

Shawnee County

Community Health Improvement Plan

2015



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Credits and Acknowledgments

Shawnee County Community Health Improvement Plan
April 2015

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Introduction

In order to fully appreciate the Shawnee County Community Health Improvement Plan (CHIP) it is important to have a basic understanding of who this document affects and how this document was created. This introduction will provide basic information about the community and its residents; background information on how the health priorities were determined; and a description of the work that occurred in developing this CHIP. It is the hope of the Planning Group that this document will be used by the community to help guide efforts as we all work to create a healthier community.

Shawnee County

Shawnee County is located in northeast Kansas and covers 544.02 square miles of land. According to the U.S. Census Bureau, 2010 Census, Shawnee County is the third largest county in the state with a population of 177, 934. The largest city in Shawnee County is Topeka, which has a population of 127,473. Topeka is also the state capital and the county seat.

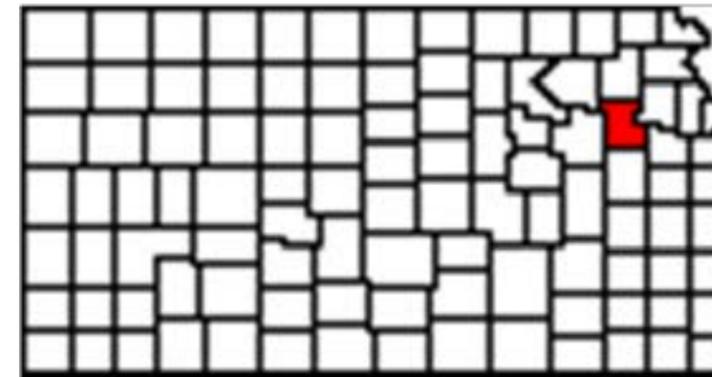


Figure 1: Map of Kansas showing the location of Shawnee County (shown in red).ⁱ

Shawnee County is comprised of 12 townships. The townships in Shawnee County are Auburn, Dover, Grove, Menoken, Mission, Monmouth, Rossville, Silver Lake, Soldier, Tecumseh, Topeka, and Williamsport.



Figure 2: Map of Shawnee County townships

Shawnee County also has five incorporated cities: Topeka, Silver Lake, Auburn, Rossville, and Willard. Select information about Shawnee County residents is located in Table 1.

	Shawnee County	City of Topeka	City of Silver Lake	City of Auburn	City of Rossville	City of Willard
Population	177,934	127,473	1,439	1,227	1,151	112
Persons under 18 years	24.5%	24.4%	29.2%	32.4%	61.5%	37.5%
Persons 65 and over	15.5%	14.3%	14.3%	11.5%	11.3%	3.6%
White alone	84.5%	76.2%	95.8%	94.6%	92.3%	100%
Black or African-American	8.8%	11.3%	0.3%	0.6%	0.7%	0.0%
American Indian and Alaska Native, alone	1.4%	1.4%	1.1%	0.4%	4.2%	0.0%
Asian alone	1.3%	1.3%	0.3%	0.2%	0.2%	0.0%
Native Hawaiian and other Pacific Islander alone	0.1%	0.1%	0.3%	0.1%	0.0%	0.0%
Two or More Races	3.9%	4.9%	1.9%	3.8%	2.3%	0.0%
Hispanic or Latino	11.5%	13.4%	4.1%	4.1%	4.9%	5.4%
White alone, not Hispanic or Latino	75.0%	69.7%	92.4%	91.5%	88.6%	94.6%
Single parent household with children under 18 years of age	9.8%	11.7%	14.4%	13.0%	11.4%	33.3%

Table 1: Select Demographic Information of Shawnee County Residents by County and by Cities in Shawnee County ⁱⁱⁱ

Additional Information about Shawnee County, Kansas	
Median household income	\$48,451
Persons below poverty level	16.7%
Families living below poverty level	12.1%
Children living below poverty level	24.8%
High school graduate or higher, persons age 25 and over	90.3%
Bachelor's degree or higher, persons age 25 and over	28.6%
Veterans	16,162
Uninsured adults 18 to 64 years of age	17.5%
Unemployed workers in civilian labor force	4.2%

Table 2: Additional Demographic Information about Individuals Living in Shawnee County, Kansas ^{iv}



Community Health Needs Assessment

In August 2011 St. Francis Health, Stormont-Vail HealthCare, and the Shawnee County Health Agency began meeting as the Healthy Shawnee County Task Force to discuss the need for conducting a Community Health Needs Assessment (CHNA). Not-for-profit hospitals had a new Internal Revenue Service requirement to conduct and complete a CHNA by September 2013 and to adopt an implementation strategy within the same tax year that the CHNA was completed. There was also a new opportunity for public health agencies to achieve accreditation. One of the required activities for public health accreditation was the completion of a CHNA. These reasons were the driving forces for conducting the CHNA in Shawnee County.

The Association for Community Health Improvement, Community Health Assessment Toolkit, was used as the guide for conducting the CHNA which was completed during 2012. The Healthy Shawnee County Task Force also sought direction and feedback on the process from the Healthy Shawnee County Assessment Advisory Committee. Advisory Committee members were selected based on their knowledge, expertise, and understanding of community issues. With an infrastructure in place it was possible to begin collecting data so that the community health issues could be identified.

Using data from the Kansas Health Matters website, the Healthy Shawnee County Community Health Needs Assessment survey was developed and distributed widely to the community. This on-line survey asked participants to identify the level of attention needed on 48 health indicators. A total of 548 community and 229 organization members completed the survey. The survey results were analyzed by the Biostatistics and Evaluation Services and Training Center at the University of North Texas Health Sciences Center School of Public Health.

It was also important to gather feedback on health issues from various groups and individuals in the community. Three focus groups were facilitated by Virden and Associates of Kansas City. The focus groups were targeted at health care professionals, social service professionals and neighborhood leaders. There was also a survey that was sent to individuals in the community with public health expertise.

