

2019–2021

COMMUNITY HEALTH IMPROVEMENT PLAN

EASTERN JACKSON COUNTY



Table of Contents

From the Director	3
Introduction	4
Vision and Values	5
How Did We Get Here?	6
Priority Area: Mental and Behavioral Health	7
Priority Area: Overweight and Obesity	13
Priority Area: Access to Affordable Health Care	18
Next Steps	22
Acknowledgements	23

From the Director

We are pleased to present this Community Health Improvement Plan (CHIP) for Eastern Jackson County (EJC). This strategic roadmap for improved health was developed in partnership with a wide variety of organizations and people through the Building a Healthier Jackson County (BHJC) initiative.

Together, we have identified some of the root causes of poor health in our community and have developed a plan to make EJC a place where residents feel empowered to live their healthiest lives possible. Based on community surveys, focus groups, and quantitative data, three priority questions have been identified which drive the strategies of this CHIP.

- How do we improve mental and behavioral health outcomes for EJC residents?
- How do we reduce the proportion of EJC residents who are overweight/obese?
- How do we improve access to affordable health care for EJC residents?

To answer these questions, community partners have committed themselves to collaboration, including those outside of the traditional “health” sector. We are eager to continue to engage new partners with unique perspectives that supplement this work. Only through collective efforts can we begin to improve health outcomes and create a healthier EJC for all people.

We look forward to working with you to make a difference and to build a healthier Jackson County.

Sincerely,

Bridgette Shaffer, MPH
Health Director

Timeline of Work

- Community Health Assessment (CHA) Process Begins: March, 2017
- CHA Stakeholder Survey: March, 2017
- CHA Community Survey: April, 2017 – June, 2017
- Building a Healthier Jackson County Kickoff and Visioning Event: April, 2017
- Local Public Health Systems Assessment: June, 2017
- Community Conversations on Health Focus Groups: August – September, 2017
- CHA Complete: October, 2017
- Community Themes and Strengths Assessment and Forces of Change Assessment: October, 2017
- Strategic Issues Identification Meeting: January, 2018
- Community Health Improvement Planning (CHIP) Process Begins: January, 2018
- Work Group Meetings: April – October, 2018
- Work Plans for CHIP Completed: October, 2018
- Jackson County Health Department Strategic Planning Process Begins: November, 2018
- Building a Healthier Jackson County Implementation Kickoff Event: January, 2019
- CHIP Released: January, 2019

Introduction

By carrying out a CHIP, our agency is ensuring that we follow the highest standards of public health practice recognized by the Public Health Accreditation Board (PHAB). A CHIP also has broader implications as it becomes a mechanism through which community organizations can come together to work towards change. Therefore, Jackson County Health Department (JACOHD) is not the sole owner of this CHIP, rather, it is owned by multiple groups with diverse perspectives all working to improve the health and wellbeing of EJC residents.

In 2017, JACOHD convened a large group of stakeholders to outline a truly collaborative process which resulted in a Community Health Assessment (CHA) and first ever CHIP for EJC. This work was conducted by a collective of community agencies under the BHJC initiative. This process worked to reduce fragmentation across organizations while clearly identifying priority areas and a plan of action for the community.

Many members of the BHJC initiative represent community agencies and organizations that are largely involved with providing programs and services to disadvantaged and at-risk residents who experience negative effects of various determinants of health. One or more of these determinants, whether medical, social, financial, educational, economic, gender, race, or age-related can impact a person's access to and utilization of appropriate health care services and health information. While it is our aim to assist residents who bear the higher burden of health disparities and inequities, such a plan elevates the health of all EJC residents through the initiatives and systems change this initiative brings to the community.

The Geography

Eastern Jackson County lies south and east of Kansas City, Missouri and is comprised of Blue Springs, Buckner, Grain Valley, Grandview, Greenwood, Independence, Lake Lotawana, Lake Tapawingo, Lee's Summit, Leavys, Lone Jack, Oak Grove, Raytown, River Bend, Sibley, Sugar Creek, Unity Village and the surrounding unincorporated area. In the planning stages of this CHIP, the geographic focus excluded the City of Independence as the city had its own health department and improvement plan. In early 2018, the City of Independence eliminated their health department and transferred services and programs to other departments within the city and to the Jackson County Health Department. Despite having already completed a CHA and identified strategic priority areas, BHJC chose to include Independence in the focus of our work. This brought the total population served by our CHIP to 377,248 residents. In order to account for Independence perspectives, stakeholders representing this community were added to BHJC workgroups.

