Shawnee County

Community Health Improvement Plan

August 2019

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TABLE OF CONTENTS

CREDITS AND ACKNOWLEDGMENTS

Shawnee County Community Health Improvement Plan
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Acknowledgments

Funding for this Community Health Improvement Plan (CHIP) comes from the Topeka Community Foundation and the Kansas Health Foundation. The Community Health Needs Assessment (CHNA) was funded by Stormont Vail Health. Thanks to Steve Corbett and Sarah Hartsig, consultants from the Kansas Health Institute for their expertise and assistance in developing this CHIP. We would also like to thank members of the community who contributed their time and talent to identifying the priorities and intervention strategies included in this CHIP. A full list of community organizations with members who participated in prioritization can be found in Appendix A. We especially would like to thank those who have been, and who will be, involved in implementing the strategies laid out in this CHIP.

Letter from Craig Barnes, Chair of Heartland Healthy Neighborhoods

Dear Community Partners,

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 heath, and utilizes policies, systems and environmental changes to create an environment in which every resident in Topeka and Shawnee County has the ability to live a healthy life. with a focus on health equity and the ability to foster strong community collaboration to ensure that we are able to create an environment in Topeka and Shawnee County where every resident 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 to policies, systems and the environment. 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 citizens.

Addressing the social determinants of health is complex, and in order to see sustainable and effective improvement, we cannot afford to work in silos. Collaboration is paramount, and by working together we can accomplish more positive impacts on health outcomes then from organizations 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 place in Shawnee County. We have HHN, the community's only 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,
[Insert Signature Here]

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 the Topeka-Shawnee County community. The CHIP Steering Committee, consisting of HHN's Current Chair, Vice-Chair, Immediate Past Chair, Community Health Planner and the Director of Strategy and Business Development for Stormont Vail Health, has spearheaded the development process of the most recent iteration of the CHIP with assistance from 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 health needs assessment 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 C.

Based on the results of the CHNA activities, a list of potential health priority areas was created. These potential priority areas were 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) Safe Access to Food, 3) Substance Use and 4) Health Equity.

CHIP Workgroups were created for each priority area from existing community organizations, HHN workgroups and other community stakeholders. This CHIP aims to break down silos between organizations and maximize the collective impact of the groups as they engage in CHIP and non-CHIP activities. By collaborating with existing organizations, HHN aims to build community capacity to ensure sustainability of CHIP and non-CHIP activities.

Goals and objectives, including the target measures for the objectives within each priority area, 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 vii).

Interventions and activities to be undertaken were developed by the 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 policy, systems and environmental (PSE) changes to address the social determinants of health for each of the priority areas. They also recognize the importance of health equity in community change and will include an ongoing focus on social determinants, PSE and health equity as implementation moves forward.

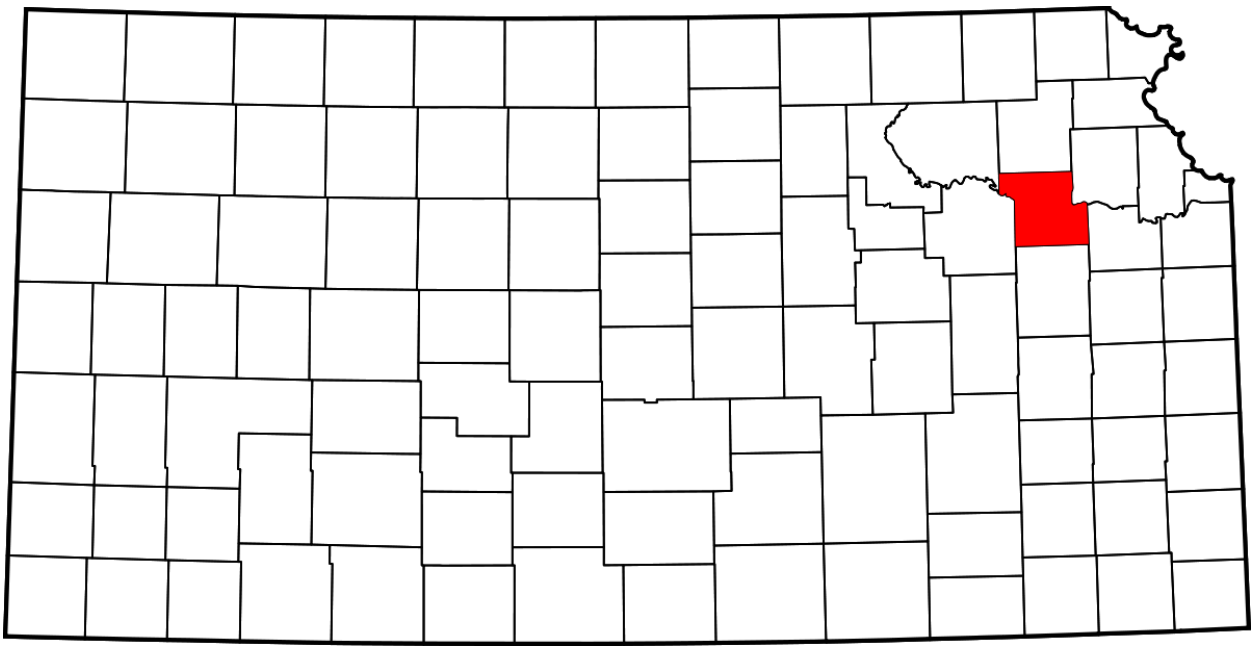
Figure E-1. CHIP Priority Areas, Goals and Objectives

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 behavioral-related hospital admission rate from 110.2/10k to 103.3/10k.
Objective 1.2.2: Reduce 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: SAFE ACCESS TO FOOD
GOAL 2.1: Reduce food insecurity and food deserts in Shawnee County.
Objective 2.1.1: Reduce overall food insecurity rate from 13.3% to 12.0% by 2022.
Objective 2.1.2: Reduce 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 percentage of youth who smoked cigarettes during the last 30 days from 2.44% to 2.0% by 2022.
Objective 3.1.2: Decrease the number of youth reporting binge drinking episodes from 7.42 times in the last 15 days to 6.5 times in the last 15 days by 2022.
Objective 3.1.3: Stabilize 30-day e-cigarette use at 11.93% or lower.
GOAL 3.2: Decrease overdose and drug poisoning deaths among Shawnee County residents.
Objective 3.2.1: Decrease 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 in Shawnee County receiving prenatal care in the first trimester from 78.7% to 80% 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% 2022.

PART 1: BACKGROUND INFORMATION

The Shawnee County CHIP covers 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 https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF
[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 Citizens, 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/RHI125218#RHI125218; U.S. Census Bureau American Fact Finder https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF

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-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, 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 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 Assessments (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 B.

