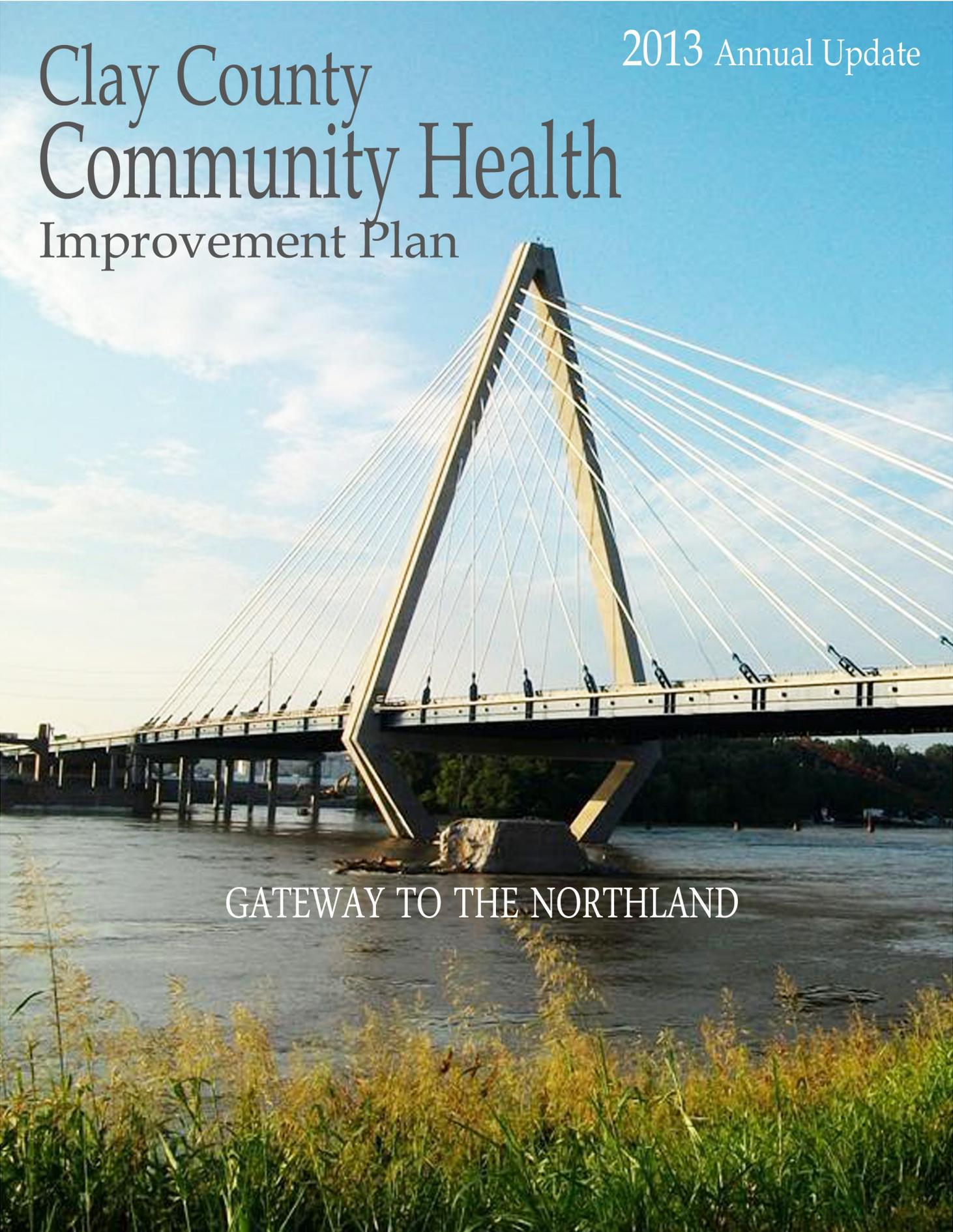


Clay County Community Health Improvement Plan

2013 Annual Update



GATEWAY TO THE NORTHLAND

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Executive Summary

We are pleased to present to you the annual review of the *Clay County Missouri 2013-2015 Community Health Improvement Plan (CHIP)*. This report comes about from the vast efforts made by the community partners of Clay County and the Clay County Public Health Center (CCPHC) during year one. Without their collaboration, none of this would be possible.

