Shawnee County, Kansas

Community Health Improvement Plan

2026-2028

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Credits and Acknowledgements

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The CHIP Steering Committee

Sarah Karns Vincent
Director,
LiveWell Shawnee County

Brett Martin
Vice President of Community Impact,
United Way of Kaw Valley

Kristin Stock
Certified Community Behavioral Health Clinic Director
Astra Mental Health and Recovery

Teresa Fisher
Director,
Shawnee County Health Department

Savanna Gaumer
Community Health Engagement Coordinator,
Stormont Vail Health

Jessica Barraclough
Section Director, Population Health Strategies,
Kansas Department of Health and Environment

Karla Hedquist
System Director Community Health and Guest Experience, Stormont Vail Health

Josh VanDrunen
Epidemiologist,
Shawnee County Health Department

Funding for the 2026 - 2028 Community Health Improvement Plan (CHIP) comes from the Shawnee County Health Department and LiveWell Shawnee County. The 2026-2028 CHIP was written and reviewed by members of the Steering Committee, LiveWell Shawnee County coalition members, Impact Team Chairs, and the Director, along with the Shawnee County Health Department and an external review team. The 2024 Community Health Needs Assessment (CHNA) was led and funded by Stormont Vail Health. The CHIP was designed by Create Uplift. A warm thank you goes out to the members of the community who contributed their efforts and expertise in identifying the priorities, goals, and objectives included in this CHIP. A special thank you goes to those who have been, and who will be involved in implementing the intervention strategies included in this CHIP. A full list of community organizations that contributed to, and are involved in this process can be found in Appendix A.

Dear Shawnee County Community,

With much preparation, time, and intentionality, we are excited to present the 2026 – 2028 Community Health Improvement Plan (CHIP) on behalf of LiveWell Shawnee County. This plan is a collective effort made possible by Shawnee County residents, professionals, Public Health experts, boots-on-the-ground stakeholders, and the list goes on. We can say with certainty, this plan consisting of goals, objectives, outcome measures, and intervention strategies was constructed with and out of love and dedication from those who exemplify hope for the future of Shawnee County.

The local grassroots health and wellness coalition, LiveWell Shawnee County, has prepared the 2026 – 2028 CHIP upon the completion of the 2024 Community Health Needs Assessment (CHNA). The CHNA shows us the greatest health needs of our community, as determined by the community and local stakeholders. That community-informed data, along with other credible data sources, once again reveals to us the areas of our county that need strategic interventions and sustained investment. Additionally, we are once again challenged to keep fighting for equity across racial, ethnic, and gender lines. We believe in health and greater wellbeing for everyone, no matter the zip code you live in. The individual is healthier when our communities are healthier. We are better together. This idea leads us in our day-to-day work and has led us in the writing of the CHIP.

At the first For the Culture event held in Topeka, a panel speaker on health outcomes among black populations and a LiveWell Shawnee County partner spoke to how crucial it is that our “villages” are strong and how that strength makes for healthy, whole members of the community. Healthy People 2030 is a national initiative that sets measurable goals to improve health and well-being in the U.S., focusing on prevention, health equity, and social determinants of health. The expert-led initiative includes Social and Community Context as one of the five domains in the Social Determinants of Health model. What does it look like to make our villages stronger and who is responsible for this work? LiveWell Shawnee County is committed to this effort toward aiming for health equity and consists of many dedicated partners. However, the Shawnee County community must take part as well. This is the community’s plan for health improvement, and the community must take an active role in executing it.

From here, it’s time to get to work. Or, in many cases, continue and elevate good work that is already happening. In examining credible data, proven interventions, and considering the work of local partners and organizations, our next steps will be those of action as we continue to hold the community at the center of our work. We hope you can find yourself, no matter your level of involvement in the community, in this CHIP. Everyone can do something, no matter how small it might seem.

Our Annual Action Summit in December 2025 kicks off the work laid out in the 2026-2028 CHIP with a release that will hopefully engage and inspire. With health equity as our guiding vision, we will take this plan for improvement and strategically plan for action. The needs are complex; they implicate various sectors across the community, and no one person, organization, or entity can do the work alone. With the possibility for all to thrive, not only adding years to life but life to years, we hope the community will join us.

Sincerely,

Sarah Karns Vincent
Director of Livewell Shawnee County

Brett Martin
Chair of LiveWell Shawnee County

Executive Summary

Since the development of the 2015 Community Health Improvement Plan (CHIP), LiveWell Shawnee County has led the CHIP efforts for Topeka and Shawnee County. The CHIP and CHNA Steering Committee is composed of key partners who advise this work. They include: LiveWell Shawnee County's Director and Current Chair, Shawnee County Health Department's Epidemiologist Director, and Stormont Vail Health's System Director of Community Health and Guest Experience and Community Engagement Coordinator. This team has led the development process of this CHIP with assistance from LiveWell Shawnee County Impact Teams and other coalition partners. The collaboration and support of the community in developing this plan is deeply valued.

In 2024, Stormont Vail Health led the Community Health Needs Assessment (CHNA) which provides comprehensive data for the CHIP, advised by the CHIP and CHNA Steering Committee. To promote equity and improve health outcomes, the CHNA reflects the perspective of individuals throughout the community, compiles current data in support of identified issues, and serves as a basis for decision-making and instituting change. The CHNA leadership team held roundtable discussions with twelve community groups, representing 140 residents, to capture community input from underrepresented members. Additionally, 3,816 county residents participated in a community perception survey, primarily taken online but physical copies were offered to those who preferred that format. These primary data points were combined with secondary data to inform the assessment. Based on the results of the CHNA, the team created a list of potential health priorities. These potential focus areas were further prioritized at a Community Conversation which included cross-sector participation from the community. Participants evaluated the primary data from the survey to determine if the results reflected their understanding of actual community needs. They identified the four health priority areas for the next CHIP as: 1) Behavioral Health (Mental Health and Substance Use), 2) Neighborhood Safety and Housing, 3) Healthy Food Access, 4) Health Equity.

The CHIP and CHNA Steering Committee, along with LiveWell Shawnee County Leadership, has identified CHIP Impact Teams within existing LiveWell Impact Teams to carry out these priorities. Many community health challenges are ongoing, with new data and areas of focus emerging across multiple cycles of the CHIP process. Goals and objectives, including target measures for the objectives, were drafted by LiveWell Shawnee County Impact Teams and refined based on feedback from the CHIP and CHNA Steering Committee and other community stakeholders. As social structures, community structures, and overall change have occurred, these ongoing community health challenges have adopted new complexities and multitudes. Consequently, the CHIP Steering Committee, LiveWell Shawnee County, and others worked diligently to ensure that the interventions listed below contribute to addressing all facets of the public health concerns identified by Shawnee County residents. For example, relevant partners had difficulty in defining and identifying language and targets for obesity. Changes to language and data dissemination in the Kansas BRFSS (Behavioral Risk Factor Surveillance System) survey (from obesity to overweight) made it difficult to find both appropriate language as well as meaningful targets. Additionally, it was noted that, while it is important to recognize experts carrying out work in other priority areas within the CHIP, it is difficult to identify local experts doing strategic work in the specific area of obesity reduction. Given this, the CHIP Steering Committee and LiveWell Shawnee County Impact Team Chairs worked to identify the SDOH most impacting obesity, along with organizations committed to improving those determinants. The goals and objectives written in this plan are an attempt to work upstream to address underlying social conditions that impact obesity rates in Shawnee County. This approach was expanded to all priority areas. Consequently, the goals and objectives for each Priority Area aim to 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 residents of Shawnee County. Interventions must exist along the spectrum of impact and feasibility to improve health outcomes for Shawnee County neighbors. Reviewing community level data to establish strategies, interventions, and target measures, there are some noteworthy datapoints specific to Shawnee County:

- Dramatic increase in suicides from 2020 (20.5 per 100K) to 2023 (24.5 per 100K)
- Rising infant mortality rate among Black and Hispanic populations
- Higher sexually transmitted infections among Black and Hispanic populations and within young adult age cohorts
- Startling increase in drug poisoning deaths from 2018 (18.4 per 100K) to 2025 (33.4 per 100k)
- High obesity rate

The obvious inequity within the health outcomes in our community when broken down to the level of race and ethnicity provides an area of focus within an already daunting challenge. These datapoints are a call to action for our community; they are a call for each of us to use our knowledge, skills, influence, and energy to collaborate on meaningful solutions that create lasting change, and ultimately, a healthier community for this generation and the next.

CHIP Priority Areas, Goals and Objectives

Priority Area 1: Behavioral Health
Goal 1: Improve behavioral health for residents of Shawnee County.
Objective 1a: Increase the number of good mental health days for those living in Shawnee County.
Objective 1b: Show an overall increase in access to mental health care providers in Shawnee County by January 2029.
Goal 2: Decrease the rate of suicide in Shawnee County.
Objective 2a: Increase gun lock distribution sites.
Objective 2b: Increase outreach to the community through media campaigns, in an effort to reduce suicide rates.
Objective 2c: Increase participation and engagement with schools and institutions of higher education in Shawnee County, as it relates to suicide prevention programming.
Objective 2d: Increase communication and collaboration among network of therapists and other behavioral health related providers serving Shawnee County.
Goal 3: Decrease substance use among Shawnee County residents.
Objective 3a: Increase collaboration between community partners to prevent and reduce substance use and adverse behavioral health experiences among Shawnee County residents.
Objective 3b: Collect better local data for understanding community needs related to substance use and prevention.
Objective 3c: Decrease vaping and tobacco use among Shawnee County residents.