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** about 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 halls across the county to share 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 prioritization of issues for the CHIP. 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 halls were combined and used for prioritization of issues for the CHIP. The top issues from the CHNA survey and CHNA town halls 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 that prioritization process, four issues rose to the top as priorities to focus on during the CHIP Process. the CHIP Steering Committee summarized the top vote-getters into the following four priority areas:

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

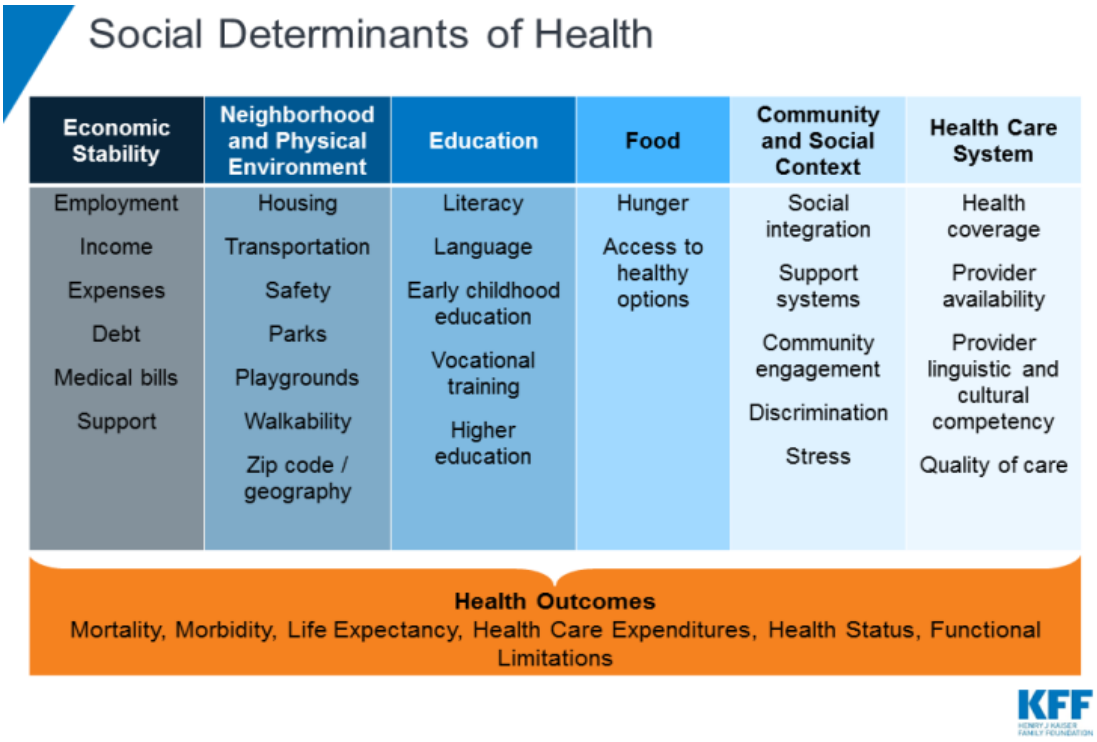
CHIP workgroups for each priority area were created from existing community organizations, stakeholders and HHN workgroups. A schematic diagram of the workgroups involved in each priority area can be found in Appendix D. This CHIP aims to break down silos between organizations and maximize the collective impact of the groups as they engage in CHIP and non-CHIP activities. By collaborating with existing organizations, HHN leadership also aims to build their capacity and sustainability. The CHIP Steering Committee developed the goals and sought feedback from the 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. Targets for the outcome objectives were determined by examining trends over time in changes to the measures 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 estimate of change in the measures by the year 2022. Additionally, the group considered that Healthy People 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**. 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 addressed the **social determinants of health** in each of the priority areas. See Figure 6 (page 7) for a description 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.

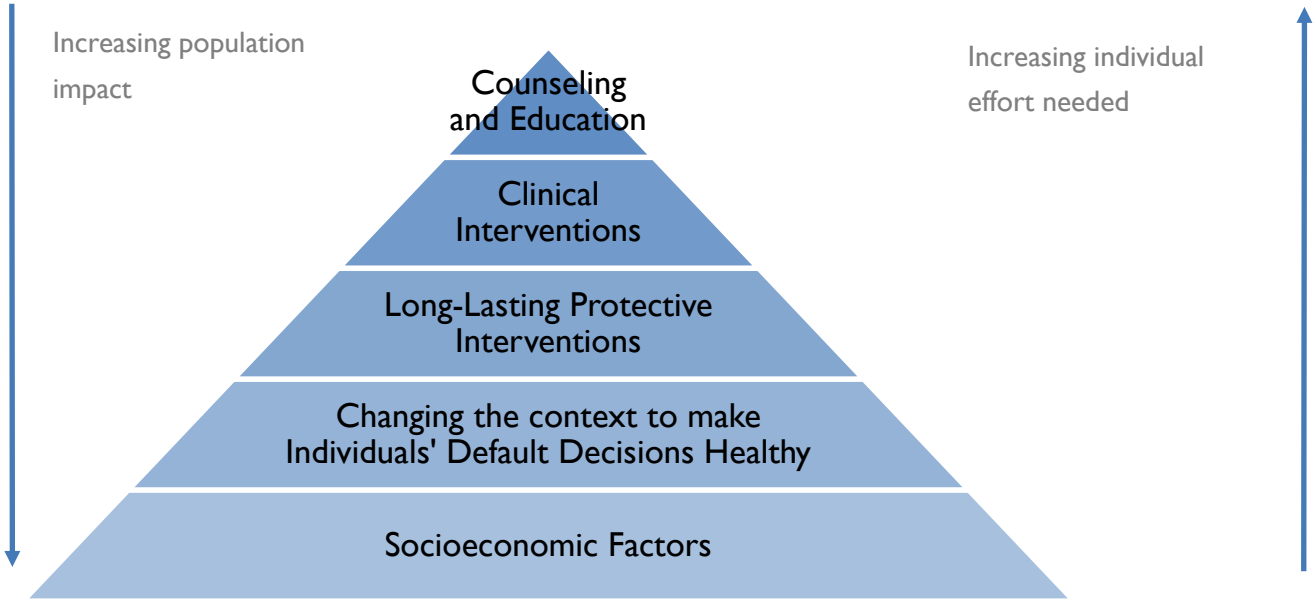
Figure 6: Social Determinants of Health



Source: Kaiser Family Foundation, 2018

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

Figure 7: Health Impact Pyramid



Source: Frieden, 2010

The following sections provide detail on the goals, objectives and strategies for each priority area.

