STATE OF KANSAS)
WYANDOTTE COUNTY)) SS SPECIAL SESSION, THURSDAY, AUGUST 30, 2018
CITY OF KANSAS CITY, KS)

The Unified Government Commission of Wyandotte County/Kansas City, Kansas, met in Special Session, Thursday, August 30, 2018, with ten members present: Bynum, Commissioner At-Large First District; Burroughs, Commissioner At-Large Second District; Townsend, Commissioner First District (arrived at 5:30 p.m.); McKiernan, Commissioner Second District; Murguia, Commissioner Third District; Johnson, Commissioner Fourth District (arrived at 5:05 p.m.); Kane, Commissioner Fifth District; Markley, Commissioner Sixth District; Philbrook, Commissioner Eighth District; and Alvey, Mayor/CEO presiding. Walters, Commissioner Seventh District; was absent. The following officials were also in attendance: Doug Bach, County Administrator; Ken Moore, Chief Legal Counsel; Carol Godsil, Deputy Unified Government Clerk; Joe Connor, Assistant County Administrator; Emerick Cross, Commissioner Liaison; Terry Brecheisen, Health Department Director; Juliann Van Liew; Health Department; Maureen Mahoney, Chief of Staff in Mayor's Office; and Officer Doleshal, Sergeant-at-Arms.

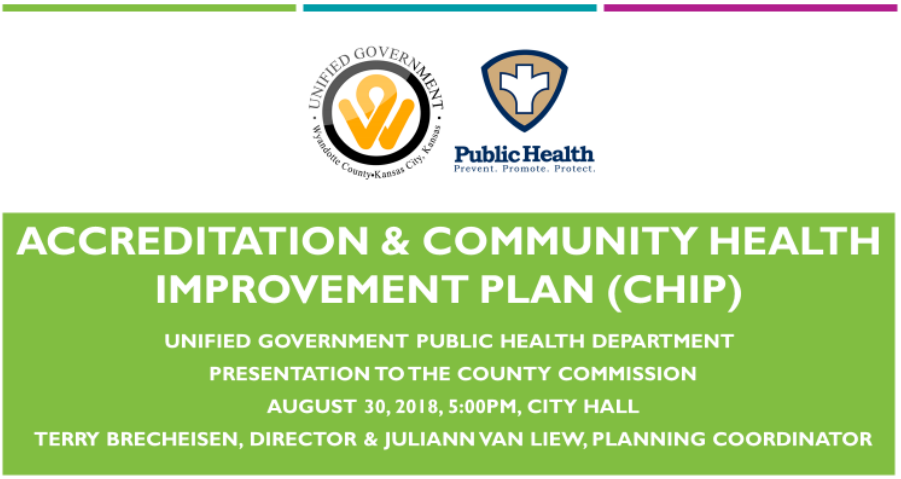
MAYOR ALVEY called the meeting to order.

ROLL CALL: Markley, Philbrook, Bynum, Burroughs, McKiernan, Murguia, Kane, Alvey.

NOTICE OF SPECIAL SESSION of the Unified Government of Wyandotte County/Kansas City, Kansas, to be held Thursday, August 30, 2018, at 5:00 p.m. in the 5th floor conference regarding the Community Health Improvement Plan. Immediately following, the Commission will reconvene to the 9th floor conference room for an executive session for an update on litigation.

CONSENT TO MEETING of the governing body of Wyandotte County/Kansas City, Kansas, accepting service of the foregoing notice, waiving all and any irregularities in such service and in such notice, and consent and agree that we, the governing body, shall meet at the time and place therein specified and for the purpose therein stated.

Doug Bach, County Administrator, said tonight's presentation is being led by the Health Department, our Director of Health. Terry Brecheisen is here, and I will turn it over to him and he can introduce his team and present the presentation tonight.

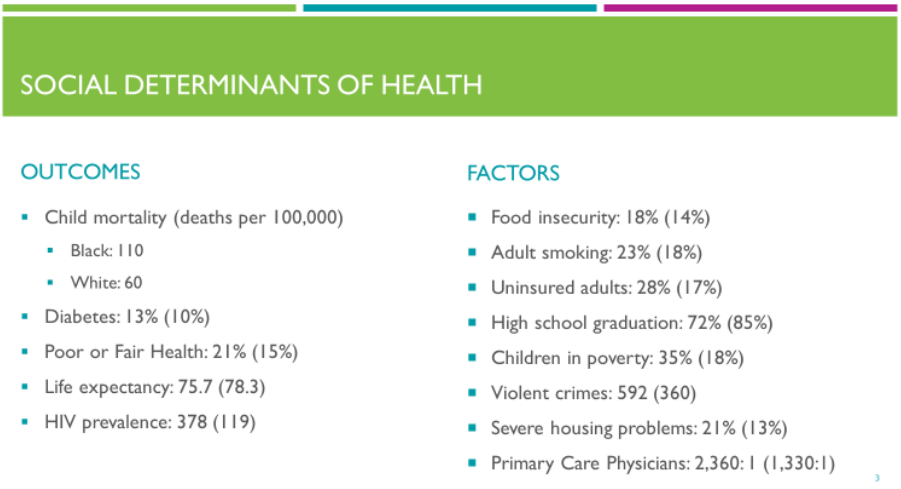


Terry Brecheisen, Director of Public Health, said four down from me is Juliann Van Liew. I want to introduce her. She is our Program Coordinator for the Health Improvement Planning Section of the Health Department and she is our Leader/Coordinator of our Accreditation efforts and she is the leader of the Community Health Improvement Plan which coordinates all this stuff we're going to tell you this evening. I'm going to turn the microphone over to Juliann at this time to lead the presentation.

Juliann Van Liew, Program Coordinator the Health Improvement Planning Section of the Health Department; said I am really excited to be here. The Health Department has been undergoing incredible change and doing some impressive and important work over the past couple of years both internally and externally with our community partners.

Today I'm going talk briefly about accreditation, but most of the time we're going to be talking about the CHIP or the Community Health Improvement Plan.

We will go through accreditation, it's requirements and timeline, because we had some requests of the Commission in that regard. Then, we will go through the CHIP in terms of the process, partners, and strategies and ask you to consider, at a later date, adopting this as our Community Health Improvement Plan.

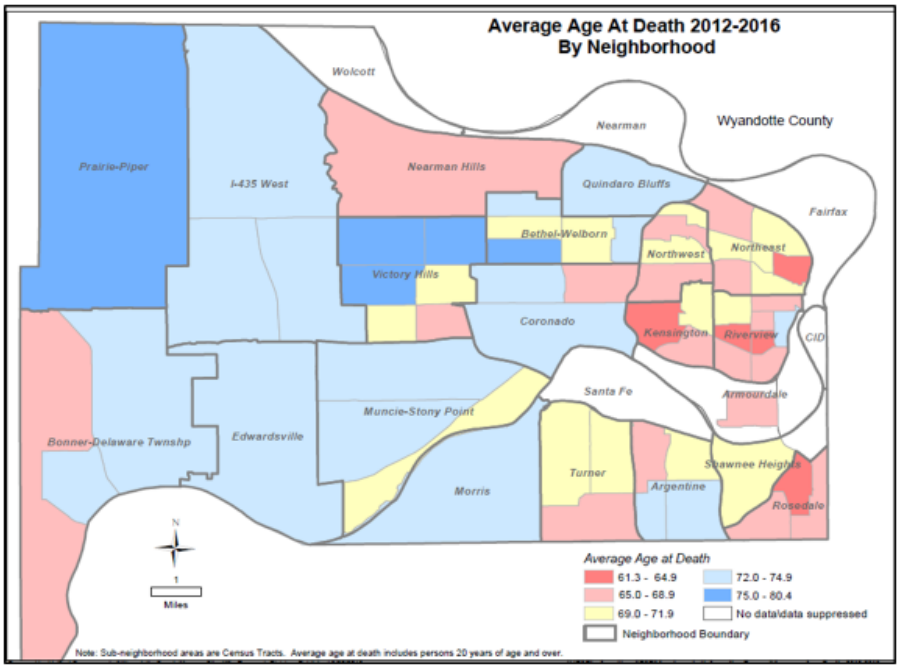


I know everyone in this room is most likely familiar with the concept of Social Determinants of Health. This is not something that's new, but I think it's appropriate to at least make sure we all have a baseline understanding as we kind of delve into this conversation.