Priority Area 2: Neighborhood Safety and Housing
Goal 1: Coordinate Systems and Services to Decrease Homelessness
Objective 1a: Improve data coordination and communication.
Objective 1b: Implement changes to ensure homelessness is rare and brief.
Goal 2: Decrease homicides and nonfatal physical assault injuries.
Objective 2a: Decrease age-adjusted homicide rate.
Objective 2b: Reduce violent crime rate.
Goal 3: Increase community engagement in violence reduction.
Objective 3a: Encourage community member engagement with CIVIC and CVI programs by 2028.
Goal 4: Increase equity and access to housing opportunities.
Objective 4a: Reduce cost-burdened households by increasing affordable options.
Objective 4b: Increase housing equity and access
Goal 5: Ensure safe and affordable housing standards
Objective 5a: Strengthen coordination for livable housing
Objective 5b: Preserve and improve existing housing stock

Priority Area 3: Healthy Food Access
Goal 1: Improve access to nutritious, culturally relevant foods for Shawnee County residents by addressing gaps and reducing barriers within local food pantries.
Objective 1a: By 2028, 50% of food pantries in Shawnee County will offer nutritious food to their clients, with a consistently sufficient stock of items.
Objective 1b: By 2028, 50% of Shawnee County food pantries will be using the client choice model in their day-to-day pantry operations.
Goal 2: Increase access to nutritious snacks to public school students living in Shawnee County by filling gaps and removing barriers.
Objective 2a: By 2028, an elementary school in Shawnee County, made up of students from mostly low-income families, will offer a daily nutritious snack to every student through a sustainably built program.
Priority Area 4: Health Equity
Goal 1: Improve maternal and infant health outcomes in Shawnee County.
Objective 1a: Reduce the infant mortality rate in Shawnee County.
Goal 2: Increase frequency of physical activity amongst Shawnee County residents.
Objective 2a: Add and increase opportunities and/or programs in Shawnee County for recreation in proximity to residents' domicile and population centers.
Objective 2b: Develop safe active transportation options for kids and adults by adding safe facilities to walk, bike and roll near population centers.
Goal 3: Increase nutrient consumption among Shawnee County residents.
Objective 3a: Integrate nutrition and public health education into food pantries' regular operations.
Objective 3a: Integrate nutrition education into the community, prioritizing zip codes containing the highest rates of obesity in the county.
Goal 4: Reduce STI rates in Shawnee County.
Objective 4a: Through expanding prevention programming and resources to vulnerable populations, reduce the STI rate in Shawnee County. from 12 per 1,000 to 10 per 1,000

Introduction to the Community Health Improvement Plan

What is a CHIP?
The Center for Disease Control defines a Community Health Improvement Plan (CHIP) as a long-term, systematic effort to address public health problems based on the results of community health assessment activities and the community health improvement process. CHIPs are typically updated every three to five years. According to the Public Health Accreditation Board definition of a community health improvement plan, CHIPs are but not being limited to issues clarified within traditional public health or health services categories, but may include environmental, business, economic, housing, land use, and other community issues indirectly affecting the public's health. A community health improvement planning process involves an ongoing collaborative, community-wide effort to identify, analyze, and address health problems; assess applicable data; develop measurable health objectives and indicators; inventory community assets and resources; identify community perceptions; develop and implement coordinated strategies; identify accountable entities; and cultivate community ownership of the process.

Community Health Needs Assessment
A Community Health Needs Assessment (CHNA) is an important tool used for examining and improving the health of a community. It provides insight into the current health status of a community by identifying needs and potential means of fulfilling them. The CHNA includes comprehensive information about different health risks and outcomes based on systematic collection and analysis of data along with conversations with community leaders and members. The method of collecting this information is determined and implemented by a multidisciplinary Steering Committee.
A comprehensive Community Health Needs Assessment (CHNA) was conducted for Shawnee County, Kansas in the Spring of 2024. A Steering Committee, comprised of representatives from Stormont Vail Health, the Shawnee County Health Department, LiveWell Shawnee County, United Way of Kaw Valley, GraceMed Health Clinic, Family Service and Guidance Center, Valeo Behavioral Health Care, and The University of Kansas Health System St. Francis Campus planned and implemented the comprehensive CHNA. The Steering Committee prioritized seeking input from all voices and understanding the impact of social determinants of health (SDOH).

The CHNA included:
- 3,816 Perception Survey responses from individuals broadly representing Shawnee County and providing feedback on access to care, preventive care, social determinants of health, income, and demographics
- 12 Roundtables with under-represented voices that included 140 residents providing feedback on community strengths, quality of care, concerns, underlying reasons for poor health, and suggested improvements
- Data analysis including review of recently released County Health Rankings
- Town Hall event included 55 stakeholders representing 41 organizations to review all of the Survey and Roundtable results and County Health Ranking data. The event concluded with a prioritization exercise

Priorities

The following most significant community health needs were determined community health priorities:

- Behavioral Health (Mental Health and Substance Use)
- Neighborhood Safety and Housing
- Healthy Food Access
- Health Equity (including disparities related to sexually transmitted infections and infant mortality)

2026-2028 Community Health Improvement Plan
The information collected in the CHNA drove the development of this 2026-2028 Community Health Improvement Plan (CHIP). This CHIP is a collective, community-driven effort that included many individuals and organizations across Shawnee County to outline specific, actionable goals, strategies, and interventions that will provide meaningful tactics to address and impact our identified CHNA priorities. Our hope is that all members of our community will embrace these action steps and join or come alongside the action teams leading the strategies. True community change requires the participation of all members.
Together, the CHNA and CHIP prioritize community health improvement methods, inform community members, drive policy change, promote health equity, and outline resources to promote better health. CHNA's also help fulfill special requirements of local organizations seeking accreditation or designations. Comments regarding the Shawnee County CHNA may be submitted to Karla Hedquist, System Director Community Health and Guest Experience Stormont Vail Health, by email to khedquis@stormontvail.org. Comments regarding the Shawnee County CHIP may be submitted to Sarah Karns Vincent, Director, LiveWell Shawnee County by email to skarns@livewellsnco.org.

The CHNA/CHIP Steering Teams meet regularly to analyze progress and review new and updated data. We welcome your feedback and participation. We need to work together with shared focus to improve the overall health and quality of life for all Shawnee County residents.

Part One:

Background Information

The Shawnee County CHIP addresses the entire population of Shawnee County. Located in northeastern Kansas, Shawnee County has a total population of 178,315 people (U.S. Census Bureau, 2023). Topeka, the state capital and the county seat, has a population of 126,103.

Shawnee County has slightly greater racial and ethnic diversity than the State of Kansas overall. Black, Indigenous People of Color (BIPOC) individuals represent 28 percent of the county's population as well as 34 percent of Topeka's population (U.S Census Bureau, 2023). BIPOC populations tend to show higher levels of poverty than their white counterparts. Median and per capita income remain slightly lower for Shawnee County than for the state. The county's poverty rate is 12.7%, while the state's rate is 11.5% (Kansas Health Matters). The percentage of Shawnee County children living in poverty is 14.4% – 0.7% more than the state – where 13.7% of children live below poverty level, and 25% of children live in single-parent households compared to 21% statewide (County Health Rankings).

CHNA Results to CHIP Priorities, Strategies, and Interventions.

Following analysis of the survey, focus groups, and town hall, four issues were highlighted as priorities to focus on during the CHIP Process. The CHIP and CHNA Steering Committee summarized these top priorities into the following four priority areas:

- Behavioral Health (Mental Health and Substance Use)
- Neighborhood Safety and Housing
- Healthy Food Access
- Health Equity (including disparities related to sexually transmitted infections and infant mortality)

CHIP priority area Impact Teams were formed from existing LiveWell coalition impact Teams, additional external community organizations, and other stakeholders. By inviting more community members to the table, the 2026-2028 CHIP aims to increase community capacity by removing barriers for collaboration. In doing so, LiveWell leadership aims to increase community capacity and the sustainability of CHIP efforts while inspiring lasting structural change that positively impacts health outcomes.

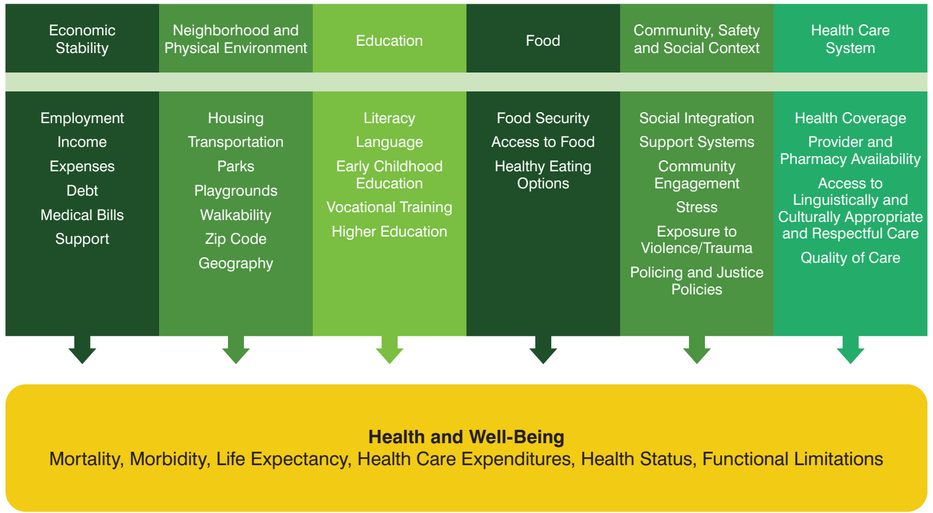
With this commitment in mind, for the 2026–2028 CHIP cycle, the CHIP and CHNA steering committee decided to change the process of objective and intervention development. The goal of this process change was to emphasize the voices of various communities within Shawnee County and to provide opportunities for every person in Shawnee County to contribute to our overall health. The process began with the Impact Teams – formed from community members and workers from Shawnee County – writing their goals and outcomes. These goals and outcomes describe the desired public health improvement everyone involved with the CHIP is striving towards. Impact Teams then described their strategies to achieve these goals and outcomes. Importantly, Impact Teams selected goals and outcomes utilizing current public health research combined with the goals established by Health People 2030 (HP 2030).

Next, Impact Teams submitted draft plans to the CHIP Steering Committee, which reviewed them using a structured framework and developed Intervention Strategies. Intervention Strategies are practical actions that community members can take to support CHIP goals and address local health challenges. After receiving feedback, Impact Teams refined their objectives and interventions to align with and strengthen the Intervention Strategies, ensuring actions are targeted toward long-term, systemic change.

The backbone for the process was a heavy focus on the SDoH, the social-ecological (SES) model, and other public health intervention frameworks. In doing so, the CHIP Steering Committee hopes to ground their objectives and interventions in upstream solutions that address the relevant social systems within Shawnee County which Impact the health of all Shawnee County residents, as well as implement interventions and strategies that culminate in long-term, sustainable, and positive change that improves the health of everyone.