Community Health Needs Assessment

After compiling the data that was collected, a total of 14 community health issues emerged. These issues were:

- Adults who are overweight or obese
- Adults consuming fruits and vegetables five or more times per day
- Adults participating in recommended level of physical activity
- Adult cigarette smoking
- Adults who reported their mental health was not good on 14 or more days during the past 30 days
- Births occurring to teens (15-19)
- Adults with diagnosed diabetes
- Adults with and at-risk for heart disease and stroke
- Infant mortality
- Infants fully immunized at 24 months
- Children without adequate oral health
- Access to health services
 - o Knowledge of available health/social services
 - o Transportation connecting persons to services and recreation

With the community health issues identified it was important to communicate the information broadly and to develop a community health improvement plan that would help focus community efforts in making an impact on these issues.

The final written CHNA was released to the public in March 2013 and can be found in its entirety at <http://shawneehealth.org/DocumentCenter/View/160>.



Community Health Improvement Plan

With the completion of the CHNA it was time to develop a CHIP for Shawnee County. Understanding the complexities of the health issues identified in the CHNA, it was important to have broad representation from the community working to develop the CHIP. Working with a community coalition interested in health issues seemed to be the logical way to proceed with planning efforts.

Instead of creating another community coalition, the Healthy Shawnee County Task Force looked to the community to see if there was an established coalition that could be used to support the completion of the CHIP. Heartland Healthy Neighborhoods (HHN) was quickly identified as a possible partner for this work.

HHN, a community coalition that formed in 2008, is a group of individuals and organizations interested in the health and well-being of Shawnee County. Over the years this coalition has worked on public health policy issues such as getting a Complete Streets resolution passed by the City of Topeka and supporting the City of Topeka in the passage of the Clean Indoor Air ordinance. HHN has also been one of the lead agencies for the Shawnee County Largest Workout and has promoted numerous health programs such as Community Gardens, local Farmer’s Markets, Art on the Move, etc.

In June 2013 the Healthy Shawnee County Task Force approached the HHN Leadership Team to see if they would be willing to serve as the coalition that would develop the CHIP. After reviewing the CHNA and learning more about the priorities identified, the HHN Leadership Team felt that developing the CHIP would be an appropriate activity for the coalition.

With approval of the HHN Leadership Team to move forward with developing the CHIP, it was necessary to get the coalition members familiar with the CHNA and the plans for developing the CHIP. The remaining HHN meetings in 2013 were used to: share the results of the CHNA; to inventory the community assets; to identify individuals and organizations that needed to be invited to participate in the CHIP development; and to ensure a shared vision for HHN in the coming year.

Another important step in preparing HHN to develop the CHIP was to take the 14 priority health issues identified in the CHNA and make them more manageable. The 14 issues were grouped into one of three categories: infant mortality, overweight/obese, and access to health services. These categories were then used by HHN to form workgroups that would develop plans for improvement in each area of focus. The workgroups that were formed were: Healthy Babies, Healthy Eating/Active Living, and Access -Transportation and Knowledge of Health Care Services.

An additional workgroup, Complete Streets, was formed to get a Complete Streets policy implemented by the City of Topeka and Shawnee County. This work was being done because HHN received a Healthy Communities Initiative grant from the Kansas Health Foundation. The Complete Streets workgroup would complement the work to be done by the other workgroups and would also provide action to anticipated strategies for the Healthy Eating/Active Living workgroup.

Community Health Improvement Plan

It should be noted that the CHNA identified several issues related to access to care, but the CHIP is only focused on access to transportation and knowledge of health care services. The other issues identified in the CHNA such as: adults diagnosed with diabetes, adults with and at-risk for heart disease and stroke, infants fully immunized by 24 months, and children without adequate oral health are being addressed in part through the work of the Safety Net Summit. The Safety Net Summit is a group of community partners working to increase access to primary care services for the uninsured and underserved. The activities of this group are being shared with the community through various means as appropriate. For more information about the work of the Safety Net Summit contact the Shawnee County Health Agency at 785-251-2000 or HAAdmin@snco.us

As important as it was to prepare the HHN coalition members for the CHIP work that would begin in 2014, it was equally important to identify individuals to serve as co-chairs for each workgroup. Individuals selected for this important role were identified based on their knowledge, area of expertise, and ability to engage others in the community on their area of focus. Each workgroup would have two individuals serving as co-chairs to minimize the workload for any one individual.

The individuals selected to serve as a co-chair and their assigned workgroup are as follows:

Workgroup	Co-Chairs
Healthy Babies	Lisa Alexander and Teresa Fisher
Healthy Eating/Active Living	Craig Barnes and Lissa Staley
Access – Transportation and Knowledge of Health Care Services	Jim Daniel and Lenora Kinzie
Complete Streets	Allison Alejos, Tara Dimick, and Emma Starkey

With the structure for the CHIP workgroups established and information obtained from and shared with coalition members it was time to begin working on the CHIP. In January 2014 CHIP workgroups began meeting monthly. There was broad representation from multiple work sectors in the community including: education, government, healthcare, transportation, insurance, financial, social service and communications. A full list of participants can be found in Appendix 1.

The CHIP workgroups were tasked to identify goals, objectives, and strategies for improvement in each area. Workgroups met monthly and worked with various partners in the community to better understand the data, to look for evidence-based and/or best practices that could improve health outcomes, and developed the plans for each area of focus.

Below is the Shawnee County Health Improvement Plan Summary. This summary shows the goals and objectives identified by each workgroup. A full discussion of the plans, including proposed strategies and opportunities for community action, can be found in the Priority Areas section of this report.

