

2019 – 2021

# COMMUNITY HEALTH IMPROVEMENT PLAN

EASTERN JACKSON COUNTY





# TABLE OF CONTENTS

From the Director	3
Vision and Values	4
How Did We Get Here?	4
Introduction	5
Priority Area: Mental and Behavioral Health	6
Priority Area: Healthy Eating Active Living	12
Priority Area: Access to Affordable Healthcare	18
Next Steps	23
Acknowledgments	23

## TIMELINE OF WORK

- **3/2017**  
Community Health Assessment (CHA) Process Begins
- **3/2017**  
CHA Stakeholder Survey
- **4/2017 – 6/2017**  
CHA Community Survey
- **4/2017**  
Building a Healthier Jackson County (BHJC) Kickoff & Visioning Event
- **6/2017**  
Local Public Health Systems Assessment
- **8/2017 – 9/2017**  
Community Conversations on Health Focus Groups
- **10/2017**  
CHA Complete
- **10/2017**  
Community Themes and Strengths Assessment and Forces of Change Assessment
- **1/2018**  
Strategic Issues Identification Meeting
- **1/2018**  
Community Health Improvement Planning (CHIP) Process Begins
- **4/2018 – 10/2018**  
Workgroup Meetings
- **10/2018**  
Work Plans for CHIP Completed
- **11/2018**  
JACOHD Strategic Planning Process Begins
- **1/2019**  
BHJC Implementation Kickoff Event
- **1/2019**  
CHIP Released
- **1/2019**  
CHIP Implementation Begins
- **3/2020**  
COVID-19 Detected in Eastern Jackson County
- **12/2021**  
CHIP Implementation Completed
- **1/2022**  
2021 CHIP Report Released

## 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 and carried out in partnership with a wide variety of organizations and people through the Building a Healthier Jackson County (BHJC) initiative.

Together, we identified some of the root causes of poor health in our community, developed a plan, and worked to implement that 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 were identified, which drove 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 healthcare for EJC residents?

To answer these questions, community partners — including those outside the traditional “health” sector — committed themselves to collaboration. Plan implementation began in January 2019 with the intent to complete plans in December of 2021. In March of 2020, the emergence of COVID-19 caused BHJC agencies, including the health department, to reorganize their time and resources to address growing community and client needs. As a result, many initial plans were put on hold, shifted, or eventually abandoned. However, the pandemic did not entirely upend the CHIP. All three workgroups achieved several objectives and strategies to address the root causes of poor health in EJC.

It was a pleasure to engage with BHJC partners and learn from their unique perspectives that supplemented and enhanced the traditional work of the health department. Only through collective efforts can we begin to improve health outcomes and create a healthier community for all people. We look forward to continuing to work with partners after the CHIP to make a difference and build a healthier Jackson County.

Sincerely,

Bridgette Shaffer, MPH  
Health Director



## 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 Building a Healthier Jackson County's (BHJC) 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 2017 and ended in December 2018.

### CHA Process

The Community Health Assessment (CHA) was completed during the third phase of the MAPP process. It included past and present public health data and summarized the findings of the Jackson County Health Department's (JACOHD) 2017 Community Health and Stakeholder Survey. BHJC stakeholders referenced the CHA to identify areas where the health of Eastern Jackson County (EJC) residents could be improved. We regarded these areas as our strategic, or priority, issues.

### CHIP Process

The fourth and fifth MAPP phases involved developing the Community Health Improvement Plan (CHIP). 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 2018, stakeholders met and reviewed the results of the four assessments — CHA, 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.

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

- Mental and Behavioral Health
- Healthy Eating Active Living
- Access to Affordable Healthcare

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.

In January 2019, BHJC held a kickoff event to launch the implementation phase of the CHIP. Between that event and December 2021, each of the three strategic priority workgroups set out to complete their work plan. Meetings were initially scheduled quarterly for each workgroup, though prolonged interruptions did occur between March 2020 and August 2021.

As presented in this document, each work plan consisted of information from the CHA that suggested why an issue was a problem in EJC, a list of relevant assets and resources, strategies, detailed action steps, and outcomes of those action steps.

## INTRODUCTION

By carrying out a Community Health Improvement Plan (CHIP), our agency assured the community that we adhere to the highest standards of public health practice as recognized by the Public Health Accreditation Board. A CHIP also has broader implications because it serves as a mechanism for community organizations to effect change. Therefore, the Jackson County Health Department (JACOHD) was not the sole owner of this CHIP; rather, it was owned by multiple groups with diverse perspectives, all seeking to enhance the health and well-being of Eastern Jackson County (EJC) residents.

