



2016

**Community Health Needs
Assessment Review for
Cowley County**



City-Cowley County
Health Department

WN
William Newton Hospital

Summary Report Presented to

City-Cowley County Health Department and
William Newton Hospital by

EnVisage Consulting, Inc.



Resources related to this process are available at
https://www.datacounts.net/cowley_county/

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Acknowledgements

We acknowledge and appreciate the following individuals who participated in the Community Health Needs Assessment meeting on December 17th. Those who were invited and may have provided feedback via the online pre-meeting survey or through email or other communications are also acknowledged. Thank you to the many organizations and individuals who are committed to a healthier Cowley County in 2016 and beyond.

Community Members

Kaydee Johnson, William Newton Hospital
(Host/Coordinator)

Tom Langer, County Health Department
(Host/Coordinator)

Mary Benton, Board of Health

David Brazil, Cowley FQHC

Gary Brewer, Winfield Community Member

Ruth Bumgarner, County Health Department

Jamie Chism, City of Winfield

Bob Clock, Clock Medical Supply

Brandy Cuevas, William Newton Hospital

Marsha Donalds, County Health Department

Sharon Eggen, Board of Health

Lorri Greenlee, Winfield School District

Sarah Griggs, Presbyterian Manor

Joanne Holman, South Central Kansas
Medical Center

Bob Matthews, Board of Health

Renee Price, Graves Drug

Becky Reid, K-State Research & Extension

Ben Quinton, William Newton Hospital

Jeremy Willmoth, County Administrator

Connie Satzler, EnVisage Consulting, Inc.
(Facilitator)

Additional Organizations Invited & Surveyed

Active Medical Staff, William Newton Hospital

City of Arkansas City

**Communities of Arkansas City, Winfield, Udall,
Eastern Cowley**

Critical Care Team, William Newton Hospital

Four County Mental Health

Hospice Care

Kansas Veterans Home - Winfield Leadership

Local Pharmacist and Pharmacy Owners

Religious Leaders in Community

**Rural Health Clinics in Moline, Sedan, Cedar
Vale, Dexter**

Winfield Chamber of Commerce

Winfield Fire & EMS

Executive Summary

After considering the results of the 2013 Cowley County Community Health Needs Assessment, reviewing current community health data, considering potential health priorities, and discussing assets and resources, stakeholders recommended continuing to work on the priorities set in 2013 with minor refinements to the objectives under the priorities.

Recommended 2016-2018 priorities are as follows.

Priority #1: Promote health, wellness, and chronic disease prevention.

- Emphasize health education from cradle to grave, considering cultural and general changes and needs.
- Work with expectant mothers and newborn children to insure that they receive preventative care and benefit from a healthy start to life.
- Focus on youth, creating community environments that promote wellness and teaching healthy lifestyle behaviors that can be carried throughout life, including healthy eating, physical activity, oral health & hygiene, immunizations, etc.
- Help adults achieve healthier lifestyles, including education and community environments that support healthy eating, increased physical activity, tobacco prevention, substance abuse prevention and access to treatment, breastfeeding, etc.
- In particular, focus on promoting health and wellness among the workforce and adults 40 years and older.
- Work to prevent cancer and other chronic disease incidence through lifestyle education and modification and promotion of appropriate screening practices.
- Increase awareness and use of existing programs, services, and providers for physical, oral, mental health and other wellness supports.
- In particular, promote and provide support for mental health and wellness.
- Work collaboratively across the community and organizations (e.g., school districts, local governments, businesses/employers, health providers, etc.) to promote health and wellness and provide coordinated health education and messaging throughout the year.

Priority #2: Enhance access to health service providers.

- Increase infrastructure, awareness, and cultural competency to reach and provide access to newcomers in the community.
- Continue health service provider recruitment and retention.
- Issues of affordability affect access. Direct those eligible and in need toward available resources and assistance.
- Enhance communication and collaboration across health service providers to ensure more complete case management and a regional approach to healthcare provider and system access.
- Continue to support options for access to care for the medically underserved.
- Promote access through employers and incentivize worker health.

From a strategy perspective, the group recommended coordinated, targeted health education efforts among all providers, organizations, and agencies throughout the year, such as picking one health topic per month or per quarter to promote community-wide.

Participants recommended ongoing work on these priorities through continued implementation of the goals, objectives, and intervention strategies outlined in the Community Health Improvement Plan (CHIP).

Introduction and Background

An extensive community health needs assessment was conducted in November-December 2012, culminating in the release of the 2013 Cowley County Community Healthy Needs Assessment (CHNA) in January 2013. These results helped formulate a Community Health Improvement Plan (CHIP) in 2015.

The goal of the 2016 community health assessment was to review the 2013 CHNA, identify progress and current work, review the community latest data, and discuss assets and needs with community stakeholders to set priorities for 2016-2018.

Process

William Newton Hospital and Cowley County Health Department coordinated and hosted the 2016 Community Health Needs Assessment Review for Cowley County. The review was facilitated by EnVisage Consulting, Inc. Individuals and organizations representing broad perspectives in the community were invited to participate. (See acknowledgements on page 2 for a list of participants and invitees.)

The timeline and key components of the process were as follows:

- November 2015: Plan details of CHNA review process with facilitator.
- November - early December 2015: Review 2013 CHNA, 2015 CHIP, community and data. Create and test pre-meeting survey. Compile latest data and create presentation.
- Early-mid December 2015: Conduct Pre-Meeting Needs Assessment Survey and compile results.
- December 17th, 2015: Community stakeholder meeting. Review survey results and data. Select priorities. Recommend edits to CHIP.
- December 23rd, 2015: Handouts and resources posted online
- January 2016: Compile calendar of state/national health promotion days, weeks, and months. Complete 2016 CHNA report.
- January 28, 2016: Report to board.
- By February 5, 2016: Final edits to report completed and posted online.

Supporting information from each of these components is available online or in the Appendices to this report.

- All documents are available at https://www.datacounts.net/cowley_county/
- The 2013 CHNA Assessment, completed with the support of the Kansas Rural Health Works (KRHW) Program through K-State Research and Extension, is available through the KRHW website at <http://www.krhw.net/>
- Appendix A: Pre-Meeting Survey
- Appendix B: December 17th meeting agenda and worksheet

- Appendix C: Data presentation including updated demographic, socioeconomic and health data, as well as the pre-meeting survey results
- Appendix D: Community Health Improvement Plan (CHIP) with recommended edits from December 17th meeting
- Appendix E: Health Department Perspectives presentation given at the December 17th meeting
- Appendix F: Cowley County Health Initiatives Resource Calendar

Results

Stakeholders at the December 17th meeting reviewed current health data and the pre-meeting survey results and considered potential priorities. They discussed what the scope of the new priorities should be and potential new aspects not covered well by the current list.

Suggestions included

- Cultural and generational changes
- Infrastructure, awareness, cultural competency to reach and serve newcomers
- Adults age 40 and older; healthy lifestyle for the workforce
- Promoting access through employers
- Mental health and wellness
- Maternal and child health
- Healthy eating, physical activity
- Obesity
- Education and awareness of current programs and services

There was some discussion on making the priorities narrower, but the group believed the broad priorities appropriately capture the current health needs of the community and that continuing to address them will positively impact health going forward. Instead of narrowing the priorities themselves, they recommended targeting health education, awareness, and promotion efforts in a scheduled, coordinated way throughout the year. The general strategy recommendation is for all organizations, providers, and agencies to promote a designated health topic per month (or other period of time) using consistent messaging and resources.

The stakeholders also reviewed the Community Health Improvement Plan (CHIP) and recommended continued implementation of CHIP goals, objectives, and strategies. The updated CHIP summary in Appendix D includes minor edits recommended by the group.

Recommended 2016-2018 priorities follow, which reflect the recommendations of stakeholders and continued CHIP implementation.

Priority #1: Promote health, wellness, and chronic disease prevention.

- Emphasize health education from cradle to grave, considering cultural and general changes and needs.
- Work with expectant mothers and newborn children to insure that they receive preventative care and benefit from a healthy start to life.
- Focus on youth, creating community environments that promote wellness and teaching healthy lifestyle behaviors that can be carried throughout life, including healthy eating, physical activity, oral health & hygiene, immunizations, etc.

- Help adults achieve healthier lifestyles, including education and community environments that support healthy eating, increased physical activity, tobacco prevention, substance abuse prevention and access to treatment, breastfeeding, etc.
- Focus on promoting health and wellness among the workforce, in particular, and adults 40 years and older.
- Work to prevent cancer and other chronic disease incidence through lifestyle education and modification and promotion of appropriate screening practices.
- Increase awareness and use of existing programs, services, and providers for physical, oral, mental health and other wellness supports.
- In particular, promote and provide support for mental health and wellness.
- Work collaboratively across the community and organizations (e.g., school districts, local governments, businesses/employers, health providers, etc.) to promote health and wellness and provide coordinated health education and messaging throughout the year.

Priority #2: Enhance access to health service providers.

- Increase infrastructure, awareness, and cultural competency to reach and provide access to newcomers in the community.
- Continue health service provider recruitment and retention.
- Issues of affordability affect access. Direct those eligible and in need toward available resources and assistance.
- Enhance communication and collaboration across health service providers to ensure more complete case management and a regional approach to healthcare provider and system access.
- Continue to support options for access to care for the medically underserved.
- Promote access through employers and incentivize worker health.

Next Steps

The Cowley County Community Health Needs Assessment will be implemented through continued work on the CHIP, including targeted health education and promotion efforts by multiple providers, organizations and agencies on a coordinated schedule throughout the year. While a review of the CHIP was completed at the December 17th meeting, a more in-depth and ongoing review and update of implementation strategies, actions, process measures, responsibility parties, date range, and necessary/available resources is recommended.

The next CHNA will be completed in late 2018 for the period beginning in 2019. Depending on the progress and changes over the next three years, a more comprehensive health needs assessment may be warranted at that time.



Appendix A

Pre-Meeting Survey

Cowley County Health Needs Assessment Pre-Meeting Survey

Introduction

This survey should take no more than 10 minutes to complete. By getting your input before the December 17th meeting, we hope to maximize our time together as we review and select priorities to address for a healthier Cowley County in 2016 and beyond! If you are unable to attend the meeting on the 17th, your input is particularly needed and valued.

Cowley County Health Needs Assessment Pre-Meeting Survey

Review of 2013-2015 Priorities

For the 2013 needs assessment, two priority areas were selected:

Priority #1: Promote health, wellness, and chronic disease prevention

Priority #2: Enhance access to health service providers

These questions relate to how relevant these priorities as well as the suggested strategies or actions under each priority are to your community.

1. Considering Priority #1 and its strategies from the last health assessment, please rate how strongly you agree with this statement for EACH of the priority or strategy items listed:

For EACH statement below, how strongly do you agree that, “this is a top health priority/strategy for our community and must be addressed in a coordinated, concerted effort over the next 3 years with focused attention, time and resources”?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Priority #1, in general: Promote health, wellness, and chronic disease prevention	<input type="radio"/>				
1.1. Emphasize health education from cradle to grave	<input type="radio"/>				
1.2. Focus on youth, teaching healthy lifestyle behaviors that can be carried throughout life (e.g., hygiene, nutrition, exercise, etc.)	<input type="radio"/>				
1.3. Help adults achieve healthier lifestyles (e.g., weight loss, tobacco cessation, responsible alcohol use)	<input type="radio"/>				
1.4. Work to prevent cancer and other chronic disease incidence through lifestyle education and modification, and through promotion of appropriate screening practices	<input type="radio"/>				
1.5. Increase awareness and use of existing local services and providers thereby reducing health spending leakages	<input type="radio"/>				
1.6. Work with existing local institutions (e.g., school district, local governments, etc.) to collaborate with health and wellness education	<input type="radio"/>				

2. Considering Priority #2 and its strategies from the last health assessment, please rate how strong you agree with this statement for EACH of the priority or strategy items listed:

For EACH statement below, how strongly do you agree that, “this is a top health priority/strategy for our community and must be addressed in a coordinated, concerted effort over the next 3 years with focused attention, time and resources”?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Priority #2, in general: Enhance access to health service providers	<input type="radio"/>				
2.1. Health service provider recruitment and retention is a key component.	<input type="radio"/>				
2.2. Issues of affordability affect access. Direct those eligible and in need toward available resources and assistance.	<input type="radio"/>				
2.3. Enhance communication and collaboration across health service providers to ensure more complete case management.	<input type="radio"/>				
2.4. Support options for access to care for the medically underserved.	<input type="radio"/>				

3. The two priorities from 2013 are fairly broad; there can be both positives and negatives to having broad, all-encompassing priorities versus very specific priorities.

Current (2013-2015) Priorities

#1: Promote health, wellness, and chronic disease prevention

#2: Enhance access to health service providers

Looking ahead, do you think any updated priorities should be similarly broad, or should they be more specific?

- New or updated priorities should be similarly broad or encompassing as the current priorities
- New or updated priorities should be somewhat more specific than the current priorities
- New or updated priorities should be significantly more specific than the current priorities
- No preference
- Additional comments:

Cowley County Health Needs Assessment Pre-Meeting Survey

Additional Potential Priority Issues

Based on data from the 2013 community health assessment, current data, the CHIP (community health improvement plan), community health leader suggestions, and national and state key health indicators, the following potential priorities and strategies are suggested for your consideration. Some are broad, and some are specific.

4. In terms of being prioritized for a coordinated, concerted effort over the next 3 years with focused attention, time and resources, how high of a priority for Cowley County is each issue related to HEALTHY LIFESTYLES?

	Very Low	Low	Medium	High	Very High
Healthy Eating	<input type="radio"/>				
Community Gardens	<input type="radio"/>				
Farmers' Markets	<input type="radio"/>				
Physical Activity for Children and Youth	<input type="radio"/>				
Physical Activity for Adults	<input type="radio"/>				
Obesity	<input type="radio"/>				
Trails and Pathways	<input type="radio"/>				
Healthy Environment (clean water, clean air, etc.)	<input type="radio"/>				
Community Culture of Wellness (other than nutrition and physical activity)	<input type="radio"/>				
Tobacco Use	<input type="radio"/>				
Alcohol and Drug Abuse	<input type="radio"/>				
Violence	<input type="radio"/>				
Workplace Wellness, Employer-Offered Wellness Incentives	<input type="radio"/>				

Other very high priority issue(s) related to healthy lifestyles (please specify):

5. In terms of being prioritized for a coordinated, concerted effort over the next 3 years with focused attention, time and resources, how high of a priority for Cowley County is each issue related to ACCESS AND HEALTH SERVICES?

	Very Low	Low	Medium	High	Very High
Health Screenings	<input type="radio"/>				
Mental Health	<input type="radio"/>				
Oral Health	<input type="radio"/>				
Pharmaceuticals/Medications (Affordable, Accessible)	<input type="radio"/>				
Surgical Services	<input type="radio"/>				
Long-Term Care, Nursing Care, Assisted Living	<input type="radio"/>				
Regional Approach to Healthcare Provider and System Access	<input type="radio"/>				
Coordination/integration of Mental, Physical, and Oral Health Services	<input type="radio"/>				
Access for Underserved	<input type="radio"/>				
Lack of Health Care Coverage or Underinsurance	<input type="radio"/>				
Transportation	<input type="radio"/>				
Healthcare Marketplace Navigation and Education	<input type="radio"/>				
Educate Employers, Improve Insurance/Plans/Self-Insurance through Employers	<input type="radio"/>				

Other very high priority issue(s) related to access and health services (please specify):

6. In terms of being prioritized for a coordinated, concerted effort over the next 3 years with focused attention, time and resources, how high of a priority is each issue related to CHRONIC DISEASES, LEADING CAUSES OF DEATH, or OTHER HEALTH PROBLEMS for Cowley County?

	Very Low	Low	Medium	High	Very High
Cancer	<input type="radio"/>				
Diabetes	<input type="radio"/>				
Heart Disease	<input type="radio"/>				
Cerebrovascular Disease (Stroke)	<input type="radio"/>				
Chronic Lower Respiratory Disease (chronic bronchitis, emphysema, asthma)	<input type="radio"/>				
Suicide	<input type="radio"/>				
Injuries	<input type="radio"/>				
Motor Vehicle Accidents/Traffic Injuries	<input type="radio"/>				
Mental Health, Depression, or Anxiety	<input type="radio"/>				

Other very high priority health problem(s) (please specify):

7. In terms of being prioritized for a coordinated, concerted effort over the next 3 years with focused attention, time and resources, how high of a priority is each issue related to MATERNAL AND CHILD HEALTH for Cowley County?

	Very Low	Low	Medium	High	Very High
Adequate Prenatal Care	<input type="radio"/>				
Infant Mortality	<input type="radio"/>				
Teen Pregnancy	<input type="radio"/>				
Smoking During Pregnancy	<input type="radio"/>				
Breastfeeding	<input type="radio"/>				
Immunizations	<input type="radio"/>				

Other very high priority maternal child health issue(s) (please specify):

Cowley County Health Needs Assessment Pre-Meeting Survey

Suggested Priorities for 2016-2018

Consider again the current priorities selected in 2013:

Priority #1: Promote health, wellness, and chronic disease prevention

Priority #2: Enhance access to health service providers

Looking ahead, no more than 3 total priorities are recommended.

8. Which statement best describes what you think the priorities should be going forward?

- Keep the current priorities and continue to work on them
- Keep the current priorities but refine/change strategies or objectives under those priorities, as needed
- Refine or update the current priorities themselves
- Add an additional priority
- Make the priorities more specific
- Start from a "blank slate" and consider new priorities

Other or comments:

9. Thinking about the current priorities, strategies under those priorities, other potential priorities mentioned in this survey, as well as your own knowledge of the community, what do you think the new health priorities should be going forward? List no more than three. They may be broad or specific.

First priority:

Second priority:

Third priority:

10. What community do you represent? Please enter your home and work zip codes.

Home Zip Code:

Work Zip Code:

Other comment(s) on the community you represent:

11. Do you have any other comments you'd like to share as we prepare for the December 17th meeting?



Appendix B

December 17th Meeting Agenda and Worksheet

Community Health Needs Assessment Review for Cowley County
Thursday, December 17th, 2015
William Newton Hospital Physicians Pavilion

- 8:30 Check-in, Continental Breakfast
Review handouts and reference materials at your table and online.
- 9:00 Welcome and Introductions Thomas Langer
- 9:15 Overview of Process..... Kaydee Johnson
- 9:30 Review of Progress Since Previous Community Health Needs Assessment.....Panel
Question & Answer
- 9:45 Overview of 2013 CHNA Data and Current Data: Highlights and Trends Connie Satzler
Discussion
- 10:25 Break
- 10:40 Overview of Pre-Meeting Survey Results Connie Satzler
Discussion
- 11:00 Facilitated Discussion on Priorities
- 11:45 Working Lunch *(Continue to Discuss and Review Information in Small Groups)*
- 12:15 Finalize Priority Selection
- 12:45 Identification of Potential Action Steps for Each Priority Small Groups
- 1:30 Determine Current Work, Available Resources, and Resources/Personnel Needed for
Implementation
- 2:00 Cowley County Health Department Presentation and Discussion Thomas Langer
- 3:30 Adjourn

Cowley County Data Review Notes

Topic	Potential Priority Notes
Demographics	
Socioeconomics	
Risk and Protective Behaviors	
Maternal and Child Health	
Health Status and Chronic Disease	
Mortality	
Access	
Pre-Meeting Survey	
CHIP	
Other	

Discussion: What are the Top Health Priorities?

- *What are two or three things that we could focus on to make Cowley County a place where people live long and healthy lives?*
- *What would be most impactful for improving health?*
- *What can everyone get behind and work together to improve in the next 3 to 5 years?*

Health Priority	What specifically do want to see in the next 3-5 years? How should things improve for a healthier Cowley Co?

Discussion: Current Work and Available/Needed Resources

Health Priority	Available Resources	Needed Resources



Appendix C

Data Presentation: Cowley County Data Overview and Pre-Meeting Survey Results

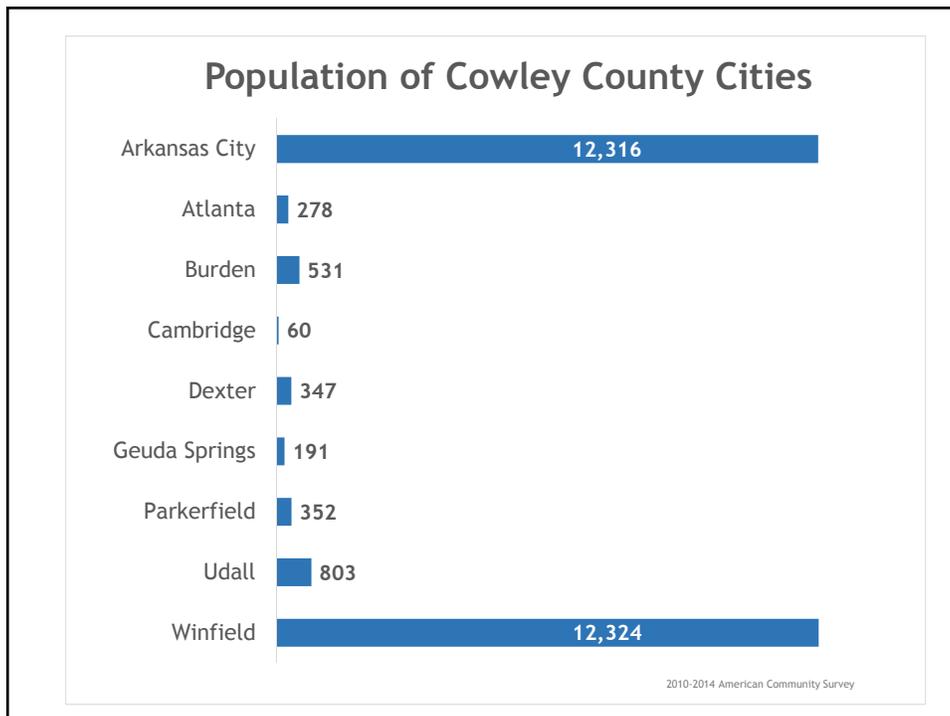
Cowley County Data Overview

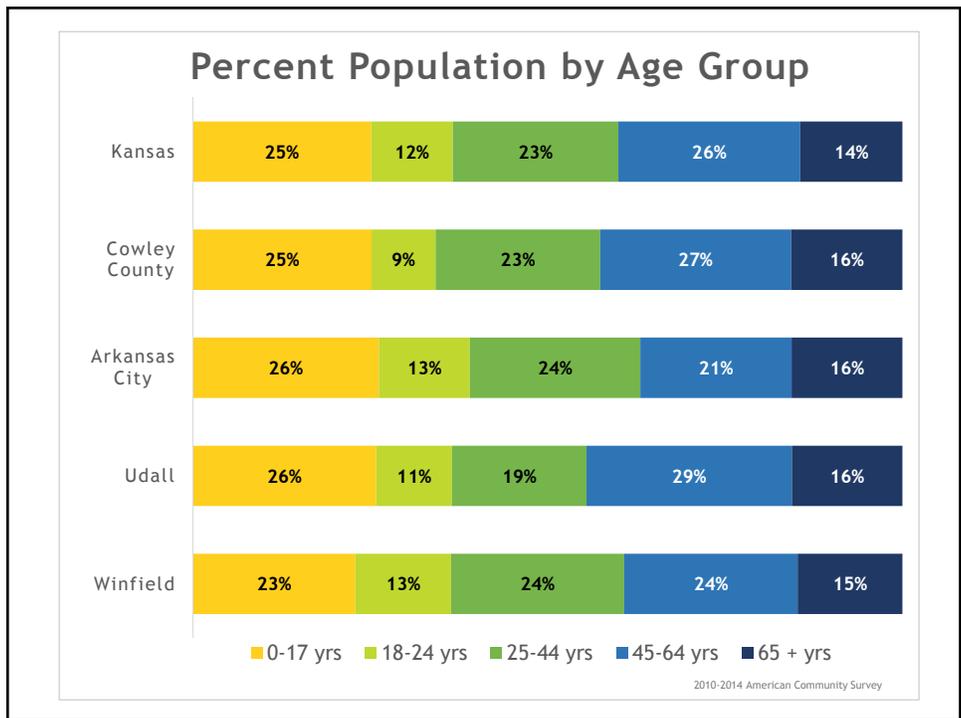
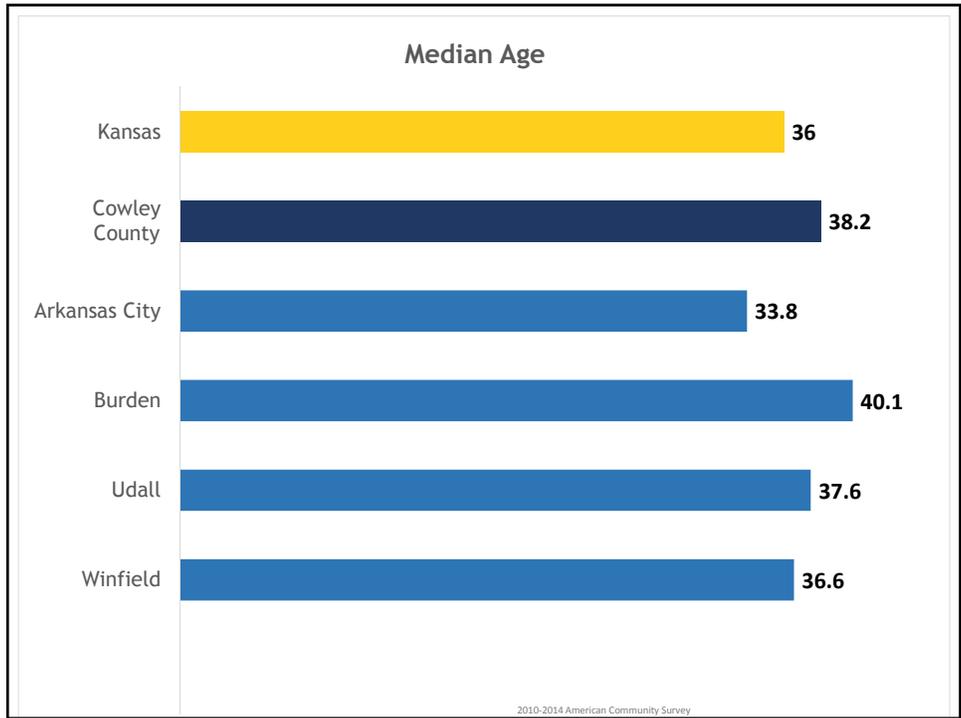
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- Demographics
- Socioeconomics
- Risk and Protective Behaviors
- Maternal and Child Health
- Health Status and Chronic Disease
- Mortality
- Access
- Pre-Meeting Survey Results
- CHIP Review

