

## Proposed Facility Security Maintenance Card Fees Beginning January 1, 2020

The purpose of Lawrence Parks and Recreation Department’s Facility Security Maintenance (FSM) Card is to improve the ability to analyze facility usage, to increase security and emergency response through better knowledge of who is in City buildings at a given time, and to provide a mechanism to collect fees.

<b>Douglas County Resident</b>		<b>Non Resident</b>	
	Annual Facility Fee Rates		Annual Facility Fee Rates
Youth 18 Years and Younger	\$0	Youth 18 Years and Younger	\$0
62 and Over or With Disabilities	\$24	62 and Over or With Disabilities	\$30
Young Adult 19 to 24	\$24	Young Adult 19 to 24	\$30
Adults	\$48	Adults	\$60

Residents of Douglas County include those with a driver's license or government-issued ID with a Douglas County address and students from the University of Kansas, Haskell Indian Nations University, and Baker University with proof of Douglas County address.

A one-time of \$5 fee is required to purchase the electronic card

A one-time fee of \$10 is required to purchase the electronic card

The FSM Card provides access to the Community Building, the East Lawrence Center, Holcom Park Recreation Center, Sports Pavilion Lawrence, and Prairie Park Nature Center. Weight rooms and cardio equipment areas maintain their current age restrictions for safety. The card does not provide access for Eagle Bend Golf Course, the Indoor Aquatic Center, the Outdoor Aquatic Center, and the South Park Wading Pool.

Facility Security Maintenance Cards are not required for attendees to watch tournaments or sporting events, for specific community organized nonprofit events, and for fee-based courses that are instructor-led.

Lawrence Parks and Recreation is looking into collaborations with non-profit agencies to provide reduced rate FSM Cards for low-income adults and others in need.

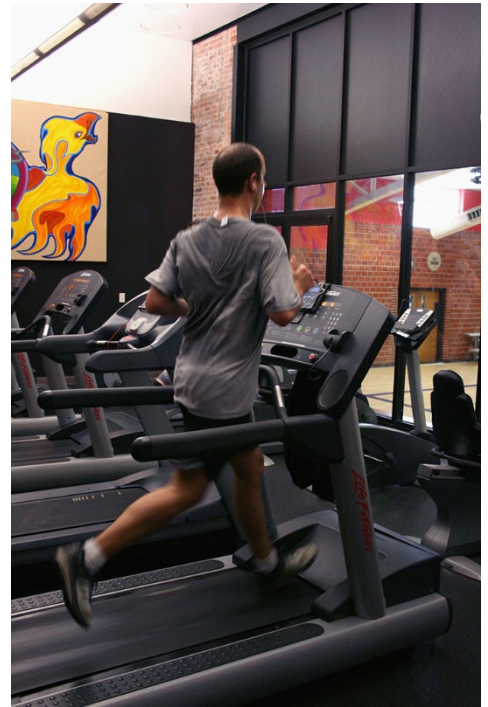
Other options:

**Douglas County Resident**

	Daily	20-Day	Monthly	3-Month	6-Month
Youth 18 Years and Younger	\$0	\$0	\$0	\$0	\$0
62 and Over or With Disabilities	\$2	\$30	\$8	\$10	\$12
Young Adult 19 to 24	\$2	\$30	\$8	\$10	\$12
Adults	3	\$40	\$10	\$12	\$24

**Non Resident**

	Daily	20-Day	Monthly	3-Month	6-Month
Youth 18 Years and Younger	\$0	\$0	\$0	\$0	\$0
62 and Over or With Disabilities	\$3	\$36	\$10	\$12	\$15
Young Adult 19 to 24	\$3	\$36	\$10	\$12	\$15
Adults	\$4	\$48	\$12	\$15	\$30



## DEPARTMENTAL COST RECOVERY GOALS



## Health Equity Impact Assessment for New and Existing Policies

### Background

The Lawrence-Douglas County Health Department (LDCHD) is committed to the pursuit of health equity for all residents in Douglas County. LDCHD’s shared definition of health equity is “that everyone, regardless of social advantage or disadvantage, has a fair and just opportunity to be as healthy as possible by addressing social inequities in opportunities and resources needed to be healthy.” Part of the pursuit of health equity is ensuring that health department policies, programs, and procedures promote and are not detrimental to the pursuit of health equity. One tool to assist with this pursuit is the Health Equity Impact Assessment (HEIA). The HEIA is based on the Health Impact Assessment process and can be used to identify and address potential unintended health impacts (positive or negative) of a policy on specific groups. It can be used prior to implementing a new policy or may be used to evaluate existing policies that may not initially have been developed through an equity lens. When applied retrospectively, the HEIA seeks to strengthen the focus on equity by identifying the unintended impacts of an existing policy or practice to inform future action. By focusing specifically on equity issues in a way that may not have previously been done, the lessons learned can be used to change existing practice, provide insights on the awareness of equity considerations within the organization, strengthen considerations of equity within future planning processes or inform implementation strategies.

