Community HEALTH PRIORITIES

Convening — Catalyzing — Collaborating




Summer 2010

Table of Contents

VISIONEERING WICHITA

Creating the future for our regional community.

Sedgwick County... working for you

Sedgwick County Health Department

Acknowledgements

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Children's Mercy Family Health Partners
ChildStart
City of Derby
COMCARE
Communities in Schools
Community Volunteer
City of Wichita
City of Wichita Police Department
City of Wichita, District 6
City of Wichita, Environmental Services
First Metropolitan Community Church
Genesis Health Club
GraceMed Health Clinic
Harvey County Public Health
Health Care Foundation
Healthy Kid's Challenge
Howerton+White Interactive
Kansas Academy of Family Physicians
Kansas Children's Service League
Kansas Health Foundation
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Wichita Child Guidance Center
Wichita YMCA
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WSU Nursing

In addition, the Alliance would like to thank the Sedgwick County Health Department for funding the process and Bothner and Bradley Inc., a communication consulting firm, for facilitating the community forums and reports.

Visioneering Wichita Health Alliance Leadership Team members are:
Amber Sellers, Anne Nelson, Claudia Blackburn, Dennis Bender, Diane Tinker, Gerry Lichti, Hoyt Hillman, Jack Brown (Co-Chair), Jason Scheck, Jason Verbeckmoes, Jeff Usher, Jon Rosell, Kathy Sexton, Kim Walker, Mim McKenzie, Pamala White, Roderick Harris, Roger Smith, Ron Whiting, Sonja Armbruster (Co-Chair), Susan Bumsted

Executive Summary

What are the health priorities for Wichita and Sedgwick County?

That was the question facing the more than 100 people representing organizations, businesses, government and nonprofit agencies in early 2010. Through a three-month planning process, the group focused on those issues that affect the greatest number of people and yet have experienced a low level of community action – a place where positive change could happen.

The discussions were based on data, trends, observations and experience. The result? A plan that focuses on what one participant called "actionship." It is a phrase that combines action and leadership. It does not reassess what already has been done. Nor does it focus on lofty wishful thinking. This plan asks for action that will lead to positive change in five areas:

Access

Connecting the ongoing Health Access Project efforts working to improve the capacity of community health clinics and access to the medical system (including "medical home" models). The working group recognized the influence of national health care reform and the many unknown changes expected as a result. However, there was a general acceptance that there will be increasing needs for cost-effective primary care services and a gap in insurance coverage, particularly for the working poor.

Obesity and Diabetes

As obesity rates rise, diseases like diabetes and heart disease increase. Workplaces, neighborhoods, schools and the community-at-large need to be focused on ways to increase physical activity and healthy eating.

Mental Health

Costs to treat the results of mental illness and substance use are borne by the community through increased responses by emergency medical services, law enforcement, and lost time at work for the individual and for families who care for them. By working together, the behavioral health community hopes to improve the understanding of mental illness and substance use, reducing the stigma associated with these disorders. One emphasis for this plan will include promoting public education and early intervention.

Oral Health

Tooth decay is considered preventable, but is four times more common than asthma among adolescents and remains one of the most common chronic diseases among children and young people. Efforts that engage community partnerships and focus on public health solutions will be pursued.

Health Disparities

Disparities in health outcomes among some populations in our community are avoidable and unjust. This plan seeks to ensure that the voices of the disenfranchised are heard within each priority area. Identifying and countering health disparities will be a central focus.

The following plan is focused on action.

It will require engaged leadership and new ways of working together to accomplish improved health. The action steps center on *convening, catalyzing and collaborating.* While the report will provide more in-depth analysis, there are specific actions we can all **pledge to support** that will improve the overall health of our community:

- Community partnerships and efforts that improve the oral health of our citizens
- Increased physical activity and healthy eating in workplaces, neighborhoods, schools and the community
- Access to primary care providers who can provide consistent, quality and affordable care
- Efforts that reduce the stigma of mental health issues and connect citizens who need help to the existing resources, especially for issues related to substance abuse

We hope you find your work, expertise or passions intersect with this plan to make our community healthier. For more information, visit the Visioneering Health Alliance website at *www.visioneeringwichita.org/sa-healthcare.cfm* or contact the Sedgwick County Health Department at 316-660-7335 or *www.sedgwickcounty.org.*

The Community Planning Process

Background

The goal of this planning project was to engage community stakeholders in a process that would increase awareness about the issues affecting the health of the community, as well as identify strategic priorities and new ways of working together. This information is the basis for a strategic action plan implemented and monitored by the Visioneering Wichita Health Alliance.