Community Health Improvement Plan

Shawnee County Health Improvement Plan Summary
Priority Area: Healthy Babies
Goal #1 Reduce infant mortality in Shawnee County from 8.3 infant deaths per 1,000 live births to the State of Kansas level of 7.0 by 2017 and to the Healthy People 2020 goal of 6.0 by 2020.
Objective: Reduce the number of infants who die each year in Shawnee County due to sudden unexplained infant death (SUID) over a five-year time period from 16 to 14 by 2017.
Objective: Increase the initiation rate of breastfeeding women in Shawnee County from 76.4% to 82.4% by 2017
Objective: Increase the duration rate of WIC participants still breastfeeding at six months from 18% to 21% by 2019.
Objective: Increase the proportion of pregnant women who receive early prenatal care beginning in the first trimester from 75.7% to 77.9% by 2020.
Objective: Increase the proportion of pregnant women who receive early and adequate prenatal care from 83.5% to 88% by 2020.
Priority Area: Healthy Eating/Active Living
Goal #1 To create an environment and culture, through policy and system change, that will provide Shawnee County residents with the information, tools and resources to promote healthy eating while encouraging and reinforcing active lifestyles for all ages and abilities.
Objective: Decrease the percent of adults who are considered overweight from 36.3% to 34.3% by 2018.
Objective: Decrease the percent of adults who are considered obese from 31% to 29% by 2018.
Objective: Decrease the percent of adults who reported consuming fruits less than 1 time per day from 40.1% to 38.1% by 2018.
Objective: Decrease the percent of adults who reported consuming vegetables less than 1 time per day from 21.3% to 19.3% by 2018.
Objective: Increase the percent of adults doing enough physical activity to meet both the aerobic and strengthening exercise recommendations from 19% to 23% by 2018.
Objective: Increase the number of households listed as food secure from 84.6% to 86.6% by 2018.
Priority Area: Access - Transportation and Knowledge of Health Care Services
Goal #1 Promote awareness and connectivity to allow individuals to access community health and transportation resources.
Objective: Reduce the gaps in health and transportation-related resources.
Objective: Centralize resource access for reliable health and transportation-related information.

Priority Areas Healthy Babies



Healthy Babies

What are Healthy Babies?

Infant mortality is defined as the death of a baby before his or her first birthday. The infant mortality rate is an estimate of the number of infant deaths for every 1,000 live births. The infant mortality rate, while not a true measure of population health, serves as one proxy indicator of population health. It reflects the apparent association between the causes of infant mortality and other factors that are likely to influence the health status of the whole population such as economic development, general living conditions, social wellbeing where basic needs are met, rates of illness such as diabetes and hypertension, and quality of the environment.^v

“Infant mortality is associated with poor maternal health, poor quality of and access to medical care and preventive services, and low socioeconomic position.”^{vi} According to the Kansas Health Matters website, babies born to mothers who don’t receive prenatal care are three times more likely to have a low birth weight and five times more likely to die than those born to mothers who do get prenatal care. Infant mortality is a complex issue and no single intervention will reduce it. One of the biggest challenges of decreasing infant mortality is working to identify and understand some of the root causes of it. The leading causes of death for Kansas babies are: congenital anomalies, low birthweight or prematurity and sudden unexplained infant death (SUID).^{vii} Risk factors for infant death include: Black non-Hispanic mothers, prematurity or low birthweight, multiple births, unmarried mothers, and mother’s age.^{viii} Per Kansas Department of Health and Environment (KDHE) statistics the Black non-Hispanic infant mortality rate has remained at least twice that of the White non-Hispanic rate for most of the last 20 years.^{ix} Research also continues to associate lower maternal income with higher infant mortality rates.^x

According to Healthy Kansans 2020, “The state of our mothers, infants, and children determines the health of the next generation and can help predict future public health challenges for families, communities and the health care system.”

Why are Healthy Babies a concern for Shawnee County?

Babies in Shawnee County are dying at an alarming rate compared to state data. Shawnee County has historically had one of the highest infant mortality rates in the state. For the years 2006-2010 there were enough infant deaths to do a five-year analysis in which Shawnee County had a single zip code that was the highest infant mortality rate in the state. The zip code 66605 had an infant mortality rate of 16.2 infant deaths per 1,000 live births.^{xi} During that time period, Shawnee County was one of the top four counties in the state in regards to number of infant deaths. Shawnee County continues to have a higher than average infant mortality rate. At the time the CHNA was completed, the five-year rolling average showed Shawnee County had an infant mortality rate of 8.3 infant deaths per 1,000 live births from 2007-2011.^{xii} This rate was much higher than the Kansas rate of 6.2 infant deaths per 1,000 live births in 2011.^{xiii} There are approximately 2,400 births each year in Shawnee County and approximately 20 of these infants will not reach their first birthday.^{xiv}

Healthy Babies

Infant mortality is one of the basic indicators of community health. It reflects the apparent associations between causes of infant mortality and other factors likely to influence the health status of the whole population.

While differences between the current infant mortality rate and the Shawnee County goals appear to be relatively small, they represent a large amount of work that needs to be done and many infants that need to reach their first birthday. The Healthy Babies workgroup will work with community partners to create change in a systematic community-wide effort. The Healthy Babies workgroup plan is to create and support processes, the environment, and a culture to reduce infant mortality in Shawnee County.

Note: Updated data has become available from KDHE since this work began. The most current data for the period 2009-2013 shows the Kansas infant mortality rate was 6.4 infant deaths per 1,000 live births and the Shawnee County infant mortality rate was 6.8 infant deaths per 1,000 live births.^{xv}

Local, State and National Goals

Priority Area: Healthy Babies		
Shawnee County Goals	Healthy Kansas 2020 Goals	Healthy People 2020 Goals
Reduce infant mortality in Shawnee County from 8.3 infant deaths per 1,000 live births to the State of Kansas level of 7.0 by 2017 and to the Healthy People 2020 goal of 6.0 by 2020.	The Healthy People 2020 goal of 6.0 infant deaths per 1,000 live births was set at 10 percent lower than the 2006 U.S. infant mortality rate. Kansas did not meet the national objective. The current Kansas rate is 7.0 infant deaths per 1,000 live births.	The Healthy People 2020 goal is 6.0 infant deaths per 1,000 live births.

Healthy Babies

Goals and Objectives

Priority Area: Healthy Babies

Goal:

Reduce infant mortality in Shawnee County from 8.3 infant deaths per 1,000 live births to the State of Kansas level of 7.0 by 2017 and to the Healthy People 2020 goal of 6.0 by 2020.

Objectives:

- Reduce the number of infants who die each year in Shawnee County due to sudden unexplained infant death (SUID) over a five-year time period from 16 to 14 by 2017.
- Increase the initiation rate of breastfeeding women in Shawnee County from 76.4% to 82.4% by 2017.
- Increase the duration rate of WIC participants still breastfeeding at six months from 18% to 21% by 2019.
- Increase the proportion of pregnant women who receive early prenatal care beginning in the first trimester from 75.7% to 77.9% by 2020.
- Increase the proportion of pregnant women who receive early and adequate prenatal care from 83.5% to 88% by 2020.

