STATE OF KANSAS)
WYANDOTTE COUNTY)) SS **MAYORAL WORKSHOP, THURSDAY, DECEMBER 15, 2022**
CITY OF KANSAS CITY, KS)

The Unified Government Commission of Wyandotte County/Kansas City, Kansas, convened in a Mayoral Workshop , Thursday, December 15, 2022, with seven members present: Bynum, Commissioner At-Large First District; Burroughs, Commissioner At-Large Second District; McKiernan, Commissioner Second District; Ramirez, Commissioner Third District; Markley, Commissioner Sixth District; Davis, Commissioner Eighth District (arrived at 5:20 p.m.); and Garner, Mayor/CEO, presiding. Townsend, Commissioner First District; Johnson, Commissioner Fourth District; Kane, Commissioner Fifth District; and Stites, Commissioner Seventh District; were absent. The following officials were also in attendance: Alan Howze and Bridgette Cobbins, Assistant County Administrators; Misty Brown, Chief Legal Counsel; Brett Deichler, Unified Government Clerk; Monica Sparks, Deputy Unified Government Clerk; LaVert Murray, Economic Development Advisor in Mayor's Office; and Alley Porter, Commission Liaison.

NOTICE OF MAYORAL WORKSHOP for the Unified Government of Wyandotte County/Kansas City, Kansas, to be conducted in a hybrid format on Thursday, December 15, 2022, at 4:30 p.m. in the fifth floor conference room of the Municipal Office Building regarding a presentation by Health Equity Action Transformation (HEAT) followed by a Board of Health semi-annual update.

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.

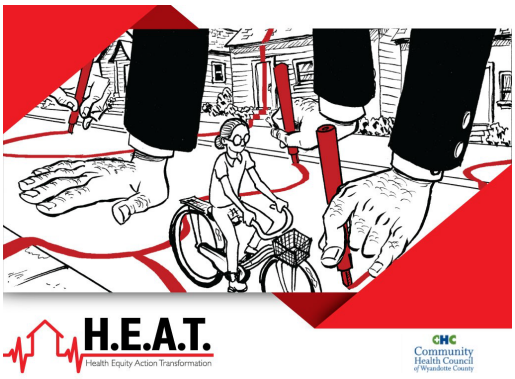
MAYOR GARNER said this is a Special Meeting of the Unified Government Commission. We are going to start our meeting at this time and I believe we are going to move the meeting to the full commission chambers, so we will take a quick break and reconvene there.

Mayor Garner said tonight we're conducting a Mayoral Workshop regarding a presentation by Health Equity Action Transformation, also referred to as H.E.A.T. Since this is a workshop, we will not be conducting meeting protocols, nor taking a roll call. I do want to announce we have individuals attending remotely as well as on-site. All participants joining by phone should mute their phones when not speaking to avoid background noise. When speaking, please make sure that you announce yourself by name and title every time you speak so the public that is participating knows who is speaking. This is critical given the number of remote participants and is current guidance from the Kansas Attorney General. Please make sure that when you speak you speak clearly into the microphone to ensure that all can hear the comments and the dictations that are being made and it also helps us memorialize for the record.

I'll recognize opening remarks from our presenters at this time who are here if they would like. If someone could please come to the podium, let us know who you are and I will let you all take the presentation from here. If you're more comfortable doing from the table, that's fine.

Kim Weaver, she/her pronouns**,** said I am the Co-Founder of WYCO Mutual Aid and a Wyandotte County resident.

Donna Young, Executive Director for the Community Health Council of Wyandotte County, said I also acted as the Program Manager for this H.E.A.T report when it was implemented in 2016. My pronoun is she/her and we want to extend a thank you to the commissioners and the Mayor for the invitation to come and present the H.E.A.T. report. For some of you this may be a review of information, but we're coming to you with some updated data sets that were updated in 2020, so we're pleased to bring some new information forward. This is a wonderful opportunity, so thank you very much.



Ms. Young said we'll start off with a little bit of an introduction. I want to just highlight some of our H.E.A.T. supporting partners. These are foundational partners that have supported with funding, the report itself, and the work that's happened over the last six years since the report was released along with a number of our community-based partners, academic partners who've supported the work of H.E.A.T. over the last six years.

Ms. Weaver said a little about our H.E.A.T. support team. **Ms. Weaver** said the Community Health Council has been here for about 20 years. There's four main programs. The Kansas

Assistance Network, which helps people get insurance through like Medicaid, Medicare and the Marketplace. The Community Health Worker Program, which you all just funded, so thank you for that. They do things like help people navigate social determinants of health, which we'll discuss more later on. Cradle KC, which deals with infant mortality and maternal mortality rates and helps people have a system where they can work together and improve those and the H.E.A.T report, which is what we'll be talking about today.

NBCCDC is one of our partners. A faith-based organization that works on a wide range of projects to empower and provide services for Wyandotte County residents and Groundwork NRG, a not-for-profit organization working to sustain and revitalize the northeast Kansas City, Kansas community.

The HEAT Community Action Board works with WyCo Mutual Aid and was birthed out of what I co-founded and it's a group of people that get together monthly to try to work on the problems that they see in Wyandotte County and see how we can best resolve them and WyCo Mutual Aid.

I do want to take time to acknowledge Broderick right there. He was NBCCDC. I actually stepped in during his absence, so please forgive me, I'm new to this. I haven't been doing it for that long so be patient with me.

Ms. Young said we've presented the H.E.A.T. report now over about 300 times with our academic partners, community-based organizations, a number of community facing presentations, and a number of the high schools here locally in Wyandotte County. We've been doing this for a while. We've had a lot of great partners in the process and you'll see Rachel in some of the videos and things on the webpage as well from Groundwork NRG.

First Things First

- Parts of this presentation just aren't fun…
- Language & Race
- Original Dotte
- Empathy
- Inclusivity

H.E.A.T.

Ms. Weaver said we like to start with First Things First. This isn't a fun thing to tell, but we do have to tell it. We are aware that it can get hard, but if it was a fun story to tell we wouldn't be here because we wouldn't have to tell it. We will be talking about using language that includes race; White, Black, Indigenous, Bipod, Hispanic, Disabled. That can get uncomfortable and I just want you to know that.

It does say Original Dotte there, that's because of me. I am very proud to be from Wyandotte County, born and raised, and I guess that's because of Donna too because (inaudible). I have a pride in Wyandotte County and I know there's problems in it, but I'm also very sensitive about it because I love Wyandotte County. I do ask for people to use empathy when they listen to the story. Generally when we're talking to students we ask for them to have empathy when we listen to the story and that we do know that this is our story. We're in it together. Knowledge is the first step towards empowerment and we try to be inclusive in all of this.

Ms. Young said in the way that we speak about the data, in the way that we are reflecting on the fact that what we're presenting today is not just a set of statistics about the health of our county, but it's also representative of real life experiences in the lives of the people that we love and care about as two individuals that were born and raised in this community and very much deeply care and wants to take that strength (inaudible) approach when we talk about what's happening in our county, so we ask for that across the board.

What **factors** contribute to **health**?

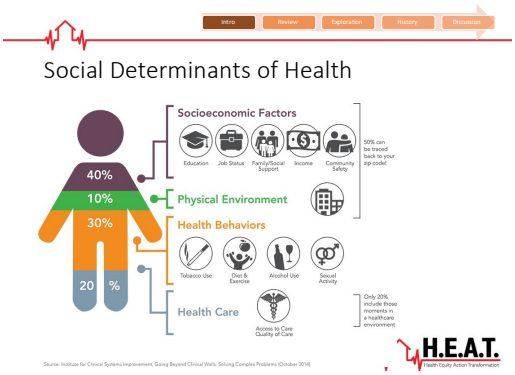
H.E.A.T.