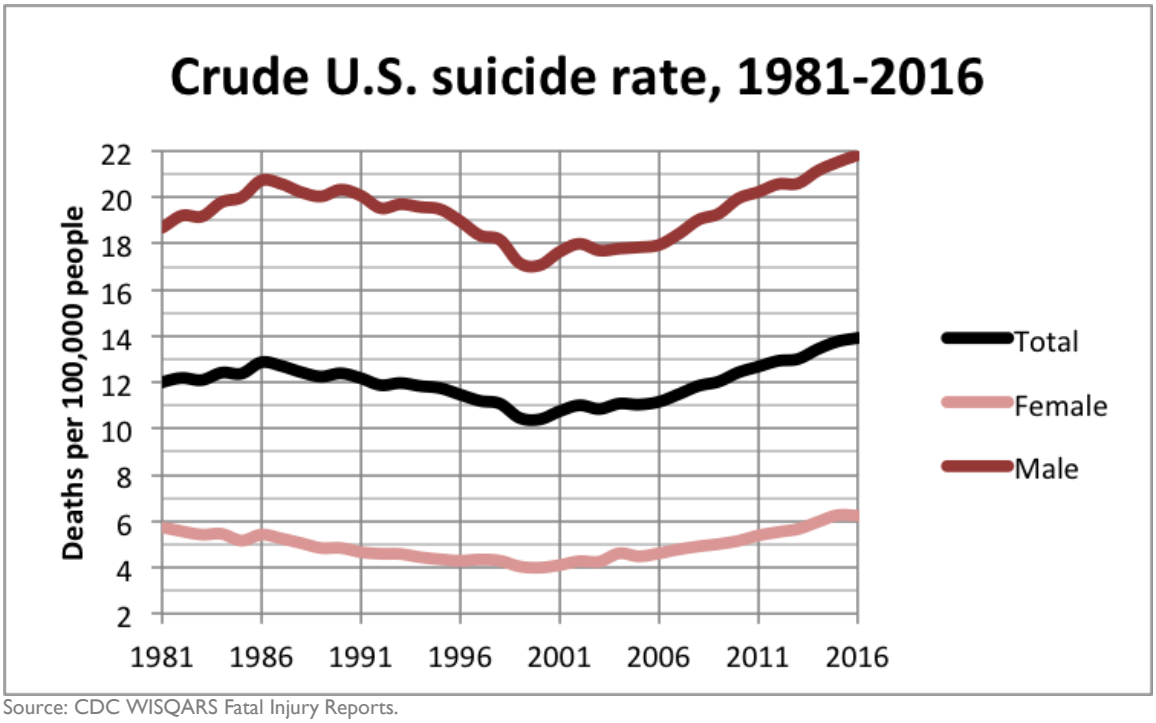
PART 2: PRIORITY AREAS

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 refers to the ability of citizens to utilize behavioral health services when they are needed. This 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 from the services.[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 access[6]. 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

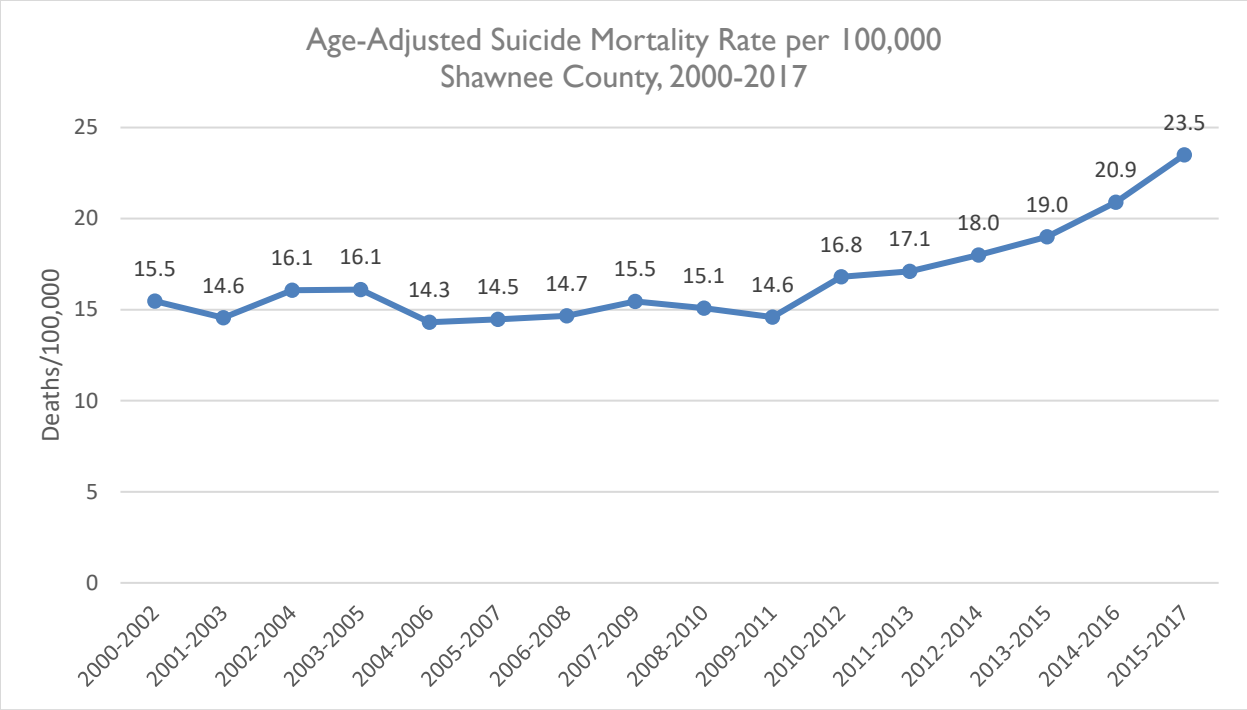
Why is behavioral health a concern for Shawnee County?

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 change or 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 C-2, Appendix C). Over 48% rated mental health services "poor" or "very poor" (Figure C-3, Appendix C). 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 of 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 11). Rates for depression and suicide are both higher for Shawnee County than for the state of Kansas as a whole (Appendix C, Figure C-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.

[9]County Health Rankings, 2019
https://www.countyhealthrankings.org/app/kansas/2019/rankings/shawnee/county/outcomes/overall/snapshot.



Source: Kansas Health Matters, 2019

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

PRIORITY AREA 1: 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 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. (KDHE 2015-2017)

Additional measure(s): Publicly available Shawnee County coroner's data on suicides.

Intervention strategy 1.1.a: Partner with the Suicide Prevention Coalition to work with middle schools to implement Youth Resiliency presentations aimed at increasing coping skills for at-risk youth.

Intervention strategy 1.1.b: Partner with the Suicide Prevention Coalition and other community organizations to implement ASIST trainings in the Topeka-Shawnee County community.

Intervention strategy: ***(Potential)*** Develop and implement a health communication campaign aimed at increasing suicide prevention education and awareness.

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

Objective 1.2.1: Decrease behavioral-related hospital admission rate from 110.2/100k to 103.3/100k. (KDHE 2015-2017).
Objective 1.2.2: Reduce 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 Shawnee County.

Intervention strategy 1.2.b: Partner with Communities of Care to implement mental health well-being presentations to Medicare beneficiaries during new resident orientations.

Intervention strategy1.2.c: Work with Stormont Vail Health, Valeo, Topeka Police Department and the Topeka Fire Department to implement Mobile Crisis Co-Response service interventions in Topeka-Shawnee County.

Intervention strategy: ***(Potential)***Support Valeo in the implementation of Mental Health First Aid trainings among community groups to increase response skills to signs of mental illness and substance use.

Intervention strategy: ***(Potential)*** Modify long-term care facility policies to include mental health well-being presentations during new resident orientation sessions.