Strategies

Strategy 1:

Identify opportunities to educate women during pregnancy and throughout an infant's first year on safe sleep.

Opportunities for Community Action:

1. Increase educational offerings available at no cost to clients.
2. Engage with statewide KIDS Network regarding Safe Sleep Environment.
3. Increase safe sleep education offered to women during pediatrician and/or family practice appointments during an infant's first year.
4. Distribute safe sleep materials in healthcare facilities and non-traditional locations (i.e. retail, churches, etc.).
5. Host Community Baby Showers for Safe Sleep.
6. Develop consistent policies and practices for local hospitals that promote and model safe sleep for infants.
7. Increase awareness of risk factors affecting SUID (i.e., smoking, substance use, etc.).

Healthy Babies

Strategies

Strategy 2:

Increase Community awareness of infant mortality.

Opportunities for Community Action:

1. Use local media for a public education campaign focusing on local trends and risk reduction measures that can be implemented by families (i.e., Explore "Celebrate Day 366...Every Baby Deserves a Chance" Infant Mortality Awareness Campaign).
2. Optimize the Early Childhood Collaboration website (i.e., Add link to "Oh Baby" Facebook page).
3. Implement a Fetal Infant Mortality Review Program in Shawnee County.

Strategy 3:

Enhance partnerships among local champions/stakeholders.

Opportunities for Community Action:

1. Work with local Safe Kids organization to engage other stakeholders in activities that are working to reduce infant mortality.
2. Reach out to coordinators of Oklahoma's "Preparing for a Lifetime, It's Everyone's Responsibility" statewide initiative addressing infant mortality to learn how they implemented this program within their state.
3. Monitor recommendations from the Kansas Blue Ribbon Panel on Infant Mortality and adjust local efforts as needed to ensure consistent activities across the State.
4. Identify and engage local champions and stakeholders to assist with community efforts.

Strategy 4:

Enhance the community support for breastfeeding mothers by promoting policy and environment changes that support women who choose to breastfeed their babies.

Opportunities for Community Action:

1. Increase outreach efforts to Kaw Area Breastfeeding Coalition and La Leche League.
2. Provide presentations to business and other community leaders.
3. Identify ways to incorporate visual reminders into the community that breastfeeding is normal.
4. Utilize the Business Case for Breastfeeding within the community.

Healthy Babies Strategies

Strategy 5:
Improve the opportunities for parent education regarding breastfeeding.

Opportunities for Community Action:

1. Create a unified message for healthcare providers to endorse "High 5."
2. Create a unified message for non-healthcare providers to endorse "High 5."
3. Increase offerings of breastfeeding education in the community.

Strategy 6:
Enhance awareness to pregnant or childbearing age women regarding the importance of early prenatal care.

Opportunities for Community Action:

1. Distribute educational materials in non-traditional locations (i.e., retail, churches, etc.).
2. Develop consistent messaging for use with target population.
3. Use social media to increase distribution of messaging.
4. Identify individuals and organizations that interact with pregnant and childbearing age women so that resources and referrals can be promoted more effectively.
5. Increase provider knowledge of resources and referral system available for pregnant and childbearing age women.

Strategy 7:
Identify opportunities to connect pregnant women to appropriate services for optimal prenatal health.

Opportunities for Community Action:

1. Collect feedback from clients on barriers to early and adequate prenatal care and use information to inform system-wide community change.
2. Increase visibility of home visitation programs and Successful Connections and match clients to appropriate programs.

Healthy Babies Strategies

Strategy 8:
Improve communication regarding transportation, financial, and early connection resources.

Opportunities for Community Action:

1. Promote "Oh Baby" publication and texting program to providers and clients.
2. Increase educational opportunities for providers which focus on resources and referral system available for pregnant and childbearing age women.
3. Increase awareness among pregnant and childbearing age women of resources, activities, and incentive programs available in the community.

Strategy 9:
Enhance education to pregnant or childbearing age women regarding the importance of adequate prenatal care.

Opportunities for Community Action:

1. Increase educational offerings available at no cost to clients.
2. Increase Women, Infants, and Children (WIC) referrals through increased community awareness.



Healthy Eating/Active Living

Priority Areas Healthy Eating/Active Living

What is Healthy Eating/Active Living?

Healthy eating and active living are behaviors that improve overall health as well as prevent and control various chronic diseases. Healthy eating habits can decrease risk of chronic diseases, such as type two diabetes, heart disease and stroke, hypertension, and even certain types of cancers. They will also help prevent individuals from being overweight or obese. Regular physical activity reduces the risk for many diseases, helps control weight, and strengthens muscles, bones and joints. A combination of healthy eating and active living can help people achieve their optimal lifespan with the best possible quality of health in every stage of life.

According to Healthy Kansans 2020, “Physical inactivity and poor nutrition are the 2nd leading causes of premature death in Kansas. These modifiable risk behaviors have led to the doubling of the rates of obesity in Kansas since 1980 and a significantly higher prevalence of certain chronic conditions such as diabetes, coronary artery disease and hypertension. Currently, 2 out of every 3 Kansas adults and 1 in 4 youth are overweight or obese, accounting for more than \$1.3 billion in annual medical expenditures in Kansas of which \$385 million is paid by Medicaid and Medicare. Physical activity and healthy eating are known to be protective factors against obesity and many chronic conditions. However, only 16.5% of Kansas adults met the physical activity guidelines for aerobic and strengthening activity. Rates of physical activity are also low in Kansas youth with only about 30% of 9th to 12th grade students meeting the physical activity guidelines of 60 minutes of physical activity per day, 7 days a week.”^{xvi}

Why is Healthy Eating/Active Living a concern for Shawnee County?

The obesity epidemic continues to be on the rise. It is costly to Kansans, and threatens the long-term health and quality of life for residents. It is also the reason that today’s youth may, for the first time in modern history, live shorter lives than their parents.

Kansas Health Matters reports 31% of Shawnee County residents are obese and that 36.3% of residents are overweight. The Community Perception Survey conducted during the CHNA reported obesity and overweight as 2 of the top 3 priorities, and public health experts as part of the CHNA report obesity as one of the most important health issues facing Shawnee County and rank it 3rd among the top health priorities that should be addressed.