Ms. Young said we're going to talk about factors that contribute to health.

Ms. Weaver said normally that part we would ask what they think contribute to health, but we're not going to do that today because we're going to slide right through that. Also, we do know that this presentation is being done for you all, the Mayor and commissioners, please be patient with us. This is meant to be informational for everybody in the community, not just for us that are here in the room today.

When we think about social determinants of health, another phrase that's not as commonly used as social and political influences of health, but we're going to use this one, which is the most common descriptor, and we can just pull some of those out. Things that affect people in their health are like health care access, control of resources, language, school, early childhood education, family housing; those are just some of the things that are considered social determinants of health.

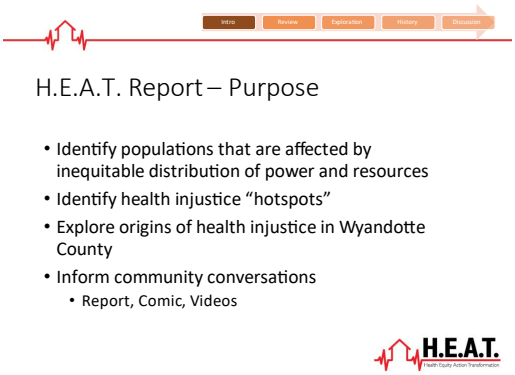
This is the definition according to the World Health Organization. We're all able to read it, but to simplify it, it is everything that makes up your day-to-day living, where you live, work and play.



We use this slide to understand how much healthcare really plays a part, so approximately 20% is healthcare. I said 20% one time and got beat up because I didn't use approximately, so it is approximately 20% of them is healthcare. The other 80% per person is the social determinants of health. The majority of what shapes our outcome is related to our social economic factors, our environment, and our health behaviors.

Ms. Young said so, these are all influencers of our overall health perspective and when we are doing work in the community and addressing the needs of the community, we also recognize that even when we're talking about health behaviors there are environmental influencers that are acting on our decision-making processes and influencing how we move about the world. When we talk about social determinants of health, we recognize, again, 80% of a person's total health has been influenced by those factors that are listed there.

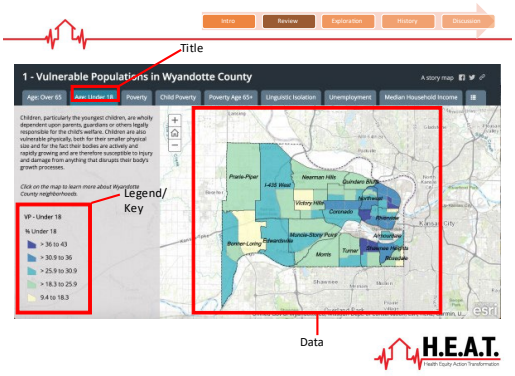
Ms. Weaver said while we're on this, I want to point out that 50% of it can be traced back to your zip code, so it goes beyond just the choices that you're using like to use alcohol or use of tobacco, marketing, advertising, the neighborhoods that you're in. Everything has an effect on it like for me, personally, me having a vehicle, I notice less liquor stores when I go to Johnson County than I do in Wyandotte County in the areas.



Ms. Young said just a little bit of background about the H.E.A.T. report. Initially when we started the process, the report—the data gathering process began in 2012. We were identifying populations that were affected by inequitable distributions of power and resources. We started with about 45,000 patient cases, information that was received from Children's Mercy Hospital and KU is two major providers for our community and those 45,000 patient cases were laid out, sort of plotted on a map that became our hotspot map to identify health injustice. That hotspot map is in the report. You're welcome to review it. We're not going to view it today for the sake of time, but what we'll find is that as we go through the process of reviewing the data in the maps that we have on deck today, you'll find that we're visiting those same hotspot locations when we start looking at the social determinants of health and the way things are plotted in relationship to how space is outlined within our community.

The report was really meant to explore origins of health injustice in Wyandotte County. We wanted to inform community conversations and recognizing that our community is quite diverse, different levels of information and background and foundational understanding about health, about different topics that we cover in this process. We wanted to make it very accessible and so the report is printed, 65-page monster report, free to download and we'll provide print copies if you're interested, but we also brought forward a series of comics that don't have words to make it very accessible to have those conversations and a series of videos from our spokespersons and partners that are involved that help to summarize what's in the report for individuals that would like to have that available as well. Those are all available for free, a downloader view, on www.wearewyandotte.com.

What do maps tell us and why do we look at them. Well, maps are really about helping us understand how people in situations are located when we think about a specific location like Wyandotte County or Kansas or the United States, etc. and it helps us understand the relationships between what's happening in those spaces. Relationships that relate to knowledge and power and helping us remember that these are not neutral images of reality, but they're really reflective of what's happening in our community and that it is a reflection of the real life experiences of those that are living in our community.



We're going to look through a series of maps and I think Kim is going to start us off with this one.

Ms. Weaver said in case you haven't read a map, you know that's something that people aren't doing anymore, there are titles at the top that tell you what the maps are about. There's a key with the colors on the side that give you an idea what the colors are, I mean what the numbers are. Like for example, the dark purple is 36 to 43, so people who are looking at it online, you'll be able to go through under the different topics like over 65, under 18, poverty, child poverty, poverty over 65, linguistic isolation; all of those. Those are tabs that you can go through on WeAreWyandotte,

But for this match specifically, I want to make sure that people understood what Wyandotte County looked like. So, Wyandotte County is the smallest county in Kansas. It's 156 square miles. The northeast loop, so the loop on the right, but kind of at the top, thank you for highlighting that Donna, that is the Fairfax loop which is industrial. It's a gray space under—well, it's the gray space right there. If you look under Coronado and next to Armourdale, that is the green space right there and is the third largest train intermodal in the nation, so we have three major railroads that go there. Both of these contribute to the level of pollution in Wyandotte County.

There are five major highways; I-70, 35, 635, 670 and 435. I went through those quick for you. **Ms. Young** said I wasn't able to point those out. **Ms. Weaver** said okay, I'm sorry. It's 35, 70, yep the turnpike, 435, 635 and then 670 which is a little offshoot of 70, right here and then there are three state highways that I won't ask you to find Donna, which is K-5, K-7, and K-32. I point these all out because one out of three households in Wyandotte County don't have access to a vehicle, so they don't have ways to go through or navigate all of these different challenges in Wyandotte County.

EXPLORATION

What do our maps say about health in Wyandotte County?

H.E.A.T.
Health Equity Action Transformation

Ms. Young said we're going to look through a series of maps today and really look at what this is telling us about our health in Wyandotte County and this is where we're—it's going to get interesting because we're going to go out of PowerPoint. We're going to navigate straight from the WeAreWyandotte webpage, which should be pulled up and there it is.

(Webpage was displayed in Chambers)

As Kim mentioned, the titles are located across the top and so individuals that are following at home or want to review this later, you can click through the top. These are interactive maps so you can scroll in and out. They're quite detailed so you can find your census tract location, your neighborhood, your address, and as you click on each of these it will bring up a pop-up box that gives you an overview for that census tract that includes the data that we're covering today. So, very interactive and accessible.

This particular map takes a look at—so as we're looking at what we view to be vulnerable or oppressed populations and communities that are facing barriers to accessing basic needs. What we find is we look for those populations of individuals that have a higher rate of carrying that burden and limited access for various reasons.