In 2017, JACOHD convened a large group of stakeholders to outline a truly collaborative process that resulted in a Community Health Assessment (CHA) and the first-ever CHIP for EJC, which was written in 2018. A collaborative of community agencies under the Building a Healthier Jackson County (BHJC) initiative conducted this work to reduce fragmentation whilst identifying priority areas and a plan of action for the community.

From 2019 through December 2021, BHJC workgroups were in charge of putting the CHIP into action. The CHIP was first implemented in January 2019 by members of the BHJC initiative. Each workgroup devised a variety of strategies to achieve their top priorities, some of which included multi-step tactics that would take time to complete.

Individuals from a variety of agencies, including healthcare, nonprofits, education, governments, and the local business sector, were represented in all of the workgroups. Throughout the implementation of the CHIP, the workgroups met quarterly to

guarantee group involvement and buy-in. Workgroups tracked their achievements and accomplishments through annual implementation plans. Workgroups or individual members of workgroups were assigned quarterly tasks and timelines to fulfill as part of the implementation plans. Each year, the workgroups planned to evaluate their implementation and adjust their ideas and tactics as needed.

COVID-19 drastically changed people's capacities, priorities, and lifestyles all around the world. It did not spare the BHJC workgroups either. In March of 2020, the emergence of COVID-19 caused BHJC agencies, including the health department, to reorganize their time and resources to address growing community and client needs. As a result, many initial plans were put on hold, shifted, or were eventually abandoned.

However, the pandemic did not entirely upend the CHIP. All three workgroups were able to achieve several objectives and strategies to address the root causes of poor health in EJC. Collaboration throughout the community was fundamental to ensuring the success of the CHIP. While work plans were ultimately altered and some objectives and strategies were left incomplete; workgroup members continued to share resources, information, and opportunities that were pertinent to individual agencies as they worked to address the needs of their clients and communities.

### The Geography

EJC 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,

Levasy, 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 it has a health department and improvement plan. In early 2018, the City of Independence eliminated its health department and transferred services and programs to other city departments and JACOHD. 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. To account for Independence perspectives, stakeholders representing this community were added to BHJC workgroups.

*\*At the time of publishing, and throughout much of the CHIP implementation phase, the city of Independence was a part of JACOHD's jurisdiction. In December of 2020, Independence reestablished its health department and is no longer within JACOHD's jurisdiction.*



## **PRIORITY AREA: MENTAL AND BEHAVIORAL HEALTH**

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

### **Current Situation**

A growing concern for mental and behavioral health continues to be felt across the nation as well as here in our local community. Data collected from residents and community stakeholders in Jackson County's 2017 Community Health Assessment (CHA) indicated that mental health and substance abuse are a top health concern. In fact, 52% of community stakeholders selected mental health as a major health concern for Eastern Jackson County (EJC) and 54% identified alcohol and drug use. The most common mental health conditions that affect your mood, thinking, and behavior are depression and anxiety. 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 was the number one mental health diagnosis for those who received care from the emergency room in 2015. The rise was also visible among youth and adolescents, with 27% of Jackson County adolescents reporting school or work disruptions due to depression and 14% feeling hopeless frequently or always.

This is concerning because anxiety often co-occurs with depression, and this may indicate an increased risk of suicide. In the United States, suicide is the 10th leading cause of death. While suicide rates in EJC

have dropped slightly from 20.85 per 100,000 in 2017 to 19.73 per 100,000 in 2019, it remains among the top 10 causes of death. When breaking it down by age in 2019, suicide was the second leading cause of death for 15-44-year-olds in EJC. Furthermore, drug-related deaths have been on the rise in the United States in recent years. In 2021, the CDC estimated over 100,000 U.S. deaths were caused by drug overdoses. Deaths from opioids increased by nearly 25% from 2020 to 2021 nationally. In Missouri, drug overdose deaths fell between March 2020 and April 2021, however, opioid overdose deaths climbed by 14.6% during the same period.

Because of the alarming data and the massive spike of overdose deaths nationally and locally, members of the Mental and Behavioral Health (MBH) workgroup decided to tackle the issues with a multi-faceted approach.

First, the MBH workgroup supported ReDiscover's grant proposal for a Behavioral Health Urgent Care Clinic. Similar to a medical urgent care with extended hours, adults can receive behavioral services to address immediate mental health and substance needs. The center opened in EJC in the fall of 2020.

Second, the MBH workgroup included opportunities for community education on both the data and the resources and support within EJC. After a community screening of Suicide: The Ripple Effect, attendees reported positive feedback including affirming they were confident professional mental health support would be helpful if needed. Additionally, workgroup members partnered with Lee's Summit Cares' Youth Mental Health Task Force to bring a student-led campaign to stop suicide, ZeroReasonsWhy, to EJC

districts. At this time, Lee's Summit R7 School District is in the process of implementing this campaign.