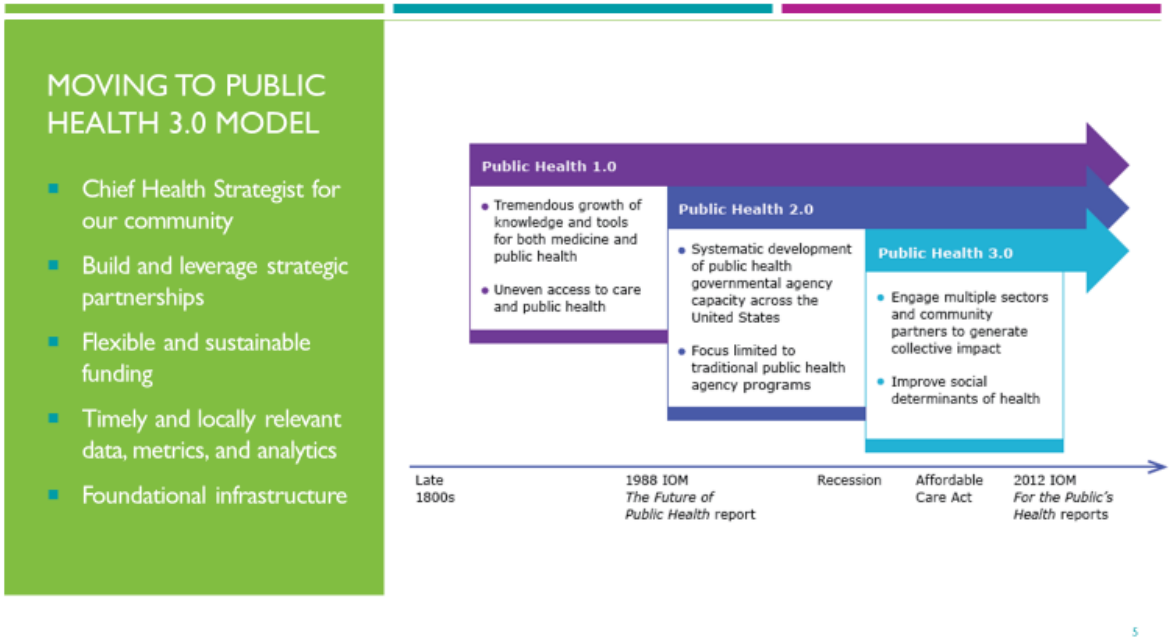
The last column here if you're familiar with the County Health rankings, these will look familiar to you. The numbers in parenthesis are the Kansas rates and the other ones are ours in Wyandotte County. It's not surprising we have higher rates of diabetes, we have lower life

expectancy, more of our residents report poor or fair health than at the state level, etc. This isn't news to you, but what I want to focus on is the factors here that we've listed are not generally speaking health specific factors. We're talking about having higher rates of food insecurity, of being uninsured, we have lower rates of high school graduation, we have significantly higher rates of childhood poverty, etc.

I want us to be on this same page because I'm about to dive into some topics toward the second half of this presentation that are oftentimes thought about outside the realm of health and so we're going to be talking about jobs and about housing and about violence. These are factors that actually are much more important in terms of our health outcomes than we've ever previously realized.



The last thing before we dive in is, for me, this map really tells it all. This is the average age at death by neighborhood in our county and it really shows the disparities here. What I want you to take away from this slide is that place matters. So, our community matters, the build environment matters. I know that you know this, but the policies in the systems that we create as a community really impact our health outcomes.



Because of the better understanding we have nationally and globally of the social determinants of health and their role in health outcome, public health has shifted dramatically over the last century, two centuries. So, there was originally a Public Health what's now called 1.0 model. In the mid 1800's to mid-1900's it was really this focus on vaccination and air quality and sanitation; really important improvements, but they segwayed in the mid 1900's to a Public Health 2.0 model where they really realized that some populations are at higher risk for adverse health outcomes than others, so the AIDS epidemic really pushed that.

The point here is that we're now into a Public Health 3.0 model and we, as the Health Department, don't get to just work on vaccinations and air quality. It is now our work as a Health Department to act as a Chief Health Strategist in our community to be doing the data, to be bringing those analogies to our community to make sure that it's informing our work, to be bringing partners together, to be creating health plans that we work together with those partners in order to affect change.

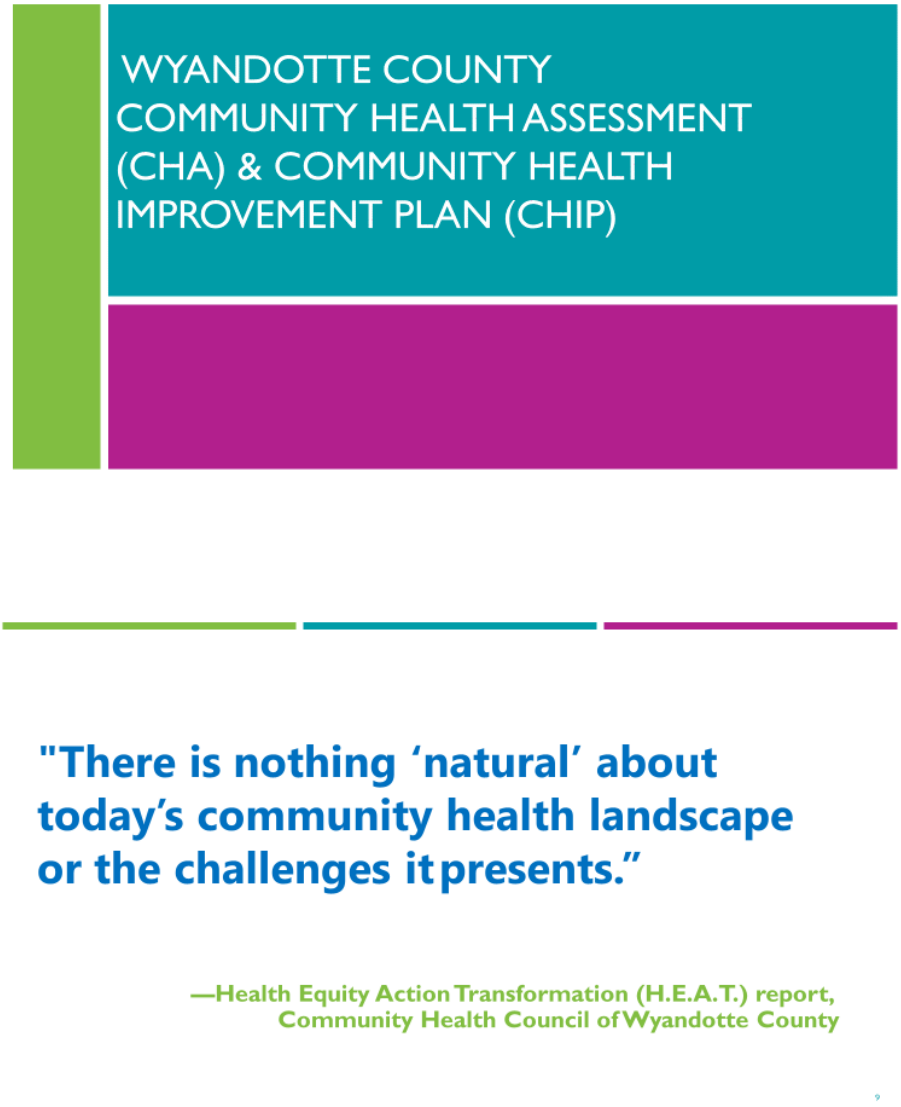
In order to fully move towards this Public Health 3.0 model, we are seeking accreditation as a Health Department. Accreditation as a Health Department is not required. We are currently functioning without being accredited. That is fine, but what accreditation does for a Health Department is make sure that you are continually moving towards a culture of quality improvement. It's about getting better as a Health Department across all of our divisions. The green box here, you can see some of the areas that accreditation requires we work on.

There are 12 different domains. There are 212 specific standards of measures that I get to make sure that we can document that we are meeting. It's very broad. It's a tremendous about of work and it's something the Health Department is undergoing. I think it's important that everybody is aware of this work and how the Health Department is evolving.