Vision and Values

Vision

Empowered people, living their healthiest lives possible.

Core Value Statements

Inclusivity:

All people who live, work, visit, and play here are important.

Health Equity:

All people have access to opportunities and support that enable them to be healthy.

Common Good:

We share responsibility for improving health for all people.



How Did We Get Here?

To facilitate BHJC's health improvement process, we used a community-driven strategic planning framework called Mobilizing for Action through Planning and Partnerships (MAPP). This framework helps communities apply strategic thinking to prioritize public health issues and identify resources needed to address them. The MAPP process began in January of 2017 and is expected to end by December 2018.

CHA Process

The CHA was completed during the third phase of the MAPP process. It includes past and present public health data and summarizes the findings of JACOHD's 2017 Community Health and Stakeholder Survey. BHJC stakeholders referenced the CHA to identify areas where the health of EJC residents could be improved. We regard these areas as our strategic, or priority, issues.

CHIP Process

The fourth and fifth MAPP phases involved developing this CHIP document. Our CHIP contains the strategic issues that were identified by stakeholders, and the goals, objectives, and strategies they selected to address those issues.

In January of 2018, stakeholders met and reviewed the results of the four assessments, community health assessment, forces of change, local public health system, and community themes and strengths. They were then given worksheets to brainstorm a list of strategic issues. Each stakeholder listed a strategic issue, why the issue was important, and what the consequences would be for not including it as a strategic issue. After completing their worksheets, the MAPP Core Team (consisting of a consultant and JACOHD staff) compiled all strategic issues brainstormed by the group.

After further consideration and careful review, stakeholders were asked to select the top three issues they would like to work on in order to be placed into a workgroup. Selections were made and workgroups were established for the top three strategic issues identified by the participants:

- Mental and Behavioral Health
- Overweight and Obesity
- Access to Affordable Health Care

Throughout the spring and summer of 2018, workgroups met to develop and finalize goals, objectives, and strategies for their work plans. New organizations and members were added at this time, providing additional expertise, information, and perspectives crucial to the development of collaborative plans. Work plans from each group were finalized in the Fall of 2018. As presented in this document, each work plan consists of information from the CHA that suggests why an issue is a problem in EJC, a list of relevant assets and resources, area partners, strategies, and detailed action steps.

Priority Area: Mental and Behavioral Health

How do we improve mental and behavioral health outcomes for Eastern Jackson County residents?

Current Situation

Mental and behavioral health continues to be a growing concern throughout the country in addition to the local community. In the United States, suicide is the 10th leading cause of death. In EJC, suicide remains in the top 10 leading causes of death as well (20.85 per 100,000 residents in 2016). When breaking it down by age, suicide is listed as the second leading cause of death for those aged 15 to 44.

Depression and anxiety are the two common mental health conditions. In the United States, around 1 out of every 6 adults will have some form of depression at some time in their life. In EJC, anxiety is the number one mental health diagnosis for those who received care from the Emergency Room. The trend is also noticed among youth and adolescents with 27% of Jackson County adolescents reporting school or work disruption due to some form of depression and 14% feeling hopeless often or always.

Drug overdose deaths and opioid-involved deaths have continued to increase. From 2000-2016, more than 600,000 people died from drug overdoses. On average, 115 Americans die every day from an opioid overdose

(CDC). Deaths related to overdose from opioids (7.46 per 100,000) does not go unnoticed in Jackson County either.

Data collected through the Jackson County Health Department's Community Health Assessment gathered more concern from county residents. In fact, 52% of stakeholder selected mental health as a top health concern for EJC and 54% identified alcohol and drug use. Fifty-six percent of CHA survey respondents reported one or more poor mental health days in the past 30 days.