Safe Access to Food

Having access to safe, healthy food is an important factor in overall well-being. Nutrition impacts weight status and overall well-being, and 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 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 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 also are 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 U.S. Department of Agriculture (USDA) defines food insecurity as a lack of consistent access to enough food for an active, healthy life.[13] When families are unable to afford sufficient food for their families consistently, many turn to cheap, calorie-dense foods that are affordable and shelf-stable, but don't provide much nutritional value. This leads to the paradox of families that don't have a consistent source of food often experiencing higher rates of overweight and obesity.

Why is safe access to food a concern for Shawnee County?

Safe Access to Healthy Food was ranked third in the list of most important issues from the CNHA town halls. 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 halls.

Compared to the State of Kansas, Shawnee County has higher food insecurity at 13.3% compared to 12.7% statewide.[14] 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]

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

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[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/data-products/food-access-research-atlas/documentation/#definitions

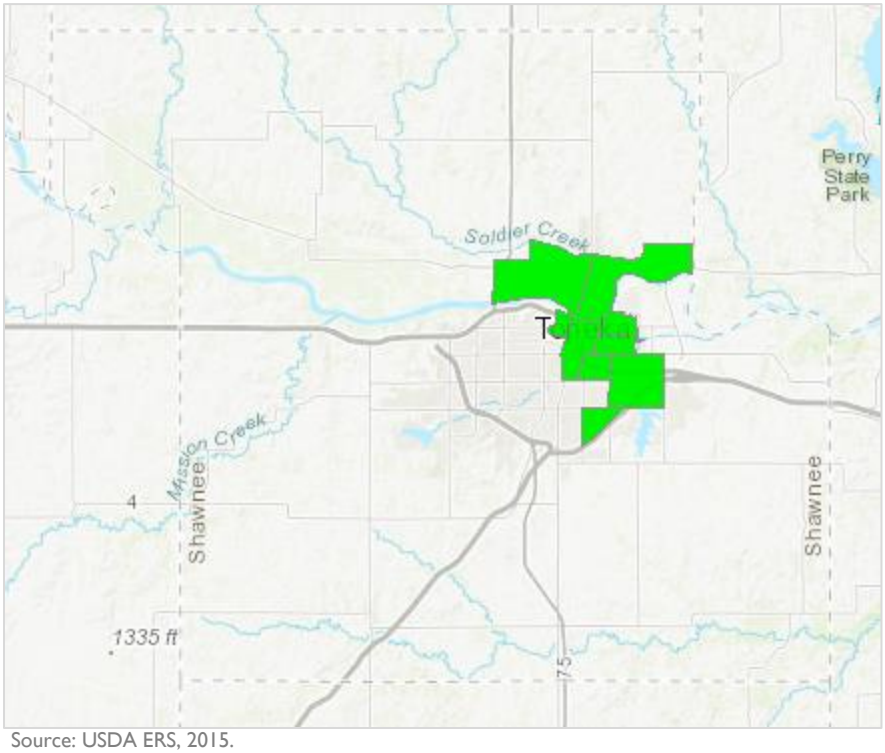
[12] USDA Economic Research Service (ERS). Definitions of Food Access. https://www.ers.usda.gov/data-products/food-access-research-atlas/documentation/#definitions

[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=WXXX1MTMG

[15] Feeding America. (2018). Map the Meal Gap. https://www.feedingamerica.org/research/map-the-meal-gap/overall-executive-summary?s_src=WXXX1MTMG

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: SAFE 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.	Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights. NWS-12: Eliminate very low food security among children. NWS-13: Reduce household food insecurity, and in doing so, reduce hunger.

PRIORITY AREA 2: SAFE ACCESS TO FOOD

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

Objective 2.1.1: Reduce overall food insecurity rate from 13.3% to 12.0% by 2022. (Feeding America, 2017).
Objective 2.1.2: Reduce 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 policy, 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 evaluating market feasibility for adding a grocery store in one of Shawnee County's food deserts.

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

Intervention strategy: ***(Potential)*** Partner with Topeka Metro to implement healthy food access public transportation routes.

Intervention strategy: ***(Potential)*** In partnership with convenience store retailers, modify store policies to carry a minimum amount of healthy foods including canned, frozen, and fresh fruits and vegetables.

Intervention strategy: ***(Potential)*** Implement food rescue/food pantry initiatives in worksites throughout Shawnee County.

Intervention strategy: ***(Potential)*** Work with NIAs to expand mobile food pantry locations to three new neighborhoods.

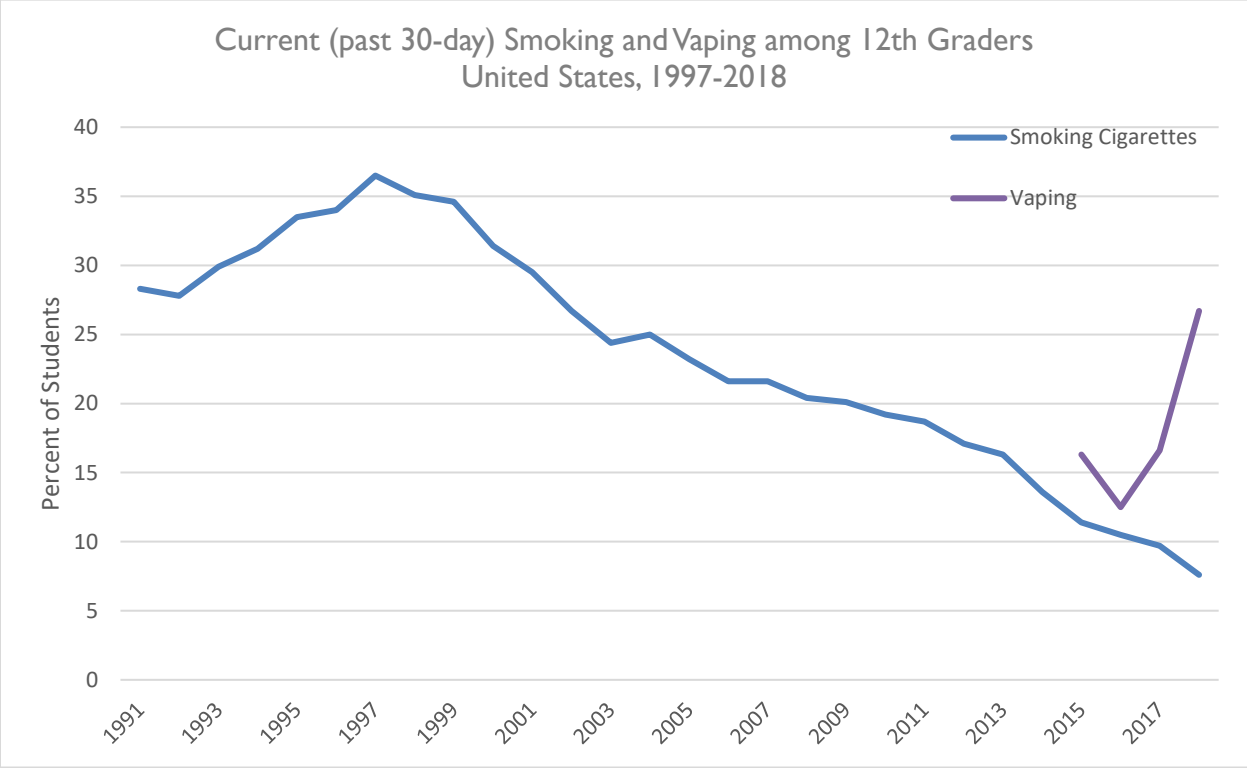
Intervention strategy: ***(Potential)*** In partnership with workplaces to implement healthy vending options following the Nutrition Environment Measures Surveys Vending (NEMS-V)

Substance Use

Substance use is any consumption of alcohol, tobacco or drugs. Something as commonplace as having a beer with friends during dinner is considered substance use. 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 outcomes[16].