Children under the age of 18 are often at the whim of what is accessible and don't have the resources as young people to go and grab what they need on their own and so we view them to be individuals that are limited. So, our children, the populations of what we see here, this is data updated through 2020 so it goes from 2016 through 2019. Based off this information, when you look at the percentage of children under 18 by census tract, we see quite a large population of children 35 to—I'm going to not see that number. Kim, if you can help me—**Ms. Weaver** said 51. **Ms. Young** said 51% in the dark blue portions here and here and along this area and then the second gradation of blue, the brighter blue if you will, still a large population of children in those census tracts, about 30% of those census tracts are children to the age of 18. That green is still 25 to 30% and then 14 to 23% in the lightest color that is there, so a large population of children living in these communities.

Ms. Weaver said before Donna moves on I want to point out that little purple area that looks like a bow, those numbers are a little off because there's not as many houses there, so they're going to look different in every one of these, so I just want to acknowledge that now. **Ms. Young** said yeah, you have a lot of kids in a tiny population and it looks really big on the map, so that's an area that's not densely populated, so we usually just disregard that one.

We look at our older adult population, so these are older adults over age 65. That dark purple color, we're looking at 17 to 25% so in some cases almost a quarter of that population being over age 65. The blue 12 to 17%, the green 8 to 12% in those neighborhoods and in those census tracts.

The next map takes a look at the percentage of individuals who are under the poverty income guideline and so we understand there's a large population here along the eastern half of the county where we start to see that income level at 36 to 64%, the population that's below the federal poverty line. The blue is 23 to 36%, the green is 12 to 23%, and then we start to see that go down in the lighter colors there at—I can't quite read it—4 to 12% I think is what that says.

In the report on page 15 we have a chart that outlines the living wage for Wyandotte County residents and it's based off the living wage calculator that MIT puts out annually. I just went back today, out of curiosity, to look at the data from 2016. In 2016 two working adults with two children, let's say, the hourly rate in order to have a livable wage that would sustain the household for all of the needs was about $14 if both parents were working full-time. As of today when I went back to check that wage calculator, the same two working adults, both working full-time with two children would each need to make $23.93 per hour in order to be able to sustain the basic needs of the household.

Commissioner Bynum said I'm sorry, 2016 was what? **Ms. Young** said 2016, two working parents, two children, each parent would need to make $14.07 per hour. 2022, two parents both working full-time with two children would each need to make $23.93 per hour. So, it's the cost-of-living to sustain a household with some of just your basic needs overall has more than doubled.

Commissioner Burroughs said I believe if you're saying $23 an hour, that's $46,000 a year roughly for a family of four, but the average income in Wyandotte County doesn't come close to that. **Ms. Young** said that is per person, so you need to double that number. Two parents both working at $23.93 per hour, so that—**Commissioner Burroughs** said that would be $80,000 some as a year—**Ms. Young** said that's correct. **Commissioner Burroughs** said but my point being, the average income in our community is nowhere near that. **Ms. Young** said it is not currently. Actually I pulled that statistic as well before we came in today. Average median household income per Kansas Health Matters 2022 is $48,093 per household in Wyandotte County, so this is hugely impactful. Income is hugely impactful in accessing vital resources and improving our health overall and we have quite a portion of the population that's below that federal poverty level not to mention not making enough quite to sustain that household.

Children that are living in the households that are below poverty level, in some census tracts we're looking at a half to almost 75% who are in that category. Again, that's hugely vulnerable when it comes to not having access to vital resources; food, childcare opportunities, medical services, not to mention all of the other things that we need to survive especially right now when it's cold.

This is the hard part, I'm so sorry. This is the hard part of what we do. It becomes very challenging to communicate this information, and again, recognizing that health is impacted and that these are real people and their lives are being impacted.

Language Isolation, anytime that we add an additional barrier to accessing health, it has to do with having individuals that can communicate in the same way that you communicate becomes a barrier. There are census tracts here, highlighted in the dark purple, where you have 18 to 46% who have some linguistic isolation making it more challenging to access vital resources. In the lighter blue color, we're still looking at almost 10 to 20%, and then gradations from there. You may start to notice as we work through these maps that we continue to go back to the same portion of the map and the same portion of the county kind of repetitively here with these. These are communities that are experiencing multiple barriers at one time, so hugely impactful.

This map takes a look at unemployment rate from 2015 to 2019, so this is prior to the pandemic and it looks a little different overall for the county today, post pandemic. I think at the height of the pandemic we were somewhere close to 15% unemployment rate overall for the county and according to this data we have census tracts that have experienced that rate continuously over the years, so 15 to 23% in some census tracts unemployment rate. This was in 2019 so this number would look a little bit different post pandemic as we've all experienced those challenges.

We talked already about median household income. This is the map from 2015 to 2019. It takes a look at that median household income by census tract. You can see the dark purple in this one represents $75,000 to $113,000 for median household income in the way that that gradation occurs based off income levels moving here into the eastern portion of the county. These lighter colors are $12,000 to $26,000 median household income. This predominant one step up lighter blue color $26,000 to 30 almost $40,000 in those census tracts on average, which is between—this and this lighter blue is right around where the median income level is for the entirety of the county. That deeper blue there is $38,000 to $51,000 median household income.

Individuals who are experiencing any sort of event that would cause them to be unable to work or experiencing a disability, we see the concentration in three main census tracts. We do know that there are some multi-family units in those census tracts that are—you know, units that house quite a lot of people that are experiencing a disability and then those areas that ranges from, I think that's 25 to 29%. The orange 17 to 23% and then the gradation going down from there in individuals living with a disability.

What happens in a clinical setting may only represent approximately 20% of what influences a person's health overall. Individuals in our community are often experiencing multiple chronic disease events at one time and what we understand from a lot of community listening in the last six years is that individuals are often delaying care and treatment for chronic diseases. Sometimes they are undiagnosed and/or uninsured and lack the means to address those chronic diseases.

This map takes a look at the percentage of uninsured in our county. This is 2015 through 2019, so some changes post pandemic. There is not an updated number for this as of yet, but the darker color that you see there on the map is about 30 to 42% that do not have healthcare insurance coverage, adults, and then 22 to 30% and the next gradation of color still 15 to 22% in that broader mid-range tone and moving down the gradation from there. So, these individuals are relying on our safety net partners and/or oftentimes emergency remutualization to address chronic disease needs.

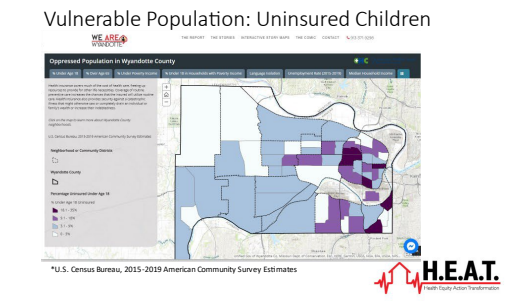
I don't know if you've ever spent any time in an emergency room lately, but you're going to get an immediate fix, but you might not have a solution long-term and that becomes a challenge and we see people going back and back and back to the emergency room to address their chronic disease needs.