Based on a nationally recognized planning process called Mobilizing for Action through Planning and Partnerships (MAPP), the process was coordinated by the Sedgwick County Health Department and organized through the Visioneering Wichita Health Alliance. The county contracted with an outside communication and consulting firm, Bothner and Bradley Inc., to facilitate the process. As the graphic (right) depicts, improving community health requires leadership from diverse sectors taking action together. This plan represents the results of assessing needs and resources and picking priorities. Visioneering hopes to convene, catalyze and collaborate with many community partners to support programs, policies, strategies and evaluation efforts.

The Visioneering Wichita Leadership Team organized the larger community for this process with the intention of bringing together representatives from private sector business, health care, public health, government and community leaders. At each forum, 55 to 60 agency and community leaders provided input. Throughout the three forums there were more than 100 unique participants.

The Community Planning Process

Forum Series

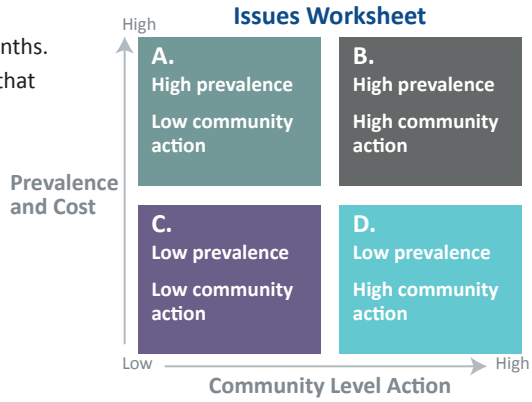
Using the MAPP process, three community forums were planned over three months. Local health data was used as a basis for discussion for the first session. During that session, participants also were asked to begin thinking about issues based on:

1. Prevalence (the number of people affected)

2. Community level involvement (community resources focused on the issue)

Subsequent discussions were based on issues that fell into the "High Prevalence/Low Community Level Action" category. For the second and third forums, participants followed a SOAR exercise to identify strengths, opportunities, assets and resources.

Next is a brief summary of each forum.



Forum One

Community Health Assessment, February 26, 2010

Participants were provided a variety of community health measures, including the Sedgwick County Health Department Databook1, but also were asked to bring and share community health data. Through a facilitated discussion process using the expertise and experience of participants and existing measures of community health, results identified five priority health areas: mental health, oral health, obesity and diabetes, access to care and health disparities.

Forum Two

Forces of Change Assessment, March 26, 2010

First, participants confirmed the five priority health areas selected during the first forum. The County Health Rankings report was used to provide additional data related to each priority area. Then, utilizing the SOAR framework (strengths, opportunities, assets and resources) participants generated comprehensive lists for each priority area. This provided a frame for considering which strengths should be enhanced or when opportunities should be addressed.

Forum Three

Strategic Priorities, April 30, 2010

Using the a framework called "The Health Impact Pyramid" (pg 5), participants were asked to engage in focused discussions about strategic interventions that could have *long-lasting protective measures* or would *change the context to make an individual's default decisions healthy ones.* Guiding the discussions were questions asking:

1. Can a coalition get this done?
2. Are we getting to "actionship"? This term was coined during the planning process and was intended to focus the group on specific, measurable activities.
3. Which strategy will be used – awareness/education, policy or program?

Specifically, the groups addressed the following questions:

- Among our community strengths and opportunities, where do we have an opportunity to work together differently?
- Who needs to be involved?
- What are the first steps?
- By when can this be accomplished? One year? Five years?
- What will be different?
- What will we measure?

Health Disparities

"Health disparities" is a term used to describe differences in health conditions, treatments and health outcomes that are seen as avoidable and unjust. For example, certain racial or socioeconomic groups in the United States are more likely to lack health care coverage, receive lower-quality health care diagnoses and treatments, and suffer from disproportionate sickness and death.

Participants in this health improvement planning process deemed health disparities to be a central theme in addressing priorities that will improve the overall health outcomes in the community. In addition, they determined that addressing health disparities would take a new combination of traditional public health stakeholders, as well as non-traditional partners, including employers, schools, public safety officials, urban planners, communication professionals and the general public.