During focus groups conducted for the CHA, teenagers discussed their need for mental health services at schools. In addition, they also mentioned their concerns towards alcohol and drug use specifically with the normalcy of drugs in schools. Mental health providers discussed the variety of gaps in patients receiving services which included a lack of resources, lack of providers, stigma and poor collaboration. Access to mental health services was also discussed as a huge barrier for residents. In fact, there is approximately one mental health provider for every 490 Jackson County residents.

Assets and Resources

There are numerous formal and informal organizations that are addressing issues related to mental and behavioral health in EJC. The following organizations are just some of the most prominent:

- First Call
- Truman Medical Centers
- St. Mary's Medical Center
- The Counseling Center
- Blue Springs Psychological Services
- Midwest Counselors
- Carpenter Counseling Services
- Cadence Counseling Service
- Comprehensive Mental Health Services
- CourageousLifeNow
- Mosca
- MO Dept. of Mental Health
- NAMI
- Local First Responders
- Lee's Summit CARES
- Collet Psychotherapy and Counseling Services
- Engelbrecht Psychological Services
- Encompass Medical Group
- ReDiscover Mental health
- Sorrick Counseling
- KCIM
- Central State Mental Health Consultants
- Live Well Centers
- Let's Talk Counseling Service
- Lakewood Counseling Services
- Community Mental Health Fund Board
- Preferred Family Healthcare
- Trumpet Behavioral Health
- Counseling Associates
- New Hope Counseling, LLC
- Cornerstone Counseling
- Crossroads Behavioral Services
- Milestone Behavioral Healthcare
- Two Rivers Psychiatric Hospital
- Chyalis Center for Family Development
- Begin to Evolve
- Revma Health Center
- The Center for Health and Recovery
- Crittenton
- Jackson County

Goal 1

Improve Education and Decrease Stigma among EJC Residents and Providers to Better Prevent Mental Health Crises and Treat Mental Health And Substance Use.

Objective 1

Increase the number of first responders who have received trainings on responding to mental, behavioral, and/or substance use crises by 2022.

Outcome Indicators

Increase the number of officers trained by 10% by 2022.

A tracking system related to officers trained is established by 2022.

Strategy 1

Conduct assessment of local police departments

Tactics

Contact local departments in EJC and establish partnership for data sharing.
Target date: 4/30/2019

Collect data on responders currently trained and opportunities available.
Target date: 12/31/2019

Strategy 2

Implement Mental Health First Aid program for Public Safety Officers

Tactics

Identify police departments from assessment that need training.
Target Date: 12/31/2019

Create Memorandum of Understandings (MOUs) between Mental Health First Aid trainers and public safety officer departments.
Target Date: 12/31/2020

Mental Health First Aid for Public Safety Officers conducted throughout EJC.
Target Date: 12/31/2021

Goal 1

Improve Education and Decrease Stigma among EJC Residents and Providers to Better Prevent Mental Health Crises and Treat Mental Health And Substance Use.

Objective 2

Increase the percent of EJC residents, including families impacted, who have received mental health crisis training and trauma education by 2022.

Indicators

At least 50% of schools in EJC provide mental health and/or suicide prevention programming by 2022.

Increase the number of students and families who attend movie event who can identify signs of suicide by 25% by 2022.

Strategy 1

Screen “The Ripple Effect” movie event

Tactics

Gain rights to show “The Ripple Effect” movie event.
Target Date: 2/28/2019

MOUs created and signed among mental health providers and local movie theatres.
Target Date: 4/30/2019

Create pre/post-test materials.
Target Date: 07/31/2019

Event details established (date, location, time, and participation) and advertised throughout EJC.
Target Date: 7/31/2019

Movie event completed with pre and post-test.
Target Date: 12/31/2019

Long term plan developed for recurring annual event.
Target Date: 12/31/2019

Strategy 2

Develop safety planning intervention training for families

Tactics

Develop training plans and material.
Target Date: 12/31/2019

MOUs signed between schools and mental health providers on providing trainings and materials to families.
Target Date: 07/31/2020

Trainings conducted and materials provided to families.
Target Date: 12/31/2021

Information posted on work group’s website
Target Date: 12/31/2021

Goal 1

Improve Education and Decrease Stigma among EJC Residents and Providers to Better Prevent Mental Health Crises and Treat Mental Health And Substance Use.

