials for presentation and discussion at the next quarterly Research Alliance, teen advisory group and parental advisory council meetings so that community input guides final decision making and adjustments. As required by the particular needs of the project, Drs. Greiner and Ms. VanCleave will mobilize Core resources to find time from various staff to assist projects. Complete project teams (faculty, project managers, staff) will meet regularly and submit progress reports on a monthly basis to the administrative unit staff. These reports will be summarized and discussed every month by the entire administrative unit team. At these meetings, each project's progress since the last meeting will be reviewed against the expectations in the approved work plans and timelines. Obstacles encountered will be discussed and strategies developed to overcome them. Specific action items are passed back from administrative unit staff to team managers with target dates of completion. Between monthly meetings, project teams meet as often as required by their particular activities (typically weekly). Project managers monitor progress on all assigned tasks, coordinating activities among the different sites in each project, facilitating solutions to day-to-day problems, and identifying significant staffing needs, logistical difficulties, and other potential barriers to the timely and successful achievement of objectives. The mechanism of monthly meetings gives the administrative unit leaders a clear and up-to-date assessment of the

progress of each project, gives project staff regular access to senior staff for help in solving problems, and provides a structure within which expectations are established concerning reasonable and achievable project objectives from one month to the next.

A systematic evaluation of the Center's activities will be completed by KUMC and CMH faculty. Qualitative feedback on the performance of the Center will be solicited on an annual basis from all research Alliance Partners, the CECSC, the SLT, and any additional research partners. Furthermore, we will solicit formal feedback on the progress of the Center through an annual web-based survey disseminated to Research Alliance and teen/parent advisory groups. These surveys will be developed by faculty team members and modeled on current assessments we use annually for 360° evaluations of staff, faculty and project teams within the KUMC CTSA. Analysis will be completed by KUMC and CMH faculty. For additional quantitative evaluation measures, we will track the number of research and QI projects, study participants, presentations (including legislative testimony), publications and abstracts attributable to members of the Center. We will compile lists of the number and types of grants and contracts applied for and received by any Center team members or Alliance members. We will obtain state and regional data on teen pregnancy through the Kansas Department of Health and Environment (KDHE) and the Kansas Association for the Medically Underserved (KAMU). Members of our Center team work closely with leaders of these organizations and our close connections to KDHE should make this data easily accessible. Finally, we will compile assessments of budgetary and timeline adherence for each of the Center's projects, and evaluate success based on on-budget and on-time completion of aims as specified in original proposals. Drs. Mabachi and Barral will head up the final overall Center evaluation reports for delivery to the CECSC, Research Alliance, advisory groups, and others. This will involve a formative, process, and

outcomes evaluation.

Support for Human Subjects Protection. The KUMC and CMH faculty within this proposal have developed considerable expertise in an area of special importance to the research planned for the Center: human subjects protection of minorities and the underserved. Human subject's protections and HIPAA compliance is complex, and when coupled with the ethical issues of protecting the rights and privacy of special populations such as minorities and teens, made even more challenging. Ethical concerns extend into issues related to who "owns" data, which may authorize use or analysis of collected data, how long data will be maintained and how it may be linked to future undeveloped information and biomedical knowledge. Without considerable expertise in navigating the requirements of different institutional IRBs, the concerns of communities and the political realities of teens, parents and schools districts, research teams are likely to encounter many difficulties as they attempt to launch community-based, multi-partner research. Faculty and staff from KUMC and CMH have acquired critical expertise in this area. Our initial planned research studies within the Center will have direct input from our teen advisory group and parental advisory council. They are based on data collected through our baseline needs assessment activities. Our collaborations with our diverse group of Research Alliance Partners will also assure we have wide-ranging input as we develop study plans and protocols and make arrangements for the protection of health information. In addition to our own KUMC and CMH IRBs, we have worked closely with a number of other regional IRBs through the KUMC CTSA program. The CTSA has arranged regional IRB reciprocity across several of the larger medical centers in Kansas City, and they have dedicated staff to assist with securing approvals and data use agreements that facilitate research. Our experiences and resources will allow us to deliver direct support and assistance to primary research projects and new activities

suggested by Research Alliance Partners. KUMC and UGPHD staff will develop human subject's protocols and provide template documents as well as editing and direct assistance to assure project approvals both within KUMC and with all external partners.

Potential problems, alternative strategies, and benchmarks for success

The assembled center team has experience in working on complex CBPR projects with multiple organizations and stakeholders. We are well aware of the potential problems that can arise in the course of conducting community informed health promotion work. We have already begun working as a group and with the current Research Alliance group to identify possible impediments to success and to design strategies for overcome such barriers. We anticipate that the Center's prioritization of research needs, allocation of resources, staff time spent on various projects, strict adherence to research protocols, competing demands, and shifting Partner funding may all pose problems for the Center. Our primary initial response to problems will be to review them during monthly CECSC meetings and seek input. We hope this will lead to solutions in many cases. In other cases we may discuss problems in monthly Research Alliance meetings. Alternative strategies will be developed by Dr. Greiner and Ms. VanCleave but CECSC input will be necessary to move forward with new approaches to the research and dissemination work of the Center.

The Center will have short and long-term benchmarks. They will be tracked for evaluation as described above. Short term benchmarks will be a stronger collaborative leadership team; a stronger health care system that deploys more evidence-based services; and a regional culture of providers utilizing research and continuous quality improvement within their organizations. Intermediate benchmarks will be increased number of youth reached by healthy relationship promoting programs; increased number of youth who show increases in knowledge of healthy relationships and use of reproductive health services; increased number of youth who

visit providers at Research Alliance Partner organizations for sexual and reproductive health services; increased number of youth who receive moderately or highly effective contraception; and increasing numbers of youth who take action to promote healthy relationships. Long-term benchmarks will be fewer teen pregnancies, teen births and STIs among vulnerable youth; better long-term educational and employment outcomes for youth and better outcomes for their future children; and sustained efforts to prevent teen pregnancy and birth within the community.

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Staff Request for Commission Action

Tracking No. 171088

Full Commission Meeting Date: 5/11/17
Committee: Administration & Human Services

Date of Standing Committee Action: 4/24/17
(If none, please explain):

Publication Required: Yes 05/18/2017

Date:	Contact Name:	Contact Phone:	Contact Email:	Department/Division:
04/11/2017	Susan Alig	x5085	salig@wycokck.org	Legal

Item Description:
Quivira Inc. previously filed a petition requesting the exclusion of three parcels of land from the boundaries of Kansas City, Kansas to later be annexed by the City of Lake Quivira. A portion of Holliday Drive runs through those parcels. This resolution authorizes the governing body to sign a petition requesting that the portion of Holliday Drive that runs through those parcels also be excluded and sets the matter for public hearing.

Action Requested:
To adopt the resolution and authorizing the governing body to sign a petition requesting the exclusion of a portion of Holliday Drive from the boundaries of Kansas City, Kansas and setting the matter for public hearing.

Budget Impact: (if applicable)
Amount:
Source:
Included In Budget:
Other (explain):

Attachments List:
Reso for petition of Holliday Drive, Petition for exclusion of portion of Holliday Drive

(Published in ***The Wyandotte Echo on _____ ,2017***)

RESOLUTION NO. R-

A RESOLUTION AUTHORIZING THE FILING OF A PETITION TO EXCLUDE A PORTION OF HOLLIDAY DRIVE FROM THE BOUNDARIES OF KANSAS CITY, KANSAS AND CALLING AND PROVIDING FOR THE GIVING OF NOTICE OF A PUBLIC HEARING ON THE PETITION

WHEREAS, a petition was filed with the Unified Government Clerk on December 30, 2016 by the owner of the land, Quivira Inc., requesting exclusion of three tracts of unplatted land from the boundaries of Kansas City, Kansas, and

WHEREAS, a portion of Holliday Drive, herein described, passes through the land described in the December 30, 2016 petition, and

WHEREAS, K.S.A. 12-504 ("the Statute") authorizes the governing body of any city to exclude land from the city's boundaries upon the filing of a petition; and

WHEREAS, the governing body desires to file a petition requesting the exclusion of the portion of Holliday Drive, herein described, to be filed with the City Clerk (the "Petition"), attached hereto as Exhibit A, and

WHEREAS, the legal description of the land to be excluded is as follows:

A tract of land in the Northeast 1/4 of Section 32 Township 11 South Range 24 East of the 6th Principal Meridian in Wyandotte County, Kansas described as follows:
Commencing at the Southeast corner of the Northeast 1/4;
thence South 89° 42' 42" West along the East-West centerline of Section 32, 666.0 feet to the Southwest Corner of Lot 16 KAW SEEN VILLAGE, a subdivision in Kansas City, Wyandotte County, Kansas, said corner being on the West line of the East half of the Southeast 1/4 of the Northeast 1/4;
thence North 00° 27' 55" West 644.47 feet to a point on the Southeast right-of-way line Holliday Drive, said point being the true Point of Beginning;
thence South 63° 6' 13" West along the Southeast right-of-way line of Holliday Drive 1076.48 feet;
thence North 18° 45' 04" West to the Northwest right-of-way line of Holliday Drive;
thence Northeast along the Northwest right-of-way line of Holliday Drive to the West line of the East half of the Southeast 1/4 of the Northeast 1/4;
thence South along the West line to the Point of Beginning; and

WHEREAS, the governing body recommends that this matter should be referred to the Planning Commission for public hearing; and

WHEREAS, this matter shall be heard by the Planning Commission on **June 12, 2017** at 6:30 p.m., or as soon thereafter as the matter can be heard, in the Commission Chambers, lobby level of the Municipal Office Building, 701 North 7th Street, Kansas City, Kansas; and

WHEREAS, the Governing Body hereby finds and determines it to be necessary to file the Petition, direct and order a public hearing and further to provide for the giving of notice of said hearing in the manner required by the Statute.

NOW, THEREFORE, BE IT RESOLVED BY THE GOVERNING BODY OF THE UNIFIED GOVERNMENT OF WYANDOTTE COUNTY/KANSAS CITY, KANSAS, AS FOLLOWS:

SECTION 1. Petition. It is hereby authorized, ordered, and directed that the Petition shall be filed with the City Clerk on behalf of the governing body requesting that the land herein described be excluded from the boundaries of the City of Kansas City, Kansas.

SECTION 1. **Public Hearing**. It is hereby authorized, ordered and directed that the Planning Commission shall hold a public hearing, in accordance with the provisions of the Statute, on the advisability of granting the Petition, such public hearing to be held on **June 12, 2017 at 6:30 p.m.**, or as soon therafter as the matter can be heard, in the Commission Chambers, lobby level of the Municipal Office Building**,** 701 North 7th Street**,** Kansas City, Kansas, under the authority of the Statute.

SECTION 2. **Notice of Hearing**. The Unified Government Clerk is hereby authorized, ordered and directed to give notice of said public hearing by publication of this Resolution in the official newspaper one time. The publication shall be at least 20 days prior to the date of the hearing.

SECTION 3. Effective Date. This Resolution shall be effective upon adoption by the Governing Body.

ADOPTED BY THE COMMISSION OF THE UNIFIED GOVERNMENT OF WYANDOTTE COUNTY/KANSAS CITY, KANSAS THIS 11th DAY OF MAY, 2017.

_____
Mayor/CEO

_____
Unified Government Clerk

CERTIFICATE

I, hereby certify that the above and foregoing is a true and correct copy of Resolution No. R-_____-17 of the Unified Government of Wyandotte County/Kansas City, Kansas adopted by the Governing Body on _____ as the same appears of record in my office.

DATED: _____ ____, 2017.

_____
Unified Government Clerk

PETITION TO EXCLUDE A PORTION OF HOLLIDAY DRIVE
FROM THE BOUNDARIES OF KANSAS CITY, KANSAS

TO THE GOVERNING BODY OF THE UNIFIED GOVERNMENT OF WYANDOTTE COUNTY/ KANSAS CITY, KANSAS:

THE UNDERSIGNED OWNER OF THE LAND ADJOINING BOTH SIDES OF THE STREET HEREIN DESCRIBED HEREBY FORMALLY REQUESTS AND PRAYS FOR THE EXCLUSION OF SUCH LAND AS DESCRIBED HEREIN, A PORTION OF HOLLIDAY DRIVE, FROM THE BOUNDARIES OF THE CITY OF KANSAS CITY, KANSAS PURSUANT TO K.S.A. 12-504, et seq. and CONSENTS TO THE DE-ANNEXATION OF SUCH LAND FROM THE CITY OF KANSAS CITY, KANSAS. THE SUBJECT LAND IS:

A tract of land in the Northeast 1/4 of Section 32 Township 11 South Range 24 East of the 6th Principal Meridian in Wyandotte County, Kansas described as follows:
Commencing at the Southeast corner of the Northeast 1/4;
thence South 89° 42' 42" West along the East-West centerline of Section 32, 666.0 feet to the Southwest Corner of Lot 16 KAW SEEN VILLAGE, a subdivision in Kansas City, Wyandotte County, Kansas, said corner being on the West line of the East half of the Southeast 1/4 of the Northeast 1/4;
thence North 00° 27' 55" West 644.47 feet to a point on the Southeast right-of-way line Holliday Drive, said point being the true Point of Beginning;
thence South 63° 6' 13" West along the Southeast right-of-way line of Holliday Drive 1076.48 feet;
thence North 18° 45' 04" West to the Northwest right-of-way line of Holliday Drive;
thence Northeast along the Northwest right-of-way line of Holliday Drive to the West line of the East half of the Southeast 1/4 of the Northeast 1/4;
thence South along the West line to the Point of Beginning.

ADOPTED by the Board of Commissioners of the Unified Government of Wyandotte County/ Kansas City, Kansas this _____ day of _____, 2017.

Approved:

_____
Mark Holland, Mayor/CEO

Attest:

_____
Unified Government Clerk

Approved as to form:

_____
Susan Alig, Assistant Counsel

Staff Request for Commission Action

Tracking No. 171086

Full Commission Meeting Date: N/A
Committee: Administration & Human Services

Date of Standing Committee Action: 4/24/17
(If none, please explain):

Publication Required: No

Date:	Contact Name:	Contact Phone:	Contact Email:	Department/Division:
04/11/2017	Wilba Miller	x5112	wmiller@wycokck.org	Community Development

Item Description:

The Community Development Department is in the process of the development of a Neighborhood Revitalization Strategy Area (NRSA), which offer enhanced flexibility to promote innovative programs, while undertaking economic and housing development in addition to public service and other eligible activities to be undertaken from 2017-2021.
In order to determine the NRSA, the UG has partnered with the University of Kansas Urban Planning graduate students to analyze KCK and develop a draft report of possible NRSA areas. The class has submitted a draft report that is attached for your review. The analysis concludes that 5 census tracts (CT) that meet the HUD criteria for NRSAs. However, only 2 of the census tracts meet the low and moderate-income requirement-422 and 439.03. After review, the recommendation for the NRSA is CT422 which is described as 18th Street, I-70 to Central Avenue, west to Grandview Boulevard.

The classes conclusions and recommendations can be found on page 34 of the analysis. CT 422 showed the most need for help by meeting 10 of the 21 variables. The tract shows that building permit valuations lag significantly at only $59.75 per $100,000 and lowest on building permits; it is second in crime of the 5 tracts; the vacancy rate is under 7% which means the neighborhood has given up on itself - yet. Numbers higher than 7% indicate a neighborhood that has collapsed (per Baltimore). The tract has the second highest concentration of land bank parcels, highest poverty rate, the lowest percentage of college graduates, and the highest percentage of high school dropouts.

On the plus side, the tract had a positive assessed valuation change, even with low building permits and is lowest on the unemployment rate. In addition, the tract is next to the 18th & I-70 corridor at Prescott Center, has public infrastructure scheduled for the 18th Street and Park Drive improvements, has several parks such as City Park, Clifton, and Regan Field in close proximity, and also contains Francis Willard Elementary School which recently was included in the 2015 Safe Routes to School funded with CDBG dollars.

An NRSA has shown to be a way to target very limited CDBG resources in support of community revitalization efforts by seeking partnerships among federal and local governments, the private sector, community organizations and neighborhood residents. We anticipate the plan will include economic development, public services, housing and public infrastructure improvements. This may include job training, ADA sidewalks and curb improvements, park improvements, crime reduction and other SOAR objectives.