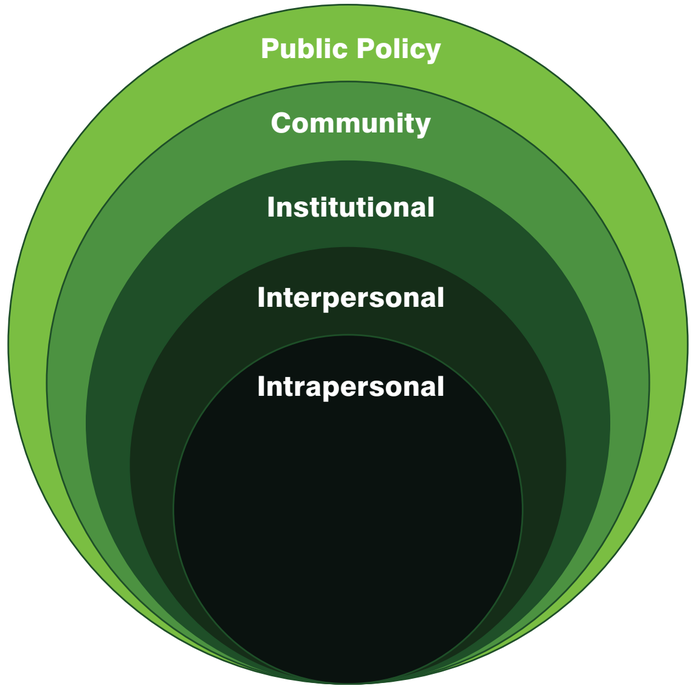
Public Health Models

Social Determinants of Health



Source - Kaiser Family Foundation

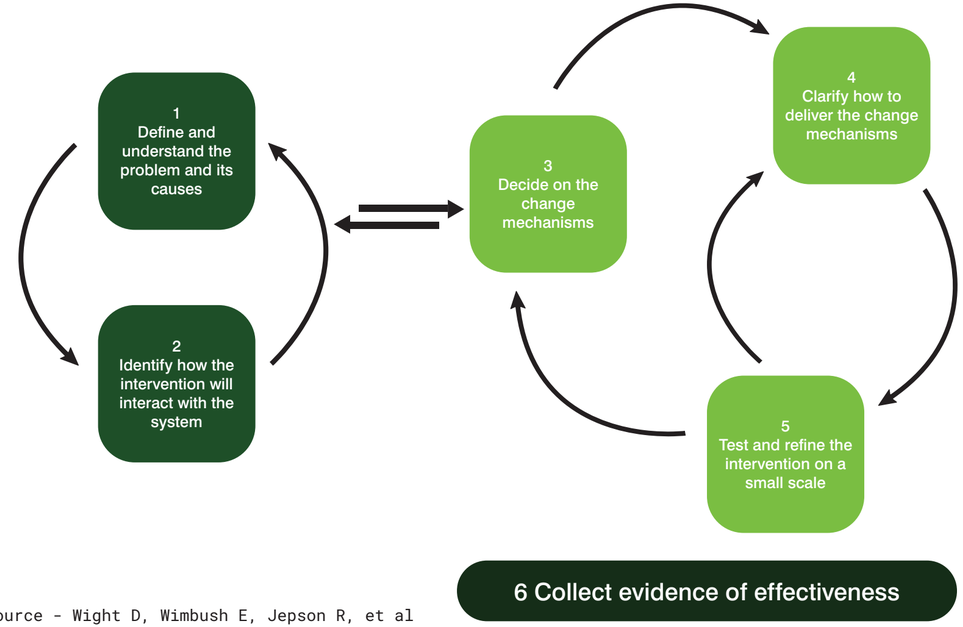
Social-Ecological Model (SES)



Source - CDC

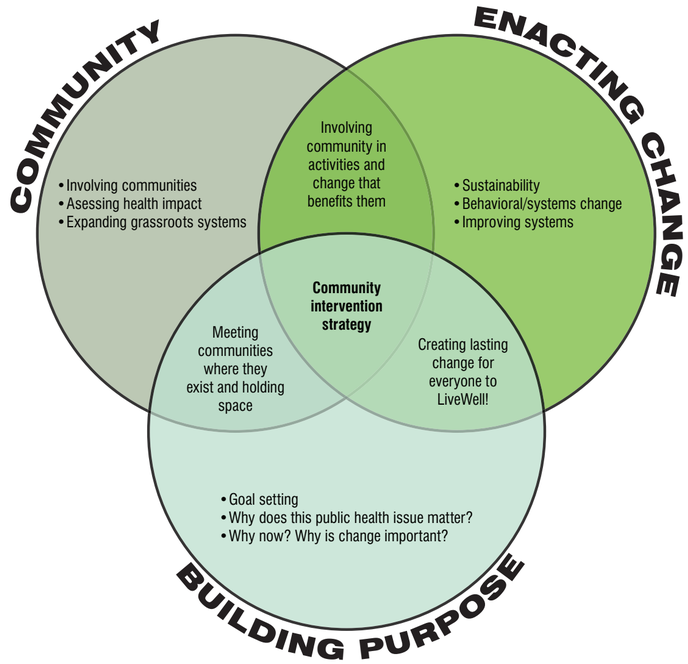
Public Health Models

6 Steps in Quality Intervention Design (6SQUID)



Source - Wight D, Wimbush E, Jepson R, et al

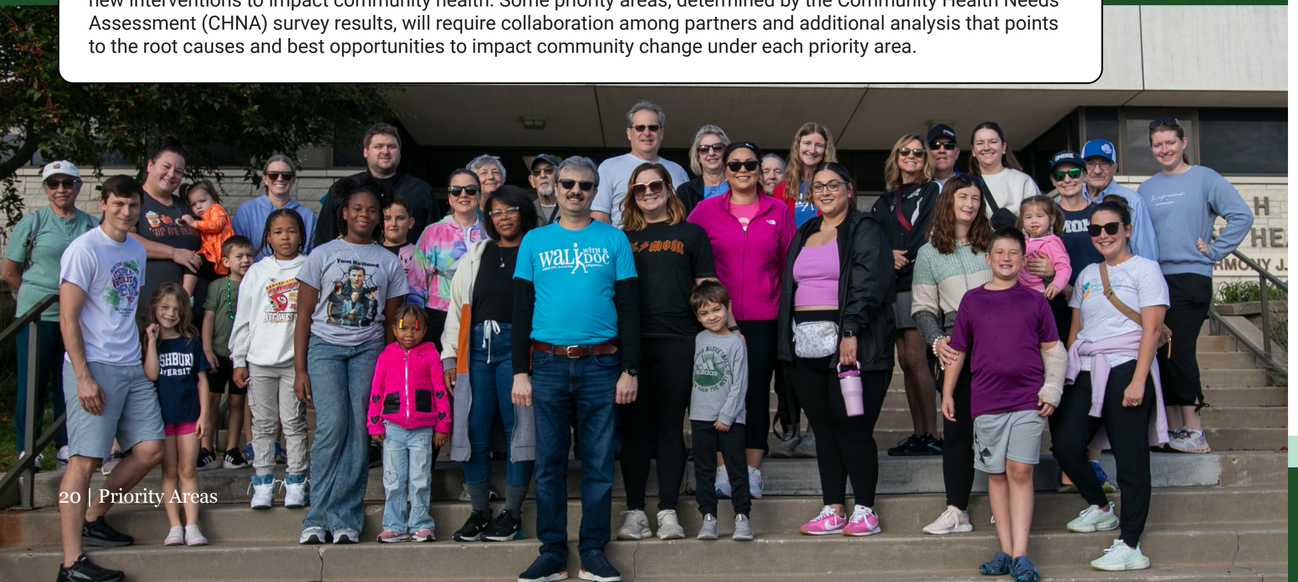
Community Intervention Strategy Framework



Part Two:

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, determined by the Community Health Needs Assessment (CHNA) survey results, will require collaboration among partners and additional analysis that points to the root causes and best opportunities to impact community change under each priority area.



- BEHAVIORAL HEALTH
- NEIGHBORHOOD SAFETY AND HOUSING
- HEALTHY FOOD ACCESS
- HEALTH EQUITY

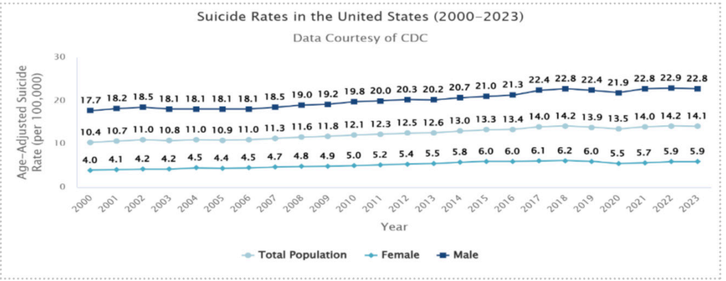
Priority Area:

Behavioral Health

Behavioral Health

Behavioral health is a subset of overall wellness that addresses the mental, emotional, and social well-being of a person. It often includes mental health, suicide prevention, and substance use disorders (SUD). In Shawnee County's CHIP, behavioral health, including mental health and SUD, have been identified as top priorities. First, mental health underpins every aspect of personal and community well-being. Poor mental health can significantly affect one's well-being by influencing emotions, thoughts, and behaviors. Furthermore, poor mental health can shape how one handles stress, forms relationships, and makes decisions. Additionally, poor mental health can affect daily functioning and sleep patterns, leading to an increased risk of chronic physical conditions like heart disease and diabetes. These struggles become more complex when substance use is added to the equation. Alcohol, prescription misuse, and illicit drug use can worsen existing mental health conditions, increase vulnerability to depression, anxiety, and trauma, and create cycles that make recovery more difficult. Together, the close connection between mental health and substance use highlights the need for improving behavioral health in Shawnee County. Improving behavioral health increases the ability to thrive in relationships at work and at home and actively participate in the community. Consequently, it is imperative that behavioral healthcare meets the demands and healthcare needs of Shawnee County residents. Improving behavioral health in Shawnee County means ensuring services are affordable, physically and geographically accessible, and the quality of behavioral healthcare services provided offers positive health outcomes. Amongst many negative health impacts, an ill-equipped behavioral healthcare system can increase suicide rates, increase risk of homelessness and other adverse life events, and directly impact healthcare costs associated with untreated mental health and substance use issues.

