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

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Acknowledgments

Funding for this Community Health Improvement Plan (CHIP) comes from the Topeka Community Foundation and the Kansas Health Foundation, in partnership with the Shawnee County Health Department and Heartland Healthy Neighborhoods. The Community Health Needs Assessment (CHNA) was funded by Stormont Vail Health. Special thanks to Steve Corbett and Sarah Hartsig, consultants from the Kansas Health Institute for their expertise and assistance in developing this CHIP. We would also like to thank members of the community who contributed their time and talent to identifying the priorities and intervention strategies included in this CHIP. We especially would like to thank those who have been, and who will be, involved in implementing the 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 and Appendix B.
Letter from Craig Barnes,  
Chair of Heartland Healthy Neighborhoods

Dear Shawnee County Community:

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

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

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

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

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

Sincerely,

Craig Barnes

Chair, Heartland Healthy Neighborhoods
EXECUTIVE SUMMARY

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

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

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

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

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

Throughout the development of the CHIP, the steering committee considered upstream solutions that included policies, systems and environmental (PSE) changes to address the social determinants of health for each of the priority areas. In recognizing the importance of health equity in community change, this plan will have an ongoing focus on the social determinants, PSE changes, and health equity as implementation moves forward.
### PRIORITY AREA 1: BEHAVIORAL HEALTH

**GOAL 1.1:** Decrease suicides in Shawnee County.

Objective 1.1.1: Decrease suicide rate from 23.5/100k to 21.4/100k by 2022.

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

Objective 1.2.1: Decrease the rate of behavioral-related hospital admissions from 10.2/10k to 103.3/10k.

Objective 1.2.2: Decrease poor mental health days from 3.4/30 days to 3.2/30 days.

Objective 1.2.3: Stabilize depression in the Medicare population at 25.3% or lower.

### PRIORITY AREA 2: ACCESS TO FOOD

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

Objective 2.1.1: Decrease the overall food insecurity rate from 13.3% to 12.0% by 2022.

Objective 2.1.2: Decrease the child food insecurity rate from 18.4% to 17.4% by 2022.

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

### PRIORITY AREA 3: SUBSTANCE USE

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

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

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

Objective 3.1.3: Stabilize 30-day youth e-cigarette use at 11.9% or lower by 2022.

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

Objective 3.2.1: Decrease overdose and drug poisoning deaths from 15.9/100k to 14.5/100k by 2022.

### PRIORITY AREA 4: HEALTH EQUITY

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

Objective 4.1.1: Increase the percent of women receiving prenatal care in the first trimester from 78.7% to 80.0% by 2022.

Objective 4.1.2: Decrease the infant mortality rate from 7.8/1,000 to 6.8/1,000 by 2022.

**GOAL 4.2:** Decrease STIs among Shawnee County residents.

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

**GOAL 4.3:** Decrease obesity among Shawnee County residents.

Objective 4.3.1: Decrease the percent of adults who are obese from 36.2% to 34.0% by 2022.
Part I

BACKGROUND INFORMATION
PART 1: BACKGROUND INFORMATION

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

Figure 1. Location of Shawnee County in Northeastern Kansas.

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

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2. U.S. Census Bureau QuickFacts https://www.census.gov/quickfacts/fact/table/shawnee county kansas/RHI125218#RHI125218
Figure 2. Racial/Ethnic Makeup of Shawnee County Residents, and Poverty Levels.

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percent</th>
<th>Percent below Poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>73.7</td>
<td>9.9</td>
</tr>
<tr>
<td>Hispanic</td>
<td>12.6</td>
<td>23.6</td>
</tr>
<tr>
<td>African-American</td>
<td>8.5</td>
<td>23.2</td>
</tr>
<tr>
<td>Asian</td>
<td>1.6</td>
<td>11.4</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>1.4</td>
<td>18.2</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>0.1</td>
<td>38.8</td>
</tr>
<tr>
<td>Other</td>
<td>2.1</td>
<td>~22</td>
</tr>
</tbody>
</table>


**CHNA-CHIP Process**

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

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

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

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

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4 A glossary of the bolded terms can be found in Appendix C.
## Shawnee County, Kansas – CHNA Community Survey, 2018