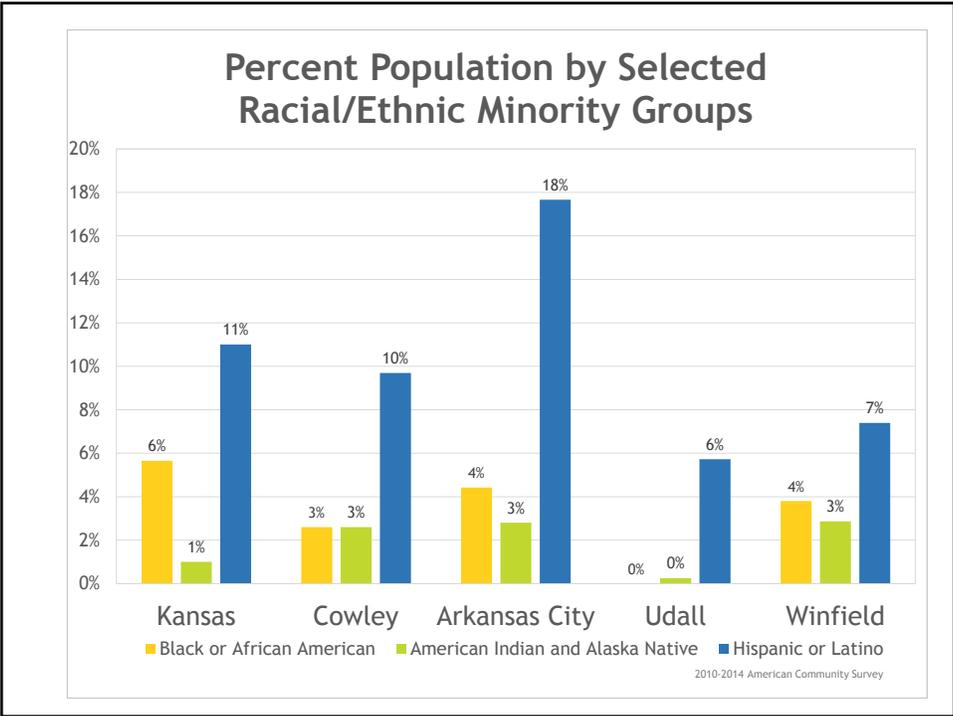
Cowley County Cities



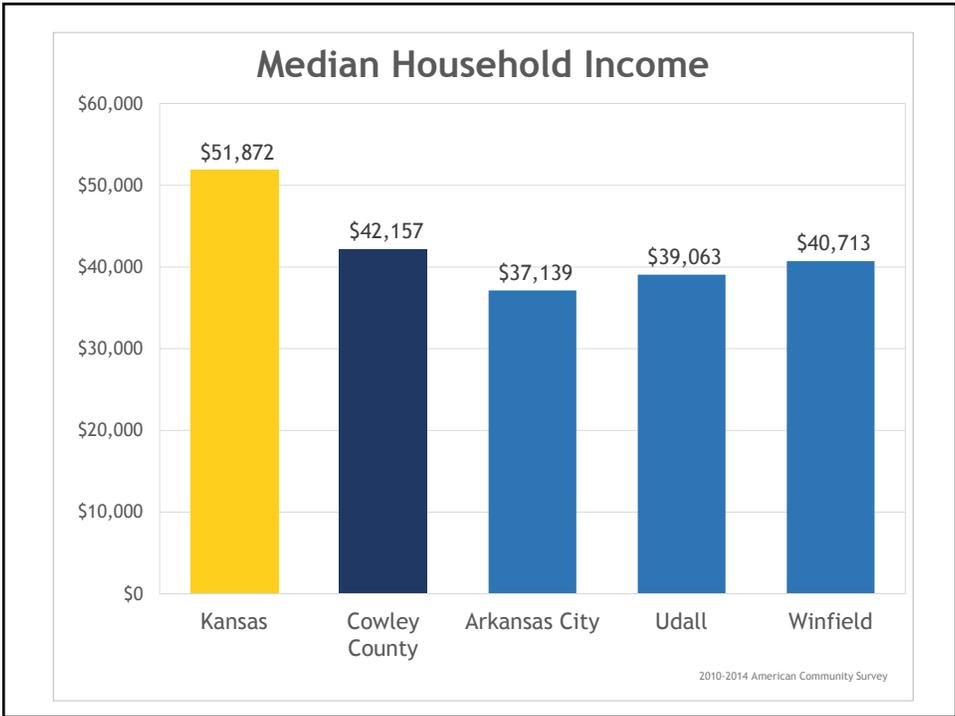
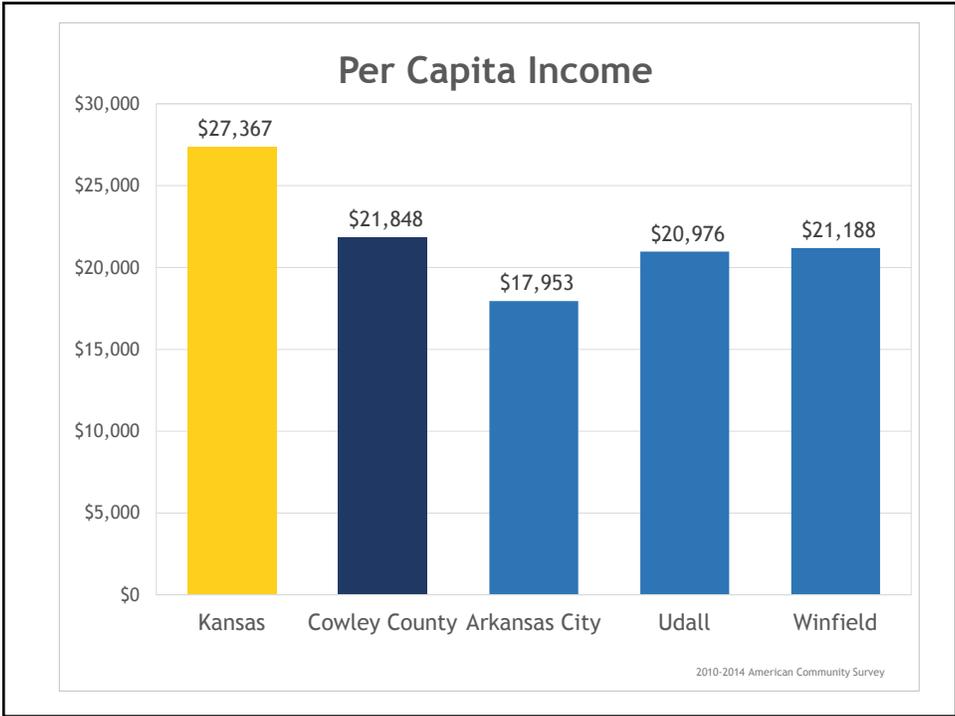
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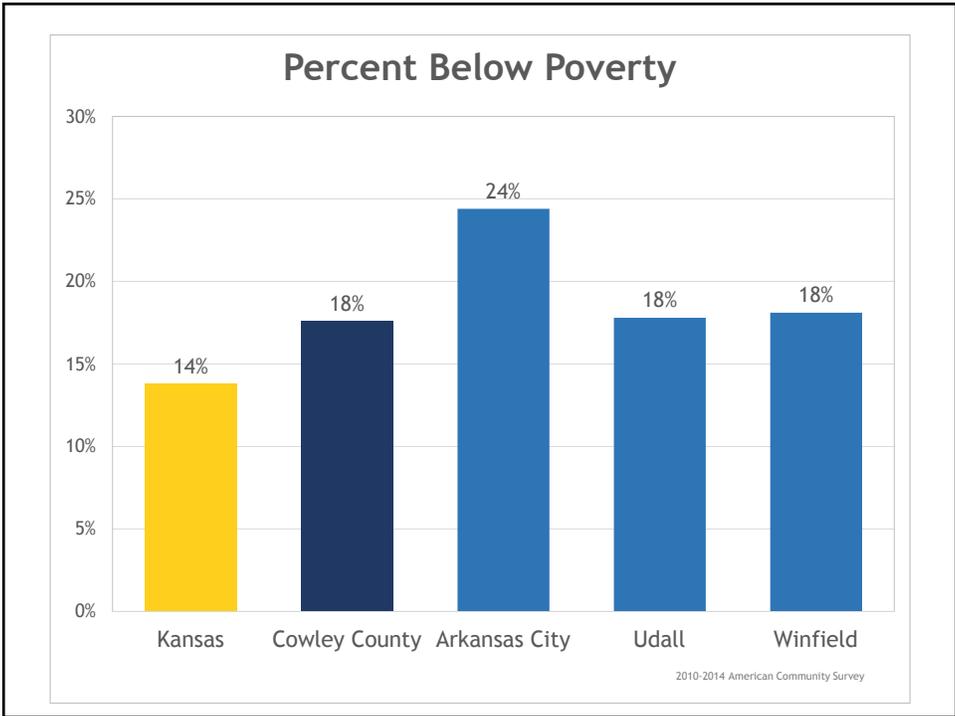
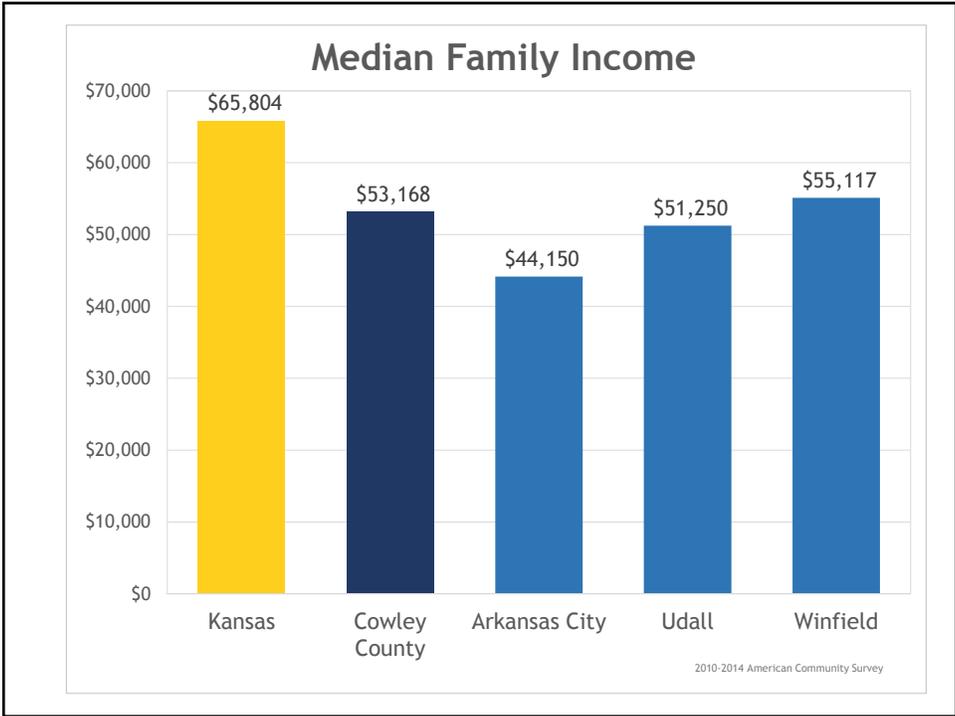


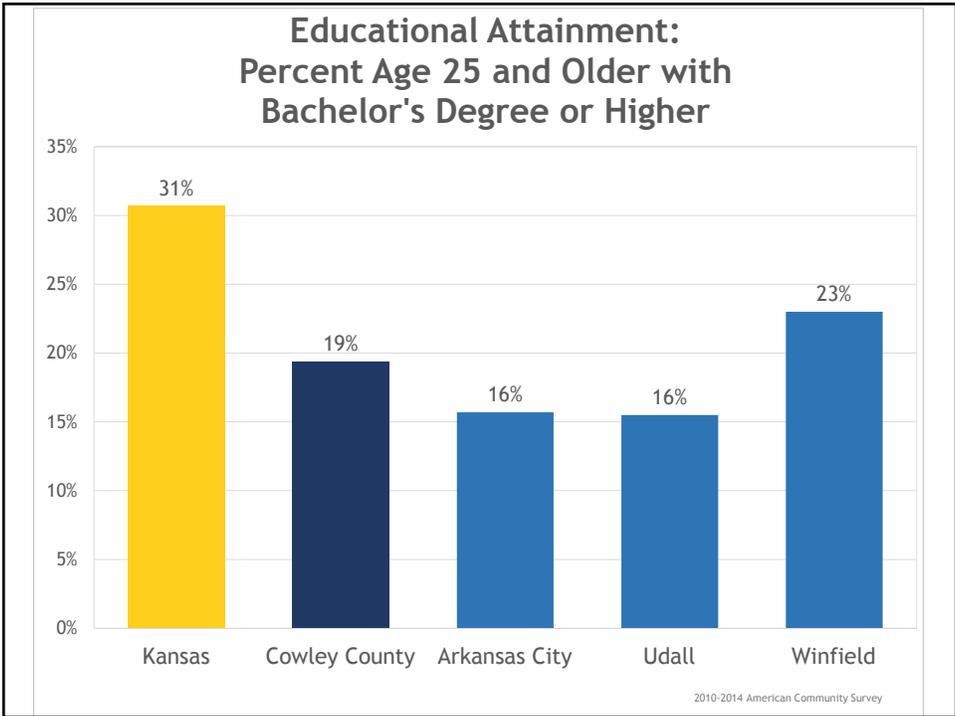
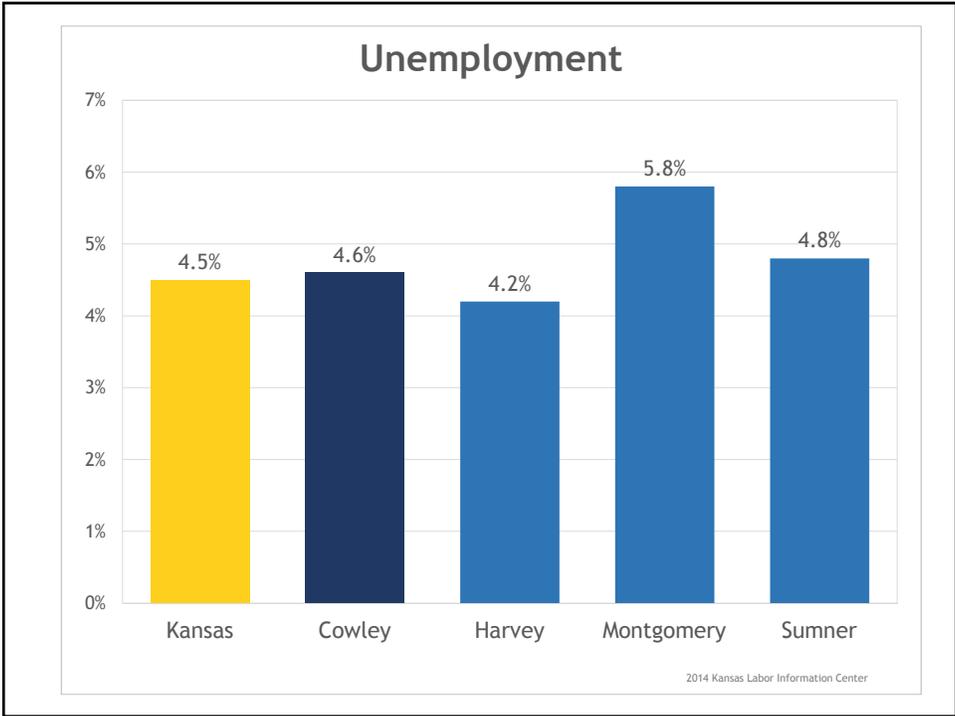




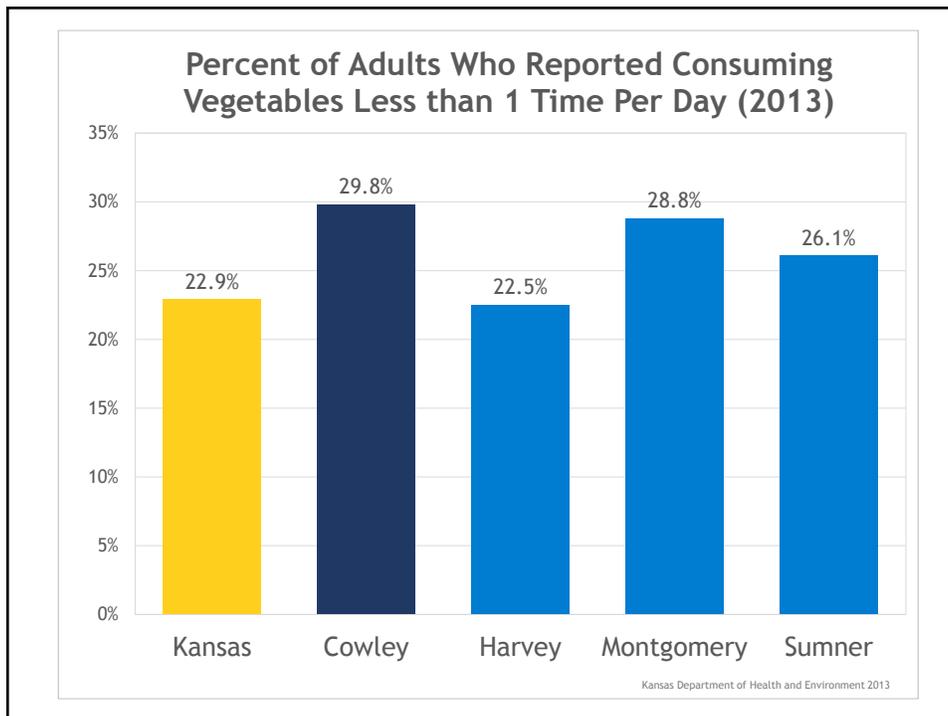
Socioeconomics

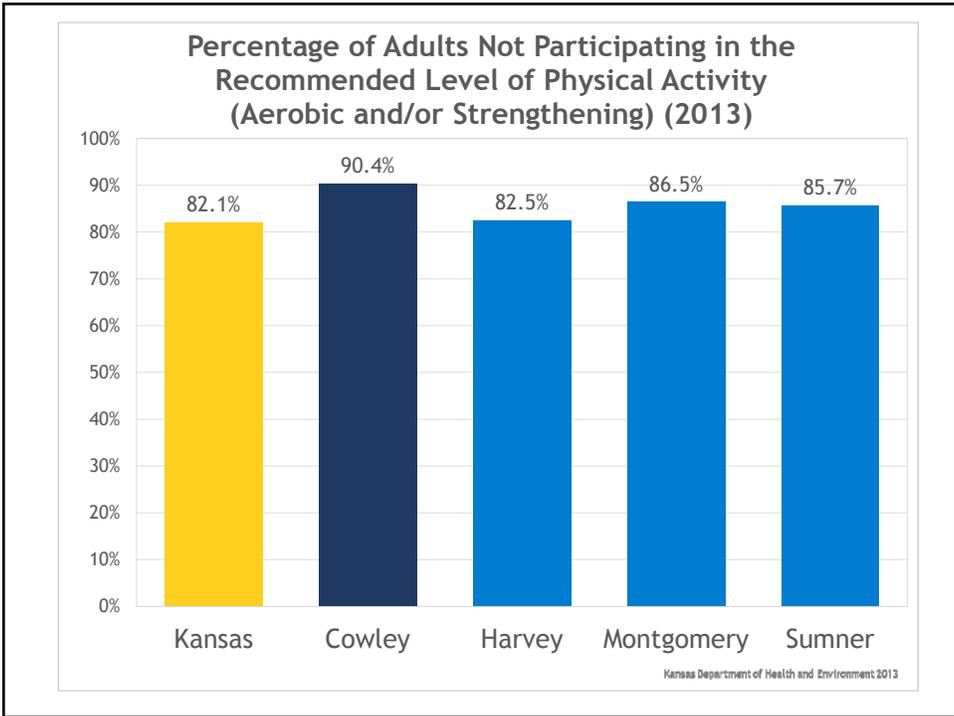
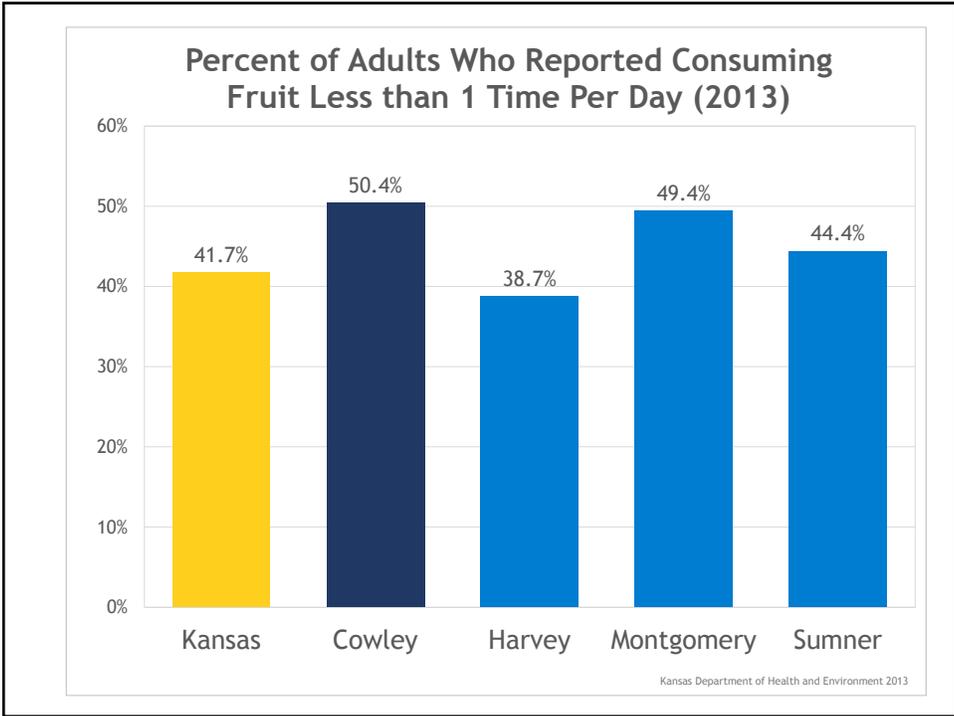


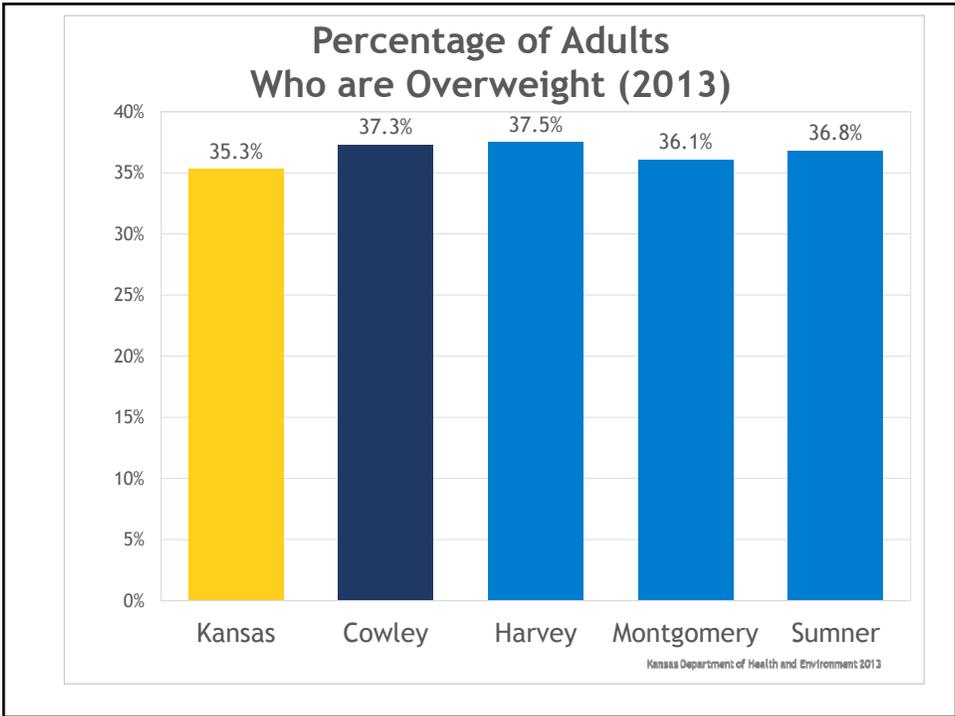
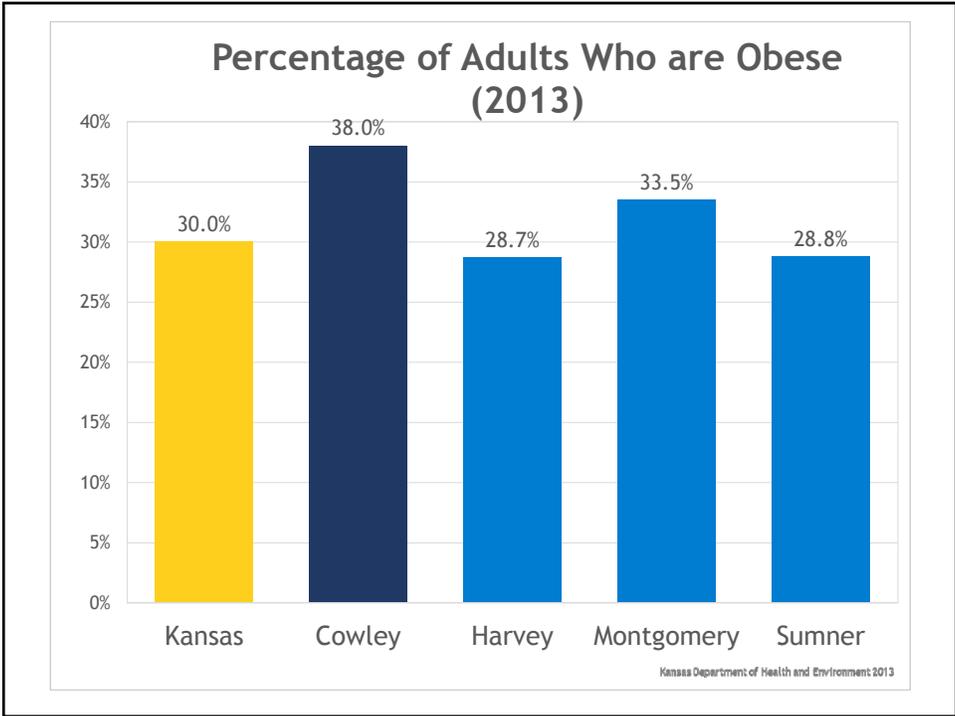


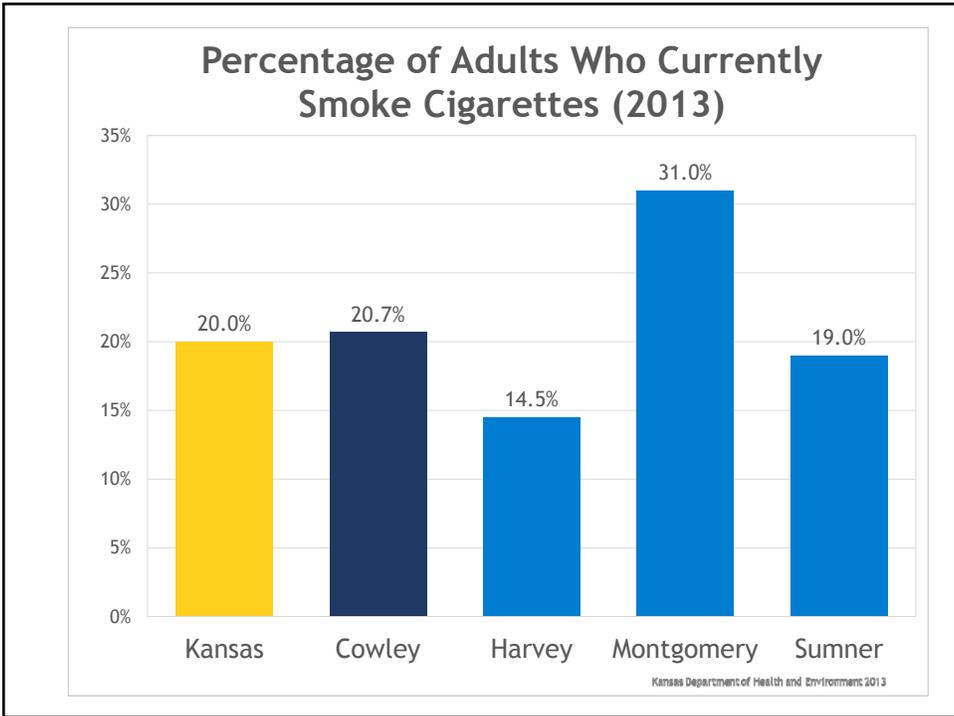
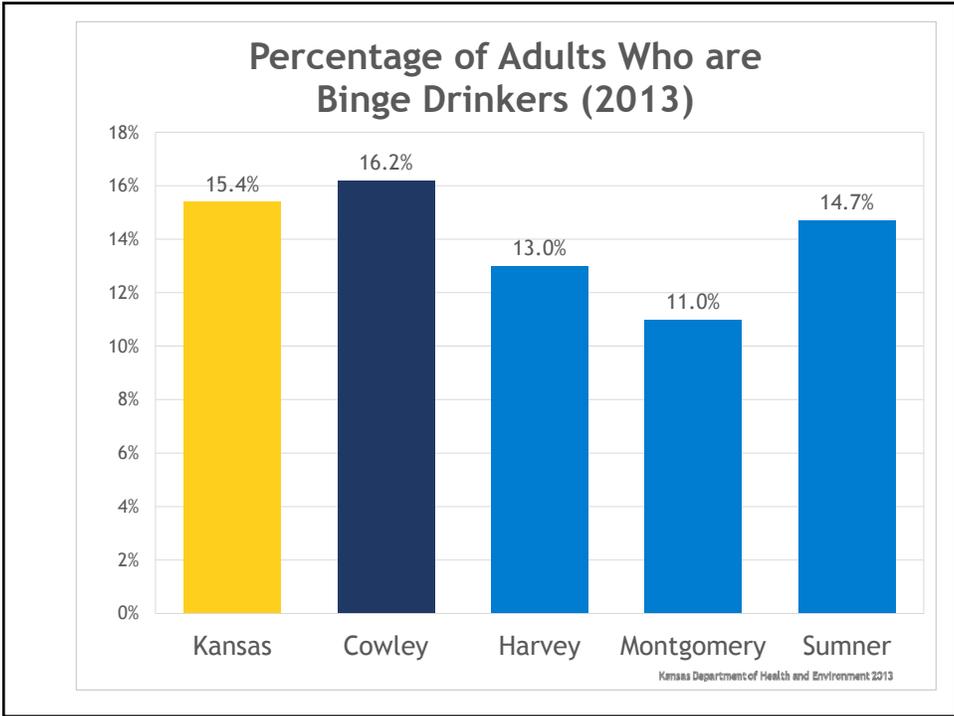


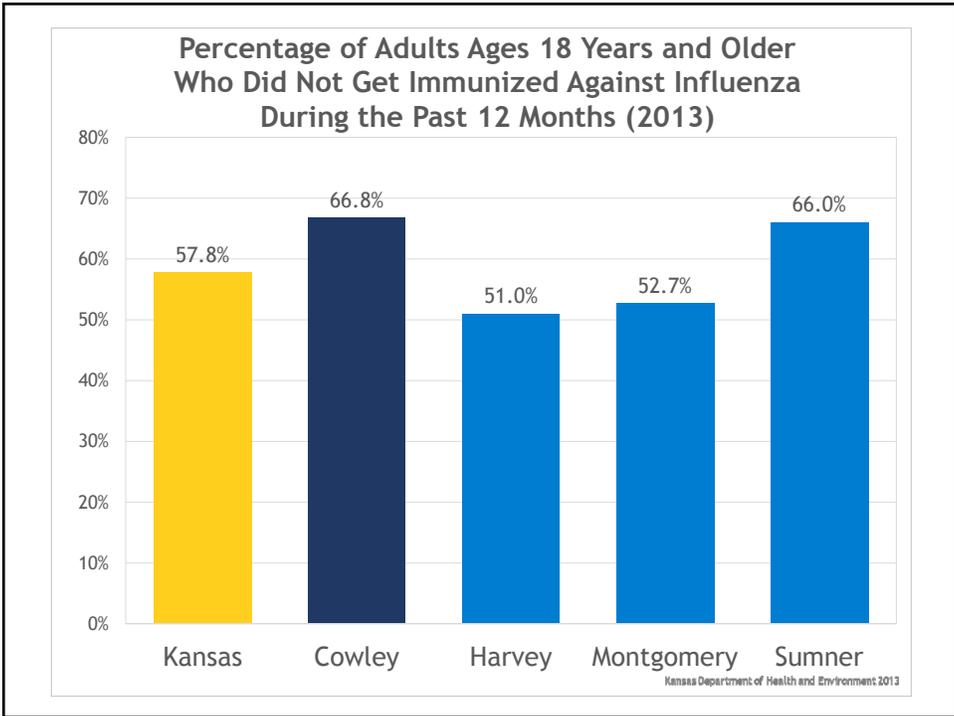
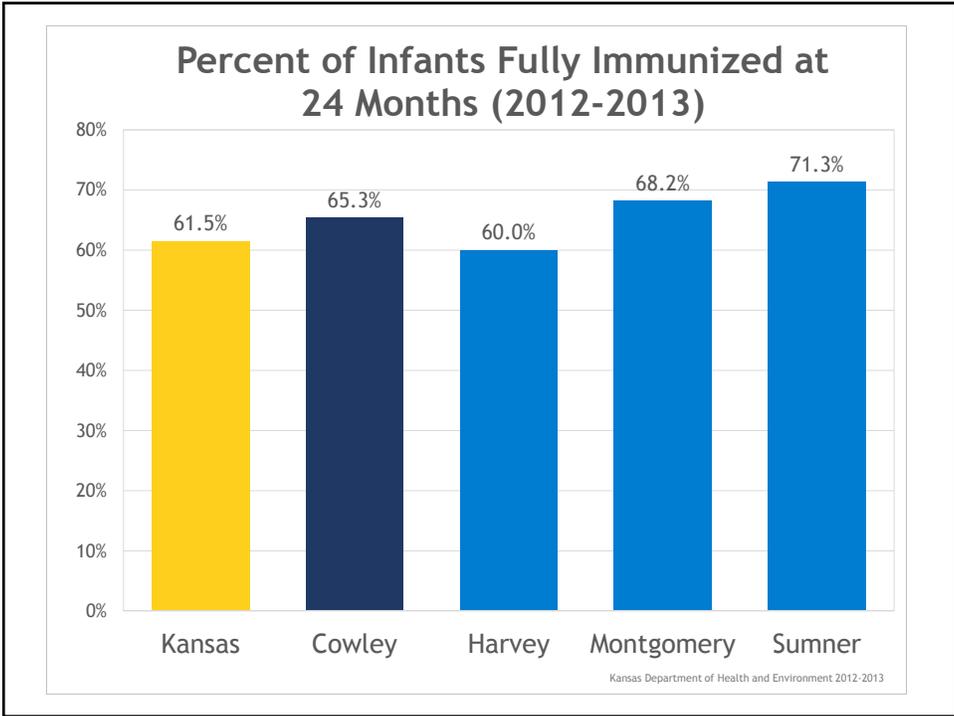
Risk and Protective Behaviors



