SHAWNEE COUNTY, KANSAS

COMMUNITY HEALTH IMPROVEMENT PLAN










2023-2025

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Credits and Acknowledgements

Shawnee County, Kansas

2023-2025 Community Health Improvement Plan

December 2022

Prepared by:

CHIP Steering Committee

Craig Barnes, B.S.

Division Manager Community Health Outreach and Planning, Shawnee County Health Department

Past Chair of Heartland Healthy Neighborhoods

Brittany Blattner, MPH

Epidemiologist, Shawnee County Health Department

Savanna Gaumer, M.A.

Community Health Engagement Coordinator, Stormont Vail Health

Karla Hedquist, B.A.

Director Community Health Engagement, Stormont Vail Health

Sarah Karns, B.S.

Pathways to a Healthy Kansas Coordinator

Director of Heartland Healthy Neighborhoods

Brett Martin, B.A., MDiv

Vice President of Community Impact, United Way of Kaw Valley

Chair of Heartland Healthy Neighborhoods

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Dear Shawnee County Community:

On behalf of Heartland Healthy Neighborhoods (HHN), our local grassroots health and wellness coalition, we are excited to share with you Shawnee County's 2023-2025 Community Health Improvement Plan (CHIP). This plan is a collective, community-driven effort that includes many individuals and organizations across Shawnee County. Many of you participated in roundtable conversations, completed surveys, or shared your own personal or professional experiences to shape this plan which challenges us to think "upstream" and consider how we can make Shawnee County a healthier and more equitable community. This concept of upstream health is not a new one, but it challenges us to place equity at the center of our vision and our work and consider how the social determinants of health are shaped by the policies, systems, and environments that we have created and that we maintain. They challenge us to consider why we have such health disparities across racial, ethnic, and gender lines. They challenge us to consider why our zip code, where we live, has a greater impact on our future health than our genetic code. They challenge us to imagine more equity, better health, and improved quality of life for everyone in our community.

The task before us is not for any one individual, branch of government, or agency (public or private) to face alone. Rather, it requires connection and collaboration, interest and investment, and calls us to consider tough questions of ourselves and our community. It requires placing the community at the center of our work with health equity as a polar star. It calls us to imagine a present and future where every individual has access to the resources and opportunities they need not just to survive but to thrive. It is our hope that the 2023-2025 CHIP builds on the previous plan and provides a platform for not only meaningful conversation but also impactful work and community change.

Addressing the social determinants of health on this scale is complex, and the arc of change is long. This work involves looking beyond our own individual or organizational strategies and priorities and creating a collective framework that addresses the inequities of the present in order to create greater equity both now and in the future. It is an iterative process that demands our energy and resources to ensure more people in our community live healthier lives. It is our hope to add not only years to life but also life to years.

Many have already committed themselves and their organizations to this work. For their groundbreaking work, we are grateful. We see many implementing healthy policies and programs across the community that we believe will lead to better health outcomes. We are in our second year of the *Pathways to a Healthy Kansas (Pathways)*, a Blue Cross and Blue Shield of Kansas initiative, grant which provides resources for us to impact health at the community level through training, technical assistance, and both coordination and implementation grants. Through this grant, we have hired the first Director of HHN, Sarah Karns, who will lead us through the new CHIP. Through these and many other ways, we see positive change emerging across our community.

But, we know that more must be done. In December, we will hold an HHN Action Summit to re-energize our coalition and invite new members to join this work. We will consider the resources and opportunities before us, and, through the lens of health equity, develop our plans to drive the strategies and approaches lined out in the 2023-2025 CHIP. We encourage you to review this CHIP and consider how you or your employer, your faith or civic group, may become involved in this work.

Together, we are better – together, we can create a healthier community where everyone has the chance to thrive.

Sincerely,

Sarah Karns, Director of Heartland Healthy Neighborhoods

Brett J. Martin, Chair of Heartland Healthy Neighborhoods

EXECUTIVE SUMMARY

Since the development of the 2015 Community Health Improvement Plan (CHIP), Heartland Healthy Neighborhoods (HHN) has led the CHIP efforts for Topeka and Shawnee County. The CHIP Steering Committee is composed of key partners who drive this work. They include: HHN's Director, Current Chair, and Past Chair; Shawnee County Health Department's Division Manager for Community Health Outreach and Planning and Shawnee County Health Department's Epidemiologist; and Stormont Vail's Director Community Health Engagement and Community Engagement Coordinator. This team has led the development process of this CHIP with assistance from HHN workgroups and other coalition partners. We are grateful for the collaboration and support of the community in developing this plan.

In 2021, Stormont Vail Health led the Community Health Needs Assessment (CHNA) which provides qualitative and quantitative data for the CHIP. The CHNA Leadership Team was composed of members from Shawnee County Health Department, Stormont Vail Health, and HHN. The team collaborated to identify the factors that affect health in Shawnee County, as well as resources to address them, in order to promote equity and improve health outcomes. The CHNA reflects the perspective of individuals throughout the community, compiles current data in support of identified issues, and serves as a basis for decision-making and instituting change. The CHNA Leadership Team identified 15 community groups representing 148 residents and held community roundtable discussions with previously underrepresented members of our community to capture community input. Additionally, the team carried out an online community survey of 2,536 county residents. These primary data points were combined with secondary data to inform the assessment.

Based on the results of the CHNA, the team created a list of potential health priorities. These potential focus areas were further prioritized at a Community Conversation which included cross-sector participation from the community. Participants evaluated the primary data from the survey to determine if the results reflected their understanding of actual community needs. 92% of participants indicated that the prioritization and ranking identified by the community in the survey aptly reflected the community health needs they observed firsthand and through recent outcomes data. They identified the four health priority areas for the next CHIP as: 1) Behavioral Health, 2) Food Security, 3) Substance Abuse, 4) Health Equity.

The CHNA Leadership Team, along with HHN Leadership, has identified CHIP workgroups within existing HHN workgroups to carry out these priorities. Many community health challenges are ongoing, with new data and areas of focus emerging across multiple cycles of the CHIP process. Additionally, two newly formed workgroups, the Behavioral Health Collaborative and Sexual Health Collaborative, will also drive the new CHIP strategies.

Goals and objectives, including target measures for the objectives, were drafted by the CHIP Steering Committee and refined based on feedback from the CHIP workgroups and other community stakeholders. Of note is the difficulty the committee had in defining and identifying language and targets for obesity. Changes to language and data dissemination in the Kansas BRFSS (Behavioral Risk Factor Surveillance System) survey (from obesity to overweight) made it difficult to find both appropriate language as well as meaningful targets. Additionally, we noted that, while we have recognized experts carrying out work in other priority areas within the CHIP, it is difficult to identify local experts doing strategic work in the specific area of obesity reduction. Goals and objectives for each priority area can be found in Figure E-1 (page 8). Intervention strategies and activities were developed by HHN workgroups and coalition members for each priority area in consultation with the CHIP Steering Committee. The interventions chosen to achieve the objectives in this CHIP address areas of both midstream and upstream health. That is, the CHIP includes interventions that address individual social needs, as well as improving community conditions that will support healthier lives for all residents of

Shawnee County. We recognize that we need interventions along the spectrum to improve health outcomes for our neighbors throughout our county.

As we reviewed community level data to establish strategies, interventions, and target measures, there were some noteworthy datapoints specific to Shawnee County:

- Dramatic increase in suicides from 2020 (32) to 2021 (53)
- Rising infant mortality rate among Black and Hispanic populations
- Higher sexually transmitted infections among Black and Hispanic populations and within young adult age cohorts
- Startling increase in drug poisoning deaths from 2020 to 2021
- High obesity rate

The current Polk-Quincy Viaduct Project will disrupt the food system for populations of focus and those who support food security work, as two organizations are significantly impacted. Let's Help will be displaced, and Harvesters has announced a move to a neighboring community.

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

Overview of CHIP Priority Areas, Goals and Objectives

Figure E-1:

PRIORITY AREA 1: BEHAVIORAL HEALTH
GOAL 1.1 Zero suicides in Shawnee County.
Objective 1.1.1: Decrease the suicide rate from 20.5/100k to 18.5/100k (KDHE 2018-2020).
Objective 1.1.2: Decrease the number of suicides in Shawnee County from 53 in 2021 to 33 in 2025 (TPD).
GOAL 1.2 Address crisis through recovery through an integrated system of care.
Objective 1.2.1: Decrease poor mental health days from 10.6/30 to 9.6/30 days (BRFSS 2017).
Objective 1.2.2: Decrease the rate of behavioral-related admissions from 107.7/10k to 101.7/10k (KDHE 2018-2020).
Objective 1.2.3: Stabilize depression in the Medicare population at 25.3% or lower (CMS 2018).
PRIORITY AREA 2: ACCESS TO FOOD
GOAL 2.1: Reduce food insecurity and food deserts in Shawnee County.
Objective 2.1.1: Decrease the overall food insecurity rate from 13.3% to 12.0% by 2025 (Feeding America 2017).
Objective 2.1.2: Decrease the child food insecurity rate from 18.4% to 17.4% by 2025 (Feeding America 2017).
Objective 2.1.3: Decrease the number of census tracts listed as "food deserts" by the USDA from 9 to 8 by 2025 (USDA 2015 & 2016).
PRIORITY AREA 3: SUBSTANCE USE
GOAL 3.1: Decrease the use of tobacco and alcohol products among Shawnee County youth.
Objective 3.1.1: Decrease the percent of youth reporting having smoked cigarettes from 5.15% to 4.75% by 2025 (KCTC 2022).
Objective 3.1.2: Decrease the percent of youth reporting binge drinking episodes from 2.6% to 2.0% in the last two weeks by 2025 (KCTC 2022).
Objective 3.1.3: Decrease the percent of youth reporting having vaped at least once from 5.82% to 4.5% in the past 30 days by 2025 (KCTC 2022).
GOAL 3.2: Decrease overdose and drug poisoning deaths among Shawnee County residents.
Objective 3.2.1: Decrease drug poisoning deaths from 19.4/100k to 18.0/100k by 2025 (CDC WONDER 2018-2020).
PRIORITY AREA 4: HEALTH EQUITY
GOAL 4.1: Improve maternal, infant and child health outcomes in Shawnee County.
Objective 4.1.1: Decrease the infant mortality rate from 8.8/1,000 (2016-2020 KDHE) to 7.0/1,000 by 2025.
Objective 4.1.1.a: Decrease the infant mortality rate from 14.2/1,000 to 12.4/1,000 among Hispanic populations by 2025.
Objective 4.1.1.b: Decrease the infant mortality rate from 14.8/1,000 to 12.9/1,000 among Black/African American populations by 2025.
Objective 4.1.2: Increase the percent of women in Shawnee County receiving prenatal care in the first trimester from 74% to 78.7% by 2025.
GOAL 4.2: Decrease STIs among Shawnee County residents.
Objective 4.2.1: Decrease the STI rate from 12./1,000 (1.2%) to 10/1,000 (1%) by 2025.
GOAL 4.3: Decrease the percentage of Shawnee County residents who are overweight.
Objective 4.3.1: Decrease the percent of adults who are obese by 2025.

Introduction

Community Health Needs Assessment

A Community Health Needs Assessment (CHNA) is an important tool used for examining and improving the health of a community. It provides insight into the current health status of a community by identifying needs and potential means of fulfilling them. The CHNA includes comprehensive information about different health risks and outcomes based on systematic collection and analysis of data along with conversations with community leaders and members. The method of collecting this information is determined and implemented by a multidisciplinary Steering Committee.

The 2021 Shawnee County CHNA Steering Committee was composed of leaders from the Shawnee County Health Department, Stormont Vail Health, United Way of Greater Topeka, and HHN. The team collaborated to identify the health disparities that affect impact health in Shawnee County, as well as resources to address them, in order to improve community health and promote equity. The CHNA reflects the perspective of individuals throughout the community and serves as a basis for decision-making and instituting change.

The information collected in the CHNA drives the development of a Community Health Improvement Plan (CHIP). Together, the CHNA and CHIP prioritize community health improvement methods, inform community members, drive policy change, promote equity, and outline resources to promote better health in Shawnee County.

In addition to identifying and addressing community health issues, the CHNA fulfills a requirement for local health departments seeking accreditation from the National Public Health Accreditation Board (PHAB). After the completion of the 2021 CHNA, the Shawnee County Health Department was accredited by the National Public Health Accreditation Board. The federal Patient Protection and Affordable Care Act (ACA) requires that each registered 501(c)3 hospital conduct a CHNA at least once every three years and adopt a strategy to meet identified needs. Any hospital that has filed a Form 990 is required to conduct a CHNA. IRS Notice 2011-52 was released in late fall of 2011 to give notice and request comments.

Shift Toward Social Determinants of Health Lens

Beginning with our CHNA in 2018, our planning team began to modify the mindset of data collection and analysis in order to reflect the growing shift locally and statewide regarding public health. In attempting to identify and understand the social determinants of health that impact our community's health, the 2020-2022 Shawnee County Community Health Improvement Plan was written with the embodied concept of "Upstream Health" as an approach to health that challenges us to think critically about these social determinants of health. By utilizing policies, systems, and environmental changes to create a community in which every resident in Topeka and Shawnee County can live a healthy life regardless of their education, income level, or ZIP code. In order to appropriately identify and design interventions through our health improvement planning processes, our planning team determined that a "go to the people" approach was necessary.