In general, how big of a problem are the following healthcare issues in our community? (respondents were able to select more than one answer)

<table>
<thead>
<tr>
<th>Issue</th>
<th># Responses</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health issues</td>
<td>1,223</td>
<td>52.6%</td>
</tr>
<tr>
<td>Overweight/obesity</td>
<td>1,103</td>
<td>47.4%</td>
</tr>
<tr>
<td>Alcohol/drug abuse</td>
<td>1,017</td>
<td>43.7%</td>
</tr>
<tr>
<td>Not eating healthy</td>
<td>969</td>
<td>41.7%</td>
</tr>
<tr>
<td>Lack of exercise</td>
<td>922</td>
<td>39.7%</td>
</tr>
<tr>
<td>Opioid abuse/dependence</td>
<td>857</td>
<td>36.9%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>802</td>
<td>34.5%</td>
</tr>
<tr>
<td>Tobacco use</td>
<td>689</td>
<td>29.6%</td>
</tr>
<tr>
<td>Heart disease/stroke</td>
<td>632</td>
<td>27.2%</td>
</tr>
<tr>
<td>Knowledge of available services</td>
<td>587</td>
<td>25.2%</td>
</tr>
<tr>
<td>Oral/dental health</td>
<td>570</td>
<td>24.5%</td>
</tr>
<tr>
<td>Access to primary healthcare</td>
<td>557</td>
<td>23.9%</td>
</tr>
<tr>
<td>Transportation to healthcare services</td>
<td>551</td>
<td>23.7%</td>
</tr>
<tr>
<td>Cancer</td>
<td>462</td>
<td>19.9%</td>
</tr>
<tr>
<td>Lung, respiratory illness</td>
<td>301</td>
<td>12.9%</td>
</tr>
<tr>
<td>Arthritis, joint/back pain</td>
<td>289</td>
<td>12.4%</td>
</tr>
<tr>
<td>Teen pregnancy</td>
<td>253</td>
<td>10.9%</td>
</tr>
<tr>
<td>Infant mortality</td>
<td>170</td>
<td>7.3%</td>
</tr>
<tr>
<td>Infant immunizations</td>
<td>160</td>
<td>6.9%</td>
</tr>
</tbody>
</table>

Source: Shawnee County CHNA, 2018.

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

3) Town hall meetings across the county to present and discuss the survey and data. During the town halls, participants were given the chance to provide input on what they perceived to be the top health issues for Shawnee County. That list of issues is what was used for CHIP prioritization. See Figure 4 (page 4) for a list of the top issues from the town hall meetings.
Shawnee County, Kansas – CHNA Town Hall Meeting, 2018

<table>
<thead>
<tr>
<th>#</th>
<th>Community Health Issue</th>
<th># Votes (172 total)</th>
<th>% of votes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Access to mental health (diagnosis, treatment, placement, crisis)</td>
<td>38</td>
<td>22.1%</td>
</tr>
<tr>
<td>2</td>
<td>Improve health literacy</td>
<td>19</td>
<td>11.0%</td>
</tr>
<tr>
<td>3</td>
<td>Safe access to healthy food</td>
<td>14</td>
<td>8.1%</td>
</tr>
<tr>
<td>4</td>
<td>Single family households in poverty support</td>
<td>14</td>
<td>8.1%</td>
</tr>
<tr>
<td>5</td>
<td>Sex education (me too, consent)</td>
<td>11</td>
<td>6.4%</td>
</tr>
<tr>
<td>6</td>
<td>Affordable health insurance</td>
<td>11</td>
<td>6.4%</td>
</tr>
<tr>
<td>7</td>
<td>Care coordination</td>
<td>11</td>
<td>6.4%</td>
</tr>
<tr>
<td>8</td>
<td>State ID easier to get</td>
<td>11</td>
<td>6.4%</td>
</tr>
</tbody>
</table>

Source: Shawnee County CHNA, 2018.
Note: The total of 172 votes includes votes for other issues which were not included in the list of top issues.