And last, the MBH workgroup focused on training first responders to combat drug overdose mortality caused by both opioid and non-opioid drugs. Before the implementation of the Community Health Improvement Plan (CHIP), almost 300 EJC police, fire, and EMS personnel had received training on responding to a mental health or substance use crisis through either Crisis Intervention Training or Mental Health First Aid courses. In 2020, Jackson County partnered with the University of Missouri St. Louis: Missouri Institute of Mental Health to deliver comprehensive training through the university's Drug Overdose Trust and Safety (DOTS) project. The DOTS project worked to develop and carry out a more intentional approach to addressing occupational safety concerns for first responders. It integrated health and safety-oriented measures into training courses and promoted partnerships between first responders and community service providers. The overall intention is to improve and enhance the interactions between first responders and individuals who use drugs.

Moving beyond the CHIP, Jackson County Health Department (JACOHD) received a CDC Overdose Data to Action (OD2A) grant for the 2021-2022 year. The OD2A grant will fund comprehensive strategies to combat opioid misuse and overdoses within EJC. Through collaboration with members of the MBH workgroup, JACOHD intends to enhance public health resources and linkages for the EJC community through education and awareness, as well as surveillance and monitoring.

# PRIORITY AREA: MENTAL AND BEHAVIORAL HEALTH

## 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 training on responding to mental, behavioral, and/or substance use crises by 2022.

**MET OBJECTIVE**

### Outcome Indicators

- Increase the number of officers trained by 10% by 2022.
  - **Baseline:** 296 police, fire, and EMS trained in CIT or MHFA
  - **Outcome:** DOTS training conducted in EJC
- A tracking system related to officers trained is established by 2022. **ABANDONED**

### Strategy 1

Conduct assessment of local police departments. **ADAPTED TO** → *Conduct assessment of local first responder agencies.*

**COMPLETE**

### Tactics

**COMPLETE**

Contact local departments in EJC & establish a partnership for data sharing. **ADAPTED TO** → *Contact local department in EJC to gather data.*

**COMPLETE**

Collect data on responders currently trained and opportunities available. **ADAPTED TO** → *Compile data on responders currently trained and opportunities available.*

### Strategy 2

Implement Mental Health First Aid program for Public Safety Officers. **ADAPTED TO** → *Implement trainings for first responders.*

**IN PROGRESS**

### Tactics

**COMPLETE**

Identify police departments from the assessment that need training. **ADAPTED TO** → *Identify departments for trainings.*

**COMPLETE**

Create a Memorandum of Understandings (MOUs) between Mental Health First Aid trainers and public safety officer departments. **ADAPTED TO** → *Conduct DOTS trainings with first responder agencies throughout EJC.*

**INCOMPLETE**

Mental Health First Aid for Public Safety Officers conducted throughout EJC. **ADAPTED TO** → *Training evaluation results completed and shared with workgroup and interested stakeholders.*

# PRIORITY AREA: MENTAL AND BEHAVIORAL HEALTH

## 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.

**MET OBJECTIVE**

### Outcome Indicators

- At least 50% of schools in EJC provide mental health and/or suicide prevention programming by 2022.
  - **Baseline:** 8 of 9 (88%) school districts in EJC implement Signs of Suicide (SOS) program
  - **Outcome:** 8 of 9 (88%) school districts in EJC implement SOS program
- Increase the number of students and families who attend movie event who can identify signs of suicide by 25% by 2022. **ADAPTED TO** ↓
- Increase the number of students and families who attend movie event who strongly agree with the statement "If I did access professional support... I would be confident it would help," by 25% by 2022.
  - **Baseline:** 22.5% (Ripple Effect screening pre-survey)
  - **Outcome:** 60% (Ripple Effect screening post-survey)

### Strategy 1

Screen "The Ripple Effect" movie event.

**COMPLETE**

### Tactics

**COMPLETE**

Gain rights to show "The Ripple Effect" movie event.

**COMPLETE**

MOUs created and signed among mental health providers and local movie theatres. **ADAPTED TO** →  
*Recruit local mental health agencies for event.*

**COMPLETE**

Create pre/post-test materials. **ADAPTED TO** → *Access pre/post-test materials.*

**COMPLETE**

Event details established (date, location, time, and participation) and advertised throughout EJC.

**COMPLETE**

Movie event completed with pre and post-test.

**INCOMPLETE**

Long-term plan developed for recurring annual event.

### Strategy 2

Develop safety planning intervention training for families.

**ABANDONED**

### Tactics

**ABANDONED**

Develop training plans and material.

**ABANDONED**

MOUs signed between schools and mental health providers on providing training and materials to families.

**ABANDONED**

Trainings conducted and materials provided to families.

