



2020-2022

Shawnee County, Kansas

Community Health Improvement Plan

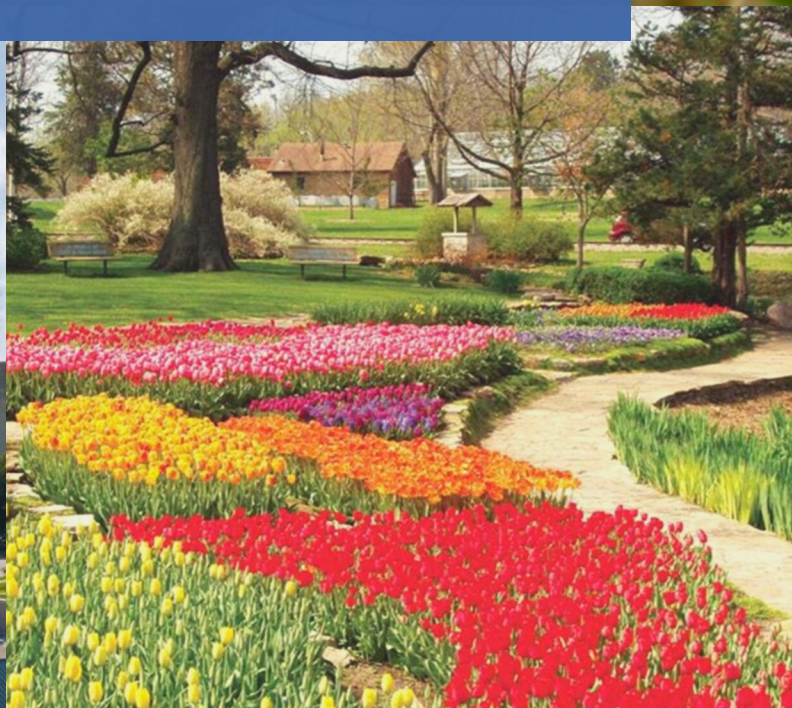


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CREDITS AND ACKNOWLEDGMENTS

Shawnee County, Kansas
2020-2022 Community Health Improvement Plan
September 2019

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**Letter from Craig Barnes,
Chair of Heartland Healthy Neighborhoods**



Dear Shawnee County Community:

On behalf of Heartland Healthy Neighborhoods (HHN), I am extremely excited to share with you Shawnee County's 2020-2022 Community Health Improvement Plan (CHIP). The 2020-2022 CHIP is a collective, community-driven effort, and so many of you were an integral part of its development. This iteration of the CHIP embodies the concept of "Upstream Health." An upstream approach to health challenges us to think critically about the social determinants of health, and utilizes policies, systems and environmental changes to create a community in which every resident in Topeka and Shawnee County has the ability to live a healthy life regardless of their education, income level, or ZIP code.

Improving the health of our community is not just the role of any one entity or individual; it requires collaboration, time, investment and commitment. It takes an upstream approach to look at sustainable changes. It requires us to be innovative, adaptive and forward thinking. It requires us to "get comfortable with the uncomfortable." Most of all, it takes an entire community working together to improve the overall health and quality of life of its residents.

Addressing the social determinants of health is complex, and in order to see sustainable improvement, we cannot afford to work in silos. Collaboration is paramount, and by working together we can accomplish significant impacts on health outcomes than from working separately on parallel pathways. It is our hope the 2020-2022 CHIP will serve as a platform for developing collective impact principles focused on priorities that were determined through a comprehensive assessment process; and ultimately, provide our community with a strategic roadmap to eliminating health disparities and improving health outcomes.

Great things are already happening in our community that focus on improving the quality of life and quality of place in Shawnee County. We have HHN, the community's grassroots health coalition that brings together community members and organizations to implement health strategies and interventions. We have Momentum 2022, a holistic economic development plan that recognizes health is a key indicator in the economic viability of our community. We have a County Commission and a City Council that have been supportive of policies, systems and environmental changes that positively impact the health of our community. However, there is still so much more that we can achieve as a community.

I encourage you to review the priorities and goals of the CHIP; reflect on the strategies outlined, and consider how you can join us in growing a culture of health for our community – whether that be individually, with your organization, or collectively as a community. Together, we can make Topeka and Shawnee County the best place to live, learn, work and play!

Sincerely,

A handwritten signature in red ink, appearing to read "C. Barnes", with a long horizontal flourish extending to the right.

Craig Barnes
Chair, Heartland Healthy Neighborhoods

EXECUTIVE SUMMARY

Since the development of the 2015 Community Health Improvement Plan (CHIP), Heartland Healthy Neighborhoods (HHN) has led the CHIP efforts for Topeka and Shawnee County. The CHIP Steering Committee, consisting of HHN's Current Chair, Vice-Chair, Immediate Past Chair, Shawnee County Health Department's Community Health Planner and the Director of Strategy and Business Development for Stormont Vail Health, has spearheaded the development process of this most recent CHIP with assistance from HHN workgroups, community organizations, and two consultants from the Kansas Health Institute.

In 2018, Stormont Vail Health in collaboration with the Shawnee County Health Department hired VVV Consultants LLC to perform the Community Health Needs Assessment (CHNA), which serves to inform the CHIP. The CHNA included a community survey that returned over 2,300 responses; the compilation of secondary data on the health outcomes and healthcare delivery services in the county; and several town hall meetings where attendees were given the opportunity to provide input on what they perceived as the top health issues for the county. A list of selected tables from the CHNA can be found in Appendix D.

Based on the results of the CHNA activities, a list of potential health priority areas was created. These potential priority areas were further prioritized, engaging over 100 community members at two community meetings to select the priorities using five criteria: seriousness, feasibility, alignment, measurability and concern. As a result, four health priority areas were identified: 1) Behavioral Health, 2) Access to Food, 3) Substance Use and 4) Health Equity.

CHIP Workgroups were created for each priority area from both existing and newly-formed community collaborations which include HHN workgroups and other community organizations. This CHIP aims to decrease barriers for collaboration and maximize our community's collective impact to engage in CHIP and non-CHIP activities. In this way, HHN aims to build community capacity to ensure sustainability of the health plan.

Goals and objectives, including target measures for the objectives, were drafted by the CHIP Steering Committee and refined based on feedback from the CHIP workgroups and other community stakeholders. Goals and objectives for each priority area can be found in Figure E-1 (page v). Intervention strategies and activities to be undertaken were developed by HHN workgroups and partnering organizations for each priority area in consultation with the CHIP Steering Committee. The interventions chosen to achieve the objectives in this CHIP address areas of both midstream and upstream health. That is, the CHIP includes interventions that address individual social needs, as well as improving community conditions that will support healthier lives for all Shawnee County residents.

Throughout the development of the CHIP, the steering committee considered upstream solutions that included policies, systems and environmental (PSE) changes to address the social determinants of health for each of the priority areas. In recognizing the importance of health equity in community change, this plan will have an ongoing focus on the social determinants, PSE changes, and health equity as implementation moves forward.

Figure E-1. CHIP Priority Areas, Goals and Objectives

PRIORITY AREA 1: BEHAVIORAL HEALTH
GOAL 1.1: Decrease suicides in Shawnee County.
Objective 1.1.1: Decrease suicide rate from 23.5/100k to 21.4/100k by 2022.
GOAL 1.2: Create an integrated system of care to address crisis through recovery and prevention.
Objective 1.2.1: Decrease the rate of behavioral-related hospital admissions from 10.2/10k to 103.3/10k.
Objective 1.2.2: Decrease poor mental health days from 3.4/30 days to 3.2/30 days.
Objective 1.2.3: Stabilize depression in the Medicare population at 25.3% or lower.
PRIORITY AREA 2: ACCESS TO FOOD
GOAL 2.1: Decrease food insecurity and food deserts in Shawnee County.
Objective 2.1.1: Decrease the overall food insecurity rate from 13.3% to 12.0% by 2022.
Objective 2.1.2: Decrease the child food insecurity rate from 18.4% to 17.4% by 2022.
Objective 2.1.3: Decrease the number of census tracts listed as “food deserts” by the USDA from 9 to 8 by 2024.
PRIORITY AREA 3: SUBSTANCE USE
GOAL 3.1: Decrease the use of alcohol and tobacco products among Shawnee County youth.
Objective 3.1.1: Decrease the percent of youth reporting smoking cigarettes from 2.4% to 2.0% in the last thirty days by 2022.
Objective 3.1.2: Decrease the percent of youth reporting binge drinking episodes from 7.4% to 6.5% in the last two weeks by 2022.
Objective 3.1.3: Stabilize 30-day youth e-cigarette use at 11.9% or lower by 2022.
GOAL 3.2: Decrease overdose and drug poisoning deaths among Shawnee County residents.
Objective 3.2.1: Decrease overdose and drug poisoning deaths from 15.9/100k to 14.5/100k by 2022.
PRIORITY AREA 4: HEALTH EQUITY
GOAL 4.1: Improve maternal, infant and child health outcomes in Shawnee County.
Objective 4.1.1: Increase the percent of women receiving prenatal care in the first trimester from 78.7% to 80.0% by 2022.
Objective 4.1.2: Decrease the infant mortality rate from 7.8/1,000 to 6.8/1,000 by 2022.
GOAL 4.2: Decrease STIs among Shawnee County residents.
Objective 4.2.1: Decrease the STI rate from 10.0/1,000 to 8.5/1,000 by 2022.
GOAL 4.3: Decrease obesity among Shawnee County residents.
Objective 4.3.1: Decrease the percent of adults who are obese from 36.2% to 34.0% by 2022.

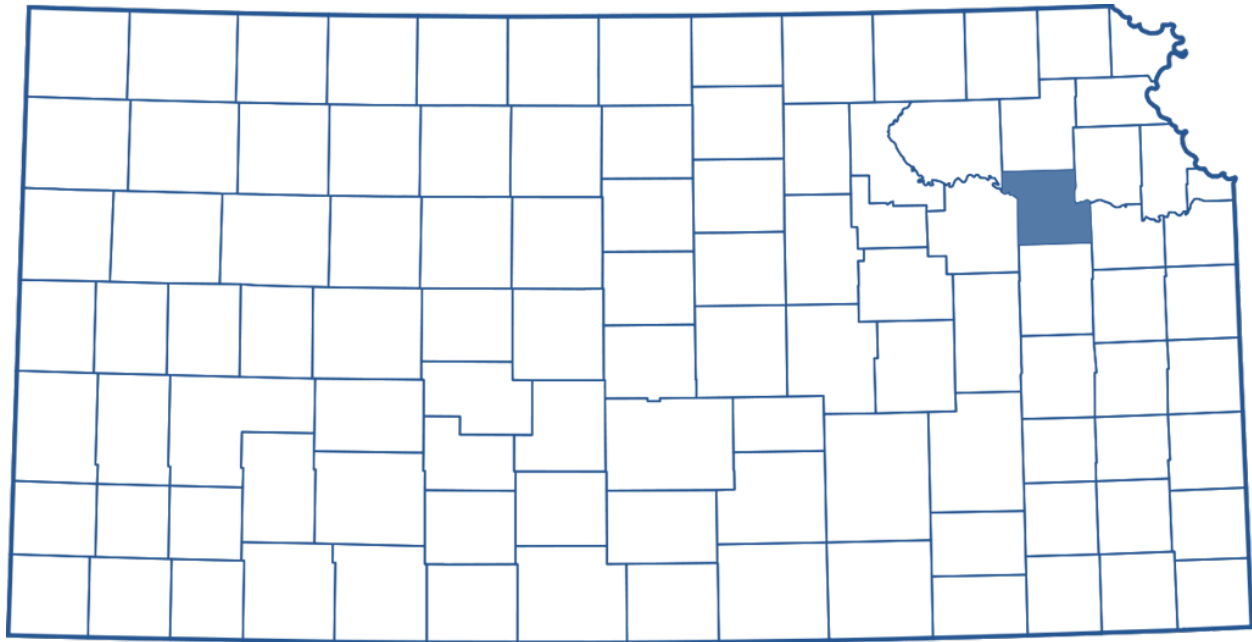
Part I

BACKGROUND INFORMATION

PART I: BACKGROUND INFORMATION

The Shawnee County CHIP addresses the entire population of Shawnee County. Located in northeastern Kansas (Figure 1), Shawnee County has a total population of 177,499 people (U.S. Census Bureau, 2018). Topeka, the state capital and the county seat, has a population of 125,904.

