



Anti-Poverty Workgroup

Douglas County Human Services Coalition

BACKGROUND

In 2018, Lawrence Douglas County Health Department (LDCHD) and its partners completed a Community Health Plan with four defined issue areas: Behavioral Health, Food Security and Healthy Built Environment, Affordable Housing, and Poverty and Jobs.

The Poverty and Jobs issue area, lacking an active collective impact organization, was written as a “plan to plan,” with next steps being the development of a multi-year strategic plan that is collectively created by a multi-sector group of organizations and community members. Through the spring of 2019, Lea Roselyn of the United Way and Jill Jolicoeur with Douglas County, advocated for the Human Services Provider Coalition to be named as the collective impact organization to lead the Poverty & Jobs workgroup. In May 2019, LDCHD officially named the Coalition as the convener of the Poverty and Jobs Workgroup. . In June 2019, LDCHD officially named the Coalition as the convener of the Poverty and Jobs Workgroup, with the first meeting taking place July 2019. The workgroup includes members representing community nonprofits and advocacy organizations, healthcare, education, local government, and local business.

The initial goal identified for the Poverty and Jobs issue area was “to expand opportunities and lower barriers to support upward economic mobility”. In order to better understand the issue, the workgroup received presentations from local community health experts, participated in needs assessment and gap analysis, and reviewed research on local poverty and health disparities. After more fully understanding these data, the workgroup name and goal statement (see below) were revised better reflect community need.

ABOUT THE ANTI-POVERTY WORKGROUP

The goal of the anti-poverty workgroup is to foster an equitable Douglas County economy by implementing systems based solutions to reduce local poverty and discrimination and to expand access to opportunities so all can participate, prosper, and reach their full potential.

The anti-poverty workgroup is designing a multi-year strategic plan to reduce local poverty. Using an equity framework, we intentionally prioritize those experiencing the deepest health and income disparities, so that we all rise together. Our goal and strategies are heavily informed by the Community Health Assessment, Community Equity Report, Community Focus Groups, Community Surveys, and nationally-available county-specific data from the Census Bureau, County Health Rankings, and the Department of Health and Human Services. The stark racial disparity data that drives our work includes the following statistics from the 2019 Douglas County Health Equity Report released by LDCH:

- In Douglas County, African-American children are more likely to be in poverty. 72.1% of African-American children live at or below the FPL, as opposed to 11.5% of white children.
- The black population has statistically significant higher rates of poverty (25.9%) than both the Douglas County rate (19.2%) and the white poverty rate (17.6%).
- Although only making up 16% of the population, people of color are overrepresented in our homeless population. Of those reporting emergency shelter: 16% are American Indian/Alaskan Native, 21% are Black/African-American, and 13% are Hispanic/Latino. In the transitional housing numbers: 11% are American Indian/Alaskan Native, 35% are Black/African-American, and 18% are Latino.
- The areas highest in poverty are clustered around the KU campus, where between 26.3% and 42.8% of residents live in poverty. These areas also contain the highest concentrations of minority residents.
- The Hispanic/Latino population shows statistically significant higher rates of unemployment (10.7%) compared to both whites (4.6%) and Douglas County (4.9%). (Native 9.8/ African American 5.9)

- The population without health insurance is disproportionately comprised of minority residents. White residents have a higher percentage of insured people (8.3%) over every other racial or ethnic group in Douglas County: Native Americans are uninsured at 25.5%, Latinx at 24.1%, Black at 14.6%, and API at 12.4%
- A statistically higher percent of Black babies are born with low birth weight. There is a more than two-fold difference in the percent of Black low-weight infants – 13.7% - over every other race and ethnicity at 6.8%. All other racial and ethnic groups are either at or below the overall Douglas County average.

POVERTY REDUCTION STRATEGIC PLAN

Objective: Reduce poverty among BIPOC children in Douglas County

Priority Focus Areas:

1. Employment & Jobs
2. Decriminalization of poverty
3. Children & Childcare

Strategic objectives, strategies, and action steps are currently being developed.

TIMELINE

TASK	Summer 2019	Fall 2019	Jan. 2020	Feb. 2020	March 2020	April 2020	May 2020	June 2020	July 2020	Aug 2020	Sept 2020	Oct 2020	Nov 2020	Dec 2020
Develop Planning Timeline & Approach														
Convene multi-sector planning committee	█													
Develop workgroup values & decision-making structure	█													
Learn & understand local poverty data	█													
Learn equity framework for poverty reduction	█													
Identify needs, aspirations & local barriers		█												
Identify strategy themes		█												
Develop goal statement			█	█										
Determine priority population					█	█								
Develop initial targeted strategies							█	█	█	█				
Learn & understand evidence-based interventions							█	█	█	█				
Gather stakeholder & community input									█	█	█			
Review Data & Develop Plan Framework														
Synthesize & review all local qualitative & quantitative data										█	█			
Synthesize & review EVP & other models from similar communities										█	█			
Determine & write overall objective statement											█			
Determine priority focus areas											█	█		



Develop the Strategic Plan														
Convene focus area workgroups to develop targeted strategies														
Develop SMART objectives, strategies & action steps for each focus area														
Compile draft of plan with all focus areas														
Review & approve final plan														
Assign work based on interventions														

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