### Goal:

- Reduce the potential for unintended consequences that may perpetuate disparities, either directly or indirectly, and advance health equity in all work done by the health department.
- Prospectively build health equity into the planning of new services, policies, or other initiatives.
- Assess or realign existing programs to be consistent with LDCHD’s health equity work.

### Procedure:

This tool should be used prior to the implementation of a new policy or may be used retrospectively to evaluate existing policies through an intentional health equity lens.

The assessment may be applied to LDCHD policies that are either internal, primarily affecting current or prospective LDCHD staff, or external, which would likely affect community members and clients. It may also be applied to community policies, such as those passed by the Douglas County Commission, municipalities, or other decision-making bodies and could accompany a position statement submitted to those organizations.

1. The HEIA form should be completed in the following situations:
  - a. During the initial development of a new policy
  - b. During review and updating of current or existing policies already in place at LDCHD.

Equity Impact Assessment	Review Cycle –12 months	Reviewed By: Equity Committee	Page 1 Print Date
Origin Date	1/19		
Revision Date(s)			
Review Date(s)			

- c. As part of the development of a position statement for community policies that are being considered or proposed by local government.
- 2. HEIAs will be completed by the identified policy lead or team within LDCHD. If assistance is needed in completing the HEIA form, the project lead can request technical assistance from the Policy subcommittee of the Health Equity Committee.
- 3. The HEIA will be reviewed by the Policy subcommittee of the Health Equity Committee to determine whether the policy is sufficient or insufficient in its consideration of equity.
- 4. Policies that are considered not sufficient from a health equity perspective will be returned to the policy sponsor or project lead with recommended changes. Once changes have been made, the Policy subcommittee will review again.
- 5. Any policy that requires Board of Health approval will require an HEIA to be completed and a summary should accompany the policy for board member review.
- 6. Any community policy for which the Health Department develops a position paper will require that a completed HEIA be completed and a summary submitted with the drafted position paper to the Director prior to policy position or briefing be submitted to policy makers.

Equity Impact Assessment  
 Review Cycle –12 months  
 Origin Date 1/19  
 Revision Date(s)  
 Review Date(s)

Reviewed By: Equity Committee

Page 2  
 Print Date

**Health Equity Impact Assessment (HEIA):** The questions below are designed to ensure that policies enacted by LDCHD promote health equity. The questions below may not be able to be answered for every policy but serve as a platform for further discussion prior to the adoption of any new policies.

Date:	Individual/Team Name Completing HEIA:
Policy Name:  Is the policy considered to be: <input type="checkbox"/> An internal LDCHD Policy (e.g. a policy about personnel, office space, or other internal matter) <input type="checkbox"/> An external LDCHD Policy (e.g. a policy about department operations that impacts clients or the public) <input type="checkbox"/> A community policy (e.g. a City or County ordinance or resolution) <input type="checkbox"/> Unsure ( <i>If you are unsure, contact a member of the health equity team</i> )	

<b>Section 1: Screen</b>
1a. Does the policy have the potential to impact the agreed-upon definition of equity (everyone deserves a fair and just opportunity to be healthy)? <input type="checkbox"/> Yes, continue with HEIA <input type="checkbox"/> No, consider discontinuing HEIA <input type="checkbox"/> Unsure ( <i>If you are unsure, contact a member of the health equity team</i> )

<b>Section 2: Scope</b>
2a. Who is primarily affected? <input type="checkbox"/> Current or prospective LDCHD employees (complete Table 2-1 and 2-2) <input type="checkbox"/> Members of the Douglas County community (complete Table 2-2 only) <input type="checkbox"/> Both (complete Tables 2-1 and 2-2)
2b. Please provide a background and rationale for this policy:

Equity Impact Assessment  
 Review Cycle –12 months  
 Origin Date 1/19  
 Revision Date(s)  
 Review Date(s)