For the 2021 CHNA process we added community town hall meetings and key stakeholder meetings to inform our planning team of the underlying root issues affecting the health of our community. These changes provided additional insight and understanding of the root causes and health inequities propelling downstream impacts on both individual and community health.

We built upon the successful experience of these roundtable meetings to continue to inform our community members directly on the status of health in our community and to gather important insight into the root issues affecting their health. As mentioned earlier, COVID-19 caused some disruptions to this process, forcing many of these roundtable experiences to be conducted virtually. This process of data collection has become ingrained into the CHNA process moving forward and will continue to expand as new priorities are identified.

In 2017, the Shawnee County Health Department in partnership with Heartland Healthy Neighborhoods launched the County Health Rankings: A Community Conversation. This community event has become an annual conversation at the culmination of National Public Health Week each April. A Community Conversation offers a breakdown of the County Health Rankings and an annual review of additional community health data as it pertains to the CHNA and CHIP. This meeting brings together key stakeholders, including elected officials and other funders and media, from across Shawnee County to inform next steps, evaluate current processes related to the CHNA and CHIP, as well as assist in the prioritization of strategies for health improvement planning. It takes an entire community working together to improve the overall health and quality of life of its residents.

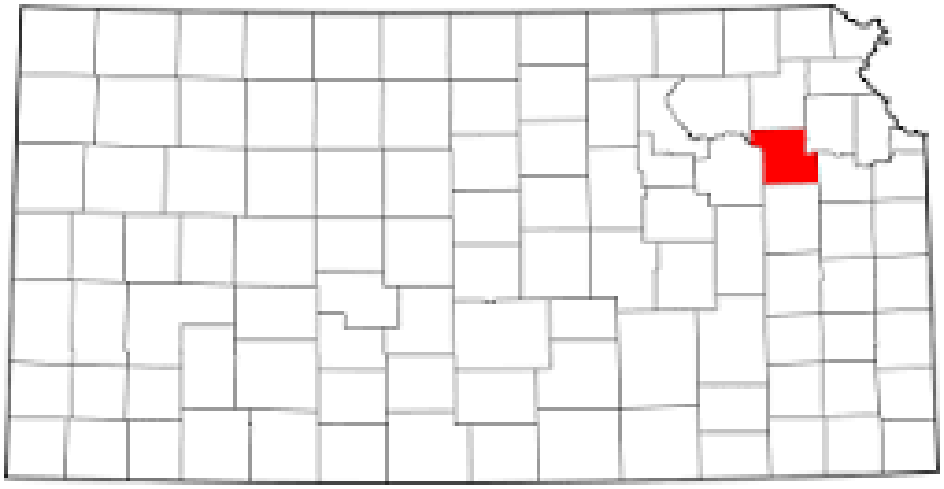
The Community Health Needs Assessment Steering Team meets regularly to analyze new and updated data sources. The CHNA will continue to be scheduled, conducted, and released on three-year cycles in order to ensure we have current data informing the prioritization of CHIP strategies in our community.

Part I

BACKGROUND INFORMATION

PART 1: BACKGROUND INFORMATION

The Shawnee County CHIP addresses the entire population of Shawnee County. Located in northeastern Kansas (Figure 1), Shawnee County has a total population of 178,909 people (U.S. Census Bureau, 2020). Topeka, the state capital and the county seat, has a population of 126,587. Figure 1. Location of Shawnee County in Northeastern Kansas.



Shawnee County has slightly greater racial and ethnic diversity than the State of Kansas overall. Over 27 percent of the county and 25 percent of Topeka are non-whites (Figure 1), which mostly tend to show higher levels of poverty than whites.[1] Median and per capita income are slightly lower for Shawnee County than for the state. The county's poverty rate is 10.5 percent, and the state's rate is 10.6 percent.[2] The percentage of Shawnee County children living in poverty is 13 percent – the same as in the state, and 23 percent of children live in single-parent households compared to 21 percent statewide.[3]

Figure 1. Racial/Ethnic Makeup of Shawnee County Residents Compared to all Kansas Residents, and Poverty Levels

Race/Ethnicity Population Breakdown and Percentage Below Poverty, 2020				
Race/Ethnicity	**County %**	**State %**	**County % Below Poverty**	**State % Below Poverty**
White	**72.9**	**74.7**	**8.7**	**9.1**
Hispanic	**13.4**	**12.7**	**17.4**	**18.1**
African-American	**8.5**	**6.2**	**23.6**	**23.9**
Asian	**1.5**	**3.2**	**5.5**	**14.7**
American Indian/Alaska Native	**1.4**	**1.2**	**12.8**	**19.0**
Native Hawaiian/Pacific Islander	**0.1**	**0.1**	**24.1**	**9.2**
Other	**4.6**	**3.3**	**~18.4**	**~17.5**

Source: U.S. Census Bureau QuickFacts https://www.census.gov/quickfacts/fact/table/shawneecountykansas/RHI125221#RHI125218; U.S. Census Bureau American Fact Finder, Poverty Status in the Past 12 Months, 2020 American Community Survey 5-Year Estimates, S1701

Figure 2. Racial/Ethnic Makeup of Shawnee County Residents, and Poverty Levels

Shawnee County Race/Ethnicity		
Race/Ethnicity	**Percent**	**Percent below Poverty**
White	**72.9**	**8.7**
Hispanic	**13.4**	**17.4**
African-American	**8.5**	**23.6**
Asian	**1.5**	**5.5**
American Indian/Alaska Native	**1.4**	**12.8**
Native Hawaiian/Pacific Islander	**0.1**	**24.1**
Other	**4.6**	**~18.4**

CHNA-CHIP Process

As in the past iterations of the Community Health Needs Assessment (CHNA), Stormont Vail Health, Shawnee County Health Department, and Heartland Healthy Neighborhoods collaboratively planned and executed the CHNA process.

The process for collecting data from our community in 2021 was altered significantly from previous years mostly due to the public health emergency related to the COVID-19 pandemic. We were unable to meet in person for many of the data gathering sessions and instead utilized virtual meeting software as the primary means for gathering.

The primary objective for the CHNA Steering Team was to gather input from communities that have traditionally been under-represented in the data collection process. We know from past data that the demographics for those community members who engaged in the data collection methods we used were not representative of the community demographic profile. The CHNA planning team took extra care in designing the data collection process so that the returns would be more reflective of our community demographics. In that way, the process for data collection followed three major steps:

Description of Community Served: To identify the community served by Stormont Vail, we collected information about unique patients by the ZIP code identified in their medical record. The data collected did not include any unique patient identifiers.
Community Member Roundtables: The CHNA Leadership team identified 15 community groups representing 148 residents and held 45-minute meetings. Notes for these meetings were recorded and themes identified for use in the Town Hall community prioritization.
Electronic Survey: The CHNA Steering Committee utilized a 15-item Community Health Needs Assessment survey that focused on areas of community need and pressing health issues. This survey was open for responses from February 1 – March 15, 2021. The CHNA Steering committee received 2,536 survey responses from the community. See Figure 3 for a summary of results from the survey. This survey was generated in Survey Monkey for electronic distribution and sent out to the community in several ways:

1.) Press releases and ads containing the survey link and QR codes.
2.) Cards containing QR codes and links distributed to community partners to hand out to residents.
3.) Email distribution lists generated by SNCO Health Department and Stormont Vail Health.
4.) A local television network, KSNT, call-in show to allow residents to call in and answer the survey live.
5.) Mass emails by Stormont Vail, Heartland Healthy Neighborhoods, Shawnee County Health Department, and city of Topeka.
6.) Paper surveys distributed to Topeka Rescue Mission, food distribution sites, and large print surveys were available for senior centers. Additionally, the COVID-19 mass vaccination centers also had paper surveys available for participants.

Virtual Town Hall: On 5/10/2021, Shawnee County Health Department, Stormont Vail, and Heartland Healthy Neighborhoods facilitated a Community Conversation Town Hall for discussion of the data collected. The town hall was attended by 95 individuals who represented 45 organizations. Poll Everywhere was utilized to ask questions about the top four issues identified in the roundtable and survey results: Healthy Eating, Substance Abuse, Mental Health Access, and Equitable Access.

County Health Rankings: This is a compilation of secondary data of health outcomes and healthcare delivery services in the county, including County Health Rankings and other measures of morbidity and mortality. As of April 2019, Shawnee County ranked 56th for Health Factors, and 54th for Health Outcomes out of 102 ranked counties in Kansas. Years of Potential Life Lost (YPLL) from mortality due to chronic diseases, drug overdoses, and suicide, is a measure from the County Health Rankings that contributes most to lowering Shawnee County's ranking.

The Community Health Needs Assessment Steering Team meets quarterly to analyze new and updated data sources and monitor progress toward the goals identified in this assessment. The CHNA will continue to be scheduled, conducted, and released on three-year cycles to ensure we have current data

informing the prioritization of CHIP strategies in our community. The organizations represented on this Steering Team are:

Heartland Healthy Neighborhoods: 2021 HHN Chair, Brett Martin, http://www.heartlandhealthyneighborhoods.org/contact-us/

Shawnee County Health Department: Division Manager for Community Health Outreach and Planning, Craig Barnes, Craig.Barnes@snco.us

Stormont Vail Health: Director Community Health Engagement, Karla Hedquist, KHedquis@stormontvail.org

Figure 3. 2021 CHNA Survey Results: most important community health needs to improve.

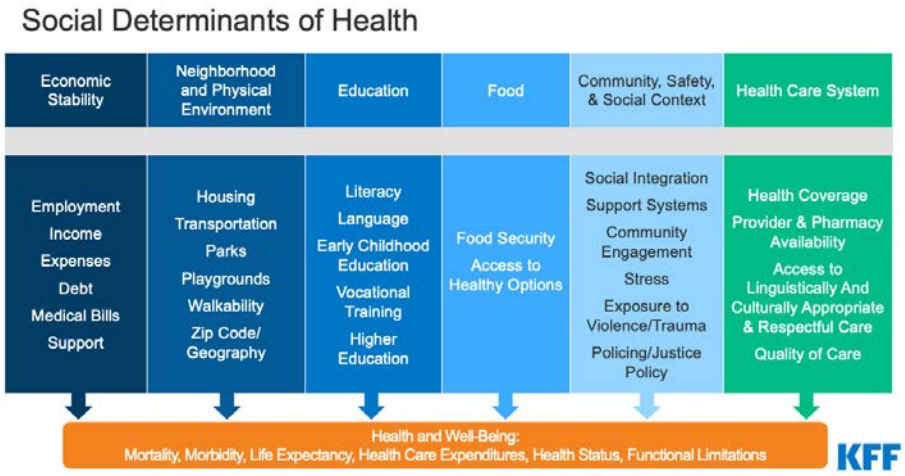
Answer Choices	% of total	Issue Rank
Affordable healthcare insurance	57.05%	1
Mental health access	50.00%	2
Poverty	25.59%	3
Obesity	18.07%	4
Drug/substance abuse	18.15%	5
Awareness of existing healthcare services	19.41%	6
Primary care access	22.50%	7
Wellness/prevention	19.73%	8
Nutrition/health food options	15.69%	9
Substance abuse	7.05%	10
Chronic health	13.23%	11
Alcohol abuse	4.08%	12
Fitness/exercise options	13.00%	13
Personal health management	14.46%	14
Teenage pregnancy	1.98%	15

Using the results from the prioritization process, four issues again rose to the top as priorities to focus on during the CHIP Process. The CHIP Steering Committee summarized these top priorities into the following four priority areas: 1. Behavioral Health 2. Access to Food 3. Substance Use 4. Health Equity CHIP workgroups for each priority area were created from existing and newly formed HHN workgroups, community organizations, and other stakeholders. This CHIP aims to increase community capacity by removing barriers for collaboration. By collaborating with existing organizations, HHN leadership also aims to build community capacity and sustainability of CHIP efforts. The CHIP Steering Committee developed the goals under each priority area and sought feedback from HHN workgroups and other community partners on the content of these priority areas and goals.