Commissioner Bynum said, Donna, I know you and your team did a lot of work when the ACA rolled out Enrolling Wyandotte. **Ms. Young** said yes. **Commissioner Bynum** said the number of folks that you and others were able to enroll was significant, but we knew the number of uninsured and we dropped it significantly through ACA, but do you know from then to now how many have been able to stay insured because of that or have some of them lost coverage or not renewed or what have you? Do you have that? **Ms. Young** said there's a couple of pieces at play. Community Health Council in partnership with the UG Public Health Department rolled out the

Enrolled Wyandotte Initiative with the ACA. Over the five years of that initiative, we were able to reduce that uninsured rate in the county by about 50%, which was fantastic. There are multiple factors that are contributing to individuals that remain uninsured. We have a lot of people that fall in the Medicaid gap because Kansas has not expanded Medicaid coverage for adults. There are a lot of individuals that don't make enough money to get a discount through the marketplace and so the cost of healthcare insurance remains out of range, out of reach because they're in a gap space that makes them ineligible. There are other factors that have to do with status and documentation that would also make individuals ineligible.

Commissioner Bynum said so you're giving those examples as reasons why someone may have originally enrolled in that 50% drop we experienced, but maybe today don't have coverage and do not and did not qualify at that time as well. There may be individuals still that did not qualify.

Commissioner Bynum said I'm sorry, the number of individuals or percentage that don't have current health coverage right now, is that in this map? **Ms. Young** said this is by census tract and it gives you the rate by census tract. The overall rate per Kansas Health Matters for 2019, so pre-pandemic is 27.9%, so nearly one in three adults in our county as being uninsured prior to the pandemic. **Commissioner Bynum** said one in three and that was after Enroll Wyandotte. **Ms. Young** said that's after Enroll Wyandotte. **Commissioner Bynum** said okay, fair enough.



Ms. Young said this map takes a look at our children who are also uninsured, so sort of a dark purple or dark navy color 18 to 35%, so almost one in three children in those census tracts who do not have healthcare coverage. The purpose that you see here, 9 to 18% that are children that are uninsured and then the gradation colors that go from there. Factors that contribute to this also have in some cases can do with status. The child may be eligible, but the parents are not in fear they

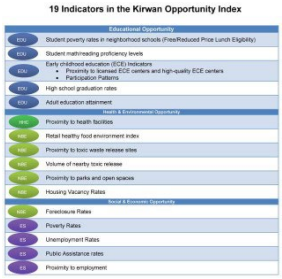
may push someone to not seek to enroll their child. We also have—there's a lot of administrative burden in play that a child that may be enrolled may go beyond their period of enrollment and not get a renewal notice. The family has relocated, parents didn't go through the process to renew the child through Medicaid coverage and so children are dropped off of Medicaid and often it takes some time to re-enroll them, so we see all of that, all those things that play in that as well.

We're going to go back into the PowerPoint for just a little bit.

What do these maps tell us about **opportunity** in Wyandotte County?

Everything we reviewed is population level data. It's all accessible through a variety of resources. The majority of the information that we're sharing today is coming from the census information and/or from Kansas Health Matters.

Kirwan Institute Comprehensive Opportunity Index



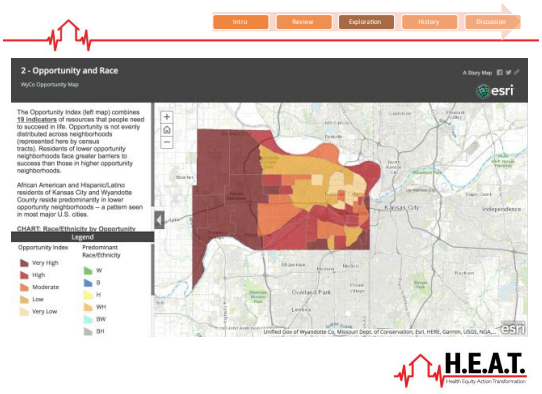
One of the things that came out of our partnership with the Kirwan Institute for the study of race and ethnicity from the Ohio State University is that Kirwan Institute does a Comprehensive Opportunity Index. It says all of that map data individually is compelling, but what does it look like for the live experience, the people that are living in these communities and for our friends and neighbors. They look at 19 different indicators that help to create a full picture of what that burden

looks like. That burden of either having no or limited access to resources and opportunities for health or being more proximate to those opportunities and having fewer barriers and so we look at Education, 19 different indicators.

So Educational Opportunity looking at, again, talking about poverty rates in neighborhood schools, math reading proficiency levels, access to high quality early childhood education, high school graduation rates, adult education attainment, taking a look at what's happening with the health and the environment in the areas and the census tracts where people live, so how proximate are they to having access to doctors and physicians and healthcare facilities. How much access is there to healthy food in the environment, so approximated grocery stores, approximated to toxic waste release sites, the volume of nearby toxic release, approximated parks and open spaces which is a protective factor and then housing vacancy rates. We also look at social and economic opportunities, so things like unemployment, poverty, public assistance rates, approximate to employment and foreclosure rates and those 19 different indicators are all brought together overlaid to create one community opportunity or comprehensive opportunity index.

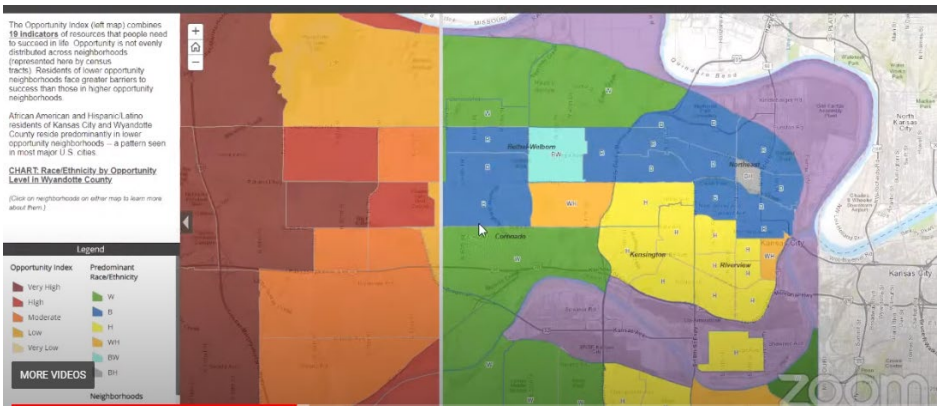
Ms. Weaver said before she moves on, I just want to point out that only three of those indicators are related to like food and exercise. The other 16 are related to things that are their environmental issues or concerns.

Ms. Young said so we're going to go back to the interactive version of that map. We leave those 19 factors that we just talked about all together and take a look at the opportunity index.

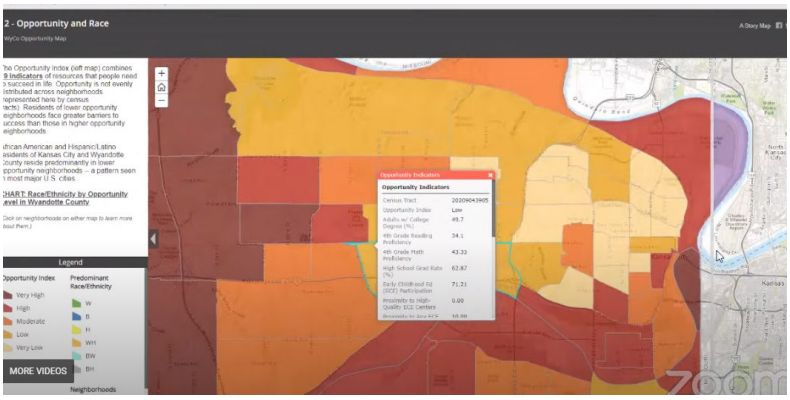


We look at areas of high opportunity and the areas of low opportunity. The very high areas of opportunity are in the darker brown or red, however it shows on your screen. This area portion here which is western Wyandotte County, Edwardsville and Bonner. We have areas around KU in Rosedale that are high areas of opportunity based off those 19 factors and then this area just south near the Turner area.