Objective 2

Increase the percent of EJC residents, including families impacted, who have received mental health crisis training and trauma education by 2022.

Indicators

At least 50% of schools in EJC provide mental health and/or suicide prevention programming by 2022.

Increase the number of students and families who attend movie event who can identify signs of suicide by 25% by 2022.

Strategy 3

Expand implementation of the Signs of Suicide Program in schools

Tactics

Conduct assessment on schools who do and do not implement the Signs of Suicide Programs in schools.

Target Date: 12/31/2019

Meet with schools and provide information on program and benefits of its implementation for those who do not currently conduct the program.

Target Date: 12/31/2020

Partner with schools to implement the Signs of Suicide Programs.

Target Date: 12/31/2021

Strategy 4

Develop mass media campaign on Crisis Intervention Team (CIT) Officers focusing on increasing community awareness

Tactics

MOUs created and signed for local community mental health partners and police departments to participate in campaign.

Target Date: 7/31/2019

Identify and create media content for messaging to be shared among partners.

Target Date: 10/31/2019

Videos created and shared through social media.

Target Date: 01/01/2020

Long term plan developed and implemented to sustain campaign.

Target Date: 12/31/2021

Goal 1

Improve Education and Decrease Stigma among EJC Residents and Providers to Better Prevent Mental Health Crises and Treat Mental Health And Substance Use.

Objective 3

Increase collaboration among families, mental health and substance use providers, and first responders by 2022.

Indicators

60% of survey takers are able to correctly identify appropriate resources in EJC by 2022.

Among students in EJC, increase knowledge of resources in EJC by 10% and decrease the perception of stigma related to mental health treatment by 25% by 2022.

Strategy 1

Join established efforts to develop an EJC Crisis Center Proposal

Tactics

Partner with established crisis center group.
Target Date: 01/31/2019

Join efforts and become established crisis center group members.
Target Date: 12/31/2019

Inform Building a Healthier Jackson County Mental and Behavioral Health work group of efforts and status.
Target Date: 12/31/2020

Proposal developed and potential funding partners identified.
Target Date: 12/31/2021

Strategy 2

Develop and maintain a website with mental and behavioral health resources

Tactics

Apply for and obtain funding for web developer.
Target Date: 12/31/2019

Identify website developer and sign MOU.
Target Date: 07/31/2020

Conduct assessment and gather materials on EJC specific mental health resources.
Target Date: 07/31/2021

Website created and shared among all providers, residents and first responders.
Target Date: 07/31/2020

Conduct assessment through partner social media, clinic locations, and survey-link on use of website and knowledge of resources available.
Target Date: 12/31/2021

Goal 1

Improve Education and Decrease Stigma among EJC Residents and Providers to Better Prevent Mental Health Crises and Treat Mental Health And Substance Use.

Objective 3

Increase collaboration among families, mental health and substance use providers, and first responders by 2022.

Indicators

60% of survey takers are able to correctly identify appropriate resources in EJC by 2022.

Among students in EJC, increase knowledge of resources in EJC by 10% and decrease the perception of stigma related to mental health treatment by 25% by 2022.

Strategy 3

Implement a social media campaign led by student groups

Tactics

Partner with schools to introduce campaign details.
Target Date: 07/31/2019

Student groups created for each school district.
Target Date: 09/31/2019

Conduct pre-test with participating schools on their knowledge of mental health, perception of stigma, and services in EJC.
Target Date: 12/31/2019

Implement social media campaign created by students.
Target Date: 02/28/2020

Conduct post-test.
Target Date: 05/30/2020

Priority Area: Overweight and Obesity

How do we reduce the proportion of people that are overweight/obese in Eastern Jackson County?

Current Situation

Missouri currently has the 17th highest adult obesity rate in the nation according to The State of Obesity. This rate has nearly tripled from 11.3% in 1990 to 31.7% in 2016. According to Hospital Industry Data, the combined overweight and obesity rate in Jackson County is 64.9%. Individuals who are overweight or obese are at greater risk for health problems such as high blood pressure, high cholesterol, type 2 diabetes, heart disease, stroke, gallbladder disease, and some cancers. The leading causes of death in EJC, heart disease and cancer, can both be attributed to obesity.

