



**Community Health
Improvement Plan
2017-2019**

Johnson County, Kansas

JOHNSON COUNTY
KANSAS
Health & Environment

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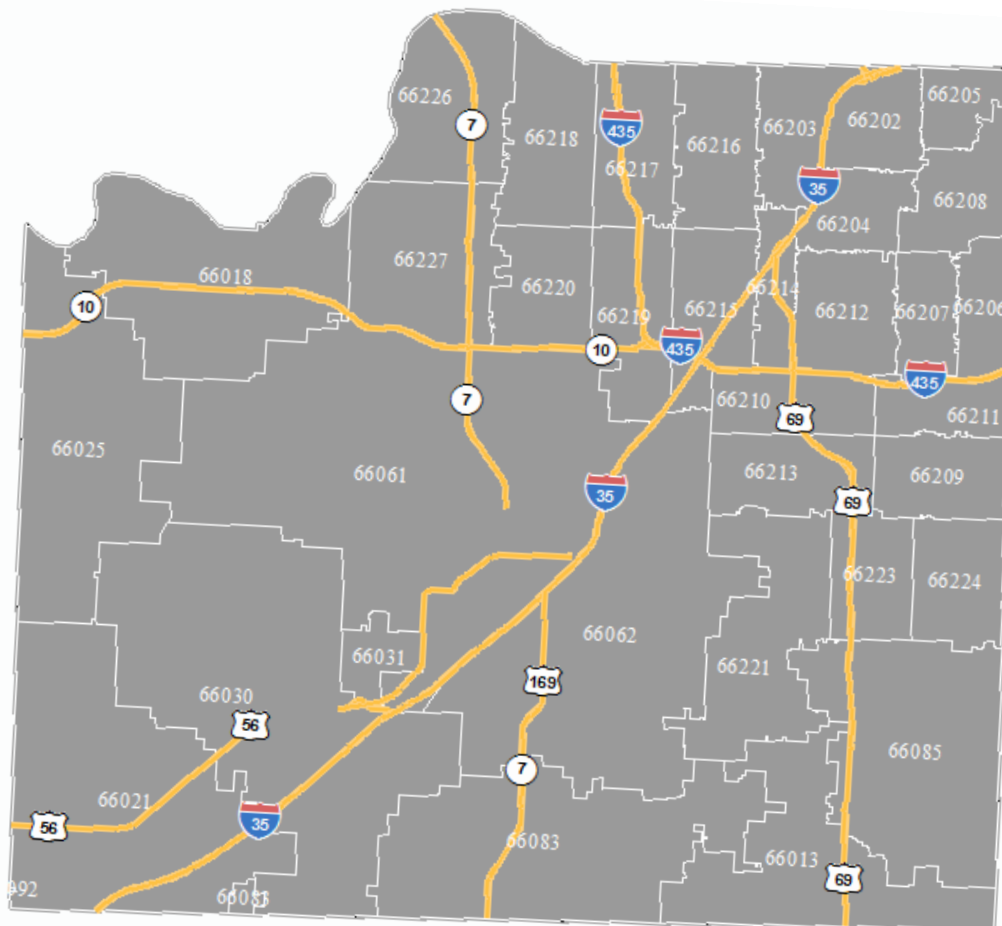
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Snapshot of Johnson County

Johnson County is located in the northeast corner of Kansas and the southwestern quadrant of the Kansas City metropolitan region. The county was organized on September 7, 1857. Johnson County is 477 square miles, with 20 municipalities, an unincorporated area and a population of more than 580,000 residents. Johnson County has four of the 10 largest cities in Kansas, with six public school systems, 365 parks, 10 museums and 455 miles of hiking, jogging and bike trails.

According to the U.S. Census' *American Community Survey 2010-2014*, 87percent of the population is White, 4 percent African American, 4 percent Asian, 1 percent Other and 3 percent Multiple Races. The majority of Johnson County's population (63%) is working age, 18-64. Grade school and high school age students comprise the next largest population group, at 17.5 percent. Senior adults age 65+ make up 11.5 percent of the population and infants and young children under age 5 represent 8 percent of the population. Fifty-one percent of the population is female. The per capita income is \$39,447 and the median household income is \$74,717. The poverty rate is 6.5 percent, affecting over 30,000 people (2014) and the unemployment rate is 3.3 percent (Bureau of Labor statistics January 2016).



Johnson County's Community Health Assessment Process

History

In 1996, the Johnson County Health Department initiated a community health assessment, collaborating with community partners to assess the health status and needs of Johnson County citizens. This group of community partners called CHAP (Community Health Assessment Process) worked together to improve and maintain a high level of health for Johnson County by:

- Evaluating existing systems of care
- Establishing health priorities
- Recommending the implementation of health programs and services
- Planning and implementing processes
- Conducting ongoing evaluations

Since 1996, CHAP has come together on a regular basis to assess the health needs of the community. The review process includes looking at information such as, Johnson County citizen surveys, population health information and national data. CHAP then analyzed the data to identify areas of most concern. The public health issues identified in the 1996 and 2000 surveys were: Access to Care, Physical Fitness/Obesity and Childhood Injury Prevention. Two additional issues were identified by the group during the re-assessment of priorities in 2004: Tobacco/Clean Indoor Air Quality and Oral Health. CHAP is charged with designing and overseeing initiatives in response to these concerns.