Health disparities are influenced by many factors, ranging from individual behaviors and literacy, social support systems, access to healthy foods, and environmental conditions to the lack of social policies that promote safe and healthy living. As health disparities are addressed effectively, health care delivery may improve, which may lead to improved community health indicators and reduced health care costs.

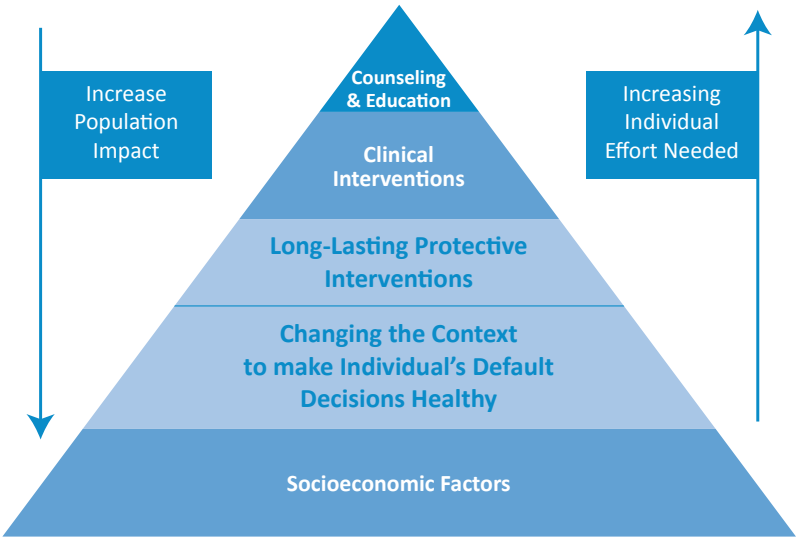
One key to reducing health disparities is community-based participation. That means the community is engaged and empowered by defining the problems, planning programs and implementing projects. Ideally, community members will be active participants in evaluation planning and data collection, as well. Ultimately, such community capacity-building activities enable residents to solve their self-identified problems that contribute to poor health outcomes.

The Center for Health Equity (CHE) at the Sedgwick County Health Department will serve as the lead resource for this cross-cutting component of the health plan. Health disparities will be addressed by each of the four priority area working groups, including some community engagement activities. CHE will provide technical assistance and appropriate community engagement training to working group members and their audiences as requested. Additionally, CHE will be available to coordinate presentations in topic areas particularly pertinent to health disparities, including social determinants of health, health literacy and cultural competency.

What follows is the action plan for our community priorities. Within each plan, intentional efforts will be made to identify and address health disparities.

A Framework for Public Health Action:

The Health Impact Pyramid



Priority Health Issue: Access

Situational Analysis: Why is this a problem?

Two factors converging on Wichita and Sedgwick County in the past couple of years make access to health care an issue in need of community attention. The first is the growing number of uninsured residents as a result of layoffs in the aviation manufacturing industry. In Wichita, an estimated 11 percent of the population, or more than 58,000 people, are uninsured, and more than 40,000 of those uninsured are working. For these people, that means more delay in care and difficulty paying for services, including those received by emergency departments and community health clinics.

The second trend is the introduction of national health reform, designed to decrease costs and increase the number of people covered by health insurance. Still, access to primary care and costs will continue to be an issue for an estimated 20,000 or more local residents who will find themselves unable to qualify for or afford health insurance coverage.

As a result of these factors, the community health clinics in Wichita are anticipating a growing demand for services. This indicates a need for more primary care providers (physicians, nurses and nurse practitioners) and more clinic space, from facilities to equipment. It also will mean more coordination to optimize technology, manage costs and keep people connected to primary care providers.

In Kansas, recent studies show those who are uninsured are working poor or are part of a minority population. The number of uninsured children continues to rise. Of the adults who are uninsured, 60 percent work full time.

	Sedgwick County	Omaha	Tulsa	Oklahoma City	Denver
Uninsured adults[2]	11%	10%	19%	20%	19%
Primary care provider rate[2*]	146	201	132	133	226

*Primary care providers include practicing physicians specializing in general practice medicine, family medicine, internal medicine, pediatrics, and obstetrics/gynecology. The measure is presented as a rate per 100,000 population.