As we look at the gradation of colors and we start to look at those areas of lower opportunity where we find significant portions of our population that are experiencing health challenges, then we start to see those lower areas of opportunity. We started to ask ourselves who is carrying the burden, the largest burden when it comes to low access to opportunities and what we did is we overlaid the Kirwan Institute opportunity index map over the predominant race by each of the census tracts.



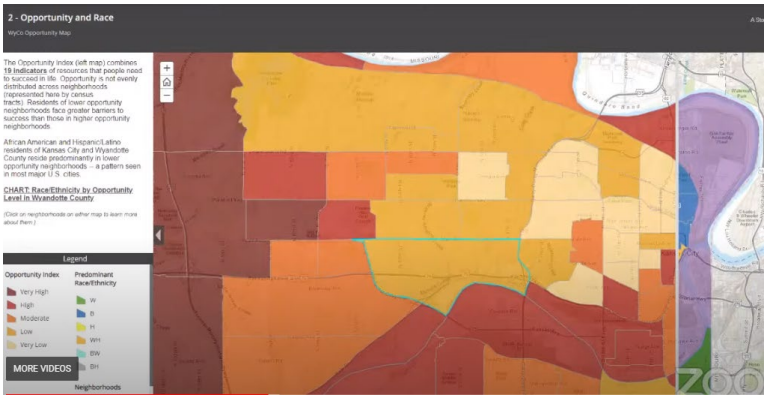
When we take a look at that information, we start to see which portions of our population are really carrying the largest burden of low opportunity in this space. Then we look at this information we have our African American and Black population here in blue, Hispanic population, Latino population in yellow. We have some that are closely White Hispanic or White Latino and then populations where we have a split between African American and Caucasian here in this area.



You can see that those areas where we have the lowest access, greatest burden of low opportunity are predominantly for our Black, Indigenous and people of color in our county.

Mayor Garner said before you go on, a little more clarity on low and high opportunity, can you be just plain speak, what does that generally mean in the context of what you're displaying. **Ms. Young** said when we take into consideration those 19 factors of what we're really looking at is lower access to quality childcare, lower access to quality employment opportunities that raise people's household incomes, lower access to vital resources like transportation and food. There may be situations where there's lack of opportunity for support services for education, enrichment opportunities, tutoring, etc. All of those factors playing a role in how this is shaping the population. As that burden increases, if it's harder to get those basic needs met and we've already seen that these are some of the same neighborhoods where the median household income is lower, there's greater individuals that are either children or older adults or disabled. We start to see that layering effect that contributes to challenges to access those vital resources. If you don't have healthcare insurance and you have a chronic disease, it's going to inhibit you from having quality employment and it's going to inhibit you from being able to purchase a vehicle or to have a home that is safe and meets the needs of the family. Does that help? **Mayor Garner** said yes.

Ms. Young said that's why we always practice these presentations, these are difficult conversations. Our families and loved ones are part of these populations that we're concerned for. So what does all of this mean, all of this data we just reviewed.



Ms. Weaver said when we say that Wyandotte County residents experience the burdens of multiple social determinants of health all at once, we're talking again about lack of access to education, to affordable housing, to jobs, to transportation. When we talk about there's a complex adaptive challenge, there's many layers to it because, again, if you're disabled and you don't have access to transportation, you're not going to be able to get access to the job that would help you to get a place that you will be able to stay or access to food.

Chronic stress can become a way of life. We experience that all the time in Wyandotte County regardless of where you are in the county, but we do experience it, people who live in the northeast experience it more than average in the county and then—but our community is resilient. There are people of strength, passionate, and skilled and grit.

I want to talk about this photo because this is Broderick's photo you all and he's told a story about it and talked about how this family look like they're a couple, but they're not. It's two different families in the congregation, both that have experienced child loss and they didn't know about it until their church, New Bethel, started addressing infant mortality, so they didn't know that a significant portion of the church had experienced it. I believe 20 incidents were in the church at the time when they started addressing it.

One of the first times I did this presentation, because I just started doing it, I was telling the story and a lady that I know we were both out working in the community said that's my husband. This is my husband, this is my story. I didn't know that we would be talking about my story today and it affected me personally because I didn't know she had experienced child loss and she didn't know I had experienced it and we had been navigating the same circles talking about her daughter's a pageant girl, she's amazing and from Wyandotte County, in case you don't know.

But, we've been navigating these circles and going to do all these things together and we didn't even know that we both in the county had experienced loss of child.

We really wanted to understand the link between race and health and understanding race as a social determinant of health and this would normally be some place where we'd ask the class, but we're not going to ask you all to participate, pop quiz, what is redlining. We're going to talk about redlining, so we're going to jump right into that here.

Redlining is a discriminatory practice by which banks, insurance companies, etc. refuse to limit loans, mortgages and insurance. It was and is a legal way to deny services to people and I say is because a lot of times people that get redlining is something in the past and if you do a Google search, you'll find there are practices that are still in play that mimic what redlining was doing.

The Homeowner Loan Corporation, the federal government, sent out surveyors into the community to assign values to neighborhoods. These were government employees and government documents. There was a grading scale. If you look at this right here, again, that little loop at the top, that's Fairfax again, so it's not a big portion of Wyandotte County. There were 239 cities this was done in and Kansas City was one of the firsts that it happened in because of JC Nichols, so right across the river. We were one of the first people to do redline. If you look at it though, the map says the green is first grade B, the blue is second grade, C is yellow of third grade and D, red is fourth grade. There are no green in Wyandotte County, so there was nothing about Wyandotte County that they thought was the first grade.

If you look at the blue sections, one section is Wyandotte High School, the other is Westheight, the one at the top is right next to them, the Fairfax—they thought that might be where the supervisors for Fairfax live. The other one I thought was Coronado, but it was not and I just saw it as a map in Johnson County. There's an amazing exhibit in Johnson County for redlining if you want to go see it. You should go see it, but it ends early next month, so I have to come back with what that was because I can't remember what it is. Again, there was no first grade in Wyandotte County. We had some second grade, various parts of that in the third grade and fourth grade.

Ms. Young said these ratings were used by the banking industry and really the federal government in an effort to assist with refinancing after the depression of 1930s is when all of this really

developed and started really to advise financers about where to lend for people to purchase homes and so it was a determinate factor on whether or not somebody would have access to be able to purchase a home at that time. Today we look at a person's individual credit, we look at the neighborhood which again could fall sometimes into some other practices, by the house itself and credit is how we assess today. In the 1930s all the way through the 1960s decisions about financing for homes was often made based off these descriptors rather than about an individual's ability and access to be able to finance a home and pay for it.

So, those assessors that went out into communities, took time to survey, and they wrote narrative descriptions about what they saw in the neighborhoods that informed the way the grading system was done. In our report we took those narratives and we placed them into what's called a Wordle. It's a data tool to help assign weight to particular words that are used repetitively in a paragraph or in a series of text and so the Wordle was used with the narratives that were one in those neighborhoods and this is the outcome.

Ms. Weaver said normally at this point, again, we would ask you what words did you see in the Wordle's, but of course, we have some that are highlighted like in the B areas, professional business, new, restricted in the C areas, which were not as good areas, but their wage earners good. Again, wage earners on there and then when you get to the red ones you have Negroes, Industrial, (inaudible), laborers. What you don't see as much, because it's not highlighted, is it says in very little, right next to Negroes, it says Mexican and Foreigners and then also transportation was the issue still then.

