Johnson County Department of Health and Environment

Community Health Improvement Plan

2012 – 2017
Thank you to the great community partners who participated in the Johnson
County Community Health Assessment and Community Health Improvement Plan.

**CHAP Coalition Members**

<table>
<thead>
<tr>
<th>Organization</th>
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<tbody>
<tr>
<td>American Heart Association</td>
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<tr>
<td>Blue Cross Blue Shield of Kansas City</td>
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<td>Blue Valley School District</td>
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<td>Carondelet Health</td>
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<td>Cerner</td>
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<td>Children’s Mercy Hospital</td>
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<td>Cleveland Chiropractic College</td>
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<td>Drug and Alcoholism Council</td>
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<td>El Centro</td>
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<td>Health Partnership Clinic</td>
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<td>Humana</td>
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<td>Johnson County Department of Health and Environment</td>
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<td>Johnson County Developmental Supports</td>
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<td>Johnson County Human Services</td>
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<td>Johnson County Library</td>
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<td>Johnson County Mental Health Center</td>
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<td>Johnson/Wyandotte County Medical Society</td>
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<td>Kansas State Extension Office</td>
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<td>Marillac</td>
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<td>Mercy and Truth Medical Missions</td>
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<td>University of Kansas Medical Center</td>
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<td>League of Women Voters</td>
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<td>Mother and Child Health Coalition</td>
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<td>Olathe Medical Center</td>
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<td>PB &amp; J Restaurants</td>
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<td>REACH Health Care Foundation</td>
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<td>Regional Prevention Center</td>
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<td>Saint Luke’s Health System</td>
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<td>Shawnee Mission School District</td>
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Johnson County Community Health Assessment/Community Health Improvement Plan

CHAP History
According to the National Association of County and City Health Officials, the purpose of local health departments is to create environments where people can be healthy. Public health departments do this through the core functions of assessment, policy development and assurance. Assessment, or the measuring, monitoring and investigation of the public’s health is the cornerstone of all public health services as it allows people and organizations throughout the public health system to make educated decisions.

Community health assessment can be defined as a systematic process of identifying and prioritizing health issues, targeting the populations with the most need and taking action in the most cost effective and efficient way. The Public Health Accreditation Board defines community health improvement plan as a long-term, systematic effort to address health problems on the basis of the results of assessment activities and the community health improvement process. This plan should be used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources. A Community Health Improvement Plan is critical for developing policies and defining actions to target efforts that promote health. It should define the vision for the health of the community inclusively and be accomplished in a timely manner.

Community health assessment and improvement works best through a collaborative process as evidenced by the Johnson County Community Health Assessment Process (CHAP).

Facilitated by Johnson County Department of Health and Environment (JCDHE), CHAP is a group of community partners that historically have come together to identify opportunities for improving the health of people living in Johnson County. These partners work together in a collaborative way to address health issues of the community. The work of the coalition is evidence based, using proven scientific data to identify opportunities for improving the health and wellbeing of the citizens of Johnson County.
CHAP borrows methods from other common frameworks such as *Mobilizing for Action through Planning and Partnerships* (NACCHO, 2011) and *Health Needs Assessment: A Practical Guide* (Cavanagh & Chadwick, 2005). Community health assessment is using data from a variety of reliable sources on needs, assets, and best practices, in conjunction with community partners to bring about change that has high potential to improve the community’s health.

In 1996, JCDHE initiated a formal community health assessment. CHAP’s goal was to improve and maintain a high level of health for the Johnson County citizenry by evaluating existing systems of care, establishing health priorities, recommending the implementation of health programs and services and planning & implementing processes and conducting ongoing evaluations. Approximately 1,200 citizens were surveyed and the results tabulated. Over 400 individuals (CHAP Ambassadors), representing diverse county groups were responsible for promoting CHAP within the community. CHAP Ambassadors worked together to identify the three areas of most concern to the citizens of Johnson County. The Steering Committee, appointed from the CHAP Ambassadors, was charged with designing and overseeing the initiatives to respond to these concerns.