Figure 1. Location of Shawnee County in Northeastern Kansas.



Shawnee County has slightly greater racial and ethnic diversity than the State of Kansas overall. Over 26 percent of the county is made up of non-whites (Figure 2, page 2), which tend to show higher levels of poverty than whites.¹ Median and per capita income are slightly lower for Shawnee County than for the state as a whole. The County's poverty rate is 11.7 percent.² The percentage of Shawnee County children living in poverty is 15 percent, and 31 percent of children live in single-parent households.³

¹ U.S. Census Bureau American Fact Finder, Poverty Status in the Past 12 Months, 2013-2017 American Community Survey 5Year Estimates, S1701.

² U.S. Census Bureau QuickFacts <https://www.census.gov/quickfacts/fact/table/shawneecountykansas/RHI125218#RHI125218>

³ County Health Rankings and Reports <https://www.countyhealthrankings.org/app/kansas/2019/rankings/shawnee/county/outcomes/overall/snapshot>

Figure 2. Racial/Ethnic Makeup of Shawnee County Residents, and Poverty Levels.

Shawnee County Race/Ethnicity		
Race/Ethnicity	Percent	Percent below Poverty
White	73.7	9.9
Hispanic	12.6	23.6
African-American	8.5	23.2
Asian	1.6	11.4
American Indian/Alaska Native	1.4	18.2
Native Hawaiian/Pacific Islander	0.1	38.8
Other	2.1	~22

Source: U.S. Census Bureau QuickFacts <https://www.census.gov/quickfacts/fact/table/shawneecountykansas/RH1125218#RH1125218>; U.S. Census Bureau American Fact Finder, Poverty Status in the Past 12 Months, 2013-2017 American Community Survey 5-Year Estimates, S1701.

CHNA-CHIP Process

As of 2019, Shawnee County has conducted three rounds of **Community Health Needs Assessments (CHNA)**⁴. The first was conducted in 2012 and since then, a CHNA has been completed every three years (2012, 2015, 2018) in accordance with IRS requirements for non-profit hospitals. The first **Community Health Improvement Plan (CHIP)** was developed in 2015. Since the development of the 2015 [Shawnee County CHIP](#), Heartland Healthy Neighborhoods (HHN) has led the CHIP efforts for the Topeka and Shawnee County community.

HHN is a community coalition in Topeka and Shawnee County that was formed in 2008 and whose mission is to: “mobilize the community to take action on health priorities so that policy, environment, and practice influences a culture shift toward health and wellness for everyone in Shawnee County.” HHN continues to provide leadership for the Community Health Improvement Plan and was integral in the development of the current plan. The CHIP Steering Committee, consisting of HHN’s Current Chair, Vice-Chair, Immediate Past Chair, the Community Health Planner and a representative from Stormont Vail Health, has spearheaded the development process of the most recent iteration of the CHIP with assistance from community organizations and two consultants from the Kansas Health Institute. Going forward, the CHIP Steering Committee will oversee the implementation, evaluation and reporting of the CHIP alongside HHN leadership, HHN workgroups and partnering organizations. In addition to the positions listed above, the CHIP Steering Committee will seek participation and engagement from workgroup chairs, representatives from partnering organizations and other interested community stakeholders.

For the current round of community health assessment and improvement planning, a consultant (VVV Consultants LLC), was hired by Stormont Vail Health to conduct the CHNA. The CHNA process consisted of:

- 1) A Community Health Needs Assessment (CHNA) community survey, which was distributed in the summer of 2018. The survey received over 2,300 responses throughout the community. See Figure 3 (page 3) for a summary of results from the survey.

⁴ A glossary of the bolded terms can be found in Appendix C.

Figure 3. Top issues from CHNA Community Survey, 2018

Shawnee County, Kansas – CHNA Community Survey, 2018		
In general, how big of a problem are the following healthcare issues in our community? (respondents were able to select more than one answer)	Shawnee County 2018 CHNA Survey (N=2,324)	
Issue	# Responses	Percent
Mental health issues	1,223	52.6%
Overweight/obesity	1,103	47.4%
Alcohol/drug abuse	1,017	43.7%
Not eating healthy	969	41.7%
Lack of exercise	922	39.7%
Opioid abuse/dependence	857	36.9%
Diabetes	802	34.5%
Tobacco use	689	29.6%
Heart disease/stroke	632	27.2%
Knowledge of available services	587	25.2%
Oral/dental health	570	24.5%
Access to primary healthcare	557	23.9%
Transportation to healthcare services	551	23.7%
Cancer	462	19.9%
Lung, respiratory illness	301	12.9%
Arthritis, joint/back pain	289	12.4%
Teen pregnancy	253	10.9%
Infant mortality	170	7.3%
Infant immunizations	160	6.9%

Source: Shawnee County CHNA, 2018.

2) Compilation of **secondary data** of health outcomes and healthcare delivery services in the county, including **County Health Rankings** and other measures of morbidity and mortality. As of April 2019, Shawnee County is ranked 59th for Health Factors, and 79th for Health Outcomes out of 102 ranked counties in Kansas. **Years of Potential Life Lost (YPLL)** from mortality due to chronic diseases, drug overdoses and suicide, is a measure from the County Health Rankings that contributes most to lowering Shawnee County’s ranking.

3) Town hall meetings across the county to present and discuss the survey and data. During the town halls, participants were given the chance to provide input on what they perceived to be the top health issues for Shawnee County. That list of issues is what was used for CHIP prioritization. See Figure 4 (page 4) for a list of the top issues from the town hall meetings.

Figure 4. Shawnee County Town Hall Top Issues, 2018

Shawnee County, Kansas – CHNA Town Hall Meeting, 2018			
#	Community Health Issue	# Votes (172 total)	% of votes
1	Access to mental health (diagnosis, treatment, placement, crisis)	38	22.1%
2	Improve health literacy	19	11.0%
3	Safe access to healthy food	14	8.1%
4	Single family households in poverty support	14	8.1%
5	Sex education (me too, consent)	11	6.4%
6	Affordable health insurance	11	6.4%
7	Care coordination	11	6.4%
8	State ID easier to get	11	6.4%

Source: Shawnee County CHNA, 2018.

Note: The total of 172 votes includes votes for other issues which were not included in the list of top issues.

A list of the top issues from the CHNA community survey and the list of top issues from the town hall meetings were combined and used for prioritization of issues for the CHIP. The top issues from the CHNA survey and CHNA town hall meetings were evaluated against the following criteria:

- Seriousness – How much of an impact does the potential priority area have on the morbidity, mortality and quality of life in the community?
- Feasibility – How likely is it that the CHIP can have an impact on the potential priority area?
- Alignment – How well does the potential priority area support other efforts in the community?
- Measurability – Is it possible to measure progress in the potential priority area?
- Concern – What is the level of concern in the community regarding the potential priority area?

Participants at two community meetings, held on March 29, 2019, and April 8, 2019, representing over 100 community voices, completed the prioritization process. For each issue in the list, they were instructed to judge the issue against the five criteria and rate the issue from 1 (lowest) to 5 (highest) for each of the criteria. The results of this prioritization process can be found in Figure 5 (page 5).

Figure 5. Priority Area Scoring Matrix

Priority Area Scoring Matrix							
PRIORITY AREA	Seriousness	Feasibility	Alignment	Measurability	Concern	SCORE	RANK
Access to Mental Health Services	4.6	3.9	3.9	3.9	4.3	20.6	1
Suicide	4.4	3.8	3.7	4.2	4.2	20.3	2
Safe Access to Healthy Food	4.2	3.9	4.1	3.8	3.9	20.0	3
Substance Abuse	4.1	3.6	3.6	3.6	3.9	18.9	4
Affordable Health Insurance	4.2	3.2	3.2	3.8	3.8	18.3	5
Preventive Services	3.8	3.7	3.7	3.7	3.3	18.2	6
Education to Under Privileged	4.0	3.5	3.6	3.7	3.3	18.0	7
Affordable Housing	4.0	3.3	3.4	3.7	3.6	17.9	8
Single Family Households in Poverty Support	4.1	3.3	3.4	3.6	3.5	17.9	9
Sex Education/Family Planning	3.8	3.8	3.4	3.6	3.3	17.8	10
Newborn follow-up visits	3.6	3.7	3.4	4.0	3.1	17.8	11
Child Care Options	3.8	3.3	3.2	3.5	3.3	17.1	12
Improve Health Literacy	3.5	3.5	3.4	3.3	3.1	16.8	13
Care Coordination	3.2	3.5	3.2	3.5	3.1	16.5	14
Access to Public Transit	3.3	3.3	3.2	3.5	2.9	16.3	15
Breastfeeding	3.1	3.3	3.6	3.5	2.9	16.3	16
State ID (easier to get)	2.9	3.7	3.1	3.7	2.7	16.0	17
Keeping population at home after high school	2.8	2.7	3.0	3.4	3.0	14.8	18

Using the results from the prioritization process, four issues rose to the top as priorities to focus on during the CHIP Process. The CHIP Steering Committee summarized these top priorities into the following four priority areas:

1. Behavioral Health
2. Access to Food
3. Substance Use
4. Health Equity

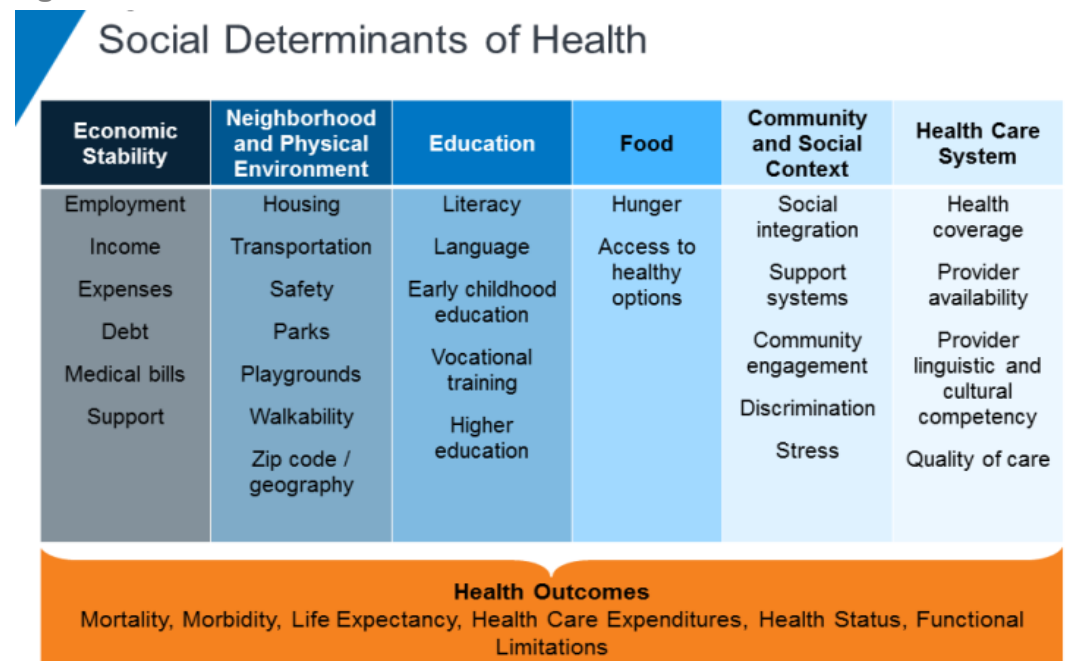
CHIP workgroups for each priority area were created from existing and newly-formed HHN workgroups, community organizations, and other stakeholders. A schematic diagram of the workgroups involved in each priority area can be found in Appendix E. This CHIP aims to increase community capacity by removing barriers for collaboration. By collaborating with existing organizations, HHN leadership also aims to build community capacity and sustainability of CHIP efforts. The CHIP Steering Committee developed the goals under each priority area and sought feedback from the HHN workgroups and other community partners on the content of these priority areas and goals.