17.5% of adults consume fruits and vegetables five or more times per day in Shawnee County compared to the state average of 18.6% as reported by Kansas Health Matters. The CHNA focus groups noted that there was a lack of wellness, prevention, and population health management. One of the issues discussed was lack of healthy food options. In Shawnee County, there are only 0.16 grocery stores for every 1,000 persons.^{xvii} Unfortunately, there are 0.79 fast food restaurants per 1,000 persons.^{xviii}



Healthy Eating/Active Living

Kansas Health Matters reports 46.2% of Shawnee County adults report participating in the recommended level of physical activity, compared to 48.4% of adult Kansans. As part of the CHNA, public health experts listed access to recreational facilities, lack of planning, lack of resources, and difficulty to go beyond what has been done in the past, as opportunities to increase participation in recommended levels of physical activity. Focus groups reported on six major themes: lack of awareness among residents and service providers, child and youth related problems, lack of health insurance coverage, general societal ills, problems related to an aging population, and issues related to mental health.

Note: Updated data measures have become available from the Kansas Behavioral Risk Factor Surveillance System (BRFSS) since this work began. The new measures regarding physical activity and fruit and vegetable intake have been used to develop the Healthy Eating/Active Living objectives.

Local, State and National Goals

Priority Area: Healthy Eating Active Living		
Shawnee County Goals	Healthy Kansas 2020 Goals	Healthy People 2020 Goals
To create an environment and culture, through policy and system change, that will provide Shawnee County residents with the information, tools, and resources to promote healthy eating while encouraging and reinforcing active lifestyles for all ages and abilities.	<p>Increase access to healthy foods.</p> <p>Increase opportunities for physical activity.</p> <p>Create social and physical environments that promote good health for all.</p>	<p>Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights.</p> <p>Improve health, fitness, and quality of life through daily physical activity.</p> <p>Create social and physical environments that promote good health for all.</p>

Healthy Eating/Active Living

Goals and Objectives

Priority Area: Healthy Eating/Active Living
<p>Goal: To create an environment and culture, through policy and system change, that will provide Shawnee County residents with the information, tools, and resources to promote healthy eating while encouraging and reinforcing active lifestyles for all ages and abilities.</p>
<p>Objectives:</p> <ul style="list-style-type: none"> • Decrease the percent of adults who are considered overweight from 36.3% to 34.3% by 2018. • Decrease the percent of adults who are considered obese from 31% to 29% by 2018. • Decrease the percent of adults who reported consuming fruits less than 1 time per day from 40.1% to 38.1% by 2018. • Decrease the percent of adults who reported consuming vegetables less than 1 time per day from 21.3% to 19.3% by 2018. • Increase the percent of adults doing enough physical activity to meet both the aerobic and strengthening exercise recommendations from 19% to 23% by 2018. • Increase the number of households listed as food secure from 84.6% to 86.6% by 2018.

Strategies

<p>Strategy 1: Increase access to healthy and affordable foods.</p>
<p>Opportunities for Community Action:</p> <ol style="list-style-type: none"> 1. Increase participation in existing nutrition programs for school-aged youth. 2. Expand opportunities for use of programs like Supplemental Nutrition Assistance Program (SNAP) and WIC. 3. Survey and monitor underserved neighborhoods' access to healthy and affordable foods. 4. Facilitate food distribution organizations working together to coordinate healthy food efforts.

Healthy Eating/Active Living Strategies

Strategy 2:
Build a healthier food system; improve nutritional quality of the food supply and food safety.

Opportunities for Community Action:

1. Create a Community Garden Network.
2. Create a Food Policy Council.
3. Provide practical community training for producing and preparing healthy foods at home.
4. Advocate for improved nutritional quality of processed foods.

Strategy 3:
Empower people to make healthy food and beverage choices.

Opportunities for Community Action:

1. Support healthy campaigns that encourage individuals to change personal consumption.
2. Implement and enforce policies and practices that increase the availability of healthy foods and beverages and access to water.
3. Promote locations with healthier food and beverage options.
4. Continue or increase healthier food and beverage education in existing health interventions.
5. Help doctors prescribe healthy nutrition and healthy physical activity more easily and have resources in place for people to learn more.
6. Recruit personal champions to demonstrate and advertise healthy food/beverage options.
7. Help organizations offer healthy snacks.

Strategy 4:
Assure opportunities for healthy eating at work and school.

Opportunities for Community Action:

1. Assure implementation of wellness policies and practices in organizations serving school-aged children.
2. Increase the number of worksites implementing the WorkWell Shawnee County framework.
3. Recruit worksite champions to advocate for implementing healthy eating policies.
4. Ensure that foods served or sold in government facilities and government funded programs and institutions meet nutrition standards consistent with the Dietary Guidelines for Americans.
5. Develop and implement a communications strategy to promote workplace wellness as an economic development strategy.

Healthy Eating/Active Living Strategies

Strategy 5:
Promote community design improvements that encourage lifelong physical activity.

Opportunities for Community Action:

1. Assure public recreation facilities are compliant with the Americans with Disabilities Act.
2. Create/improve sidewalks and trail infrastructure.
3. Create and increase use of a rent/lend bicycle program.
4. Achieve "Bicycle Friendly Community" designation.
5. Create an inventory of physical activity resources.
6. Establish policies and practices that increase mixed-use development and community design (*i.e.*, Complete Streets Policy).
7. Promote and expand increased availability and use of active transportation networks.
8. Increase the variety of physical activity opportunities in Shawnee County.
9. Increase stakeholder support within the local government.
10. Connect affordable housing and physical activity opportunities.
11. Provide on and off leash walking areas for dog owners.
12. Increase the number of active living spaces that are tobacco free.

Strategy 6:
Promote and strengthen policies that increase physical activity for families.

Opportunities for Community Action:

1. Implement shared-use agreements with school districts to increase access for physical activity opportunities.
2. Increase number of wellness champions within school districts and communities.
3. Increase school participation in programs designed to promote movement within and outside the classroom.
4. Expand and promote school districts Family Fitness/Wellness Nights.
5. Create and/or help expand school district wellness councils.
6. Promote improved physical activity standards for child care and early childhood education programs.
7. Promote gardening as physical activity by increasing the number of families working in community gardens.
8. Expand opportunities for free or reduced cost fitness classes for residents through community partnerships.