In 2000, a second survey was conducted, results were tabulated and priorities were re-established. The public health issues that were identified in the initial survey and again in the subsequent survey were: Access to Care, Physical Fitness/Obesity, Childhood Injury Prevention. A fourth issue was introduced in 2004, Tobacco/Clean Indoor Air Quality. Soon after that Oral Health was added as a focus. The following are activities that were accomplished through community collaboration:

- recruitment for Healthwave (Medicaid) for children at 150%-200% of poverty
- participation in the Danford Dental Referral Service for county residents
- creation and continued refinement of JocoHealth.net, an online database of available free/low cost health services
- identified the need for health care access in southern Johnson County that assisted in Health Partnership opening up a second location in Olathe
- initiated a Fitness Room in a local community center
- encouraged walking as a good exercise by providing pedometers to doctors to distribute to their patients as incentives to increase exercise
- assisted in creating and promotion of “Kid Power KC”, an exercise and nutrition program for kids
- created and continues to implement activities and events through the Safe Kids Johnson County on such issues as child passenger safety, bike safety, home safety, fire/burn prevention and other safety topics
- provision of information assisting Johnson County cities considering clean indoor air smoking ordinances
- assistance with creating and monitoring the website, [www.cleanairkc.com](http://www.cleanairkc.com)
- establishment of “Elder Smiles”, on-site dental services for seniors in long-term care facilities
CHAP 2011

In 2011, approximately 85 community partners from schools, hospitals, safety net organizations, community organizations, businesses and faith-based organizations again participated in a health assessment of the Johnson County community. Over a four month time period, CHAP partners met to process data and make decisions. Key steps included:

- Describing the community
  U.S. Census data, local demographic data from United Community Services of Johnson County

- Collecting and analyzing data and community perspectives
  Johnson County Behavioral Risk Factor Surveillance System data, local health data, poverty, homelessness, hunger, kids, seniors, insured/uninsured, etc

- Identifying community strengths and challenges
  Discussion/Viewpoints from the participating community sectors

- Identifying community health priorities
  Participants were asked to identify what they did not want as a priority and at the next meeting, as a measure of validating the results, participants were asked to identify what they did see as a priority.

The following priorities were selected:
  - Physical Activity/Nutrition
  - Access to Health Care
  - Substance Abuse/Mental Health

Community partners then began to meet in smaller priority work groups to develop attainable goals and objectives that are able to be accomplished within the next 1-2 years. Steps included:

- Assessing Community Systems
  - What organizations are represented and what activities are done in that organization that might impact the priority area
  - Additional potential partners and relevant activities

- Assessing the Landscape
  - What has happened or failed to happen
  - What do your experience and your research tell you
  - What resources are currently being directed toward this problem
  - What does the data tell you
  - What is the history
- Identifying Potential Outcomes & Strategies
  
  - What realistic changes do you think your team can accomplish to impact the issue within the next 1-2 years?
  - In the next 5 years?
  - What, if any, additional information do you need?

- Setting Priorities
  
  - Greatest Opportunities for Impact
  - Potential Strategies
  - Reasoning for each strategy

- Formulating Goals and Strategies
  
  - Select and adopt strategies
  - Draft implementation details
    - timeline
    - actions that need to take place
    - organizations and individuals who should be involved
    - resources needed and how to secure them

- Developing Action Steps
  
  PEARL Test for Strategy Identification
  - Propriety – Consistent with essential services and public health principles?
  - Economics – Financially feasible? Make economic sense?
  - Acceptability – Will stakeholders and community accept the strategy?
  - Resources – Funding available? Expertise, space?
  - Legality – Do currently laws allow implementation?

From Strategies to Action to Results:

- Planning for Action
  
  - Develop Measurable Objectives
  - Establish accountability for achieving objectives
  - Identify - plan for accountability and linkages, address gaps and ensure small groups are working effectively
  - Develop action plans
  - Review action plans for opportunities for coordination
- Implementation

- Review action plans for opportunities for coordination and identify duplicated activities
- Implement and monitor action plans
- Participants should be involved in implementing at least one strategy
- Consider bringing on board individuals or groups who are effective implementers

Example:

**Key SWOT Questions**

**STRENGTHS to implement this Strategy**
- What do we do exceptionally well?
- What advantages do we have?
- What valuable assets and resources do we have?
- What do we as partners identify as our strengths?

**WEAKNESSES to implement this Strategy**
- What could we do better?
- What might this strategy receive complaints about?
- Where are we vulnerable?

**OPPORTUNITIES to implement this Strategy**
- What opportunities do we know about, but have not addressed?
- Are there emerging trends on which we can capitalize?