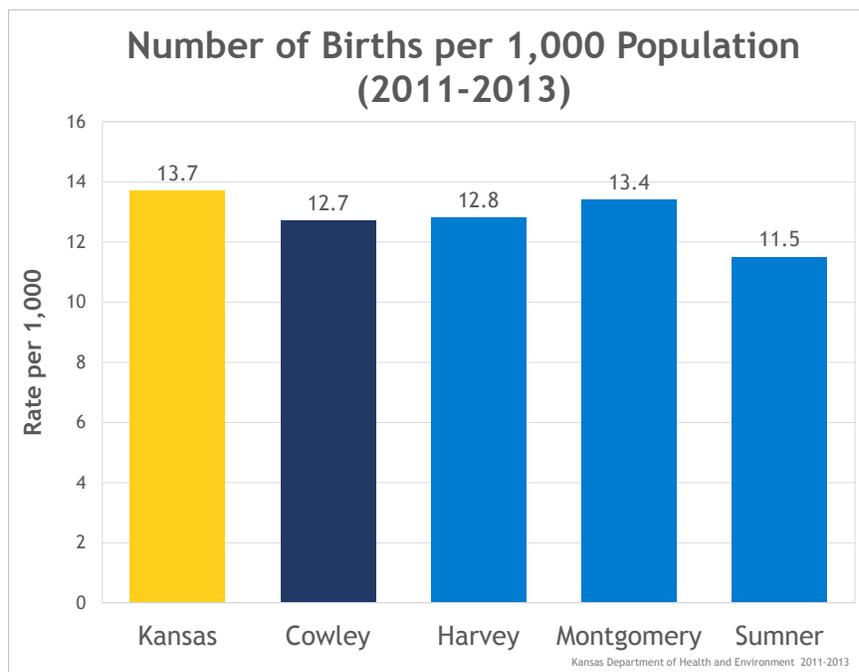


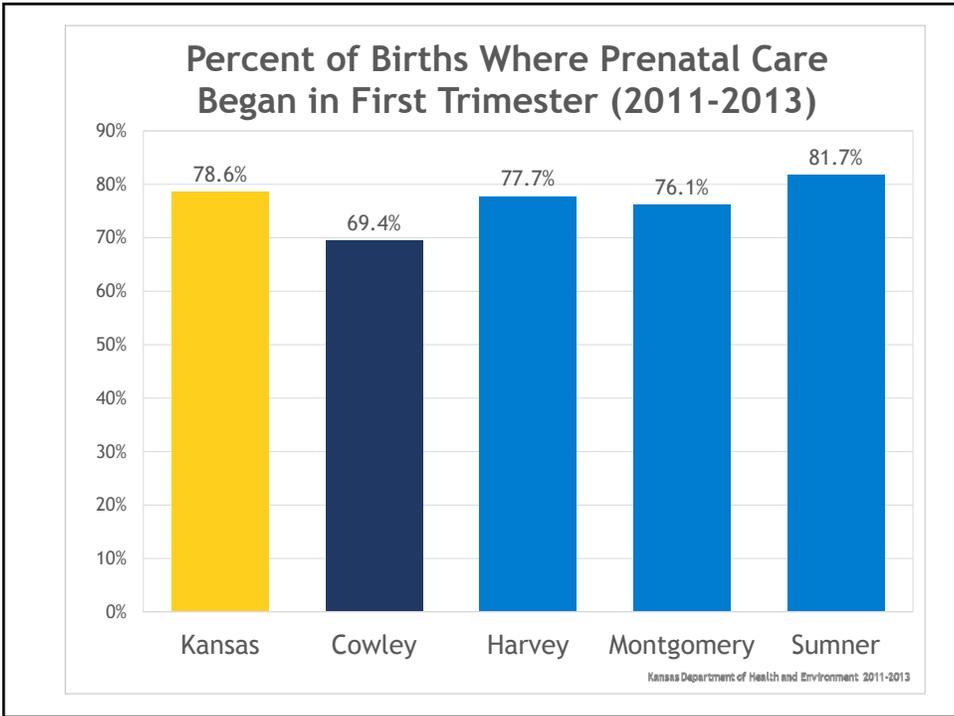
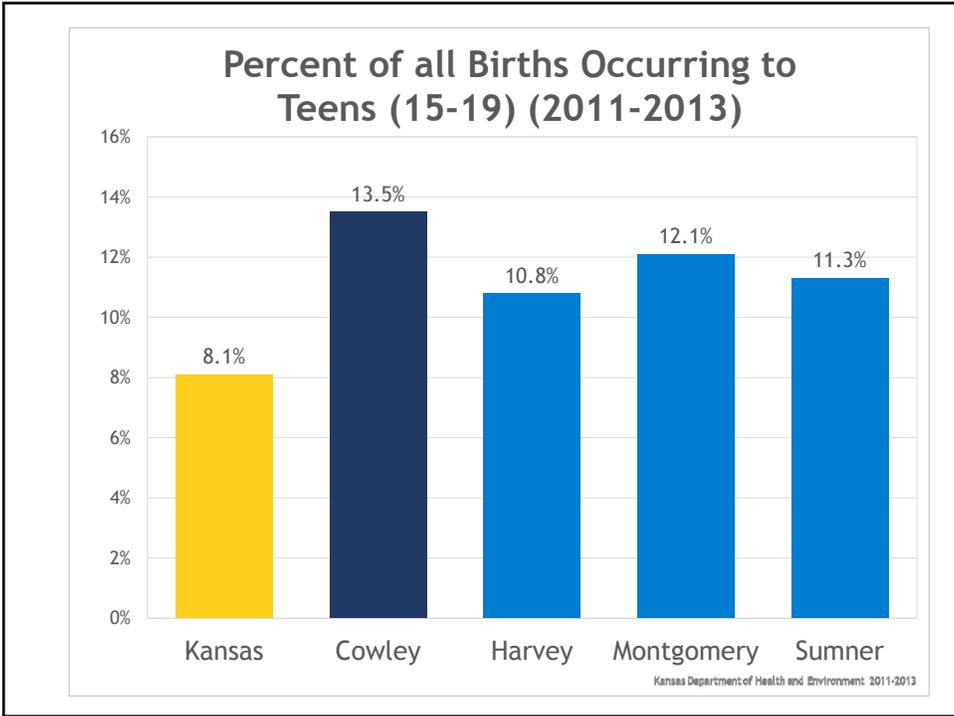


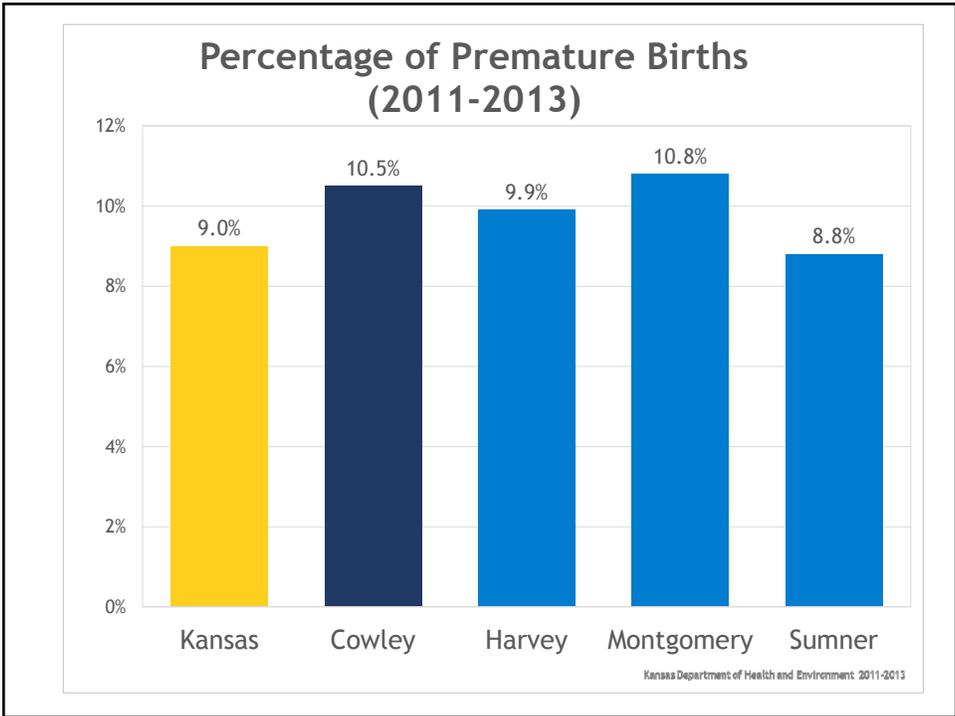
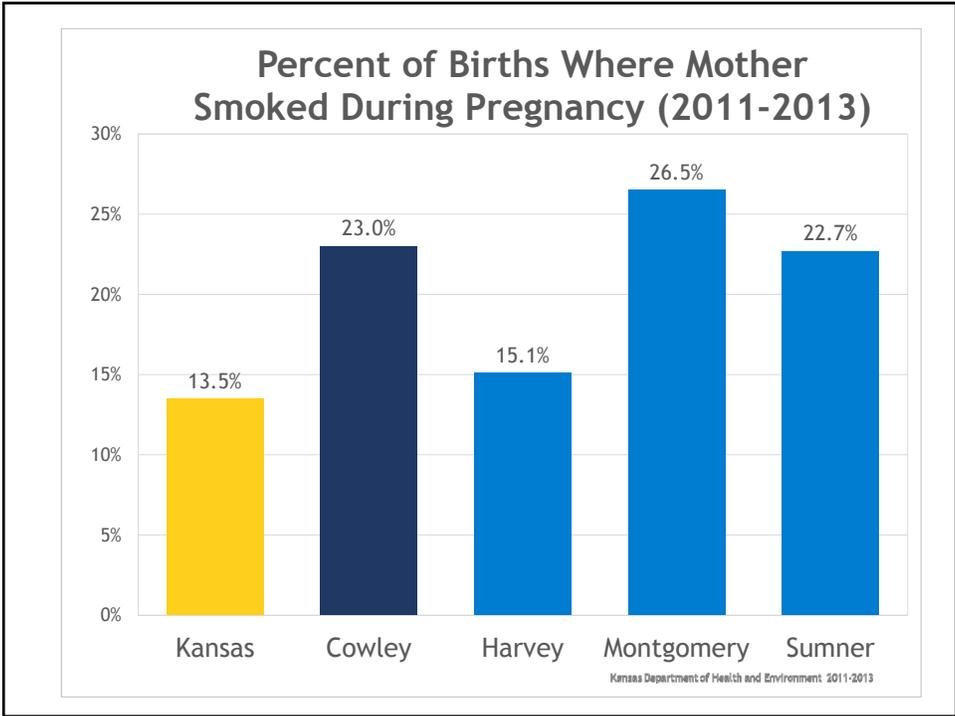


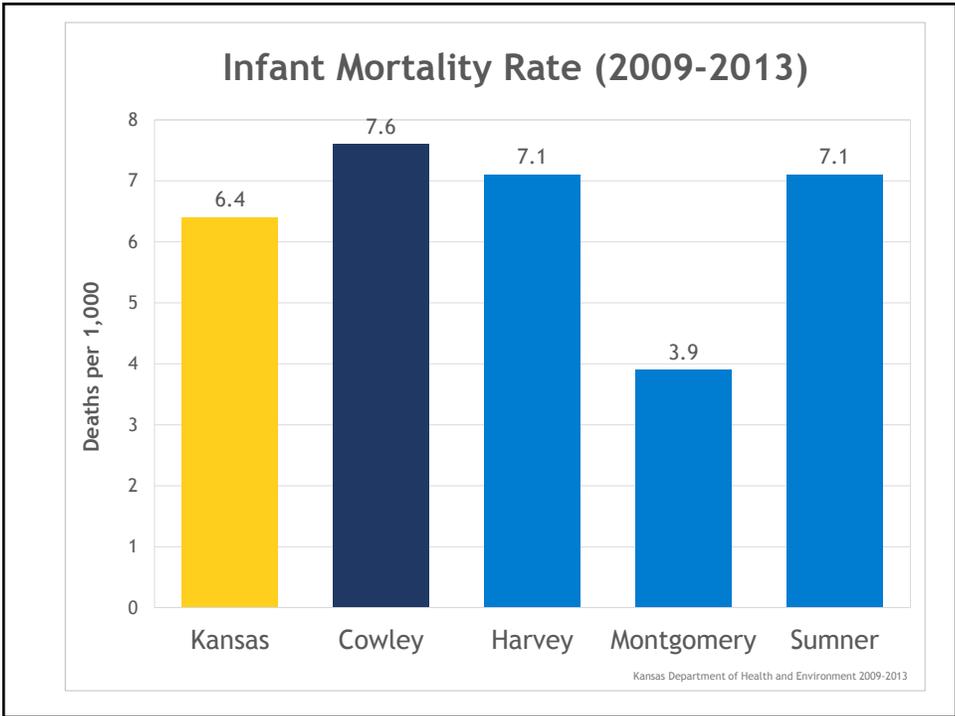
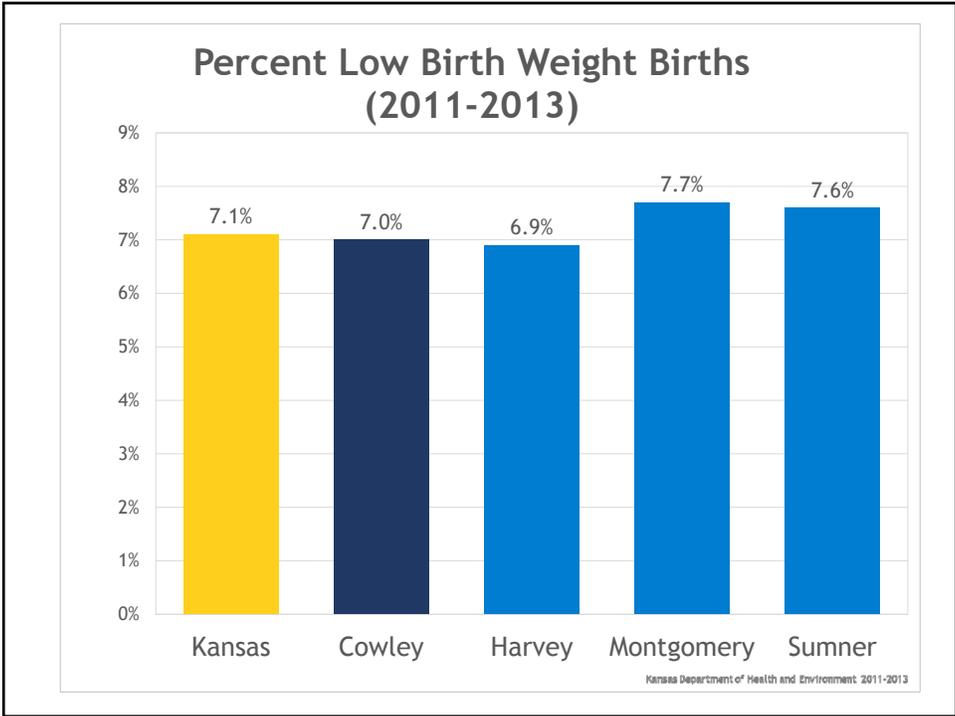


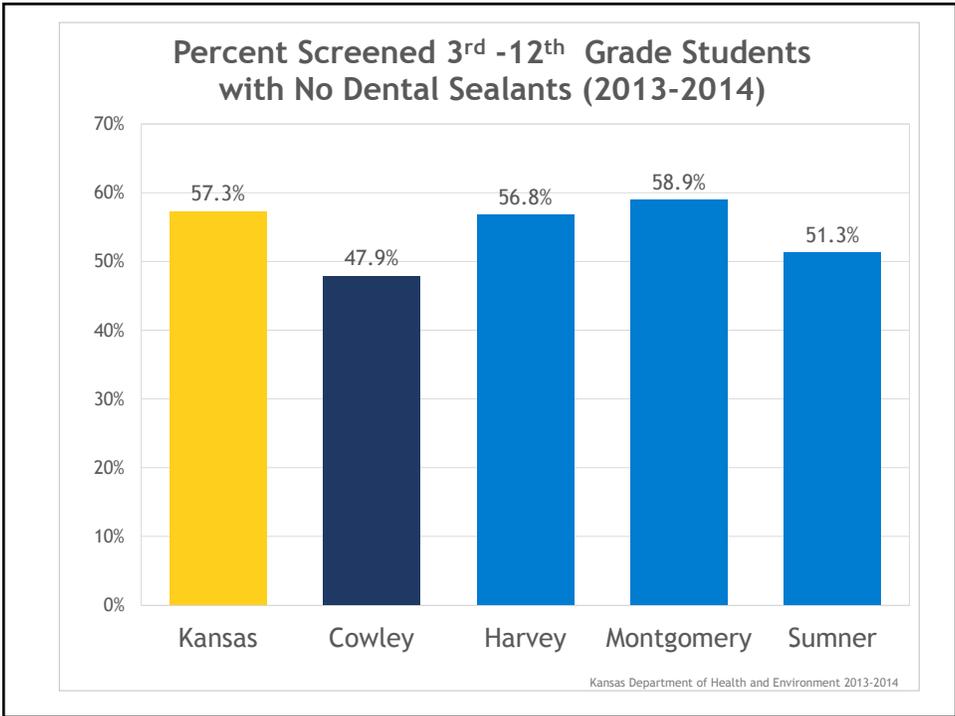
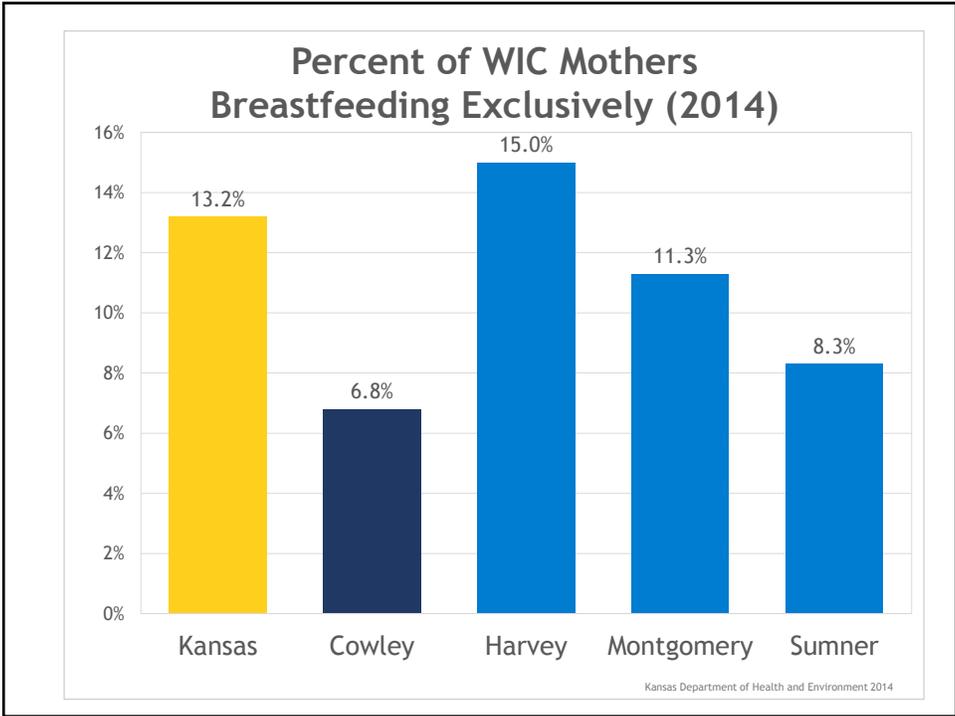
Maternal and Child Health

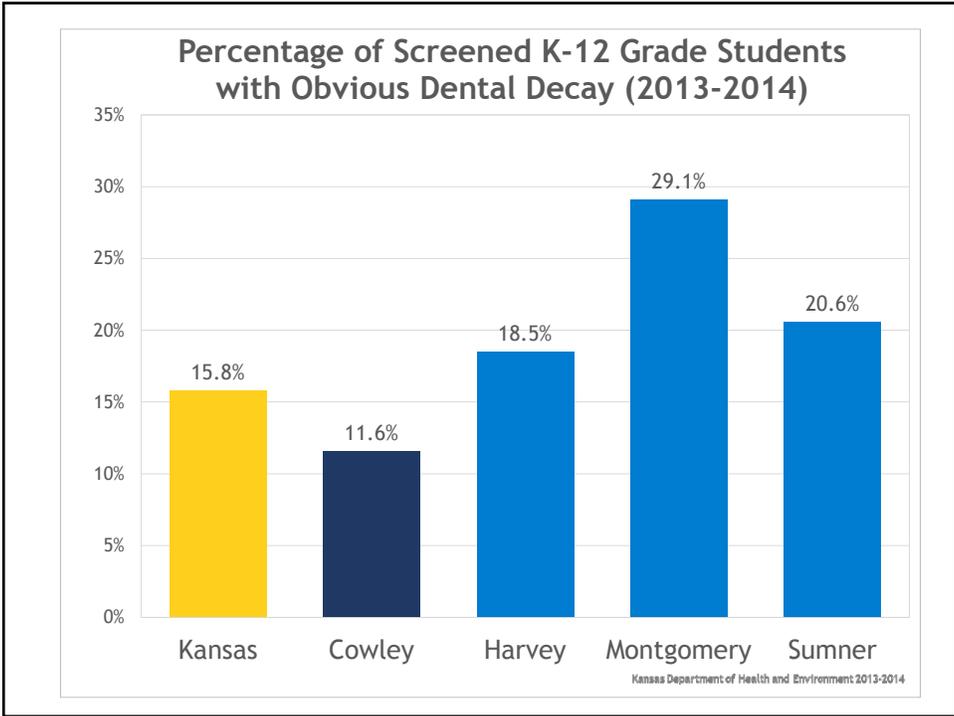




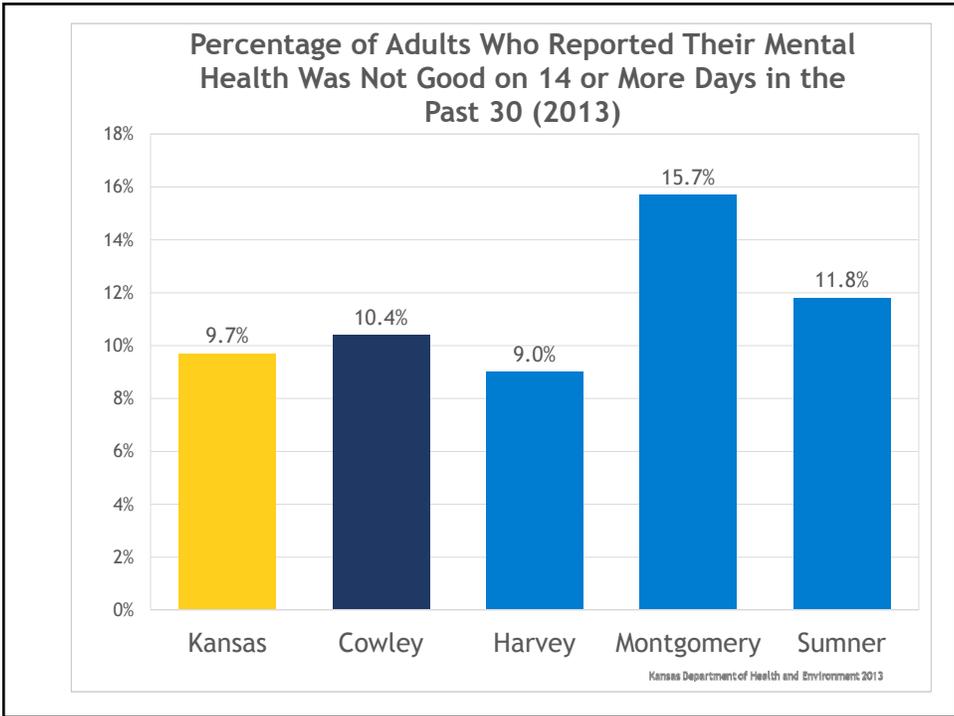
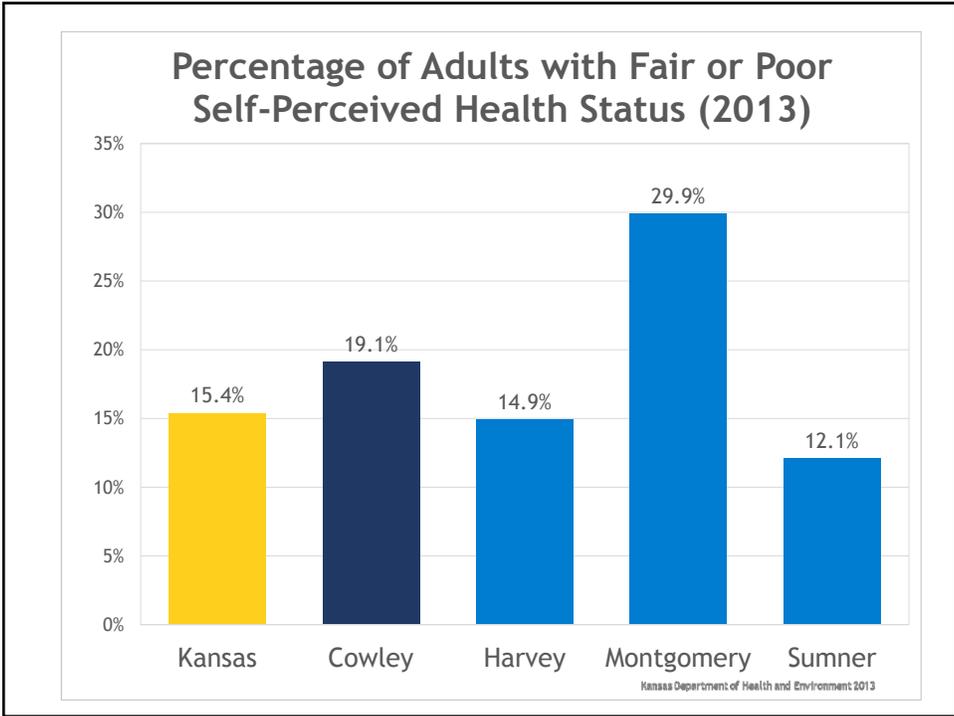


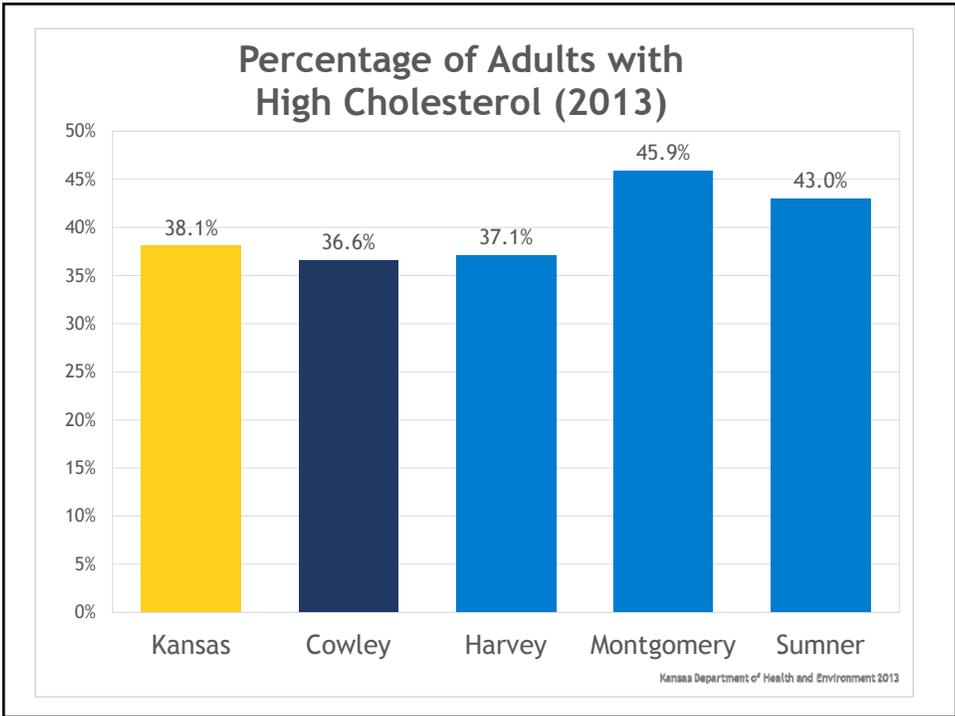
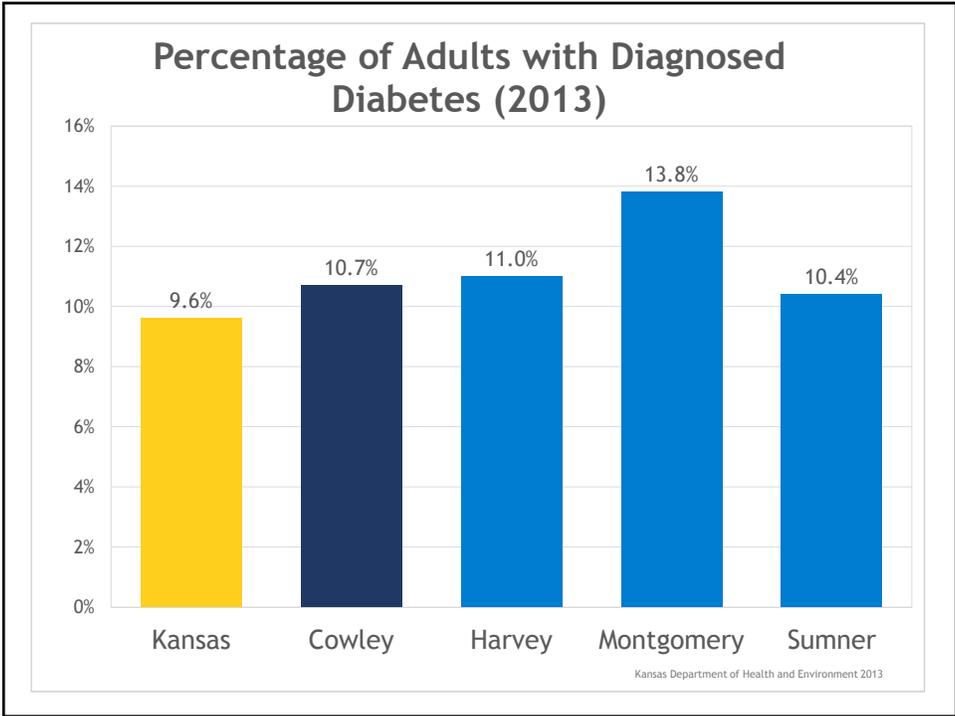


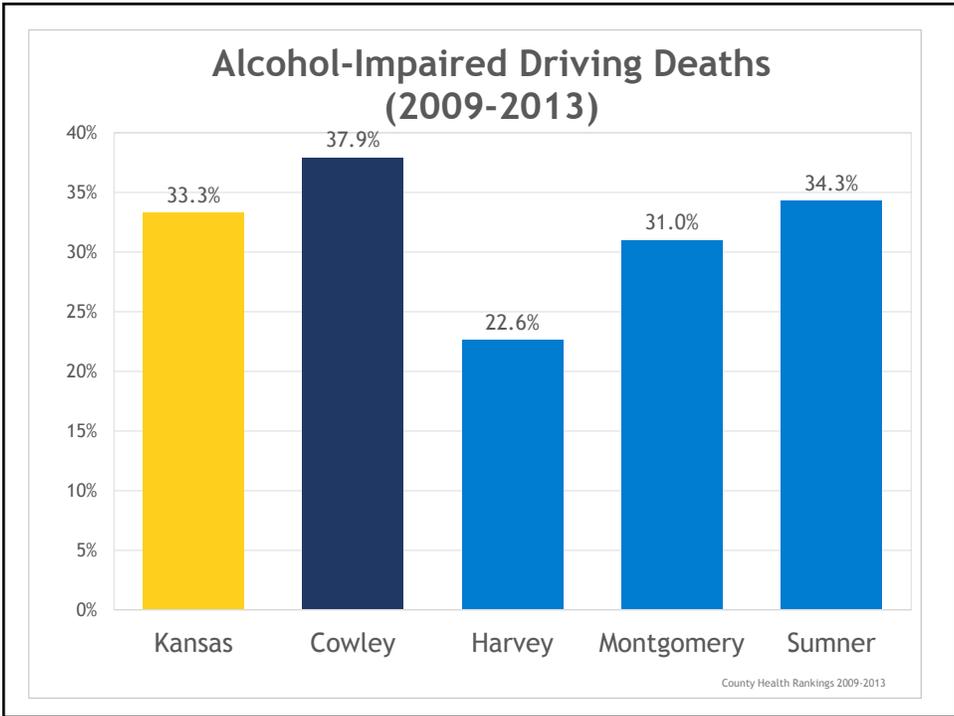
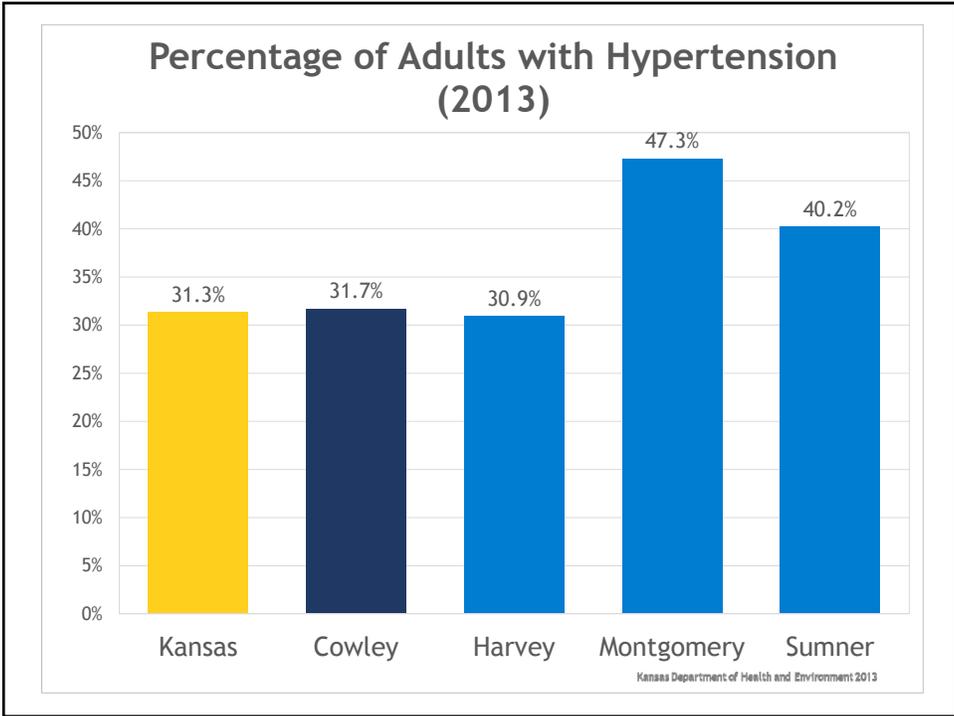