**ABANDONED**

Information posted on workgroup's website.



# PRIORITY AREA: MENTAL AND BEHAVIORAL HEALTH

## 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.

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## Objective 2

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

**MET OBJECTIVE**

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### Strategy 3

Expand implementation of the Signs of Suicide Program in schools.

**IN PROGRESS**

### Tactics

**COMPLETE**

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

**NOT YET STARTED**

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

**NOT YET STARTED**

Partner with schools to implement the Signs of Suicide Programs.

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### Strategy 4

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

**INCOMPLETE**

### Tactics

**INCOMPLETE**

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

**INCOMPLETE**

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

**INCOMPLETE**

Videos created and shared through social media.

**INCOMPLETE**

Long-term plan developed and implemented to sustain campaign.

# PRIORITY AREA: MENTAL AND BEHAVIORAL HEALTH

## 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.

**MET OBJECTIVE**

### Outcome Indicators

- 60% of survey takers can correctly identify appropriate resources in EJC by 2022. **ABANDONED**
- 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.
  - **Baseline:** 0 EJC schools participate in campaign
  - **Outcome:** **INCOMPLETE**

### Strategy 1

Join established efforts to develop an EJC Crisis Center Proposal.

**COMPLETE**

### Tactics

**COMPLETE**

Partner with established crisis center group. **ADAPTED TO** → Partner with ReDiscover Mental Health Services and other stakeholders.

**COMPLETE**

Join efforts and become established crisis center group members. **ADAPTED TO** → Assist with ReDiscover's grant for "urgent care" model where necessary.

**COMPLETE**

Proposal developed and potential funding partners identified. **ADAPTED TO** → Grant submitted and funding secured.

**COMPLETE**

Inform Building a Healthier Jackson County Mental and Behavioral Health workgroup of efforts and status.

### Strategy 2

Develop and maintain a website with mental and behavioral health resources.

**COMPLETE**

### Tactics

**COMPLETE**

Apply for and obtain funding for web developer / Identify website developer and sign MOU. **ADAPTED TO** → Host Mental and Behavioral Health dashboard on JACOHD website.

**COMPLETE**

Conduct assessment and gather materials on EJC specific mental health resources.

**COMPLETE**

Website created and shared among all providers, residents and first responders.

**INCOMPLETE**

Conduct assessment through partner social media, clinic locations, and survey link on use of website and knowledge of resources available.

# PRIORITY AREA: MENTAL AND BEHAVIORAL HEALTH

## 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.

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## Objective 3

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

**MET OBJECTIVE**

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### Strategy 3

Implement a social media campaign led by student groups.

**IN PROGRESS**

### Tactics

**IN PROGRESS**

Partner with schools to introduce campaign details.

**NOT YET STARTED**

Student groups created for each school district.

**NOT YET STARTED**

Conduct pre-test with participating schools on their knowledge of mental health, perception of stigma, and services in EJC.

**NOT YET STARTED**

Implement social media campaign created by students.

**NOT YET STARTED**

Conduct post-test.

## **PRIORITY AREA: HEALTHY EATING ACTIVE LIVING**

*How do we improve opportunities of healthy eating and active living for EJC residents?*

### **Current Situation**

In 2020, Missouri had the 18th highest adult obesity rate in the nation, according to The State of Obesity. Despite having dropped from 17th in the country in 2018, Missouri's obesity rate remains high. Missouri ranks 35th in the nation among children aged 10 to 17, and less than a quarter of Missouri children participate in 60 minutes of physical activity per day. According to Hospital Industry Data, in 2015, the combined overweight and obesity rate in Jackson County was 64.9%. Individuals who are overweight or obese are at greater risk of developing health problems, such as high blood pressure, high cholesterol, type 2 diabetes, heart disease, stroke, gallbladder disease, and some cancers. Obesity is linked to the top two leading causes of death in Eastern Jackson County (EJC): heart disease and cancer.

A person's physical and social environment, and behavior, are contributing factors to obesity. These factors can make it challenging to attain recommended exercise and nutrition levels. Physical and social environmental factors, including inadequate health education and policies that intervene on environmental determinants, can encourage physical inactivity and excessive eating. Due to improper infrastructure, residents lack recreational resources to engage and be consistent with physical activity. For example, Lee's

Summit, Blue Springs, Grandview, and Independence were the only municipalities in EJC to have written Complete Streets or Liveable Streets policies in 2018. Moreover, eating behaviors, such as fast food consumption and large portion sizes, are associated with a lack of access to affordable, healthy food options. By increasing options for healthy food and regular exercise, residents can make better health and weight management decisions.

The Healthy Eating Active Living (HEAL) workgroup undertook a number of strategies to address the systems and policies that can enhance opportunities for EJC residents to live healthier and more active lives particularly, in school and municipality systems.