Before we dive into the CHIP, I wanted to briefly show you where we've come and where we're heading. Like I mentioned, we started this work a couple years ago. We vastly improved our quality improvement, we did a Community Health Assessments, we participated in strategic planning. This year alone, we've fully implemented a successful Performance Management System, we've completed a Workforce Development Plan, the CHIP will be published in a couple of weeks. Next year we have a little more planning to do and we will be applying for accreditation next July. We will circle back to this at the end when I make an ask for the Commission, but we will be looking for some involvement in terms of accreditation and specifically in terms of our site visits.

Mayor Alvey asked could you explain, go back, the Health in all Policies work. What is that? **Ms. Van Liew** said accreditation requires that Health Departments get intimately involved in policy at the local and somewhat at the State level as well. There are several domains in accreditation that we are currently not meeting. In my opinion, we are not providing you with health impact assessments for example, on many things. For example, the Northeast Area Master Plan process is happening right now and if we were in line with accreditation, we would be more intimately involved in that work in making sure that health impacts, so those sorts of plans are taken into consideration. It's kind of the jargon in the field. They call it Health in all Policies but it's really making sure that when you consider like a transportation initiative, for example, you're looking at it from a health lens. When we're talking about zoning, we're talking about dislocation of families, we're looking at it with a health lens.

Mayor Alvey said what you're really saying is there work to be done on this factor of Health in all Policies. **Ms. Van Liew** said absolutely. **Mayor Alvey** said that's what you mean by the work. **Ms. Van Liew** said we intend to enter this field much more robustly at the Health Department. Really, it's about us providing you guys with the information that you need in a timely manner to make sound decisions that relate to health.



That brings us to the CHIP. You saw on that slide CHIP is part of accreditation and so we are required as the Health Department, every five years to take the community through an assessment and a planning process. This is our first time doing it. I do want to note though that because—this is an accreditation requirement, but it's not our only motive. We all know that we have four outcomes and it's time that we collectively work on them through this plan.

You probably read the H.E.A.T Report that came out from the Community Health Council, but this is my favorite quote from it and it's something and it's something that I like to use in these presentations. It says, "There is nothing natural about today's community health landscape or the challenges it presents." So, that's the lens we use as we approach this assessment

and planning process. It's scary and it's challenging, but it also means we have an opportunity to affect this landscape and to affect health change.

Our Community Health Assessment process was about an 18-month process. It includes these four major areas that I will just briefly cover. It was led by KU Center for Community Health & Development. We contracted with them and very importantly the Wyandotte Health Foundation funded that work.

These portions of the Community Health Assessment, the Local Public Health Systems Assessment looks at what clinics are available in our community, what hospitals, what's the Health Department doing, do we have health infrastructure.

The Concerns Survey was a paper and electronic survey that 2,300 residents filled out across our county. We're very proud of that because it was actually demographically representative of our folks, so we had representation of all diverse community which is a big deal and difficult to do in survey work.

We did our Community Health Status Assessment. This is really looking at those county health rankings at the Behavioral Risk Factor Surveillance Survey, America Community Survey. All of these big national metrics that folks use to determine whether or not our community is healthy.

Lastly, we held focus groups of more than 50 residents not involved in organizations, but just residents to really get some of that narrative and that qualitative understanding of what they feel are the barriers to being healthy in their community.

Out of this long assessment process, four priority areas rose to the top and were identified by our community as the areas that we need to work on if we we're going to affect health. These are health access. This includes clinical and preventive care but also behavioral health and dental care, housing which involves both access to affordable housing as well as safe housing. Jobs and education which covers everything from having a place to take your child to child care to being able to get there. It's a pretty vast realm which is new to me, but Greg will talk to us about in a moment and violence prevention.

I want to note this arrow down at the bottom that reads poverty, discrimination, adverse childhood experiences; these are what in the CHIP Steering Committee and our CHIP Action Teams, we refer to as the three lenses. These three things came up over and over again in the Community Health Assessment and the Planning Process as very, very important. It's difficult to pull discrimination out and create an action team around it, but what we can do is we can approach all four of these areas considering discrimination. So, if we're considering access to housing we can use a discrimination lens and make sure our strategies are addressing discrimination as a part of that work. We want to make sure that folks understand these were taken into account.

When the priority areas were identified we moved into planning and we created a Planning Team essentially for each of those four areas. Those Planning Teams we worked hard to make sure they were pretty diverse. They involved all sorts of representation. The Unified Government was out in full force which we love, but also private businesses, our clinical partners, our foundations were present. We held more than 50 planning meetings over the last year and more than 97 organizations participated. That is pretty incredible. I've read a lot of CHIP's in my last year and most of them list 20-25 organizations that participated and half of which are usually clinical. Not so with us, so we had a really robust participation from our community which we're proud of.

Again, we were led by the KU Center for Community Health & Development from the method standpoint and we were also funded again by the Wyandotte Health Foundation. Without them we wouldn't have been able to undergo this.

That planning process started last September, and it just finished up in early July. The plan is complete and it's currently with our graphic designer. We decided that the format it was in was not easily assessible for our residents, so we're working really hard to make a paring down size to a 6-page version that accessible for low literacy folks, that's available that makes sense to people, that they actually want to engage and it's visually engaging. That's where it is. I wish I could give you a hard copy today, I can't. Within twoish weeks you will have a hard copy in front of you. I'm excited about that, but not today.

I also want to mention. I'm going to dive into our Lead Agencies and then I'm going to put up some slides that all are very busy. I'm sorry about that, but I wanted you to be able to walk out today with a paper that had the strategies listed. You will see some busy slides. The bold in

those slides are the objectives and the areas not bolded are the actual strategies written in plain language. In the formal long plan, they are written in a different way, but again, this is part of making it assessible.

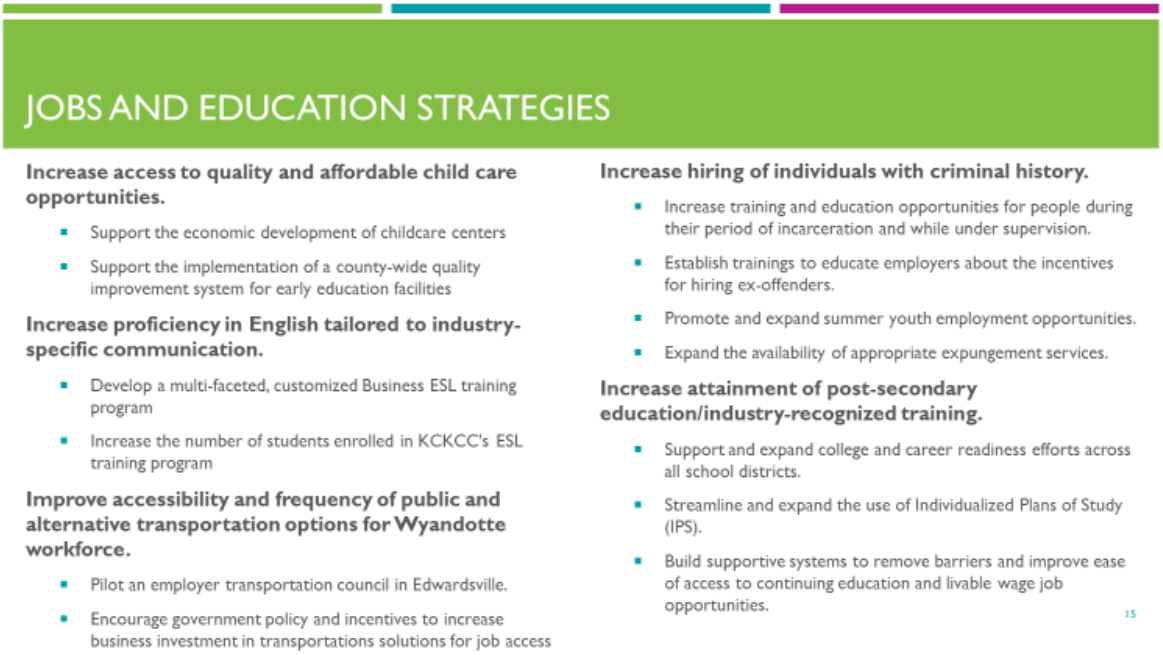
The folks I have at the table here today, and before we dive into these four areas, are the folks that we have dubbed Lead Agencies. A CHIP by definition is a Community Health Improvement Plan. It is not a Health Department Improvement Plan and if I can impress anything upon you, it's that. This plan will not work, it will not be successful if it doesn't maintain its identity as a Community Health Improvement Plan. To that end, we have worked hard to identify what we are calling Lead Agencies who will really push, stay involved, and make sure this work actually happens.