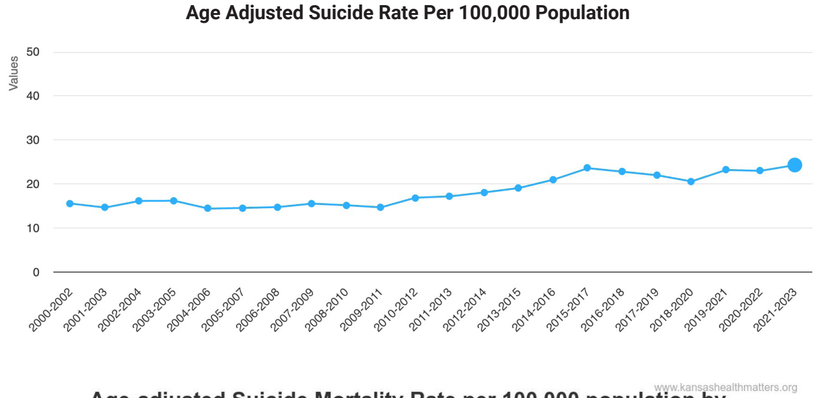
As it relates to behavioral health, much like other communities across America, Shawnee County continues to be impacted by challenges with mental health and SUD. For the purposes of the 2026-28 CHIP, SUD is any consumption of alcohol, tobacco, or drugs. To address the public health challenges presented by SUD and other parts of behavioral health, prevention through early intervention is key. In doing so, the community can help to address the challenges people with SUD face before they grow to develop life-long medical conditions or even cause premature death. Furthermore, strengthening preventive efforts is key to improving behavioral healthcare in Shawnee County, which is the primary goal of this CHIP as it relates to behavioral health. Thus, the work to expand behavioral healthcare in Shawnee County, as when an individual has SUD, all members of a family are impacted. Often, SUD occurs alongside other physical or mental health disorders. To reiterate, substance use for the purpose of this plan will focus on those substances most used in Shawnee County, particularly those which have resulted in a drug overdose along with smoking and vaping. Smoking and tobacco use continues to be the leading preventable cause of death in the United States, with approximately 480,000 people dying from smoking-related illnesses each year (Figure 14). Cigarette smoking is the primary driver of tobacco-related disease and death and is associated with heart disease, stroke, cancer, and chronic lung diseases among other disabling and fatal conditions.

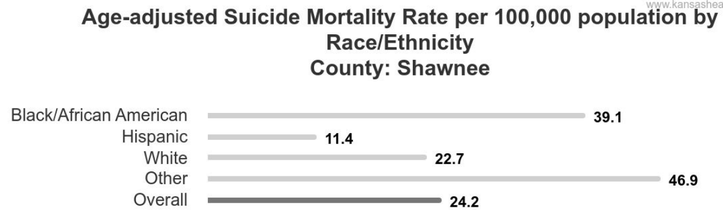


The total age-adjusted suicide rate in the United States increased 35.2% from 10.4 per 100,000 in 2000 to 14.2 per 100,000 in 2018, before declining to 13.9 per 100,000 in 2019 and declining again to 13.5 per 100,000 in 2020. The total age-adjusted suicide rate in the United States increased to 14.0 per 100,000 in 2021, increased again to 14.2 per 100,000 in 2022, and then decreased to 14.1 per 100,000 in 2023.

Why is Mental Health a concern for Shawnee County?
According to the 2024 Shawnee County Needs Assessment, Shawnee County residents reported more poor mental health days (5.7) than the statewide average (5.0) with the national average being (4.8). With 996 respondents out of 3,816, mental health is the number one priority. CHNA data shows the mental health providers rate is 379 per100,000 while the Shawnee County Health Rankings report a mental health provider rate of 260 per 100,000.

The increase in years of potential life lost in Shawnee County is significantly impacted by the number of deaths from suicide. Shawnee County's suicide death rate per 100,000 population was 24.2 in 2021-2023 and increased slightly to 24.5 in 2024. Compared to the State of Kansas with a rate of 20.5 per 100,000 in 2022. The national data shows a rate of 14.2 per 100,000 in 2022. Between the years 2011-2024, the Kansas Department of Health and Environment reports the overall number of deaths by suicide at 520 in Shawnee County, and emergency visits for suicidal ideation and suicidal attempts have increased each year.





Source: Kansas Department of Health and Environment (2021-2023)

Source: Kansas Health Matters

Goal 1 - Improve behavioral health for residents of Shawnee County

Objective 1a:
Increase the number of good mental health days for those living in Shawnee County.

Outcome Measure:
- Decrease poor mental health days from 5.7/30 days to 4.8/30 days (National Average).

Intervention Strategies:
- Elevate and advertise the LiveWell Shawnee County Therapist Finder Tool and promote the use of it across the community.
- Increase awareness of warm lines and other like resources.

Objective 1b:
Show an overall increase in access to mental health care providers in Shawnee County by January 2029.

Outcome Measures:
- Site traffic and usage measured on the LiveWell Shawnee County Therapist Finder Tool.
- Mental health care resources will be distributed throughout the Shawnee County community.
- At least five mental health care providers will be trained yearly in how to implement a Physical Activity Prescription program among their clients.

Intervention Strategies:
- Elevate and advertise the LiveWell Shawnee County Therapist Finder Tool and promote the use of it across the community.
- Elevate and share LiveWell Shawnee County's media campaign for fighting mental illness stigma, the target audience being demographics with the highest need.
- Encourage participation in physical activity. LiveWell Shawnee County will implement a Physical Activity Prescription program for those facing mental illness through partnership with Temple University, providing training and support. Providers can be trained in prescribing physical activity, and the community can share the opportunity to increase awareness of the program.

Goal 2 - Decrease the rate of suicide in Shawnee County

Objective 2a:
Increase gun lock distribution sites.

Outcome Measure:
- Increase distribution sites of gun locks among the community by providing more distribution sites.

Intervention Strategies:
- Partner with Prevention and Resiliency Services (PARS) and the Shawnee County Health Department in distributing gun locks across the community.
- Distribute the LiveWell Shawnee County-generated flyer to accompany the gun locks with helpful information and resources to those who might be experiencing suicidal ideation.

Objective 2b:
Increase outreach to the community through media campaigns, in an effort to reduce suicide rates.

Outcome Measures:
- A media toolkit will be developed and promoted to at least four entities who agree to run the campaign on their platforms, running at least once yearly 2026 – 2028.
- At least 100 individuals from the community are trained yearly in suicide prevention training by participating in Question, Persuade, and Refer (QPR) and Mental Health First Aid training.

Intervention Strategies:
- Concentrate media campaign efforts toward populations of color as they are at higher risk for suicide and are less likely to seek services. Partner with entities willing to elevate messaging around seeking help when needed and offering help to those in the community when needed.
- Regularly promote QPR and Mental First Aid training through various media outlets.

Objective 2c:
Increase participation and engagement with schools and institutions of higher education in Shawnee County, as it relates to suicide prevention programming.

Outcome Measure:
- LiveWell Shawnee County's Mental Health Impact Team will meet with school representative(s) from at least one school per year in an effort to build and support suicide prevention programming.

Intervention Strategy:
- Partner with school districts and places of higher education in Shawnee County, offering support for strengthening their suicide prevention efforts.

Objective 2d:
Increase communication and collaboration among network of therapists and other behavioral health related providers serving Shawnee County.

Outcome Measure:
- The LiveWell Shawnee County Mental Health Impact Team will share and promote a community-wide therapy group list and referral criteria to at least 10 local providers in Shawnee County.

Intervention Strategy:
- Increase awareness of Dialectical Behavioral Therapy for suicide treatment through the providers participating on the LiveWell Shawnee County provider site.

Goal 3 - Decrease substance use among Shawnee County Residents

Objective 3a:
Increase collaboration between community partners to prevent and reduce substance use and adverse behavioral health experiences among Shawnee County residents.

Outcome Measures:
- By 2029, LiveWell Shawnee County Impact Team participation will increase at least 50% with established organizations.
- By 2029, 50% of organizations associated with the Substance Prevention and Awareness Impact Team will utilize data from mySidewalk.
- By 2029, the Substance Prevention and Awareness Impact Team will increase meeting participation within two additional sectors on the coalition.
- By 2029, the Substance Prevention and Awareness Impact Team will engage the community around the issues among youth services and substance use, reentry, and recidivism by posting at least two posts on social media per quarter with three partner agencies sharing the posts. The Impact Team will hear from at least one expert in this area per year.

Intervention Strategies:
- Create meeting time to brainstorm and recruit individuals for outreach of at least one downstream partner and one upstream partner while also utilizing Youth Risk Behavior Study (YRBS) and Health Profiles as data sources for youth health data.
- Invite mySidewalk representative to train the Substance Prevention and Awareness Impact Team for program utilization.
- Host a town hall or create an opportunity for learning and discussion surrounding youth services for substance use, reentry, and recidivism.
- Initiate partnership with an organization and help support the creation of a teen AA/NA support group.

Objective 3b:
Collect better local data for understanding community needs related to substance use and prevention.

Outcome Measures:
- Increase Shawnee County participation in the Kansas Communities That Care Survey by 9%.
- At least one question will be added to the next CHNA measuring stigma around substance use and harm reduction/safer use practices in Shawnee County.
- By 2028, increase discussion and knowledge of impact team members with a larger goal of educating the community surrounding violent crime related to drug offenses.

Intervention Strategies:
- Collaborate with Riley County on how they incentivize participation in the Kansas Communities That Care survey.
- Partner with the CHIP and CHNA Steering Committee in order to add CHNA Survey questions that will collect data regarding stigma around substance use and harm reduction/safer-use practices in Shawnee County.
- Ask a question on the next CHNA about perceptions surrounding violent crime in our communities.
- Learn more about violent crime related to drug offenses and educate the community.

Objective 3c:
Decrease vaping and tobacco use among Shawnee County residents.

Outcome Measures:
- Students vaping at least once in the past 30 days will decrease from 4.5% to 2% (KCTC, 2025)
- Tobacco use in adults with poor mental health will decrease from 38.4% to 36% (KDHE BRFSS, 2022)

Intervention Strategies:
- The Tobacco and Aerosol Prevention Impact Team will give a presentation at every middle and high school in Shawnee County before 2028.
- The Tobacco and Aerosol Prevention Impact Team will collaborate with the Mental Health Impact Team to create a one-pager on the benefits of being tobacco free. This will be distributed across the community.

Priority Area:

Neighborhood Safety and Housing

Neighborhood Safety and Housing

Safe neighborhoods and affordable housing are fundamental drivers of health in Shawnee County. The connections between housing, neighborhood conditions, and health outcomes are well-established. Residents who experience housing instability face higher risks of chronic disease, stress, and limited access to care. Factors such as homelessness, equitable access to quality, affordable housing, and community violence were issues identified by residents as priorities in the 2024 CHNA community survey.

Housing directly influences health through the physical conditions of homes, the affordability and stability of housing, and the safety of both the household and the neighborhood surrounding a home. Homes that are structurally unsafe or contain environmental hazards increase the risk of respiratory illness, heart conditions, injuries, chronic illnesses, and cognitive impairments. In contrast, safe and healthy housing provides clean air and water, supports restful sleep, enables proper personal hygiene and safe food preparation, and promotes positive mental health and overall wellbeing.

Neighborhood safety is closely tied to these housing conditions. Exposure to community violence can prevent people from walking, bicycling, using parks, accessing healthy food, and participating in neighborhood activities. These limitations, in turn, increase the risk of developing chronic physical and mental health conditions. Community violence also slows broader community progress by placing strain on business development, education systems, justice, and healthcare services.