Objectives for each priority area were drafted by the CHIP Steering Committee and refined based on feedback from the CHIP workgroups and partnering community organizations. Targets for the outcome objectives were determined by examining Shawnee County data trends over time in order to create feasible outcome objectives within the given timeframe. The degree of change from year-to-year was used to establish a reasonable measure of change by the year 2022. Additionally, the group considered that Healthy People 2020 (HP 2020) objectives typically aim for a 10 percent improvement over the course of 10 years. Because this CHIP covers a span of three years, expectations were adjusted accordingly. The benchmarking against HP 2020 targets provided a general estimate, while the trend analysis (if available) provided more specificity to the local measures and changes over time.

Once the priority areas, goals and objectives were finalized, interventions and activities to be undertaken were developed by the workgroups and partnering organizations for each priority area, in consultation with the CHIP Steering Committee. The interventions chosen to achieve the objectives in this CHIP address areas of both **midstream** and **upstream health**, and will continue to evolve and emerge in accordance with the community context in preparation for the CHIP’s implementation. Additionally, the CHIP includes interventions that address both individual social needs, as well as improving community conditions that will support healthier lives for all Shawnee County residents.

Throughout the development of the CHIP, the steering committee considered upstream solutions that addressed the **social determinants of health** and focused on policies, systems, and environment changes in each of the priority areas. See Figure 6 for an illustration of the social determinants of health. These are the factors in which people live, work, learn and play, and they all have strong impacts on how healthy we are as a community.

Figure 6: Social Determinants of Health

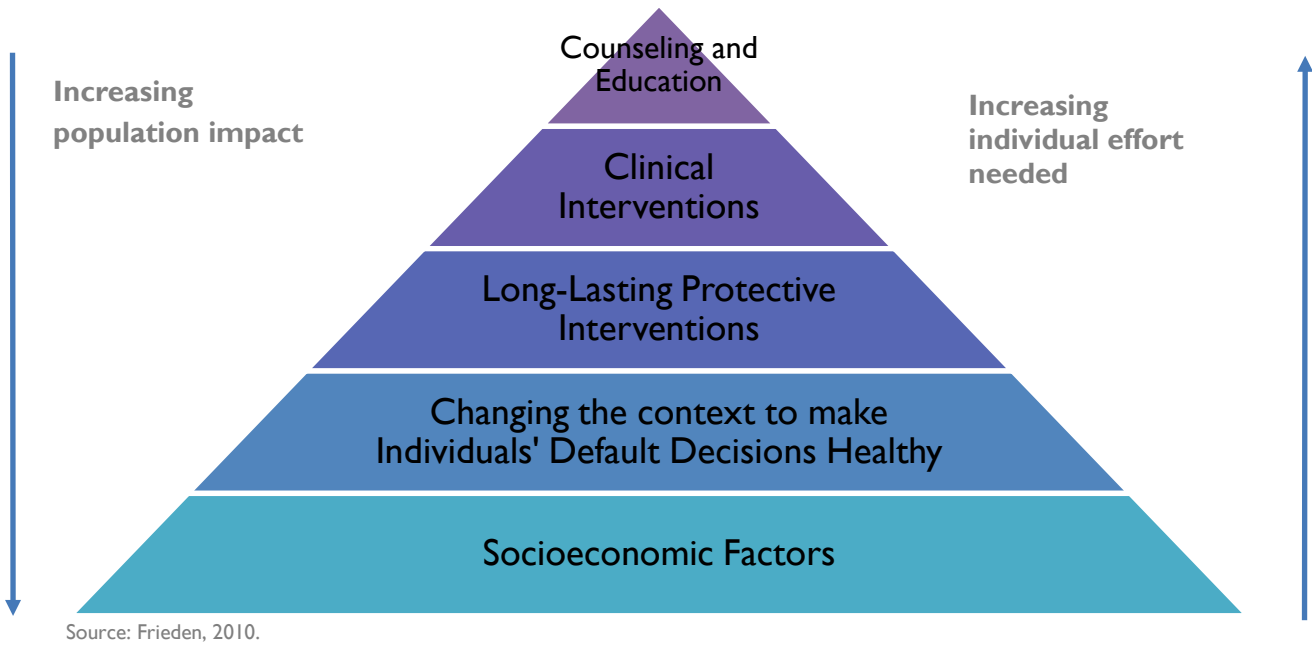


Source: Kaiser Family Foundation, 2018.



In order to make changes in the social determinants, the CHIP steering committee, HHN workgroups, and partnering organizations prioritized **policies, systems and environmental (PSE)** changes that fall on the lowest two tiers of the Health Impact Pyramid (Figure 7). As a community, we also recognize the importance of **health equity** in community change and will include an ongoing focus on social determinants, PSE changes, and health equity as implementation moves forward.

Figure 7: Health Impact Pyramid



Part 2

PRIORITY AREAS

PART 2: PRIORITY AREAS

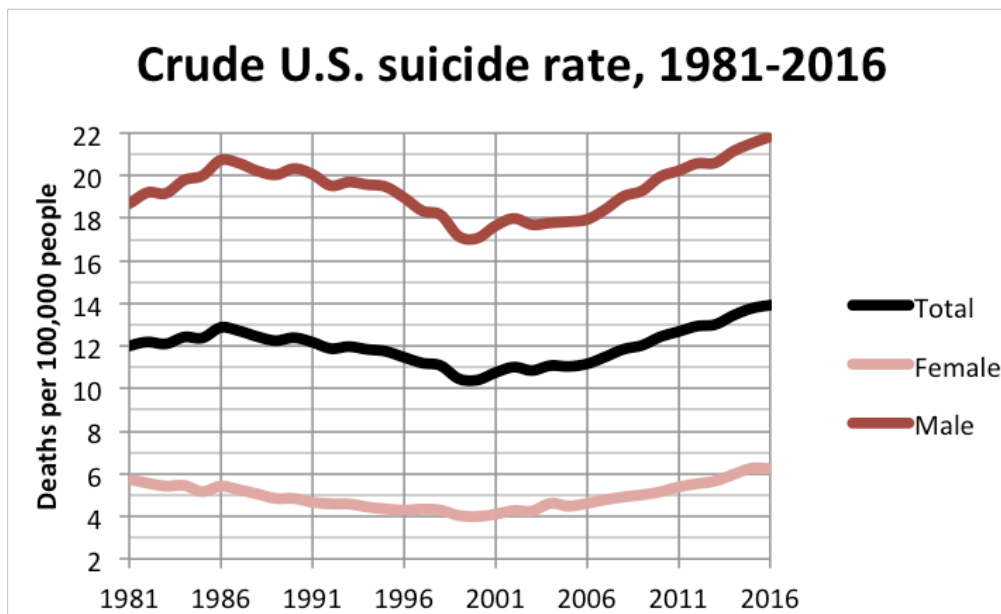
The intervention strategies included in this document are intended to reflect the existing needs and capacity of the Topeka and Shawnee County community. The community’s needs are ever-changing; in this way, community partners are actively engaging in current interventions already in progress or embarking on the development of new interventions to impact community health. Some priority areas will require the creation of new workgroups and additional analysis that point to the root causes and best opportunities to impact community change under each priority area.

Behavioral Health

Good mental health is critical to personal well-being, family and interpersonal relationships, and the ability to contribute to the community or society. Behavioral health incorporates whether the right services are available and if there is an adequate supply of services to meet demand. It also includes the affordability, physical and geographic availability, and quality of services to ensure positive health outcomes.⁵

Recent data suggest lack of behavioral health services is a primary cause of the growing mental health crisis in the U.S., with costs, social stigma and lack of knowledge on where to find services cited as major barriers to access⁶. From 1999 to 2017, the suicide rate in the U.S. increased 33 percent.⁷ It has shown an upward trend for both sexes between 1981 and 2016 (Figure 8).

Figure 8. Crude suicide rate in the United States, 1981–2016.⁸



Source: CDC WISQARS Fatal Injury Reports.

⁵ Gulliford, M., Figueroa-Munoz, J., Morgan, M., Hughes, D., Gibson, B., Beech, R., & Hudson, M. (2002). What does “access to health care” mean? *Journal of Health Services Research & Policy*, 7(3), 186–188. <https://doi.org/10.1258/135581902760082517>

⁶ Wood, P., Burwell, J., & Rawlett, K. (2018). America’s Mental Health 2018. Cohen Veterans Network and National Council for Behavioral Health Retrieved July 2, 2018 from <https://www.cohenveteransnetwork.org/AmericasMentalHealth/>

⁷ Hedegaard, H., Curtin, S.C., & Warner, M. (2018). Suicide mortality in the United States, 1999–2017. NCHS Data Brief, no 330. Hyattsville, MD: National Center for Health Statistics. 2018.

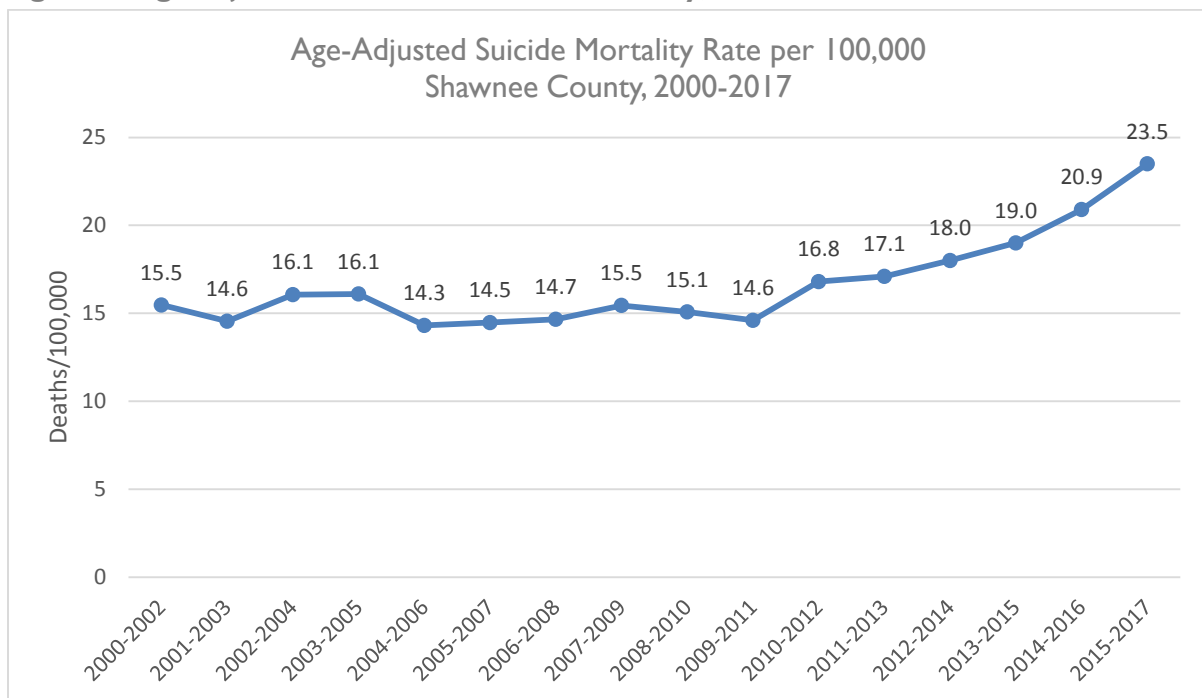
⁸ CDC WISQARS Fatal Injury Reports. <https://webappa.cdc.gov/sasweb/ncipc/mortrate.html>

Why is behavioral health a concern for Shawnee County?