In 2011, CHAP again reviewed data from a health assessment and identified the following priorities: Physical Activity/Nutrition, Access to Health Care and Substance Abuse/Mental Health. The strategies and actions taken to address these issues were formalized into the Community Health Improvement Plan (CHIP) 2012-2017.

In 2012, the Johnson County Health Department merged with the Johnson County Environmental Department to become the Department of Health and Environment (JCDHE).

In anticipation of the next community health assessment (2017-2019), CHAP began planning in early 2015. Partners conducted primary research in October and November 2015, using the Centers for Disease Control and Prevention's (CDC) CASPER method of rapidly assessing the health of the community. The assessments utilized secondary research including county-level information from the CDC's *Behavioral Risk Factor Surveillance System*, County Health Rankings, Healthy People 2020, United Community Services of Johnson County, Kansas Kids Count and Oral Health Kansas. Data from the REACH Foundation and the Healthcare Foundation of Greater Kansas City were also included.

Johnson County's Community Health Assessment Process

Seventy-one leaders in community organizations, schools, hospitals and county departments received key informant surveys via Survey Monkey. Respondents discussed the county's strengths, greatest needs, important health issues, accessibility, affordability and barriers to healthy lifestyles.

JCDHE's population epidemiologist analyzed and presented to CHAP in January 2016, along with the secondary research and key informant interview information.

Below summarizes the data collected for the community health assessment. The numbers in red show a rate for Johnson County that is higher compared to the state of Kansas and/or the United States. Numbers in yellow represent data that is approximately the same and green numbers show the comparison rate for Johnson County that is lower than the state of Kansas and/or the United States.

Nutrition

- 20% of adults report **not** eating 5+ servings of fruits and vegetables on a single day in the past week
- 26% of adults report eating 5+ servings of fruits and vegetables every day in the past 7 days
- 46% of adults are trying to reduce their salt intake
- 57% of adults are trying to reduce their sugar intake
- 40% of people say healthy food is too expensive
- 31% of people don't have time to eat healthy
- 20% of people find nutrition labels confusing
- 9% of people don't know how to prepare healthy food
- Johnson County has **83.6** fast food restaurants per 100,000 people (compared to 72.3 per 100,000 in Kansas and 72.7 per 100,000 in the United States)
- Johnson County has **13.6** grocery stores per 100,000 people (compared to 17.4 per 100,000 in Kansas and 21.2 per 100,000 in the United States)

Physical Fitness

- 19% of adults have not exercised at all in the past week
- 21% of adults have exercised every day in the past week
- The main barriers to exercising are a lack of motivation (47%), no time (19%), and that it costs too much money (18%)

Johnson County's Community Health Assessment Process

- 53% of adults exercise outdoors (parks, trails, etc.)
- 13% of adults exercise at a recreation center
- 85% of Johnson County residents have roads/sidewalks/paths/trails where they can walk/bike in their neighborhood
- 20% say there is so much traffic along nearby streets that it makes it difficult to walk
- 5% say the amount of crime in their neighborhood makes it unsafe to go on walks
- Johnson County has **16.4** recreation facilities per 100,000 population (compared to 8.2 per 100,000 in Kansas and 9.7 per 100,000 in the United States)

Healthcare Access

- 8% of Johnson County residents do not have health insurance
- 30% of Johnson County's Hispanic/Latino residents do not have health insurance
- 10% of respondents had problems getting healthcare for themselves or their family in the past year (general practitioner (34%), dentist (32%), mental health provider (19%))
- 15% of people said they delayed care because the cost was too high (the top things people self-reported that they couldn't afford: dental care (12%), eyeglasses (10%))
- **7.6%** of adults have (self-reported) poor dental health
- **17.8%** of adults don't have a personal doctor (21.5% in Kansas)
- 22% of people have been to the Emergency Room (ER) at least once in the past 12 months (reasons for using the ER: problem was too serious (61%), doctor's office wasn't open (46%), they receive the majority of their care at the ER (14%))
- 56% of Johnson County adults take prescription medications

Immunizations

- At kindergarten entry, only one vaccine (hepatitis B) meets the healthy people 2020 goal of 95% (DTaP- 86%, Polio-86%, MMR-88%, Varicella-86%)

Johnson County's Community Health Assessment Process

Immunizations (continued)

- **2.2%** of Johnson County kindergartners are exempt from at least one vaccination (compared to 1.5% for Kansas)
- **1.9%** are religiously exempt (compared to 1.2 for Kansas)
- **76%** of adults 65 and older received the pneumonia vaccine
- **49%** of adults were immunized against the flu (compared to 42% for Kansas)

Mental Health/Substance Abuse

- 14% of people are usually or always worried about paying their monthly bills
- **12%** of people lack social or emotional support (compared to 16% for Kansas and 21% for the United States)
- **6.9%** of adults said their mental health was not good on 14 or more days in the past month (compared to 9.7%)
- **14** suicides per 100,000 population (compared to 15 per 100,000 for Kansas and 12 per 100,000 for the United States)
- 28% said that in the past month they have felt little interest or pleasure in doing things at least occasionally
- 25% said that in the past month they have felt down, depressed, or hopeless at least occasionally
- **17%** of Johnson County adults are binge drinkers (consuming five or more drinks in a two hour period for men, four or more drinks for women) compared to 15% for Kansas

Transportation

- 1 in 25 households does not have a motor vehicle
- 22% said they could easily walk to a transit stop in their neighborhood
- Less than 0.5% of workers in Johnson County travel to work using public transit
- **85%** of workers drive alone to work (82% in Kansas)

The data from the key informant surveys is summarized on the next several pages. Survey respondents provided information on the population they served and offered opinions about the strengths, weaknesses and greatest needs of the community.

