

Notecard Exercise, Illustrated

Wordle generates “word clouds” giving greater prominence to words that appear more frequently in the source text. This is another way of distilling the most frequently raised health issues.

Health Issues Participants brought to the Forum



Health Issues Participants Identified After Discussion

One issue besides the one you brought that you now feel is of equal or greater importance to our community.



Issues Worksheet: Feb. 26, 2010

<p align="center">Quadrant A. High Prevalence, Low Community Action</p>	<p align="center">Quadrant B. High Prevalence, High Community Action</p>
<ul style="list-style-type: none"> • Poor birth outcomes, Cost of health care, Lack of focus on prevention, Diabetes, Lack of physical activity, Substance abuse prevention • (Life- Balanced) Diabetes, obesity, addiction disorders, dental issues • Child abuse, increasing number of uninsured, childhood obesity, adult obesity, abuse and neglect of dependent adults, infant mortality rate, diabetes, declining capacity for dental health care, lack of fluoridation, domestic violence, community mental health • Adult obesity, poor nutrition, school physical education/activity, fluoridation, oral health • Fluoridation, mental health, physical activity and nutrition, aging issues, prevention • Obesity (child, family); High prevalence: action on environmental, better utilization of the YMCA's, Dave Morrero (Indianapolis); Low community action: schools, providers, developers, churches, city council, county commissioner, extension, WIC/county health, parish nurse, women's groups, grassroots – relationships (social norms) • Unhealthy lifestyles, chronic conditions, waiting to access care in crisis, employees – costs being passed on, aging population needing health care services, prescription advertising – directly to consumers, infant mortality 	<ul style="list-style-type: none"> • Access to health care • Cancer, mental health, some coverage – project access • Increasing number of uninsured, childhood obesity • Health disparities, access to free physical activity environments • Health literacy (especially intake, understanding system: when to access, what to access), diabetes, coverage/access to primary care, master plans (bike paths) • Tobacco cessation • Need for health coverage plans, increase trend of providers seeing uninsured/underinsured
<p align="center">Quadrant C. Low Prevalence, Low Community Action</p>	<p align="center">Quadrant D. Low Prevalence, High Community Action</p>
<ul style="list-style-type: none"> • Air quality, Solid waste management, Child safety due to lack of daycare regulation • Infant mortality (low birth weight), breastfeeding (duration/initiation), lack of insurance, prevention, urban development • Substance abuse and neglect of dependent adults • Healthcare workforce shortage, employers starting to become more critical of costs for healthcare coverage 	<ul style="list-style-type: none"> • Smoking/tobacco exposure in home • Preventative care, family time • Working towards electronic health records and an exchange

Quadrant A: High Prevalence, Low Community Action

- Poor birth outcomes, Cost of health care, Lack of focus on prevention, Diabetes, Lack of physical activity, Substance abuse prevention
- (Life- Balanced) Diabetes, obesity, addiction disorders, dental issues
- Child abuse, increasing number of uninsured, childhood obesity, adult obesity, abuse and neglect of dependent adults, infant mortality rate, diabetes, declining capacity for dental health care, lack of fluoridation, domestic violence, community mental health
- Adult obesity, poor nutrition, school physical education/activity, fluoridation, oral health Fluoridation, mental health, physical activity and nutrition, aging issues, prevention
- Obesity (child, family); **High prevalence:** action on environmental, better utilization of the YMCA's, Dave Morrerro (Indianapolis); **Low community action:** schools, providers, developers, churches, city council, county commissioner, extension, WIC/county health, parish nurse, women's groups, grassroots – relationships (social norms)
- Unhealthy lifestyles, chronic conditions, waiting to access care in crisis, employees – costs being passed on, aging population needing health care services, prescription advertising – directly to consumers, infant mortality