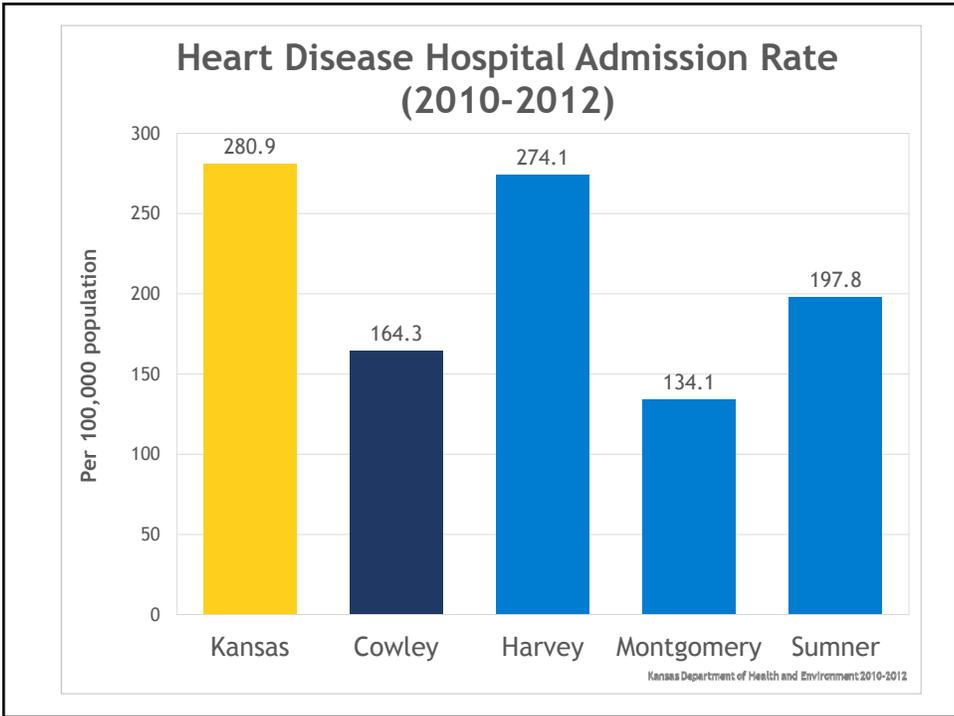
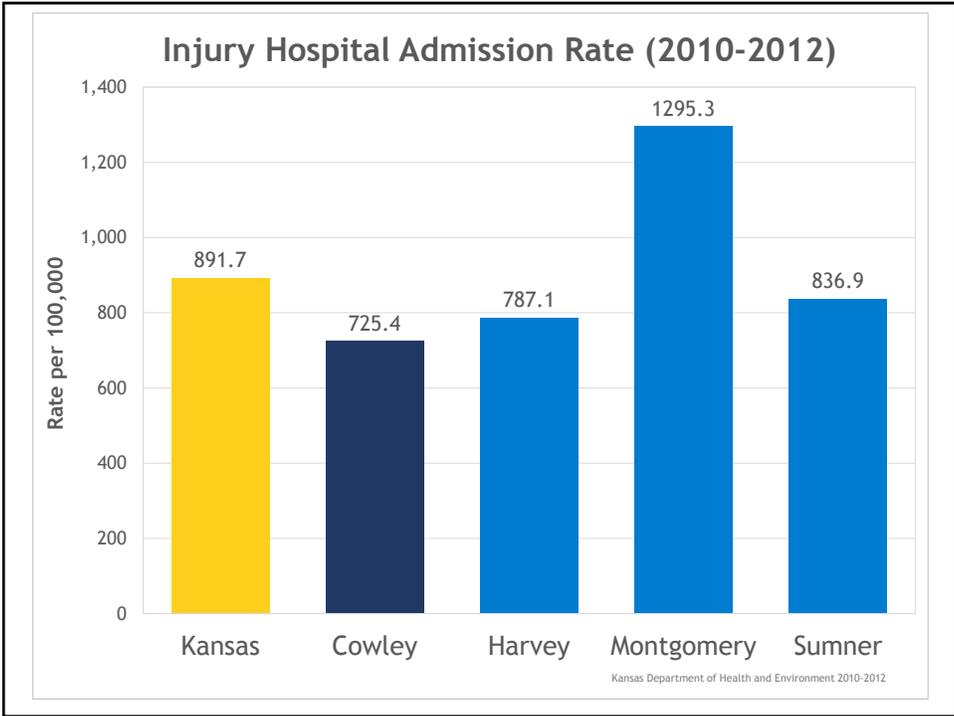


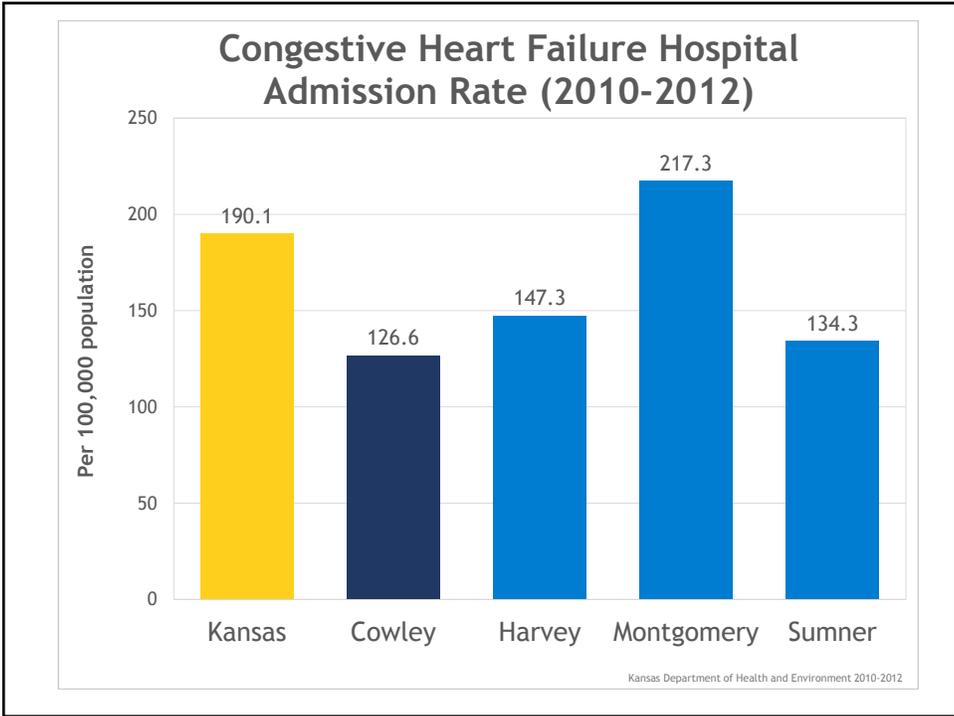
Health Status and Chronic Disease



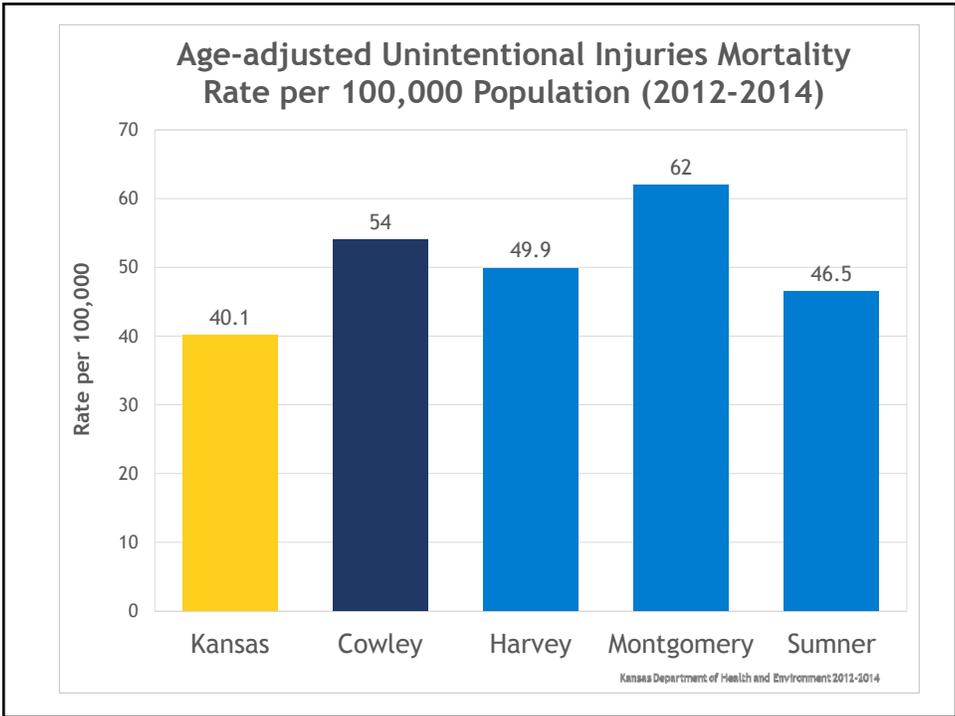
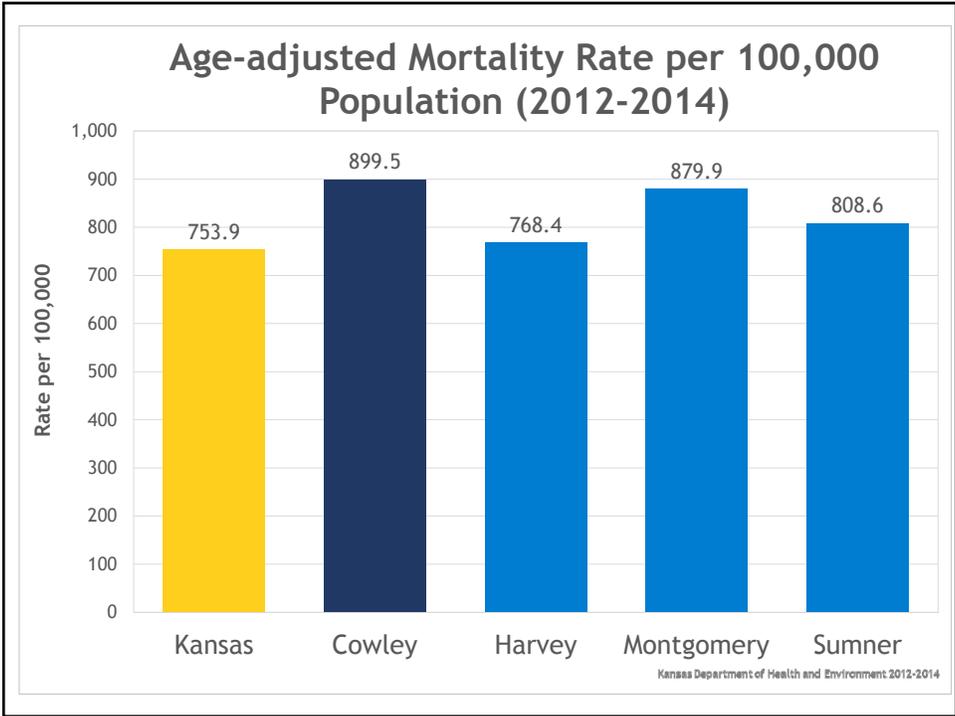


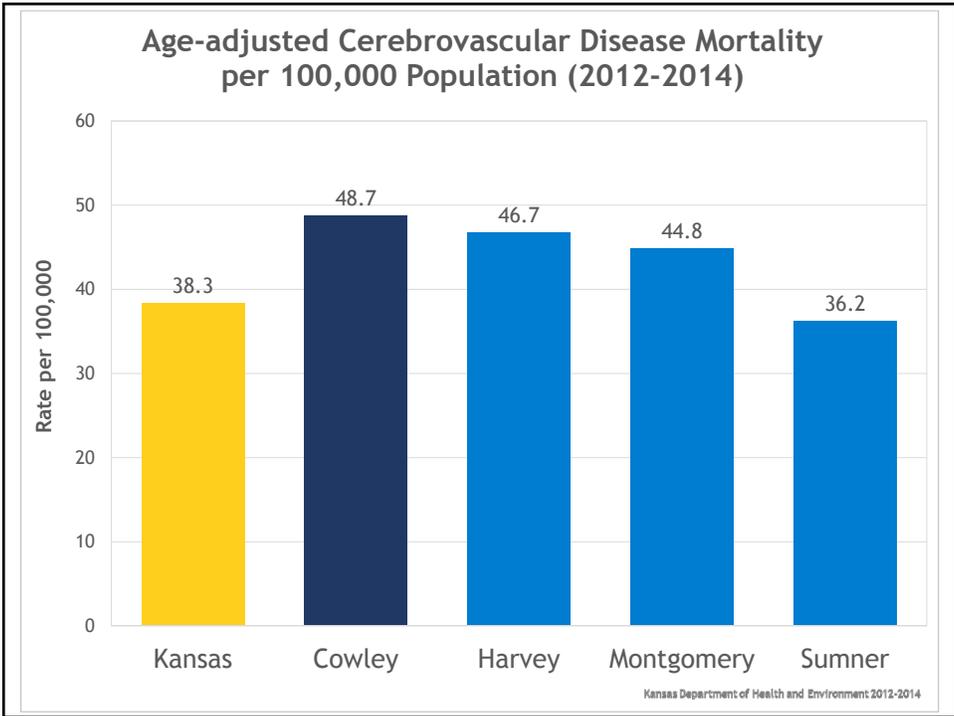
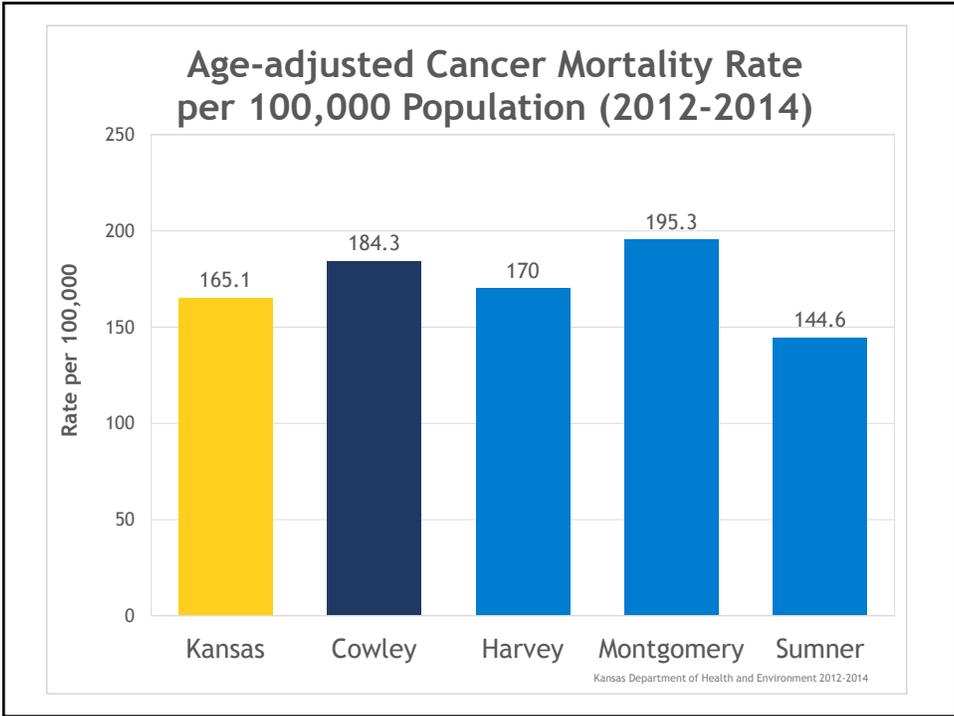


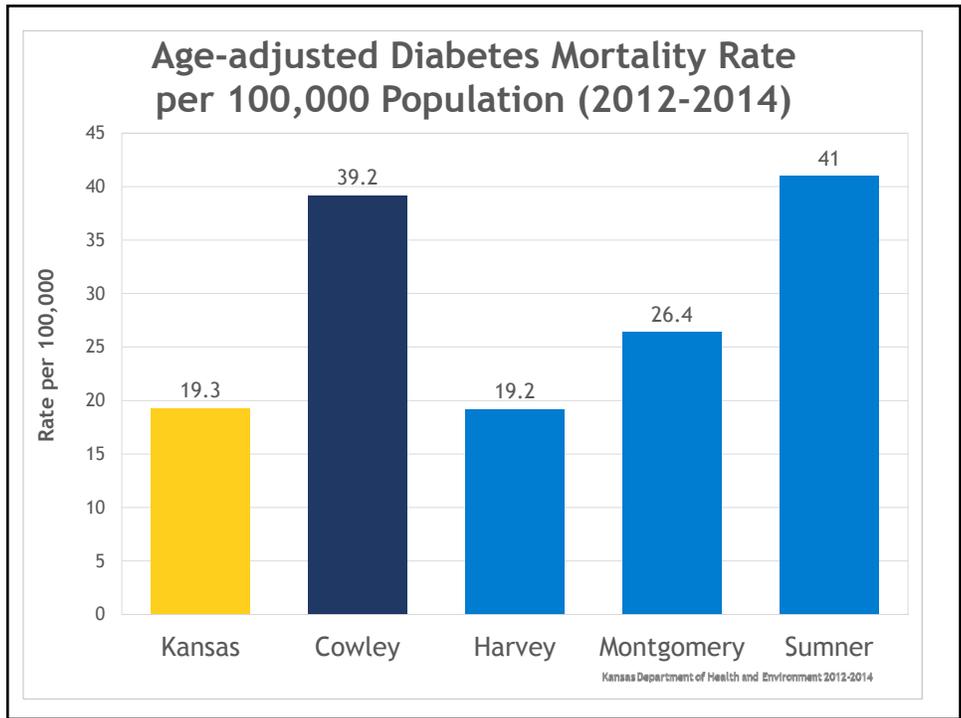
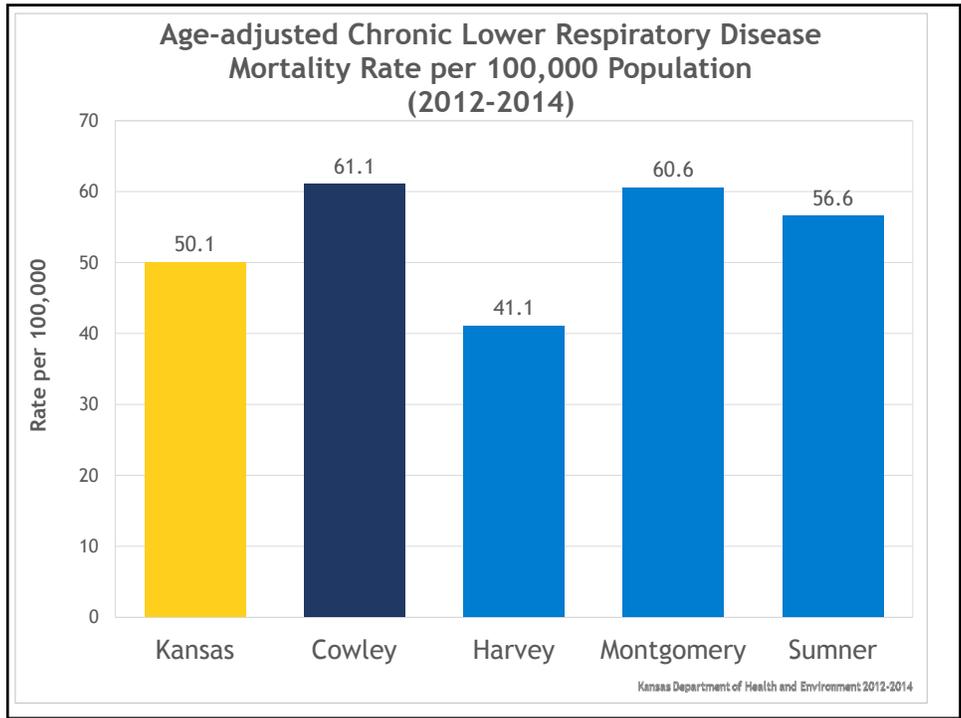


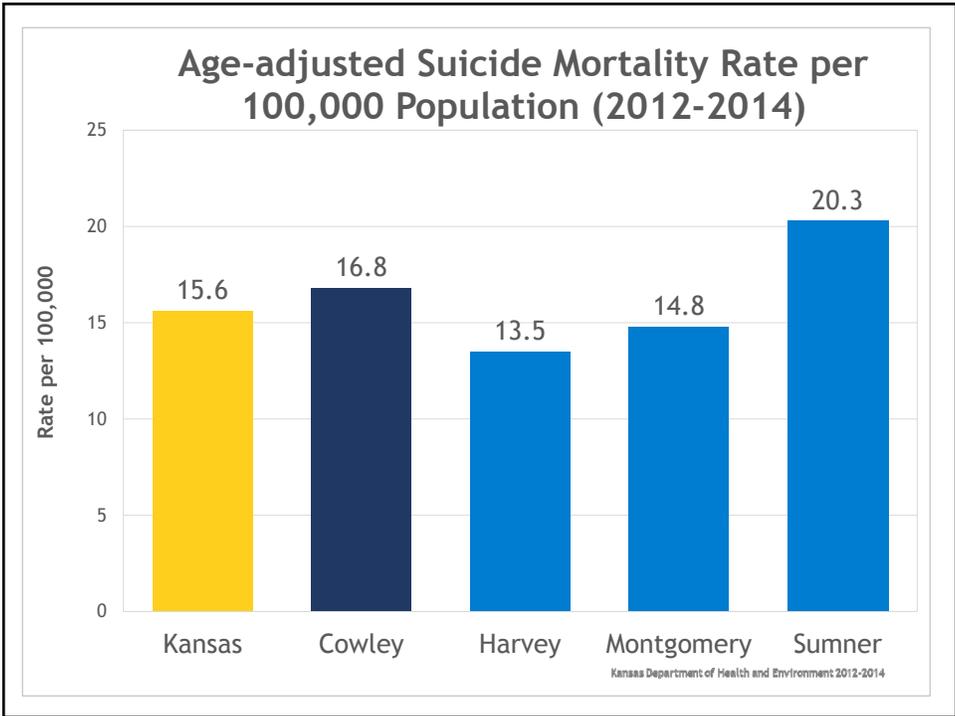
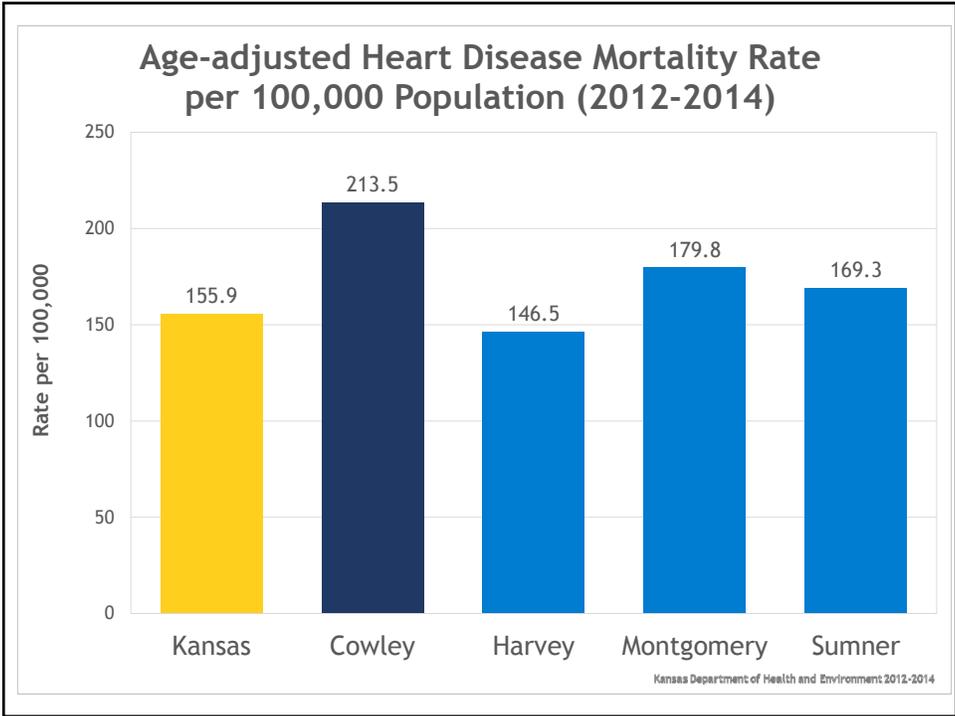


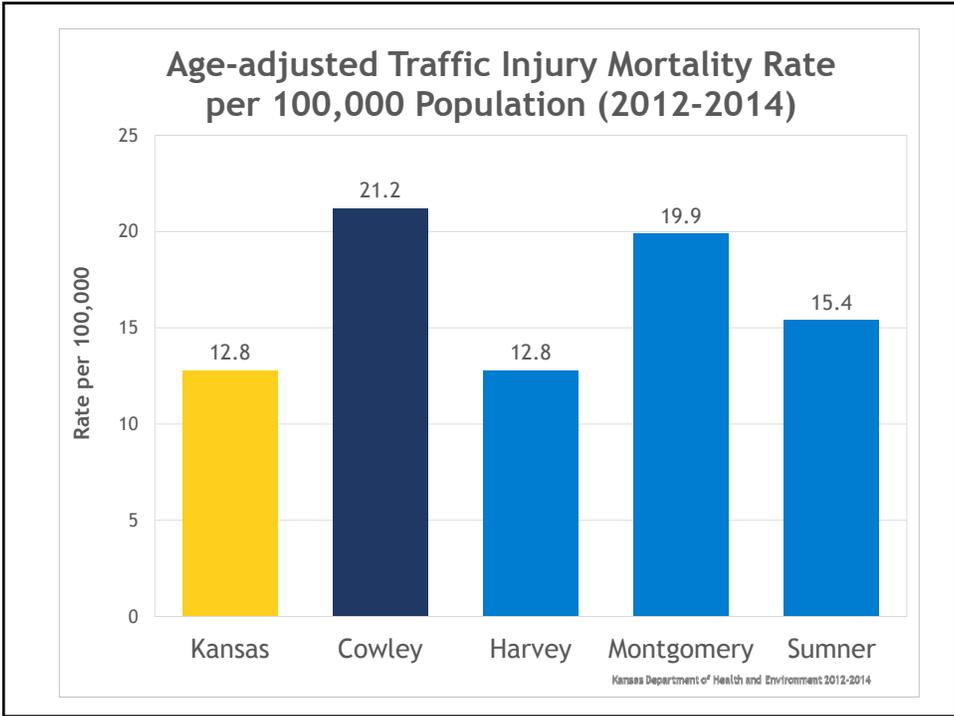
Mortality



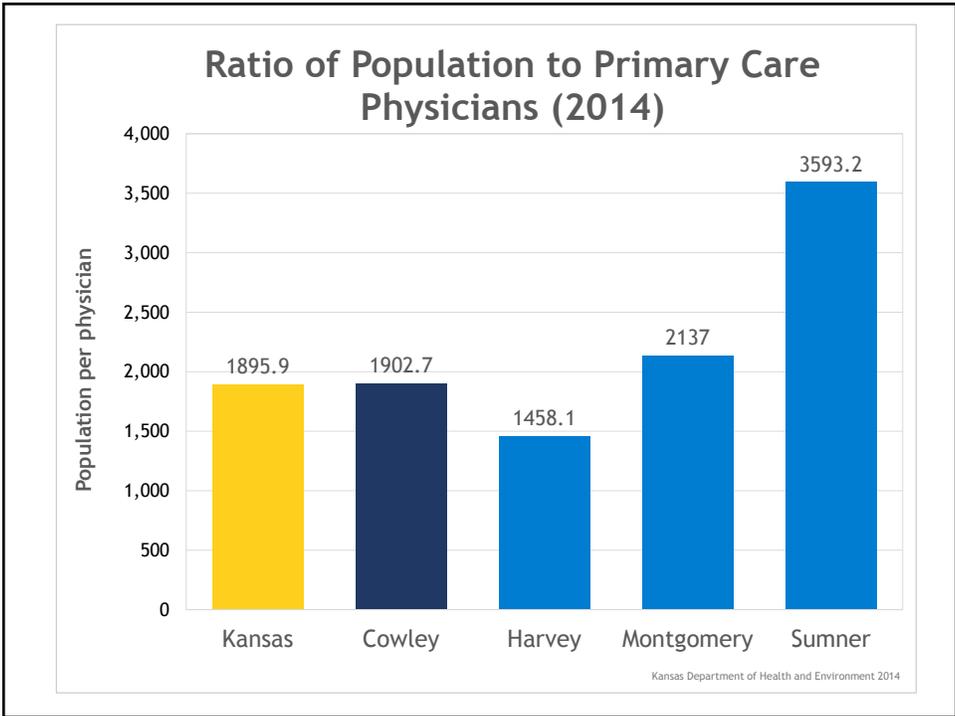
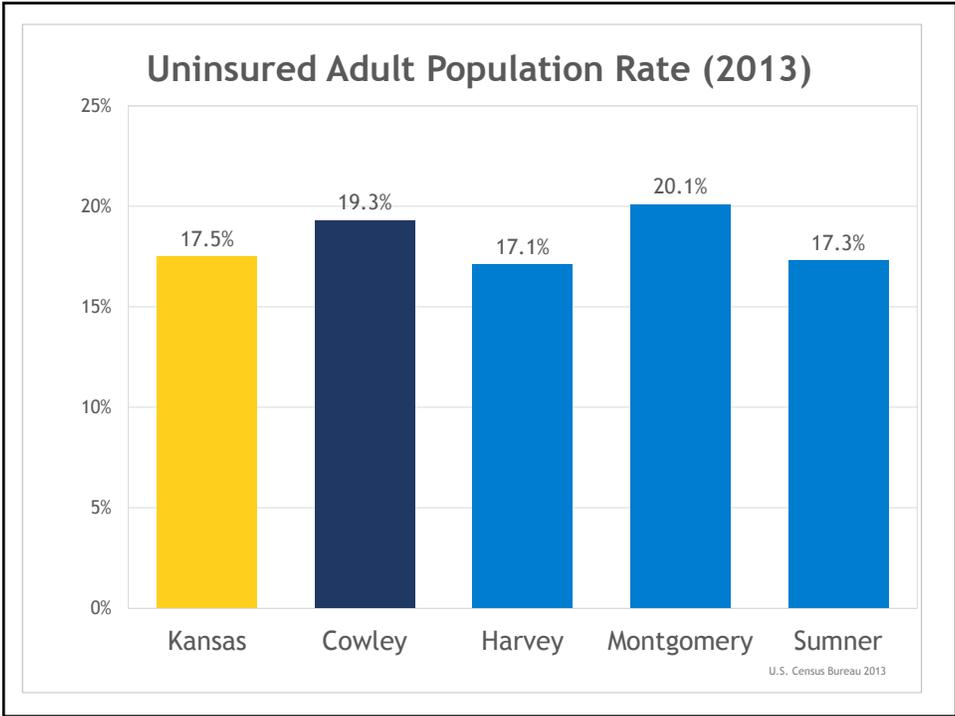