Each of these Lead Agencies kind of arose organically over the last two years through the Health Assessment & Planning Process and we feel really confident that these partners will maintain involvement in a substantial way.

From the Jobs and Education Section, Wyandotte Economic Development Council, from Health Access we have Vibrant Health. Safe and Affordable Housing is Livable Neighborhoods and Violence Prevention is the Metropolitan Organization to Counter Sexual Assault. These are the folks that we have here with us today. I wanted you to be able to see the people that we've partnered with really intimately and will be partnering with and kind of hear from them about their work.

Before we dive in, because this will help make sense later, but one of the mechanisms of accountability that we're putting in place is building what we're calling a Community Health Dashboard. This is a very big deal. The big cities have this. If you look at LA and New York, etc. they have these. I'm very excited about it because what it does is it adds a really strong level of accountability to the community. This is a public facing website. Anybody can go there at any time. The objectives will be there, the strategies will be there, the partners working on these strategies will be on this website, and most importantly, all of the outcomes related to this plan will be on this website. You will be able to track in real time regularly updated the progress towards those objectives. We really want to get to a place where we're transparent about the outcomes that we're expecting to see and whether or not we're actually meeting them. It's a really exciting opportunity. United Way is our very strong partner on this and is making this happen along with the formal CHIP this will go live within the next wo weeks.

To that end I will pass it over to Greg Kindle, President Wyandotte Economic Development Council.



Greg Kindle, President of the Wyandotte Economic Development Council, said thank you all for engaging in this Community Health Improvement Planning process. Our mission is to grow the Wyandotte County economy through whatever means we possibly can. For many years we've come before you all to discuss traditional economic development projects, but today the number one issue affecting our ability to drive economic development is workforce development or more importantly, the lack of available talent. Without the talent base there is little economic development. We're only just beginning to see an age in which the interconnection between talent and innovation are driving economic development throughout the country itself. There is a lack of people to fill the jobs.

Our involvement in this process actually started a few years back when we initially thought that the problem was our unemployment rate and technically that was my assumption, that the issue we needed to address was to lower the unemployment rate in Wyandotte County. While that was true, it really was more of a symptom rather than the actual issue to helping our citizens overcome those barriers to employment. We recognized a couple years ago that despite having several billion dollars' worth of capital investments announced and thousands of jobs, that the median household income in Wyandotte County was not improving and that if there was a time in which we needed to take a step back and say how do we better connect citizens to those jobs, that was the beginning of that impetus.

That resulted in the Workforce Solutions Committee being created and today we have more than 25 organizations who come together every month to talk about workforce solutions, challenges, issues, and potential solutions. Commissioner Philbrook has been very much involved, Commissioner McKiernan, Commissioner Johnson have all been involved at various times on this committee. That also resulted in the EDC Board creating a Business Retention position with a focus on workforce solutions. We've now hired a Senior Director of Retention and Workforce Solution. That's Marcia Harrington and she's in the audience today. In addition, the EDC Board has added a matrix to increase the median household income to the same level as that of the State and we have technically seen two years of increased household income in the county just apparently by merely talking about it. We have frankly done more than just do that. We've have tried to do a much better job of connecting these job fairs to Wyandotte County citizens. Lastly, they supported the Board—the Board has supported the EDC being a lead agency around this initiative and we're really focused on these five areas.

One is child care so today there are 40%--enough slots, child care slots, to help 40% of the available population. We know if we don't have these folks, these kids, ready for kindergarten and then caught up by the time they are in third grade, there is a high likelihood they may never get caught back up. This is the future talent workforce. If we don't draw a line and figure out how we work together in a public/private partnership with business, which is where our retention efforts come back into play to work with companies to figure out how we create more child care positions, then we're going to continue to be in this cycle of kids not being ready for an innovative workforce.

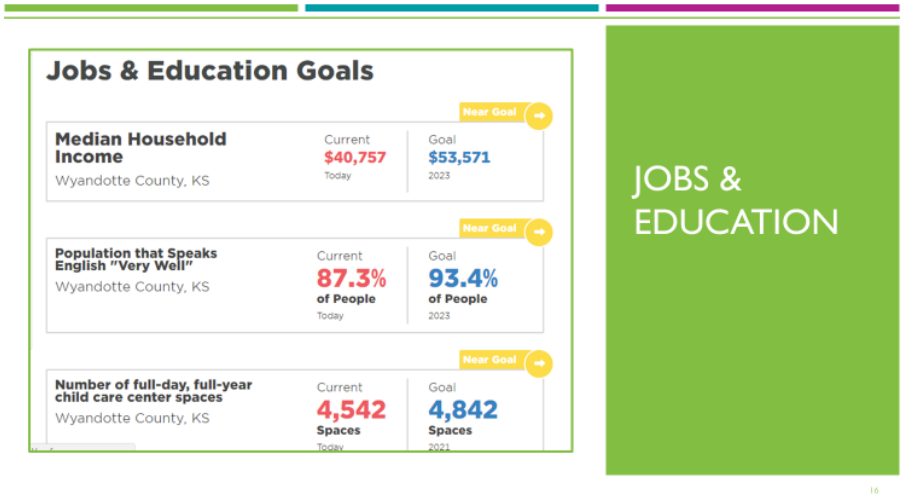
The second one is making sure that parents and children have a focus on English. We're looking much more at Business ESL which does not mean they have to be conversational English to be in the workforce, they have to be safe in the workforce, but that does not necessarily mean they have to be conversational so trying to figure out how we expedite that discussion. Increasing the number of options for transits. Wyandotte County has a very strong transit program, but that bus can only be at so many places at the same time at shift change and so we're finding that we have to identify unique transit options for these companies. That's something that honestly, I think is one of the easier options and the UG has been very open to these discussions thus far.

Increasing the number of folks being hired with a criminal history; today because it is challenging to find a talent workforce we believe there are options within the correctional system itself to do a better job of training individuals who chose, for non-violent offenders, to get

certificates before they ever leave incarceration and then move them into the workforce in a much more strategic way in addition to assisting those folks who are already out in the community having a hard time finding a job, to get those folks into training. There are many strategies under each one of these. I'm just going to the high level.

The last one is to increase attainment of post-secondary education and the industry recognized certificates. We spent a lot of time talking about the KCK School Districts Diploma Plus Program. Their move to college and career academies and that is a fantastic program. We envision a day where we take a potential client coming into the community right into the high school saying to the advanced manufacturing logistics academy where we say company X here is your future talent workforce, when would you like to do a job fair with the students and their parents in which we might be able to find jobs for these folks and move that career path much faster along. Every one of our school districts actually have these programs whether it's the Bonner Springs, Edwardsville; their innovation center they're constructing today, the automotive program in the Turner School District. All of these school districts have programs in place that are moving kids much earlier in the process to getting a certificate or moving them into that four-year degree.

That is generally kind of the focus. I know it seems a little unusual that an economic development organization would be focused on this, but we know that many of the subfactors effecting the county health rankings are tied to socioeconomic statistics. We used to say those poor folks who have to deal with those county health rankings, I'm glad we don't have to deal with that. Then, Commissioner McKiernan showed us a whole bunch of data and said guess what, you folks need to be much more involved in this and we've taken that on and so we look forward to working with you all and Juliann to move this forward.



Ms. Van Liew said before we go to the next, you will notice that after each slide with objectives and strategies, there's a slide that looks like this and I wanted you to be able to see how the Community Health Dashboard is growing. This is actually a screenshot from the Community Health Dashboard and what it will look like on the outcomes page in each of these areas. You will be able to see what the current state of like household income, for example, is and the goal moving towards and then there will be an indicator bar of are we making progress in each of the areas.