Johnson County's Community Health Assessment Process

Key Informant Survey Summary

Johnson County Community Health Assessment 2015 - 29 Completed Surveys

Population Organization Serves:

- 200% below poverty (5)
- Suburban, mostly white residents (4)
- Latinos and immigrants (2)
- Under / Uninsured
- Low income pregnant women and children 0-5
- Birth to 3 with developmental disabilities
- Patients in need of emergency services
- 60+ population
- Deaf and hard of hearing
- Adult and juvenile criminal offenders

What is Johnson County's greatest strengths?

- County resources and services (6)
- Good public schools and educational opportunities (5)
- Parks / green spaces and trails (4)
- Strong economy and affluent population (3)
- High employment and good job opportunities (3)

What are the greatest needs in Johnson County?

- Affordable housing (9)
- Transportation (8)
- Affordable health care (6)
- Higher wages and jobs with growth potential (6)
- Mental health (4)

Johnson County's Community Health Assessment Process

Key Informant Survey Summary (continued)

What are the 3 most important health issues?

- **Access to care (26)**
 - Under/uninsured (14)
 - Health insurance literacy (3)
- **Chronic Disease (12)**
 - Obesity/Nutrition/Access to healthy food (5)
 - Wellness education (4)
- **Mental health (8)**
 - Substance abuse (2)
 - Suicide

How accessible and adequate are primary health services?

- Very accessible and adequate for those who have health insurance and ability to pay (8)
- Limited access for those with no insurance or means to pay (10)
- Transportation is an issue for those without cars (3)

How accessible and adequate are mental health services?

- Average to above average (3)
- Transportation is a barrier (3)
- Long waits for services (3)
- Mental health needs are not being met (3)
- Difficult to access and need more access points (3)

How affordable is our community?

- Affordable to reasonably affordable (10)
- Not affordable, especially for those on limited income (10)

What are our transportation needs?

- Nearly all respondents indicated that an improved public transportation options was needed and transportation is very difficult without a car

Is there adequate programming to promote healthy lifestyles?

Yes (17)

No (12)

Johnson County's Community Health Assessment Process

Key Informant Survey Summary (continued)

If no, what is needed?

- More offerings through employers
- Continued expansion and connectivity to trails and parks
- Community programs through the schools
- Safe routes to schools
- Adult bike education
- Low cost options for community centers
- Use of food stamps at farmers markets

What is needed to promote more physical activity?

- Promotion and awareness campaigns (7) - consider Latinos in messaging
- Promotion and better marketing of trail system (6)
- More affordable gyms/sliding scale (5)
- Safe walk-bike to school (2)
- Policy, planning and promotion to support active transportation (2)
- Free or low cost programs for specific age groups including seniors (2)

Are there barriers to accessing, preparing consuming healthy food?

Yes - 22

- Cost (11)
- Knowledge on how to prepare healthy (4)
- Convenience/time to prepare (2)
- Grocery stores are becoming further apart
- Inability to use food stamps at farmers markets

After much discussion about the data presented and current community needs, CHAP chose three priorities:

- Chronic Disease Prevention and Health Promotion,
- Access to Care
- Mental Health

Partnerships are a vitally important part of the community health assessment process in Johnson County. Working in partnership with individuals, organizations, agencies and coalitions enhances the ability to move toward a healthier community, a goal shared by all.

Johnson County Community Partners:

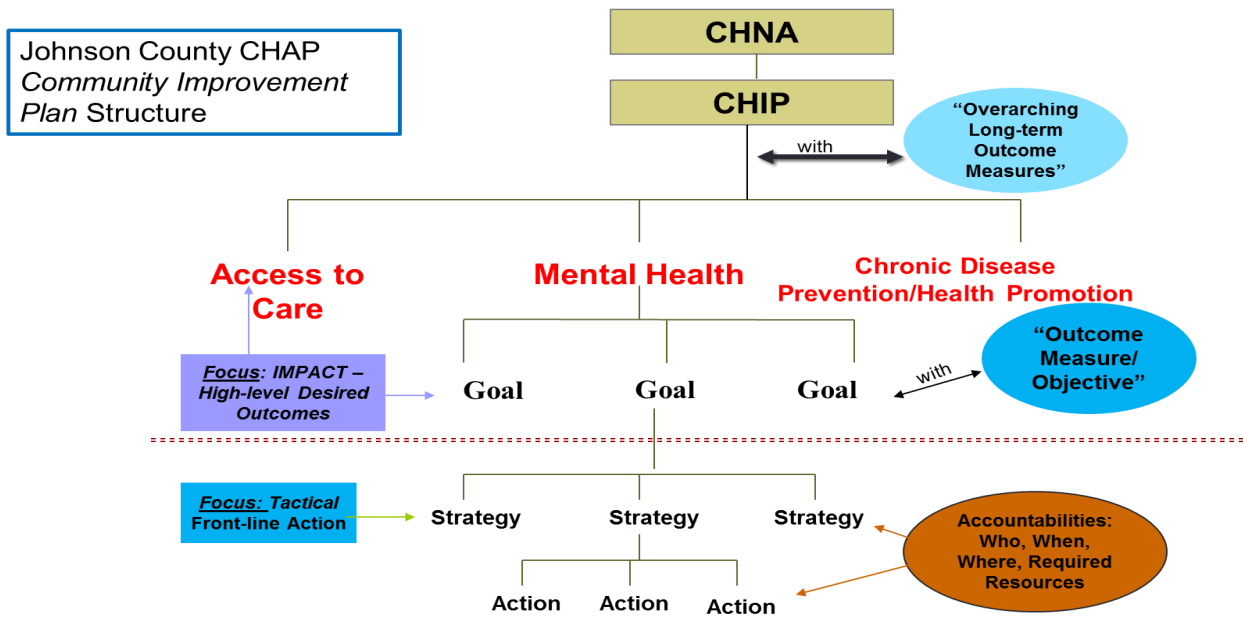
American Heart Association
Amerigroup
Area Agency on Aging - Human Services Department
Arthritis Foundation
Blue Valley School District
Children's Mercy Hospital
City of Gardner
City of Olathe Fire Department
Community volunteers
DeSoto School District
El Centro Inc.
Health Partnership Clinic, Inc.
Healthcare Foundation of Greater Kansas City
Homewatch CareGivers
IBossWell
Jewish Community Center
Johnson County Community College - Dental Hygiene
Johnson County Park and Recreation District
Johnson County Emergency Management
Johnson County Human Services
Johnson County Library
Johnson County MedAct – EMS
Johnson County Mental Health Center
Johnson County Planning Department
Johnson County Transit Department
Kansas State Extension Office
Kansas School for the Deaf
Kansas Department of Health and Environment
Kids TLC, Inc.
KVC Health Systems, Inc.

Community Partners

Mental Health Association of the Heartland
Mercy and Truth Medical Missions
Minute Movement
Mother and Child Health Coalition
National Parkinson Foundation
Olathe Health Systems
Olathe Latino Coalition
Olathe School District
Oral Health Kansas
REACH Foundation
ReNewed Health Pantry
Saint Luke's Hospital South
Shawnee Mission School District
Shawnee Mission Medical Center
Spring Hill School District
Sunflower Health Plan
Sunflower House
The Family Conservancy
United Community Services of Johnson County
United Healthcare Kansas City
United Way of Greater Kansas City
University of Kansas Cancer Center
University of Kansas Medical Center
University of Kansas Medical Center – MPH Program
University of Kansas School of Nursing
VV Marketing & Development, Inc.
WyJo Care
YMCA of Greater Kansas City

Johnson County's Community Health Improvement Plan

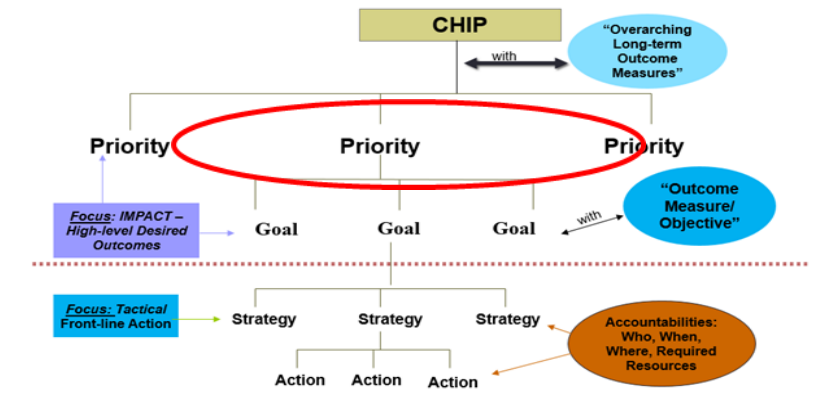
Once the three priorities were chosen, representatives from the IBossWell organization gathered CHAP partners to organize and focus their health assessment work. Partners were instructed to define and articulate goals that address how to accomplish the priorities, define the strategies that outline how to reach the goals, define actions that show how to achieve the strategies and identify who is responsible for taking action. The following structure and definitions helped frame the discussion.



**Nomenclature can be customized*

CHIP Definitions

1. Priority: Key health issue *identified through the Community Health Assessment and selected* as a priority to be addressed in the Community Health Improvement Plan (CHIP) (such as Access to Care).



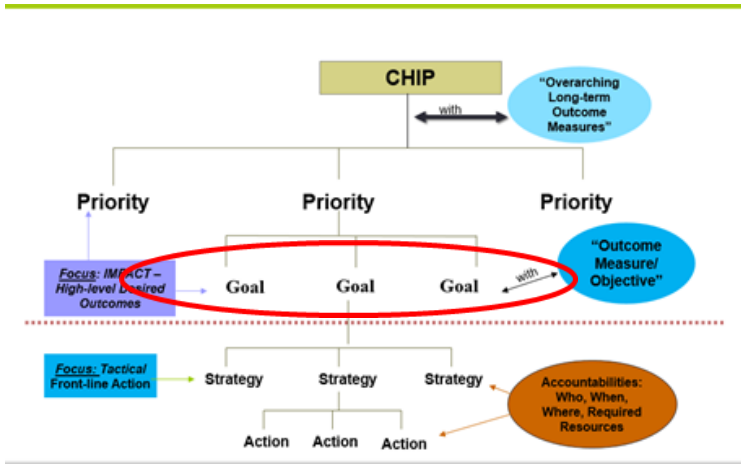
12 Note: CHNA=Community Health Needs Assessment, CHIP=Community Health Improvement Plan