Quadrant B: High Prevalence, High Community Action

- Access to health care
- Cancer, mental health, some coverage – project access
- Increasing number of uninsured, childhood obesity
- Health disparities, access to free physical activity environments
- Health literacy (especially intake, understanding system: when to access, what to access), diabetes, coverage/access to primary care, master plans (bike paths)
- Tobacco cessation
- Need for health coverage plans, increase trend of providers seeing uninsured/underinsured

Quadrant C: Low Prevalence, Low Community Action

- Air quality, Solid waste management, Child safety due to lack of daycare regulation
- Infant mortality (low birth weight), breastfeeding (duration/initiation), lack of insurance, prevention, urban development
- Substance abuse and neglect of dependent adults
- Healthcare workforce shortage, employers starting to become more critical of costs for healthcare coverage

Quadrant D: Low Prevalence, High Community Action

- Smoking/tobacco exposure in home
- Preventative care, family time
- Working towards electronic health records and an exchange

Most Important Health Issue, Beginning

- Poor Nutrition
- Oral health Fluoridation
- Built Environment --Bicycle Friendly City
- Need for bike paths, parks, exercise, food education
- Chronic Disease Self-management (CDSMP)
- Physical Activity
- Decreasing Tobacco Use – Tobacco cessation (providers talking to patients about quitting and referring to the Kansas Tobacco Quitline)
- Healthy Families/Social Support & Mental Health
- Diabetic Prevention & Care
- Childhood Obesity
- Obesity – Adult & Child
- Overweight Children
- Obesity
- Obesity prevention / treatment
- Obesity Incidence/Prevalence – Lack of healthy food choices
- Diabetes – childhood
- Health Care for the Uninsured
- Insured & Uninsured – Waiting for crisis for treatment
- Substance abuse combined w/ lack of insurance coverage
- Access to affordable health care
- Behavioral change – create healthy habits
- Childhood obesity
- Quality, efficient, pre-hospital care for citizens of Sedgwick County
- Needs of an aging population
- Domestic violence
- Access to health care
- Obesity
- Evaluating what worked well and what didn't work well from the recent H1N1 outbreak and our readiness for similar challenges in the future
- Inactive sedentary lifestyles
- Care of the uninsured
- Number of uninsured residents & it's impact on access to care
- Access to medical home
- Access/availability of care for uninsured
- Aging population
- Family violence – child abuse
- Strengthening families
- Affordable access to health care
- Uninsured / access to medical care
- Awareness of resources currently available
- Safe/healthy environment for my children to grow up in
- Access to free resources (walking paths, parks, etc) that create physical activity among community
- Controlling/preventing obesity
- Diabetes prevention & control
- Underage drinking (alcohol abuse) and environment favorable “any use by youth is abuse”
- Lack of oversight at all daycare facilities/only licensed daycares receive regular inspections
- Air quality – ozone
- Community based programs/interventions vs “community placed”

Most Important Health Issue, End

- Fluoridation
- Lifestyle full of physical activity & good nutrition
- Community social supports as related to family violence, drop outs, lifestyle choices, health disparities, mental health
- Childhood obesity
- Adult dependent care
- Prevention of childhood obesity
- Business & industry & church & school wellness – integrity of behavior change from leadership (culture change within built communities)
- Obesity prevention
- Health care access to populations
- Early intervention & prevention
- Fluoridation
- Healthcare literacy – access, education (nutrition, fitness, etc), disease management
- Mental health issues
- Obesity
- Addiction disorders (mental health)
- Physical activity, good nutrition, wellness
- Chronic obesity from birth through adulthood, the life cycle & associated illnesses
- Chronic disease focus (children to adult)
- High infant mortality / low birth weight
- Access to health care for continuity of care for uninsured (chronic illness, aging, prenatal, etc.)
- Sedentary lifestyle
- Diabetes prevention, education, & treatment
- Diabetic education & prevention
- Infant mortality
- Diabetes
- Resolving the growth in chronic conditions
- Lack of health care coverage for the uninsured
- Chronic condition / health issues (diabetes, sedentary lifestyles, poor nutrition, hypertension COPD)
- Bending the rising cost of healthcare
- Mental health (diagnosis, treatment, support/self-help)
- Improving coordination of chronic conditions, including diabetes & obesity
- Nutrition – prevention of obesity
- Obesity / diabetes
- Obesity
- Infusing a prevention/wellness/health promotion undertone for human service delivery, primary care, and other workplace, or service delivery systems.
- Fluoridation
- Affordable/accessible health care for “middle group” (not poor/not rich)
- Diabetes – access / prevention
- Wellness integrative approach / prevention
- Substance abuse prevention
- Obesity / diabetes
- Chronic disease self management, inactive sedentary lifestyle, needs of aging population, health literacy that leads to change, lack of fluoridation, lack of access to air quality, childhood obesity, substance abuse, family violence, rising cost of health care, evaluation of what worked well and didn't from H1N1, weak regulation of daycare, lacking youth to existing resources
- Disparities among economic populations in regards to healthcare
- Overweight workers in the work place – extra machines, special equipment
- Fluoridation, health literacy
- Empowering lifestyle change through proper nutrition, physical activity, family involvement, & preventative care
- Fluoridation