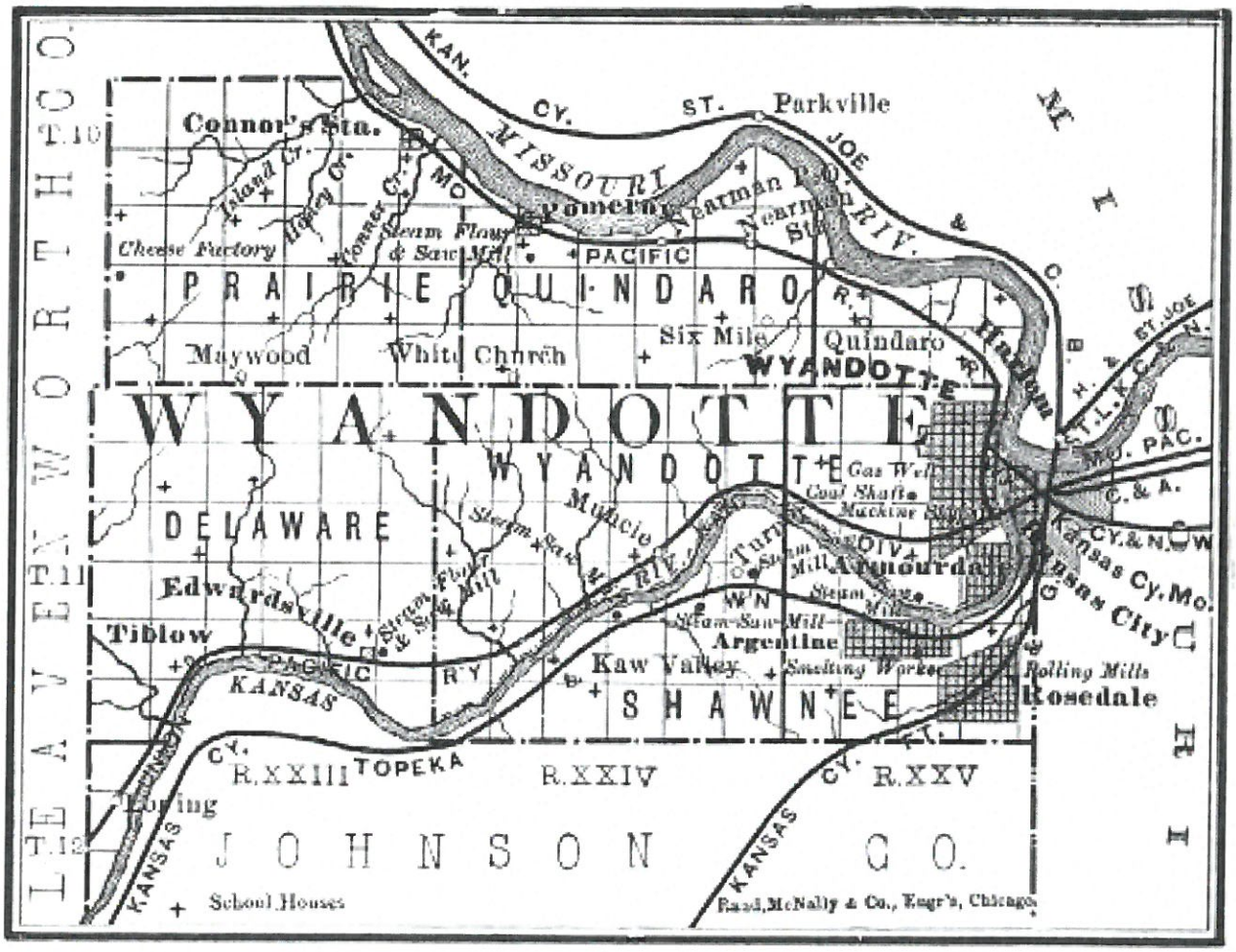
We are requesting that the Standing Committee approve Census Tract 422 and immediate surrounds as the Neighborhood Revitalization Strategy Area for 2017-2021. Upon approval, Community Development will begin the consultation process with all stakeholders. As HUD states in the NRSA Notice, "..the participation of all stakeholders, particularly the neighborhood's residents, in the development of a comprehensive neighborhood revitalization strategy builds trust in and support for the strategy, enhancing the likelihood of its successful implementation.

Action Requested:

Budget Impact: (if applicable)
Amount:
Source:
Included In Budget:

Other (explain):
Attachments List: NRSA Analysis KU 03 30 17

Analysis of Census Tracts for Inclusion in Neighborhood Revitalization Strategy Area Application in Kansas City, Kansas



Analysis of Census Tracts for Inclusion in Neighborhood Revitalization Strategy Area Application in Kansas City, Kansas

Analysis Team

Addison Spradlin
Anna-Marie Romero
Barry Billinger
Jingyu Li
John Lunn
Justin Kazila
Marlee Schuld
Mohammad Sameem Raheemi
Yu Zhang
Yufei Chen
Yuhan Cao

Date: March 30, 2017

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Analysis Team

Students in the Master of Urban Planning Program at the University of Kansas enrolled in the class UBPL 716: Community and Neighborhood Revitalization. This course studies published research on neighborhood change.

Addison Spradlin
Anna-Marie Romero
Barry Billinger
Jingyu Li
John Lunn
Justin Kazila
Marlee Schuld
Mohammad Sameem Raheemi
Yu Zhang
Yufei Chen
Yuhan Cao

Executive Summary

Neighborhood Revitalization Strategy Areas (NRSAs) are determined by local jurisdictions as target areas that would benefit from Community Development Block Grant (CDBG) funds. Neighborhoods can be divided into five stages: stable and viable, minor decline, clear decline, heavily deteriorated and unhealthy and non-viable. NRSAs should target neighborhoods that fall in the category of clear decline, because they benefit most from revitalization efforts that can move them toward a stable condition.

The analysis team looked at 21 different variables that indicate neighborhood health and viability. For each variable, thresholds were identified to drive the selection of neighborhoods. If a neighborhood is viable and not in need of NRSA assistance, it would usually be above the upper threshold. If a neighborhood is non-viable, it would usually be below the lower threshold and would not benefit from NRSA investment.

The variables used to evaluate the census tracts are divided into two categories: demographic variables and market indicator variables. The demographic variables are: Percent of population below poverty; Percent of population non-Hispanic black; Percent of population Hispanic; Percent of adults with college degrees; and Percent of adults who did not complete high school. The market indicator variables are: Crime rate, Percent change in rental housing tenure; Percent of Households headed by single-parent, female; Building permits issued; Ratio of aggregate value of building permits to aggregate home value; Ratio of land bank parcel area per households; Ratio of loan amounts for owner-occupied home purchases and renovations to the aggregate value of homes; Percent change in aggregate land value; Vacancy rates for renter, owner-occupied, and other vacant housing units; Number of low-wage and low-skilled jobs; and Unemployment rate. Wyandotte County's census tracts were then compared to the Kansas City Metropolitan Area.

The census tracts of Wyandotte County were scored either as 1 or 0, with a score of 1 if it fell between the thresholds, with all other tracts scored as 0. A scoring matrix was created summing the scores using all 21 variables, and second matrix was created summing the scores using the six most important indicators of investor confidence. Five census tracts were chosen because they ranked the highest in both matrices. These census tracts are: 422, 438.02, 439.03, 444, and 446.01.

Neighborhood Revitalization Strategy Area Background

The life cycle of neighborhoods varies in every city. The neighborhoods can be classified based on the stages of change in their decline and revitalization. Generally, they are divided into five stages. These five stages are as follow; stable and viable, minor decline, clear decline, heavily deteriorated and unhealthy, and not viable. This report attempts to identify those neighborhoods of Kansas City, Kansas, which are in the middle stages. Historically, it has been found that Investing on neighborhoods which are in the middle stages of decline and revitalization can be more fruitful in comparison with those which are either in the non-viable or stable stages. This report identifies different neighborhoods for the purpose of encouraging private investment. The hope is that public investment funded through the Community Development Block Grant (CDBG) program could stimulate that private investment. "The premise of a Neighborhood Revitalization Strategy Area (NRSA) is that a concentrated investment of resources in a limited impact area can have a substantial impact for a targeted revitalization area" (CDBG chapter 10). The NRSAs are funded by the U.S. Department of Houisng and Urban Development (HUD). Once a neighborhood is approved as a NRSA, it will receive enhanced funding to be used for economic development, public services, housing, public transport, among other uses. The NRSA is designed to promote innovative programs in these areas. NSRA is focused to promote businesses and create jobs. There are a set of criteria for identifying NRSAs. A NRSA area should be mainly residential, and the area should be fully described when creating a request for proposal. The application for NRSA funding should define goals and objectives to be fulfilled by the investments in by the neighborhood. The goals should be measurable so the grantors could set milestones and assess the progress of different activities. Once the NRSA is developed it should be consulted with the community members. The community members include the following:

- Residents of the area;
- Owners/operators of businesses in the area;
- Local financial institutions;
- Non-profit organizations; and
- Community groups

In the process of developing the NRSA all the aspects of the different neighborhoods need to be analyzed and assessed. The economic condition of the neighborhood needs special attention and the following aspects should to be discussed.

- Levels of unemployment;
- Numbers of businesses operating in the neighborhood and how many people are employed in these businesses.
- Educational status
- Number of loans and building permits
- Housing needs of residents
- Home prices; and their quality
- Current availability of economic development

Recommendations should be developed through assessment of the different neighborhood problems, challenges, and opportunities. Making recommendation on how to create jobs and improving life condition to move the neighborhood from one stage to an upper stage is very critical.

Kansas City, Kansas Background

Kansas City, Kansas (KCK) is third largest city in the Kansas City, Missouri (KCMO) metropolitan area. KCK has the most diverse population, is among the most affordable communities in the metropolitan area, and its central district is minutes away from KCMO's entertainment and cultural districts. Its own shopping and entertainment district, The Legends, hosts NASCAR races and Major League Soccer. It has potential for economic growth with existing manufacturing jobs, infrastructure, and transportation. However, KCK suffers from real and perceived problems of crime, poverty, blight, and other issues which are documented in this proposal.

KCK's issues did not form in a vacuum. The federal government's urban renewal efforts in the 1950s through 70s cleared KCK's active downtown to make room for planned redevelopment that never took place. Even if these plans would have been implemented, they were based on the prevailing urban design theories of the time, which often resulted in physical barriers of income and race. With the loss of KCK's central district, many jobs moved to other parts of the metropolitan. This means KCK has been behind its surrounding municipalities in terms of economic growth and other social indicators.

The Unified Government of Kansas City, Kansas and Wyandotte County's is committed to improving KCK's neighborhoods. A federal grant under the Neighborhood Revitalization Strategy Area (NRSA) program would help one of KCK's struggling neighborhoods overcome the missteps of urban renewal.

Methods and Research

The research methodology for this report involved gathering data for many variables that influence the economic and social health of a neighborhood. Each variable was analyzed to determine how the tracts in Kansas City, Kansas were distributed and, where data were available, how each distribution compared to the distribution for the tracts of the greater Kansas City metropolitan area. The distributions were examined to see if they followed a straight line linear pattern or if the distribution contained one or more thresholds where the distributions changed above or below the thresholds. Thresholds have been shown to influence the capacity of a neighborhood to stabilize and revitalize. If a neighborhood can be pushed beyond a given threshold, it is possible that the neighborhood will follow a path of recovery. The distributions were examined using simple descriptive statistics (e.g.: mean, standard deviation, minimum and maximum). In addition, the data were divided into quintiles or other categories. The categories were created either one of two ways. The simple method was to divide the data into five equally sized groups. The second option was to graph each data point, in hopes of uncovering obvious breaks in the data. These breaks would, in theory, represent thresholds.

The analysis of the data gathered consisted of a scoring matrix for all tracts in Kansas City, Kansas along one axis and with the indicator variables along the other axis. Using the thresholds from the analysis, a specific range was created. This range was to give the ideal range within which a tract is expected to be found to be considered a candidate for NRSA funds. An individual tract could fall in the desirable range or outside of it in either direction, above or below in terms of the value if the indicator variable. Some tracts might be high performers and would not be suitable candidates for funding. Other tracts might be very distressed indicating that recovery is not possible within the capabilities of the NRSA investments. Those tracts that appear within the desirable range for multiple indicator variables would probably be locations for the most efficient use of funds. Census tracts that fell within the desirable range were give a score of one for each indicator variable. All others were given a zero. Each tract was rates in terms of the sum of the individual scores across multiple variables. The higher the rating, the more likely the individual tract is to be a good candidate for investments through the NRSA program. Maps of Census tracts were created, combining all scoring for twenty-five variables as well as for subsets of indicator variables. The final recommendations were developed from these maps.

Resources

Below is a list of resources the data is pulled from:

American Factfinder is an application of census.gov and is the source for population, housing, economic and geographic information. https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml

Home Mortgage Disclosure Act (HMDA) provides information pertaining to mortgage lending activity. https://www.ffiec.gov/hmda/hmdaproducts.htm

Longitudinal Employer-Household Dynamics (LEHD) in part with the Center of Economic Studies at the U.S. Census Bureau combines federal, state, and Census Bureau data on employers and employees. https://lehd.ces.census.gov

The Wyandotte County Appraiser Office is the source for valuing real estate and personal property at fair market for tax purposes. http://appr.wycokck.org/appraisal/publicaccess/PropertySearch.aspx?PropertySearchType=3

Unified Government of Kansas City, Kansas and Wyandotte County profided data on crime and building permits citywide.

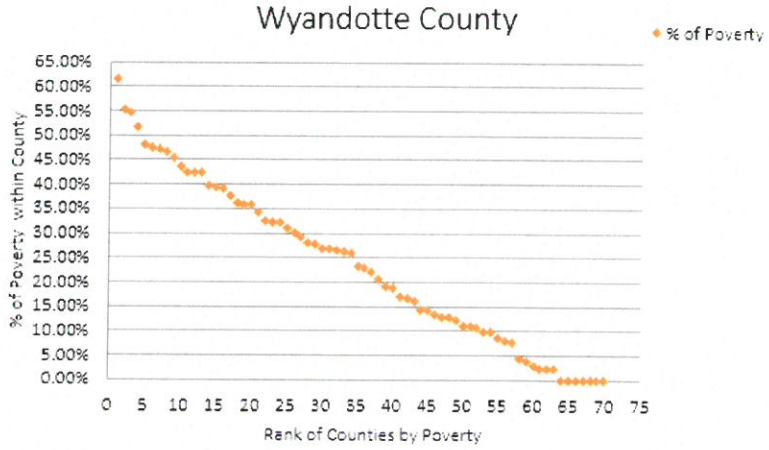
Analysis

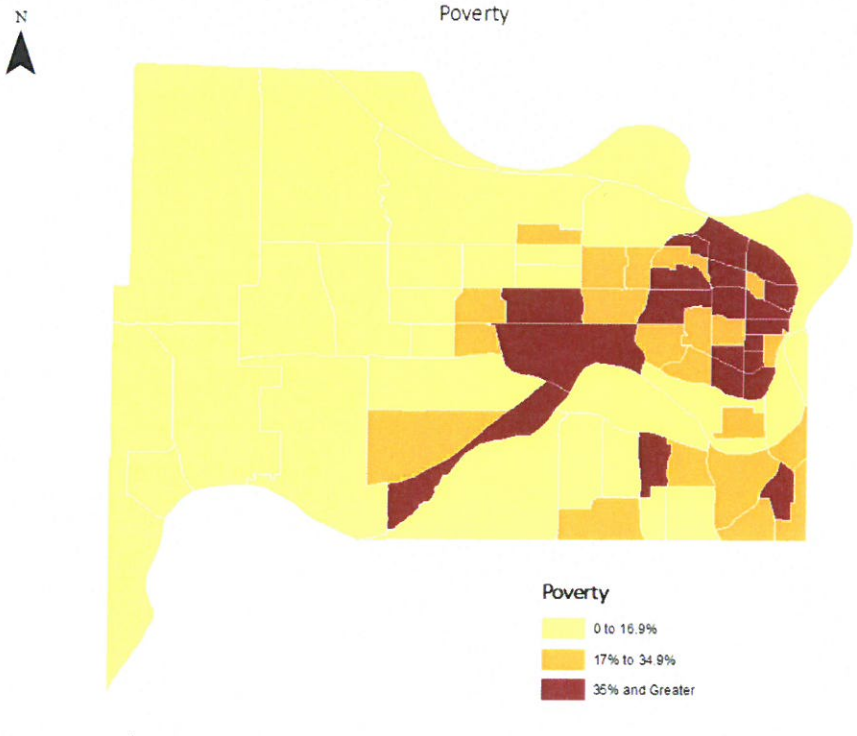
This analysis looks at 23 different variable describing census tracts of Wyandotte County. For each variable, the distribution of tracts compared Wyandotte County to the Kansas City metropolitan area. The spatial distribution was examined with maps, and the tracts were rank ordered from low to high for each variable to identify any categories or thresholds. The variables are summarized on the following pages beginning with demographic factors followed by market indicators.