Johnson County's Community Health Improvement Plan

CHIP Definitions

1.1. Goal: Describes/addresses the high-level changes in community health status that will be sought to advance the community health Priority. *Identifies in broad terms how your initiative is going to change things in order to solve the problem you have identified.*

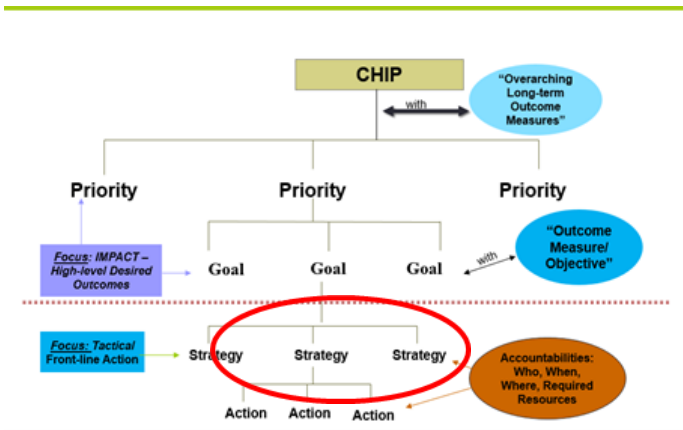
Outcome Measure/Objective: Provides evidence of “moving the needle.” Defines the *specific measure of change the efforts undertaken as part of the CHIP are intended to attain* or accomplish.



CHIP Definitions

1.1.1.Strategy: Outlines a *specific tactic or intervention agreed to by the collaborative to advance the Goal*. As Strategies are developed timeframes and responsible parties will also be identified to guide implementation of each one.

1.1.1.1.Action: Detailed definition of *how an individual member of the CHAP collaborative will advance a specific CHIP Strategy*. As Actions are developed timeframes and responsible parties will also be identified to guide implementation of each one.



Johnson County’s Community Health Improvement Plan

CHAP was asked to:

- 1.) Review goals and strategies that had been included in past community health improvement plans.
- 2.) Focus on the health of the public as a whole (population health).
- 3.) Review what resources exist in the community, how can we partner with current efforts?
- 4.) Identify strategies the group can pursue to “move the needle” on health challenges.
- 5.) Keep in mind the time frame and what can actually be accomplished in three years.
- 6.) Think about activities to achieve the strategies and who is going to do what in what time frame.

CHAP met monthly to discuss how to approach the chosen priorities. Discussions during the summer and early fall of 2016 followed the worksheets below to create the 2017-2019 Community Health Improvement Plan. CHAP paid special attention to current successful community efforts and initiatives in the community health improvement plans of local non-profit hospitals. This was done to explore how CHAP could assist in furthering those efforts and not duplicate work already in progress.

Johnson County Community Health Improvement Plan Implementation Worksheets

<i>Priority</i>				
<i>Goal</i>		<i>Outcome Measures/Objectives</i>		
<i>Strategy</i>	<i>Actions</i>	<i>Responsible Party</i>	<i>Date Range</i>	<i>Resources</i>

The following pages outline the goals, strategies, and actions of the three priorities chosen: Chronic Disease Prevention and Health Promotion, Access to Care and Mental Health. Also listed is the anticipated date of completion and, where available, any existing community resources.

Community Health Improvement Plan—Chronic Disease Prevention

Priority One: Chronic Disease Prevention and Health Promotion

<i>Priority</i>				
Chronic Disease Prevention & Health Promotion: Create an environment that promotes a healthy lifestyle for all Johnson County families and residents.				
<i>Goal</i>		<i>Outcome Measures/Objectives</i>		
Physical Activity: Promote physical activity across the community with special focus on meeting the needs of underserved communities.		By December 31, 2019, decrease the percentage of adults that have not exercised at all in the past week from 19% to 15%.		
<i>Strategy</i>	<i>Actions</i>	<i>Responsible Party</i>	<i>Date Range</i>	<i>Resources</i>
Assess the physical activity opportunities, programs and assets that are available to citizens in Olathe, KS	<ul style="list-style-type: none"> -Complete a detailed, listing of physical activity resources available in the Olathe community -Identify community physical activity champions and recruit to assist with the completion of the goal -Complete a list of key informants 	CHAP Chronic Disease Prevention work group	Accomplished by January 2018	
<i>Strategy</i>	<i>Actions</i>	<i>Responsible Party</i>	<i>Date Range</i>	<i>Resources</i>
Gather input from the community about the reasons/ root causes why people don't exercise and what would motivate behavior change	<ul style="list-style-type: none"> -Interview key informants -Compile data -Collaborate with community partners on strategies -Begin implementation of strategies 	<p>CHAP Chronic Disease Prevention work group</p> <p>Other identified stakeholders</p>	Accomplished by January 2018	
<i>Strategy</i>	<i>Actions</i>	<i>Responsible Party</i>	<i>Date Range</i>	<i>Resources</i>
Support existing physical activity initiatives	<ul style="list-style-type: none"> -Support Olathe Get Active App -Promote and support YMCA's – Let's Get Moving program 	<p>JCDHE, CHAP Chronic Disease Prevention work group</p> <p>Other identified partners</p>	Accomplished by January 2018	
15				