First, the HEAL workgroup developed policies and strategies to improve education that affects the well-being of students and staff. In 2019, the workgroup partnered with the Missouri Department of Elementary and Secondary Education's (DESE) Healthy Schools initiative to host a School Health Index Train the Trainer workshop. School districts from the Kansas City metro region, including four EJC districts (Fort Osage, Independence, Lee's Summit, Lone Jack) participated in the training seminar. The training assisted school districts in evaluating policies, initiatives, and curricula that have an impact on student and staff health and wellbeing.

Second, workgroup members (such as BikeWalkKC and KC Healthy Kids) provided training on bike and walk safety to schools throughout EJC to increase youth education.

The workgroup continues to promote national Walk and Bike to School Days each year. Weighing In, a program under the Center for Children's Healthy Lifestyles and

Nutrition at Children's Mercy Kansas City began forming a workgroup around the Kansas City Physical Activity Plan (KCPA) in 2019. Members of the HEAL workgroup sit on KCPA planning workgroups.

Third, to systemically increase opportunities for active lifestyles, the HEAL workgroup applied to and was accepted into the Smart Growth America's Missouri Complete Streets Consortium Series. The year-and-a-half-long series provided intensive workshops, technical assistance, and advice on issues unique to local challenges to help communities enjoy safer, more equitable streets. The collaborative provided support on how to successfully implement policies and infrastructure to promote active living in a community that includes multiple municipalities. The HEAL workgroup continued to provide educational opportunities, assistance, and training to municipalities interested in developing Complete Streets policies or enhancing existing ones through individualized city meetings, including but not limited to: publishing and presenting a report on Walkability in Buckner to the city council, BikeWalkKC's policy director presenting to the City of Sugar Creek, and sharing active living opportunities to larger networks, such as the Missouri Municipal League.

The food environment in EJC, particularly the availability of affordable and healthy food, remains a pressing concern. The workgroup's capacity did not allow for adequate work on this objective. In spite of this, Jackson County Health Department has researched and published up-to-date data, including prioritizing the creation of tax incentives for healthy and affordable food in the 2021 and 2022 policy agendas and assessing the proximity of fast-food restaurants to schools throughout EJC in 2019.

# PRIORITY AREA: HEALTHY EATING ACTIVE LIVING

## Goal 1

Improve youth education: healthy eating and active living.

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### Objective 1

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

**OBJECTIVE NOT MET**

### Outcome Indicators

- Increase number of active school wellness committees within districts by 20% by 2022. **ADAPTED TO** ↓
  - 20% of EJC school districts attend at least one school wellness professional development or training.
    - **Baseline:** 0
    - **Outcome:** 44% of EJC schools participated in train the trainer School Health Index workshop
- 

### Strategy 1

Establish district and school wellness champion network in EJC. **ADAPTED TO** → *Host professional developments and trainings on school wellness assessments.*

**COMPLETE**

### Tactics

**COMPLETE**

Conduct a wellness survey at district level through district wellness coordinators.

**COMPLETE**

Conduct a wellness survey with school teachers and principals.

**COMPLETE**

Identify districts with and without active committees, champions, and activities.

**ABANDONED**

Organize meetings with all districts to review survey responses, identifying assets and barriers.

**COMPLETE**

Host district wellness collaboration meeting highlighting model districts. **ADAPTED TO** → *Host School Health Index Train the Trainer Workshop.*

**INCOMPLETE**

Develop long-term plan for recurring district and school wellness meetings.

# PRIORITY AREA: HEALTHY EATING ACTIVE LIVING

## Goal 1

Improve youth education: healthy eating and active living.

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### Objective 2

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

**MET OBJECTIVE**

### Outcome Indicators

- Increase by 10% the number of schools participating in Walk/Bike to School event by 2022.
    - **Baseline:** 6 EJC schools participated in 2018 National Walk & Bike to School Day annual events
    - **Outcome:** 9 EJC schools participated in the 2021 National Walk & Bike to School Day annual events
  - Implement safe walking and biking before or after school programs in two districts by 2022.
    - **Baseline:** 3 school districts implement safe routes to school programs and curriculums
    - **Outcome:** 4 school districts implement safe routes to school programs and curriculums
- 

### Strategy 1

Partner with walk/bike organizations to bring programming to schools.

**COMPLETE**

### Tactics

**COMPLETE**

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

**COMPLETE**

Identify organizations and programs to partner with schools.

**COMPLETE**

Assist Independence School District in enhancing their after-school programming with walk/bike safety education and establish model. **ADAPTED TO** → *Assist interested school districts in enhancing school-wide walk/bike programs during or after school.*

**ABANDONED**

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

**COMPLETE**

Promote Walk/Bike to School Events.