Poverty

The incidence of poverty in Wyandotte County is higher than the other metropolitan counties of Kansas City. The eight county area of KC had an average poverty percentage rate of 14.9%, in 2015; Wyandotte County had a percent of poverty averaging at 23.7%. Overall, the census tracts in Kansas City, KS are more likely to fall near the bottom ranking, in terms of the KC the overall poverty percentile for the metropolitan area. For example, the top five impoverished tracts in Clay County fall in the 18 to 26% range. If these tracts were to be placed in Wyandotte County, they would be ranked near the fiftieth percentile. The thresholds for poverty were set at the fifteen percent mark and the thirty percent mark. The thought was that any census track above thirty percent would not yield much benefit from receiving any neighborhood stimulus. Moreover, those tracts with less than fifteen percent do not bring an argument for the need of federal assistance. The best strategy for Wyandotte County is to find census tracts that fall within the fifteen to thirty percent threshold that has seen a rise in poverty since the 2000 census.

Table #1: Poverty		
	Wyandotte	KC MSA
Avg. % of Poverty per Tract	23.65%	14.87%
Tracts with Rate above 15%	61.4%	37.3%
Tracts with a rate above 30%	37.1%	16.9%
Avg. Change in % (2000-2015)	0.08%	0.05%
Tract with Highest % of Poverty	61.7%	72.96%

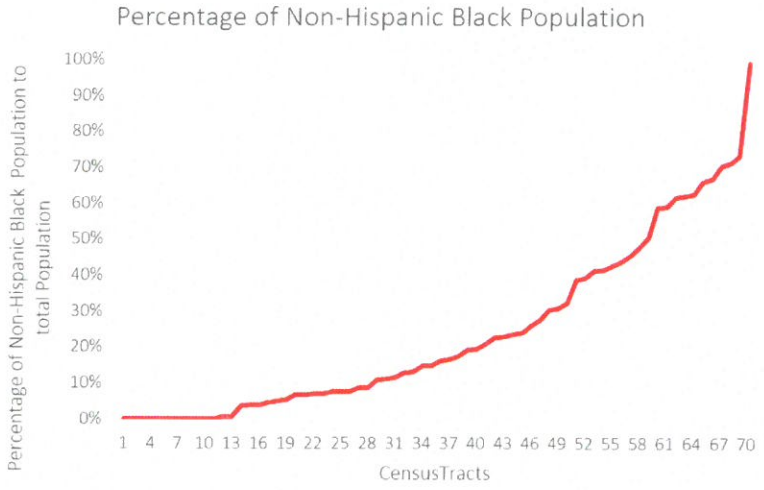


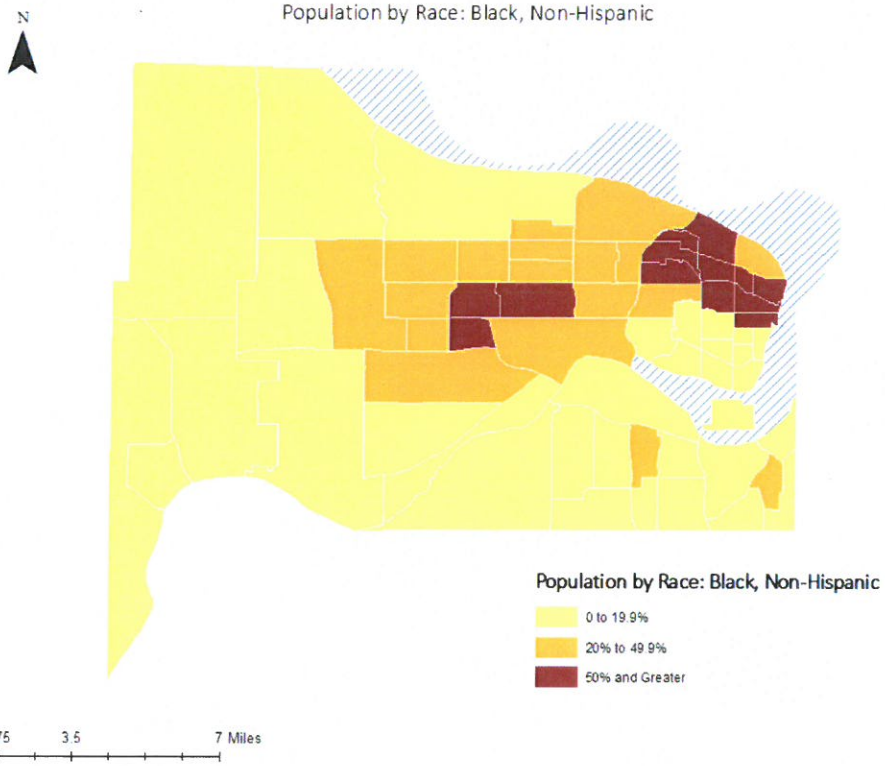


Population by Race: Black, Non-Hispanic

The table above show the distribution of Non-Hispanic Blacks by tracts of Wyandotte County and compares it with the distribution in tracts of the Kansas City metropolitan area. The table indicates that the average trac share of Blacks in Wyandotte is 10 percentage points more than the average for the tracts of the Kansas City metropolitan area. The map shows the census tracts where a minority group dominates. Census tracts with a higher share of non-Hispanic Blacks are concentrated mostly in the Northeastern part of Wyandotte County. These areas can also be characterized as having high shareas of low-income households.

Table #2: Population by race, 2015				
Race	KC MSA Total	Wyandotte County	KC MSA	Percent
	Total Population	Percent	Total Population	Percent
Non-Hispanic Black	252,374	17%	38,408	27%

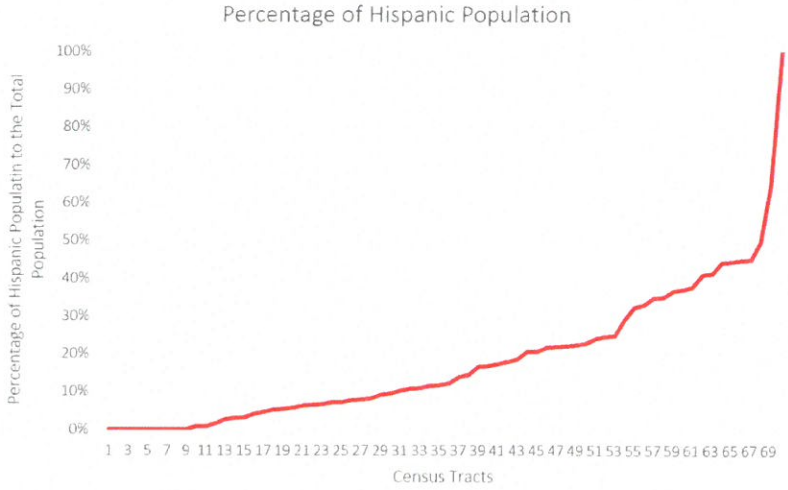


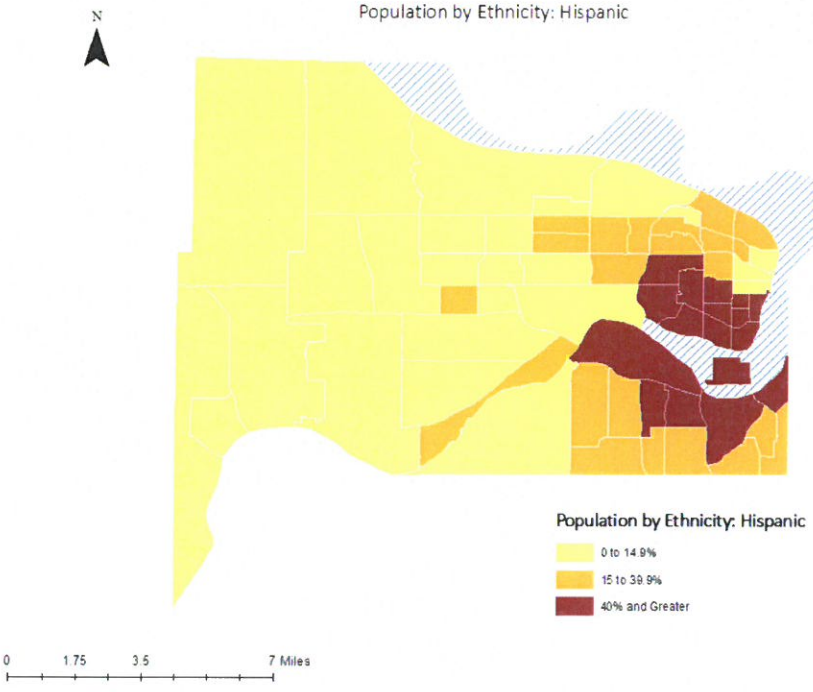


Population by Ethnicity: Hispanic

Wyandotte County contains a large share of the census tracts dominated by Hispanics. These predominantly Hispanic tracts are concentrated mostly on the east side of the county. The map shows census tracts where the Hispanic population is greater than the metropolitan average.

Table #3: Population by race, 2015				
Race	KC MSA Total	Wyandotte County	KC MSA	Percent
	Total Population	Percent	Total Population	Percent
Hispanic White	111,016	6%	30,768	20%
Above 15%	6	9%	31	6%

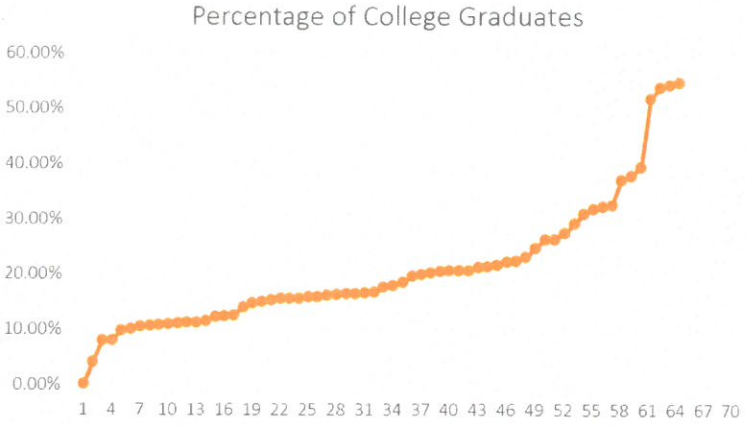


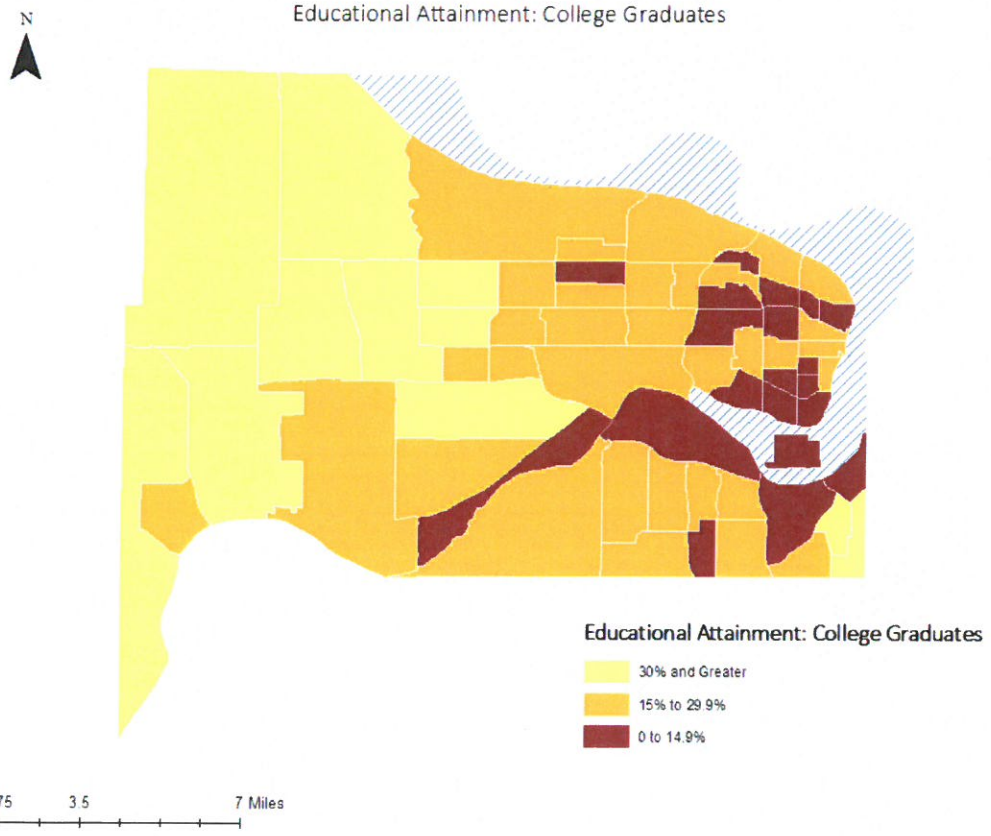


Educational Attainment: College Graduates

In Wyandotte County, the percent of adults with a college graduate degree is lower in comparison with metropolitan area. College graduate rates play a vital role in determining the health of neighborhoods because, it is associated with poverty, crime and unemployment which are all measures of neighborhood desirability. The college graduate data driven from the U.S. Census. indicate a mean of 1094 in KC metropolitan area and 332 in Wyandotte county with the standard deviations of 879 and 356 respectively. Based on the results of descriptive analysis conducted on college graduate data, it seems that Wyandotte County is unhealthier than KC metropolitan area. The graph below is a depiction of how the different census tracts are broken down into quintiles. The vertical axis represents the percentage of college graduates of each census tract whereas the horizontal axis represents the ranking of those census tracts.

Table #4: Educational Attainment: College Graduates		
Description	KC MSA	Wyandotte
Mean	40%	24%
Median	37%	22%
Maximum	100%	59%
Standard Deviation	21%	12%



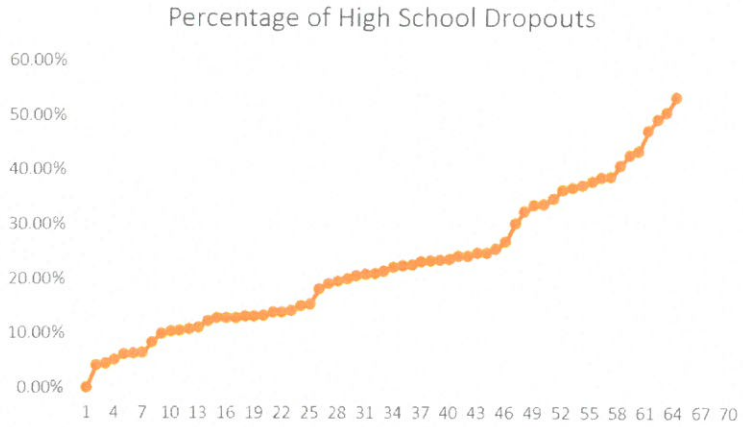


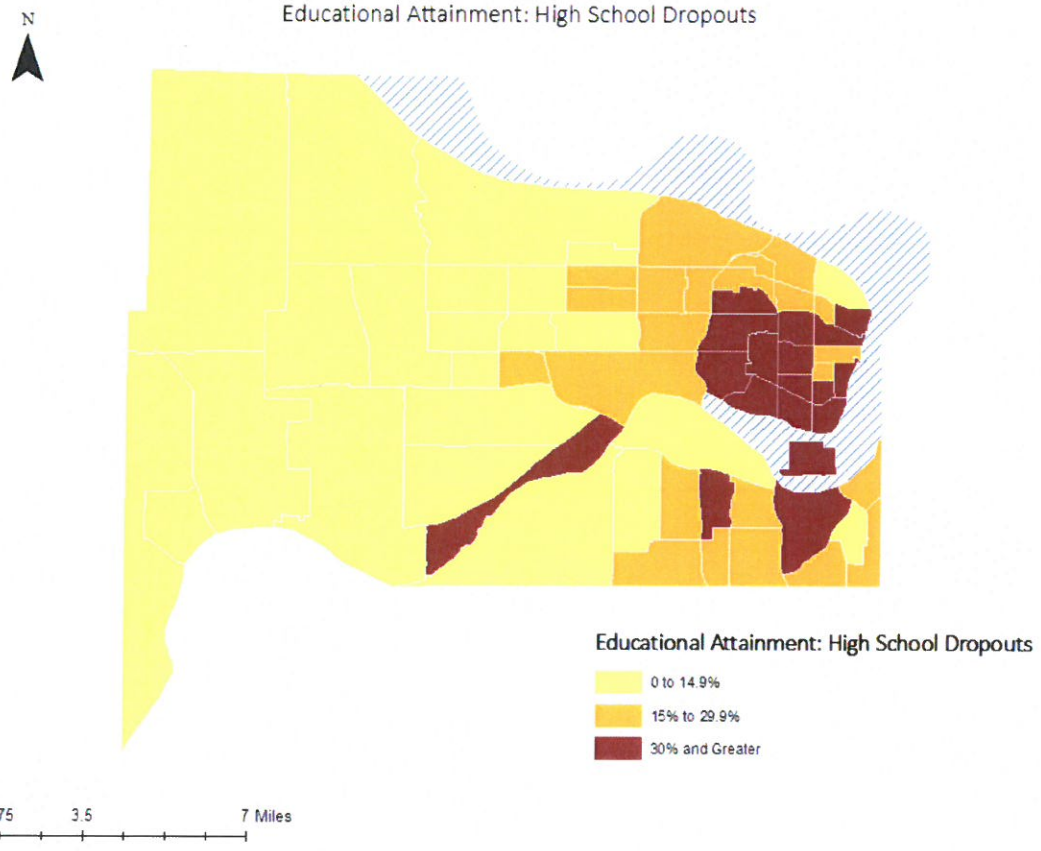
Educational Attainment: High School Dropouts