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

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

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

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

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

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

CHIP workgroups for each priority area were created from existing and newly-formed HHN workgroups, community organizations, and other stakeholders. A schematic diagram of the workgroups involved in each priority area can be found in Appendix E. This CHIP aims to increase community capacity by removing barriers for collaboration. By collaborating with existing organizations, HHN leadership also aims to build community capacity and sustainability of CHIP efforts. The CHIP Steering Committee developed the goals under each priority area and sought feedback from the HHN workgroups and other community partners on the content of these priority areas and goals.
Objectives for each priority area were drafted by the CHIP Steering Committee and refined based on feedback from the CHIP workgroups and partnering community organizations. Targets for the outcome objectives were determined by examining Shawnee County data trends over time in order to create feasible outcome objectives within the given timeframe. The degree of change from year-to-year was used to establish a reasonable measure of change by the year 2022. Additionally, the group considered that Healthy People 2020 (HP 2020) objectives typically aim for a 10 percent improvement over the course of 10 years. Because this CHIP covers a span of three years, expectations were adjusted accordingly. The benchmarking against HP 2020 targets provided a general estimate, while the trend analysis (if available) provided more specificity to the local measures and changes over time.

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

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

Figure 6: Social Determinants of Health

<table>
<thead>
<tr>
<th>Economic Stability</th>
<th>Neighborhood and Physical Environment</th>
<th>Education</th>
<th>Food</th>
<th>Community and Social Context</th>
<th>Health Care System</th>
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<tbody>
<tr>
<td>Employment</td>
<td>Housing</td>
<td>Literacy</td>
<td>Hunger Access to healthy options</td>
<td>Social integration</td>
<td>Health coverage</td>
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<tr>
<td>Income</td>
<td>Transportation</td>
<td>Language</td>
<td></td>
<td>Support systems</td>
<td>Provider availability</td>
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<tr>
<td>Expenses</td>
<td>Safety</td>
<td>Early childhood education</td>
<td></td>
<td>Community engagement</td>
<td>Provider linguistic and cultural competency</td>
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<tr>
<td>Debt</td>
<td>Parks</td>
<td>Vocational training</td>
<td></td>
<td>Discrimination</td>
<td>Quality of care</td>
</tr>
<tr>
<td>Medical bills</td>
<td>Playgrounds</td>
<td>Higher education</td>
<td></td>
<td>Stress</td>
<td></td>
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<tr>
<td>Support</td>
<td>Walkability</td>
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<td>Zip code / geography</td>
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</tr>
</tbody>
</table>

**Health Outcomes**
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

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

**Figure 7: Health Impact Pyramid**

![Health Impact Pyramid Diagram](source: Frieden, 2010.)
Part 2

PRIORITY AREAS
PART 2: PRIORITY AREAS

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

Behavioral Health

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

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

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

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8 CDC WISQARS Fatal Injury Reports. https://webappa.cdc.gov/sasweb/ncipc/mortrate.html
Why is behavioral health a concern for Shawnee County?

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

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

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

Source: Kansas Health Matters, 2019.

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9 County Health Rankings, 2019
What are our goals and how do they align with state and national goals?

### PRIORITY AREA 1: BEHAVIORAL HEALTH

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

#### Goals, Objectives, and Intervention Strategies

### PRIORITY AREA 1: BEHAVIORAL HEALTH

**GOAL 1.1: Decrease Suicides in Shawnee County.**

**Objective 1.1.1:** Decrease the suicide rate from 23.5/100k to 21.4/100k by 2022 (KDHE 2015-2017).

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

**Intervention strategy 1.1.b:** Partner with the Suicide Prevention Coalition and other community organizations to implement at least two Applied Suicide Intervention Skills Trainings (ASIST) to additional community groups in Topeka and Shawnee County.
### PRIORITY AREA 1: BEHAVIORAL HEALTH

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

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

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

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

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

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

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

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

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

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

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

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

Why is access to food a concern for Shawnee County?