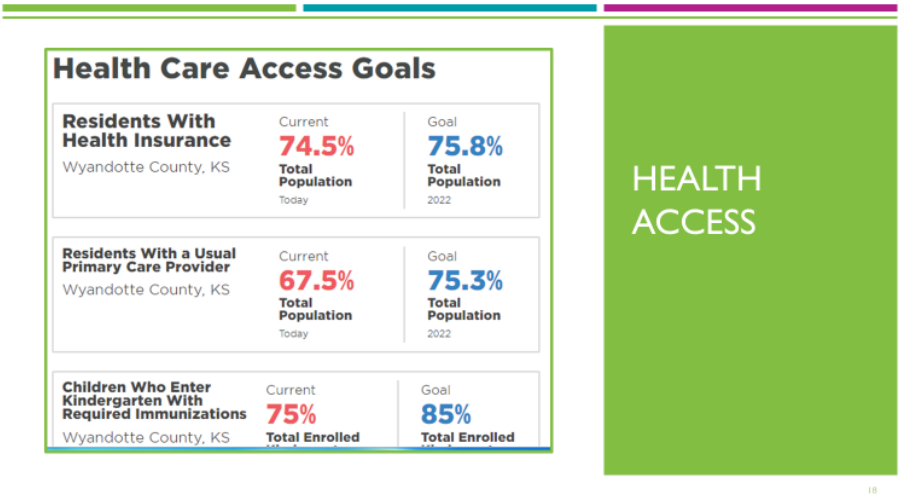
Next, we have Health Access. We have Patrick Sallee, CEO at Vibrant Health.

Patrick Sallee, CEO Vibrant Health, said thank you for taking time for this presentation and this information. As you know, it's critically important in this community that we execute on this plan and that we make progress. I expect when you get the full report in a couple of weeks it will be

20 or 30 pages long and it will be a lot of information, but I would encourage you to go through it. It's really important and really helpful to understand the big picture.

As Juliann said, I am Patrick Sallee. I'm the CEO of Vibrant Health, we are a health care provider in Wyandotte County. We have three locations currently across the city and we provide medical, dental and behavioral health services primarily to uninsured and low-income families, about 9,500 patients a year. We have been engaged in this process since about the end of the—I guess the assessment process when the planning began and we talked to Juliann and the Planning Team about being in the lead agency role and we're excited about the opportunity because we think if access to care is one of the priority issues here that a healthcare provider needs to be at the table for that and, frankly, all the other providers like us have been at the table as well. We're excited about being in the lead role. We're committed to seeing this planning process through. We have hired a staff member to focus their time on the planning work and so they will work hand-in-hand with Juliann and her team at the Health Department and they will work on some projects for us at our office. It will be a fulltime employee that Vibrant Health focused on supporting this access to care work.

You can see a couple of the goals here on this slide and there are a lot of teams involved and committee's supporting things like Medicaid Expansion and looking at hours of clinics. We've already been able to make some progress on that one and a couple other bullet points, but the Planning Team entirely for access has really jumped in and gotten after what are our goals and trying to make progress. We're excited to be a part of this and looking forward to meeting these expectations.



Ms. Van Liew said again you will see what that will look like on the dashboard in terms of objectives. I will turn it over next to Andrea Generaux at Livable Neighborhoods.

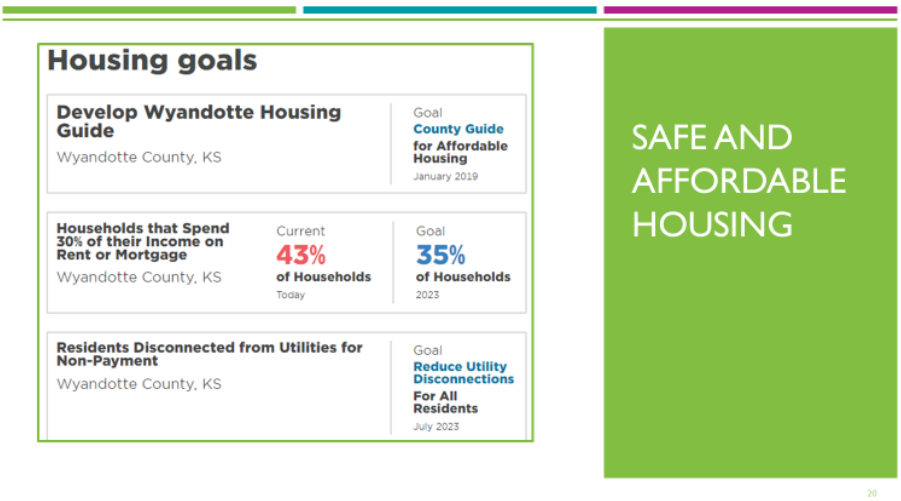
Andrea Generaux, Livable Neighborhoods, said as you all know Livable Neighborhoods mission is to partner with government and neighborhoods to improve the quality of life in our community. This is the first time we've really been involved in health conversations at Livable Neighborhoods. When we were first asked to come to the table during the assessment process, we were a little excited and apprehensive. Our crowd was not really the health focused crowd, so it was interesting for us. Because of that there wasn't a lot of experience in working with housing issues with the group involved at the time and so I fell into the role of being the lead for the Safe and Affordable Housing Strategies which I was happy to do and am excited about. We have been helping to bring together a group. We're a little different, I think, then the other committees. They had already been doing a little work along this way with some groups beforehand.

Our committee was kind of new coming together. It was the first time we were bringing groups of people together who work around housing and so there were a few stumbling's along the way, but I think we've pulled together a good group and have come up with some very interesting objectives and goals.

The two that you see there are a little more general because we were sort of starting from scratch. Increase the quantity and quality of housing for low-moderate income people in high opportunity areas. Also, reduce the cost of accessing housing and the associated cost of living in the home. Those two seem to be the main ones that sort of bubble to the top in many of our

conversations. We're excited about jumping in and helping with this and we look forward to the next step.

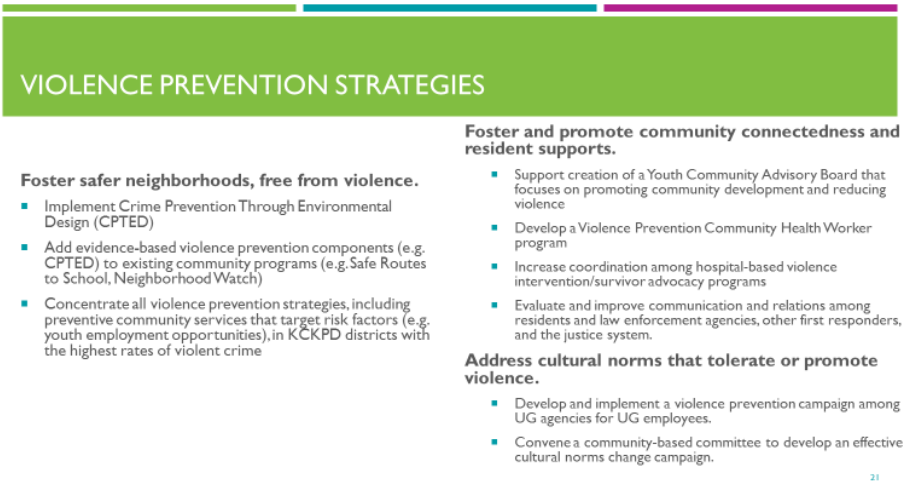
Ms. Van Liew said I do want to throw in that Livable Neighborhood is one of the partners that the Health Department has already successfully cowritten a grant for and they have received or been awarded funding for a position there who will also focus on this work. It's part of our role at the Health Department to identify those resources.



Ms. Van Liew said I want to spend one minute here because you will see some areas where there is not a numeric value or an outcome. I don't love this. I love numeric outcomes, but I think it's really important to note that there are some process measures that simply need to be process measures. In housing, for example, developing a Wyandotte Housing Guide came up over and over as something that our community needs. There is no measure. We either do it or we don't, so that's why you won't see a number in something like that. These process measures, we believe, are still very important.

The other one at the bottom here, Residents Disconnected from Utilities for Non-Payment, does not have a number because we don't have access to that data today. We want access to that data and part of our work in this area will be to get access to that data, but we feel really strongly that just because we don't have the data on something doesn't mean we shouldn't be working on it. There are some areas where data is missing, but part of the team's work and part

of the strategies in here is to figure out how to find the baseline data and to move from there. I just wanted to explain that.