# PRIORITY AREA: HEALTHY EATING ACTIVE LIVING

## Goal 2

Increase access to affordable healthy foods.

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### Objective 1

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

**OBJECTIVE NOT MET**

### Outcome Indicators

- Priority areas identified in EJC by Census Tract by 2022.
    - **Baseline:** Priority areas not identified
    - **Outcome:** 13 Census Tracts identified
  - Food policy brief created for all EJC cities by 2022.
    - **Baseline:** Brief not created
    - **Outcome:** **INCOMPLETE**
  - 60% of city or county government personnel review food establishment map and policy brief by 2022.
    - **Baseline:** 0%
    - **Outcome:** **INCOMPLETE**
- 

### Strategy 1

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

**INCOMPLETE**

### Tactics

**INCOMPLETE**

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

**INCOMPLETE**

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

**INCOMPLETE**

Compile policy review findings into policy brief.

**INCOMPLETE**

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

**INCOMPLETE**

Present map to city councils within EJC.

# PRIORITY AREA: HEALTHY EATING ACTIVE LIVING

## Goal 3

Increase opportunities for physical activity.

### Objective 1

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

**MET OBJECTIVE**

### Outcome Indicators

- Assist 2 cities in EJC in applying to be a Walk Friendly Community.
  - **Baseline:** 0 EJC schools participate in campaign
  - **Outcome:** **INCOMPLETE**
- Physical activity resource guide used by 30% of partners by 2022. **ABANDONED**
- Increase by 10% the number of participants in EJC programs by 2022. **ABANDONED**

### 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.

**ADAPTED TO** → *Encourage cities and local governments to create or enhance built environment policies (e.g. Complete or Livable Streets Policies).*

**IN PROGRESS**

### Tactics

**COMPLETE**

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

**COMPLETE**

Identify model cities with Complete Streets and Livable Streets Policies.

**COMPLETE**

Identify the stakeholders that helped the "model cities" pass Complete Streets Policies.

**COMPLETE**

Set up advocacy meeting and invite cities in EJC that do not have Complete Streets Policies. **ADAPTED TO** → *Participate in Smart Growth America Complete Streets Missouri Consortium.*

**IN PROGRESS**

Assist cities in making the connections with the correct resources and organizations that will assist in their exploratory process. **ADAPTED TO** → *Assist cities and local governments adopting or enhancing built environment policies.*



# PRIORITY AREA: HEALTHY EATING ACTIVE LIVING

## Goal 3

Increase opportunities for physical activity.

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### Objective 1

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

#### MET OBJECTIVE

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#### Strategy 2

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

ABANDONED

#### Tactics

ABANDONED

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

ABANDONED

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

ABANDONED

Create a physical activity resource guide.

ABANDONED

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

ABANDONED

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

# **PRIORITY AREA: ACCESS TO AFFORDABLE HEALTHCARE**

*How do we improve access to affordable healthcare outcomes for Eastern Jackson County residents?*

## **Current Situation**

Access to affordable healthcare affects the overall health of a community. Health insurance coverage is one of the key factors that affect access to care. In Eastern Jackson County (EJC), 10.3% of residents lack health insurance with the highest percentage of those uninsured (19.3%) being aged 18 to 34. This problem was exasperated by the decade between the passage of the Affordable Care Act (ACA) in 2010, which outlined an option for states to expand Medicaid expansion, and Missouri expanding Medicaid in 2020. Medicaid expansion will result in more widespread access to health services and programs, especially for those underserved populations experiencing the burden of health disparities. In addition to unequal access to health insurance, poverty makes it difficult to access healthcare. According to the U.S. Census Bureau, in 2017, 10.9% of residents in EJC live in poverty, while 16.5% of children under 18 are in poverty in EJC. Individuals and families living below the poverty level are less likely to obtain health insurance, have adequate provisions such as food, have a consistent income, afford rent and utilities, and have access to life-saving preventative health screenings.

Focus groups conducted by EJC community members and health professionals identified underinsurance, poor access to

healthcare, lack of transportation, and insufficient dental providers as obstacles to accessing affordable healthcare. The lack of health literacy among clients and lack of coordinators as well as providers' lack of understanding of the social determinants of health (SDoH) are other factors that contribute to the underutilization and fragmentation of resources in EJC.

Several different strategies were employed by the Access to Affordable Healthcare workgroup to address the problem.

To meet the fundamental healthcare needs of EJC residents, especially during COVID-19, communication among providers, service agencies, and individuals has been crucial. During the pandemic, the Jackson County Health Department (JACOHD) hired community health workers and they collaborated with regional networks of community health workers, including the Mid-America Regional Council's collaborative, the Missouri Statewide CHW advisory committee, and the University of Missouri's statewide network, Show-Me ECHO.