Community Health Improvement Plan—Chronic Disease Prevention

Priority One: Chronic Disease Prevention and Health Promotion

<p><i>Strategy</i></p>	<p><i>Actions</i></p> <ul style="list-style-type: none"> -Education about why PA is important -Work with American Heart Association -Use assessment results to create “guide” for Olathe activities -Work on built environment: infrastructure in core area; bike share planning grant, support active transportation 	<p><i>Responsible Party</i></p>	<p><i>Date Range</i></p> <p>On-going through 2019</p>	<p><i>Resources</i></p>
<p><i>Goal</i></p> <p>Reduce the burden of tobacco by reducing smoking prevalence and exposure to second-hand smoke.</p>		<p><i>Outcome Measures/Objectives</i></p> <p>By December 31, 2019 decrease the percentage of adults who smoke cigarettes from 12.6% to 12%.</p>		
<p><i>Strategy</i></p> <p>Promote the benefits of smoke-free environments, available cessation services and provider/community advocate training to support cessation efforts</p>	<p><i>Actions</i></p> <ul style="list-style-type: none"> -Work with landlords of multi-unit housing properties to adopt smoke-free policies -Promote the KS Tobacco Quitline -Promote Brief Tobacco Intervention Training -Assess developing e-cigarette education -Participate in Healthy KC coalition 	<p><i>Responsible Party</i></p> <p>CHAP Chronic Disease Prevention work group</p>	<p><i>Date Range</i></p> <p>On-going through 2019</p>	<p><i>Resources</i></p> <p>KDHE, Greater KC Chamber of Commerce, JCDHE, JCMHC</p>
<p><i>Strategy</i></p> <p>Support Tobacco 21 initiative in Johnson County jurisdictions</p>	<p><i>Actions</i></p> <p>Disseminate Tobacco 21 information</p>	<p><i>Responsible Party</i></p> <p>Johnson County Mental Health Ctr./Prevention Services</p> <p>CDRR Coalition</p>	<p><i>Date Range</i></p>	<p><i>Resources</i></p>

Community Health Improvement Plan—Chronic Disease Prevention

Priority One: Chronic Disease Prevention and Health Promotion

<i>Goal</i> Nutrition/Healthy Eating: 1) Increase the opportunities to promote Nutrition/Healthy Eating habits through education focused efforts and activities in the central core of Olathe (66061 zip code).		<i>Outcome Measures/Objectives</i> By December 31, 2019, decrease the number of adults who report not eating five or more servings of fruits and vegetables on a single day in the past week from 20 percent to 18 percent.		
<i>Strategy</i> Gather community partners to create and implement community and after-school nutrition/cooking classes that are community/family focused	<i>Actions</i> -Target one Title I elementary school and invite community partners to assist in planning -Organize to pilot after school nutrition/cooking classes for students and parents -Create survey to track increases in fruit/vegetable consumption, healthier meals at home with the class participants -Possibly expand cooking classes -Explore adding cooking demonstration/nutritional education to Health Partnership Clinic’s outreach events at Olathe Head Start -Support better snack options/initiatives being implemented in the school day	<i>Responsible Party</i> CHAP Chronic Disease Prevention work group Members of the Food Policy Council and their working groups	<i>Date Range</i> -Partners identified by March 2017 -Gathering held by June 2017 -Cooking classes to start Fall 2017 -Pre and post-test of class participant vegetable consumption created by August 2017 -Identification of additional schools completed by March 2018 -If feasible, implement for 2017-2018 school year	<i>Resources</i>
17				

Community Health Improvement Plan—Chronic Disease Prevention

Priority One: Chronic Disease Prevention and Health Promotion

<i>Strategy</i>	<i>Actions</i>	<i>Responsible Party</i>	<i>Date Range</i>	<i>Resources</i>
<p>Implement healthy food initiatives in Johnson County Food Banks</p>	<p>-Review Food Policy Council assessment data when completed</p> <p>-Use data from assessment to identify policy for CHAP support</p> <p>-Identify food bank/pantries that serve families of the Title I school identified above</p> <p>-Work with food pantries to provide healthy recipes (if identified as a need from the Food Policy Council data)</p>	<p>CHAP Chronic Disease Prevention work group</p> <p>Members of the Food Policy Council</p>	<p>By 2019</p>	<p>Master Food and Gardeners at K-State Extension</p>
<p>Gather Olathe grocery store programming information and promote existing healthy options services</p>	<p>-Identify grocery stores in 66061 in order to collect data about services for nutritional education that already exist at the stores</p> <p>-Promote existing services to customers to increase usage and expand the knowledge of healthy options at the grocery store</p>	<p>CHAP Chronic Disease Prevention work group members</p>	<p>Store managers identified, contacted and data collected by August 2017</p>	
<p>Support the Johnson County Food Policy Council efforts</p>	<p>-Support Food Policy Council’s grocery store food waste initiative</p> <p>-Support Food Policy Council initiatives</p>	<p>CHAP Chronic Disease Prevention work group</p> <p>Food Policy Council members</p>	<p>On-going</p>	