According to the 2019 County Health Rankings, Shawnee County residents reported more poor mental health days (3.5) than the statewide average (3.3).⁹ As a part of the Community Health Needs Assessment (CHNA), access to mental health services (diagnosis, treatment, placement crisis) received the highest percentage of votes (22.1%) of any community health need to improve at the community town hall vote (Figure 4, page 4). Access to mental health services was identified in the previous CHNA, and in 2018 voted the No. 1 ongoing problem with 10.3% of all votes (see Figure D-2, Appendix D). Over 48% rated mental health services “poor” or “very poor” (Figure D-3, Appendix D). Access to mental health services was also voted as the No. 1 priority at stakeholder meetings (Figure 5, page 5).

Higher suicide rates are a potential adverse outcome resulting from a lack of access to behavioral health services. Suicide is a significant contributor to Shawnee County’s increase in years of potential life lost. Shawnee County’s suicide death rate per 100,000 population rose from 15.9 in 2014 to 23.7 in 2017, an increase of 49 percent, and has been steadily rising since 2009-2011 (Figure 9, page 9). Rates for depression and suicide are both higher for Shawnee County than for the state of Kansas as a whole (Appendix D, Figure D-4). Suicide was voted as the No. 2 priority at the stakeholder meetings, behind access to mental health services.

Figure 9. Age-adjusted suicides in Shawnee County, 2000-2017.



Source: Kansas Health Matters, 2019.

⁹County Health Rankings, 2019

<https://www.countyhealthrankings.org/app/kansas/2019/rankings/shawnee/county/outcomes/overall/snapshot>.

What are our goals and how do they align with state and national goals?

PRIORITY AREA I: BEHAVIORAL HEALTH		
Shawnee County Goals	Healthy Kansans 2020 Goals	Healthy People 2020 Goal
Goal 1.1: Decrease suicides in Shawnee County.	NA	MHMD-1 reduce the suicide rate. 10.2/100,000; 21.5% decrease 2014-2020.
Goal 1.2: Create an integrated system of care to address crisis through recovery and prevention.	Promote integrated health care delivery, including integrated behavioral health, social services and medical care.	Improve mental health through prevention and by ensuring access to appropriate, quality mental health services.

Goals, Objectives, and Intervention Strategies

PRIORITY AREA I: BEHAVIORAL HEALTH
GOAL 1.1: Decrease Suicides in Shawnee County.
<p>Objective 1.1.1: Decrease the suicide rate from 23.5/100k to 21.4/100k by 2022 (KDHE 2015-2017).</p> <p>Intervention strategy 1.1.a: Partner with the Suicide Prevention Coalition to work with middle schools to implement Youth Resiliency events aimed at increasing coping skills for at-risk youth.</p> <p>Intervention strategy 1.1.b: Partner with the Suicide Prevention Coalition and other community organizations to implement at least two Applied Suicide Intervention Skills Trainings (ASIST) to additional community groups in Topeka and Shawnee County.</p>

PRIORITY AREA I: BEHAVIORAL HEALTH

GOAL 1.2: Create an integrated system of care to address crisis through recovery and prevention.

Objective 1.2.1: Decrease the rate of behavioral-related hospital admissions from 110.2/10k to 103.3/10k (KDHE 2015-2017).

Objective 1.2.2: Decrease poor mental health days from 3.4/30 days to 3.2/30 days. (BRFSS 2015).

Objective 1.2.3: Stabilize depression in the Medicare population at 25.3% or lower. (CMS 2017).

Intervention strategy 1.2.a: Create a cross-sector Behavioral Health Taskforce to facilitate policies, systems and environmental changes related to improving behavioral health outcomes in Topeka and Shawnee County.

Intervention strategy 1.2.b: Work with Communities of Care to implement mental health resiliency presentations for the Medicare population during new resident orientations.

Intervention strategy 1.2.c: Collaborate with Stormont Vail Health, Valeo, Topeka Police Department and the Topeka Fire Department to support Mobile Crisis Co-Response service interventions in Topeka and Shawnee County.

Intervention strategy 1.2.d: Work with Communities of Care to implement depression screenings at local Topeka and Shawnee County senior centers, and support referral systems to connect individuals to services as needed.

Intervention strategy 1.2.e: Partner with Valeo and Family Service and Guidance Center in the implementation of Mental Health First Aid trainings among additional community groups to increase response skills to signs of mental illness.

Access to Food

Having access to healthy food is an important factor for overall well-being. Nutrition impacts weight status and overall quality of life. Poor nutrition can increase the risk for some cancers.¹⁰ Additionally, food is a key factor in the expression of culture and is central in bringing people and communities together. However, the ability to access food that is fresh, nutritious and affordable is challenging for many Shawnee County residents. Some of the barriers to accessing healthy foods include lack of transportation, high prices and lack of outlets selling healthy foods nearby.

Census tracts noted by the U.S. Department of Agriculture (USDA) as low-access are areas where a significant share of the population lives more than 1 mile from a grocery store in urban areas or 10 miles from a grocery store in rural areas.¹¹ Additionally, many residents who live in low-access areas are also constrained by low-income and limited access to transportation. Census tracts that are considered both low-income and low-access are defined by the USDA as food deserts.¹²

The USDA defines food insecurity as a lack of consistent access to enough food for an active, healthy life.¹³ When individuals are unable to afford sufficient food for their families consistently, many turn to cheap, calorie-dense foods that are affordable and shelf-stable, but do not provide much nutritional value. This leads to the paradox of families that do not have a consistent source of food often experiencing higher rates of overweight and obesity.

Why is access to food a concern for Shawnee County?

Access to Food was ranked third in the list of most important issues from the CHNA town hall meetings. Additionally, in the CHNA community survey, “not eating healthy” was ranked fourth in the list of problem areas, and “overweight/obesity” ranked second. When asked what health issues they or their family would need education about, nutrition was the third most popular response among Shawnee County residents that attended the town hall meetings.

Shawnee County has higher food insecurity at 13.3% compared to 12.7% statewide.¹⁴ However, child food insecurity in Shawnee County is not different than the statewide rate (18.4% in Shawnee County compared with 18.3% for Kansas).¹⁵

¹⁰ U.S. Health and Human Services (HHS). Importance of Good Nutrition. <https://www.hhs.gov/fitness/eat-healthy/importance-of-good-nutrition/index.html>

¹¹ USDA Economic Research Service (ERS). Definitions of Food Access. <https://www.ers.usda.gov/topics/food-choices-health/food-access/>

¹² USDA Economic Research Service (ERS). Definitions of Food Access. <https://www.ers.usda.gov/topics/food-choices-health/food-access/>

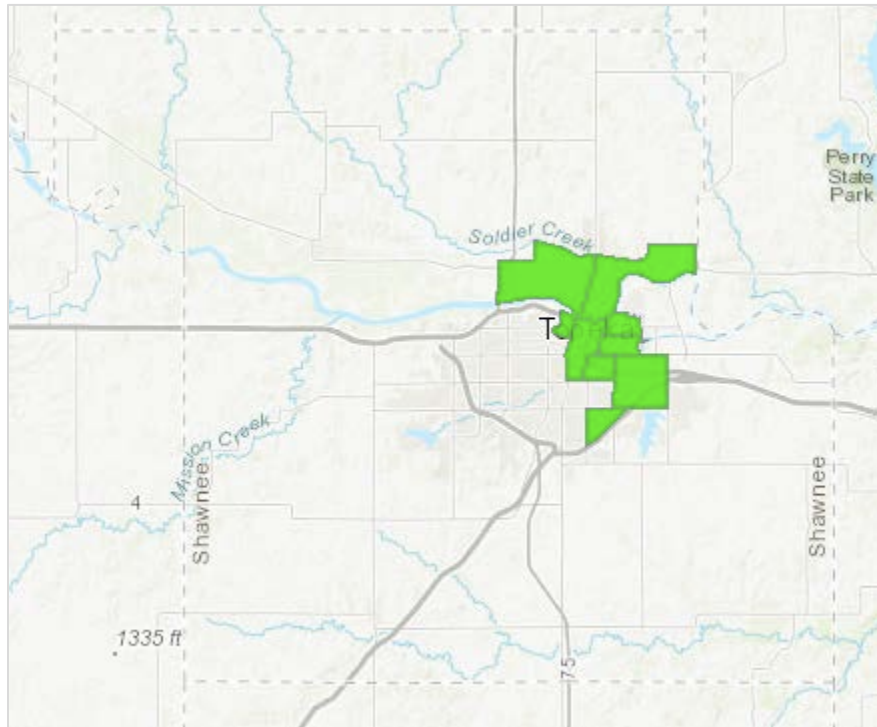
¹³ USDA Economic Research Service (ERS). Definition of Food Insecurity. <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx>

¹⁴ Feeding America. (2018). Map the Meal Gap. https://www.feedingamerica.org/research/map-the-meal-gap/overall-executive-summary?s_src=WXXXIMTMG

¹⁵ Feeding America. (2018). Map the Meal Gap. https://www.feedingamerica.org/research/map-the-meal-gap/overall-executive-summary?s_src=WXXXIMTMG

In Shawnee County, there are currently 9 census tracts that are defined as “food deserts” (Figure 10).

Figure 10: Food deserts in Shawnee County.



Source: USDA ERS, 2015.

What are our goals and how do they align with state and national goals?

PRIORITY AREA 2: ACCESS TO FOOD		
Shawnee County Goals	Healthy Kansans 2020 Goals	Healthy People 2020 Goal
Goal 2.1: Reduce food insecurity and food deserts in Shawnee County.	Increase access to healthy foods.	<p>Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights.</p> <p>NWS-12: Eliminate very low food security among children.</p> <p>NWS-13: Reduce household food insecurity, and in doing so, reduce hunger.</p>

Goals, Objectives, and Intervention Strategies

PRIORITY AREA 2: ACCESS TO FOOD

GOAL 2.1: Decrease food insecurity and food deserts in Shawnee County.

Objective 2.1.1: Decrease the overall food insecurity rate from 13.3% to 12.0% by 2022. (Feeding America 2017).