In Wyandotte County, the percent of adults without a complete high school education is higher in comparison with metropolitan area. High school dropout rates play a vital role in determining the health of neighborhoods because, it is associated with poverty, crime and unemployment which are all measures of neighborhood desirability. The high school dropout data are taken from the U.S. Census. indicate a mean of 224 in KC metropolitan area and 307 in Wyandotte county with the standard deviations of 188 and 244 respectively. Based on the results of descriptive analysis conducted on high school dropout data, it seems that Wyandotte County is unhealthier than KC metropolitan area. The graph below is a depiction of how the different census tracts are broken down into quintiles. The vertical axis represents the percentage of high school dropouts of each census tract whereas the horizontal axis represents the ranking of those census tracts

Table #5:Educational Attainment: High School Dropouts

Description	KC MSA	Wyandotte County
Mean	11%	18%
Median	7%	14%
Maximum	53%	53%
Standard Deviation	10%	13%

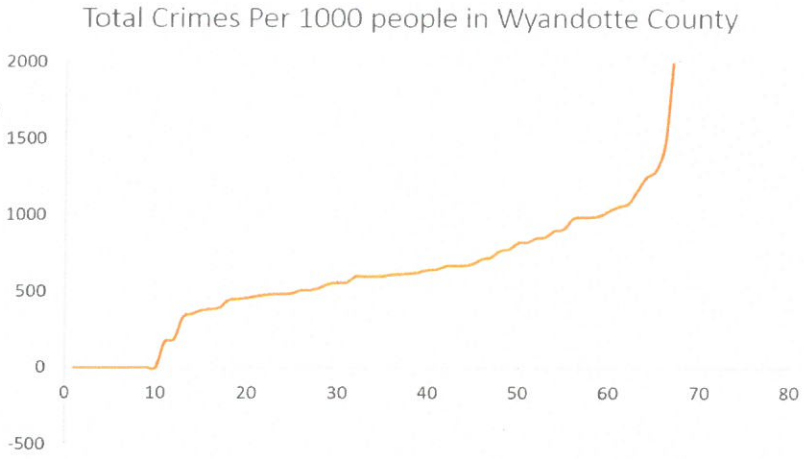


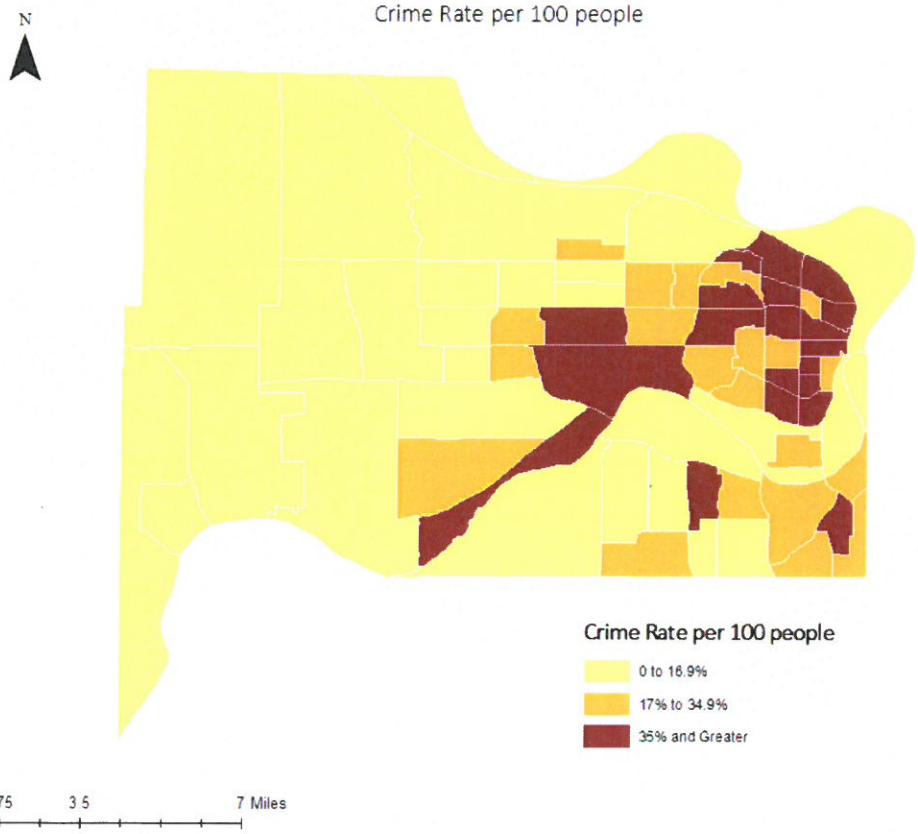


Crime Rate Per 100 Persons

As indicated by graph below, threshold of total crimes rate in Wyandotte County is about 1000 crimes per 1000 people. There are 53(83%) tracts below this threshold. Crimes are collected from 2011 to 2016 which involve Abduction, Arson, Assault, Battery, Burglary-Auto, Burglary-Res, Criminal Damage, Domestic Battery, Drug Offense, Robbery, Sodomy, Fraud, Theft, Rape, Shooting-Occ Dwell, Telecomm Harrasment, Weapons Offense and Other. As crime rate exceeds 1000, there is a obvious change indicating that the threshold for total crimes per 1000 people is about 1000. The tracts within this threshold are our target neighborhood.

Table #6:Crime Rate Per 100 Persons		
	Tracts	Percentage
Below 500	19	30%
500~1000	34	53%
Above 1000	11	17%
Total	64	100%

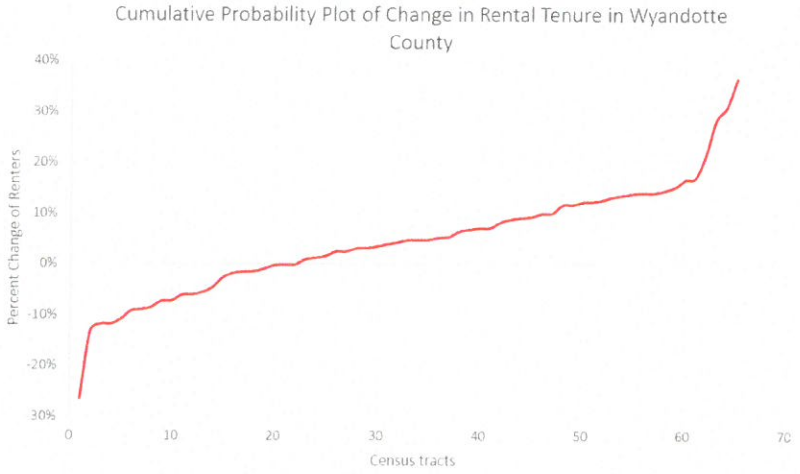


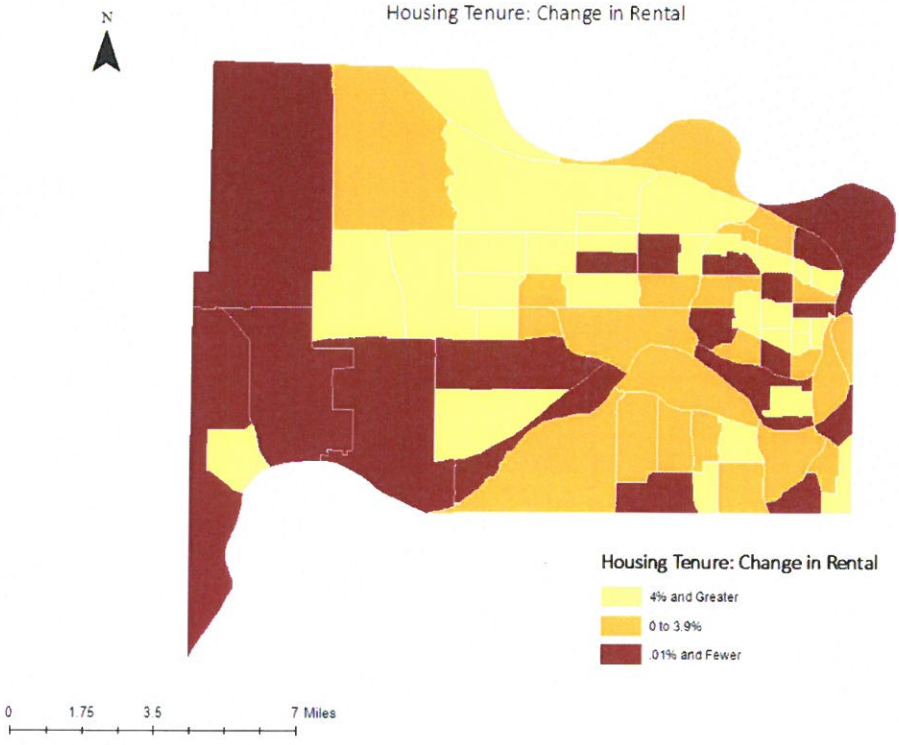


Housing Tenure: Change in Rental

Increases in rental tenure may affect neighborhood health. Using 2000 and 2015 data, change in percent rental tenure was calculated. In Kansas City metropolitan area, about 280 of 500 tracts (57%) experienced stable or declining shares of rental housing, which indicates that these tracts are in good health. About 180 tracts experienced increasing shares of rental housing from 5 percent to 15 percent indicating that they are are vulnerable tracts. About31 tracts had large increases. In Wyandotte county, half of all tracts are stable or declining. About 30 tracts (40%) are increasing from 5 percent to 15 percent. These tracts may be experiencing a threat to home values. The share of rental housing is increasingly dramatically in 6 tracts, indicating a threat that may make it difficult to reverse with NRSA funds. Tracts with 5 percent to 15 percent increases in the share of housing that is rental are the tracts that should considered as candidates for NRSA funding. These tracts are shown below on the map:

Table #7: Housing Tenure: Change in Rental				
	Wyandotte	Percent	KC MSA	Percent
Below 5%	32	49%	282	57%
5%-15%	27	42%	180	37%
Above 15%	6	9%	31	6%
Total	65	100%	493	100%

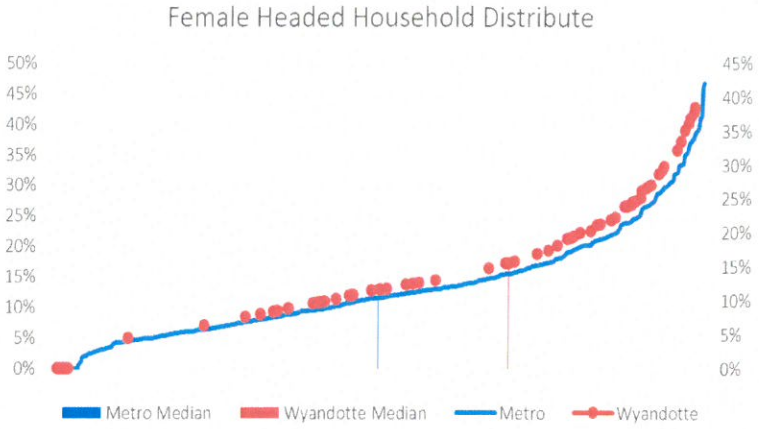


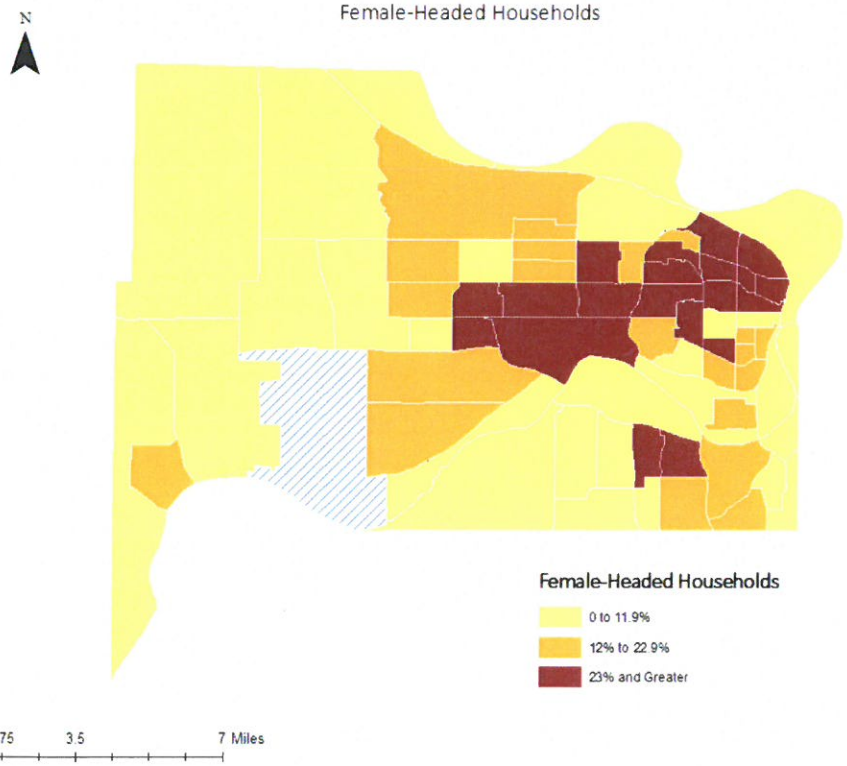


Female-Headed Households

The incidence of female-headed households is viewed as an indicator of distress because of the high incidence of poverty among this population. The table indicates that the mean percent of female-headed household in the KC MSA is lower than the mean for tracts in Wyandotte County. The median of the percentage in KC MSA is lower as well. However, the standard deviations for these two samples are very large. The scale of the differences between Wyandotte County and the metropolitan area are too small to conclude that the KC MSA is healthier based on the analysis of female-headed households. Figure 1 ranks census tracts by the percentage of female headed families from the lowest to the highest for both the KC MSA and for Wyandotte County. When the percentage of female-headed family exceeds 25%, there is a dramatic change for both KC MSA and Wyandotte County, which means that the threshold for percentage of female- headed households is about 25%. When the percentage falls below 6 percent, the tract appears to be stable. Therefore, the ideal census tracts would be the tracts with percent of female-headed household between 6% and 25%.