Commercial tobacco use is associated with 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 among youth (Figure 11).[18]

Figure 11. Trends in Smoking and Vaping among 12th Graders, United States 1997-2018



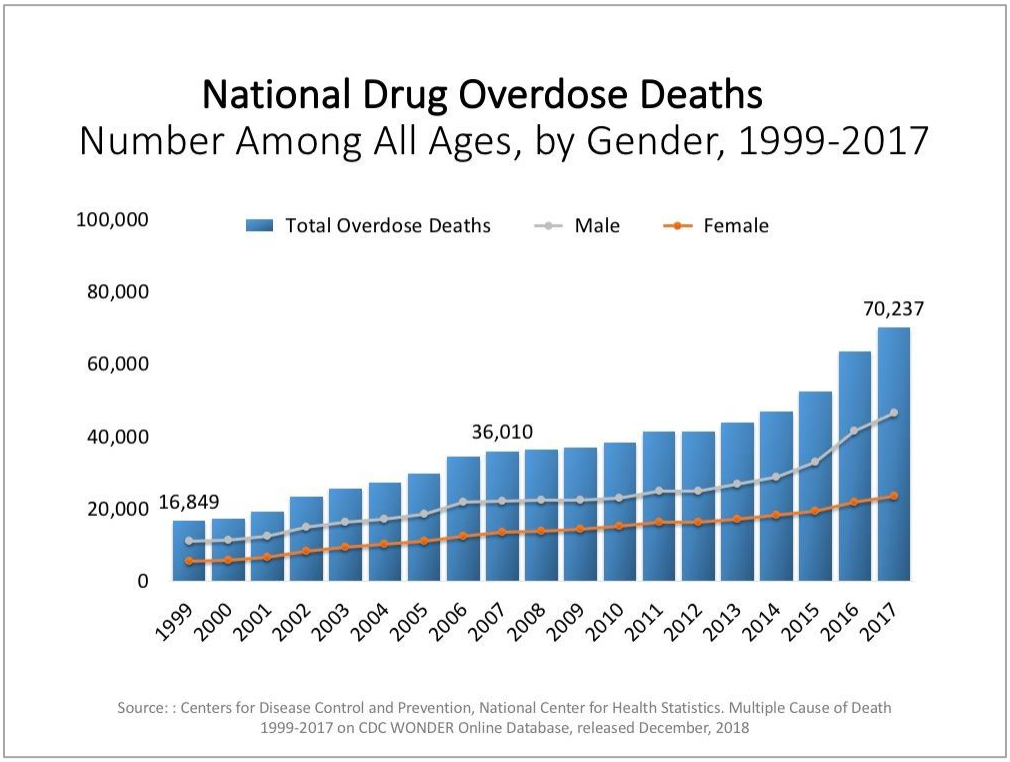
Source: National Adolescent Drug Trends, 2018

[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 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 C, Figure C-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).

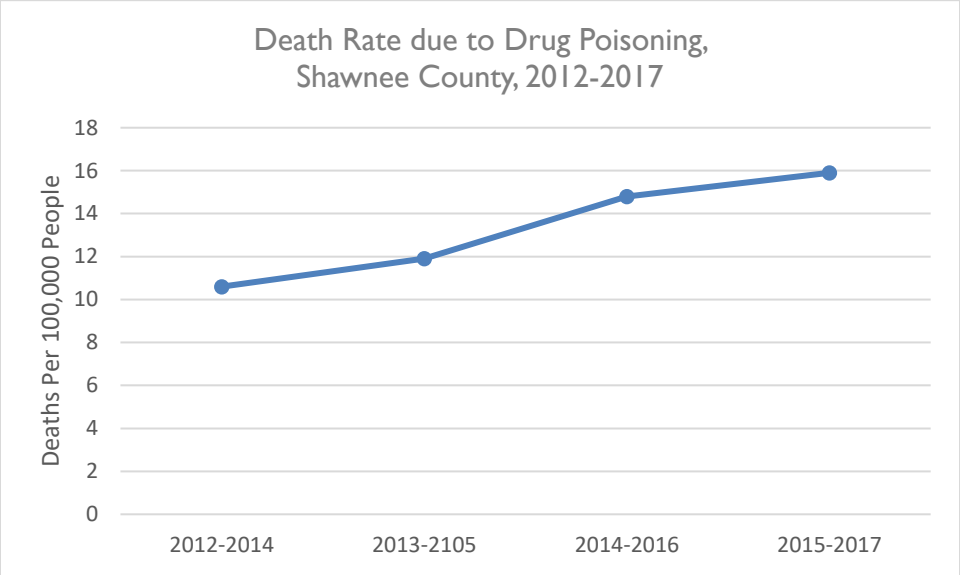
While cigarette smoking has remained steady among Shawnee County youth since 2017 (10.3-10.4 percent), past 30-day use of e-cigarettes increased from 5.12 percent in 2016 to 11.93 percent in 2019.[21] Over 26 percent of Shawnee County youth (grades 6, 8, 10, 12) have tried e-cigarettes, versus less than

[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

23 percent statewide.[22] Binge drinking among Shawnee County youth jumped from 5.03 percent to 7.52 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 5.32 percent to 6.13 percent.[24] Shawnee County youth are more likely to have abused prescription drugs (6.92 percent) than youth statewide (6.33 percent).[25]

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	SA-2 Increase the proportion of adolescents never using substances TU-2 Reduce tobacco use by adolescents Reduce tobacco use by adolescents. Target: 16% Reduce binge drinking in the past month by high school students. Target: 8.6%
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.

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 percentage of youth who smoked cigarettes during the last 30 days from 2.44% to 2.0% by 2022. (CTC, 2019).
Objective 3.1.2: Decrease the number of youth reporting binge drinking episodes from 7.42 times in the last 15 days to 6.5 times in the last 15 days by 2022. (CTC, 2019).
Objective 3.1.3: Stabilize 30-day e-cigarette use from at 11.93% or lower. (CTC, 2019).

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

Intervention strategy 3.1.b: Strengthen the adoption and enforcement of policies that support Tobacco 21 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 swellings with smoke-free policies in combination with cessation support.