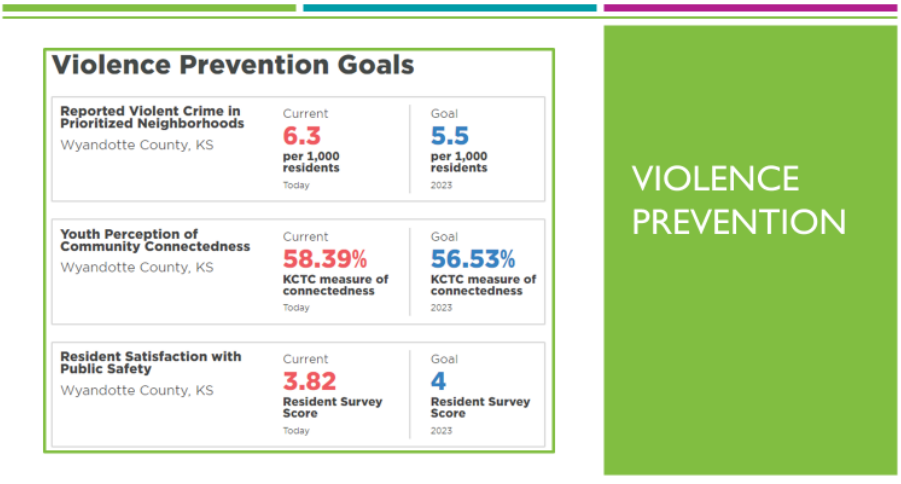
Our last group is Violence. Our lead agency is MOCSA, Metropolitan Organization to Counter Sexual Assault and Vanessa Crawford Aragon is our lead there. She is actually presenting at a National Assault Conference currently. We have an excellent stand-in today. Dr. Jomelia Watson-Thompson who is the Associate Director of KU Center for Community Health and Development and also the Director of the Thrive Violence Prevention Program in KCK. They also, along with MOCSA, have been intimately involved in the planning process so she is going to speak to the violence part.

Dr. Jomelia Watson-Thompson, Associate Director of KU Center for Community Health and Development Director, said thank you all for the opportunity to share on behalf of the Violence Prevention Planning Group. I should mention we have a couple other representatives here today from that group; Dola Gabriel as well as Roger Crawford and with that when we think about violence prevention strategies and many of the other strategies that you've heard, ultimately what we're talking about as far as determinates of healthy unlined factors; housing and others that contribute to the wellbeing of our community. With that we know when we think about violence prevention ultimately, we're considering how do we foster safe neighborhoods free from violence is one of our key goals.

With that we're considering how do we ensure that we are supporting an environment in regard to the infrastructure and so how do we support strategies such as crime prevention through environmental design where we're thinking about how to make the physical environment safer as well as violent prevention programs that we know are effective. So, having more watch programs, Safe Routes to School programs as well as thinking about how do we concentrate and be systematic with our resources in regard to going where we high crime areas and some vulnerabilities so that in five years we can see some impact.

A second goal that we have is fostering and promoting community connectedness and resident support. This one I really like because we're really focused on the Youth Voice/Youth Engagement and Youth Perspectives. With that, one of the strategies we're looking at is creating a Youth Community Advisory Board. We have some partners we're excited about and making sure we have access points to the community and those residents in the community that might be disproportionately experiencing violence such as the Violence Prevention Community Health Worker Program. Thinking about gateways where we see individuals who might be prone to violence showing up at the hospitals, so places where we might have increased access to individuals and populations that are experiencing violence and making sure we have those pledge points.

Lastly, thinking about how to address the cultural norms so that we're reducing tolerance toward violence. With that thinking about campaigns at a couple of levels. One of the levels is the Unified Government and employees and what we can do to ensure that we have a cultural that is safe and protective of our employees as well as our constituents. Then, also thinking through broader cultural norm change campaign so that once again we collectively are saying that we're not a community that tolerates or stands for violence. With that I will give it back to you Juliann.



Ms. Van Liew said I just have a couple more things to go through before we wrap-up here. This next slide is very important to me because it is imperative that this CHIP actually happens. CHIP's happen all over the country in almost every county and they generally sit on their shelf. Our community cannot afford for that to happen. We just can't. We all know the state of our health outcomes. In order to make sure that this plan becomes a reality we're trying to implement a structure and what I'm calling Mechanisms for Success.

One of the main things is identifying our lead partners who are here today. We're really appreciative of them and their work. We're signing formal MOUs with them so that they can know what to expect from us at the Health Department and we can know what to expect from them as a partner. We're grouping strategies in each of the action areas so that folks don't get over extended. In health access, for example, there are three strategies that are very clinic involved and

the clinics will form a group to work on those strategies and there will be identified additional leads for each strategy group. We're trying to make sure the Lead Agencies don't take on everything, but they are strategy leads as well. We've put reporting mechanisms into place, so these folks have agreed to help us report out every quarter on the work that we're doing. It's really important that we identify barriers early and that we either change course or figure out how to jump in and work on those.

From a Health Department we're committed to continuing to work on the data and providing mapping and reliable data to our folks throughout this whole process. We will be conducting the evaluation, we will be maintaining that Community Health Dashboard, and we will be working with these folks to make sure they have the resources that we need. We have already successfully cowritten two grants to make sure that these guys have staff in their organizations to spend time on this important work.

Next Steps; I've mentioned several times we will be publishing the CHIP and also launching the Community Health Dashboard within a couple of weeks. You will receive that formal plan and a link to that dashboard. Please dive in, look at it in-depth, come to us with questions or ask to be on one of the Action Teams if you're not already. We will be having some community kick-off events the second half of September. It's really important to us because data fatigue is a real thing and we ask our residents in our community over and over again to give us information about their lives. They have given us a tremendous amount of information and our responsibility is to bring it back to them and say here is what we did with it, here is the plan we created, here is what we're

going to do next, and here is how you can participate. We're excited about getting out into the community with that CHIP Plan and trying to plug folks in to areas that make sense for them.

As a County Commission we have a couple of things that we are looking for help with. You remember at the very beginning of this presentation we talked about accreditation. We do need some Commission involvement. If you or someone on the Commission who is interested in health, if you're interested in outcomes or what the Health Department is doing and how we can improve, please consider becoming involved in the accreditation process with us. The big thing is the site visit next July, but that requires some preparation along the way and just really would help us to keep you better informed of what we're doing which I think would be helpful for you and your work.

The second thing that we hope that you will consider in coming months is a resolution to formally adopt the Community Health Improvement Plan. Several of you have been at the table in these Action Teams, but I believe that adopting this formally as our Commission would really put the weight of the UG behind it and is really important.

Lastly, just a few things, the Wyandotte Health Foundation made it possible for us to conduct the job. The CHIP is a really big deal. United Way of Wyandotte County has partnered with us the whole way and is supporting the Community Health Dashboard. We have Lead Agencies, a ton of community partners, residents have participated, and Unified Government partners as well. Just a big thank you to everyone and that is all I have for you.

Commissioner Johnson said I'm going to ask this question. I think Commissioner McKiernan has already warned me about these types of things, but these strategies that we have put forth we have goals for them. How do you see them affecting our overall county ranking, county health ranking which is very low—continuing to be very low. Do you see those as having a true upswing in the overall county ranking or are we just talking about simple small percentages of increase if we're successful in achieving all these goals? **Ms. Van Liew** said I appreciate you asking that question because that's the question we've been asking ourselves this entire planning process. Every Action Team throughout the process has been coming back to the question of, if we successfully implement this particular group of strategies, will it move the needle because if it's not, what are we doing and why are we doing it. We're tired of being at the bottom of the county health rankings at the Health Department and in the community. I believe, and I think my partners believe as well, that if we are successful in this implementation, it will move the needle. That will not happen in the next 6 to 12 months, but this is a five-year plan and if we are successful, I do believe it will change the county health rankings.

Commissioner Johnson said okay, then I will push just a little bit more than. Does it make sense for us to put a goal as a community or as the Health Department? **Ms. Van Liew** asked on moving up in the county health rankings? I like the way you think. That's ambitious. **Commissioner Johnson** said I know. I'm hearing grumblings over here. I don't know if it's realistic to even ask. **Ms. Van Liew** said that's very ambitious. I think it's something we should talk about. I think it's something we should consider. We haven't yet, but we should have that conversation.

Commissioner Bynum said a couple of questions and comments. The Health and All Policies piece at the very beginning; one thing that pops right into my mind is anyone that's involved in the CHIP in any way also involved in our current zoning code rewrite work? **Ms. Van Liew** said the Health Department, from my perspective, has been minimally involved. I would like to be further involved. There is some analysis that we have provided some data, a minimal amount, but there is room for increased involvement in my opinion. **Commissioner Bynum** said I mean if you have someone in mind, I would certainly be asking that we engage someone—are you in it? **Ms. Generaux** said just to let you know, Rob Richardson is on the Safe and Affordable Housing Committee and has been a part of those particular conversations. In regard to the other committees,

I don't believe that they have any representation from anyone from that process. **Commissioner Bynum** said an important voice, echoing you talking about Health in all Policies, that's going to be a big one. We're rewriting the entire zoning code so that's going to be a big one.