Table #8: Female Headed Household		
	KC MSA	Wyandotte County
Mean	13.1%	16.5%
Median	11.6%	15.5%
Standard Deviation	8.7%	10.5%

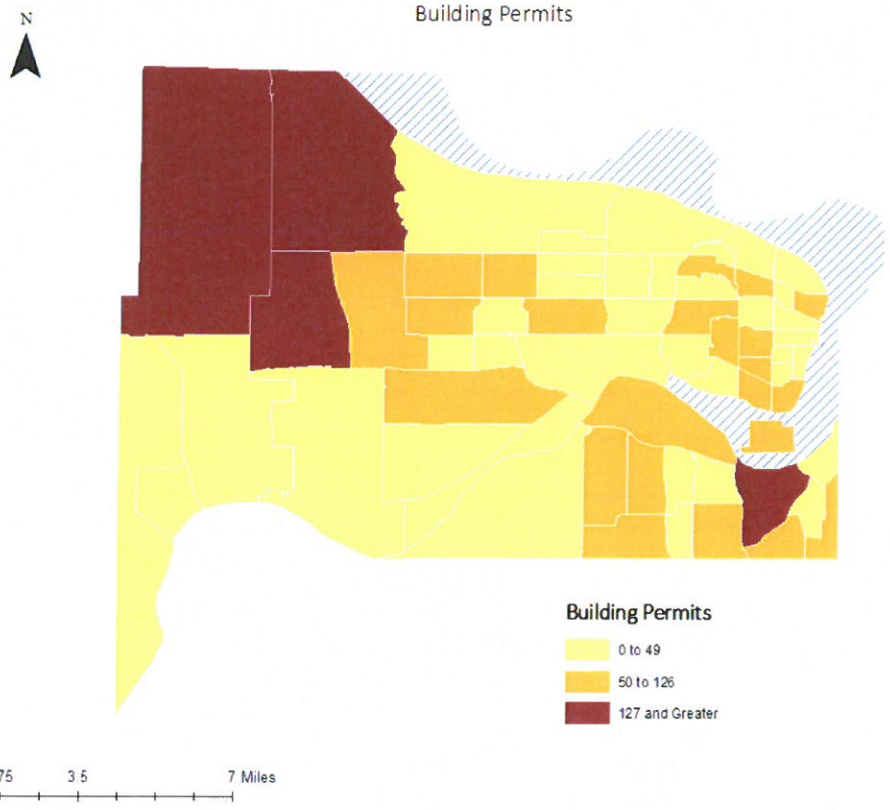




Building Permits

The number of building permits within census tracts of Wyandotte County suggests locations where people are willing to invest in repairing existing properties and building new properties. The number of permits per tract range from 0 to 301. The lower threshold apprears to be about 16 indicating that tracts with counts of permits below this threshold may not be seen as viable areas for investment. The count of permits increases steadily until its reaches 89. At that point the number of permits increases significantly indicating tracts with very high levels of investment. This suggest tracts that would most likely benefit from consideration are between 16 and 89 building permits.

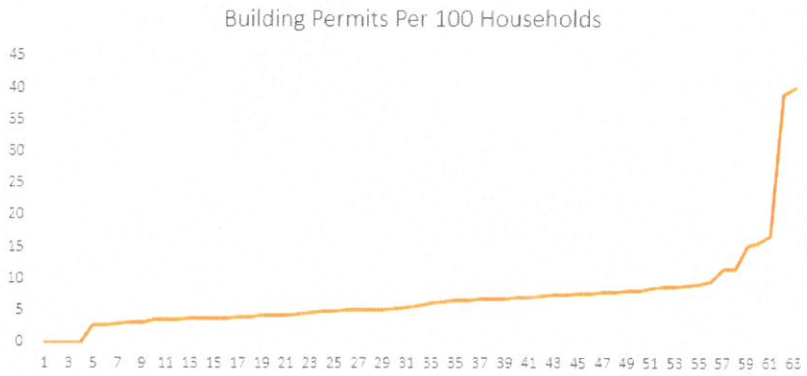
Table #9: Building Permits	
	Wyandotte County
Mean	60
Median	48
Maximum	301
Standard Deviation	58

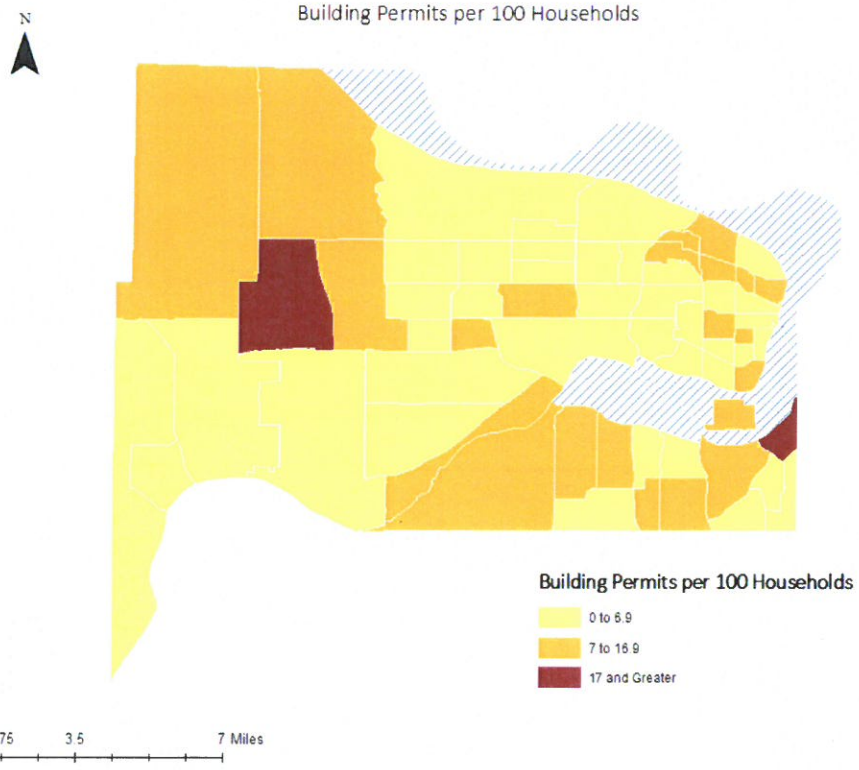


Building Permits Per 100 Households

The building permits per 100 households within census tracts of Wyandotte County suggests locations where households are willing to invest in repairing existing properties. From the data collected we can see that the 87 percent of those census tracts with building permits in 2015 are within one (positive or negative) standard deviation from the mean. The areas that have the highest ratio of building permits to households are the Ledges and north of KU Med. There appears to be some positive attributes in some of the census tracts with in the urban core and post-war suburbs.

Table #10: Building Permits Per 100 Households	
Description	Wyandotte
Mean	7.14
Median	5.68
Maximum	40.03
Standard Deviation	6.80

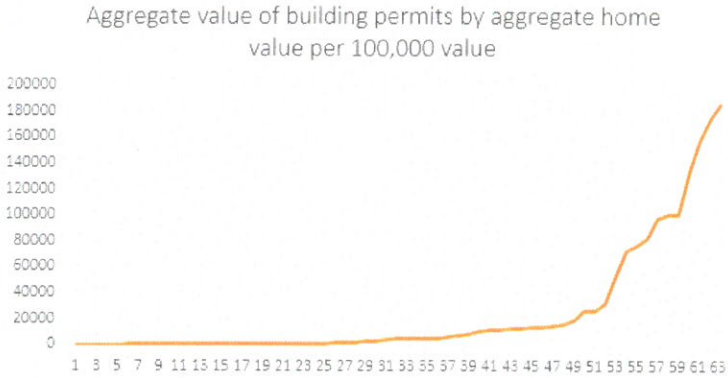


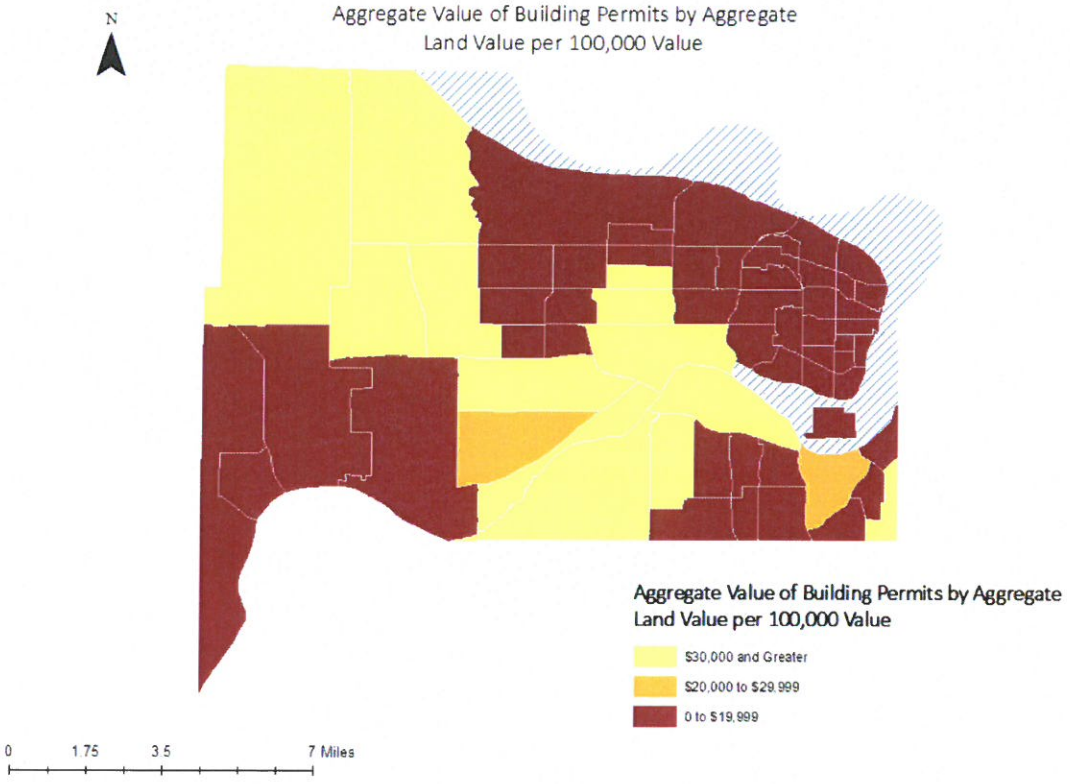


Aggregate Value of Building Permits by Aggregate Home Value per $100,000 Value

The aggregate value of building permits by aggregate home value per 100,000 value within census tracts of Wyandotte County suggests locations where people have been willing to invest in repairing existing properties and have seen average home values. From the data collected we can see that the 82 percent of those census tracts are within one (positive or negative) standard deviation from the mean. The highest areas are those areas west of I435 and north of I70 as well as the Rosedale/ KU Med area. There appears to be some positive attributes in some of the census tracts with in the urban core and post-war suburbs.

Table #11:Aggregate Value of Building Permits by Aggregate Home Value per 100,000 Value	
Description	Wyandotte
Mean	24,216.05
Median	4,430.16
Maximum	186,229.52
Standard Deviation	45,226.62

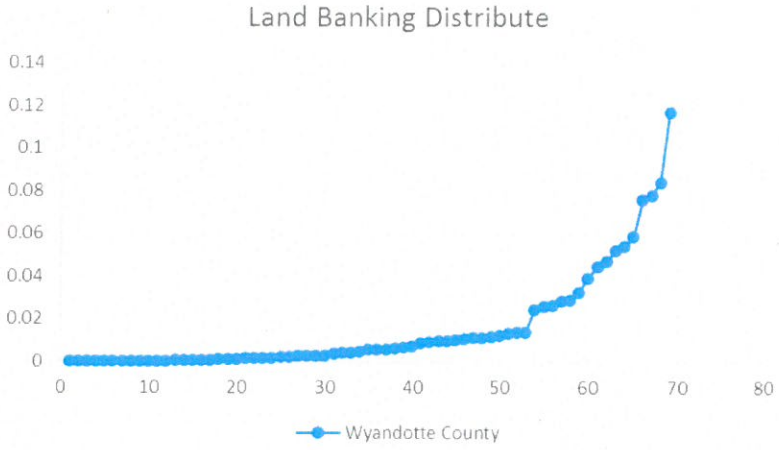


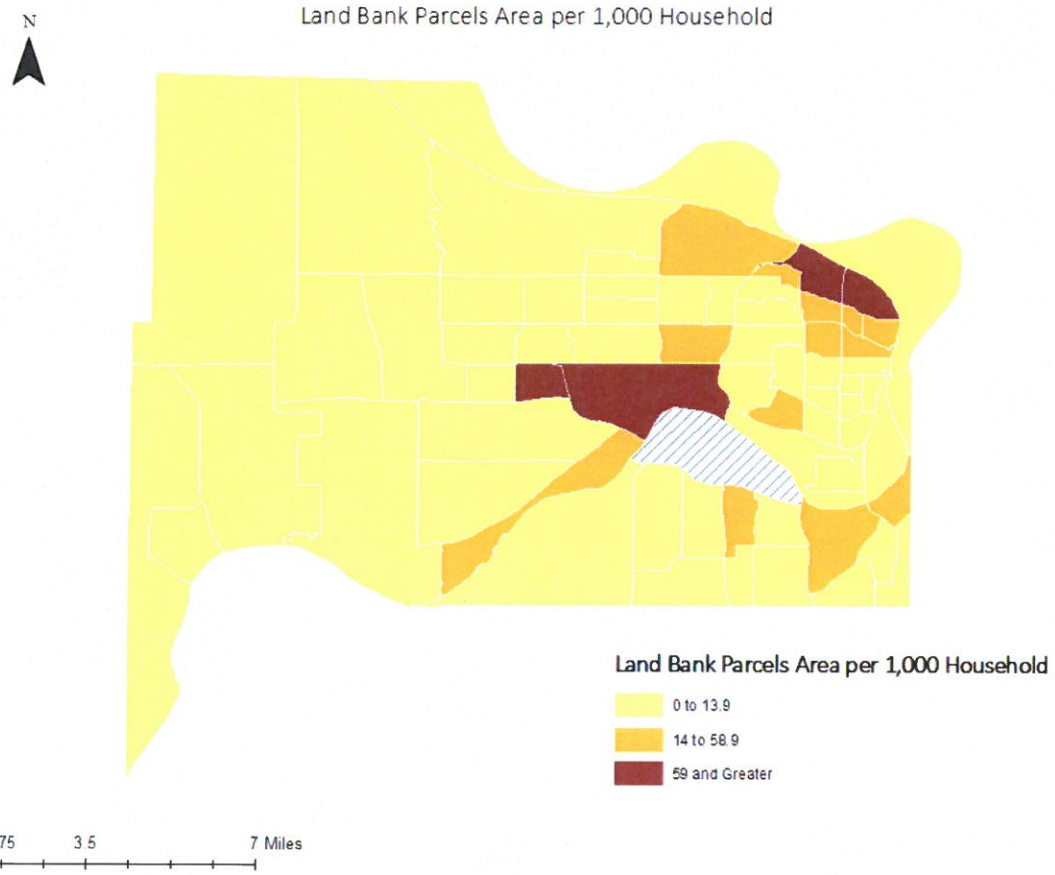


Land Bank Parcel Area per 1,000 Households

The table indicates that the mean of Land Banking per household in Wyandotte County is about 15 Acres per 1,000 households. The standard deviation of Land Banking per 1,000 households is about 24. The standard deviation is quite large that the Land Banking distribution in Wyandotte County spread out over a large range of values. Figure 1 ranks the Land Banking per household in census tracts from the lowest to the highest for Wyandotte County. When the Land Banking per household exceeds 20 Acres per 1,000 households, there is a dramatic change, which means that the threshold for Land Banking per household is about 20 Acres per 1,000 households. Therefore, the ideal census tracts would be the tracts with land bank pacel area per household less than 20 Acres per 1,000 household.