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

Intervention strategy: ***(Potential)*** Work with Topeka Public Schools and SCHD to develop a system for data collection surrounding confiscated vaping devices in middle and high schools.

Intervention strategy: ***(Potential)*** Implement a multi-site and multi-channel media campaign relevant to youth regarding the negative consequences of cigarette smoking and alcohol use.

Intervention strategy: ***(Potential)*** In collaboration with the TopCity Youth Council, implement substance use prevention peer-to-peer discussions in Topeka-Shawnee County schools and youth civic groups.

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

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

Intervention strategy: ***(Potential)*** Modify policies for licensed commercial childcare and home-based childcare providers to restrict smoking during non-working hours (including tobacco and nicotine).

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 shape their everyday lives. Things such as educational achievement, the built environment, working conditions and others are examples of the social determinants of health which shape health outcomes. However, the very roots of health inequities are even deeper. They are the things that shape whether or not someone's social determinants are positively or negatively impacting health status, and they include social inequities based on class, race, and gender which lead to power imbalances.[27] In order to address these root causes of inequities in the social determinants and in health outcomes, it is important to focus on reducing barriers to health for marginalized population groups, including racial minorities, 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 community prioritization process for the CHIP. 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.

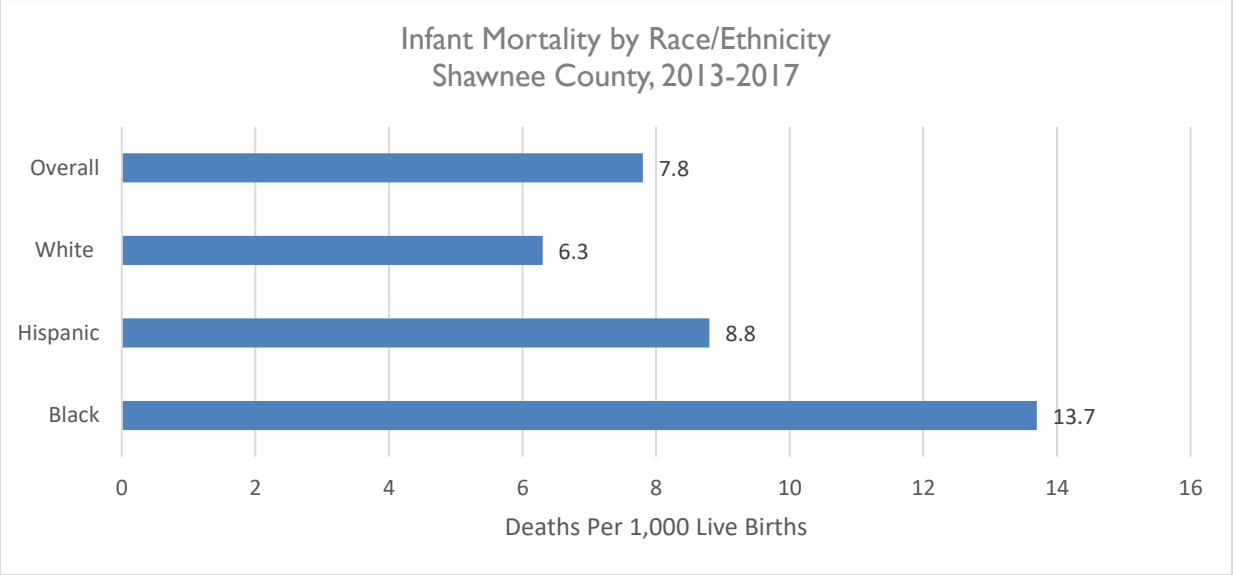
The issues included in Health Equity include:

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

Currently, the Shawnee County rate of infant mortality 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, while the infant mortality rate among White babies is just 6.3/1,000 live births, the rate among Hispanic babies is higher at 8.8/1,000 and Black babies is more than twice the rate for Whites, at 13.7/1,000 (Figure 14).[28]

[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/
[28] Kansas Health Matters. www.kansashealthmatters.org

Figure 14. Infant Mortality Rate by Race/Ethnicity, 2013-2017

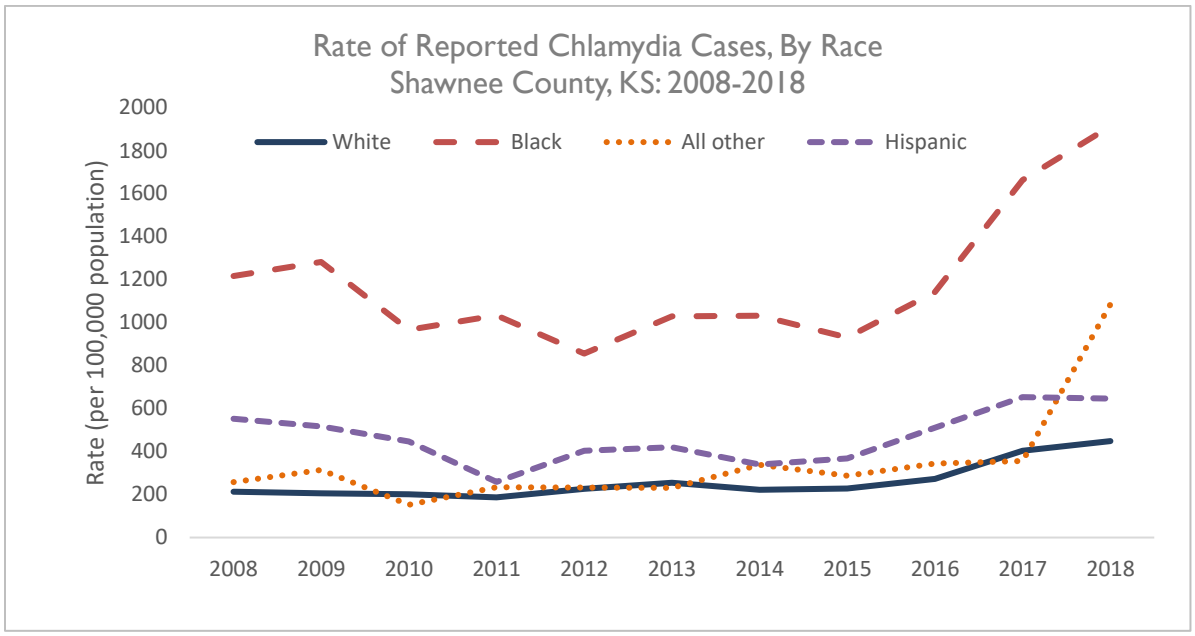


Source: Kansas Department of Health and Environment, 2013-2017

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 in 2018, 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 just 180.6. However, while White residents have a chlamydia rate of 448.6 cases per 100,000 residents, Black or African-American residents are more than four times that at 1,913.4 per 100,000. Gonorrhea shows a similar pattern (Figure 15 and Figure 16, page 25).[29] This indicates that there is a significant gap in access to resources to prevent sexually transmitted diseases in Shawnee County.