This report is the brief summary of the work on the CHIP. Year one has been a year for laying the foundation to create an environment which empowers all people in Clay County to lead healthier lives. (CCPHC's Vision statement)

To recap, a comprehensive review of the county wide health data originally indicated 5 priority areas and later a 6th was added:

- Diabetes
- Heart Disease
- Cancer
- Accidents/ Non-Intentional Injuries
- Chronic Obstructive Pulmonary Disease (COPD)
- Maternal and Child (added later)

A common approach used is the development of a county wide CHIP to address these issues. For Clay County, this is not the preferred approach. With the complexity and diversity of the varied communities in Clay County, we felt the information needed to be drilled down to the community level and address the issue(s) the individual community prioritizes. We call each individual community specific approach a "Mini-CHIP". The community is driving the effort and CCPHC is a willing partner to assist in the efforts.

In 2013, multiple efforts were started to develop "Mini-CHIPS". Liberty Parks and Recreation initiated a "Mini-CHIP", called Liberty Community Health Action Team (L-CHAT) that focuses on obesity in 10-14 year olds. The next upcoming "Mini-CHIP" is the Northland Maternal and Child Partnership that focuses on improving the health of pregnant and new mothers, and newborns/infants. More "Mini-CHIPS" will be developed. Also, CCPHC is developing a renewed effort to focus on partnerships and work more collaboratively with the community.

We're excited about the progress made already. We anticipate more partnerships will be developed in 2014 that will strive to promote healthy communities in Clay County.

Patricia Dixon, Chair, Board of Trustees
Clay County Public Health Center

Gary E. Zaborac, Director of Public Health
Clay County Public Health Center



List of Partners

- Vision North 2010-2015 partners
- Liberty Parks and Recreation Department
- Samuel U. Rodgers Health Center
- School Districts in the Northland:
 - North Kansas City School District
 - Liberty School District
 - Kearney School District
 - Smithville School District
 - Excelsior Springs School District
- Local Hospitals:
 - Liberty Hospital
 - North Kansas City Hospital
 - Excelsior Springs Hospital
 - Saint Luke's Hospital
 - Children's Mercy Hospital
- Local Health Departments:
 - Kansas City Health Department
 - Platte County Health Department
- Northland HealthCare Access
- Cities in Clay County
- Tri-County Mental Health
- Northland Community Foundation
- Liberty Community Health Action Team (L-CHAT)
- Northland Mother and Child Health Partnership
- Mid-Continent Public Library- Antioch Branch
- MOSAIC Life Care
- Northland Community Services Coalition
- Job Corps
- Mid American Regional Council (MARC)
- Kansas City Mother and Child Health Coalition
- Kansas City Data Consortium:
 - Kansas Health Departments- Douglas, Leavenworth, Wyandotte, and Johnson
 - Missouri Health Departments- Independence, Kansas City, Platte, Clay, Cass, and Jackson Counties
 - Missouri Department of Health and Senior Service
 - MARC



CHIP Status Update: GOAL #1

Goal 1: Collaborate with KCMO Health Department in the implementation of their CHIP for Kansas City Missouri residents in Clay County.

Objective 1.1: Evaluate potential opportunities for both agencies to share office space in Kansas City Missouri in Clay County - December 2012- December 31st, 2015 and ongoing.

Objective 1.2: Collaborate in the provision of services to Clay County residents in Kansas City Missouri in Clay County - December 2012 - December 31st, 2015 and ongoing.

Kansas City Health Department (KCHD) and Kansas City Health Commission have multiple partnerships and coalitions working on various CHIP initiatives. CCPHC and community partners are actively involved with some of these activities as well as working to form new partnerships.

Two new regional agreements have been signed.

One is a Memorandum of Agreement (MOA) between six local public health agencies serving the Missouri portion of the Kansas City Metropolitan Area. Beginning August 2013, the agreement standardized operating procedures for food handler training programs. This allows reciprocity of food handler training between Clay County Public Health Center; Cass County Health Department; Independence Health Department; Jackson County Public Works; Kansas City Health Department and Platte County Health Department. This change saves tax dollars and also saves local food establishments' time and effort when working across jurisdictional lines. Food workers will only have to complete food handler training and testing, pay fees, and secure a license in one jurisdiction to be eligible to work in the others. Workers are still required to renew their licenses periodically.

The second includes a Memorandum of Agreement between Clay County, Platte County, and Kansas City Missouri public health departments to work together in disease outbreak investigations in the school system. This agreement assigns lead responsibilities and direction based on the location of the school district's administrative office as well as adds additional manpower in the cases of large outbreaks.

Another regional initiative is the Kansas City Data Consortium (KCDC) group. This is a bi-state effort to become a regional leader in easy to use health data to improve health both at the local and regional level. The information will be used to provide regional public health administrators with recommendations concerning the top three health issues across the region. A collaborative regional effort allows for greater funding opportunities and availability of resources when working together on the same health issues. For Clay County, as well as other jurisdictions, the collaboration empowers more people to live healthier lives.