Objective 2.1.2: Decrease the child food insecurity rate from 18.4% to 17.4% by 2022. (Feeding America 2017).

Objective 2.1.3: Decrease the number of census tracts listed as “food deserts” by the USDA from 9 to 8 by 2024. (USDA 2015 & 2016).

Intervention strategy 2.1.a: Implement policies, systems and environmental changes through the Shawnee County Farm and Food Advisory Council that improve access to healthy foods and strengthen Shawnee County’s food system.

Intervention strategy 2.1.b: Work with the Greater Topeka Partnership to support the efforts of Project OASIS in implementing a market feasibility study to bring a grocery store to one of Shawnee County’s food deserts.

Intervention strategy 2.1.c: Partner with K-State Extension to conduct a community food resources asset map to inform community residents on the food services available in the Topeka and Shawnee County community.

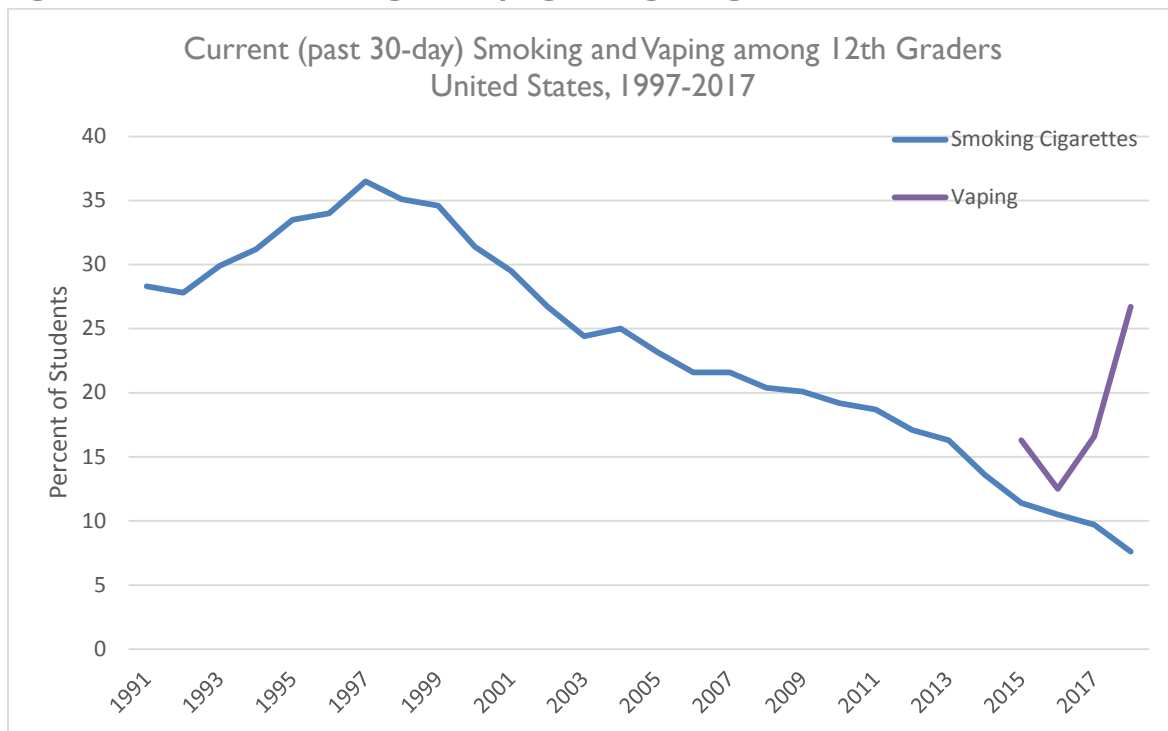
Intervention strategy 2.1.d: Implement LINK Partnership, a community collaborative initiative that aims to increase access to nutritionally adequate foods among Shawnee County’s low-income and uninsured population.

Substance Use

Substance use is any consumption of alcohol, tobacco or drugs. Underage use of legal substances such as alcohol and tobacco is problematic. Substance abuse refers to a set of related conditions associated with the consumption of mind and behavior altering substances that have negative behavioral and health-related outcomes¹⁶.

Commercial tobacco use is associated with an increased risk for heart disease, stroke, cancer, chronic lung diseases and other chronic conditions. Both nationally and in Kansas, commercial tobacco products are the leading underlying cause of mortality.¹⁷ Of particular concern is the rapidly escalating use of e-cigarettes or “vaping” among youth (Figure 11).¹⁸

Figure 11. Trends in smoking and vaping among 12th graders, United States 1991-2017



Source: National Adolescent Drug Trends, 2018.

¹⁶ Healthy People 2020 <https://www.healthypeople.gov/2020/topics-objectives/topic/substance-abuse>

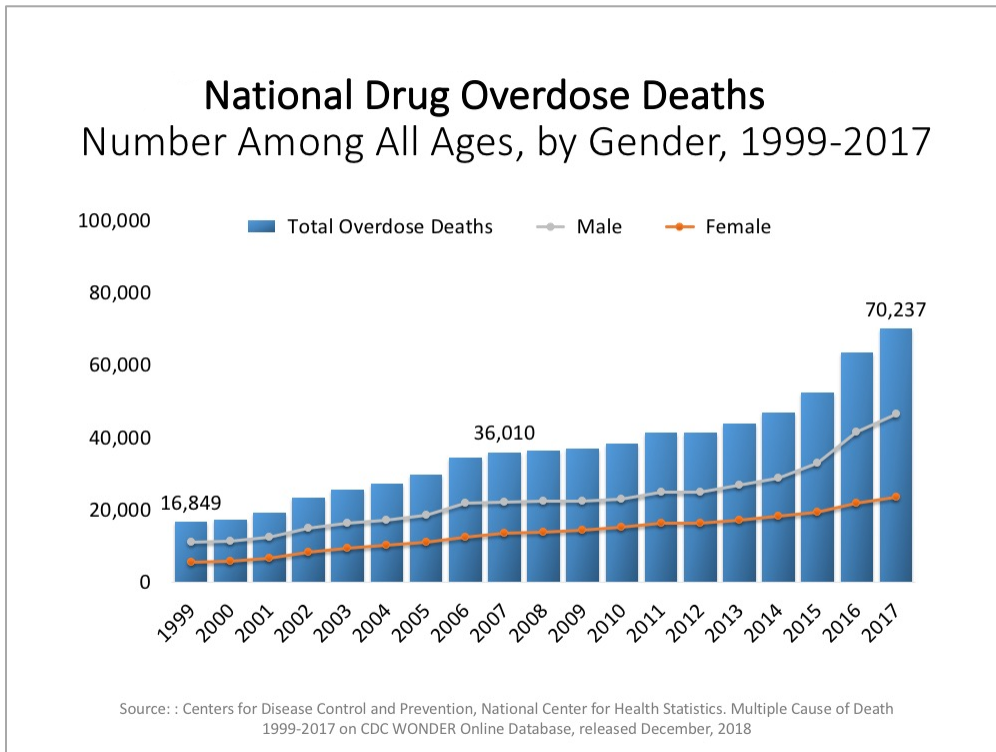
¹⁷ Healthy Kansans 2020 <http://healthykansans2020.com/KHAIP/Health-Assessment-Section-6.pdf?v=1>

¹⁸ Miech, R. A., Schulenberg, J. E., Johnston, L. D., Bachman, J. G., O'Malley, P. M., & Patrick, M. E. (December 17, 2018). "National Adolescent Drug Trends in 2018." Monitoring the Future: Ann Arbor, MI. Retrieved 08/21/2019 from <http://www.monitoringthefuture.org>

Alcohol is the most commonly used and abused substance among youth in the U.S. Excessive alcohol consumption is responsible for more than 4,300 deaths in the U.S. among youth each year. More than 90% of the alcohol consumed by people aged 12 to 20 years is done so in the form of binge drinking – a pattern of drinking that brings an individual’s blood alcohol concentration (BAC) to at least 0.08 grams percent.¹⁹

Drug overdose deaths have been on an upward trend nationwide since 1999, with a particular jump in the numbers for men after 2015 (Figure 12).

Figure 12. Drug overdose deaths in the U.S., by sex, 1999-2017.²⁰



Why is substance use a concern for Shawnee County?

Drug and substance abuse were identified as ongoing problems in the community, followed closely behind by alcohol abuse (see Appendix D, Figure D-2). Alcohol/drug abuse, opioid abuse/dependence, and tobacco use were all identified in the top half of “big problems” by the community (Figure 3, page 3). Substance abuse was ranked the No. 4 priority issue at community stakeholder meetings (Figure 5, page. 5).

For Shawnee County, substance use among youth is of particular concern. While cigarette smoking has remained steady among Shawnee County youth since 2017 (10.3-10.4 percent), past 30-day use of e-cigarettes increased from 5.1 percent in 2016 to 11.9 percent in 2019.²¹ Over 26 percent of Shawnee

¹⁹ CDC <https://www.cdc.gov/alcohol/fact-sheets/underage-drinking.htm>; <https://www.cdc.gov/alcohol/fact-sheets/binge-drinking.htm>

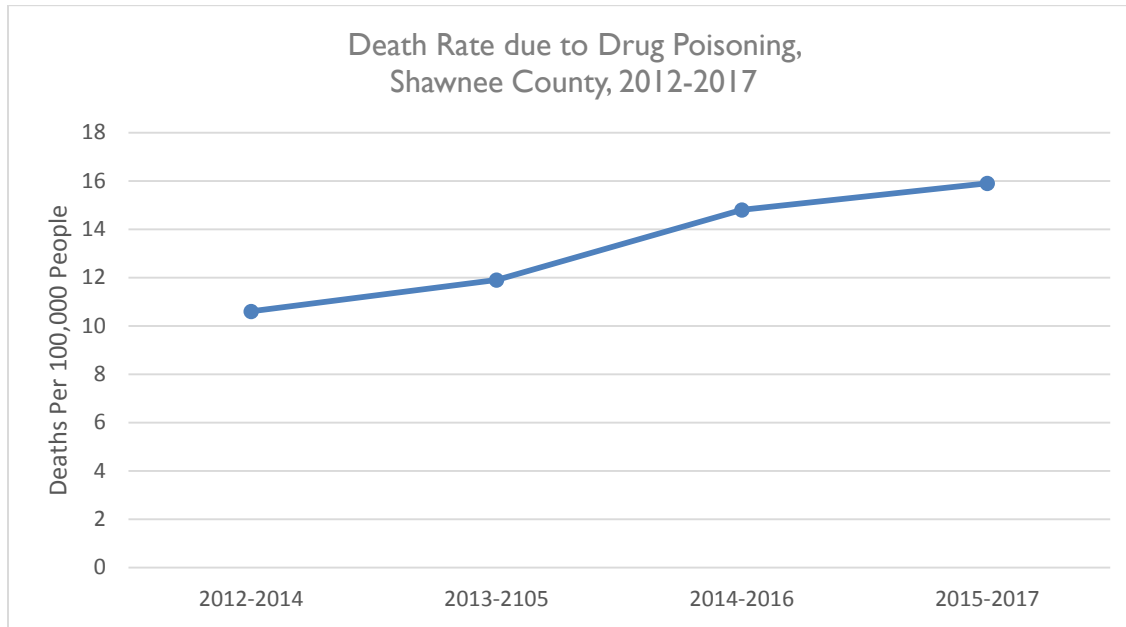
²⁰ CDC <https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates>

²¹ Kansas Communities That Care http://kctcdata.org/Display.aspx?question_id=KS16_77&DomainID=11&Code=10053

County youth (grades 6, 8, 10, 12) have tried e-cigarettes, versus less than 23 percent statewide.²² Binge drinking among Shawnee County youth increased from 5.0 percent to 7.5 percent in 2017, and continues to be above 6 percent.²³ Since 2016, marijuana use in the past 30 days among Shawnee County youth has increased from 5.3 percent to 6.1 percent.²⁴ Shawnee County youth are more likely to have abused prescription drugs (6.9 percent) than youth statewide (6.3 percent).²⁵

Overall drug poisonings/overdoses have been on the rise in Shawnee County since 2012 (Figure 13).