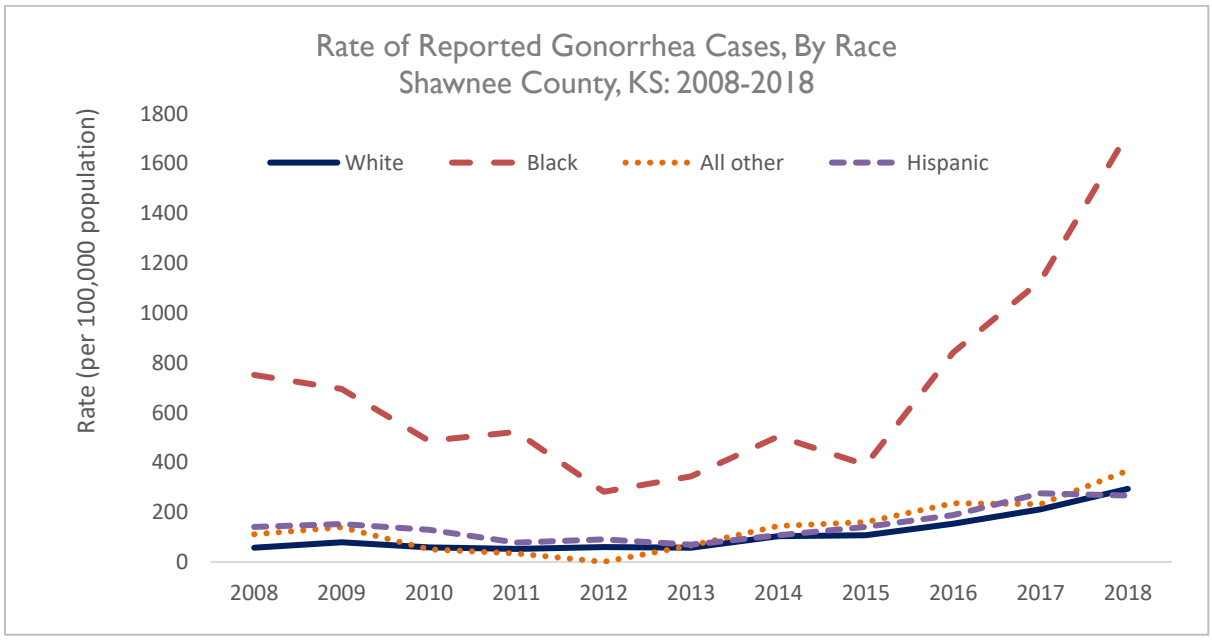
[29] Kansas Department of Health and Environment (KDHE). (2018). http://www.kdheks.gov/sti_hiv/download/std_reports/Kansas_STI_Case_Rates_Report_January-December_2018.pdf

Figure 15. Chlamydia Rate in Shawnee County by Race/Ethnicity, 2008-2018



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

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.	Increase access to healthy foods. Increase opportunities for physical activity. Promote community design to support healthy behaviors.	Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights. NWS-9: Reduce the proportion of adults who are obese.

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% 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: Healthy Babies Workgroup intervention strategies (community baby shower, baby basics classes, safe sleep, family planning grant.)

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.

Intervention strategy: ***(Potential)*** Work with XX (i.e. schools, STI clinics, primary care providers) to provide skill-building education surrounding proper condom use.

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% by 2022.

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 Shawnee County residents.

Intervention strategy: ***(Potential)*** Work with schools to develop joint use agreements for community to utilize playgrounds, tracks and outdoor fields during summers and non-school hours.

PART 3: SUMMARY AND NEXT STEPS

The 2020-2022 Shawnee County CHIP is an ambitious roadmap for our community to achieve improved health outcomes under the priorities outlined throughout the next three years. 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, the HHN leadership group will embark on a three-month period dedicated to capacity-building for the workgroups associated with the CHIP to move forward together with a clear understanding of their charge and relationship to the CHIP. 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 D.

A CHIP Steering Committee, consisting of HHN's Current Chair, Vice-Chair, Immediate Past Chair, Community Health Planner and a representative from Stormont Vail Health, will oversee the implementation of the CHIP. As implementation of strategies gets underway, some groups may identify circumstances or new information that may require a change in the plan. This plan is meant to be an interactive and living document, and as changes are identified, this plan will be updated accordingly.

In 2023, a report of progress on the strategies, objectives and goals will be made to policymakers and community members to inform the next iteration of CHIP strategies for Shawnee County.

PART 4: ACTION PLANS

Behavioral Health

GOAL: Goal 1.1: Decrease Suicides in Shawnee County.					
INTERVENTION STRATEGY 1.1.a: Partner with the Suicide Prevention Coalition to work with middle schools to implement Youth Resiliency presentations aimed at increasing coping skills for at-risk youth.					
Action Steps	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure or Progress Notes
1. [type each action step required to achieve the intervention strategy here]					
2. [copy the row above as many times as the number of action steps related to the intervention strategy]					
INTERVENTION STRATEGY 1.1.b: Partner with the Suicide Prevention Coalition and other community organizations to implement ASIST trainings in the Topeka-Shawnee County community.					
Action Steps	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure or Progress Notes

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

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 Shawnee County.

Action Steps	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure or Progress Notes
1.					
2.					

INTERVENTION STRATEGY 1.2.b: Partner with Communities of Care to implement mental health well-being presentations to Medicare beneficiaries during new resident orientations.

Action Steps	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure or Progress Notes
1.					
2.					

INTERVENTION STRATEGY 1.2.c: Work with Stormont Vail Health, Valeo, Topeka Police Department and the Topeka Fire Department to implement Mobile Crisis Co-Response service interventions in Topeka-Shawnee County.

Action Steps	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure or Progress Notes
1.					
2.					

Safe Access to Food

GOAL: 2.1: Reduce food insecurity and food deserts in Shawnee County.					
INTERVENTION STRATEGY 2.1.a: Implement policy, systems and environmental changes through the Shawnee County Farm and Food Advisory Council that improve access to healthy foods and strengthen Shawnee County's community food system.					
Action Steps	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure or Progress Notes
1.					
2.					
INTERVENTION STRATEGY 2.1.b: Work with the Greater Topeka Partnership to support the efforts of Project OASIS in evaluating market feasibility for adding a grocery store in one of Shawnee County's food deserts.					
Action Steps	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure or Progress Notes
1.					
2.					
INTERVENTION STRATEGY 2.1.c: Partner with K-State Extension to conduct a food resources community asset map to inform community residents on the food services available in the Topeka-Shawnee County community.					

Action Steps	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure or Progress Notes
1.					
2.					

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.

Action Steps	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure or Progress Notes
1.					
2.					