**THREATS to implement this Strategy**
- Are weaknesses likely to make us critically vulnerable?
- What external roadblocks exist that block our progress?
- Is there significant change coming in Delaware County?
- Are economic conditions affecting our financial viability?
Visual View of Approach:

Work Groups used the Outcomes-Based Planning Worksheet tool to plan initiatives. Elements of the worksheet included:

- Identification of the Strategic Area
- Identification of the Target Audience(s)
- Listing of the SMART Objective
- Description of Strategy & Associated Action
  (What is the overall strategy and what evidence-based action will be taken?)
- Who will do what specific actions/tasks?
- How much will they do?
- By when? (Provide the specifics of what will be done, by whom and when)
- If-Then & Evaluation
  (What immediate changes/outcomes are expected as a result of this specific action that will contribute to the objective? How will you measure success?)
- Resources Needed & Budget
  (Resources include people, materials, supplies, etc., and money.)

- Evaluation

Once strategies are implemented, questions to be answered about evaluation methods:

- Who is the evaluation for?
- What program are we evaluating?
- What methods will we use?
- What questions will the evaluation answer?
What strategy will be used for reporting the results?
How will we gather and analyze information that is credible?
How will we justify our conclusions?
How can we assure that what we learn will be used?
How do we devise a deliberate effort to share with community?
The World Health Organization defines physical activity as any bodily movement produced by skeletal muscles that requires energy expenditure. Physical inactivity (lack of physical activity) has been identified as the fourth leading risk factor for global mortality (6% of deaths globally). Moreover, physical inactivity is estimated to be the main cause for approximately 21–25% of breast and colon cancers, 27% of diabetes and approximately 30% of ischemic heart disease burden.

According to the World Health Organization, regular and adequate levels of physical activity in adults:

- reduce the risk of hypertension, coronary heart disease, stroke, diabetes, breast and colon cancer, depression and the risk of falls;
- improve bone and functional health; and
- are a key determinant of energy expenditure, and thus fundamental to energy balance and weight control.

Substantial health benefits are gained by doing physical activity according to the 2008 Physical Activity Guidelines for Americans published by the U.S. Department of Health and Human Services. Below are the guidelines:

**Children and Adolescents (aged 6–17)**

- Children and adolescents should do 1 hour or more of physical activity every day.
- Most of the 1 hour or more a day should be either moderate- or vigorous-intensity aerobic physical activity.
- As part of their daily physical activity, children and adolescents should do vigorous-intensity activity on at least 3 days per week. They also should do muscle-strengthening and bone-strengthening activity on at least 3 days per week.

**Adults (aged 18–64)**

- Adults should do 2 hours and 30 minutes a week of moderate-intensity, or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. Aerobic activity should be performed in episodes of at least 10 minutes, preferably spread throughout the week.
- Additional health benefits are provided by increasing to 5 hours (300 minutes) a week of moderate-intensity aerobic physical activity, or 2 hours and 30 minutes a week of vigorous-intensity physical activity, or an equivalent combination of both.
- Adults should also do muscle-strengthening activities that involve all major muscle groups performed on 2 or more days per week.
Older Adults (aged 65 and older)

- Older adults should follow the adult guidelines. If this is not possible due to limiting chronic conditions, older adults should be as physically active as their abilities allow. They should avoid inactivity. Older adults should do exercises that maintain or improve balance if they are at risk of falling.

For all individuals, some activity is better than none. Physical activity is safe for almost everyone, and the health benefits of physical activity far outweigh the risks.

The Merriam Webster Dictionary defines nutrition as “the act or process of nourishing or being nourished; specifically: the sum of the processes by which an animal or plant takes in and utilizes food substances.”

The U.S. Department of Agriculture’s 2010 Dietary Guidelines for Americans provides advice for making food choices that promote good health, a healthy weight, and help prevent disease for healthy Americans ages 2 and over. Included in the guidelines are four major action steps for the American public:

1. Reduce the incidence and prevalence of overweight and obesity of the US population by reducing overall calorie intake and increasing physical activity.

2. Shift food intake patterns to a diet that emphasizes vegetables, cooked dry beans and peas, fruits, whole grains, nuts, and seeds. In addition, increase the intake of seafood and fat-free and low-fat milk and milk products and consume only moderate amounts of lean meats, poultry, and eggs.

3. Significantly reduce intake of foods containing added sugars and solid fats because these dietary components contribute excess calories and few, if any, nutrients. In addition, reduce sodium intake and lower intake of refined grains that are coupled with added sugar, solid fat, and sodium.