Healthy Eating/Active Living Strategies

Strategy 7:
Promote and strengthen policies and programs through worksites and organizations that increase physical activity.

Opportunities for Community Action:

1. Engage worksites to offer evidence-based worksite wellness programs to employees.
2. Support workplace policies and initiatives that increase physical activity.
3. Work with fitness centers to provide discounted rate for employees.
4. Develop a public recognition program for employers who promote active living at work.
5. Recruit worksite champions to advocate for implementation of worksite policies promoting increased opportunities for physical activity.
6. Cultivate private-public partnerships for increased physical activity opportunities.
7. Support active living and cultural organizations that aim to build and create social cohesion while increasing opportunities for physical activity.
8. Sponsor and encourage special events that involve physical activity and engage all social groups.
9. Collaborate with and encourage health and long-term care facilities to increase physical activity opportunities.
10. Promote walking/running/bicycling clubs to employees within the worksite.
11. Implement initiatives to increase primary care physician's knowledge of resources to help patients become more physically active.
12. Increase number of wellness coordinators promoting physical activity for people with disabilities and chronic diseases.



Priority Areas Access - Transportation and Knowledge of Health Care Services



Access - Transportation and Knowledge of Health Care Services

What is Access-Transportation and Knowledge of Health Care Services?

Public health experts and community focus groups identified access to transportation for patients and knowledge of health care services by health professionals as top issues in the 2012 Shawnee County Community Health Needs Assessment. Patients are unable to keep appointments or may miss therapy visits due to a lack of personal transportation or a lack of knowledge of available public transportation. Knowledge of available health care resources in Shawnee County is vital to health professionals as they coordinate the continuum of care for their patients.

Why is Access-Transportation and Knowledge of Health Care Services a concern for Shawnee County?

Health professionals are concerned when patients miss follow-up physician clinic visits or do not follow through with prescribed therapy due to transportation issues. Causes may include unreliable personal transportation, financial inability to use public transportation, inability to get away from their job for the visit or a lack of family/friends to provide transportation. There is concern among health professionals in Shawnee County about their understanding of the range of health care resources available for their patients, particularly those patients who are fragile and require frequent hospital admissions. Accurate and timely access to up-to-date health information is important to health professionals and to the general public.

Local, State, and National Goals

Priority Area: Access - Transportation and Knowledge of Health Care Services		
Shawnee County Goals	Healthy Kansas 2020 Goals	Healthy People 2020 Goals
Promote awareness and connectivity to allow individuals to access community health and transportation resources.	Access to care.	Improve access to comprehensive, quality health care services.

Access - Transportation and Knowledge of Health Care Services

Goals and Objectives

Priority Area: Access - Transportation and Knowledge of Health Care Services

Goal:
Promote awareness and connectivity to allow individuals to access community health and transportation resources.

- Objectives:**
- Reduce the gaps in health and transportation-related resources.
 - Centralize resource access for reliable health and transportation-related information.

Strategies

Strategy 1:
Transportation: The Topeka Metropolitan Transit Authority database will be recognized as the transportation-access information resource.

- Opportunities for Community Action:**
1. Identify funding and manpower to populate resource.
 2. Identify and collect information on Shawnee County transportation providers that should be included as sources of information.
 3. Disseminate transportation resource information to Shawnee County health care providers, organizations, associations, governmental agencies, and businesses.
 4. Survey stakeholders regarding the ease of use, breadth of information, and the likelihood of future use of resource.
 5. Survey stakeholders to determine the impact and value of the information provided.

Access - Transportation and Knowledge of Health Care Services

Strategies

Strategy 2:
Health: Capital Care Transition Coalition's database will be the recognized health-access information resource for health professionals.

Opportunities for Community Action:

1. Identify funding and manpower to populate resource.
2. Identify and collect information on Shawnee County health care organizations, associations, governmental agencies, and businesses that should be included as sources of information.
3. Disseminate health resource information to Shawnee County health care providers, organizations, associations, governmental agencies, and businesses.
4. Survey stakeholders regarding the ease of use, breadth of information, and the likelihood of future use of resource.
5. Survey stakeholders to determine the impact and value of the information provided.

Strategy 3:
Create a central location/source for consumer health and transportation-related information that can be used by the entire community. Encourage discussion and cooperation between the Topeka and Shawnee County Public Library, the Community Resources Council, the Jayhawk Area Agency on Aging, and the United Way 211 to create a central location/source.

Opportunities for Community Action:

1. HHN will continue to focus on the development of consumer health and transportation resources.

Strategy 4:
Identify and establish a method for key stakeholders to share community health and transportation-related information on a regular basis.

Opportunities for Community Action:

1. Identify key stakeholders that should be contributing information for central databases.
2. Develop process for routinely updating and adding new resources to database.
3. Survey stakeholders regarding the ease of use, breadth of information, and the likelihood of future use of both resources.
4. Survey stakeholders to determine the impact and value of the information provided.

Monitoring Implementation of the Plan



Healthy Babies		
Goal: Reduce infant mortality in Shawnee County from 8.3 infant deaths per 1,000 live births to the State of Kansas level of 7.0 by 2017 and to the Healthy People 2020 goal of 6.0 by 2020.		
Objectives: 1. Reduce the number of infants who die each year in Shawnee County due to SUID over a five-year time period from 16 to 14 by 2017. 2. Increase the initiation rate of breastfeeding women in Shawnee County from 76.4% to 82.4% by 2017. 3. Increase the duration rate of WIC participants still breastfeeding at six months from 18% to 21% by 2019. 4. Increase the proportion of pregnant women who receive early prenatal care beginning in the first trimester from 75.7% to 77.9% by 2020. 5. Increase the proportion of pregnant women who receive early and adequate prenatal care from 83.5% to 88% by 2020.	Measure/Indicator (source of data): - KDHE Special Run - KDHE Vital Statistics Annual Report Table 20 - Kansas WIC program Breastfeeding report for Shawnee County - KDHE Live Birth by Month Prenatal Care Began report Table 17 - KDHE Adequacy of Prenatal Care Utilization Index Table 18	
Strategy:	Outcomes:	Measure/Indicator (source of data)
Strategy 1: Identify opportunities to educate women during pregnancy and throughout the first year on safe sleep.	Outcome 1a: By 2016 identify 2 opportunities to implement safe sleep education in PCP and /or speciality physician practice. Outcome 1b: By 2017 host Community Baby Shower for Shawnee County zip code 66605.	- List 2 providers and education process opportunities - Date and location of baby shower - List of participants at baby shower
Strategy 2: Increase community awareness of infant mortality.	Outcome 2: By 2016 a link to the "Oh Baby" Facebook page will be on the Early Childhood Collaboration website.	- Date link placed on website
Strategy 3: Enhance partnerships among local champions/organiations.	Outcome 3: By 2016 have local representation from the Safe Kids organization serving on the Healthy Babies workgroup.	- Name of member in attendance