Potential Barriers/Trends:

Kansas City has primary jurisdiction for the control and containment of infectious diseases for all residents of Kansas City regardless of which county the city is in (Kansas City has residents in Clay, Platte, Cass, and Jackson counties). Therefore Kansas City is the lead on all KC CHIP initiatives as well as enforcing food codes, sewage, recreational waters, and all infectious diseases for the Kansas City portion of Clay County.

A trend has been started with these agreements of reciprocity and allows better access for training of people seeking employment in the food industry and protects some of our most vulnerable citizens from infectious diseases. In addition, CCPHC will assist the Kansas City CHIP initiatives and will continue to work with Kansas City to find common grounds.

One of the biggest identified barriers by KCDC is the way data is collected and reported in Kansas versus Missouri.

Current Status:

All agencies listed in the MOA communicate regularly on the progress of the agreement during the MARC Environmental Workgroup meetings. Epidemiologists and communicable disease control nurses continue to hold monthly telephone conferences and routinely monitor the Essence® software system that tracks reported diseases in the region.

Currently, we have a regional data consortium working to have consistent data collection and reporting. The consortium has completed a draft of a regional report on the top ten causes of death in the Kansas City Metro Area.

Future Steps:

- Identify permanent satellite location for the Kansas City Health Department in the Northland
 - o Co-location plans are underway
 - o Services to be offered include food establishment permits & classes, pool permits & classes, noise permits, lodging and childcare inspection
- The KCDC will provide a written report with recommendations to local public health administrators, with a focus on risk factors.

For more information regarding the Kansas City CHIP initiatives please see www.kcmo.gov website for the Kansas City Health Commission's annual report.



CHIP Status Update: GOAL #2

Goal 2: Evaluate the local public health system specific to the communities in Clay County.

Objective 2.1: Complete an evaluation of the effectiveness, accessibility, and quality of personal health services beginning January 1st, 2013 & ongoing to June 30th, 2015.

Objective 2.2: Complete an evaluation of the effectiveness, accessibility, and quality of population-based health services focusing on Chronic Disease beginning January 1st, 2013 & ongoing to June 30th, 2015.

In 2013, CCPHC realigned our budget to include a renewed focus on “Community Development”. In order to move forward with this endeavor, CCPHC has hired staff and trained them in Community Development.

CCPHC is developing a Community Development Model for public health, which will help us work more effectively with community partners. As we move forward, the evaluation will be patterned off of the *National Public Health Performance Standards Program* for a local public health system.

Potential Barriers/Trends:

Some of the barriers/trends to assessing community partnerships for personal and population-based health services are:

- Diverse communities consisting of urban, suburban, and rural areas
- Fifth largest county in the state of Missouri
- Third largest population of Hispanics in the state
- It is a designated Health Professional Shortage Area (HPSA) for Mental Health
- Lack of a central source to assist with accessing community resources
- A benefit to Clay County is the vast resources of service agencies and health advocates that are unique and operate independently. The potential barriers are finding and coordinating duplication/gaps in services and bringing them together.

Current Status:

Currently CCPHC is realigning and freeing up resources to work with the local community in assessing services available.

Future Steps:

- Begin personal and population-based services assessment
- Integrate personal and population-based data into individual Community Health Profiles and county-wide data sets
- Share assessment information with community partners and the public
- Encourage community leaders and partners to utilize the results to develop health strategies in local planning and policies to support Clay County citizens to lead healthier lives



CHIP Status Update: GOAL #3

Goal 3: Mobilize community partnerships to prioritize Chronic Disease health problems specific to a community.

Objective 3.1: Engage the stakeholders in community partnerships from July 1st, 2013 to December 31, 2015.

Objective 3.2: Develop and present specific Community Health Profiles to a minimum of three communities in Clay County beginning January 1st, 2013 & ongoing to June 30th, 2015.

While all the CHIP goals are related, 3 & 4 are closely tied together. The Liberty Parks and Recreation Department engaged CCPHC, Liberty Public School District, and Liberty Hospital as community partners in the development of the Liberty Community Health Action Team (L-CHAT) to reduce obesity in 10-14 year olds. See goal 4 for more information.