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

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

---

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

**Figure 10: Food deserts in Shawnee County.**

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

<table>
<thead>
<tr>
<th>PRIORITY AREA 2: ACCESS TO FOOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shawnee County Goals</td>
</tr>
<tr>
<td>------------------------</td>
</tr>
<tr>
<td>Goal 2.1: Reduce food insecurity and food deserts in Shawnee County.</td>
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<td></td>
</tr>
</tbody>
</table>
Goals, Objectives, and Intervention Strategies

**PRIORITY AREA 2: ACCESS TO FOOD**

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

- **Objective 2.1.1:** Decrease the overall food insecurity rate from 13.3% to 12.0% by 2022. (Feeding America 2017).
- **Objective 2.1.2:** Decrease the child food insecurity rate from 18.4% to 17.4% by 2022. (Feeding America 2017).
- **Objective 2.1.3:** Decrease the number of census tracts listed as “food deserts” by the USDA from 9 to 8 by 2024. (USDA 2015 & 2016).

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

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

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

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

Substance use is any consumption of alcohol, tobacco or drugs. Underage use of legal substances such as alcohol and tobacco is problematic. Substance abuse refers to a set of related conditions associated with the consumption of mind and behavior altering substances that have negative behavioral and health-related outcomes\textsuperscript{16}.

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

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

\begin{center}
\includegraphics[width=\textwidth]{trends.png}
\end{center}


\textsuperscript{16} Healthy People 2020 https://www.healthypeople.gov/2020/topics-objectives/topic/substance-abuse
\textsuperscript{17} Healthy Kansans 2020 http://healthykansans2020.com/KHAIP/Health-Assessment-Section-6.pdf?v=1
Alcohol is the most commonly used and abused substance among youth in the U.S. Excessive alcohol consumption is responsible for more than 4,300 deaths in the U.S. among youth each year. More than 90% of the alcohol consumed by people aged 12 to 20 years is done so in the form of binge drinking – a pattern of drinking that brings an individual’s blood alcohol concentration (BAC) to at least 0.08 grams percent.\textsuperscript{19}

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

**Figure 12. Drug overdose deaths in the U.S., by sex, 1999-2017.\textsuperscript{20}**

![National Drug Overdose Deaths Number Among All Ages, by Gender, 1999-2017](source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018)

**Why is substance use a concern for Shawnee County?**

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

For Shawnee County, substance use among youth is of particular concern. While cigarette smoking has remained steady among Shawnee County youth since 2017 (10.3-10.4 percent), past 30-day use of e-cigarettes increased from 5.1 percent in 2016 to 11.9 percent in 2019.\textsuperscript{21} Over 26 percent of Shawnee

\textsuperscript{19} CDC [https://www.cdc.gov/alcohol/fact-sheets/underage-drinking.htm](https://www.cdc.gov/alcohol/fact-sheets/underage-drinking.htm); [https://www.cdc.gov/alcohol/fact-sheets/binge-drinking.htm](https://www.cdc.gov/alcohol/fact-sheets/binge-drinking.htm)


County youth (grades 6, 8, 10, 12) have tried e-cigarettes, versus less than 23 percent statewide.\(^{22}\)
Binge drinking among Shawnee County youth increased from 5.0 percent to 7.5 percent in 2017, and
continues to be above 6 percent.\(^{21}\) Since 2016, marijuana use in the past 30 days among Shawnee
County youth has increased from 5.3 percent to 6.1 percent.\(^{24}\) Shawnee County youth are more likely
to have abused prescription drugs (6.9 percent) than youth statewide (6.3 percent).\(^{25}\)

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

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

![Death Rate due to Drug Poisoning, Shawnee County, 2012-2017](image)

Source: Kansas Health Matters, 2019.


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

<table>
<thead>
<tr>
<th>PRIORITY AREA 3: SUBSTANCE USE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Shawnee County Goals</strong></td>
</tr>
<tr>
<td>Goal 3.1: Decrease the use of tobacco and alcohol products among Shawnee County youth.</td>
</tr>
<tr>
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<tr>
<td></td>
</tr>
<tr>
<td>Goal 3.2: Decrease overdose and drug poisoning deaths among Shawnee County residents.</td>
</tr>
</tbody>
</table>
### PRIORITY AREA 3: SUBSTANCE USE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Why is health equity a concern for Shawnee County?

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

The issues included in Health Equity include:

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


\(^{27}\) Bay Area Regional Health Inequities Initiative (BARHII). [http://barhii.org/framework/](http://barhii.org/framework/)
Maternal, Infant and Child Health

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

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

![Bar chart showing infant mortality rates by race/ethnicity in Shawnee County from 2013 to 2017.]