Objectives for each priority area were drafted by the CHIP Steering Committee and refined based on feedback from the CHIP workgroups and partnering community organizations. Targets for the outcome objectives were determined by examining Shawnee County data trends over time to create feasible outcome objectives within the given timeframe. The degree of change from year-to-year was used to establish a reasonable measure of change by the year 2025. Also, the group considered Healthy People 2030 (HP 2030) objectives typically aim for a 10 percent improvement over 10 years. Because this CHIP covers a span of three years, expectations were adjusted accordingly. The benchmarking against HP 2030 targets provided a general estimate, while the trend analysis (if available) provided more specificity to the local measures and changes over time. Once the priority areas, goals, and objectives were finalized, interventions and activities to be undertaken were developed by the workgroups and partnering organizations for each priority area in consultation with the CHIP Steering Committee. The interventions chosen to achieve the objectives in this CHIP address areas of both midstream and upstream health and will continue to evolve and emerge in accordance with the community context in preparation for the CHIP's implementation. Also, the CHIP includes interventions that address individual social needs and improve community conditions that will support healthier lives for all Shawnee County residents. Throughout the CHIP's development, the steering committee considered upstream solutions that addressed the social determinants of health and focused on policies, systems, and environment changes in each priority area. See Figure 5 for an illustration of the social determinants

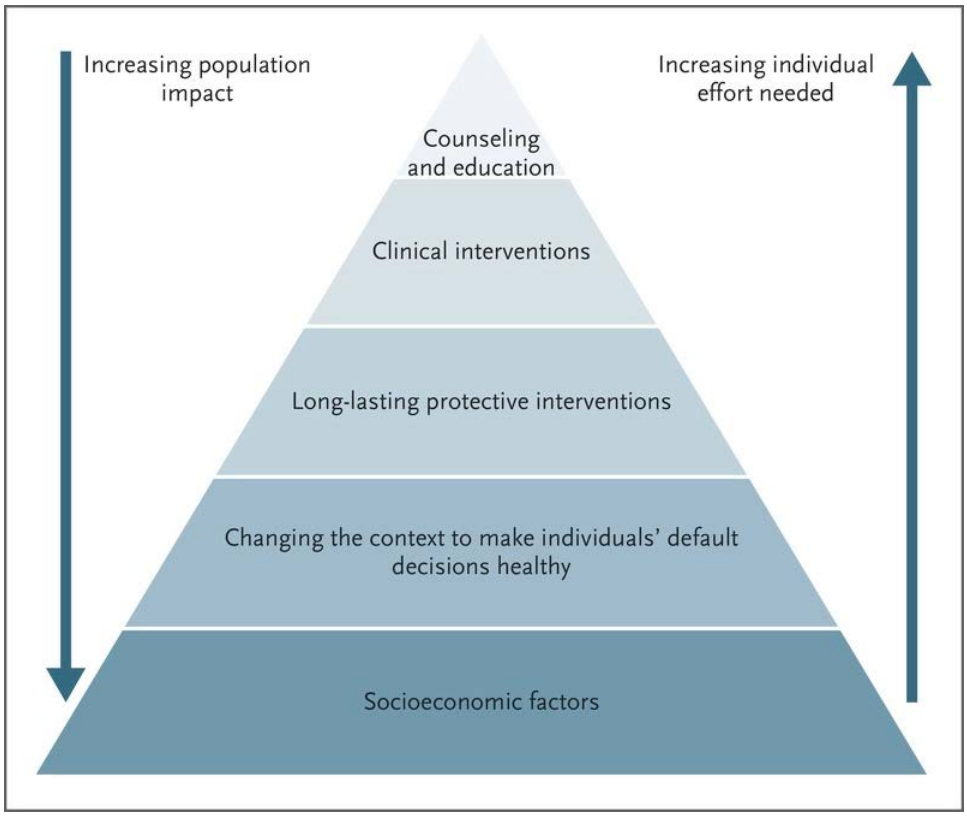
of health from The Kaiser Family Foundation. These are the factors in which people live, work, learn and play, and they all have strong impacts on how healthy we are as a community.

Figure 5: Social Determinants of Health



To make changes in the social determinants, the CHIP steering committee, HHN workgroups, and partnering organizations prioritized policies, systems, and environmental (PSE) changes that fall on the lowest two tiers of the Health Impact Pyramid (Figure 6). As a community, we also recognize the importance of health equity in community change and will include an ongoing focus on social determinants, PSE changes, and health equity as implementation moves forward.

Figure 6: Health Impact Pyramid



Part 2

PRIORITY AREAS

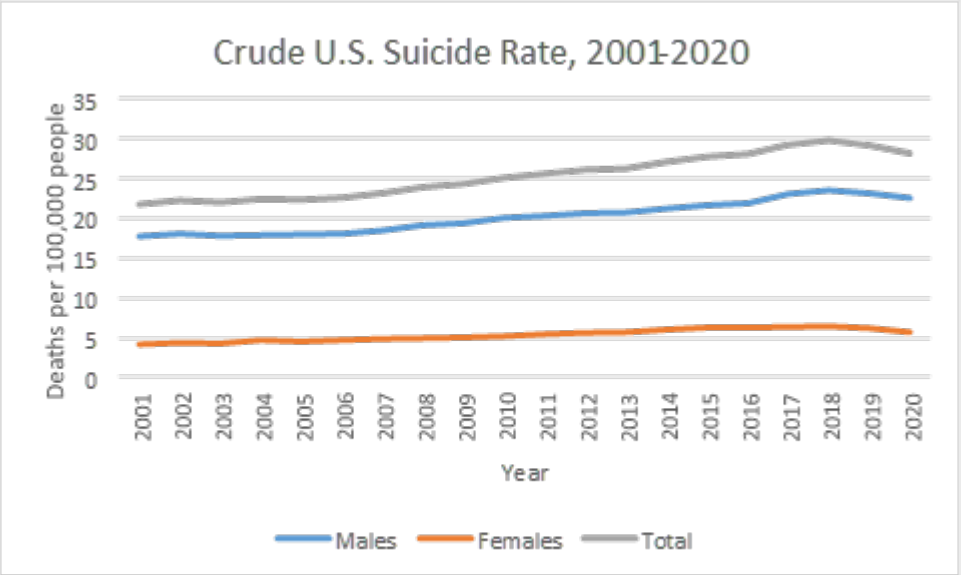
PART 2: PRIORITY AREAS

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

Behavioral Health

Mental health determines how we handle stress, relate to others, and make choices. Mental health is critical to one's personal well-being, family, and interpersonal relationships, and our ability to contribute to the community. Behavioral health incorporates availability and supply of services to meet demand. It includes the affordability, physical and geographic availability, and quality of services to ensure positive health outcomes. Higher suicide rates are a potential adverse outcome resulting from a lack of access to behavioral health services. From 2000 to 2020, the suicide rate in the U.S. increased 30%.[4] It increased steadily for both sexes until peaking in 2018, and then slightly declined in 2019 and 2020 (Figure 7).

Figure 7. Crude suicide rate in the United States, 2001-2020.[5]



Source: CDC WISQARS Fatal Injury Reports.

Why is behavioral health a concern for Shawnee County?
According to the 2022 County Health Rankings, Shawnee County residents reported fewer poor mental health days (4) than the statewide average (5). Yet, access to mental health services received the second highest percentage of votes (50%) of any community health need on the 2021 CHNA Survey (Figure 8). In 2021, 67.36% of respondents identified mental health issues as a very big problem, 6.6% indicated that there were no services available, and 25.12% indicated that the quality of services was unacceptable (Figure 9). Access to Mental Health Services and Suicide ranked as first and second overall CHNA priorities.

Figure 8. 2021 CHNA Survey Results: most important community health needs to improve

Answer Choices	% of total	Issue Rank
Affordable healthcare insurance	57.05%	1
Mental health access	50.00%	2
Poverty	25.59%	3
Obesity	18.07%	4
Drug/substance abuse	18.15%	5
Awareness of existing healthcare services	19.41%	6
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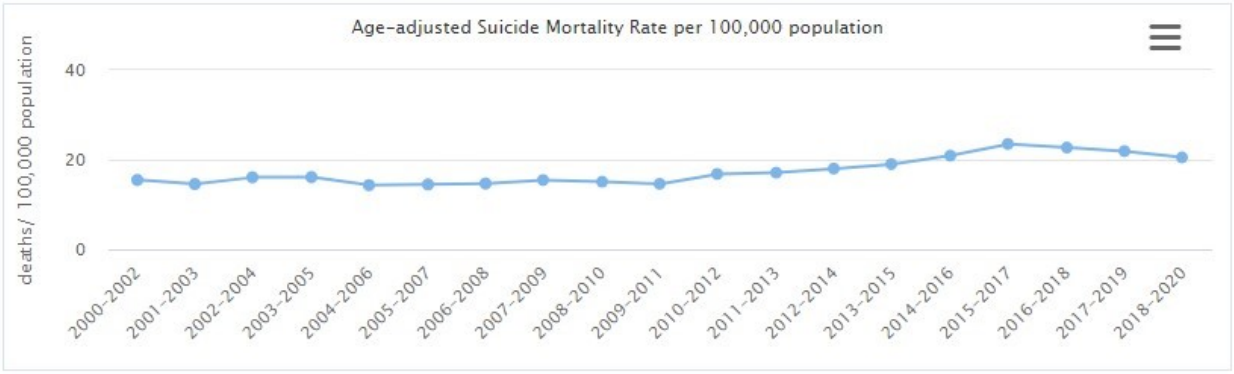
Alcohol abuse	4.08%	12
Fitness/exercise options	13.00%	13
Personal health management	14.46%	14
Teenage pregnancy	1.98%	15

Figure 9. 2021 CHNA Survey Results by Issues

Issue	Community identifies the issue as a very big problem	Community indicates there are no services available	Community indicates the quality of health care services is unacceptable
Access to primary health care	32.56%	2.19%	8.20%
Alcohol/ illegal drug abuse	55.94%	5.05%	11.05%
Arthritis, joint/back pain	18.62%	4.28%	3.88%
Cancer	28.93%	3.10%	2.73%
Diabetes	47.66%	2.58%	3.33%
Heart disease/stroke	38.36%	2.54%	2.65%
Infant immunizations	7.31%	2.96%	2.22%
Infant death	6.03%	3.94%	2.70%
Knowledge of available health care services	31.38%	4.85%	10.13%
Lack of exercise	50.38%	6.18%	8.67%
Lung, asthma or other respiratory illness	23.48%	2.63%	3.10%
Mental health issues	67.36%	6.60%	25.12%
Not eating healthy	55.86%	8.15%	11.38%
Prescription drug abuse/dependence	37.65%	5.34%	12.18%
Oral, dental health	27.99%	5.14%	7.96%
Overweight/obesity	60.25%	6.00%	10.05%
Teen pregnancy	11.40%	5.39%	4.61%
Tobacco use	31.91%	7.23%	6.32%
Transportation to health care services	29.99%	8.71%	11.95%
Violence	52.25%	10.93%	21.67%

Suicide is a significant contributor to Shawnee County's increase in years of potential life lost. Shawnee County's suicide death rate per 100,000 population was 23.5 in 2015-2017 and decreased slightly to 20.5 in 2018-2020 (Figure 10), but more recent local data shows an increase. Rates for depression and suicide are both higher for Shawnee County than for the State of Kansas (Figure 11). There is a remarkable increase in the number of suicides in Shawnee County from 2020 to 2021 (Figure 12).

Figure 10. Age-adjusted suicides in Shawnee County, 2000-2020.

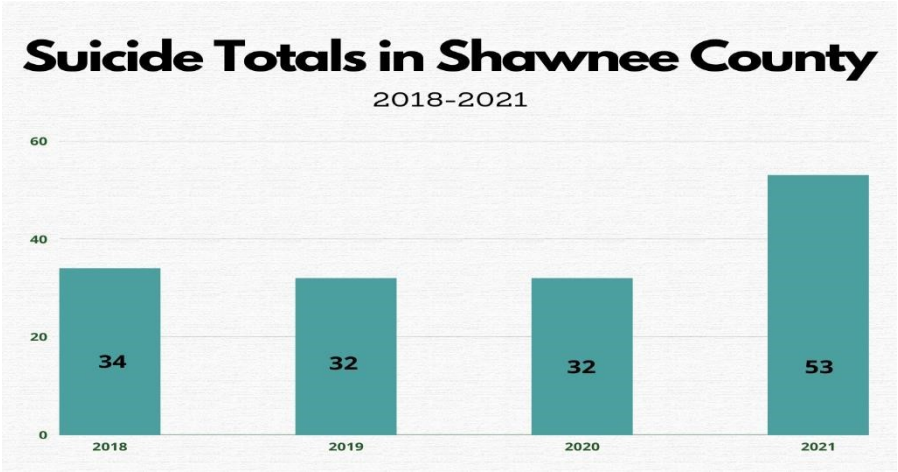


Source: Kansas Health Matters, 2021.

Figure 11. Social & Rehab Services Profile.

Health Indicator	Shawnee County	Trend	State of KS	Source
Depression: Medicare population, 2018	25.9%		19.8%	Kansas Health Matters
Age-adjusted suicide mortality rate per 100,000 population, 2018-2020 (lower is better)	20.5		18.5	Kansas Health Matters
Poor mental health days, 2022	4		5	County Health Rankings

Figure 12. Shawnee County Suicide Raw Data



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

PRIORITY AREA I: BEHAVIORAL HEALTH	
Shawnee County Goals	**Healthy People 2030 Goals**
Goal 1.1 Zero suicides in Shawnee County	**MHMD-01 Reduce the suicide rate from 13.9/100k to 12.8/100k**
Goal 1.2 Address Crisis through recovery through an integrated system of care.	**MHMD-08 Increase the proportion of primary care visits where adolescents and adults are screened for depression.**

*Note: Healthy Kansas 2030 Goals have not been released at the time of CHIP printing.

Goals, Objectives, and Intervention Strategies

PRIORITY AREA I: BEHAVIORAL HEALTH
Goal I.I: Zero Suicides in Shawnee County
Objective 1.1.1 Decrease the suicide rate from 20.5/100k to 18.5/100k (KDHE 2018-2020) **Objective 1.1.2** Decrease the number of suicides in Shawnee County from 53 in 2021 to 33 in 2025. (TPD) **Intervention Strategy 1.1.a:** Support the Shawnee County Suicide Prevention Coalition and State of Kansas Suicide Prevention Plan by initiating or expanding current evidence-based suicide awareness, prevention, and intervention training and events for the public to include Mental Health First Aid, Applied Suicide Intervention Skills Training, and others. **Intervention Strategy 1.1.b:** The Behavioral Health Collaborative will partner across the continuum of behavioral health services to promote existing services and develop new initiatives that prevent behavioral health crises from escalating or occurring.