Best Practices

On a national level, the concept of a patient-focused medical home has gained attention as a way to improve quality of care across all socioeconomic levels, while providing a continuous relationship with a primary care provider who coordinates care for wellness and illness.

In Wichita, three community-based initiatives are working toward access goals under the umbrella of the Health Access Project, which launched in 2007. These are:

1. Coalition of Community Health Clinics
A network also known as "safety net" clinics, this group provides health care services regardless of an individual's ability to pay.

2. Community Coverage Initiative
A pilot program examining ways to fund a health coverage option for small businesses and their employees.

3. Wichita Health Information Exchange
A provider-driven group working to ensure physicians and health care providers prompt and secure electronic access to patient information at the point of care.

Opportunities for Community Action

In order to promote quality of life and a culture of wellness, the Visioneering Health Alliance supports these initiatives and will work to support their efforts in the community. The Alliance will seek to:

- Communicate about access needs in the community and progress being made within these initiatives, including:
  - Organizing meetings
  - Making presentations
  - Writing letters of support

To connect with these initiatives, contact:

- Roderick Harris, director, Center for Health Equity, Sedgwick County Health Department at 316-660-7312 or rlharris@sedgwick.gov
- Anne Nelson, MS, associate executive director, Central Plains Regional Health Care Foundation at 316-688-0600 or annenelson@projectaccess.net

Anticipated Outcomes

- Increased proportion of primary care providers
- Expansion of community health clinics
- Greater percentage of people who have a direct relationship with a health care provider or a "medical home"
- Decreased health insurance costs for individuals and employers

Priority Health Issue: Obesity and Diabetes

Situational Analysis: Why is this a problem?

During the past 20 years, there has been a dramatic increase in the number of people who are overweight, as well as a decrease in physical activity and healthy eating. With this convergence has come an increased likelihood of diabetes and other serious health problems, including heart disease, stroke and some forms of cancer.

In fact, nearly two-thirds of American adults and one in three children are overweight or obese. Furthermore, the trends are over-represented in minority populations. On a national level, blacks had 51 percent higher prevalence of obesity, and Hispanics had 21 percent higher obesity prevalence compared with whites.

In Kansas, the obesity rate among adults is more than 27 percent[1] – meaning that more than one in four people are considered obese. In addition, less than half of the adults living in Sedgwick County are achieving the recommended physical activity standards and less than one in five are eating the recommended daily amounts of fruits and vegetables. The table below provides additional measures of health related to Obesity and Diabetes comparing Sedgwick County to several peer communities.

	Sedgwick County	Omaha	Tulsa	Oklahoma City	Denver
Adult obesity[2]	28%	27%	27%	28%	16%
Diabetic screening[2]	83%	83%	80%	77%	62%
Access to healthy foods[2]	51%	49%	41%	37%	44%
Meeting recommended physical activity[3]	45.7%	51.9%	47.6%	44.8%	55.3%
Eating at least 5 fruits and veggies daily[3]	17.7%	26.0%	18.8%	17.6%	25.8%

The increasing rates of obesity and decreasing rates of physical activity and healthy eating are a communitywide problem and will need a communitywide response. In addition to the added stress on the health care system to treat the medical conditions, employers are seeing a decrease in productivity and added health care costs for employees. Educators are seeing students who are not reaching their full potential and who are learning unhealthy habits that threaten to have negative consequences for a lifetime.

Best Practices

To approach obesity and diabetes from a community perspective takes initiatives that improve access to healthy foods and makes it easier to engage in physical activity where people live, learn, worship, work and play.

To encourage healthy eating, best practices include:

- Incentives to food retailers to locate or offer healthier choices, particularly in underserved areas, as well as in child care facilities, schools and at worksites
- Healthy food options in an easily accessible location in stores that are attractive to the buyer
- Healthy food choices are competitively priced compared with less healthy options

To encourage increased physical activity, best practices include:

- Social support interventions focusing on changing physical activity behavior through building, strengthening and maintaining social networks that provide supportive relationships for behavior change (e.g., setting up a buddy system, making contracts with others to complete specified levels of physical activity, or setting up walking groups or other groups to provide friendship and support)
- Implementing programs that increase the length of, or activity levels in, school-based physical education classes
- Creating walking trails, building exercise facilities or providing access to existing nearby facilities by involving the efforts of worksites, coalitions, agencies and communities

Opportunities for Community Action

The Visioneering Wichita Health Alliance endorses the work of the Health and Wellness Coalition, Wichita Business Coalition on Health Care and their work to increase the awareness of worksite wellness programs and increased physical activity and healthy eating among all generations. The Alliance also recognizes the many different individuals and organizations working toward promoting healthy eating and physical activity in the community.