In Johnson County, according to the 2009 Behavioral Risk Factor Surveillance System, adults (18 and over) were asked two questions about their physical activity levels –

1) Participation in 30+ minutes of moderate physical activity five or more days per week or vigorous physical activity for 20+ minutes three or more days per week:

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<tbody>
<tr>
<td>No</td>
<td>46.8</td>
</tr>
<tr>
<td>Yes</td>
<td>53.2</td>
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</table>
2) Participation in 20+ minutes of vigorous physical activity three or more days per week:

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
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<tr>
<td>66.3</td>
<td>33.7</td>
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</table>

When asked about consumption of fruits and vegetables five or more times per day, adults in Johnson County answered:

<table>
<thead>
<tr>
<th>Consume 5 or more times per day</th>
<th>Consume less than 5 times per day</th>
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<tr>
<td>21.3</td>
<td>78.7</td>
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According to the 2010 Behavioral Risk Factor Surveillance System, 59% of adults (18 and over) are overweight or obese.

<table>
<thead>
<tr>
<th>Neither overweight nor obese (bmi less than 24.9)</th>
<th>OVERWEIGHT (bmi 25.0 - 29.9)</th>
<th>OBESE (bmi 30.0 - 99.8)</th>
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<tbody>
<tr>
<td>41.0</td>
<td>35.3</td>
<td>23.7</td>
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The Johnson County Community Health Assessment Process Physical Activity/Nutrition work group decided on the following strategies:

1) Increase access to and participation in physical activities.

2) Increase access to and consumption of healthy foods.

Outputs include:

- Walkability assessments - designed to assess how “walkable” a geographic area is for pedestrians.

- Walking School Bus plans - a walking school bus is a group of children walking to school with one or more adults.

- Complete Streets policy initiatives – a Complete Streets policy ensures that transportation planners and engineers consistently design and operate the entire roadway with all users in mind - including bicyclists, public transportation vehicles and riders, and pedestrians of all ages and abilities.
- Healthy Foods Communications plan – a plan using email, website and blog designed to keep current Healthy Foods stakeholders informed and involve new members.

- Healthy Foods Coalition - that includes stakeholders from all factions.

- Assessment of the community food environment – what are the issues with accessing healthy food in Johnson County.

Environmental outcomes:

- By December 31, 2016 increase the number of City/County governments from 3 of 20 to 7 of 20 that have adopted Complete Streets Resolutions in Johnson County that encompass at least 5 of 10 Essential Elements as defined by the National Complete Streets Coalition.

- By December 31, 2016 support implementation of Complete Streets Resolutions in Johnson County by: 1) participating in city driven initiatives that encourage robust implementation in communities, 2) continuously work to engage new partners, 3) actively seek monetary and in-kind resources that advance CHIP goals, and 4) provide technical assistance and support to partners and other community groups engaged in supporting activities.

- By June 30, 2013 at least 4 Johnson County Schools will have: 1) received Walking School Bus training, 2) completed neighborhood walkability assessments, 3) shared assessments with city decision makers, and 4) sufficient volunteer support to implement a Walking School Bus program for the 2013-2014 school year.

- By April, 2013, develop a community Health Food plan and begin implementing plan strategies by July 2013.

- By January 1, 2017, increase consumption of healthy foods in Johnson County through the efforts of the Healthy Foods Johnson County group.

Behavioral and health outcomes:

✓ Increased physical activity in youth (self reported).
✓ Increased physical activity in adults as measured by the Behavioral Risk Factor Surveillance System (BRFSS) - Johnson County data.
✓ Communities implement policies and practices to increase consumption of healthy food in Johnson County.
✓ Increase in consumption of fruits and vegetables in adults as measured by the BRFSS.
✓ Reduction of youth obesity.
✓ Reduction of adult obesity as measured by the BRFSS.
✓ Reduction in chronic disease as measured by the BRFSS.
✓ Improved perceived health status as measured by the BRFSS.
**Physical Activity and Nutrition Conceptual Model**

**Inputs**
- Policy/Advocacy Professionals
- Chronic Disease Risk Reduction Grant
- CHAP Partnerships
- Healthy Food Johnson County

**Strategies**
- Increase Access to and participation in physical activities
- Walking School bus Plans
- Complete Streets Policy Initiatives
- Identify and enlist policy makers to support our initiatives
- Implement Communications plans
- Convene Healthy Food Coalition
- Begin community assessment of food environment