Members of the workgroup began conversations in 2019 with the University of Kansas, as well as a number of social agencies and stakeholders, to develop and implement a seamless referral system that employs "warm handoffs" to connect clients in need of assistance to organizations across EJC. Jackson County IRIS was launched in early 2021, with six community partners on board. In late 2021, IRIS merged with the IRIS networks in Wyandotte County, Kansas, and Johnson County, Kansas, to serve a broader regional community of over 100 partners.

In an effort to help individual community members navigate service agencies, connectHERE was

piloted in August 2021 in Buckner and Grandview. The partnership between the Mid Continent Public Library and JACOHD allows EJC residents to self-screen for needed services in a familiar, everyday setting. Community health workers then follow up with those individuals and refer them to organizations, or provide contact info for services needed. In 2022, connectHERE will prioritize expansion in additional EJC municipalities.

In August 2020, Missouri voters approved a constitutional amendment to expand Medicaid, which was set to go into effect on July 1st, 2021. After the 2021 legislative session, the Missouri General Assembly failed to pass funding the expansion and Governor Parson announced that the Department of Social Services would not implement the constitutional amendment. However, in July 2021, the Missouri Supreme Court ruled that Missouri must expand Medicaid. The expansion of Medicaid is estimated to provide healthcare coverage to an additional 275,000 Missourians. Fewer than 10% of eligible Missourians have been enrolled in the program. The Access of Affordable Healthcare workgroup must continue its expansion effort in order to ensure that all EJC residents have health insurance.



# PRIORITY AREA: ACCESS TO AFFORDABLE HEALTHCARE

## Goal 1

Improve access to primary and specialty 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.

**OBJECTIVE NOT MET**

### Outcome Indicators

- Increase the number of individuals participating in open enrollment activities across social service agencies by 10% by 2022.
  - **Baseline:** Not Collected
  - **Outcome:** Incomplete
- Increase percent of EJC residents enrolled in health insurance coverage by 5% by 2022.
  - **Baseline:** Not Collected
  - **Outcome:** Incomplete

### Strategy 1

Create cross-organization communications plan to promote health insurance coverage.

**INCOMPLETE**

### Tactics

**INCOMPLETE**

Assess community resources and information for communications plan.

**INCOMPLETE**

Identify partnerships for communications plan development.

**INCOMPLETE**

Create messages and materials with appropriate health literacy levels.

**INCOMPLETE**

Host planning meeting to complete communications plan.

**INCOMPLETE**

Implement communications plan.

### Strategy 2

Promote community events on healthcare navigation and open enrollment.

**INCOMPLETE**

### Tactics

**INCOMPLETE**

Develop calendar of events for healthcare navigation and open enrollment.

**INCOMPLETE**

Create messaging and materials to promote community events and information on open enrollment.

**INCOMPLETE**

Implement promotion campaign.

**INCOMPLETE**

Establish long-term plan to update events and messaging for future enrollment.

# PRIORITY AREA: ACCESS TO AFFORDABLE HEALTHCARE

## Goal 1

Improve access to primary and specialty 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.

#### MET OBJECTIVE

### Outcome 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. **ADAPTED TO** ↓
- *EJC represented in community health worker regional collaborations*
  - **Baseline:** Data not available
  - **Outcome:** JACOHD community health workers sit on 2 regional collaboratives
- Referral system between social services and health services pilot tested by 2022.
  - **Baseline:** Referral system does not exist
  - **Outcome:** Referral system piloted in 2021 — Present

### Strategy 1

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

#### COMPLETE

### Tactics

#### COMPLETE

Analyze safety net services in EJC.

#### COMPLETE

Present findings to key stakeholders working in EJC.

### Strategy 2

Create alliance among community health worker collaborations.

**ADAPTED TO** → *Network with regional community health worker collaborations.*

#### COMPLETE

### Tactics

#### COMPLETE

Identify community health worker collaborations.

#### COMPLETE

Set up meeting and networking opportunities across collaborations. **ADAPTED TO** → *Attend meeting and networking opportunities across collaborations.*

#### IN PROGRESS

Create community health worker network. **ADAPTED TO** → *Actively participate in health worker network.*

# PRIORITY AREA: ACCESS TO AFFORDABLE HEALTHCARE

## Goal 1

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

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## Objective 2

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

**MET OBJECTIVE**

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## Strategy 3

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

**COMPLETE**

## Tactics

**COMPLETE**

Identify health and social service stakeholders.

**COMPLETE**

Assess current systems for referrals between health and social service agencies.

**COMPLETE**

Hold meetings to discuss referral system with key stakeholders.