In 2012, the (currently known as) Northland Mother and Child Health Partnership (NM&CHP) began its infancy with CCPHC, Liberty Hospital and North Kansas City Hospital focusing on obtaining Baby-Friendly Hospital accreditation. In 2013, the Partnership changed its focus to maternal and child health issues in the Northland. After the release of the Maternal and Child Health Assessment, four priority areas were chosen:

- Breastfeeding
- Access to Care
- Smoking
- Mental Health

The partnership has grown to include 19 partners across the bi-county area of Clay and Platte, which includes Kansas City North. For more information see the *Northland Mother and Child Health Partnership 2013 Report* at www.clayhealth.com.



In 2013, CCPHC has been actively developing Community Health Profiles (CHP). The initial profile drafted was the City of Liberty. The draft was verbally presented at a Liberty Rotary meeting in the summer of 2013. This data was utilized in the development of the L-CHAT. Three more profiles are in development for North Kansas City, Gladstone, and Excelsior Springs. These have not been completed or presented in any format to date. The profiles will help empower individual communities to address health issues and develop improvement plans specifically concerning their community .

A state-wide effort is the Missouri Data Workgroup. This group involves the largest health departments working with the Missouri Department of Health and Senior Services to assist in improving the availability and accessibility of data. The Director of CCPHC is the Chairperson of this initiative. By working together we are able to have timely, accurate, and accessible health data which will help local health departments and coalitions, etc. identify the needs specific to communities.



Potential Barriers/Trends:

One of the potential barriers to engagement of stakeholders is the diversity of individual communities in Clay County. Although the diversity is welcomed and needed, it can pose a challenge when bringing partners to the table on a single topic and agreeing on an approach. The personal and population-based health services assessment, when completed, could help identify gaps and organizations working on similar issues to address issues together. One common issue identified has been maternal and child health indicators. Currently the Northland Mother and Child Health Partnership has been productive and will help serve as an example for future endeavors. As the different communities move forward with health initiatives, CCPHC will strive to be an active and productive partner within the community.

The barriers to completing the Community Health Profiles are lack of data available at a zip code or city specific level and the lack of comprehensive primary data. Historically, the data has not been reported in this manner. Drilling it down to the city specific level as well as collecting primary data can become time consuming and at times impossible.

The Missouri Data Workgroup has identified that globally there is an inconsistency with internal and external process and policies as a barrier to collecting and reporting data. The workgroup will develop action steps will be responsible for addressing these issues.

Current Status:

The Northland Mother and Child Health Partnership is growing into a multi-county membership and is working on the development of a plan to address the four priority issues.

Liberty Community Health Profile is a draft awaiting final approval for publication. The North Kansas City, Gladstone, and Excelsior Springs profiles are in development during 2014.

CCPHC and other local public health departments continue to work with the State of Missouri to improve timely access and improve the level to which data is available. The workgroup is conducting a comprehensive review of issues surrounding access and availability of data.

Future Steps:

- Continue to engage communities in Clay County and our public health system partners to address locally identified health issues
- Identify other communities ready to focus on local health issues
- Work towards data being available by zip code or city by continuing to work with the State and by developing primary data sources locally
- Publish four Community Health Profiles: Liberty, North Kansas City, Excelsior Springs, and Gladstone



CHIP Status Update: GOAL #4

Goal 4: Assist communities in developing Chronic Disease interventions necessary to support improvement in personal and population-based health.

Objective 4.1: Create a Public Health/Community Development Model to guide the implementation of each community by December 31st, 2013.

Objective 4.2: Assist in the development of the Community Health Improvement Plan in at least one community in Clay County from 2014 to 2015.

Objective 4.3: Assist each community in monitoring the outcomes of the plan and complete an evaluation of the effectiveness, accessibility, and quality of the plan each year ongoing through December 2015.

Objective 4.4: Recommend altering intervention strategies where appropriate each year and ongoing through December 2015.

The Community Development Model will be an instrumental piece in working with communities as they engage health improvement initiatives and work towards the development of Mini-CHIPs. The first Mini-CHIP undertaken in 2013 is the Liberty Community Health Action Team (L-CHAT) in Liberty. Liberty Parks and Recreation Department, Liberty Hospital, Liberty Public Schools, and CCPHC are the local partners who created L-CHAT. They will focus their efforts on obesity in youth between 10-14 years of age. The four agencies acting as the steering committee for this endeavor have invested staff and money in this three year initiative. In 2013, the GP-RED consulting group was hired to assist the committee in an evidence based process to achieve their goal.

L-CHAT continues to grow in active membership and currently includes stakeholders from over 15 agencies. This Mini-CHIP is flourishing and shows great promise for the future of Liberty youth and hopefully as a secondary result, their families. The approach being undertaken is “a community wide, systematic process that identify policy, programmatic and environmental changes which lead to more options for increasing healthy and active living in the city.”(*Healthy Communities Research Group Surveillance and Management Project Findings Summary*, December 2013).