Ms. Young said the weight of the words, the way they're listed here, the larger the word, the more times that word was used in the paragraph which implies significance when it comes to how that informed the way financing is done. So, race was absolutely an indicator and it played a direct role which is why we talk about redlining being a form of institutional racism that directly shaped the way our neighborhoods look today.

I was hoping maybe this one would work in the PowerPoint, but it's really not wanting to I don't think. What this did and I could go to it, but I think in the interest of time we'll describe it. There's a map that looks at that redline map over that predominant race by neighborhood that we've already taken a look at. The demographic makeup of the neighborhoods today are very

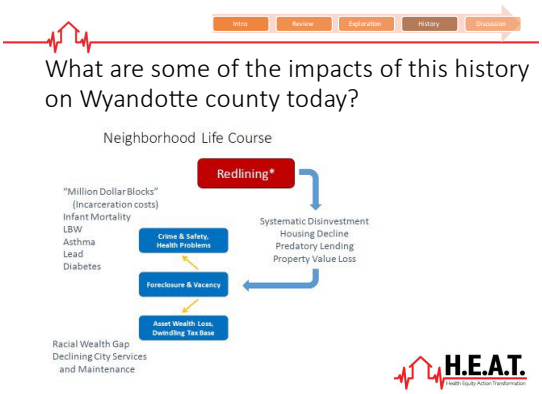
reflective of the way the redline maps were done at the time of the 1930s, so there's still quite a lot of individuals living in these communities that are family members, descendants of individuals that would have experienced redlining in the 1930s and continue to face the burdens of that today.

Ms. Weaver said when we look at the history of neighborhood disinvestment we have to realize that this environment didn't just happen, it was formed. We look at the policies that shape what Wyandotte County looks like today. Again, as Donna mentioned earlier, from the 1930s to the 1960s there was a series of policies used to segregate and isolate communities of color and normally at this time we would ask the students what are policies that are in place now that are still harmful to community of color, but you all aren't students, so we're not going to do that.

Ms. Young said we've got a video that goes into more detail about some of what we've been describing and this is from Newsreel, California Newsreel, so we're going to go ahead and play this. We tested it, it worked earlier, so fingers crossed.

Video was shown.

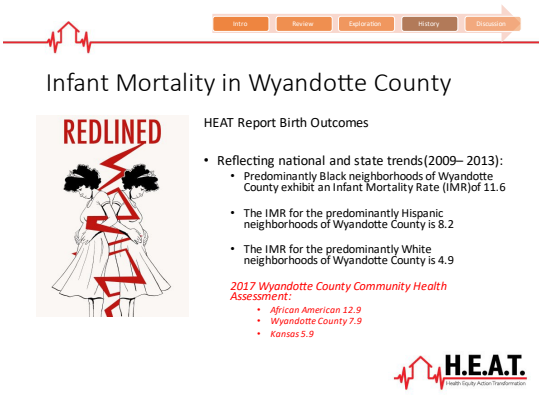
Ms. Young said it talks about housing and I just want to lift this up, some information that I saw this week was on average in our county, individuals who are renting spend nearly 50%--I'm sorry, 50% of all renters are spending more than 30% of their monthly income on rent payments. Let me say that again. Half of our community that rents spends more than 30% of their monthly income on their rent. That means it leaves about two-thirds of their income for all of those other necessities and we know that once you get over that 30% threshold it becomes very difficult to sustain your home and your household. Wyandotte County residents pay about 8% of their monthly income for utilities. Individuals who own their homes, about a third of our community who is paying their mortgage is also over that 30% of their monthly income threshold, so a direct impact to housing, we're talking about these things right here in our community as well.



Ms. Weaver said when we look at what are some of the impacts of the histories on Wyandotte County today, redlining led to systematic disinvestment which also turned into decreased property values—the declining in poor health outcomes. It also led to the predatory lending and property values, which also goes into like crime, safety, infant mortality, which I'll be talking about later on, low birth weight, asthma, and so we have higher rates in asthma and diabetes that is prevalent in Wyandotte County. Wyandotte County ranks, as we know, at the bottom of State health rankings.

Foreclosures and vacancies; we think about things like tax sales and people being displaced from their homes that they've been in for years, for decades even as well as what's lost on tax base; racial, wealth gap, declining city services, and maintenance.

Ms. Young said we've sit in enough sessions with Commission to know that you wrestle with decision-making around how to allocate resources and what we're looking at in our formerly redline urban line neighborhoods is a cycle that continues to feed itself, so it's this disinvestment or lack of investment that has cascaded into decreased property values, erosion of the tax base, which directly impacts everything that you all do as well. The pain isn't felt just in this room, it's felt by all those individuals that are living in the neighborhoods and right now in our community about 20% of people who are housed in Wyandotte County, so not including unhoused people, but just housed people are dealing with severe housing problems that are having a direct impact on their health as well. So, all of this contributes to poor health outcomes and we know that asthma, lead exposure, diabetes, all of that is directly related to the situation and we'll see that. This has already been hard. We're about to get into a few more slides that are hard and then we hope there's a little light to bring you today.



Ms. Weaver said I know you will be able to read this slide for yourself, but I just want to point out a few things. According to the CDC in 2019, the acceptable amount of infant mortality deaths were 5.6 deaths per 1,000. Kansas was beating the goal. Wyandotte County is not. The national level for Black, non-Hispanic deaths was 10.8, Wyandotte County was 12.9. Nationally for Hispanic people, the number was 4.9 and here in Wyandotte County it was 8.2 per 1,000 births, so that's a problem and we have to address it.

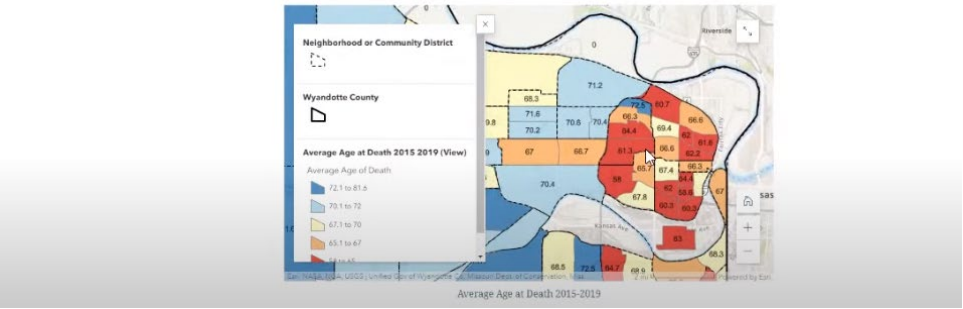
Ms. Young said infant mortality is important as a consideration because it is often one of the key indicators of the overall health of a community and having an infant mortality rate that is higher than it is in the state of Kansas and higher than it is nationally is indicative of the challenges that our community is facing when it comes to accessing their vital resources for health. We know that one of the major factors that we're looking at and why we have high fetal mortality rates has to do with low birth weight. Again, directly reflective of the overall health and oftentimes families that are dealing with chronic stress plays a role in their health outcomes.

We did just tap on our friends at the Health Department to say, you know, in 2017 this is what it looked like, what does it look like today and the current rates if we look at just those factors that are listed there for African American families, the infant mortality rate on average for the last five years is 11.4 deaths per 1,000 live births. For Wyandotte County it's at 7.2 and the state of Kansas is at 6.0 and that's data from 2016 through 2020. It does not include the height of the pandemic and post-pandemic numbers.