Second kind of question/comment is, Greg Kindle, I really am not trying to do this specifically to you. As we talk about housing policy and housing in general, I've kind of long thought that Wyandotte EDC should be industrial which you do now very well, commercial which you do now very well, and housing is a third leg of that stool and I've thought that for a long time. I feel like a person or a position around housing either within your organization or within our government is something that is something that just doesn't exist, and I really think it should. That's just a comment for everyone to reflect upon.

Last, you had said the CHIP is going to be ready in two or three weeks. Is that right? It will be important for us. We're going to go into Strategic Planning in the next month or so and so it will be helpful for us to have that as we work on our Commission Strategic Plan. **Ms. Van Liew** said absolutely.

Commissioner McKiernan said I certainly thank you for all the work you've done and if you would have come to me six years ago and said we're going to have a Community Health Improvement Plan that's going to focus on things like employment and housing, I would have said what, you're going to do what. Historically, I have thought about Health Improvement Plans in terms of personal health behaviors and access to health care and health care services and when I really dove into the county health rankings, I asked the question that any teacher asks, if you want to beat the test, you've got to teach to the test, right? So, when I asked what are those factors that are mathematically most contributing to our last place finish and those three were in the first year I looked at the data; unemployment, children poverty, and adult smoking. Only one of those is a personal health behavior and the other two of those are socioeconomic factors that frankly I didn't have my brain wrapped around.

When I further realized that those three factors are the most contributory in like 47 out of the 50 states so you take the last place health rankings county in about 47 out of the 50 states, it's those same three and they are in order of magnitude bigger than any of the other factors. It's been a complete shift in my thinking and I see that you have similarly taken a shift in terms of how

we're going to hopefully approach changing our health ranking, and more importantly, the health of our community.

I will caution Commissioner Johnson, I took the liberty of doing some calculation so for each of the 30 factors that they gather data on, our rankings ends up being in each factor and then our overall ranking, how far are we—how far is our raw data away from the State average either to the good or to the bad. Improvement depends, and the rankings depend, not only on us, but it depends on the other counties as well because it is relative to the State average in that particular year. I would encourage us to take the factors that we want to look at and look not at our ranking, but at the raw data. If you go back to what I call our top ten, which are the 10 factors that contribute most to last place, we are making games in the raw numbers year over year over year, but we're not yet catching up with the rest of the state.

I will say this, right now there are 105 counties in Kansas, they rate 102 of those counties on health factors and create the composite score. We are 102 out of 102. If we come to the state average in those three, unemployment, children in poverty, and adult smoking; we will move one place assuming everybody else stays where they are. It's a little bit of a funny way to do it, but if we come to the state average in those three, we move one place up. If we come to the state average in the quote "top 10" or our 10 worst, we will only move about 30 places up in those rankings. As I was encouraged, I'm going to encourage everybody else, once we find those things we want to focus on, use the health rankings as a way to find the targets then shift to the raw data and track our progress relative to ourselves and relative to the raw data from the State rather than solely relying on the rankings.

It's really interesting to me that this is where we've come in health improvement, but it seems based on what I have seen and read and the data that I've analyzed that this is the right approach. **Mayor Alvey** said apparently you don't grade by a curve. **Commissioner McKiernan** said I do not.

Ms. Van Liew said I really appreciate that sentiment because most CHIP's are talking about physical activity which is very important. They are talking about a nutritious diet which is very important. All our residents themselves identified the social determinates of health as their own barriers. I really think it's a part of our community understanding where they are and what they need and I it's a big thing to recognize. Also, as the Health Department employee I have to push

back on the tobacco thing because that is also quite socially determined. We have a large number of middle and high schools within one mile of tobacco outlets, so just something to consider.

Commissioner Philbrook said I'm very excited that we finally see you in front of us. I know that, not on your part, you guys have done a great job, but relating to how long some of us have been working at these issues, starting several years ago when poor Greg and I were in meetings every Friday afternoon for five months for five hours on every Friday along with another eight people to try to determine what really were the problems and why weren't we getting anywhere. As he said, when we finally figured out it's a social cultural issue about education and how our children are raised and what they're exposed to, then the lights started going on and we realized we've got to deal with education from the time the child and before the child is born of the parent on how the child is cared for and what they're exposed to. One of the biggest things we figured out was there had to be a gainfully employed person in the home that liked what they were doing for a job and were a great role model for their child, so a kid had something to look forward to so they weren't seeing all the negativity, all the bad stuff going on around them, so they actually had something positive to grow into. I know that sounds over simplistic, but folks we make our choices with our emotions and it's how we're exposed to things, how we chose to live.

I want to thank you very much, Greg, for hanging in there and keep fighting it because it was an uphill battle, I know it was, and I appreciate you talking with Wyandotte Economic Development to get them to understand how important it is.

Commissioner Murguia said I just have a couple of questions and they are really elementary, sorry for this, but I've always wondered when we throw around the median income of an area, that statistic, and we say whatever it was 40K in Wyandotte County, does that number include those that are not employed? **Mr. Kindle** said yes. The short answer is yes. It includes—the information provided by the U.S. Census Bureau and then we also work with Mid-America Regional Council sort of to revett that. One of the things we started looking at was data by census track, so you can literally look at the median household income on the far eastern side of the county and walk your way across to say Indian Springs and it goes up a couple thousand dollars every 70 blocks. The farthest east I want to say when the last time I took the data it was about 18K of median household income and then you get over to Indian Springs and it gets to be about 40-43K

now so actually our median household income in the most recent data is now up to 43K, so we've actually seen some increases in our median. As you move further west, it takes that same path until you get to the Piper area and then you're closer to 80-90K and then you will see pockets even well above the 100K mark and that seems to go pretty consistently all the way north and south across Wyandotte County.

There were some anomalies where we thought that in your district I would have assumed higher median household incomes in almost all the areas and yet we saw tracks along Merriam Lane, for instance, that were much lower median household incomes than I would have expected based on it being a working household income. What that did is it drove us to create what we call a proprietary distribution method. We reached out to all the face-based organizations, the churches, the social service network, and created a database so that when jobs become available we can actually send a job proposal that this job is going to pay $14 an hour and we think that's a reasonable wage to pay. We know generally based on that wage that should increase the household income through these zip codes or up through these census tracks because if that pays $28K a year, then up to about 32nd Street, give or take, that should increase the household income if those folks in those areas were to apply. By reaching out to those faith-based organizations the hope is that we better connect our residents to better paying jobs. I won't say that every job is the last job they should have. The idea is to create career pathways.

It's made us smarter and we've moved from trying to sugarcoat it—remember those years when you all would ask to come and say what are you doing to help our residents get connected to jobs and we would all come and we would tell you what we were doing and it was all the right things, but it was very disjointed. Today we will tell you the good, the bad, and the ugly. We will tell you this is what where we're not doing a good job, this is where we can do a better job, and this is what we're doing better. We've seen better. Even Amazon not at the end of the world in terms of wages, but we were able to get those wages increased as a result of the knowledge that we have by about $1 an hour and we were able to see a significant number of Wyandotte County residents enter the workforce and hopefully a better career pathway so about a third of our residents now work at Amazon based on the most recent data. We were able to support that through a lot of partners, not just us, but much more data driven. That's a long answer to your question on median household income.

Commissioner Murguia said yes, it's a lot more advanced than I am on the issue of median income. I just want to be clear about my question. This median income number that you throw out is based on household, not on individuals. **Mr. Kindle** said it's median household income. **Commissioner Murguia** said when we hear median income in Wyandotte County, it's based on household, correct? **Mr. Kindle** said you have to be careful some people talk average household income, some people say median per capita, and some people say median household. **Commissioner Murguia** said this number is per household. So, potentially there could be households where there are several people living but only one income, correct, so we're just looking at that.