Community Health Improvement Plan—Access to Care

Priority Two: Access to Care

<i>Priority</i> Access to Care				
<i>Goal</i> Health Equity		<i>Outcome Measures/Objectives</i> Reduce the number of people delaying care to less than 15%.		
<i>Strategy</i> Promote the implementation and use of Community Health Workers to increase access to health care services for uninsured populations	<i>Actions</i> -Collaborate to plan structure/funding for implementation/use of Community Health Workers -Identify and leverage current work -Develop a collaboration to bring community health workers to Health Partnership Clinic	<i>Responsible Party</i> Health Partnership Clinic REACH Health care Foundation Other community partners using community health workers	<i>Date Range</i> By 2019	<i>Resources</i> KC Regional and KS Community Health Worker Collaborations
<i>Goal</i> Oral Health		<i>Outcome Measures/Objectives</i> -Increase the percentage of adults that receive care to more than 82.5% (from 2015 CHA data). -Increase number of elementary schools in Johnson County that participate in screenings. -Increase the number of elementary school age children receiving screenings.		
<i>Strategy</i> Support the legislation/policy for the Dental Therapist scope of practice	<i>Actions</i> -Form a plan to promote the Allied Dental Professional Scope of Practice legislation that includes: *Media campaign *Advocacy to State Representatives. *UCS Legislative Day and REACH Advocacy Day. *Education to Johnson County residents	<i>Responsible Party</i> Johnson County Community College (JCCC) United Community Services (UCS) REACH Oral Health Kansas (OHK)	<i>Date Range</i> Sept. 2016- June 2017	<i>Resources</i>

Community Health Improvement Plan—Access to Care

Priority Two: Access to Care

	<p>*Identify and assist in current efforts</p> <p>* Identify speakers.</p> <p>*Distribute OHK-Fact Sheets</p>			
<p><i>Strategy</i></p> <p>Continue school-based oral health services</p>	<p><i>Actions</i></p> <p>Recruit dentists and hygienists to provide screenings through the JOCO Dental Association & JOCO Hygienists Association</p>	<p><i>Responsible Party</i></p> <p>JDCHE</p> <p>Health Partnership Clinic</p>	<p><i>Date Range</i></p> <p>On-going</p>	<p><i>Resources</i></p>
<p><i>Goal</i></p> <p>Access to Integrated Health Care</p>		<p><i>Outcome Measures/Objectives</i></p> <p>Decrease the percentage of people that have problems accessing care for them or their family to less than 10%.</p>		
<p><i>Strategy</i></p> <p>Develop a plan to increase access to integrated health care for underserved populations (Mental Health, Oral Health, Chronic Disease, Medical Home, Nutrition)</p>	<p><i>Actions</i></p> <p>Promote and support integration of medical /dental/ mental health/ nutrition services including chronic disease at PCMHs that offer Medical, Dental, and Mental Health services</p>	<p><i>Responsible Party</i></p> <p>Health Partnership Clinic</p> <p>Olathe Fire Dept.-MIH</p> <p>JCDHE</p>	<p><i>Date Range</i></p>	<p><i>Resources</i></p> <p>Lift Assist Program</p> <p>My Resource Connection</p>
<p><i>Strategy</i></p> <p>Support the adoption of an integrated care model in health care settings</p>	<p><i>Actions</i></p> <p>-Outreach/ Engage/Direct</p> <p>-Assess integrated care model utilization in Johnson County</p> <p>-Support adoption of ICM in new healthcare settings</p>	<p><i>Responsible Party</i></p> <p>JCDHE— Mapping</p> <p>CHAP Mental Health work group</p>	<p><i>Date Range</i></p> <p>On-going</p> <p>1-2017 - 1-2018</p> <p>On-going or by end of 2019</p>	<p><i>Resources</i></p> <p>Mapping poverty with pharmacy – minute clinic overlay</p>
<p>20</p>				

Priority Three: Mental Health

<i>Priority</i> Mental Health				
<i>Goal</i> Suicide Prevention		<i>Outcome Measures/Objectives</i> By December 31, 2019, reduce the age-adjusted suicide death rate in Johnson County from 14.1 per 100,000 (2015 data) to 10.2 suicides per 100,000.		
<i>Strategy</i>	<i>Actions</i>	<i>Responsible Party</i>	<i>Date Range</i>	<i>Resources</i>
Collaborate with the Johnson County Suicide Prevention Coalition to raise community awareness about the burden of suicide	<ul style="list-style-type: none"> -Representatives from the CHAP Mental Health workgroup will join the Johnson County Suicide Prevention Coalition and collaborate to conduct activities -Activities to be determined 	<ul style="list-style-type: none"> Members of the CHAP Mental Health workgroup Suicide Prevention Coalition 	On-going	
Reduce the suicide rate among white males, age 40-60 years old	<ul style="list-style-type: none"> -Review and analyze Johnson County suicide data -Gather additional data; analyze death certificate data to determine which industries to target for intervention -Review data based on findings, consider sub-groups to focus on (e.g., age, veteran status, geographic area, etc.) -Work with KC Human Resource Coalition to review EAPs of industries most affected by suicide and anxiety/depression -Promote EAPs as a resource; target messaging to industries with both high suicide rates and robust EAP offerings, as determined by KC Human Resource Coalition 	<ul style="list-style-type: none"> JCDHE Epidemiologist CHAP Mental Health work group Johnson County Mental Health Center 	Nov 2016-Oct 2017	<ul style="list-style-type: none"> Mental Health America Employer Toolkit