Figure 13. Drug poisonings in Shawnee County, 2012-2017.



Source: Kansas Health Matters, 2019.

²² Kansas Communities That Care http://kctcdata.org/Display.aspx?question_id=KS15_61&DomainID=11&Code=10053

²³ Kansas Communities That Care http://kctcdata.org/Display.aspx?question_id=KS14_66&DomainID=10&Code=10053

²⁴ Kansas Communities That Care http://kctcdata.org/Display.aspx?question_id=Q0043&DomainID=12&Code=10053

²⁵ Kansas Communities That Care http://kctcdata.org/Display.aspx?question_id=ks10_79&DomainID=13&Code=10053

What are our goals and how do they align with state and national goals?

PRIORITY AREA 3: SUBSTANCE USE		
Shawnee County Goals	Healthy Kansans 2020 Goals	Healthy People 2020 Goal
Goal 3.1: Decrease the use of tobacco and alcohol products among Shawnee County youth.	Implement a comprehensive state tobacco control program with extensive evidence-based programming at the local and regional levels.	<p>SA-2 Increase the proportion of adolescents never using substances.</p> <p>TU-2 Reduce tobacco use by adolescents.</p> <p>Reduce tobacco use by adolescents. Target: 16%</p> <p>Reduce binge drinking in the past month by high school students. Target: 8.6%</p>
Goal 3.2: Decrease overdose and drug poisoning deaths among Shawnee County residents.	NA	Reduce substance abuse to protect the health, safety, and quality of life for all, especially children.

Goals, Objectives, and Intervention Strategies

PRIORITY AREA 3: SUBSTANCE USE

GOAL 3.1: Decrease the use of alcohol and tobacco products among Shawnee County youth.

Objective 3.1.1: Decrease the percent of youth reporting smoking cigarettes from 2.4% to 2.0% in the last thirty days by 2022 (CTC 2019).

Objective 3.1.2: Decrease the percent of youth reporting binge drinking episodes from 7.4% to 6.5% in the last two weeks by 2022 (CTC 2019).

Objective 3.1.3: Stabilize 30-day youth e-cigarette use at 11.9% or lower (CTC 2019).

Intervention strategy 3.1.a: Work with PARS and the Substance Abuse Taskforce to evaluate feasibility for applying to CADCA's Drug Free Communities grant.

Intervention strategy 3.1.b: Strengthen the adoption and enforcement of policies that support Tobacco 21 policies and restrict youth access to tobacco products in Shawnee County.

Intervention strategy 3.1.c: Work with the Topeka Housing Authority, property managers and management companies to implement multi-unit housing smoke-free policies in combination with cessation support.

Intervention strategy 3.1.d: Implement tobacco free policies in community settings where people gather throughout Topeka and Shawnee County (i.e. parks, trails, farmers markets, sports arenas, and outdoor work areas).

GOAL 3.2: Decrease overdose and drug poisoning deaths among Shawnee County residents.

Objective 3.2.1: Decrease overdose and drug poisoning deaths from 15.9/100k to 14.5/100k by 2022 (CDC WONDER 2015-2017).

Intervention strategy 3.2.a: Partner with the Prescription Drug Collaborative to provide increased community education on the appropriate disposal of unused, unwanted, or expired medication.

Intervention strategy 3.2.b: Partner with the Prescription Drug Collaborative to support the efforts of DisposeRX to assist community members with appropriate disposal of unwanted, unneeded, or expired medication.

Health Equity

Health Equity has been defined by the Robert Wood Johnson Foundation in the following way: “Health equity means that everyone has a fair and just opportunity to be as healthy as possible.”²⁶ We know from examination of measures of health that there are stark differences in the achievement of optimum health between different groups of people. These differences often fall along the lines of race, place and income levels. Looking at the causes of these disparities leads us upstream to the social determinants of health, which are the conditions in which people live, work, learn and play, that influence people’s experiences and everyday lives.

Factors such as educational achievement, the built environment, working conditions, socioeconomic status, and others are examples of the social determinants of health which influence or *determine* health outcomes. However, the root causes of health inequities are even deeper. They are the factors that influence whether or not someone’s social determinants are positively or negatively impacting their health status, and they include social inequities based on class, race, and gender which lead to power imbalances.²⁷ In order to address the root causes of inequities, it is important to focus on reducing barriers to health for marginalized population groups, including people of color, people living with disabilities, those living with poverty, and others.

Why is health equity a concern for Shawnee County?

There were several issues that were prioritized highly during the CHIP prioritization process. The common thread throughout each of these issues is that it would require working “upstream” in the social determinants of health to make a significant improvement. Additionally, for each of these areas, there are stark differences between different groups of people.

The issues included in Health Equity include:

- Maternal, child and infant health
- Sexually Transmitted Infections
- Obesity

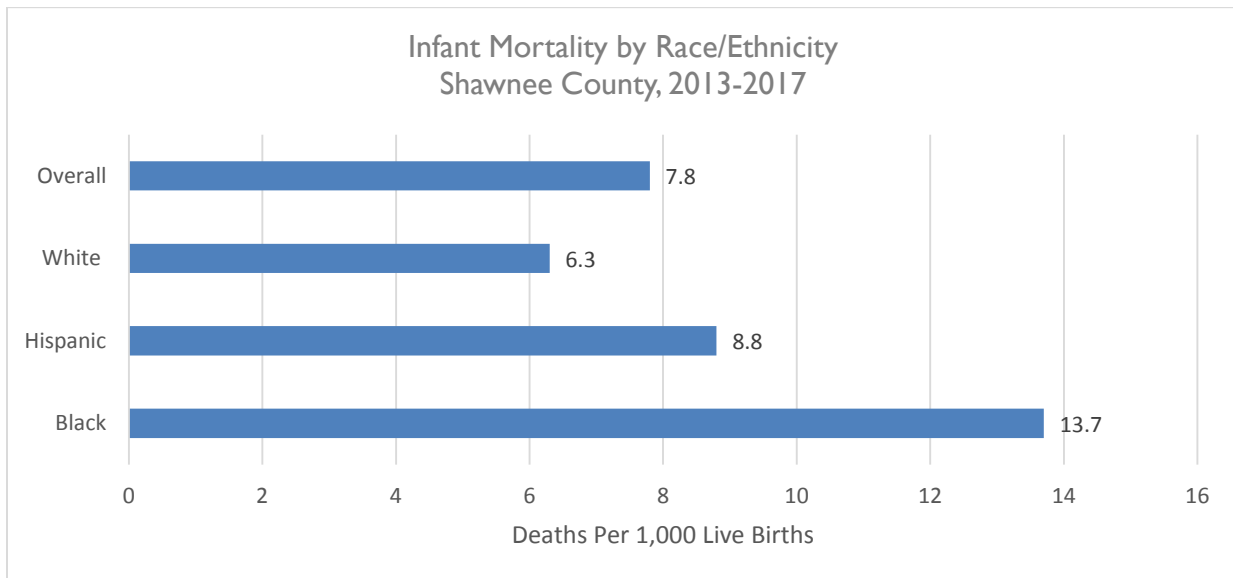
²⁶ Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. What Is Health Equity? And What Difference Does a Definition Make? Princeton, NJ: Robert Wood Johnson Foundation, 2017.

²⁷ Bay Area Regional Health Inequities Initiative (BARHII). <http://barhii.org/framework/>

Maternal, Infant and Child Health

The Shawnee County infant mortality rate is 7.8/1,000. Additionally, 78.7% of women receive prenatal care in the first trimester. However, when this is broken down by race, we see even greater need among certain groups. For example, the infant mortality rate among White infants is 6.3/1,000 live births, compared to the rate among Hispanic infants at 8.8/1,000 and Black infants, which is more than twice the rate for Whites, at 13.7/1,000 (Figure 14).²⁸

Figure 14. Infant mortality rate by race/ethnicity, 2013-2017



Source: Kansas Department of Health and Environment, 2013-2017

Sexually Transmitted Infections

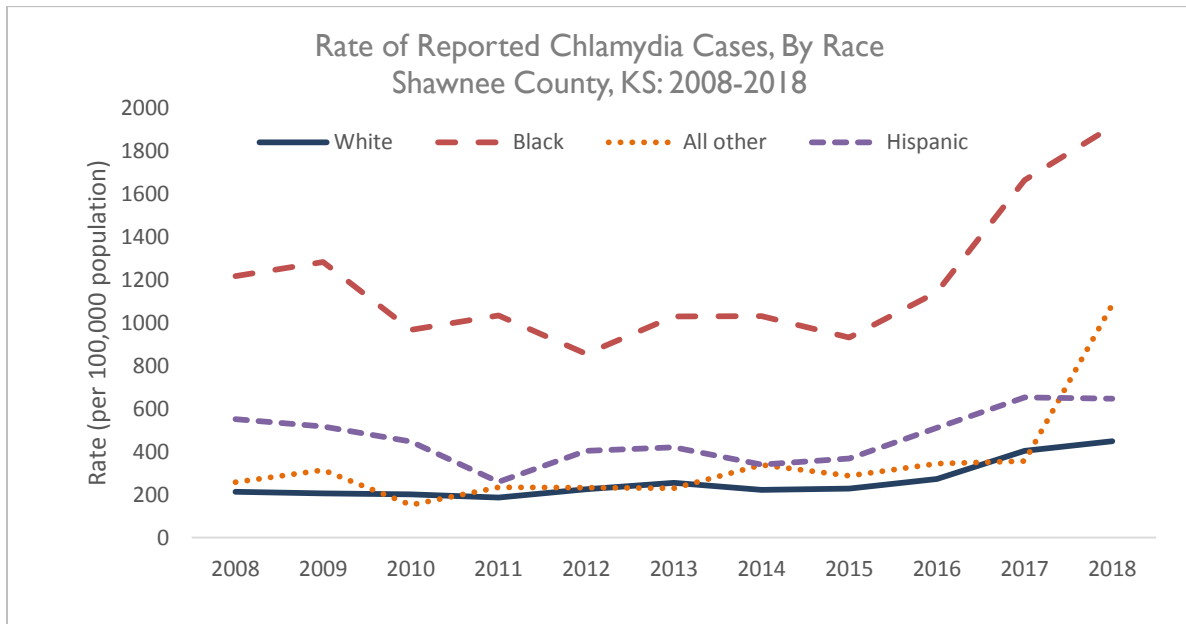
Rates of Sexually Transmitted Diseases (STDs, or STIs) are much higher in Shawnee County than the Kansas average and vary widely by race/ethnicity. In Shawnee County, the rate of reported chlamydia cases is 720.6 per 100,000 residents. This is much greater than the Kansas rate of 488.9/100,000. Similarly, the rate of reported gonorrhea cases in Shawnee County is 468.6/100,000, while the Kansas rate is 180.6. However, while White residents have a chlamydia rate of 448.6 cases per 100,000 residents, Black residents have a rate more than four times that at 1,913.4 per 100,000. Gonorrhea shows a similar pattern (Figure 15 and Figure 16, page 22).²⁹ This indicates that there is a significant gap in access to resources to prevent sexually transmitted infections among these population groups in Shawnee County.