Do we have any data about the median income of those that are employed in Wyandotte County? **Mr. Kindle** said I don't know that we've sliced and diced it in that way. I can go back and look at it. If the U.S. Census Bureau collects the data, we can provide it to you. **Commissioner Murguia** said it would just occur to me and I'm absolutely, positively no expert in unemployment and median income or anything, but it would occur to me if we had a lot of jobs available and you've come up with some reasons why those jobs aren't being filled by people, which I think that's part of the issue. But it seems to me that we might make a bigger difference if we looked at those large percentages of people in Wyandotte County that have jobs, look at what the median income is of those that are already working which is the three-quarters or greater of our population, 87% or whatever you said. **Mr. Kindle** said I totally agree with you. Our focus is actually on the working poor. Those folks who get up every day and go to any number of jobs, but no matter how many hours they work, they're going to still remain in poverty. Let's face it, if you're a family of four and you're at $40K a year, it doesn't work. If you're making $24K to $25K a year, $12 or $13 an hour and infant care is $1K a month, it does not pencil out for you to use a traditional infant child care facility. We've got to figure out how to reduce that cost, but we do focus primarily on the working poor. It took us over a year to figure out how we message around that. We were looking at folks who was on say TANF or other welfare programs or folks who are homeless, all working groups and ultimately sort of came to this working poor. Folks who are going to struggle every day but need to get into a different career pathway. We've got to stop exporting Wyandotte County citizens to do low wage jobs.

Commissioner Murguia said I really wasn't going in that direction, but that's good information to have. That's not the direction I was headed. The direction I was headed in is, the

reason I would like to know that those that are currently employed and what the median income of them is, I would like to know the number of those that are unemployed that are not employable and how that is affecting our overall median income which is the factor, the number one factor, which Commissioner McKiernan has talked about before which has to do with living in poverty and issues that surround that. Maybe somebody is disabled and can't work, there is a whole variety of reasons. If a disproportionate number of people are living in our community that can't work compared to other counties, then regardless of what the median income of those that are working that can work is, I don't think that's a fair assessment. You see what I'm saying? **Mr. Kindle** said I do. The only counter I would say to that—**Commissioner Murguia** said your assessment—let me finish this. I think a better assessment would be to look at those that are working in Wyandotte County and what the median income is there and somehow try to figure out those that are not working if that is—what percentage is actually not working because they can't get a job or because they can't work period. They're on some sort of disability. **Mr. Kindle** said the only thing I would say to you because we did talk a little bit about that is when you look at our participation rates, I think sometimes there's the general thought is that oh, we just don't have people in the workforce. We actually have higher participation rates in the workforce than the state and national average. It's not that we don't have people in the workforce, it's the jobs that they have are not paying a high enough wage.

I will go back and look at the employable piece and see what we can extract out of it, but our participation rates are very high. **Commissioner Murguia** said if you have that number, I would like to know out of those that are currently employed—I know it's done by household so that's probably difficult. Those that are currently employed that are working, I would like to know what that median income is in Wyandotte County and that is the largest percentage. Then I think a different strategy could then take a deeper dive into that 10% that's not working and look at what percentage of that 10% is not working that can't work. If that's only 2 or 3% fine, but if that's 7%, that might explain a lot and a lot of what you're trying to do might not have as big of an impact on our overall health ranking if those people can't work.

I just know this because there is a lot of emphasis on, and I've always been very supportive of a livable wage and people making more money, but there's also a large number of people, because I represent one of the lowest income districts, and you highlighted it yourself. You thought it would be wealthier than what it was. It's not and I can tell you because some of

the barriers to that is that a lot of the people that live in my district, a larger percentage than even I would have anticipated, are on some form of disability. If they get a job, they can only work a limited number of hours or make a limited amount of money or it effects how much disability they will receive. For me, I think that's a bigger issue where—I believe if someone is working fulltime and is capable, they should be making a livable wage; but I also believe that if somebody can make a contribution to our community through a job and keep their disability, sometimes a livable wage works against them and it works against our county in our rankings as far as what our overall household median income is. That's why I think we need entry level jobs for people that need that kind of employment and we need higher end jobs for that group of people that want to make more money and need to make more money. There are jobs for all different kinds of people.

I would just say I haven't been involved in these discussions, but I would also say when you look at the statistics—I'm on the Kansas Board of Regents and we look at data every single month for two days straight and when you look at the eastern portion of Wyandotte County and you see where the people live with the lowest skillset, for example, the lowest graduation rates from high school. When you look at that the job that they can access to get them started to begin to work their way out of poverty in Wyandotte County are not located where they live. They are located in the western portion of our county where it's much more affluent.

Another approach would be encouraging business development for entry level jobs in those neighborhoods where those people that have those limited skillsets live. Just like when you put a business in a neighborhood, you're probably not going to build a fancy clothing department store in Argentine, I'll use my own neighborhood, because the income is not going to sustain it. The same goes that you're probably not going to build some high tech knology center that requires incredible engineering skills in my neighborhood if the employees that they have access to don't have that skillset.

I would say there is benefit in recruiting entry level jobs that offset certain population income as well as higher income jobs and increasing the skillset of the employee. I think there is some merit in looking at that and I do think it's kind of an unfair assessment of Wyandotte County because I do think in our county we have a disproportionate number of poor people that because of the way our government system is structured are not able to earn over a certain dollar amount and it's kind of a vicious cycle.

Commissioner McKiernan said I'm just going to add one thing onto the jobs piece and I don't know how to interpret this, I don't know how to unpack this. One of the things I did was when I looked at the health rankings I took the number one county, so the top rank county in each of the 50 states, and I took the number last so whatever was last in all the 50 states and I went to the Census Bureau and I just created a demographic comparison of those. The group of 50 that are in first place and the group of 50 that are in last place and it is a striking demographic difference between the 50 first and the 50 last. There was one piece, and I don't know what this means, I still need to be educated, but one piece of data that the Census Bureau reports is employer establishments. Now, simplistically, I think that means places to go to work. One thing that jumped out at me is, if you adjust it per capita based on the population, because they're dissimilar populations, but 50 counties that are ranked first in their respective states in the health rankings have roughly twice the number of employer establishments per capita as the 50 counties that are ranked last in their respective states which would suggest that there is simply fewer places—that one of the contributing factors and this is a simplistic assessment on my part, but simplistically there are fewer places to go to work and that then dovetails with or compounds all of the other barriers that there are to going to work.

Commissioner Murguia said the additional data that is out there is that when you look at more affluent areas, they have very entry level jobs that young high school kids can obtain early on, so they learn those. You complain, not you complain, it's nothing personal, but you hear a lot of complaints about how our youth or how our young high school graduates in the city don't come with basic job skills like showing up on time or how to talk to people or whatever. If you grow up in a neighborhood and you grow up poor and you don't have transportation, you don't have the opportunity to get a job down the street at 16 years old working at a fast-food place. You don't have that chance. If you did, you would probably develop some soft skills at 16. I know I grew up in a small town, so I could walk to that job, but if you grow up in a big city and you don't have good bus transportation and you don't have those businesses gravitating to those areas, you don't have those opportunities. So, when they finally do graduate, and they do have a job, they have to travel quite a ways away from where they're at and then it's their first job and the employer doesn't understand why they don't have those skills.

I do think having employment, neighborhood-based employment opportunities is great for developing those kinds of skills. As I say, there's no better program for assisting the unemployed than a job that gives them the training that they need.

Mayor Alvey said on that note we're going to close, and I will entertain a motion to move into executive session. (Motion was made at 6:05 p.m.)

Commissioner McKiernan made a motion, seconded by Commissioner Markley, to go into Executive Session until 7:00 p.m. to consult with our attorneys and to discuss under the attorney/client privilege confidential matters related to pending claims and litigation as permitted under the Kansas Open Meetings Act; and that staff designated by the County Administrator be present to participate in the discussion and that we reconvene in open session at 7:00 p.m. in the Commission Chambers located on the first floor. Motion carried.

Present for the Executive Session: Bynum, Commissioner At-Large First District (arrived at 7:15 p.m.); Burroughs, Commissioner At-Large Second District; Townsend, Commissioner First District; McKiernan, Commissioner Second District; Murguia, Commissioner Third District; Johnson, Commissioner Fourth District; Kane, Commissioner Fifth District; Markley, Commission Sixth District; Philbrook, Commissioner Eight District; and Mayor Alvey, Mayor/CEO presiding. **Staff present:** Doug Bach, County Administrator; Ken Moore, Chief Legal Counsel; Henry Couchman, Senior Attorney; and Kathleen VonAchen, Chief Financial Officer.

MAYOR ALVEY ADJOURNED
THE MEETING AT 6:55 p.m.

_____
Carol Godsil
Deputy Unified Government Clerk

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