The social determinants of health play a significant role in shaping an individual's risk of experiencing or being exposed to community violence. According to the CDC's Veto Violence initiative, risk factors for violence are often exacerbated by stressors such as housing instability, poor housing quality, and unaffordable housing costs. These conditions are not experienced evenly across demographics. Centuries-old policies and practices-including disinvestment, segregation, and discriminatory housing policies- have contributed to persistent housing inequities in Black and Hispanic neighborhoods, exacerbating disparities in health, safety, and economic stability that continue to affect residents today.

The intervention strategies in this plan address the gap between what a safe, healthy home provides and the realities that many people in our community are experiencing:

- 32% of the cost-burdened households in Topeka identify at least one critical repair need, such as non-working heating or cooling, significant roof or structural damage, or non-working plumbing.
- Nearly 40% of residents over age 65 are housing cost burdened, and this number continues to rise. As a result, many older adults in Shawnee County are forced to choose between paying for housing and accessing needed healthcare.
- 47% of Black and Hispanic renter households in Shawnee County are housing cost-burdened (spending more than 30% of their income on housing costs), compared to 40% of White renter households, according to recent HUD data. Housing cost burden increases risk of missed payments, eviction, and limited mobility to safer or healthier neighborhoods, factors that are associated with higher stress, poorer health outcomes, and increased violence exposure.
- Black renters are 33% more likely to be severely housing cost-burdened (spending more than 50% of their income on housing costs than White renters.

In Shawnee County, Black residents experience violent victimization at about four times the rate of White residents, and Hispanic residents at about 1.2 times the rate of White residents in Shawnee County. (According to the FBI Uniform Crime Reporting data: 3,130 Black residents per 100,000, 950 Hispanic residents per 100,000, 780 White residents per 100,000.) These disparities reflect not only crime patterns, but unequal access to safe housing, stable income, and protective community resources.

Prevention is critical to this work. While collaboration among social services is imperative, minimal funding and a lack of strong city and county policies that are supportive to upstream approaches have escalated the problem to a crisis for many residents. As a result, our community has reached a point where outside intervention is no longer optional, but essential. While the data shows critical gaps, survey results reveal that across zip codes, our residents are concerned about their neighborhood quality and housing options.
This plan was developed through collaboration among local partners including Topeka Habitat for Humanity, CIVIC, Topeka and Shawnee County Public Library, United Way of Kaw Valley, Topeka Rescue Mission (TRM), All Hands on Deck, City of Topeka Housing Division, and Shawnee County Health Department. It integrates local data from the Built for Zero initiative, Clarity/HMIS, mySidewalk, and the 2023–2024 City of Topeka Housing Study to inform targeted, measurable actions. Every objective in this plan centers equity—recognizing that poverty, racism, and trauma are root causes of housing disparities and widespread violence.

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Goal 1 - Coordinate systems and services to decrease homelessness

By 2028, Topeka/Shawnee County will operate a system that coordinates services across the community that creates a closed-loop, data driven model to reduce homelessness.

Objective 1a:
Ensure homelessness is a rare and brief occurrence in Shawnee County.

Outcome Measures:
- Reduction in Point-in-Time unsheltered count.
- Increased completion rate of quality referrals.
- Decreased ER visits among unsheltered individuals.
- Reduced jail census of unhoused individuals.
- Implement policy, system, and environment changes

Intervention Strategies:
- Create additional capacity for transitional housing and expand emergency capacity.
- Establish a permanent one-stop Homeless Resource Center that includes medical, dental, and behavioral health care onsite.
- Secure locations for housing continuum projects.
- Propose and support evidence-based system and policy changes.

Objective 1b:
Improve data coordination and communication.

Outcome Measures:
- Quality data collected for 6 tracked data points through the Built for Zero model.
- Increase active partners/agencies in Shawnee County's continuum of care system by 20%.
- Increase and track the number of individuals receiving coordinated, wrap-around housing services by 20%.
- Increase variety of tracked supportive services by 20%.

Intervention Strategies:
- Conduct audited data measurements to build trust in shared data.
- Onboard agencies that serve unhoused populations to the HMIS Clarity system by providing technical assistance training if needed.
- Create a protocol with agencies that serve unhoused individuals on how to integrate their data if using the HMIS Clarity system is
- not an option.
- Develop shared resource and referral networks.

Goal 2 - Increase equity and access to housing opportunities

By 2028, Topeka and Shawnee County will create a thriving, equitable housing market for all by developing accessible, affordable, and diverse housing products.

Objective 2a:
Reduce the overall number of cost-burdened households.

Outcome Measures:
- Reduce cost-burdened renter households from 43.6% to 30%.
- Reduce cost-burdened homeowners from 24.9% to 15%.
- Reduce vacant housing rates from 9.5% to 7%.
- Create and preserve an additional 760 affordable units by 2030 (60% AMI and below).

Intervention Strategies:
- Implement the prioritized recommendations from 2026 Topeka Housing Study.
- Remove barriers to accessing existing affordable housing programs for populations that are disproportionately overrepresented in the cost-burdened housing data compared to Shawnee County demographic data.
- Incentivize investment in the Affordable Housing Trust Fund.
- Expand first-time homeowner support and navigation.
- Increase opportunities and programming that prioritize nonprofit housing developers to acquire units and buildable land for affordable housing projects.
- Expanding home repair and home preservation programs.
- Advocate to direct funding streams from developer fees toward affordable housing incentives

Objective 2b:
Implement policy, system, and environment changes to increase housing equity and access.

Outcome Measures:
- Increase Black and first-generation homeownership rates.
- Increase income-based housing options.
- Increase development projects that fill the needs identified in the 2026 Housing Study.

Intervention Strategies:
- Adopt equity-focused, evidence-based affordable housing standards.
- Implement findings from Topeka Habitat for Humanity's Black Homeownership Study.
- Increase Affordable Housing Trust Fund contributions from additional sources and sectors.
- Expand partnerships with local banks to utilize local Credit Reinvestment Act dollars toward homeownership initiatives.
- Develop support materials for small investors and landlords to access incentives.
- Support the development of a Tiny Home Village pilot.
- Create a housing voucher program to convert renters to homeowners.

Goal 3 - Ensure safe and affordable housing standards

All Shawnee County residents should live in homes that meet minimum livability standards and environmental health protections.

Objective 3a:
Strengthen policy and coordination for livable housing.

Outcome Measure:
- Increase properties meeting NSPIRE livability standards.
- Decrease code violations and tenant complaints.
- Improve response times for inspection and remediation.

Intervention Strategies:
- Establish county-wide livability standards referencing NSPIRE.
- Implement landlord registry and transparent property ownership.
- Streamline coordination between city and county enforcement around livability standards, including public health code, licensing, solid waste and emergency management regulations.
- Incentivize landlords who meet standards (smoke-free, ADA accessible).
- Strengthen tenant rights.

Objective 3b:
Preserve and improve existing housing stock.

Outcome Measure:
- Increase number of renter-occupied homes meeting standards.
- Decrease vacant and condemned properties.
- Increase environmental health compliance.

Intervention Strategies:
- Offer preventative maintenance education and assistance to homeowners.
- Develop deed-transfer options to prevent vacancy after owner death.
- Establish rental registration program.
- Promote community education on tenant rights and eviction expungement.
- Enforce property maintenance code for residential rental properties.
- Mandate a local resident agent for rental properties.

Goal 4 - Improve neighborhood safety conditions through a public health approach to violence prevention.

Implement and sustain a coordinated, evidence-based Community Violence Intervention (CVI) program grounded in public health principles and led by trusted messengers from impacted communities.

Objective 4a:
Implement and support a community violence intervention program using a public health approach.

Outcome Measures:
- Establishment of a fully operational CVI team by 2026.
- Decrease in firearm-related injuries and community violence in targeted neighborhoods.
- Increase in successful conflict mediations involving CVI staff.
- Increased number of individuals at highest risk connected to supportive services.

Intervention Strategies:
- Continued development of the Community Inspired Violence Intervention Coalition (CIVIC) — a multisector collaborative dedicated to reducing violence through data-driven, trauma-informed, evidence-based approaches.
- Recruit and train a team of trusted messengers from communities most impacted by violence to identify high-risk individuals and provide conflict mediation, resource navigation, and crisis intervention.
- Create referral pathways with hospitals, schools, and community partners.
- Build real-time data dashboards.
- Conduct hotspot outreach and mediation.
- Assess current community policies that help or hinder violence prevention; develop recommendations for policy, system, and environmental changes.

Objective 4b:
Strengthen trauma-informed capacity and practices across agencies and neighborhoods.

Outcome Measures:
- Increase agencies trained in trauma-informed practices.
- Improved cross-sector understanding of ACEs and positive community norms.
- Adopt trauma-informed policies across partner organizations.

Intervention Strategies:
- Deliver trauma-informed training (ACEs and PCEs, toxic stress, adolescent development, trauma-responsive practices, positive community norms) to community members, elected officials, law enforcement, educators, social services, and medical professionals.
- Integrate trauma-informed policies across sectors to establish shared language and consistent approaches to supporting individuals affected by violence.
- Offer diverse participation opportunities and modify engagement strategies (community forums, online feedback platforms, forums that give voice to those affected by violence to elicit continuous, authentic community engagement.

Objective 4c:
Address structural and environmental factors that contribute to violence.

Outcome Measures:
- Improved environmental conditions in populations of focus.
- Reduce hotspots associated with crime.

Intervention Strategies:
- Assess current community policies that help or hinder violence prevention; develop recommendations for policy, system, and environmental changes.
- Improve lighting, sidewalk accessibility, green spaces, and neighborhood infrastructure.
- Assist with community-led projects that improve neighborhood conditions by providing support through funding, product, or volunteers.

Priority Area:

Healthy Food Access

Healthy Food Access

Access to healthy, affordable food is an essential factor for an individual's overall well-being. Food not only fuels physical health, but it is a key factor in the expression of culture and is central to bringing people and communities together. When individuals are properly nourished, community data reveals:

- Lower rates of obesity
- Reduce healthcare costs
- Higher academic performance and test scores
- Fewer reported school absences
- Increased workforce productivity
- Lower rates of violent crime
- A economically thriving community
- Lower family stress
- Decreased neurological disruptions

Nevertheless, many Shawnee County residents struggle to access food that is fresh, nutritious, and affordable. Some of the barriers to accessing healthy foods include:

- Lack of reliable transportation
- Rising consumer prices
- Increased food insecurity
- Higher rates of poverty
- Lack of nearby grocery stores selling nutritious foods

According to County Health Rankings & Roadmaps, Shawnee County's Food Environment Index is 7.6 out of 10 (0 being the worst and 10 being the best), reflecting both geographic proximities accessing healthy food and household income. Furthermore, healthy eating options and food assistance were both in the community's top ten major to moderate concerns identified in the Community Health Needs Assessment that was conducted in 2024.