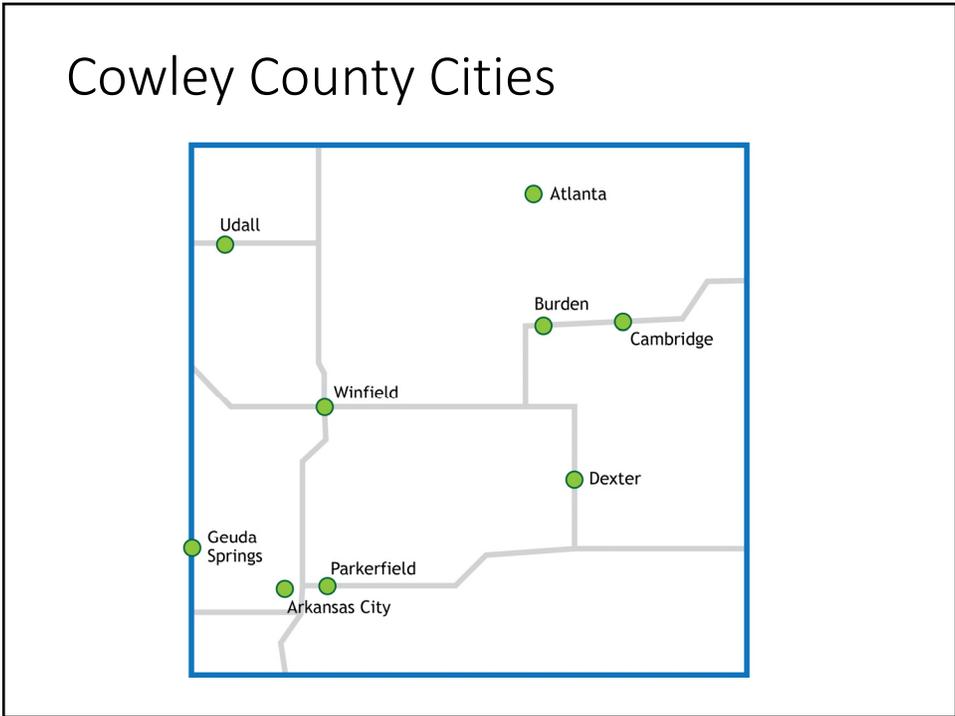
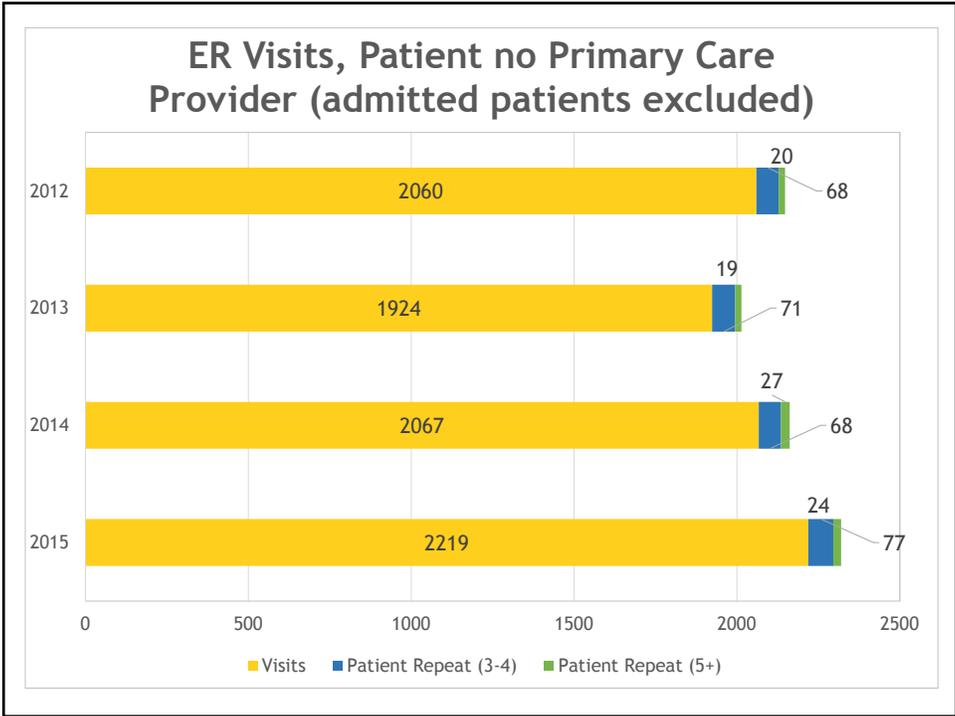






Access

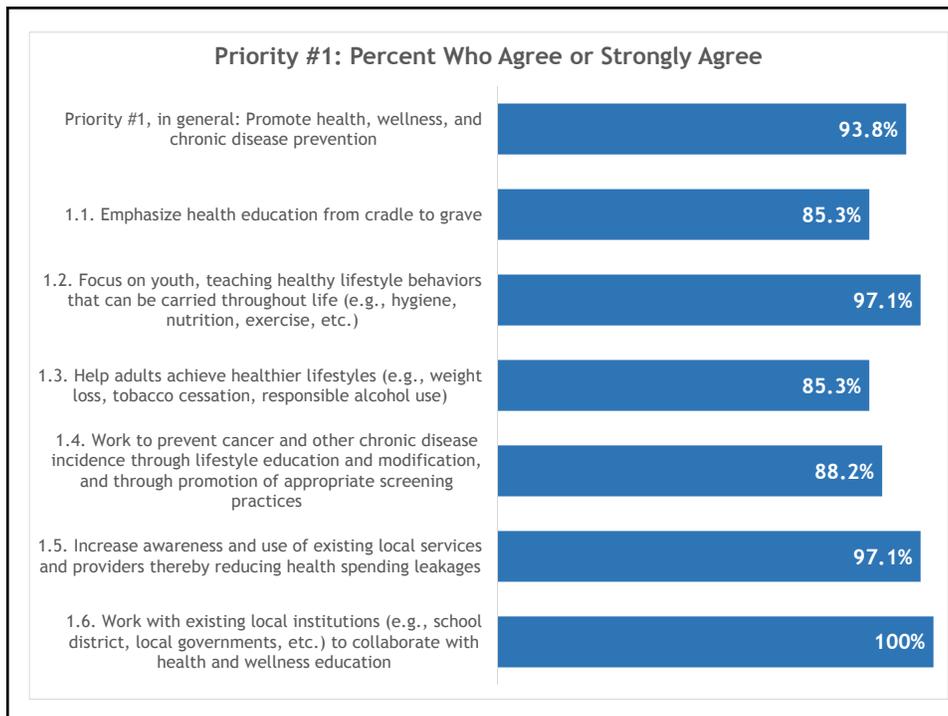
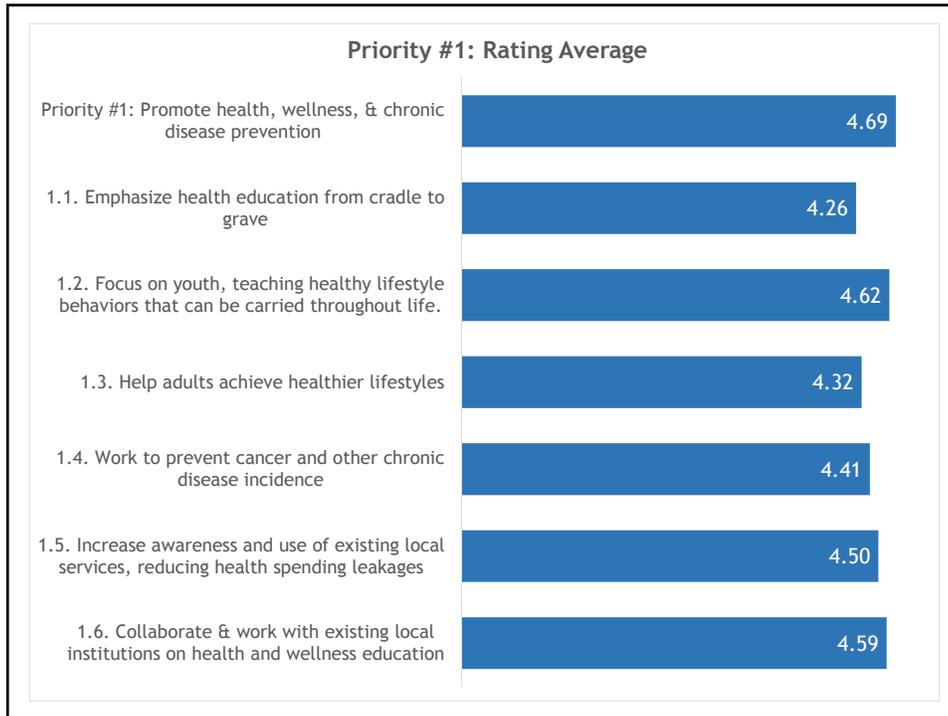




Pre-Meeting Survey

Priority #1

Promote health, wellness, and chronic disease prevention.

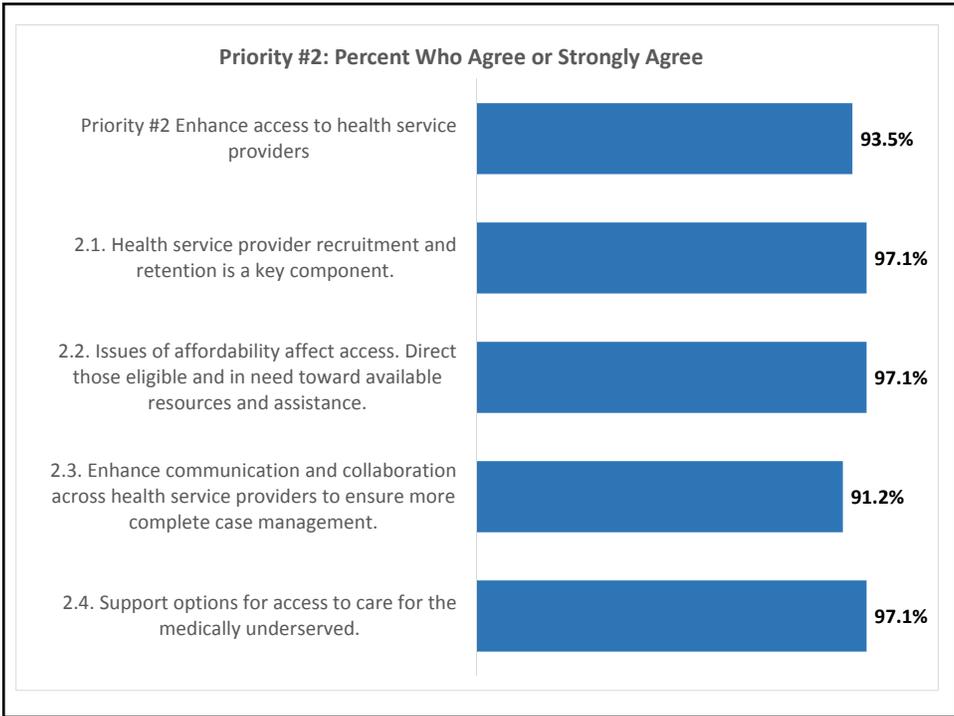
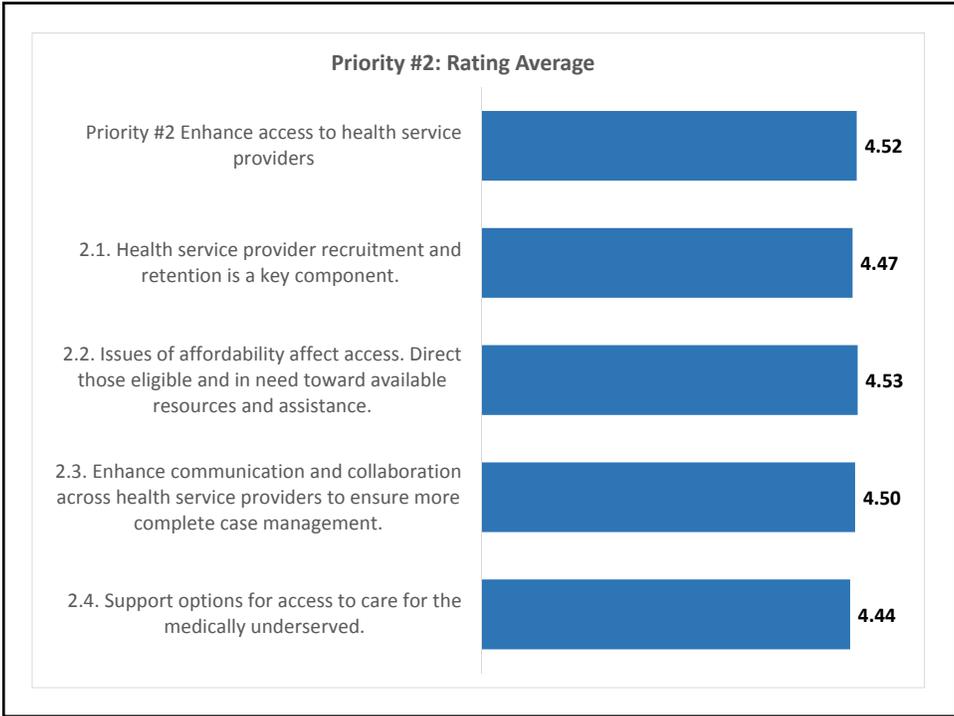


Priority #1. Promote health, wellness, and chronic disease prevention.

	Rating Average	% Who Agree or Strongly Agree
Priority #1: In general: Promote health, wellness, and chronic disease prevention.	4.69	93.8%
1.1. Emphasize health education from cradle to grave.	4.26	85.3%
1.2. Focus on youth, teaching healthy lifestyle behaviors that can be carried throughout life (e.g., hygiene, nutrition, exercise, etc.).	4.62	97.1%
1.3. Help adults achieve healthier lifestyles (e.g., weight loss, tobacco cessation, responsible alcohol use).	4.32	85.3%
1.4. Work to prevent cancer and other chronic disease incidence through lifestyle education and modification, and through promotion of appropriate screening practices.	4.41	88.2%
1.5. Increase awareness and use of existing local services and providers thereby reducing health spending leakages.	4.50	97.1%
1.6. Work with existing local institutions (e.g., school district, local governments, etc.) to collaborate with health and wellness education.	4.59	100%

Priority #2

Enhance access to health service providers.



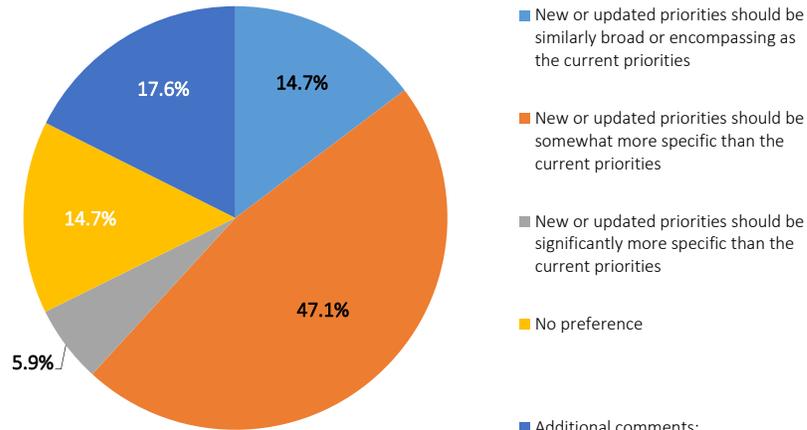
Priority #2. Enhance access to health service providers

	Rating Average	Agree or Strongly Agree
Priority #2 Enhance access to health service providers	4.52	93.5%
2.1. Health service provider recruitment and retention is a key component.	4.47	97.1%
2.2. Issues of affordability affect access. Direct those eligible and in need toward available resources and assistance.	4.53	97.1%
2.3. Enhance communication and collaboration across health service providers to ensure more complete case management.	4.50	91.2%
2.4. Support options for access to care for the medically underserved.	4.44	97.1%

Q3

Looking ahead, do you think any updated priorities should be similarly broad, or should they be more specific?

Do you think any updated priorities should be similarly broad, or should they be more specific?



Additional Comments:

- Changes to lifestyle are the key to improved health - hoping that #1 will be further emphasized and translated into specific impactful initiatives
- The FQHC is now open but little is known about what has occurred there.
- Priorities should be broad, as they provide guidance for more specific directives.
- Identify specifics to promote and accomplish achievable plan
- It depends on the action plan
- Consider CHIP goals during this second round of CHA development

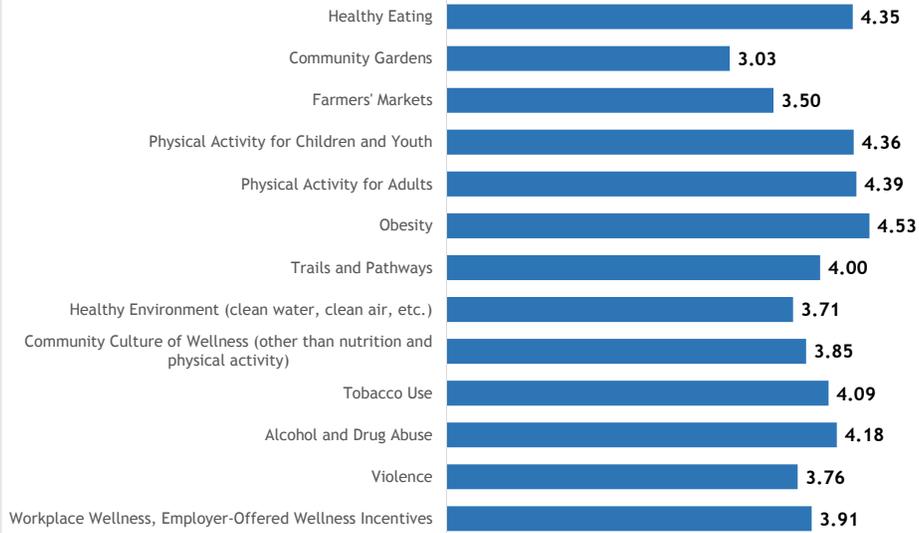
Looking ahead, do you think any updated priorities should be similarly broad, or should they be more specific?

	Response Percent
New or updated priorities should be similarly broad or encompassing as the current priorities	14.7%
New or updated priorities should be somewhat more specific than the current priorities	47.1%
New or updated priorities should be significantly more specific than the current priorities	5.9%
No preference	14.7%
Additional comments:	17.6%

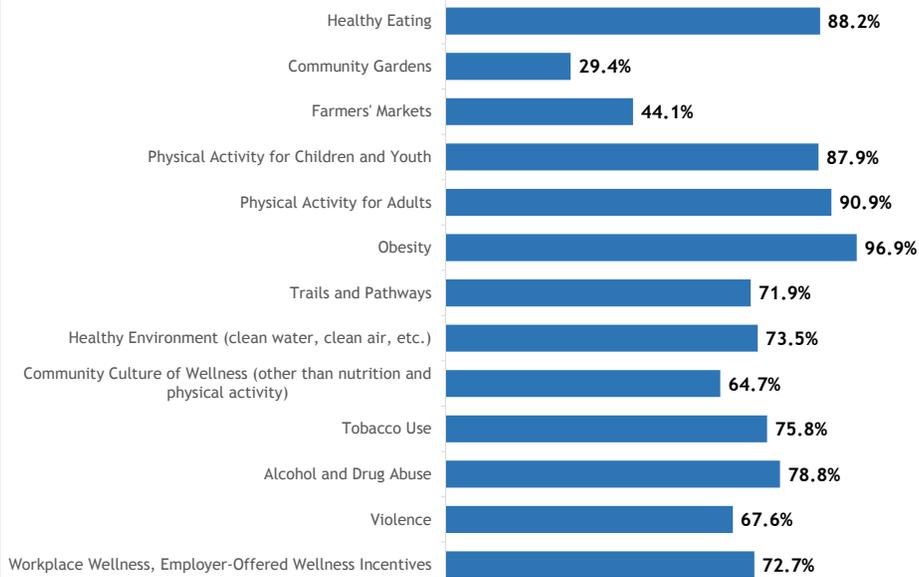
Q4

In terms of being prioritized for a coordinated, concerted effort over the next 3 years with focused attention, time and resources, how high of a priority for Cowley County is each issue related to **HEALTHY LIFESTYLES?**

How High of a Priority for Cowley County is Each Issue Related to Healthy Lifestyles? (Rating Average)



How High of a Priority for Cowley County is Each Issue Related to Healthy Lifestyles? (% Agree or Strongly Agree)



In terms of being prioritized for a coordinated, concerted effort over the next 3 years with focused attention, time and resources, how high of a priority for Cowley County is each issue related to **HEALTHY LIFESTYLES?**

	Rating Average	Agree or Strongly Agree
Alcohol and Drug Abuse	4.18	78.8%
Community Culture of Wellness (other than nutrition and physical activity)	3.85	64.7%
Community Gardens	3.03	29.4%
Farmers' Markets	3.50	44.1%
Healthy Eating	4.35	88.2%
Healthy Environment (clean water, clean air, etc.)	3.71	73.5%
Obesity	4.53	96.9%
Physical Activity for Adults	4.39	90.9%
Physical Activity for Children and Youth	4.36	87.9%
Tobacco Use	4.09	75.8%
Trails and Pathways	4.00	71.9%
Violence	3.76	67.6%
Workplace Wellness Employer-Offered Wellness Incentives	3.91	72.7%

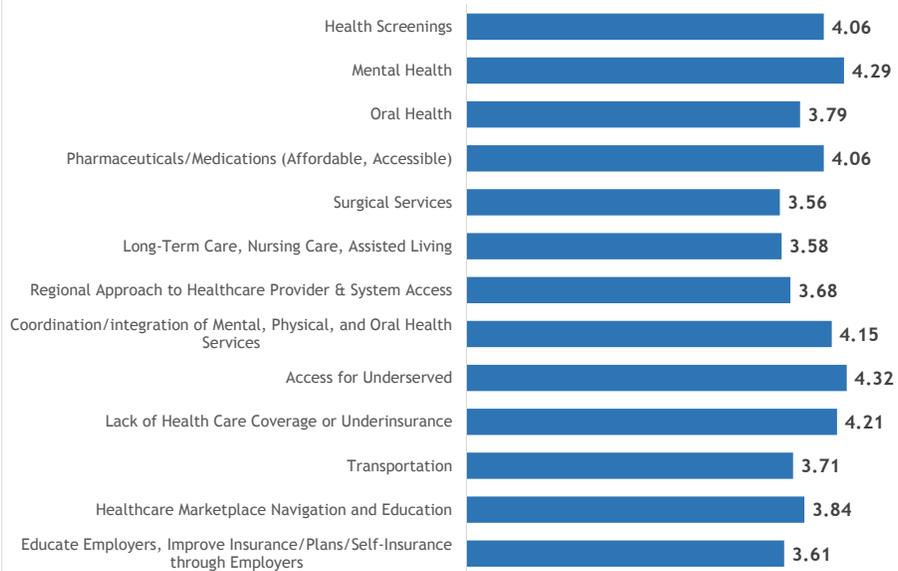
Other very high priority issues(s) related to healthy lifestyles:

- Smoking cessation, prenatal and postnatal care for mothers and infant children.
- Access to consistent preventative health maintenance.
- It would be nice to have no cost/safe options for exercise in our community. It would fit well with focus on physical activity for adults, workplace wellness and obesity initiatives.
- Safe sidewalks and way to walk around towns.

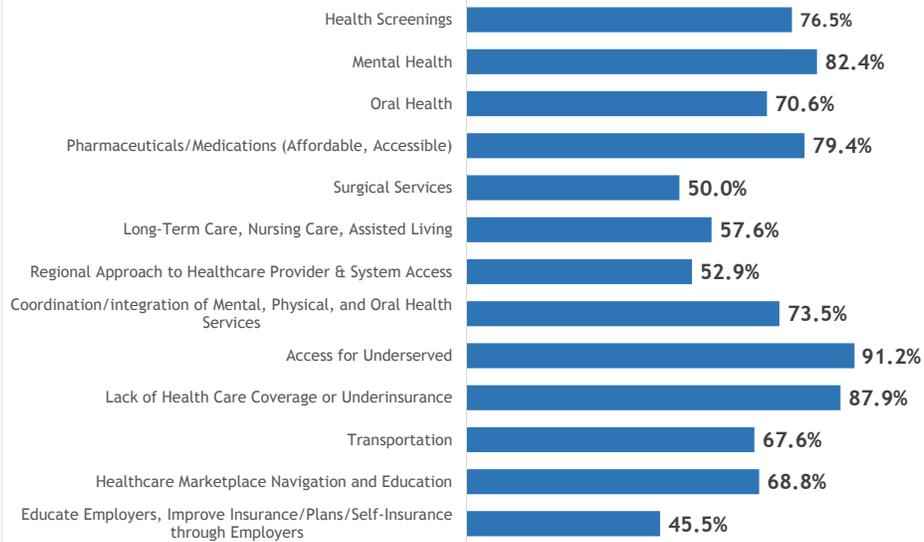
Q5

In terms of being prioritized for a coordinated, concerted effort over the next 3 years with focused attention, time and resources, how high of a priority for Cowley County is each issue related to **ACCESS AND HEALTH SERVICES?**

How High of a Priority for Cowley County is Each Issue Related to Access and Health Services? (Rating Average)



**How High of a Priority for Cowley County is Each Issue Related to Access and Health Services?
(% Who Agree or Strongly Agree)**



In terms of being prioritized for a coordinated, concerted effort over the next 3 years with focused attention, time and resources, how high of a priority for Cowley County is each issue related to **ACCESS AND HEALTH SERVICES?**

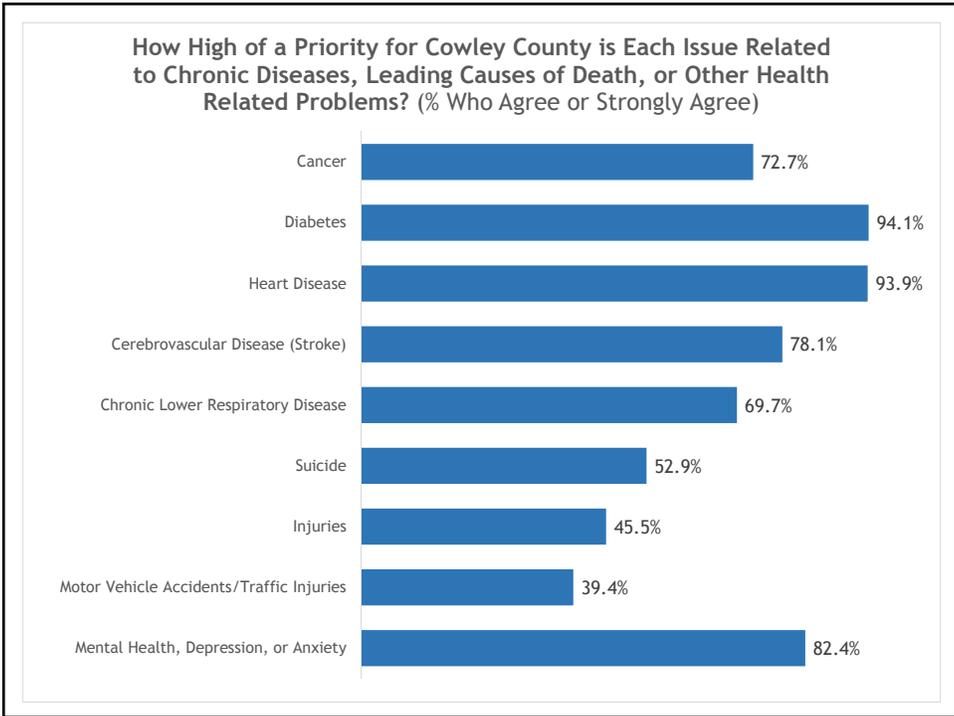
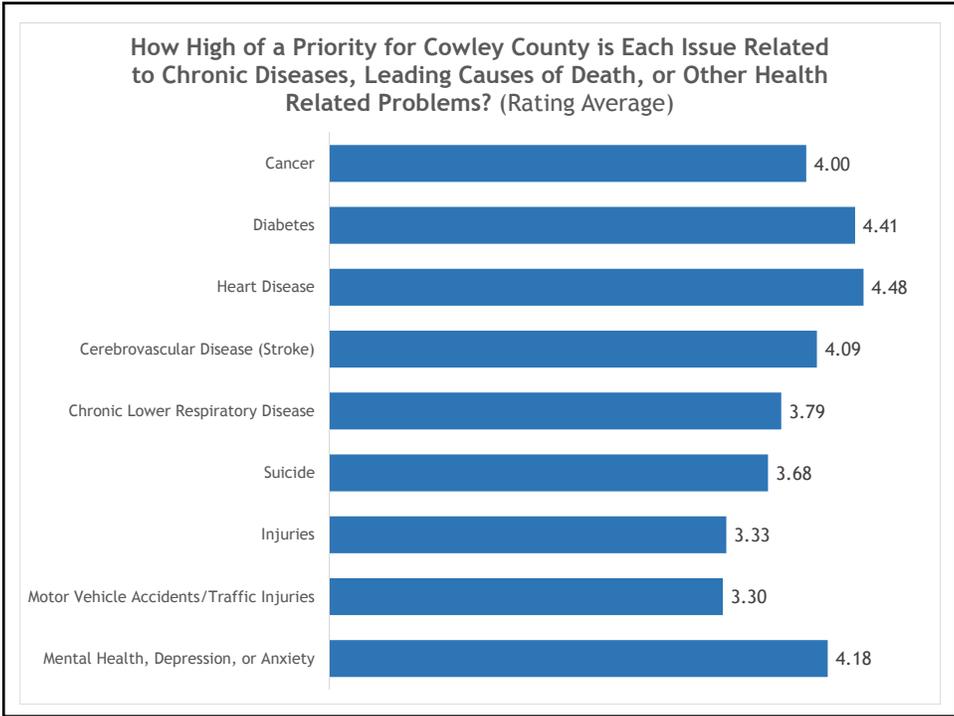
	Rating Average	Agree or Strongly Agree
Health Screenings	4.06	76.5%
Mental Health	4.29	82.4%
Oral Health	3.79	70.6%
Pharmaceuticals/Medications (Affordable, Accessible)	4.06	79.4%
Surgical Services	3.56	50.0%
Long-Term Care, Nursing Care, Assisted Living	3.58	57.6%
Regional Approach to Healthcare Provider & System Access	3.68	52.9%
Coordination/integration of Mental, Physical, and Oral Health Services	4.15	73.5%
Access for Underserved	4.32	91.2%
Lack of Health Care Coverage or Underinsurance	4.21	87.9%
Transportation	3.71	67.6%
Healthcare Marketplace Navigation and Education	3.84	68.8%
Educate Employers, Improve Insurance/ Plans/ Self-Insurance through Employers	3.61	45.5%

Other very high priority issues(s) related to access and health services:

- Access/communication needs regarding healthcare for persons with English as a second language.
- The availability of medical doctors and dentists who will accept new patients and patients with KanCare or no health insurance.

Q6

In terms of being prioritized for a coordinated, concerted effort over the next 3 years with focused attention, time and resources, how high of a priority is each issue related to **CHRONIC DISEASES, LEADING CAUSES OF DEATH**, or **OTHER HEALTH PROBLEMS** for Cowley County?



In terms of being prioritized for a coordinated, concerted effort over the next 3 years with focused attention, time and resources, how high of a priority is each issue related to **CHRONIC DISEASES, LEADING CAUSES OF DEATH, or OTHER HEALTH PROBLEMS** for Cowley County?