We're going to jump back into the webpage here. We have an interactive story map that looks at average age of death. Since we looked at the front of the life cycle, we'll look at the back end of the life cycle here. Maybe we'll just summarize. So, average age of death disparity from

eastern Wyandotte County to western Wyandotte County, so not looking at Wyandotte County compared to Johnson County is currently about 24 years. So 24 years average age of death disparity between the eastern and western portion of the county and it's greater than that when we compare ourselves to our neighbors in the south in Johnson County.

Mayor Garner asked, are you able to show that map? **Ms. Young** said yes.



So this is that eastern portion of the county and you can see that the gradation or the scoring for average age of death in the census tracts that are marked in red are age 58 to 63. The orange is 63 to 67—**Ms. Weaver** said 65 to 67. The red is 58 to 65 and the yellow is 67 to 70. The light blue is 70 to 72 and the darker blue is 72 to 81, almost 82, 81.6. **Ms. Young** said you can see how that lays out for the county based off census tracts. This data was compiled from death certificate data.

The maps do go into information about different types of diseases that contribute to the lower health outcomes, so we have heart disease, cancer mortality, respiratory disease, stroke mortality, additional information, again, that you can access through the WeAreWyandotte webpage for more information.

Mayor Garner said by chance, can you go back, there was a map you showed that actually showed the racial makeup component and how that relates. I think that's really key when you talk about the mortality rates of our residents in the eastern portion and then how that correlates to the racial makeup in those areas where the mortality seems to be the highest. **Ms. Young** said I'll pull that map up right now. I don't have a fancy little overlay with the average age of death disparity, but you can visualize it based off what we just saw, but it is our Black, Indigenous and people of color that largely carry the burden of lower health overall that contributes to an earlier average age of death in those census tracts. **Mayor Garner** said those areas represent also those 19 factors that

you listed. **Ms. Young** said that is correct. Those factors that have a direct impact both on health and prenatal, perinatal, postnatal, some maternal child health, but also average age of death. Again, oftentimes we've done a number of listening sessions as we rolled this report out. We started in 2016 meeting with community residents, hearing their stories, understanding what this data meant to them and what does the lived experience look like. The data is one thing, what is lived experience and what we found is oftentimes we have individuals that are delaying care that have multiple chronic diseases.

I can recall one particular mother and grandmother who at the time was 40 years old and was helping to care for her children and her parents as well and she had worked for a major telecommunication company for 8 years and had healthcare insurance and was managing her health when she had health insurance. She lost her job, was without insurance, was unable to see a physician. She had hypertension. I met with her in May and we had a series of listening sessions and she was one of our spokespersons and we lost her in July that year because of unmanaged hypertension. So, this is what people are living with every single day.

Mayor Garner said so, if I'm taking this correct, the redlining correlates directly to the disinvestments which correlates to the disenfranchisement which ultimately is costing people their lives. **Ms. Young** said absolutely. Probably could have summarized the entire presentation right there. Normally when we present with students and partners, community-based organization partners, we have open discussions and we talk through that, but for the sake of time, we'll skip that portion today, but there are some things to lift up.

Ms. Weaver said there's nothing natural about today's community health landscape or the challenges it presents. We do have to think about policy and the policies that have been in place and the policies that are in place right now and the effects that they have on our community. We

look at things in the past to know the direction that we're going to in the future. So, policies have long-term and residual and sometimes unforeseen impacts. Consideration of past policy choices can inform thoughtful design of present day solutions.

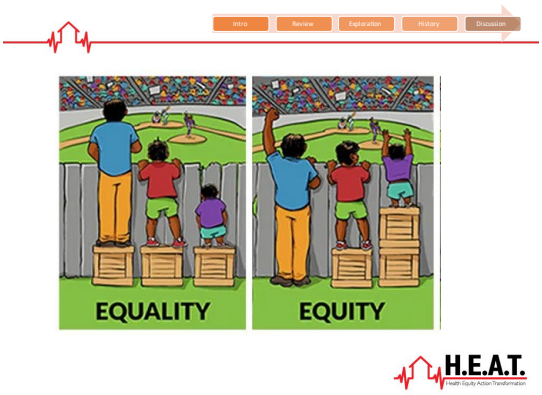
Values influence policy. You have to actively seek to change these things that have been going on because they're in the (inaudible). We have to have the values and the desire to make the change for the people that are unable to make the changes. Values-infused policies shape systems, which in turn can help either to produce health and prosperity for all or to create barriers to good health and opportunity for some.

Significant change can begin through coordinated efforts focused on principles of equity and inclusion. I tussle with using the word equity because I feel like it's overused right now. I think people use it and think of it as equality and it's not, so I like to say justice there instead of equity.

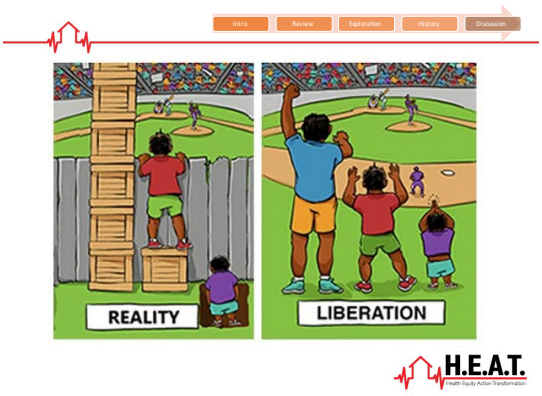
Today's inequitable health landscape did not emerge overnight. Endurance solutions will require taking a long view of incremental progress and a commitment of the community that extends beyond election cycles and institutional turnover in all sectors.

Ms. Young said when we received the invitation to come and present, I thought to myself and I asked Kim, what do we want to leave, what is the overarching call to action for our friends and the Mayor and the commissioners. I think this talk about equity and justice is really important and each one of you walk into this room with your own set of values and understanding of what that means and I think from an overall perspective I would challenge our local Commission, our Administrators, to really have equity in the forefront of your mind and understanding where values may be motivating different policy decisions because it does play a role. I think it's important to always have that lens when evaluating the decisions that you're making about how funding is being allocated, where work is being done, etc.

If you think of the county as a body, the heart of our county is right here on the eastern portion. The history of Kansas City, Kansas and Wyandotte County is right where we're sitting and we have to take care of our heart and our body if we want to be healthy.



To Kim's point, you've probably seen this before, it's a visual to kind of illustrate the difference between equality and equity and equality means that each one of these individuals that are trying to see the game have the same resource in order to be able to see the game. It may be a resource that doesn't necessarily fit for each person to achieve the goal of being able to see the game. Equity would imply that we provide the tool and resource that actually does help that person to achieve the end goal of being able to see the game.



I don't know that this is completely accurate in and of itself because the reality that we're living with is what is there on the left. That because of policies like redlining, part of our community do not yet have what is equal to others in their community in order to achieve that result and to the point that was made by John C. Powell in the video that we watched, many communities were subsidized in the wealth that they were able to achieve. So we see the reality is that some individuals have quite the advantage in order to have that perspective.

The call to action is then to change the system and to remove the barriers that are preventing people from having the access to the end goal here, which is what we're talking about today is health and for all of Wyandotte County to have every opportunity, every resident to

achieve their full health potential. System change is necessary, environmental change is necessary, and changing the way we think about what's contributing to health outcomes is absolutely necessary.