Priority Three: Mental Health

	<p>-Promote ASIST (Applied Suicide Intervention Skills Training) to CHAP’s partner networks, work with KC Human Resource Coalition to target industries with high suicide rates</p>			
<p><i>Goal</i> Prevent substance abuse and its effects via primary and secondary interventions.</p>		<p><i>Outcome Measures/ Objectives</i> Decrease the number of acute drug poisoning (including opioids) deaths from 8.9 deaths per 100,000 (Johnson County 2012-2014) to 7 deaths per 100,000.</p>		
<p><i>Strategy</i> Partner with Mid America Regional Council (MARC) on metro-wide workgroup (Kansas City Area Opioid Crisis Task Force) to further their activities in Johnson County</p>	<p><i>Actions</i> -Review MARC data on prescribing practices. Review information on best practice prescribing practices for providers from industry leaders and KC-area providers. (If dental prescribing practices not part of MARC review, see if data available and add to this report) -Review “hotspot” information from Children’s Mercy about number/ geographic location of infants with neonatal withdrawal syndrome in Johnson County. Use information to target education -Promote MARC’s education materials on opioid prescribing practices for providers</p>	<p><i>Responsible Party</i></p>	<p><i>Date Range</i></p>	<p><i>Resources</i></p>

Priority Three: Mental Health

<i>Strategy</i>	<i>Actions</i>	<i>Responsible Party</i>	<i>Date Range</i>	<i>Resources</i>
<p>Develop and promote public awareness campaign about opioids</p>	<p>-Create phased campaign to educate the public in line with national drug take-back days in April and October</p> <p>-Sponsor prescription drug take back days; tie into existing drop off boxes</p> <p>-Map entities/boxes that take them and where they are located</p> <p>-Use this data to ensure drop-off locations match County’s areas of need</p> <p>-Use data to guide when/where drop-off locations, assess if they should be located to match the population in need</p>	<p>JCDHE for mapping</p> <p>CHAP Mental Health work group</p>	<p>On-going</p>	<p>First Call</p>

Priority Three: Mental Health

<i>Goal</i> Address Anxiety and Depression Disorders		<i>Outcome Measures/Objectives</i> Decrease the percentage of Johnson County residents who report their mental health is not good 14 days or more from 7 percent to 5 percent (BRFSS).		
<i>Strategy</i>	<i>Actions</i>	<i>Responsible Party</i>	<i>Date Range</i>	<i>Resources</i>
Promote trauma informed care/ resiliency education/initiatives in Johnson County	<ul style="list-style-type: none"> -Partner with other organizations working on trauma informed care/ resiliency and collaborate with them -Invite speakers from Trauma Matters, Resilient KC and Trauma-sensitive schools to inform CHAP group -Promote campaign to have 15,000 people fill out the ACEs questionnaire -Promote trainings available through ComVAC 	CHAP Mental Health work group	Dec 2016/ Jan 2017	
Promote universal screening for depression/anxiety for adults and children in Johnson County	<ul style="list-style-type: none"> -Develop and promote public education campaign targeted at students that includes information on resiliency, coping with feelings and how parents can help kids cope with anxiety/depression -Expand concept to other districts if successful 	CHAP Mental Health work group Children’s Mercy Hospital	On-going	

Priority Three: Mental Health

<i>Strategy</i>	<i>Actions</i>	<i>Responsible Party</i>	<i>Date Range</i>	<i>Resources</i>
<p>Promote public education campaign to expand knowledge/skills for people to intervene with loved ones or employees</p>	<p>-Develop and promote “3Rs” - (Recognize, Respond, Refer) education/training campaign for school districts, ER/Hospital systems, primary care clinics, safety net clinics, first responders, co-responder programs</p> <p>-Review current/successful programs and use as pilots</p> <p>-Use CHAP network to spread the 3Rs further</p> <p>-Review Children’s Mercy Hospital’s 5 Question screening for depression/anxiety; potentially adopt/adapt</p> <p>-Promote Mental Health First Aid to systems adopting 3Rs as secondary/next step</p> <p>-Work group members are encouraged to introduce the 3Rs and Mental Health First Aid within their industry</p>	<p>CHAP Mental Health work group</p> <p>Olathe Health; Shawnee Mission Health—share data/experiences from primary care/ER screenings</p> <p>Shawnee Mission School</p> <p>District share experience/data from universal questionnaire</p>	<p>Dec 2016/Jan 2017</p>	<p>Suicide Prevention Committee data from crisis sheet/service access information</p>
<p>Partner to expand reach of groups promoting resilience strategies, both on the environmental and individual levels</p>	<p><i>Actions</i></p>	<p><i>Responsible Party</i></p>	<p><i>Date Range</i></p>	<p><i>Resources</i></p>

Community Health Improvement Plan 2017-2019

Johnson County, Kansas

**Johnson County Department of
Health and Environment**

For more information contact:

**Barbara Mitchell, MSW
Community Health Division Director, PIO
barbara.mitchell@jocogov.org
913-477-8364**

**Elizabeth Holzschuh, MS
Epidemiologist II
elizabeth.holzschuh@jocogov.org
913-477-8368**