PRIORITY AREA I: BEHAVIORAL HEALTH
Goal I.2: Address Crisis Through Recovery Using an Integrated System of Care.
Objective I.2.I Decrease poor mental health days from 10.6/30 days to 9.6/30 days (BRFSS 2017) **Objective I.2.2** Decrease the rate of behavioral-related admissions from 107.7/10k to 101.7/10k (KDHE 2018-2020) **Objective I.2.3** Stabilize depression in the Medicare population at 25.3% or lower (CMS 2018) **Intervention Strategy I.2.a:** Support enhancement of existing, and creation of new, behavioral health memoranda of understanding (MOU) and coordinated care agreements amongst agencies that help ensure that all persons in Shawnee County have increased and easy access to behavioral health care. **Intervention Strategy I.2.b:** Increase efforts that increase access to behavioral healthcare, in both crisis and non-crisis situations through community based mental health and depression screenings, the Intersections to Care program at the county jail, Assertive Community Treatment (ACT) programs, the Co-Responder Program, Mobile Crisis Teams, Resiliency Education, and others. **Intervention Strategy I.2.c:** Support Valeo Behavioral Health Care and Family Service and Guidance Center as they seek to become Certified Community Behavioral Health Clinics to provide increased prevention, education, and integrated care.

Call to Action

Awareness, prevention, advocacy, equity in policy, access to care, and incorporation of behavioral health best practices across the continuum of care are important community conversations. Workgroups addressing Shawnee County behavioral health intervention strategies above include the Shawnee County Suicide Prevention Coalition and the Behavioral Health Collaborative. For more information contact Bill Persinger at bpersinger@valeotopeka.org.

Access to Food

Having access to healthy food is a crucial factor for a person's overall well-being. Nutrition can impact an individual's weight and overall quality of life. Poor nutrition can increase the risk for some cancers.[10] Food is a key factor in the expression of culture and is central to bringing people and communities together. However, the ability to access food that is fresh, nutritious, and affordable is challenging for many Shawnee County residents. Some of the barriers to accessing healthy foods include lack of transportation, soaring prices, and lack of outlets selling healthy foods nearby.

Census tracts noted by the U.S. Department of Agriculture (USDA) as low access are areas where a significant share of the population lives more than 1 mile from a grocery store in urban areas or 10 miles from a grocery store in rural areas.[11] Additionally, many residents who live in low access areas are also constrained by low-income and limited access to transportation. Census tracts that are considered both low-income and low access are defined by the USDA as food deserts.[12]

The USDA defines food insecurity as a lack of consistent access to enough food for an active, healthy life.[13] When individuals are unable to afford sufficient food consistently for their families, many turn to cheap, calorie-dense foods that are affordable and shelf-stable but do not provide much nutritional value. This leads to the paradox of families that do not have a consistent source of food often experiencing higher rates of obesity.

Why is access to food a concern for Shawnee County?

Access to Food was ranked third in the list of most important issues from the CHNA town hall meetings. Additionally, in the CHNA community survey, "not eating healthy" was ranked fourth in the list of problem areas, and "overweight/obesity" ranked second. When asked what health issues they or their family would need education about, nutrition was the third most popular response among Shawnee County residents who attended the town hall meetings. An updated food assessment was published for Shawnee County in March 2022. According to the assessment results, more than 1 in 10 (11.6 percent) of Shawnee County residents were food insecure in 2019. This rate is similar to the food insecurity rate of Kansas overall (12.1 percent) but far from the Healthy People 2030 goal of 6.0 percent.[14]

Shawnee County has higher food insecurity at 13.3% compared to 12.7% statewide.[15] However, child food insecurity in Shawnee County is similar to the statewide rate (18.4% in Shawnee County compared with 18.3% for Kansas).[16]

Since the COVID-19 pandemic, Shawnee County residents have been faced with inflation affecting food, transportation, etc. The U.S. Consumer Price Index (CPI) for food rose by 9.4% between April 2021 and April 2022, the largest 12-month increase between consecutive Aprils since 1981.[17]

Consumers are also paying more for fuel with gas prices rising to the highest amounts in mid-summer 2022 of approximately $4.50 per gallon. [18]

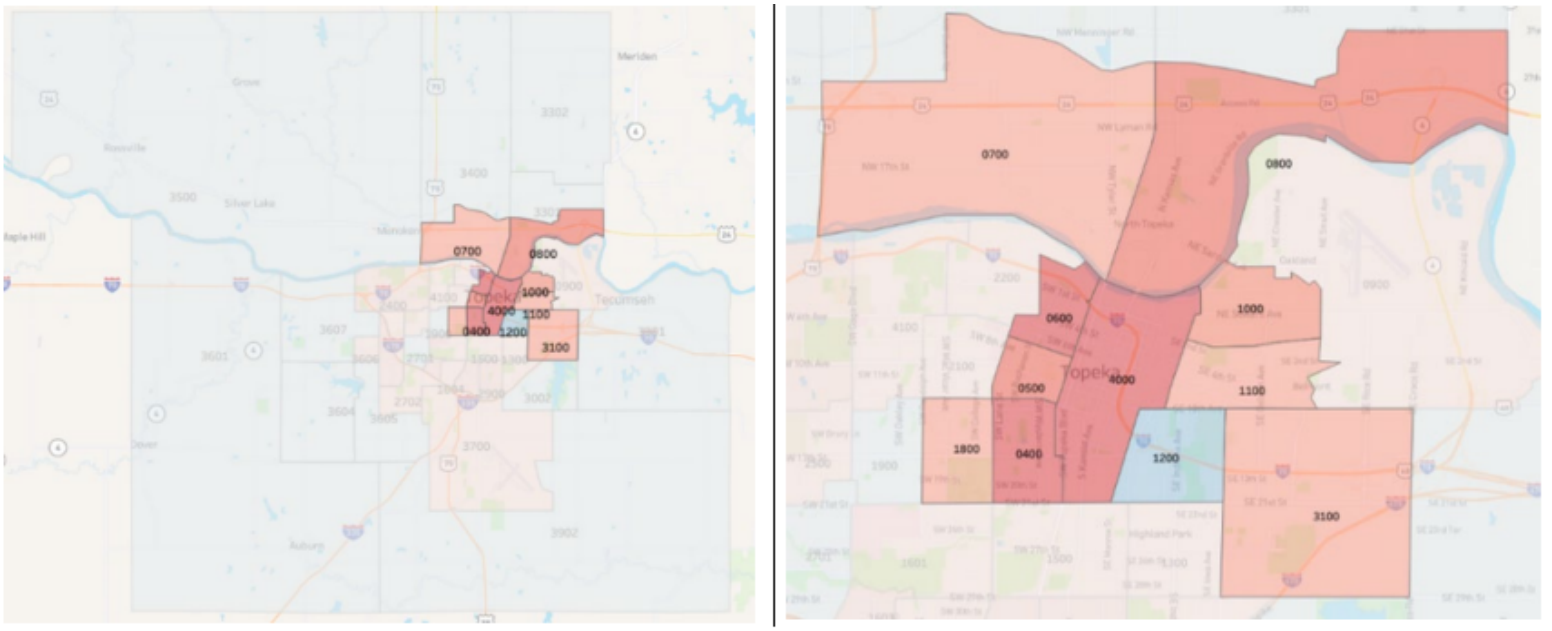
Within the Shawnee County Food system, residents who are food insecure are served by three large agencies - Harvesters, Let's Help, and Catholic Charities. These three agencies are housed within a one-block area providing food to other smaller agencies (Harvesters) and serving community members (Let's Help and Catholic Charities). These agencies and community members will be impacted by road construction when the Polk-Quincy Viaduct is repaired and expanded, and they serve one of the largest census tracts of low-income residents.

Harvesters has announced they will be relocating their Kansas Distribution Center to Lawrence, KS in Spring of 2024. Let's Help will also need to relocate. Catholic Charities, who serves 1,000 people each month, will likely be impacted by the viaduct project construction. Additionally, these changes may increase the demand for services at other food pantries and emergency centers nearby (such as Topeka Rescue Mission, Westside Baptist Church, Salvation Army, and Doorstep) as well as across Shawnee County.

10 U.S. Health and Human Services (HHS). Importance of Good Nutrition. https://www.hhs.gov/fitness/eat-healthy/importance- of-good-nutrition/index.html
11 USDA Economic Research Service (ERS). Definitions of Food Access. https://www.ers.usda.gov/topics/food-choices- health/food-access/
12 USDA Economic Research Service (ERS). Definitions of Food Access. https://www.ers.usda.gov/topics/food-choices- health/food-access/
13 USDA Economic Research Service (ERS). Definition of Food Insecurity. https://www.ers.usda.gov/topics/food-nutrition- assistance/food-security-in-the-us/definitions-of-food-security.aspx
14 Understanding Food Insecurity in Shawnee County. chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.khi.org/wp-content/uploads/2022/03/understanding_food_insecurity_in_shawnee_county_ks-1.pdf
15 Feeding America. (2018). Map the Meal Gap. https://www.feedingamerica.org/research/map-the-meal-gap/overall-executive- summary?s_src=WXXX1MTMG
16 Feeding America. (2018). Map the Meal Gap. https://www.feedingamerica.org/research/map-the-meal-gap/overall-executive- summary?s_src=WXXX1MTMG
17 U.S. Consumer Price Index (CPI). https://crsreports.congress.gov/product/pdf/IN/IN11945
18 AAA. https://gasprices.aaa.com/?state=KS

In Shawnee County, there are currently 9 census tracts that are defined as "food deserts" (Figure 13).

Figure 13: Food deserts in Shawnee County.



Note: Low-Income, Low-Access (LILA) census tracts define low-income areas as "a tract with either a poverty rate of 20 percent or more, or a median family income less than 80 percent of the statewide median family income" and low-access areas as "living more than 1 mile (urban areas) or more than 10 miles (rural areas) from the nearest supermarket, supercenter or large grocery store".[45] To provide continuity, this report uses the same measure for food desert census tracts as the 2017 report. However, the USDA Food Access Research Atlas also has a measure for these census tracts that accounts for vehicle access identifying tracts where "more than 100 households in the tract report having no vehicle available and are more than one-half mile from the nearest supermarket".[46] When considering accessibility of those without vehicle access, there would be two additional LILA tracts (20177002800 and 20177001603 in Southern Topeka). Shawnee County's CHIP 2022 goal 2.1.3. is to decrease the number of census tracts listed as "food deserts" by the USDA from 9 to 8 by 2024. The data included in this figure are from before COVID-19 and do not reflect potential pandemic implications on these measures.

Sources: U.S. Department of Agriculture's Food Access Research Atlas 2019.

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

PRIORITY AREA 2: ACCESS TO FOOD	
Shawnee County Goals	**Healthy People 2030 Goals**
Goal 2.1: Reduce food insecurity and food deserts in Shawnee County.	**Improve health by promoting healthy eating and making nutritious foods available.** **NWS-01 Reduce household food insecurity and hunger** **NWS-02 Eliminate very low food security in children**

*Note: Healthy Kansas 2030 Goals have not been released at the time of CHIP printing.

PRIORITY AREA 2: ACCESS TO FOOD

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

Objective 2.1.1: Decrease the overall food insecurity rate from 13.3% to 12.0% by 2025. (Feeding America 2017).
Objective 2.1.2: Decrease the child food insecurity rate from 18.4% to 17.4% by 2025. (Feeding America 2017).
Objective 2.1.3: Decrease the number of census tracts listed as "food deserts" by the USDA from 9 to 8 by 2025. (USDA 2015 & 2016).

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

Intervention strategy 2.1.b: Support the efforts of Central Topeka Grocery Oasis in bringing a grocery store to a food desert in Central Topeka.

Intervention strategy 2.1.c: Partner with K-State Extension to maintain and update the Food Distribution Map informing county residents and agencies of food services available in the Topeka and Shawnee County community.

Intervention strategy 2.1.d: Support and Assist Farmers Markets receiving *Pathways* funds to improve access to local, fresh produce through EBT SNAP and Double Up programs.

Intervention strategy 2.1.e: Recruit local food pantries and emergency organizations in forming a food security group focused on improving communication and coordination of services, especially with changes resulting from the Polk-Quincy Viaduct construction and expansion and Harvesters – The Community Food Network leaving Topeka and relocating to Lawrence.