Table #12: Land Bank Area Per 100 Households	
	Wyandotte County
Mean	15.22
Median	5.23



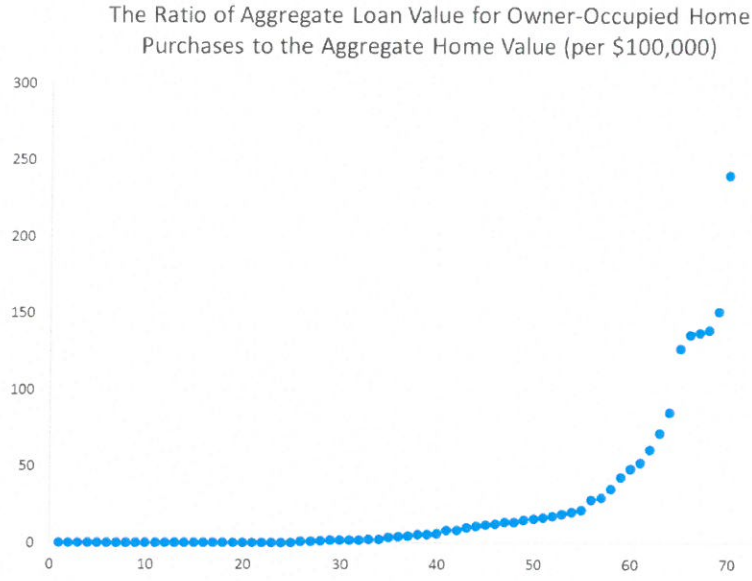


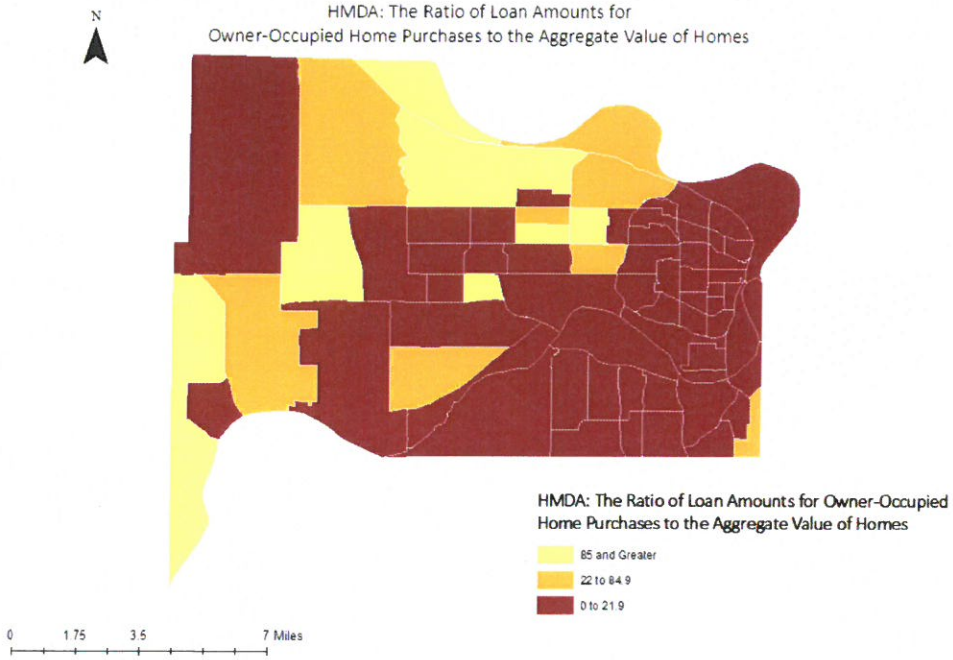
HMDA Data: The Ratio of the Total Loan Amounts for Purchase of Owner Occupied Homes to the Aggregate Value of Homes

This chart illustrates the ratio of the sum of loan amounts designated for owner occupied home purchases to the aggregate value of homes in each census tract. This ratio is an indicator of investor confidence in each the census tract. The chart of all the census tracts in Wyandotte County displays the ratios ranking from lowest to highest. The chart displays a trend that hovers near zero for 40 of the 70 census tracts, illustrating that for a majority of the tracts, there is low or no investor confidence. It may also be that banks are unwilling to lend because of low assessed home values in these tracts. The table below compares this measure of investor confidence in Wyandotte County with the Kansas City metropolitan area. Wyandotte County tracts typically have lower levels of investment than the tracts in the KC MSA. The map indicates that a majority of the census tracts have a low level of investor or lender confidence. A higher level of investor confidence is found in a few tracts in the northern sector of the county and the far southwest. The tracts identified as potential target areas were selected due to a threshold of a ratio of 8 to a ratio of 50. The threshold areas were selected due to natural breaks. This method was selected due to the distribution of the values and the breaks that occur between certain values.

Table #13:The Ratio of the Sums of Loan Amounts Designated for Owner Occupied Home Purchases to the Aggregate Value of Homes

	Wyandotte County	KC MSA
Mean	23.63	27.18
Median	4.00	8.57
Standard Deviation	45.72	60.61
Maximum	240.33	720.56





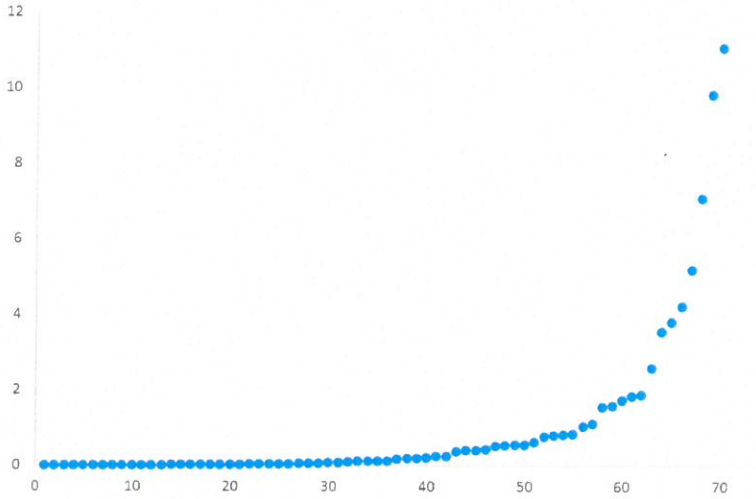
HMDA Data: The Ratio of the Total Loan Amounts for Renovation of Owner Occupied Home Renovations to the Aggregate Value of Homes

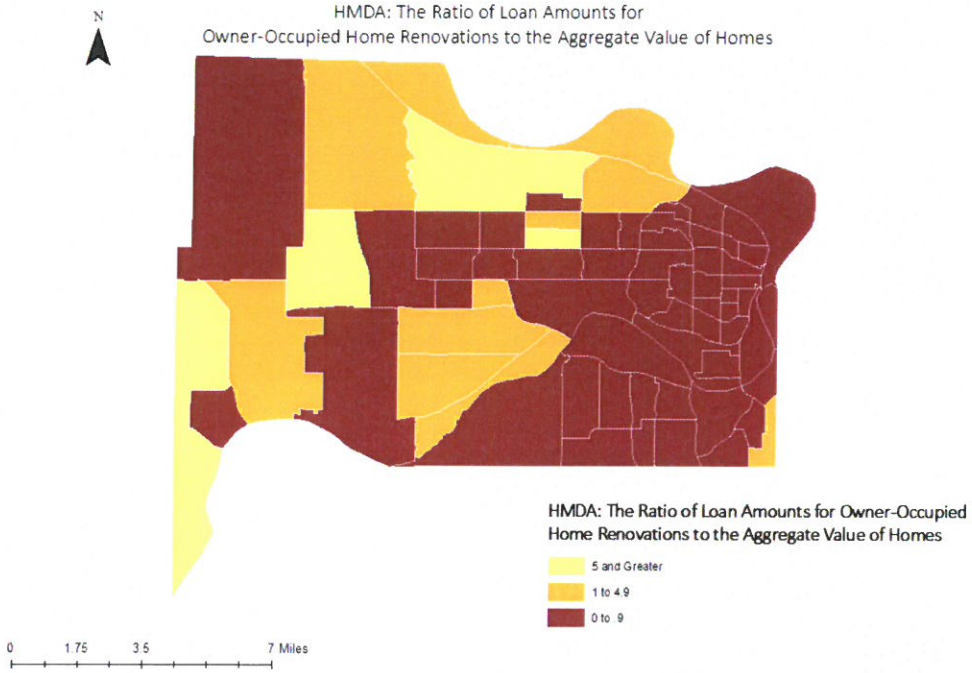
This chart illustrates the ratio of the sum of loan amounts designated for owner occupied home renovations to the aggregate value of homes in each census tract. This ratio is an indicator of investor confidence within the census tracts. The chart of all the census tracts in Wyandotte County displays the ratios ranking from lowest to highest. The chart displays a trend that hovers near zero for 40 of the 70 census tracts, illustrating that for most the tracts, there is low or no investor confidence or lender interest. The table below compares this measure of investor confidence in Wyandotte County to the KC MSA. Wyandotte County tracts typically have lower levels of investment than the tracts in the KC MSA. The map indicates that most the census tracts have a low level of investor confidence. A higher level of investor confidence is found with a few tracts in the northern sector of the county and the far southwest. The tracts identified as potential target areas were selected due to a threshold of a ratio of 1 to a ratio of 3. The threshold areas were selected due to natural breaks. This method was selected due to the distribution of the values and the breaks that occur between certain values.

Table #14:The Ratio of the Sums of Loan Amounts Designated for Owner Occupied Home Renovations to the Aggregate Value of Homes

	Wyandotte County	KC MSA
Mean	0.96	1.17
Median	0.11	0.29
Standard Deviation	2.10	2.95
Maximum	11.05	27.48

The Ratio of Aggregate Loan Value for Owner-Occupied Home Renovations to the Aggregate Home Value (per $100,000)

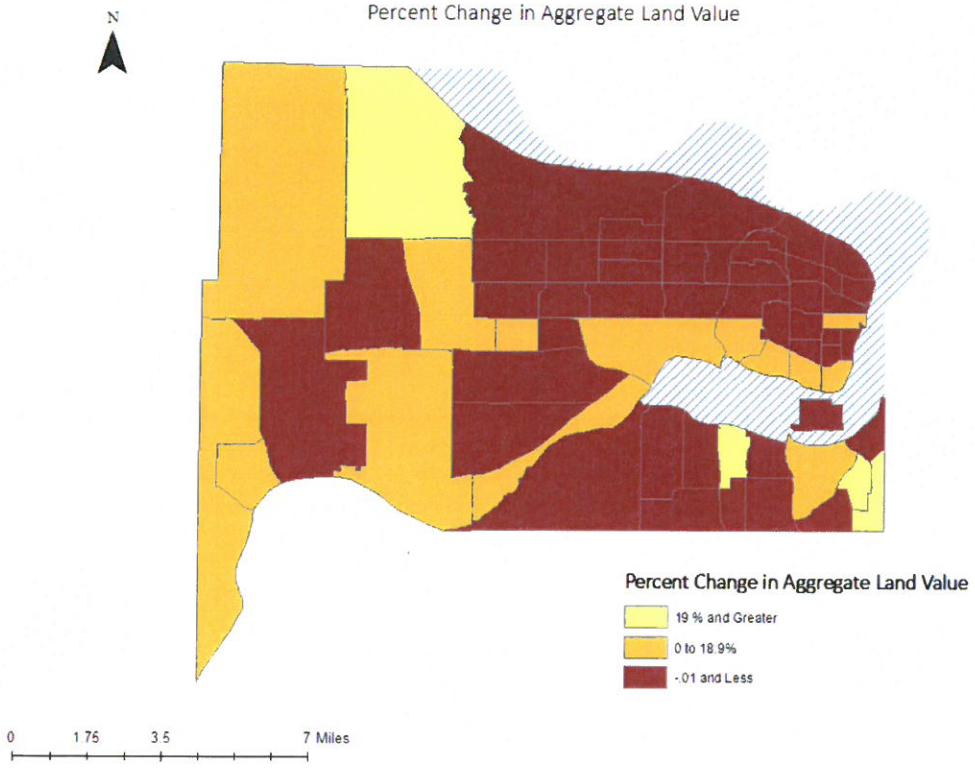




Percent Change Aggregate Land Value

The aggregate residential land value change 2009 to 2015 within census tracts of Wyandotte County suggests locations where people are willing to invest, based on growth in value. From the data collected we can see that the 80 percent of those census tracts are within one (positive or negative) standard deviation from the mean. The areas seeing the highest percent change were in the western part of the county as well as the southeast Rosedale area. Some census tracts in the urban core and post-war area of the county saw some positive movement but the vast majority saw a decline.

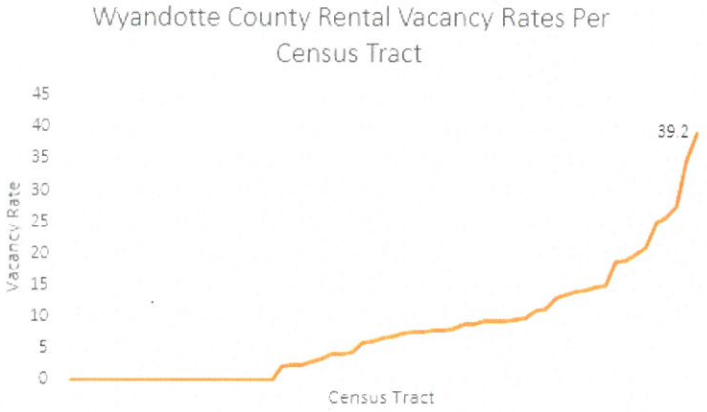
Table #15:Percent Change Aggregate Land Value	
Description	Wyandotte
Mean	-0.03
Median	-0.04
Maximum	0.59
Standard Deviation	0.15

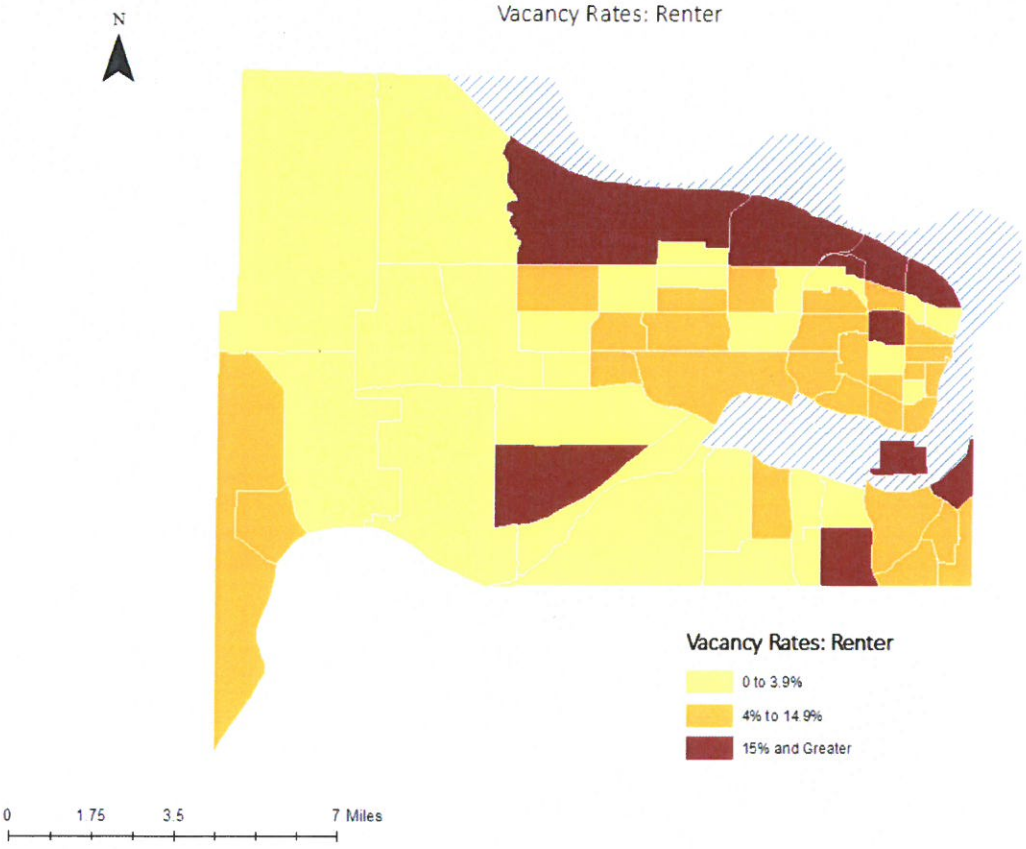


Vacancy Rates: Renter

Wyandotte County's average census tract rental housing vacancy rate is comparable with, but greater than, the Kansas City metropolitan area. The rental vacancy rate is the ratio of the number of vacant rental units for rent and rented but not occupied, divided by the total rental units. In Wyandotte County, the average rental vacancy rate is 8.0 percent, 1.1 percentage points higher than found in the tracts of the metropolitan area. When the data broken down into quintiles, based upon the tracts in the metropolitan area, we find that both medians are located in the middle third quintile. By using the tracts that fall within the third and fourth quintiles in our final index, we are able to determine which census tracts are best suited to improve with increased funding. There are nine tracts within the third quintile and 14 tracts within the fourth quintile, which have been selected to be considered for NRSA funding.