The Alliance further pledges to work to help:

- Engage a broader base of partners, particularly in the business community
- Highlight best practices, especially in worksite wellness programs
- Support policies that improve the built environment for walking and bicycling, as well as the safety of neighborhoods and access to local foods
- Work with others to support physical activity and healthy eating options in places where we work, play, worship and live.

To connect with these initiatives, contact:

- Mim McKenzie, Wichita YMCA, community development executive director at 316-264-4066 or mim@wichitaymca.org
- Ron Whiting, Wichita Business Coalition on Health Care, executive director at 316-268-1154 or ron@wbchc.com
- Becky Tuttle, health promotion coordinator, Sedgwick County Health Department at 316-660-7251 or btuttle@sedgwick.gov
- Go to www.goplaykansas.org, enter your zip code and find ways to get outside, get active and go play

Anticipated Outcomes

- Reduced obesity rate, increased proportion of adults eating five or more fruits and vegetables and getting recommended physical activity of 30 minutes or more five days a week
- Common messages in the community that promote physical activity and healthy eating
- Increased emphasis on change in health benefits packages that support wellness activities for employees
- Increased access to local food markets, particularly for low-income residents
- Neighborhoods, parks and outdoor spaces that provide easy access for walking and bicycling for recreation and transportation, as well as other outdoor activities

Priority Health Issue: Mental Health

Situational Analysis: Why is this a problem?

Mental disorders affect about one in every four adults annually and are a leading cause of disability. Left untreated, mental disorders can disrupt nearly every aspect of life, including education, career, social relationships (including marriage), health habits and drug and alcohol use. Delays in seeking treatment range from six years to more than 20 years, during which the disorder often worsens and becomes more disruptive. Stigma about having a mental health condition often contributes to delays in seeking treatment.

Mental health problems not only affect the individual, but also have an impact on children, families and the community. From increased absenteeism in the workplace to poorer academic performance among young people to increased pressure on the emergency medical system and police departments, the overall impact to the community is serious.

	Sedgwick County	Omaha	Tulsa	Oklahoma City	Denver
10 Binge drinking[2]	13%	19%	14%	15%	21%
Poor mental health days	3.1	2.7	3.6	3.8	3.3

"Poor mental health days" included in the table above represents the average number of days a county's adult respondents report that their mental health was not good. As a subset of mental health concerns, alcohol abuse and other forms of substance use was of particular concern to forum participants. Recent survey data show that 50.1 percent of Sedgwick County adults reported they had at least one drink of alcohol within the past 30 days and 13 percent reported they were binge drinkers (consuming more than four (women) or five (men) alcoholic beverages on a single occasion in the past 30 days)[1]. In a similar survey, more than 28 percent of high school seniors reported they had consumed five or more alcoholic drinks in a row in the past two weeks.

About one in 10 (9.8 percent) Sedgwick County adults 18 years of age and older reported their mental health was not good for 14 days or more in the last 30 days. Differences in income and education also impact mental health. The percentage of Sedgwick County adults who reported their mental health was not good on 14 or more days in the past 30 days with an annual household income of less than $15,000 was 31.2 percent as compared to 5.2 percent among adults with an annual household income greater than $50,000. The percentage of Sedgwick County adults who reported their mental health was not good on 14 or more days in the past 30 days with a college degree was 5.8 percent as compared to 13.9 percent among adults with some post high school level education.

Best Practices

Research suggests that stigma may be reduced through education about the signs and symptoms of mental illness. Mental Health First Aid is an evidenced-based approach to public education that helps reduce stigma and equips the public with key skills to help individuals who are developing a mental health problem or experiencing a mental health crisis.

The clinical and qualitative evidence behind the program demonstrates that it helps the public better identify, understand and respond to signs of mental illness, improving outcomes for individuals experiencing these illnesses.