Reviewed By: Equity Committee

Page 3  
 Print Date

**Table 2-1: Impacts on current or prospective LDCHD employees**

<p><b>Which area of employment does this policy affect?</b> (mark all that apply)</p> <p><input type="checkbox"/> Recruitment, hiring, and retention</p> <p><input type="checkbox"/> Compensation and benefits</p> <p><input type="checkbox"/> Day-to-day office or program operations</p> <p><input type="checkbox"/> Job responsibilities and roles</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> All</p> <p><b>Which departments are primarily affected by this policy?</b> (mark all that apply)</p> <p><input type="checkbox"/> Nursing Clinic</p> <p><input type="checkbox"/> Clinic Office</p> <p><input type="checkbox"/> WIC</p> <p><input type="checkbox"/> Healthy Families/Project Lively/Healthy Dads</p> <p><input type="checkbox"/> Environmental Health and Childcare Licensing</p> <p><input type="checkbox"/> Community Health</p> <p><input type="checkbox"/> Informatics</p> <p><input type="checkbox"/> Finance/Administration</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> All</p>	<p><b>Which job roles/types are primarily affected by this policy?</b> (mark all that apply)</p> <p><input type="checkbox"/> Supervisors/Directors</p> <p><input type="checkbox"/> Program staff</p> <p><input type="checkbox"/> Front desk/clerical staff</p> <p><input type="checkbox"/> Full-time staff</p> <p><input type="checkbox"/> Part-time staff</p> <p><input type="checkbox"/> Hourly staff</p> <p><input type="checkbox"/> Salaried staff</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> All</p>
---	---

Equity Impact Assessment  
 Review Cycle –12 months  
 Origin Date 1/19  
 Revision Date(s)  
 Review Date(s)

Reviewed By: Equity Committee

Page 4  
 Print Date

**Table 2-2: Health Equity Impact Analysis** *(Contact Health Equity Policy Subcommittee for an example)*

Policy	Direct impacts (What will happen as a result of the policy?)	Intermediate impacts (Which social determinants of health/causes of health inequity are impacted?)	Geographic impact (Will one of the below be primarily impacted?)	Impacted population groups <b>Do we need an all?</b>	Projected impact on health equity
	Potential positive impacts:       Potential negative impacts:	<input type="checkbox"/> Economic stability (income inequality)  <input type="checkbox"/> Education  <input type="checkbox"/> Social and community context (discrimination)  <input type="checkbox"/> Health and health care (access to services)  <input type="checkbox"/> Neighborhood and built environment  Please describe your answer:	<input type="checkbox"/> Zip Code: _____  <input type="checkbox"/> Census Tract: _____  <input type="checkbox"/> Municipality: _____  <input type="checkbox"/> Neighborhood: _____  <input type="checkbox"/> No specific geographic areas identified	<input type="checkbox"/> Racial/ethnic minority <input type="checkbox"/> Age group <input type="checkbox"/> Gender group <input type="checkbox"/> Low income <input type="checkbox"/> Low education <input type="checkbox"/> Immigrants/refugees <input type="checkbox"/> Incarcerated/formerly incarcerated <input type="checkbox"/> Sexual minority <input type="checkbox"/> Limited English proficiency <input type="checkbox"/> Person with a Disability <input type="checkbox"/> Homeless <input type="checkbox"/> Substance Use Disorder <input type="checkbox"/> Mental Health <input type="checkbox"/> Unsure	<input type="checkbox"/> Improve <input type="checkbox"/> Harm <input type="checkbox"/> Unclear  Please describe your answer:



Equity Impact Assessment  
Review Cycle –12 months  
Origin Date 1/19  
Revision Date(s)  
Review Date(s)

Reviewed By: Equity Committee

Page 6  
Print Date

**Section 3: Impact Assessment**

3a. To what extent does evidence (data, literature, subject matter expertise) from other communities or organizations support the connections between similar policies and the health equity impacts identified above?

3b. What are the unintended positive or negative impacts of the policy?

**Section 4: Develop a Strategy**

4a. How could LDCHD maximize opportunities and minimize harm to the affected populations?

**Section 5: Monitor and Evaluate**

5a. How will data be used to monitor the impact on health equity resulting from this policy?

5b. How will results and outcomes of the policy be shared and communicated with affected groups?

**Section 6: Summary**

6a. Please provide a short summary to be provided to the Board of Health and/or policymakers, if applicable.

**For completion by the Policy Subcommittee of the Health Equity Committee:**

Equity Impact Assessment  
 Review Cycle –12 months  
 Origin Date 1/19  
 Revision Date(s)  
 Review Date(s)

Reviewed By: Equity Committee

Page 7  
 Print Date

*Expect approximately 2 weeks for review of the HEIA form. However, if more expedited review is needed, please note that when submitting the form.*

Based on the assessment, is the proposed policy sufficient for protecting or promoting health equity?

- Sufficient
- Insufficient\*
- Unclear

\*If the policy is deemed insufficient, please return this form to the identified project lead with suggestions for improvement.

**Suggestions for improvement:**

Equity Impact Assessment  
 Review Cycle – 12 months  
 Origin Date 1/19  
 Revision Date(s)  
 Review Date(s)

Reviewed By: Equity Committee

Page 8  
 Print Date