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

Sexually Transmitted Infections

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

28 Kansas Health Matters. [www.kansashealthmatters.org](http://www.kansashealthmatters.org)
Figure 15. Chlamydia rate in Shawnee County by race/ethnicity, 2008-2018

![Graph showing Chlamydia rate by race/ethnicity in Shawnee County, KS: 2008-2018.](image)


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

![Graph showing Gonorrhea rate by race/ethnicity in Shawnee County, KS: 2008-2018.](image)

Obesity

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

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

![Percent of Adult Obesity, Shawnee County, 2011-2017](image)


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

<table>
<thead>
<tr>
<th>PRIORITY AREA 4: HEALTH EQUITY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Shawnee County Goals</strong></td>
</tr>
<tr>
<td>Goal 4.1: Improve maternal, infant and child health outcomes in Shawnee County.</td>
</tr>
<tr>
<td>Goal 4.2: Decrease STIs among Shawnee County residents.</td>
</tr>
<tr>
<td>Goal 4.3: Decrease obesity among Shawnee County residents.</td>
</tr>
</tbody>
</table>

\textsuperscript{30} Kansas Health Matters. [http://www.kansashealthmatters.org/indicators/index/view?indicatorId=2269&localeId=1028](http://www.kansashealthmatters.org/indicators/index/view?indicatorId=2269&localeId=1028)
## PRIORITY AREA 4: HEALTH EQUITY

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

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

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

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

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

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

### GOAL 4.2: Decrease STIs among Shawnee County residents.

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

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

### GOAL 4.3: Decrease obesity among Shawnee County residents.

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

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

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

**Intervention strategy 4.3.c:** Support the continuation of Complete Streets guidelines, continued programming and initiatives, including the expansion of multipurpose pathways and other bike, pedestrian, and transit enabling infrastructures to improve community connectedness and active transport throughout Topeka and Shawnee County.
Part 3

SUMMARY AND NEXT STEPS
PART 3: SUMMARY AND NEXT STEPS

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

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

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

For questions about the CHIP, or to learn more about how you and/or your organization can get involved in the CHIP processes, contact Susan Caman, Shawnee County Health Department, Community Health Planner at susan.caman@snco.us.
Part 4

MONITORING AND EVALUATION
PART 4: MONITORING AND EVALUATION

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

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

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

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

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

Adventure Dental and Vision
Aldersgate Village
American Heart Association
Angels Care Home Health
Auburn Washburn - USD 437
Bajillion Agency
Baker University School of Nursing
Blue Cross and Blue Shield of Kansas
Boys & Girls Club of Topeka
Breakthrough House, Inc.
Brewster Place
Caregivers Home Health
Childcare Aware of Eastern Kansas
City of Topeka
Community Action Head Start
Community Action, Inc.
Community Resources Council
Community Volunteers
El Centro of Topeka
Family Service & Guidance Center
First Lutheran Church
Florence Crittenton Services of Topeka, Inc.
GraceMed
Greater Topeka Partnership
Harvesters
Harvesters Community Food Network
HealthAccess
Interim Health Care
Jayhawk Area Agency on Aging
K-State Research and Extension
Kansas Breastfeeding Coalition, Inc.
Kansas Children’s Service League
Kansas Department of Children and Families
Kansas Foundation for Medical Care, Inc.
Kansas Health Institute
Kansas Rehabilitation Hospital
Lincoln Center
Midland Care
Midwest Health
NAMI Topeka

New Dawn Wellness and Recovery
One Heart Project
Oral Health Kansas
Positive Connections
Prevention and Recovery Services, Inc.
Safe Streets
Seaman USD 345
Shawnee County Commission
Shawnee County Health Department
Shawnee County Parks and Recreation
Stormont Vail Health
Tanglewood Health & Rehabilitation
TARC, Inc.
Topeka and Shawnee County Public Library
Topeka Chapter of the Links, Inc.
Topeka Common Ground
Topeka Community Cycle Project
Topeka Community Foundation
Topeka Doula Project
Topeka Housing Authority
Topeka JUMP
Topeka Kansas Black Nurses Association
Topeka Metro
Topeka Metropolitan Transit Authority
Topeka Police Department
Topeka Public Schools Parents as Teachers
Topeka Public Schools USD 501
United Way of Greater Topeka
University of Kansas Hospital System - St. Francis Campus
Valeo Behavioral Health Care
Washburn University
Appendix B – Partner Organizations Involved in CHIP Prioritization