Substance Use

GOAL: 3.1: Decrease the use of tobacco and alcohol products among Shawnee County youth.					
INTERVENTION STRATEGY 3.1.a: Work with the PARS and Substance Abuse Taskforce to evaluate feasibility for and apply to CADCA's Drug Free Communities grant.					
Action Steps	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure or Progress Notes
1.					
2.					
INTERVENTION STRATEGY 3.1.b: Strengthen the adoption and enforcement of policies that support Tobacco 21 and restrict youth access to tobacco products in Shawnee County.					
Action Steps	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure or Progress Notes
1.					
2.					
INTERVENTION STRATEGY 3.1.c: Work with the Topeka Housing Authority, property managers, and management companies to implement multi-unit swellings with smoke-free policies in combination with cessation support.					

Action Steps	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure or Progress Notes
1.					
2.					

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

Action Steps	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure or Progress Notes
1.					
2.					

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

INTERVENTION STRATEGY 3.2.a:

Action Steps	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure or Progress Notes

1.					
2.					

Health Equity

GOAL: 4.1: Improve maternal, infant and child health outcomes in Shawnee County.					
INTERVENTION STRATEGY 4.1.a: Healthy Babies Workgroup intervention strategies (community baby shower, baby basics classes, safe sleep, family planning grant.)					
Action Steps	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure or Progress Notes
1. [type each action step required to achieve the intervention strategy here]					
2. [copy the row above as many times as the number of action steps related to the intervention strategy]					
GOAL: 4.2: Decrease STIs among Shawnee County residents.					
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.					
Action Steps	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure or Progress Notes
1. [type each action step required to achieve the intervention strategy here]					
2. [copy the row above as many times as the number of action steps related to the intervention strategy]					
GOAL: 4.3: Decrease obesity among Shawnee County residents.					

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 Shawnee County residents.					
Action Steps	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure or Progress Notes
1. [type each action step required to achieve the intervention strategy here]					
2. [copy the row above as many times as the number of action steps related to the intervention strategy]					

PART 5: MONITORING AND EVALUATION

Workgroup leaders from each priority area will be responsible for monitoring and updating progress. HHN leadership will be ultimately responsible for seeing that progress is satisfactory and will evaluate the results.

PRIORITY AREA: Behavioral Health							
Objective	Baseline	Target	Target Date	Monitoring Organization or Frequency	Data Source	Results	Actions Taken Based upon Results
Decrease suicide rate from 23.5/100k to 21.4/100k by 2022. (KDHE 2015-2017.)	23.5/100k	21.4/100k	2022	Suicide Prevention Coalition	KDHE		
Decrease behavioral-related hospital admission rate from 110.2 to 103.3/100k (KDHE 2015-2017)	110.2	103.3	2022	Communities of Care? St. Fr/SVH CIT/EMS Project Objective	KDHE		
Reduce poor mental health days from 3.4/30 days to 3.2/30 days (BRFSS 2015)	3.4/30	3.2/30	2022		BRFSS		
Stabilize depression in the Medicare population at 25.3% or lower (trending up last 8 years, CMS 2017)	25.3%	25.3% or lower	2022	Communities of Care Group (KFMC)	CMS		

PRIORITY AREA: Safe Access to Food							
Objective	Baseline	Target	Target Date	Monitoring Organization or Frequency	Data Source	Results	Actions Taken Based upon Results
Reduce overall food insecurity rate from 13.3% to 12.0% by 2022 (Feeding America, 2017)	13.3%	12.0%	2022	Farm & Food Advisory Council	Feeding America		
Reduce child food insecurity rate from 18.4% to 17.4% by 2022. (Feeding America, 2017)	18.4%	17.4%	2022	Farm & Food Advisory Council	Feeding America		
Decrease the number of census tracts listed as "food deserts" by the USDA from 9 to 8 by 2024. (USDA 2015 & 2016)	9	8	2024	Farm & Food Advisory Council	USDA		

PRIORITY AREA: Substance Abuse							
Objective	Baseline	Target	Target Date	Monitoring Organization or Frequency	Data Source	Results	Actions Taken Based upon Results
Decrease the percentage of youth who smoked cigarettes during the last 30 days from 2.44% to 2.0% by 2022. (CTC, 2019)	2.44%	2.0%	2022		Communities That Care		
Decrease the number of youth reporting binge drinking episodes from 7.42 times in the last 15 days to 6.5 times in the last 15 days by 2022 (CTC, 2019).	7.42	6.5	2022		Communities That Care		
Stabilize 30 day e-cigarette use at 11.93% or lower (CTC, 2019).	11.93%	11.93% or lower	2022		Communities That Care		
Decrease drug poisoning deaths from 15.9/100k to 14.5/100k by 2022 (CDC WONDER, 2015-2017)	15.9/100k	14.5/100k	2022	Substance Abuse Taskforce	CDC WONDER		

PRIORITY AREA: Health Equity							
Objective	Baseline	Target	Target Date	Monitoring Organization or Frequency	Data Source	Results	Actions Taken Based upon Results
Increase the percent of women in Shawnee County receiving prenatal care in the first trimester from 78.7% to 80% by 2022 (KDHE, 2015-2017)	78.7%	80%	2022	Healthy Babies	KDHE		
Decrease the infant mortality rate from 7.8/1,000 to 6.8/1,000 by 2022 (KDHE, 2015-2017)	7.8/1,000	6.8/1000	2022	Healthy Babies	KDHE		
Decrease the STI rate from 10.0/1,000 to 8.5/1,000 by 2022 (KDHE, 2017)	10.0/1,000	8.5/1,000	2022	SCHD	KDHE		
Decrease the percent of adults who are obese from 36.2% to 34% by 2022.	36.2%	34%	2022	Active Living & Healthy Eating	KDHE		

Appendix A – Partner Organizations Involved in CHIP Prioritization

The following is a list of organizations represented at a community prioritization meeting on April 8, 2019:

Advisors Excel
Baker School of Nursing
Blue Cross and Blue Shield of Kansas
Circles of Greater Topeka
City of Topeka
City of Topeka Police Department
Community Action, Inc.
Community Members
Core First Bank & Trust
East Topeka Senior Center
El Centro
Family Service and Guidance Center
Florence Crittenton Services of Topeka
Greater Topeka Chamber of Commerce
Harvesters
Heartland Visioning
K-State Research and Extension
Kansas Association for the Medically Underserved
Kansas Children's Service League
Kansas Department for Children and Families
Kansas Health Institute
Kujima Collective
Midland Care
New Dawn Wellness and Recovery
Parents as Teachers
Prevention and Recovery Services (PARS)
Shawnee County Board of County Commissioners
Shawnee County Department of Corrections
Shawnee County Health Department
Shawnee County Parks and Recreation
Stormont Vail Health
Successful Connection (Child Care Aware)
Topeka and Shawnee County Public Library
Topeka Capital-Journal
Topeka Community Foundation
Topeka Fire Department
Topeka Housing Authority
Topeka Public Schools
United Way of Greater Topeka
Valeo

Appendix B - Glossary

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 could 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 C – CHNA Tables

Appendix C 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 C-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**
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. Grace Med 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 Neighborhood 18. Churches/Spiritual Health	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 C-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 C-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/Optometrist	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 C-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 D – HHN Structure

The diagram below shows the HHN workgroup structure.