²⁸ Kansas Health Matters. www.kansashealthmatters.org

²⁹ Kansas Department of Health and Environment (KDHE). (2018).

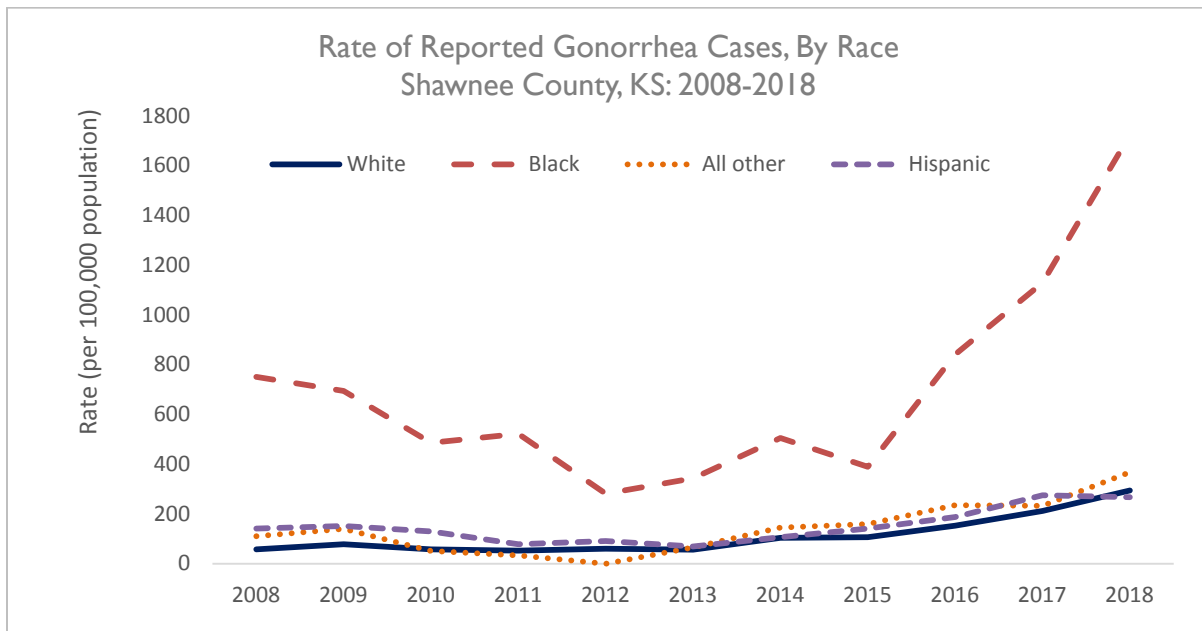
http://www.kdheks.gov/sti_hiv/download/std_reports/Kansas_STI_Case_Rates_Report_January-December_2018.pdf

Figure 15. Chlamydia rate in Shawnee County by race/ethnicity, 2008-2018



Source: SCHED analysis of data requested from KDHE Bureau of Disease Control & Prevention STI/HIV Program for Shawnee County, KS 2008-2018.

Figure 16. Gonorrhea rate in Shawnee County by race/ethnicity, 2008-2018

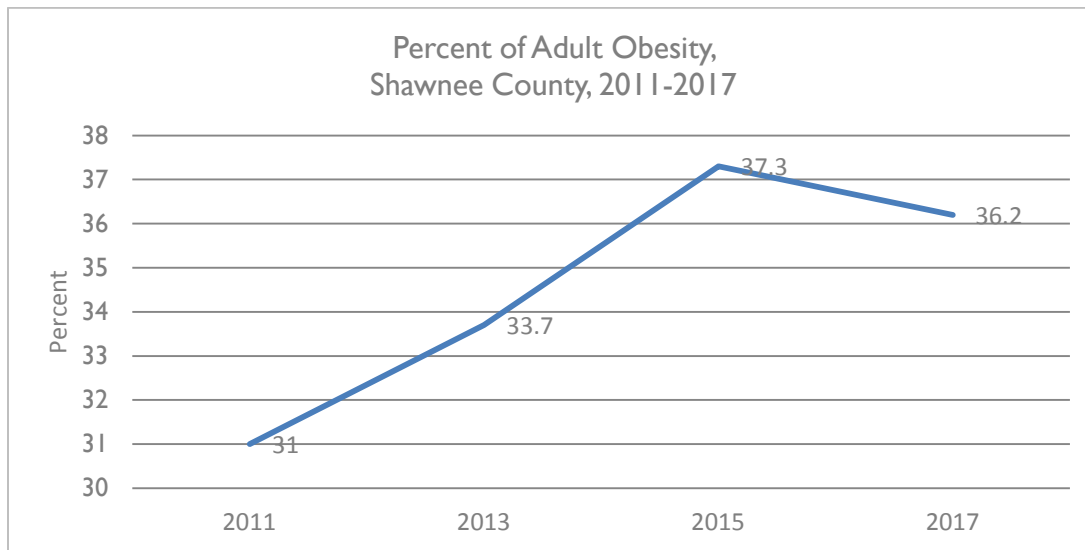


Source: SCHED analysis of data requested from KDHE Bureau of Disease Control & Prevention STI/HIV Program for Shawnee County, KS 2008-2018.

Obesity

In Shawnee County, 36.2 percent of adults are obese which is higher than the state of Kansas value of 32.3 percent. Over time, the percent of Shawnee County adults who are obese has slightly decreased.³⁰

Figure 17. Adult obesity in Shawnee County, 2011-2017



Source: Kansas Department of Health and Environment, 2011-2017.

What are our goals and how do they align with state and national goals?

PRIORITY AREA 4: HEALTH EQUITY		
Shawnee County Goals	Healthy Kansans 2020 Goals	Healthy People 2020 Goal
Goal 4.1: Improve maternal, infant and child health outcomes in Shawnee County.	NA	Improve the health and well-being of women, infants, children and families.
Goal 4.2: Decrease STIs among Shawnee County residents.	NA	Promote healthy sexual behaviors, strengthen community capacity, and increase access to quality services to prevent sexually transmitted diseases (STDs) and their complications.
Goal 4.3: Decrease obesity among Shawnee County residents.	<p>Increase access to healthy foods.</p> <p>Increase opportunities for physical activity.</p> <p>Promote community design to support healthy behaviors.</p>	<p>Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights.</p> <p>NWS-9: Reduce the proportion of adults who are obese.</p>

³⁰ Kansas Health Matters. <http://www.kansashealthmatters.org/indicators/index/view?indicatorId=2269&localeId=1028>.

Goals, Objectives, and Intervention Strategies

PRIORITY AREA 4: HEALTH EQUITY

GOAL 4.1: Improve maternal, infant and child health outcomes in Shawnee County.

Objective 4.1.1: Increase the percent of women in Shawnee County receiving prenatal care in the first trimester from 78.7% to 80.0% by 2022. (KDHE 2015-2017).

Objective 4.1.2: Decrease the infant mortality rate from 7.8/1,000 to 6.8/1,000 by 2022. (KDHE 2015-2017).

Intervention strategy 4.1.a: Increase education and awareness of preconception options available to families, considering cultural sensitivity and barriers to access resources.

Intervention strategy 4.1.b: Assess and determine the needs and barriers of pregnant and parenting teens in Shawnee County schools.

Intervention strategy 4.1.c: Collaborate with school districts to develop policies and systems to support expecting and postpartum teen parents.

GOAL 4.2: Decrease STIs among Shawnee County residents.

Objective 4.2.1: Decrease the STI rate from 10.0/1,000 to 8.5/1,000 by 2022. (KDHE 2017).

Intervention strategy 4.2.a: Establish a cross-sector Sexual Health Collaborative that will implement policies, systems and environmental changes to make progress toward improving sexual health outcomes in Shawnee County subpopulations.

GOAL 4.3: Decrease obesity among Shawnee County residents.

Objective 4.3.1: Decrease the percent of adults who are obese from 36.2% to 34.0% by 2022 (KDHE 2017).

Intervention strategy 4.3.a: Partner with Bajillion Advertising Agency to implement a health communication campaign titled *Kinetic: People in Motion* to increase movement and active lifestyles among Topeka and Shawnee County residents.

Intervention strategy 4.3.b: Work with Topeka and Shawnee County school districts to develop joint use agreements that enable community members to utilize playgrounds, tracks and outdoor fields during summer and non-school hours.

Intervention strategy 4.3.c: Support the continuation of Complete Streets guidelines, continued programming and initiatives, including the expansion of multipurpose pathways and other bike, pedestrian, and transit enabling infrastructures to improve community connectedness and active transport throughout Topeka and Shawnee County.

Part 3

SUMMARY AND NEXT STEPS

PART 3: SUMMARY AND NEXT STEPS

The 2020-2022 Shawnee County CHIP is an ambitious roadmap for the community to increase collaborations that advance health outcomes under the priorities outlined. This strategic plan for health will bring together the many different groups and stakeholders focused on common goals so that, as a community, we can be better equipped to influence change in the identified priority areas.

Beginning in September 2019, HHN leadership and the CHIP Steering Committee will begin a three-month period dedicated to capacity-building with the CHIP workgroups and partnering organizations, including the creation of action plans for each strategy. Implementation of the CHIP will begin in January 2020. A diagram illustrating the workgroups involved in the four priority areas can be found in Appendix E. It is important to note that though this document identifies workgroups and partnering organizations working towards CHIP strategies, continued engagement from community is necessary for the improvement efforts outlined in this plan to be achieved and sustained.

The CHIP Steering Committee currently consists of HHN's Current Chair, Vice-Chair, Immediate Past Chair, Shawnee County Health Department's Community Health Planner and a representative from Stormont Vail Health. However, as the community moves to the implementation, reporting, and evaluation phases of the plan, the CHIP Steering Committee will request participation from additional partners representing the community and/or involved in the work.

For questions about the CHIP, or to learn more about how you and/or your organization can get involved in the CHIP processes, contact Susan Caman, Shawnee County Health Department, Community Health Planner at susan.caman@snco.us.

Part 4

MONITORING AND EVALUATION

PART 4: MONITORING AND EVALUATION

Workgroups from each priority area, with the support from HHN leadership and the CHIP Steering Committee, will create action plans for each of the strategies outlined above. CHIP action plans delineate accountability among partners and set specific action steps to be undertaken, including target dates and process measures to track progress.

There are varying levels in which progress towards this plan will be evaluated. At the strategy level, process measures will be tracked to ensure strategies are being implemented as intended. At the goal and objective levels, outcome measures including county-level data and updated trends will be evaluated to monitor levels of change in the health outcomes outlined.

The CHIP Steering Committee, workgroup leaders and HHN leadership will be ultimately responsible for seeing that progress is being made towards accomplishing the action plans that support both the strategies outlined above, and the strategies that will emerge within the next three years. As implementation of strategies begins, some workgroups may identify circumstances or new information that may require a change in the plan. This plan is meant to be an interactive and evolving document that responds to the community context; as changes are identified, this plan will be updated accordingly.

To facilitate the monitoring and evaluation process, the CHIP Steering Committee will meet at least quarterly depending on the demands and needs of the current CHIP phase. Subsequently, a quarterly report of progress on the strategies, objectives and goals will be made available to community members and other interested stakeholders. In 2023, a comprehensive report of progress on the strategies, objectives and goals will be made to inform the next Community Health Needs Assessment (CHNA), and subsequently, the next iteration of CHIP strategies for Topeka and Shawnee County.