First	Last	Organization
Sonja	Armbruster	Sedgwick County Health Dept
Emily	Aronis	Bombardier
Claudia	Blackburn	Sedgwick County Health Dept
Betsy	Bloxham	Project Access (Central Plains Regional Health Care Foundation), Community Volunteer
Janet	Brandes	WSU
Jack	Brown	KUSM-Wichita
Bill	Buchanan	Sedgwick County
Kiersten	Camp	Cessna Health Services
Jackie	Carter	1st Met. Com. Church
Jena	Chacko	KDHE
Belinda	Childs	Mid America Diabetes Associates
Brandi	Clarke	Sedgwick County Division of Health Services
Lois	Clendening	Via Christi Behavioral Health
Debbie	Donaldson	Sedgwick County Division of Human Services
Monica	Flask	Project Access (Central Plains Regional Health Care Foundation)
Charles	Fox	WSU College of Health Professions
Richard	Guthrie	Mid America Diabetes Associates
Renee	Hanrahan	Via Christi Health Systems
Chris	Harris	Sedgwick County EMS
Roderick	Harris	Sedgwick County Health Dept
Hoyt	Hillman	Access to Health
Nichole	Howerton	Howerton White Interactive
Troy	Livingston	COW PD
George	Lucas	Medical Society of Sedgwick County
Mim	McKenzie	Wichita YMCA
Fred	McLean	GraceMed Health Clinic
Pam	Mealiff	Mid-America Diabetes Associates

Garold	Minns	Sedgwick County
Anne	Nelson	Central Plains Regional Health Care Foundation
Dee	Nolting	Mid America Diabetes Associates
Tim	Norton	Sedgwick County
Shirley	Orr	KDHE
Joe	Pajor	COW, Office of Environmental Health
Craig	Perbeck	State of Kansas, SRS
Karl	Peterjohn	Sedgwick County
Laura	Quick	COW, Environmental Services
Sandi	Reichenberger	Sedgwick County Health Dept
Vicky	Roper	Kansas Children's Service League
Jon	Rosell	Medical Society of Sedgwick County
Daytha	Rueger	Communities In Schools of Wichita/Sedgwick Co., Inc.
Kathy	Sexton	City of Derby
Jamee	Sholtz	KDHE
W. Lee	Smith	WSU CHP
Betty	Smith- Campbell	WSU, Nursing
Lee	Starkel	Project Access (Central Plains Regional Health Care Foundation)
Mollie	Thompson	RPC / Mirror Inc
David	Unruh	Sedgwick County
Jason	Verbeckmoes	Mirror Inc
Bev	White	Center for Health and Wellness
Ron	Whiting	Wichita Business Coalition on Health Care
Carolyn	Williams	Kansas Health Foundation
Debbie	Williams	YMCA Wichita

Facilitation by Tami Bradley and Vera Bothner and event support from Quinn Addis, Kaleigh Becker and Kendra Nguyen.