Low access to food, as defined by U.S. Department of Agriculture (USDA), occurs when 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.[1] Census tracts that are considered both low-income and low access are defined by the USDA as food deserts.[2] The USDA further defines food insecurity as a lack of consistent access to enough food for an active, healthy life.[3] When individuals are unable to reliably afford sufficient food for their families, they often turn to cheap, calorie-dense foods that are affordable and shelf-stable but do not provide sufficient nutrients. This often contributes to the well documented paradox of low-income households experiencing higher rates of obesity.

In Shawnee County, 21,495 residents (12.37%) live below the federal poverty line. Poverty disproportionately affects communities of color, including Black or African American residents (23.42%), American Indian or Alaskan Natives (27.41%) and those of Hispanic or Latino origin (20.49%), compared to White residents (10.13%)[4].

According to the Kansas Department for Children and Families (July 2025)[5]:

- 8,314 Shawnee County households participate in SNAP
- 15,404 individuals receive SNAP benefits (adults and children combined)
- The median household income of SNAP recipients is $28,208

Among public school students, 14,602 out of 26,868 were eligible for the free or reduced-price lunch program. This 54.3% exceeded the state average of 48.9%.[4]. These indicators collectively illustrate a community in which many families rely on supplemental nutrition programs to meet basic needs.

Shawnee County's food access challenges have deepened alongside statewide and national reductions in Supplemental Nutrition Assistance Program (SNAP) benefits, along with the elimination of the educational program for Supplemental Nutrition Assistance Program (SNAP-Ed). The federal reconciliation bill brought a national SNAP cut of approximately $186 billion that will go through 2034. These cuts have already strained household budgets and increased reliance on local food pantries. As a result food pantries are experiencing an increased demand at the same time that resources are tightening. In Shawnee County, this means more residents are and will be turning to emergency food systems not just for short-term support, but as a consistent source of nutrition. These trends underscore the urgency of evolving needs and the importance of expanding community education to address the root causes of food insecurity.

Amidst these challenges, the Healthy Food Access Impact Team in Shawnee County is undergoing a pivotal new phase, marked by changes in leadership and a renewed focus on collaboration. With new leadership in place, there is strong momentum to unify fragmented efforts and refocusing on strategic, community-driven solutions. The transition has created opportunities for innovation, stronger partnerships, and the ability to respond more effectively to both long-standing food access challenges and emerging needs.

1. USDA Economic Research Service (ERS) Definition of Food Access. https://www.ers.usda.gov/food-access- research-atlas/documentation
2. USDA ERS Definitions
3. USDA Economic Research Service (ERS) Definitions of Food Security https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security
4. University of Missouri, All things Missouri SNAP-Ed Assessment. https://allthingsmissouri.org/snap-ed-assessment/
5. Kansas Department of Children and Families (DCF) Monthly Caseload Detail Reports. https://www.dcf.ks.gov/services/ees/pages/eesreports.aspx

Goal 1 - Improve access to nutritious, culturally relevant foods for Shawnee County residents by addressing gaps and reducing barriers within local food pantries.

Objective 1a:
By 2028, 50% of food pantries in Shawnee County will offer nutritious food to their clients, with a consistently sufficient stock of items.

Outcome Measure:
- 75% of food pantries participating in the Shawnee County Food Pantry Collaborative will measure an increase in their consistent stock of nutritious food.

Intervention Strategies:
- Work with Kansas Food Pantry Collaborative to develop partnerships and implement innovative programs to fill gaps in the local charitable food system.
- Work closely with the newly formed Shawnee County Food Pantry Collaborative, to build methods of receiving nutritious, culturally relevant food and/or funds to purchase those foods.

Objective 1b:
By 2028, 50% of Shawnee County food pantries will be using the client choice model in their day-to-day pantry operations. .

Outcome Measure:
- 75% of food pantries participating in Shawnee County Food Pantry Collaborative will adhere to the Healthy Eating Research (HER) Guidelines.

Intervention Strategies:
- Work with LiveWell Shawnee County's Healthy Food Access Impact team to conduct workshops and training opportunities on successfully implementing client choice models.
- Collaborate with the newly formed Shawnee County Food Pantry Collaborative to provide technical assistance, such as the creation of a toolkit to implement client choice setup.

Goal 2 - Increase access to nutritious snacks to public school students living in Shawnee County by filling gaps and removing barriers.

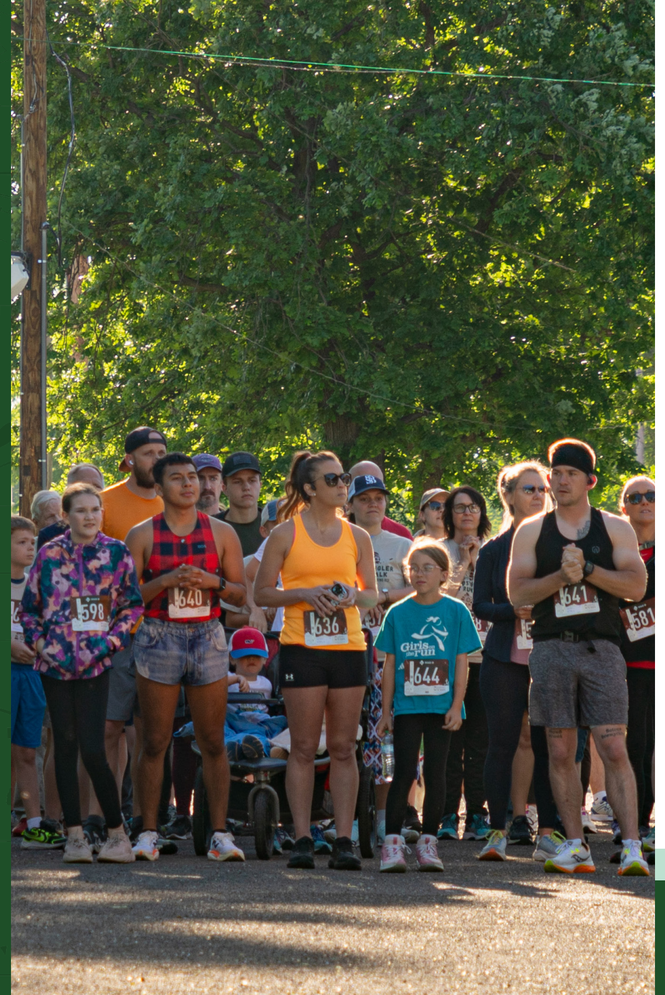
Objective 2a:
By 2028, an Elementary school in Shawnee County, made up of students from mostly low income families, will offer a daily nutritious snack to every student through a sustainably built program.

Outcome Measure:
- By 2028, at least one elementary school in Shawnee County will be providing a daily nutritious snack to every student within that building.

Intervention Strategies:
- Collaborate with the Shawnee County Farm and Food Council to advocate for policy changes or budget allocations within local school districts to support costs.
- Identify grant opportunities to support efforts.
- Pursue local farm to school partnerships and partner with local farms and food cooperatives to source fresh fruits, vegetables, and whole grain snacks.

Priority Area:

Health Equity



Health Equity

Health equity has been defined by the Robert Wood Johnson Foundation in this way: “Health equity means that everyone has a fair and just opportunity to be as healthy as possible.” From both the examination of measures of health and from conversations with stakeholders, there are stark differences in the achievement of optimum health between diverse groups of people. These often fall along the lines of race, place, and income levels. Exploring the root causes of these inequities leads us upstream to consider the social determinants of health, which are the conditions in which people live, work, learn, and play and that influence people’s experiences, everyday lives, and wellness.

The factors that influence these disparities include education and educational achievement, built environment, employment status and working conditions, socioeconomic status, and others. While these factors lead to potential improvements and solutions, the root causes of health inequities are much deeper. Social structures work together with and influence the social determinants of health. Social determinants can positively or negatively impact one’s health. Promoting health equity means balancing the scales and removing the negative impacts some social determinants may cause.

To address the root causes of inequities, it is important to focus on reducing barriers to better health for under-resourced populations, including people of color, individuals living with disabilities, those living in poverty, and others. Why is health equity a concern for Shawnee County? There were several issues that were prioritized during the CHIP process. Where data was available, we disaggregated the outcomes based on race and ethnicity and found startling disparities. For this CHIP, three key areas of health equity were included: maternal and infant health, sexually transmitted infections, and obesity.

Maternal and Infant Health

A community's infant mortality rate is a strong indicator of a community's overall well-being. It reflects not only the population's health, but also its social and environmental health conditions. Every baby in Shawnee County deserves the chance to be born healthy and grow up thriving. Right now, too many families in Shawnee County face barriers to good health—especially Black and Hispanic families, where babies are nearly 2.5 - 5 times more likely to die before their first birthday than White babies. These losses are preventable, and they reflect deep health inequalities including gaps in access to preventative healthcare, lack of prenatal support, decreased safe sleep conditions, and less resources for parents to make healthy decisions.

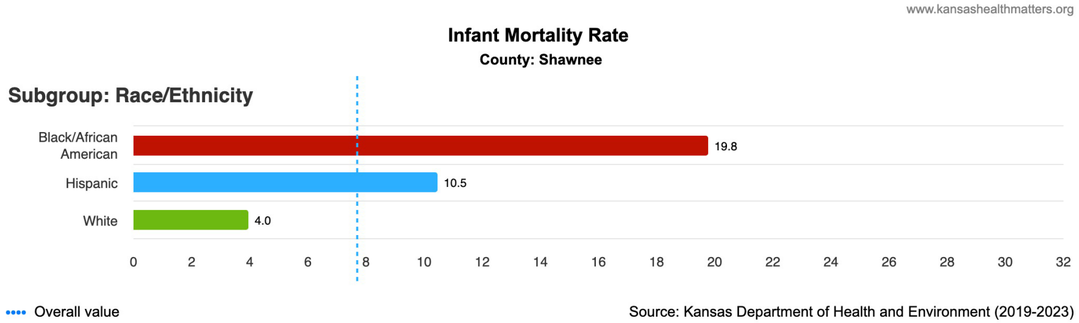
The LiveWell Healthy Babies Impact Group functions as the Community Action Team for the Shawnee County Fetal Infant Mortality Review Board (FIMR). Multiple stakeholders across the county address the commonalities identified in infant death cases from our community and have developed the goals outlined in this CHIP. However, this work is needed across all sectors- legislative, local government, businesses, nonprofits and neighborhoods-there is a role for everyone in improving maternal and infant health outcomes.