Appendix A – Heartland Healthy Neighborhoods Partners List

The following is a list of partners and community organizations involved with HHN:

Adventure Dental and Vision	New Dawn Wellness and Recovery
Aldersgate Village	One Heart Project
American Heart Association	Oral Health Kansas
Angels Care Home Health	Positive Connections
Auburn Washburn - USD 437	Prevention and Recovery Services, Inc.
Bajillion Agency	Safe Streets
Baker University School of Nursing	Seaman USD 345
Blue Cross and Blue Shield of Kansas	Shawnee County Commission
Boys & Girls Club of Topeka	Shawnee County Health Department
Breakthrough House, Inc.	Shawnee County Parks and Recreation
Brewster Place	Stormont Vail Health
Caregivers Home Health	Tanglewood Health & Rehabilitation
Childcare Aware of Eastern Kansas	TARC, Inc.
City of Topeka	Topeka and Shawnee County Public Library
Community Action Head Start	Topeka Chapter of the Links, Inc.
Community Action, Inc.	Topeka Common Ground
Community Resources Council	Topeka Community Cycle Project
Community Volunteers	Topeka Community Foundation
El Centro of Topeka	Topeka Doula Project
Family Service & Guidance Center	Topeka Housing Authority
First Lutheran Church	Topeka JUMP
Florence Crittenton Services of Topeka, Inc.	Topeka Kansas Black Nurses Association
GraceMed	Topeka Metro
Greater Topeka Partnership	Topeka Metropolitan Transit Authority
Harvesters	Topeka Police Department
Harvesters Community Food Network	Topeka Public Schools Parents as Teachers
HealthAccess	Topeka Public Schools USD 501
Interim Health Care	United Way of Greater Topeka
Jayhawk Area Agency on Aging	University of Kansas Hospital System - St.
K-State Research and Extension	Francis Campus
Kansas Breastfeeding Coalition, Inc.	Valeo Behavioral Health Care
Kansas Children's Service League	Washburn University
Kansas Department of Children and Families	
Kansas Foundation for Medical Care, Inc.	
Kansas Health Institute	
Kansas Rehabilitation Hospital	
Lincoln Center	
Midland Care	
Midwest Health	
NAMI Topeka	

Appendix B – Partner Organizations Involved in CHIP Prioritization

The following is a list of organizations represented in the community prioritization meetings:

Advisors Excel	Kansas State University
Baker School of Nursing	Kearney and Associates
Bartlett and West	Kujima Collective
Blue Cross and Blue Shield of Kansas	McPherson Contractors, Inc.
Capitol Federal Savings Bank	Midland Care
Central National Bank	New Dawn Wellness and Recovery
Chaos Limited	Parents as Teachers
Circles of Greater Topeka	Prevention and Recovery Services (PARS)
City of Topeka	Seaman USD 345
City of Topeka Police Department	Security Benefit
Clayton Wealth Partners	Shawnee County Board of County Commissioners
Community Action, Inc.	Shawnee County Department of Corrections
Community Members	Shawnee County Health Department
Core First Bank & Trust	Shawnee County Parks and Recreation
Cox Communications	Shawnee Heights High School
East Topeka Senior Center	Sowards Glass
El Centro of Topeka	Stormont Vail Health
Family Service and Guidance Center	Successful Connection (Child Care Aware)
Florence Crittenton Services of Topeka	Supreme Court of Kansas Law Library
Glass Association of North America	The Villages Inc.
Goodell, Stratton, Edmonds & Palmer, LLP	Topeka and Shawnee County Public Library
GraceMed	Topeka Capital-Journal
Greater Topeka Chamber of Commerce	Topeka Community Foundation
Greater Topeka Partnership	Topeka Fire Department
Harvesters	Topeka Housing Authority
Heartland Visioning	Topeka Police Department
John B. Turney Chartered	Topeka Public Schools
K-State Research and Extension	United States Air Force Air National Guard 190th
Kansas Association for the Medically Underserved	United Way of Greater Topeka
Kansas Bureau of Investigation	U.S. Bank
Kansas Children’s Service League	Valeo
Kansas Department for Aging Disability Services	Washburn University
Kansas Department for Children and Families	Westar Energy
Kansas Department of Revenue	WIBW
Kansas Health Institute	
Kansas Independent College Association	

Appendix C - Glossary

County Health Rankings & Roadmaps: A collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute to measure county-level health factors annually. The annual Rankings provide a detailed snapshot of how health is influenced by where individuals live, learn, work, and play – as well as provide a starting point for change in communities. https://www.countyhealthrankings.org/app/kansas/2019/rankings/shawnee/county/outcomes/overall/snaps_hot

CHA/CHNA: A Community Health Assessment (CHA) or Community Health Needs Assessment (CHNA) can be defined as the regular and systematic collection, analysis, and dissemination of information on the health of the community. This collection includes statistics on health status as well as information and involvement from the community itself. http://www.kansashealthmatters.org/content/sites/kansas/Training/cha_handbook_2015_final.pdf

CHIP: A Community Health Improvement Plan (CHIP) is the “roadmap” for improving population and community health, improving public health system performance, and keeping community health planning visible to local decision-makers and communities. It lays out a long-term, strategic effort to address public health issues based on the CHA/CHNA results. https://www.khi.org/assets/uploads/news/13621/chip_handbook_2015_final.pdf

Downstream/Midstream/Upstream Health: These terms are used to describe a range of health interventions. Downstream interventions are those that address an individual’s health needs after they have become sick. Midstream interventions work to address individual needs but look toward the social needs that shape an individual’s health. Upstream health interventions are those that act to improve the social determinants of health with Policy, Systems and Environment (PSE) interventions. <https://www.debeaumont.org/wp-content/uploads/2019/04/social-determinants-and-social-needs.pdf>

Health Equity: According to the Robert Wood Johnson Foundation, “Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.” <https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html>

Policy, Systems, and Environmental Changes (PSE): Changes that aim to go beyond a programmatic approach to health, making lasting differences to the contexts in which we live, work, learn, and play. Policy, systems, and environmental approaches can be employed separately, but they often work hand-in-hand. See: http://healthtrust.org/wp-content/uploads/2013/11/2012-12-28-Policy_Systems_and_Environmental_Change.pdf

Secondary Data: Data that is gathered by someone else or for another purpose, but which can be accessed to describe a community or condition. Often, secondary data sources include governmental surveys, such as the Census, the Behavioral Risk Factor Surveillance System, and other publicly available statistics.

Social Determinants of Health: The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health affect a wide range of health and quality of life outcomes and are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between communities.

https://www.who.int/social_determinants/sdh_definition/en/

<https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

Years of Potential Life Lost (YPLL): A measure of premature death in a community that is used to focus on deaths that occur early in life and therefore, could theoretically have been prevented.

<https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-outcomes/length-of-life/premature-death-ypll>

Appendix D – CHNA Tables

Appendix D contains selected information from the Community Health Needs Assessment.

The Shawnee County CHNA town halls identified 18 “Community Health Areas of Strength” and 25 “Community Health Areas of Weaknesses/Needs Improving.”

Figure D-1. Shawnee County Areas of Strength and in Need of Improvement

Shawnee County CHNA Areas of Strength and Areas in Need of Improvement	
Community Health Areas of Strength	Community Health Areas in Need of Improvement
<ol style="list-style-type: none"> 1. Hospice care 2. Community collaboration 3. Two schools of nursing 4. Public bike trails/Park systems 5. Hospital has human trafficking screening 6. Collaborative schools/School programs 7. Different specializations within the hospital 8. Immunizations 9. Engagement 10. GraceMed 11. Political support/Advocacy 12. Collaborative efforts between first responders 13. Momentum 2022- Community and Economic Development 14. Metro Transit 15. Donated services in the medical community 16. Quality of life components 17. Topeka Rescue Mission and the Topeka Task Force Heartland Healthy Neighborhoods 18. Churches/Spiritual health 	<ol style="list-style-type: none"> 1. Suicide rate 2. Access for mental health 3. Increase exercise options/ policy 4. Substance abuse 5. Opioid abuse 6. Safe access to healthy food 7. Education to those without the resources 8. Affordable housing 9. Population at home after high school 10. Sex Education – Me Too movement 11. Single parent households living in poverty 12. Improve childcare options 13. Better access to safe transportation county wide 14. Improve health literacy 15. Engaging neighborhood communities in poverty areas 16. Expand Medicaid 17. Resources for care coordination 18. Newborn follow up visits 19. Breastfeeding 20. High use of correctional system 21. Preventative services 22. Affordable health insurance 23. Smoking – nicotine and tobacco 24. Secure care for mental health 25. Family planning

Source: Shawnee County CHNA, 2018

Figure D-2. Evaluation of Past CHNA Health Needs

Topic	Percent who rated issue an ongoing problem (Online survey, n=2,324)
Mental health access	10.3%
Affordable healthcare insurance	9.7%
Poverty	9.3%
Drug/substance abuse	9.3%
Obesity	9.2%
Substance abuse	7.5%
Alcohol abuse	6.2%
Wellness/prevention	5.9%
Awareness of existing healthcare services	5.4%
Primary care access	5.3%
Chronic health	5.3%
Nutrition- healthy food options	5.3%
Fitness/exercise options	4.3%
Personal health management	3.8%
Teenage pregnancy	3.2%

Source: Shawnee County CHNA, 2018, Chart #3

Figure D-3. Community Health Readiness

The following table shows the percentage of the population that responded “poor” or “very poor” to the question, “How would ‘our community’ rate each of the following issues?” Results are presented for both 2015 and 2018 to identify the trends.

Issue	2018 CHNA Survey % Poor/Very Poor	2015 CHNA Survey % Poor/Very Poor
Ambulance Services	4.0%	3.4%
Child Care	10.2%	10.7%
Chiropractors	4.9%	4.8%
Dentists	5.9%	10.3%
Emergency Room	10.3%	9.6%
Eye Doctor/Optomtrist	2.2%	3.2%
Family Planning Services	16.6%	15.5%
Home Health	12.5%	12.4%
Hospice	4.5%	5.9%
Inpatient Services	6.6%	5.8%
Mental Health	48.5%	41.4%
Nursing Home	25.8%	22.5%
Outpatient Services	6.8%	5.7%
Pharmacy	3.5%	3.1%
Physician Clinics	6.0%	5.1%
Public Health	18.4%	13.4%
School Nurse	11.8%	11.2%
Specialists	10.5%	11.6%

Source: Shawnee County CHNA, 2018, Chart #6

Figure D-4. Social & Rehab Services Profile

Health Indicator	Shawnee County	Trend	State of KS	KS Big 12 Norm*	Source
Depression: Medicare population, percent, 2015	23.1%		17.8%	18.7%	Centers for Medicare and Medicaid Services
Age-adjusted suicide mortality rate per 100,000 population, 2014-2016 (lower is better)	20.2%		15.9%	15.7%	Kansas Health Matters
Poor mental health days, 2016	3.5		3.3	3.3	County Health Rankings

Source: Shawnee County CHNA, 2018, Tab 6

Note: Big 12 KS Norm indicates the following counties: Johnson, Wyandotte, Butler, Douglas, Leavenworth, Riley, Saline, Sedgwick, Shawnee, Finney, Ellis, and Reno

Appendix E – Heartland Healthy Neighborhoods Structure

The diagram below illustrates the HHN workgroup structure.