Personal behaviors such as excessive eating and physical inactivity can affect a person’s weight. However, outside influences such as the absence of health education, food insecurity, and one’s environment can also be factors. Greater access to affordable, healthy food options can help residents make good choices that result in lower rates of chronic disease and better weight control. According to findings from the CHA, 27% of community members said they felt “worried about having enough

money to purchase nutritious food” in EJC. Additionally, they raised concerns regarding nutrition and physical activity education in schools.

The Healthy and Hunger Free Kids Act of 2010 requires all schools participating in the National School Lunch and School Breakfast Programs to establish school wellness policies. While most schools have written policies, few have active committees that oversee and enforce them. What is more, EJC schools may have access, but not fully utilize community partners and organizations that provide active living education intended for youth.

Lastly, regular physical activity is an important component for a healthy lifestyle, yet many people face barriers to reach recommended levels. For example, EJC lacks policies that could provide opportunities for physical activity in the built environment. At this time, only Lee’s Summit, Blue Springs, Grandview and Independence have Complete Streets or Liveable Streets Policies that help promote active living.

Assets and Resources

There are numerous formal and informal organizations that are addressing issues related to overweight and obesity in EJC. The following organizations are just some of the most prominent:

- Jackson County Health Department
- City Parks and Recreation Departments
- Health Care Providers
- Senior Centers
- School Districts
- Bike Walk KC
- Better Block
- MARC
- Smart Growth America
- University of Missouri Extension – Jackson County
- Food Banks
- Community Gardens
- Farmer’s Markets
- SNAP
- Double-Up Food Bucks
- WIC
- UMKC
- Natural Grocers
- Local Rec Centers
- City Parks
- Trails
- Bike Routes
- Rec Leagues
- Athletic Clubs and Gyms
- Truman Medical Centers
- St. Luke’s Health System
- Missouri Bicycle and Pedestrian Federation

Goal 1

Improve youth education: healthy eating and active living

Objective 1

Increase the number of schools with active wellness committees in EJC by 2022.

Indicator

Increase number of active school wellness committees within districts by 20% by 2022.

Strategy 1

Establish district and school wellness champion network in EJC

Tactics

Conduct a wellness survey at district level through district wellness coordinators.
Target Date: 05/30/2019

Conduct a wellness survey with school teachers and principals.
Target Date: 09/30/2019

Identify districts with and without active committees, champions and activities.
Target Date: 10/31/2019

Organize meetings with all districts to review survey responses, identifying assets and barriers.
Target Date: 02/28/2020

Host district wellness collaboration meeting highlighting model districts.
Target Date: 04/30/2020

Develop long-term plan for recurring district and school wellness meetings.
Target Date: 12/31/2021

Goal 1

Improve youth education: healthy eating and active living

Objective 2

Increase the number of schools that incorporate education for safe walking and biking by 2022.

Indicators

Increase by 10% the number of schools participating in Walk/Bike to School event by 2022.

Implement safe walking and biking before or after school programs in two districts by 2022.

Strategy 1

Partner with walk/bike organizations to bring programming to schools

Tactics

Assessment of walk/bike safety programs in EJC schools and prospective national programs.

Target Date: 09/30/2019

Identify organizations and programs to partner with schools.

Target Date: 04/01/2019

Assist Independence School District in enhancing their after-school programming with walk/bike safety education and establish model.

Target Date: 05/31/2020

Establish pool of walk/bike safety volunteers in the community.

Target Date: 04/01/2020

Promote Walk/Bike to School Events.

Target Date: 12/31/2021

Goal 2

Increase access to affordable healthy foods

Objective 1

Assess current food environment and policies in EJC to prompt future environment, systems, and policy change regarding healthy food access by 2022.

Indicators

Priority areas identified in EJC by Census Tract by 2022.

Food policy brief created for all EJC cities by 2022.

60% of city or county government personnel review food establishment map and policy brief by 2022.