Strategy:	Outcomes:	Measure/Indicator (source of data)
Strategy 4: Enhance the community support for breastfeeding mothers by promoting policy and environment changes that support women who choose to breastfeed their babies.	Outcome 4: By 2017 present the Business Case for Breastfeeding to 3 businesses in Shawnee County.	- Date of presentation and name of business
Strategy 5: Improve the opportunities for parent education regarding breastfeeding.	Outcome 5: By 2017 breastfeeding education offerings in the community will increase by 5%.	- Total number of education offered in 2015 (baseline) - Total number of education offered in 2016
Strategy 6: Enhance awareness to pregnant or childbearing age women regarding the importance of early prenatal care.	Outcome 6: By 2016 list stakeholders and identify opportunities to work together.	- List of identified stakeholders
Strategy 7: Identify opportunities to connect pregnant women to appropriate services for optimal prenatal health.	Outcome 7: By 2018 distribute client survey on barriers to prenatal care.	- Survey
Strategy 8: Improve communication regarding transportation, financial, and early connection resources.	Outcome 8: By 2017 will present to obstetricians practicing in Topeka the "Oh Baby" resource.	- Date of presentation and presentation materials
Strategy 9: Enhance education to pregnant or childbearing age women regarding the importance of adequate prenatal care.	Outcome 9: By 2016 Increase attendance at Becoming a Mom class to an average of 5 per class.	- Class attendance

Healthy Eating/Active Living		
Goal: To create an environment and culture, through policy and system change, that will provide Shawnee County residents with the information, tools and resources to promote healthy eating while encouraging and reinforcing active lifestyles for all ages and abilities.		
Objectives: 1. Decrease the percent of adults who are considered overweight from 36.3% to 34.3% by 2018. 2. Decrease the percent of adults who are considered obese from 31.0% to 29.0% by 2018. 3. Decrease the percent of adults who reported consuming fruits less than 1 time per day from 40.1% to 38.1% by 2018. 4. Decrease the percent of adults who reported consuming vegetables less than 1 time per day from 21.3% to 19.3% by 2018. 5. Increase the percent of adults doing enough physical activity to meet both the aerobic and strengthening exercise recommendations from 19.0% to 23.0% by 2018. 6. Increase the number of households listed as food secure from 84.6% to 86.6% by 2018.	Measure/Indicator (source of data): - Percentage of adults who are at a normal weight (BRFSS) - Percentage of adults who are consuming the recommended amounts of fruits and vegetables (BRFSS) - Percentage of adults who are engaging in the recommended amount of physical activity (BRFSS) - Percentage of households listed as food secure (BRFSS)	
Strategy:	Outcomes:	Measure/Indicator (source of data)
Strategy 1: Increase access to healthy and affordable foods.	Outcome 1a: By 2018, increase participation in existing nutrition programs for school-aged youth by 10%. Outcome 1b: By 2018, expand opportunities for use of programs like Supplemental Nutrition Assistance Program (SNAP) and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).	- Participation in United States Department of Agriculture (USDA) Fresh Fruit and Vegetable Program - Participation in free breakfast and lunch programs
Strategy 2: Build a healthier food system; improve nutritional quality of the food supply and food safety.	Outcome 2: By 2018, increase the number of specific groups working toward a healthier food system.	- Number of groups addressing healthier food system

Strategy:	Outcomes:	Measure/Indicator (source of data)
Strategy 3: Empower people to make healthy food and beverage choices.	Outcome 3a: By 2018, increase the number of locations that meet criteria for healthier food and beverage options. Outcome 3b: Help doctors prescribe healthy nutrition and healthy physical activity more easily and have resources in place for people to learn more.	- Number of locations that offer healthier food and beverage options - Number of practitioners prescribing healthy nutrition and physical activity to their patients
Strategy 4: Assure opportunities for healthy eating at work and school.	Outcome 4a: By 2018, assure implementation of wellness policies and practices in organizations serving school-aged children. Outcome 4b: By 2018, increase the number of worksites implementing the WorkWell Shawnee County framework.	- Wellness policies and practices in organizations serving school-aged children - Number of worksites implementing the WorkWell Shawnee County framework
Strategy 5: Promote community design improvements that encourage lifelong physical activity.	Outcome 5a: By 2018, increase the amount of accessible sidewalks and trails by 10%. Outcome 5b: By 2018, achieve designation as a Bicycle Friendly Community.	- Linear feet of sidewalks and trails in Shawnee County - Designation of Bicycle Friendly Community

Strategy:	Outcomes:	Measure/Indicator (source of data)
Strategy 6: Promote and strengthen policies that increase physical activity for families.	Outcome 6a: By 2018, increase the number of school districts with recreational joint-use agreements from 0 of 5 to 3 of 5. Outcome 6b: By 2018, increase the number of schools participating in either school or district wellness nights by 10%.	- Number of school districts with recreational joint-use agreements - Number of schools participating in wellness nights
Strategy 7: Promote and strengthen policies and programs through worksites and organizations that increase physical activity.	Outcome 7: By 2018, increase by 10% the number of Shawnee County worksites that have adopted policies supporting physical activity.	- Number of Shawnee County worksites with policies that support engagement in physical activity