**Outputs**
- Walkability Assessment

**Policy/Environmental Outcomes**

**Behavioral Outcomes**
- Increase Physical Activity in youth (Measure: No local data available)
- Increase Physical Activity in adults (Measure: BRFSS)

**Health Outcomes**
- Reduction in Youth Obesity (Measure: No local data available)
- Reduction in Adult Obesity (Measure: BRFSS)
- Reduction in chronic disease (Measure: BRFSS)
- Improved perceived health status (Measure: BRFSS)

Based on further assessment & evaluation

Four additional cities will adopt complete streets resolutions that encompass at least 5 of 10 essential elements defined by the NCSC Measure: Dec. 31, 2016 (7 of 20 cities will have CS)

Support implementation of Complete Streets Resolutions by: 1) participating in city level initiatives, 2) engage additional partners, 3) actively seek monetary and in-kind support, 4) provide technical assistance. - December 31, 2016

At least 4 schools will have 1) received WSB training, 2) completed walkability assessments, 3) shared assessments with city decision makers, and 4) built sufficient volunteer support to implement program. - June 30, 2013

Develop community Healthy Food plan by April 2013 and begin implementing plan strategies by July 2013.

Increase in number of fruits and vegetables consumed daily (adults). (Measure: BRFSS)

Communities implement policies and practices to increase consumption of healthy food.
According to the Centers for Disease Control and Prevention’s “Vital Signs”, new 2010 estimates show that the number of Americans without health insurance is growing, affecting middle-income Americans as well as those living in poverty. About 50 million adults 18–64 years old had no health insurance for at least some of the past 12 months. People in all income brackets have been affected, not just adults living in poverty, according to a 2009 survey. In the past few years, the number of adults aged 18–64 who went without health insurance for at least part of the past 12 months increased by an average of 1.1 million per year. About half of those additional adults were middle-income.* Adults without consistent health insurance are more likely to skip medical care because of cost concerns, which can lead to poorer health, higher long-term health care costs, and early death.
*About $43,000–$65,000 household income for a household of four.

The Affordable Care Act is projected to extend health insurance for up to 94% of people below 65 years old (an additional 32 million people) by 2019. It can reduce skipped or delayed care because people are less likely to have gaps in insurance. The Act requires insurance plans to cover and not charge co-payments for effective preventive services. Greater use of these services could save 100,000 lives each year.

United Community Services of Johnson County issued the “Human Need in Johnson County, Kansas” fact sheet in December 2011. It reports that 1 in 9 county residents under the age of 65 do not have health insurance, representing approximately 51,000 people and 11% of the population. More than ½ live in households with income below 200% of the federal poverty level.

According to the 2009 BRFSS, 12.5% of adults in Johnson County did not have a personal doctor or health care provider.

<table>
<thead>
<tr>
<th>Yes Health Care Provider</th>
<th>No Health Care Provider</th>
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<td>87.5</td>
<td>12.5</td>
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The Johnson County Community Health Assessment Process Access to Care work group decided on the following strategies:

1) Increase the connectedness of social and health service agencies, with regard to referring clients to services.

2) Provide access to dental screenings for all Johnson County youth, through dental/school collaboration.
Outputs include:

- Registering new users for the Caseworker Resource Center (CRC) - a database of social services available.

- Train new users to use the CRC.

- Re-train existing users to use the CRC.

- Aligning the Johnson County plan for access to dental screenings for youth with the Kansas oral health plan.

- Identify volunteer dentists.

- Identify participating school districts.

- Develop standard parent notification and referral forms.

- Oral health surveillance – tracking the screenings.

Environmental outcomes:

- By 2014, increase user access to and use of the Caseworker Resource Center to include five hospitals, safety net clinics, seven school districts, and other human services agencies in Johnson County.

- By 2017, all Johnson County K-12 schools (public & private) will, in partnership with the local dental community, conduct annual dental screenings as required by state law, including follow-up referral services.

Behavioral and health outcomes:

- Increased knowledge and skills of new CRC users by 2015 by measuring post-test scores (on CRC topics) will be, on average, 30% greater than pre-test scores.

- Increased user’s use of the CRC by 2015, by measuring a 25% increase between the first year registrations as compared to the second year registration, monitored by IP address access.

- A greater proportion of Johnson County youth are screened for dental issues, measured by the 2017 school surveillance.

- Improved client outcomes (perceived).