Strategy 1

Create a food environment map and food access policy brief for EJC

Tactics

Map out food retailers, mRFEI, and underserved areas using these indicators: Distance to grocery stores, poverty status, and transportation, and unhealthy food density by census tract.

Target Date: 06/30/2019

Policy review of city and county food access policies within Jackson County.

Target Date: 06/30/2019

Compile policy review findings into policy brief.

Target Date: 10/31/2019

Distribute map and policy brief to cities, chambers of commerce, non-profits, healthcare providers, and neighborhood associations.

Target Date: 01/01/2020

Present map to city councils within EJC.

Target Date: 12/31/2020

Goal 3

Increase opportunities for physical activity

Objective 1

Identify and promote programs and policies to increase physical activity among residents by 2022.

Indicators

Assist 2 cities in EJC in applying to be a Walk Friendly Community.

Physical activity resource guide used by 30% of partners by 2022.

Increase by 10% the number of participants in EJC programs by 2022.

Strategy 1

Encourage cities to apply to be a Walk Friendly Community and increase the number of local governments with policies (e.g. Complete or Livable Streets Policies) to develop the built environment for physical activity

Tactics

Complete a review of Mid-America Regional Council’s (MARC) assessment of communities with Complete Streets Policies.

Target Date: 01/31/2019

Identify model cities with Complete Streets and Livable Streets Policies.

Target Date: 04/30/2019

Identify the stakeholders that helped the “model cities” pass Complete Street Policies.

Target Date: 07/31/2019

Setup advocacy meeting and invite cities in EJC that do not have Complete Street Policies.

Target Date: 12/31/2019

Assist cities in making the connections with the correct resources and organizations that will assist in their exploratory process.

Target Date: 12/31/2021

Strategy 2

Partner with organizations and departments to offer physical activity programming in communities throughout EJC

Tactics

Identify local and regional organizations or departments that offer physical activity programming in EJC.

Target Date: 03/31/2021

Gather attendance information to establish baseline for current physical activity programs.

Target Date: 03/31/2021

Create a physical activity resource guide.

Target Date: 04/30/2021

Distribute physical activity resource guide across EJC to all schools, parks and recreation departments, city officials, and other applicable partners.

Target Date: 05/31/2021

Follow up with organizations to gather updated attendance information and current use of physical activity resource guide.

Target Date: 12/31/2021

Priority Area: Access to Affordable Health Care

How do we improve access to affordable health care outcomes for Eastern Jackson County residents?

Current Situation

Having access to affordable health care influences the health of a community overall. Health insurance coverage is one of the key factors that affects access to care. In EJC, 10.3% of residents lack health insurance with the highest percent of those un-insured (19.3%) being aged 18 to 34. This problem is made worse by the fact that Missouri has yet to engage in Medicaid expansion. Medicaid expansion would result in more widespread access to health services and programs, especially for those underserved populations experiencing the burden of health disparities.

Poverty also inhibits access to health care. The U.S. Census estimates that nearly 12.1% of EJC residents are living below the poverty level, which is equal to slightly more than 45,000 residents. Individuals and families living below the poverty level are less likely to have

health insurance and less likely to receive lifesaving preventative health screenings. What is more, those without access to transportation could be restricted to accessing care. Data collected from the CHA indicates that only 30% of surveyed adults in EJC were satisfied with the public transportation system.

During focus groups, community members and health professionals from EJC identified underinsurance, poor health care system navigation, lack of transportation, and lack of both mid-level and oral health providers as gaps to accessing affordable health care. Lack of health literacy among clients, coordination, and knowledge of the social determinants of health (SDoH) among providers were also recognized as factors for the underutilization and fragmentation of resources in EJC.