Access – Transportation and Knowledge of Health Care Services		
Goal: Promote awareness and connectivity to allow individuals to access transportation and community health resources.		
Objectives: 1. Reduce the gaps in transportation and health-related resources. 2. Centralize resource access for reliable transportation and health-related information.	Measure/Indicator (source of data): - Surveys: - Transportation and health-access databases; - Community health providers; - HHN Stakeholders	
Strategy:	Outcomes:	Measure/Indicator (source of data)
Strategy 1: Transportation. The Topeka Metropolitan Transit Authority database will be recognized as the transportation-access information resource.	Outcome 1a: By July 2015, the Metro website will have a complete listing of public and medical transportation providers in and around Shawnee County. The list will be updated periodically by Metro staff. Outcome 1b: By January 2017 complete a health provider awareness campaign to feature both transportation-access information resources.	- Topeka Metropolitan Transit Authority database of transportation providers in Shawnee County - Health provider awareness campaign - Satisfaction survey of health professionals to determine ease of use, breadth of information, and likelihood of future use
Strategy 2: Health Care Services. Capital Care Transition Coalition's database will be the recognized health-access information resource for health professionals.	Outcome 2a: By October 2016 identify and populate database with pertinent health-access information for use by providers, organizations, associations, businesses. Outcome 2b: By January 2017 complete a health provider awareness campaign to feature both transportation and health information resources.	- Database of Shawnee County health-access information - Health provider awareness campaign - Satisfaction survey of health professionals to determine ease of use, breadth of information, and likelihood of future use

Strategy:	Outcomes:	Measure/Indicator (source of data)
Strategy 3: Create a central source for consumer health and transportation-related information that can be used by the entire community.	Outcome 3: By January 2017 determine a lead person or agency to develop the centralized health and transportation-related information source.	- Lead agency identified to maintain centralized database of health and transportation-related information
Strategy 4: Identify and establish a method for key stakeholders to share community health and transportation-related information on a regular basis.	Outcome 4: By January 2017 establish a process for routinely updating and adding new resources to the database.	- Database protocol for updates



How to Get Involved

With goals, objectives, and strategies identified it is now possible for the community to see what actions can be taken to improve the health of Shawnee County. Moving forward, workgroups will continue to meet to discuss what actions are being taken in the community by individuals, groups, and organizations. HHN will track work that is happening and monitor for improvements in the goals established in the CHIP.

Opportunities for Community Action

This CHIP has been in development for the past year and now that it is complete it is time to move into action. This document can serve as a roadmap for use by individuals, groups, and organizations working to improve health in the areas identified as priorities by the community.

The issues addressed in the CHIP are very complex and will require substantial efforts from the community to make an impact. It may take several years of effort before improvements are seen so it is important to communicate and work together in a coordinated manner when possible. Individuals and organizations are encouraged to consider how they can contribute to the successful implementation of the CHIP.

Anyone interested in working directly with HHN on the CHIP is invited to attend the monthly meetings on the second Monday of each month from 11:45am – 1:00pm at the Avondale East NET Center located at 455 SE Golf Park Boulevard in Topeka. Meeting times and locations can be confirmed by visiting the HHN website at:

<http://www.heartlandhealthyneighborhoods.org/>

For those unable to participate in monthly meetings, the CHIP Planning Committee is interested in hearing about the good work going on in the community. Sharing of local efforts is encouraged so that there is a collective understanding of activities occurring in the community. We want to spread the word about all the good work that is happening and we can only do this if the information is shared.

No single individual or organization can improve the health issues identified in the CHIP, but through a concerted effort it is the hope of the Planning Committee that we will begin to see positive changes in the health of the community.

For more information or to get involved, contact:
Allison Alejos, R.N., B.S.N., Director
Shawnee County Health Agency – Local Health Department
<http://shawneehealth.org>
April 2015

Appendix 1 - Participant Listing

Aldersgate Village
American Heart Association
Anderson Montgomery, L.L.C.
Antioch Family Life Center
Auburn Washburn USD 437
Baker University School of Nursing
Big Brothers Big Sisters
Bikeways / City of Topeka
Blue Cross and Blue Shield of Kansas
Boys & Girls Club of Topeka
Breakthrough House, Inc.
Brewster Place
Capital Care Transitions Coalition
City of Topeka
Community Action Head Start
Community Action, Inc.
Community Resources Council
CoreFirst Bank & Trust
Downtown Topeka, Inc.
El Centro of Topeka
Family Service & Guidance Center
Florence Crittenton Services of Topeka, Inc.
Harvesters Community Food Network
HealthAccess
Healthy Kids Challenge
Heartland Visioning
Housing and Credit Counseling, Inc.
Hy-Vee
Jayhawk Area Agency on Aging /
Aging and Disability Resource Center
Kansas Action for Children
Kansas Breastfeeding Coalition, Inc.
Kansas Cavity Free Kids
Kansas Children's Discovery Center
Kansas Children's Service League
Kansas Department of Health and Environment
Kansas Foundation for Medical Care, Inc.
Kansas Head Start Association
Kansas Health Foundation
Kansas Health Institute

Kansas Wildscape Foundation, Inc.
Kansas Youth Empowerment Academy
Krumins McGee Financial Group
of Wells Fargo Advisors
K-State Research and Extension
K-State Research and Extension
Makin' Moves, Inc.
MANA de Topeka
Meals on Wheels
Mirror, Inc.
Oral Health Kansas
Positive Connections
Safe Streets Coalition
Seaman USD 345
Shawnee County Health Agency
Shawnee County Parks & Recreation
Shawnee County Regional Prevention and
Recovery Services, Inc.
Shawnee County, Kansas
St. Francis Health
St. Jude Children's Research Hospital
Stormont-Vail HealthCare
TDC Learning Centers, Inc.
Topeka and Shawnee County Public Library
Topeka Common Ground
Topeka Community Cycle Project
Topeka LULAC Senior Center
Topeka Metro Voice
Topeka Metropolitan Transit Authority
Topeka Police Department
Topeka Public Schools USD 501
Topeka Rescue Mission
Topeka Zoological Park
United Way of Greater Topeka
Valeo Behavioral Health Care
Washburn AmeriCorps VISTA
Washburn Institute of Technology
Washburn University
WIBW-TV
YMCA

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