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

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

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

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

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

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

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

**Policy, Systems, and Environmental Changes (PSE):** Changes that aim to go beyond a programmatic approach to health, making lasting differences to the contexts in which we live, work, learn, and play. Policy, systems, and environmental approaches can be employed separately, but they often work hand-in-hand. See: [http://healthtrust.org/wp-content/uploads/2013/11/2012-12-28-Policy_Systems_and_Env_Changes.pdf](http://healthtrust.org/wp-content/uploads/2013/11/2012-12-28-Policy_Systems_and_Env_Changes.pdf)
Secondary Data:  Data that is gathered by someone else or for another purpose, but which can be accessed to describe a community or condition. Often, secondary data sources include governmental surveys, such as the Census, the Behavioral Risk Factor Surveillance System, and other publicly available statistics.

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

https://www.who.int/social_determinants/sdh_definition/en/
https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health

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

Appendix D – CHNA Tables

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

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

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

<table>
<thead>
<tr>
<th>Shawnee County CHNA Areas of Strength</th>
<th>Community Health Areas in Need of Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hospice care</td>
<td>1. Suicide rate</td>
</tr>
<tr>
<td>2. Community collaboration</td>
<td>2. Access for mental health</td>
</tr>
<tr>
<td>3. Two schools of nursing</td>
<td>3. Increase exercise options/policy</td>
</tr>
<tr>
<td>4. Public bike trails/Park systems</td>
<td>4. Substance abuse</td>
</tr>
<tr>
<td>5. Hospital has human trafficking screening</td>
<td>5. Opioid abuse</td>
</tr>
<tr>
<td>6. Collaborative schools/School programs</td>
<td>6. Safe access to healthy food</td>
</tr>
<tr>
<td>7. Different specializations within the hospital</td>
<td>7. Education to those without the resources</td>
</tr>
<tr>
<td>8. Immunizations</td>
<td>8. Affordable housing</td>
</tr>
<tr>
<td>11. Political support/Advocacy</td>
<td>11. Single parent households living in poverty</td>
</tr>
<tr>
<td>12. Collaborative efforts between first responders</td>
<td>12. Improve childcare options</td>
</tr>
<tr>
<td>15. Donated services in the medical community</td>
<td>15. Engaging neighborhood communities in poverty areas</td>
</tr>
<tr>
<td>16. Quality of life components</td>
<td>16. Expand Medicaid</td>
</tr>
<tr>
<td>18. Churches/Spiritual health</td>
<td>18. Newborn follow up visits</td>
</tr>
<tr>
<td></td>
<td>19. Breastfeeding</td>
</tr>
<tr>
<td></td>
<td>20. High use of correctional system</td>
</tr>
<tr>
<td></td>
<td>21. Preventative services</td>
</tr>
<tr>
<td></td>
<td>22. Affordable health insurance</td>
</tr>
<tr>
<td></td>
<td>23. Smoking – nicotine and tobacco</td>
</tr>
<tr>
<td></td>
<td>24. Secure care for mental health</td>
</tr>
<tr>
<td></td>
<td>25. Family planning</td>
</tr>
</tbody>
</table>

Source: Shawnee County CHNA, 2018
Figure D-2. Evaluation of Past CHNA Health Needs

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

Source: Shawnee County CHNA, 2018, Chart #3

Figure D-3. Community Health Readiness

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

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

Source: Shawnee County CHNA, 2018, Chart #6
### Figure D-4. Social & Rehab Services Profile

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

Source: Shawnee County CHNA, 2018, Tab 6

Note: Big 12 KS Norm indicates the following counties: Johnson, Wyandotte, Butler, Douglas, Leavenworth, Riley, Saline, Sedgwick, Shawnee, Finney, Ellis, and Reno
Appendix E – Heartland Healthy Neighborhoods Structure

The diagram below illustrates the HHN workgroup structure.