**COMPLETE**

Create a proposal for referral system between health and social service agencies.

# PRIORITY AREA: ACCESS TO AFFORDABLE HEALTHCARE

## Goal 1

Improve access to primary and specialty 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.

**OBJECTIVE NOT MET**

### Outcome Indicators

- Increase awareness of health equity among participating providers by 10% by 2022.
  - **Baseline:** Not Collected
  - **Outcome:** Incomplete
- Increase awareness of SDoH among participating providers by 25% by 2022.
  - **Baseline:** Not Collected
  - **Outcome:** Incomplete
- Increase use of health literacy techniques among participating providers by 25% by 2022.
  - **Baseline:** Not Collected
  - **Outcome:** Incomplete

### Strategy 1

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

**INCOMPLETE**

### Tactics

- INCOMPLETE** Conduct assessment of current awareness of SDoH among EJC providers.
- INCOMPLETE** Identify organizations researching and reporting on SDoH.
- INCOMPLETE** Provide education to health and social service providers on SDoH & health equity in their service area.
- INCOMPLETE** Conduct post-assessment of awareness of SDoH among same providers.

### Strategy 2

Develop programming related to health equity for organizations and providers.

**INCOMPLETE**

### Tactics

- INCOMPLETE** Create materials for a health equity training toolkit.
- INCOMPLETE** Implement health equity training toolkit.
- INCOMPLETE** Conduct post-assessment among participating providers.

### Strategy 3

Train healthcare providers on techniques to improve health literacy and patient empowerment.

**INCOMPLETE**

### Tactics

- INCOMPLETE** Implement training identified for providers.
- INCOMPLETE** Assess participating providers.
- INCOMPLETE** Assess current trainings available for providers (ex. What to do When Your Child Gets Sick, Health Literacy Media training).

## NEXT STEPS

Five years ago, Building a Healthier Jackson County (BHJC) identified some of the root causes of poor health in our community and developed a plan to make Eastern Jackson County (EJC) a place where residents feel empowered to live their healthiest lives. While this marks the formal end of the current priority initiatives it does not mean the end of addressing these root causes. As this process comes to a close, the BHJC initiative is taking time to assess what was accomplished and the lessons learned from the five-year process. The reality of our work is that to empower residents to live their healthiest lives and there is still much to be done. In a post-2020 world, it cannot be denied that systemic injustices, including racism, have created and continue to perpetuate health inequities.

## ACKNOWLEDGMENTS

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, and implementation of the Community Health Improvement Plan. 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.

In 2022, the Jackson County Health Department will embark on a new MAPP cycle to evaluate the emerging health barriers in light of the COVID-19 pandemic. The next MAPP will be structured to address the real challenges in integrating health equity into Community Health Assessments (CHAs) and their subsequent Community Health Improvement Plans (CHIPs). Collectively BHJC will work to build a strong foundation to ensure there is a common understanding, mission, and vision for the collaborative MAPP process. BHJC will then work to tell a comprehensive story of EJC including assessing the current situation from community members' stories, through data, and through the endeavor of stakeholders. Last, BHJC will ensure that we continuously improve the community by addressing upstream, midstream, and downstream priorities for all EJC residents, but specifically those who disproportionately face health inequities.

American Medical Response	Humana	Mid-America Regional Council
Baby Grace	Independence Advisory Board of Health	Mid-Continent Public Library
BikeWalkKC	Independence Police Department	Missouri Bicycle and Pedestrian Federation
Children's Mercy	Independence School District	Natural Grocers
City of Blue Springs	Jackson County Executive's Office	Oral Health Missouri
City of Buckner	Jackson County Government	Preferred Family Healthcare
City of Grain Valley	Jackson County Parks + Rec	REACH Healthcare Foundation
City of Grandview	John Knox Village	ReDiscover
City of Independence	Kansas City Medical Society	Smart Growth America
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
Department of Health and Senior Services	Live Well Community Health Center	Swope Health Services
First Call Alcohol/ Drug Prevention & Recovery	Lee's Summit CARES	Truman Heartland Community Foundation
Grandview C4 School District	Lee's Summit Fire/EMS	University Health
Grandview Parks and Recreation	Lee's Summit Health Education Advisory Board	University Health – Behavioral Health
Greater Lee's Summit Health Care Foundation	Lee's Summit Medical Center	University Health Lakewood Medical Center
Health Care Collaborative of Rural Missouri	Lee's Summit Parks and Recreation	University of Missouri Extension Office
Health Forward Foundation	Lee's Summit Police Department	University of Missouri Kansas City
	LiveWell Community Clinic	
	MetroMed KC	WIC

2019–2021

**COMMUNITY HEALTH  
IMPROVEMENT PLAN**  
EASTERN JACKSON COUNTY