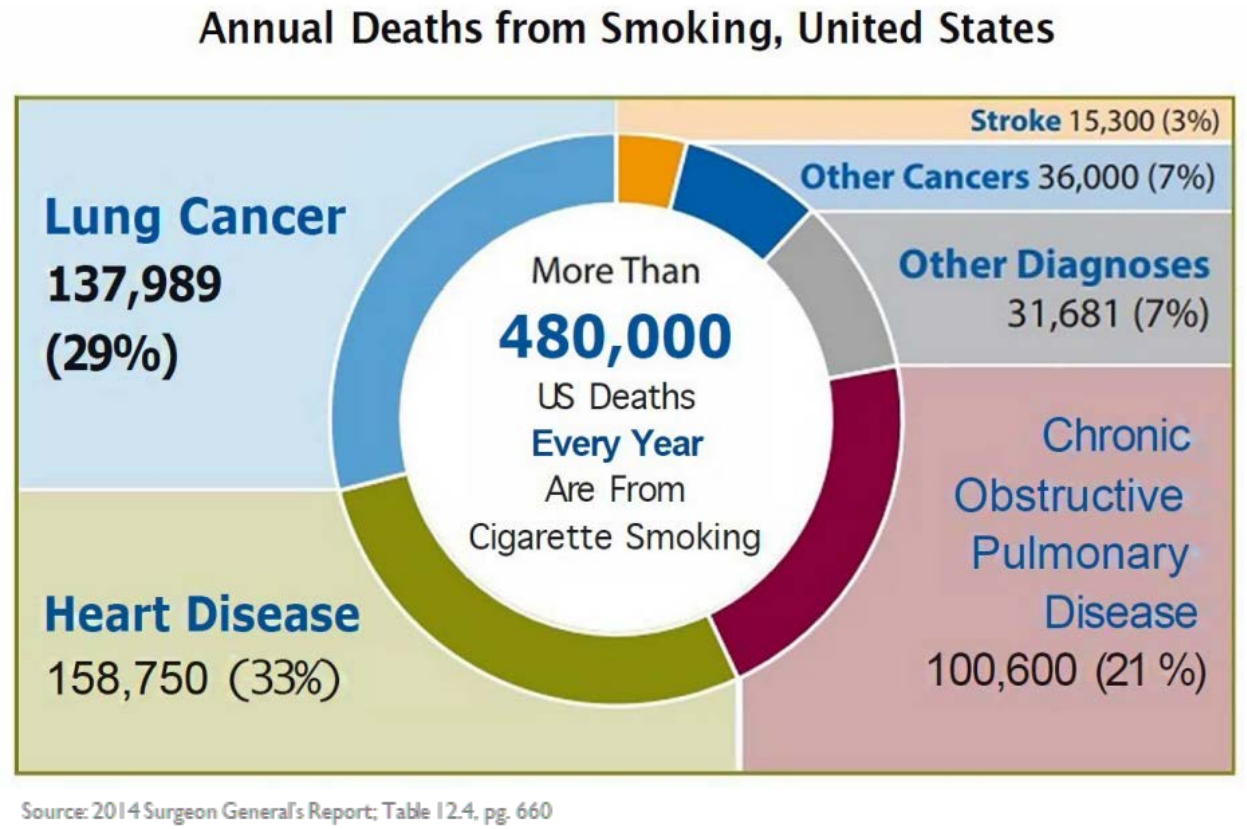
Intervention strategy 2.1.f: Provide support and education for local community gardens and orchards by partnering with Topeka Common Ground and any other like organizations.

Substance Use

Substance use is any consumption of alcohol, tobacco, or drugs. Prevention through early intervention is one way we can address the challenges people with Substance Use Disorder (SUD) face before they grow to develop life-long medical conditions or even cause premature death. Much like other communities across America, Shawnee County has been impacted by the challenges of SUD. Substance Use Disorder has been identified as an ongoing problem in the community and ranked 5th in priority on the 2021 Community Health Needs Assessment. When an individual has Substance Use Disorder, all members of a family are impacted. Often, SUD occurs alongside other physical or mental health disorders. Substance use for the purpose of this plan will focus on those substances most used among Shawnee County youth and those which have resulted in a drug overdose.

Tobacco use continues to be the leading underlying cause of death in the United States, with approximately 480,000 people dying from smoking-related illnesses each year (Figure 14). Cigarette smoking is the primary driver of tobacco-related disease and death and is associated with heart disease, stroke, cancer, and chronic lung diseases among other disabling and fatal conditions.

Figure 14. Annual Deaths from Smoking, United States.

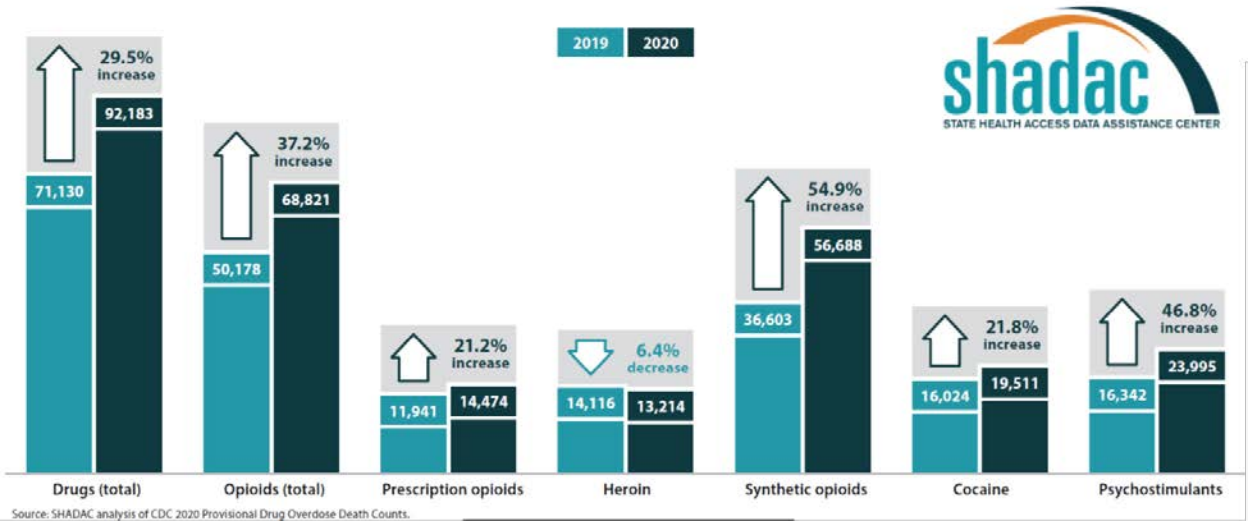


E-cigarette usage, more commonly referred to as "vaping," among U.S. and Kansas youth has been increasing exponentially in recent years. The CDC (Centers for Disease Control) has recommended e-cigarettes are unsafe for youth, young adults, pregnant women, and adults who do not currently use other tobacco products. From 2014–2020, past-30-day e-cigarette use increased from 3.9 percent to 4.7 percent among middle school students and from 13.4 percent to 19.6 percent among high school students (Kansas YRBS -2019). The same report noted that e-cigarettes have remained the most common tobacco product among middle school and high school students since 2014. Concernedly, 22%

of high school students in Kansas reported using e-cigarettes compared to 11.3 percent nationally in 2021.

Alcohol is the most used and abused substance among youth in the U.S. Excessive alcohol consumption is responsible for more than 3,900 deaths in the U.S. among youth each year. The 2019 Youth Risk Behavior Survey found that among high school students, during the past 30 days, 29 percent drank alcohol, 14 percent binge drank, 5 percent drove after drinking, and 17 percent rode with a driver who had been drinking. Binge drinking is defined as a pattern of drinking that brings an individual's blood alcohol concentration (BAC) to at least 0.08 percent. Death rates from excessive drinking increased significantly between 2000 and 2019. An estimated 95,000 people die every year from alcohol-attributable causes, making it the third-leading preventable cause of death in the United States, behind tobacco and poor diet/physical inactivity. The number of drug overdose deaths increased by nearly 5 percent from 2018 to 2019 and have quadrupled since 1999 (WONDER-CDC 2020). Over 70 percent of the 70,630 deaths in 2019 involved an opioid. Much of the growth in drug overdose deaths has recently been driven by synthetic opioids such as fentanyl, which has increased more than 50 percent from 2019 to 2020 (Figure 15).

Figure 15. Changes in drug overdose deaths in the U.S., by sex, 2019-2020.



Shawnee County has several organizations working on different aspects of prevention, early intervention and/or treatment services for residents using substances in a harmful way. We recognize these current efforts as invaluable, while we also recognize that many gaps exist in our primary prevention efforts. To address our poor health outcomes associated with harmful substance use, re-engaging these partners strategically through an aligned collaborative is needed to narrow the gaps and break the cycles of addiction in our community.

Why is substance use a concern for Shawnee County?

Drug and substance abuse were identified as ongoing problems in the community and ranked 5th in priority, followed by alcohol abuse, ranking 12th (see Figure 8). 55.94 percent of respondents identified "alcohol/illegal drug abuse" as a very big problem, 5.05% indicated there were no services available, and 11.05 percent indicated that the quality of services was unacceptable (see Figure 9). There were nearly 20 deaths per 100,000 people from drug poisoning in Shawnee County from 2018 to 2020, up from the 16 reported in the previous CHIP.

Youth in Shawnee County grades 6th, 8th, 10th, and 12th with parental permission take part in the annual Kansas Communities That Care Survey. This survey provides insight into possible usage and helps guide prevention and funding efforts.

Specifically, for Shawnee County, vaping among youth is of concern. While cigarette smoking has decreased among Shawnee County youth since 2019 (10.41 percent in 2019 versus 5.15 percent in 2022), past 30-day use of e-cigarettes was reported in 8.13% in 2020. 17% of Shawnee County youth (grades 6, 8, 10, and 12) have tried vaping, versus 18.79 percent statewide in 2022 (see Figure 16). 5.15 percent reported having smoked cigarettes (see Figure 17).

Figure 16. Percentage of students who have tried vaping in Shawnee County and statewide, 2021 and 2022.

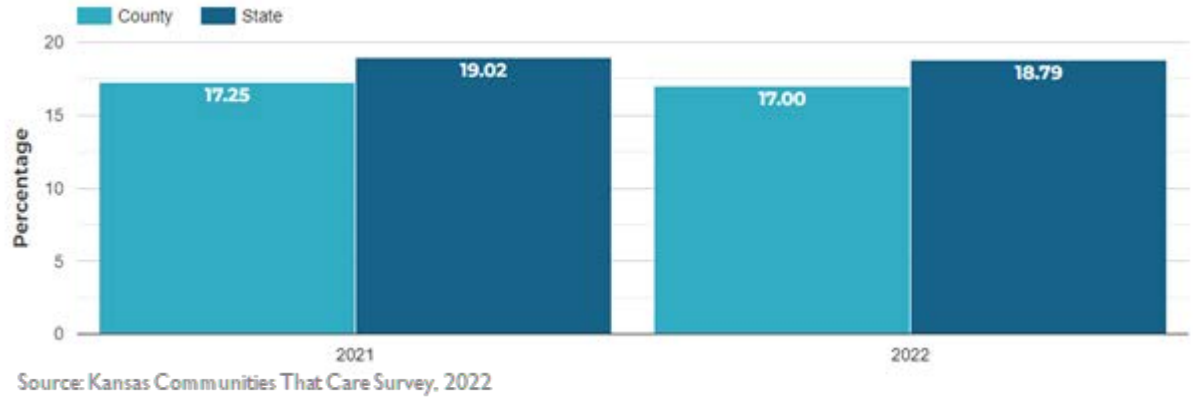
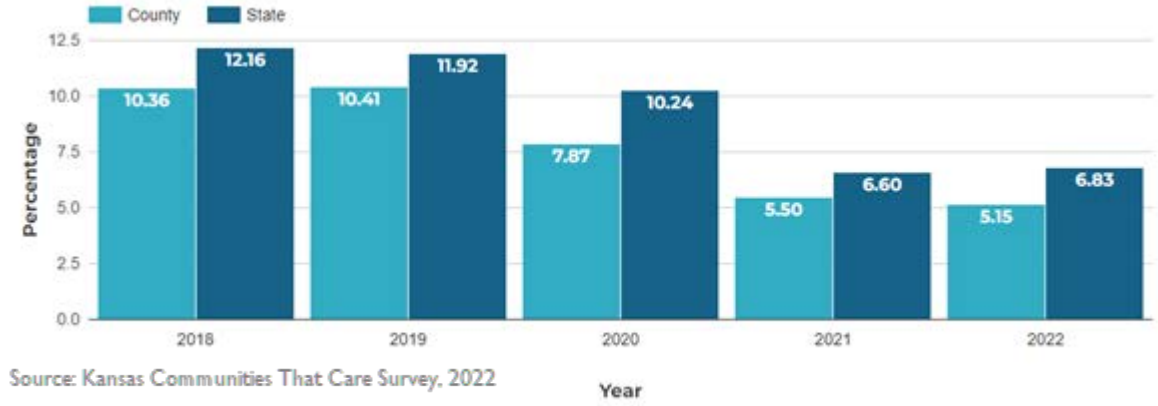


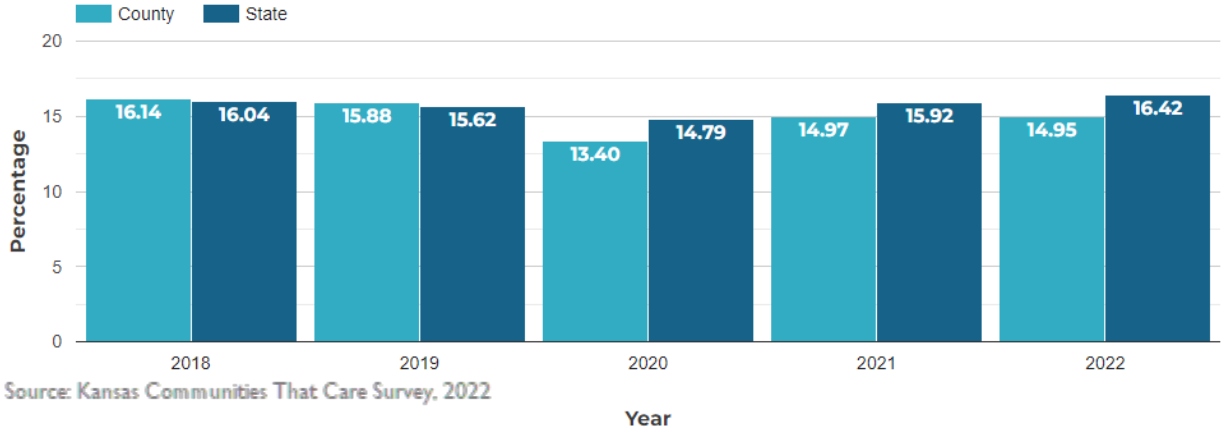
Figure 17. Percentage of students who have tried smoking cigarettes in Shawnee County and statewide, 2018-2022