Table #16: Vacancy Rates: Rental Occupied		
	KC MSA	Wyandotte County
Average Rental Vacancy Rate	6.9	8.0
Median Rental Vacancy Rate	5.3	6.6

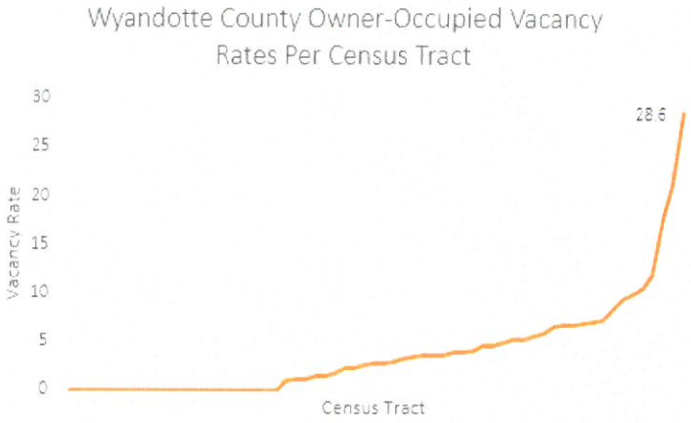


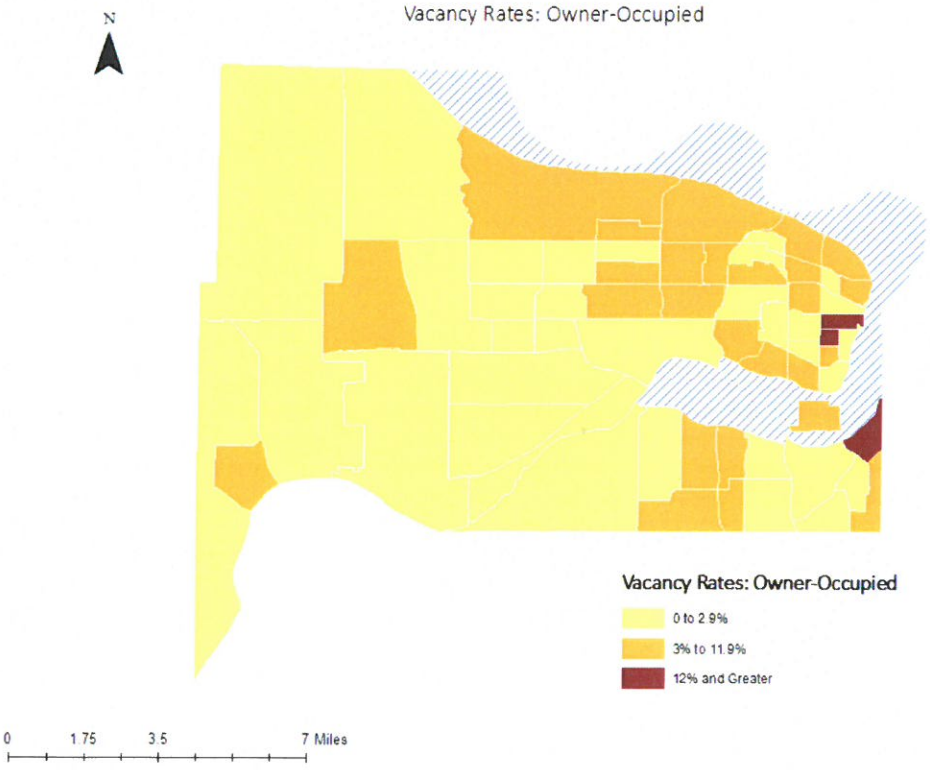


Vacancy Rates: Owner-Occupied

The Vacancy rates of owner-occupied housing in the tracts of Wyandotte County are also comparable with, but greater than, rates found among the tracts of the entire Kansas City metropolitan area. The owner-occupied vacancy rate is the average of the number of vacant owner-occupied units, for sale and sold but not occupied, divided by the total owner-occupied units. In Wyandotte County, the average tract owner-occupied vacancy rate is 3.9 percent, 1.2 percentage points higher than the rate for the metropolitan area. When the data is broken down into quintiles, based upon the tracts of the whole metropolitan area, we find that the metropolitan area's median is located in the middle third quintile, almost to the lower second, and the median for the tracts of Wyandotte County is located in the upper fourth quintile. Funding the tracts that fall within the fourth quintile could potentially lower Wyandotte's median owner-occupied vacancy rate, bringing it into the middle third quintile. There are 14 census tracts in the fourth quintile, which should be used in the final index to determine which census tracts are best suited to improve with Neighborhood Revitalization Strategy area funding.

Table #17: Vacancy Rates: Owner-Ocucpied		
	KC MSA	Wyandotte County
Average Owner-Occupied Vacancy Rate	2.7	3.9
Median Owner-Occupied Vacancy Rate	1.3	2.8

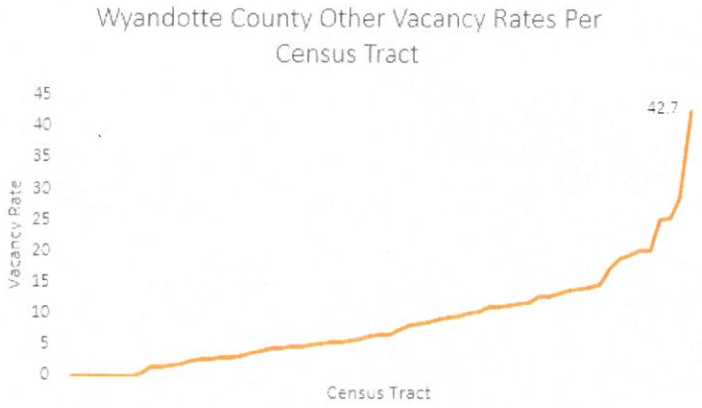


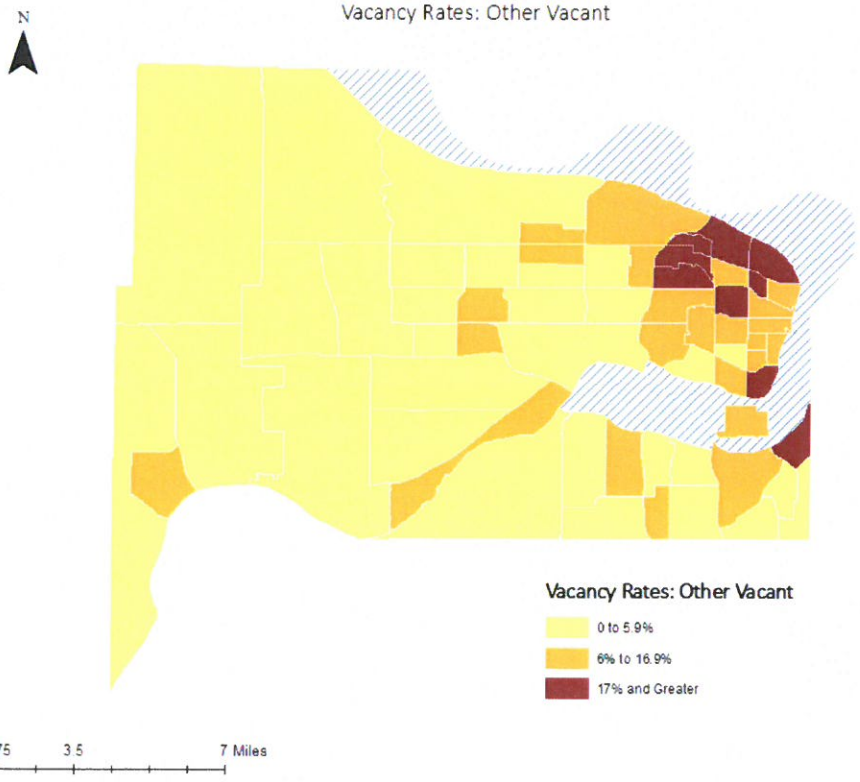


Vacancy Rates: Other Vacant

Wyandotte County's average census tract other housing vacancy rate is greater than the metropolitan. Other vacant describes homes or units that are vacant and not on the market. The other vacancy rate is probably the most important type of vacancy in helping determine the health of the neighborhoods, as these homes are a defining factor in blight and are associated with poverty. In Wyandotte County, the average other vacancy rate is 8.8 percent, 3.5 percentage points higher than the metropolitan area. When the data is broken down into quintiles, based upon the metropolitan's tracts, we find that the metropolitan's median is located in the middle third quintile, whereas Wyandotte County's tract median is located in the upper fourth quintile, nearing the fifth quintile with the highest vacancy rates. This indicates that the vacancy rates of other, off-market units is generally higher in Wyandotte County tracts. By using the quintiles, we are able to find the 14 Wyandotte County census tracts that fall in the fourth quintile and the five tracts that fall in the third quintile, but are greater than 2.7 percent. These tracts are best suited to improve with increased funding and have been selected to be considered for the NRSA funding.

Table #18: Vacancy Rates: Other Vacancy		
	KC MSA	Wyandotte County
Average Other Vacancy Rate	5.3	8.8
Median Other Vacancy Rate	2.5	6.5

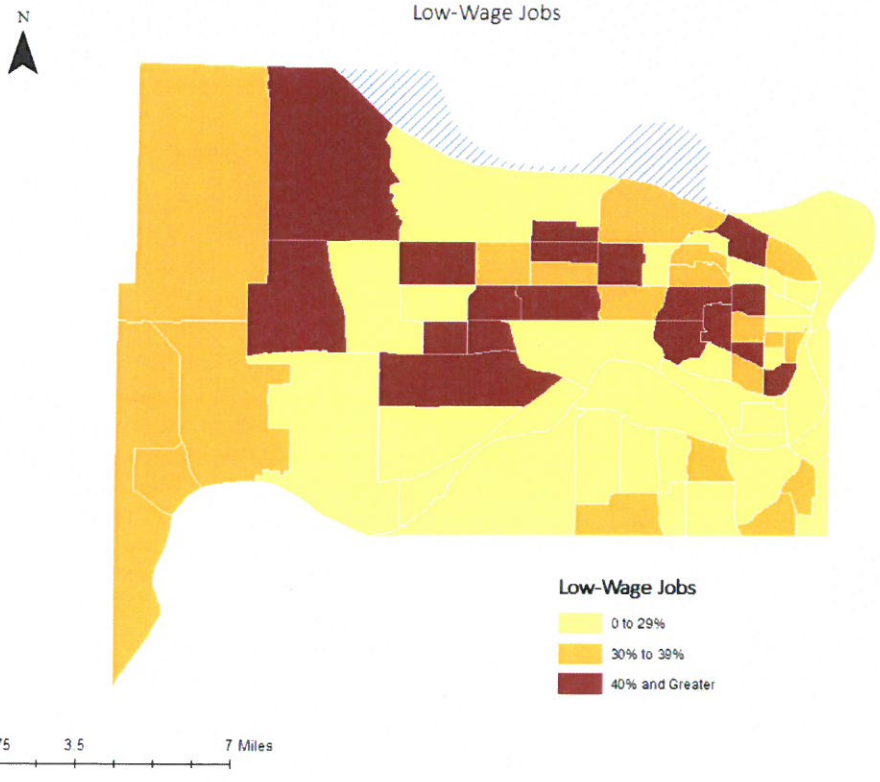




Low Wage Jobs

The proportion of the total number of jobs in a tract that are low wage jobs (number of jobs for workers earning less than $1250/ month) has been used as an indicator of the economic health of the tract. The percentage of low wage jobs in Wyandotte county is approximately the same as found in the Kansas City metropolitan area. The graph illustrates the percentage of low wage jobs from lowest to highest. It shows that there is a threshold where the percentage of low wage jobs increases significantly, after certain point. 55%. The map below shows the locations of the tracts with these low wage jobs.

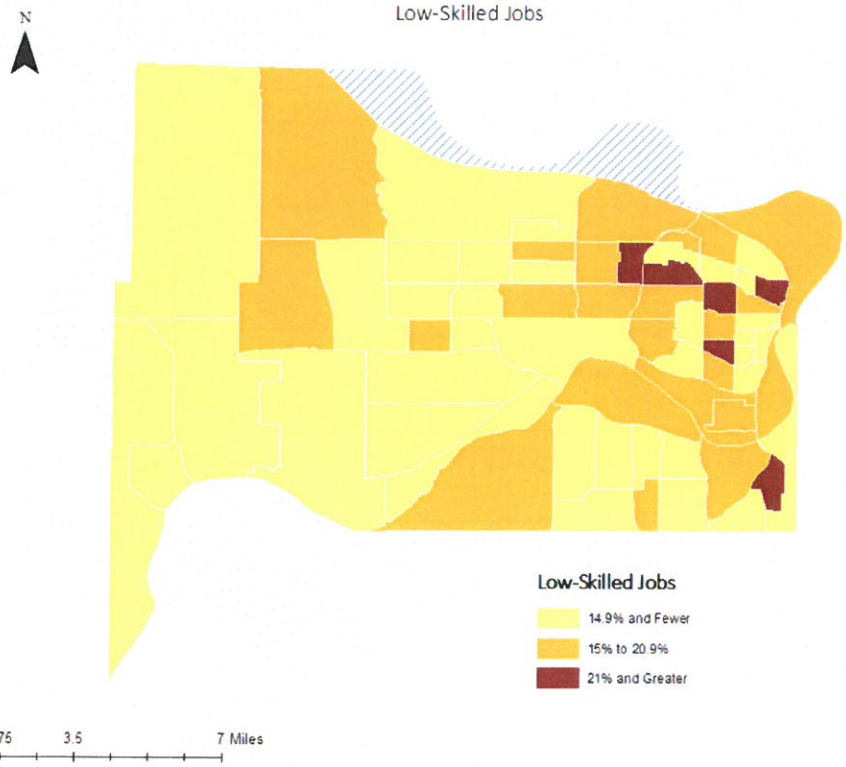
Table #19: Low Wage Jobs				
	Wyandotte	Percent	KC MSA	Percent
Below 5%	32	49%	282	57%
5%-15%	27	42%	180	37%
Above 15%	6	9%	31	6%
Total	65	100%	493	100%



Low Skilled Jobs

For comparison with the number of low wage jobs, the proportion of low skilled jobs (jobs for workers with educational attainment that is less than high school) is shown as well. Wyandotte County has a significantly higher percentage of low skilled jobs in each census tract than is found in the Kansas City metropolitan area. By comparing the proportions of low wage jobs to the proportions of low skilled jobs across the census tracts, the linear relationship of the two variable shows that there is no threshold effect due to the interrelationship of low wage and low skilled jobs. However, there is threshold in the distribution of low skilled jobs. [What is it?] The tract with the highest proportion of low skilled jobs in the metropolitan area is located in Wyandotte County. The highest low wage and low skilled jobs are both located near the downtown area. However, the low skilled jobs distribution shows no pattern of concentratration.

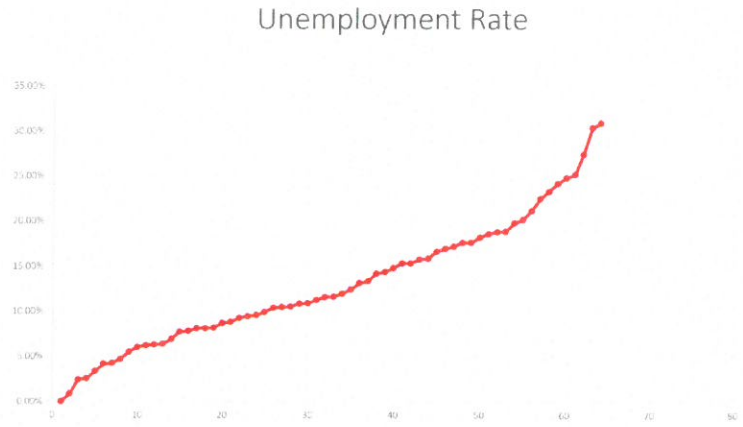
Table #20: Low Skilled Jobs				
	Wyandotte	Percent	KC MSA	Percent
Below 5%	32	49%	282	57%
5%-15%	27	42%	180	37%
Above 15%	6	9%	31	6%
Total	65	100%	493	100%

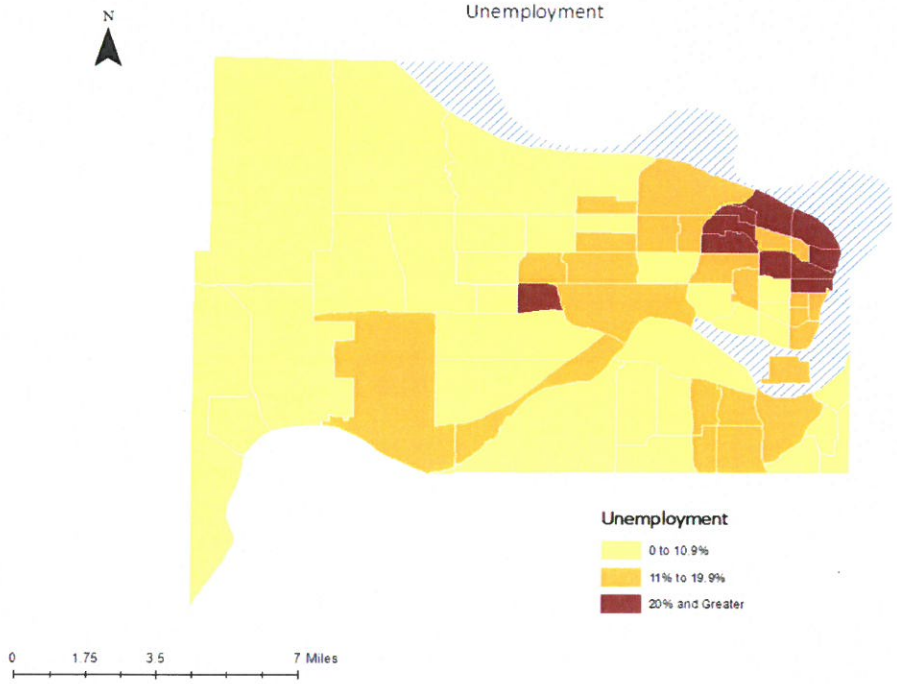


Unemployment

The table above shows the disparity of unemployment in the 8 counties of the Kansas City metropolitan area. It is not surprising that Johnson county, which is known as an affluent suburban community, has the lowest unemployment. Likewise, that Wyandotte County, which contains Kansas City, Kansas, has the highest. What may or may not be surprising is the range of unemployment between the lowest and highest census tracks in Johnson County. Indeed, the range of Johnson County is only surpassed by Wyandotte County and Jackson County (the county containing much of Kansas City, Missouri). Also interesting is the counties in Missouri that cluster around the highest unemployment levels. Wyandotte hass the highest overall levels. If we just consider counties in Kansas, the unemployment in Wyandotte County is nearly double its statistical and geographic neighbor Leavenworth County. Wyandotte County is also one of only two counties in which the county average is higher than the metropolitan average. This indicates there are relatively few census tracts that have such a high unemployment rate that they bring the county's average down. In Wyandotte County, unemployment starts to increase significantly when it reaches 20%. Therefore, 20% could be considered a threshold.