Assets and Resources

There are numerous formal and informal organizations that are addressing issues related to access to affordable health care in EJC. The following organizations are some of the most prominent:

- Truman Medical Centers
- Saint Luke's Health System
- St. Mary's Medical Center
- Children's Mercy
- KU Medical Center
- Lee's Summit Medical Center
- Kansas City Medical Society
- First Call
- Rediscover Mental Health
- Department of Health and Senior Services
- The Counseling Center
- Blue Springs Psychological Services
- Local First Responders
- Health Care Collaborative of Rural Missouri
- LiveWell Community Clinic
- Every Day Home Healthcare
- LS Health Education Advisory Board
- Grandview Health Care Clinic
- WIC
- Family Health and Wellness
- Engelbrecht Psychological Services
- Encompass Medical Group
- Mid America Regional Council
- Central State Mental Health
- Community Mental Health
- Trumpet Behavioral Health
- Counseling Associates
- New Hope Counseling, LLC
- Cornerstone Counseling
- Crossroads Behavioral Services
- Milestone Behavioral Healthcare
- Two Rivers Psychiatric
- The Center for Health and Recovery
- REACH Healthcare Foundation
- Health Forward Foundation
- Cigna
- Swope Health Services

Goal 1

Improve access to primary and speciality care, including oral and behavioral health through awareness, education, and coordination

Objective 1

Improve the community's capacity to navigate health coverage and increase health literacy by 2022.

Indicators

Increase the number of individuals participating in open enrollment activities across social service agencies by 10% by 2022.

Increase percent of EJC residents enrolled in health insurance coverage by 5% by 2022.

Strategy 1

Create cross organization communications plan to promote health insurance coverage.

Tactics

Assess community resources and information for communications plan.
Target Date: 04/30/2019

Identify partnerships for communications plan development.
Target Date: 08/31/2019

Create messages and materials with appropriate health literacy levels.
Target Date: 10/31/2019

Host planning meeting to complete communications plan.
Target Date: 02/28/2020

Implement communications plan.
Target Date: 06/30/2020

Strategy 2

Promote community events on health care navigation and open enrollment.

Tactics

Develop calendar of events for health care navigation and open enrollment.
Target Date: 07/31/2019

Create messaging and materials to promote community events and information on open enrollment.
Target Date: 02/28/2020

Implement promotion campaign.
Target Date: 05/31/2020

Establish long term plan to update events and messaging for future enrollment.
Target Date: 07/31/2020

Goal 1

Improve access to primary and speciality care, including oral and behavioral health through awareness, education, and coordination

Objective 2

Increase access to health services through coordination and system improvements among providers and organizations by 2022.

Indicators

Increase the percentage of EJC residents established with a primary care provider by 2% by 2022.

50% of community health worker collaborations participating in the developed network by 2022.

Referral system between social services and health services pilot tested by 2022.

Strategy 1

Assess the reach and scope of social service agencies to determine gaps in service.

Tactics

Analyze safety net services in EJC.
Target Date: 08/31/2019

Present findings to key stakeholders working in EJC.
Target Date: 10/31/2019

Strategy 2

Create alliance among community health worker collaborations.

Tactics

Identify community health worker collaborations.
Target Date: 07/31/2019

Set up meeting and networking opportunities across collaborations.
Target Date: 06/30/2020

Create community health worker network.
Target Date: 02/28/2021

Strategy 3

Create partnership to implement referral system between health and social service agencies and resources.

Tactics

Identify health and social service stakeholders.
Target Date: 06/30/2019

Assess current systems for referrals between health and social service agencies.
Target Date: 08/31/2019

Hold meetings to discuss referral system with key stakeholders.
Target Date: 09/30/2019

Create a proposal for referral system between health and social service agencies.
Target Date: 11/30/2019

Goal 1

Improve access to primary and speciality care, including oral and behavioral health through awareness, education, and coordination

Objective 3

Increase awareness among organizations and providers regarding social determinants of health (SDoH) and health equity by 2022.

Indicators

- Increase awareness of health equity among participating providers by 10% by 2022.
- Increase awareness of SDoH among participating providers by 25% by 2022.
- Increase use of health literacy techniques among participating providers by 25% by 2022.

Strategy 1

Increase awareness of research and reports related to social determinants of health and health equity among providers.