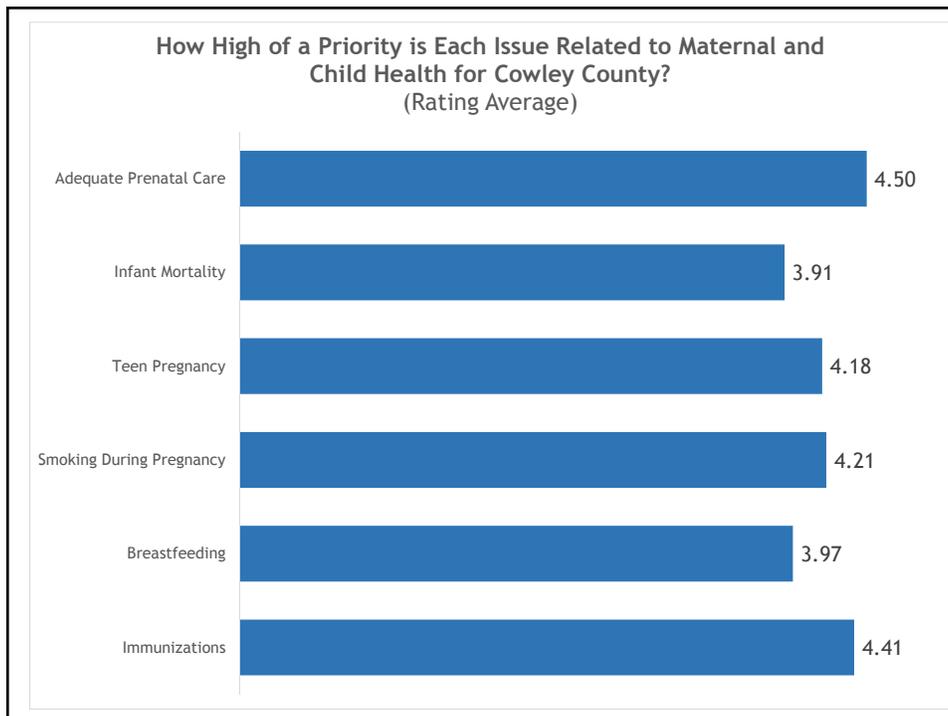
	Rating Average	Agree or Strongly Agree %
Cancer	4.00	72.7%
Diabetes	4.41	94.1%
Heart Disease	4.48	93.9%
Cerebrovascular Disease (Stroke)	4.09	78.1%
Chronic Lower Respiratory Disease	3.79	69.7%
Suicide	3.68	52.9%
Injuries	3.33	45.5%
Motor Vehicle Accidents/Traffic Injuries	3.30	39.4%
Mental Health, Depression, or Anxiety	4.18	82.4%

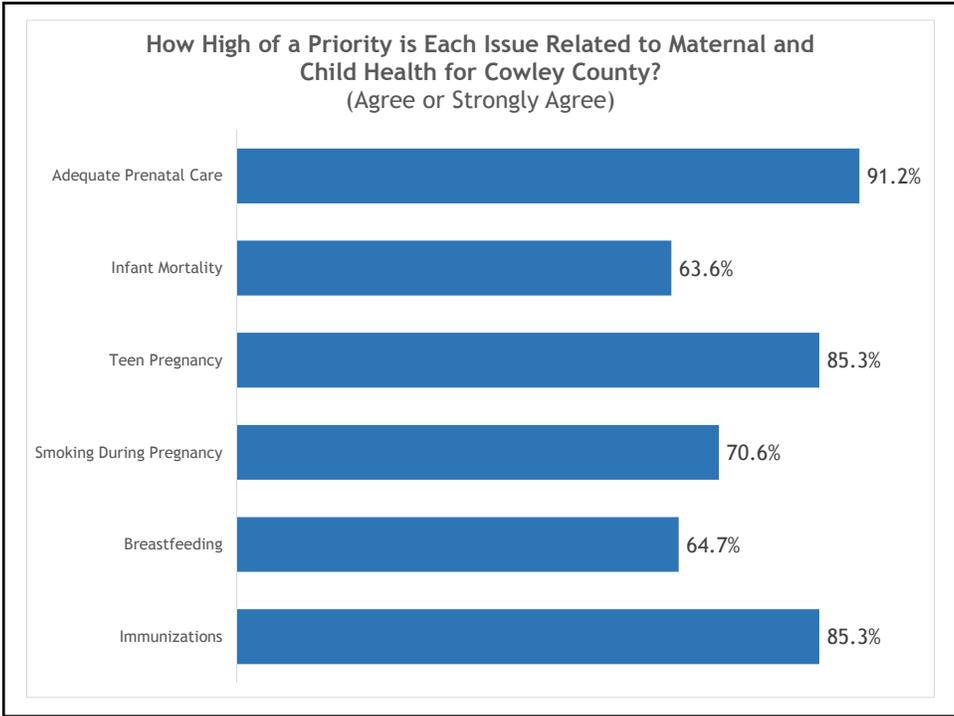
Other very high priority issues(s) related to chronic diseases, leading causes of death or other health problems:

- Drug abuse
- Lowering our incidence of diabetes needs to be a focus. Diabetes education is also valuable so that patients don't have the costly side effects including hospital admissions that come from lack of control.
- Mental health is a large problem however the problem lies in what can we do about it?

Q7

In terms of being prioritized for a coordinated, concerted effort over the next 3 years with focused attention, time and resources, how high of a priority is each issue related to **MATERNAL AND CHILD HEALTH** for Cowley County?





In terms of being prioritized for a coordinated, concerted effort over the next 3 years with focused attention, time and resources, how high of a priority is each issue related to **MATERNAL AND CHILD HEALTH** for Cowley County?

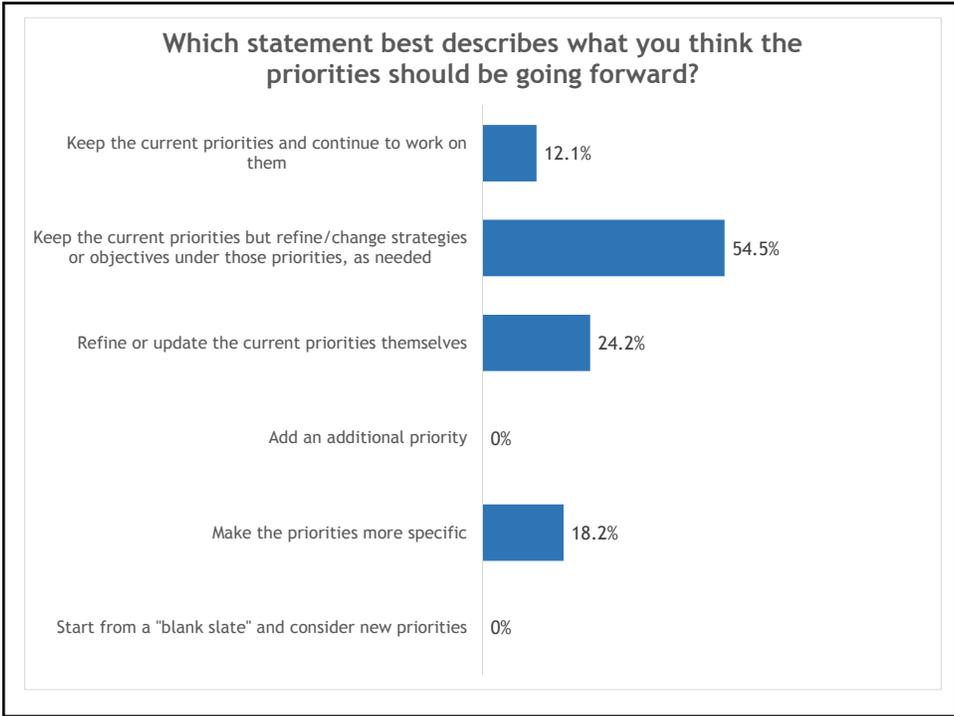
	Rating Average	Agree or Strongly Agree
Adequate Prenatal Care	4.50	91.2%
Infant Mortality	3.91	63.6%
Teen Pregnancy	4.18	85.3%
Smoking During Pregnancy	4.21	70.6%
Breastfeeding	3.97	64.7%
Immunizations	4.41	85.3%

Other very high priority issues(s) related to maternal & child health:

- Injuries and death due to child abuse
- I think that the incidence of infant mortality may be linked to inadequate prenatal care. I am not sure of the incidence of deliveries without any prenatal care, but I would think that many problems could be identified with prenatal care.

Q8

Which statement best describes what you think the priorities should be going forward?



Which statement best describes what you think the priorities should be going forward?

	Response Percent
Keep the current priorities and continue to work on them	12.1%
Keep the current priorities but refine/change strategies or objectives under those priorities, as needed	54.5%
Refine or update the current priorities themselves	24.2%
Add an additional priority	0.0%
Make the priorities more specific	18.2%
Start from a "blank slate" and consider new priorities	0.0%

Other Comments:

- The health care arena is changing almost daily. We must be aware of the change and adapt goals to those changes.
- Are there bullet points of what is to be addressed and accomplished on each priority? They seem rather broad without that information and what was worked on since the last assessment.

Q9

Thinking about the current priorities, strategies under those priorities, other potential priorities mentioned in this survey, as well as your own knowledge of the community, what do you think the new health priorities should be going forward? List no more than three. They may be broad or specific.

First priority:	Second priority:	Third priority:
Reduce obesity	Reduce smoking	Improve childhood diet & exercise
Obesity prevention	Nutrition	Mental health care
Address obesity as it affects/contributes to other conditions	Reduce smoking/tobacco use	Emphasize wellness in mothers -infants
Affordable medications and education regarding meds and disease process/treatments	Education regarding top chronic diseases	Prevention/Risk factors of many major chronic diseases.
Promote healthy lifestyles to youth through activities and food	Encourage healthy lifestyle changes for adults	Enhance access to healthcare through recruitment, retention and a variety of services.
health care	drug and alcohol treatment	children and healthy ways to live
Help each Cowley County community to identify specific policy, system or environmental change to create culture of wellness/health.		
Explain clear usage of Community Health Ctr to public	Create a public awareness of all providers & services	Explain communications between agencies, providers & public
Sharing of EHRs across all professions that share in the treatment of patients.	Enhance availability of access to health care	Promo health, wellness, and prevention
access to health care for underinsured or those on KanCare	drug and alcohol abuse prevention/awareness	education on prevention of abuse/child & domestic
mental health for all ages	family health and wellness (physical and emotional)	
Diabetes education (decreasing co-morbidities & prevention)	mental health (Do we have resources in the community?)	Options for low cost/free fitness-- i.e. walking/biking trails
Affordable care	Parenting and child deaths	Mental Health
Health Prevention	Mental Health	Obesity
Diabetes	Heart Disease	Pregnancy/Breastfeeding
Increase access to healthy foods	Increase access to physical activity opportunities	Decrease rates of tobacco use among youth and adults
Physical activity	Mental illness	Prenatal care
Maternal health	Mental health	physical activity amongst children and adults
Wellness	Obesity	Healthy Food Access

1st priority:

- Reduce obesity
- Obesity prevention
- Address obesity as it affects/contributes to other conditions
- Affordable medications and education regarding meds and disease process/treatments
- Promote healthy lifestyles to youth through activities and food
- health care
- Help each Cowley County community to identify specific policy, system or environmental change to create culture of wellness/health.
- Explain clear usage of Community Health Center to public
- Sharing of EHRs across all professions that share in the treatment of patients.
- Access to health care for underinsured or those on KanCare
- mental health for all ages
- Diabetes education (decreasing co-morbidities & prevention)
- Affordable care
- Health Prevention
- Diabetes
- Increase access to healthy foods
- Physical activity
- Maternal health
- Wellness

2nd priority:

- Reduce smoking
- Nutrition
- Reduce smoking/tobacco use
- Education regarding top chronic diseases
- Encourage healthy lifestyle changes for adults
- Drug and alcohol treatment
- Create a public awareness of all providers & services
- Enhance availability of access to health care
- Drug and alcohol abuse prevention/awareness
- Family health and wellness (physical and emotional)
- Mental health (Do we have resources in the community?)
- Parenting and child deaths
- Mental Health
- Heart Disease
- Increase access to physical activity opportunities
- Mental illness
- Mental health
- Obesity

3rd priority:

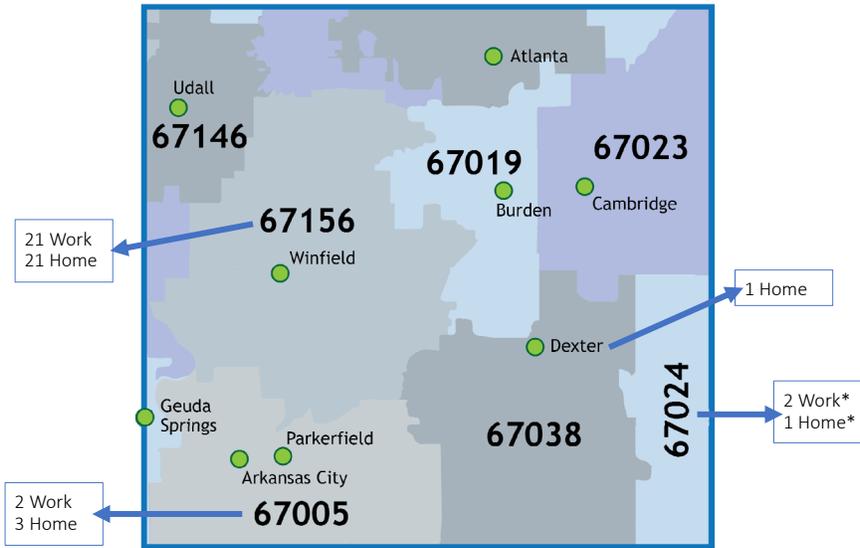
- Improve childhood diet & exercise
- Mental health care
- Emphasize wellness in mothers -infants
- Prevention/Risk factors of many major chronic diseases.
- Enhance access to healthcare through recruitment, retention and a variety of services.
- Children and healthy ways to live
- Explain communications between agencies, providers & public
- Promo health, wellness, and prevention
- Education on prevention of abuse/child & domestic
- Options for low cost/free fitness i.e. walking/biking trails
- Mental Health
- Obesity
- Pregnancy/Breastfeeding
- Decrease rates of tobacco use among youth and adults
- Prenatal care
- Physical activity amongst children and adults
- Healthy Food Access

First Priority	# of votes	Second Priority	# of votes	Third Priority	# of votes
Physical Activity, Nutrition & Obesity	6	Physical Activity, Nutrition & Obesity	3	Physical Activity, Nutrition & Obesity	5
Access / Health Care	4	Access / Health Care	2	Access / Health Care	2
Mental Health	1	Mental Health	5	Mental Health	2
Maternal & Child Health	1	Maternal & Child Health	1	Maternal & Child Health	5
Chronic Disease	2	Chronic Disease	2	Chronic Disease	1
Info & Data Sharing	1	Tobacco	2	Tobacco	1
Medication	1	Alcohol	2	Access - Communication & Coordination	1
Policy, Systems, Environment	1	Healthy Lifestyles	1		
Wellness & Prevention	2				

Q10

What community do you represent?

Respondents' Work & Home Zip Codes



Q11

Additional Comments

Other Comments:

- None - other than would like to assure these priorities are translated into tangible actions with metrics to gauge progress. It is distressing/shameful that Cowley County is one of the least healthy areas of Kansas.
- Improved education for adults over 18 years of age on knowledge of physical and mental health and wellness.
- thank you!

Community Health Improvement Plan Review



Appendix D

CHIP with Recommended Edits

Cowley County CHIP

Implementation Worksheets

with recommended edits from 12-17-2015 Meeting

Priority Area #1:

Goal
1 Promote Healthy Eating: Create community environments that promote and support healthy food and beverage choices.

<p><i>Objective</i> 1.1 Adult Education: Promote education so that the percentage of adults consuming fruits and vegetables 5 times/day increases from 15% to 18% by 2017 <u>fruit at least one time per day increases from 49.6% to xx% by yyyy and adults consuming vegetables a day increases from 70.2% to xx% by yyyy-</u></p>	<p><i>Outcome Measures</i></p> <ul style="list-style-type: none"> • Duration of 6 month breast feeding rates increase from 13.7% to 22%. • Class or program participants (adult or children) increased participation by 5%. • Hospitals report increase in initiation of breastfeeding from 74.5% to 80% • By 2017, 18% <u>xx%</u> of adults report consuming fruits and veggies 5 times/day <u>.... update to desired goal...</u>
--	--

<i>Intervention Strategy</i>	<i>Actions/Process Measures</i>	<i>Responsible Party</i>	<i>Date Range</i>	<i>Resources</i>
1.1.1 Planning, Shopping and Meal Preparation: Teaching how to plan, shop for and prepare healthy meals	<p>1.1.1.1 Community Presentations, Demonstrations and Classes: Community Presentations, Demonstrations and Classes including: Simple Suppers, That's a Crock, Food Solutions and K&D Gourmet</p> <p>1.1.1.2 Child Care Provider Classes: Child care provider classes for balanced nutrition</p> <p><u>1.1.1.3 Family nutrition program developed to appeal to food stamp recipients</u></p>	<p><i>Intervention Strategy</i></p> <p>CCHD +KSRE</p> <p><i>Actions/Process Measures</i></p> <p>1. KSRE</p> <p>2. CCHD</p>	<p><i>Intervention Strategy</i></p> <p>1/01/15 - 12/31/17</p> <p><i>Actions/Process Measures</i></p> <p>1.1/01/15 - 12/31/17</p> <p>2.1/01/15 - 12/31/17</p>	<p><i>Intervention Strategy</i></p> <p><i>Actions/Process Measures</i></p>

<i>Intervention Strategy</i>	<i>Actions/Process Measures</i>	<i>Responsible Party</i>	<i>Date Range</i>	<i>Resources</i>
1.1.2 Breastfeeding: Increase breastfeeding support for individuals (moms) and families	1.1.2.1 Peer Counselor Program: Develop and implement peer counselor program	CCHD	1/01/15 - 12/31/17	<i>Intervention Strategy</i>
	1.1.2.3 Business Case for Breastfeeding: Increase agencies utilizing the Business Case for Breastfeeding in Cowley County	<i>Actions/Process Measures</i>	<i>Actions/Process Measures</i>	<i>Actions/Process Measures</i>
	1.1.2.4 Breastfeeding Welcome Here: Increase business' that accommodate the Breastfeeding Welcome Here program	1. CCHD	1.1/01/15 - 12/31/16	
		2. SCKMC WNH	2.1/01/15 - 1/31/17	
		3. CCHD +BACC	3.1/01/15 - 12/31/15	
		4. CCHD +BACC	4.1/01/15 - 6/30/15	
		5. BACC	5.1/01/15 - 12/31/15 -Annually	
		6. CCHD +BACC	6.1/01/15 - 12/31/17	
		7. CCHD +SCKMC +WNH	7.1/01/15 - 12/31/17	
		8. BACC	8.1/01/15 - 12/31/17 -Annually	
		9. CCHD +BACC	9.1/01/15 - 12/31/17	
	10 SCKMC WNH	10.1/01/15 - 12/31/17		
	11 CCHD	11.1/01/15 - 12/31/16		
	1.1.2.2 High 5 Program:			
	1.1.2.5 Annual Baby Shower: Provide annual county-wide baby shower			
	1.1.2.6 Child Care Providers: Increase child care providers that support breastfeeding mothers			
	1.1.2.7 Resource Bags: Provide breastfeeding resource bags to new mothers at area hospitals			
	1.1.2.8 Health Education: Coordinate breastfeeding health education resources community wide			
	1.1.2.9 Breastfeeding Advocates: Maintain Breastfeeding Advocates of Cowley County Coalition			
	1.1.2.10 New Parent Classes: Ensure regular coordinated new parent classes are provided			

	Implement and certify High 5 program for continuity of care at area 1.1.2.11 Breast Pumps: Ensure new mothers have access to quality breast pumps; insurance paid or equipment loan/rent			
<i>Intervention Strategy</i> 1.1.3 Promote Eating for Health: Promotion of Healthy Food Choices <u>Note: Recommended combining 1.1.3 with 1.1.1.</u>	<i>Actions/Process Measures</i> 1.1.3.1 Healthy Food Co-ops: Raise awareness of local healthy food co-ops: Bountiful Baskets, Prairieland Food, Asure Organic 1.1.3.2 Wellness Programs: Increase participation in Wellness Programs including Walk KS 1.1.3.3 Dietician Services: Coordinate and increase access to Dietician Services in Cowley County 1.1.3.4 ServSafe Food Handlers: Increase participation in local ServSafe Food Handlers classes	<i>Responsible Party</i> <i>Intervention Strategy</i> HCC <i>Actions/Process Measures</i> 1. HCC +KSRE 2. HCC +KSRE 3. CCHD +SCKMC +WNH 4. KSRE	<i>Date Range</i> <i>Intervention Strategy</i> 1/01/15 - 12/31/17 <i>Actions/Process Measures</i> 1.1/01/15 - 12/31/17 -Annually 2.1/01/15 - 12/31/17 -Annually 3.1/01/15 - 12/31/17 4.1/01/15 - 12/31/17 -Annually	<i>Resources</i> <i>Intervention Strategy</i> <i>Actions/Process Measures</i>

<i>Objective</i> 1.2 Youth Education: Promote educational opportunities for children to consume fruits and vegetables 5x/day		<i>Outcome Measures</i> • Increase number of schools utilizing Power Panther 4-H curriculums by 50% • Increase number of children participating by 50%		
<i>Intervention Strategy</i> 1.2.1 Nutritional Wellness Supports: Increase nutritional wellness supports in schools	<i>Actions/Process Measures</i> 1.2.1.1 Classroom Discoveries: Provide increased classroom discoveries for nutritional wellness 1.2.1.2 Community Stakeholder	<i>Responsible Party</i> <i>Intervention Strategy</i> HCC <i>Actions/Process</i>	<i>Date Range</i> <i>Intervention Strategy</i> 1/01/15 - 12/31/17 -Annually	<i>Resources</i> <i>Intervention Strategy</i> <i>Actions/Process Measures</i>

	<p>Partnership: Foster Community Stakeholder Partnership with area schools for increased communication and awareness</p> <p>1.2.1.3 Family Events: Develop additional school related family events that incorporate nutritional wellness</p>	<p><i>Measures</i></p> <p>1. KSRE +PP 4-H</p> <p>2. HCC</p> <p>3. HCC +ACRC +USDs +WRC</p>	<p><i>Actions/Process Measures</i></p> <p>1.1/01/15 - 12/31/16</p> <p>2.1/01/15 - 12/31/15</p> <p>3.1/01/15 - 12/31/17</p>	
<p><i>Intervention Strategy</i></p> <p>1.2.2 School Garden Support: School Garden Support</p>	<p><i>Actions/Process Measures</i></p> <p>1.2.2.1 Garden Grants: Obtain garden grants (TEAM nutrition and other sources)</p> <p>1.2.2.2 Farm to Fork: Provide farm to fork food source education</p> <p>1.2.2.3 School Programming: Facilitate school programming with community gardening resources</p>	<p><i>Responsible Party</i></p> <p><i>Intervention Strategy</i></p> <p>HCC</p> <p><i>Actions/Process Measures</i></p> <p>1. HCC +USD 462 +USD 465 +USD 470</p> <p>2. KSRE</p> <p>3. HCC +KSRE</p>	<p><i>Date Range</i></p> <p><i>Intervention Strategy</i></p> <p>8/01/15 - 12/31/17</p> <p><i>Actions/Process Measures</i></p> <p>1.1/01/15 - 12/31/17 -Annually</p> <p>2.1/01/15 - 6/30/16</p> <p>3.1/01/15 - 12/31/17</p>	<p><i>Resources</i></p> <p><i>Intervention Strategy</i></p> <p><i>Actions/Process Measures</i></p>

<p><i>Objective</i></p> <p>1.3 Gardens: Increase participation of community gardens and home gardening by 25% by 2017.</p> <p><i>Note: Recommend combining with 1.4 and redefining the intervention as "increased access to fresh and local foods through increased participation at community farmers' markets and promotion of home gardening".</i></p>	<p><i>Outcome Measures</i></p> <ul style="list-style-type: none"> • Increase number of class or program participants (adult or children) reached by x% • Class or program participants (adults or children) report increased knowledge and demonstrate skills (survey based) by x% • Increase intake of fruits and vegetables by x% (survey based)
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<i>Intervention Strategy</i>	<i>Actions/Process Measures</i>	<i>Responsible Party</i>	<i>Date Range</i>	<i>Resources</i>
1.3.1 Supports for Gardeners: Increase supports for gardeners	1.3.1.1 Community Map: Complete comprehensive community map of existing community gardens	<i>Intervention Strategy</i> HCC	<i>Intervention Strategy</i> 4/01/15 - 12/31/17	<i>Intervention Strategy</i>
	1.3.1.2 Food Preservation Classes: Provider food preservation classes including canning and jelly	<i>Actions/Process Measures</i> 1. CCHD +HCC	<i>Actions/Process Measures</i> 1.1/01/15 - 6/30/16	<i>Actions/Process Measures</i>
	1.3.1.3 Food Safety: Increase awareness of food safety related to gardening	2. KSRE	2.1/01/15 - 12/31/17 -Annually	
	1.3.1.4 Educational Classes: Provide educational classes from beginner to advanced gardening	3. KSRE 4. KSRE	3.1/01/15 - 12/31/17 -Annually 4.1/01/15 - 6/30/16	
	1.3.1.5 Community Garden's: Establish large-scale community gardens (Garden Guides)	5. CCHD +CofAC +CofB +CofW +HCC +KSRE	5.1/01/15 - 1/01/17 6.1/01/15 - 12/31/17	
	1.3.1.6 Follow-up Surveys: Create follow-up surveys	6. CCHD +HCC		

<i>Objective</i> 1.4 Farmer's Market: Expand community participation at Farmer's Markets by 10% by 2017 See note on 1.3.		<i>Outcome Measures</i> <ul style="list-style-type: none"> • Increase sales by 10% • Increase percentage of vendors that accept EBT/SFMNP/vouchers by 100% • Increase percentage of participants that use EBT/SFMNP/vouchers by 100% 		
<i>Intervention Strategy</i> 1.4.1 Market Demonstrations: Market Demonstrations	<i>Actions/Process Measures</i> 1.4.1.1 Youth Cooking Tent: Provide a youth cooking tent with healthy cooking options at 2 events per season 1.4.1.2 Food Demonstrations:	<i>Responsible Party</i> <i>Intervention Strategy</i> KSRE <i>Actions/Process</i>	<i>Date Range</i> <i>Intervention Strategy</i> 5/01/15 - 9/30/17 -Quarterly	<i>Resources</i> <i>Intervention Strategy</i> <i>Actions/Process Measures</i>

	Provide open healthy food demonstrations monthly at area markets	<i>Measures</i> 1. KSRE +HCC 2. KSRE +HCC	<i>Actions/Process Measures</i> 1.5/01/15 - 9/30/17 -Quarterly 2.5/01/15 - 9/30/17 -Quarterly	
<i>Intervention Strategy</i> 1.4.2 Promotion: Promote use of all established Farmers Markets in Cowley County	<i>Actions/Process Measures</i> 1.4.2.1 Community Health News Releases: Include local market dates and times in community healthy news releases 1.4.2.2 Education: Educate about local foods, food safety practices	<i>Responsible Party</i> <i>Intervention Strategy</i> KSRE <i>Actions/Process Measures</i> 1. KSRE +FMA 2. KSRE	<i>Date Range</i> <i>Intervention Strategy</i> 5/01/15 - 9/30/17 -Quarterly <i>Actions/Process Measures</i> 1.5/01/15 - 9/30/17 -Quarterly 2.5/01/15 - 9/30/17 -Quarterly	<i>Resources</i> <i>Intervention Strategy</i> <i>Actions/Process Measures</i>
<i>Intervention Strategy</i> 1.4.3 Debit/EBT/SFMNP/Vouchers: Increase use of debit/EBT/SFMNP or local vouchers for produce purchases at local markets	<i>Actions/Process Measures</i> 1.4.3.1 Marketing: Marketing efforts	<i>Responsible Party</i> <i>Intervention Strategy</i> KSRE <i>Actions/Process Measures</i> 1. KSRE	<i>Date Range</i> <i>Intervention Strategy</i> 5/01/15 - 9/30/17 <i>Actions/Process Measures</i> 1.5/01/15 - 9/30/17 -Quarterly	<i>Resources</i> <i>Intervention Strategy</i> <i>Actions/Process Measures</i>

Goal

2 Promote Healthy Activities: Create community environments that promote physical activity

<i>Objective</i> 2.1 Adult Education: Provide education so that adults participating in healthy physical activities increases from 44.4% to 50% by 2017.		<i>Outcome Measures</i> • Increase number of participants at programs and Community Events by 5% • 5 new employers or employees participate in Workplace Wellness annually		
<i>Intervention Strategy</i> 2.1.1 Promotion: Promotion of physical activity opportunities, Community Events and programs	<i>Actions/Process Measures</i> 2.1.1.1 Walk Kansas 2.1.1.3 Prescription for Outdoor Activity 2.1.1.2 First Fit	<i>Responsible Party</i> <i>Intervention Strategy</i> HCC <i>Actions/Process Measures</i> 1. KSRE 3. HCC	<i>Date Range</i> <i>Intervention Strategy</i> 1/01/15 - 12/31/17 <i>Actions/Process Measures</i> 1.3/01/15 - 5/30/17 -Quarterly 2.1/01/15 - 12/31/17 3.1/01/16 - 12/31/17	<i>Resources</i> <i>Intervention Strategy</i> <i>Actions/Process Measures</i>
<i>Intervention Strategy</i> 2.1.2 Workplace Wellness: Increase the number of employers and employees who prioritize the participation of healthy activities	<i>Actions/Process Measures</i> 2.1.2.1 Employer Incentives 2.1.2.2 Employee Incentives	<i>Responsible Party</i> <i>Intervention Strategy</i> HCC <i>Actions/Process Measures</i> 1. HCC +WNH 2. HCC +WNH	<i>Date Range</i> <i>Intervention Strategy</i> 1/01/16 - 12/31/17 <i>Actions/Process Measures</i> 1.1/01/16 - 12/31/17 2.1/01/16 - 12/31/17	<i>Resources</i> <i>Intervention Strategy</i> <i>Actions/Process Measures</i>

Objective 2.2 Youth Education: Provide promotion education so that youth participation in healthy activities increases overall access to locations for physical activity from 54% to 60% by 2017.		Outcome Measures • 71 kids participating in active school transportation increases to 80 by May 2017 • Increase x% of kids meeting x time frame daily from x% to x%		
Intervention Strategy 2.2.1 Promotion: Promotion of physical activity opportunities, school and community events	Actions/Process Measures 2.2.1.1 Homework: Homework/Prescription for Outdoor Activity 2.2.1.2 Play 60 2.2.1.3 Rec Center Programs 2.2.1.4 Irving Running Club 2.2.1.5 School Events	Responsible Party <i>Intervention Strategy</i> HCC <i>Actions/Process Measures</i> 1. HCC 2. HCC 3. ACRC WRC 4. Irving 5. USDs	Date Range <i>Intervention Strategy</i> 1/01/15 - 12/31/17 <i>Actions/Process Measures</i> 1.1/01/16 - 12/31/17 2.1/01/16 - 12/31/17 3.1/01/15 - 12/31/17 4.8/01/15 - 12/31/17 5.1/01/15 - 12/31/17	Resources <i>Intervention Strategy</i> <i>Actions/Process Measures</i>
Intervention Strategy 2.2.2 Active School Transportation	Actions/Process Measures 2.2.2.1 Safe Routes: Safe routes to school 2.2.2.2 Walking School Bus 2.2.2.3 School Transportation Network: Safe and active school transportation network	Responsible Party <i>Intervention Strategy</i> SKC <i>Actions/Process Measures</i> 1. SKC +HCC +USDs 2. SKC +HCC +USDs	Date Range <i>Intervention Strategy</i> 8/01/15 - 12/31/17 <i>Actions/Process Measures</i> 1.8/01/15 - 12/31/17 2.8/01/15 - 12/31/17 3.8/01/15 - 12/31/17	Resources <i>Intervention Strategy</i> <i>Actions/Process Measures</i>