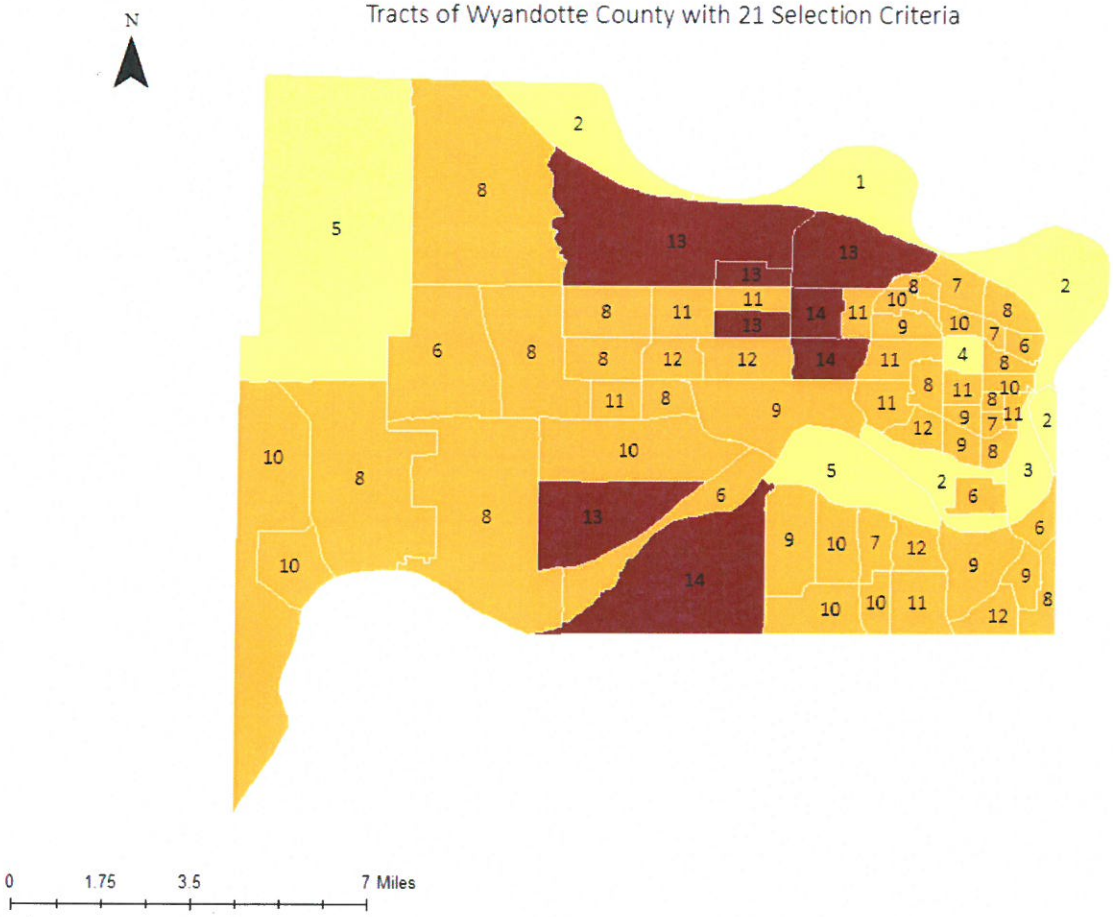
Table #21: Unemployment		
	KC MSA	Wyandotte
Mean	6.5%	11.2%
Median	6.1%	11.7%
Maximum	32.9%	30.9%
Standard Deviation	5.5%	7.2%





Findings

The findings look at the variables gathered to determine different criteria that affect the stability of a neighborhood. The research methodology consisted of a scoring matrix for all census tracts in Kansas City, Kansas along one axis and with the indicator variables along the other axis. Using the thresholds from the analysis, a specific range was created. This range was created to give the ideal range within which a tract is expected to be found to be considered a candidate for NRSA funds. An individual tract could fall in the desirable range or outside of it in either direction, above or below in terms of the value of the indicator variable.



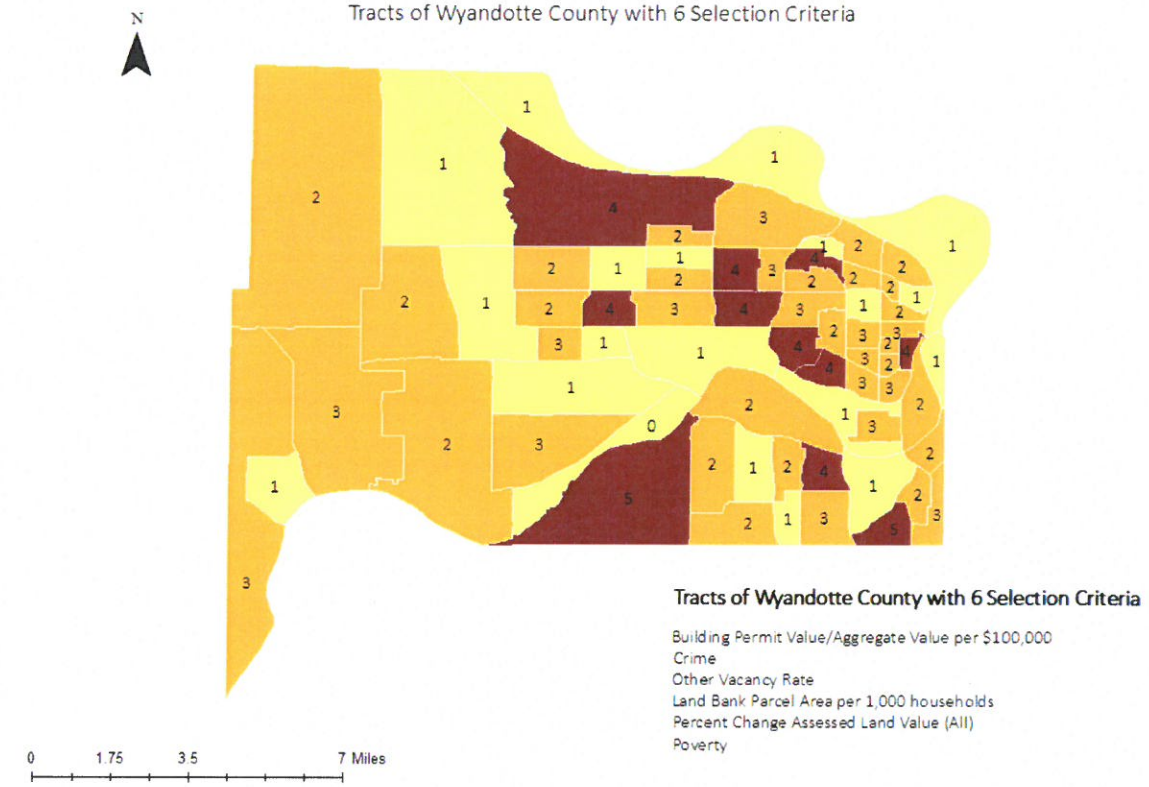
Findings A:

This findings indicates the scoring matrix from all the variables in the analysis section. Of a possible score of 21, the highest score achieved was 16. This implies that those areas with the highest scoring matrix are the best candidates for NRSA funds. The thresholds used in this finding were determined by looking at the metro area median values of each variable and going one standard deviation above and below to get the target thresholds for the scoring matrix.

Census Tracts Best Preformers	
440.03	443.03
438.02	443.01
439.03	445
444	446.01

Using the Kansas City Mero area has a guide, it was determined that these variables all contributed to socio-economic factors in the investor confidence of a neighborhood. For example, those neighborhoods through the metro with high indicators such as female-headed household, low wage jobs and low skill jobs, show a decrease in investor confidence. This factors were translated into the Kansas City, Kansas area using the metro thresholds to determine the findings scoring matrix. The eight census tracts with high scores were all in the post-war suburbs of the city.

In academic literature there are key socio-economic factors that weigh more heavily in determining investor confidence in a specific area. Much of the variables gathered, however important for the overall analysis, do not contribute as much in the way of investor confidence. The findings below extracted 6 key variables from the original list of 21 that, through academic research, show the greatest contribution to investor confidence.



Finding B:

These findings indicate the scoring matrix of the 6 variables determined to have the most influence on investor confidence. Of a possible score of 6, the highest score achieved was 5. This implies that those areas with the highest scoring matrix are the best candidates for NRSA funds. The thresholds were determined by a mix of metro area median values of each variable and academic literature based on neighborhood viability.

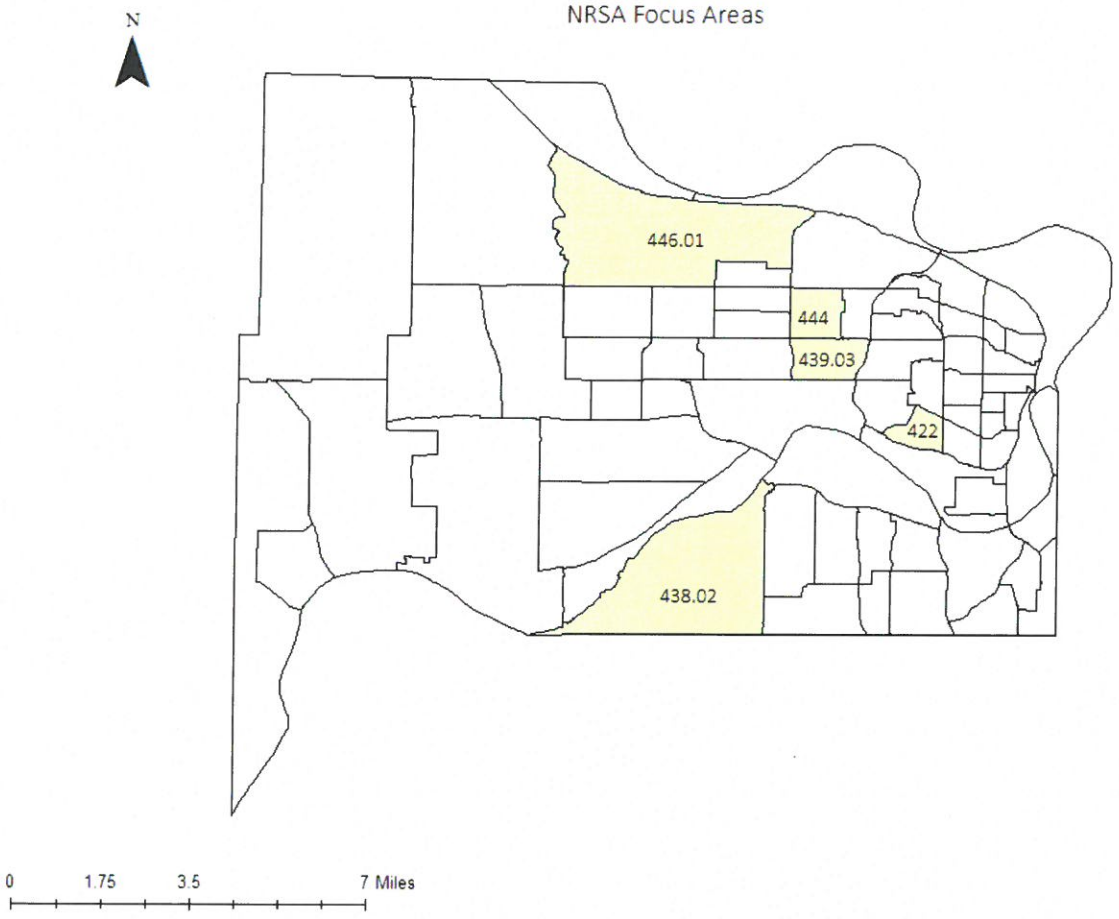
Historically crime and poverty play a major role in the strength of a neighborhood. Any census tract in Kansas City, Kansas that has poverty between 15 percent and 30 percent have been pinpointed as areas of growth, as well as census tracts with a crime rates per 100 households of less than 10, as possible areas of opportunity, that would see a benefit for an influx of CDGB Dollars. Academic literature explains that key investor confidence indictors rely on property value as a major contributor to neighborhood strength. Knowing this, it was determined that, percent change in assessed land value and the ratio of building permit value to assessed value play a defining role in the best location of NRSA fund allocation. A threshold was indicated if there was no change to a decrease of 7 percent in change in assessed land variable. Those census tracts that have greater than 0 to less than $4,000 worth of building permit value to assessed land value are significant census tracts for NRSA funds. The final two variables were chosen based on market factors pre and post 2007 recession. The ideal census tract has less than 20 acres of land bank parcel area per 1,000 households as well as other vacancy in a census tract has a threshold of between 2.8 percent to 7.8 percent of total housing unit.

Census Tracts Best Preformers	
446.01	415
441.04	422
444	400.02
439.03	438.02
404	428
433.01	

Conclusion and Recommendations

From the findings it can be determined that there are five key areas that the NRSA should focus on to infuse CDBG Dollars in to the neighborhood. Through our analysis of the 21 variables and two resulting thresholds, we were able to determine five census tracts that would be most positively receptive to increased funding through the Neighborhood Revitalization Strategy Area grant funding. These five census tracts are 422, 438.02, 439.03, 444, and 446.01. All five of these tracts scored high in both thresholds. The table below shows the variable data for each of the census tracts and the map shows their location within the city. This can be used for further analysis in Wyandotte County's NRSA grant application.

Variables used in Threshold 1 followed by remaining in Threshold 2	Selected Census Tracts				
	422	438.02	439.03	444	446.01
Building Permit Valuation per $100,000 to Aggregate Value	$59.75	$100,546.88	$18,441.82	$4,530.89	$14,112.78
Crime	62.2	45.8	65.6	56.1	52.4
Other Vacancy Rate	4.6%	11.4%	1.8%	4.3%	8.4%
Land Bank Parcels Area per 1,000 Households	28.9	0	26.2	2.7	4.3
Percent Change of Assessed Land Value (All)	0.01	-0.03	-0.04	-0.05	-0.02
Poverty	26.7%	16.1%	23.3%	22.2%	11.0%
Population by Race: Black Non-Hispanic	3.9%	0%	22.9%	38.7%	14.8%
Population by Ethnicity: Hispanic	64.6%	9.5%	21.8%	11.7%	6.5%
Percentage of College Graduates	12.3%	26.4%	16.7%	21.3%	29.2%
Percentage of High school Dropouts	43.4%	12.3%	22.5%	25.5%	13.1%
Change in Percent Rental Tenure	7%	5%	5%	14%	4%
Percent Female-Headed Households	8.0%	6.4%	23.9%	23.9%	15.8%
Building Permits per Tract	19	42	45	41	41
Building Permits per 100 Households	3.5	7.9	4.4	3.8	4.2
Ratio of Loan Amounts for Owner Occupied Home Purchases to the Aggregate Value of Homes	0.1	12.5	35.7	139.0	240.3
Ratio of Loan Amounts for Owner Occupied Home Renovations to the Aggregate Value of Homes	0.0	0.2	0.5	0.5	11.0
Renter Vacancy Rate	2.2%	0%	0%	9.6%	4.0%
Owner-Occupied Vacancy Rate	0%	0%	0%	1.4%	5.3%
Percentage of Low Wage Jobs	27.7%	17.9%	37.7%	50.0%	28.4%
Percentage of Low Skilled Jobs	14.5%	18.1%	19.4%	16.7%	14.36%
Unemployment Rate	6.2%	10.5%	10.4%	17.2%	7.7%


N
NRSA Focus Areas
446.01
444
439.03
422
438.02
0
1.75
3.5
7 Miles