- Increased collaboration (self-reported).

- Reduction in the number of untreated youth dental caries. (Goal- Healthy People 2020).

- Reduction in the number of youth dental caries. (Goal – Healthy People 2020).
<table>
<thead>
<tr>
<th>Inputs</th>
<th>Strategies</th>
<th>Outputs</th>
<th>Policy/Environmental Outcomes</th>
<th>Behavioral Outcomes</th>
<th>Quality/Health Outcomes</th>
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<tbody>
<tr>
<td>Identify new inputs, adopt new strategies and develop new outputs</td>
<td>Based on further assessment &amp; evaluation</td>
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**“Broad Access”**

- Increase the connectedness of social and health service agencies, with regard to referring clients to services.
- Increase the number of CRC users by 2014.
  - Measure:
    - 5 hospitals &/or safety-net clinics
    - 7 school districts
    - A number of miscellaneous human service agencies
- Increase users use of the CRC by 2015.
  - Measure:
    - 25% increase between the first year being registered to the second year being registered, as monitored by IP address access.

**“Targeted Access”**

- Provide access to dental screening for all Johnson County youth, through dentist/school collaboration.
- Align JoCo plan with Kansas oral health plan.
- Identify volunteer dentists.
- Identify participating school districts.
- Develop standard parent notification and referral forms.
- Oral health surveillance (track screenings).
- Increase the number of schools with dental screening programs.
  - Measure: By 2017:
    - All schools will conduct annual dental screenings.
    - All children will be referred for follow-up services.
- A greater proportion of Johnson County youth are screened for dental issues.
  - Measure: By 2017 School surveillance

**Behavioral Outcomes**

- Increase knowledge and skills of new CRC users by 2015.
  - Measure:
    - Post test scores will be, on average, 30% greater than pre-test scores.
- Increase users use of the CRC by 2015.
  - Measure:
    - 25% increase between the first year being registered to the second year being registered, as monitored by IP address access.
- A greater proportion of Johnson County youth are screened for dental issues.
  - Measure: See HP 2020

**Quality/Health Outcomes**

- Improved client outcomes.
  - Measure is conceptual
- Increased collaboration.
  - Measure is self-reported (conceptual)
- Reduction in the number of untreated youth dental caries.
  - Goal: See HP 2020
  - Measure: None available - look into surveillance system
- Reduction in the number of youth dental caries.
  - Goal: See HP 2020
  - Measure: None available – look into surveillance system

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**Access to Care Conceptual Model**

- CHAP Partnerships
- Community Resource Center (website)
- Social service and health service agencies involved with CHAP
- Schools involved with CHAP
- Dentists

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Page | 16
The World Health Organization (WHO) defines mental health as the following “Mental Health refers to a broad array of activities directly or indirectly related to the mental well-being component.” Included in the WHO's definition of health: "A state of complete physical, mental and social well-being, and not merely the absence of disease". It is related to the promotion of well-being, the prevention of mental disorders, and the treatment and rehabilitation of people affected by mental disorders.

According to the Substance Abuse and Mental Health Services Administration’s (SAMHSA), “Mental Health in the United States 2010”, mental disorders are common, often serious, and treatable disorders that have a major impact on the U.S. population. An essential building block in the effort to prevent, treat, and assist in recovery from mental disorders is an understanding of the prevalence of mental disorders. Prevalence estimates contribute to developing an accurate picture of the level and type of mental health care needs for the overall U.S. population, as well as the risk of mental disorders within specific subpopulations of interest.

- Approximately 11 million U.S. adults (4.8 percent) had serious mental illness (SMI) in 2009.

- More than one quarter of adults with SMI also had co-occurring substance dependence or abuse in 2009.

- During the 2001–2004 period, one out of eight U.S. children aged 8 to 15 (or 13.1 percent) had a mental health disorder in the past year.

In Johnson County, according to the 2009 Behavioral Risk Factor Surveillance System, 7.1% of the adult population or >38,000 people, over the age of 18, reported that their mental health was not good on 14 or more days in the past 30 days.

Furthermore, the 2010 BRFSS reports that 18.4% (up from 16.7% in 2009) self-reported that they are binge drinkers. Binge drinking is defined as males having five or more drinks on one occasion, females having four or more drinks on one occasion.