Goal 1 - Improve maternal and infant health outcomes in Shawnee County.

Objective 1a:
Reduce the infant mortality rate in Shawnee County.

Outcome Measure:
- The overall infant mortality rate will be reduced from 7.7/1,000 (2019-2023 KDHE) to 6.0/1,000 by 2029 to begin to more closely reflect the Healthy People 2030 goal of 5.0/1,000.
- The infant mortality rate will be reduced from 10.5/1,000 to 8.0/1,000 among Hispanic populations by 2029.
- The infant mortality rate will be reduced from 19.8/1,000 to 15.0/1,000 among Black populations by 2029.
- Increase the proportion of pregnant people who receive early and adequate prenatal care from 76.1% to 80.5% (HP 2030 goal) by 2029.

Intervention Strategies:
- Increase access to timely healthcare services for people capable of pregnancy, including routine preconception healthcare visits, family planning visits, routine prenatal and postpartum visits, as well as dental healthcare, mental healthcare, and prenatal education classes. (KS Infant Mortality & Stillbirth Report, 2019) by:
  - Educating people capable of pregnancy about optimal birth spacing and other family planning services.
  - Coordinate with home visitors and community health workers to provide pregnancy-capable people with information regarding healthcare services.
  - Partnering with local organizations to provide social emotional support services to expectant and new parents via Pathways Funded programs.
  - Collaborating with the Sexual Health Impact Team to reduce STI prevalence with pregnant and pregnancy-capable people.
  - Advocate for medicaid expansion during the legislative session, emphasizing benefits to maternal health.
- Increase the percent of pregnant people in Shawnee County receiving prenatal care in the first trimester from 76.1% to the Healthy People 2030 goal of 80.5% by:
  - Educating local prenatal health providers on what early and adequate prenatal care is.
  - Identify and explore ways to address barriers that prevent Black pregnant people from accessing early and adequate prenatal care.
- Identify and explore ways to address barriers that prevent Hispanic pregnant people from accessing early and adequate prenatal care.
- Identify and address systemic barriers which contribute to differences in birth outcomes for Black and Hispanic pregnant people. (KS Infant Mortality & Stillbirth Report, 2019) by exploring ways to increase knowledge of doula support services for Black and Hispanic pregnant people.
- Reduce sleep-related sudden unexpected infant deaths in Shawnee County by:
  - Coordinating a Community Baby Shower on Safe Sleep with certified safe sleep instructors from the county.
  - Exploring ways to increase attendance to the Baby Shower on Safe Sleep for Black and Hispanic pregnant people and their families.
  - Increase the education to families who are pregnant, plan to become pregnant or are parenting on the impact of substance exposure on health including: tobacco, vaping, and marijuana and the smoke they produce by:
  - Coordinating with the LiveWell Shawnee County Tobacco and Aerosol Prevention Impact Team on developing educational and promotional materials.
  - Explore effective education campaigns on marijuana use exposure.



Obesity

Obesity can be defined as being extremely overweight. Amongst other things, obesity increases the risk for chronic illnesses such as diabetes and hypertension (high blood pressure). Furthermore, for those most obese, mobility can be impacted. In all cases, obesity is then linked with rising healthcare costs, more time spent away from work at doctor's visits, and at its worst, the inability to work at all.

For Shawnee County residents, obesity is linked to higher healthcare costs and worse health outcomes. Reducing obesity incidence and prevalence will also improve the number of days of good physical health, and lower rates of loneliness or low social support – as stigma against bigger bodies is still present in large numbers today.

Obesity worsens health outcomes across the lifespan. Getting active and keeping weight off means lower healthcare costs across the lifetime, and lower life insurance premiums. On a more practical level – it decreases mortality and extreme health events – meaning that one can spend more time with who they love and doing what they love. The reduced healthcare costs put more money into everyone's pocket, and the most socioeconomically challenged populations might be the difference between making rent and being homeless.

Goal 2 - Increase frequency of physical activity amongst Shawnee County residents.

Objective 2a:
Add and increase opportunities and/or programs in Shawnee County for recreation in proximity to residents' domicile and population centers.

Outcome Measures:
- At least three Shawnee County employers adopt active workplace policies prior to 2029.
- At least 25 people will attend the LiveWell Day of Play, or similar event with different branding, event.
- By December 2028, 71% of every household in Shawnee County will have access, within one mile, to a recreational trail.
- Reduce Physical inactivity in Shawnee County from 23% to 20%.

Intervention Strategies:
- Create and distribute workplace materials for implementing stretch breaks and movement breaks, as well as tips for creating a culture of wellness, within non-profits and among other employers in Shawnee County.
- Advertise and promote the LiveWell Shawnee County community calendar. Elevate community events offering opportunities for physical activity.
- Elevate and participate in efforts related to the improvement and development of the Shawnee County trail system. Increase community engagement in these efforts and use of the trails system.
- LiveWell Shawnee County will annually host Shawnee County's Largest Workout event, or something similar, in collaboration with appropriate partners. The community's promotion and participation in this event will ensure its success.

Objective 2b:
Develop safe active transportation options for kids and adults by adding safe facilities to walk, bike and roll near population centers.

Outcome Measure:
- Measure a 5% increase in Shawnee County Residents utilizing active transportation for life, work, or social activities.

Intervention Strategies:
- Support the continuation of Complete Streets Advisory Committee 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.
- Continue to develop and implement Safe Routes to School plans and programs in all Shawnee County School Districts, using the Pathways, Kansas Department of Transportation, Kansas Department of Health and Environment, Shawnee County Health Department and other public and private resources.

Goal 3 - Increase nutrient consumption among Shawnee County residents.

Objective 3a:
Integrate nutrition and public health education into food pantries' regular operations.

Outcome Measures:
- Five pantries in Shawnee County will be distributing health materials to their clients on a routine basis.
- 65% of staff and/or volunteers operating a food pantry are trained to provide health education to the community and pantry clients.
- Offer in-person or virtual training for pantry volunteers and leaders on how to communicate nutrition education and public health information effectively.

Intervention Strategies:
- Host quarterly health education sessions or pop-up information booths at high-traffic pantries.
- Offer optional in-person or virtual training for pantry volunteers and leaders on how to communicate public health information effectively.

Objective 3b:
Integrate nutrition education into the community, prioritizing zip codes containing the highest rates of obesity in the county.

Outcome Measure:
- A weekly social media campaign run once per quarter is created for providing nutrition education to the community. Four community partners, selected based on alignment of target audience with partner's demographic served, share each social media post from LiveWell Shawnee County.

Intervention Strategies:
- Create a social media campaign for sharing and elevating nutrition education.

Sexually Transmitted Infections

Sexually Transmitted Infections (STI's) have been increasing in Shawnee County for the last 20 years. Further, Shawnee County has recently struggled with STI outbreaks – namely Syphilis. Sexually Transmitted Infections carry a plethora of risk for morbidities and mortalities when left untreated – and with physical manifestations can lead to increased stigma against affected populations. As a result of the increased stigma, populations with frequent and recurring STIs may face increased risk for depression, substance use, and other non-communicable diseases. Addressing the Sexual Health of Shawnee County Residents is imperative in improving generalized health within the county.

Lowering the STI rate and strengthening prevention programming from the Sexual Health Collaborative is imperative to improving the health of the community and reducing the stigma/hush attitude around sexual health. Normalizing testing, having conversations with partners, and treating sexual health as normal as physical health will enable Shawnee County residents to have better long-term health outcomes and improve the Public's Health.

Community members engage with this priority area when they include STI prevention in healthy relationships programming. Mentors can speak with people from their community about the importance of routine testing and improving healthcare outcomes. Empowered community members can hold conversations around routine testing and utilize applications to help notify partners when STIs occur. For profit companies are more incentivized to create better tests when the community engages – i.e. pharmaceutical companies creating more/better at home tests. Non-profits focused on sexual health and wellness can continue distributing education pamphlets and safe-sex supplies, and colleges can engage by providing comprehensive sex education to our at-risk populations. Together, this work destigmatizes sexual health and works towards severing the long-standing association between sexual health and morality.

Sexual Health can impact a variety of physical, mental, and social health outcomes. Furthermore, normalizing surveillance and testing decreases stigma, and lessens the amount of domestic violence (DV) associated with STIs. Ensuring equitable access to all for STI testing and treatment decreases depression, social stigma, and prevents morbidities and mortality that can remove people from the workforce or drastically reduce their income.

Goal 4 - Reduce STI rates in Shawnee County.

Objective 4a:
Through expanding prevention programming and resources to vulnerable populations, reduce the STI rate in Shawnee County from 10 per 1,000 to 8 per 1,000

Outcome Measures:
- By 2028, the STI rate in Shawnee County will reduce from 10 per 1,000 to 8 per 1,000.

Intervention Strategies:
- Expand sexual education programming, adding more on STI testing, focusing on normalizing communication, routine testing, and highlighting STI testing resources.
- Create and distribute educational materials on partner notification, and the importance of proper testing and treatment.
- Collaborate with, empower, and inform community members to hold conversations about destigmatizing sexual health, routine testing, and incorporating safe sex practices in healthy relationships.
- Advocate for expanded STI Point of Care (POC) Testing or at-home testing and other activities that increase access and treatment for STIs.

Part Three:

Summary and Next Steps

The 2026-2028 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 many diverse 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 with the publication of the 2026-2028 Shawnee County CHIP, LiveWell Shawnee County leadership and the CHIP and CHNA Steering Committee will begin a three-month period dedicated to capacity-building within the coalition Impact Teams and partnering organizations, including the creation of more detailed action plans for each strategy. Implementation of the CHIP will begin in January 2026. A diagram illustrating the workgroups involved in the four priority areas can be found in Appendix D. It is important to note that though this document identifies workgroups and partnering organizations working towards CHIP strategies, continued engagement from the community is necessary for the improvement efforts outlined in this plan to be achieved and sustained.

LiveWell Shawnee County is a recipient of the Pathways to a Healthy Kansas grant, a community grant initiative funded by Blue Cross and Blue Shield of Kansas. It combines community-wide, evidence-based solutions and practices to help Kansas communities improve active living, healthy eating, commercial tobacco cessation, and behavioral health. The initiative provides community coalitions with the tools and resources needed to engage their communities and remove barriers to healthy living. As a grant recipient, LiveWell Shawnee County will sustain its partnerships with community organizations to ensure that Pathways Implementation Grants support CHIP Priority Area objectives through the conclusion of the grant term in December 2026.

As the community moves to the implementation, reporting, and evaluation phases of the plan, the CHIP and CHNA 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 Sarah Karns Vincent, Director of LiveWell Shawnee County at skarns@livewellsnco.org.