Tactics

- Conduct assessment of current awareness of SDoH among EJC providers.
Target Date: 07/31/2019
- Identify organizations researching and reporting on SDoH.
Target Date: 07/31/2019
- Provide education to health and social service providers on SDoH & health equity in their service area.
Target Date: 10/31/2019
- Conduct post-assessment of awareness of SDoH among same providers.
Target Date: 10/31/2020

Strategy 2

Develop programming related to health equity for organizations and providers

Tactics

- Create materials for a health equity training toolkit.
Target Date: 02/28/2020
- Implement health equity training toolkit.
Target Date: 02/28/2021
- Conduct post-assessment among participating providers.
Target Date: 12/31/2021

Strategy 3

Train health care providers on techniques to improve health literacy and patient empowerment

Tactics

- Assess current trainings available for providers (ex. What to do when your child gets sick, Health Literacy Media training).
Target Date: 10/31/2019
- Implement training identified for providers.
Target Date: 07/31/2021
- Assess participating providers.
Target Date: 12/31/2021

Next Steps

In January 2019, members of the BHJC initiative will meet again to launch the implementation of the CHIP. This event will serve as an unveiling of the past year's accomplishments and will invite those already involved, as well as new community organizations, to join in the early momentum of our efforts.

Each workgroup has established a number of strategies to achieve their priority goals – some of which include multi-step tactics that will take time to achieve. In the next three years, 2019-2021, a diverse assembly of community partners committed to BHJC will work together to implement the work plans comprised within this CHIP.

Each workgroup includes individuals from an array of agencies such as healthcare, nonprofits, education, governments, the local business community, and more. Because of this wide breadth of knowledge and expertise, each workgroup will be facilitated by a chosen member who can properly steer their operations. These chosen members will co-lead quarterly meetings with the Health Department, which will ensure group participation and buy-in throughout the implementation of the CHIP.

Annual implementation plans will also be completed at the first quarterly meeting of each year. These implementation plans will include assignments for each member of the workgroups along with timelines for completing their activities. Subsequent quarterly meetings will involve reviewing the implementation plan for the year, assessing in-progress tasks, and addressing any challenges that may arise.

Collaboration throughout the community is fundamental to ensuring the success of the CHIP. Workgroups will utilize the organizations previously identified as assets and resources to carry out implementation. If needed, workgroups may collaborate with additional community organizations as strategies progress.

Lastly, progress of the CHIP will be documented and tracked throughout implementation on the JACOHD website. Modifications may be made to the work plans for both strategies and tactics. Various mediums, including social media, printed materials, public events, community meetings, and the JACOHD website, will be utilized to share achievements.

Acknowledgements

The Jackson County Health Department and the Building a Healthier Jackson County initiative would like to thank the following organizations for participating in the planning sessions that led to the community health priorities outlined in this report. In addition, we would like to thank the REACH Foundation for providing funding that allowed us to hire a contractor to initiate this community health improvement process.

American Medical Response	Humana	MetroMed KC
Baby Grace	Independence Advisory Board of Health	Mid-America Regional Council
Bike Walk KC	Independence Police Department	Mid-Continent Public Library
City of Blue Springs	Independence School District	Oral Health Missouri
City of Buckner	Jackson County Executive's Office	Preferred Family Healthcare
City of Grain Valley	Jackson County Government	REACH Healthcare Foundation
City of Independence	John Knox Village	ReDiscover
City of Lee's Summit	Kansas City Medicine Cabinet	St. Luke's Health System
City of Sugar Creek	Kansas University Medical Center – School of Public Health	St. Mary's Medical Center
Comprehensive Mental Health Services	KC One Health Innovation Alliance	Summit Christian Academy
First Call Alcohol/Drug Prevention & Recovery	Live Well Community Health Center	Truman Medical Centers
Grandview C4 School District	Lee's Summit CARES	Truman Medical Centers – Behavioral Health
Grandview Parks and Recreation	Lee's Summit Fire/EMS	Truman Heartland Community Foundation
Greater Lee's Summit Health Care Foundation	Lee's Summit Health Education Advisory Board	University of Missouri Extension Office
Health Care Collaborative of Rural Missouri	Lee's Summit Parks and Recreation	University of Missouri Kansas City
Health Forward Foundation	Lee's Summit Police Department	

2019–2021

COMMUNITY HEALTH
IMPROVEMENT PLAN
EASTERN JACKSON COUNTY