		3. SKC +HCC +USDs		
<i>Intervention Strategy</i> 2.2.3 Team Nutrition	<i>Actions/Process Measures</i> 2.2.3.1 USDA Program	<i>Responsible Party</i> <i>Intervention Strategy</i> HCC <i>Actions/Process Measures</i> 1. HCC +USDs	<i>Date Range</i> <i>Intervention Strategy</i> 8/01/15 - 12/31/17 <i>Actions/Process Measures</i> 1.8/01/15 - 12/31/17	<i>Resources</i> <i>Intervention Strategy</i> <i>Actions/Process Measures</i>
<i>Intervention Strategy</i> 2.2.4 School Wellness Policies: Community Support for School Wellness Policies	<i>Actions/Process Measures</i> 2.2.4.1 Policies: Physical education requirement policies 2.2.4.2 Brain Breaks: Classroom brain breaks 2.2.4.3 District Wellness Committees: Increase participation in district wellness committees	<i>Responsible Party</i> <i>Intervention Strategy</i> HCC <i>Actions/Process Measures</i> 1. HCC +USDs 2. HCC +USDs 3. HCC +USDs	<i>Date Range</i> <i>Intervention Strategy</i> 8/01/15 - 12/31/17 <i>Actions/Process Measures</i> 1.8/01/15 - 12/31/17 2.8/01/15 - 12/31/17 3.8/01/15 - 12/31/17	<i>Resources</i> <i>Intervention Strategy</i> <i>Actions/Process Measures</i>

<i>Objective</i> 2.3 Trails and Pathways: Increase reported use of Trails and Pathways: Increase public awareness and usage of public/private trails and pathways by 25 % by 2017.	<i>Outcome Measures</i> • Map completed for distribution by Jan 17 • Plan for increased infrastructure completed by Jan 17 • 2 family focused created by year
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<p><i>Intervention Strategy</i> 2.3.1 Community Assessment: Community Assessment for creation of map of facilities, trails and pathways</p>	<p><i>Actions/Process Measures</i> 2.3.1.1 Access existing: Access existing facilities/trails/pathways</p> <p>2.3.1.2 Hours of Operation: Access hours of operation</p> <p>2.3.1.3 Facility Childcare: Access facility child care</p> <p>2.3.1.4 Funding Sources: Access funding sources</p>	<p><i>Responsible Party</i> <i>Intervention Strategy</i> HCC</p> <p><i>Actions/Process Measures</i> 1. HCC 2. HCC 3. HCC 4. HCC</p>	<p><i>Date Range</i> <i>Intervention Strategy</i> 1/01/15 - 1/31/17</p> <p><i>Actions/Process Measures</i> 1.1/01/15 - 1/31/17 2.1/01/15 - 1/31/17 3.1/01/15 - 1/31/17 4.1/01/15 - 1/31/16</p>	<p><i>Resources</i> <i>Intervention Strategy</i> <i>Actions/Process Measures</i></p>
<p><i>Intervention Strategy</i> 2.3.2 Promotion: Promotion of existing facilities, trails and pathways</p>	<p><i>Actions/Process Measures</i> 2.3.2.1 Distribution: Distributing maps</p> <p>2.3.2.2 Special Events: Hosting special events</p>	<p><i>Responsible Party</i> <i>Intervention Strategy</i> HCC</p> <p><i>Actions/Process Measures</i> 1. HCC 2. HCC</p>	<p><i>Date Range</i> <i>Intervention Strategy</i> 1/01/17 - 12/31/17</p> <p><i>Actions/Process Measures</i> 1.1/01/17 - 12/31/17 2.1/01/17 - 12/31/17</p>	<p><i>Resources</i> <i>Intervention Strategy</i> <i>Actions/Process Measures</i></p>
<p><i>Intervention Strategy</i> 2.3.3 Infrastructure: Increase infrastructure</p>	<p><i>Actions/Process Measures</i> 2.3.3.1 Funding: Advocate for funding opportunities, partnerships and policies</p> <p>2.3.3.2 Plan Creation: Create plan to increase infrastructure</p>	<p><i>Responsible Party</i> <i>Intervention Strategy</i> HCC</p> <p><i>Actions/Process Measures</i> 1. HCC 2. HCC</p>	<p><i>Date Range</i> <i>Intervention Strategy</i> 1/01/16 - 12/31/17</p> <p><i>Actions/Process Measures</i> 1.1/01/16 - 12/31/17 2.1/01/16 - 12/31/17</p>	<p><i>Resources</i> <i>Intervention Strategy</i> <i>Actions/Process Measures</i></p>

<i>Intervention Strategy</i>	<i>Actions/Process Measures</i>	<i>Responsible Party</i>	<i>Date Range</i>	<i>Resources</i>
2.3.4 Family Opportunities: Family Opportunities: Increasing opportunities to engage families to by physically active	2.3.4.1 Coordination: Coordination of adult classes and youth practices	<i>Intervention Strategy</i> HCC	<i>Intervention Strategy</i> 1/01/16 - 12/31/17	<i>Intervention Strategy</i>
	2.3.4.2 Child Care Providers: Link child care providers with opportunities	<i>Actions/Process Measures</i>	<i>Actions/Process Measures</i>	<i>Actions/Process Measures</i>
	2.3.4.3 Younger Age Groups: Program opportunities for younger age groups	1. ACRC WRC	1.1/01/16 - 12/31/17	
		2. CCHD	2.1/01/16 - 12/31/17	
		3. ACRC WRC	3.1/01/16 - 12/31/17	
	2.3.4.4 Family-inclusive Programming: Family-inclusive programming ("Mommy and Me")	4. HCC	4.1/01/16 - 12/31/17	
	2.3.4.5 Class requests: Link interested parents/parent groups with class requests	5. USDs	5.1/01/16 - 12/31/17	

Goal
3 Community Culture of Wellness: Create a culture of community wellness (other than eating and activity)

Objective
3.1 Breastfeeding: Improve support of breastfeeding families to increase breastfeeding initiation and duration rates, from current rates to an increase of 5% by 2017.

Outcome Measures

- Use WIC data to measure increased initiation by 5% and duration rates by 5% (6 months and 12 months)
- Lower SIDS rates (measure through KIDS Network) by 50% by 2017
- Lower obesity in children under five years of age by 10% by 2017
- Achieve "Communities Supporting Breastfeeding" designation by July 2015

<i>Intervention Strategy</i>	<i>Actions/Process Measures</i>	<i>Responsible Party</i>	<i>Date Range</i>	<i>Resources</i>
3.1.1 Utilize CSB Criteria: Utilize the 6 criteria for "Communities Supporting Breastfeeding"	3.1.1.1 Local Coalition (BACC)	<i>Intervention Strategy</i>	<i>Intervention Strategy</i>	<i>Intervention Strategy</i>
	3.1.1.2 Peer Breastfeeding Support			
	3.1.1.3 High Five for Mom and Baby			
	3.1.1.4 Breastfeeding Welcome Here	CCHD	1/01/15 - 12/31/17	<i>Actions/Process Measures</i>

	<p>3.1.1.5 Business Case for Breastfeeding</p> <p>3.1.1.6 Child Care Provider Training</p>	<p><i>Actions/Process Measures</i></p> <p>1. BACC</p> <p>2. CCHD +BACC</p> <p>3. SCKMC WNH</p> <p>4. CCHD +BACC</p> <p>5. CCHD +BACC</p> <p>6. CCHD +BACC</p>	<p><i>Actions/Process Measures</i></p> <p>1.1/01/15 - 12/31/17</p> <p>2.1/01/15 - 12/31/17</p> <p>3.1/01/15 - 12/31/17</p> <p>4.1/01/15 - 12/31/17</p> <p>5.1/01/15 - 12/31/17</p> <p>6.1/01/15 - 12/31/17</p>	
<p><i>Intervention Strategy</i></p> <p>3.1.2 Communication and Marketing: Increase communication and marketing efforts to advance breastfeeding rates.</p>	<p><i>Actions/Process Measures</i></p> <p>3.1.2.1 Facebook Page</p> <p>3.1.2.2 Health and Wellness Tabloids</p> <p>3.1.2.3 Community Reports</p>	<p><i>Responsible Party</i></p> <p><i>Intervention Strategy</i></p> <p>CCHD</p> <p><i>Actions/Process Measures</i></p> <p>1. CCHD +BACC</p> <p>2. CCHD +BACC</p> <p>3. CCHD</p>	<p><i>Date Range</i></p> <p><i>Intervention Strategy</i></p> <p>1/01/15 - 12/31/17</p> <p><i>Actions/Process Measures</i></p> <p>1.1/01/15 - 12/31/17</p> <p>2.1/01/15 - 12/31/17</p> <p>3.1/01/15 - 12/31/17</p>	<p><i>Resources</i></p> <p><i>Intervention Strategy</i></p> <p><i>Actions/Process Measures</i></p>

<i>Objective</i> 3.2 Diabetes: Reduce number of adults onset diabetes cases to 8% through CDU and Healthy Intervention Strategies		<i>Outcome Measures</i> • Decrease number of ER visits due to preventable diabetic complications by 50% • Reduce from 8.9% to 8% by 2017		
<i>Intervention Strategy</i> 3.2.1 Access Needs	<i>Actions/Process Measures</i> 3.2.1.1 Complete Community Assessment on Diabetes	<i>Responsible Party</i> <i>Intervention Strategy</i> CCHD <i>Actions/Process Measures</i> 1. CCHD +HCC +SCKMC +WNH	<i>Date Range</i> <i>Intervention Strategy</i> 1/01/15 - 6/30/16 <i>Actions/Process Measures</i> 1.1/01/15 - 6/30/16	<i>Resources</i> <i>Intervention Strategy</i> <i>Actions/Process Measures</i>
<i>Intervention Strategy</i> 3.2.2 Identify Resources	<i>Actions/Process Measures</i> 3.2.2.1 Provider Services 3.2.2.2 Community Services	<i>Responsible Party</i> <i>Intervention Strategy</i> CCHD <i>Actions/Process Measures</i> 1. CCHD +HCC +SCKMC +WNH 2. CCHD +HCC +SCKMC +WNH	<i>Date Range</i> <i>Intervention Strategy</i> 7/01/16 - 6/30/17 <i>Actions/Process Measures</i> 1.7/01/16 - 6/30/17 2.7/01/16 - 6/30/17	<i>Resources</i> <i>Intervention Strategy</i> <i>Actions/Process Measures</i>
<i>Intervention Strategy</i> 3.2.3 Coordinate Services	<i>Actions/Process Measures</i> 3.2.3.1 Enhance Existing Services 3.2.3.2 Connect Patients with Services	<i>Responsible Party</i> <i>Intervention Strategy</i>	<i>Date Range</i> <i>Intervention Strategy</i> 7/01/17 - 6/30/18	<i>Resources</i> <i>Intervention Strategy</i> <i>Actions/Process</i>

		<p>CCHD</p> <p><i>Actions/Process Measures</i></p> <p>1. CCHD +HCC +SCKMC +WNH</p> <p>2. CCHD +HCC +SCKMC +WNH</p>	<p><i>Actions/Process Measures</i></p> <p>1.7/01/17 - 6/30/18</p> <p>2.7/01/17 - 6/30/18</p>	<p><i>Measures</i></p>
<p><i>Intervention Strategy</i></p> <p>3.2.4 Enhance and Expand Services</p>	<p><i>Actions/Process Measures</i></p> <p>3.2.4.1 Enhance Partnerships</p> <p>3.2.4.2 Monitor Services</p> <p>3.2.4.3 Case Management</p>	<p><i>Responsible Party</i></p> <p><i>Intervention Strategy</i></p> <p>CCHD</p> <p><i>Actions/Process Measures</i></p> <p>1. CCHD +HCC +SCKMC +WNH</p> <p>2. CCHD +HCC +SCKMC +WNH</p> <p>3. CCHD +HCC +SCKMC +WNH</p>	<p><i>Date Range</i></p> <p><i>Intervention Strategy</i></p> <p>7/01/18 - 6/30/19</p> <p><i>Actions/Process Measures</i></p> <p>1.7/01/18 - 6/30/19</p> <p>2.7/01/18 - 6/30/19</p> <p>3.7/01/18 - 6/30/19</p>	<p><i>Resources</i></p> <p><i>Intervention Strategy</i></p> <p><i>Actions/Process Measures</i></p>

<i>Objective</i> 3.3 Tobacco Use: Decrease rates of occurrences of tobacco use through education and other healthy interventions by 4% through 2017.		<i>Outcome Measures</i> • Decrease the rate of adult smoking from 18% to 14% by 2017. • Increase the number of quit-line referrals 100% • Establish local licensing fee for tobacco retailers to reduce youth access to tobacco by 4%.		
<i>Intervention Strategy</i> 3.3.1 Decrease adult tobacco use	<i>Actions/Process Measures</i> 3.3.1.1 Increase KS Tobacco Quit-line referrals through training and system change with Cowley healthcare providers 3.3.1.2 Increase awareness through media and community presentations and health events	<i>Responsible Party</i> <i>Intervention Strategy</i> CCHD <i>Actions/Process Measures</i> 1. CCHD +CACC	<i>Date Range</i> <i>Intervention Strategy</i> 7/01/15 - 6/30/16 <i>Actions/Process Measures</i> 1.7/01/15 - 6/30/16	<i>Resources</i> <i>Intervention Strategy</i> <i>Actions/Process Measures</i>
<i>Intervention Strategy</i> 3.3.2 Identify tobacco cessation clinical resources for coordination of uniform local health provider use	<i>Actions/Process Measures</i> 3.3.2.1 Access related Provider and Community Services 3.3.2.2 Advocate uniform resource use community-wide 3.3.2.3 Enhance existing services with coordination of uniform cessation resources	<i>Responsible Party</i> <i>Intervention Strategy</i> CCHD <i>Actions/Process Measures</i> 1. CCHD +CACC 2. CCHD +CACC	<i>Date Range</i> <i>Intervention Strategy</i> 7/01/16 - 6/30/17 <i>Actions/Process Measures</i> 1.7/01/16 - 6/30/17 2.7/01/16 - 6/30/17	<i>Resources</i> <i>Intervention Strategy</i> <i>Actions/Process Measures</i>
<i>Intervention Strategy</i> 3.3.3 Decrease youth access to tobacco products	<i>Actions/Process Measures</i> 3.3.3.1 Complete local access assessment 3.3.3.2 Educate community and leadership 3.3.3.3 Establish tobacco licensing fee rate, graduated citation policy, fines and suspensions	<i>Responsible Party</i> <i>Intervention Strategy</i> CCHD <i>Actions/Process Measures</i> 1. CCHD	<i>Date Range</i> <i>Intervention Strategy</i> 7/01/17 - 6/30/18 <i>Actions/Process Measures</i> 1.7/01/17 - 6/30/18	<i>Resources</i> <i>Intervention Strategy</i> <i>Actions/Process Measures</i>

		+CACC 2. CCHD +CACC	2.7/01/17 - 6/30/18	
<i>Intervention Strategy</i> 3.3.4 Enhance and expand tobacco cessation services	<i>Actions/Process Measures</i> 3.3.4.1 Enhance Partnerships 3.3.4.2 Monitor Services 3.3.4.3 Case Management	<i>Responsible Party</i> <i>Intervention Strategy</i> CCHD <i>Actions/Process Measures</i> 1. CCHD +CACC 2. CCHD +CACC 3. CCHD +CACC	<i>Date Range</i> <i>Intervention Strategy</i> 7/01/18 - 6/30/19 <i>Actions/Process Measures</i> 1.7/01/18 - 6/30/19 2.7/01/18 - 6/30/19 3.7/01/18 - 6/30/19	<i>Resources</i> <i>Intervention Strategy</i> <i>Actions/Process Measures</i>

<i>Objective</i> 3.4 Alcohol and Drug Abuse: Decrease percentage of adults reporting alcohol and drug abuse through education and other healthy interventions by 2%		<i>Outcome Measures</i> • Reduce the percentage of reported alcohol-impaired driving deaths from 38% to 25% by 2017. • Reduce the percentage of adults reporting binge or heavy drinking from 10% to 8% by 2017		
<i>Intervention Strategy</i> 3.4.1 Access Needs	<i>Actions/Process Measures</i> 3.4.1.1 Complete Community Assessment on Alcohol and Drug Abuse	<i>Responsible Party</i> <i>Intervention Strategy</i> CCHD +DAC +FCMH <i>Actions/Process Measures</i> 1. CCHD +DAC +FCMH	<i>Date Range</i> <i>Intervention Strategy</i> 7/01/15 - 6/30/16 <i>Actions/Process Measures</i> 1.7/01/15 - 6/30/16	<i>Resources</i> <i>Intervention Strategy</i> <i>Actions/Process Measures</i>

<p><i>Intervention Strategy</i> 3.4.2 Identify Resources</p>	<p><i>Actions/Process Measures</i> 3.4.2.1 Provider Services 3.4.2.2 Community Services</p>	<p><i>Responsible Party</i> <i>Intervention Strategy</i> CCHD +FCMH <i>Actions/Process Measures</i> 1. CCHD +DAC 2. CCHD +DAC</p>	<p><i>Date Range</i> <i>Intervention Strategy</i> 7/01/16 - 6/30/17 <i>Actions/Process Measures</i> 1.7/01/16 - 6/30/17 2.7/01/16 - 6/30/17</p>	<p><i>Resources</i> <i>Intervention Strategy</i> <i>Actions/Process Measures</i></p>
<p><i>Intervention Strategy</i> 3.4.3 Coordinate Services</p>	<p><i>Actions/Process Measures</i> 3.4.3.1 Enhance Existing Services 3.4.3.2 Connect Patients with Services</p>	<p><i>Responsible Party</i> <i>Intervention Strategy</i> FCMH +CCHD <i>Actions/Process Measures</i> 1. CCHD +DAC 2. CCHD +DAC</p>	<p><i>Date Range</i> <i>Intervention Strategy</i> 7/01/17 - 6/30/18 <i>Actions/Process Measures</i> 1.7/01/17 - 6/30/18 2.7/01/17 - 6/30/18</p>	<p><i>Resources</i> <i>Intervention Strategy</i> <i>Actions/Process Measures</i></p>
<p><i>Intervention Strategy</i> 3.4.4 Enhance and Expand Services</p>	<p><i>Actions/Process Measures</i> 3.4.4.1 Enhance Partnerships 3.4.4.2 Monitor Services 3.4.4.3 Case Management</p>	<p><i>Responsible Party</i> <i>Intervention Strategy</i> FCMH <i>Actions/Process Measures</i> 1. CCHD +DAC</p>	<p><i>Date Range</i> <i>Intervention Strategy</i> 7/01/18 - 6/30/19 <i>Actions/Process Measures</i> 1.7/01/18 - 6/30/19 2.7/01/18 - 6/30/19</p>	<p><i>Resources</i> <i>Intervention Strategy</i> <i>Actions/Process Measures</i></p>

		2. CCHD +DAC	3.7/01/18 - 6/30/19	
		3. CCHD +DAC		

Objective 3.5 Health Screenings: Increase access and awareness of health screening to reduce premature death; years of potential life lost before age 75 per 100,000 population, from 9014 to 6812	Outcome Measures • Decrease the percent of uninsured adults from 16% to 10% by 2017. • Increase the percentage of diabetic monitoring from 85% to 90% • Reduce the ratio of population to primary care physicians from 2268:1 to 1353:1
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<i>Intervention Strategy</i>	<i>Actions/Process Measures</i>	<i>Responsible Party</i>	<i>Date Range</i>	<i>Resources</i>
3.5.1 Coordination: Coordination of Community Health Screenings	3.5.1.1 Promote Early Bird Lions Club 3.5.1.2 Senior Citizen Center Screenings 3.5.1.3 Mobile Screening Units 3.5.1.4 Expand Health Fair Screening Options 3.5.1.5 Identify other venues and partners	<i>Intervention Strategy</i> HCC <i>Actions/Process Measures</i> 1. HCC 2. CCHD 3. CCHD 4. HCC 5. HCC +SKC	<i>Intervention Strategy</i> 1/01/15 - 12/31/17 <i>Actions/Process Measures</i> 1.1/01/15 - 12/31/17 2.1/01/15 - 12/31/17 3.1/01/15 - 12/31/17 4.1/01/15 - 12/31/17 5.1/01/15 - 12/31/17	<i>Intervention Strategy</i> <i>Actions/Process Measures</i>

Objective 3.6 Increase Childhood Immunizations: Increase the number of children fully immunized by 24 months of age from 77.4% to 80% by 2017	Outcome Measures • Increase the Public Health CoCASA Immunization Report for 24 to 35 month old children from 80% to 90% by 2017. • Increase the percent of children at 24 months of age that have been immunized with 4 DTaP, 3 Polio, 1 MMR, 3 Haemophilus influenzae type b,, and 3 Hepatitis B vaccines (the 4:3:1:3:3 series)
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<i>Intervention Strategy</i>	<i>Actions/Process Measures</i>	<i>Responsible Party</i>	<i>Date Range</i>	<i>Resources</i>
3.6.1 Promote Education	3.6.1.1 Access Current Providers 3.6.1.2 Benefits of Immunizations 3.6.1.3 Family Record Keeping 3.6.1.4 WIC: Maximize WIC as a promotion source via ? 3.6.1.5 Childbirth Classes: Hospitals add immunization info to child birth class curriculum	<i>Intervention Strategy</i> CCHD <i>Actions/Process Measures</i> 1. CCHD 2. CCHD 3. CCHD +USDs 4. CCHD 5. CCHD +SCKMC +WNH	<i>Intervention Strategy</i> 1/01/15 - 12/31/17 <i>Actions/Process Measures</i> 1.1/01/15 - 12/31/17 2.1/01/15 - 12/31/17 3.1/01/15 - 12/31/17 4.1/01/15 - 12/31/17 5.1/01/15 - 12/31/17	<i>Intervention Strategy</i> <i>Actions/Process Measures</i>
3.6.2 Increase Record Sharing	<i>Actions/Process Measures</i> 3.6.2.1 WebIZ 3.6.2.2 Over-Vaccinating	<i>Responsible Party</i> <i>Intervention Strategy</i> CCHD <i>Actions/Process Measures</i> 1. CCHD +USDs 2. CCHD +USDs	<i>Date Range</i> <i>Intervention Strategy</i> 1/01/15 - 12/31/17 <i>Actions/Process Measures</i> 1.1/01/15 - 12/31/17 2.1/01/15 - 12/31/17	<i>Resources</i> <i>Intervention Strategy</i> <i>Actions/Process Measures</i>

Objective 3.7 Integration of physical health & mental health services: Improve quality of life by reducing reported number of mentally and physically unhealthy days (days reported within 30 day period)		Outcome Measures • Decrease reported number of mentally unhealthy days from 3.1 to 2.1 • Decrease reported number of physically unhealthy days from 3.4 to 2.4		
Intervention Strategy 3.7.1 Unhealthy days: Reduce the reported number of mentally and physically unhealthy days	Actions/Process Measures 3.7.1.2 Increase coordinated services (contracts, referrals, management of clients) between primary and mental health care agencies 3.7.1.1 Access existing coordination of primary and mental health care services	Responsible Party <i>Intervention Strategy</i> FCMH +CCHD +CHCCC +HCC <i>Actions/Process Measures</i>	Date Range <i>Intervention Strategy</i> 1/01/15 - 12/31/17 <i>Actions/Process Measures</i> 1.1/01/15 - 10/31/16 2.11/01/16 - 12/31/17	Resources <i>Intervention Strategy</i> <i>Actions/Process Measures</i>

Objective 3.8 Hygiene & Oral Health: Reduce the percentage of K-12 Grade Students with obvious dental decay from 17.5% to 10.5% by December 2017.		Outcome Measures • Reduce the percentage of K-12 Grade Students with obvious dental decay from 17.5 percent to 10.5 percent by December 2017. • Decrease the percentage of screened 3-13 Grade Students with no dental sealants from 56% to 30%.		
Intervention Strategy 3.8.1 Promote Oral Health Education at all Cowley USD's	Actions/Process Measures 3.8.1.1 Teach Importance of Oral Health 3.8.1.2 Teach How to Achieve 3.8.1.3 Teach Personal Care 3.8.1.4 Teach Predictor of Overall Health	Responsible Party <i>Intervention Strategy</i> CCHD <i>Actions/Process Measures</i> 1. CCHD +HCC 2. CCHD +HCC 3. CCHD +HCC	Date Range <i>Intervention Strategy</i> 1/01/15 - 12/31/17 <i>Actions/Process Measures</i> 1.1/01/15 - 12/31/17 2.1/01/15 - 12/31/17 3.1/01/15 - 12/31/17 4.1/01/15 - 12/31/17	Resources <i>Intervention Strategy</i> <i>Actions/Process Measures</i>

		4. CCHD +HCC		
<i>Intervention Strategy</i> 3.8.2 Establish mobile screening clinics for all Cowley USD's	<i>Actions/Process Measures</i> 3.8.2.2 Plan expanded mobile clinic locations 3.8.2.3 Implement clinics 3.8.2.1 Access existing mobile clinic locations, volunteers and opportunities	<i>Responsible Party</i> <i>Intervention Strategy</i> <i>Actions/Process Measures</i>	<i>Date Range</i> <i>Intervention Strategy</i> <i>Actions/Process Measures</i>	<i>Resources</i> <i>Intervention Strategy</i> <i>Actions/Process Measures</i>
<i>Intervention Strategy</i> 3.8.3 Increase access to oral health services by increasing providers that accept Medicaid insurance in Cowley	<i>Actions/Process Measures</i> 3.8.3.1 Add two providers whom accept state KANCARE insurance	<i>Responsible Party</i> <i>Intervention Strategy</i> HCC <i>Actions/Process Measures</i> 1. HCC	<i>Date Range</i> <i>Intervention Strategy</i> 1/01/15 - 12/31/17 <i>Actions/Process Measures</i> 1.1/01/15 - 12/31/17	<i>Resources</i> <i>Intervention Strategy</i> <i>Actions/Process Measures</i>

<i>Objective</i> 3.9 Health Promotion Communications/PR: Provide community-wide coordinated health promotion efforts addressing chronic disease and substance abuse to reduce the total age adjusted death rate; per 100,000 due to all causes, from 922.1 to 756.9		<i>Outcome Measures</i> • Increase attendance at health fair to 250 by 2017. • Reduce the total age-adjusted death rate; per 100,000 due to all causes, from 922.1 to 756.9		
<i>Intervention Strategy</i> 3.9.1 Comprehensive coordination of all health provider chronic disease health education and communications:	<i>Actions/Process Measures</i> 3.9.1.1 Establish local coalition of health providers/stakeholders as local Resource Hug 3.9.1.2 Access existing local stakeholder resources 3.9.1.3 Develop and reach stakeholder consensus for standardized chronic disease and substance abuse health promotion resources 3.9.1.5 Share promotion resources	<i>Responsible Party</i> <i>Intervention Strategy</i> CCHD +HCC <i>Actions/Process Measures</i> 1. CCHD +HCC	<i>Date Range</i> <i>Intervention Strategy</i> 1/01/15 - 12/31/17 <i>Actions/Process Measures</i> 1.1/01/15 - 12/31/17 2.1/01/15 - 12/31/17	<i>Resources</i> <i>Intervention Strategy</i> <i>Actions/Process Measures</i> 4. \$0

	with all local health providers 3.9.1.4 Establish multiple agency coordinated health promotion Speakers Bureau	+SCKMC +WNH 2. CCHD +HCC +SCKMC +WNH 3. CCHD +HCC +SCKMC +WNH	3.1/01/15 - 12/31/17 4.1/01/15 - 12/31/17	
<i>Intervention Strategy</i> 3.9.2 Increase the use of related health promotion Multimedia & Events	<i>Actions/Process Measures</i> 3.9.2.1 Increase use of coordinated Social Media 3.9.2.2 Increase the number of coordinated Websites	<i>Responsible Party</i> <i>Intervention Strategy</i> CCHD <i>Actions/Process Measures</i> 1. CCHD +HCC 2. CCHD +HCC	<i>Date Range</i> <i>Intervention Strategy</i> 1/01/15 - 12/31/17 <i>Actions/Process Measures</i> 1.1/01/15 - 12/31/17 2.1/01/15 - 12/31/17	<i>Resources</i> <i>Intervention Strategy</i> <i>Actions/Process Measures</i>
<i>Intervention Strategy</i> 3.9.3 Awareness of Services: Increase awareness of existing services.	<i>Actions/Process Measures</i> 3.9.3.1 Signage 3.9.3.2 Social Media 3.9.3.3 Consistent Messaging 3.9.3.4 Includes Audience Identification and Strategic Efforts	<i>Responsible Party</i> <i>Intervention Strategy</i> CCHD <i>Actions/Process Measures</i> 1. CCHD +HCC 2. CCHD +HCC	<i>Date Range</i> <i>Intervention Strategy</i> 1/01/15 - 12/31/17 <i>Actions/Process Measures</i> 1.1/01/15 - 12/31/17 2.1/01/15 - 12/31/17 3.1/01/15 - 12/31/17	<i>Resources</i> <i>Intervention Strategy</i> <i>Actions/Process Measures</i>

		3. CCHD +HCC	4.1/01/15 - 12/31/17	
		4. CCHD +HCC		

Priority Area #2:

Goal
4 Regional Approach: Mobilize a regional approach to healthcare provider and system access.