So, what are we doing. At the Community Health Council Kim mentioned that there are four programs lanes that we operate within. Over the last few years we've shifted some of the work in order to address COVID, but we have 20 community health workers that are directly working to address the social determinants of health, that are directly working to address the barriers, that are directly working to help people find the resources and tools to achieve that optimum health opportunity; whatever that potential might be, and meeting people where they are and understanding those lived experiences and community health workers are employed. They're members of the community, they're members of the community that understand the barriers that are being faced and they can oftentimes deconstruct what is very complex challenges with systems and access and administrative burden and help people find the resources that they need to address, whatever that immediate opportunity is for health.

We have a number of civic engagement initiatives that are underway. We work directly with the community. A number of our projects are led and directed by community through the H.E.A.T. Community Advisory Board that deals directly with civic engagement. We understand, and I think it's been published routinely in the last two years, that a person's level of civic engagement is also a social determinant of health. The more engaged your voters are, the more likely they are to have a healthier outcome with their lives. We want to work to increase access to better resources including healthcare and our Kansas Assistance Network allows us to do that and we have maternal community health workers that are working directly with birthing families and

care providers for infants in that first year of life to help them address some of those challenges that are preventing optimum health.

Then, we really look to develop the leadership of the community residents that are engaged and want to do this work. Kim and the other co-founder and a number of other H.E.A.T. hub members have been instrumental in human center design approaches and initiatives and projects that work to address gaps in the social systems that exist here in Wyandotte County. I can't remember all the data, but I think you all raised somewhere like $25,000 during COVID in order to address immediate needs to keep people in homes, to provide clothing, to provide food, to address the individuals that weren't able to access those vital resources through the social systems for a number of reasons. A lot of it being administrative burden and really just that deep engagement and to invite community into the solution making progress because if it's not built with community, it's not for community.

Ms. Weaver said I just wanted to end this with a picture of Broderick because I loved him and one of his quotes, "What are we doing differently today to stem the tide of racism? It has to be all of us together. As we are together, we make progress." I think that we sometimes look at Wyandotte County as navigating two different counties—I mean two different cities in one county when really we're all one county and if one of the things that working with the poor people campaign has taught me that when you lift from the bottom, everybody rises. So, for us to do better for our county, we have to do better for everybody in our county.

Ms. Young said I think it's important to end with this because Broderick helped to deliver more than 150 of these presentations over the last six years. He was a primary partner with our H.E.A.T. Collaborative.

Ms. Weaver said finally, our last slide is Call to Action. You can like, follow, share: WeAreWyandotte. You can find us on Facebook. You can join the effort. We do have our HEAT Community Action Board. It meets on the first Thursday of each month at 6:30 p.m. We are currently virtual, but hope to get back together soon and you can host a H.E.A.T. discussion. You'll just contact me at that email and I'd love to have a conversation with you.

Ms. Young said for anyone in the room who would like to have a copy of the H.E.A.T. Report or the comics, they are available here in the front.

Commissioner McKiernan said they're also available online. You can get them any day, anytime online, so don't forget to tell people to go out there because the WeAreWyandotte website is a phenomenal resource with everything you have here plus more.

I really appreciate the presentation. You have reminded us again what a very large challenge we collectively have ahead of ourselves because this is not a pretty picture that we have collectively painted. Although your last slide gave some calls to action, I'm not going to ask you to do it here, but I am going to ask you if you would follow up with some follow-up feedback to at least myself, if not the Commission. I would like to know for a local government that is facing this challenge, what are three concrete action steps that that local government could take right now, today, that would help move the ball in the direction we want to go. And for the local average

citizen, that person who's not part of government, who's not part of anything other than they're living their best life in their neighborhood, if they're interested in helping to make progress, what are three concrete action steps that those citizens could take today that would help synergize and help the ball roll faster. We hope it's already rolling. We just want it to go faster because sometimes when I confront this, I'm left with oh my gosh, that's a huge problem, what can I do and I come up with nothing. I don't know what to do, so I think the more that we can identify little chunks that governments and people can do, the better we're going to be able to help get this done.

Thanks again for your work. It is very important.

Commissioner Davis said thanks to both of you, Donna and Kimberly, for presenting. I wasn't here for the entire presentation, but I'll go back and watch the rest of it. I actually used the H.E.A.T. Report. Obviously, this evolved much more, but back in 2020 for grad school I did send some research on some policy recommendations in my Urban Policy class and I used this as kind of a reference of kind of building to write that narrative and that story and so I'm very much appreciative of the work you all are doing.

I'm kind of getting to what Commissioner McKiernan has alluded to within his question. There are cities like Evanston, for example, that has really taken on a more local approach to solve what has been and still is a federal government problem when it comes to redlining. Their particular program focuses on providing grants to descendants of those that have been victimized by redlining. I think about what is happening in North Carolina. I'm blanking on the city and they kind of have like a reparations panel and their going to make some recommendations. I know across the river, there's also those discussions, so I'm curious for you all, has there been any conversation on those policy recommendations at the local level? I wished we controlled the banking system and had some influence over that, but I'm curious to see what you all's conversations have been and where that has led you.

Ms. Young said we're overtime for the UG Public Health Department and I don't want to overstep, so really quickly, one of the major things and is probably the first step that I would send in the response to Commissioner McKiernan is to take a look at a robust policy, a lens, by which an evaluative system by which you make decisions around policy, especially policies that directly relate to the infrastructure of our communities. So, what are the measurements that you put in place to ensure that policy is not going to further harm, that it is going to start to repair the

problems of the past. That was the very, very first thing and that's one of the things that has come up routinely as we've talked with the community. **Commissioner Davis** said gotcha. Thank you so much. This is great conversation and I hope we can have more.

Mayor Garner said thank you and I'll just say you made a really profound statement and you said if it's not built with the community, it's not built for the community and I'm really big on collaborations that involve—and it's really these issues and Commissioner McKiernan hit on it, we can't solve this alone. It's going to take all of us, the community as well as your elected body, and not just the elected body you see here. It's going to take our entire county along with our administrative staff and our community to find these real solutions that we're looking for.

I've always advocated that we need to invest in the disinvested and as the people, the places, and the programs that need the investment the most and why is that so important and I really hit on it and you answered yes, it is costing people their lives here in Wyandotte County. When you talk about access to good services and resources that can provide the opportunity for people to have healthier lifestyles. The key to this body here is policy and there's a task force that some of your commissioners are involved in that really allow that conversation that needs to be had, not just to have listening tours or community conversations or strategy sessions, but to bring forth real recommendations that this body here today can bring forward to bring about the change that our community deserves to see and that can, hopefully, improve the quality of life for all of our residents.

You said it equitably in a just way and so those are the things that I really think that we all need to do and I think the question was asked by Commissioner McKiernan and I think for me I only have two of them as a community and not just—I know that your Commission, your Mayor, your staff, and your administration, we're going to do what we need to do to make a difference, but everybody in Wyandotte County needs to know they're the difference. We all have to come together in unity to find these real solutions because it's all vital. There's a lot of resources there that we just need to better correlate in a way that can improve people's lives because ultimately what's concerning to me when you look at those 19 detriments, what bothers me is that people are losing their lives and the disenfranchisement, the disinvestment, really impacts the poor, people of color the most. So, we have a real opportunity today moving forward to do what needs to be done

to turn the tide and make it Wyandotte County that works for everybody and equitable. Thank you so much and Merry Christmas to you.

Mayoral meeting ended at 6:05 p.m.

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