Alcohol is the most prevalent substance used by youth in Shawnee County according to the KCTC survey from 2021-2022. 24 percent of students surveyed in 2022 reported having tried drinking alcohol in their lifetime (27 percent statewide) and 7 percent (9 percent statewide) report having consumed alcohol within the past 30 days. 14.9 percent reported that it would be "very easy" for them to obtain alcohol if they wanted to (see Figure 13). Shawnee County students report an average age of 13 when asked at what age they had first consumed more than a sip or two of alcohol. They report an average age of 14 for when they first began drinking regularly (at least once or twice a month). 3.49 percent report having been drunk or high at school at least once within the past year. Binge drinking in the last 30 days among Shawnee County youth decreased from 6.43 percent in 2020 to 3.3 percent in 2022. According to the 2022 Community Health Rankings, 18 percent of adults engage in excessive drinking (20 percent statewide), and 16 percent of driving deaths involved alcohol (19 percent statewide). Marijuana use in the past 30 days among Shawnee County youth declined from 6.13 percent in 2019 to

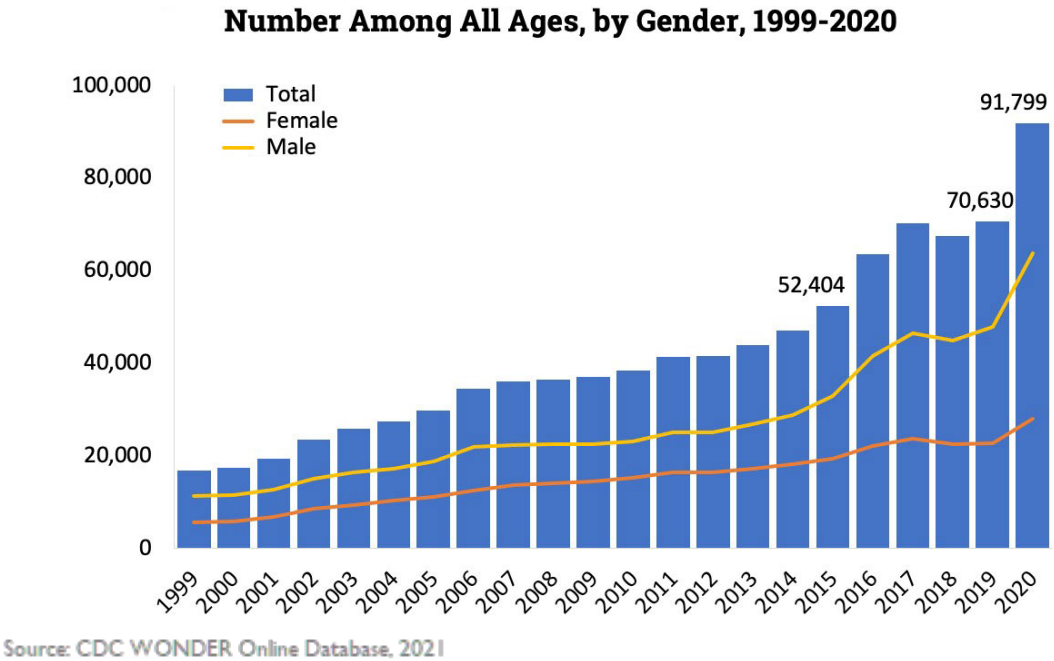
3.6 percent in 2021, and as of 2022 it is at 3.72 percent. Shawnee County youth are slightly less likely to have used prescription drugs not prescribed for them (4.72 percent) than youth statewide (5.24 percent).

Figure 18. Percentage of students who stated it would be "very easy to get alcohol" in Shawnee County and statewide, 2018-2022



As previously noted, overdose deaths across the country have been on the rise from 1999-2020 and continue to increase exponentially, especially among men (Figure 19). As expected, the same was noticed in Kansas where drug overdose deaths increased by 24 percent, from 393 to 477 in 2020. Of the 477 drug overdoses, KDHE reported that 183 involved psychostimulants like methamphetamine, 161 involved synthetic opioids like fentanyl, and 71 involved prescription opioids. Overdose deaths that involved any prescription or illicit opioid accounted for 52 percent of all fatal overdoses in 2020 (KDHE Prescription Drug and Opioid Misuse and Overdose Annual Report – 2021).

Figure 19. National Drug-Involved Overdose Deaths



Kansas and Shawnee County followed similar overdose death trends nationally during the COVID-19 pandemic. Synthetic opioid overdoses, primarily caused by fentanyl, have driven this surge in overdose

deaths. This is largely due to increased availability, accessibility, and use of illegally manufactured fentanyl. In Shawnee County, there were 68 overdose deaths involving synthetic opioids (the category that includes fentanyl) in the 10-year period from 2012 to 2021 (KDHE Office of Vital Statistics). When adjusted for age, which is equivalent to an average rate of 4.2 deaths per 100,000 residents per year over the 10-year period (95 percent CI: 3.3-5.4). From 2020 to 2021, overdose deaths involving synthetic opioids increased 160 percent in Shawnee County, from 10 deaths in 2020 to 26 in 2021 (Figure 20).

Figure 20. Synthetic Opioid Overdose Annual Death Counts among Shawnee County, Kansas Residents: 2012-2021

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	**Total**
Synthetic Opioid Deaths	*	*	*	6	*	*	7	6	10	26	**68**

* Deaths less than 6 are suppressed due to KDHE small number guidance
Source: KDHE Office of Vital Statistics, based on Kansas death certificate records

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

PRIORITY AREA 3: SUBSTANCE USE	
Shawnee County Goals	**Healthy People 2030 Goals**
Goal 3.1: Decrease the use of tobacco and alcohol products among Shawnee County youth.	**TU-04: Reduce tobacco use by adolescents.** **Target: 11.3%** **TU-08: Reduce current use of smokeless tobacco products among adolescents** **Target: 2.3%** **SU-09: Reduce the proportion of people under 21 years who engaged in binge drinking in the past month** **Target: 8.4%**
Goal 3.2: Decrease overdose and drug poisoning deaths among Shawnee County residents.	**SU-R01 Increase the proportion of adolescents who think substance abuse is risky** **SU-05: Reduce the proportion of adolescents who used drugs in the past month** **Target: 5.5%** **MHMD-07: Increase the proportion of people with substance use and mental health disorders who get treatment for both** **Target: 8.2%** **IVP-20: Reduce overdose deaths involving opioids.** **Target: 13.1/100,000** **IVP-22: Reduce overdose deaths involving synthetic opioids other than methadone.** **Target: 8.9/100,000**

*Note: Healthy Kansas 2030 Goals have not been released at the time of CHIP printing.

PRIORITY AREA 3: SUBSTANCE USE

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

Objective 3.1.1: Decrease the percent of youth reporting having smoked cigarettes from 5.15% to 4.75% by 2025 (KCTC 2022).
Objective 3.1.2: Decrease the percent of youth reporting binge drinking episodes from 2.6% to 2.0% in the last two weeks by 2025 (KCTC 2022).
Objective 3.1.3: Decrease the percent of youth reporting having vaped at least once from 5.82% to 4.5% in the past 30 days by 2025 (KCTC 2022).

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

Intervention strategy 3.1.b: Implement tobacco-free policies in community settings where people gather throughout Topeka and Shawnee County (i.e. parks, trails, farmers' markets, sports arenas, outdoor work areas, K-12 schools, and college campuses).

Intervention strategy 3.1.c: Partner with Prevention and Resiliency Services (PARS) to increase the number of retailer trainings and controlled buys (including sticker shock campaigns) with businesses that sell alcohol in Shawnee County.

Intervention strategy 3.1.d: Increase the number of educational presentations, campaigns, and youth-led prevention efforts in schools and organizations that work with adolescents centered on alcohol and tobacco use prevention.

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

Objective 3.2.1: Decrease drug poisoning deaths from 19.4/100k to 18.0/100k by 2025 (CDC WONDER 2018-2020).

Intervention strategy 3.2.a: Partner with the Substance Misuse Taskforce to provide increased community education on the appropriate disposal of unused, unwanted, or expired medication.

Intervention strategy 3.2.b: Partner with the Substance Misuse Taskforce to support the efforts of DisposeRX to assist community members with appropriate disposal of unwanted, unneeded, or expired medication.

Intervention strategy 3.2.c: Partner with the Substance Misuse Taskforce to increase the number of Naloxone training courses in Shawnee County with a particular focus on schools.

Health Equity

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

Among the factors that influence these disparities include education and educational achievement, built environment, employment status and working conditions, socioeconomic status, and others. While these factors lead us to potential improvements and solutions, the root causes of health inequities are much deeper. They are the factors influencing whether someone's social determinants are positively or negatively impacting their health status, including social inequities based on class, race, and gender, which lead to power imbalances. To address the root causes of inequities, it is important to focus on reducing barriers to better health for under-resourced populations, including people of color, individuals living with disabilities, those living in poverty, and others.

Why is health equity a concern for Shawnee County?

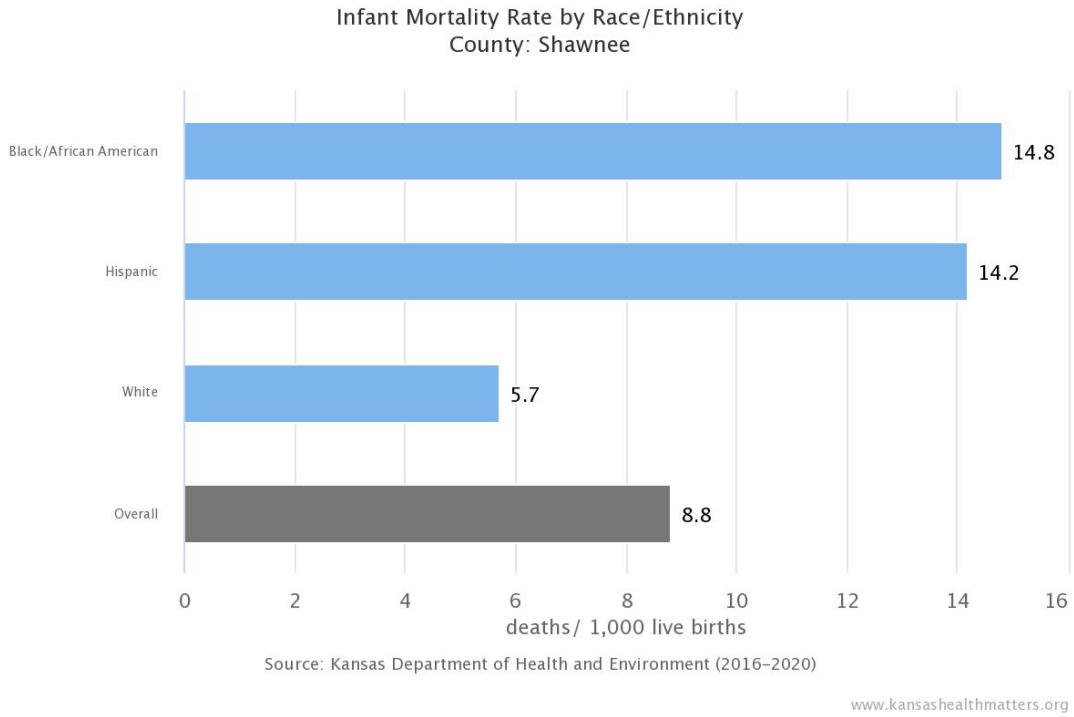
There were several issues that were prioritized during the CHIP process. Where data was available, we disaggregated the outcomes based on race and ethnicity and found startling disparities. For this CHIP, three key areas of health equity were included:

1. Maternal, child and infant health
2. Sexually transmitted infections
3. Obesity

Maternal, Infant and Child Health

As noted in the Kansas Infant Mortality & Stillbirth report: "Infant mortality is an important indicator of community health." There are many intersectional social determinants of health factors that play a role in healthy babies lives such as birthing-capable people having access to preventative health care, birth spacing options, a living wage, healthy foods, culturally responsive medical care and education, appropriate safe sleep guidance, and general quality of life conditions. While the infant mortality rate in Kansas did not meet the Healthy People 2020 goal of 5.0 deaths per 1,000 live births, there has been a 2.3 percent decline to 6.5/1000 live births. However, Shawnee County has seen a steady increase to 8.8 deaths per 1,000 live births. There is an alarming disparity when we examine the infant mortality rate by race. For example, the infant mortality rate among white infants in Shawnee County is 5.7/,1000 live births, compared to the rate among Hispanic infants at 14.2/1,000 and Black infants at 14.8/1,000 live births, more than twice the rate for white infants (Figure 21). The leading cause of infant death is contributed to congenital anomalies accounting for 23.9 percent of infant deaths, followed by 19 percent caused by sudden unexpected infant deaths (SUIDs). The Shawnee County Fetal Infant Mortality Review Board (FIMR) examines cases of infant deaths in our community and makes recommendations for the Community Action Team (CAT) to prioritize and make the changes needed in the community's service delivery system. Following the American Academy of Pediatrics recommendations on safe sleep, increasing preconception healthcare and birth spacing options, addressing teen prenatal supports and barriers, smoking cessation options and education on THC use in pregnancy were specifics identified for Shawnee County.