Potential Barriers/Trends:

Monitoring progress and making changes as needed is critical to the work of the Mini-CHIPs. It assures that an improvement has been achieved and can reenergize the effort. In order for the Mini-CHIPs to be most effective, the communities need to maintain ownership. In addressing the evaluation process, it is important for CCPHC to engage communities and provide assistance. Although the partners are currently engaged, sustainability will be a challenge beyond the three year project plan.

The Community Development Model is focused on engaging communities and partners to work together. CCPHC will be better prepared with an improved focus to assist communities once this model is developed. A positive trend is that this is a new model for public health.



An exciting trend in 2013 is an increasing interest from various communities in Clay County, such as City of Gladstone, to address health issues and improve quality of life for their citizens. This trend can result in an improved economy, a more connected community, increased housing development, and overall improved community health status.

Current Status:

As of the end of year one, 2013, L-CHAT has published their first report, wrapping up data collection on obesity rates of youth 10-14, taking a look at the built environment (human-made resources and infrastructure of the community), and the demographics of Liberty. For more information see www.ci.liberty.mo.us website.

Future Steps:

- Finish creating the Community Development Model
- Collaborate with City of Gladstone to develop a Mini-CHIP
- Develop a CHIP to address the four identified priority areas for the Northland Mother and Child Health Partnership
- Continue to collaborate on the L-CHAT
- Continue to work with communities in Clay County to develop other Mini-CHIPS





CHIP Status Update: GOAL #5

Goal 5: Assure CCPHC resources are aligned with the local public health system to meet the identified needs in each community health improvement plan.

Objective 5.1: Complete an evaluation of the effectiveness, accessibility, and quality of CCPHC programs and services currently offered by March 31st of each year and ongoing through December 2015.

Objective 5.2: Integrate the evaluation results from goal 2 objectives and goal 5, objective 5.1 to assist in developing recommendations to the Clay County Public Health Center Board of Trustees in April of each year and ongoing through December 2015.

Objective 5.3: Monitor the outcomes of implemented community health improvement plans within one year after the completion of each one.

Objective 5.4: Realign resources and alter intervention strategies where appropriate each year and ongoing through December 2015.

To assist CCPHC in being prepared to work with and engage communities in health improvement, a program evaluation was completed in the first quarter of 2013 and presented to the Board of Trustees. CCPHC reviewed the data of what the top health issues for Clay County are, the standards for public health, and the programs and services we provided.

As a result, CCPHC programs and services have been realigned to free up resources (financial and people) to redirect efforts towards the identified health issues for Clay County. With the realignment, CCPHC discontinued several programs as they were transitioned to community partners. Speech and Hearing Services were referred to other providers in the community. Environmental Health discontinued the contract with the State of Missouri to conduct Daycare and Lodging Inspections. This is now the responsibility of the State. Since there are now multiple community providers who administer travel immunizations in the county, this program was discontinued to save tax payer money. Lastly, to improve health outcomes of our WIC clients, the program has been realigned to provide family case management services.

Potential Barriers/Trends:

The biggest barrier/trend is change. Generations ago, people died of vaccine preventable diseases such as Polio. Today, people are living to be much older and are facing chronic conditions, such as heart disease. Other changes entail environmental, political climates, etc. All of this accumulates to a dynamically changing world. For CCPHC and the community to keep up, we have to be willing to adjust and transform our focus and services to address the changing health status.

A comprehensive Community Health Assessment such as the previous Vision North efforts are recognized as one of the main processes to keep in place in order to continue bringing communities in the Northland together to address their changing environments. This process requires a commitment of time and planning to complete and has been repeated

every five years since 2000. The third one was completed in 2010. It brought together community leaders and partners that identified current needs and challenges in the Northland, such as education, community wellness, transportation, infrastructure, and quality of life. Planning for the 2015 assessment needs to start in 2014.

Current Status:

CCPHC has restructured itself to improve collaboration with citizens and the communities of Clay County. The realignment has redirected our efforts towards the identified health needs of the citizens of Clay County.

Future Steps:

- Monitor the effectiveness of CCPHC programs by continuing to evaluate programs and services to keep in tune with the communities' needs
- Maintain an active role with the community in the Vision North process
- Follow up with Vision North subcommittees on current status of Vision North goals and strategies
- Continue implementation of CCPHC's 2013-2015 Strategic Plan

Proposed Timeline



Legend:





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