Part Four:

Monitoring and Evaluation

Starting in January, LiveWell Shawnee County Leadership will develop a strategic plan for implementing the 2026-2028 CHIP. Soon after, with support from LiveWell Shawnee County leadership and the CHIP and CHNA Steering Committee, the Impact teams will create action plans for each of the strategies outlined in the priority areas above. The CHIP action plans created by the Impact Teams delineate accountability and responsibilities amongst partners within the coalition and describe specific action steps to be undertaken, including target dates and process measures to track progress and ensure implementation. To help support this process, there are varying levels in which progress towards implementing the various strategies and interventions listed within the CHIP will be evaluated. In total, the CHIP and its partners will be evaluated from a developmental, coalitional, and community standpoint.

Regarding development, implementation progress will be tracked to ensure the various strategies and interventions are executed as best as possible. Furthermore, county-level and secondary public health data will be used to assess current public health trends and related public health outcomes of the CHIP. Finally, strategies and interventions that have been completed will be assessed for their community health impacts – with the goal of creating a path to sustainability and maintaining the progress towards better health with each CHIP. Together, tracking implementation progress and analyzing county-level and secondary public health data, and subsequent understanding of the community health impact of the CHIP will be utilized to create lasting sustainable change to the social systems and consequent social determinants of health (SDoH) to improve the community where we live, work, learn, and play.

From a coalitional standpoint, the CHIP evaluation plan includes evaluations of community engagement and emerging needs. Using a standardized process, Impact Teams of LiveWell Shawnee County, working in partnership with the LiveWell Shawnee County Leadership Team, will assess community communication and engagement strategies, and understand the emerging needs of Shawnee County. In doing so, the goal of the evaluation framework from a coalitional standpoint is to center community voices – transforming the CHIP from “by the community; for the community” to a CHIP “by the community; for the community; with the community”.

Furthering the commitment to centering the community in the CHIP, LiveWell Shawnee County and its partners – Stormont Vail, Shawnee County Health Department, and other partners listed within the CHIP – recognize the importance of involving the community in creating lasting sustainable change. Addressing the social determinants of health (SDOH) requires action from everyone in Shawnee County, and together we can make Shawnee County a better place to work, live, and play. Thus, our current evaluation framework contains a new section, through which Livewell Shawnee County Impact Teams, and various partners will engage with the community. This portion of the CHIP evaluation framework provides increased opportunities to collect direct feedback from the community, increase communication, and express the importance there is in everyone contributing to implementing a CHIP.

Monitoring and Evaluation Framework

The CHIP Steering Committee, Impact Teams, and LiveWell Shawnee County Leadership Team will ensure that progress is made toward implementing the strategies and interventions set forth in this CHIP. As implementation of strategies and interventions begins and continues, Impact Teams may identify circumstances or added information that may require a change in the plan. The CHIP 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. An overarching CHIP Evaluation Framework was developed to help ensure ongoing evaluation of the planning and operations of the 2026-2028 Shawnee County CHIP.

Similarly to the previous 2023-2025 CHIP, 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, goals, and interventions will be made available to community members and other interested stakeholders. Other portions of the evaluation framework will be shared continuously with Impact Teams, LiveWell Shawnee County Leadership, and other partners. Additionally, LiveWell Shawnee County, the CHIP Steering Committee, Impact Teams, and other partners will strive to include the community in this process. In 2028, a comprehensive report of progress on the strategies, objectives, goals, and interventions will be made to inform the next iteration of CHIP strategies for Topeka and Shawnee County.

WHAT	HOW	WHEN	WHO
Developmental Evaluation Assessing the CHIP Implementation – and future opportunities	**Implementation Progress** Tiered System of Surveys observing which strategies have: Not Started In Progress Complete	Quarterly	SNCO Health Department + LiveWell Leadership Team
Coalition Evaluation Assessing the coalition and committee functions and improvement	Community Engagement Strategies Assessment and Emerging Needs Assessment	Quarterly presented to LiveWell Leadership Team	Impact Chairs + LiveWell Director
	Coalition Maintenance Cycle	Quarterly	LiveWell Leadership Team
CHIP Outcomes Progress towards improving health outcomes related to CHIP priority areas	Community Health Impact Assessment	Annually	SNCO Health Department and LiveWell Shawnee County
	Secondary Data Review	Continuous	SNCO Epidemiologist
Community Evaluation Direct Feedback from the Community to inform CHIP efforts and outcomes	LiveWell Listens	Continuous	LiveWell Shawnee County
	Community Chats	Continuous (reports quarterly)	LiveWell Shawnee County + SNCO Epidemiologist
	Community Newsletter	Bi-Monthly	LiveWell Shawnee County

APPENDIX A
PARTNER ORGANIZATIONS INVOLVED IN CHIP PRIORITIZATION

Blue Cross and Blue Shield of Kansas

Boys and Girls Club of Topeka

Breadbasket Farmers' Market

Central Topeka Grocery Oasis

Child Care Aware of Eastern Kansas

City of Topeka

City of Topeka Police Department

City of Topeka – Citizen's Advisory Council

Community Action, Inc.

Community Members

DCCCA

Fellowship Hi-Crest

Greater Topeka Partnership

Historic Old Town NIA

Jayhawk Area Agency on Aging

K-State Research and Extension

Kansas Association for the Medically Underserved

Kansas Children's Service League

Kansas Department for Children and Families

Kansas Department of Health and Environment

Kansas Department of Transportation

Kansas National Guard

Kansas Trails INC.

Kanza Rail Trails Conservancy

Let's Help

Metropolitan Topeka Planning Office

Mirror INC.

One Heart Project

Parents as Teachers - USD 501

Prevention and Resiliency Services (PARS)

Rossville Community Foundation

Rossville Jr./Sr. High School – Kaw Valley USD 321

Safe Kids SNCO

Shawnee County Department of Corrections

Shawnee County Health Department

Shawnee County Parks and Recreation

Shawnee County District Attorney's Office

Stormont Vail Health

Successful Connections

TARC Inc.

Top City Trail Alliance

Topeka & Shawnee County Public Library

Topeka Doula Project

Topeka Metro

Topeka Public Schools – USD 501

United Healthcare

United Way of Kaw Valley

Valeo Behavioral Health Care

Washburn University

Whole Parent Foundation

APPENDIX B
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/2022/rankings/shawnee/county/outcomes/overall/snapshot

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. https://www.stormontvail.org/wp-content/uploads/CHNA-SCHD_10-2021.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. Shawnee County, Kansas (stormontvail.org)

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: A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. https://www.who.int/about/governance/constitution

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

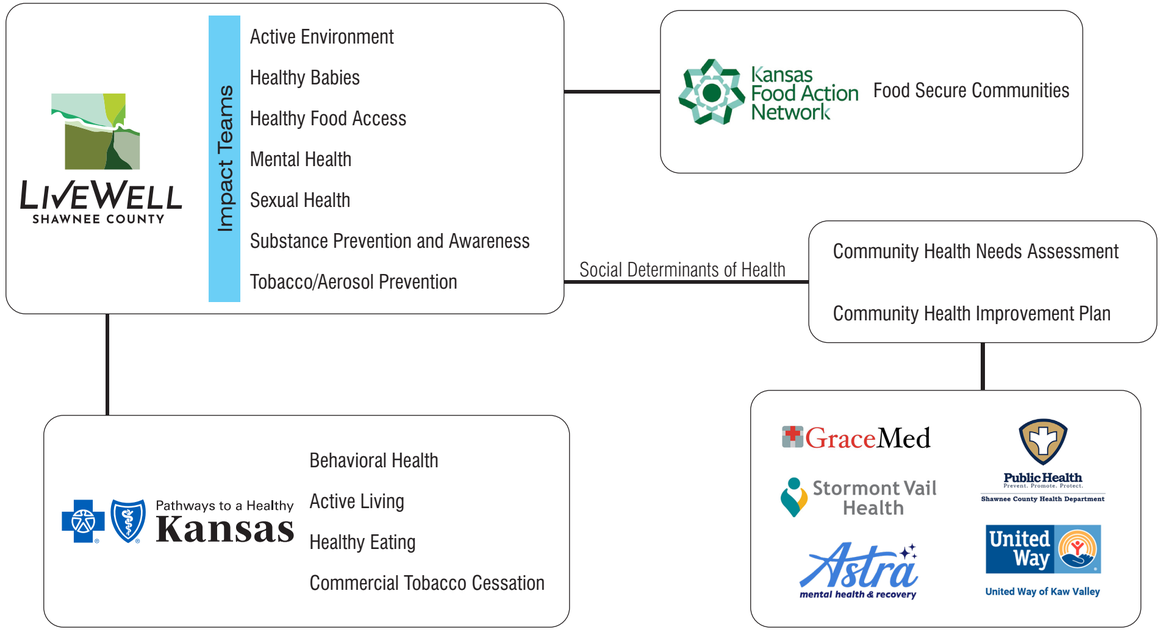
Policy, Systems, and Environmental Changes (PSE): Changes that aim to go beyond a programmatic approach to health, making lasting differences to the contexts in which we live, work, learn, and play. Policy, systems, and environmental approaches can be employed separately, but they often work hand-in hand. See: https://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://health.gov/healthypeople/objectives-and-data

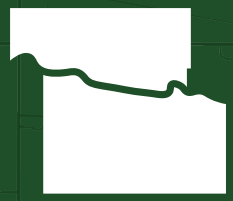
Years of Potential Life Lost (YPLL): A measure of premature death in a community that is used to focus on deaths that occur early in life and therefore, could theoretically have been prevented. https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model

APPENDIX C
LIVEWELL SHAWNEE COUNTY STRUCTURE



APPENDIX D
CHNA/CHIP TIMELINE

December 2025	Complete CHIP
December 2025	Annual LiveWell Shawnee County Action Summit
January 2026	CHNA/CHIP Leadership Meeting
April 2026	County Health Rankings released
April 2026	CHNA Steering Committee
July 2026	CHNA Steering Committee
August 2026	CHNA Steering Committee
October 2026	CHNA Steering Committee
November 2026	CHNA Survey revisions complete
December 2026	CHNA marketing timeline completed
January 2027	CHNA Steering Committee
February 2027	CHNA Steering Committee
March-April 2027	CHNA Survey period/roundtables (weekly Steering Committee meetings)
May 2027	CHNA data review
May 2027	CHNA Town Hall
August 2027	CHNA write-up completed
November 2027	City and county presentation of CHNA
December 2027	LiveWell Shawnee County presentation of CHNA at Annual Action Summit



LIVEWELL
SHAWNEE COUNTY