Figure 21. Infant mortality rate by race/ethnicity, 2016-2020

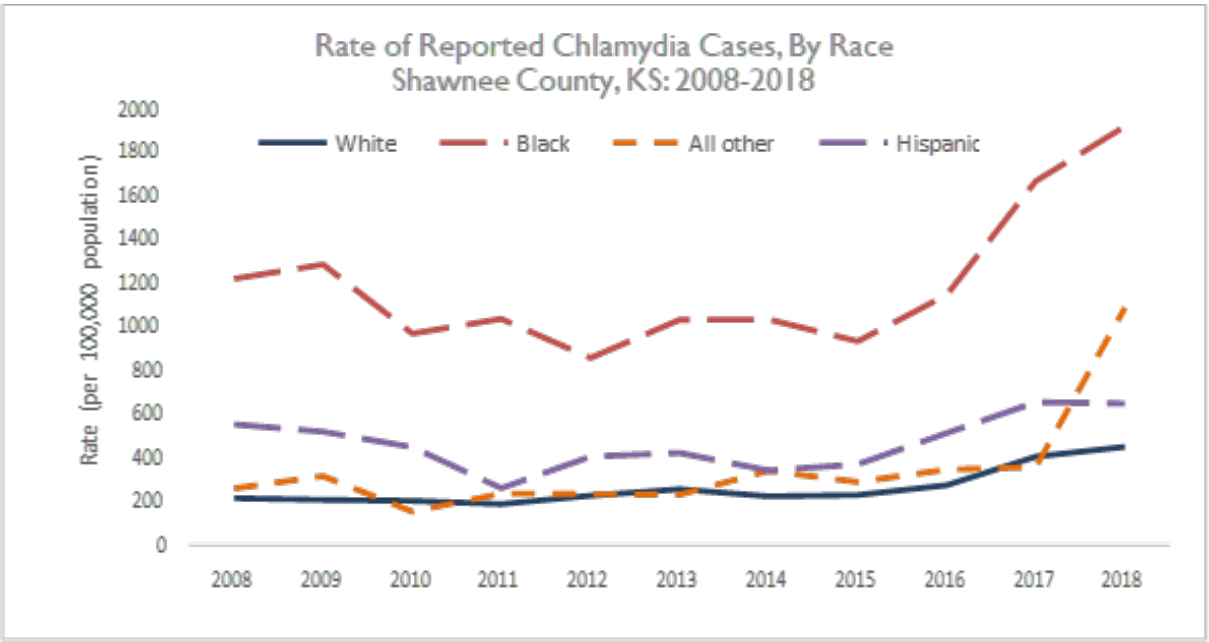


Sexually Transmitted Infections

Rates of sexually transmitted infections (STDIs, or STDs) are higher in Shawnee County than the Kansas average and vary widely by race/ethnicity. As of 2020, in Shawnee County, the rate of reported chlamydia cases is 774.6 per 100,000 residents. This is much greater than the Kansas rate of 505.3/100,000.

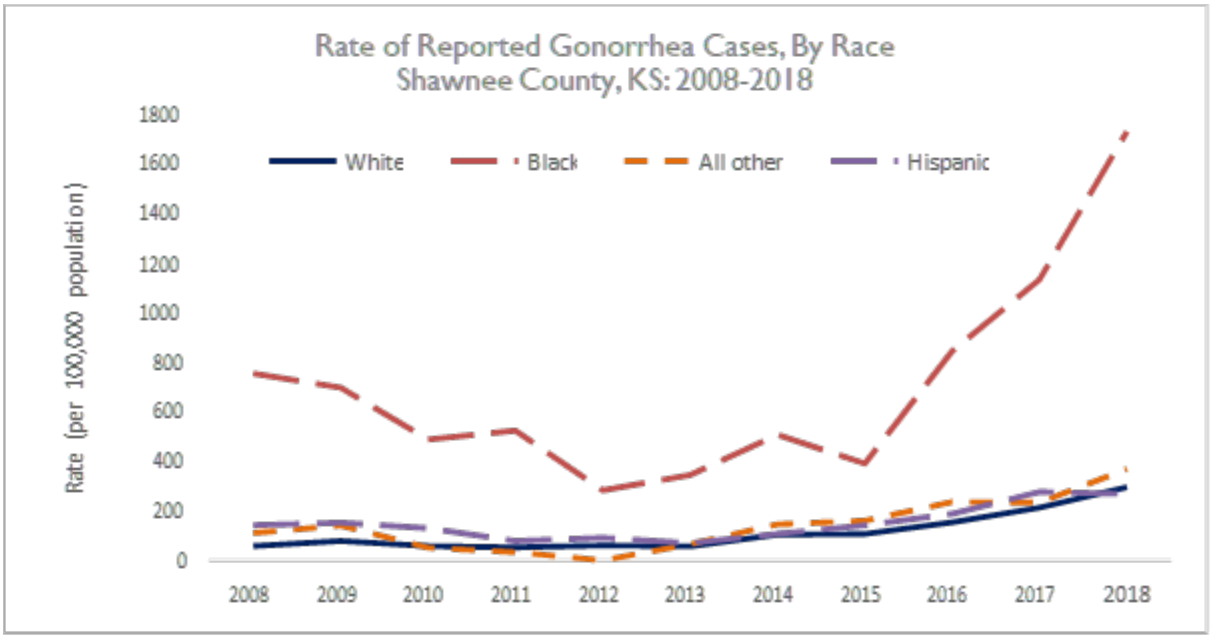
Similarly, the rate of reported gonorrhea cases in Shawnee County is 439.9/100,000, while the Kansas rate is 192.9. However, as reported for the year 2018, white residents have a chlamydia rate of 448.6 cases per 100,000 residents; black residents have a rate more than four times that at 1,913.4 per 100,000. Gonorrhea shows a similar pattern (Figure 22 and Figure 23).[28, 29] This indicates that there is a significant gap in access to resources to prevent sexually transmitted infections among these population groups in Shawnee County.

Figure 22. Chlamydia rate in Shawnee County by race/ethnicity, 2008-2018



[28] Kansas Health Matters. www.kansashealthmatters.org
[29] Kansas Department of Health and Environment (KDHE). (2018). http://www.kdheks.gov/sti_hiv/download/std_reports/Kansas_STI_Case_Rates_Report_January-December_2018.pdf
Source: SCHD analysis of data requested from KDHE Bureau of Disease Control & Prevention STI/HIV Program for Shawnee County, KS 2008-2018.

Figure 23. Gonorrhea rate in Shawnee County by race/ethnicity, 2008-2018



[28] Kansas Health Matters. www.kansashealthmatters.org
[29] Kansas Department of Health and Environment (KDHE). (2018). http://www.kdheks.gov/sti_hiv/download/std_reports/Kansas_STI_Case_Rates_Report_January-December_2018.pdf
Source: SCHD analysis of data requested from KDHE Bureau of Disease Control & Prevention STI/HIV Program for Shawnee County, KS 2008-2018.

Goals, Objectives, and Intervention Strategies

PRIORITY AREA 4: HEALTH EQUITY GOAL 4.1: Improve maternal, infant and child health outcomes in Shawnee County.
GOAL 4.1: Improve maternal, infant and child health outcomes in Shawnee County.
Objective 4.1.1: Decrease the infant mortality rate from 8.8/1,000 (2016-2020 KDHE) to 7.0/1,000 by 2024 to begin to more closely reflect the Healthy People 2030 goal of 5.0/1,000.
Objective 4.1.1.a: Decrease the infant mortality rate from 14.2/1,000 to 12.4/1,000 among Hispanic populations by 2024.
Objective 4.1.1.b: Decrease the infant mortality rate from 14.8/1,000 to 12.9/1,000 among black populations by 2024.
Objective 4.1.2: Increase the percent of women in Shawnee County receiving prenatal care in the first trimester from 74% to 78.7% by 2024.
Intervention strategy 4.1.a: Increase access to timely healthcare services for people capable of pregnancy, including routine preconception healthcare visits, family planning visits, routine prenatal and postpartum visits, as well as dental healthcare, mental healthcare, and prenatal education classes. (KS Infant Mortality & Stillbirth Report, 2019)
Intervention strategy 4.1.b: Identify and address systemic barriers which contribute to racial disparities in birth outcomes. (KS Infant Mortality & Stillbirth Report, 2019)
Intervention strategy 4.1.c: Support families in following safe sleep recommendations from the American Academy of Pediatrics. (KS Infant Mortality & Stillbirth Report, 2019)
Intervention strategy 4.1.d: Educate families who are pregnant, plan to become pregnant or are parenting on the impact of substance exposure on health including: tobacco, vaping, and marijuana and the smoke they produce.
GOAL 4.2: Decrease STIs among Shawnee County residents.
Objective 4.2.1: Decrease the STI rate from 12. /1,000 (1.2%) to 10/1,000 (1%) by 2025. (KDHE 2020).
Intervention strategy 4.2.1.a: Establish a cross-sector Sexual Health Collaborative that will implement policies, systems, and environmental changes to make progress toward improving sexual health outcomes in Shawnee County subpopulations (especially Hispanic and black populations).
Intervention strategy 4.2.1.b: Expand prevention programming and resources to reach vulnerable populations, specifically black populations, and those ages 15-29 (i.e., educational opportunities, testing access, condom distribution, etc.).

GOAL 4.3: Decrease the percentage of Shawnee County residents who are overweight.
Objective 4.3.1: Decrease the percentage of adults who are obese by 2025.
Intervention Strategy 4.3.a: Partner with area organizations and programs, including Omni Circle's MOVE: Outdoor Bootcamp, Stormont Vail's Walk with a Doc, Florence Crittenton's Heat Up Topeka, and Evergy Plaza's community workouts, to increase movement and active lifestyles among Topeka and Shawnee County residents.
Intervention Strategy 4.3.b: Work with Topeka and Shawnee County school districts to develop joint use agreements that enable community members to utilize playgrounds, tracks, and outdoor fields during summer and non-school hours.
Intervention Strategy 4.3.c: Support the continuation of Complete Streets Advisory Committee guidelines, continued programming and initiatives, including the expansion of multipurpose pathways and other bike, pedestrian, and transit enabling infrastructures to improve community connectedness and active transport throughout Topeka and Shawnee County. Develop a Safe Routes to School program through the *Pathways* initiative.
Intervention Strategy 4.3.d: Update the Shawnee County Trails Master Plan in partnership with Shawnee County Parks and Recreation and Heartland Healthy Neighborhoods through the *Pathways* initiative.

Part 3

Summary and Next Steps

PART 3: SUMMARY AND NEXT STEPS

The 2023-2025 Shawnee County CHIP is an ambitious roadmap for the community to increase collaborations that advance health outcomes under the priorities outlined. This strategic plan for health will bring together many diverse groups and stakeholders focused on common goals so that, as a community, we can be better equipped to influence change in the identified priority areas.

Beginning with the publication of the 2023-2025 Shawnee County CHIP, HHN leadership and the CHIP Steering Committee will begin a three-month period dedicated to capacity-building with the CHIP workgroups and partnering organizations, including the creation of more detailed action plans for each strategy. Implementation of the CHIP will begin in January 2023. A diagram illustrating the workgroups involved in the four priority areas can be found in Appendix D. It is important to note that though this document identifies workgroups and partnering organizations working towards CHIP strategies, continued engagement from the community is necessary for the improvement efforts outlined in this plan to be achieved and sustained.

HHN is a recipient of the *Pathways* grant, a community grant initiative funded by Blue Cross and Blue Shield of Kansas. It combines community-wide, evidence-based solutions and practices to help Kansas communities improve active living, healthy eating, and tobacco use prevention. The initiative provides community coalitions with the tools and resources needed to engage their communities and remove barriers to healthy living. As a recipient, HHN will continue to partner with community organizations to successfully utilize the grant as a support to accomplish outlined objectives in each priority area through annual implementation grants through the end of the grant term in December 2024.

The CHIP Steering Committee currently consists of HHN's Director, Current Chair, Vice-Chair, and Immediate Past Chair; Shawnee County Health Department's Division Manager Community Health Outreach and Planning; Shawnee County Health Department's Epidemiologist; Stormont Vail Health's Director Community Health Engagement; Stormont Vail Health's Community Health Engagement Coordinator; United Way's Vice President of Community Impact. However, as the community moves to the implementation, reporting, and evaluation phases of the plan, the CHIP Steering Committee will request participation from additional partners representing the community and/or involved in the work.

For questions about the CHIP, or to learn more about how you and/or your organization can get involved in the CHIP processes, contact Sarah Karns, Director of Heartland Healthy Neighborhoods, at skarns@unitedwaytopeka.org.