<table>
<thead>
<tr>
<th>Yes – Binge Drinking</th>
<th>No – Binge Drinking</th>
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<tr>
<td>18.4</td>
<td>81.6</td>
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The Johnson County Community Health Assessment Process Mental Health/Substance Abuse work group decided on the following strategies:

1) Design a population based media campaign intervention.

2) Train individuals to identify and intervene in mental health issues.
Outputs include:

- Create and implement a media campaign that includes artwork specifically targeted to mental health issues and substance abuse in youth. Artwork will be displayed in posters, mall kiosks and billboards in Johnson County.

- Promote and offer scholarships to the “Mental Health First Aid” classes - a public education program that helps the public identify, understand, and respond to signs of mental illnesses and substance use disorders.

Environmental outcomes:

- By December 31, 2012, design and implement a print media campaign generating at least 2,000,000 impressions aimed at increasing awareness of substance abuse among (specifically) youth and (generally) adults.

- By January 1, 2017, reduce the stigma associated with mental illness, improve recognition of mental disorders among community members, improve the community’s ability to intervene with mentally ill individuals by:
  1) Providing Mental Health First Aid classes to at least 90 individuals from a variety of community sectors through class scholarships.
  2) Promoting the Mental Health First Aid class at least three times per year, to ensure maximum enrollment in classes.
  3) Providing community education on the interconnectedness between mental health and substance abuse.

Behavioral and health outcomes:

- Decreased consumption of alcohol among youth, measured by the Communities That Care (CTC) data.
- Decreased use of tobacco and other drugs among youth, measured by the CTC data.
- Increased knowledge of action plan to assist individuals in a mental health crisis. Data collected from MHFA participants.
- Help at-risk individuals increase their awareness of resources, data collection to be determined.
- Decreased binge drinking in Johnson County residents, as measured by the BRFSS.
- Decreased number of suicides among youth, as measured by vital statistics.
- Decreased number of adults who report their mental health was not good on 14 days or more in the past 30 days, as measured by BRFSS data.
### Mental Health/Substance Abuse Conceptual Model

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Strategies</th>
<th>Outputs</th>
<th>Policy/Environmental Outcomes</th>
<th>Behavioral Outcomes</th>
<th>Health Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify new inputs, adopt new strategies and develop new outputs Based on evaluation</td>
<td>Design a population based media campaign intervention.</td>
<td>Create and implement a media campaign that includes artwork specifically targeted to mental health issues and substance abuse in youth. Artwork will be displayed in posters, mall kiosks and billboards in Johnson County.</td>
<td>By December 31, 2012, design and implement a print media campaign generating at least 2,000,000 impressions aimed at increasing awareness of substance abuse among (specifically) youth and (generally) adults.</td>
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<tr>
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#### Mental Health/Substance Abuse Conceptual Model Strategies
- Design a population based media campaign intervention.
- Create and implement a media campaign that includes artwork specifically targeted to mental health issues and substance abuse in youth. Artwork will be displayed in posters, mall kiosks and billboards in Johnson County.

#### Mental Health/Substance Abuse Conceptual Model Outputs
- Decreased number of adults who report their mental health was not good on 14 days or more in the past 30 days. (BRFSS data)
- Increased knowledge of action plan to assist individuals in a mental health crisis. Data collected from MHFA participants.
- Help at-risk individuals increase their awareness of resources, data collection TBD.

#### Mental Health/Substance Abuse Conceptual Model Behavioral Outcomes
- By January 1, 2017, reduce the stigma associated with mental illness, improve recognition of mental disorders among community members, improve the community’s ability to intervene with mentally ill individuals by:
  1. Providing Mental Health First Aid classes to at least 90 individuals from a variety of community sectors through class scholarships.
  2. Promoting the Mental Health First Aid class at least three times per year, to ensure maximum enrollment in classes.
  3. Providing community education on the interconnectedness between mental health and substance abuse.
- Help at-risk individuals increase their awareness of resources, data collection TBD.
- Decreased number of suicides among youth. (Vital Statistics)
Continuing the Process

The Community Health Improvement Plan is a reflection of a window of time when priorities about the health of the community have been decided upon and resulting actions taken. It is intended to be a starting point, a beginning that will lead to a healthier Johnson County for our future generations.

The community is fortunate to have many talented, dedicated people and organizations that are interested in the overall health of our community and are willing to work to improve it. The Johnson County Department of Health and Environment will continue to organize this community collaboration, as well as monitor and report back on the progress of initiatives and successes that this Community Health Improvement Plan will realize.

May 2012