Opportunities for Community Action

The Visioneering Wichita Health Alliance recognizes the importance and responsibility for a community to work together to promote mental health literacy, reduce the stigma of mental illness and promote early intervention for mental disorders. The Alliance endorses the concept of a "Mental Health Literacy Coalition" within the mental health and substance use treatment communities that will coordinate and promote mental health and substance use literacy efforts. The main focus for the Alliance will be to highlight the importance of mental health literacy and early intervention, particularly since this issue has the potential to directly improve both mental health and physical health in the community.

The Alliance will work to help:

- Organize meetings of the Mental Health Literacy Coalition to identify, coordinate and promote mental health literacy public education efforts in the community
- Identify opportunities for leveraging funds to promote mental health literacy efforts that will reduce stigma and promote early intervention

To connect with these initiatives, contact:

- Jason Scheck, director, Crisis Intervention Services at jscheck@sedgwick.gov
- Gerry Lichti, National Alliance on Mental Illness (NAMI) – Wichita at 316-685-9157

Anticipated Outcomes

- Coordinated promotion of public education opportunities
- Increased participation in public education opportunities, such as number of trainers trained, number of classes offered, number of attendees
- Increased number of referrals for mental health services
- Improved community mental health indicators

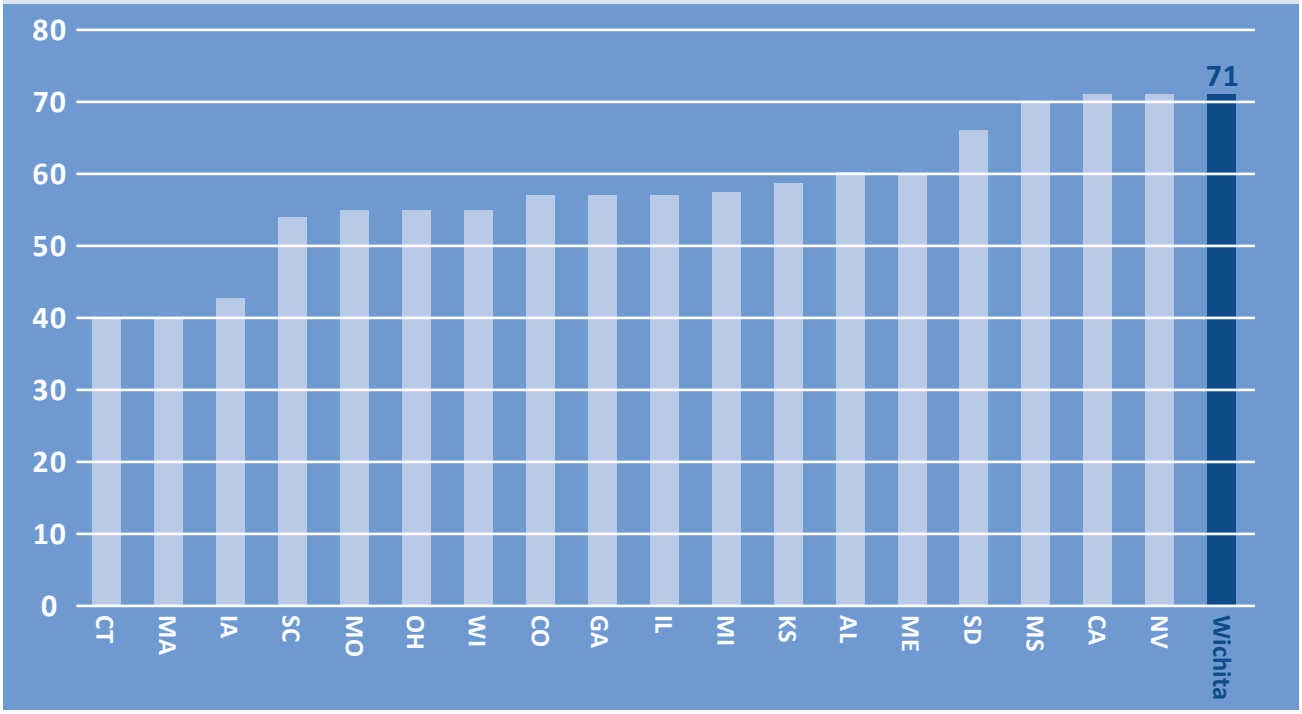
Priority Health Issue: Oral Health

Situational Analysis: Why is this a problem?