<i>Objective</i> 4.1 Holistic Patient Care Management: Integrate and coordinate mental, physical and oral health providers and services to promote holistic management of patient care and drive improved health outcomes and improve County healthy ranking to top 50 percentile by 2017.		<i>Outcome Measures</i> <ul style="list-style-type: none"> Improved county health ranking from 7583% to top 2550% of state by 2017 Patient satisfaction with case management/coordination of care Provider survey - satisfaction with collaboration/coordination Increase the total number of employers offering health and wellness programs by 2017 		
<i>Intervention Strategy</i> 4.1.1 Policy Development: Access/-survey local health provider policy and procedures for case management and coordination of care	<i>Actions/Process Measures</i> 4.1.1.1 Policy Development: Complete survey of case management and coordination of care to access areas of improvement	<i>Responsible Party</i> <i>Intervention Strategy</i> CCHD <i>Actions/Process Measures</i> 1. CCHD +HCC	<i>Date Range</i> <i>Intervention Strategy</i> 7/01/15 - 6/30/16 <i>Actions/Process Measures</i> 1.7/01/15 - 6/30/16	<i>Resources</i> <i>Intervention Strategy</i> <i>Actions/Process Measures</i>
<i>Intervention Strategy</i> 4.1.2 Engage Providers: Engage medical, mental and oral health providers to advance communication and collaboration across health service disciplines and providers to ensure improved health outcomes as	<i>Actions/Process Measures</i> 4.1.2.1 Community Health Center Group: Reform the steering committee involved in the community health center development effort to form an Advisory Council of health providers	<i>Responsible Party</i> <i>Intervention Strategy</i> CCHD <i>Actions/Process</i>	<i>Date Range</i> <i>Intervention Strategy</i> 1/01/15 - 12/31/17 <i>Actions/Process</i>	<i>Resources</i> <i>Intervention Strategy</i> <i>Actions/Process Measures</i>

a Community Advisory Clearing House.	in Cowley County 4.1.2.2 Create Advisory Clearinghouse: Create Clearinghouse of Information , Recommendations and Resources for health and wellness opportunities in the region.	<i>Measures</i> 1. CCHD +CHCCC +HCC 2. CCHD +CHCCC +HCC	<i>Measures</i> 1.1/01/15 - 12/31/17 2.1/01/15 - 12/31/17	
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<i>Objective</i> 4.2 Increase Underserved Access Points: Increased access to care points (providers, clinics, etc.) to the under-served through creation of a Community Health Clinic or alternative Provider Resource.		<i>Outcome Measures – Clinic:</i> <ul style="list-style-type: none"> • Clinic is open by 2016 Increase daily use numbers by 10% by 2017. • Recruit 3 providers in year 2016 • Decrease number of Charity Care ER visits by 50 by 2017 • Increase number of providers • Decrease the ratio of population to primary care physicians from 2268:1 to 1353:1 by December 2017 		
<i>Intervention Strategy</i> 4.2.1 Establish-Continue development of Community Health Clinic: Establish-Continue operating County Health Clinic	<i>Actions/Process Measures</i> 4.2.1.1 Implement Operational Plan 4.2.1.2 Add Mental Health Services 4.2.1.3 Add Dental Services 4.2.1.4 ER Diversion: Partner for ER Diversion with both hospitals	<i>Responsible Party</i> <i>Intervention Strategy</i> CHCCC <i>Actions/Process Measures</i> 1. CHCCC 2. CHCCC 3. CHCCC 4. CHCCC +CofAC	<i>Date Range</i> <i>Intervention Strategy</i> 7/01/15 - 12/31/17 <i>Actions/Process Measures</i> 1.7/01/15 - 6/30/16 2.7/01/16 - 6/30/17 3.7/01/16 - 12/31/17 4.7/01/16 - 12/31/17	<i>Resources</i> <i>Intervention Strategy</i> <i>Actions/Process Measures</i>
<i>Intervention Strategy</i> 4.2.2 Increase Number of Health Care Providers in Mental, Oral and Primary Care	<i>Actions/Process Measures</i> 4.2.2.1 Hospital Recruitment: Hospital to continue recruitment efforts for need providers	<i>Responsible Party</i> <i>Intervention Strategy</i>	<i>Date Range</i> <i>Intervention Strategy</i>	<i>Resources</i> <i>Intervention Strategy</i>

	4.2.2.2 Community Health Center recruitment of health care providers	SCKMC WNH +CHCCC +HCC 4 County Mental Health <i>Actions/Process Measures</i> 1. SCKMC WNH	1/01/15 - 12/31/17 <i>Actions/Process Measures</i> 1.1/01/15 - 12/31/17 2.1/01/15 - 12/31/17	<i>Actions/Process Measures</i>
<i>Intervention Strategy</i> 4.2.3 Alternate Approach: Consider alternate approaches; including approach with greater volunteer base as business model <i>Is there a measure of total number of PCP visits in County?</i>	<i>Actions/Process Measures</i> 4.2.3.1 Research Successful Models: Research Successful Models: including medical home, mission approach, etc 4.2.3.2 Plan Approach 4.2.3.3 Implement: Implement approach as appropriate	<i>Responsible Party</i> <i>Intervention Strategy</i> HCC <i>Actions/Process Measures</i> 1. HCC 2. HCC 3. HCC	<i>Date Range</i> <i>Intervention Strategy</i> 7/01/15 – 6/30/18 <i>Actions/Process Measures</i> 1.7/01/15 – 6/30/16 2.7/01/16 – 6/30/17 3.7/01/17 – 6/30/18	<i>Resources</i> <i>Intervention Strategy</i> <i>Actions/Process Measures</i>

<i>Objective</i> 4.3 Navigating through the HC Marketplace: Develop local HC Marketplace educators such as navigators, and case managers, to advance a community network for enhanced use of to the HC Marketplace by general public; reduce uninsured population by 6% by 2017.		<i>Outcome Measures</i> • Decrease the number of people who do not have insurance coverage from 16% to 10% by 2017. • Increase the number of HC navigators by 100% by 2017		
<i>Intervention Strategy</i> 4.3.1 Increase Marketplace Education Communitywide	<i>Actions/Process Measures</i> 4.3.1.1 Establish certified navigator 4.3.1.2 Advocate additional certified navigators community-wide	<i>Responsible Party</i> <i>Intervention Strategy</i>	<i>Date Range</i> <i>Intervention Strategy</i> 1/01/15 - 12/31/17	<i>Resources</i> <i>Intervention Strategy</i> <i>Actions/Process</i>

		CCHD <i>Actions/Process Measures</i> 1. CCHD +KAMU 2. CCHD +CHCCC +HCC +KAMU	<i>Actions/Process Measures</i> 1.1/01/15 - 12/31/17 2.1/01/15 - 12/31/17	<i>Measures</i>
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Goal
5 Promote Access through Employers: Promote access to healthcare/wellness programs and services through C.C. employers

<i>Objective</i> 5.1 Educate Employers: Educate local employers with over 100 full time employees about options/benefits of self-funding insurance to increase agencies offering self-insured benefits by 100% by 2017.		<i>Outcome Measures</i> • Increase number of employers that provide self insurance to 4 by 2017. • More employers start self-funded health plans • Decrease percentage of adults uninsured from 16% to 10% by year end 2017		
<i>Intervention Strategy</i> 5.1.1 Wage and Benefits Survey: Complete Cowley County Wage and Benefits Survey: include Health Benefits Section	<i>Actions/Process Measures</i> 5.1.1.1 Survey: Develop and include Health Benefits section to survey (Note: include questions from 5.2.2) 5.1.1.2 Invitation: Send invite to Cowley Employers 5.1.1.3 Results of Survey: Make results of survey available to all Cowley Employers	<i>Responsible Party</i> <i>Intervention Strategy</i> CF <i>Actions/Process Measures</i> 1. CF 2. CF 3. CF	<i>Date Range</i> <i>Intervention Strategy</i> 1/01/15 - 12/31/17 <i>Actions/Process Measures</i> 1.1/01/15 - 12/31/17 2.1/01/15 - 12/31/17 3.1/01/15 - 12/31/17	<i>Resources</i> <i>Intervention Strategy</i> <i>Actions/Process Measures</i>
<i>Intervention Strategy</i>	<i>Actions/Process Measures</i>	<i>Responsible Party</i>	<i>Date Range</i>	<i>Resources</i>

5.1.2 Educational Sessions: Provide education sessions to Cowley Employers	5.1.2.1 Seminars: Complete a minimum of two self funded info seminars utilizing results from Health Benefits Survey	<i>Intervention Strategy</i> WNH	<i>Intervention Strategy</i> 1/01/15 - 12/31/17	<i>Intervention Strategy</i> <i>Actions/Process Measures</i>
	5.1.2.2 1:1 Training: Provide scheduled 1:1 training sessions to employers considering self-funded insurance	<i>Actions/Process Measures</i> 1. WNH	<i>Actions/Process Measures</i> 1.1/01/15 - 12/31/17	
		2. WNH	2.1/01/15 - 12/31/17	

<i>Objective</i> 5.2 Connect Employees to HC Marketplace: Work with employers to connect their employees to affordable care, to decrease the uninsured rate from 16% to 10% by 2017.		<i>Outcome Measures</i> • Decrease the number of uninsured by 6% by 2017 • Increase percentage of Employers offering assistance to HC Marketplace by 100%		
<i>Intervention Strategy</i> 5.2.1 Education to Small Businesses: Provide educational sessions to Cowley Small Business (<100 employees) Employers	<i>Actions/Process Measures</i> 5.2.1.1 SHOP Seminar: Complete a small business health options program (SHOP) seminar 5.2.1.2 1:1 Training: Provide scheduled 1:1 training sessions to employers considering SHOP plans	<i>Responsible Party</i> <i>Intervention Strategy</i> CCHD <i>Actions/Process Measures</i> 1. CCHD +CF +CofC +SHRM 2. CCHD +CF +CofC +SHRM	<i>Date Range</i> <i>Intervention Strategy</i> 3/01/15 - 2/28/16 <i>Actions/Process Measures</i> 1.3/01/15 - 2/28/16 2.3/01/16 - 2/28/17	<i>Resources</i> <i>Intervention Strategy</i> <i>Actions/Process Measures</i>
<i>Intervention Strategy</i> 5.2.2 Non-Self Funding Employees: Increase educational opportunities for employees to connect to health care insurance	<i>Actions/Process Measures</i> 5.2.2.1 Program Development: Utilize health care survey to inform Program Development 5.2.2.2 Ed Program:	<i>Responsible Party</i> <i>Intervention Strategy</i> CCHD	<i>Date Range</i> <i>Intervention Strategy</i> 1/01/15 - 12/31/17	<i>Resources</i> <i>Intervention Strategy</i> <i>Actions/Process Measures</i>

	Develop Ed program with all options 5.2.2.3 Deliver Program 5.2.2.4 Possible Collaborations	<i>Actions/Process Measures</i> 1. CCHD 2. CCHD +HCC 3. CCHD +HCC +KAMU	<i>Actions/Process Measures</i> 1.1/01/15 - 12/31/17 2.1/01/15 - 12/31/17 3.1/01/15 - 12/31/17	
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<i>Objective</i> 5.3 Incentivize Employee's Physical Health: Increase number of Cowley County employer's who incentivize employee's physical health from x% to x% *** <i>Utilize Wage and Benefits Survey</i> <i>Data when available</i>		<i>Outcome Measures</i> • Increase the number of employers offering Health Screenings to Employees by 25% by 2017 • Increase the number of employers offering exercise or recreation memberships to employees by 25% by 2017to Employees • Reduce physical inactivity from 31% to 21% by 2017.		
<i>Intervention Strategy</i> 5.3.1 Workplace Wellness Programs: Establish additional Workplace Wellness Programs (include families)	<i>Actions/Process Measures</i> 5.3.1.1 Research successful models 5.3.1.2 Present models to HCC and community 5.3.1.3 Provide assistance to implementation of practice	<i>Responsible Party</i> <i>Intervention Strategy</i> WNH +CCHD +HCC <i>Actions/Process Measures</i>	<i>Date Range</i> <i>Intervention Strategy</i> 1/01/15 - 12/31/17 <i>Actions/Process Measures</i>	<i>Resources</i> <i>Intervention Strategy</i> <i>Actions/Process Measures</i>
<i>Intervention Strategy</i> 5.3.2 Screenings: Increase the number of employers offering Health Screenings	<i>Actions/Process Measures</i> 5.3.2.1 Research successful models 5.3.2.2 Present models to HCC and community 5.3.2.3 Provide assistance to implementation of practice	<i>Responsible Party</i> <i>Intervention Strategy</i> WNH +CCHD +HCC <i>Actions/Process Measures</i>	<i>Date Range</i> <i>Intervention Strategy</i> 1/01/15 - 12/31/17 <i>Actions/Process Measures</i>	<i>Resources</i> <i>Intervention Strategy</i> <i>Actions/Process Measures</i>

<i>Intervention Strategy</i>	<i>Actions/Process Measures</i>	<i>Responsible Party</i>	<i>Date Range</i>	<i>Resources</i>
5.3.3 Shared-Use Policies: Advocate shared-use policies community wide, including private/public partnerships, for facility use to reduce physical inactivity.	5.3.3.1 Research successful models 5.3.3.2 Present models to HCC and community 5.3.3.3 Provide assistance of implementation of practice	<i>Intervention Strategy</i> WNH +CCHD +HCC <i>Actions/Process Measures</i>	<i>Intervention Strategy</i> 1/01/15 - 12/31/17 <i>Actions/Process Measures</i>	<i>Intervention Strategy</i> <i>Actions/Process Measures</i>

Acronyms List

ACRC:	Arkansas City Recreation Commission	SHRM:	
BACC:	Breastfeeding Advocates of Cowley County	SIDS:	Sudden Infant Death Syndrome
CACC:		SKC:	Safe Kids Coalition
CCHD:	Cowley County Health Department	WIC:	Women, Infants, and Children
CDU:		WNH:	William Newton Hospital
CF:	Cowley First	WRC:	Winfield Recreation Commission
CHCCC:	Community Health Center Cowley County		
CofAC:	City of Arkansas City, KS		
CofB:	City of Burden, KS		
CofW:	City of Winfield, KS		
CSB:	Communities Supporting Breastfeeding		
DAC:	Drug & Alcohol Center?		
FCMH:	Four County Mental Health Center		
FMA:	Farmers' Market Association?		
HC:	Healthcare		
HCC:	Healthy Community Coalition		
KAMU:	Kansas Association for the Medically Underserved		
KIDS:	Kansas Infant Death and SIDS Network		
KSRE:	Kansas State Research and Extension		
SCKMC:	South Central Kansas Medical Center		
SHOP:	Small Business Health Options Program		



Appendix E

Health Department Perspectives Presentation



City-Cowley County
Health Department

2015 County Health Needs Assessment Review Health Department Perspectives

Presented by

Tom Langer, MPA

Administrator/Public Health Officer
City-Cowley County Health Department
tlanger@cowleycounty.org

Cowley County rated “poor” in health outcomes.

Annual assessments conducted by RWJ
and KHI consistently rank Cowley
County in the bottom 20% of all Kansas
counties in key health indicator areas.



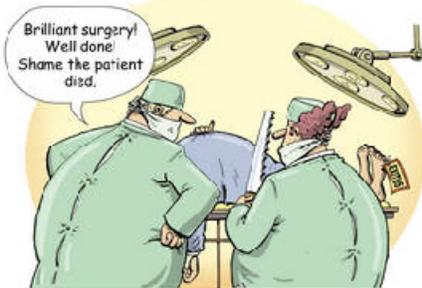
Robert Wood Johnson
Foundation



City-Cowley County Health Department

Health Outcomes...

Do outcomes matter?



A measurable change in personal health as an individual or member of a group, brought about by discrete intervention(s).

i.e. personal habits good & bad acute or chronic illness



City-Cowley County Health Department

Key indicators in Cowley County

38% Adult Obesity Rate

21% Adults who smoke

23% Pregnant mothers smoke

11% Adults diagnosed diabetic

65% Infants fully immunized by 24 months

54% Adults 65+ immunized against influenza

19% Adults report fair/poor health status

*Kansas Health Matters



City-Cowley County Health Department

Health Department Role

Prevent - Promote - Protect

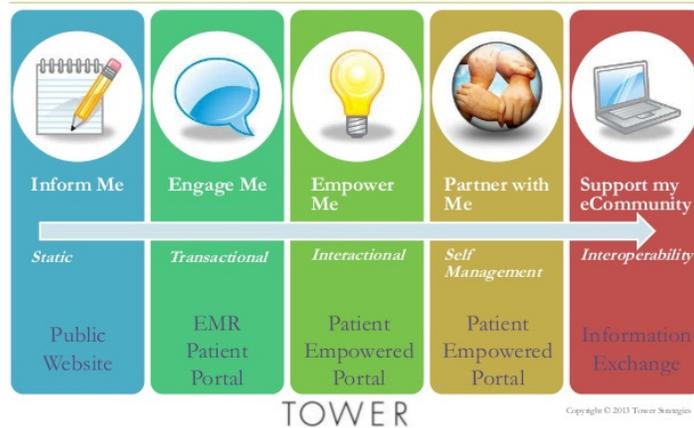
A vital and valued health department is engaged in the entire community
 Trusted by all to provide quality service and health improvement methodologies
 Services must meet the needs of the community
 Not just a place that disadvantaged people visit for health care

- Immunizations
- Women's Health
- Child Care Licensing
- WIC
- Kan Be Healthy - Child Health Assessment
- Healthy Start - Newborn Home Visits
- Safe Kids
- Chronic Disease Risk Reduction
- Communicable Disease Control
- Adult/Senior Screening
- Environmental Health
- Emergency Preparedness



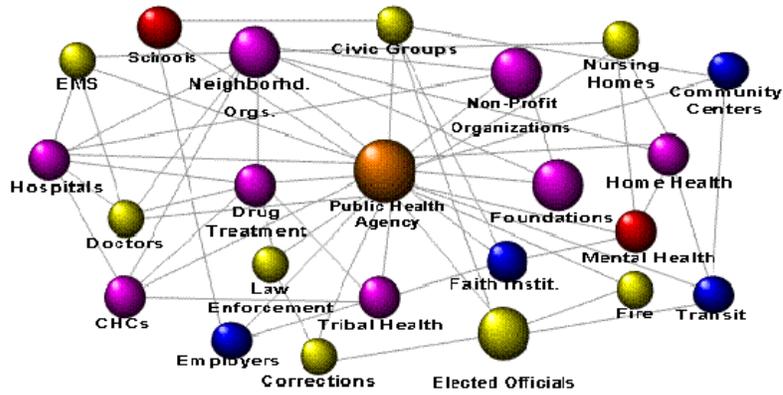
City-Cowley County Health Department

Healthcare Continuum of Care Participatory Model



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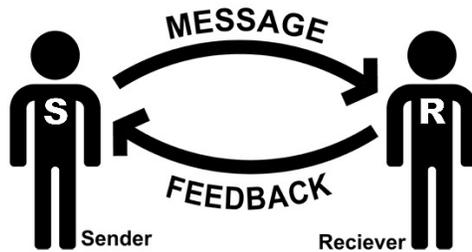
The Public Health System



City-Cowley County Health Department

Communications

Wellness is not just a mission – it's a message! How you deliver it can make all the Difference. Sensitivity, creativity and media diversity are the cornerstones.



City-Cowley County Health Department

Outcomes

- Better Health
- Improved Quality of Life
- Reduced Expense for Health Care
- Greater Productivity
- Healthy Community



City-Cowley County Health Department

Next Steps



- Determine top 2-3 community health needs priorities
- Identify Strategies that can meaningfully impact those priorities
- Coordinate in the community to focus efforts and move forward



City-Cowley County Health Department

Comments/Questions?

Thank you for all your help today!



City-Cowley County
Health Department

Prevent · Promote –Protect

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Arkansas City, KS Winfield, KS
67005 67156



@Cowleyhealth



City-Cowley County Health Department



City-Cowley County Health Department



Appendix F

Health Initiatives Resource Calendar for Cowley County

Health Initiatives and Awareness Resource Calendar for Cowley County Reference

Month	Awareness/Holidays	Links
JANUARY		
	New Years	
	First Day Hikes	http://ksoutdoors.com/State-Parks/Special-Events/First-Day-Hikes http://www.americasstateparks.org/hike_event.php?state_id=16&hike_id=574
	Kansas Day	http://www.kshs.org/kansapedia/kansas-day/16773 KS Day Games: http://www.nps.gov/fosc/learn/education/childrengame.htm
	King Day of Service (Martin Luther King Day)	http://www.nationalservice.gov/mlkday
	National Folic Acid Awareness Week	https://wicworks.fns.usda.gov/topics-z/folic-acid-awareness-week
	National Healthy Weight Week	http://www.nhlbi.nih.gov/health-pro/resources/heart/aim-facts-html
	Cervical Health Awareness Month	http://www.nccc-online.org/hpvcervical-cancer/cervical-health-awareness-month/
	National Birth Defects Prevention Month	http://www.nbdpn.org/national_birth_defects_prevent.php http://www.cdc.gov/ncbddd/birthdefects/prevention-month.html
	National Blood Donor Month	http://www.redcross.org/news/article/Red-Cross-Celebrates-National-Blood-Donor-Month https://www.adrp.org/promoting-donation/natl-blood-donor-month/
	National Glaucoma Awareness Month	http://www.glaucoma.org/news/glaucoma-awareness-month.php
FEBRUARY		
	National Cardiac Rehabilitation Week	https://www.aacvpr.org/Events-Education/Live-Workshops/Cardiac-Pulmonary-Rehabilitation-Weeks

Month	Awareness/Holidays	Links
	National Eating Disorders Awareness Week	http://nedawareness.org/content/nedawareness-campaign-overview
	National Girls & Women in Sports Day	http://ngwsd.org/about/
	National Wear Red Day	https://www.goredforwomen.org/home/get-involved/national-wear-red-day
	World Cancer Day	www.worldcancerday.org
	Random Acts of Kindness Week	https://www.randomactsofkindness.org/
	American Heart Month	http://www.cdc.gov/features/heartmonth/www.cdc.gov
	National Cancer Prevention Month	http://preventcancer.aicr.org/site/News2?id=14377
	National Children's Dental Health Month	http://www.ada.org/en/public-programs/national-childrens-dental-health-month/ https://wicworks.fns.usda.gov/topics-z/national-childrens-dental-health-month
	Wise Health Care Consumer Month	http://www.healthylife.com/wise/
March		
	American Diabetes Alert Day	http://www.diabetes.org/are-you-at-risk/alert-day/
	Kick Butts Day	Campaign for Tobacco-Free Kids www.kickbuttsday.org
	National Native HIV/AIDS Awareness Day	http://www.nnhaad.org/
	National Pulmonary Rehabilitation Week	https://www.aacvpr.org/Events-Education/Live-Workshops/Cardiac-Pulmonary-Rehabilitation-Weeks
	National School Breakfast Week	https://schoolnutrition.org/nsbw/

Month	Awareness/Holidays	Links
	National Sleep Awareness Week (week before daylight savings time)	https://sleepfoundation.org/events-activities/sleep-awareness-week
	American Red Cross Month	http://www.redcross.org/about-us/red-cross-month
	National Developmental Disabilities Awareness Month	http://www.arcic.org/newsevents/ddaware.html
	National Nutrition Month	http://www.nationalnutritionmonth.org/nnm/promotionalresources/#
	Save Your Vision Month	http://www.aoa.org/optometrists/tools-and-resources/toolkits-and-practice-resources/public-education-and-campaign-materials/save-your-vision-month-2015?sso=y
April		
	Earth Day	http://www.mnn.com/family/family-activities/blogs/22-earth-day-activities-for-kids
	Every Kid Healthy Week	http://www.actionforhealthykids.org/what-we-do/every-kid-healthy-week
	Medical Fitness Week	http://www.medicalfitness.org/?page=MedicalFitnessWeek
	National Public Health Week	www.nphw.org
	National Infant Immunization Week	http://www.cdc.gov/vaccines/events/niiw/index.html
	National Walking Day	http://www.heart.org/HEARTORG/HealthyLiving/PhysicalActivity/Walking/National-Walking-Day_UCM_448665_Article.jsp#.Vqe4wV_nZok http://www.nationaldaycalendar.com/national-walking-day-first-wednesday-in-april/
	Walk at Lunch Day	https://www.bcbsal.org/web/national-walk-at-lunch-day-2016.html
	World Health Day	http://www.who.int/campaigns/world-health-day/2016/event/en/
	National Autism Awareness Month	https://www.autismspeaks.org/liub

Month	Awareness/Holidays	Links
	National Minority Health & Health Disparities Month	http://minorityhealth.hhs.gov/nmhm14/ http://www.cdc.gov/minorityhealth/MHMonth.html
	Parkinson's Awareness Month	http://www.pdf.org/parkinson_awareness
May		
	Bike to Work Week Bike to Work Day	http://bikeleague.org/content/bike-month-dates-events-0
	Kanas Kids Fitness Day	http://www.kdheks.gov/kkfd/
	Kids to Parks Day	http://parktrust.org/kidstoparks/national-kids-to-parks-day
	National Bike Challenge (May-September)	https://nationalbikechallenge.org/
	National Physical Education and Sports Week	http://www.shapeamerica.org/events/pesportweek/
	National Public Gardens Day	http://www.nationalpublicgardensday.org/
	National Senior Health & Fitness Day	www.fitnessday.com https://go4life.nia.nih.gov/
	National Women's Health Week	http://www.foh.hhs.gov/calendar/nwhw.html
	Employee Health and Fitness Month	www.healthandfitnessmonth.com
	National Bike Month	http://bikeleague.org/bikemonth
	National Physical Fitness and Sports Month	http://healthfinder.gov/nho/MayToolkit.aspx
	National Teen Pregnancy Prevention Month	http://www.advocatesforyouth.org/topics-issues/teen-pregnancy-prevention/1304-tpp
	National Mental Health Month	https://www.nami.org/Get-Involved/Awareness-Events/Mental-Health-Month

Month	Awareness/Holidays	Links
	Lupus Awareness Month	http://www.lupus.org/action/lupus-awareness-month
	National Arthritis Month	http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6416a5.htm http://www.longvieworthopaedic.com/about-us/media/may-is-national-arthritis-awareness-month/
	National Physical Fitness and Sports Month	https://healthfinder.gov/nho/maytoolkit.aspx http://www.fitness.gov/news-highlights/news-articles/2014-hhs-may.html
	Healthy Vision Month/UV Awareness Month	www.nei.nih.gov/hvm
	Melanoma/Skin Cancer Detection & Prevention Month	https://healthfinder.gov/nho/MayToolkit2.aspx
	National Asthma & Allergy Awareness Month	http://www.aafa.org/page/asthma-and-allergy-awareness-month.aspx
	National High Blood Pressure Education Month	http://www.nhlbi.nih.gov/health-pro/resources/heart/may-national-high-blood-pressure-education-month
	National Osteoporosis Awareness & Prevention Month	http://nof.org/nationalosteoporosismonth
	National Stroke Awareness Month	http://www.strokeassociation.org/STROKEORG/AboutStroke/AmericanStrokeMonth/American-Stroke-Month_UCM_459942_SubHomePage.jsp
June		
	Great Outdoors Month	http://americasgreatoutdoors.org/ http://www.nwf.org/Great-American-Campout.aspx ;
	Get Outdoors Day	http://www.nationalgetoutdoorsday.org/
	National Trails Day—June 4	http://www.americanhiking.org/national-trails-day/
	National Cancer Survivors Day	www.ncsdf.org

Month	Awareness/Holidays	Links
	National HIV Testing Day—June 27	https://www.aids.gov/news-and-events/awareness-days/hiv-testing-day/
	Free Fishing Weekend	http://takemefishing.org/nfbw/
	Wildlifer Challenge	http://www.kansaswildlifer.com/
	Great American Backyard Campout	http://www.nwf.org/Great-American-Backyard-Campout.aspx http://www.kidsoutandabout.com/content/camping-kids-celebrate-summer-participating-great-american-backyard-campout
	Summer Solstice	
	World Environment Day	www.unep.org/wed
	Men's Health Week	http://makinghealtheasier.org/profiles/blogs/national-men-s-health-week-tips-for-men-to-stay-healthy http://www.menshealthmonth.org/
July		
	National Park and Recreation Month	http://www.nrpa.org/july/
	Independence Day (4 th of July)	http://greatist.com/fitness/12-ways-stay-fit-july-4th
August		
	Kids Eat Right Month	http://www.eatright.org/kidseatrightmonth/
	Farmers Market Week	http://www.cuesa.org/article/national-farmers-market-week
	Family Meals Month	http://healthymeals.nal.usda.gov/features-month/august/family-meals-month
	National Immunization Awareness Month	https://www.nphic.org/niam-logosbanners
	National Breastfeeding Month	http://www.usbreastfeeding.org/NBM

Month	Awareness/Holidays	Links
	World Breastfeeding Week	http://worldbreastfeedingweek.org/ http://www.who.int/mediacentre/events/meetings/2015/world-breastfeeding-week/en/
	National Health Center Week	www.healthcenterweek.com
September		
	National Whole Grains Month	http://wholegrainscouncil.org/get-involved/celebrate-whole-grains-month-in-september
	Labor Day	http://www.active.com/fitness/articles/labor-day-activities-that-burn-calories
	Fruits & Veggies – More Matters Month	http://healthfinder.gov/nho/SeptemberToolkit2.aspx https://www.foh.hhs.gov/calendar/morematters.html
	National Childhood Obesity Awareness Month	http://healthfinder.gov/nho/SeptemberToolkit.aspx
	National Farm Safety & Health Week	http://www.farmsafetyforjustkids.org/farm-safety-and-health-week-2015/
	National Women's Health & Fitness Day	http://www.fitnessday.com/women/index.htm
	National Family Health & Fitness Day USA	http://www.fitnessday.com/family/
	Healthy Aging Month	http://www.healthandtheaging.org/?tribe_events=healthy-aging-month
	Walk to End Alzheimer's	www.alz.org http://act.alz.org/site/TR/Walk2016/KS-CentralandWesternKansas?fr_id=9005&pg=entry
	Blood Cancer Awareness month	http://www.ils.org/blood-cancer-awareness-month
	Childhood Cancer Awareness month	http://www.acco.org/awareness-advocacy/childhood-cancer-awareness-month/

Month	Awareness/Holidays	Links
	National Ovarian Cancer Awareness Month	http://ovariancancerawareness.org/
	Prostrate Health Month	http://www.pcf.org/site/c.leJRIRORepH/b.8781439/k.6DAD/Prostate_Cancer_Awareness_Month_is_about_Being_Aware_and_Informed.htm
	National Cholesterol Education Awareness Month	www.cdc.gov/features/cholesterolawareness/
	Baby Safety Awareness Month	http://www.jpma.org/?page=baby_safety_month
	Family Health and Fitness Day USA (last Saturday)	www.fitnessday.com/family
	Active Aging Week	https://www.icaa.cc/aaw.htm
	Suicide Prevention Week	http://www.suicidology.org/about-aas/national-suicide-prevention-week
	National Childhood Injury Prevention Week	www.healthychildren.org www.safekids.org
	National Yoga Month	www.yogamonth.org
	National Public Lands Day	www.publiclandsday.org
October		
	National Walk to School Day	http://www.walkbiketoschool.org/ready/about-the-events/walk-to-school-day
	National Walk Your Dog Week	http://www.walkyourdogweek.com/
	Walktober	http://www.thewalkingclassroom.org/tag/walktober/
	Child Health Day	http://www.timeanddate.com/holidays/us/child-health-day

Month	Awareness/Holidays	Links
	Farm to School Month	http://www.farmtoschool.org/our-work/farm-to-school-month
	National Health Education Week	https://www.sophe.org/nhew.cfm
	Harvest Week	http://gardencommunity.heart.org/photos/1057
	National School Lunch Week	http://schoolnutrition.org/nslw2015/
	Eat Better, Eat Together Month	http://nutrition.wsu.edu/ETEB/
	American Heart Walk	www.heartwalk.org
	Children's Health Month	http://www.epa.gov/children/childrens-health-month
	Healthy Babies Month	www.marchofdimes.com https://www.healthstatus.com/health_blog/pregnancy/healthy-babies-month/
	Healthy Lung Month	www.lungusa.org
	National Breast Cancer Awareness Month	http://www.nationalbreastcancer.org/breast-cancer-awareness-month
	National Down Syndrome Awareness Month	http://www.ndss.org/About-NDSS/Our-Team/Ambassadors/Goodwill-Ambassador/Straight-Talk-with-Chris-Burke/Down-Syndrome-Awareness-Month/
	National Sudden Infant Death Syndrome (SIDS) Awareness Month	http://www.firstcandle.org/october-is-awareness-month/ https://www.nichd.nih.gov/news/resources/spotlight/Pages/102014-october-SIDS.aspx
	National Spina Bifida Awareness Month	http://spinabifidaassociation.org/event/spina-bifida-awareness-month/
	National Mental Illness Awareness Week (first full week in October)	https://www.nami.org/miaw
	Red Ribbon Week	http://redribbon.org/

Month	Awareness/Holidays	Links
November		
	National Eating Healthy Day	http://www.heart.org/HEARTORG/GettingHealthy/NutritionCenter/National-Eating-Healthy-Day-2013_UCM_454414_Article.jsp
	National Diabetes Awareness Month	http://www.diabetes.org/in-my-community/american-diabetes-month.html www.diabetes.org
	Veterans Day	
	Thanksgiving	http://greatist.com/health/fit-healthy-thanksgiving-tips
	Take a Hike Day	http://www.americanhiking.org/national-take-hike-day/
	The Great American Smokeout	http://www.cancer.org/healthy/stayawayfromtobacco/greatamericansmokeout/index
	National Alzheimer's Disease Awareness Month	http://www.alz.org/co/in_my_community_alzheimers_awareness_month.asp
	Lung Cancer Awareness Month	http://www.lungcanceralliance.org/get-involved/help-raise-awareness/lung-cancer-awareness-month.html
	Pancreatic Cancer Awareness Month	https://pancreaticcanceraction.org/support-us/awareness-month/
	Prematurity Awareness Month	http://www.marchofdimes.org/news/november-is-prematurity-awareness-month.aspx
	National Family Health History Day	www.hhs.gov/familyhistory/
	Tie One on For Safety Campaign	http://www.madd.org/blog/2015/december2015/tie-one-on-for-safety-coast.html
December		
	Eat a Red Apple Day	http://www.punchbowl.com/holidays/eat-a-red-apple-day
	National Hand Washing Awareness Week	http://www.henrythehand.com/news-events/national-handwashing-awareness-week/

Month	Awareness/Holidays	Links
	Safe Toys and Gifts Month	https://child-familyservices.org/december-is-national-safe-toys-and-gifts-month/ https://www.hap.org/health/topic/safetoymonth.php
	National Drunk and Drugged Driving Prevention Month	www.nhtsa.gov/StopImpairedDriving https://www.whitehouse.gov/the-press-office/2015/12/01/presidential-proclamation-national-impaired-driving-prevention-month
	National Influenza Vaccination Week	www.cdc.gov/flu/nivw
	International Volunteer Day	www.worldvolunteerweb.org http://www.unv.org/what-we-do/intl-volunteer-day.html
	Christmas – December 25	

Additional Resource:

Federal Occupational Health Toolkits: <http://foh.hhs.gov/library/toolkits.html>