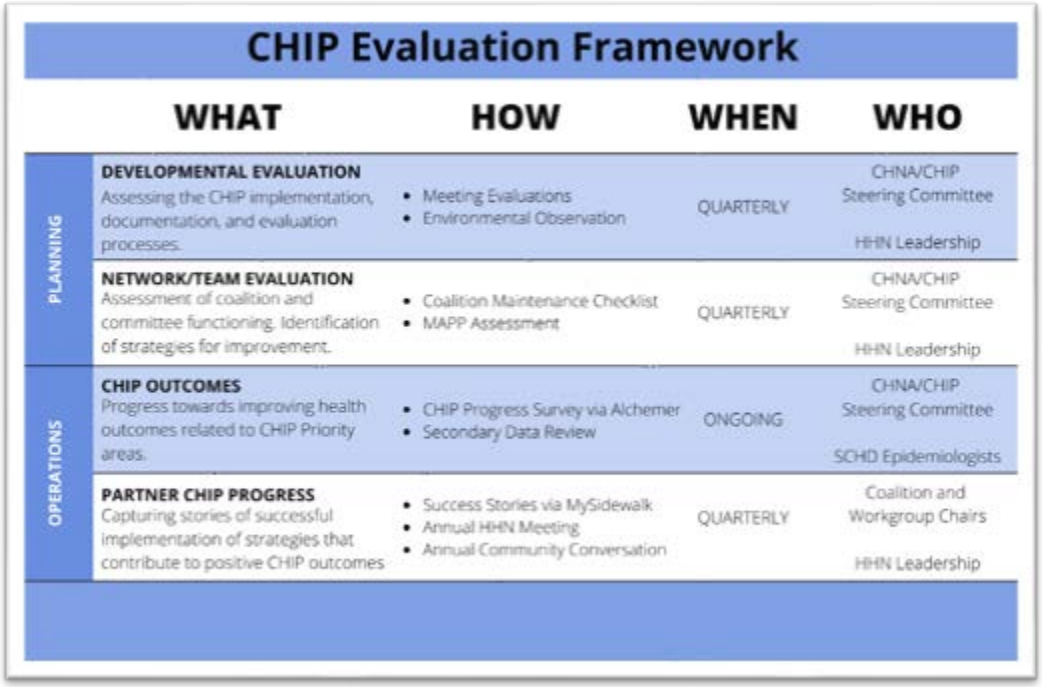
Part 4

Monitoring and Evaluation

PART 4: MONITORING AND EVALUATION

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

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



CHIP Evaluation Framework

	WHAT	HOW	WHEN	WHO
PLANNING	**DEVELOPMENTAL EVALUATION** Assessing the CHIP implementation, documentation, and evaluation processes.	• Meeting Evaluations • Environmental Observation	QUARTERLY	CHNA/CHIP Steering Committee HHN Leadership
PLANNING	**NETWORK/TEAM EVALUATION** Assessment of coalition and committee functioning. Identification of strategies for improvement.	• Coalition Maintenance Checklist • MAPP Assessment	QUARTERLY	CHNA/CHIP Steering Committee HHN Leadership
OPERATIONS	**CHIP OUTCOMES** Progress towards improving health outcomes related to CHIP Priority areas.	• CHIP Progress Survey via Alchemer • Secondary Data Review	ONGOING	CHNA/CHIP Steering Committee SCHD Epidemiologists
OPERATIONS	**PARTNER CHIP PROGRESS** Capturing stories of successful implementation of strategies that contribute to positive CHIP outcomes	• Success Stories via MySidewalk • Annual HHN Meeting • Annual Community Conversation	QUARTERLY	Coalition and Workgroup Chairs HHN Leadership

The CHIP Steering Committee, workgroup leaders, and HHN leadership will be responsible for seeing that progress is made toward accomplishing the action plans that support both the strategies outlined above and the strategies that will emerge within the next three years. As implementation of strategies begins, some workgroups may identify circumstances or added information that may require a change in the plan. This plan is meant to be an interactive and evolving document that responds to the community context. As changes are identified, this plan will be updated accordingly. An overarching CHIP Evaluation Framework was developed to help ensure ongoing evaluation of the planning and operations of the 2023-2025 Shawnee County CHIP.

To facilitate the monitoring and evaluation process, the CHIP Steering Committee will meet at least quarterly depending on the demands and needs of the current CHIP phase. Subsequently, a quarterly report of progress on the strategies, objectives, and goals will be made available to community members and other interested stakeholders. In 2025, a comprehensive report of progress on the strategies, objectives, and goals will be made to inform the next iteration of CHIP strategies for Topeka and Shawnee County.

To illustrate how one organization has embraced the CHIP strategies in their work, see Stormont Vail Health Implementation Plan.

Appendix A – Partner Organizations Involved in CHIP Prioritization

Advisors Excel
Ardent Health System
Auburn-Washburn Public Schools – USD 437
Baker School of Nursing
Bartlett and West
Blue Cross and Blue Shield of Kansas
Breadbasket Farmers' Market
Capitol Federal Savings Bank
Central Topeka Grocery Oasis
Child Care Aware of Eastern Kansas
City of Topeka
City of Topeka Fire Department
City of Topeka Police Department
City of Topeka – Citizen's Advisory Council
Community Action, Inc.
Community Members
Core First Bank & Trust
Cox Communications
East Topeka Senior Center
El Centro of Topeka
Evergy Plaza
Family Service and Guidance Center
Fellowship Hi-Crest
Florence Crittenton Services of Topeka
GraceMed
Greater Topeka Partnership
Harvesters
Historic Old Town NIA
IBEW Local 304
Jayhawk Area Agency on Aging
K-State Research and Extension
Kansas Association for the Medically Underserved
Kansas Bureau of Investigation
Kansas Children's Service League
Kansas Department for Aging Disability Services
Kansas Department for Children and Families
Kansas Department of Revenue
Kansas Health Institute
Kansas State University
Midland Care
New Dawn Wellness and Recovery
Omni Circle Group
Parents as Teachers – USD 501
Prevention and Resiliency Services (PARS)
Seaman Public Schools – USD 345
Security Benefit
Shawnee County Board of County Commissioners
Shawnee County Department of Corrections
Shawnee County Health Department
Shawnee County Parks and Recreation
Shawnee Heights High School
Stormont Vail Health
Successful Connections
The Villages Inc.
Topeka & Shawnee County Public Library
Topeka Capital-Journal
Topeka Community Foundation
Topeka Habitat for Humanity
Topeka Housing Authority
Topeka JUMP
Topeka Metro
Topeka Public Schools – USD 501
Topeka Rescue Mission
Unite Us
United Healthcare
United Way of Kaw Valley
U.S. Bank
Valeo Behavioral Health Care
Washburn University
Westar Energy
WIBW
YWCA of Northeast Kansas

Appendix B - Glossary

County Health Rankings & Roadmaps: A collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute to measure county-level health factors annually. The annual Rankings provide a detailed snapshot of how health is influenced by where individuals live, learn, work, and play – as well as provide a starting point for change in communities. https://www.countyhealthrankings.org/app/kansas/2022/rankings/shawnee/county/outcomes/overall/snapshot

CHA/CHNA: A Community Health Assessment (CHA) or Community Health Needs Assessment (CHNA) can be defined as the regular and systematic collection, analysis, and dissemination of information on the health of the community. This collection includes statistics on health status as well as information and involvement from the community itself. https://www.snco.us/HD/Document/CHNA_with_SCHD_12-2021.pdf

CHIP: A Community Health Improvement Plan (CHIP) is the "roadmap" for improving population and community health, improving public health system performance, and keeping community health planning visible to local decision-makers and communities. It lays out a long-term, strategic effort to address public health issues based on the CHA/CHNA results. Shawnee County, Kansas (stormontvail.org)

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

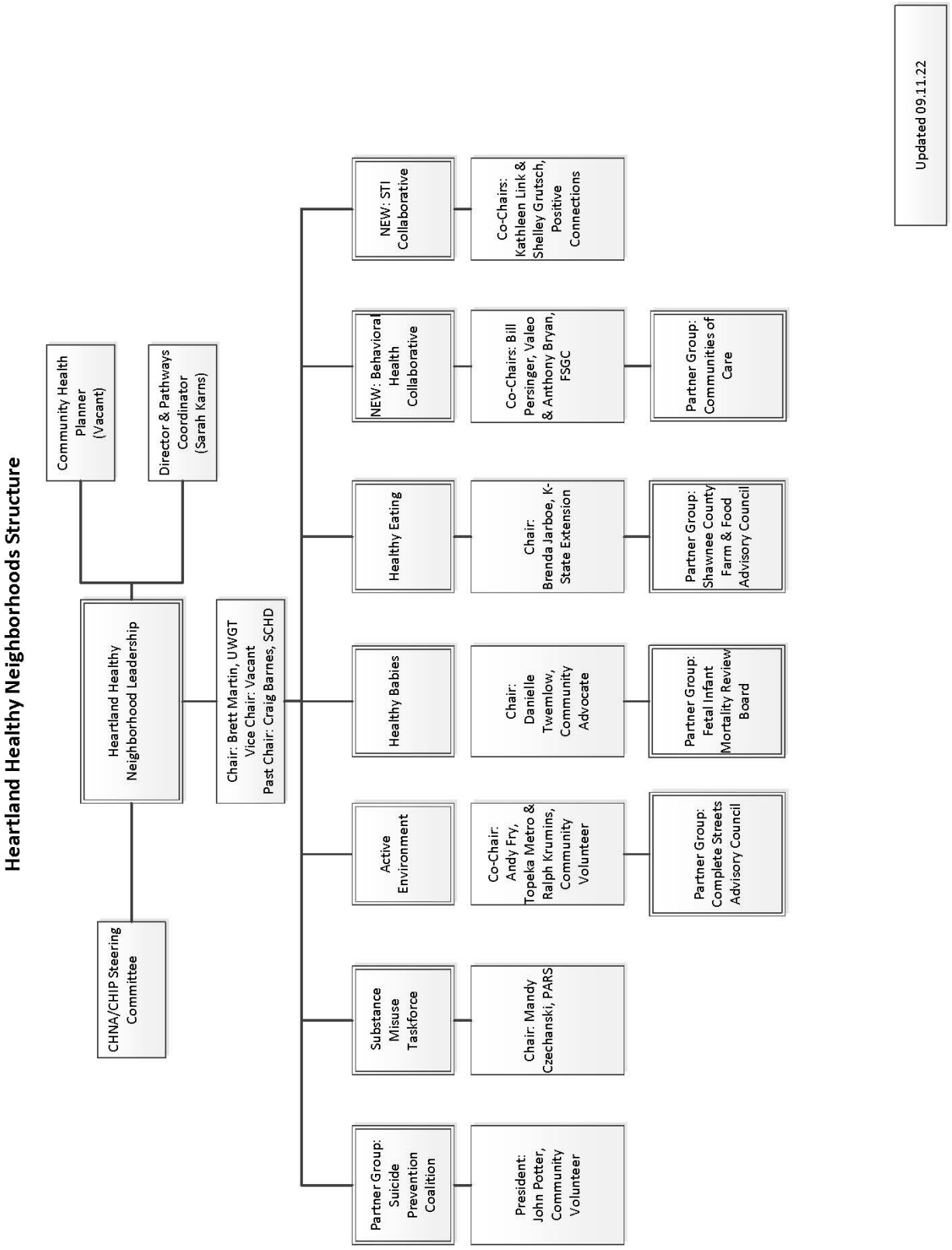
Health Equity: According to the Robert Wood Johnson Foundation, "Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access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

Policy, Systems, and Environmental Changes (PSE): Changes that aim to go beyond a programmatic approach to health, making lasting differences to the contexts in which we live, work, learn, and play. Policy, systems, and environmental approaches can be employed separately, but they often work hand-in hand. See: http://healthtrust.org/wp-content/uploads/2013/11/2012-12-28-Policy_Systems_and_Environmental_Change.pdf

Secondary Data: Data that is gathered by someone else or for another purpose, but which can be accessed to describe a community or condition. Often, secondary data sources include governmental surveys, such as the Census, the Behavioral Risk Factor Surveillance System, and other publicly available statistics. Social Determinants of Health: The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health affect a wide range of health and quality of life outcomes and are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between communities. https://health.gov/healthypeople/objectives-and-data

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

Appendix C – Heartland Healthy Neighborhoods Structure



Appendix D - CHNA/CHIP Timeline

December 2022	Complete CHIP
December 2022	Annual Heartland Healthy Neighborhoods Action Summit
January 2023	HHN work group progress report
January 2023	CHNA/CHIP leadership meeting
April 2023	County Health Rankings released and HHN work group progress report
April 2023	CHNA/CHIP leadership meeting
July 2023	Monthly Meeting for 2024 CHNA Planning and HHN work group progress report
July 2023	CHNA/CHIP leadership meeting
August 2023	Monthly Meeting for 2024 CHNA Planning
October 2023	HHN work group progress report
October 2023	CHNA/CHIP leadership meeting
November 2023	Survey Revisions Completed
December 2023	Marketing timeline completed
January 2024	HHN work group progress report
March 2024- April 2024	CHNA Survey Period Roundtables
April 2024	HHN work group progress report
April 2024	County Health Rankings Released
April 2024	KSNT Call in Show
May 2024	CHNA Town Hall
July 2024	HHN work group progress report
August 2024	CHNA Write Up completed
October 2024	HHN work group progress report
November 2024	City and County Presentation of CHNA
December 2024	HHN Presentation of CHNA

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Heartland Healthy Neighborhoods

2023-2025
COMMUNITY HEALTH IMPROVEMENT PLAN
SHAWNEE COUNTY, KANSAS