Oral health is connected to overall health. Gum disease can let bacteria into a person's bloodstream and tooth decay and cavities can affect the ability to eat a healthy diet. In fact, recent studies show an association between oral infections and heart disease, diabetes, stroke and low-weight babies.

In the United States, dental caries – or tooth decay and cavities – are the leading cause of childhood illness. Almost 25 percent of children experience dental caries – more than hay fever or asthma. In Kansas, more than 58 percent of children have dental caries by the time they reach third grade, and in Wichita, that number jumps to more than 70 percent.

Caries experienced in third grade students in some states compared to Wichita



- According to the Centers for Disease Control and Prevention (CDC), the burden of oral diseases is spread unevenly throughout the population. Many more poor people and some racial/ethnic minority groups have untreated oral disease than does the population as a whole. In fact, a recent study of Sedgwick County school screening data revealed that students in schools in high and very high income areas were more likely to have no caries, more likely to have sealants, and less likely to need emergency care.

Best Practices

One of the most effective and cost efficient ways to prevent oral health problems is through community water fluoridation. Wichita is one of the largest cities in the United States not to have fluoride in its water system, which results in increased incidents of oral health problems for adults and children.

Economic analysis studies conducted by the CDC indicate that for larger communities of more than 20,000 people where it costs about 50 cents per person to fluoridate the water, every $1 invested in this preventive measure yields approximately $38 in savings in dental treatment costs.

Opportunities for Community Action

In order to promote improved oral health, the Visioneering Wichita Health Alliance supports the Wichita/Sedgwick County Oral Health Coalition. The Alliance will help the Coalition build a broad community partnership, including potentially pursuing a water fluoridation strategy. Among the strategies that will be supported are:

- Assisting in identifying and recruiting community advocates
- Assessing and building community will
- Leveraging financial resources
- Communicating key messages

To connect with these initiatives, contact:

- Amber Sellers, co-chair of Wichita/Sedgwick County Oral Health Coalition at 316-682-1853 or asellers@childstart.org
- Kim Walker, co-chair of Wichita/Sedgwick County Oral Health Coalition at 316-660-7346 or kmwalker@sedgwick.gov

Anticipated Outcomes

- Improved oral health conditions among residents of Wichita/Sedgwick County, including decreased incidents of tooth decay, dental caries and emergency oral health incidents
- Reduced oral health costs

Resources

General

1. Sedgwick County Health Department Databook, *www.sedgwickcounty.org*
2. County Health Rankings, *www.countyhealthrankings.org*
3. Selected Metropolitan/Micropolitan Area Risk Trends (SMART) analysis of Behavioral Risk Factor Surveillance System (BRFSS), *apps.nccd.cdc.gov/brfss-smart/index.asp*

Centers for Disease Control and Prevention, *www.cdc.gov*

The Guide to Community Preventive Services, *www.thecommunityguide.org*

Visioneering Wichita Health Alliance, *www.visioneeringwichita.org/sa-healthcare*

Access

Community Coverage Initiative Report

Health Access Project, *www.sedgwickcounty.org*

Kansas Health Institute, *www.khi.org*

Project Access, *www.projectaccess.net*

Mental Health

National Institute of Mental Health National Comorbidity Survey Replication (NCS-R) Study, *www.nimh.nih.gov/science-news/2005/mental-illness-exacts-heavy-toll-beginning-in-youth.shtml*

CDC Morbidity and Mortality Weekly Report, May 28, 2010, *www.cdc.gov/mmwr/pdf/wk/mm5920.pdf*

National Council for Community Behavioral Healthcare, *www.thenationalcouncil.org*

National Alliance on Mental Illness (NAMI) – Kansas, *www.namikansas.org*

Mental Health First Aid, *www.mentalhealthfirstaid.org*

Obesity and Diabetes

Health and Wellness Coalition, *www.hwcwichita.org*

PROS Plan, *www.wichita.gov/CityOffices/Planning/AP/Comprehensive/PROSPlan*

Healthy Wichita Leadership By Example, *healthywichita.com*

Oral Health

Wichita/Sedgwick County Oral Health Coalition, *www.oralhealthkansas.org/coalitions.html#Sedgwick*

CDC Community Water Fluoridation, *www.cdc.gov/fluoridation*

VISIONEERING WICHITA

Creating the future for our regional community.

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Sedgwick County Health Department